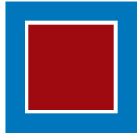
THE JOURNAL OF
CLINICAL PSYCHIATRY

Supplementary Material

Article Title: Reliability and Validity of the Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID)

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Citation: J Clin Psychiatry 2010;71

DOI Number: 10.4088/JCP.09m05305whi

List of Supplementary Material for the article

1. **MINI-KID** Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID), English Version 6.0
2. **MINI-KID for Psychotic Disorders** Mini International Neuropsychiatric Interview for Schizophrenia and Psychotic Disorders Studies for Children and Adolescents (MINI-KID), English Version 6.0

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M.I.N.I. KID

MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW

For Children and Adolescents

English Version 6.0

DSM-IV

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DISCLAIMER

Our aim is to assist in the assessment and tracking of patients with greater efficiency and accuracy. Before action is taken on any data collected and processed by this program, it should be reviewed and interpreted by a licensed clinician. This program is not designed or intended to be used in the place of a full medical and psychiatric evaluation by a qualified licensed physician – psychiatrist. It is intended only as a tool to facilitate accurate data collection and processing of symptoms elicited by trained personnel.

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

N	TOURETTE'S DISORDER		Current	☐	307.23	F95.2	☐
	MOTOR TIC DISORDER		Current	☐	307.22	F95.1	☐
	VOCAL TIC DISORDER		Current	☐	307.22	F95.1	☐
	TRANSIENT TIC DISORDER		Current	☐	307.21	F95.0	☐
O	ADHD	COMBINED	Past 6 Months	☐	314.01	F90.0	☐
	ADHD	INATTENTIVE	Past 6 Months	☐	314.00	F98.8	☐
	ADHD	HYPERACTIVE/IMPULSIVE	Past 6 Months	☐	314.01	F90.0	☐
P	CONDUCT DISORDER		Past 12 Months	☐	312.8	F91.x	☐
Q	OPPOSITIONAL DEFIANT DISORDER		Past 6 Months	☐	313.81	F91.3	☐
R	PSYCHOTIC DISORDERS		Lifetime	☐	295.10-295.90/297.1/	F20.xx-F29	☐
			Current	☐	297.3/293.81/293.82/ 293.89/298.8/298.9		
	MOOD DISORDER WITH PSYCHOTIC FEATURES		Lifetime	☐	296.24/296.34/296.44	F32.3/F33.3/	☐
			Current	☐	296.24/296.34/296.44	F30.2/F31.2/F31.5/ F31.8/F31.9/F39	
S	ANOREXIA NERVOSA		Current (Past 3 Months)	☐	307.1	F50.0	☐
T	BULIMIA NERVOSA		Current (Past 3 Months)	☐	307.51	F50.2	☐
	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE		Current	☐	307.1	F50.0	☐
U	GENERALIZED ANXIETY DISORDER		Current (Past 6 Months)	☐	300.02	F41.1	☐
V	ADJUSTMENT DISORDERS		Current	☐	309.24/309.28 309.3/309.4	F43.xx	☐
W	MEDICAL, ORGANIC, DRUG CAUSE RULED OUT			☐ No	☐ Yes	☐ Uncertain	
X	PERVASIVE DEVELOPMENTAL DISORDER		Current	☐	299.00/299.10/299.80	F84.0/.2/.3/.5/.9	☐

PRIMARY DISORDER

IDENTIFY THE PRIMARY DIAGNOSIS BY CHECKING THE APPROPRIATE CHECK BOX.

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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 you a lot of questions about yourself. This is so that I can get to know more about you and figure out how to help you. Most of the questions can be answered either 'yes' or 'no'. If you don't understand a word or a question, ask me, and I'll explain it. If you are not sure how to answer a question, don't guess - just tell me you are not sure. Some of the questions may seem weird to you, but try to answer them anyway. It is important that you answer the questions as honestly as you can so that I can help you. Do you 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 judgement, whether the child's answers meet the diagnostic criterion in question. With children you 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, you 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, you 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, you 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, training, 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 your life:

A1 a Did you feel sad or depressed? Felt down or empty? Felt grouchy or annoyed? Did you feel this way most of the time, for at least 2 weeks?

IF **YES** TO ANY, CONTINUE. IF **NO** TO ALL, CODE **NO TO A1a AND A1b**. — NO YES

b For the past 2 weeks, did you feel this way, most of the day, nearly every day? — NO YES

At any time in your life:

A2 a Were you bored a lot or much less interested in things (Like playing your favorite games)? Have you felt that you couldn't enjoy things? Did you feel this way most of the time, for at least 2 weeks?

IF **YES** TO ANY, CONTINUE. IF **NO** TO ALL, CODE **NO TO A2a AND A2b**. — NO YES

b For the past 2 weeks, did you 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 you felt depressed / grouchy / uninterested:	Past 2 Weeks		Past Episode	
a	Were you less hungry or more hungry most days? Did you 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 you 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 you talk or move slower than usual? Were you fidgety, restless or couldn't sit still almost every day? IF **YES** TO EITHER, CODE **YES**	NO	YES	NO	YES
d	Did you feel tired most of the time?	NO	YES	NO	YES
e	Did you feel bad about yourself most of the time? Did you feel guilty most of the time? IF **YES** TO EITHER, CODE **YES** IF **YES**, ASK FOR EXAMPLES. THE EXAMPLES ARE CONSISTENT WITH A DELUSIONAL IDEA. Current Episode ❒ No ❒ Yes Past Episode ❒ No ❒ Yes	NO	YES	NO	YES
f	Did you have trouble concentrating or did you have trouble making up your mind? IF **YES** TO EITHER, CODE **YES**	NO	YES	NO	YES

	g	Did you feel so bad that you wished that you were dead? Did you think about hurting yourself? Did you have thoughts of death? Did you think about killing yourself? 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 your times of depression, were you 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 ❒
PAST ❒
RECURRENT ❒

A6 a How many episodes of depression did you have in your lifetime? _____

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

B. SUICIDALITY

	In the past month did you:			Points
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 yourself 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 you would be better off dead or wish you were dead?	NO	YES	1
B4	Think about hurting or injuring yourself or have mental images of harming yourself, with at least a slight intent to die? How many times? _____	NO	YES	4
B5	Think about killing yourself? How many times? _____ IF NO TO B5, SKIP TO B7. OTHERWISE ASK:	NO	YES	6

Frequency		Intensity	
Occasionally	❒	Mild	❒
Often	❒	Moderate	❒
Very often	❒	Severe	❒

B6	Feel unable to control these impulses?	NO	YES	8
B7	Have a method or plan to kill yourself in your 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 yourself?	NO	YES	8
B9	Intend to die as a result of trying to kill yourself?	NO	YES	8
B10	Take any active steps to prepare to injure yourself or to prepare for a suicide attempt in which you expected or intended to die? How many times? _____	NO	YES	9
B11	Injure yourself on purpose without intending to kill yourself?	NO	YES	4
B12	Attempt suicide (to kill yourself)? A suicide attempt means you did something where you could possibly be injured, with at least at lest a slight intent to die. IF NO, SKIP TO B13: How many times? _____ Hope to be rescued / survive ❒ Expected / intended to die ❒	NO	YES	9

In your lifetime:

B13	a) Did you ever feel so bad that you wished you were dead or felt like killing yourself?	NO	YES	4
	b) Did you ever take any active steps to prepare to kill yourself? How many times? _____	NO	YES	4
	c) Did you ever try to kill yourself? How many times? _____	NO	YES	4

"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	❒
9-16 points	Moderate	❒
$\geq$ 17 points	High	❒

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	Have you 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**, have you felt OK for two months or more in a row? OK MEANS NOT ALWAYS BEING GROUCHY OR FREE OF DEPRESSION.	NO	➡ YES
C3	**During the past year**, most of the time:		
a	Were you less hungry than you used to be? Were you more hungry than you used to be? IF **YES** TO EITHER, CODE **YES**	NO	YES
b	Did you 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 you feel more tired than you used to?	NO	YES
d	Did you feel less confident of yourself? Did you feel bad about yourself? IF **YES** TO EITHER, CODE **YES**	NO	YES
e	Did you have trouble paying attention? Did you have trouble making up your mind? IF **YES** TO EITHER, CODE **YES**	NO	YES
f	Did you 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 you a lot? Did they cause you problems at home? At school? With friends? IF **YES** TO ANY, CODE **YES**	**NO**	**YES**

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)

Do you have anyone in your 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 you were so happy that you felt 'up' or 'high' or 'hyper'? 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. — NO YES

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 YOU 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 excessively or spending more money.

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

b Are you currently feeling 'up' or 'high' or 'hyper' or full of energy? — NO YES

D2 a Has there **ever** been a time when you were so grouchy or annoyed for several days, that you yelled or started fights with people outside your family? Have you or others noticed that you have been more grouchy than other kids, even when you thought you were 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 Are you currently feeling grouchy or annoyed most of the time? — 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 you felt high, full of energy, or irritable did you:

	Current Episode		Past Episode	
a Feel that you could do things others couldn't do? Feel that you are a very important person?	NO	YES	NO	YES

IF **YES** TO EITHER, CODE **YES**. IF **YES**, ASK FOR EXAMPLES.
THE EXAMPLES ARE CONSISTENT WITH A DELUSIONAL IDEA

Current Episode ☐ No ☐ Yes
Past Episode ☐ No ☐ Yes

		Current Episode		Past Episode	
b	Need less sleep (Did you 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 you were 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 you could get hurt doing them? Want to do things even though it could get you into trouble? (Like staying out late, skipping school, driving dangerously or spending too much money)?	NO	YES	NO	YES

s

IF **YES** TO ANY, CODE **YES**

		Current Episode		Past Episode	
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.

		Current Episode	Past Episode
D4	What is the longest time these symptoms lasted?		
	a) 3 days or less	❒	❒
	b) 4 to 6 days	❒	❒
	c) 7 days or more	❒	❒

		Current Episode		Past Episode	
D5	Were you 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.

		Current Episode		Past Episode	
D6	Did these symptoms cause a lot of problems at home? At school? With friends? With other people? Or in some other important way?	NO	YES	NO	YES

IF **YES** TO ANY, CODE **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 ❐
PAST ❐

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 ❐ **NO**
❐ **YES**

PAST ❐ **NO**
❐ **YES**
❐ **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 ❐ **NO**
❐ **YES**

PAST ❐ **NO**
❐ **YES**
❐ **NOT EXPLORED**

D7 a) IF MANIC EPISODE IS POSITIVE FOR EITHER CURRENT OR PAST ASK:
Did you have 2 or more of these (manic) episodes lasting 7 days or more (**D4c**) in your lifetime (including the current episode if present)? NO YES

b) IF HYPOMANIC EPISODE IS POSITIVE FOR EITHER CURRENT OR PAST ASK:
Did you have 2 or more of these (hypomanic) episodes lasting just 4 to 6 days (**D4b**) in your lifetime (including the current episode)? NO YES

c) IF THE PAST "HYPOMANIC SYMPTOMS" CATEGORY IS CODED POSITIVE ASK:
Did you have (hypomanic) symptoms like these lasting only 1 to 3 days (**D4a**), 2 or more times in your 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	Have you ever been really frightened or nervous for no reason; or have you 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 you didn't expect it?	➡ NO	YES
E3	a	After this happened, were you afraid it would happen again or that something bad would happen as a result of these attacks? Did you change what you did because of these attacks? (e.g., going out only with someone, not wanting to leave your house, going to the doctor more frequently)?	NO	YES
	b	Did you 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 you were the most frightened or nervous for no good reason:**		
	a	Did your heart beat fast or loud?	NO	YES
	b	Did you sweat? Did your hands sweat a lot? IF **YES** TO EITHER, CODE **YES**	NO	YES
	c	Did your hands or body shake?	NO	YES
	d	Did you have trouble breathing?	NO	YES
	e	Did you feel like you were choking? Did you feel you couldn't swallow? IF **YES** TO EITHER, CODE **YES**	NO	YES
	f	Did you have pain or pressure in your chest?	NO	YES
	g	Did you feel like throwing up? Did you have an upset stomach? Did you have diarrhea? IF **YES** TO ANY, CODE **YES**	NO	YES
	h	Did you feel dizzy or faint?	NO	YES
	i	Did things around you feel strange or like they weren't real? Did you feel or see things as if they were far away? Did you feel outside of or cut off from your body? IF **YES** TO ANY, CODE **YES**	NO	YES

j	Were you afraid that you were losing control of yourself? Were you afraid that you were going crazy? IF **YES** TO EITHER, CODE **YES**	NO	YES
k	Were you afraid that you were dying?	NO	YES
l	Did parts of your body tingle or go numb?	NO	YES
m	Did you 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 *PANIC DISORDER LIFETIME*
E6	IF **E5**=NO, ARE ANY E4 QUESTIONS CODED YES? THEN SKIP TO **F1.**	NO	YES *LIMITED SYMPTOM ATTACKS LIFETIME*
E7	a. **In the past month**, did you have these problems more than one time?	NO	YES
	IF NO, CIRCLE NO TO E7 SUMMARY AND MOVE TO F1.		
	For the past month:		
	b. Did you worry that it would happen again?	NO	YES
	c. Did you worry that something bad would happen because of the attack?	NO	YES
	d. Did anything change for you because of the attack? (e.g., going out only with someone, not wanting to leave your house, going to the doctor more frequently)?	NO	YES
	E7 SUMMARY: IF **YES** TO E7b.or E7c.or E7d., CODE **YES**	NO	YES *PANIC DISORDER CURRENT*

F. AGORAPHOBIA

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

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

F2 Are you so afraid of these things that you try to stay away from them? Or you can only do them if someone is with you? Or you do them, but it's really hard for you?
IF **YES** TO ANY, CODE **YES**

NO **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	a	**In the past month,** have you been really afraid about being away from someone close to you; or have you been really afraid that you would lose somebody you are close to ? (Like getting lost from your parents or having something bad happen to them) IF **YES** TO EITHER, CODE **YES**	➡ NO	YES
	b	Who are you afraid of losing or being away from _________________ ?		

