									Toyt			Question Matrix	
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 Fiel	Custom Number Group	Matrix Field Ranking? Annotation
study id	demographics demographics		text	Study ID	1, 1 - The Melbourne Clinic 2, 2 - Barwon Health 3, 3 - QL 4, 4 - Albert Road Clinic	D						LV	
visit date date consent	demographics demographics	Consent Information	text	Visit Date Date subject signed consent		YYYY-MM-DD	date dmy	1/01/201	1/01/20	20			
consent bloods unspec consent bloods consent geneticmarkers	demographics demographics demographics	Contact	yesno yesno yesno	Did participant agree to bloods? Did participant give unspecified consent for bloods? Did participant give consent for genetic markers?		111-1111-100	one only						
first_name dob	demographics demographics demographics	Information	text text calc	Initials Date of birth Age (at screen)	rounddown(datediff[[visit date], [dob], "y", "dmy"), 0)		date dmy	1/01/190	1/01/20	v 03 y		LV	
age sex status	demographics demographics		dropdown dropdown	Gender Status	0, Female 1, Male 0, Outpatient 1, Inpatient							LV	
marital_status country birth	demographics demographics		dropdown text	Marital Status Country of birth	0, Married 1, Single 2, De-facto 3, Divorced 4, Seperated 5, Widower/Widow							LV	
education level gen notes 1	demographics general notes 7cca4a		notes	Highest education level (completed) 1.Bow have you been since I last saw you?								LV	
	general_notes_7cca4a		notes	Do you have any specific worries or complaints about your		NB: Record all adverse events on ti Adverse Event Shee	no.						
gen_notes_2 gen_notes_3a gen_notes_3b	general notes 7cca4a general notes 7cca4a		droodown text	health in general? 3 Mave you missed taking any of your trial medicines? If yes, how many days?	0, No 1, Yes	ADVEISE EVENT, SINCE	number					LV LV LV	
gen notes 3c gen notes 4	general notes 7cca4a general notes 7cca4a		notes notes	And why? 4.Bave you had any problems relating to the trial capsules? 5. Have you been using additional contraception in the past								LV	
gen_notes_5a gen_notes_5b	general_notes_7cca4a eeneral notes 7cca4a		dropdown droodown	month? If no, is it possible you are pregnant? 6.Bo you have any other problems or worries in relation to the	0, No 1, Yes -99, N/A 0, No 1, Yes -99, N/A							LV	
gen_notes_6	general_notes_7cca4a		notes	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	ı.					LV	
research notes visit date fu	general notes 7cca4a visit date		notes text	Researchers notes (optional): Date Visit Completed			date dmy	1/05/201	12/12/20	25		LV	
				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									
madrs_guide	madrs		descriptive	OUT-PATIENT: Have you been working? (What kind of work do you do?) IF NOT: Why not? 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?)		Representing report of depressed mood,							
				How often did you feel (depressed/OWN EQUIVALENT) this past week?		regardless of wheth it is reflected in annearance or not	er						
				(IF UNKNOWN: How many days this week did you feel that way? How much of each day?)		Includes low spirits, despondency or the							
				In the past week, how have you been feeling about the future? (Have you been discouraged or pessimistic?) What have your		feeling of being beyond help and without hope. Rate							
				thoughts been? How (discouraged or pessimistic) have you been? How often have you felt that way? Do you think things will ever set better for you	0, 0 Occasional sadness in keeping with circumstances 1, 1	according to intensity, duration 4 and the extent to							
madrs_1	madrs		dropdown	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?	Pervasive feelings of sadness or gloominess. The mood is still influenced by external circumstances 5, 5 6, 6 continuou or unvarying sadness, misery or despondency	which the mood is reported to be influenced by event:					v	LV	
madrs_1	madis		aropaown	Apparent Sadness	or anwarying sauriess, misery or despondency	initidenced by event	autocompace				٧	LV	
				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?		Representing despondency, gloon and despair (more							
				How much of the time over the past week do you think you have looked depressed or down?		than just ordinary transient low spirits reflected in speech,	1.						
				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	0, 0 No sadness 1, 1 2, 2 Looks dispirited but does brighten up without difficulty 3, 3 4, 4 Appears sad and unbases most of the time 5, 5, 1, 6, 6, books misoscapilo all the	facial expression an posture. Rate by	4						
madrs_2	madrs		dropdown	feeling happy inside?	time. Extremely despondent	brighten up.	autocomplete				٧	LV	
				3. Inner tension									
				Have you felt tense or edgy in the past week? Have you felt anxious or nervous?		Representing feeling of ill-defined	ps.						
				IF YES: Can you describe what that has been like for you? How ba has it been? (Have you felt panicky?)	d	discomfort, edgines inner turmoil, ment tension mounting to	al						
				What about feeling fearful that something bad is about to happen?	0, 0 Placid. Only fleeting inner tension 1, 1 2, 2 Occasions	either panic, dread							
				How hard has it been to control these feelings? (What has it take to help you feel calmer? Has anything worked to calm you down?									
madrs_3	madrs		dropdown	How much of the time have you felt this way over the past week? 4. Reduced Sleep	which the patient can only master with some difficulty. 5,: 6, 6 Unrelenting dread or anguish. Overwhelming panic.	s extent of reassurant called for.	e autocomplete				٧	LV	
				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		Representing the experience of reduc duration or depth o							
				been waking up at all in the middle of the night? How long does it take you to go back to sleep?)	O, O Sleeps as usual. 1, 1 2, 2 Slight difficulty dropping of 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 Les	sleep compared to the subject's own	9						
madrs_4	madrs		dropdown	Has your sleeping been restless or disturbed? 5. Reduced Appetite	than two or three hours sleep	well.	autocomplete				٧	LV	
				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?)		Representing the feeling of a loss of							
				Does food taste as good as usual? IF LESS: How much less? Have you had to force yourself to eat?	0, 0 Normal or increased appetite. 1, 1 2, 2 Slightly	appetite compared with when-well. Rat bullers of desire for	e						
madrs_5	madrs		dropdown	Have other people had to urge you to eat?	reduced appetite. 3, 3 4, 4 No appetite. Food is tasteless 5, 5 6, 6 Needs persuasion to eat at all.	food or the need to force oneself to eat.					٧	LV	
				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?		Representing difficulties in collecting one's							
				Has your trouble concentrating been so bad at any time in the past week that it has been difficult to follow a conversation? (IF	0, 0 No difficulties in concentrating. 1, 1 2, 2 Occasional	thoughts mounting an incapacitating la- of concentration.	to ck						
				YES: How bad has that been? How often has that happened this past week?)	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	Rate according to intensity, frequency							
madrs_6	madrs		dropdown	NOTE: ALSO CONSIDER BEHAVIOUR DURING INTERVIEW. 7. Lassitude	Unable to read or converse without great difficulty.	incapacity produced	I. autocomplete				У	LV	
				Have you had any trouble getting started at things in the past week?									
				IF YES: What things? Have you had to oush yourself to do thines?									
				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)?	0, 0 Hardly any difficulty in getting started. No sluggishness.	Representing difficulty in getting							
				Have you done everyday things more slowly than usual? (Have yo been sluggish?) IF YES: Like what, for example? How bad has that	carried out with effort. 5, 5 6, 6 Complete lassitude.	started or slowness initiating and performing everyda	y						
madrs_7	madrs		dropdown	been? 8. inability to feel	Unable to do anything without help.	activities.	autocomplete				٧	LV	
				Have you been less interested in things around you, or in activitie you used to enjoy? IF YES: What things? How bad has that been?									
				How much less interested in (those things) are you now compare 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		Representing the subjective experience of reduced interest	ce in						
				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	0, 0 Normal interest in the surroundings and in other people	the surroundings, or activities that							
				able to feel any emotions at all?)	 4, 4 Loss of interest in the surroundings. Loss of feelings for friends and acquaintances. 5, 5 6, 6 The experience of 	pleasure. The ability to react with							
madrs_8	madrs		dropdown	How do you feel towards your family and friends? is that differen from usual? IF REDUCED: Do you feel less than you used to towards them?	t being emotionally paralysed, inability to feel anger, grief or pleasure and a complete or even painful failure to feel for close relatives and friends	adequate emotion t circumstances or people is reduced.	o autocomplete				٧	LV	

nave your inoughts been?	
How often have you felt that way?	

			How often have you felt that way?					
