

**WMH SCID 2000-1 (REVISED)**  
**STRUCTURED CLINICAL INTERVIEW FOR DSM-IV AXIS I DISORDERS**  
**Modified for use in the World Mental Health 2000 Project**

**Study:** NSAL **Site:** ANN ARBOR

**Respondent:** \_\_\_\_\_ **Respondent No.:** \_\_\_\_\_

**Interviewer:** \_\_\_\_\_ **Interviewer No.:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Date of Interview:** \_\_\_\_\_  
Month Day Year

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **Time interview began:** \_\_\_\_\_  
**ended:** \_\_\_\_\_  
**Time spent on Notes, Ratings:** \_\_\_\_\_

**Contact log (attempts to reach respondent):**

**Edited and checked by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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New York, New York 10032

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**EDUCATION AND WORK HISTORY**

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

YEARS OF EDUCATION:

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

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

---

Are you working now?

---

IF YES: How long have you worked there?

---

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

---

Have you always done that kind of work?

---

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

---

How are you supporting yourself Now?

---

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

---

IF YES: When? Why was that?

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**PAST PERIODS OF PSYCHOPATHOLOGY**

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

Have you ever seen anybody for emotional or psychiatric problems?

---

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

---

(Have you ever had emotional or psychiatric problems that you didn't discuss with a doctor or anyone like that?)

---

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

P05

(Was there ever a time when you, or someone else, thought you should see someone because of the way you were feeling or acting?)

---

---

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

---

Can you tell me briefly what that was like?

---

What about treatment for drugs or alcohol?

Have you ever been in a hospital for treatment of psychiatric or emotional problems? (How about inpatient detox or drug or alcohol rehabilitation?)

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

P06

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

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

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---

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

---

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

---

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

---

(What was that like?)

---

**PSYCHOPATHOLOGY DURING THE PAST MONTH**

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

Has anything happened that has been especially hard for you?

---

How has your mood been?

---

Do you take any medications or vitamins?

---

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

---

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

---

**CURRENT SOCIAL FUNCTIONING**

How have you been spending your free time?

---

Who do you spend time with?

---

What do you worry about most?

---

**LIFE CHART**

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

IF R APPEARS UNABLE TO COMPLETE THE INTERVIEW DUE TO THE INTERFERENCE OF DEMENTIA OR OTHER ORGANIC FACTORS, PLEASE GO TO DEMENTIA SCREENING AT THE END OF THE INTERVIEW.

IF R APPEARS TO BE UNDER THE INFLUENCE OF PSYCHOACTIVE SUBSTANCES OR INTOXICATED, DISCONTINUE THE INTERVIEW AND RESCHEDULE IT FOR ANOTHER TIME.

GO TO SCREENING MODULE.

**REVISED SCID SCREENING MODULE**

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

CIDI SC 20.

? Did you ever have...

.....an attack of fear or panic when all of a sudden you felt very frightened, anxious, or uneasy. (?)

Has that happened in the past 12 months?

1	2	3	SC01
NO	Yes, but not in the past 12 months	Yes, in the past 12 months	

|  
GO TO  
SC 21

CIDI SC 20a.

? Did you ever have...

- SKIP

... an attack when all of a sudden

- you became very uncomfortable,
- you either became short of breath, dizzy, nauseous, or your heart pounded
- or you thought that you might lose control, die, or go crazy. (?)

Has that happened in the past 12 months?

1	2	3	SC02
NO	Yes, but not in the past 12 months	Yes, in the past 12 months	

CIDI SC 21.

? Did you ever have...

- SKIP

... a period lasting several days or longer when most of the day you felt sad, empty, or depressed. (?)

Has that happened in the past 12 months?

1	2	3
NO	Yes, but not in the past 12 months	Yes, in the past 12 months

SC03

GO TO  
SC 26

CIDI SC 22.

? Did you ever have...

- SKIP

... a period lasting several days or longer when most of the day you were very discouraged about how things were going in your life. (?)

Has that happened in the past 12 months?

1	2	3
NO	Yes, but not in the past 12 months	Yes, in the past 12 months

SC04

GO TO  
SC 26

CIDI SC 23.

? Did you ever have...

- SKIP

... a period lasting several days or longer when you lost interest in most things you usually enjoy like work, hobbies, and personal relationships. (?)

Has that happened in the past 12 months?

1	2	3
NO	Yes, but not in the past 12 months	Yes, in the past 12 months

SC05

GO TO  
SC 26

[IRRITABILITY SCREENING QUESTION]

? Did you ever have...

- SKIP

... a period lasting several days or longer, when you were very irritable, grouchy, or in a bad mood?

Has that happened in the past 12 months?

1	2	3
NO	Yes, but not in the past 12 months	Yes, in the past 12 months

SC06



CIDI SC 26.

? Did you ever have...

- SKIP

... a time in your life when you were a "worrier" – that is, when you worried a lot more about things than other people with the same problems as you. (?)

Has that happened in the past 6 months?

1	2	3
NO	Yes, but not in the past 6 months	Yes, in the past 6 months

SC09

GO TO  
SC 29

CIDI SC 26a.

? Did you ever have...

- SKIP

... a time in your life when you were much more nervous or anxious than most other people with the same problems as you. (?)

Has that happened in the past 6 months?

1	2	3
NO	Yes, but not in the past 6 months	Yes, in the past 6 months

SC10

GO TO  
SC 29

CIDI SC 26b.

? Did you ever have...

- SKIP

... a period lasting six months or longer when you were anxious and worried most days. (?)

Has that happened in the past 6 months?

1	2	3
NO	Yes, but not in the past 6 months	Yes, in the past 6 months

SC11

CIDI SC 29.

? Did you ever have...

- SKIP

... a time in your life when you had a strong fear of social or performance situations like giving a speech, meeting new people, going to parties, speaking up at a meeting, being in a dating situation, or using a public bathroom. (?)

Has that happened in the past 12 months?

1	2	3
NO	Yes, but not in the past 12 months	Yes, in the past 12 months

SC13

CIDI SC 30.

? Did you ever have...

- SKIP

... a time in your life when you had a strong fear of either being in crowds, going to public places, traveling alone, or traveling away from home. (?)

Has that happened in the past 12 months?

1	2	3
NO	Yes, but not in the past 12 months	Yes, in the past 12 months

SC14

[PTSD QUESTION]

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

TRAUMATIC EVENTS REPORTED:
_____
_____
_____
_____

... (a) (TRAUMATIC EVENT(S)).

1	2	3	SC15
NO	Yes, but not in the past 12 months	Yes, in the past 12 months	

What traumatic event or events have you experienced?  
(Anything else?)

Sometimes after experiencing very upsetting events like this/these, people have psychological or emotional reactions, such as nightmares, thoughts they can't get out of the heads, or trying to avoid anything that reminds them of the event. Did you ever have any reactions like that after (it/ that event/ any of those events/ TRAUMATIC EVENT?

(IF YES: Has that happened in the past 12 months?)

- SKIP

SCID SUBSTANCE QUESTION 1.  
What are your drinking habits like?  
(Has there been any time in your life when you had five or more drinks (beer, wine, or liquor) (on one occasion/at the one time)?)

1	2	3	SC16
NO	Yes, but not in the past 12 months	Yes, in the past 12 months	

Has that happened in the past 12 months?

---

**SCID SUBSTANCE QUESTION 2.**

Have you ever used street drugs?/  
 Have you taken any illegal drugs?  
 (Are you on anything? Drugs? Other substances?)

1	2	3	SC17
NO	Yes, but not in the past 12 months	Yes, in the past 12 months	

Has that happened in the past 12 months?

---

**SCID SUBSTANCE QUESTION 3.**

Have you ever gotten "hooked" on a prescribed medicine or taken  
 a lot more of it than you were supposed to?

1	2	3	SC18
NO	Yes, but not in the past 12 months	Yes, in the past 12 months	

Has that happened in the past 12 months?

---

**END OF SCREENING QUESTIONS**

COMPLETE SCREENING LIST ON  
 THE NEXT PAGE BEFORE  
 CONTINUING.

**SCREENING LIST**

CIRCLE HERE FOR ALL POSITIVE SCREENING QUESTIONS ON SCID.

CIDI SC 20	<u>an attack of fear or panic</u>	3
CIDI SC 20a	attack when became very uncomfortable, dizzy, nauseous, <b>losing control</b>	3
CIDI SC 21	felt <u>sad, empty, or depressed</u>	3
CIDI SC 22	<u>discouraged</u>	3
CIDI SC 23	<u>lost interest</u>	3
IRRITABILITY SC. QUESTION	very irritable grouchy, or in a bad mood	3
CIDI SC 26	<u>worrier</u>	3
CIDI SC 26a	<u>nervous or anxious</u>	3
CIDI SC 26b	period lasting six months or longer <b>when you were anxious and worried most days</b>	3
CIDI SC 29	strong fear of social or performance situations	3
CIDI SC 30	strong fear of <u>crowds, public places</u>	3
PTSD QUESTION	traumatic event	3
SCID SUBSTANCE QUESTION 1	five or more drinks	3
SCID SUBSTANCE QUESTION 2	used street drugs/illegal drugs	3
SCID SUBSTANCE QUESTION 3	“hooked” on prescribed medicine	3

HELP RESPONDENT SHIFT TO MORE OPEN-ENDED, CLINICAL-STYLE INTERVIEW.

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Let me review: You've had (LIST PROBLEMS ENDORSED ABOVE) in the past 12 months.

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→ ( IF MORE THAN ONE 3 ("Yes, in the past 12 months") RESPONSE, SAY: Thinking back over the past 12 months and the problems we just mentioned, which would you say was the hardest for you personally? )

USE OWN WORDS

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→ IF ONLY ONE 3 ("Yes, in the past 12 months") RESPONSE:

Could you tell me in your own words what (that/ PROBLEM) was like?

---

---

---

RESPOND APPROPRIATELY, BRIEFLY, SAYING SOMETHING LIKE: (That sounds important. We will be talking more about that a little later.)

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SC19

**NOTE TO INTERVIEWER:** Throughout the SCID interview, if R volunteers information about any disorders other than the ones herein addressed, interviewer should respond only as much as necessary to insure an appropriately sympathetic clinical rapport. Follow-up questions may be asked if necessary, as follows:

- Did PROBLEM (cause you a lot of distress/ make you very unhappy)?
- Did PROBLEM interfere with your normal life and activities?
- Did you have other (emotional/psychological) problems during the same time you had PROBLEM?
- Are you still suffering from PROBLEM?
- When was the last time you HAD PROBLEM?

**\*IN THE FOLLOWING DIAGNOSTIC SECTIONS, SCORE ITEMS AS FOLLOWS:**

**1 = ABSENT OR FALSE**

**2 = SUBTHRESHOLD**

**3 = THRESHOLD OR TRUE**

**8 = PRESENT, BUT CLEARLY DUE TO A MEDICAL  
CONDITION**

**9 = INADEQUATE INFORMATION**

**A. DEPRESSION AND DYSTHYMIA**

**TIME:** \_\_\_\_\_

WHEN RATING THE FOLLOWING ITEMS, REMEMBER YOU MUST HAVE ENOUGH INFORMATION FROM THE RESPONDENT TO ALLOW YOU TO JUDGE WHETHER MDE CRITERIA ARE PRESENT. IT IS NOT ENOUGH TO BASE THIS ON A YES OR NO ANSWER FROM THE RESPONDENT. DO NOT RATE PRESENT IF INSUFFICIENT EVIDENCE. RATE "9" (INADEQUATE INFORMATION).

**\*MAJOR DEPRESSIVE EPISODE\***

**MDE CRITERIA**

\*IF CIDI SCREENING QUESTION #21 = 3,

OR

\*IF CIDI SCREENING QUESTION #22 = 3,

OR

\*IF CIDI SCREENING QUESTION #23 = 3,

OR

\*IF IRRITABILITY QUESTION = 3,

GO TO A.2





NOTE: WHEN RATING THE FOLLOWING ITEMS, CODE "8" IF CLEARLY DUE TO A GENERAL MEDICAL CONDITION OR MOOD INCONGRUENT DELUSIONS OR HALLUCINATIONS.

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

A CRITERIA SKIPOUT:  
LESS THAN 10 DAYS SKIPOUT  
10-13 days, code a "2" and do the section.

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

IF NECESSARY:  
In the past 12 months, that is since MONTH YEAR, . . .  
... has there been a period of time when you were feeling (depressed or down/OTHER PHRASE ABOVE) most of the day nearly every day? (What was that like?)

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

1 2 3 \_ 8 9 A001

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

DESCRIBE, VERBATIM IF POSSIBLE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When was that?

IF NECESSARY:  
In the past 12 months, that is since MONTH YEAR, . . .

INTERVIEWER: THIS IS NOT A DSM-IV CRITERION.

... has there been a period of time when you were feeling (very irritable, grouchy, or in a bad mood) most of the day nearly every day? (What was that like?)

