

WMH SCID 2000
STRUCTURED CLINICAL INTERVIEW FOR DSM-IV AXIS I DISORDERS
Modified for use in the World Mental Health 2000 Project
PSYCHOSIS INTERVIEW

Study: _____ **Site:** _____

Respondent: _____ **Respondent No.:** _____

Interviewer: _____ **Interviewer No.:** _____

Phone Number: _____ **Date of Interview:** _____
_____ Day ** Month Year

Address: _____

_____ **Time interview began:** _____

_____ **ended:** _____

Time spent on Notes, Ratings: _____

Contact log (attempts to reach respondent):

Edited and checked by: _____ **Date:** _____

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WORLD MENTAL HEALTH SCID 2000

INTRODUCTION

Hello, my name is _____ from SCHOOL / AGENCY / PROJECT NAME. Thank you for agreeing to this interview. I will be asking you several questions about your experiences. I will also be referring back to the earlier interview you completed on _____ with _____. Some of the questions may be similar, but don't try to remember what you said before. What you should do is answer each question as honestly as you can.

You may refuse to answer any question. You may choose to end the interview at any time. The information you give us will be kept confidential. I'm going to be asking you about problems or difficulties you may have had, and I'll be making some notes as we go along. I will also be tape-recording this interview. The tape will be used for quality control purposes. Do you have any questions before we begin?

DEMOGRAPHIC DATA

SEX: 1 male
2 female

P01

What's your date of birth?

DOB: _____
day ** month year

P02

AGE: _____

P03

Are you presently located at (ADDRESS)?

IF NOT: What is your location at the moment?

Are you married?

MARITAL STATUS (most recent):
1 married or living with someone as if married
2 widowed
3 divorced or annulled
4 separated
5 never married

P04

IF NO: Were you ever?

Any children? (What are their ages?)

IF YES: How many?

Where do you live?

Who do you live with?

EDUCATION AND WORK HISTORY

How far did you get in school?
(How much schooling have you had?)

YEARS OF EDUCATION:

IF FAILED TO COMPLETE A
PROGRAM IN WHICH THEY WERE
ENROLLED: Why didn't you finish?

What kind of work do you do?
(Do you work outside of your home?)

Are you working now?

IF YES: How long have you worked
there?

IF LESS THAN 6 MONTHS: Why
did you leave your last job?

Have you always done that kind of
work?

IF NO: Why is that? What kind
of work have you done?

How are you supporting yourself
Now?

IF UNKNOWN: Has there ever been a period
of time when you were unable to work or go
to school?

IF YES: When? Why was that?

PAST PERIODS OF PSYCHOPATHOLOGY

(THE LIFE CHART ON PAGE X OF OVERVIEW MAY BE USED TO DOCUMENT A COMPLICATED HISTORY OF PSYCHOPATHOLOGY AND TREATMENT OR OTHER LIFE EVENTS)

Have you ever seen anybody for emotional or psychiatric problems?

IF YES: Could you tell me what that was like (in your own words)?

IF NO: Have you ever had emotional or psychiatric problems that you didn't discuss with a doctor or anyone like that?

IF NO: Was there ever a time when you, or someone else, thought you should see someone because of the way you were feeling or acting?

Treatment for emotional problems with a physician or mental health professional	1 NO	P05
	2 YES	

Have you ever taken any medications (for emotional or psychological problems)?

Can you tell me briefly what that was like?

What about treatment for drugs or alcohol?

Have you ever been in a hospital for treatment of psychiatric or emotional problems?

Number of previous hospitalizations (Do not include transfers)	0	P06
	1	
	2	
	3	
	4	
	5 (or more)	

IF YES: What was that for? (How many times?)

IF GIVES AN INADEQUATE ANSWER, CHALLENGE GENTLY: e.g., Wasn't there something else? People don't usually go to (psychiatric) hospitals just because they are tired or nervous.

Now, thinking back over just the past 12 months, that is since MONTH YEAR, when were you the most upset?

(Can you tell me briefly what that was like?)

And when were you feeling the best you have felt in the past 12 months?

(What was that like?)

PSYCHOPATHOLOGY DURING THE PAST MONTH

Now I would like to ask you about the past month. How have things been going for you?

Has anything happened that has been especially hard for you?

How has your mood been?

Do you take any medications or vitamins?

CURRENT SOCIAL FUNCTIONING

How have you been spending your free time?

Who do you spend time with?

What do you worry about most?

SUBSTANCE ABUSE HISTORY

How much have you been drinking (alcohol)
(in the past month)?

When in your life were you drinking the most?
How often? How much?
How long did this period last?

How many periods like this have you had?

Have you been taking any drugs (in the past
month)?

IF NECESSARY: Have you ever used
recreational drugs?

What recreational drugs have you used?
When were you using most heavily?
What were you using?
How often were you using?
How long did this period last?

How many periods like this have you had?

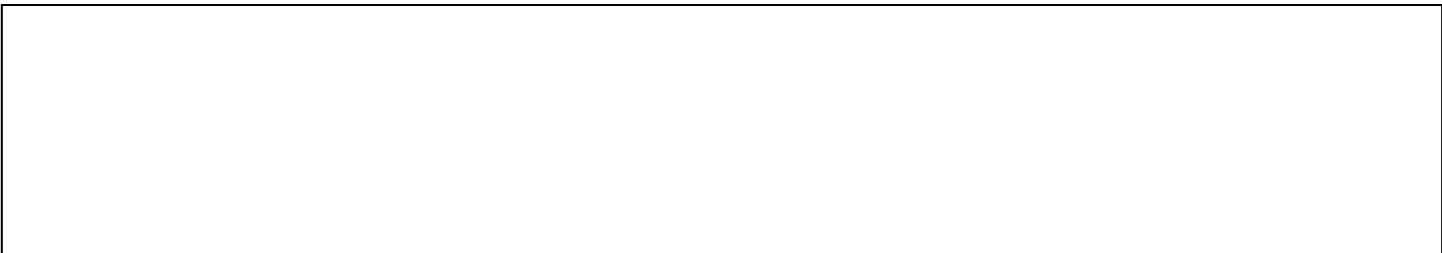
SCREEN FOR HEAD INJURY

Have you ever had an injury to your head,
maybe in a fall, car accident, or fight?

IF YES: Did you get knocked out? Do you
know how long you were unconscious?

LIFE CHART

Age (or date)	Description (symptoms, triggering events)	Treatment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____



GO TO SCREENING MODULE.

**REVISED SCID SCREENING
MODULE
(PSYCHOTIC DISORDERS)**

Now I want to ask you some more specific questions about problems you may have had.

CIDI SC 21

<p>+ You said in the earlier interview that you have had ...</p> <p>? Did you ever have...</p> <p>- SKIP</p>	<p>... a period lasting several days or longer when most of the day you felt sad, empty, or depressed.</p>	<p>1 NO</p>	<p>2 Yes</p>	<p>SC03</p>
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CIDI SC 22

<p>+ You said in the earlier interview that you have had ...</p> <p>? Did you ever have...</p> <p>- SKIP</p>	<p>... a period lasting several days or longer when most of the day you were very discouraged about how things were going in your life.</p>	<p>1 NO</p>	<p>2 Yes</p>	<p>SC04</p>
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CIDI SC 23

<p>+ You said in the earlier interview that you have had ...</p> <p>? Did you ever have...</p> <p>- SKIP</p>	<p>... a period lasting several days or longer when you lost interest in most things you usually enjoy like work, hobbies, and personal relationships.</p>	<p>1 NO</p>	<p>2 Yes</p>	<p>SC05</p>
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CIDI SC 24

Some people have periods lasting several days or longer when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are unusual for them, such as driving too fast or spending too much money.

1
NO

2
Yes

SC20

+ You said in the earlier interview that you have had ...

... a period like this lasting several days or longer?

? Did you ever have...

- SKIP

CIDI SC 25a

+ You said in the earlier interview that you have had ...

... a period lasting several days or longer when most of the time you were so irritable that you either started arguments, shouted at people, or hit people?

1
NO

2
Yes

SC21

? Did you ever have...

