

M.I.N.I. KID

MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW For Children and Adolescents (Parent Version)

English Version 6.0

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DISCLAIMER

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Patient Name:	_____	Patient Number:	_____
Date of Birth:	_____	Time Interview Began:	_____
Interviewer's Name:	_____	Time Interview Ended:	_____
Date of Interview:	_____	Total Time:	_____

	MODULES	TIME FRAME	MEETS CRITERIA	DSM-IV	ICD-10	
A	MAJOR DEPRESSIVE EPISODE	Current (2 weeks)	<input type="checkbox"/>			
		Past	<input type="checkbox"/>			
		Recurrent	<input type="checkbox"/>			
	MAJOR DEPRESSIVE DISORDER	Current (2 weeks)	<input type="checkbox"/>	296.20-296.26 Single	F32.x	<input type="checkbox"/>
		Past	<input type="checkbox"/>	296.20-296.26 Single	F32.x	<input type="checkbox"/>
		Recurrent	<input type="checkbox"/>	296.30-296.36 Recurrent	F33.x	<input type="checkbox"/>
B	SUICIDALITY	Current (Past Month)	<input type="checkbox"/>	N/A	N/A	
		Risk: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High				
C	DYSTHYMIA	Current (Past 1 year)	<input type="checkbox"/>	300.4	F34.1	<input type="checkbox"/>
D	MANIC EPISODE	Current	<input type="checkbox"/>			
		Past	<input type="checkbox"/>			
	HYPOMANIC EPISODE	Current	<input type="checkbox"/>			
		Past	<input type="checkbox"/>	<input type="checkbox"/> Not Explored		
	BIPOLAR I DISORDER	Current	<input type="checkbox"/>	296.0x-296.6x	F30.x- F31.9	<input type="checkbox"/>
		Past	<input type="checkbox"/>	296.0x-296.6x	F30.x -F31.9	<input type="checkbox"/>
	BIPOLAR II DISORDER	Current	<input type="checkbox"/>	296.89	F31.8	<input type="checkbox"/>
		Past	<input type="checkbox"/>	296.89	F31.8	<input type="checkbox"/>
	BIPOLAR DISORDER NOS	Current	<input type="checkbox"/>	296.80	F31.9	<input type="checkbox"/>
		Past	<input type="checkbox"/>	296.80	F31.9	<input type="checkbox"/>
E	PANIC DISORDER	Current (Past Month)	<input type="checkbox"/>	300.01/300.21	F40.01-F41.0	<input type="checkbox"/>
		Lifetime	<input type="checkbox"/>			
F	AGORAPHOBIA	Current	<input type="checkbox"/>	300.22	F40.00	<input type="checkbox"/>
G	SEPARATION ANXIETY DISORDER	Current (Past Month)	<input type="checkbox"/>	309.21	F93.0	<input type="checkbox"/>
H	SOCIAL PHOBIA (Social Anxiety Disorder)	Current (Past Month)				
		Generalized	<input type="checkbox"/>	300.23	F40.1	<input type="checkbox"/>
		Non-Generalized	<input type="checkbox"/>	300.23	F40.1	<input type="checkbox"/>
I	SPECIFIC PHOBIA	Current (Past Month)	<input type="checkbox"/>	300.29	N/A	<input type="checkbox"/>
J	OBSESSIVE COMPULSIVE DISORDER	Current (Past Month)	<input type="checkbox"/>	300.3	F42.8	<input type="checkbox"/>
K	POST TRAUMATIC STRESS DISORDER	Current (Past Month)	<input type="checkbox"/>	309.81	F43.1	<input type="checkbox"/>
L	ALCOHOL DEPENDENCE	Past 12 Months	<input type="checkbox"/>	303.9	F10.2x	<input type="checkbox"/>
L	ALCOHOL ABUSE	Past 12 Months	<input type="checkbox"/>	305.00	F10.1	<input type="checkbox"/>
M	SUBSTANCE DEPENDENCE (Non-alcohol)	Past 12 Months	<input type="checkbox"/>	304.00-.90/305.20-.90	F11.1-F19.1	<input type="checkbox"/>
M	SUBSTANCE ABUSE (Non-alcohol)	Past 12 Months	<input type="checkbox"/>	304.00-.90/305.20-.90	F11.1-F19.1	<input type="checkbox"/>
N	TOURETTE'S DISORDER	Current	<input type="checkbox"/>	307.23	F95.2	<input type="checkbox"/>
	MOTOR TIC DISORDER	Current	<input type="checkbox"/>	307.22	F95.1	<input type="checkbox"/>
	VOCAL TIC DISORDER	Current	<input type="checkbox"/>	307.22	F95.1	<input type="checkbox"/>

	TRANSIENT TIC DISORDER	Current	<input type="checkbox"/>	307.21	F95.0	<input type="checkbox"/>
O	ADHD COMBINED	Past 6 Months	<input type="checkbox"/>	314.01	F90.0	<input type="checkbox"/>
	ADHD INATTENTIVE	Past 6 Months	<input type="checkbox"/>	314.00	F98.8	<input type="checkbox"/>
	ADHD HYPERACTIVE/IMPULSIVE	Past 6 Months	<input type="checkbox"/>	314.01	F90.0	<input type="checkbox"/>
P	CONDUCT DISORDER	Past 12 Months	<input type="checkbox"/>	312.8	F91.x	<input type="checkbox"/>
Q	OPPOSITIONAL DEFIANT DISORDER	Past 6 Months	<input type="checkbox"/>	313.81	F91.3	<input type="checkbox"/>
R	PSYCHOTIC DISORDERS	Lifetime	<input type="checkbox"/>	295.10-295.90/297.1/	F20.xx-F29	<input type="checkbox"/>
		Current	<input type="checkbox"/>	297.3/293.81/293.82/ 293.89/298.8/298.9		
	MOOD DISORDER WITH PSYCHOTIC FEATURES	Lifetime	<input type="checkbox"/>	296.24/296.34/296.44	F32.3/F33.3/	<input type="checkbox"/>
		Current	<input type="checkbox"/>	296.24/296.34/296.44	F30.2/F31.2/F31.5/ F31.8/F31.9/F39	
S	ANOREXIA NERVOSA	Current (Past 3 Months)	<input type="checkbox"/>	307.1	F50.0	<input type="checkbox"/>
T	BULIMIA NERVOSA	Current (Past 3 Months)	<input type="checkbox"/>	307.51	F50.2	<input type="checkbox"/>
	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	Current	<input type="checkbox"/>	307.1	F50.0	<input type="checkbox"/>
U	GENERALIZED ANXIETY DISORDER	Current (Past 6 Months)	<input type="checkbox"/>	300.02	F41.1	<input type="checkbox"/>
V	ADJUSTMENT DISORDERS	Current	<input type="checkbox"/>	309.24/309.28 309.3/309.4	F43.xx	<input type="checkbox"/>
W	MEDICAL, ORGANIC, DRUG CAUSE RULED OUT		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Uncertain			
X	PERVASIVE DEVELOPMENTAL DISORDER	Current	<input type="checkbox"/>	299.00/299.10/299.80	F84.0/.2/.3/.5/.9	<input type="checkbox"/>

PRIMARY DISORDER

IDENTIFY THE PRIMARY DIAGNOSIS BY CHECKING THE APPROPRIATE CHECK BOX.

Which problem troubles him/her the most or dominates the others or came first in the natural history? 

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INTERVIEWER INSTRUCTIONS

INTRODUCING THE INTERVIEW

The nature and purpose of the interview should be explained to the child or adolescent prior to the interview. A sample introduction is provided below:

"I'm going to ask him/her a lot of questions about his/herself. This is so that I can get to know more about him/her and figure out how to help him/her. Most of the questions can be answered either 'yes' or 'no'. If him/her don't understand a word or a question, ask me, and I'll explain it. If him/her are not sure how to answer a question, don't guess - just tell me him/her are not sure. Some of the questions may seem weird to him/her, but try to answer them anyway. It is important that him/her answer the questions as honestly as him/her can so that I can help him/her. Does (s)he have any questions before we start?"

For children under 13, we recommend interviewing the parent and the child together. Questions should be directed to the child, but the parent should be encouraged to interject if s/he feels that the child's answers are unclear or inaccurate. The interviewer makes the final decision based on his/her best clinical judgment, whether the child's answers meet the diagnostic criterion in question. With children him/her will need to use more examples than with adolescents and adults.

GENERAL FORMAT:

The MINI is divided into **modules** identified by letters, each corresponding to a diagnostic category.

- At the beginning of each diagnostic module (except for psychotic disorders module), screening question(s) corresponding to the main criteria of the disorder are presented in a **gray box**.
- At the end of each module, diagnostic box(es) permit the clinician to indicate whether diagnostic criteria are met.

CONVENTIONS:

Sentences written in «normal font» should be read exactly as written to the patient in order to standardize the assessment of diagnostic criteria.

Sentences written in «CAPITALS» should not be read to the patient. They are instructions for the interviewer to assist in the scoring of the diagnostic algorithms.

Sentences written in «bold» indicate the time frame being investigated. The interviewer should read them as often as necessary. Only symptoms occurring during the time frame indicated should be considered in scoring the responses.

Answers with an arrow above them (↖) indicate that one of the criteria necessary for the diagnosis(es) is not met. In this case, the interviewer should go to the end of the module and circle «NO» in all the diagnostic boxes and move to the next module.

When terms are separated by a *slash (/)* the interviewer should read only those symptoms known to be present in the patient.

Phrases in (parentheses) are clinical examples of the symptom. These may be read to the patient to clarify the question.

FORMAT OF THE INTERVIEW

The interview questions are designed to elicit specific diagnostic criteria. The questions should be read verbatim. If the child or adolescent does not understand a particular word or concept, him/her may explain what it means or give examples that capture its essence. If a child or adolescent is unsure if s/he has a particular symptom, him/her may ask him/her provide an explanation or example to determine if it matches the criterion being investigated. If an interview item has more than 1 question, the interviewer should pause between questions to allow the child or adolescent time to respond.

Questions about the duration of symptoms are included for diagnoses when the time frame of symptoms is a critical element. Because children may have difficulty estimating time, him/her may assist them by helping them connect times to significant events in their lives. For example, the starting point for "past year" might relate to a birthday, the end or beginning of a school year, a particular holiday or another annual event.

RATING INSTRUCTIONS:

All questions must be rated. The rating is done at the right of each question by circling either Yes or No. Clinical judgment by the rater should be used in coding the responses. The rater should ask for examples when necessary, to ensure accurate coding. The child or adolescent should be encouraged to ask for clarification on any question that is not absolutely clear.

The clinician should take each dimension of the question into account (for example, time frame, frequency, severity, and/or alternatives).

Symptoms better accounted for by an organic cause or by the use of alcohol or drugs should not be coded positive in the MINI KID.