			Have you been feeling guity about anything in the past week? Whatabout feeling as if you have done something bad or sinful? If	0, 0 No pessimistic thoughts. 1, 1 2, 2 Fluctuating ideas of				
			YES:What have your thoughts been? How often have you felt that way?	Persistent self-accusations or definite but still rational ideas	Representing thoughts of guilt, interiority of the control of the			
madrs_9	madrs	dropdown	ALSO CONSIDER RESPONSES TO QUESTIONS ABOUT PESSIMISM FROM ITEM 1.	6, 6 Delusions of ruin, remorse or irredeemable sin. Self- accusations which are absurd and unshakable.	reproach, sinfulness, remorse and ruin. autocomplete		у	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?		Representing the			
			This week, have you thought that you would be better off dead? IF YES: Tell me about that.		feeling that life is not worth living, that a natural death would			
			Have you had thoughts of hurting or even killing yourself this past week? IF YES: What have you thought about? How often have you	0, 0 Enjoys life or takes it as it comes. 1, 1 2, 2 Weary of	be welcome, suicidal thoughts, and			
			had these thoughts? How long have they lasted? Have you artually made plans?	life. Only fleeting suicidal thoughts. 3, 3 4, 4 Probably hetter off dead. Suicidal thoughts are common, and suicide is	preparations for suicide. Suicide			
madrs_10	madrs	dropdown	IF YES: What are these plans? Have you made any preparations to carry out these plans? (Have you told anyone about it?)	is an opportunity. Active preparations for suicide.	in themsolves influence the rating. autocomplete		٧	LV
madrs_total	madrs	calc	MADRS total score 1. Have you ever had an intense rush of anxiety, or what	sum([madrs_1],[madrs_2],[madrs_3],[madrs_4],[madrs_5],[madrs_6],[madrs_7],[madrs_8],[madrs_9],[madrs_10])				LV
			someone might call a "panic attack," when you suddenly felt very frightened, or anxious or suddenly developed a lot of physical		(screening for panic attacks)			
scid_screen_1	scid5rv_screen	dropdown	symptoms?	1, No 3, Yes	attacks)		٧	LV
scid_screen_2	scid5rv_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
			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			LV
scid_screen_3	scid5rv_screen	dropdown	Internating a conversation or meeting untaminar people? Is there anything that you have been afraid to do or felt very uncomfortable doing in front of other people, like speaking.	1, NO 3, Yes	Anxiety Disorder) (screening for Social		٧	LV
scid_screen_4	scid5rv_screen	dropdown	eating, writing, or using a public bathroom? 5. Are there any other things that have made you especially	1, No 3, Yes	Anxiety Disorder)		٧	LV
scid_screen_5	scidSrv_screen	dropdown	anxious or afraid, like flying, seeing blood, getting a shot, heights, closed places, or certain kinds of animals or insects?	1, No 3, Yes	(screaming for Specific Phobia) (screaming for current		٧	LV
scid_screen_6	scid5rv_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	Generalized Anxiety Disorder)		у	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	(screaming for past Generalized Anxiety Disorder)	[sold screen 6] = '1'		LV
scia_screen_7	SCIESTV_SCI WITH	агораомп	Have you ever been bothered with thoughts that kept coming back to you even when you didn't want them to, like being	1, NO 3, NS	(screening for obsessions in	Izon zosesi el = 1		LV
scid_screen_8	scidSrv_screen	dropdown	exposed to germs or dirt or needing everything to be lined up in a certain way?	1, No 3, Yes	Obsessive-Compulsive Disorder) (screening for		y	LV
			How about having images pop into your head that you didn't want like violent or horrible scenes or something of a sexual		Obsessive-Compulsive			
scid_screen_9	scid5rv_screen	dropdown	nature?	1, No 3, Yes	Disorder) (screening for		٧	LV
scid screen 10	spidSrv spreen	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	obsessions in Obsessive-Compulsive Disorder)		v	LV
alu_alum_10	AUDICAL CONTRACTOR OF THE PROPERTY OF THE PROP	атораонт	11. Was there ever anything that you had to do over and over again and was hard to resist doing. He washing your hands again	2,10 (3, 10	(screening for		,	
			and again, repeating something over and over again until it "felt right," counting up to a certain number, or checking something		compulsions in Obsessive-Compulsive			
scid_screen_11 scid_screen_12	scid5rv_screen scid5rv_screen	dropdown	many times to make sure that you'd done it right? 12. Have you ever had a time when you weighed much less than other people thought you ought to weigh?	1, No 3, Yes 1. No 3, Yes	Disorder) (screening for Anoroxía Norvosa)		v	LV
		,			(screening for binge eating in Bullmia			-
scid_screen_13	scid5rv_screen	dropdown	13. Have you often had times when your eating was out of control?	1, No 3, Yes	Nervosa and Binge Eating Disorder) (screening for		у	LV
					inattention in current Attention-			
scid_screen_14	scid5rv_screen	dropdown	14. Over the past several years, have you often been easily distracted or disorganized?	1, No 3, Yes	Deficit/Hyperactivity Disorder)		y	LV
					(screening for hyperactivity/impulsiv ity in current			
			15. Over the past several years, have you often had a lot of		Attention- Deficit/Hyperactivity			
scid_screen_15	scid5rv_screen	dropdown	difficulty sitting still or waiting your turn?	1, No 3, Yes	Disorder)		٧	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 either 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?					
scid_a_a_1	scidSrv_a_mood_disorders_a_current_mde	dropdown	IF YES TO EITHER OF ABOVE: What has that been like? How long has it lasted? (As long as 2 weeks?)	subthreshold 3, 3 threshold or true	Ai			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 opioused? Although that that become like? Give me come					
			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		A2 1 or 2 = IF NETHER ITEM A.1			
			interest or pleasure in things you usually enjoyed? (What has that been like? Give me some examples.)		NOR A.2 IS CODED "3," GO TO "PAST			
scid_a_a_2	scidSrv_a_mood_disorders_a_current_mde	dropdown	IF YES: Has it been nearly every day? How long has it lasted? (As long as 2 weeks?)	-99, -99 inadequate information \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 3, 3 threshold or true	MAJOR DEPRESSIVE EPISODE* A.S			LV
			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).					
			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,					
			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					
crid a a 2	criding a mond dispersion	dened	you lost or gained any weight? How much? IF YES: Have you been trying to [lose/gain] weight?)	-99, -99 inadequate information 1, 1 absent or false 2, 2	A3	[scid a a 1] = '3' or [scid a a 2] = '3'		LV
scid_a_a_3 scid_a_a_3_a	scidSrv_a_mood_disorders_a_current_mde scidSrv_a_mood_disorders_a_current_mde		A. 3. a Check if:	subthreshold 3, 3 threshold or true 0, Weight loss or decreased appetite 1, Weight gain or increased appetite	-	[scid_a_a_3] = '3' or [scid_a_a_2] = '3' [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					
			frequently, trouble staying adeep, waiting 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					
scid_a_a_4 scid a a 4 a	scidSrv_a_mood_disorders_a_current_mde scidSrv_a_mood_disorders_a_current_mde	dropdown dropdown	before you got [depressed/OWN WORDS]? Has it been nearly every right?) A. 4. a Check if:	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true 0, Insomnia 1, Hypersomnia	A4	[scid a a 1] = '3' or [scid a a 2] = '3' [scid a a 4] = '2' or [scid a a 4] = '3'		LV 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 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	-99, -99 inadequate information 1, 1 absent or false 7 2				
scid_a_a_5 scid a a 5 a	scidSrv_a_mood_disorders_a_current_mde scidSrv a mood disorders a current mde	dropdown dropdown	been nearly every day?) A. S. a) Check if:	subthreshold 3, 3 threshold or true 0, Psychomotor agitation 1, Psychomotor retardation	A5 A7/A8	[scid_a_a_1] = '3' or [scid_a_a_2] = '3' [scid_a_a_5] = '2' or [scid_a_a_5] = '3'		LV
			A. 6. Fatigue or loss of energy nearly every day.					
	scid5rv_a_mood_disorders_a_current_mde	dropdown	what has your energy level been like? (Tired all the time? Nearly every day?)	-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
scid_a_a_6								

			A. 7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-				
			repreach 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?)	00.00			
scid_a_a_7 scid a 7 a	scid5rv_a_mood_disorders_a_current_mde scid5rv_a_mood_disorders_a_current_mde	dropdown dropdown	IF YES TO EITHER OF ABOVE: Nearly every day? 7. a Check if: A. 8. Diminished ability to think or concentrate, or indecisiveness,	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true 0, Worthlessness 1, inappropriate guilt	A13 A14/A15	[scid a a 1] = '3' or [scid a a 2] = '3' [scid a a 7] = '2' or [scid a a 7] = '3'	LV
			nearly every day (either by subjective account or as observed by others).				