- SKIP

S**INSTRUCTIONS TO INTERVIEWERS**

1. COMPLETE THE PSYCHOTIC SYMPTOMS MODULE.
2. UPON COMPLETING THE PSYCHOTIC SYMPTOMS MODULE, IF THERE IS NO EVIDENCE OF PSYCHOSIS (THERE ARE NO ITEMS CODED "3" IN **B. PSYCHOTIC AND ASSOCIATED SYMPTOMS**)
END THE INTERVIEW.
3. IF THE PERSON IS POSITIVE FOR PSYCHOTIC SYMPTOMS (ONE OR MORE ITEMS ARE CODED "3" IN **B. PSYCHOTIC AND ASSOCIATED SYMPTOMS**)
AND THE PERSON HAS SCREENED IN FOR DEPRESSIVE OR MANIC SYMPTOMS,
COMPLETE THE MOOD DISORDER MODULE AND THEN COMPLETE THE **C. DIFFERENTIAL DIAGNOSES** MODULE
4. IF THE PERSON IS POSITIVE FOR PSYCHOTIC SYMPTOMS (ONE OR MORE ITEMS ARE CODED "3" IN **B. PSYCHOTIC AND ASSOCIATED SYMPTOMS**)
AND THE PERSON HAS NOT SCREENED IN FOR DEPRESSIVE OR MANIC SYMPTOMS,
COMPLETE THE **C. DIFFERENTIAL DIAGNOSES** MODULE

PSYCHOTIC AND ASSOCIATED SYMPTOMS

THIS MODULE IS FOR CODING PSYCHOTIC AND ASSOCIATED SXS THAT HAVE BEEN PRESENT AT ANY POINT IN RESPONDENT'S LIFE

FOR EACH PSYCHOTIC SYMPTOM CODED "3", DESCRIBE THE ACTUAL CONTENT AND INDICATE THE PERIOD OF TIME DURING WHICH THE SYMPTOM WAS PRESENT.

IF ALREADY HAS ACKNOWLEDGED PSYCHOTIC SYMPTOMS: You've told me about (PSYCHOTIC SYMPTOMS). Now I'd like to ask you about other experiences like that.

IF NO ACKNOWLEDGEMENT OF PSYCHOTIC SYMPTOMS SO FAR: Now I'd like to ask you about unusual experiences (or ideas) which people sometimes have.

DELUSIONS

DELUSIONS

False personal beliefs based on incorrect inference about external reality and firmly sustained in spite of what constitutes incontrovertible and obvious proof or evidence to the contrary.

The belief is not one ordinarily accepted by other members of the person's culture or subculture.

Code overvalued ideas (unreasonable and sustained beliefs that are maintained with less than delusional intensity) as "2".

CIDI PS 1e

+ You said in the earlier interview that you have had a time when you believed...	... that some strange force was trying to communicate directly with you by sending special signs or signals that you could understand but that no one else could	1 NO	2 Yes
? Did you ever have a time when you believed ...	understand. Sometimes this happens by special signs coming through the radio or television.		
- SKIP			

B001

Could you give me an example of a time when this happened?

Can you tell me more about what happened?

IF NECESSARY:

Has it ever seemed like people were talking about you or taking special notice of you?

Delusions of reference, i.e. events, objects, or other people in the individual's immediate environment have a particular or unusual significance.

1 2 3 _ 8 9

B002

IF YES: Were you convinced they were talking about you or did you think it might have been your imagination?

DESCRIBE:

What about receiving special messages from the TV, radio or newspaper, or from the way things were arranged around you?

CIDI PS 1f

+ You said in the earlier interview that you have had a time when you believed...

... that there was an unjust plot going on to harm you or to have people follow you that your family and friends did not believe was true?

1 2
NO Yes

B003

? Did you ever have a time when you believed ...

- SKIP

Could you give me an example of a time when this happened?

Can you tell me more about what happened?

IF NECESSARY:

What about anyone going out of their way to give you a hard time, or trying to hurt you?

Persecutory delusions, i.e., the individual (or his/her group) is being attacked, harassed, cheated, persecuted, or conspired against.

1 2 3 _ 8 9

B004

DESCRIBE:

Did you ever feel that you were especially important in some way, or that you had special powers to do things that other people could not do?

Grandiose delusion, i.e., content involves exaggerated power, knowledge or importance, or a special relationship to a deity or famous person

1 2 3 _ 8 9

B005

DESCRIBE:

Did you ever feel that something was very wrong with you physically even though your doctor said nothing was wrong ... like you had cancer or some other terrible disease?

Somatic delusion, i.e., content involves change or disturbance in body appearance or functioning.

1 2 3 _ 8 9

B006

DESCRIBE:

Have you ever been convinced that something was very wrong with the way a part or parts of your body looked?

(Did you ever feel that something strange was happening to parts of your body?)

Did you ever have any unusual religious experiences?

Other delusions

1 2 3 _ 8 9

B007

Check if:

- religious delusions
- delusions of guilt
- jealous delusions
- erotomanic delusions

(Did you ever feel that you had committed a crime or done something terrible for which you should be punished?)

DESCRIBE:

CIDI PS 1c			
+ You said in the earlier interview that you have had a time when you experienced mind control. That is either	1	2
? Did you ever have a time when you experienced ...	(1) Believing that some mysterious force was inserting many different strange thoughts -- that were definitely not your own thoughts -- directly into your head by means of x-rays or laser beams or other methods.	NO	Yes
- SKIP	(2) Or, believing that your own thoughts were being stolen out of your mind by some strange force.		
CIDI PS 1d			
+ You said in the earlier interview that you have had a time when you felt that your mind was being taken over by strange forces?	1	2
? Did you ever have a time ...	For example, feeling that your mind was being taken over by strange forces with laser beams or other methods that were making you do things you did not choose to do.	NO	Yes
- SKIP			

B008

B009

Could you give me an example of a time when this happened?

Can you tell me more about what happened?

IF NECESSARY:

Did you ever feel that someone or something outside yourself was controlling your thoughts or actions against your will?

Delusion of being controlled, i.e., feelings, impulses, thoughts or actions are experienced as being under the control of some external force.

1 2 3 _ 8 9

B010

(Did you ever feel that certain thoughts that were not your own were put into your head?)

Check if:
 thought insertion
 thought withdrawal

B011
 B012

(What about taken out of your head?)

DESCRIBE:

WMHSCID2000

3/5/03

Psychosis 8

Did you ever feel as if your thoughts were being broadcast out loud so that other people could actually hear what you were thinking?

Thought broadcasting, i.e., the delusion that one's thoughts are audible to others.

1 2 3 _ 8 9 | B013

Did you ever believe that someone could read your mind?

How do you explain [CONTENT OF DELUSION]?

AUDITORY HALLUCINATIONS

CIDI PS 1b			
+ You said in the earlier interview that you have heard voices that other people could not hear. (I don't mean having good hearing, but rather) hearing things that other people said did not exist, like strange voices coming from inside your head talking to you or about you, or voices coming out of the air when there was no one around?	1 NO	2 Yes
? Did you ever hear ...			
- SKIP			

B014

Could you give me an example of a time when this happened?

Can you tell me more about what happened?

HALLUCINATIONS (PSYCHOTIC)

A sensory perception that has the compelling sense of reality of a true perception but occurs without external stimulation of the relevant sensory organ. (ON SCID ITEMS, CODE "2" FOR HALLUCINATIONS THAT ARE SO TRANSIENT AS TO BE WITHOUT DIAGNOSTIC SIGNIFICANCE.)

IF NECESSARY:

Did you ever hear things that other people couldn't, such as noises, or the voices of people whispering or talking? (Were you awake at the time?)

Auditory hallucinations when fully awake, heard either inside or outside of the head.

1 2 3 _ 8 9

B015

DESCRIBE:

IF YES: What did you hear?
How often did you hear it?

IF VOICES: Did they comment on what you were doing or thinking?

A voice keeping up a running commentary on the individual's behavior or thoughts as they occur

1 2 3 _ 8 9

B016

How many voices did you hear?
Were they talking to each other?

Two or more voices conversing with each other

1 2 3 _ 8 9

B017

VISUAL HALLUCINATIONS

CIDI PS 1a			
+ You said in the earlier interview that you have seen	... a vision that other people could not see?	1 NO	2 Yes
? Did you ever see ...			
- SKIP			

B018

Could you give me an example of a time when this happened?

Can you tell me more about what happened?

IF NECESSARY: Did you ever have visions or see things that other people couldn't see? (Were you awake at the time?)	Visual hallucinations	1	2	3	_	8	9	B019
	DESCRIBE:							

NOTE: DISTINGUISH FROM AN ILLUSION, I.E., A MISPERCEPTION OF A REAL EXTERNAL STIMULUS

What about strange sensations in your body or on your skin?	Tactile hallucinations, e.g., electricity	1	2	3	_	8	9	B020
	DESCRIBE:							

What about smelling or tasting things that other people couldn't smell or taste? For example, tasting something that was not in your mouth?	Other hallucinations, e.g., gustatory, olfactory	1	2	3	_	8	9	B021
	Check if:							

___ gustatory B031

___ olfactory B032

DESCRIBE:

OTHER SYMPTOMS

OTHER SYMPTOMS

IF NO SUGGESTION THAT THERE HAVE EVER BEEN PSYCHOTIC SYMPTOMS,
CHECK HERE ___ AND SKIP TO NEXT MODULE

B022

Grossly inappropriate affect:

1 2 3 _ 8 9

B023

Affect that is clearly discordant with the content of speech or ideation, e.g., smiling while discussing being persecuted.