For any questions, suggestions, need for a training session, or information about updates of the M.I.N.I. KID, please contact:

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A. MAJOR DEPRESSIVE EPISODE

(MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE **NO** IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

At any time in his/her life:

- A1 a Did (s)he feel sad or depressed? Felt down or empty? Felt grouchy or annoyed?
IF **YES** TO ANY, CONTINUE. IF **NO** TO ALL, CODE **NO** TO **A1a** AND **A1b**.
- Did (s)he feel this way most of the time, for at least 2 weeks? NO YES
- b For the past 2 weeks, did (s)he feel this way, most of the day, nearly every day? NO YES

At any time in his/her life:

- A2 a Was (s)he bored a lot or much less interested in things (Like playing his/her favorite games)?
Did (s)he feel that (s)he couldn't enjoy things?
IF **YES** TO ANY, CONTINUE. IF **NO** TO ALL, CODE **NO** TO **A2a** AND **A2b**.
- Did (s)he feel this way most of the time, for at least 2 weeks? NO YES
- b For the past 2 weeks, did (s)he feel this way, most of the day, nearly every day? NO YES
- (
- IS **A1** OR **A2** CODED YES? NO YES

- A3 IF **A1b** OR **A2b** = **YES**: EXPLORE THE **CURRENT** AND THE MOST SYMPTOMATIC **PAST** EPISODE, OTHERWISE
IF **A1b** AND **A2b** = **NO**: EXPLORE ONLY THE MOST SYMPTOMATIC **PAST** EPISODE

In the past two weeks, when (s)he felt depressed / grouchy / uninterested: Past 2 Weeks Past Episode

- | | | <u>Past 2 Weeks</u> | | <u>Past Episode</u> | |
|--|----|---------------------|--|---------------------|-----|
| a Was (s)he less hungry or more hungry most days? Did (s)he lose or gain weight without trying? [i.e., by ± 5% of body weight in the past month]?

IF YES TO EITHER, CODE YES | NO | YES | | NO | YES |
| b Did (s)he have trouble sleeping almost every night (“trouble sleeping” means trouble falling asleep, waking up in the middle of the night, waking up too early or sleeping too much)? | NO | YES | | NO | YES |
| c Did (s)he talk or move slower than usual? Was (s)he fidgety, restless or couldn't sit still almost every day?
IF YES TO EITHER, CODE YES | NO | YES | | NO | YES |
| d Did (s)he feel tired most of the time? | NO | YES | | NO | YES |
| e Did (s)he feel bad about him/herself most of the time?
Did (s)he feel guilty most of the time?
IF YES TO EITHER, CODE YES | NO | YES | | NO | YES |
| IF YES , ASK FOR EXAMPLES.
THE EXAMPLES ARE CONSISTENT WITH A DELUSIONAL IDEA. Current Episode <input type="radio"/> No <input type="radio"/> Yes
Past Episode <input type="radio"/> No <input type="radio"/> Yes | | | | | |
| f Did (s)he have trouble concentrating or did (s)he have trouble making up his/her mind?
IF YES TO EITHER, CODE YES | NO | YES | | NO | YES |

g	Did (s)he feel so bad that (s)he wished that (s)he was dead? Did (s)he think about hurting him/herself? Did (s)he have thoughts of death? Did (s)he think about killing him/herself? IF YES TO ANY, CODE YES	NO	YES	NO	YES
A4	Did these sad, depressed feelings cause a lot of problems at home? At school? With friends? With other people? Or in some other important way?	NO	YES	NO	YES
A5	In between the times of depression, was (s)he free of depression for of at least 2 months?			NO	YES

ARE **5** OR MORE ANSWERS (**A1-A3**) CODED **YES** AND IS **A4** CODED **YES**
FOR THAT TIME FRAME?

SPECIFY IF THE EPISODE IS CURRENT AND / OR PAST.

IF **A5** IS CODED **YES**, CODE **YES** FOR RECURRENT.

NO	YES
MAJOR DEPRESSIVE EPISODE	
CURRENT	⑦
PAST	⑦
RECURRENT	⑦

A6 a How many episodes of depression did (s)he have in his/her lifetime? _____

Between each episode there must be at least 2 months without any significant depression.

B. SUICIDALITY

Points

In the past month did (s)he:

B1	Suffer any accident? This includes taking too much of your medication accidentally. IF NO TO B1, SKIP TO B2; IF YES, ASK B1a:	NO	YES	0												
B1a	Plan or intend to hurt him/herself in any accident either actively or passively (e.g. by not avoiding a risk)? IF NO TO B1a, SKIP TO B2; IF YES, ASK B1b:	NO	YES	0												
B1b	Intend to die as a result of any accident?	NO	YES	0												
B2	Feel hopeless?	NO	YES	1												
B3	Think that (s)he would be better off dead or wish (s)he were dead?	NO	YES	1												
B4	Think about hurting or injuring him/herself or have mental images of harming him/herself, with at least some intent or awareness that (s)he might die as a result? How many times? _____	NO	YES	4												
B5	Think about killing him/herself? How many times? _____ IF NO TO B5, SKIP TO B7. OTHERWISE ASK:	NO	YES	6												
	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Frequency</td> <td style="width: 30%;"></td> <td style="width: 30%; text-align: right;">Intensity</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">Occasionally</td> <td style="border: 1px solid black; padding: 5px;">⑦</td> <td style="border: 1px solid black; padding: 5px; text-align: right;">Mild</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">Often</td> <td style="border: 1px solid black; padding: 5px;">⑦</td> <td style="border: 1px solid black; padding: 5px; text-align: right;">⑦</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">Very often</td> <td style="border: 1px solid black; padding: 5px;">⑦</td> <td style="border: 1px solid black; padding: 5px; text-align: right;">⑦</td> </tr> </table>	Frequency		Intensity	Occasionally	⑦	Mild	Often	⑦	⑦	Very often	⑦	⑦			
Frequency		Intensity														
Occasionally	⑦	Mild														
Often	⑦	⑦														
Very often	⑦	⑦														
	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 30%;"></td> <td style="width: 30%; text-align: right;">Moderate</td> </tr> <tr> <td></td> <td style="text-align: center;">⑦</td> <td style="text-align: right;">⑦</td> </tr> <tr> <td></td> <td style="text-align: center;">Severe</td> <td style="text-align: right;">⑦</td> </tr> </table>			Moderate		⑦	⑦		Severe	⑦						
		Moderate														
	⑦	⑦														
	Severe	⑦														
B6	Feel unable to control these impulses?	NO	YES	8												
B7	Have a method or plan to kill him/herself in his/her mind (e.g. how, when or where)? IF NO TO B7, SKIP TO B9.	NO	YES	8												
B8	Intend to follow through on a plan to kill him/herself?	NO	YES	8												
B9	Intend to die as a result of trying to kill him/herself?	NO	YES	8												
B10	Take any active steps to prepare to injure him/herself or to prepare for a suicide attempt in which (s)he expected or intended to die? How many times? _____	NO	YES	9												
B11	Injure him/herself on purpose without intending to kill him/herself?	NO	YES	4												
B12	Attempt suicide (to kill him/herself)? A suicide attempt means (s)he did something where (s)he could possibly be injured, with at least a slight intent to die. IF NO, SKIP TO B13: How many times? _____	NO	YES	9												
	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Hope to be rescued / survive</td> <td style="width: 30%;"></td> <td style="width: 30%; text-align: right;">⑦</td> </tr> <tr> <td>Expected / intended to die</td> <td></td> <td style="text-align: right;">⑦</td> </tr> </table>	Hope to be rescued / survive		⑦	Expected / intended to die		⑦									
Hope to be rescued / survive		⑦														
Expected / intended to die		⑦														

In his/her lifetime:

- B13 a) Did (s)he ever feel so bad that (s)he wished (s)he were dead or felt like killing him/herself? NO YES 4
- b) Did (s)he ever take any active steps to prepare to kill him/herself? NO YES 4
How many times? _____
- c) Did (s)he ever try to kill him/herself? NO YES 4
How many times? _____

“A suicide attempt is any self injurious behavior, with at least some intent (> 0) to die as a result or if intent can be inferred, e.g. if it is clearly not an accident or the individual thinks the act could be lethal, even though denying intent.”
(C-CASA definition). Posner K et al. Am J Psychiatry 164:7, July 2007.

IS AT LEAST **1** OF THE ABOVE (EXCEPT B1) CODED **YES**?

IF YES, ADD THE TOTAL POINTS FOR THE ANSWERS (B1-B13)

CHECKED ‘YES’ AND SPECIFY THE SUICIDALITY SCORE AS INDICATED IN THE BOX:

MAKE ADDITIONAL COMMENTS ABOUT YOUR ASSESSMENT OF THIS PATIENT’S
CURRENT AND NEAR FUTURE SUICIDALITY IN THE SPACE BELOW:

NO	YES
SUICIDALITY CURRENT	
1-8 points	Low ⑦
9-16 points	Moderate ⑦
≥ 17 points	High ⑦

C. DYSTHYMIA

(\ MEANS : GO TO THE DIAGNOSTIC BOX, CIRCLE **NO**, AND MOVE TO THE NEXT MODULE)

IF PATIENT'S SYMPTOMS MEET CRITERIA FOR MAJOR DEPRESSIVE EPISODE IN THE PAST YEAR, DO NOT EXPLORE THIS MODULE.

C1	Has (s)he felt sad or depressed, or felt down or empty, or felt grouchy or annoyed, most of the time, for the past year?	(NO		YES
----	--	---	----	--	-----

C2	In the past year , Has (s)he felt OK for two months or more in a row? <small>OK MEANS NOT ALWAYS BEING GROUCHY OR FREE OF DEPRESSION.</small>	(NO		YES
----	---	---	----	--	-----

C3	During the past year , most of the time:				
a	Was (s)he less hungry than (s)he used to be? Was (s)he more hungry than (s)he used to be? <small>IF YES TO EITHER, CODE YES</small>	(	NO		YES
b	Did (s)he have trouble sleeping (“trouble sleeping” means trouble falling asleep, waking up in the middle of the night, waking up too early or sleeping too much)?	(	NO		YES
c	Did (s)he feel more tired than (s)he used to?	(	NO		YES
d	Did (s)he feel less confident of him/herself? Did (s)he feel bad about him/herself? <small>IF YES TO EITHER, CODE YES</small>	(	NO		YES
e	Did (s)he have trouble paying attention? Did (s)he have trouble making up his/her mind? <small>IF YES TO EITHER, CODE YES</small>	(	NO		YES
f	Did (s)he feel that things would never get better?	(	NO		YES
	ARE 2 OR MORE C3 ITEMS CODED YES?	(	NO		YES

C4	Did these feelings of being depressed / grouchy / uninterested upset him/her a lot? Did they cause him/her problems at home? At school? With friends? <small>IF YES TO ANY, CODE YES</small>
----	---

NO	YES
DYSTHYMIA CURRENT	

D. (HYPO) MANIC EPISODE

(MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE **NO** TO THE RELEVANT TIME FRAME IN THE DIAGNOSTIC BOXES AND THEN MOVE TO THE NEXT MODULE)

Does (s)he have anyone in his/her family who had manic depressive illness or bipolar disorder or a family member who had mood swings treated with a medication like lithium, sodium valproate (Depakote or Valproate), lamotrigine (Lamictal)? NO YES
 THIS QUESTION IS NOT A CRITERION FOR BIPOLAR DISORDER BUT IS ASKED TO INCREASE THE CLINICIAN'S VIGILANCE ABOUT RISK FOR BIPOLAR DISORDER.

