

National Mental Health Study Field Test,
Supporting Statement
Attachment A-3 – CRS Adult and Adolescent
Questionnaire Specifications

Adult Clinical Interview Modules
for the National Mental Health Study (NMHS)
Clinical Reappraisal Study (CRS) Field Test

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OMB #
Expiration Date:

SCID-RV for DSM-5[®]

Version 1.0.0

Overview Module

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Modified for the National Mental Health Study

Interviewer ID:

QUESTID:

Date of Interview:

NOTICE: Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, Paperwork Reduction Project (XXXX-XXXX); Room 15E57B; 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is XXXX-XXXX, expiration date XX/XX/XX.

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Introduction to Clinical Interview

Before you place call, **be prepared to:**

- 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. Department of Health and Human Services. 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 52 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 Mental Health Study. 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.

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 U.S. Department of Health and Human Services, 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.

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 18 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.

Module 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. Do you have any questions before we begin?

NOTE: Any current suicidal thoughts, plans, or actions should be thoroughly assessed by the clinician and action should be taken if necessary.

Demographic Data

GENDER: 1 Male AOV1
2 Female
3 Other (e.g., transgendered)

What's your date of birth? **DOB:** ____ ____ ____ AOV2
month day year

AGE: ____ ____ AOV3

Are you married? **MARITAL STATUS (most recent):** AOV4

IF NO: Do you live with someone as if you are married? 1 Married or living with someone as if married

IF NO: Were you ever married? 2 Widowed

How long have you been (MARITAL STATUS)? 3 Divorced or annulled

4 Separated

IF EVER MARRIED: How many times have you been married? 5 Never married

Do you have any children? _____

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

With whom do you live? (How many children under the age of 18 live in your household?) _____

In what kind of place do you live? (A house, an apartment, a shelter, a halfway house, or some other living arrangement? Are you homeless?) _____

Education and Work History

How far did you go in school?

EDUCATION:

AOV5

- 1 Grade 6 or less
- 2 Grades 7 to 12 (without graduating high school)
- 3 Graduated high school or high school equivalent
- 4 Part college/trade school
- 5 Graduated 2-year college or trade school
- 6 Graduated 4-year college
- 7 Part graduate/professional school
- 8 Completed graduate/professional school

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

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

Have you always done that kind of work?

IF NO: What other kind of work have you done in the past?

What's the longest you've worked at one place?

Current and Past Periods of Psychopathology

Have you ever seen anybody for emotional or psychiatric problems?

▶ IF YES: What was that for? (What treatment did you get? Any medications? When was that? When was the first time you ever saw someone for emotional or psychiatric problems?)

▶ 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? (Tell me more.)

Have you ever seen anybody for problems with alcohol or drugs?

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

Have you ever attended a self-help group, like Alcoholics Anonymous, Gamblers Anonymous, or Overeaters Anonymous?

IF YES: What was that for? When was that?

Other Current Problems

Have you had any other problems in the past month? (How are things going at work, at home, and with other people?)

What has your mood been like?

How has your physical health been? (Have you had any medical problems?)

Do you take any medications, vitamins, nutritional supplements, or natural health remedies (other than those you've already told me about?)

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

In the past month, how much have you been drinking?

When you drink, who are you usually with? (Are you usually alone or out with other people?)

In the past month, have you been using any illegal or recreational drugs? How about taking more of your prescription drugs than was prescribed or running out early?

How have you been spending your free time?

Who do you spend time with?

Module End Time: ____ ____ : ____ ____ **AM/PM**

GO TO NEXT MODULE

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Mood Disorders Module

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Modified for the National Mental Health Study

Interviewer ID:

QUESTID:

Date of Interview:

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Module Start Time: _____ : _____ AM/PM

LIFETIME MAJOR DEPRESSIVE EPISODE

IF CASE IS IDENTIFIED AS HAVING BEEN A POSITIVE SCREEN FOR DEPRESSION:

You told us in the previous interview that you'd had a time in your life when you felt sad, hopeless, discouraged, or disinterested most of the time. I'd like to ask you some questions now about times when you may have felt that way.

Have you ever had a period when you were feeling depressed or down most of the day nearly every day? (Did anyone say that you looked sad, down, or depressed?)

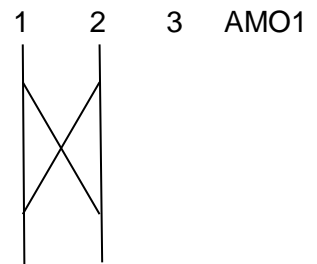
IF NO: How about feeling sad, empty, or hopeless, most of the day nearly every day?

IF YES TO EITHER OF ABOVE: What was that like? When was that? How long did it last? (As long as 2 weeks?)

MAJOR DEPRESSIVE EPISODE CRITERIA

A. *Five or more of the following symptoms have been present during the same 2-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. *Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful)*



NOTE: In children and adolescents, can be irritable mood.

→ IF PREVIOUS ITEM CODED "3": During that time, did you lose interest or pleasure in things you usually enjoyed? (What was that like?)

→ IF PREVIOUS ITEM NOT CODED "3" Have you ever had a period 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 2 weeks?)

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

IF UNCLEAR: Have you had any times like that in the past year, since (1 YEAR AGO)?

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)*

NOTE: If there is evidence for more than one past episode, select the "worst" one for your inquiry about past Major Depressive Episode. If there was a likely Major Depressive Episode in the past year, ask about that episode even if it was not the worst.

? 1 2 3 AMO2

IF NEITHER ITEM AMO1 NOR AMO2 IS CODED "3," GO TO *LIFETIME MANIC EPISODE* ON PAGE 9

FOR THE FOLLOWING QUESTIONS, FOCUS ON THE WORST 2 WEEKS OF THE PAST MAJOR DEPRESSIVE EPISODE THAT YOU ARE INQUIRING ABOUT.

NOTE: When rating the following items, code "1" if clearly directly due to a general medical condition (e.g., insomnia due to severe back pain).

During that (2-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?

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 AMO3

IF YES: Were you trying to [lose/gain] weight?)

Check if:

_____ weight loss or decreased appetite AMO3a

_____ weight gain or increased appetite AMO3b

...how were you sleeping? (Trouble falling asleep, waking frequently, trouble staying asleep, waking too early, OR sleeping too much? How many hours of sleep [including naps] had you been getting? How many hours of sleep did you typically get before you got [depressed/OWN WORDS]?) Has it been nearly every night?

4. Insomnia or hypersomnia nearly every day ? 1 2 3 AMO4

Check if:

_____ insomnia AMO4a

_____ hypersomnia AMO4b

...were you so fidgety or restless that you were unable to sit still? What about the opposite—talking more slowly, or moving more slowly than was normal for you, as if you were moving through molasses or mud? (In either instance, was it so bad that other people have 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 AMO5

Check if:

_____ *psychomotor agitation* AMO5a

_____ *psychomotor retardation* AMO5b

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

6. *Fatigue or loss of energy nearly every day* ? 1 2 3 AMO6

...were you feeling worthless? Did you feel guilty about things you had done or not done? IF YES: What things? (Was this only because you couldn't take care of things since you have been sick?)

7. *Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)* ? 1 2 3 AMO7

IF YES TO EITHER OF ABOVE: Nearly every day?

Check if:

_____ *worthlessness* AMO7a

_____ *inappropriate guilt* AMO7b

...did you have trouble thinking or concentrating? Was it hard to make decisions about everyday things? (What kinds of things did it interfere with?) 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 AMO8

During that (2-WEEK PERIOD)...

...were things so bad that you thought a lot about death or that you would be better off dead? Did you think about taking your own life?

IF YES: Did you do something about it? (What did you do? Did you make a specific plan? Did you take any action to prepare for it? Did you actually make a suicide attempt?)

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* ? 1 2 3 AMO9

NOTE: Code "1" for self-mutilation without suicidal intent.

Check if:

- ___ *thoughts of own death* AMO9a
 ___ *suicidal ideation* AMO9b
 ___ *specific plan* AMO9c
 ___ *suicide attempt* AMO9d

AT LEAST FIVE OF THE ABOVE SXs (AMO1-AMO9) ARE CODED "3" AND AT LEAST ONE OF THESE IS ITEM AMO1 OR AMO2. 1 3 AMO10

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 MAJOR DEPRESSIVE EPISODE* ON PAGE 1, 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 *LIFETIME MANIC EPISODE* ON PAGE 9

CONTINUE WITH NEXT ITEM, CRITERION B, ON NEXT PAGE

IF UNKNOWN: What effect did (DEPRESSIVE SXS) have on your life?

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION B:

How did (DEPRESSIVE SXS) affect your relationships or your interactions with other people? (Did this cause you any problems in your relationships with your family, romantic partner or friends?)

How did (DEPRESSIVE SXS) affect your work/school? (How about your attendance at work or school? Did [DEPRESSIVE SXS] make it more difficult to do your work/schoolwork? How did [DEPRESSIVE SXS] affect the quality of your work/schoolwork?)

How did (DEPRESSIVE SXS) affect your ability to take care of things at home? (How about doing simple everyday things like getting dressed, bathing, or brushing your teeth? How about doing other things that are important to you like religious activities, physical exercise, or hobbies? Did you avoid doing anything because you felt like you weren't up to it?)

Did (DEPRESSIVE SXS) affect any other important part of your life?

IF DID NOT INTERFERE WITH LIFE: How much were you bothered or upset by having (DEPRESSIVE SXS)?

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

1 2

3

AMO11

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?

▶ IF YES: RETURN TO *LIFETIME MAJOR DEPRESSIVE EPISODE* ON PAGE 1, 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 *LIFETIME MANIC EPISODE* ON PAGE 9

CONTINUE ON NEXT PAGE

IF UNKNOWN: When did this period of (depression/OWN WORDS) begin?

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: Any change in the amount you were using?

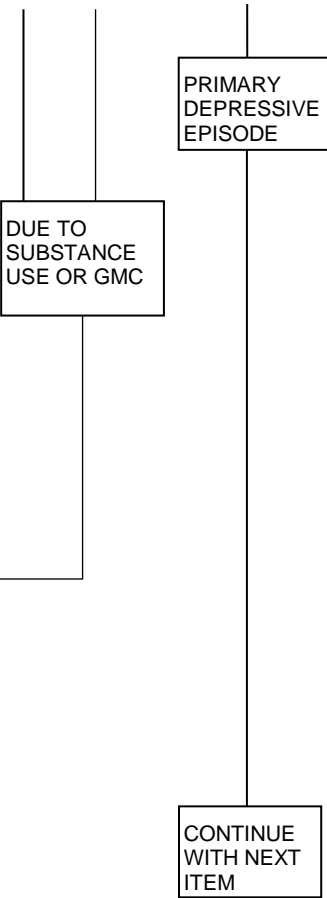
Just before this began, were you drinking or using any drugs?

C. [Primary Depressive Episode:]
The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, medication) or to another medical condition (e.g., hypothyroidism).

? 1 3 AMO12

IF THERE IS ANY INDICATION THAT THE DEPRESSION MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE), GO TO PAGE 5 OF GMC/SUBSTANCE FOR MOOD DISORDER MODULE, AND THEN RETURN HERE TO MAKE A RATING OF "1" OR "3."

NOTE: Refer to lists of etiological medical conditions and substances/medications below:



IF UNKNOWN: Has there been any other time when you were having (DEPRESSIVE SXS) like this but were not (using SUBSTANCE/MEDICATION/ill with GMC)?

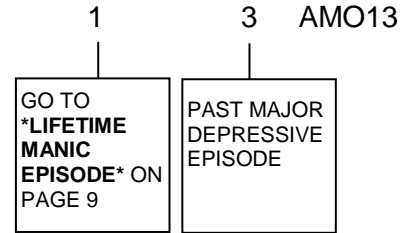
▶ IF YES: GO TO ***LIFETIME MAJOR DEPRESSIVE EPISODE*** ON PAGE 1 AND CHECK WHETHER THERE HAS BEEN ANY OTHER MAJOR DEPRESSIVE EPISODE NOT DUE TO A SUBSTANCE/MEDICATION OR ANOTHER MEDICAL CONDITION. IF SO, ASK ABOUT THAT EPISODE.

▶ IF NO: GO TO ***LIFETIME MANIC EPISODE*** ON PAGE 9

Etiological medical conditions include stroke, Huntington's disease, Parkinson's disease, traumatic brain injury, Cushing's disease, hypothyroidism, multiple sclerosis, and systemic lupus erythematosus.

Etiological substances/medications include alcohol (I/W), phencyclidine (I), hallucinogens (I), inhalants (I), opioids (I/W), sedative, hypnotics or anxiolytics (I/W), amphetamine and other stimulants (I/W), cocaine (I/W), antiviral agents (etavirenz), cardiovascular agents (clonidine, guanethidine, methyl dopa, reserpine), retinoic acid derivatives (isotretinoin), antidepressants, anticonvulsants, anti-migraine agents (triptans), antipsychotics, hormonal agents (corticosteroids, oral contraceptives, gonadotropin-releasing hormone agonists, tamoxifen), smoking cessation agents (varenicline) and immunological agents (interferon).

MAJOR DEPRESSIVE EPISODE CRITERIA A, B, AND C ARE CODED "3."



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

Age at onset of Past Major Depressive Episode coded above

AMO14

How many separate times in your life have you been (depressed/OWN WORDS) nearly every day for at least 2 weeks and had several of the symptoms that you described like (SXS OF WORST EPISODE)?

Total number of Major Depressive Episodes (CODE 99 IF TOO NUMEROUS OR INDISTINCT TO COUNT)

AMO15

MANIC EPISODE CRITERIA

LIFETIME MANIC EPISODE

IF CASE IS IDENTIFIED AS HAVING BEEN A POSITIVE SCREEN FOR MANIA: You told us in the previous interview that you'd had a time in your life when you felt much more excited and full of energy or much more irritable and grumpy than usual. I'd like to ask you some questions now about times when you may have felt that way.

Have you ever had a period of time when you were feeling so good, "high," excited, or "on top of the world" that other people thought you were not your normal self?

▶ IF YES: What was it like? (Was that more than just feeling good?) Did you also feel like you were "hyper" or "wired" and had an unusual amount of energy? Were you much more active than is typical for you? (Did other people comment on how much you were doing?)

▶ IF NO: Have you ever had a period of time when you were feeling irritable, angry, or short-tempered for most of the day, every day, for at least several days? What was that like? (Was that different from the way you usually are?)

IF YES: Did you also feel like you were "hyper" or "wired" and had an unusual amount of energy? Were you much more active than is typical for you? (Did other people comment on how much you were doing?)

When was that?

A. <i>A distinct period [lasting at least several days] of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased [...] activity or energy</i>	?	1	2	3	AMO16
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RECORD
MODULE END
TIME ON PAGE
15 AND
CONTINUE

Check if:

- | | |
|-------------------------------------|--------|
| ___ <i>elevated, expansive mood</i> | AMO16a |
| ___ <i>irritable mood</i> | AMO16b |

How long did that last? (As long as 1 week?)

IF LESS THAN 1 WEEK: Did you need to go into the hospital to protect you from hurting yourself or someone else, or from doing something that could have caused serious financial or legal problems?)

Did you feel (high/irritable/OWN WORDS) for most of the day, nearly every day during this time?

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

IF UNCLEAR: Have you had any times like that in the past year, since (1 YEAR AGO)?

FOCUS ON THE WORST PERIOD OF THE EPISODE THAT YOU ARE INQUIRING ABOUT.

IF UNCLEAR: During (EPISODE), when were you the most (high/irritable/OWN WORDS)?

During that time...

...how did you feel about yourself? (More self-confident than usual? Did you feel much smarter or better than everyone else? Did you feel like you had any special powers or abilities?)

...did you need less sleep than usual? (How much sleep did you get?)

IF YES: Did you still feel rested?

...lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary).

NOTE: If elevated mood lasts less than 1 week, check whether irritable mood lasts at least 1 week before skipping to page 15.

NOTE: If there is evidence for more than one past episode, select the worst episode that occurred in the prior year; if none of the past episodes occurred in the prior year, select the worst episode that occurred regardless of the time it occurred.

? 1 2 3 AMO17

RECORD
MODULE
END TIME ON
PAGE 15 AND
CONTINUE

B. During the period of mood disturbance and increased energy or activity, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree and represent a noticeable change from usual behavior:

1. *Inflated self-esteem or grandiosity*

? 1 2 3 AMO18

2. *Decreased need for sleep (e.g., feels rested after only 3 hours of sleep)*

? 1 2 3 AMO19

...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 AMO20

...did you have thoughts racing through your head? (What was that like?)

4. *Flight of ideas or subjective experience that thoughts are racing* ? 1 2 3 AMO21

...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) as reported or observed* ? 1 2 3 AMO22

...how did you spend your time? (Work, friends, hobbies? Were you especially busy during that time?)

6. *Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation (i.e., purposeless non-goal-directed activity)* ? 1 2 3 AMO23

(Did you find yourself more enthusiastic at work or working harder at your job? Did you find yourself more engaged in school activities or studying harder?)

Check if:

(Were you more sociable during that time, such as calling on friends or going out with them more than you usually do or making a lot of new friends?)

___ *increase in activity*

AMO23a

(Were you spending more time thinking about sex or involved in doing something sexual, by yourself or with others? Was that a big change for you?)

___ *psychomotor agitation*

AMO23b

(Were you physically restless during this time, doing things like pacing a lot, or being unable to sit still?)

(How bad was it?)

During that time...

...did you do anything that could have caused trouble for you or your family?

(Spending money on things you didn't need or couldn't afford? How about giving away money or valuable things? Gambling with money you couldn't afford to lose?)

(Anything sexual that was likely to get you in trouble? Driving recklessly?)

(Did you make any risky or impulsive business investments or get involved in a business scheme that you wouldn't normally have done?)

7. *Excessive involvement in 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 AMO24

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

1

3 AMO25

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?

▶ IF YES: RETURN TO *LIFETIME MANIC EPISODE* ON PAGE 9, AND INQUIRE ABOUT WORST EPISODE.

▶ IF NO: RECORD MODULE END TIME ON PAGE 15 AND CONTINUE

CONTINUE ON NEXT PAGE

IF UNKNOWN: What effect did these (MANIC SXS) have on your life?

IF UNKNOWN: Did you need to go into the hospital to protect you from hurting yourself or someone else, or from doing something that could have caused serious financial or legal problems?

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION C.

How did (MANIC SXS) affect your relationships or your interactions with other people? (Did (MANIC SXS) cause you any problems in your relationships with your family, romantic partner, or friends?)

How did (MANIC SXS) affect your work/school? (How about your attendance at work or school? Did [MANIC SXS] make it more difficult to do your work/schoolwork? How did [MANIC SXS] affect the quality of your work/schoolwork?)

How did (MANIC SXS) affect your ability to take care of things at home?

C. *The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others or there are psychotic features.*

?

1	2
---	---

3

AMO26

CONTINUE ON NEXT PAGE

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?

▶ IF YES: RETURN TO ***LIFETIME MANIC EPISODE*** ON PAGE 9, AND INQUIRE ABOUT OTHER EPISODE.

▶ IF NO: RECORD MODULE END TIME ON PAGE 15 AND CONTINUE.

IF UNKNOWN: When did this period of being (high/irritable/OWN WORDS) begin?

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: Any change in the amount you were taking?

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

D. [Primary Manic Episode:] The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, medication) or to another medical condition.

IF THERE IS ANY INDICATION THAT THE MANIA MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE), GO TO PAGE 1 OF THE *GMC/SUBSTANCE-INDUCED MOOD MODULE* AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

NOTE: A full Manic Episode that emerges during antidepressant treatment (e.g., medication, electroconvulsive therapy) but persists at a fully syndromal level beyond the physiological effect of that treatment is sufficient evidence for a Manic Episode and therefore a Bipolar I diagnosis.

NOTE: Refer to lists of etiological medical conditions and substances/medications below:

Etiological medical conditions include Alzheimer's disease, vascular dementia, HIV-induced dementia, Huntington's disease, Lewy body disease, Wernicke-Korsakoff syndrome, Cushing's disease, multiple sclerosis, ALS, Parkinson's disease, Pick's disease, Creutzfeldt-Jakob disease, stroke, traumatic brain injuries, and hyperthyroidism.

Etiological substances/medications include alcohol (I/W), phencyclidine (I), hallucinogens (I), sedatives, hypnotics, anxiolytics (I/W), amphetamines (I/W), cocaine (I/W), corticosteroids, androgens, isoniazid, levodopa, interferon alpha, varenicline, procarbazine, clarithromycin, and ciprofloxacin.

? 1 3 AMO27

DUE TO SUBSTANCE USE OR GMC

PRIMARY MANIC EPISODE

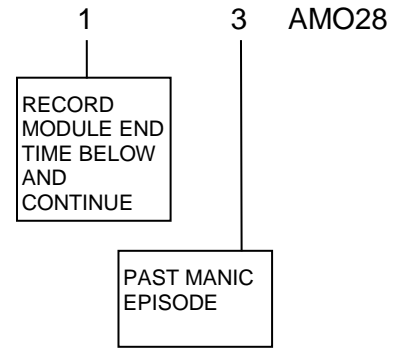
CONTINUE WITH NEXT ITEM

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

IF YES: RETURN TO *LIFETIME MANIC EPISODE* ON PAGE 9, AND INQUIRE ABOUT OTHER EPISODE.

IF NO: RECORD MODULE END TIME ON PAGE 15 AND CONTINUE.

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



How old were you when (PAST
MANIC EPISODE) started?

Age at onset of Lifetime
Manic Episode coded above

_____ AMO29

Module End Time: _____ : _____ AM/PM

MOOD DISORDERS

IF THERE HAVE NEVER BEEN ANY CLINICALLY SIGNIFICANT MOOD SYMPTOMS, CIRCLE 1 HERE AND GO TO THE NEXT MODULE. OTHERWISE, CIRCLE 3 AND CONTINUE

AMO30

NO YES
1 3

BIPOLAR I DISORDER

PRESENCE OF A MANIC EPISODE IS INDICATED BY A RATING OF "3" ON AMO28 ON PAGE 15.

BIPOLAR I DISORDER CRITERIA

A. *Criteria have been met for at least one Manic Episode.*

1

3

AMO31

GO TO
MAJOR DEPRESSIVE DISORDER
ON PAGE 17

B. *The occurrence of the Manic and Major Depressive Episode(s) is not better explained by Schizoaffective Disorder, Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Other Specified or Unspecified Schizophrenia Spectrum and Other Psychotic Disorder.*

1

3

AMO32

GO TO
MAJOR DEPRESSIVE DISORDER
ON PAGE 17

BIPOLAR I DISORDER

GO TO NEXT MODULE

MAJOR DEPRESSIVE DISORDER

PRESENCE OF A MAJOR DEPRESSIVE EPISODE IS INDICATED BY A RATING OF “3” ON AMO13 ON PAGE 8.

MAJOR DEPRESSIVE DISORDER CRITERIA

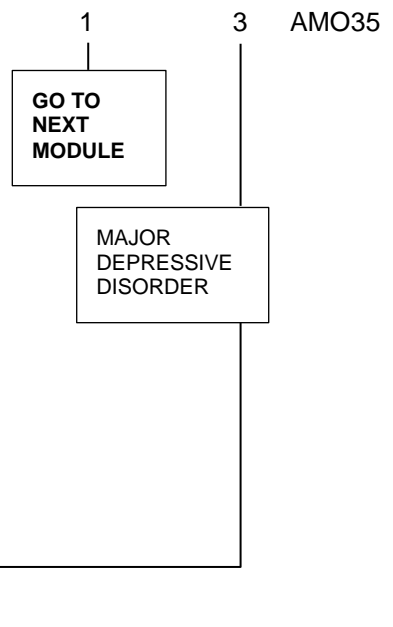
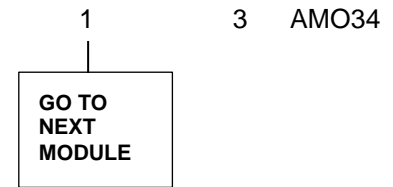
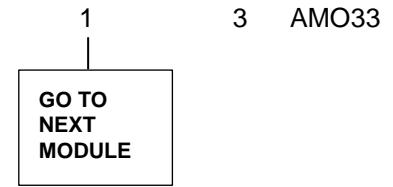
[At least one Major Depressive Episode (i.e., meeting criteria A–C for a Major Depressive Episode in Module A).]

D. *The occurrence of the Major Depressive Episode(s) is not better explained by Schizoaffective Disorder, Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Other Specified or Unspecified Schizophrenia Spectrum and Other Psychotic Disorder.*

E. *There has never been a Manic or Hypomanic Episode.*

Note: This exclusion does not apply if all of the manic-like or hypomanic-like episodes are substance/medication-induced or are attributable to the physiological effects of another medical condition.

NOTE: Code “3” if there have never been any Manic or Hypomanic Episodes, or if all manic-like and hypomanic-like episodes are attributable to a substance/medication (excluding an antidepressant) or to a general medical condition.



AMO36

Indicate type: (circle the appropriate number)

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

GO TO NEXT MODULE

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SCID-RV for DSM-5[®]

Version 1.0.0

Psychotic Screening Module

**Michael B. First, M.D., Janet B. W. Williams, Ph.D.,
Rhonda S. Karg, Ph.D., Robert L. Spitzer, M.D.**

Modified for the National Mental Health Study

Interviewer ID:

QUESTID:

Date of Interview:

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Module Start Time: ____ ____ : ____ ____ **AM/PM**

For each psychotic symptom coded “3,” describe the actual content and indicate the period of time during which the symptom was present. Moreover, for any psychotic symptom coded “3,” determine whether the symptom is definitely “primary” or whether there is a possible or definite etiological substance (including medication) or general medical condition. Refer to page 8 for a list of possible etiological general medical conditions and substances/medications.

The following questions may be useful if the Overview has not already provided the information.

Just before (PSYCHOTIC SXS) began, were you using drugs? ...were you taking 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)?

HALLUCINATIONS

Now I'd like to ask you about unusual experiences that people sometimes have.

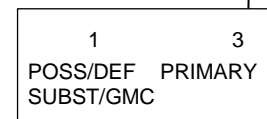
A perception-like experience with the clarity and impact of a true perception, but without the external stimulation of the relevant sensory organ. The person may or may not have insight into the nonveridical nature of the hallucination (i.e., one hallucinating person may recognize the false sensory experience, whereas another may be convinced that the experience is grounded in reality).

NOTE: Code “2” for hallucinations that are so transient as to be without diagnostic significance. Code “1” for hypnagogic or hypnopompic hallucinations.

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

Auditory hallucinations (i.e., involving the perception of sound, most commonly of voice) when fully awake, heard either inside or outside of one's head

? 1 2 3 APS1



APS1a

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

DESCRIBE:

Did you have visions or see things that other people couldn't see? (Tell me about that. Were you awake at the time?)

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

Visual hallucinations (i.e., a hallucination involving sight, which may consist of formed images, such as of people or of unformed images, such as flashes of light)

DESCRIBE:

? 1 2 3 APS2

1	3
POSS/DEF	PRIMARY
SUBST/GMC	

APS2a

What about strange sensations on your skin, like feeling like something is creeping or crawling on or under your skin? How about the feeling of being touched or stroked? (Tell me about that.)

Tactile hallucinations (i.e., a hallucination involving the perception of being touched or of something being under one's skin)

DESCRIBE:

? 1 2 3 APS3

1	3
POSS/DEF	PRIMARY
SUBST/GMC	

APS3a

What about having unusual sensations inside a part of your body, like a feeling of electricity? (Tell me about that.)

Somatic hallucinations (i.e., a hallucination involving the perception of physical experience localized within the body [e.g., a feeling of electricity])

DESCRIBE:

? 1 2 3 APS4

1	3
POSS/DEF	PRIMARY
SUBST/GMC	

APS4a

How about eating or drinking something that you thought tasted bad or strange even though everyone else who tasted it thought it was fine? (Tell me about that.)

Gustatory hallucinations (i.e., a hallucination involving the perception of taste [usually unpleasant])

DESCRIBE:

? 1 2 3 APS5

1	3
POSS/DEF	PRIMARY
SUBST/GMC	

APS5a

What about smelling unpleasant things that other people couldn't smell, like decaying food or dead bodies? (Tell me about that.)

Olfactory hallucinations (i.e., a hallucination involving the perception of odor)

DESCRIBE:

? 1 2 3 APS6

1	3
POSS/DEF	PRIMARY
SUBST/GMC	

APS6a

DELUSIONS

A false belief based on incorrect inference about external reality that is firmly held despite what almost everyone else believes and despite 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. When a false belief involves a value judgment, it is regarded as a delusion only when the judgment is so extreme as to defy credibility. Code overvalued ideas (unreasonable and sustained beliefs that are maintained with less than delusional intensity) as "2."

Has it ever seemed like people were talking about you or taking special notice of you? (What do you think they were saying about you?)

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

Did you ever have the feeling that something on the radio, TV, or in a movie was meant especially for you? (...not just that it was particularly relevant to you, but that it was specifically meant for you)

Did you ever have the feeling that the words in a popular song were meant to send you a special message? (...not just that they were particularly relevant to you, but that they were specifically meant for you)

Did you ever have the feeling that what people were wearing was intended to send you a special message?

Did you ever have the feeling that street signs or billboards had a special meaning for you?

Delusion of reference (i.e., events, objects, or other persons in the individual's immediate environment are seen as having a particular and unusual significance) ? 1 2 3 APS7

1	3
POSS/DEF	PRIMARY
SUBST/GMC	

APS7a

DESCRIBE:

What about anyone going out of their way to give you a hard time, or trying to hurt you? (Tell me about that.)

Have you ever had the feeling that you were being followed, spied on, manipulated, or plotted against?

Did you ever have the feeling that you were being poisoned or that your food had been tampered with?

Have you ever thought that you were especially important in some way, or that you had special powers or knowledge? (Tell me about that.)

Did you ever believe that you had a special or close relationship with a celebrity or someone else famous?

Have you ever been convinced that something was very wrong with your physical health even though your doctor said nothing was wrong...like you had cancer or some other disease? (Tell me about that.)

Have you ever felt that something strange was happening to parts of your body?

Persecutory delusion (i.e., the central theme is that one [or someone to whom one is close to] is being attacked, harassed, cheated, persecuted, or conspired against)

DESCRIBE:

Grandiose delusion (i.e., content involves inflated worth, power, knowledge identity, or a special relationship to a deity or famous person)

DESCRIBE:

Somatic delusion (i.e., main content pertains to the appearance or functioning of one's body)

DESCRIBE:

? 1 2 3 APS8

1	3
POSS/DEF	PRIMARY
SUBST/GMC	

APS8a

? 1 2 3 APS9

1	3
POSS/DEF	PRIMARY
SUBST/GMC	

APS9a

? 1 2 3 APS10

1	3
POSS/DEF	PRIMARY
SUBST/GMC	

APS10a

Have you ever felt that you had committed a crime or done something terrible for which you should be punished? (Tell me about that.)

Have you ever felt that something you did, or should have done but did not do, caused serious harm to your parents, children, other family members, or friends?

What about feeling responsible for a disaster such as a fire, flood, or earthquake?

Delusion of guilt (i.e., a belief that a minor error in the past will lead to disaster, or that he or she has committed a horrible crime and should be punished severely, or that he or she is responsible for a disaster [e.g., an earthquake or fire] with which there can be no possible connection)

DESCRIBE:

? 1 2 3 APS11

1	3
POSS/DEF	PRIMARY
SUBST/GMC	

APS11a

Have you ever been convinced that your spouse or partner was being unfaithful to you?

IF YES: How did you know they were being unfaithful? (What clued you into this?)

Jealous delusion (i.e., that one's sexual partner is unfaithful)

DESCRIBE:

? 1 2 3 APS12

1	3
POSS/DEF	PRIMARY
SUBST/GMC	

APS12a

Did you ever have a "secret admirer" who, when you tried to contact them, denied that they were in love with you? (Tell me about that.)

Were you ever romantically involved with someone famous? (Tell me about that.)

Erotomaniac delusion (i.e., that another person, usually of higher status, is in love with the individual)

DESCRIBE:

? 1 2 3 APS13

1	3
POSS/DEF	PRIMARY
SUBST/GMC	

APS13a

Are you a religious or spiritual person?

▶ IF YES: Have you ever had any religious or spiritual experiences that the other people in your religious or spiritual community have not experienced?

▶ IF YES: Tell me about your experiences. (What did they think about these experiences of yours?)

▶ IF NO: Have you ever felt that God, the devil, or some other spiritual being or higher power has communicated directly with you? (Tell me about that. Do others in your religious or spiritual community also have such experiences?)

▶ IF NO: Have you ever felt that God, the devil, or some other spiritual being or higher power has communicated directly with you? (Tell me about that. Do others in your religious or spiritual community also have such experiences?)

Did you ever feel that someone or something outside yourself was controlling your thoughts or actions against your will? (Tell me about that.)

Religious delusion (i.e., a delusion with a religious or spiritual content)

DESCRIBE:

? 1 2 3 APS14

1	3
POSS/DEF	PRIMARY
SUBST/GMC	

APS14a

Delusion of being controlled (i.e., feelings, impulses, thoughts, or actions are experienced as being under the control of some external force rather than under one's own control)

DESCRIBE:

? 1 2 3 APS15

1	3
POSS/DEF	PRIMARY
SUBST/GMC	

APS15a

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

Thought insertion (i.e., that certain thoughts are not one's own, but rather are inserted into one's mind)

? 1 2 3

APS16

1	3
POSS/DEF	PRIMARY
SUBST/GMC	

APS16a

DESCRIBE:

What about thoughts being taken out of your head? (Tell me about that.)