DESCRIBE:

Disorganized speech:

1 2 3 _ 8 9

B024

Frequent derailment (loosening of associations) or incoherence; derailment is a pattern of speech in which the ideas slip off the track onto another that is completely unrelated or only obliquely related. The person may shift the topic idiosyncratically from one frame of reference to another and things may be said in juxtaposition that lack a meaningful relationship. Incoherence is speech that is essentially incomprehensible to others because words or phrases are joined together without a logical or meaningful connection.

DESCRIBE:

NEGATIVE SYMPTOMS

NEGATIVE SYMPTOMS

FOR ANY NEGATIVE SYMPTOMS CODED "3", DETERMINE WHETHER THE SYMPTOM IS DEFINITELY PRIMARY OR WHETHER IT IS POSSIBLY OR DEFINITELY SECONDARY, I.E., RELATED TO ANOTHER MENTAL DISORDER (E.G. DEPRESSION), A SUBSTANCE OR A GENERAL MEDICAL CONDITION (E.G., MEDICATION-INDUCED AKINESIA), OR TO A PSYCHOTIC SYMPTOM (E.G., COMMAND HALLUCINATIONS NOT TO MOVE).

IF UNKNOWN: How do you spend your time?

Avolition: An inability to initiate and persist in goal-directed activities. When severe enough to be considered pathological, avolition is pervasive and prevents the person from completing many different types of activities (e.g., work, intellectual pursuits, self-care).

1 2 3 _ 8 9 | B025

Alogia: Impoverishment in thinking that is inferred from observing speech and language behavior. There may be restriction in the amount of spontaneous speech and brief and concrete replies to questions (Poverty of speech). Sometimes the speech is adequate in amount but conveys little information because it is overconcrete, overabstract, repetitive, or stereotyped (poverty of content).

1 2 3 _ 8 9 | B026

Affective flattening: Absence or near absence of signs of affective expression.

1 2 3 _ 8 9 | B027

NOTE TO INTERVIEWERS:

IF: THERE ARE NO ITEMS CODED "3" IN **B. PSYCHOTIC AND ASSOCIATED SYMPTOMS**, CHECK HERE ___ AND END THE INTERVIEW.

B028

IF: THE PERSON IS POSITIVE FOR PSYCHOTIC SYMPTOMS (ONE OR MORE ITEMS ARE CODED "3" IN **B. PSYCHOTIC AND ASSOCIATED SYMPTOMS**)

B029

AND THE PERSON HAS SCREENED IN FOR DEPRESSIVE OR MANIC SYMPTOMS,

COMPLETE THE MOOD DISORDER MODULE AND THEN COMPLETE THE **C. DIFFERENTIAL DIAGNOSES** MODULE

IF: THE PERSON IS POSITIVE FOR PSYCHOTIC SYMPTOMS (ONE OR MORE ITEMS ARE CODED "3" IN **B. PSYCHOTIC AND ASSOCIATED SYMPTOMS**)

B030

AND THE PERSON HAS NOT SCREENED IN FOR DEPRESSIVE OR MANIC SYMPTOMS,

COMPLETE THE **C. DIFFERENTIAL DIAGNOSES** MODULE

A. DEPRESSION

Now I am going to ask you some more questions about your mood.

A. The following symptoms must have been present during the same two-week period and represent a change from previous functioning:

IF NECESSARY:

Has there ever been a period of time when you were feeling (depressed or down/OTHER PHRASE ABOVE) most of the day nearly every day? (What was that like?)

(1) depressed mood most of the day, nearly every day, as indicated either by subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful).

1 2 3 _ 8 9

A001

IF YES: How long did it last? (As long as two weeks?)

DESCRIBE, VERBATIM IF

POSSIBLE: _____

When was that?

INSTRUCTIONS TO INTERVIEWERS:

IF THE PERSON HAS MET CRITERIA FOR DEPRESSED MOOD:

REFERRING TO THE SPECIFIC PSYCHOTIC SYMPTOMS THE PERSON ENDORSED EARLIER, ASK THE RESPONDENT WHETHER THEY HAVE HAD THESE MOOD SYMPTOMS DURING A TIME WHEN THEY WERE HAVING THE PSYCHOTIC SYMPTOMS.

INDICATE:

- YES
- NO

- A) IF YES: MAKE SURE THE PERSON MET THE MOOD CRITERIA DURING THAT SPECIFIC TIME (I.E. MOST OF THE DAY, NEARLY EVERY DAY, FOR TWO OR MORE WEEKS).
AND: IF POSSIBLE: FOCUS ON THE TWO-WEEK PERIOD WHEN PSYCHOTIC SYMPTOMS AND DEPRESSIVE MOOD SYMPTOMS CO-OCCURRED IN ASKING REMAINING ITEMS.
 IF TIME PERIOD IS ASSOCIATED WITH BEREAVEMENT, INQUIRE ABOUT ADDITIONAL TIMES OF CO-OCCURRING DEPRESSION AND PSYCHOTIC SYMPTOMS

- B) IF NO: GO ON TO THE **MANIA SECTION** (P. A10)

IF THE PERSON HAS NOT MET CRITERIA FOR DEPRESSED MOOD:

GO ON TO THE **MANIA SECTION** (P.A10)

A096

A097

. . . what about losing interest or pleasure in things you usually enjoyed?

IF YES: Was it nearly every day? How long did it last? (As long as two weeks?)

(2) markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated either by subjective account or observation made by others).

DESCRIBE, VERBATIM IF

POSSIBLE: _____

1 2 3 _ 8 9

A003

IDENTIFY THIS TWO WEEK PERIOD WITH APPROPRIATE ANCHORING EVENT:

During this (TWO WEEK PERIOD) . . .

. . . did you lose or gain any weight? (How much?) (Were you trying to lose weight?)

IF NO: How was your appetite? (What about compared to your usual appetite?) (Did you have to force yourself to eat?) (Did you Eat [less/more] than usual?) (Was that nearly every day?)

(3) significant weight loss when not dieting, or weight gain (e.g., a change of more than 5% of body weight in a month) or decrease or increase in appetite nearly every day.

Check if:

- weight loss or decreased appetite
- weight gain or increased appetite

DESCRIBE:

1	2	3	_	8	9	A004
						A005
						A006

. . how were you sleeping?
(Did you have trouble falling asleep,
trouble staying asleep, waking frequently,
waking too early, OR sleeping too much?
How many hours a night compared to
usual? Was that nearly every night?)

(4) insomnia or hypersomnia nearly every
day

1 2 3 _ 8 9

A007

Check if:

___ insomnia

A008

___ hypersomnia

A009

DESCRIBE:

. . were you talking or
moving more slowly than is normal for
you? (Was it so bad that other people
noticed it? What did they notice?
Was that nearly every day?)

(5) psychomotor retardation or agitation
nearly every day (observable by others,
not merely subjective feelings of
restlessness or being slowed down)

1 2 3 _ 8 9

A010

What about the opposite –

NOTE: CONSIDER BEHAVIOR
DURING THE INTERVIEW

Check if:

.... Were you so fidgety or
restless that you were unable to sit
still? (Was it so bad that other people
noticed it? What did they notice?
Was that nearly every day?)

___ psychomotor retardation

A011

___ psychomotor agitation

A012

DESCRIBE:

. . what was your energy like?
(Tired all the time? Nearly every day?)

(6) fatigue or loss of energy nearly every
day

1 2 3 _ 8 9

A013

DESCRIBE:

During this time . . .

. . . how did you feel about yourself/how do you value yourself as a person? (Worthless?) (Nearly every day?)

(7) feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)

1 2 3 _ 8 9

A014

IF NOT: What about feeling guilty about things you had done or not done? (Nearly every day?)

NOTE: CODE "1" OR "2" IF ONLY LOW SELF-ESTEEM.

Check if:

worthlessness

inappropriate guilt

A015

A016

DESCRIBE:

. . . did you have trouble thinking or concentrating? (What kinds of things did it interfere with?) (Nearly every day?) (What about forgetting things or losing things?)

(8) diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)

1 2 3 _ 8 9

A017

IF NO: Was it hard to make decisions about everyday things? (Nearly every day?)

Check if:

diminished ability to think

indecisiveness

A018

A019

DESCRIBE:

. . were things so bad that you were thinking a lot about death or that you would be better off dead? What about thinking of hurting yourself?

IF YES: Did you do anything to hurt yourself?

