

J. OPTIONAL DISORDERS

ACUTE STRESS DISORDER

**ACUTE STRESS DISORDER
CRITERIA (CURRENT ONLY)**

NOTE: THIS SECTION SHOULD BE ADMINISTERED WITHIN MODULE F DEPENDING ON THE NEEDS OF THE STUDY (E.G., BEFORE PTSD).

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

IF NOT ALREADY KNOWN: In the past month, has anything very upsetting happened to you, 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?

(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

J1

RETURN TO
MODULE F

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

(2) the person's response involved intense fear, helplessness or horror

? 1 2 3

J2

RETURN TO
MODULE F

During (or just after) the (TRAUMA)...

B. Either while experiencing or after experiencing the distressing event, the individual has three (or more) of the following dissociative symptoms:

...did you feel numb or detached or like you didn't have any feelings?

(1) a subjective sense of numbing, detachment, or absence of emotional responsiveness

? 1 2 3

J3

...did you feel less aware of what was going on around you or like you were in a daze?

(2) a reduction in awareness of his or her surroundings (e.g., "being in a daze")

? 1 2 3

J4

...did things around you seem unreal?

(3) derealization

? 1 2 3

J5

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

(4) depersonalization

? 1 2 3

J6

...did you find that you couldn't remember important things about what happened?

(5) dissociative amnesia (i.e., inability to recall an important aspect of the event)

? 1 2 3

J7

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

1 3

J7a

RETURN TO
MODULE F

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

After (TRAUMA), have you kept reexperiencing it in some way?

For example...

- ... did you think about it a lot?
- ... have a lot of dreams about it?
- ... find yourself acting or feeling as if you were back in the situation?
- ... getting very upset when something reminds you of it?

C. The traumatic event is persistently reexperienced in at least one of the following ways: recurrent images, thoughts dreams, illusions, flashback episodes, or sense of reliving the experience; or distress on exposure to reminders of the traumatic event.

? 1 2 3

RETURN TO MODULE F

J7b

Have you avoided talking or thinking about (TRAUMA) or have you avoided places, people, or activities that remind you of (TRAUMA)?

Since (TRAUMA) have you...

- ... had trouble sleeping?
- ... been usually irritable?
- ... had trouble concentrating?
- ... been watchful or on guard even when there was no reason to be?
- ... been easily startled, like by sudden noises?
- ... felt very restless?

D. Marked avoidance of stimuli that arouse recollections of the trauma (e.g., thoughts, feelings, conversations, activities, places, people).

? 1 2 3

RETURN TO MODULE F

J7c

E. Marked symptoms of anxiety or increased arousal (e.g., difficulty sleeping, irritability, poor concentration, hypervigilance, exaggerated startle response, motor restlessness).

? 1 2 3

RETURN TO MODULE F

J7d

IF UNKNOWN: How much did your reaction to (TRAUMA) interfere with your life? (Did it make it hard to do your work or be with friends?) (Did it keep you from getting help afterward or from telling friends or family about what happened to you?)

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or impairs the individual's ability to pursue some necessary task, such as obtaining necessary assistance or mobilizing personal resources by telling family members about the traumatic experience.

? 1 2 3

RETURN TO MODULE F

J7e

IF UNKNOWN: How long did this reaction last?

G. The disturbance lasts for a minimum of 2 days and a maximum of 4 weeks and occurs within 4 weeks of the traumatic event.

? 1 2 3

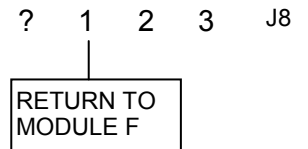
RETURN TO MODULE F

J7f

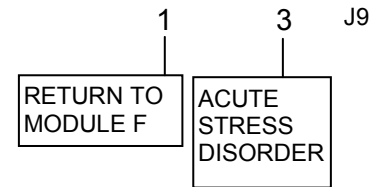
IF UNKNOWN: Were you physically hurt in anyway during (TRAUMA)? (What happened?)

(Were you taking any drugs or drinking a lot around this time?)

H. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition, is not better accounted for by a Brief Psychotic Disorder, and is not merely an exacerbation of a pre-existing Axis I or Axis II disorder.



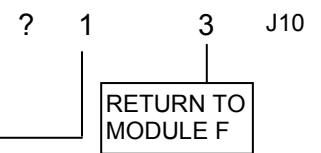
ACUTE STRESS DISORDER
CRITERIA A, B, C, D, E, F, G,
AND H ARE CODED "3."



CHRONOLOGY OF ACUTE STRESS DISORDER

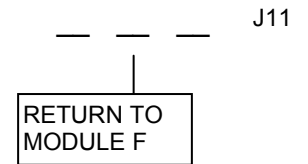
IF UNCLEAR: During the past month, have you had (SYMPTOMS OF ACUTE STRESS DISORDER)?