scid_a_a_8	scidSrv_a_mood_disorders_a_current_mde	dropdown	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?)	-99, -99 inadequate information \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 3, 3 threshold or true	A16	[sold_a_a_1] = '3' or [sold_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?				
scid_a_a_9	scidSrv_a_mood_disorders_a_current_mde	drondown	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	A17	[scid_a_a_1] = '3' or [scid_a_a_2] = '3'	LV
scid_a_a_9_a		checkbox	A. 9. a Checkif: A. Summary.	0, Thoughts of own death 1, Suicidal ideation 2, Specific plan 3, Suicide attempt	A18/A19/A20/A21 A22 1-60 TO "PAST	[scid_a_a_9] = '3' or [scid_a_a_9] = '2'	LV
scid_a_a_sum	scidSrv_a_mood_disorders_a_current_mde	dropdown	AT LEAST FIVE OF THE ABOVE SIS (A.1-A.9) ARE CODED "3" AND AT LEAST ONE OF THESE IS TEM A.1 OR A.2. B. Ind symptomic cause crinicary significant actives or impairment in social, occupational, or other important areas of functioning.	1, 1 absent or false 3, 3 threshold or true	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:	ı			
			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?	-99 -99 Inadequate information 1.1 absent or false 2.2	A23.1=GO.TO *PAST		
scid_a_b	scidSrv_a_mood_disorders_a_current_mde	dropdown	Have (DEPRESSIVE SXS) affected any other important part of C. Immany Depressive Episobac) The episobe 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	MAJOR DEPRESSIVE EPISODE* A.5	[scid a a sum] = '3'	LV
			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.4S, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."				
			lust before this began, were you physically ill? IF YES: What did the doctor say?				
			lust before this began, were you using any medications? IF YES: Any change in the amount you were using?				
			lust before this began, were you drinking or using any drugs?				
			Etiological medical conditions include: stroke, Huntington's disease, Parkinson's disease, traumatic brain injury, Cushing's disease, hypothyroidism, multiple sclerosis, systemic lupus erythematosus.		C99 or 1=DUETO SUBSTANCE USE OR GMC, GO TO *PAST		
scid_a_c	scidSrv_a_mood_disorders_a_current_mde	dropdown	eryceneusous. Etiological sobstances/medications include: alcohol (I/W), phencyclidine (II), halucinogens (I), inhalants (I), opiodis (I/W), sedative, hyporotics or anniolytics (I/W), amphetamine and other furmiulants (I/W), condine (I/W), annival agents (equivines), Module A summary, Module A summary.	-99, -99 inadequate information \mid 1, 1 absent or false \mid 3, 3 threshold or true	MAJOR DEPRESSIVE EPISODE* A.S *3=PRIMARY	[sold a b] = 3' or [sold a b] = '2'	LV
			"3." 3 - True- Current MDE	if([[scid_a_c]=3 and [scid_a_b]=3 and [scid_a_a_sum]=3], 3,			
scid_a_sum	scidSrv_a_mood_disorders_a_current_mde	calc	1 = False= Go to 8: Past MDE Total number of Major Depressive Episodes, including current (CODE 99 IF TOO NUMEROUS OR INDISTINCT TO COUNT).	1)	A2S		LV
			(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)?		A26 *Go to Current		
scid_a_a_eps	scid5rv_a_mood_disorders_a_current_mde	text	At least two of the above symptoms during the majority of days of the current Major Depressive Episode.	1	Manic Episode* number 0	[scid_a_sum] = 3*	LV
			Feeling keyed up or tense.				
			IF UNKNOWN: When did this period of (depression/OWN WORDS) begin?On most of the days when you were feeling depressed, did you				
scid_a_anxious1	With Anxious scidSrv a mood disorders Distress	dropdown	alsofeel 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?)	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true		[scid_a_sum] = 3*	LV
			Difficulty concentrating because of worry. have trouble concentrating because you were worried about	-99, -99 inadequate information 1, 1 absent or false 2, 2			
scid_a_anxious3	scidSrv_a_mood_disorders_a_current_mde	dropdown	things? (On most of the days?) 4. Fear that something awful may happen.	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?)	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true		[scid_a_sum] = 3*	LV
			S.Beeling that the individual might lose control of [his or her arcsiety or worry]. feel that were anxiety or worry.				
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	1=Go to "With	[scid_a_sum] = '3'	LV
scid_a_anvioussum	scidSrv_a_mood_disorders_a_current_mde	dropdown	AT LEAST TWO ITEMS ARE CODED "3."	1, 1 absent or false 3, 3 threshold or true	Peripartum Onset* Below: 3= With Amklous distress; Indicate severity	[scid_a_sum] = '3'	LV
			Indicate current severity: (circle the appropriate number)	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.			
scid_a_anxioussev	scidSrv_a_mood_disorders_a_current_mde	dropdown	which you were treating annous, 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.	agitation 14, Severe: Four or tive symptoms and with motor agitation		[scid a anxioussum] = '3'	LV
scid_a_peripart	With Peripartum scidSrv a mood disorders Onset	dropdown	IF UNKNOWN: When did (DEPRESSIVE SXS) start?	0, 0 Not applicable 1, 1 absent or false 3, 3 threshold or true 1, Onset during pregnancy. 2, Onset during 4 weeks	3-Mith 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) A. At least three of the following manic/ hypomanic symptoms are present [] during the majority of days of the current episode of depression:	following delivery.		[scid_a_peripart] = "3"	LV
			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?				
	With Mixed		On most of the days when you were feeling depressed,was your mood also elevated so that you felt on top of the	-99, -99 inadequate information 1, 1 absent or false 2, 2			
scid_a_mixeda1	scidSrv a mood disorders Features	dropdown	world? (On most of the days? 2. Inflated self-esteem or grandiosity.	-99, 99 manaquare mormation 1,1 assent or large 2,2 subthreshold 3, 3 threshold or true	AS10	[scid_a_sum] = 3"	LV
			did you also feel more colf-confident the a second as the				
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_mixeda2 scid_a_mixeda3	scidSrv_a_mood_disorders_a_current_mde scidSrv_a_mood_disorders_a_current_mde		special powers or abilities? Did you feel much smarter or better than everyone else? (On most of the days?)	subthreshold 3, 3 threshold or true	AS11	[sold a sum] = 3°	LV

			Flight of ideas or subjective experience that thoughts are				
scid_a_mixeda4	scidSrv_a_mood_disorders_a_current_mde	dropdown	racing. 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	[sold a sum] = 3"	LV
scid_a_mixeda5	scidSrv_a_mood_disorders_a_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?)	subthreshold 3, 3 threshold or true	AS14	[scid ,a .sum] = '3'	LV
			6. Increased or excessive involvement in activities that have a high potential for painful consequences (e.g., ergaging in unrestrained buying spreed, sexual indiscretions, foolish business investments). Judid you do anything that could have caused trouble for you or your family? (Buying things you dight need or couldn't afford?				
