



## ACKNOWLEDGMENTS

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

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

*This modified version was created for the Molecular Genetics of Schizophrenia collaboration in October 1999. Sections not needed for that study have been omitted, along with site-optional items for substance abuse and items specific to DSM-IIIIR rather than DSM-IV. Omitted sections include D (Somatization), L/M (Schizotypy), P (Anxiety), Q (Eating Disorders), R (Gambling), S (Antisocial Personality), W (SIS), AA (Opcrit information). In the Alcoholism and Drug Abuse sections (I and J), the summary items for periods of 2 or more criteria for substance dependence have been omitted. The GAS has been modified so that the worst level Lifetime is rated (instead of current episode) in addition to past month. All site optional items have been omitted except for specific psychotic symptoms. All retained item numbers are identical to the original DIGS 2.0 (Jan 1995), although page numbers are different. This format was agreed upon by the MGS investigators and the schedule edited by D. Levinson.*

**CONTENTS**

<u>SECTION NAME</u>	<u>PAGE</u>
A. DEMOGRAPHICS.....	1
B. MEDICAL HISTORY.....	5
C. MODIFIED MINI-MENTAL STATUS EXAMINATION (IF APPLICABLE).....	10
D. SOMATIZATION..omitted.....	
E. OVERVIEW OF PSYCHIATRIC DISTURBANCE.....	12
F. MAJOR DEPRESSION.....	29
G. MANIA/HYPOMANIA.....	28
H. DYSTHYMIA/DEPRESSIVE/HYPERTHYMIC PERSONALITY.....	36
I. ALCOHOL ABUSE AND DEPENDENCE.....	39
J. DRUG ABUSE AND DEPENDENCE.....	45
K. PSYCHOSIS.....	52
L. SCHIZOTYPAL PERSONALITY FEATURES (BIPOLAR CENTERS).omitted.....	
M. MODIFIED STRUCTURED INTERVIEW FOR SCHIZOTYPY omitted	
N. COMORBIDITY ASSESSMENT.....	75
O. SUICIDAL BEHAVIOR.....	77
P. ANXIETY DISORDERS..omitted	
Q. EATING DISORDERS (BIPOLAR CENTERS)...omitted	
R. PATHOLOGICAL GAMBLING (SITE OPTIONAL)....omitted	
S. ANTISOCIAL PERSONALITY.....omitted	
T. GLOBAL ASSESSMENT SCALE (GAS).....	79
U. SCALE FOR THE ASSESSMENT OF NEGATIVE SYMPTOMS (SANS).....	80
V. SCALE FOR THE ASSESSMENT OF POSITIVE SYMPTOMS (SAPS).....	83
W. SIS RATINGS (SCHIZOPHRENIA CENTERS)..omitted	
X. INTERVIEWER'S RELIABILITY ASSESSMENT.....	86
Y. NARRATIVE SUMMARY.....	86
Z. MEDICAL RECORDS INFORMATION.....	88
AA. OPCRIT INFORMATION....omitted	
MODIFIED MMS CARD	
ALCOHOL USE CARD	
MARIJUANA USE CARD	
DRUG USE CARD	
COMORBIDITY CARD	
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 (page 10).

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? NO    YES    UNK  
0            1            U

(IF YES:) Clarify nature of adoption. (See manual for further information.) \_\_\_\_\_

4. In which country were you born?  
**Record response:** \_\_\_\_\_

5. What is the ethnic background of your biological parents?

**INTERVIEWER:** Code up to four ethnicities on maternal and paternal sides if possible.

**Record response:**

Mother \_\_\_\_\_  
Father \_\_\_\_\_

- |   |      | <u>MOTHER</u> |      | <u>FATHER</u> |
|---|------|---------------|------|---------------|
| 01 = Anglo-Saxon                              | 5.a) |               | 5.e) |               |
| 02 = Northern European (e.g., Norwegian)      |      |               |      |               |
| 03 = West European (e.g., French, German)     | 5.b) |               | 5.f) |               |
| 04 = East European, Slavic                    |      |               |      |               |
| 05 = Russian                                  | 5.c) |               | 5.g) |               |
| 06 = Mediterranean                            |      |               |      |               |
| 07 = Ashkenazi Jew                            | 5.d) |               | 5.h) |               |
| 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                                  |      |               |      |               |

6. What was your childhood religious affiliation?

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



**A. DEMOGRAPHICS (Cont'd)**

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

- (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

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

"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

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

11. *How many years of school did you complete?* YEARS

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

**A. DEMOGRAPHICS (Cont'd)**

	<u>NO</u>	<u>YES</u>	<u>UNK</u>
12. <i>Have you ever been in the Military?</i>	0	1	U
12.a) <b>(IF NO:)</b> <i>Were you ever rejected for Military Service? Why?</i>			
1 = Never called up or never rejected (include females).			
2 = Rejected for physical defect.			
3 = Rejected for low IQ.			
4 = Rejected for delinquency or criminal record.			
5 = Rejected for other psychiatric reasons.			
6 = Rejected for reasons uncertain.			
13. <b>(IF YES TO Q.12:)</b> <i>What kind of discharge did you receive?</i>			
1 = Honorable			
2 = General			
3 = Medical			
4 = Without Honor			
5 = Undesirable			
6 = Dishonorable			
7 = Not Discharged, Currently in Active or Reserve Military			

**B. MEDICAL HISTORY**

**INTERVIEWER:** When information from medical records may be relevant to psychiatric condition, record physician name, hospital name, city, state, and treatment dates on the Medical Records Information form at the end of the interview.

	<u>NO</u>	<u>YES</u>	<u>UNK</u>
1. Have you ever had any serious physical illnesses or medical problems?	0	1	U

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

	# OF TIMES
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____	_____	_____	_____	_____

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____	_____
<b>(IF YES:)</b>				
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 (Cont'd)**

	<u>NO</u>	<u>YES</u>	<u>YEAR OF ONSET</u>	<u>NOTES</u>
3.c) <i>Ulcers or Other Bowel Diseases?</i>	0	1	19____	
<b>(IF YES:)</b>				
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____	

**(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)?*

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

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

\_\_\_\_\_

**B. MEDICAL HISTORY (Cont'd)**

	<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?*

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

**(IF YES:)** Specify how long:

<u>MINUTES</u>	OR	<u>DAYS</u>

3.1.c.) *How old were you?*

<u>AGE</u>

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

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

	<u>NO</u>	<u>YES</u>	<u>YEAR - (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__	

	<u>NO</u>	<u>YES</u>
5. <i>Are you currently taking any medications (include aspirin and oral contraceptives)?</i>	0	1

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

<u>Medication</u>	<u>Dosage Per Day</u>		<u>Duration of Usage</u>		
					WEEKS
					WEEKS
					WEEKS
					WEEKS
					WEEKS
					WEEKS



**B. MEDICAL HISTORY (Cont'd)**

---

	LIVE BIRTHS		
	<u>NO</u>	<u>YES</u>	<u>UNK</u>
8.b) <i>How many live births?</i>			
8.c) <i>Have you ever had any severe emotional problems during a pregnancy or within a month of childbirth?</i>	0	1	U
<i>(IF YES:) Specify: _____</i>			
_____			
_____			
9. <i>Have you ever noticed regular mood changes in the premenstrual or menstrual period?</i>	0	1	U
9.a) <i>(IF YES:) Specify: _____</i>			
_____			
_____			
10. <i>Have you gone through menopause?</i>	0	1	U
10.a) <i>(IF YES:) Have you ever had any severe emotional problems associated with menopause?</i>	0	1	U
<i>(IF YES:) 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: (Year) (Season) (Date) (Day) (Month)?</i>	5	<input type="checkbox"/>
1.b) <i>Where are we: (Country) (State) (Town) (Hospital/Bldg) (Floor/Street)?</i>	5	<input type="checkbox"/>
2. <u>Registration</u>	3	<input type="checkbox"/>
<p>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).</p>		
3. <u>Attention and Calculation</u>		
<i>Serial 7's. Count backward from 100 by 7. Score one point for each correct. Stop after five answers.</i>	5	<input type="checkbox"/>
<i>-and- Spell "world" (or some other 5-letter word) backward. Score one point for each letter in correct order.</i>	5	<input type="checkbox"/>
4. <u>Recall</u>	3	<input type="checkbox"/>
<p>Ask the subject to name the three objects repeated above. Score one point for each correct.</p>		
5. <u>Language</u>		
5.a) <i>Point to a pencil and watch. Ask the subject "What is this called?" for each. Score two points.</i>	2	<input type="checkbox"/>
5.b) <i>Ask the subject to repeat the following "No ifs, ands, or buts." Score one point.</i>	1	<input type="checkbox"/>
5.c) <i>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.</i>	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"/>
7. Record Total Score	35	<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.

**E. OVERVIEW OF PSYCHIATRIC DISTURBANCE**

	<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		
2. Have you ever seen any professional for emotional problems, your nerves, or the way you were feeling or acting?	0	1	U		
<b>(IF YES:)</b>			AGE		
2.a) How old were you when you <u>first</u> saw someone for ( <b>Emotional problem</b> )?	<table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td style="width: 50px;"></td><td style="width: 50px;"></td></tr></table>				
2.b) Were you employed at the time?	<u>NO</u> 0	<u>YES</u> 1	<u>UNK</u> U		
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		
4. Have you ever taken medications for your nerves or any emotional or mental problems?	0	1	U		

**INTERVIEWER: Circle all individual medications that apply.**

**Antidepressants:** Anafranil/clomipramine, Asendin/amoxapine, Desyrel/trazodone, Effexor/venlafaxine, Elavil/amitriptyline, Ludiomil/maprotiline, Luvox/fluvoxamine, Norpramin/desipramine, Pamelor/Aventyl/nortriptyline, Paxil/paroxetine, Prozac/fluoxetine, Remeron/mirtazepine, Serzone/nefazodone, Sinequan/doxepin, Surmontil/trimipramine, Tofranil, Vivactil/protriptyline, Wellbutrin/bupropion, Zoloft/sertraline.

