

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

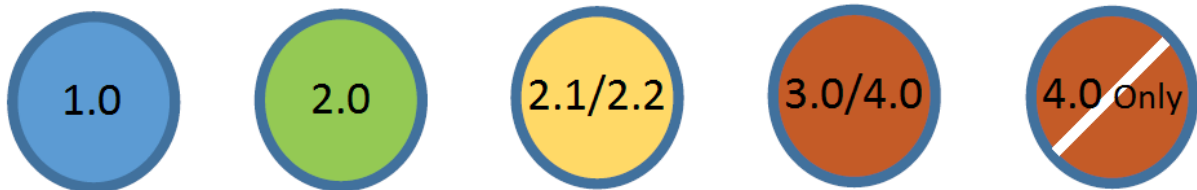
Purpose of Document: This document is to serve as a harmonized product representing all content from Versions 1.0 (Study BP 0/Study SZ 0), 2.0 (Study BP 0, Study 1/Study SZ 0/Study 2), 2.1 MGS (Study 6), 2.2 MGS (Study 29), 3.0 (Study 22), and 4.0 (Study 22) of the DIGS. In 2017, these versions combined represent 69% of DIGS records.

There is a separate harmonized document representing all content from Versions 3.0/B (Study 1), 3.0 GenRED I (Study 7), 3.01 MD GenRED II (Study 52), 3.01 MD GenRED II (Study 52), 3.0 Revised 7 (Study 42), and 4.0/BP (Study 40). In 2017, these versions combined represent 19% of DIGS records as of March 2017.

Document Information: This document is to be read as any other DIGS instrument. The sections are represented the same in this product as they are in each version, beginning with Section A and ending with Section AA. In cases where questions differ among versions, there will be multiple forms of these questions presented so the reader not only knows what question is represented in what version, but also *how* the questions vary among the versions. In these instances, differences in font can be observed.

Color System: Each version identified in this document is represented by a colored circle. Next to each question (interviewer note/open-ended response/etc.) there is a set of 4 circles. If the circle is filled in with a color that indicates that the question is present in the version that the circle represents. If the circle is empty that means that the question is not present in that version. Versions 2.1 MGS (Study 6) and 2.2 MGS (Study 29) have been combined to fit in one circle considering there were no differences found between the two versions. Versions 3.0 (Study 22) and 4.0 (Study 22) have also been combined due to only having minor differences (differences are noted in Section B) between the two versions.

Key:



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SIS RESPONSE CARDS	

# A. DEMOGRAPHICS

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



1. **INTERVIEWER:** Circle sex code.

MALE
FEMALE  
0
1

2. What is your birth date?

		-				-		
D	D		M	O	N		Y	Y



3. Were you adopted?  
**(IF YES:) Clarify nature of adoption. (See manual for further information.)** \_\_\_\_\_

NO
YES
UNK  
0
1
U



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			



Mat.G/Mother			
Mat.G/Father			
Pat.G/Mother			
Pat.G/Father			



- 01 = Anglo-Saxon
- 02 = Northern European (e.g., Norwegian)
- 03 = West European (e.g., French, German)
- 04 = East European, Slavic
- 05 = Russian
- 06 = Mediterranean
- 07 = Ashkenazi Jew
- 08 = Sephardic Jew
- 09 = Hispanic (not Puerto Rican)
- 10 = Puerto Rican Hispanic
- 11 = Mexican Hispanic
- 12 = Asian
- 13 = Arab
- 14 = Native American/Alaskan Native
- 15 = African American, not of Hispanic Origin
- 16 = Other, Specify: \_\_\_\_\_
- UU = Unknown

		<u>MOTHER</u>			<u>FATHER</u>
	5.a)		5.e)		
	5.b)		5.f)		
	5.c)		5.g)		
	5.d)		5.h)		
	5.i)		5.m)		
GM	5.j)		5.n)		
	5.k)		5.o)		
	5.l)		5.p)		
	5.q)		5.u)		
	5.r)		5.v)		
GF	5.s)		5.w)		
	5.t)		5.x)		



GF

A. DEMOGRAPHICS

6. What was your childhood religious affiliation?



- 1 = Catholic
- 2 = Protestant
- 3 = Jewish
- 4 = Moslem
- 5 = Not Affiliated
- 6 = Other, Specify: \_\_\_\_\_

7. What is your current marital status?



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

MARITAL STATUS



7.a) (IF EVER MARRIED:) How many times have you been legally married?

MARRIAGES



8. How many living children do you have?

CHILDREN



9. Are you living alone or with others?



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



LIVES WITH



**A. DEMOGRAPHICS**

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

PRESENT  

--	--



Record response: \_\_\_\_\_

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

MOST  
RESP.  

--	--



Record response: \_\_\_\_\_

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 occupation using chart below.

HoH  

--	--



Record response: \_\_\_\_\_

A10. Inquire about the subject's work history (jobs held during lifetime, household responsibilities, time missed from job or responsibilities due to psychiatric episodes or symptoms). Record here:



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A10.a) Code present work status using the following codes:



- (1) Employed - full-time
- (2) Employed part-time (30% or more)
- (3) Housewife/homemaker
- (4) Full-time student
- (5) Unemployed/retired (not disabled, but does not work 30% of the time)
- (6) Disabled - once worked, but now is unable to work at least 30% of the time
- (7) Never worked at least 30% of the time

PRESENT

--

A10.b) Work history during the past 5 years. Use the following codes.



"Work" means responsibilities at work, home or school. If partially functional, estimate the proportion of normal responsibilities the subject could fulfill (e.g., homemaker with chronic symptoms who can complete about 50% of the household work; person employed in a family business who can actually spend 5-10 hours per week or 12-25% working).

- (1) Always worked full-time (employed, homemaker or student)
- (2) Periods of unemployment not due to psychiatric illness
- (3) Lost up to 33% of work time (weeks not worked or work hours reduced) due to psychiatric illness
- (4) Lost more than 33%, up to 67% of work time due to psychiatric illness
- (5) Lost more than 67% of work time or completely unable to work due to psychiatric illness

WORK HISTORY

--

Record response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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


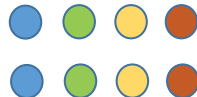

- 13 = Machine Operators, Assemblers, and Inspectors
- 14 = Transportation and Material-Moving Occupations
- 15 = Handlers, Equipment Cleaners, Helpers, and Laborers

Other

- 16 = Armed Services
- 17 = Disabled
- 18 = Housewife/Homemaker
- 19 = Never worked
- 20 = Full time student
- 21 = Unemployed/Retired
- UU = Unknown/No Answer



A. DEMOGRAPHICS

<p>11. <i>How many years of school did you complete?</i></p> <p><b>Record response:</b> _____</p>	<p>YEARS</p> <table border="1" style="margin: 0 auto; width: 80px; height: 20px;"> <tr> <td style="width: 40px;"></td> <td style="width: 40px;"></td> </tr> </table>							
<p>12. <i>Have you ever been in the Military?</i></p> <p>12.a) <b>(IF NO:)</b> <i>Were you ever rejected for Military Service? Why?</i></p> <p>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.</p>	<table style="margin: 0 auto;"> <tr> <td style="border-bottom: 1px solid black; padding: 2px 5px;">NO</td> <td style="border-bottom: 1px solid black; padding: 2px 5px;">YES</td> <td style="border-bottom: 1px solid black; padding: 2px 5px;">UNK</td> </tr> <tr> <td style="padding: 2px 5px;">0</td> <td style="border: 1px solid black; padding: 2px 5px; text-align: center;">1</td> <td style="padding: 2px 5px;">U</td> </tr> </table>	NO	YES	UNK	0	1	U	
NO	YES	UNK						
0	1	U						
<p>13. <b>(IF YES TO Q.12:)</b> <i>What kind of discharge did you receive?</i></p> <p>1 = Honorable                  2 = General                  3 = Medical                  4 = Without Honor                  5 = Undesirable                  6 = Dishonorable                  7 = Not Discharged, Currently in Active or Reserve Military</p>	<div style="border-left: 1px solid black; border-right: 1px solid black; height: 200px; margin: 0 auto; width: 50px;"></div> <div style="text-align: center; margin-top: -10px;"> <span style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></span> </div>							

**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. Have you ever had any serious physical illnesses or medical problems?	0	1	U
(IF YES:) Specify: _____			
_____			
_____			



	<u># OF TIMES</u>	
2. How many times have you been in a hospital <u>overnight</u> including surgery?		



**INTERVIEWER:** Exclude psychiatric or substance abuse treatment and pregnancies.



	<u>Year</u>	<u># of Nights in Hospital</u>	<u>Description of Problem</u>	<u>Name of Hospital</u>	<u>Hospital Location</u>
2.a)	19--	-----	-----	-----	-----
2.b)	19--	-----	-----	-----	-----
2.c)	19--	-----	-----	-----	-----
2.d)	19--	-----	-----	-----	-----



	<u>Year</u>	<u>Time in Hospital</u>	<u>Description of Problem</u>	<u>Name of Hospital</u>	<u>Hospital Location</u>
2.a)	_____	_____	_____	_____	_____
2.b)	_____	_____	_____	_____	_____
2.c)	_____	_____	_____	_____	_____
2.d)	_____	_____	_____	_____	_____

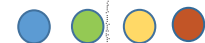


3. Have you had any of the following conditions:



	<u>NO</u>	<u>YES</u>	<u>YEAR OF ONSET</u>	<u>NOTES</u>
3.a) Thyroid or Other Hormonal Disorders?	0	1	19--	-----

(IF YES:)



3.a.1) Overactive Thyroid	0	1	19--	-----
3.a.2) Underactive Thyroid	0	1	19--	-----
3.a.3) Enlarged Thyroid	0	1	19--	-----
3.a.4) Cushings Disorder	0	1	19--	-----
3.b) Migraine Headaches?	0	1	19--	-----





**B. MEDICAL HISTORY**

VERSION 4.0  
20-OCT-05

	<u>NO</u>	<u>YES</u>	<u>YEAR OF ONSET</u>	<u>NOTES</u>	
3.c) <i>Ulcers or Other Bowel Diseases?</i> (IF YES:)	0	1	19--	-----	● ● ● ●
3.c.1) <i>Peptic Ulcers</i>	0	1	19--	-----	} ● ● ● ●
3.c.2) <i>Crohn's Disease</i>	0	1	19--	-----	
3.c.3) <i>Ulcerative Colitis</i>	0	1	19--	-----	
3.d) <i>Vitamin Deficiency?</i>	0	1	19--	-----	● ● ● ●
3.e) <i>Learning Disabilities/Hyperactivity?</i>	0	1	19--	-----	● ● ● ●
3.f) <i>Meningitis/Other Brain Disorders?</i>	0	1	19--	-----	● ● ● ●
3.g) <i>Parkinson's Disease/Other Movement Disorders?</i>	0	1	19--	-----	● ● ● ●
3.h) <i>Multiple Sclerosis?</i>	0	1	19--	-----	● ● ● ●
3.i) <i>Huntington's Disease?</i>	0	1	19--	-----	● ● ● ●
3.j) <i>Stroke?</i>	0	1	19--	-----	● ● ● ●
3.k) <i>Epilepsy/Convulsions/Seizures?</i>	0	1	19--	-----	○ ● ● ●
<b>3.k) <i>Epilepsy/Convulsions/Seizures or Serious Head Injuries?</i></b>	<b>0</b>	<b>1</b>	_____	-----	● ○ ○ ○

(IF YES:)

3.k.a.) How many times have you had a seizure? # OF TIMES  

--	--

○ ● ● ●

3.k.b.) How old were you the first time? AGE  

--	--

○ ● ● ●

3.k.c.) Was a cause found for the seizure(s)? NO YES  
0      1
○ ● ● ●

(IF YES:) Specify: \_\_\_\_\_  
 \_\_\_\_\_  
○ ● ● ●

	<u>NO</u>	<u>YES</u>	<u>YEAR OF ONSET</u>	<u>NOTES</u>	
3.1) <i>Serious head injury?</i>	0	1	19__	-----	○ ● ● ●

(IF YES:)

3.1.a.) How many times have you had a serious head injury? # OF TIMES  

--	--

○ ● ● ●

3.1.b.) Did you lose consciousness? NO YES  
0      1
○ ● ● ●

(IF YES:) Specify how long: MINUTES OR DAYS  

--	--	--

--	--

○ ● ● ●

3.1.c.) How old were you? AGE  

--	--

○ ● ● ●

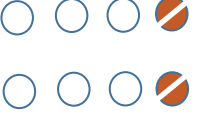
INTERVIEWER: Code the age of the first episode with unconsciousness if there has been more than one injury.



**B. MEDICAL HISTORY**

VERSION 4.  
20-OCT-05

			<u>NO</u>	<u>YES</u>	<u>UNK</u>	<u>NOTES</u>
3.m) <i>Diabetes?</i>	0	1	U	-----		
3.m.a.) Have you ever used insulin to control your diabetes?	0	1	U	-----		



3.m.b.) If yes to above, specify age at which insulin was started:

AGE

--	--



3.m.c ) INTERVIEWER: Based on queries to participant, please indicate the type of diabetes this participant has (refer to addendum if unclear):

			<u>Type I</u>	<u>Type II</u>	<u>UNK</u>
	1	2	U		



			<u>NO</u>	<u>YES</u>	<u>UNK</u>	<u>NOTES</u>
3.n) <i>Hypertension?</i>	0	1	U	-----		



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



	<u>NO</u>	<u>YES</u>	<u>YEAR - (MOST RECENT TEST)</u>	<u>REASON AND RESULTS (Include dates of other tests here)</u>
4.a) <i>EEG/"Brain wave" tests?</i>	0	1	19_____	_____
4.b) <i>Head CAT scan?</i>	0	1	19_____	_____
4.c) <i>Head MRI?</i>	0	1	19_____	_____

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



	<u>NO</u>	<u>YES</u>	<u>YEAR</u>	<u>REASON AND RESULTS</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	_____	_____

B. MEDICAL HISTORY

5. Are you currently taking any medications (include aspirin and oral contraceptives)?

NO      YES  
0            1



(IF YES:) Specify medication, dosage, and duration:

<u>Medication</u>	<u>Dosage Per Day</u>	<u>Duration of Usage</u>			
_____	_____	<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> WEEKS			
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5. Are you currently taking any medications (include aspirin and oral contraceptives)?

NO      YES  
0            1



(IF YES:) Specify medication, dosage, and duration:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. MEDICAL HISTORY**

6. Was your own birth or early development abnormal in any way? NO YES UNK  
0 1 U

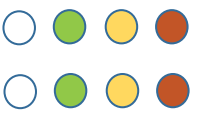
IF NO, SKIP TO Q.7



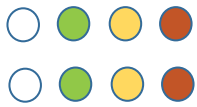
6. Was your own birth or early development abnormal in any way? NO YES UNK  
0 1 U



6.a) 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? NO YES UNK  
0 1 U  
 (IF YES:) Specify: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



6.b) Was your development abnormal in any way, for example did you walk or talk later than other children? NO YES UNK  
0 1 U  
 (IF YES:) Specify: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



7. Have you ever smoked cigarettes on a daily basis? (IF YES:) Are you currently smoking? NO YES, CURRENTLY YES, IN PAST  
0 1 2



7.a) (IF YES AND EVER A CIGARETTE SMOKER:) Estimate number of "pack-years". PACK YEARS  
[ ] [ ] [ ]  
 Record: \_\_\_\_\_ X \_\_\_\_\_  
#PPD #YRS



7.a) (IF YES AND EVER A CIGARETTE SMOKER:) Estimate number of "pack-years". PACK YEARS  
[ ] [ ]  
 Record: \_\_\_\_\_ X \_\_\_\_\_  
#PPD #YRS



INTERVIEWER: FOR MALES, SKIP TO MINI-MENTAL HEALTH STATUS.



8. Have you ever been pregnant? NO YES UNK  
0 1 U



IF NO, SKIP TO Q.9.

(IF YES:)  
 8.a) How many times have you been pregnant including miscarriages, abortions, and still births? PREGNANCIES  
[ ] [ ]  
 Record response: \_\_\_\_\_  
 \_\_\_\_\_



B. MEDICAL HISTORY

8.b) *How many live births?*

LIVE BIRTHS	

	<u>NO</u>	<u>YES</u>	<u>UNK</u>	
8.c) <i>Have you ever had any severe emotional problems during a pregnancy or within a month of childbirth?</i>	0	1	U	
<b>(IF YES:)</b> <i>Specify:</i> _____				
_____				
_____				

	<u>NO</u>	<u>YES</u>	<u>UNK</u>	
9. <i>Have you ever noticed regular mood changes in the premenstrual or menstrual period?</i>	0	1	U	
9.a) <b>(IF YES:)</b> <i>Specify:</i> _____				
_____				
_____				

	<u>NO</u>	<u>YES</u>	<u>UNK</u>	
10. <i>Have you gone through menopause?</i>	0	1	U	
10.a) <b>(IF YES:)</b> <i>Have you ever had any severe emotional problems associated with menopause?</i>	0	1	U	
<b>(IF YES:)</b> <i>Specify:</i> _____				
_____				
_____				

INTERVIEWER: COMPLETE THIS SECTION ONLY IF THE SUBJECT'S MENTAL STATUS IS QUESTIONABLE.

Check here if this section does not apply to subject.



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:</i> (Year) (Season) (Date) (Day) (Month)?	5	<input type="checkbox"/>	
1.b) <i>Where are we:</i> (Country) (State) (Town) (Hospital/Bldg) (Floor/Street)?	5	<input type="checkbox"/>	
2. <u>Registration</u>	3	<input type="checkbox"/>	
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. <u>Attention and Calculation</u>			
<b>Serial 7's.</b> <i>Count backward from 100 by 7. Score one point for each correct. Stop after five answers.</i>	5	<input type="checkbox"/>	
-and-			
<i>Spell "world" (or some other 5-letter word) backward. Score one point for each letter in correct order.</i>	5	<input type="checkbox"/>	
<b><u>Attention and Calculation</u></b>	10	<input type="checkbox"/>	
<b>Serial 7's.</b> <i>Count backward from 100 by 7. Score one point for each correct. Stop after five answers.</i>		<input type="checkbox"/>	
-and-			
<i>Spell "world" (or some other 5-letter word) backward. Score one point for each letter in correct order.</i>		<input type="checkbox"/>	
4. <u>Recall</u>	3	<input type="checkbox"/>	
Ask the subject to name the three objects repeated above. Score one point for each correct.			
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="checkbox"/>	
5.b) Ask the subject to repeat the following " <i>No ifs, ands, or buts.</i> " Score one point.	1	<input type="checkbox"/>	
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="checkbox"/>	

	<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 type="text"/>	● ● ● ●
6.b) Write a sentence. Score one point.	1	<input type="text"/>	● ● ● ●
6.c) Copy the design below. Score one point.	1	<input type="text"/>	○ ● ● ●

6.c) Copy the design below. Score one point.

1



7. Record Total Score	35	<input type="text"/> <input type="text"/>	● ● ● ●
-----------------------	----	---	---------

8. INTERVIEWER: Assess level of consciousness.

1 = Alert

2 = Drowsy

3 = Stupor



INTERVIEWER: IF SCORE IS 15 OR LESS, DISCONTINUE INTERVIEW AT THIS TIME.



\*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.



**D. SOMATIZATION**

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



1. *Generally, what has your physical health been like?*

<u>Good</u>	<u>Fair</u>	<u>Poor</u>
1	2	3



**Record response:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

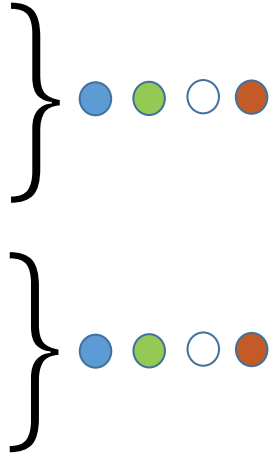
2. *Have you ever been bothered by problems with pains in your...*

<u>NO</u>	<u>YES</u>
-----------	------------



- 2.a) *abdomen or stomach* (other than during menstruation)?
- 2.b) *back*?
- 2.c) *joints*?
- 2.d) *arms or legs* (other than in the joints)?
- 2.e) *chest*?
- 2.f) *painful sexual intercourse* (other than after childbirth)?
- 2.g) *genitals or rectum* (other than during intercourse)?
- 2.h) *during urination*?
- 2.i) **(IF FEMALE:)** *painful menstrual periods*?
- 2.j) *headaches*?
- 2.k) *anywhere else? (IF YES:) Specify:*\_\_\_\_\_

0	1
0	1
0	1
0	1
0	1
0	1
0	1
0	1
0	1
0	1
0	1



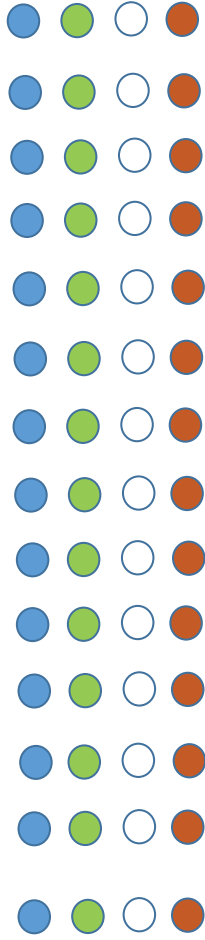
**INTERVIEWER: IF LESS THAN 4 CODED YES, (DO NOT COUNT Q.2.j -- HEADACHES), SKIP TO OVERVIEW.**





**INTERVIEWER:** For each symptom coded YES in Q.2 above, ask the following.

3.	Who did you see about this pain? What did they say you had?	IMPAIRMENT CODE	
		0 1 2 3 4	
3.a)	Abdominal pains: Who seen: _____ What told: _____	0 1 2 3 4	
3.b)	Back pain: Who seen: _____ What told: _____	0 1 2 3 4	
3.c)	Pain in the joints: Who seen: _____ What told: _____	0 1 2 3 4	
3.d)	Pain in the arms/legs: Who seen: _____ What told: _____	0 1 2 3 4	
3.e)	Chest pains: Who seen: _____ What told: _____	0 1 2 3 4	
3.f)	Painful sexual intercourse: Who seen: _____ What told: _____	0 1 2 3 4	
3.g)	Genital/rectal pain: Who seen: _____ What told: _____	0 1 2 3 4	
3.h)	Painful urination: Who seen: _____ What told: _____	0 1 2 3 4	
3.i)	(IF FEMALE:) Painful menstrual periods: Who seen: _____ What told: _____	0 1 2 3 4	
3.j)	Headaches: Who seen: _____ What told: _____	0 1 2 3 4	
3.k)	Other pain (excluding headaches), Specify: _____ Who seen: _____ What told: _____	0 1 2 3 4	



**INTERVIEWER:** IF 4 OR MORE ARE CODED 4 (DO NOT COUNT Q.3.j -- Headaches), SKIP TO Q.5.

3.1) (IF 4 OR MORE ARE CODED 3 OR 4:) Probe for age of onset, duration of problems, number of contacts with medical personnel. Note whether complaints are limited to discrete periods of medically explainable illness. Record response: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



4.	INTERVIEWER: Do you suspect, based upon subject's responses and medical history, somatization disorder?	NO	YES
		0	1



SKIP TO OVERVIEW

**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 unexplained.



**D. SOMATIZATION**

5. How old were you the first time you had any of the problems like (Review all items coded 2, 3, or 4 in Q.3 above)?

ONS	AGE



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

REC	AGE



7. Have you ever been bothered by any stomach or digestive problems such as:

IMPAIRMENT  
CODE



7.a) vomiting or regurgitation of food (when not pregnant)?  
Who seen: \_\_\_\_\_ What told: \_\_\_\_\_

0 1 2 3 4



7.b) nausea (other than motion sickness)?  
Who seen: \_\_\_\_\_ What told: \_\_\_\_\_

0 1 2 3 4



7.c) excessive gas or bloating of your stomach or abdomen?  
Who seen: \_\_\_\_\_ What told: \_\_\_\_\_

0 1 2 3 4



7.d) loose bowels or diarrhea?  
Who seen: \_\_\_\_\_ What told: \_\_\_\_\_

0 1 2 3 4



7.e) three or more foods making you sick?  
Who seen: \_\_\_\_\_ What told: \_\_\_\_\_

0 1 2 3 4



**INTERVIEWER: IF Q.7.a-e ALL CODED 0 OR 1, SKIP TO OVERVIEW**



8. How old were you the first time you had any of the problems like (Review all items coded 2, 3, or 4 in Q.7 above)?

ONS	AGE



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

REC	AGE



IMPAIRMENT CODES
<p>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.</p>



10. Have you ever had any neurological problems such as:

IMPAIRMENT  
CODE



10.a) temporary blindness in one or both eyes  
lasting several seconds or more?  
Who seen: \_\_\_\_\_ What told: \_\_\_\_\_

0 1 2 3 4



10.b) double vision?  
Who seen: \_\_\_\_\_ What told: \_\_\_\_\_

0 1 2 3 4



10.c) completely losing your hearing for a few seconds  
or longer?  
Who seen: \_\_\_\_\_ What told: \_\_\_\_\_

0 1 2 3 4



10.d) being paralyzed, where you could not move  
a part of your body for at least a few minutes?  
Who seen: \_\_\_\_\_ What told: \_\_\_\_\_

0 1 2 3 4



10.e) periods of weakness where you could not  
lift or move things you could normally lift or move?  
Who seen: \_\_\_\_\_ What told: \_\_\_\_\_

0 1 2 3 4



10.f) trouble walking? (balance or coordination problems)  
Who seen: \_\_\_\_\_ What told: \_\_\_\_\_

0 1 2 3 4



10.g) being unable to urinate or having difficulty  
urinating for 24 hours or longer or having to be  
catheterized (other than after childbirth or surgery)?  
Who seen: \_\_\_\_\_ What told: \_\_\_\_\_

0 1 2 3 4



10.h) having a lump in your throat that made it difficult  
to swallow (other than when you feel like crying)?  
Who seen: \_\_\_\_\_ What told: \_\_\_\_\_

0 1 2 3 4



10.i) having a seizure or convulsion (where you had staring  
spells or were unconscious and your body jerked)?  
Who seen: \_\_\_\_\_ What told: \_\_\_\_\_

0 1 2 3 4



10.j) being unconscious or fainting (not seizures)?  
Who seen: \_\_\_\_\_ What told: \_\_\_\_\_

0 1 2 3 4



10.k) amnesia for a period of several hours or days where you  
could not remember afterwards anything that happened?  
Who seen: \_\_\_\_\_ What told: \_\_\_\_\_

0 1 2 3 4



INTERVIEWER: IF Q.10 ALL CODED 0 OR 1, SKIP TO Q.13

11. How old were you the first time you had any of the  
problems like (Review all items coded 2, 3, or 4 in  
Q.10 above)?

