Variable / Field Name	Form Name	Section Header	Field Type	Field Label	Choices, Calculations, OR Slider Labels	Field Note	Text Validation Type OR Show Slider Number	Text Validation Min	Text Validation Max	Identifier?	Branching Logic (Show field only if...)	Required Field?	Custom Alignment	Question Number (surveys only)	Matrix Group Name	Matrix Ranking?	Field Annotation
study_id	demographics		text	Study ID													
site	demographics		dropdown	Site	1, 1 - The Melbourne Clinic	2, 2 - Barwon Health	3, 3 - QLD	4, 4 - Albert Road Clinic								LV			
visit_date	demographics		text	Visit Date			date_dmy	1/01/2016	1/01/2020								
date_consent	demographics	Consent Information	text	Date subject signed consent		YYYY-MM-DD	date_dmy										
consent_bloods	demographics		yesno	Did participant agree to bloods?													
unspec_consent_bloods	demographics		yesno	Did participant give unspecified consent for bloods?													
consent_geneticmarkers	demographics		yesno	Did participant give consent for genetic markers?													
first_name	demographics	Contact Information	text	Initials													
dob	demographics		text	Date of birth			date_dmy	1/01/1900	1/01/2003	v							
age	demographics		calc	Age (at screen)	rounddown(datediff([visit_date], [dob], "y", "dmy"), 0)									LV			
sex	demographics		dropdown	Gender	0, Female	1, Male								LV			
status	demographics		dropdown	Status	0, Outpatient	1, Inpatient								LV			
marital_status	demographics		dropdown	Marital Status	0, Married	1, Single	2, De-facto	3, Divorced	4, Seperated	5, Widower/Widow								LV			
country_birth	demographics		text	Country of birth													
education_level	demographics		text	Highest education level (completed)													
gen_notes_1	general_notes_7cca4a		notes	1.How have you been since I last saw you?									LV				
gen_notes_2	general_notes_7cca4a		notes	2. Do you have any specific worries or complaints about your health in general?		NB: Record all adverse events on the Adverse Event Sheet								LV			
gen_notes_3a	general_notes_7cca4a		dropdown	3.Have you missed taking any of your trial medicines?	0, No	1, Yes								LV			
gen_notes_3b	general_notes_7cca4a		text	If yes, how many days?			number							LV			
gen_notes_3c	general_notes_7cca4a		notes	And why?										LV			
gen_notes_4	general_notes_7cca4a		notes	4.Have you had any problems relating to the trial capsules?										LV			
gen_notes_5a	general_notes_7cca4a		dropdown	5. Have you been using additional contraception in the past month?	0, No	1, Yes	-99, N/A								LV			
gen_notes_5b	general_notes_7cca4a		dropdown	If no, is it possible you are pregnant?	0, No	1, Yes	-99, N/A								LV			
gen_notes_6	general_notes_7cca4a		notes	6.Do you have any other problems or worries in relation to the trial?										LV			
gen_notes_7	general_notes_7cca4a		notes	7.Have you changed any medications and or therapies since your last visit?		NB: Record all changes on medication list in file.								LV			
research_notes	general_notes_7cca4a		notes	Researchers notes (optional):										LV			
visit_date_fu	visit_date		text	Date Visit Completed			date_dmy	1/05/2015	12/12/2025					LV			
madrs_guide	madrs		descriptive	OVERVIEW: I'd like to ask you some questions about the past week. How have you been feeling since last (DAY OF WEEK)? IF OUT-PATIENT: Have you been working? (What kind of work do you do?) IF NOT: Why not?													
madrs_1	madrs		dropdown	1. Reported Sadness

In the past week, have you been feeling sad or unhappy?(Depressed at all?) IF YES: Can you describe what this has been like for you? (IF UNKNOWN: How bad has that been?)

IF DEPRESSED: Does the feeling lift at all if something good happens

How much does your mood lift? Does the feeling ever go away completely? (What things have made you feel better?)

How often did you feel (depressed/OWN EQUIVALENT) this past week? (IF UNKNOWN: How many days this week did you feel that way? How much of each day?)

In the past week, how have you been feeling about the future? (Have you been discouraged or pessimistic?) What have your thoughts been? How (discouraged or pessimistic) have you been? How often have you felt that way? Do you think things will ever get better for you?

IF ACKNOWLEDGES DEPRESSED MOOD, TO GET CONTEXT ASK: How long have you been feeling this way? | 0, 0 Occasional sadness in keeping with circumstances | 1, 1 | 2, 2 Sad or low but brightens up without difficulty | 3, 3 | 4, 4 Pervasive feelings of sadness or gloominess. The mood is still influenced by external circumstances | 5, 5 | 6, 6 continuous or unvarying sadness, misery or despondency | Representing reports of depressed mood, regardless of whether it is reflected in appearance or not. Includes low spirits, despondency or the feeling of being beyond help and without hope. Rate according to intensity, duration and the extent to which the mood is reported to be influenced by events | autocomplete | | | | | v | LV | | |
| madrs_2 | madrs | | dropdown | 2. Apparent Sadness

RATING BASED ON OBSERVATION DURING INTERVIEW AND THE FOLLOWING QUESTIONS.

In the past week, do you think you have looked sad or depressed to otherpeople? Did anyone say you looked sad or down?

How about when you've looked in the mirror? Did you look gloomy or depressed?

IF YES: How sad or depressed do you think you have looked? How much of the time over the past week do you think you have looked depressed or down?

IF APPEARANCE WAS DEPRESSED IN PAST WEEK: Have you been able to laugh or smile at all during the past week? IF YES: How hard has it been for you to laugh or smile, even if you weren't feeling happy inside? | 0, 0 No sadness | 1, 1 | 2, 2 Looks dispirited but does brighten up without difficulty | 3, 3 | 4, 4 Appears sad and unhappy most of the time | 5, 5 | 6, 6 Looks miserable all the time. Extremely despondent | Representing despondency, gloom and despair (more than just ordinary transient low spirits), reflected in speech, facial expression and posture. Rate by depth and inability to brighten up. | autocomplete | | | | | v | LV | | |
| madrs_3 | madrs | | dropdown | 3. Inner tension

Have you felt tense or edgy in the past week? Have you felt anxious or nervous?

IF YES: Can you describe what that has been like for you? How bad has it been? (Have you felt panicky?)

What about feeling fearful that something bad is about to happen?

How hard has it been to control these feelings? (What has it taken to help you feel calmer? Has anything worked to calm you down?)

How much of the time have you felt this way over the past week? | 0, 0 Placid. Only fleeting inner tension | 1, 1 | 2, 2 Occasional feelings of edginess and ill-defined discomfort. | 3, 3 | 4, 4 Continuous feelings of inner tension or intermittent panic which the patient can only master with some difficulty. | 5, 5 | 6, 6 Unrelenting dread or anguish. Overwhelming panic. | Representing feelings of ill-defined discomfort, edginess, inner turmoil, mental tension mounting to either panic, dread or anguish. Rate according to intensity, frequency, duration and the extent of reassurance called for. | autocomplete | | | | | v | LV | | |
| madrs_4 | madrs | | dropdown | 4. Reduced Sleep

How has your sleeping been in the past week? (How many hours have you been sleeping, compared with usual?)

Have you had trouble falling asleep? (How long has it been taking you to fall asleep this past week?)

Have you been able to stay asleep through the night? (Have you been waking up at all in the middle of the night? How long does it take you to go back to sleep?)

Has your sleeping been restless or disturbed? | 0, 0 Sleeps as usual. | 1, 1 | 2, 2 Slight difficulty dropping off to sleep or slightly reduced, light or fitful sleep. | 3, 3 | 4, 4 Sleep reduced or broken by at least 2 hours. | 5, 5 | 6, 6 Less than two or three hours sleep | Representing the experience of reduced duration or depth of sleep compared to the subject's own normal pattern when well. | autocomplete | | | | | v | LV | | |
| madrs_5 | madrs | | dropdown | 5. Reduced Appetite

How has your appetite been this past week? (What about compared with your usual appetite?)

Have you been less interested in food? (How much less?)

Does food taste as good as usual? IF LESS: How much less?

Have you had to force yourself to eat?

Have other people had to urge you to eat? | 0, 0 Normal or increased appetite. | 1, 1 | 2, 2 Slightly reduced appetite. | 3, 3 | 4, 4 No appetite. Food is tasteless. | 5, 5 | 6, 6 Needs persuasion to eat at all. | Representing the feeling of a loss of appetite compared with when-well. Rate by loss of desire for food or the need to force oneself to eat. | autocomplete | | | | | v | LV | | |
| madrs_6 | madrs | | dropdown | 6. Concentration Difficulties

Have you had trouble concentrating or collecting your thoughts in the past week? (How about at home or at work?) IF YES: Can you give me some examples? (Have you been able to concentrate on reading a newspaper or magazine? Do you need to read things over and over again?)

How often has that happened in the past week? Has this caused any problems for you? IF YES: Can you give me some examples?

Has your trouble concentrating been so bad at any time in the past week that it has been difficult to follow a conversation? (IF YES: How bad has that been? How often has that happened this past week?)

NOTE: ALSO CONSIDER BEHAVIOUR DURING INTERVIEW. | 0, 0 No difficulties in concentrating. | 1, 1 | 2, 2 Occasional difficulties in collecting one's thoughts. | 3, 3 | 4, 4 Difficulties in concentrating and sustaining thought which reduced ability to read or hold a conversation. | 5, 5 | 6, 6 Unable to read or converse without great difficulty. | Representing difficulties in collecting one's thoughts mounting to an incapacitating lack of concentration. Rate according to intensity, frequency, and degree of incapacity produced. | autocomplete | | | | | v | LV | | |
| madrs_7 | madrs | | dropdown | 7. Lassitude

Have you had any trouble getting started in things in the past week? IF YES: What things?

Have you had to push yourself to do things? IF YES: What things? How hard have you had to push yourself? Are you OK once you get started or is it still more of an effort to get something done? What about getting started at simple routine everyday things (like getting dressed)?

Have you done everyday things more slowly than usual? (Have you been sluggish?) IF YES: Like what, for example? How bad has that been? | 0, 0 Hardly any difficulty in getting started. No sluggishness. | 1, 1 | 2, 2 Difficulties in starting activities. | 3, 3 | 4, 4 Difficulties in starting simple routine activities which are carried out with effort. | 5, 5 | 6, 6 Complete lassitude. Unable to do anything without help. | Representing difficulty in getting started or slowness in initiating and performing everyday activities. | autocomplete | | | | | v | LV | | |
| madrs_8 | madrs | | dropdown | 8. Inability to feel

Have you been less interested in things around you, or in activities you used to enjoy? IF YES: What things? How bad has that been? How much interested in (those things) are you now compared with before?

Have you been less able to enjoy the things you usually enjoy?

Has there been any change in your ability to feel emotions? (Do you feel things less intensely than you used to, things like anger, grief, pleasure?) IF YES: Can you tell me more about that? (IF UNKNOWN: Are you able to feel any emotions at all?)

How do you feel towards your family and friends? Is that different from usual? IF REDUCED: Do you feel less than you used to towards them? | 0, 0 Normal interest in the surroundings and in other people. | 1, 1 | 2, 2 Reduced ability to enjoy usual interests. | 3, 3 | 4, 4 Loss of interest in the surroundings. Loss of feelings for friends and acquaintances. | 5, 5 | 6, 6 The experience of being emotionally paralysed, inability to feel anger, grief or pleasure and a complete or even painful failure to feel for close relatives and friends | Representing the subjective experience of reduced interest in the surroundings, or activities that normally give pleasure. The ability to react with adequate emotion to circumstances or people is reduced. | autocomplete | | | | | v | LV | | |

9. Pessimistic thoughts

Have you been putting yourself down, or feeling that you're a failure in some way, over the past week? (Have you been blaming yourself for things that you've done, or not done?) IF YES: What have your thoughts been?

How often have you felt that way?

Have you been feeling guilty about anything in the past week? Whatabout feeling as if you have done something bad or sinful? IF YES:What have your thoughts been? How often have you felt that way?

ALSO CONSIDER RESPONSES TO QUESTIONS ABOUT PESSIMISM FROM ITEM 1.

| madrs_9 | madrs | dropdown | | 0, 0 No pessimistic thoughts. \| 1, 1 \| 2, 2 Fluctuating ideas of failure, self-reproach or self- depreciation. \| 3, 3 \| 4, 4 Persistent self-accusations, or definite but still rational ideas of guilt or sin. Increasingly pessimistic about the future. \| 5, 5 \| 6, 6 Delusions of ruin, remorse or irredeemable sin. Self-accusations which are absurd and unshakable. | Representing thoughts of guilt, inferiority, self-reproach, sinfulness, remorse and ruin. | autocomplete | y | LV |

10. Suicidal thoughts

This past week, have you felt like life isn't worth living? IF YES: Tell me about that. IF NO: What about feeling as if you're tired of living?

This week, have you thought that you would be better off dead? IF YES:Tell me about that.

Have you had thoughts of hurting or even killing yourself this past week? IF YES: What have you thought about? How often have you had these thoughts? How long have they lasted? Have you actually made plans?

IF YES: What are these plans? Have you made any preparations to carry out these plans? (Have you told anyone about it?)

madrs_10	madrs	dropdown		0, 0 Enjoys life or takes it as it comes. | 1, 1 | 2, 2 Weary of life. Only fleeting suicidal thoughts. | 3, 3 | 4, 4 Probably better off dead. Suicidal thoughts are common, and suicide is considered as a possible solution, but without specific plans or intention. | 5, 5 | 6, 6 Explicit plans for suicide when there is an opportunity. Active preparations for suicide.	Representing the feeling that life is not worth living, that a natural death would be welcome, suicidal thoughts, and preparations for suicide. Suicide attempts should not in themselves influence the rating.	autocomplete	y	LV
madrs_total	madrs	calc	MADRS total score	sum([madrs_1],[madrs_2],[madrs_3],[madrs_4],[madrs_5],[madrs_6],[madrs_7],[madrs_8],[madrs_9],[madrs_10])				LV
scid_screen_1	scidSrv_screen	dropdown	1. Have you ever had an intense rush of anxiety, or what someone might call a "panic attack," when you suddenly felt very frightened, or anxious or suddenly developed a lot of physical symptoms?	1, No | 3, Yes	(screening for panic attacks)		y	LV
scid_screen_2	scidSrv_screen	dropdown	2. Have you ever been very anxious about or afraid of situations like going out of the house alone, being in crowds, going to stores, standing in lines, or traveling on buses or trains?	1, No | 3, Yes	(screening for Agoraphobia)		y	LV
scid_screen_3	scidSrv_screen	dropdown	3. Have you been especially nervous or anxious in social situations like having a conversation or meeting unfamiliar people?	1, No | 3, Yes	(screening for Social Anxiety Disorder)		y	LV
scid_screen_4	scidSrv_screen	dropdown	4. Is there anything that you have been afraid to do or felt very uncomfortable doing in front of other people, like speaking, eating, writing, or using a public bathroom?	1, No | 3, Yes	(screening for Social Anxiety Disorder)		y	LV
scid_screen_5	scidSrv_screen	dropdown	5. Are there other things that have made you especially anxious or afraid, like flying, seeing blood, getting a shot, heights, closed places, or certain kinds of animals or insects?	1, No | 3, Yes	(screening for Specific Phobia)		y	LV
scid_screen_6	scidSrv_screen	dropdown	6. Over the last several months have you been feeling anxious and worried for a lot of the time?	1, No | 3, Yes	(screening for current Generalized Anxiety Disorder)		y	LV
scid_screen_7	scidSrv_screen	dropdown	7. ASK ONLY IF PREVIOUS QUESTION ANSWERED NO: Have you ever had a time lasting at least several months in which you were feeling anxious and worried for a lot of the time?	1, No | 3, Yes	(screening for past Generalized Anxiety Disorder)	[scid_screen_6] = '1'		LV
scid_screen_8	scidSrv_screen	dropdown	8. Have you ever been bothered with thoughts that kept coming back to you even when you didn't want them to, like being exposed to germs or dirt or needing everything to be lined up in a certain way?	1, No | 3, Yes	(screening for obsessions in Obsessive-Compulsive Disorder)		y	LV
scid_screen_9	scidSrv_screen	dropdown	9. How about having images pop into your head that you didn't want like violent or horrible scenes or something of a sexual nature?	1, No | 3, Yes	(screening for obsessions in Obsessive-Compulsive Disorder)		y	LV
scid_screen_10	scidSrv_screen	dropdown	10. How about having urges to do something that kept coming back to you even though you didn't want them to, like an urge to harm a loved one?	1, No | 3, Yes	(screening for obsessions in Obsessive-Compulsive Disorder)		y	LV
scid_screen_11	scidSrv_screen	dropdown	11. Was there ever anything that you had to do over and over again and was hard to resist doing, like washing your hands again and again, repeating something over and over again until it "felt right," counting up to a certain number, or checking something many times to make sure that you'd done it right?	1, No | 3, Yes	(screening for compulsions in Obsessive-Compulsive Disorder)		y	LV
scid_screen_12	scidSrv_screen	dropdown	12. Have you ever had a time when you weighed much less than other people thought you ought to weigh?	1, No | 3, Yes	(screening for Anorexia Nervosa)		y	LV
scid_screen_13	scidSrv_screen	dropdown	13. Have you often had times when your eating was out of control?	1, No | 3, Yes	(screening for binge eating in Bulimia Nervosa and Binge Eating Disorder)		y	LV
scid_screen_14	scidSrv_screen	dropdown	14. Over the past several years, have you often been easily distracted or disorganized?	1, No | 3, Yes	(screening for inattention in current Attention-Deficit/Hyperactivity Disorder)		y	LV
scid_screen_15	scidSrv_screen	dropdown	15. Over the past several years, have you often had a lot of difficulty sitting still or waiting your turn?	1, No | 3, Yes	(screening for hyperactivity/impulsivity in current Attention-Deficit/Hyperactivity Disorder)		y	LV

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

A. 1. Depressed mood most of the day, nearly every day, as indicated by subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful). NOTE: in children or adolescents, can be irritable mood.

—————————————————————
...Now I am going to ask you some more questions about your mood.

...Since (1 MONTH AGO), has there been a period of time when you were feeling depressed or down most of the day nearly every day? (Has anyone said that you look sad, down, or depressed?)

IF NO: What about feeling empty or hopeless most of the day nearly every day?

IF YES TO EITHER OF ABOVE: What has that been like? How long has it lasted? (As long as 2 weeks?)

| scid_a_a_1 | scidSrv_a_mood_disorders_a_current_mde | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | A1 | | | LV |

A. 2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated either by subjective account or observation).

—————————————————————
IF PREVIOUS ITEM CODED "3:"
...During that time, did you lose interest or pleasure in things you usually enjoyed? (What has that been like? Give me some examples.)

IF PREVIOUS ITEM NOT CODED "3:"
...What about a time since (1 MONTH AGO) when you lost interest or pleasure in things you usually enjoyed? (What has that been like? Give me some examples.)

IF YES: Has it been nearly every day? How long has it lasted? (As long as 2 weeks?) FOR THE FOLLOWING QUESTIONS, FOCUS ON THE WORST 2 WEEKS IN THE PAST MONTH (OR ELSE THE PAST 2 WEEKS IF EQUALLY DEPRESSED FOR ENTIRE MONTH).

NOTE: When rating the following items, code "1" if the symptoms are clearly due to a general medical condition (e.g., insomnia due to severe back pain).

| scid_a_a_2 | scidSrv_a_mood_disorders_a_current_mde | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | A2 1 or 2 = IF NEITHER ITEM A.1 NOR A.2 IS CODED "3", GO TO "PAST MAJOR DEPRESSIVE EPISODE" A.5 | | | LV |

A. 3. Significant weight loss when not dieting, or weight gain (e.g., a change of more than 5% of body weight in a month) or decrease or increase in appetite nearly every day. NOTE: in children, consider failure to make expected weight gains.

—————————————————————
IF UNKNOWN:
...Since (1 MONTH AGO), during which 2-week period would you say you have been doing the worst?

...During (2-WEEK PERIOD)...
...how has your appetite been? (What compared to your usual appetite. Have you had to force yourself to eat? Eat [less/more] than usual? Has that been nearly every day? Have you lost or gained any weight? How much?

| scid_a_a_3 | scidSrv_a_mood_disorders_a_current_mde | dropdown | IF YES: Have you been trying to (lose/gain) weight? | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | A3 | [scid_a_a_1] = '3' or [scid_a_a_2] = '3' | | LV |
| scid_a_a_3_a | scidSrv_a_mood_disorders_a_current_mde | dropdown | A. 3. a Check if: | 0, Weight loss or decreased appetite \| 1, Weight gain or increased appetite | | [scid_a_a_3] = '3' or [scid_a_a_3] = '2' | | LV |

A. 4. Insomnia or hypersomnia nearly every day.

—————————————————————
...how have you been sleeping? (Trouble falling asleep, waking frequently, trouble staying asleep, waking too early, OR sleeping too much? How many hours of sleep [including naps] have you been getting? How many hours of sleep did you typically get before you got [depressed/OWN WORDS]? Has it been nearly every night?)

| scid_a_a_4 | scidSrv_a_mood_disorders_a_current_mde | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | A4 | [scid_a_a_1] = '3' or [scid_a_a_2] = '3' | | LV |
| scid_a_a_4_a | scidSrv_a_mood_disorders_a_current_mde | dropdown | A. 4. a Check if: | 0, Insomnia \| 1, Hypersomnia | | [scid_a_a_4] = '2' or [scid_a_a_4] = '3' | | LV |

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

NOTE: Consider behavior during the interview.

—————————————————————
...have you been so fidgety or restless that you were unable to sit still? What about the opposite-talking or moving more slowly, or moving more slowly than is normal for you, as if you're moving through molasses or mud? (In either instance, has it been so bad that other people have noticed it? What have they noticed? Has that been nearly every day?)

| scid_a_a_5 | scidSrv_a_mood_disorders_a_current_mde | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | A5 | [scid_a_a_1] = '3' or [scid_a_a_2] = '3' | | LV |
| scid_a_a_5_a | scidSrv_a_mood_disorders_a_current_mde | dropdown | A. 5. a Check if: | 0, Psychomotor agitation \| 1, Psychomotor retardation | A7/A8 | [scid_a_a_5] = '3' or [scid_a_a_5] = '3' | | LV |

A. 6. Fatigue or loss of energy nearly every day.

—————————————————————
...what has your energy level been like? (Tired all the time? Nearly every day?)

| scid_a_a_6 | scidSrv_a_mood_disorders_a_current_mde | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | A6 | [scid_a_a_1] = '3' or [scid_a_a_2] = '3' | | LV |

Variable	Path	Label	Type	Question Text	Response Options	Notes	Condition	
				A. 7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick) _____ ...have you been feeling worthless? ...What about feeling guilty about things you have done or not done? IF YES: What things? (Is this only because you can't take care of things since you have been sick?)				
scid_a_a_7	scidSrv_a_mood_disorders_a_current_mde		dropdown	IF YES TO EITHER OF ABOVE: Nearly every day?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A13	[scid_a_a_1] = '3' or [scid_a_a_2] = '3'	LV
scid_a_7_a	scidSrv_a_mood_disorders_a_current_mde		dropdown	7. a Check if: A. 8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others). _____ ...have you had trouble thinking or concentrating? Has it been hard to make decisions about everyday things? (What kinds of things has it been interfering with? Nearly every day?)	0, Worthlessness | 1, Inappropriate guilt	A14/A15	[scid_a_a_7] = '2' or [scid_a_a_7] = '3'	LV
scid_a_a_8	scidSrv_a_mood_disorders_a_current_mde		dropdown		-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A16	[scid_a_a_1] = '3' or [scid_a_a_2] = '3'	LV
				A. 9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide. NOTE: Code "1" for self-mutilation without suicidal intent. NOTE: Any current suicidal thoughts, plans, or actions should be thoroughly assessed by the clinician and action taken if necessary. _____ ...have things been so bad that you thought a lot about death or that you would be better off dead? Have you thought about taking your own life? IF YES: Have you done something about it? (What have you done? Have you made a specific plan? Have you taken any action to prepare for it? Have you actually made a suicide attempt?)				
scid_a_a_9	scidSrv_a_mood_disorders_a_current_mde		dropdown		-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A17	[scid_a_a_1] = '3' or [scid_a_a_2] = '3'	LV
scid_a_a_9_a	scidSrv_a_mood_disorders_a_current_mde		dropdown	A. 9. a Check if:	0, Thoughts of own death | 1, Suicidal ideation | 2, Specific plan | 3, Suicide attempt	A18/A19/A20/A21	[scid_a_a_9] = '3' or [scid_a_a_9] = '2'	LV
scid_a_a_sum	scidSrv_a_mood_disorders_a_current_mde		checkbox	A. Summary. AT LEAST FIVE OF THE ABOVE SXS (A.1-A.9) ARE CODED "3" AND AT LEAST ONE OF THESE IS ITEM A.1 OR A.2. B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.	1, 1 absent or false | 3, 3 threshold or true	A22 1=GO TO *PAST MAJOR DEPRESSIVE EPISODE* A.5		LV
				_____ IF UNKNOWN: ...What effect have (DEPRESSIVE SXS) had on your life? ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION B: ...How have (DEPRESSIVE SXS) affected your relationships or your interactions with other people? (Has this caused you any problems in your relationships with your family, romantic partner or friends?) ...How have (DEPRESSIVE SXS) affected your work/school? (How about your attendance at work or school? Did [DEPRESSIVE SXS] make it more difficult to do your work/schoolwork? How have [DEPRESSIVE SXS] affected the quality of your work/schoolwork?) ...How have (DEPRESSIVE SXS) affected your ability to take care of things at home? How about doing simple everyday things like getting dressed, bathing, or brushing your teeth? What about doing other things that are important to you like religious activities, physical exercise, or hobbies? Have you avoided doing anything because you felt like you weren't up to it?				
scid_a_b	scidSrv_a_mood_disorders_a_current_mde		dropdown	...Have (DEPRESSIVE SXS) affected any other important part of your life? C. (Primary depressive episode:) The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, medication) or to another medical condition. IF THERE IS ANY INDICATION THAT THE DEPRESSION MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE/MEDICATION), GO TO *GMC/SUBSTANCE* A.45, AND RETURN HERE TO MAKE A RATING OF "1" OR "3." _____ ...Just before this began, were you physically ill? IF YES: What did the doctor say? ...Just before this began, were you using any medications? IF YES: Any change in the amount you were using? ...Just before this began, were you drinking or using any drugs?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A23 1=GO TO *PAST MAJOR DEPRESSIVE EPISODE* A.5	[scid_a_a_sum] = '3'	LV
scid_a_c	scidSrv_a_mood_disorders_a_current_mde		dropdown	Etiological medical conditions include: stroke, Huntington's disease, Parkinson's disease, traumatic brain injury, Cushing's disease, hypothyroidism, multiple sclerosis, systemic lupus erythematosus. Etiological substances/medications include: alcohol (I/W), phencyclidine (I), hallucinogens (I), inhalants (I), opioids (I/W), sedative, hypnotics or anxiolytics (I/W), amphetamine and other stimulants (I/W), cocaine (I/W), antiviral agents (efavirenz), Module A summary. MAJOR DEPRESSIVE EPISODE CRITERIA A, B, AND C ARE CODED "3."	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	C. -99 or 1=DUE TO SUBSTANCE USE OR GMC, GO TO *PAST MAJOR DEPRESSIVE EPISODE* A.5 *3=PRIMARY DEPRESSIVE EPISODE, continue	[scid_a_b] = '3' or [scid_a_b] = '2'	LV
scid_a_sum	scidSrv_a_mood_disorders_a_current_mde		calc	3= True= Current MDE 1= False= Go to B: Past MDE Total number of Major Depressive Episodes, including current (CODE 99 IF TOO NUMEROUS OR INDISTINCT TO COUNT).	if([[scid_a_c]=3 and [scid_a_b]=3 and [scid_a_a_sum]=3), 3, 1)	A25		LV
scid_a_a_eps	scidSrv_a_mood_disorders_a_current_mde		text	_____ ...How many separate times in your life have you been (depressed/OWN WORDS) nearly every day for at least 2 weeks and had several of the symptoms that you described, like (SXS OF CURRENT MDE)? At least two of the above symptoms during the majority of days of the current Major Depressive Episode. 1. Feeling keyed up or tense.		A26 *Go to Current Manic Episode* number 0	[scid_a_sum] = '3'	LV
scid_a_anxious1	scidSrv_a_mood_disorders_	With Anxious Distress	dropdown	_____ ...IF UNKNOWN: When did this period of (depression/OWN WORDS) begin? ...On most of the days when you were feeling depressed, did you also... ...feel keyed up or tense? (On most of the days?) 2. Feeling unusually restless.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true		[scid_a_sum] = '3'	LV
scid_a_anxious2	scidSrv_a_mood_disorders_a_current_mde		dropdown	_____ ...feel unusually restless? (On most of the days?) 3. Difficulty concentrating because of worry.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true		[scid_a_sum] = '3'	LV
scid_a_anxious3	scidSrv_a_mood_disorders_a_current_mde		dropdown	_____ ...have trouble concentrating because you were worried about things? (On most of the days?) 4. Fear that something awful may happen.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true		[scid_a_sum] = '3'	LV
scid_a_anxious4	scidSrv_a_mood_disorders_a_current_mde		dropdown	_____ ...feel afraid that something awful may happen? (On most of the days?) 5.Feeling that the individual might lose control of [his or her anxiety or worry].	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true		[scid_a_sum] = '3'	LV
scid_a_anxious5	scidSrv_a_mood_disorders_a_current_mde		dropdown	_____ ...feel that your anxiety or worry would be out of control? (On most of the days?)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true		[scid_a_sum] = '3'	LV
scid_a_anxioussum	scidSrv_a_mood_disorders_a_current_mde		dropdown	AT LEAST TWO ITEMS ARE CODED "3." Indicate current severity: (circle the appropriate number)	1, 1 absent or false | 3, 3 threshold or true	1= Go to *With Peripartum Onset* Below. 3= With Anxious distress; indicate severity	[scid_a_sum] = '3'	LV
scid_a_anxioussev	scidSrv_a_mood_disorders_a_current_mde		dropdown	_____ ...IF FOUR OR FIVE SYMPTOMS CODED "3": On those days on which you were feeling anxious, were you also pacing, moving around a lot, or unable to sit still? Onset of mood symptoms occurs during pregnancy or in the 4 weeks following delivery.	1, Mild: Two symptoms | 2, Moderate: Three symptoms | 3, Moderate-Severe: Four or five symptoms [without motor agitation] | 4, Severe: Four or five symptoms and with motor agitation		[scid_a_anxioussum] = '3'	LV
scid_a_peripart	scidSrv_a_mood_disorders_	With Peripartum Onset	dropdown	_____ ...IF UNKNOWN: When did (DEPRESSIVE SXS) start?	0, 0 Not applicable | 1, 1 absent or false | 3, 3 threshold or true	3=With peripartum onset; indicate period of onset	[scid_a_sum] = '3'	LV
scid_a_peripart_onset	scidSrv_a_mood_disorders_a_current_mde		dropdown	Indicate onset specifier: (circle the appropriate number)	1, Onset during pregnancy. | 2, Onset during 4 weeks following delivery.		[scid_a_peripart] = '3'	LV
				A. At least three of the following manic/ hypomanic symptoms are present [...] during the majority of days of the current episode of depression: 1. Elevated, expansive mood. NOTE: THE TIME FRAME FOR THESE QUESTIONS IS THE ENTIRE DURATION OF CURRENT MAJOR DEPRESSIVE EPISODE. ...IF UNKNOWN: When did this period of (depression/OWN WORDS) begin? ...On most of the days when you were feeling depressed,...				
scid_a_mixeda1	scidSrv_a_mood_disorders_	With Mixed Features	dropdown	...was your mood also elevated so that you felt on top of the world? (On most of the days?) 2. Inflated self-esteem or grandiosity.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	AS10	[scid_a_sum] = '3'	LV
scid_a_mixeda2	scidSrv_a_mood_disorders_a_current_mde		dropdown	_____ ...did you also feel more self-confident than usual or like you had special powers or abilities? Did you feel much smarter or better than everyone else? (On most of the days?) 3. More talkative than usual or pressure to keep talking.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	AS11	[scid_a_sum] = '3'	LV
scid_a_mixeda3	scidSrv_a_mood_disorders_a_current_mde		dropdown	_____ ...were you also much more talkative than usual or feel like you couldn't stop talking? (On most of the days?)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	AS12	[scid_a_sum] = '3'	LV

Variable	Instrument	Type	Item text	Response options	Skip code	Branching logic	LV
			4. Flight of ideas or subjective experience that thoughts are racing. ———————————————				
scid_a_mixeda4	scidSrv_a_mood_disorders_current_mde	dropdown	…did you have thoughts racing through your head? (What was that like? On most of the days?) 5. Increase in energy or goal-directed activity (either socially, at work or school, or sexually).	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	AS13	[scid_a_sum] = '3'	LV
scid_a_mixeda5	scidSrv_a_mood_disorders_current_mde	dropdown	…were you especially energetic, productive, or busy? (Were you so active that your friends or family were concerned about you? What did you do? On most of the days?) 6. Increased or excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, foolish business investments). ———————————————	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	AS14	[scid_a_sum] = '3'	LV
scid_a_mixeda6	scidSrv_a_mood_disorders_current_mde	dropdown	…did you do anything that could have caused trouble for you or your family? (Buying things you didn't need or couldn't afford? Anything sexual that was likely to get you in trouble? Driving recklessly? Did you make any risky or impulsive business investments or get involved in a business scheme that you wouldn't normally have done? On most of the days?) 7. Decreased need for sleep (feeling rested despite sleeping less than usual; to be contrasted with insomnia). ———————————————	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	AS15	[scid_a_sum] = '3'	LV
scid_a_mixeda7	scidSrv_a_mood_disorders_current_mde	dropdown	…did you need less sleep than usual? (How much sleep did you get? On most of the days?)	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	AS16	[scid_a_sum] = '3'	LV
scid_a_mixedasum	scidSrv_a_mood_disorders_current_mde	dropdown	AT LEAST THREE ITEMS ARE CODED "3." B. Mixed symptoms are observable by others and represent a change from the person's usual behavior. ———————————————	1, 1 absent or false	3, 3 threshold or true	AS17 1= Go to *With Catatonia* See below	[scid_a_sum] = '3'	LV
scid_a_mixedb	scidSrv_a_mood_disorders_current_mde	dropdown	…IF UNCLEAR: Have other people noticed (SXS CODED "3")? Are (SXS CODED "3") different from how you usually are? D. The mixed symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment).	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	AS18 1= Go to *With catatonia* Below NOTE: Criterion C has been intentionally omitted.	[scid_a_mixedasum] = '3'	LV
scid_a_mixedd	scidSrv_a_mood_disorders_current_mde	dropdown		-99, -99 inadequate information	1, 1 absent or false	3, 3 threshold or true	AS19 1= Go to *With Catatonia* See Below AS20 1= Go to *With Catatonia* See Below	[scid_a_mixedb] = '3'	LV
scid_a_mixedsum	scidSrv_a_mood_disorders_current_mde	dropdown	CRITERIA A, B, AND D ARE CODED "3." THE FOLLOWING SIX ITEMS CAN BE ASSESSED BY OBSERVATION OR BY REPORTS OF INFORMANTS. (CONSULT PATIENT RECORDS, OTHER OBSERVERS SUCH AS FAMILY MEMBERS, THERAPEUTIC STAFF.) A. [Three or more of the following are present during most of the current Major Depressive Episode:] NOTE: Criteria have been regrouped to facilitate assessment 1. Stupor (i.e., no psychomotor activity; not actively relating to environment). DESCRIBE:	-99, -99 inadequate information	1, 1 absent or false	3, 3 threshold or true	3=With Mixed Features	[scid_a_mixedd] = '3'	LV
scid_a_cata1	scidSrv_a_mood_disorders_With Catatonia	dropdown		-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	AS22	[scid_a_sum] = '3'	LV
scid_a_cata2	scidSrv_a_mood_disorders_current_mde	dropdown	2. Grimacing (i.e., odd and inappropriate facial expressions unrelated to situation).	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	AS23	[scid_a_sum] = '3'	LV
scid_a_cata3	scidSrv_a_mood_disorders_current_mde	dropdown	3. Mannerism (i.e., odd, circumstantial caricature of normal actions).	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	AS24	[scid_a_sum] = '3'	LV
scid_a_cata4	scidSrv_a_mood_disorders_current_mde	dropdown	4. Posturing (i.e., spontaneous and active maintenance of a posture against gravity).	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	AS24	[scid_a_sum] = '3'	LV
scid_a_cata5	scidSrv_a_mood_disorders_current_mde	dropdown	5. Agitation, not influenced by external stimuli.	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	AS25	[scid_a_sum] = '3'	LV
scid_a_cata6	scidSrv_a_mood_disorders_current_mde	dropdown	6. Stereotypy (i.e., repetitive, abnormally frequent, non-goal-directed movements). THE FOLLOWING THREE ITEMS CAN BE ASSESSED DURING THE INTERVIEW OR VIA INFORMANTS.	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	AS26	[scid_a_sum] = '3'	LV
scid_a_cata7	scidSrv_a_mood_disorders_current_mde	dropdown	7. Mutism (i.e., no, or very little, verbal response [exclude if known aphasia]).	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	AS27	[scid_a_sum] = '3'	LV
scid_a_cata8	scidSrv_a_mood_disorders_current_mde	dropdown	8. Echolalia (i.e., mimicking another's speech).	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	AS28	[scid_a_sum] = '3'	LV
scid_a_cata9	scidSrv_a_mood_disorders_current_mde	dropdown	9. Negativism (i.e., opposition or no response to instructions or external stimuli). THE FOLLOWING THREE ITEMS CAN BE ASSESSED DURING PHYSICAL EXAMINATION OR VIA INFORMANTS.	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	AS29	[scid_a_sum] = '3'	LV
scid_a_cata10	scidSrv_a_mood_disorders_current_mde	dropdown	10. Echopraxia (i.e., mimicking another's movements).	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	AS30	[scid_a_sum] = '3'	LV
scid_a_cata11	scidSrv_a_mood_disorders_current_mde	dropdown	11. Catalepsy (i.e., passive induction of a posture held against gravity).	-99, -99 inadequate information	1, 1 absent or false	3, 3 threshold or true	AS31	[scid_a_sum] = '3'	LV
scid_a_cata12	scidSrv_a_mood_disorders_current_mde	dropdown	12. Waxy flexibility (i.e., slight, even resistance to positioning by examiner).	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	AS32	[scid_a_sum] = '3'	LV
scid_a_catsum	scidSrv_a_mood_disorders_current_mde	dropdown	AT LEAST 3 "A" SYMPTOMS ARE CODED "3" AND ARE PRESENT DURING MOST OF THE CURRENT MAJOR DEPRESSIVE EPISODE. NOTE: When identifying the most severe period, consider entire current episode.	1, 1 absent or false	3, 3 threshold or true	AS33 3=With Catatonia	[scid_a_sum] = '3'	LV
scid_a_mela1	scidSrv_a_mood_disorders_With Melancholic Features	dropdown	A. One of the following is present during the most severe period of the current episode: 1. Loss of pleasure in all, or almost all activities. ——————————————— …IF UNKNOWN: During (PERIOD OF CURRENT EPISODE), when were you feeling the worst? …During that time when you were feeling the worst… …IF UNKNOWN: …did you completely lose interest or pleasure in everything?	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	AS34	[scid_a_sum] = '3'	LV
scid_a_mela2	scidSrv_a_mood_disorders_current_mde	dropdown	2. Lack of reactivity to usually pleasurable stimuli (does not feel much better, even temporarily, when something good happens). ——————————————— …if something good happened to you or someone tried to cheer you up, did you feel better at least for a while? B. Three (or more) of the following:	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	AS35 If neither A.1 nor A.2 are coded "3", Go to *Atypical Features* A.4.6.	[scid_a_sum] = '3'	LV
scid_a_melb1	scidSrv_a_mood_disorders_current_mde	dropdown	1. A distinct quality of depressed mood characterized by profound despondency, despair, and/or moroseness or by so-called empty mood. ——————————————— …During that time when you were feeling the worst… …was your feeling of (depression/OWN WORDS) different from the kind of feeling you would get if someone close to you died? (Or something else bad happened to you?) …IF YES: How was it different?	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	AS36	[scid_a_mela1] = '3' or [scid_a_mela2] = '3'	LV
scid_a_melb2	scidSrv_a_mood_disorders_current_mde	dropdown	2. Depression that is regularly worse in the morning. ——————————————— …Did you usually feel worse in the morning than you did the rest of the day? 3. Early morning awakening (i.e., at least 2 hours before usual awakening).	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	AS37	[scid_a_mela1] = '3' or [scid_a_mela2] = '3'	LV
scid_a_melb3	scidSrv_a_mood_disorders_current_mde	dropdown	…IF UNKNOWN: What time did you wake up in the morning? (How much earlier is this than your usual time [before you were depressed]?) 4. Marked psychomotor agitation or retardation. ———————————————	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	AS38	[scid_a_mela1] = '3' or [scid_a_mela2] = '3'	LV
scid_a_melb4	scidSrv_a_mood_disorders_current_mde	dropdown	…IF UNKNOWN: Were you talking or moving very slowly during that time, as if you were doing things in slow motion? …IF UNKNOWN: How about being extremely restless or unable to sit still? (Were you pacing around a lot or wringing your hands?) 5. Significant anorexia or weight loss.	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	AS39	[scid_a_mela1] = '3' or [scid_a_mela2] = '3'	LV
scid_a_melb5	scidSrv_a_mood_disorders_current_mde	dropdown	…IF UNKNOWN: Did you virtually stop eating or lose a great deal of weight? 6. Excessive or inappropriate guilt.	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	AS40	[scid_a_mela1] = '3' or [scid_a_mela2] = '3'	LV
scid_a_melb6	scidSrv_a_mood_disorders_current_mde	dropdown	…IF UNKNOWN: Were you feeling guilty about things you have done or not done?	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	AS41	[scid_a_mela1] = '3' or [scid_a_mela2] = '3'	LV
scid_a_melbsum	scidSrv_a_mood_disorders_current_mde	dropdown	AT LEAST THREE B ITEMS ARE CODED "3."	1, 1 absent or false	3, 3 threshold or true	AS42 1= Go to *Atypical Features* A.4.6	[scid_a_mela1] = '3' or [scid_a_mela2] = '3'	LV
scid_a_melsum	scidSrv_a_mood_disorders_current_mde	dropdown	CRITERIA A AND B ARE CODED "3."	1, 1 absent or false	3, 3 threshold or true	AS43 3= With Melancholic Features - Go to *Current ManicEpisode* A. 10	[scid_a_melbsum] = '3'	LV
scid_a_atypcheck	scidSrv_a_mood_disorders_With Atypical Features	dropdown	IF CURRENT EPISODE MEETS CRITERIA FOR MELANCHOLIC FEATURES OR CATATONIA, CHECK _YES_ AND GO TO *CURRENT MANIC EPISODE* A.10.	1, No	3, Yes	AS44	[scid_a_sum] = '3'	LV
scid_a_atypa	scidSrv_a_mood_disorders_current_mde	dropdown	NOTE: THE TIME FRAME FOR THESE QUESTIONS IS THE ENTIRE DURATION OF CURRENT MAJOR DEPRESSIVE EPISODE. The following features must predominate during the majority of days of the current Major Depressive Episode. A. Mood reactivity (i.e., mood brightens in response to actual or potential positive events). ——————————————— …IF UNKNOWN: When did your period of (depression/OWN WORDS) begin? …On most of the days that you have been feeling depressed… …if something good happened to you or if someone tried to cheer you up, did you feel better, at least for a while? B. Two (or more) of the following features: 1. Significant weight gain or increase in appetite.	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	AS45 1 = Go to *Current Manic Episode* A.10	[scid_a_atypcheck] = '1'	LV
scid_a_atypb1	scidSrv_a_mood_disorders_current_mde	dropdown	…On most of the days that you have been feeling depressed… …IF UNKNOWN: …did your appetite increase a lot or did you gain a lot of weight? (How much? On most of the days?)	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	AS46	[scid_a_atypa] = '2' or [scid_a_atypa] = '3'	LV

2. Hypersomnia.

NOTE: Code "3" if more than 10 hours a day or if at least 2 hours more than when not depressed.

Variable	Scope	Type	Question	Values	Code	Condition		LV
scid_a_atypb2	scid5rv_a_mood_disorders_a_current_mde	dropdown	………how many hours (in a 24-hour period) did you usually sleep (including naps)? (On most of the days?)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A547	[scid_a_atypa] = '2' or [scid_a_atypa] = '3'		LV

3. Leaden paralysis (i.e., heavy, leaden feelings in arms or legs).

| | | | …did your arms or legs often feel heavy (as though they were full of lead)? (On most of the days?) | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | A548 | | | |
| scid_a_atypb3 | scid5rv_a_mood_disorders_a_current_mde | dropdown | | | | [scid_a_atypa] = '2' or [scid_a_atypa] = '3' | | LV |

4. A long-standing pattern of interpersonal rejection sensitivity (not limited to episodes of mood disturbance) that results in significant social or occupational impairment.

…On most of the days that you have been feeling depressed….

scid_a_atypb4	scid5rv_a_mood_disorders_a_current_mde	dropdown	…did you feel especially sensitive to how others treated you? (What happened to you when someone rejected, criticized or slighted you? Did you get very down or angry? For how long? How did this affect you? Was your reaction more extreme than most people's? Did you avoid doing things or being with people because you were afraid of being criticized or rejected? On most of the days?)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A549 AS50 1=Go to *Current Manic Episode* A.10	[scid_a_atypa] = '2' or [scid_a_atypa] = '3'		LV
scid_a_atypbsum	scid5rv_a_mood_disorders_a_current_mde	dropdown	AT LEAST TWO "B" ITEMS ARE CODED "3."	1, 1 absent or false | 3, 3 threshold or true	AS51 1=Go to *Current Manic Episode* A.10	[scid_a_atypa] = '2' or [scid_a_atypa] = '3'		LV
scid_a_atypc	scid5rv_a_mood_disorders_a_current_mde	dropdown	C. Criteria are not met for "With Melancholic Features" or "With Catatonia" during the same episode.	1, 1 absent or false | 3, 3 threshold or true	AS52 3= With Atypical Features. 1 &3=Go to *Current Manic Episode* A.10	[scid_a atypbsum] = '3'		LV
scid_a_atypsum	scid5rv_a_mood_disorders_a_current_mde	dropdown	CRITERIA A, B, AND C ARE CODED "3." Note: If current MDE choose 'Yes' below and skip to next instrument	1, 1 absent or false | 3, 3 threshold or true	AS53 3= With Atypical Features. 1 &3=Go to *Current Manic Episode* A.10	[scid_a atypc] = '3'		LV
scid_pastmde_check	scid5rv_a_mood_disorders_b_past_mde	dropdown		0, Yes | 1, No				LV

A. 1. NOTE: IF CURRENTLY DEPRESSED MOOD OR LOSS OF INTEREST BUT FULL CRITERIA ARE NOT MET FOR A MAJOR DEPRESSIVE EPISODE, SUBSTITUTE THE PHRASE "Has there ever been another time…" IN EACH OF THE SCREENING QUESTIONS BELOW.

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

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

…Have you ever had a period when you were feeling depressed or down most of the day nearly every day? (Did anyone say that you looked sad, down, or depressed?)

IF NO: What about feeling empty or hopeless most of the day nearly every day?

| scid_a_b_a_1 | scid5rv_a_mood_disorders_b_past_mde | dropdown | IF YES TO EITHER OF ABOVE: What has that been like? How long has it lasted? (As long as 2 weeks?) | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | A27 | [scid pastmde check] = '1' | | LV |

A. 2. . Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated either by subjective account or observation).

IF PREVIOUS ITEM CODED "3:"
…During that time, did you lose interest or pleasure in things you usually enjoyed? (What has that been like? Give me some examples.)

IF PREVIOUS ITEM NOT CODED "3:"
…What about a time since (1 MONTH AGO) when you lost interest or pleasure in things you usually enjoyed? (What has that been like? Give me some examples.)

IF YES: Has it been nearly every day? How long has it lasted? (As long as 2 weeks?)

…Have you had more than one time like that? (Which time was the worst?)

IF UNCLEAR: Have you had any times like that in the past year, since (1 YEAR AGO)?

| scid_a_b_a_2 | scid5rv_a_mood_disorders_b_past_mde | dropdown | NOTE: If there is evidence for more than one past episode, select the "worst" one for your inquiry about past Major Depressive Episode. If there was a likely Major Depressive Episode in the past year, ask about that episode even if it was not the worst. FOR THE FOLLOWING QUESTIONS, FOCUS ON THE WORST 2 WEEKS OF THE PAST MAJOR DEPRESSIVE EPISODE THAT YOU ARE INQUIRING ABOUT. NOTE: When rating the following items, code "1" if clearly directly due to a general medical condition (e.g., insomnia due to severe back pain). | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | A28 IF NEITHER ITEM A.1 NOR A.2 IS CODED "3," GO TO *CURRENT MANIC EPISODE* A.10 | [scid pastmde check] = '1' | | LV |

3. Significant weight loss when not dieting, or weight gain (e.g., a change of more than 5% of body weight in a month) or decrease or increase in appetite nearly every day. NOTE: in children, consider failure to make expected weight gains.

…IF UNKNOWN: Since (1 MONTH AGO), during which 2-week period would you say you have been doing the worst?

…During (2-WEEK PERIOD)…
…how has your appetite been? (What about compared to your usual appetite? Have you had to force yourself to eat? Eat [less/more] than usual? Has that been nearly every day? Have you lost or gained any weight? How much?

| scid_a_b_a_3 | scid5rv_a_mood_disorders_b_past_mde | dropdown | IF YES: Have you been trying to [lose/gain] weight?) | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | A29 | [scid_a_b_a_1] = '3' or [scid_a_b_a_2] = '3' | | LV |
| scid_a_b_a_3_a | scid5rv_a_mood_disorders_b_past_mde | dropdown | 3. a Check if: A. 4. Insomnia or hypersomnia nearly every day. | 0, Weight loss or decreased appetite \| 1, Weight gain or increased appetite | A30/A31 | [scid_a_b_a_3] = '3' or [scid_a_b_a_3] = '2' | | LV |

…how have you been sleeping? (Trouble falling asleep, waking frequently, trouble staying asleep, waking too early, OR sleeping too much? How many hours of sleep [including naps] have you been getting? How many hours of sleep did you typically get before you got [depressed/OWN WORDS]? Has it been nearly every night?)

| scid_a_b_a_4 | scid5rv_a_mood_disorders_b_past_mde | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | A32 | [scid_a_b_a_1] = '3' or [scid_a_b_a_2] = '3' | | LV |
| scid_a_b_a_4_a | scid5rv_a_mood_disorders_b_past_mde | dropdown | 4. a Check if: A. 5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down) | 0, Insomnia \| 1, Hypersomnia | A33/A34 | [scid_a_b_a_4] = '3' or [scid_a_b_a_4] = '2' | | LV |

…have you been so fidgety or restless that you were unable to sit still? What about the opposite-talking more slowly, or moving more slowly than is normal for you, as if you're moving through molasses or mud? (In either instance, has it been so bad that other people have noticed it? What have they noticed? Has that been nearly every day?)

| scid_a_b_a_5 | scid5rv_a_mood_disorders_b_past_mde | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | A35 | [scid_a_b_a_1] = '3' or [scid_a_b_a_2] = '3' | | LV |
| scid_a_5_a_b | scid5rv_a_mood_disorders_b_past_mde | dropdown | 5. a Check if: A. 6. Fatigue or loss of energy nearly every day. | 0, Psychomotor agitation \| 1, Psychomotor retardation | A36/A37 | [scid_a_b_a_5] = '2' or [scid_a_b_a_5] = '3' | | LV |

…what has your energy level been like? (Tired all the time? Nearly every day?)

| scid_a_a_6_b | scid5rv_a_mood_disorders_b_past_mde | dropdown | A. 7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick) | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | A38 | [scid_a_b_a_1] = '3' or [scid_a_b_a_2] = '3' | | LV |

…have you been feeling worthless?

…What about feeling guilty about things you have done or not done?

IF YES: What things? (Is this only because you can't take care of things since you have been sick?)

| scid_a_b_a_7 | scid5rv_a_mood_disorders_b_past_mde | dropdown | IF YES TO EITHER OF ABOVE: Nearly every day? | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | A39 | [scid_a_b_a_1] = '3' or [scid_a_b_a_2] = '3' | | LV |
| scid_a_b_a_7_a | scid5rv_a_mood_disorders_b_past_mde | dropdown | 7. a Check if: A. 8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others). | 0, Worthlessness \| 1, Inappropriate guilt | A40/A41 | [scid_a_b_a_7] = '2' or [scid_a_b_a_7] = '3' | | LV |

…have you had trouble thinking or concentrating? Has it been hard to make decisions about everyday things? (What kinds of things has it been interfering with? Nearly every day?)

| scid_a_b_a_8 | scid5rv_a_mood_disorders_b_past_mde | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | A42 | [scid_a_b_a_1] = '3' or [scid_a_b_a_2] = '3' | | LV |

A. 9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

…have things been so bad that you thought a lot about death or that you would be better off dead? Have you thought about taking your own life?

| scid_a_b_a_9 | scid5rv_a_mood_disorders_b_past_mde | dropdown | IF YES: Have you done something about it? (What have you done? Have you made a specific plan? Have you taken any action to prepare for it? Have you actually made a suicide attempt?) | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | A43 | [scid_a_b_a_1] = '3' or [scid_a_b_a_2] = '3' | | LV |
| scid_a_b_a_9_a | scid5rv_a_mood_disorders_b_past_mde | checkbox | 9. a Check if: | 0, Thoughts of own death \| 1, Suicidal ideation \| 2, Specific plan \| 3, Suicide attempt | A44/A45/A46/A47 | [scid_a_b_a_9] = '3' or [scid_a_b_a_9] = '2' | | LV |

Variable	ScidSrv field	Type	Text	Response options	Skip/Next		Min	Max	Condition	LV
			A. Summary. AT LEAST FIVE OF THE ABOVE SXS (A.1-A.9) ARE CODED "3" AND AT LEAST ONE OF THESE IS ITEM A.1 OR A.2. ———————————————— IF NOT ALREADY ASKED: …Has there been any other time when you were (depressed/OWN WORDS) and had even more of the symptoms that I just asked you about? IF YES: RETURN TO *PAST MAJOR DEPRESSIVE EPISODE* A.5, AND CHECK WHETHER THERE HAVE BEEN ANY OTHER MAJOR DEPRESSIVE EPISODES THAT WERE MORE SEVERE AND/OR CAUSED MORE SYMPTOMS. IF SO, ASK ABOUT THAT EPISODE.		A48 1= IF NO: GO TO *CURRENT MANIC EPISODE* A.10. 3=CONTINUE WITH NEXT ITEM, CRITERION B, NEXT PAGE				
scid_a_b_a_sum	scidSrv_a_mood_disorders_b_past_mde	dropdown	IF NO: GO TO *CURRENT MANIC EPISODE* A.10. IF NOT ALREADY ASKED: …Has there been any other time when you were (depressed/OWN WORDS) and had even more of the symptoms that I just asked you about? IF YES: RETURN TO *PAST MAJOR DEPRESSIVE EPISODE* A.5, AND CHECK WHETHER THERE HAVE BEEN ANY OTHER MAJOR DEPRESSIVE EPISODES THAT WERE MORE SEVERE AND/OR CAUSED MORE SYMPTOMS. IF SO, ASK ABOUT THAT EPISODE.	1, 1 No	3, 3 Yes						LV
scid_a_a_sum_b_fu	scidSrv_a_mood_disorders_b_past_mde	dropdown	IF NO: GO TO *CURRENT MANIC EPISODE* A.10. B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. …IF UNKNOWN: What effect have (DEPRESSIVE SXS) had on your life? ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION B: ———————————————— …How have (DEPRESSIVE SXS) affected your relationships or your interactions with other people? (Has this caused you any problems in your relationships with your family, romantic partner or friends?) …How have (DEPRESSIVE SXS) affected your work/school? (How about your attendance at work or school? Did (DEPRESSIVE SXS) make it more difficult to do your work/schoolwork? How have (DEPRESSIVE SXS) affected the quality of your work/schoolwork?) …How have (DEPRESSIVE SXS) affected your ability to take care of things at home? How about doing simple everyday things like getting dressed, bathing, or brushing your teeth? What about doing other things that are important to you like religious activities, physical exercise, or hobbies? Have you avoided doing anything because you felt like you weren't up to it?	0, No	1, Yes					[scid a b a sum] = '1'	LV
scid_a_b_b	scidSrv_a_mood_disorders_b_past_mde	dropdown	…Have (DEPRESSIVE SXS) affected any other important part of IF NOT ALREADY ASKED: Has there been any other time when you were (depressed/OWN WORDS) and it caused even more problems than the time I just asked you about? IF YES: RETURN TO *PAST MAJOR DEPRESSIVE EPISODE* A.5, AND CHECK WHETHER THERE HAVE BEEN ANY OTHER MAJOR DEPRESSIVE EPISODES THAT WERE MORE SEVERE AND/OR CAUSED MORE SYMPTOMS. IF SO, ASK ABOUT THAT EPISODE. IF NO: GO TO *CURRENT MANIC EPISODE* A.10.	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	A49 autocomplete			[scid a b a sum] = '3'	LV
scid_a_b_fu	scidSrv_a_mood_disorders_b_past_mde	dropdown	C. [Primary Depressive Episode:] The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, medication) or to another medical condition. IF THERE IS ANY INDICATION THAT THE DEPRESSION MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE/MEDICATION), GO TO *GMC/SUBSTANCE* A.45, AND RETURN HERE TO MAKE A RATING OF "1" OR "3." ———————————————— …IF UNKNOWN: When did this period of (depression/OWN WORDS) begin? …Just before this began, were you physically ill? IF YES: What did the doctor say? …Just before this began, were you using any medications? …IF YES: Any change in the amount you were using? …Just before this began, were you drinking or using any drugs?	0, No	1, Yes					[scid a b b] = '1' or [scid a b b] = '2'	LV
scid_a_c_b	scidSrv_a_mood_disorders_b_past_mde	dropdown	Etiological medical conditions include: stroke, Huntington's disease, Parkinson's disease, traumatic brain injury, Cushing's disease, hypothyroidism, multiple sclerosis, systemic lupus erythematosus. Etiological substances/medications include: alcohol (I/W), C. [Primary Depressive Episode:] The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, medication) or to another medical condition (e.g., hypothyroidism). ———————————————— …IF UNKNOWN: Has there been any other time when you were having (DEPRESSIVE SXS) like this but were not (using SUBSTANCE/MEDICATION/ill with GMC)? IF YES: GO TO *PAST MAJOR DEPRESSIVE EPISODE* A.5 AND CHECK WHETHER THERE HAS BEEN ANY OTHER MAJOR DEPRESSIVE EPISODE NOT DUE TO A SUBSTANCE/MEDICATION OR ANOTHER MEDICAL CONDITION. IF SO, ASK ABOUT THAT EPISODE.	-99, -99 inadequate information	1, 1 absent or false	3, 3 threshold or true	A50 1=DUE TO SUBSTANCE USE OR GMC, CONTINUE. 3=PRIMARY DEPRESSIVE EPISODE				[scid a b b] = '3' or [scid a b b] = '2'	LV
scid_a_c_fu	scidSrv_a_mood_disorders_b_past_mde	dropdown	IF NO: GO TO *CURRENT MANIC EPISODE* A.10 Module A summary. MAJOR DEPRESSIVE EPISODE CRITERIA A, B, AND C ARE CODED "3."	0, No	1, Yes		A51				[scid a c b] = '-99' or [scid a c b] = '1'	LV
scid_a_sum_b	scidSrv_a_mood_disorders_b_past_mde	calc	3= True= Past MDE 1= False= Go to C: Current Manic Episode	if(([scid_a_c_b]=3 and [scid_a_b_b]=3 and [scid a b a sum]=3), 3, 1)					
scid_a_b_age	scidSrv_a_mood_disorders_b_past_mde	text	How old were you when (PAST MAJOR DEPRESSIVE EPISODE) started?		Age-at-onset of Past Major Depressive Episode coded above. number	0	110	[scid a sum b] = '3'	
scid_a_b_eps	scidSrv_a_mood_disorders_b_past_mde	text	How many separate times in your life have you been (depressed/OWN WORDS) nearly every day for at least 2 weeks and had several of the symptoms that you described like (SXS OF WORST EPISODE)?		Total number of Major Depressive Episodes (CODE 99 IF TOO NUMEROUS OR INDISTINCT TO COUNT). number	0		[scid a sum b] = '3'	
			A. A distinct period [lasting at least several days] of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased [...] activity or energy. ———————————————— …Since (1 MONTH AGO), has there been a period of time when you were feeling so good, "high," excited, or "on top of the world" that other people thought you were not your normal self? …IF YES: What has it been like? (More than just feeling good?) …Have you also been feeling like you were "hyper" or "wired" and had an unusual amount of energy? Have you been much more active than is typical for you? (Have other people commented on how much you have been doing?) …IF NO: Since (1 MONTH AGO), have you had a period of time when you were feeling irritable, angry, or short-tempered most of the day, nearly every day, for at least several days? What has it been like? (Is that different from the way you usually are?) …IF YES: Have you also been feeling like you were "hyper" and had an unusual amount of energy? Have you been much more active than is typical for you? (Have other people commented on how much you have been doing?)						
scid_a_c_a_1	scidSrv a mood disorders c current manic ep	dropdown	A.1. a) Check if:	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	A54 1= Go to Past Manic Episode			[scid_a_c_a_1] = '2' or [scid_a_c_a_1] = '3' v	LV
scid_a_c_a_1a	scidSrv a mood disorders c current manic ep	dropdown		0, elevated expansive mood	1, irritable mood	A55 / A56				LV
scid_a_c_a_2	scidSrv a mood disorders c current manic ep	dropdown	A. 2. Lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary). ———————————————— …How long has this lasted? (As long as 1 week?) …IF LESS THAN 1 WEEK: Did you need to go into the hospital to protect you from hurting yourself or someone else, or from doing something that could have caused serious financial or legal problems? …Have you been feeling (high/irritable/OWN WORDS) for most of the day, nearly every day during this time? NOTE: If elevated mood lasts less than 1 week, check whether irritable mood lasts at least 1 week before skipping to A.14. B. During the period of mood disturbance and increased energy or activity, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree and represent a noticeable change from usual behavior: 1. Inflated self-esteem or grandiosity. FOCUS ON THE MOST SEVERE WEEK IN THE PAST MONTH OF THE CURRENT EPISODE FOR THE FOLLOWING QUESTIONS. IF UNCLEAR: During (EPISODE), when were you the most (high/irritable/OWN WORDS)?	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	A57 1= Go to Current Hypomanic Episode			[scid_a_c_a_1] = '2' or [scid_a_c_a_1] = '3'	LV
scid_a_c_b_1	scidSrv a mood disorders c current manic ep	dropdown	During that time… …How did you feel about yourself? B. 2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	A58			[scid_a_c_a_2] = '2' or [scid_a_c_a_2] = '3'	LV
scid_a_c_b_2	scidSrv a mood disorders c current manic ep	dropdown	…did you need less sleep than usual? (How much sleep did you get?) …IF YES: Did you still feel rested?	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	A59			[scid_a_c_a_2] = '2' or [scid_a_c_a_2] = '3'	LV