G2	a	Did you get upset a lot when you were away from ______ ? Did you get upset a lot when you thought you would be away from ______ ? IF **YES** TO EITHER, CODE **YES**	NO	YES
	b	Did you get really worried that you would lose ______ ? Did you get really worried that something bad would happen to ______ ? (like having a car accident or dying). IF **YES** TO EITHER, CODE **YES**	NO	YES
	c	Did you get really worried that you would be separated from ______ ? (Like getting lost or being kidnapped?)	NO	YES
	d	Did you refuse to go to school or other places because you were afraid to be away from ______ ?	NO	YES
	e	Did you get really afraid being at home if ______ wasn't there?	NO	YES
	f	Did you not want to go to sleep unless ______ was there?	NO	YES
	g	Did you have nightmares about being away from ______ ? Did this happen more than once? IF **NO** TO EITHER, CODE **NO**	NO	YES
	h	Did you feel sick a lot (like headaches, stomach aches, nausea or vomiting, heart beating fast or feeling dizzy) when you were away from ______ ? Did you feel sick a lot when you thought you were going to be away from ______ ? IF **YES** TO EITHER, CODE **YES**	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 your fears of being away from ______ really bother you a lot? Cause you 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	**In the past month**, were you afraid or embarrassed when others your age were watching you? Were you 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**	NO	YES
H2	Are you more afraid of these things than other kids your age?	➡ NO	YES
H3	Are you so afraid of these things that you try to stay away from them? Or you can only do them if someone is with you? Or you do them but it's really hard for you?	➡ NO	YES
H4	Do these social fears have a big effect on your life? Do they cause problems when you interact with others or in your relationships? Do they cause a lot of problems at school or at work? Do they cause you 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

Do you 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 SITUATIONSTYPICALLY 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
(Social Anxiety Disorder)
CURRENT

GENERALIZED ❒
NON-GENERALIZED ❒

I. SPECIFIC PHOBIA

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

I1	**In the past month,** have you 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	Are you more afraid of __________ than other kids your age are?	➡ NO	YES
I4	Are you so afraid of ___________ that you try to stay away from it / them? Or you can only be around it / them if someone is with you? Or can you be around it / them but it's really hard for you? IF **YES** TO ANY, CODE **YES**	➡ NO	YES
I5	Does this fear really bother you a lot? Does it cause you problems at home or at school? Does it keep you from doing things you want 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)

		NO	YES
J1	**In the past month**, have you been bothered by bad things that come into your mind that you couldn't get rid of? Like bad thoughts or urges? Or nasty pictures? For example, did you think about hurting somebody even though it disturbs or distresses you? Were you afraid you or someone would get hurt because of some little thing you did or didn't do? Did you worry a lot about having dirt or germs on you? Did you worry a lot that you would give someone else germs or make them sick somehow? Or were you afraid that you would do something really shocking? 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	NO ↓ SKIP TO **J4**	YES
J2	Did they keep coming back into your mind even when you tried to ignore or get rid of them?	NO ↓ SKIP TO **J4**	YES
J3	Do you think that these things come from your own mind and that they are not from outside of your head?	NO	YES **obsessions**
J4	**In the past month,** did you 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? IF **YES** TO ANY, CODE **YES**	NO	YES **compulsions**
	IS **J3** OR **J4** CODED **YES**?	➡ NO	YES
J5	Did you have these thoughts or rituals we just spoke about, more than other kids your age?	➡ NO	YES
J6	Did these thoughts or actions cause you 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 you? 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. Have you ever been attacked by someone?	NO ➡	YES
K2		Did you respond with intense fear, or feel helpless or upset?	NO ➡	YES
K3		**In the past month**, has this awful thing come back to you in some way? Like dreaming about it or having a strong memory of it or feeling it in your body?	NO ➡	YES
K4		**In the past month**:		
	a	Have you tried not to think about or talk about this awful thing?	NO	YES
	b	Have you tried to stay away from things that might remind you of it?	NO	YES
	c	Have you had trouble remembering some important part of what happened?	NO	YES
	d	Have you been much less interested in your hobbies or your friends?	NO	YES
	e	Have you felt cut off from other people?	NO	YES
	f	Have you noticed that your feelings are less than before?	NO	YES
	g	Have you felt that your life will be shortened or that you 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	Have you had trouble sleeping?	NO	YES
	b	Have you been moody or angry for no reason?	NO	YES
	c	Have you had trouble paying attention?	NO	YES
	d	Were you nervous or watching out in case something bad might happen?	NO	YES
	e	Would you jump when you heard noises? Or when you saw something out of the corner of your eye? IF YES TO EITHER, CODE **YES**	NO	YES
		SUMMARY OF K5: ARE **2** OR MORE **K5** ANSWERS CODED **YES**?	NO ➡	YES

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

IF **YES** TO ANY, CODE **YES**

NO	**YES**
P T S D **CURRENT**	

L. ALCOHOL DEPENDENCE / ABUSE

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

			➡	
L1		**In the past year**, have you had 3 or more drinks of alcohol in a day? At those times, did you have 3 or more drinks in 3 hours? Did you 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 you need to drink a lot more alcohol to get the same feeling you got when you first started drinking?	NO	YES
	b	Whenever you cut down on drinking or stopped drinking, did your hands shake? Did you sweat? Did you feel nervous or like you couldn't sit still? Did you ever drink to keep from getting those problems? Did you drink again to keep from getting a hangover? IF **YES** TO ANY, CODE **YES**	NO	YES
	c	When you drank alcohol, did you end up drinking more than you had planned to?	NO	YES
	d	Have you tried to cut down or stop drinking alcohol but were not able to?	NO	YES
	e	On days when you drank, did you spend more than three hours doing it? Count the time it took you to get the alcohol, drink it, and get over it.	NO	YES
	f	Did you spend less time on other things because of your drinking (Like school, hobbies, or being with friends)?	NO	YES
	g	Did your drinking cause problems with your health or your mind? Did you keep on drinking even though you 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	Were you drunk or hung-over more than once when you 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	Were you drunk more than once while doing something risky (Like riding a bike, driving a car or boat, or using machines)?	NO	YES
	c	Did you have legal problems more than once because of your drinking (Like getting arrested or stopped by the police)?	NO	YES

d Did you kept drinking even if your drinking caused problems with your family or with other people? NO YES

IF **YES** TO EITHER, CODE **YES**

ARE **1** OR MORE OF **L3** ANSWERS CODED **YES**?

NO **N/A** **YES**

ALCOHOL ABUSE
CURRENT

M. SUBSTANCE DEPENDENCE / ABUSE (NON-ALCOHOL)

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

			➡	
M1	a	Now I am going to read you a list of street drugs or medicines. Stop me if, **in the past year,** you have taken any of them more than one time to get high? To feel better or to change your mood?	**NO**	**YES**

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 your use of (NAME THE DRUG/DRUG CLASS SELECTED) **over the past year:**

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

e On days when you took (NAME THE DRUG/DRUG CLASS SELECTED), did

you spend more than three hours doing it? Count the time it took you to get (NAME THE DRUG/DRUG CLASS SELECTED), use it and get over it. NO YES

f Did you spend less time on other things because of your use of (NAME THE DRUG/DRUG CLASS SELECTED)? Like school, hobbies or being with friends? NO YES

g Did you use of (NAME THE DRUG/DRUG CLASS SELECTED) cause problems with your health or your mind? Did you keep on using (NAME THE DRUG) even though you knew it caused problems? NO YES

ARE **3** OR MORE **M2** ANSWERS CODED YES?

SPECIFY DRUG(S)**: ________________________________**

NO **YES***

SUBSTANCE DEPENDENCE
CURRENT

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

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

In the past year:

M3 a Were you high or hung-over from the drug(s) more than once, when you 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 Have you been 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 you have legal problems because of your use of the (NAME THE DRUG/DRUG CLASS SELECTED) more than once? (Like getting arrested or stopped by the police)? NO YES

d Did you kept using the (NAME THE DRUG/DRUG CLASS SELECTED) even though it caused problems with your 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 you have movements of your body called "Tics"? "Tics" are quick movements of some part of your body that are hard to control. A tic might be blinking your eyes over and over, twitches of your face, jerking your head, making a movement with your hand over and over, or squatting, or shrugging your shoulders over and over.	NO	YES
	b	Have you ever had a tic that made you say something or make a sound over and over and was hard to stop? Like coughing or sniffling or clearing your throat over and over when you 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 you hear 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 you a lot? Did they get in the way of school? Did they cause you problems at home? Did they cause you problems with friends? Did other kids pick on you because of your tics? IF **YES** TO ANY, CODE **YES**	➡ NO	YES
N4		Did the tics only occur when you are 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 your 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	Have you often not paid enough attention to details? Made careless mistakes in school?	NO	YES
	b	Have you often had trouble keeping your attention focused when playing or doing schoolwork?	NO	YES
	c	Have you often been told that you do not listen when others talk directly to you?	NO	YES
	d	Have you often had trouble following through with what you were told to do (Like not following through on schoolwork or chores)? Did this happen even though you understood what you were supposed to do? Did this happen even though you weren't trying to be difficult? IF **NO** TO ANY, CODE **NO**	NO	YES
	e	Have you often had a hard time getting organized?	NO	YES
	f	Have you often tried to avoid things that make you concentrate or think hard (like schoolwork)? Do you hate or dislike things that make you concentrate or think hard? IF **YES** TO EITHER, CODE **YES**	NO	YES
	g	Have you often lost or forgotten things you needed? Like homework assignments, pencils, or toys?	NO	YES
	h	Do you often get distracted easily by little things (Like sounds or things outside the room)?	NO	YES
	i	Do you often forget to do things you need to do every day (Like forget to comb your hair or brush your teeth)?	NO	YES
		O2 SUMMARY: ARE **6** OR MORE **O2** ANSWERS CODED **YES?**	NO	YES

In the past six months:

O3	a	Did you often fidget with your hands or feet? Or did you squirm in your seat? IF **YES** TO EITHER, CODE **YES**	NO	YES

b Did you often get out of your seat in class when you were not supposed to? NO YES

c Have you often run around or climbed on things when you weren't supposed to? Did you want to run around or climb on things even though you didn't? NO YES

IF **YES** TO EITHER, CODE **YES**

d Have you often had a hard time playing quietly? NO YES

e Were you always "on the go"? NO YES

f Have you often talked too much? NO YES

g Have you often blurted out answers before the person or teacher has finished the question? NO YES

h Have you often had trouble waiting your turn? NO YES

i Have you 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 you have problems paying attention, being hyper, or impulsive before you were 7 years old? ➡ NO YES

O5 Did these things cause problems at school? At home? With your family? With your friends? ➡ NO YES

CODE **YES** IF T**WO** OR MORE ARE ENDORSED YES.