scid_a_mixeda6	scidSrv_a_mood_disorders_a_current_mde	dropdown	Amything sexual that was likely to get you in trouble? Driving recklessly? Did you make any risky or imputishe 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 \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 3, 3 threshold or true	ASIS	[sold a sum] = 3"	LV
scid_a_mixeda7	scid5rv_a_mood_disorders_a_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_a_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	ASST 2 - Go to "With Catatonia" See below ASSB 1 - Go to "With catatonia" Below	[scid_a_sum] = '3'	LV
scid_a_mixedb	scidSrv_a_mood_disorders_a_current_mde	dropdown	IF UNCLEAR: Have other people noticed (SXS CODED "3")? Are (SXS CODED "3") different from the way you usually are? D. The mixed symptoms are not attributable to the physiological	-99, -99 inadequate information $\ $ 1, 1 absent or false $\ $ 2, 2 subthreshold $\ $ 3, 3 threshold or true	NOTE: Criterion C has	[scid a mixedasum] = '3'	LV
scid_a_mixedd	scidSrv_a_mood_disorders_a_current_mde	dropdown	effects of a substance (e.g., a drug of abuse, a medication, or other treatment).	-99, -99 inadequate information \mid 1, 1 absent or false \mid 3, 3 threshold or true	Catatonia* See Below AS20 1= Go to *With	[scid_a_mixedb] = '3'	LV
scid_a_mixedsum	scidSrv_a_mood_disorders_a_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	.99, .99 Inadequate information \mid 1, 1 absent or false \mid 3, 3 threshold or true	Catatoria' See Below 3-Wkth Mixed Features	[scid_a_mixedd] = '3'	LV
			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:				
scid_a_cata1	scidSrv a mood disorders With Catatonia	dropdown	2.5 rimacing (i.e., odd and inappropriate facial expressions	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true -99, -99 inadequate information 1, 1 absent or false 2, 2	AS22	[scid a sum] = '3'	LV
scid_a_cata2	scid5rv_a_mood_disorders_a_current_mde		unrelated to situation). 3.Mannerism (i.e., odd, circumstantial caricature of normal	subthreshold 3, 3 threshold or true -99, -99 inadequate information 1, 1 absent or false 2, 2	AS23	[scid_a_sum] = '3'	LV
scid_a_cata3	scidSrv_a_mood_disorders_a_current_mde scidSrv_a_mood_disorders_a_current_mde		actions). 4 Bosturing (i.e., spontaneous and active maintenance of a posture against gravity).	subthreshold 3, 3 threshold or true -99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	AS24 AS24	[scid a sum] = '3'	LV
scid_a_cata6	scidSrv_a_mood_disorders_a_current_mde		5 Beitation 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_a_current_mde	dropdown	6.Sterootypy (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 a current mde	drondown	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_a_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	scid5rv_a_mood_disorders_a_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	scid5rv_a_mood_disorders_a_current_mde	dropdown	10.Echopraxia (i.e., mimicking another's movements). 11.Eatalepsy (i.e., passive induction of a posture held against	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true -99, -99 inadequate information 1, 1 absent or false 2, 2	AS30	[scid a sum] = '3'	LV
scid_a_cata11	scidSrv_a_mood_disorders_a_current_mde	dropdown	gravity). 12. Moxy flexibility (i.e., slight, even resistance to positioning by examiner).	subthreshold 3, 3 threshold or true -99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	A531 A532	[scid a .sum] = '3' [scid a .sum] = '3'	LV
scid_a_cata12 scid_a_catsum	scidSrv_a_mood_disorders_a_current_mde scidSrv_a_mood_disorders_a_current_mde		AT LEAST 3 "A" SYMPTOMS ARE CODED "3" AND ARE PRESENT DURING MOST OF THE CURRENT MAJOR DEPRESSIVE EPISODE.		AS33 3-With Catatonia	[scid a sum] = 3'	LV
			NOTE: When identifying the most severe period, consider entire current episode.				
			A. One of the following is present during the most severe period of the current episode: 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 worstIF UNKNOWN:did you completely lose interest or pleasure in				
scid_a_mela1	With Melancholic scidSrv a mood disorders Features	dropdown	everything? 2. Lack of reactivity to usually pleasurable stimuli (does not feel	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	AS34	[scid .a .sum] = '3'	LV
			much better, even temporarily, when something good happens). if something good happened to you or someone tried to cheer		AS35 if neither A.1 nor A.2 are coded "3", Go to "Atypical		
scid_a_mela2	scidSrv_a_mood_disorders_a_current_mde	dropdown	you up, did you feel better at least for a while? B. Three (or more) of the following: 1. A distinct quality of depressed mood characterized by profound	subthreshold 3, 3 threshold or true	Features* A.4.6.	[scid_a_sum] = '3'	LV
			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?)				
scid_a_melb1	scidSrv_a_mood_disorders_a_current_mde	dropdown	IF YES: How was it different? 2. Bepression that is regularly worse in the morning.	-99, -99 inadequate information $\ $ 1, 1 absent or false $\ $ 2, 2 subthreshold $\ $ 3, 3 threshold or true	362A	[scid_a_mela1] = '3' or [scid_a_mela2] = '3'	LV
scid_a_melb2	scidSrv_a_mood_disorders_a_current_mde	dropdown	Did you usually feel worse in the morning than you did the rest of the day? 3.Barly 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_a_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]?)	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	A538	[scid_a_mela1] = '3' or [scid_a_mela2] = '3'	LV
			Marked psychomotor agitation or retardation. IF UNKNOWN: Were you talking or moving very slowly during that time, as if you were doing things in slow motion?				
scid_a_melb4	scid5rv_a_mood_disorders_a_current_mde	dropdown	IF UNKNOWN: How about being extremely restless or unable to sit still? (Were you pacing around a lot or wringing your hands?)	-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	scid5rv_a_mood_disorders_a_current_mde	dropdown	5.Bignificant anorexia or weight loss.	-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_a_current_mide	dropdown	6.Bxcessive or inappropriate guilt. 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_a_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
					AS433 - With Melancholic Features - Go to "Current MaricEpiocole" A.10		
scid_a_melsum scid_a_atypcheck	scid5rv_a_mood_disorders_a_current_mde With Atypical scid5rv a mood disorders Features	dropdown	CRITERIA A AND B ARE CODED "3." IF CURRENT EPISODE MEETS CRITERIA FOR MELANCHOLIC FEATURES OR CATATONIA, CHECK_YES_AND GO TO "CURRENT MANIC EPISODE" A.10.	1, 1 absent or false 3, 3 threshold or true 1, No 3, Yes	ManicEpisode* A.10 AS44	[scid_a_melbsum] = '3' [scid_a_sum] = '3'	LV
			NOTE: THE TIME FRAME FOR THESE QUESTIONS IS THE ENTIRE DUBATION OF CURRENT MAJOR DEPRESSIVE FROMDE. The following features must predominate during the majority of day of the current Major Depressive Epicode. 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				
grid a phon	cridSty a mond disorder	dmeda	if something good happened to you or if someone tried to cheer you up, did you feel better, at least for a while?	-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_atypa	scidSrv_a_mood_disorders_a_current_mde	dropdown	B. Two (or more) of the following features: 1. Simplicant weight eals or increase in appetite.		-power DAN	process of a second sec	LV
			Significant weight gain or increase in appetite. On most of the days that you have				
			On most of the days that you have been feeling depressed IF UNKNOWN:did your appetite increase a lot or did you gain				
scid_a_atypb1	scidSrv_a_mood_disorders_a_current_mde	dropdown	a lot of weight? (How much? On most of the days?)	-99, -99 inadequate information \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 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

			NOTE: Code "3" if more than 10 hours a day or if at least 2 hours more than when not depressed.				
scid_a_atypb2	scidSrv_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	AS47	[scid_a_atypa] = '2' or [scid_a_atypa] = '3'	LV
			3.Beaden paralysis (i.e., heavy, leaden feelings in arms or legs).				
scid_a_atypb3	scidSrv_a_mood_disorders_a_current_mde	dropdown	did your arms or legs often feel heavy (as though they were ful of lead)? (On most of the days?) 4. Mong-standing pattern of interpersonal rejection sensitivity (not limited to episodes of mood disturbance) that results in significant social or occupational impairment.	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	A548	[scid_a_atypa] = '2' or [scid_a_atypa] = '3'	LV
icid a atypb4	scidSrv a mood disorders a current mide	dropdown	On most of the days that you have been feeling depressed	-99, 49 inadequate information 1, 1 absent or falle 2,2 subtreshold 3,3 threshold or true	ASA9	[sidi_a_ahppa] = "For [sid_a_ahppa] = "F	LV
					ASS0 1=Go to *Current Manic	[scid_a_atypa] = '2' or [scid_a_atypa] =	
scid_a_atypbsum	scidSrv_a_mood_disorders_a_current_mde scidSrv_a_mood_disorders_a_current_mde		AT LEAST TWO "B" ITEMS ARE CODED "3." C. Briteria are not met for "With Melancholic Features" or "With Catatonia" during the same episode.	1, 1 absent or false 3, 3 threshold or true 1, 1 absent or false 3, 3 threshold or true	Epicade* A.10 ASS11-Go to *Current Manic Epicade* A.10 ASS23With Atypical	'3' [scid a atypbsum] = '3'	LV
scid_a_atypsum	scidSrv_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	1, 1 absent or false 3, 3 threshold or true	ASS.2 S- With Attyrical Features. 18.3-Go to *Current Manic Episode* A.10	[solid_a_atype] = '3'	LV
scid_pastmde_check	scidSrv_a_mood_disorders_b_past_mde	dropdown	instrument	0, Yes 1, No			LV
			A 1.NOTE IF CUBBERTY OF PRESSOR DACOD OLICIS OF INTEREST OF THE CUBBERTY OF PRESSOR DACOD OLICIS OF INTEREST OF THE CUBBERTY				
			observation made by others (e.g., appears tearful). NOTE in children and adolescents, can be intitlable mood.				