Variable	Description	Item / Question text	Response options	Code	Skip logic	
		B. 3. More talkative than usual or pressure to keep talking.				
		_____				
		During that time...				
		...were you much more talkative than usual? (Did people have trouble stopping you or understanding you? Did people have trouble getting a word in edgewise?)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A60	[scid_a_c_a_2] = '2' or [scid_a_c_a_2] = '3'	
scid_a_c_b_3	scid5rv a mood disorders c current manic ep dropdown	B. 4. Flight of ideas or subjective experience that thoughts are racing.				LV
		_____				
		...did you have thoughts racing through your head? (What was that like?)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A61	[scid_a_c_a_2] = '2' or [scid_a_c_a_2] = '3'	
scid_a_c_b_4	scid5rv a mood disorders c current manic ep dropdown	B. 5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli) as reported or observed.				LV
		_____				
		...were you so easily distracted by things around you that you had trouble concentrating or staying on one track? (Give me an example of that.)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A62	[scid_a_c_a_2] = '2' or [scid_a_c_a_2] = '3'	
scid_a_c_b_5	scid5rv a mood disorders c current manic ep dropdown	B. 6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation (i.e., purposeless non-goal-directed activity).				LV
		_____				
		...how did you spend your time? (Work, friends, hobbies? Were you especially busy during that time?)				
		...(Did you find yourself more enthusiastic at work or working harder at your job? What about being more engaged in school activities or studying harder?)				
		...(Were you more sociable during that time, such as calling on friends or going out with them more than you usually do or making a lot of new friends?)				
		...(Were you spending more time thinking about sex or involved in doing something sexual, by yourself or with others? Was that a big change for you?)				
scid_a_c_b_6	scid5rv a mood disorders c current manic ep dropdown	...Were you physically restless during this time, doing things like pacing a lot, or being unable to sit still? (How bad was it?)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A63	[scid_a_c_a_2] = '2' or [scid_a_c_a_2] = '3'	LV
scid_a_c_b_6a	scid5rv a mood disorders c current manic ep dropdown	B. 6. a) Check if:	0, increase in activity | 1, psychomotor agitation	A64 / A65	[scid_a_c_b_6] = '3' or [scid_a_c_b_6] = '2'	LV
		B.7. Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).				
		_____				
		...were you doing anything that could have caused trouble for you or your family?				
		...(Spending money on things you didn't need or couldn't afford? How about giving away money or valuable things? Gambling with money you couldn't afford to lose?)				
		...(Anything sexual that was likely to get you in trouble? Driving recklessly?)				
scid_a_c_b_7	scid5rv a mood disorders c current manic ep dropdown	...(Did you make any risky or impulsive business investments or get involved in a business scheme that you wouldn't normally have done?)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A66	[scid_a_c_a_2] = '2' or [scid_a_c_a_2] = '3'	LV
scid_a_c_b_sum	scid5rv a mood disorders c current manic ep dropdown	AT LEAST THREE "B" SXS ARE CODED "3" (FOUR IF MOOD ONLY IRRITABLE).	1, 1 False | 3, 3 True	A67 1= Go to Past Manic Episode	[scid_a_c_a_2] = '2' or [scid_a_c_a_2] = '3'	LV
		C. The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.				
		_____				
		...IF UNKNOWN: What effect have these (MANIC SXS) had on your life?				
		...IF UNKNOWN: Have you needed to go into the hospital to protect you from hurting yourself or someone else, or from doing something that could have caused serious financial or legal problems?				
		ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION C.				
		...How have (MANIC SXS) affected your relationships or your interactions with other people? (Have (MANIC SXS) caused you any problems in your relationships with your family, romantic partner or friends?)				
		...How have (MANIC SXS) affected your work/ school? (How about your attendance at work or school? Did [MANIC SXS] make it more difficult to do your work/schoolwork? How have [MANIC SXS] affected the quality of your work/ schoolwork?)				
scid_a_c_c	scid5rv a mood disorders c current manic ep dropdown	...How have (MANIC SXS) affected your ability to take care of yourself?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A68 1: Go to Current Hypomanic Criterion C	[scid a c b sum] = '3'	LV
		D. (Primary Manic Episode:) The episode is not attributable to the physiological effects of a substance (i.e., a drug of abuse, medication) or to another medical condition.				
		_____				
		...IF UNKNOWN: When did this period of being (high/irritable/OWN WORDS) begin?				
		...Just before this began, were you physically ill? IF YES: What did the doctor say?				
		...Just before this began, were you taking any medications? ...IF YES: Any change in the amount you were taking?				
		...Just before this began, were you drinking or using any drugs?				
		IF THERE IS ANY INDICATION THAT MANIA MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE), GO TO *GMC/SUBSTANCE* A 41 AND RETURN HERE TO MAKE A RATING OF "1" OR "3."				
		NOTE: A full Manic Episode that emerges during antidepressant treatment (e.g., medication, electroconvulsive therapy) but persists at a fully syndromal level beyond the physiological effect of that treatment is sufficient evidence for a Manic Episode and, therefore, a Bipolar I diagnosis.		A69 -99, 1 =Go to Past Manic Episode. 3= Primary Manic Episode.		
scid_a_c_d	scid5rv a mood disorders c current manic ep dropdown	Etiological medical conditions include: Alzheimer's disease, vascular dementia, HIV-induced dementia, Huntington's disease,	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true		[scid a c c] = '3' or [scid a c c] = '2'	LV
scid_a_c_d_sum	scid5rv a mood disorders c current manic ep calc	MANIC EPISODE CRITERIA A, B, C, AND D ARE CODED "3." IF CRITERIA ARE MET FOR A CURRENT MANIC EPISODE, CHECK	if([[scid_a_c_a_2]=3 and [scid_a_c_b_sum]=3 and [scid_a_c_c]=3 and [scid_a_c_d]=3), 3, 1)	1= Go to Past Manic Episode 3= Current Manic Episode		LV
scid_a_d_d_check	scid5rv a mood disorders d current hypomar dropdown	"Yes" AND GO TO *PREMENSTRUAL DYSPHORIC DISORDER* If no criteria are met for current manic (If item A is 1), choose	0, No | 1, Yes	A71		LV
scid_a_d_d_check2a	scid5rv a mood disorders d current hypomar dropdown	yes and skip to next instrument *Past Manic Episode*	0, No | 1, Yes	A71		LV
		A. A distinct period of abnormally and persistently elevated, expansive or irritable mood and abnormally and persistently increased activity or energy, lasting at least 4 consecutive days, and present most of the day, nearly every day.				
		_____				
scid_a_d_a	scid5rv a mood disorders d current hypomar dropdown	...Has the period when you were feeling (high/irritable/OWN WORDS), lasted for at least 4 days? Has it lasted for most of the day, nearly every day?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A72 1= Go to Past Manic Episode	[scid a d check] = '0'	LV
scid_a_d_a_check	scid5rv a mood disorders d current hypomar dropdown	A. Check if:	0, elevated, expansive mood | 1, irritable mood	A73 / A74	[scid a d a] = '2' and [scid a d a] = '3'	LV
		B. During the period of mood disturbance and increased energy or activity, three (or more) of the following symptoms (four if the mood is only irritable) have persisted, represent a noticeable change from usual behavior, and have been present to a significant degree and represent a noticeable change from usual behavior:				
		FOCUS ON THE MOST EXTREME PERIOD IN THE PAST MONTH OF THE CURRENT EPISODE FOR THE FOLLOWING QUESTIONS				
		1. Inflated self-esteem or grandiosity.				
		_____				
		(During that time...) ...how were you feeling about yourself? (More self-confident than usual? Did you feel much smarter or better than everyone else? Did you feel like you had any special powers or abilities?)				
scid_a_d_b_1	scid5rv a mood disorders d current hypomar dropdown	B. 2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A75	[scid a d a] = '2' or [scid a d a] = '3'	LV
		_____				
		...did you need less sleep than usual? (How much sleep were you getting?) IF YES: Were you still feeling rested?				
scid_a_d_b_2	scid5rv a mood disorders d current hypomar dropdown	B. 3. More talkative than usual or pressure to keep talking.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A76	[scid a d a] = '2' or [scid a d a] = '3'	LV
		_____				
		...were you much more talkative than usual? (Did people have trouble stopping you, understanding you, or getting a word in edgewise?)				
scid_a_d_b_3	scid5rv a mood disorders d current hypomar dropdown	B. 4. Flight of ideas or subjective experience that thoughts are racing.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A77	[scid a d a] = '2' or [scid a d a] = '3'	LV
		_____				
		...did you have thoughts racing through your head? (What was that like?)				
scid_a_d_b_4	scid5rv a mood disorders d current hypomar dropdown	B. 5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A78	[scid a d a] = '2' or [scid a d a] = '3'	LV
		_____				
scid_a_d_b_5	scid5rv a mood disorders d current hypomar dropdown	...were you so easily distracted by things around you that you had trouble concentrating or staying on one track? (Give me an example of that.)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A79	[scid a d a] = '2' or [scid a d a] = '3'	LV

		B. 6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation. ————————————————— During that time… …how were you spending your time? (Work, friends, hobbies? Were you been especially productive or busy? …(Were you finding yourself more enthusiastic at work or working harder at your job? What about being more engaged in school activities or studying harder?) …(Were you more sociable, such as calling on friends or going out with them more than you usually do or making a lot of new friends?) …(Were you spending more time thinking about sex or doing something sexual, by yourself or with others? Was this a big change for you?) …Were you physically restless during this time, doing things like pacing a lot, or being unable to sit still? (How bad was it?)				
scid_a_d_b_6	scidSrv a mood disorders d current hypomania dropdown		-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A80	[scid_a_d_a] = '2' or [scid_a_d_a] = '3' [scid_a_d_b_6] = '2' or [scid_a_d_b_6] = '3'	LV
scid_a_d_b_6a	scidSrv a mood disorders d current hypomania dropdown	B. 6. a) Check if: B. 7. Excessive involvement in activities which have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments) ————————————————— …were you doing anything that could have caused trouble for you or your family? …(Spending money on things you didn't need or couldn't afford? How about giving away money or valuable things? Gambling with money you couldn't afford to lose?) …(Anything sexual that was likely to get you in trouble? Driving recklessly?)	0, increase in activity | 1, psychomotor agitation	A81 / A82		LV
scid_a_d_b_7	scidSrv a mood disorders d current hypomania dropdown	…(Did you make any risky or impulsive business investments or get involved in a business scheme that you wouldn't normally have done?) AT LEAST THREE "B" SXS ARE CODED "3" (FOUR IF MOOD ONLY IRRITABLE).	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A83	[scid_a_d_a] = '2' or [scid_a_d_a] = '3'	LV
scid_a_d_b_sum	scidSrv a mood disorders d current hypomania dropdown	NOTE: Because of the inherent difficulty in distinguishing normal periods of good mood from hypomania, review all items coded "3" in criterion B and recode any equivocal judgments. C. The episode is associated with an unequivocal change in functioning that is uncharacteristic of the individual when not symptomatic.	1, 1 absent or false | 3, 3 threshold or true	A84↑= Go to Past Manic Episode	[scid_a_d_a] = '2' or [scid_a_d_a] = '3'	LV
scid_a_d_c	scidSrv a mood disorders d current hypomania dropdown	…IF UNKNOWN: Was this very different from the way you usually are when you're not (high/irritable/OWN WORDS)? (How were you different? At work? With friends?) D. The disturbance in mood and the change in functioning are observable by others.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A85 1= Go to Past Manic Episode	[scid_a_d_b_sum] = '3'	LV
scid_a_d_d	scidSrv a mood disorders d current hypomania dropdown	…IF UNKNOWN: Did other people notice the change in you? (What did they say?) E. The episode is not severe enough to cause marked impairment in social or occupational functioning, or to necessitate hospitalization, and there are no psychotic features. NOTE: Code "1" if markedly impairing symptoms, if hospitalization is necessary, or if there are psychotic symptoms. ————————————————— …IF UNKNOWN: What effect have these (HYPOMANIC SXS) had on your life? ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION E. …How have (HYPOMANIC SXS) affected your relationships or your interactions with other people? (Has this caused any problems in your relationships with your family, romantic partner or friends?) …How have (HYPOMANIC SXS) affected your school/work? (How about your attendance at work or school? Did [HYPOMANIC SXS] make it more difficult to do your work/schoolwork? How have [HYPOMANIC SXS] affected the quality of your work/schoolwork?) …How has this affected your ability to take care of things at home?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A86 1= Go to Past Manic Episode	[scid_a_d_c] = '2' or [scid_a_d_c] = '3'	LV
scid_a_d_e	scidSrv a mood disorders d current hypomania dropdown	…IF UNKNOWN: Have you needed to go into the hospital to protect you from hurting yourself or someone else, or from doing something that could have caused serious financial or legal	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A87 3= sxs not severe enough for a dx of manic episode, continue	[scid_a_d_d] = '2' or [scid_a_d_d] = '3'	LV
scid_a_d_check1	scidSrv a mood disorders d current hypomania dropdown	IF SEVERE ENOUGH TO REQUIRE HOSPITALIZATION OR SEVERE ENOUGH TO CAUSE MARKED IMPAIRMENT AND DURATION WAS AT LEAST 1 WEEK, CHECK HERE "Yes" AND GO TO A.10 AND TRANSCRIBE B CRITERION SYMPTOM RATINGS AND CONTINUE WITH RATINGS FOR CURRENT MANIC EPISODE.	0, No | 1, Yes	A88	[scid_a_d_e] = '1'	LV
scid_a_d_check2	scidSrv a mood disorders d current hypomania dropdown	IF SEVERE ENOUGH TO CAUSE MARKED IMPAIRMENT BUT LASTED LESS THAN 1 WEEK, CHECK HERE "Yes" AND GO TO *PAST MANIC EPISODE* A.18. IF CRITERIA ARE NOT MET FOR A PAST MANIC EPISODE, CODE "OTHER BIPOLAR DISORDER" FOR THIS SEVERE BUT BRIEF EPISODE, AND INDICATE TYPE 5 ON D.8. F. (Primary Hypomanic Episode:) The episode is not attributable to the physiological effects of a substance/medication or to another medical condition.	0, No | 1, Yes	A89	[scid_a_d_e] = '1'	LV
		…IF UNKNOWN: When did this period of being (high/irritable/OWN WORDS) begin? …Just before this began, were you physically ill? IF YES: What did the doctor say? …Just before this began, were you taking any medications? …IF YES: Any change in the amount you were taking? …Just before this began, were you drinking or using any drugs? IF THERE IS ANY INDICATION THAT THE HYPOMANIA MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE), GO TO "GMC/SUBSTANCE" A.41, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."				
scid_a_d_f	scidSrv a mood disorders d current hypomania dropdown	NOTE: A full Hypomanic Episode that emerges during antidepressant treatment (e.g., medication, electroconvulsive therapy) but persists at a fully syndromal level beyond the physiological effect of that treatment is sufficient evidence for a Hypomanic Episode diagnosis. However, caution is indicated so that one or two symptoms (particularly increased irritability, edginess, or agitation following antidepressant use) are neither taken as sufficient for diagnosis of a hypomanic episode, nor HYPOMANIC EPISODE CRITERIA A, B, C, D, E, AND F ARE CODED "3."	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	A90 -99, 1= Due to substance use or GMC, Go to Past Manic Episode. 3=Primary hypomanic episode	[scid_a_d_e] = '2' or [scid_a_d_e] = '3'	LV
scid_a_d_sum	scidSrv a mood disorders d current hypomania calc	1= False= Go to Past Manic Episode 3= True= Current Hypomanic Episode A. 1.NOTE: IF CURRENTLY ELEVATED OR IRRITABLE MOOD BUT FULL CRITERIA ARE NOT MET FOR A MANIC EPISODE, SUBSTITUTE THE PHRASE "Has there ever been another time …" IN EACH OF THE SCREENING QUESTIONS BELOW. A distinct period [lasting at least several days] of abnormally and persistently elevated, expansive or irritable mood and abnormally and persistently increased […] activity or energy. ————————————————— … Have you ever had a period of time when you were feeling so good, "high," excited, or "on top of the world" that other people thought you were not your normal self? IF YES: What was it like? (Was that more than just feeling good?) Did you also feel like you were "hyper" or "wired" and had an unusual amount of energy? Were you much more active than is typical for you? (Did other people comment on how much you were doing?) IF NO: Have you ever had a period of time when you were feeling irritable, angry, or short-tempered for most of the day, every day, for at least several days? What was that like? (Was that different from the way you usually are?)	if([scid_a_d_a]=3 and [scid_a_d_b_sum]=3 and [scid_a_d_c]=3 and [scid_a_d_d]=3 and [scid_a_d_e]=3 and [scid_a_d_f]=3), 3,1)			
scid_a_e_a scid_a_e_a_1a	scidSrv a mood disorders d past manic episode dropdown scidSrv a mood disorders d past manic episode dropdown	IF YES: Did you also feel like you were "hyper" or "wired" and had an unusual amount of energy? Were you much more active than is typical for you? (Did other people comment on how much you were doing?) A 1. a) Check if: A. z. Lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary). ————————————————— …When was that? …How long did that last? (As long as 1 week?) …IF LESS THAN 1 WEEK: Did you need to go into the hospital to protect you from hurting yourself or someone else, or from doing something that could have caused serious financial or legal problems? …Did you feel (high/irritable/OWN WORDS) for most of the day, nearly every day during this time? …Have you had more than one time like that? (Which time was the most extreme?) …IF UNCLEAR: Have you had any times like that in the past year, since (1 YEAR AGO)? NOTE: If elevated mood lasts less than 1 week, check whether irritable mood lasts at least 1 week before skipping to A.23.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true 0, elevated mood | 1, irritable mood	A92 *****1 = Go to *Current Cyclothymic Disorder* A93/A94	[scid_a_e_a] = '2' or [scid_a_e_a] = '3'	LV
scid_a_e_a_2	scidSrv a mood disorders d past manic episode dropdown	NOTE: If there is evidence for more than one past episode, select the worst episode that occurred in the prior year; if none of the past episodes occurred in the prior year, select the worst episode that occurred regardless of the time it occurred.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A95 1 or 2 = Go to *Past Hypomanic Episode*	[scid_a_e_a] = '2' or [scid_a_e_a] = '3'	LV

B. During the period of mood disturbance and increased energy or activity, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree and represent a noticeable change from usual behavior:

FOCUS ON THE WORST PERIOD OF THE EPISODE THAT YOU ARE INQUIRING ABOUT.

IF UNCLEAR: During (EPISODE), when were you the most (high/irritable/OWN WORDS)?

1. Inflated self-esteem or grandiosity
_____
...During that time...

Variable	Module	Question / Text	Response options	Code	Skip logic	LV
scid_a_e_b_1	scid5rv a mood disorders e past manic episc dropdown	...how did you feel about yourself? (More self-confident than usual? Did you feel much smarter or better than everyone else? Did you feel like you had any special powers or abilities?) B. 2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	A96	[scid a e a 2] = '3'	LV
scid_a_e_b_2	scid5rv a mood disorders e past manic episc dropdown	...did you need less sleep than usual? (How much sleep did you get?) IF YES: Did you still feel rested? B.3. More talkative than usual or pressure to keep talking.	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	A97	[scid a e a 2] = '3'	LV
scid_a_e_b_3	scid5rv a mood disorders e past manic episc dropdown	...were you much more talkative than usual? (Did people have trouble stopping you or understanding you? Did people have trouble getting a word in edgewise?) B.4. Flight of ideas or subjective experience that thoughts are racing.	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	A98	[scid a e a 2] = '3'	LV
scid_a_e_b_4	scid5rv a mood disorders e past manic episc dropdown	...did you have thoughts racing through your head? (What was that like?) B. 5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli) as reported or observed.	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	A99	[scid a e a 2] = '3'	LV
scid_a_e_b_5	scid5rv a mood disorders e past manic episc dropdown	...were you so easily distracted by things around you that you had trouble concentrating or staying on one track? (Give me an example of that.) B. 6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation (i.e., purposeless non-goal-directed activity).	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	A100	[scid a e a 2] = '3'	LV

_____
...how did you spend your time? (Work, friends, hobbies? Were you especially busy during that time?)

(Did you find yourself more enthusiastic at work or working harder at your job? Did you find yourself more engaged in school activities or studying harder?)

(Were you more sociable during that time, such as calling on friends or going out with them more than you usually do or making a lot of new friends?)

(Were you spending more time thinking about sex or involved in doing something sexual, by yourself or with others? Was that a big change for you?)

...Were you physically restless during this time, doing things like pacing a lot, or being unable to sit still?

Variable	Module	Question / Text	Response options	Code	Skip logic	LV
scid_a_e_b_6	scid5rv a mood disorders e past manic episc dropdown	(How bad was it?) B. 6. a) Check if:	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	A101	[scid a e a 2] = '3'	LV
scid_a_e_b_6a	scid5rv a mood disorders e past manic episc dropdown	B. 7. Excessive involvement in activities which have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)	0, increase in activity	1, psychomotor agitation	A101	[scid_a_e_b_6] = '3' or [scid_a_e_b_6] = '2'	LV

_____
During that time...
...did you do anything that could have caused trouble for you or your family?

(Spending money on things you didn't need or couldn't afford? How about giving away money or valuable things? Gambling with money you couldn't afford to lose?)

(Anything sexual that was likely to get you in trouble? Driving recklessly?)

(Did you make any risky or impulsive business investments or get involved in a business scheme that you wouldn't normally have done?)
AT LEAST THREE "B" SXS ARE CODED "3" (FOUR IF MOOD ONLY IRRITABLE).

Variable	Module	Question / Text	Response options	Code	Skip logic	LV
scid_a_e_b_7	scid5rv a mood disorders e past manic episc dropdown	(the above criterion)	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	A104	[scid a e a 2] = '3'	LV

1= IF NOT ALREADY ASKED: Has there been any other time when you were (high/irritable/OWN WORDS) and had even more of the symptoms that I just asked you about?

IF YES: RETURN TO *PAST MANIC EPISODE* A.18, AND INQUIRE ABOUT WORST EPISODE.

Variable	Module	Question / Text	Response options	Code	Skip logic	LV
scid_a_e_b_sum	scid5rv a mood disorders e past manic episc dropdown	IF NO: GO TO *CURRENT CYCLOTHYMIC DISORDER* A.28. C. The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others or there are psychotic features.	1, 1 False	3, 3 True	A105 3 = Continue	[scid a e a] = '3' or [scid a e a] = '2'	LV

_____
... IF UNKNOWN: What effect did these (MANIC SXS) have on your life?

IF UNKNOWN: Did you need to go into the hospital to protect you from hurting yourself or someone else, or from doing something that could have caused serious financial or legal problems?

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION C.

How did (MANIC SXS) affect your relationships or your interactions with other people? (Did [MANIC SXS] cause you any problems in your relationships with your family, romantic partner or friends?)

How did (MANIC SXS) affect your work/school? (How about your attendance at work or school? Did [MANIC SXS] make it more difficult to do your work/schoolwork? How did [MANIC SXS] affect the quality of your work/schoolwork?)

How did (MANIC SXS) affect your ability to take care of things at home?

Variable	Module	Question / Text	Response options	Code	Skip logic	LV
scid_a_e_c	scid5rv a mood disorders e past manic episc dropdown	D. (Primary Manic Episode:) The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, medication) or to another medical condition.	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	A106 3 = continue	[scid a e b sum] = '3'	LV

_____
...IF UNKNOWN: When did this period of being (high/irritable/OWN WORDS) begin?

Just before this began, were you physically ill?

IF YES: What did the doctor say?

Just before this began, were you taking any medications?

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

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

NOTE: A full Manic Episode that emerges during antidepressant treatment (e.g., medication, electroconvulsive therapy) but persists at a fully syndromal level beyond the physiological effect of that treatment is sufficient evidence for a Manic Episode and, therefore a Bipolar I diagnosis.

NOTE: Refer to lists of etiological medical conditions and substances/medications on page A.13.

Variable	Module	Question / Text	Response options	Code	Skip logic	LV
scid_a_e_d	scid5rv a mood disorders e past manic episc dropdown	*1 = IF UNKNOWN: Has there been any other time when you were (high/irritable/ OWN WORDS) and were not (using SUBSTANCE/ill	-99, -99 inadequate information	1, 1 absent or false	3, 3 threshold or true	A107 1=Due to substance use or GMC 3=Primary Manic Episode, continue	[scid a e c] = '3'	LV
scid_a_e_d_sum	scid5rv a mood disorders e past manic episc calc	MANIC EPISODE CRITERIA A, B, C, AND D ARE CODED "3." E. Age-at-onset of Past Manic Episode	if(([scid_a_e_a_2]=3 and [scid_a_e_b_sum]=3 and [scid_a_e_c]=3 and [scid_a_e_d]=3), 3, 1)	A108 1 = Go to *Current Cyclothymic Disorder* 3=Past manic episode A109 ***Go to Premenstrual Dysphoric Disorder***		LV
scid_a_e_e	scid5rv a mood disorders e past manic episc text	...How old were you when (PAST MANIC EPISODE) started?	number	0	100	[scid a e d] = '3'	LV
scid_a_f_check	scid5rv a mood disorders f past hypomanic ◌ dropdown	Note: If score for current (hypo)manic or past manic, choose 'yes' and go to *Premenstrual Dysphoric Disorder*	0, No	1, Yes			LV

A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy, lasting at least 4 consecutive days and persistent most of the day, nearly every day.

Variable	Module	Question / Text	Response options	Code	Skip logic	LV
scid_a_f_a	scid5rv a mood disorders f past hypomanic ◌ dropdown	...When you were (high/irritable/OWN WORDS), did it last for at least 4 days? (Did it last for most of the day, nearly every day?) What was it like?	-99, -99 inadequate information	1, 1 absent or false	2, 2 subthreshold	3, 3 threshold or true	A110 1= Go to *Current Cyclothymic Disorder*	[scid a f check] = '0'	LV
scid_a_f_a_1a	scid5rv a mood disorders f past hypomanic ◌ dropdown	A. 1. a) Check if:	0, elevated, expansive mood	1, irritable mood	A111	[scid_a_f_a] = '2' or [scid_a_f_a] = '3'	LV

Variable	Path	Type	Question/Text	Response options	Code	Condition	
			B. During the period of mood disturbance and increased energy and activity, 3 (or more) of the following symptoms (4 if the mood is only irritable) have persisted, represent a noticeable change from usual behavior, and have been present to a significant degree and represent a noticeable change from usual behavior:				
			FOCUS ON THE WORST PERIOD OF THE EPISODE THAT YOU ARE INQUIRING ABOUT.				
			IF UNCLEAR: During (EPISODE), when were you the most (high/irritable/OWN WORDS FOR HYPOMANIA)?				
			1. Inflated self-esteem or grandiosity.				
			... During that time... ...how did you feel about yourself?				
scid_a_f_b_1	scid5rv a mood disorders f past hypomanic ı dropdown		(More self-confident than usual? Did you feel much smarter or better than everyone else? Did you feel like you had any special powers or abilities?) Did you feel you had any special powers or abilities?) B. 2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A113	[scid a f a] = '2' or [scid a f a] = '3'	LV
scid_a_f_b_2	scid5rv a mood disorders f past hypomanic ı dropdown		...did you need less sleep than usual? (How much sleep did you get?) IF YES: Did you still feel rested? B. 3. More talkative than usual or pressure to keep talking.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A114	[scid a f a] = '2' or [scid a f a] = '3'	LV
scid_a_f_b_3	scid5rv a mood disorders f past hypomanic ı dropdown		...were you much more talkative than usual? (Did people have trouble stopping you or understanding you? Did people have trouble getting a word in edgewise?) B. 4. Flight of ideas or subjective experience that thoughts are racing.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A115	[scid a f a] = '2' or [scid a f a] = '3'	LV
scid_a_f_b_4	scid5rv a mood disorders f past hypomanic ı dropdown		...did you have thoughts racing through your head? (What was that like?)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A116	[scid a f a] = '2' or [scid a f a] = '3'	LV
			B. 5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed.				
scid_a_f_b_5	scid5rv a mood disorders f past hypomanic ı dropdown		...were you so easily distracted by things around you that you had trouble concentrating or staying on one track? (Give me an example of that.) B. 6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A117	[scid a f a] = '2' or [scid a f a] = '3'	LV
			...During that time... ...how did you spend your time? (Work, friends, hobbies? Were you especially productive or busy during that time?)				
			(Did you find yourself more enthusiastic at work or working harder at your job? Did you find yourself more engaged in school activities or studying harder?)				
			(Were you more sociable during that time, such as calling on friends or going out with them more than you usually do or making a lot of new friends?)				
			(Were you spending more time thinking about sex or involved in doing something sexual, by yourself or with others? Was that a big change for you?)				
scid_a_f_b_6 scid a f b 6a	scid5rv a mood disorders f past hypomanic ı dropdown scid5rv a mood disorders f past hypomanic ı dropdown		Were you physically restless during this time, doing things like pacing a lot, or being unable to sit still? (How bad was it?) B. 6. a) Check if: B. 7. Excessive involvement in activities which have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true 0, increase in activity | 1, psychomotor agitation	A118 A119/A120	[scid a f a] = '2' or [scid a f a] = '3' [scid a f b 6] = '3'	LV LV
			...did you do anything that could have caused trouble for you or your family?				
			(Spending money on things you didn't need or couldn't afford? How about giving away money or valuable things? Gambling with money you couldn't afford to lose?)				
			(Anything sexual that was likely to get you in trouble? Driving recklessly?)				
scid_a_f_b_7	scid5rv a mood disorders f past hypomanic ı dropdown		(Did you make any risky or impulsive business investments or get involved in a business scheme that you wouldn't normally have done?)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A121	[scid a f a] = '2' or [scid a f a] = '3'	LV
			AT LEAST 3 "B" SXS ARE CODED "3" (4 IF MOOD ONLY IRRITABLE).				
			NOTE: Because of the inherent difficulty in distinguishing normal periods of good mood from hypomania, review all items coded "3" in criterion B and recode any equivocal judgments.				
			**1= IF NOT ALREADY ASKED: Has there been any other time when you were [high/ irritable/OWN WORDS) and had even more of the symptoms that I just asked you about?				
			IF YES: RETURN TO *PAST HYPOMANIC EPISODE* A.23 AND INQUIRE ABOUT THAT EPISODE.				
scid_a_f_b_sum	scid5rv a mood disorders f past hypomanic ı dropdown		IF NO: GO TO *CURRENT CYCLOTHYMIC DISORDER* A.28. C. The episode is associated with an unequivocal change in functioning that is uncharacteristic of	1, 1 False | 3, 3 True	A122 3 = Continue	[scid a f a] = '2' or [scid a f a] = '3'	LV
			IF NOT KNOWN: Was that very different from the way you usually are? (How were you different? At work? With friends?)				
			1 = IF NOT ALREADY ASKED: Have there been any other times when you were (high/ irritable/OWN WORDS) in which you were really different from the way you usually are?				
			IF YES: RETURN TO *PAST HYPOMANIC EPISODE* A.23 AND INQUIRE ABOUT THAT EPISODE.				
scid_a_f_c	scid5rv a mood disorders f past hypomanic ı dropdown		IF NO: GO TO *CURRENT CYCLOTHYMIC DISORDER* A.28. D. The disturbance in mood and the change in functioning are observable by others.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A123 *3 = Continue	[scid a f b sum] = '3'	LV
			...IF NOT KNOWN: Did other people notice the change in you? (What did they say?)				
			1 = IF NOT ALREADY ASKED: Have there been any other times when you were (high/irritable/OWN WORDS) and other people did notice the change in the way you were acting?				
			IF YES: RETURN TO *PAST HYPOMANIC EPISODE* A.23 AND INQUIRE ABOUT THAT EPISODE.				
scid_a_f_d	scid5rv a mood disorders f past hypomanic ı dropdown		IF NO: GO TO *CURRENT CYCLOTHYMIC DISORDER* A.28. E. The episode was not severe enough to cause marked impairment in social or occupational functioning or to necessitate hospitalization, and there are no psychotic features.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A124 3 = Continue	[scid a f c] = '3'	LV
			...IF UNKNOWN: What effect did these (HYPOMANIC SXS) have on your life?				
			ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION:				
			How did (HYPOMANIC SXS) affect your relationships or your interactions with other people? (Did they cause you any problems in your relationships with your family, romantic partner or friends?)				
			How did (HYPOMANIC SXS) affect your work/school? (How about your attendance at work or school? Did [HYPOMANIC SXS] affect the quality of your work/schoolwork?)				
			How did (HYPOMANIC SXS) affect your ability to take care of things at home?				
			IF UNKNOWN: Did you need to go into the hospital to protect you from hurting yourself or someone else, or from doing something that could have caused serious financial or legal problems?		A125 3 = Sxs not severe enough for a Dx of manic episode. Continue		
scid_a_f_e	scid5rv a mood disorders f past hypomanic ı dropdown		1 or 2 = IF SEVERE ENOUGH TO REQUIRE HOSPITALIZATION OR SEVERE ENOUGH TO CAUSE MARKED IMPAIRMENT AND F. (Primary Hypomanic episode:) The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, medication) or to another medical condition.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A126 NOTE: A full hypomanic episode that emerges during antidepressant treatment (e.g., medication, electroconvulsive therapy) but persists at a fully syndromal level beyond the physiological effect of that treatment is sufficient evidence for a hypomanic episode diagnosis. However, caution is indicated so that one or two symptoms (particularly increased irritability, edginess, or agitation following antidepressant use) are neither taken as sufficient for diagnosis of a hypomanic episode, nor necessarily indicative of a bipolar diathesis. NOTE: Refer A129 1 → GO TO *CURRENT CYCLOTHYMIC DISORDER* A.28 3 = Past Hypomanic Episode	[scid a f d] = '3'	LV
			...IF UNKNOWN: When did this period of being (high/irritable/OWN WORDS) begin?				
			Just before this began, were you physically ill?				
			IF YES: What did the doctor say?				
			Just before this began, were you taking any medications?				
			IF YES: Any change in the amount you were taking?				
			Just before this began, were you drinking or using any drugs?				
			NOTE: IF THERE IS ANY INDICATION THAT THE HYPOMANIA MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE), GO TO *GMC/ SUBSTANCE* A.41, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."				
			1 or 2 = Due to substance use or GMC				
scid_a_f_f	scid5rv a mood disorders f past hypomanic ı dropdown		IF UNKNOWN: Has there been any other time when you were (high/irritable/OWN WORDS) and were not (using SUBSTANCE/ MEDICATION/ill with AMC)?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true		[scid a f e] = '3'	LV
scid_a_f_sum	scid5rv a mood disorders f past hypomanic ı calc		HYPOMANIC EPISODE CRITERIA A, B, C, D, E, AND F ARE CODED "3."	if([[scid_a_f_a]=3 and [scid_a_f_b_sum]=3 and [scid_a_f_c]=3 and [scid a f d]=3), 1)			LV
			Age at onset of Past Hypomanic Episode coded above.		A130 Go to *Premenstrual		
scid_a_f_age	scid5rv a mood disorders f past hypomanic ı text		...How old were you when (PAST HYPOMANIC EPISODE) started?		Dysphoric Disorder* number	0	100	[scid a f sum] = '3'	LV
note	scid5rv a mood disorders f With Anxious Distress	descriptive	Will only show if current (hypo)manic or cyclothymic episode.				

NOTE: THE TIMEFRAME FOR THESE QUESTIONS IS THE ENTIRE DURATION OF THE CURRENT MANIC EPISODE, NOT THE 1-WEEK PERIOD IN THE CURRENT MONTH.

At least two of the following symptoms during the majority of days of the current Manic Episode:

1. Feeling keyed up or tense.

...IF UNKNOWN: When did this period of (high/irritable/OWN WORDS) begin?

...On most of the days when you were feeling (high/irritable/OWN WORDS), did you also...

Variable	Label	Item / Question	Response	Code	Condition	LV
scid_a_manspec_anx1	scid5rv a mood disorders specifiers for curre dropdown	...feel keyed up or tense? (On most of the days?)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	AS53	[scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum] = '3'	LV

2. Feeling unusually restless.

| scid_a_manspec_anx2 | scid5rv a mood disorders specifiers for curre dropdown | ...feel unusually restless? (On most of the days?) | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | AS54 | [scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum] = '3' | LV |

3. Difficulty concentrating because of worry.

| scid_a_manspec_anx3 | scid5rv a mood disorders specifiers for curre dropdown | ...have trouble concentrating because you were worrying about things? (On most of the days?) | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | AS55 | [scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum] = '3' | LV |

4. Fear that something awful may happen.

| scid_a_manspec_anx4 | scid5rv a mood disorders specifiers for curre dropdown | ...feel afraid that something awful was going to happen? (On most of the days?) | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | AS56 | [scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum] = '3' | LV |

5. Feeling that the individual might lose control of [his or her anxiety or worry].

scid_a_manspec_anx5	scid5rv a mood disorders specifiers for curre dropdown	...feel that your anxiety or worry would be out of control? (On most of the days?)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	AS57; AS58 1= Go to Periparturm Onset* Below 3= With anxious distress; indicate severity below	[scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum] = '3'	LV
scid_a_manspec_anxsum	scid5rv a mood disorders specifiers for curre dropdown	AT LEAST TWO ITEMS ARE CODED "3."	1, 1 absent or false | 3, 3 threshold or true		[scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum] = '3'	LV
scid_a_manspec_anxsev	scid5rv a mood disorders specifiers for curre dropdown	Indicate current severity:	1, Mild: Two symptoms | 2, Moderate: Three symptoms | 3, Moderate-Severe: Four or five symptoms [without motor agitation] | 4, Severe: Four or five symptoms and with motor agitation	AS59	[scid_a_manspec_anxsum] = 3	LV

With Peripartum Onset
Onset of mood symptoms occurs during pregnancy or in the 4 weeks following delivery.

| scid_a_manspec_part | scid5rv a mood disorders Onset dropdown | ...IF UNKNOWN: When did (MANIC SXS) start? | 1, 1 absent or false \| 3, 3 threshold or true | AS60 | [scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum] = '3' | LV |
| scid_a_manspec_partonset | scid5rv a mood disorders specifiers for curre dropdown | Indicate onset specifier: | 1, Onset during pregnancy. \| 2, Onset during 4 weeks following delivery. | AS61 | [scid_a_manspec_part] = '3' | LV |

NOTE: THE TIME FRAME FOR THESE QUESTIONS IS THE ENTIRE DURATION OF THE CURRENT MANIC EPISODE, NOT THE 1-WEEK PERIOD IN THE CURRENT MONTH

A. At least three of the following symptoms are present during the majority of days of the current Manic Episode:

1. Prominent dysphoria or depressed mood as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful).

...IF UNKNOWN: When did this period of being (high/irritable/OWN WORDS) begin?

...On most of the days when you were feeling (high/irritable/OWN WORDS), did you also...

| scid_a_manspec_mixa1 | scid5rv a mood disorders With Mixed Features dropdown | ...feel depressed, sad, down, or empty? (On most of the days?) | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | AS62 | [scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum] = '3' | LV |

2. Diminished interest or pleasure in all, or almost all, activities (as indicated by either subjective account or observation made by others).

| scid_a_manspec_mixa2 | scid5rv a mood disorders specifiers for curre dropdown | ...lose interest or pleasure in things you usually enjoyed? (On most of the days?) | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | AS63 | [scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum] = '3' | LV |

3. Psychomotor retardation nearly every day (observable by others; not merely subjective feelings of being slowed down).

| scid_a_manspec_mixa3 | scid5rv a mood disorders specifiers for curre dropdown | ...talk or move more slowly than is normal for you? (Was it so bad that other people noticed it? What did they notice? On most of the days?) | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | AS64 | [scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum] = '3' | LV |

4. Fatigue or loss of energy.

| scid_a_manspec_mixa4 | scid5rv a mood disorders specifiers for curre dropdown | ...feel very tired or like your energy level was very low? (On most of the days?) | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | AS65 | [scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum] = '3' | LV |

5. Feelings of worthlessness or excessive or inappropriate guilt (not merely self-reproach or guilt about being sick).

...feel worthless?

...IF NO: What about feeling guilty about things you have done or not done?

...IF YES: What things? (Was this only because you couldn't take care of things since you have been sick?)

...IF YES TO EITHER: On most of the days?

| scid_a_manspec_mixa5 | scid5rv a mood disorders specifiers for curre dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | AS66 | [scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum] = '3' | LV |

6. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

...were things so bad that you thought a lot about death or that you would be better off dead? Did you think about taking your own life? On most of the days?)

...IF YES: Did you do something about it? (What did you do? Did you make a specific plan? Did you take any action to prepare for it? Did you actually make a suicide attempt?)

NOTE: Any current suicidal thoughts, plans, or actions should be thoroughly assessed by the clinician and action taken if necessary.

| scid_a_manspec_mixa6 | scid5rv a mood disorders specifiers for curre dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | AS67 | [scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum] = '3' | LV |
| scid_a_manspec_mixasum | scid5rv a mood disorders specifiers for curre dropdown | AT LEAST THREE "A" ITEMS ARE CODED "3." | 1, 1 absent or false \| 3, 3 threshold or true | AS68 1= Go to "With Catatonia" Below | [scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum] = '3' | LV |

B. Mixed symptoms are observable by others and represent a change from the person's usual behavior.

...IF UNCLEAR: Have other people noticed (SXS CODED "3")? Are (SXS CODED "3") different from the way you usually are?

NOTE: Criterion C has been intentionally omitted.

| scid_a_manspec_mixb | scid5rv a mood disorders specifiers for curre dropdown | | 1, 1 absent or false \| 3, 3 threshold or true | AS69 1= Go to "With Catatonia" Below | [scid_a_manspec_mixasum] = '3' | LV |

D. The mixed symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication or other treatment)

| scid_a_manspec_mixd | scid5rv a mood disorders specifiers for curre dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 3, 3 threshold or true | AS70 1= Go to "With Catatonia" Below | [scid_a_manspec_mixasum] = '3' | LV |
| scid_a_manspec_mixsum | scid5rv a mood disorders specifiers for curre dropdown | CRITERIA A, B, AND D ARE CODED "3." | -99, -99 inadequate information \| 1, 1 absent or false \| 3, 3 threshold or true | AS71 3=With Mixed Features | [scid_a_manspec_mixasum] = '3' | LV |

THE FOLLOWING SIX ITEMS CAN BE ASSESSED BY OBSERVATION OR BY REPORTS OF INFORMANTS (CONSULT PATIENT RECORDS, OTHER OBSERVERS SUCH AS FAMILY MEMBERS, THERAPEUTIC STAFF).

A.[Three or more of the following are present during most of the current Manic Episode:]

NOTE: Criteria items have been regrouped to facilitate assessment

With Catatonia

scid_a_manspec_cata1	scid5rv a mood disorders dropdown	1. Stupor (i.e., no psychomotor activity; not actively relating to environment).	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	AS72	[scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum] = '3'	LV
scid_a_manspec_cata2	scid5rv a mood disorders specifiers for curre dropdown	2. Grimacing (i.e., odd and inappropriate facial expressions unrelated to situation).	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	AS73	[scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum] = '3'	LV
scid_a_manspec_cata3	scid5rv a mood disorders specifiers for curre dropdown	3. Mannerism (i.e., odd, circumstantial caricature of normal actions).	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	AS74	[scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum] = '3'	LV
scid_a_manspec_cata4	scid5rv a mood disorders specifiers for curre dropdown	4. Posturing (i.e., spontaneous and active maintenance of a posture against gravity).	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	AS75	[scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum] = '3'	LV
scid_a_manspec_cata5	scid5rv a mood disorders specifiers for curre dropdown	5. Agitation, not influenced by external stimuli.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	AS76	[scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum] = '3'	LV
scid_a_manspec_cata6	scid5rv a mood disorders specifiers for curre dropdown	6. Stereotypy (i.e., repetitive, abnormally frequent, non-goal-directed movements).	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	AS77	[scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum] = '3'	LV

THE FOLLOWING THREE ITEMS CAN BE ASSESSED DURING THE INTERVIEW OR VIA INFORMANTS.

scid_a_manspec_cata7	scid5rv a mood disorders specifiers for curre dropdown	7. Mutism (i.e., no, or very little, verbal response [exclude if known aphasia]).	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	AS78	[scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum] = '3'	LV
scid_a_manspec_cata8	scid5rv a mood disorders specifiers for curre dropdown	8. Echolalia (i.e., mimicking another's speech).	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	AS79	[scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum] = '3'	LV
scid_a_manspec_cata9	scid5rv a mood disorders specifiers for curre dropdown	9. Negativism (i.e., opposition or no response to instructions or external stimuli).	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	AS80	[scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum] = '3'	LV

THE FOLLOWING THREE ITEMS CAN BE ASSESSED DURING PHYSICAL EXAMINATION OR VIA INFORMANTS.

scid_a_manspec_cata10	scid5rv a mood disorders specifiers for curre dropdown	10. Echopraxia (i.e., mimicking another's movements).	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	AS81	[scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum] = '3'	LV
scid_a_manspec_cata11	scid5rv a mood disorders specifiers for curre dropdown	11. Catalepsy (i.e., passive induction of a posture held against gravity).	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	AS82	[scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum] = '3'	LV
scid_a_manspec_cata12	scid5rv a mood disorders specifiers for curre dropdown	12. Waxy flexibility (i.e., slight, even resistance to positioning by examiner).	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	AS83	[scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum] = '3'	LV
scid_a_manspec_catasum	scid5rv a mood disorders specifiers for curre dropdown	AT LEAST 3 "A" SYMPTOMS ARE CODED "3" AND ARE PRESENT DURING MOST OF THE CURRENT MANIC EPISODE.	1, 1 absent or false | 3, 3 threshold or true	AS84 3=With Catatonia	[scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum] = '3'	LV
scid_a_g_check	scid5rv a mood disorders g current cyclothy dropdown	IF THERE HAS EVER BEEN A MAJOR DEPRESSIVE, MANIC, OR HYPOMANIC EPISODE, CHECK HERE ___ (yes) AND GO TO *CURRENT PERSISTENT DEPRESSIVE DISORDER* A.30.	0, No | 1, Yes	A131		LV

A. For at least 2 years (1 year for children or adolescents), there have been numerous periods with hypomanic symptoms that do not meet criteria for hypomanic episodes and numerous periods of depressed mood or loss of interest that did not meet criteria for a Major Depressive Episode.

...For the past couple of years, since (2 YEARS AGO), have you had lots of times in which you were feeling high, excited or irritable as well as lots of time in which you were feeling down or depressed?

IF YES: Tell me about that.....

| scid_a_g_a | scid5rv a mood disorders g current cyclothy dropdown | IF YES: Tell me about that..... | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | A132. 1= Go to *Current Persistent Depressive Disorder* | [scid_a_g_check] = '0' | LV |

B. During the above 2-year period (1 year in children or adolescents), the hypomanic and depressive periods have been present for at least half the time and the individual has not been without the symptoms for more than 2 months at a time.

... Were you like this for most of the time since then (2 YEARS AGO)?

Variable	Path	Question	Response	Routing	Condition	
scid_a_g_b	scidSrv a mood disorders g current cyclothyr dropdown	IF YES: Since (2 YEARS AGO), what is the longest period of time in which you felt OK, that is, neither high, irritable, down, nor depressed?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A133. 1= Go to *Current Persistent Depressive Disorder*	[scid_a_g_a] = '2' or [scid_a_g_a] = '3'	LV
scid_a_g_c	scidSrv a mood disorders g current cyclothyr dropdown	C. Criteria for a Major Depressive Episode, Manic, or Hypomanic Episode have never been met.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A134. 1= Go to *Current Persistent Depressive Disorder*	[scid_a_g_b] = '2' or [scid_a_g_b] = '3'	LV
scid_a_g_d	scidSrv a mood disorders g current cyclothyr dropdown	D. The symptoms in Criterion A are not better explained by Schizoaffective Disorder, Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Other Specified or Unspecified Schizophrenia Spectrum and Other Psychotic Disorder.

IF NOT ALREADY CLEAR: RETURN TO THIS ITEM AFTER COMPLETING THE PSYCHOTIC DISORDERS SECTION. | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | A135. 1= Go to *Current Persistent Depressive Disorder* | [scid_a_g_c] = '2' or [scid_a_g_c] = '3' | LV |

E. [Primary Cyclothymia.] The symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, medication) or to another medical condition.

...IF UNKNOWN: When did this begin?

Just before this began, were you physically ill?

IF YES: What did the doctor say?

Just before this began, were you using any medications?

IF YES: Any change in the amount you were using?
Just before this began, were you drinking or using any drugs?

| scid_a_g_e | scidSrv a mood disorders g current cyclothyr dropdown | Note: IF THERE IS ANY INDICATION THAT THE HYPOMANIC AND DEPRESSIVE SXS MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE), GO TO *GMC/SUBSTANCE/MEDICATION* A.41, AND RETURN HERE TO MAKE A RATING FOR "1" OR "3." | -99, -99 inadequate information \| 1, 1 absent or false \| 3, 3 threshold or true | A136. 1= Due to substance use or AMC; Go to *Current Persistent Depressive Disorder* 3 = Primary cyclothymia, continue | [scid_a_g_d] = '2' or [scid_a_g_d] = '3' | LV |

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

...IF UNKNOWN: What effect have the mood swings had on your life? (For example, when you are feeling good, do you take things that then not follow through when you get depressed?)

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION F:

How have mood swings affected your relationships or your interactions with other people? (Have they caused you any problems in your relationships with your family, romantic partner or friends?)

How have the mood swings affected your work/school? (How about your attendance at work or school? Did they make it more difficult to do your work/schoolwork? How have the mood swings affected the quality of your work/schoolwork?)

How have the mood swings affected your ability to take care of things at home?

Have the mood swings affected any other important part of your life?

scid_a_g_f	scidSrv a mood disorders g current cyclothyr dropdown	IF HAVE NOT INTERFERED WITH LIFE: How much have you been bothered or upset by having mood swings ?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A137. 1= Go to *Current Persistent Depressive Disorder* A138 1 = Go to *Current Persistent Depressive Disorder*	[scid_a_g_e] = '3'	LV
scid_a_g_sum	scidSrv a mood disorders g current cyclothyr calc	CYCLOTHYMIC DISORDER CRITERIA A, B, C, D, E, AND F ARE CODED "3."	if(([scid_a_g_a]=3 and [scid_a_g_b]=3 and [scid_a_g_c]=3 and [scid_a_g_d]=3 and [scid_a_g_e]=3 and [scid_a_g_f]=3), 3, 1)	3 = Current Cyclothymic Disorder		LV
scid_a_h_check	scidSrv a mood disorders h current persisten dropdown	IF THERE HAS EVER BEEN A MANIC OR HYPOMANIC EPISODE, CHECK HERE ___(yes) AND GO TO *PREMENSTRUAL DYSPHORIC DISORDER* A.36.	0, No | 1, Yes	A139		LV

A. Depressed mood for most of the day, for more days than not, as indicated either by subjective account or observation by others, for at least 2 years. NOTE: in adolescents, mood can be irritable and duration must be at least 1 year.

_____
...Since (2 YEARS AGO), have you been bothered by depressed mood most of the day, more days than not? (More than half of the time?)

| scid_a_h_a | scidSrv a mood disorders h current persisten dropdown | IF YES: What has that been like? | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | A140 1 = Go to *Past Persistent Depressive Disorder* | [scid_a_h_check] = '0' | LV |

B. Presence, while depressed, of two (or more) of the following:

1. Poor appetite or overeating.

_____
...During these periods of (OWN WORDS FOR CHRONIC DEPRESSION) did you often...

| scid_a_h_b_1 | scidSrv a mood disorders h current persisten dropdown | ...lose your appetite? (What about overeating?) | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | A141 | [scid_a_h_a] = '2' or [scid_a_h_a] = '3' | LV |

B. 2. Insomnia or hypersomnia

_____
| scid_a_h_b_2 | scidSrv a mood disorders h current persisten dropdown | ...have trouble sleeping or sleep too much? | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | A142 | [scid_a_h_a] = '2' or [scid_a_h_a] = '3' | LV |

B. 3. Low energy or fatigue.

_____
| scid_a_h_b_3 | scidSrv a mood disorders h current persisten dropdown | ...have little energy to do things or feel tired a lot? | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | A143 | [scid_a_h_a] = '2' or [scid_a_h_a] = '3' | LV |

B. 4. Low self-esteem.

_____
| scid_a_h_b_4 | scidSrv a mood disorders h current persisten dropdown | ...feel down on yourself? (Feel worthless, or a failure?) | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | A144 | [scid_a_h_a] = '2' or [scid_a_h_a] = '3' | LV |

B. 5. Poor concentration or difficulty making decisions.

_____
| scid_a_h_b_5 | scidSrv a mood disorders h current persisten dropdown | ...have trouble concentrating or making decisions? | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | A145 | [scid_a_h_a] = '2' or [scid_a_h_a] = '3' | LV |

B. 6. Feelings of hopelessness.

_____
| scid_a_h_b_6 | scidSrv a mood disorders h current persisten dropdown | ...feel hopeless? | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | A146 | [scid_a_h_a] = '2' or [scid_a_h_a] = '3' | LV |
| scid_a_h_b_sum | scidSrv a mood disorders h current persisten dropdown | AT LEAST TWO "B" SYMPTOMS ARE CODED "3." | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | A147 1 = Go to *Past Persistent Depressive Disorder* | [scid_a_h_a] = '2' or [scid_a_h_a] = '3' | LV |

C. During the 2-year period (1 year for children or adolescents) of the disturbance, the individual has never been without the symptoms in Criteria A and B for more than 2 months at a time.

NOTE: Code "1" if normal mood for more than 2 months at a time.

_____
| scid_a_h_c | scidSrv a mood disorders h current persisten dropdown | ...Since (2 YEARS AGO), what was the longest period of time that you felt OK (NO DYSTHYMIC SYMPTOMS)? | 1, 1 absent or false \| 3, 3 threshold or true | A148 1 = Go to *Past Persistent Depressive Disorder* | [scid_a_h_b_sum] = '2' or [scid_a_h_b_sum] = '3' | LV |
| scid_a_h_e | scidSrv a mood disorders h current persisten dropdown | E. There has never been a Manic Episode or a Hypomanic Episode, and criteria have never been met for Cyclothymic disorder. | 1, 1 absent or false \| 3, 3 threshold or true | A149 1 = Go to *Past Persistent Depressive Disorder* | [scid_a_h_c] = '3' | LV |

F. The disturbance is not better explained by a persistent Schizoaffective Disorder, Schizophrenia, Delusional Disorder, or Other Specified or Unspecified Schizophrenia Spectrum or Other Psychotic Disorder.

NOTE: Code "3" if NO chronic psychotic disorder has been present or if NOT better explained by a chronic psychotic disorder.

| scid_a_h_f | scidSrv a mood disorders h current persisten dropdown | IF NOT ALREADY CLEAR, RETURN TO THIS ITEM AFTER COMPLETING THE PSYCHOTIC DISORDERS SECTION. | 1, 1 absent or false \| 3, 3 threshold or true | A150 1 = Go to *Past Persistent Depressive Disorder* | [scid_a_h_e] = '3' | LV |

G. [Primary Persistent Depressive Disorder:] The symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, medication) or to another medical condition (e.g., hypothyroidism).

IF THERE IS ANY INDICATION THAT THE DEPRESSION MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE), GO TO *GMC/ SUBSTANCE/MEDICATION* A.45, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

_____
...IF UNKNOWN: When did this begin?

...Just before this began, were you physically ill?

...IF YES: What did the doctor say?

...Just before this began, were you using any medications?

...IF YES: Any change in the amount you were using?

| scid_a_h_g | scidSrv a mood disorders h current persisten dropdown | ...Just before this began, were you drinking or using any drugs? | -99, -99 Inadequate information \| 1, 1 absent or false \| 3, 3 threshold or true | A151 -99 or 1 = Due to Substance use or GMC, Go to *Past Persistent Depressive Disorder* 3 = Primary depressive disorder, continue | [scid_a_h_f] = '3' | LV |

Variable	Description	Item	Response	Routing	Condition	
		H. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.				
		...IF UNKNOWN: What effect have these (DEPRESSIVE SXS) had on your life?				
		ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION H:				
		_____ ...How have (DEPRESSIVE SXS) affected your relationships or your interactions with other people? (Has it caused you any problems in your relationships with your family, romantic partner or friends?)				
		...How have these (DEPRESSIVE SXS) affected your work/school? (How about your attendance at work or school? Have [DEPRESSIVE SXS] made it more difficult to do your work/schoolwork? How did [DEPRESSIVE SXS] affect the quality of your work/schoolwork?)				
		...How have (DEPRESSIVE SXS) affected your ability to take care of things at home? How about doing simple everyday things like getting dressed, bathing, or brushing your teeth? How about doing other things that are important to you like religious activities, physical exercise, or hobbies? Did you avoid doing anything because you felt like you weren't up to it?				
scid_a_h_h	scid5rv a mood disorders h current persisten dropdown		-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A152 A153 1 = Go to *Past Persisten depressive Disorder* 3 = Current Persisten depressive disorder Specify then GO TO *PREMENSTRUAL DYSPHORIC DISORDER* A.36	[scid a h g] = '3'	LV
scid_a_h_sum	scid5rv a mood disorders h current persisten calc	PERSISTENT DEPRESSIVE DISORDER CRITERIA A, B, C, E, F, G, AND H ARE CODED "3."	If[[scid_a_h_a]=3 and [scid_a_h_b_sum]=3 and [scid_a_h_c]=3 and [scid_a_h_e]=3 and [scid_a_h_f]=3 and [scid a h g]=3] and [scid a h h]=3, 3, 1)			LV
scid_a_h_onset	scid5rv a mood disorders h current persisten dropdown	Indicate onset specifier:	1, 1 - Early onset: onset before age 21 | 2, 2 - Late onset: onset age 21 or older		[scid a h sum] = '3'	LV
scid_a_h_spec	scid5rv a mood disorders h current persisten checkbox	Specify if (for most recent 2 years of Persistent Depressive Disorder): NOTE: Additional information about onset and offset of Major Depressive Episodes during the past 2 years may be needed to evaluate this specifier. Specify if	1, With pure dysthymic syndrome: Full criteria for a Major Depressive Episode have not been met in at least the preceding 2 years. | 2, With persistent Major Depressive Episode: Full criteria for a Major Depressive Episode have been met throughout the preceding 2-year period. | 3, With intermittent Major Depressive Episodes, with current episode: Full criteria for a Major Depressive Episode are currently met, but there have been periods of at least 8 weeks in at least the preceding 2 years with symptoms below the threshold for a full Major Depressive Episode. | 4, With intermittent Major Depressive Episodes, without current episode: Full criteria for a Major Depressive Episode are not currently met, but there has been one or more Major Depressive Episodes in at least the preceding 2 years.	A155	[scid a h sum] = '3'	LV
scid_a_h_spec2	scid5rv a mood disorders h current persisten checkbox	IF UNKNOWN: Have there been any panic attacks in the past month?	1, With panic attacks: If one or more panic attacks in the past month occurred in the context of current Persistent Depressive Disorder (see page F.7) and criteria have never been met for Panic Disorder.	A156	[scid a h sum] = '3'	LV
scid_a_i_check	scid5rv a mood disorders i past persistent d dropdown	IF THERE HAS BEEN A MANIC OR HYPOMANIC EPISODE, CHECK HERE ___(yes) AND GO TO *PREMENSTRUAL DYSPHORIC DISORDER* A.36.	0, No | 1, Yes			LV
		A. Depressed mood for most of the day, for more days than not, as indicated either by subjective account or observation by others, for at least 2 years. NOTE: In adolescents, mood can be irritable and duration must be at least 1 year.				
		_____ IF NO CURRENT TWO YEAR PERIOD OF DEPRESSED MOOD: ...Have you ever had a period of time, lasting for at least 2 years, when you have been bothered by depressed mood most of the day, more days than not? (More than half of the time?)				
		IF YES: What was that like?				
		IF CURRENT TWO YEAR PERIOD OF DEPRESSED MOOD: ... Prior to the past two years, have you ever had a period of time, lasting for at least 2 years, when you have been bothered by depressed mood most of the day, more days than not? (More than half of the time?)				
scid_a_i_a	scid5rv a mood disorders i past persistent d dropdown	IF YES: What was that like?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A36 1= GO TO *PREMENSTRUAL DYSPHORIC DISORDER*	[scid a i check] = '0'	LV
		B. Presence, while depressed, of two (or more) of the following: 1. Poor appetite or overeating. _____ ...During these periods of (OWN WORDS FOR CHRONIC DEPRESSION) did you often...				
scid_a_i_b_1	scid5rv a mood disorders i past persistent d dropdown	...lose your appetite? (What about overeating?) 2. Insomnia or hypersomnia.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A158	[scid_a_i_a] = '3' or [scid a i a] = '2'	LV
scid_a_i_b_2	scid5rv a mood disorders i past persistent d dropdown	...have trouble sleeping or slept too much? 3. Low energy or fatigue.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A159	[scid_a_i_a] = '3' or [scid a i a] = '2'	LV
scid_a_i_b_3	scid5rv a mood disorders i past persistent d dropdown	...have little energy to do things or feel tired a lot? 4. Low self-esteem.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A160	[scid_a_i_a] = '3' or [scid a i a] = '2'	LV
scid_a_i_b_4	scid5rv a mood disorders i past persistent d dropdown	...feel down on yourself? (Feel worthless, or a failure?) 5. Poor concentration or difficulty making decisions.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A161	[scid_a_i_a] = '3' or [scid a i a] = '2'	LV
scid_a_i_b_5	scid5rv a mood disorders i past persistent d dropdown	...have trouble concentrating or making decisions? 6. Feelings of hopelessness.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A162	[scid_a_i_a] = '3' or [scid a i a] = '2'	LV
scid_a_i_b_6	scid5rv a mood disorders i past persistent d dropdown	...feel hopeless?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A163 A164 1=GO TO *PREMENSTRUAL DYSPHORIC DISORDER* A.36	[scid_a_i_a] = '3' or [scid a i a] = '2'	LV
scid_a_i_b_sum	scid5rv a mood disorders i past persistent d dropdown	AT LEAST TWO "B" SYMPTOMS ARE CODED "3." ?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A.36	[scid_a_i_a] = '3' or [scid a i a] = '2'	LV
		C. During the 2-year period (1 year for children or adolescents) of the disturbance, the individual has never been without the symptoms in Criteria A and B for more than 2 months at a time.				
		NOTE: Code "1" if normal mood for more than 2 months at a time.				
scid_a_i_c	scid5rv a mood disorders i past persistent d dropdown	...What was the longest period of time during which you felt OK (NO DYSTHYMIC SYMPTOMS)?	1, 1 Absent or false | 3, 3 threshold or true	A165 1=GO TO *PREMENSTRUAL DYSPHORIC DISORDER* A.36	[scid_a_i_b_sum] = '2' or [scid a i b sum] = '3'	LV
scid_a_i_e	scid5rv a mood disorders i past persistent d dropdown	E. There has never been a Manic Episode or a Hypomanic Episode, and criteria have never been met for Cyclothymic disorder	1, 1 Absent or false | 3, 3 threshold or true	A166 1=GO TO *PREMENSTRUAL DYSPHORIC DISORDER* A.36	[scid a i c] = '3'	LV
		F. The disturbance is not better explained by a Persistent Schizoaffective Disorder, Schizophrenia, Delusional Disorder, or Other Specified or Unspecified Schizophrenia Spectrum or Other Psychotic Disorder.				
		NOTE: Code "3" if NO chronic psychotic disorder has been present or if NOT better explained by a chronic psychotic disorder.				
scid_a_i_f	scid5rv a mood disorders i past persistent d dropdown	IF NOT ALREADY CLEAR: RETURN TO THIS ITEM AFTER COMPLETING THE PSYCHOTIC DISORDERS SECTION.	1, 1 Absent or false | 3, 3 threshold or true	A167 1=GO TO *PREMENSTRUAL DYSPHORIC DISORDER* A.36	[scid a i e] = '3'	LV
		G. [Primary Persistent Depressive Disorder:] The symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, medication) or to another medical condition (e.g., hypothyroidism).				
scid_a_i_g	scid5rv a mood disorders i past persistent d dropdown	NOTE: IF THERE IS ANY INDICATION THAT THE DEPRESSION MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE), GO TO *GMC/ SUBSTANCE/MEDICATION* A.45 AND RETURN HERE TO MAKE A RATING OF "1" OR "3." NOTE: Refer to lists of etiological medical conditions and substances/medications on page A.4.	-99, -99 Inadequate information | 1, 1 absent or false | 3, 3 threshold or true	A168 -99 or 1= DUE TO SUBSTANCE USE OR GMC; GO TO *PREMENSTRUAL DYSPHORIC DISORDER* A.36 *3= Primary Depressive Disorder, continue	[scid a i f] = '3'	LV
		H. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning				
		...IF UNKNOWN: What effect did these (DEPRESSIVE SXS) have on your life?				
		ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION H:				
		...How have (DEPRESSIVE SXS) affected your relationships or your interactions with other people? (Have (DEPRESSIVE SXS) caused you any problems in your relationships with your family, romantic partner or friends?)				
		...How have these (DEPRESSIVE SXS) affected your work/school? (How about your attendance at work or school? Did [DEPRESSIVE SXS] make it more difficult to do your work/schoolwork? How did [DEPRESSIVE SXS] affect the quality of your work/schoolwork?)				
		...How have (DEPRESSIVE SXS) affected your ability to take care of things at home? How about doing simple everyday things like getting dressed, bathing, or brushing your teeth? How about doing other things that are important to you like religious activities, physical exercise, or hobbies? Did you avoid doing anything because you felt like you weren't up to it?				
scid_a_i_h	scid5rv a mood disorders i past persistent d dropdown	...Have these (DEPRESSIVE SXS) affected any other important part	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A169 1= GO TO *PREMENSTRUAL DYSPHORIC DISORDER* A170 1=GO TO *PREMENSTRUAL DYSPHORIC DISORDER* 3=PAST PERSISTENT DEPRESSIVE DISORDER	[scid a i g] = '3'	LV
scid_a_i_sum	scid5rv a mood disorders i past persistent d calc	PERSISTENT DEPRESSIVE DISORDER CRITERIA A, B, C, D, E, F, G, AND H ARE CODED "3."	If[[scid_a_i_a]=3 and [scid_a_i_b_sum]=3 and [scid_a_i_c]=3 and [scid_a_i_e]=3 and [scid_a_i_f]=3 and [scid_a_i_g]=3 and [scid_a_i_h]=3, 3, 1)			LV
scid_a_i_onset	scid5rv a mood disorders i past persistent d dropdown	Indicate onset specifier: (circle the appropriate number)	1, 1 - Early onset: onset before age 21 | 2, 2 - Late onset: onset age 21 or older	A171	[scid a i sum] = '3'	LV
scid_a_j_check	scid5rv a mood disorders j premenstrual dys yesno	IF SUBJECT IS A BIOLOGICAL MALE, POST-MENOPAUSAL FEMALE, PREGNANT FEMALE, OR FEMALE WITH HYSTERECTOMY PLUS OOPHORECTOMY, CHECK HERE ___ (yes) AND SKIP TO *NEXT MODULE*.		A172		LV

A. In the majority of menstrual cycles, at least five symptoms must be present in the final week before the onset of menses, start to improve within a few days after the onset of menses, and become minimal or absent in the week postmenses.