IF YES, PLEASE SPECIFY WHO: _____

D1 a Has there **ever** been a time when (s)he was so happy that (s)he felt 'up' or 'high' or 'hyper'? NO YES
 By 'up' or 'high' or 'hyper' I mean feeling really good; full of energy; needing less sleep; having racing thoughts or being full of ideas.

DO NOT CONSIDER TIMES WHEN THE PATIENT WAS INTOXICATED ON DRUGS OR ALCOHOL OR DURING SITUATIONS THAT NORMALLY OVER STIMULATE AND MAKE CHILDREN VERY EXCITED LIKE CHRISTMAS, BIRTHDAYS, ETC.

IF PATIENT IS PUZZLED OR UNCLEAR ABOUT WHAT HIM/HER MEAN BY 'UP' OR 'HIGH' OR 'HYPER' CLARIFY AS FOLLOWS: By 'up' or 'high' or 'hyper' I mean: having elated mood; increased energy; needing less sleep; having rapid thoughts; being full of ideas; having an increase in productivity, motivation, creativity or impulsive behavior; phoning or working or working excessively or spending more money.

IF NO TO ALL, CODE NO TO **D1b**: IF YES TO ANY, ASK:

b Is (s)he currently feeling 'up' or 'high' or 'hyper' or full of energy? NO YES

D2 a Has there **ever** been a time when (s)he was so grouchy or annoyed, that (s)he yelled or started fights with people outside his/her family? Has (s)he or others noticed that (s)he have been more grouchy than other kids, even when (s)he thought (s)he was right to act this way? NO YES

DO NOT CONSIDER TIMES WHEN THE PATIENT WAS INTOXICATED ON DRUGS OR ALCOHOL.

IF NO TO ALL, CODE NO TO **D2b**: IF YES TO ANY, ASK:

b Is (s)he currently feeling grouchy or annoyed? NO YES

IS **D1a** or **D2a** CODED **YES**? (NO YES

D3 IF **D1b** OR **D2b** = **YES**: EXPLORE THE **CURRENT** AND THE MOST SYMPTOMATIC **PAST** EPISODE, OTHERWISE
 IF **D1b** AND **D2b** = **NO**: EXPLORE ONLY THE MOST SYMPTOMATIC **PAST** EPISODE

During the times when him/her felt high, full of energy, or irritable did him/her:

	<u>Current Episode</u>		<u>Past Episode</u>	
a Feel that (s)he could do things others couldn't do? Feel that (s)he is a very important person? IF YES TO EITHER, CODE YES . IF YES , ASK FOR EXAMPLES. THE EXAMPLES ARE CONSISTENT WITH A DELUSIONAL IDEA	NO	YES	NO	YES
Current Episode	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Past Episode	<input type="checkbox"/> No	<input type="checkbox"/> Yes		

	<u>Current Episode</u>		<u>Past Episode</u>	
b Need less sleep (Did (s)he feel rested after only a few hours of sleep)?	NO	YES	NO	YES
c Talk too much without stopping? Talk so fast that people couldn't understand or follow what (s)he was saying?	NO	YES	NO	YES
d Have racing thoughts or too many thoughts switching quickly?	NO	YES	NO	YES
e Get distracted very easily by little things?	NO	YES	NO	YES
f Get much more involved in things than others or much more fidgety or restless?	NO	YES	NO	YES
g Want to do fun things even if (s)he could get hurt doing them? Want to do things even though it could get him/her into trouble? (Like staying out late, skipping school, driving dangerously or spending too much money)?	NO	YES	NO	YES
IF YES TO ANY, CODE YES				
D3 SUMMARY: WHEN RATING CURRENT EPISODE: IF D1b IS NO, ARE 4 OR MORE D3 ANSWERS CODED YES? IF D 1b IS YES, ARE 3 OR MORE D3 ANSWERS CODED YES?	NO	YES	NO	YES
WHEN RATING PAST EPISODE: IF D1a IS NO, ARE 4 OR MORE D3 ANSWERS CODED YES? IF D1a IS YES, ARE 3 OR MORE D3 ANSWERS CODED YES?				
CODE YES ONLY IF THE ABOVE 3 OR 4 SYMPTOMS OCCURRED DURING THE SAME TIME PERIOD.				
RULE: ELATION/EXPANSIVENESS REQUIRES ONLY THREE D3 SYMPTOMS, WHILE IRRITABLE MOOD ALONE REQUIRES 4 OF THE D3 SYMPTOMS.				
D4 What is the longest time these symptoms lasted?				
a) 3 days or less		⑦		⑦
b) 4 to 6 days		⑦		⑦
c) 7 days or more		⑦		⑦
D5 Was (s)he put in the hospital for these problems?	NO	YES	NO	YES
IF YES, STOP HERE AND CIRCLE YES IN MANIC EPISODE FOR THAT TIME FRAME.				
D6 Did these symptoms cause a lot of problems at home? At school? With friends? With other people? Or in some other important way? IF YES TO ANY, CODE YES	NO	YES	NO	YES

ARE **D3** SUMMARY AND **D5** AND **D6** CODED **YES**?

OR

ARE **D3** SUMMARY AND **D4c** AND **D6** CODED **YES** AND IS **D5** CODED **NO**?

SPECIFY IF THE EPISODE IS CURRENT AND / OR PAST.

NO	YES
MANIC EPISODE	
CURRENT	⑦
PAST	⑦

Is **D3** SUMMARY CODED **YES** AND ARE **D5** AND **D6** CODED **NO** AND IS EITHER **D4b** OR **D4c** CODED **YES**?

OR

ARE **D3** SUMMARY AND **D4b** AND **D6** CODED **YES** AND IS **D5** CODED **NO**?

SPECIFY IF THE EPISODE IS CURRENT AND / OR PAST.

IF **YES** TO CURRENT MANIC EPISODE, THEN CODE CURRENT HYPOMANIC EPISODE AS **NO**.

IF **YES** TO PAST MANIC EPISODE, THEN CODE PAST HYPOMANIC EPISODE AS **NOT EXPLORED**.

HYPOMANIC EPISODE		
CURRENT	⑦	NO
	⑦	YES
PAST	⑦	NO
	⑦	YES
	⑦	NOT
EXPLORED		

ARE **D3** SUMMARY AND **D4a** CODED **YES** AND IS **D5** CODED **no**?

SPECIFY IF THE EPISODE IS CURRENT AND / OR PAST.

IF **YES** TO CURRENT MANIC EPISODE OR HYPOMANIC EPISODE, THEN CODE CURRENT HYPOMANIC SYMPTOMS AS **NO**.

IF **YES** TO PAST MANIC EPISODE OR YES TO PAST HYPOMANIC EPISODE, THEN CODE PAST HYPOMANIC SYMPTOMS AS **NOT EXPLORED**.

HYPOMANIC SYMPTOMS		
CURRENT	⑦	NO
	⑦	YES
PAST	⑦	NO
	⑦	YES
	⑦	NOT
EXPLORED		

- D7 a) IF MANIC EPISODE IS POSITIVE FOR EITHER CURRENT OR PAST ASK:
 Did (s)he have 2 or more of these (manic) episodes lasting 7 days or more (**D4c**) in his/her lifetime (including the current episode if present)?
- b) IF MANIC OR HYPOMANIC EPISODE IS POSITIVE FOR EITHER CURRENT OR PAST ASK:
 Did (s)he have 2 or more of these (hypomanic) episodes lasting just 4 to 6 days (**D4b**) in his/her lifetime (including the current episode)?

NO YES
 NO YES

c) IF THE PAST "HYPOMANIC SYMPTOMS" CATEGORY IS CODED POSITIVE ASK:
 Did (s)he have (hypomanic) symptoms like these lasting only 1 to 3 days (**D4a**),
 2 or more times in his/her lifetime, (including the current episode if present)?

NO YES

E. PANIC DISORDER

(\ MEANS : CIRCLE NO IN E5, E6 AND E7 SUMMARY AND SKIP TO F1)

E1	a	Has (s)he ever been really frightened or nervous for no reason; or has (s)he ever been really frightened or nervous in a situation where most kids would not feel that way? IF YES TO EITHER, CODE YES. IF NO TO ALL CODE NO.	(	NO	YES
	b	Did this happen more than one time?	(	NO	YES
	c	Did this nervous feeling increase quickly over the first few minutes?	(	NO	YES
E2		Has this ever happened when (s)he didn't expect it?	(	NO	YES
E3	a	After this happened, was (s)he afraid it would happen again or that something bad would happen as a result of these attacks? Did (s)he change what (s)he did because of these attacks? (e.g., going out only with someone, not wanting to leave his/her house, going to the doctor more frequently)?		NO	YES
	b	Did (s)he have these worries for a month or more?		NO	YES
		E3 SUMMARY: IF YES TO BOTH E3a AND E3b QUESTIONS, CODE YES		NO	YES
E4		Think about the time (s)he was most frightened or nervous for no good reason:			
	a	Did his/her heart beat fast or loud?		NO	YES
	b	Did (s)he sweat? Did his/her hands sweat a lot? IF YES TO EITHER, CODE YES		NO	YES
	c	Did his/her hands or body shake?		NO	YES
	d	Did (s)he have trouble breathing?		NO	YES
	e	Did (s)he feel like (s)he was choking? Did (s)he feel (s)he couldn't swallow? IF YES TO EITHER, CODE YES		NO	YES
	f	Did (s)he have pain or pressure in his/her chest?		NO	YES
	g	Did (s)he feel like throwing up? Did (s)he have an upset stomach? Did (s)he have diarrhea? IF YES TO ANY, CODE YES		NO	YES
	h	Did (s)he feel dizzy or faint?		NO	YES

i	Did things around him/her feel strange or like they weren't real? Did (s)he feel or see things as if they were far away? Did (s)he feel outside of or cut off from his/her body? IF YES TO ANY, CODE YES	NO	YES
j	Was (s)he afraid that (s)he was losing control? Were (s)he afraid that (s)he were going crazy? IF YES TO EITHER, CODE YES	NO	YES
k	Was (s)he afraid that (s)he was dying?	NO	YES
l	Did parts of his/her body tingle or go numb?	NO	YES
m	Did (s)he feel hot or cold?	NO	YES
E5	ARE BOTH E3 SUMMARY , AND 4 OR MORE E4 ANSWERS, CODED YES? IF YES TO E5, SKIP TO E7	NO	YES <small>PANIC DISORDER LIFETIME</small>
E6	IF E5=NO , ARE ANY E4 QUESTIONS CODED YES? THEN SKIP TO F1 .	NO	YES <small>LIMITED SYMPTOM ATTACKS LIFETIME</small>
E7	a. In the past month , did (s)he have these problems more than one time? IF NO, CIRCLE NO TO E7 SUMMARY AND MOVE TO F1. For the past month:	NO	YES
	b. Did (s)he worry that it would happen again?	NO	YES
	c. Did (s)he worry that something bad would happen because of the attack?	NO	YES
	d. Did anything change for him/her because of the attack? (e.g., going out only with someone, not wanting to leave his/her house, going to the doctor more frequently)?	NO	YES
	E7 SUMMARY: IF YES TO E7b or E7c or E7d, CODE YES	NO	YES <small>PANIC DISORDER CURRENT</small>

F. AGORAPHOBIA

F1	Does (s)he feel anxious, scared, or uneasy in places or situations where (s)he might become really frightened; like being in a crowd, standing in a line (queue), when (s)he is all alone, or when crossing a bridge, or traveling in a bus, train or car?	NO	YES
	IF YES TO ANY, CODE YES		

IF **F1** = NO, CIRCLE NO IN **F2**.