Thought withdrawal (i.e., that one's thoughts have been "removed" by some outside force)

? 1 2 3

APS17

1	3
POSS/DEF	PRIMARY
SUBST/GMC	

APS17a

DESCRIBE:

Did you ever feel as if your thoughts were being broadcast out loud so that other people could actually hear what you were thinking? (Tell me about that.)

Thought broadcasting (i.e., the delusion that one's thoughts are being broadcast out loud so that others can perceive them)

? 1 2 3

APS18

1	3
POSS/DEF	PRIMARY
SUBST/GMC	

APS18a

DESCRIBE:

Did you ever believe that someone could read your mind? (Tell me about that.)

Other delusions (e.g., that others can read the person's mind, a delusion that one has died several years ago)

? 1 2 3

APS19

1	3
POSS/DEF	PRIMARY
SUBST/GMC	

APS19a

DESCRIBE:

ANY ITEM CODED "3" IN "PRIMARY" SECTION

? 1 3

APS20

A PRIMARY PSYCHOTIC SX HAS BEEN PRESENT

Module End Time: _____ : _____ AM/PM

GO TO NEXT MODULE

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

Etiological general medical conditions include:

Neurological conditions (e.g., neoplasms, cerebrovascular disease, Huntington's disease, multiple sclerosis, epilepsy, auditory or visual nerve injury or impairment, deafness, migraine, central nervous system infections), endocrine conditions (e.g., hyper- and hypothyroidism, hyper- and hypoparathyroidism, hyper- and hypoadrenocorticism), metabolic conditions (e.g., hypoxia, hypercarbia, hypoglycemia), fluid or electrolyte imbalances, hepatic or renal diseases, and autoimmune disorders with central nervous system involvement (e.g., systemic lupus erythematosus).

Etiological substances/medications include:

Alcohol (during intoxication or withdrawal); cannabis (during intoxication); hallucinogens (during intoxication), phencyclidine (and related substances (during intoxication); inhalants (during intoxication); sedatives, hypnotics, and anxiolytics (during intoxication or withdrawal); and stimulants (including cocaine) (during intoxication).

Other substances and medications that can cause psychotic symptoms include anesthetics and analgesics, anticholinergic agents, anticonvulsants, antihistamines, antihypertensive and cardiovascular medications, antimicrobial medications, antiparkinsonian medications, chemotherapeutic agents (e.g., cyclosporine, procarbazine), corticosteroids, gastrointestinal medications, muscle relaxants, nonsteroidal anti-inflammatory medications, other over-the-counter medications (e.g., phenylephrine, pseudoephedrine), antidepressant medication, and disulfiram. Toxins include anticholinesterase, organophosphate insecticides, sarin and other nerve gases, carbon monoxide, carbon dioxide, and volatile substances such as fuel or paint.

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Version 1.0.0

PTSD Module

**Michael B. First, M.D., Janet B. W. Williams, Ph.D.,
Rhonda S. Karg, Ph.D., Robert L. Spitzer, M.D.**

Modified for the National Mental Health Study

Interviewer ID:

QUESTID:

Date of Interview:

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Module Start Time: ____ ____ : ____ ____ AM/PM

Trauma- and Stressor-Related Disorders

Trauma History

IF CASE IS IDENTIFIED AS HAVING BEEN A POSITIVE SCREEN FOR PTSD:

You told us in the previous interview that you'd had one or more highly stressful experiences at some time during your life.

I'd now like to ask about some things that may have happened to you that may have been extremely upsetting. People often find that talking about these experiences can be helpful. I'll start by asking if these experiences apply to you, and if so, I'll ask you to briefly describe what happened and how you felt at the time.

SCREEN FOR EACH TYPE OF TRAUMA USING QUESTIONS BELOW; THEN, ON PAGES 3-5, REVIEW AND INQUIRE IN DETAIL FOR UP TO THREE PAST EVENTS (E.G., THREE WORST EVENTS).

Have you ever been in a life-threatening situation like a major disaster or fire, combat, or a serious car or work-related accident?

What about being physically or sexually assaulted or abused, or threatened with physical or sexual assault?

How about seeing another person being physically or sexually assaulted or abused, or threatened with physical or sexual assault?

Have you ever seen another person killed or dead, or badly hurt?

How about learning that one of these things happened to someone you are close to?

IF UNKNOWN: Have you ever been the victim of a serious crime?

Trauma History

IF NO EVENTS ENDORSED: What would you say has been the most stressful or traumatic experience you have had over your life?

IF NO EVENTS ACKNOWLEDGED, CIRCLE 1, RECORD MODULE END TIME ON PAGE 17, AND GO TO NEXT MODULE. IF ONE OR MORE SUCH EVENTS, CIRCLE 3 AND CONTINUE.

NO

YES

1

3

APT1

DETAILS FOR PAST EVENT #1

▶ IF DIRECT EXPOSURE TO TRAUMA:

What happened? Were you afraid of dying or being seriously hurt? Were you seriously hurt?

Description of traumatic event:

Indicate **type of traumatic event**: (check all that apply)

- Death, actual
- Death, threatened
- Serious injury, actual
- Serious injury, threatened
- Sexual violence, actual
- Sexual violence, threatened

▶ IF WITNESSED TRAUMATIC EVENT HAPPENING TO OTHERS:

What happened? What did you see? How close were you to (TRAUMATIC EVENT)? Were you concerned about your own safety?

Indicate **mode of exposure** to traumatic event: (check all that apply)

- Directly experienced
- Witnessed happening to others in person
- Learning about actual or threatened violence or accidental death of a close family member or friend
- Repeated or extreme exposure to aversive details of traumatic events (e.g., police officers repeatedly exposed to details of child abuse)

▶ IF LEARNED ABOUT TRAUMATIC EVENT:

What happened? Who did it involve? (How close [emotionally] were you to them? Did it involve violence, suicide, or a bad accident?)

IF UNKNOWN: How old were you at the time?

Age at time of event: _____

IF UNKNOWN: Did this happen more than once?

Indicate **type of exposure**: (circle the appropriate number)

- 1 – Single event
- 2 – Prolonged or repeated exposure to same trauma (e.g., witnessing repeated episodes of parental domestic violence over years)

DETAILS FOR PAST EVENT #2

▶ IF DIRECT EXPOSURE TO TRAUMA:

What happened? Were you afraid of dying or being seriously hurt? Were you seriously hurt?

Description of traumatic event:

Indicate **type of traumatic event**: (check all that apply)

- Death, actual
- Death, threatened
- Serious injury, actual
- Serious injury, threatened
- Sexual violence, actual
- Sexual violence, threatened

▶ IF WITNESSED TRAUMATIC EVENT HAPPENING TO OTHERS:

What happened? What did you see? How close were you to (TRAUMATIC EVENT)? Were you concerned about your own safety?

Indicate **mode of exposure** to traumatic event: (check all that apply)

- Directly experienced
- Witnessed happening to others in person
- Learning about actual or threatened violence or accidental death of a close family member or friend
- Repeated or extreme exposure to aversive details of traumatic events (e.g., police officers repeatedly exposed to details of child abuse)

▶ IF LEARNED ABOUT TRAUMATIC EVENT:

What happened? Who did it involve? (How close [emotionally] were you to them? Did it involve violence, suicide, or a bad accident?)

IF UNKNOWN: How old were you at the time?

Age at time of event: _____

IF UNKNOWN: Did this happen more than once?

Indicate **type of exposure**: (circle the appropriate number)

- 1 – Single event
- 2 – Prolonged or repeated exposure to same trauma (e.g., witnessing repeated episodes of parental domestic violence over years)

DETAILS FOR PAST EVENT #3

▶ IF DIRECT EXPOSURE TO TRAUMA:

What happened? Were you afraid of dying or being seriously hurt? Were you seriously hurt?

Description of traumatic event:

Indicate **type of traumatic event**:
 (check all that apply)

- Death, actual
- Death, threatened
- Serious injury, actual
- Serious injury, threatened
- Sexual violence, actual
- Sexual violence, threatened

▶ IF WITNESSED TRAUMATIC EVENT HAPPENING TO OTHERS:

What happened? What did you see? How close were you to (TRAUMATIC EVENT)? Were you concerned about your own safety?

Indicate **mode of exposure** to traumatic event: (check all that apply)

- Directly experienced
- Witnessed happening to others in person
- Learning about actual or threatened violence or accidental death of a close family member or friend
- Repeated or extreme exposure to aversive details of traumatic events (e.g., police officers repeatedly exposed to details of child abuse)

▶ IF LEARNED ABOUT TRAUMATIC EVENT:

What happened? Who did it involve? (How close [emotionally] were you to them? Did it involve violence, suicide, or a bad accident?)

IF UNKNOWN: How old were you at the time?

Age at time of event: _____

IF UNKNOWN: Did this happen more than once?

Indicate **type of exposure**: (circle the appropriate number)

- 1 – Single event
- 2 – Prolonged or repeated exposure to same trauma (e.g., witnessing repeated episodes of parental domestic violence over years)

POSTTRAUMATIC STRESS DISORDER **POSTTRAUMATIC STRESS DISORDER CRITERIA**

FOR FOLLOWING QUESTIONS, FOCUS ON THE THREE MOST SEVERE TRAUMATIC EVENT(S) DESCRIBED ON PAGES 3–5.

IF ALL TRAUMAS ARE CONFINED TO THE PAST MONTH, CIRCLE 1 HERE, RECORD MODULE END TIME ON PAGE 17, AND GO TO NEXT MODULE. IF ONE OR MORE EVENTS PRIOR TO THE PAST MONTH, CIRCLE 3 AND CONTINUE.

		<u>NO</u>	<u>YES</u>	
		1	3	APT2
	A. <i>Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:</i>			
IF MORE THAN ONE TRAUMATIC EVENT IS REPORTED: Which of these do you think affected you the most? IF SELECTED EVENT IS ULTIMATELY NOT ASSOCIATED WITH THE FULL PTSD SYNDROME, CONSIDER RE-ASSESSING THE ENTIRE PTSD CRITERIA SET (PAGES 6–16) FOR OTHER REPORTED TRAUMAS. _____ _____	1. <i>Directly experiencing the traumatic event(s)</i>	?	1 2 3	APT3
	2. <i>Witnessing, in person, the event(s) as it occurred to others</i>	?	1 2 3	APT4
	3. <i>Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.</i>	?	1 2 3	APT5
	4. <i>Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse)</i>	?	1 2 3	APT6
	<i>Note: Criterion A.4 does not apply to exposure through electronic media, television, movies, or pictures, unless the exposure is work related.</i>			

AT LEAST ONE A ITEM IS CODED "3."

1	3	APT7
RECORD MODULE END TIME ON PAGE 17 AND GO TO NEXT MODULE		

Now I'd like to ask a few questions about specific ways that (TRAUMATIC EVENT) may have affected you at any time since (TRAUMATIC EVENT).

B. *Presence of one (or more) of the following intrusion symptoms associated with the traumatic events, beginning after the traumatic event(s) occurred:*

For example, since (TRAUMATIC EVENT)...

1. <i>Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s)</i>	?	1	2	3	APT8
--	---	---	---	---	------

...have you had memories of (TRAUMATIC EVENT), including feelings, physical sensations, sounds, smells, or images, when you didn't expect to or want to? (How often has this happened?)

...what about having upsetting dreams that reminded you of (TRAUMATIC EVENT)? Tell me about that.

2. <i>Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event</i>	?	1	2	3	APT9
---	---	---	---	---	------

Since (TRAUMATIC EVENT)...

...what about having found yourself acting or feeling as if you were back in the situation? (Have you had "flashbacks" of [TRAUMATIC EVENT]?)

3. <i>Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)</i>	?	1	2	3	APT10
--	---	---	---	---	-------

...have you had a strong emotional or physical reaction when something reminded you of (TRAUMATIC EVENT)? Give me some examples of the kinds of things that would have triggered this reaction. (Things like... seeing a person who resembles the person who attacked you, hearing the screech of brakes if you were in a car accident, hearing the sound of helicopters if you were in combat, any kind of physical intimacy with someone who was raped.)

NOTE: IF DENIES EMOTIONAL OR PHYSICAL REACTION TO REMINDERS, CODE "1" FOR BOTH B.4 (EMOTIONAL REACTION) AND B.5 (PHYSICAL REACTION).

IF YES: What kind of reaction did you have? Did you get very upset or stay upset for a while, even after the reminder had gone away?

4. *Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s)* ? 1 2 3 APT11

IF ACKNOWLEDGES STRONG EMOTIONAL OR PHYSICAL REACTION: What about having physical symptoms—like breaking out in a sweat, breathing heavily or irregularly, or feeling your heart pound or race when something reminded you of (TRAUMATIC EVENT)? How about feeling tense or shaky?

5. *Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s)* ? 1 2 3 APT12

AT LEAST ONE "B" SX IS CODED "3."

1

3 APT13

RECORD
MODULE END
TIME ON PAGE
17 AND GO TO
NEXT MODULE

Since (TRAUMATIC EVENT)...

C. *Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:*

...have you done things to avoid remembering or thinking about (TRAUMATIC EVENT), like keeping yourself busy, distracting yourself by playing computer or video games or watching TV, or using drugs or alcohol to "numb" yourself or try to forget what happened? (Since [TRAUMATIC EVENT], how long has this gone on?)

1. *Avoidance of, or efforts to avoid, distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s)*

? 1 2 3 APT14

IF NO: How about doing things to avoid having feelings similar to those you had during (TRAUMATIC EVENT)? (Since [TRAUMATIC EVENT], how long has this gone on?)

...have there been things, places, or people that you have tried to avoid because they brought up upsetting memories, thoughts, or feelings about (TRAUMATIC EVENT)? (Since [TRAUMATIC EVENT], how long has this gone on?)

IF NO: How about avoiding certain activities, situations, or topics of conversation? (Since [TRAUMATIC EVENT], how long has this gone on?)

- 2. *Avoidance of, or efforts to avoid, external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s)* ? 1 2 3 APT15

AT LEAST ONE "C" SX IS CODED "3."

1

3 APT16

RECORD
MODULE END
TIME ON PAGE
17 AND GO TO
NEXT MODULE

Since (TRAUMATIC EVENT)...

- D. *Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:*

...have you been unable to remember some important part of what happened? (Tell me about that.)

IF YES: Did you get a head injury during (TRAUMATIC EVENT)? Were you drinking a lot or taking any drugs at the time of (TRAUMATIC EVENT)?

- 1. *Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs)* ? 1 2 3 APT17

...has there been a change in how you think about yourself? (Like feeling you are "bad," or permanently damaged or "broken"? Tell me about that. Since this started, have you felt this way most of the time?)

IF NO: Has there been a change in how you see other people or the way the world works? (Like you can't trust anyone anymore? Like the world is a completely dangerous place? Tell me about that. Since this started, have you felt this way most of the time?)

2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is completely dangerous," "My whole nervous system is permanently ruined")

? 1 2 3 APT18

...have you blamed yourself for the (TRAUMATIC EVENT) or how it affected your life? (Like feeling that [TRAUMATIC EVENT] was your fault or that you should have done something to prevent it? Like feeling that you should have gotten over it by now?)

- IF YES: Tell me about that. (Since this started, have you felt this way most of the time?)
IF NO: Have you blamed someone else for (TRAUMATIC EVENT)? Tell me about that. (What did they have to do with [TRAUMATIC EVENT]?)

3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others

? 1 2 3 APT19

...have you had bad feelings much of the time, like feeling sad, angry, afraid, guilty, ashamed, "in shock"? (Tell me about that.)

IF YES: Is this different from the way you were before (TRAUMATIC EVENT)?

4. *Persistent, negative emotional state (e.g., fear, horror, anger, guilt, or shame)* ? 1 2 3 APT20

Since (TRAUMATIC EVENT)...
...have you been less interested in things that you were interested in before (TRAUMATIC EVENT), like spending time with family or friends, reading books, watching TV, cooking, or sports? (Tell me about that.)

IF NO LOSS OF INTEREST: Are you still doing as many activities as you used to?

5. *Markedly diminished interest or participation in significant activities* ? 1 2 3 APT21

...have you felt distant or disconnected from others or have you closed yourself off from other people? (Tell me about that.)

6. *Feelings of detachment or estrangement from others* ? 1 2 3 APT22

...have you been unable to experience good feelings, like feeling happy, joyful, satisfied, loving, or tender toward other people? (Tell me about that.)

IF YES: Is this different from the way you were before (TRAUMATIC EVENT)?

7. *Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings)* ? 1 2 3 APT23

AT LEAST THREE "D" SXs ARE CODED "3."

1

3 APT24

RECORD
MODULE END
TIME ON PAGE
17 AND GO TO
NEXT MODULE

Since (TRAUMATIC EVENT)...

E. *Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:*

...have you lost control of your anger, so that you threatened or hurt someone or damaged something? Tell me what happened. (Was it over something little or even nothing at all?)

1. *Irritable behavior and angry outbursts (with little or no provocation), typically expressed as verbal or physical aggression toward people or objects*

? 1 2 3 APT25

IF NO: Since (TRAUMATIC EVENT), have you been more quick-tempered or had a shorter "fuse" than before?

IF YES TO EITHER: How different is this from the way you were before (TRAUMATIC EVENT)?

Since (TRAUMATIC EVENT)...
 ...have you done reckless things,
 like driving dangerously, or
 drinking or using drugs without
 caring about the consequences?

IF NO: How about hurting yourself
 on purpose or trying to kill
 yourself? (What did you do?)

IF YES TO EITHER: How
 different is this from the way you
 were before (TRAUMATIC
 EVENT)?

2. *Reckless or self-
 destructive behavior*

? 1 2 3 APT26

*NOTE: Any current suicidal
 thoughts, plans, or actions
 should be thoroughly
 assessed by the clinician
 and action should be taken
 if necessary.*

...have you noticed that you have
 been more watchful or on guard?
 (What are some examples?)

IF NO: Have you been extra
 aware of your surroundings and
 your environment?

3. *Hypervigilance*

? 1 2 3 APT27

...have you been jumpy or easily
 startled, like by sudden noises?
 (Is this a change from before
 [TRAUMATIC EVENT]?)

4. *Exaggerated startle
 response*

? 1 2 3 APT28

...have you had trouble
 concentrating? (What are some
 examples? (Is this a change from
 before [TRAUMATIC EVENT]?)

5. *Problems with
 concentration*

? 1 2 3 APT29

...how have you been sleeping since (TRAUMATIC EVENT)? (Is this a change from before [TRAUMATIC EVENT]?)

6. *Sleep disturbances (e.g., difficulty falling or staying asleep or restless sleep)* ? 1 2 3 APT30

AT LEAST TWO "E" SXS ARE CODED "3."

1

3 APT31

RECORD
MODULE END
TIME ON PAGE
17 AND GO TO
NEXT MODULE

About how long did these (PTSD SYMPTOMS CODED "3") last altogether?

F. *Duration of the disturbance (symptoms in criteria B, C, D, and E) is more than 1 month.*

1

3 APT32

RECORD
MODULE END
TIME ON PAGE
17 AND GO TO
NEXT MODULE

IF UNKNOWN: What effect did (PTSD SXS) have on your life?

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION G:

How have (PTSD SXS) affected your relationships or your interactions with other people? (Have they caused you any problems in your relationships with your family, romantic partner, or friends?)

How have (PTSD SXS) affected your work/schoolwork? (How about your attendance at work or school? Have they affected the quality of your work/schoolwork?)

How have they affected your ability to take care of things at home? What about being involved in things that are important to you like religious activities, physical exercise, or hobbies?

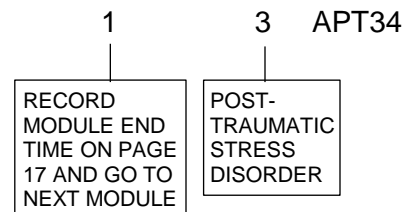
Have (PTSD SXS) affected any other important part of your life?

IF HAVE NOT INTERFERED WITH LIFE: How much have you been bothered or upset by (PTSD SXS)?

G. The disturbance causes ? 1 2 3 APT33
clinically significant
distress or impairment in
social, occupational, or
other important areas of
functioning.

CRITERION H HAS BEEN OMITTED.

POSTTRAUMATIC
STRESS DISORDER
CRITERIA A, B, C, D, E, F,
AND G ARE CODED "3."



When did you last have (ANY SXS OF PTSD)?

Number of months prior to interview when last had a symptom of PTSD

____ _

APT35

IF UNKNOWN: How old were you when you first started having (SXS OF PTSD)?

Age at onset of Posttraumatic Stress Disorder (CODE 99 IF UNKNOWN)

____ _

APT36

Module End Time: ____ ____ : ____ ____ **AM/PM**

GO TO NEXT MODULE

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SCID-RV for DSM-5[®]

Version 1.0.0

Panic Disorder Module

**Michael B. First, M.D., Janet B. W. Williams, Ph.D.,
Rhonda S. Karg, Ph.D., Robert L. Spitzer, M.D.**

Modified for the National Mental Health Study

Interviewer ID:

QUESTID:

Date of Interview:

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Module Start Time: _____ : _____ AM/PM

PANIC DISORDER

IF CASE IS IDENTIFIED AS HAVING BEEN A POSITIVE SCREEN FOR PANIC DISORDER: You told us in the previous interview that you have had a panic or anxiety attack. I'd like to ask you some questions about those kinds of experiences.

Have you ever had an intense rush of anxiety, or what someone might call a "panic attack," when you suddenly felt very frightened or anxious or suddenly developed a lot of physical symptoms?

Tell me about that.

When was the last bad one?

What was it like? How did it begin?

PANIC DISORDER CRITERIA

IF UNKNOWN: Did the symptoms come on suddenly?

IF YES: How long did it take from when it began to when it got really bad? (Did it happen within a few minutes?)

A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes.

Note: The abrupt surge can occur from a calm state or an anxious state.

? 1 2 3 APD1

RECORD
MODULE END
TIME ON PAGE
7 AND GO TO
NEXT MODULE

During that attack...

...did your heart race, pound, or skip?

1. *Palpitations, pounding heart, or accelerated heart rate*

? 1 2 3 APD2

...did you sweat? 2. *Sweating* ? 1 2 3 APD3

...did you tremble or shake? 3. *Trembling or shaking* ? 1 2 3 APD4

...were you short of breath?
(Have trouble catching your
breath? Feel like you were being
smothered?) 4. *Sensations of shortness of
breath or smothering* ? 1 2 3 APD5

...did you feel as if you were
choking? 5. *Feelings of choking* ? 1 2 3 APD6

...did you have chest pain or
pressure? 6. *Chest pain or discomfort* ? 1 2 3 APD7

...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 APD8

...did you feel dizzy, unsteady,
or like you might faint? 8. *Feeling dizzy, unsteady,
lightheaded, or faint* ? 1 2 3 APD9

...did you have flushes, hot
flushes, or chills?

9. *Chills or heat sensations* ? 1 2 3 APD10

During that attack...
...did you have tingling or
numbness in parts of your
body?

10. *Paresthesias (numbness
or tingling sensations)* ? 1 2 3 APD11

...did you have the feeling that
you were detached from your
body or mind, that time was
moving slowly, or that you were
an outside observer of your own
thoughts or movements?

IF NO: How about feeling that
everything around you was
unreal or that you were in a
dream?

11. *Derealization (feelings of
unreality) or
depersonalization (being
detached from oneself)* ? 1 2 3 APD12

...were you afraid you were
going crazy or might lose
control?

12. *Fear of losing control or
"going crazy"* ? 1 2 3 APD13

...were you afraid that you were
dying?

13. *Fear of dying* ? 1 2 3 APD14

AT LEAST FOUR ITEMS ARE CODED "3" AND REACHED THEIR PEAK WITHIN MINUTES.

1

3

APD15

PANIC ATTACK; CONTINUE WITH NEXT ITEM

Besides the one you just described, have you had any other attacks that had even more of the symptoms that I just asked you about?

- ▶ IF YES: GO BACK TO PAGE 1 AND ASSESS THE SYMPTOMS OF THAT ATTACK.
- ▶ IF NO: RECORD MODULE END TIME ON PAGE 9 AND GO TO NEXT MODULE.

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

A. *Recurrent unexpected panic attacks*

?

1

2

3

APD16

RECORD MODULE END TIME ON PAGE 7 AND GO TO NEXT MODULE

CONTINUE ON NEXT PAGE

IF YES: What was going on when the attack(s) happened? (What were you doing at the time? Were you already nervous or anxious at the time, or rather were you relatively calm or relaxed?)

IF NO: How about the very first one you had. What were you doing at the time? (Were you already nervous or anxious at the time, or rather were you relatively calm or relaxed?)

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

After any of these attacks...
...were you concerned or worried that you might have another attack or worried that you would feel like you were having a heart attack again, or worried that you would lose control or go crazy?

IF YES: How long did that concern or worry last? (Did it last at least a month? Nearly every day?)

B. At least one of the attacks has been followed by 1 month (or more) of one or both of the following: ? 1 2 3 APD17

- 1. *Persistent concern or worry about additional attacks or their consequences (e.g., losing control, having a heart attack, "going crazy")*

...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?)

IF YES: How long did that last? (As long as a month?)

2. A significant maladaptive change in behavior related to the attacks (e.g., behaviors designed to avoid having panic attacks, such as avoidance of exercise or unfamiliar situations) ? 1 2 3 APD18

CRITERION B.1 OR B.2 IS CODED "3."

1 3 APD19
RECORD
MODULE END
TIME ON PAGE
7 AND GO TO
NEXT MODULE

IF UNKNOWN: When did your panic attacks start?

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

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

Just before the attacks, were you physically ill?

IF YES: What did the doctor say?

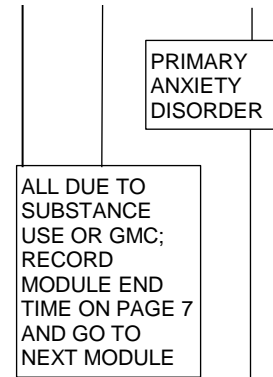
C. [Primary Anxiety Disorder]: The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or to another medical condition (e.g., hyperthyroidism, cardiopulmonary disorders).

IF THERE IS ANY INDICATION THAT PANIC ATTACKS MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE/ MEDICATION), GO TO **GMC/SUBSTANCE FOR ANXIETY DISORDER MODULE** AND THEN RETURN HERE TO MAKE A RATING OF "1" OR "3."

Etiological medical conditions include endocrine disease (e.g., hyperthyroidism, pheochromocytoma, hypoglycemia, hyperadrenocortisolism), cardiovascular disorders (e.g., congestive heart failure, pulmonary embolism, arrhythmia such as atrial fibrillation), respiratory illness (e.g., chronic obstructive pulmonary disease, asthma, pneumonia), metabolic disturbances (e.g., vitamin B₁₂ deficiency, porphyria), and neurological illness (e.g., neoplasms, vestibular dysfunction, encephalitis, seizure disorders).

Etiological substances/ medications include alcohol (I/W); caffeine (I); cannabis (I); opioids (W); phencyclidine (I); other hallucinogens (I); inhalants and stimulants (including cocaine) (I/W); sedatives, hypnotics, and anxiolytics (W); anesthetics and analgesics; sympathomimetics or other bronchodilators; anticholinergics; insulin; thyroid preparations; oral contraceptives; antihistamines; antiparkinsonian medications; corticosteroids; antihypertensive and cardiovascular medications; anticonvulsants; lithium carbonate; antipsychotic medications; antidepressant medications; and exposure to heavy metals and toxins such as organophosphate insecticide, nerve gases, carbon monoxide, carbon dioxide, and volatile substances such as gasoline and paint.

? 1 3 APD20



CONTINUE WITH NEXT ITEM

MAKE A NOTE BELOW IF YOU SUSPECT THAT SYMPTOMS REPORTED ARE BETTER EXPLAINED BY ANOTHER DISORDER.

D. *The disturbance is not better explained by another mental disorder (e.g., the panic attacks do not occur only in response to feared social situations, as in Social Anxiety Disorder; in response to circumscribed phobic objects or situations, as in Specific Phobia; in response to obsessions, as in Obsessive-Compulsive Disorder; in response to reminders of traumatic events, as in Posttraumatic Stress Disorder; or in response to separation from attachment figures, as in Separation Anxiety Disorder).*

? 1 3 APD21

RECORD MODULE END TIME BELOW AND GO TO NEXT MODULE

CRITERIA A, B, C, AND D ARE CODED "3."

? 1 3 APD22

RECORD MODULE END TIME BELOW AND GO TO NEXT MODULE

LIFETIME PANIC DISORDER

PAST PANIC DISORDER

When did you last have (ANY SXS OF PANIC DISORDER)?

Number of months prior to interview when last had a symptom of Panic Disorder

_____ : _____ : _____ APD23

IF UNKNOWN: How old were you when you first started having panic attacks?

Age at onset of Panic Disorder (CODE 99 IF UNKNOWN)

_____ : _____ : _____ APD24

Module End Time: _____ : _____ : _____ **AM/PM**

GO TO NEXT MODULE

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

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Version 1.0.0

Social Anxiety Disorder Module

**Michael B. First, M.D., Janet B. W. Williams, Ph.D.,
Rhonda S. Karg, Ph.D., Robert L. Spitzer, M.D.**

Modified for the National Mental Health Study

Interviewer ID:

QUESTID:

Date of Interview:

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Module Start Time: _____ : _____ AM/PM

SOCIAL ANXIETY DISORDER CRITERIA

SOCIAL ANXIETY DISORDER

IF CASE IS IDENTIFIED AS HAVING BEEN A POSITIVE SCREEN FOR SOCIAL ANXIETY:

You told us in the previous interview that you have felt afraid, anxious, or extremely shy in social or performance situations. I'd like to ask you some questions about.

Have you been especially nervous or anxious in social situations like having a conversation or meeting unfamiliar people?

IF NO: Is there anything that you have been afraid to do or felt very uncomfortable doing in front of other people, like speaking, eating, writing, or using a public bathroom?

IF YES TO ANY OF ABOVE: Tell me about that. Give me some examples of when this has happened. (Situations like having a conversation; meeting people you don't know; being observed eating, drinking, or going to the bathroom; or performing in front of others?)

- A. *Marked fear or anxiety about one or more social situations in which the person is exposed to possible scrutiny by others. Examples include social interactions (e.g., having a conversation, meeting unfamiliar people), being observed (e.g., eating or drinking), and performing in front of others (e.g., giving a speech).*

? 1 2 3 ASO1

RECORD
MODULE END
TIME ON PAGE
7 AND GO TO
NEXT MODULE

NOTE: Code "1" if fear or anxiety is limited to public speaking and is within normal limits.

What were you afraid would happen when you were in (SOCIAL OR PERFORMANCE SITUATION)? (Were you afraid of being embarrassed because of what you might say or how you might act? Were you afraid that this would lead to your being rejected by other people? How about making others uncomfortable or offending them because of what you said or how you acted?)

Have you almost always felt frightened when you would be in (FEARED SOCIAL OR PERFORMANCE SITUATIONS)?

IF UNKNOWN: Did you go out of your way to avoid (FEARED SOCIAL OR PERFORMANCE SITUATIONS)?

IF NO: How hard was it for you to be in (FEARED SOCIAL SITUATION)?

IF UNKNOWN: What would you say would be the likely outcome of (PERFORMING POORLY IN SOCIAL SITUATIONS)? (Were these situations actually dangerous in some way, like avoiding being bullied or tormented by someone?)

B. *The individual fears that he or she will act in a way or show anxiety symptoms that will be negatively evaluated (i.e., will be humiliating or embarrassing, will lead to rejection or offend others).*

? 1 2 3 ASO2

RECORD
MODULE END
TIME ON PAGE
7 AND GO TO
NEXT MODULE

C. *The social situations almost always provoke fear or anxiety.*

? 1 2 3 ASO3

RECORD
MODULE END
TIME ON PAGE
7 AND GO TO
NEXT MODULE

D. *The social situations are avoided or endured with intense fear or anxiety.*

? 1 2 3 ASO4

RECORD
MODULE END
TIME ON PAGE
7 AND GO TO
NEXT MODULE

E. *The fear or anxiety is out of proportion to the actual threat posed by the social situation and to the sociocultural context.*

? 1 2 3 ASO5

RECORD
MODULE END
TIME ON PAGE
7 AND GO TO
NEXT MODULE

NOTE: Code "3" if no threat is posed by social situation or is out of proportion to actual threat or sociocultural context.

IF UNCLEAR: How long have (SXS OF SOCIAL ANXIETY DISORDER) lasted? (Have they lasted for at least 6 months or more?)

F. *The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.*

? 1 2 3 ASO6

RECORD
MODULE END
TIME ON PAGE
7 AND GO TO
NEXT MODULE

IF UNKNOWN: What effect have (SOCIAL ANXIETY SXS) had on your life?

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION G:

How have (SOCIAL ANXIETY SXS) affected your ability to have friends or meet new people? (How about dating?) How have (SOCIAL ANXIETY SXS) affected your interactions with other people, especially unfamiliar people?

How have (SOCIAL ANXIETY SXS) affected your ability to do things at school or at work that require interacting with other people? (How about making presentations or giving talks?)

Have you avoided going to school or to work if you think you will be put in a situation that makes you uncomfortable?

How have (SOCIAL ANXIETY SXS) affected your ability to work, take care of your family or household needs, or be involved in things that are important to you like religious activities, physical exercise, or hobbies?

Have (SOCIAL ANXIETY SXS) affected any other important part of your life?