Criteria have been met for Acute Stress Disorder during past month.



When were you last bothered by (SYMPTOMS OF ACUTE STRESS DISORDER)?

Number of months prior to interview when last had symptoms of Acute Stress Disorder.



MINOR DEPRESSIVE DISORDER

**MINOR DEPRESSIVE DISORDER CRITERIA
(APPENDIX CATEGORY)**

A. A mood disturbance, defined as follows:

REFER TO ITEMS A1-A24 ON PAGES A. 1-A. 3 OR ITEMS A52-A75 ON PAGES A. 12-A. 15.

(1) at least two (but less than five) of the symptoms of a Major Depressive Episode during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (a) depressed mood or (b) loss of interest or pleasure

? 1 2 3

J12

RETURN TO MODULE D

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

(2) the symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

? 1 2 3

J13

RETURN TO MODULE D

Just before this began, were you physically ill?

(3) 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

J14

DUE TO SUBSTANCE USE OR GMC. RETURN TO MODULE D

Just before this began, were you taking any medications?

IF YES: Any change in the amount you were taking?

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. 43, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

PRIMARY MOOD EPISODE

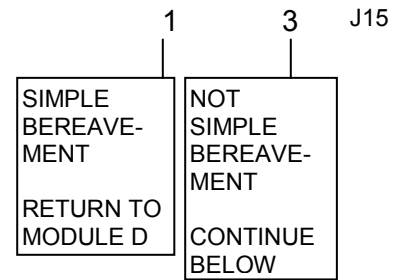
Just before this began, were you drinking or taking any street drugs?

REFER TO LIST OF GENERAL MEDICAL CONDITIONS AND SUBSTANCES, A. 4.

CONTINUE NEXT PAGE

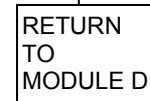
(Did this begin soon after someone close to you died?)

(4) not better accounted for by Bereavement



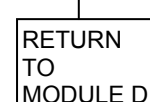
B. There has never been a Major Depressive Episode and criteria are not met for Dysthymic Disorder.

? 1 2 3 J16



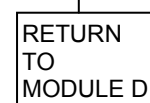
C. Has never had a Manic Episode, Mixed Episode, or Hypomanic Episode and criteria are not met for Cyclothymic Disorder. Note: this exclusion does not apply if all of the manic-, mixed-, or hypomanic-like episodes are substance or treatment induced.

? 1 2 3 J17



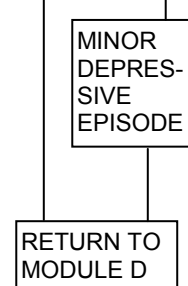
D. The mood disturbance does not occur exclusively during Schizophrenia, Schizophreniform Disorder, Schizoaffective Disorder, Delusional Disorder, or Psychotic Disorder NOS.

? 1 2 3 J18



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

1 3 J19



MAD

**MIXED ANXIETY DEPRESSIVE DISORDER
CRITERIA (APPENDIX CATEGORY)**

IF: CRITERIA HAVE EVER BEEN MET FOR MAJOR DEPRESSIVE DISORDER, DYSTHYMIC DISORDER, PANIC DISORDER, OR GENERALIZED ANXIETY DISORDER, CHECK HERE ____ AND RETURN TO ***ANXIETY DISORDER NOS,* F. 40.**

J19a

IF: CRITERIA ARE CURRENTLY MET FOR ANY OTHER ANXIETY DISORDER OR MOOD DISORDER (INCLUDING AN ANXIETY DISORDER OR MOOD DISORDER IN PARTIAL REMISSION, CHECK HERE ____ AND RETURN TO ***ANXIETY DISORDER NOS,* F. 40.**

J19b

During the past month, have you been feeling bad...that is, depressed or anxious for most of the time?

A. Persistent or recurrent dysphoric mood lasting at least 1 month. ? 1 2 3

J20

RETURN
TO
***ANXIETY
DISORDER
NOS* F40**

During those times when you're feeling bad...

B. The dysphoric mood is accompanied by at least 1 month of four (or more) of the following symptoms:

NOTE: FOR EACH OF THE FOLLOWING, MAKE SURE SYMPTOM LASTED AT LEAST 1-MONTH.

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

(1) "difficulty concentrating" or mind going blank ? 1 2 3

J21

...have you had trouble sleeping?

(2) sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep) ? 1 2 3

J22

...have you felt like you were tired all the time or that your energy was low?

(3) fatigue or low energy ? 1 2 3

J23

...have you felt irritable or cranky?

(4) irritability ? 1 2 3

J24

...did you worry a lot about things?

(5) worry ? 1 2 3

J25

...did you find yourself crying over little things?

(6) easily moved to tears ? 1 2 3

J26

...have you been watchful or on guard even when there is no reason to be?