F2	Is (s)he so afraid of these things that (s)he tries to stay away from them? Or (s)he can only do them if someone is with him/her? Or (s)he does them, but it's really hard for him/her?	NO	YES
	IF YES TO ANY, CODE YES		

**AGORAPHOBIA
CURRENT**

IS **F2** (CURRENT AGORAPHOBIA) CODED NO

AND

IS **E7** (CURRENT PANIC DISORDER) CODED YES?

NO	YES
PANIC DISORDER without Agoraphobia CURRENT	

IS **F2** (CURRENT AGORAPHOBIA) CODED YES

AND

IS **E7** (CURRENT PANIC DISORDER) CODED YES?

NO	YES
PANIC DISORDER with Agoraphobia CURRENT	

IS **F2** (CURRENT AGORAPHOBIA) CODED YES

AND

IS **E5** (PANIC DISORDER LIFETIME) CODED NO?

NO	YES
AGORAPHOBIA, CURRENT without history of Panic Disorder	

G. SEPARATION ANXIETY DISORDER

(\ MEANS : GO TO THE DIAGNOSTIC BOX, CIRCLE **NO** AND MOVE TO THE NEXT MODULE)

G1	<p>a In the past month, has (s)he been really afraid about being away from someone close to him/her; or has (s)he been really afraid that (s)he would lose somebody (s)he is close to ? (Like getting lost from his/her parents or having something bad happen to them) IF YES TO EITHER, CODE YES</p> <p>b Who is (s)he afraid of losing or being away from _____ ?</p>	(NO		YES
G2	<p>a Does (s)he get upset a lot when (s)he was away from _____ ? Does (s)he get upset a lot when (s)he <u>thought</u> (s)he would be away from _____ ? IF YES TO EITHER, CODE YES</p> <p>b Did (s)he get really worried that (s)he would lose _____ ? Did (s)he get really worried that something bad would happen to _____ ? (like having a car accident or dying). IF YES TO EITHER, CODE YES</p> <p>c Did (s)he get really worried that (s)he would be separated from _____ ? (Like getting lost or being kidnapped?)</p> <p>d Did (s)he refuse to go to school or other places because (s)he was afraid to be away from _____ ?</p> <p>e Did (s)he get really afraid being at home if _____ wasn't there?</p> <p>f Did (s)he not want to go to sleep unless _____ was there?</p> <p>g Did (s)he have nightmares about being away from _____ ? Did this happen more than once? IF NO TO EITHER, CODE NO</p> <p>h Did (s)he feel sick a lot (like headaches, stomach aches, nausea or vomiting, heart beating fast or feeling dizzy) when (s)he was away from _____ ? Did (s)he feel sick a lot when (s)he <u>thought</u> (s)he was going to be away from _____ ? IF YES TO EITHER, CODE YES</p>	(	NO	YES
	G2 SUMMARY: ARE AT LEAST 3 OF G2a-h CODED YES?	(	NO	YES
G3	Did this last for at least 4 weeks?	(	NO	YES
G4	Did his/her fears of being away from _____ really bother him/her a lot? Cause him/her a lot of problems at home? At school? With friends? In any other way? IF YES TO EITHER, CODE YES	(	NO	YES
	ARE G1, G2 SUMMARY, G3 AND G4 CODED YES?				
			NO	YES	
			SEPARATION ANXIETY DISORDER		

H. SOCIAL PHOBIA (Social Anxiety Disorder)

(MEANS : GO TO THE DIAGNOSTIC BOX, CIRCLE NO AND MOVE TO THE NEXT MODULE)

H1	<p>In the past month, was (s)he afraid or embarrassed when others his/her age were watching him/her? Was (s)he afraid of being teased? Like talking in front of the class? Or eating or writing in front of others? IF YES TO ANY, CODE YES</p>	NO	YES
----	---	----	-----

H2	Is (s)he more afraid of these things than other kids his/her age?	NO	YES
----	---	----	-----

H3	Is (s)he so afraid of these things that (s)he tries to stay away from them? Or (s)he can only do them if someone is with him/her? Or (s)he does them but it's really hard for him/her?	NO	YES
----	---	----	-----

H4	Do these social fears have a big effect on his/her life? Do they cause problems when (s)he interacts with others or cause problems in his/her relationships? Do they cause a lot of problems at school or at work? Do they cause him/her to feel upset and want to be alone? IF YES TO ANY, CODE YES	NO	YES
----	---	----	-----

H5	Did this social fear / social anxiety last at least 6 months?
----	---

SUBTYPES

Does (s)he fear and avoid 4 or more social situations?

If YES Generalized social phobia (social anxiety disorder)

If NO Non-generalized social phobia (social anxiety disorder)

NOTE TO INTERVIEWER: PLEASE ASSESS WHETHER THE SUBJECT'S FEARS ARE RESTRICTED TO NON-GENERALIZED ("ONLY 1 OR SEVERAL") SOCIAL SITUATIONS OR EXTEND TO GENERALIZED ("MOST") SOCIAL SITUATIONS. "MOST" SOCIAL SITUATIONS IS USUALLY OPERATIONALIZED TO MEAN 4 OR MORE SOCIAL SITUATIONS, ALTHOUGH THE DSM-IV DOES NOT EXPLICITLY STATE THIS.

EXAMPLES OF SUCH SOCIAL SITUATIONS TYPICALLY INCLUDE INITIATING OR MAINTAINING A CONVERSATION, PARTICIPATING IN SMALL GROUPS, DATING, SPEAKING TO AUTHORITY FIGURES, ATTENDING PARTIES, PUBLIC SPEAKING, EATING IN FRONT OF OTHERS, URINATING IN A PUBLIC WASHROOM, ETC.

NO	YES
SOCIAL PHOBIA	
<i>(Social Anxiety Disorder)</i>	
CURRENT	
GENERALIZED	⑦
NON-GENERALIZED	⑦

I. SPECIFIC PHOBIA

(\ MEANS : GO TO THE DIAGNOSTIC BOX, CIRCLE NO AND MOVE TO THE NEXT MODULE)

I1	In the past month , has (s)he been really afraid of something like: snakes or bugs? Dogs or other animals? High places? Storms? The dark? Or seeing blood or needles?	(NO	YES
I2	List any specific phobia(s): _____		

I3	Is (s)he more afraid of _____ than other kids his/her age are?	(NO	YES
I4	Is (s)he so afraid of _____ that (s)he tries to stay away from it / them? Or (s)he can only be around it / them if someone is with him/her? Or can (s)he be around it / them but it's really hard for him/her? IF YES TO ANY, CODE YES	(NO	YES
I5	Does this fear really bother him/her a lot? Does it cause him/her problems at home or at school? Does it keep him/her from doing things (s)he wants to do? IF YES TO ANY, CODE YES	NO	YES

IS I5 CODED YES?

NO	YES
SPECIFIC PHOBIA CURRENT	

J. OBSESSIVE COMPULSIVE DISORDER

(\ MEANS : GO TO THE DIAGNOSTIC BOX, CIRCLE **NO** AND MOVE TO THE NEXT MODULE)

J1 **In the past month**, has (s)he been bothered by bad things that come into his/her mind that (s)he couldn't get rid of? Like bad thoughts or urges? Or nasty pictures? For example, did (s)he think about hurting somebody even though it disturbs or distresses him/her? Was (s)he afraid (s)he or someone would get hurt because of some little thing (s)he did or didn't do? Did (s)he worry a lot about having dirt or germs on him/her? Did (s)he worry a lot that (s)he would give someone else germs or make them sick somehow? Or was (s)he afraid that (s)he would do something really shocking?

NO YES
(
SKIP TO J4

IF YES TO ANY, CODE YES

DO NOT INCLUDE SIMPLY EXCESSIVE WORRIES ABOUT REAL LIFE PROBLEMS.
DO NOT INCLUDE OBSESSIONS DIRECTLY RELATED TO EATING DISORDERS,
SEXUAL BEHAVIOR, OR ALCOHOL OR DRUG ABUSE BECAUSE THE PATIENT MAY
DERIVE PLEASURE FROM THE ACTIVITY AND MAY WANT TO RESIST IT ONLY
BECAUSE OF ITS NEGATIVE CONSEQUENCES

J2 Did they keep coming back into his/her mind even when (s)he tried to ignore or get rid of them?

NO YES
(
SKIP TO J4

J3 Does (s)he think that these things come from his/her own mind and that they are not from outside of his/her head?

NO YES
obsessions

J4 **In the past month**, did (s)he do something over and over without being able to stop doing it, like washing over and over? Straightening things up over and over? Counting something or checking on something over and over? Saying or doing something over and over?

NO YES

compulsions

IF YES TO ANY, CODE YES

IS J3 OR J4 CODED YES?

(
NO YES

J5 Did (s)he have these thoughts or rituals we just spoke about, more than other kids his/her age?

(
NO YES

J6 Did these thoughts or actions cause him/her to miss out on things at home? At school? With friends? Did they cause a lot of problems with other people? Did these things take more than one hour a day?

IF YES TO ANY, CODE YES

NO	YES
O.C.D. CURRENT	

K. POSTTRAUMATIC STRESS DISORDER

(\ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

K1	Has anything really awful ever happened to him/her? Like being in a flood, tornado or earthquake? Like being in a fire or a really bad accident? Like seeing someone being killed or badly hurt. Has (s)he ever been attacked by someone?	\ NO	YES
K2	Did (s)he respond with intense fear, or feel helpless or upset?	\ NO	YES
K3	In the past month , has this awful thing come back to him/her in some way? Like dreaming about it or having a strong memory of it or feeling it in his/her body?	\ NO	YES

K4	In the past month:		
	a Has (s)he tried not to think about or talk about this awful thing?	NO	YES
	b Has (s)he tried to stay away from things that might remind him/her of it?	NO	YES
	c Has (s)he had trouble remembering some important part of what happened?	NO	YES
	d Has (s)he been much less interested in his/her hobbies or his/her friends?	NO	YES
	e Has (s)he felt cut off from other people?	NO	YES
	f Has (s)he noticed that his/her feelings are less than before?	NO	YES
	g Has (s)he felt that his/her life will be shortened or that (s)he will die sooner than other people?	NO	YES
	SUMMARY OF K4: ARE 3 OR MORE K4 ANSWERS CODED YES?	\ NO	YES

K5	In the past month:		
	a Has (s)he had trouble sleeping?	NO	YES
	b Has (s)he been moody or angry for no reason?	NO	YES
	c Has (s)he had trouble paying attention?	NO	YES
	d Was (s)he nervous or watching out in case something bad might happen?	NO	YES
	e Would (s)he jump when (s)he heard noises? Or when (s)he saw something out of the corner of his/her eye? <small>IF YES TO EITHER, CODE YES</small>	NO	YES
	SUMMARY OF K5: ARE 2 OR MORE K5 ANSWERS CODED YES?	\ NO	YES

K6 **In the past month**, have these problems upset him/her a lot? Have they caused him/her to have problems at school? At home? With his/her friends?