**MAOI's:** Marplan/isocarboxacid, Nardil/phenelzine, Parnate/tranlylcypromine.

**Sedatives/Hypnotics/Minor Tranquilizers:** Atarax/hydroxazine, Ativan/lorazepam, Benadryl/diphenhydramine, Buspar/buspirone, Chloral Hydrate, Dalmane/flurazepam, Halcion/triazolam, Inderal/propranolol, Librium/chlordiazepoxide, Miltown/meprobamate, Placidyl, Restoril/temazepam, Seconal/secobarbital, Serax/oxazepam, Tranxene/clorazepate, Valium/diazepam, Xanax/alprazolam.

**Antipsychotics:** Clozaril/clozapine, Haldol/haloperidol, Loxitane/loxapine, Mellaril/thioridazine, Moban/molindone, Navane/thiothixene, Prolixin/fluphenazine, Risperdal/risperidone, Serentil/mesoridazine, Seroquel/quetiapine, Stelazine/trifluoperazine, Thorazine/chlorpromazine, Trilafon/perphenazine, Triavil, Zyprexa/olanzapine

**Stimulants:** Cylert/pemoline, Dexedrine/amphetamine, Ritalin/methylphenidate.

**Antimanic Agents:** Depakote/valproic acid, Klonopin/clonazepam, Lithium, Tegretol/carbamazepine

**Antiparkinsonian Agents:** Akineton/biperiden, Artane/trihexphenidyl, Cogentin/benztropine, Symmetrel/amantadine

**(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			
<b>(IF YES:)</b> How many courses of ECT have you received?	<table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td style="width: 33px;"></td><td style="width: 33px;"></td><td style="width: 33px;"></td></tr></table>					

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

	<u>NO</u>	<u>YES</u>	<u>UNK</u>
6. <i>Have you ever been admitted to a hospital because of problems with your mood, emotions, or how you were acting?</i>	0	1	U
<b>(IF YES:)</b>			
6.a) <i>How many times?</i>	HOSPITALIZATIONS <input type="text"/> <input type="text"/>		
6.b) <b>(IF ANY:)</b> <i>Were any primarily for alcohol and/or drug treatment?</i>	ALC/DRUG HOSPITALIZATIONS <input type="text"/> <input type="text"/>		
	INTERVIEWER: Code number of hospitalizations for alcohol and/or drug treatment.		
6.c) <i>How old were you at the time of your <u>first</u> psychiatric hospitalization?</i>	AGE <input type="text"/> <input type="text"/>		

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

	<u>NO</u>	<u>YES</u>	<u>UNK</u>
7. <i>Was there ever a time when you or someone else thought you needed professional help because of your feelings or the way you were acting?</i>	<input type="text" value="0"/>	1	U
<input type="text" value="SKIP TO MAJOR DEPRESSION P.19."/>	←		

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





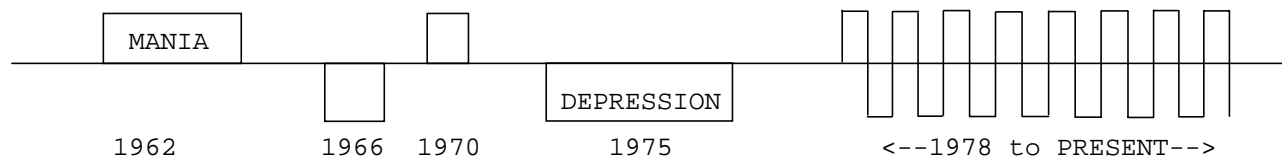


**INTERVIEWER:** Use Course of Illness Timeline (next page) to summarize history of psychopathology and treatment.

**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 (Cont'd)**

---

AGE	TYPE OF EPISODE OR SYMPTOMS	DURATION (WEEKS)	TREATMENT

**F. MAJOR DEPRESSION**

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

- |  | <u>NO</u> | <u>YES</u> | <u>UNK</u> |
|--|-----------|------------|------------|
| 1. Have you ever had a period of at least one week when you were bothered most of the day, nearly every day, by feeling depressed, sad, down, low? | 0         | 1          | U          |
| 1.a) (IF NO:) By feeling irritable?  | 0         | 1          | U          |
| 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?                         | 0         | 1          | U          |

SKIP TO MANIA/HYPOMANIA, P. 28.

- |  | <u>NO</u> | <u>DEP-<br/>MOOD</u> | <u>ANHE-<br/>DONIA</u> | <u>UNK</u> |
|--|-----------|----------------------|------------------------|------------|
| 3. Have you been feeling that way recently (i.e., for at least one week during the past 30 days)?<br>(IF YES): INTERVIEWER: Determine if depressed mood or anhedonia only. | 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	Y

**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.

<u>DEP- MOOD</u>	<u>ANHE- DONIA</u>	<u>UNK</u>
1	2	U

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

<u>NO</u>	<u>YES</u>
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 (Cont'd)**

	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>
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>	BOXES <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>			BOXES <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>		
<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/HYPOMANIA (PAGE 28).</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>	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/IV criteria).</b>						
19. <i>Did you tend to feel worse in the morning or in the evening?</i>	<u>AM</u>	<u>PM</u>	<u>NO DIF</u>	<u>AM</u>	<u>PM</u>	<u>NO DIF</u>
	0	1	2	0	1	2



**F. MAJOR DEPRESSION (Cont'd)**

	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:) Specify:</b>	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:) How long did they last?</b>	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:) Specify:</b>	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:) How long did they last?</b>	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:) INTERVIEWER: Did psychotic symptoms have content that was <u>inconsistent</u> with depressive themes such as poverty, guilt, illness, personal inadequacy or catastrophe?</b>	0	1	U	0	1	U						
22.a) <b>(IF YES:) INTERVIEWER: Was subject preoccupied with psychotic symptoms to the exclusion of other symptoms or concerns?</b>	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:) Specify:</b>	0	1	U	0	1	U						
25. <i>Did you receive ECT (shock treatments)?</i>	0	1	U	0	1	U						

**F. MAJOR DEPRESSION (Cont'd)**

	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>						
26. <i>During this episode were you hospitalized for depression?</i>	0   1   U	0   1   U						
26.a) (IF YES:) <i>For how long?</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>			
<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. <i>Was your major responsibility during this episode job, home, school, or something else?</i>	1 = Job 2 = Home 3 = School 4 = Other	1 = Job 2 = Home 3 = School 4 = Other						
(IF OTHER:) <i>Specify:</i>	_____	_____						
28. <i>Was your functioning (in this role) affected?</i>	<u>NO</u> <u>YES</u> <u>UNK</u> 0   1   U	<u>NO</u> <u>YES</u> <u>UNK</u> 0   1   U						
(IF YES:) <i>Specify:</i>	_____	_____						
28.a) <i>Did something happen as a result of this? (such as marital separation, absence from work or school, loss of a job, or lower grades)</i>	<u>NO</u> <u>YES</u> <u>UNK</u> 0   1   U	<u>NO</u> <u>YES</u> <u>UNK</u> 0   1   U						
(IF YES:) <i>Specify:</i>	_____	_____						
28.b) (IF NO TO Q.28.a:) <i>Did someone comment on your difficulty functioning?</i>	<u>NO</u> <u>YES</u> <u>UNK</u> 0   1   U	<u>NO</u> <u>YES</u> <u>UNK</u> 0   1   U						

**F. MAJOR DEPRESSION (Cont'd)**

	CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
<p>29. INTERVIEWER: Code based on answers to Q.20,Q.21, and Q.25-28.a.</p> <p><b>Modified RDC IMPAIRMENT:</b> A decrease in <u>quality</u> of the most important role performance (noticeable to others). This usually requires a decrease in the <u>amount</u> of performance; it may be manifested by a person taking ten hours to do what normally may require five hours.</p> <p><b>Modified RDC INCAPACITATION:</b> 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.</p> <p style="text-align: right;">(IF IMPAIRED OR INCAPAC.:) Specify: _____ _____</p>	<p>0 = No Change 1 = Impairment 2 = Incapac. U = Unknown</p>	<p>0 = No Change 1 = Impairment 2 = Incapac. U = Unknown</p>
<p>30. RDC MINOR ROLE DYSFUNCTION:</p> <p>(IF NO CHANGE IN Q.29:) Was your functioning in any other area of your life affected?</p> <p>(IF YES:) Specify: _____ _____</p>	<p><u>NO</u>   <u>YES</u>   <u>UNK</u></p> <p>0   1   U</p>	<p><u>NO</u>   <u>YES</u>   <u>UNK</u></p> <p>0   1   U</p>
<p>31. Did this episode occur during or shortly after an illness of some kind?</p> <p>INTERVIEWER: The following illnesses, among others, may be relevant:</p> <p>Hypothyroidism, CVA, MS, Mono, Hepatitis, Cancer, Parkinson's, HIV, Cushing's or other endocrine illnesses.</p> <p>(IF YES:) Specify: _____ _____</p>	<p><u>NO</u>   <u>YES</u>   <u>UNK</u></p> <p>0   1   U</p>	<p><u>NO</u>   <u>YES</u>   <u>UNK</u></p> <p>0   1   U</p>
<p>INTERVIEWER: IF MALE OR NEVER PREGNANT, SKIP TO Q.33.</p>		

**F. MAJOR DEPRESSION (Cont'd)**

	CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE																								
	NO YES UNK	NO YES UNK																								
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 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><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><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 Y</td></tr> </table>							D	D	M	O	N	Y Y	<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><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><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 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?	0 1 U	0 1 U																								
<p><b>INTERVIEWER: The following medicines, among others, may be relevant:</b></p> <p><b>Blood Pressure Medicines:</b> Aldomet, Inderal, Propranolol, Reserpine, Serpasil.  <b>Sedatives/Hypnotics:</b> Dalmane, Halcion, Restoril.  <b>Tranquilizers:</b> Ativan, Librium, Serax, Tranxene, Valium.  <b>Heart Medicines:</b> Digitalis, Digoxin.  <b>Steroids:</b> Prednisone.</p> <p>(IF YES:) Specify medications: _____          _____          _____</p>																										
34. Did this episode begin while you were using street drugs?	0 1 U	0 1 U																								
<p><b>INTERVIEWER: The following drugs, among others, may be relevant:</b></p> <p><b>Amphetamines, Barbiturates, Cocaine, "Downers", Tranquilizers</b></p> <p>(IF YES:) Specify drug and quantity: _____          _____          _____</p>																										
35. Did this episode follow increased use of alcohol?	0 1 U	0 1 U																								
<p>(IF YES:) Specify: _____          _____          _____</p>																										
36. Did this episode follow the death of someone close to you?	0 1 U	0 1 U																								
<p>(IF YES:) Specify <u>relationship</u> and date of death: _____          _____          _____</p>																										
<b>Date of Death:</b>	<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><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><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 Y</td></tr> </table>							D	D	M	O	N	Y Y	<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><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><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 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																					