NOTE: If number of days of symptoms is 20 per month or greater, recheck symptom-free and symptom present intervals.

_____
...Looking back over your menstrual cycles for the past 12 months, since (1 YEAR AGO), have you had mood symptoms such as anger, irritability, anxiety, or depression that developed before your period and then went away during the week after your period?

...IF YES: After your period began, did the problems disappear for at least a week?

...For how many days during a cycle did you have symptoms?

...Since (1 YEAR AGO), did this happen for most of your cycles?
B. One (or more) of the following symptoms must be present:

1. Marked affective lability (e.g., mood swings; feeling suddenly sad or tearful, or increased sensitivity to rejection).

ID	Module	Question	Response	Skip	Condition	LV
scid_a_j_a	scid5rv a mood disorders j premenstrual dys dropdown		-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A173 1 = Go to next Module	[scid_a_j_check] = '0'	LV

_____
...Think of the most severe premenstrual time you experienced since (1 YEAR AGO). Tell me about that time.

...Now I'm going to ask you some specific questions about that premenstrual time.

...did you have mood swings in which you would feel suddenly sad or tearful?

IF NO: How about getting unusually upset if someone criticized or rejected you?

IF YES TO EITHER: Did this go away when your menstrual period began or shortly after?
2. Marked irritability or anger or increased interpersonal conflicts.

ID	Module	Question	Response	Skip	Condition	LV
scid_a_j_b_1	scid5rv a mood disorders j premenstrual dys dropdown		-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A174	[scid_a_j_a] = '2' or [scid_a_j_a] = '3'	LV

_____
...were you especially irritable or angry?

IF NO: How about getting into a lot of fights or arguments with other people?

IF YES TO EITHER: Did this go away when your menstrual period began or shortly after?
3. Marked depressed mood, feelings of hopelessness, or self-deprecating thoughts.

ID	Module	Question	Response	Skip	Condition	LV
scid_a_j_b_2	scid5rv a mood disorders j premenstrual dys dropdown		-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A175	[scid_a_j_a] = '2' or [scid_a_j_a] = '3'	LV

_____
...did you feel very sad, down, depressed, or hopeless?

IF NO: How about feeling especially critical of yourself or that everything you did was wrong?

IF YES TO EITHER: Did this go away when your menstrual period began or shortly after?
4. Marked anxiety, tension, and/or feelings of being keyed up or on edge.

ID	Module	Question	Response	Skip	Condition	LV
scid_a_j_b_3	scid5rv a mood disorders j premenstrual dys dropdown		-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A176	[scid_a_j_a] = '2' or [scid_a_j_a] = '3'	LV

_____
...did you feel extremely anxious or tense or like you were keyed up or on edge?

ID	Module	Question	Response	Skip	Condition	LV
scid_a_j_b_4	scid5rv a mood disorders j premenstrual dys dropdown	IF YES: Did this go away when your menstrual period began or shortly after?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A177 A178 1=Go to Next Module	[scid_a_j_a] = '2' or [scid_a_j_a] = '3'	LV
scid_a_j_b_sum	scid5rv a mood disorders j premenstrual dys dropdown	AT LEAST ONE "B" SYMPTOM IS CODED "3"	1, 1 absent or false | 3, 3 threshold or true	Module	[scid_a_j_a] = '2' or [scid_a_j_a] = '3'	LV

C. One (or more) of the following symptoms must additionally be present, to reach a total of five symptoms when combined with symptoms from Criterion B above.

1. Decreased interest in usual activities (e.g., work, school, friends, and hobbies).

_____
...Now I'm going to ask you about some other experiences that sometimes go along with these mood symptoms.

...did you lose interest in work or school, going out with friends, or in your hobbies?

IF YES: Did this go away when your menstrual period began or shortly after?
2. Subjective difficulty in concentration.

ID	Module	Question	Response	Skip	Condition	LV
scid_a_j_c_1	scid5rv a mood disorders j premenstrual dys dropdown		-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A179	[scid_a_j_b_sum] = '3'	LV

_____
...did you find it hard to concentrate on things?

IF YES: Did this go away when your menstrual period began or shortly after?
3. Lethargy, easy fatigability, or marked lack of energy.

ID	Module	Question	Response	Skip	Condition	LV
scid_a_j_c_2	scid5rv a mood disorders j premenstrual dys dropdown		-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A180	[scid_a_j_b_sum] = '3'	LV

_____
...did you feel like your energy was very low or that you got tired very easily?

IF YES: Did this go away when your menstrual period began or shortly after?
4. Marked change in appetite; overeating; or specific food cravings.

ID	Module	Question	Response	Skip	Condition	LV
scid_a_j_c_3	scid5rv a mood disorders j premenstrual dys dropdown		-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A181	[scid_a_j_b_sum] = '3'	LV

_____
...was your appetite increased? Did you have specific food cravings, like for chocolate or fried foods?

IF YES: Did this go away when your menstrual period began or shortly after?
5. Hypersomnia or insomnia.

ID	Module	Question	Response	Skip	Condition	LV
scid_a_j_c_4	scid5rv a mood disorders j premenstrual dys dropdown		-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A182	[scid_a_j_b_sum] = '3'	LV

_____
...were you sleeping more than is usual for you or have difficulty sleeping? (How much sleep were you getting during that time?)

IF YES: Did this go away when your menstrual period began or shortly after?
6. A sense of being overwhelmed or out of control.

ID	Module	Question	Response	Skip	Condition	LV
scid_a_j_c_5	scid5rv a mood disorders j premenstrual dys dropdown		-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A183	[scid_a_j_b_sum] = '3'	LV

_____
...were you feeling overwhelmed by everything or like your life was out of control?

IF YES: Did this go away when your menstrual period began or shortly after?
7. Physical symptoms such as breast tenderness or swelling, joint or muscle pain, a sensation of "bloating," or weight gain.

ID	Module	Question	Response	Skip	Condition	LV
scid_a_j_c_6	scid5rv a mood disorders j premenstrual dys dropdown		-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A184	[scid_a_j_b_sum] = '3'	LV

_____
...did you have physical symptoms like breast tenderness or swelling, joint or muscle pain, or feeling bloated? Did you gain weight?

ID	Module	Question	Response	Skip	Condition	LV
scid_a_j_c_7	scid5rv a mood disorders j premenstrual dys dropdown	IF YES: Did these symptoms go away when your menstrual period began or shortly after?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A185 A186 1=Go to Next Module	[scid_a_j_b_sum] = '3'	LV
scid_a_j_c_sum	scid5rv a mood disorders j premenstrual dys dropdown	AT LEAST ONE "C" SYMPTOM IS CODED "3."	1, 1 absent or false | 3, 3 threshold or true	Module	[scid_a_j_b_sum] = '3'	LV
scid_a_j_bc_sum	scid5rv a mood disorders j premenstrual dys dropdown	AT LEAST FIVE "B" AND "C" SYMPTOMS ARE CODED "3."	1, 1 absent or false | 3, 3 threshold or true	A187 1=Go to Next Module	[scid_a_j_c_sum] = '3'	LV

Symptoms in criterion A-C must have been met for most menstrual cycles in the preceding year.

NOTE: Code "3" only if symptoms in criteria A-C have been met for 7 or more cycles in the past year.

_____
IF UNCLEAR:
...Has this happened for most of your cycles in the past year?

ID	Module	Question	Response	Skip	Condition	LV
scid_a_j_bc_sum_b	scid5rv a mood disorders j premenstrual dys dropdown		-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A188 1=Go to Next Module	[scid_a_j_bc_sum] = '3'	LV

D. The symptoms are associated with clinically significant distress or interference with work, school, usual social activities, or relationships with others (e.g., avoidance of social activities; decreased productivity and efficiency at work, school, or home).

_____
IF UNKNOWN:
...What effect have (PMDD SXS) had on your life?

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION D:

...How have (PMDD SXS) affected your relationships or your interactions with other people? (Have they caused you any problems in your relationships with your family, romantic partner or friends?)

...How have (PMDD SXS) affected your work/school? (How about your attendance at work or school? Have they affected the quality of your work/schoolwork?)

...How have (PMDD SXS) affected your ability to take care of things at home? How about doing other things that are important to you like religious activities, physical exercise, or hobbies? Did you avoid doing anything because you felt like you weren't up to it?

ID	Module	Question	Response	Skip	Condition	LV
scid_a_j_d	scid5rv a mood disorders j premenstrual dys dropdown	...Have (PMDD SXS) affected any other important part of your life?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A188 1=Go to Next Module	[scid_a_j_bc_sum_b] = '3' or [scid_a_j_bc_sum_b] = '2'	LV

E. The disturbance is not merely an exacerbation of the symptoms of another disorder, such as Major Depressive Disorder, Panic Disorder, Persistent Depressive Disorder (Dysthymia), or a personality disorder (although it may co-occur with any of these disorders).

_____
IF HISTORY OF ANOTHER MENTAL DISORDER AND UNKNOWN:

...Are these symptoms different from the symptoms you had from (PAST DISORDER)? Or is it just that those same symptoms getting worse just before your period?

ID	Module	Question	Response	Skip	Condition	LV
scid_a_j_e	scid5rv a mood disorders j premenstrual dys dropdown		-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A189 1=Go to Next Module	[scid_a_j_d] = '3' or [scid_a_j_d] = '2'	LV

G. [Primary Premenstrual Dysphoric Disorder:] The symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, other treatment) or another medical condition (e.g., hyperthyroidism).

Note: IF THERE IS ANY INDICATION THAT THE SYMPTOMS MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE), GO TO "GMC/SUBSTANCE" A.45, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

NOTE: Refer to lists of etiological medical conditions and substances/medications on page A.4.

––––––––––––––––––––––––––––––––
…Since (1 YEAR AGO), when you were having these symptoms, were you physically ill?

IF YES: What did the doctor say?

Since (1 YEAR AGO), have you been taking any medications?

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

scid_a_j_g	scid5rv a mood disorders j premenstrual dys dropdown	Since (1 YEAR AGO), have you been drinking or using any drugs?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A190 -99 or 1=DUE TO SUBSTANCE USE OR GMC; GO TO NEXT MODULE *3=PRIMARY PREMENSTRUAL DYSPHORIC DISORDER, Continue		[scid a j e] = '2' or [scid a j e] = '3'	LV
scid_a_j_sum	scid5rv a mood disorders j premenstrual dys calc	PMDD CRITERIA A, B, C, D, E, AND G ARE CODED "3."	if([scid_a_j_a]=3 and [scid_a_j_b_sum]=3 and [scid_a_j_c_sum]=3 and [scid_a_j_d]=3 and [scid_a_j_g]=3 and [scid_a_j_e]=3), 3, 1)	A191 1=Go to Next Module, *3= PREMEN-STRUAL DYSPHORIC DISORDER; INDICATE PROVI-SIONAL VS. DEFINITE AND GO TO NEXT MODULE			LV
scid_a_j_sum_b	scid5rv a mood disorders j premenstrual dys checkbox	Indicate provisional vs. definite diagnosis: (circle the appropriate number) ––––––––––––––––––––– IF UNKNOWN: …Have you ever kept a diary of your symptoms and how they relate to your cycles?	1, 1 - Provisional dx: The symptom pattern in Criterion A has NOT been confirmed by prospective daily ratings during at least two symptomatic cycles. | 2, 2 - Definite dx: Criterion F is present, i.e., the symptom pattern in Criterion A (i.e., at least five symptoms must be present in the final week before the onset of menses, start to improve within a few days after the onset of menses, and become minimal or absent in the week postmenses) has been confirmed by prospective daily ratings during at least two symptomatic cycles.	A192		[scid a j sum] = '3'	LV
scid_a_k_check	scid5rv a mood disorders k gmc bipolar and dropdown	IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH A GENERAL MEDICAL CONDITION, CHECK HERE ___ (yes) AND GO TO *SUBSTANCE-INDUCED BIPOLAR AND RELATED DISORDER* A.43. A. A prominent and persistent period of abnormally elevated, expansive, or irritable mood and abnormally increased activity or energy that predominates in the clinical picture.	0, No | 1, Yes		autocomplete		LV
scid_a_k_a	scid5rv a mood disorders k gmc bipolar and dropdown	CODE BASED ON INFORMATION ALREADY OBTAINED.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A194		[scid a k check] = '0'	LV
scid_a_k_bc	scid5rv a mood disorders k gmc bipolar and dropdown	B/C. There is evidence from the history, physical examination, or laboratory findings that the disturbance is the direct physiological consequence of another medical condition and the disturbance is not better accounted for by another mental disorder.	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	A195 1=GO TO *SUBSTANCE INDUCED* A.43		[scid a k check] = '0'	LV

NOTE: The following factors should be considered and, if present, support the conclusion that a general medical condition is etiologic to the bipolar symptoms.

1) There is evidence from the literature of a well-established association between the general medical condition and the bipolar symptoms. (Refer to list of etiological medical conditions on page A.13.)

2) There is a close temporal relationship between the course of the bipolar symptoms and the course of the general medical condition.

3) The bipolar symptoms are characterized by unusual presenting features (e.g., late age-at-onset).

4) The absence of alternative explanations (e.g., bipolar symptoms as a psychological reaction to the stress of being diagnosed with a general medical condition).

––––––––––––––––––––––––––––––––
…Did the (BIPOLAR SXS) change after (GMC) began? Did (BIPOLAR SXS) start or get much worse only after (GMC) began? How long after (GMC) began did (BIPOLAR SXS) start or get much worse?

IF GMC HAS RESOLVED: Did the (BIPOLAR SXS) get better once the (GMC) got better?

scid_k_a_d	scid5rv a mood disorders k gmc bipolar and descriptive	E. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or necessitates hospitalization to prevent harm to self or others, or are psychotic features.					

––––––––––––––––––––––––––––––
…IF UNKNOWN: What effect have (BIPOLAR SXS) had on your life?

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION E:

…How have (BIPOLAR SXS) affected your relationships or your interactions with other people? (Have they caused you any problems in your relationships with your family, romantic partner or friends?)

…How have they affected your work/ school? (How about your attendance at work or school? Have they affected the quality of your work/schoolwork?)

…How did (BIPOLAR SXS) affect your ability to take care of things at home? Did you need to go into the hospital to protect you from hurting yourself or someone else, or from doing something that could have caused serious financial or legal problems?

scid_a_k_e	scid5rv a mood disorders k gmc bipolar and dropdown	…Have (BIPOLAR SXS) affected any other important part of your life? NOTE: The D criterion (delirium rule-out) has been omitted.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A196 *1=GO TO *SUBSTANCE INDUCED*		[scid a k bc] = '3'	LV
scid_a_k_sum	scid5rv a mood disorders k gmc bipolar and dropdown	BIPOLAR DISORDER DUE TO AMC CRITERIA A, B/C, AND E ARE CODED "3."	1, 1 absent or false | 3, 3 threshold or true	A197 *3 = bipolar Disorder due to AMC * 1 or 3 = continue		[scid a k e] = '3'	LV
scid_a_k_current	scid5rv a mood disorders k gmc bipolar and yesno	Check here ___ (yes) if current in the past month.		A198		[scid a k sum] = '3'	LV
scid_a_k_specify	scid5rv a mood disorders k gmc bipolar and dropdown	Specify if	1, 1 - With manic features: Full criteria are not met for a manic or hypomanic episode. | 2, 2 - With manic- or hypomanic-like episode: Full criteria are met except Criterion D for a manic episode or except Criterion F for a hypomanic episode. | 3, 3 - With mixed features: Symptoms of depression are also present but do not predominate in the clinical picture.	A199		[scid a k sum] = '3'	LV
scid_a_l	scid5rv a mood disorders l substancemedicat dropdown	IF SYMPTOMS ARE NOT TEMPORALLY ASSOCIATED WITH SUBSTANCE/MEDICATION USE, CHECK HERE ___ (yes) AND RETURN TO EPISODE BEING EVALUATED, CONTINUING WITH THE ITEM FOLLOWING "SYMPTOMS ARE NOT ATTRIBUTABLE TO THE PHYSIOLOGICAL EFFECTS OF A SUBSTANCE OR ANOTHER MEDICAL CONDITION" (SEE PAGE NUMBERS IN BOX TO THE RIGHT).	0, No | 1, Yes	A200			LV
skid_a_lb	scid5rv a mood disorders l substancemedicat dropdown	PAGE TO RETURN TO IN EPISODE BEING EVALUATED: CODE BASED ON INFORMATION ALREADY OBTAINED.	0, Current Manic C | 1, Current Hypomanic D | 2, Past Manic E | 3, Past Hypomanic F | 4, Current Cyclothymic Disorder G | 5, Other Specified Bipolar D.7	A200		[scid a l] = '0'	LV
scid_a_l_a	scid5rv a mood disorders l substancemedicat dropdown	A. A prominent and persistent disturbance in mood that predominates in the clinical picture and is characterized by elevated, expansive, or irritable mood, with or without depressed mood, or markedly diminished interest or pleasure in all, or almost all activities.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A201		[scid a l] = '0'	LV

B. There is evidence from the history, physical examination, or laboratory findings of both (1) and (2):

1. The symptoms in criterion A developed during or soon after substance intoxication or withdrawal or exposure to a medication.

2. The involved substance/medication is capable of producing the symptoms in Criterion A. NOTE: Refer to list of etiological substances/medications on page A.13.

––––––––––––––––––––––––––––
…IF UNKNOWN: When did the (BIPOLAR SXS) begin? Were you already using (SUBSTANCE/MEDICATION) or had you just stopped or cut down your use?

scid_a_l_b	scid5rv a mood disorders l substancemedicat dropdown	IF UNKNOWN: How much (SUBSTANCE/ MEDICATION) were you using when you began to have (BIPOLAR SXS)?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A202 1= NOT SUBSTANCE-INDUCED. RETURN TO EPISODE BEING EVALUATED	autocomplete	[scid a l] = '0'	LV

C. The disturbance is NOT better accounted for by a bipolar or related disorder that is not substance-induced. Such evidence of an independent bipolar or related disorder could include the following:

NOTE: The following three statements constitute evidence that the bipolar symptoms are not substance-induced. Code "1" if any are true. Code "3" only if none are true.

1) The symptoms precede the onset of the substance/medication use;

2) The symptoms persist for a substantial period of time (e.g., about 1 month) after the cessation of acute withdrawal or severe intoxication; or

3) There is other evidence suggesting the existence of an independent non-substance/ medication-induced bipolar and related disorder (e.g., a history of recurrent non-substance/ medication-related episodes).

ASK ANY OF THE FOLLOWING QUESTIONS AS NEEDED TO RULE OUT A NON-SUBSTANCE-INDUCED ETIOLOGY.

…IF UNKNOWN: Which came first, the (SUBSTANCE/MEDICATION USE) or the (BIPOLAR SXS)?

scid_a_l_c	scid5rv a mood disorders l substancemedicat dropdown	…IF UNKNOWN: Have you had a period of time when you stopped using (SUBSTANCE/MEDICATION)?	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	A203 1= RETURN TO EPISODE BEING EVALUATED		[scid a l b] = '2' or [scid a l b] = '3'	LV

E. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
NOTE: The D criterion (delirium rule-out) has been omitted.
_____
...IF UNKNOWN: What effect have (BIPOLAR SXS) had on your life?

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION E:

...How have (BIPOLAR SXS) affected your relationships or your interactions with other people? (Have they caused you any problems in your relationships with your family, romantic partner, or friends?)

...How have (BIPOLAR SXS) affected your work/school? (How about your attendance at work or school? Have they affected the quality of your work/schoolwork?)

...How did (BIPOLAR SXS) affect your ability to take care of things at home? Have you needed to go into the hospital to protect you from hurting yourself or someone else, or from doing something that could have caused serious financial or legal problems?

...Have (BIPOLAR SXS) affected any other important part of your life?

scid_a_l_e	scid5rv a mood disorders l substancemedicat dropdown	...IF HAVE NOT INTERFERED WITH LIFE: How much have (BIPOLAR SXS)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A204 1=RETURN TO EPISODE BEING EVALUATED	[scid_a_l_c] = '3'	LV
scid_a_l_sum	scid5rv a mood disorders l substancemedicat dropdown	SUBSTANCE-INDUCED BIPOLAR DISORDER CRITERIA A, B, C, AND E ARE CODED "3."	1, 1 absent or false | 3, 3 threshold or true	A205 3=SUBSTANCE-/MEDICATION-INDUCED BIPOLAR DISORDER, 1=RETURN TO EPISODE BEING EVALUATED	[scid_a_l_e] = '3'	LV
scid_a_l_current	scid5rv a mood disorders l substancemedicat dropdown	Check here ___ (yes) if current in the past month.	0, No | 1, Yes	A206	[scid_a_l_sum] = '3'	LV
scid_a_l_context	scid5rv a mood disorders l substancemedicat dropdown	Indicate context of development of mood symptoms:	1, 1 - With onset during intoxication | 2, 2 - With onset during withdrawal	A207 RETURN TO EPISODE BEING EVALUATED	[scid_a_l_sum] = '3'	LV
scid_a_m_check	scid5rv a mood disorders m gmc depressive dropdown	IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH A GENERAL MEDICAL CONDITION, CHECK HERE ___ (yes) AND GO TO "SUBSTANCE-INDUCED DEPRESSIVE DISORDER" A.48 CODE BASED ON INFORMATION ALREADY OBTAINED.	0, No | 1, Yes	A208		LV
scid_a_m_a	scid5rv a mood disorders m gmc depressive dropdown	A. A prominent and persistent period of depressed mood or markedly diminished interest or pleasure in all, or almost all, activities that predominates in the clinical picture.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A209	[scid_a_m_check] = '0'	LV
scid_a_m_bc	scid5rv a mood disorders m gmc depressive dropdown	CODE BASED ON INFORMATION ALREADY OBTAINED. B./C. There is evidence from the history, physical examination, or laboratory findings that the disturbance is the direct physiological consequence of another medical condition and the disturbance is not better accounted for by another mental disorder. NOTE: The following factors should be considered and, if present, support the conclusion that a general medical condition is etiologic to the depressive symptoms.	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	A210 1= GO TO *SUBSTANCE INDUCED*	[scid_a_m_check] = '0'	LV

1) There is evidence from the literature of a well-established association between the general medical condition and the depressive symptoms. (Refer to list of etiological general medical conditions on page A.4.)

2) There is a close temporal relationship between the course of the depressive symptoms and the course of the general medical condition.

3) The depressive symptoms are characterized by unusual presenting features (e.g., late age-at-onset).

4) The absence of alternative explanations (e.g., depressive symptoms as a psychological reaction to the stress of being diagnosed with a general medical condition).
_____
...Did the (DEPRESSIVE SXS) change after (GMC) began? Did (DEPRESSIVE SXS) start or get much worse only after (GMC) began? How long after (GMC) began did (DEPRESSIVE SXS) start or get much worse?

scid_a_m_note	scid5rv a mood disorders m gmc depressive descriptive	...IF GMC HAS RESOLVED: Did the (DEPRESSIVE SXS) get better once the (GMC) got better?			[scid_a_m_a] = '3'	

E. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

NOTE: The D criterion (delirium rule-out) has been omitted.
_____
...IF UNKNOWN: What effect have (DEPRESSIVE SX) had on your life?

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION E:

...How have (DEPRESSIVE SXS) affected your relationships or your interactions with other people? (Have they caused you any problems in your relationships with your family, romantic partner, or friends?)

...How have (DEPRESSIVE SXS) affected your work/school? (How about your attendance at work or school? Have they affected the quality of your work/schoolwork?)

...How have (DEPRESSIVE SXS) affected your ability to take care of things at home? How about doing simple everyday things like getting dressed, bathing, or brushing your teeth? How about doing other things that are important to you like religious activities, physical exercise, or hobbies? Did you avoid doing anything because you felt like you weren't up to it?

scid_a_m_e	scid5rv a mood disorders m gmc depressive dropdown	...Have (DEPRESSIVE SXS) affected any other important part of	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A211 1= GO TO *SUBSTANCE INDUCED*	[scid_a_m_bc] = '3'	LV
scid_a_m_sum	scid5rv a mood disorders m gmc depressive dropdown	DEPRESSIVE DISORDER DUE TO AMC CRITERIA A, B/C, AND E ARE CODED "3."	1, 1 absent or false | 3, 3 threshold or true	A212 1=CONTINUE 3=DEPRESSIVE DISORDER DUE TO AMC	[scid_a_m_e] = '3'	LV
scid_a_m_current	scid5rv a mood disorders m gmc depressive dropdown	Check here ___ (yes) if current in the past month.	0, No | 1, Yes	A213	[scid_a_m_sum] = '3'	LV
scid_a_m_specify	scid5rv a mood disorders m gmc depressive dropdown	Specify if:	1, 1 - With depressive features: Full criteria are not met for a major depressive episode. | 2, 2 - With major depressive-like episode: Full criteria are met (except Criterion C) for a major depressive episode. | 3, 3 - With mixed features: Symptoms of mania or hypomania are also present but do not predominate in the clinical picture.	A214	[scid_a_m_sum] = '3'	LV
scid_a_na	scid5rv a mood disorders n substancemedica dropdown	IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH SUBSTANCE/MEDICATION USE, CHECK HERE ___ (yes) AND RETURN TO EPISODE BEING EVALUATED, CONTINUING WITH THE ITEM FOLLOWING "SYMPTOMS ARE NOT ATTRIBUTABLE TO THE PHYSIOLOGICAL EFFECTS OF A SUBSTANCE OR ANOTHER MEDICAL CONDITION" (SEE PAGE NUMBERS IN BOX TO THE RIGHT).	0, No | 1, Yes	A215a		LV
scid_a_nb	scid5rv a mood disorders n substancemedica dropdown	PAGE TO RETURN TO IN EPISODE BEING EVALUATED: CODE BASED ON INFORMATION ALREADY OBTAINED.	1, Current MDE A | 2, Past MDE B | 3, Current Persistent Depressive Disorder H | 4, Past Persistent Depressive Disorder I | 5, PMDD J | 6, Other Specified Depressive Disorder D.12	A215b	[scid_a na] = '0'	LV
scid_a_n_a	scid5rv a mood disorders n substancemedica dropdown	A. A prominent and persistent disturbance in mood that predominates in the clinical picture and is characterized by depressed mood or markedly diminished interest or pleasure in all, or almost all, activities	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A216	[scid_a na] = '0'	LV

B. There is evidence from the history, physical examination, or laboratory findings of both (1) and (2):

1. The symptoms in criterion A developed during or soon after substance intoxication or withdrawal or exposure to a medication

2. The involved substance/medication is capable of producing the symptoms in Criterion A. NOTE: refer to list of etiological substances/medications on page A.4.
_____
...IF UNKNOWN: When did the (DEPRESSIVE SXS) begin? Were you already using (SUBSTANCE/MEDICATION) or had you just stopped or cut down your use?

scid_a_n_b	scid5rv a mood disorders n substancemedica dropdown	...IF UNKNOWN: How much (SUBSTANCE/ MEDICATION) were you using when you began to have (DEPRESSIVE SXS)?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A217 1=NOT SUBSTANCE-INDUCED.RETURN TO EPISODE BEING EVALUATED	[scid_a_n_a] = '0'	

C. The disturbance is NOT better accounted for by a depressive disorder that is not substance-induced. Such evidence of an independent depressive disorder could include the following:

NOTE: The following three statements constitute evidence that the depressive symptoms are not substance-induced. Code "1" if any are true. Code "3" only if none are true.

1) The symptoms precede the onset of the substance/medication use;

2) The symptoms persist for a substantial period of time (e.g., about 1 month) after the cessation of acute withdrawal or severe intoxication; or

3) There is other evidence suggesting the existence of an independent non-substance/ medication-induced depressive disorder (e.g., a history of recurrent non-substance/ medication-related episodes).

ASK ANY OF THE FOLLOWING QUESTIONS AS NEEDED TO RULE OUT A NON-SUBSTANCE-INDUCED ETIOLOGY.
_____
...IF UNKNOWN: Which came first, the (SUBSTANCE/MEDICATION USE) or the (DEPRESSIVE SXS)?

scid_a_n_c	scid5rv a mood disorders n substancemedica dropdown	...IF UNKNOWN: Have you had a period of time when you stopped using (SUBSTANCE/MEDICATION)?	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	A218 1=RETURN TO EPISODE BEING EVALUATED	[scid_a_n_b] = '2' or [scid_a_n_b] = '3'	LV

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

NOTE: the D criterion (delirium rule-out) has been omitted.

_____

...IF UNKNOWN: What effect have (DEPRESSIVE SXS) had on your life?

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION E:

...How have (DEPRESSIVE SXS) affected your relationships or your interactions with other people? (Have they caused you any problems in your relationships with your family, romantic partner or friends?)

...How have (DEPRESSIVE SXS) affected your work/school? (How about your attendance at work or school? Have they affected the quality of your work/schoolwork?)

...How have (DEPRESSIVE SXS) affected your ability to take care of things at home? How about doing simple everyday things like getting dressed, bathing, or brushing your teeth? How about doing other things that are important to you like religious activities, physical exercise, or hobbies? Did you avoid doing anything because you felt like you weren't up to it?

id	section	type	prompt	scoring	skip	condition	col
scid_a_n_e	scidSrv a mood disorders n substancemedica	dropdown	...Have (DEPRESSIVE SXS) affected any other important part of	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	A219 1=RETURN TO EPISODE BEING EVALUATED A220 1=RETURN TO EPISODE BEING EVALUATED 3=SUBSTANCE/MEDICATION-INDUCED DEPRESSIVE DISORDER	[scid_a_n_c] = '3'	LV
scid_a_n_sum	scidSrv a mood disorders n substancemedica	dropdown	SUBSTANCE-INDUCED DEPRESSIVE DISORDER CRITERIA A, B, C, AND E ARE CODED "3."	1, 1 absent or false | 3, 3 threshold or true	A221	[scid_a_n_e] = '3'	LV
scid_a_n_current	scidSrv a mood disorders n substancemedica	dropdown	Check here ___ (yes) if current in the past month	0, No | 1, Yes	A222 RETURN TO EPISODE BEING EVALUATED	[scid_a_n_sum] = '3'	LV
scid_a_n_context	scidSrv a mood disorders n substancemedica	dropdown	Indicate context of development of mood symptoms:	1, 1 - With onset during intoxication | 2, 2 - With onset during withdrawal		[scid_a_n_sum] = '3'	LV

For each psychotic symptom coded "3," describe the actual content and indicate the period of time during which the symptom was present. Moreover, for any psychotic symptom coded "3," determine whether the symptom is definitely "primary" or whether there is a possible or definite etiological substance (including medication) or general medical condition. Refer to page B/C.6 for a list of possible etiological general medical conditions and substances/medications.

The following questions may be useful if the Overview has not already provided the information.

...Just before (PSYCHOTIC SXS) began, were you using drugs? ...were you taking any medications? ...did you drink much more than usual or stop drinking after you had been drinking a lot for a while? ...were you physically ill?

...IF YES TO ANY: Has there been a time when you had (PSYCHOTIC SXS) and were not (USING DRUGS/TAKING MEDICATION/CHANGING YOUR DRINKING HABITS/ILL)?

| scid_bc_notes | scidSrv_bc_psychotic_screening_module | descriptive |

A false belief based on incorrect inference about external reality that is firmly held despite what almost everyone else believes and despite what constitutes incontrovertible and obvious proof or evidence to the contrary. The belief is not one ordinarily accepted by other members of the person's culture or subculture. When a false belief involves a value judgment, it is regarded as a delusion only when the judgment is so extreme as to defy credibility. Code overvalued ideas (unreasonable and sustained beliefs that are maintained with less than delusional intensity) as "2."

_____

...Now I'd like to ask you about unusual experiences that people sometimes have.

Delusion of reference, i.e., events, objects, or other persons in the individual's immediate environment are seen as having a particular and unusual significance.

| scid_bc_delusions | scidSrv bc psychotic scree Delusions | descriptive |

_____

...Has it ever seemed like people were talking about you or taking special notice of you? (What do you think they were saying about you?) IF YES: Were you convinced they were talking about you or did you think it might have been your imagination?

...Did you ever have the feeling that something on the radio, TV, or in a movie was meant especially for you? (...not just that it was particularly relevant to you, but that it was specifically meant for you.)

...Did you ever have the feeling that the words in a popular song were meant to send you a special message? (...not just that they were particularly relevant to you, but that they were specifically meant for you.)

...Did you ever have the feeling that what people were wearing was intended to send you a special message?

...Did you ever have the feeling that street signs or billboards had a special meaning for you?

| scid_bc_1 | scidSrv_bc_psychotic_screening_module | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | BC1 | | LV |
| scid_bc_1a | scidSrv_bc_psychotic_screening_module | dropdown | Primary? | 1, POSS/DEF SUBST/GMC \| 3, PRIMARY | BC1a | [scid_bc_1] = '3' | LV |

Persecutory delusion, i.e., the central theme is that one (or someone to whom one is close to) is being attacked, harassed, cheated, persecuted, or conspired against.

_____

...What about anyone going out of their way to give you a hard time, or trying to hurt you? (Tell me about that.)

...Have you ever had the feeling that you were being followed, spied on, manipulated, or plotted against?

...Did you ever have the feeling that you were being poisoned or that your food had been tampered with?

| scid_bc_2 | scidSrv_bc_psychotic_screening_module | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | BC2 | | LV |
| scid_bc_2a | scidSrv bc psychotic screening module | dropdown | Primary? | 1, POSS/DEF SUBST/GMC \| 3, PRIMARY | BC2a | [scid_bc_2] = '3' | LV |

Grandiose delusion, i.e., content involves inflated worth, power, knowledge identity, or a special relationship to a deity or famous person.

_____

...Have you ever thought that you were especially important in some way, or that you had special powers or knowledge? (Tell me about that.)

...Did you ever believe that you had a special or close relationship with a celebrity or someone else famous?

| scid_bc_3 | scidSrv_bc_psychotic_screening_module | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | BC3 | | LV |
| scid_bc_3a | scidSrv bc psychotic screening module | dropdown | Primary? | 1, POSS/DEF SUBST/GMC \| 3, PRIMARY | BC3a | [scid_bc_3] = '3' | LV |

Somatic delusion, i.e., main content pertains to the appearance or functioning of one's body.

_____

...Have you ever been convinced that something was very wrong with your physical health even though your doctor said nothing was wrong...like you had cancer or some other disease? (Tell me about that.)

...Have you ever felt that something strange was happening to parts of your body?

| scid_bc_4 | scidSrv_bc_psychotic_screening_module | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | BC4 | | LV |
| scid_bc_4a | scidSrv bc psychotic screening module | dropdown | Primary? | 1, POSS/DEF SUBST/GMC \| 3, PRIMARY | BC4a | [scid_bc_4] = '3' | LV |

Delusion of guilt, i.e., a belief that a minor error in the past will lead to disaster, or that he or she has committed a horrible crime and should be punished severely, or that he or she is responsible for a disaster (e.g., an earthquake or fire) with which there can be no possible connection

...Have you ever felt that you had committed a crime or done something terrible for which you should be punished? (Tell me about that.)

...Have you ever felt that something you did, or should have done but did not do, caused serious harm to your parents, children, other family members, or friends?

...What about feeling responsible for a disaster such as a fire, flood, or earthquake?

| scid_bc_5 | scidSrv_bc_psychotic_screening_module | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | BC5 | | LV |
| scid_bc_5a | scidSrv_bc_psychotic_screening_module | dropdown | Primary? | 1, POSS/DEF SUBST/GMC \| 3, PRIMARY | BC5a | [scid_bc_5] = '3' | LV |

Jealous delusion, i.e., that one's sexual partner is unfaithful

_____

...Have you ever been convinced that your spouse or partner was being unfaithful to you?

...IF YES: How did you know they were being unfaithful? (What clued you into this?)

| scid_bc_6 | scidSrv_bc_psychotic_screening_module | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | BC6 | | LV |
| scid_bc_6a | scidSrv_bc_psychotic_screening_module | dropdown | Primary? | 1, POSS/DEF SUBST/GMC \| 3, PRIMARY | BC6a | [scid_bc_6] = '3' | LV |

Erotomanic delusion, i.e., that another person, usually of higher status, is in love with the individual.

_____

...Did you ever have a "secret admirer" who, when you tried to contact them, denied that they were in love with you? (Tell me about that.)

...Were you ever romantically involved with someone famous? (Tell me about that.)

| scid_bc_7 | scidSrv_bc_psychotic_screening_module | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | BC7 | | LV |
| scid_bc_7a | scidSrv bc psychotic screening module | dropdown | Primary? | 1, POSS/DEF SUBST/GMC \| 3, PRIMARY | BC7a | [scid_bc_7] = '3' | LV |

Religious delusion, i.e., a delusion with a religious or spiritual content.

_____

...Are you a religious or spiritual person?

...IF YES: Have you ever had any religious or spiritual experiences that the other people in your religious or spiritual community have not experienced?

...IF YES: Tell me about your experiences. (What did they think about these experiences of yours?)

...IF NO: Have you ever felt that God, the devil, or some other spiritual being or higher power has communicated directly with you? (Tell me about that. Do others in your religious or spiritual community also have such experiences?)

| scid_bc_8 | scidSrv_bc_psychotic_screening_module | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | BC8 | | LV |
| scid_bc_8a | scidSrv bc psychotic screening module | dropdown | Primary? | 1, POSS/DEF SUBST/GMC \| 3, PRIMARY | BC8a | [scid_bc_8] = '3' | LV |

				Delusion of being controlled, i.e., feelings, impulses, thoughts, or actions are experienced as being under the control of some external force rather than under one's own control. _____				
scid_bc_9	scid5rv_bc_psychotic_screening_module	scidSrv bc psychotic screening module	dropdown	...Did you ever feel that someone or something outside yourself was controlling your thoughts or actions against your will? (Tell me about that.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	BC9		LV
scid_bc_9a	scid5rv_bc_psychotic_screening_module	scidSrv bc psychotic screening module	dropdown	Primary?	1, POSS/DEF SUBST/GMC | 3, PRIMARY	BC9a	[scid_bc_9] = '3'	LV
				Thought insertion, i.e., that certain thoughts are not one's own, but rather are inserted into one's mind. _____				
scid_bc_10	scid5rv_bc_psychotic_screening_module	scidSrv bc psychotic screening module	dropdown	...Did you ever feel that certain thoughts that were not your own were put into your head? (Tell me about that.)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	BC10		LV
scid_bc_10a	scid5rv_bc_psychotic_screening_module	scidSrv bc psychotic screening module	dropdown	Primary?	1, POSS/DEF SUBST/GMC | 3, PRIMARY	BC10a	[scid_bc_10] = '3'	LV
				Thought withdrawal, i.e., that one's thoughts have been "removed" by some outside force. _____				
scid_bc_11	scid5rv_bc_psychotic_screening_module	scidSrv bc psychotic screening module	dropdown	...What about thoughts being taken out of your head? (Tell me about that.)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	BC11		LV
scid_bc_11a	scid5rv_bc_psychotic_screening_module	scidSrv bc psychotic screening module	dropdown	Primary?	1, POSS/DEF SUBST/GMC | 3, PRIMARY	BC11a	[scid_bc_11] = '3'	LV
				Thought broadcasting, i.e., the delusion that one's thoughts are being broadcast out loud so that others can perceive them. _____				
scid_bc_12	scid5rv_bc_psychotic_screening_module	scidSrv bc psychotic screening module	dropdown	...Did you ever feel as if your thoughts were being broadcast out loud so that other people could actually hear what you were thinking? (Tell me about that.)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	BC12		LV
scid_bc_12a	scid5rv_bc_psychotic_screening_module	scidSrv bc psychotic screening module	dropdown	Primary?	1, POSS/DEF SUBST/GMC | 3, PRIMARY	BC12a	[scid_bc_12] = '3'	LV
				Other delusions (e.g., that others can read the person's mind, a delusion that one has died several years ago). _____				
scid_bc_13	scid5rv_bc_psychotic_screening_module	scidSrv bc psychotic screening module	dropdown	...Did you ever believe that someone could read your mind? (Tell me about that.)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	BC13		LV
scid_bc_13a	scid5rv_bc_psychotic_screening_module	scidSrv bc psychotic screening module	dropdown	Primary?	1, POSS/DEF SUBST/GMC | 3, PRIMARY	BC13a	[scid_bc_13] = '3'	LV
scid_bc_halnotes	scid5rv bc psychotic scre	Hallucinations	descriptive	A perception-like experience with the clarity and impact of a true perception, but without the external stimulation of the relevant sensory organ. The person may or may not have insight into the nonveridical nature of the hallucination (i.e., one hallucinating person may recognize the false sensory experience, whereas another may be convinced that the experience is grounded in reality). NOTE: Code "2" for hallucinations that are so transient as to be without diagnostic significance. Code "1" for hypnagogic or hypnopompic hallucinations. Auditory hallucinations, i.e., involving the perception of sound, most commonly of voice) when fully awake, heard either inside or outside of one's head. _____				
scid_bc_14	scid5rv_bc_psychotic_screening_module	scidSrv bc psychotic screening module	dropdown	...Did you ever hear things that other people couldn't, such as noises, or the voices of people whispering or talking? (Were you awake at the time?) ...IF YES: What did you hear? How often did you hear it?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	BC14		LV
scid_bc_14a	scid5rv_bc_psychotic_screening_module	scidSrv bc psychotic screening module	dropdown	Primary?	1, POSS/DEF SUBST/GMC | 3, PRIMARY	BC14a	[scid_bc_14] = '3'	LV
				Visual hallucinations, i.e., a hallucination involving sight, which may consist of formed images, such as of people or of unformed images, such as flashes of light. _____				
scid_bc_15	scid5rv_bc_psychotic_screening_module	scidSrv bc psychotic screening module	dropdown	...Did you have visions or see things that other people couldn't see? (Tell me about that. Were you awake at the time?) NOTE: DISTINGUISH FROM AN ILLUSION, I.E., A MISPERCEPTION OF A REAL EXTERNAL STIMULUS.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	BC15		LV
scid_bc_15a	scid5rv_bc_psychotic_screening_module	scidSrv bc psychotic screening module	dropdown	Primary?	1, POSS/DEF SUBST/GMC | 3, PRIMARY	BC15a	[scid_bc_15] = '3'	LV
				Tactile hallucinations, i.e., a hallucination involving the perception of being touched or of something being under one's skin. _____				
scid_bc_16	scid5rv_bc_psychotic_screening_module	scidSrv bc psychotic screening module	dropdown	...What about strange sensations on your skin, like feeling like something is creeping or crawling on or under your skin? How about the feeling of being touched or stroked? (Tell me about that.)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	BC16		LV
scid_bc_16a	scid5rv_bc_psychotic_screening_module	scidSrv bc psychotic screening module	dropdown	Primary?	1, POSS/DEF SUBST/GMC | 3, PRIMARY	BC16a	[scid_bc_16] = '3'	LV
				Somatic hallucination, i.e., a hallucination involving the perception of physical experience localized within the body (e.g., a feeling of electricity). _____				
scid_bc_17	scid5rv_bc_psychotic_screening_module	scidSrv bc psychotic screening module	dropdown	...What about having unusual sensations inside a part of your body, like a feeling of electricity? (Tell me about that.)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	BC17		LV
scid_bc_17a	scid5rv_bc_psychotic_screening_module	scidSrv bc psychotic screening module	dropdown	Primary?	1, POSS/DEF SUBST/GMC | 3, PRIMARY	BC17a	[scid_bc_17] = '3'	LV
				Gustatory hallucinations, i.e., a hallucination involving the perception of taste (usually unpleasant) _____				
scid_bc_18	scid5rv_bc_psychotic_screening_module	scidSrv bc psychotic screening module	dropdown	...How about eating or drinking something that you thought tasted bad or strange even though everyone else who tasted it thought it was fine? (Tell me about that.)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	BC18		LV
scid_bc_18a	scid5rv_bc_psychotic_screening_module	scidSrv bc psychotic screening module	dropdown	Primary?	1, POSS/DEF SUBST/GMC | 3, PRIMARY	BC18a	[scid_bc_18] = '3'	LV
				Olfactory hallucinations, i.e., a hallucination involving the perception of odor _____				
scid_bc_19	scid5rv_bc_psychotic_screening_module	scidSrv bc psychotic screening module	dropdown	...What about smelling unpleasant things that other people couldn't smell, like decaying food or dead bodies? (Tell me about that.)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	BC19		LV
scid_bc_19a	scid5rv_bc_psychotic_screening_module	scidSrv bc psychotic screening module	dropdown	Primary?	1, POSS/DEF SUBST/GMC | 3, PRIMARY	BC19a	[scid_bc_19] = '3'	LV
scid_bc_sum	scid5rv_bc_psychotic_screening_module		dropdown	ANY ITEM CODED "3" IN "PRIMARY" SECTION	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	BC20 1=Go to next module 3=Psychotic disorder likely		LV
scid_bc_mood	scid5rv_bc_psychotic_screening_module		dropdown	Psychotic symptoms occur at times other than during mood episodes. NOTE: Code "3" if psychotic symptoms have been present and either: 1) there have never been any Major Depressive or Manic Episodes, or 2) psychotic symptoms occurred outside of Major Depressive or Manic Episodes. Code "1" if psychotic symptoms have occurred only during Major Depressive or Manic Episodes. _____ ...IF A MAJOR DEPRESSIVE OR MANIC EPISODE HAS EVER BEEN PRESENT: Has there ever been a time when you had (PSYCHOTIC SXS) and you were not (depressed/high/irritable/OWN WORDS)?	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	BC21 1=Psychotic Mood Disorder *Go to next Module*. 3=Psychotic disorder likely	[scid_bc_sum] = '3'	LV
scid_bc_etionotes	scid5rv_bc_psychotic_screening_module		descriptive	Etiological general medical conditions include: Neurological conditions (e.g., neoplasms, cerebrovascular disease, Huntington's disease, multiple sclerosis, epilepsy, auditory or visual nerve injury or impairment, deafness, migraine, central nervous system infections); endocrine conditions (e.g., hyper- and hypothyroidism, hyper- and hypoparathyroidism, hyper- and hypoadrenocorticism), metabolic conditions (e.g., hypoxia, hypercarbia, hypoglycemia), fluid or electrolyte imbalances, hepatic or renal diseases, and autoimmune disorders with central nervous system involvement (e.g., systemic lupus erythematosus). Etiological substances/medications include: Alcohol (during intoxication or withdrawal); cannabis (during intoxication); hallucinogens (during intoxication), phencyclidine (and related substances (during intoxication); inhalants (during intoxication); sedatives, hypnotics, and anxiolytics (during intoxication or withdrawal); and stimulants (including cocaine) (during intoxication); Other substances and medications that can cause psychotic symptoms include anesthetics and analgesics, anticholinergic agents, anticonvulsants, antihistamines, antihypertensive and cardiovascular medications, antimicrobial medications, antiparkinsonian medications, chemotherapeutic agents (e.g., cyclosporine, procarbazine), corticosteroids, gastrointestinal medications, muscle relaxants, nonsteroidal anti-inflammatory medications, other over-the-counter medications (e.g.,				
scid_d	scid5rv d mood differential a bipolar i disord	Bipolar I Disorder Criteria	dropdown	IF THERE HAVE NEVER BEEN ANY CLINICALLY SIGNIFICANT MOOD SYMPTOMS, OR IF ALL MOOD SYMPTOMS ARE ACCOUNTED FOR BY A DIAGNOSIS OF SCHIZOAFFECTIVE DISORDER (SEE MODULE C), CHECK HERE ____ (yes) AND GO TO THE NEXT MODULE. *BIPOLAR I DISORDER CRITERIA*	0, No | 1, Yes	D1		LV
scid_d_aa	scid5rv d mood differenti		dropdown	A. Criteria have been met for at least one Manic Episode. *BIPOLAR I DISORDER CRITERIA*	1, 1 absent or false | 3, 3 threshold or true	D2 1= GO TO *BIPOLAR II DISORDER*	[scid_d] = '0'	LV
scid_d_ab	scid5rv d mood differential a bipolar i disord		dropdown	B. The occurrence of the Manic and Major Depressive Episode(s) is not better explained by Schizoaffective Disorder, Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Other Specified or Unspecified Schizophrenia Spectrum and Other Psychotic Disorder. *BIPOLAR I DISORDER CRITERIA*	1, 1 absent or false | 3, 3 threshold or true	D3 1= GO TO *BIPOLAR II DISORDER* 3= Bipolar I disorder	[scid_d_aa] = '3'	LV
scid_d_ab_type	scid5rv d mood differential a bipolar i disord		dropdown	B. Indicate type of current (or most recent) episode: (choose the appropriate number) NOTE: For individuals whose symptoms meet full episode criteria for both current Manic Episode and current Major Depressive Episode simultaneously, the current episode is considered to be a Manic Episode, With Mixed Features. *BIPOLAR II DISORDER*	1, 1 - Manic | 2, 2 - Hypomanic | 3, 3 - Major Depressive | 4, 4 - Unspecified (i.e., criteria, except for duration, are currently met for a Manic, Hypomanic, or Major Depressive Episode)	D3 GO TO *RAPID CYCLING*	[scid_d_ab] = '3'	LV
scid_d_ba	scid5rv d mood differenti	Bipolar II Disorder	dropdown	A. Criteria have been met for at least one Hypomanic Episode and at least one Major Depressive Episode. PRESENCE OF A HYPOMANIC EPISODE IS INDICATED BY A RATING OF "3" ON FIELD CODE A91 (PAGE A.17) AND/OR BY A RATING OF "3" ON FIELD CODE A129 (PAGE A.29). PRESENCE OF A MAJOR DEPRESSIVE EPISODE IS INDICATED BY A RATING OF "3" ON FIELD CODE A25 BASED ON ITEM A25 (PAGE A.4) AND/OR BY A RATING OF "3" ON FIELD CODE A51 (PAGE A.9). *BIPOLAR II DISORDER*	1, 1 absent or false | 3, 3 threshold or true	D5 1=GO TO *OTHER SPECIFIED BIPOLAR DISORDER*	[scid_d_aa] = '1' or [scid_d_ab] = '1'	LV
scid_d_bb	scid5rv d mood differential a bipolar i disord		dropdown	B. There has never been a Manic Episode.	1, 1 absent or false | 3, 3 threshold or true	D6 1=GO TO *OTHER SPECIFIED BIPOLAR DISORDER* 3=Never Manic	[scid_d_ba] = '3'	LV

Variable	Label	Text	Response options	Skip	Condition	
		BIPOLAR II DISORDER				
scid_d_bc	scid5rv d mood differential a bipolar i disord dropdown	C. The occurrence of the Hypomanic Episode(s) and Major Depressive Episode(s) is not better explained by Schizoaffective Disorder, Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Other Specified or Unspecified Schizophrenia Spectrum and Other Psychotic Disorder. *BIPOLAR II DISORDER*	1, 1 absent or false | 3, 3 threshold or true	D7 1=GO TO *OTHER SPECIFIED BIPOLAR DISORDER*	[scid_d_bb] = '3'	LV
		D. The symptoms of depression or the unpredictability caused by frequent alternation between periods of depression and hypomania causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.				
		——————————————————— ...IF UNKNOWN: What effect have (BIPOLAR II SXS) had on your life?				
		ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION D:				
		...How have (BIPOLAR II SXS) affected your relationships or your interactions with other people? (Have they caused you any problems in your relationships with your family, romantic partner or friends?)				
		...How have (BIPOLAR II SXS) affected your work/school? (How about your attendance at work or school? Have they affected the quality of your work/ schoolwork?)				
		...How did this affect your ability to take care of things at home?				
		...Have (BIPOLAR II SXS) affected any other important part of your life?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2	D8 1=GO TO *OTHER SPECIFIED BIPOLAR DISORDER* D9 1=GO TO *OTHER SPECIFIED BIPOLAR DISORDER*		
scid_d_bd	scid5rv d mood differential a bipolar i disord dropdown	...IF HAVE NOT INTERFERED WITH LIFE: How much have (BIPOLAR subthreshold | 3, 3 threshold or true	subthreshold | 3, 3 threshold or true		[scid_d_bc] = '3'	LV
		BIPOLAR II DISORDER		3=BIPOLAR II DISORDER		
scid_d_bsum	scid5rv d mood differential a bipolar i disord dropdown	CRITERIA A, B, C, AND D ARE CODED "3." *BIPOLAR II DISORDER*	1, 1 absent or false | 3, 3 threshold or true		[scid_d_bd] = '3' or [scid_d_bd] = '2'	LV
scid_d_btype	scid5rv d mood differential a bipolar i disord dropdown	Indicate type of current (or most recent) episode: (circle the appropriate number)	1, 1 - Hypomanic | 2, 2 - Major Depressive	D10 CONTINUE ON NEXT PAGE	[scid_d_bsum] = '3'	LV
		RAPID CYCLING				
		Presence of at least four mood episodes in the previous 12 months that meet the criteria for a Manic, Hypomanic, or Major Depressive Episode.				
		Note: Episodes are demarcated by either partial or full remission of at least 2 months or a switch to an episode of the opposite polarity (e.g., Major Depressive Episode to Manic Episode).				
scid_d_c	scid5rv d mood differenti Rapid Cycling dropdown	——————————————————— ...IF UNKNOWN: Since (1 YEAR AGO), how many times have you had periods of being (high/irritable/OWN WORDS) and periods of being (depressed/OWN WORDS)? *SEASONAL PATTERN*	1, 1 absent or false | 3, 3 threshold or true	D11 3= Current Rapid Cycling	[scid_d_ab] = '3' or [scid_d_bsum] = '3'	LV
		At least two Major Depressive Episodes in the past two years (including current).				
scid_d_d1	scid5rv d mood differenti Seasonal Pattern dropdown	——————————————————— ...IF UNKNOWN: In the last two years, since (TWO YEARS AGO), have you had at least two periods during which you were (depressed/OWN WORDS)? *SEASONAL PATTERN*	1, 1 absent or false | 3, 3 threshold or true	D12	[scid_d_ab] = '3' or [scid_d_bsum] = '3'	LV
		At least two Manic or Hypomanic Episodes in the past two years (including current).				
scid_d_d2	scid5rv d mood differential a bipolar i disord dropdown	——————————————————— ...IF UNKNOWN: In the last two years, since (TWO YEARS AGO), have you had at least two periods during which you were (high/irritable/OWN WORDS)? *SEASONAL PATTERN*	1, 1 absent or false | 3, 3 threshold or true	D13	[scid_d_ab] = '3' or [scid_d_bsum] = '3'	LV
scid_d_dcheck	scid5rv d mood differential a bipolar i disord dropdown	IF BOTH OF THE ABOVE ARE CODED "1," CHECK HERE ___ (yes) AND GO TO *BIPOLAR CHRONOLOGY* D.14	0, No | 1, Yes	D14	[scid_d_ab] = '3' or [scid_d_bsum] = '3'	LV
		SEASONAL PATTERN				
		The essential feature is a regular seasonal pattern of at least one type of episode (i.e., mania, hypomania, or depression). The other types of episodes may not follow this pattern. For example, an individual may have seasonal manias, but his or her depressions do not regularly occur at a specific time of the year.				
		A. There has been a regular temporal relationship between the onset of Manic, Hypomanic, or Major Depressive Episodes and a particular time of the year (e.g., in the fall or winter).				
		Note: Do not include cases in which there is an obvious effect of seasonal-related psychosocial stressors (e.g., regularly being unemployed every winter).				
scid_d_da	scid5rv d mood differential a bipolar i disord dropdown	——————————————————— ...IF UNKNOWN: Do the periods of feeling (depressed/high/irritable/OWN WORDS) mostly seem to happen at the same time of year, like being depressed every winter or manic every spring? (In what month do your [SXS OF DEPRESSION/ MANIA/HYPOMANIA] typically start?) *SEASONAL PATTERN*	1, 1 absent or false | 3, 3 threshold or true	D15 1=GO TO *BIPOLAR CHRONOLOGY* D.14	[scid_d_dcheck] = '0'	LV
scid_d_damonth	scid5rv d mood differential a bipolar i disord text	Indicate month of regular onset of episode *SEASONAL PATTERN*		D16	[scid_d_da] = '3'	LV
		B. Full remissions (or a change from major depression to mania or hypomania or vice versa) also occur at a characteristic time of the year (e.g., depression disappears in the spring).				
scid_d_db	scid5rv d mood differential a bipolar i disord dropdown	...IF UNKNOWN: Do the periods of (SEASONALLY DEPRESSED/ELEVATED/ IRRITABLE MOOD MENTIONED ABOVE) get better around the same time of the year, like in the spring? (In what month do [SXS] usually get better?) *SEASONAL PATTERN*	1, 1 absent or false | 3, 3 threshold or true	D17 1=GO TO *BIPOLAR CHRONOLOGY* D.14	[scid_d_da] = '3'	LV
scid_d_dbmonth	scid5rv d mood differential a bipolar i disord text	Indicate month of regular remission of episode		D18	[scid_d_db] = '3'	LV
		SEASONAL PATTERN				
		C. In the last 2 years, the individual's Manic, Hypomanic, or Major Depressive Episodes have demonstrated a temporal seasonal relationship, as defined above, and no nonseasonal episodes of that polarity have occurred during that 2-year period.				
		——————————————————— IF SEASONAL DEPRESSION: ...Since (2 YEARS AGO), have all of your periods of depression begun during the same time of the year?				
scid_d_dc	scid5rv d mood differential a bipolar i disord dropdown	IF SEASONAL MANIA/HYPOMANIA: ...Since (2 YEARS AGO), have all of your periods of feeling (high/ irritable/OWN WORDS) begun during the same time of the year? *SEASONAL PATTERN*	1, 1 absent or false | 3, 3 threshold or true	D19 1=GO TO *BIPOLAR CHRONOLOGY* D.14	[scid_d_db] = '3'	LV
		D. Seasonal manias, hypomanias, or depressions (as described above) substantially outnumber any nonseasonal manias, hypomanias, or depressions that may have occurred over the individual's lifetime.				
scid_d_dd	scid5rv d mood differential a bipolar i disord dropdown	——————————————————— ...IF UNKNOWN: About how many years can you recall having had periods of seasonal (DEPRESSION/MANIA/ HYPOMANIA)? ...How often did they occur during other times of the year? *OTHER SPECIFIED BIPOLAR DISORDER*	1, 1 absent or false | 3, 3 threshold or true	D20 3= Seasonal Pattern. **GO TO *BIPOLAR CHRONOLOGY* D.14	[scid_d_db] = '3'	LV
scid_d_ea	Other Specified Bipolar Disorder scid5rv d mood differenti dropdown	Symptoms characteristic of a Bipolar and Related Disorder...predominate...but do not meet the full criteria for Bipolar I, Bipolar II, or Cyclothymic Disorder. *OTHER SPECIFIED BIPOLAR DISORDER*	1, 1 absent or false | 3, 3 threshold or true	D21 1=GO TO *MAJOR DEPRESSIVE DISORDER*	[scid_d_ba] = '1' or [scid_d_bb] = '1' or [scid_d_bc] = '1' or [scid_d_bd] = '1' or [scid_d_bsum] = '1'	LV
		[Symptoms] that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.				
		——————————————————— ... IF UNKNOWN: What effect have (BIPOLAR SXS) had on your life?				
		ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION.				
		...How have (BIPOLAR SXS) affected your relationships or your interactions with other people? (Have they caused you any problems in your relationships with your family, romantic partner or friends?)				
		...How have (BIPOLAR SXS) affected your work/school? (How about your attendance at work or school? Have they affected the quality of your work/ schoolwork?)				
		...How has this affected your ability to take care of things at home? Have you needed to go into the hospital to protect you from hurting yourself or someone else, or from doing something that could have caused serious financial or legal problems?				
scid_d_eb	scid5rv d mood differential a bipolar i disord dropdown	...Have (BIPOLAR SXS) affected any other important part of your life?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	D22 1=GO TO *MAJOR DEPRESSIVE DISORDER*	[scid_d_ea] = '3'	LV

OTHER SPECIFIED BIPOLAR DISORDER

[Primary Other Specified Bipolar Disorder: Not attributable to the physiological effects of a substance/medication or to another medical condition]

IF THERE IS ANY INDICATION THAT THE MANIC OR HYPOMANIC SXS MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE/ MEDICATION), GO TO *GMC/SUBSTANCE CAUSING BIPOLAR AND RELATED SYMPTOMS* A.42, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

_____
…IF UNKNOWN: When did this begin?

…Just before (MANIC/HYPOMANIC SXS) began, were you physically ill?
…IF YES: What did the doctor say?
OTHER SPECIFIED BIPOLAR DISORDER

| scid_d_ec | scid5rv d mood differential a bipolar i disord dropdown | (above) | -99, -99 inadequate information \| 1, 1 absent or false \| 3, 3 threshold or true | D23 1=GO TO *MAJOR DEPRESSIVE DISORDER* 3=OTHER SPECIFIED BIPOLAR DISORDER; CONTINUE | [scid_d_eb] = '2' or [scid_d_eb] = '3' | LV |

Indicate type:

1 - Short-duration Hypomanic-like Episodes (2-3 days) and Major Depressive Episodes. A lifetime history of one or more Major Depressive Episodes in individuals whose presentation has never met full criteria for a Manic or Hypomanic Episode but who have experienced two or more episodes of short-duration hypomania that meet the full symptomatic criteria for a Hypomanic Episode but that only last for 2-3 days. The episodes of hypomanic symptoms do not overlap in time with the Major Depressive Episodes, so the disturbance does not meet criteria for Major Depressive Episode, with Mixed Features.