IS **O2** SUMMARY & **O3** SUMMARY CODED **YES**?

NO YES
Attention Deficit/ Hyperactivity Disorder
COMBINED

IS **O2** SUMMARY CODED YES AND **O3** SUMMARY CODED **NO**?

NO YES
Attention Deficit/ Hyperactivity Disorder
INATTENTIVE

IS **O2** SUMMARY CODED **NO** AND **O3** SUMMARY CODED **YES?**

NO YES
Attention Deficit/ Hyperactivity Disorder
HYPERACTIVE /IMPULSIVE

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 your behavior or performance in school?)	NO	YES

P2 **In the past year**:

a	Have you bullied or threatened other people (excluding siblings)?	NO	YES
b	Have you started fights with others (excluding siblings)?	NO	YES
c	Have you used a weapon to hurt someone? Like a knife, gun, bat, or other object?	NO	YES
d	Have you hurt someone (physically) on purpose (excluding siblings)?	NO	YES
e	Have you hurt animals on purpose?	NO	YES
f	Have you stolen things using force? Like robbing someone using a weapon or grabbing something from someone like purse snatching?	NO	YES
g	Have you forced anyone to have sex with you?	NO	YES
h	Have you started fires on purpose in order to cause damage?	NO	YES
i	Have you destroyed things that belonged to other people on purpose?	NO	YES
j	Have you broken into someone's house or car?	NO	YES
k	Have you lied many times in order to get things from people or to get out of things? Tricked other people into doing what you wanted? IF **YES** TO EITHER, CODE **YES**	NO	YES
l	Have you stolen things that were worth money (Like shoplifting or forging a check)?	NO	YES
m	Have you often stayed out a lot later than your parents let you? Did this start before you were 13 years old? IF **NO** TO EITHER, CODE **NO**	NO	YES
n	Have you run away from home two times or more?	NO	YES
o	Have you skipped school often? Did this start before you were 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 your family? Or with your 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 DIAGNOSITIC BOX AND MOVE TO THE NEXT MODULE.

SCREENING QUESTION

Q1 IF QUESTION O1 IN ADHD IS ANSWERED NO, CODE NO TO OPPOSITIONAL DEFIANT DISORDER

IF O1 WAS NOT ASKED ALREADY, ASK THE QUESTION BELOW

(Has anyone (teacher, baby sitter, friend, parent) ever complained about your behavior or performance in school?) ➡ NO YES

Q2 **In the past six months**:

a	Have you often lost your temper?	NO	YES
b	Have you often argued with adults?	NO	YES
c	Have you often refused to do what adults tell you to do? Refused to follow rules? IF **YES** TO EITHER, CODE **YES**	NO	YES
d	Have you often annoyed people on purpose?	NO	YES
e	Have you often blamed other people for your mistakes or for your bad behavior?	NO	YES
f	Have you often been "touchy" or easily annoyed by other people?	NO	YES
g	Have you often been angry and resentful toward others?	NO	YES
h	Have you often been "spiteful" or quick to "pay back" somebody who treats you 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 your family? Or with your friends? ➡ NO YES

IF **YES** TO ANY, CODE **YES**

ARE **Q2** SUMMARY & **Q3** CODED **YES**?

NO **YES**

OPPOSITIONAL DEFIANT DISORDER
CURRENT

R. PSYCHOTIC DISORDERS AND MOOD DISORDERS WITH PSYCHOTIC FEATURES

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	Have you ever believed that people were secretly watching you? Have you believed that someone was trying to get you, or hurt you? IF **YES** TO ANY, CODE **YES** **NOTE**: ASK FOR EXAMPLES TO RULE OUT ACTUAL STALKING	NO	YES	YES
	b	**IF YES OR YES BIZARRE**: Do you believe this now?	NO	YES	YES ↳**R6**
R2	a	Have you ever believed that someone was reading your mind or that someone could hear your thoughts? Or that you 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**: Do you believe this now?	NO	YES	YES ↳**R6**
R3	a	Have you ever believed that someone or something put thoughts in your mind that were not your own? Have you believed that someone or something made you act in a way that was not your usual self? Have you ever felt that you were 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**: Do you believe this now?	NO	YES	YES ↳**R6**
R4	a	Have you ever believed that you were being sent special messages through the TV, radio, internet, newspapers, books, magazines, or through your games or toys? Have you ever believed that a person you did not personally know was especially interested in you? IF **YES** TO ANY, CODE **YES**	NO	YES	YES
	b	**IF YES OR YES BIZARRE**: Do you believe this now?	NO	YES	YES ↳**R6**
R5	a	Have your family or friends ever thought that any of your 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 DESTITIUTION, ETC.	NO	YES	YES
	b	**IF YES OR YES BIZARRE**: Do they still think that your beliefs are strange?	NO	YES	YES

R6 a Have you ever heard things other people couldn't hear, such as voices? NO YES

[HALLUCINATIONS ARE SCORED "BIZARRE" ONLY IF PATIENT ANSWERS YES TO THE FOLLOWING]:

IF YES: Did you hear a voice talking about you? Did you hear more than one voice talking back and forth? NO YES

b **IF YES OR YES BIZARRE TO R6**: Have you heard these things in the past month? NO YES YES ↳R8b

HALLUCINATIONS ARE SCORED "BIZARRE" ONLY IF PATIENT ANSWERS **YES** TO THE FOLLOWING:

Did you hear a voice talking about you? Did you hear more than one voice talking back and forth?

R7 a Have you ever had visions or have you ever seen things other people couldn't see? NO YES

NOTE:CHECK TO SEE IF THESE ARE CULTURALLY INAPPROPRIATE.

b **IF YES**: Have you seen these things in the past month? NO YES

CLINICIAN'S JUDGMENT

R8 b IS THE PATIENT CURRENTLY EXHIBITING INCOHERENCE, DISORGANIZED SPEECH, OR MARKED LOOSENING OF ASSOCIATIONS? NO YES

R9 b IS THE PATIENT CURRENTLY EXHIBITING DISORGANIZED OR CATATONIC BEHAVIOR? NO YES

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? NO YES

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 ➡R13 YES

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 you had period(s) when you felt (depressed/high/persistently irritable).

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

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

NO **YES**

MOOD DISORDER WITH PSYCHOTIC FEATURES

LIFETIME

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 are you?	❑ ft ❑❑ in.	
			❑❑❑ cm	
	b.	What was your lowest weight in the past 3 months?	❑❑❑ lb	
			❑❑❑ 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 KG/M^2)	NO	YES
	d	Have you lost 5 lb or more (2.3 kg or more) in the last 3 months?	NO	YES
	e	If you are less than age 14, have you 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 you 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		Have you been trying to keep yourself from gaining any weight?	➡ NO	YES
S3		Have you been very afraid of gaining weight? Have you been very afraid of getting too fat / big? IF **YES** TO EITHER, CODE **YES**	➡ NO	YES
S4	a	Have you seen yourself as being too big / fat or that part of your body was too big / fat? IF **YES** TO EITHER, CODE **YES**	NO	YES
	b	Has your weight strongly affected how you feel about yourself? Has your body shape strongly affected how you feel about yourself? IF **YES** TO EITHER, CODE **YES**	NO	YES
	c	Did you think that your 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 you miss all your menstrual periods when they were expected to occur (when you were not pregnant)?	➡ NO	YES

FOR GIRLS : ARE **S5** AND **S6** CODED YES?

FOR BOYS : IS **S5** CODED YES?

NO	**YES**
ANOREXIA NERVOSA **CURRENT**	

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

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

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 you have eating binges? An "eating binge" is when you eat a very large amount of food within two hours.	➡ NO	YES
T2	Did you have eating binges two times a week or more?	➡ NO	YES

T3	During an eating binge, did you feel that you couldn't control yourself?	➡ NO	YES
T4	Did you do anything to keep from gaining weight? Like making yourself throw up or exercising very hard? Trying not to eat for the next day or more? Taking pills to make you 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 your weight strongly affect how you feel about yourself? Does your body shape strongly affect how you feel about yourself? IF **YES** TO EITHER, CODE **YES**	➡ NO	YES
T6	DO THE PATIENT'S SYMPTOMS MEET CRITERIA FOR ANOREXIA NERVOSA?	NO ➡ SKIP to T8	YES
T7	Do these binges occur only when you are under (______lb/kg)? INTERVIEWER: WRITE IN THE ABOVE ( ), THE THRESHOLD WEIGHT FOR THIS PATIENT'S HEIGHT FROM THE HEIGHT/WEIGHT TABLE IN THE ANOREXIA NERVOSA MODULE	NO	YES

T8 IS **T5** CODED **YES** AND IS EITHER **T6** OR **T7** CODED **NO**?

NO **YES**

BULIMIA NERVOSA
CURRENT

T9 IS **T7** CODED **YES**?

NO **YES**

ANOREXIA NERVOSA
Binge Eating Type
CURRENT

U. GENERALIZED ANXIETY DISORDER

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

U1	a	**For the past six months**, have you worried a lot or been nervous? Have you been worried or nervous about several things, (like school, your health, or something bad happening)? Have you been more worried than other kids your age? IF **YES** TO ANY, CODE **YES**	➡ NO	YES
	b	Do you worry most days?	➡ NO	YES
		IS THE PATIENT'S ANXIETY RESTRICTED EXCLUSIVELY TO, OR BETTER EXPLAINED BY, ANY DISORDER PRIOR TO THIS POINT?	NO	➡ YES

U2		Do you find it hard to stop worrying? Do the worries make it hard for you to pay attention to what you are doing? IF **YES** TO EITHER, CODE **YES**	➡ NO	YES
U3		FOR THE FOLLOWING, CODE **NO** IF THE SYMPTOMS ARE CONFINED TO FEATURES OF ANY DISORDER EXPLORED PRIOR TO THIS POINT. **When you are worried, do you, most of the time:**		
	a	Feel like you can't sit still?	NO	YES
	b	Feel tense in your muscles?	NO	YES
	c	Feel tired, weak or exhausted easily?	NO	YES
	d	Have a hard time paying attention to what you are doing? Does your 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, wakening up too early or sleeping too much)?	NO	YES
		ARE **1** OR MORE **U3** ANSWERS CODED **YES**?	➡ NO	YES

U4 Do these worries or anxieties cause a lot of problems at school or with your friends or at home or at work or with other people?

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 Are you stressed out about something? Is this making you upset or making your behavior worse? ➡ NO YES

IF **NO** TO EITHER, CODE **NO**

[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 your upset/behavior problems start soon after the stress began? [Within 3 months of the onset of the stressor] ➡ NO YES

V3 a Are you more upset by this stress than other kids your age would be? ➡ NO YES

b Do these stresses or upsets cause you problems in school? Problems at home? Problems with your family or with your friends? ➡ NO YES

IF **YES** TO ANY, CODE **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 MOST OTHERS WOULD SUFFER UNDER SIMILAR CIRCUMSTANCES

HAS BEREAVEMENT BEEN RULED OUT? ➡ NO YES

V5 Have these problems gone on for 6 months or more after the stress stopped? NO YES ➡

WHICH OF THESE EMOTIONAL / BEHAVIORAL SUBTYPES ARE PRESENT? **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 I**S 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 Were you taking any drugs or medicines? ❒ No ❒ Yes ❒ Uncertain

W1b Did you 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 CAUSE BEEN RULED OUT? ❒ No ❒ Yes ❒ Uncertain

X. PERVASIVE DEVELOPMENT DISORDER

X1	Since the age of 4, have you had difficulty making friends? Do you have problems because you keep to yourself? Is it because you are shy or because you don't fit in? IF **YES** TO ANY, CODE **YES**	NO	YES	UNSURE
X2	Are you fixated on routines and rituals or do you have interests that are special and interfere with other activities?	NO	YES	UNSURE
X3	Do other kids think you are weird or strange or awkward?	NO	YES	UNSURE
X4	Do you 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

Acknowledgments:
We would like to thank Mary Newman, Berney Wilkinson, and
Marie Salmon for their help and suggestions.
We are grateful to Pauline Powers MD and Yvonne Bannon RN
for their valuable assistance in improving the Anorexia Nervosa module.
We are grateful to Michael Van Ameringen MD
for his valuable assistance in improving the ADHD module.