**F. MAJOR DEPRESSION (Cont'd)**

	<u>NO</u>	<u>YES</u>	<u>UNK</u>
37. <i>During this episode of depression did you also experience any of these symptoms? (Mark "YES" or "NO" for each symptom)</i>			
<i>Overactive - running around, many projects, physically agitated?</i>	0	1	U
<i>More talkative than usual/pressured speech?</i>	0	1	U
<i>Thoughts racing/jumping from topic to topic?</i>	0	1	U
<i>Feeling grandiose - more important, special, powerful?</i>	0	1	U
<i>Needing less sleep - energetic after little or no sleep?</i>	0	1	U
<i>Attention distracted by unimportant things?</i>	0	1	U
<i>Doing risky things for pleasure - spending, sex, reckless driving, etc?.</i>	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.

	<u>NO</u>	<u>YES</u>	<u>UNK</u>
38. <b>INTERVIEWER:</b> Has there been at least one "clean" episode?	0	1	U

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

	<u>NO</u>	<u>YES</u>	<u>UNK</u>
39. <i>Did you have at least one other episode when you were depressed for at least one week and had several of the symptoms you described?</i>	0	1	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.

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

**F. MAJOR DEPRESSION (Cont'd)**

<p>39.c) <b>INTERVIEWER:</b> Enter number of symptoms marked "YES" in Q.39.b.</p>	SX	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table>						
<p>39.d) Was it preceded by a medical illness, use of medication/drugs/alcohol, or the loss of a loved one?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;"><u>NO</u></td> <td style="text-align: center; border-bottom: 1px solid black;"><u>YES</u></td> <td style="text-align: center; border-bottom: 1px solid black;"><u>UNK</u></td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">U</td> </tr> </table>	<u>NO</u>	<u>YES</u>	<u>UNK</u>	0	1	U	<p>0 = No 1 = Impair. 2 = Incap. U = Unk</p>
<u>NO</u>	<u>YES</u>	<u>UNK</u>						
0	1	U						
<p>39.e) Was there a difference in the way you managed your work, school, or household tasks?  (IF YES:) Specify: _____ _____</p>								
<p>39.f) How long did this episode last?</p>		<p style="text-align: center;">WEEKS</p> <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>						
<p>39.g) Did you receive any treatment or were you hospitalized during this episode?  (IF YES:) Specify treatment: _____ _____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;"><u>NO</u></td> <td style="text-align: center; border-bottom: 1px solid black;"><u>YES</u></td> <td style="text-align: center; border-bottom: 1px solid black;"><u>UNK</u></td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">U</td> </tr> </table>	<u>NO</u>	<u>YES</u>	<u>UNK</u>	0	1	U	
<u>NO</u>	<u>YES</u>	<u>UNK</u>						
0	1	U						
<p>40. How old were you the <u>first</u> time you had an episode of depression like this?</p>		<p style="text-align: center;">ONS AGE</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>						
<p>41. How old were you the <u>last</u> time you had an episode of depression like this?</p>		<p style="text-align: center;">REC AGE</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>						
<p>42. How many separate times have you been depressed like this?</p>		<p style="text-align: center;">EPISODES</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>						
<p>43. How many times were you hospitalized for an episode of depression?</p>		<p style="text-align: center;">HOSPITALIZED</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>						
<p>44. How many times have you had ECT for depression?</p>		<p style="text-align: center;"># OF TIMES</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>						
<p>45. Did you ever feel high or were you overactive following medical treatment for depression?  (IF YES:) Describe: _____ _____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;"><u>NO</u></td> <td style="text-align: center; border-bottom: 1px solid black;"><u>YES</u></td> <td style="text-align: center; border-bottom: 1px solid black;"><u>UNK</u></td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">U</td> </tr> </table>	<u>NO</u>	<u>YES</u>	<u>UNK</u>	0	1	U	
<u>NO</u>	<u>YES</u>	<u>UNK</u>						
0	1	U						

**G. MANIA/HYPOMANIA**

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

	<u>NO</u>	<u>YES</u>	<u>UNK</u>
1.a) <i>Did you ever have a period when you felt extremely good or high, clearly different from your normal self? (Was this more than just feeling good?)</i>	0	1	U

1.b) <b>(IF NO:)</b> <i>Did you ever have a period when you were unusually irritable, clearly different from your normal self so that you would shout at people or start fights or arguments?</i>	0	1	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) <b>(IF YES TO Q.1.a OR Q.1.b:)</b> <i>Did this last persistently throughout the day or intermittently for two days or more?</i>	<u>NO</u>	<u>YES</u>	<u>UNK</u>
	0	1	U

1.e) <b>INTERVIEWER:</b> Do you suspect a past or current episode from subject's responses, behavior, or other information?	<input style="width: 20px; height: 20px;" type="text" value="0"/>	1	U
---	---	---	---

**SKIP TO HYPOMANIA SCREEN (Page 35, Q.37).**

2. <i>Have you been feeling this way recently (i.e., during the past 30 days)?</i>	0	1	U
--	---	---	---

**(IF YES:)**

2.a) <i>How long have you felt this way? (If less than one week, code DAYS.)</i>	DAYS	OR	WEEKS
	<input style="width: 30px; height: 20px;" type="text"/>		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

3. <i>Think about the most extreme period in your life when you were feeling unusually good, high, or irritable. When did it begin?</i>	<input style="width: 20px; height: 20px;" type="text" value="0"/>	<input style="width: 20px; height: 20px;" type="text" value="1"/>	—	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	—	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
	D	D		M	O	N		Y	Y

3.a) <b>INTERVIEWER:</b> Compute age.			AGE
	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

3.b) <i>How long did that period last? (If less than one week, code DAYS.)</i>	DAYS	OR	WEEKS
	<input style="width: 30px; height: 20px;" type="text"/>		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

**G. MANIA/HYPOMANIA**

- NO      YES
4. **INTERVIEWER:** Is the current episode also the most severe episode? 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:*

5. **INTERVIEWER:** Specify irritable or elated mood.

6. *Were you more active than usual either sexually, socially, or at work, or were you physically restless?*

7. *Were you more talkative than usual or did you feel pressure to keep on talking?*

8. *Did your thoughts race or did you talk so fast that it was difficult for people to follow what you were saying?*

9. *Did you feel you were a very important person, or that you had special powers, plans, talents, or abilities?*

10. *Did you need less sleep than usual?*

**(IF YES:)**

- 10.a) *How many hours of sleep did you get per night?*

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

11. *Did you have more trouble than usual concentrating because your attention kept jumping from one thing to another?*

12. *Did you do anything that could have gotten you into trouble--like buy things, make business investments, have sexual indiscretions, drive recklessly?*

**(IF YES:)** *Specify:*

	CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
	<u>IRR</u> <u>ELA</u>	<u>IRR</u> <u>ELA</u>
	1      2	1      2
	<u>NO</u> <u>YES</u> <u>UNK</u>	<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
	HOURS □   □	HOURS □   □
	HOURS □   □	HOURS □   □
	<u>NO</u> <u>YES</u> <u>UNK</u>	<u>NO</u> <u>YES</u> <u>UNK</u>
	0   1   U	0   1   U
	0   1   U	0   1   U
	_____	_____
	_____	_____



**G. MANIA/HYPOMANIA (Cont'd)**

	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>
<p>13. <i>Would you say your behavior was provocative, obnoxious, arrogant, or manipulative enough to cause problems for your family, friends, or co-workers?</i></p> <p>(IF YES:) <i>Specify:</i></p> <p>_____</p> <p>_____</p>	0	1	U	0	1	U
<p>14. <b>INTERVIEWER:</b> Enter number of boxes with at least one YES response in Q.6-12.</p>	BOXES			BOXES		
<p><b>INTERVIEWER: IF ONLY ONE OR NONE FOR BOTH CURRENT EPISODE AND MOST SEVERE EPISODE, SKIP TO DYSTHYMIA, P. 36.</b></p>	<input style="width: 40px; height: 20px;" type="text"/>			<input style="width: 40px; height: 20px;" type="text"/>		
<p>15. <i>Were you so excited that it was almost impossible to hold a conversation with you?</i></p>	0	1	U	0	1	U
<p>16. <i>Did you have beliefs or ideas that you later found out were not true?</i></p> <p>(IF YES:) <i>Specify:</i></p> <p>_____</p> <p>_____</p>	0	1	U	0	1	U
<p>16.a) <i>Did these beliefs occur either just before this mania or after it cleared?</i></p>	0	1	U	0	1	U
<p>16.b) (IF YES:) <i>How long did they last?</i></p>	DAYS			DAYS		
	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>			<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>		
<p>17. <i>Did you see or hear things that other people could not see or hear?</i></p> <p>(IF YES:) <i>Specify:</i></p> <p>_____</p> <p>_____</p>	0	1	U	0	1	U
<p>17.a) <i>Did these visions or voices occur either just before this mania or after it cleared?</i></p>	0	1	U	0	1	U
<p>17.b) (IF YES:) <i>How long did they last?</i></p>	DAYS			DAYS		
	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>			<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>		