(9) recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

NOTE: CODE "1" FOR SELF-MUTILATION W/O SUICIDAL INTENT

Check if:

- thoughts of own death
- suicidal ideation
- specific plan
- suicide attempt

DESCRIBE:

IF UNCLEAR: Has (DEPRESSIVE EPISODE/OWN WORDS) made it hard for you to do your work, take care of things at home, or get along with other people?

C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

NOTE ASPECTS OF IMPAIRMENT :

NOTE: DSM-IV criterion B (i.e., does not meet criteria for a Mixed Episode) has been omitted from the SCID.

1 2 3 _ 8 9

A020

A021

A022

A023

A024

1 2 3 _ 8 9

A025

Just before this began, were you physically ill?

D. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or to a general medical condition.

1 3 _ 9

A026

IF YES: What did the doctor say?

(Were there any other changes in your physical health?)

DESCRIBE:

Just before this began, were you using any medications?

IF YES: Was there any change in the amount you were using?

Just before this began, were you drinking or using any street drugs?

[Empty rectangular box for notes]

Etiological substances include: alcohol, amphetamines, cocaine, hallucinogens, inhalants, opioids, phencyclidine, sedatives, hypnotics, anxiolytics. Medications include antihypertensives, oral contraceptives, corticosteroids, anabolic steroids, anticancer agents, analgesics, anticholinergics, cardiac medications.

Etiological general medical conditions include: degenerative neurological illnesses (e.g., Parkinson's disease), cerebro-vascular disease (e.g., stroke), metabolic conditions (e.g., Vitamin B-12 deficiency), endocrine conditions (e.g., hyper- and hypo- thyroidism); viral or other infections (e.g., hepatitis, mononucleosis, HIV), and certain cancers (e.g., carcinoma of the pancreas).

Etiological organic mental disorders include: dementias, delirium, organic amnesia syndrome, other mental disorders due to brain damage and dysfunction, and personality and behavioral disorders due to brain disease, damage and dysfunction.

WMHSCID2000-1

3/5/03

Depression A. 9

(Did this begin soon after someone close to you died?)

E. The symptoms are not better accounted for by Bereavement, i.e., after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psycho motor retardation

1 3 _ 9 | A082

MANIC EPISODE

MANIC EPISODE CRITERIA

IF NECESSARY:

Has there ever been a period of time when you were feeling so good, "high," excited, or hyper that other people thought you were not your normal self or you were so hyper that you got into trouble? (Did anyone say you were manic?) (Was that more than just feeling good?)

IF NO: What about a period of time when you were so irritable that you found yourself shouting at people or starting fights or arguments?

(Did you find yourself yelling at people you didn't really know?)

What was it (/that) like?

A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood

Check if:

___ elevated, expansive mood

___ irritable mood

1 2 3 _ 8 9

A083

A098

A099

How long did that last? (As long as one week?) (Did you have to go into a hospital?)

... lasting at least one week (or any duration if hospitalization is necessary)

1 2 3 _ 8 9

A084

INSTRUCTIONS TO INTERVIEWERS:

IF THE PERSON HAS MET CRITERIA FOR MANIC MOOD:

REFERRING TO THE SPECIFIC PSYCHOTIC SYMPTOMS THE PERSON ENDORSED EARLIER, ASK THE RESPONDENT WHETHER THEY HAVE HAD THESE MOOD SYMPTOMS DURING A TIME WHEN THEY WERE HAVING THE PSYCHOTIC SYMPTOMS.

INDICATE:

- YES
- NO

A) IF YES: MAKE SURE THE PERSON MET THE MOOD CRITERIA DURING THAT SPECIFIC TIME (A DISTINCT MOOD FOR AT LEAST A WEEK, OR HOSPITALIZATION WAS NECESSARY).
AND: IF POSSIBLE: FOCUS ON THE ONE-WEEK PERIOD WHEN PSYCHOTIC SYMPTOMS AND MANIC MOOD SYMPTOMS CO-OCCURRED IN ASKING REMAINING ITEMS.

B) IF NO: GO ON TO COMPLETE **C. DIFFERENTIAL DIAGNOSES**

IF THE PERSON HAS NOT MET CRITERIA FOR MANIC MOOD:

GO ON TO COMPLETE **C. DIFFERENTIAL DIAGNOSES**

A100

A101

FOCUS ON THE WORST PERIOD.

IF UNCLEAR: During (episode), when were you the most (OWN WORDS FOR MANIA)?

B. During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:

During that time ...

... how did you feel about yourself? (1) inflated self-esteem or grandiosity 1 2 3 _ 8 9 A085
 (Did you feel more self-confident than usual?) (Did you feel like you had any special powers or abilities?)

... did you need less sleep than usual? (2) decreased need for sleep (e.g., feels rested after only three hours of sleep) 1 2 3 _ 8 9 A086
 IF YES: Did you still feel rested?

... were you much more talkative than usual? (Did people have trouble stopping you or understanding you? Did people have trouble getting a word in edgewise?) (3) more talkative than usual or pressure to keep talking 1 2 3 _ 8 9 A087

... were your thoughts racing through your head?

(4) flight of ideas or subjective experience that thoughts are racing

1 2 3 _ 8 9

A088

... were you so easily distracted by things around you that you had trouble concentrating or staying on one track?

(5) distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)

1 2 3 _ 8 9

A089

... how did you spend your time? (Work, friends, hobbies?) (Were you so active that your friends or family were concerned about you?)

(6) increase in goal-directed activity (either socially, at work or school, or sexuality) or psychomotor agitation

1 2 3 _ 8 9

A090

IF NO INCREASED ACTIVITY:
Were you physically restless?
(How bad was it?)

Check if:

___ increase in activity

___ psychomotor agitation

During that time ...

... did you do anything that could have caused trouble for you or your family? (Buying things you didn't need?) (Anything sexual that was unusual for you?) (Reckless driving?)

(7) excessive involvement in pleasurable activities which have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)

1 2 3 _ 8 9

A091

AT LEAST THREE "B" SXS ARE CODED "3" (FOUR IF MOOD ONLY IRRITABLE).

1 2 3 _ 8 9

A092

Note: DSM-IV criterion C (i.e., does not meet criteria for a Mixed Episode) has been omitted from the SCID.

IF NOT KNOWN: At that time, did you have serious problems at home, or at work (school) because you (were/had) (SYMPTOMS) or did you have to go into a hospital?

(D) the mood disturbance is sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others, or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.

1 2 3 _ 8 9

A093

DESCRIBE:

Just before this began, were you taking any medications?

E. The symptoms are not due to the direct physiological effects of a substance (i.e., a drug of abuse, medication)

1 2 3 _ 8 9

A094

IF YES: Any change in the amount you were taking?

Just before this began, were you drinking or using any street drugs?

Just before this began, were you physically ill?

... or to a general medical condition

1 2 3 _ 8 9

A095

IF YES: What did the doctor say?

IF THERE IS ANY INDICATION THAT MANIA MAY BE SECONDARY, I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, GO TO ***GMS/SUBSTANCE.*** A. 17, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

NOTE: MANIC-LIKE EPISODES THAT ARE CLEARLY CAUSED BY SOMATIC ANTIDEPRESSANT TREATMENT (E.G., MEDICATION, ECT, LIGHT THERAPY) SHOULD NOT COUNT TOWARD A DIAGNOSIS OF BIPOLAR I DISORDER BUT ARE CONSIDERED SUBSTANCE-INDUCED MOOD DISORDERS, ??.

Etiological general medical conditions include:

degenerative neurological illnesses (e.g., Huntington's disease, multiple sclerosis), cerebrovascular disease (e.g., stroke), metabolic conditions (e.g., Vitamin B-12 deficiency, Wilson's disease), endocrine conditions (e.g., hyperthyroidism), viral or other infections, and certain cancers (e.g., cerebral neoplasms).

Etiological substances include:

alcohol, amphetamines, cocaine, hallucinogens, inhalants, opioids, phencyclidine, sedatives, hypnotics, and anxiolytics. Medications include psychotropic medications (e.g., antidepressants), corticosteroids, anabolic steroids, isoniazid, antiparkinson medication (e.g., levadopa), and sympathomimetics/decongestants

GMC/SUBSTANCE CAUSING MOOD SYMPTOMS

MOOD DISORDER DUE TO A GENERAL MEDICAL CONDITION

MOOD DISORDER DUE TO A GENERAL MEDICAL CONDITION CRITERIA

IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH A GENERAL MEDICAL CONDITION, CHECK HERE ___ AND GO TO ***SUBSTANCE-INDUCED MOOD DISORDER,*** A. 19.

