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**\*SOCIAL PHOBIA\***

**SOCIAL PHOBIA CRITERIA**

→ IF SCREENING QUESTIONS #6 AND #7 ARE BOTH ANSWERED "NO," SKIP TO **\*SPECIFIC PHOBIA,\*** F. 16.

→ IF QUESTION #6 ANSWERED "YES": You've said that there are things that you have been afraid to do in front of other people, like speaking, eating, or writing . . .

→ IF QUESTION #7 ANSWERED "YES": You've [also] said that you have been especially nervous or anxious in social situations that involve people that you don't know very well...

→ IF SCREENER NOT USED: Has there been anything that you have been afraid to do or felt uncomfortable doing in front of other people, like speaking, eating, or writing?

IF NO: Have you been especially nervous or anxious in social situations that involve people that you don't know very well?

IF YES TO EITHER OF ABOVE: Tell me about that. Give me some examples of when this has happened..

What were you afraid would happen When you are in (SOCIAL OR PERFORMANCE SITUATION)?

IF PUBLIC SPEAKING FEARS 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.

PHOBIC SITUATION(S) Check:

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

SCREEN Q# 6	
YES	NO

SCREEN Q# 7	
YES	NO

IF NO: GO TO **\*SPECIFIC PHOBIA\*** F. 16

? 1 2 3 F47

GO TO **\*SPECIFIC PHOBIA\*** F. 16

F48  
F49  
F50  
F51  
F52

**\*SPECIFIC PHOBIA\***

**SPECIFIC PHOBIA CRITERIA**

→ IF SCREENING QUESTION #8 ANSWERED "NO," SKIP TO **\*OBSESSIVE COMPULSIVE DISORDER,\*** F. 20.

<b>SCREEN Q# 8</b>	
YES	NO

F66a

→ IF QUESTION #8 ANSWERED "YES": You've said that there are other things that you've been especially afraid of, like flying, seeing blood, getting a shot, heights, closed places, or certain kinds of animals or insects . . .

IF NO: GO TO **\*OBSESSIVE COMPULSIVE DISORDER\*** F. 20

→ IF SCREENER NOT USED: Are there any other things that you've been especially afraid of, like flying, seeing blood, getting a shot, heights, closed places, or certain kinds of animals or insects?

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

? 1 2 3

F67

GO TO **\*OBSESSIVE COMPULSIVE DISORDER\*** F. 20

Tell me about that.

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

Did you always feel frightened when you (CONFRONTED PHOBIC STIMULUS)?

B. Exposure to the phobic stimulus almost invariably provokes an immediate anxiety response, which may take the form of a situationally bound or situationally predisposed Panic Attack. Note: In children, the anxiety may be expressed by crying, tantrums, freezing, or clinging.

? 1 2 3

F68

GO TO **\*OBSESSIVE COMPULSIVE DISORDER\*** F. 20

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

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

? 1 2 3

F69

GO TO **\*OBSESSIVE COMPULSIVE DISORDER\*** F. 20

**\*OBSESSIVE COMPULSIVE DISORDER\***

**OBSESSIVE COMPULSIVE DISORDER CRITERIA**

SCREEN Q# 9	
YES	NO

F84a

IF NO: GO TO  
**\*COMPULSIONS\***  
F. 21

→ IF SCREENING QUESTION #9 ANSWERED "NO", SKIP TO **\*COMPULSIONS\***, F. 21. (NOTE: BECAUSE SOME SUBJECTS WITH OCD MAY BE RELUCTANT TO CONFIDE THEIR OBSESSIONS DURING THE SCREENING, CONSIDER RE-ASKING SCREENING QUESTION BELOW AT THIS POINT IN THE SCID.)

→ IF QUESTION #9 ANSWERED "YES":  
You've said that you have had thoughts that didn't make any sense and kept coming back to you even when you tried not to have them...

→ IF SCREENER NOT USED: Now I would like to ask you if you have ever been bothered by thoughts that didn't make any sense and kept coming back to you even when you tried not to have them?

A. Either obsessions or compulsions:

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

(What were they?)

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

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

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

(1) recurrent and persistent thoughts, impulses, or images that are experienced, at some time during the disturbance, as intrusive and inappropriate, and that cause marked anxiety or distress ? 1 2 3 F85

(2) the thoughts, impulses, or images are not simply excessive worries about real-life problems ? 1 2 3 F86

(3) the person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralize them with some other thought or action ? 1 2 3 F87

(4) the person recognizes that the obsessional thoughts, impulses, or images are a product of his or her own mind (not imposed from without as in thought insertion) ? 1 2 3 F88

OBSES-  
SIONS

NO OBSESSIONS  
CONTINUE ON NEXT  
PAGE

DESCRIBE CONTENT OF OBSESSION(S):

**\*COMPULSIONS\***

IF SCREENING QUESTION #10 ANSWERED "NO," SKIP TO **\*CHECK FOR OBSESSIONS/COMPULSIONS,\*** F. 22. (NOTE: BECAUSE SOME SUBJECTS WITH OCD MAY BE RELUCTANT TO CONFIDE THEIR COMPULSIONS DURING THE SCREENING, CONSIDER RE-ASKING SCREENING QUESTION BELOW AT THIS POINT IN THE SCID.)

<b>SCREEN Q# 10</b>	
YES	NO

F88a

IF NO: GO TO **\*CHECK FOR OBSESSIONS / COMPULSIONS\*** F. 22

IF QUESTION #10 ANSWERED "YES": You've said that there were things that you had to do over and over again and couldn't resist doing, like washing your hands again and again, counting up to a certain number or checking something several times to make sure that you had done it right . . .

IF SCREENER NOT USED: Was there ever anything that you had to do over and over again and couldn't resist doing, like washing your hands again and again, counting up to a certain number, or checking something several times to make sure that you 'd done it right?

Compulsions as defined by (1) and (2):

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

?	1	2	3
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F89

(What did you have to do?)

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

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

?	1	2	3
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F90

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

**COMPULSIONS**

GO TO **\*CHECK FOR OBSESSIONS/COMPULSIONS,\*** F. 22 (TOP OF NEXT PAGE)

DESCRIBE CONTENT OF COMPULSION(S):

**\*GENERALIZED ANXIETY DISORDER\* GENERALIZED ANXIETY DISORDER CRITERIA**  
**(CURRENT ONLY)**

<b>SCREEN Q# 11</b>		F134a
<b>YES</b>	<b>NO</b>	

IF: IN RESIDUAL PHASE OF SCHIZOPHRENIA,  
 CHECK HERE \_\_\_ AND GO TO **\*ANXIETY DISORDER NOS,\* F. 40**

IF NO: GO TO <b>*ANXIETY DISORDER NOS* F. 40</b>	F134b
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IF SCREENING QUESTION #11 ANSWERED "NO," SKIP TO  
**\*ANXIETY DISORDER NOS,\* F. 40**

IF QUESTION #11 ANSWERED "YES":  
 You've said that in the last 6 months  
 you've been particularly nervous or anxious . . .

IF SCREENER NOT USED: In the last 6 months,  
 have you been particularly nervous or anxious?

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

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

? 1 2 3 F135

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

GO TO <b>*ANXIETY DISORDER NOS* F. 40</b>
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During the last 6 months, would you say that you have been worrying more days than not?

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

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

? 1 2 3 F136

GO TO <b>*ANXIETY DISORDER NOS* F. 40</b>
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When did this anxiety start? COMPARE ANSWER WITH ONSET OF MOOD OR PSYCHOTIC DISORDER.

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

? 1 3 F137

GO TO <b>*ANXIETY DISORDER NOS* F. 40</b>
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