ONS AGE

--	--



12. 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 unexplained.



13. Have you ever been bothered by problems such as:
- 13.a) feeling that your sex life was not very important?  
Who seen: \_\_\_\_\_ What told: \_\_\_\_\_
- 13.b) having sexual difficulties?  
Who seen: \_\_\_\_\_ What told: \_\_\_\_\_  
(IF YES:)  
13.b.1) (IF MALE:) impotence?  
Who seen: \_\_\_\_\_ What told: \_\_\_\_\_  
13.b.2) (IF FEMALE:) anorgasmia?  
Who seen: \_\_\_\_\_ What told: \_\_\_\_\_

IMPAIRMENT  
CODE



0 1 2 3 4



0 1 2 3 4



0 1 2 3 4



0 1 2 3 4



INTERVIEWER: FOR MALE SUBJECTS, SKIP TO Q.14.



- 13.c) (Code from Q.3.i without asking.) Painful menstruation?  
Who seen: \_\_\_\_\_ What told: \_\_\_\_\_
- 13.d) excessive menstrual bleeding (not within two years of menopause)?  
Who seen: \_\_\_\_\_ What told: \_\_\_\_\_
- 13.e) having irregular menstrual periods?  
Who seen: \_\_\_\_\_ What told: \_\_\_\_\_
- 13.f) vomiting throughout a pregnancy or being hospitalized for vomiting during pregnancy?  
Who seen: \_\_\_\_\_ What told: \_\_\_\_\_

0 1 2 3 4



0 1 2 3 4



0 1 2 3 4



0 1 2 3 4



INTERVIEWER: IF Q.13 ALL CODED 0 OR 1, SKIP TO Q.16



14. How old were you the first time you had any problems like (Review all items coded 2, 3, or 4 in Q.13 above)?

ONS AGE

--	--



15. 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 unexplained.



		IMPAIRMENT CODE	
16.	Have you ever been bothered by any general problems such as:		
16.a)	shortness of breath when you had not exerted yourself? <b>Who seen:</b> _____ <b>What told:</b> _____	0 1 2 3 4	
16.b)	temporary blurred vision not due to needing/changing glasses? <b>Who seen:</b> _____ <b>What told:</b> _____	0 1 2 3 4	
16.c)	losing your voice for 30 minutes or more and only being able to whisper? <b>Who seen:</b> _____ <b>What told:</b> _____	0 1 2 3 4	
16.d)	fainting spells where you felt weak, dizzy, and passed out? <b>Who seen:</b> _____ <b>What told:</b> _____	0 1 2 3 4	
16.e)	your heart beating so hard you could feel it pounding in your chest? <b>Who seen:</b> _____ <b>What told:</b> _____	0 1 2 3 4	
16.f)	dizziness? <b>Who seen:</b> _____ <b>What told:</b> _____	0 1 2 3 4	
16.g)	feeling sickly for most of your life? <b>Who seen:</b> _____ <b>What told:</b> _____	0 1 2 3 4	

INTERVIEWER: IF Q.16 ALL CODED 0 or 1, SKIP TO OVERVIEW

17.	How old were you the <u>first</u> time you had any of the problems like (Review all items coded 2, 3, or 4 in Q.16 above)?	ONS AGE <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>			
18.	How old were you the <u>last</u> time you had any of these problems?	REC AGE <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>			
19.	How many years have you been having these problems?	YEARS <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>			

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



- |   | <u>NO</u> | <u>YES</u> | <u>UNK</u>           |   |
|---|-----------|------------|----------------------|---|
| 1. Have you ever had any emotional problems or a period when you were not feeling or behaving like your normal self?  | 0         | 1          | U                    | <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> |
| 2. Have you ever seen any professional for emotional problems, your nerves, or the way you were feeling or acting?  | 0         | 1          | U                    | <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> |
| <b>(IF YES:)</b>  |           |            |                      |   |
|   |           |            | AGE                  |   |
| 2.a) How old were you when you <u>first</u> saw someone for <b>(Emotional problem)</b> ?  |           |            | <input type="text"/> | <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> |
|   | <u>NO</u> | <u>YES</u> | <u>UNK</u>           |   |
| 2.b) Were you employed at the time?   | 0         | 1          | U                    | <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> |
| 3. 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? | 0         | 1          | U                    | <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> |
| 4. Have you ever taken medications for your nerves or any emotional or mental problems?   | 0         | 1          | U                    | <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> |

INTERVIEWER: Circle all individual medications that apply.

**Antidepressants:**

Anafranil, Asendin, Celexa, Desyrel, Effexor, Elavil, Lexapro, Ludiomil, Norpramin, Pamelor, Paxil, Prozac, Remeron, Sinequan, Surmontil, Tofranil, Vivactil, Wellbutrin, Zoloft.



**MAOI's:**

Eldepryl, Marplan, Nardil, Parnate.

**Sedatives/Hypnotics/  
Minor Tranquilizers:**

Ambien, Atarax, Ativan, Benadryl, Buspar, Centrax, Chloral Hydrate, Dalmane, Halcion, Inderal, Klonopin, Librium, Miltown, Placidyl, Prosom, Restoril, Seconal, Serax, Sonata, Tranxene, Valium, Xanax.



**Antipsychotics:**

Abilify, Clozapine, Geodon, Haldol, Loxitane, Mellaril, Moban, Navane, Orap, Prolixin, Risperidone, Serentil, Seroquel, Stelazine, Taractan, Thorazine, Trilafon, Zyprexa.



**Stimulants:**

Adderall, Cylert, Provagil, Ritalin.



**Antimanic Agents:**

Gabitril, Klonopin, Lithium, Neurontin, Tegretol, Topomax, Trileptal, Valproic Acid.



**Antiparkinsonian Agents:**

Akineton, Artane, Cogentin, Loradopa, Symmetrel.

**(IF OTHERS:)** Specify: \_\_\_\_\_



- |   | <u>NO</u> | <u>YES</u> | <u>UNK</u>   |  |
|---|-----------|------------|--------------|--|
| 5. Have you ever received electro-convulsive treatment (ECT, shock treatments)? | 0         | 1          | U            | <input type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> <input checked="" type="radio"/> |
|   |           |            | # OF COURSES |  |

**(IF YES:)** How many courses of ECT have you received?

--	--	--



**INTERVIEWER: IF Q.1 - Q.5 ARE ALL NO, SKIP TO Q.7.**



6. Have you ever been admitted to a hospital because of problems with your mood, emotions, or how you were acting?

NO    YES    UNK  
0       1       U



**(IF YES:)**

6.a) How many times?

HOSPITALIZATIONS

--	--



6.b) **(IF ANY:)** Were any primarily for alcohol and/or drug treatment?

ALC/DRUG  
HOSPITALIZATIONS

--	--



**INTERVIEWER: Code number of hospitalizations for alcohol and/or drug treatment.**

6.c) How old were you at the time of your first psychiatric hospitalization?

AGE

--	--



**INTERVIEWER: IF SUBJECT REPORTED ANY EMOTIONAL PROBLEMS (Q.1-Q.6), SKIP TO Q.8**

7. 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?

NO    YES    UNK  
0       1       U



**SKIP TO MAJOR DEPRESSION**

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





INTERVIEWER: Use Course of Illness Timeline to summarize history of psychopathology and treatment.







**E. OVERVIEW OF PSYCHIATRIC DISTURBANCE (Cont'd)**

KEY	
	Affective Illness
	Active Psychosis
	Prodromal & Residual

**SAMPLE:** Affective Illness Only



**SAMPLE:** Psychosis and Affective Illness



**PATIENT:**

E. OVERVIEW OF PSYCHIATRIC DISTURBANCE



AGE	TYPE OF EPISODE OR SYMPTOMS	DURATION (WEEKS)	TREATMENT

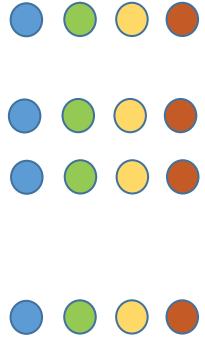
**F. MAJOR DEPRESSION**

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

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?

NO YES UNK

0	1	U
0	1	U
0	1	U



1.a) (IF NO:) By feeling irritable?

2. 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?

**SKIP TO MANIA/HYPOMANIA**

3. Have you been feeling that way recently (i.e., for at least one week during the past 30 days)?  
(IF YES): INTERVIEWER: Determine if depressed mood or anhedonia only.

DEP ANHE-  
NO MOOD DONIA UNK

0	1	2	U
---	---	---	---



3.a) (IF YES:) How long have you felt this way?

WEEKS

--	--	--



4. Think about the most severe period in your life when you were feeling depressed or unable to enjoy things. When did it begin?

0	1						
D	D	M	O	N	Y	Y	



Record response: \_\_\_\_\_



Record response (include description of mood):  
\_\_\_\_\_  
\_\_\_\_\_



4.a) INTERVIEWER: Compute age.

AGE

--	--



4.b) How long did that period last?

WEEKS

--	--	--



4.c) INTERVIEWER: Code for either depressed mood or anhedonia only.

DEP ANHE-  
MOOD DONIA UNK

1	2	U
---	---	---



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

NO YES

0	1
---	---



INTERVIEWER: If current episode is also the most severe episode, code the episode only in the Most Severe column. If current episode is not the most severe episode, complete Current Episode first.



F. MAJOR DEPRESSION

During this current episode:

During the most severe episode:

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

CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
---------------------------------	---------------------



0 = No 1 = Yes, decreased 2 = Yes, increased 3 = Yes, mixture U = Unknown/ No Info.	0 = No 1 = Yes, decreased 2 = Yes, increased 3 = Yes, mixture U = Unknown/ No Info.
<u>NO</u> <u>LOSS</u> <u>GAIN</u> <u>UNK</u> 0    1    2    U	<u>NO</u> <u>LOSS</u> <u>GAIN</u> <u>UNK</u> 0    1    2    U



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



**(IF YES:)**

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

POUNDS

--	--	--

POUNDS

--	--	--



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

POUNDS

--	--	--

POUNDS

--	--	--



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

WEEKS

--	--	--

WEEKS

--	--	--



7. Did you have trouble sleeping or were you sleeping more than usual?  
**(IF YES:)**

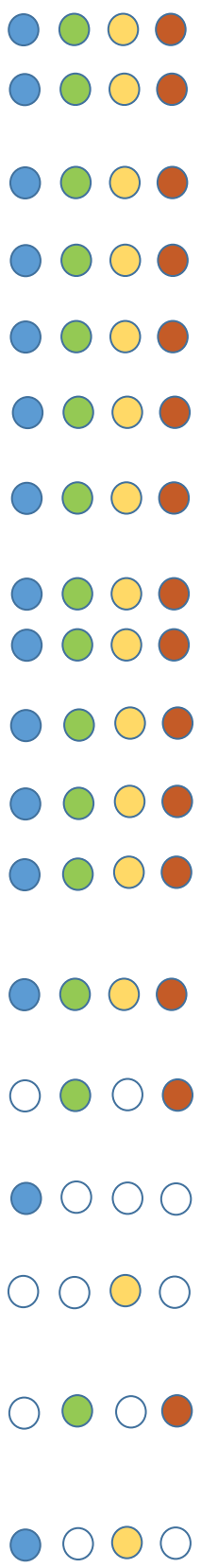
NO   YES   UNK

	<u>NO</u>	<u>YES</u>	<u>UNK</u>		<u>NO</u>	<u>YES</u>	<u>UNK</u>
	0	1	U		0	1	U
7.a) Were you unable to fall asleep?	0	1	U		0	1	U
7.b) <b>(IF YES:)</b> Was this for at least one hour?	0	1	U		0	1	U
7.c) Were you waking up in the middle of the night and not able to go back to sleep?	0	1	U		0	1	U
7.d) Were you waking up too early in the morning?	0	1	U		0	1	U
7.e) <b>(IF YES:)</b> Was this at least one hour earlier than usual?	0	1	U		0	1	U
7.f) Were you sleeping much more than usual?	0	1	U		0	1	U



# F. MAJOR DEPRESSION

	CURRENT EPISODE (PAST MONTH)			MOST SEVERE EPISODE		
	NO	YES	UNK	NO	YES	UNK
8. <i>Were you so fidgety or restless that other people could have noticed (e.g., pacing or wringing hands)?</i>	0	1	U	0	1	U
9. <i>Were you moving or speaking so slowly that other people could have noticed?</i>	0	1	U	0	1	U
10. <i>Were you less interested in things or less able to enjoy sex or other pleasurable activities?</i>	0	1	U	0	1	U
11. <i>Were you feeling a loss of energy or more tired than usual?</i>	0	1	U	0	1	U
12. <i>Were you feeling guilty or that you were a bad person?</i>	0	1	U	0	1	U
13. <i>Were you feeling that you were a failure or worthless?</i>	0	1	U	0	1	U
14. <i>Were you having difficulty thinking, concentrating, or making decisions?</i>	0	1	U	0	1	U
15. <i>Were you frequently thinking about death, or wishing you were dead, or thinking about taking your life?</i>	0	1	U	0	1	U
16. <i>Did you actually try to harm yourself?</i>	0	1	U	0	1	U
17. <b>INTERVIEWER: Enter number of boxes with at least one YES response in Q.6-16.</b>	<b>BOXES</b> <input style="width: 40px; height: 20px;" type="text"/>			<b>BOXES</b> <input style="width: 40px; height: 20px;" type="text"/>		
<b>INTERVIEWER: IF LESS THAN THREE, RETURN TO Q.6 AND CODE MOST SEVERE EPISODE.</b>						
<b>INTERVIEWER: IF LESS THAN THREE, SKIP TO MANIA/HYPHYPOMANIA</b>						
18. <i>Were the symptoms (Review symptoms in Q.6-16 plus depressed mood) present nearly every day for at least a two-week period?</i>	NO	YES	UNK	NO	YES	UNK
	0	1	U	0	1	U
<b>INTERVIEWER: At least five symptoms (including depressed mood or anhedonia as one of the five) are required for a "YES" response (DSM III-R criteria).</b>						
<b>INTERVIEWER: At least five symptoms are required for a "YES" response (DSM III-R criteria).</b>						
<b>INTERVIEWER: At least five symptoms (including depressed mood or anhedonia as one of the five) are required for a "YES" response (DSM III-R/IV criteria).</b>						
19. <i>Did you tend to feel worse in the</i>	AM	PM	NO DIF	AM	PM	NO DIF
	0	1	2	0	1	2
19. <i>Did you tend to feel worse in the morning or in the evening?</i>	AM	PM	NO DIF	AM	PM	NO DIF
	0	1	2	0	1	2



**F. MAJOR DEPRESSION**

	CURRENT EPISODE (PAST MONTH)			MOST SEVERE EPISODE									
	NO	YES	UNK	NO	YES	UNK							
20. <i>During this episode, did you have beliefs or ideas that you later found out were not true?</i> <b>(IF YES:)</b> Specify:	0	1	U	0	1	U							
-----													
-----													
20.a) <i>Did these beliefs occur either just before this depression or after it cleared?</i>	0	1	U	0	1	U							
20.b) <b>(IF YES:)</b> <i>How long did they last?</i>	DAYS <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>						DAYS <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>						
21. <i>Did you see or hear things that other people could not see or hear?</i> <b>(IF YES:)</b> Specify:	0	1	U	0	1	U							
-----													
-----													
21.a) <i>Did these visions or voices occur either just before this depression or after it cleared?</i>	0	1	U	0	1	U							
21.b) <b>(IF YES:)</b> <i>How long did they last?</i>	DAYS <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>						DAYS <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>						
22. <b>(IF YES TO Q.20 OR Q.21:)</b> INTERVIEWER: <i>Did psychotic symptoms have content that was inconsistent with depressive themes such as poverty, guilt, illness, personal inadequacy or catastrophe?</i>	0	1	U	0	1	U							
22.a) <b>(IF YES:)</b> INTERVIEWER: <i>Was subject preoccupied with psychotic symptoms to the exclusion of other symptoms or concerns?</i>	0	1	U	0	1	U							
23. <i>Did you seek or receive help from a doctor or other professional for this period of depression?</i>	0	1	U	0	1	U							
24. <i>Were you prescribed medication for depression?</i> <b>(IF YES:)</b> Specify:	0	1	U	0	1	U							
-----													
-----													
25. <i>Did you receive ECT (shock treatments)?</i>	0	1	U	0	1	U							

**F. MAJOR DEPRESSION**

	CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE	
	<u>NO</u> <u>YES</u> <u>UNK</u>	<u>NO</u> <u>YES</u> <u>UNK</u>	
	0 1 U	0 1 U	
	DAYS	DAYS	
	[ ][ ]	[ ][ ]	
26. During this episode were you hospitalized for depression?			● ● ● ●
26.a) (IF YES:) For how long?			● ● ● ●
<b>INTERVIEWER: IF PATIENT WAS HOSPITALIZED TWO DAYS OR MORE, HAD ECT, OR HAD PSYCHOTIC SYMPTOMS, SKIP TO Q.29 AND CODE INCAPACITATION.</b>			
27. Was your major responsibility during this episode job, home, school, or something else?	1 = Job 2 = Home 3 = School 4 = Other	1 = Job 2 = Home 3 = School 4 = Other	● ● ● ●
(IF OTHER:) Specify:	-----	-----	● ● ● ●
28. Was your functioning (in this role) affected?	<u>NO</u> <u>YES</u> <u>UNK</u>	<u>NO</u> <u>YES</u> <u>UNK</u>	● ● ● ●
	0 1 U	0 1 U	
(IF YES:) Specify:	-----	-----	● ● ● ●
28.a) Did something happen as a result of this? (such as marital separation, absence from work or school, loss of a job, or lower grades)	<u>NO</u> <u>YES</u> <u>UNK</u>	<u>NO</u> <u>YES</u> <u>UNK</u>	● ● ● ●
	0 1 U	0 1 U	
(IF YES:) Specify:	-----	-----	● ● ● ●
28.b) (IF NO TO Q.28.a:) Did someone comment on your difficulty functioning?	<u>NO</u> <u>YES</u> <u>UNK</u>	<u>NO</u> <u>YES</u> <u>UNK</u>	● ● ● ●
	0 1 U	0 1 U	

F. MAJOR DEPRESSION

29. **INTERVIEWER:** Code based on answers to Q.20, Q.21, and Q.25-28.a.

**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:**

Complete inability to function in principal role for two days, or hospitalized for two or more days, ECT, or delusions or hallucinations present. For example, a housewife is unable to maintain her household duties, or a person stays home from work or from studies.

(IF IMPAIRED OR INCAPAC.:) Specify:

-----

-----

CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
---------------------------------	---------------------

- 0 = No Change
- 1 = Impairment
- 2 = Incapac.
- U = Unknown

- 0 = No Change
- 1 = Impairment
- 2 = Incapac.
- U = Unknown



NO   YES   UNK

NO   YES   UNK

30. **RDC MINOR ROLE DYSFUNCTION:**

(IF NO CHANGE IN Q.29:) *Was your functioning in any other area of your life affected?*

0   1   U

0   1   U



(IF YES:) *Specify:*

-----

-----



NO   YES   UNK  
0   1   U

NO   YES   UNK  
0   1   U

31. *Did this episode occur during or shortly after an illness of some kind?*



**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:*

-----

-----



**INTERVIEWER:** IF MALE OR NEVER PREGNANT, SKIP TO Q.33.





# F. MAJOR DEPRESSION

	CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE																													
	NO YES UNK	NO YES UNK																													
	0 1 U	0 1 U																													
32. Did this episode occur around the time of childbirth?	0 1 U	0 1 U																													
32.a) (IF YES:) What was the date of childbirth?	<table style="margin: auto;"> <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> <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> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">M</td><td style="text-align: center;">O</td><td style="text-align: center;">N</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> </table>								D	D	M	O	N	Y	Y	<table style="margin: auto;"> <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> <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> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">M</td><td style="text-align: center;">O</td><td style="text-align: center;">N</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> </table>								D	D	M	O	N	Y	Y	 
D	D	M	O	N	Y	Y																									
D	D	M	O	N	Y	Y																									
33. Did this episode begin shortly after you started taking any prescribed medication?	NO YES UNK	NO YES UNK	 																												
INTERVIEWER: The following medicines, among others, may be relevant:  <b>Blood Pressure Medicines:</b> Aldomet, Inderal, Propranolol, Reserpine, Serpasil. <b>Sedatives/Hypnotics:</b> Dalmene, Halcion, Restoril. <b>Tranquilizers:</b> Ativan, Librium, Serax, Tranxene, Valium. <b>Heart Medicines:</b> Digitalis, Digoxin. <b>Steroids:</b> Prednisone.  (IF YES:) Specify medications:	_____ _____ _____	_____ _____ _____	 																												
34. Did this episode begin while you were using street drugs?	NO YES UNK	NO YES UNK	 																												
INTERVIEWER: The following drugs, among others, may be relevant:  <b>Amphetamines, Barbiturates, Cocaine, "Downers", Tranquilizers</b>  (IF YES:) Specify drug and quantity:	_____ _____ _____	_____ _____ _____	 																												
35. Did this episode follow increased use of alcohol?	NO YES UNK	NO YES UNK	 																												
(IF YES:) Specify:	_____ _____ _____	_____ _____ _____	 																												
36. Did this episode follow the death of someone close to you?	NO YES UNK	NO YES UNK	 																												
(IF YES:) Specify <u>relationship</u> and date of death:	_____ _____ _____	_____ _____ _____	 																												
Date of Death:	<table style="margin: auto;"> <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> <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> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">M</td><td style="text-align: center;">O</td><td style="text-align: center;">N</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> </table>								D	D	M	O	N	Y	Y	<table style="margin: auto;"> <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> <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> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">M</td><td style="text-align: center;">O</td><td style="text-align: center;">N</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> </table>								D	D	M	O	N	Y	Y	 
D	D	M	O	N	Y	Y																									
D	D	M	O	N	Y	Y																									

37. During this episode of depression did you also experience any of these symptoms? (Mark "YES" or "NO" for each symptom)

NO    YES    UNK



- Overactive
- More talkative/pressured speech
- Racing thoughts/speech hard to follow
- Grandiosity
- Decreased need for sleep
- Distractibility
- Risky or indiscreet behavior

0	1	U
0	1	U
0	1	U
0	1	U
0	1	U
0	1	U
0	1	U



*Overactive - running around, many projects, physically agitated?*

NO    YES    UNK

- More talkative than usual/pressured speech?
- Thoughts racing/jumping from topic to topic?
- Feeling grandiose - more important, special, powerful?
- Needing less sleep - energetic after little or no sleep?
- Attention distracted by unimportant things?
- Doing risky things for pleasure - spending, sex, reckless driving, etc.?

0	1	U
0	1	U
0	1	U
0	1	U
0	1	U
0	1	U



**INTERVIEWER:** If coding current episode and it is not the most severe episode, return to Q.6 and code for Most Severe episode.



If you suspect that the episode just defined (most severe) was precipitated by an organic factor or that it was a grief reaction, or a mixed episode (Q.37 has 4 or more symptoms marked "YES") attempt to establish another severe episode without such a precipitant.



**If you suspect that the episode just defined (most severe) was precipitated by an organic factor or that it was a grief reaction, attempt to establish another severe episode without such a precipitant.**



38. **INTERVIEWER:** Has there been at least one "clean" episode?

<u>NO</u>	<u>YES</u>	<u>UNK</u>
0	1	U



**INTERVIEWER:** IF IT IS CLEAR THAT THE SUBJECT HAS HAD MORE THAN ONE INCAPACITATING MAJOR DEPRESSIVE EPISODE, SKIP TO Q.40.



39. 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?

<u>NO</u>	<u>YES</u>	<u>UNK</u>
0	1	U



(IF YES:)

39.a) When did it begin?

		-				-		
D	D		M	O	N		Y	Y



39.b) **INTERVIEWER:** Symptom checklist may be used as an aid in establishing a second episode. Mark "YES" or "NO" for each symptom.



- Depressed mood?
- Apetite/weight change?
- Sleep difficulty?
- Change in activity level? (psychomotor)
- Fatigue/loss of energy?
- Loss of interest/pleasure?
- Low self-esteem/guilt?
- Decreased concentration?
- Thoughts of death or suicide?

<u>NO</u>	<u>YES</u>	<u>UNK</u>
0	1	U
0	1	U
0	1	U
0	1	U
0	1	U
0	1	U
0	1	U
0	1	U
0	1	U



**INTERVIEWER: Symptom checklist may be used as an aid in establishing a second episode. Check each that applies.**



- Depressed Mood?
- Appetite/weight change?
- Sleep difficulty?
- Change in activity level? (psychomotor)
- Fatigue/loss of energy?
- Loss of interest/pleasure?
- Low self esteem/guilt?
- Decreased concentration?
- Thoughts of death or suicide?



39.c) INTERVIEWER: Enter number of symptoms marked "YES" in Q.39.b.

SX



39.d) Was it preceded by a medical illness, use of medication/drugs/alcohol, or the loss of a loved one?

NO	YES	UNK
0	1	U



39.e) Was there a difference in the way you managed your work, school, or household tasks?

- 0 = No
- 1 = Impair.
- 2 = Incap.
- U = Unk



(IF YES:) Specify: \_\_\_\_\_



39.f) How long did this episode last?

WEEKS

--	--	--



39.g) Did you receive any treatment or were you hospitalized during this episode?

NO	YES	UNK
0	1	U



(IF YES:) Specify treatment: \_\_\_\_\_



40. How old were you the first time you had an episode of depression like this?

ONS AGE

--	--



41. How old were you the last time you had an episode of depression like this?

REC AGE

--	--



42. How many separate times have you been depressed like this?

EPISODES

--	--



43. How many times were you hospitalized for an episode of depression?

HOSPITALIZED

--	--



44. How many times have you had ECT for depression?

# OF TIMES

--	--



45. Did you ever feel high or were you overactive following medical treatment for depression?

NO	YES	UNK
0	1	U



(IF YES:) Describe: \_\_\_\_\_



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



1.a) 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?)

	NO	YES	UNK
	0	1	U



1.b) (IF NO:) 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?