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Translations	**M.I.N.I. KID 5**
English	D. Sheehan, D. Shytle, K.Milo, J Janavs.
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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	❏
Unspecified	❏

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	❑	❑

M.I.N.I. KID

MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW
FOR **SCHIZOPHRENIA** AND **PSYCHOTIC DISORDERS** STUDIES

For Children and Adolescents

English Version 6.0

DSM-IV

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DISCLAIMER

Our aim is to assist in the assessment and tracking of patients with greater efficiency and accuracy. Before action is taken on any data collected and processed by this program, it should be reviewed and interpreted by a licensed clinician. This program is not designed or intended to be used in the place of a full medical and psychiatric evaluation by a qualified licensed physician – psychiatrist. It is intended only as a tool to facilitate accurate data collection and processing of symptoms elicited by trained personnel.

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 (Past 2 weeks)	☐			
		Past	☐			
		Recurrent	☐			
	MAJOR DEPRESSIVE DISORDER	Current (Past 2 weeks)	☐	296.20-296.26 Single	F32.x	☐
		Past	☐	296.20-296.26 Single	F33.x	☐
		Recurrent	☐	296.30-296.36 Recurrent	F33.x	☐
B	SUICIDALITY	Current (Past Month) Risk: ☐ Low ☐ Moderate ☐ High	☐	N/A	N/A	
C	DYSTHYMIA	Current (Past 1 year)	☐	300.4	F34.1	☐
D	MANIC EPISODE	Current	☐			
		Past	☐			
	HYPOMANIC EPISODE	Current	☐			
		Past	☐	☐ Not Explored		
	BIPOLAR I DISORDER	Current	☐	296.0x-296.6x	F30.x-F31.9	☐
		Past	☐	296.0x-296.6x	F30.x-F31.9	☐
	BIPOLAR II DISORDER	Current	☐	296.89	F31.8	☐
		Past	☐	296.89	F31.8	☐
	BIPOLAR DISORDER NOS	Current	☐	296.80	F31.9	☐
		Past	☐	296.80	F31.9	☐
E	PANIC DISORDER	Current (Past Month)	☐	300.01/300.21	F40.01-F41.0	☐
		Lifetime	☐			
F	AGORAPHOBIA	Current	☐	300.22	F40.00	☐
G	SEPARATION ANXIETY DISORDER	Current (Past Month)	☐	309.21	F93.0	☐
H	SOCIAL PHOBIA (Social Anxiety Disorder)	Current (Past Month)				
		Generalized	☐	300.23	F40.1	☐
		Non-Generalized	☐	300.23	F40.1	☐
I	SPECIFIC PHOBIA	Current (Past Month)	☐	300.29	N/A	☐
J	OBSESSIVE COMPULSIVE DISORDER	Current (Past Month)	☐	300.3	F42.8	☐
K	POST TRAUMATIC STRESS DISORDER	Current (Past Month)	☐	309.81	F43.1	☐
L	ALCOHOL DEPENDENCE	Past 12 Months	☐	303.9	F10.2x	☐
L	ALCOHOL ABUSE	Past 12 Months	☐	305.00	F10.1	☐
M	SUBSTANCE DEPENDENCE (Non-alcohol)	Past 12 Months	☐	304.00-.90/305.20-.90	F11.1-F19.1	☐
M	SUBSTANCE ABUSE (Non-alcohol)	Past 12 Months	☐	304.00-.90/305.20-.90	F11.1-F19.1	☐
N	TOURETTE'S DISORDER	Current	☐	307.23	F95.2	☐
	MOTOR TIC DISORDER	Current	☐	307.22	F95.1	☐
	VOCAL TIC DISORDER	Current	☐	307.22	F95.1	☐
	TRANSIENT TIC DISORDER	Current	☐	307.21	F95.0	☐

O	ADHD COMBINED	Past 6 Months	☐	314.01	F90.0	☐
	ADHD INATTENTIVE	Past 6 Months	☐	314.00	F98.8	☐
	ADHD HYPERACTIVE/IMPULSIVE	Past 6 Months	☐	314.01	F90.0	☐
P	CONDUCT DISORDER	Past 12 Months	☐	312.8	F91.x	☐
Q	OPPOSITIONAL DEFIANT DISORDER	Past 6 Months	☐	313.81	F91.3	☐
R	PSYCHOTIC DISORDERS	Lifetime	☐	295.10-295.90/297.1/	F20.xx-F29	☐
		Current	☐	297.3/293.81/293.82/ 293.89/298.8/298.9		☐
	MOOD DISORDER WITH PSYCHOTIC FEATURES	Current	☐	296.24	F32.3/F33.3	☐
	SCHIZOPHRENIA	Current	☐	295.10-295.60 F20.xx		☐
		Lifetime	☐	295.10-295.60 F20.xx		☐
	SCHIZOAFFECTIVE DISORDER	Current	☐	295.70	F25.x	☐
		Lifetime	☐	295.70	F25.x	☐
	SCHIZOPHRENIFORM DISORDER	Current	☐	295.40	F20.8	☐
		Lifetime	☐	295.40	F20.8	☐
	BRIEF PSYCHOTIC DISORDER	Current	☐	298.8	F23.80-F23.81	☐
		Lifetime	☐	298.8	F23.80-F23.81	☐
	DELUSIONAL DISORDER	Current	☐	297.1	F22.0	☐
		Lifetime	☐	297.1	F22.0	☐
	PSYCHOTIC DISORDER DUE TO A GENERAL MEDICAL CONDITION	Current	☐	293.xx	F06.0-F06.2	☐
		Lifetime	☐	293.xx	F06.0-F06.2	☐
	SUBSTANCE INDUCED PSYCHOTIC DISORDER	Current	☐	291.5-292.12	none	☐
		Lifetime	☐	291.5-292.12	none	☐
	PSYCHOTIC DISORDER NOS	Current	☐	298.9	F29	☐
		Lifetime	☐	298.9 296.24	F29	☐
	MOOD DISORDER WITH PSYCHOTIC FEATURES	Lifetime	☐		F31.3/F31.2/F31.5	☐
	MOOD DISORDER NOS	Lifetime	☐	296.90	F39	☐
	MAJOR DEPRESSIVE DISORDER WITH PSYCHOTIC FEATURES	Current	☐	296.24	F33.X3	☐
		Past	☐	296.24	F33.X3	☐
	BIPOLAR I DISORDER WITH PSYCHOTIC FEATURES	Current	☐	296.04-296.64 F31.X2/F31.X5		☐
		Past	☐	296.04-296.64 F31.X2/F31.X5		☐
S	ANOREXIA NERVOSA	Current (Past 3 Months)	☐	307.1	F50.0	☐
T	BULIMIA NERVOSA	Current (Past 3 Months)	☐	307.51	F50.2	☐
	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	Current	☐	307.1	F50.0	☐
U	GENERALIZED ANXIETY DISORDER	Current (Past 6 Months)	☐	300.02	F41.1	☐
V	ADJUSTMENT DISORDERS	Current	☐	309.24/309.28 309.3/309.4	F43.xx	☐
W	MEDICAL, ORGANIC, DRUG CAUSE RULED OUT		☐ No	☐ Yes	☐ Uncertain	
X	PERVASIVE DEVELOPMENTAL DISORDER	Current	☐	299.00/299.10/299.80	F84.0/.2/.3/.5/.9	☐

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?

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 you a lot of questions about yourself. This is so that I can get to know more about you and figure out how to help you. Most of the questions can be answered either 'yes' or 'no'. If you don't understand a word or a question, ask me, and I'll explain it. If you are not sure how to answer a question, don't guess - just tell me you are not sure. Some of the questions may seem weird to you, but try to answer them anyway. It is important that you answer the questions as honestly as you can so that I can help you. Do you 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 judgement, whether the child's answers meet the diagnostic criterion in question. With children you 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, you 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, you 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, you 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, training, 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 your life:

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

At any time in your life:

A2	a	Were you bored a lot or much less interested in things (Like playing your favorite games)? Have you felt that you couldn't enjoy things? Did you feel this way most of the time, for at least 2 weeks?		
		IF **YES** TO ANY, CONTINUE. IF **NO** TO ALL, CODE **NO TO A2a AND A2b**.	NO	YES
	b	For the past 2 weeks, did you 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 you felt depressed / grouchy / uninterested:	Past 2 Weeks		Past Episode	
a	Were you less hungry or more hungry most days? Did you 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 you 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 you talk or move slower than usual? Were you fidgety, restless or couldn't sit still almost every day? IF **YES** TO EITHER, CODE **YES**	NO	YES	NO	YES
d	Did you feel tired most of the time?	NO	YES	NO	YES
e	Did you feel bad about yourself most of the time? Did you feel guilty most of the time? IF **YES** TO EITHER, CODE **YES** IF **YES**, ASK FOR EXAMPLES. THE EXAMPLES ARE CONSISTENT WITH A DELUSIONAL IDEA. Current Episode ❒ No ❒ Yes Past Episode ❒ No ❒ Yes	NO	YES	NO	YES
f	Did you have trouble concentrating or did you have trouble making up your mind? IF **YES** TO EITHER, CODE **YES**	NO	YES	NO	YES

	g	Did you feel so bad that you wished that you were dead? Did you think about hurting yourself? Did you have thoughts of death? Did you think about killing yourself? 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 your times of depression, were you 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 ❐
PAST ❐
RECURRENT ❐

A6 a How many episodes of depression did you have in your lifetime? _____

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

B. SUICIDALITY

	In the past month did you:			Points
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 yourself 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 you would be better off dead or wish you were dead?	NO	YES	1
B4	Think about hurting or injuring yourself or have mental images of harming yourself, with at least a slight intent to die? How many times? _____	NO	YES	4
B5	Think about killing yourself? How many times? _____ IF NO TO B5, SKIP TO B7. OTHERWISE ASK:	NO	YES	6

Frequency		Intensity	
Occasionally	❒	Mild	❒
Often	❒	Moderate	❒
Very often	❒	Severe	❒

B6	Feel unable to control these impulses?	NO	YES	8
B7	Have a method or plan to kill yourself in your 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 yourself?	NO	YES	8
B9	Intend to die as a result of trying to kill yourself?	NO	YES	8
B10	Take any active steps to prepare to injure yourself or to prepare for a suicide attempt in which you expected or intended to die? How many times? _____	NO	YES	9
B11	Injure yourself on purpose without intending to kill yourself?	NO	YES	4
B12	Attempt suicide (to kill yourself)? A suicide attempt means you did something where you could possibly be injured, with at least a slight intent to die. IF NO, SKIP TO B13: How many times? _____ Hope to be rescued / survive ❒ Expected / intended to die ❒	NO	YES	9

In your lifetime:

		NO	YES	
B13	a) Did you ever feel so bad that you wished you were dead or felt like killing yourself?	NO	YES	4
	b) Did you ever take any active steps to prepare to kill yourself? How many times? _____	NO	YES	4
	c) Did you ever try to kill yourself? How many times? _____	NO	YES	4

"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 ❒
9-16 points Moderate ❒
$\geq$ 17 points High ❒

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		Have you 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**, have you felt OK for two months or more in a row? OK MEANS NOT ALWAYS BEING GROUCHY OR FREE OF DEPRESSION.	NO	➡ YES
C3		**During the past year**, most of the time:		
	a	Were you less hungry than you used to be? Were you more hungry than you used to be? IF **YES** TO EITHER, CODE **YES**	NO	YES
	b	Did you 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 you feel more tired than you used to?	NO	YES
	d	Did you feel less confident of yourself? Did you feel bad about yourself? IF **YES** TO EITHER, CODE **YES**	NO	YES
	e	Did you have trouble paying attention? Did you have trouble making up your mind? IF **YES** TO EITHER, CODE **YES**	NO	YES
	f	Did you 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 you a lot? Did they cause you problems at home? At school? With friends?

IF **YES** TO ANY, CODE **YES**

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)

Do you have anyone in your 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 you were so happy that you felt 'up' or 'high' or 'hyper'? 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. NO YES

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 YOU 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 excessively or spending more money.