2 - Hypomanic-like episodes with insufficient symptoms and Major Depressive Episodes. A lifetime history of one or more Major Depressive Episodes in individuals whose presentation has never met full criteria for a Manic or Hypomanic Episode but who have experienced one or more episodes of hypomania that do not meet full symptomatic criteria (i.e., at least 4 consecutive days of elevated mood and one or two of the other symptoms of a Hypomanic Episode, or irritable mood and two or three of the other symptoms of a Hypomanic Episode). The episodes of hypomanic symptoms do not overlap in time with the Major Depressive Episodes, so the disturbance does not meet criteria for Major Depressive Episode, with Mixed Features.

| scid_d_esum | scid5rv d mood differential a bipolar i disord dropdown | 3 - Hypomanic episodes without prior Major Depressive Episode: *OTHER SPECIFIED BIPOLAR DISORDER* | 1, 1 - Short-duration Hypomanic-like Episodes (2-3 days) and Major Depressive Episodes. \| 2, 2 - Hypomanic-like episodes with insufficient symptoms and Major Depressive Episodes. \| 3, 3 - Hypomanic episodes without prior Major Depressive Episode: \| 4, 4 - Short-duration Cyclothymia. \| 5, 5 - Short-duration manic-like episodes. \| 6, 6 - Unable to determine whether bipolar or related disorder is primary. \| 7, 7 - Other \| 8, 8 - Unspecified. | D24 | [scid_d_ec] = '3' | LV |

| scid_d_esumb | scid5rv d mood differential a bipolar i disord notes | 7 - Other (Describe): | | D24b | [scid_d_esum] = '7' | LV |

OTHER SPECIFIED BIPOLAR DISORDER

| scid_d_esumc | scid5rv d mood differential a bipolar i disord dropdown | Check here ___ (yes) if present in last month. *MAJOR DEPRESSIVE DISORDER* | 0, No \| 1, Yes | D25 CONTINUE WITH ASSESSMENT OF *MAJOR DEPRESSIVE DISORDER* | [scid_d_ec] = '3' | LV |

[At least one Major Depressive Episode (i.e., meeting criteria A-C for a Major Depressive Episode in Module A).]

PRESENCE OF A MAJOR DEPRESSIVE EPISODE IS INDICATED BY A RATING OF "3" ON FIELD CODE A25 (PAGE A.4) AND/OR BY A RATING OF "3" ON FIELD CODE AS1 (PAGE A.9).
MAJOR DEPRESSIVE DISORDER

| scid_d_f | scid5rv d mood differenti Major Depressive Disorder dropdown | (above) | 1, 1 absent or false \| 3, 3 threshold or true | D26 1=GO TO *OTHER SPECIFIED DEPRESSIVE DISORDER* | [scid_d_ea] = '1' or [scid_d_eb] = '1' or [scid_d_ec] = '-99' or [scid_d_ec] = '1' or [scid_d_ec] = '3' | LV |

D. The occurrence of the Major Depressive Episode(s) is not better explained by Schizoaffective Disorder, Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Other Specified or Unspecified Schizophrenia Spectrum and Other Psychotic Disorder.
MAJOR DEPRESSIVE DISORDER

| scid_d_fd | scid5rv d mood differential a bipolar i disord dropdown | (above) | 1, 1 absent or false \| 3, 3 threshold or true | D27 1=GO TO *OTHER SPECIFIED DEPRESSIVE DISORDER* | [scid_d_f] = '3' | LV |

E. There has never been a Manic or Hypomanic Episode.

Note: This exclusion does not apply if all of the manic-like or hypomanic-like episodes are substance/medication-induced or are attributable to the physiological effects of another medical condition.

NOTE: Code "3" if there have never been any Manic or Hypomanic Episodes, or if all manic-like and hypomanic-like episodes are attributable to a substance/medication (excluding an antidepressant) or to a general medical condition
MAJOR DEPRESSIVE DISORDER

| scid_d_fe | scid5rv d mood differential a bipolar i disord dropdown | (above) | 1, 1 absent or false \| 3, 3 threshold or true | D28 1=GO TO NEXT MODULE. 3=MDD | [scid_d_fd] = '3' | LV |

Indicate type:

1 - Single Episode

2 - Recurrent (i.e., to be considered recurrent, there must be an interval of at least 2 consecutive months between separate episodes in which criteria are not met for a Major Depressive Episode).
SEASONAL PATTERN

| scid_d_fetype | scid5rv d mood differential a bipolar i disord dropdown | (above) | 1, 1 absent or false \| 3, 3 threshold or true | D29 | [scid_d_fe] = '3' | LV |

IF THERE HAS ONLY BEEN ONE MAJOR DEPRESSIVE EPISODE IN THE PAST 2 YEARS, CHECK HERE ___ (yes) AND GO TO *MDD CHRONOLOGY*
SEASONAL PATTERN

| scid_d_g | scid5rv d mood differenti MDD - Seasonal Pattern dropdown | (above) | 0, No \| 1, Yes | D30 | [scid_d_fe] = '3' | LV |

A. There has been a regular temporal relationship between the onset of the Major Depressive Episodes in Major Depressive Disorder and a particular time of the year (e.g., in the fall or winter).

Note: Do not include cases in which there is an obvious effect of seasonal-related psychosocial stressors (e.g., regularly being unemployed every winter).

_____
…IF UNKNOWN: Do the periods of (DEPRESSED MOOD) mostly seem to happen at the same time of year, like every winter? (In what month do your [SXS] usually get better?)
SEASONAL PATTERN

| scid_d_ga | scid5rv d mood differential a bipolar i disord dropdown | (above) | 1, 1 absent or false \| 3, 3 threshold or true | D31 1=GO TO *MDD CHRONOLOGY* D.17 | [scid_d_g] = '0' | LV |

| scid_d_gamonth | scid5rv d mood differential a bipolar i disord text | Indicate month of regular onset of episode *SEASONAL PATTERN* | | D32 | [scid_d_ga] = '3' | LV |

B. Full remissions (or a change from major depression to mania or hypomania) also occur at a characteristic time of the year (e.g., depression disappears in the spring).

_____
…IF UNKNOWN: Do the periods of (SEASONALLY DEPRESSED MOOD) get better around the same time of the year, like in the spring? (In what month do [SXS] usually get better?)
SEASONAL PATTERN

| scid_d_gb | scid5rv d mood differential a bipolar i disord dropdown | (above) | 1, 1 absent or false \| 3, 3 threshold or true | D33 1=GO TO *MDD CHRONOLOGY* D.17 | [scid_d_ga] = '3' | LV |

| scid_d_gbmonth | scid5rv d mood differential a bipolar i disord text | Indicate month of regular remission of episode: *SEASONAL PATTERN* | | D34 | [scid_d_gb] = '3' | LV |

C. In the last 2 years, two Major Depressive Episodes have occurred that demonstrate the temporal seasonal relationships defined above, and no non-seasonal Major Depressive Episodes have occurred during that same period.

_____
…Since (2 YEARS AGO), have all of your periods of depression begun at the same time of the year?
SEASONAL PATTERN

| scid_d_gc | scid5rv d mood differential a bipolar i disord dropdown | (above) | 1, 1 absent or false \| 3, 3 threshold or true | D35 1=GO TO *MDD CHRONOLOGY* D.17 | [scid_d_gb] = '3' | LV |

D. Seasonal Major Depressive Episodes (as described above) substantially outnumber the non-seasonal Major Depressive Episodes that may have occurred over the individual's lifetime.

_____
…IF UNKNOWN: About how many years can you recall having had periods of seasonal (DEPRESSION)?
…How often did they occur at other times of the year?
OTHER SPECIFIED DEPRESSIVE DISORDER

| scid_d_gd | scid5rv d mood differential a bipolar i disord dropdown | (above) | 1, 1 absent or false \| 3, 3 threshold or true | D36 3=Seasonal Pattern. 1or3=GO TO *MDD CHRONOLOGY* D.17 | [scid_d_gc] = '3' | LV |

Symptoms characteristic of a depressive disorder...predominate...but do not meet the full criteria for Major Depressive Disorder, Persistent Depressive Disorder, Premenstrual Dysphoric Disorder, Adjustment Disorder with Depressed Mood or Adjustment Disorder with Mixed Anxiety and Depression.

NOTE: IF DEPRESSIVE SYMPTOMS ARE CURRENT AND ARE TEMPORALLY ASSOCIATED WITH A PSYCHOSOCIAL STRESSOR, CONSIDER ADJUSTMENT DISORDER, PAGE L.20.
OTHER SPECIFIED DEPRESSIVE DISORDER

| scid_d_ha | scid5rv d mood differenti Other Specified Depressive Disorder dropdown | (above) | 1, 1 absent or false \| 3, 3 threshold or true | D37 1=GO TO NEXT MODULE | [scid_d_f] = '1' or [scid_d_fd] = '1' | LV |

[Symptoms] cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

_____
…IF UNKNOWN: What effect have (DEPRESSIVE SX) had on your life?

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION.

…How have (DEPRESSIVE SXS) affected your relationships or your interactions with other people? (Have they caused you any problems in your relationships with your family, romantic partner or friends?)

…How have (DEPRESSIVE SXS) affected your work/school? (How about your attendance at work or school? Have they affected the quality of your work/schoolwork?)

…How have (DEPRESSIVE SXS) affected your ability to take care of things at home? How about doing simple everyday things like getting dressed, bathing, or brushing your teeth? How about doing other things that are important to you like religious activities, physical exercise, or hobbies? Have you avoided doing anything because you felt like you weren't up to it?

| scid_d_hb | scid5rv d mood differential a bipolar i disord dropdown | …Have (DEPRESSIVE SXS) affected any other important part of | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | D38 1=GO TO NEXT MODULE | [scid_d_ha] = '3' | LV |

OTHER SPECIFIED DEPRESSIVE DISORDER

[Primary Other Specified Depressive Disorder: Not due to the direct physiological effects of another medical condition or a substance/medication]

IF THERE IS ANY INDICATION THAT THE DEPRESSIVE SXS MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE/MEDICATION), GO TO "GMC/SUBSTANCE CAUSING DEPRESSIVE SYMPTOMS" A.46, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

_____
...IF UNKNOWN: When did this begin?

...Just before (DEPRESSIVE SXS) began, were you physically ill?

...IF YES: What did the doctor say?

...Just before (DEPRESSIVE SXS) began, were you taking any medications?

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

Variable	Description	Question / Text	Response options	Item	Type	Condition	
scid_d_hc	scid5rv d mood differential a bipolar i disord dropdown	...Just before (DEPRESSIVE SXS) began, were you drinking or using any street drugs? *OTHER SPECIFIED DEPRESSIVE DISORDER* Indicate type:	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	D39 1=DUE TO SUB-STANCE USE OR GMC. GO TO NEXT MODULE3=OTHER SPECIFIED DEPRESSIVE DISORDER; CONTINUE		[scid d hb] = '3'	LV

1 - Recurrent Brief Depression: Concurrent presence of depressed mood and at least four other symptoms of depression for 2-13 days at least once per month (not associated with the menstrual cycle) for at least 12 consecutive months in an individual whose presentation has never met criteria for any other depressive or bipolar disorder and does not current meet active or residual criteria for any psychotic disorder.

2 - Short-duration depressive episode (4-13 days): Depressed affect and at least four of the other eight symptoms of a Major Depressive Episode associated with clinically significant distress or impairment that persists for more than 4 days, but less than 14 days, in an individual whose presentation has never met criteria for any other depressive or bipolar disorder, does not currently meet active or residual criteria for any psychotic disorder, and [does not conform to the definitional requirements of the] recurrent brief depression presentation (see above).

Variable	Description	Question / Text	Response options	Item	Type	Condition	
scid_d_hctype	scid5rv d mood differential a bipolar i disord dropdown	3 - Depressive episode with insufficient symptoms: Depressed affect and at least one of the other eight symptoms of a Major Depressive Episode associated with clinically significant distress or impairment that persist for at least 2 weeks in an individual whose presentation has never met criteria for any other depressive or bipolar disorder, does not currently meet active or residual criteria for any psychotic disorder. *OTHER SPECIFIED DISORDER*	1, 1 - Recurrent Brief Depression: | 2, 2 - Short-duration depressive (4-13 days) | 3, 3 - Depressive episode with insufficient symptoms | 4, 4 - Situations in which the clinician has concluded that a depressive disorder is present but is unable to determine whether it is primary, due to another medical condition or substance/medication-induced. | 5, 5 - Other | 6, 6 - Unspecified:	D40		[scid d hc] = '3'	LV
scid_d_htypeb	scid5rv d mood differential a bipolar i disord notes	5 - Other (Describe): *OTHER SPECIFIED DEPRESSIVE DISORDER*		D40b		[scid d hctype] = '5'	LV
scid_d_hcurrent	scid5rv d mood differential a bipolar i disord dropdown	Check here ___ (yes) if present in last month; *BIPOLAR I OR BIPOLAR II DISORDER CHRONOLOGY*	0, No | 1, Yes	D41		[scid d hc] = '3'	LV

Has met symptomatic criteria for a Manic, Hypomanic, or Major Depressive Episode in the past month.

NOTE: for Bipolar I current episode unspecified, duration criteria do not have to be met for current episode.

_____

Variable	Description	Question / Text	Response options	Item	Type	Condition	
scid_d_i	scid5rv d mood differenti Mood Chronology dropdown	...IF UNCLEAR: During the past month, since (1 MONTH AGO), have you had (DEPRESSIVE OR MANIC SXS CODED "3")? *BIPOLAR I OR BIPOLAR II DISORDER CHRONOLOGY* Number of months prior to interview when the subject last had persistently depressed, or euphoric or irritable mood.	-99, -99 Inadequate information | 1, 1 absent or false | 3, 3 threshold or true	D42 3=GO TO *CURRENT BIPOLAR SEVERITY*D.15		[scid_d_da] = '1' or [scid_d_db] = '1' or [scid_d_dcheck] = '1' or [scid_d_dc] = '1' or [scid d dd] = '1'	LV
scid_d_inum	scid5rv d mood differential a bipolar i disord text	...When were you last feeling (depressed/high/irritable/OWN WORDS) (i.e., most recent episode)?		D43	number	[scid_d_i] = '1'	LV

CLASSIFICATION OF CURRENT PARTIAL OR FULL REMISSION

Indicate type of remission: (circle the appropriate number)

1 - In partial remission: Symptoms of the immediate previous Manic, Hypomanic, Major Depressive Episode are present but full criteria are not met, or there is a period lasting less than 2 months without any significant symptoms of a Manic, Hypomanic, or Major Depressive Episode following the end of such an episode.

Variable	Description	Question / Text	Response options	Item	Type	Condition	
scid_d_irem	scid5rv d mood differential a bipolar i disord dropdown	2 - In full remission: During the past 2 months no significant signs or symptoms of the disturbance were present. *BIPOLAR I OR BIPOLAR II DISORDER CHRONOLOGY*	1, 1 - In partial remission | 2, 2 - In full remission	D44		[scid d i] = '1'	LV

Age at onset of first Manic, Hypomanic, or Major Depressive Episode (CODE 99 IF UNKNOWN).

_____

Variable	Description	Question / Text	Response options	Item	Type	Condition	
scid_d_iage	scid5rv d mood differential a bipolar i disord text	...IF UNKNOWN: How old were you when you first started having (SXS OF MAJOR DEPRESSIVE EPISODE) or (SXS OF MANIC EPISODE)? *CURRENT BIPOLAR EPISODE SEVERITY* **MANIC** (For the worst week in the past month):		D45 GO TO NEXT MODULE	number	[scid d i] = '1'	LV

NOTE: Additional questions regarding impairment may be necessary.

IF MOST RECENT EPISODE IS MANIC: Indicate current severity: (circle the appropriate number)

1 - Mild: [Minimum symptom criteria are met for a Manic Episode.]

2 - Moderate: [Extreme increase in activity or impairment in judgment.]

Variable	Description	Question / Text	Response options	Item	Type	Condition	
scid_d_ja	scid5rv d mood differenti Current Bipolar Severity dropdown	3 - Severe [Almost continual supervision is required in order to prevent physical harm to self or others.] Indicate current presence of psychotic symptoms:	0, 0 - N/A Most recent episode=depression or hypomanic | 1, 1 - Mild | 2, 2 - Moderate | 3, 3 - Severe	D46		[scid d i] = '3'	LV
scid_d_jb	scid5rv d mood differential a bipolar i disord dropdown	(Choose YES) With psychotic features: Delusions or hallucinations are present at any time in the episode. If psychotic features are present, Specify if mood-congruent or mood-incongruent:	0, No | 1, Yes	D47		[scid_d_ja] = '1' or [scid_d_ja] = '2' or [scid d ja] = '3'	LV

1 - Mood-congruent psychotic features: During Manic Episodes, the content of all delusions or hallucinations is consistent with the typical manic themes of grandiosity, invulnerability, etc., but may also include themes of suspiciousness or paranoia, especially with respect to others' doubts about the individual's capacities, accomplishments, and so forth.

Variable	Description	Question / Text	Response options	Item	Type	Condition	
scid_d_jc	scid5rv d mood differential a bipolar i disord dropdown	2 - Mood-incongruent psychotic features: The content of delusions and hallucinations is inconsistent with the episode polarity themes as described above, or the content is a mixture of mood-incongruent and mood-congruent themes. Age at onset of first Manic, Mixed, Hypomanic, or Major Depressive Episode (CODE 99 IF UNKNOWN).	1, 1 Mood-congruent psychotic features | 2, 2 Mood-incongruent psychotic features	D48		[scid d jb] = '3'	LV
scid_d_jd	scid5rv d mood differential a bipolar i disord text	...IF UNKNOWN: How old were you when you first started having (SXS OF MAJOR DEPRESSIVE EPISODE) or (SXS OF MANIC EPISODE)? Specify if:		D49	number	[scid_d_ja] = '1' or [scid_d_ja] = '2' or [scid d ja] = '3'	LV

(Choose yes) With Panic Attacks: if one or more panic attacks in the past month occurred in the context of current Manic Episode (see page F. 7) and criteria have never been met for Panic Disorder.

Variable	Description	Question / Text	Response options	Item	Type	Condition	
scid_d_je	scid5rv d mood differential a bipolar i disord dropdown	...IF UNKNOWN: Have you had any panic attacks in the past month?	0, No | 1, Yes	D50 Go to Next Module		[scid_d_ja] = '1' or [scid_d_ja] = '2' or [scid d ja] = '3'	LV

CURRENT BIPOLAR EPISODE SEVERITY

IF MOST RECENT EPISODE IS DEPRESSED: Indicate current severity: (circle the appropriate number).

1 - Mild: Few, if any, symptoms in excess of those required to meet the diagnostic criteria are present, the intensity of the symptoms is distressing but manageable, and the symptoms result in minor impairment in social or occupational functioning.

2 - Moderate: The number of symptoms, intensity of symptoms, and/or functional impairment is between those specified for "mild" and "severe."

Variable	Description	Question / Text	Response options	Item	Type	Condition	
scid_d_jaa	scid5rv d mood differential a bipolar i disord dropdown	3 - Severe: The number of symptoms is substantially in excess of those required to make the diagnosis, the intensity of the symptoms is seriously distressing and unmanageable, and the symptoms markedly interfere with social and occupational functioning. Indicate current presence of psychotic symptoms:\	0, 0 - N/A Most recent episode=manic or hypomanic | 1, 1 - Mild | 2, 2 - Moderate | 3, 3 - Severe	D51		[scid d ja] = '0'	LV
scid_d_jab	scid5rv d mood differential a bipolar i disord dropdown	(Choose YES) With psychotic features: Delusions or hallucinations are present at any time in the episode. If psychotic features are present, specify if mood-congruent or mood-incongruent:	0, No | 1, Yes	D52		[scid d ja] = '0'	LV

1 - Mood-congruent psychotic features: The content of all delusions and hallucinations is consistent with the typical depressive themes of personal inadequacy, guilt, disease, death, nihilism, or deserved punishment.

Variable	Description	Question / Text	Response options	Item	Type	Condition	
scid_d_jac	scid5rv d mood differential a bipolar i disord dropdown	2 - Mood-incongruent psychotic features: The content of the delusions of hallucinations does not involve typical depressive themes of personal inadequacy, guilt, disease, death, nihilism, or deserved punishment, or the content is a mixture of mood incongruent and mood-congruent themes. Age at onset of first Manic, Mixed, Hypomanic, or Major Depressive Episode (CODE 99 IF UNKNOWN).	1, 1 Mood-congruent psychotic features | 2, 2 Mood-incongruent psychotic features	D53		[scid d jab] = '1'	LV
scid_d_jad	scid5rv d mood differential a bipolar i disord text	...IF UNKNOWN: How old were you when you first started having (SXS OF MAJOR DEPRESSIVE EPISODE) or (SXS OF MANIC EPISODE)?		D54	number	[scid_d_jaa] = '1' or [scid_d_jaa] = '2' or [scid d jaa] = '3'	LV

ID	Module	Type	Text	Response options	Code	Action	Condition	LV
			Specify if:					
			(Choose yes) With Panic Attacks: if one or more panic attacks in the past month occurred in the context of current Manic Episode (see page F.7) and criteria have never been met for Panic Disorder.					
			————————————————					
scid_d_jae	scid5rv_d_mood_differential_a_bipolar_i_disord	dropdown	...IF UNKNOWN: Have you had any panic attacks in the past month?	0, No | 1, Yes	D55 Go to Next Module		[scid_d_jaa] = '1' or [scid_d_jaa] = '2' or [scid_d_jaa] = '3'	LV
			CURRENT BIPOLAR EPISODE SEVERITY					
			IF MOST RECENT EPISODE IS HYPOMANIC OR "UNSPECIFIED" (i.e., Manic or Major Depressive Episode except for duration).					
			Age at onset of first Manic, Mixed, Hypomanic, or Major Depressive Episode (CODE 99 IF UNKNOWN).					
			————————————————————————.IF UNKNOWN: How old were you when you first started having (SXS OF MAJOR DEPRESSIVE EPISODE) or (SXS OF MANIC EPISODE)?					
scid_d_jba	scid5rv_d_mood_differential_a_bipolar_i_disord	text			D56	number	[scid_d_jaa] = '0' and [scid_d_ja] = '0'	LV
			Specify if:					
			(Choose yes) With Panic Attacks: if one or more panic attacks in the past month occurred in the context of current Manic Episode (see page F.7) and criteria have never been met for Panic Disorder.					
			————————————————					
scid_d_jbb	scid5rv_d_mood_differential_a_bipolar_i_disord	dropdown	...IF UNKNOWN: Have you had any panic attacks in the past month?	0, No | 1, Yes	D57 Go to Next Module		[scid_d_jaa] = '0' and [scid_d_ja] = '0'	LV
			MAJOR DEPRESSIVE DISORDER CHRONOLOGY					
			Has met threshold criteria for Major Depressive Episode at any time in the past month.					
			————————————————.IF UNCLEAR: During the past month, since (1 MONTH AGO), have you had (DEPRESSIVE SXS CODED "3")?	-99, -99 Inadequate information | 1, 1 absent or false | 3, 3 threshold or true	D58		[scid_d_dcheck] = '1' or [scid_d_da] = '1' or [scid_d_db] = '1' or [scid_d_dc] = '1' or [scid_d_dd] = '1' or [scid_d_dd] = '3'	LV
scid_d_ka	scid5rv_d_mood_differential_a_bipolar_i_disord	dropdown	Number of months prior to interview when last had persistently depressed mood.					
			————————————————.When did you last have (DEPRESSED MOOD) (i.e., most recent episode)?		D59	number	[scid_d_ka] = '1'	LV
scid_d_kb	scid5rv_d_mood_differential_a_bipolar_i_disord	text	*CLASSIFICATION OF CURRENT PARTIAL OR FULL REMISSION*					
			Indicate type of remission: (choose the appropriate number)					
			1 - In partial remission: Symptoms of the immediately previous Major Depressive Episode are present but full criteria are not met, or there is a period lasting less than 2 months without any significant symptoms of a Major Depressive Episode following the end of such an episode.					
scid_d_kc	scid5rv_d_mood_differential_a_bipolar_i_disord	dropdown	2 - In full remission: During the past 2 months no significant signs or symptoms of the disturbance were present.	1, 1 - In partial remission | 2, 2 - In full remission	D60		[scid_d_ka] = '1'	LV
			Age at onset of first Depressive Episode (CODE 99 IF UNKNOWN).					
			————————————————.IF UNKNOWN: How old were you when you first started having (SXS OF MAJOR DEPRESSIVE EPISODE)?	1, 1 - In partial remission | 2, 2 - In full remission	D61 Go to next module		[scid_d_ka] = '1'	LV
scid_d_kd	scid5rv_d_mood_differential_a_bipolar_i_disord	dropdown	*CURRENT MAJOR DEPRESSIVE DISORDER SEVERITY*					
			Indicate current severity for the worse week in the past month: (choose the appropriate number) NOTE: Additional questions regarding impairment may be necessary.					
			1 - Mild: Few, if any, symptoms in excess of those required to meet the diagnostic criteria are present, the intensity of the symptoms is distressing but manageable, and the symptoms result in minor impairment in social or occupational functioning.					
			2 - Moderate: The number of symptoms, intensity of symptoms, and/or functional impairment is between those specified for "mild" and "severe."					
			3 - Severe: The number of symptoms is substantially in excess of those required to make the diagnosis, the intensity of the symptoms is seriously distressing and unmanageable, and the symptoms markedly interfere with social and occupational functioning.					
scid_d_la	scid5rv_d_mood_differential_a_bipolar_i_disord	dropdown	Indicate current presence of psychotic symptoms:	1, 1 - Mild | 2, 2 - Moderate | 3, 3 - Severe	D62		[scid_d_ka] = '3'	LV
scid_d_lb	scid5rv_d_mood_differential_a_bipolar_i_disord	dropdown	(Choose YES) With psychotic features: Delusions or hallucinations are present at any time in the episode. If psychotic features are present, specify if mood-congruent or mood-incongruent: (circle the appropriate number)	0, No | 1, Yes	D63		[scid_d_ka] = '3'	LV
			1 - Mood-congruent psychotic features: The content of all delusions and hallucinations is consistent with the typical depressive themes of personal inadequacy, guilt, disease, death, nihilism, or deserved punishment.					
			2 - Mood-incongruent psychotic features: The content of the delusions or hallucinations does not involve typical depressive themes of personal inadequacy, guilt, disease, death, nihilism, or deserved punishment, or the content is a mixture of mood-incongruent and mood-congruent themes.					
scid_d_lc	scid5rv_d_mood_differential_a_bipolar_i_disord	dropdown	Age at onset of first Major Depressive Episode (CODE 99 IF UNKNOWN).	1, 1 Mood-congruent psychotic features | 2, 2 Mood-incongruent psychotic features	D64		[scid_d_lb] = '1'	LV
			————————————————.IF UNKNOWN: How old were you when you first started having (SXS OF MAJOR DEPRESSIVE EPISODE)?					
scid_d_ld	scid5rv_d_mood_differential_a_bipolar_i_disord	text			D65	number	[scid_d_ka] = '3'	LV
			Specify if:					
			(Choose YES) With panic attacks: if one or more panic attacks in the past month occurred in the context of current Major Depressive Episode (see page F.7) and criteria have never been met for Panic Disorder					
			————————————————.IF UNKNOWN: Have you had any panic attacks in the past month?					
scid_d_le	scid5rv_d_mood_differential_a_bipolar_i_disord	dropdown		0, No | 1, Yes	D66 END OF MODULE autocomplete		[scid_d_ka] = '3'	LV
			IF DENIES ANY LIFETIME ALCOHOL USE ON PAGE 6 OF PATIENT OVERVIEW (OR PAGE 4 OF NON-PATIENT OVERVIEW), CHECK HERE _(No)_ AND GO TO *NON-ALCOHOL SUBSTANCE USE DISORDERS* E.10					
			IF ACKNOWLEDGES LIFETIME ALCOHOL USE DURING OVERVIEW AND IF UNKNOWN: Have you drunk alcohol at least six times in the past 12 months, that is, since (1 YEAR AGO)?					
	ALCOHOL USE DISORDER CRITERIA		...IF YES: Now I'd like to ask you some more questions about your drinking since (1 YEAR AGO)...					
	PAST-12-MONTH ALCOHOL USE DISORDER		...IF NO: GO TO *PRIOR-TO-PAST-12-MONTH ALCOHOL USE DISORDER* E.6.					
scid_e_a	scid5rv_e_substance_use_disorders	dropdown	A. A problematic pattern of alcohol use, leading to clinically significant impairment or distress, as manifested by at least two of the following occurring within a 12-month period:	1, No | 3, Yes				LV
			NOTE: The DSM-IV examples that were omitted in DSM-5 have been restored here.					
			1. Alcohol is often taken in larger amounts OR over a longer period than was intended.					
			————————————————...During the past year, have you found that once you started drinking you ended up drinking much more than you intended to? For example, you planned to have only one or two drinks but you ended up having many more. (Tell me about that. How often did this happen?)					
scid_e_a1	scid5rv_e_substance_use_disorders	dropdown	...IF NO: What about drinking for a much longer period of time than you were intending to?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	E2		[scid_e_a] = '3'	LV
			2. There is a persistent desire OR unsuccessful efforts to cut down or control alcohol use.					
			————————————————...During the past year, have you wanted to stop, cut down, or control your drinking?					
			...IF YES: How long did this desire to stop, cut down, or control your drinking last?					
scid_e_a2	scid5rv_e_substance_use_disorders	dropdown	...IF NO: During the past year, did you ever try to cut down, stop, or control your drinking? How successful were you? (Did you make more than one attempt to stop, cut down, or control your drinking?)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	E3		[scid_e_a] = '3'	LV
			3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects					
			————————————————...Have you spent a lot of time drinking, being drunk, or hung over? (How much time?)					
scid_e_a3	scid5rv_e_substance_use_disorders	dropdown	4. Craving, or a strong desire or urge to use alcohol.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	E4		[scid_e_a] = '3'	LV
			————————————————...Have you had a strong desire or urge to drink in between those times when you were drinking? [Has there been a time when you had such strong urges to have a drink that you had trouble thinking about anything else?]					
scid_e_a4	scid5rv_e_substance_use_disorders	dropdown	...IF NO: How about having a strong desire or urge to drink when you were around bars or around people with whom you go drinking?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	E5		[scid_e_a] = '3'	LV

Variable	Survey	Type	Question / Criteria	Response Options	Code	Condition	
			5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home [(e.g., repeated absences or poor work performance related to alcohol use; alcohol-related absences, suspensions, or expulsions from school; neglect of children or household)].				
			_____				
			…During the past year, since (1 YEAR AGO), have you missed work or school or often arrived late because you were intoxicated, high, or very hung over?				
			…IF NO: How about doing a bad job at work or school, or failing courses or flunking out of school because of your drinking?				
			…IF NO: How about getting in trouble at work or school because of your use of alcohol?				
			…IF NO: How about not taking care of things at home because of your drinking, like making sure there is food and clean clothes for your family and making sure your children go to school and get medical care? How about not paying your bills?				
scid_e_a5	scid5rv_e_substance_use_disorders	dropdown	IF YES TO ANY: How often?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	E6	[scid_e_a] = '3'	LV
			6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol [(e.g., arguments with spouse about consequences of intoxication, physical fights)].				
			_____				
			…Has your drinking caused problems with other people, such as family members, friends, or people at work? (Have you found yourself regularly getting into arguments about what happens when you drink too much? Have you gotten into physical fights when you were drunk?)				
scid_e_a6	scid5rv_e_substance_use_disorders	dropdown	…IF YES: Have you kept on drinking anyway?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	E7	[scid_e_a] = '3'	LV
			7. Important social, occupational, or recreational activities given up or reduced because of alcohol use.				
			_____				
			…Have you had to give up or reduce the time you spent at work or school, with family or friends, or on things you like to do (like sports, cooking, other hobbies) because you were drinking or hungover?				
scid_e_a7	scid5rv_e_substance_use_disorders	dropdown		-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	E8	[scid_e_a] = '3'	LV
			8. Recurrent alcohol use in situations in which it is physically hazardous [(e.g., driving an automobile or operating a machine when impaired by alcohol use)].				
			_____				
			…During the past year, since (1 YEAR AGO), have you ever had a few drinks right before doing something that requires coordination and concentration like driving, boating, climbing on a ladder, or operating heavy machinery?				
			…IF YES: Would you say that the amount you had to drink affected your coordination or concentration so that it was more likely that you or someone else could have been hurt?				
scid_e_a8	scid5rv_e_substance_use_disorders	dropdown	…IF YES AND UNKNOWN: How many times? (When?)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	E9	[scid_e_a] = '3'	LV
			9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol [(e.g., continued drinking despite recognition that an ulcer was made worse by alcohol consumption)].				
			_____				
			…Has your drinking caused you any problems like making you very depressed or anxious? How about putting you in a "mental fog," making it difficult for you to sleep, or making it so you couldn't recall what happened while you were drinking?				
			…Has your drinking caused significant physical problems or make a physical problem worse, like stomach ulcers, liver disease, or pancreatitis?				
scid_e_a9	scid5rv_e_substance_use_disorders	dropdown	…IF YES TO EITHER OF ABOVE: Have you kept on drinking anyway?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	E10	[scid_e_a] = '3'	LV
			10. Tolerance, as defined by either of the following:				
			a. A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.				
			b. Markedly diminished effect with continued use of the same amount of alcohol.				
			_____				
			…Have you found that you needed to drink much more in order to get the feeling you wanted than you did when you first started drinking?				
			…IF YES: How much more?				
scid_e_a10	scid5rv_e_substance_use_disorders	dropdown	…IF NO: What about finding that when you drank the same amount, it had much less effect than before? (How much less?)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	E11	[scid_e_a] = '3'	LV
			11. Withdrawal, as manifested by either of the following:				
			a. At least TWO of the following developing within several hours to a few days after the cessation of (or reduction in) alcohol use: ? autonomic hyperactivity (e.g., sweating or pulse rate greater than 100 bpm) ? increased hand tremor ? insomnia ? nausea or vomiting ? psychomotor agitation ? anxiety ? generalized tonic-clonic seizures ? transient visual, tactile, or auditory hallucinations or illusions				
			b. Alcohol (or a closely related substance such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms.				
			_____				
			…During the past year, since (1 YEAR AGO), have you had any withdrawal symptoms, in other words, feeling sick when you cut down or stopped drinking?				
			…IF YES: What symptoms did you have? (Sweating or a racing heart? Your hand[s] shaking? Trouble sleeping? Feeling nauseated or vomiting? Feeling agitated? Feeling anxious? How about having a seizure or seeing, feeling, or hearing things that weren't really there?)				
scid_e_a11	scid5rv_e_substance_use_disorders	dropdown		-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	E12 / E13 *1=Go to *PRIOR-TO-PAST 12-MONTH ALCOHOL USE DISORDER*, *3-ALCOHOL USE DISORDER PAST 12 MONTHS	[scid_e_a] = '3'	LV
scid_e_asum	scid5rv_e_substance_use_disorders	dropdown	AT LEAST TWO ALCOHOL USE DISORDER ITEMS CODED "3" DURING THE PERIOD OF THE PAST 12 MONTHS Indicate severity of Alcohol Use Disorder for past 12 months: (circle the appropriate number)	1, 1 absent or false | 3, 3 threshold or true	E14 CONTINUE WITH *PAST-12-MONTH ALCOHOL USE CHRONOLOGY* NEXT PAGE	[scid_e_a] = '3'	LV
			1 - Mild: Presence of 2-3 symptoms.				
			2 - Moderate: Presence of 4-5 symptoms.				
scid_e_asev	scid5rv_e_substance_use_disorders	dropdown	3 - Severe: Presence of 6 or more symptoms.	1, 1 - Mild | 2, 2 - Moderate | 3, 3 - Severe		[scid_e_asum] = '3'	LV
			At least one Alcohol Use Disorder symptom (except for craving) in the past 3 months				
			_____				
			…During the past 3 months, how much have you been drinking?				
			…IF HAD ANYTHING TO DRINK IN PAST 3 MONTHS: Has your drinking caused any problems for you in the past 3 months?				
scid_e_b1	scid5rv_e_substance_use_disorders	dropdown	(Problems like [ALCOHOL USE ITEMS CODED "3"]?)	1, 1 absent or false | 3, 3 threshold or true	E15 1=Continue, 3=CURRENT ALCOHOL USE DISORDER (PAST 3 MONTHS), GO TO *AGE AT ONSET*	[scid_e_asum] = '3'	LV
scid_e_b2	scid5rv_e_substance_use_disorders	text	Number of months prior to interview when the subject last had any Alcohol Use Disorder symptom (except for craving).		E16 number	[scid_e_b1] = '1'	LV
scid_e_b3	scid5rv_e_substance_use_disorders	dropdown	Check (Yes) if the individual is [currently] in a controlled environment where access to alcohol is restricted.	0, No | 1, Yes	E17	[scid_e_b1] = '1'	LV
			Indicate remission: (circle the appropriate number)				
			1 - In early remission: After full criteria for Alcohol Use Disorder were previously met, none of the criteria for Alcohol Use Disorder have been met for at least 3 months but for less than 12 months (with the exception that Criterion A.4, "Craving, or a strong desire or urge to use alcohol," may be met).				
scid_e_b4	scid5rv_e_substance_use_disorders	dropdown	(Sustained Remission does not apply to Past 12-month Alcohol Use Disorder)	0, 0 - Not in remission | 1, 1 - In early remission	E18	[scid_e_b1] = '1'	LV
			AGE AT ONSET		E19 GO TO *PAST-12-MONTH NON-ALCOHOL SUBSTANCE USE DISORDER* E.10 NOTE: If an assessment of the severity of Alcohol Use Disorder prior to the past 12 months is needed, continue on next page instead of skipping to E.10		
			Age at onset of Alcohol Use Disorder (CODE 99 IF UNKNOWN).				
			_____				
scid_e_b5	scid5rv_e_substance_use_disorders	text	…How old were you when you first had (LIST OF ALCOHOL USE DISORDER SXS CODED "3")?		number	[scid_e_asum] = '3' or [scid_e_asum] = '1'	LV
			IF ALCOHOL USE PRIOR-TO-PAST-12 MONTHS IS NOT EXCESSIVE AND NON-PROBLEMATIC ACCORDING TO QUESTIONS ON PAGE 6 OF PATIENT OVERVIEW (OR PAGE 4 OF NON-PATIENT OVERVIEW), SCREEN FOR LIFETIME ALCOHOL USE THRESHOLD WITH THE FOLLOWING:				
			_____				
			…Besides the past year, have you ever drunk alcohol at least six times in a 12-month period?				
	ALCOHOL USE DISORDER CRITERIA		IF YES: When was that?				
	PRIOR-TO-PAST-12-MONTH ALCOHOL USE DISORDER		IF NEVER DRANK SIX TIMES IN 12-MONTH PERIOD, CHECK HERE (*Choose NO*) AND GO TO *PAST-12-MONTH NON-ALCOHOL SUBSTANCE USE DISORDERS* E.10.		E20, No» GO TO *PAST-12-MONTH NON-ALCOHOL SUBSTANCE USE DISORDERS*		
scid_e_ccheck1	scid5rv_e_substance_use_disorders	dropdown		0, No | 1, Yes		[scid_e_a] = '1' or [scid_e_asum] = '1'	LV
			Looking back over your life, if you had to pick a 12-month period when you were drinking the most or during which your drinking caused you the most problems, when would that have been?				
scid_e_ccheck2	scid5rv_e_substance_use_disorders	text	INDICATE MONTH AND YEAR		E21	[scid_e_ccheck1] = '1'	LV

A. A problematic pattern of alcohol use, leading to clinically significant impairment or distress, as manifested by at least two of the following occurring within a 12-month period:

1. Alcohol is often taken in larger amounts OR over a longer period than was intended.

_____
...Now I'd like to ask you some questions about your drinking during (12-MONTH PERIOD SELECTED ABOVE).

...During that time, did you find that once you started drinking you ended up drinking much more than you intended to? For example, you planned to have only one or two drinks but you ended up having many more. (Tell me about that. How often did this happen?)

scid_e_c1	scid5rv_e_substance_use_disorders	dropdown	...IF YES: What about drinking for a much longer period of time than you were intending to? 2. There is a persistent desire OR unsuccessful efforts to cut down or control alcohol use. _____ ...During (12-MONTH PERIOD) did you want to stop, cut down, or control your drinking? ...IF YES: How long did this desire to stop, cut down, or control your drinking last?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	E22	[scid_e_ccheck1] = '1'	LV
scid_e_c2	scid5rv_e_substance_use_disorders	dropdown	...IF NO: Did you try to cut down, stop, or control your drinking? How successful were you? (Did you make more than one attempt to stop, cut down, or control your drinking?) 3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	E23	[scid_e_ccheck1] = '1'	LV
scid_e_c3	scid5rv_e_substance_use_disorders	dropdown	...During (12-MONTH PERIOD), did you ever spend a lot of time drinking, being drunk, or hung over? (How much time?) 4. Craving, or a strong desire or urge to use alcohol. _____ ...Did you have a strong desire or urge to drink in between those times when you were drinking? (Was there a time when you had such strong urges to have a drink that you had trouble thinking about anything else?)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	E24	[scid_e_ccheck1] = '1'	LV
scid_e_c4	scid5rv_e_substance_use_disorders	dropdown	...IF NO: How about having a strong desire or urge to drink when you were around bars or around people with whom you went drinking?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	E25	[scid_e_ccheck1] = '1'	LV
scid_e_c5	scid5rv_e_substance_use_disorders	dropdown	5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home [[e.g., repeated absences or poor work performance related to alcohol use; alcohol-related absences, suspensions, or expulsions from school; neglect of children or household]]. _____ ...During (12-MONTH PERIOD), did you ever miss work or school or often arrive late because you were intoxicated, high, or very hung over? ...IF NO: How about doing a bad job at work or school, or failing courses or flunking out from school because of your drinking? ...IF NO: How about getting in trouble at work or school because of your use of alcohol? ...IF NO: How about not taking care of things at home because of your drinking, like making sure there is food and clean clothes for your family and making sure your children go to school and get medical care? How about not paying your bills? ...IF YES TO ANY: How often? 6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol [[e.g., arguments with spouse about consequences of intoxication, physical fights]].	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	E26	[scid_e_ccheck1] = '1'	LV
scid_e_c6	scid5rv_e_substance_use_disorders	dropdown	...During (12-MONTH PERIOD), did your drinking cause problems with other people, such as family members, friends, or people at work? (Did you find yourself regularly getting into arguments about what happens when you drink too much? Did you get into physical fights when you were drunk?) ...IF YES: Did you keep on drinking anyway? (Over what period of time)? 7. Important social, occupational, or recreational activities given up or reduced because of alcohol use.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	E27	[scid_e_ccheck1] = '1'	LV
scid_e_c7	scid5rv_e_substance_use_disorders	dropdown	...During (12-MONTH PERIOD), did you have to give up or reduce the time you spent at work or school, with family or friends, or on things you like to do (like sports, cooking, other hobbies) because you were drinking or hungover? 8. Recurrent alcohol use in situations in which it is physically hazardous [[e.g., driving an automobile or operating a machine when impaired by alcohol use]].	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	E28	[scid_e_ccheck1] = '1'	LV
scid_e_c8	scid5rv_e_substance_use_disorders	dropdown	...During (12-MONTH PERIOD), did you have a few drinks right before doing something that required coordination and concentration like driving, boating, climbing on a ladder, or operating heavy machinery? ...IF YES: Would you say that the amount you had to drink affected your coordination or concentration so that it was more likely that you or someone else could have been hurt? ...IF YES AND UNKNOWN: How many times?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	E29	[scid_e_ccheck1] = '1'	LV
scid_e_c9	scid5rv_e_substance_use_disorders	dropdown	9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol [[e.g., continued drinking despite recognition that an ulcer was made worse by alcohol consumption]]. _____ ...Did your drinking cause you any problems like making you very depressed or anxious? How about putting you in a "mental fog," making it difficult for you to sleep, or making it so you couldn't recall what happened while you were drinking? ...Did your drinking cause significant physical problems or make a physical problem worse, like stomach ulcers, liver disease, or pancreatitis? ...IF YES TO EITHER OF ABOVE: Did you keep on drinking anyway? 10. Tolerance, as defined by either of the following: a. A need for markedly increased amounts of alcohol to achieve intoxication or desired effect. b. Markedly diminished effect with continued use of the same amount of alcohol.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	E30	[scid_e_ccheck1] = '1'	LV
scid_e_c10	scid5rv_e_substance_use_disorders	dropdown	...During (12-MONTH PERIOD), did you need to drink much more in order to get the feeling you wanted than you did when you first started drinking? ...IF YES: How much more? ...IF NO: What about finding that when you drank the same amount, it had much less effect than before? (How much less?) 11. Withdrawal, as manifested by either of the following:	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	E31	[scid_e_ccheck1] = '1'	LV
scid_e_c11	scid5rv_e_substance_use_disorders	dropdown	a. At least TWO of the following developing within several hours to a few days after the cessation of (or reduction in) alcohol use: ? autonomic hyperactivity (e.g., sweating or pulse rate greater than 100 bpm) ? increased hand tremor ? insomnia ? nausea or vomiting ? psychomotor agitation ? anxiety ? generalized tonic-clonic seizures ? transient visual, tactile, or auditory hallucinations or illusions b. Alcohol (or a closely related substance such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms. _____ ...During (12-MONTH PERIOD), did you ever have any withdrawal symptoms, in other words feeling sick when you cut down or stopped drinking? ...IF YES: What symptoms did you have? (Sweating or a racing heart? Your hand[s] shaking? Trouble sleeping? Feeling nauseated or vomiting? Feeling agitated? Feeling anxious? How about having a seizure or seeing, feeling, or hearing things that weren't really there?)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	E32	[scid_e_ccheck1] = '1'	LV
scid_e_csum	scid5rv_e_substance_use_disorders	dropdown	AT LEAST TWO ALCOHOL USE DISORDER ITEMS CODED "3" DURING THE SAME 12-MONTH PERIOD Indicate severity of Lifetime Alcohol Use Disorder: (circle the appropriate number)	1, 1 absent or false | 3, 3 threshold or true	E33. 1=GO TO *PAST-12 MONTH NON-ALCOHOL SUBSTANCE USE DISORDER*. 3= PAST ALCOHOL USE DISORDER, continue	[scid_e_ccheck1] = '1'	LV
scid_e_csev	scid5rv_e_substance_use_disorders	dropdown	1 - Mild: Presence of 2-3 symptoms. 2 - Moderate: Presence of 4-5 symptoms. 3 - Severe: Presence of 6 or more symptoms.	1, 1 - Mild | 2, 2 - Moderate | 3, 3 - Severe	E34 CONTINUE WITH *PRIOR-TO-PAST-12-MONTH ALCOHOL USE CHRONOLOGY*	[scid_e_csum] = '3'	LV

PRIOR-TO-PAST-12-MONTH ALCOHOL USE DISORDER CHRONOLOGY

REMISSION SPECIFIER FOR PAST ALCOHOL USE DISORDER

scid_e_d1	scid5rv_e_substance_use_disorders	dropdown	Check YES if in a controlled environment: The individual is [currently] in an environment where access to alcohol is restricted	0, No | 1, Yes	E35	[scid_e_csum] = '3'	LV

			Indicate remission: (circle the appropriate number) (Early Remission does not apply to Alcohol Use Disorder Prior to Past 12 months) 0 - Not in remission (i.e., one Substance Use Disorder criterion has been present during the past 12 months) 2 - In sustained remission: After full criteria for Alcohol Use Disorder were previously met, none of the criteria for Alcohol Use Disorder have been met at any time during a period of 12 months or longer (with the exception that Criterion A.4, "Craving, or a strong desire or urge to use alcohol," may be met).					
scid_e_d2	scidSrv_e_substance_use_disorders	dropdown	*AGE AT ONSET*	0, 0 - Not in remission | 2, 2 - In sustained remission	E36		[scid_e_csum] = '3'	LV
			Age at onset of Alcohol Use Disorder (CODE 99 IF UNKNOWN) _____ ...How old were you when you first had (LIST OF ALCOHOL USE DISORDER SXS CODED "3")?					
scid_e_d3	scidSrv_e_substance_use_disorders	text	REVIEW HISTORY OF DRUG USE ON PAGES 7-8 OF PATIENT OVERVIEW (OR PAGES 5-6 OF NON-PATIENT OVERVIEW). IF DENIES ANY LIFETIME DRUG USE IN OVERVIEW, CHECK *NO* AND GO TO NEXT MODULE.		E37	number	[scid_e_csum] = '3'	LV
scid_e_echeck	scidSrv_e_substance_use_disorders	dropdown	*PAST-12-MONTH NON-ALCOHOL SUBSTANCE USE DISORDER* Note: to be completed on paper. 	0, No | 1, Yes	E38			LV
scid_e_fcurr	scidSrv_e_substance_use_disorders	dropdown	Meets criteria for past-12-month non-alcohol substance use disorder	0, No | 1, Yes			[scid_e_echeck] = '1'	LV
scid_e_ftype	scidSrv_e_substance_use_disorders	checkbox	Indicate which substance	1, Sedative/hypnotic anxiolytic | 2, 2 - cannabis | 3, 3 - Stimulants | 4, 4 - Opioid | 5, 5 - inhalants | 6, 6 - PCP | 7, 7 - Hallucinogens | 8, 8 - Other/unknown	E136-E150		[scid_e_echeck] = '1'	LV
scid_e_gpast	scidSrv_e_substance_use_disorders	dropdown	Meets criteria for prior-to-past-12-month non-alcohol substance use disorder	0, No | 1, Yes			[scid_e_echeck] = '1'	LV
scid_e_gtype	scidSrv_e_substance_use_disorders	checkbox	Indicate which substance (tick all which apply)	1, 1 - Sedative/hypnotic anxiolytic | 2, 2 - cannabis | 3, 3 - Stimulants | 4, 4 - Opioid | 5, 5 - inhalants | 6, 6 - PCP | 7, 7 - Hallucinogens | 8, 8 - Other/unknown	E299-327		[scid_e_echeck] = '1'	LV
scid_f_screenautofill	scidSrv_f_anxiety_disorders PANIC DISORDER CRITERIA	calc	Screening question autofill	[scid_screen_1]	S1			LV
scid_f_ascreen	scidSrv_f_anxiety_disorders	dropdown	1=No, 3=Yes IF SCREENING QUESTION #1 ANSWERED "NO," SKIP TO *AGORAPHOBIA* F.8. _____ ...IF QUESTION #1 ANSWERED "YES": You've said that you have had an intense rush of anxiety, or what someone might call a "panic attack," when you suddenly felt very frightened, or anxious or suddenly developed a lot of physical symptoms. ...IF SCREENER NOT USED: Have you ever had an intense rush of anxiety, or what someone might call a "panic attack," when you suddenly felt very frightened, or anxious or suddenly developed a lot of physical symptoms? Tell me about that. When was the last bad one? What was it like? How did it begin? A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes. Note: The abrupt surge can occur from a calm state or an anxious state.	0, 0 - No | 1, 1 - Yes	F1 No = GO TO *AGORA-PHOBIA* F.8			LV
scid_f_aa	scidSrv_f_anxiety_disorders	dropdown	_____ ...IF UNKNOWN: Did the symptoms come on suddenly? _____ ...IF YES: How long did it take from when it began to when it got really bad? (Did it happen within a few minutes?) 1. Palpitations, pounding heart, or accelerated heart rate.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F2		[scid_f_ascreen] = '1'	LV
scid_f_aa1	scidSrv_f_anxiety_disorders	dropdown	_____ ...During that attack... _____ ...did your heart race, pound or skip? 2. Sweating.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F3		[scid_f_ascreen] = '1'	LV
scid_f_aa2	scidSrv_f_anxiety_disorders	dropdown	_____ ...did you sweat? 3. Trembling or shaking.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F4		[scid_f_ascreen] = '1'	LV
scid_f_aa3	scidSrv_f_anxiety_disorders	dropdown	_____ ...did you tremble or shake? 4. Sensations of shortness of breath or smothering.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F5		[scid_f_ascreen] = '1'	LV
scid_f_aa4	scidSrv_f_anxiety_disorders	dropdown	_____ ...were you short of breath? (Have trouble catching your breath? Feel like you were being smothered?) 5. Feelings of choking.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F6		[scid_f_ascreen] = '1'	LV
scid_f_aa5	scidSrv_f_anxiety_disorders	dropdown	_____ ...did you feel as if you were choking? 6. Chest pain or discomfort.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F7		[scid_f_ascreen] = '1'	LV
scid_f_aa6	scidSrv_f_anxiety_disorders	dropdown	_____ ...did you have chest pain or pressure? 7. Nausea or abdominal distress.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F8		[scid_f_ascreen] = '1'	LV
scid_f_aa7	scidSrv_f_anxiety_disorders	dropdown	_____ ...did you have nausea or upset stomach or the feeling that you were going to have diarrhea? 8. Feeling dizzy, unsteady, lightheaded or faint.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F9		[scid_f_ascreen] = '1'	LV
scid_f_aa8	scidSrv_f_anxiety_disorders	dropdown	_____ ...did you feel dizzy, unsteady, or like you might faint? 9. Chills or heat sensations.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F10		[scid_f_ascreen] = '1'	LV
scid_f_aa9	scidSrv_f_anxiety_disorders	dropdown	_____ ...did you have flushes, hot flashes, or chills? 10. Paresthesias (numbness or tingling sensations)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F11		[scid_f_ascreen] = '1'	LV
scid_f_aa10	scidSrv_f_anxiety_disorders	dropdown	_____ During that attack... _____ ...did you have tingling or numbness in parts of your body? 11. Derealization (feelings of unreality) or depersonalization (being detached from oneself).	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F12		[scid_f_ascreen] = '1'	LV
scid_f_aa11	scidSrv_f_anxiety_disorders	dropdown	_____ ...did you have the feeling that you were detached from your body or mind, that time was moving slowly, or that you were an outside observer of your own thoughts or movements? ...IF NO: How about feeling that everything around you was unreal or that you were in a dream? 12. Fear of losing control or "going crazy."	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F13		[scid_f_ascreen] = '1'	LV
scid_f_aa12	scidSrv_f_anxiety_disorders	dropdown	_____ ...were you afraid you were going crazy or might lose control? 13. Fear of dying.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F14		[scid_f_ascreen] = '1'	LV
scid_f_aa13	scidSrv_f_anxiety_disorders	dropdown	_____ ...were you afraid that you were dying? AT LEAST FOUR ITEMS CODED "3" AND REACHED THEIR PEAK WITHIN MINUTES	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F15		[scid_f_ascreen] = '1'	LV
scid_f_aasum	scidSrv_f_anxiety_disorders	dropdown	1=Besides the one you just described, have you had any other attacks which had even more of the symptoms that I just asked you about? IF YES, GO BACK TO PAGE F.1 AND ASSESS THE SYMPTOMS OF THAT ATTACK. IF NO: GO TO *AGORAPHOBIA* F.8 A. Recurrent unexpected panic attacks.	1, 1 absent or false | 3, 3 threshold or true	F16 3=PANIC ATTACK; CONTINUE WITH NEXT ITEM		[scid_f_ascreen] = '1'	LV
scid_f_aasum2	scidSrv_f_anxiety_disorders	dropdown	_____ ...Have any of these attacks ever come out of the blue-in situations where you didn't expect to be nervous or uncomfortable? ...IF YES: What was going on when the attack(s) happened? (What were you doing at the time? Were you already nervous or anxious at the time or rather were you relatively calm or relaxed?) ...IF NO: How about the very first one you had. What were you doing at the time? (Were you already nervous or anxious at the time or rather were you relatively calm or relaxed?) ...IF ATTACK IS UNEXPECTED: How many of these kinds of attacks have you had? (At least two?)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F17 1= GO TO *EXPECTED PANIC ATTACKS* F.7 3=CONTINUE ON NEXT PAGE		[scid_f_aasum] = '3'	LV
scid_f_ab1	scidSrv_f_anxiety_disorders	dropdown	B. At least one of the attacks has been followed by 1 month (or more) of one or both of the following: 1. Persistent concern or worry about additional attacks or their consequences (e.g., losing control, having a heart attack, "going crazy"). _____ ...After any of these attacks... _____ ...were you concerned or worried that you might have another attack or worried that you would feel like you were having a heart attack again, or worried that you would lose control or go crazy? ...IF YES: How long did that concern or worry last? (Did it last at least a month? Nearly every day?) 2. A significant maladaptive change in behavior related to the attacks (e.g., behaviors designed to avoid having panic attacks, such as avoidance of exercise or unfamiliar situations).	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F18		[scid_f_aasum2] = '3'	LV
scid_f_ab2	scidSrv_f_anxiety_disorders	dropdown	_____ ...did you do anything differently because of the attacks (like avoiding certain places or not going out alone)? (What about avoiding certain activities like exercise? What about things like always making sure you're near a bathroom or exit?) _____ ...IF YES: How long did that last? (As long as a month?)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F19		[scid_f_aasum2] = '3'	LV
scid_f_absum	scidSrv_f_anxiety_disorders	dropdown	CRITERION B.1 OR B.2 CODED "3"	1, 1 absent or false | 3, 3 threshold or true	F20 1=GO TO *AGORA-PHOBIA* F.8		[scid_f_aasum2] = '3'	LV

C. [Primary Anxiety Disorder:] The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g. hyperthyroidism, cardiopulmonary disorders).

IF THERE IS ANY INDICATION THAT PANIC ATTACKS MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE/MEDICATION), GO TO *GMC/SUBSTANCE* F.33, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

...IF UNKNOWN: When did your panic attacks start? Just before you began having panic attacks, were you taking any drugs, caffeine, diet pills, or other medicines?

...(How much coffee, tea, or caffeinated beverages do you drink a day?)

...Just before the attacks, were you physically ill?

...IF YES: What did the doctor say?

Etiological medical conditions include: endocrine disease (e.g., hyperthyroidism, pheochromocytoma, hypoglycemia, hyperadrenocortisolism), cardiovascular disorders (e.g., congestive heart failure, pulmonary embolism, arrhythmia such as atrial fibrillation), respiratory illness (e.g., chronic obstructive pulmonary disease, asthma, pneumonia), metabolic disturbances

| scid_f_ac1 | scidSrv_f_anxiety_disorders | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 3, 3 threshold or true | F21 1= ALL DUE TO SUBSTANCE USE OR GMC GO TO *AGORA-PHOBIA* F.8 3= PRIMARY ANXIETY DISORDERCONTINUE WITH NEXT ITEM | | [scid_f_absum] = '3' | LV |

D. The disturbance is not better explained by another mental disorder (e.g., the panic attacks do not occur only in response to feared social situations, as in Social Anxiety Disorder; in response to circumscribed phobic objects or situations, as in Specific Phobia; in response to obsessions, as in Obsessive-Compulsive Disorder; in response to reminders of traumatic events, as in Posttraumatic Stress Disorder; or in response to separation from attachment figures, as in Separation Anxiety Disorder).

IF NECESSARY, RETURN TO THIS ITEM AFTER COMPLETING MODULES FOR OC AND RELATED DISORDERS AND TRAUMA- AND STRESS-RELATED DISORDERS.

| scid_f_ad | scidSrv_f_anxiety_disorders | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 3, 3 threshold or true | F22 1=GO TO *AGORAPHOBIA* F.8 F23 1=GO TO *AGORAPHOBIA* F.8 3= LIFETIME PANIC DIS ORDER | | [scid_f_ac1] = '3' | LV |
| scid_f_ad2 | scidSrv_f_anxiety_disorders | dropdown | A, B, C, AND D ARE CODED "3." | -99, -99 inadequate information \| 1, 1 absent or false \| 3, 3 threshold or true | | | [scid_f_ad] = '3' | LV |

PANIC DISORDER CHRONOLOGY

A. Recurrent panic attacks (unexpected or expected) [in past month].

NOTE: IF LIFETIME ASSESSMENT ALREADY SUGGESTS THE PRESENCE OF PANIC ATTACKS DURING THE CURRENT MONTH, ASK THE FOLLOWING QUESTIONS ONLY IF NEEDED.

| scid_f_ba | *PANIC DISORDER CHRONOLOGY* scidSrv_f_anxiety_disorder | dropdown | ...Since (1 MONTH AGO) how many panic attacks have you had? | -99, -99 inadequate information \| 1, 1 absent or false \| 3, 3 threshold or true | F24 1=GO TO *PAST PANIC DISORDER* F.6 | | [scid_f_ad2] = '3' | LV |

B. [During the past month,] at least one of the attacks has been followed by 1 month (or more) of one or both of the following:

1. Persistent concern or worry about additional attacks or their consequences (e.g., losing control, having a heart attack, "going crazy").

...In the past month...

...have you been concerned or worried that you might have another attack or worried that you would feel like you were having a heart attack again, or worried that you would lose control or go crazy?

| scid_f_bb1 | scidSrv_f_anxiety_disorders | dropdown | ...IF YES: Did you feel that way for most of the time since (1 MONTH AGO)? | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | F25 | | [scid_f_ad2] = '3' | LV |

2. A significant maladaptive change in behavior related to the attacks; (e.g., behaviors designed to avoid having panic attacks, such as avoidance of exercise or unfamiliar situations).