(7) hypervigilance ? 1 2 3

J27

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

...when looking ahead, were you expecting the worst? (8) anticipating the worst ? 1 2 3 J28

...did you feel hopeless about the future? (9) hopelessness (pervasive pessimism about the future) ? 1 2 3 J29

...did you feel down on yourself or that you were worthless? (10) "low self-esteem or" feelings of worthlessness ? 1 2 3 J30

AT LEAST FOUR "B" SYMPTOMS CODED "3." ? 1 3 J31

RETURN TO
*ANXIETY DIS-
ORDER NOS* F40

IF UNCLEAR: How much did these bad feelings interfere with your life? C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. ? 1 2 3 J32

RETURN TO
*ANXIETY DIS-
ORDER NOS* F40

Just before you began having these symptoms, were you taking any drugs, stimulants or medicines? D. 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 J33

DUE TO SUB-
STANCE USE
OR GMC.

RETURN TO
*ANXIETY
DISORDER
NOS* F40

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

Just before these problems began, were you physically ill? (What did the doctor say?)

IF THERE IS ANY INDICATION THAT ANXIETY MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, GO TO *GMC/SUBSTANCE,* F. 36, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

PRIMARY
ANXIETY
DISORDER

Etiological general medical conditions include: hyperand hypothyroidism, 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.

CONTINUE
NEXT PAGE

E. All of the following:

? 1 3 J34

(1) criteria have never been met for Major Depressive Disorder, Dysthymic Disorder, Panic Disorder, or Generalized Anxiety Disorder

RETURN TO
*ANXIETY
DISORDER
NOS* F40

(2) criteria are not currently met for any other Anxiety or Mood Disorder (including an Anxiety or Mood Disorder in partial remission)

(3) the symptoms are not better accounted for by any other mental disorder

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

1 3 J35

MIXED
ANXIETY
DEPRESSIVE
DISORDER

AGE AT ONSET

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

Age at onset of Mixed Anxiety Depressive Disorder (CODE 99 IF UNKNOWN).

— — J36

RETURN TO
*ANXIETY
DISORDER
NOS* F40

DETAILED HISTORY OF RECURRENT MOOD EPISODES

THIS PART OF MODULE J IS FOR CODING SPECIFIC SYMPTOMS FOR PAST MOOD EPISODES (I.E., MAJOR DEPRESSIVE, MANIC, HYPOMANIC). YOU SHOULD GO THROUGH EACH SECTION AS MANY TIMES AS NECESSARY (UP TO FIVE), ONCE FOR EACH PAST EPISODE. NOTE THAT RECURRENCE IS DEFINED BY ANY OF THE FOLLOWING: 1) AN INTERVAL OF AT LEAST 2 CONSECUTIVE MONTHS IN WHICH THE CRITERIA ARE NOT MET FOR A MAJOR DEPRESSIVE EPISODE; 2) A CHANGE IN POLARITY (E.G., FROM DEPRESSION TO MANIA); OR 3) AN INTERVAL OF AT LEAST 2 MONTHS WITHOUT MANIC SYMPTOMS.

PAST MAJOR DEPRESSIVE EPISODES

MAJOR DEPRESSIVE EPISODE A:

Date of onset: _____ Age: _____ Date of offset: _____

J37
J38
J39

MAJOR DEPRESSIVE EPISODE B:

Date of onset: _____ Age: _____ Date of offset: _____

J40
J41
J42

MAJOR DEPRESSIVE EPISODE C:

Date of onset: _____ Age: _____ Date of offset: _____

J43
J44
J45

MAJOR DEPRESSIVE EPISODE D:

Date of onset: _____ Age: _____ Date of offset: _____

J46
J47
J48

MAJOR DEPRESSIVE EPISODE E:

Date of onset: _____ Age: _____ Date of offset: _____

J49
J50
J51

MDE CRITERIA

Now I would like to ask you some more specific questions about (TIME PERIOD FOR SUSPECTED DEPRESSIVE EPISODE).

A. Five or more of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms was either (1) depressed mood or (2) loss of interest or pleasure.

During (TIME PERIOD FOR EPISODE) were you depressed or down, most of the day nearly every day? (What was that like?)