IF YES TO ANY, CODE YES

NO	YES
<i>PTSD</i>	
CURRENT	

L. ALCOHOL ABUSE AND DEPENDENCE

(MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE **NO** IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

L1	In the past year , has (s)he had 3 or more drinks of alcohol in a day? At those times, did (s)he have 3 or more drinks in 3 hours? Did (s)he do this 3 or more times in the past year? IF NO TO ANY, CODE NO	(NO YES
----	--	---	-----------

L2 In the past year:

- | | | | |
|---|---|----|-----|
| a | Did (s)he need to drink a lot more alcohol to get the same feeling (s)he got when (s)he first started drinking? | NO | YES |
| b | Whenever (s)he cut down on drinking or stopped drinking, did his/her hands shake? Did (s)he sweat? Did (s)he feel nervous or like (s)he couldn't sit still? Did (s)he ever drink to keep from getting those problems? Did (s)he drink again to keep from getting a hangover?
IF YES TO ANY, CODE YES | NO | YES |
| c | When (s)he drank alcohol, did (s)he end up drinking more than (s)he had planned to? | NO | YES |
| d | Has (s)he tried to cut down or stop drinking alcohol but was not able to? | NO | YES |
| e | On days when (s)he drank, did (s)he spend more than three hours doing it? Count the time it took him/her to get the alcohol, drink it, and get over it. | NO | YES |
| f | Did (s)he spend less time on other things because of his/her drinking (Like school, hobbies, or being with friends)? | NO | YES |
| g | Did his/her drinking cause problems with his/her health or his/her mind? Did (s)he keep on drinking even though (s)he knew that it caused these problems? | NO | YES |

ARE **3** OR MORE L2 ANSWERS CODED **YES**?

***** IF YES, SKIP L3 QUESTIONS, CIRCLE N/A IN THE ABUSE BOX AND MOVE TO THE NEXT DISORDER. DEPENDENCE PREEMPTS ABUSE.

NO	YES*
ALCOHOL DEPENDENCE CURRENT	

In the past year:

- | | | | |
|----|---|----|-----|
| L3 | a Was (s)he drunk or hung-over more than once when (s)he had something important to do, like schoolwork or responsibilities at home? Did this cause any problems?

CODE YES ONLY IF THIS CAUSED PROBLEMS | NO | YES |
| b | Was (s)he drunk more than once while doing something risky (Like riding a bike, driving a car or boat, or using machines)? | NO | YES |
| c | Did (s)he have legal problems more than once because of his/her drinking (Like getting arrested or stopped by the police)? | NO | YES |

d Did (s)he keep drinking even if his/her drinking caused problems with his/her family or with other people?
IF YES TO EITHER, CODE YES

NO YES

ARE 1 OR MORE OF L3 ANSWERS CODED YES?

NO N/A YES

**ALCOHOL ABUSE
CURRENT**

M. NON-ALCOHOL PSYCHOACTIVE SUBSTANCE USE DISORDERS

(\ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE **NO** IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

- | | | (| NO | YES |
|----|---|---|----|-----|
| M1 | a | Now I am going to read a list of street drugs or medicines. Stop me if, in the past year , (s)he has taken any of them more than one time to get high? To feel better or to change his/her mood? | | |

CIRCLE EACH DRUG TAKEN:

Stimulants: amphetamines, "speed", crystal meth, "crank", "rush", Dexadrine, Ritalin, diet pills.

Cocaine: snorting, IV, freebase, crack, "speedball".

Narcotics: heroin, morphine, Dilaudid, opium, Demerol, methadone, Darvon, codeine, Percodan, Vicodin, OxyContin.

Hallucinogens: LSD ("acid"), mescaline, peyote, PCP ("angel dust", "Peace Pill"), psilocybin, STP, "mushrooms", "ecstasy", MDA, MDMA or ketamine, ("Special K").

Inhalants: "glue", ethyl chloride, "rush", nitrous oxide ("laughing gas"), amyl or butyl nitrate ("poppers").

Marijuana: hashish ("hash"), THC, "pot", "grass", "weed", "reefer".

Tranquilizers: Quaalude, Seconal ("reds"), Valium, Xanax, Librium, Ativan, Dalmane, Halcion, barbiturates, Miltown, GHB, Roofinol, "Roofies".

Miscellaneous: Steroids, non prescription sleep or diet pills. Cough medicine? Any others?

Specify MOST USED Drug(s): _____

WHICH DRUG(S) CAUSE THE BIGGEST PROBLEMS?: _____

FIRST EXPLORE THE DRUG CAUSING THE BIGGEST PROBLEMS AND THE ONE MOST LIKELY TO MEET DEPENDENCE / ABUSE CRITERIA.

IF PATIENT'S SYMPTOMS MEET CRITERIA FOR ABUSE /DEPENDENCE, SKIP TO NEXT MODULE. IF NOT, EXPLORE THE NEXT MOST PROBLEMATIC DRUG.

- | | | | | |
|----|---|--|----|-----|
| M2 | | Think about his/her use of (NAME THE DRUG/DRUG CLASS SELECTED) over the past year: | | |
| | a | Did (s)he need to take a lot more of the drug to get the same feeling (s)he got when (s)he first started taking it? | NO | YES |
| | b | Whenever (s)he cut down or stopped using the drug(s), did his/her body feel bad or did (s)he go into withdrawal? ("Withdrawal" might mean feeling sick, achy, shaking, running a temperature, feeling weak, having an upset stomach or diarrhea, sweating, feeling his/her heart pounding, trouble sleeping, feeling nervous, moody or like (s)he can't sit still.) Did (s)he use the drug(s) again to keep from getting sick or to feel better?
IF YES TO EITHER, CODE YES | NO | YES |
| | c | When (s)he used (NAME THE DRUG/DRUG CLASS SELECTED), did (s)he end up taking more than (s)he had planned to? | NO | YES |
| | d | Has (s)he tried to cut down or stop taking (NAME THE DRUG/DRUG CLASS SELECTED)? Did (s)he find out that (s)he couldn't do it?
IF NO TO EITHER, CODE NO | NO | YES |

- e On days when (s)he took (NAME THE DRUG/DRUG CLASS SELECTED), did (s)he spend more than three hours doing it? Count the time it took him/her to get (NAME THE DRUG/DRUG CLASS SELECTED), use it and get over it. NO YES
- f Did (s)he spend less time on other things because of his/her use of (NAME THE DRUG/DRUG CLASS SELECTED)? Like school, hobbies or being with friends? NO YES
- g Did his/her use of (NAME THE DRUG/DRUG CLASS SELECTED) cause problems with his/her health or his/her mind? Did (s)he keep on using (NAME THE DRUG) even though (s)he knew it caused problems? NO YES

ARE 3 OR MORE M2 ANSWERS CODED YES?

SPECIFY DRUG(S): _____

* IF YES, SKIP M3 QUESTIONS, CIRCLE N/A IN ABUSE BOX AND MOVE TO THE NEXT DISORDER. DEPENDENCE PREEMPTS ABUSE.

AND

NO	YES*
SUBSTANCE DEPENDENCE CURRENT	

Think about his/her use of (NAME THE DRUG/DRUG CLASS SELECTED) over the past year:

In the past year:

- M3 a Was (s)he high or hung-over from the drug(s) more than once, when (s)he had something important to do? Like schoolwork or responsibilities at home? Did this happen more than one time? Did this cause any problems? NO YES
CODE YES ONLY IF THIS CAUSED PROBLEMS
- b Was (s)he high from the drug(s) more than once while doing something risky (Like riding a bike, driving a car or boat, or using machines)? NO YES
- c Did (s)he have legal problems because of his/her use of the (NAME THE DRUG/DRUG CLASS SELECTED) more than once? (Like getting arrested or stopped by the police)? NO YES
- d Did (s)he keep using the (NAME THE DRUG/DRUG CLASS SELECTED) even though it caused problems with his/her family or with other people? NO YES
IF YES TO EITHER, CODE YES

ARE 1 OR MORE M3 ANSWERS CODED YES?

SPECIFY DRUG(S): _____

NO	N/A	YES
SUBSTANCE ABUSE CURRENT		

N. TIC DISORDERS

(MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE **NO** IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

N1	a	In the past month did (s)he have movements of his/her body called "Tics"? "Tics" are quick movements of some part of his/her body that are hard to control. A tic might be blinking his/her eyes over and over, twitches of his/her face, jerking his/her head, making a movement with his/her hand over and over, or squatting, or shrugging his/her shoulders over and over.	NO	YES
----	---	--	----	-----

	b	Has (s)he ever had a tic that made him/her say something or make a sound over and over and was hard to stop? Like coughing or sniffing or clearing his/her throat over and over when (s)he did not have a cold; or grunting or snorting or barking; having to say certain words over and over, having to say bad words, or having to repeat sounds (s)he hears or words that other people say?	NO	YES
--	---	--	----	-----

IF BOTH **N1A** AND **N1B** ARE CODED **NO**,
CIRCLE **NO** IN ALL DIAGNOSTIC BOXES AND SKIP TO **O1**

N2	a	Did these "tics" happen many times a day?	NO	YES
	b	Did they happen nearly every day for at least 4 weeks?	NO	YES
	c	Did they happen for a year or more?	NO	YES
	d	Did they ever go away completely for 3 months in a row during this time?	NO	YES

N3	Did these "tics" upset him/her a lot? Did they get in the way of school? Did they cause him/her problems at home? Did they cause him/her problems with friends? Did other kids pick on him/her because of his/her tics? IF YES TO ANY, CODE YES	NO	YES
----	--	----	-----

N4	Did the tics only occur when (s)he is taking Ritalin, Adderal, Cylert, Dexedrine, Provigil, Concerta or other medications for ADHD ?	NO	YES
----	--	----	-----

N5 a ARE **N1a**+ **N1b** + **N2a** + **N2c** AND **N3** CODED **YES**?

NO	YES
TOURETTE'S DISORDER, CURRENT	

N5 b ARE **N1a** + **N2a** + **N2c** + **N3** CODED **YES** AND IS **N1b** CODED **NO**?

NO	YES
MOTOR TIC DISORDER, CURRENT	

N5 c ARE **N1b + N2a + N2c + N3** CODED **YES** AND IS **N1a** CODED **NO**?

NO **YES**

**VOCAL TIC DISORDER,
CURRENT**

N5 d ARE **N1 (a or b)** AND **N2a** AND **N2b** AND **N3** CODED **YES**, AND **N2c** CODED **NO**.?