	NO	YES	UNK
	0	1	U



1.c) INTERVIEWER: Probe for description if necessary, using additional probes (e.g., Did you experience increased energy? increased activity? a need for less sleep? increased talkativeness?)

-----

-----

-----



1.d) (IF YES TO Q.1.a OR Q.1.b:) Did this last persistently throughout the day or intermittently for two days or more?

	NO	YES	UNK
	0	1	U



1.e) INTERVIEWER: Do you suspect a past or current episode from subject's responses, behavior, or other information?

	NO	YES	UNK
	0	1	U



SKIP TO HYPOMANIA SCREEN (Q.37).

2. Have you been feeling this way recently (i.e., during the past 30 days)?

	NO	YES	UNK
	0	1	U



(IF YES:)

2.a) How long have you felt this way? (If less than one week, code DAYS.)

DAYS	OR	WEEKS				
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 30px; height: 20px;"></td></tr> </table>			<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>			



3. Think about the most extreme period in your life when you were feeling unusually good, high, or irritable. When did it begin?

<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 30px; height: 20px; text-align: center;">0</td><td style="width: 30px; height: 20px; text-align: center;">1</td></tr> </table>	0	1	—	<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>				—	<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>		
0	1										
D D		M O N		Y Y							



3.a) INTERVIEWER: Compute age.

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.b) How long did that period last? (If less than one week, code DAYS.)

DAYS	OR	WEEKS				
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 30px; height: 20px;"></td></tr> </table>			<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. **INTERVIEWER:** Is the current episode also the most severe episode?

NO      YES  
0            1



**INTERVIEWER:** If the current episode is also the most severe episode, code the episode only in the Most Severe column. If it is not the most severe episode, complete Current Episode first.



*During the current episode:*



*During the most severe episode:*

	CURRENT EPISODE (PAST MONTH)			MOST SEVERE EPISODE		
	<u>IRR</u>	<u>ELA</u>		<u>IRR</u>	<u>ELA</u>	
5. <b>INTERVIEWER:</b> Specify irritable or elated mood.	1	2		1	2	
	<u>NO</u>	<u>YES</u>	<u>UNK</u>	<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	U	0	1	U
7. <i>Were you more talkative than usual or did you feel pressure to keep on talking?</i>	0	1	U	0	1	U
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	U	0	1	U
9. <i>Did you feel you were a very important person, or that you had special powers, plans, talents, or abilities?</i>	0	1	U	0	1	U
10. <i>Did you need less sleep than usual?</i>	0	1	U	0	1	U
<b>(IF YES:)</b>						
10.a) <i>How many hours of sleep did you get per night?</i>	HOURS	HOURS		HOURS	HOURS	
	[ ] [ ]	[ ] [ ]		[ ] [ ]	[ ] [ ]	
10.b) <i>How many hours of sleep do you usually get per night?</i>	HOURS	HOURS		HOURS	HOURS	
	[ ] [ ]	[ ] [ ]		[ ] [ ]	[ ] [ ]	
	<u>NO</u>	<u>YES</u>	<u>UNK</u>	<u>NO</u>	<u>YES</u>	<u>UNK</u>
11. <i>Did you have more trouble than usual concentrating because your attention kept jumping from one thing to another?</i>	0	1	U	0	1	U
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	U	0	1	U
<b>(IF YES:)</b> <i>Specify:</i>	-----			-----		
	-----			-----		





**G. MANIA/HYPOMANIA**

	CURRENT EPISODE (PAST MONTH)			MOST SEVERE EPISODE			
	NO	YES	UNK	NO	YES	UNK	
18. (IF Q.16 OR Q.17 IS YES:) INTERVIEWER: Did psychotic symptoms have content that was <u>inconsistent with manic themes such as inflated worth, power, knowledge, identity, or special relationship to a deity or a famous person?</u>	0	1	U	0	1	U	● ● ● ●
18.a) (IF YES:) INTERVIEWER: Was subject preoccupied with psychotic symptoms to the exclusion of other symptoms or concerns?	0	1	U	0	1	U	● ● ● ●
19. Did you seek or receive help from someone like a doctor or other professional?	0	1	U	0	1	U	● ● ● ●
20. Were you prescribed medication for this?	0	1	U	0	1	U	● ● ● ●
(IF YES:) Specify:	-----			-----			● ● ● ●
	NO	YES	UNK	NO	YES	UNK	
21. Did you receive ECT?	0	1	U	0	1	U	● ● ● ●
22. During this episode, were you hospitalized for mania?	0	1	U	0	1	U	● ● ● ●
22.a) (IF YES:) For how long?	DAYS			DAYS			
							● ● ● ●
INTERVIEWER: IF PATIENT WAS HOSPITALIZED TWO DAYS OR MORE, HAD ECT OR HAD PSYCHOTIC SYMPTOMS, SKIP TO Q. 25 AND CODE INCAPACITATION							
23. Was your major responsibility at that time job, home, school, or something else?							● ● ● ●
	1 = Job 2 = Home 3 = School 4 = Other			1 = Job 2 = Home 3 = School 4 = Other			
(IF YES:) Specify:	-----			-----			○ ● ● ●
(IF OTHER:) Specify:	=====			=====			● ○ ○ ○
	NO	YES	UNK	NO	YES	UNK	
24. Did your functioning decline (in this role)?	0	1	U	0	1	U	● ● ● ●
(IF YES:) Specify:	-----			-----			● ● ● ●

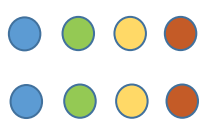
(IF YES to Q.24)



CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
---------------------------------	---------------------

24.a) *Did something happen as a result of this? (such as marital separation, absence from work or school, loss of a job, or lower grades)*  
 (IF YES:) *Specify:*

<u>NO</u>	<u>YES</u>	<u>UNK</u>	<u>NO</u>	<u>YES</u>	<u>UNK</u>
0	1	U	0	1	U



24.b) (IF NO to Q.24.a:) *Did someone comment on your decline in functioning?*

<u>NO</u>	<u>YES</u>	<u>UNK</u>	<u>NO</u>	<u>YES</u>	<u>UNK</u>
0	1	U	0	1	U



**(IF NO:) Did someone comment on your decline in functioning?**



25. **INTERVIEWER: Code based on answers to Q.15-24.**  
**Modified RDC IMPAIRMENT:** Decreased functioning not severe enough to meet incapacitation.  
**Modified RDC INCAPACITATION:** Complete inability to function in principal role for at least two days, hospitalization, ECT, delusions or hallucinations, or inability to carry on a conversation.  
**IMPROVEMENT:** Improvement in function.

0 = No change	0 = No Change
1 = Impairment	1 = Impairment
2 = Incapac.	2 = Incapac.
3 = Improvemt.	3 = Improvemt.
U = Unknown	U = Unknown



**(IF IMPAIRED OR INCAPAC.:) Specify:**



26. **RDC IMPAIRMENT: (IF NO CHANGE TO Q.25:)**  
*Was your functioning in any other area of your life affected or did you get into trouble in any way? (minor role dysfunction)*

<u>NO</u>	<u>YES</u>	<u>UNK</u>	<u>NO</u>	<u>YES</u>	<u>UNK</u>
0	1	U	0	1	U



(IF YES:) *Specify:*



27. *Did this episode occur during or shortly after an illness of some kind?*

<u>NO</u>	<u>YES</u>	<u>UNK</u>	<u>NO</u>	<u>YES</u>	<u>UNK</u>
0	1	U	0	1	U



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



(IF YES:) *Specify illness:*





	CURRENT EPISODE (PAST MONTH)			MOST SEVERE EPISODE			
	<u>NO</u>	<u>YES</u>	<u>UNK</u>	<u>NO</u>	<u>YES</u>	<u>UNK</u>	
28. <i>Did this episode begin shortly after you started using decongestants, steroids, or some other medication?</i>	0	1	U	0	1	U	● ● ● ●
<b>INTERVIEWER: L-DOPA, among others, may be relevant. Antidepressants are not considered an organic precipitant for DSM-III-R and RDC.</b>							○ ● ● ●
<b>INTERVIEWER: L-DOPA, among others, may be relevant. Antidepressants are not considered an organic precipitant.</b>							● ○ ○ ○
(IF YES:) <i>Specify:</i>	-----	-----	-----	-----	-----	-----	● ● ● ●
29. <i>Did this episode begin shortly after you started taking an antidepressant, shortly after a course of ECT, or after beginning a course of light therapy?</i>	0	1	U	0	1	U	○ ● ● ●
(IF YES:) <i>Specify:</i>	-----	-----	-----	-----	-----	-----	○ ● ● ●
30. <i>Were you using cocaine or other street drugs or were you drinking more than usual just before this episode began?</i>	0	1	U	0	1	U	● ● ● ●
<b>INTERVIEWER: Amphetamines, among others, may be relevant.</b>							● ● ● ●
(IF YES:)							
30.a) <i>Cocaine?</i>	0	1	U	0	1	U	● ● ● ●
(IF YES:) <i>Specify:</i>	-----	-----	-----	-----	-----	-----	● ● ● ●
30.b) <i>Other street drugs?</i>	0	1	U	0	1	U	● ● ● ●
(IF YES:) <i>Specify:</i>	-----	-----	-----	-----	-----	-----	● ● ● ●
30.c) <i>Increased alcohol?</i>	0	1	U	0	1	U	● ● ● ●
(IF YES:) <i>Specify:</i>	-----	-----	-----	-----	-----	-----	● ● ● ●

**INTERVIEWER: If coding current episode and it is not the most severe episode, return to Q.5 and code for Most Severe episode.**

**If you suspect that the episode just defined (most severe) was precipitated and maintained by an organic factor, attempt to establish another severe episode without an organic precipitant.**



	<u>NO</u>	<u>YES</u>	<u>UNK</u>				
31. <b>INTERVIEWER:</b> Has there been at least one "clean" episode?	0	1	U		● ● ● ●		
<b>INTERVIEWER:</b> To define a manic episode, the patient must be elated and have three symptoms or be irritable and have four symptoms.					● ● ● ●		
<b>(IF YES:)</b>							
31.a) How many episodes like this have you had?	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						● ● ● ●
31.b) How old were you the <u>first</u> time you had an episode like this?	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						● ● ● ●
31.c) How old were you the <u>last</u> time you had an episode like this?	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						● ● ● ●
	<p style="text-align: center; margin: 0;">CLEAN EPISODES</p> <p style="text-align: center; margin: 0;">ONS AGE (CLEAN)</p> <p style="text-align: center; margin: 0;">REC AGE (CLEAN)</p>						
32. <b>(IF NO CLEAN EPISODES:)</b> How many episodes like this have you had?	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						● ● ● ●
32.a) How old were you the <u>first</u> time you had an episode like this?	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						● ● ● ●
32.b) How old were you the <u>last</u> time you had an episode like this?	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						● ● ● ●
	<p style="text-align: center; margin: 0;">UNCLEAN EPISODES</p> <p style="text-align: center; margin: 0;">ONS AGE (UNCLEAN)</p> <p style="text-align: center; margin: 0;">REC AGE (UNCLEAN)</p>						
32. <b>MIXED AFFECTIVE STATES:</b> Have you ever felt hyper or energetic when your mood was bad or depressed?	0	1	U		● ○ ○ ○		
32.a) <b>(IF YES:)</b> How many episodes like this have you had?	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						● ○ ○ ○
33. How many times were you hospitalized for an episode of mania?	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						○ ● ● ●
34. <b>MIXED AFFECTIVE STATES:</b> During any of these manic episodes, did you also experience any of these symptoms (MARK "YES" or "NO" FOR EACH SYMPTOM)	0	1	U		○ ● ● ●		
Depressed mood/loss of interest or pleasure	0	1	U				
Appetite/weight change	0	1	U				
Sleep difficulty	0	1	U				
Change in activity level (psychomotor)	0	1	U				
Fatigue/loss of energy	0	1	U		○ ● ● ●		
Loss of interest/pleasure	0	1	U				
Low self-esteem/guilt	0	1	U				
Decreased concentration	0	1	U				
Thoughts of death or suicide	0	1	U				
<b>IF LESS THAN 5 MARKED "YES", SKIP TO Q.35</b>							
How many episodes like this have you had?	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						○ ● ● ●
<b>INTERVIEWER:</b> Check whether most severe episode is one of these. IF YES, try to establish another episode as most severe.					○ ● ● ●		

**RAPID CYCLING**

	<u>NO</u>	<u>YES</u>	<u>UNK</u>		
35. Have you had at least four episodes of mood disorder within a one-year period?	0	1	U		● ● ● ●
36. Have you ever switched back and forth quickly between feeling high to feeling normal or depressed?	0	1	U		● ● ● ●
	<u>HRS</u>	<u>DAYS</u>	<u>WKS</u>		
36.a) (IF YES:) Was that happening every few hours, every few days, or every few weeks?	1	2	3		● ● ● ●

**HYPOMANIA**

	<u>NO</u>	<u>YES</u>	<u>UNK</u>		
37. (ASK ONLY IF Q.2-36 ARE SKIPPED:) I have already asked you about periods of extremely high moods clearly different from your normal self. Now I'd like to ask if you have ever had periods lasting even a day or two when you felt unusually cheerful, energetic, or hyper?	0	1	U		● ● ● ●

SKIP TO DYSTHYMIA

(IF YES:) During that period were you...

37.a) more active than usual?	0	1	U	}	● ● ● ●
37.b) more talkative than usual?	0	1	U		
37.c) experiencing racing thoughts?	0	1	U		
37.d) feeling you were a very important person or had special powers or talents?	0	1	U		
37.e) needing less sleep than usual?	0	1	U		
37.f) distractible because your attention kept jumping from one thing to another?	0	1	U		
37.g) doing anything that could have gotten you into trouble, like buying things or having sexual indiscretions?	0	1	U		

**INTERVIEWER:** If three or more symptoms coded "YES" in Q. 37.a-37.g., return to Q.2 and complete Mania/Hypomania Section.

38. How many spells like this have you had?	SPELLS	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>				● ● ● ●	
39. What is the longest that one of these has lasted?	DAYS	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>					● ● ● ●
40. How old were you when you had the <u>first</u> such spell?	AGE	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>				● ● ● ●	

**DYSTHYMIA**

**INTERVIEWER: IF SUBJECT HAS HAD MANIA OR CHRONIC PSYCHOSIS, CHECK HERE AND SKIP TO INTERVIEWER NOTE.**



**INTERVIEWER: IF SUBJECT HAS HAD MANIA OR CHRONIC PSYCHOSIS, CHECK HERE AND SKIP TO Q.6.**



*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.*



1. Have you ever had a period of two or more years when you felt sad, down, or blue most of the day, more days than not? NO YES UNK

0 1 U

0



SKIP TO Q.7

1.a) How old were you when the first period like this began? ONS AGE

--	--



1.b) How old were you when it ended? END AGE

--	--



2. Did you have a severe episode of depression either during the first two years of this period or in the six months before this two-year period began? NO YES UNK

0 1 U



3. 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? NO YES UNK

0 1 U



(IF YES:) Specify: \_\_\_\_\_  
 \_\_\_\_\_



**INTERVIEWER: If YES to Q.2 or Q.3, identify another two-year period if possible and recode Q.1.a and Q.1.b.**



4. During that two-year period did you..

	NO YES UNK	
4.a) overeat?	0 1 U	}
4.b) have a poor appetite?	0 1 U	
4.c) have trouble sleeping?	0 1 U	
4.d) sleep too much?	0 1 U	
4.e) feel tired easily?	0 1 U	
4.f) feel inadequate or worthless?	0 1 U	
4.g) find it hard to concentrate or make decisions?	0 1 U	
4.h) feel hopeless?	0 1 U	



**INTERVIEWER: IF LESS THAN TWO POSITIVE SYMPTOMS (BOXED ITEMS COUNT AS ONE SYMPTOM), SKIP TO Q.7.**



5. During that two-year period was your mood ever normal for as long as two months in a row-- that is, two months when you were not sad, blue or down? NO YES UNK  
0 1 U ● ● ● ●
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? NO YES UNK  
0 1 U ○ ● ● ●
- (IF YES): Specify: \_\_\_\_\_
- \_\_\_\_\_

**DEPRESSIVE PERSONALITY**

INTERVIEWER: IF ONSET OF MAJOR PSYCHIATRIC DISORDER:

- AT AGE 20 OR YOUNGER, CHECK HERE AND SKIP TO ALCOHOL ABUSE.
- AFTER AGE 20, ASK ABOUT PERIOD OF TIME PRECEDING THE FIRST EPISODE.

See Depression Q.40 and Mania Q.31.b to clarify onset ages if necessary.



7. For much of your life up to (Now/Age of first Affective Disorder), have you been the kind of person who often has hours, days, or weeks when you feel depressed, down, blue, empty, don't care, feel sorry for yourself, or something like that? NO YES UNK  
0 1 U ● ● ● ●
- **SKIP TO Q.15 - HYPERTHYMIC PERSONALITY**

During those times...

8. Were you always sad, down, or blue? NO YES UNK  
0 1 U ● ● ● ●
9. Did you lose interest or pleasure in your usual activities? NO YES UNK  
0 1 U ● ● ● ●
10. How long did this typically last? (If less than one week, code DAYS.) DAYS OR WEEKS  
 OR  ● ● ● ●
11. How many times per year did this happen? TIMES  
 ● ● ● ●
12. How old were you when you first began feeling this way? ONS AGE  
 ● ● ● ●
13. Did your friends or family notice or remark on how you felt? NO YES UNK  
0 1 U ● ● ● ●
14. Did you tell anyone how you felt? NO YES UNK  
0 1 U ● ● ● ●

**HYPERTHYMIC PERSONALITY**

INTERVIEWER: If subject has had major affective disorder, ask about the period of time preceding the first episode.



- |   | <u>NO</u>  | <u>YES</u>   | <u>UNK</u>   |  |
|---|--|--|--|--|
| 15. For much of your life up to (Now/Age of first Affective Disorder), have you had times of unusual ambition, energy, optimism, high spirits, or great activity? | 0  | 1  | U  |  |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;">SKIP TO ALCOHOL ABUSE</div>  |  |  |  |  |
| 16. Were you always this way?   | 0  | 1  | U  |  |
| 17. How long did it typically last? (If less than one week, code DAYS.)   | <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> | OR   | <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block; text-align: center;"> <small>WEEKS</small><br/> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> </div> </div> |  |
| 18. How many times per year did this happen?  |  | <small>TIMES</small><br><div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block; text-align: center;"> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> </div> </div>  |  |  |
| <b>How many times per year did this happen?</b>   |  | <small>TIMES</small><br><div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block; text-align: center;"> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 25px; height: 15px;"></div> <div style="border: 1px solid black; width: 25px; height: 15px;"></div> <div style="border: 1px solid black; width: 25px; height: 15px;"></div> <div style="border: 1px solid black; width: 25px; height: 15px;"></div> </div> </div> |  |  |
| 19. How old were you when you first began feeling this way?   |  | <small>ONS AGE</small><br><div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block; text-align: center;"> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> </div> </div>  |  |  |
| 20. Did your friends or family notice or remark on how you felt?  | 0  | 1  | U  |  |
| 21. Did you tell anyone how you felt?   | 0  | 1  | U  |  |

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.



1. Have you ever had a drink of alcohol? NO 0 YES 1
- 1.a) (IF NO:) So, you have never had even one drink of alcohol? NO 0 YES 1



SKIP TO DRUG ABUSE

**SITE OPTIONAL**

2. Let us begin with the last week. Did you have any drink containing alcohol in the last week? NO 0 YES 1

SKIP TO Q.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 Col. I below.)

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

**INTERVIEWER: Ask for all types of beverages and then go to next day. If "DON'T KNOW" or "CAN'T REMEMBER", Code "UU".**

Day	BEER/LITE BEER		WINE		LIQUOR	
	I. Drinks	II. Minutes	I. Drinks	II. Minutes	I. Drinks	II. Minutes
Last Week	-----	-----	-----	-----	-----	-----
MON	-----	-----	-----	-----	-----	-----
TUE	-----	-----	-----	-----	-----	-----
WED	-----	-----	-----	-----	-----	-----
THUR	-----	-----	-----	-----	-----	-----
FRI	-----	-----	-----	-----	-----	-----
SAT	-----	-----	-----	-----	-----	-----
SUN	-----	-----	-----	-----	-----	-----

4. Would you say that your drinking/not drinking in the past week was typical of your drinking habits? NO 0 YES 1



5. Did you ever drink regularly--that is, at least once a week, for six months or more? NO YES  
0 1 ● ● ● ●

SKIP TO Q.7.

SITE OPTIONAL

5.a) (IF YES:) How old were you the first time you drank that regularly?

ONS AGE  

--	--



(IF Q.4 IS NO--PAST WEEK NOT TYPICAL): We would like to know the number of drinks containing alcohol you would have in a typical week in the past six months when you drink.



6. During a typical week, on (Day) how many drinks of (Type of beverage) do you have? (Record in Col. I below.)



6.a) How long in minutes does it take you to consume that amount? (Record in Col. II below.)



INTERVIEWER: Ask for all types of beverages and then go to next day. If "DON'T KNOW" or "CAN'T REMEMBER", Code "UU".



Day of Week	BEER/LITE BEER		WINE		LIQUOR	
	I. Drinks	II. Minutes	I. Drinks	II. Minutes	I. Drinks	II. Minutes
MON	-----	-----	-----	-----	-----	-----
TUE	-----	-----	-----	-----	-----	-----
WED	-----	-----	-----	-----	-----	-----
THUR	-----	-----	-----	-----	-----	-----
FRI	-----	-----	-----	-----	-----	-----
SAT	-----	-----	-----	-----	-----	-----
SUN	-----	-----	-----	-----	-----	-----



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 Q.5 AND Q.7, SKIP TO DRUG ABUSE



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 = 01  
 1/2 PINT = 06  
 1 PINT = 12  
 1 FIFTH = 20  
 1 QUART = 24

**WINE DRINK EQUIVALENTS:** GLASS = 1  
 BOTTLE = 6  
 WINE COOLER = 1

**BEER DRINK EQUIVALENTS:** BOTTLE/CAN = 1  
 CASE = 24

IF 3 DRINKS OR FEWER, SKIP TO DRUG ABUSE

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

NO	YES
0	1



**SITE OPTIONAL**

ONS AGE

9.a) (IF YES:) How old were you the first time you felt you should cut down on your drinking?

--	--



10. Have people annoyed you by criticizing your drinking?

NO	YES
0	1



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

NO	YES
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)?

NO	YES
0	1



INTERVIEWER: IF Q.9-12 ARE ALL NO, SKIP TO DRUG ABUSE



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

NO	YES
0	1



**SITE OPTIONAL**

ONS AGE

13.a) (IF YES:) How old were you the first time?

--	--




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

NO	YES
0	1



**I. ALCOHOL ABUSE AND DEPENDENCE**

	<u>NO</u>	<u>YES</u>	<u>ONCE</u>	
15. <i>Have you more than once gone on binges or benders when you kept drinking for a couple of days or more without sobering up?</i>	0	1	2	








**SITE OPTIONAL**

ONS AGE

--	--

15.a) **(IF YES:)** *How old were you the first time?*



	<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) <b>(IF ANY YES IN Q.18a-d ABOVE:)</b> <i>Did you continue to drink after you knew it caused you any of these problems?</i>	0	1	


**SITE OPTIONAL**

ONS AGE

--	--


18.f) **(IF ANY YES:)** *How old were you the first time you had (Mention items coded YES in Q.18.a-d above)?*




	<u>NO</u>	<u>YES</u>	
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	

**INTERVIEWER: Hand Alcohol Use Card "A" to Subject.**



*19.a) <b>(IF YES:)</b> <i>Would you say 50 percent 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	
--	---	---	---

I. ALCOHOL ABUSE AND DEPENDENCE

\*21. Have you ever given up or greatly reduced important activities because of your drinking--like sports, work, or associating with friends or relatives? NO YES 0 1



21.a) (IF YES:) Has this happened more than once? 0 1



22. Have you ever had trouble driving, like having an accident, because of drinking? 0 1



SITE OPTIONAL ONS AGE 22.a) (IF YES:) How old were you the first time this happened? [ ] [ ]



23. Have you ever been arrested for drunk driving? NO YES 0 1



SITE OPTIONAL ONS AGE 23.a) (IF YES:) How old were you the first time this happened? [ ] [ ]



24. Have you ever been arrested or detained by the police even for a few hours because of drunken behavior (other than drunk driving)? NO YES 0 1



SITE OPTIONAL ONS AGE 24.a) (IF YES:) How old were you the first time this happened? [ ] [ ]



\*25. 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? NO YES 0 1



\*26. Has your drinking or being hung over often kept you from working or taking care of household responsibilities? 0 1



SITE OPTIONAL ONS AGE 26.a) (IF YES:) How old were you the first time this happened? [ ] [ ]



27. 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? NO YES  
0 1 ● ● ● ●

<b>SITE OPTIONAL</b>	
27.a) (IF YES:) How old were you the <u>first</u> time this happened?	ONS AGE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

28. Did you ever drink unusual things such as rubbing alcohol, mouthwash, vanilla extract, cough syrup, or any other non-beverage substance containing alcohol? NO YES  
0 1 ● ● ● ●

29. Did you ever have any of the following problems when you stopped or cut down on drinking? ● ● ● ●

INTERVIEWER: Code in Column I.

	EVER		OCCUR TOGETHER		
	NO	YES	NO	YES	
29.a) Were you unable to sleep?	0	1	0	1	● ● ● ●
29.b) Did you feel anxious, depressed, or irritable?	0	1	0	1	● ● ● ●
29.c) Did you sweat?	0	1	0	1	● ● ● ●
29.d) Did your heart beat fast?	0	1	0	1	● ● ● ●
29.e) Did you have nausea or vomiting?	0	1	0	1	● ● ● ●
29.f) Did you feel weak?	0	1	0	1	● ● ● ●
29.g) Did you have headaches?	0	1	0	1	● ● ● ●
*29.h) Did you have the shakes (hands trembling)?	0	1	0	1	● ● ● ●
29.i) Did you see things that were not really there?	0	1	0	1	● ● ● ●
29.j) Did you have the DT's, that is, where you were out of your head, extremely shaky, or felt very frightened or nervous?	0	1	0	1	● ● ● ●
29.k) Did you have fits, seizures, or convulsions, where you lost consciousness, fell to the floor, and had difficulty remembering what happened?	0	1	0	1	● ● ● ●

INTERVIEWER: IF ALL NO IN Q.29.a-k ABOVE, SKIP TO Q.30. IF ONLY ONE YES, SKIP TO Q.29.n.

