Attachment V

Follow-up SCID Interview Content

OMB # 0930-0110
Expiration Date: 01-31-12
V.6, 3/4/11

STRUCTURED CLINICAL INTERVIEW FOR DSM-IV AXIS I DISORDERS (SCID-I)

By

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MODIFIED BY RTI INTERNATIONAL

FOR

2011 NATIONAL SURVEY ON DRUG USE AND HEALTH

MENTAL HEALTH SURVEILLANCE STUDY

SCID Transmittal Record			
Interviewer ID:		QuestID:	
		Date of Interview: _____/ _____/ _____ MM DD YY	
Date Shipped to RTI:	_____/ _____/ _____ MM DD YY	Date Received at RTI:	_____/ _____/ _____ MM DD YY
Clinical QC by:		Date of Clinical QC:	_____/ _____/ _____ MM DD YY
Edited by:		Date Edited:	_____/ _____/ _____ MM DD YY

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Introduction to Clinical Interview

Before you call, **be prepared**:

- Review the assignment information provided including the respondent name, telephone number, as well as the date of the initial interview.
- Have your schedule available (in case you need to schedule an appointment).
- Have all interviewing materials available.

VERIFY NUMBER AND LOCATE RESPONDENT

Hi, my name is _____ and I'm calling on behalf of the U.S. Public Health Service. Is this [PHONE NUMBER]?

YES: PROCEED BELOW
NO: I apologize. I need to double check my records. Thank you for your time. END CALL.

I'm trying to reach [FIRST NAME] who agreed to take part in a telephone interview we're conducting. May I speak to [FIRST NAME]?

IF R NOT HOME OR UNAVAILABLE

When would be a good time to call again? ENTER CODE 51 AND DETAILS IN CMS. Thank you for your time. END CALL.

IF R AVAILABLE

(Hi, my name is _____.)
You recently completed an interview in your home with an interviewer working on the National Survey on Drug Use and Health. I am the interviewer you were told would contact you for a follow-up telephone interview. Do you recall completing the first interview?

YES: PROCEED BELOW.
NO: VERIFY FIRST NAME OF PERSON YOU ARE SPEAKING TO.
IF NOT SPEAKING TO CORRECT RESPONDENT, ASK TO SPEAK TO RESPONDENT.

IF NAME IS CORRECT AND RESPONDENT DOESN'T RECALL INITIAL INTERVIEW, REMIND OF DATE OF INITIAL INTERVIEW.

IF CORRECT RESPONDENT STILL NOT FOUND: I apologize. I need to double check my records. Thank you for your time. END CALL. ENTER CODE 59 AND INVESTIGATE.

Are you in a place where you can safely talk on the phone and answer my questions?

YES: PROCEED
NO: Are you able to move to a place where you can safely talk?
YES: PAUSE, THEN CONTINUE
NO: When would be a good time to call again? ENTER CODE 50 AND DETAILS IN CMS. Thank you for your time. END CALL.

Is now a good time to complete this interview?

YES: PROCEED. BE SURE TO READ VERBATIM.
NO: When would be a good time to call again? ENTER CODE 50 AND DETAILS IN CMS. Thank you for your time. END CALL.

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PRIVACY

Because you may not want others to hear the responses to some of our questions, I'd like to be sure you're in a private area. Where are you right now? Are you at home, at work, or somewhere else? Are you in an area where you can answer these questions privately?

YES: PROCEED
NO: Please consider moving to a more private area. Do you need more time?
YES: PAUSE, THEN CONTINUE
NO: CONTINUE

INFORMED CONSENT

Before we begin, I would like to remind you of the study details. This study, sponsored by the United States Public Health Service, asks questions about various mental health issues such as depression, anxiety, post traumatic stress disorder, and substance dependence. Although there is no benefit to you personally, knowledge gained from this study will improve our ability to describe and understand mental health issues in the United States. While the interview has some personal questions, federal law keeps your answers private. The only exception to this promise of confidentiality is if you tell me that you intend to seriously harm yourself or someone else; in this situation I may need to notify a mental health professional or other authorities.

Your participation is voluntary. You may consider some of the questions to be sensitive in nature and some of the questions may also make you feel certain emotions, such as sadness. Remember that you can refuse to answer any questions that you do not want to answer, and you can stop the interview at any time. If you become upset at any time during the interview and wish to speak to a mental health professional about how you are feeling, I will provide you with the toll-free hotline numbers that are printed on your payment receipt from the first interview. It is important for you to keep in mind that I will not be providing you with a psychological diagnosis or any mental health advice or counseling. The information we are collecting today is only for research purposes.

These study details are also included on the Follow-up Study Description you received from the interviewer who met with you in your home. Do you have any questions before we begin?
ANSWER ANY RESPONDENT QUESTIONS.

Is it OK to continue with the interview?

YES: PROCEED TO NEXT PAGE
NO: BASED ON CONVERSATION:
What sort of concerns do you have about participating?
OR
Are there other questions that I could answer for you?

IF R STILL UNWILLING TO PARTICIPATE: Thank you for your time. END CALL.

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RECORDING PERMISSION

In order to ensure that I am conducting this interview accurately and properly, I would like to make an electronic audio recording of this interview. This is done strictly for quality control purposes. The recording will only be listened to by staff members on the project who have signed confidentiality pledges. The recording will be stored in a secure manner and will not contain your name—only a random number that will be assigned to this case. To help maintain confidentiality, we ask that you not give your name or any other identifying information, such as an address or place of business, during the interview. All recordings will be permanently destroyed within eighteen months after the end of the data collection period. You can still do the interview if you do not want me to record it.

Do you agree to allow me to record the interview?

YES: I will now begin recording. START RECORDING AND SAY: "This is [YOUR FIRST AND LAST NAME] conducting telephone interview [QUEST ID] on [DATE]."
NO: DON'T RECORD

Ok, let's get started.

CI NOTES:
IF ASKED AT ANY TIME BY A RESPONDENT WHETHER THE INTERVIEWER IS A DOCTOR, PSYCHIATRIST, PSYCHOLOGIST, SOCIAL WORKER, OR OTHER MENTAL HEALTH PROFESSIONAL, YOU MAY DISCLOSE THAT YOU HAVE MEDICAL OR PSYCHOLOGICAL TRAINING THAT ALLOWS YOU TO FULLY UNDERSTAND THE SURVEY.

HOWEVER, YOU SHOULD EXPLAIN THAT YOUR INVOLVEMENT IN THIS STUDY IS FOR RESEARCH PURPOSES ONLY AND IN NO WAY CONSTITUTES MEDICAL OR PSYCHOLOGICAL ADVICE, TREATMENT, OR DIAGNOSIS. EXPLAIN THAT THIS IS NOT THE NATURE OF THIS EFFORT.

IF RESPONDENT REQUESTS PSYCHOLOGICAL COUNSELING OR ADVICE OF ANY KIND, REFER HIM/HER TO THE NATIONAL LIFELINE. IF RESPONDENT IS INTERESTED IN CONTACTING THE LIFELINE, OFFER TO STAY ON THE PHONE AND CONNECT THEM VIA A THREE-WAY CALL.

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OVERVIEW

Interview Start Time: ___ ___ : ___ ___ AM/PM

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.

DEMOGRAPHIC DATA

SEX: 1 male 2 female OV1

What's your date of birth?

DOB: _____/ _____/ _____ (mm dd yyyy) OV2

Are you married?

IF NO: Have you ever been 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 OV3

Do you have any children?

IF YES: How many?
(What are their ages?)

_____

Where do you live?
(That is, do you live in a house, an apartment, or do you have some other living arrangement?)

_____

_____

Who do you live with?
(Do you live with family, friends, or roommates?)

EDUCATION AND WORK HISTORY

What's the highest grade or year of school you have completed?

EDUCATION: 1 grade 6 or less 2 grade 7 to 12 (without graduating high school) 3 graduated high school or high school equivalent 4 part college 5 graduated 2 year college 6 graduated 4 year college 7 part graduate/professional school 8 completed graduate/ professional school OV4

IF FAILED TO COMPLETE A PROGRAM IN WHICH THEY WERE ENROLLED: Why did you decide to leave school?

_____

_____

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

_____

_____

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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? How long has it been since you worked outside the home? 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: Why was that? _____

PAST PERIODS OF PSYCHOPATHOLOGY

(THE LIFE CHART ON PAGE VIII OF OVERVIEW MAY BE USED TO SUMMARIZE A COMPLICATED HISTORY OF PSYCHOPATHOLOGY AND TREATMENT.)

Have you ever seen anybody for emotional or psychiatric problems?

Treatment for emotional problems with a physician or mental health professional — 1 NO 3 YES — OV5

IF YES: What was that for? (What treatment(s) did you get? Any medications?) _____

_____

If OV5= 1, SKIP OV5a

IF NO: Was there ever a time when you received medication to help your mood, calm your nerves, or to help you sleep? _____

_____

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? _____

_____

IF NOT ALREADY KNOWN:

Did you receive any of the treatment you just mentioned in the past 12 months, that is since (this date), 2010?

Most recent mental health treatment — OV5a

1 Lifetime MH Treatment (not Past Year)
2 Past Year – Counseling Alone
3 Past Year - Meds alone
4 Past Year – Counseling and meds

NOTE: IF OV5a = 3 or 4, medi-cations should be listed at OV7a or OV7b

What about treatment for drugs or alcohol? _____

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Have you ever been a patient in a psychiatric hospital?

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.

Number of previous hospitalizations (Do not include transfers)

0
1
2
3
4
5 (or more)

OV6

IF OV6 = 0, SKIP OV6a and OV6b

Timing of most recent psychiatric hospitalization

1 Lifetime Psychiatric Hospitalizations (not Past Year)

2 Past Year Psychiatric Hospitalizations

OV6a

IF OV6a = 1, SKIP OV6b

Reasons for hospitalization in the past year

OV6b

Have you ever been in a hospital for treatment of a medical problem?

IF YES: What was that for?

Thinking back over your whole life, when were you the most upset?

(Why? What was that like? How were you feeling?)

When were you feeling the best you have ever felt?

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PSYCHOPATHOLOGY DURING PAST YEAR

Now I would like to ask you about the past year, that is since (CURRENT DATE) 2010. How have things been going for you?

Has anything happened that has been especially hard for you?

What about difficulties at work or with your family?

How has your mood been?

How has your physical health been? (Have you had any medical problems?) (USE THIS INFORMATION TO CODE AXIS III)

Thinking back over the past year, when were you the most upset?

(IF UNKNOWN:) Are you currently in a relationship?

IF YES: Tell me a little about that.

IF NO: How long has it been since you were in a relationship?

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Do you take any medications or vitamins?

IF YES: How much and how often do you take (MEDICATION)? (What is that medication for?) (Has there been any change in the amount you have been taking?)

Are there any medications that you have taken in the past year that you are not currently taking?

Psychotropic medications taken in the past year (but not currently) OV7a

Psychotropic medications taken currently OV7b

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

Have you been taking any drugs (in the past year)? (What about marijuana, cocaine, other street drugs?)

Have you (in the past year) gotten “hooked” on a prescribed medicine or taken a lot more of it than you were supposed to?

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CURRENT SOCIAL FUNCTIONING

How have you been spending your free time?

Who do you spend time with?

MOST LIKELY CURRENT DIAGNOSES:

DIAGNOSES THAT NEED TO BE RULED OUT:

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LIFE CHART

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

RETURN TO OVERVIEW PAGE iv, **PSYCHOPATHOLOGY DURING PAST YEAR.**

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SCID SCREENING MODULE

Now I want to ask you some more specific questions about problems you may have had. We'll go into more detail about them later.

RESPOND TO POSITIVE RESPONSES WITH: We'll talk more about that later.

1. In the past year, that is since (CURRENT DATE) 2010, have you had any panic attacks, when you <u>suddenly</u> felt frightened or anxious or <u>suddenly</u> developed a lot of physical symptoms?

   1 → CIRCLE "1" ON PAGE E.9 | 2 → | 3 → CIRCLE "3" ON PAGE E.9 — S1

2. In the past year, have you been afraid of going out of the house alone, being alone, being in a crowd, standing in a line, or traveling on buses or trains?

   1 → CIRCLE "1" ON PAGE E.15 | 2 → | 3 → CIRCLE "3" ON PAGE E.15 — S2

3. During the past year, has there been anything that you have been afraid to do or felt uncomfortable doing in front of other people, like speaking, eating, or writing?

   1 → CIRCLE "1" ON PAGE E.19 | 2 → | 3 → CIRCLE "3" ON PAGE E.19 — S3

4. In the past year have there been any other things that you've been especially afraid of, like flying, seeing blood, getting a shot, heights, closed places, or certain kinds of animals or insects?

   1 → CIRCLE "1" ON PAGE E.23 | 2 → | 3 → CIRCLE "3" ON PAGE E.23 — S4

5. In the past year have you been bothered by thoughts that didn't make any sense and kept coming back to you even when you tried not to have them?

   IF NOT SURE WHAT IS MEANT: Thoughts like hurting someone even though you really didn't want to or being contaminated by germs or dirt.

   1 → CIRCLE "1" ON PAGE E.27 | 2 → | 3 → CIRCLE "3" ON PAGE E.27 — S5

6. In the past year has there been anything that you had to do over and over again and couldn't resist doing, like washing your hands again and again, counting up to a certain number, or checking something several times to make sure that you'd done it right?

   1 → CIRCLE "1" ON PAGE E.29 | 2 → | 3 → CIRCLE "3" ON PAGE E.29 — S6

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7. In the past year, have you had times when you have been particularly nervous or anxious?

1	2	3	
CIRCLE "1" ON PAGE E.33		CIRCLE "3" ON PAGE E.33	S7

8. During the past year, have you had a time when you weighed much less than other people thought you ought to weigh?

1	2	3	
CIRCLE "1" ON PAGE F.1		CIRCLE "3" ON PAGE F.1	S8

9. In the past year, have you often had times when your eating was out of control?

1	2	3	
CIRCLE "1" ON PAGE F.3		CIRCLE "3" ON PAGE F.3	S9

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A. MOOD EPISODES

PAST YEAR MAJOR DEPRESSIVE EPISODE

In the past year, that is since (CURRENT DATE) 2010, has there been a period of time when you were feeling depressed or down most of the day nearly every day? (What was that like?)

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

_____

_____

_____

_____

IF DEPRESSED MOOD: During that time did you lose interest or pleasure in things you usually enjoyed?

IF NO DEPRESSED MOOD: What about a time in the last year when you lost interest or pleasure in things you usually enjoyed? (What was that like?)

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

Have you had more than one time in the past year like that? (Which time was the worst?)

_____

_____

_____

_____

_____

MDE CRITERIA

A. Five (or more) of the following symptoms have been present during the same two-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood, or (2) loss of interest or pleasure.

(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). Note: in children or adolescents, can be irritable mood. ? 1 2 3 A1

(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). ? 1 2 3 A2

IF NEITHER ITEM (1) NOR ITEM (2) IS CODED "3," GO TO ***LIFETIME MDE,*** A.7

NOTE: IF MORE THAN ONE PAST EPISODE IS LIKELY, SELECT THE "WORST" ONE FOR YOUR INQUIRY ABOUT A MAJOR DEPRESSIVE EPISODE.

NOTE: WHEN RATING THE FOLLOWING ITEMS, CODE "1" IF CLEARLY DUE TO A GENERAL MEDICAL CONDITION, OR TO MOOD-INCONGRUENT DELUSIONS OR HALLUCINATIONS

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FOR THE FOLLOWING QUESTIONS, FOCUS ON THE WORST TWO WEEKS OF THE MAJOR DEPRESSIVE EPISODE THAT YOU ARE INQUIRING ABOUT

During that (TWO WEEK PERIOD) . . .

. . . how was your appetite? (What about compared to your usual appetite?) (Did you have to force yourself to eat?) (Eat [less/more] than usual?) (Was that nearly every day?) (Did you lose or gain any weight) (How much?) (Were you trying to [lose/gain] weight?)	(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. Note: in children, consider failure to make expected weight gains.	?	1	2	3	A3
. . . how were you sleeping? (Trouble falling asleep, waking frequently, trouble staying asleep, 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	A4
. . . 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?) IF NO: What about the opposite -- 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 agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)	?	1	2	3	A5
. . . what was your energy like? (Tired all the time? Nearly every day?)	(6)	fatigue or loss of energy nearly every day	?	1	2	3	A6

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During this time . . .

. . .how did you feel about yourself? (Worthless?) (Nearly every day?) IF NO: What about feeling guilty about things you had done or not done? (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) NOTE: CODE "1" OR "2" IF ONLY LOW SELF-ESTEEM	?	1	2	3	A7
. . .did you have trouble thinking or concentrating? (What kinds of things did it interfere with?) (Nearly every day?) IF NO: Was it hard to make decisions about everyday things? (Nearly every day?) _____ _____	(8) diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)	?	1	2	3	A8
. . .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	?	1	2	3	A9

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AT LEAST FIVE OF THE ABOVE SXS [A(1-9)] ARE CODED "3" AND AT LEAST ONE OF THESE IS ITEM (1) OR (2)

1 3 A10

IF NOT ALREADY ASKED: Has there been any other time in the past year when you were (depressed/OWN WORDS) and had even more of the symptoms that I just asked you about?

CONTINUE WITH NEXT ITEM, CRITERION C, MIDDLE OF PAGE

→ IF YES: RETURN TO *** PAST YEAR MDE,*** A.1, AND CHECK WHETHER THERE HAVE BEEN ANY OTHER MAJOR DEPRESSIVE EPISODES IN THE PAST 12 MONTHS THAT WERE MORE SEVERE AND/OR CAUSED MORE SYMPTOMS. IF SO, ASK ABOUT THAT EPISODE.

→ IF NO: GO TO ***LIFETIME MDE*** A.7.

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

IF UNCLEAR: Did (depressive episode/OWN WORDS) make 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.

1 2 3 A11

IF NOT ALREADY ASKED: Has there been any other time in the past year when you were (depressed/OWN WORDS) and it caused even more problems than the time I just asked you about?

CONTINUE ON NEXT PAGE

→ IF YES: RETURN TO ***PAST YEAR MDE*,** A. 1, AND CHECK WHETHER THERE HAVE BEEN ANY OTHER MAJOR DEPRESSIVE EPISODES IN THE PAST 12 MONTHS THAT WERE MORE SEVERE AND/OR CAUSED MORE SYMPTOMS. IF SO, ASK ABOUT THAT EPISODE

IF NO: GO TO ***LIFETIME MDE*,** A.7.

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In what month (and what year) did this (PAST YEAR MAJOR DEPRESSIVE EPISODE) start?

PAST YEAR MAJOR DEPRESSIVE EPISODE STARTED:

Month/Yr: ___ ___/___ ___ ___ ___

A12
A13

Just before this began, were you physically ill?

IF YES: What did the doctor say?

_____

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 A14

DUE TO SUB-STANCE USE OR GMC

IF THERE IS ANY INDICATION THAT THE DEPRESSION MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE), GO TO ***MOOD EPISODES DUE TO GMC/SUBSTANCE*** IN THE BACK OF THIS BOOKLET**,** AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

Just before this began, were you using any medications?

IF YES: Was there any change in the amount you were taking at that time?

_____

PRIMARY MOOD EPISODE

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

_____

IF UNKNOWN: Has there been any other time when you were (depressed / OWN WORDS) like this but were not (using SUBSTANCE / ill with GMC)?

→ IF YES: RETURN TO ***PAST YEAR MDE*,** A.1, AND CHECK WHETHER THERE HAVE BEEN ANY OTHER MAJOR DEPRESSIVE EPISODES IN THE PAST 12 MONTHS THAT WERE MORE SEVERE AND/OR CAUSED MORE SYMPTOMS. IF SO, ASK ABOUT THAT EPISODE

→ IF NO: GO TO ***LIFETIME MDE*,** A.7.

CONTINUE ON NEXT PAGE

<u>Etiological general medical conditions include:</u> degenerative neurological illnesses (e.g., Parkinson's disease), cerebrovascular disease (e.g., stroke), metabolic conditions (e.g., Vitamin B-12 deficiency), endocrine conditions (e.g., hyper- and hypothyroidism, hyper- and hypoadrenocorticism); viral or other infections (e.g., hepatitis, mononucleosis, HIV), and certain cancers (e.g., carcinoma of the pancreas).

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

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Did this begin soon after someone close to you died?

E. The symptoms are not better accounted for by [Simple] 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 psychomotor retardation.

NOTE: CODE "3" IF EITHER NOT FOLLOWING THE LOSS OF LOVED ONE OR IF BEREAVEMENT IS COMPLICATED BY MAJOR DEPRESSIVE EPISODE. CODE "1" IF SIMPLE BEREAVEMENT

1 — SIMPLE BEREAVE-MENT

3 — AT LEAST ONE EPISODE NOT SIMPLE BEREAVE-MENT

A15

IF UNKNOWN: Has there been any other time in the past year when you were (depressed / OWN WORDS) like this that did not occur after someone close to you died?

→ IF YES: GO TO ***PAST YEAR MDE *,*** A. 1 AND CHECK WHETHER THERE HAS BEEN ANY OTHER MAJOR DEPRESSIVE EPISODE IN THE PAST 12 MONTHS THAT WAS NOT BETTER ACCOUNTED FOR BY BEREAVEMENT. IF SO, ASK ABOUT THAT EPISODE.

→ IF NO: GO TO ***LIFETIME MDE*,*** A.7.

CONTINUE BELOW

MAJOR DEPRESSIVE EPISODE CRITERIA A, C, D, AND E ARE CODED "3"

1 — GO TO ***LIFETIME MDE*,*** A.7

3 — PAST YEAR MAJOR DEPRESSIVE EPISODE

A16

How many separate times in your life have you been (depressed/ OWN WORDS) nearly every day for at least two weeks and had several of the symptoms that you described like (SXS OF WORST EPISODE)

Total number of Major Depressive Episodes (CODE 98 IF TOO NUMEROUS OR INDISTINCT TO COUNT) ____ ____

A17

GO TO ***PAST YEAR MANIC EPISODE*,*** A.13

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LIFETIME MAJOR DEPRESSIVE EPISODE

Looking back before the past year, have you *ever* had a period when you were feeling depressed or down most of the day nearly every day? (What was that like?)

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

_____

_____

→ IF PAST DEPRESSED MOOD: During that time, did you lose interest or pleasure in things you usually enjoyed? (What was that like?)