			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	427		
icid_a_b_a_1	scidSrv_a_mood_disorders_b_past_mde	dropdown	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).	sustriveshold s, s threshold of true	AJ	[sold pastmde check] = "1"	LV
			IF PREVIOUS ITEM CODED "3." During that time, did you soci 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)?		A28 IF NEITHER ITEM		
izid_a_b_a_2	scidSrv_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 May's Depressive Episode in the past Episode. If there was a fleely Magin Operation's Episode in the past year, sat about that episode even if it was not the worst. POR THE FOLLOWING QUESTIONS, FOLLOW NOTE 120 WORST 2 WEEKS OF THE PAST MAJOR DEPRESSIVE EPISODE THAT YOU ARE MOURING ABOUT.	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	ALI NORAZIS CODED 3, "GO TO "GUIRRITT MANIC EMSODE" A.10	[sold pastmde check] ="1"	LV
			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).				
			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 appette nearly every day. NOTE: in children, consider failure to make expected weight gains.				
			E UNKNOWN: Since (t MONTH AGO), during which 2-week period would you say you have been doing which 2-week period would you say you have been doing which 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? Est [Disc/mort] than usual?? Hast had been nearly every 43/2/ Have				
icid_a_b_a_3	scidSrv a mood disorders b past mde	dropdown	you lost or gained any weight? How much? 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
icid_a_b_a_3_a	scidSrv_a_mood_disorders_b_past_mde	dropdown	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 early. OR sleeping too early. On sleeping too early.				
			been getting? How many hours of sleep did you typically get before you got [depressed/OWN WORDS]? Has it been nearly	-99, -99 inadequate information 1, 1 absent or false 2, 2	A32	[scid_a_b_a_1] = '3' or [scid_a_b_a_2] =	LV
cid_a_b_a_4 cid_a_b_a_4_a	scidSrv_a_mood_disorders_b_past_mde scidSrv_a_mood_disorders_b_past_mde	dropdown	every night?) 4. a Check if:	subthreshold 3, 3 threshold or true 0, Insomnia 1, Hypersomnia	A32/A34	'3' [scid_a_b_a_4] = '2' or [scid_a_b_a_4] = '3'	LV
			A. S. Psychomotor agitation or retardation nearly every day (observable by others, nor intendy subjective feelings of restlessness or being slowed down) 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	-99, -99 inadequate information 1, 1 absent or false 2, 2		[scid_a_b_a_1] = '3' or [scid_a_b_a_2] =	
icid_a_b_a_5 icid_a_5_a_b	scidSrv_a_mood_disorders_b_past_mde scidSrv_a_mood_disorders_b_past_mde	dropdown	been nearly every day?) 5. a Check if:	subthreshold 3, 3 threshold or true 0, Psychomotor agitation 1, Psychomotor retardation	A35 A36/A37	'3' [scid_a_b_a_5] = '2' or [scid_a_b_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?)	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true		[scid_a_b_a_1] = '3' or [scid_a_b_a_2] = '3'	
icid_a_a_6_b	scidSrv_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- repreach or guilt about being sick)	subthreshold 3, 3 threshold or true	A38	.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	things since you have been sick?) 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	scidSrv_a_mood_disorders_b_past_mde	dropdown	7. a Check it: 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
icid_a_b_a_8	scid5rv_a_mood_disorders_b_past_mde	dropdown	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?) A. 9. Recurrent thoughts of death (not just fear of dying),	-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
			recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.				
			taking your own life? IF YES: Have you done something about it? (What have you				
scid_a_b_a_9 scid_a_b_a_9_a	scidSrv_a_mood_disorders_b_past_mde scidSrv_a_mood_disorders_b_past_mde	dropdown	done? Have you made a specific plan? Have you taken any action to prepare for it? Have you actually made a suicide attempt?) 9. a Check if:	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true 0, Thoughts of own death 1, Suicidal ideation 2, Specific plan 3, Suicide attempt	A43 A44/A45/A46/A47	[scid_a_b_a_1] = '3' or [scid_a_b_a_2] = '3' [scid_a_b_a_9] = '3' or [scid_a_b_a_9] = '2'	LV

			A. Summary. AT LEAST FIVE OF THE ABOVE SXS (A.1-A.9) ARE CODED "3" AND AT LEAST ONE OF THESE SITEM A.1 OR A.2. IF NOT ALREADY ASKED: IF NOT ALREADY ASKED:				
			WORDS) and had even more of the symptoms that I just asked you about? IF YES: RETURN TO *PAST MAJOR DEPRESSIVE EPISODE* A.S., AND CHECK WHETHER THERE HAVE BEEN ANY OTHER MAJOR		A48 1= IF NO: GO TO "CURRINT MANIC EPISODE" A. 10.		
scid_a_b_a_sum	scidSrv_a_mood_disorders_b_past_mde	dropdown	DEPRESSIVE EPISODES THAT WERE MORE SEVERE AND/OR CAUSED MORE SYMPTOMS. IF SO, ASK ABOUT THAT EPISODE. IF NOT GO TO "CURRENT MANIC EPISODE" A.10. IF NOT AUREADY ASKED:	1, 1 No 3, 3 Yes	3-CONTINUE WITH NECT ITEM, CRITERION B, NEXT PAGE		LV
			Haz 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				
scid_a_a_sum_b_fu	scid5rv_a_mood_disorders_b_past_mde	dropdown	 Ine symptoms cause conscany significant distress or impairment in social, occupational, or other important areas of 	0, No 1, Yes		[scid a b a sum] = "1"	LV
			functioning. IF UNKNOWN: What effect have (DEPRESSIVE SXS) had on your life?				
			ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION B:				
			now rises (LIP ressrive SAS) affected your realizationings or your interactions with other people? (Has thic caused you any problems in your relationships with your family, romantic partner or friends?) How have (DEPRESSIVE SKS) affected your work/school? (How				
scid_a_b_b	scidSrv_a_mood_disorders_b_past_mde	dropdown	anything because you felt like you weren't up to it? Have (DEPRESSIVE SXS) affected any other important part of IF NOT ALREADY ASKED: Has there been any other time when you were (depresed/JOWN WORDS) and it caused even more	-99, -99 inadequate information \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 3, 3 threshold or true	A49 autocomplete	[scid a b a sum] = '3'	LV
			problems than the time I just asked you about? IF YES: RETURN TO "PAST MAJOR DEPRESSIVE EPISODE" A.S, AND CHECK WHETHER THERE HAVE BEEN ANY OTHER MAJOR DEPRESSIVE EPISODES THAT WERE MORE SEVERE AND/OR CAUSED MORE SYMPTOMS. IF SO, DAS ABOUT THAT EPISODE.				
scid_a_b_fu	scidSrv_a_mood_disorders_b_past_mide	dropdown	I NO. GO TO "CURRENT MANIC EPISODE" A 10. L primary uppersone typicologic propose in ori attributation to the physiological effects of a substance (e.g., a drug of abuse), medication) or to another medical condition. I FT-REE 63 abuse, medication) to a mobile medication of the SIGN. I FT-REE 63 abuse, medication to the another medication office. I FT-REE 63 abuse, mildication transfer in Ediphics signs of MAM 96 SECONDAM (E. A. BESCHIEDER) COMPACT (FT-C) COMPACT (ASSECTION) AND ASSECTION (ASSECTION). AND ASSECTION OF A CONTROLLED A	0, No 1, Yes		[soid a b b] = "1" or [soid a b b] = "2"	LV
			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?				