\*29.l) Was there ever a time when two or more of these symptoms occurred together? NO YES  
0 1 ● ● ● ●

29.m) (IF YES:) Which ones? (Code in Column II.) ● ● ● ●

\*29.n) 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? NO YES  
0 1 ● ● ● ●

		<u>NO</u>	<u>YES</u>	
30.	There are several other health problems that can result from long stretches of heavy drinking. Did drinking ever:			<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
30.a)	cause you to have liver disease or yellow jaundice?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
30.b)	give you stomach disease or make you vomit blood?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
30.c)	cause your feet to tingle/feel numb for many hours?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
30.d)	give you memory problems even when you were not drinking (not blackouts)?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
30.e)	give you pancreatitis?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
30.f)	damage your heart (cardiomyopathy)?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
30.g)	cause other problems?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
(IF OTHER:) Specify: _____				<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
IF ALL NO, SKIP TO Q.31.				<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
*30.h)	Did you continue to drink knowing that drinking caused you to have health problems?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
*31.	Have you ever continued to drink when you knew you had any (other) serious physical illness that might be made worse by drinking?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
(IF YES:) What illness? _____				<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
		<u>NO</u>	<u>YES</u>	
32.	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?			<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
(IF YES:) Specify which problems, read appropriate subquestion to confirm response and code.				<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Specify: _____				<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
-----				
32.a)	feeling depressed or uninterested in things for more than 24 hours to the point that it interfered with your functioning?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
32.b)	feeling paranoid or suspicious of people for more than 24 hours to the point that it interfered with your relationships?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
32.c)	having such trouble thinking clearly that it interfered with your functioning?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
32.d)	hearing, smelling, or seeing things that were not there?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
32.e)	feeling jumpy or easily startled or nervous to the point that it interfered with your functioning?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
*32.f)	(IF ANY YES IN Q.32.a-e ABOVE:) Did you continue to drink after you knew it caused you any of these problems?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

- |   | <u>NO</u> | <u>YES</u> |   |
|---|-----------|------------|---|
| 33. Have you ever had treatment for a drinking problem? | 0         | 1          | <input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> |
| <b>(IF YES:)</b> Was this treatment...                  |           |            | <input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> |
| 33.a) discussion with a professional?                   | 0         | 1          | <input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> |
| 33.b) AA or other self-help?                            | 0         | 1          | <input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> |
| 33.c) outpatient alcohol program?                       | 0         | 1          | <input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> |
| 33.d) inpatient alcohol program?                        | 0         | 1          | <input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> |
| 33.e) other? Specify: _____                             | 0         | 1          | <input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> |

**INTERVIEWER: CHECK RESPONSES TO Q.9-33. IF ALL CODED NO, SKIP TO Q.37.**



- |   | <u>NO</u>            | <u>YES</u>           |   |
|---|----------------------|----------------------|---|
| 34. You told me you had these experiences such as <b>(Review starred (*) positive symptoms in Q.13-33)</b> . While you were drinking, did you ever have at least three of these occur at any time in the same 12 month period?                        | 0                    | 1                    | <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>            |
| <b>(IF YES:)</b>  |                      |                      |   |
| 34.a) How old were you the <u>first</u> time at least three of these experiences occurred within the same 12 months?  | ONS                  | AGE                  | <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>            |
|   | <input type="text"/> | <input type="text"/> |   |
| 34.b) How old were you the <u>last</u> time at least three of these experiences occurred within the same 12 months?   | REC                  | AGE                  | <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>            |
|   | <input type="text"/> | <input type="text"/> |   |
| 35. <b>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.</b>   | <u>NO</u>            | <u>YES</u>           |   |
|   | 0                    | 1                    | <input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> |
| <b>(IF UNCLEAR, ASK:)</b> You told me you had these experiences such as <b>(Review starred (*) positive symptoms in Q.13-33)</b> . While you were drinking, was there ever at least a month during which at least two of these occurred persistently? |                      |                      | <input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> |
| <b>(IF NO:)</b> Was there ever a longer period of time during which at least two of these occurred repeatedly?  |                      |                      | <input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> |
| <b>(IF YES:)</b>  |                      |                      |   |
| 35.a) How old were you the <u>first</u> time at least two of these experiences occurred persistently?   | ONS                  | AGE                  | <input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> |
|   | <input type="text"/> | <input type="text"/> |   |
| 35.b) How old were you the <u>last</u> time at least two of these experiences occurred persistently?  | REC                  | AGE                  | <input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> |
|   | <input type="text"/> | <input type="text"/> |   |

**SITE OPTIONAL**

36. 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?

35.a) First: \_\_\_\_\_

ONS AGE

--	--

35.b) Second: \_\_\_\_\_

--	--

35.c) Third: \_\_\_\_\_

--	--



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

		—				—		
--	--	---	--	--	--	---	--	--

D D M O N Y Y



MARIJUANA

		NO	YES	
1.	Have you ever used marijuana?	0	1	
	<b>SKIP TO Q.17.</b>			
1.a)	<b>(IF YES:)</b> Have you used marijuana at least 21 times in a single year?	0	1	
	<b>SKIP TO Q.17.</b>			
2.	What was the longest period that you used marijuana almost every day?	DAYS		
		[ ] [ ] [ ]		
2.a)	<b>(IF MORE THAN 30 DAYS:)</b> When was that?			
		0 1	— [ ] [ ] [ ] — [ ] [ ]	
		D D	M O N Y Y	
*3.	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?	0	1	
4.	While using marijuana did you ever have any psychological problems, such as feeling depressed, feeling paranoid, having trouble thinking clearly, hearing or seeing or smelling things, or feeling jumpy?			
	<b>(IF YES:)</b> Specify which problems, read appropriate subquestions to confirm response and code.			
	Specify: _____			
4.a)	feeling depressed or uninterested in things for more than 24 hours to the point that it interfered with your functioning?	0	1	
4.b)	feeling paranoid or suspicious of people for more than 24 hours to the point that it interfered with your relationships?	0	1	
4.c)	trouble concentrating or having such trouble thinking clearly for more than 24 hours that it interfered with your functioning?	0	1	
4.d)	hearing, seeing, or smelling things that were not there?	0	1	
4.e)	feeling jumpy or easily startled or nervous to the point that it interfered with your functioning?	0	1	
*4.f)	<b>(IF YES TO ANY Q.4.a-e:)</b> Did you continue to use marijuana after you knew it caused these problems?	0	1	
*5.	Have you often wanted to or tried to cut down on marijuana?	0	1	



	<u>NO</u>	<u>YES</u>					
*6. Did you ever try to cut down on marijuana and find you could not?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				
*7. Have you often used marijuana more frequently or in larger amounts than you intended to?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				
*8. 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? <b>INTERVIEWER: Code YES if at least 50% more use.</b>	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				
*9. Did stopping or cutting down ever cause you to feel bad physically? (Co-occurrence of symptoms such as nervousness, insomnia, sweating, nausea, diarrhea.)  <b>(IF YES:)</b> Specify: _____	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				
*9.a) Have you often used marijuana to make any of these withdrawal symptoms go away or to keep from having them?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				
*10. 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?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				
11. Did anyone ever object to your marijuana use?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				
*11.a) <b>(IF YES:)</b> Did you continue to use marijuana after you realized it was causing this problem?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				
*12. Have you often given up or greatly reduced important activities with friends or relatives or at work while using marijuana?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				
*13. Have you often been high on marijuana or suffering its after-effects while in school, working, or taking care of household responsibilities?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				
14. Did your marijuana use ever cause you to have legal problems, such as arrests for disorderly conduct, possession or selling?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				
<b>INTERVIEWER: IF Q.3-14 ARE ALL NO, SKIP TO Q.17.</b>			<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				
15. You told me you had these experiences such as <b>(Review starred (*) positive symptoms in Q.3-14).</b> While you were using marijuana, did you ever have at least three of these occur at any time in the same 12 month period?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				
<b>(IF YES):</b>							
15.a) How old were you the <u>first</u> time at least three of these experiences occurred within the same 12 months?	<table border="1" style="width: 40px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>			<table border="1" style="width: 40px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>			<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
15.b) How old were you the <u>last</u> time at least three of these experiences occurred within the same 12 months?	<table border="1" style="width: 40px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>			<table border="1" style="width: 40px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>			<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>



	A	E	
	COC	PCP	
17.c) (FOR COCAINE AND PCP USERS ONLY:) How old were you the <u>first</u> time you used (Drug)?			● ● ● ●

	NO	YES	
17.d) Have you ever injected a drug?	0	1	● ● ● ●

**INTERVIEWER: IF ALL DRUGS IN Q.17.b WERE USED LESS THAN 11 TIMES, SKIP TO PSYCHOSIS**

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.

	A	B	C	D	E	
	COC	STIM	SED	OP	MISC	
18. What is the longest period you used (Drug) almost every day?						● ● ● ●

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

	A	B	C	D	E	
	COC	STIM	SED	OP	MISC	
*19. Has there ever been a period of a month or more when a great deal of your time was spent using (Drug), getting (Drug), or getting over effects?						● ● ● ●
	NO	0	0	0	0	
	YES	1	1	1	1	

	NO	0	0	0	0	
*20. Have you often wanted to or tried to cut down on (Drug)?						● ● ● ●
	YES	1	1	1	1	

	NO	0	0	0	0	
*21. Did you ever find you could not stop or cut down?						● ● ● ●
	YES	1	1	1	1	

	NO	0	0	0	0	
*22. Did you ever need larger amounts of (Drug) to get an effect, or find that you could no longer get high on the amount you used to use?						● ● ● ●
	YES	1	1	1	1	

**INTERVIEWER: Code YES if at least 50% more use.**

	NO	0	0	0	0	
*23. Have you often given up or greatly reduced important activities with friends or relatives or at work in order to use (Drug)?						● ● ● ●
	YES	1	1	1	1	

	NO	0	0	0	0	
*24. Have you often used (Drug) more days or in larger amounts than you intended to?						● ● ● ●
	YES	1	1	1	1	

**INTERVIEWER: Refer to back of Drug Use Card "B".**

**INTERVIEWER: Refer to back of Drug Use Card.**

	NO	0	0	0	0	
25. Has stopping, cutting down on, or quitting (Drug) ever caused you any of these problems?						● ● ● ●

	NO	0	0	0	0	
25.a) feel depressed?						● ● ● ●
	YES	1	1	1	1	

	NO	0	0	0	0	
25.b) feel nervous, tense, restless, or irritable?						● ● ● ●
	YES	1	1	1	1	

		A COC	B STIM	C SED	D OP	E MISC	
25.c) <i>feel tired, sleepy, or weak?</i>	NO	0	0	0	0	0	
	YES	1	1	1	1	1	
25.d) <i>have trouble sleeping?</i>	NO	0	0	0	0	0	
	YES	1	1	1	1	1	
25.e) <i>have an increase or decrease in appetite?</i>	NO	0	0	0	0	0	
	YES	1	1	1	1	1	
25.f) <i>tremble or twitching?</i>	NO			0	0	0	
	YES			1	1	1	
25.g) <i>sweat or have a fever?</i>	NO			0	0	0	
	YES			1	1	1	
25.h) <i>have nausea or vomiting?</i>	NO			0	0	0	
	YES			1	1	1	
25.i) <i>have diarrhea or stomach aches?</i>	NO			0	0	0	
	YES			1	1	1	
25.j) <i>have your eyes water or nose run?</i>	NO				0	0	
	YES				1	1	
25.k) <i>have muscle pains?</i>	NO				0	0	
	YES				1	1	
25.l) <i>yawn?</i>	NO				0	0	
	YES				1	1	
25.m) <i>have your heart race?</i>	NO			0		0	
	YES			1		1	
25.n) <i>have seizures?</i>	NO			0		0	
	YES			1		1	

**(IF YES:)** *How many times?*

# OF TIMES

--	--

--	--



**INTERVIEWER: IF Q.25.a-n ARE ALL NO, SKIP TO Q.28.**



		A COC	B STIM	C SED	D OP	E MISC	
*26. <i>Was there a time when two or more of these symptoms occurred together because you were not using (Drug)?</i>	NO	0	0	0	0	0	
	YES	1	1	1	1	1	
*27. <i>Have you often used (Drug) to make these withdrawal symptoms go away or to keep from having them?</i>	NO	0	0	0	0	0	
	YES	1	1	1	1	1	
28. <i>Did using (Drug) cause you to have any other physical health problems (other than withdrawal)?</i>	NO	0	0	0	0	0	
	YES	1	1	1	1	1	

**(IF YES:)** *Specify:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



		A COC	B STIM	C SED	D OP	E MISC		
*28.a)	Did you continue to use (Drug) after you knew it caused this problem?	NO YES	0 1	0 1	0 1	0 1	0 1	
29.	Did you ever experience objections from family, friends, clergyman, boss or people at work or school because of your (Drug) use?	NO YES	0 1	0 1	0 1	0 1	0 1	
*29.a)	(IF YES:) Did you continue to use (Drug) after you realized it was causing a problem?	NO YES	0 1	0 1	0 1	0 1	0 1	
*30.	Have you often been high on (Drug) or suffering its after-effects while in school, working, or taking care of household responsibilities?	NO YES	0 1	0 1	0 1	0 1	0 1	
31.	Did your use of (Drug) ever cause you to have legal problems such as arrests for disorderly conduct, possession or selling?	NO YES	0 1	0 1	0 1	0 1	0 1	
32.	While using (Drug), 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?							
	(IF YES:) Specify which problems, read appropriate subquestions to confirm response and code.							
	Specify: _____							
32.a)	feeling depressed or uninterested in things for more than 24 hours to the point where it interfered with your functioning?	NO YES	0 1	0 1	0 1	0 1	0 1	
32.b)	feeling paranoid or suspicious of people for more than 24 hours to the point that it interfered with your relationships?	NO YES	0 1	0 1	0 1	0 1	0 1	
32.c)	having such trouble thinking clearly that it interfered with your functioning?	NO YES	0 1	0 1	0 1	0 1	0 1	
32.d)	hearing, seeing, or smelling things that were not really there?	NO YES	0 1	0 1	0 1	0 1	0 1	
32.e)	feeling jumpy or easily startled or nervous for more than 24 hours to the point that it interfered with your functioning?	NO YES	0 1	0 1	0 1	0 1	0 1	

		A COC	B STIM	C SED	D OP	E MISC	
*32.f) (IF ANY YES IN Q.32.a-e):							
Did you continue to use (Drug)	NO	0	0	0	0	0	
after you knew it caused any	YES	1	1	1	1	1	
of these problems?							

**INTERVIEWER: IN Q.17-29 THERE MUST BE AT LEAST TWO ITEMS CODED YES IN A DRUG CATEGORY TO CONTINUE IN THAT CATEGORY. IF NO CATEGORY MEETS THIS CRITERION, SKIP TO PSYCHOSIS**

*33. 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?	NO	0	0	0	0	0	
	YES	1	1	1	1	1	

34. You told me you had these experiences such as (Review starred (*) positive symptoms in Q. 19-33). While you were using (Drug) did you ever have at least three of these occur at any time in the same 12 month period?	NO	0	0	0	0	0	
	YES	1	1	1	1	1	

(IF YES):

		ONS	AGE	
34.a) How old were you the <u>first</u> time at least three of these experiences occurred within the same 12 months?		<input type="text"/>	<input type="text"/>	

		REC	AGE	
34.b) How old were you the <u>last</u> time at least three of these experiences occurred within the same 12 months?		<input type="text"/>	<input type="text"/>	

35. 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.	NO	0	0	0	0	0	
	YES	1	1	1	1	1	

(IF UNCLEAR, ASK:) You told me you had these experiences such as (Review starred (\*) positive symptoms in Q.19-33). While you were using drugs, was there ever at least a month during which at least two of these occurred persistently?

(IF NO:) Was there ever a longer period of time during which at least two of these occurred repeatedly?

(IF YES:)

35.a) How old were you the <u>first</u> time at least two of these experiences occurred persistently?	ONS AGE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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35.b) How old were you the <u>last</u> time at least two of these experiences occurred persistently?	REC AGE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
--	---------	----------------------	----------------------	----------------------	----------------------	----------------------	--

	<u>NO</u>	<u>YES</u>	
36. Have you ever been treated for a drug problem?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
<b>(IF YES:) Was this treatment:</b>			
36.a) discussion with a professional?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
36.b) NA or other self-help?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
36.c) outpatient drug-free program?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
36.d) inpatient drug-free program?	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
36.e) other? <b>(IF YES:)</b> Specify: _____	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

37. When was the last time you used:

37.a) Cocaine?	<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> <tr><td style="text-align: center;">D</td><td style="text-align: center;">D</td></tr> </table> <span style="margin: 0 10px;">—</span> <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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">M</td><td style="text-align: center;">O</td><td style="text-align: center;">N</td><td style="text-align: center;">N</td></tr> </table> <span style="margin: 0 10px;">—</span> <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> <tr><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td></tr> </table>			D	D					M	O	N	N			Y	Y	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
D	D																	
M	O	N	N															
Y	Y																	
37.b) Stimulants?	<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> <tr><td style="text-align: center;">D</td><td style="text-align: center;">D</td></tr> </table> <span style="margin: 0 10px;">—</span> <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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">M</td><td style="text-align: center;">O</td><td style="text-align: center;">N</td><td style="text-align: center;">N</td></tr> </table> <span style="margin: 0 10px;">—</span> <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> <tr><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td></tr> </table>			D	D					M	O	N	N			Y	Y	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
D	D																	
M	O	N	N															
Y	Y																	
37.c) Sedatives, hypnotics, or tranquilizers?	<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> <tr><td style="text-align: center;">D</td><td style="text-align: center;">D</td></tr> </table> <span style="margin: 0 10px;">—</span> <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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">M</td><td style="text-align: center;">O</td><td style="text-align: center;">N</td><td style="text-align: center;">N</td></tr> </table> <span style="margin: 0 10px;">—</span> <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> <tr><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td></tr> </table>			D	D					M	O	N	N			Y	Y	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
D	D																	
M	O	N	N															
Y	Y																	
37.d) Opiates?	<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> <tr><td style="text-align: center;">D</td><td style="text-align: center;">D</td></tr> </table> <span style="margin: 0 10px;">—</span> <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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">M</td><td style="text-align: center;">O</td><td style="text-align: center;">N</td><td style="text-align: center;">N</td></tr> </table> <span style="margin: 0 10px;">—</span> <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> <tr><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td></tr> </table>			D	D					M	O	N	N			Y	Y	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
D	D																	
M	O	N	N															
Y	Y																	
37.e) Other drugs?	<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> <tr><td style="text-align: center;">D</td><td style="text-align: center;">D</td></tr> </table> <span style="margin: 0 10px;">—</span> <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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">M</td><td style="text-align: center;">O</td><td style="text-align: center;">N</td><td style="text-align: center;">N</td></tr> </table> <span style="margin: 0 10px;">—</span> <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> <tr><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td></tr> </table>			D	D					M	O	N	N			Y	Y	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
D	D																	
M	O	N	N															
Y	Y																	

**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.**

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.

<u>NO</u>	<u>YES</u>	<u>SUSP-ECTED</u>	<u>UNK</u>
-----------	------------	-------------------	------------

0	1	2	U
0	1	2	U
0	1	2	U

1.b) you had visions or saw things that were not visible to others?

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?

- you believed that you were being given special messages (e.g., through the TV or the radio)?
- you believed that you had done something terrible for which you should be punished?
- you believed that you were especially important in some way, or that you had powers to do things that other people could not do?
- you had the feeling that you were under the control of some force or power other than yourself?
- you had a change in your body or in your physical appearance that others could not see?

(IF YES TO ANY:) Describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**INTERVIEWER: IF THERE IS NO EVIDENCE, FROM ANY SOURCE, OF ANY PSYCHOSIS OR IF THE EXPERIENCES REPORTED DID NOT LAST PERSISTENTLY THROUGH-OUT THE DAY FOR ONE DAY OR INTERMITTENTLY FOR A PERIOD OF THREE DAYS, SKIP TO SCHIZOTYPAL (BIPOLAR CENTERS - PAGE 87) OR SIS (SCHIZOPHRENIA CENTERS - PAGE 89).**



**INTERVIEWER: IF THERE IS NO EVIDENCE, FROM ANY SOURCE, OF ANY PSYCHOSIS OR IF THE EXPERIENCES REPORTED DID NOT LAST PERSISTENTLY THROUGH-OUT THE DAY FOR ONE DAY OR INTERMITTENTLY FOR A PERIOD OF THREE DAYS, SKIP TO COMORBIDITY ASSESSMENT, P. 75.**



<u>NO</u>	<u>YES</u>	<u>UNK</u>
-----------	------------	------------

2. Are you currently experiencing (Psychotic symptoms)?

0	1	U
---	---	---





2.a) (IF YES:) How long ago did this begin?

DAYS  OR WEEKS



Record response: \_\_\_\_\_



3. (IF NO:) How old were you the last time you had (Psychotic symptoms)?

REC AGE



3.a) How long did these symptoms last?

DAYS  OR WEEKS



4. Since you first began experiencing (Psychotic symptoms) have you ever returned to your normal self for at least two months?

NO YES UNK  
0 1 U



INTERVIEWER: For Q.5-Q.62, if there are positive symptoms in the Ever column, be sure to code the presence/absence of those symptoms in the Current/Most Recent column.



DELUSIONS

INTERVIEWER: IF NO DELUSIONS (Q.1.c) SKIP TO HALLUCINATIONS



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



	EVER			CURRENT OR MOST RECENT EPISODE		
	NO	YES	UNK	NO	YES	UNK
<p>5. <b>Persecutory Delusions</b></p> <p>Have you ever felt that people were out to get you or deliberately trying to harm you?</p> <p>(IF YES:) Specify: _____</p> <p>_____</p>	Psychosis Only 0 Depression 0 Mania 0 Alcohol 0 Drugs 0 Other (med.) 0	1 1 1 1 1 1	U U U U U U	0 0 0 0 0 0	1 1 1 1 1 1	U U U U U U
<p>6. <b>Jealousy Delusions</b></p> <p>Have you ever been convinced that your (husband/wife/boyfriend/girlfriend) was being unfaithful to you?</p>	Psychosis Only 0 Depression 0 Mania 0 Alcohol 0 Drugs 0 Other (med.) 0	1 1 1 1 1 1	U U U U U U	0 0 0 0 0 0	1 1 1 1 1 1	U U U U U U



**K. PSYCHOSIS (Cont'd)**

	EVER			CURRENT OR MOST RECENT EPISODE			
	NO	YES	UNK	NO	YES	UNK	
<b>7. Guilt or Sin Delusions</b>  <i>Have you ever been convinced that you committed a crime, sinned greatly, or deserved punishment?</i>	Psychosis Only	0	1	U	0	1	U
	Depression	0	1	U			
	Mania	0	1	U			
	Alcohol	0	1	U			
	Drugs	0	1	U			
	Other (med.)	0	1	U			
<b>8. Grandiose Delusions</b>  <i>Have you ever felt you had any special powers, talents, or abilities much more than other people?</i>  <b>(PROBES: having a special purpose, mission or identity?)</b>	Psychosis Only	0	1	U	0	1	U
	Depression	0	1	U			
	Mania	0	1	U			
	Alcohol	0	1	U			
	Drugs	0	1	U			
	Other (med.)	0	1	U			
<b>9. Religious Delusions</b>  <i>Have you had any religious beliefs or experiences that other people didn't share?</i>  <b>(IF YES:) Tell me about that.</b>	Psychosis Only	0	1	U	0	1	U
	Depression	0	1	U			
	Mania	0	1	U			
	Alcohol	0	1	U			
	Drugs	0	1	U			
	Other (med.)	0	1	U			
<b>10. Somatic Delusions</b>  <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>  <b>(PROBE: like incurable cancer, bowels stopped up, insides rotting?)</b>	Psychosis Only	0	1	U	0	1	U
	Depression	0	1	U			
	Mania	0	1	U			
	Alcohol	0	1	U			
	Drugs	0	1	U			
	Other (med.)	0	1	U			
<b>11. Erotomantic Delusions</b>  <i>Have you ever believed that another person was in love with you when there was no real reason to think so?</i>  <b>(IF YES:) Specify:_____</b> _____	Psychosis Only	0	1	U	0	1	U
	Depression	0	1	U			
	Mania	0	1	U			
	Alcohol	0	1	U			
	Drugs	0	1	U			
	Other (med.)	0	1	U			



	EVER			CURRENT OR MOST RECENT EPISODE			
	NO	YES	UNK	NO	YES	UNK	
<p>12. <b>Delusions of Reference</b></p> <p><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?</i></p> <p><i>Have you ever been sure that people were talking about you, laughing at you, or watching you?</i></p>	Psychosis Only	0	1	U	0	1	U
	Depression	0	1	U			
	Mania	0	1	U			
	Alcohol	0	1	U			
	Drugs	0	1	U			
	Other (med.)	0	1	U			
13. <b>Being Controlled</b>	Psychosis Only	0	1	U	0	1	U
<i>Have you ever felt you were being controlled or possessed by some outside force or person?</i>	Depression	0	1	U			
	Mania	0	1	U			
	Alcohol	0	1	U			
	Drugs	0	1	U			
	Other (med.)	0	1	U			
14. <b>Delusions of Mind Reading</b>	<b>SITE OPTIONAL FOR BIPOLAR SITES</b>						
<i>Have you ever had the feeling that people could read your mind or know what you are thinking?</i>	Psychosis Only	0	1	U	0	1	U
	Depression	0	1	U			
	Mania	0	1	U			
	Alcohol	0	1	U			
	Drugs	0	1	U			
	Other (med.)	0	1	U			
15. <b>Thought Broadcasting</b>	Psychosis Only	0	1	U	0	1	U
<i>Have you ever felt your thoughts were broadcast so other people could hear them?</i>	Depression	0	1	U			
	Mania	0	1	U			
	Alcohol	0	1	U			
	Drugs	0	1	U			
	Other (med.)	0	1	U			
16. <b>Thought Insertion</b>	Psychosis Only	0	1	U	0	1	U
<i>Have you ever felt that thoughts that were not your own were being put into your head by some outside force?</i>	Depression	0	1	U			
	Mania	0	1	U			
	Alcohol	0	1	U			
	Drugs	0	1	U			
	Other (med.)	0	1	U			



**K. PSYCHOSIS (Cont'd)**

	EVER			CURRENT OR MOST RECENT EPISODE			
	NO	YES	UNK	NO	YES	UNK	
<b>17. Thought Withdrawal</b>  <i>Have you ever felt your thoughts were taken out of your head by some outside force?</i>	Psychosis Only Depression Mania Alcohol Drugs Other (med.)	0 0 0 0 0 0	1 1 1 1 1 1	U U U U U U	0 0 0 0 0 0	1 1 1 1 1 1	U U U U U U
<b>18. Other Delusions</b>  <i>Have you ever had any other thoughts or beliefs that others did not share or thought were odd other than those we have just discussed?</i>  <b>(IF YES:)</b> <i>Specify delusions:</i> _____ _____ _____ _____	Psychosis Only Depression Mania Alcohol Drugs Other (med.)	0 0 0 0 0 0	1 1 1 1 1 1	U U U U U U	0 0 0 0 0 0	1 1 1 1 1 1	U U U U U U



19. *How long did your longest period of (Delusions) last?*

EVER WEEKS			
---------------	--	--	--

CURRENT/RECENT WEEKS			
-------------------------	--	--	--



INTERVIEWER: Rate Q.20-Q.23 for Current/Most Recent Episode.



