

DELUSIONAL DISORDER

DELUSIONAL DISORDER CRITERIA

IF: THERE HAVE BEEN NO DELUSIONS, CHECK HERE ____ AND SKIP TO MIDDLE OF PAGE C.17, ***BRIEF PSYCHOTIC DISORDER.***

C26a

SCHIZOPHRENIA,
SCHIZOPHRENIFORM,
AND SCHIZOAFFECTIVE
DISORDERS HAVE BEEN
RULED OUT.

IF UNCLEAR: Has there ever
been a time when you have been
(DELUSIONAL) at the same time
that you were (depressed/high/
irritable/OWN WORDS)?

D. (1) There are no Major Depressive,
Manic or Mixed Episodes that have
occurred concurrently with delusions.

NOTE: CODE "3" IF THERE
HAVE NEVER BEEN ANY MAJOR
DEPRESSIVE, MANIC OR MIXED
EPISODES OR IF ALL MOOD
EPISODES OCCURRED AT
TIMES OTHER THAN DURING
DELUSIONAL PERIODS. CODE "1"
IF THERE HAS BEEN A PERIOD OF
OVERLAP WITH DELUSIONS.

? 1 3

GO TO
***PSY-
CHOTIC
DIS-
ORDER
NOS,***
C. 23

CONTINUE
ON NEXT
PAGE

C27

IF UNCLEAR: How much of the
time that you have had
(DELUSIONS) would you say you
have also been (depressed/high/
irritable/OWN WORDS)?

D. (2) The total duration of all mood
episodes occurring concurrently
with delusions has been brief
relative to the duration of the
delusional periods.

NOTE: CODE "1" IF SYMPTOMS
MEETING CRITERIA FOR A
MOOD EPISODE ARE
PRESENT FOR A SUBSTANTIAL
PORTION OF THE TOTAL DURATION
OF THE DISTURBANCE.

? 1 3

GO TO
***PSY-
CHOTIC
DIS-
ORDER
NOS,***
C. 23

CONTINUE
ON NEXT
PAGE

C28

IF UNCLEAR: Have you had
(DELUSIONS) only at times when
you were (depressed/high/OWN
WORDS)?

Psychotic symptoms occur exclusively
during Major Depressive, Manic, and
Mixed Episodes.

? 1 3

GO TO
***PSYCHOTIC
DISORDER
NOS,*** C. 23

PSYCHOTIC
MOOD
DISORDER

GO TO
***MOOD
DIS-
ORDERS,***
D. 1

C29

CRITERION A, B, and C ARE MET.

1

3

C42a

PSYCHOTIC
DISORDER
DUE TO A
GMC

Indicate which type of symptom
presentation predominates:
1 - With Delusions
2 - With Hallucinations

C42b

CONTINUE ON NEXT PAGE

IF UNKNOWN: How much of (SUBSTANCE) were you taking when you began to have (DELUSIONS/HALLUCINATIONS)?

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

IF UNKNOWN: Have you had any other episodes of (DELUSIONS/HALLUCINATIONS)?

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

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

CRITERION A, B, AND C ARE MET.