IF HAVE NOT INTERFERED WITH FUNCTIONING: How much have you been bothered or upset by having (SOCIAL ANXIETY SXS)?

G. The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

? 1 2 3 ASO7

RECORD MODULE END TIME ON PAGE 7 AND GO TO NEXT MODULE

IF UNKNOWN: When did you begin having (SOCIAL ANXIETY SXS)?

Just before you began having (SOCIAL ANXIETY SXS), were you taking any drugs, caffeine, diet pills, or other medicines?

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

Just before (SOCIAL ANXIETY SXS) began, were you physically ill?

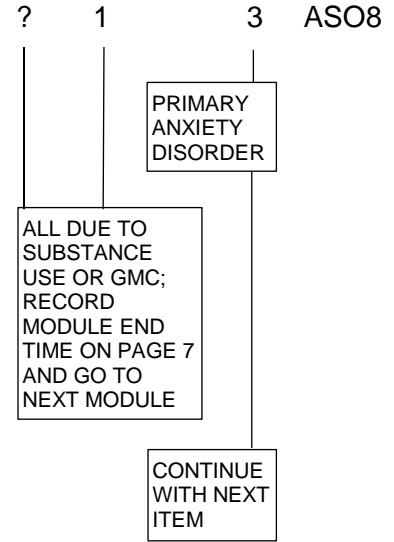
IF YES: What did the doctor say?

H. [Primary Anxiety Disorder]: The fear, anxiety, or avoidance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or to another medical condition.

IF THERE IS ANY INDICATION THAT THE ANXIETY MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE/MEDICATION), GO TO GMC/SUBSTANCE FOR ANXIETY DISORDER MODULE AND THEN RETURN HERE TO MAKE A RATING OF "1" OR "3."

Etiological medical conditions include endocrine disease (e.g., hyperthyroidism, pheochromocytoma, hypoglycemia, hyperadrenocortisolism), cardiovascular disorders (e.g., congestive heart failure, pulmonary embolism, arrhythmia such as atrial fibrillation), respiratory illness (e.g., chronic obstructive pulmonary disease, asthma, pneumonia), metabolic disturbances (e.g., vitamin B₁₂ deficiency, porphyria), and neurological illness (e.g., neoplasms, vestibular dysfunction, encephalitis, seizure disorders).

Etiological substances/medications include alcohol (I/W); caffeine (I); cannabis (I); opioids (W); phencyclidine (I); other hallucinogens (I); inhalants and stimulants (including cocaine) (I/W); sedatives, hypnotics, and anxiolytics (W); anesthetics and analgesics; sympathomimetics or other bronchodilators; anticholinergics; insulin; thyroid preparations; oral contraceptives; antihistamines; antiparkinsonian medications; corticosteroids; antihypertensive and cardiovascular medications; anticonvulsants; lithium carbonate; antipsychotic medications; antidepressant medications; and exposure to heavy metals and toxins such as organophosphate insecticide, nerve gases, carbon monoxide, carbon dioxide, and volatile substances such as gasoline and paint.



MAKE A NOTE BELOW IF YOU SUSPECT THAT SYMPTOMS REPORTED ARE BETTER EXPLAINED BY ANOTHER DISORDER.

I. *The fear, anxiety, or avoidance is not better explained by the symptoms of another mental disorder such as Panic Disorder, Separation Anxiety Disorder, Body Dysmorphic Disorder, or Autism Spectrum Disorder.*

? 1 2 3 ASO9

RECORD
MODULE END
TIME ON PAGE
7 AND GO TO
NEXT MODULE

IF A GENERAL MEDICAL CONDITION OR MENTAL DISORDER CHARACTERIZED BY POTENTIALLY EMBARRASSING SYMPTOMS IS PRESENT: Has your avoidance of (SOCIAL SITUATIONS) been related to your (MEDICAL CONDITION OR MENTAL DISORDER)?

IF YES: How have you dealt with your condition?

J. *If another medical condition (e.g., Parkinson's disease, obesity, disfigurement from burns or injury) [or potentially embarrassing mental disorder] is present, the fear, anxiety, or avoidance is clearly unrelated or is excessive.*

? 1 2 3 ASO10

RECORD
MODULE END
TIME ON PAGE
7 AND GO TO
NEXT MODULE

SOCIAL ANXIETY DISORDER CRITERIA A, B, C, D, E, F, G, H, I, AND J ARE CODED "3."

1 3 ASO11

RECORD
MODULE END
TIME ON PAGE
7 AND GO
TO NEXT
MODULE

SOCIAL
ANXIETY
DISORDER

IF UNKNOWN: How old were you when you first started having (SXS OF SOCIAL ANXIETY DISORDER)?

Age at onset of Social Anxiety Disorder (CODE 99 IF UNKNOWN)

_____ ASO12

Specify if:

ASO13

_____ Performance only: if the fear is restricted to speaking or performing in public

When did you last have (ANY SXS OF SOCIAL ANXIETY DISORDER)?

Number of months prior to interview when last had a symptom of Social Anxiety Disorder

____ _

ASO14

IF UNKNOWN: How old were you when you first started having (SXS OF SOCIAL ANXIETY DISORDER)?

Age at onset of Social Anxiety Disorder (CODE 99 IF UNKNOWN)

____ _

ASO15

Module End Time: ____ ____ : ____ ____ **AM/PM**

GO TO NEXT MODULE

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Version 1.0.0

Generalized Anxiety Disorder Module

**Michael B. First, M.D., Janet B. W. Williams, Ph.D.,
Rhonda S. Karg, Ph.D., Robert L. Spitzer, M.D.**

Modified for the National Mental Health Study

Interviewer ID:

QUESTID:

Date of Interview:

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Module Start Time: _____ : _____ AM/PM

GENERALIZED ANXIETY DISORDER

IF CASE IS IDENTIFIED AS HAVING BEEN A POSITIVE SCREEN FOR GENERALIZED ANXIETY: You told us in the previous interview that you have felt anxious, nervous, or worried at some time in your life. I'd like to ask you some questions about.

Have you ever had a time lasting at least several months in which you were feeling anxious and worried for a lot of the time? (Tell me about that time.)

What kinds of things did you worry about? (What about your job, your health, your family members, your finances, or other smaller things like being late for appointments?) How much did you worry about (EVENTS OR ACTIVITIES)? What else did you worry about?

Did you worry about (EVENTS OR ACTIVITIES) even when there was no reason? (Did you worry more than most people would in your circumstances? Did anyone else think you worried too much? Did you worry more than you should have given your actual circumstances?)

When was that? How long did it last? (At least 6 months?) During that time, were you worrying more days than not?

GENERALIZED ANXIETY DISORDER CRITERIA

- A. *Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance)* ? 1 2 3 AGA1

RECORD
MODULE END
TIME ON PAGE
6 AND GO TO
NEXT MODULE

When you were worrying, did you find that it was hard to stop yourself?

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

? 1 2 3 AGA2

RECORD
MODULE END
TIME ON PAGE
6 AND GO TO
NEXT MODULE

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

Thinking about those times during (6-MONTH PERIOD OF ANXIETY AND WORRY NOTED ABOVE) when you were feeling nervous, anxious, or worried...

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 6 months):*

...did you often feel physically restless, like you can't sit still?

...did you often feel keyed up or on edge?

1. *Restlessness or feeling keyed up or on edge*

? 1 2 3 AGA3

...did you often tire easily?

2. *Being easily fatigued*

? 1 2 3 AGA4

...did you often have trouble concentrating or did your mind often go blank?

3. *Difficulty concentrating or mind going blank*

? 1 2 3 AGA5

...were you often irritable?

4. *Irritability*

? 1 2 3 AGA6

...were your muscles often tense?

5. *Muscle tension*

? 1 2 3 AGA7

...did you often have trouble falling or staying asleep? How about often feeling tired when you woke up because you didn't get a good night's sleep?

6. *Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep)*

? 1 2 3 AGA8

IF UNCLEAR: Did at least some of these symptoms like (SXS CODED "3") happen for more days than not over the (6-MONTH PERIOD OF ANXIETY AND WORRY)?

AT LEAST THREE "C" SXS ARE CODED "3."

? 1 2 3 AGA9

RECORD
MODULE END
TIME ON PAGE
6 AND GO TO
NEXT MODULE

IF UNKNOWN: What effect did (GAD SXS) have on your life?

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION D:

How did (GAD SXS) affect your relationships or your interactions with other people? (Did [GAD SXS] cause you any problems in your relationships with your family, romantic partner, or friends?)

How did (GAD SXS) affect your work/schoolwork? (How about your attendance at work or school? Did [GAD SXS] make it more difficult to do your work/schoolwork)? How did [GAD SXS] affect the quality of your work/schoolwork?)

How did (GAD SXS) affect your ability to take care of things at home? How about doing other things that are important to you like religious activities, physical exercise, or hobbies? Did you avoid doing anything because you felt like you weren't up to it?

Did your anxiety or worry affect any other important part of your life?

IF HAS NOT INTERFERED WITH LIFE: How much were you bothered or upset by having (GAD SXS)?

D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

? 1 2 3 AGA10

RECORD MODULE END TIME ON PAGE 6 AND GO TO NEXT MODULE

IF UNKNOWN: When did (GAD SXS) begin?

Just before you began having (GAD SXS), 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 (GAD SXS) began, were you physically ill?

IF YES: What did the doctor say?

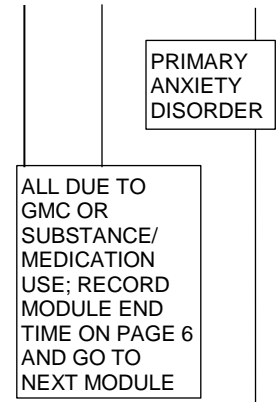
E. [Primary Anxiety Disorder]: The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or to another medical condition.

IF THERE IS ANY INDICATION THAT THE ANXIETY MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE/MEDICATION), GO TO **GMC/SUBSTANCE FOR ANXIETY DISORDER MODULE** AND THEN RETURN HERE TO MAKE A RATING OF "1" OR "3."

Etiological medical conditions include endocrine disease (e.g., hyperthyroidism, pheochromocytoma, hypoglycemia, hyperadrenocortisolism), cardiovascular disorders (e.g., congestive heart failure, pulmonary embolism, arrhythmia such as atrial fibrillation), respiratory illness (e.g., chronic obstructive pulmonary disease, asthma, pneumonia), metabolic disturbances (e.g., vitamin B₁₂ deficiency, porphyria), and neurological illness (e.g., neoplasms, vestibular dysfunction, encephalitis, seizure disorders).

Etiological substances/medications include alcohol (I/W); caffeine (I); cannabis (I); opioids (W); phencyclidine (I); other hallucinogens (I); inhalants and stimulants (including cocaine) (I/W); sedatives, hypnotics, and anxiolytics (W); anesthetics and analgesics; sympathomimetics or other bronchodilators; anticholinergics; insulin; thyroid preparations; oral contraceptives; antihistamines; antiparkinsonian medications; corticosteroids; antihypertensive and cardiovascular medications; anticonvulsants; lithium carbonate; antipsychotic medications; antidepressant medications; and exposure to heavy metals and toxins such as organophosphate insecticide, nerve gases, carbon monoxide, carbon dioxide, and volatile substances such as gasoline and paint.

? 1 3 AGA11



CONTINUE WITH NEXT ITEM

MAKE A NOTE BELOW IF YOU SUSPECT THAT SYMPTOMS REPORTED ARE BETTER EXPLAINED BY ANOTHER DISORDER.

F. *The disturbance is not better explained by another mental disorder (e.g., anxiety or worry about having a panic attack in Panic Disorder, negative evaluation in Social Anxiety Disorder, contamination or other obsessions in Obsessive-Compulsive Disorder, separation from attachment figures in Separation Anxiety Disorder, gaining weight in Anorexia Nervosa, physical complaints in Somatic Symptom Disorder, perceived appearance flaws in Body Dysmorphic Disorder, having a serious illness in Illness Anxiety Disorder, or the content of delusional beliefs in Schizophrenia or Delusional Disorder).*

? 1 3 AGA12

RECORD
MODULE END
TIME BELOW
AND GO TO
NEXT MODULE

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

1 3 AGA13

RECORD
MODULE END
TIME BELOW
AND GO TO
NEXT MODULE

PAST
GENERALIZED
ANXIETY
DISORDER

AGE AT ONSET

IF UNKNOWN: How old were you when you first started having (GAD SXS)?

Age at onset of Generalized Anxiety Disorder (CODE 99 IF UNKNOWN)

_____ AGA14

Module End Time: _____ : _____ AM/PM

GO TO NEXT MODULE

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

SCID-RV for DSM-5[®]

Version 1.0.0

Eating Disorders Module

**Michael B. First, M.D., Janet B. W. Williams, Ph.D.,
Rhonda S. Karg, Ph.D., Robert L. Spitzer, M.D.**

Modified for the National Mental Health Study

Interviewer ID:

QUESTID:

Date of Interview:

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Module Start Time: _____ : _____ **AM/PM**

BULIMIA NERVOSA

BULIMIA NERVOSA CRITERIA

IF CASE IS IDENTIFIED AS HAVING BEEN A POSITIVE SCREEN FOR BINGE EATING: You told us in the previous interview that you'd had a time in your life when you ate a lot of food during a short period of time at least once a week. I'd like to ask you some questions about times when you may have done that.

Have you had eating binges, that is, times when you couldn't resist eating a lot of food or stop eating once you started? Tell me about those times.

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

During these times, were you unable to control what or how much you were eating?

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)* ? 1 2 3 AEA1

RECORD
 MODULE END
 TIME ON PAGE
 4 AND GO TO
 NEXT MODULE

NOTE: Criterion A.2 (lack of control) precedes criterion A.1 to tie in with screening question.

During those times, how much did you eat? Over what period of time? What's the most you might eat at such times? (Does this only happen during celebrations or holidays?)

1. *Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than what most people would eat during a similar period of time and under similar circumstances* ? 1 2 3 AEA2

RECORD
 MODULE END
 TIME ON PAGE
 4 AND GO TO
 NEXT MODULE

CRITERIA A.2 AND A.1 ARE CODED "3." 1 3 AEA3

RECORD
 MODULE END
 TIME ON PAGE
 4 AND GO TO
 NEXT MODULE

Have you ever done anything to keep yourself from gaining weight because of the binge eating (like making yourself vomit; taking laxatives, enemas, water pills, or thyroid hormone; strict dieting or fasting; or exercising a lot)? Tell me about that. How often did this occur?

B. *Recurrent inappropriate compensatory behavior occurs 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 AEA4

GO TO *BINGE-EATING DISORDER* ON PAGE 3

How often were you binge eating and (COMPENSATORY BEHAVIOR[S])? (At least once a week for at least 3 months?)

C. *The binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for 3 months.*

? 1 2 3 AEA5

GO TO *BINGE-EATING DISORDER* ON PAGE 3

Has your body shape and weight ever been an important factor in how you felt about yourself?

IF YES: How important?

D. *Self-evaluation is unduly influenced by body shape and weight.*

? 1 2 3 AEA6

IF UNKNOWN: Do you binge eat and then (ENGAGE IN COMPENSATORY BEHAVIOR) only when your weight is very low?

E. *The disturbance does not occur exclusively during episodes of Anorexia Nervosa.*

? 1 3 AEA7

RECORD MODULE END TIME ON PAGE 4 AND GO TO NEXT MODULE

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

1 3 AEA8

RECORD MODULE END TIME ON PAGE 4 AND GO TO NEXT MODULE

BULIMIA NERVOSA

When did you last have (ANY SXS OF BULIMIA NERVOSA)?

Number of months prior to interview when last had a symptom of Bulimia Nervosa

_____ AEA9

AGE AT ONSET

IF UNKNOWN: How old were you when you first started having (SXS OF BULIMIA NERVOSA)?

Age at onset of Bulimia Nervosa (CODE 99 IF UNKNOWN)

_____ AEA10

RECORD MODULE END TIME ON PAGE 4 AND GO TO NEXT MODULE

BINGE-EATING DISORDER

During these binges did you...

BINGE-EATING DISORDER CRITERIA

NOTE: Criterion A has already been rated "3" in the context of the Bulimia Nervosa evaluation, page 1.

B. The binge-eating episodes are associated with three (or more) of the following:

...eat much more rapidly than normal?

1. *Eating much more rapidly than normal* ? 1 2 3 AEA11

...ever eat until you felt uncomfortably full?

2. *Eating until feeling uncomfortably full* ? 1 2 3 AEA12

...ever eat large amounts of food when you didn't feel physically hungry?

3. *Eating large amounts of food when not feeling physically hungry* ? 1 2 3 AEA13

...ever eat alone because you were embarrassed by how much you were eating?

4. *Eating alone because of being embarrassed by how much one is eating* ? 1 2 3 AEA14

...ever feel disgusted with yourself, depressed, or feel very guilty after overeating?

5. *Feeling disgusted with oneself, depressed, or very guilty afterward* ? 1 2 3 AEA15

AT LEAST 3 "B" SXS ARE CODED "3." 1 3 AEA16

Was it very upsetting to you that you couldn't stop eating or control what or how much you were eating?

C. Marked distress regarding binge eating is present. ? 1 2 3 AEA17

RECORD
MODULE END
TIME ON PAGE
4 AND GO TO
NEXT MODULE

IF UNKNOWN: How often did you binge eat? (For how long a period of time? At least once a week for at least 3 months?)

IF UNKNOWN OR UNCLEAR: Did you ever do anything to keep yourself from gaining weight because of the binge eating (like making yourself vomit; taking laxatives, enemas, water pills, or thyroid hormone; strict dieting or fasting; or exercising a lot)?

IF UNKNOWN: Do you binge eat only when your weight is very low?

D. *The binge eating occurs, on average, at least once a week for 3 months.* ? 1 2 3 AEA18

RECORD
MODULE END
TIME BELOW
AND GO TO
NEXT MODULE

E. *The binge eating is not associated with the recurrent use of inappropriate compensatory behaviors as in Bulimia Nervosa and does not occur exclusively during the course of Bulimia Nervosa or Anorexia Nervosa.* ? 1 3 AEA19

RECORD
MODULE END
TIME BELOW
AND GO TO
NEXT MODULE

NOTE: Code "3" if no recurrent inappropriate compensatory behaviors.

BINGE-EATING DISORDER CRITERIA A, B, C, D, AND E ARE CODED "3."

NOTE: Criterion A for Binge-Eating Disorder has already been coded "3" as part of the assessment for Bulimia Nervosa, page 1.

1 3 AEA20

RECORD
MODULE END
TIME BELOW
AND GO TO
NEXT MODULE

BINGE-
EATING
DISORDER

When did you last have (ANY SXS OF BINGE-EATING DISORDER)?

Number of months prior to interview when last had a symptom of Binge-Eating Disorder _____ AEA21

AGE AT ONSET

IF UNKNOWN: How old were you when you first started having (SXS OF BINGE-EATING DISORDER)?

Age at onset of Binge-Eating Disorder (CODE 99 IF UNKNOWN) _____ AEA22

Module End Time: _____ : _____ AM/PM

GO TO NEXT MODULE

IPDE

Borderline Personality Disorder Module

World Health Organization

Modified for the National Mental Health Study

Interviewer ID:

QUESTID:

Date of Interview:

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Module Start Time: ____ ____ : ____ ____ AM/PM

Now let me ask some questions about the kind of person you are.

Disturbances in and uncertainty about self-image ? 0 1 2 ABP1

How would you describe your personality?

Have you always been like that?

IF NO: When did you change?
What were you like before?

Do you think one of your problems is that you're not sure what kind of person you are?

IF YES: How does that affect your life?

Do you behave as though you don't know what to expect of yourself?

IF YES: Are you so different with different people or in different situations that you don't behave like the same person?

IF YES: Give me some examples.

IF NO: Have others told you that you're like that?

IF YES: Why do you think they've said that?

What would you like to accomplish during your life? **Disturbances in and uncertainty about aims** ? 0 1 2 ABP2

Do your ideas about this change often?

IF YES: Tell me about it.

(NOT ASKED OF HOUSEWIVES/HOMEMAKERS, ADOLESCENTS, STUDENTS, AND THOSE WHO NEVER OR ALMOST NEVER WORKED):
Do you often wonder whether you've made the right choice of job or career?

IF YES: How does that affect you?

(ASKED ONLY OF HOUSEWIVES/HOMEMAKERS):
Do you often wonder whether you've made the right choice in becoming a housewife/homemaker?

IF YES: How does that affect you?

(ASKED ONLY OF ADOLESCENTS, STUDENTS, AND THOSE WHO NEVER OR ALMOST NEVER WORKED):
Have you made up your mind about what kind of job or career you would like to have?

IF NO: How does that affect you?

The requirements for this criterion may be fulfilled in any one of several different ways.

Subjects may report that they cannot decide about their long-term goals or career choice, and that this has an obvious effect on the way they lead their lives. They may deny that they are uncertain about them, but it may be obvious from their behavior, which is characterized by persistently erratic or fluctuating consideration or selection of strikingly different careers or long-term goals.

Persons 30 years of age or older who have not embarked on a career path (when one is available to them), or insist that they have no idea at all about what their long-term goals are, should receive a score of 2. The criterion should be scored conservatively with adolescents and not usually given to them.

2 = Obvious and well-documented persistent uncertainty about long-term goals or career choice

1 = Probable but less well documented or persistent uncertainty about long-term goals or career choice

0 = Absent, doubtful, or not supported by convincing examples

? = inadequate information

0 = absent or false

1 = subthreshold

2 = threshold

Do you have trouble deciding what's important in life?

Disturbance in and uncertainty about internal preferences

? 0 1 2 ABP3

IF YES: How does that affect you or the way you live your life?

In this context "internal preferences" refers both to issues of ethics and morality ("right and wrong") and to values (what is important in life). For a positive score both are not required. Subjects may qualify for either in two ways. They may report that they are so uncertain about internal preferences that it causes subjective distress or problems in social or occupational functioning. Or they may, with or without acknowledgment or awareness of any uncertainty, demonstrate the phenomenon by extremely erratic or inconsistent behavior indicative of uncertain values.

Do you have trouble deciding what's morally right and wrong?

IF YES: How does that affect you or the way you live your life?

2 = Obvious and well-documented persistent uncertainty about internal preferences

1 = Probable but less well documented or persistent uncertainty about internal preferences

0 = Absent, doubtful, or not well supported by convincing examples

Do you have trouble sticking with a plan or course of action if you don't get something out of it right away?

Difficulty in maintaining any course of action that offers no immediate reward

? 0 1 2 ABP4

IF YES: Does that ever cause problems for you or get you into trouble?

This refers to impatience and lack of perseverance when there is no immediate reward. To be scored positively there must be evidence from convincing examples that this results in subjective distress or problems in social or occupational functioning.

IF YES: Give me some examples.

Impatience associated with the pursuit of minor, everyday matters is not within the scope of the criterion.

2 = Frequently has difficulty maintaining any course of action that offers no immediate reward. This sometimes causes subjective distress or problems in social or occupational functioning.

1 = Occasionally has difficulty maintaining any course of action that offers no immediate reward. This sometimes causes subjective distress or problems in social or occupational functioning.

0 = Denied, rare, or unconvincing examples

? = inadequate information

0 = absent or false

1 = subthreshold

2 = threshold

Do you have a lot of trouble deciding what type of friends you should have?

Disturbances in and uncertainty about internal preferences

? 0 1 2 ABP5

IF YES: Does that have an effect on your life or cause any problems for you?

This aspect of the criterion is met when subjects report that they are so uncertain about what type of friends they desire

IF YES: Give me some examples.

that this causes significant distress or problems in their relations with others.

Does the kind of people you have as friends keep changing?

A positive score is also given when subject describes frequent or erratic changes in the type of friends they have, even if they don't acknowledge uncertainty about the type of friends to have. Doubt about whether to have a particular person as a friend is not within the scope of the criterion, unless it is a particular instance of the more general uncertainty about the type of friends to have.

IF YES: Tell me about it.

2 = Obvious and well-documented persistent uncertainty about type of friends to have

1 = Probable but less well documented or persistent uncertainty about type of friends to have

0 = Absent, doubtful, or not supported by convincing examples

Do you get into intense and stormy relationships with other people with lots of ups and downs? I mean where your feelings about them run "hot" and "cold" or change from one extreme to the other.

Liability to become involved in intense and unstable relationships often leading to emotional crises

? 0 1 2 ABP6

IF YES: In those relationships do you often find yourself alternating between admiring and despising the same person?

For a positive score three features must be present: instability, strong feelings, and alternation between over-idealization and devaluation. The latter does not require continuous switching from over-idealization to devaluation. If the other requirements are met, it does not matter whether the behavior is confined to specific types of relationships (e.g., those with parents, members of the opposite sex, etc.).

IF YES: Give me some examples.

In how many different relationships has this happened?

2 = Examples illustrating a pattern of unstable and intense relationships (more than one or two) characterized by alternating between the extremes of over-idealization and devaluation

1 = Examples illustrating that one or two relationships were unstable, intense, and characterized by alternating between the extremes of over-idealization and devaluation

0 = Denied or not supported by convincing examples

Do you have a habit of getting into arguments and disagreements?

IF YES: When are you likely to behave like that? Give me some examples.

IF NO: Have people told you that you argue or disagree too much?

IF YES: Why do you think they've said that?

Marked tendency for quarrelsome behavior and conflict with others, especially when impulsive acts are thwarted or criticized

To receive a positive score there must be evidence from examples that the quarrelsome behavior and conflicts occur especially when the subject's impulsive acts are prevented, condemned, or criticized.

2 = Frequently engages in quarrelsome behavior and conflicts with others, especially when impulsive acts are prevented, condemned, or criticized

1= Occasionally engages in quarrelsome behavior and conflicts with others, especially when impulsive acts are prevented, condemned, or criticized.

0 = Denied, rare, not in relation to impulsive acts, or not supported by convincing examples

? 0 1 2 ABP7

Do you sometimes get angrier than you should, or feel very angry without a good reason? **Liability to outbursts of anger or violence, with inability to control the resulting behavioral explosions** ? 0 1 2 ABP8

IF YES: Give me some examples.

IF NO: Have people ever told you that you're a very angry person?

IF YES: Why do you think they've said that?

Do you ever lose your temper and have tantrums or angry outbursts?

IF YES: Do you yell and scream in an uncontrolled way?

IF YES: Give me some examples.

Do you ever throw, break, or smash things?

IF YES: Give me some examples.

Do you ever hit or assault people?

IF YES: Give me some examples.

The subjective experience of intense anger or psychodynamically inferred anger are not within the scope of the criterion. The anger must be either inappropriate or intense and uncontrolled. Overt verbal or physical displays of anger are required.

2 = Frequently verbally displays inappropriate or intense, uncontrolled anger. Occasionally indulges in extreme physical displays of inappropriate or intense, uncontrolled anger.

1 = Occasionally verbally displays inappropriate or intense, uncontrolled anger. On one or two occasions indulged in extreme physical displays of inappropriate or intense, uncontrolled anger.

0 = Denied

Do you often feel empty inside? **Chronic feelings of emptiness** ? 0 1 2 ABP9

IF YES: Does that upset you or cause any problems for you?

IF YES: Tell me about it.

For a positive score there must be evidence that the emptiness is obviously distressing to the subject or leads to maladaptive behavior (e.g., substance abuse, self-mutilation, suicidal gestures, impulsive sexual activity, etc.).

2 = Frequent feelings of emptiness that are obviously distressing or sometimes lead to maladaptive behavior

1 = Occasional feelings of emptiness that are obviously distressing or sometimes lead to maladaptive behavior

0 = Denied, rare, or not associated with obvious distress or maladaptive behavior

Do you ever find yourself frantically trying to stop someone close to you from leaving you? **Excessive efforts to avoid abandonment** ? 0 1 2 ABP10

IF YES: Give me some examples.

This has to do with efforts on the part of the subject to avoid real or imagined abandonment. The efforts should be associated with obvious feelings of anxiety or agitation.

2 = Frequent frantic efforts to avoid real or imagined abandonment

1 = Occasional frantic efforts to avoid real or imagined abandonment

0 = Denied, rare, occurs only in association with suicidal or self-mutilating behavior, or not supported by convincing examples

Do you often change from your usual mood to feeling very irritable, very depressed, or very nervous?

Unstable and capricious mood

? 0 1 2 ABP11

IF YES: When that happens, how long do you usually stay that way?

Give me some examples of what it's like when you're feeling that way.

The subject need not report instability of all three moods: depression, irritability, and anxiety. For a positive score the description and examples should establish that the mood changes are not only frequent and short-lived (a few hours or days) but also of some intensity.

2 = Frequently experiences affective instability

1 = Occasionally experiences affective instability

0 = Denied, rare, or not supported by convincing examples

THE INTERVIEWER SHOULD EXERCISE DISCRETION ABOUT INQUIRING ABOUT SEXUAL BEHAVIOR IN CERTAIN CULTURES. WHERE THIS MIGHT BE INAPPROPRIATE, THE ITEM SHOULD BE SCORED “?”.

Disturbances in and uncertainty about internal preferences (including sexual)

? 0 1 2 ABP12

Homosexuality or bisexuality as such are not within the scope of the criterion, unless they are associated with significant doubt or uncertainty about one's sexual orientation. This doubt or uncertainty causes subjective distress or problems with others.

Have you ever been uncertain whether you prefer a sexual relationship with a man or a woman?

IF YES: Tell me about it.

Does this ever upset you or cause any problems for you?

IF YES: Tell me about it.

2 = Has considerable doubt or uncertainty about sexual orientation. This frequently causes subjective distress.

1 = Has considerable doubt or uncertainty about sexual orientation. This sometimes causes subjective distress.

0 = Denied, rare, does not cause subjective distress, or not supported by subject's account

Some people have a habit of doing things suddenly or unexpectedly without giving any thought to what might happen. Are you like that?

Marked tendency to act unexpectedly and without consideration of the consequences

? 0 1 2 ABP13

IF YES: What kind of things have you done?

This refers to the consequences of acting suddenly and unexpectedly on impulse. It is scored positively only if the subject can produce convincing examples of problems that have arisen or could have arisen as a result of this tendency.

2 = Frequently acts suddenly and unexpectedly on impulse. This sometimes causes problems or could cause problems.

1 = Occasionally acts suddenly and unexpectedly on impulse. This sometimes causes problems or could cause problems.

0 = Denied, rare, or not supported by convincing examples

Have you ever threatened to commit suicide? **Recurrent threats or acts of self-harm** ? 0 1 2 ABP14

IF YES: How many times? Tell me about it.

Have you ever actually made a suicide attempt or gesture?

IF YES: How many times? Tell me about it.

Have you ever deliberately cut yourself, smashed your fist through a window, burned yourself, or hurt yourself in some other way (not counting suicide attempts or gestures)?

IF YES: Tell me about it.

The mere sharing of one's suicidal thoughts with another person does not ordinarily constitute a threat. There must be communication of an intent to commit suicide. The motive for making the threat is irrelevant. Suicidal gestures are counted whether or not they were serious or accompanied by a genuine wish to die. Acts of self-harm include wrist cutting, deliberately breaking glass with one's body, burning oneself, head-banging, and other deliberate forms of self-injury of a non-suicidal nature.

2 = On several occasions engaged in suicidal threats, gestures, or acts of self-harm

1 = Once or twice engaged in suicidal threats, gestures, or acts of self-harm

0 = Denied

REVIEW ABP1, ABP2, ABP3, ABP5, AND ABP12.

Uncertainty about self-image, aims, etc.

? 0 1 2 ABP15

ABP1 = _____

ABP2 = _____

ABP3 = _____

ABP5 = _____

ABP12 = _____

2 = 2 OR MORE OF ABP1, ABP2, ABP3, ABP5, AND ABP12 ARE EQUAL TO 2

1 = 1 OF ABP1, ABP2, ABP3, ABP5, AND ABP12 IS EQUAL TO 2

1 = NONE OF ABP1, ABP2, ABP3, ABP5, AND ABP12 ARE EQUAL TO 2, AND SUM OF ABP1, ABP2, ABP3, ABP5, AND ABP12 IS GREATER THAN OR EQUAL TO 3

0 = ALL OTHERS

REVIEW ABP13, ABP7, ABP8, ABP4, AND ABP11.

ABP13 = _____

ABP7 = _____

ABP8 = _____

ABP4 = _____

ABP11 = _____

NUMBER OF ABP13, ABP7, ABP8, ABP4, AND ABP11 EQUAL TO 2: _____ ABP16

REVIEW ABP15, ABP6, ABP10, ABP14, AND ABP9.

ABP15 = _____

ABP6 = _____

ABP10 = _____

ABP14 = _____

ABP9 = _____

NUMBER OF ABP15, ABP6, ABP10, ABP14, AND ABP9 EQUAL TO 2: _____ ABP17

0 = NONE OF ABP13, ABP7, ABP8, ABP4, ABP11, ABP15, ABP6, ABP10, ABP14, AND ABP9 EQUAL TO 2 ? 0 1 2 ABP18

0 = ABP16 IS LESS THAN 2, AND ABP17 IS LESS THAN 2

2 = ABP16 IS GREATER THAN OR EQUAL TO 3, AND ABP17 IS GREATER THAN OR EQUAL TO 2

1 = ALL OTHERS

Module End Time: _____ : _____ AM/PM

GO TO NEXT MODULE

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End of Interview/Interviewer Debriefing Module

**Michael B. First, M.D., Janet B. W. Williams, Ph.D.,
Rhonda S. Karg, Ph.D., Robert L. Spitzer, M.D.**

Modified for the National Mental Health Study

Interviewer ID:

QUESTID:

Date of Interview:

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Module Start Time: ____ ____ : ____ ____ **AM/PM**

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 Network number you can call. This number is on the receipt for the \$40 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 Network 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 that 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).