**SITE OPTIONAL FOR BIPOLAR SITES**

20. *When you believed any (Delusion) ...*



*were you at all confused about where you were or the time of day?  
did you have trouble with your memory?*

**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 some physical cause, (e.g., drugs, physical illness).

3 = **Definite:** Clouded sensorium, but not due to physical cause.

U = **Unknown:** No Information.

21. **INTERVIEWER: Rate Fragmentary Nature of Delusions.**



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.

U = **Unknown**

22. **INTERVIEWER: Rate Widespread Delusions.**



0 = **Not widespread.**

1 = **Widespread:** Delusions intrude into most aspects of patient's life and/or preoccupy patient most of the time.

U = **Unknown**

23. **INTERVIEWER: Rate Bizarre Quality of Delusions.**



**INTERVIEWER: Rate Bizarre Quality of Delusions. (If the implausibility of any delusion is unclear, probe further. Thoroughly describe the content of implausible or possibly implausible beliefs in the narrative report.)**



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).

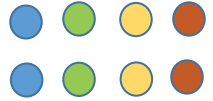
U = **Unknown**



HALLUCINATIONS

INTERVIEWER: IF NO AUDITORY HALLUCINATIONS (Q.1.a), SKIP TO Q.31.

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



	EVER			CURRENT OR MOST RECENT EPISODE		
	NO	YES	UNK	NO	YES	UNK
24. <b>Auditory - Voices, Noises, Music</b>  <i>Have you ever heard sounds or voices other people could not hear?</i>  24.a) (IF YES:) <i>Did they say bad things about you or threaten you?</i>	Psychosis Only 0 Depression 0 Mania 0 Alcohol 0 Drugs 0 Other (med.) 0  0	1 1 1 1 1 1  1	U U U U U U  U	0       N/A	1       A	U       A
25. <b>Auditory - Running Commentary</b>  <i>Have you ever heard voices that described or commented on what you were doing or thinking?</i>	Psychosis Only 0 Depression 0 Mania 0 Alcohol 0 Drugs 0 Other (med.) 0	1 1 1 1 1 1	U U U U U U	0	1	U
26. <b>Auditory - Two or More Voices</b>  <i>Have you ever heard two or more voices talking with each other?</i>	Psychosis Only 0 Depression 0 Mania 0 Alcohol 0 Drugs 0 Other (med.) 0	1 1 1 1 1 1	U U U U U U	0	1	U
27. <b>Thought Echo</b>  <i>Have you ever experienced hearing your thoughts repeated or echoed?</i>	Psychosis Only 0 Depression 0 Mania 0 Alcohol 0 Drugs 0 Other (med.) 0	1 1 1 1 1 1	U U U U U U	0	1	U



**K. PSYCHOSIS (Cont'd)**

	EVER			CURRENT OR MOST RECENT EPISODE			
	NO	YES	UNK	NO	YES	UNK	
<b>SITE OPTIONAL FOR BIPOLAR SITES</b>							
<b>28. Audible Thoughts</b>  <i>Have you ever heard your own thoughts as a voice spoken out loud?</i>	Psychosis Only	0	1	U	0	1	U
	Depression	0	1	U			
	Mania	0	1	U			
	Alcohol	0	1	U			
	Drugs	0	1	U			
	Other (med.)	0	1	U			
<b>29. Did you ever talk to any voices you heard?</b>	Psychosis Only	0	1	U	0	1	U
	Depression	0	1	U			
	Mania	0	1	U			
	Alcohol	0	1	U			
	Drugs	0	1	U			
	Other (med.)	0	1	U			
<b>30. When you heard the voices, did you also see the person talking, even though others did not see that person?</b>	Psychosis Only	0	1	U	0	1	U
	Depression	0	1	U			
	Mania	0	1	U			
	Alcohol	0	1	U			
	Drugs	0	1	U			
	Other (med.)	0	1	U			
<b>31. Somatic or Tactile</b>  <i>Have you ever had unusual sensations or other strange feelings in your body?</i>  <i>(PROBE: like electricity shooting through your body or your body parts moving around or growing?)</i>	Psychosis Only	0	1	U	0	1	U
	Depression	0	1	U			
	Mania	0	1	U			
	Alcohol	0	1	U			
	Drugs	0	1	U			
	Other (med.)	0	1	U			
<b>32. Olfactory</b>  <i>Have you ever experienced any strange smells you couldn't account for or smells that others didn't notice?</i>	Psychosis Only	0	1	U	0	1	U
	Depression	0	1	U			
	Mania	0	1	U			
	Alcohol	0	1	U			
	Drugs	0	1	U			
	Other (med.)	0	1	U			



**K. PSYCHOSIS (Cont'd)**

	EVER			CURRENT OR MOST RECENT EPISODE								
	NO	YES	UNK	NO	YES	UNK						
<b>33. Visual</b> Have you ever had visions or seen things that other people could not see? (IF YES:) Did this occur when you were falling asleep or waking up?	Psychosis Only 0 Depression 0 Mania 0 Alcohol 0 Drugs 0 Other (med.) 0	1 1 1 1 1 1	U U U U U U	0 0 0 0 0 0	1 1 1 1 1 1	U U U U U U						
<b>34. Gustatory</b> Have you ever had a strange taste in your mouth that you couldn't account for?	Psychosis Only 0 Depression 0 Mania 0 Alcohol 0 Drugs 0 Other (med.) 0	1 1 1 1 1 1	U U U U U U	0 0 0 0 0 0	1 1 1 1 1 1	U U U U U U						
<b>35.</b> How long did your longest period of (Hallucinations) last?	DAYS <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>						DAYS <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>					
<b>36.</b> Did you (Hallucinate) throughout the day for at least several days during this period?	<u>NO</u>	<u>YES</u>	<u>UNK</u>	<u>NO</u>	<u>YES</u>	<u>UNK</u>						
	0	1	U	0	1	U						
<b>37. INTERVIEWER: Are there mood incongruent hallucinations?</b>	0	1	U	0	1	U						
37.a) (IF YES:) Did they last throughout the day for several days or intermittently throughout a one-week period?	0	1	U	0	1	U						





	EVER			CURRENT OR MOST RECENT EPISODE		
	<u>NO</u>	<u>YES</u>	<u>UNK</u>	<u>NO</u>	<u>YES</u>	<u>UNK</u>
38. (IF DELUSIONS ALSO:) Was there a time when you believed (Delusion) that you were also (Hallucination)? (IF YES:)	0	1	U	0	1	U
38.a) INTERVIEWER: Rate the longest period of time they ever occurred together.	DAYS <input type="text"/> <input type="text"/> <input type="text"/>			N/A		
38.b) Specify nature of delusions occurring with hallucinations	----- ----- -----			----- ----- -----		
38.c) INTERVIEWER: Code YES if persecutory delusions or jealous delusions are present in 38.b.	0	1	U	0	1	U



**SITE OPTIONAL FOR BIPOLAR SITES**

39. During the Current/Most Recent Episode, 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?

**INTERVIEWER: Rate Sensorium While Hallucinating.**

0 = **None:** No distortion of subject's sensorium during hallucination.

1 = **Questionable**

2 = **Definite:** Sensorium is clouded, due to some physical cause, (e.g., drugs, physical illness).

3 = **Definite:** Clouded sensorium, but not due to physical cause.

U = **Unknown:** No Information.



**K. PSYCHOSIS (Cont'd)**

**DISORGANIZED BEHAVIOR**



**BIZARRE BEHAVIOR**



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



	EVER			CURRENT OR MOST RECENT EPISODE		
	NO	YES	UNK	NO	YES	UNK
40.a) <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	U
	Psychosis Only	0	1	U		
	Depression	0	1	U		
	Mania	0	1	U		
	Alcohol	0	1	U		
	Drugs	0	1	U		
	Other (med.)	0	1	U		
40.b) <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	U
	Psychosis Only	0	1	U		
	Depression	0	1	U		
	Mania	0	1	U		
	Alcohol	0	1	U		
	Drugs	0	1	U		
	Other (med.)	0	1	U		



41. How long did (Disorganized behavior) last?

EVER WEEKS				CURRENT/RECENT WEEKS			
---------------	--	--	--	-------------------------	--	--	--



How long did (Bizarre behavior) last?

EVER WEEKS				CURRENT/RECENT WEEKS			
---------------	--	--	--	-------------------------	--	--	--

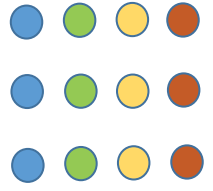


**FORMAL THOUGHT DISORDER**

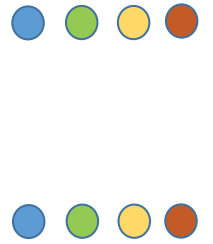
*Have people ever complained that your speech was mixed up or did not make sense?*

**(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.



	EVER			CURRENT OR MOST RECENT EPISODE			
	NO	YES	UNK	NO	YES	UNK	
<b>42. Disorganized Speech</b> (Incoherent, disturbed, and/or illogical speech)	Psychosis Only	0	1	U	0	1	U
	Depression	0	1	U			
	Mania	0	1	U			
	Alcohol	0	1	U			
	Drugs	0	1	U			
	Other (med.)	0	1	U			
<b>43. Odd Speech</b> (Digressive, vague, over-elaborate, circumstantial, metaphorical; loosening of associations)	Psychosis Only	0	1	U	0	1	U
	Depression	0	1	U			
	Mania	0	1	U			
	Alcohol	0	1	U			
	Drugs	0	1	U			
	Other (med.)	0	1	U			



44. *How long did (Positive thought disorder) last?*

EVER WEEKS				CURRENT/RECENT WEEKS			
---------------	--	--	--	-------------------------	--	--	--



**CATATONIC MOTOR BEHAVIOR**

	EVER			CURRENT OR MOST RECENT EPISODE			
	NO	YES	UNK	NO	YES	UNK	
<p>45. <b>Rigidity</b></p> <p><i>Did your body ever get stuck in one position so that you could not move?</i></p>	Psychosis Only	0	1	U	0	1	U
	Depression	0	1	U			
	Mania	0	1	U			
	Alcohol	0	1	U			
	Drugs	0	1	U			
	Other (med.)	0	1	U			
<p>46. <b>Stupor</b></p> <p><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></p> <p><b>(IF YES:)</b> <i>Did anyone else notice?</i></p>	Psychosis Only	0	1	U	0	1	U
	Depression	0	1	U			
	Mania	0	1	U			
	Alcohol	0	1	U			
	Drugs	0	1	U			
	Other (med.)	0	1	U			
<p>47. <b>Excitement</b></p> <p><i>Have you ever been so excited that you moved around a lot without purpose (aside from mania)?</i></p>	Psychosis Only	0	1	U	0	1	U
	Depression	0	1	U			
	Mania	0	1	U			
	Alcohol	0	1	U			
	Drugs	0	1	U			
	Other (med.)	0	1	U			
<p>48. <b>Motoric immobility as evidenced by catalepsy (including waxy flexibility)</b></p> <p><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></p>	Psychosis Only	0	1	U	0	1	U
	Depression	0	1	U			
	Mania	0	1	U			
	Alcohol	0	1	U			
	Drugs	0	1	U			
	Other (med.)	0	1	U			
<p>49. <b>Extreme negativism</b></p> <p><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></p> <p><i>Did you find yourself resisting when others (e.g. your doctor) asked you to move or talk? Or did you stop talking for long periods of time? Could you not help yourself from resisting?</i></p>	Psychosis Only	0	1	U	0	1	U
	Depression	0	1	U			
	Mania	0	1	U			
	Alcohol	0	1	U			
	Drugs	0	1	U			
	Other (med.)	0	1	U			



	EVER			CURRENT OR MOST RECENT EPISODE			
	NO	YES	UNK	NO	YES	UNK	
50. <b>Peculiarities of voluntary movement</b>  <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>	Psychosis Only	0	1	U	0	1	U
	Depression	0	1	U			
	Mania	0	1	U			
	Alcohol	0	1	U			
	Drugs	0	1	U			
	Other (med.)	0	1	U			
51. <b>Echolalia or echopraxia</b>  <i>Did you find yourself repeating other people's words or movements and that you could not stop yourself from doing this?</i>	Psychosis Only	0	1	U	0	1	U
	Depression	0	1	U			
	Mania	0	1	U			
	Alcohol	0	1	U			
	Drugs	0	1	U			
	Other (med.)	0	1	U			



	EVER WEEKS			CURRENT/RECENT WEEKS		
52. <i>How long did (Catatonic symptoms) last?</i>						



**AVOLITION/APATHY**

	EVER			CURRENT OR MOST RECENT EPISODE			
	NO	YES	UNK	NO	YES	UNK	
53. <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>	Psychosis Only	0	1	U	0	1	U
	Depression	0	1	U			
	Mania	0	1	U			
	Alcohol	0	1	U			
	Drugs	0	1	U			
	Other (med.)	0	1	U			



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



**K. PSYCHOSIS (Cont'd)**

54. How long did (**Avolition/apathy**) last? EVER WEEKS CURRENT/RECENT WEEKS ● ● ● ●

**ALOGIA**

	EVER			CURRENT OR MOST RECENT EPISODE				
	NO	YES	UNK	NO	YES	UNK		
55. <b>Alogia</b>  <i>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?</i>	Psychosis Only Depression Mania Alcohol Drugs Other (med.)	0 0 0 0 0 0	1 1 1 1 1 1	U U U U U U	0 0 0 0 0 0	1 1 1 1 1 1	U U U U U U	○ ● ● ●

56. How long did (**Alogia**) last? EVER WEEKS CURRENT/RECENT WEEKS ○ ● ● ●

**AFFECT**

	EVER			CURRENT OR MOST RECENT EPISODE				
	NO	YES	UNK	NO	YES	UNK		
57. <i>Have you ever appeared to have no emotions?</i>	Psychosis Only Depression Mania Alcohol Drugs Other (med.)	0 0 0 0 0 0	1 1 1 1 1 1	U U U U U U	0 0 0 0 0 0	1 1 1 1 1 1	U U U U U U	● ● ● ●
58. <i>Did you ever show emotions that did not fit what was going on?</i>	Psychosis Only Depression Mania Alcohol Drugs Other (med.)	0 0 0 0 0 0	1 1 1 1 1 1	U U U U U U	0 0 0 0 0 0	1 1 1 1 1 1	U U U U U U	● ● ● ●

59. How long did (**Flat affect/inappropriate affect**) last? EVER WEEKS CURRENT/RECENT WEEKS ● ● ● ●

**K. PSYCHOSIS (Cont'd)**

**SCHIZOPHRENIA CRITERION A (added items)**

NO YES

A60. **INTERVIEWER:** Check if the subject has reported symptoms in each of the following categories:

A60a. Delusions (Q. 5-18)

0 1

**If yes:** A60b. Definitely bizarre delusions (Q. 23 coded 2, A60a must be Yes)

0 1

A60c. Hallucinations (Q. 24-33)

0 1

**If yes:** A60d. Two or more voices (Q. 26) or a voice that commented on what you were doing or thinking (Q. 25) (A60c must be Yes)

0 1

A60e. Disorganized speech (e.g., frequent derailment or incoherence (Q. 42)

0 1

A60f. Grossly disorganized or catatonic behavior (Q. 45-51, 40a-b)

0 1

A60g. Negative symptoms, i.e., affective flattening, alogia, avolition (Q. 53, 55, 57)

0 1

**TOTAL YES:**

(IF TOTAL IS < 2, SKIP TO Q. A62)

A61. **INTERVIEWER:** Has subject ever had symptoms from two or more of the above **categories** (a, c, e, f or g) most of the time for at least a month (or less than one month if symptoms were apparently successfully treated). (**Probe item by item if necessary.**)

0 1

A61a. **If no:** Has subject ever had b or d most of the time for a month or been treated successfully for these?

0 1

A62. Was there ever a time when you were having (psychotic symptoms) when you were not feeling (depressed/ high or excited)?

NO YES

0

1

A62a. **If yes:** Did these symptoms ever last as long as one week when you were not (depressed/high)?

0 1

**If yes:**

How long did you have these symptoms when you were not (depressed/high)?

DAYS or  WEEKS

A62b. (IF NO to Q. A62 OR A62a,) **INTERVIEWER:** review all psychotic symptoms coded present during depression and code **YES** if mood incongruent psychotic symptoms were present during major depression or mania.

0 1

**INTERVIEWER: IF ALL NO, SKIP TO N. COMORBIDITY EXCEPT: IF SUBJECT HAS A CHRONIC PSYCHIATRIC DISORDER WITH PSYCHOTIC FEATURES, CONTINUE TO Q. 64 BELOW.**

SITE OPTIONAL FOR BIPOLAR SITES

**DEPERSONALIZATION/  
DEREALIZATION**

	EVER			CURRENT OR MOST RECENT EPISODE			
	NO	YES	UNK	NO	YES	UNK	
<b>60. Depersonalization</b> <i>Have you ever felt as if you were outside your body, or as if part of your body did not belong to you?</i>	Psychosis Only	0	1	U	0	1	U
	Depression	0	1	U			
	Mania	0	1	U			
	Alcohol	0	1	U			
	Drugs	0	1	U			
	Other (med.)	0	1	U			
<b>61. Derealization</b> <i>Have things around you ever seemed unreal? As if you were in a dream?</i>	Psychosis Only	0	1	U	0	1	U
	Depression	0	1	U			
	Mania	0	1	U			
	Alcohol	0	1	U			
	Drugs	0	1	U			
	Other (med.)	0	1	U			



62. How long did the (Feelings of Depersonalization/Derealization) last?

EVER WEEKS	CURRENT/RECENT WEEKS
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>



**INTERVIEWER: DO NOT SKIP OUT OF THE PSYCHOSIS SECTION IF THE SUBJECT HAS A CHRONIC PSYCHIATRIC DISORDER WITH PSYCHOTIC FEATURES.**



**INTERVIEWER: IF PSYCHOSIS IS REPORTED WITHOUT CONCURRENT MAJOR DEPRESSION OR MANIA, SKIP TO Q.64.**



SITE OPTIONAL (BIPOLAR CENTERS ASK THIS QUESTION)

	NO	YES
63. Was there ever a period of time when you had (Psychotic symptoms) when you were not feeling (depressed/high or excited)?	0	1
63.a) (IF YES:) Did these symptoms ever last as long as one week while you were not (depressed/high)?	0	1
63.b) (IF NO TO Q.63 OR Q.63.a:) INTERVIEWER: Review all psychotic symptoms coded present during depression and code YES if mood incongruent psychotic symptoms were present during major depression.	<input type="text" value="0"/>	1



SKIP TO COMORBIDITY ASSESSMENT OR SIS



**ONSET OF FIRST SYMPTOMS/EPISODE**

64. How old were you the *first* time that you were experiencing (Describe delusions, hallucinations, or other criteria for schizophrenia noted by the subject previously)?
- AGE
- [ ] [ ]
65. How long did those (Psychotic symptoms) last? (If less than one week, code DAYS.)
- DAYS [ ] OR WEEKS [ ] [ ] [ ]
66. Did you return to feeling like your normal self for at least two months?
- NO YES UNK  
0 1 U
67. How many episodes have you had? (By episodes I mean spells separated by periods of being your normal self for at least two months.)
- EPISODES [ ] [ ]

**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. Make sure Q.4-Q.62 are coded in both Current/Most Recent column and Ever column.

- 68.a) **INTERVIEWER:** Do you suspect autism on the basis of the medical history section or other information?
- NO YES UNK  
0 1 U
- 68.b) **INTERVIEWER:** Do you suspect another Pervasive Developmental Disorder on the basis of the medical history section or other information?
- NO YES UNK  
0 1 U

**DELINEATION OF CURRENT OR MOST RECENT EPISODE**

69. During the current/most recent episode, have you also been experiencing...
- NO YES UNK
- 69.a) a low/depressive episode? 0 1 U
- 69.b) a high/manic episode? 0 1 U
70. Did the current/most recent episode follow increased or excessive use of alcohol?
- NO YES UNK  
0 1 U
- (IF YES:) Specify: \_\_\_\_\_
71. Did the current/most recent episode follow use of street drugs?
- NO YES UNK  
0 1 U
- (IF YES:) Specify: \_\_\_\_\_

	<u>NO</u>	<u>YES</u>	<u>UNK</u>		
72. <i>Did the current/most recent episode follow serious medical illness?</i>	0	1	U		
<b>(IF YES:)</b> <i>Specify:_____</i>					
-----					
73. <i>Did the current/most recent episode follow use of prescription medications?</i>	0	1	U		
<b>(IF YES:)</b> <i>Specify:_____</i>					
-----					
74. <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	U		
<b>(IF YES:)</b> <i>Specify:_____</i>					
-----					
75.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	U		
<b>INTERVIEWER:</b> <b>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).</b>					
75.b) <b>(IF YES):</b> <i>Has this change in your functioning continued for much of the time since this episode began?</i>	0	1	U		
76. <b><u>DSM III-R Brief Reactive Psychosis</u></b>					
<i>During the current/most recent episode, did you experience unpredictable, intense mood changes or did you feel baffled?</i>	0	1	U		
77. <b>(IF FEMALE):</b> <i>Did the current/most recent episode begin within four weeks of childbirth?</i>	0	1	U		

**PRODROMAL AND RESIDUAL SYMPTOMS**

**INTERVIEWER: COMPLETE THE PRODROMAL PERIOD FIRST THEN COMPLETE THE RESIDUAL PERIOD. IF SUBJECT IS ACTIVELY PSYCHOTIC, COMPLETE THE PRODROMAL PERIOD ONLY, THEN SKIP TO Q.79.**

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



Establishing the Prodromal Period:

Establishing the Residual Period:  
(Ask after completing Q.78.a-n)



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

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



	PRODROMAL PERIOD			RESIDUAL PERIOD			
	NO	YES	UNK	NO	YES	UNK	
78.a) stay away from family and friends, become socially isolated?	0	1	U	0	1	U	
78.b) have trouble doing your job, going to school, or doing your work at home?	0	1	U	0	1	U	
78.c) do anything unusual, like collecting garbage, talking to yourself in public, hoarding food?	0	1	U	0	1	U	
78.d) neglect grooming, bathing, and keeping your clothes cleaned?	0	1	U	0	1	U	
78.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	U	0	1	U	
78.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	U	0	1	U	
78.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	U	0	1	U	

	PRODROMAL PERIOD			RESIDUAL PERIOD							
	NO	YES	UNK	NO	YES	UNK					
78.h) <i>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?</i>	0	1	U	0	1	U					
78.i) <i>have trouble getting going, or have no interests or energy?</i>	0	1	U	0	1	U					
78.j) <i>think that things around you, such as TV programs or newspaper articles, had some special meaning just for you?</i> <i>think people were talking about you or laughing at you?</i> <i>think you were receiving special messages in other ways?</i>	0	1	U	0	1	U					
78.k) <i>get nervous about being around other people, or about going to parties or other social events? take criticism badly?</i>	0	1	U	0	1	U					
78.l) <i>worry that people had it in for you?</i> <i>feel that most people were your enemies?</i> <i>think people were making fun of you?</i>	0	1	U	0	1	U					
<b>(PRODROMAL ONLY:)</b>											
78.m) <i>How long did you have these experiences before you had (Active psychotic features)?</i>	WEEKS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						N/A				
78.n) <i>Was this year typical of your usual self (that is, as subject was prior to onset of earliest symptoms)?</i>	<u>NO</u>	<u>YES</u>	<u>UNK</u>	N/A							
	0	1	U								
<b>INTERVIEWER: Return to page 79 to establish the Residual period and code in Residual Column.</b>											
<b>(RESIDUAL ONLY:)</b>											
78.o) <i>How long did you have these experiences after your (Active psychotic features) stopped?</i>	N/A			WEEKS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
78.p) <i>Did you return to your usual self (as subject was prior to age of onset of earliest symptoms)?</i>	N/A			<u>NO</u>	<u>YES</u>						
				0	1						
<b>(RESIDUAL ONLY:)</b>											
78.o) <i>How long did you have these experiences after your (Active psychotic features) stopped?</i>	N/A			WEEKS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
78.p) <i>Did you return to your usual self (as subject was prior to age of onset of earliest symptoms)?</i>	N/A			<u>NO</u>	<u>YES</u>	<u>UNK</u>					
				0	1	U					

**SCHIZOAFFECTIVE DISORDER, MANIC TYPE**

**INTERVIEWER: IF SUBJECT HAS NEVER HAD A PERIOD OF MANIA OR HYPOMANIA, SKIP TO Q.89. IF PSYCHOTIC SYMPTOMS OCCURRED DURING MANIA, CONTINUE.**



*You mentioned before that you have had periods when you felt (Manic moods).*



79. Did (Delusions or Hallucinations) ever occur when you were feeling extremely good or high, or when you were feeling unusually irritable? NO YES

NO YES  
0 1



(IF YES:) Record response: \_\_\_\_\_

SKIP TO Q.89.

80. Did the manic episode correspond to either of the manic episodes described previously? NO YES UNK

NO YES UNK  
0 1 U



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

SKIP TO Q.83.

81. During the period of feeling especially good or high when you were also having (Psychotic symptoms) were you experiencing... Blue Green Yellow Red



- INTERVIEWER: Check all that apply.**
- Pressure speech/talkativeness?
  - Racing thoughts?
  - Inflated self esteem/grandiosity?
  - Decreased sleep?
  - Distractibility?
  - Increased activity/psychomotor agitation?
  - Poor judgment/reckless behavior?