**G. MANIA/HYPOMANIA (Cont'd)**

	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</u> with manic themes such as inflated worth, power, knowledge, identity, or special relationship to a deity or a famous person?	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? (IF YES:) Specify:	0	1	U	0	1	U
	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
	DAYS			DAYS		
22.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.25 AND CODE INCAPACITATION.</b>						
23. Was your major responsibility at that time job, home, school, or something else?						
	1 = Job			1 = Job		
	2 = Home			2 = Home		
	3 = School			3 = School		
	4 = Other			4 = Other		
(IF YES:) Specify:						
	NO	YES	UNK	NO	YES	UNK
24. Did your functioning decline (in this role)?	0	1	U	0	1	U
(IF YES:) Specify:						

**G. MANIA/HYPOMANIA (Cont'd)**

	CURRENT EPISODE (PAST MONTH)			MOST SEVERE EPISODE		
(IF YES to Q.24)	<u>NO</u>	<u>YES</u>	<u>UNK</u>	<u>NO</u>	<u>YES</u>	<u>UNK</u>
24.a) <i>Did something happen as a result of this? (such as marital separation, absence from work or school, loss of a job, or lower grades)</i> (IF YES:) <i>Specify:</i> _____ _____ _____	0	1	U	0	1	U
24.b) (IF NO to Q.24.a:) <i>Did someone comment on your decline in functioning?</i> _____ _____ _____	0	1	U	0	1	U
25. <b>INTERVIEWER: Code based on answers to Q.15-24.</b>  <b>Modified RDC IMPAIRMENT:</b> Decreased functioning not severe enough to meet incapacitation.  <b>Modified RDC INCAPACITATION:</b> Complete inability to function in principal role for at least two days, hospitalization, ECT, delusions or hallucinations, or inability to carry on a conversation.  <b>IMPROVEMENT:</b> Improvement in function. (IF IMPAIRED OR INCAPAC. :) <b>Specify:</b> _____ _____ _____	0 = No change 1 = Impairment 2 = Incapac. 3 = Improvent. U = Unknown			0 = No Change 1 = Impairment 2 = Incapac. 3 = Improvent. U = Unknown		
26. <b>RDC IMPAIRMENT: (IF NO CHANGE TO Q.25:)</b> <i>Was your functioning in any other area of your life affected or did you get into trouble in any way? (minor role dysfunction)</i> (IF YES:) <i>Specify:</i> _____ _____ _____	<u>NO</u>	<u>YES</u>	<u>UNK</u>	<u>NO</u>	<u>YES</u>	<u>UNK</u>
27. <i>Did this episode occur during or shortly after an illness of some kind?</i> <b>INTERVIEWER: The following illnesses, among others, may be relevant: MS, HIV, Hyperthyroidism, Lupus, Cushing's, Brain Tumors, Encephalitis.</b>  (IF YES:) <i>Specify illness:</i> _____ _____ _____	<u>NO</u>	<u>YES</u>	<u>UNK</u>	<u>NO</u>	<u>YES</u>	<u>UNK</u>

**G. MANIA/HYPOMANIA (Cont'd)**

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

**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.

**G. MANIA/HYPOMANIA (Cont'd)**

	<u>NO</u>	<u>YES</u>	<u>UNK</u>		
31. <b>INTERVIEWER:</b> Has there been at least one "clean" episode? <b>INTERVIEWER:</b> To define a manic episode, the patient must be elated and have three symptoms or be irritable and have four symptoms.	0	1	U		
(IF YES:)					
31.a) How many episodes like this have you had?	CLEAN EPISODES				
	<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>				
	ONS AGE (CLEAN)				
31.b) How old were you the <u>first</u> time you had an episode like this?	<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>				
	REC AGE (CLEAN)				
31.c) How old were you the <u>last</u> time you had an episode like this?	<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>				
	UNCLEAN EPISODES				
32. (IF NO CLEAN EPISODES:) How many episodes like this have you had?	<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>				
	ONS AGE (UNCLEAN)				
32.a) How old were you the <u>first</u> time you had an episode like this?	<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>				
	REC AGE (UNCLEAN)				
32.b) How old were you the <u>last</u> time you had an episode like this?	<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>				
33. How many times were you hospitalized for an episode of mania?	HOSPITALIZED				
	<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>				
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)					
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?	EPISODES				
	<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>				
<b>INTERVIEWER:</b> Check whether most severe episode is one of these. IF YES, try to establish another episode as most severe.					

**G. MANIA/HYPOMANIA (Cont'd)**

**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, P. 36.

(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?			<b>SPELLS</b>
39. What is the longest that one of these has lasted?			<b>DAYS</b>
40. How old were you when you had the <u>first</u> such spell?			<b>AGE</b>

**H. DYSTHYMIA/DEPRESSIVE/HYPERTHYMIC PERSONALITY**

**DYSTHYMIA**

**INTERVIEWER: IF SUBJECT HAS HAD MANIA OR CHRONIC PSYCHOSIS, CHECK HERE AND SKIP TO INTERVIEWER NOTE UNDER DEPRESSIVE PERSONALITY, P. 37.**

*I have asked about episodes of depression that were severe. Some people have less severe periods of depression that go on for years at a time. Now we want to talk about times like that.*

	<u>NO</u>	<u>YES</u>	<u>UNK</u>
1. <i>Have you ever had a period of two or more years when you felt sad, down, or blue most of the day, more days than not?</i>	<input type="text" value="0"/>	1	U

**SKIP TO Q.7** ←

1.a) <i>How old were you when the first period like this began?</i>	<u>ONS</u>	<u>AGE</u>
	<input type="text"/>	<input type="text"/>

1.b) <i>How old were you when it ended</i>	<u>END</u>	<u>AGE</u>
	<input type="text"/>	<input type="text"/>

2. <i>Did you have a severe episode of depression either during the first two years of this period or in the six months before this two-year period began?</i>	<u>NO</u>	<u>YES</u>	<u>UNK</u>
	0	1	U

3. <i>Just before and during this period was there a change in your use of street drugs, alcohol, or prescription medications, or did you have a serious physical illness?</i>	<u>NO</u>	<u>YES</u>	<u>UNK</u>
	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. <i>During that two-year period did you..</i>	<u>NO</u>	<u>YES</u>	<u>UNK</u>
4.a) <i>overeat?</i>	<input type="text" value="0"/>	1	U
4.b) <i>have a poor appetite?</i>	<input type="text" value="0"/>	1	U
4.c) <i>have trouble sleeping?</i>	<input type="text" value="0"/>	1	U
4.d) <i>sleep too much?</i>	<input type="text" value="0"/>	1	U
4.e) <i>feel tired easily?</i>	0	1	U
4.f) <i>feel inadequate or worthless?</i>	0	1	U
4.g) <i>find it hard to concentrate or make decisions?</i>	0	1	U
4.h) <i>feel hopeless?</i>	0	1	U

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

5. <i>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 <u>not</u> sad,</i>	<u>NO</u>	<u>YES</u>	<u>UNK</u>
--	-----------	------------	------------

- blue or down? 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? 0 1 U
- (IF YES): Specify: \_\_\_\_\_
- \_\_\_\_\_

**DEPRESSIVE PERSONALITY**

INTERVIEWER: IF ONSET OF MAJOR PSYCHIATRIC DISORDER:

- o AT AGE 20 OR YOUNGER, CHECK HERE AND SKIP TO ALCOHOL ABUSE, P. 39.
- o AFTER AGE 20, ASK ABOUT PERIOD OF TIME PRECEDING THE FIRST EPISODE.

See Depression Q40 and Mania Q31b 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 PERS.

- During those times... NO YES UNK
8. Were you always sad, down, or blue? 0 1 U
9. Did you lose interest or pleasure in your usual activities? 0 1 U

10. How long did this typically last? (If less than one week, code DAYS.)
- DAYS  OR  WEEKS

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? 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 <b>Affective Disorder</b> ), have you had times of <u>unusual</u> ambition, energy, optimism, high spirits, or great activity? | <input type="text" value="0"/> | 1          | U   |
| <div style="border: 1px solid black; padding: 5px; display: inline-block; margin: 5px;">SKIP TO ALCOHOL ABUSE, P. 39</div>   |                                |            |   |
| 16. Were you always this way?  | 0                              | 1          | U   |
| 17. How long did it typically last?<br>(If less than one week, code DAYS.)   | DAYS<br><input type="text"/>   | OR         | WEEKS<br><input type="text"/> <input type="text"/> <input type="text"/> |
| 18. How many times per year did this happen?   |                                | TIMES      | <input type="text"/> <input type="text"/>                               |
| 19. How old were you when you first began feeling this way?  |                                | ONS AGE    | <input type="text"/> <input type="text"/>                               |
| 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. ALCOHOL ABUSE AND DEPENDENCE

I am going to ask you a series of questions about alcohol and drug use. I will use the word "often" in some of these questions; by often, we mean three or more times. Now, I would like to ask you some questions about alcoholic beverages like beer, wine, wine coolers, champagne, or hard liquor like vodka, gin, or whiskey.

1. Have you ever had a drink of alcohol? NO YES  
0 1

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

SKIP TO DRUG ABUSE, Page 45.

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.

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, Page 45.

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, P. 45.