(1a) irritable mood most of the day, nearly every day for at least two weeks.

1 2 3 \_ 8 9 A002

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

DESCRIBE, VERBATIM IF POSSIBLE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When was that?



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

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

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

DESCRIBE, VERBATIM IF

POSSIBLE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1 2 3 \_ 8 9 | A003

A CRITERION SKIP OUT:  
Episodes lasted less than 10 days,  
mark box and skip to next diagnosis.



FOR THE FOLLOWING QUESTIONS, FOCUS ON THE WORST TWO WEEKS IN THE PAST 12 MONTHS (OR ELSE THE MOST RECENT TWO WEEK PERIOD IF EQUALLY DEPRESSED OR IRRITABLE FOR LONGER PERIOD).

INTERVIEWER NOTE: IF TIME PERIOD IS ASSOCIATED WITH BEREAVEMENT, INQUIRE ABOUT ADDITIONAL TIMES OF DEPRESSION IN PAST 12 MONTHS.

IDENTIFY THIS TWO WEEK PERIOD WITH APPROPRIATE ANCHORING EVENT:

\_\_\_\_\_

During this (TWO WEEK PERIOD) . . .

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

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

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

1 2 3 \_ 8 9

A004

Check if:

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

A005

A006

DESCRIBE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Weight Gain/Loss Chart

5% Loss	Weight	5% Gain
95	100	105
100	105	110
105	110	115
109	115	121
114	120	126
119	125	131
124	130	136
128	135	142
133	140	147
138	145	152
143	150	157
147	155	163
152	160	168
157	165	173
162	170	178
166	175	184
171	180	189
176	185	194
181	190	199
185	195	205

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

(4) insomnia or hypersomnia nearly every day

1 2 3 \_ 8 9

A007

Check if:

\_\_\_ insomnia

A008

\_\_\_ hypersomnia

A009

DESCRIBE:

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

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

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

1 2 3 \_ 8 9

A010

NOTE: CONSIDER BEHAVIOR DURING THE INTERVIEW

What about the opposite --

Check if:

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

\_\_\_ psychomotor retardation

A011

\_\_\_ psychomotor agitation

A012

DESCRIBE:

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

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

(6) fatigue or loss of energy nearly every day

1 2 3 \_ 8 9

A013

DESCRIBE:

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





During this time . . .

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

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

1 2 3 \_ 8 9

A014

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

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

Check if:

worthlessness

inappropriate guilt

A015

A016

DESCRIBE:

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

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

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

1 2 3 \_ 8 9

A017

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

Check if:

diminished ability to think

indecisiveness

A018

A019

DESCRIBE:

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



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

(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 \_ 8 9

A020

IF YES: Did you do anything to hurt yourself?

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

Check if:

\_\_\_ thoughts of own death

\_\_\_ suicidal ideation

\_\_\_ specific plan

\_\_\_ suicide attempt

A021

A022

A023

A024

DESCRIBE:

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

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

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

1 2 3 \_ 8 9

A025

NOTE ASPECTS OF IMPAIRMENT :

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

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



Just before this began, were you physically ill?

IF YES: What did the doctor say?

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

Just before this began, were you using any medications?

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

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

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

DESCRIBE:

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

1 3 \_ 9

A026

IF THERE IS ANY INDICATION THAT THE DEPRESSION MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE), GO TO \*GMC/ SUBSTANCE, \* A. 21 , AND RETURN TO MAKE A RATING OF "1"OR "3."

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

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



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

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

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

1      3    \_      9

A082

IF THERE ARE ANY DEPRESSIVE SYMPTOMS PRESENT, GO TO MADRS, A. 10.  
 IF NO DEPRESSIVE SYMPTOMS, GO TO ALCOHOL ABUSE, E. 1.





**MADRS DEPRESSION SCALE  
FOR MAJOR DEPRESSIVE EPISODE**

**RATE THESE ITEMS FOR THE SAME PERIOD AS M.D.E., A. 1- A. 9.  
WORST PERIOD IN THE PAST 12 MONTHS.**

**NOTE WORST TIME PERIOD:** \_\_\_\_\_

The rating scale should be based on a clinical interview moving from broadly phrased questions about symptoms to more detailed ones that allow a precise rating of severity. The rater must decide whether the rating lies on the defined scale steps (0, 2, 4, 6) or between them (1, 3, 5).

**INTERVIEWER NOTE:** Use the questions below (from the SIG-MA) if necessary to rate the MADRS items.

<p><b>During (worst period), were you feeling sad or unhappy? Depressed at all? Hopeless? IF YES: How bad has that been?</b></p> <p><b>IF DEPRESSED: Have you felt better when you get your mind on other things or when something pleasant happens, or have you felt bad no matter what else happens? (What things have made you feel better?)</b></p>	<p><b>REPORTED SADNESS:</b> representing reports of depressed mood, regardless of whether it is reflected in appearance or not. Includes low spirits, despondency or the feeling of being beyond help and without hope. Rate according to intensity, duration and the extent to which the mood is reported to be influenced by events.</p> <p>0 - Occasional sadness in keeping with the circumstances. 1 - 2 - Sad or low but brightens up without difficulty. 3 - 4 - Pervasive feelings of sadness or gloominess. 5 - 6 - Continuous or unvarying sadness, misery or despondency.</p>	<p>S002</p>
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<p><b>Have you felt tense or edgy in (worst period)?</b> IF YES: How bad has that gotten? How much of the time have you felt that way? (Have you felt panicky?)</p> <p>What has it taken to help you feel calmer?</p>	<p><u>INNER TENSION</u>: representing feelings of ill-defined discomfort, edginess, inner turmoil, mental tension mounting to either panic, dread or anguish. Rate according to intensity, frequency, duration and the extent of reassurance called for.</p> <p>0 - Placid. Only fleeting inner tension.                  1 -                  2 - Occasional feelings of edginess and ill-defined discomfort.                  3 -                  4 - Continuous feelings of inner tension or intermittent panic which the patient can only master with some difficulty.                  5 -                  6 - Unrelenting dread or anguish. Overwhelming panic.</p>	<p>S003</p>
<p><b>How has your sleeping been in (worst period)?</b> (How many hours have you been sleeping, compared to usual?)</p> <p><b>Have you had trouble falling asleep?</b></p> <p><b>How about staying asleep?</b></p> <p><b>Has your sleeping been restless or disturbed? Have you been waking up in the middle of the night?</b> (Can you go right back to sleep?)</p>	<p><u>REDUCED SLEEP</u>: representing the experience of reduced duration of depth of sleep compared to the subject's own normal pattern when well.</p> <p>0 - Sleeps as usual or more than usual.                  1 -                  2 - Slight difficulty dropping off to sleep or slightly reduced, light or fitful sleep                  3 -                  4 - Sleep reduced or broken by at least 2 hours                  5 -                  6 - Less than 2 or 3 hours sleep</p>	<p>S004</p>
<p><b>How has your appetite been during (worst period)?</b> (What about compared to your usual appetite?)</p> <p>Have you been less interested in food?</p> <p>Have you had to force yourself to eat?</p> <p>Have other people had to urge you to eat?</p>	<p><u>REDUCED APPETITE</u>: representing the feeling of a loss of appetite compared with when well. Rate by loss of desire for food or the need to force oneself to eat.</p> <p>0 - Normal or increased appetite.                  1 -                  2 - Slightly reduced appetite.                  3 -                  4 - No appetite. Food is tasteless.                  5 -                  6 - Needs persuasion to eat at all.</p>	<p>S005</p>

<p><b>Have you had trouble concentrating or collecting your thoughts, in (worst period)?</b> IF YES: How bad has that been?</p> <p>What are your regular everyday activities? Have you had any trouble concentrating on them? (IF YES: How about compared to when you last felt well?)</p> <p>Have you been able to read a newspaper or magazine? Has it been so bad that it is sometimes difficult to hold a conversation?</p> <p>NOTE: ALSO CONSIDER BEHAVIOR DURING INTERVIEW.</p>	<p><u>CONCENTRATION DIFFICULTIES</u>: representing difficulties in collecting one's thoughts mounting to incapacitating lack of concentration. Rate according to intensity, frequency, and degree of incapacity produced.</p> <p>0 - No difficulties in concentrating.          1 -          2 - Occasional difficulties in collecting one's thoughts.          3 -          4 - Difficulties in concentrating and sustaining thought which reduces ability to read or hold a conversation          5 -          6 - Unable to read or converse without great difficulty.</p>	<p>S006</p>
<p><b>Have you had any trouble getting started at things in (worst period)?</b> (Have you had to push yourself to do things?) IF YES: What things? Are you OK once you get started?</p> <p><b>Have you done everyday things more slowly than usual?</b> (Have you been sluggish?)</p>	<p><u>LASSITUDE</u>: representing a difficulty getting started or slowness initiating and performing everyday activities.</p> <p>0 - Hardly any difficulty in getting started. No sluggishness.          1 -          2 - Difficulties in starting activities.          3 -          4 - Difficulties in starting simple routine activities which are carried out with effort.          5 -          6 - Complete lassitude. Unable to do anything without help.</p>	<p>S007</p>
<p><b>Have you been less interested in things around you, or in things you used to enjoy?</b> IF YES: How bad has that been?</p> <p><b>Do you still enjoy your activities or the things around you as much as you used to?</b> (IF NO: How much less than usual?)</p> <p><b>How are your feelings about your friends? Do you feel less or nothing at all if you meet them?</b> (Do you have any feelings at all, like anger, grief, or pleasure? As much as when you were well?)</p>	<p><u>INABILITY TO FEEL</u>: representing the subjective experience of reduced interest in the surroundings, or activities that normally give pleasure. The ability to react with adequate emotion to circumstances or people is reduced.</p> <p>0 - Normal interest in the surroundings and in other people.          1 -          2 - Reduced ability to enjoy usual interests          3 -          4 - Loss of interest in the surroundings. Loss of feelings for friends and acquaintances.          5 -          6 - The experience of being emotionally paralyzed, inability to feel anger, grief or pleasure and a complete or even painful failure to feel for close relatives and friends.</p>	<p>S009</p>

<p><b>Have you been feeling pessimistic in (worst period)? IF YES:</b> How pessimistic have you been? What do you think about your future?</p> <p><b>Have you been putting yourself down, or feeling that you're a failure in some way, in (worst period)?</b> (Have you been blaming yourself for things that you've done, or not done, in the past?)</p> <p><b>Have you been feeling guilty or sinful in (worst period)? IF YES:</b> What have your thoughts been?</p>	<p><b>PESSIMISTIC THOUGHTS:</b> representing thoughts of guilt, inferiority, self-reproach, sinfulness, remorse and ruin.</p> <p>0 - No pessimistic thoughts                  1 -                  2 - Fluctuating ideas of failure, self-reproach or self-deprecation.                  3 -                  4 - Persistent self-accusations, or definite but still rational ideas of guilt or sin. Increasingly pessimistic about the future.                  5 -                  6 - Delusions of ruin, remorse and unredeemable sin. Self-accusations that are absurd and unshakable.</p>	<p>S010</p>
<p><b>Have you had any thoughts that life is not worth living, or that you'd be better off dead? What about thoughts of hurting or even killing yourself?</b></p> <p>IF YES: What have you thought about? Have you actually made plans? (Have you told anyone about it?)</p>	<p><b>SUICIDAL THOUGHTS:</b> representing the feeling that life is not worth living, that a natural death would be welcome, suicidal thoughts, and preparations for suicide. Suicidal attempts should not in themselves influence the ratings.</p> <p>0 - Enjoys life or takes it as it comes.                  1 -                  2 - Weary of life. Only fleeting suicidal thoughts.                  3 -                  4 - Probably better off dead. Suicidal thoughts are common, and suicide is considered as a possible solution, but without specific plans or intention.                  5 -                  6 - Explicit plans for suicide when there is an opportunity. Active participation for suicide.</p>	<p>S011</p>
<p><input type="text"/> SCORE TOTAL</p>		
<p><b>Clinical Global Impression:</b></p> <p><b>SEVERITY OF ILLNESS</b></p>	<ol style="list-style-type: none"> <li>1. Normal, not at all ill</li> <li>2. Borderline ill</li> <li>3. Mildly ill</li> <li>4. Moderately ill</li> <li>5. Markedly ill</li> <li>6. Severely ill</li> <li>7. Among the most extremely ill patients</li> </ol>	<p><input type="text"/></p> <p>S012</p>

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**Depression and Dysthymia pages A14-A20 (dysthymia section)**

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**\*GMC/SUBSTANCE CAUSING MOOD SYMPTOMS\***

**MOOD DISORDER DUE TO A GENERAL MEDICAL CONDITION**

**MOOD DISORDER DUE TO A GENERAL MEDICAL CONDITION CRITERIA**

IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH A GENERAL MEDICAL CONDITION, CHECK HERE \_\_\_ AND GO TO **\*SUBSTANCE-INDUCED MOOD DISORDER,\*** A. 24.