NO **YES**

**TRANSIENT TIC DISORDER,
CURRENT**

O. ATTENTION DEFICIT/HYPERACTIVITY DISORDER

(MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE **NO** IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

SCREENING QUESTION FOR 3 DISORDERS (ADHD, CD, ODD)

O1	Has anyone (teacher, baby sitter, friend or parent) ever complained about his/her behavior or performance in school? IF NO TO THIS QUESTION, ALSO CODE NO TO CONDUCT DISORDER AND OPPOSITIONAL DEFIANT DISORDER	(NO	YES
----	--	---------	-----

In the past six months:

O2	a Has (s)he often not paid enough attention to details? Made careless mistakes in school?	NO	YES
	b Has (s)he often had trouble keeping his/her attention focused when playing or doing schoolwork?	NO	YES
	c Has (s)he often been told that (s)he does not listen when others talk directly to him/her?	NO	YES
	d Has (s)he often had trouble following through with what (s)he was told to do (Like not following through on schoolwork or chores)? Did this happen even though (s)he understood what (s)he was supposed to do? Did this happen even though (s)he wasn't trying to be difficult? IF NO TO ANY, CODE NO	NO	YES
	e Has (s)he often had a hard time getting organized?	NO	YES
	f Has (s)he often tried to avoid things that make him/her concentrate or think hard (like schoolwork)? Does (s)he hate or dislike things that make him/her concentrate or think hard? IF YES TO EITHER, CODE YES	NO	YES
	g Has (s)he often lost or forgotten things (s)he needed? Like homework assignments, pencils, or toys?	NO	YES
	h Does (s)he often get distracted easily by little things (Like sounds or things outside the room)?	NO	YES
	i Does (s)he often forget to do things (s)he needs to do every day (Like forget to comb his/her hair or brush his/her teeth)?	NO	YES
	O2 SUMMARY: ARE 6 OR MORE O2 ANSWERS CODED YES?	NO	YES

In the past six months:

O3	a Did (s)he often fidget with his/her hands or feet? Or did (s)he squirm in his/her seat? IF YES TO EITHER, CODE YES	NO	YES
	b Did (s)he often get out of his/her seat in class when (s)he was	NO	YES

not supposed to?

c	Has (s)he often run around or climbed on things when (s)he wasn't supposed to? Did (s)he want to run around or climb on things even though (s)he didn't? IF YES TO EITHER, CODE YES	NO	YES
d	Has (s)he often had a hard time playing quietly?	NO	YES
e	Was (s)he always "on the go"?	NO	YES
f	Has (s)he often talked too much?	NO	YES
g	Has (s)he often blurted out answers before the person or teacher has finished the question?	NO	YES
h	Has (s)he often had trouble waiting his/her turn?	NO	YES
i	Has (s)he often interrupted other people? Like butting in when other people are talking or busy or when they are on the phone?	NO	YES
	O3 SUMMARY: ARE 6 OR MORE O3 ANSWERS CODED YES?	NO	YES
O4	Did (s)he have problems paying attention, being hyper, or impulsive before (s)he was 7 years old?	NO	YES
O5	Did these things cause problems at school? At home? With his/her family? With his/her friends? CODE YES IF TWO OR MORE ARE ENDORSED YES.	NO	YES

IS O2 SUMMARY & O3 SUMMARY CODED YES?

NO	YES
<i>Attention Deficit/ Hyperactivity Disorder COMBINED</i>	

IS O2 SUMMARY CODED YES AND O3 SUMMARY CODED NO?

NO	YES
<i>Attention Deficit/ Hyperactivity Disorder INATTENTIVE</i>	

IS O2 SUMMARY CODED NO AND O3 SUMMARY CODED YES?

NO	YES
<i>Attention Deficit/ Hyperactivity Disorder HYPERACTIVE /IMPULSIVE</i>	

P. CONDUCT DISORDER

(MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

SCREENING QUESTION

P1 IF QUESTION O1 IN ADHD IS ANSWERED NO, CODE NO TO CONDUCT DISORDER

IF O1 WAS NOT ASKED ALREADY, ASK THE QUESTION BELOW

(Has anyone (teacher, baby sitter, friend, parent) ever complained about his/her behavior or performance in school?)

(NO YES

P2 **In the past year:**

- | | | | |
|---|--|----------|-----|
| a | Has (s)he bullied or threatened other people (excluding siblings)? | NO | YES |
| b | Has (s)he started fights with others (excluding siblings)? | NO | YES |
| c | Has (s)he used a weapon to hurt someone? Like a knife, gun, bat, or other object? | NO | YES |
| d | Has (s)he hurt someone (physically) on purpose (excluding siblings)? | NO | YES |
| e | Has (s)he hurt animals on purpose? | NO | YES |
| f | Has (s)he stolen things using force? Like robbing someone using a weapon or grabbing something from someone like purse snatching? | NO | YES |
| g | Has (s)he forced anyone to have sex with him/her? | NO | YES |
| h | Has (s)he started fires on purpose in order to cause damage? | NO | YES |
| i | Has (s)he destroyed things that belonged to other people on purpose? | NO | YES |
| j | Has (s)he broken into someone's house or car? | NO | YES |
| k | Has (s)he lied many times in order to get things from people or to get out of things? Tricked other people into doing what (s)he wanted?
IF YES TO EITHER, CODE YES | NO | YES |
| l | Has (s)he stolen things that were worth money (Like shoplifting or forging a check)? | NO | YES |
| m | Has (s)he often stayed out a lot later than his/her parents let him/her?
Did this start before (s)he was 13 years old?
IF NO TO EITHER, CODE NO | NO | YES |
| n | Has (s)he run away from home two times or more? | NO | YES |
| o | Has (s)he skipped school often? Did this start before (s)he was 13 years old?
IF NO TO EITHER, CODE NO | NO | YES |
| | P2 SUMMARY: ARE 3 OR MORE P2 ANSWERS CODED YES WITH AT LEAST ONE PRESENT IN THE PAST 6 MONTHS? | (NO YES | |

P3 Did these behaviors cause big problems at school? At home?
With his/her family? Or with his/her friends?

IF YES TO ANY, CODE YES

NO

YES

***CONDUCT DISORDER
CURRENT***

Q. OPPOSITIONAL DEFIANT DISORDER

(\ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

ATTENTION: IF CODED POSITIVE FOR CONDUCT DISORDER, CIRCLE NO IN THE DIAGNOSTIC BOX AND MOVE TO THE NEXT MODULE.

SCREENING QUESTION

Q1 IF QUESTION Q1 IN ADHD IS ANSWERED NO, CODE NO TO OPPOSITIONAL DEFIANT DISORDER

IF Q1 WAS NOT ASKED ALREADY, ASK THE QUESTION BELOW

(Has anyone (teacher, baby sitter, friend, parent) ever complained about his/her behavior or performance in school?)

(NO YES

Q2 **In the past six months:**

- | | | | |
|---|--|----|-----|
| a | Has (s)he often lost his/her temper? | NO | YES |
| b | Has (s)he often argued with adults? | NO | YES |
| c | Has (s)he often refused to do what adults tell him/her to do? Refused to follow rules?
IF YES TO EITHER, CODE YES | NO | YES |
| d | Has (s)he often annoyed people on purpose? | NO | YES |
| e | Has (s)he often blamed other people for his/her mistakes or for his/her bad behavior? | NO | YES |
| f | Has (s)he often been "touchy" or easily annoyed by other people? | NO | YES |
| g | Has (s)he often been angry and resentful toward others? | NO | YES |
| h | Has (s)he often been "spiteful" or quick to "pay back" somebody who treats him/her wrong? | NO | YES |

Q2 SUMMARY: ARE 4 OR MORE OF Q2 ANSWERS CODED YES?

(NO YES

Q3 Did these behaviors cause problems at school? At home? With his/her family? Or with his/her friends?
IF YES TO ANY, CODE YES

(NO YES

ARE Q2 SUMMARY & Q3 CODED YES?

NO	YES
OPPOSITIONAL DEFIANT DISORDER CURRENT	

R. PSYCHOTIC DISORDERS AND MOOD DISORDERS WITH PSYCHOTIC FEATURES

(↪ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE **NO** IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

ASK FOR AN EXAMPLE OF EACH QUESTION ANSWERED POSITIVELY. CODE YES ONLY IF THE EXAMPLES CLEARLY SHOW A DISTORTION OF THOUGHT OR OF PERCEPTION OR IF THEY ARE NOT CULTURALLY APPROPRIATE. BEFORE CODING, INVESTIGATE WHETHER DELUSIONS QUALIFY AS "BIZARRE".

DELUSIONS ARE "BIZARRE" IF: CLEARLY IMPLAUSIBLE, ABSURD, NOT UNDERSTANDABLE, AND CANNOT DERIVE FROM ORDINARY LIFE EXPERIENCE.

HALLUCINATIONS ARE SCORED "BIZARRE" IF: A VOICE COMMENTS ON THE PERSON'S THOUGHTS OR BEHAVIOR, OR WHEN TWO OR MORE VOICES ARE CONVERSING WITH EACH OTHER.

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

			BIZARRE	
R1	a	Has (s)he ever believed that people were secretly watching him/her? Has (s)he believed that someone was trying to get him/her, or to hurt him/her? IF YES TO ANY, CODE YES NOTE: ASK FOR EXAMPLES TO RULE OUT ACTUAL STALKING	NO YES	YES
	b	IF YES OR YES BIZARRE: Does (s)he believe this now?	NO YES	YES ↳ R6
R2	a	Has (s)he ever believed that someone was reading his/her mind or that someone could hear his/her thoughts? Or that (s)he could actually read someone else's mind or hear what they were thinking? IF YES TO ANY, CODE YES	NO YES	YES
	b	IF YES OR YES BIZARRE: Does (s)he believe this now?	NO YES	YES ↳ R6
R3	a	Has (s)he ever believed that someone or something put thoughts in his/her mind that were not his/her own? Has (s)he believed that someone or something made him/her act in a way that was not his/her usual self? Has (s)he ever felt that (s)he was possessed? IF YES TO ANY, CODE YES NOTE: ASK FOR EXAMPLES AND DISCOUNT ANY THAT ARE NOT PSYCHOTIC	NO YES	YES
	b	IF YES OR YES BIZARRE: Does (s)he believe this now?	NO YES	YES ↳ R6
R4	a	Has (s)he ever believed that (s)he was being sent special messages through the TV, radio, internet, newspapers, books, magazines or through his/her games or toys? Has (s)he ever believed that a person (s)he did not personally know was especially interested in him/her? IF YES TO ANY, CODE YES	NO YES	YES
	b	IF YES OR YES BIZARRE: Does (s)he believe this now?	NO YES	YES ↳ R6
R5	a	Have his/her family or friends ever thought that any of his/her beliefs were strange or weird? Please give me an example. INTERVIEWER: ONLY CODE YES IF THE EXAMPLES ARE CLEARLY DELUSIONAL AND ARE NOT EXPLORED IN QUESTIONS R1 TO R4, FOR EXAMPLE, SOMATIC OR RELIGIOUS DELUSIONS OR DELUSIONS OF GRANDIOSITY, JEALOUSY GUILT, RUIN OR DESTITUTION, ETC.	NO YES	YES
	b	IF YES OR YES BIZARRE: Do they think that his/her beliefs are still strange?	NO YES	YES

R6 a Has (s)he ever heard things other people couldn't hear, such as voices?
 [HALLUCINATIONS ARE SCORED "BIZARRE" ONLY IF PATIENT ANSWERS YES TO THE FOLLOWING]:

IF YES: Did (s)he hear a voice talking about him/her? Did (s)he hear more than one voice talking back and forth?

b **IF YES OR YES BIZARRE TO R6:** Has (s)he heard these things in the past month?
 HALLUCINATIONS ARE SCORED "BIZARRE" ONLY IF PATIENT ANSWERS YES TO THE FOLLOWING:
 Did (s)he hear a voice talking about him/her? Did (s)he hear more than one voice talking?
 back and forth?