(1) depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observations made by others (e.g., appears tearful). Note: in children and adolescents, can be irritable mood

A B C D E

| | | | | |
|---|---|---|---|---|
| 3 | 3 | 3 | 3 | 3 |
| 2 | 2 | 2 | 2 | 2 |
| 1 | 1 | 1 | 1 | 1 |
| ? | ? | ? | ? | ? |

J52
J53
J54
J55
J56

IF YES: When was that? How long did it last? (As long as 2 weeks?)

| | | A | B | C | D | E | |
|---|--|---|---|---|---|---|-----|
| Did you lose interest or pleasure in things you usually enjoyed? (What was that like?) | (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) | 3 | 3 | 3 | 3 | 3 | J57 |
| | | 2 | 2 | 2 | 2 | 2 | J58 |
| | | 1 | 1 | 1 | 1 | 1 | J59 |
| | | ? | ? | ? | ? | ? | J60 |
| | | ? | ? | ? | ? | ? | J61 |
| IF YES: When was that? Was that nearly every day? How long did it last? (As long as 2 weeks?) | | | | | | | |

| | | | | | | |
|-----------------------------------|--|---|---|---|---|-----|
| EITHER A(1) OR A(2) IS CODED "3." | 3 | 3 | 3 | 3 | 3 | J62 |
| | CONTINUE ASKING ABOUT EPISODE | | | | | J63 |
| | 1 | 1 | 1 | 1 | 1 | J64 |
| | NOT MDD FOR EPISODE ASK ABOUT NEXT ONE | | | | | J65 |
| | | | | | | J66 |

NOTE: WHEN RATING THE FOLLOWING ITEMS, CODE "1" IF CLEARLY DUE TO A GENERAL MEDICAL CONDITION, OR TO MOOD-INCONGRUENT DELUSIONS OR HALLUCINATIONS.

| During (TIME PERIOD OF EPISODE)... | | A | B | C | D | E | |
|--|--|---|---|---|---|---|-----|
| ...how was your appetite? (What about compared to your usual appetite?) (Did you have to force yourself to eat?) (Eat [less/more] than usual?) (Was that nearly every day?) (Did you lose or gain any weight) (How much?) (Were you trying to [lose/gain] weight?) | (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. Note: in children, consider failure to make expected weight gains | 3 | 3 | 3 | 3 | 3 | J67 |
| | | 2 | 2 | 2 | 2 | 2 | J68 |
| | | 1 | 1 | 1 | 1 | 1 | J69 |
| | | ? | ? | ? | ? | ? | J70 |
| | | ? | ? | ? | ? | ? | J71 |

Check if:
 weight loss or decreased appetite — — — — —
 weight gain or increased appetite — — — — —

| | | | | | | | |
|--|--|---|---|---|---|---|-----|
| ..how were you sleeping? (Trouble falling asleep, waking frequently, trouble staying asleep, 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 | 3 | 3 | 3 | 3 | 3 | J72 |
| | | 2 | 2 | 2 | 2 | 2 | J73 |
| | | 1 | 1 | 1 | 1 | 1 | J74 |
| | | ? | ? | ? | ? | ? | J75 |
| | | ? | ? | ? | ? | ? | J76 |

Check if:
 insomnia — — — — —
 hypersomnia — — — — —

During (TIME PERIOD OF EPISODE)...

...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?)

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

| A | B | C | D | E |
|---|---|---|---|---|
| 3 | 3 | 3 | 3 | 3 |
| 2 | 2 | 2 | 2 | 2 |
| 1 | 1 | 1 | 1 | 1 |
| ? | ? | ? | ? | ? |

J77
J78
J79
J80
J81

IF NO: What about the opposite -- talking or moving more slowly than is normal for you? (Was it so bad that other people noticed it? What did they notice? Was it nearly every day?)

Check if:
psychomotor agitation
psychomotor retardation

| | | | | |
|---|---|---|---|---|
| — | — | — | — | — |
| — | — | — | — | — |

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

(6) fatigue or loss of energy nearly every day

| | | | | |
|---|---|---|---|---|
| 3 | 3 | 3 | 3 | 3 |
| 2 | 2 | 2 | 2 | 2 |
| 1 | 1 | 1 | 1 | 1 |
| ? | ? | ? | ? | ? |

J82
J83
J84
J85
J86

...how did you feel about yourself? (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)

| | | | | |
|---|---|---|---|---|
| 3 | 3 | 3 | 3 | 3 |
| 2 | 2 | 2 | 2 | 2 |
| 1 | 1 | 1 | 1 | 1 |
| ? | ? | ? | ? | ? |

J87
J88
J89
J90
J91

IF NO: What about feeling guilty about things you had done or not done? (Nearly every day?)

Check if:
worthlessness
excessive or inappropriate guilt

| | | | | |
|---|---|---|---|---|
| — | — | — | — | — |
| — | — | — | — | — |

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

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

| | | | | |
|---|---|---|---|---|
| 3 | 3 | 3 | 3 | 3 |
| 2 | 2 | 2 | 2 | 2 |
| 1 | 1 | 1 | 1 | 1 |
| ? | ? | ? | ? | ? |

J92
J93
J94
J95
J96

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

Check if:
diminished ability to think
indecisiveness

| | | | | |
|---|---|---|---|---|
| — | — | — | — | — |
| — | — | — | — | — |

During (TIME PERIOD OF EPISODE)...