Module End Time: ____ ____ : ____ ____ **AM/PM**

INTERVIEWER DEBRIEFING SECTION

Distressed Respondent Protocol

	<u>No</u>	<u>Yes</u>	
Was the Distressed Respondent Protocol used?	1	3	AEI1
<i>Specify problems:</i>			AEI2

Cognitive Impairment Screener

	<u>No</u>	<u>Yes</u>	
Was the Short Blessed Scale used?	1	3	AEI3
			IF AEI3 = 1, SKIP AEI4 and AEI4a
<i>Specify problems:</i>			AEI4

Indicate score on the Short Blessed Scale.	_____	AEI4a
	(0-28)	

Comprehension Rating

Estimate the respondent’s understanding of the interview:	Circle Response	AE15
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	5	

Specify problems: AE16

Cooperation Rating

Rate how cooperative the respondent was during the interview:	Circle Response	AE17
Very cooperative	1	
Fairly cooperative	2	
Not very cooperative	3	
Uncooperative	4	
Openly hostile	5	

Specify problems: AE18

Privacy Rating

Indicate on a scale of 1 through 5 how private the interview was:	Circle Response	AEI9
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 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: AEI10

Global Validity Rating

Rate the overall validity of the interview:	Circle Response	AEI11
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: AEI12

CLINICAL SUPERVISOR'S RATINGS

Clinical Supervisor: Global Validity Rating

Rate the overall validity of the interview:	Circle Response	AE13
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: AE14

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SCID-RV for DSM-5[®]

Version 1.0.0

GMC/Substance/Medication-Induced Mood Disorders Supplemental Module

**Michael B. First, M.D., Janet B. W. Williams, Ph.D.,
Rhonda S. Karg, Ph.D., Robert L. Spitzer, M.D.**

Modified for the National Mental Health Study

Interviewer ID:

QUESTID:

Date of Interview:

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BIPOLAR DISORDER DUE TO ANOTHER MEDICAL CONDITION

BIPOLAR DISORDER DUE TO ANOTHER MEDICAL CONDITION CRITERIA

IF SYMPTOMS ARE NOT TEMPORALLY ASSOCIATED WITH A GENERAL MEDICAL CONDITION, CHECK HERE ___ AND GO TO ***SUBSTANCE/MEDICATION-INDUCED BIPOLAR DISORDER*** ON PAGE 3.

CODE BASED ON INFORMATION ALREADY OBTAINED.

A. *A prominent and persistent period of abnormally elevated, expansive, or irritable mood and abnormally increased activity or energy that predominates in the clinical picture.* ? 1 2 3

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

NOT GMC INDUCED
GO TO
SUBSTANCE/MEDICATION-INDUCED BIPOLAR DISORDER ON PAGE 3

Did the (BIPOLAR SXS) change after (GMC) began? Did (BIPOLAR SXS) start or get much worse only after (GMC) began? How long after (GMC) began did (BIPOLAR SXS) start or get much worse?

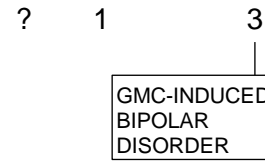
IF GMC HAS RESOLVED: Did the (BIPOLAR SXS) get better once the (GMC) got better?

NOTE: The following factors should be considered and, if present, support the conclusion that a general medical condition is etiologic to the bipolar symptoms.

1. *There is evidence from the literature of a well-established association between the general medical condition and the bipolar symptoms. Refer to list of etiological medical conditions below:*

Etiological medical conditions include Alzheimer's disease, vascular dementia, HIV-induced dementia, Huntington's disease, Lewy body disease, Wernicke-Korsakoff syndrome, Cushing's disease, multiple sclerosis, ALS, Parkinson's disease, Pick's disease, Creutzfeldt-Jakob disease, stroke, traumatic brain injuries, and hyperthyroidism.

2. *There is a close temporal relationship between the course of the bipolar symptoms and the course of the general medical condition.*
3. *The bipolar symptoms are characterized by unusual presenting features (e.g., late age at onset).*
4. *The absence of alternative explanations (e.g., bipolar symptoms as a psychological reaction to the stress of being diagnosed with a general medical condition).*



GO TO
***SUBSTANCE/
MEDICATION-
INDUCED BIPOLAR
DISORDER*** ON
NEXT PAGE

SUBSTANCE/MEDICATION-INDUCED BIPOLAR DISORDER **SUBSTANCE/MEDICATION-INDUCED BIPOLAR DISORDER CRITERIA**

IF SYMPTOMS ARE NOT TEMPORALLY ASSOCIATED WITH SUBSTANCE/MEDICATION USE, CHECK HERE ___ AND RETURN TO THE MOOD DISORDERS MODULE ON PAGE 14, CONTINUING WITH THE ITEM FOLLOWING "THE EPISODE IS NOT ATTRIBUTABLE TO THE PHYSIOLOGICAL EFFECTS OF A SUBSTANCE OR TO ANOTHER MEDICAL CONDITION."

CODE BASED ON INFORMATION ALREADY OBTAINED.

A. *A prominent and persistent disturbance in mood that predominates in the clinical picture and is characterized by elevated, expansive, or irritable mood, with or without depressed mood, or markedly diminished interest or pleasure in all, or almost all, activities.* ? 1 2 3

IF UNKNOWN: When did the (BIPOLAR SXS) begin? Were you already using (SUBSTANCE/MEDICATION) or had you just stopped or cut down your use?

B. *There is evidence from the history, physical examination, or laboratory findings of both (1) and (2):* ? 1 2 3

IF UNKNOWN: How much (SUBSTANCE/MEDICATION) were you using when you began to have (BIPOLAR SXS)?

1. *The symptoms in Criterion A developed during or soon after substance intoxication or withdrawal or exposure to a medication.*
2. *The involved substance/medication is capable of producing the symptoms in Criterion A.*

NOT
SUBSTANCE
INDUCED
RETURN TO
MOOD
DISORDERS
MODULE,
PAGE 14

NOTE: Refer to list of etiological substances/medications below:

Etiological substances/medications include alcohol (I/W), phencyclidine (I), hallucinogens (I), sedatives, hypnotics, anxiolytics (I/W), amphetamines (I/W), cocaine (I/W), corticosteroids, androgens, isoniazid, levodopa, interferon alpha, varenicline, procarbazine, clarithromycin, and ciprofloxacin.

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

IF UNKNOWN: Which came first, the (SUBSTANCE/MEDICATION USE) or the (BIPOLAR SXS)?

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

IF YES: After you stopped using (SUBSTANCE/MEDICATION) did the (BIPOLAR SXS) go away or get better?

IF YES: How long did it take for them to get better? Did they go away within a month of stopping?

IF UNKNOWN: Have you had any other episodes of (BIPOLAR SXS)?

IF YES: How many? Were you using (SUBSTANCE/MEDICATION) at those times?

C. The disturbance is NOT better accounted for by a bipolar or related disorder that is not substance induced. Such evidence of an independent bipolar or related disorder could include the following:

NOTE: The following three statements constitute evidence that the bipolar symptoms are not substance induced. Code "1" if any are true. Code "3" only if none are true.

- 1. The symptoms precede the onset of the substance/medication use;
2. The symptoms persist for a substantial period of time (e.g., about 1 month) after the cessation of acute withdrawal or severe intoxication; or
3. There is other evidence suggesting the existence of an independent non-substance/medication-induced bipolar and related disorder (e.g., a history of recurrent non-substance/medication-related episodes).

? 1 3

SUBSTANCE/MEDICATION-INDUCED BIPOLAR DISORDER

RETURN TO MOOD DISORDERS MODULE, PAGE 14

GMC/SUBSTANCE CAUSING DEPRESSIVE SYMPTOMS

DEPRESSIVE DISORDER DUE TO ANOTHER MEDICAL CONDITION **DEPRESSIVE DISORDER DUE TO ANOTHER MEDICAL CONDITION CRITERIA**

IF SYMPTOMS ARE NOT TEMPORALLY ASSOCIATED WITH A GENERAL MEDICAL CONDITION, CHECK HERE ___ AND GO TO ***SUBSTANCE/MEDICATION-INDUCED DEPRESSIVE DISORDER*** ON PAGE 7.

CODE BASED ON INFORMATION ALREADY OBTAINED.

A. *A prominent and persistent period of depressed mood or markedly diminished interest or pleasure in all, or almost all, activities that predominates in the clinical picture.* ? 1 2 3

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

? 1 3

GO TO
*SUBSTANCE/
MEDICATION-
INDUCED
DEPRESSIVE
DISORDER* ON
PAGE 7

Did the (DEPRESSIVE SXS) change after (GMC) began? Did (DEPRESSIVE SXS) start or get much worse only after (GMC) began? How long after (GMC) began did (DEPRESSIVE SXS) start or get much worse?

IF GMC HAS RESOLVED: Did the (DEPRESSIVE SXS) get better once the (GMC) got better?

NOTE: The following factors should be considered and, if present, support the conclusion that a general medical condition is etiologic to the depressive symptoms:

- 1. There is evidence from the literature of a well-established association between the general medical condition and the depressive symptoms. Refer to list of etiological general medical conditions below:*

Etiological medical conditions include stroke, Huntington's disease, Parkinson's disease, traumatic brain injury, Cushing's disease, hypothyroidism, multiple sclerosis, and systemic lupus erythematosus.

- 2. There is a close temporal relationship between the course of the depressive symptoms and the course of the general medical condition.*
- 3. The depressive symptoms are characterized by unusual presenting features (e.g., late age at onset).*
- 4. The absence of alternative explanations (e.g., depressive symptoms as a psychological reaction to the stress of being diagnosed with a general medical condition).*

SUBSTANCE/MEDICATION-INDUCED DEPRESSIVE DISORDER

SUBSTANCE/MEDICATION-INDUCED DEPRESSIVE DISORDER CRITERIA

IF SYMPTOMS ARE NOT TEMPORALLY ASSOCIATED WITH SUBSTANCE/MEDICATION USE, CHECK HERE ___ AND RETURN TO PAGE 7 OF THE MOOD DISORDERS MODULE, CONTINUING WITH THE ITEM FOLLOWING "THE EPISODE IS NOT ATTRIBUTABLE TO THE PHYSIOLOGICAL EFFECTS OF A SUBSTANCE OR TO ANOTHER MEDICAL CONDITION."

CODE BASED ON INFORMATION ALREADY OBTAINED.

A. *A prominent and persistent disturbance in mood that predominates in the clinical picture and is characterized by depressed mood or markedly diminished interest or pleasure in all, or almost all, activities.* ? 1 2 3

IF UNKNOWN: When did the (DEPRESSIVE SXS) begin? Were you already using (SUBSTANCE/MEDICATION) or had you just stopped or cut down your use?

B. *There is evidence from the history, physical examination, or laboratory findings of both (1) and (2):* ? 1 2 3

IF UNKNOWN: How much (SUBSTANCE/MEDICATION) were you using when you began to have (DEPRESSIVE SXS)?

1. *The symptoms in Criterion A developed during or soon after substance intoxication or withdrawal or exposure to a medication.*
2. *The involved substance/medication is capable of producing the symptoms in Criterion A.*

NOT
SUBSTANCE
INDUCED

SUBSTANCE/
MEDICATION-
INDUCED
DEPRESSIVE
DISORDER

NOTE: Refer to list of etiological substances/medications below:

Etiological substances/medications include alcohol (I/W), phencyclidine (I), hallucinogens (I), inhalants (I), opioids (I/W), sedative, hypnotics or anxiolytics (I/W), amphetamine and other stimulants (I/W), cocaine (I/W), antiviral agents (etavirenz), cardiovascular agents (clonidine, guanethidine, methyl dopa, reserpine), retinoic acid derivatives (isotretinoin), antidepressants, anticonvulsants, anti-migraine agents (triptans), antipsychotics, hormonal agents (corticosteroids, oral contraceptives, gonadotropin-releasing hormone agonists, tamoxifen), smoking cessation agents (varenicline), and immunological agents (interferon).

RETURN TO PAGE 7
OF MOOD
DISORDERS
MODULE

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SCID-RV for DSM-5[®]

Version 1.0.0

GMC/Substance/Medication-Induced Anxiety Disorder Supplemental Module

**Michael B. First, M.D., Janet B. W. Williams, Ph.D.,
Rhonda S. Karg, Ph.D., Robert L. Spitzer, M.D.**

Modified for the National Mental Health Study

Interviewer ID:

QUESTID:

Date of Interview:

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GMC/SUBSTANCE AS ETIOLOGY FOR ANXIETY SYMPTOMS

ANXIETY DISORDER DUE TO ANOTHER MEDICAL CONDITION

ANXIETY DISORDER DUE TO ANOTHER MEDICAL CONDITION CRITERIA

IF SYMPTOMS ARE NOT TEMPORALLY ASSOCIATED WITH A GENERAL CONDITION, CHECK HERE ___ AND GO TO ***SUBSTANCE/MEDICATION-INDUCED ANXIETY DISORDER*** ON PAGE 3.

CODE BASED ON INFORMATION ALREADY OBTAINED

A. *Panic attacks or anxiety is predominant in the clinical picture.* ? 1 3

B/C. *There is evidence from this history, physical examination, or laboratory findings that the disturbance is the direct physiological consequence of another medical condition AND the disturbance is not better accounted for by another mental disorder.* ? 1 2 3

GMC-INDUCED ANXIETY DISORDER

Did the (ANXIETY SXS) start or get much worse only after (GMC) began? How long after (GMC) began did (ANXIETY SXS) start or get much worse?

NOTE: The following factors should be considered and, if present, support the conclusion that a general medical condition is etiologic to the anxiety symptoms:

GO TO ***SUBSTANCE/MEDICATION-INDUCED ANXIETY DISORDER*** ON PAGE 3

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

- There is evidence from the literature of a well-established association between the general medical condition and the anxiety symptoms. Refer to list of etiological general medical conditions:*

Etiological medical conditions include endocrine disease (e.g., hyperthyroidism, pheochromocytoma, hypoglycemia, hyperadrenocortisolism), cardiovascular disorders (e.g., congestive heart failure, pulmonary embolism, arrhythmia such as atrial fibrillation), respiratory illness (e.g., chronic obstructive pulmonary disease, asthma, pneumonia), metabolic disturbances (e.g., vitamin B12 deficiency, porphyria), and neurological illness (e.g., neoplasms, vestibular dysfunction, encephalitis, seizure disorders).

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 stress of being diagnosed with a general medical condition).*

SUBSTANCE/MEDICATION-INDUCED ANXIETY DISORDER

SUBSTANCE/MEDICATION-INDUCED ANXIETY DISORDER CRITERIA

IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH SUBSTANCE/MEDICATION USE, CHECK HERE ___ AND RETURN TO DISORDER BEING EVALUATED, CONTINUING WITH THE ITEM FOLLOWING "SYMPTOMS ARE NOT ATTRIBUTABLE TO THE PHYSIOLOGICAL EFFECTS OF A SUBSTANCE OR ANOTHER MEDICAL CONDITION."

EPISODE BEING EVALUATED: Panic Social Anxiety Disorder GAD

CODE BASED ON INFORMATION ALREADY OBTAINED

A. *Panic attacks or anxiety is predominant in the clinical picture.* ? 1 2 3

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

B. *There is evidence from the history, physical examination, or laboratory findings of both (1) and (2):* ? 1 2 3

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

1. *The symptoms in Criterion A developed during or soon after substance intoxication or withdrawal or exposure to a medication.*
2. *The involved substance/medication is capable of producing the symptoms in Criterion A.*

NOT SUBSTANCE INDUCED RETURN TO DISORDER BEING EVALUATED
--

NOTE: Refer to list of substances/medications:

Etiological substances/medications include alcohol (I/W); caffeine (I); cannabis (I); opioids (W); phencyclidine (I); other hallucinogens (I); inhalants and stimulants (including cocaine) (I/W); sedatives, hypnotics, and anxiolytics (W); anesthetics and analgesics; sympathomimetics or other bronchodilators; anticholinergics; insulin; thyroid preparations; oral contraceptives; antihistamines; antiparkinsonian medications; corticosteroids; antihypertensive and cardiovascular medications; anticonvulsants; lithium carbonate; antipsychotic medications; antidepressant medications; and exposure to heavy metals and toxins such as organophosphate insecticide, nerve gases, carbon monoxide, carbon dioxide, and volatile substances such as gasoline and paint.

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

IF UNKNOWN: Which came first, the (SUBSTANCE/MEDICATION USE) or the (ANXIETY SXS)?

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

IF YES: After you stopped using (SUBSTANCE/MEDICATION) did the (ANXIETY SXS) go away or get better?

IF YES: How long did it take for them to get better? Did they go away within a month of stopping?

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

IF YES: How many? Were you using (SUBSTANCE/MEDICATION) at those times?

C. *The disturbance is NOT better accounted for by an anxiety disorder that is not substance induced. Such evidence of an independent anxiety disorder could include the following:*

NOTE: The following three statements constitute evidence that the anxiety symptoms are not substance induced. Code "1" if any are true. Code "3" only if none are true.

1. *The symptoms precede the onset of the substance/medication use.*
2. *The symptoms persist for a substantial period of time (e.g., about 1 month) after the cessation of acute withdrawal or severe intoxication.*
3. *There is other evidence suggesting the existence of an independent non-substance/medication-induced anxiety disorder (e.g., a history of recurrent non-substance/medication-related episodes).*

? 1 2 3

SUBSTANCE/ MEDICATION- INDUCED ANXIETY DISORDER

RETURN TO DISORDER BEING EVALUATED

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Version 1.0.0

Cognitive Impairment Protocol

Modified for the National Mental Health Study

Interviewer ID:

QUESTID:

Date of Interview:

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SHORT BLESSED SCALE EXAM

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 ERROR0 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 ERROR0 2 4
- SB-6. Please repeat the phrase I asked you to repeat before.
[JOHN BROWN / 42 MARKET STREET / CHICAGO]
2 PER ERROR0 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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Adolescent Clinical Interview Modules
for the National Mental Health Study (NMHS)
Clinical Reappraisal Study (CRS) Field Test

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**K-SADS INTRODUCTORY QUESTIONS:
CHILD INTERVIEW**

Module Start Time: ____ ____ : ____ ____ **AM/PM**

Thank you for chatting today. I'd like to start by learning a little bit more about you. For some questions, you may be thinking, "I just answered these a few weeks ago." I realize that may be the case. I don't want to assume anything, which is why you may hear some questions again. I really want to hear from you what your life is like and how things are going for you.

How old are you?

_____ years

CDM1

When is your birthday?

DOB: ____ [RANGE: 01–12] ____ [RANGE: 01–31] ____ [RANGE: 1900–2015] CDM2

ENTER: MM- DD- YYYY

INTERVIEWER NOTE: The following questions are not coded; they are used to build rapport and provide key information for K-SADS modules. E.g., if a father figure is not in the child's life, follow-up queries in K-SADS screening and supplements should be focused on the mother figure (or primary caregiver). Answers to these questions will also provide some starting information about the adolescent's functioning to help assess functional impairment later in the interview. **These questions should take no longer than 10 minutes.** If the adolescent is slow to warm up (e.g., provides yes/no responses only), additional follow-ups should be asked. If the adolescent is very talkative, follow-up questions may not be necessary.

Family

Who do you live with?

- Obtain information on who lives in the home and the relationship to the child (e.g., biological parent, guardians, siblings, and extended family members), ages of siblings, whereabouts of non-residing parent(s) and visitation.

Who are you closest to in your family? How well do you get along with family members?

- Notes:

School

What grade are you in?

What kind of grades do you usually get?

What do you like about school? What do you dislike about school?

- Notes:

Peer Relations

What is your group of friends like?

Do you have a best friend? If yes, how long have you been friends?

- Notes:

Transition: For the rest of the interview, I will be asking you about a lot of different feelings and problems kids sometimes have. Let's get started with some of those questions.

K-SADS-PL 2013:
ATTENTION DEFICIT HYPERACTIVITY DISORDER
(ADHD)

**Advanced Center for Intervention and Services Research (ACISR) for Early
Onset Mood and Anxiety Disorders
Western Psychiatric Institute and Clinic**

**Child and Adolescent Research and Education (CARE) Program
Yale University**

Modified for the National Mental Health Study

Interviewer ID:

QUESTID:

Date of Interview:

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K-SADS Screen Interview: ATTENTION DEFICIT HYPERACTIVITY DISORDER

If CIDI screen = positive (+) or subthreshold: Say, “In your earlier interview, you said that you have had trouble with concentration or restlessness in the past. The next questions are about that.” Then proceed with ADHD screen.

If CIDI screen = negative (-): Proceed with ADHD screen.

Compared to other children/adolescents this age, how would parent/adult rate this child/adolescent? Ask if teachers or others have complained about particular symptoms or behaviors.

If the child is being treated with stimulants, rate for most severe period prior to medication or during drug holidays and note in margin which symptoms are improved with medication.

Determine the age of onset for first positively endorsed ADHD symptom. If the symptoms are episodic, consider the presence of a mood disorder or other causes (e.g., alcohol, drugs or medical problems).

Probe: For how long has _____ been a problem? Has it been a problem since kindergarten? First grade? Did the problem start even earlier? Note: According to the DSM-5, onset of ADHD symptoms can appear up to age 12.

<u>Difficulty Sustaining Attention on Tasks or Play Activities</u>	<u>P</u>	<u>C</u>	<u>S</u>		
<i>Has there ever been a time when you had trouble paying attention in school? Did it affect your school work? Did you get into trouble because of this?</i>	0	0	0	0 – No information.	ADH1
<i>When you were working on your homework, did your mind wander? What about when you were playing games? Did you forget to go when it was your turn? Did teachers complain?</i>	1	1	1	1 – Not present.	
<u>Note:</u> Rate based on data reported by informant.	2	2	2	2 – Subthreshold: Occasionally has difficulty sustaining attention on tasks or play activities. Problem has only minimal effect on functioning.	
NOTE: DO NOT RATE POSITIVELY IF OCCURS ONLY DURING MOOD EPISODE, PSYCHOSIS, EPISODES OF DRUG USE, OR SECONDARY TO A MEDICAL CONDITION.	3	3	3	3 – Threshold: Often (4-7 days/week) has difficulty sustaining attention. Problem has significant effect on functioning.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Easily Distracted</u>					
<i>Was there ever a time when little distractions would make it very hard for you to keep your mind on what you were doing?</i>	0	0	0	0 – No information.	ADH2
<i>Like if another kid in class asked the teacher a question while the class was working quietly, was it hard for you to keep your mind on your work?</i>	1	1	1	1 – Not present.	
<i>When there was an interruption, like when the phone rang, was it hard to get back to what you were doing before the interruption?</i>	2	2	2	2 – Subthreshold: Occasionally distractible. Problem has only minimal effect on functioning.	
<i>Were there times when you could keep your mind on what you were doing, and little noises and things didn't bother you? How often were they a problem? Did teachers complain?</i>	3	3	3	3 – Threshold: Attention often (4-7 days/week) disrupted by minor distractions other kids would be able to ignore. Problem has significant effect on functioning.	

Note: Rate based on data reported by informant.

NOTE: DO NOT RATE POSITIVELY IF OCCURS ONLY DURING MOOD EPISODE, PSYCHOSIS, EPISODES OF DRUG USE, OR SECONDARY TO A MEDICAL CONDITION.

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Difficulty Remaining Seated</u>					
<i>Was there ever a time when you got out of your seat a lot at school? Did you get into trouble for this? Was it hard to stay in your seat at school? What about dinner time?</i>	0	0	0	0 – No information.	ADH3
Parents: <i>When your child was young, were you able to take him/her out in public, like restaurants? Were these difficulties beyond what you would expect for a child his/her age?</i>	1	1	1	1 – Not present.	
Note: Rate based on data reported by informant.					
Take into account that these symptoms tend to improve with age. Carefully check if this symptom was present when the child was younger.					
	2	2	2	2 – Subthreshold: Occasionally has difficulty remaining seated when required to do so. Problem has only minimal effect on functioning.	
	3	3	3	3 – Threshold: Often (4-7 days/week) has difficulty remaining seated when required to do so. Problem has significant effect on functioning.	

Impulsivity

<i>Do you act before you think, or think before you act?</i>	0	0	0	0 – No information.	ADH4
<i>Has there ever been a time when these kinds of behaviors got you into trouble? Give some examples.</i>	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Occasionally impulsive. Problem has only minimal effect on functioning	
	3	3	3	3 – Threshold: Often (4-7 days/week) impulsive. Problem has significant effect on functioning.	

- **IF RECEIVED A SCORE OF 3 ON ANY OF THE PREVIOUS ITEMS, COMPLETE THE ATTENTION DEFICIT HYPERACTIVITY DISORDER SUPPLEMENT AFTER FINISHING THE SCREENING INTERVIEW.**

- **IF A SCORE OF 1 or 2, STOP INTERVIEW, RECORD TIME.**

NOTE: (RECORD DATES OF POSSIBLE CURRENT AND PAST ATTENTION DEFICIT HYPERACTIVITY DISORDER).

K-SADS Supplement: ATTENTION DEFICIT HYPERACTIVITY DISORDER

If child is on medication for ADHD, rate behavior when not on medication. NOTE: DO NOT RATE SYMPTOMS POSITIVELY IF THEY ARE EXCLUSIVELY ACCOUNTED FOR BY MAJOR DEPRESSIVE EPOSIDE, BIPOLAR DISORDER, DYSTHYMIA, AN ANXIETY DISORDER, SUBSTANCE ABUSE, PSYCHOSIS, OR AUTISM SPECTRUM DISORDER.

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Makes a Lot of Careless Mistakes</u>					
<i>Do you make a lot of careless mistakes at school?</i>	0	0	0	0 – No information.	ADH5
<i>Do you often get problems wrong on tests because you didn't read the instructions right?</i>	1	1	1	1 – Not present.	
<i>Do you often leave some questions blank by accident?</i>					
<i>Forget to do the problems on both sides of a handout?</i>	2	2	2	2 – Subthreshold: Occasionally makes careless mistakes. Problem has only minimal effect on functioning.	
<i>How often do these types of things happen?</i>					
<i>Has your teacher ever said you should pay more attention to detail?</i>					
	3	3	3	3 – Threshold: Often (4-7 days/week) makes careless mistakes. Problem has significant effect on functioning.	
<hr/>					
	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Doesn't Listen</u>					
<i>Is it hard for you to remember what your parents and teachers say?</i>	0	0	0	0 – No information	ADH6
<i>Do your parents or teachers complain that you don't listen to them when they talk to you?</i>	1	1	1	1 – Not present.	
<i>Do you "tune people out"? Do you get into trouble for not listening?</i>					
<u>Note: Rate based on data reported by informant.</u>	2	2	2	2 – Subthreshold: Occasionally doesn't listen. Problem has only minimal effect on functioning.	
	3	3	3	3 – Threshold: Often (4-7 days/week) doesn't listen. Problem has significant effect on functioning.	

P = Parent Rating **C** = Child Rating **S** = Summary Rating

<u>Difficulty Following Instructions</u>	<u>P</u>	<u>C</u>	<u>S</u>		
<i>Do your teachers complain that you don't follow instructions?</i>	0	0	0	0 – No information.	ADH7
<i>When your parents or your teacher tell you to do something, is it sometimes hard to remember what they said to do?</i>	1	1	1	1 – Not present.	
<i>Does it get you into trouble? Do you lose points on your assignments for not following directions or not completing the work? Do you forget to do your homework or forget to turn it in? Do you get in to trouble at home for not finishing your chores or other things your parents ask you to do? How often?</i>	2	2	2	2 – Subthreshold: Occasionally has difficulty following instructions. Problem has only minimal effect on functioning.	
	3	3	3	3 – Threshold: Often (4-7 days/week) has difficulty following instructions. Problem has significant effect on functioning.	

<u>Difficulty Organizing Tasks</u>	<u>P</u>	<u>C</u>	<u>S</u>		
<i>Is your desk or locker at school a mess?</i>	0	0	0	0 – No information.	ADH8
<i>Does it make it hard for you to find the things you need?</i>					
<i>Does your teacher complain that your assignments are messy or disorganized?</i>	1	1	1	1 – Not present.	
<i>When you do your worksheets, do you usually start at the beginning and do all the problems in order, or do you like to skip around?</i>	2	2	2	2 – Subthreshold: Occasionally disorganized. Problem has only minimal effect on functioning.	
<i>Do you often miss problems? Do you have a hard time getting ready for school in the morning?</i>	3	3	3	3 – Threshold: Often (4-7 days/week) disorganized. Problem has significant effect on functioning.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Dislikes/Avoids Tasks Requiring Attention</u>					
<i>Do you hate or dislike doing things that require a lot of concentration/effort?</i>	0	0	0	0 – No information.	ADH9
<i>Like certain assignments, homework or reading a book?</i>	1	1	1	1 – Not present.	
<i>Are there some kinds of school work you hate doing more than others? Which ones? Why?</i>					
<i>Do you try to get out of doing your ___ assignments?</i>	2	2	2	2 – Subthreshold: Occasionally avoids tasks that require sustained attention, and/or expresses mild dislike for these tasks.	
<i>About how many times a week do you not do your ___ homework?</i>					
NOTE: IN CHILDREN/TEENS WITH ADHD, ABILITY TO SUSTAIN ATTENTION TO VERY REWARDING ACTIVITIES LIKE COMPUTER OR VIDEO GAMES MAY NOT BE IMPAIRED.	3	3	3	3 – Threshold: Often (4-7 days/week) avoids tasks that require sustained attention, and/or expresses moderate dislike for these tasks. Problem has significant effect on functioning.	
<hr/>					
<u>Loses Things</u>					
<i>Do you lose things a lot? Your pencils at school? Homework assignments?</i>	0	0	0	0 – No information.	ADH10
<i>Things around home?</i>					
<i>About how often does this happen?</i>	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Occasionally loses things. Problem has only minimal effect on functioning.	
	3	3	3	3 – Threshold: Often loses things (e.g. once a week or more). Problem has significant effect on functioning.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Forgetful in Daily Activities</u>					
<i>Do you often leave your homework at home, or your books or coats on the bus? Do you leave your things outside by accident?</i>	0	0	0	0 – No information.	ADH11
<i>How often do these things happen? Has anyone ever complained that you are too forgetful?</i>	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Occasionally forgetful. Problem has only minimal effect on functioning.	
	3	3	3	3 – Threshold: Often (4-7 days/week) forgetful. Problem has significant effect on functioning.	

<u>Fidgets</u>	<u>P</u>	<u>C</u>	<u>S</u>		
Consider restlessness, tapping fingers, chewing things, squirming, "ants in pants", etc.	0	0	0	0 – No information.	ADH12
<i>Do people often tell you to sit still, to stop moving, or stop squirming in your seat? Your teachers? Parents?</i>	1	1	1	1 – Not present.	
<i>Do you sometimes get into trouble for squirming in your seat or playing with little things at your desk? Do you have a hard time keeping your arms and legs still? How often?</i>	2	2	2	2 – Subthreshold: Occasionally fidgets with hands or feet or squirms in seat. Problem has only minimal effect on functioning.	
For parents about children: <i>When you take your child to places like church or a restaurant, do you have to bring a lot of games or toys?</i>	3	3	3	3 – Threshold: Often (4-7 days/week) fidgets with hands or feet or squirms in seat. Problem has significant effect on functioning.	
About adolescents: <i>When your child was younger, were you able to take him/her to places like church or a restaurant? Were these difficulties beyond what you would expect for a child his/her age?</i>					
Take into account that these symptoms tend to improve with age. Carefully check if this symptom was present when the child was younger.					
<u>Note:</u> Rate based on data reported by informant.					

