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Supplementary Material

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

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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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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? NO YES

IF **YES** TO EITHER, CODE **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 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	YES
		! SKIP to T8	
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

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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

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

IF **YES** TO EITHER, CODE **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?	NO	YES

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

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?	NO	YES

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

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?	NO	YES
	IF **YES** TO EITHER, CODE **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

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?

YES ! **R8b**

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 YES

! **R13**

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

b You told me earlier that 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/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? ! NO YES

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

T5 Does your weight strongly affect how you feel about yourself? Does your body shape strongly affect how you feel about yourself? ! NO YES

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

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

! SKIP to T8

T7 Do these binges occur only when you are under (_____lb/kg)? NO YES

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

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

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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
Hebrew	D. Gothelf, A. Pardo

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	❑	❑