...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?

IF YES: Did you do anything to hurt 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

Check if:
 thoughts of own death
 suicidal ideation
 specific plan
 actual attempt

AT LEAST FIVE OF A(1)-A(9) ARE CODED "3" AND EITHER A(1) OR A(2) ARE CODED "3"

IF UNCLEAR: Did (depressive episode/OWN EQUIVALENT) make it hard for you to do your work, take care of things at home, or get along with "other people?"

Just before this began, were you physically ill?

Just before this began, were you taking any medications?

IF YES: Any change in the amount you were taking?

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

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

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

IF THERE IS ANY INDICATION THAT DEPRESSION MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, GO TO *GMC/SUBSTANCE,* A. 43, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

REFER TO LIST OF GENERAL MEDICAL CONDITIONS AND SUBSTANCES, A. 4.

| A | B | C | D | E |
|---|---|---|---|---|
| 3 | 3 | 3 | 3 | 3 |
| 2 | 2 | 2 | 2 | 2 |
| 1 | 1 | 1 | 1 | 1 |
| ? | ? | ? | ? | ? |

| | | | | |
|---|---|---|---|---|
| — | — | — | — | — |
| — | — | — | — | — |
| — | — | — | — | — |
| — | — | — | — | — |

| | | | | |
|---|---|---|---|---|
| 3 | 3 | 3 | 3 | 3 |
|---|---|---|---|---|

CONTINUE ASKING ABOUT EPISODE

| | | | | |
|---|---|---|---|---|
| 1 | 1 | 1 | 1 | 1 |
|---|---|---|---|---|

NOT MDD FOR EPISODE ASK ABOUT NEXT ONE

| | | | | |
|---|---|---|---|---|
| 3 | 3 | 3 | 3 | 3 |
| 2 | 2 | 2 | 2 | 2 |
| 1 | 1 | 1 | 1 | 1 |
| ? | ? | ? | ? | ? |

| | | | | |
|---|---|---|---|---|
| 3 | 3 | 3 | 3 | 3 |
|---|---|---|---|---|

PRIMARY MOOD SXS CONTINUE ASKING ABOUT EPISODE

| | | | | |
|---|---|---|---|---|
| 1 | 1 | 1 | 1 | 1 |
| ? | ? | ? | ? | ? |

DUE TO SUBSTANCE OR GMC. ASK ABOUT NEXT EPISODE

J97
J98
J99
J100
J101

J102
J103
J104
J105
J106

J107
J108
J109
J110
J111

J112
J113
J114
J115
J116

During (TIME PERIOD OF EPISODE)...

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

D. 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 psychomotor retardation.

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

A B C D E

| 3 | 3 | 3 | 3 | 3 |

CONTINUE ASKING ABOUT EPISODE

| 1 | 1 | 1 | 1 | 1 |

SIMPLE BEREAVEMENT ASK ABOUT NEXT EPISODE

| 3 | 3 | 3 | 3 | 3 |

MAJOR DEPRESSIVE EPISODE

| 1 | 1 | 1 | 1 | 1 |

J117
J118
J119
J120
J121

J122
J123
J124
J125
J126

PAST MANIC EPISODES

MANIC EPISODE A:

Date of onset: _____ Age: _____ Date of offset: _____

J127
J128
J129
J130

MANIC EPISODE B:

Date of onset: _____ Age: _____ Date of offset: _____

J131
J132
J133

MANIC EPISODE C:

Date of onset: _____ Age: _____ Date of offset: _____

J134
J135
J136

MANIC EPISODE D:

Date of onset: _____ Age: _____ Date of offset: _____

J137
J138
J139

MANIC EPISODE E:

Date of onset: _____ Age: _____ Date of offset: _____

J140
J141
J142

MANIC EPISODE CRITERIA

Now I'd like to ask you more specific questions about (TIME PERIOD FOR SUSPECTED MANIC EPISODE).

During (TIME PERIOD FOR EPISODE) were you feeling so good, "high," excited, or hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?

A B C D E

▶ IF YES: What was it like? (Did anyone say you were manic?) (Was that more than just feeling good?)

▶ IF NO: How about feeling irritable or angry every day for at least several days?

A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood ...

| | | | | |
|---|---|---|---|---|
| 3 | 3 | 3 | 3 | 3 |
| 2 | 2 | 2 | 2 | 2 |
| 1 | 1 | 1 | 1 | 1 |
| ? | ? | ? | ? | ? |

J143
J144
J145
J146
J147

What was it like? (Did you find yourself often starting fights or arguments?)

Check if:
elevated or expansive mood
irritable mood

— — — — —
— — — — —

What was it like?

How long did that last? (as long as 1-week?) (Did you have to go to the hospital?)