A069

CODE BASED ON INFORMATION ALREADY OBTAINED

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

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

1 2 3 \_ 8 9

A070

(2) elevated, expansive, or irritable mood

1 2 3 \_ 8 9

A071

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

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

1 2 3 \_ 8 9

A072

GO TO **\*SUBSTANCE INDUCED\*** A. 24

IF YES: Tell me how.

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

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

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

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

**DESCRIBE:**

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

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

DESCRIBE:

Four horizontal red lines for describing item 2.

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

DESCRIBE:

Four horizontal red lines for describing item 3.

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

DESCRIBE:

Four horizontal red lines for describing item 4.

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

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

1 2 3 \_ 8 9

GO TO \*SUBSTANCE INDUCED\* A. 24

A073



D. The disturbance does not occur exclusively during the course of Delirium. 1

3 - 9

A074

DELERIUM  
DUE TO A  
GMC

MOOD  
DIS-  
ORDER  
DUE TO  
A GMC

RETURN TO M.D.E., A. 8

**\*SUBSTANCE-INDUCED MOOD DISORDER\***

**SUBSTANCE-INDUCED MOOD DISORDER CRITERIA**

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

EPISODE BEING EVALUATED:  
MDE A. 8

A075

CODE BASED ON INFORMATION ALREADY OBTAINED.

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

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

A076

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

A077

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

B. There is evidence from the history, physical examination or laboratory findings that either (1) the symptoms in A developed during or within a month of substance intoxication or withdrawal, or (2) medication use is etiologically related to the disturbance 1 2 3 \_ 8 9

A078

NOT SUBSTANCE INDUCED. RETURN TO EPISODE BEING EVALUATED

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

C. The disturbance is not better accounted for by a Mood Disorder that is not substance-induced. Evidence that the symptoms are better accounted for by a Mood Disorder that is not substance-induced might include: 1 2 3 \_ 8 9

A079

NOT SUBSTANCE INDUCED. RETURN TO EPISODE BEING EVALUATED

IF YES: Tell me how.

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

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

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

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

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

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

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

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

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

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

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

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

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

1 2 3 \_ 8 9 A080

RETURN TO EPISODE BEING EVALUATED

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

1 3 \_ 9 A081

SUBSTANCE INDUCED DELERIU

SUBSTANCE INDUCED MOOD DISORDER

RETURN TO EPISODE BEING EVALUATED.





**E. SUBSTANCE USE DISORDERS**

**Time:** \_\_\_\_\_

WHEN RATING THE FOLLOWING ITEMS, REMEMBER YOU MUST HAVE ENOUGH INFORMATION FROM THE RESPONDENT TO ALLOW YOU TO JUDGE WHETHER SUBSTANCE USE CRITERIA ARE MET. IT IS NOT ENOUGH TO BASE THIS ON A YES OR NO ANSWER FROM THE RESPONDENT. DO NOT RATE PRESENT IF INSUFFICIENT EVIDENCE. RATE “?” (INADEQUATE INFORMATION).

**ALCOHOL USE DISORDERS**

\*IF SCID SUBSTANCE QUESTION #1 = 3

RETURN TO DISORDER  
BEING EVALUATED.

You (just) told me that, in the past 12 months, there has been a time when you had five or more drinks (beer, wine, or liquor) (on one occasion/ at the one time).

\*IF NOT GO TO \*NON-ALCOHOL SUBSTANCE USE\*, E. 6

How would you describe your drinking habits? When in the past 12 months, that is since MONTH YEAR, were you drinking the most? (How long did that period last?)

RECORD DATE OF HEAVIEST USE AND DESCRIBE PATTERN:

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

During that time . . .

how often were you drinking?

DESCRIBE:

what were you drinking? how much?

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

During that time . . .

did your drinking cause problems for you?

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

did anyone object to your drinking?

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



**\*ALCOHOL ABUSE\***

**ALCOHOL ABUSE CRITERIA**

Let me ask you a few more questions about your drinking habits.

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

In the past 12 months, have you ever missed work or school because you were intoxicated, high, or very hung over? (How often? What about doing a bad job at work or failing courses at school because of your drinking?) (What about spending money for alcohol that was meant for rent, food, or care of your family?)

(1) Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to alcohol use; alcohol-related absences, suspensions, or expulsions from school; neglect of children or household).

1 2 3 \_ 9

E002

IF NO: What about not keeping your house clean or not taking proper care of your children because of your drinking? (How often?)

DESCRIBE:

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

IF YES TO ANY OF ABOVE: How often? (Over what period of time?)

Did you ever drink in a situation in which it might have been dangerous to drink at all? (Did you ever drive while you were really too drunk to drive?)

(2) recurrent alcohol use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by alcohol use)

1 2 3 \_ 9

E003

IF YES AND UNKNOWN: How many times? (When?)

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





Has your drinking gotten you into trouble with the law?

(3) recurrent alcohol-related legal problems (e.g., arrests for alcohol-related disorderly conduct)

1 2 3 \_ 9

E004

IF YES AND UNKNOWN: How often? (Over what period of time?)

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

IF NOT ALREADY KNOWN: Has your drinking caused problems with other people, such as with family members, friends, or people at work? (Have you ever gotten into physical fights when you were drinking? What about having bad arguments about your drinking?)

(4) continued substance use despite having persistent or recurrent social or inter- personal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)

1 2 3 \_ 9

E005

IF YES: Did you keep on drinking anyway? (Over what period of time?)

DESCRIBE:

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

IF RESPONDENT CLEARLY WILL NOT MEET CRITERIA FOR DEPENDENCE, END THE ALCOHOL USE QUESTIONS HERE.



**\*ALCOHOL DEPENDENCE\***

**ALCOHOL DEPENDENCE CRITERIA**

I'd now like to ask you some more questions about your drinking habits.

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

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

In the past 12 months, have you often found that when you started drinking you ended up drinking much more than you were planning to?

(3) alcohol is often taken in larger amounts OR over a longer period than was intended

1 2 3 \_ 9

E006

IF NO: What about drinking for a much longer period of time than you were planning to?

Have you tried to cut down or stop drinking alcohol?

(4) there is a persistent desire OR unsuccessful efforts to cut down or control alcohol use

1 2 3 \_ 9

E007

IF YES: Did you ever actually stop drinking altogether?

DESCRIBE:

(How many times did you try to cut down or stop altogether?)

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

IF NO: Did you want to stop or cut down? (Is this something you kept worrying about?)

Have you spent a lot of time drinking, being high, or hung over?

(5) a great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects

1 2 3 \_ 9

E008

Have you had times when you would drink (so often that you started to drink) instead of working or spending time at hobbies or with your family or friends, or engaging in other important activities (such as sports, gardening, or playing music)?

(6) important social, occupational, or recreational activities given up or reduced because of alcohol use

1 2 3 \_ 9

E009



<p>IF NOT ALREADY KNOWN: Has your drinking ever caused any psychological problems, like making you depressed or anxious, making it difficult to sleep, or causing "blackouts?"</p> <p>IF NOT ALREADY KNOWN: Has your drinking ever caused significant physical problems or made a physical problem worse?</p> <p>IF YES TO EITHER OF ABOVE: Did you keep on drinking anyway?</p>	<p>(7) alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol (e.g., continued drinking despite recognition that an ulcer was made worse by alcohol consumption)</p>	<p>1 2 3 _ 9</p>	<p>E010</p>
<p>Have you found that you needed to drink a lot more in order to get the feeling you wanted than you did when you first started drinking?</p> <p>IF YES: How much more?</p> <p>IF NO: What about finding that when you drank the same amount, it had much less effect than before?</p>	<p>(1) tolerance, as defined by either of the following:</p> <p>(a) a need for markedly increased amounts of alcohol to achieve intoxication or desired effect</p> <p>(b) markedly diminished effect with continued use of the same amount of alcohol</p>	<p>1 2 3 _ 9</p>	<p>E011</p>
<p>Have you had any withdrawal symptoms when you cut down or stopped drinking like . . .</p> <p>. . . sweating or racing heart?</p> <p>. . . hand shakes?</p> <p>. . . trouble sleeping?</p> <p>. . . feeling nauseated or vomiting?</p> <p>. . . feeling agitated?</p> <p>. . . or feeling anxious?</p>	<p>(2) withdrawal, as manifested by either (a) or (b):</p> <p>(a) at least <u>TWO</u> of the following:</p> <ul style="list-style-type: none"> <li>- - autonomic hyperactivity (e.g., sweating or pulse rate greater than 100)</li> <li>- - increased hand tremor</li> <li>- - insomnia</li> <li>- - nausea or vomiting</li> <li>- - psychomotor agitation</li> <li>- - anxiety</li> <li>- - grand mal seizures</li> <li>- - transient visual, tactile, or auditory hallucinations or illusions</li> </ul>	<p>1 2 3 _ 9</p>	<p>E012</p>
<p>(How about having a seizure or seeing, feeling, or hearing things that weren't really there?)</p> <p>IF NO: Have you ever started the day with a drink, or did you often drink or take some other drug or medication to keep yourself from getting the shakes or becoming sick?</p>	<p>(b) alcohol (or a substance from the sedative / hypnotic / anxiolytic class) taken to relieve or avoid withdrawal symptoms</p>	<p>1 2 3 _ 9</p>	<p>E013</p>



**\*NON-ALCOHOL SUBSTANCE USE DISORDERS\* (DEPENDENCE AND ABUSE)**

\*IF SCID SUBSTANCE QUESTION #2 OR #3 = 3

You (also/just) told me that, in the past 12 months, you have used street drugs or a prescribed medicine more that you were supposed to.

\*IF NOT, GO TO MODULE F.

IF NECESSARY:

In the past 12 months, that is since MONTH YEAR, have you ever used these to get high, to sleep better, to lose weight, or to change your mood?

1 2 3 \_ 9

E014

**REFERRING TO LIST ON NEXT PAGE, DETERMINE LEVEL OF DRUG USE USING GUIDELINES BELOW.**

**GUIDELINES FOR RATING LEVEL OF DRUG USE:**

**FOR EACH DRUG GROUP USED IN THE PAST 12 MONTHS:**

Either (1) or (2):

IF STREET DRUG: When were you (using DRUG/ OWN TERM FOR TAKING DRUG) the most?

(1) has taken street drug more than 10 times in a one-month period

(Has there been a time in the past 12 months when you used it at least ten times in a one-month period of time?)

IF PRESCRIBED: In the past 12 months, have you been hooked (become dependent) on (PRESCRIBED DRUG) or take much more of it than was prescribed?

(2) reports becoming dependent on a prescribed drug OR using much more of it than was prescribed

**IF DRUG GROUP NEVER USED OR USED ONLY ONCE IN PAST 12 MONTHS, OR IF PRESCRIBED DRUG USED AS DIRECTED, CIRCLE "1" FOR DRUG GROUP ON E.7**

**IF DRUG GROUP USED AT LEAST TWICE IN PAST 12 MONTHS, BUT LESS THAN LEVEL INDICATED ON (1), CODE "2" FOR DRUG GROUP ON E.7**

**IF DRUG GROUP USED AT LEVEL INDICATED IN ITEM (1) OR IF POSSIBLY DEPENDENT ON PRESCRIBED DRUG (ITEM (2) IS TRUE), CODE "3" ON E. 7**



CIRCLE THE NAME OF EACH DRUG USED IN THE PAST 12 MONTHS (OR WRITE IN NAME IF "OTHER").

RECORD PERIOD OF HEAVIEST USE (IN THE PAST 12 MONTHS ONLY) AND DESCRIBE PATTERN OF USE.

INDICATE LEVEL OF USE (USE GUIDELINES, E.6).

**Sedatives-hypnotics-anxiolytics:**

Quaalude, Seconal, Valium, Xanax, Librium, barbiturates, Miltown, Ativan, Dalmane, Halcion, Restoril, or other: \_\_\_\_\_

\_\_\_\_\_

1 2 3

E015

**Cannabis:** marijuana, hashish, THC, or other: \_\_\_\_\_

\_\_\_\_\_

1 2 3

E016

**Stimulants:** amphetamine, "speed", Crystal meth, dexadrine, Ritalin, "ice", or other: \_\_\_\_\_

\_\_\_\_\_

1 2 3

E017

**Opioids:** heroin, morphine, opium, Methadone, Darvon, codeine, Percodan, Demerol, Dilaudid, Unspecified or other: \_\_\_\_\_

\_\_\_\_\_

1 2 3

E018

**Cocaine:** intranasal, IV, freebase, Crack, "speedball," unspecified or other: \_\_\_\_\_

\_\_\_\_\_

1 2 3

E019

**Hallucinogens/PCP:** LSD, Mescaline, peyote, psilocybin, STP, Mushrooms, PCP ("angel dust"), Extasy, MDMA, or other: \_\_\_\_\_

\_\_\_\_\_

1 2 3

E020

**Other:** steroids, "glue," paint, Inhalants, nitrous oxide ("laughing gas"), amyl or butyl nitrate ("poppers"), nonprescription sleep or diet pills, unknown, or other: \_\_\_\_\_

\_\_\_\_\_

1 2 3

E021

IF AT LEAST THREE DRUG GROUPS USED AND PERIOD OF INDISCRIMINANT USE SEEMS LIKELY, ASK THE FOLLOWING:

You've told me that you've (used DRUG/ALCOHOL // OWN TERM FOR USE). Was there a period when you were using a lot of different drugs at the same time and that it did not matter what you were taking as long as you could get high?