I. ALCOHOL ABUSE AND DEPENDENCE (Cont'd)

	<u>NO</u>	<u>YES</u>
9. Did you ever feel you should cut down on your drinking?	0	1
10. Have people annoyed you by criticizing your drinking?	0	1
11. Have you ever felt bad or guilty about drinking?	0	1
12. Did you ever have a drink first thing in the morning to steady your nerves or get rid of a hangover (eye-opener)?	0	1

**INTERVIEWER: IF Q.9-12 ARE ALL NO, SKIP TO DRUG ABUSE, P. 45.**

*13. Have you often tried to stop or cut down on drinking?	0	1
*14. Did you ever try to stop or cut down on drinking and find you could not?	0	1
15. Have you more than once gone on binges or benders when you kept drinking for a couple of days or more without sobering up?	<u>NO</u>	<u>YES</u> <u>ONCE</u>
	0	1 2
*16. Have you often started drinking when you promised yourself that you would not, or have you often drunk more than you intended to?	<u>NO</u>	<u>YES</u>
	0	1
*17. 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?	0	1
18. Did your drinking cause you to:		
18.a) have problems at work or at school?	0	1
18.b) get into physical fights while drinking?	0	1
18.c) hear objections about your drinking from your family, friends, doctor, or clergyman?	0	1
18.d) lose friends?	0	1
*18.e) (IF ANY YES IN Q.18a-d ABOVE:) Did you continue to drink after you knew it caused you any of these problems?	0	1

I. ALCOHOL ABUSE AND DEPENDENCE (Cont'd)

	<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
<b>INTERVIEWER: Hand Alcohol Use Card "A" to Subject.</b>		
*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
*21. <i>Have you ever given up or greatly reduced important activities because of your drinking--like sports, work, or associating with friends or relatives?</i>	0	1
21.a) <b>(IF YES:)</b> <i>Has this happened more than once?</i>	0	1
22. <i>Have you ever had trouble driving, like having an accident, because of drinking?</i>	0	1
23. <i>Have you ever been arrested for drunk driving?</i>	0	1
24. <i>Have you ever been arrested or detained by the police even for a few hours because of drunken behavior (other than drunk driving)?</i>	0	1
*25. <i>Have you often been high from drinking in a situation where it increased your chances of getting hurt--for instance, when driving, using knives or machinery or guns, crossing against traffic, climbing, or swimming?</i>	0	1
*26. <i>Has your drinking or being hung over often kept you from working or taking care of household responsibilities?</i>	0	1
27. <i>Have you more than once had blackouts, when you did not pass out, but you drank enough so that the next day you could not remember things you said or did?</i>	0	1
28. <i>Did you ever drink unusual things such as rubbing alcohol, mouthwash, vanilla extract, cough syrup, or any other non-beverage substance containing alcohol?</i>	0	1

**I. ALCOHOL ABUSE AND DEPENDENCE (Cont'd)**

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) <i>Were you unable to sleep?</i>	0	1	0	1
29.b) <i>Did you feel anxious, depressed, or irritable?</i>	0	1	0	1
29.c) <i>Did you sweat?</i>	0	1	0	1
29.d) <i>Did your heart beat fast?</i>	0	1	0	1
29.e) <i>Did you have nausea or vomiting?</i>	0	1	0	1
29.f) <i>Did you feel weak?</i>	0	1	0	1
29.g) <i>Did you have headaches?</i>	0	1	0	1
*29.h) <i>Did you have the shakes (hands trembling)?</i>	0	1	0	1
29.i) <i>Did you see things that were not really there?</i>	0	1	0	1
29.j) <i>Did you have the DT's, that is, where you were out of your head, extremely shaky, or felt very frightened or nervous?</i>	0	1	0	1
29.k) <i>Did you have fits, seizures, or convulsions, where you lost consciousness, fell to the floor, and had difficulty remembering what happened?</i>	0	1	0	1

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

	<u>NO</u>	<u>YES</u>
*29.l) <i>Was there ever a time when two or more of these symptoms occurred together?</i>	0	1
29.m) <b>(IF YES:) Which ones? (Code in Column II.)</b>		
*29.n) <i>On three or more different occasions have you taken a drink to keep from having any of these symptoms or to make them go away?</i>	0	1

I. ALCOHOL ABUSE AND DEPENDENCE (Cont'd)

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

I. ALCOHOL ABUSE AND DEPENDENCE (Cont'd)

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

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

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
<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="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="text"/>	<input type="text"/>

[Q. 35-36 have been omitted]

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

		—				—		
D	D		M	O	N		Y	Y

**J. DRUG ABUSE AND DEPENDENCE**

**MARIJUANA**

	<u>NO</u>	<u>YES</u>									
1. Have you ever used marijuana?	<input type="text" value="0"/>	1									
<input type="text" value="SKIP TO Q.17, P.47"/> ←											
1.a) (IF YES:) Have you used marijuana at least 21 times in a single year?	<input type="text" value="0"/>	1									
<input type="text" value="SKIP TO Q.17, P.47"/> ←											
2. What was the longest period that you used marijuana almost every day?	<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										
2.a) (IF MORE THAN 30 DAYS:) When was that?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">1</td> </tr> </table> DD	0	1	<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> </table> MON					<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> YY		
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?											
(IF YES:) Specify which problems, read appropriate subquestions to confirm response and code.											
Specify: _____											
_____											
	<u>NO</u>	<u>YES</u>									
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) (IF YES TO ANY Q.4.a-e:) 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									



**J. DRUG ABUSE AND DEPENDENCE (Cont'd)**

- |   | <u>NO</u> | <u>YES</u> |
|---|-----------|------------|
| *6. Did you ever try to cut down on marijuana and find you could not?   | 0         | 1          |
| *7. Have you often used marijuana more frequently or in larger amounts than you intended to?  | 0         | 1          |
| *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?<br><b>INTERVIEWER: Code YES if at least 50% more use.</b>                     | 0         | 1          |
| *9. Did stopping or cutting down ever cause you to feel bad physically? (Co-occurrence of symptoms such as nervousness, insomnia, sweating, nausea, diarrhea.)<br><br>(IF YES:) Specify: _____  | 0         | 1          |
| *9.a) Have you often used marijuana to make any of these withdrawal symptoms go away or to keep from having them?   | 0         | 1          |
| *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          |
| 11. Did anyone ever object to your marijuana use?   | 0         | 1          |
| *11.a) (IF YES:) Did you continue to use marijuana after you realized it was causing this problem?  | 0         | 1          |
| *12. Have you often given up or greatly reduced important activities with friends or relatives or at work while using marijuana?  | 0         | 1          |
| *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          |
| 14. Did your marijuana use ever cause you to have legal problems, such as arrests for disorderly conduct, possession or selling?  | 0         | 1          |

**INTERVIEWER: IF Q.3-14 ARE ALL NO, SKIP TO Q.17.**

- |   |         |   |
|---|---------|---|
| 15. You told me you had these experiences such as (Review starred (*) positive symptoms in Q.3-14). While you were using marijuana, did you ever have at least three of these occur at any time in the same 12 month period?<br>(IF YES): | 0       | 1 |
| 15.a) How old were you the <u>first</u> time at least three of these experiences occurred within the same 12 months?  | ONS AGE |   |
|   |         |   |
| 15.b) How old were you the <u>last</u> time at least three of these experiences occurred within the same 12 months?   | REC AGE |   |
|   |         |   |

**J. DRUG ABUSE AND DEPENDENCE (Cont'd)**

[Q. 16-16b have been omitted]

16.c) *When was the last time you used marijuana?*

		—				—		
D	D		M	O	N		Y	Y

**OTHER DRUGS**

**INTERVIEWER:** Hand Drug Use Card "A" to subject.

17. *Have you ever used any of these drugs to feel good or high, or to feel more active or alert, or when they were not prescribed for you? Or have you ever used a prescribed drug in larger quantities or for longer than prescribed?*

17.a) **(IF YES:)** Which ones?

	A COC	B STIM	C SED	D OP	E PCP	F HAL	G SOL	H OTH	I COMB
NO	0	0	0	0	0	0	0	0	0
YES	1	1	1	1	1	1	1	1	1

**IF ALL NO, SKIP TO PSYCHOSIS, P. 52.**

17.b) **INTERVIEWER:** For each drug ask: *How many times have you used (Drug) in your life?*

**(IF UNKNOWN, ASK:)** *Would you say more than 10 times?*

	A COC	B STIM	C SED	D OP	E PCP	F HAL	G SOL	H OTH	I COMB
# OF TIMES									
								A COC	E PCP

17.c) **(FOR COCAINE AND PCP USERS ONLY:)** *How old were you the first time you used (Drug)?*

--	--	--	--

17.d) *Have you ever injected a drug?*

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

**INTERVIEWER: IF ALL DRUGS IN Q.17.b WERE USED LESS THAN 11 TIMES, SKIP TO PSYCHOSIS, P. 52.**

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.

**J. DRUG ABUSE AND DEPENDENCE (Cont'd)**

18. What is the longest period you used (Drug) almost every day? DAYS

A COC	B STIM	C SED	D OP	E MISC

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

		A COC	B STIM	C SED	D OP	E 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	0
	YES	1	1	1	1	1
*20. Have you often wanted to or tried to cut down on (Drug)?	NO	0	0	0	0	0
	YES	1	1	1	1	1
*21. Did you ever find you could not stop or cut down?	NO	0	0	0	0	0
	YES	1	1	1	1	1
*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?	NO	0	0	0	0	0
	YES	1	1	1	1	1
<b>INTERVIEWER: Code YES if at least 50% more use.</b>	NO	0	0	0	0	0
	YES	1	1	1	1	1
*23. Have you often given up or greatly reduced important activities with friends or relatives or at work in order to use (Drug)?	NO	0	0	0	0	0
	YES	1	1	1	1	1
*24. Have you often used (Drug) more days or in larger amounts than you intended to?	NO	0	0	0	0	0
	YES	1	1	1	1	1

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

25. Has stopping, cutting down on, or quitting (Drug) ever caused you any of these problems?	NO	0	0	0	0	0
	YES	1	1	1	1	1
25.a) feel depressed?	NO	0	0	0	0	0
	YES	1	1	1	1	1
25.b) feel nervous, tense, restless, or irritable?	NO	0	0	0	0	0
	YES	1	1	1	1	1
25.c) feel tired, sleepy, or weak?	NO	0	0	0	0	0
	YES	1	1	1	1	1
25.d) have trouble sleeping?	NO	0	0	0	0	0
	YES	1	1	1	1	1
25.e) have an increase or decrease in appetite?	NO	0	0	0	0	0
	YES	1	1	1	1	1
25.f) tremble or twitching?	NO	0	0	0	0	0
	YES	1	1	1	1	1
25.g) sweat or have a fever?	NO	0	0	0	0	0
	YES	1	1	1	1	1