**INTERVIEWER: Mark "YES" or "NO" for each symptom.** NO YES UNK

- Pressure speech/talkativeness? 0 1 U
- Racing thoughts? 0 1 U
- Inflated self esteem/grandiosity? 0 1 U
- Decreased sleep? 0 1 U
- Distractibility? 0 1 U
- Increased activity/psychomotor agitation? 0 1 U
- Poor judgment/reckless behavior? 0 1 U



SX

82. **INTERVIEWER: Enter number of definite symptoms.** [If Euphoric, criterion = 3] [If Irritable only, criterion = 4] [ ] Blue Green Yellow Red



83. Did these episodes only follow alcohol or drug intake or withdrawal? NO YES UNK

NO YES UNK  
0 1 U



**INTERVIEWER: IF SUBJECT DOES NOT MEET CRITERIA FOR MANIA, SKIP TO Q.89.**



84. Presence of Mood-Congruent Psychotic Symptoms  
Code YES if psychotic symptoms occurring during any manic episode had content that was entirely consistent with themes of inflated worth, power, etc.

NO YES UNK  
0 1 U



85. Presence of Mood-Incongruent Psychotic Symptoms

Code YES if psychotic symptoms occurring during any manic episode had content that was not consistent with themes of inflated worth, power, knowledge, identity, or special relationship to a deity or a famous person.

NO YES UNK

0 1 U



Persistence of Psychotic Symptoms with Affective Clearing

86. Did the (Hallucinations/delusions) ever continue after your mood returned to normal?

0 1 U



86.a) (IF YES:) What is the longest time they lasted after your mood became normal?

WEEKS

--	--	--



87. Did the (Other psychotic symptoms such as formal thought disorder, bizarre behavior, catatonia) ever continue after your mood returned to normal?

NO YES UNK

0 1 U



87.a) (IF YES:) What is the longest time they lasted after your mood became normal?

WEEKS

--	--	--



88. INTERVIEWER: Were the Affective syndromes brief relative to the Psychotic symptoms?

NO YES

0 1



SCHIZOAFFECTIVE DISORDER, DEPRESSED TYPE

INTERVIEWER: IF SUBJECT HAS NEVER HAD A PERIOD OF DEPRESSION LASTING AT LEAST ONE WEEK, SKIP TO Q.99. IF PSYCHOTIC SYMPTOMS OCCURRED DURING MAJOR DEPRESSION, CONTINUE.



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



89. Did (Delusions or hallucinations) were feeling especially depressed? ever occur when you

NO YES

0 1



(IF YES:) Record response: \_\_\_\_\_



SKIP TO Q.99.

90. Did the depressive episode correspond to either of the depressive episodes described previously?

NO YES UNK

0 1 U



SKIP TO Q.93.

91. During the period when you were feeling especially depressed when you were also having (Psychotic symptoms) were you experiencing...



INTERVIEWER: Check all that apply.



- Appetite/weight change?
- Sleep difficulty?
- Change in activity level? (psychomotor)
- Fatigue/loss of energy?
- Loss of interest/pleasure?
- Low self esteem/guilt?
- Decreased concentration?
- Thoughts of death or suicide?



INTERVIEWER: Mark "YES" or "NO" for each symptom.

- |   | NO | YES | UNK |
|---|----|-----|-----|
| Appetite/weight change?                 | 0  | 1   | U   |
| Sleep difficulty?                       | 0  | 1   | U   |
| Change in activity level? (psychomotor) | 0  | 1   | U   |
| Fatigue/loss of energy?                 | 0  | 1   | U   |
| Loss of interest/pleasure?              | 0  | 1   | U   |
| Low self esteem/guilt?                  | 0  | 1   | U   |
| Decreased concentration?                | 0  | 1   | U   |
| Thoughts of death or suicide?           | 0  | 1   | U   |



92. INTERVIEWER: Enter number of definitive symptoms.  
(Criterion = 4 if current only)  
(Criterion = 3 if past)

SX



93. Did these episodes only follow alcohol or drug intake or withdrawal?

NO	YES	UNK
0	1	U



INTERVIEWER: IF SUBJECT DOES NOT MEET CRITERIA FOR DEPRESSION, SKIP TO Q.99.



94. Presence of Mood-Congruent Psychotic Symptoms

Code YES if psychotic symptoms occurring during any depressed episode had content that was entirely consistent with themes of personal inadequacy, guilt, etc.

NO	YES	UNK
0	1	U



95. Presence of Mood-Incongruent Psychotic Symptoms

Code YES if psychotic symptoms occurring during any depressed episode had content that was not consistent with themes of personal inadequacy, guilt, etc.

NO	YES	UNK
0	1	U



Persistence of Psychotic Symptoms with Affective Clearing

96. Did the (Hallucinations/delusions) ever continue after your mood returned to normal?

NO	YES	UNK
0	1	U



96.a) (IF YES:) What is the longest time they lasted after your mood became normal?

WEEKS  

--	--	--



97. Did the (Other psychotic symptoms such as formal thought disorder, bizarre behavior, catatonia) ever continue after your mood returned to normal?

NO	YES	UNK
0	1	U




97.a) (IF YES:) What is the longest time they lasted after your mood became normal?


WEEKS  

--	--	--




98. INTERVIEWER: Were the Affective syndromes brief relative to the Psychotic symptoms? NO YES  
 0 1 

**POLYDYPسيا**

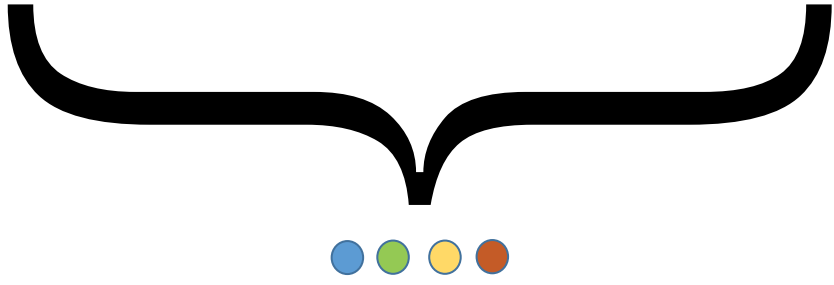
99. Have you ever consumed excess fluids over an extended period of time such that you had problems of low sodium, seizures, confusion, urinary tract difficulties, or other medical complications? NO YES UNK  
 0 1 U 

**PATTERN OF SYMPTOMS**

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

100. 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**

101. 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

102. Pattern of Severity (Circle appropriate pattern): 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.

**PATTERN OF SEVERITY**

93. Pattern of Severity (Circle appropriate pattern):      1      2      3      4      5     

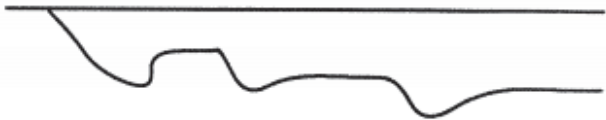
1 = **Episodic Shift**  
Episodes of illness are interspersed between periods of health or near normality.



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.



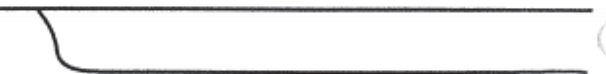
3 = **Moderate Deterioration**  
The subject may occasionally experience some resolution of symptoms, but overall the course is downhill culminating in a relatively severe degree of social and occupational incapacitation.



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.



**BIPOLAR CENTERS ONLY**

- |  | <u>NO</u> | <u>YES</u> | <u>UNK</u> |         |
|--|-----------|------------|------------|---------|
| 1. <b>INTERVIEWER:</b> 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          | U          | ● ● ● ● |




SKIP TO COMORBIDITY

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).

- |  |         |
|--|---------|
| <b>INTERVIEWER:</b> These items refer to the subjects' usual functioning independent of another psychiatric illness (e.g., when not depressed in a person with major depressive disorder). | ● ● ● ● |
|--|---------|

In general did you....

- |  | <u>NO</u> | <u>YES</u> | <u>UNK</u> |         |
|--|-----------|------------|------------|---------|
| 2. stay away from family and friends, becoming socially isolated with no close friends or confidants?  | 0         | 1          | U          | ● ● ● ● |
| 3. have trouble doing your job, going to school, or doing your work at home?   | 0         | 1          | U          | ● ● ● ● |
| 4. do anything unusual, like collecting garbage, talking to yourself in public, hoarding food, wearing clothing that was unusual and would call attention to yourself?                 | 0         | 1          | U          | ● ● ● ● |
| 5. not take care of hygiene and grooming?  | 0         | 1          | U          | ● ● ● ● |
| 6. not appear to have emotions, or not respond with emotion when appropriate or show emotions that did not fit with what was going on?   | 0         | 1          | U          | ● ● ● ● |
| 7. 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          | U          | ● ● ● ● |
| 8. have unusual beliefs or magical thinking (e.g., superstitiousness, belief in clairvoyance, telepathy, "sixth sense," feeling that "others can feel my feelings,")?                  | 0         | 1          | U          | ● ● ● ● |
| 9. 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? | 0         | 1          | U          | ● ● ● ● |

	<u>NO</u>	<u>YES</u>	<u>UNK</u>	
10. <i>think that things around you, such as TV programs or newspaper articles, had some special meaning just for you?</i>				
<i>think people were talking about you or laughing at you?</i>				
<i>think you were receiving special messages in other ways?</i>	0	1	U	
11. <i>get nervous about being around other people, or about going to parties or other social events?</i>	0	1	U	
12. <i>worry that people had it in for you?</i>				
<i>feel that most people were your enemies?</i>				
<i>have ideas that were not quite true, thinking others were referring to you when they really were not?</i>				
<i>think people were making fun of you?</i>	0	1	U	



SCHIZOPHRENIA CENTERS ONLY

SUBJECT ID NUMBER: [ ][ ] — [ ][ ][ ][ ][ ]

Date of Interview: [ ][ ] — [ ][ ][ ] — [ ][ ]  
D D M O N Y Y

Interviewer 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 Q.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 Q.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 Q.3



NO YES

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 Q.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                      MARKED

0                      1                      2                      3                      4                      5                      6



SKIP TO Q.11



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

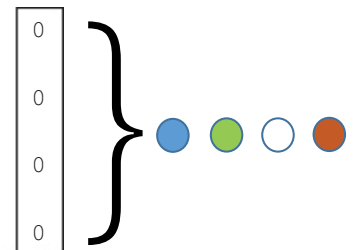
12. *Overall, would you consider yourself to be very outgoing, somewhat outgoing, a little bit outgoing, or not at all outgoing?* ● ● ○ ●

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.* ● ● ○ ●

TRUE                      FALSE

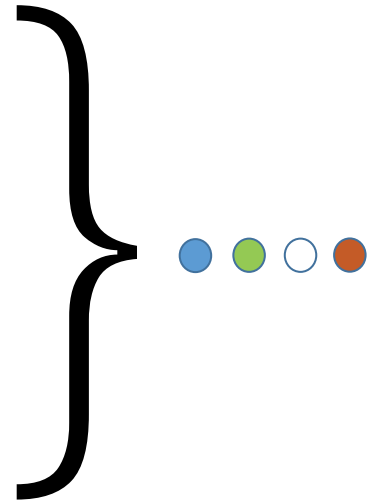
- 13.a) *I prefer hobbies and leisure activities that do not involve other people.*                      6
- 13.b) *I am usually content to just sit alone, thinking and day-dreaming.*                      6
- 13.c) *I could be happy living all alone in a cabin in the woods or mountains.*            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



IF Q.11, 12, AND 13.a-d ALL CODED 0, SKIP TO GLOBAL ASSESSMENT OF INTROVERSION - Q.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) Are you a talkative person?	0	6
14.b) Are you rather lively?	0	6
14.c) Do you usually take the initiative in making new friends?	0	6
14.d) Do you enjoy cooperating with others?	0	6
14.e) Do you tend to keep in the background on social occasions?	6	0
14.f) Do you like mixing with people?	0	6
14.g) Do you like plenty of bustle and excitement around you?	0	6
14.h) Are you mostly quiet when you are with other people?	6	0
14.i) Can you get a party going?	0	6
14.j) Do you enjoy meeting new people?	0	6



15. **INTERVIEWER: Rate Global Assessment of Introversion.**  
(Based on Q.11-14.)



ABSENT	MILD	MODERATE	MARKED
0	1      2	3      4	5      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]



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



19. **INTERVIEWER: Rate Global Assessment of Sensitivity.**  
(On Basis of Self-Report)



ABSENT                      MILD                      MODERATE                      MARKED  
0                      1                      2                      3                      4                      5                      6

**ANGER TO PERCEIVED SLIGHTS**




20. Do people say that you sometimes look for and find criticism that wasn't really intended? NO      YES  
0      6

21. Did you ever break off a relationship or leave a social situation because of being insulted? 0      6


21.a) **(IF YES:)** How often has that happened?   
2 = Rarely  
4 = Sometimes  
6 = Often

22. 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? 0      6






22.a) **(IF YES:)** How often does this happen?   
2 = Rarely  
4 = Sometimes  
6 = Often


23. Do you lose your temper easily? NO YES  
 0 6 
- 23.a) (IF YES:) How often? 
- 2 = Rarely  
 4 = Sometimes  
 6 = Often
24. INTERVIEWER: Rate Global Assessment of Anger in Response to Perceived Slights. 
- ABSENT MILD MODERATE MARKED  
 0 1 2 3 4 5 6

**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 CARDS] 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. 

ABSENT MILD MODERATE MARKED  
 0 1 2 3 4 5 6

→ SKIP TO IDEAS OF REFERENCE (PART 1) - Q.28.

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?*

NO    YES

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?*



0 = Never

SKIP TO Q.35

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?*



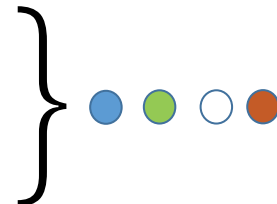
**INTERVIEWER:** Record any realistic reasons why subject might have been looked at (e.g., sexual "checking-out", physical anomaly, poor clothing, accent, etc.), then rate.



0 = Strong realistic reasons describing normal reaction

SKIP TO Q.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 Q.32 "SKIPPED OUT" OR RATED 0, SKIP TO SCHIZOTYPAL SOCIAL ANXIETY RATING - Q.36.**

- 4 = Probably
- 6 = Definitely

35.a) **(IF Q.26 IS RATED 2 OR MORE:)** 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?

NO   YES

0 6

**SKIP TO SCHIZOTYPAL SOCIAL ANXIETY RATING Q.36**

35.b) **(IF YES:)** Is your discomfort about being watched greater when in public among people you don't know than in situations where you know people?

0 6

**SKIP TO SCHIZOTYPAL SOCIAL ANXIETY RATING Q.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 Q.26-Q.28, Q.32, Q.35, Q.35a and Q.35b)



ABSENT                      MILD                                      MODERATE                                      MARKED  
 0                      1                      2                      3                      4                      5                      6

**IDEAS OF REFERENCE (PART II) - REMARKS**

37. *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?*

NO    YES

0    6



**SKIP TO Q.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 Q.37 AND NEVER TO Q.38, SKIP TO Q.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 Q.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 - Q.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]



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



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



49. Are there people who have gone out of their way to deliberately hold you back in life and to make things difficult for you?

NO YES

0

6



SKIP TO Q.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. In order to protect yourself from others, do you feel that you have to go out of your way to take precautions?

NO YES  
0 6



SKIP TO Q.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 - Q.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 Q.49.a, Q.50.a, and Q.51.

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

**PATHOLOGICAL JEALOUSY**

54. Do you get jealous easily? NO YES  
0 6 ● ● ○ ●

**SKIP TO Q.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 Q.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 GLOBAL RATING - Q.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 Q.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]



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



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



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

NO YES

0

6



SKIP TO Q.63

62.a) (IF YES:) What sorts of beliefs like these do you have? Any more?



Record response verbatim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



63. 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?

NO YES

0

6



INTERVIEWER: Only score superstitious responses as YES.

IF NO TO Q.62 AND Q.63, SKIP TO GLOBAL RATING Q.68.

IF NO ONLY TO Q.63, SKIP TO Q.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

67. Do these beliefs (List superstitions) have a practical effect on your life?

NO YES

0

6



SKIP TO GLOBAL RATING - Q.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

72. 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?

NO YES

0

6



SKIP TO Q.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 - Q.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 Q.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 Q.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 - Q.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.



83. Over your adult life, have you had one or more relationship(s) in which sex was a part of that relationship(s)?

	<u>NO</u>	<u>YES</u>
	6	0



83. Over your adult life, have you had one or more relationship(s) in which sex was a part of that relationship(s)?

6	<input type="checkbox"/> 0
---	----------------------------



SKIP TO Q.86

83.a) (IF NO:) Do you wish you had?

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



86. SIS Summary



<u>SIS Item</u>	<u>SIS Item Description</u>	<u>Rating</u>
86.a) Q.44	Global Ideas of Reference	_____
86.b) Q.52	Global Suspiciousness	_____
86.c) Q.68	Global Magical Thinking	_____
86.d) Q.74	Global Illusions	_____
86.e) Q.82	Global Psychotic-Like Symptoms	_____



ABSENT                      MILD                      MODERATE                      MARKED  
 0                      1                      2                      3                      4                      5                      6



**INTERVIEWER:** SUBJECTS WHO HAVE SIGNIFICANT HISTORY OF ALCOHOL, MARIJUANA, OR OTHER DRUG ABUSE AND EVIDENCE OF DEPRESSION, MANIA, HYPO-MANIA, DYSTHYMIA, OR PSYCHOSIS SHOULD BE ASKED THIS SECTION.

Check here if this section does not apply to subject.



1. You mentioned earlier your (Mood changes/Psychotic symptoms), and also that you were using (Alcohol/Drugs) heavily. Think about the first time you had any of these problems. Which came first (Mood changes/Psychotic symptoms) or (Alcohol/Drugs)?



**INTERVIEWER:** Rate first occurrence.

- 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.

1.a) (IF MOOD CHANGES/PSYCHOTIC SYMPTOMS OCCURRED FIRST:) For how long did you have (Mood changes/Psychotic symptoms) before you started using (Alcohol/Drugs) heavily?

DAYS  OR WEEKS



1.b) (IF ALCOHOL/DRUGS OCCURRED FIRST:) For how long were you using (Alcohol/Drugs) heavily before your (Mood changes/Psychotic symptoms) began?

DAYS  OR WEEKS



**INTERVIEWER:** IF ONLY ONE EPISODE (TOTAL) OF MOOD CHANGES/PSYCHOTIC SYMPTOMS, SKIP TO SUICIDAL BEHAVIOR



**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 [Ask Q.4 only]
- 2 = Alcohol/drug abuse always occurred first [Ask Q.3 only]
- 3 = Emotional/thinking difficulties and alcohol/drug abuse always occurred at the same time [Ask Q.3 and Q.4]
- 4 = No strict pattern (sometimes emotional/thinking difficulties first, sometimes alcohol/drugs first) [Ask Q.3 and Q.4]
- 5 = Emotional/thinking difficulties and alcohol/drug abuse always occurred independently

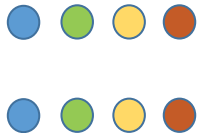


SKIP TO SUICIDAL BEHAVIOR

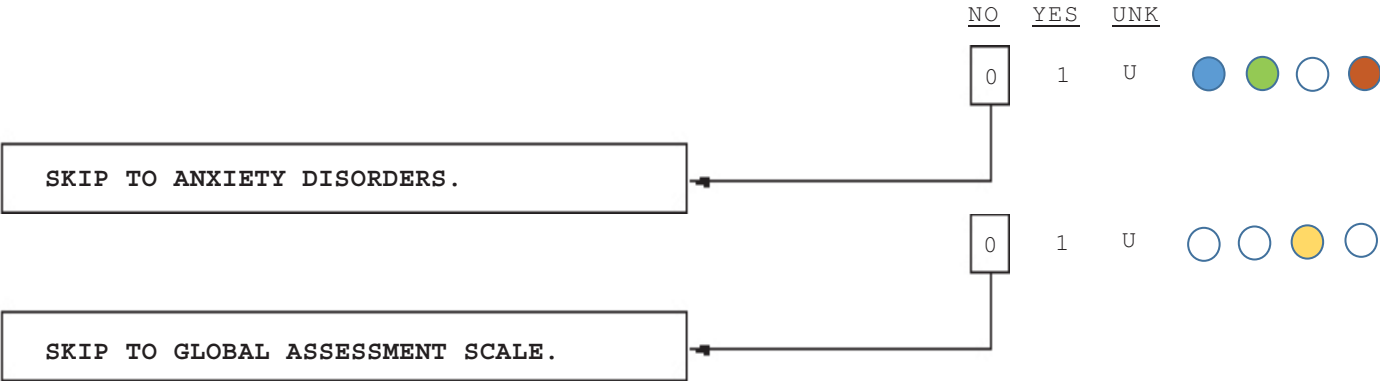
- 6 = Not Clear [Ask Q.3 and Q.4]

3. Have your **(Mood/Psychotic)** episodes ever continued after you stopped using **(Alcohol/Drugs)** heavily?
- |           |            |            |   |
|-----------|------------|------------|---|
| <u>NO</u> | <u>YES</u> | <u>UNK</u> |   |
| 0         | 1          | U          |  |
- 
- 3.a) **(IF YES:)** What was the longest time a **(Mood/Psychotic)** episode ever continued after you stopped using **(Alcohol/Drugs)**? **(If less than one week, code DAYS.)**
- |   |    |   |   |
|---|----|---|---|
| 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"/> | <input style="width: 40px; height: 20px;" type="text"/> |
- 
4. Did you ever continue to use **(Alcohol/Drugs)** heavily after your **(Mood/Psychotic)** episode stopped?
- |           |            |            |   |
|-----------|------------|------------|---|
| <u>NO</u> | <u>YES</u> | <u>UNK</u> |   |
| 0         | 1          | U          |  |
- 
- 4.a) **(IF YES:)** What was the longest you used **(Alcohol/Drugs)** heavily after a **(Mood/Psychotic)** episode stopped? **(If less than one week, code DAYS.)**
- |   |    |   |   |
|---|----|---|---|
| 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"/> | <input style="width: 40px; height: 20px;" type="text"/> |

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



1. Have you ever tried to kill yourself?



1.a) (IF YES:) How many times have you tried to kill yourself?

	<u>TIMES</u>					
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1.b) How old were you the first time you tried to kill yourself?

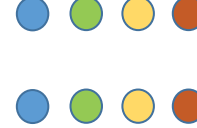
	<u>AGE</u>					
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**INTERVIEWER: For the following questions, ask about the most serious attempt.**



2. How did you try to kill yourself?

Record response: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



3. How old were you?

	<u>ONS</u>	<u>AGE</u>				
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <table style="border-collapse: collapse;"> <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> </div>						

4. Did you require medical treatment after this attempt?

	<u>NO</u>	<u>YES</u>	<u>UNK</u>	
0	0	1	U	

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

	<u>NO</u>	<u>ER</u>	<u>INPT</u>	<u>UNK</u>	
0	0	1	2	U	

6. Did you want to die?

	<u>NO</u>	<u>YES</u>	<u>UNK</u>	
0	0	1	U	

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

	<u>NO</u>	<u>YES</u>	<u>UNK</u>	
0	0	1	U	

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



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



9. INTERVIEWER: Rate lethality of most serious attempt.



- 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).
- U = **No information, not sure.**

10. Did the suicidal behavior described occur during...



	<u>NO</u>	<u>YES</u>	<u>UNK</u>	
10.a) Depression?	0	1	U	}
10.b) Mania?	0	1	U	
10.c) Alcohol Abuse?	0	1	U	
10.d) Drug Abuse?	0	1	U	
10.e) Psychosis?	0	1	U	
10.f) Other? <b>(IF YES:)</b> Specify: _____	0	1	U	



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



**OBSSESSIONS**

1. 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?



NO	YES	UNK
0	1	U

(IF UNCLEAR:) Did these thoughts continue to bother you no matter how hard you tried to get rid of them or ignore them?



SKIP TO Q.2.

1.a) What were they? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



1.b) What did you do about them? \_\_\_\_\_  
 \_\_\_\_\_



1.c) INTERVIEWER: Code YES if the person tries to ignore or suppress such thoughts or to neutralize them with some other thought or action.

NO	YES	UNK
0	1	U



1.d) INTERVIEWER: Does the person recognize that the obsessions are imposed from within (not from without as in thought insertion)?

0	1	U
---	---	---



1.e) 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).

0	1	U
---	---	---



**COMPULSIONS**

2. 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? (PROBE: Another example might be doing things in a certain order and having to start over again if you get the order wrong.)

0	1	U
---	---	---



IF NO OBSSESSIONS (any NO in Q.1) AND NO COMPULSIONS, SKIP TO Q.11.



IF NO COMPULSIONS ONLY, SKIP TO Q.4



2.a) What was it you did over and over? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



2.b) What were you afraid would happen if you did not do it? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

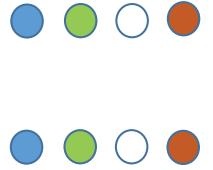


	<u>NO</u>	<u>YES</u>	<u>UNK</u>	
2.c) <b>INTERVIEWER:</b> Code YES if the behavior is designed to neutralize or prevent something unwanted, yet is not realistically connected with what it is meant to neutralize or prevent.	0	1	U	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
3. Did you ever feel that these behaviors were excessive or unreasonable?	0	1	U	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
4. How much time did you spend doing <b>(Compulsion)</b> and or thinking about <b>(Obsession)</b> each day?	MINUTES			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
5. Did you seek help from anyone, like a doctor or other professional?	<u>NO</u>	<u>YES</u>	<u>UNK</u>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
6. Did you take any medication?	0	1	U	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
(IF YES:) Specify: _____				<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
7. What effect did these <b>(Obsessions and/or Compulsions)</b> have on your life?				<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
7.a) Did these <b>(Obsessions and/or Compulsions)</b> bother you a lot?	<u>NO</u>	<u>YES</u>	<u>UNK</u>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
7.b) Did they significantly interfere with how you managed your work, school, household tasks, or social relationships?	0	1	U	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
8. How old were you the <u>first</u> time you were bothered by <b>(Obsession and/or Compulsion)</b> ?	ONS AGE			
	<input type="text"/>	<input type="text"/>		<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
9. How old were you the <u>last</u> time you were bothered by <b>(Obsession and/or Compulsion)</b> ?	REC AGE			
	<input type="text"/>	<input type="text"/>		<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
10. Did you ever have <b>(Obsession and/or Compulsion)</b> at some time other than within two months of having <b>(Depression/ Psychosis)</b> .	<u>NO</u>	<u>YES</u>	<u>UNK</u>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
	0	1	U	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

**PANIC DISORDER**

11. Have you ever had panic attacks or anxiety attacks when you suddenly felt very frightened in situations that are usually not considered threatening?
- 11.a) (IF NO:) Have you ever had sudden, unexplained episodes of physical symptoms such as rapid or loud heartbeat, feeling faint or lightheaded, sweating, trembling? How about sudden, unexplained episodes of chest tightness or a feeling of smothering?