Behavior during the past 12 month period in which the person was repeatedly using at least three groups of substance (not including caffeine and nicotine), but no single substance predominated. Further, during this period, the dependence criteria were (likely) met for substances as a group but not for any specific substance.

1 2 3 \_ 9

E022

NOTE: IN CASES THAT INCLUDE PERIODS OF INDISCRIMINATE USE AND OTHER PERIODS OF USE OF SPECIFIC DRUGS, POLY DRUG SHOULD BE CODED IN ADDITION TO SPECIFIC DRUG COLUMNS.

**IF NO DRUG CLASSES WERE CODED "3" ON PREVIOUS PAGE (I.E., "2"'S ONLY), GO TO \*SUBSTANCE ABUSE\*, E. 14**

**FOR DRUG CLASSES CODED "3" CIRCLE THE APPROPRIATE COLUMNS ON PAGES E. 8 TO E. 12**

Now I'm going to ask you some specific questions about your use of (DRUG CODED "3").

ASK EACH OF THE FOLLOWING QUESTIONS FOR EACH DRUG CODED "3": For (DRUG) . . .

In the past 12 months, have you often found that when you started using (DRUG) you ended up using much more of it than you were planning to?

IF NO: What about using it over a much longer period of time than you were planning to?

NOTE: CRITERIA FOR DEPENDENCE ARE IN A DIFFERENT ORDER THAN IN DSM-IV.

(3) The substance is often taken in larger amounts OR over a longer period than was intended

SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1
9	9	9	9	9	9	9	9
E023	E024	E025	E026	E027	E028	E029	E030

Have you tried to cut down or stop using (DRUG)?

IF YES: Have you ever actually stopped using (DRUG) altogether?

(How many times did you try to cut down or stop altogether?)

IF UNCLEAR: Did you want to stop or cut down?

IF YES: Is this something you kept worrying about?

---

	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
(4) there is a persistent desire OR unsuccessful efforts to cut down or control substance use	3	3	3	3	3	3	3	3
	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1
	9	9	9	9	9	9	9	9
	E031	E032	E033	E034	E035	E036	E037	E038

---

Have you spent a lot of time using (DRUG) or doing whatever you had to do to get it? Did it take you a long time to get back to normal? (How much time? As long as several hours?)

---

	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
(5) A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects	3	3	3	3	3	3	3	3
	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1
	9	9	9	9	9	9	9	9
	E039	E040	E041	E042	E043	E044	E045	E046

---

Have you had times when you would use (DRUG) so often that you used (DRUG) instead of working or spending time at hobbies or with your family or friends?

---

	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
(6) Important social, occupational, or recreational activities given up or reduced because of substance use	3	3	3	3	3	3	3	3
	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1
	9	9	9	9	9	9	9	9
	E047	E048	E049	E050	E051	E052	E053	E054

---

IF NOT ALREADY KNOWN: Has (DRUG) caused psychological problems, like making you depressed?

IF NOT ALREADY KNOWN: Has (DRUG) caused physical problems or made a physical problem worse?

IF YES TO EITHER OF ABOVE:  
Did you keep on using (DRUG) anyway?

(7) The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., recurrent cocaine use despite recognition of cocaine-related depression)	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
	3	3	3	3	3	3	3	3
	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1
	9	9	9	9	9	9	9	9
	E055	E056	E057	E058	E059	E060	E061	E062

Have you found that you needed to use a lot more (DRUG) in order to get high than you did when you first starting using it?

IF YES: How much more?

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

(1) Tolerance, as defined by either of the following:	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
(a) a need for markedly increased amounts of substance to achieve intoxication or desired effect	3	3	3	3	3	3	3	3
	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1
	9	9	9	9	9	9	9	9
(b) markedly diminished effect with continued use of the same amount of substance	E063	E064	E065	E066	E067	E068	E069	E070

THE FOLLOWING ITEM MAY NOT APPLY TO CANNABIS AND HALLUCINOGENS/PCP

In the past 12 months, have you had withdrawal symptoms, that is, felt sick when you cut down or stopped using (DRUG)?

IF YES: What symptoms did you have? REFER TO LIST OF WITHDRAWAL SYMPTOMS ON E. 13

IF NO: After not using (DRUG) for a few hours or more, have you often used it to keep yourself from getting sick with (WITHDRAWAL SXS)?

IF NO: What about using (DRUG IN SAME GROUP) when you were feeling sick with (WITHDRAWAL SXS) so that you would feel better?

---

	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
(2) Withdrawal, as manifested by either of the following:	3	3	3	3	3	3	3	3
(a) the characteristic withdrawal syndrome for the substance	2	2	2	2	2	2	2	2
(b) the same (or a closely related substance is taken to relieve or avoid withdrawal symptoms	1	1	1	1	1	1	1	1
	9	9	9	9	9	9	9	9
	E071	E072	E073	E074	E075	E076	E077	E078

---

**LIST OF WITHDRAWAL SYMPTOMS (FROM DSM-IV CRITERIA)**

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

SEDATIVES, HYPNOTICS, AND ANXIOLYTICS:

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

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

STIMULANTS / COCAINE

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

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

OPIOIDS:

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

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

**\*SUBSTANCE ABUSE\***

→ FOR EACH DRUG CLASS CODED “2” (I.E., DRUGS USED AT A LEVEL OF <10 TIMES IN ANY ONE MONTH), START THIS SECTION WITH THE FOLLOWING INTRODUCTION:

Now I’m going to ask you some specific questions about your use of (DRUGS CODED “2”)

→ FOR EACH DRUG CLASS CODED “3” ON PAGE E. 7

Now I’d like to ask you a few more questions about your use of (DRUGS CODED “3”).

**SUBSTANCE ABUSE CRITERIA**

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

In the past 12 months, have you ever missed work or school because you were intoxicated, high, or very hung over? (How often? What about doing a bad job at work or failing courses at school because of your [DRUG] use?)

IF NO: What about not keeping your house clean or not taking proper care of your children because of your (DRUG) use?

IF YES TO EITHER OF ABOVE: How often? (Over what period of time?)

---

	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	OTHER
(1) Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household).	3	3	3	3	3	3	3
	2	2	2	2	2	2	2
	1	1	1	1	1	1	1
	9	9	9	9	9	9	9
	E095	E096	E097	E098	E099	E100	E101

---



Have you used (DRUG) in a situation in which it might have been dangerous to be using (DRUG) at all? (Have you ever driven while you were really to high to drive?)

IF YES AND UNKNOWN: How often? (Over what period of time?)

---

	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	OTHER
(2) Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)	3	3	3	3	3	3	3
	2	2	2	2	2	2	2
	1	1	1	1	1	1	1
	9	9	9	9	9	9	9
	E102	E103	E104	E105	E106	E107	E108

---

Has your use of (DRUG) gotten you into trouble with the law within the past 12 months?

IF YES AND UNKNOWN: How often? (Over what period of time?)

---

	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	OTHER
(3) Recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct)	3	3	3	3	3	3	3
	2	2	2	2	2	2	2
	1	1	1	1	1	1	1
	9	9	9	9	9	9	9
	E109	E110	E111	E112	E113	E114	E115

---

IF NOT ALREADY KNOWN: Has your use of (DRUG) caused problems with other people, such as with family members, friends, or people at work? (Did you ever get into physical fights or bad arguments about your drug use?)

IF YES: Did you keep on using (DRUG) anyway?(Over what period of time?)

(4) Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights).	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	OTHER
		3	3	3	3	3	3
	2	2	2	2	2	2	2
	1	1	1	1	1	1	1
	9	9	9	9	9	9	9
	E116	E117	E118	E119	E120	E121	E122

IF R SCORED "3" ON ANY OF ITEMS 1 - 4, ABOVE, (PAGES E. 14 - E. 16) FOR A SUBSTANCE THAT WAS NOT RATED IN THE DEPENDENCE SECTION (PAGES E. 8 - E. 12), RETURN NOW AND ASK QUESTIONS ON PAGES E. 8 - E. 12

**SUBSTANCE LIST****Sedatives-hypnotics-anxiolytics: (“downers”)**

Quaalude (“ludes”), Seconal (“reds”), Valium, Xanax  
Librium, barbiturates, Miltown, Ativan, Dalmane, Halcion, Restoril

**Cannabis:**

marijuana, hashish (“hash”), THC, “pot”, “grass”, “weed”, “reefer”

**Stimulants: (“uppers”)**

Amphetamine, “speed”, crystal meth, dexadrine, ritalin,  
diet pills, “ice”

**Opioids:**

heroin, morphine, opium, Methadone, Darvon, codeine,  
Percodan, Memerol, Dilaudid

**Cocaine:**

snorting, IV, freebase, crack, “speedball”

**Hallucinogens:**

LSD (“acid”), mescaline, peyote, psilocybin, STP, mushrooms, Extasy, MDMA

**PCP:**

“angel dust”

**Other:**

Steroids, “glue”, ethyl chloride, paint,  
inhalants, nitrous oxide (“laughing gas”),  
amyl or butyl nitrate (“poppers”),  
Special K, nonprescription sleep or  
diet pills.





**F. ANXIETY DISORDERS**

**Time:** \_\_\_\_\_

WHEN RATING THE FOLLOWING ITEMS, REMEMBER YOU MUST HAVE ENOUGH INFORMATION FROM THE RESPONDENT TO ALLOW YOU TO JUDGE WHETHER ANXIETY DISORDER CRITERIA ARE PRESENT. IT IS NOT ENOUGH TO BASE THIS ON A YES OR NO ANSWER FROM THE RESPONDENT. DO NOT RATE PRESENT IF INSUFFICIENT EVIDENCE. RATE "9" (INADEQUATE INFORMATION).

**\*PANIC DISORDER\***

**PANIC DISORDER CRITERIA**

\*IF CIDI SCREENING QUESTION #20 = 3:

You (just) told me that, in the past 12 months, you have had an attack of fear or panic when all of a sudden you felt very frightened, anxious, or uneasy.

\*IF CIDI SCREENING QUESTION #20a = 3:

You (just) told me that, in the past 12 months, you have had an attack when all of a sudden you became very uncomfortable; you either became short of breath, dizzy, nauseous or your heart pounded; or you thought you might lose control, die, or go crazy.

\*OTHERWISE, GO TO \*AGORAPHOBIA\*, F. 11

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

A. (1) recurrent unexpected panic attacks.

1 2 3 \_ 8 9

F001

DESCRIBE:

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

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

IF R HAS ALSO INDICATED THE PRESENCE OF PHOBIAS OR PTSD SYMPTOMS, ATTEMPT TO CLARIFY WHETHER PANIC ATTACKS OCCUR EXCLUSIVELY IN RESPONSE TO THE STIMULI.



After any of these attacks . . .

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

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

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

1 2 3 \_ 8 9

F002

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

Did you worry a lot about having another one? (How long did you worry?) (At least a month?)

(a) persistent concern about having additional attacks;

1 2 3 \_ 8 9

F003

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

Did you do anything differently because of the attacks (like avoiding certain places or not going out alone)? (What about avoiding certain activities like exercise?) (What about things like always making sure you're near a bathroom or exit?)

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

1 2 3 \_ 8 9

F004

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





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

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

DESCRIBE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF UNKNOWN: Did the symptoms come on all of a sudden?

The panic attack symptoms developed abruptly and reached a peak within ten minutes.

1 2 3 \_ 8 9

F005

IF YES: How long did it take from when it began to when it got really bad? (Less than ten minutes?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

During that attack . . .

. . did your heart race, pound or skip?

(1) palpitations, pounding heart, or accelerated heart rate

1 2 3 \_ 8 9

F006

. . did you sweat?

(2) sweating

1 2 3 \_ 8 9

F007

. . did you tremble or shake?

(3) trembling or shaking

1 2 3 \_ 8 9

F008

. . were you short of breath? (Have trouble catching your breath?)

(4) sensations of shortness of breath or smothering

1 2 3 \_ 8 9

F009

. . did you feel as if you were choking?

(5) feeling of choking

1 2 3 \_ 8 9

F010

. . did you have chest pain or pressure?

(6) chest pain or discomfort

1 2 3 \_ 8 9

F011

. . 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 \_ 8 9

F012



... did you feel dizzy, unsteady, or like you might faint?