...have you done anything differently because of the attacks (like avoiding certain places or not going out alone)? (What about avoiding certain activities like exercise? What about things like always making sure you're near a bathroom or exit?)

| scid_f_bb2 | scidSrv_f_anxiety_disorders | dropdown | ...IF YES: Did you feel that way for most of the time since (1 MONTH AGO)? | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | F26 | | [scid_f_ad2] = '3' | LV |

CURRENT PANIC DISORDER

CRITERIA A AND B.1 OR B.2 CODED "3" FOR PAST MONTH.

| scid_f_c1 | *CURRENT PANIC DISORDER* scidSrv_f_anxiety_disorder | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 3, 3 threshold or true | F27 1=GO TO *PAST PANIC DISOR-DER* F.6 3=CURRENT PANIC DISORDER | | [scid_f_ad2] = '3' | LV |

Age at onset of Panic Disorder (CODE 99 IF UNKNOWN).

| scid_f_c2 | scidSrv_f_anxiety_disorders | text | ...IF UNKNOWN: How old were you when you first started having panic attacks? | | F28 GO TO *AGORA-PHOBIA* F.8 | number | [scid_f_c1] = '3' | LV |

PAST PANIC DISORDER

Number of months prior to interview when last had a symptom of Panic Disorder

| scid_f_d1 | *PAST PANIC DISORDER* scidSrv_f_anxiety_disorder | text | ...When did you last have (ANY SXS OF PANIC DISORDER)? Age at onset of Panic Disorder (CODE 99 IF UNKNOWN). | | F29 | number | [scid_f_ba] = '1' or [scid_f_c1] = '1' | LV |
| scid_f_d2 | scidSrv_f_anxiety_disorders | text | ...IF UNKNOWN: How old were you when you first started having panic attacks? | | F30 | number | [scid_f_ba] = '1' or [scid_f_c1] = '1' | LV |

EXPECTED PANIC ATTACKS

RECORDING OF DIAGNOSTIC CONTEXT FOR PANIC ATTACK SPECIFIER

Indicate types of situations during which attack(s) occurred: (Check all that apply; page numbers indicate where "With panic attacks" specifier is coded):

IF THERE HAS BEEN ONLY A SINGLE UNEXPECTED PANIC ATTACK, GO TO *AGORAPHOBIA,* F.8 (CONTINUE ON THE NEXT PAGE).

...In what kinds of situations did you have the attack(s)?

.... for example, did they occur when you were already anxious about something, like a social situation, or when you had to face something that you were afraid of?

...Were you (depressed/OWN WORDS) at the time?

...Were you (high/irritable/OWN WORDS) at the time?

...Were you drinking or taking any drugs or medications?

| scid_f_e | *EXPECTED PANIC ATTACKS* scidSrv_f_anxiety_disorder | checkbox | ...Were you physically ill? | 1, Depressive thoughts (in MDD, page D.18, in Bipolar Disorder, in context of Major Depressive Episode, page D.16, and Persistent Depressive Disorder, page A.32) \| 2, Manic or hypomanic symptoms (in context of Manic Episode, pages D.15, in context of hypomanic episode, page D.16) \| 3, Social situations (in Social Anxiety Disorder, page F.17) \| 4, Phobic situations (in Specific Phobia, page F.22) \| 5, Chronic generalized anxiety and worry (in current GAD page F.26) \| 6, Separation from attachment figures (in Separation Anxiety Disorder, page Opt-F.4) \| 7, Due to a substance/medication (in Substance-induced Anxiety Disorder, F.36) \| 8, Due to another medical condition (in Anxiety Disorder due to AMC), F.34) \| 9, Obsession/compulsion-related (in OCD, page G.6) \| 10, Hoarding-related (in Hoarding, page Opt-G.5) \| 11, Body Dysmorphic-Disorder-related (in BDD, page Opt-G.9) \| 12, Exposure to reminder of trauma (in Acute Stress Disorder, page L.10; in PTSD, page L.19) | F31, F32, F33, F34, F35, F36, F37, F38, F39, F40, F41, F42 GO TO *AGORA-PHOBIA* F.8 (CONTINUE ON THE NEXT PAGE) | | [scid_f_aasum] = '1' | LV |
| scid_f_screenautofill2 | scidSrv_f_anxiety_disorder *AGORAPHOBIA* | calc | Screening question autofill 1= No, 3= Yes IF SCREENING QUESTION #2 ANSWERED "NO," SKIP TO *SOCIAL ANXIETY DISORDER* F.14 | [scid_screen_2] | S2 | | | LV |

...IF QUESTION #2 ANSWERED "YES": You've said that you have been very anxious or afraid of situations like going out of the house alone, being in crowds, going to stores, standing in lines, or traveling on buses or trains.

| scid_f_fscreen | scidSrv_f_anxiety_disorders | dropdown | ...IF SCREENER NOT USED: Have you ever been very anxious about or afraid of situations like going out of the house alone, being in crowds, going to stores, standing in lines, or traveling on buses or trains? A. Marked fear or anxiety about two (or more) of the following five situations: | 0, No \| 1, Yes | F43 No=IF NO TO BOTH: GO TO *SPECIFIC PHOBIA* F.19 | | | LV |

1. Using public transportation (e.g., [taxi cabs], buses, trains, ships, planes).

...Tell me about the situations that you've been afraid of.

| scid_f_fa1 | scidSrv_f_anxiety_disorders | dropdown | ...IF UNKNOWN: Have you been afraid of, or anxious about, travelling in taxi cabs, buses, trains, ships or planes? | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | F44 | | [scid_f_fscreen] = '1' | LV |

2. Being in open spaces (e.g., parking lots, marketplaces, bridges).

| scid_f_fa2 | scidSrv_f_anxiety_disorders | dropdown | ...IF UNKNOWN: How about being in open spaces, like parking lots, outdoor marketplaces, or bridges? | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | F45 | | [scid_f_fscreen] = '1' | LV |

3. Being in enclosed places (e.g., shops, theatres, cinemas).

| scid_f_fa3 | scidSrv_f_anxiety_disorders | dropdown | ...IF UNKNOWN: How about being in enclosed places like stores, movie theaters, or shopping malls? | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | F46 | | [scid_f_fscreen] = '1' | LV |

4. Standing in line or being in a crowd.

| scid_f_fa4 | scidSrv_f_anxiety_disorders | dropdown | ...IF UNKNOWN: How about standing in a line or being in a crowd? | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | F47 | | [scid_f_fscreen] = '1' | LV |

5. Being outside of the home alone.

| scid_f_fa5 | scidSrv_f_anxiety_disorders | dropdown | ...IF UNKNOWN: How about being outside of the house alone? | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | F48 | | [scid_f_fscreen] = '1' | LV |
| scid_f_fasum | scidSrv_f_anxiety_disorders | dropdown | AT LEAST TWO ITEMS ARE CODED "3" | 1, 1 absent or false \| 3, 3 threshold or true | F49 1=GO TO *SOCIAL ANXIETY DISORDER* F.14 | | [scid_f_fscreen] = '1' | LV |

B. The individual fears or avoids these situations because of thoughts that escape might be difficult or help might not be available in the event of developing panic-like symptoms or other incapacitating or embarrassing symptoms (e.g., fear of falling in the elderly, fear of incontinence).

—————————————————
…Why did you avoid (SITUATIONS CODED "3") (What were you afraid would happen?)

…(Were you afraid that it might be hard for you to get out of the situation if you absolutely needed to…like if you suddenly developed a panic attack?)

…(Or developing something else that would be embarrassing like losing control of your bladder or bowels or vomiting?)

…(Or becoming impaired in some way like by falling or passing out?)

			…(How about being worried that there would be nobody there to help you in case these kinds of things happened?) C. The agoraphobic situations almost always provoke fear or anxiety.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F50 1=GO TO *SOCIAL ANXIETY DISORDER* F.14	[scid_f_fasum] = '3'	LV
scid_f_fb	scid5rv_f_anxiety_disorders	dropdown					
scid_f_fc	scid5rv_f_anxiety_disorders	dropdown	Have you almost always felt frightened or anxious when you were in (SITUATIONS CODED "3" ABOVE)? D. The agoraphobic situations are actively avoided, require the presence of a companion, or are endured with intense fear or anxiety.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F51 1=GO TO *SOCIAL ANXIETY DISORDER* F.14	[scid_f_fb] = '2' or [scid_f_fc] = '3'	LV

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…Have you gone out of your way to avoid these situations?

…IF NO: Have you been able to go into one of these situations if you were with someone you knew?

| scid_f_fd | scid5rv_f_anxiety_disorders | dropdown | …IF NO: When you have had to be in one of these situations, have you felt intensely afraid or anxious? E. The fear or anxiety is out of proportion to the actual danger posed by the agoraphobic situations and the sociocultural context. NOTE: Code "3" if situations do not pose danger or if fear or anxiety is out of proportion to actual danger or sociocultural context. | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | F52 1=GO TO *SOCIAL ANXIETY DISORDER* F.14 | [scid_f_fc] = '2' or [scid_f_fc] = '3' | LV |

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| scid_f_fe | scid5rv_f_anxiety_disorders | dropdown | …IF UNKNOWN: Have you felt any danger or threat to your safety when you were in (SITUATIONS CODED "3" ABOVE)? (Tell me about that.) F. The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more. | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | F53 1=GO TO *SOCIAL ANXIETY DISORDER* F.14 | [scid_f_fd] = '2' or [scid_f_fd] = '3' | LV |

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| scid_f_ff | scid5rv_f_anxiety_disorders | dropdown | …How long have you been afraid of or avoided (SITUATIONS CODED "3")? (At least 6 months?) G. The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | F54 1=GO TO *SOCIAL ANXIETY DISORDER* F.14 | [scid_f_fe] = '2' or [scid_f_fe] = '3' | LV |

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…IF UNKNOWN: What effect have (AGORAPHOBIC SXS) had on your life?

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION G:

…How have (AGORAPHOBIC SXS) affected your relationships or your interactions with other people? (Have they caused any problems in your relationships with your family, romantic partner or friends?)

…How have (AGORAPHOBIC SXS) affected your ability to work, take care of your family or household needs, or be involved in things that are important to you like religious activities, physical exercise, or hobbies?

…Have (AGORAPHOBIC SXS) affected any other important part of your life?

| scid_f_fg | scid5rv_f_anxiety_disorders | dropdown | …IF HAVE NOT INTERFERED WITH FUNCTIONING: How much have you been bothered or upset by having (AGORAPHOBIC SXS)? H. If another medical condition (e.g., inflammatory bowel disease, Parkinson's disease) is present, the fear, anxiety, or avoidance is clearly excessive. | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | F55 1=GO TO *SOCIAL ANXIETY DISORDER* F.14 | [scid_f_ff] = '2' or [scid_f_ff] = '3' | LV |

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…IF A GENERAL MEDICAL CONDITION CHARACTERIZED BY INCAPACITATING SYMPTOMS IS PRESENT: Is your avoidance of (SITUATION) related to your (MEDICAL CONDITION)? [Tell me about it. How often has [INCAPACITATING SYMPTOM] actually happened in [AVOIDED SITUATION]?]

| scid_f_fh | scid5rv_f_anxiety_disorders | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | F56 1=GO TO *SOCIAL ANXIETY DISORDER* F.14 | [scid_f_fg] = '2' or [scid_f_fg] = '3' | LV |

I. The fear, anxiety, or avoidance is not better explained by the symptoms of another mental disorder–for example, the symptoms are not confined to Specific Phobia, situational type; do not involve only social situations (as in Social Anxiety Disorder); and are not related exclusively to obsessions (as in Obsessive-Compulsive Disorder), perceived defects or flaws in physical appearance (as in Body Dysmorphic Disorder), reminders of traumatic events (as in Posttraumatic Stress Disorder), or fear of separation (as in Separation Anxiety Disorder).
NOTE: Consider a diagnosis of Specific Phobia if fear is limited to one or only a few specific situations, or a diagnosis of Social Anxiety Disorder if fear is limited to social situations.

IF NECESSARY, RETURN TO THIS ITEM AFTER COMPLETING MODULES FOR C AND RELATED DISORDERS AND TRAUMA- AND STRESS-RELATED DISORDERS.

| scid_f_fi | scid5rv_f_anxiety_disorders | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | F57 1=GO TO *SOCIAL ANXIETY DISORDER* F.14 | [scid_f_fh] = '2' or [scid_f_fh] = '3' | LV |
| scid_f_fsum | scid5rv_f_anxiety_disorders | dropdown | AGORAPHOBIA CRITERIA A, B, C, D, E, F, G, H, AND I ARE CODED "3". *AGORAPHOBIA CHRONOLOGY* | 1, 1 absent or false \| 3, 3 threshold or true | F58 1=GO TO *SOCIAL ANXIETY DISORDER* F.14 3=AGORAPHOBIA | [scid_f_fi] = '2' or [scid_f_fi] = '3' | LV |

A. [During the past 6 months,] marked fear or anxiety about two (or more) situations.

NOTE: IF LIFETIME ASSESSMENT ALREDY SUGGESTS THE PRESENCE OF AGORAPHOBIA DURING THE PAST 6 MONTHS, ASK THE FOLLOWING QUESTIONS ONLY IF NEEDED.

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| scid_f_ga | *AGORAPHOBIA CHRONOLOGY* scid5rv_f_anxiety_disorder | dropdown | …Since (6 MONTHS AGO), have you ever been very anxious about or afraid of situations like going out of the house alone, being in crowds, going to stores, standing in lines, or traveling on buses or trains? D. [During the past 6 months,] the agoraphobic situations are actively avoided, require the presence of a companion, or are endured with intense fear or anxiety. | -99, -99 inadequate information \| 1, 1 absent or false \| 3, 3 threshold or true | F59 1= GO TO *PAST AGORAPHOBIA* F.13 | [scid_f_fsum] = '3' | LV |

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…Since (6 MONTHS AGO), have you gone out of your way to avoid these situations?

…IF NO: Have you been only able to go into one of these situations if you are with someone you know?

| scid_f_gd | scid5rv_f_anxiety_disorders | dropdown | …IF NO: When you have had to be in one of these situations, have you felt intensely afraid or anxious? G. [During the past 6 months,] the fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. | -99, -99 inadequate information \| 1, 1 absent or false \| 3, 3 threshold or true | F60 1= GO TO *PAST AGORAPHOBIA* F.13 | [scid_f_ga] = '3' | LV |

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…During the past six months, since (6 MONTHS AGO), what effect have (AGORAPHOBIC SXS) had on your life?

…IF HAVE NOT INTERFERED WITH FUNCTIONING: During the past 6 months, since (6 MONTHS AGO), how much have you been bothered or upset by having (AGORAPHOBIC SXS)?

| scid_f_gg | scid5rv_f_anxiety_disorders | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 3, 3 threshold or true | F61 1= GO TO *PAST AGORAPHOBIA* F.13 | [scid_f_gd] = '3' | LV |
| scid_f_h1 | *CURRENT AGORAPHOBIA* scid5rv_f_anxiety_disorder | dropdown | *CURRENT AGORAPHOBIA* CRITERIA A, D, AND G CODED "3" FOR PAST 6 MONTHS Age at onset of Agoraphobia (CODE 99 IF UNKNOWN) | -99, -99 inadequate information \| 1, 1 absent or false \| 3, 3 threshold or true | F62 1= GO TO *PAST AGORAPHOBIA* F.13 3=Current Agoraphobia | [scid_f_gg] = '3' | LV |

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| scid_f_h2 | scid5rv_f_anxiety_disorders | text | …IF UNKNOWN: How old were you when you first started having (SXS OF AGORAPHOBIA)? *PAST AGORAPHOBIA* | | F63 GO TO *SOCIAL ANXIETY DISORDER* F.14 number | [scid_f_h1] = '3' | LV |

Number of months prior to interview when last had a symptom of Agoraphobia

| scid_f_i1 | *PAST AGORAPHOBIA* scid5rv_f_anxiety_disorder | text | …When did you last have (ANY SXS OF AGORAPHOBIA)? Age at onset of Agoraphobia (CODE 99 IF UNKNOWN) | | F64 number | [scid_f_ga] = '1' or [scid_f_gd] = '1' or [scid_f_gg] = '1' or [scid_f_h1] = '1' | LV |

—————————————————
| scid_f_i2 | scid5rv_f_anxiety_disorder | text | …IF UNKNOWN: How old were you when you first started having (SXS OF AGORAPHOBIA)? | | F65 GO TO *SOCIAL ANXIETY DISORDER* F.14 (NEXT PAGE) number | [scid_f_ga] = '1' or [scid_f_gd] = '1' or [scid_f_gg] = '1' or [scid_f_h1] = '1' | LV |
| scid_f_screenautofill3 | *SOCIAL ANXIETY DISORDER* scid5rv_f_anxiety_disorder | calc | Screening question 3 autofill 1= No, 3= Yes IF SCREENING QUESTIONS #3 AND #4 ARE BOTH ANSWERED "NO," SKIP TO *SPECIFIC PHOBIA* F.19. | [scid_screen_3] | S3 | | LV |

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| scid_f_jscreen1 | scid5rv_f_anxiety_disorders | dropdown | …IF QUESTION #3 ANSWERED "YES": You've said that you have been especially anxious or afraid in social situations, like having a conversation or meeting unfamiliar people. | 0, No \| 1, Yes | F66 | | LV |
| scid_f_screenautofill4 | scid5rv_f_anxiety_disorders | calc | Screening question 4 autofill 1= No, 3= Yes | [scid_screen_4] | S4 | | LV |

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…IF QUESTION #4 ANSWERED "YES": You've [also] said that there are things that you have been afraid or felt very uncomfortable doing in front of other people, like speaking, eating, writing, or using a public bathroom.

…IF SCREENER NOT USED: Have you been especially nervous or anxious in social situations like having a conversation or meeting unfamiliar people?

| scid_f_jscreen2 | scid5rv_f_anxiety_disorders | dropdown | …IF NO: Is there anything that you have been afraid to do or felt very uncomfortable doing in front of other people, like speaking, eating, writing, or using a public bathroom? | 0, No \| 1, Yes | F67 IF NO TO BOTH: GO TO *SPECIFIC PHOBIA* F.19 | | LV |

Variable	Module	Section	Type	Question / Criterion Text	Values	Skip	Input	Condition	LV
				A. Marked fear or anxiety about one or more social situations in which the person is exposed to possible scrutiny by others. Examples include social interactions (e.g., having a conversation, meeting unfamiliar people), being observed (e.g., eating or drinking), and performing in front of others (e.g., giving a speech). NOTE: Code "1" if fear or anxiety is limited to public speaking and is within normal limits. _____ ...IF YES TO ANY OF ABOVE: Tell me about that. Give me some examples of when this has happened. (Situations like having a conversation, meeting people you don't know, being observed eating, drinking or going to the bathroom or performing in front of others?)					
scid_f_ja	scidSrv_f_anxiety_disorders		dropdown		-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F68 1=GO TO *SPECIFIC PHOBIA* F.19		[scid_f_jscreen1] = '1' or [scid_f_jscreen2] = '1'	LV
				B. The individual fears that he or she will act in a way or show anxiety symptoms that will be negatively evaluated (i.e., will be humiliating or embarrassing; will lead to rejection or offend others). _____ ...What were you afraid would happen when you were in (SOCIAL OR PERFORMANCE SITUATION)? (Were you afraid of being embarrassed because of what you might say or how you might act? Were you afraid that this would lead to your being rejected by other people? How about making others uncomfortable or offending them because of what you said or how you acted?) C. The social situations almost always provoke fear or anxiety.					
scid_f_jb	scidSrv_f_anxiety_disorders		dropdown		-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F69 1=GO TO *SPECIFIC PHOBIA* F.19		[scid_f_ja] = '2' or [scid_f_ja] = '3'	LV
scid_f_jc	scidSrv_f_anxiety_disorders		dropdown	...Have you almost always felt frightened when you would be in (FEARED SOCIAL OR PERFORMANCE SITUATIONS)? D. The social situations are avoided or endured with intense fear or anxiety. _____ ...IF UNKNOWN: Did you go out of your way to avoid (FEARED SOCIAL OR PERFORMANCE SITUATIONS)?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F70 1=GO TO *SPECIFIC PHOBIA* F.19		[scid_f_jb] = '2' or [scid_f_jb] = '3'	LV
scid_f_jd	scidSrv_f_anxiety_disorders		dropdown	...IF NO: How hard was it for you to be in (FEARED SOCIAL SITUATION)? E. The fear or anxiety is out of proportion to the actual threat posed by the social situation and to the sociocultural context. NOTE: Code "3" if no threat posed by social situation or if out of proportion to actual threat or sociocultural context. _____ ...IF UNKNOWN: What would you say would be the likely outcome of (PERFORMING POORLY IN SOCIAL SITUATIONS)? (Were these situations actually dangerous in some way, like avoiding being bullied or tormented by someone?)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F71 1=GO TO *SPECIFIC PHOBIA* F.19		[scid_f_jc] = '2' or [scid_f_jc] = '3'	LV
scid_f_je	scidSrv_f_anxiety_disorders		dropdown	F. The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more. _____ ...IF UNCLEAR: How long have (SXS OF SOCIAL ANXIETY DISORDER) lasted? (Have they lasted for at least 6 months or more?)	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F72 1=GO TO *SPECIFIC PHOBIA* F.19		[scid_f_jd] = '2' or [scid_f_jd] = '3'	LV
scid_f_jf	scidSrv_f_anxiety_disorders		dropdown	G. The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. _____ ...IF UNKNOWN: What effect have (SOCIAL ANXIETY SXS) had on your life? ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION G:	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F73 1=GO TO *SPECIFIC PHOBIA* F.19		[scid_f_je] = '2' or [scid_f_je] = '3'	LV
				...How have (SOCIAL ANXIETY SXS) affected your ability to have friends or meet new people? (How about dating?) How have (SOCIAL ANXIETY SXS) affected your interactions with other people, especially unfamiliar people? ...How have (SOCIAL ANXIETY SXS) affected your ability to do things at school or at work that require interacting with other people? (How about making presentations or giving talks?) ...Have you avoided going to school or to work if you think you will be put in a situation which makes your uncomfortable? ...How have (SOCIAL ANXIETY SXS) affected your ability to work, take care of your family or household needs, or be involved in things that are important to you like religious activities, physical exercise, or hobbies? ...Have (SOCIAL ANXIETY SXS) affected any other important part					
scid_f_jg	scidSrv_f_anxiety_disorders		dropdown		-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F74 1=GO TO *SPECIFIC PHOBIA* F.19		[scid_f_jf] = '2' or [scid_f_jf] = '3'	LV
				H. [Primary Anxiety Disorder:] The fear, anxiety, or avoidance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition. IF THERE IS ANY INDICATION THAT THE ANXIETY MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE), GO TO "GMC/SUBSTANCE" F.33, AND RETURN HERE TO MAKE A RATING OF "1" OR "3." NOTE: Refer to list of etiological medical conditions or substances/medications on page F.4. _____ ...IF UNKNOWN: When did you begin having (SOCIAL ANXIETY SXS)? ...Just before you began having (SOCIAL ANXIETY SXS), were you taking any drugs, caffeine, diet pills, or other medicines? ...(How much coffee, tea, or caffeinated beverages did you drink a day?) ...Just before (SOCIAL ANXIETY SXS) began, were you physically ill?					
scid_f_jh	scidSrv_f_anxiety_disorders		dropdown	...IF YES: What did the doctor say? I. The fear, anxiety, or avoidance is not better explained by the symptoms of another mental disorder such as Panic Disorder, Separation Anxiety Disorder, Body Dysmorphic Disorder, or Autism Spectrum Disorder.	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	F75 1=ALL DUE TO SUBSTANCE USE OR GMC GO TO *SPECIFIC PHOBIA* F.19 *3=PRIMARY ANXIETY DISORDER, CONTINUE WITH NEXT ITEM		[scid_f_jg] = '2' or [scid_f_jg] = '3'	LV
scid_f_ji	scidSrv_f_anxiety_disorders		dropdown	IF NECESSARY, RETURN TO THIS ITEM AFTER COMPLETING MODULES FOR OC AND RELATED DISORDERS. J. If another medical condition (e.g., Parkinson's disease, obesity, disfigurement from burns or injury) [or potentially embarrassing mental disorder] is present, the fear, anxiety, or avoidance is clearly unrelated or is excessive. _____ ...IF A GENERAL MEDICAL CONDITION OR MENTAL DISORDER CHARACTERIZED BY POTENTIALLY EMBARRASSING SYMPTOMS IS PRESENT: Has your avoidance of (SOCIAL SITUATIONS) been related to your (MEDICAL CONDITION OR MENTAL DISORDER)?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F76 1=GO TO *SPECIFIC PHOBIA* F.19		[scid_f_jh] = '3'	LV
scid_f_jj	scidSrv_f_anxiety_disorders		dropdown	...IF YES: How have you dealt with your condition?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F77 1=GO TO *SPECIFIC PHOBIA* F.19		[scid_f_ji] = '2' or [scid_f_ji] = '3'	LV
scid_f_jsum	scidSrv_f_anxiety_disorders		dropdown	SOCIAL ANXIETY DISORDER CRITERIA A, B, C, D, E, F, G, H, I AND J ARE CODED "3."	1, 1 absent or false | 3, 3 threshold or true	F78 1=GO TO *SPECIFIC PHOBIA* F.19. *3=SOCIAL ANXIETY DISORDER		[scid_f_ji] = '2' or [scid_f_jj] = '3'	LV
scid_f_ka	scidSrv_f_anxiety_disorder	*SOCIAL ANXIETY DISORDER CHRONOLOGY*	dropdown	A. [During the past 6 months,] marked fear or anxiety about one or more social situations. NOTE: IF LIFETIME ASSESSMENT ALREADY SUGGESTS THE PRESENCE OF SOCIAL ANXIETY DISORDER DURING THE PAST 6 MONTHS, ASK THE FOLLOWING QUESTIONS ONLY IF NEEDED. ...During the past 6 months, since (6 MONTHS AGO), have you continued to fear or avoid (SOCIAL SITUATIONS MENTIONED ABOVE)? D. [During the past 6 months,] the social situations are avoided or endured with intense fear or anxiety.	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	F79 1=GO TO *PAST SOCIAL ANXIETY DISORDER* F.18		[scid_f_jsum] = '3'	LV
scid_f_kd	scidSrv_f_anxiety_disorders		dropdown	...During the past 6 months, since (6 MONTHS AGO), have you gone out of your way to avoid (FEARED SOCIAL SITUATIONS)? ...IF NO: During the past 6 months, since (6 MONTHS AGO), how hard has it been for you to be in (FEARED SOCIAL SITUATIONS)? G. [During the past 6 months,] the fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. _____ ...During the past 6 months, what effect have (SOCIAL ANXIETY SXS) had on your life?	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	F80 1=GO TO *PAST SOCIAL ANXIETY DISORDER* F.18		[scid_f_ka] = '3'	LV
scid_f_kg	scidSrv_f_anxiety_disorders		dropdown	...IF HAVE NOT INTERFERED WITH FUNCTIONING: During the past 6 months, since (6 MONTHS AGO), how much have you been bothered or upset by having (SOCIAL ANXIETY SXS)?	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	F81 1=GO TO *PAST SOCIAL ANXIETY DISORDER* F.18		[scid_f_kd] = '3'	LV
scid_f_ksum	scidSrv_f_anxiety_disorders	*CURRENT SOCIAL ANXIETY DISORDER*	dropdown	CRITERIA A, D, AND G CODED "3" FOR PAST 6 MONTHS Specify (choose yes) if:	1, 1 absent or false | 3, 3 threshold or true	F82 1=GO TO *PAST SOCIAL ANXIETY DISORDER* F.18 *3=CURRENT SOCIAL ANXIETY DISORDER		[scid_f_kg] = '3'	LV
scid_f_kperf	scidSrv_f_anxiety_disorders		dropdown	____ Performance only: if the fear is restricted to speaking or performing in public	1, No | 3, Yes	F84	autocomplete	[scid_f_ksum] = '3'	LV
scid_f_kpan	scidSrv_f_anxiety_disorders		dropdown	Specify (choose yes) if: ____ With panic attacks: if one or more panic attacks in the past month occurring in the context of current Social Anxiety Disorder (see page F.7) and criteria have never been met for Panic Disorder _____ ...IF UNKNOWN: Have you had any panic attacks in the past month?	1, No | 3, Yes	F85 GO TO *SPECIFIC PHOBIA* F.19	autocomplete	[scid_f_ksum] = '3'	LV
scid_f_kage	scidSrv_f_anxiety_disorders		text	Age at onset of Social Anxiety Disorder (CODE 99 IF UNKNOWN) _____ ...IF UNKNOWN: How old were you when you first started having (SXS OF SOCIAL ANXIETY DISORDER)?		F83	number	[scid_f_ksum] = '3'	LV

PAST SOCIAL ANXIETY DISORDER

Number of months prior to interview when last had a symptom of Social Anxiety Disorder

Variable	Module	Section	Type	Question	Response	Flow	Format	Condition	LV
scid_f_kmonths	scidSrv_f_anxiety_disorders		text	————————————————— ...When did you last have (ANY SXS OF SOCIAL ANXIEY DISORDER)? Age at onset of Social Anxiety Disorder (CODE 99 IF UNKNOWN)		F86	number	[scid_f_ksum] = '1' or [scid_f_kg] = '1' or [scid_f_kd] = '1' or [scid_f_ka] = '1'	LV
scid_f_kpastage	scidSrv_f_anxiety_disorders		text	————————————————— ...IF UNKNOWN: How old were you when you first started having (SXS OF SOCIAL ANXIETY DISORDER)? Screening question 5 autofill		F87. GO TO *SPECIFIC PHOBIA* F.19 (NEXT PAGE)	number	[scid_f_ksum] = '1' or [scid_f_kg] = '1' or [scid_f_kd] = '1' or [scid_f_ka] = '1'	LV
scid_f_screenautofill5	scidSrv_f_anxiety_disorder *SPECIFIC PHOBIA*		calc	1= No, 3= Yes IF SCREENING QUESTION #5 ANSWERED "NO," SKIP TO *CURRENT GENERALIZED ANXIETY DISORDER* F.24. F88	[scid_screen_5]	S5			LV
scid_f_lscreen	scidSrv_f_anxiety_disorders		dropdown	————————————————— ...IF QUESTION #5 ANSWERED "YES": You've said that there are other things that have made you especially anxious or afraid, like flying, seeing blood, getting a shot, heights, closed places, or certain kinds of animals or insects... A. Marked fear or anxiety about a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood).	1, No | 3, Yes	F88 IF NO: GO TO *CURRENT GENERALIZED ANXIETY DISORDER* F.24			LV
scid_f_la	scidSrv_f_anxiety_disorders		dropdown	————————————————— ...IF SCREENER NOT USED: Are there any other things that have made you especially anxious or afraid, like flying, seeing blood, getting a shot, heights, closed places, or certain kinds of animals or insects? ...Tell me about that. B. The phobic object or situation almost always provokes immediate fear or anxiety.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F89 1=GO TO *CURRENT GENERALIZED ANXIETY DISORDER* F.24		[scid_f_lscreen] = '3'	LV
scid_f_lb	scidSrv_f_anxiety_disorders		dropdown	————————————————— ...Have you almost always immediately felt frightened or anxious when you were (CONFRONTED WITH PHOBIC STIMULUS)? C. The phobic situation(s) is actively avoided, or endured with intense fear or anxiety.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F90 1=GO TO *CURRENT GENERALIZED ANXIETY DISORDER* F.24		[scid_f_la] = '2' or [scid_f_la] = '3'	LV
scid_f_lc	scidSrv_f_anxiety_disorders		dropdown	————————————————— ...Did you go out of your way to avoid (PHOBIC STIMULUS)? (Are there things you didn't do because of this fear that you would otherwise have done?) ...IF NO: How hard was it for you when (CONFRONTED WITH PHOBIC STIMULUS)? D. The fear or anxiety is out of proportion to the actual danger posed by the specific object or situation and to the sociocultural context. NOTE: Code "3" if objects or situations do not pose danger or if fear or anxiety is out of proportion to actual danger or sociocultural context.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F91 1=GO TO *CURRENT GENERALIZED ANXIETY DISORDER* F.24		[scid_f_lb] = '2' or [scid_f_lb] = '3'	LV
scid_f_ld	scidSrv_f_anxiety_disorders		dropdown	————————————————— ...IF PHOBIC STIMULUS IS POSSIBLY DANGEROUS: How dangerous would you say it actually is to (BE EXPOSED TO PHOBIC STIMULUS)? ...Do you think that you have been more afraid of (PHOBIC STIMULUS) than you should have been given the actual danger? E. The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F92 1=GO TO *CURRENT GENERALIZED ANXIETY DISORDER* F.24		[scid_f_lc] = '2' or [scid_f_lc] = '3'	LV
scid_f_le	scidSrv_f_anxiety_disorders		dropdown	————————————————— ...IF UNKNOWN: How long have you had these fears? (For 6 months or more?) F. The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F93 1=GO TO *CURRENT GENERALIZED ANXIETY DISORDER* F.24		[scid_f_ld] = '2' or [scid_f_ld] = '3'	LV
scid_f_lf	scidSrv_f_anxiety_disorders		dropdown	————————————————— ...IF UNKNOWN: What effect have (PHOBIC SXS) had on your life? ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION F: ...How have (PHOBIC SXS) affected your relationships with your family, romantic partner or friends? ...How have (PHOBIC SXS) affected your work/school? (How about your attendance at work or school?) ...How about doing other things that are important to you like religious activities, physical exercise, or hobbies? ...IF BLOOD-INJECTION-INJURY TYPE: Have you avoided going to the dentist or doctor because of (PHOBIC SXS)? (How has this affected your health?) ...Have (PHOBIC SXS) affected any other important part of your life? ...IF HAVE NOT INTERFERED WITH LIFE: How much have you been bothered or upset by having (PHOBIC SXS)? G. The disturbance is not better explained by the symptoms of another mental disorder, including fear, anxiety, and avoidance of situations associated with panic like symptoms or other incapacitating symptoms (as in Agoraphobia), objects or situations related to obsessions (as in Obsessive-Compulsive Disorder) reminders of traumatic events (as in Posttraumatic Stress Disorder), separation from home or attachment figures (as in Separation Anxiety Disorder) or social situations (as in Social Anxiety Disorder).	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F94 1=GO TO *CURRENT GENERALIZED ANXIETY DISORDER* F.24		[scid_f_le] = '2' or [scid_f_le] = '3'	LV
scid_f_lg	scidSrv_f_anxiety_disorders		dropdown	IF NECESSARY, RETURN TO THIS ITEM AFTER COMPLETING MODULES FOR OC AND RELATED DISORDERS AND TRAUMA- AND STRESS-RELATED DISORDERS.	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	F95 1=GO TO *CURRENT GENERALIZED ANXIETY DISORDER* F.24 F96 1=GO TO *CURRENT GENERALIZED ANXIETY DISORDER* F.24 3= SPECIFIC PHOBIA		[scid_f_lf] = '2' or [scid_f_lf] = '3'	LV
scid_f_lsum	scidSrv_f_anxiety_disorders		dropdown	SPECIFIC PHOBIA CRITERIA A, B, C, D, E, F, AND G ARE CODED "3." A. [During the past 6 months,] marked fear or anxiety about a specific object or situation. NOTE: IF LIFETIME ASSESSMENT ALREADY SUGGESTS THE PRESENCE OF SPECIFIC PHOBIA DURING THE PAST 6 MONTHS, ASK THE FOLLOWING QUESTIONS ONLY IF NEEDED.	1, 1 absent or false | 3, 3 threshold or true			[scid_f_lg] = '3'	LV
scid_f_ma	scidSrv_f_anxiety_disorder *SPECIFIC PHOBIA CHRONOLOGY*		dropdown	————————————————— ...During the past 6 months, since (6 MONTHS AGO), have you continued to fear or avoid (PHOBIC SITUATIONS MENTIONED ABOVE)? C. [During the past 6 months,] the phobic situation(s) is actively avoided, or endured with intense fear or anxiety.	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	F97 1=GO TO *PAST SPECIFIC PHOBIA* F.23		[scid_f_lsum] = '3'	LV
scid_f_mc	scidSrv_f_anxiety_disorders		dropdown	————————————————— ...In the past 6 months, have you gone out of your way to avoid (PHOBIC STIMULUS)? (Have there been things you didn't do because of this fear that you would otherwise have done?) ...IF NO: In the past 6 months, how hard has it been for you when (CONFRONTED WITH PHOBIC STIMULUS)? F. [During the past 6 months,] the fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	F98 1=GO TO *PAST SPECIFIC PHOBIA* F.23		[scid_f_ma] = '3'	LV
scid_f_mf	scidSrv_f_anxiety_disorders		dropdown	————————————————— ...In the past 6 months, since (6 MONTHS AGO) what effect have (PHOBIC SXS) had on your life? ...IF DOES NOT INTERFERE WITH LIFE: In the past 6 months, since (6 MONTHS AGO) how much have you been bothered or upset by having (PHOBIC SXS)?	-99, -99 Inadequate information | 1, 1 absent or false | 3, 3 threshold or true	F99 1=GO TO *PAST SPECIFIC PHOBIA* F.23		[scid_f_mc] = '3'	LV
scid_f_msum	scidSrv_f_anxiety_disorders		dropdown	*CURRENT SPECIFIC PHOBIA* CRITERIA A, C, AND F CODED "3" FOR PAST 6 MONTHS Age at onset of Specific Phobia (CODE 99 IF UNKNOWN)	1, 1 absent or false | 3, 3 threshold or true	F100 1=GO TO *PAST SPECIFIC PHOBIA* F.23 3=CURRENTSPECIFIC PHOBIA		[scid_f_mf] = '3'	LV
scid_f_mage	scidSrv_f_anxiety_disorders		text	————————————————— ...IF UNKNOWN: How old were you when you first started having (SXS OF SPECIFIC PHOBIA)? Specify: (Check all that apply) ___ Animal (e.g., spiders, insects, dogs) ___ Natural environment (includes heights, storms, water) ___ Blood-injection-injury (e.g., needles, invasive medical procedures) ___ Situational (includes airplanes, elevators, enclosed places) ___ Other type (e.g., situations that might lead to choking or vomiting) Specify:		F101	number	[scid_f_msum] = '3'	LV
scid_f_mtype	scidSrv_f_anxiety_disorders		checkbox	Other type (e.g., situations that might lead to choking or vomiting) Specify:	1, Animal (e.g., spiders, insects, dogs) | 2, Natural environment (includes heights, storms, water) | 3, Blood-injection-injury (e.g., needles, invasive medical procedures) | 4, Situational (includes airplanes, elevators, enclosed places) | 5, Other type (e.g., situations that might lead to choking or vomiting) Specify(below)	F102, F103, F104, F105, F106		[scid_f_msum] = '3'	LV
scid_f_mother	scidSrv_f_anxiety_disorders		text	Specify (choose yes) if: ___ With panic attacks: if one or more panic attacks in the past month occurring in the context of current Specific Phobia (see page F.7) and criteria have never been met for Panic Disorder. *PAST SPECIFIC PHOBIA*		F107		[scid_f_msum] = '3'	LV
scid_f_mpanic	scidSrv_f_anxiety_disorders		dropdown		1, No | 3, Yes	F108 GO TO *CURRENT GENERALIZED ANXIETY DISORDER* F.24	autocomplete	[scid_f_msum] = '3'	LV
scid_f_mmonths	scidSrv_f_anxiety_disorders		text	Number of months prior to interview when last had a symptom of Specific Phobia ...When did you last have (ANY SXS OF SPECIFIC PHOBIA)? Age at onset of Specific Phobia (CODE 99 IF UNKNOWN)		F109	number	[scid_f_ma] = '1' or [scid_f_mc] = '1' or [scid_f_mf] = '1'	LV
scid_f_mpastage	scidSrv_f_anxiety_disorders		text	————————————————— ...IF UNKNOWN: How old were you when you first started having (SXS OF SPECIFIC PHOBIA)?		F110 GO TO *CURRENT GENERALIZED ANXIETY DISORDER* F.24	number	[scid_f_ma] = '1' or [scid_f_mc] = '1' or [scid_f_mf] = '1'	LV
scid_f_screenautofill6	scidSrv_f_anxiety_disorder	GENERALIZED ANXIETY DISORDER CRITERIA *CURRENT GENERALIZED ANXIETY DISORDER*	calc	Screening question 6 autofill	[scid_screen_6]	S6			LV

IF SCREENING QUESTION #6 ANSWERED "NO," SKIP TO *PAST GENERALIZED ANXIETY DISORDER* F.27

_____
...IF QUESTION #6 ANSWERED "YES": You've said that over the last several months you've been feeling anxious and worried a lot of the time. (Tell me about that.)

scid_f_nscreen	scidSrv_f_anxiety_disorders	dropdown	...IF SCREENER NOT USED: Over the last several months, have you been feeling anxious and worried for a lot of the time? (Tell me about that.) A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).	1, No | 3, Yes	F111 No=GO TO *PAST GENERALIZED ANXIETY DISORDER* F.27			LV

_____
...What kinds of things have you worried about? (What about your job, your health, your family members, your finances, or other smaller things like being late for appointments?) How much did you worry about (EVENTS OR ACTIVITIES)? What else have you worried about?

...Have you worried about (EVENTS OR ACTIVITIES) even when there was no reason? (Have you worried more than most people would in your circumstances? Has anyone else thought you worried too much? Have you worried more than you should have given your actual circumstances?)

scid_f_na	scidSrv_f_anxiety_disorders	dropdown	...During the last 6 months, since (6 MONTHS AGO), would you say that you have been worrying more days than not? B. The person finds it difficult to control the worry.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F112 1=GO TO *PAST GENERALIZED ANXIETY DISORDER* F.27		[scid_f_nscreen] = '3'	LV
scid_f_nb	scidSrv_f_anxiety_disorders	dropdown	...When you're worrying this way, have you found that it's hard to stop yourself or to think about anything else? C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months):	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F113 1=GO TO *PAST GENERALIZED ANXIETY DISORDER* F.27		[scid_f_na] = '3' or [scid_f_na] = '2'	LV

1. Restlessness or feeling keyed up or on edge.

_____
...Now I am going to ask you some questions about symptoms that often go along with being nervous or worried.

...Thinking about those periods since (6 MONTHS AGO) when you have been feeling nervous, anxious, or worried...

...have you often felt physically restless, like you couldn't sit still?

scid_f_nc1	scidSrv_f_anxiety_disorders	dropdown	...have you often felt keyed up or on edge? 2. Being easily fatigued.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F114		[scid_f_nb] = '3' or [scid_f_nb] = '2'	LV
scid_f_nc2	scidSrv_f_anxiety_disorders	dropdown	...have you often tired easily? 3. Difficulty concentrating or mind going blank.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F115		[scid_f_nb] = '3' or [scid_f_nb] = '2'	LV
scid_f_nc3	scidSrv_f_anxiety_disorders	dropdown	...have you often had trouble concentrating or has your mind often gone blank? 4. Irritability.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F116		[scid_f_nb] = '3' or [scid_f_nb] = '2'	LV
scid_f_nc4	scidSrv_f_anxiety_disorders	dropdown	...have you often been irritable? 5. Muscle tension.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F117		[scid_f_nb] = '3' or [scid_f_nb] = '2'	LV
scid_f_nc5	scidSrv_f_anxiety_disorders	dropdown	...have your muscles often been tense? 6. Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep).	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F118		[scid_f_nb] = '3' or [scid_f_nb] = '2'	LV
scid_f_nc6	scidSrv_f_anxiety_disorders	dropdown	...have you often had trouble falling or staying asleep? How about often feeling tired when you woke up because you didn't get a good night's sleep? AT LEAST THREE "C" SXS ARE CODED "3" AND AT LEAST SOME OCCURRED MORE DAYS THAN NOT FOR PAST 6 MONTHS	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F119		[scid_f_nb] = '3' or [scid_f_nb] = '2'	LV
scid_f_ncsum	scidSrv_f_anxiety_disorders	dropdown	...IF UNCLEAR: Did at least some of these symptoms like (SXS CODED "3") happen for more days than not over the past 6 months? D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F120 1=GO TO *PAST GENERALIZED ANXIETY DISORDER* F.27		[scid_f_nb] = '3' or [scid_f_nb] = '2'	LV

_____
...IF UNKNOWN: What effect have (GAD SXS) had on your life?

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION D:

...How have (GAD SXS) affected your relationships or your interactions with other people? (Have [GAD SXS] caused you any problems in your relationships with your family, romantic partner or friends?)

...How have (GAD SXS) affected your work/schoolwork? (How about your attendance at work or school? Have [GAD SXS] made it more difficult to do your work/schoolwork? How have [GAD SXS] affected the quality of your work/schoolwork?)

...How have (GAD SXS) affected your ability to take care of things at home? How about doing other things that are important to you like religious activities, physical exercise, or hobbies? Have you avoided doing anything because you felt like you weren't up to it?

...Has your anxiety or worry affected any other important part of your life?

scid_f_nd	scidSrv_f_anxiety_disorders	dropdown	...IF HAS NOT INTERFERED WITH LIFE: How much have you been	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F121 1=GO TO *PAST GENERALIZED ANXIETY DISORDER* F.27		[scid_f_ncsum] = '3' or [scid_f_ncsum] = '2'	LV

E. [Primary Anxiety Disorder:] The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or to another medical condition.

IF THERE IS ANY INDICATION THAT THE ANXIETY MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE/MEDICATION), GO TO *GMC/SUBSTANCE* F.33 AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

NOTE: Refer to list of etiological medical conditions and substances/medications on page F.4.

_____
...IF UNKNOWN: When did (GAD SXS) begin? Just before you began having (GAD SXS), were you taking any drugs, caffeine, diet pills, or other medicines?

...(How much coffee, tea, or caffeinated soda do you drink a day?)

...Just before (GAD SXS) began, were you physically ill?

scid_f_ne	scidSrv_f_anxiety_disorders	dropdown	...IF YES: What did the doctor say? F. The disturbance is not better explained by another mental disorder (e.g., anxiety or worry about having a panic attacks in Panic Disorder, negative evaluation in Social Anxiety Disorder, contamination or other obsessions in Obsessive Compulsive Disorder, separation from attachment figures in Separation Anxiety Disorder, gaining weight in Anorexia Nervosa, physical complaints in Somatic Symptom disorder, perceived appearance flaws in Body Dysmorphic Disorder or having a serious illness in Illness Anxiety Disorder, or the content of delusional beliefs in Schizophrenia or Delusional Disorder).	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	F122 1=ALL DUE TO GMC OR SUB-STANCE/MED-ICATION USE GO TO *PAST GENERALIZED ANXIETY DISORDER* F.27 *3=PRIMARY ANXIETY DISORDER, CONTINUE WITH NEXT ITEM		[scid_f_nd] = '3' or [scid_f_nd] = '2'	LV
scid_f_nf	scidSrv_f_anxiety_disorders	dropdown	IF NECESSARY, RETURN TO THIS ITEM AFTER COMPLETING MODULE FOR OC AND RELATED DISORDERS, EATING DISORDERS, AND SOMATIC SYMPTOM DISORDERS.	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	F123 1=GO TO *PAST GENERALIZED ANXIETY DISORDER* F.27		[scid_f_ne] = '3'	LV
scid_f_nsum	scidSrv_f_anxiety_disorders	dropdown	GENERALIZED ANXIETY CRITERIA A, B, C, D, E, AND F ARE CODED "3." *AGE AT ONSET*	1, 1 absent or false | 3, 3 threshold or true	F124 1=GO TO *PAST GENERALIZED ANXIETY DISORDER* F.27 *3=CURRENT GENERALIZED ANXIETY DISORDER		[scid_f_nf] = '3'	LV

Age at onset of Generalized Anxiety Disorder (CODE 99 IF UNKNOWN)

_____
...IF UNKNOWN: How old were you when you first started having (GAD SXS)?

scid_f_nage	scidSrv_f_anxiety_disorders	text			F125	number	[scid_f_nf] = '3'	LV

Specify (choose yes) if:

____ With panic attacks: if one or more panic attacks in the past month occurring in the context of current Generalized Anxiety Disorder (see page F.7) and criteria have never been met for Panic Disorder

_____
...IF UNKNOWN: Have you had any panic attacks in the past month?

scid_f_npanic	scidSrv_f_anxiety_disorders *PAST GENERALIZED ANXIETY DISORDER*	dropdown		1, No | 3, Yes	F126 GO TO *OTHER SPECIFIED ANXIETY DISORDER* F.31	autocomplete	[scid_f_nf] = '3'	LV
scid_f_screenautofill7	scidSrv_f_anxiety_disorder DISORDER*	calc	Screening question 7 autofill	[scid_screen_7]	S7			LV

IF SCREENING QUESTION #7 ANSWERED "NO," SKIP TO *OTHER SPECIFIED ANXIETY DISORDER* F.31 OR *SEPARATION ANXIETY DISORDER* Opt-F.1

_____
...IF QUESTION #7 ANSWERED "YES": You've said that you have had a time lasting at least several months in which you were feeling anxious and worried for a lot of the time? (Tell me about that.)

scid_f_oscreen	scidSrv_f_anxiety_disorders	dropdown	...IF SCREENER NOT USED: Have you ever had a time lasting at least several months in which you were feeling anxious and worried for a lot of the time? (Tell me about that time.)	1, No | 3, Yes	I27 NO=GO TO *OTHER SPECIFIED ANXIETY DISORDER* F.31			LV

Variable	Module	Section	Question / Criterion	Type	Response options	Skip / Jump	Condition	Col
scid_f_oa	scidSrv_f_anxiety_disorders		A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance). — …What kinds of things did you worry about? (What about your job, your health, your family members, your finances, or other smaller things like being late for appointments?) How much did you worry about (EVENTS OR ACTIVITIES)? What else did you worry about? — …Did you worry about (EVENTS OR ACTIVITIES) even when there was no reason? (Did you worry more than most people would in your circumstances? Did anyone else think you worried too much? Did you worry more than you should have given your actual circumstances?) — …When was that? How long did it last? (At least 6 months?) During that time, were you worrying more days than not? B. The person finds it difficult to control the worry.	dropdown	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	128 NO=GO TO *OTHER SPECIFIED ANXIETY DISORDER* F.31	[scid_f_oscreen] = '3'	LV
scid_f_ob	scidSrv_f_anxiety_disorders		…When you were worrying, did you find that it was hard to stop yourself? C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months): 1. Restlessness or feeling keyed up or on edge. …Now I am going to ask you some questions about symptoms that often go along with being nervous or worried. …Thinking about those times during (6-MONTH PERIOD OF ANXIETY AND WORRY NOTED ABOVE) when you were feeling nervous, anxious, or worried…	dropdown	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	129 NO=GO TO *OTHER SPECIFIED ANXIETY DISORDER* F.31	[scid_f_oa] = '2' or [scid_f_oa] = '3'	LV
scid_f_oc1	scidSrv_f_anxiety_disorders		…did you often feel physically restless, like you can't sit still? …did you often feel keyed up or on edge? C.2. Being easily fatigued.	dropdown	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	130	[scid_f_ob] = '2' or [scid_f_ob] = '3'	LV
scid_f_oc2	scidSrv_f_anxiety_disorders		…did you often tire easily? C.3. Difficulty concentrating or mind going blank.	dropdown	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	131	[scid_f_ob] = '2' or [scid_f_ob] = '3'	LV
scid_f_oc3	scidSrv_f_anxiety_disorders		…did you often have trouble concentrating or did your mind often go blank? C.4. Irritability.	dropdown	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	132	[scid_f_ob] = '2' or [scid_f_ob] = '3'	LV
scid_f_oc4	scidSrv_f_anxiety_disorders		…were you often irritable? C.5. Muscle tension.	dropdown	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	133	[scid_f_ob] = '2' or [scid_f_ob] = '3'	LV
scid_f_oc5	scidSrv_f_anxiety_disorders		…were your muscles often tense? 6. Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep).	dropdown	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	134	[scid_f_ob] = '2' or [scid_f_ob] = '3'	LV
scid_f_oc6	scidSrv_f_anxiety_disorders		…did you often have trouble falling or staying asleep? How about often feeling tired when you woke up because you didn't get a good night's sleep? AT LEAST THREE "C" SXS ARE CODED "3."	dropdown	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	135	[scid_f_ob] = '2' or [scid_f_ob] = '3'	LV
scid_f_ocsum	scidSrv_f_anxiety_disorders		…IF UNCLEAR: Did at least some of these symptoms like (SXS CODED "3") happen for more days than not over the (6 MONTH PERIOD OF ANXIETY AND WORRY)? D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.	dropdown	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	136 GO TO *OTHER SPECIFIED ANXIETY DISORDER* F.31	[scid_f_ob] = '2' or [scid_f_ob] = '3'	LV
scid_f_od	scidSrv_f_anxiety_disorders		…IF UNKNOWN: What effect did (GAD SXS) have on your life? ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION D: …How did (GAD SXS) affect your relationships or your interactions with other people? (Did [GAD SXS] cause you any problems in your relationships with your family, romantic partner or friends?) …How did (GAD SXS) affect your school/ work? (How about your attendance at work or school? Did [GAD SXS] make it more difficult to do your work/ schoolwork? How did [GAD SXS] affect the quality of your work/schoolwork?) …How did (GAD SXS) affect your ability to take care of things at home? How about doing other things that are important to you like religious activities, physical exercise, or hobbies? Did you avoid doing anything because you felt like you weren't up to it? …Did your anxiety or worry affect any other important part of your life? …IF HAS NOT INTERFERED WITH LIFE: How much were you bothered or upset by having (GAD SXS)?	dropdown	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	137 GO TO *OTHER SPECIFIED ANXIETY DISORDER* F.31	[scid_f_ocsum] = '2' or [scid_f_ocsum] = '3'	LV
scid_f_oe	scidSrv_f_anxiety_disorders		E. [Primary Anxiety Disorder:] The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or to another medical condition. IF THERE IS ANY INDICATION THAT THE ANXIETY MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE/MEDICATION), GO TO *GMC/SUBSTANCE* F.33 AND RETURN HERE TO MAKE A RATING OF "1" OR "3." NOTE: Refer to list of etiological medical conditions and substances/medications on page F.4. …IF UNKNOWN: When did (GAD SXS) begin? Just before you began having (GAD SXS), were you taking any drugs, caffeine, diet pills, or other medicines? …(How much coffee, tea, or caffeinated soda did you drink a day?) …Just before (GAD SXS) began, were you physically ill? …IF YES: What did the doctor say? F. The disturbance is not better explained by another mental disorder (e.g., anxiety or worry about having a panic attacks in Panic Disorder, negative evaluation in Social Anxiety Disorder, contamination or other obsessions in Obsessive Compulsive Disorder, separation from attachment figures in Separation Anxiety Disorder, gaining weight in Anorexia Nervosa, physical complaints in Somatic Symptom Disorder, perceived appearance flaws in Body Dysmorphic Disorder or having a serious illness in Illness Anxiety Disorder, or the content of delusional beliefs in Schizophrenia or Delusional Disorder).	dropdown	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	138 GO TO *OTHER SPECIFIED ANXIETY DISORDER* F.31 *3=PRIMARY ANXIETY DISORDER, CONTINUE WITH NEXT ITEM	[scid_f_od] = '2' or [scid_f_od] = '3'	LV
scid_f_of	scidSrv_f_anxiety_disorders		IF NECESSARY, RETURN TO THIS ITEM AFTER COMPLETING MODULE FOR OC AND RELATED DISORDERS, EATING DISORDERS, AND SOMATIC SYMPTOM DISORDERS.	dropdown	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	139 GO TO *OTHER SPECIFIED ANXIETY DISORDER* F.31	[scid_f_oe] = '3'	LV
scid_f_osum	scidSrv_f_anxiety_disorders		GENERALIZED ANXIETY CRITERIA A, B, C, D, E, AND F ARE CODED "3." *AGE AT ONSET*	dropdown	1, 1 absent or false | 3, 3 threshold or true	140 GO TO *OTHER SPECIFIED ANXIETY DISORDER* F.31 *3=PAST GENERAL-IZED ANXIETY DISORDER	[scid_f_of] = '3'	LV
scid_f_oage	scidSrv_f_anxiety_disorders		Age at onset of Generalized Anxiety Disorder (CODE 99 IF UNKNOWN) …IF UNKNOWN: How old were you when you first started having (GAD SXS)? Symptoms characteristic of an anxiety disorder…predominate…but do not meet full criteria for any of the disorders in the Anxiety Disorders diagnostic class [or for Adjustment Disorder with Anxiety or Adjustment Disorder with Mixed Anxiety and Depression].	text	number	F140 GO TO *OTHER SPECIFIED ANXIETY DISORDER* F.31 *3=PAST GENERAL-IZED ANXIETY DISORDER	[scid_f_osum] = '3'	LV
scid_f_pa	scidSrv_f_anxiety_disorder	*OTHER SPECIFIED ANXIETY DISORDER*	NOTE: IF ANXIETY SYMPTOMS ARE CURRENT AND ARE TEMPORALLY ASSOCIATED WITH A PSYCHOSOCIAL STRESSOR, CONSIDER ADJUSTMENT DISORDER, PAGE L.20 [symptoms] cause clinically significant distress or impairment in social, occupational, or other important areas of functioning …IF UNKNOWN: What effect did (ANXIETY SXS) have on your life? ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION: …How have (ANXIETY SXS) affected your relationships or your interactions with other people? (Have [ANXIETY SXS] caused you any problems in your relationships with your family, romantic partner or friends?) …How have (ANXIETY SXS) affected your school/work? (How about your attendance at work or school? Have [ANXIETY SXS] made it more difficult to do your work/ schoolwork? How have [ANXIETY SXS] affected the quality of your work/schoolwork?) …How have (ANXIETY SXS) affected your ability to take care of things at home? How about doing other things that are important to you like religious activities, physical exercise, or hobbies? Have you avoided doing anything because you felt like you weren't up to it? …Have your anxiety or worry affected any other important part of your life?	dropdown	1, 1 absent or false | 3, 3 threshold or true	F142 1=GO TO NEXT MODULE		LV
scid_f_pb	scidSrv_f_anxiety_disorders		…IF HAS NOT INTERFERED WITH LIFE: How much were you	dropdown	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F143 1=GO TO NEXT MODULE	[scid_f_pa] = '3'	LV

			[Primary Other Specified Anxiety Disorder:] Not due to the direct physiological effects of a substance (e.g., a drug of abuse), medication or to another medical condition. IF THERE IS ANY INDICATION THAT THE ANXIETY MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE/MEDICATION), GO TO *GMC/SUBSTANCE* F.33 AND RETURN HERE TO MAKE A RATING OF "1" OR "3." NOTE: Refer to list of etiological medical conditions and substances/medications on page F.4. ————————————————————— ...Just before you began having (ANXIETY SXS) were you taking any drugs, stimulants or medicines? ...(How much coffee, tea, or caffeinated beverages do you drink a day?)		F144 -99 or 1=DUE TO SUBSTANCE USE OR GMC GO TO NEXT MODULE, *3=PRIMARY OTHER SPECIFIED ANXIETY DISORDER, OTHER SPECIFIED ANXIETY DISORDER		
scid_f_pc	scid5rv_f_anxiety_disorders	dropdown	...Just before (ANXIETY SXS) began, were you physically ill? (What did the doctor say?) Check here __(choose yes)__ if current in the past month.	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true		[scid_f_pb] = '2' or [scid_f_pb] = '3'	LV
scid_f_pd	scid5rv_f_anxiety_disorders	dropdown	————————————————————— ...IF UNCLEAR: During the past month, have you had (ANXIETY SXS)? Indicate type of Other Specified Anxiety Disorder: (circle the appropriate number)	1, No | 3, Yes	F145	[scid_f_pc] = '3'	LV
scid_f_pe scid_f_pother	scid5rv_f_anxiety_disorders scid5rv_f_anxiety_disorders	dropdown notes	1 - Limited-symptom panic attacks 2 - Generalized anxiety not occurring more days than not 3 - Situations in which the clinician has concluded that an Anxiety Disorder is present but is unable to determine whether it is primary or secondary (i.e., due to another medical condition or is substance/medication-induced). 4 - Other: _____ 5 - Unspecified: There is insufficient information to make a more specific diagnosis. Other, please specify	1, 1 - Limited-symptom panic attacks | 2, 2 - Generalized anxiety not occurring more days than not | 3, 3 - Situations in which the clinician has concluded that an Anxiety Disorder is present but is unable to determine whether it is primary or secondary (i.e., due to another medical condition or is substance/medication-induced). | 4, 4 - Other: _____ | 5, 5 - Unspecified: There is insufficient information to make a more specific diagnosis.	F146 F146a	[scid_f_pc] = '3' [scid_f_pe] = '4'	LV LV
	*GMC/SUBSTANCE AS ETIOLOGY FOR ANXIETY		*ANXIETY DISORDER DUE TO ANOTHER MEDICAL CONDITION* IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH A GENERAL CONDITION CHECK HERE __(Choose Yes)__ AND GO TO				
scid_f_qcheck	scid5rv_f_anxiety_disorder SYMPTOMS*	dropdown	*SUBSTANCE/MEDICATION-INDUCED ANXIETY DISORDER* F.35	1, No | 3, Yes	F147		LV
scid_f_qa	scid5rv_f_anxiety_disorders	dropdown	A. Panic attacks or anxiety is predominant in the clinical picture. CODE BASED ON INFORMATION ALREADY OBTAINED B/C. There is evidence from this history, physical examination, or laboratory findings that the disturbance is the direct physiological consequence of another medical condition AND the disturbance is not better accounted for by another mental disorder. NOTE: The following factors should be considered and, if present, support the conclusion that a general medical condition is etiologic to the anxiety symptoms. 1) There is evidence from the literature of a well-established association between the general medical condition and the anxiety symptoms. (Refer to list of etiological general medical conditions on page F.4.) 2) There is a close temporal relationship between the course of the anxiety symptoms and the course of the general medical condition. 3) The anxiety symptoms are characterized by unusual presenting features (e.g., late age-at-onset). 4) The absence of alternative explanations (e.g., anxiety symptoms as a psychological reaction to the stress of being diagnosed with a general medical condition). ————————————————————— ...Did the (ANXIETY SXS) start or get much worse only after (GMC) began? How long after (GMC) began did (ANXIETY SXS) start or get much worse?	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	F148	[scid_f_qcheck] = '1'	LV
scid_f_qb	scid5rv_f_anxiety_disorders	dropdown	D. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. NOTE: The D criterion (delirium rule-out) has been omitted. ————————————————————— ...IF UNKNOWN: What effect did (ANXIETY SXS) have on your life? ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION E: ...How did (ANXIETY SXS) affect your relationships or your interactions with other people? (Did [ANXIETY SXS] cause you any problems in your relationships with your family, romantic partner or friends?) ...How did (ANXIETY SXS) affect your school/work? (How about your attendance at work or school? Did [ANXIETY SXS] make it more difficult to do your work/schoolwork? How did [ANXIETY SXS] affect the quality of your work/schoolwork?) ...How did (ANXIETY SXS) affect your ability to take care of things at home? How about doing other things that are important to you like religious activities, physical exercise, or hobbies? Did you avoid doing anything because you felt like you weren't up to it?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F149 1=GO TO *SUBSTANCE INDUCED* F.35	[scid_f_qcheck] = '1'	LV
scid_f_qe	scid5rv_f_anxiety_disorders	dropdown	...Did your anxiety or worry affect any other important part of your life?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F150 1=GO TO *SUBSTANCE INDUCED* F.35 F151 1= CONTINUE ON NEXT PAGE *3= ANXIETY DISORDER DUE TO AMC,	[scid_f_qb] = '2' or [scid_f_qb] = '3'	LV
scid_f_qsum	scid5rv_f_anxiety_disorders	dropdown	ANXIETY DISORDER DUE TO AMC CRITERIA A, B/C, AND E CODED "3."	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	CONTINUE	[scid_f_qe] = '2' or [scid_f_qe] = '3'	LV
scid_f_qcurrent	scid5rv_f_anxiety_disorders	dropdown	Check here __(Choose yes)__ if current in the past month.	1, No | 3, Yes	F152	[scid_f_qsum] = '3'	LV
scid_f_qpanic	scid5rv_f_anxiety_disorders	dropdown	Specify if: __(Choose yes)__ With panic attacks (Refer to page F.7)	1, No | 3, Yes	F153 CONTINUE ON NEXT PAGE	[scid_f_qsum] = '3'	
	*SUBSTANCE/MEDICATION-INDUCED ANXIETY		IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH SUBSTANCE/MEDICATION USE, CHECK HERE __(Choose Yes)__ AND RETURN TO DISORDER BEING EVALUATED, CONTINUING WITH THE ITEM FOLLOWING "SYMPTOMS ARE NOT ATTRIBUTABLE TO THE PHYSIOLOGICAL EFFECTS OF A SUBSTANCE OR ANOTHER MEDICAL CONDITION" (SEE PAGE				
scid_f_rcheck	scid5rv_f_anxiety_disorder DISORDER*	dropdown	NUMBERS IN BOX TO THE RIGHT).	1, No | 3, Yes	F154		LV
scid_f_ra	scid5rv_f_anxiety_disorders	dropdown	A. Panic attacks or anxiety is predominant in the clinical picture. CODE BASED ON INFORMATION ALREADY OBTAINED B. There is evidence from the history, physical examination, or laboratory findings of both (1) and (2): 1. The symptoms in criterion A developed during or soon after substance intoxication or withdrawal or exposure to a medication. 2. The involved substance/ medication is capable of producing the symptoms in Criterion A. NOTE: Refer to list of substances/medications on page F.4. ————————————————————— ...IF NOT KNOWN: When did the (ANXIETY SXS) begin? Were you already using (SUBSTANCE/MEDICATION) or had you just stopped or cut down your use?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F155	[scid_f_rcheck] = '1'	LV
scid_f_rb	scid5rv_f_anxiety_disorders	dropdown	...IF UNKNOWN: How much (SUBSTANCE/ MEDICATION) were you using when you began to have (ANXIETY SXS)? C. The disturbance is NOT better accounted for by an anxiety disorder that is not substance-induced. Such evidence of an independent anxiety disorder could include the following: NOTE: The following three statements constitute evidence that the anxiety symptoms are not substance-induced. Code "1" if any are true. Code "3" only if none are true. 1) The symptoms precede the onset of the substance/medication use; 2) The symptoms persist for a substantial period of time (e.g., about 1 month) after the cessation of acute withdrawal or severe intoxication; or 3) There is other evidence suggesting the existence of an independent non-substance/ medication-induced anxiety disorder (e.g., a history of recurrent non-substance/ medication-related episodes). ————————————————————— ...ASK ANY OF THE FOLLOWING QUESTIONS AS NEEDED TO RULE OUT A NON-SUBSTANCE-INDUCED ETIOLOGY: ...IF UNKNOWN: Which came first, the (SUBSTANCE/MEDICATION USE) or the (ANXIETY SXS)?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	F156 1=NOT SUBSTANCE INDUCED RETURN TO DISORDER BEING EVALUATED	[scid_f_pd] = '1'	LV
scid_f_rc	scid5rv_f_anxiety_disorders	dropdown	...IF UNKNOWN: Have you had a period of time when you stopped using (SUBSTANCE/MEDICATION)?	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	F157 1=NOT SUBSTANCE INDUCED RETURN TO DISORDER BEING EVALUATED	[scid_f_rb] = '2' or [scid_f_rb] = '3'	LV

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

NOTE: The D criterion (delirium rule-out) has been omitted.