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

b Are you currently feeling 'up' or 'high' or 'hyper' or full of energy? NO YES

D2 a Has there **ever** been a time when you were so grouchy or annoyed for several days, that you yelled or started fights with people outside your family? Have you or others noticed that you have been more grouchy than other kids, even when you thought you were 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 Are you currently feeling grouchy or annoyed most of the time? 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 you felt high, full of energy, or irritable did you:

	Current Episode	Past Episode
a Feel that you could do things others couldn't do? Feel that you are a very important person?	NO YES	NO YES

IF **YES** TO EITHER, CODE **YES**. IF **YES**, ASK FOR EXAMPLES.
THE EXAMPLES ARE CONSISTENT WITH A DELUSIONAL IDEA

Current Episode ☐ No ☐ Yes
Past Episode ☐ No ☐ Yes

		Current Episode		Past Episode	
b	Need less sleep (Did you 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 you were 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 you could get hurt doing them? Want to do things even though it could get you into trouble? (Like staying out late, skipping school, driving dangerously or spending too much money)?	NO	YES	NO	YES

s

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? 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.	NO	YES	NO	YES

RULE: ELATION/EXPANSIVENESS REQUIRES ONLY THREE D3 SYMPTOMS, WHILE IRRITABLE MOOD ALONE REQUIRES 4 OF THE D3 SYMPTOMS.

		Current Episode		Past Episode	
D4	What is the longest time these symptoms lasted?				
	a) 3 days or less		❒		❒
	b) 4 to 6 days		❒		❒
	c) 7 days or more		❒		❒
D5	Were you 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?	NO	YES	NO	YES

IF **YES** TO ANY, CODE **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 ❒
PAST ❒

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 ❒ **NO**
❒ **YES**

PAST ❒ **NO**
❒ **YES**
❒ **NOT EXPLORED**

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

HYPOMANIC SYMPTOMS

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.**

CURRENT ❒ **NO**
❒ **YES**

PAST ❒ **NO**
❒ **YES**
❒ **NOT EXPLORED**

D7 a) IF MANIC EPISODE IS POSITIVE FOR EITHER CURRENT OR PAST ASK:
Did you have 2 or more of these (manic) episodes lasting 7 days or more (**D4c**) in your lifetime (including the current episode if present)? NO YES

b) IF HYPOMANIC EPISODE IS POSITIVE FOR EITHER CURRENT OR PAST ASK:
Did you have 2 or more of these (hypomanic) episodes lasting just 4 to 6 days (**D4b**) in your lifetime (including the current episode)? NO YES

c) IF THE PAST “HYPOMANIC SYMPTOMS” CATEGORY IS CODED POSITIVE ASK:
Did you have (hypomanic) symptoms like these lasting only 1 to 3 days (**D4a**), 2 or more times in your 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	Have you ever been really frightened or nervous for no reason; or have you 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 you didn't expect it?	➡ NO	YES
E3	a	After this happened, were you afraid it would happen again or that something bad would happen as a result of these attacks? Did you change what you did because of these attacks? (e.g., going out only with someone, not wanting to leave your house, going to the doctor more frequently)?	NO	YES
	b	Did you 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 you were the most frightened or nervous for no good reason:**		
	a	Did your heart beat fast or loud?	NO	YES
	b	Did you sweat? Did your hands sweat a lot? IF **YES** TO EITHER, CODE **YES**	NO	YES
	c	Did your hands or body shake?	NO	YES
	d	Did you have trouble breathing?	NO	YES
	e	Did you feel like you were choking? Did you feel you couldn't swallow? IF **YES** TO EITHER, CODE **YES**	NO	YES
	f	Did you have pain or pressure in your chest?	NO	YES
	g	Did you feel like throwing up? Did you have an upset stomach? Did you have diarrhea? IF **YES** TO ANY, CODE **YES**	NO	YES
	h	Did you feel dizzy or faint?	NO	YES
	i	Did things around you feel strange or like they weren't real? Did you feel or see things as if they were far away? Did you feel outside of or cut off from your body? IF **YES** TO ANY, CODE **YES**	NO	YES

			NO	YES
	j	Were you afraid that you were losing control of yourself? Were you afraid that you were going crazy? IF **YES** TO EITHER, CODE **YES**	NO	YES
	k	Were you afraid that you were dying?	NO	YES
	l	Did parts of your body tingle or go numb?	NO	YES
	m	Did you feel hot or cold?	NO	YES

E5 ARE **BOTH E3 SUMMARY,** AND **4** OR MORE **E4** ANSWERS, CODED YES? NO YES *PANIC DISORDER LIFETIME*

IF YES TO E5, SKIP TO E7

E6 IF **E5**=NO, ARE ANY E4 QUESTIONS CODED YES? NO YES *LIMITED SYMPTOM ATTACKS LIFETIME*

THEN SKIP TO **F1.**

E7 a. **In the past month**, did you have these problems more than one time? NO YES

IF NO, CIRCLE NO TO E7 SUMMARY AND MOVE TO F1.

For the past month:

b. Did you worry that it would happen again? NO YES

c. Did you worry that something bad would happen because of the attack? NO YES

d. Did anything change for you because of the attack? NO YES
(e.g., going out only with someone, not wanting to leave your house, going to the doctor more frequently)?

E7 SUMMARY: IF **YES** TO E7b.or E7c.or E7d., CODE **YES** NO YES *PANIC DISORDER CURRENT*

F. AGORAPHOBIA

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

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

F2	Are you so afraid of these things that you try to stay away from them? Or you can only do them if someone is with you? Or you do them, but it's really hard for you? IF **YES** TO ANY, CODE **YES**	**NO 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	a	**In the past month,** have you been really afraid about being away from someone close to you; or have you been really afraid that you would lose somebody you are close to ? (Like getting lost from your parents or having something bad happen to them) IF **YES** TO EITHER, CODE **YES**	NO	YES
	b	Who are you afraid of losing or being away from _________________ ?		
G2	a	Did you get upset a lot when you were away from ______ ? Did you get upset a lot when you thought you would be away from ______ ? IF **YES** TO EITHER, CODE **YES**	NO	YES
	b	Did you get really worried that you would lose ______ ? Did you get really worried that something bad would happen to ______ ? (like having a car accident or dying). IF **YES** TO EITHER, CODE **YES**	NO	YES
	c	Did you get really worried that you would be separated from ______ ? (Like getting lost or being kidnapped?)	NO	YES
	d	Did you refuse to go to school or other places because you were afraid to be away from ______ ?	NO	YES
	e	Did you get really afraid being at home if ______ wasn't there?	NO	YES
	f	Did you not want to go to sleep unless ______ was there?	NO	YES
	g	Did you have nightmares about being away from ______ ? Did this happen more than once? IF **NO** TO EITHER, CODE **NO**	NO	YES
	h	Did you feel sick a lot (like headaches, stomach aches, nausea or vomiting, heart beating fast or feeling dizzy) when you were away from ______ ? Did you feel sick a lot when you thought you were going to be away from ______ ? IF **YES** TO EITHER, CODE **YES**	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 your fears of being away from ______ really bother you a lot? Cause you 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	**In the past month**, were you afraid or embarrassed when others your age were watching you? Were you 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**	NO	YES
H2	Are you more afraid of these things than other kids your age?	➡ NO	YES
H3	Are you so afraid of these things that you try to stay away from them? Or you can only do them if someone is with you? Or you do them but it's really hard for you?	➡ NO	YES
H4	Do these social fears have a big effect on your life? Do they cause problems when you interact with others or in your relationships? Do they cause a lot of problems at school or at work? Do they cause you 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

Do you 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 SITUATIONSTYPICALLY 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
(Social Anxiety Disorder)
CURRENT

GENERALIZED ❐
NON-GENERALIZED ❐

I. SPECIFIC PHOBIA

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

		➡	
I1	**In the past month,** have you 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	Are you more afraid of __________ than other kids your age are?	➡ NO	YES
I4	Are you so afraid of ___________ that you try to stay away from it / them? Or you can only be around it / them if someone is with you? Or can you be around it / them but it's really hard for you? IF **YES** TO ANY, CODE **YES**	➡ NO	YES
I5	Does this fear really bother you a lot? Does it cause you problems at home or at school? Does it keep you from doing things you want 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**, have you been bothered by bad things that come into your mind that you couldn't get rid of? Like bad thoughts or urges? Or nasty pictures? For example, did you think about hurting somebody even though it disturbs or distresses you? Were you afraid you or someone would get hurt because of some little thing you did or didn't do? Did you worry a lot about having dirt or germs on you? Did you worry a lot that you would give someone else germs or make them sick somehow? Or were you afraid that you would do something really shocking? 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	NO ↓ SKIP TO **J4**	YES
J2	Did they keep coming back into your mind even when you tried to ignore or get rid of them?	NO ↓ SKIP TO **J4**	YES
J3	Do you think that these things come from your own mind and that they are not from outside of your head?	NO	YES **obsessions**
J4	**In the past month,** did you 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? IF **YES** TO ANY, CODE **YES**	NO	YES **compulsions**
	IS **J3** OR **J4** CODED **YES**?	➡ NO	YES
J5	Did you have these thoughts or rituals we just spoke about, more than other kids your age?	➡ NO	YES
J6	Did these thoughts or actions cause you 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 you? 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. Have you ever been attacked by someone?	➡ NO	YES
K2		Did you respond with intense fear, or feel helpless or upset?	➡ NO	YES
K3		**In the past month**, has this awful thing come back to you in some way? Like dreaming about it or having a strong memory of it or feeling it in your body?	➡ NO	YES
K4		**In the past month**:		
	a	Have you tried not to think about or talk about this awful thing?	NO	YES
	b	Have you tried to stay away from things that might remind you of it?	NO	YES
	c	Have you had trouble remembering some important part of what happened?	NO	YES
	d	Have you been much less interested in your hobbies or your friends?	NO	YES
	e	Have you felt cut off from other people?	NO	YES
	f	Have you noticed that your feelings are less than before?	NO	YES
	g	Have you felt that your life will be shortened or that you 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	Have you had trouble sleeping?	NO	YES
	b	Have you been moody or angry for no reason?	NO	YES
	c	Have you had trouble paying attention?	NO	YES
	d	Were you nervous or watching out in case something bad might happen?	NO	YES
	e	Would you jump when you heard noises? Or when you saw something out of the corner of your eye? IF YES TO EITHER, CODE **YES**	NO	YES
		SUMMARY OF K5: ARE **2** OR MORE **K5** ANSWERS CODED **YES**?	➡ NO	YES

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

IF **YES** TO ANY, CODE **YES**

NO	**YES**
P T S D **CURRENT**	

L. ALCOHOL DEPENDENCE / ABUSE

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

			➡	
L1		**In the past year**, have you had 3 or more drinks of alcohol in a day? At those times, did you have 3 or more drinks in 3 hours? Did you 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 you need to drink a lot more alcohol to get the same feeling you got when you first started drinking?	NO	YES
	b	Whenever you cut down on drinking or stopped drinking, did your hands shake? Did you sweat? Did you feel nervous or like you couldn't sit still? Did you ever drink to keep from getting those problems? Did you drink again to keep from getting a hangover? IF **YES** TO ANY, CODE **YES**	NO	YES
	c	When you drank alcohol, did you end up drinking more than you had planned to?	NO	YES
	d	Have you tried to cut down or stop drinking alcohol but were not able to?	NO	YES
	e	On days when you drank, did you spend more than three hours doing it? Count the time it took you to get the alcohol, drink it, and get over it.	NO	YES
	f	Did you spend less time on other things because of your drinking (Like school, hobbies, or being with friends)?	NO	YES
	g	Did your drinking cause problems with your health or your mind? Did you keep on drinking even though you 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	Were you drunk or hung-over more than once when you 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	Were you drunk more than once while doing something risky (Like riding a bike, driving a car or boat, or using machines)?	NO	YES
	c	Did you have legal problems more than once because of your drinking (Like getting arrested or stopped by the police)?	NO	YES

d Did you kept drinking even if your drinking caused problems with your family or with other people? NO YES

IF **YES** TO EITHER, CODE **YES**

ARE **1** OR MORE OF **L3** ANSWERS CODED **YES**?