A069

CODE BASED ON INFORMATION ALREADY OBTAINED

A. A prominent and persistent disturbance in mood predominates in the clinical picture and is characterized by either (or both) of the following:

(1) depressed mood or markedly diminished interest or pleasure in all, or almost all, activities 1 2 3 _ 8 9

A070

(2) elevated, expansive, or irritable mood 1 2 3 _ 8 9

A071

Do you think your (MOOD SXS) were in any way related to your (COMORBID GENERAL MEDICAL CONDITION) ?

B./C. There is evidence from the history, physical examination, or laboratory findings that the disturbance is the direct physiological consequence of a general medical condition and the disturbance is not better accounted for by another mental disorder (e.g., Adjustment Disorder With Depressed Mood, in response to the stress of having a general medical condition).

1 2 3 _ 8 9

A072

IF YES: Tell me how.

GO TO ***SUBSTANCE INDUCED*** A 19

(Did the [MOOD SXS] start or get much worse only after [COMORBID GENERAL MEDICAL CONDITION] began?)

IF YES AND GMC HAS RESOLVED: Did the (MOOD SXS) get better once the (COMORBID GENERAL MEDICAL CONDITION) got better?

THE FOLLOWING FACTORS SHOULD BE CONSIDERED AND SUPPORT THE CONCLUSION THAT THE GMC IS ETIOLOGIC TO THE MOOD SYMPTOMS:

1) THERE IS EVIDENCE FROM THE LITERATURE OF A WELL-ESTABLISHED ASSOCIATION BETWEEN THE GMC AND MOOD SYMPTOMS.

DESCRIBE:

2) THERE IS A CLOSE TEMPORAL RELATIONSHIP BETWEEN THE COURSE OF THE MOOD SYMPTOMS AND THE COURSE OF THE GENERAL MEDICAL CONDITION.

DESCRIBE:

3) THE MOOD SYMPTOMS ARE CHARACTERIZED BY UNUSUAL PRESENTING FEATURES (E.G., LATE AGE AT ONSET).

DESCRIBE:

4) THE ABSENCE OF ALTER-NATIVE EXPLANATIONS (E.G., MOOD SYMPTOMS AS A PSYCHOLOGICAL REACTION TO THE GMC).

DESCRIBE:

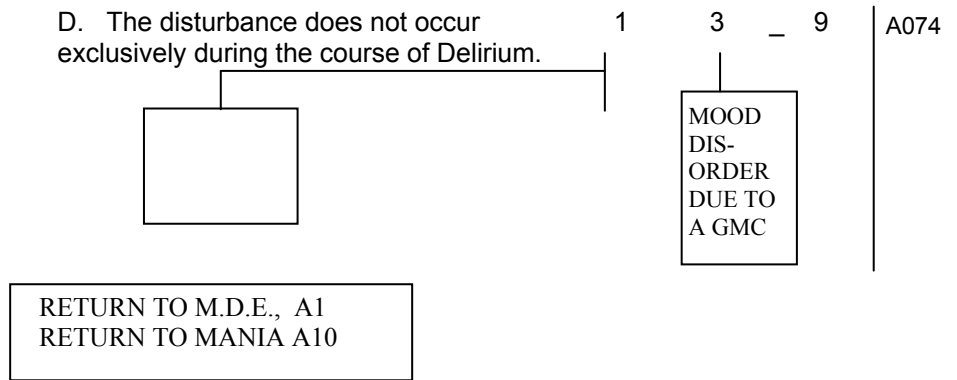
IF UNCLEAR: How much did (MOOD SYMPTOMS) interfere with your life?

E. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

1 2 3 _ 8 9

GO TO
*SUB-
STANCE
INDUCED*
A19

A073



SUBSTANCE-INDUCED MOOD DISORDER

SUBSTANCE-INDUCED MOOD DISORDER CRITERIA

IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH SUBSTANCE, CHECK HERE ___ AND RETURN TO EPISODE BEING EVALUATED.

A075

CODE BASED ON INFORMATION ALREADY OBTAINED.

A. A prominent and persistent disturbance in mood predominates in the clinical picture and is characterized by one (or both) of the following:

(1) depressed mood or markedly diminished interest or pleasure in all, or almost all, activities

1 2 3 _ 8 9

A076

(2) elevated, expansive or irritable mood

1 2 3 _ 8 9

A077

IF NOT KNOWN: When did the (MOOD SYMPTOMS) begin? Were you already using (SUBSTANCE) or had you just stopped or cut down your use?

B. There is evidence from the history, physical examination or laboratory findings that either (1) the symptoms in A developed during or within a month of substance intoxication or withdrawal, or (2) medication use is etiologically related to the disturbance

1 2 3 _ 8 9

A078

NOT SUBSTANCE INDUCED. RETURN TO EPISODE BEING EVALUATED

Do you think your (MOOD SXS) are in any way related to your (SUBSTANCE USE)?

C. The disturbance is not better accounted for by a Mood Disorder that is not substance-induced. Evidence that the symptoms are better accounted for by a Mood Disorder that is not substance-induced might include:

1 2 3 _ 8 9

A079

NOT SUBSTANCE INDUCED. RETURN TO EPISODE BEING EVALUATED

IF YES: Tell me how.

ASK ANY OF THE FOLLOWING QUESTIONS AS NEEDED TO RULE OUT A NON-SUBSTANCE-INDUCED ETIOLOGY

IF UNKNOWN: Which came first, the (SUBSTANCE USE) or the (MOOD SYMPTOMS)?

1) the mood symptoms precede the onset of the Substance Abuse or Dependence (or medication use)

IF UNKNOWN: Have you had a period of time when you stopped using (SUBSTANCE)?

IF YES: After you stopped using (SUBSTANCE) did the (MOOD SXS) get better?

IF UNKNOWN: How much of (SUBSTANCE) were you using when you began to have (MOOD SYMPTOMS)?

IF UNKNOWN: Have you had any other episodes of (MOOD SYMPTOMS)?

IF YES: How many? Were you using (SUBSTANCES) at those times?

IF UNKNOWN: How much did (MOOD SYMPTOMS) interfere with your life?

2) the mood symptoms persist for a substantial period of time (e.g., about a month) after the cessation of acute withdrawal or severe intoxication

3) the mood symptoms are substantially in excess of what would be expected given the type, duration or amount of the substance used

4) there is evidence suggesting the existence of an independent non-substance-induced Mood Disorder (e.g. , a history of recurrent Major Depressive Episodes)

E. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

1 2 3 _ 8 9

RETURN TO EPISODE BEING EVALUATE

A080

D. The disturbance does not occur exclusively during the course of Delirium.

1 3 _ 9

SUBSTANCE INDUCED DELERIUUM

SUBSTANCE INDUCED MOOD DISORDER

A081

RETURN TO EPISODE BEING EVALUATED.

C. DIFFERENTIAL DIAGNOSIS OF PSYCHOTIC DISORDERS

NOTE: BOTH PRIMARY PSYCHOTIC SYMPTOMS AND PSYCHOTIC SYMPTOMS THAT ARE SUBSTANCE-INDUCED OR DUE TO A GENERAL MEDICAL CONDITION MAY BE PRESENT IN THE SAME INDIVIDUAL AT THE SAME TIME. THIS MAY REQUIRE MULTIPLE 'PASSES' THROUGH THE ALGORITHMS IN THIS MODULE.

IF: ALL PSYCHOTIC SYMPTOMS IN MODULE B. ARE DUE TO A SUBSTANCE OR A GENERAL MEDICAL CONDITION, GO TO ***GMC/SUBSTANCE***, C13

IF: THERE ARE NO ITEMS CODED "3" IN **B. PSYCHOTIC AND ASSOCIATED SYMPTOMS**, CHECK HERE ___ AND END THE INTERVIEW.

C002

IF A MAJOR DEPRESSIVE OR MANIC EPISODE HAS EVER BEEN PRESENT: Has there been a time when you had (PSYCHOTIC SXS) and you were not (DEPRESSED/MANIC)?

Psychotic symptoms occur at times other than during Major Depressive, Manic, or Mixed episodes.

1 2 3 _ 8 9

C003

NOTE: CODE "3" IF NO MAJOR DEPRESSIVE, MANIC, OR MIXED EPISODES OR IF SOME PSYCHOTIC SYMPTOMS OCCUR OUTSIDE OF MOOD EPISODES. CODE "1" ONLY IF PSYCHOTIC SXS OCCUR EXCLUSIVELY DURING MOOD EPISODES.

PSYCHOTIC MOOD DISORDER.
Obtain information on the course of illness and then end the interview

SCHIZOPHRENIA

SCHIZOPHRENIA CRITERIA

CHECK FOR PRESENCE OF ACTIVE PHASE SYMPTOMS

[NOTE: CRITERIA ARE IN DIFFERENT ORDER THAN IN DSM-IV.]