			Etiological medical conditions include: stroke, Huntington's diseace, Parkinson's disease, traumatic brain injury, Cushing's diseace, hypothyrodism, multiple sclerosis, systemic lugus erythematosus.	-99, -99 Inadequate information 1, 1 absent or false 3, 3	ASO 1-DUE TO SUBSTANCE USE OR GMC, CONTINUE. 3-PRIMARY		
scid_a_c_b	scidSrv_a_mood_disorders_b_past_mde	dropdown	Etiological substances/medications include: alcohol (I/Wi), 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).	threshold or true	DEPRESSIVE EPIGODE	[sold a b b] = '3' or [sold a b b] = '2'	LV
			IF UNKNOWN: Has there been any other time when you were having (DEPRESSIVE SIGS) like this but were not (using SUBSTANCE/MEDICATION/III with GMC)? IF YES: GO TO "PAST MAJOR DEPRESSIVE EPISODE" A.S. 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.				
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, 8, AND C ARE CODED "3."	0, No 1, Yes	AS1	[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 How old were you when (PAST MAJOR DEPRESSIVE EPISODE)	if([[scid_a_c_b]=3 and [scid_a_b_b]=3 and [scid a b a suml]=3], 3, 1)	Age-at-onset of Past Major Depressive		
scid_a_b_age	scidSrv_a_mood_disorders_b_past_mde	text	started? How many separate times in your life have you been		Episode coded above. number 0 110 Total number of Major Depressive Episodes (CODE 99 IF	[scid , a , sum , b] = '3'	
scid_a_b_eps	scid5rv_a_mood_disorders_b_past_mde	text	(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)? A. A distinct period [lasting at least several days] of abnormally		TOO NUMEROUS OR INDISTINCT TO COUNT). number 0	[scid a sum b] = '3'	
			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 or good, "high," excited, or "on top of the world" that other people thought you were not your normal safet. 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? I have you been much world and an unusual amount of energy? He you been much world have you been much world 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?)				
scid_a_c_a_1 scid_a_c_a_1a	scidSrv a mood disorders c current manic scidSrv a mood disorders c current manic		A 1. a) Check if:	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true 0, elevated expansive mood 1, irritable mood	AS4 1 - Go to Patt Maric Episone ASS / AS6	Y	LV
			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?				
	nide.		Have you been feeling (high/irritable/OWN WORDS) for most of the day, nearly every day during this time? NDTE: If elevated mood lasts less than 1 week, check whether	-99, -99 inadequate information 1, 1 absent or false 2, 2	AS7 1= Go to Current	[scid_a_c_a_1] = '2' or [scid_a_c_a_1] =	LV
scid_a_c_a_2	scid5rv a mood disorders c current manic	., uropuden	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:	subthreshold 3, 3 threshold or true	Hypomanic Epicode	-	=
			Inflated self-esteem or grandiosty. FOCUS ON THE MOST SEVERE WEEK IN THE PAST MONTH OF THE CURRENT PERSON FOR THE FOLLOWING QUESTIONS. IF UNLICEASE. During (EPISODE), when were you the most (high/irritable/OWN WORDS)?				
scid_a_c_b_1	scidSrv a mood disorders c current manic	eş dropdown	During that time	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	AS8	[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	es 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

		B. 3. More talkative than usual or pressure to keep talking. ———————————————————————————————————				
scid_a_c_b_3	scidSrv a mood disorders c current manic eg 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	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	A50	[scid_a_c_a_2] = '2' or [scid_a_c_a_2] = '3'	LV
scid_a_c_b_4	scidSrv a mood disorders c current manic eş dropdown	racing. did you have thoughts racing through your head? (What was that like?)	subthreshold 3, 3 threshold or true	AS1	[scid_a_c_a_2] = '2' or [scid_a_c_a_2] = '3'	LV
scid_a_c_b_5	scidSrv a mood disorders c current manic et dropdown	B. 5. Distractibility (i.e., attention too easily drawn to unimportano rimelevant external stramil) as reported or observed. were you so easily distracted by things around you that you had rounder concentrating or staying on one track? (Siev me an example of that.) B. 6. Increase in goal-directed activity (either socially, at work or school, or sexually or psychonotor agilation (i.e., purposeless non goal-directed activity).	I .99, 99 inadequate information 1, 1 absent or false 2, 2	AG2	$ \frac{[\operatorname{sid}_{\mathcal{A}_{n}}, \underline{c}_{\mathcal{A}_{n}}, \underline{2}] - T \text{ or } [\operatorname{sid}_{\mathcal{A}_{n}}, \underline{c}_{\mathcal{A}_{n}}, \underline{2}] - }{3} $	v
xid_a_c_b_6 xid_a_c_b_6a	ccidirv a mood disorders c current maric es dropdown scidirv a mood disorders c current maric es dropdown	big change for year? Were your physically restince during this time, dring things the pacing a lot, or being unable to all staff. (New had was it?) 8. 6. a) Check it. 8. 7. Excellent indevention is activities that have a high potential property consequences (e.g., employer in unrestrained buying repress, research ediscretions, or footish business investments), where you doubt a doubt of the property of the p		AGS AGA / AGS	[664_3_2_3_7] - 7 or [664_3_2_3_7] - 37 1664_3_2_3_6_6 - 7 or [664_3_2_3_6] - 27	LV LV
scid_a_c_b_7	sódáv a mood disorders c current manic eg dropdown	—Spaning money on things you don't need or couldn't study? The but about giving my money or cultually things? Canading with money you couldn't afford to local? —Applying search that was likely to get you in thouble? Onlying recksiosy? —Spaning search that was likely to get you in thouble? Onlying recksiosy? —Spaning search that you wouldn't commit have done? AT LEATHERS "F" SSS. ARE COOID" 3" (FOUR! P MODO ONLY IRETABLE).	. 99, 99 isadequate information 1, 1 absent or false 2, 2 subthreaked 3, 3 threshold or true	A66	[rod 3 < 3 2] = "For [rod 3 < 3 2] = "F	LV
scid_a_c_b_sum	scidSrv a mood disorders c current manic es dropdown		1,1 False 3,3 True	A67 1 - Go to Past Marric Epicode	[soid_a_c_a_2] = '2' or [soid_a_c_a_2] = '3'	LY
		IF UNKNOWN What effect have these (MANIC SES) had on you fails? If UNKNOWN they you needed to go into the hospital to protect you from hurting yourself or someone etc., or from delay protecting the second of the protect you from hurting yourself or someone etc., or from delay protecting. You for the received interest from the legislation of the protection of the pro		AGE 1-GASCAUTES		
دها <u>م د</u> د	scidire a mood disorders c current manic es directionen	—Two have DAMAC SSS) affected up on ability to take care of the physiological effects of a substance (e.g., a ging all bases, medication) or to a substance (e.g., a ging all bases, medication) or to a substance (e.g., a ging all bases, medication) or to a substance (e.g., a ging all bases, medication) or the substance (e.g., a ging all bases). —I SSS (e.g., a ging all bases) or the substance (e.g., a ging all bases) or the substance (e.g., a ging all bases). —Just before this bages, were you shorting or using any medications? —Just before this bages, were you deriving or using any drugs? —Just before this bages, were you deriving or using any drugs? —Just before this bages, were you deriving or using any drugs? —Just before this bages, were you deriving or using any drugs? —Just before this bages, were you deriving or using any drugs? —Just before this bages, were you deriving or using any drugs? —Just before this bages, were you deriving or terms and the substance of the substance (e.g., concernments) and the substance of the substanc	subthreshold I 3, 3 threshold or true	AGO 303 1 -Co.to. Part Manis Episodo.	[todd a c b word]-"I"	U
scid_a_c_d	scidSrv a mood disorders c current manic eş 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 If ([[scid_a_c_a_2]=3 and [scid_a_c_b_sum]=3 and [scid_a_c_b=3,3,1]	3- Primary Manic Episode 1- Go to Past Manic Episode 3- Current Manic Episode	[scid a c c] = '3' or [scid a c c] = '2'	LV
scid_a_c_d_sum scid_a_d_check scid_a_d_check2a	scidirv a mood disorders c current manic eç calc scidirv a mood disorders d current hypomar drippdown scidirv a mood disorders d current hypomar drippdown	MANNE PRODE CRITERIA A, B., C. AND D. ME CODED "3". IF CRITERIA ARE MIT FOR A CLIREST MANNE (PRODE, CRICE" "se" AND GO TO "PREMINISTRIAL DYSPHORIC DISORDERS" If no criteria are met for current mance (FE em A E. 1), choose yee, and skip to near instrument "Pact Manic Epicods". A. A distinct period of abnormally and persistently elevated, or rittable mood and abnormally and persistently elevated criterial exhibits period, present most of the day, nearly every day.	[cid_a_c_d-3 and [cid_a_c_d-3], 3, 1) O, No 1, Yes O, No 1, Yes	Manic Episode A21 A21		LV LV
scid_a_d_a scid_a_d_a_check	icidirv a mood disorders d'current hypomar dropdown scidirv a mood disorders d'current hypomar dropdown scidirv a mood disorders d'current hypomar dropdown	Lists the period when you were feeling flight/instals/QWM (MODIS), state of seat of days? Next it stated for most of the day, next in work day? A Chick II. B. During the period of most distributions and increased energy and a contract of the following report of the following report to a contract of the period of the following report to a contract of the period of the following report to a contract of the period of the following report to a contract of the period of the per	subthershold [3,3 threshold or true 0, elevated, expansive mood [1,1 irritable mood or	AP3 Li Gasta Past Manic Geode AP3 / AP4	[tool a d shall = W fool a d shall = W	LW LW
scid_a_d_b_1	scidSrv a mood disorders d current hypomar dropdown	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?) B. 2. Decreased need for sleep (e.g., feels rested after only 3 hour		A75	[scid a, d, a] = '2' or [scid, a, d, a] = '3'	tv
scid_a_d_b_2	scidSrv a mood disorders d current hypomar dropdown	of sleep). did you need less sleep than usual? (How much sleep were you getting?) If YES: Were you still feeling rested? B. 3. More tallative than usual or pressure to keep talking.		A76	[scid a d a] = '2' or [scid a d a] = '3'	LV
scid_a_d_b_3	scidSrv a mood disorders d current hypomar dropdown	were you much more talkative than usual? (Did people have trouble stopping you, understanding you, or getting a word in edgewise?) 8. 4. Figils 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	AZ7	[soid a d a] = '2' or [soid a d a] = '3'	LV
scid_a_d_b_4	scidSrv a mood disorders d current hypomar dropdown	did you have thoughts racing through you head? (What was that like?) 8. S. Distractibility (i.e., attention too easily drawn to unimportan or irrelevant external stimus), as reported or observed.	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true t	A78	[sold, a, d, a] = '2' or [sold, a, d, a] = '3'	EV
scid_a_d_b_5	scidSrv 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	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 timehow were you spending your time? (Work, friends, hobbies?				