**J. DRUG ABUSE AND DEPENDENCE (Cont'd)**

		A COC	B STIM	C SED	D OP	E MISC
25.h) have nausea or vomiting?	NO			0	0	0
	YES			1	1	1
25.i) have diarrhea or stomach aches?	NO			0	0	0
	YES			1	1	1
25.j) have your eyes water or nose run?	NO				0	0
	YES				1	1
25.k) have muscle pains?	NO				0	0
	YES				1	1
25.l) yawn?	NO				0	0
	YES				1	1
25.m) have your heart race?	NO			0		0
	YES			1		1
25.n) have seizures?	NO			0		0
	YES			1		1
(IF YES:) How many times?						
	# OF TIMES			<input type="text"/>	<input type="text"/>	<input type="text"/>

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

		A COC	B STIM	C SED	D OP	E MISC
*26. Was there a time when two or more of these symptoms occurred together because you were not using (Drug)?	NO	0	0	0	0	0
	YES	1	1	1	1	1
*27. Have you often used (Drug) to make these withdrawal symptoms go away or to keep from having them?	NO	0	0	0	0	0
	YES	1	1	1	1	1
28. Did using (Drug) cause you to have any other physical health problems (other than withdrawal)?	NO	0	0	0	0	0
	YES	1	1	1	1	1
(IF YES:) Specify: _____						
*28.a) Did you continue to use (Drug) after you knew it caused this problem?	NO	0	0	0	0	0
	YES	1	1	1	1	1
29. Did you ever experience objections from family, friends, clergyman, boss or people at work or school because of your (Drug) use?	NO	0	0	0	0	0
	YES	1	1	1	1	1
*29.a) (IF YES:) Did you continue to use (Drug) after you realized it was causing a problem?	NO	0	0	0	0	0
	YES	1	1	1	1	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	0	0	0	0	0
	YES	1	1	1	1	1

**J. DRUG ABUSE AND DEPENDENCE (Cont'd)**

		A COC	B STIM	C SED	D OP	E MISC
31.	<i>Did your use of (Drug) ever cause you to have legal problems such as arrests for disorderly conduct, possession or selling?</i>	NO 0	0	0	0	0
		YES 1	1	1	1	1
32.	<i>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?</i>					
	<b>(IF YES:) Specify which problems, read appropriate subquestions to confirm response and code.</b>					
	<i>Specify:</i> _____					
32.a)	<i>feeling depressed or uninterested in things for more than 24 hours to the point where it interfered with your functioning?</i>	NO 0	0	0	0	0
		YES 1	1	1	1	1
32.b)	<i>feeling paranoid or suspicious of people for more than 24 hours to the point that it interfered with your relationships?</i>	NO 0	0	0	0	0
		YES 1	1	1	1	1
32.c)	<i>having such trouble thinking clearly that it interfered with your functioning?</i>	NO 0	0	0	0	0
		YES 1	1	1	1	1
32.d)	<i>hearing, seeing, or smelling things that were not really there?</i>	NO 0	0	0	0	0
		YES 1	1	1	1	1
32.e)	<i>feeling jumpy or easily startled or nervous for more than 24 hours to the point that it interfered with your functioning?</i>	NO 0	0	0	0	0
		YES 1	1	1	1	1
*32.f)	<b>(IF ANY YES IN Q.29.a-e:)</b> <i>Did you continue to use (Drug) after you knew it caused any of these problems?</i>	NO 0	0	0	0	0
		YES 1	1	1	1	1
*33.	<i>Have you often been under the effects of (Drug) in a situation where it increased your chances of getting hurt--for instance, when driving, using knives or machinery or guns, crossing against traffic, climbing, or swimming?</i>	NO 0	0	0	0	0
		YES 1	1	1	1	1
34.	<i>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?</i>	NO 0	0	0	0	0
		YES 1	1	1	1	1

**J. DRUG ABUSE AND DEPENDENCE (Cont'd)**

**(IF YES):**

34.a) How old were you the first time at least three of these experiences occurred within the same 12 months?

ONS AGE  
[ ] [ ]

34.b) How old were you the last time at least three of these experiences occurred within the same 12 months?

REC AGE  
[ ] [ ]

[Q 35 omitted]

36. Have you ever been treated for a drug problem?

NO YES  
0 1

**(IF YES:) Was this treatment:**

36.a) discussion with a professional?

0 1

36.b) NA or other self-help?

0 1

36.c) outpatient drug-free program?

0 1

36.d) inpatient drug-free program?

0 1

36.e) other? **(IF YES:)** Specify: \_\_\_\_\_

0 1

37. When was the last time you used:

37.a) Cocaine?

[ ] [ ] — [ ] [ ] [ ] [ ] — [ ] [ ]  
D D M O N Y Y

37.b) Stimulants?

[ ] [ ] — [ ] [ ] [ ] [ ] — [ ] [ ]  
D D M O N Y Y

37.c) Sedatives, hypnotics, or tranquilizers?

[ ] [ ] — [ ] [ ] [ ] [ ] — [ ] [ ]  
D D M O N Y Y

37.d) Opiates?

[ ] [ ] — [ ] [ ] [ ] [ ] — [ ] [ ]  
D D M O N Y Y

37.e) Other drugs?

[ ] [ ] — [ ] [ ] [ ] [ ] — [ ] [ ]  
D D M O 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.**

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

1. Has there been a time when . . . .

1.a) you heard voices? For example, some people have had the experience of hearing people's voices whispering or talking to them, even when no one was actually present.

0	1	2	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 COMORBIDITY ASSESSMENT, P. 75.**

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

- |  | <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<br><input style="width: 40px; height: 20px;" type="text"/>  | OR         | WEEKS<br><table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table> |  |  |  |
|  |  |            |  |  |  |  |
| Record response: _____   |  |            |  |  |  |  |
| 3. (IF NO:) How old were you the <u>last</u> time you had (Psychotic symptoms)?  | REC AGE<br><table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table> |            |  |  |  |  |
|  |  |            |  |  |  |  |
| 3.a) How long did these symptoms last?   | DAYS<br><input style="width: 40px; height: 20px;" type="text"/>  | OR         | WEEKS<br><table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table> |  |  |  |
|  |  |            |  |  |  |  |
| 4. Since you first began experiencing (Psychotic symptoms) have you ever returned to your normal self for at least two months? | <u>NO</u>  | <u>YES</u> | <u>UNK</u>   |  |  |  |
|  | 0  | 1          | 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:** 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><b>5. Persecutory Delusions</b></p> <p><i>Have you ever felt that people were out to get you or deliberately trying to harm you?</i></p> <p>(IF YES:) Specify: _____</p> <p>_____</p>	<p>Psychosis Only 0 1 U</p> <p>Depression 0 1 U</p> <p>Mania 0 1 U</p> <p>Alcohol 0 1 U</p> <p>Drugs 0 1 U</p> <p>Other (med.) 0 1 U</p>	<p style="text-align: center;">0 1 U</p>				
<p><b>6. Jealousy Delusions</b></p> <p><i>Have you ever been convinced that your (husband/wife/boyfriend/girlfriend) was being unfaithful to you?</i></p>	<p>Psychosis Only 0 1 U</p> <p>Depression 0 1 U</p> <p>Mania 0 1 U</p> <p>Alcohol 0 1 U</p> <p>Drugs 0 1 U</p> <p>Other (med.) 0 1 U</p>	<p style="text-align: center;">0 1 U</p>				



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

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

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

	EVER			CURRENT OR MOST RECENT EPISODE			
	NO	YES	UNK	NO	YES	UNK	
<p><b>12. 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			
<p><b>13. Being Controlled</b></p> <p><i>Have you ever felt you were being controlled or possessed by some outside force or person?</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><b>14. Delusions of Mind Reading</b></p> <p><i>Have you ever had the feeling that people could read your mind or know what you are thinking?</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><b>15. Thought Broadcasting</b></p> <p><i>Have you ever felt your thoughts were broadcast so other people could hear them?</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><b>16. Thought Insertion</b></p> <p><i>Have you ever felt that thoughts that were not your own were being put into your head by some outside force?</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><b>17. Thought Withdrawal</b></p> <p><i>Have you ever felt your thoughts were taken out of your head by some outside force?</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			

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

	EVER			CURRENT OR MOST RECENT EPISODE			
	NO	YES	UNK	NO	YES	UNK	
<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

	EVER		CURRENT/RECENT	
	WEEKS		WEEKS	
<b>19. How long did your longest period of (Delusions) last?</b>				

**INTERVIEWER: Rate Q.21-Q.23 for Current/Most Recent Episode.**

[Q. 20 omitted]

**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. (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**

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

**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
<p><b>24. Auditory - Voices, Noises, Music</b></p> <p><i>Have you ever heard sounds or voices other people could not hear?</i></p> <p>24.a) (IF YES:) <i>Did they say bad things about you or threaten you?</i></p>	<p>Psychosis Only 0</p> <p>Depression 0</p> <p>Mania 0</p> <p>Alcohol 0</p> <p>Drugs 0</p> <p>Other (med.) 0</p> <p style="text-align: right;">0</p>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>U</p> <p>U</p> <p>U</p> <p>U</p> <p>U</p> <p>U</p> <p>U</p> <p>U</p>	<p style="text-align: center;">0</p> <p style="text-align: center;">1</p> <p style="text-align: center;">U</p> <p style="text-align: center;">N/A</p>	<p style="text-align: center;">0</p> <p style="text-align: center;">1</p> <p style="text-align: center;">U</p>	<p style="text-align: center;">U</p>
<p><b>25. Auditory - Running Commentary</b></p> <p><i>Have you ever heard voices that described or commented on what you were doing or thinking?</i></p>	<p>Psychosis Only 0</p> <p>Depression 0</p> <p>Mania 0</p> <p>Alcohol 0</p> <p>Drugs 0</p> <p>Other (med.) 0</p>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>U</p> <p>U</p> <p>U</p> <p>U</p> <p>U</p> <p>U</p>	<p style="text-align: center;">0</p> <p style="text-align: center;">1</p> <p style="text-align: center;">U</p>	<p style="text-align: center;">U</p>	
<p><b>26. Auditory - Two or More Voices</b></p> <p><i>Have you ever heard two or more voices talking with each other?</i></p>	<p>Psychosis Only 0</p> <p>Depression 0</p> <p>Mania 0</p> <p>Alcohol 0</p> <p>Drugs 0</p> <p>Other (med.) 0</p>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>U</p> <p>U</p> <p>U</p> <p>U</p> <p>U</p> <p>U</p>	<p style="text-align: center;">0</p> <p style="text-align: center;">1</p> <p style="text-align: center;">U</p>	<p style="text-align: center;">U</p>	
<p><b>27. Thought Echo</b></p> <p><i>Have you ever experienced hearing your thoughts repeated or echoed?</i></p>	<p>Psychosis Only 0</p> <p>Depression 0</p> <p>Mania 0</p> <p>Alcohol 0</p> <p>Drugs 0</p> <p>Other (med.) 0</p>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>U</p> <p>U</p> <p>U</p> <p>U</p> <p>U</p> <p>U</p>	<p style="text-align: center;">0</p> <p style="text-align: center;">1</p> <p style="text-align: center;">U</p>	<p style="text-align: center;">U</p>	
<p><b>28. Audible Thoughts</b></p> <p><i>Have you ever heard your own thoughts as a voice spoken out loud?</i></p>	<p>Psychosis Only 0</p> <p>Depression 0</p> <p>Mania 0</p> <p>Alcohol 0</p> <p>Drugs 0</p> <p>Other (med.) 0</p>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>U</p> <p>U</p> <p>U</p> <p>U</p> <p>U</p> <p>U</p>	<p style="text-align: center;">0</p> <p style="text-align: center;">1</p> <p style="text-align: center;">U</p>	<p style="text-align: center;">U</p>	