_____

...IF UNKNOWN: What effect did (ANXIETY SXS) have on your life?

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION E:

...How did (ANXIETY SXS) affect your relationships or your interactions with other people? (Did [ANXIETY SXS] cause you any problems in your relationships with your family, romantic partner or friends?)

...How did (ANXIETY SXS) affect your work/schoolwork? (How about your attendance at work or school? Did [ANXIETY SXS] make it more difficult to do your work/schoolwork? How did [ANXIETY SXS] affect the quality of your work/schoolwork?)

...How did (ANXIETY SXS) affect your ability to take care of things at home? How about doing other things that are important to you like religious activities, physical exercise, or hobbies? Did you avoid doing anything you felt like you weren't up to it?

...Did your anxiety or worry affect any other important part of your life?

| scid_f_re | scidSrv_f_anxiety_disorders | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | F158 1=RETURN TO DISORDER BEING EVALUATED | [scid_f_rc]= '2' or [scid_f_rc] = '3' | LV |

SUBSTANCE-INDUCED ANXIETY DISORDER CRITERIA A, B, C, AND E ARE CODED "3."

| scid_f_rsum | scidSrv_f_anxiety_disorders | dropdown | | 1, 1 absent or false \| 3, 3 threshold or true | F159 1=RETURN TO DISORDER BEING EVALUATED. *3=SUBSTANCE-INDUCED ANXIETY DISORDER | [scid_f_re] = '2' or [scid_f_re] = '3' | LV |
| scid_f_rmonth | scidSrv_f_anxiety_disorders | dropdown | Check here _(Choose Yes)_ if current in the past month. | 1, No \| 3, Yes | F160 | [scid_f_rsum] = '3' | LV |

Indicate context of development of anxiety symptoms:
1 - With onset during intoxication
2 - With onset during withdrawal
3 - With onset after medication use

| scid_f_rcontext | scidSrv_f_anxiety_disorders | dropdown | | 1, 1 - With onset during intoxication \| 2, 2 - With onset during withdrawal \| 3, 3 - With onset after medication use | F161 | [scid_f_rsum] = '3' | LV |

Specify if: (Choose Yes)

| scid_f_rpanic | scidSrv_f_anxiety_disorders | dropdown | With panic attacks (Refer to page F.7) | 1, No \| 3, Yes | F162 | [scid_f_rsum] = '3' | LV |
| scid_g_screenautofill8 | scidSrv_g_obsessivecompu (Obsessive-Compulsive Disorder) | calc | Screening question autofill 8 1= No, 3= Yes | [scid_screen_8] | G1 | | LV |

IF SCREENING QUESTIONS #8, #9, AND #10 ARE ALL ANSWERED "NO" SKIP TO *COMPULSIONS* G.2, (NOTE: BECAUSE SOME SUBJECTS WITH OCD MAY BE RELUCTANT TO CONFIDE THEIR OBSESSIONS DURING THE SCREENING, CONSIDER RE-ASKING SCREENING QUESTIONS BELOW AT THIS POINT IN THE SCID.)

_____

...IF QUESTION #8 ANSWERED "YES": You've said that you've been bothered by thoughts that kept coming back to you even when you didn't want them to, like being exposed to germs or dirt or needing everything to be lined up in a certain way. What were they?

| scid_g_screen8 | scidSrv_g_obsessivecompulsive_and_related_di | dropdown | | 1, No \| 3, Yes | G1 | [scid_g_screenautofill8] = '3' | LV |
| scid_g_screenautofill9 | scidSrv_g_obsessivecompulsive_and_related_di | calc | Screening question autofill 9 1= No, 3= Yes | [scid_screen_9] | G2 | | LV |

...IF QUESTION #9 ANSWERED "YES": You've [also] said that you've had images pop into your head that you didn't want like violent or horrible scenes or something of a sexual nature. What were they?

| scid_g_screen9 | scidSrv_g_obsessivecompulsive_and_related_di | dropdown | | 1, No \| 3, Yes | G2 | [scid_g_screenautofill9] = '3' | LV |
| scid_g_screenautofill10 | scidSrv_g_obsessivecompulsive_and_related_di | calc | Screening question autofill 10 1= No, 3= Yes | [scid_screen_10] | G3 | | LV |

...IF QUESTION #10 ANSWERED "YES": You've [also] said that you've had urges to do something that kept coming back to you even though you didn't want them to, like an urge to harm a loved one. What were they?

| scid_g_screen10 | scidSrv_g_obsessivecompulsive_and_related_di | dropdown | | 1, No \| 3, Yes | G3 If all are answered "No" skip to *Compulsions* G.2. | [scid_g_screenautofill10] = '3' | LV |

A. Presence of obsessions, compulsions, or both:

Obsessions are defined by (1) and (2):

1. Recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted, and that in most individuals cause marked anxiety or distress.

_____

...IF SCREENER NOT USED: Have you ever been bothered by thoughts that kept coming back to you even when you didn't want them to, like being exposed to germs or dirt or needing everything to be lined up in a certain way? (What were they?)

...How about having images pop into your head that you didn't want like violent or horrible scenes or something of a sexual nature? (What were they?)

...How about having urges to do something that kept coming back to you even though you didn't want them to, like an urge to harm a loved one? (What were they?)

...IF YES TO ANY OF ABOVE: Have these (THOUGHTS/IMAGES/URGES) made you very anxious or upset?

| scid_g_a1 | scidSrv_g_obsessivecompulsive_and_related_di | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | G4 1= No Obsessions go to *Compulsions* G.2. | | LV |

2. The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (i.e., by performing a compulsion).

_____

...When you had these (THOUGHTS/IMAGES/URGES) did you try hard to get them out of your head? (What would you try to do?)

| scid_g_a2 | scidSrv_g_obsessivecompulsive_and_related_di | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | G5 1= No Obsessions, continue. 3=Obsessions | [scid_g_a1] = '2' or [scid_g_a1] = '3' | LV |
| scid_g_screenautofill11 | scidSrv_g_obsessivecompu (Compulsions) | calc | Screening question autofill 11 1= No, 3= Yes | [scid_screen_11] | G6 | | LV |

IF SCREENING QUESTION #11 ANSWERED "NO," GO TO *SKIP OUT IF NEITHER OBSESSIONS NOR COMPULSIONS* G.3 (NOTE: BECAUSE SOME SUBJECTS WITH OCD MAY BE RELUCTANT TO CONFIDE THEIR COMPULSIONS DURING THE SCREENING, CONSIDER RE-ASKING SCREENING QUESTION BELOW AT THIS POINT IN THE SCID.)

_____

...IF QUESTION #11 ANSWERED "YES": You've said that there were things you had to do over and over again and were hard to resist doing, like washing your hands again and again, repeating something over and over again until it "felt right," counting up to a certain number, or checking something many times to make sure that you'd done it right. Tell me about that.

| scid_g_screen11 | scidSrv_g_obsessivecompulsive_and_related_di | dropdown | | 1, No \| 3, Yes | G6 If No: Go to *Skip out if neither obsessions nor compulsions* G.3. | [scid_g_screenautofill11] = '3' | LV |

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

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

_____

...IF SCREENER NOT USED: Was there ever anything that you had to do over and over again and was hard to resist doing, like washing your hands again and again, repeating something over and over again until it "felt right," counting up to a certain number, or checking something many times to make sure that you'd done it right?

...Tell me about that. (What did you have to do?)

| scid_g_comp1 | scidSrv_g_obsessivecompulsive_and_related_di | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | G7 1= go to *Skip out if neither Obsessions nor compulsions* G.3 | | LV |

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

_____

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

...IF UNCLEAR: How many times would you do (COMPULSIVE ACT)? Have you been doing (COMPULSIVE ACT) more than really made sense?

| scid_g_comp2 | scidSrv_g_obsessivecompulsive_and_related_di | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | G8 1= go to *Skip out if neither Obsessions nor compulsions* G.3. 3=Compulsions | [scid_g_comp1] = '2' or [scid_g_comp1] = '3' | LV |

SKIP OUT IF NEITHER OBSESSIONS NOR COMPULSIONS

IF EITHER OBSESSIONS OR COMPULSIONS, OR BOTH, CONTINUE BELOW.

IF NEITHER OBSESSIONS NOR COMPULSIONS, CHECK HERE _(yes)__ AND GO TO *OTHER SPECIFIED OC AND RELATED DISORDER* G.8 OR *HOARDING DISORDER (OPTIONAL)* Opt-G.1.

| scid_g_skip_check | scidSrv_g_obsessivecompulsive_and_related_di | dropdown | | 1, No \| 3, Yes | G9 | | LV |

B. The obsessions or compulsions are time consuming (e.g., take more than 1 hour per day) or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

_____

| scid_g_skipb | scidSrv_g_obsessivecompulsive_and_related_di | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | G10 1= GO TO *OTHER SPECIFIED OC AND RELATED DISORDER* G.8, OR GO TO *HOARDING DISORDER (OPTIONAL)* Opt-G.1 | [scid_g_screen8] = '3' or [scid_g_screen9] = '3' or [scid_g_screen10] = '3' or [scid_g_screen11] = '3' | LV |

C. [Primary Obsessive-Compulsive Disorder.] The obsessive-compulsive symptoms are not attributable to the physiological effects of a substance/medication or to another medical condition.

Etiological medical conditions include: Sydenham

| scid_g_skipc | scidSrv_g_obsessivecompulsive_and_related_di | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 3, 3 threshold or true | G11 99 or 1 = Due to Substance use or a GMC GO TO *OTHER SPECIFIED OC AND RELATED DISORDER* G.8, OR GO TO *HOARDING DISORDER (OPTIONAL)* Opt-G.1 3= Primary OCD, Continue with next item | [scid_g_skipb] = '2' or [scid_g_skipb] = '3' | LV |

Variable	Label	Question Text	Response Options	Skip	Item	Condition	LV
		D. The disturbance is not better explained by the symptoms of another mental disorder (e.g., excessive worries, as in Generalized Anxiety Disorder; preoccupation with appearance, as in Body Dysmorphic Disorder; difficulty discarding or parting with possessions, as in Hoarding Disorder; hair pulling, as in Trichotillomania; skin picking, as in Excoriation Disorder; stereotypies, as in Stereotypic Movement Disorder; ritualized eating behavior, as in Eating Disorders; preoccupation with substances or gambling, as in Substance-Related and Addictive Disorders; preoccupation with having an illness, as in Illness Anxiety Disorder; sexual urges or fantasies, as in Paraphilic Disorders; impulses, as in Disruptive, Impulse-Control, and Conduct Disorders; guilty ruminations, as in Major Depressive Disorder; thought insertion or delusional preoccupations, as in Schizophrenia Spectrum and Other Psychotic Disorders; or repetitive patterns of behavior, as in Autism Spectrum Disorder).					
scid_g_skipd	scid5rv g obsessivecompulsive and related di dropdown	IF NECESSARY, RETURN TO THIS ITEM AFTER COMPLETING MODULES FOR OPTIONAL OC AND RELATED DISORDERS, SOMATIC SYMPTOM DISORDERS, AND TRAUMA- AND STRESS-RELATED DISORDERS.	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	G12 1 = GO TO *OTHER SPECIFIED OC AND RELATED DISORDER* G. 8, OR GO TO *HOARDING DISORDER (OPTIONAL)* Opt-G.1 G13 1 = GO TO *OTHER SPECIFIED OC AND RELATED DISORDER* G. 8, OR GO TO *HOARDING DISORDER (OPTIONAL)* Opt-G.2 3= Obsessive Compulsive Disorder; Continue below	[scid_g_skipc] = '3'	LV
scid_g_skipsum	scid5rv g obsessivecompulsive and related disorder dropdown	OBSESSIVE COMPULSIVE DISORDER CRITERIA A, B, C, D, AND E ARE CODED A. [During the past month,] presence of obsessions, compulsions, or both.	1, 1 absent or false | 3, 3 threshold or true		[scid_g_skipd] = '3'	LV
		NOTE: IF LIFETIME ASSESSMENT HAS ALREADY DETERMINED THE PRESENCE OF OBSESSIONS AND/OR COMPULSIONS DURING THE PAST MONTH, ASK THE FOLLOWING QUESTIONS ONLY IF NEEDED. _____ ...Since (1 MONTH AGO), have you had any (OBSESSIONS OR COMPULSIONS MENTIONED ABOVE)?				
scid_g_chrona	scid5rv g obsessivecompu OCD Chronology dropdown		-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	G14 1= Go to *PAST OCD* G.7	[scid_g_skipsum] = '3'	LV
		B. [During the past month,] the obsession or compulsions are time consuming (e.g. take more than 1 hour per day) or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. _____	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true			
scid_g_chronb	scid5rv g obsessivecompulsive and related di dropdown		-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	G15 1= Go to *PAST OCD* G.7	[scid_g_chrona] = '3'	LV
scid_g_current	scid5rv g obsessivecompu Current OCD dropdown	CRITERIA A AND B CODED Age at onset of Obsessive Compulsive Disorder [CODE 99 IF UNKNOWN]	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	G16 1= Go to *PAST OCD* G.8 3= CURRENT OCD	[scid_g_chronb] = '3'	LV
scid_g_age	scid5rv g obsessivecompulsive and related di text	...IF UNKNOWN: How old were you when you first started having (OCD SXS)? Specify current level of insight (i.e., during the past week): (circle the appropriate number)	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	G17 number	[scid_g_current] = '3'	LV
		1 - With good or fair insight: The individual recognizes that Obsessive-Compulsive Disorder beliefs are definitely or probably not true or that they may or may not be true. 2 - With poor insight: The individual thinks Obsessive-Compulsive Disorder beliefs are probably true. 3 - With absent insight/delusional beliefs: The individual is completely convinced that Obsessive-Compulsive Disorder beliefs are true. 4 - Not applicable. OCD symptoms are not associated with a feared consequence that involves a belief. _____	1, 1 - With good or fair insight | 2, 2 - With poor insight | 3, 3 - With absent insight/delusional beliefs | 4, 4 - Not applicable.			
scid_g_insight	scid5rv g obsessivecompulsive and related di dropdown	Specify if: _(Yes)__ Tic-related: The individual has a current or past history of a Tic Disorder (i.e., a disturbance characterized by sudden, rapid, recurrent, nonrhythmic motor movements or vocalizations) [typically based on clinician judgment of a current or past diagnosis of Tic Disorder] _____		G18	[scid_g_current] = '3'	LV
scid_g_tic	scid5rv g obsessivecompulsive and related di dropdown	...IF UNKNOWN: Has there ever been a time when you had tics, where you were repeatedly making sounds or movements that were difficult to control? Specify if:	1, No | 3, Yes	G19	[scid_g_current] = '3'	LV
		With panic attacks: If one or more panic attacks in the past month occurring in the context of current Obsessive Compulsive Disorder (see page F.7) and criteria have never been met for Panic Disorder. _____		G20 GO TO *OTHER SPECIFIED OC AND RELATED DISORDER* G.8, OR GO TO *HOARDING DISORDER (OPTIONAL)* Opt-G.1		
scid_g_panic	scid5rv g obsessivecompulsive and related di dropdown	...IF UNKNOWN: Have you had any panic attacks in the past month? Number of months prior to interview when last had a symptom of Obsessive Compulsive Disorder _____	1, No | 3, Yes		[scid_g_current] = '3'	LV
scid_g_past	scid5rv g obsessivecompu Past OCD text	...When did you last have (ANY OCD SXS)?		G21 number		LV
		Age at onset of Obsessive Compulsive Disorder [CODE 99 IF UNKNOWN] _____		G22 GO TO *OTHER SPECIFIED OC AND RELATED DISORDER* G.8, OR GO TO *HOARDING DISORDER (OPTIONAL)* Opt-G.1 number		
scid_g_pastage	scid5rv g obsessivecompulsive and related di text	...IF UNKNOWN: How old were you when you first started having (OCD SXS)?				LV
	Other Specified Obsessive-Compulsive and Related Disorder	A presentation in which symptoms characteristic of an Obsessive-Compulsive and Related Disorder predominate that do not meet the full criteria for any of the disorders in the obsessive-compulsive and related disorders diagnostic class.		G23 1 = Go to next module		
scid_g_other	scid5rv g obsessivecompu Criteria dropdown	[Symptoms] cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate. _____	1, 1 absent or false | 3, 3 threshold or true			LV
scid_g_othersymp	scid5rv g obsessivecompulsive and related di dropdown		-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	G24 1 = Go to next module	[scid_g_other] = '3'	LV
scid_g_othergmc	scid5rv g obsessivecompulsive and related di dropdown	[Primary Other OC and Related Disorder: Not due to the direct physiological effects of a substance/medication or to another medical condition.] _____ Check here _(yes)__ if present in past month.	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	G25 99 or 1 = DUE TO SUB-STANCE USE OR GMC GO TO NEXT MODULE 3 = PRIMARY OTHER OC AND RELATED DISORDER, OTHER SPECIFIED OC AND RELATED DISORDER	[scid_g_othersymp] = '2' or [scid_g_othersymp] = '3'	LV
scid_g_othercurr	scid5rv g obsessivecompulsive and related di dropdown	...IF UNCLEAR: During the past month, since (1 MONTH AGO), have you had (OC-RELATED SXS)? Indicate type of other specified OC and Related Disorder:	1, No | 3, Yes	G26	[scid_g_othergmc] = '3'	LV
		1 -Body dysmorphic-like disorder with actual flaws: This is similar to Body Dysmorphic Disorder except that the defects or flaws in physical appearance are clearly observable by others (i.e., they are more noticeable than "slight"). In such cases, the preoccupation with these flaws is clearly excessive and causes significant impairment or distress. 2 -Body dysmorphic-like disorder without repetitive behaviors: Presentations that meet Body Dysmorphic Disorder except that the individual has not performed repetitive behaviors or mental acts in response to the appearance concerns. 3 -Body-focused repetitive behavior disorder: This is characterized by recurrent body-focused repetitive behaviors (e.g., nail biting, lip biting, cheek chewing) and repeated attempts to decrease or stop the behaviors. These symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning and are not better explained by Trichotillomania (hair-pulling disorder), Excoriation (skin-picking) Disorder, or Stereotypic Movement Disorder. 4 -Obsessional jealousy: This is characterized by nondelusional preoccupation with a partner's perceived infidelity. The preoccupations may lead to repetitive behaviors or mental acts in response to the infidelity concerns; they cause clinically significant distress or impairment in social, occupational, or other important areas of functioning; and they are not better explained by another	1, 1 - Body dysmorphic-like disorder with actual flaws | 2, 2 - Body dysmorphic-like disorder without repetitive behaviors | 3, 3 - Body-focused repetitive behavior disorder | 4, 4 - Obsessional jealousy | 5, 5 - unable to determine whether it is primary or secondary | 6, 6 - Other | 7, 7 - Unspecified			
scid_g_othertype	scid5rv g obsessivecompulsive and related di dropdown			G27 Go to next module	[scid_g_othergmc] = '3'	LV
scid_g_othertype_other	scid5rv g obsessivecompulsive and related di text	If other, please specify		G28	[scid_g_othertype] = '6'	LV
	Following questions to be filled in on paper version	Meets criteria for Obsessive-compulsive and related disorder due to another medical condition				
scid_g_gmc	scid5rv g obsessivecompu paper version dropdown		1, 1 absent or false | 3, 3 threshold or true	G32		LV
scid_g_substance	scid5rv g obsessivecompu dropdown	Meets criteria for substance/medication induced Obsessive-compulsive and related disorder	1, 1 absent or false | 3, 3 threshold or true	G40		LV
scid_i_screenautofill	scid5rv i feeding and eat Anorexia Nervosa calc	Screening question autofill 1= No, 3= Yes	[scid_screen_12]	S12		LV
scid_i_ascreen	scid5rv_i_feeding_and_eating_disorders dropdown	IF SCREENING QUESTION #12 ANSWERED "NO," CHECK HERE ___ AND SKIP TO *BULIMIA NERVOSA* I.4	0, No | 1, Yes	I1 IF NO: GO TO *BULIMIA NERVOSA* I.4		LV

A. Restriction of energy intake relative to requirements, leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health. Significantly low weight is defined as a weight that is less than minimally normal or, for children and adolescents, less than minimally expected.

…IF QUESTION #12 ANSWERED "YES": You've said that there was a time when you weighed much less than other people thought you ought to weigh…

…IF SCREENER NOT USED: Now I would like to ask you some questions about your eating habits and your weight. Have you ever had a time when you weighed much less than other people thought you ought to weigh?

…IF YES: Why was that? How much did you weigh? How old were you then? How tall were you?

| scid_i_a | scid5rv_i_feeding_and_eating_disorders | dropdown | …IF YES: Why was that? How much did you weigh? How old were you then? How tall were you? | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | I2 1=IF NO: GO TO *BULIMIA NERVOSA* I.4 | | | LV |

Past 3 Months

| scid_i_acurrent | scid5rv_i_feeding_and_eating_disorders | dropdown | IF LIFETIME RATING OF "3": During the past 3 months, since (3 MONTHS AGO), what is the lowest your weight has been? | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | I3 | | [scid i a] = '3' | LV |

B.Intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain, even though underweight.

…At that time, were you very afraid that you could become fat?

…IF NO: Tell me about your eating habits. (Have you avoided high calorie foods or high fat foods? How strict are you about it? Have you ever thrown up after you eaten? How often? Do you exercise a lot after you eat?)

| scid_i_b | scid5rv_i_feeding_and_eating_disorders | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | I4 1=IF NO: GO TO *BULIMIA NERVOSA* I.4 | | [scid i a] = '3' or [scid i a] = '2' | LV |

Past 3 Months

| scid_i_bcurrent | scid5rv_i_feeding_and_eating_disorders | dropdown | IF LIFETIME RATING OF "3": Has this also been the case during the past 3 months, since (3 MONTHS AGO)? | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | I5 | | [scid_i_b] = '3' | LV |

C.Disturbance in the way in which one's body weight or shape is experienced; undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.

…At your lowest weight, did you still feel too fat or that part of your body was too fat?

…IF NO: Did you need to be very thin in order to feel better about yourself?

…IF NO AND LOW WEIGHT IS MEDICALLY SERIOUS: When you were that thin, did anybody tell you it could be dangerous to your health to be that thin? (What did you think?)

| scid_i_c | scid5rv_i_feeding_and_eating_disorders | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | I6 1=IF NO: GO TO *BULIMIA NERVOSA* I.4 | | [scid i b] = '3' or [scid i b] = '2' | LV |

Past 3 Months

| scid_i_ccurrent | scid5rv_i_feeding_and_eating_disorders | dropdown | IF LIFETIME RATING OF "3": Has this also been the case during the past 3 months, since (3 MONTHS AGO)? | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | I7 | | [scid i c] = '3' | LV |

| scid_i_anosum | scid5rv_i_feeding_and_eating_disorders | dropdown | ANOREXIA NERVOSA CRITERIA A, B, AND C CODED "3" | 1, 1 absent or false \| 3, 3 threshold or true | I8 1=IF NO: GO TO *BULIMIA NERVOSA* I.4 3=ANOREXIA NERVOSA | | [scid i c] = '3' or [scid i c] = '2' | LV |

| scid_i_anosumcurrent | scid5rv_i_feeding_and_eating_disorders | dropdown | ANOREXIA NERVOSA CRITERIA A, B, AND C CODED "3" FOR THE PAST 3 MONTHS | -99, -99 inadequate information \| 1, 1 absent or false \| 3, 3 threshold or true | I9 1=PAST ANOREXIA NERVOSA 3=ANOREXIA NERVOSA | | [scid i anosum] = '3' | LV |

Indicate current severity by circling the appropriate number. (The level of severity may be increased to reflect clinical symptoms, the degree of functional disability, and the need for supervision.)

1 - Mild: BMI ? 17 kg/m2
2 - Moderate: BMI 16-16.99 kg/m2
3 - Severe: BMI 15-15.99 kg/m2
4 - Extreme: BMI < 15 kg/m2
(Refer to Page I.12 for chart to help in determining Body Mass Index)

| scid_i_anoseverity | scid5rv_i_feeding_and_eating_disorders | dropdown | | 1, 1 - Mild: BMI ? 17 kg/m2 \| 2, 2 - Moderate: BMI 16-16.99 kg/m2 \| 3, 3 - Severe: BMI 15-15.99 kg/m2 \| 4, 4 - Extreme: BMI < 15 kg/m2 | I10 CONTINUE WITH *AGE AT ONSET* NEXT PAGE. | | [scid i anosumcurrent] = '3' | LV |

Indicate type of remission by circling the appropriate number:

1 - In partial remission: After full criteria for Anorexia Nervosa were previously met, Criterion A (low body weight) has not been met for a sustained period, but either Criterion B (intense fear of gaining weight or becoming fat or behavior that interferes with weight gain) or Criterion C (disturbances in self-perception of weight and shape) is still met.

2 - In full remission: After full criteria for Anorexia Nervosa were previously met, none of the criteria have been met for a sustained period of time.

| scid_i_anoremission | scid5rv_i_feeding_and_eating_disorders | dropdown | | 1, 1. In partial remission \| 2, 2. In full remission | I11 | | [scid i anosumcurrent] = '1' | LV |

Number of months prior to interview when last had a symptom of Anorexia Nervosa

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| scid_i_anoremission2_379 | scid5rv_i_feeding_and_eating_disorders | text | …When did you last have (ANY SXS OF ANOREXIA NERVOSA)?!! Age-at-onset of Anorexia Nervosa (CODE 99 IF UNKNOWN). | | I12 | number | [scid i anosumcurrent] = '1' | LV |

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

| scid_i_anoage | scid5rv i feeding and eat Age at Onset | text | | | I13 IF ANOREXIA NERVOSA IS NOT CURRENT, GO TO *BULIMIA NERVOSA* I.4. | number | [scid i anosum] = '3' | LV |

Specify subtype for current episode: (circle the appropriate number)

1 - Restricting type:
During the last 3 months, the individual has NOT engaged in recurrent episodes of binge eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas). This subtype describes presentations in which weight loss is accomplished primarily through dieting, fasting and/or excessive exercise.

2 - Binge-eating/purging type:
During last 3 months, the individual has engaged in recurrent episodes or binge-eating or purging behavior (i.e., self-induced vomiting or misuse of laxatives, diuretics, or enemas).

…Do you have eating binges in which you eat a lot of food in a short period of time and feel that your eating is out of control? (How often?)

…IF NO: What kinds of things have you done to keep weight off? (Do you ever make yourself vomit or take laxatives, enemas, or water pills? How often?)

| scid_i_anosubtype | scid5rv_i_feeding_and_eating_disorders | dropdown | | 1, 1. Restricting type \| 2, 2. Binge-eating/purging type | I14 | | [scid_i_anosumcurrent] = '3' | LV |

| scid_i_bul_screenautofill | scid5rv i feeding and eat Bulimia Nervosa | calc | Screening question autofill 1= No, 3= Yes | [scid screen 13] | S13 | | | LV |

IF SCREENING QUESTION #13 IS ANSWERED "NO," GO TO *OTHER SPECIFIED FEEDING OR EATING DISORDER* I.10 OR GO TO *ARFID* Opt-I.1

| scid_i_bul_ascreen | scid5rv_i_feeding_and_eating_disorders | dropdown | | 0, No \| 1, Yes | I15 IF NO: GO TO *OTHER SPECIFIED FEEDING OR EATING DISORDER* I.10 OR GO TO *ARFID* Opt-I.1 | | | LV |

A. Recurrent episodes of binge eating. An episode of binge eating is characterized by BOTH of the following:

2. A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating)

…IF QUESTION #13 ANSWERED "YES": You've said that you've had eating binges, that is, times when you couldn't resist eating a lot of food or stop eating once you've started. Tell me about those times.

…IF SCREENER NOT USED: Have you had eating binges, that is, times when you couldn't resist eating a lot of food or stop eating once you started? Tell me about those times.

…During these times, were you unable to control what or how much you were eating?

<i>NOTE: Criterion A.2 (lack of control) precedes criterion A.1 to tie in with screening question. </i>

| scid_i_bula2 | scid5rv_i_feeding_and_eating_disorders | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | I16 1=GO TO *OTHER SPECIFIED FEEDING OR EATING DISORDER* I.10 OR *ARFID* Opt-I.1 | | | LV |

1. Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances

…During those times, how much did you eat? Over what period of time? What's the most you might eat at such times? (Does this only happen during celebrations or holidays?)

| scid_i_bula1 | scid5rv_i_feeding_and_eating_disorders | dropdown | | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | I17 1=GO TO *OTHER SPECIFIED FEEDING OR EATING DISORDER* I.10 OR *ARFID* Opt-I.1 | | [scid i bula2] = '2' or [scid i bula2] = '3' | LV |

| scid_i_bulasum | scid5rv_i_feeding_and_eating_disorders | dropdown | CRITERIA A.2 AND A.1 ARE CODED "3 | 1, No \| 3, Yes | I18 1=GO TO *OTHER SPECIFIED FEEDING OR EATING DISORDER* I.10 OR *ARFID* Opt-I.1 | | [scid i bula1] = '2' or [scid i bula1] = '3' | LV |

IF LIFETIME RATING OF "3" FOR BOTH CRITERIA A.2 AND A.1:

| scid_i_bulacurrent | scid5rv_i_feeding_and_eating_disorders | dropdown | …During the past 3 months, since (3 MONTHS AGO), have you had such episodes? | -99, -99 inadequate information \| 1, 1 absent or false \| 2, 2 subthreshold \| 3, 3 threshold or true | I19 | | [scid i bulasum] = '3' | LV |

Variable	Form	Section	Type	Question Text	Response Options	Code		Condition	LV
				B. Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as: self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.					
scid_i_bulb	scidSrv_i_feeding_and_eating_disorders		dropdown	...Have you ever done anything to keep yourself from gaining weight because of the binge eating (like making yourself vomit, taking laxatives, enemas, water pills, or thyroid hormone, strict dieting or fasting, or exercising a lot)? Tell me about that. How often did this occur? IF LIFETIME RATING OF "3" :	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	I20 1=GO TO *BINGE-EATING DISORDER* I.7		[scid_i_bulasum] = '3'	LV
scid_i_bulbcurrent	scidSrv_i_feeding_and_eating_disorders		dropdown	...Have you done (COMPENSATORY BEHAVIOR[S]) during the past 3 months, since (3 MONTHS AGO)?	1, 1 absent or false | 3, 3 threshold or true	I21		[scid_i_bulb] = '3'	LV
				C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for 3 months.					
scid_i_bulc	scidSrv_i_feeding_and_eating_disorders		dropdown	...How often were you binge eating and (COMPENSATORY BEHAVIOR[S])? (At least once a week for at least 3 months?) IF LIFETIME RATING OF "3" :	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	I22 1=GO TO *BINGE-EATING DISORDER* I.7		[scid_i_bulb] = '3' or [scid_i_bulb] = '2'	LV
scid_i_bulccurrent	scidSrv_i_feeding_and_eating_disorders		dropdown	...Since (3 MONTHS AGO), how often were you binge eating and (COMPENSATORY BEHAVIOR[S])? At least once a week?	1, 1 absent or false | 3, 3 threshold or true	I23		[scid_i_bulc] = '3'	LV
				D. Self-evaluation is unduly influenced by body shape and weight.					
scid_i_buld	scidSrv_i_feeding_and_eating_disorders		dropdown	...Has your body shape and weight ever been an important factor in how you felt about yourself? ...IF YES: How important? IF LIFETIME RATING OF "3" :	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	I24		[scid_i_bulc] = '3' or [scid_i_bulc] = '2'	LV
scid_i_buldcurrent	scidSrv_i_feeding_and_eating_disorders		dropdown	...Has this also been the case during the past 3 months?	1, 1 absent or false | 3, 3 threshold or true	I25		[scid_i_buld] = '3'	LV
scid_i_bule	scidSrv_i_feeding_and_eating_disorders		dropdown	E. The disturbance does not occur exclusively during episodes of Anorexia Nervosa. ...IF UNKNOWN: Do you binge eat and then (ENGAGE IN COMPENSATORY BEHAVIOR) only when your weight is very low?	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	I26 1=GO TO *OTHER SPECIFIED FEEDING OR EATING DISORDER* I.10 OR GO TO *ARFID* Opt-I.1		[scid_i_bulc] = '3' or [scid_i_bulc] = '2'	LV
scid_i_bulsum	scidSrv_i_feeding_and_eating_disorders		dropdown	BULIMIA NERVOSA CRITERIA A, B, C, D, AND E ARE CODED "3."	1, 1 absent or false | 3, 3 threshold or true	I27 1=GO TO *OTHER SPECIFIED FEEDING OR EATING DISORDER* I.10 OR GO TO *ARFID* Opt-I.1 3= BULIMIA NERVOSA		[scid_i_bulc] = '3' or [scid_i_bulc] = '2'	LV
scid_i_bulchron	scidSrv_i_feeding_and_eat_Chronology	Bulimia Nervosa	dropdown	BULIMIA NERVOSA CRITERIA A, B, C, AND D ARE MET FOR THE PAST 3 MONTHS	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	I28 1=PAST BULIMIA NERVOSA 3=CURRENT BULIMIA NERVOSA		[scid_i_bulsum] = '3'	LV
scid_i_bulsev	scidSrv_i_feeding_and_eating_disorders		dropdown	Indicate current severity by circling appropriate number: (The level of severity may be increased to reflect other symptoms and the degree of functional disability.) 1 -Mild: An average of 1-3 episodes of inappropriate compensatory behaviors per week. 2 -Moderate: An average of 4-7 episodes of inappropriate compensatory behaviors per week. 3 -Severe: An average of 8-13 episodes of inappropriate compensatory behaviors per week. 4 -Extreme: An average of 14 or more episodes of inappropriate compensatory behaviors per week.	1, 1. Mild | 2, 2. Moderate | 3, 3. Severe | 4, 4. Extreme	I29 CONTINUE WITH *AGE AT ONSET* BELOW.		[scid_i_bulchron] = '3'	LV
scid_i_bulrem	scidSrv_i_feeding_and_eating_disorders		dropdown	Indicate type of remission by circling the appropriate number: 1 -In partial remission: After full criteria for bulimia nervosa were previously met, some, but not all, of the criteria have been met for a sustained period of time 2 -In full remission: After full criteria for bulimia nervosa were previously met, none of the criteria have been met for a sustained period of time.	1, 1. In partial remission | 2, 2. In full remission	I30		[scid_i_bulchron] = '1'	LV
scid_i_bulrem2	scidSrv_i_feeding_and_eating_disorders		text	Number of months prior to interview when last had a symptom of Bulimia Nervosa ...When did you last have (ANY SXS OF BULIMIA NERVOSA)?		I31	number	[scid_i_bulchron] = '1'	LV
scid_i_bulage	scidSrv_i_feeding_and_eating_disorders		text	Age at onset of Bulimia Nervosa (CODE 99 IF UNKNOWN) ...IF UNKNOWN: How old were you when you first started having (SXS OF BULIMIA NERVOSA)? NOTE: Criterion A has already been rated "3" in the context of the Bulimia Nervosa evaluation, page I.4.		I32 GO TO *OTHER SPECIFIED FEEDING OR EATING DISORDER* I.10 OR GO TO *ARFID* Opt-I.1	number	[scid_i_bulchron] = '1'	LV
scid_i_binge_b1	scidSrv_i_feeding_and_eat_Disorder	Binge-Eating Disorder	dropdown	B. The binge-eating episodes are associated with three (or more) of the following: 1. Eating much more rapidly than normal. ...During these binges did you... ...eat much more rapidly than normal? Past 3 months	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	I33		[scid_i_bulb] = '1' or [scid_i_bulc] = '1'	LV
scid_i_binge_b1_current	scidSrv_i_feeding_and_eating_disorders		dropdown	...IF LIFETIME RATING OF "3" AND CURRENTLY BINGE EATING: Has this also been the case during the past 3 months? 2. Eating until feeling uncomfortably full.	1, 1 absent or false | 3, 3 threshold or true	I34		[scid_i_binge_b1] = '3'	LV
scid_i_binge_b2	scidSrv_i_feeding_and_eating_disorders		dropdown	...ever eat until you felt uncomfortably full? Past 3 months	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	I35		[scid_i_bulb] = '1' or [scid_i_bulc] = '1'	LV
scid_i_binge_b2_curre	scidSrv_i_feeding_and_eating_disorders		dropdown	...IF LIFETIME RATING OF "3" AND CURRENTLY BINGE EATING: Has this also been the case during the past 3 months? 3. Eating large amounts of food when not feeling physically hungry.	1, 1 absent or false | 3, 3 threshold or true	I36		[scid_i_binge_b2] = '3'	LV
scid_i_binge_b3	scidSrv_i_feeding_and_eating_disorders		dropdown	...ever eat large amounts of food when you didn't feel physically hungry? Past 3 months	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	I37		[scid_i_bulb] = '1' or [scid_i_bulc] = '1'	LV
scid_i_binge_b3_curre	scidSrv_i_feeding_and_eating_disorders		dropdown	...IF LIFETIME RATING OF "3" AND CURRENTLY BINGE EATING: Has this also been the case during the past 3 months? 4. Eating alone because of being embarrassed by how much one is eating.	1, 1 absent or false | 3, 3 threshold or true	I38		[scid_i_binge_b3] = '3'	LV
scid_i_binge_b4	scidSrv_i_feeding_and_eating_disorders		dropdown	...ever eat alone because you were embarrassed by how much you were eating? Past 3 months	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	I39		[scid_i_bulb] = '1' or [scid_i_bulc] = '1'	LV
scid_i_binge_b4_curre	scidSrv_i_feeding_and_eating_disorders		dropdown	...IF LIFETIME RATING OF "3" AND CURRENTLY BINGE EATING: Has this also been the case during the past 3 months? 5. Feeling disgusted with oneself, depressed or very guilty afterward.	1, 1 absent or false | 3, 3 threshold or true	I40		[scid_i_binge_b4] = '3'	LV
scid_i_binge_b5	scidSrv_i_feeding_and_eating_disorders		dropdown	...ever feel disgusted with yourself, depressed, or feel very guilty after overeating? Past 3 months	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	I41		[scid_i_bulb] = '1' or [scid_i_bulc] = '1'	LV
scid_i_binge_b5_curre	scidSrv_i_feeding_and_eating_disorders		dropdown	...IF LIFETIME RATING OF "3" AND CURRENTLY BINGE EATING: Has this also been the case during the past 3 months?	1, 1 absent or false | 3, 3 threshold or true	I42		[scid_i_binge_b4] = '3'	LV
scid_i_binge_bsum	scidSrv_i_feeding_and_eating_disorders		dropdown	AT LEAST 3 "B" SXS CODED "3."	1, 1 absent or false | 3, 3 threshold or true	I43 1=GO TO *OTHER SPECIFIED FEEDING OR EATING DISORDER* I.10 OR GO TO *ARFID* Opt-I.1		[scid_i_bulb] = '1' or [scid_i_bulc] = '1'	LV
scid_i_binge_bsumcurr	scidSrv_i_feeding_and_eating_disorders		dropdown	AT LEAST 3 "B" SXS CODED 3 FOR PAST 3 MONTHS	1, 1 absent or false | 3, 3 threshold or true	I44		[scid_i_binge_bsum] = '3'	LV
scid_i_binge_c	scidSrv_i_feeding_and_eating_disorders		dropdown	C. Marked distress regarding binge eating is present. ...Was it very upsetting to you that you couldn't stop eating or control what or how much you were eating? Past 3 Months	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	I45 1=GO TO *OTHER SPECIFIED FEEDIN OR EATING DISORDER* I.10 OR GO TO *ARFID* Opt-I.1		[scid_i_binge_bsum] = '3'	LV
scid_i_binge_ccurr	scidSrv_i_feeding_and_eating_disorders		dropdown	D. The binge eating occurs, on average, at least once a week for 3 months.	1, 1 absent or false | 3, 3 threshold or true	I46		[scid_i_binge_c] = '3'	LV
scid_i_binge_d	scidSrv_i_feeding_and_eating_disorders		dropdown	...IF UNKNOWN: How often did you binge eat? (For how long a period of time? At least once a week for at least 3 months?) Past 3 Months	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	I47 1=GO TO *OTHER SPECIFIED FEEDIN OR EATING DISORDER* I.10 OR GO TO *ARFID* Opt-I.1		[scid_i_binge_c] = '3' or [scid_i_binge_c] = '2'	LV
scid_i_binge_dcurr	scidSrv_i_feeding_and_eating_disorders		dropdown	...IF LIFETIME RATING OF "3" AND CURRENTLY BINGE EATING: How often have you been binge eating since (3 MONTHS AGO)? (At least once a week?)	1, 1 absent or false | 3, 3 threshold or true	I48		[scid_i_binge_d] = '3'	LV

Variable	Form	Section	Type	Question text	Response options	Code	Format	Min	Max	Skip/Condition	Display condition	LV
				E. The binge eating is not associated with the recurrent use of inappropriate compensatory behaviors as in Bulimia Nervosa and does not occur exclusively during the course of Bulimia Nervosa or Anorexia Nervosa. NOTE: Code "3" if no recurrent inappropriate compensatory behaviors. _____ ...IF UNKNOWN OR UNCLEAR: Did you ever do anything to keep yourself from gaining weight because of the binge eating (like making yourself vomit, taking laxatives, enemas, water pills, or thyroid hormone, strict dieting or fasting, or exercising a lot)? ...IF UNKNOWN: Do you binge eat only						
scid_i_binge_e	scidSrv_i_feeding_and_eating_disorders		dropdown	when your weight is very low? Past 3 Months	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	I49 1=GO TO *OTHER SPECIFIED FEEDIN OR EATING DISORDER* I.10 OR GO TO *ARFID* Opt-I.1					[scid_i_binge_d] = '3' or [scid_i_binge_d] = '2'	LV
				IF LIFETIME RATING OF "3," CURRENTLY BINGE EATING AND UNCLEAR: _____ ...During the past 3 months, since (3 MONTHS AGO), have you done anything to keep yourself from gaining weight because of the binge eating (like making yourself vomit, taking laxatives, enemas, water pills, or thyroid hormone, strict dieting or fasting, or exercising a lot)?						
scid_i_binge_ecurr	scidSrv_i_feeding_and_eating_disorders		dropdown		1, 1 absent or false | 3, 3 threshold or true	I50					[scid_i_binge_e] = '3'	LV
scid_i_binge_summ	scidSrv_i_feeding_and_eating_disorders		dropdown	BINGE-EATING DISORDER CRITERIA A, B, C, D, AND E ARE CODED "3." NOTE: Criterion A for Binge-Eating Disorder has already been coded "3" as part of the assessment for Bulimia Nervosa, I.4.	1, 1 absent or false | 3, 3 threshold or true	I51 1=GO TO *OTHER SPECIFIED FEEDING OR EATING DISORDER* I.10 OR GO TO *ARFID* Opt-I.1 3=BINGE-EATING DISORDER					[scid_i_binge_e] = '3'	LV
scid_i_binge_chron	scidSrv_i_feeding_and_eating	Binge-Eating Disorder Chronology	dropdown	BINGE-EATING DISORDER CRITERIA A, B, C, D, AND E ARE CODED "3" FOR THE PAST 3 MONTHS. Indicate current severity: (circle the appropriate number) (The level of severity may be increased to reflect other symptoms and the degree of functional disability.)	-99, -99 inadequate information | 1, 1 absent or false | 3, 3 threshold or true	I52 1=PAST BINGE-EATING DISORDER 3=CURRENT BINGE-EATING DISORDER					[scid_i_binge_summ] = '3'	LV
scid_i_binge_sev	scidSrv_i_feeding_and_eating_disorders		dropdown	1 - Mild: 1-3 binge-eating episodes per week 2 - Moderate: 4-7 binge-eating episodes per week 3 - Severe: 8-13 binge-eating episodes per week 4 - Extreme: 14 or more binge-eating episodes per week	1, 1. Mild | 2, 2. Moderate | 3, 3. Severe | 4, 4. Extreme	I53 CONTINUE WITH *AGE AT ONSET* BELOW.					[scid_i_binge_chron] = '3'	LV
scid_i_binge_rem	scidSrv_i_feeding_and_eating_disorders		dropdown	Indicate type of remission: (circle the appropriate number) 1 - In partial remission: After full criteria for Binge-Eating Disorder were previously met, binge eating occurs at an average frequency of less than one episode per week for a sustained period of time. 2 - In full remission: After full criteria for Binge-Eating Disorder were previously met, none of the criteria have been met for a sustained period of time.	1, 1. In partial remission | 2, 2. In full remission	I54					[scid_i_binge_chron] = '1'	LV
scid_i_binge_rem2	scidSrv_i_feeding_and_eating_disorders		text	Number of months prior to interview when last had a symptom of Binge-Eating Disorder _____ ...When did you last have (ANY SXS OF BINGE-EATING DISORDER)? Age at onset of Binge-Eating Disorder (CODE 99 IF UNKNOWN)		I55	number				[scid_i_binge_chron] = '1'	LV
scid_i_binge_age	scidSrv_i_feeding_and_eating_disorders		text	...IF UNKNOWN: How old were you when you first started having (SXS OF BINGE-EATING DISORDER)?		I56	number				[scid_i_binge_chron] = '1'	LV
scid_i_other	scidSrv_i_feeding_and_eating	Other Specified Feeding or Eating Disorder	dropdown	Symptoms characteristic of a Feeding and Eating Disorder predominate but do not meet the full criteria for any of the disorders in the Feeding and Eating Disorders diagnostic class. (symptoms) cause clinically significant distress or impairment in social, occupational, or other important areas of functioning	1, 1 absent or false | 3, 3 threshold or true	I57 1= GO TO NEXT MODULE						LV
scid_i_other2	scidSrv_i_feeding_and_eating_disorders		dropdown	_____ ...IF UNKNOWN: What effect have (EATING SXS) had on your life? <i>ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION:</i> ...How have (EATING SXS) affected your relationships or your interactions with other people? (Have [EATING SXS] caused you any problems in your relationships with your family, romantic partner or friends?) ...How have (EATING SXS) affected your school/work? (How about your attendance at work or school? Have [EATING SXS] made it more difficult to do your work/schoolwork? How have [EATING SXS] affected the quality of your work/schoolwork?) ...How have (EATING SXS) affected your ability to take care of things at home? How about doing other things that were important to you like religious activities, physical exercise, or hobbies? Have you avoided doing anything because you felt like you weren't up to it? ...Have (EATING SXS) affected any other important part of your life?	-99, -99 inadequate information | 1, 1 absent or false | 2, 2 subthreshold | 3, 3 threshold or true	I58 1=GO TO NEXT MODULE 3=OTHER SPECIFIED EATING DISORDER					[scid_i_other] = '3'	LV
scid_i_othercurr	scidSrv_i_feeding_and_eating_disorders		dropdown	Check here _(yes)_ if present in the past month. _____ ...IF UNCLEAR: During the past month, since (1 MONTH AGO), have you had (SXS OF EATING DISORDER)?	1, No | 3, Yes	I59					[scid_i_other2] = '3' or [scid_i_other2] = '2'	LV
scid_i_othertype	scidSrv_i_feeding_and_eating_disorders		dropdown	Indicate type of Other Specified eating disorder: (circle the appropriate number) 1 - Atypical anorexia nervosa: All of the criteria for Anorexia Nervosa are met, except that despite significant weight loss, the individual's weight is within or above the normal range. 2 - Bulimia nervosa (of low frequency and/or limited duration): All of the criteria for Bulimia Nervosa are met, except that the binge eating and inappropriate compensatory behaviors occur, on average, less than once a week and/or for less than 3 months. 3 - Binge-eating disorder (of low frequency and/or limited duration): All of the criteria for Binge-Eating Disorder are met, except that the binge eating occurs, on average, less than once a week and/or for less than 3 months. 4 - Purging disorder: Recurrent purging behavior to influence weight or shape (e.g., self-induced vomiting; misuse of laxatives, diuretics, or other medications) in the absence of binge eating. 5 - Night eating syndrome: Recurrent episodes of night eating, as manifested by eating after awakening from sleep or by excessive food consumption after the evening meal. There is awareness and recall of the eating. The night eating is not better explained by external influences such as changes in the individual's sleep-wake cycle or by local social norms. The night eating causes significant distress and/or impairment in functioning. The disordered pattern of eating is not better explained by Binge-Eating Disorder or	1, 1 - Atypical anorexia nervosa | 2, 2 - Bulimia nervosa (low/limited) | 3, 3 - Binge-eating disorder (low/limited) | 4, 4 - Purging disorder | 5, 5 - Night eating syndrome | 6, 6 - Other | 7, 7 - Unspecified	I60					[scid_i_other2] = '3' or [scid_i_other2] = '2'	LV
scid_i_othertype2	scidSrv_i_feeding_and_eating_disorders		text	If other, please specify		I60b					[scid_i_othertype] = '6'	LV
scid_l_hist1	scidSrv_l_trauma_and_stre	Trauma History	dropdown	Have you ever been in a life threatening situation like a major disaster or fire, combat, or a serious car or work-related accident?	1, No | 3, Yes	L1						LV
scid_l_hist2	scidSrv_l_trauma_and_stressorrelated_disorder		dropdown	What about being physically or sexually assaulted or abused, or threatened with physical or sexual assault?	1, No | 3, Yes	L2						LV
scid_l_hist3	scidSrv_l_trauma_and_stressorrelated_disorder		dropdown	How about seeing another person being physically or sexually assaulted or abused, or threatened with physical or sexual assault?	1, No | 3, Yes	L3						LV
scid_l_hist4	scidSrv_l_trauma_and_stressorrelated_disorder		dropdown	Have you ever seen another person killed or dead, or badly hurt?	1, No | 3, Yes	L4						LV
scid_l_hist5	scidSrv_l_trauma_and_stressorrelated_disorder		dropdown	How about learning that one of these things happened to someone you are close to?	1, No | 3, Yes	L5						LV
scid_l_hist6	scidSrv_l_trauma_and_stressorrelated_disorder		dropdown	<i>IF UNKNOWN:</i> Have you ever been the victim of a serious crime?	1, No | 3, Yes	L6						LV
scid_l_hist7	scidSrv_l_trauma_and_stressorrelated_disorder		dropdown	<i>IF NO EVENTS ENDORSED:</i> What would you say has been the most stressful or traumatic experience you have had over your life? (Are there any traumatic experiences?)	1, No | 3, Yes	L7						LV
randomization_group	randomization_form	General Comments	dropdown	Randomization Group	0, Group A | 1, Group B							
weight_base	baseline_measurements	Baseline Measurements	text	Weight (Kg)			number	0	250			
height_base	baseline_measurements		text	Height (CM)			number	0	300			
date_visit_b	baseline_measurements		text	Date of baseline visit			date_dmy					
date_blood_b	baseline_measurements		text	Date blood was drawn			date_dmy					
blood_base_notes	baseline_measurements		notes	Notes on bloods (if applicable)								LV
date_supplement_dispensed	baseline_measurements		text	Date patient begins study medication			date_dmy					
current_dx	history	Psychiatric History	dropdown	Current Diagnosis	1, Bipolar I | 2, Bipolar II | 3, Bipolar NEC | 4, Cyclothymic Disorder | 5, Not sure of type of Bipolar							LV
other_dx	history		notes	Other Diagnoses								LV
age_first	history		text	Age when symptoms first noticed (years)			number					LV
age_dx	history		text	Age when definitive diagnosis was made (years)			number					LV
no_hosp	history		text	Number of psychiatric hospitalisations			number					LV
duration_selfreport	history		text	Duration of illness in years (from self-report)			number					LV
duration_formal	history		text	Duration of illness in years (since formal diagnosis)			number					LV
no_ep	history		text	Number of Depressive Episodes			number					LV
no_suicide	history		dropdown	Number of suicide attempts	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 or more							LV
nerv_sys	history	Medical History / Is there a current or past history of any conditions involving the following body systems?	dropdown	Nervous System	0, Nil | 1, Past | 2, Current							LV
nerv_sys_spec	history		notes	Specify							[nerv_sys] = '1' or [nerv_sys] = '2'	LV
resp_sys	history		dropdown	Respiratory System	0, Nil | 1, Past | 2, Current							LV
resp_sys_spec	history		notes	Specify							[resp_sys] = '1' or [resp_sys] = '2'	LV
cardio_sys	history		dropdown	Cardiovascular System	0, Nil | 1, Past | 2, Current							LV
cardio_sys_spec	history		notes	Specify							[cardio_sys] = '1' or [cardio_sys] = '2'	LV
endo_sys	history		dropdown	Endocrine System	0, Nil | 1, Past | 2, Current							LV
endo_sys_spec	history		notes	Specify							[endo_sys] = '1' or [endo_sys] = '2'	LV
gastro_sys	history		dropdown	Gastrointestinal System	0, Nil | 1, Past | 2, Current							LV
gastro_sys_spec	history		notes	Specify							[gastro_sys] = '1' or [gastro_sys] = '2'	LV
genito_sys	history		dropdown	Genitourinary System	0, Nil | 1, Past | 2, Current							LV
genito_sys_spec	history		notes	Specify							[genito_sys] = '1' or [genito_sys] = '2'	LV
musc_sys	history		dropdown	Musculoskeletal System	0, Nil | 1, Past | 2, Current							LV
musc_sys_spec	history		notes	Specify							[musc_sys] = '1' or [musc_sys] = '2'	LV
other_ill	history		notes	Other Illnesses								LV