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Runs or Climbs Excessively</u>					
<i>Do you get into trouble for running down the hall in school?</i>	0	0	0	0 – No information.	ADH13
<i>Does your parent often have to remind you to walk instead of run when you are out together?</i>	1	1	1	1 – Not present.	
<i>Do your parents or your teacher complain about you climbing things you shouldn't? What kinds of things? How often does this happen?</i>	2	2	2	2 – Subthreshold: Occasionally runs about or climbs excessively. Problem has only minimal effect on functioning. (In adolescents, may be limited to a subjective feeling of restlessness)	
Adolescents: <i>Do you feel restless a lot? Feel like you have to move around, or that it is very hard to stay in one place?</i>					
Note: Rate based on data reported by informant.	3	3	3	3 – Threshold: Often (4-7 days/week) runs about or climbs excessively. Problem has significant effect on functioning. (In adolescents, may be limited to a subjective feeling of restlessness)	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>On the Go/Acts like Driven by Motor</u>					
<i>Do people tell you that your motor is always running?</i>	0	0	0	0 – No information.	ADH14
<i>Is it hard for you to slow down?</i>					
<i>Can you stay in one place for long, or are you always on the go?</i>	1	1	1	1 – Not present.	
<i>How long can you sit and watch TV or play a game?</i>	2	2	2	2 – Subthreshold: Occasionally, minimal effect on functioning.	
<i>Do people tell you to slow down a lot?</i>	3	3	3	3 – Threshold: Often (4-7 days/week) acts as if "driven by a motor." Significant effect on functioning.	
<hr/>					
	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Difficulty Playing Quietly</u>					
<i>Do your parents or teachers often tell you to quiet down when you are playing?</i>	0	0	0	0 – No information.	ADH15
<i>Do you have a hard time playing quietly?</i>	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Occasionally has difficulty playing quietly. Problem has only minimal effect on functioning.	
	3	3	3	3 – Threshold: Often (4-7 days/week) has difficulty playing quietly. Problem has significant effect on functioning.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Blurts Out Answers</u>					
<i>At school, do you sometimes call out the answers before you are called on?</i>	0	0	0	0 – No information.	ADH16
<i>Do you talk out of turn at home? Answer questions your parents ask your siblings? How often?</i>	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Occasionally talks out of turn. Problem has only minimal effect on functioning.	
	3	3	3	3 – Threshold: Often (4-7 days/week) talks out of turn. Problem has significant effect on functioning.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Difficulty Waiting Turn</u>					
<i>Is it hard for you to wait your turn in games? What about in line in the cafeteria or at the water fountain?</i>	0	0	0	0 – No information.	ADH17
	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Occasionally has difficulty waiting his/her turn. Problem has only minimal effect on functioning.	
	3	3	3	3 – Threshold: Often (4-7 days/week) has difficulty waiting his/her turn. Problem has significant effect on functioning.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Interrupts or Intrudes</u>					
<i>Do you get into trouble for talking out of turn at school?</i>	0	0	0	0 – No information.	ADH18
<i>Do your parents, teachers, or any of the kids you know complain that you cut them off when they are talking?</i>	1	1	1	1 – Not present.	
<i>Do kids complain that you break in on games? Does this happen a lot?</i>	2	2	2	2 – Subthreshold: Occasionally interrupts others.	
<u>Note: Rate based on data reported by informant.</u>	3	3	3	3 – Threshold: Often (4-7 days/week) interrupts others.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Talks Excessively</u>					
<i>Do people say you talk too much?</i>					
<i>Do you get into trouble at school for talking when you are not supposed to?</i>	0	0	0	0 – No information.	ADH19
<i>Do people in your family complain that you talk too much?</i>	1	1	1	1 – Not present.	
<i>What about humming or always making noises?</i>	2	2	2	2 – Subthreshold: Occasionally talks excessively.	
<u>Do not rate vocal tics positively.</u>					
<u>Note: Rate based on data reported by informant.</u>	3	3	3	3 – Threshold: Often (4-talks excessively).	

Codes: 0 = No information. 1 = No. 2 = Yes.

	<u>P</u>			<u>C</u>			<u>S</u>			
<u>Duration</u>										
<i>For how long have you had trouble (list symptoms that were positively endorsed)?</i>	0	1	2	0	1	2	0	1	2	ADH20
<u>Criteria to rate “yes”: 6 months or more.</u>										

Codes: 0 = No information. 1 = No. 2 = Yes.

<u>Age of Onset</u>	<u>P</u>			<u>C</u>			<u>S</u>			
<p><i>How old were you when you started to have these problems?</i></p> <p><i>Did you have these problems in kindergarten? First Grade? Middle school?</i></p> <p><i>Specify:</i></p> <p><u>Criteria to rate “yes”:</u> <u>Some symptoms present before age 12.</u></p>	0	1	2	0	1	2	0	1	2	ADH21

<u>Impairment</u>	<u>P</u>			<u>C</u>			<u>S</u>			
<p>Must be present in <u>two</u> settings.</p> <p>A. <u>Socially (with peers)</u></p> <p>B. <u>With family</u></p> <p>C. <u>In school</u></p>	0	1	2	0	1	2	0	1	2	ADH22
	0	1	2	0	1	2	0	1	2	ADH23
	0	1	2	0	1	2	0	1	2	ADH24

Codes: 0 = No information. 1 = No. 2 = Yes.

Lifetime

Evidence of ADHD

0

1

2

ADH25

DSM-5-Criteria

A. A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, as characterized by (1) and/or (2):

(1) Inattention: **Six** or more of the following symptoms have persisted for at least **6 months** to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities.

- a. Makes a lot of careless mistakes
- b. Difficulty sustaining attention on tasks or play activities
- c. Doesn't listen
- d. Difficulty following instructions
- e. Difficulty organizing tasks
- f. Dislikes/avoids tasks requiring attention
- g. Loses things
- h. Easily distracted
- i. Forgetful in daily activities

(2) Hyperactivity/Impulsivity: **Six** or more of the following nine symptoms have persisted for at least **6 months**: **NOTE:** For older adolescents and adults (age 17 and older), only **five** symptoms are required)

- a. Fidgets
- b. Difficulty remaining seated
- c. Runs or climbs excessively
- d. Difficulty playing quietly
- e. On the go/acts as if driven by a motor
- f. Talks excessively
- g. Blurts out answers
- h. Difficulty waiting turn
- i. Often interrupts or intrudes

B. Some symptoms that caused impairment present before the age of 12.

C. Several symptoms must be present in two or more situations (e.g., school and home)

D. Clinically significant impairment

E. Symptoms do not occur exclusively during the course of psychotic disorder and not better accounted for by another mental disorder (e.g., mood disorder, anxiety disorder, dissociation, personality disorder).

NOTE: Autism Spectrum Disorder is no longer a rule out for the diagnosis of ADHD.

Codes: 0 = No information. 1 = No. 2 = Yes.

Lifetime/Ever

Predominately Inattentive Presentation

Meets criterion A (1), but not criterion A (2)	0	1	2	ADH26
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Predominately Hyperactive-Impulsive Type

Meets criterion A (2), but not criterion A (1)	0	1	2	ADH27
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Combined Type

Both criteria A (1) and A (2) are met	0	1	2	ADH28
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Other Specified ADHD

Prominent symptoms of inattention or hyperactivity- impulsivity that do not meet criteria for Attention Deficit Hyperactivity Disorder	0	1	2	ADH29
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Codes: 0 = No information. 1 = Not present. 2 = Probable. 3 = Definite.

Probable Diagnosis:

- 1. Meets criteria for core symptoms of the disorder.*
- 2. Meets all but one, or a minimum of 75% of the remaining criteria required for the diagnosis*
- 3. Evidence of functional impairment*

ADHD Predominately Inattentive Presentation - Lifetime Diagnosis:

ADH30

ADHD Predominately Inattentive Presentation - Age of Onset:

ADH31

ADHD Predominately Hyperactive-Impulsive Type - Lifetime Diagnosis:

ADH32

ADHD Predominately Hyperactive-Impulsive Type - Age of Onset:

ADH33

Combined Type - Lifetime Diagnosis:

ADH34

Combined Type - Age of Onset:

ADH35

Other Specified - Lifetime Diagnosis:

ADH36

Other Specified ADHD - Age of Onset:

ADH37

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K-SADS PL 2013:
EATING DISORDERS - BINGE EATING DISORDER

**Advanced Center for Intervention and Services Research (ACISR) for Early
Onset Mood and Anxiety Disorders
Western Psychiatric Institute and Clinic**

**Child and Adolescent Research and Education (CARE) Program
Yale University**

Modified for the National Mental Health Study

Interviewer ID:

QUESTID:

Date of Interview:

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K-SADS Screen Interview: EATING DISORDERS - BINGE EATING DISORDER

If CIDI screen = positive (+) or subthreshold: Say, “*In your earlier interview, you mentioned that there was a time in your life when you were very worried about your weight. The next questions are about that.*” Then proceed with Eating Disorder screen.

If CIDI screen = negative (-): Proceed with Eating Disorder screen.

Begin this section with a brief (2-3 minute) semi-structured interview to obtain information about eating habits:

Are you happy with your weight?

Do you eat regular meals? Do you diet?

Has there ever been a time when you weighed a lot more or a lot less?

What was your weight? What did you want your weight to be?

Fear of Becoming Obese

Has there ever been a time when you were afraid of getting fat?

Did you believe you were fat?

Have you ever been really overweight?

Did you watch what you ate and think about what you ate all the time?

Were you afraid of eating certain foods because you were afraid they'd make you fat? What foods? How much time did you spend thinking about food and worrying about getting fat?

If you saw that you had gained a pound or two, did you change your eating habits?

Fast for a day or do anything else?

0 – No information

1 – Not present

2 – Subthreshold: Intense and persistent fear of becoming fat, which defies prior weight history and/or present weight, reassurance, etc. Fears have only moderate impact on behavior and/or functioning (e.g., weight loss methods utilized at least once a month, but less than once a week).

3 – Threshold: Intense and persistent fear of becoming fat that has severe impact on behavior and/or functioning (e.g., constantly pre-occupied with weight concerns; or use of weight loss methods 1 time a week or more).

EAT1

Emaciation

Weight is proportionally lower than ideal weight for height.

NOTE: DO NOT RATE POSITIVELY IF WEIGHT LOSS IS DUE TO A MEDICAL CONDITION, MOOD DISORDER, OR FOOD SCARCITY RELATED TO POVERTY.

0 – No information

1 – Not present

2 – Subthreshold: Weight below 90% of ideal.

3 – Threshold: Weight below 85% of ideal.

EAT2

Weight Loss Methods

Have you ever used diet pills to control your weight?

How about laxatives, or water pills to lose weight?

Did you sometimes make yourself throw up?

Did you exercise a lot, more than was usual for you, in order to lose weight? How much? How many hours a day?

Did you have periods of at least 1 week during which you had nothing but liquids with no calories (teas, diet sodas, coffee, water)?

Criteria:

0 = No Information

1 = Not present

2 = Less than one time a week

3 = One or more times a week

Lifetime/Most Severe Episode

A. Using diet pills	0	1	2	3	EAT3
<hr/>					
B. Taking laxatives	0	1	2	3	EAT4
<hr/>					
C. Taking water pills	0	1	2	3	EAT5
<hr/>					
D. Throwing up	0	1	2	3	EAT6
<hr/>					
E. Exercising a lot	0	1	2	3	EAT7
<hr/>					
F. Taking only non-caloric fluids for a week or more; restricting energy (e.g., food) intake	0	1	2	3	EAT8
<hr/>					
G. Combined frequency weight loss methods	0	1	2	3	EAT9

Eating Binges or Attacks

Binge eating episode associated with **three** or more of the following:

- 1) Eating much more rapidly than normal.
- 2) Eating until feeling uncomfortably full.
- 3) Eating large amounts of food when not physically hungry.
- 4) Eating alone because of being embarrassed.
- 5) Feeling disgusted, depressed, or very guilty after overeating

0 – No information

EAT10

1 – Not present

2 – Subthreshold: Eating binges that occur less than once a week or have fewer than three associated features.

3 – Threshold: Eating binges occur once a week or more.

Has there ever been a time when you had "eating attacks" or binges?

What's the most you ever ate at one time?

Have there ever been times you ate so much you felt sick? How often did it happen?

(ascertain all details in definition)

What triggered a binge?

What did you usually eat when you binged?

What was the most food you have eaten during a binge?

Did you ever make yourself throw up after a binge?

How did you feel after you binged?

Did you usually binge alone or with other people?

Did other people know you binged?

NOTE: ONLY RATE EATING BINGES THAT ARE PATHOLOGICAL (e.g. hidden from family members and peers, followed by depressed mood, and/or throwing up behavior). DO NOT RATE TYPICAL ADOLESCENT EVENTS/PARTIES THAT INVOLVE EATING (e.g. outings with friends for pizza and ice cream).

- IF A SCORE OF **3 ON EATING BINGES OR ATTACKS**, COMPLETE THE EATING DISORDERS SUPPLEMENT AFTER FINISHING THE SCREEN INTERVIEW.
- IF A SCORE OF **1 OR 2 ON EATING BINGES OR ATTACKS OR ANY SCORE (0, 1, 2) ON ANY OTHER QUESTIONS**, STOP INTERVIEW, RECORD TIME.

NOTES: (RECORD DATES OF POSSIBLE CURRENT AND PAST BINGE EATING DISORDER)

K-SADS Supplement: EATING DISORDERS – BINGE EATING DISORDER

When we were talking before you talked about your concerns about your weight and your eating habits.

Review weight loss methods (check all that apply):

- Using diet pills
 Taking laxatives
 Taking water pills
 Throwing up
 Exercising a lot
 Taking only non-caloric fluids for a day or more; restriction of energy (e.g., food) intake

Review binge eating episode features (check all that apply):

- Eating much more rapidly than normal.
 Eating until feeling uncomfortably full.
 Eating large amounts of food when not physically hungry.
 Eating alone because of being embarrassed.
 Feeling disgusted, depressed, or very guilty after overeating.

Disturbance of Body Image

<i>Do you feel fat even when everyone else tells you that you don't look it?</i>	0 - No information	EAT11
<i>Do you wish you were thinner?</i>	1 - Not present	
<i>Are there any parts of your body that feel especially fat?</i>	2 - Subthreshold: Reports feels fat, and is often bothered by these thoughts, although that s/he is not fat by objective standards.	
<i>Does it bother you that you have lost so much weight and you still feel fat?</i>	3 – Threshold: Perceptions of self as fat are unaltered by objective evidence to the contrary.	
<i>Do you think you have actually lost weight or just that other people think so but they are wrong?</i>		
<i>How are they wrong?</i>		

Lack of Control

<i>Do you feel like you don't have any control over your binges?</i>	0 - No information	EAT12
<i>Can you stop eating once you've started?</i>	1 - Not present	
	2 - Subthreshold: Often can control urges to binge or can stop binging once it begins (e.g., at least 50% of the time).	
	3 – Threshold: Sometimes can control urges to binge, usually cannot. Usually has difficulty stopping a binge once it begins.	

Severity of Binge Eating Disorder

Rate severity for Binge-Eating Disorder based on
number of binge eating episodes per week:

1 2 3 4 EAT16

1 - Mild (1-3)

2 - Moderate (4-7)

3 - Severe (8-13)

4 - Extreme (14+)

Codes: 0 = No information. 1 = Not present. 2 = Probable. 3 = Definite.

Probable Diagnosis:

1. Meets criteria for core symptoms of the disorder.
2. Meets all but one, or a minimum of 75% of the remaining criteria required for the diagnosis
3. Evidence of functional impairment

Binge Eating Disorder Lifetime Diagnosis: _____

EAT17

Binge Eating Disorder Age of Onset: _____

EAT18

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**K-SADS-PL 2013:
CONDUCT DISORDER**

**Advanced Center for Intervention and Services Research (ACISR) for Early
Onset Mood and Anxiety Disorders
Western Psychiatric Institute and Clinic**

**Child and Adolescent Research and Education (CARE) Program
Yale University**

Modified for the National Mental Health Study

Interviewer ID:

QUESTID:

Date of Interview:

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K-SADS Screen Interview: CONDUCT DISORDER

The essential feature of Conduct Disorder is a repetitive and persistent pattern of behavior in which the basic rights of others or major age appropriate societal rules are violated. Three behaviors must have been present during the past 12 months with at least one present in the past 6 months.

Keep in mind differential diagnoses of mood disorders, ADHD, psychosis, substance abuse. If symptoms occur only during manic episode, consider NOT giving both diagnoses.

If CIDI screen = positive (+) or subthreshold: Say, “In your earlier interview you mentioned that you have had times when you felt either irritable or in a bad mood, or you felt full of energy with a better mood than usual for more than few days. The next questions are about that.” Then proceed with Conduct Disorder screen.

If CIDI screen = negative (-): Proceed with Conduct Disorder screen.

<u>Lies</u>	<u>P</u>	<u>C</u>	<u>S</u>		
Everybody lies. Some kids tell lies to exaggerate, some kids tell lies to get out of trouble, while others tell lies to con/cheat others.	0	0	0	0 – No information.	CDO1
<i>Do you ever tell lies?</i>	1	1	1	1 – Not present.	
<i>What type of lies do you tell?</i>					
<i>Who do you lie to?</i>	2	2	2	2 – Subthreshold: Occasionally lies. Likes more often than a typical child his/her age.	
<i>Have people ever called you a liar?</i>					
<i>What's the worst lie you ever told?</i>					
<i>Did you lie to get other people to do things for you?</i>	3	3	3	3 – Threshold: Lies often, multiple times per week or more (to con or cheat) .	
<i>Did you lie to get out of paying people back money or some favor you owe them?</i>					
<i>Has anyone ever called you a con?</i>					
<i>Complained that you broke promises a lot?</i>					
<i>How often did you lie?</i>					

NOTE: Only rate positive evidence of lying to cheat or “con.”

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Truant</u>					
<i>Has there ever been a time when you skipped a whole day of school when your parents didn't know about it?</i>	0	0	0	0 – No information.	CDO2
<i>Did you ever go to school and leave early when you were not really supposed to? How about going in late?</i>	1	1	1	1 – Not present.	
<i>Did you sometimes miss or skip classes in the morning? Did you get into trouble? How often?</i>	2	2	2	2 – Subthreshold: Truant on one isolated incident.	
For adolescents: <i>How old were you when you first started to play hooky?</i>	3	3	3	3 – Threshold: Truant on numerous occasions (e.g. 2 or more days or numerous partial days).	

NOTE: Only rate positive incidents of truancy beginning before the age of 13. In addition, truancy is actively missing part of all of a school day regardless of parent ability to enforce attendance.

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Initiates Physical Fights</u>					
<i>Has there ever been a time when you got into many fist fights? Who usually started the fights? What's the worst fight you ever got into? What happened? Did anyone get hurt?</i>	0	0	0	0 – No information.	CDO3
<i>Who did you usually fight with? Have you ever hit a teacher? One of your parents? Another adult? How often did you fight? Have you ever tried or wanted to kill someone?</i>	1	1	1	1 – Not present.	
<u>NOTE: Take into account culture, background, and neighborhood.</u>	2	2	2	2 – Subthreshold: Fights with peers only. No fight has resulted in serious injury to peer (e.g. no medical intervention required, stitches, etc.).	
<u>INQUIRE ABOUT:</u>	3	3	3	3 – Threshold: Reports at least one physical fight involving an adult (e.g. teacher, parent) OR reports starting frequent fights, with one or more fights resulting in serious injury to a peer, or frequent fights not resulting in injury (at least 1-2 times per month).	
A. <i>Gang involvement.</i> Are you or your friends in a gang? The Crips? Bloods? Another gang? _____ Check here if evidence of gang involvement.					
B. <i>Homicidal intent.</i> Have you ever thought about wanting to kill someone or a group of people? Do you have a gun or any other weapons? _____ Check here if evidence of homicidal intent.					

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Bullies, Threatens, or Intimidates</u>					
<u>Others</u>					
	0	0	0	0 – No information.	CDO4
<i>Do you ever try to bully kids or threaten kids to get them to do something you want them to do?</i>	1	1	1	1 – Not present.	
<i>How often do you do these things?</i>					
<i>Call names or make fun of other kids</i>	2	2	2	2 – Subthreshold: Occasionally bullies, threatens or intimidates.	
<i>Threaten to hurt other kids</i>					
<i>Push</i>					
<i>Trip</i>					
<i>Come up from behind and slap or knock kids down</i>	3	3	3	3 – Threshold: Bullies, threatens, or intimidates others on multiple occasions, daily, almost daily, or at least several times per week.	
<i>Knock items out of kids' hands</i>					
<i>Make other kids do things for you</i>					
<u>NOTE: Do not count trivial sibling rivalry.</u>					

- IF RECEIVED A SCORE OF 3 ON ANY OF THE PREVIOUS ITEMS, COMPLETE THE CONDUCT DISORDER SUPPLEMENT AFTER FINISHING THE SCREEN INTERVIEW.

- IF A SCORE OF 1 or 2, STOP INTERVIEW, RECORD TIME.

NOTES: (RECORD DATES OF POSSIBLE CURRENT AND PAST CONDUCT DISORDER. MAKE NOTES ABOUT GANG INVOLVEMENT).

K-SADS Supplement: CONDUCT DISORDER

The essential feature of Conduct Disorder is a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate social rules are violated. Three behaviors must have been present during the past 12 months with at least one present in the past 6 months. **Keep in mind differential diagnoses of bipolar disorder, MDE, ADHD, psychosis, substance abuse.**

If symptoms occur only during mood disorders, consider NOT giving both diagnoses. However, in persistent depression/dysthymia, it may be impossible to disentangle and you might consider giving both diagnoses.

<u>Vandalism, Destroyed Others' Property</u>	<u>P</u>	<u>C</u>	<u>S</u>		
<i>Do you ever break other people's things on purpose? Like breaking windows? Kicking in doors, smashing windows, destroying school property?</i>	0	0	0	0 – No information.	CDO5
<i>Have you ever destroyed furniture, walls, floors, doors, etc. at home or school?</i>	1	1	1	1 – Not present.	
<i>How about when you were very angry?</i>	2	2	2	2 – Subthreshold: Minor acts of deliberate destruction of other people's property on rare occasions (e.g., breaks another's toy on purpose) OR one or two occasions of significant destruction of property.	
<i>How often do you destroy others' property?</i>	3	3	3	3 – Threshold: Three or more instances of moderate to severe vandalism/destruction of property.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Breaking and Entering</u>					
<i>Have you or any of your friends ever broken into any cars? Houses? Any stores? Warehouses? Other buildings? About how many times have you broken into a house, car, store, or other building?</i>	0	0	0	0 – No information.	CDO6
<i>Have you or any of your friends done any of the following: Broken into houses; cars; other vehicles; abandoned houses or buildings; a store(s); a building(s)?</i>	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Has been with friends who broke into a house, car, store, or building, but did not actively participate.	
	3	3	3	3 – Threshold: Has broken into a house, car, store, or building 1 or more times.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Aggressive Stealing</u>					
<i>Have you or any of your friends robbed anyone? Snatched their purse? Held them up? How often?</i>	0	0	0	0 – No information.	CDO7
	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Has been with friends who aggressively stole, but did not actively participate.	
	3	3	3	3 – Threshold: Mugging, purse-snatching, extortion, armed robbery, etc. on 1 or more occasions.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Firesetting</u>					
<i>Have you set any fires? Why did you set the fire? Were you playing with matches and did you start the fire by accident, or did you start it on purpose?</i>	0	0	0	0 – No information.	CDO8
<i>Were you angry? Were you trying to cause a lot of damage or to get back at someone?</i>	1	1	1	1 – Not present.	
<i>What's the most damage you ever caused by starting a fire? About how many fires have you set?</i>	2	2	2	2 – Subthreshold: Match/lighter play. No intent to cause damage, and fire(s) not started out of anger.	
	3	3	3	3 – Threshold: Set 1 or more fires with the intent to cause damage, or out of anger.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Often Stays out at Night</u>					
<i>What time are you supposed to come home at night? Do you often stay out past your curfew? What is the latest you ever stayed out? Have you ever stayed out all night? How many times have you done that?</i>	0	0	0	0 – No information.	CDO9
	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Stayed out all night, or several hours past curfew, on 1-2 isolated occasions (despite parent's prohibitions).	
<u>Note: Only rate positive incidents of staying out if it begins before the age of 13.</u>	3	3	3	3 – Threshold: Stayed out all night, or several hours past curfew, on several occasions (3 or more times).	

<u>Ran Away Overnight</u>	<u>P</u>	<u>C</u>	<u>S</u>		
<i>Have you ever run away? Why? Was there something going on at home that you were trying to get away from?</i>	0	0	0	0 – No information.	CDO10
<i>How long did you stay away? How many times did you do this?</i>	1	1	1	1 – Not present.	
<u>NOTE: Do not score positively if child ran away to avoid physical or sexual abuse.</u>	2	2	2	2 – Subthreshold: Ran away overnight only one time, or ran away for shorter periods of time on several occasions.	
	3	3	3	3 – Threshold: Ran away overnight 2 or more times or once for at least 2 or more nights (lengthy period of time).	

<u>Use of a Weapon</u>	<u>P</u>	<u>C</u>	<u>S</u>		
<i>Have you ever used an object or item to hit/hurt someone? Have you ever carried a weapon? Have you ever used or threatened to use to hurt someone (check all that apply):</i>	0	0	0	0 – No information.	CDO11
<i>___ kitchen knife or pocket knife ___ gun ___ brick, rocks ___ broken bottles ___ bat ___ brick</i>	1	1	1	1 – Not present.	
<i>What about in self-defense?</i>	2	2	2	2 – Subthreshold: Has threatened use of a weapon, but has never used one.	
	3	3	3	3 – Threshold: Used a weapon that can cause serious harm on 1 or more occasions (e.g., knife, brick, broken bottle, gun).	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Physical Cruelty to Persons</u>					
<i>Have you ever beaten someone up for no reason? How bad?</i>	0	0	0	0 – No information.	CDO12
<i>Was it just because the other person was different than you or because of the way they looked? Did they get hurt?</i>	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Has been physical cruelty on one or two occasions. No significant injuries.	
<u>NOTE:</u> Do not count trivial sibling rivalry.	3	3	3	3 – Threshold: Has been physically cruel to an individual on 3 or more occasions, or on one occasion intentionally causing significant injury.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Forced Sexual Activity</u>					
<i>Have you ever forced anyone to kiss you or touch you in your private parts?</i>	0	0	0	0 – No information.	CDO13
<i>Have you every forced another kid to touch you outside your clothes?</i>	1	1	1	1 – Not present.	
<i>Has anyone ever said you forced another kid/person to go farther than they wanted? What did they say?</i>	2	2	2	2 – Subthreshold: Forced or attempted to force someone to participate in mild sexual activity (e.g., non-genital fondling) on one or more occasions.	
	3	3	3	3 – Threshold: Forced someone to participate in severe sexual activity (e.g. genital fondling, oral sex, vaginal intercourse and/or anal intercourse) on one or more occasions.	

<u>Cruelty to Animals</u>	<u>P</u>	<u>C</u>	<u>S</u>		
<i>Some kids like to hurt or torture animals. Have you hurt or tried to hurt an animal on purpose? What did you do?</i>	0	0	0	0 – No information.	CDO14
<i>About how many times have you hurt an animal on purpose in the last six months?</i>	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Has repeatedly been mildly cruel to an animal (e.g., kick dog).	
NOTE: Do not score traditional hunting outings. Pay careful attention to the community setting (rural, farm, etc.).	3	3	3	3 – Threshold: Has killed or tortured an animal on one or more occasions, or repeatedly caused moderate to severe injuries to an animal.	

Codes: 0 = No information. 1 = No. 2 = Yes.

<u>Impairment</u>	<u>P</u>			<u>C</u>			<u>S</u>			
A. <u>Socially (with peers)</u>	0	1	2	0	1	2	0	1	2	CDO14
B. <u>With family</u>	0	1	2	0	1	2	0	1	2	CDO15
C. <u>In school</u>	0	1	2	0	1	2	0	1	2	CDO16

Codes: 0 = No information. 1 = No. 2 = Yes.

<u>Duration</u>	<u>P</u>			<u>C</u>			<u>S</u>			
<i>For how long did you (list positively endorsed conduct symptoms)?</i>	0	1	2	0	1	2	0	1	2	CDO17

Criteria to rate “yes”: 6 months or more.

NOTE: Per DSM-5, "the Conduct Disorder diagnosis should be applied only when the behavior in question is symptomatic of an underlying dysfunction within the individual and not simply a reaction to the immediate social context."

<u>Childhood Onset Type</u>	<u>P</u>			<u>C</u>			<u>S</u>			
<i>How old were you when you first started to (list positively endorsed items)?</i>	0	1	2	0	1	2	0	1	2	CDO18

**Criteria to rate “yes”:
Onset of at least one conduct problem prior to age 10.**

<u>Adolescent Onset Type</u>	<u>P</u>			<u>C</u>			<u>S</u>			
<i>Did you do any of these things before you were 10?</i>	0	1	2	0	1	2	0	1	2	CDO19

**Criteria to rate “yes”:
No conduct problems prior to age 10.**

LifetimeEvidence of Conduct Disorder

0

1

2

CDO20

DSM-5-Criteria

- A. A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of three (or more) of the following 15 criteria in the past 12 months from any of the categories below, with at least one criterion present in the past 6 months:

Aggression to People and Animals

1. Often bullies, threatens, or intimidates others
2. Often initiates physical fights
3. Has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun)
4. Has been physically cruel to people
5. Has been physically cruel to animals
6. Has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)
7. Has forced someone into sexual activity

Destruction of Property

8. Has deliberately engaged in fire setting with the intention of causing serious damage
9. Has deliberately destroyed others' property (other than by firesetting)

Deceitfulness or Theft

10. Has broken into someone else's house, building or car
11. Often lies to obtain goods or favors or to avoid obligations (i.e., "cons" others)
12. Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering, forgery)

Serious Violation of Rules

13. Often stays out at night despite parental prohibitions, beginning before age 13 years
14. Has run away overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period)
15. Is often truant from school, beginning before age 13 years

- B. The disturbance in behavior causes clinically significant impairment in social, academic or occupational functioning.

- C. If the individual is age 18 years or older, criteria are not met for Antisocial Personality Disorder.

Lifetime

Specify: with Limited Prosocial Emotion:

0 1 2 CDO21

Criteria: Displays at least two of the following characteristics persistently over at least 12 months and in multiple relationships and settings:

1. **Lack of remorse or guilt** – does not feel bad or guilty when he or she does something wrong; the individual shows a general lack of concern about the negative consequences of his or her actions;
2. **Callous, lack of empathy** – disregards and is unconcerned about the feelings of others; the individual is described as cool and uncaring;
3. **Unconcerned about performance** at school, work, or in other important activities – the individual does not put forth the effort necessary to perform well, even when expectations are clear, and typically blames other for his or her poor performance;
4. **Shallow or deficient affect** – does not express feelings or show emotions to others except in ways that seem shallow, insincere or superficial or when emotional expressions are used for gain.

Lifetime

Severity:

Mild Moderate Severe CDO22

Criteria:

- **Mild:** Few problems in excess of those required for the diagnosis; problems cause relatively minor problems to others (e.g., lying, truancy, staying out after dark without permission);
- **Moderate:** Intermediate severity (e.g., stealing without confronting a victim, vandalism);
- **Severe:** Many problems in excess of those required for the diagnosis, or problems cause considerable harm to others (e.g., forced sex, physical cruelty, use of weapon, stealing while confronting victim, breaking and entering).

Codes: 0 = No information. 1 = Not present. 2 = Probable. 3 = Definite.

Probable Diagnosis:

1. Meets criteria for core symptoms of the disorder.
2. Meets all but one, or a minimum of 75% of the remaining criteria required for the diagnosis
3. Evidence of functional impairment

Conduct Disorder Lifetime Diagnosis: _____

CDO23

Conduct Disorder Age of Onset: _____

CDO24

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**K-SADS-PL 2013:
DEPRESSION & MANIA/HYPOMANIA**

**Advanced Center for Intervention and Services Research (ACISR) for Early
Onset Mood and Anxiety Disorders
Western Psychiatric Institute and Clinic**

**Child and Adolescent Research and Education (CARE) Program
Yale University**

Modified for the National Mental Health Study

Interviewer ID:

QUESTID:

Date of Interview:

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K-SADS Screen Interview: DEPRESSION

If CIDI screen = positive (+) or subthreshold: Say, "In your earlier interview you mentioned that you have had times when you felt either irritable or in a bad mood, or you felt full of energy with a better mood than usual for more than few days. The next questions are about that." Then proceed with Depression and Mania screens. **If CIDI screen = negative (-):** Proceed with Depression and Mania screens.

<u>Depressed Mood</u>	<u>P</u>	<u>C</u>	<u>S</u>		
[DSM-5 DR# 6: Felt down, depressed]	0	0	0	0 – No information.	DMA1
<i>Have you ever felt sad, blue, down, or empty? Did you feel like crying? When was that? Do you feel ___ now? Was there ever another time you felt ___?</i>	1	1	1	1 – Not present. Not at all or less than once a week.	
<i>Did you have any other bad feelings? Did you have a bad feeling all the time that you couldn't get rid of? Did you cry or were you tearful? Did you feel ___ all the time? Some of the time? (Percent of awake time: summation of % of all labels if they do not occur simultaneously).</i>	2	2	2	2 – Subthreshold: Depressed mood at least 2-3 days/ week, for much of the day.	
(Assessment of diurnal variation can secondarily clarify daily duration of depressive mood) <i>Did it come and go? How often? Every day? How long did it last? What do you think brought it on? Could other people tell that you were sad?</i>	3	3	3	3 – Threshold: Depressed mood at least 2-3 days/ week, for much of the day.	
<u>Duration of Depressed Mood – # of weeks (most severe episode):</u>				_____ weeks	DMA2

NOTE: Sometimes the child will initially give a negative answer at the start of the interview but will become obviously sad as the interview goes on. Then these questions should be repeated eliciting the present mood and using it as an example to determine its frequency.

NOTE: When a child or parent reports frequent short periods of sadness throughout the day, it is likely that the child is always sad and only reports the exacerbations, in which case the rating of depressive mood will be 3. Thus, it is always essential to ask about the rest of the time: "Besides these times when you felt ____, during the rest of the time, did you feel happy or were you more sad than your friends?"

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Irritability and Anger</u>					
<i>Was there ever a time when you got annoyed, irritated, or cranky at little things?</i>	0	0	0	0 – No information.	DMA3
<i>Did you ever have a time when you lost your temper a lot? When was that?</i>	1	1	1	1 – Not present. Not at all or less than once a week.	
<i>Are you like that now? Was there ever another time you felt ___?</i>					
<i>What kinds of things made you ___? Were you feeling mad or angry also (even if you didn't show it)? How angry? More than before? What kinds of things made you feel angry? Did you sometimes feel angry, irritable, and/or cranky and didn't know why?</i>	2	2	2	2 – Subthreshold: Feels definitely more angry or irritable than called for by the situation at least (2-3 days/week), for much of the day.	
<i>Did this happen often? Did you lose your temper? With your family? Your friends? Who else? At school? What did you do? Did anybody say anything about it? How much of the time did you feel angry, irritable, and/or cranky? All of the time? Lots of the time? Just now and then? None of the time?</i>	3	3	3	3 – Threshold: Feels irritable/angry more days than not (4-7 days/week), most of the day (at least 50% of awake time.).	
<i>When you got mad, what did you think about? Did you think about killing others or hurting yourself? Or about hurting them or torturing them? Whom? Did you have a plan? How?</i>					

Duration of Irritable Mood (most severe episode):

_____ DMA4

NOTE: IRRITABILITY MAY BE DUE TO OTHER DISORDERS, e.g., BIPOLAR DISORDER, ADHD, ODD, CD, SUBSTANCE ABUSE, ASD.