REFER TO ITEMS CODED "3" IN THE PSYCHOTIC AND ASSOCIATED SYMPTOMS MODULE.

A. Two (or more) of the following each present for a significant portion of time during a one month period (or less if successfully treated):

1 2 3 _ 8 9 C004

- (1) Delusions
- (2) Hallucinations
- (3) disorganized speech (e.g., frequent derailment or incoherence).
- (4) Grossly disorganized or catatonic behavior
- (5) Negative symptoms, i.e., affective flattening, alogia or avolition

GO TO *DELUSIONAL DISORDER,* C.8

[Note: Only one A symptom is required if delusions are bizarre or hallucinations consist of a voice keeping up a running commentary on the person's behavior or thoughts, or two or more voices conversing with each other.]

D. Schizoaffective disorder and Mood Disorder with Psychotic Features have been ruled out because either:

IF UNCLEAR: Has there ever been a time when you had (SXS FROM ACTIVE PHASE) at the same time that you were (down / high / irritable / OWN WORDS)?

(1) No Major Depressive, Manic, or Mixed episodes have occurred concurrently with the active phase symptoms (i.e., the "A" symptoms listed above).

1 2 3 _ 8 9

C005

NOTE: CODE "3" IF NEVER ANY MAJOR DEPRESSIVE OR MANIC EPISODES OR IF ALL MAJOR DEPRESSIVE AND MANIC EPISODES OCCURRED DURING THE PRODROMOL OR RESIDUAL PHASE. CODE "1" IF ANY MOOD EPISODES OVERLAP WITH PSYCHOTIC SYMPTOMS.

NOTE: BECAUSE OF THE DIFFICULTY IN DISTINGUISHING THE PRODROMAL AND RESIDUAL SYMPTOMS OF SCHIZOPHRENIA FROM A MAJOR DEPRESSIVE SYNDROME, THE RATER SHOULD RECONSIDER ANY PREVIOUSLY CODED MAJOR DEPRESSIVE EPISODE TO BE SURE IT IS UNEQUIVOCAL.

IF UNCLEAR: How much of the time that you have had (SXS FROM ACTIVE AND RESIDUAL PHASES) would you say you have also been (depressed / high / irritable / OWN WORDS)?

2) The total duration of mood episodes [occurring during the disturbance] has been brief relative to the total duration of the active and residual phases.

1 2 3 _ 8 9

C006

NOTE: CODE "1" IF SYMPTOMS MEETING CRITERIA FOR A MAJOR DEPRESSIVE, MANIC, OR MIXED EPISODE HAVE BEEN PRESENT FOR A SUBSTANTIAL PORTION OF THE TOTAL DURATION OF THE ACTIVE AND RESIDUAL PHASES

GO TO *SCHIZO-AFFECTIVE DISORDER,* C. 7

NOW MAKE A DIFFERENTIAL DIAGNOSIS BETWEEN SCHIZOPHRENIA AND SCHIZOPHRENIFORM DISORDER

IF UNCLEAR: Between (MULTIPLE EPISODES) were you back to your normal self? How long did each episode last?

C. Continuous signs of the disturbance persist for at least six months. This six-month period must include at least one month of symptoms that meet criterion A (i.e., active phase symptoms), and may include periods of prodromal or residual symptoms. During these prodromal or residual periods, the signs of the disturbance may be manifested by only negative sx's (i.e., affective flattening, alogia, avolition) or two or more symptoms listed in criterion A present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).

1 2 3 _ 8 9 | C007

GO TO SCHIZO-PHRENI-FORM DISORDER C6

IF NOT ALREADY KNOWN: When you (HAD "A" CRITERION SXS), were you (working, having a social life, taking care of yourself)?

B. For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relations or self-care is markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, failure to achieve expected level of interpersonal, academic or occupational achievement).

1 2 3 _ 8 9 | C008

[Empty box for response]

IF NOT KNOWN: Were you taking any drugs or medicines during this time?

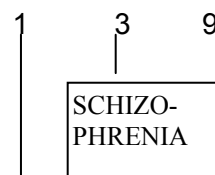
IF NOT KNOWN: Were you physically ill at this time?

E. the disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or to a general medical condition (Go to **C5**.)

IF THERE IS ANY INDICATION THAT THE PSYCHOTIC SXS MAY BE SECONDARY, I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE GO TO ***GMC/SUBSTANCE*, C13**

Etiological general medical conditions include: neurological conditions (e.g., neoplasms, cerebrovascular disease, Huntington’s disease, epilepsy, auditory nerve injury, deafness, migraine, central nervous system infections); endocrine conditions (e.g. hyper- and hypothyroidism, hyper- and hypoparathyroidism, hypocortisolism); metabolic conditions (e.g., hypoxia, hypercarbia, hypoglycemia); fluid or electrolyte imbalances; hepatic or renal diseases; and autoimmune disorders with central nervous system involvement (e.g., systemic lupus erythematosus).

Etiological substances include: alcohol, amphetamine, cannabis, cocaine, hallucinogens, inhalants, opioids (meperidine), phencyclidine, sedatives, hypnotics, anxiolytics, and other or unknown substances.



C009

SCHIZOPHRENIFORM DISORDER

SCHIZOPHRENIA HAS BEEN RULED OUT BECAUSE THE DURATION IS LESS THAN SIX MONTHS.

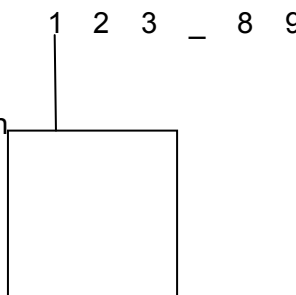
IF NOT KNOWN: How long did (PSYCHOTIC SXS) last?

IF NOT KNOWN: Were you taking any drugs or medications during this time?

IF NOT KNOWN: Were you physically ill at this time?

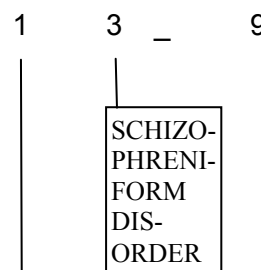
SCHIZOPHRENIFORM DISORDER CRITERIA

B. An episode of the disorder (including prodromal, active and residual phases) lasts at least one month but less than six months.



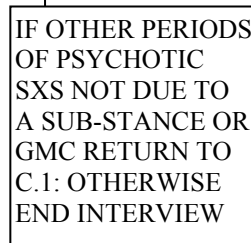
C010

C. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or to a general medical



C011

IF THERE IS ANY INDICATION THAT THE PSYCHOTIC SXS MAY BE SECONDARY, I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE GO TO ***GMC/SUBSTANCE*, C13**



REFER TO LIST (see previous page) OF GENERAL MEDICAL CONDITIONS AND SUBSTANCES, **C5**

SCHIZOAFFECTIVE DISORDER

SCHIZOPHRENIA AND SCHIZOPHRENIFORM DISORDER HAVE BEEN RULED OUT BECAUSE OF PROMINENT MOOD SYMPTOMS. CONSIDER A DIAGNOSIS OF SCHIZOAFFECTIVE DISORDER.

SCHIZOAFFECTIVE DISORDER CRITERIA

A. An uninterrupted period of illness during which, at some time, there is either a Major Depressive Episode (which must include A(1) depressed mood), a Manic or a Mixed episode concurrent with symptoms that meet criterion A for Schizophrenia .

1 2 3 _ 8 9

GO TO *PSYCHOTIC DISORDER NOS,* C. 12

C012

Note: The Major Depressive Episode must include criterion A(1): depressed mood.

IF NOT ALREADY KNOWN: Have there been any times when you had (PSYCHOTIC SXS) when you were not (MANIC OR DEPRESSED)?

B. During the same period of illness, there have been delusions or hallucinations for at least two weeks in the absence of prominent mood symptoms.

1 2 3 _ 8 9

PSYCHOTIC MOOD DISORDER -- END INTERVIEW.

C013

C. Symptoms that meet criteria for a mood episode are present for a substantial portion of the total duration of the active and residual periods of the illness

1 2 3 _ 8 9

GO TO *PSYCHOTIC DISORDER NOS* C. 12

C014

IF NOT KNOWN: Were you taking any drugs or medicines during this time?

D. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or to a general medical condition.

1 3 _ 9

SCHIZOAFFECTIVE DISORDER

C015

IF NOT KNOWN: Were you physically ill at this time?

(What did the doctor say?)