→ IF NO PAST DEPRESSED MOOD: Looking back before the past year, did you ever have a time when you lost interest or pleasure in things you usually enjoyed? (What was that like?)

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

_____

_____

_____

_____

_____

Have you had more than one time like that? (Which time was the worst?)

MDE CRITERIA

A. Five or more of the following symptoms have been present during the same two-week period and represent a change from previous functioning; at least one of the symptoms was either (1) depressed mood or (2) loss of interest or pleasure.

? 1 2 3 A18

(1) depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful). Note: in children and adolescents, can be irritable mood.

? 1 2 3 A19

(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).

IF NEITHER ITEM (1) NOR (2) IS CODED "3", GO TO ***PAST YEAR MANIC EPISODE*** A.13

NOTE: IF MORE THAN ONE PAST EPISODE IS LIKELY, SELECT THE "WORST" ONE FOR YOUR INQUIRY ABOUT A MAJOR DEPRESSIVE EPISODE.

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FOR THE FOLLOWING QUESTIONS, FOCUS ON THE WORST TWO WEEKS OF THE MAJOR DEPRESSIVE EPISODE THAT YOU ARE INQUIRING ABOUT During that (TWO WEEK PERIOD) . . .	NOTE: WHEN RATING THE FOLLOWING ITEMS, CODE "1" IF CLEARLY DIRECTLY DUE TO A GENERAL MEDICAL CONDITION, OR TO MOOD-INCONGRUENT DELUSIONS OR HALLUCINATIONS						
. . . how was your appetite? (What about compared to your usual appetite?) (Did you have to force yourself to eat?) (Eat [less/more] than usual?) (Was that nearly every day?) (Did you lose or gain any weight?) (How much?) (Were you trying to [lose/gain] weight?) _____ _____ _____	(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.	?	1	2	3	A20
. . .how were you sleeping? (Trouble falling asleep, waking frequently, trouble staying asleep, 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	A21
. . . 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?) IF NO: What about the opposite -- talking or moving more slowly than is normal for you? (Was it so bad that other people noticed it? What did they notice? Was it nearly every day?)	(5)	psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)	?	1	2	3	A22
. . . what was your energy like? (Tired all the time? Nearly every day?) _____	(6)	fatigue or loss of energy nearly every day	?	1	2	3	A23

?=inadequate information *1=absent or false* *2=subthreshold* *3=threshold or true*

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During that time . . .

. . . how did you feel about yourself? (Worthless?) (Nearly every day?) _____ _____ _____ IF NO: What about feeling guilty about things you had done or not done? (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) NOTE: CODE "1" OR "2" FOR LOW SELF-ESTEEM BUT NOT WORTHLESSNESS	?	1	2	3	A24
. . . did you have trouble thinking or concentrating? (What kinds of things did it interfere with?) (Nearly every day?) _____ _____ _____ IF NO: Was it hard to make decisions about everyday things? (Nearly every day?) _____ _____	(8) diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)	?	1	2	3	A25
. . .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	?	1	2	3	A26

?=inadequate information *1=absent or false* *2=subthreshold* *3=threshold or true*

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AT LEAST FIVE OF THE ABOVE SXS [A(1-9)] ARE CODED "3" AND AT LEAST ONE OF THESE IS ITEM (1) OR (2)

1 3 A27

CONTINUE WITH NEXT ITEM, CRITERION C, MIDDLE OF PAGE

IF NOT ALREADY ASKED: Has there been any other time when you were (depressed/OWN WORDS) and had even more of the symptoms that I just asked you about?

→ IF YES: RETURN TO ***LIFETIME MDE*,** A.7, AND CHECK WHETHER THERE HAVE BEEN ANY OTHER MAJOR DEPRESSIVE EPISODES THAT WERE MORE SEVERE AND/OR CAUSED MORE SYMPTOMS. IF SO, ASK ABOUT THAT EPISODE.

IF NO: GO TO ***PAST YEAR MANIC EPISODE*,** A.13.

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

IF UNCLEAR: Did (depressive episode/OWN WORDS) make 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. 1 2 3 A28

IF NOT ALREADY ASKED: Has there been any other time when you were (depressed/OWN WORDS) and it caused even more problems than the time I just asked you about?

CONTINUE ON NEXT PAGE

→ IF YES: RETURN TO ***LIFETIME MDE*,** A. 7, AND CHECK WHETHER THERE HAVE BEEN ANY OTHER MAJOR DEPRESSIVE EPISODES THAT WERE MORE SEVERE AND/OR CAUSED MORE SYMPTOMS. IF SO, ASK ABOUT THAT EPISODE

IF NO: GO TO ***PAST YEAR MANIC EPISODE*,** A.13.

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How old were you when this (LIFETIME MAJOR DEPRESSIVE EPISODE) started?

LIFETIME MAJOR DEPRESSIVE EPISODE STARTED:

AGE: ___ ___

A29

Just before this began, were you physically ill?

IF YES: What did the doctor say

_____

A30

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 (e.g., hypothyroidism)

? 1 3

DUE TO SUBSTANCE USE OR GMC

Just before this began, were you using any medications?

IF YES: Was there any change in the amount you were taking at that time?

_____

IF THERE IS ANY INDICATION THAT THE DEPRESSION MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE), GO TO ***MOOD EPISODE DUE TO GMC/SUBSTANCE*** IN THE BACK OF THIS BOOKLET, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

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

_____

REFER TO LIST OF GENERAL MEDICAL CONDITIONS AND SUBSTANCES, A.5.

IF UNKNOWN: Has there been any other time when you were (depressed / OWN WORDS) like this but were not (using SUBSTANCE / ill with GMC)?

→ IF YES: GO TO ***LIFETIME MDE*,** A.7 AND CHECK WHETHER THERE HAS BEEN ANY OTHER MAJOR DEPRESSIVE EPISODE NOT DUE TO A SUBSTANCE OR GENERAL MEDICAL CONDITION. IF SO, ASK ABOUT THAT EPISODE.

→ IF NO: GO TO ***PAST YEAR MANIC EPISODE*,** A.13

PRIMARY MOOD EPISODE

CONTINUE ON NEXT PAGE

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Did this begin soon after someone close to you died?

_____

_____

E. The symptoms are not better accounted for by [Simple] 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 psychomotor retardation.

NOTE: CODE "3" IF EITHER NOT FOLLOWING THE LOSS OF LOVED ONE OR IF BEREAVEMENT IS COMPLICATED BY MAJOR DEPRESSIVE EPISODE. CODE "1" IF SIMPLE BEREAVEMENT

1 → SIMPLE BEREAVE-MENT

3 → AT LEAST ONE EPISODE NOT SIMPLE BEREAVE-MENT

A31

IF UNKNOWN: Has there been any other time when you were (depressed / OWN WORDS) like this that did not occur after someone close to you died?

→ IF YES: GO TO ***LIFETIME MDE*,** A.7 AND CHECK WHETHER THERE HAS BEEN ANY OTHER MAJOR DEPRESSIVE EPISODE THAT WAS NOT BETTER ACCOUNTED FOR BY BEREAVEMENT. IF SO, ASK ABOUT THAT EPISODE.

→ IF NO: GO TO ***PAST YEAR MANIC EPISODE*,** A.13.

CONTINUE BELOW

MAJOR DEPRESSIVE EPISODE CRITERIA A, C, D, AND E ARE CODED "3"

1 → GO TO ***PAST YEAR MANIC EPISODE*,** A.13

3 → LIFETIME MAJOR DEPRES-SIVE EPISODE

A32

How many separate times in your life have you been (depressed/OWN WORDS) nearly every day for at least two weeks and had several of the symptoms that you described like (SXS OF WORST EPISODE)

Total number of Major Depressive Episodes (CODE 98 IF TOO NUMEROUS OR INDISTINCT TO COUNT)

____ ____

GO TO ***PAST YEAR MANIC EPISODE*,** A.13

A34

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PAST YEAR MANIC EPISODE **MANIC EPISODE CRITERIA**

In the past year has there 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?

IF YES: What was it like? (Did anyone say you were manic?) (Was that more than just feeling good?)

IF NO: In the past year, have you had a period of time when you were feeling irritable or angry every day for at least several days?

What was it like? (Did you find yourself often starting fights or arguments?)

_____

_____

_____

_____

A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood — ? 1 2 3 — A35

GO TO ***LIFETIME MANIC EPISODE*,** A. 19

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 — A36

NOTE: IF ELEVATED MOOD LASTS LESS THAN ONE WEEK, CHECK WHETHER IRRITABLE MOOD LASTS AT LEAST ONE WEEK BEFORE SKIPPING TO A.19.

GO TO ***LIFETIME MANIC EPISODE*,** A. 19

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FOCUS ON THE WORST PERIOD OF THE EPISODE THAT YOU ARE INQUIRING ABOUT. IF UNCLEAR: During (EPISODE), when were you the most (OWN WORDS FOR MANIA)? During that time . . .	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:						
. . how did you feel about yourself? (More self-confident than usual?) (Any special powers or abilities?) _____ _____	(1)	inflated self-esteem or grandiosity	?	1	2	3	A37
. . did you need less sleep than usual? (How much sleep did you get?) IF YES: Did you still feel rested? _____ _____	(2)	decreased need for sleep (e.g., feels rested after only three hours of sleep)	?	1	2	3	A38
. . 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	A39
. . were your thoughts racing through your head? (What was that like?) _____ _____	(4)	flight of ideas or subjective experience that thoughts are racing	?	1	2	3	A40

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During that time . . .

. . .were you so easily distracted by things around you that you had trouble concentrating or staying on one track? (Give me an example of that.) _____ _____	(5)	distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)	?	1	2	3	A41
. . .how did you spend your time? (Work, friends, hobbies?) (Were you especially productive or busy during that time?) (Were you so active that your friends or family were concerned about you?) IF NO INCREASED ACTIVITY: Were you physically restless? (How bad was it?) _____ _____	(6)	increase in goal- directed activity (either socially, at work or school, or sexually) or psychomotor agitation	?	1	2	3	A42
. . .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	A43

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AT LEAST THREE "B" SXS ARE CODED "3" (FOUR IF MOOD ONLY IRRITABLE) — 1 — 3 — A44

IF NOT ALREADY ASKED: Has there been any other times in the past year when you were (high/irritable/OWN WORDS) and had even more of the symptoms that I just asked you about? — A44a

→ IF YES: RETURN TO ***PAST YEAR MANIC EPISODE*,** A. 13, AND INQUIRE ABOUT WORST EPISODE.

→ IF NO: GO TO ***LIFETIME MANIC EPISODE*,** A19.

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

CONTINUE BELOW

IF NOT KNOWN: At that time, did you have serious problems at home or at work (school) because you were (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 — A45

IF NOT ALREADY ASKED: Have there been any other times in the past year when you were (high/irritable/OWN WORDS) and had (ACKNOWLEDGED MANIC SYMPTOMS) and you got into trouble with people or were hospitalized?

DESCRIBE:

→ IF YES: RETURN TO ***PAST YEAR MANIC EPISODE*,** A.13 AND INQUIRE ABOUT THAT EPISODE

IF NO: GO TO ***LIFETIME MANIC EPISODE*,** A.19.

CONTINUE ON NEXT PAGE

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In what month (and what year) did this (PAST YEAR MANIC EPISODE) start?

PAST YEAR MANIC EPISODE STARTED:

Month/Yr: ___ ___/___ ___ ___ ___ A46 A47

Just before this began, were you physically ill?

IF YES: What did the doctor say?

Just before this began, were you taking any medications?

IF YES: Was there any change in the amount you were taking at that time?

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

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.

E. 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 A48

DUE TO SUBSTANCE USE OR GMC

IF THERE IS ANY INDICATION THAT THE MANIA MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE), GO TO ***MOOD EPISODE DUE TO GMC/SUBSTANCE*** IN THE BACK OF THIS BOOKLET, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

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).

IF UNKNOWN: Has there been any other times in the past year when you were (high / irritable / OWN WORDS) and were not (using SUBSTANCE / ill with GMC)?

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

PRIMARY MOOD EPISODE

→ IF YES: RETURN TO ***PAST YEAR MANIC EPISODE*,** A.13, AND INQUIRE ABOUT OTHER EPISODE.

→ IF NO: GO TO ***LIFETIME MANIC EPISODE*,** A.19.

MANIC EPISODE CRITERIA A, B, D AND E ARE CODED "3" 1 3 A49

GO TO ***LIFETIME MANIC EPISODE*,** A.19

MANIC EPISODE PAST YEAR

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How many separate times in your life were you (HIGH/OWN WORDS) and had [ACKNOWLEDGED MANIC SYMPTOMS] for at least a week (or were hospitalized)?

Number of Manic Episodes, including past year (CODE 98 IF TOO INDISTINCT OR NUMEROUS TO COUNT)

____ ____ A50

GO TO ***PSYCHOTIC SCREEN*,** B/C.1

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LIFETIME MANIC EPISODE

Looking back before the past year, did you *ever* have 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?

IF YES: What was it like? (Did anyone say you were manic?) (Was that more than just feeling good?)

IF NO: Looking back before the past year, did you *ever* have a period of time when you were feeling irritable or angry every day for at least several days?

What was it like? (Did you find yourself often starting fights or arguments?)

_____

_____

When was that?

_____

How long did that last? (as long as one week?) (Did you need to go to the hospital?)

_____

_____

Have you had more than one time like that? (Which time was the most extreme?)

_____

_____

MANIC EPISODE CRITERIA

A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood . . . ? 1 2 3 A51

GO TO ***DYSTHYMIC DISORDER*,** A.25

. . . lasting at least one week (or any duration if hospitalization is necessary) ? 1 2 3 A52

GO TO ***DYSTHYMIC DISORDER*,** A.25

NOTE: IF ELEVATED MOOD LASTS LESS THAN ONE WEEK, CHECK WHETHER IRRITABLE MOOD LASTS AT LEAST ONE WEEK BEFORE SKIPPING TO A.25.

NOTE: IF THERE IS EVIDENCE FOR MORE THAN ONE PAST EPISODE, SELECT THE "WORST" ONE FOR YOUR INQUIRY ABOUT PAST MANIC EPISODE.

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FOCUS ON THE WORST PERIOD OF THE EPISODE THAT YOU ARE INQUIRING ABOUT. IF UNCLEAR: During (EPISODE), when were you the most (OWN WORDS FOR MANIA)? During that time . . .	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:						
. . .how did you feel about yourself? (More self-confident than usual?) (Any special powers or abilities?) _____	(1)	inflated self-esteem or grandiosity	?	1	2	3	A53
. . did you need less sleep than usual? (How much sleep did you get?) IF YES: Did you still feel rested? _____	(2)	decreased need for sleep (e.g., feels rested after only three hours of sleep)	?	1	2	3	A54
. . .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	A55
. . .were your thoughts racing through your head? (What was that like?) _____	(4)	flight of ideas or subjective experience that thoughts are racing	?	1	2	3	A56
. . .were you so easily distracted by things around you that you had trouble concentrating or staying on one track? (Give me an example of that.) _____	(5)	distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)	?	1	2	3	A57
. . .how did you spend your time? (Work, friends, hobbies?) (Were you especially productive or busy during that time?) (Were you so active that your friends or family were concerned about you?) _____ _____ IF NO INCREASED ACTIVITY: Were you physically restless? (How bad was it?) _____	(6)	increase in goal- directed activity (either socially, at work or school, or sexually) or psychomotor agitation	?	1	2	3	A58

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

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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 A59

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

1 3 A60

IF NOT ALREADY ASKED: Has there been any other time when you were (high/irritable/OWN WORDS) and had even more of the symptoms that I just asked you about?

A60a

→ IF YES: RETURN TO ***LIFETIME MANIC EPISODE*,** A.19, AND INQUIRE ABOUT WORST EPISODE.

→ IF NO: GO TO ***DYSTHYMIC DISORDER*,** A.25.

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

CONTINUE BELOW

IF NOT KNOWN: At that time, did you have serious problems at home or at work (school) because you were (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 A61

IF NOT ALREADY ASKED: Has there been any other time when you were (high/irritable/OWN WORDS) and had (ACKNOWLEDGED MANIC SYMPTOMS) and you got into trouble with people or were hospitalized?

DESCRIBE:

IF YES: RETURN TO ***LIFETIME MANIC EPISODE",** A.19 AND INQUIRE ABOUT THAT EPISODE

IF NO: GO TO ***DYSTHYMIC DISORDER*,** A.25.

CONTINUE ON NEXT PAGE

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How old were you when this (LIFETIME MANIC EPISODE) started?

LIFETIME MANIC EPISODE STARTED:

AGE: ___ ___ A62

Just before this began, were you physically ill?

IF YES: What did the doctor say?

_____

Just before this began, were you taking any medications?

IF YES: Was there any change in the amount you were taking at that time?

_____

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

_____

_____

_____

_____

E 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 A63

? 1 3

DUE TO SUBSTANCE USE OR GMC

IF THERE IS ANY INDICATION THAT THE MANIA MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE), GO TO ***MOOD EPISODE DUE TO GMC/SUBSTANCE*** IN THE BACK OF THIS BOOKLET, 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.

REFER TO LIST OF GENERAL MEDICAL CONDITIONS AND SUBSTANCES, A.17

IF UNKNOWN: Has there been any other time when you were (high / irritable / OWN WORDS) and were not (using SUBSTANCE / ill with GMC)?

→ IF YES: RETURN TO ***LIFETIME MANIC EPISODE*,** A.19, AND INQUIRE ABOUT OTHER EPISODE.

→ IF NO: GO TO ***DYSTHYMIC DISORDER*,** A.25.

PRIMARY MOOD EPISODE

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MANIC EPISODE CRITERIA A, B, D AND E ARE CODED "3"

1 → GO TO ***DYSTHYMIC DISORDER***, A.25

3 → LIFETIME MANIC EPISODE

A64

How many separate times in your life were you (HIGH / OWN WORDS) and had [ACKNOWLEDGED MANIC SYMPTOMS] for a period of time (or were hospitalized)?

Number of Manic Episodes (CODE 98 IF TOO INDISTINCT OR NUMEROUS TO COUNT) ____ ____

A65

GO TO ***PSYCHOTIC SCREEN***, B/C.1

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***DYSTHYMIC DISORDER* (PAST YEAR)**

DYSTHYMIC DISORDER CRITERIA

For the past couple of years, have you been bothered by depressed mood most of the day, more days than not? (More than half of the time?)

IF YES: What was that like?

_____

A. Depressed mood for most of the day, for more days than not, as indicated either by subjective account or observation made by others, for at least two years. Note: in children and adolescents, mood can be irritable and duration must be at least 1 year.

? 1 2 3 A66

GO TO ***PSYCHOTIC SCREEN***, B/C.1

During these periods of (OWN WORDS FOR CHRONIC DEPRESSION) do you often . . .

B Presence, while depressed, of two (or more) of the following:

. . . lose your appetite? (What about overeating?)

_____

_____

(1) poor appetite or overeating ? 1 2 3 A67

. . . have trouble sleeping or sleep too much?

_____

_____

(2) insomnia or hypersomnia ? 1 2 3 A68

. . . have little energy to do things or feel tired a lot?

_____

_____

(3) low energy or fatigue ? 1 2 3 A69

. . . feel down on yourself? (Feel worthless, or a failure?)

_____

_____

(4) low self-esteem ? 1 2 3 A70

. . . have trouble concentrating or making decisions?

_____

_____

(5) poor concentration or difficulty making decisions ? 1 2 3 A71

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. . . feel hopeless?

_____

_____

(6) feelings of hopelessness ? 1 2 3 A72

AT LEAST TWO "B" SYMPTOMS CODED "3" ? 1 2 3 A73

GO TO ***PSYCHOTIC SCREEN***, B/C.1

What is the longest period of time, during this period of long-lasting depression, that you felt OK? (NO DYSTHYMIC SYMPTOMS)

C. During the two year period of the disturbance, the person has never been without the symptoms in criteria A and B for more than two months at a time. 1 3 A74

GO TO ***PSYCHOTIC SCREEN***, B/C.1

NOTE: CODE "1" IF NORMAL MOOD FOR AT LEAST TWO MONTHS AT A TIME

How long have you been feeling this way? (When did this begin?)

COMPARE ONSET OF DYSTHYMIC SXS WITH DATES OF PAST MAJOR DEPRESSIVE EPISODES TO DETERMINE IF THERE WERE ANY MAJOR DEPRESSIVE EPISODES IN FIRST TWO YEARS OF DYSTHYMIC DISORDER.

D. No Major Depressive Episode has been present during the first 2 years of the disturbance (1 year for children and adolescents): i.e., not better accounted for by chronic Major depressive Disorder or Major Depression in partial remission. 1 3 A75

GO TO ***PSYCHOTIC SCREEN***, B/C.1

Age at onset of current Dysthymic Disorder (CODE 98 IF UNKNOWN) ____ ____ A76

IF A MAJOR DEPRESSIVE EPISODE PRECEDED DYSTHYMIC SXS: Now I want to know whether you got completely back to your usual self after that (MAJOR DEPRESSIVE EPISODE) you had (DATE), before this long period of being mildly depressed? (Were you back to your usual self for at least two months?)

Note: There may have been a previous Major Depressive Episode provided there was a full remission (no significant signs or symptoms for 2 months) before development of the Dysthymic Disorder. In addition, after the initial 2 years (1 year for children or adolescents) of Dysthymic Disorder, there may be superimposed episodes of Major Depressive Disorder, in which case both diagnoses may be given when criteria are met for a Major Depressive Episode.

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NOTE: CODE "3" IF NO PAST MAJOR DEPRESSIVE EPISODES OR IF MAJOR DEPRESSIVE EPISODES WERE NOT PRESENT DURING THE FIRST TWO YEARS OR IF THERE WAS AT LEAST A TWO-MONTH PERIOD WITHOUT SYMPTOMS PRECEDING THE ONSET.

E. NOTE: RULE OUT FOR MIXED EPISPODE AND HYPOMANIC EPISODE AND CYCLOTHYMIC DISORDER ARE NOT ASSESSED HERE.

IF NOT ALREADY CLEAR: RETURN TO THIS ITEM AFTER COMPLETING THE PSYCHOTIC SYMPTOMS SECTION.

F. The disturbance does not occur exclusively during the course of a chronic psychotic disorder, such as Schizophrenia or Delusional Disorder.