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Anhedonia, Lack of Interest, Apathy, Low Motivation, or Boredom</u>					
[DSM-5 DR# 5: Has less fun doing things]	0	0	0	0 – No information.	DMA5
Boredom is a term all children understand and which frequently refers to loss of ability to enjoy (anhedonia) or to loss of interest or both. Loss of pleasure and loss of interest are not mutually exclusive and may coexist.	1	1	1	1 – Not present.	
2	2	2	2	2 – Subthreshold: Several activities definitely less pleasurable or interesting. Or bored or apathetic at least 3 times a week during activities.	
<i>What are the things you do for fun? Enjoy? (Get examples: Nintendo, sports, friends, favorite games, school subjects, outings, family activities, favorite TV programs, computer or video games, music, dancing, playing alone, reading, going out, etc.). Has there ever been a time you felt bored a lot of the time? When? Do you feel bored a lot now?</i>	3	3	3	3 – Threshold: Most activities much less pleasurable or interesting. Or bored or apathetic daily, or almost daily, at least 50% of the time.	
<i>Was there another time you felt bored a lot? Did you feel bored when you thought about doing the things you usually like to do for fun? (Give examples mentioned above). Did this stop you from doing those things? Did you (also) feel bored while you were doing things you used to enjoy?</i>					
Anhedonia refers to partial or complete (pervasive) loss of ability to get pleasure, enjoy, have fun during participation in activities which have been attractive to the child like the ones listed above. It also refers to basic pleasures like those resulting from eating favorite foods and, in adolescents, sexual activities.					
<i>Did you look forward to doing the things you used to enjoy? (Give examples) Did you try to get into them? Did you have to push yourself to do your favorite activities? Did they interest you?</i>					

**Anhedonia, Lack of Interest,
Apathy, Low Motivation, or
Boredom, CONTINUED.**

Did you get excited or enthusiastic about doing them? Why not? Did you have as much fun doing them as you used to before you began feeling (sad, etc.)? If less fun, did you enjoy them a little less? Much less? Not at all? Did you have as much fun as your friends? How many things are less fun now than they used to be (use concrete examples provided earlier by child)?

How many were as much fun? More fun? Did you do _____ less than you used to? How much less?

In adolescents: (if sexually active)
Do you enjoy sex as much as you used to? Are you less sexually active than you used to be?

This item does not refer to inability to engage in activities
(loss of ability to concentrate on reading, games, TV, or school subjects)

Two comparisons should be made in each assessment: Enjoyment as compared to that of peers and/or enjoyment as compared to that of child when not depressed. The second is not possible in episodes of long duration because normally children's preferences change with age. Severity is determined by the number of activities which are less enjoyable to the child, and by the degree of loss of ability to enjoy.

Do not confuse with lack of opportunity to do things which may be due to excessive parental restrictions.

Duration of Anhedonia in weeks
(most severe episode):

_____ weeks

DMA6

<u>Recurrent Thoughts of Death</u>	<u>P</u>	<u>C</u>	<u>S</u>		
<i>Sometimes children who get upset or feel bad, wish they were dead or feel they'd be better off dead.</i>	0	0	0	0 – No information.	DMA7
<i>Have you ever had these type of thoughts? When?</i>	1	1	1	1 – Not present. Not at all or less than once a week.	
<i>Do you feel that way now?</i>					
<i>Was there ever another time you felt that way?</i>	2	2	2	2 – Subthreshold: Infrequent thoughts of death (e.g. less than once per month, vague, non-specific).	
	3	3	3	3 – Threshold: Recurrent thoughts of death, “I would be better off dead” or “I wish I were dead.”	

<u>Suicidal Ideation</u>	<u>P</u>	<u>C</u>	<u>S</u>		
[DSM-5 DR# 24: Thoughts of committing suicide]	0	0	0	0 – No information.	DMA8
<i>Sometimes children who get upset or feel bad think about dying or even killing themselves.</i>	1	1	1	1 – Not at all.	
<i>Have you ever had such thoughts? How would you do it?</i>					
<i>Did you have a plan?</i>	2	2	2	2 – Subthreshold: Infrequent or vague thoughts of suicide (e.g., less than once per month).	
	3	3	3	3 – Threshold: Recurrent thoughts of suicide.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Suicidal Acts - Intent</u>					
DSM-5 DR# 25: Ever tried to kill self:	0	0	0	0 – No information.	DMA9
<i>Have you actually tried to kill yourself? When? What did you do? Did you do anything else? Did you truly want to die?</i>	1	1	1	1 – No attempt.	
<i>How close did you come to doing it? Was anybody in the room? In the apartment? Did you tell them in advance? How were you found? Did you ask for any help after you did it?</i>	2	2	2	2 – Subthreshold: Preparations with no actual intent to die (e.g., held pills in hand) or planned attempt but did not follow through or engage in self harming behavior.	
NOTE: CODE SELF-HARMING BEHAVIOR WITH NO INTENT TO DIE AS NON-SUICIDAL, SELF-INJURIOUS BEHAVIOR (see DMA13) - NOT AS SUICIDAL BEHAVIOR.	3	3	3	3 – Threshold: Self injurious behavior with ANY suicidal intent. (If subject endorses even a 1% intent to die, code as threshold here).	
<hr/>					
<u>Ever Attempted Suicide</u>				1 – No	DMA10
				2 – Yes	
<hr/>					
<u>Number of Lifetime Attempts Meeting Threshold of (3):</u>					DMA11

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Suicidal Acts – Medical Lethality</u>					
Actual medical threat to life or physical condition following the most serious suicidal act. Take into account the method, impaired consciousness at time of being rescued, seriousness of physical injury, toxicity of ingested material, reversibility, amount of time needed for complete recovery and how much medical treatment needed.	0	0	0	0 – No information.	DMA12
<i>How close were you to dying after your (most serious suicidal act)?</i>	1	1	1	1 – No attempt or engaged in behavior with no intent to die (e.g., held pills in hand). No medical damage.	
<i>What did you do when you tried to kill yourself?</i>	2	2	2	2 – Subthreshold: Superficial cuts, scratch to wrist, took a couple of extra pills.	
<i>What happened to you after you tried to kill yourself?</i>	3	3	3	3 – Threshold: Medical intervention occurred or was indicated; or significant cut with bleeding, or took more than a couple of pills.	
<u>NOTE: CODE SELF-HARMING BEHAVIOR WITH NO INTENT TO DIE AS NON-SUICIDAL, SELF-INJURIOUS BEHAVIOR (see DMA13) - NOT AS SUICIDAL BEHAVIOR.</u>					

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Non-suicidal, Self-injurious Behavior</u>					
Refers to intentional self-inflicted damage to the surface of the body, of a sort likely to induce bleeding or pain for purposes that are not socially sanctioned AND done without intent of killing himself, with the expectation that the injury will lead to only minor or moderate physical harm.	0	0	0	0 – No information.	DMA13
<i>Have you ever tried to hurt yourself? Have you ever burned yourself with matches or candles? Or scratched yourself with needles, a knife or your nails? Or put hot pennies on your skin? Anything else? Why did you do it? How often?</i>	1	1	1	1 – Not present.	
<i>Do you have many accidents? What kind? How often?</i>	2	2	2	2 – Subthreshold: Once. Has engaged in the behavior on 1-4 occasions. Has never caused serious injury to self.	
<i>Some kids do these types of things because they want to kill themselves, and other kids do them because it makes them feel a little better afterwards. Why do you do these things?</i>	3	3	3	3 – Threshold: Repetitive. Has engaged in the behavior more than 5 times and/or has engaged in the behavior with significant injury to self (e.g., burn left scar, cut required stitches).	

- **ALL WILL RECEIVE THE NEXT SCREENING MODULE, MANIA/HYPOMANIA, REGARDLESS OF ABOVE RESPONSES.**
- **IF RECEIVED A SCORE OF 3 ON ANY OF THE PREVIOUS ITEMS,**

CHECK HERE: _____

AND ADMINISTER THE DEPRESSION SUPPLEMENT AFTER COMPLETING THE MANIA SCREENING MODULE.

NOTE: (RECORD DATES OF POSSIBLE DEPRESSIVE DISORDERS).

K-SADS Screen Interview: MANIA/HYPOMANIA

<u>Elevated, Elated or Expansive Mood</u>	<u>P</u>	<u>C</u>	<u>S</u>		
Elevated mood and/or excessively optimistic attitude which is out of proportion to circumstances and above and beyond what is expected in children of the same age or same developmental level. Differentiate from normal mood in chronically depressed subjects. Do not rate positive if mild elation is reported in situations like Christmas, birthdays, going to amusement parks, which normally overstimulate and make children very excited.	0	0	0	0 – No information.	DMA14
	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Definitely elevated and optimistic outlook that is somewhat out of proportion to the circumstances (above and beyond what is expected in a child of the subject's age). Occurs less than 4 hours in a day and/or for fewer than 3 separate days.	
<u>NOTE: DO NOT SCORE POSITIVELY IF ELATED MOOD IS EXCLUSIVELY DUE TO DRUGS, MEDICATIONS, OR ANY OTHER PSYCHIATRIC OR MEDICAL CONDITION.</u>					
<i>Has there ever been a time when you felt super happy or on top-of-the world? Way more than your normal happy feeling? Did the super-happy feeling seem to come out of the blue? Have there been times when you were super silly, much sillier than everyone else around you? Were you laughing about things that normally you would not find funny? Did it feel like you couldn't stop laughing? Did it seem like you were drunk or high, even though you weren't taking drugs or alcohol? Did other people notice?</i>	3	3	3	3 – Threshold: Mood and outlook are clearly out of proportion to circumstances. Noticeable to others and perceived as odd or exaggerated. Occurs for at least 4 hours out of a day for at least 2 consecutive days or on at least 3 separate days within one week.	
<i>Have your friends ever said anything to you about being way too happy, too silly or too high? Did you feel super-positive, like nothing could go wrong? Did you have the feeling that everything was terrific and would turn out just the way you wanted? Did you feel really excited or full of enthusiasm but there really was not a reason to feel this way? Can you give examples? How long did this feeling usually last? Would it come and go throughout the day? Did you ever have problems or get in trouble for being too happy or high?</i>					
Ask Parent/Caregiver: <i>Was this above and beyond what you would see in his/her friends or other kids of the same age or developmental level in the same circumstances?</i>					
	P = Parent Rating C = Child Rating S = Summary Rating				

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Explosive Irritability/Anger</u>					
[DSM-5 DR# 8: Felt angry or lost your temper]	0	0	0	0 – No information.	DMA15
<i>Was there ever a time you were so irritable and angry that you exploded?</i>	1	1	1	1 – Not present.	
<i>When you are feeling really mad, do you throw things or break things? Tear your room apart?</i>					
<i>Have you ever punched a hole in the wall when you were angry? When you got really angry, did you ever threaten or actually hurt a parent or a teacher? What about other kids or pets?</i>	2	2	2	2 – Subthreshold: Definite periods of excessively irritable/ angry mood. Anger/ irritability is out of proportion for the situation and occurs for much of the day or intensely for a brief period (< 1 hour).	
<i>What was going on at the time when this happened? What set you off? Have there been times when you got super angry without knowing why or over little things that you normally would not get upset about?</i>	3	3	3	3 – Threshold: Episodes of explosive irritability / anger that are far out of proportion to any stressor or stimuli - has associated aggressive behavior (e.g. threats, property destruction or physical aggression). Occurs on at least 2 consecutive days or on at least 3 separate days within one week.	
<u>NOTE: Only rate irritability and explosiveness in this item that occurs during distinct episode(s) and represents a change from baseline. Do not rate chronic irritability of one year duration or longer unless there was a marked change in intensity during a distinct period of time.</u>					

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Increased Energy or Activity</u>					
<i>[DSM-5 DR #9: Starting lots more projects]</i>	0	0	0	0 – No information.	DMA16
<i>Has there ever been a time where you had much more energy than usual, so much energy that it felt like too much?</i>	1	1	1	1 – Not present.	
<i>What kinds of things were you doing when that happened? Was there a change in how much you were doing? Did it seem like you were doing too many things or were super hyper? How long did that feeling last? Did other people notice it? Did you feel differently than other people around you?</i>	2	2	2	2 – Subthreshold: Brief period(s) of increased energy, or mild intensification from baseline (or) likely caused by environmental stimulus; of questionable clinical significance.	
<i>Did anything seem to cause that feeling? Was there anything else different about you during the time of high energy - your speed of talking, thinking, anything else?</i>	3	3	3	3 – Threshold: Definite episodes of clear increased energy or activity, well beyond baseline or far in excess of same age peers in the same situation.	
NOTE: IF THE CHILD HAS ADHD OR IS VERY ACTIVE AND ENERGETIC AT BASELINE, ONLY RATE POSITIVE IF THIS IS A DISTINCT PERIOD OF SUBSTANTIAL INCREASE IN ENERGY.					

NOTE: The (hypo)manic symptom of increased energy should only be rated as positive if it is associated with an abnormal mood (e.g., elation or irritability). If the symptom is only questionably associated with an abnormal mood, then it should be rated as subthreshold.

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Decreased Need for Sleep</u>					
<i>[DSM-5 DR 3: Problems falling asleep, staying asleep, or waking early</i>	0	0	0	0 – No information.	DMA17
<i>DSM-5 DR 10: Sleeping less than usual, still have energy]</i>	1	1	1	1 – Not present.	
<i>Less sleep than usual yet still feels rested (average for several days when needs less sleep).</i>	2	2	2	2 – Subthreshold: At least 1 1/2 hours less than usual without feeling tired, for at least 2 consecutive days, or at least 3 separate days.	
Have you ever needed less sleep than usual to feel rested? How much sleep do you ordinarily need? How much had you been sleeping? Did you stay up because you felt especially high or energetic? Were you with friends or by yourself? Had you taken any drugs? Were you up busy doing things? What time did you wake up? Were you tired the next day, or did you have plenty of energy and did not seem to need the sleep?	3	3	3	3 – Threshold: At least 3 hours less than usual because he/she felt energetic or high and did not feel tired. Occurs for at least 2 consecutive days, or on at least 3 separate days within one week.	
NOTE: DO NOT SCORE POSITIVELY IF DECREASED NEED FOR SLEEP TRIGGERED BY SOCIAL EVENT OR ACADEMIC COMMITMENTS OR DRUG USE, OR REFLECTIVE OF TYPICAL IRREGULAR ADOLESCENT SLEEP PATTERN.					

<u>Hypersexuality</u>	<u>P</u>	<u>C</u>	<u>S</u>		
[Excessive Involvement in High Risk Pleasurable Activities]	0	0	0	0 – No information.	DMA18
NOTE: HYPERSEXUALITY IN THE ABSENCE OF SEXUAL ABUSE OR INAPPROPRIATE EXPOSURE TO SEXUAL BEHAVIOR OR MEDIA IS A SYMPTOM FAIRLY SPECIFIC TO MANIA/ HYPOMANIA. IT IS NOT A SEPARATE DSM-5 DIAGNOSTIC CRITERION, BUT WHEN PRESENT, IT CAN POTENTIALLY FULFILL EITHER BOTH THE INCREASED GOAL-DIRECTED ACTIVITY AND THE RISKY, PLEASURE-SEEKING BEHAVIOR B CRITERION.	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Isolated, brief incidents of mildly inappropriate sexual behavior, of questionable clinical significance.	
	3	3	3	3 – Threshold: Definite episodes of clearly inappropriate sexual behavior.	

For younger children ask parent/caregiver:

Have there been times when your child was excessively focused on sex, nudity, his/her private parts or touching others' private parts? Did your child show an unusual increase in touching their privates in public or dressing in an inappropriate or sexual manner? Would your child kiss or touch you in a sexual way or be way too affectionate instead of their usual way of showing affection? What was his/her mood like during these times? Did anything happen to cause these changes?

For adolescents:

Have there been times when you suddenly got much more interested in sex than usual or that your sex drive seemed to go way up? Did you do anything differently when this happened (dress in a revealing way, talk about sex a lot or ask other people to be intimate / have sex with you)? Were there times when you were driven to have sex much more than usual or with many different partners?

NOTE: IF ENDORSED POSITIVE, NEED TO RULE OUT SEXUAL ABUSE OR INAPPROPRIATE EXPOSURE TO SEXUAL MATERIAL OR BEHAVIOR.

- **ENSURE THAT ALL RECEIVED THE DEPRESSION SCREENER.**
- **IF RECEIVED A SCORE OF 3 ON ANY OF THE PREVIOUS MANIA SCREENING ITEMS,
CHECK HERE: _____
AND ADMINISTER THE MANIA SUPPLEMENT AFTER COMPLETING THE SCREENER.**
- **IF SCORES OF ONLY 0, 1 OR 2, ON BOTH THE DEPRESSION AND MANIA/
HYPOMANIA SCREENING STOP INTERVIEW, RECORD TIME.**

NOTES: (RECORD DATES OF POSSIBLE CURRENT AND PAST HYPOMANIA OR MANIA).

K-SADS Supplement: DEPRESSION

<u>Reassessment of Depressed and Irritable Mood</u>	<u>P</u>	<u>C</u>	<u>S</u>		
<p>The interviewer should reassess depressed and irritable mood. For children and adolescents the mood criteria can be fulfilled by adding together the duration of the reported depressed and irritable moods, for the past month. For example, the child could be irritable 3 days per week and depressed on the other days. Therefore, the child has had depressed and/or irritable mood nearly every day for the past month.</p> <p><i>In the past, you said that you started feeling depressed and that the sad mood lasted _____. Around that time, were you feeling irritable or angry as well? How often?</i></p> <p><i>Currently, you said that you started feeling depressed and that the sad mood lasted _____. Around this time, were you feeling irritable or angry as well? How often?</i></p>	0	0	0	0 – No information.	DMA19
1	1	1	1	1 – Not at all or less than once a week.	
2	2	2	2	2 – Subthreshold: Depressed and/or irritable mood, at least 2-3 days per week for much of the day.	
3	3	3	3	3 – Threshold: Depressed and/or irritable mood, nearly every day (5-7 days/week), most of the day (or > 1/2 of awake time).	

Duration of Depressed/Irritable Mood (Most Severe Episode) (in weeks):

_____ weeks DMA20

<u>Insomnia</u>	<u>P</u>	<u>C</u>	<u>S</u>		
Sleep disorder, including initial, middle and terminal difficulty in getting to sleep or staying asleep. Do not rate if he/she feels no need for sleep. Take into account the estimated number of hours slept and the subjective sense of lost sleep. Normally a 6 - 8 year old child should sleep about 10 hours +/- one hour. 9 -12 years, 9 hours +/- 1 hour. 12 - 16 years, 8 hours +/- one hour.	0	0	0	0 – No information.	DMA21
	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Insomnia at least 2-3 days per week.	
	3	3	3	3 – Threshold: Insomnia nearly every night (5-7 nights per week). See below for type of insomnia (initial, middle and/or terminal).	
NOTE: DO NOT RATE IF INSOMNIA IS EXCLUSIVELY DUE TO ADHD, OPPOSITIONALITY, MEDICAL PROBLEMS, SLEEP DISORDER, OR OTHER PSYCHIATRIC DISORDERS.					

	<u>P</u>	<u>C</u>	<u>S</u>		
A. <u>Initial Insomnia</u>					
<i>When you are feeling down/ depressed, do you have trouble falling asleep? How long does it take you to fall asleep?</i>	0	0	0	0 – No information.	DMA22
	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: More than 30 minutes but less than 1 1/2 hours at least 2-3 nights per week.	
	3	3	3	Threshold: At least 1 1/2 hours nearly every night (5-7 nights per week).	

	<u>P</u>	<u>C</u>	<u>S</u>		
B. <u>Middle Insomnia</u>					
<i>When you are feeling down/depressed, do you wake up in the middle of the night? How many times? How long does it take you to fall back asleep?</i>	0	0	0	0 – No information.	DMA23
	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Less than 30 minutes awake during the middle of the night or trying to fall back asleep, at least 2-3 nights per week.	
	3	3	3	3 – Threshold: More than 30 minutes, nearly every night (5-7 nights/week).	

	<u>P</u>	<u>C</u>	<u>S</u>		
C. <u>Terminal Insomnia</u>					
<i>When you are feeling down or depressed, what time do you wake up in the mornings? Do you wake up earlier than you need to?</i>	0	0	0	0 – No information.	DMA24
	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Waking up less than 30 minutes earlier, at least 2-3 days per week. Problem has only minimal effect on functioning.	
	3	3	3	3 – Threshold: Waking up less than 30 minutes earlier, at least 2-3 days per week.	

<u>Hypersomnia</u>	<u>P</u>	<u>C</u>	<u>S</u>		
Increased need to sleep, sleeping more than usual. Inquire about hypersomnia even if insomnia was rated 2-3. Sleeping more than norms in 24 hour period.	0	0	0	0 – No information.	DMA25
	1	1	1	1 – Not present.	
Do not rate positive if daytime sleep time plus nighttime true sleep equals normal sleep time (compensatory naps). Do not include "catch-up" sleep on weekends and/or holidays if child is not getting sufficient sleep on school nights.	2	2	2	2 – Subthreshold: Often sleeps at least 1 hour more than usual (at least 2-3 times per week).	
	3	3	3	3 – Threshold: Most nights (5-7 nights/week) sleeps at least 2 hours more than usual.	
<i>Are you sleeping longer than usual? Do you go back to sleep after you wake up in the morning? When did you start sleeping longer than usual? Did you used to take naps before? When did you start to take naps? How many hours did you use to sleep before you started to feel so (sad)?</i>					
Parents may say that if child was not awakened he/she would regularly sleep > 11-12 hours and he/she actually does so, every time he/she is left on his/her own. This should be rated 3.					
NOTE: DO NOT RATE IF HYPERSOMNIA IS EXCLUSIVELY DUE TO NARCOLEPSY, MEDICAL PROBLEMS (e.g., infection), OR OTHER PSYCHIATRIC DISORDERS.					

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Fatigue, Lack of Energy, and Tiredness</u>					
This is a subjective feeling. (Do not confuse with lack of interest) (Rate presence even if subject feels it is secondary to insomnia).	0	0	0	0 – No information.	DMA26
	1	1	1	1 – Not present.	
<i>Have you been feeling tired? How often?</i>	2	2	2	2 – Subthreshold: Often tired or without energy (2-3 days/week).	
<i>Do you feel tired all of the time, most of the time, some of the time, or now and then?</i>					
<i>When did you start feeling so tired? Was it after you started feeling _____?</i>	3	3	3	3 – Threshold: Tired or without energy most of the day, nearly every day (5-7 days/week).	
<i>Do you take naps because you feel tired? How much?</i>					
<i>Do you have to rest?</i>					
<i>Do your limbs feel heavy?</i>					
<i>Is it very hard to get going? to move your legs?</i>					
<i>Do you feel like this all the time?</i>					

NOTE: DO NOT RATE POSITIVELY IF EXCLUSIVELY DUE TO MEDICAL PROBLEMS, OTHER PSYCHIATRIC PROBLEMS (e.g., GAD), MEDICATIONS OR USE OF DRUGS OR ALCOHOL.

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Cognitive Disturbances</u>					
A. <u>Decreased Concentration or Slow Thinking</u>	0	0	0	0 – No information.	DMA27
Complaints (or evidence from teacher) of diminished ability to think or concentrate which was not present to the same degree before onset of present episode.	1	1	1	1 – Not present.	
Distinguish from lack of interest or motivation. Do not include if associated with formal thought disorder.	2	2	2	2 – Subthreshold: Definitely aware of limited attention span or slowed thinking, at least 2-3 days/week.	
<i>Sometimes children have a lot of trouble concentrating. For instance, they have to read a page from a book, and can't keep their mind on it so it takes much longer to do it or they just can't do it, can't pay attention.</i>	3	3	3	3 – Threshold: Interferes with school work. Forgetful. Takes substantially increased effort in schoolwork nearly every day (5-7 days/week) or causes significant drop in grades.	
<i>Have you been having this kind of trouble? When did it begin? Is your thinking slowed down? If you push yourself very hard can you concentrate? Does it take longer to do your homework? When you try to concentrate on something, does your mind drift off to other thoughts? Can you pay attention in school? Can you pay attention when you want to do something you like? Do you forget about things a lot more? What things can you pay attention to? Is it that you can't concentrate? Or is it that you are not interested, or don't care? Did you have this kind of trouble before? When did it start?</i>					
NOTE: IF CHILD HAS ATTENTION DEFICIT DISORDER, DO NOT RATE POSITIVELY, UNLESS THERE WAS A WORSENING OF THE CONCENTRATION PROBLEMS ASSOCIATED WITH THE ONSET OF DEPRESSED MOOD.					

	<u>P</u>	<u>C</u>	<u>S</u>		
B. <u>Indecision</u>					
<i>When you were feeling sad, was it hard for you to make decisions?</i>	0	0	0	0 – No information.	DMA28
<i>Like did you find recess was over before you could decide what you wanted to do?</i>	1	1	1	1 – Not present.	
Rate based on data reported by informant (e.g., parent).	2	2	2	2 – Subthreshold: Often has difficulty making decisions (at least 2-3 days/week).	
	3	3	3	3 – Threshold: Nearly every day (5-7 days/week) has difficulty making decisions; has significant effect on functioning.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Appetite/Weight</u>					
A. <u>Decreased Appetite</u>					
Appetite compared to usual or to peers if episode is of long duration. Make sure to differentiate between decrease of food intake because of dieting and because of loss of appetite.	0	0	0	0 – No information.	DMA29
	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Often has decrease in appetite (at least 2-3 days/week). (Regular snacks not consumed)	
Rate here loss of appetite only.					
<i>How is your appetite? Do you feel hungry often? Are you eating more or less than before? Do you leave food on your plate? When did you begin to lose your appetite? Do you sometimes have to force yourself to eat? When was the last time you felt hungry? Are you on a diet? What kind of diet?</i>	3	3	3	3 – Threshold: Clear decrease in appetite every or nearly every day (5-7 days/week) (e.g., regular snacks not consumed, eats smaller meals than usual, some meals missed).	

	<u>P</u>	<u>C</u>	<u>S</u>		
B. <u>Weight Loss</u>					
Total weight loss from usual weight since onset of the present episode (or maximum of 12 months). Make sure he/she has not been dieting. In the assessment of weight loss it is preferable to obtain recorded weights from old hospital charts or the child's pediatrician. Rate this item even if later he/she regained weight or became overweight. If possible, rater should have verified weights available at time of interview. Consider looking at BMI.	0	0	0	0 – No information.	DMA30
	1	1	1	1 – No weight loss (stays in same percentile grouping).	
	2	2	2	2 – Subthreshold: Questionable weight loss.	
	3	3	3	3 – Threshold: Clear loss of weight during mood disturbance.	

Have you lost any weight since you started feeling sad? How do you know? Do you find your clothes are looser now? When was the last time you were weighed? How much did you weigh then? What about now? (Measure it).

NOTE: DO NOT RATE POSITIVELY IF WEIGHT LOSS IS MAINLY ACCOUNTED FOR BY ANOREXIA NERVOSA. WEIGHT LOSS MUST BE DUE TO MOOD AND NOT OTHER FACTORS (MEDICAL PROBLEMS, MEDICATIONS, SUBSTANCE USE, ETC.)

	<u>P</u>	<u>C</u>	<u>S</u>		
C. <u>Increased Appetite</u>					
As compared to usual. Inquire about this item even if anorexia and/or weight loss were rated 2 - 3.	0	0	0	0 – No information.	DMA31
<i>Have you been eating more than before? Since when? Is it like you feel hungry all the time? Do you feel this way every day? Do you eat less than you would like to eat? Why? Do you have cravings for sweets? What do you eat too much of?</i>	1	1	1	1 – Not at all - normal or decreased.	
	2	2	2	2 – Subthreshold: Often snacks somewhat more than usual, or eats somewhat bigger meals (at least 2-3 days/week).	
	3	3	3	3 – Threshold: Nearly every day (5-7 days/week) snacks notably more or eats bigger meals than usual.	

	<u>P</u>	<u>C</u>	<u>S</u>		
D. <u>Weight Gain</u>					
Total weight gain from usual weight during present episode (or a maximum of the last 12 months) not including gaining back weight previously lost or not gained according to the child's usual percentile for weight.	0	0	0	0 – No information.	DMA32
	1	1	1	1 – No weight gain (stays in same percentile).	
<i>Have you gained any weight since you started feeling sad? How do you know? Have you had to buy new clothes because the old ones did not fit any longer? How much did you used to weigh? When were you last weighed?</i>	2	2	2	2 – Subthreshold: Questionable inappropriate weight gain.	
	3	3	3	3 – Threshold: Clear weight gain during mood disturbance beyond expected growth.	

NOTE: DO NOT RATE POSITIVELY IF WEIGHT GAIN IS RELATED TO OTHER FACTORS (MEDICAL PROBLEMS, MEDICATIONS, SUBSTANCE USE, ETC.) WEIGHT GAIN MUST BE DUE TO MOOD DISTURBANCE.

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Psychomotor Disturbances</u>					
A. <u>Agitation</u>					
	0	0	0	0 – No information.	DMA33
Includes inability to sit still, pacing, fidgeting, repetitive lip or finger movement, wringing of hands, pulling at clothes, and non-stop talking. To be rated positive, such activities should occur while the subject feels depressed, not associated with the manic syndrome, and not limited to isolated periods when discussing something upsetting. Do not include subjective feelings of tension or restlessness which are often incorrectly called agitation.	1	1	1	1 – Not at all, retarded, or associated with manic syndrome.	
	2	2	2	2 – Subthreshold: Often unable to sit quietly in a chair; often fidgeting, pulling and/or rubbing or pacing (at least 2-3 days/week).	
To arrive at your rating, take into account your observations during the interview, the child's report and the parent's report about the child's behavior during the episode.	3	3	3	3 – Threshold: Nearly every day (5-7 days per week) is unable to sit still in class; frequently fidgeting, pulling and/or rubbing or pacing, etc.	

*Since you've felt sad, are there times when you can't sit still, or you have to keep moving and can't stop? Do you walk up and down? Do you wring your hands? Do you pull or rub on your clothes, hair, skin or other things? Do people tell you not to talk so much?
Did you do this before you began to feel (sad)? When you do these things, is it that you are feeling (sad) or do you feel high or great?*

*If someone was taking videos of you while you were eating breakfast and talking to your (mother), and they took these movies before you got (depressed) and again while you were (depressed) would I be able to see a difference? What would it be? What would I see?
Probe: Would it take longer before or while you were (depressed)? A little longer? Much longer?*

If I saw a videotape or heard an audiotape of your child at home while he/she was depressed and another when he/she wasn't depressed, could I tell the difference? If yes, what would I see (hear) different?

Make sure it does not refer to content of speech or acts or to facial expression. Refer only to speed and tempo.

NOTE: IF CHILD HAS ATTENTION DEFICIT DISORDER, DO NOT RATE THE PSYCHOMOTOR AGITATION ITEM POSITIVELY UNLESS THERE WAS A WORSENING OF AGITATION THAT CORRESPONDED WITH THE ONSET OF THE DEPRESSED MOOD.

	<u>P</u>	<u>C</u>	<u>S</u>		
B. <u>Psychomotor Retardation</u>					
Visible, generalized slowing down of physical movement, reactions and speech. It includes long speech latencies. Make certain that slowing down actually occurred and is not merely a subjective feeling. To arrive at your rating take into account your observations during the interview, the child's report and the parent's report about the child's behavior during the episode.	0	0	0	0 – No information.	DMA34
	1	1	1	1 – Not at all.	
	2	2	2	2 – Subthreshold: Often (2-3 days/week) conversation is noticeably retarded and /or body movement is slowed.	
<i>Since you started feeling (sad) have you noticed that you can't move as fast as before? Have you found it hard to start talking? Has your speech slowed down? Do you talk a lot less than before? Since you started feeling sad, have you felt like you are moving in slow motion? Have other people noticed it? If someone was taking movies of you while you were eating breakfast and talking to your (mother), and they took these movies before you got (depressed) and again while you were (depressed) would I be able to see a difference? What would it be? What would I see? What would I hear?</i>	3	3	3	3 – Threshold: Nearly every day, noticeably retarded speech or movement.	
Probe: <i>Would it take longer before or while you were (depressed)? A little longer? Much longer?</i>					
<i>If I saw a videotape or heard an audiotape of your child at home while he/ she was depressed and another when he/she wasn't depressed, could I tell the difference? If yes, what would I see (hear) different?</i>					

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Self-Perceptions</u>					
A. <u>Worthlessness/Negative Self-Image</u>					
	0	0	0	0 – No information.	DMA35
Includes feelings of inadequacy, inferiority, failure and worthlessness, self-depreciation, self-belittling.	1	1	1	1 – Not at all.	
Rate with disregard of how "realistic" the negative self-evaluation is.	2	2	2	2 – Subthreshold: Often feels inadequate or does not like him/herself (2-3 days/week).	
<i>How do you feel about yourself? Do you like yourself? Why? Or why not? Do you ever think of yourself as pretty or ugly? Do you think you are bright or stupid? Do you like your personality, or do you wish it were different? How often do you feel this way about yourself?</i>	3	3	3	3 – Threshold: Feels like a failure or worthless, or unable to identify any positive attribute nearly every day (5-7 days/week).	