NO YES

NO YES

NO YES

YES
↳R8b

R7 a Has (s)he ever had visions or has (s)he ever seen things other people couldn't see?
 NOTE: CHECK TO SEE IF THESE ARE CULTURALLY INAPPROPRIATE.

b **IF YES:** Has (s)he seen these things in the past month?

NO YES

NO YES

CLINICIAN'S JUDGMENT

R8 b IS THE PATIENT CURRENTLY EXHIBITING INCOHERENCE, DISORGANIZED SPEECH, OR MARKED LOOSENING OF ASSOCIATIONS?

R9 b IS THE PATIENT CURRENTLY EXHIBITING DISORGANIZED OR CATATONIC BEHAVIOR?

R10 b ARE NEGATIVE SYMPTOMS OF SCHIZOPHRENIA, E.G. SIGNIFICANT AFFECTIVE FLATTENING, POVERTY OF SPEECH (ALOGIA) OR AN INABILITY TO INITIATE OR PERSIST IN GOAL DIRECTED ACTIVITIES (AVOLITION), PROMINENT DURING THE INTERVIEW?

R11 a ARE 1 OR MORE « a » QUESTIONS FROM R1a TO R7a CODED **YES OR YES BIZARRE** AND IS EITHER:

MAJOR DEPRESSIVE EPISODE, (CURRENT OR RECURRENT)
 OR
 MANIC OR HYPOMANIC EPISODE, (CURRENT OR PAST) CODED **YES?**

NO YES

R13

IF NO TO R11 a, CIRCLE NO IN BOTH 'MOOD DISORDER WITH PSYCHOTIC FEATURES' DIAGNOSTIC BOXES AND MOVE TO R13.

b You told me earlier that (s)he had period(s) when (s)he felt (depressed/high/persistently irritable).

Did (s)he have the beliefs and experiences (s)he just described [GIVE EXAMPLES PATIENT FROM SYMPTOMS CODED YES FROM R1a TO R7a] only when (s)he was feeling depressed? high? very moody? very irritable?

TO

NO	YES
MOOD DISORDER WITH PSYCHOTIC FEATURES	
LIFETIME	

IF THE PATIENT EVER HAD A PERIOD OF AT LEAST 2 WEEKS OF HAVING THESE BELIEFS OR EXPERIENCES (PSYCHOTIC SYMPTOMS) WHEN THEY WERE NOT DEPRESSED/HIGH/IRRITABLE, CODE NO TO THIS DISORDER.

IF THE ANSWER IS NO TO THIS DISORDER, ALSO CIRCLE NO TO R12 AND MOVE TO R13

R12a ARE 1 OR MORE « b » QUESTIONS FROM R1b TO R7b CODED YES OR YES BIZARRE AND IS EITHER:

MAJOR DEPRESSIVE EPISODE, (CURRENT)
OR
MANIC OR HYPOMANIC EPISODE, (CURRENT) CODED YES?

IF THE ANSWER IS YES TO THIS DISORDER (LIFETIME OR CURRENT), CIRCLE NO TO R13 AND R14 AND MOVE TO THE NEXT MODULE.

NO	YES
MOOD DISORDER WITH PSYCHOTIC FEATURES	
CURRENT	

R13 ARE 1 OR MORE « b » QUESTIONS FROM R1b TO R6b, CODED YES BIZARRE?

OR

ARE 2 OR MORE « b » QUESTIONS FROM R1b TO R10b, CODED YES (RATHER THAN YES BIZARRE)?

AND DID AT LEAST TWO OF THE PSYCHOTIC SYMPTOMS OCCUR DURING THE SAME 1 MONTH PERIOD?

NO	YES
PSYCHOTIC DISORDER CURRENT	

R14 IS R13 CODED YES

OR

ARE 1 OR MORE « a » QUESTIONS FROM R1a TO R6a, CODED YES BIZARRE?

OR

ARE 2 OR MORE « a » QUESTIONS FROM R1a TO R7a, CODED YES (RATHER THAN YES BIZARRE)?

AND DID AT LEAST TWO OF THE PSYCHOTIC SYMPTOMS OCCUR DURING THE SAME 1 MONTH PERIOD?

NO	YES
PSYCHOTIC DISORDER LIFETIME	

S. ANOREXIA NERVOSA

(\ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE **NO** IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

S1	a	How tall is (s)he?	(6) ft	(6) (6) in.
			(6)	(6) (6) cm
	b.	What was his/her lowest weight in the past 3 months?	(6)	(6) (6) lb
			(6)	(6) (6) kg
	c	IS PATIENT'S WEIGHT EQUAL TO OR BELOW THE THRESHOLD CORRESPONDING TO HIS / HER HEIGHT? (SEE TABLE BELOW) (THIS IS = A BMI OF $\leq 17.5 \text{ KG/M}^2$)	NO	YES
	d	Has (s)he lost 5 lb or more (2.3 kg or more) in the last 3 months?	NO	YES
	e	If (s)he is less than age 14, Has (s)he failed to gain any weight in the last 3 months? IF PATIENT IS 14 OR OLDER, CODE NO.	NO	YES
	f	Has anyone thought that (s)he lost too much weight in the last 3 months?	NO	YES
		IF YES TO S1c OR d OR e OR f, CODE YES, OTHERWISE CODE NO.	(\) NO	YES

In the past 3 months:

S2		Has (s)he been trying to keep him/herself from gaining any weight?	(\) NO	YES
S3		Has (s)he been very afraid of gaining weight? Has (s)he been very afraid of getting too fat / big? IF YES TO EITHER, CODE YES	(\) NO	YES
S4	a	Has (s)he seen him/herself as being too big / fat or that part of his/her body was too big / fat? IF YES TO EITHER, CODE YES	NO	YES
	b	Has his/her weight strongly affected how (s)he feels about him/herself? Has his/her body shape strongly affected how (s)he feels about him/herself? IF YES TO EITHER, CODE YES	NO	YES
	c	Did (s)he think that his/her low weight was normal or overweight ?	NO	YES
S5		ARE 1 OR MORE S4 ANSWERS CODED YES?	(\) NO	YES
S6		FOR POST PUBERTAL FEMALES ONLY: During the last 3 months, did she miss all her menstrual periods when they were expected to occur (when she was not pregnant)?	(\) NO	YES

FOR GIRLS : ARE S5 AND S6 CODED YES?

FOR BOYS : IS S5 CODED YES?

<p>NO</p> <p>ANOREXIA NERVOSA</p> <p>CURRENT</p>	<p>YES</p>
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HEIGHT / WEIGHT TABLE CORRESPONDING TO A BMI THRESHOLD OF 17.5 kg/m²

Height/Weight														
ft/in	3'0	3'1	3'2	3'3	3'4	3'5	3'6	3'7	3'8	3'9	3'10	3'11	4'0	4'1
lb	32	34	36	38	40	42	44	46	48	50	53	55	57	60
cm	91	94	97	99	102	104	107	109	112	114	117	119	122	125
kg	15	15	16	17	18	19	20	21	22	23	24	25	26	27
<hr/>														
ft/in	4'2	4'3	4'4	4'5	4'6	4'7	4'8	4'9	4'10	4'11	5'0	5'1	5'2	5'3
lb	62	65	67	70	72	75	78	81	84	87	89	92	96	99
cm	127	130	132	135	137	140	142	145	147	150	152	155	158	160
kg	28	29	31	32	33	34	35	37	38	39	41	42	43	45
<hr/>														
ft/in	5'4	5'5	5'6	5'7	5'8	5'9	5'10	5'11	6'0	6'1	6'2	6'3		
lb	102	105	108	112	115	118	122	125	129	132	136	140		
cm	163	165	168	170	173	175	178	180	183	185	188	191		
kg	46	48	49	51	52	54	55	57	59	60	62	64		

The weight thresholds above are calculated using a body mass index (BMI) equal to or below 17.5 kg/m² for the patient's height. This is the threshold guideline below which a person is deemed underweight by the DSM-IV and the ICD-10 Diagnostic Criteria for Research for Anorexia Nervosa.

T. BULIMIA NERVOSA

(\ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE **NO** IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

In the past 3 months:		
T1	Did (s)he have eating binges? An "eating binge" is when (s)he eats a very large amount of food within two hours.	<input type="checkbox"/> NO YES
T2	Did (s)he have eating binges two times a week or more?	<input type="checkbox"/> NO YES

T3 During an eating binge, did (s)he feel that (s)he couldn't control him/herself?
 NO YES

T4 Did (s)he do anything to keep from gaining weight? Like making him/herself throw up or exercising very hard? Trying not to eat for the next day or more? Taking pills to make him/her have to go to the bathroom more? Or taking any other kinds of pills to try to keep from gaining weight?
IF YES TO ANY, CODE YES
 NO YES

T5 Does his/her weight strongly affect how (s)he feels about him/herself? Does his/her body shape strongly affect how (s)he feel about him/herself?
IF YES TO EITHER, CODE YES
 NO YES

T6 DO THE PATIENT'S SYMPTOMS MEET CRITERIA FOR ANOREXIA NERVOSA?
 NO YES
 SKIP to T8

T7 Do these binges occur only when (s)he is under (_____ lb/kg)?
 NO YES

INTERVIEWER: WRITE IN THE ABOVE (), THE THRESHOLD WEIGHT FOR THIS PATIENT'S HEIGHT FROM THE HEIGHT/WEIGHT TABLE IN THE ANOREXIA NERVOSA MODULE

<p>T8 IS T5 CODED YES AND IS EITHER T6 OR T7 CODED NO?</p>	<p>NO YES</p> <p>BULIMIA NERVOSA</p> <p>CURRENT</p>
---	---

<p>T9 IS T7 CODED YES?</p>	<p>NO YES</p> <p>ANOREXIA NERVOSA</p> <p><i>Binge Eating Type</i></p> <p>CURRENT</p>
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U. GENERALIZED ANXIETY DISORDER

(\ MEANS : GO TO END OF DISORDER, CIRCLE NO AND MOVE TO NEXT DISORDER)

U1	<p>a For the past six months, Has (s)he worried a lot or been nervous? Has (s)he been worried or nervous about several things, (like school, his/her health, or something bad happening)? Has (s)he been more worried than other kids his/her age? IF YES TO ANY, CODE YES</p>	(	NO	YES
	<p>b Does (s)he worry most days? IS THE PATIENT'S ANXIETY RESTRICTED EXCLUSIVELY TO, OR BETTER EXPLAINED BY, ANY DISORDER PRIOR TO THIS POINT?</p>	(	NO	YES

U2	<p>Does (s)he find it hard to stop worrying? Do the worries make it hard for him/her to pay attention to what (s)he is doing? IF YES TO EITHER, CODE YES</p>	(NO	YES
----	--	---	----	-----

U3 FOR THE FOLLOWING, CODE **NO** IF THE SYMPTOMS ARE
 CONFINED TO FEATURES OF ANY DISORDER EXPLORED
 PRIOR TO THIS POINT.