NO	**N/A**	**YES**
	ALCOHOL ABUSE **CURRENT**	

M. SUBSTANCE DEPENDENCE / ABUSE (NON-ALCOHOL)

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

			➡	
M1	a	Now I am going to read you a list of street drugs or medicines. Stop me if, **in the past year,** you have taken any of them more than one time to get high? To feel better or to change your mood?	**NO**	**YES**

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 your use of (NAME THE DRUG/DRUG CLASS SELECTED) **over the past year:**

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

e On days when you took (NAME THE DRUG/DRUG CLASS SELECTED), did you spend more than three hours doing it? Count the time it took you to get (NAME THE DRUG/DRUG CLASS SELECTED), use it and get over it. NO YES

f Did you spend less time on other things because of your use of (NAME THE DRUG/DRUG CLASS SELECTED)? Like school, hobbies or being with friends? NO YES

g Did you use of (NAME THE DRUG/DRUG CLASS SELECTED) cause problems with your health or your mind? Did you keep on using (NAME THE DRUG) even though you knew it caused problems? NO YES

ARE **3** OR MORE **M2** ANSWERS CODED YES?

SPECIFY DRUG(S)**: ___________________________________**

NO **YES***

SUBSTANCE DEPENDENCE CURRENT

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

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

In the past year:

M3 a Were you high or hung-over from the drug(s) more than once, when you 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 Have you been 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 you have legal problems because of your use of the (NAME THE DRUG/DRUG CLASS SELECTED) more than once? (Like getting arrested or stopped by the police)? NO YES

d Did you kept using the (NAME THE DRUG/DRUG CLASS SELECTED) even though it caused problems with your 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 you have movements of your body called "Tics"? "Tics" are quick movements of some part of your body that are hard to control. A tic might be blinking your eyes over and over, twitches of your face, jerking your head, making a movement with your hand over and over, or squatting, or shrugging your shoulders over and over.	NO	YES
	b	Have you ever had a tic that made you say something or make a sound over and over and was hard to stop? Like coughing or sniffling or clearing your throat over and over when you 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 you hear 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 you a lot? Did they get in the way of school? Did they cause you problems at home? Did they cause you problems with friends? Did other kids pick on you because of your tics? IF **YES** TO ANY, CODE **YES**	➡ NO	YES
N4		Did the tics only occur when you are 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 your 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	Have you often not paid enough attention to details? Made careless mistakes in school?	NO	YES
	b	Have you often had trouble keeping your attention focused when playing or doing schoolwork?	NO	YES
	c	Have you often been told that you do not listen when others talk directly to you?	NO	YES
	d	Have you often had trouble following through with what you were told to do (Like not following through on schoolwork or chores)? Did this happen even though you understood what you were supposed to do? Did this happen even though you weren't trying to be difficult? IF **NO** TO ANY, CODE **NO**	NO	YES
	e	Have you often had a hard time getting organized?	NO	YES
	f	Have you often tried to avoid things that make you concentrate or think hard (like schoolwork)? Do you hate or dislike things that make you concentrate or think hard? IF **YES** TO EITHER, CODE **YES**	NO	YES
	g	Have you often lost or forgotten things you needed? Like homework assignments, pencils, or toys?	NO	YES
	h	Do you often get distracted easily by little things (Like sounds or things outside the room)?	NO	YES
	i	Do you often forget to do things you need to do every day (Like forget to comb your hair or brush your teeth)?	NO	YES
		O2 SUMMARY: ARE **6** OR MORE **O2** ANSWERS CODED **YES?**	NO	YES

In the past six months:

O3	a	Did you often fidget with your hands or feet? Or did you squirm in your seat? IF **YES** TO EITHER, CODE **YES**	NO	YES
	b	Did you often get out of your seat in class when you were not supposed to?	NO	YES

			NO	YES
	c	Have you often run around or climbed on things when you weren't supposed to? Did you want to run around or climb on things even though you didn't? IF **YES** TO EITHER, CODE **YES**	NO	YES
	d	Have you often had a hard time playing quietly?	NO	YES
	e	Were you always "on the go"?	NO	YES
	f	Have you often talked too much?	NO	YES
	g	Have you often blurted out answers before the person or teacher has finished the question?	NO	YES
	h	Have you often had trouble waiting your turn?	NO	YES
	i	Have you 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 you have problems paying attention, being hyper, or impulsive before you were 7 years old?	➡ NO	YES
O5		Did these things cause problems at school? At home? With your family? With your friends? CODE **YES** IF T**WO** OR MORE ARE ENDORSED YES.	➡ NO	YES

IS **O2** SUMMARY & **O3** SUMMARY CODED **YES**?

NO **YES**
Attention Deficit/ Hyperactivity Disorder
COMBINED

IS **O2** SUMMARY CODED YES AND **O3** SUMMARY CODED **NO**?

NO **YES**
Attention Deficit/ Hyperactivity Disorder
INATTENTIVE

IS **O2** SUMMARY CODED **NO** AND **O3** SUMMARY CODED **YES?**

NO **YES**
Attention Deficit/ Hyperactivity Disorder
HYPERACTIVE /IMPULSIVE

P. CONDUCT DISORDER

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

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 your behavior or performance in school?)	➡ NO	YES

P2 **In the past year**:

a	Have you bullied or threatened other people (excluding siblings)?	NO	YES
b	Have you started fights with others (excluding siblings)?	NO	YES
c	Have you used a weapon to hurt someone? Like a knife, gun, bat, or other object?	NO	YES
d	Have you hurt someone (physically) on purpose (excluding siblings)?	NO	YES
e	Have you hurt animals on purpose?	NO	YES
f	Have you stolen things using force? Like robbing someone using a weapon or grabbing something from someone like purse snatching?	NO	YES
g	Have you forced anyone to have sex with you?	NO	YES
h	Have you started fires on purpose in order to cause damage?	NO	YES
i	Have you destroyed things that belonged to other people on purpose?	NO	YES
j	Have you broken into someone's house or car?	NO	YES
k	Have you lied many times in order to get things from people or to get out of things? Tricked other people into doing what you wanted? IF **YES** TO EITHER, CODE **YES**	NO	YES
l	Have you stolen things that were worth money (Like shoplifting or forging a check)?	NO	YES
m	Have you often stayed out a lot later than your parents let you? Did this start before you were 13 years old? IF **NO** TO EITHER, CODE **NO**	NO	YES
n	Have you run away from home two times or more?	NO	YES
o	Have you skipped school often? Did this start before you were 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 your family? Or with your 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 DIAGNOSITIC BOX AND MOVE TO THE NEXT MODULE.

Q1	IF QUESTION O1 IN ADHD IS ANSWERED NO, CODE NO TO OPPOSITIONAL DEFIANT DISORDER IF O1 WAS NOT ASKED ALREADY, ASK THE QUESTION BELOW (Has anyone (teacher, baby sitter, friend, parent) ever complained about your behavior or performance in school?)	➨ NO	YES
Q2	**In the past six months**:		
a	Have you often lost your temper?	NO	YES
b	Have you often argued with adults?	NO	YES
c	Have you often refused to do what adults tell you to do? Refused to follow rules? IF **YES** TO EITHER, CODE **YES**	NO	YES
d	Have you often annoyed people on purpose?	NO	YES
e	Have you often blamed other people for your mistakes or for your bad behavior?	NO	YES
f	Have you often been "touchy" or easily annoyed by other people?	NO	YES
g	Have you often been angry and resentful toward others?	NO	YES
h	Have you often been "spiteful" or quick to "pay back" somebody who treats you 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 your family? Or with your 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 DISORDER WITH PSYCHOTIC FEATURES - Part 1

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.

ALL OF THE PATIENT'S RESPONSES TO THE QUESTIONS SHOULD BE CODED IN COLUMN A. USE THE CLINICIAN JUDGMENT COLUMN (COLUMN B) ONLY IF THE CLINICIAN KNOWS FROM OTHER OUTSIDE EVIDENCE (FOR EXAMPLE, FAMILY INPUT) THAT THE SYMPTOM IS PRESENT BUT IS BEING DENIED BY THE PATIENT.

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

			COLUMN A Patient Response			COLUMN B Clinician Judgment (if necessary)	
					BIZARRE		BIZARRE
R1	a	Have you ever believed that people were secretly watching you? Have you believed that someone was trying to get you, or hurt you? IF **YES** TO ANY, CODE **YES**. **NOTE**: ASK FOR EXAMPLES, TO RULE OUT ACTUAL STALKING.	NO	YES	YES	YES	YES
	b	IF **YES / YES BIZARRE**: Do you believe this now?	NO	YES	YES ↳R6	YES	YES ↳R6
R2	a	Have you ever believed that someone was reading your mind or that someone could hear your thoughts? Or that you could actually read someone's else's mind or hear what they were thinking? IF **YES** TO ANY, CODE **YES**.	NO	YES	YES	YES	YES
	b	IF **YES / YES BIZARRE**: Do you believe this now?	NO	YES	YES ↳R6	YES	YES ↳R6
R3	a	Have you ever believed that someone or something put thoughts in your mind that were not your own? Have you ever believed that someone or something made you act in a way that was not your usual self? Have you ever felt that you were possessed? IF **YES** TO ANY, CODE **YES**. **NOTE:** ASK FOR EXAMPLES AND DISCOUNT ANY THAT ARE NOT PSYCHOTIC.	NO	YES	YES	YES	YES
	b	IF **YES / YES BIZARRE**: Do you believe this now?	NO	YES	YES ↳R6	YES	YES ↳R6
R4	a	Have you ever believed that you were being sent special messages through the TV, radio, internet, newspapers, books, magazines or through your games or toys? Have you ever believed that a person you did not personally know was especially interested in you? IF **YES** TO ANY, CODE **YES**.	NO	YES	YES	YES	YES

					BIZARRE		BIZARRE
	b	IF **YES / YES BIZARRE**: Do you believe this now?	NO	YES	YES ↳**R6**	YES	YES ↳**R6**
R5	a	Have your family or friends ever thought any of your beliefs were strange or weird? Please give me an example. **INTERVIEWER:** ONLY CODE **YES** IF THE EXAMPLES ARE **CLEARLY** DELUSIONAL IDEAS 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	YES	YES
	b	IF **YES / YES BIZARRE**: Do they still think that your beliefs are strange?	NO	YES	YES	YES	YES
R6	a	Have you ever heard things other people couldn't hear, such as voices? HALLUCINATIONS ARE SCORED "BIZARRE" ONLY IF PATIENT ANSWERS YES TO THE FOLLOWING:	NO	YES		YES	
		IF **YES:** Did you hear a voice saying things about your thoughts or behavior? Did you hear two or more voices talking to each other? IF **YES** TO ANY, CODE **YES**.	NO		YES		YES
	b	IF **YES OR YES BIZARRE**: Have you heard these things in the past month? HALLUCINATIONS ARE SCORED "BIZARRE" ONLY IF PATIENT ANSWERS YES TO THE FOLLOWING: Did you hear a voice saying things about your thoughts or behavior? Did you hear two or more voices talking to each other?	NO	YES	YES ↳**R8b**	YES	YES ↳**R8b**
R7	a	Have you ever had visions when you were awake or have you ever seen things other people couldn't see? **NOTE**: CHECK TO SEE IF THESE ARE CULTURALLY INAPPROPRIATE.	NO	YES		YES	
	b	IF **YES**: Have you seen these things in the past month?	NO	YES		YES	

CLINICIAN'S JUDGMENT

R8	b	IS THE PATIENT CURRENTLY EXHIBITING INCOHERENCE, DISORGANIZED SPEECH, OR MARKED LOOSENING OF ASSOCIATIONS?	NO	YES
R9	b	IS THE PATIENT CURRENTLY EXHIBITING DISORGANIZED OR CATATONIC BEHAVIOR?	NO	YES
R10	b	ARE NEGATIVE SYMPTOMS OF SCHIZOPHRENIA, FOR EXAMPLE, SIGNIFICANT AFFECTIVE FLATTENING, POVERTY OF SPEECH (ALOGIA) OR AN INABILITY TO INITIATE OR PERSIST IN GOAL- DIRECTED ACTIVITIES (AVOLITION) PROMINENT DURING THE INTERVIEW?	NO	YES
R11	a	IS THERE AT LEAST ONE "**YES**" FROM **R1** TO **R10b**?	NO	YES

R11 b

ARE THE ONLY SYMPTOMS PRESENT THOSE IDENTIFIED BY THE CLINICIAN FROM **R1** TO **R7** (COLUMN B) AND FROM **R8b** OR **R9b** OR **R10b**?