Surgical History

Record ALL surgeries that the participant has undergone

Variable	Form	Section	Field Type	Field Label	Choices	Validation	Min	Max	Branching Logic	Req	ID
surg_check	history		dropdown	Has the Participant undergone ANY type of surgery?	0, No | 1, Yes	autocomplete					LV
surg_1	history		notes	surgery 1					[surg_check] = '1'		LV
surg_1date	history		text	Indication e.g.: tonsillitis Date Surgery 1					[surg_check] = '1'		LV
surg_1out	history		dropdown	Outcome of problem	0, Resolved | 1, Ongoing				[surg_check] = '1'		LV
surg_2	history		notes	Indication e.g.: tonsillitis surgery 2					[surg_check] = '1'		LV
surg_2date	history		text	Date Surgery 2					[surg_check] = '1'		LV
surg_2out	history		dropdown	Outcome of problem	0, Resolved | 1, Ongoing				[surg_check] = '1'		LV
surg_3	history		notes	Indication e.g.: tonsillitis surgery 3					[surg_check] = '1'		LV
surg_3date	history		text	Date Surgery 3					[surg_check] = '1'		LV
surg_3out	history		dropdown	Outcome of problem	0, Resolved | 1, Ongoing				[surg_check] = '1'		LV
surg_4	history		notes	Indication e.g.: tonsillitis surgery 4					[surg_check] = '1'		LV
surg_4date	history		text	Date Surgery 4					[surg_check] = '1'		LV
surg_4out	history		dropdown	Outcome of problem	0, Resolved | 1, Ongoing				[surg_check] = '1'		LV
surg_5	history		notes	Indication e.g.: tonsillitis surgery 5					[surg_check] = '1'		LV
surg_5date	history		text	Date Surgery 5					[surg_check] = '1'		LV
surg_5out	history		dropdown	Outcome of problem	0, Resolved | 1, Ongoing				[surg_check] = '1'		LV
surg_6	history		notes	Indication e.g.: tonsillitis surgery 6					[surg_check] = '1'		LV
surg_6date	history		text	Date Surgery 6					[surg_check] = '1'		LV
surg_6out	history		dropdown	Outcome of problem	0, Resolved | 1, Ongoing				[surg_check] = '1'		LV
surg_7	history		notes	Indication e.g.: tonsillitis surgery 7					[surg_check] = '1'		LV
surg_7date	history		text	Date Surgery 7					[surg_check] = '1'		LV
surg_7out	history		dropdown	Outcome of problem	0, Resolved | 1, Ongoing				[surg_check] = '1'		LV
surg_8	history		notes	Indication e.g.: tonsillitis surgery 8					[surg_check] = '1'		LV
surg_8date	history		text	Date Surgery 8					[surg_check] = '1'		LV
surg_8out	history		dropdown	Outcome of problem	0, Resolved | 1, Ongoing				[surg_check] = '1'		LV
surg_9	history		notes	Indication e.g.: tonsillitis surgery 9					[surg_check] = '1'		LV
surg_9date	history		text	Date Surgery 9					[surg_check] = '1'		LV
surg_9out	history		dropdown	Outcome of problem	0, Resolved | 1, Ongoing				[surg_check] = '1'		LV
surg_10	history		notes	Indication e.g.: tonsillitis surgery 10					[surg_check] = '1'		LV
surg_10date	history		text	Date Surgery 10					[surg_check] = '1'		LV
surg_10out	history		dropdown	Outcome of problem	0, Resolved | 1, Ongoing				[surg_check] = '1'		LV
surg_11	history		notes	Indication e.g.: tonsillitis surgery 11					[surg_check] = '1'		LV
surg_11date	history		text	Date Surgery 11					[surg_check] = '1'		LV
surg_11out	history		dropdown	Outcome of problem	0, Resolved | 1, Ongoing				[surg_check] = '1'		LV
surg_12	history		notes	Indication e.g.: tonsillitis surgery 12					[surg_check] = '1'		LV
surg_12date	history		text	Date Surgery 12					[surg_check] = '1'		LV
surg_12out	history		dropdown	Outcome of problem	0, Resolved | 1, Ongoing				[surg_check] = '1'		LV
surg_comments	history		notes	Surgical History Comments							LV
contra_check	history	Females	dropdown	Are you using contraception?	0, No | 1, Yes				[sex] = '0'		LV
contra_why	history		notes	If not, why not?					[contra_check] = '0'		LV
preg_test	history		dropdown	Pregnancy test conducted?	0, No | 1, Yes				[sex] = '0'		LV
preg_test_why	history		notes	If not, why not?					[preg_test] = '0'		LV
contra_type	history		dropdown	NOTE: Females of child-bearing age who are sexually active must be on an effective form of contraception to enter trial Type:	0, The Pill/OCP | 1, IUCD/The loop | 2, Injection/Depot-injection/implanon/Depoprovera | 3, Condoms | 4, Diaphragm/cap | 5, Spermicide | 6, Tubal Ligation | 7, Post Menopausal | 8, Other				[sex] = '0'		LV
contra_type_other	history		notes	Other:					[contra_type] = '8'		LV
genhist	history	General History	notes	Participants General History							LV
famhist_check	family_history	Family History	dropdown	Is there a family history of mental illness?	0, No | 1, Yes	autocomplete					LV
famhist_father	family_history		checkbox	Father	1, Bipolar | 2, Schizophrenia | 3, Anxiety Disorder | 4, Depression | 5, Alcoholism | 6, other				[famhist_check] = '1'		LV
famhist_mother	family_history		checkbox	Mother	1, Bipolar | 2, Schizophrenia | 3, Anxiety Disorder | 4, Depression | 5, Alcoholism | 6, other				[famhist_check] = '1'		LV
famhist_brother	family_history		checkbox	Brother	1, Bipolar | 2, Schizophrenia | 3, Anxiety Disorder | 4, Depression | 5, Alcoholism | 6, other				[famhist_check] = '1'		LV
famhist_sister	family_history		checkbox	Sister	1, Bipolar | 2, Schizophrenia | 3, Anxiety Disorder | 4, Depression | 5, Alcoholism | 6, other				[famhist_check] = '1'		LV
famhist_grand	family_history		checkbox	Grandparents	1, Bipolar | 2, Schizophrenia | 3, Anxiety Disorder | 4, Depression | 5, Alcoholism | 6, other				[famhist_check] = '1'		LV
famhist_otherrel	family_history		checkbox	Other Relatives	1, Bipolar | 2, Schizophrenia | 3, Anxiety Disorder | 4, Depression | 5, Alcoholism | 6, other				[famhist_check] = '1'		LV
famhist_otherdis	family_history		notes	If other disorder, list here					[famhist_otherrel(6)] = '1' or [famhist_grand(6)] = '1' or [famhist_sister(6)] = '1' or [famhist_brother(6)] = '1' or [famhist_mother(6)] = '1' or [famhist_father(6)] = '1'		LV
smoking	habits	Tobacco	dropdown	Have you smoked cigarettes in the past month?	0, No | 1, Yes						LV
no_cigarettes	habits		text	How many per day?		number	0	200	[smoking] = '1'		LV
years_cigarettes	habits		text	For how many years?		number	0	200	[smoking] = '1'		LV
alcohol	habits	Alcohol	dropdown	Have you consumed alcohol in the past month?	0, No | 1, Yes						LV
wine	habits		dropdown	Do you drink wine?	0, No | 1, Yes				[alcohol] = '1'		LV
no_wine	habits		text	How many glasses per week?		number	0	200	[wine] = '1'		LV
beer	habits		dropdown	Do you drink beer?	0, No | 1, Yes				[alcohol] = '1'		LV
no_beer	habits		text	How many bottles/cans per week?		number	0	200	[beer] = '1'		LV
spirits	habits		dropdown	Do you drink spirits?	0, No | 1, Yes				[alcohol] = '1'		LV
no_spirits	habits		text	How many tots per week?		number	0	200	[spirits] = '1'		LV
no_drinks	habits		calc	Number of STANDARD DRINKS per WEEK <i>(1 Beer = 1 glass wine = 1 tot of spirits)</i>	sum([no_wine],[no_beer],[no_spirits])						LV
drugs	habits	Recreational drugs	dropdown	Have you used Recreational Drugs in the past month?	0, No | 1, Yes						LV
cannabis	habits		dropdown	Do you use cannabis?	0, No | 1, Yes				[drugs] = '1'		LV
no_cannabis	habits		text	Frequency (Number of uses per WEEK)		number	0	200	[cannabis] = '1'		LV
date_cannabis	habits		text	Date of last use		date_dmy	0000.00.01	0000.00.200	[cannabis] = '1'		LV
ecstasy	habits		dropdown	Do you use ecstasy?	0, No | 1, Yes				[drugs] = '1'		LV
no_ecstasy	habits		text	Frequency (Number of uses per WEEK)		number	0	200	[ecstasy] = '1'		LV
date_ecstasy	habits		text	Date of last use		date_dmy	0000.00.01	0000.00.200	[ecstasy] = '1'		LV
benzo	habits		dropdown	Do you use Benzodiazepines (non-prescribed)?	0, No | 1, Yes				[drugs] = '1'		LV
no_benzo	habits		text	Frequency (Number of uses per WEEK)		number	0	200	[benzo] = '1'		LV
date_benzo	habits		text	Date of last use		date_dmy	0000.00.01	0000.00.200	[benzo] = '1'		LV
amphet	habits		dropdown	Do you use Amphetamines?	0, No | 1, Yes				[drugs] = '1'		LV
no_amphet	habits		text	Frequency (Number of uses per WEEK)		number	0	200	[amphet] = '1'		LV
date_amphet	habits		text	Date of last use		date_dmy	0000.00.01	0000.00.200	[amphet] = '1'		LV
otherdrug	habits		dropdown	Do you use any other drugs?	0, No | 1, Yes				[drugs] = '1'		LV
type_otherdrug	habits		text	If other, specify					[otherdrug] = '1'		LV
no_otherdrug	habits		text	Frequency (Number of uses per WEEK)		number	0	200	[otherdrug] = '1'		LV
date_otherdrug	habits		text	Date of last use		date_dmy	0000.00.01	0000.00.200	[otherdrug] = '1'		LV
bdrs_guide	bdrs		descriptive	(Please ensure you have a copy of the BDRS rater manual or clinicians instruction manual on hand to refer to the questions for each section) INSTRUCTIONS: "I am going to ask you some questions about symptoms you may have. When answering please keep in mind that we are focusing only on how you are now, or have been over the last few days."							
bdrs_1	bdrs		dropdown	1. Depressed Mood Self-reported and/or observed depression as evidenced by gloom, sadness, pessimism, hopelessness, and helplessness	0, 0 Nil | 1, 1 Mild (brief or transient periods of depression, or mildly depressed mood) | 2, 2 Moderate (depressed mood is clearly but not consistently present and other emotions are expressed, or depression is of moderate intensity) | 3, 3 Severe (pervasive or continuous depressed mood of marked intensity) | -99, -99 missing value	autocomplete				v	LV
bdrs_2a	bdrs		dropdown	2. Sleep Disturbance A: Insomnia Score either insomnia 2(a) or hypersomnia 2(b), compared to the person's normal sleep pattern. Rate sleep quantity independent of medication. Include daytime sleep and "dozing" as well as intermittent sleep when assessing total sleep time.	0, 0 Nil | 1, 1 Mild (up to 2 hours) | 2, 2 Moderate (2 - 4 hours) | 3, 3 Severe (more than 4 hours) | -99, -99 missing value	autocomplete					LV
bdrs_2b	bdrs		dropdown	2. Sleep Disturbance B: hypersomnia Score either insomnia 2(a) or hypersomnia 2(b), compared to the person's normal sleep pattern. Rate sleep quantity independent of medication. Include daytime sleep and "dozing" as well as intermittent sleep when assessing total sleep time.	0, 0 Nil | 1, 1 Mild (less than 2 hours, or normal amount but non-restorative) | 2, 2 Moderate (greater than 2 hours) | 3, 3 Severe (greater than 4 hours) | -99, -99 missing value	autocomplete					LV
bdrs_3a	bdrs		dropdown	3. Appetite Disturbance A: Loss of appetite Change in appetite and food consumption, rated independent of the effect of external factors Score either 3(a) or 3(b) compared to their usual eating and appetite pattern.	0, 0 Nil | 1, 1 Mild (no change in food intake, but has to push self to eat or reports that food has lost taste) | 2, 2 Moderate (some decrease in food intake) | 3, 3 Severe (marked decrease in food intake, hardly eating) | -99, -99 missing value	autocomplete					LV
bdrs_3b	bdrs		dropdown	3. Appetite Disturbance B: Increase in appetite Change in appetite and food consumption, rated independent of the effect of external factors Score either 3(a) or 3(b) compared to their usual eating and appetite pattern.	0, 0 Nil | 1, 1 Mild (no change in food intake, but increased hunger) | 2, 2 Moderate (some increase in food intake, e.g., comfort eating) | 3, 3 Severe (marked increase in food intake or cravings) | -99, -99 missing value	autocomplete					LV
bdrs_4	bdrs		dropdown	4. Social Engagement Assess any reduction of social and interpersonal interaction the participant experiences due to their avoidance or reluctance to engage in social contact. Rate in the context of what is normal for the individual.	0, 0 Nil | 1, 1 Mild (slight reduction in social engagement with no impairment in social or interpersonal function) | 2, 2 Moderate (clear reduction in social engagement with some functional sequelae, e.g., avoids some social engagements or conversations) | 3, 3 Severe (marked reduction in social interaction or avoidance of almost all forms of social contact, e.g., refuses to answer the phone or see friends or family) | -99, -99 missing value	autocomplete				v	LV
bdrs_5	bdrs		dropdown	5. Reduced Energy and Activity Reduced energy and activity should be rated on the basis of subjective reports and consequent reduction in goal directed activity.	0, 0 Nil | 1, 1 Mild (able to engage in usual activities but with increased effort) | 2, 2 Moderate (significant reduction in energy leading to reduction of some role-specific activities) | 3, 3 Severe (leaden paralysis or cessation of almost all role specific activities, e.g., spends excessive time in bed, avoids answering the phone, poor personal hygiene) | -99, -99 missing value	autocomplete				v	LV
bdrs_6	bdrs		dropdown	6. Reduced Motivation Reduced motivation and drive should be rated on the basis of subjective reports and consequent reduction in goal directed activity.	0, 0 Nil (normal motivation) | 1, 1 Mild (slight reduction in motivation with no reduction in function) | 2, 2 Moderate (reduced motivation or drive with significantly reduced volitional activity or requires substantial effort to maintain usual level of function) | 3, 3 Severe (reduced motivation or drive such that goal directed behaviour or function is markedly reduced) | -99, -99 missing value	autocomplete				v	LV
bdrs_7	bdrs		dropdown	7. Impaired Concentration and Memory This item examines an individual's concentration, their ability to sustain attention and short-term memory difficulties. Subjective reports of reduced attention, concentration, or memory, and consequent functional impairment	0, Nil | 1, 1 Mild (slight impairment of attention, concentration, or memory with no functional impairment) | 2, 2 Moderate (significant impairment of attention, concentration, or forgetfulness with Some functional impairment) | 3, 3 Severe (marked impairment of concentration or memory with substantial functional impairment, e.g., unable to read or watch TV) | -99, -99 missing value	autocomplete				v	LV

Variable	Form	Type	Label / Description	Options	Widget	Req	LV
			8. Anxiety				
bdrs_8	bdrs	dropdown	Subjective reports of worry, tension, and/or somatic anxiety symptoms e.g., tremor, palpitations, dizziness, light-headedness, pins and needles, sweating, dyspnoea, butterflies in the stomach, or diarrhoea This item assesses both reported levels of cognitive anxiety as well as somatic symptoms. The presence of significant somatic symptoms usually reflects higher anxiety unless these symptoms are due to another medical condition.	0, 0 Nil | 1, 1 Mild (transient worry or tension about minor matters) | 2, 2 Moderate (significant anxiety, tension, or worry, or some accompanying somatic features) | 3, 3 Severe (marked continuous anxiety, tension, or worry that interferes with normal activity; or panic attacks) | -99, -99 missing value	autocomplete	y	LV
			9. Anhedonia				
bdrs_9	bdrs	dropdown	Assesses person's reported ability to experience pleasure in usual activities.	0, 0 Nil | 1, 1 Mild (slight reduction in pleasure from usually pleasurable activities) | 2, 2 Moderate (significant reduction in pleasure from usually pleasurable activities; some pleasure from isolated activities retained) | 3, 3 Severe (complete inability to experience pleasure) | -99, -99 missing value	autocomplete	y	LV
			10. Affective Flattening				
bdrs_10	bdrs	dropdown	This item rates the intensity and range of the individual's usual emotions. When giving examples to a patient, be aware that an example of feeling "unable to cry" may have gender specific connotations	0, 0 Nil | 1, 1 Mild (slight constriction of range of affect, or transient reduction in range or intensity of feelings) | 2, 2 Moderate (significant constriction of range or intensity of feelings with preservation of some emotions, e.g., unable to cry) | 3, 3 Severe (marked and pervasive constriction of range of affect or inability to experience usual emotions) | -99, -99 missing value	autocomplete	y	LV
			11. Worthlessness				
bdrs_11	bdrs	dropdown	Assesses individual's feelings of self-worth or self-confidence, compared to usual levels of self-esteem. Subjective sense, or thoughts, of decreased self-value or self-worth	0, 0 Nil | 1, 1 Mild (slight decrease in sense of self-worth) | 2, 2 Moderate (some thoughts of worthlessness and decreased self-worth) | 3, 3 Severe (marked, pervasive, or persistent feelings of worthlessness, e.g., feels others better off without them, unable to appreciate positive attributes) | -99, -99 missing value	autocomplete	y	LV
			12. Helplessness and Hopelessness				
bdrs_12	bdrs	dropdown	This item assesses feelings of helplessness or hopelessness, gloom and despondency. Subjective sense of pessimism or gloom regarding the future, inability to cope, or sense of loss of control	0, 0 Nil | 1, 1 Mild (occasional and mild feelings of not being able to cope as usual; or pessimism) | 2, 2 Moderate (often feels unable to cope, or significant feelings of helplessness or hopelessness which lift at times) | 3, 3 Severe (marked and persistent feelings of pessimism, helplessness, or hopelessness) | -99, -99 missing value	autocomplete	y	LV
			13. Suicidal Ideation				
bdrs_13	bdrs	dropdown	Thoughts or feelings that life is not worthwhile; thoughts of death or suicide	0, 0 Nil | 1, 1 Mild (thoughts that life is not worthwhile or is meaningless) | 2, 2 Moderate (thoughts of dying or death, but with no active suicide thoughts or plans) | 3, 3 Severe (thoughts or plans of suicide) | -99, -99 missing value	autocomplete	y	LV
			14. Guilt				
bdrs_14	bdrs	dropdown	This item rates guilt, self-blame and remorse for real or past events. Rating varies according to extent to which person feels guilty or deserving of their fate.	0, 0 Nil | 1, 1 Mild (slight decrease in self-esteem or increased self-criticism) | 2, 2 Moderate (significant thoughts of failure, self-criticism, inability to cope, or ruminations regarding past failures and the effect on others; able to recognise as excessive) | 3, 3 Severe (marked, pervasive, or persistent guilt, e.g., feelings of deserving punishment; or does not clearly recognise as excessive) | -99, -99 missing value	autocomplete	y	LV
			15. Psychotic Symptoms				
bdrs_15	bdrs	dropdown	This item rates psychotic symptoms, increasing from over-valued ideas through to overt psychotic symptoms. Rate on the basis of interview and mental status examination. Some of the information for this item will have bee gleaned from previous items. Presence of overvalued ideas, delusions, or hallucinations	0, 0 Nil (absent) | 1, 1 Mild (mild overvalued ideas, e.g., self-criticism or pessimism without clear effect on behaviour) | 2, 2 Moderate (significant overvalued ideas with clear effect on behaviour, e.g., strong guilt feelings, clear thoughts that others would be better off without them) | 3, 3 Severe (clear psychotic symptoms, e.g., delusions or hallucinations) | -99, -99 missing value	autocomplete	y	LV
			16. Irritability				
bdrs_16	bdrs	dropdown	This item rates irritability and hostility. It is rated on the basis of subjective reports of irritability as well as observed behaviour. Reports uncharacteristic subjective irritability, short fuse, easily angered, manifested by verbal or physical outbursts	0, 0 Nil | 1, 1 Mild (slight subjective irritability; may not be overtly present) | 2, 2 Moderate (verbal snappiness and irritability that is clearly observable in interview) | 3, 3 Severe (reports of physical outbursts, e.g., throwing/breaking objects, or markedly abusive verbal outbursts) | -99, -99 missing value	autocomplete	y	LV
			17. Lability				
bdrs_17	bdrs	dropdown	Observed mood lability or reported mood swings This item rates both reported and observed mood lability.	0, 0 Nil | 1, 1 Mild (subjective reports of mild increase in mood lability) | 2, 2 Moderate (mood lability clearly observable, moderate in intensity) | 3, 3 Severe (marked and dominant mood lability, frequent or dramatic swings in mood) | -99, -99 Missing value	autocomplete	y	LV
			18. Increased Motor Drive				
bdrs_18	bdrs	dropdown	This item rates both subjective and observed increases in motor drive and activity. This should include both goal directed and non-specific activity.	0, 0 Nil (normal motor drive) | 1, 1 Mild (slight increase in drive, not observable in interview) | 2, 2 Moderate (clear and observable increase in energy and drive) | 3, 3 Severe (marked or continuous increase in drive) | -99, -99 missing value	autocomplete	y	LV
			19. Increased Speech				
bdrs_19	bdrs	dropdown	This item scores increased rate and quantity of speech or thought. It is predominantly an observer based rating, although subjective reports are taken into account.	0, 0 Nil | 1, 1 Mild (slight increase in the rate or quantity of speech) | 2, 2 Moderate (racing thoughts, significantly more talkative, clearly distractible, or some circumstantiality; does not impede interview) | 3, 3 Severe (flight of ideas; interferes with interview) | -99, -99 missing value	autocomplete	y	LV
			20. Agitation				
bdrs_20	bdrs	dropdown	This item rates observed restlessness and agitation, although subjective reports are taken into account.	0, 0 Nil (normal) | 1, 1 Mild (slight restlessness) | 2, 2 Moderate (clear increase in level of agitation) | 3, 3 Severe (marked agitation, e.g., near continuous pacing or wringing hands) | -99, -99 missing value			
bdrs_total	bdrs	calc	Total BDRS Score	sum([bdrs_1],[bdrs_2a],[bdrs_2b],[bdrs_3a],[bdrs_3b],[bdrs_4],[bdrs_5],[bdrs_6],[bdrs_7],[bdrs_8],[bdrs_9],[bdrs_10],[bdrs_11],[bdrs_12],[bdrs_13],[bdrs_14],[bdrs_15],[bdrs_16],[bdrs_17],[bdrs_18],[bdrs_19],[bdrs_20])		y	
			HAMILTON ANXIETY RATING SCALE (HAM-A)				
ham_a_guide	hama	descriptive	Below is a list of phrases that describe certain feeling that people have. Rate the patients by finding the answer which best describes the extent to which he/she has these conditions. Select one of the five responses for each of the fourteen questions. Please rate based on the past seven days				
			1. Anxious Mood				
ham_a_1	hama	dropdown	Worries, anticipation of worst, fearful anticipation, irritability	0, 0 - Not present | 1, 1 - Mild - occurs irregularly and for short periods of time | 2, 2 - Moderate - occurs more constantly and of longer duration | 3, 3 - Severe - continuous and dominates patient's life | 4, 4 - Very severe - incapacitating | -99, -99 - Missing value	autocomplete	y	LV
			2. Tension				
ham_a_2	hama	dropdown	Inability to relax, nervousness, bodily tension, trembling and restless fatigue	0, 0 - Not present | 1, 1 - Mild - occurs irregularly and for short periods of time | 2, 2 - Moderate - occurs more constantly and of longer duration | 3, 3 - Severe - continuous and dominates patient's life | 4, 4 - Very severe - incapacitating | -99, -99 - Missing value	autocomplete	y	LV
			3. Fears				
ham_a_3	hama	dropdown	Of crowd, animals, publics spaces, being alone, traffic, strangers, darks etc.	0, 0 - Not present | 1, 1 - Mild - occurs irregularly and for short periods of time | 2, 2 - Moderate - occurs more constantly and of longer duration | 3, 3 - Severe - continuous and dominates patient's life | 4, 4 - Very severe - incapacitating | -99, -99 - Missing value	autocomplete	y	LV
			4. Insomnia				
ham_a_4	hama	dropdown	Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors	0, 0 - Not present | 1, 1 - Mild - occurs irregularly and for short periods of time | 2, 2 - Moderate - occurs more constantly and of longer duration | 3, 3 - Severe - continuous and dominates patient's life | 4, 4 - Very severe - incapacitating | -99, -99 - Missing value	autocomplete	y	LV
			5. Intellectual (Cognitive)				
ham_a_5	hama	dropdown	Difficulties in concentration, poor memory	0, 0 - Not present | 1, 1 - Mild - occurs irregularly and for short periods of time | 2, 2 - Moderate - occurs more constantly and of longer duration | 3, 3 - Severe - continuous and dominates patient's life | 4, 4 - Very severe - incapacitating | -99, -99 - Missing value	autocomplete	y	LV
			6. Depressed Mood				
ham_a_6	hama	dropdown	Verbal and non-verbal communication of sadness, depression, despondency, helplessness, hopelessness	0, 0 - Not present | 1, 1 - Mild - occurs irregularly and for short periods of time | 2, 2 - Moderate - occurs more constantly and of longer duration | 3, 3 - Severe - continuous and dominates patient's life | 4, 4 - Very severe - incapacitating | -99, -99 - Missing value	autocomplete	y	LV
			7. Somatic (muscular)				
ham_a_7	hama	dropdown	Weakness, stiffness, soreness or real pain, more or less diffusely in muscles such as jaw ache or neck ache	0, 0 - Not present | 1, 1 - Mild - occurs irregularly and for short periods of time | 2, 2 - Moderate - occurs more constantly and of longer duration | 3, 3 - Severe - continuous and dominates patient's life | 4, 4 - Very severe - incapacitating | -99, -99 - Missing value	autocomplete	y	LV
			8. Somatic (Sensory)				
ham_a_8	hama	dropdown	Tinnitus, blurring of vision, hot and cold flashes, prickling sensations	0, 0 - Not present | 1, 1 - Mild - occurs irregularly and for short periods of time | 2, 2 - Moderate - occurs more constantly and of longer duration | 3, 3 - Severe - continuous and dominates patient's life | 4, 4 - Very severe - incapacitating | -99, -99 - Missing value	autocomplete	y	LV
			9. Cardiovascular Symptoms				
ham_a_9	hama	dropdown	Tachycardia, palpitations, oppression, chest pain, throbbing in the blood vessels, fainting feelings	0, 0 - Not present | 1, 1 - Mild - occurs irregularly and for short periods of time | 2, 2 - Moderate - occurs more constantly and of longer duration | 3, 3 - Severe - continuous and dominates patient's life | 4, 4 - Very severe - incapacitating | -99, -99 - Missing value	autocomplete	y	LV
			10. Respiratory Symptoms				
ham_a_10	hama	dropdown	Constriction or contraction in throat or chest, dyspnoea, choking sensations, sighing respiration	0, 0 - Not present | 1, 1 - Mild - occurs irregularly and for short periods of time | 2, 2 - Moderate - occurs more constantly and of longer duration | 3, 3 - Severe - continuous and dominates patient's life | 4, 4 - Very severe - incapacitating | -99, -99 - Missing value	autocomplete	y	LV
			11. Gastrointestinal Symptoms				
ham_a_11	hama	dropdown	Difficulties in swallowing, heartburn or burning sensation in the stomach, abdominal pains related to meals, fullness, nausea, vomiting, diarrhoea, constipation	0, 0 - Not present | 1, 1 - Mild - occurs irregularly and for short periods of time | 2, 2 - Moderate - occurs more constantly and of longer duration | 3, 3 - Severe - continuous and dominates patient's life | 4, 4 - Very severe - incapacitating | -99, -99 - Missing value	autocomplete	y	LV
			12. Genitourinary Symptoms				
ham_a_12	hama	dropdown	Frequent or more pressing passing of urine, menstrual irregularities, anorgasmia, dyspareunia, premature ejaculation, loss of libido, impotence	0, 0 - Not present | 1, 1 - Mild - occurs irregularly and for short periods of time | 2, 2 - Moderate - occurs more constantly and of longer duration | 3, 3 - Severe - continuous and dominates patient's life | 4, 4 - Very severe - incapacitating | -99, -99 - Missing value	autocomplete	y	LV
			13. Automatic Symptoms				
ham_a_13	hama	dropdown	Dry mouth, blushing or pallor, sweating, dizziness	0, 0 - Not present | 1, 1 - Mild - occurs irregularly and for short periods of time | 2, 2 - Moderate - occurs more constantly and of longer duration | 3, 3 - Severe - continuous and dominates patient's life | 4, 4 - Very severe - incapacitating | -99, -99 - Missing value	autocomplete	y	LV
			14. Behaviour at Interview				
ham_a_14	hama	dropdown	Tense, nervous, agitated, restless, tremulous, pale, hyperventilating or sweating during the interview	0, 0 - Not present | 1, 1 - Mild - occurs irregularly and for short periods of time | 2, 2 - Moderate - occurs more constantly and of longer duration | 3, 3 - Severe - continuous and dominates patient's life | 4, 4 - Very severe - incapacitating | -99, -99 - Missing value	autocomplete	y	LV
ham_a_total	hama	calc	Total HAM-A Score	sum([ham_a_1],[ham_a_2],[ham_a_3],[ham_a_4],[ham_a_5],[ham_a_6],[ham_a_7],[ham_a_8],[ham_a_9],[ham_a_10],[ham_a_11],[ham_a_12],[ham_a_13],[ham_a_14])		y	
			GUIDE FOR SCORING ITEMS:				
ymrs_guide	ymrs	descriptive	The purpose of each item is to rate the severity of that abnormality in the patient. When several keys are given for a particular grade of severity, the presence of only one is required to qualify for that rating. The keys provided are guides. One can ignore the keys if that is necessary to indicate severity, although this should be the exception rather than the rule. Scoring between the points given (whole or half points) is possible and encouraged after experience with the scale is acquired. This is particularly useful when severity of a particular item in a patient does not follow the progression indicated by the keys. Ask each question in reference to a specific time frame, usually the past week.				
			1. Elevated Mood				
ymrs_1	ymrs	dropdown		0, 0 Absent | 1.5, 0.5 | 1, 1 Mildly or possibly increased on questioning | 1.5, 1.5 | 2, 2 Definite subjective elevation; optimistic, self-confident; cheerful; appropriate to content | 2.5, 2.5 | 3, 3 Elevated, inappropriate to content; humorous | 3.5, 3.5 | 4, 4 Euphoric; inappropriate laughter; singing | -99, -99 Missing Value	autocomplete	y	LV
			2. Increased Motor Activity Energy				
ymrs_2	ymrs	dropdown		0, 0 Absent | 0.5, 0.5 | 1, 1 subjectively increased | 1.5, 1.5 | 2, 2 Animated; gestures increased | 2.5, 2.5 | 3, 3 Excessive energy; hyperactive at times; restless (can be calmed) | 3.5, 3.5 | 4, 4 Motor excitement; continuous hyperactivity (cannot be calmed) | -99, -99 Missing Value	autocomplete	y	LV

Variable	Form	Type	Label	Choices	Validation		
ymrs_3	ymrs	dropdown	3. Sexual Interest	0, 0 Normal, not increased | 0.5, 0.5 | 1, 1 Mildly or possibly increased | 1.5, 1.5 | 2, 2 Definite subjective increase on questioning | 2.5, 2.5 | 3, 3 Spontaneous sexual content; elaborates on sexual matters; hypersexual by self-report | 3.5, 3.5 | 4, 4 Overt sexual acts (toward patients, staff, or interviewer) | -99, -99 Missing Value	autocomplete	v	LV
ymrs_4	ymrs	dropdown	4. Sleep	0, 0 Reports no decrease in sleep | 0.5, 0.5 | 1, 1 Sleeping less than normal amount by up to one hour | 1.5, 1.5 | 2, 2 Sleeping less than normal by more than one hour | 2.5, 2.5 | 3, 3 Reports decreased need for sleep | 3.5, 3.5 | 4, 4 Denies need for sleep | -99, -99 Missing Value	autocomplete	v	LV
ymrs_5	ymrs	dropdown	5. Irritability	0, 0 Absent | 1, 1 | 2, 2 Subjectively increased | 3, 3 | 4, 4 Irritable at times during interview; recent episodes of anger or annoyance on ward/at home, etc. | 5, 5 | 6, 6 Frequently irritable during interview; short, curt throughout | 7, 7 | 8, 8 Hostile, uncooperative; interview impossible | -99, -99 Missing Value	autocomplete	v	LV
ymrs_6	ymrs	dropdown	6. Speech (Rate and Amount)	0, 0 No increase | 1, 1 | 2, 2 Feels talkative | 3, 3 | 4, 4 Increased rate or amount at times, verbose at times | 5, 5 | 6, 6 Push; consistently increased rate and amount; difficult to interrupt | 7, 7 | 8, 8 Pressured; uninterruptible, continuous speech | -99, -99 Missing Value	autocomplete	v	LV
ymrs_7	ymrs	dropdown	7. Language - Thought Disorder	0, 0 Absent | 0.5, 0.5 | 1, 1 Circumstantial; mild distractibility; quick thoughts | 1.5, 1.5 | 2, 2 Distractable; loses goal of thought; change topics frequently; racing thoughts | 2.5, 2.5 | 3, 3 Flight of ideas; tangentiality; difficult to follow; rhyming, echolalia | 3.5, 3.5 | 4, 4 Incoherent; communication impossible | -99, -99 Missing Value	autocomplete	v	LV
ymrs_8	ymrs	dropdown	8. Content	0, 0 Normal | 1, 1 | 2, 2 Questionable plans, new interests | 3, 3 | 4, 4 Special project(s); hyper-religious | 5, 5 | 6, 6 Grandiose or paranoid ideas; ideas of reference | 7, 7 | 8, 8 Delusions; hallucinations | -99, -99 Missing Value	autocomplete	v	LV
ymrs_9	ymrs	dropdown	9. Disruptive - Aggressive Behaviours	0, 0 Absent, cooperative | 1, 1 | 2, 2 Sarcastic; loud at times, guarded | 3, 3 | 4, 4 Demanding; threats on ward | 5, 5 | 6, 6 Threatens interviewer; shouting; interview difficult | 7, 7 | 8, 8 Assaultive; destructive; interview impossible | -99, -99 Missing Value	autocomplete	v	LV
ymrs_10	ymrs	dropdown	10. Appearance	0, 0 Appropriate dress and grooming | 0.5, 0.5 | 1, 1 Minimally unkempt | 1.5, 1.5 | 2, 2 Poorly groomed; moderately disheveled; overdressed | 2.5, 2.5 | 3, 3 Disheveled; partly clothed; garish make-up | 3.5, 3.5 | 4, 4 Completely unkempt; decorated; bizarre garb | -99, -99 Missing Value	autocomplete	v	LV
ymrs_11	ymrs	dropdown	11. Insight	0, 0 Present; admits illness; agrees with need for treatment | 0.5, 0.5 | 1, 1 Possibly ill | 1.5, 1.5 | 2, 2 Admits behaviour change, but denies illness | 2.5, 2.5 | 3, 3 Admits possible change in behaviour, but denies illness | 3.5, 3.5 | 4, 4 Denies any behaviour change | -99, -99 Missing Value	autocomplete	v	LV
ymrs_total	ymrs	calc	YMRS Total Score	sum([ymrs_1],[ymrs_2],[ymrs_3],[ymrs_4],[ymrs_5],[ymrs_6] ,[ymrs_7],[ymrs_8],[ymrs_9],[ymrs_10],[ymrs_11])		v	
sapas_1	sapas	dropdown	1. In general, do you have difficulty making and keeping friends?	1, 1 = Yes | 0, 0 = No | -99, -99 = Missing Value		v	LV
sapas_2	sapas	dropdown	2. Would you normally describe yourself as a loner?	1, 1 = Yes | 0, 0 = No | -99, -99 = Missing Value		v	LV
sapas_3	sapas	dropdown	3. In general, do you trust other people?	0, 0 = Yes | 1, 1 = No | -99, -99 = Missing Value		v	LV
sapas_4	sapas	dropdown	4. Do you normally lose your temper easily?	1, 1 = Yes | 0, 0 = No | -99, -99 = Missing Value		v	LV
sapas_5	sapas	dropdown	5. Are you normally an impulsive sort of person?	1, 1 = Yes | 0, 0 = No | -99, -99 = Missing Value		v	LV
sapas_6	sapas	dropdown	6. Are you normally a worrier?	1, 1 = Yes | 0, 0 = No | -99, -99 = Missing Value		v	LV
sapas_7	sapas	dropdown	7. In general, do you depend on others a lot?	1, 1 = Yes | 0, 0 = No | -99, -99 = Missing Value		v	LV
sapas_8	sapas	dropdown	8. In general, are you a perfectionist?	1, 1 = Yes | 0, 0 = No | -99, -99 = Missing Value		v	LV
sapas_total	sapas	calc	SAPAS Total Score	sum([sapas_1],[sapas_2],[sapas_3],[sapas_4],[sapas_5],[sapas_6],[sapas_7],[sapas_8])		v	
life_rift_1a	life_rift	radio	1a. Work - Employment Which of the following categories best characterizes the degree to which the participant's current (past week) work activities have been impaired as a result of psychopathology?	0, 0 Not applicable. Did not work during the past week, for reasons other than psychopathology. | 1, 1 No impairment - high level. Worked as much as someone in his social situation would be expected to work, and worked at a high level. | 2, 2 No impairment - satisfactory level. Worked as much as someone in his social situation would be expected to work, and worked at a satisfactory level. | 3, 3 Mild impairment. Worked somewhat less than someone in his social situation would be expected to work and/or had mild difficulties in carrying out work activities. | 4, 4 Moderate impairment. Has missed a lot of work and/or has had considerable difficulties in carrying out work activities. | 5, 5 Severe impairment. Has missed a great deal of work when someone in his social situation would have been expected to work and/or has been virtually unable to carry out his work activities when he did work.		v	LV
life_rift_1b	life_rift	radio	1b. Work - Household Which of the following categories best characterizes the degree to which the participant's current (past week) household activities have been impaired as a result of psychopathology?	0, 0 Not applicable. Did not carry out household duties during the past week for reasons other than psychopathology. | 1, 1 No impairment - high level. Has carried out housework most of the time that would be expected, and worked at a high level. | 2, 2 No impairment - satisfactory level. Has carried out housework most of the time that would be expected, and worked at a satisfactory level. | 3, 3 Mild impairment. Worked somewhat less than expected and/or had mild difficulties in carrying out housework. | 4, 4 Moderate impairment. Has missed a lot of housework when expected and/or has had considerable difficulties in carrying out housework. | 5, 5 Severe impairment. Has missed a great deal of housework when expected to work and/or has been virtually unable to carry out his work activities when he did work.		v	LV
life_rift_1c	life_rift	radio	1c. Work - Student: Which of the following categories best characterizes the degree to which the participant's current studies have been impaired as a result of psychopathology?	0, 0 Not applicable. Because not currently enrolled in a student program for reasons other than psychopathology. | 1, 1 No impairment - high level. Worked as much as would be expected if not symptomatic and got high grades. | 2, 2 No impairment - satisfactory level. Worked as much as would be expected if not symptomatic and got satisfactory grades. | 3, 3 Mild impairment. Worked somewhat less and/or got grades somewhat below expected if not symptomatic. | 4, 4 Moderate impairment. Missed a lot of schoolwork and/or got grades consistently below expected. | 5, 5 Severe impairment. Missed most of schoolwork and/or dropped out of school or got grades far below those expected.		v	LV
life_rift_1sum	life_rift	calc	1. Work - Maximum	max ([life_rift_1a], [life_rift_1b], [life_rift_1c])			
life_rift_2a	life_rift	radio	2a.Interpersonal Relations - Spouse Which of the following best characterizes participant's level of interpersonal relationships with family currently (past month)?	0, 0 Not applicable - No relatives in this category | 1, 1 Very good - Relationships with this/these family member(s) is very good.Feels only minor or occasional need to improve quality of relationship. Relationship usually close and satisfying. | 2, 2 Good - Occasional arguments - usually resolve satisfactorily within a short time occasionally prefers not to be with them because of dissatisfaction with them actively working with them to improve relationship *** Variable - different levels for various members. Would warrant a rating of GOOD or VERY GOOD with at least one member of this group - RATE AS 2 *** | 3, 3 Fair - Often argues with this/these family member(s). Arguments take long to resolve. May withdraw from them due to dissatisfaction. Often thinks relationship needs to be EITHER more harmonious OR closer emotionally EVEN when NO conflict is present. contacts with relatives not living with subject are by choice less frequent or are rarely enjoyed | 4, 4 Poor - Regularly argues with this (these) family member(s). Arguments rarely resolved satisfactorily. Prefers to avoid contact with them. Feels great deficit in emotional closeness with them. Avoids seeing those members out of the household as much as possible. Derives no pleasure from contact with them.*** Variable - different levels for various members. Would NOT warrant a rating of GOOD or VERY GOOD with at least one member of this group - RATE AS 4 *** | 5, 5 Poor - Regularly argues with this (these) family member(s). Arguments rarely resolved satisfactorily. Prefers to avoid contact with them. Feels great deficit in emotional closeness with them. Avoids seeing those members out of the household as much as possible. Derives no pleasure from		v	LV
life_rift_2b	life_rift	radio	2b.Interpersonal Relations - Children Which of the following best characterizes participant's level of interpersonal relationships with family currently (past month)?	0, 0 Not applicable - No relatives in this category | 1, 1 Very good - Relationships with this/these family member(s) is very good.Feels only minor or occasional need to improve quality of relationship. Relationship usually close and satisfying. | 2, 2 Good - Occasional arguments - usually resolve satisfactorily within a short time occasionally prefers not to be with them because of dissatisfaction with them actively working with them to improve relationship *** Variable - different levels for various members. Would warrant a rating of GOOD or VERY GOOD with at least one member of this group - RATE AS 2 *** | 3, 3 Fair - Often argues with this/these family member(s). Arguments take long to resolve. May withdraw from them due to dissatisfaction. Often thinks relationship needs to be EITHER more harmonious OR closer emotionally EVEN when NO conflict is present. contacts with relatives not living with subject are by choice less frequent or are rarely enjoyed | 4, 4 Poor - Regularly argues with this (these) family member(s). Arguments rarely resolved satisfactorily. Prefers to avoid contact with them. Feels great deficit in emotional closeness with them. Avoids seeing those members out of the household as much as possible. Derives no pleasure from contact with them.*** Variable - different levels for various members. Would NOT warrant a rating of GOOD or VERY GOOD with at least one member of this group - RATE AS 4 *** | 5, 5 Poor - Regularly argues with this (these) family member(s). Arguments rarely resolved satisfactorily. Prefers to avoid contact with them. Feels great deficit in emotional closeness with them. Avoids seeing those members out of the household as much as possible. Derives no pleasure from		v	LV
life_rift_2c	life_rift	radio	2c. Interpersonal Relations - Other Relatives Which of the following best characterizes participant's level of interpersonal relationships with family currently (past month)?	0, 0 Not applicable - No relatives in this category | 1, 1 Very good - Relationships with this/these family member(s) is very good.Feels only minor or occasional need to improve quality of relationship. Relationship usually close and satisfying. | 2, 2 Good - Occasional arguments - usually resolve satisfactorily within a short time occasionally prefers not to be with them because of dissatisfaction with them actively working with them to improve relationship *** Variable - different levels for various members. Would warrant a rating of GOOD or VERY GOOD with at least one member of this group - RATE AS 2 *** | 3, 3 Fair - Often argues with this/these family member(s). Arguments take long to resolve. May withdraw from them due to dissatisfaction. Often thinks relationship needs to be EITHER more harmonious OR closer emotionally EVEN when NO conflict is present. contacts with relatives not living with subject are by choice less frequent or are rarely enjoyed | 4, 4 Poor - Regularly argues with this (these) family member(s). Arguments rarely resolved satisfactorily. Prefers to avoid contact with them. Feels great deficit in emotional closeness with them. Avoids seeing those members out of the household as much as possible. Derives no pleasure from		v	LV

Variable	Form	Section	Field Type	Field Label	Choices / Calculations	Validation	Min	Max	Branching Logic	Req	ID
life_rift_2d	life_rift		radio	2d. Interpersonal relations - with friends. Which of the following best characterizes the participant's interpersonal relationships with friends currently (past month)?	1, 1 Very good - Has several special friends that they sees regularly and frequently and is close to. | 2, 2 Good - Has at least two special friends that sees from time to time and is fairly close to. | 3, 3 Fair - Has only one special friend that sees from time to time and is fairly close to OR contacts limited to several friends that is not emotionally very close to. | 4, 4 Poor - No special friends OR contacts limited to one or two friends to whom not very close | 5, 5 Very poor - No special friends and practically no social contacts.					y	LV
life_rift_2sum	life_rift		calc	2. Interpersonal Relations - Maximum	max ([life_rift_2a], [life_rift_2b], [life_rift_2c], [life_rift_2d])						
life_rift_3	life_rift		radio	3. Satisfaction with life. Which of the following best characterizes the participant's overall level of satisfaction (contentment, degree to which they feel fulfilled, gratification derived from activities) for the past week.	1, 1 Very good - Transient problems may occur. Generally satisfied with all aspects of life. Occasional minor dissatisfaction in one area. Overall quite content with self, job, family, friends, activities & finances. | 2, 2 Good - Mild dissatisfaction persists, but only in one area or is intermittent in several areas. In balance, generally content and able to enjoy life most of the time. Does think there should be some improvement in occupational role &/OR interpersonal relations &/OR sexual activities &/OR finances. | 3, 3 Fair - Moderate dissatisfaction in one or more areas, which is relatively persistent. Discontent with occupational role &/OR interpersonal relations &/OR sexual activities &/OR finances. | 4, 4 Poor - Very dissatisfied in most areas and derives little pleasure from life. Rarely able to derive any satisfaction from activities or relationships. | 5, 5 Very poor - Derives no satisfaction from anything. May feel no desire to carry out the smallest task or to be with other people.					y	LV
life_rift_4	life_rift		radio	4. Recreation. At what level has the participant been involved in and able to enjoy recreational activities and hobbies (reading, spectator or participant sports, gardening, music, sewing, attending parties or gatherings, church or community organizations) in the past week	1, 1 Very good - Has at least two activities that they enjoy fully and frequently | 2, 2 Participates in several activities - does not fully enjoy them OR participates in fewer activities OR participate less frequently than optimal, but usually enjoys participation | 3, 3 Occasional participation in recreational activities or hobbies OR limited enjoyment when participation occurs | 4, 4 Poor - Some participation in recreational activities or hobbies. Derives very little enjoyment from such activities | 5, 5 Very poor - No involvement in recreational activities or hobbies					y	LV
life_rift_total	life_rift		calc	LIFE-RIFT Total Score	sum([life_rift_1sum], [life_rift_2sum], [life_rift_3], [life_rift_4])						
sofas_1	sofas		radio	SOCIAL & OCCUPATIONAL FUNCTIONING SCALE (SOFAS). Consider social and occupational functioning along a continuum from excellent functioning to grossly impaired functioning. Include impairments in functioning due to physical limitations as well as those due to mental impairments. Impairment must be a direct consequence of mental health and physical health problems. The effects of lack of opportunity and other environmental limitations are not to be considered. Use INTERMEDIATE CODES WHERE APPROPRIATE - E.G. 45, 68, 72, ETC.	1, 100-91 Superior functioning in a wide range of activities | 1, 90-81 Good functioning in all areas, interested and involved in a wide range of activities, socially effective | 2, 80-71 No more than a slight impairment in social and/or occupational functioning (missing a few deadlines or appointments) and/or school functioning (temporarily falling behind in schoolwork) | 3, 70-61 Some difficulty in social and occupational functioning (e.g., frequent work absences, work occasionally incomplete or judged "not up to standards") or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well & has some meaningful interpersonal relationships | 4, 60-51 Moderate difficulty in social, occupational or school functioning (e.g., few friends, conflicts with peers or co-workers, unable to complete work assignments, unsatisfactory work performance) | 5, 50-41 Serious impairment in social, occupational or school functioning (e.g. no friends, unable to keep a job at expected or prior level of performance) | 6, 40-31 Major impairment in several areas, such as work or school, family relations, or in judgment (e.g. avoids friends, neglects family is unable to work; child frequently beats up younger children, is failing at school) | 7, 30-21 Inability to function in almost all areas (e.g., stays in bed all day; no job, home or friends) | 8, 20-11 Occasionally fails to maintain minimal personal hygiene (e.g., smears faeces). Unable to function independently | 9, 10-1 Persistent inability to maintain minimal personal hygiene. Unable to function without harming self or others or without considerable external support (e.g., nursing care and						LV
sofas_2	sofas		text	Current Level of Functioning		-1 for missing value	number	-1	100		y	LV
qlesq_instructions	qlesq		descriptive	Taking everything into consideration, during the past week, how satisfied have you been with your:							
qlesq_1	qlesq		dropdown	1. Physical Health	1, 1 - Very Poor | 2, 2 - Poor | 3, 3 - Fair | 4, 4 - Good | 5, 5 - Very Good					y	LV
qlesq_2	qlesq		dropdown	2. Mood	1, 1 - Very Poor | 2, 2 - Poor | 3, 3 - Fair | 4, 4 - Good | 5, 5 - Very Good					y	LV
qlesq_3	qlesq		dropdown	3. Work	1, 1 - Very Poor | 2, 2 - Poor | 3, 3 - Fair | 4, 4 - Good | 5, 5 - Very Good					y	LV
qlesq_4	qlesq		dropdown	4. Household activities	1, 1 - Very Poor | 2, 2 - Poor | 3, 3 - Fair | 4, 4 - Good | 5, 5 - Very Good					y	LV
qlesq_5	qlesq		dropdown	5. Social relationships	1, 1 - Very Poor | 2, 2 - Poor | 3, 3 - Fair | 4, 4 - Good | 5, 5 - Very Good					y	LV
qlesq_6	qlesq		dropdown	6. Family relationships	1, 1 - Very Poor | 2, 2 - Poor | 3, 3 - Fair | 4, 4 - Good | 5, 5 - Very Good					y	LV
qlesq_7	qlesq		dropdown	7. Leisure time activities	1, 1 - Very Poor | 2, 2 - Poor | 3, 3 - Fair | 4, 4 - Good | 5, 5 - Very Good					y	LV
qlesq_8	qlesq		dropdown	8. Ability to function in daily life	1, 1 - Very Poor | 2, 2 - Poor | 3, 3 - Fair | 4, 4 - Good | 5, 5 - Very Good					y	LV
qlesq_9	qlesq		dropdown	9. Sex drive/interest and/or performance	1, 1 - Very Poor | 2, 2 - Poor | 3, 3 - Fair | 4, 4 - Good | 5, 5 - Very Good					y	LV
qlesq_10	qlesq		dropdown	10. Economic status	1, 1 - Very Poor | 2, 2 - Poor | 3, 3 - Fair | 4, 4 - Good | 5, 5 - Very Good					y	LV
qlesq_11	qlesq		dropdown	11. Living/housing conditions	1, 1 - Very Poor | 2, 2 - Poor | 3, 3 - Fair | 4, 4 - Good | 5, 5 - Very Good					y	LV
qlesq_12	qlesq		dropdown	12. Ability to get around physically without feeling dizzy or falling	1, 1 - Very Poor | 2, 2 - Poor | 3, 3 - Fair | 4, 4 - Good | 5, 5 - Very Good					y	LV
qlesq_13	qlesq		dropdown	13. Vision in terms of ability to do work and/or hobbies	1, 1 - Very Poor | 2, 2 - Poor | 3, 3 - Fair | 4, 4 - Good | 5, 5 - Very Good					y	LV
qlesq_14	qlesq		dropdown	14. Overall sense of well being	1, 1 - Very Poor | 2, 2 - Poor | 3, 3 - Fair | 4, 4 - Good | 5, 5 - Very Good					y	LV
qlesq_totalto14	qlesq		calc	Total Score (scale)	((sum([qlesq_1],[qlesq_2],[qlesq_3],[qlesq_4],[qlesq_5],[qlesq_6],[qlesq_7],[qlesq_8],[qlesq_9],[qlesq_10],[qlesq_11],[qlesq_12],[qlesq_13],[qlesq_14]))-14)/56*100						
qlesq_15	qlesq		dropdown	15. Medication (if not taking choose N/A)	1, 1 - Very Poor | 2, 2 - Poor | 3, 3 - Fair | 4, 4 - Good | 5, 5 - Very Good | 0, 0 - N/A					y	LV
qlesq_16	qlesq		dropdown	16. How would you rate your overall life satisfaction and contentment during the past week	1, 1 - Very Poor | 2, 2 - Poor | 3, 3 - Fair | 4, 4 - Good | 5, 5 - Very Good					y	LV
qlesq_total	qlesq		calc	Total Score	sum([qlesq_1],[qlesq_2],[qlesq_3],[qlesq_4],[qlesq_5],[qlesq_6],[qlesq_7],[qlesq_8],[qlesq_9],[qlesq_10],[qlesq_11],[qlesq_12],[qlesq_13],[qlesq_14],[qlesq_15],[qlesq_16])						
cgi_guide	cgi_bp_version_severity_of_illness		descriptive	Considering your total clinical experience with bipolar patients, how severely ill has the participant been during the assessment period (2 - 4 weeks)?							
cgi_mania	cgi_bp_version_severity_of_illness		dropdown	Mania	1, 1 Normal | 2, 2 Minimal | 3, 3 Mild | 4, 4 Moderate | 5, 5 Marked | 6, 6 Severe | 7, 7 Very Severe					y	LV
cgi_depression	cgi_bp_version_severity_of_illness		dropdown	Depression	1, 1 Normal | 2, 2 Minimal | 3, 3 Mild | 4, 4 Moderate | 5, 5 Marked | 6, 6 Severe | 7, 7 Very Severe					y	LV
cgi_overall	cgi_bp_version_severity_of_illness		dropdown	Overall BP Illness	1, 1 Normal | 2, 2 Minimal | 3, 3 Mild | 4, 4 Moderate | 5, 5 Marked | 6, 6 Severe | 7, 7 Very Severe					y	LV
digit_forward_total	digit span		text	Digit forward total score		number		16			
ldsf	digit span		text	Longest Digit Span Forward (LDSF)		number					
digit_backward_total	digit span		text	Digit backwards total score		number		14			
ldsb	digit span		text	Longest Digit Span Backwards (LDSB)		number					
digit_span_total	digit span		calc	Digit Span total score	[digit_forward_total] + [digit_backward_total]						
trail_a_mistakes	trail making		text	Trail Making A mistakes		number					
trail_a_time	trail making		text	Trail Making A time (secs)		number					
trail_b_mistakes	trail making		text	Trail Making B mistakes		number					
trail_b_time	trail making		text	Trail Making B time (secs)		number					
sdmt_total_responses	symbol digit modalities test		text	SDMT total responses		number					
sdmt_correct_responses	symbol digit modalities test		text	SDMT correct responses		number					
sdmt_incorrect_responses	symbol digit modalities test		text	SDMT incorrect responses		number					
verbal_sdmt_total	symbol digit modalities test		text	VERBAL SDMT total responses		number					
verbal_sdmt_correct	symbol digit modalities test		text	VERBAL SDMT correct responses		number					
verbal_sdmt_incorrect	symbol digit modalities test		text	VERBAL SDMT incorrect responses		number					
cgi_i	cgi_improvement		dropdown	Compared to the patient's condition at baseline, how much has the patient's illness changed over time?	1, 1 Very much improved | 2, 2 Much improved | 3, 3 Minimally improved | 4, 4 No change | 5, 5 Minimally worse | 6, 6 Much worse | 7, 7 Very much worse					y	LV
pgi	patient_global_impressions_improvement		dropdown	Check the box that best describes how you (the patient) have felt overall since you began taking this medication.	1, Very much better | 2, Much better | 3, A little better | 4, No change | 5, A little worse | 6, Much worse | 7, Very much worse					y	LV
ip_1	investigational_product1		dropdown	What medication do you think you are taking?	1, 1 Mangosteen Pericarp | 2, 2 Placebo						
ip_2	investigational_product2		dropdown	What medication do you think the participant is taking?	1, 1 Mangosteen Pericarp | 2, 2 Placebo						
complete_study	completion_data	Study Completion Information	dropdown	Has patient completed study?	0, No | 1, Yes						
withdraw_date	completion_data		text	Put a date if patient withdrew study		date_dmy					
withdraw_reason	completion_data		dropdown	Reason patient withdrew from study	0, Non-compliance | 1, Did not wish to continue in study | 2, Could not tolerate the supplement | 3, Hospitalization | 4, Other | 5, Withdrawal by Investigator | 6, Serious Adverse Event | 7, Lost to follow up | 8, Cessation effective contraception | 9, Pregnancy						
complete_study_date	completion_data		text	Date of study completion		date_dmy					
study_comments	completion_data	General Comments	notes	Comments							
num_meds	baseline_medications		text	Number of medications		number					
med_1name	baseline_medications	Medication 1	text	Medication 1: Name					[num_meds] >= 1		LV
med_1category	baseline_medications		dropdown	Medication 1: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other				[num_meds] >= 1		LV
med_1dose	baseline_medications		text	Medication 1: Dose		number			[num_meds] >= 1		LV
med_1unit	baseline_medications		dropdown	Medication 1: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other	autocomplete			[num_meds] >= 1		LV
med_1unit_other	baseline_medications		text	Please specify					[med_1unit] = '6'		LV
med_1freq	baseline_medications		dropdown	Medication 1: Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other	autocomplete			[num_meds] >= 1		LV
med_1freq_other	baseline_medications		text	Please specify					[med_1freq] = '99'		LV
med_1avedose	baseline_medications		text	Medication 1: Average Daily Dose		number			[num_meds] >= 1		LV
med_1route	baseline_medications		dropdown	Medication 1: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other	autocomplete			[num_meds] >= 1		LV
med_1route_other	baseline_medications		text	Please specify					[med_1route] = '99'		LV
med_1start	baseline_medications		text	Medication 1: Start Date		date_dmy			[num_meds] >= 1		LV
med_1ongoing	baseline_medications		dropdown	Is the medication ongoing?	0, Yes | 1, No				[num_meds] >= 1		LV
med_1stop	baseline_medications		text	Medication 1: Stop Date		date_dmy			[med_1ongoing] = '1'		LV
med_1ind	baseline_medications		text	Medication 1: Indication					[num_meds] >= 1		LV
med_2name	baseline_medications	Medication 2	text	Medication 2: Name					[num_meds] >= 2		LV
med_2category	baseline_medications		dropdown	Medication 2: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other				[num_meds] >= 2		LV
med_2dose	baseline_medications		text	Medication 2: Dose		number			[num_meds] >= 2		LV
med_2unit	baseline_medications		dropdown	Medication 2: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other	autocomplete			[num_meds] >= 2		LV
med_2unit_other	baseline_medications		text	Please specify					[med_2unit] = '6'		LV
med_2freq	baseline_medications		dropdown	Medication 2: Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other	autocomplete			[med_2freq] = '99'		LV
med_2freq_other	baseline_medications		text	Please specify					[med_2freq] = '99'		LV
med_2avedose	baseline_medications		text	Medication 2: Average Daily Dose		number					
med_2route	baseline_medications		dropdown	Medication 2: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other	autocomplete			[num_meds] >= 2		LV
med_2route_other	baseline_medications		text	Please specify					[med_2route] = '99'		LV
med_2start	baseline_medications		text	Medication 2: Start Date		date_dmy			[num_meds] >= 2		LV
med_2ongoing	baseline_medications		dropdown	Is the medication ongoing?	0, Yes | 1, No				[num_meds] >= 2		LV
med_2stop	baseline_medications		text	Medication 2: Stop Date		date_dmy			[med_2ongoing] = '1'		LV
med_2ind	baseline_medications		text	Medication 2: Indication					[num_meds] >= 2		LV
med_3name	baseline_medications	Medication 3	text	Medication 3: Name					[num_meds] >= 3		LV

Variable	Form	Section	Field Type	Field Label	Choices/Calculations	Validation	Branching Logic	
med_3category	baseline_medications		dropdown	Medication 3: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other		[num_meds] >= 3	LV
med_3dose	baseline_medications		text	Medication 3: Dose		number	[num_meds] >= 3	LV
med_3unit	baseline_medications		dropdown	Medication 3: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other	autocomplete	[num_meds] >= 3	LV
med_3unit_other	baseline_medications		text	Please specify			[med_3unit] = '6'	LV
med_3freq	baseline_medications		dropdown	Medication 3: Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other	autocomplete	[num_meds] >= 3	LV
med_3freq_other	baseline_medications		text	Please specify			[med_3freq] = '99'	LV
med_3avedose	baseline_medications		text	Medication 3: Average Daily Dose		number	[num_meds] >= 3	LV
med_3route	baseline_medications		dropdown	Medication 3: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other	autocomplete	[num_meds] >= 3	LV
med_3route_other	baseline_medications		text	Please specify			[med_3route] = '99'	LV
med_3start	baseline_medications		text	Medication 3: Start Date		date dmy	[num_meds] >= 3	LV
med_3ongoing	baseline_medications		dropdown	Is the medication ongoing?	0, Yes | 1, No	autocomplete	[num_meds] >= 3	LV
med_3stop	baseline_medications		text	Medication 3: Stop Date		date dmy	[med_3ongoing] = '1'	LV
med_3ind	baseline_medications		text	Medication 3: Indication			[num_meds] >= 3	LV
med_4name	baseline_medications	Medication 4	text	Medication 4: Name			[num_meds] >= 4	LV
med_4category	baseline_medications		dropdown	Medication 4: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other		[num_meds] >= 4	LV
med_4dose	baseline_medications		text	Medication 4: Dose		number	[num_meds] >= 4	LV
med_4unit	baseline_medications		dropdown	Medication 4: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other	autocomplete	[num_meds] >= 4	LV
med_4unit_other	baseline_medications		text	Please specify			[med_4unit] = '6'	LV
med_4freq	baseline_medications		dropdown	Medication 4: Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other	autocomplete	[num_meds] >= 4	LV
med_4freq_other	baseline_medications		text	Please specify			[med_4freq] = '99'	LV
med_4avedose	baseline_medications		text	Medication 4: Average Daily Dose		number	[num_meds] >= 4	LV
med_4route	baseline_medications		dropdown	Medication 4: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other	autocomplete	[num_meds] >= 4	LV
med_4route_other	baseline_medications		text	Please specify			[med_4route] = '99'	LV
med_4start	baseline_medications		text	Medication 4: Start Date		date dmy	[num_meds] >= 4	LV
med_4ongoing	baseline_medications		dropdown	Is the medication ongoing?	0, Yes | 1, No	autocomplete	[num_meds] >= 4	LV
med_4stop	baseline_medications		text	Medication 4: Stop Date		date dmy	[med_4ongoing] = '1'	LV
med_4ind	baseline_medications		text	Medication 4: Indication			[num_meds] >= 4	LV
med_5name	baseline_medications	Medication 5	text	Medication 5: Name			[num_meds] >= 5	LV
med_5category	baseline_medications		dropdown	Medication 5: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other		[num_meds] >= 5	LV
med_5dose	baseline_medications		text	Medication 5: Dose		number	[num_meds] >= 5	LV
med_5unit	baseline_medications		dropdown	Medication 5: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other	autocomplete	[num_meds] >= 5	LV
med_5unit_other	baseline_medications		text	Please specify			[med_5unit] = '6'	LV
med_5freq	baseline_medications		dropdown	Medication 5: Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other	autocomplete	[num_meds] >= 5	LV
med_5freq_other	baseline_medications		text	Please specify			[med_5freq] = '99'	LV
med_5avedose	baseline_medications		text	Medication 5: Average Daily Dose		number	[num_meds] >= 5	LV
med_5route	baseline_medications		dropdown	Medication 5: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other	autocomplete	[num_meds] >= 5	LV
med_5route_other	baseline_medications		text	Please specify			[med_5route] = '99'	LV
med_5start	baseline_medications		text	Medication 5: Start Date		date dmy	[num_meds] >= 5	LV
med_5ongoing	baseline_medications		dropdown	Is the medication ongoing?	0, Yes | 1, No	autocomplete	[num_meds] >= 5	LV
med_5stop	baseline_medications		text	Medication 5: Stop Date		date dmy	[med_5ongoing] = '1'	LV
med_5ind	baseline_medications		text	Medication 5: Indication			[num_meds] >= 5	LV
med_6name	baseline_medications	Medication 6	text	Medication 6: Name			[num_meds] >= 6	LV
med_6category	baseline_medications		dropdown	Medication 6: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other		[num_meds] >= 6	LV
med_6dose	baseline_medications		text	Medication 6: Dose		number	[num_meds] >= 6	LV
med_6unit	baseline_medications		dropdown	Medication 6: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other	autocomplete	[num_meds] >= 6	LV
med_6unit_other	baseline_medications		text	Please specify			[med_6unit] = '6'	LV
med_6freq	baseline_medications		dropdown	Medication 6: Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other	autocomplete	[num_meds] >= 6	LV
med_6freq_other	baseline_medications		text	Please specify			[med_6freq] = '99'	LV
med_6avedose	baseline_medications		text	Medication 6: Average Daily Dose		number	[num_meds] >= 6	LV
med_6route	baseline_medications		dropdown	Medication 6: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other	autocomplete	[num_meds] >= 6	LV
med_6route_other	baseline_medications		text	Please specify			[med_6route] = '99'	LV
med_6start	baseline_medications		text	Medication 6: Start Date		date dmy	[num_meds] >= 6	LV
med_6ongoing	baseline_medications		dropdown	Is the medication ongoing?	0, Yes | 1, No	autocomplete	[num_meds] >= 6	LV
med_6stop	baseline_medications		text	Medication 6: Stop Date		date dmy	[med_6ongoing] = '1'	LV
med_6ind	baseline_medications		text	Medication 6: Indication			[num_meds] >= 6	LV
med_7name	baseline_medications	Medication 7	text	Medication 7: Name			[num_meds] >= 7	LV
med_7category	baseline_medications		dropdown	Medication 7: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other		[num_meds] >= 7	LV
med_7dose	baseline_medications		text	Medication 7: Dose		number	[num_meds] >= 7	LV
med_7unit	baseline_medications		dropdown	Medication 7: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other	autocomplete	[num_meds] >= 7	LV
med_7unit_other	baseline_medications		text	Please specify			[med_7unit] = '6'	LV
med_7freq	baseline_medications		dropdown	Medication 7: Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other	autocomplete	[num_meds] >= 7	LV
med_7freq_other	baseline_medications		text	Please specify			[med_7freq] = '99'	LV
med_7avedose	baseline_medications		text	Medication 7: Average Daily Dose		number	[num_meds] >= 7	LV
med_7route	baseline_medications		dropdown	Medication 7: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other	autocomplete	[num_meds] >= 7	LV
med_7route_other	baseline_medications		text	Please specify			[med_7route] = '99'	LV
med_7stop	baseline_medications		text	Medication 7: Stop Date		date dmy	[med_7ongoing] = '1'	LV
med_7start	baseline_medications		text	Medication 7: Start Date		date dmy	[num_meds] >= 7	LV
med_7ongoing	baseline_medications		dropdown	Is the medication ongoing?	0, Yes | 1, No	autocomplete	[num_meds] >= 7	LV
med_7ind	baseline_medications		text	Medication 7: Indication			[num_meds] >= 7	LV
med_8name	baseline_medications	Medication 8	text	Medication 8: Name			[num_meds] >= 8	LV
med_8category	baseline_medications		dropdown	Medication 8: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other		[num_meds] >= 8	LV
med_8dose	baseline_medications		text	Medication 8: Dose		number	[num_meds] >= 8	LV
med_8unit	baseline_medications		dropdown	Medication 8: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other	autocomplete	[num_meds] >= 8	LV
med_8unit_other	baseline_medications		text	Please specify			[med_8unit] = '6'	LV
med_8freq	baseline_medications		dropdown	Medication 8: Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other	autocomplete	[num_meds] >= 8	LV
med_8freq_other	baseline_medications		text	Please specify			[med_8freq] = '99'	LV
med_8avedose	baseline_medications		text	Medication 8: Average Daily Dose		number	[num_meds] >= 8	LV
med_8route	baseline_medications		dropdown	Medication 8: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other	autocomplete	[num_meds] >= 8	LV
med_8route_other	baseline_medications		text	Please specify			[med_8route] = '99'	LV
med_8start	baseline_medications		text	Medication 8: Start Date		date dmy	[num_meds] >= 8	LV
med_8ongoing	baseline_medications		dropdown	Is the medication ongoing?	0, Yes | 1, No	autocomplete	[num_meds] >= 8	LV
med_8stop	baseline_medications		text	Medication 8: Stop Date		date dmy	[med_8ongoing] = '1'	LV
med_8ind	baseline_medications		text	Medication 8: Indication			[num_meds] >= 8	LV
med_9name	baseline_medications	Medication 9	text	Medication 9: Name			[num_meds] >= 9	LV
med_9category	baseline_medications		dropdown	Medication 9: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other		[num_meds] >= 9	LV
med_9dose	baseline_medications		text	Medication 9: Dose		number	[num_meds] >= 9	LV
med_9unit	baseline_medications		dropdown	Medication 9: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other	autocomplete	[num_meds] >= 9	LV
med_9unit_other	baseline_medications		text	Please specify			[med_9unit] = '6'	LV
med_9freq	baseline_medications		dropdown	Medication 9: Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other	autocomplete	[num_meds] >= 9	LV
med_9freq_other	baseline_medications		text	Please specify			[med_9freq] = '99'	LV
med_9avedose	baseline_medications		text	Medication 9: Average Daily Dose		number	[num_meds] >= 9	LV
med_9route	baseline_medications		dropdown	Medication 9: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other	autocomplete	[num_meds] >= 9	LV
med_9route_other	baseline_medications		text	Please specify			[med_9route] = '99'	LV
med_9start	baseline_medications		text	Medication 9: Start Date		date dmy	[num_meds] >= 9	LV
med_9ongoing	baseline_medications		dropdown	Is the medication ongoing?	0, Yes | 1, No	autocomplete	[num_meds] >= 9	LV
med_9stop	baseline_medications		text	Medication 9: Stop Date		date dmy	[med_9ongoing] = '1'	LV
med_9ind	baseline_medications		text	Medication 9: Indication			[num_meds] >= 9	LV
med_10name	baseline_medications	Medication 10	text	Medication 10: Name			[num_meds] >= 10	LV
med_10category	baseline_medications		dropdown	Medication 10: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other		[num_meds] >= 10	LV
med_10dose	baseline_medications		text	Medication 10: Dose		number	[num_meds] >= 10	LV
med_10unit	baseline_medications		dropdown	Medication 10: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other	autocomplete	[num_meds] >= 10	LV
med_10unit_other	baseline_medications		text	Please specify			[med 10unit] = '6'	LV
med_10freq	baseline_medications		dropdown	Medication 10 Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other	autocomplete	[num_meds] >= 10	LV
med_10freq_other	baseline_medications		text	Please specify			[med_10freq] = '99'	LV
med_10avedose	baseline_medications		text	Medication 10: Average Daily Dose		number	[num_meds] >= 10	LV
med_10route	baseline_medications		dropdown	Medication 10: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other	autocomplete	[num_meds] >= 10	LV
med_10route_other	baseline_medications		text	Please specify			[med_10route] = '99'	LV
med_10start	baseline_medications		text	Medication 10: Start Date		date dmy	[num_meds] >= 10	LV
med_10ongoing	baseline_medications		dropdown	Is the medication ongoing?	0, Yes | 1, No	autocomplete	[num_meds] >= 10	LV
med_10stop	baseline_medications		text	Medication 10: Stop Date		date dmy	[med_10ongoing] = '1'	LV
med_10ind	baseline_medications		text	Medication 10: Indication			[num_meds] >= 10	LV
med_11name	baseline_medications	Medication 11	text	Medication 11: Name			[num_meds] >= 11	LV
med_11category	baseline_medications		dropdown	Medication 11: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other		[num_meds] >= 11	LV
med_11dose	baseline_medications		text	Medication 11: Dose		number	[num_meds] >= 11	LV
med_11unit	baseline_medications		dropdown	Medication 11: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other	autocomplete	[num_meds] >= 11	LV
med_11unit_other	baseline_medications		text	Please specify			[med 11unit] = '6'	LV
med_11freq	baseline_medications		dropdown	Medication 11 Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other	autocomplete	[num_meds] >= 11	LV
med_11freq_other	baseline_medications		text	Please specify			[med 11freq] = '6'	LV
med_11avedose	baseline_medications		text	Medication 11: Average Daily Dose		number	[num_meds] >= 11	LV
med_11route	baseline_medications		dropdown	Medication 11: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other	autocomplete	[num_meds] >= 11	LV
med_11route_other	baseline_medications		text	Please specify			[med 11route] = '99'	LV
med_11start	baseline_medications		text	Medication 11: Start Date		date dmy	[num_meds] >= 11	LV
med_11ongoing	baseline_medications		dropdown	Is the medication ongoing?	0, Yes | 1, No	autocomplete	[num_meds] >= 11	LV
med_11stop	baseline_medications		text	Medication 11: Stop Date		date_dmy	[med_11ongoing] = '1'	LV
med_11ind	baseline_medications		text	Medication 11: Indication			[num_meds] >= 11	LV
med_12name	baseline_medications	Medication 12	text	Medication 12: Name			[num_meds] >= 12	LV