	<u>P</u>	<u>C</u>	<u>S</u>		
B. Excessive or Inappropriate Guilt ...and self-reproach, for things done or not done, including delusions of guilt.	0	0	0	0 – No information.	DMA36
Rate according to proportion between intensity of guilt feelings or severity of punishment child think she deserves and the actual misdeeds.	1	1	1	1 – Not at all.	
<i>When people say or do things that are good, they usually feel good, and when they say or do something bad they feel bad about it. Do you feel bad about anything you have done? What is it? How often do you think about it? When did you do that?</i>	2	2	2	2 – Subthreshold: Sometimes (2-3 days/ week) feels very guilty about past actions, the significance of which he exaggerates, and which most children would have forgotten about.	
<i>What does it mean if I said I feel guilty about something? How much of the time do you feel like this: Most of the time, a lot of the time, a little of the time, or not at all? What kind of things do you feel guilty about? Do you feel guilty about things you have not done? Do you feel guilty about things that are actually not your fault? Do you feel guilty about things your parents or others do? Do you feel you cause bad things to happen? Do you think you should be punished for this? What kind of punishment do you feel you deserve? Do you want to be punished? How do your parents usually punish you? Do you think it's enough?</i>	3	3	3	3 – Threshold: Nearly every day feels guilt which he cannot explain or about things which objectively are not his fault. (Except feeling guilty about parental separation and/or divorce which is normative and should not lead by and of itself to a positive guilt rating in this score, except if it persists after repeated appropriate discussions with the parents)	

For many young children it is preferable to give a concrete example such as: "I am going to tell you about three children and you tell me which one is most like you. The first is a child who does something wrong, then feels bad about it, goes and apologizes to the person, the apologies are accepted, and he just forgets about it from then on. The second child is like the first but after his apologies are accepted, he just cannot forget about what he had done and continues to feel bad about it for one to two weeks. The third is a child who has not done much wrong, but who feels guilty for all kinds of things which are really not his fault like... Which one of these three children is like you?"

It is also useful to double check the child's understanding of the questions by asking him to give an example, like the last time he felt guilty "like the child in the story."

Codes: 0 = No information. 1 = No. 2 = Yes.

<u>Other Criteria</u>	<u>P</u>			<u>C</u>			<u>S</u>			
<u>Evidence of a Precipitant (specify):</u>	0	1	2	0	1	2	0	1	2	DMA37
<u>Symptoms Occur or Worsen with Monthly Menstruation</u>	0	1	2	0	1	2	0	1	2	DMA38

(For Adolescent Females):
Do you notice any connection between your menstrual cycle and your moods? Do you get really depressed each month right before or after you start your period?

<u>Impairment</u>	<u>P</u>			<u>C</u>			<u>S</u>			
Must be present in <u>two</u> settings.										
A. <u>Socially (with peers)</u>	0	1	2	0	1	2	0	1	2	DMA39
B. <u>With family</u>	0	1	2	0	1	2	0	1	2	DMA40
C. <u>In school</u>	0	1	2	0	1	2	0	1	2	DMA41

Codes: 0 = No information. 1 = No. 2 = Yes.

Lifetime

Evidence of Major Depressive Disorder

0 1 2

DMA42

DSM-5-Criteria

- A. Meets criteria (score 3) for five or more of the depressive symptoms listed in the table below; the symptoms have been present during the same two week period and represent a change from previous functioning; and at least one of the symptoms is either: 1) Depressed Mood; 2) Irritable Mood; or 3) Anhedonia/Loss of Interest or Pleasure (subjective or observed).
- B. The symptoms do not meet criteria for a Mixed Episode.
- C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- D. An organic (pharmacological) etiology has been ruled out.
- E. At no time have there been delusions or hallucinations for at least two weeks in the absence of prominent affective symptoms; and
- F. Did not meet criteria for Schizophrenia or Schizophreniform Disorder.

Symptom	K-SADS Score	Yes	No
Depressed Mood	3		
Anhedonia/Diminished Interest or Pleasure	3		
Decreased Appetite OR Weight Loss OR Increased Appetite OR Weight Gain	3		
Insomnia OR Hypersomnia	3		
Psychomotor Agitation OR Retardation	3		
Fatigue OR Loss of Energy	3		
Feelings of Worthlessness OR Excessive OR Inappropriate Guilt	3		
Decreased Concentration, Slowed Thinking, OR Indecisiveness	3		
Recurrent Thoughts of Death, Recurrent Suicidal Ideation (with or without plan) OR Suicide Attempt	3		

Codes: 0 = No information. 1 = Not present. 2 = Probable. 3 = Definite.

Probable Diagnosis:

- 1. Meets criteria for core symptoms of the disorder.*
- 2. Meets all but one, or a minimum of 75% of the remaining criteria required for the diagnosis*
- 3. Evidence of functional impairment*

Major Depressive Disorder Lifetime Diagnosis: _____

DMA43

Major Depressive Disorder Age of Onset: _____

DMA 44

K-SADS Supplement: MANIA/HYPOMANIA**Reassessment of Duration of Distinct Period of Elated/Elevated and/or Irritable Mood (with Associated Potential Manic Symptomatology)**

The interviewer should assess the duration (in number of days at threshold) of elated/elevated and irritable mood that occurs in the context of potential (hypo)manic symptoms. Irritability can frequently co-occur with elevated/elated mood during (hypo)mania, especially when the individual's desires or goal-directed behaviors are thwarted. In addition, it is very common for depressive symptoms to be intermixed at varying degrees of intensity with elated/elevated mood and extreme irritability during a period of (hypo)mania, so it not uncommon for elevated and manic irritable mood to be present for different periods throughout the day and dysphoria and depression for much of the other time.

IT IS EXTREMELY IMPORTANT TO ONLY RATE THE DURATION OF DISTINCT PERIODS OF ABNORMALLY ELEVATED/ELATED AND/OR IRRITABLE MOOD AND NOT CHRONIC IRRITABILITY.

Episodes can occur against a background of chronic mood disturbance but only the distinct episodes that are associated with (hypo)manic symptoms should be rated. In some cases, the episode can be long, but it is a distinct change from baseline.

The interviewer should reassess elated and irritable moods that occur in the context of other manic symptoms. For children and adolescents the mood duration criteria can be fulfilled by adding together the duration of the reported elated and irritable moods, as long as they occur in the context of manic symptomatology (i.e., if a child has 1 hr of elated mood and 3 hrs of very irritable mood, this would equal 4 hrs of mood disturbance and 1 day at threshold).

NOTE: IF HISTORY OF CURRENT OR PAST SUBSTANCE USE DISORDER, CAREFULLY ASSESS THE RELATIONSHIP BETWEEN SUBSTANCE USE AND MANIC-LIKE SYMPTOMS.

<u>Determine Duration of Longest Episode of Abnormally Elevated/Elated/Extreme Irritable Mood</u>	<u>P</u>	<u>C</u>	<u>S</u>	<u>Lifetime/Most Severe Episode</u>	
Maximum episode duration of abnormal elevated/elated and/or irritable mood with associated (hypo)manic symptoms (number consecutive days with 4 hours or more hours of elevated and/or irritable mood throughout the day).	0	0	0	0 – 1 day. (present for at least 4 hours total within the day)	DMA45
	1	1	1	1 – Distinct mood episodes last 2-3 days.	
<i>You said that you were feeling revved/hyper/sped up (use the child's or parent's terminology) and were feeling super high/super happy/super angry. How much of the time were you in either a super happy or super angry mood? Would you have these moods more than once a day? What else was different about you when you had these super high/super happy/super angry moods? Were there any changes in your energy, speed of thinking or talking, speed of moving, or how much sleep you would get? Any difference in how you would act with other people or the kinds of things you would do? How long would these moods (elated and/or angry) last for altogether in a given day? How many days in a row would you be in a super high/super happy/super angry mood for much of the day or night?</i>	2	2	2	2 – Distinct mood episodes last 4-6 days.	
	3	3	3	3 – Distinct mood episodes last greater than or equal to 7 days.	
	<u>P</u>	<u>C</u>	<u>S</u>	<u>Indicate whether mood is:</u>	
	0	0	0	0 – Irritable only.	DMA46
	1	1	1	1 - Elevated/elated only.	
	2	2	2	2 – Elevated/elated and irritable.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Grandiosity/Inflated Self-Esteem</u>					
Increased self-esteem and appraisal of his/her worth, power, or knowledge (<i>up to grandiose delusions*</i>) as compared with usual level.	0	0	0	0 – No information.	DMA47
	1	1	1	1 – Not present. Not at all, or decreased self-esteem.	
<i>When you were feeling (super high / super happy/ super angry) were you feeling more self-confident than usual? When that happens, do you believe you have any special talents or think you have special power? Have you felt as if you are much better than others?smarter? ...stronger? Why?</i>	2	2	2	2 – Subthreshold: Is much more confident about him/herself than most people in his/her circumstances but only of possible clinical significance.	
<i>Have you won any awards or honors for ____? Have you felt that you are a particularly important person?</i>	3	3	3	3 – Threshold: During mood disturbance, persistently and disproportionately inflated self-esteem that is exaggerated and out of context.	

NOTE: BE SURE TO DETERMINE WHETHER THE CHILD REALLY HAS THE "SPECIAL TALENTS" OR NOT BEFORE RATING THIS ITEM. ALSO, KEEP IN MIND NORMAL DEVELOPMENTAL LEVELS. RATE IF GRANDIOSITY IS ABOVE AND BEYOND WHAT WOULD BE EXPECTED FOR SUBJECT'S AGE, NOT JUST BRAGGING. MUST BE EXAGGERATED AND OUT OF CONTEXT. MUST NOT BE DUE TO SUBSTANCE USE.

<u>Does grandiosity appear to be of delusional intensity? Please note and describe:</u>	0 – No	DMA48
_____	1 - Yes	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>More Talkative or Pressured Speech</u>					
	0	0	0	0 – No information.	DMA49
<i>When you were feeling super high / super happy / super angry, were there times that you spoke very rapidly or talked on and on and could not be stopped?</i>	1	1	1	1 – Not present. Not at all, or retarded speech.	
<i>Have people said you were talking too fast or talking too much? Have people had trouble understanding you?</i>	2	2	2	2 – Subthreshold: Brief or mild rapid speech that is of questionable clinical significance.	
Rate based on data reported by informant or observational data.	3	3	3	3 – Threshold: During the mood disturbance is persistently and noticeably more verbose than normal or speech is noticeably pressured.	
<u>NOTE: IF CHILD MEETS CRITERIA FOR ADHD ONLY RATE POSITIVELY IF THERE WAS AN INCREASE IN TALKATIVENESS ASSOCIATED WITH THE ONSET OF MOOD SYMPTOMS.</u>					

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Racing Thoughts</u>					
	0	0	0	0 – No information.	DMA50
<i>When you were feeling super high / super happy / super angry, were there times that you spoke very rapidly or talked on and on and could not be stopped?</i>	1	1	1	1 – Not present.	
<i>Have people said you were talking too fast or talking too much? Have people had trouble understanding you?</i>	2	2	2	2 – Subthreshold: Possible increase in rate of thinking; or thinking about many more things than usual. Brief and not of clear clinical significance.	
Rate based on data reported by informant or observational data.	3	3	3	3 – Threshold: Racing thoughts are persistently present during the mood disturbance or cause significant distress or impairment.	
<u>NOTE: IF CHILD MEETS CRITERIA FOR ADHD ONLY RATE POSITIVELY IF THERE WAS AN INCREASE IN TALKATIVENESS ASSOCIATED WITH THE ONSET OF MOOD SYMPTOMS.</u>					

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Flight of Ideas</u>					
Accelerated speech with abrupt changes from topic to topic usually based on understandable associations, distracting stimuli or play on words. In rating severity, consider speed of associations, inability to complete ideas and sustain attention in a goal-directed manner. When severe, complete or partial sentences may be galloping on each other so fast that apparent sentence-to-sentence derailment and/or sentence incoherence may also be present.	0	0	0	0 – No information.	DMA51
	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Possible increase in rate of thinking; or thinking about many more things than usual. Brief and not of clear clinical significance.	
<i>When you were super high/ super happy/ super angry, were there times when people could not understand you because you jumped from subject to subject or talked about so many different things? Were there times when they said you did not make sense or had trouble following your train of thought? Can you give me an example?</i>	3	3	3	3 – Threshold: Racing thoughts are persistently present during the mood disturbance or cause significant distress or impairment.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Increased Goal-Directed Activity/Sociability</u>					
As compared with usual level.	0	0	0	0 – No information.	DMA52
Consider changes in scholastic, social, sexual or leisure involvement or activity level associated with work, family, friends, new projects, interests, or activities (e.g., telephone calls, letter writing).	1	1	1	1 – Not present or slight increase.	
<i>During the times when you were feeling super high / super happy / super angry were you more active or involved in more things than usual? Were you working on many more projects at home or at school? Busy cleaning many things, rearranging furniture or reorganizing your room? Feeling much more social and really outgoing, talking to many people, suddenly feeling super friendly?</i>	2	2	2	2 – Subthreshold: During mood disturbance, increase in general activity level involving at least one area (e.g. school, work, socially, sexually or activities during free time) but is not persistent and only of possible clinical significance.	
For adolescents: <i>Were you much more sexually active than usual?</i>	3	3	3	3 – Threshold: During mood disturbance, persistent and significant increase in general activity level involving 2 or more areas, or marked increased in one area. Activity involvement and/or sociability is excessive and much more than what would be expected by a typical child his /her age.	
NOTE: ONLY SCORE POSITIVELY IF INCREASED ACTIVITY SOCIABILITY OCCURS DURING A PERIOD OF MOOD CHANGE (e.g., elation, irritability) AND ACTIVITY / SOCIABILITY IS A CHANGE FROM BASELINE.					

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Psychomotor Agitation</u>					
Visible manifestations of generalized motor hyperactivity, which occurred during a period of abnormally elevated, expansive, or irritable mood. Make certain that the hyperactivity actually occurred and was not merely a subjective feeling of restlessness. Make sure it is not chronic but episodic hyperactivity.	0	0	0	0 – No information.	DMA53
	1	1	1	1 – Not present, not at all or retarded.	
	2	2	2	2 – Subthreshold: Brief or mild increase in physical restlessness or hyperactivity of questionable clinical significance.	
<i>When you are feeling super high / super happy / super angry, do you notice a change in how active you are or how much you move? Are there times when you can't sit still, or you have to keep moving and can't stop? Do you feel like you need to keep walking back and forth? Do you move very fast or are you really hyperactive? Tell me what you are doing at these times.</i>	3	3	3	3 – Threshold: During the mood disturbance is persistently unable to stay in seat, pacing, fidgeting, excessive movement, etc., almost always disruptive to some degree.	
NOTE: IF CHILD MEETS CRITERIA FOR ADHD, ONLY RATE POSITIVELY IF THERE WAS AN INCREASE IN RESTLESSNESS ASSOCIATED WITH THE ONSET OF MOOD SYMPTOMS.					

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Excessive Involvement in High-Risk Pleasurable Activities</u>					
	0	0	0	0 – No information.	DMA54
Excessive involvement in pleasurable/ thrill-seeking/ exciting activities that have a high potential for painful consequences.	1	1	1	1 – Not present.	
<i>When you were feeling high/ super happy/ super angry did you do things that caused trouble for you or your family or friends? Did you do things you normally would not have done... like staying out all night, spending a lot of money, taking trips unexpectedly, or doing something really risky for fun?</i>	2	2	2	2 – Subthreshold: Transient or mild increase in risk-taking/ pleasure-seeking behavior of only questionable clinical significance.	
<i>Did you do anything that you now think you should not have done? Were you drinking or using drugs at the time? Has this ever happened when you weren't drinking or using drugs?</i>	3	3	3	3 – Threshold: During the mood disturbance, persistently involved in risk taking/pleasure - seeking activities with potentially negative consequences that show poor judgment (e.g., driving recklessly, having casual affairs, disinhibited interpersonal relations, spending sprees, giving away money or personal belongings).	
(For Adolescents) <i>What about getting involved in relationships quickly, having a lot of one night stands, or doing other dangerous things like driving recklessly?</i>					
(For Pre-adolescents) <i>What about jumping from really high places, going on long trips on your bicycle, or playing serious pranks in school?</i>					
Also consider inappropriate sexual behavior.					

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Distractibility</u>					
Child presents evidence of difficulty focusing his/her attention on the questions of the interviewer, jumps from one thing to another, cannot keep track of his/her answers, and is drawn to irrelevant stimuli he/she cannot shut out. Not to be confused with avoidance of uncomfortable themes.	0	0	0	0 – No information.	DMA55
	1	1	1	1 – Not present.	
	2	2	2	2 – Subthreshold: Transient or mild increase in risk-taking/pleasure-seeking behavior of only questionable clinical significance.	
<i>Since you have been feeling super high/ super happy/ super angry have you noticed any change in your concentration? Have you had trouble sticking to what you are supposed to do? Do you start things that you just don't finish? Do you get distracted easily? Have you been having trouble paying attention in class?</i>	3	3	3	3 – Threshold: During the mood disturbance, persistently involved in risk taking/pleasure - seeking activities with potentially negative consequences that show poor judgment (e.g., driving recklessly, having casual affairs, disinhibited interpersonal relations, spending sprees, giving away money or personal belongings).	
Rate based on data reported by informant (e.g., parent).					
NOTE: IF CHILD MEETS CRITERIA FOR ADHD, ONLY RATE POSITIVELY IF THERE WAS AN INCREASE IN DISTRACTIBILITY ASSOCIATED WITH THE ONSET OF MOOD SYMPTOMS.					

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Influence of Drugs or Alcohol</u>					
<i>Did you feel super high/ super happy/ super angry or do these things only when you have been drinking or taking drugs or medicine? What kinds? How much?</i>	0	0	0	0 – No information.	DMA56
<i>Do you ever have the super high/ super happy/ super angry moods at times when you are not drinking or using drugs? Which came first, the drug or the high?</i>	1	1	1	1 – Manic symptoms never occur under the influence of drugs.	
<i>Do you drink a lot of coffee or other caffeinated drinks? About how much do you drink? Have you ever felt high like you described earlier when you weren't drinking tons of caffeine?</i>	2	2	2	2 – Manic symptoms occur sometimes but not always under the influence of alcohol or drugs. At least once was manic or hypomanic without prior drug or alcohol use.	
	3	3	3	3 – Manic symptoms present only under the influence of alcohol or drugs.	

	<u>P</u>	<u>C</u>	<u>S</u>		
<u>Patterning of Manic Symptoms</u>					
Inquire about episodes in which subject had persistently abnormally elevated, expansive or irritable mood plus 3 associated (hypo)manic symptoms (4 if irritable only), that were not caused by drugs, medications or alcohol, or other psychiatric disorders.	0	0	0	0 – No information.	DMA57
	1	1	1	1 – One day (> 4 hours during the day)	
	2	2	2	2 – Two-three days.	
A. <u>Longest Duration of Hypomanic Episodes</u>	3	3	3	3 – Four-six days	
<i>What is the longest period of time in hours, or days in a row that you felt super high / super happy / super angry (other endorsed symptoms)?</i>	4	4	4	4 – Seven to fourteen days	
	5	5	5	5 – Multiple weeks.	
NOTE: Mood change and symptoms should be present for a significant part of the day (> 4 hours total) in order to reach threshold unless very severe in a given day.	6	6	6	6 – Two-Six months	
	7	7	7	7 – Greater than six months	

B. <u>Typical Duration of Hypomanic Episodes</u>	<u>P</u>	<u>C</u>	<u>S</u>		
<i>How long do these episodes usually last when they do occur?</i>	0	0	0	0 – No information.	DMA58
	1	1	1	1 – One day (> 4 hours during the day)	
	2	2	2	2 – Two-three days.	
	3	3	3	3 – Four-six days	
	4	4	4	4 – Seven to fourteen days	
	5	5	5	5 – Multiple weeks.	
	6	6	6	6 – Two or more months.	

C. <u>Number of Episodes Per Year</u>	<u>P</u>	<u>C</u>	<u>S</u>		
<i>In this past year, how many discrete episodes of these symptoms have you had? (Specify below)</i>	0	0	0	0 – No information.	DMA59
_____ #/year	1	1	1	1 – Not present in the past year.	
_____ #/month	2	2	2	2 – One-three discrete episodes per year.	
	3	3	3	3 – Four or more episodes per year.	

	<u>P</u>	<u>C</u>	<u>S</u>		
D. <u>Longest Duration of Euthymic Mood</u>	0	0	0	0 – No information.	DMA60
<i>Since you first started having these changes in mood, what is the longest period of time that you have felt like your old self and have not been bothered by any of these problems?</i>	1	1	1	1 – No significant periods of euthymic mood.	
	2	2	2	2 – Euthymic mood lasted 3-6 days.	
	3	3	3	3 – Euthymic mood lasted 1-2 weeks.	
	4	4	4	4 – Euthymic mood lasted 2-8 weeks.	
	5	5	5	5 – Euthymic mood lasted greater than 2 months.	

	<u>P</u>	<u>C</u>	<u>S</u>		
E. <u>Total Lifetime Duration of Mania/Hypomania</u>	0	0	0	0 – No information.	DMA61
<i>In the subject's lifetime, what are the estimated total Number of Days (not necessarily consecutive) in which subject had persistently abnormally elevated, expansive or irritable mood plus 3 associated (hypo)manic symptoms (4 if irritable only), that was not caused by drugs, medications or alcohol.</i>	1	1	1	1 – One-three days	
	2	2	2	2 – Four-ten days	
	3	3	3	3 – Ten-twenty days	
	4	4	4	4 – More than twenty days	

Age of Onset: _____ years old DMA62

<u>Impairment</u>	<u>P</u>			<u>C</u>			<u>S</u>			
A. <u>Socially (with peers)</u>	0	1	2	0	1	2	0	1	2	DMA63
B. <u>With family</u>	0	1	2	0	1	2	0	1	2	DMA64
C. <u>In school</u>	0	1	2	0	1	2	0	1	2	DMA65
D. <u>Hospitalization (for mania)</u>	0	1	2	0	1	2	0	1	2	DMA66
E. <u>Other (e.g., police, other adults, etc.)</u>	0	1	2	0	1	2	0	1	2	DMA67

Codes: 0 = No information. 1 = No. 2 = Yes.

Lifetime

Evidence of Manic Episode

0 1 2

DMA68

DSM-5-Criteria

- A. Distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy (e.g., increased goal-directed activity socially, at work, school, or sexually or psychomotor agitation).
- B. During the mood disturbance and increased energy or activity, at least three of the symptoms below (four if mood is only irritable) have persisted.
- C. During the mood disturbance, marked impairment or hospitalization.
- D. Duration at least one week (or any duration if hospitalization is necessary)
- E. Not attributable to the physiological effects of a substance. NOTE: A full manic episode that emerges during anti-depressant treatment but persists is sufficient evidence for a manic episode, and therefore, bipolar I disorder.

Symptom	K-SADS Score	Yes	No
Distinct period of abnormally and persistently elevated, expansive, or irritable mood lasting at least one week (or any duration if hospitalized), AND	3		
Abnormally increased activity lasting at least one week (or any duration if hospitalized)	3		
During the mood disturbance and increased energy or activity, at least three of the symptoms below (four if mood is only irritable) have persisted:			
1. Inflated self-esteem or grandiosity	3		
2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep)	3		
3. More talkative than usual or pressure to keep talking	3		
4. Flight of ideas or subjective experience that thoughts are racing.	3		
5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli).	3		
6. Increase in goal directed activity OR psychomotor agitation	3		
7. Excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).	3		

Note: At least one lifetime manic episode is required for the diagnosis of bipolar I disorder. **Note:** Increased goal directed activity is required as a Criterion A symptom, but can also be counted as one of the Criterion B symptoms according to the DSM-5.

Codes: 0 = No information. 1 = Not present. 2 = Probable. 3 = Definite.

Probable Diagnosis:

- 1. Meets criteria for core symptoms of the disorder.*
- 2. Meets all but one, or a minimum of 75% of the remaining criteria required for the diagnosis*
- 3. Evidence of functional impairment*

Mania Lifetime Diagnosis: _____

DMA69

Mania Age of Onset: _____

DMA70

Codes: 0 = No information. 1 = No. 2 = Yes.

Lifetime

Evidence of Bipolar I Disorder

0 1 2 DMA71

For a diagnosis of bipolar I disorder, it is necessary to meet the criteria for a manic episode. The manic episode may have been preceded by and may be followed by hypomanic or major depressive episodes.

DSM-5-Criteria

- A. Criteria have been met for at least one manic episode (Criteria A-D under “Manic Episode” above).
- B. The occurrence of the manic and major depressive episode(s) is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified or unspecified schizophrenia spectrum or other psychotic disorder.

Codes: 0 = No information. 1 = Not present. 2 = Probable. 3 = Definite.

Probable Diagnosis:

1. Meets criteria for core symptoms of the disorder.
2. Meets all but one, or a minimum of 75% of the remaining criteria required for the diagnosis
3. Evidence of functional impairment

Bipolar I Disorder Lifetime Diagnosis: _____

DMA72

Bipolar I Disorder Age of Onset: _____

DMA73

**K-SADS-PL 2013:
GENERALIZED ANXIETY DISORDER**

**Advanced Center for Intervention and Services Research (ACISR) for Early
Onset Mood and Anxiety Disorders
Western Psychiatric Institute and Clinic**

**Child and Adolescent Research and Education (CARE) Program
Yale University**

Modified for the National Mental Health Study

Interviewer ID:

QUESTID:

Date of Interview:

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K-SADS Screen Interview: GENERALIZED ANXIETY DISORDER

If CIDI screen = positive (+) or subthreshold: Say, “In your earlier interview you mentioned having a history of anxiety or worry. The next questions are about that.” Then proceed with Generalized Anxiety Disorder screen.

If CIDI screen = negative (-): Proceed with Generalized Anxiety Disorder screen.

Excessive Worries

DSM-5 DR# 12: Not been able to stop worrying.

0 – No information

GAD1

*Are you a worrier? Do you think worry too much?
Do you worry more than other kids your age? Have
people said you worry too much?
Has there ever been a time when you worried about
things before they happened?
Can you give me some examples?*

1 – Not present

2 – Subthreshold: Frequently worries somewhat excessively (at least 3 times per week) about anticipated events or current behavior.

NOTE: IF THE ONLY WORRIES THE CHILD BRINGS UP RELATE TO THE ATTACHMENT FIGURE OR A SIMPLE PHOBIA, DO NOT SCORE HERE. ONLY RATE POSITIVELY IF THE CHILD WORRIES ABOUT MULTIPLE THINGS.

3 – Threshold: Most days of the week is excessively worried about at least two different life circumstances or anticipated events or current behavior.

In order to rate positively, child must worry above and beyond other children of the same age. Worries must be exaggerated and out of context.

Somatic Complaints

DSM-5 DR# 1: Bothered by stomachaches, etc.
DSM-5 DR# 2: Worried about getting sick.

0 – No information

GAD2

*Do you worry a lot about your health?
Do you get a lot of headaches? Stomachaches?
Have a lot of aches and pains?
Do you worry that you might have a serious illness?*

1 – Not present

2 – Subthreshold: Occasional worries/complaints. Symptoms/complaints more severe and more often than experienced by a typical child his/her age.

NOTE: DO NOT COUNT IF SYMPTOMS ARE KNOWN TO BE CAUSED BY A REAL MEDICAL ILLNESS.

3 – Threshold: Frequent worries/complaints. Worries about health preoccupy child and cause distress.

- IF A SCORE OF 3 ON EITHER OF THE PREVIOUS ITEMS, COMPLETE THE GENERALIZED ANXIETY DISORDER SUPPLEMENT AFTER FINISHING THE SCREEN INTERVIEW.

- IF A SCORE OF 1 OR 2, STOP INTERVIEW, RECORD TIME.

NOTES: (RECORD DATES OF POSSIBLE CURRENT AND PAST GENERALIZED ANXIETY DISORDER)

K-SADS Supplement: GENERALIZED ANXIETY DISORDER

Preoccupation with Appropriateness of Past Behavior

<i>Do you think a lot about things that already happened?</i>	0	1	2	3	GAD3
<i>For example, do you worry about whether you gave the right answer in school?</i>	0 - No information				
<i>After you talk to friends, do you keep wondering if you said the right things?</i>	1 - Not present				

NOTE: IN ORDER TO RATE POSITIVELY, CHILD MUST WORRY ABOVE AND BEYOND OTHER CHILDREN OF THE SAME AGE. WORRIES MUST BE EXAGGERATED AND OUT OF CONTEXT.

2 - Subthreshold: Frequently worries somewhat excessively (at least 1 time per week) about past events/ behavior.

3 – Threshold: Most days of the week is excessively worried about past events/ behaviors.

Marked Self-Consciousness

<i>Some kids worry a lot about what other people think about them. Is this true of you?</i>	0	1	2	3	GAD4
<i>Has there ever been a time when you thought about what you were going to say before you said it?</i>	0 - No information				
<i>Did you worry that other people thought you were stupid or that you did things funny?</i>	1 - Not present				

NOTE: IN ORDER TO RATE POSITIVELY, CHILD MUST WORRY ABOVE AND BEYOND OTHER CHILDREN OF THE SAME AGE. WORRIES MUST BE EXAGGERATED AND OUT OF CONTEXT.

2 - Subthreshold: Frequently worries somewhat excessively (at least 1 time per week) about past events/ behavior.

3 – Threshold: Most days of the week is excessively worried about past events/ behaviors.

Overconcern about Competence

Is it really important to you to be good at everything?

Do you get upset if you miss a few questions on a test even though you get a good grade?

Do you worry a lot about how well you play sports or do other things?

Do you think a lot about every mistake you make?

NOTE: IN ORDER TO RATE POSITIVELY, CHILD MUST WORRY ABOVE AND BEYOND OTHER CHILDREN OF THE SAME AGE. WORRIES MUST BE EXAGGERATED AND OUT OF CONTEXT.

0 1 2 3

GAD5

0 - No information

1 - Not present

2 - Subthreshold: Frequently somewhat concerned (at least 3 times per week) about competence in at least two areas.

3 – Threshold: Most days of the week is excessively concerned about competence in several areas.

Worries about the Future

Do you often worry about things far off in the future like where and if you will get into college? What you will do for a career? Other things?

0 1 2 3

GAD6

0 - No information

1 - Not present

2 - Subthreshold: Frequently somewhat concerned (at least 3 times per week) about the future.

3 – Threshold: Most days of the week is excessively concerned about the future.

Codes: 0 = No information. 1 = No. 2 = Yes.

Lifetime/Most Severe Episode

Inability to Control Worries

<i>Do you sometimes wish you didn't worry so much?</i>	0	1	2	GAD7
<i>Can you control or shut off your worries?</i>				

Other Symptoms of Generalized Anxiety Disorder

One of the following is true:

1. Feels restless or feeling keyed up or on edge	0	1	2	GAD8
2. Being easily fatigued	0	1	2	GAD9
3. Difficulty concentrating or mind going blank	0	1	2	GAD10
4. Sleep disturbance (e.g., difficulty falling asleep, staying asleep, or restless unsatisfying sleep)	0	1	2	GAD11
5. Muscle tension, aches, or soreness	0	1	2	GAD12
6. Irritability	0	1	2	GAD13

Notes:

Duration (specify):

Criteria: 3 months or longer	0	1	2	GAD14
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Codes: 0 = No information. 1 = No. 2 = Yes.

Lifetime/Most Severe Episode

Evidence of Impairment or Distress

A. Socially (with peers) 0 1 2 GAD15

B. With Family 0 1 2 GAD16

C. In School 0 1 2 GAD17

Evidence of Precipitant (specify) 0 1 2 GAD18

Evidence of Generalized Anxiety Disorder 0 1 2 GAD19

DSM-5 Criteria

- A. Excessive anxiety and worry (apprehensive expectation), more days than not, for at least six months, about a number of events or activities (e.g., school, peers, sports, etc.)
- B. Individual finds it difficult to control the worries
- C. Anxiety associated with three (or more) of the following symptoms (with at least some symptoms present more days than not for the past six months).

NOTE: Only one of these six items is required in children.

- (1) Restlessness or feeling keyed up or on edge;
- (2) Being easily fatigued;
- (3) Difficulty concentrating or mind going blank;
- (4) Irritability;
- (5) Muscle tension;
- (6) Sleep disturbance (e.g., difficulty falling asleep, staying asleep, or restless, unsatisfying sleep).
- D. Clinically significant distress or impairment.
- E. Not attributable to the physiological effects of a substance or another medical condition
- F. Not better accounted for by another mental disorder (e.g., anxiety about having a panic attack, separation from attachment figure, etc.)

Codes: 0 = No information. 1 = Not present. 2 = Probable. 3 = Definite.