NOTE: CODE "3" IF NO CHRONIC PSYCHOTIC DISORDER OR IF NOT SUPERIMPOSED ON A CHRONIC PSYCHOTIC DISORDER

1	3	A77
GO TO ***PSYCHOTIC SCREEN***, B/C.1	NOT SUPER-IMPOSED CON-TINUE	

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Just before this began, were you physically ill?

IF YES: What did the doctor say?

Just before this began, were you using any medications?

IF YES: Was there any change in the amount you were taking at that time?

_____

_____

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

G. 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 A78

DUE TO SUB-STANCE USE OR GMC

GO TO ***PSYCHOTIC SCREEN***, B/C.1

IF THERE IS ANY INDICATION THAT THE DYSTHMIA MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE), GO TO ***MOOD EPISODE DUE TO GMC/SUBSTANCE*** IN THE BACK OF THIS BOOKLET AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

PRIMARY MOOD DISORDER

Etiological general medical conditions include: degenerative neurological illnesses (e.g., Parkinson's disease, Huntington's disease, cerebrovascular disease, metabolic and endocrine conditions (e.g., B-12 deficiency, hypothyroidism, autoimmune conditions (e.g., systemic lupus erythematosis), viral or other infections (e.g., hepatitis, mononucleosis, HIV), and certain cancers (e.g., carcinoma of the pancreas)

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

CONTINUE BELOW

IF UNCLEAR: How much do your depressed feelings interfere with your life?

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

? 1 2 3 A79

GO TO ***PSYCHOTIC SCREEN***, B/C.1

DYSTHYMIC DISORDER CRITERIA A, B, C, D, F, G, AND H ARE CODED "3."

1 3 A80

GO TO ***PSYCHOTIC SCREEN***, B/C.1

DYS-THYMIC DIS-ORDER

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B/C PSYCHOTIC SCREENING MODULE

THIS MODULE IS FOR CODING PSYCHOTIC AND ASSOCIATED SXS THAT HAVE BEEN PRESENT AT ANY POINT IN THE PAST YEAR.

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

FOR ANY DELUSIONS OR HALLUCINATIONS CODED "3", DETERMINE WHETHER THE SYMPTOM IS DEFINITELY "PRIMARY" OR WHETHER THERE IS A POSSIBLE OR DEFINITE ETIOLOGIC SUBSTANCE (INCLUDING MEDICATIONS) OR GENERAL MEDICAL CONDITION. THE FOLLOWING QUESTIONS MAY BE USEFUL IF THE OVERVIEW HAS NOT ALREADY PROVIDED THE INFORMATION:

Just before (PSYCHOTIC SXS) began, were you using drugs? ...on any medications? ...did you drink much more than usual or stop drinking after you had been drinking a lot for a while? ...were you physically ill?

IF YES TO ANY: Has there been a time when you had (PSYCHOTIC SXS) and were not (USING DRUGS/TAKING MEDICATION/CHANGING YOUR DRINKING HABITS/ILL)?

Now I am going to ask you about unusual experiences that people sometimes have.

In the past year, that is since (CURRENT DATE) 2010…

DELUSIONS

False personal beliefs based on incorrect inference about external reality and firmly sustained in spite of what almost everyone else believes and 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."

…did it ever seem like people were talking about you or taking special notice of you?

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

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

? 1 2 3 BC1

1 3 BC2

POSS/DEF SUBST/ GMC — PRI-MARY

…what about receiving special messages from the TV, radio, or newspaper, or from the way things were arranged around you?
DESCRIBE:

_____

_____

_____

_____

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In the past year…

…have you felt that someone was going out of their way to give you a hard time, or trying to hurt you?

DESCRIBE:

_____

_____

_____

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

? 1 2 3

1 3

POSS/DEF SUBST/ GMC | PRI-MARY

BC3

BC4

…have you felt that you were especially important in some way, or that you had special powers to do things that other people couldn't do?

DESCRIBE:

_____

_____

_____

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

? 1 2 3

1 3

POSS/DEF SUBST/ GMC | PRI-MARY

BC5

BC6

In the past year have you felt 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?

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

…have you felt that something strange was happening to parts of your body?

DESCRIBE:

_____

_____

_____

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

? 1 2 3

1 3

POSS/DEF SUBST/ GMC | PRI-MARY

BC7

BC8

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In the past year…

Other delusions

? 1 2 3 BC9

1 3 BC10

POSS/DEF SUBST/ GMC | PRI-MARY

…have you had any unusual religious experiences?

…have you felt that you had committed a crime or done something terrible for which you should be punished?

…have you been convinced that your spouse or partner was being unfaithful to you?

IF YES: How did you know they were being unfaithful?

…did you feel you had a special, secret relationship with someone famous, or someone you didn't know very well?

DESCRIBE:

_____

_____

_____

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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. (CODE "2" FOR HALLUCINATIONS THAT ARE SO TRANSIENT AS TO BE WITHOUT DIAGNOSTIC SIGNIFICANCE)

In the past year…	Auditory hallucinations when fully awake, heard either inside or outside of head	? 1 2 3	BC11
…have you heard things that other people couldn't hear, such as noises, or the voices of people whispering or talking? (Were you awake at the time?) IF YES: What did you hear? How often did you hear it? DESCRIBE: _____ _____ _____		1 3 POSS/DEF SUBST/ GMC PRI-MARY	BC12
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	BC13
How many voices did you hear? Were they talking to each other?	Two or more voices conversing with each other	? 1 2 3	BC14
How about having visions or seeing things that other people couldn't see? (Were you awake at the time?) NOTE: DISTINGUISH FROM AN ILLUSION, I.E., A MISPERCEPTION OF A REAL EXTERNAL STIMULUS. DESCRIBE: _____ _____ _____	Visual hallucinations	? 1 2 3	BC15
		1 3 POSS/DEF SUBST/ GMC PRI-MARY	BC16

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…what about strange sensations in your body or on your skin?

DESCRIBE:

_____

_____

_____

Tactile hallucinations, e.g., electricity ? 1 2 3 BC17

1 3 BC18
POSS/DEF SUBST/ GMC — PRI-MARY

(What about smelling or tasting things that other people couldn't smell or taste?)

DESCRIBE:

_____

_____

_____

Other hallucinations, e.g., gustatory, olfactory ? 1 2 3 BC19

1 3 BC20
POSS/DEF SUBST/ GMC — PRI-MARY

ANY ITEM CODED "3" IN "PRIMARY" SECTION ? 1 3 BC21

1 → GO TO ***MOOD DISORDERS***, D.1

3 → A PRI-MARY PSYCHO-TIC SX HAS BEEN PRESENT

EXPLORE DETAILS AND DESCRIBE DIAGNOSTIC SIGNIFICANCE:

_____

_____

_____

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D. MOOD DISORDERS

IF THERE HAVE NEVER BEEN ANY CLINICALLY SIGNIFICANT MOOD SYMPTOMS, CIRCLE 1 AND GO TO ***PTSD,*** E.1. — 1 3 D1

IF THERE HAVE BEEN ANY CLINICALLY SIGNIFICANT MOOD SYMPTOMS, CIRCLE 3 AND CONTINUE.

BIPOLAR I DISORDER CRITERIA

CODE BASED ON RATINGS OF MANIC EPISODE PAST YEAR (A49) AND MANIC EPISODE LIFETIME (A64)

History of one or more Manic or Mixed Episodes — 1 3 D2

1 → GO TO ***MAJOR DEPRESSIVE DISORDER*,*** D. 2

Note: In a Mixed Episode, the criteria are met for both a Manic Episode and a Major Depressive Episode (except for duration nearly every day during at least a 1-week period

At least one Manic or Mixed Episode is not due to the direct physiological effects of a general medical condition or substance use — 1 3 D3

1 → GO TO ***MAJOR DEPRESSIVE DISORDER*,*** D.2

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

At least one Manic or Mixed Episode is not better accounted for by Schizoaffective Disorder and is not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder NOS — 1 3 D4

1 → GO TO ***MAJOR DEPRESSIVE DISORDER*,*** D. 2

3 → BIPOLAR I DISORDER

Indicate time frame of manic episode: D5
1 – Manic episode in past 12 months
2 – Manic episode lifetime (i.e., prior to past 12 months)

GO TO ***PTSD*,*** E.1

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MAJOR DEPRESSIVE DISORDER **MAJOR DEPRESSIVE DISORDER CRITERIA**

CODE BASED ON RATINGS OF PAST YEAR MAJOR DEPRESSIVE EPISODE (A16) AND LIFETIME MAJOR DEPRESSIVE DISODER (A32)

At least one Major Depressive Episode that is not due to the direct physiological effects of a general medical condition or substance use — 1 / 3 — D6

→ GO TO ***PTSD*,** E.1

At least one Major Depressive Episode that is not better accounted for by Schizoaffective Disorder and is not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified — 1 / 3 — D7

→ GO TO ***PTSD*,** E.1

Has never had any Manic, Mixed, or unequivocal Hypomanic Episodes — 1 / 3 — D8

1 → GO TO ***PTSD*,** E.1

3 → MAJOR DEPRESSIVE DISORDER

Indicate type: — D9

1 - Single Episode

2 - Recurrent (i.e., to be considered separate episodes, there must be an interval of at least two months in which criteria are not met for a Major Depressive Episode)

→ GO TO ***PTSD*, E.1**

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E. ANXIETY DISORDERS

POSTTRAUMATIC STRESS DISORDER

Sometimes things happen to people that are extremely upsetting--things like being in a life threatening situation like a major disaster, very serious accident or fire; being physically assaulted or raped; seeing another person killed or dead, or badly hurt, or hearing about something horrible that has happened to someone you are close to. At any time during your life, have any of these kinds of things happened to you?

IF NO: Have you ever been in any serious car accidents or have you ever been a victim of a crime? (Tell me about that.)

IF NO SUCH EVENTS, CIRCLE 1 AND GO TO ***PANIC DISORDER*** ON PAGE E.9.

IF ONE OR MORE SUCH EVENTS, CIRCLE 3 AND CONTINUE:

TRAUMATIC EVENT(S)

NO	YES	
1	3	E1

Traumatic Events List

Brief Description	Date (Month/Yr)	Age
_____	____/____	___
_____	____/____	___
_____	____/____	___
_____	____/____	___
_____	____/____	___
_____	____/____	___
_____	____/____	___

IF ANY EVENTS LISTED: Sometimes traumatic experiences like (TRAUMAS LISTED ABOVE) keep coming back in nightmares, flashbacks, or thoughts that you can't get rid of. Has that ever happened to you?

IF NO: What about being very upset when you were in a situation that reminded you of one of these terrible things?

IF NO TO BOTH OF THE ABOVE, CIRCLE 1 AND GO TO ***PANIC DISORDER*** ON PAGE E.9.	1	3	E2

IF YES TO EITHER OR BOTH OF THE ABOVE, CIRCLE 3 AND CONTINUE:

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POSTTRAUMATIC STRESS DISORDER CRITERIA

FOR FOLLOWING QUESTIONS, FOCUS ON TRAUMATIC EVENT(S) MENTIONED IN SCREENING QUESTION ABOVE.

A. The person has been exposed to a traumatic event in which both of the following were present:

IF MORE THAN ONE TRAUMA IS REPORTED: Which of these do you think affected you the most?

_____

_____

_____

(1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others

? 1 2 3 E3

GO TO ***Panic***, E.9

IF UNCLEAR: How did you react when (TRAUMA) happened? (Were you very afraid or did you feel helpless or horrified?)

_____

_____

(2) the person's response involved intense fear, helplessness or horror.

? 1 2 3 E4

GO TO ***Panic***, E.9

Now I'd like to ask a few questions about specific ways that it may have affected you in the past year.

For example, in the past year . . .

B. The traumatic event is persistently re-experienced in one (or more) of the following ways:

. . . did you think about (TRAUMA) when you didn't want to or did thoughts about (TRAUMA) come to you suddenly when you didn't want them to?

_____

_____

(1) recurrent and intrusive distressing recollections of the event, including images, thoughts or perceptions

? 1 2 3 E5

. . . what about having dreams about (TRAUMA)?

_____

_____

(2) recurrent distressing dreams of the event

? 1 2 3 E6

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. . . what about finding yourself acting or feeling as if you were back in the situation?	(3)	acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations and dissociative flashback episodes, including those that occur on awakening or when intoxicated)	?	1	2	3	E7
. . . what about getting very upset when something reminded you of (TRAUMA)?	(4)	intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event	?	1	2	3	E8
. . . what about having physical symptoms--like breaking out in a sweat, breathing heavily or irregularly, or your heart pounding or racing, when something reminded you of (TRAUMA)?	(5)	physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event	?	1	2	3	E9
		AT LEAST ONE "B" SX IS CODED "3"		1		3	E10

GO TO ***Panic***, E.9

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C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

IF TRAUMA HAS OCCURRED IN THE PAST YEAR: Since (THE TRAUMA) ...

IF TRAUMA OCCURRED PRIOR TO PAST YEAR: In the past year, that is since (CURRENT DATE) 2010

. . have you made a special effort to avoid thinking or talking about what happened?	(1) efforts to avoid thoughts, feelings, or conversations associated with the trauma	?	1	2	3	E11
. . . have you stayed away from things or people that reminded you of (TRAUMA)?	(2) efforts to avoid activities, places, or people that arouse recollections of the trauma	?	1	2	3	E12
. . . have you been unable to remember some important part of what happened?	(3) inability to recall an important aspect of the trauma	?	1	2	3	E13
. . . have you been less interested in doing things that used to be important to you, like seeing friends, reading books or watching TV?	(4) markedly diminished interest or participation in significant activities	?	1	2	3	E14

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. . . have you felt distant or cut off from others?	(5) feeling of detachment or estrangement from others	?	1	2	3	E15
. . . have you felt "numb" or like you no longer had strong feelings about anything or loving feelings for anyone?	(6) restricted range of affect, (e.g., unable to have loving feelings)	?	1	2	3	E16
. . . did you notice a change in the way you think about or plan for the future?	(7) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)	?	1	2	3	E17
	AT LEAST 3 "C" SXS ARE CODED "3"		1 → GO TO ***Panic***, E.9		3	E18

?=inadequate information *1=absent or false* *2=subthreshold* *3=threshold or true*

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IF TRAUMA HAS OCCURRED IN THE PAST YEAR: Since (THE TRAUMA). . .

IF TRAUMA OCCURRED PRIOR TO PAST YEAR: In the past year…

D. Persistent symptoms of increased arousal (not present before the trauma) as indicated by two (or more) of the following:

. . . have you had trouble sleeping? (What kind of trouble?)	(1) difficulty falling or staying asleep	?	1	2	3	E19
. . . have you been unusually irritable? What about outbursts of anger?	(2) irritability or outbursts of anger	?	1	2	3	E20
. . . have you had trouble concentrating?	(3) difficulty concentrating	?	1	2	3	E21
. . . have you been watchful or on guard even when there was no reason to be?	(4) hypervigilance	?	1	2	3	E22
. . . have you been jumpy or easily startled, like by sudden noises?	(5) exaggerated startle response	?	1	2	3	E23
	AT LEAST TWO "D" SXS ARE CODED "3"		1		3	E24

GO TO ***Panic***, E.9

?=inadequate information *1=absent or false* *2=subthreshold* *3=threshold or true*

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About how long did these problems--(CITE POSITIVE PTSD SYMPTOMS)--last?

_____

_____

_____

_____

E. Duration of the disturbance (symptoms in criteria B, C, and D) is more than one month — ? 1 2 3 — E25

GO TO ***Panic***, E. 9

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning — ? 1 2 3 — E26

GO TO ***Panic***, E.9

POSTTRAUMATIC STRESS DISORDER CRITERIA A, B, C, D, E, AND F ARE CODED "3" AND PRESENT IN THE PAST YEAR — 1 3 — E27

GO TO ***PANIC***, E.9

POST-TRAUMATIC STRESS DISORDER IN THE PAST YEAR

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PANIC DISORDER

PANIC DISORDER CRITERIA

IF SCREENING QUESTION #1 EQUALS 1, CIRCLE 1 AND GO TO ***AWOPD*,** ON PAGE E.15

IF SCREENING QUESTION #1 EQUALS 2 OR 3, CIRCLE 3 AND CONTINUE:
You've said that in the past year you have had a panic attack, when you suddenly felt frightened, or anxious or suddenly developed a lot of physical symptoms . . .

SCREEN Q#1	
NO	YES
1	3

E28

Have these attacks ever come on completely out of the blue--in situations where you didn't expect to be nervous or uncomfortable?

IF UNCLEAR: How many of these kinds of attacks have you had? (At least two?)

A. (1) recurrent unexpected panic attacks. ? 1 2 3 E29

GO TO ***AWOPD***, E.15

(2) at least one of the attacks has been followed by a month (or more) of one of the following: ? 1 2 3 E30

GO TO ***AWOPD***, E.15

After any of these attacks . . .

Did you worry that there might be something terribly wrong with you, like you were having a heart attack or were going crazy? (How long did you worry?) (At least a month?)

_____

_____

(b) worry about the implications of the attack or its consequences (e.g., losing control, having a heart attack, "going crazy");

IF NO: Did you worry a lot about having another one? (How long did you worry?) (At least a month?)

_____

(a) persistent concern about having additional attacks;

IF NO: Did you do anything differently because of the attacks (like avoiding certain places or not going out alone?) (What about avoiding certain activities like exercise?) (What about things like always making sure you're near a bathroom or exit?)

_____

(c) a significant change in behavior related to the attacks;

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NOW CHECK TO SEE IF CRITERIA ARE MET FOR A PANIC ATTACK.

When was the last bad one? What was the first thing you noticed? Then what?

IF UNKNOWN: Did the symptoms come on all of a sudden? IF YES: How long did it take from when it began to when it got really bad? (Less than ten minutes?)		The panic attack symptoms developed abruptly and reached a peak within ten minutes	?	1 GO TO ***AWOPD***, E.15	2	3	E31
During that attack . . .							
. . did your heart race, pound or skip?	(1)	palpitations, pounding heart, or accelerated heart rate	?	1	2	3	E32
. . did you sweat?	(2)	sweating	?	1	2	3	E33
. . did you tremble or shake?	(3)	trembling or shaking	?	1	2	3	E34
. . were you short of breath? (Did you have trouble catching your breath?)	(4)	sensations of shortness of breath or smothering	?	1	2	3	E35
. . did you feel as if you were choking?	(5)	feeling of choking	?	1	2	3	E36
. . did you have chest pain or pressure?	(6)	chest pain or discomfort	?	1	2	3	E37
. . did you have nausea or upset stomach or the feeling that you were going to have diarrhea?	(7)	nausea or abdominal distress	?	1	2	3	E38

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. . did you feel dizzy, unsteady, or like you might faint?	(8)	feeling dizzy, unsteady, light-headed or faint	?	1	2	3	E39
. . did things around you seem unreal or did you feel detached from things around you or detached from part of your body?	(9)	derealization (feelings of un-reality) or depersonalization (being detached from oneself)	?	1	2	3	E40
. . were you afraid you were going crazy or might lose control?	(10)	fear of losing control or going crazy	?	1	2	3	E41
. . were you afraid that you might die?	(11)	fear of dying	?	1	2	3	E42
. . did you have tingling or numbness in parts of your body?	(12)	paresthesias (numbness or tingling sensations)	?	1	2	3	E43
. . did you have flushes (hot flashes) or chills?	(13)	chills or hot flushes	?	1	2	3	E44
		AT LEAST FOUR ITEMS CODED "3" AND REACHED A PEAK WITHIN 10 MINUTES (E31 CODED "3")		1 GO TO ***AWOPD***, E.15		3	E45

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Just before you began having panic attacks, were you taking any drugs, caffeine, diet pills, or other medicines?

(How much coffee, tea, or caffeinated soda do you drink a day?)

Just before the attacks, were you physically ill?

IF YES: What did the doctor say?

C. 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 — E46

→ 1: DUE TO SUBSTANCE USE OR GMC. GO TO ***AWOPD***, E.15

→ 3: PRIMARY ANXIETY DISORDER

IF THERE IS ANY INDICATION THAT PANIC ATTACKS MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE), GO TO ***ANXIETY DUE TO GMC/SUBSTANCE*** IN THE BACK OF THIS BOOKLET AND RETURN HERE TO MAKE A RATING OF "1" OR "3"

Etiological general medical conditions include: hyperthyroidism, hyperparathyroidism, pheochromocytoma, vestibular dysfunctions, seizure disorders, and cardiac conditions (e.g., arrhythmias, supraventricular tachycardia).

Etiological substances include: intoxication with central nervous stimulants (e.g., cocaine, amphetamines, caffeine) or cannabis or withdrawal from central nervous system depressants (e.g., alcohol, barbiturates) or from cocaine.

→ CONTINUE

D. The panic attacks are not better accounted for by another mental disorder, such as Social Phobia (e.g., occurring on exposure to feared social situations), Specific Phobia, Obsessive-Compulsive Disorder (e.g., on exposure to dirt in someone with an obsession about contamination), Posttraumatic Stress Disorder, or Separation Anxiety Disorder. — ? 1 3 — E47

A, C, AND D coded "3" — 1 3 — E47a

→ 1: GO TO ***AWOPD***, E.15

→ 3: PANIC DISORDER

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PANIC DISORDER WITH AGORAPHOBIA

IF NOT OBVIOUS FROM OVERVIEW: Are there situations that make you nervous because you are afraid that you might have a panic attack?

Tell me about that.

IF CANNOT GIVE SPECIFICS: What about . . .

. . being uncomfortable if you're more than a certain distance from home?
. . being in a crowded place like a busy store, movie theatre, or restaurant?
. . standing in a line?
. . being on a bridge?
. . using public transportation--like a bus, train, or subway--or driving a car?

_____

_____

_____

B. The presence of Agoraphobia: ? 1 2 3 E48

(1) Anxiety about being in places or situations from which escape might be difficult (or embarrassing) or in which help may not be available in the event of having an unexpected or situationally predisposed Panic Attack or panic-like symptoms. Agoraphobic fears typically involve characteristic clusters of situations that include being outside the home alone; being in a crowd or standing in a line; being on a bridge; and traveling in a bus, train or automobile.

PANIC DISORDER WITHOUT AGORA-PHOBIA

GO TO ***SOCIAL PHOBIA***, E.19

Do you avoid these situations?

IF NO: When you are in one of these situations, do you feel very uncomfortable or like you might have a panic attack?