		Were you been especially productive or busy? (Were you finding yourself more enthusatic at work or working harder at your job? What about being more engaged in school				
		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?)				
scid_a_d_b_6	scidSrv a mood disorders d current hypomar 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	A80	[scid_a_d_a] = '2' or [scid_a_d_a] = '3'	LV
scid_a_d_b_6a	scidSrv a mood disorders d current hypomar dropdown	8. 6. a) Check it. 8. 7. Excessive involvement in activities which have a high potential for painful consequences (e.g., engaging in unestrained buying spreas, sexual indiscretions, or foolish business investments).	0, increase in activity 1, psychomotor agitation	A81 / A82	[scid_a_d_b_6] = '2' or [scid_a_d_b_6] = '3'	LV
		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_d_b_7	scidSrv a mood disorders d current hypomar 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	A83	[scid_a_d_a] = '2' or [scid_a_d_a] = '3'	LV
		AT LEAST THREE "B" SXS ARE CODED "3" (FOUR IF MOOD ONLY IRRITABLE).				
scid_a_d_b_sum	scidSrv a mood disorders d current hypomar dropdown	NOTE: Because of the inherent difficulty in distinguishing normal periods of good mood from hypomania, review all learns coded "3" in criterion B and recode any equinocal 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	AB41= Go to Past Marric Episode	[scid_a_d_a] = '2' or [scid_a_d_a] = '3'	LV
scid_a_d_c	scidSrv a mood disorders d current hvoomar dropdown	F UNKNOWN: Was this very different from the way you usually are when you're not (high/infitable/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	ABS 1= Go to Past Marric Episode	[scid a d b sum] = '3'	LV
scid a.d.d	scidSrv a mood disorders d current hypomar dropdown	F UNKNOWN: Did other people notice the change in you? [What did they say?]	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	A86 1=Go to Past Maric Episode	[scid_a_d_c] = '2' or [scid_a_d_c] = '3'	LV
X10_4_0_0	зовани и тово възгант в сители пуровни второвен	(What did they say?) L. The epicoles on for severe enough to cause manked impairment in social or occupational functioning, or to necessitate in spitalization, and there are no psychotic features. NOTE: Code "1" if markedly impairing symptoms, if hospitalization is necessary, or if there are psychotic symptoms.		Transition Specialist	tenning de 1 de tenning de 1	
		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? IF UNKNOWN: Have you needed to go into the hospital to		A87 3 = sxs not severe enough for a dx of		
scid_a_d_e	scidSrv a mood disorders d current hypomar dropdown	protect you from hurting yourself or someone else, or from doing something that could have caused serious financial or logal IF SEVERE ENDUGHT OR REQUIRE HOSPITALIZATION OR SEVERE ENDUGHT O CAUSE MARKED IMPAIRMENT AND DURATION WAS AT LEAST 1 WEEK, CHECK HERE "Yes" AND GO TO A.10 AND	-99, -99 imadequate information 1, 1 absent or failse 2, 2 subthreshold 3, 3 threshold or true	manic spisode, continue	[sold_a_d_d] = "2" or [sold_a_d_d] = "3"	LV
scid_a_d_check1	scidSrv a mood disorders d current hypomar dropdown	TRANSCRIBE B CRITERION SYMPTOM RATINGS AND CONTINUE WITH RATINGS FOR CURRENT MANIC EPISODE. IF SEVERE ENOUGH TO CAUSE MARKED IMPAIRMENT BUT	0, No 1, Yes	A88	[scid_a_d_e] = '1'	LV
scid_a_d_check2	scidSrv a mood disorders d current hypomar dropdown	LASTED LESS THAN 1 WEEK, CHECK HERE "Ves" AND GO TO "PAST MANK EPISODE" A.18. IF "CHITRIN AND TIMET FOR A PAST MANK EPISODE, CODE "OTHER BINA DIA DISODERE" FOR THIS SEVERE BUT BRIEF EPISODS, AND INDICATE TYPE 5 ON D.8. P. (Primary Hypolical) Episode, and the spaces in or a translated to the physiological effects of a substance/medication or to another medical condition.	0, No 1, Yes	A89	[scid a d e] = "I"	LV
		IF UNKNOWN: When did this period of being thisth/irritable/OWN WORDS) beein?				
		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?				
		lust before this began, were you drinking or using any drugs? IF THERE IS ANY INDICATION THAT THE HYPOMANIA MAY BE SECONDARY (E. J., & DIBECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE, GO TO "GMC/SUBSTANCE" A 41, AND RETURN HERE TO MAKE A RATHNG OF "1" OR "3."				
		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 irrhability,		ASD-99), 1- Dus to substance one or GMC, Go to Part Maric Exclude.		
scid_a_d_f	scidSrv a mood disorders d current hypomar dropdown	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	-99, -99 inadequate information \mid 1, 1 absent or false \mid 3, 3 threshold or true	a-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 hypomar calc	1 - False- Go to Past Manic Episode 3 - True- Current Hypomanic Episode A 1 NOIE II - CURRENTI E ELVATED ON INRITIABLE MUUD BUT FULL CRITERIA ARE NOT MET FOR A MANIC EPISODE, SUBSTITUTE FULL STERS HAR EN TO MET FOR A MANIC EPISODE, SUBSTITUTE FULL STERS HOLD SUBSTIME SELD SUBSTITUTE FULL STERS OUR SUBSTIME SELD SUBSTITUTE FULL STERS HOLD SUBSTIME SELD SUBSTITUTE FULL S	M([[ccid_a_d_a]=3 and [ccid_a_d_b_sum]=3 and [ccid_a_d_c]=3 and [ccid_a_d_d]=3 and [ccid_			
		A distinct period [lasting at least several days] of abnormally and persistently elevated, expansive or initiable 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 VES: 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?)				
scid_a_e_a scid_a_e_a 1a	scidSrv a mood disorders e cast manic episc dropdown scidSrv a mood disorders e past manic episc 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 its typical for you'll, Did other people comment on how much you were doing?! A. Lareng at next. week and present most or the cay, nearly every day for any direction if hospitalization is necessary).	-99, -99 inadequate information 1, 1 abcent or false 2, 2 subthreshold 3, 3 threshold or true 0, elevated mood 1, irritable mood	A32 *****1 = Go to *Current Cyclothymic Disorder* A35/A94	[soid a e a] = "2" or [soid a e a] = "3"	LV
		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 sless, 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,				
		r OVECLEAR HAVE YOU had any times not that in time past year, since (1 YEAR AGO)? Since (1 YEAR AGO)? Since (1 YEAR AGO)? Since (1 YEAR AGO)? Since (1 YEAR AGO)?				