When (s)he is worried, Does (s)he , most of the time:

a	Feel like (s)he can't sit still?	NO	YES	
b	Feel tense in his/her muscles?	NO	YES	
c	Feel tired, weak or exhausted easily?	NO	YES	
d	Have a hard time paying attention to what (s)he is doing? Does his/her mind go blank?	NO	YES	
e	Feel grouchy or annoyed?	NO	YES	
f	Have trouble sleeping ("trouble sleeping" means trouble falling asleep, waking up in the middle of the night, waking up too early or sleeping too much)?	NO	YES	
	ARE 1 OR MORE U3 ANSWERS CODED YES?	(NO	YES

U4	<p>Do these worries or anxieties cause a lot of problems at school or with his/her friends or at home or at work or with other people?</p>		
----	---	--	--

NO	YES
GENERALIZED ANXIETY DISORDER	
CURRENT	

V. ADJUSTMENT DISORDERS

(\ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE **NO** IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

ONLY ASK THESE QUESTIONS IF THE PATIENT CODES **NO** TO ALL OTHER DISORDERS.

EVEN IF A LIFE STRESS IS PRESENT OR A STRESS PRECIPITATED THE PATIENT'S DISORDER, DO NOT USE AN ADJUSTMENT DISORDER DIAGNOSIS IF ANY OTHER PSYCHIATRIC DISORDER IS PRESENT. CIRCLE N/A IN DIAGNOSTIC BOX AND SKIP THE ADJUSTMENT DISORDER MODULE IF THE PATIENT'S SYMPTOMS MEET CRITERIA FOR ANOTHER SPECIFIC AXIS I DISORDER OR ARE MERELY AN EXACERBATION OF A PREEXISTING AXIS I OR II DISORDER.

V1	Is (s)he stressed out about something? Is this making him/her upset or making his/her behavior worse? IF NO TO EITHER, CODE NO	(	NO		YES
	[Examples include anxiety/depression/physical complaints; misbehavior such as fighting, driving recklessly, skipping school, vandalism, violating the rights of others, or illegal activity]. IDENTIFIED STRESSOR: _____ DATE OF ONSET OF STRESSOR: _____				
V2	Did his/her symptoms/behavior problems start soon after the stress began? [Within 3 months of the onset of the stressor]	(	NO		YES
V3	a Is (s)he more upset by this stress than other kids his/her age would be? b Do these stresses or upsets cause him/her problems in school? Problems at home? Problems with his/her family or with his/her friends? IF YES TO ANY, CODE YES	(	NO		YES
V4	BEREAVEMENT IS PRESENT IF THESE EMOTIONAL/BEHAVIORAL SYMPTOMS ARE DUE ENTIRELY TO THE LOSS OF A LOVED ONE AND ARE SIMILAR IN SEVERITY, LEVEL OF IMPAIRMENT AND DURATION TO WHAT OTHERS WOULD SUFFER UNDER SIMILAR CIRCUMSTANCES				MOST
	HAS BEREAVEMENT BEEN RULED OUT?	(	NO		YES
V5	Have these problems gone on for 6 months or more after the stress stopped? WHICH OF THESE EMOTIONAL / BEHAVIORAL SUBTYPES ARE PRESENT?		NO		YES
					Mark all that apply
	A Depression, tearfulness or hopelessness.				
	B Anxiety, nervousness, jitteriness, worry.				
	C Misbehavior (Like fighting, driving recklessly, skipping school, vandalism, violating other's rights, doing illegal things).				
	D School problems, physical complaints or social withdrawal.				

IF MARKED:

- A only, then code as Adjustment disorder with depressed mood. 309.0
- B only, then code as Adjustment disorder with anxious mood. 309.24
- C only, then code as Adjustment disorder of conduct. 309.3
- A and B only, then code as Adjustment disorder with mixed anxiety and depressed mood. 309.28
- C and (A or B), then code as Adjustment disorder of emotions and of conduct. 309.4
- D only, then code as Adjustment Disorder unspecified. 309.9
- C and D, then code as Adjustment disorder of conduct. 309.3
- B and D, then code as Adjustment disorder with anxious mood. 309.24
- B, C and D, then code as Adjustment disorder with anxious mood and of conduct. 309.24 / 309.3
- A and D, then code as Adjustment disorder with depressed mood. 309.0
- A, C and D, then code as Adjustment disorder with depressed mood and of conduct. 309.0 / 309.3
- A, B and D, then code as Adjustment disorder with mixed anxiety and depressed mood. 309.28
- A, B and C, then code as Adjustment disorder with mixed anxiety and depressed mood, and of conduct. 309.28 / 309.3
- A, B, C and D, then code as Adjustment disorder with mixed anxiety and depressed mood, and of conduct. 309.28 / 309.3

IF **V1** AND **V2** AND (**V3a** or **V3b**) ARE CODED **YES**, AND **V5** IS CODED **NO**, THEN CODE THE DISORDER **YES** WITH **SUBTYPES**.

IF **NO**, CODE **NO** TO ADJUSTMENT DISORDER.

NO	N/A	YES
Adjustment Disorder		
with _____		
(see above for subtypes)		

W. RULE OUT MEDICAL, ORGANIC OR DRUG CAUSES FOR ALL DISORDERS

IF THE PATIENT CODES POSITIVE FOR ANY CURRENT DISORDER ASK:

Just before these symptoms began:

W1a Was (s)he taking any drugs or medicines?

No Yes Uncertain

W1b Did (s)he have any medical illness?

No Yes

Uncertain

IN THE CLINICIAN'S JUDGMENT: ARE EITHER OF THESE LIKELY TO BE DIRECT CAUSES OF THE PATIENT'S DISORDER?

IF NECESSARY ASK ADDITIONAL OPEN-ENDED QUESTIONS.

W2 SUMMARY: HAS AN ORGANIC (MEDICAL/DRUG) CAUSE BEEN RULED OUT?

No Yes Uncertain

X. PERVASIVE DEVELOPMENT DISORDER

X1	Since the age of 4, Has (s)he had difficulty making friends? Does (s)he have problems because (s)he keeps to him/herself? Is it because (s)he is shy or because (s)he doesn't fit in? IF YES TO ANY, CODE YES	NO	YES	UNSURE
X2	Is (s)he fixated on routines and rituals or does (s)he have interests that are special and interfere with other activities?	NO	YES	UNSURE
X3	Do other kids think (s)he is weird or strange or awkward?	NO	YES	UNSURE
X4	Does (s)he play mostly alone, rather than with other children?	NO	YES	UNSURE

X5 ARE ALL **X ANSWERS** CODED **YES**? IF SO, CODE YES.
 IF ANY X ANSWERS ARE CODED UNSURE, CODE UNSURE.
 OTHERWISE CODE NO.

NO UNSURE YES *

***PERVASIVE DEVELOPMENT
DISORDER***

CURRENT

* Pervasive Developmental Disorder is possible, but needs to be more thoroughly investigated by a board certified child psychiatrist. Based on the above responses, the diagnosis of PDD cannot be ruled out. The above screening is to rule out the diagnosis, rather than to rule it in.

THIS CONCLUDES THE INTERVIEW

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Translations

English
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French
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Turkish
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Hebrew

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MOOD DISORDERS: DIAGNOSTIC ALGORITHM

Consult Modules: A Major Depressive Episode
 D (Hypo)manic Episode
 R Psychotic Disorders

MODULE R:

1a	IS R11b CODED YES?	NO	YES
1b	IS R12a CODED YES?	NO	YES

MODULES A and D:

		Current	Past
2	a	CIRCLE YES IF A DELUSIONAL IDEA IS IDENTIFIED IN A3e	YES YES
	b	CIRCLE YES IF A DELUSIONAL IDEA IS IDENTIFIED IN D3a	YES YES

c Is a Major Depressive Episode coded YES (current or past)?
and
 is Manic Episode coded NO (current and past)?
and
 is Hypomanic Episode coded NO (current and past)?
and
 is "Hypomanic Symptoms" coded NO (current and past)?

Specify:

- If the depressive episode is **current** or **past** or both
- **With Psychotic Features** Current: If 1b or 2a (current) = YES
 With Psychotic Features Past: If 1a or 2a (past) = YES

MAJOR DEPRESSIVE DISORDER		
	current	past
MDD	Ⓞ	Ⓞ
With Psychotic Features		
Current		Ⓞ
Past		Ⓞ

d Is a Manic Episode coded YES (current or past)?

Specify:

- If the Bipolar I Disorder is **current** or **past** or both
- With **Single Manic Episode**: If Manic episode (current or past) = YES
 and MDE (current and past) = NO
- **With Psychotic Features** Current: If 1b or 2a (current) or 2b (current)= YES
 With Psychotic Features Past: If 1a or 2a (past) or 2b (past) = YES
- If the **most recent mood** episode is manic, depressed, mixed or hypomanic or unspecified (all mutually exclusive)
- **Unspecified** if the Past Manic Episode is coded YES AND
 Current (D3 Summary AND D4a AND D6 AND W2) are coded YES

BIPOLAR I DISORDER		
	current	past
Bipolar I Disorder	Ⓞ	Ⓞ
Single Manic Episode	Ⓞ	Ⓞ
With Psychotic Features		
Current		Ⓞ
Past		Ⓞ
Most Recent Episode		
Manic		Ⓞ
Depressed		Ⓞ
Mixed		Ⓞ
Hypomanic		Ⓞ

- e Is Major Depressive Episode coded YES (current or past)
and
 Is Hypomanic Episode coded YES (current or past)
and
 Is Manic Episode coded NO (current and past)?

Specify:

- If the Bipolar Disorder is **current** or **past** or both
- If the most recent mood episode is **hypomanic** or **depressed** (mutually exclusive)

BIPOLAR II DISORDER		
	current	past
Bipolar II Disorder	ⓐ	ⓐ
Most Recent Episode		
Hypomanic		ⓐ
Depressed		ⓐ

- f Is MDE coded NO (current and past)
and
 Is Manic Episode coded NO (current and past)
and
 Is D4b coded YES for the appropriate time frame
and
 Is D7b coded YES?

or

- Is Manic Episode coded NO (current and past)
and
 Is Hypomanic Episode coded NO (current and past)
and
 Is D4a coded YES for the appropriate time frame
and
 Is D7c coded YES?

Specify if the Bipolar Disorder NOS is **current** or **past** or both.

BIPOLAR DISORDER NOS		
	current	past
Bipolar Disorder NOS	ⓐ	ⓐ