NO	YES	UNK
0	1	U
0	1	U



**SKIP TO Q.28 - PHOBIC DISORDER**

12. Describe spells and situations in which (Symptoms indicated above) happen: (Are the attacks predictable?)

-----

-----

-----



- 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.
- 12.b) INTERVIEWER: Code NO if the attacks were associated exclusively with physical exertion or life-threatening situations.

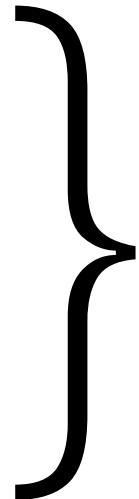
NO	YES	UNK
0	1	U
0	1	U



13. During the attacks, did you experience any of the following symptoms:



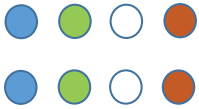
	EVER			MOST ATTACKS		
	NO	YES	UNK	NO	YES	UNK
13.a) sudden rapid heartbeat, your heart pounding loudly?	0	1	U	0	1	U
13.b) choking?	0	1	U	0	1	U
13.c) sudden sweating?	0	1	U	0	1	U
13.d) sudden trembling or shaking?	0	1	U	0	1	U
13.e) hot flashes or chills?	0	1	U	0	1	U
13.f) chest tightness or pain?	0	1	U	0	1	U
13.g) shortness of breath, or a feeling of smothering, or lightheadedness?	0	1	U	0	1	U
13.h) dizziness or unsteady feelings?	0	1	U	0	1	U
13.i) numbness or tingling?	0	1	U	0	1	U
13.j) fear of dying during the attack?	0	1	U	0	1	U
13.k) nausea or abdominal distress?	0	1	U	0	1	U



**P. ANXIETY DISORDERS**

EVER			MOST ATTACKS		
NO	YES	UNK	NO	YES	UNK
0	1	U	0	1	U
0	1	U	0	1	U

- 13.l) *feeling that you or the world around you was strange or unreal?*
- 13.m) *fear of going crazy or doing something uncontrolled?*



**INTERVIEWER: IF LESS THAN TWO SYMPTOMS, SKIP TO Q.28 - PHOBIC DISORDER.**



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



14. *Which symptoms occurred during most attacks? (Code in Column II.)*



14.a) **Count Symptoms in Column II and enter here.**

SX

--	--



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

NO	YES	UNK
0	1	U

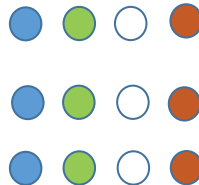


**IF Q.14.a IS 2 OR LESS AND Q.15 IS NO, SKIP TO Q.28 - PHOBIC DISORDER.**

**(IF YES:)**

- 15.a) *Did you have at least three of these symptoms during most attacks?*
- 15.b) *Did these symptoms develop and become intense within 10 minutes?*
- 15.c) **(IF YES:)** *Did this happen more than once?*

NO	YES	UNK
0	1	U



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

ATTACKS

--	--



17. *Have you had as many as six panic attacks, spread over a six-week period?*

NO	YES	UNK
0	1	U



17.a) **(IF YES:)** *Were you nervous between the attacks?*

NO	YES	UNK
0	1	U



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

NO	YES	UNK
0	1	U



**(IF NO:)** *After having an attack, have you been afraid of having another one?*

NO	YES	UNK
0	1	U



**(IF YES TO Q.17.a:)** *How long did that fear last (weeks)?*

WEEKS

--	--



	<u>NO</u>	<u>YES</u>	<u>UNK</u>								
19.a) <i>After having an attack, have you been afraid of having another one?</i>	0	1	U	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				
19.b) <i>Have you been worried about the implications or consequences of the attack?</i>	0	1	U	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				
19.c) <i>Have you changed your behavior?</i> <b>(IF YES:)</b> <i>Specify:</i> _____ _____	0	1	U	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				
19.d) <b>(IF YES TO Q.19.a,b,or c:)</b> <i>How long did the fear, worry or change in your behavior last (weeks)?</i>	<table border="1" style="margin: auto;"> <tr> <th colspan="2" style="padding: 2px;">WEEKS</th> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>			WEEKS				<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
WEEKS											
20. <i>Did you seek help from anyone, like a doctor or other professional?</i>	0	1	U	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				
21. <i>Did you take any medications for these attacks?</i> <b>(IF YES:)</b> <i>Specify:</i> _____ _____	0	1	U	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				
22. <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> <b>(IF YES:)</b> <i>Specify:</i> _____ _____	0	1	U	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				
23. <i>Did a doctor ever tell you that you had a medical condition that might have been responsible for these attacks (e.g., overactive thyroid)?</i>	0	1	U	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				
24. <i>Did these attacks significantly interfere with how you managed your work, school, household tasks or social relationships?</i> <b>(IF YES:)</b> <i>Specify:</i> _____ _____ _____	0	1	U	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				
25. <i>How old were you the <u>first</u> time you had a panic attack?</i>	<table border="1" style="margin: auto;"> <tr> <th colspan="2" style="padding: 2px;">ONS AGE</th> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>			ONS AGE				<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
ONS AGE											
26. <i>How old were you the <u>last</u> time you had a panic attack?</i>	<table border="1" style="margin: auto;"> <tr> <th colspan="2" style="padding: 2px;">REC AGE</th> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>			REC AGE				<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
REC AGE											
27. <i>Did you ever have a panic attack at some time other than within two months before or after having (Depression/Psychosis)?</i>	0	1	U	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				

**PHOBIC DISORDER**

	<u>NO</u>	<u>YES</u>	<u>UNK</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Have you ever been excessively afraid of the following:				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28.a) going out alone, being alone in a crowd or in stores, or being in places where you feel you cannot escape or get help? (Agoraphobic)	0	1	U	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28.b) doing certain things in front of people like speaking, eating, or writing? (Social)	0	1	U	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28.c) afraid of certain animals, heights, or being closed in? (Simple/Specific)	0	1	U	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>afraid of certain animals, heights, or being closed in? (Simple)</b>	0	1	U	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SKIP TO EATING DISORDERS</b>							
29. Did you go out of your way to avoid...				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29.a) Agoraphobic fear(s)?	0	1	U	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29.b) Social fear(s)?	0	1	U	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29.c) Simple/Specific fear(s)?	0	1	U	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Simple fear(s)?</b>	0	1	U	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>SKIP TO EATING DISORDERS</b>							
30. 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.				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30.a) Agoraphobic Fear(s): _____ _____ _____				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30.b) <b>INTERVIEWER:</b> Did the avoidant behavior begin during or just after a panic attack?	0	1	U	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30.c) Social Fear(s): _____ _____ _____				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30.d) <b>INTERVIEWER:</b> Did the avoidant behavior begin during or just after a panic attack?	0	1	U	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30.e) Simple/Specific Fear(s): _____ _____ _____				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Simple Fear(s):</b> _____ _____ _____				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30.f) INTERVIEWER: Did the avoidant behavior begin during or just after a panic attack?

0 1 U



INTERVIEWER: For each fear, ask Q.31 through Q.40.



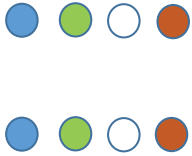
	AGORAPHOBIC			SOCIAL			SIMPLE/ SPECIFIC			
	N	Y	U	N	Y	U	N	Y	U	
	O	E	N	O	E	N	O	E	N	
		S	K		S	K		S	K	
31. Did you almost always become anxious when you were experiencing (Feared object/situation)?	N/A			0	1	U	0	1	U	
32. Do you think that you should have been that anxious?	0	1	U	0	1	U	0	1	U	
33. INTERVIEWER: 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	U	0	1	U	0	1	U	
33.a) Were you greatly upset about having the fear?	0	1	U	0	1	U	0	1	U	
34. Because of (Feared object/situation), was there a difference in your social life or in how you managed your work, school, or household tasks?  (IF YES:) Specify:	0	1	U	0	1	U	0	1	U	
	-----			-----			-----			
	-----			-----			-----			
	-----			-----			-----			
35. INTERVIEWER: For Social Phobia: Code YES if the fear is unrelated to a pre-existing Axis I or Axis III disorder [e.g., stuttering, trembling (Parkinson's), or exhibiting abnormal eating behavior (Anorexia Nervosa or Bulimia Nervosa)].  For Simple Phobia: Code YES if fear is unrelated to Obsessive Compulsive Disorder or Post Traumatic Stress Disorder.	N/A			0	1	U	0	1	U	
36. Did you seek help from anyone, like a doctor or other professional?	0	1	U	0	1	U	0	1	U	
37. Did you take any medications?  (IF YES:) Specify:	0	1	U	0	1	U	0	1	U	
	-----			-----			-----			
	-----			-----			-----			
	-----			-----			-----			
38. Did you ever have this problem at some time other than two months before or after having (Depression/Psychosis)?	0	1	U	0	1	U	0	1	U	



39. How old were you the first time you had this problem?

40. How old were you the last time you had this problem?

AGORAPHOBIC	SOCIAL	SIMPLE/ SPECIFIC
ONS AGE <input type="text"/> <input type="text"/>	ONS AGE <input type="text"/> <input type="text"/>	ONS AGE <input type="text"/> <input type="text"/>
REC AGE <input type="text"/> <input type="text"/>	REC AGE <input type="text"/> <input type="text"/>	REC AGE <input type="text"/> <input type="text"/>



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



**ANOREXIA NERVOSA**

1. Was there ever a time when you weighed much less than other people thought you ought to weigh? NO YES UNK  
0 1 U



SKIP TO Q.14.

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? NO YES UNK  
0 1 U



SKIP TO Q.14.

3. What was your lowest weight at that time? POUNDS  
[ ][ ] [ ][ ] [ ][ ]



4. How tall were you? Record response: \_\_\_\_\_ INCHES  
[ ][ ] [ ][ ]



5. How old were you? AGE  
[ ][ ] [ ][ ]

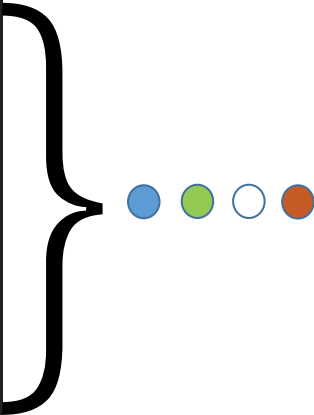


6. INTERVIEWER: Note body frame. SMALL MED. LG.  
1 2 3



WEIGHT CRITERION FOR ANOREXIA (15% BELOW EXPECTED WEIGHT)

MEN	Small Frame	Medium Frame	Large Frame	*WOMEN	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
4'11"	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.

6.a) INTERVIEWER: Is lowest weight (Q.3) more than table entry for height, gender, and body? NO YES UNK  
0 1 U



SKIP TO Q.14.

7. At that time did you still feel fat or did you see yourself as too fat in some ways? NO YES UNK  
0 1 U



**Q. EATING DISORDERS**

- |  | <u>NO</u> | <u>YES</u> | <u>UNK</u> |                |                    |
|--|-----------|------------|------------|----------------|--------------------|
| 8. <i>Were you still very much afraid that you could become fat?</i>   | 0         | 1          | U          |                | ● ● ○ ●            |
| 9. <b>(IF FEMALE:)</b> <i>Did your periods stop even when you were not pregnant?</i>   | 0         | 1          | U          |                | ● ● ○ ●            |
| 9.a) <b>(IF YES:)</b> <i>Did you miss at least three cycles in a row?</i>  | 0         | 1          | U          |                | ● ● ○ ●            |
| 10. <i>Was there a medical disorder causing your weight loss?</i><br><b>(IF YES:)</b> <i>Specify: _____</i>  | 0         | 1          | U          |                | ● ● ○ ●<br>● ● ○ ● |
| 11. <i>Did your lowered weight follow the use of diet pills, amphetamines, cocaine, or other substances?</i><br><b>(IF YES:)</b> <i>Specify: _____</i> | 0         | 1          | U          |                | ● ● ○ ●<br>● ● ○ ● |
| 12. <i>How old were you the <u>first</u> time your weight was below ___?</i><br><b>(See weight criterion table for loss of 15%.)</b>                   |           |            |            | ONS AGE<br>□ □ | ● ● ○ ●            |
| 13. <i>How old were you the <u>last</u> time your weight was below ___?</i><br><b>(See weight criterion table for loss of 15%.)</b>                    |           |            |            | REC AGE<br>□ □ | ● ● ○ ●            |

**BULIMIA**

- |   | <u>NO</u> | <u>YES</u> | <u>UNK</u> |                |         |
|---|-----------|------------|------------|----------------|---------|
| 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          | U          |                | ● ● ○ ● |
| <div style="border: 1px solid black; display: inline-block; padding: 5px 20px;"><b>SKIP TO PATHOLOGICAL GAMBLING</b></div> <span style="font-size: 2em; vertical-align: middle;">←</span> |           |            |            |                |         |
| 15. <i>During these binges were you afraid you could not stop eating, or that your eating was out of control?</i>   | 0         | 1          | U          |                | ● ● ○ ● |
| 16. <i>Did you have eating binges as often as twice a week for at least three months?</i>   | 0         | 1          | U          |                | ● ● ○ ● |
| 17. <i>Did you do anything to make up for eating so much, perhaps like...</i>   |           |            |            |                |         |
| 17.a) <i>making yourself vomit?</i>   | 0         | 1          | U          |                |         |
| 17.b) <i>taking laxatives or diuretics?</i>   | 0         | 1          | U          |                |         |
| 17.c) <i>strictly dieting?</i>  | 0         | 1          | U          |                |         |
| 17.d) <i>fasting?</i>   | 0         | 1          | U          |                | ● ● ○ ● |
| 17.e) <i>exercising a lot?</i>  | 0         | 1          | U          |                |         |
| 17.f) <i>other? (IF YES:) Specify: _____</i>  | 0         | 1          | U          |                |         |
| 18. <i>At this time were you a lot more concerned about your weight and/or shape than most people your age?</i>   | 0         | 1          | U          |                | ● ● ○ ● |
| 19. <b>(IF YES TO Q.16)</b> <i>How old were you when you <u>first</u> binged regularly?</i>   |           |            |            | ONS AGE<br>□ □ | ● ● ○ ● |
| 20. <b>(IF YES TO Q.16)</b> <i>How old were you the <u>last</u> time you binged regularly?</i>  |           |            |            | REC AGE<br>□ □ | ● ● ○ ● |

SITE OPTIONAL

	<u>NO</u>	<u>YES</u>	<u>UNK</u>	
1. <i>Have you ever gambled or bet too often or too much?</i>	0	1	U	● ● ● ●

**SKIP TO ANTISOCIAL PERSONALITY.**

2. <i>Do you frequently gamble larger amounts or over a longer period of time than you intend?</i>	0	1	U	● ● ● ●
3. <i>Do you need to increase the size or frequency of the bets to achieve excitement?</i>	0	1	U	● ● ● ●
4. <i>Do you become restless or irritable if you are unable to gamble?</i>	0	1	U	● ● ● ●
5. <i>Do you sustain repeated losses by trying to win back losses?</i>	0	1	U	● ● ● ●
6. <i>Are you frequently preoccupied with gambling?</i>	0	1	U	● ● ● ●
7. <i>Have you made repeated attempts to stop or reduce your gambling?</i>	0	1	U	● ● ● ●
8. <i>Have you frequently neglected family, social, or job obligations when you gamble?</i>	0	1	U	● ● ● ●
9. <i>Has gambling ever caused you to skip important social, job, or recreational activities?</i>	0	1	U	● ● ● ●
10. <i>Have you continued to gamble in spite of debts and/or other consequences?</i>	0	1	U	● ● ● ●

**INTERVIEWER: IF LESS THAN FOUR YES RESPONSES, SKIP TO ANTISOCIAL PERSONALITY.**

11. <i>How old were you when you <u>first</u> gambled heavily?</i>	ONS AGE	● ● ● ●		
	<table border="1" style="display: inline-table; width: 100px; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			

12. <i>How old were you the <u>last</u> time you gambled heavily?</i>	REC AGE	● ● ● ●		
	<table border="1" style="display: inline-table; width: 100px; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			

	<u>NO</u>	<u>YES</u>	<u>UNK</u>	
13. <i>Have you ever sought help for a problem with gambling?</i>	0	1	U	● ● ● ●

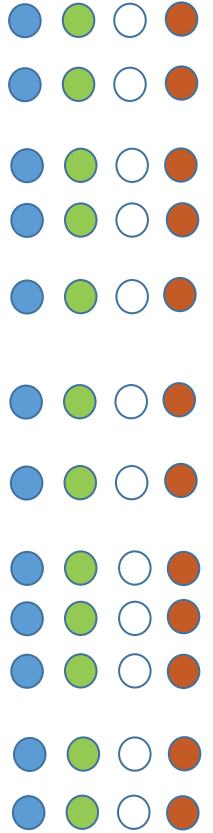
**S. ANTISOCIAL PERSONALITY**

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



1. Before you were 15 years old...
  - 1.a) did you often skip school?
  - 1.b) did you run away from home overnight more than once or did you run away from home without returning?
  - 1.c) did you often start physical fights?
  - 1.d) did you more than once use a weapon like a club, gun, or knife in a fight?
  - 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?
  - 1.f) were you often mean to animals including pets or did you ever hurt an animal on purpose?
  - 1.g) did you physically hurt another person on purpose (other than in a fight)?
  - 1.h) did you ever set fires when you were not supposed to?
  - 1.i) did you ever destroy someone's property on purpose (other than fire setting)?
  - 1.j) did you often tell lies?

NO	YES
0	1
0	1
0	1
0	1
0	1
0	1
0	1
0	1
0	1
0	1
0	1
0	1



**(IF YES:)** Why did you tell a lot of lies?

**INTERVIEWER: Code NO if subject lied to avoid physical or sexual abuse.**

**IF ALL NO, END OF QUESTIONS ASKED OF SUBJECT-- CODE Q.2 AS 00 AND SKIP TO GAS**

- 1.k) did you ever force someone to have sex with you?
- 1.l) did you ever take money or property from someone else by threatening them or using force, like snatching a purse or robbing someone?

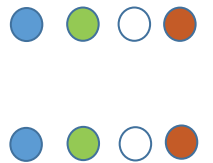
0	1
0	1



2. **INTERVIEWER: Record the number of positive symptoms in Q.1.**

SX	

**IF LESS THAN THREE POSITIVE SYMPTOMS, END OF QUESTIONS ASKED OF SUBJECT--SKIP TO GAS**



3. How old were you the first time you (list positive symptoms in Q.1.)?

ONS AGE	



**INTERVIEWER:** For Q.4-15 do not count as positive items that are solely related to alcohol and/or drug abuse. For subjects with a history of alcohol/drug abuse, use the following probe:  
*"Was this (Behavior) always due to your use of alcohol/drugs?"*



Now I am going to ask you questions about yourself after the age of 15.



	<u>NO</u>	<u>YES</u>	
4. <i>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?</i>	0	1	
5. <i>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?</i>	0	1	
<b>INTERVIEWER: Code NO if absence due to illness in family.</b>			
6. <i>Since you were 15, have you quit three or more jobs without having another job lined up?</i>	0	1	
7. <i>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?</i>	0	1	
8. <i>Since you were 15, have you often thrown things, hit or physically attacked anyone (including your wife/husband, partner, or children)?</i>	0	1	
9. <i>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?</i>	0	1	
10. <i>Since you were 15, have you ever travelled 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	
11. <i>Since you were 15, have you frequently lied, used an alias, or conned others for personal profit or pleasure?</i>	0	1	
12. <i>Since you were 15, have you received three or more speeding tickets or have you often driven while intoxicated?</i>	0	1	

**INTERVIEWER: IF SUBJECT HAS NEVER BEEN RESPONSIBLE FOR CHILDREN, SKIP TO Q.14.**



	<u>NO</u>	<u>YES</u>	
13. <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>			<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
13.a) <i>not giving the child enough food?</i>	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
13.b) <i>not keeping the child clean resulting in his/her illness?</i>	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
13.c) <i>not getting medical care when the child was seriously ill?</i>	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
13.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	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
13.e) <i>not arranging for anyone to take care of the child when you were away?</i>	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
13.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	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
14. <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>			<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
<b>INTERVIEWER: Code YES (for positive symptom) if subject has never sustained a totally monogamous relationship for more than one year.</b>	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
15. <i>Did you feel it was okay for you to have stolen, hurt, hit, destroyed, or (List other antisocial acts from Q.7-12)?</i>	0	1	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
16. <i>You said that you (Review positive symptoms in Q.4-15). How old were you the <u>last</u> time you did any of these things?</i>			<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

REC	AGE

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.



Rate subject's lowest level of functioning **lifetime** and 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>
0	1



1. Is the subject hospitalized?

CURRENT EPISODE GAS

--	--	--



2. GAS: At Worst Point During Current Episode

LIFETIME GAS

--	--	--



2. GAS: At Worst Point During **LIFETIME** (modified item)

PAST MONTH GAS

--	--	--



3. GAS: During Past Month

SCORE	CRITERIA
-------	----------

**100** 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  
**91** his warmth and integrity. No symptoms.

**90** Good functioning in all areas, many interests, socially effective, | generally satisfied with life. There may or may not be transient  
**81** symptoms and "everyday" worries that only occasionally get out of hand.

**80** No more than slight impairment in functioning, varying degrees of | "everyday" worries and problems that sometimes get out of hand.  
**71** Minimal symptoms may or may not be present.

**70** Some mild symptoms (e.g., depressive mood and mild insomnia) OR some | difficulty in several areas of functioning, but generally functioning  
**61** pretty well, has some meaningful interpersonal relationships and most untrained people would not consider him "sick".

**60** Moderate symptoms OR generally functioning with some difficulty | (e.g., few friends and flat affect, depressed mood and pathological  
**51** self-doubt, euphoric mood and pressure of speech), moderately severe antisocial behavior.

**50** Any serious symptomatology or impairment in functioning that most | clinicians would think obviously requires treatment or attention  
**41** (e.g., suicidal preoccupation or gesture, severe obsessional rituals, frequent anxiety attacks, serious antisocial behavior, compulsive drinking, mild but definite manic syndrome).

**40** Major impairment in several areas, such as work, family relations, | judgment, thinking or mood (e.g., depressed woman avoids friends,  
**31** 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** Unable to function in almost all areas (e.g., stays in bed all day) | OR behavior is considerably influenced by either delusions or  
**21** hallucinations OR serious impairment in communication (e.g., sometimes incoherent or unresponsive) or judgment (e.g., acts grossly inappropriate).

**20** Needs some supervision to prevent hurting self or others, or to | maintain minimal personal hygiene (e.g., repeated suicide attempts,  
**11** frequently violent, manic excitement, smears feces), OR gross impairment in communication (e.g., largely incoherent or mute).

**10** Needs constant supervision for several days to prevent hurting self | or others or makes no attempt to maintain minimal personal hygiene  
**1** or serious suicide act with clear intent and expectation of death.





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



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

**AFFECTIVE FLATTENING OR BLUNTING**

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

**ALOGIA**

9. <b>Poverty of Speech</b> The patient's replies to questions are restricted in <u>amount</u> , tend to be brief, concrete, unelaborated.	0	1	2	3	4	5		
<b>Poverty of Speech</b> The patient's replies to questions are restricted in <u>amount</u> , tend to be brief, concrete, unelaborated.	0	1	2	3	4	5	U	

**SANS CODES**

0 = None/Not at All	3 = Moderate	U = Unknown/
1 = Questionable	4 = Marked	Cannot Be Assessed/
2 = Mild	5 = Severe	Not Assessed



		NONE	→	SEVERE	UNK				
		0	1	2	3	4	5	U	
10.	<b>Poverty of Content of Speech</b> The patient's replies are adequate in amount but tend to be vague, over concrete or over generalized, and convey little in information.								● ● ● ●
	<b>Poverty of Content of Speech</b> 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	U	○ ○ ● ○
11.	<b>Blocking</b> The patient indicates, either spontaneously or with prompting, that his train of thought was interrupted.								● ● ● ●
	<b>Blocking</b> The patient indicates, either spontaneously or with prompting, that his train of thought was interrupted.	0	1	2	3	4	5	U	○ ○ ● ○
12.	<b>Increased Latency of Response</b> The patient takes a long time to reply to questions, prompting indicates the patient is aware of the question.								● ● ● ●
	<b>Increased Latency of Response</b> 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	U	○ ○ ● ○
13.	<b>Global Rating of Alogia</b> The core features of alogia are poverty of speech and poverty of content.								● ● ● ●
	<b>Global Rating of Alogia</b> The core features of alogia are poverty of speech and poverty of content.	0	1	2	3	4	5	U	○ ○ ● ○

AVOLITION/APATHY

14.	<b>Grooming and Hygiene</b> The patient's clothes may be sloppy or soiled, and he may have greasy hair, body odor, etc.								● ● ● ●
		0	1	2	3	4	5	U	
15.	<b>Inpersistence at Work or School</b> 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	U	

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	NONE	→				SEVERE	UNK	
	0	1	2	3	4	5	U	
16. <b>Physical Anergia</b> The patient tends to be physically inert. He may sit for hours and not initiate spontaneous activity.								
17. <b>Global Rating of Avolition/Apathy</b> Strong weight may be given to one or two prominent symptoms if particularly striking.								