(8) feeling dizzy, unsteady, light-headed or faint

1 2 3 \_ 8 9

F013

... did things around you seem unreal or did you feel detached from things around you or detached from part of your body?

(9) derealization (feelings of unreality) or depersonalization (being detached from oneself)

1 2 3 \_ 8 9

F014

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

(10) fear of losing control or going crazy

1 2 3 \_ 8 9

F015

... were you afraid that you might die?

(11) fear of dying

1 2 3 \_ 8 9

F016

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

(12) paresthesias (numbness or tingling sensations)

1 2 3 \_ 8 9

F017

... did you have flushes (hot flashes) or chills?

(13) chills or hot flushes

1 2 3 \_ 8 9

F018

Just before you began having panic attacks(in the past 12 months), were you taking any drugs, caffeine, diet pills, or other medicines?

C. Not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or to a general medical condition.

1 3 \_ 9

F019

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

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

Just before the attacks (in the past 12 months), were you physically ill?

1 3 \_ 9

F020

IF YES: What did the doctor say?

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

IF THERE IS ANY INDICATION THAT PANIC ATTACKS MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE), GO TO \*GMC/ SUBSTANCE,\* F. 38 , AND RETURN TO MAKE A RATING OF "1"OR "3"



Etiological general medical conditions include: hyperthyroidism, hyperparathyroidism, pheochromocytoma, vestibular dysfunctions, seizure disorders, and cardiac conditions (e.g., arrhythmias, supraventricular tachycardia).  
Etiological substances include: intoxication with central nervous stimulants (e.g., cocaine, amphetamines, caffeine) or cannabis or withdrawal from central nervous system depressants (e.g., alcohol, barbiturates) or from cocaine.

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

1 2 3 \_ 8 9

F021

**IF UNCLEAR, RATE THIS CRITERION AFTER THE REST OF THE ANXIETY SECTIONS.**

**GO TO PANIC DISORDER SEVERITY SCALE.**

## THE PANIC DISORDER SEVERITY SCALE (PDSS)

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Developed and tested by M. Katherine Shear M.D.; Timothy Brown Psy.D., Diane Sholomskas Ph.D; David Barlow Ph.D.; Jack Gorman M.D; Scott Woods M.D., Marylene Cloitre Ph.D.

### TIME PERIOD OF RATING: WORST MONTH IN THE PAST 12 MONTHS

#### *Panic Disorder Severity Scale*

#### 1. PANIC ATTACK FREQUENCY, INCLUDING LIMITED SYMPTOM EPISODES

Begin by explaining to the patient that we define a **Panic Attack** as a feeling of fear or apprehension that begins suddenly and builds rapidly in intensity, usually reaching a peak in less than 10 minutes. This feeling is associated with uncomfortable physical sensations like racing or pounding heart, shortness of breath, choking, dizziness, sweating, trembling. Often there are distressing, catastrophic thoughts such as fear of losing control, having a heart attack, or dying. A full panic episode has at least four such symptoms. A **Limited Symptom Episode (LSE)** is similar to a full panic attack, but has fewer than 4 symptoms. Given these definitions, please tell me

Q: When was the worst month in the past 12 months? In that month, how many full panic attacks did you experience, the kind with 4 or more symptoms? How about limited symptom episodes, the kind with less than 4 symptoms? On average, did you have more than one limited symptom episode/day? (*Calculate weekly frequencies by dividing the total number of full panic attacks over the rating interval by the number of weeks in the rating interval.*)

0 = No Panic or limited symptom episodes

1 = Mild or less than an average of one full panic a week, and no more than 1 limited symptom episode/day

2 = Moderate, one or two full panic attacks a week, and/or multiple limited symptom episodes/day

3 = Severe, more than 2 full attacks/week, but not more than 1/day on average

4 = Extreme, full panic attacks occur more than once a day, more days than not

S013

## 2. DISTRESS DURING PANIC ATTACKS, INCLUDE LIMITED SYMPTOM EPISODES

*(This item rates the average degree of distress and discomfort the patient experienced during panic attacks experienced over the rating interval. Limited symptom episodes should be rated only if they caused more distress than full panic. Be sure to distinguish between distress DURING panic and anticipatory fear that an attack will occur.)*

Q: Over this worst month in the past 12 months, when you had panic or limited symptom attacks, how much distress did they cause you? I am asking you now about the distress you felt during the attack itself.

How upset or fearful did you feel during the attacks? Were you able to continue doing what you were doing when panic occurred? Did you lose your concentration? If you had to stop what you were doing, were you able to stay in the situation where the attack occurred or did you have to leave?

- 0 = No panic attacks or limited symptoms episodes, or no distress during episodes
- 1 = Mild distress but able to continue activity with little or no interference
- 2 = Moderate distress, but still manageable, able to continue activity and/or maintain concentration, but does so with difficulty
- 3 = Severe, marked distress and interference, loses concentration and/or must stop activity, but able to remain in the room or situation
- 4 = Extreme, severe and disabling distress, must stop activity, will leave the room or situation if possible, otherwise remains, unable to concentrate, with extreme distress

S014

## 3. SEVERITY OF ANTICIPATORY ANXIETY (panic-related fear, apprehension or worry)

*(Anticipatory anxiety can be related to the meaning of the attacks rather than to having an attack, so there can be considerable anxiety about having an attack even if the distress during the attacks was low. Remember that sometimes a patient does not worry about when the next attack will occur, but instead worries about the meaning of the attacks for his or her physical or mental health.)*

Q: Over this same worst month, on average, how much did you worry, feel fearful or apprehensive about when your next panic attack would occur or about what panic attacks might mean about your physical or mental health? I am asking about times when you were not actually having a panic attack. How intense was your anxiety? How often did you have these worries or fears? Did the anxiety get to the point where it interfered with your life? IF SO, how much did it interfere?

- 0 = No concern about panic
- 1 = Mild, there is occasional fear, worry or apprehension about panic
- 2 = Moderate, often worried, fearful or apprehensive, but has periods without anxiety. There is a noticeable modification of lifestyle, but anxiety is still manageable and overall functioning is not impaired
- 3 = Severe, preoccupied with fear, worry or apprehension about panic, substantial interference with concentration and/or ability to function effectively
- 4 = Extreme, near constant and disabling anxiety, unable to carry out important tasks because of fear, worry or apprehension about panic

S015



#### 4. AGORAPHOBIC FEAR/AVOIDANCE

Q: Over this same worst month, were there places where you felt afraid, or that you avoided, because you thought if you had a panic attack, it could be difficult to get help or to easily leave? Situations like using public transportation, driving in a car, being in a tunnel or on a bridge, going to the movies, to a mall or supermarket, or being in other crowded places? Anywhere else? Were you afraid of being at home alone or completely alone in other places? How often did you experience fear of these situations? How intense was the fear? Did you avoid any of these situations? Did having a trusted companion with you make a difference? Were there things you would do with a companion that you would not do alone? How much did the fear and/or avoidance affect your life? Did you need to change your lifestyle to accommodate your fears?

0 = None, no fear or avoidance

1 = Mild, occasional fear and/or avoidance, but will usually confront or endure the situation. There is little or no modification of lifestyle

2 = Moderate, noticeable fear and/or avoidance, but still manageable, avoids feared situations but can confront with a companion. There is some modification of lifestyle, but overall functioning is not impaired

3 = Severe, extensive avoidance; substantial modification of lifestyle is required to accommodate phobia, making it difficult to manage usual activities

4 = Extreme pervasive disabling fear and/or avoidance. Extensive modification in lifestyle is required such that important tasks are not performed

S016

#### 5. PANIC-RELATED SENSATION FEAR/AVOIDANCE

Q: Sometimes people with panic experience physical sensations that may be reminiscent of panic and cause them to feel frightened or uncomfortable. During this same worst month in the past 12 months, did you avoid doing anything because you thought it might cause this kind of uncomfortable physical sensations? For example, things that made your heart beat rapidly, such as strenuous exercise or walking? Playing sports? Working in the garden? What about exciting sports events, frightening movies or having an argument? Sexual activity or orgasm? Did you fear or avoid sensations on your skin such as heat or tingling? Sensations of feeling dizzy or out of breath? Did you avoid any food, drink, or other substance because it might bring on physical sensations, such as coffee or alcohol or medications like cold medication? How much did the avoidance of situations or activities like these affect your life? Did you need to change your lifestyle to accommodate your fears?

0 = No fear or avoidance of situations or activities that provoke distressing physical sensations

1 = Mild, occasional fear and/or avoidance, but usually will confront or endure with little distress activities and situations which provoke physical sensations. There is little modification of lifestyle

2 = Moderate, noticeable avoidance, but still manageable; there is definite, but limited modification of lifestyle, such that overall functioning is not impaired

3 = Severe, extensive avoidance, causes substantial modification of lifestyle or interference in functioning

4 = Extreme pervasive and disabling avoidance. Extensive modification in lifestyle is required such that important tasks or activities are not performed

S017

**6. IMPAIRMENT/INTERFERENCE IN WORK FUNCTIONING DUE TO PANIC DISORDER**

*(Note to raters: This item focuses on work. If the person is not working, ask about school, and if not in school full time, ask about household responsibilities.)*

Q: During this same worst month, considering all the symptoms, the panic attacks, limited symptom episodes, anticipatory anxiety and phobic symptoms, how much did your panic disorder interfere with your ability to do your job, (or your schoolwork, or carry out responsibilities at home?)

Did the symptoms affect the quality of your work? Were you able to get things done as quickly and effectively as usual? Did you notice things you were not doing because of your anxiety, or things you couldn't do as well? Did you take short cuts or request assistance to get things done? Did anyone else notice a change in your performance? Was there a formal performance review or warning about work performance? Any comments from co-workers or from family members about your work?

0 = No impairment from panic disorder symptoms

1 = Mild, slight interference, feels job is harder to do but performance is still good

2 = Moderate, symptoms cause regular, definite interference but still manageable. Job performance has suffered but other would say work is still adequate

3 = Severe, causes substantial impairment in occupational performance, such that others have noticed, may be missing work or unable to perform at all on some days

4 = Extreme, incapacitating symptoms, unable to work (or go to school or carry out household responsibilities)

S018

**7. IMPAIRMENT/INTERFERENCE IN SOCIAL FUNCTIONING DUE TO PANIC DISORDER**

Q: During this same worst month, considering all the panic disorder symptoms together, how much did they interfere with your social life?

Did you spend less time with family or other relatives than you used to? Did you spend less time with friends? Did you turn down opportunities to socialize because of panic disorder? Did you have restrictions about where or how long you would socialize because of panic disorder? Did the panic disorder symptoms affect your relationships with family members or friends?

0 = No impairment

1 = Mild, slight interference, feels quality of social behavior is somewhat impaired but social functioning is still adequate

2 = Moderate, definite, interference with social life but still manageable. There is some decrease in frequency of social activities and/or quality of interpersonal interactions but still able to engage in most usual social activities

3 = Severe, causes substantial impairment in social performance. There is marked decrease in social activities, and/or marked difficulty interacting with others; can still force self to interact with others, but does not enjoy or function well in most social or interpersonal situations

4 = Extreme, disabling symptoms, rarely goes out or interacts with others, may have ended a relationship because of panic disorder

S019

CONTINUE TO PANIC CGI.

**MGH ANCHOR POINTS FOR THE PANIC CGI**  
**Clinical Global Impression**

*Please indicate the level of severity in each column by circling the symptom levels best reflecting the patient's status during the worst period in the past 12 months.*

CGI Rating	Panic Symptoms	Level of Anxiety	Level of Avoidance	Level of Functioning
NORMAL	Normal	Normal	Normal	No difficulties
BORDERLINE MENTALLY ILL	Mild panic ≤ 1 x month	Infrequent anticipatory anxiety; no other fear	None to rare avoidance	No effect on functioning; no distress about symptoms
MILDLY ILL	Mild panic < 1 x week & > 1 x month	Mild, infrequent anticipatory anxiety; mild fear	Only infrequent activities with no consequences	No significant effect; mild concern and distress about symptoms
MODERATELY ILL	Panic episodes ≥ 1 x week; moderate to severe intensity	Mild to moderate fear, anticipatory anxiety more days than not	> 1 x week; nonrequired social activities avoided	No significant decrease in role functioning; exerts some effort to maintain normal functioning
MARKEDLY ILL	Panic episodes almost daily (e.g., ≤ 5 x week) of significant severity	Severe fear; anticipatory anxiety almost daily	Some required and desired activities avoided	Impairment of required role functioning; may require assistance
SEVERELY ILL	Daily with little change in intensity	Daily severe fear and anticipatory anxiety	Daily; cannot do many/most required or desired activities	Severe impairment of required role functioning (e.g., quit, demoted or fired)
EXTREMELY SEVERE ILLNESS	Incapacitating	Incapacitating	Homebound or hospitalized due to incapacitating panic or avoidance	Total impairment of role functioning

**Overall rating for Panic CGI – Choose the most severe of the above ratings. IMPAIRMENT AND DISTRESS COUNT EQUALLY. RATE MOST SEVERE.**  
*(Please check and write number in box.)*

- 1. \_\_\_\_\_ Normal
- 2. \_\_\_\_\_ Borderline
- 3. \_\_\_\_\_ Mildly ill
- 4. \_\_\_\_\_ Moderately ill
- 5. \_\_\_\_\_ Markedly ill
- 6. \_\_\_\_\_ Severely ill
- 7. \_\_\_\_\_ Among the most severely ill

S020





**\*AGORAPHOBIA\***

\*IF CIDI SCREENING QUESTION #30 = 3:

You've said that you have had a strong fear of either being in crowds, going to public places, traveling alone, or traveling away from home.