(Can you go into one of these situations only if you are with someone you know?)

_____

_____

_____

_____

(2) Agoraphobic situations are avoided (e.g., travel is restricted), or else endured with marked distress or with anxiety about having a panic attack or panic-like symptoms, or require the presence of a companion. ? 1 2 3 E49

PANIC DISORDER WITHOUT AGORA-PHOBIA

GO TO ***SOCIAL PHOBIA***, E.19

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(3) The anxiety or phobic avoidance is not better accounted for by another mental disorder, such as Social Phobia (e.g., avoidance limited to social situations because of fear of embarrassment), Specific Phobia (e.g., avoidance limited to a single situation like elevators), Obsessive-Compulsive Disorder (e.g., avoidance of dirt in someone with an obsession about contamination), Posttraumatic Stress Disorder (e.g., avoidance of stimuli associated with a severe stressor), or Separation Anxiety Disorder (e.g., avoidance of leaving home or relatives).

? 1 3 E50

1 → PANIC DISORDER WITHOUT AGORA-PHOBIA

GO TO ***SOCIAL PHOBIA***, E.19

NOTE: CONSIDER SPECIFIC PHOBIA IF FEAR IS LIMITED TO ONE OR ONLY A FEW SPECIFIC SITUATIONS OR SOCIAL PHOBIA IF FEAR IS LIMITED TO SOCIAL SITUATIONS

B(1), B(2), B(3) ALL CODED "3" 1 3 E51

1 → PANIC DISORDER WITHOUT AGORA-PHOBIA IN PAST YEAR

3 → PANIC DISORDER WITH AGORA-PHOBIA IN PAST YEAR

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AGORAPHOBIA WITHOUT HISTORY OF PANIC DISORDER (AWOPD)

AGORAPHOBIA WITHOUT HISTORY OF PANIC DISORDER (AWOPD) CRITERIA

→ IF MET PAST YEAR CRITERIA FOR PANIC DISORDER, CIRCLE 3 AND GO TO ***SOCIAL PHOBIA*** ON PAGE E.19.

→ IF CRITERIA FOR PAST YEAR PANIC DISORDER NOT MET, CIRCLE 1 AND CONTINUE:

PANIC DISORDER	
NO	YES
1	3

E52

→ IF SCREENING QUESTION #2 EQUALS 1, CIRCLE 1 AND GO TO ***SOCIAL PHOBIA*** ON PAGE E.19.

→ IF SCREENING QUESTION #2 EQUALS 2 or 3, CIRCLE 3 AND CONTINUE:

SCREEN Q#2	
NO	YES
1	3

E53

You've said that in the past year you have been afraid of going out of the house alone, being in crowds, standing in a line, or traveling on buses or trains . . .

What were you afraid could happen?

_____

_____

_____

_____

_____

A. The presence of Agoraphobia:

(1) anxiety about being in places or situations from which escape might be difficult (or embarrassing) or in which help may not be available <u>in the event of having panic-like symptoms</u> (e.g., dizziness or diarrhea). Agoraphobic fears typically involve characteristic clusters of situations that include being outside the home alone; being in a crowd or standing in a line; being on a bridge; and traveling in a bus, train, or car.

? 1 2 3

E54

GO TO ***SOCIAL PHOBIA***, E. 19

INDICATE FEARED SYMPTOM:

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Do you avoid these situations?

IF NO: When you are in one of these situations, do you feel very uncomfortable or like you might have a panic attack?

(Can you go into one of these situations only if you are with someone you know?)

_____

_____

(2) Agoraphobic situations are avoided (e.g., travel is restricted), or else endured with marked distress or with anxiety about having panic-like symptoms, or require the presence of a companion.

? 1 2 3 E55

GO TO ***SOCIAL PHOBIA***, E. 19

(3) The anxiety or phobic avoidance is not better accounted for by another mental disorder, such as Social Phobia (e.g., avoidance limited to social situations because of fear of embarrassment), Specific Phobia (e.g., avoidance limited to single situations like elevators), Obsessive-Compulsive Disorder (e.g., avoidance of dirt in someone with an obsession about contamination), Posttraumatic Stress Disorder (e.g., avoidance of stimuli associated with a severe stressor), Separation Anxiety Disorder (e.g., avoidance of leaving home or relatives).

? 1 3 E56

GO TO ***SOCIAL PHOBIA***, E.19

NOTE: CONSIDER SPECIFIC PHOBIA IF FEAR IS LIMITED TO ONE OR ONLY A FEW SPECIFIC SITUATIONS, OR SOCIAL PHOBIA IF FEAR IS LIMITED TO SOCIAL SITUATIONS

E57

A(1), A(2), A(3) ALL CODED "3" 1 3

GO TO ***SOCIAL PHOBIA***, E.19

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Just before you began having these fears, were you taking any drugs, caffeine, diet pills, or other medicines?

(How much coffee, tea, or caffeinated soda do you drink a day?)

Just before the fears began, were you physically ill?

IF YES: What did the doctor say?

_____

_____

C. 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 E58

DUE TO SUBSTANCE USE OR GMC

GO TO ***SOCIAL PHOBIA***, E.19

PRIMARY ANXIETY DISORDER

IF THERE IS ANY INDICATION THAT THE ANXIETY MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSE-QUENCE OF A GMC OR SUB-STANCE), GO TO ***ANXIETY DUE TO GMC/SUBSTANCE*** IN THE BACK OF THIS BOOKLET, ND RETURN HERE TO MAKE A RATING OF "1" OR "3."

Etiological general medical conditions include hyper- and hypo-thyroidism, hypoglycemia, hyper-parathyroidism, pheochromocytoma, congestive heart failure, arrhythmias, pulmonary embolism, chronic obstructive pulmonary disease, pneumonia, hyperventilation, B-12 deficiency, porphyria, CNS neoplasms, vestibular dysfunction, encephalitis.

Etiological substances include intoxication with central nervous stimulants (e.g., cocaine, amphetamines, caffeine) or cannabis, hallucinogens, PCP, or alcohol, or withdrawal from central nervous system depressants (e.g., alcohol, sedatives, hypnotics) or from cocaine.

CONTINUE

D. If an associated general medical condition is present, the fear described in criterion A is clearly in excess of that usually associated with the condition.

1 3 E59

GO TO ***SOCIAL PHOBIA***, E. 19

AWOPD IN PAST YEAR

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SOCIAL PHOBIA **SOCIAL PHOBIA CRITERIA**

→ IF SCREENING QUESTION #3 EQUALS 1, CIRCLE 1 AND GO TO ***SPECIFIC PHOBIA***, ON PAGE E.23.

SCREEN Q#3	
NO	YES
1	3

E60

→ IF SCREENING QUESTION #3 EQUALS 2 OR 3, CIRCLE 3 AND CONTINUE:

You've said that during the past year there have been things that you are afraid to do in front of other people, like speaking, eating, or writing . . .

Tell me about it.

What are you afraid would happen when _____?

IF PUBLIC SPEAKING ONLY: (Do you think that you are more uncomfortable than most people are in that situation?)

_____

_____

_____

_____

_____

A. A marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others. The individual fears that he or she will act in a way (or show anxiety symptoms) that will be humiliating or embarrassing.

? 1 2 3 E61

GO TO ***SPECIFIC PHOBIA***, E.23

Note: In adolescents, there must be evidence of capacity for age-appropriate relationships with familiar people and the anxiety must occur in peer settings, not just in interactions with adults.

Have you always felt anxious when you (CONFRONTED PHOBIC STIMULUS)?

_____

_____

_____

B. Exposure to the feared social situation almost invariably provokes anxiety, which may take the form of a situationally bound or situationally predisposed panic attack.

? 1 2 3 E62

GO TO ***SPECIFIC PHOBIA***, E.23

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Did you think that you are more afraid of (PHOBIC ACTIVITY) than you should have been (or than made sense)?

_____

C. The person recognizes that the fear is excessive or unreasonable. Note: in children, this feature may be absent.

? 1 2 3 E63

GO TO ***SPECIFIC PHOBIA***, E.23

IF NOT OBVIOUS: Do you go out of your way to avoid _____?

IF NO: How hard was it for you to _____?

_____

_____

D. The feared social or performance situations are avoided, or else endured with intense anxiety or distress.

? 1 2 3 E64

GO TO ***SPECIFIC PHOBIA***, E.23

IF UNCLEAR WHETHER FEAR WAS CLINICALLY SIGNIFICANT: How much does _____ interfere with your life?

IF DOES NOT INTERFERE WITH LIFE: How much has the fact that you have this fear bothered you?

_____

_____

E. The avoidance, anxious anticipation, or distress in the feared social or performance situation(s) interferes significantly with the person's normal routine, occupational (academic) functioning, or social activities or relationships, or there is marked distress about having the phobia.

? 1 2 3 E65

GO TO ***SPECIFIC PHOBIA***, E.23

F. NOTE: CRITERION F HAS BEEN OMITTED FROM THIS VERSION OF THE SCID.

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Just before you began having these fears, were you taking any drugs, caffeine, diet pills, or other medicines?

(How much coffee, tea, or caffeinated soda did you drink a day?)

Just before the fears began, were you physically ill?

IF YES: What did the doctor say?

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

? 1 3 E66

DUE TO SUBSTANCE USE OR GMC

GO TO ***SPECIFIC PHOBIA***, E.23

PRIMARY ANXIETY DISORDER

IF THERE IS ANY INDICATION THAT THE ANXIETY MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF THE GMC OR SUBSTANCE), GO TO ***ANXIETY DUE TO GMC/SUBSTANCE*** IN THE BACK OF THIS BOOKLET, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

Etiological general medical conditions include: hyper- and hypo-thyroidism, hypoglycemia, hyper-parathyroidism, pheochromocytoma, congestive heart failure, arrhythmias, pulmonary embolism, chronic obstructive pulmonary disease, pneumonia, hyperventilation, B-12 deficiency, porphyria, CNS neoplasms, vestibular dysfunction, encephalitis.

Etiological substances include: intoxication with central nervous stimulants (e.g., cocaine, amphetamines, caffeine) or cannabis, hallucinogens, PCP, or alcohol, or withdrawal from central nervous system depressants (e.g., alcohol, sedatives, hypnotics) or from cocaine.

CONTINUE

. . . and is not better accounted for by another mental disorder (e.g., Panic Disorder Without Agoraphobia, Separation Anxiety Disorder, Body Dysmorphic Disorder, a Pervasive Developmental Disorder, or Schizoid Personality Disorder).

? 1 2 3 E67

GO TO ***SPECIFIC PHOBIA***, E.23

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IF NOT ALREADY CLEAR: RETURN TO THIS ITEM AFTER COMPLETING INTERVIEW.

H. If a general medical condition or other mental disorder is present, the fear in A is unrelated to it, e.g., the fear is not of stuttering, trembling (in Parkinson's disease) or exhibiting abnormal eating behavior (in Anorexia Nervosa or Bulimia Nervosa).

? 1 2 3 E68

1 → GO TO ***SPECIFIC PHOBIA***, E.23

SOCIAL PHOBIA CRITERIA A, B, C, D, E, G, AND H ARE CODED "3" E69

1 → GO TO ***SPECIFIC PHOBIA***, E.23

3 → SOCIAL PHOBIA IN PAST YEAR

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SPECIFIC PHOBIA **SPECIFIC PHOBIA CRITERIA**

IF SCREENING QUESTION #4 EQUALS 1, CICLE 1 AND GO TO ***OCD/OBSESSIONS*** ON PAGE E.27

IF SCREENING QUESTION #4 EQUALS 2 OR 3, CIRCLE 3 AND CONTINUE:

SCREEN Q#4	
NO	YES
1	3

E70

You've said that in the past year there have been other things that you've been especially afraid of, like flying, seeing blood, getting a shot, heights, closed places, or certain kinds of animals or insects . . .

Tell me about that.

What are you afraid would happen when (CONFRONTED WITH PHOBIC STIMULUS)?

_____

_____

_____

_____

A. Marked and persistent fear that is excessive or unreasonable, cued by the presence or anticipation of a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood).

? 1 2 3 E71

GO TO ***OCD/ OBSESSION***, E.27

Have you always felt frightened when you (CONFRONTED PHOBIC STIMULUS)?

_____

_____

_____

B. Exposure to the phobic stimulus almost invariably provokes an immediate anxiety response, which may take the form of a situationally bound or situationally predisposed Panic Attack.

? 1 2 3 E72

GO TO *** OCD/ OBSESSION***, E.27

Did you think that you are more afraid of (PHOBIC STIMULUS) than you should have been (or than made sense)?

_____

_____

_____

_____

C. The person recognizes that the fear is excessive or unreasonable.

? 1 2 3 E73

GO TO ***OCD/ OBSESSION***, E.27

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Do you go out of your way to avoid (PHOBIC STIMULUS)?

(Are there things you don't do because of this fear that you would otherwise have done?)

IF NO: How hard is it for you to (CONFRONT PHOBIC STIMULUS)?

_____

_____

_____

D. The phobic situation(s) is avoided, or else endured with intense anxiety or distress.

? 1 2 3 E74

GO TO ***OCD/ OBSESSION***, E.27

IF UNCLEAR WHETHER FEAR WAS CLINICALLY SIGNIFICANT: How much does (PHOBIA) interfere with your life?

(Is there anything you've avoided because of being afraid of [PHOBIC STIMULUS])?

IF DOES NOT INTERFERE WITH LIFE: How much has the fact that you were afraid of (PHOBIC STIMULUS) bothered you?

_____

_____

_____

_____

E. The avoidance, anxious anticipation, or distress in the feared situation(s) interferes significantly with the person's normal routine, occupational (or academic) functioning, or social activities or relationships, or there is marked distress about having the phobia.

? 1 2 3 E75

GO TO ***OCD/ OBSESSION***, E.27

NOTE: CRITERION F HAS BEEN OMITTED FROM THIS VERSION OF THE SCID.

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IF NOT ALREADY CLEAR: RETURN TO THIS ITEM AFTER COMPLETING SECTION ON PTSD AND OBSESSIVE-COMPULSIVE DISORDER.

G. The anxiety, panic attacks, or phobic avoidance associated with the specific object or situation are not better accounted for by another mental disorder, such as Obsessive-Compulsive Disorder (e.g., fear of dirt in someone with an obsession about contamination), Posttraumatic Stress Disorder (e.g. avoidance of stimuli associated with a severe stressor), Separation Anxiety Disorder (e. g., avoidance of school), Social Phobia (e.g., avoidance of social situations because of fear of embarrassment), Panic Disorder With Agoraphobia, or Agoraphobia Without History of Panic Disorder.

? 1 3 E76

GO TO * **OCD/ OBSESSION***, E.27

SPECIFIC PHOBIA CRITERIA A, B, C, D, E, AND G ARE CODED "3."

1 3 E77

GO TO * **OCD/ OBSESSION***, E.27

SPECIFIC PHOBIA PAST YEAR

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OBSESSIVE COMPULSIVE DISORDER

OBSESSIVE COMPULSIVE DISORDER CRITERIA

IF SCREENING QUESTION #5 EQUALS 1, CIRCLE 1 AND GO TO ***COMPULSIONS*** ON PAGE E.29

IF SCREENING QUESTION #5 EQUALS 2 OR 3, CIRCLE 3 AND CONTINUE: You've said that in the past year that you have had thoughts that didn't make any sense and kept coming back to you even when you tried not to have them . . .

SCREEN Q#5 NO	SCREEN Q#5 YES
1	3

A. Either obsessions or compulsions:

(What were they?)

Obsessions as defined by (1), (2), (3) and (4)

IF SUBJECT NOT SURE WHAT IS MEANT: . . . Thoughts like hurting someone, even though you really didn't want to or being contaminated by germs or dirt?

_____

_____

_____

_____

When you had these thoughts, did you try hard to get them out of your head? (What would you try to do?)

_____

_____

IF UNCLEAR: Where did you think these thoughts were coming from?

_____

(1) recurrent and persistent thoughts, impulses, or images that are experienced, at some time during the disturbance, as intrusive and inappropriate, and that cause marked anxiety or distress — ? 1 2 3 — E79

(2) the thoughts, impulses, or images are not simply excessive worries about real-life problems. — ? 1 2 3 — E80

(3) the person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralize them with some other thought or action. — ? 1 2 3 — E81

(4) the person recognizes that the obsessional thoughts, impulses, or images are a product of his or her own mind (not imposed from without as in thought insertion) — ? 1 2 3 — E82

NO OBSESSIONS GO TO ***COMPULSIONS***, E.29

OBSES-SIONS

DESCRIBE CONTENT OF OBSESSIONS:

_____

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COMPULSIONS

→ IF SCREENING QUESTION #6 EQUALS 1, CIRCLE 1 AND GO TO ***CHECK FOR OBSESSIONS/COMPULSIONS*** ON PAGE E.30 (TOP OF NEXT PAGE)

SCREEN Q#6	
NO	YES
1	3

E83

IF SCREENING QUESTION #6 EQUALS 2 OR 3, CIRCLE 3 AND CONTINUE:

You've said that in that past year there were things that you had to do over and over again and couldn't resist doing, like washing your hands again and again, counting up to a certain number or checking something several times to make sure that you had done it right . . .

(What did you have to do?)

_____

_____

_____

_____

Compulsions as defined by (1) and (2)

(1) repetitive behaviors (e. g., handwashing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly — ? 1 2 3 — E84

IF UNCLEAR: Why did you have to do (COMPULSIVE ACT?) What would happen if you didn't do it?

IF UNCLEAR: How many times would you do (COMPULSIVE ACT)? How much time a day would you spend doing it?

_____

_____

(2) the behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent, or are clearly excessive — ? 1 2 3 — E85

COMPULSIONS

GO TO ***CHECK FOR OBSESSIONS / COMPULSIONS***, E.30 (TOP OF NEXT PAGE)

DESCRIBE CONTENT OF COMPULSION(S)

_____

_____

_____

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CHECK FOR OBSESSIONS/COMPULSIONS

→ IF NEITHER **OBSESSIONS** NOR **COMPULSIONS**, CIRCLE 1 AND GO TO ***GENERALIZED ANXIETY*** ON PAGE E.33

→ IF EITHER OBSESSIONS, OR COMPULSIONS, OR BOTH, CIRCLE 3 AND CONTINUE:

OBSESSIONS/ COMPULSIONS	
NO	YES
1	3

E86

Do you (think about [OBSESSIVE THOUGHTS]/do [COMPULSIVE ACTS]) more than you should have (or than makes sense)?

IF NO: How about when you first started having this problem?

_____

_____

_____

B. At some point during the course of the disorder, the person has recognized that the obsessions or compulsions are excessive or unreasonable. Note: this does not apply to children.

? 1 2 3

E87

GO TO ***GAD***, E.33

E88

Check here ___ if **With Poor Insight:** i.e., for most of the time during the current episode, the person does not recognize that the obsessions and compulsions are excessive or unreasonable.

What effect has this (OBSESSION OR COMPULSION) had on your life? (Did [OBSESSION OR COMPULSION] bother you a lot?)

_____

_____

(How much time have you spent on [OBSESSION OR COMPULSION])?

_____

_____

C. The obsessions or compulsions cause marked distress, are time-consuming (take more than an hour a day), or significantly interfere with the person's normal routine, occupational functioning, or usual social activities or relationships.

? 1 2 3

E89

GO TO ***GAD***, E.33

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IF NOT ALREADY CLEAR: RETURN TO THIS ITEM AFTER COMPLETING INTERVIEW

D. If another Axis I disorder is present, the content of the obsessions or compulsions is not restricted to it (e.g., preoccupation with food in the presence of an Eating Disorder; hair pulling in the presence of Trichotillomania; concern with appearance in the presence of Body Dysmorphic Disorder; preoccupation with drugs in the presence of a Substance Use Disorder; preoccupation with having a serious illness in the presence of Hypochondriasis; preoccupation with sexual urges or fantasies in the presence of a Paraphilia, or guilty ruminations in the presence of Major Depressive Disorder).

? 1 3 E90

1 → GO TO ***GAD***, E.33

Just before you began having (OBSESSIONS OR COMPULSIONS) were you taking any drugs or medicines?

Just before the (OBSESSIONS OR COMPULSIONS) started, were you physically ill? (What did the doctor say?)

E. 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 E91

1 → DUE TO SUBSTANCE USE OR A GMC

GO TO ***GAD***, E.33

IF THERE IS ANY INDICATION THAT THE OBSESSIONS OR COMPULSIONS MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE), GO TO ***ANXIETY DUE TO GMC/SUBSTANCE,*** IN THE BACK OF THIS BOOKLET, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

3 → PRIMARY ANXIETY DISORDER

Etiological general medical conditions include: certain CNS neoplasms.

Etiological substances include: intoxication with central nervous system stimulants (e.g., cocaine, amphetamines)

3 → CONTINUE

OBSESSIVE COMPULSIVE DISORDER CRITERIA A, B, C, D, AND E ARE CODED "3"

1 3 E92

1 → GO TO ***GAD***, E. 33

3 → OBSESSIVE COMPULSIVE DISORDER IN PAST YEAR

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GENERALIZED ANXIETY DISORDER **GENERALIZED ANXIETY DISORDER CRITERIA**

IF SCREENING QUESTION #7 EQUALS 1, CIRCLE 1 AND GO TO *ANOREXIA* ON PAGE F.1.

IF SCRENING QUESTION #7 EQUALS 2 OR 3, CIRCLE 3 AND CONTINUE:

SCREEN Q#7	
NO	YES
1	3

E93

You've said that in the last year there have been times you've been particularly nervous or anxious . . .

Do you also worry a lot about bad things that might happen?

IF YES: What do you worry about? (How much do you worry about [EVENTS OR ACTIVITIES]?)

Has there been a six month period of time in the past year when you were worrying for more days than not?

_____

_____

_____

A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least six months, about a number of events or activities (such as work or school performance)

? 1 2 3 E94

GO TO ***ANOREXIA***, F.1

When you're worrying this way, do you find that it's hard to stop yourself?

_____

_____

B. The person finds it difficult to control the worry.

? 1 2 3 E95

GO TO ***ANOREXIA***, F.1

When did this anxiety start? COMPARE ANSWER WITH ONSET OF MOOD OR PSYCHOTIC DISORDER.