Probable Diagnosis:

- 1. Meets criteria for core symptoms of the disorder.*
- 2. Meets all but one, or a minimum of 75% of the remaining criteria required for the diagnosis*
- 3. Evidence of functional impairment*

Lifetime/Most Severe Episode Diagnosis: _____

GAD20

Age of Onset Generalized Anxiety Disorder: _____

GAD21

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**K-SADS-PL 2013:
PANIC DISORDER**

**Advanced Center for Intervention and Services Research (ACISR) for Early
Onset Mood and Anxiety Disorders
Western Psychiatric Institute and Clinic**

**Child and Adolescent Research and Education (CARE) Program
Yale University**

Modified for the National Mental Health Study

Interviewer ID:

QUESTID:

Date of Interview:

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K-SADS Screen Interview: PANIC DISORDER
Panic Attacks

Have you ever had a time when, all of a sudden, out of the blue, for no reason at all, you suddenly felt anxious, nervous, or frightened? Tell me about it.

1 – Not present

CPD1

The first time you had an attack like this, what did you think brought it on? Did the feeling come from out of the blue?

2 – Subthreshold:
Occasional unanticipated attacks, or less than four of the associated symptoms

What was it like?

How long did it last?

After the first time this happened, did you worry about it happening again?

3 – Threshold; recurrent unexpected attacks with four or more associated symptoms

If specific symptoms are not elicited spontaneously when describing attacks, ask about each of the following symptoms:

Associated Symptoms:

1. heart palpitations,
2. sweating,
3. trembling or shaking,
4. sensations of shortness of breath, or smothering sensations,
5. feelings of choking,
6. chest pains,
7. nausea or abdominal distress,
8. dizziness or lightheadedness,
9. heat sensations or chills,
10. numbing of hands or feet,
11. depersonalization or derealization,
12. fear of losing control,
13. fear of dying.

Note: DSM-5 does not have threshold criteria for the minimum number of attacks.

NOTE: DO NOT COUNT IF LASTS ALL DAY OR DIRECTLY CAUSED BY DRUGS OR MEDICATIONS.

- IF A SCORE OF 3, COMPLETE THE PANIC DISORDER SUPPLEMENT AFTER FINISHING THE SCREEN INTERVIEW.
- IF A SCORE OF 1 or 2, STOP INTERVIEW, RECORD TIME.

K-SADS Supplement: PANIC DISORDER
--

Criteria: 0 = No information. 1 = Not present.

2 = Occasionally occurs during an attack. 3 = Always or almost always occurs during an attack.

Now I am going to ask you more about when you have those nervous or scary feelings. When you have them do you...

Lifetime/Most Severe Episode

Shortness of Breath (Dyspena)

<i>Feel like you can't breathe? Or is it hard to get enough air?</i>	0	1	2	3	CPD2
--	---	---	---	---	------

Dizziness (Vertigo)/Faintness

<i>Feel dizzy, like things are spinning around you? Feel like you might fall or lose your balance? Feel weak? Like you might faint/pass out? Fall over?</i>	0	1	2	3	CPD3
---	---	---	---	---	------

Palpitations

<i>Was your heart beating extra hard? Fast? Could you feel it?</i>	0	1	2	3	CPD4
--	---	---	---	---	------

Trembling or Shaking

<i>Do you shake or tremble all over? Like you wouldn't be able to hold a glass of water?</i>	0	1	2	3	CPD5
--	---	---	---	---	------

Sweating

<i>Perspire, sweat? Do your palms/face/neck feel wet?</i>	0	1	2	3	CPD6
---	---	---	---	---	------

Choking

<i>Do you feel like you are choking? Or that something is around your neck that stops the air from getting in?</i>	0	1	2	3	CPD7
--	---	---	---	---	------

Criteria: 0 = No information. **1** = Not present.

2 = Occasionally occurs during an attack. **3** = Always or almost always occurs during an attack.

Now I am going to ask you more about when you have those nervous or scary feelings. When you have them do you...

	<u>Lifetime/Most Severe Episode</u>				
<u>Nausea or Abdominal Distress</u>					
<i>Does your stomach hurt? Feel like you might throw up?</i>	0	1	2	3	CPD8
<u>Depersonalization/Derealization</u>					
<i>Feel like things around you aren't real or like you are in the movies? Feel like you are in a dream? Or like you are outside your body?</i>	0	1	2	3	CPD9
<u>Numbness/Tingling</u>					
<i>Feel numbness or tingling in your hands or feet? Like there are pins and needles or like you can't feel them?</i>	0	1	2	3	CPD10
<u>Heat or Chills</u>					
<i>Do you feel hot all of a sudden or real cold?</i>	0	1	2	3	CPD11
<u>Chest Pains</u>					
<i>Does your chest hurt? Or does it feel like something heavy is on it?</i>	0	1	2	3	CPD12
<u>Fear of Dying</u>					
<i>When you have these attacks, are you afraid you might die?</i>	0	1	2	3	CPD13
<u>Fear of Losing Control</u>					
<i>Were you afraid that you were going crazy or that you might do something crazy or something you didn't want to do? Were you afraid of losing control?</i>	0	1	2	3	CPD14

Codes: 0 = No information. 1 = No. 2 = Yes.

	<u>Criteria</u>	<u>Lifetime/Most Severe Episode</u>			
<u>Circumscribed Stimuli</u>					
<i>Do the attacks only happen in a specific or certain situation? Which ones?</i>	Attacks do not only occur prior to exposure or during exposure to a specific situation or object.	0	1	2	CPD15
<u>Attack Unanticipated</u>					
<i>When you have an attack, does something happen that triggers it, or does it feel like it comes for no reason at all? What were you doing the first time you had one of these attacks?</i>	Recurrent unexpected attacks; does not occur immediately before or after a situation that almost always causes anxiety.	0	1	2	CPD16
<u>Minimum Symptom</u>					
<i>Have you had one attack where you had all those different feelings you described to me (list symptoms child endorsed)? What about with your first attack?</i>	At least one attack with four symptoms.	0	1	2	CPD17
<u>Record maximum number of attacks in a given month.</u>	_____				CPD18
<u>Record number of attacks in past week.</u>	_____				CPD19
<u>Fear of Having Another Attack</u>					
<i>After this happened, were you worried or afraid that it might happen again? How much did you think about it? Did you avoid exercise or other activities out of fear of having another attack?</i>	One or more attacks followed by at least one-month of persistent fear of another attack, or maladaptive change in behavior related to the attacks	0	1	2	CPD20

Codes: 0 = No information. 1 = No. 2 = Yes.

	<u>Criteria</u>	<u>Lifetime/Most Severe Episode</u>				
<u>Onset of Attacks</u>						
	<i>How long does it take from when you start to have the scary feeling to when it's at its worst (list positive symptoms)? How many minutes, usually?</i>	During at least one attack four symptoms developed suddenly and intensified within 10 minutes.	0	1	2	CPD21
<u>Agoraphobia</u>						
	<i>Since you started having these attacks, have you been staying home more? Have you been avoiding crowds, being outside alone, or traveling? Have you started to dread these things because you are afraid you might have one of these attacks? When you do go out, do you feel really scared thinking about what might happen if you do have another one of these attacks?</i>	Travel restricted, or companion needed when away from home due to fear of having an intense anxiety experienced when out.	0	1	2	CPD22
<u>Impairment</u>						
	A. Socially (with peers)		0	1	2	CPD23
<hr/>						
	B. With Family		0	1	2	CPD24
<hr/>						
	C. In School		0	1	2	CPD25

Codes: 0 = No information. 1 = No. 2 = Yes.

Lifetime/Most Severe Episode

Evidence of Panic Disorder

0 1 2 CPD26

DSM-5-Criteria

- A. Recurrent unexpected panic attacks. A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes, and during which time four (or more) of the following occur:
 - (1) Palpitations, pounding heart, or accelerated heart rate; (2) Sweating; (3) Trembling or Shaking; (4) Sensations of shortness of breath or smothering; (5) Feelings of choking; (6) Chest pain or discomfort; (7) Nausea or abdominal distress; (8) Feeling dizzy, unsteady, light-headed, or faint; (9) Chills or heat sensations; (10) Paresthesias (numbness or tingling sensations). (11) Derealization (feeling of unreality) or depersonalization (being detached from oneself); (12) Fear of losing control or going crazy"; (13) Fear of dying.
- B. At least one of the attacks was followed by 1 month (or more) of one or both of the following:
 - (1) Persistent concern about additional attacks or their consequences (e.g., losing control, having a heart attack, going crazy)
 - (2) A significant maladaptive change in behavior related to the attacks
- C. Disturbance not attributable to the physiological effects of a substance or another medical condition (e.g., hyperthyroidism, cardiopulmonary)
- D. Disturbance not better explained by another mental disorder (e.g., as in social anxiety; in response to circumscribed phobic objects; reminders of traumas, etc.)

Codes: 0 = No information. 1 = Not present. 2 = Probable. 3 = Definite.

Probable Diagnosis:

- 1. Meets criteria for core symptoms of the disorder.
- 2. Meets all but one, or a minimum of 75% of the remaining criteria required for the diagnosis
- 3. Evidence of functional impairment

Lifetime/Most Severe Episode Diagnosis: _____

CPD27

Age of Onset: _____

CPD28

**K-SADS-PL 2013:
POST-TRAUMATIC STRESS DISORDER**

**Advanced Center for Intervention and Services Research (ACISR) for Early
Onset Mood and Anxiety Disorders
Western Psychiatric Institute and Clinic**

**Child and Adolescent Research and Education (CARE) Program
Yale University**

Modified for the National Mental Health Study

Interviewer ID:

QUESTID:

Date of Interview:

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K-SADS Screen Interview: POST-TRAUMATIC STRESS DISORDER

If CIDI screen = positive (+) or subthreshold: Say, “In your earlier interview you having one or more highly stressful experiences in your lifetime. The next questions are about that.” Then proceed with Post-Traumatic Stress Disorder screen.

If CIDI screen = negative (-): Proceed with Post-Traumatic Stress Disorder screen.

Codes: 0 = No information. **1** = No. **2** = Yes.

Traumatic Events

Probe: I am going to ask you about a number of bad things that sometimes happen to children your age, and I want you to tell me if any of these things have ever happened to you. Be sure to tell me if any of these things have ever happened, even if they only happened one time.

	<u>Criteria</u>	<u>Lifetime/Ever</u>			
<u>Car Accident</u>					
<p><i>Have you ever been in a bad car accident? What happened? Were you hurt? Was anyone else in the car hurt?</i></p>	<p>Significant car accident in which child or other individual in car was injured and required medical intervention.</p>	0	1	2	PTS1
<u>Other Accident</u>					
<p><i>Have you ever been in any other type of bad accidents? What about a biking accident? Other accidents? What happened? Were you hurt?</i></p>	<p>Significant accident in which child was injured and required medical intervention.</p>	0	1	2	PTS2
<u>Fire</u>					
<p><i>Were you ever in a serious fire? Did your house or school ever catch on fire? Did you ever start a fire that got out of control? What happened? Did anyone get hurt? Was there a lot of damage?</i></p>	<p>Child close witness to fire that caused significant property damage or moderate to severe physical injuries.</p>	0	1	2	PTS3

Codes: 0 = No information. **1** = No. **2** = Yes.

Traumatic Events (continued)

Probe: I am going to ask you about a number of bad things that sometimes happen to children your age, and I want you to tell me if any of these things have ever happened to you. Be sure to tell me if any of these things have ever happened, even if they only happened one time.

	<u>Criteria</u>	<u>Lifetime/Ever</u>			
<u>Witness of a Disaster</u>					
<i>Have you ever been in a really bad storm, like a tornado or a hurricane? Have you ever been caught in floods with waters that were deep enough to swim in?</i>	Child witness to natural disaster that caused significant devastation	0	1	2	PTS4
<u>Witness of a Violent Crime</u>					
<i>Did you ever see someone rob someone or shoot them? Steal from a store or jump someone? Take someone hostage? What happened? Where were you when this happened? Was anyone hurt?</i>	Child close witness to threatening or violent crime.	0	1	2	PTS5
<u>Victim of a Violent Crime</u>					
<i>Did anyone ever mug you or attack you in some other way? What happened? Were you hurt?</i>	Child victim of seriously threatening or violent crime.	0	1	2	PTS6
<u>Confronted with Traumatic News</u>					
<i>Have you ever gotten some really bad news unexpectedly? Like found out someone you loved just died or was sick and would never get better?</i>	Learned about sudden, unexpected death of a loved one, or that loved one has life-threatening disease.	0	1	2	PTS7

Codes: 0 = No information. 1 = No. 2 = Yes.

Traumatic Events (continued)

Probe: I am going to ask you about a number of bad things that sometimes happen to children your age, and I want you to tell me if any of these things have ever happened to you. Be sure to tell me if any of these things have ever happened, even if they only happened one time.

	<u>Criteria</u>	<u>Lifetime/Ever</u>			
<u>Terrorism Related Trauma</u>					
<i>Were you affected by the events of Boston Marathon bombing or any other terrorist attack?</i>	Loved one missing for extended period of time or seriously injured or killed by terrorist attack.	0	1	2	PTS8
<u>War Zone Trauma</u>					
<i>Have you ever lived in a war zone? Had your home attacked? Witnessed the killing or rape of others? Seen everything around you set on fire?</i>	Lived in war zone. Witnessed death and mass destruction.	0	1	2	PTS9
Protective Services: Has your family ever received services from CYS/DCF?	Current:	0	1	2	PTS10
	Past:	0	1	2	PTS11
<u>Witness to Domestic Violence</u>					
<i>Some kids' parents have a lot of nasty fights. They call each other bad names, throw things, threaten to do bad things to each other, or sometimes really hurt each other. Did your parents (or does your mother or father and his or her partner) ever get in really bad fights? Tell me about the worst fight you remember your parents having. What happened?</i>	Child witness to explosive arguments involving threatened or actual harm to parent.	0	1	2	PTS12

Codes: 0 = No information. **1** = No. **2** = Yes.

Traumatic Events (continued)

Probe: I am going to ask you about a number of bad things that sometimes happen to children your age, and I want you to tell me if any of these things have ever happened to you. Be sure to tell me if any of these things have ever happened, even if they only happened one time.

	<u>Criteria</u>	<u>Lifetime/Ever</u>			
<u>Physical Abuse</u>					
<i>Did a grown-up at home (who took care of you) ever hit you when they got mad at you? This could be a parent, babysitter, or other grown-up who watches you. Have you ever been hit so that you had bruises or marks on your body, or were hurt in some way? What happened?</i>	Bruises sustained on more than one occasion, or more serious injury sustained.	0	1	2	PTS13
<u>Sexual Abuse</u>					
<i>Did anyone ever touch you in your private parts when they shouldn't have? What happened? Has someone ever touched you in a way that made you feel bad? Has anyone who shouldn't have ever made you undress, touch you between the legs, make you get in bed with him/her, or make you play with his private parts? Was CYF ever involved with your family?</i>	Isolated or repeated incidents of genital fondling, oral sex, or vaginal or anal intercourse.	0	1	2	PTS14
<u>Illness</u>					
<i>Have you ever had a life-threatening illness? Have you ever found out you were sick and would not get better?</i>	Has a life-threatening disease.	0	1	2	PTS15
<u>Harm to Others</u>					
<i>Have you ever caused someone else to have serious suffering, injury, or death? What happened?</i>	Caused someone else serious suffering, injury, or death.	0	1	2	PTS16

Codes: 0 = No information. 1 = No. 2 = Yes.

Traumatic Events (continued)

Probe: I am going to ask you about a number of bad things that sometimes happen to children your age, and I want you to tell me if any of these things have ever happened to you. Be sure to tell me if any of these things have ever happened, even if they only happened one time.

	<u>Criteria</u>	<u>Lifetime/Ever</u>			
<u>Other</u>					
<i>Is there anything else that happened to you that was really bad, or something else you saw that was really scary, that you want to tell me about?</i>	Record incident below: _____ _____	0	1	2	PTS17
If parental substance abuse and/or neglect known or suspected: <i>Has there ever been a time when your mom or dad went on a drug binge and left you and your siblings alone for a day or longer? Were you worried they wouldn't come home or that something bad happened to them?</i>	_____ _____ _____ _____				

- **IF EVIDENCE OF PAST TRAUMA (A SCORE OF "2" ON ANY ITEM), COMPLETE THE POST-TRAUMATIC STRESS DISORDER QUESTIONS ON THE FOLLOWING PAGE.**
- **IF NO EVIDENCE OF PAST TRAUMA, END THE SCREENING INTERVIEW. RECORD TIME.**

NOTE: (RECORD DATES OF PAST TRAUMATIC EVENTS).

Codes: 0 = No information. **1** = No. **2** = Yes.

NOTE: If more than one traumatic event was endorsed, inquire about symptom presence in relation to ANY of the traumas.

NOTE: In discussing traumatic events with children, it is important to use their language in your dialogue (e.g., do you think about when he stuck his pee-pee up your bum often?)

Lifetime/Ever

Recurrent Memories, Thoughts or Images

<i>Has there ever been a time when you kept seeing _____ again and again? How often did this happen? Did what happen keep coming into your mind? Did you think about it a lot?</i>	0	1	2	PTS18
--	---	---	---	-------

Feelings of Detachment

<i>Is it hard for you to trust other people? Do you feel like being alone more often than before? Like you just don't feel like being around people now that you used to like being around before? Do you feel alone even when you are with other people?</i>	0	1	2	PTS19
---	---	---	---	-------

Efforts to Avoid Activities or Situations that Remind you of the Trauma

<i>Are there places or things that remind you of _____? Do you try to avoid them? You said before that _____ sometimes reminds you of what happened. Do you try to avoid _____?</i>	0	1	2	PTS20
---	---	---	---	-------

Nightmares

<i>Has there ever been a time when you had a lot of nightmares? Did you ever dream about _____? How often? Do you have other scary dreams?</i>	0	1	2	PTS21
--	---	---	---	-------

Note: In children content of dreams may be frightening without directly relating to trauma.

Codes: 0 = No information. **1** = No. **2** = Yes.

NOTE: If more than one traumatic event was endorsed, inquire about symptom presence in relation to ANY of the traumas.

NOTE: In discussing traumatic events with children, it is important to use their language in your dialogue (e.g., do you think about when he stuck his pee-pee up your bum often?)

Lifetime/Most Severe Episode

Hypervigilance

Since _____ happened, are you more careful? Do you feel like you always have to watch what's going on around you? Do you double check the doors or windows to make sure they are locked?	0	1	2	PTS22
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- IF RECEIVED A SCORE OF 2 ON ANY OF THE PRECEDING ITEMS, COMPLETE THE POST-TRAUMATIC STRESS DISORDER ITEMS IN THE SUPPLEMENT.
- IF ALL ITEMS ARE MARKED 0 OR 1, STOP INTERVIEW, RECORD TIME.

NOTE: (RECORD DATES OF POSSIBLE CURRENT AND PAST POST-TRAUMATIC STRESS DISORDER).

K-SADS Supplement: POST-TRAUMATIC STRESS DISORDER

Codes: 0 = No information. 1 = No. 2 = Yes.

Lifetime/Most Severe Episode

Dissociative Episodes

<i>Do people say that you daydream a lot? Look spaced-out?</i>	0	1	2	PTS23
<i>Do you lose track of time a lot? Have hours gone by and you've felt unsure of what you did during that time?</i>				

Flashbacks

<i>Do you sometimes have flashbacks – see images of what happened? Has there ever been a time when you felt like was happening again?</i>	0	1	2	PTS24
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Negative Emotions

<i>Since happened, have you been feeling sad or anxious? Angry? Overcome with fear, shame, or guilt?</i>	0	1	2	PTS25
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Sleep Disturbance

<i>After ____ happened, did you have trouble falling or staying asleep? How long did it take you to fall asleep? Did you wake up in the middle of the night? Does your sleep feel restless?</i>	0	1	2	PTS26
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Irritability or Outburst of Anger

<i>After ____ happened, did you feel cranky or grouchy a lot? Were you having a lot of temper tantrums? Have you been more aggressive?</i>	0	1	2	PTS27
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Codes: 0 = No information. **1** = No. **2** = Yes.

Lifetime/Most Severe Episode

Psychological Distress when Exposure to Stimuli that Resemble or Symbolize Event

<i>Has there ever been a time when you felt bad when you were somewhere that reminded you of what happened?</i>	0	1	2	PTS28
<i>Did you sometimes see people on the street that reminded you of _____?</i>				
<i>When you saw someone that reminded you of _____, did it make you feel like it was happening again?</i>				
<i>Were there other things that made you feel like it was happening again?</i>				
<i>Special dates or times of the day that reminded you of _____, and made you feel like it was happening again?</i>				

Inability to Recall an Important Aspect of the Trauma

<i>Do you remember everything that happened to you, or does it seem like parts of it are gone from your mind?</i>	0	1	2	PTS29
<i>Are there parts or details you just can't remember?</i>				

Anhedonia/Decreased Interest in Activities

<i>Since _____ happened, have you been feeling bored a lot?</i>	0	1	2	PTS30
<i>Are things not as much fun as before?</i>				

Efforts to Avoid Memories, Thoughts or Feelings of Traumatic Event

<i>What kind of things do you do or have you done to keep from thinking about _____?</i>	0	1	2	PTS31
<i>To get rid of bad thoughts, some kids, read, do things to keep busy, or go to sleep. Did you ever do any of these things or other things to get rid of those bad thoughts and/or feelings?</i>				

Restricted Affect

<i>Do you sometimes feel like a robot?</i>	0	1	2	PTS32
<i>Is it hard for you to tell how you feel?</i>				
<i>When something sad happens, do you feel sad? When something good happens, do you feel happy? As happy as before or less so?</i>				

Codes: 0 = No information. **1** = No. **2** = Yes.

Lifetime/Most Severe Episode

Sense of Foreshortened Future

What do you think things will be like for you when you grow up? 0 1 2 PTS33
Do you think you will grow up?
Is it hard for you to imagine getting older?

Difficulty Concentrating

Do you have trouble keeping your mind on what you are doing? 0 1 2 PTS34
Is it harder for you to do your homework or read since ____ happened?

Negative Beliefs and Expectation

Since ____ happened, do you expect bad things to happen? Do you feel like the world is not safe? Feel people can't be trusted? 0 1 2 PTS35

Exaggerated Startle Response

Since ____ happened, are you more jumpy? Do little noises really scare you? 0 1 2 PTS36

Physiologic Reactivity Upon Exposure to Events that Symbolize Traumatic Event

When you are in a place that reminds you of _____, does your heart start beating extra hard, or your stomach start to feel like you might throw up? 0 1 2 PTS37

Reckless/Self-Destructive

Since ____ happened have you been doing any risky things? Driving reckless? Sleeping around with people you don't really know? Cutting yourself? Hurting yourself in other ways? 0 1 2 PTS38

No Positive Emotions

Since ____ happened do you feel like nothing makes you happy anymore? Like you can't feel love anymore, even from people you know care about you? 0 1 2 PTS39

Codes: 0 = No information. **1** = No. **2** = Yes.

Lifetime/Most Severe Episode

Impairment

A. Socially (with peers)	0	1	2	PTS40
B. With family	0	1	2	PTS41
C. In school/work	0	1	2	PTS42

Duration (in weeks):

PTS43

Codes: 0 = No information. **1** = No. **2** = Yes.

Lifetime/Most Severe Episode

Evidence of Post-Traumatic Stress Disorder

0

1

2

PTS44

DSM-5-Criteria

- A. Exposure to actual or threatened death, serious injury, or sexual violence in one or more of the following ways: (1) Directly experiencing the traumatic event(s); (2) Witnessing, in person, the event(s) as it occurred to others; (3) Learning that traumatic event(s) occurred to close family member or friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental; (4) Experiencing repeated or extreme exposure to aversive details of traumatic events (e.g. first responders collecting human remains). **Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.**
- B. Presence of one (or more) of the following intrusion symptoms beginning after traumatic event occurred: (1) Recurrent, involuntary and intrusive memories (**Note: May be repetitive play with trauma themes**); (2) Recurrent distressing dreams (**Note: In children content of dreams may be frightening without directly relating to trauma**); (3) Dissociative reactions in which the individual feels or acts as if the traumatic event(s) were reoccurring (e.g. flashbacks; may include trauma-reenactment in children's play); (4) Intense or prolonged psychological distress at exposure to internal or external cues that symbolize traumatic event; (5) Marked physiological reactions to internal and external cues that symbolize or resemble aspect of the traumatic event.
- C. Persistent avoidance of stimuli associated with the traumatic event(s), as evidenced by one or both of the following:
- (1) Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s);
 - (2) Avoidance of or efforts to avoid external reminders (e.g., people, places) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
- D. Negative alterations in cognitions and mood associated with the traumatic events(s), as evidenced by two (or more) of the following: (1) Inability to recall important aspects of the traumatic event(s); (2) Persistent and exaggerated negative beliefs and expectations (e.g., "I am bad," "The world is unsafe"); (3) Distorted cognitions about the causes or consequences of the traumatic event (e.g. blame self); (4) Persistent negative emotional states (e.g., anger, fear, guilt, shame); (5) Markedly diminished interest or participation in significant activities; (6) Feelings of detachment or estrangement from others; (7) Persistent inability to experience positive emotions (e.g. love, happiness).
- E. Marked alterations in arousal and reactivity associated with the traumatic event, as evidenced by two (or more) of the following: (1) Irritable or aggressive behaviors, (2) Reckless or self-destructive behavior, (3) Hypervigilance, (4) Exaggerated startle response;

(5) Concentration problems; (6) Sleep disturbance (e.g., difficulty falling or staying asleep, restless sleep).

F. Duration of the disturbance (Criteria B, C, D, and E) I more than one month.

G. Evidence of functional impairment or clinically significant distress.

H. Disturbance is not attributed to a substance or another medical condition.

Codes: 0 = No information. 1 = Not present. 2 = Probable. 3 = Definite. 4 = In partial remission*

Probable Diagnosis:

1. Meets criteria for core symptoms of the disorder.

2. Meets all but one, or a minimum of 75% of the remaining criteria required for the diagnosis

3. Evidence of functional impairment

Lifetime/Most Severe Episode Diagnosis: _____

PTS45

Age of Onset Post-Traumatic Stress Disorder: _____

PTS46

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**K-SADS-PL 2013:
SOCIAL ANXIETY DISORDER**

**Advanced Center for Intervention and Services Research (ACISR) for Early
Onset Mood and Anxiety Disorders
Western Psychiatric Institute and Clinic**

**Child and Adolescent Research and Education (CARE) Program
Yale University**

Modified for the National Mental Health Study

Interviewer ID:

QUESTID:

Date of Interview:

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K-SADS Screen Interview: SOCIAL ANXIETY DISORDER

If CIDI screen = positive (+) or subthreshold: Say, “In your earlier interview you said that you have felt really, really shy with other people before. The next questions are about that.” Then proceed with Social Anxiety Disorder screen.

If CIDI screen = negative (-): Proceed with Social Anxiety Disorder screen.

Fear of Social Situations

Are you a very shy person?

Have you ever felt nervous, self-conscious or shy around people that you didn't know very well?

Is it difficult for you to be with other kids - even kids you know?

What kind of situations make you feel uncomfortable?

Speaking in front of others (e.g. answering questions in class, giving oral reports, show & tell)?

Eating in front of others (e.g. school cafeteria, fast food restaurant)?

Writing in front of others (e.g. at chalkboard, taking tests)?

Using public bathrooms when others are around?

Performance situations (e.g. gym class, recess, sports activities)?

Changing clothes when others are present (e.g., in gym/pool locker room)?

Going to parties or social events?

How old were you when you first started to feel this way?

For how long have you been feeling this way?

NOTE: SHYNESS AND FEAR OF SOCIAL SITUATIONS MUST BE SIGNIFICANTLY AFFECTING THE CHILD. DO NOT RATE POSITIVELY IF EXCLUSIVELY ACCOUNTED FOR BY ANOTHER PSYCHIATRIC DISORDER (i.e., AUTISM SPECTRUM DISORDER)

0 – No information

1 – Not present

2 – Subthreshold: Clearly self-conscious and uncomfortable in social performance situations; avoids only 1 or 2 activities that are not critical to the child's well-being (e.g., avoiding large parties where child knows no one).

3 – Threshold: Considerable self-consciousness that makes the child uncomfortable in several social settings; at least 1 activity is avoided (e.g., repeatedly and persistently refusing to answer questions in class, avoiding gatherings where child does not know everyone). A marked and persistent fear of social performance situations - fears acting in a way (or showing anxiety symptoms) that will be humiliating or embarrassing. **DO NOT CODE AS THRESHOLD IF THE CHILD'S ONLY FEAR IS GIVING ORAL PRESENTATIONS AT SCHOOL.**

SAD1

- IF A SCORE OF 3 ON THE ABOVE ITEM, COMPLETE THE SOCIAL ANXIETY SUPPLEMENT AFTER FINISHING THE SCREEN INTERVIEW.

- IF A SCORE OF 1 or 2, STOP INTERVIEW, RECORD TIME.

NOTES: (RECORD DATES OF POSSIBLE CURRENT AND PAST SOCIAL ANXIETY.)

K-SADS Supplement: SOCIAL ANXIETY DISORDER

Codes: 0 = No information. 1 = No. 2 = Yes.

Lifetime/Most Severe Episode

Review Situations that Elicit Distress.

<input type="checkbox"/> Talking in class	0	1	2	SAD2
<input type="checkbox"/> Writing on the chalkboard				
<input type="checkbox"/> Going to parties/social events				
<input type="checkbox"/> Performance situations				
<input type="checkbox"/> Eating in front of others				
<input type="checkbox"/> Using public restrooms				
<input type="checkbox"/> Changing in front of others				
<input type="checkbox"/> Talking in any social situation				
<input type="checkbox"/> Other (specify)				

Exposure Almost Always Elicits Anxiety

<i>Do you get really stressed when (inquire about social situations that were identified)? When _____ does your hear race? Do you feel lightheaded? Do you sometimes freeze or find you cannot speak? Do you cry or have temper tantrums?</i>	0	1	2	SAD3
---	---	---	---	------

Avoidance or Endures with Severe Anxiety

<i>Have you ever avoided doing any of these things that we've talked about because you felt shy or worried about what other people would think or say about you? How often (daily, once a week, etc.)? Were you very uncomfortable every time or almost every time that you were in these situations? How uncomfortable were you? Do you continue to do these things even though they make you feel uncomfortable or nervous? In what ways does your nervousness or discomfort show (e.g., shaky hands or voice, rash)?</i>	0	1	2	SAD4
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Fears Humiliation, Embarrassment or Rejection

0 1 2 SAD5

*Do you worry about being embarrassed or worry about kids rejecting you?***Impairment**

A. Socially (with peers) 0 1 2 SAD6

B. With Family: 0 1 2 SAD7

C. In School: 0 1 2 SAD8

Fear is Out of Proportion to Actual Threat

0 1 2 SAD9

Duration (record duration in months)*How long has this been going on?* SAD10**Criteria:**

Social Anxiety Disorder: six or more months

Evidence of a Precipitant

0 1 2 SAD11

(specify)

Codes: 0 = No information. 1 = No. 2 = Yes.

Lifetime/Most Severe Episode

Evidence of Social Anxiety Disorder

0 1 2 SAD12

DSM-5-Criteria

- A. Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others.
NOTE: In children, the anxiety must occur in peer settings and not just in interactions with adults.
- B. Fears that he or she will show anxiety symptoms that will be negatively evaluated (e.g., embarrassing, lead to rejection or offend others).
- C. Exposure to feared situation almost always provoke anxiety (may be expressed as crying, tantrums, freezing, clinging, shrinking or failure to speak).
- D. Social situations are avoided or endured with intense anxiety.
- E. Fear is out of proportion to actual threat and the sociocultural context.
- F. Persistent fear, anxiety or avoidance is persistent, lasting for at least 6 months or more.
- G. Significant distress or impairment in social, academic, occupational, or other important areas of functioning.
- H. Not attributable to the physiological effects of a substance or another medical condition.
- I. The fear and anxiety not better explained by the symptoms of another mental disorder, such as panic disorder or autism spectrum disorder.
- J. If another medical condition (e.g., disfigurement from burns or injury) is present, the fear, anxiety, or avoidance is clearly unrelated or excessive.

Specify if:

Performance ONLY: if the fear is restricted to speaking or performing in public.

0 1 2 SAD13

Codes: 0 = No information. 1 = Not present. 2 = Probable. 3 = Definite.

Probable Diagnosis:

1. Meets criteria for core symptoms of the disorder.
2. Meets all but one, or a minimum of 75% of the remaining criteria required for the diagnosis
3. Evidence of functional impairment

Social Anxiety Lifetime/Most Severe Episode Diagnosis: _____

SAD14

Social Anxiety Age of Onset: _____

SAD15

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**K-SADS END MODULE:
CHILD INTERVIEW**

That was my last question. Thank you for your time and willingness to talk to me about how things have been going for you.

Sometimes the kind of things we just talked about can make people feel upset. You might also feel like you would like to talk with a counselor. If you are feeling upset by the personal things we have talked about today and you would like to speak to someone about your feelings, I suggest you talk with your parent, doctor, a school counselor, or any other adult in your life who you trust. There is also a phone number you can call to talk with someone who can help you any hour of the day or night. This number is on the receipt for the \$30 you received from the interviewer who met with you earlier. Do you still have that receipt?

IF NO: I would like to give you the hotline number for the Boys Town National Hotline, where counselors are available to talk at any time of the day or night. They help both boys and girls. They can also give you information about where to get help and find someone to talk to in your city/town. Do you have something to write with? Their toll-free number is 1-800-448-3000. Can you read that number back to me?

IF YES: OK. Please know that counselors available through this phone number can talk to you at any time of the day or night. They can also give you information about where to get help and find someone to talk to in your city/town.

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

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

Module End Time: ____ ____ : ____ ____ **AM/PM**

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