...lasting at least 1 week (or any duration if hospitalization is necessary)

A B C D E

| 3 | 3 | 3 | 3 | 3 |

CONTINUE ASKING ABOUT EPISODE

| 1 | 1 | 1 | 1 | 1 |

CONSIDER HYPOMANIA GO TO PAGE J. 18

J148
J149
J150
J151
J152

During (TIME PERIOD OF EPISODE), when were you the most (OWN WORDS FOR EUPHORIA OR IRRITABILITY)?

B. During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:

(During that time...)

...how did you feel about yourself?

(1) inflated self-esteem or grandiosity

| 3 | 3 | 3 | 3 | 3 |

| 2 | 2 | 2 | 2 | 2 |

(More self-confident than usual?)

| 1 | 1 | 1 | 1 | 1 |

(Any special powers or abilities?)

| ? | ? | ? | ? | ? |

J153
J154
J155
J156
J157

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

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

| 3 | 3 | 3 | 3 | 3 |

| 2 | 2 | 2 | 2 | 2 |

| 1 | 1 | 1 | 1 | 1 |

IF YES: Did you still feel rested?

| ? | ? | ? | ? | ? |

J158
J159
J160
J161
J162

...were you much more talkative than usual? (Did people have trouble stopping you or understanding you? Did people have trouble getting a word in edgewise?)

(3) more talkative than usual or pressure to keep talking

| 3 | 3 | 3 | 3 | 3 |

| 2 | 2 | 2 | 2 | 2 |

| 1 | 1 | 1 | 1 | 1 |

| ? | ? | ? | ? | ? |

J163
J164
J165
J166
J167

...were your thoughts racing through your head? (What was that like?)

(4) flight of ideas or subjective experience that thoughts are racing

| 3 | 3 | 3 | 3 | 3 |

| 2 | 2 | 2 | 2 | 2 |

| 1 | 1 | 1 | 1 | 1 |

| ? | ? | ? | ? | ? |

J168
J169
J170
J171
J172

(During that time...)

...were you so easily distracted by things around you that you had trouble concentrating or staying on one track?

(5) distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)

| A | B | C | D | E |
|---|---|---|---|---|
| 3 | 3 | 3 | 3 | 3 |
| 2 | 2 | 2 | 2 | 2 |
| 1 | 1 | 1 | 1 | 1 |
| ? | ? | ? | ? | ? |

J173
J174
J175
J176
J177

...how did you spend your time? (Work, friends, hobbies?) (Were you especially productive or busy during that time?) (Were you so active that your friends or family were concerned about you?)

(6) increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation

| A | B | C | D | E |
|---|---|---|---|---|
| 3 | 3 | 3 | 3 | 3 |
| 2 | 2 | 2 | 2 | 2 |
| 1 | 1 | 1 | 1 | 1 |
| ? | ? | ? | ? | ? |

J178
J179
J180
J181
J182

IF NO INCREASED ACTIVITY:
Were you physically restless?
(How bad was it?)

Check if:
increase in activity
psychomotor agitation

| | | | | |
|---|---|---|---|---|
| — | — | — | — | — |
| — | — | — | — | — |

...did you do anything that could have caused trouble for you or your family? (Buying things you didn't need?) (Anything sexual that was unusual for you?) (Reckless driving?)

(7) excessive involvement in pleasurable activities which have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)

| A | B | C | D | E |
|---|---|---|---|---|
| 3 | 3 | 3 | 3 | 3 |
| 2 | 2 | 2 | 2 | 2 |
| 1 | 1 | 1 | 1 | 1 |
| ? | ? | ? | ? | ? |

J183
J184
J185
J186
J187

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

| | | | | |
|-------------------------------|---|---|---|---|
| 3 | 3 | 3 | 3 | 3 |
| CONTINUE ASKING ABOUT EPISODE | | | | |

J188
J189
J190
J191
J192

| | | | | |
|--|---|---|---|---|
| 1 | 1 | 1 | 1 | 1 |
| NOT A MANIC EPISODE ASK ABOUT NEXT ONE | | | | |

IF NOT KNOWN: At that time, did you have serious problems at home or at work (school) because you were (SYMPTOMS) or did you have to be admitted to the hospital?

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

| | | | | |
|-------------------------------------|---|---|---|---|
| 3 | 3 | 3 | 3 | 3 |
| CONTINUE ASKING ABOUT EPISODE | | | | |
| 1 | 1 | 1 | 1 | 1 |
| CONSIDER HYPOMANIA GO TO PAGE J. 18 | | | | |

J193
J194
J195
J196
J197

Just before this began, were you physically ill?

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

| | | | | |
|--|---|---|---|---|
| 3 | 3 | 3 | 3 | 3 |
| PRIMARY MOOD SXS CONTINUE ASKING ABOUT EPISODE | | | | |

J198
J199
J200
J201
J202

Just before this began, were you taking any medications?