\*OTHERWISE, GO TO **\*SOCIAL PHOBIA\***, PAGE F. 16

In the past 12 months, that is since MONTH YEAR, have you ever been afraid of (any of these things/being in crowds, going to public places, traveling alone, or traveling away from home)?

Are there situations that make you nervous because you are afraid that you might have a panic attack?

What were/are you afraid could happen?

Tell me about that.

IF CANNOT GIVE SPECIFICS:  
What about . . .

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

A. The presence of Agoraphobia:

1 2 3 \_ 8 9

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

INDICATE FEARED SYMPTOM:

- having a limited symptom attack (a panic-like attack with less than four symptoms)
- becoming dizzy or falling
- depersonalization or derealization
- loss of bladder or bowel control
- vomiting
- fear of cardiac distress
- other (Specify: \_\_\_\_\_)

DESCRIBE:

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

F022

F023

F024

F025

F026

F027

F028

F029



Do you avoid these situations?

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

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

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

1 2 3 \_ 8 9

F030

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

1 2 3 \_ 8 9

F031

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





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

C. Not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or to a general medical condition.

1 3 \_ 9

F032

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

Just before the fears began, were you physically ill?

1 3 \_ 9

F103

IF YES: What did the doctor say?

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

IF THERE IS ANY INDICATION THAT ANXIETY MAY BE SECONDARY (I.E., A DIRECT PHYSIO-LOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE), GO TO \*GMC/ SUBSTANCE\*, F. 38 , AND RETURN TO MAKE A RATING OF "1" OR "3".

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

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

D. If an associated general medical condition is present, the fear described in criterion A is clearly in excess of that usually associated with the condition, OR there is no associated general medical condition present.

1 2 3 \_ 8 9 F033

**GO TO MARKS FEAR MEASURE.**

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Date** \_\_\_\_\_


Please think about when your fear was the worst in the past 12 months. (IF R DENIES FEAR AND ONLY HAD AVOIDANCE ASK R TO RATE THE TIME WHEN HE OR SHE WAS MOST AFFECTED BY THIS PROBLEM)

I'm going to read you a list of situations and ask you to rate your level of avoidance of each situation (during the time when your fear was worst in the past 12 months). On the following scale a zero means you would not avoid it, a 2 means you would slightly avoid it, a 4 means you would definitely avoid it, 6 means you would markedly avoid it and an 8 means you would always avoid it. How would you rate your avoidance because of fear or other unpleasant feelings? First...

(Please give me a number from 0 to 8.)

0	1	2	3	4	5	6	7	8																		
<i>Would not avoid it</i>		<i>Slightly avoid it</i>		<i>Definitely avoid it</i>		<i>Markedly avoid it</i>		<i>Always avoid it</i>																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding-bottom: 10px;">1. Travelling alone by bus or coach .....</td> <td style="width: 10%; text-align: center; vertical-align: middle;"><input type="checkbox"/></td> <td style="width: 10%; vertical-align: middle;">S021</td> </tr> <tr> <td style="padding-bottom: 10px;">2. Walking alone in busy streets .....</td> <td style="text-align: center; vertical-align: middle;"><input type="checkbox"/></td> <td style="vertical-align: middle;">S022</td> </tr> <tr> <td style="padding-bottom: 10px;">3. Going into crowded shops .....</td> <td style="text-align: center; vertical-align: middle;"><input type="checkbox"/></td> <td style="vertical-align: middle;">S023</td> </tr> <tr> <td style="padding-bottom: 10px;">4. Going alone far from home .....</td> <td style="text-align: center; vertical-align: middle;"><input type="checkbox"/></td> <td style="vertical-align: middle;">S024</td> </tr> <tr> <td style="padding-bottom: 10px;">5. Large open spaces .....</td> <td style="text-align: center; vertical-align: middle;"><input type="checkbox"/></td> <td style="vertical-align: middle;">S025</td> </tr> <tr> <td style="padding-bottom: 10px;">6. Other.....</td> <td style="text-align: center; vertical-align: middle;"><input type="checkbox"/></td> <td></td> </tr> </table>									1. Travelling alone by bus or coach .....	<input type="checkbox"/>	S021	2. Walking alone in busy streets .....	<input type="checkbox"/>	S022	3. Going into crowded shops .....	<input type="checkbox"/>	S023	4. Going alone far from home .....	<input type="checkbox"/>	S024	5. Large open spaces .....	<input type="checkbox"/>	S025	6. Other.....	<input type="checkbox"/>	
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5. Large open spaces .....	<input type="checkbox"/>	S025																								
6. Other.....	<input type="checkbox"/>																									

**Clinical Global Impression  
FOR AGORAPHOBIA**

<p style="text-align: center;"><b>SEVERITY OF ILLNESS</b></p>	<ol style="list-style-type: none"><li>1. Normal, not at all ill</li><li>2. Borderline ill</li><li>3. Mildly ill</li><li>4. Moderately ill</li><li>5. Markedly ill</li><li>6. Severely ill</li><li>7. Among the most extremely ill patients</li></ol>		S026
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**\*SOCIAL PHOBIA\***

**SOCIAL PHOBIA CRITERIA**

0000

\*IF CIDI SCREENING QUESTION #29 = 3:

You said in the earlier interview that there have been times that you have had a strong fear of social or performance situations, like giving a speech, meeting new people, going to parties, speaking up at a meeting, being in a dating situation, or using a public bathroom.

\*IF NOT, GO TO **\*PTSD\***, F. 25

In the past 12 months, that is since MONTH YEAR, has there been a time when you had a strong fear of social or performance situations like these?

IF YES: Tell me about it.

What were you afraid would happen When \_\_\_\_\_?

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

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

1 2 3 \_ 8 9

F034

PHOBIC SITUATION(S) Check:

- public speaking
- eating in front of others
- writing in front of others
- generalized (most social situations)
- other (Specify: \_\_\_\_\_)

F035

F036

F037

F038

F039

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

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

1 2 3 \_ 8 9

F040

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

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

1 2 3 \_ 8 9

F041



IF NOT OBVIOUS: Did you go out of your way to avoid \_\_\_\_\_?

IF NO: How hard is it for you to \_\_\_\_\_?

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

1 2 3 \_ 8 9

F042

IF UNCLEAR WHETHER FEAR WAS CLINICALLY SIGNIFICANT: How much did \_\_\_\_\_ interfere with your life?

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

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

1 2 3 \_ 8 9

F043

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

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

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

1 3 \_ 9

F044

Just before the fears began, were you physically ill?

IF YES: What did the doctor say?

Describe:

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

1 3 \_ 9

F045

IF THERE IS ANY INDICATION THAT THE ANXIETY MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE), GO TO \*GMC/ SUBSTANCE,\* F. 38 , AND RETURN TO MAKE A RATING OF "1" OR "3".

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





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

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

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

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

1 2 3 \_ 8 9

F046

GO TO THE LIEBOWITZ SOCIAL ANXIETY SCALE.



**THE LIEBOWITZ SOCIAL ANXIETY SCALE  
(WORST WEEK IN PAST 12 MONTHS)**

I'm going to read you a list of situations. Think about when your fear or anxiety was the worst in the past 12 months and rate your fear or anxiety of each situation at that time. On a scale of 0 to 3 where 0 means none, 1 means mild, 2 means moderate and 3 means severe, how much fear or anxiety did you have about...  
(REPEAT, SLIGHTLY MODIFIED TO INQUIRE ABOUT AVOIDANCE)

**FEAR OR ANXIETY**

- 0 = None
- 1 = Mild
- 2 = Moderate
- 3 = Severe

**AVOIDANCE**

- 0 = Never (0%)
- 1 = Occasionally (1-33%)
- 2 = Often (33-67%)
- 3 = Usually (67-100%)

<b>INQUIRE ABOUT ANXIETY ITEMS #1-#24 FIRST. THEN INQUIRE ABOUT AVOIDANCE #1-#24.</b>		<b>ANXIETY</b>		<b>AVOID</b>		
		<b>(S)</b>	<b>(P)</b>	<b>(S)</b>	<b>(P)</b>	
1.	Telephoning in public (P)					S027
2.	Participating in small groups (P)					S028
3.	Eating in public places (P)					S029
4.	Drinking with others in public places (P)					S030
5.	Talking to people in authority (S)					S031
6.	Acting, performing or giving a talk in front of an audience (P)					S032
7.	Going to a party (S)					S033
8.	Working while being observed (P)					S034
9.	Writing while being observed (P)					S035
10.	Calling someone you don't know very well (S)					S036
11.	Talking with people you don't know very well (S)					S037
12.	Meeting strangers (S)					S038
13.	Urinating in a public bathroom (P)					S039
14.	Entering a room when others are already seated (P)					S040
15.	Being the center of attention (S)					S041
16.	Speaking up at a meeting (P)					S042
17.	Taking a test (P)					S043
18.	Expressing a disagreement or disapproval to people you don't know very well (S)					S044
19.	Looking at people you don't know very well in the eyes (S)					S045
20.	Giving a report to a group (P)					S046
21.	Trying to pick up someone (P)					S047
22.	Returning goods to a store (S)					S048
23.	Giving a party (S)					S049
24.	Resisting a high pressure salesperson (S)					S050
<b>Total Performance (P) Subscore</b>						S051
<b>Total Social Interaction (S) Subscore</b>						S052
<b>TOTAL SCORE</b>						S053

**LIEBOWITZ SOCIAL ANXIETY SCALE**

-If the situation had come up, how would you react

WHEN ASKING QUESTIONS ABOUT AVOIDANCE:

Now I am going to read to you the same list of situations. This time, please think about when your avoidance was the strongest during the past 12 months. On a scale from 0 – 3, where 0 = never, 1 means occasionally, or somewhere between 1 and 33%, 2 means often, or between 33 and 67%, and 3 means usually, or between 67 and 100%, how much did you avoid...

**LIEBOWITZ SOCIAL PHOBIC DISORDERS RATING FORM:  
SEVERITY OF ILLNESS  
Clinical Global Impression**

**OVERALL SEVERITY OF ILLNESS:** Rates anxiety and impairment due to social phobia and related problems (such as secondary dysphoria or secondary alcohol use). Note that one can demonstrate impairment either by impaired functioning within one’s current work/social activities, or by avoidance of otherwise achievable work/social activities (e.g., a Julliard graduate who wishes he could tolerate performing, but meanwhile is a superb security guard, would have severe impairment in work functioning).

School or homemaker functioning can be substituted for work, if appropriate (e.g., a 21 year old college student). Simple substitution would not be appropriate if someone should be working, but is functioning at a lower level due to social phobia (e.g., 48 year old executive who left her career purely due to social fears but is functioning well as a homemaker would be at least markedly ill).

Please check (✓).

- |       |  |      |
|-------|--|------|
| _____ | 1.) <u>Normal</u> : No social anxiety in excess of normal. No avoidance or impairment. May still become somewhat anxious before an important event (e.g., a job interview, but anxiety is not persistent).   | S054 |
| _____ | 2.) <u>Minimally Ill</u> : Some social anxiety in excess of normal, but rare avoidance or significant anxiety. No clear impairment in functioning and no more than normal concern about having the fear.   | S055 |
| _____ | 3.) <u>Mildly Ill</u> : Almost meets the criteria for social phobia, but phobic situations are not regularly avoided or endured with intense anxiety; <i>or</i> there is only minimal impairment in functioning and no marked distress about having the fear.  | S056 |
| _____ | 4.) <u>Moderately Ill</u> : Modest kinds of impairment (i.e., discomfort but not significant in either social or work area). However, there are clear episodes of marked anxiety. Thus a score of 4 denotes the presence of symptoms but not significant disability, whereas with a score of 5 there is also significant disability, a score of 6 denotes marked disability, and a score of 7 means that the patient is dysfunctional. | S057 |
| _____ | 5.) <u>Marked Illness</u> : Significant impairment in work and social activity but not gross impairment. The patient can hold a reasonably decent job and have some social activities that are fairly comfortable although there are limitations in both areas.  | S058 |
| _____ | 6.) <u>Severe Illness</u> : Not totally impaired in both work and social activities. The patient might be severely impaired in both or totally impaired in one but less in the other. These patients are not totally disabled but a reasonable observer would be able to see severe problems in functioning in these individuals.  | S059 |
| _____ | 7.) <u>Among the Most Severely Ill Patients</u> : The patient is totally disabled in social and work functions.  | S060 |

**Blank Page**  
**Anxiety Disorders pages F21-F24 (specific phobia)**  
**have been deleted.**

**\*POSTTRAUMATIC STRESS DISORDER\***

**POSTTRAUMATIC STRESS DISORDER  
CRITERIA**

\* IF PTSD SCREENING QUESTION = 3:

You (just) told me that, in the past 12 months, you have been troubled by reactions to (it/ that event/ TRAUMATIC EVENT/ one or more of the traumatic events you reported).