_____

_____

_____

F(2). Does not occur exclusively during the course of a Mood Disorder, Psychotic Disorder, or a Pervasive Developmental Disorder

? 1 3 E96

GO TO ***ANOREXIA***, F.1

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Now I am going to ask you some questions about symptoms that often go along with being nervous.

Thinking about those periods in the past year when you're feeling nervous or anxious . . .

C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past six months):

. . . do you often feel physically restless--can't sit still?	(1)	restlessness or feeling keyed up or on edge	?	1	2	3	E97
. . . do you often feel keyed up or on edge?							
. . . do you often tire easily?	(2)	being easily fatigued	?	1	2	3	E98
. . . do you have trouble concentrating or does your mind go blank?	(3)	difficulty concentrating or mind going blank	?	1	2	3	E99
. . . are you often irritable?	(4)	irritability	?	1	2	3	E100
. . . are your muscles often tense?	(5)	muscle tension	?	1	2	3	E101

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

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. . . do you often have trouble falling or staying asleep?	(6) sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)	? 1 2 3	E102	
	AT LEAST THREE "C" SXS ARE CODED "3"	? 1 2 3 GO TO ***ANOREXIA***, F.1	E103	
CODE BASED ON PREVIOUS INFORMATION	D. The focus of the anxiety and worry is not confined to the features of another Axis I Disorder, e.g., the anxiety or worry is not about having a panic attack (as in Panic Disorder), being embarrassed in public (as in Social Phobia), being contaminated (as in Obsessive Compulsive Disorder), being away from home or close relatives (as in Separation Anxiety Disorder), gaining weight (as in Anorexia Nervosa), having multiple physical complaints (as in Somatization Disorder), or having a serious illness (as in Hypochondriasis), and the anxiety or worry do not occur exclusively during Posttraumatic Stress Disorder.	? 1 3 GO TO ***ANOREXIA***, F.1	E104	
IF UNCLEAR: What effect has the anxiety, worry, or (PHYSICAL SYMPTOMS) had on your life? (Has it made it hard for you to do your work or be with your friends?)	E. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning	? 1 2 3 GO TO ***ANOREXIA***, F.1	E105	

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Just before you began having this anxiety, were you taking any drugs, caffeine, diet pills, or other medicines?

(How much coffee, tea, or caffeinated soda do you drink a day?)

Just before these problems began, were you physically ill?

IF YES: What did the doctor say?

F. 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

E106

DUE TO SUBSTANCE USE OR A GMC

GO TO ***ANOREXIA***, F.1

IF THERE IS ANY INDICATION THAT THE ANXIETY MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE), GO TO ***ANXIETY DUE TO GMC/SUBSTANCE*** IN THE BACK OF THIS BOOKLET, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

PRIMARY ANXIETY DISORDER

<u>Etiological general medical conditions include</u>: hyper- and hypo-thyroidism, hypoglycemia, hyper-parathyroidism, pheochromocytoma, congestive heart failure, arrhythmias, pulmonary embolism, chronic obstructive pulmonary disease, pneumonia, hyperventilation, B-12 deficiency, porphyria, CNS neoplasms, vestibular dysfunction, encephalitis.

<u>Etiological substances include:</u> intoxication with central nervous stimulants (e.g., cocaine, amphetamines, caffeine) or cannabis, hallucinogens, PCP, or alcohol or withdrawal from central nervous system depressants (e.g., alcohol, sedatives, hypnotics) or from cocaine.

CONTINUE

GENERALIZED ANXIETY CRITERIA A, B, C, D, E AND F ARE CODED "3"

1 3

E107

GO TO ***ANOREXIA***, F.1

GENERALIZED ANXIETY DISORDER

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F. EATING DISORDERS

ANOREXIA NERVOSA **ANOREXIA NERVOSA CRITERIA**

IF SCREENING QUESTION #8 EQUALS 1, CIRCLE 1 AND GO TO ***BULIMIA*** ON PAGE F.3

IF SCREENING QUESTION #8 EQUALS 2 OR 3, CIRCLE 3 AND CONTINUE:

SCREEN Q#8	
NO	YES
1	3

F1

You've said that there was a time in the past year When you weighed much less than other people thought you ought to weigh . . .

Why was that? How much did you weigh? How tall are you?

_____

_____

_____

A. Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g., weight loss leading to maintenance of body weight less than 85% of that expected; or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected)

? 1 2 3 F2

GO TO ***BULIMIA***, F.3

At that time, were you very afraid that you could become fat?

_____

_____

B. Intense fear of gaining weight or becoming fat, even though underweight.

? 1 2 3 F3

GO TO ***BULIMIA***, F.3

At your lowest weight, did you still feel too fat or that part of your body was too fat?

IF NO: Did you need to be very thin in order to feel good about yourself?

IF NO AND LOW WEIGHT IS MEDICALLY SERIOUS: When you were that thin, did anybody tell you it could be dangerous to your health to be that thin? (What did you think?)

_____

_____

_____

C. Disturbance in the way in which one's body weight or shape is experienced; undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight

? 1 2 3 F4

GO TO ***BULIMIA***, F.3

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FOR FEMALES: Before this time, were you having your periods? Did they stop? (For how long?)

_____

_____

_____

D. In postmenarchal females, amenorrhea, i.e., the absence of at least three consecutive menstrual cycles. (A woman is still considered to have amenorrhea if her periods occur only following hormone, e.g., estrogen, administration)

? 1 2 3 F5

1 → GO TO ***BULIMIA***, F.3

ANOREXIA NERVOSA CRITERIA A, B, C, AND D ARE CODED "3" F6

1 → GO TO ***BULIMIA***, F.3

3 → ANOREXIA NERVOSA PAST YEAR

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BULIMIA NERVOSA **BULIMIA NERVOSA CRITERIA**

IF CRITERIA MET FOR ANOREXIA NERVOSA, CIRCLE 3 AND GO TO ***IED*** ON PAGE G.1.

IF CRITERIA NOT MET FOR ANOREXIA NERVOSA, CIRCLE 1 AND CONTINUE.

ANOREXIA NERVOSA	
NO	YES
1	3

F7

IF SCREENING QUESTION #9 EQUALS 1, CIRCLE 1 AND GO TO ***IED*** ON PAGE G.1.

IF QUESTION #9 EQUALS 2 OR 3, CIRCLE 3 AND CONTINUE:

SCREEN Q#9	
NO	YES
1	3

F8

You've said that in the past year, you've often had times when your eating was out of control. Tell me about those times.

A. Recurrent episodes of binge eating. An episode of binge eating is characterized by BOTH of the following:

? 1 2 3 F9

GO TO ***IED***, G.1

(2) a sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating)

IF UNCLEAR: During these times, do you often eat within any two hour period what most people would regard as an unusual amount of food? Tell me about that.

(1) eating, in a discrete period of time (e.g., within any two hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.

? 1 2 3 F10

GO TO ***IED***, G.1

Did you do anything to counteract the effects of eating that much? (Like making yourself vomit, taking laxatives, enemas or water pills, strict dieting or fasting, or exercising a lot?)

B. Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as: self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.

? 1 2 3 F11

GO TO ***IED***, G.1

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How often were you eating that much (AND COMPENSATORY BEHAVIOR)? (At least twice a week for at least three months?)

_____

_____

_____

_____

C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for three months. ? 1 2 3 F12

→ GO TO ***IED***, G.1

Were your body shape and weight among the most important things that affected how you felt about yourself?

_____

_____

D. Self-evaluation is unduly influenced by body shape and weight. ? 1 2 3 F13

→ GO TO ***IED***, G.1

E. The disturbance does not occur exclusively during episodes of Anorexia Nervosa ? 1 3 F14

→ GO TO ***IED***, G.1

BULIMIA NERVOSA CRITERIA A, B, C, D AND E ARE CODED "3" 1 3 F15

→ GO TO ***IED***, G.1

→ BULIMIA NERVOSA PAST YEAR

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G. INTERMITTENT EXPLOSIVE DISORDER

INTERMITTENT EXPLOSIVE DISORDER CRITERIA

In the past year, that is since (CURRENT DATE) 2010, have you had times when you lost control of your anger, resulting in your hitting or seriously threatening someone or damaging things?

IF YES: What did you do? When did you do it? How often did it happen?

DESCRIBE ASSAULTIVE ACTS:

_____

_____

A. Several discrete episodes of failure to resist aggressive impulses that result in serious assaultive acts or destruction of property. ? 1 2 3 G1

GO TO ***ALCOHOL USE DISORDERS***, H.1

What happened that set you off? (Do you think your reaction was much stronger than it should have been given the circumstances?) (Has anyone told you that your reaction was way off-base given the situation?)

_____

_____

B. The degree of aggressiveness expressed during the episodes is grossly out of proportion to any precipitating psychosocial stressors. ? 1 2 3 G2

GO TO ***ALCOHOL USE DISORDERS***, H.1

Did this happen only when you were drinking or using drugs?

Did this happen only when you were sick with a medical illness?

IF HX OF MANIA OR PSYCHOSIS: Did this happen only when you were feeling excited or irritable or only when you were (PSYCHOTIC SXS)?

(Did you do [ASSAULTIVE ACTS] because you were hearing voices or because your thinking was confused?)

(Did you do [ASSAULTIVE ACTS] on purpose or was it really beyond your control?)

_____

C. The aggressive episodes are not better accounted for by Antisocial Personality Disorder, Borderline Personality Disorder, a psychotic disorder, a Manic Episode, Conduct Disorder, or Attention-Deficit/ Hyperactivity Disorder and are not due to the physiological effects of a substance or a general medical condition. ? 1 2 3 G3

GO TO ***ALCOHOL USE DISORDERS***, H.1

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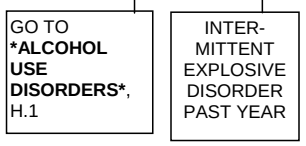
ITEMS A, B, AND C ARE CODED "3" 1 3 G4



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H. SUBSTANCE USE DISORDERS

ALCOHOL USE DISORDERS (PAST YEAR)

Next I'd like to ask about your use of alcohol. What have your drinking habits been like in the past year?
(How much do you drink?) (Have there been any times in the past year when you had five or more drinks on one occasion?)

RECORD TYPICAL WEEKLY PATTERN OF USE:

When in the past year were you drinking the most? (How long did that period last?)

RECORD DATE OF HEAVIEST USE AND DESCRIBE PATTERN

During that time . . .

how often were you drinking?

what were you drinking? how much?

During that time . . .

did your drinking cause problems for you?

did anyone object to your drinking?

→ IF R HAS NOT DRUNK AT LEAST 6 DRINKS IN THE PAST YEAR, CIRCLE THE 1 AND SKIP TO ***NON-ALCOHOL SUBSTANCE USE DISORDERS***, H. 9

→ IF R HAS DRUNK AT LEAST 6 DRINKS IN THE PAST YEAR, CIRCLE THE 3 AND CONTINUE TO NEXT PAGE.

1 3 H1

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ALCOHOL DEPENDENCE

I'd now like to ask you some more questions about (TIME IN PAST YEAR WHEN DRINKING THE MOST OR TIME WHEN DRINKING CAUSED MOST PROBLEMS).

During that time…

ALCOHOL DEPENDENCE CRITERIA

A maladaptive pattern of alcohol use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following occurring at any time in the same twelve month period:

NOTE: CRITERIA FOR ALCOHOL DEPENDENCE ARE NOT IN DSM-IV-TR ORDER

…did you often find that when you started drinking you ended up drinking much more than you were planning to? (Tell me about that.) IF NO: What about drinking for a much longer period of time than you were planning to? _____ _____ _____	(3)	alcohol is often taken in larger amounts OR over a longer period than was intended	?	1	2	3	H2
…did you try to cut down or stop drinking alcohol? IF YES: Did you actually stop drinking altogether? (How many times did you try to cut down or stop altogether?) IF NO: Did you want to stop or cut down? (Is this something you kept worrying about?) _____ _____ _____	(4)	there is a persistent desire OR unsuccessful efforts to cut down or control alcohol use	?	1	2	3	H3

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…did you spend a lot of time drinking, being high, or hung over? (How much time?) _____ _____ _____	(5)	a great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects	?	1	2	3	H4
…did you have times when you would drink so often that you started to drink instead of working or spending time at hobbies or with your family or friends, or engaging in other important activities, such as sports, gardening, or playing music? _____ _____ _____	(6)	important social, occupational, or recreational activities given up or reduced because of alcohol use	?	1	2	3	H5
IF NOT ALREADY KNOWN: During that time did your drinking cause any psychological problems like making you depressed or anxious, making it difficult to sleep, or causing "blackouts?" IF NOT ALREADY KNOWN: Did your drinking cause significant physical problems or made a physical problem worse? IF YES TO EITHER OF ABOVE: Did you keep on drinking anyway? _____ _____ _____	(7)	alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol (e.g., continued drinking despite recognition that an ulcer was made worse by alcohol consumption)	?	1	2	3	H6

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Have you found that you needed to drink a lot more in order to get the feeling you wanted than you did when you first started drinking? IF YES: How much more? IF NO: What about finding that when you drank the same amount, it had much less effect than before? _____ _____ _____	(1) tolerance, as defined by either of the following: (a) a need for markedly increased amounts of alcohol to achieve intoxication or desired effect (b) markedly diminished effect with continued use of the same amount of alcohol	?	1	2	3	H7
During the past year have you had any withdrawal symptoms when you cut down or stopped drinking like . . . . . . sweating or racing heart? . . . hand shakes? . . . trouble sleeping? . . . feeling nauseated or vomiting? . . . feeling agitated? . . . or feeling anxious? (How about having a seizure or seeing, feeling, or hearing things that weren't really there?) _____ _____	(2) withdrawal, as manifested by either (a) or (b): (a) at least <u>TWO</u> of the following: - - autonomic hyperactivity (e.g., sweating or pulse rate greater than 100) - - increased hand tremor - - insomnia - - nausea or vomiting - - psychomotor agitation - - anxiety - - grand mal seizures - - transient visual, tactile, or auditory hallucinations or illusions	?	1	2	3	H8
IF NO: During the past year, have you ever started the day with a drink, or did you often drink or take some other drug or medication to keep yourself from getting the shakes or becoming sick? _____ _____	(b) alcohol (or a substance from the sedative / hypnotic / anxiolytic class) taken to relieve or avoid withdrawal symptoms					

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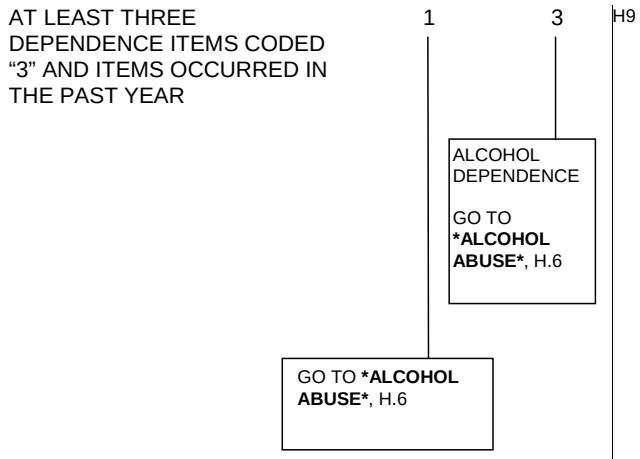

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PAST YEAR ALCOHOL ABUSE

Let me ask you a few more questions about (TIME IN PAST YEAR WHEN DRINKING THE MOST OR TIME WHEN DRINKING CAUSED MOST PROBLEMS).

During that time…

ALCOHOL ABUSE CRITERIA

A. A maladaptive pattern of alcohol use, leading to clinically significant impairment or distress, as manifested by one (or more) of the following occurring within a twelve month period:

…did you miss work or school because you were intoxicated, high, or very hung over? (What about doing a bad job at work or failing courses at school because of your drinking?) IF NO: What about not keeping your house clean [IF CHILDREN: or not taking proper care of your children] because of your drinking? IF YES TO EITHER: How often? (Over what period of time?) _____ _____ _____ _____	(1)	Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to alcohol use; alcohol-related absences, suspensions, or expulsions from school; neglect of children or household).	?	1	2	3	H10
…did you drink in a situation in which it might have been dangerous to drink at all? (In the past year have you driven while you were really too drunk to drive?) IF YES AND UNKNOWN: How many times? (When?) _____ _____ _____	(2)	Recurrent alcohol use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by alcohol use)	?	1	2	3	H11

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During the past year has your drinking gotten you into trouble with the law? IF YES AND UNKNOWN: How often? (Over what period of time?) _____ _____ _____	(3)	recurrent alcohol-related legal problems (e.g., arrests for alcohol-related disorderly conduct)	?	1	2	3	H12
IF NOT ALREADY KNOWN: Did your drinking cause problems with other people, such as with family members, friends, or people at work? Did you get into physical fights when you were drinking? What about having bad arguments about what happens when you drink too much?) IF YES: Did you keep on drinking anyway? (Over what period of time?) _____ _____ _____	(4)	continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)	?	1	2	3	H13
		AT LEAST ONE "A" ITEM CODED "3"		1		3	H14

GO TO ***NON-ALCOHOL SUBSTANCE USE DISORDERS***, H.9

ALCOHOL ABUSE

GO TO ***NON-ALCOHOL SUBSTANCE USE DISORDERS***, H.9

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NON-ALCOHOL SUBSTANCE USE DISORDERS
(PAST YEAR DEPENDENCE AND ABUSE)

Now I am going to ask you about your use of drugs or medicines in the past 12 months.

CIRCLE THE NAME OF EACH DRUG USED IN THE PAST YEAR (OR WRITE IN NAME IF "OTHER")	RECORD PATTERN OF USUAL USE AND PERIOD/PATTERN OF HEAVIEST USE (INCLUDING DATE AND DURATION)	INDICATE PAST YEAR USE LEVEL*	
In the past 12 months have you taken any pills to calm you down or mellow you out or to help you sleep - drugs like Valium, Xanax, Ativan, Klonopin, Rohypnol or "roofies", Ambien, Sonata, Lunesta, Halcion, or Restoril?	**Sedatives-hypnotics-anxiolytics:** _____ _____ _____	1 3	H15
How about stimulants or "uppers", like speed, methamphetamine, crystal meth, "crank", Ritalin, dexadrine, Adderall or prescription diet pills?	**Stimulants:** _____ _____ _____	1 3	H16
How about prescription pain relievers like morphine, codeine, Darvocet, Darvon, Tylenol with Codeine, Percocet, Percodan, Tylox, Vicodin, Lortab, Lorcet, OxyContin, or any other prescription pain reliever?	**Opioids:** _____ _____ _____	1 3	H17
How about marijuana (pot, grass, weed) or hashish?	**Cannabis:** _____ _____	1 3	H18
How about heroin?	**Heroin:** _____	1 3	H19
How about cocaine, "crack", or freebase?	**Cocaine:** _____	1 3	H20
How about LSD, "acid", PCP, peyote, mescaline, psilocybin, Ecstasy, Ketamine or other hallucinogens?	**Hallucinogens/PCP** _____	1 3	H21
How about sniffing glue, paint, correction fluid, "poppers," gasoline, laughing gas or other inhalants to get high?	**Inhalants:** _____	1 3	H22

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*FOR ANY DRUG CLASS USED NONMEDICALLY MORE THAN ONCE (FOR CANNABIS, THRESHOLD IS AT LEAST 6 TIMES) IN THE PAST YEAR, CIRCLE 3 FOR USE LEVEL. FOR ALL OTHERS, CIRCLE 1.

*FOR PRESCRIBED MEDICATIONS, CIRCLE 3 IF SUBJECT REPORTS BEING DEPENDENT ON A PRESCRIBED DRUG OR USING MORE THAN WAS PRESCRIBED.

IF NO DRUG CLASSES HAVE A 3 CIRCLED FOR PAST YEAR USE LEVEL, CIRCLE 1 AND GO TO ***ADJUSTMENT DISORDER***, J.1.	1	3	H23
IF ANY DRUG CLASS HAS A 3 CIRCLED FOR LEVEL OF USE, CIRCLE 3 AND CONTINUE.			

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SUBSTANCE DEPENDENCE

I'd now like to ask you some more questions about (TIME IN THE PAST YEAR WHEN YOU WERE USING THE MOST DRUG[S] / YOUR USE OF DRUG[S] DURING THE PAST 12 MONTHS).

During that time...

SUBSTANCE DEPENDENCE CRITERIA

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following occurring at any time in the same twelve month period:

NOTE: CRITERIA FOR SUBSTANCE DEPENDENCE ARE NOT IN DSM-IV-TR ORDER

…did you often find that when you started using (DRUG[S]) you ended up using much more of it than you were planning to? (Tell me about it.) IF NO: What about using it over a much longer period of time than you were planning to? _____ _____ _____	(3) substance is often taken in larger amounts OR over a longer period than was intended	SED	?	1	2	3	H24
		STIM	?	1	2	3	H25
		OPI	?	1	2	3	H26
		CAN	?	1	2	3	H27
		HER	?	1	2	3	H28
		COC	?	1	2	3	H29
		HAL	?	1	2	3	H30
		INH	?	1	2	3	H31
…did you try to cut down or stop using (DRUG[S])? → IF YES: In the past year, did you ever actually stop using (DRUG[S]) altogether? (How many times did you try to cut down or stop altogether?) → IF NO: Did you want to stop or cut down? (Is this something you kept worrying about?) _____ _____ _____	(4) there is a persistent desire OR unsuccessful efforts to cut down or control substance use	SED	?	1	2	3	H32
		STIM	?	1	2	3	H33
		OPI	?	1	2	3	H34
		CAN	?	1	2	3	H35
		HER	?	1	2	3	H36
		COC	?	1	2	3	H37
		HAL	?	1	2	3	H38
		INH	?	1	2	3	H39

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…did you spend a lot of time using (DRUG[S]) or doing whatever you had to do to get it? Did it take you a long time to get back to normal? (How much time?) _____ _____ _____	(5)	a great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects	SED	?	1	2	3	H40
			STIM	?	1	2	3	H41
			OPI	?	1	2	3	H42
			CAN	?	1	2	3	H43
			HER	?	1	2	3	H44
			COC	?	1	2	3	H45
			HAL	?	1	2	3	H46
			INH	?	1	2	3	H47
…did you often have times when you would use (DRUG[S]) so often that you used (DRUG[S]) instead of working or spending time with your family or friends or engaging in other important activities, such as sports, gardening, or playing music? _____ _____ _____	(6)	important social, occupational, or recreational activities given up or reduced because of substance use	SED	?	1	2	3	H48
			STIM	?	1	2	3	H49
			OPI	?	1	2	3	H50
			CAN	?	1	2	3	H51
			HER	?	1	2	3	H52
			COC	?	1	2	3	H53
			HAL	?	1	2	3	H54
			INH	?	1	2	3	H55
IF NOT ALREADY KNOWN: Did [DRUG(S)] cause any psychological problems like making you depressed, agitated, or paranoid? IF NOT ALREADY KNOWN: Did [DRUG(S)] cause any significant physical problems or make a physical problem worse? IF YES TO EITHER OF ABOVE: Did you keep on using (DRUG[S]) anyway? _____ _____ _____	(7)	substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., recurrent cocaine use despite recognition of cocaine-related depression)	SED	?	1	2	3	H56
			STIM	?	1	2	3	H57
			OPI	?	1	2	3	H58
			CAN	?	1	2	3	H59
			HER	?	1	2	3	H60
			COC	?	1	2	3	H61
			HAL	?	1	2	3	H62
			INH	?	1	2	3	H63

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

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Have you found that you needed to use a lot more (DRUG[S]) in order to get the feeling you wanted than you did when you first started using it?