IF YES: Any change in the amount you were taking?

IF THERE IS ANY INDICATION THAT MANIA MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, GO TO *GMC/SUBST* A. 43, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

| | | | | |
|---|---|---|---|---|
| 1 | 1 | 1 | 1 | 1 |
| ? | ? | ? | ? | ? |
| DUE TO SUBSTANCE OR GMC. ASK ABOUT NEXT EPISODE | | | | |

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

NOTE: MANIC EPISODES THAT ARE CLEARLY PRECIPITATED BY SOMATIC ANTIDEPRESSANT TREATMENT (E.G., MEDICATION, ELECTROCONVULSIVE THERAPY, LIGHT THERAPY) SHOULD NOT COUNT TOWARDS A DIAGNOSIS OF BIPOLAR I DISORDER.

REFER TO LIST OF GENERAL MEDICAL CONDITIONS AND SUBSTANCES, A. 21.

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

| | | | | |
|---------------|---|---|---|---|
| 3 | 3 | 3 | 3 | 3 |
| MANIC EPISODE | | | | |
| 1 | 1 | 1 | 1 | 1 |

J203
J204
J205
J206
J207

PAST HYPOMANIC EPISODES

HYPOMANIC EPISODE A:

Date of onset: _____ Age: _____ Date of offset: _____

J208
J209
J210

HYPOMANIC EPISODE B:

Date of onset: _____ Age: _____ Date of offset: _____

J211
J212
J213

HYPOMANIC EPISODE C:

Date of onset: _____ Age: _____ Date of offset: _____

J214
J215
J216

HYPOMANIC EPISODE D:

Date of onset: _____ Age: _____ Date of offset: _____

J217
J218
J219

HYPOMANIC EPISODE E:

Date of onset: _____ Age: _____ Date of offset: _____

J220
J221
J222

HYPOMANIC EPISODE CRITERIA

(When you were [HIGH/IRRITABLE/OWN EQUIVALENT], did it last for at least 4 days?)

A. A distinct period of sustained elevated, expansive, or irritable mood, lasting throughout at least 4 days, that is clearly different from the usual nondepressed mood.

| A | B | C | D | E |
|---|---|---|---|---|
| 3 | 3 | 3 | 3 | 3 |
| 2 | 2 | 2 | 2 | 2 |
| 1 | 1 | 1 | 1 | 1 |
| ? | ? | ? | ? | ? |

J223
J224
J225
J226
J227

What was it like?

Check if:
elevated or expansive mood
irritable mood

| | | | | |
|---|---|---|---|---|
| — | — | — | — | — |
| — | — | — | — | — |

During (TIME PERIOD OF EPISODE), when were you the most (OWN WORDS FOR EUPHORIA OR IRRITABILITY)?

B. During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:

MANIC EPISODE

(During that time...)

...how did you feel about yourself?

(1) inflated self-esteem or grandiosity

| | | | | |
|---|---|---|---|---|
| 3 | 3 | 3 | 3 | 3 |
| 2 | 2 | 2 | 2 | 2 |
| 1 | 1 | 1 | 1 | 1 |
| ? | ? | ? | ? | ? |

J228
J229
J230
J231
J232

(More self-confident than usual?)
(Any special powers or abilities?)

(During this time...)

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

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

| A | B | C | D | E |
|---|---|---|---|---|
| 3 | 3 | 3 | 3 | 3 |
| 2 | 2 | 2 | 2 | 2 |
| 1 | 1 | 1 | 1 | 1 |
| ? | ? | ? | ? | ? |

J233
J234
J235
J236
J237

IF YES: Did you still feel rested?

...were you much more talkative than usual? (Did people have trouble stopping you or understanding you? Did people have trouble getting a word in edgewise?)

(3) more talkative than usual or pressure to keep talking

| A | B | C | D | E |
|---|---|---|---|---|
| 3 | 3 | 3 | 3 | 3 |
| 2 | 2 | 2 | 2 | 2 |
| 1 | 1 | 1 | 1 | 1 |
| ? | ? | ? | ? | ? |

J238
J239
J240
J241
J242

...were your thoughts racing through your head? (What was that like?)

(4) flight of ideas or subjective experience that thoughts are racing

| A | B | C | D | E |
|---|---|---|---|---|
| 3 | 3 | 3 | 3 | 3 |
| 2 | 2 | 2 | 2 | 2 |
| 1 | 1 | 1 | 1 | 1 |
| ? | ? | ? | ? | ? |

J243
J244
J245
J246
J247

...were you so easily distracted by things around you that you had trouble concentrating or staying on one track?