Describe:

IF THERE IS ANY INDICATION THAT THE PSYCHOTIC SXS MAY BE SECONDARY, I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE GO TO *GMC/SUBSTANCE*, C13

DUE TO SUBSTANCE OR GMC; IF OTHER PERIODS OF PSYCHOTIC SXS NOT DUE TO A SUBSTANCE OR GMC RETURN TO C. 1; OTHERWISE END INTERVIEW

REFER TO LIST OF GENERAL MEDICAL CONDITIONS AND SUBSTANCES, C5

DELUSIONAL DISORDER

DELUSIONAL DISORDER CRITERIA

SCHIZOPHRENIA, SCHIZOPHRENIFORM, AND SCHIZOAFFECTIVE DISORDER HAVE BEEN RULED OUT

NOTE: THE ORDER OF THE CRITERIA BELOW DIFFERS FROM THAT IN DSM-IV.

IF UNCLEAR: Has there ever been a time when you have been (DELUSIONAL) at the same time that you were (depressed / high / irritable / OWN WORDS)?

D. (1) There are no Major Depressive, Manic, or Mixed episodes have occurred concurrently with delusions.

1 2 3 _ 8 9 C016

CONTINUE ON NEXT PAGE

NOTE: CODE "3" IF THERE HAVE NEVER BEEN ANY MAJOR DEPRESSIVE, MANIC OR MIXED EPISODES OR IF ALL MOOD EPISODES OCCURRED AT TIMES OTHER THAN DURING DELUSIONAL PERIODS. CODE "1" IF THERE HAS BEEN A PERIOD OF OVERLAP WITH DELUSIONS

IF UNCLEAR: How much of the time that you have had (DELUSIONS) would you say you have also been (depressed / high / irritable / OWN WORDS)?

D. (2) The total duration of all mood episodes occurring concurrently with delusions has been brief relative to the duration of the delusional periods.

1 2 3 _ 8 9 C017

CONTINUE ON NEXT PAGE

NOTE: CODE "1" IF SYMPTOMS MEETING CRITERIA FOR A MOOD EPISODE ARE PRESENT OFR A SUBSTANTIAL PORTION OF THE TOTAL DURATION OF THE DISTURBANCE.

IF UNCLEAR: Have you had (DELUSIONS) only at times when you were (depressed / high / irritable / OWN WORDS)?

Psychotic symptoms occur exclusively during Major Depressive, Manic, and Mixed episodes.

1 2 3 _ 8 9 C018

PSYCHOTIC MOOD DISORDER

A. Nonbizarre delusions (i.e., involving situations that occur in real life, such as being followed, poisoned, infected, loved at a distance, having a disease, or being deceived by one's spouse or love) of at least one month's duration. 1 2 3 _ 8 9 C019

GO TO
***BRIEF
PSYCHOTIC
DISORDER***
C. 10

B. Has never met criterion A for Schizophrenia. Note: Tactile and olfactory hallucinations may be present in delusional Disorder if they are related to the delusional theme. 1 2 3 _ 8 9 C020

GO TO
***PSYCHOTIC
DISORDER
NOS,***
C. 12

NOTE: CODE "3" IF OTHER ACTIVE PHASE SYMPTOMS OF SCHIZOPHRENIA (E.G., HALLUCINATIONS) ARE NOT SIGNIFICANT (I.E., LAST LESS THAN ONE MONTH)

C. Apart from the impact of the delusion(s) or its ramifications, functioning is not markedly impaired and behavior is not obviously odd or bizarre. 1 2 3 _ 8 9 C021

GO TO
***PSYCHOTIC
DISORDER
NOS,* C. 12**

IF NOT KNOWN: Were you taking any drugs or medicines during this time?

IF NOT KNOWN: Were you physically ill at this time?

(What did the doctor say?)

E. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or to a general medical condition. 1 3 _ 9 C046

DELUSIONAL
DISORDER

Describe:

IF THERE IS ANY INDICATION THAT THE DELUSIONS MAY BE SECONDARY, I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE GO TO ***GMC/SUBSTANCE*, C13**

DUE TO GMC/SUB; IF OTHER PERIODS OF PSYCHOTIC SXS NOT DUE TO A SUBSTANCE OR GMC RETURN TO C. 1; OTHERWISE END INTERVIEW

REFER TO LIST OF GENERAL MEDICAL CONDITIONS AND SUBSTANCES, **C5**

BRIEF PSYCHOTIC DISORDER

BRIEF PSYCHOTIC DISORDER CRITERIA

A. Presence of one (or more) of the following symptoms: 1 2 3 _ 8 9 C022

- (1) delusions
- (2) hallucinations
- (3) disorganized speech (e.g., frequent derailment or incoherence).
- (4) grossly disorganized or catatonic behavior

GO TO
PSYCHOTIC DISORDER NOS
C. 12

IF NOT KNOWN: Were you taking any drugs or medicines during this time?

C. (2) The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or to a general medical condition. 1 3 _ 9 C023

IF NOT KNOWN: Were you physically ill at this time?

Describe:

(What did the doctor say?)

IF THERE IS ANY INDICATION THAT THE DELUSIONS MAY BE SECONDARY, I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE GO TO ***GMC/SUBSTANCE*, C13**

DUE TO GMC/SUB IF OTHER PERIODS OF PSYCHOTIC SXS NOT DUE TO A SUBSTANCE OR GMC RETURN TO C. 1; OTHERWISE GO TO END OF INTERVIEW

REFER TO LIST OF GENERAL MEDICAL CONDITIONS AND SUBSTANCES, **C5**

B. Duration of an episode if the disturbance is at least one day, but less than one month, with an eventual full return to premorbid level of functioning.

1	2	3	_	8	9	C024
GO TO *PSYCHOTIC DISORDER NOS* C. 12						

C. (1) Not better accounted for by a Mood disorder (i.e., no full mood episode is present)

NOTE: CODE "3" IF NO MOOD EPISODES.

1	2	3	_	8	9	C025
BRIEF PSYCHOTIC DISORDER						

Symptoms occur shortly after and apparently in response to events that, singly or together, would be markedly stressful to almost anyone in similar circumstances in the person's culture.

DESCRIBE STRESSOR:

1	2	3	_	8	9	C026

NOTE: CHECK HERE IF ONSET WITHIN 4 WEEKS POSTPARTUM

_____						C027
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PSYCHOTIC DISORDER NOS

NOTE: If psychotic symptoms have been present but are not diagnostically significant, code "1" (i.e., do not diagnose Psychotic Disorder NOS), for example recurrent 'hallucinations' of name being called.

PSYCHOTIC DISORDER NOS

This category should be used to diagnose psychotic symptomatology (i.e., delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior) about which there is inadequate information to make a specific diagnosis, or about which there is contradictory information, or disorders with psychotic symptoms that do not meet the criteria for any specific psychotic disorder defined above.

Indicate type:

- 1 Postpartum psychosis that does not meet criteria for Mood disorder with Psychotic Features, Brief Psychotic Disorder, Psychotic disorder due to a GMC, or a substance-Induced psychotic disorder.
- 2 Psychotic symptoms that have lasted for less than one month but have not yet remitted so that the criteria for Brief Psychotic disorder are not met.
- 3 Persistent auditory hallucinations in the absence of any other features.
- 4 Persistent nonbizarre delusions with periods of overlapping mood episodes that have been represent for a substantial portion of the delusional disturbance.
- 5 Situations in which the clinician has concluded that a psychotic disorder is present but is unable to determine whether it is primary, due to a general medical condition, or substance-induced.
- 6 Other (describe):

1 2 3 _ 8 9

C028

C029

C030

C031

C032

C033

C034

1=absent or false 2=subthreshold 3=threshold or true _ 8=clearly due to medical condition 9=inadequate information

GMC/SUBSTANCE CAUSING PSYCHOTIC SYMPTOMS

PSYCHOTIC DISORDER DUE TO A GENERAL MEDICAL CONDITION

PSYCHOTIC DISORDER DUE TO A GENERAL MEDICAL CONDITION CRITERIA

IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH A GENERAL MEDICAL CONDITION, CHECK HERE ___ AND GO TO ***SUBSTANCE-INDUCED PSYCHOTIC DISORDER,*** C 16.

C035

CODE BASED ON INFORMATION ALREADY OBTAINED

A. Prominent hallucinations or delusions 1 2 3 _ 8 9

C036

Do you think your (DELUSIONS / HALLUCINATIONS) were in any way related to your (COMORBID GENERAL MEDICAL CONDITION) ?

B./C. There is evidence from the history, physical examination, or laboratory findings that the disturbance is the direct physiological consequence of a general medical condition and the disturbance is not better accounted for by another mental disorder 1 2 3 _ 8 9

C037

IF YES: Tell me how.

GO TO ***SUBSTANCE INDUCED*** C 16

(Did the [DELUSIONS / HALLUCINATIONS] start or get much worse only after [COMORBID GENERAL MEDICAL CONDITION] began?)