\*OTHERWISE, GO TO \*G.A.D.\*, PAGE F. 29

IF MORE THAN ONE TRAUMA IS REPORTED: Which of these do you think has affected you the most in the past 12 months, that is since MONTH YEAR?

DESCRIBE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you tell me briefly what happened?

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

(1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others 1 2 3 \_ 8 9 F058

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

(2) the person's response involved intense fear, helplessness or horror. 1 2 3 \_ 8 9 F059

Now I'd like to ask a few questions about specific ways that it may have affected you during the past 12 months.

B. The traumatic event is persistently reexperienced in the following ways:

For example . . .

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

(1) recurrent and intrusive distressing recollections of the event, including images, thoughts or perceptions 1 2 3 \_ 8 9 F060





. . . what about having dreams about (TRAUMA)?	(2) recurrent distressing dreams of the event	1 2 3 _ 8 9	F061
. . . what about finding yourself acting or feeling as if you were back in the situation?	(3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations and dissociative flashback episodes, including those that occur on awakening or when intoxicated)	1 2 3 _ 8 9	F062
. . . what about getting very upset when something reminded you of (TRAUMA)?	(4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event	1 2 3 _ 8 9	F063
. . . what about having physical symptoms--like breaking out in a sweat, breathing heavily or irregularly, or your heart pounding or racing (when something reminded you of TRAUMA)?	(5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event	1 2 3 _ 8 9	F064

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

In the past 12 months . . .

. . . have you made a special effort to avoid thinking or talking about what happened?	(1) efforts to avoid thoughts, feelings, or conversations associated with the trauma	1 2 3 _ 8 9	F065
. . . have you stayed away from things or people that reminded you of (TRAUMA)?	(2) efforts to avoid activities, places, or people that arouse recollections of the trauma	1 2 3 _ 8 9	F066
. . . have you been unable to remember some important part of what happened?	(3) inability to recall an important aspect of the trauma	1 2 3 _ 8 9	F067
. . . have you been less interested in doing things that used to be important to you, like seeing friends, reading books or watching TV?	(4) markedly diminished interest or participation in significant activities	1 2 3 _ 8 9	F068



WMHSCID2000-1	10/16/03	Anxiety Disorders F. 27						
. . . have you felt distant or cut off from others?	(5) feeling of detachment or estrangement from others	1	2	3	_	8	9	F069
. . . have you felt "numb" or like you no longer had strong feelings about anything or loving feelings for anyone?	(6) restricted range of affect, (e.g., unable to have loving feelings)	1	2	3	_	8	9	F070
. . . did you notice a change in the way you think about or plan for the future?	(7) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)	1	2	3	_	8	9	F071
Again, in the past 12 months. . .	D. Persistent symptoms of increased arousal (not present before the trauma) as indicated by two (or more) of the following:							
. . . have you had trouble sleeping? (What kind of trouble?)	(1) difficulty falling or staying asleep	1	2	3	_	8	9	F072
. . . have you been unusually irritable? What about outbursts of anger?	(2) irritability or outbursts of anger	1	2	3	_	8	9	F073
. . . have you had trouble concentrating?	(3) difficulty concentrating	1	2	3	_	8	9	F074
. . . have you been watchful or on guard even when there was no reason to be?	(4) hypervigilance	1	2	3	_	8	9	F075
. . . have you been jumpy or easily startled, like by sudden noises?	(5) exaggerated startle response	1	2	3	_	8	9	F076



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

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

1 2 3 \_ 8 9

F077

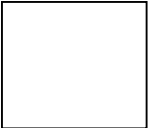
F. The disturbance causes clinically  
significant distress or impairment in  
social, occupational, or other  
important areas of functioning.

1 2 3 \_ 8 9

F078

INDICATE SEVERITY IN THE PAST 12 MONTHS:

- 1 - Mild:** Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairments in social or occupational functioning.
- 2 - Moderate:** Symptoms or functional impairment between "mild" and "severe"
- 3 - Severe:** Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning.

<p><b>PTSD Clinical Global Impression:  SEVERITY OF ILLNESS</b></p>	<p>1. Normal, not at all ill 2. Borderline ill 3. Mildly ill 4. Moderately ill 5. Markedly ill 6. Severely ill 7. Among the most extremely ill patients</p>		<p>S064</p>
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**\*GENERALIZED ANXIETY DISORDER\* (CURRENT ONLY) GENERALIZED ANXIETY DISORDER CRITERIA**

\*IF CIDI SCREENING QUESTION #26 = 3

You (just) told me that, in the past 6 months, you have been a worrier - that is, when you worried a lot more about things than other people with the same problems as you.

\*IF CIDI SCREENING QUESTION #26a = 3

You (just) told me that, in the past 6 months, you were much more nervous or anxious than most other people with the same problems as you.

\*IF CIDI SCREENING QUESTION #26b = 3

You (just) told me that, in the past 6 months or longer, you have had a period when you were anxious and worried most days.

\*OTHERWISE, GO TO NOTES AT THE END OF INTERVIEW.

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

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

During the last six months, that is since MONTH YEAR, would you say that you have been worrying more days than not?

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

EXAMPLES:

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

1 2 3 \_ 8 9

F079

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

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

DESCRIBE:

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

1 2 3 \_ 8 9

F080





When did this anxiety start?

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

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

1 2 3 \_ 8 9

F081

COMPARE ANSWER WITH ONSET OF MOOD DISORDER.

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

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

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

NOTE R'S WORDS, BELOW:

. . . do you often feel physically restless--can't sit still?

(1) restlessness or feeling keyed up or on edge

1 2 3 \_ 8 9

F082

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

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

. . . do you often tire easily?

(2) being easily fatigued

1 2 3 \_ 8 9

F083

. . . do you have trouble concentrating or does your mind go blank?

(3) difficulty concentrating or mind going blank

1 2 3 \_ 8 9

F084

. . . are you often irritable?

(3) Irritability

1 2 3 \_ 8 9

F085

. . . are your muscles often tense?

(4) muscle tension

1 2 3 \_ 8 9

F086

. . . do you often have trouble falling or staying asleep?

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

1 2 3 \_ 8 9

F087

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



CODE BASED ON PREVIOUS INFORMATION.

D. The focus of the anxiety and worry is not confined to the features of another Axis I Disorder, e.g., the anxiety or worry is not about having a panic attack (as in Panic Disorder), being embarrassed in public (as in Social Phobia), being contaminated (as in Obsessive Compulsive Disorder), being away from home or close relatives (as in Separation Anxiety Disorder), gaining weight (as in Anorexia Nervosa), having multiple physical complaints (as in Somatization Disorder), or having a serious illness (as in Hypochondriasis), and the anxiety or worry do not occur exclusively during Posttraumatic Stress Disorder.

1 2 3 \_ 8 9

F088

IF UNCLEAR: What effect has the anxiety, worry, or (PHYSICAL SYMPTOMS) had on your life? (Has it made it hard for you to do your work or be with your friends?)

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

1 2 3 \_ 8 9

F089

NOTE ASPECTS OF IMPAIRMENT:

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

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

F. Not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or to a general medical condition

1 3 \_ 9

F090

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

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



Just before these problems began, were you physically ill?

DESCRIBE:

1 3 \_ 9

F091

IF YES: What did the doctor say?

---



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IF THERE IS ANY INDICATION THAT THE ANXIETY MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE), GO TO \***GMC/ SUBSTANCE**,\* F. 38 , AND RETURN TO MAKE A RATING OF "1"OR "3".

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

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

GO TO SIGH-A.



**STRUCTURED INTERVIEW FOR THE HAMILTON ANXIETY RATING SCALE (SIGH-A)  
FOR G.A.D.**

**Rate functioning during the past week.**

<p><u>1.</u> What's your mood been like?  Have you been anxious, <u>nervous</u>?  Have you been worrying?  Feeling something bad may happen?  Feeling irritable?</p>	<p>0 – No anxious mood 1 – Mild worry or anxiety indicated only on questioning; no change in functioning 2 – Preoccupation with minor events, anxiety on as many days as not 3 – Near daily episodes of anxiety/worry with disruption of daily activities; daily preoccupation 4 – Nearly constant anxiety; significant role disruption</p>	<p>S065</p>
<p><u>2.</u> Have you been feeling tense?  Do you startle easily?     Cry easily?     Easily fatigued?  Have you been trembling or feeling restless or unable to relax?</p>	<p>0 – No tension 1 – Several days of mild tension or occasional (e.g., 1-2) episodes of exaggerated startle or labile mood 2 – Muscle tension or fatigue 50% of the time, or repeated (&gt;2) episodes of trembling, exaggerated startle, etc. 3 – Near daily muscle tension, fatigue and/or restlessness &gt;75% of the time or persistent, disruptive symptoms 4 – Constant tension, restlessness, agitation, unable to relax in the interview</p>	<p>S066</p>
<p><u>3.</u> Have you been feeling fearful (phobic) of situations or events?  For example have you been afraid of the dark? Of strangers? Of being left alone? Of animals? Of being caught in the traffic? Of crowds? Other fears?</p>	<p>0 – No fears 1 – Mild phobic concerns that do not cause significant distress or disrupt functioning 2 – Fears lead to distress or avoidance on one or more occasions 3 – Fears are an object of concern on a near daily basis (75%); patient may need to be accompanied by others to a fearful event 4 – Fears or avoidance that markedly affect function. Patient may avoid multiple situations even if accompanied; extensive agoraphobia.</p>	<p>S067</p>
<p><u>4.</u> How has your sleeping been this week?  Any difficulties falling asleep?  Any problems with waking during the night? Waking early and not being able to return to sleep?  Do you feel rested in the morning?  Do you have disturbing dreams or nightmares?</p>	<p>0 – No sleep disturbance 1 – Mildly disrupted sleep (e.g., one or two nights of difficulties falling asleep or nightmares) 2 – Several episodes of sleep disturbance that is regular but not persistent (e.g., over one-half hour falling asleep, nightmares, or excessive AM fatigue) 3 – Persistent sleep disruption (more days than not), characterized by difficulty falling (e.g., over one hour) or staying asleep, restlessness, unsatisfying sleep or frequent nightmares, or fatigue 4 – Nightly difficulties with sleep onset or maintenance, or daily severe fatigue in the AM</p>	<p>S068</p>

**SIGH-A Rating Conversion**

0 = No Sx

1 = Mild >50% frequency, little or no distress

2 = Moderate >50%, mild to moderate distress  
<50%, mild distress

3 = Severe <50%, severe distress  
>50%, moderate to severe interference or distress, not both

4 = Very Severe



<p><u>5.</u> Have you had trouble concentrating or remembering things?</p>	<p>0 – No difficulties  1 – Infrequent episodes of forgetfulness or difficulty concentrating that are not distressing to the patient  2 – Recurrent episodes of forgetfulness or difficulty concentrating, or episodes of sufficient intensity to cause the patient recurrent concern  3 – Persistent concentration or memory impairment interferes with daily tasks  4 – Significant role impairment due to concentration difficulties</p>	S070
<p><u>6.</u> Have you been feeling depressed?  Have you lost interest in things?  Do you get pleasure from friends or hobbies?</p>	<p>0 – No depression  1 – Occasional or mild blue or sad mood, or reports of decreased enjoyment of activities  2 – Sad or blue mood or disinterest 50% of the time, mood does not generally interfere with functioning  3 – persistent depressed mood or loss of pleasure, mood is significantly distressing to the patient or may be evident to others  4 – Daily evidence of severe depression with significant role impairment</p>	S071
<p><u>7.</u> Have you been experiencing aches or pains or stiffness in your muscles?  Have you experienced muscle twitching or sudden muscle jerks? Have you been grinding your teeth? Have you had an unsteady voice?</p>	<p>0 – No muscular symptoms  1 – Infrequent presence of one or two symptoms, no significant distress  2 – Mild distress over several symptoms or moderate distress over a single symptom  3 – Symptoms occur on more days than not, symptoms are associated with moderate to severe distress and/or regular attempts at symptom control by limiting activities or taking medications  4 – Daily or near daily episodes of symptoms that cause the patient significant distress and lead to restriction of activities or repeated visits for medical attention</p>	S072
<p><u>8.</u> Have you been experiencing ringing in your ears, blurred vision, hot or cold flashes, feelings of weakness or prickling sensations?  <i>(Has this occurred at times other than during panic attacks?)</i></p>	<p>0 – No symptoms  1 – Infrequent presence of one or two symptoms, no significant distress  2 – Mild distress over several symptoms or moderate distress over a single symptom  3 – Symptoms occur on more days than not, symptoms are associated with moderate to severe distress And/or regular attempts at symptom control by limiting activities or taking medications  4 – Daily or near daily episodes of symptoms that cause the patient significant distress and lead to restriction of activities or repeated visits for medical attention</p>	S073

**SIGH-A Rating Conversion**

0 = No Sx

1 = Mild >50% frequency, little or no distress

2 = Moderate >50%, mild to moderate distress  
<50%, mild distress

3 = Severe <50%, severe distress  
>50%, moderate to severe interference or distress, not both

4 = Very Severe

9.  
 Have you had episodes or racing, skipping, or pounding heart?  
  
 How about pain in your chest, fainting feelings?  
  