(5) distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)

| A | B | C | D | E |
|---|---|---|---|---|
| 3 | 3 | 3 | 3 | 3 |
| 2 | 2 | 2 | 2 | 2 |
| 1 | 1 | 1 | 1 | 1 |
| ? | ? | ? | ? | ? |

J248
J249
J250
J251
J252

...how did you spend your time? (Work, friends, hobbies?) (Were you especially productive or busy during that time?) (Were you so active that your friends or family were concerned about you?)

(6) increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation

| A | B | C | D | E |
|---|---|---|---|---|
| 3 | 3 | 3 | 3 | 3 |
| 2 | 2 | 2 | 2 | 2 |
| 1 | 1 | 1 | 1 | 1 |
| ? | ? | ? | ? | ? |

J253
J254
J244
J246
J257

IF NO INCREASED ACTIVITY:
Were you physically restless?
(How bad was it?)

Check if:
increase in activity
psychomotor agitation

| | | | | |
|---|---|---|---|---|
| — | — | — | — | — |
| — | — | — | — | — |

...did you do anything that could have caused trouble for you or your family? (Buying things you didn't need?) (Anything sexual that was unusual for you?) (Reckless driving?)

(7) excessive involvement in pleasurable activities which have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).

| A | B | C | D | E |
|---|---|---|---|---|
| 3 | 3 | 3 | 3 | 3 |
| 2 | 2 | 2 | 2 | 2 |
| 1 | 1 | 1 | 1 | 1 |
| ? | ? | ? | ? | ? |

J258
J259
J260
J261
J262

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

| 3 | 3 | 3 | 3 | 3 |
 CONTINUE ASKING ABOUT EPISODE

J263
 J264
 J265
 J266
 J267

| 1 | 1 | 1 | 1 | 1 |
 NOT HYPOMANIC ASK ABOUT NEXT ONE

IF NOT KNOWN: Is this very different from the way you usually are? (How were you different? At work? With friends?)

C. The episode is associated with an unequivocal change in functioning that is uncharacteristic of the person when not symptomatic.

| 3 | 3 | 3 | 3 | 3 |
 CONTINUE ASKING ABOUT EPISODE

J268
 J269
 J270
 J271
 J272

| 1 | 1 | 1 | 1 | 1 |
 NOT HYPOMANIC ASK ABOUT NEXT ONE

IF NOT KNOWN: Did other people notice the change in you? (What did they say?)

D. The disturbance in mood and the change in functioning are observable by others.

| 3 | 3 | 3 | 3 | 3 |
 CONTINUE ASKING ABOUT EPISODE

J273
 J274
 J275
 J276
 J277

| 1 | 1 | 1 | 1 | 1 |
 NOT HYPOMANIC ASK ABOUT NEXT ONE

IF NOT KNOWN: At that time, did you have serious problems at home or at work (school) because you were (SYMPTOMS) or did you have to be admitted to the hospital?

E. The episode is not severe enough to cause marked impairment in social or occupational functioning, or to necessitate hospitalization, and there are no psychotic features.

| 3 | 3 | 3 | 3 | 3 |
 CONTINUE ASKING ABOUT EPISODE

J278
 J279
 J280
 J281
 J282

| 1 | 1 | 1 | 1 | 1 |
 RECONSIDER MANIC ASK ABOUT NEXT ONE

Just before this began, were you physically ill?

Just before this began, were you taking any medications?

IF YES: Any change in the amount you were taking?

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

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

IF THERE IS ANY INDICATION THAT HYPOMANIA MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE), GO TO *GMC/SUBSTANCE,* A. 43, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

NOTE: HYPOMANIC EPISODES CLEARLY PRECIPITATED BY SOMATIC ANTIDEPRESSANT TREATMENT (E.G., MEDICATION, ELECTROCONVULSIVE THERAPY, LIGHT THERAPY) SHOULD NOT COUNT TOWARDS A DIAGNOSIS OF BIPOLAR II DISORDER BUT ARE CONSIDERED SUBSTANCE-INDUCED MOOD DISORDERS, A. 45.

REFER TO LIST OF GENERAL MEDICAL CONDITIONS AND SUBSTANCES, A. 21.

HYPOMANIC EPISODE CRITERIA A, B, C, D, E AND F ARE CODED "3."

| | | | | |
|--|---|---|---|---|
| 3 | 3 | 3 | 3 | 3 |
| PRIMARY MOOD SXS CONTINUE ASKING ABOUT EPISODE | | | | |

| | | | | |
|---|---|---|---|---|
| 1 | 1 | 1 | 1 | 1 |
| ? | ? | ? | ? | ? |
| DUE TO SUBSTANCE OR GMC. ASK ABOUT NEXT EPISODE | | | | |

| | | | | |
|-------------------|---|---|---|---|
| 3 | 3 | 3 | 3 | 3 |
| HYPOMANIC EPISODE | | | | |
| 1 | 1 | 1 | 1 | 1 |

J283
J284
J285
J286
J287

J288
J289
J290
J291
J292