→ IF YES: How much more?

→ IF NO: What about finding that when you used the same amount, it had much less effect than before?

_____

_____

_____

In the past year, have you had any withdrawal symptoms, that is, felt sick when you cut down or stopped using (DRUG[S])?

→ IF YES: What symptoms did you have? REFER TO LIST OF WITHDRAWAL SYMPTOMS ON H.18

→ IF NO: After not using (DRUG[S]) for a few hours or more, did you sometimes use it to keep yourself from getting sick with (WITHDRAWAL SYMPTOMS)?

_____

_____

_____

(1) tolerance, as defined by either of the following:	SED	?	1	2	3	H64
	STIM	?	1	2	3	H65
(a) a need for markedly increased amounts of the substance to achieve intoxication or desired effect	OPI	?	1	2	3	H66
	CAN	?	1	2	3	H67
(b) markedly diminished effect with continued use of the same amount of the substance	HER	?	1	2	3	H68
	COC	?	1	2	3	H69
	HAL	?	1	2	3	H70
	INH	?	1	2	3	H71
(2) withdrawal, as manifested by either of the following:	SED	?	1	2	3	H72
	STIM	?	1	2	3	H73
(a) the characteristic withdrawal syndrome for the substance	OPI	?	1	2	3	H74
	CAN	?	1	2	3	H75
(b) the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms	HER	?	1	2	3	H76
	COC	?	1	2	3	H77
	HAL	?	1	2	3	H78
	INH	?	1	2	3	H79

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IF UNKNOWN: When did (SXS CODED "3" ABOVE) occur? (Did they all happen around the same time?)	AT LEAST THREE DEPENDENCE ITEMS CODED "3" AND ITEMS OCCURRED WITHIN THE SAME TWELVE MONTH PERIOD	SED	1	3	H80
		STIM	1	3	H81
		OPI	1	3	H82
		CAN	1	3	H83
		HER	1	3	H84
		COC	1	3	H85
		HAL	1	3	H86
		INH	1	3	H87

Substance Dependence

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NON-ALCOHOL SUBSTANCE ABUSE PAST YEAR

Now I'd like to ask you some questions about (TIME IN THE PAST YEAR WHEN USED DRUG[S] THE MOST / YOUR USE OF DRUG[S] DURING THE PAST 12 MONTHS).

During that time...

NON-ALCOHOL SUBSTANCE ABUSE CRITERIA

A. A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following occurring within a twelve month period:

…did you miss work or school because you were very high or very hung over? (What about doing a bad job at work or failing courses at school because you used [DRUG(S)]?) IF NO: What about not keeping your house clean [IF CHILDREN: or not taking proper care of your children] because of using (DRUG[S])? IF YES TO EITHER: How often? (Over what period of time?) _____ _____ _____	(1) recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)	SED	?	1	2	3	H88
		STIM	?	1	2	3	H89
		OPI	?	1	2	3	H90
		CAN	?	1	2	3	H91
		HER	?	1	2	3	H92
		COC	?	1	2	3	H93
		HAL	?	1	2	3	H94
		INH	?	1	2	3	H95
…have you used (DRUG[S]) in a situation in which it might have been dangerous to be using (DRUG[S]) at all? During the past year, have you driven while you were really too high to drive?) IF YES AND UNKNOWN: How many times? (When?) _____ _____ _____	(2) recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)	SED	?	1	2	3	H96
		STIM	?	1	2	3	H97
		OPI	?	1	2	3	H98
		CAN	?	1	2	3	H99
		HER	?	1	2	3	H100
		COC	?	1	2	3	H101
		HAL	?	1	2	3	H102
		INH	?	1	2	3	H103

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…has your use of (DRUG[S]) gotten you into trouble with the law? IF YES AND UNKNOWN: How often? (Over what period of time?) _____ _____ _____	(3)	recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct)	SED	? 1 2 3	H104
			STIM	? 1 2 3	H105
			OPI	? 1 2 3	H106
			CAN	? 1 2 3	H107
			HER	? 1 2 3	H108
			COC	? 1 2 3	H109
			HAL	? 1 2 3	H110
			INH	? 1 2 3	H111
IF NOT ALREADY KNOWN: Has your use of (DRUG[S]) caused problems with other people, such as with family members, friends, or people at work? (Did you get into physical fights or bad arguments about your [DRUG(S)] use?) IF YES: Did you keep on using (DRUG[S]) anyway? (Over what period of time?) _____ _____	(4)	continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)	SED	? 1 2 3	H112
			STIM	? 1 2 3	H113
			OPI	? 1 2 3	H114
			CAN	? 1 2 3	H115
			HER	? 1 2 3	H116
			COC	? 1 2 3	H117
			HAL	? 1 2 3	H118
			INH	? 1 2 3	H119

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SUBSTANCE ABUSE	AT LEAST ONE "A" ITEM CODED "3"	SED	1	3	H120
		STIM	1	3	H121
		OPI	1	3	H122
		CAN	1	3	H123
		HER	1	3	H124
		COC	1	3	H125
		HAL	1	3	H126
		INH	1	3	H127

Substance Abuse

LIST OF WITHDRAWAL SYMPTOMS (FROM DSM-IV CRITERIA)

Listed below are the characteristic withdrawal symptoms for those classes of psychoactive substances for which a withdrawal syndrome has been identified. (NOTE: A specific withdrawal syndrome has not been identified for CANNABIS AND HALLUCINOGENS/PCP). Withdrawal symptoms may occur following the cessation of prolonged moderate or heavy use of a psychoactive substance or a reduction in the amount used.

SEDATIVES, HYPNOTICS, AND ANXIOLYTICS:

Two (or more) of the following, developing within several hours to a few days after cessation (or reduction) of sedative, hypnotic, or anxiolytic use, which has been heavy and prolonged:

(1) autonomic hyperactivity (e.g., sweating or pulse rate greater than 100)
(2) increased hand tremor
(3) insomnia
(4) nausea or vomiting
(5) transient visual, tactile, or auditory hallucinations or illusions
(6) psychomotor agitation
(7) anxiety
(8) grand mal seizures

STIMULANTS/COCAINE

Dysphoric mood AND two (or more) of the following physiological changes, developing within a few hours to several days after cessation (or reduction of substance use which has been heavy and prolonged):

(1) fatigue
(2) vivid, unpleasant dreams
(3) insomnia or hypersomnia
(4) increased appetite
(5) psychomotor retardation or agitation

OPIOIDS:

Three (or more) of the following, developing within minutes to several days after cessation (or reduction) of opioid use which has been heavy and prolonged (several weeks or longer) or after administration of an opioid antagonist (after a period of opioid use):

(1) dysphoric mood
(2) nausea or vomiting
(3) muscle aches
(4) lacrimation or rhinorrhea
(5) pupillary dilation, piloerection, or sweating
(6) diarrhea
(7) yawning
(8) fever
(9) insomnia

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J. ADJUSTMENT DISORDER

IF THERE IS A DISTURBANCE IN THE PAST YEAR AND IT DOES NOT MEET THE CRITERIA FOR ANOTHER AXIS I DSM-IV DISORDER, CIRCLE 3 AND CONTINUE. OTHERWISE, CIRCLE 1 AND GO TO ***END OF INTERVIEW*** ON PAGE K.1.

INFORMATION OBTAINED FROM OVERVIEW OF PRESENT ILLNESS WILL USUALLY BE SUFFICIENT TO RATE THE CRITERIA.

DISTURBANCE IN PAST YEAR THAT DOES NOT MEET CRITERIA FOR DSM DISORDER

NO **YES**
1 **3**

J1

ADJUSTMENT DISORDER CRITERIA

IF UNKNOWN: Did anything happen to you just before (ONSET OF CURRENT DISTURBANCE)?

IF YES: Do you think that [STRESSOR] had anything to do with your getting [SYMPTOMS]?

DESCRIBE:

_____

_____

A. The development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within three months of the onset of the stressor(s).

? 1 2 3 J2

GO TO ***END OF INTERVIEW***, K.1

(What effect has [SYMPTOMS] had on you and your ability to do things?) (How upset were you?) (Has it made it hard for you to do your work or be with friends?)

_____

_____

_____

_____

B. These symptoms or behaviors are clinically significant as evidenced by either of the following:

(1) marked distress that is in excess of what would be expected from exposure to the stressor

(2) significant impairment in social or occupational (academic) functioning

? 1 2 3 J3

GO TO ***END OF INTERVIEW***, K.1

(Have you had this kind of reaction many times before?)

(Were you having these [SYMPTOMS] even before [STRESSOR] happened?)

_____

_____

C. The stress-related disturbance does not meet the criteria for another specific Axis I disorder and is not merely an exacerbation of a preexisting Axis I or Axis II disorder.

? 1 3 J4

GO TO ***END OF INTERVIEW***, K.1

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IF UNKNOWN: Did someone close to you die just before (ONSET OF CURRENT DISTURBANCE)?

_____

_____

D. The symptoms do not represent Bereavement. ? 1 3 J5

GO TO ***END OF INTERVIEW*,** K.1

(How long has it been now since [STRESSOR AND COMPLICATIONS ARISING FROM THE STRESSOR] was over?)

_____

_____

E. Once the stressor (or its consequences) has terminated, the symptoms do not persist for more than an additional 6 months. ? 1 2 3 J6

GO TO ***END OF INTERVIEW*,** K.1

ADJUSTMENT DISORDER CRITERIA A, B, C, D, AND E ARE CODED "3" 1 3 J7

GO TO ***END OF INTERVIEW*,** K.1

ADJUST-MENT DISORDER

CODE SUBTYPE BASED ON PREDOMINANT SYMPTOMS J8

1 WITH DEPRESSED MOOD
(e.g., depressed mood, tearfulness, feelings of hopelessness)

2 WITH ANXIETY
(e.g., nervousness, worry, jitteriness, or in children, fears of separation from major attachment figures)

3 WITH MIXED ANXIETY AND DEPRESSED MOOD
(e.g., a combination of depression and anxiety)

4 WITH DISTURBANCE OF CONDUCT
(a disturbance in conduct in which there is a violation of the rights of others or of major age-appropriate societal norms or rules, e.g., truancy, vandalism, reckless driving, fighting, defaulting on legal responsibilities)

5 WITH MIXED DISTURBANCE OF EMOTIONS AND CONDUCT (e.g., depression and disturbance of conduct)

6 UNSPECIFIED
(e.g., physical complaints, social withdrawal, or work or academic inhibition)

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BEFORE YOU END THIS ASSESSMENT, REVIEW THE INFORMATION YOU HAVE ABOUT THE RESPONDENT'S PAST YEAR SYMPTOMS AND FUNCTIONING. IN ORDER TO ACCURATELY ASSIGN A GAF SCORE ON THE NEXT PAGE, YOU NEED TO UNDERSTAND THE EXTENT TO WHICH MENTAL HEALTH/ILLNESS HAS:

- IMPAIRED/INHIBITED THE RESPONDENT'S ABILITY TO MAINTAIN A HOME, CARE FOR CHILDREN;
- IMPAIRED/INHIBITED THE RESPONDENT'S ABILITY TO FUNCTION AT WORK AND OR SCHOOL;
- IMPAIRED/IMHIBITED THE RESPONDENT'S ABILITY TO TAKE CARE OF HIM/HERSELF WITH REGARD TO PERSONAL HYGIENE AND SAFETY;
- IMPAIRED/INHIBITED THE RESPONDENT'S ABILITY TO MAINTAIN FRIENDSHIPS AND POSITIVE RELATIONSHIPS WITH FAMILY MEMBERS;
- MADE THE RESPONDENT A DANGER TO HIM/HERSELF OR OTHERS

QUERY ANY UNKNOWN DIMENSIONS OF THE RESPONDENT'S PAST YEAR SYMPTOMATOLOGY AND FUNCTIONING, AND ASSIGN A GAF SCORE ON THE NEXT PAGE.

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DSM-IV Axis V: Global Assessment of Functioning Scale

Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness. Rate the respondent's period of worst functioning in the past year. Do not include impairment in functioning due to physical (or environmental) limitations.

CODE (**Note:** Use intermediate codes when appropriate, e.g., 45, 68, 72). ___ ___ ___ EOI1

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 many positive qualities. No symptoms.**

90 | 81 **Absent or minimal symptoms** (e.g., mild anxiety before an exam); **good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns** (e.g., an occasional argument with family members).

80 | 71 **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 school functioning** (e.g., temporarily falling behind in school work).

70 | 61 **Some mild symptoms** (e.g., depressed mood and mild insomnia) **OR some difficulty in social, occupational, or school functioning** (e.g., occasional truancy, or theft within the household), **but generally functioning pretty well, has some meaningful interpersonal relationships.**

60 | 51 **Moderate symptoms** (e.g., flat affect and circumstantial speech, occasional panic attacks) **OR moderate difficulty in social, occupational, or school functioning** (e.g., few friends, conflicts with peers or coworkers).

50 | 41 **Serious symptoms** (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) **OR any serious impairment in social, occupational, or school functioning** (e.g., no friends, unable to keep a job).

40 | 31 **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 beats up younger children, is defiant at home, and is failing at school).

30 | 21 **Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment** (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) **OR inability to function in almost all areas** (e.g., stays in bed all day; no job, home, or friends).

20 | 11 **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 impairment in communication (e.g., largely incoherent or mute).**

10 | 1 **Persistent danger of severely hurting self or others** (e.g., recurrent violence) **OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.**

0 Inadequate information.

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That was my last question. Thank you for your time and cooperation in completing this interview.

Sometimes the personal issues we've discussed cause people to become upset and in need of speaking with a counselor. If you are feeling upset or disturbed by the personal issues we have discussed in this interview and would like to talk with someone about your feelings, we suggest you call your doctor, counselor, or other treatment provider if you are currently under someone's care. If not, there is also a national lifeline number you can call. This number is on the receipt for the $30 you received for this interview from the interviewer who met with you earlier. Do you still have that receipt?

IF NO: We would like to give you the hotline number for the National Lifeline Network where counselors are available to talk at any time of the day or night. They can also give you information about (additional) mental health services in your area. Their toll-free number is 1-800-273-8255.

IF YES: OK. Please know that counselors at the National Lifeline are available to talk at any time of the day or night. They can also give you information about mental health services in your area if you request this information.

Do you have any additional questions you'd like to ask me before we end our call?

Thank you again for your time, and have a good (day/afternoon/evening).

Interview End Time: ___ ___ : ___ ___ *AM/PM*

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INTERVIEWER DEBRIEFING SECTION

Distressed Respondent Protocol

	No	Yes	
Was the Distressed Respondent Protocol used?	1	3	IDS1
Specify problems:			IDS2

_____

_____

_____

Cognitive Impairment Screener

	No	Yes	
Was the Short Blessed Scale used?	1	3	IDS3 IF IDS3 = 1, SKIP IDS4 and IDS4a
Specify problems:			IDS4

_____

_____

_____

Indicate score on the Short Blessed _____ (0-28) IDS4a

Stressful Life Circumstances

Were there significant problems in these areas?	No	Yes	
Problems with primary support group	1	3	IDS5
Problems related to social environment	1	3	IDS6
Educational problems	1	3	IDS7
Occupational problems	1	3	IDS8
Housing problems	1	3	IDS9
Economic problems	1	3	IDS10
Problems with access to health care services	1	3	IDS11
Problems related to interaction with the legal system/crime	1	3	IDS12
Life-threatening Illness – self	1	3	IDS13
Life-threatening illness – partner, spouse, family member	1	3	IDS14
Other psychosocial and environmental problems	1	3	IDS15

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Comprehension Rating

Estimate the respondent's understanding of the interview:	***Circle response***	IDS16
No difficulty -- No language or comprehension problem	1	
Just a little difficulty – almost no language or comprehension problems	2	
A fair amount of difficulty - some language or comprehension problems	3	
A lot of difficulty – considerable language or comprehension problems	4	
Extreme problems with language or comprehension problems	5	

Specify problems: IDS17

Cooperation Rating

Rate how cooperative the respondent was during the interview	***Circle response***	IDS18
Very Cooperative	1	
Fairly Cooperative	2	
Not Very Cooperative	3	
Uncooperative	4	
Openly Hostile	5	

Specify problems: IDS19

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Privacy Rating

Indicate on a scale of 1 through 5 how private the interview was:	***Circle response***	IDS20
Completely Private – No one who could overhear any part of the interview appeared present	1	
Minor Distractions – Other person(s) seemed present or listening for less than 1/3 of the time	2	
Moderate Distractions – Others seemed to present about 1/3 of the time	3	
Severe Distractions - Interruptions of Privacy More Than Half the Time	4	
Constant Presence of Other Person(s)	5	

Specify problems: IDS21

Global Validity Rating

Rate the overall validity of the interview	***Circle response***	IDS22
Excellent, no reason to suspect invalid responses	1	
Good, factors present that may adversely affect validity	2	
Fair, factors present that definitely reduce validity	3	
Poor, substantially reduced validity	4	
Invalid responses, severely impaired mental status or possible deliberate "faking bad" or "faking good"	5	

Specify problems: IDS23

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Potential Disorders Not Assessed

	No	Yes	
Were there any disorders not assessed that would need to be ruled out?	1	3	IDS24

IF IDS24 = 1, SKIP IDS24a and IDS25

Rule-out disorder present

1 Rule-out Other Axis I Disorder (not assessed in study)
2 Rule-out Axis II Disorder – Personality Disorder (not assessed in study)
3 Rule-out Axis II Disorder – Other (e.g. Developmental Disability) (not assessed in study)
4 Rule-out Axis I Disorder assessed but missed (due to CI or R error)

IDS24a

Specify disorders implicated: IDS25

_____

_____

_____

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CLINICAL SUPERVISOR'S RATINGS

CS: Global Validity Rating

Rate the overall validity of the interview	***Circle response***	
Excellent, no reason to suspect invalid responses	1	IDS26
Good, factors present that may adversely affect validity	2	
Fair, factors present that definitely reduce validity	3	
Poor, substantially reduced validity	4	
Invalid responses, severely impaired mental status or possible deliberate "faking bad" or "faking good"	5	

Specify problems: IDS27

CS: Potential Disorders Not Assessed

	No	**Yes**	
Were there any disorders not assessed that would need to be ruled out?	1	3	IDS28

IF IDS28 = 1, SKIP IDS28a and IDS29

Rule-out disorder present (IDS28a)

1 Rule-out Other Axis I Disorder (not assessed in study)
2 Rule-out Axis II Disorder – Personality Disorder (not assessed in study)
3 Rule-out Axis II Disorder – Other (e.g. Developmental Disability) (not assessed in study)
4 Rule-out Axis I Disorder assessed but missed (due to CI or R error)

Specify disorders implicated: IDS29

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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,*** MDGS.3.

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

(2) elevated, expansive, or irritable mood ? 1 2 3

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

IF YES: Tell me how.

_____

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

GO TO ***SUBSTANCE INDUCED*,** MDGS.3

(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.
2) THERE IS A CLOSE TEMPORAL RELATIONSHIP BETWEEN THE COURSE OF THE MOOD SYMPTOMS AND THE COURSE OF THE GENERAL MEDICAL CONDITION.
3) THE MOOD SYMPTOMS ARE CHARACTERIZED BY UNUSUAL PRESENTING FEATURES (E.G., LATE AGE AT ONSET)

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4) THERE ARE NO ALTERNATIVE EXPLANATIONS (E.G., MOOD SYMPTOMS AS A PSYCHOLOGICAL REACTION TO THE GMC).

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

GO TO ***SUB-STANCE INDUCED*,** MDGS.3

NOTE: THE D CRITERION (DELIRIUM R/O) HAS BEEN OMITTED.

MOOD DISORDER DUE TO GMC CRITERIA A, B/C, AND E CODED "3"

1 3

MOOD DIS-ORDER DUE TO A GMC

CHECK HERE ___ IF CURRENT IN PAST MONTH

Indicate which type of symptom presentation predominates:
1 - With Major Depressive-like episode
2 - With Depressive Features
(if predominant mood is depressed but the full criteria are not met for a Major depressive episode)
3 - With Manic Features
4 - With Mixed Features

CONTINUE ON NEXT PAGE

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SUBSTANCE-INDUCED MOOD DISORDER

SUBSTANCE-INDUCED MOOD DISORDER CRITERIA

EPISODE BEING EVALUATED:	
Past Year MDE	A.5
Lifetime MDE	A.11
Past Year Manic	A.17
Lifetime Manic	A.22
Dysthymic	A.29

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

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

(2) elevated, expansive or irritable mood — ? 1 2 3

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

NOT SUBSTANCE INDUCED RETURN TO EPISODE BEING EVAL-UATED

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

IF YES: Tell me how.

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

NOT SUBSTANCE INDUCED RETURN TO EPISODE BEING EVAL-UATED

ASK ANY OF THE FOLLOWING QUESTIONS AS NEEDED TO RULE OUT A NON-SUBSANCE-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?

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

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

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

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

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

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

IF UNKNOWN: 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

RETURN TO EPISODE BEING EVALUATED

NOTE: THE D CRITERION (DELIRIUM R/O) HAS BEEN OMITTED.