*(Has this occurred at times other than during a panic attack?)*

- 0 – No symptoms
- 1 – Infrequent presence of one or two symptoms, no significant distress
- 2 – Mild distress over several symptoms or moderate distress over a single symptom
- 3 – Symptoms occur on more days than not, symptoms are associated with moderate to severe distress and/or regular attempts at symptom control by limiting activities or taking medications
- 4 – Daily or near daily episodes of symptoms that cause the patient significant distress and lead to restriction of activities or repeated visits for medical attention

S074

10.  
 Have you been having trouble with your breathing? For example, pressure or constriction in your chest, choking feelings, sighing or feeling like you can't catch your breath?  
  
*(Has this occurred at times other than during a panic attack?)*

- 0 – No symptoms
- 1 – Infrequent presence of one or two symptoms, no significant distress
- 2 – Mild distress over several symptoms or moderate distress over a single symptom
- 3 – Symptoms occur on more days than not, symptoms are associated with moderate to severe distress and/or regular attempts at symptom control by limiting activities or taking medications
- 4 – Daily or near daily episodes of symptoms that cause the patient significant distress and lead to restriction of activities or repeated visits for medical attention

S075

11.  
 Have you had any difficulties with stomach pain or discomfort?  
  
 Nausea or vomiting?  
  
 Burning or rumbling in your stomach?  
  
 Heartburn?  
  
 Loose bowels or constipation?  
  
 Sinking feeling in your stomach?  
  
*(Has this occurred at times other than during a panic attack?)*

- 0 – No symptoms
- 1 – Infrequent and minor episodes of gastric discomfort, constipation, or loosening of bowels, fleeting nausea
- 2 – An episode of vomiting or recurrent episodes of abdominal pain, loosening of bowels, difficulty swallowing, etc.
- 3 – Symptoms more days than not that are very bothersome to the patient or lead to concerns over eating, bathroom availability, or use of medication
- 4 – Daily or nearly daily episodes of symptoms that can cause the patient significant distress and lead to restriction of activities or visits for medical attention

S076

**SIGH-A Rating Conversion**

0 = No Sx

1 = Mild >50% frequency, little or no distress

2 = Moderate >50%, mild to moderate distress  
<50%, mild distress

3 = Severe <50%, severe distress  
>50%, moderate to severe interference or distress, not both

4 = Very Severe

12.

Have you been experiencing urinary difficulties? For example, have you had to urinate more frequently than usual?  
Have you had more urgency to urinate?

Have you had decreased sexual interest?

**FOR WOMEN:** Have your periods been regular? Have you experienced a change in your ability to have an orgasm?

**FOR MEN:** Have you had trouble maintaining an erection? Ejaculating prematurely?

- 0 – No symptoms
- 1 – Infrequent and minor episodes of urinary symptoms or mild changes in sexual interest
- 2 – Urinary symptoms several days during the week, occasional difficulties with sexual function
- 3 – Urinary or sexual symptoms more days than not, amenorrhea
- 4 – Daily urinary or sexual symptoms that lead to distress and medical care seeking

S077

13.

Have you been experiencing flushing in your face? Getting pale? Lightheadedness?

Have you been having tension headaches?

Have you felt the hair rise on your arms, the back of your neck or head, as though something had frightened you?

*(Has this occurred at times other than during a panic attack?)*

- 0 – No symptoms
- 1 – Mild symptoms occurring infrequently
- 2 – Symptoms occurred several times during the week and were bothersome
- 3 – Near daily symptoms with distress or embarrassment about the symptoms
- 4 – Daily symptoms that are a focus of distress and impair function (e.g., daily headaches or lightheadedness leading to limitation of activities)

S078

**SIGH-A Rating Conversion**

0 = No Sx

1 = Mild >50% frequency, little or no distress

2 = Moderate >50%, mild to moderate distress  
<50%, mild distress

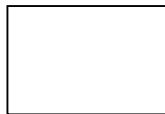
3 = Severe <50%, severe distress  
>50%, moderate to severe interference or distress, not both

4 = Very Severe

**Clinical Global Impression of Severity  
FOR G.A.D.**

Evaluation of overall severity (Rate severity of patient’s illness **over the past week, including today**, according to the listings below. The primary dimension of this rating should be the patient’s generalized anxiety disorder, not any other comorbidity).

- |       |   |      |
|-------|---|------|
| _____ | 1. Normal (Not III) – No general feelings of anxiety in excess of normal. No excessive physiologic or cognitive symptoms of arousal. May become appropriately anxious or aroused regarding situational stressors.   | S080 |
| _____ | 2. Minimally III – Some generalized anxiety in excess of normal, but impersistent and not clearly greater than normal. No clear impairment in functioning and no more than mild concern about the anxiety.  | S081 |
| _____ | 3. Mildly III – Almost meets the criteria for generalized anxiety disorder, except the anxiety is not persistent, although at times it is above what might be considered reasonable. There is only minimal impairment in functioning.   | S082 |
| _____ | 4. Moderately III – Meets criteria for generalized anxiety disorder with persistent anxiety in excess of what might be considered reasonable, or anxiety about situations for which worry is inappropriate. Patient acknowledges difficulty controlling worry. Patient has daily discomfort, but is not significantly disabled in either social or work areas.            | S083 |
| _____ | 5. Markedly III – Daily moderate to marked preoccupation with worries. The worry creates significant symptomatic distress. The patient can hold a reasonable job and perform role functions adequately, but may have some limitations in one or either of these areas.  | S084 |
| _____ | 6. Severely III – The patient is impaired in both work and social areas and is persistently and excessively anxious. The worry dominates daily functioning, with high levels of somatic complaints daily. The patient is not totally disabled, but a reasonably astute observer would be able to see severe problems in the functioning and stress level of this patient. | S085 |
| _____ | 7. Among the Most Severely III – The patient is persistently and excessively anxious with marked functional disability in both work and social arenas.  | S086 |



**\*GMC/SUBSTANCE AS ETIOLOGY FOR ANXIETY SYMPTOMS\***

**\*ANXIETY DISORDER DUE TO A GENERAL MEDICAL CONDITION\***

**ANXIETY DISORDER DUE TO A GENERAL MEDICAL CONDITION CRITERIA**

IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH A GENERAL MEDICAL CONDITON CHECK HERE \_\_\_ AND GO TO **\*SUBSTANCE-INDUCED ANXIETY DISORDER,\*** F. 40

F092

CODE BASED ON INFORMATION ALREADY OBTAINED

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

1 3 \_ 9

F093

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

B/C. There is evidence from this history, physical examination, or laboratory findings that the disturbance is the direct physiological consequence of a general medical condition and the disturbance is not better accounted for by another mental disorder (e.g., adjustment disorder With Anxiety), in which the stressor is a serious general medical condition).

1 2 3 \_ 9

F094

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

GO TO **\*SUBSTANCE INDUCED\*** F. 40

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

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

**DESCRIBE:**

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



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

DESCRIBE:

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

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

DESCRIBE:

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

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

DESCRIBE:

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

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

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

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

1 2 3 \_ 9

F095

GO TO  
\*SUBSTANCE  
INDUCED\*  
F. 40

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

1 3 \_ 9

F096

DELIRIUM DUE TO A GMC

ANXIETY DISORDER DUE TO A GMC

RETURN TO ANXIETY DISORDER UNDER CONSIDERATION.



**SUBSTANCE-INDUCED ANXIETY DISORDER**

**SUBSTANCE-INDUCED ANXIETY DISORDER CRITERIA**

EPISODE BEING EVALUATED:	
Panic	F. 4
Agoraphobia	F.13
Social Phobia	F.17
GAD	F.32

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

F097

CODE BASED ON INFORMATION ALREADY OBTAINED

A. Prominent anxiety, panic attacks, obsessions or compulsions predominate in the clinical picture. 1 2 3 \_ 9

F098

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

B. There is evidence from the history, physical examination, or laboratory findings that either: (1) the symptoms in A developed during, or within a month of, substance intoxication or withdrawal, or (2) medication use is etiologically related to the disturbance. 1 2 3 \_ 9

F099

NOT  
SUBSTANCE  
INDUCED  
  
RETURN TO  
DISORDER  
BEING  
EVALUATED

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

C. The disturbance is NOT better accounted for by an Anxiety Disorder that is not substance-induced. 1 2 3 \_ 9

F100

NOT  
SUBSTANCE  
INDUCED  
  
RETURN TO  
DISORDER  
BEING  
EVALUATED

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

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

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

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

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

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



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

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

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

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

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

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

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

1 2 3 \_ 9

F101

RETURN TO DISORDER BEING EVALUATED

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

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

1 3 \_ 9

F102

SUBSTANCE-INDUCED DELIRIUM

SUBSTANCE-INDUCED ANXIETY DISORDER

**CLOSING:**

I think that's all the questions I have for you today. Thank you very much for your time and your participation in the study.

If I find I missed something, may I call you back? When would be a good time to reach you?

**G.A.F. SCORE:** \_\_\_\_\_ (SEE NEXT PAGE.)

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

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

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

100   91	Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.
90     81	Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).
80     71	If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument), no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in school work).
70     61	Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or absences from work), but generally functioning pretty well, has some meaningful interpersonal relationships.
60   51	Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with workers).
50   41	Serious symptoms (e.g., suicidal ideation, several obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).
40       31	Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas. Such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing in school).
30     21	Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal pre-occupation) OR inability to function in almost all areas (e.g., stay in bed all day; no job, home, or friends).
20     11	Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death, frequently violent, manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).
10   1	Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicide act with clear expectation of death.



## Interview Questionnaire

This questionnaire provides an opportunity for clinicians to record thoughts, observations, questions, and remarks about the interview that might not otherwise be recorded in the administration of the SCID. The questionnaire should be completed immediately following each SCID interview.

Our purpose is to gather information about the observations & inferences clinicians draw upon in making diagnostic decisions. Although the interview is semi-structured according to the SCID protocol, we assume that clinicians make observations and inferences that guide their administration of the SCID and that would form the basis for DSM diagnosis independent of the SCID. The term "observations" refers to precise descriptions of your experience of the respondent's physical presence and behavior. The term "inferences" refers to precise descriptions of your thoughts, interpretations, and conclusions as you conducted the interview and in considering a diagnostic decision. We are trying to understand exactly what aspects of the interview (content and process) influenced your administration of the SCID and your thoughts about the best possible diagnostic outcome for the respondent (regardless of what the SCID shows).

---

*Answer the following questions about your interview keeping in mind the best possible diagnosis for the respondent from your perspective as a clinician. Please be as open and thorough as possible in presenting your experiences of the respondent.*

*The questions are intended to facilitate your presentation of your observations and inferences about the respondent. Please answer all questions in as much detail as possible. Full sentences are not necessary as long as what you heard, felt, thought and so on are precisely described. The key here is to reflect and communicate via the questions the interview evidence that most influenced the outcome of the interview and your diagnostic impression.*

**NOTES ON THE INTERVIEW**

1. Was this interview completed? YES NO

If not, why was it interrupted?

What sections did the respondent screen into which weren't completed?

Was the interview rescheduled? YES NO DATE \_\_\_\_\_

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

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

If not, why not?

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

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

**6. Thinking only about:**

a. What R said or communicated, what most influenced your diagnostic impression?

b. R's attitude or manner during the interview, what most influenced your diagnostic impression?

c. R's way of communicating (e.g., speech, language, tone of voice) what most influenced your diagnostic impression?

7. What did you infer about the respondent based on his or her responses to the interview that most influenced your diagnostic impression?

8. Overall, what were the one or two most important aspects of the interview that influenced your diagnostic impression?

9. What is your principle AXIS-1 diagnostic impression?

a. What diagnosis would you like to further explore?

COMMENTS ON THE INTERVIEW CONTENT:

Is there anything you would have added or changed in this interview that might have improved the quality of information received?