IF **YES**, SPECIFY IF THE LAST EPISODE IS CURRENT (AT LEAST ONE "b" QUESTION IS CODED "**YES**" FROM **R1b** TO **R10b**) AND/OR LIFETIME (ANY "a" OR "b" QUESTION CODED **YES** FROM **R1a** TO **R10b**) AND PASS TO THE NEXT DIAGNOSTIC MODULE.

IF **NO**, CONTINUE.

WARNING: IF AT LEAST ONE "b" QUESTION IS CODED **YES**, CODE **R11c** AND **R11d**.
IF ALL "b" QUESTIONS ARE CODED NO, CODE ONLY **R11d**.

NO **YES**

PSYCHOTIC DISORDER NOT OTHERWISE SPECIFIED*

Current ❒
Lifetime ❒

***Provisional diagnosis due to insufficient information available at this time.**

R11c

FROM **R1b** TO **R6b**: ARE ONE OR MORE "b" ITEMS CODED "**YES BIZARRE**"?

OR

ARE TWO OR MORE "b" ITEMS FROM **R1b TO R10b** CODED "**YES**" BUT NOT "**YES BIZARRE**"?

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

NO

Then Criterion "A" of Schizophrenia is not currently met

YES

Then Criterion "A" of Schizophrenia is currently met

R11d FROM **R1a** TO **R6a**: ARE ONE OR MORE "a" ITEMS CODED "**YES BIZARRE**"

OR

ARE TWO OR MORE "a" ITEMS CODED FROM **R1a** TO **R7a** "**YES**" BUT NOT "**YES BIZARRE**"?

(CHECK THAT AT LEAST 2 ITEMS OCCURRED DURING THE SAME 1 MONTH PERIOD.)

NO

Then Criterion "A" of Schizophrenia is not met Lifetime

OR IS **R11c** CODED "**YES**"

YES

Then Criterion "A" of Schizophrenia is met Lifetime

Just before these symptoms began:

R12 a Were you taking any drugs or medicines? ❒ No ❒ Yes ❒ Uncertain

b Did you have any medical illness? ❒ No ❒ Yes ❒ Uncertain

c 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. ❒ No ❒ Yes ❒ Uncertain

R12 d SUMMARY: HAS AN ORGANIC CAUSE BEEN RULED OUT? ❒ No ❒ Yes ❒ Uncertain

IF **R12d** = **NO**: SCORE **R13 (a and b)** AND GO TO THE NEXT MODULE
IF **R12d** = **YES**: CODE **NO** IN **R13 (a and b)** AND GO TO **R14**
IF **R12d** = **UNCERTAIN**: CODE **UNCERTAIN** IN **R13 (a and b)** AND GO TO **R14**

R13a IS **R12d** CODED **NO** BECAUSE OF A GENERAL MEDICAL CONDITION?

IF **YES**, SPECIFY IF THE LAST EPISODE IS

CURRENT (AT LEAST ONE "b" QUESTION IS CODED **YES** FROM **R1b** TO **R10b**)
AND/OR LIFETIME ("a" OR "b") QUESTION IS CODED **YES** FROM **R1a** TO **R10b**.

IF YES TO **R13a** CURRENT, GO TO MODULE **S** AND SKIP REMAINING **R** QUESTIONS

NO	**YES**
***PSYCHOTIC DISORDER* Due to a General Medical Condition**	
Current	❒
Lifetime	❒
Uncertain, code later	❒

R13 b IS **R12d** CODED **NO** BECAUSE OF A DRUG?

IF **YES**, SPECIFY IF THE LAST EPISODE IS

CURRENT (AT LEAST ONE QUESTION "b" IS CODED **YES** FROM **R1b** TO **R10b**)
AND/OR LIFETIME (ANY "a" OR "b" QUESTION CODED **YES** FROM **R1a** TO **R10b**).
IF YES TO **R13b** CURRENT, GO TO MODULE **S** AND SKIP REMAINING **R** QUESTIONS

NO	**YES**
Substance Induced *PSYCHOTIC DISORDER*	
Current	❒
Lifetime	❒
Uncertain, code later	❒

R14 Did your ability to function at work, at school, socially and with your family return completely to how you were before these experiences (CLINICIAN: PROVIDE EXAMPLES OF EXISTING HALLUCINATIONS, DELUSIONS OR DISORGANIZED SPEECH OR BEHAVIOR)? NO YES

R15 a During or after a period when you had these beliefs or experiences, did you have difficulty working, or difficulty in your relationships with others, or in taking care of yourself? NO YES

b IF **YES**, how long did these difficulties last? ____________
IF ≥6 MONTHS, GO TO **R16.**

c Have you been treated with medications or were you hospitalized because of these beliefs or experiences, or the difficulties caused by these problems? NO YES

d IF **YES**, what was the longest time you were treated with medication or were hospitalized for these problems? ____________

R16 a THE PATIENT REPORTED DISABILITY (**R15a CODED YES**) OR WAS TREATED OR HOSPITALIZED FOR PSYCHOSIS (**R15c = YES**). NO YES

b CLINICIAN'S JUDGMENT: CONSIDERING YOUR EXPERIENCE, RATE THE PATIENT'S **LIFETIME** DISABILITY CAUSED BY THE PSYCHOSIS.

absent	❒	1
mild	❒	2
moderate	❒	3
severe	❒	4

R17 How long was the longest period during which you had those beliefs or experiences? ________

WHAT WAS THE TOTAL DURATION OF THE PSYCHOSIS, TAKE INTO ACCOUNT THE ACTIVE PHASE (**R17**) AND THE ASSOCIATED DIFFICULTIES (**R15b**) AND PSYCHIATRIC TREATMENT (**R15d**) IN CHOOSING THE TIME FRAME.

1 ❒ ≥1 day to <1 month
2 ❒ ≥1 month to <6 months
3 ❒ ≥6 months
4 ❒ < 1 day

CHRONOLOGY

R18 a How old were you when you first began having these unusual beliefs or experiences? ☐ age

b Since the first onset how many distinct times did you have significant episodes of these unusual beliefs or experiences? ☐

PSYCHOTIC DISORDERS AND MOOD DISORDER WITH PSYCHOTIC FEATURES - PART 2

DIFFERENTIAL DIAGNOSIS BETWEEN PSYCHOTIC AND MOOD DISORDERS

CODE THE QUESTIONS **R19** TO **R23** ONLY IF THE PATIENT DESCRIBED AT LEAST 1 PSYCHOTIC SYMPTOM (**R11a** = **YES** AND **R11b** = **NO**), NOT EXPLAINED BY AN ORGANIC CAUSE (**R12d** = **YES** OR **UNCERTAIN**).

R19 a DOES THE PATIENT CODE POSITIVE FOR CURRENT AND/OR PAST MAJOR DEPRESSIVE EPISODE (QUESTIONS **A3 SUMMARY** OR **A4b** CODED **YES**)? NO YES

b IF **YES**: IS **A1** (DEPRESSED MOOD) CODED **YES**? NO YES

c DOES THE PATIENT CODE POSITIVE FOR CURRENT AND/OR PAST MANIC EPISODE (**MODULE C**)? NO YES

d IS **R19a** OR **R19c** CODED **YES**? NO YES
↓
STOP.
Skip to R24

NOTE: VERIFY THAT THE RESPONSES TO THE QUESTIONS **R20** TO **R23** REFER TO THE PSYCHOTIC, DEPRESSIVE (**A3 SUMMARY OR A4b**) AND MANIC EPISODES (**MODULE C**), ALREADY IDENTIFIED IN **R11c** AND **R11d, A3 SUMMARY OR A4b AND MODULE C**. IN CASE OF DISCREPANCIES, RE-EXPLORE THE SEQUENCE OF DISORDERS, TAKING INTO ACCOUNT IMPORTANT LIFE ANCHOR POINTS/MILESTONES AND CODE **R20** TO **R23** ACCORDINGLY.

R20 When you were having the beliefs and experiences you just described (GIVE EXAMPLES TO PATIENT), were you also feeling depressed/high/irritable at the same time? NO YES
↓
STOP.
Skip to R24

R21 Did the beliefs or experiences you just described (GIVE EXAMPLES TO PATIENT) only occur when you were feeling depressed/high/irritable? NO YES

R22 Have you ever had a period of two weeks or more of having these beliefs or experiences when you were not feeling depressed/high/irritable? NO YES
↓
STOP.
Skip to R24

R23 a) Which lasted longer: these beliefs or experiences or the periods of feeling depressed/high/irritable?

1 ❒ mood
2 ❒ beliefs, experiences
3 ❒ same

IF THE RESPONSE TO R23a) WAS 2, ASK R23b) AND R23c):

b) Did the beliefs or experiences you just described (GIVE EXAMPLES OF DELUSIONS OR HALLUCINATIONS TO PATIENT) occur for at least 2 weeks without your also feeling depressed/high/irritable? NO YES

c) Did the depressed/high/irritable feelings last more than half (50%) of the total time that you had these beliefs and experiences? (GIVE EXAMPLES TO PATIENT) NO YES

R24 AT THE END OF THE INTERVIEW, GO TO THE DIAGNOSTIC ALGORITHMS FOR PSYCHOTIC DISORDERS.

CONSULT ITEMS **R11a** AND **R11b**:

IF THE CRITERION "A" OF SCHIZOPHRENIA IS MET (**R11c** AND/OR **R11d** = **YES**) GO TO DIAGNOSTIC ALGORITHM I

IF THE CRITERION "A" OF SCHIZOPHRENIA IS NOT MET (**R11c** AND/OR **R11d** = **NO**) GO TO DIAGNOSTIC ALGORITHM II

FOR MOOD DISORDERS GO TO THE DIAGNOSTIC ALGORITHM III.

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 are you?	☐ ft ☐☐ in.	
			☐☐☐ cm	
	b.	What was your lowest weight in the past 3 months?	☐☐☐ lb	
			☐☐☐ 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 KG/M^2)	NO	YES
	d	Have you lost 5 lb or more (2.3 kg or more) in the last 3 months?	NO	YES
	e	If you are less than age 14, have you 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 you 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		Have you been trying to keep yourself from gaining any weight?	➡ NO	YES
S3		Have you been very afraid of gaining weight? Have you been very afraid of getting too fat / big? IF **YES** TO EITHER, CODE **YES**	➡ NO	YES
S4	a	Have you seen yourself as being too big / fat or that part of your body was too big / fat? IF **YES** TO EITHER, CODE **YES**	NO	YES
	b	Has your weight strongly affected how you feel about yourself? Has your body shape strongly affected how you feel about yourself? IF **YES** TO EITHER, CODE **YES**	NO	YES
	c	Did you think that your 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 you miss all your menstrual periods when they were expected to occur (when you were not pregnant)?	➡ NO	YES

FOR GIRLS : ARE **S5** AND **S6** CODED YES?

FOR BOYS : IS **S5** CODED YES?

NO	YES
ANOREXIA NERVOSA **CURRENT**	

HEIGHT / WEIGHT TABLE CORRESPONDING TO A **BMI THRESHOLD** OF **17.5** KG/M^2

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

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

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/m^2 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 you have eating binges? An "eating binge" is when you eat a very large amount of food within two hours.	➡ NO	YES
T2	Did you have eating binges two times a week or more?	➡ NO	YES
T3	During an eating binge, did you feel that you couldn't control yourself?	➡ NO	YES
T4	Did you do anything to keep from gaining weight? Like making yourself throw up or exercising very hard? Trying not to eat for the next day or more? Taking pills to make you 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 your weight strongly affect how you feel about yourself? Does your body shape strongly affect how you feel about yourself? IF **YES** TO EITHER, CODE **YES**	➡ NO	YES
T6	DO THE PATIENT'S SYMPTOMS MEET CRITERIA FOR ANOREXIA NERVOSA?	NO ➡ SKIP to T8	YES
T7	Do these binges occur only when you are under (______lb/kg)? INTERVIEWER: WRITE IN THE ABOVE ( ), THE THRESHOLD WEIGHT FOR THIS PATIENT'S HEIGHT FROM THE HEIGHT/WEIGHT TABLE IN THE ANOREXIA NERVOSA MODULE	NO	YES

T8 IS **T5** CODED **YES** AND IS EITHER **T6** OR **T7** CODED **NO**?