**ANHEDONIA/ASOCIALITY**

18. <b>Recreational Interests and Activities</b> 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	U	
19. <b>Sexual Activity</b> The patient may show decrease in sexual interest and activity, or no enjoyment when active.	0	1	2	3	4	5	U	
20. <b>Ability to Feel Intimacy and Closeness</b> The patient may display an inability to form close or intimate relationships, especially with opposite sex and family.	0	1	2	3	4	5	U	
21. <b>Relationships with Friends and Peers</b> The patient may have few or no friends and may prefer to spend all his time isolated.	0	1	2	3	4	5	U	
22. <b>Global Rating of Anhedonia/Asociality</b> This rating should reflect overall severity, taking into account the patient's age, family status, etc.	0	1	2	3	4	5	U	

**ATTENTION**

23. <b>Social Inattentiveness</b> The patient appears uninvolved or unengaged. He may seem "spacey".	0	1	2	3	4	5	U	
24. <b>Inattentiveness During Mental Status Testing</b> Refer to tests of "serial 7s" (at least five subtractions) and spelling "world" backwards.	0	1	2	3	4	5	U	
25. <b>Global Rating of Attention</b> This rating should assess the patient's overall concentration, both clinically and on tests.	0	1	2	3	4	5	U	

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



**HALLUCINATIONS**

NONE → SEVERE UNK

1. <b>Auditory Hallucinations</b> The patient reports voices, noises, or other sounds that no one else hears.	0	1	2	3	4	5					
<b>Auditory Hallucinations</b> The patient reports voices, noises, or other sounds that no one else hears.	0	1	2	3	4	5	U				
2. <b>Voices Commenting</b> The patient reports a voice which makes a running commentary on his behavior or thoughts.	0	1	2	3	4	5					
<b>Voices Commenting</b> The patient reports a voice which makes a running commentary on his behavior or thoughts.	0	1	2	3	4	5	U				
3. <b>Voices Conversing</b> The patient reports hearing two or more voices conversing.	0	1	2	3	4	5					
<b>Voices Conversing</b> The patient reports hearing two or more voices conversing.	0	1	2	3	4	5	U				
4. <b>Somatic or Tactile Hallucinations</b> The patient reports experiencing peculiar physical sensations in the body.	0	1	2	3	4	5					
<b>Somatic or Tactile Hallucinations</b> The patient reports experiencing peculiar physical sensations in the body.	0	1	2	3	4	5	U				
5. <b>Olfactory Hallucinations</b> The patient reports experiencing unusual smells which no one else notices.	0	1	2	3	4	5					
<b>Olfactory Hallucinations</b> The patient reports experiencing unusual smells which no one else notices.	0	1	2	3	4	5	U				
6. <b>Visual Hallucinations</b> The patient sees shapes or people that are not actually present.	0	1	2	3	4	5					
<b>Visual Hallucinations</b> The patient sees shapes or people that are not actually present.	0	1	2	3	4	5	U				
7. <b>Global Rating of Hallucinations</b> 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					
<b>Global Rating of Hallucinations</b> 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	U				

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**DELUSIONS**

NONE → SEVERE UNK

- 8. **Persecutory Delusions**  
The patient believes he is being conspired against or persecuted in some way.  
**Persecutory Delusions**  
The patient believes he is being conspired against or persecuted in some way.
- 9. **Delusions of Jealousy**  
The patient believes his spouse is having an affair with someone.  
**Delusions of Jealousy**  
The patient believes his spouse is having an affair with someone.
- 10. **Delusions of Guilt or Sin**  
The patient believes that he has committed some terrible sin or done something unforgivable.  
**Delusions of Guilt or Sin**  
The patient believes that he has committed some terrible sin or done something unforgivable.
- 11. **Grandiose Delusions**  
The patient believes he has special powers or abilities.  
**Grandiose Delusions**  
The patient believes he has special powers or abilities.
- 12. **Religious Delusions**  
The patient is preoccupied with false beliefs of a religious nature.  
**Religious Delusions**  
The patient is preoccupied with false beliefs of a religious nature.
- 13. **Somatic Delusions**  
The patient believes that somehow his body is diseased, abnormal, or changed.  
**Somatic Delusions**  
The patient believes that somehow his body is diseased, abnormal, or changed.
- 14. **Delusions of Reference**  
The patient believes that insignificant remarks or events refer to him or have special meaning.

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	<u>NONE</u>	—————>					<u>SEVERE</u>	<u>UNK</u>	
	0	1	2	3	4	5	U		○ ○ ● ○
	<b>Delusions of Reference</b>								
	The patient believes that insignificant remarks or events refer to him or have special meaning.								
15.	<b>Delusions of Being Controlled</b>								
	The patient feels that his feelings or actions are controlled by some outside force.								
	0	1	2	3	4	5	U		● ● ○ ●
	<b>Delusions of Being Controlled</b>								
	The patient feels that his feelings or actions are controlled by some outside force.								
16.	<b>Delusions of Mind Reading</b>								
	The patient feels that people can read his mind or know his thoughts.								
	0	1	2	3	4	5	U		● ● ○ ●
	<b>Delusions of Mind Reading</b>								
	The patient feels that people can read his mind or know his thoughts.								
17.	<b>Thought Broadcasting</b>								
	The patient believes that his thoughts are broadcast so that he himself or others can hear them.								
	0	1	2	3	4	5	U		● ● ○ ●
	<b>Thought Broadcasting</b>								
	The patient believes that his thoughts are broadcast so that he himself or others can hear them.								
18.	<b>Thought Insertion</b>								
	The patient believes that thoughts that are not his own have been inserted into his mind.								
	0	1	2	3	4	5	U		● ● ○ ●
	<b>Thought Insertion</b>								
	The patient believes that thoughts that are not his own have been inserted into his mind.								
19.	<b>Thought Withdrawal</b>								
	The patient believes that thoughts have been taken away from his mind.								
	0	1	2	3	4	5	U		● ● ○ ●
	<b>Thought Withdrawal</b>								
	The patient believes that thoughts have been taken away from his mind.								
20.	<b>Global Rating of Delusions</b>								
	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			● ● ○ ●

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NONE → SEVERE UNK

**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 U

**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 U
- 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 U
- 23. **Aggressive and Agitated Behavior**  
 The patient may behave in an aggressive, agitated manner, often unpredictably. 0 1 2 3 4 5 U
- 24. **Repetitive or Stereotyped Behavior**  
 The patient develops a set of repetitive actions or rituals that he must perform over and over. 0 1 2 3 4 5 U
- 25. **Global Rating of Bizzare Behavior**  
 This rating should reflect the type of behavior and the extent to which it deviates from social norms. 0 1 2 3 4 5 U

**POSITIVE FORMAL THOUGHT DISORDER**

- 26. **Derailment**  
 A pattern of speech in which ideas slip off track onto ideas obliquely related or unrelated. 0 1 2 3 4 5
- Derailment**  
 A pattern of speech in which ideas slip off track onto ideas obliquely related or unrelated. 0 1 2 3 4 5 U
- 27. **Tangentiality**  
 The patient replys to a question in an oblique or irrelevant manner. 0 1 2 3 4 5
- Tangentiality**  
 The patient replys to a question in an oblique or irrelevant manner. 0 1 2 3 4 5 U
- 28. **Incoherence**  
 A pattern of speech that is essentially incomprehensible at times. 0 1 2 3 4 5

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1 = Questionable	4 = Marked	Cannot Be Assessed/
2 = Mild	5 = Severe	Not Assessed

V. SAPS

	NONE	—————>					SEVERE	UNK	
<b>Incoherence</b> A pattern of speech that is essentially incomprehensible at times.	0	1	2	3	4	5	U	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>	
29. <b>Illogicality</b> A pattern of speech in which conclusions are reached that do not follow logically.	0	1	2	3	4	5		<input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	
<b>Illogicality</b> A pattern of speech in which conclusions are reached that do not follow logically.	0	1	2	3	4	5	U	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>	
30. <b>Circumstantiality</b> A pattern of speech that is very indirect and delayed in reaching its goal idea.	0	1	2	3	4	5		<input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	
<b>Circumstantiality</b> A pattern of speech that is very indirect and delayed in reaching its goal idea.	0	1	2	3	4	5	U	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>	
31. <b>Pressure of Speech</b> The patient's speech is rapid and difficult to interrupt; the amount of speech produced is greater than that considered normal.	0	1	2	3	4	5		<input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	
<b>Pressure of Speech</b> The patient's speech is rapid and difficult to interrupt; the amount of speech produced is greater than that considered normal.	0	1	2	3	4	5	U	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>	
32. <b>Distractible Speech</b> The patient is distracted by nearby stimuli which interrupt his flow of speech.	0	1	2	3	4	5		<input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	
<b>Distractible Speech</b> The patient is distracted by nearby stimuli which interrupt his flow of speech.	0	1	2	3	4	5	U	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>	
33. <b>Clanging</b> A pattern of speech in which sounds rather than meaningful relationships govern word choice.	0	1	2	3	4	5		<input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	
<b>Clanging</b> A pattern of speech in which sounds rather than meaningful relationships govern word choice.	0	1	2	3	4	5	U	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>	
34. <b>Global Rating of Positive Formal Thought Disorder</b> The frequency of this rating should reflect the frequency of abnormality and degree to which it affects the patient's ability to communicate.	0	1	2	3	4	5		<input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	
<b>Global Rating of Positive Formal Thought Disorder</b> The frequency of this rating should reflect the frequency of abnormality and degree to which it affects the patient's ability to communicate.	0	1	2	3	4	5	U	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>	

SAPS CODES		
0 = None/Not at All	3 = Moderate	U = Unknown/
1 = Questionable	4 = Marked	Cannot Be Assessed/
2 = Mild	5 = Severe	Not Assessed



**INTERVIEWER:** The following items should be rated after the interview.  
Rate Q.1 - Q.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>	<u>Fair to Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Very Poor</u>
0	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 Rapport.**

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



## ORGANIZATION OF SPEECH/THOUGHT

**INTERVIEWER:** This section should be assessed based in part on 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.**



Good	<u>Fair to Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Very 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 sus/guard
- 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?



Table with 5 columns (1-5) and 1 row (U). Content includes: TOO LONG, 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?



Table with 6 columns (0-6). Content includes: 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.



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. DRUG ABUSE	1	2	3
6. PSYCHOSIS	1	2	3
7. ANXIETY DISORDERS	1	2	3
8. EATING DISORDERS	1	2	3
9. ANTISOCIAL PERSONALITY	1	2	3
10. OVERALL RELIABILITY	1	2	3



	<u>GOOD</u>	<u>FAIR</u>	<u>UNRELIABLE</u>
1. (OMITTED)			
2. MAJOR DEPRESSION	1	2	3
3. MANIA	1	2	3
4. ALCOHOL ABUSE	1	2	3
5. DRUG ABUSE	1	2	3
6. PSYCHOSIS	1	2	3
10. OVERALL RELIABILITY	1	2	3



Y. NARRATIVE SUMMARY

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1. Description of patient (behavior and speech, mental status).
2. Chronological summary of psychiatric symptoms and syndromes (onset-present).
3. Summary of positive DIGS ratings with examples.
4. Formulation and comments (include flags, atypical and uncertain features).







SUBJECT ID:   —       SUBJECT NAME:         First MI Last

DATE OF BIRTH:     —     —     D D M O N Y Y Y

PHYSICIAN NAME	HOSPITAL/CLINIC NAME	CITY	STATE	TREATMENT DATES	CONDITION

INTERVIEWER: Rate each item for all subjects based on information obtained during interview.



1. **Course of disorder.**



Score this item in hierarchical fashion, e.g., if subject's course in the past is rated 2, but for the time-period now being considered it rates 4, then the correct rating is 4.

- 1 = Single episode with good recovery
- 2 = Multiple episodes with good recovery between episodes
- 3 = Multiple episodes with partial recovery between episodes
- 4 = Continuous, chronic illness without deterioration
- 5 = Continuous, chronic illness with deterioration

6 = Not applicable, no disorder.

INTERVIEWER: IF Q.1 EQUALS 6 "NOT APPLICABLE, NO DISORDER", SKIP OUT OF THE SECTION.

**Course of disorder.**



Score this item in hierarchical fashion, e.g., if subject's course in the past is rated 2, but for the time-period now being considered it rates 4, then the correct rating is 4.

- 1 = Single episode with good recovery
- 2 = Multiple episodes with good recovery between episodes
- 3 = Multiple episodes with partial recovery between episodes
- 4 = Continuous, chronic illness without deterioration
- 5 = Continuous, chronic illness with deterioration
- 6 = Not applicable, no disorder.

2. **Duration of illness.**

WEEKS	



The answer to this question is used to determine whether the respondent had an episode that met diagnostic criteria for duration. Total duration of illness (psychosis, major depression, mania and/or dysthymia) includes prodromal and residual disabilities as well as the active phase of illness. In a psychotic disorder, "prodromal/residual phase" symptoms count as any two of the following before or after an active episode:

- Social isolation/marked impairment in role
- Markedly peculiar behavior
- Marked impairment in personal hygiene
- Blunted, flat, or inappropriate affect
- Digressive, vague, or over-elaborate speech
- Odd or bizarre ideation
- Unusual perceptual experiences

3. **Increased sociability.**

NONE      MODERATE      MARKED



None = No increase in sociability

0

1

2

Moderate = Over-familiarity

Marked = Loss in social inhibitions resulting in behavior which is inappropriate to the circumstance and out of character.

4. **Other non-affective auditory hallucinations present.**      NO      YES      UNK
- Rate any other kind of auditory hallucinations. These include pleasant or neutral voices and non-verbal hallucinations. This category does not include thought echo, third person auditory hallucinations, running commentary, abusive/accusatory/persecutory hallucinations.
- 0      1      U
5. **Other delusions.**      NO      YES      UNK
- Rate any other kind of delusions. These include:
- 5.a) Primary delusional perception      0      1      U
- 5.b) Delusional mood      0      1      U
- 5.c) Nihilistic delusions      0      1      U
- 5.d) Poverty      0      1      U
- 5.e) Political delusions      0      1      U
- 5.f) Delusions that others are imposters      0      1      U
6. **Subject's insight.**      INSIGHT      LACKS INSIGHT
- Subject lacks insight if unable to recognize that his/her experiences are abnormal or that they are the product of an anomalous mental process, or subject recognizes that his/her experiences are abnormal but gives a delusional explanation.
- 0      1
7. **Rapport difficulty.**      NO      YES
- Interviewer finds difficulty in establishing contact with subject who appears remote or detached. Do not include subjects who are difficult to interview because of hostility or irritability.
- 0      1
8. **Deterioration from premorbid level of functioning.**
- Subject does not regain his/her premorbid functioning after an acute episode of illness:
- NO      YES      UNK
- 8.a) Social functioning      0      1      U
- 8.b) Occupational functioning      0      1      U
- 8.c) Emotional functioning      0      1      U
9. **Psychotic symptoms respond to neuroleptics.**
- Rate globally over total period. Score positively if illness appears to respond to any type of neuroleptics, (depot or oral) or if any relapse occurs when medication is stopped.
- 0      1      U





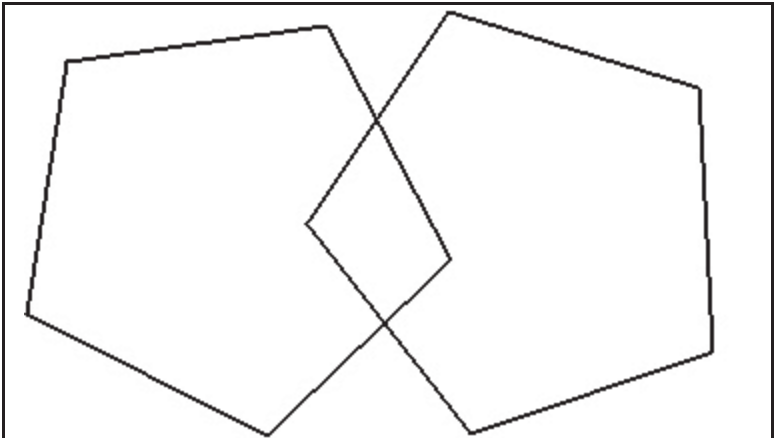
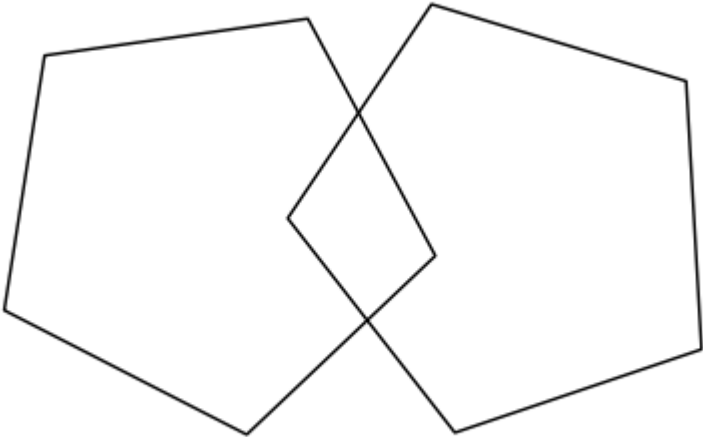
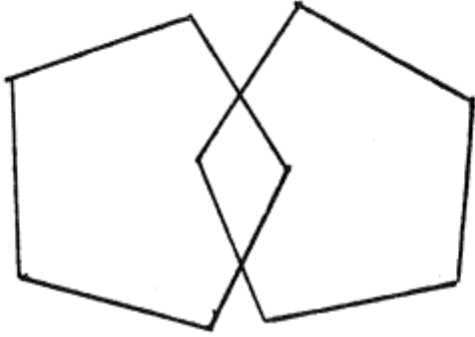
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**CLOSE YOUR EYES**

MODIFIED MMS CARD



MODIFIED MMS CARD





**ALCOHOL USE CARD**

<b>ALCOHOL USE CARD</b>	
<b><u>IF YOU USED TO DRINK:</u></b>	<b><u>50% MORE IS:</u></b>
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 .....	1 1/2 Pints
2 Pints .....	3 Pints
1 Quart .....	1 1/2 Quarts
2 Quarts .....	3 Quarts



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 .....	1 1/2 Pints
2 Pints .....	3 Pints
1 Quart .....	1 1/2 Quart
2 Quarts .....	3 Quarts

ALCOHOL USE CARD



ALCOHOL USE CARD

LIST OF SYMPTOMS

- Feel you should cut down on drinking..... \_\_\_\_\_
- People annoyed you by criticizing your drinking..... \_\_\_\_\_
- Feel guilty about drinking behavior..... \_\_\_\_\_
- Have a drink first thing in the morning..... \_\_\_\_\_
- Tried often to stop or cut down on drinking..... \_\_\_\_\_
- Tried to stop or cut down on drinking but could not..... \_\_\_\_\_
- Gone on binges or benders..... \_\_\_\_\_
- Started drinking when you said you wouldn't or drank  
more than you intended..... \_\_\_\_\_
- Spent so much time drinking or recovering..... \_\_\_\_\_
- Cause you to have problems such as..... \_\_\_\_\_
- problems at work/school
- physical fights
- objections from family, friends, doctor, clergy
- lost friends
- Need to drink more to get an effect..... \_\_\_\_\_
- Made rules to control drinking..... \_\_\_\_\_
- Given up or reduced important activities..... \_\_\_\_\_
- Trouble driving..... \_\_\_\_\_
- Arrested for drunk driving..... \_\_\_\_\_
- Arrested because of drunken behavior..... \_\_\_\_\_
- Been drinking where increased your chances of getting hurt... \_\_\_\_\_
- Kept you from working or taking care of household  
responsibilities..... \_\_\_\_\_
- Had blackouts..... \_\_\_\_\_
- Drink unusual things like rubbing alcohol, mouthwash..... \_\_\_\_\_
- Cutting down caused you to:
- be unable to sleep..... \_\_\_\_\_
- feel anxious, depressed, irritable..... \_\_\_\_\_
- sweat..... \_\_\_\_\_
- feel weak..... \_\_\_\_\_
- heart beat faster..... \_\_\_\_\_
- have nausea/vomiting..... \_\_\_\_\_
- have headaches..... \_\_\_\_\_
- have the shakes..... \_\_\_\_\_
- see things that weren't there..... \_\_\_\_\_
- have the DT's..... \_\_\_\_\_
- have fits, seizures, convulsions..... \_\_\_\_\_
- Cause health problems..... \_\_\_\_\_
- liver disease
- stomach disease
- feet to tingle
- memory problems
- pancreatitis
- other problems
- Continue to drink with these problems
- Drank when you knew other illness could be made worse..... \_\_\_\_\_
- Any psychological problem start or get worse..... \_\_\_\_\_
- Had treatment for drinking..... \_\_\_\_\_

ALCOHOL USE CARD



ALCOHOL USE CARD "B"

LIST OF SYMPTOMS

- Feel you should cut down on drinking..... -----
- People annoyed you by criticizing your drinking..... -----
- Feel guilty about drinking behavior..... -----
- Have a drink first thing in the morning..... -----
- Tried often to stop or cut down on drinking..... -----
- Tried to stop or cut down on drinking but could not..... -----
- Gone on binges or benders..... -----
- Started drinking when you said you wouldn't or drank  
more than you intended..... -----
- Spent so much time drinking or recovering..... -----
- Cause you to have problems such as..... -----
  - problems at work/school
  - physical fights
  - objections from family, friends, doctor, clergy
  - lost friends
- Need to drink more to get an effect..... -----
- Made rules to control drinking..... -----
- Given up or reduced important activities..... -----
- Trouble driving..... -----
- Arrested for drunk driving..... -----
- Arrested because of drunken behavior..... -----
- Been drinking where increased your chances of getting hurt... -----
- Kept you from working or taking care of household  
responsibilities..... -----
- Had blackouts..... -----
- Drink unusual things like rubbing alcohol, mouthwash..... -----
- Cutting down caused you to:
  - be unable to sleep..... -----
  - feel anxious, depressed, irritable..... -----
  - sweat..... -----
  - feel weak..... -----
  - heart beat faster..... -----
  - have nausea/vomiting..... -----
  - have headaches..... -----
  - have the shakes..... -----
  - see things that weren't there..... -----
  - have the DT's..... -----
  - have fits, seizures, convulsions..... -----
- Cause health problems..... -----
  - liver disease
  - stomach disease
  - feet to tingle
  - memory problems
  - pancreatitis
  - other problems
- Continue to drink with these problems..... -----
- Drank when you knew other illness could be made worse..... -----
- Any psychological problem start or get worse..... -----
- Had treatment for drinking..... -----

MARIJUANA USE CARD



**MARIJUANA USE CARD**

LIST OF SYMPTOMS

Spend so much time using marijuana or recovering..... -----

Used marijuana when you knew it caused  
psychological problems..... -----

Tried often to cut down on marijuana..... -----

Tried to cut down on marijuana but could not..... -----

Used marijuana more frequently or in larger amounts..... -----

Need to use more to get an effect..... -----

Cutting down causes you to:

    feel nervous..... -----

    be unable to sleep (insomnia)..... -----

    sweat..... -----

    have nausea..... -----

    have diarrhea..... -----

Used marijuana to make these symptoms go away..... -----

Under effects of marijuana where it increased your  
chances of getting hurt..... -----

Given up or reduced important activities..... -----

Under effects while in school, working or taking care  
of household responsibilities..... -----

DRUG USE CARD

DRUG USE CARD

A. Cocaine

Cocaine (girl)  
Coca Leaves  
Freebase  
Rock  
Crack  
Toot

B. Stimulants

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

C. Sedatives, Hypnotics, Tranquilizers

Quaaludes (Ludes)  
Valium  
Librium  
Xanax  
Barbiturates  
Barbs  
Seconal

D. Opiates

Heroin  
Boy  
Smack  
Opium  
Darvon  
Codeine  
Percodan  
Demerol  
Methadone  
Dilaudid

E. PCP

Hog  
Angel Dust (Dust)  
Seryl  
Dip  
Wack  
Water

F. Hallucinogens

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

G. Solvents

Glue  
Toluene  
Gasoline  
Paint  
Paint Thinner

H. Other

Nitrous Oxide  
Amyl Nitrite  
Poppers  
Butyl Nitrite  
Khat  
Betel Nut

I. Combination

Speedball  
T's and Blues



DRUG USE CARD "A"

A. Cocaine

Cocaine (girl)  
Coca Leaves  
Freebase  
Rock  
Crack  
Toot

B. Stimulants

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

C. Sedatives, Hypnotics, Tranquilizers

Quaaludes (Ludes)  
Valium  
Librium  
Xanax  
Barbiturates  
Barbs  
Seconal

D. Opiates

Heroin  
Boy  
Smack  
Opium  
Darvon  
Codeine  
Percodan  
Demerol  
Methadone  
Dilaudid

E. PCP

Hog  
Angel Dust (Dust)  
Seryl  
Dip  
Wack  
Water

F. Hallucinogens

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

G. Solvents

Glue  
Toluene  
Gasoline  
Paint  
Paint Thinner

H. Other

Nitrous Oxide  
Amyl Nitrite  
Poppers  
Butyl Nitrite  
Khat  
Betel Nut

I. Combination

Speedball  
T's and Blues

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



## LIST OF SYMPTOMS "B"

- 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



DRUG USE CARD



DRUG USE CARD "C"

LIST OF SYMPTOMS

- Spend so much time using (Drug) or recovering..... -----
- Tried often to cut down on (Drug)..... -----
- Tried to cut down on (Drug) but could not..... -----
- Need to use more to get an effect..... -----
- Given up or reduced important activities..... -----
- Used (Drug) more frequently or in larger amounts..... -----
- Two of these occurred together because not  
 using (Drug) :  
   feel depressed, anxious, irritable..... -----
- feel tired, sleepy, weak..... -----
- be unable to sleep..... -----
- have an increase or decrease in appetite..... -----
- tremble, twitch..... -----
- sweat, have fever..... -----
- have nausea/vomiting..... -----
- have diarrhea/stomach aches..... -----
- have eyes water/nose run..... -----
- have muscle pains..... -----
- yawn..... -----
- have heart race..... -----
- have seizures..... -----
- Used (Drug) to make these symptoms go away..... -----
- Used (Drug) when you knew other "illness" could  
   be made worse..... -----
- Used (Drug) when you knew boss, family, etc., objected..... -----
- Under effects of (Drug) while in school, working  
   or taking care of household responsibilities..... -----
- Used (Drug) when you knew it caused psychological  
   problems..... -----
- Under effects of (Drug) where it increased your  
   chances of getting hurt..... -----



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- 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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**DEFINITELY TRUE**

**PROBABLY TRUE**

**PROBABLY NOT TRUE**

**DEFINITELY NOT TRUE**



---

**ALWAYS**

**OFTEN**

**SOMETIMES**

**NEVER**



---

**OFTEN**

**SOMETIMES**

**RARELY**

**NEVER**



---

**DEFINITELY AGREE**

**PROBABLY AGREE**

**PROBABLY DISAGREE**

**DEFINITELY DISAGREE**