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

	EVER			CURRENT OR MOST RECENT EPISODE			
	NO	YES	UNK	NO	YES	UNK	
29. <i>Did you ever talk to any voices you heard?</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			
30. <i>When you heard the voices, did you also see the person talking, even though others did not see that person?</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			
31. <b>Somatic or Tactile</b>							
<i>Have you ever had unusual sensations or other strange feelings in your body?</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			
<i>(PROBE: like electricity shooting through your body or your body parts moving around or growing?)</i>	Other (med.)	0	1	U			
32. <b>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			
33. <b>Visual</b>							
<i>Have you ever had visions or seen things that other people could not see?</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			
<i>(IF YES:) Did this occur when you were falling asleep or waking up?</i>	Other (med.)	0	1	U			



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

**DISORGANIZED 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>	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			
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>	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			

41. How long did (Disorganized behavior) last?

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

**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	
42. <b>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			

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

	EVER			CURRENT OR MOST RECENT EPISODE			
	NO	YES	UNK	NO	YES	UNK	
<b>43. Odd Speech</b>  (Digressive, vague, over-elaborate, circumstantial, metaphorical; loosening of associations)	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

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	
<b>45. Rigidity</b>  <i>Did your body ever get stuck in one position so that you could not move?</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>46. Stupor</b>  <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>  (IF YES:) Did anyone else notice?	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>47. Excitement</b>  <i>Have you ever been so excited that you moved around a lot without purpose (aside from mania)?</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



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

	EVER			CURRENT OR MOST RECENT EPISODE			
	NO	YES	UNK	NO	YES	UNK	
<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 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			
<p>50. <b>Peculiarities of voluntary movement</b></p> <p><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></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>51. <b>Echolalia or echopraxia</b></p> <p><i>Did you find yourself repeating other people's words or movements and that you could not stop yourself from doing this?</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			

52. How long did (Catatonic symptoms) last?

EVER	CURRENT/RECENT						
WEEKS	WEEKS						
<table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>				<table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>			

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

**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.

	EVER WEEKS	CURRENT/RECENT WEEKS						
54. <i>How long did (Avolition/apathy) last?</i>	<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>				<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>			

**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	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						
56. <i>How long did (Alogia) last?</i>	<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>				<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>			

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

**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	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			
58. <i>Did you ever show emotions that did not fit what was going on?</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						
59. <i>How long did (Flat affect/inappropriate affect) last?</i>	<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> <td style="width: 30px; height: 20px;"></td> </tr> </table>			

**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 |
| <b>If yes:</b> A60b. Definitely bizarre delusions (Q. 23 coded 2, A60a must be Yes)   | 0 | 1 |
| A60c. Hallucinations (Q. 24-33)   | 0 | 1 |
| <b>If yes:</b> 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.**)

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

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

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)?

**If yes:**

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

DAYS   or   WEEKS

	or			
--	----	--	--	--

0   1

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.**

**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

	OR			
--	----	--	--	--

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.

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

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

**DELINEATION OF CURRENT OR MOST RECENT EPISODE**

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

---

	<u>NO</u>	<u>YES</u>	<u>UNK</u>
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
<i>(IF YES:) Specify: _____</i>			
<hr/>			
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: 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

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

**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:

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

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

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

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

	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; 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>						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>						
	0	1	U	N/A					
<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; border-collapse: collapse;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; 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>				<u>NO</u>	<u>YES</u>				
	N/A			0	1				



K. PSYCHOSIS (Cont'd)

**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).*

	<u>NO</u>	<u>YES</u>	
79. <i>Did (Delusions or Hallucinations) ever occur when you were feeling extremely good or high, or when you were feeling unusually irritable?</i>	<input style="width: 30px; height: 20px;" type="text" value="0"/>	<input style="width: 30px; height: 20px;" type="text" value="1"/>	

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

SKIP TO Q.89.

	<u>NO</u>	<u>YES</u>	<u>UNK</u>
80. <i>Did the manic episode correspond to either of the manic episodes described previously?</i>			

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

	<input style="width: 30px; height: 20px;" type="text" value="0"/>	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="U"/>
--	---	---	---

SKIP TO Q.83.

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

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

	<u>NO</u>	<u>YES</u>	<u>UNK</u>
<i>Pressure speech/talkativeness?</i>	0	1	U
<i>Racing thoughts?</i>	0	1	U
<i>Inflated self esteem/grandiosity?</i>	0	1	U
<i>Decreased sleep?</i>	0	1	U
<i>Distractibility?</i>	0	1	U
<i>Increased activity/psychomotor agitation?</i>	0	1	U
<i>Poor judgment/reckless behavior?</i>	0	1	U

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

SX

	<u>NO</u>	<u>YES</u>	<u>UNK</u>
83. <i>Did these episodes <u>only</u> follow alcohol or drug intake or withdrawal?</i>	<input style="width: 30px; height: 20px;" type="text" value="0"/>	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="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.**

	<input style="width: 30px; height: 20px;" type="text" value="0"/>	<input style="width: 30px; height: 20px;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text" value="U"/>
--	---	---	---

K. PSYCHOSIS (Cont'd)

- |  | <u>NO</u> | <u>YES</u> | <u>UNK</u> |
|--|-----------|------------|------------|
| 85. <b><u>Presence of Mood-Incongruent Psychotic Symptoms</u></b>  |           |            |            |
| Code YES if psychotic symptoms occurring during any manic episode had content that was <u>not</u> consistent with themes of inflated worth, power, knowledge, identity, or special relationship to a deity or a famous person. | 0         | 1          | U          |
| <b><u>Persistence of Psychotic Symptoms with Affective Clearing</u></b>  |           |            |            |
| 86. <i>Did the (Hallucinations/delusions) <u>ever</u> continue after your mood returned to normal?</i>   | 0         | 1          | U          |
| 86.a) (IF YES:) <i>What is the longest time they lasted after your mood became normal?</i>   | WEEKS     |            |            |
|  |           |            |            |
|  | <u>NO</u> | <u>YES</u> | <u>UNK</u> |
| 87. <i>Did the (Other psychotic symptoms such as formal thought disorder, bizarre behavior, catatonia) <u>ever</u> continue after your mood returned to normal?</i>  | 0         | 1          | U          |
| 87.a) (IF YES:) <i>What is the longest time they lasted after your mood became normal?</i>   | WEEKS     |            |            |
|  |           |            |            |
|  | <u>NO</u> | <u>YES</u> | <u>UNK</u> |
| 88. <b>INTERVIEWER: Were the Affective syndromes brief relative to the Psychotic symptoms?</b>   | 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.*

- |   | <u>NO</u> | <u>YES</u> | <u>UNK</u> |
|---|-----------|------------|------------|
| 89. <i>Did (Delusions or hallucinations) ever occur when you were feeling especially depressed?</i>         |           |            |            |
| (IF YES:) Record response: _____  | 0         | 1          |            |
| SKIP TO Q.99.   | ←         |            |            |
| 90. <i>Did the depressive episode correspond to either of the depressive episodes described previously?</i> | <u>NO</u> | <u>YES</u> | <u>UNK</u> |
| SKIP TO Q.93.   | 0         | 1          | U          |
| SKIP TO Q.93.   | ←         |            |            |

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

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

<b>INTERVIEWER: Mark "YES" or "NO" for each symptom.</b>	<u>NO</u>	<u>YES</u>	<u>UNK</u>
<i>Appetite/weight change?</i>	0	1	U
<i>Sleep difficulty?</i>	0	1	U
<i>Change in activity level? (psychomotor)</i>	0	1	U
<i>Fatigue/loss of energy?</i>	0	1	U
<i>Loss of interest/pleasure?</i>	0	1	U
<i>Low self esteem/guilt?</i>	0	1	U
<i>Decreased concentration?</i>	0	1	U
<i>Thoughts of death or suicide?</i>	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?*

<u>NO</u>	<u>YES</u>	<u>UNK</u>
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.

<u>NO</u>	<u>YES</u>	<u>UNK</u>
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.