SUBSTANCE-INDUCED MOOD DISORDER CRITERIA A, B, C, AND E ARE CODED "3"

1 3

SUBSTANCE-INDUCED MOOD DISORDER

CHECK HERE ___ IF CURRENT IN PAST MONTH

Indicate which type of symptom presentation predominates:
1 – With Depressive Features
2 – With Manic Features
3 – With Mixed Features

Indicate context of development of mood symptoms:
1 – With Onset During Intoxication
2 – With Onset During Withdrawal

RETURN TO EPISODE BEING EVALUATED

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GMC/SUBSTANCE AS ETIOLOGY FOR ANXIETY SYMPTOMS

ANXIETY DISORDER DUE TO A GENERAL MEDICAL CONDITION

ANXIETY DISORDER DUE TO A GENERAL MEDICAL CONDITION CRITERIA

IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH A GENERAL MEDICAL CONDITON CHECK HERE ___ AND GO TO ***SUBSTANCE-INDUCED ANXIETY DISORDER,*** ADGS.3

CODE BASED ON INFORMATION ALREADY OBTAINED

A. Prominent anxiety, panic attacks, obsessions or compulsions predominate in the clinical picture. ? 1 3

Did the (ANXIETY SYMPTOMS) start or get much worse only after (GMC) began?

IF GMC HAS RESOLVED: Did the (ANXIETY SYMPTOMS) get better once the (GMC) got better?

_____

_____

B/C. There is evidence from this 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 Anxiety), in which the stressor is a serious general medical condition). ? 1 2 3

GO TO ***SUBSTANCE INDUCED*** ADGS.3

THE FOLLOWING FACTORS SHOULD BE CONSIDERED AND SUPPORT THE CONCLUSION THAT THE GMC IS ETIOLOGIC TO THE ANXIETY SYMPTOMS.

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

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

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

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

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

(Has it made it hard for you to do your work or be with your friends?)

_____

_____

E. The disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning. ? 1 2 3

→ GO TO ***SUBSTANCE INDUCED*** ADGS.3

NOTE: THE D CRITERION (DELIRIUM R/O) HAS BEEN OMITTED.

ANXIETY DISORDER DUE TO GMC CRITERIA A, B/C, AND E CODED "3" 1 3

→ ANXIETY DISORDER DUE TO A GMC

CHECK HERE ___ IF CURRENT IN PAST MONTH

Indicate which type of symptom presentation predominates:
1 - With Generalized Anxiety
2 - With Panic attacks
3 - With Obsessive-Compulsive symptoms

→ CONTINUE ON NEXT PAGE

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SUBSTANCE-INDUCED ANXIETY DISORDER

SUBSTANCE-INDUCED ANXIETY DISORDER CRITERIA

EPISODE BEING EVALUATED:	
Panic	E.12
AWOPD	E.17
Social Phobia	E.21
OCD	E.31
GAD	E.36

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

CODE BASED ON INFORMATION ALREADY OBTAINED

A. Prominent anxiety, panic attacks, obsessions or compulsions predominate in the clinical picture. ? 1 2 3

IF NOT KNOWN: When did the (ANXIETY 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

NOT SUBSTANCE INDUCED

RETURN TO DISORDER BEING EVALUATED

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

C. The disturbance is NOT better accounted for by an Anxiety Disorder that is not substance-induced. ? 1 3

NOT SUBSTANCE INDUCED

RETURN TO DISORDER BEING EVALUATED

Guidelines for Primary Anxiety:
Evidence that the symptoms are better accounted for by a primary (i.e., non-substance-induced) Anxiety Disorder may include any (or all) of the following:

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

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

IF YES: After you stopped using (SUBSTANCE) did the (ANXIETY SYMPTOMS) get better or did they continue?

_____

_____

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

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

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

_____

_____

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

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

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

_____

_____

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

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

(Has it made it hard for you to do your work or be with your friends?)

_____

_____

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

? 1 2 3

RETURN TO DISORDER BEING EVALUATED

NOTE: THE D CRITERION (DELIRIUM R/O) HAS BEEN OMITTED.

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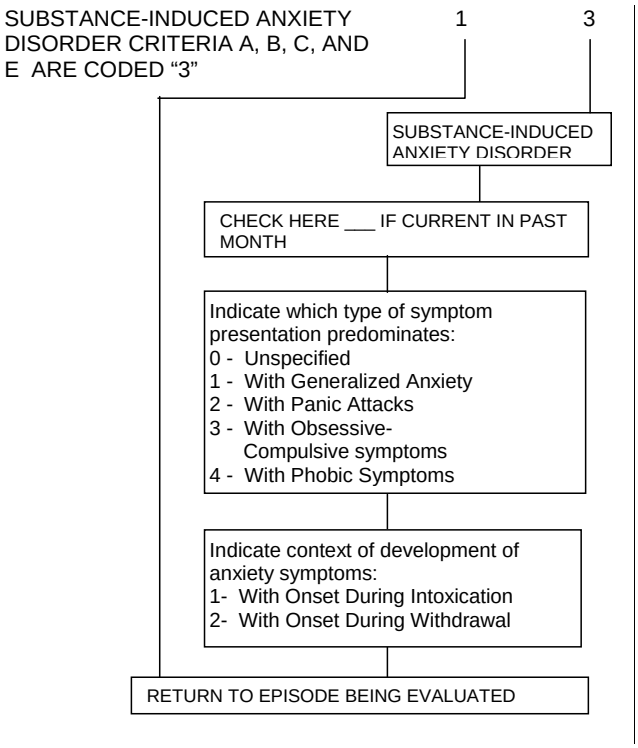

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Specific Guidelines

If respondents report any of the issues listed below during any interactions with the recruiter or clinical interviewer, including before, during, or after a telephone screening or interview, the staff member will immediately refer to the scenario chart below and follow the instructions provided. Details of all incidents will be documented on the case management system and reported to project management staff immediately.

- Has had **any suicidal thoughts in the past two weeks (p. A.3)**, including
  - passive suicidal thoughts (i.e. thoughts or wishes about his/her death **in the absence of** thoughts about specific ways s/he could die or attempt suicide, plans for how s/he could die or attempt suicide, or intention of dying or attempting suicide) **[SCENARIO 1]** or
  - active suicidal thoughts (i.e. thoughts or wishes about his/her death **combined with** thoughts about specific ways s/he could die or attempt suicide, plans for how s/he could die or attempt suicide, the intention of dying or attempting suicide, and the means to carry out that plan) **[SCENARIO 2]**

- Has had **any homicidal thoughts in the past two weeks**, including
  - passive homicidal thoughts (i.e. thoughts or wishes about seriously harming someone else **in the absence of** thoughts about specific ways in which s/he could seriously harm another person, plans for how s/he could seriously harm another person, intentions of seriously harming another person) **[SCENARIO 3]** or
  - active homicidal thoughts (i.e. thoughts or wishes about seriously harming someone else **combined with** thoughts about specific ways s/he could seriously harm another person, plans for how s/he could seriously harm another person, the intention of seriously harming another person, and the means to carry out that plan) **[SCENARIO 4]**

Scenario Chart

Scenario Number	Individual at Risk of Harm	Imminent Danger?
1	Self	No
2	Self	Possible / Yes
3	Other(s)	No
4	Other(s)	Possible / Yes
5	No risk of harm; respondent is agitated or upset	No

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NSDUH Mental Health Surveillance Study ¶
Certification Interviews and Follow-up Study Interviews¶
Distressed Respondent Protocol¶
¶
Overview¶
¶
Due to the nature of the sample targeted for the NSDUH Mental Health Surveillance Study certification interviews and the nature of the clinical interview questions asked during certification and data collection, it is possible that a respondent will indicate during the course of their interactions with the certification interview recruiter or the clinical interviewers that he or she poses a likely threat to his or her own safety or the safety of others. It is essential that NSDUH project staff members be prepared to handle these situations appropriately. ¶ ... [1]

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Scenario Number	Individual at Risk of Harm	Imminent Danger?
1	Self	No

STEPS

A. COMPLETE SCREENING/INTERVIEW AND THEN READ TO R: When you agreed to participate in this interview, I promised that I would not tell anyone what you have told me unless it was necessary to protect you or other people. You told me earlier that you have recently had thoughts or wishes about your death or dying. Do you have a doctor, counselor, or someone you can talk to about how you are feeling now?

IF YES: I strongly suggest that you contact this person immediately so you can talk to him or her about how you have been feeling, especially about the thoughts you've been having about death and dying. Would you be willing to do that?

IF YES: Okay. There is also a national Lifeline hotline you can call where counselors are available to talk at any time of the day or night. Their toll-free number is 1-800-273-8255. **THANK R FOR THEIR PARTICIPATION IN THE STUDY AND END CALL.**

IF NO: I strongly suggest that you contact the national Lifeline hotline at 1-800-273-8255. Lifeline has counselors available 24-hours a day to talk to you about how you are feeling. They may also help you locate (additional) mental health services in your area. If you feel that this is an emergency now or later, you should go to a hospital emergency room right away. If you are not able to get to an emergency room immediately, you should call 911 for assistance. **THANK R FOR THEIR PARTICIPATION IN THE STUDY AND END CALL.**

B. WHEN CALL IS COMPLETED, CALL DR. BLAZEI OR DR. PANZER IF YOU HAVE QUESTIONS OR WOULD LIKE TO DEBRIEF. FILL OUT ONLINE INCIDENT REPORT.

Scenario Number	Individual at Risk of Harm	Imminent Danger?
2	Self	Possible / Yes

STEPS

A. END SCREENING/INTERVIEW AND THEN READ TO R: When you agreed to participate in this interview, I promised that I would not tell anyone what you have told me unless it was necessary to protect you or other people. You told me earlier that you are thinking about harming yourself. I strongly suggest that we contact emergency care services in your area, such as a crisis center or nearby hospital. I am going to look-up that number. Can you remain on the line while I do that? It may take a few minutes.

> **IF NO:** Okay, if I don't connect you with the local emergency care provider, then I will need to call the provider myself to see if they can send someone to you who can provide the care you need in order to keep you safe. I'll call you back to let you know what I find out.

B. FIND THE NEAREST EMERGENCY PSYCHIATRIC SERVICES USING THE SAMHSA WEBSITE (http://mentalhealth.samhsa.gov/databases/). **SEARCH FOR INPATIENT MH TREATMENT USING THE R'S CURRENT ZIP CODE.**

C. CALL THEIR LOCAL INPATIENT PSYCHIATRIC CARE FACILITY OR CRISIS CENTER AND READ THIS STATEMENT: I work for RTI International, a research company in North Carolina, and we are conducting a research study. During an interview with a respondent, the respondent told me that (he/she) is thinking about killing or harming (himself/herself) and I am concerned about (his/her) safety. I can give you additional information about the research study, if you would like. I can also provide you with the respondent's contact information.

> **IF ASKED FOR NSDUH OVERVIEW:** This study, part of the National Survey on Drug Use and Health sponsored by the United States Public Health Service, is designed to test procedures for use in future NSDUH surveys. Questions ask about various mental health issues such as depression, anxiety, post traumatic stress disorder, and substance dependence. Please note that this information was obtained through the respondent's participation in a research study. We went through appropriate informed consent procedures, during which I told the respondent that if (he/she) told me something that caused me to be concerned about (his/her) well-being, I would report that to someone else who could help or intervene. Given the context in which the information was obtained, however, we cannot guarantee that the participant understood the questions nor that (he/she) provided truthful responses. Do you have any questions about the study? **ANSWER QUESTIONS.**

D. GIVE R FIRST NAME, TELEPHONE NUMBER, AND ADDRESS (IF KNOWN) TO LOCAL EMERGENCY CARE REPRESENTATIVE. IF THEY ARE UNABLE TO PROVIDE SERVICES THAT ENSURE THE R'S SAFETY, SEARCH FOR THE R'S LOCAL EMERGENCY NUMBER USING THE NATIONAL 911 DATABASE.

E. IF R ON THE OTHER LINE, CONNECT R TO EMERGENCY CARE REPRESENTATIVE OR LOCAL 911 DISPATCHER AND STAY ON THE LINE; IF YOU HANG-UP, THEIR CONNECTION WILL ALSO END.

IF R NOT ON THE OTHER LINE, END CALL WITH THE EMERGENCY CARE PROVIDER OR LOCAL 911 DISPATCHER AND ATTEMPT TO CONTACT R AGAIN WITH AN UPDATE.

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F. WHEN CALL IS COMPLETED, CALL DR. KARG TO DEBRIEF. IF SHE DOES NOT RETURN CALL WITHIN 15 MINUTES, CALL DR. BLAZEI OR DR. PANZER TO DEBRIEF. IF NEITHER ONE OF THEM IS AVAILABLE, CONTACT MS. GRANGER OR MR. CUNNINGHAM TO NOTIFY ONE OF THEM ABOUT THE INCIDENT. FILL OUT ONLINE INCIDENT REPORT.¶

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F. WHEN CALL IS COMPLETED, CALL DR. KARG TO DEBRIEF. IF SHE DOES NOT RETURN CALL WITHIN 15 MINUTES, CALL DR. BLAZEI OR DR. PANZER TO DEBRIEF. IF NEITHER ONE OF THEM IS AVAILABLE, CONTACT MS. GRANGER OR MR. CUNNINGHAM TO NOTIFY ONE OF THEM ABOUT THE INCIDENT. FILL OUT ONLINE INCIDENT REPORT.

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Scenario Number	Individual at Risk of Harm	Imminent Danger?
3	Other(s)	No

STEPS

A. COMPLETE SCREENING/INTERVIEW AND THEN READ TO R: When you agreed to participate in this interview, I promised that I would not tell anyone what you have told me unless it was necessary to protect you or other people. You told me earlier that you have recently had thoughts or wishes about seriously harming someone else. Do you have a doctor, counselor, or someone you can talk to about how you are feeling now?

IF YES: I strongly suggest that you contact this person immediately so you can talk to him or her about how you have been feeling, especially about the thoughts you've been having about seriously harming someone else. Would you be willing to do that?

IF YES: Okay. There is also a national Lifeline hotline you can call where counselors are available to talk at any time of the day or night. Their toll-free number is 1-800-273-8255. **THANK R FOR THEIR PARTICIPATION IN THE STUDY AND END CALL.**

IF NO: I strongly suggest that you contact the national Lifeline hotline at 1-800-273-8255. Lifeline has counselors available 24-hours a day to talk to you about how you are feeling. They may also help you locate (additional) mental health services in your area. If you feel that this is an emergency now or later, you should go to a hospital emergency room right away. If you are not able to get to an emergency room immediately, you should call 911 for assistance. **THANK R FOR THEIR PARTICIPATION IN THE STUDY AND END CALL.**

B. WHEN CALL IS COMPLETED, CALL DR. PANZER OR DR. BLAZEI TO DEBRIEF. IF DIRECTED BY ONE OF THEM, FOLLOW SCENARIO 4 FOR POSSIBLE IMMINENT DANGER TO OTHERS. FILL OUT ONLINE INCIDENT REPORT.

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Scenario Number	Individual at Risk of Harm	Imminent Danger?
4	Other(s)	Possible / Yes

STEPS

A. END SCREENING/INTERVIEW AND END CALL.

B. SEARCH FOR THE R'S LOCAL EMERGENCY NUMBER USING THE NATIONAL 911 DATABASE.

C. CALL THEIR LOCAL 911, AND READ THIS STATEMENT: I work for RTI International, a research company in North Carolina, and we are conducting a research study. During an interview with a respondent, the respondent told me that (he/she) is thinking about killing or harming another individual. I am concerned about this individual's safety. I can give you additional information about the research study, if you would like. I can also provide you with the respondent's contact information.

> **IF ASKED FOR NSDUH OVERVIEW:** This study, part of the National Survey on Drug Use and Health sponsored by the United States Public Health Service, is designed to test procedures for use in future NSDUH surveys. Questions ask about various mental health issues such as depression, anxiety, post traumatic stress disorder, and substance dependence. Please note that this information was obtained through the respondent's participation in a research study. We went through appropriate informed consent procedures, during which I told the respondent that if (he/she) told me something that caused me to be concerned about (him/her) harming someone else, I would report that to someone else who could help or intervene. Given the context in which the information was obtained, however, we cannot guarantee that the participant understood the questions nor that (he/she) provided truthful responses. Do you have any questions about the study? **ANSWER QUESTIONS.**

D. GIVE R FIRST NAME, TELEPHONE NUMBER, ADDRESS (IF KNOWN), AND VICTIM'S IDENTIFYING INFORMATION TO LOCAL 911 DISPATCHER. END CALL.

E. WHEN CALL IS COMPLETED, CALL DR. KARG TO DEBRIEF. IF SHE DOES NOT RETURN CALL WITHIN 15 MINUTES, CALL DR. PANZER OR DR. BLAZEI TO DEBRIEF. IF NEITHER ONE OF THEM IS AVAILABLE, CONTACT MS. GRANGER OR MR. CUNNINGHAM TO NOTIFY ONE OF THEM ABOUT THE INCIDENT. FILL OUT ONLINE INCIDENT REPORT.

Scenario Number	Individual at Risk of Harm	Imminent Danger?
5	No risk of harm; respondent is agitated or upset	No

STEPS

A. END SCREENING/INTERVIEW AND THEN READ TO R: I know these questions are very personal, and they seem to be upsetting you. Do you have a doctor or someone you can talk to about how you are feeling?

IF YES: I suggest that you call that individual immediately so that she or he can help you talk about and work through how you are feeling. There is also a national Lifeline hotline you can call where counselors are available to talk at any time of the day or night. Their toll-free number is 1-800-273-8255. **THANK R FOR THEIR PARTICIPATION IN THE STUDY AND END CALL.**

IF NO: I suggest that you contact the national Lifeline hotline at 1-800-273-8255. Lifeline is a 24-hour hotline that you could call to discuss this with a counselor. They may also help you locate (additional) mental health services in your area. If you feel that this is an emergency now or later, you should go to a hospital emergency room right away or call 911 for assistance. **THANK R FOR THEIR PARTICIPATION IN THE STUDY AND END CALL.**

B. WHEN CALL IS COMPLETED, CALL DR. BLAZEI OR DR. PANZER IF YOU HAVE ANY QUESTIONS OR NEED TO DEBRIEF. FILL OUT ONLINE INCIDENT REPORT.

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Deleted: If respondents report any of the issues listed below during any interactions with the recruiter or clinical interviewer, including before, during, or after a telephone screening or interview, the staff member will immediately refer to the scenario chart below and follow the instructions provided. Details of all incidents will be documented on the case management system and reported to project management staff immediately. ¶
¶
<#>Has had **any suicidal thoughts in the past two weeks (p. A.3)**, including¶

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Deleted: <#>passive suicidal thoughts (i.e. thoughts or wishes about his/her death **in the absence of** thoughts about specific ways s/he could die or attempt suicide, plans for how s/he could die or attempt suicide, or intention of dying or attempting suicide) **[SCENARIO 1]** or ¶

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SHORT BLESSED SCALE EXAM

Comment [s1]: There is text in the header that is outside the margin (X.1); should it be within the margins? If not, it should be deleted to avoid printer error message.

THE SHORT BLESSED SCALE IS TO BE COMPLETED AT ANY POINT DURING THE INTERVIEW IF THE RESPONDENT APPEARS TO BE COGNITIVELY IMPAIRED.

ERROR SCORES

SB-1. What year is it now? _____

CIRCLE 4 FOR ANY ERROR 0 4

SB-2. What month is it now? _____

CIRCLE 3 FOR ANY ERROR 0 3

Please repeat this phrase after me: John Brown, 42 Market Street, Chicago.

NO SCORE – FOR ITEM SB-6.

SB-3. About what time is it? _____

CIRCLE 3 FOR ANY ERROR 0 3

SB-4. Please count backwards from 20 to 1.
[20, 19, 18, 17, 16, 15, 14, 13, 12, 11, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1]

2 PER ERROR 0 2 4

SB-5. Please say the months of the year in reverse order.
[DEC, NOV, OCT, SEP, AUG, JUL, JUN, MAY, APR, MAR, FEB, JAN]

2 PER ERROR 0 2 4

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SB-6. Please repeat the phrase I asked you to repeat before.
[JOHN BROWN / 42 MARKET STREET / CHICAGO]

2 PER ERROR 0 2 4 6 8 10

TOTAL NUMBER OF ERRORS IN SB-1 TO SB-6: ..... _____

IF THE TOTAL NUMBER OF ERRORS IS GREATER THAN 10, TERMINATE THE INTERVIEW.

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NSDUH Mental Health Surveillance Study
Certification Interviews and Follow-up Study Interviews
Distressed Respondent Protocol

Overview

Due to the nature of the sample targeted for the NSDUH Mental Health Surveillance Study certification interviews and the nature of the clinical interview questions asked during certification and data collection, it is possible that a respondent will indicate during the course of their interactions with the certification interview recruiter or the clinical interviewers that he or she poses a likely threat to his or her own safety or the safety of others. It is essential that NSDUH project staff members be prepared to handle these situations appropriately.

The certification interview recruiter and all clinical interviewers will be instructed to be alert to signs of distress or agitation, or indication of imminent danger of harm to oneself or another based on indirect and direct statements made by respondents. In all such circumstances, the recruiter or clinical interviewer will follow the protocol outlined in this document.

There are essentially two situations that would constitute imminent danger of harm:

A respondent tells the interviewer that he/she is thinking about killing or harming himself or herself, has a plan, and has a means to carry out that plan.

A respondent tells the interviewer that he/she intends to hurt or kill someone else (not necessarily someone living in the household) has a plan, and has a means to carry out that plan.