NO **YES**

BULIMIA NERVOSA
CURRENT

T9 IS **T7** CODED **YES**?

NO **YES**

ANOREXIA NERVOSA
Binge Eating Type
CURRENT

U. GENERALIZED ANXIETY DISORDER

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

			➡	
U1	a	**For the past six months**, have you worried a lot or been nervous? Have you been worried or nervous about several things, (like school, your health, or something bad happening)? Have you been more worried than other kids your age? IF **YES** TO ANY, CODE **YES**	NO	YES
	b	Do you worry most days?	➡ NO	YES
		IS THE PATIENT'S ANXIETY RESTRICTED EXCLUSIVELY TO, OR BETTER EXPLAINED BY, ANY DISORDER PRIOR TO THIS POINT?	NO	➡ YES
U2		Do you find it hard to stop worrying? Do the worries make it hard for you to pay attention to what you are doing? IF **YES** TO EITHER, CODE **YES**	➡ NO	YES
U3		FOR THE FOLLOWING, CODE **NO** IF THE SYMPTOMS ARE CONFINED TO FEATURES OF ANY DISORDER EXPLORED PRIOR TO THIS POINT.		
		When you are worried, do you, most of the time:		
	a	Feel like you can't sit still?	NO	YES
	b	Feel tense in your muscles?	NO	YES
	c	Feel tired, weak or exhausted easily?	NO	YES
	d	Have a hard time paying attention to what you are doing? Does your 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, wakening up too early or sleeping too much)?	NO	YES
		ARE **1** OR MORE **U3** ANSWERS CODED **YES**?	➡ NO	YES

U4 Do these worries or anxieties cause a lot of problems at school or with your friends or at home or at work or with other people?

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 Are you stressed out about something? Is this making you upset or making your behavior worse? — ➡ NO YES

IF **NO** TO EITHER, CODE **NO**

[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 your upset/behavior problems start soon after the stress began? [Within 3 months of the onset of the stressor] — ➡ NO YES

V3 a Are you more upset by this stress than other kids your age would be? — ➡ NO YES

b Do these stresses or upsets cause you problems in school? Problems at home? Problems with your family or with your friends? — ➡ NO YES

IF **YES** TO ANY, CODE **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 MOST OTHERS WOULD SUFFER UNDER SIMILAR CIRCUMSTANCES

HAS BEREAVEMENT BEEN RULED OUT? — ➡ NO YES

V5 Have these problems gone on for 6 months or more after the stress stopped? — NO ➡ YES

WHICH OF THESE EMOTIONAL / BEHAVIORAL SUBTYPES ARE PRESENT? **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 I**S 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	Were you taking any drugs or medicines?	❐ No	❐ Yes	❐ Uncertain
W1b	Did you 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 CAUSE BEEN RULED OUT?	❐ No	❐ Yes	❐ Uncertain

X. PERVASIVE DEVELOPMENT DISORDER

X1	Since the age of 4, have you had difficulty making friends? Do you have problems because you keep to yourself? Is it because you are shy or because you don't fit in? IF **YES** TO ANY, CODE **YES**	NO	YES	UNSURE
X2	Are you fixated on routines and rituals or do you have interests that are special and interfere with other activities?	NO	YES	UNSURE
X3	Do other kids think you are weird or strange or awkward?	NO	YES	UNSURE
X4	Do you 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

Acknowledgments:
We would like to thank Mary Newman, Berney Wilkinson, and
Marie Salmon for their help and suggestions.
We are grateful to Pauline Powers MD and Yvonne Bannon RN
for their valuable assistance in improving the Anorexia Nervosa module.
We are grateful to Michael Van Ameringen MD
for his valuable assistance in improving the ADHD module.

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International Advisory Committee for MINI Kid version 2.0

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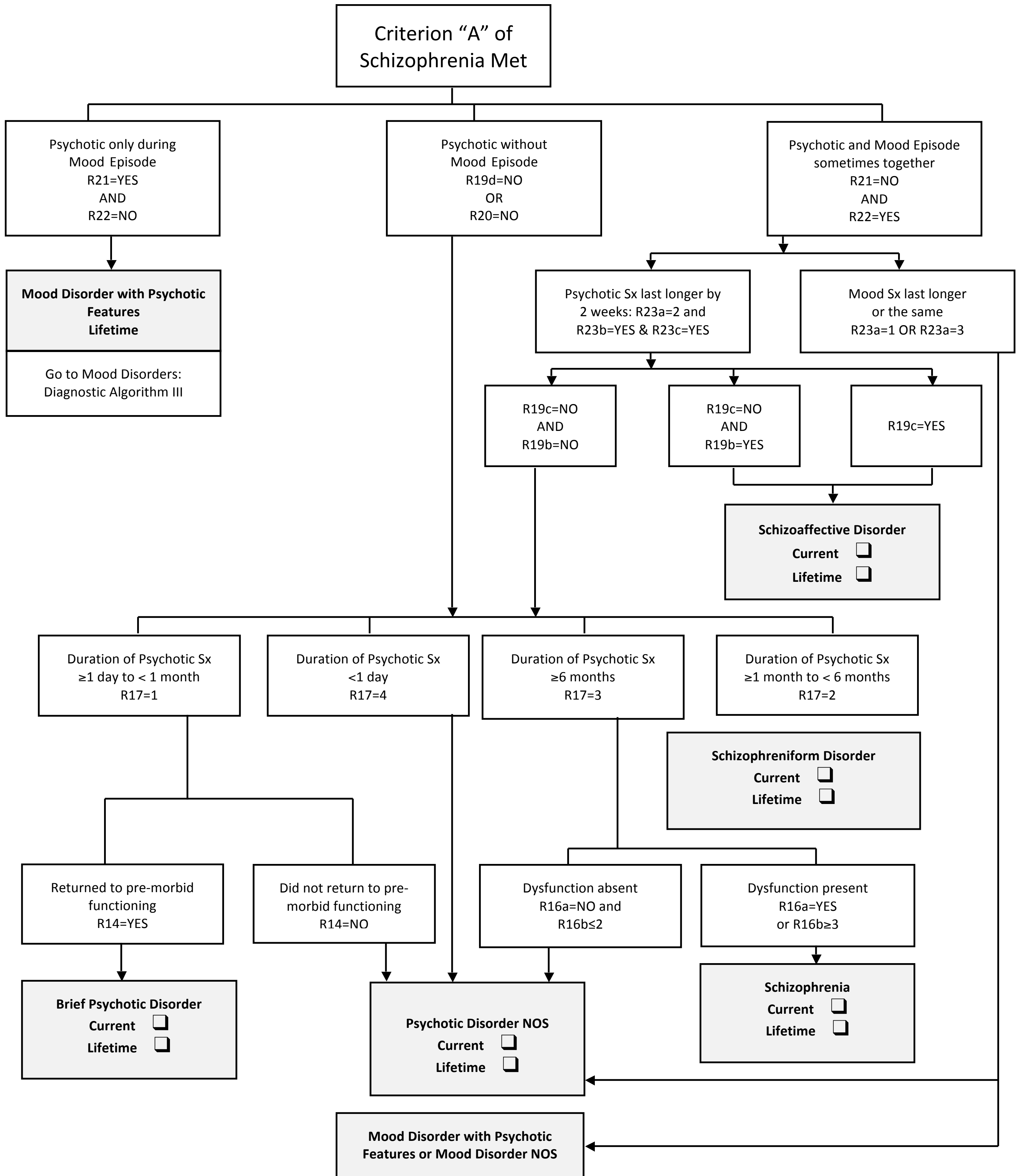
Translations	**M.I.N.I. KID 5**
English	D. Sheehan, D. Shytle, K.Milo, J Janavs.
Spanish	M. Soto, R. Hidalgo
French	Y. Lecrubier, T. Hergueta
Hungarian	J. Balazs
Turkish	A. Engeler
German	B. Plattner

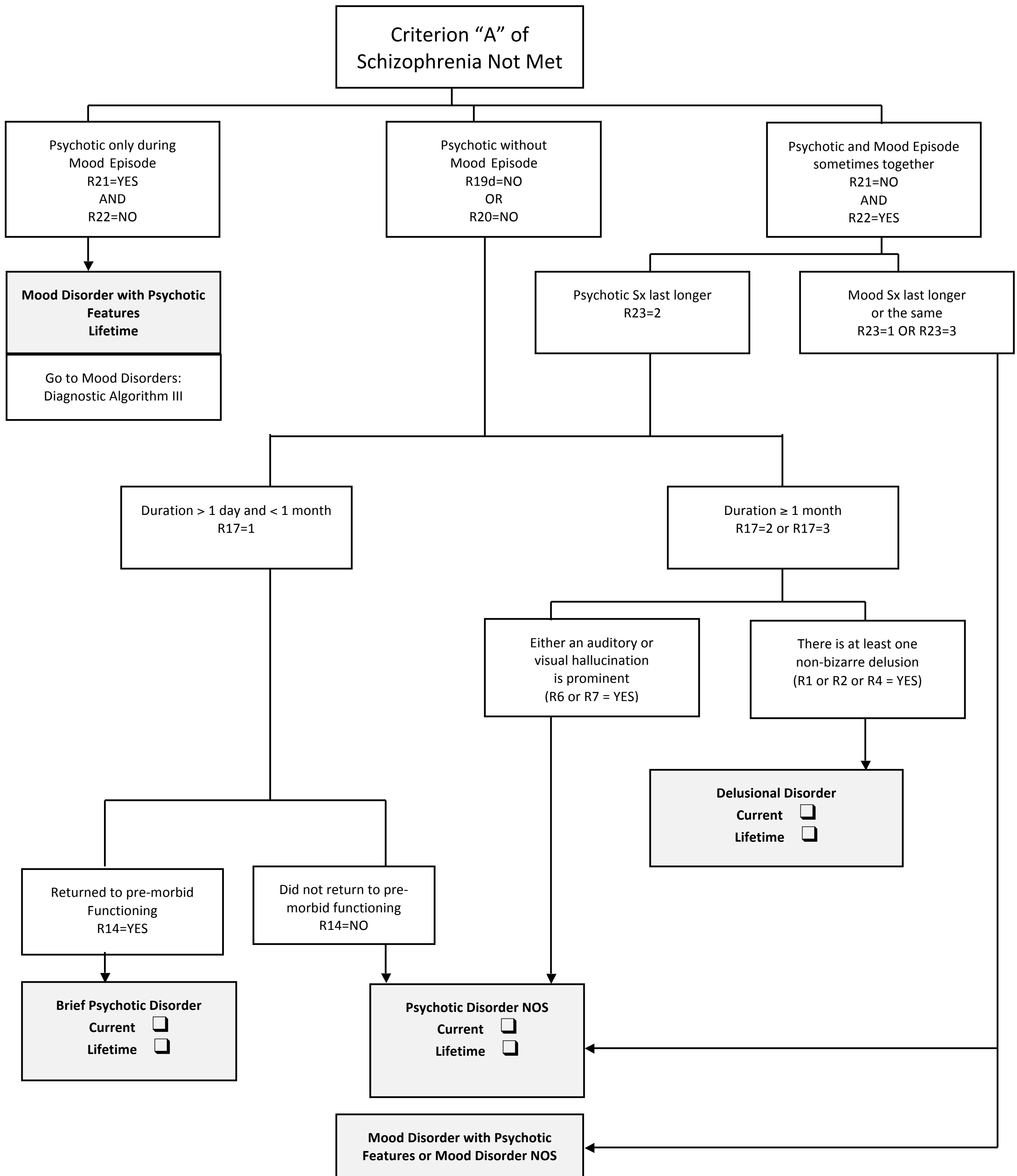
PSYCHOTIC DISORDERS: DIAGNOSTIC ALGORITHM I

For both current and lifetime diagnoses, circle the appropriate diagnostic box (separately if necessary). One positive diagnosis excludes the others for that time frame. If criterion A of schizophrenia is not currently met, but is present lifetime, current and lifetime diagnoses may be different.



PSYCHOTIC DISORDERS: DIAGNOSTIC ALGORITHM II

For both current and lifetime diagnoses, circle the appropriate diagnostic box (separately if necessary). One positive diagnosis excludes the others for that time frame. If criterion A of schizophrenia is present lifetime, current and lifetime diagnoses may be different.



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	❏
Unspecified	❏

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	❑	❑