Variable	Form	Section Header	Field Type	Field Label	Choices/Calculations	Text Validation	Min	Max	Branching Logic	LV
med_12category	baseline_medications		dropdown	Medication 12: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other				[num_meds] >= 12	LV
med_12dose	baseline_medications		text	Medication 12: Dose		number			[num_meds] >= 12	LV
med_12unit	baseline_medications		dropdown	Medication 12: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other	autocomplete			[num_meds] >= 12	LV
med_12unit_other	baseline_medications		text	Please specify					[med_12unit] = '6'	LV
med_12freq	baseline_medications		dropdown	Medication 12 Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other	autocomplete			[num_meds] >= 12	LV
med_12freq_other	baseline_medications		text	Please specify					[med_12freq] = '6'	LV
med_12avedose	baseline_medications		text	Medication 12: Average Daily Dose		number			[num_meds] >= 12	LV
med_12route	baseline_medications		dropdown	Medication 12: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other	autocomplete			[num_meds] >= 12	LV
med_12route_other	baseline_medications		text	Please specify					[med_12route] = '99'	LV
med_12start	baseline_medications		text	Medication 12: Start Date		date dmy			[num_meds] >= 12	LV
med_12ongoing	baseline_medications		dropdown	Is the medication ongoing?	0, Yes | 1, No	autocomplete			[num_meds] >= 12	LV
med_12stop	baseline_medications		text	Medication 12: Stop Date		date dmy			[med_12ongoing] = '1'	LV
med_12ind	baseline_medications		text	Medication 12: Indication					[num_meds] >= 12	LV
med_13name	baseline_medications	Medication 13	text	Medication 13: Name					[num_meds] >= 13	LV
med_13category	baseline_medications		dropdown	Medication 13: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other				[num_meds] >= 13	LV
med_13dose	baseline_medications		text	Medication 13: Dose		number			[num_meds] >= 13	LV
med_13unit	baseline_medications		dropdown	Medication 13: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other	autocomplete			[num_meds] >= 13	LV
med_13unit_other	baseline_medications		text	Please specify					[med 13unit] = '6'	LV
med_13freq	baseline_medications		dropdown	Medication 13 Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other	autocomplete			[num_meds] >= 13	LV
med_13freq_other	baseline_medications		text	Please specify					[med 13freq] = '6'	LV
med_13avedose	baseline_medications		text	Medication 13: Average Daily Dose		number			[num_meds] >= 13	LV
med_13route	baseline_medications		dropdown	Medication 13: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other	autocomplete			[num_meds] >= 13	LV
med_13route_other	baseline_medications		text	Please specify					[med 13route] = '99'	LV
med_13start	baseline_medications		text	Medication 13: Start Date		date dmy			[num_meds] >= 13	LV
med_13ongoing	baseline_medications		dropdown	Is the medication ongoing?	0, Yes | 1, No	autocomplete			[num_meds] >= 13	LV
med_13stop	baseline_medications		text	Medication 13: Stop Date		date dmy			[med 13ongoing] = '1'	LV
med_13ind	baseline_medications		text	Medication 13: Indication					[num_meds] >= 13	LV
med_14name	baseline_medications	Medication 14	text	Medication 14: Name					[num_meds] >= 14	LV
med_14category	baseline_medications		dropdown	Medication 14: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other				[num_meds] >= 14	LV
med_14dose	baseline_medications		text	Medication 14: Dose		number			[num_meds] >= 14	LV
med_14unit	baseline_medications		dropdown	Medication 14: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other	autocomplete			[num_meds] >= 14	LV
med_14unit_other	baseline_medications		text	Please specify					[med 14unit] = '6'	LV
med_14freq	baseline_medications		dropdown	Medication 14 Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other	autocomplete			[num_meds] >= 14	LV
med_14freq_other	baseline_medications		text	Please specify					[med 14freq] = '6'	LV
med_14avedose	baseline_medications		text	Medication 14: Average Daily Dose		number			[num_meds] >= 14	LV
med_14route	baseline_medications		dropdown	Medication 14: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other	autocomplete			[num_meds] >= 14	LV
med_14route_other	baseline_medications		text	Please specify					[med 14route] = '99'	LV
med_14start	baseline_medications		text	Medication 14: Start Date		date dmy			[num_meds] >= 14	LV
med_14ongoing	baseline_medications		dropdown	Is the medication ongoing?	0, Yes | 1, No	autocomplete			[num_meds] >= 14	LV
med_14stop	baseline_medications		text	Medication 14: Stop Date		date dmy			[med 14ongoing] = '1'	LV
med_14ind	baseline_medications		text	Medication 14: Indication					[num_meds] >= 14	LV
med_15name	baseline_medications	Medication 15	text	Medication 15: Name					[num_meds] >= 15	LV
med_15category	baseline_medications		dropdown	Medication 15: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other				[num_meds] >= 15	LV
med_15dose	baseline_medications		text	Medication 15: Dose		number			[num_meds] >= 15	LV
med_15unit	baseline_medications		dropdown	Medication 15: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other	autocomplete			[num_meds] >= 15	LV
med_15unit_other	baseline_medications		text	Please specify					[med 15unit] = '6'	LV
med_15freq	baseline_medications		dropdown	Medication 15 Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other	autocomplete			[num_meds] >= 15	LV
med_15freq_other	baseline_medications		text	Please specify					[med 15freq] = '6'	LV
med_15avedose	baseline_medications		text	Medication 15: Average Daily Dose		number			[num_meds] >= 15	LV
med_15route	baseline_medications		dropdown	Medication 15: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other	autocomplete			[num_meds] >= 15	LV
med_15route_other	baseline_medications		text	Please specify					[med 15route] = '99'	LV
med_15start	baseline_medications		text	Medication 15: Start Date		date dmy			[num_meds] >= 15	LV
med_15ongoing	baseline_medications		dropdown	Is the medication ongoing?	0, Yes | 1, No	autocomplete			[num_meds] >= 15	LV
med_15stop	baseline_medications		text	Medication 15: Stop Date		date dmy			[med 15ongoing] = '1'	LV
med_15ind	baseline_medications		text	Medication 15: Indication					[num_meds] >= 15	LV
med_16name	baseline_medications	Medication 16	text	Medication 16: Name					[num_meds] >= 16	LV
med_16category	baseline_medications		dropdown	Medication 16: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other				[num_meds] >= 16	LV
med_16dose	baseline_medications		text	Medication 16: Dose		number			[num_meds] >= 16	LV
med_16unit	baseline_medications		dropdown	Medication 16: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other	autocomplete			[num_meds] >= 16	LV
med_16unit_other	baseline_medications		text	Please specify					[med 16unit] = '6'	LV
med_16freq	baseline_medications		dropdown	Medication 16 Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other	autocomplete			[num_meds] >= 16	LV
med_16freq_other	baseline_medications		text	Please specify					[med 16freq] = '6'	LV
med_16avedose	baseline_medications		text	Medication 16: Average Daily Dose		number			[num_meds] >= 16	LV
med_16route	baseline_medications		dropdown	Medication 16: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other	autocomplete			[num_meds] >= 16	LV
med_16route_other	baseline_medications		text	Please specify					[med 16route] = '99'	LV
med_16start	baseline_medications		text	Medication 16: Start Date		date dmy			[num_meds] >= 16	LV
med_16ongoing	baseline_medications		dropdown	Is the medication ongoing?	0, Yes | 1, No	autocomplete			[num_meds] >= 16	LV
med_16stop	baseline_medications		text	Medication 16: Stop Date		date dmy			[med 16ongoing] = '1'	LV
med_16ind	baseline_medications		text	Medication 16: Indication					[num_meds] >= 16	LV
med_17name	baseline_medications	Medication 17	text	Medication 17: Name					[num_meds] >= 17	LV
med_17category	baseline_medications		dropdown	Medication 17: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other				[num_meds] >= 17	LV
med_17dose	baseline_medications		text	Medication 17: Dose		number			[num_meds] >= 17	LV
med_17unit	baseline_medications		dropdown	Medication 17: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other	autocomplete			[num_meds] >= 17	LV
med_17unit_other	baseline_medications		text	Please specify					[med 17unit] = '6'	LV
med_17freq	baseline_medications		dropdown	Medication 17 Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other	autocomplete			[num_meds] >= 17	LV
med_17freq_other	baseline_medications		text	Please specify					[med 17freq] = '6'	LV
med_17avedose	baseline_medications		text	Medication 17: Average Daily Dose		number			[num_meds] >= 17	LV
med_17route	baseline_medications		dropdown	Medication 17: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other	autocomplete			[num_meds] >= 17	LV
med_17route_other	baseline_medications		text	Please specify					[med 17route] = '99'	LV
med_17start	baseline_medications		text	Medication 17: Start Date		date dmy			[num_meds] >= 17	LV
med_17ongoing	baseline_medications		dropdown	Is the medication ongoing?	0, Yes | 1, No	autocomplete			[num_meds] >= 17	LV
med_17stop	baseline_medications		text	Medication 17: Stop Date		date dmy			[med 17ongoing] = '1'	LV
med_17ind	baseline_medications		text	Medication 17: Indication					[num_meds] >= 17	LV
med_18name	baseline_medications	Medication 18	text	Medication 18: Name					[num_meds] >= 18	LV
med_18category	baseline_medications		dropdown	Medication 18: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other				[num_meds] >= 18	LV
med_18dose	baseline_medications		text	Medication 18: Dose		number			[num_meds] >= 18	LV
med_18unit	baseline_medications		dropdown	Medication 18: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other	autocomplete			[num_meds] >= 18	LV
med_18unit_other	baseline_medications		text	Please specify					[med 18unit] = '6'	LV
med_18freq	baseline_medications		dropdown	Medication 18 Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other	autocomplete			[num_meds] >= 18	LV
med_18freq_other	baseline_medications		text	Please specify					[med 18freq] = '6'	LV
med_18avedose	baseline_medications		text	Medication 18: Average Daily Dose		number			[num_meds] >= 18	LV
med_18route	baseline_medications		dropdown	Medication 18: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other	autocomplete			[num_meds] >= 18	LV
med_18route_other	baseline_medications		text	Please specify					[med 18route] = '99'	LV
med_18start	baseline_medications		text	Medication 18: Start Date		date dmy			[num_meds] >= 18	LV
med_18ongoing	baseline_medications		dropdown	Is the medication ongoing?	0, Yes | 1, No	autocomplete			[num_meds] >= 18	LV
med_18stop	baseline_medications		text	Medication 18: Stop Date		date dmy			[med 18ongoing] = '1'	LV
med_18ind	baseline_medications		text	Medication 18: Indication					[num_meds] >= 18	LV
med_19name	baseline_medications	Medication 19	text	Medication 19: Name					[num_meds] >= 19	LV
med_19category	baseline_medications		dropdown	Medication 19: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other				[num_meds] >= 19	LV
med_19dose	baseline_medications		text	Medication 19: Dose		number			[num_meds] >= 19	LV
med_19unit	baseline_medications		dropdown	Medication 19: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other	autocomplete			[num_meds] >= 19	LV
med_19unit_other	baseline_medications		text	Please specify					[med 19unit] = '6'	LV
med_19freq	baseline_medications		dropdown	Medication 19 Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other	autocomplete			[num_meds] >= 19	LV
med_19freq_other	baseline_medications		text	Please specify					[med 19freq] = '6'	LV
med_19avedose	baseline_medications		text	Medication 19: Average Daily Dose		number			[num_meds] >= 19	LV
med_19route	baseline_medications		dropdown	Medication 19: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other	autocomplete			[num_meds] >= 19	LV
med_19route_other	baseline_medications		text	Please specify					[med 19route] = '99'	LV
med_19start	baseline_medications		text	Medication 19: Start Date		date dmy			[num_meds] >= 19	LV
med_19ongoing	baseline_medications		dropdown	Is the medication ongoing?	0, Yes | 1, No	autocomplete			[num_meds] >= 19	LV
med_19stop	baseline_medications		text	Medication 19: Stop Date		date dmy			[med 19ongoing] = '1'	LV
med_19ind	baseline_medications		text	Medication 19: Indication					[num_meds] >= 19	LV
med_20name	baseline_medications	Medication 20	text	Medication 20: Name					[num_meds] >= 20	LV
med_20category	baseline_medications		dropdown	Medication 19: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other				[num_meds] >= 20	LV
med_20dose	baseline_medications		text	Medication 20: Dose		number			[num_meds] >= 20	LV
med_20unit	baseline_medications		dropdown	Medication 20: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other	autocomplete			[num_meds] >= 20	LV
med_20unit_other	baseline_medications		text	Please specify					[med 20unit] = '6'	LV
med_20freq	baseline_medications		dropdown	Medication 20 Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other	autocomplete			[num_meds] >= 20	LV
med_20freq_other	baseline_medications		text	Please specify					[med 20freq] = '6'	LV
med_20avedose	baseline_medications		text	Medication 20: Average Daily Dose		number			[num_meds] >= 20	LV
med_20route	baseline_medications		dropdown	Medication 20: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other	autocomplete			[num_meds] >= 20	LV
med_20route_other	baseline_medications		text	Please specify					[med 20route] = '99'	LV
med_20start	baseline_medications		text	Medication 20: Start Date		date dmy			[num_meds] >= 20	LV
med_20ongoing	baseline_medications		dropdown	Is the medication ongoing?	0, Yes | 1, No	autocomplete			[num_meds] >= 20	LV
med_20stop	baseline_medications		text	Medication 20: Stop Date		date_dmy			[med_2 20ongoing] = '1'	LV
med_20ind	baseline_medications		text	Medication 20: Indication					[num_meds] >= 20	LV
notes	notes		notes	Researchers notes (optional):						LV
ae1_name	adverse_events	Adverse Event 1	text	Adverse Event 1	Symptoms or Diagnosis					LV
ae1_onset	adverse events		text	Adverse Event 1 onset date		date dmy	1/01/2016	1/01/2020		LV
ae1_end	adverse events		text	Adverse Event 1 End date		date dmy	1/01/2016	1/01/2020		LV

Variable	Form	Section Header	Field Type	Field Label	Choices / Calculations	Note	Validation	Min	Max	
ae1_ongoing	adverse_events		dropdown	On going?	0, No | 1, Yes					LV
ae1_hours	adverse_events		text	Number of hours? Complete only if duration is less than 24 hours			number	0	24	LV
ae1_type	adverse_events		dropdown	Type?	1, Single occurrence | 2, Intermittent | 3, Continuous					LV
ae1_severity	adverse_events		dropdown	Severity	1, Mild | 2, Moderate | 3, Severe					LV
ae1_serious	adverse_events		dropdown	Was the event serious?	0, No | 1, Yes					LV
ae1_relationship	adverse_events		dropdown	Relationship to IP?	1, None | 2, Unlikely | 3, Possible | 4, Probable | 5, Highly Probable | 6, Unknown					LV
ae1_action	adverse_events		dropdown	Action in relation to IP	0, None | 1, Interrupted | 2, Discontinued					LV
ae1_outcome	adverse_events		dropdown	Outcome of Adverse Event 1	0, Recovered | 1, Improved with sequalae | 2, Remained the same | 3, Worsened | 4, Unknown					LV
ae1_treatment	adverse_events		dropdown	Treatment Required	0, None | 1, Medication** | 2, Hospitalisation | 3, Physiotherapy | 4, Other (provide details below)	**Make sure medications added to medication list				LV
ae1_treatmentdetails	adverse_events		notes	Treatment details if Other or Medication						LV
ae2_name	adverse_events	Adeverse Event 2	text	Adverse Event 2		Symptoms or Diagnosis				LV
ae2_onset	adverse_events		text	Adverse Event 2 onset date			date_dmy	1/01/2016	1/01/2020	LV
ae2_end	adverse_events		text	Adverse Event 2 End date			date_dmy	1/01/2016	1/01/2020	LV
ae2_ongoing	adverse_events		dropdown	On going?	0, No | 1, Yes					LV
ae2_hours	adverse_events		text	Number of hours? Complete only if duration is less than 24 hours			number	0	24	LV
ae2_type	adverse_events		dropdown	Type?	1, Single occurrence | 2, Intermittent | 3, Continuous					LV
ae2_severity	adverse_events		dropdown	Severity	1, Mild | 2, Moderate | 3, Severe					LV
ae2_serious	adverse_events		dropdown	Was the event serious?	0, No | 1, Yes					LV
ae2_relationship	adverse_events		dropdown	Relationship to IP?	1, None | 2, Unlikely | 3, Possible | 4, Probable | 5, Highly Probable | 6, Unknown					LV
ae2_action	adverse_events		dropdown	Action in relation to IP	0, None | 1, Interrupted | 2, Discontinued					LV
ae2_outcome	adverse_events		dropdown	Outcome of Adverse Event 2	0, Recovered | 1, Improved with sequalae | 2, Remained the same | 3, Worsened | 4, Unknown					LV
ae2_treatment	adverse_events		dropdown	Treatment Required	0, None | 1, Medication** | 2, Hospitalisation | 3, Physiotherapy | 4, Other (provide details below)	**Make sure medications added to medication list				LV
ae2_treatmentdetails	adverse_events		notes	Treatment details if Other or Medication						LV
ae3_name	adverse_events	Adverse Event 3	text	Adverse Event 3		Symptoms or Diagnosis				LV
ae3_onset	adverse_events		text	Adverse Event 3 onset date			date_dmy	1/01/2016	1/01/2020	LV
ae3_end	adverse_events		text	Adverse Event 3 End date			date_dmy	1/01/2016	1/01/2020	LV
ae3_ongoing	adverse_events		dropdown	On going?	0, No | 1, Yes					LV
ae3_hours	adverse_events		text	Number of hours? Complete only if duration is less than 24 hours			number	0	24	LV
ae3_type	adverse_events		dropdown	Type?	1, Single occurrence | 2, Intermittent | 3, Continuous					LV
ae3_severity	adverse_events		dropdown	Severity	1, Mild | 2, Moderate | 3, Severe					LV
ae3_serious	adverse_events		dropdown	Was the event serious?	0, No | 1, Yes					LV
ae3_relationship	adverse_events		dropdown	Relationship to IP?	1, None | 2, Unlikely | 3, Possible | 4, Probable | 5, Highly Probable | 6, Unknown					LV
ae3_action	adverse_events		dropdown	Action in relation to IP	0, None | 1, Interrupted | 2, Discontinued					LV
ae3_outcome	adverse_events		dropdown	Outcome of Adverse Event 3	0, Recovered | 1, Improved with sequalae | 2, Remained the same | 3, Worsened | 4, Unknown					LV
ae3_treatment	adverse_events		dropdown	Treatment Required	0, None | 1, Medication** | 2, Hospitalisation | 3, Physiotherapy | 4, Other (provide details below)	**Make sure medications added to medication list				LV
ae3_treatmentdetails	adverse_events		notes	Treatment details if Other or Medication						LV
ae4_name	adverse_events	Adverse Event 4	text	Adverse Event 4		Symptoms or Diagnosis				LV
ae4_onset	adverse_events		text	Adverse Event 4 onset date			date_dmy	1/01/2016	1/01/2020	LV
ae4_end	adverse_events		text	Adverse Event 4 End date			date_dmy	1/01/2016	1/01/2020	LV
ae4_ongoing	adverse_events		dropdown	On going?	0, No | 1, Yes					LV
ae4_hours	adverse_events		text	Number of hours? Complete only if duration is less than 24 hours			number	0	24	LV
ae4_type	adverse_events		dropdown	Type?	1, Single occurrence | 2, Intermittent | 3, Continuous					LV
ae4_severity	adverse_events		dropdown	Severity	1, Mild | 2, Moderate | 3, Severe					LV
ae4_serious	adverse_events		dropdown	Was the event serious?	0, No | 1, Yes					LV
ae4_relationship	adverse_events		dropdown	Relationship to IP?	1, None | 2, Unlikely | 3, Possible | 4, Probable | 5, Highly Probable | 6, Unknown					LV
ae4_action	adverse_events		dropdown	Action in relation to IP	0, None | 1, Interrupted | 2, Discontinued					LV
ae4_outcome	adverse_events		dropdown	Outcome of Adverse Event 4	0, Recovered | 1, Improved with sequalae | 2, Remained the same | 3, Worsened | 4, Unknown					LV
ae4_treatment	adverse_events		dropdown	Treatment Required	0, None | 1, Medication** | 2, Hospitalisation | 3, Physiotherapy | 4, Other (provide details below)	**Make sure medications added to medication list				LV
ae4_treatmentdetails	adverse_events		notes	Treatment details if Other or Medication						LV
ae5_name	adverse_events	Adverse Event 5	text	Adverse Event 5		Symptoms or Diagnosis				LV
ae5_onset	adverse_events		text	Adverse Event 5 onset date			date_dmy	1/01/2016	1/01/2020	LV
ae5_end	adverse_events		text	Adverse Event 5 End date			date_dmy	1/01/2016	1/01/2020	LV
ae5_ongoing	adverse_events		dropdown	On going?	0, No | 1, Yes					LV
ae5_hours	adverse_events		text	Number of hours? Complete only if duration is less than 24 hours			number	0	24	LV
ae5_type	adverse_events		dropdown	Type?	1, Single occurrence | 2, Intermittent | 3, Continuous					LV
ae5_severity	adverse_events		dropdown	Severity	1, Mild | 2, Moderate | 3, Severe					LV
ae5_serious	adverse_events		dropdown	Was the event serious?	0, No | 1, Yes					LV
ae5_relationship	adverse_events		dropdown	Relationship to IP?	1, None | 2, Unlikely | 3, Possible | 4, Probable | 5, Highly Probable | 6, Unknown					LV
ae5_action	adverse_events		dropdown	Action in relation to IP	0, None | 1, Interrupted | 2, Discontinued					LV
ae5_outcome	adverse_events		dropdown	Outcome of Adverse Event 5	0, Recovered | 1, Improved with sequalae | 2, Remained the same | 3, Worsened | 4, Unknown					LV
ae5_treatment	adverse_events		dropdown	Treatment Required	0, None | 1, Medication** | 2, Hospitalisation | 3, Physiotherapy | 4, Other (provide details below)	**Make sure medications added to medication list				LV
ae5_treatmentdetails	adverse_events		notes	Treatment details if Other or Medication						LV
ae6_name	adverse_events	Adverse Event 6	text	Adverse Event 6		Symptoms or Diagnosis				LV
ae6_onset	adverse_events		text	Adverse Event 6 onset date			date_dmy	1/01/2016	1/01/2020	LV
ae6_end	adverse_events		text	Adverse Event 6 End date			date_dmy	1/01/2016	1/01/2020	LV
ae6_ongoing	adverse_events		dropdown	On going?	0, No | 1, Yes					LV
ae6_hours	adverse_events		text	Number of hours? Complete only if duration is less than 24 hours			number	0	24	LV
ae6_type	adverse_events		dropdown	Type?	1, Single occurrence | 2, Intermittent | 3, Continuous					LV
ae6_severity	adverse_events		dropdown	Severity	1, Mild | 2, Moderate | 3, Severe					LV
ae6_serious	adverse_events		dropdown	Was the event serious?	0, No | 1, Yes					LV
ae6_relationship	adverse_events		dropdown	Relationship to IP?	1, None | 2, Unlikely | 3, Possible | 4, Probable | 5, Highly Probable | 6, Unknown					LV
ae6_action	adverse_events		dropdown	Action in relation to IP	0, None | 1, Interrupted | 2, Discontinued					LV
ae6_outcome	adverse_events		dropdown	Outcome of Adverse Event 6	0, Recovered | 1, Improved with sequalae | 2, Remained the same | 3, Worsened | 4, Unknown					LV
ae6_treatment	adverse_events		dropdown	Treatment Required	0, None | 1, Medication** | 2, Hospitalisation | 3, Physiotherapy | 4, Other (provide details below)	**Make sure medications added to medication list				LV
ae6_treatmentdetails	adverse_events		notes	Treatment details if Other or Medication						LV
ae7_name	adverse_events	Adverse Event 7	text	Adverse Event 7		Symptoms or Diagnosis				LV
ae7_onset	adverse_events		text	Adverse Event 7 onset date			date_dmy	1/01/2016	1/01/2020	LV
ae7_end	adverse_events		text	Adverse Event 7 End date			date_dmy	1/01/2016	1/01/2020	LV
ae7_ongoing	adverse_events		dropdown	On going?	0, No | 1, Yes					LV
ae7_hours	adverse_events		text	Number of hours? Complete only if duration is less than 24 hours			number	0	24	LV
ae7_type	adverse_events		dropdown	Type?	1, Single occurrence | 2, Intermittent | 3, Continuous					LV
ae7_severity	adverse_events		dropdown	Severity	1, Mild | 2, Moderate | 3, Severe					LV
ae7_serious	adverse_events		dropdown	Was the event serious?	0, No | 1, Yes					LV
ae7_relationship	adverse_events		dropdown	Relationship to IP?	1, None | 2, Unlikely | 3, Possible | 4, Probable | 5, Highly Probable | 6, Unknown					LV
ae7_action	adverse_events		dropdown	Action in relation to IP	0, None | 1, Interrupted | 2, Discontinued					LV
ae7_outcome	adverse_events		dropdown	Outcome of Adverse Event 7	0, Recovered | 1, Improved with sequalae | 2, Remained the same | 3, Worsened | 4, Unknown					LV
ae7_treatment	adverse_events		dropdown	Treatment Required	0, None | 1, Medication** | 2, Hospitalisation | 3, Physiotherapy | 4, Other (provide details below)	**Make sure medications added to medication list				LV
ae7_treatmentdetails	adverse_events		notes	Treatment details if Other or Medication						LV
ae8_name	adverse_events	Adverse Event 8	text	Adverse Event 8		Symptoms or Diagnosis				LV
ae8_onset	adverse_events		text	Adverse Event 8 onset date			date_dmy	1/01/2016	1/01/2020	LV
ae8_end	adverse_events		text	Adverse Event 8 End date			date_dmy	1/01/2016	1/01/2020	LV
ae8_ongoing	adverse_events		dropdown	On going?	0, No | 1, Yes					LV
ae8_hours	adverse_events		text	Number of hours? Complete only if duration is less than 24 hours			number	0	24	LV
ae8_type	adverse_events		dropdown	Type?	1, Single occurrence | 2, Intermittent | 3, Continuous					LV
ae8_severity	adverse_events		dropdown	Severity	1, Mild | 2, Moderate | 3, Severe					LV
ae8_serious	adverse_events		dropdown	Was the event serious?	0, No | 1, Yes					LV
ae8_relationship	adverse_events		dropdown	Relationship to IP?	1, None | 2, Unlikely | 3, Possible | 4, Probable | 5, Highly Probable | 6, Unknown					LV
ae8_action	adverse_events		dropdown	Action in relation to IP	0, None | 1, Interrupted | 2, Discontinued					LV
ae8_outcome	adverse_events		dropdown	Outcome of Adverse Event 8	0, Recovered | 1, Improved with sequalae | 2, Remained the same | 3, Worsened | 4, Unknown					LV
ae8_treatment	adverse_events		dropdown	Treatment Required	0, None | 1, Medication** | 2, Hospitalisation | 3, Physiotherapy | 4, Other (provide details below)	**Make sure medications added to medication list				LV
ae8_treatmentdetails	adverse_events		notes	Treatment details if Other or Medication						LV
ae9_name	adverse_events	Adverse Event 9	text	Adverse Event 9		Symptoms or Diagnosis				LV
ae9_onset	adverse_events		text	Adverse Event 9 onset date			date_dmy	1/01/2016	1/01/2020	LV
ae9_end	adverse_events		text	Adverse Event 9 End date			date_dmy	1/01/2016	1/01/2020	LV
ae9_ongoing	adverse_events		dropdown	On going?	0, No | 1, Yes					LV
ae9_hours	adverse_events		text	Number of hours? Complete only if duration is less than 24 hours			number	0	24	LV
ae9_type	adverse_events		dropdown	Type?	1, Single occurrence | 2, Intermittent | 3, Continuous					LV
ae9_severity	adverse_events		dropdown	Severity	1, Mild | 2, Moderate | 3, Severe					LV
ae9_serious	adverse_events		dropdown	Was the event serious?	0, No | 1, Yes					LV
ae9_relationship	adverse_events		dropdown	Relationship to IP?	1, None | 2, Unlikely | 3, Possible | 4, Probable | 5, Highly Probable | 6, Unknown					LV
ae9_action	adverse_events		dropdown	Action in relation to IP	0, None | 1, Interrupted | 2, Discontinued					LV
ae9_outcome	adverse_events		dropdown	Outcome of Adverse Event 9	0, Recovered | 1, Improved with sequalae | 2, Remained the same | 3, Worsened | 4, Unknown					LV
ae9_treatment	adverse_events		dropdown	Treatment Required	0, None | 1, Medication** | 2, Hospitalisation | 3, Physiotherapy | 4, Other (provide details below)	**Make sure medications added to medication list				LV
ae9_treatmentdetails	adverse_events		notes	Treatment details if Other or Medication						LV
ae10_name	adverse_events	Adverse Event 10	text	Adverse Event 10		Symptoms or Diagnosis				LV
ae10_onset	adverse_events		text	Adverse Event 10 onset date			date_dmy	1/01/2016	1/01/2020	LV
ae10_end	adverse_events		text	Adverse Event 10 End date			date_dmy	1/01/2016	1/01/2020	LV
ae10_ongoing	adverse_events		dropdown	On going?	0, No | 1, Yes					LV
ae10_hours	adverse_events		text	Number of hours? Complete only if duration is less than 24 hours			number	0	24	LV
ae10_type	adverse_events		dropdown	Type?	1, Single occurrence | 2, Intermittent | 3, Continuous					LV
ae10_severity	adverse_events		dropdown	Severity	1, Mild | 2, Moderate | 3, Severe					LV
ae10_serious	adverse_events		dropdown	Was the event serious?	0, No | 1, Yes					LV
ae10_relationship	adverse_events		dropdown	Relationship to IP?	1, None | 2, Unlikely | 3, Possible | 4, Probable | 5, Highly Probable | 6, Unknown					LV
ae10_action	adverse_events		dropdown	Action in relation to IP	0, None | 1, Interrupted | 2, Discontinued					LV
ae10_outcome	adverse_events		dropdown	Outcome of Adverse Event 10	0, Recovered | 1, Improved with sequalae | 2, Remained the same | 3, Worsened | 4, Unknown					LV
ae10_treatment	adverse_events		dropdown	Treatment Required	0, None | 1, Medication** | 2, Hospitalisation | 3, Physiotherapy | 4, Other (provide details below)	**Make sure medications added to medication list				LV
ae10_treatmentdetails	adverse_events		notes	Treatment details if Other or Medication						LV
ae11_name	adverse_events	Adverse Event 11	text	Adverse Event 11		Symptoms or Diagnosis				LV
ae11_onset	adverse_events		text	Adverse Event 11 onset date			date_dmy	1/01/2016	1/01/2020	LV
ae11_end	adverse_events		text	Adverse Event 11 End date			date_dmy	1/01/2016	1/01/2020	LV
ae11_ongoing	adverse_events		dropdown	On going?	0, No | 1, Yes					LV
ae11_hours	adverse_events		text	Number of hours? Complete only if duration is less than 24 hours			number	0	24	LV
ae11_type	adverse_events		dropdown	Type?	1, Single occurrence | 2, Intermittent | 3, Continuous					LV
ae11_severity	adverse_events		dropdown	Severity	1, Mild | 2, Moderate | 3, Severe					LV
ae11_serious	adverse_events		dropdown	Was the event serious?	0, No | 1, Yes					LV
ae11_relationship	adverse_events		dropdown	Relationship to IP?	1, None | 2, Unlikely | 3, Possible | 4, Probable | 5, Highly Probable | 6, Unknown					LV
ae11_action	adverse_events		dropdown	Action in relation to IP	0, None | 1, Interrupted | 2, Discontinued					LV
ae11_outcome	adverse_events		dropdown	Outcome of Adverse Event 11	0, Recovered | 1, Improved with sequalae | 2, Remained the same | 3, Worsened | 4, Unknown					LV

Variable	Form	Section	Type	Label	Choices	Note	Format	Min	Max	Branching logic	LV
ae11_treatment	adverse_events		dropdown	Treatment Required	0, None | 1, Medication** | 2, Hospitalisation | 3, Physiotherapy | 4, Other (provide details below)	**Make sure medications added to medication list					LV
ae11_treatmentdetails	adverse_events		notes	Treatment details if Other or Medication							LV
ae12_name	adverse_events	Adverse Event 12	text	Adverse Event 12		Symptoms or Diagnosis					LV
ae12_onset	adverse_events		text	Adverse Event 12 onset date			date_dmy	1/01/2016	1/01/2020		LV
ae12_end	adverse_events		text	Adverse Event 12 End date			date_dmy	1/01/2016	1/01/2020		LV
ae12_ongoing	adverse_events		dropdown	On going?	0, No | 1, Yes						LV
ae12_hours	adverse_events		text	Number of hours? Complete only if duration is less than 24 hours			number	0	24		LV
ae12 type	adverse_events		dropdown	Type?	1, Single occurrence | 2, Intermittent | 3, Continuous						LV
ae12 severity	adverse_events		dropdown	Severity	1, Mild | 2, Moderate | 3, Severe						LV
ae12 serious	adverse_events		dropdown	Was the event serious?	0, No | 1, Yes						LV
ae12_relationship	adverse_events		dropdown	Relationship to IP?	1, None | 2, Unlikely | 3, Possible | 4, Probable | 5, Highly Probable | 6, Unknown						LV
ae12 action	adverse_events		dropdown	Action in relation to IP	0, None | 1, Interrupted | 2, Discontinued						LV
ae12_outcome	adverse_events		dropdown	Outcome of Adverse Event 12	0, Recovered | 1, Improved with sequalae | 2, Remained the same | 3, Worsened | 4, Unknown						LV
ae12_treatment	adverse_events		dropdown	Treatment Required	0, None | 1, Medication** | 2, Hospitalisation | 3, Physiotherapy | 4, Other (provide details below)	**Make sure medications added to medication list					LV
ae12_treatmentdetails	adverse_events		notes	Treatment details if Other or Medication							LV
weight w24	week 24 measurements		text	Weight (Kg)			number	0	250		
date visit w24	week 24 measurements		text	Date of baseline visit			date_dmy				
date blood w24	week 24 measurements		text	Date blood was drawn			date_dmy				
blood notes w24	week 24 measurements		notes	Notes on bloods (if applicable)							LV
medchanges fu	follow up medication changes		text	Number of medication changes			number	0	50	[medchanges fu] >= 1	LV
med 1name fu	follow up medication cha	Medication 1	text	Medication 1: Name						[medchanges fu] >= 1	LV
med_1category_fu	follow_up_medication_changes		dropdown	Medication 1: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other					[medchanges fu] >= 1	LV
med 1dose fu	follow up medication changes		text	Medication 1: Dose			number			[medchanges fu] >= 1	LV
med 1unit fu	follow up medication changes		dropdown	Medication 1: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other		autocomplete			[medchanges fu] >= 1	LV
med 1unit other fu	follow up medication changes		text	Please specify						[medchanges fu] >= 1	LV
med_1freq_fu	follow_up_medication_changes		dropdown	Medication 1: Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other		autocomplete			[medchanges fu] >= 1	LV
med 1freq other fu	follow up medication changes		text	Please specify						[med 1unit fu] = '6'	LV
med 1avedose fu	follow up medication changes		text	Medication 1: Average Daily Dose			number			[medchanges fu] >= 1	LV
med_1route_fu	follow_up_medication_changes		dropdown	Medication 1: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other		autocomplete			[medchanges fu] >= 1	LV
med 1route other fu	follow up medication changes		text	Please specify						[med 1route fu] = '99'	LV
med 1start fu	follow up medication changes		text	Medication 1: Start Date			date dmy			[medchanges fu] >= 1	LV
med 1onoine fu	follow up medication changes		dropdown	Is the medication ongoing?	0, Yes | 1, No		autocomplete			[medchanges fu] >= 1	LV
med 1stop fu	follow up medication changes		text	Medication 1: Stop Date			date dmy			[medchanges fu] >= 1	LV
med 1ind fu	follow up medication changes		text	Medication 1: Indication						[medchanges fu] >= 1	LV
med 2name fu	follow up medication cha	Medication 2	text	Medication 2: Name						[medchanges fu] >= 2	LV
med_2category_fu	follow_up_medication_changes		dropdown	Medication 2: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other					[medchanges fu] >= 2	LV
med 2dose fu	follow up medication changes		text	Medication 2: Dose			number			[medchanges fu] >= 2	LV
med 2unit fu	follow up medication changes		dropdown	Medication 2: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other		autocomplete			[medchanges fu] >= 2	LV
med 2unit other fu	follow up medication changes		text	Please specify						[med 2unit fu] = '6'	LV
med_2freq_fu	follow_up_medication_changes		dropdown	Medication 2: Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other		autocomplete			[medchanges fu] >= 2	LV
med 2freq other fu	follow up medication changes		text	Please specify						[med 5freq fu] = '99'	LV
med 2avedose fu	follow up medication changes		text	Medication 2: Average Daily Dose			number			[medchanges fu] >= 2	LV
med_2route_fu	follow_up_medication_changes		dropdown	Medication 2: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other		autocomplete			[medchanges fu] >= 2	LV
med 2route other fu	follow up medication changes		text	Please specify						[med 2route fu] = '99'	LV
med 2start fu	follow up medication changes		text	Medication 2: Start Date			date dmy			[medchanges fu] >= 2	LV
med 2ongoing fu	follow up medication changes		dropdown	Is the medication ongoing?	0, Yes | 1, No		autocomplete			[medchanges fu] >= 2	LV
med 2stop fu	follow up medication changes		text	Medication 2: Stop Date			date dmy			[med 2ongoing fu] = '1'	LV
med 2ind fu	follow up medication changes		text	Medication 2: Indication						[medchanges fu] >= 2	LV
med 3name fu	follow up medication cha	Medication 3	text	Medication 3: Name						[medchanges fu] >= 3	LV
med_3category_fu	follow_up_medication_changes		dropdown	Medication 3: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other					[medchanges fu] >= 3	LV
med 3dose fu	follow up medication changes		text	Medication 3: Dose			number			[medchanges fu] >= 3	LV
med 3unit fu	follow up medication changes		dropdown	Medication 3: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other		autocomplete			[medchanges fu] >= 3	LV
med 3unit other fu	follow up medication changes		text	Please specify						[med 3unit fu] = '6'	LV
med_3freq_fu	follow_up_medication_changes		dropdown	Medication 3: Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other		autocomplete			[medchanges fu] >= 3	LV
med 3freq other fu	follow up medication changes		text	Please specify						[med 3freq fu] = '99'	LV
med 3avedose fu	follow up medication changes		text	Medication 3: Average Daily Dose			number			[medchanges fu] >= 3	LV
med_3route_fu	follow_up_medication_changes		dropdown	Medication 3: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other		autocomplete			[medchanges fu] >= 3	LV
med 3route other fu	follow up medication changes		text	Please specify						[med 3route fu] = '99'	LV
med 3start fu	follow up medication changes		text	Medication 3: Start Date			date dmy			[medchanges fu] >= 3	LV
med 3ongoing fu	follow up medication changes		dropdown	Is the medication ongoing?	0, Yes | 1, No		autocomplete			[medchanges fu] >= 3	LV
med 3stop fu	follow up medication changes		text	Medication 3: Stop Date			date dmy			[med 3ongoing fu] = '1'	LV
med 3ind fu	follow up medication changes		text	Medication 3: Indication						[medchanges fu] >= 3	LV
med 4name fu	follow up medication cha	Medication 4	text	Medication 4: Name						[medchanges fu] >= 4	LV
med_4category_fu	follow_up_medication_changes		dropdown	Medication 4: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other					[medchanges fu] >= 4	LV
med 4dose fu	follow up medication changes		text	Medication 4: Dose			number			[medchanges fu] >= 4	LV
med 4unit fu	follow up medication changes		dropdown	Medication 4: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other		autocomplete			[medchanges fu] >= 4	LV
med 4unit other fu	follow up medication changes		text	Please specify						[med 4unit fu] = '6'	LV
med_4freq_fu	follow_up_medication_changes		dropdown	Medication 4: Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other		autocomplete			[medchanges fu] >= 4	LV
med 4freq other fu	follow up medication changes		text	Please specify						[med 4freq fu] = '99'	LV
med 4avedose fu	follow up medication changes		text	Medication 4: Average Daily Dose			number			[medchanges fu] >= 4	LV
med_4route_fu	follow_up_medication_changes		dropdown	Medication 4: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other		autocomplete			[medchanges fu] >= 4	LV
med 4route other fu	follow up medication changes		text	Please specify						[med 4route fu] = '99'	LV
med 4start fu	follow up medication changes		text	Medication 4: Start Date			date dmy			[medchanges fu] >= 4	LV
med 4ongoing fu	follow up medication changes		dropdown	Is the medication ongoing?	0, Yes | 1, No		autocomplete			[medchanges fu] >= 4	LV
med 4stop fu	follow up medication changes		text	Medication 4: Stop Date			date dmy			[med 4ongoing fu] = '1'	LV
med 4ind fu	follow up medication changes		text	Medication 4: Indication						[medchanges fu] >= 4	LV
med 5name fu	follow up medication cha	Medication 5	text	Medication 5: Name						[medchanges fu] >= 5	LV
med_5category_fu	follow_up_medication_changes		dropdown	Medication 5: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other					[medchanges fu] >= 5	LV
med 5dose fu	follow up medication changes		text	Medication 5: Dose			number			[medchanges fu] >= 5	LV
med 5unit fu	follow up medication changes		dropdown	Medication 5: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other		autocomplete			[medchanges fu] >= 5	LV
med 5unit other fu	follow up medication changes		text	Please specify						[med 5unit fu] = '6'	LV
med_5freq_fu	follow_up_medication_changes		dropdown	Medication 5: Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other		autocomplete			[medchanges fu] >= 5	LV
med 5freq other fu	follow up medication changes		text	Please specify						[med 5freq fu] = '6'	LV
med 5avedose fu	follow up medication changes		text	Medication 5: Average Daily Dose			number			[medchanges fu] >= 5	LV
med_5route_fu	follow_up_medication_changes		dropdown	Medication 5: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other		autocomplete			[medchanges fu] >= 5	LV
med 5route other fu	follow up medication changes		text	Please specify						[med 5route fu] = '99'	LV
med 5start fu	follow up medication changes		text	Medication 5: Start Date			date dmy			[medchanges fu] >= 5	LV
med 5onoing fu	follow up medication changes		dropdown	Is the medication ongoing?	0, Yes | 1, No		autocomplete			[medchanges fu] >= 5	LV
med 5stop fu	follow up medication changes		text	Medication 5: Stop Date			date dmy			[med 5ongoing fu] = '1'	LV
med 5ind fu	follow up medication changes		text	Medication 5: Indication						[medchanges fu] >= 5	LV
med 6name fu	follow up medication cha	Medication 6	text	Medication 6: Name						[medchanges fu] >= 6	LV
med_6category_fu	follow_up_medication_changes		dropdown	Medication 6: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other					[medchanges fu] >= 6	LV
med 6dose fu	follow up medication changes		text	Medication 6: Dose			number			[medchanges fu] >= 6	LV
med 6unit fu	follow up medication changes		dropdown	Medication 6: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other		autocomplete			[medchanges fu] >= 6	LV
med 6unit other fu	follow up medication changes		text	Please specify						[med 6unit fu] = '6'	LV
med_6freq_fu	follow_up_medication_changes		dropdown	Medication 6: Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other		autocomplete			[medchanges fu] >= 6	LV
med 6freq other fu	follow up medication changes		text	Please specify						[med 6freq fu] = '6'	LV
med 6avedose fu	follow up medication changes		text	Medication 6: Average Daily Dose			number			[medchanges fu] >= 6	LV
med_6route_fu	follow_up_medication_changes		dropdown	Medication 6: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other		autocomplete			[medchanges fu] >= 6	LV
med 6route other fu	follow up medication changes		text	Please specify						[med 6route fu] = '99'	LV
med 6start fu	follow up medication changes		text	Medication 6: Start Date			date dmy			[medchanges fu] >= 6	LV
med 6ongoing fu	follow up medication changes		dropdown	Is the medication ongoing?	0, Yes | 1, No		autocomplete			[medchanges fu] >= 6	LV
med 6stop fu	follow up medication changes		text	Medication 6: Stop Date			date dmy			[med 6ongoing fu] = '1'	LV
med 6ind fu	follow up medication changes		text	Medication 6: Indication						[medchanges fu] >= 6	LV
med 7name fu	follow up medication cha	Medication 7	text	Medication 7: Name						[medchanges fu] >= 7	LV
med_7category_fu	follow_up_medication_changes		dropdown	Medication 7: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other					[medchanges fu] >= 7	LV
med 7dose fu	follow up medication changes		text	Medication 7: Dose			number			[medchanges fu] >= 7	LV
med 7unit fu	follow up medication changes		dropdown	Medication 7: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other		autocomplete			[medchanges fu] >= 7	LV
med 7unit other fu	follow up medication changes		text	Please specify						[med 7unit fu] = '6'	LV
med_7freq_fu	follow_up_medication_changes		dropdown	Medication 7: Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other		autocomplete			[medchanges fu] >= 7	LV
med 7freq other fu	follow up medication changes		text	Please specify						[med 7freq fu] = '6'	LV
med 7avedose fu	follow up medication changes		text	Medication 7: Average Daily Dose			number			[medchanges fu] >= 7	LV
med_7route_fu	follow_up_medication_changes		dropdown	Medication 7: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other		autocomplete			[medchanges fu] >= 7	LV
med 7route other fu	follow up medication changes		text	Please specify						[med 7route fu] = '99'	LV
med 7stop fu	follow up medication changes		text	Medication 7: Stop Date			date dmy			[med 7ongoing fu] = '1'	LV
med 7start fu	follow up medication changes		text	Medication 7: Start Date			autocomplete			[medchanges fu] >= 7	LV
med 7ongoing fu	follow up medication changes		dropdown	Is the medication ongoing?	0, Yes | 1, No					[medchanges fu] >= 7	LV
med 7ind fu	follow up medication changes		text	Medication 7: Indication						[medchanges fu] >= 7	LV
med 8name fu	follow up medication cha	Medication 8	text	Medication 8: Name						[medchanges fu] >= 8	LV
med_8category_fu	follow_up_medication_changes		dropdown	Medication 8: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other					[medchanges fu] >= 8	LV
med 8dose fu	follow up medication changes		text	Medication 8: Dose			number			[medchanges fu] >= 8	LV
med 8unit fu	follow up medication changes		dropdown	Medication 8: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other		autocomplete			[medchanges fu] >= 8	LV
med 8unit other fu	follow up medication changes		text	Please specify						[med 8unit fu] = '6'	LV
med_8freq_fu	follow_up_medication_changes		dropdown	Medication 8: Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other		autocomplete			[medchanges fu] >= 8	LV
med 8freq other fu	follow up medication changes		text	Please specify						[med_8freq fu] = '6'	LV
med 8avedose fu	follow up medication changes		text	Medication 8: Average Daily Dose			number			[medchanges fu] >= 8	LV
med_8route_fu	follow_up_medication_changes		dropdown	Medication 8: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other		autocomplete			[medchanges fu] >= 8	LV
med 8route other fu	follow up medication changes		text	Please specify						[med 8route fu] = '99'	LV
med 8start fu	follow up medication changes		text	Medication 8: Start Date			date_dmy			[medchanges fu] >= 8	LV
med 8ongoing fu	follow up medication changes		dropdown	Is the medication ongoing?	0, Yes | 1, No		autocomplete			[medchanges fu] >= 8	LV

Variable	Form	Type	Label	Choices	Validation	Branching Logic	
med_8stop_fu	follow up medication changes	text	Medication 8: Stop Date		date dmy	[med_8ongoing_fu] = '1'	LV
med_8ind_fu	follow up medication changes	text	Medication 8: Indication			[medchanges_fu] >= 8	LV
med_9name_fu	follow up medication cha Medication 9	text	Medication 9: Name			[medchanges_fu] >= 9	LV
med_9category_fu	follow_up_medication_changes	dropdown	Medication 9: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other		[medchanges_fu] >= 9	LV
med_9dose_fu	follow up medication changes	text	Medication 9: Dose		number	[medchanges_fu] >= 9	LV
med_9unit_fu	follow up medication changes	dropdown	Medication 9: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other	autocomplete	[medchanges_fu] >= 9	LV
med_9unit_other_fu	follow up medication changes	text	Please specify			[med_9unit_fu] = '6'	LV
med_9freq_fu	follow_up_medication_changes	dropdown	Medication 9: Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other	autocomplete	[medchanges_fu] >= 9	LV
med_9freq_other_fu	follow up medication changes	text	Please specify			[med_9freq] = '6'	LV
med_9avedose_fu	follow up medication changes	text	Medication 9: Average Daily Dose		number	[medchanges_fu] >= 9	LV
med_9route_fu	follow_up_medication_changes	dropdown	Medication 9: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other	autocomplete	[medchanges_fu] >= 9	LV
med_9route_other_fu	follow up medication changes	text	Please specify			[med_9route fu] = '99'	LV
med_9start_fu	follow up medication changes	text	Medication 9: Start Date		date dmy	[medchanges_fu] >= 9	LV
med_9ongoing_fu	follow up medication changes	dropdown	Is the medication ongoing?	0, Yes | 1, No	autocomplete	[medchanges_fu] >= 9	LV
med_9stop_fu	follow up medication changes	text	Medication 9: Stop Date		date dmy	[med_9ongoing_fu] = '1'	LV
med_9ind_fu	follow up medication changes	text	Medication 9: Indication			[medchanges_fu] >= 9	LV
med_10name_fu	follow up medication cha Medication 10	text	Medication 10: Name			[medchanges_fu] >= 10	LV
med_10category_fu	follow_up_medication_changes	dropdown	Medication 10: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other		[medchanges_fu] >= 10	LV
med_10dose_fu	follow up medication changes	text	Medication 10: Dose		number	[medchanges_fu] >= 10	LV
med_10unit_fu	follow up medication changes	dropdown	Medication 10: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other	autocomplete	[medchanges_fu] >= 10	LV
med_10unit_other_fu	follow up medication changes	text	Please specify			[med 10unit] = '6'	LV
med_10freq_fu	follow_up_medication_changes	dropdown	Medication 10 Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other	autocomplete	[medchanges_fu] >= 10	LV
med_10freq_other_fu	follow up medication changes	text	Please specify			[med_10freq] = '6'	LV
med_10avedose_fu	follow up medication changes	text	Medication 10: Average Daily Dose		number	[medchanges_fu] >= 10	LV
med_10route_fu	follow_up_medication_changes	dropdown	Medication 10: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other	autocomplete	[medchanges_fu] >= 10	LV
med_10route_other_fu	follow up medication changes	text	Please specify			[med 10route fu] = '99'	LV
med_10start_fu	follow up medication changes	text	Medication 10: Start Date		date dmy	[medchanges_fu] >= 10	LV
med_10ongoing_fu	follow up medication changes	dropdown	Is the medication ongoing?	0, Yes | 1, No	autocomplete	[medchanges_fu] >= 10	LV
med_10stop_fu	follow up medication changes	text	Medication 10: Stop Date		date dmy	[med_10ongoing_fu] = '1'	LV
med_10ind_fu	follow up medication changes	text	Medication 10: Indication			[medchanges_fu] >= 10	LV
med_11name_fu	follow up medication cha Medication 11	text	Medication 11: Name			[medchanges_fu] >= 11	LV
med_11category_fu	follow_up_medication_changes	dropdown	Medication 11: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other		[medchanges_fu] >= 11	LV
med_11dose_fu	follow up medication changes	text	Medication 11: Dose		number	[medchanges_fu] >= 11	LV
med_11unit_fu	follow up medication changes	dropdown	Medication 11: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other	autocomplete	[medchanges_fu] >= 11	LV
med_11unit_other_fu	follow up medication changes	text	Please specify			[med 11unit] = '6'	LV
med_11freq_fu	follow_up_medication_changes	dropdown	Medication 11 Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other	autocomplete	[medchanges_fu] >= 11	LV
med_11freq_other_fu	follow up medication changes	text	Please specify			[med 11freq] = '6'	LV
med_11avedose_fu	follow up medication changes	text	Medication 11: Average Daily Dose		number	[medchanges_fu] >= 11	LV
med_11route_fu	follow_up_medication_changes	dropdown	Medication 11: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other	autocomplete	[medchanges_fu] >= 11	LV
med_11route_other_fu	follow up medication changes	text	Please specify			[med 11route fu] = '99'	LV
med_11start_fu	follow up medication changes	text	Medication 11: Start Date		date dmy	[medchanges_fu] >= 11	LV
med_11ongoing_fu	follow up medication changes	dropdown	Is the medication ongoing?	0, Yes | 1, No	autocomplete	[medchanges_fu] >= 11	LV
med_11stop_fu	follow up medication changes	text	Medication 11: Stop Date		date dmy	[med 11ongoing_fu] = '1'	LV
med_11ind_fu	follow up medication changes	text	Medication 11: Indication			[medchanges_fu] >= 11	LV
med_12name_fu	follow up medication cha Medication 12	text	Medication 12: Name			[medchanges_fu] >= 12	LV
med_12category_fu	follow_up_medication_changes	dropdown	Medication 12: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other		[medchanges_fu] >= 12	LV
med_12dose_fu	follow up medication changes	text	Medication 12: Dose		number	[medchanges_fu] >= 12	LV
med_12unit_fu	follow up medication changes	dropdown	Medication 12: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other	autocomplete	[medchanges_fu] >= 12	LV
med_12unit_other_fu	follow up medication changes	text	Please specify			[med 12unit] = '6'	LV
med_12freq_fu	follow_up_medication_changes	dropdown	Medication 12 Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other	autocomplete	[medchanges_fu] >= 12	LV
med_12freq_other_fu	follow up medication changes	text	Please specify			[med 12freq] = '6'	LV
med_12avedose_fu	follow up medication changes	text	Medication 12: Average Daily Dose		number	[medchanges_fu] >= 12	LV
med_12route_fu	follow_up_medication_changes	dropdown	Medication 12: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other	autocomplete	[medchanges_fu] >= 12	LV
med_12route_other_fu	follow up medication changes	text	Please specify			[med 12route fu] = '99'	LV
med_12start_fu	follow up medication changes	text	Medication 12: Start Date		date dmy	[medchanges_fu] >= 12	LV
med_12ongoing_fu	follow up medication changes	dropdown	Is the medication ongoing?	0, Yes | 1, No	autocomplete	[medchanges_fu] >= 12	LV
med_12stop_fu	follow up medication changes	text	Medication 12: Stop Date		date dmy	[med 12ongoing_fu] = '1'	LV
med_12ind_fu	follow up medication changes	text	Medication 12: Indication			[medchanges_fu] >= 12	LV
med_13name_fu	follow up medication cha Medication 13	text	Medication 13: Name			[medchanges_fu] >= 13	LV
med_13category_fu	follow_up_medication_changes	dropdown	Medication 13: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other		[medchanges_fu] >= 13	LV
med_13dose_fu	follow up medication changes	text	Medication 13: Dose		number	[medchanges_fu] >= 13	LV
med_13unit_fu	follow up medication changes	dropdown	Medication 13: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other	autocomplete	[medchanges_fu] >= 13	LV
med_13unit_other_fu	follow up medication changes	text	Please specify			[med 13unit] = '6'	LV
med_13freq_fu	follow_up_medication_changes	dropdown	Medication 13 Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other	autocomplete	[medchanges_fu] >= 13	LV
med_13freq_other_fu	follow up medication changes	text	Please specify			[med 13freq] = '6'	LV
med_13avedose_fu	follow up medication changes	text	Medication 13: Average Daily Dose		number	[medchanges_fu] >= 13	LV
med_13route_fu	follow_up_medication_changes	dropdown	Medication 13: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other	autocomplete	[medchanges_fu] >= 13	LV
med_13route_other_fu	follow up medication changes	text	Please specify			[med 13route fu] = '99'	LV
med_13start_fu	follow up medication changes	text	Medication 13: Start Date		date dmy	[medchanges_fu] >= 13	LV
med_13ongoing_fu	follow up medication changes	dropdown	Is the medication ongoing?	0, Yes | 1, No	autocomplete	[medchanges_fu] >= 13	LV
med_13stop_fu	follow up medication changes	text	Medication 13: Stop Date		date dmy	[med 13ongoing_fu] = '1'	LV
med_13ind_fu	follow up medication changes	text	Medication 13: Indication			[medchanges_fu] >= 13	LV
med_14name_fu	follow up medication cha Medication 14	text	Medication 14: Name			[medchanges_fu] >= 14	LV
med_14category_fu	follow_up_medication_changes	dropdown	Medication 14: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other		[medchanges_fu] >= 14	LV
med_14dose_fu	follow up medication changes	text	Medication 14: Dose		number	[medchanges_fu] >= 14	LV
med_14unit_fu	follow up medication changes	dropdown	Medication 14: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other	autocomplete	[medchanges_fu] >= 14	LV
med_14unit_other_fu	follow up medication changes	text	Please specify			[med 14unit] = '6'	LV
med_14freq_fu	follow_up_medication_changes	dropdown	Medication 14 Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other	autocomplete	[medchanges_fu] >= 14	LV
med_14freq_other_fu	follow up medication changes	text	Please specify			[med 14freq] = '6'	LV
med_14avedose_fu	follow up medication changes	text	Medication 14: Average Daily Dose		number	[medchanges_fu] >= 14	LV
med_14route_fu	follow_up_medication_changes	dropdown	Medication 14: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other	autocomplete	[medchanges_fu] >= 14	LV
med_14route_other_fu	follow up medication changes	text	Please specify			[med 14route fu] = '99'	LV
med_14start_fu	follow up medication changes	text	Medication 14: Start Date		date dmy	[medchanges_fu] >= 14	LV
med_14ongoing_fu	follow up medication changes	dropdown	Is the medication ongoing?	0, Yes | 1, No	autocomplete	[medchanges_fu] >= 14	LV
med_14stop_fu	follow up medication changes	text	Medication 14: Stop Date		date dmy	[med 14ongoing_fu] = '1'	LV
med_14ind_fu	follow up medication changes	text	Medication 14: Indication			[medchanges_fu] >= 14	LV
med_15name_fu	follow up medication cha Medication 15	text	Medication 15: Name			[medchanges_fu] >= 15	LV
med_15category_fu	follow_up_medication_changes	dropdown	Medication 15: Category	1, 1 - Antidepressant | 2, 2 - Mood stabiliser | 3, 3 - Antipsychotic | 4, 4 - Benzodiazepine | 5, 5 - Complimentary (including multi-vitamins) | 6, 6 - Pain medication | 7, 7 - Psychotherapy | 8, 8 - Hypnotics | 9, 9 - ADHD | 10, 10 - Other		[medchanges_fu] >= 15	LV
med_15dose_fu	follow up medication changes	text	Medication 15: Dose		number	[medchanges_fu] >= 15	LV
med_15unit_fu	follow up medication changes	dropdown	Medication 15: Unit	0, mg | 1, g | 2, Tablet | 3, ml | 4, ug | 5, IU | 6, other	autocomplete	[medchanges_fu] >= 15	LV
med_15unit_other_fu	follow up medication changes	text	Please specify			[med 15unit] = '6'	LV
med_15freq_fu	follow_up_medication_changes	dropdown	Medication 15 Frequency	1, Once daily | 2, 3 times a day | 3, every other hour | 4, Every morning | 5, PRN | 6, twice a day | 7, 4 times a day | 8, Every night | 9, every other day | 99, Other	autocomplete	[medchanges_fu] >= 15	LV
med_15freq_other_fu	follow up medication changes	text	Please specify			[med 15freq] = '6'	LV
med_15avedose_fu	follow up medication changes	text	Medication 15: Average Daily Dose		number	[medchanges_fu] >= 15	LV
med_15route_fu	follow_up_medication_changes	dropdown	Medication 15: Route	1, Oral | 2, Subcutaneous | 3, Intramuscular | 4, Intravenous | 5, Rectal | 6, Topical | 7, Respiratory | 8, Sublingual | 9, Transdermal | 99, Other	autocomplete	[medchanges_fu] >= 15	LV
med_15route_other_fu	follow up medication changes	text	Please specify			[med 15route fu] = '99'	LV
med_15start_fu	follow up medication changes	text	Medication 15: Start Date		date dmy	[medchanges_fu] >= 15	LV
med_15ongoing_fu	follow up medication changes	dropdown	Is the medication ongoing?	0, Yes | 1, No	autocomplete	[medchanges_fu] >= 15	LV
med_15stop_fu	follow up medication changes	text	Medication 15: Stop Date		date dmy	[med 15ongoing_fu] = '1'	LV
med_15ind_fu	follow up medication changes	text	Medication 15: Indication			[medchanges_fu] >= 15	LV