In cases where imminent danger is or may be involved, t

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he certification interview recruiter or clinical interviewer will contact Dr. Rhonda Karg (919-641-5460), Dr. Ryan Blazei (919-720-1452), or Dr. Kate Panzer (336-420-1421), all

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when appropriate based on the instructions in the tables below. As Clinical Supervisors, Drs. Karg, Blazei, and Panzer will act primarily as a sounding board for the certifier/clinical interviewer. If there is a question about what action to take in response to the certifier's/clinical interviewer's interactions with a respondent, the Clinical Supervisor

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and the certifier/clinical interviewer will discuss the situation and the Clinical Supervisor

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will make the final decision as to what action, if any beyond documenting the situation in an online incident form, should be taken. If emergency psychiatric services, including 911, has

1421), Ms. Becky Granger (919-423-8198) or David Cunningham (919-247-0853). Because Ms. Granger and Mr. Cunningham do not have clinical training, they will simply be made aware that the Distressed Respondent Protocol has been enacted and that the certifier/clinical interviewer is attempting to contact the Clinical Supervisors

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(Drs. Karg, Blazei and Panzer). Any questions about clinical diagnosis or whether to contact emergency psychiatric services

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the Clinical Supervisors (Drs. Karg, Blazei, and Panzer). In the event that Ms. Granger or Mr. Cunningham is contacted, they will also begin attempting to contact Drs. Karg, Blazei, and Panzer. The following table will be printed on the inside cover of the clinical interviewer handbook and in the instructions for handling distressed respondents:

Page Break

Call:	Cell Phone Numbers:
Dr. Rhonda Karg	919-641-5460
Dr. Ryan Blazei	919-720-1452
Dr. Kate Panzer	336-420-1421336-632-0321
Rebecca Granger	919-423-8198
David Cunningham	919-247-0853

If the instructions call for the recruiter/interviewer to report the respondent's address to an

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emergency care representative or 911 dispatcher, the certification recruiter/interviewer will ask the respondent for the address of his/her current location. In addition, for cases that have been assigned to them by the RTI survey manager overseeing data collection, within the secure web-based case management system, clinical interviewers will be able to click on a 7-digit case ID to access a respondent's address. Clinical interviewers will access a respondent's address only under these specific circumstances. In these circumstances, if the respondent told the clinical interviewer that he/she was at a different address than appears in the case management system record, the clinical interviewer will give both addresses to the

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on these guidelines. Even if the respondent refuses, we believe that having at least the respondent's phone number adequately minimizes respondent risk to themselves or others because the screening questions are short and fairly innocuous. Furthermore, we do not anticipate any certification recruitment respondents to become distressed or agitated, or to indicate imminent danger of harm to oneself or another because mental health professionals will not have given the recruitment flyer to anyone that had exhibited psychotic, severely depressed, or suicidal symptoms to the clinician's knowledge while under their care, or to anyone else the clinician believes may become distressed, upset, violent, or suicidal while completing the SCID interview over the phone. Nevertheless, because the certification interview respondents will have received services from a mental health professional such as a psychiatrist, psychologist, social worker, or substance abuse counselor at least once during the past 12 months, there is a remote possibility that the individual may be more prone than the average individual to becoming upset. For this reason, the certifier will be provided this protocol and instructed

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Although some situations may require consultation with IRB representatives, we believe these procedures will provide comprehensive guidelines to protect the safety of our human subjects. The hotline information that we are providing is for the National Lifeline, a national hotline that deals specifically with mental health issues. We have contacted the hotline and explained the study to them, in order to alert them to potential calls. A National Lifeline representative has confirmed that someone from the Lifeline will make calls to individuals if requested to do so.

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All information gathered from or about a respondent will be entered directly into the secure web-based case management system. The recruiter will enter respondents' names and phone numbers directly into the website and clinical interviewers will access the name and phone number directly from the website. No records will ever be written on paper.

All clinical interviewers hired to work on this study will confirm that these guidelines are consistent with all legal and ethical guidelines by which they must abide. They will report that they are under no obligation to, nor will they, convey any information about this study or about respondents to anyone not involved with this study. They also will also confirm that they are under no legal or ethical obligation to provide mental health services or counseling to a respondent beyond referring individuals to other resources or contacting authorities as specified in this document. Moreover, RTI legal counsel Chris Buchholz confirmed via e-mail to David Cunningham on April 25, 2007 that in his judgment the guidelines are consistent with all pertinent "duty to warn" laws in the states in which the certification recruiter, clinical interviewers, and respondents reside because the individuals working on the project, even the clinical interviewers clinically trained in mental health issues, will not be participating in a medical or psychological professional capacity.

Although some situations may require consultation with IRB representatives, we believe these procedures will provide comprehensive guidelines to protect the safety of our human subjects.

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active suicidal thoughts (i.e. thoughts or wishes about his/her death **combined with** thoughts about specific ways s/he could die or attempt suicide, plans for how s/he could die or attempt suicide, the intention of dying or attempting suicide, and the means to carry out that plan) **[SCENARIO 2]**

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Has had **any homicidal thoughts in the past two weeks**, including

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passive homicidal thoughts (i.e. thoughts or wishes about seriously harming someone else **in the absence of** thoughts about specific ways in which s/he could seriously harm another person, plans for how s/he could seriously harm another person, intentions of seriously harming another person) **[SCENARIO 3]** or

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active homicidal thoughts (i.e. thoughts or wishes about seriously harming someone else **combined with** thoughts about specific ways s/he could seriously harm another person, plans for how s/he could seriously harm another person, the intention of seriously harming another person, and the means to carry out that plan) **[SCENARIO 4]**

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Scenario Chart		
Scenario Number	**Individual at Risk of Harm**	**Imminent Danger?**
1	Self	No
2	Self	Possible / Yes
3	Other(s)	No
4	Other(s)	Possible / Yes
5	No risk of harm; respondent is agitated or upset	No

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Scenario Number	Individual at Risk of Harm	Imminent Danger?
1	Self	No

STEPS

A. COMPLETE SCREENING/INTERVIEW AND THEN READ TO R: When you agreed to participate in this interview, I promised that I would not tell anyone what you have told me unless it was necessary to protect you or other people. You told me earlier that you have recently had thoughts or wishes about your death or dying. Do you have a doctor, counselor, or someone you can talk to about how you are feeling now?

IF YES: I strongly suggest that you contact this person immediately so you can talk to him or her about how you have been feeling, especially about the thoughts you've been having about death and dying. Would you be willing to do that? **THANK R FOR THEIR PARTICIPATION IN THE STUDY AND END CALL.**

IF NO: I strongly suggest that you contact the national Lifeline hotline and let them know so they can talk to you about how you feel. I would like for you to stay on the line while I call Lifeline. Is that all right with you?

B. IF R UNWILLING

IF YES: Okay. There is also a national lLifeline hotlinenumber you can call where counselors are available to talk at any time of the day or night. Their toll-free number is 1-800-273-8255. **THANK R FOR THEIR PARTICIPATION IN THE STUDY AND END CALL.**

IF NO: I strongly suggest that you contact the national Lifeline hotline at 1-800-273-8255. Lifeline has counselors available 24-hours a day to talk to you about how you are feeling. They may also help you locate (additional) mental health services in your area. If you feel that this is an emergency now or later, you should go to a hospital emergency room right away. If you are not able to get to an emergency room immediately, you should call 911 for assistance. **THANK R FOR THEIR PARTICIPATION IN THE STUDY AND END CALL.**

C. IF R WILLING: In just a minute I will call the Lifeline so we can talk with a counselor. Lifeline counselors are available 24-hours a day to talk with you about how you are feeling. They may also help you locate (additional) mental health services in your area. To contact the Lifeline hotline, call 1-800-273-8255. If you feel that this is an emergency now or later, you should go to a hospital emergency room right away or call 911 for assistance. Please stay on the line while I contact Lifeline. If we get disconnected, I will call you back.

D. PUT R ON HOLD AND CALL LIFELINE: I work for RTI International, a research company in North Carolina, and we are conducting a research study. During a telephone interview, a respondent told me that (he/she) is thinking about killing or harming (himself/herself). I have asked the respondent to wait on the line while I contacted you. I can give you additional information about the research study, if you would like. I can also provide you with the

E. IF ASKED FOR NSDUH OVERVIEW: This study, part of the National Survey on Drug Use and Health sponsored by the United States Public Health Service, is designed to test procedures for use in future NSDUH surveys. Questions ask about various mental health issues such as depression, anxiety, post traumatic stress disorder, and substance dependence. Please note that this information was obtained through the respondent's participation in a research study. We went through appropriate informed consent procedures, during which I told the respondent that if (he/she) told me something that caused me to be concerned about (his/her) well-being, I would report that to someone else who could help or intervene. Do you have any questions about the study? **ANSWER QUESTIONS.**

F. CONNECT R AND INTRODUCE TO LIFELINE. STAY ON THE LINE WHILE THE R TALKS WITH THE LIFELINE COUNSELOR; IF YOU HANG-UP, THEIR CONNECTION WILL ALSO END. IF R DISCONNECTED AND YOU CANNOT REACH HIM/HER ON THE PHONE AGAIN IMMEDIATELY, CALL LIFELINE AND PROVIDE INFORMATION IN D AND E ABOVE AND GIVE R NAME, TELEPHONE NUMBER, AND ADDRESS (IF KNOWN).

G. IF THE LIFELINE COUNSELOR DOES NOT OFFER A REFERRAL FOR MENTAL HEALTH SERVICES, INTERJECT AND SAY: This is X, the interviewer who connected us for this call. Can you provide referral information about mental health services in [his/her] area now?
IF THE NAME, NUMBER, AND LOCATION OF A MENTAL HEALTH PROVIDER IS <u>NOT</u> PROVIDED BY THE LIFELINE COUNSELOR, OBTAIN REFERRAL INFORMATION FOR MENTAL HEALTH SERVICES IN THE RESPONDENT'S AREA FROM THE SAMHSA WEBSITE (http://mentalhealth.samhsa.gov/databases/). **CALL DR. KARG IMMEDIATELY TO DISCUSS REFERRAL OPTIONS. AFTER SPEAKING WITH DR. KARG, RECONTACT THE RESPONDENT AS SOON AS POSSIBLE TO PROVIDE THAT INFORMATION. IF WHEN YOU CALL BACK, YOU GET AN ANSWERING MACHINE OR VOICEMAIL, LEAVE A GENERIC MESSAGE SAYING,** "This message is for [R's name]. This is [your name] from RTI International and I have some additional information that I wanted to share with you. I will try to call you again [later today/tomorrow]. **DOCUMENT ATTEMPTS TO RECONTACT THE R IN THE CMS NOTES FOR CASE.**
IF THE LIFELINE COUNSELOR DOES <u>NOT</u> PROVIDE INSTRUCTIONS ABOUT WHAT TO DO IF THE R BECOMES DISTRESSED IN THE FUTURE, INTERJECT AND SAY: This is X, the interviewer who connected us for this call. If you ever want to call Lifeline again, their number again is 1-800-273-8255. If you feel that this is an emergency now or later, you should go to a hospital emergency room right away. If you are not able to get to an emergency room immediately, you should call 911 for assistance.

H..B. WHEN CALL IS COMPLETED, CALL DR. KARGBLAZEI OR DR. PANZER IF YOU HAVE QUESTIONS OR WOULD LIKE TO DEBRIEF. FILL OUT ONLINE INCIDENT REPORT.

CALL B. WHEN CALL IS COMPLETED, CALL DR. PANZER OR DR. BLAZEI IF YOU WOULD LIKE TO DEBRIEF. FILL OUT ONLINE INCIDENT REPORT.

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Page Break

Scenario Number	Individual at Risk of Harm	Imminent Danger?
2	Self	Possible / Yes

STEPS

A. END SCREENING/ INTERVIEW AND THEN READ TO R: When you agreed to participate in this interview, I promised that I would not tell anyone what you have told me unless it was necessary to protect you or other people. You told me earlier that you are thinking about harming yourself. I am concerned about your personal safety so I strongly suggest that we contact the national Lifeline hotlineemergency care services in your area, such as a crisis center or nearby hospital. I am going to look-up that number. and let them know so they can talk to you about how you feel. I would like for you to stay Can you remain on the line while I do that? call Lifeline. Is that all right with you? It may take a few minutes.

B. IF R WILLING: FOLLOW INSTRUCTIONS UNDER SCENARIO 1 ITEMS C-H.

C. IF R UNWILLING TO CONTACT LIFELINE: I am concerned about your personal safety. I am going to call 911 for you right now. Can you remain on the line while I do that? **WHETHER R REMAINS ON LINE OR NOT, PROCEED TO D.**

D. CALL 911, AND READ THIS STATEMENT TO LOCAL 911 DISPATCHERIF YES: CALL 911 HOTLINE, AND READ THIS STATEMENT TO LOCAL 911 DISPATCHER

IF NO: Okay, if I don't connect you with the local emergency care provider, then I will need to call the provider myself to see if they can send someone to you who can provide the care you need in order to keep you safe. I'll call you back to let you know what I find out.

B. FIND THE NEAREST EMERGENCY PSYCHIATRIC SERVICES USING THE SAMHSA WEBSITE (http://mentalhealth.samhsa.gov/databases/). **SEARCH FOR INPATIENT MH TREATMENT USING THE R'S CURRENT ZIP CODE.**

C. CALL THEIR LOCAL INPATIENT PSYCHIATRIC CARE FACILITY OR CRISIS CENTER AND READ THIS STATEMENT: I work for RTI International, a research company in North Carolina, and we are conducting a research study. During an interview with a respondent, the respondent told me that (he/she) is thinking about killing or harming (himself/herself). The respondent was unwilling to contact anyone for help while I was on the phone with (him/her) but) and I am concerned about (his/her) safety. I can give you additional information about the research study, if you would like. I can also provide you with the respondent's contact

Scenario Number	Individual at Risk of Harm	Imminent Danger?
2	Self	Possible / Yes

STEPS

if they can send someone who can provide transportation to the nearest hospital. Can you remain on the line while I do that? **WHETHER R REMAINS ON THE LINE OR NOT, OBTAIN REFERRAL INFORMATION FOR MENTAL HEALTH SERVICES IN THE RESPONDENT'S AREA FROM THE SAMHSA WEBSITE** (http://mentalhealth.samhsa.gov/databases/). **CALL THE LOCAL CRISIS CENTER AND READ THIS STATEMENT:** I work for RTI International, a research company in North Carolina, and we are conducting a research study. During an interview with a respondent, the respondent told me that (he/she) is thinking about killing or harming (himself/herself). The respondent was unwilling to contact anyone for help while I was on the phone with (him/her) but I am concerned about (his/her) safety. I can give you additional information about the research study, if you would like. I can also provide you with the respondent's contact information.

IF ASKED FOR NSDUH OVERVIEW: This study, part of the National Survey on Drug Use and Health sponsored by the United States Public Health Service, is designed to test procedures for use in future NSDUH surveys. Questions ask about various mental health issues such as depression, anxiety, post traumatic stress disorder, and substance dependence. Please note that this information was obtained through the respondent's participation in a research study. We went through appropriate informed consent procedures, during which I told the respondent that if (he/she) told me something that caused me to be concerned about (his/her) well-being, I would report that to someone else who could help or intervene. Given the context in which the information was obtained, however, we cannot guarantee that the participant understood the questions nor that (he/she) provided truthful responses. Do you have any questions about the study? **ANSWER QUESTIONS.**

BD. GIVE R FIRST NAME, TELEPHONE NUMBER, AND ADDRESS (IF KNOWN) TO LOCAL EMERGENCY CARE REPRESENTATIVE. IF THEY ARE UNABLE TO PROVIDE SERVICES THAT ENSURE THE R'S SAFETY, SEARCH FOR THE R'S LOCAL EMERGENCY NUMBER USING THE NATIONAL 911 DATABASE. 911 DISPATCHER

E. . IF R ON THE OTHER LINE, CONNECT R TO DISPATCHEREMERGENCY CARE REPRESENTATIVE OR LOCAL 911 DISPATCHER AND STAY ON THE LINE; IF YOU HANG-UP, THEIR CONNECTION WILL ALSO END.

IF R NOT ON THE OTHER LINE, END CALL WITH THE EMERGENCY CARE PROVIDER OR LOCAL 911 DISPATCHER AND ATTEMPT TO CONTACT R AGAIN WITH AN UPDATE.. IF R REACHED, ATTEMPT TO REMAIN ON LINE UNTIL AUTHORITIES ARRIVE AT R's LOCATION.

F. WHEN CALL IS COMPLETED, CALL DR. KARG TO DEBRIEF. IF SHE DOES NOT

Scenario Number	Individual at Risk of Harm	Imminent Danger?
2	Self	Possible / Yes
STEPS		
INCIDENT REPORT.		

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Scenario Number	Individual at Risk of Harm	Imminent Danger?
3	Other(s)	No
STEPS		

A. COMPLETE SCREENING/INTERVIEW, AND THEN READ TO R: When you agreed to participate in this interview, I promised that I would not tell anyone what you have told me unless it was necessary to protect you or other people. You told me earlier that you have recently had thoughts or wishes about seriously harming someone else. Do you have a doctor, counselor, or someone you can talk to about how you are feeling now?

IF YES: I strongly suggest that you contact this person immediately so you can talk to him or her about how you have been feeling, especially about the thoughts you've been having about seriously harming someone else. Would you be willing to do that?

IF YES: Okay. There is also a national Lifeline hotline you can call where counselors are available to talk at any time of the day or night. Their toll-free number is 1-800-273-8255. **THANK R FOR THEIR PARTICIPATION IN THE STUDY AND END CALL.**

IF NO: I strongly suggest that you contact the national Lifeline hotline at 1-800-273-8255. Lifeline has counselors available 24-hours a day to talk to you about how you are feeling. They may also help you locate (additional) mental health services in your area. If you feel that this is an emergency now or later, you should go to a hospital emergency room right away. If you are not able to get to an emergency room immediately, you should call 911 for assistance. **THANK R FOR THEIR PARTICIPATION IN THE STUDY AND END CALL.**

B. CONSULT WITH DR. KARG. IF DIRECTED BY DR. KARG, CALL LIFELINE, AND READ THIS STATEMENT:

C. CALLAND READ THIS STATEMENT: I work for RTI International, a research company in North Carolina, and we are conducting a research study. During an interview with a respondent, the respondent told me that (he/she) is thinking about killing or harming another individual. Although the respondent denied a specific plan or any intention to harm this other individual, I am concerned about this individual's safety. I can give you additional information about the

IF ASKED FOR NSDUH OVERVIEW: This study, part of the National Survey on Drug Use and Health sponsored by the United States Public Health Service, is designed to test procedures for use in future NSDUH surveys. Questions ask about various mental health issues such as depression, anxiety, post traumatic stress disorder, and substance dependence. Please note that this information was obtained through the respondent's participation in a research study. We went through appropriate informed consent procedures, during which I told the respondent that if (he/she) told me something that caused me to be concerned about (him/her) harming someone else, I would report that to someone else who could help or intervene. Given the context in which the information was obtained, however, we cannot guarantee that the participant understood the questions nor that (he/she) provided truthful responses. Do you have any questions about the study? **ANSWER QUESTIONS.**

DC. GIVE R FIRST NAME, TELEPHONE NUMBER, ADDRESS (IF KNOWN) AND VICTIM'S IDENTIFYING INFORMATION TO THE 911 DISPATCHER END CALL.

DE. B. WHEN CALL IS COMPLETED, CALL DR. KARG PANZER OR DR. BLAZEI TO DEBRIEF. IF DIRECTED BY ONE OF THEM, FOLLOW SCENARIO 4 FOR POSSIBLE IMMINENT DANGER TO OTHERS. FILL OUT ONLINE INCIDENT REPORT.

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Scenario Number	Individual at Risk of Harm	Imminent Danger?
4	Other(s)	Possible / Yes

STEPS

A. END SCREENING/INTERVIEW, THANK R FOR THEIR PARTICIPATION IN THE STUDY AND END CALL.

B. SEARCH FOR THE R'S LOCAL EMERGENCY NUMBER USING THE NATIONAL 911 DATABASE.

C. CALL THEIR LOCAL 911, AND READ THIS STATEMENT: I work for RTI International, a research company in North Carolina, and we are conducting a research study. During an interview with a respondent, the respondent told me that (he/she) is thinking about killing or harming another individual. I am concerned about this individual's safety. I can give you additional information about the research study, if you would like. I can also provide you with the respondent's contact information.

IF ASKED FOR NSDUH OVERVIEW: This study, part of the National Survey on Drug Use and Health sponsored by the United States Public Health Service, is designed to test procedures for use in future NSDUH surveys. Questions ask about various mental health

procedures, during which I told the respondent that if (he/she) told me something that caused me to be concerned about (him/her) harming someone else, I would report that to someone else who could help or intervene. Given the context in which the information was obtained, however, we cannot guarantee that the participant understood the questions nor that (he/she) provided truthful responses. Do you have any questions about the study? **ANSWER QUESTIONS.**

CD. GIVE R FIRST NAME, TELEPHONE NUMBER, ADDRESS (IF KNOWN), AND VICTIM'S IDENTIFYING INFORMATION TO LOCAL 911 DISPATCHER. END CALL.

DE. WHEN CALL IS COMPLETED, CALL DR. KARG TO DEBRIEF. IF SHE DOES NOT RETURN CALL WITHIN 15 MINUTES, CALL DR. PANZER OR DR. BLAZEI TO DEBRIEF. IF NEITHER ONE OF THEM IS AVAILABLE, CONTACT MS. GRANGER OR MR. CUNNINGHAMCALL MS. GRANGER OR MR. CUNNINGHAMTHE NEXT STAFF ON THE LIST AND SO ON TO NOTIFY ONE OF THEM ABOUT THE INCIDENT. FILL OUT ONLINE INCIDENT REPORT.

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Scenario Number	Individual at Risk of Harm	Imminent Danger?
5	No risk of harm; respondent is agitated or upset	No

STEPS

A. END SCREENING/INTERVIEW AND THEN READ TO R: I know these questions are very personal, and they seem to be upsetting you. Do you have a doctor or someone you can talk to about how you are feeling?

B. IF R SAYS YES: I suggest that you call that individual immediately so that she or he can help you talk about and work through how you are feeling. There is also a national lLifeline numberhotline you can call where counselors are available to talk at any time of the day or night. Their toll-free number is 1-800-273-8255. **THANK R FOR THEIR PARTICIPATION IN THE STUDY AND END CALL.**

is an emergency now or later, you should go to a hospital emergency room right away or call 911 for assistance. **THANK R FOR THEIR PARTICIPATION IN THE STUDY AND END CALL.**

IF R WANTS YOU TO MAKE THE THIRD PARTY CALL FOR THEM, DO SO, THEN STAY ON THE LINE UNTIL THE R IS DONE TALKING TO LIFELINE.

IF R DOES NOT WANT YOU TO MAKE THE THIRD PARTY CALL, THANK THEM FOR THEIR PARTICIPATION IN THE STUDY AND END CALL.

BD. WHEN CALL IS COMPLETED, CALL DR. KARGBLAZEI OR DR. PANZER IF YOU HAVE ANY QUESTIONS OR NEED TO DEBRIEF. FILL OUT ONLINE INCIDENT REPORT.