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

Persistence of Psychotic Symptoms with Affective Clearing

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

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?*

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

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

WEEKS  

--	--	--

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

	<u>NO</u>	<u>YES</u>
98. <b>INTERVIEWER: Were the Affective syndromes brief relative to the Psychotic symptoms?</b>	0	1

**POLYDYPسيا**

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

**N. COMORBIDITY ASSESSMENT**

**INTERVIEWER: SUBJECTS WHO HAVE SIGNIFICANT HISTORY OF ALCOHOL, MARIJUANA, OR OTHER DRUG ABUSE AND EVIDENCE OF DEPRESSION, MANIA, HYPMANIA, 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                      WEEKS

OR

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

DAYS                      WEEKS

OR

**INTERVIEWER: IF ONLY ONE EPISODE (TOTAL) OF MOOD CHANGES/PSYCHOTIC SYMPTOMS, SKIP TO SUICIDAL BEHAVIOR, P. 77.**

**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, P. 77.**

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

3. Have your **(Mood/Psychotic)** episodes ever continued after you stopped using **(Alcohol/Drugs)** heavily? NO   YES   UNK  
0   1   U

3.a) **(IF YES:)** What was the longest time a **(Mood/Psychotic)** episode ever continued after you stopped using **(Alcohol/Drugs)**? DAYS                      WEEKS  
 OR   
**(If less than one week, code DAYS.)**

4. Did you ever continue to use **(Alcohol/Drugs)** heavily after your **(Mood/Psychotic)** episode stopped? NO   YES   UNK  
0   1   U

4.a) **(IF YES:)** What was the longest you used **(Alcohol/Drugs)** heavily after a **(Mood/Psychotic)** episode stopped? DAYS                      WEEKS  
 OR   
**(If less than one week, code DAYS.)**

O. SUICIDAL BEHAVIOR

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

	<u>NO</u>	<u>YES</u>	<u>UNK</u>
1. Have you ever <u>tried</u> to kill yourself?	0	1	U

SKIP TO GLOBAL ASSESSMENT SCALE, P. 79.

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

TIMES

--	--

1.b) How old were you the first time you tried to kill yourself?

AGE

--	--

**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?

ONS AGE

--	--

	<u>NO</u>	<u>YES</u>	<u>UNK</u>
4. Did you require medical treatment after this attempt?	0	1	U

	<u>NO</u>	<u>ER</u>	<u>INPT</u>	<u>UNK</u>
5. Were you admitted to a hospital after the attempt?	0	1	2	U

	<u>NO</u>	<u>YES</u>	<u>UNK</u>
6. Did you want to die?	0	1	U

	<u>NO</u>	<u>YES</u>	<u>UNK</u>
7. Did you think you would die from what you had done?	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) <i>Depression?</i>	0	1	U
10.b) <i>Mania?</i>	0	1	U
10.c) <i>Alcohol Abuse?</i>	0	1	U
10.d) <i>Drug Abuse?</i>	0	1	U
10.e) <i>Psychosis?</i>	0	1	U
10.f) <i>Other? (IF YES:) Specify: _____</i> _____	0	1	U

**P. GLOBAL ASSESSMENT SCALE**

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>
1. Is the subject hospitalized?	0	1
<i>LIFETIME GAS</i>		
2. GAS: At Worst Point During <i>LIFETIME</i> (modified item)		
<i>PAST MONTH GAS</i>		
3. GAS: During Past Month		

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

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

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

NONE —————> SEVERE UNK

**AFFECTIVE FLATTENING OR BLUNTING**

- |   |   |
|---|---|
| <p>1. <b>Unchanging Facial Expression</b><br/>The patient's face appears wooden--changes less than expected as emotional content of discourse changes.</p> <p>2. <b>Decreased Spontaneous Movements</b><br/>The patient shows few or no spontaneous movements, does not shift position, move extremities, etc.</p> <p>3. <b>Paucity of Expressive Gestures</b><br/>The patient does not use hand gestures or body position as an aid in expressing his ideas.</p> <p>4. <b>Poor Eye Contact</b><br/>The patient avoids eye contact or "stares through" interviewer even when speaking.</p> <p>5. <b>Affective Nonresponsivity</b><br/>The patient fails to laugh or smile when prompted.</p> <p>6. <b>Inappropriate Affect</b><br/>The patient's affect is inappropriate or incongruous, not simply flat or blunted.</p> <p>7. <b>Lack of Vocal Inflections</b><br/>The patient fails to show normal vocal emphasis patterns, is often monotonic.</p> <p>8. <b>Global Rating of Affective Flattening</b><br/>This rating should focus on overall severity of symptoms, especially unresponsiveness, inappropriateness and an overall decrease in emotional intensity.</p> | <p>0 1 2 3 4 5 U</p> <p>0 1 2 3 4 5 U</p> <p>0 1 2 3 4 5 U</p> <p>0 1 2 3 4 5 U</p> <p>0 1 2 3 4 5 U</p> <p>0 1 2 3 4 5 U</p> <p>0 1 2 3 4 5 U</p> <p>0 1 2 3 4 5 U</p> |
|---|---|

**ALOGIA**

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

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

**U. SANS (Cont'd)**

	NONE	—————▶					SEVERE	UNK
11. <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.	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.	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
16. <b>Physical Anergia</b> The patient tends to be physically inert. He may sit for hours and not initiate spontaneous activity.	0	1	2	3	4	5	U
17. <b>Global Rating of Avolition/Apathy</b> Strong weight may be given to one or two prominent symptoms if particularly striking.	0	1	2	3	4	5	U

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

**U. SANS (Cont'd)**

	NONE	—————▶					SEVERE	UNK
	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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**V. SCALE FOR THE ASSESSMENT OF POSITIVE SYMPTOMS**

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

	<u>NONE</u>							<u>SEVERE</u>
<b>HALLUCINATIONS</b>								
1. <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		U
3. <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		U
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		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		U

**DELUSIONS**

8. <b>Persecutory Delusions</b> The patient believes he is being conspired against or persecuted in some way.	0	1	2	3	4	5		U
9. <b>Delusions of Jealousy</b> The patient believes his spouse is having an affair with someone.	0	1	2	3	4	5		U
10. <b>Delusions of Guilt or Sin</b> The patient believes that he has committed some terrible sin or done something unforgivable.	0	1	2	3	4	5		U
11. <b>Grandiose Delusions</b> The patient believes he has special powers or abilities.	0	1	2	3	4	5		U

SAPS CODES	
0 = None/Not at All	3 = Moderate
1 = Questionable	4 = Marked
2 = Mild	5 = Severe

**V. SAPS (Cont'd)**

	NONE	—————▶					SEVERE	UNK
12. <b>Religious Delusions</b> The patient is preoccupied with false beliefs of a religious nature.	0	1	2	3	4	5	U	
13. <b>Somatic Delusions</b> The patient believes that somehow his body is diseased, abnormal, or changed.	0	1	2	3	4	5	U	
14. <b>Delusions of Reference</b> The patient believes that insignificant remarks or events refer to him or have special meaning.	0	1	2	3	4	5	U	
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	
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	
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	
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	
19. <b>Thought Withdrawal</b> The patient believes that thoughts have been taken away from his mind.	0	1	2	3	4	5	U	
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	U	

**BIZARRE BEHAVIOR**

21. <b>Clothing and Appearance</b> The patient dresses in an unusual manner or does other strange things to alter his appearance.	0	1	2	3	4	5	U
22. <b>Social and Sexual Behavior</b> The patient may do things considered inappropriate according to usual social norms (e.g., masturbating in public).	0	1	2	3	4	5	U

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

**V. SAPS (Cont'd)**

	NONE	—————▶	SEVERE	UNK			
23. <b>Aggressive and Agitated Behavior</b> The patient may behave in an aggressive, agitated manner, often unpredictably.	0	1	2	3	4	5	U
24. <b>Repetitive or Stereotyped Behavior</b> 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. <b>Global Rating of Bizzare Behavior</b> 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. <b>Derailment</b> A pattern of speech in which ideas slip off track onto ideas obliquely related or unrelated.	0	1	2	3	4	5	U
27. <b>Tangentiality</b> The patient replies to a question in an oblique or irrelevant manner.	0	1	2	3	4	5	U
28. <b>Incoherence</b> A pattern of speech that is essentially incomprehensible at times.	0	1	2	3	4	5	U
29. <b>Illogicality</b> A pattern of speech in which conclusions are reached that do not follow logically.	0	1	2	3	4	5	U
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	U
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	U
32. <b>Distractible Speech</b> The patient is distracted by nearby stimuli which interrupt his flow of speech.	0	1	2	3	4	5	U
33. <b>Clanging</b> A pattern of speech in which sounds rather than meaningful relationships govern word choice.	0	1	2	3	4	5	U
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	U

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1 = Questionable	4 = Marked	
2 = Mild	5 = Severe	



**X. INTERVIEWER'S RELIABILITY ASSESSMENT**

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**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. (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

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**Y. NARRATIVE SUMMARY**

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).

**Y. NARRATIVE SUMMARY (Cont'd)**

**Z. MEDICAL RECORDS INFORMATION**

SUBJECT ID:  —  SUBJECT NAME: \_\_\_\_\_  
First MI Last

DATE OF BIRTH:  —  —   
D D M O N Y Y

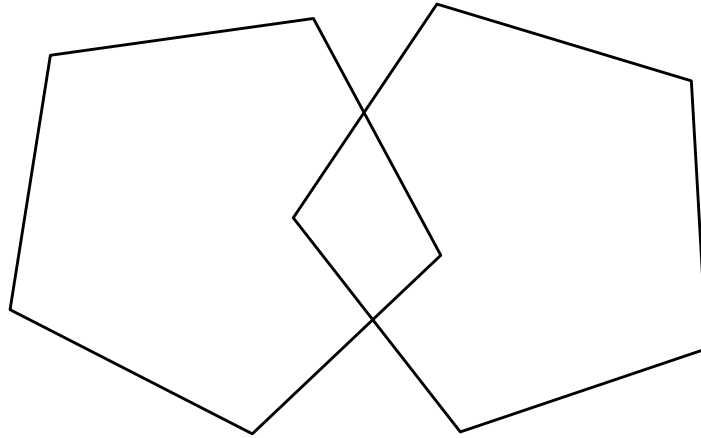
PHYSICIAN NAME	HOSPITAL/CLINIC NAME	CITY	STATE	TREATMENT DATES	CONDITION

VERSION 2.0/MGS  
OCT 99

**MODIFIED MMS CARD**

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**CLOSE YOUR EYES**



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 (Cont'd)

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**

<b>MARIJUANA USE CARD</b>	
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"

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 "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 (Cont'd)**

**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..... \_\_\_\_\_

- 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.**