IF YES AND GMC HAS RESOLVED: Did the (DELUSIONS / HALLUCINATIONS) get better once the (COMORBID GENERAL MEDICAL CONDITION) got better?

THE FOLLOWING FACTORS SHOULD BE CONSIDERED AND SUPPORT THE CONCLUSION THAT THE GMC IS ETIOLOGIC TO THE PSYCHOTIC SYMPTOMS:

1) THERE IS EVIDENCE FROM THE LITERATURE OF A WELL-ESTABLISHED ASSOCIATION BETWEEN THE GMC AND PSYCHOTIC SYMPTOMS.

DESCRIBE:

2) THERE IS A CLOSE TEMPORAL RELATIONSHIP BETWEEN THE COURSE OF THE PSYCHOTIC SYMPTOMS AND THE COURSE OF THE GENERAL MEDICAL CONDITION.

DESCRIBE:

3) THE PSYCHOTIC SYMPTOMS ARE CHARACTERIZED BY UNUSUAL PRESENTING FEATURES (E.G., LATE AGE AT ONSET).

DESCRIBE:

4) THE ABSENCE OF ALTERNATIVE EXPLANATIONS (E.G., PSYCHOTIC SYMPTOMS AS A PSYCHOLOGICAL REACTION TO THE GMC).

DESCRIBE:

IF UNCLEAR: How much did (PSYCHOTIC SYMPTOMS) interfere with your life?

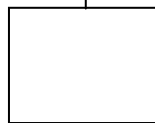
E. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

1 2 3 _ 8 9 C038

GO TO *SUB-STANCE INDUCED* C 16

D. The disturbance does not occur exclusively during the course of Delirium.

1 3 _ 9 C039



PSYCHOTIC DISORDER DUE TO A GMC

CONTINUE ON NEXT PAGE

SUBSTANCE-INDUCED PSYCHOTIC DISORDER

SUBSTANCE-INDUCED PSYCHOTIC DISORDER CRITERIA

IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH SUBSTANCE, CHECK HERE ___ AND RETURN TO EPISODE BEING EVALUATED.

C040

CODE BASED ON INFORMATION ALREADY OBTAINED.

A. Prominent hallucinations or delusions
Note: Do not include hallucinations if the person has insight that they are substance-induced.

1 2 3 _ 8 9

C041

IF NOT KNOWN: When did the (DELUSIONS / HALLUCINATIONS SYMPTOMS) begin? Were you already using (SUBSTANCE) or had you just stopped or cut down your use?

B. There is evidence from the history, physical examination or laboratory findings that either (1) the symptoms in A developed during or within a month of substance intoxication or withdrawal, or (2) medication use is etiologically related to the disturbance

1 2 3 _ 8 9

C042

NOT SUBSTANCE INDUCED. RETURN TO EPISODE BEING EVALUATED

Do you think your (DELUSIONS / HALLUCINATIONS) are in any way related to your (SUBSTANCE USE)?

C. The disturbance is not better accounted for by a Psychotic Disorder that is not substance-induced. Evidence that the symptoms are better accounted for by a Psychotic Disorder that is not substance-induced might include:

1 2 3 _ 8 9

C043

NOT SUBSTANCE INDUCED. RETURN TO EPISODE BEING EVALUATED

IF YES: Tell me how.

ASK ANY OF THE FOLLOWING QUESTIONS AS NEEDED TO RULE OUT A NON-SUBSTANCE-INDUCED ETIOLOGY

IF UNKNOWN: Which came first, the (SUBSTANCE USE) or the (PSYCHOTIC SYMPTOMS)?

1) the psychotic symptoms precede the onset of the Substance Abuse or Dependence (or medication use)

IF UNKNOWN: Have you had a period of time when you stopped using (SUBSTANCE)?

IF YES: After you stopped using (SUBSTANCE) did the (DELUSIONS / HALLUCINATIONS) get better or were you still having DELUSIONS / HALLUCINATIONS?

IF UNKNOWN: How much of (SUBSTANCE) were you using when you began to have (DELUSIONS / HALLUCINATIONS)?

IF UNKNOWN: Have you had any other episodes of (DELUSIONS / HALLUCINATIONS)?

IF YES: How many? Were you using (SUBSTANCES) at those times?

IF UNKNOWN: How much did (DELUSIONS / HALLUCINATIONS) interfere with your life?

2) the psychotic symptoms persist for a substantial period of time (e.g., about a month) after the cessation of acute withdrawal or severe intoxication

3) the psychotic symptoms are substantially in excess of what would be expected given the type, duration or amount of the substance used

4) there is evidence suggesting the existence of an independent non-substance-induced Psychotic Disorder (e.g. , a history of recurrent non-substance-related psychotic episodes).

E. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

1 2 3 _ 8 9

RETURN TO EPISODE BEING EVALUATE

C044

D. The disturbance does not occur exclusively during the course of Delirium.

1 3 _ 9

SUBSTANCE INDUCED DELERIUUM

SUBSTANCE INDUCED PSYCHOTIC DISORDER

C045

RETURN TO EPISODE BEING EVALUATED.

G.A.F. SCORE: _____ (SEE NEXT PAGE.)

DSM-IV Axis V: Global Assessment of Functioning (G.A.F.) Scale

Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations.

Indicate appropriate code for the LOWEST level of functioning during the week of POOREST functioning in the past 12 months. (Use intermediate level when appropriate, e.g., 45, 68, 72.) Note: Make a rating of 0 if inadequate information.

- 100 Superior functioning in a wide range of activities, life's problems
 | never seem to get out of hand, is sought out by others because of
 91 his or her many positive qualities. No symptoms.
- 90 Absent or minimal symptoms (e.g., mild anxiety before an exam), good func-
 | tioning in all areas, interested and involved in a wide range of activities,
 | socially effective, generally satisfied with life, no more than everyday
 81 problems or concerns (e.g., an occasional argument with family members).
- 80 If symptoms are present, they are transient and expectable reactions to
 | psychosocial stressors (e.g., difficulty concentrating after family
 | argument), no more than slight impairment in social, occupational, or
 71 school functioning (e.g., temporarily falling behind in school work).
- 70 Some mild symptoms (e.g., depressed mood and mild insomnia) OR some
 | difficulty in social, occupational, or school functioning (e.g., occa-
 | sional truancy, or absences from work), but generally functioning
 61 pretty well, has some meaningful interpersonal relationships.
- 60 Moderate symptoms (e.g., flat affect and circumstantial speech, occasional
 | panic attacks) OR moderate difficulty in social, occupational, or school
 51 functioning (e.g., new friends, conflicts with workers).
- 50 Serious symptoms (e.g., suicidal ideation, several obsessional rituals,
 | frequent shoplifting) OR any serious impairment in social, occupational,
 41 or school functioning (e.g., no friends, unable to keep a job).
- 40 Some impairment in reality testing or communication (e.g., speech is at times
 | illogical, obscure, or irrelevant) OR major impairment in several areas. Such
 | as work or school, family relations, judgment, thinking, or mood (e.g., depressed
 | man avoids friends, neglects family, and is unable to work; child frequently
 31 beats up younger children, is defiant at home, and is failing in school).
- 30 Behavior is considerably influenced by delusions or hallucinations OR
 | serious impairment in communication or judgement (e.g., sometimes incoherent,
 | acts grossly inappropriately, suicidal occupation) OR inability to function
 21 in almost all areas (e.g., stay in bed all day; no job, home, or friends).
- 20 Some danger of hurting self or others (e.g., suicide attempts without clear
 | expectation of death, frequently violent, manic excitement) OR occasionally
 | fails to maintain minimal personal hygiene (e.g., smears feces) OR gross
 11 impairment in communication (e.g., largely incoherent or mute).
- 10 Persistent danger of severely hurting self or others (e.g., recurrent
 | violence) OR persistent inability to maintain minimal personal hygiene OR serious suicide act
 with clear expectation of death

NOTES ON THIS INTERVIEW

1. Was this interview completed? YES NO

If not, why was it interrupted?

Was it rescheduled? YES NO

Day Month Year

2. Were there any unusual circumstances or aspects of the interview situation that affected R's answers?

Please describe:

3. Are you satisfied that this was a valid interview? YES NO

If not, why not?

4. Please list any other factors that you think affected R's responses or your coding.

5. What is the principal AXIS-I diagnosis? (This is not a formal diagnosis or based on counting SCID criteria. It is your impression at this point.)

PLEASE DESCRIBE THE COURSE OF ILLNESS:

I.E. OUTLINE THE TEMPORAL RELATIONSHIPS BETWEEN PERIODS OF MOOD EPISODES AND PSYCHOTIC EPISODES.