		NOTE: If there is evidence for more than one next enisode select		A951 or 2 = Go to		
scid_a_e_a_2	scidSrv a mood disorders e past manic episc dropdown	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\ \text{absent}$ or false $ \ 2,\ 2\ \text{subthreshold}\ \ 3,\ 3\ \text{threshold}$ or true	"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					
scid_a_e_b_1	scidSrv a mood disorders e past manic episc dropdown	During that timehow did you feel about yourself? (More self-confident than usual? Did you feel much smarter or better than everyone else? Did you feel this you had any special powers or abilities?) 8. 2. Decreased need for deep (e.g., feels rested after only 3 hour of skeep).	subthreshold 3, 3 threshold or true	A96		[scid a e a 2] = '3'	LV
scid_a_e_b_2	scidSrv a mood disorders e past manic episc dropdown	did you need less sleep than usual? (How much sleep did you get?) 17 (FES: Did you still feel rested? 8.3 More talkafee than usual or precure to keen 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	a.3. Note: carearise than obtain or pressure to keep laneing. were you much more talkative than usual? (Did people have trouble stopping you or understanding you? Did people have trouble getting a word in edgwisie?) Al. Flight of disco or subjective experience that thoughts are	-99, -99 inadequate information \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 3, 3 threshold or true	A98		[sold a e a 2] = '3'	LV
scid_a_e_b_4	scidSrv a mood disorders e past manic episc dropdown	racing.	-99, -99 inadequate information $\ $ 1, 1 absent or false $\ $ 2, 2 subthreshold $\ $ 3, 3 threshold or true	A99		[sold_a_e_a_2] = '3'	LV
		B. S. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli) as reported or observed.					
scid_a_e_b_5	scidSrv 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? (60ve me an example of that.) 8. 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	A100		[soid 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?)					
		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_e_b_6	scid5rv a mood disorders e past manic episc 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 it:	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	A101		[scid a e a 2] = '3' [scid_a_e_b_6] = '3' or [scid_a_e_b_6] =	LV
scid_a_e_b_6a	scidSrv a mood disorders e past manic episc dropdown	8.7. Excessive involvement in activities which have a high potential for painful consequences (e.g., engaging in unestrained buying sprees, sexual indiscretions, or foolish business investments)	0, increase in activity 1, psychomotor agitation	A101			LV
		During that timedid you do anything that could have caused trouble for you or your family?					
		(Spending money on things you dight's need or couldn't afford? How about giving away money or valuable things? Gambling with money you couldn't afford to loce?) (Anything sexual that was likely to get you in trouble? Driving					
scid_a_e_b_7	scidSrv a mood disorders e cast manic eoise dropdown	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 THEE "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	A104		[sold 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?					
scid_a_e_b_sum	scidSrv a mood disorders e past manic episc dropdown	IF YES RETURN TO "NAST MANIC EPISODE" A.18, AND INQUIRE ABOUT WORST EPISODE. IF NO: GO TO "CURRENT CYCLOTHYMIC DISORDER" A 28. L. In emood addurbance is sufficiently severe to custer marked impairment in social or occupational functioning or to necessizate hospitalization to prevent harm to self or others or there are psychotic feature.	1,1 False 3,3 True	A1053 - Continue		[scid a e a] = '3' or [scid a e a] = '2'	LV
		IF UNKNOWN: What effect did these (MANIC SXS) have on you life?					
		IF UNKNOWN: Did you need to go into the hospital to protect you from hurting yourself or someone etc., 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					
scid_a_e_c	scidSrv a mood disorders e past manic episc dropdown	D. Primary Maint Episoder; 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 \parallel 1, 1 absent or false \parallel 2, 2 subthreshold \parallel 3, 3 threshold or true	A1063 = continue		[sold a e b sum] = "3"	LV
		IF UNKNOWN: When did this period of being (high/ir/ntable/OWN WORDS) begin? Just before this began, were you physically III?					
		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 (p.g., medication, electroomiside therapy) but persists at a fully syndromal sevil beyond the physiological effect of that treatment is sufficient evidence for a Manic Episode and, therefore a Bipolar I diagnosis.					
scid a e d	scidSrv a mood disorders e past manic episo dropdown	NOTE: Refer to lists of etiological medical conditions and substances/medications on page A.13. *1 – IF UNKNOW: Has there been any other time when you were highly initiable/ OWN WORDS) and were not (using SUBSTANCE/III	-99, -99 inadequate information 1, 1 absent or false 3, 3 threshold or true	A107 1-Due to substance use or GMC 3-Primary March Episode, continue		[said a e c] = '3'	LV
scid_a_e_d_sum	scidSrv a mood disorders e past manic episc cropdown scidSrv a mood disorders e past manic episc calc	MANIC EPISODE CRITERIA A, B, C, AND D ARE CODED "3."	If [[[scid_a_e_a_2]=3 and [scid_a_e_b_sum]=3 and [scid_a_e_d=3], 3, 1)	A108 1 = Go to "Current Cyclothymic Disorder" 3-Past manic episode			LV
scid_a_e_e	scid5rv a mood disorders e past manic episc text	E. Age-at-onset of Past Manic Episode coded aboveHow old were you when (PAST MANIC EPISODE) started?		A109 ***Go to Premenstral Dysphoric Disorder** number 0	100	[scid ,a ,e ,d] = '3'	LV
scid_a_e_e scid_a_f_check	scidSrv a mood disorders e past manic episc text scidSrv a mood disorders f past hypomanic i dropdown	Note: If score for current (hypo)manic or past manic, choose 'yes'	0, No 1, Yes	number 0	200	, (a, (a, (a, (a))))	LV
scid_a_f_a scid_a_f_a ia	scidSrv a mood disorders f past hypomanic i dropdown scidSrv a mood disorders f past hypomanic i dropdown	When you were (high/irritable/OWN WORDS), did it last for at	-99, -99 inadequate information 1,1 absent or false 2,2 subthreshold 3,3 threshold or true 0, elevated, expansive mood 1,1 infable mood	A110 1- Go to **Current Cyclothymic Disoder* A111		$[soid \ a \ f \ check] = 0$ $[soid \ a \ f \ check] = 0$	LV LV

		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)?					
		Inflated self-esteem or grandiosity.					
		During that timehow did you feel about yourself?					
scid_a_f_b_1	scidSrv a mood disorders f past hypomanic i 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?)	-99, -99 inadequate information \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 3, 3 threshold or true	A113		[scid_a_f_a] = '2' or [scid_a_f_a] = '3'	LV
		B. 2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).					
	scidSrv a mood disorders f past hypomanic i dropdown	did you need less sleep than usual? (How much sleep did you get?)	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true				
scid_a_f_b_2	scidSrv a mood disorders f past hypomanic i dropdown	IF YES: Did you still feel rested? 8. 3. More talkative than usual or pressure to keep talking.	subthreshold 3, 3 threshold or true	A114		[scid a f a] = '2' or [scid a f a] = '3'	LV
scid_a_f_b_3	scidSrv a mood disorders f past hypomanic i 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?) 8. 4. Flight of ideas or subjective experience that thoughts are racing.	-99, -99 inadequate information \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 3, 3 threshold or true	A115		[scid_a_f_a] = '2' or [scid_a_f_a] = '3'	LV
scid_a_f_b_4	scidSrv a mood disorders f past hypomanic i dropdown	\ldots did you have thoughts racing through your head? (What was that like?)	subthreshold 3, 3 threshold or true	A116		[scid_a_f_a] = '2' or [scid_a_f_a] = '3'	LV
		 S. 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 i 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.) 8. 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 timehow 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?) Officer you more recipite during that time cuch 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	scidSrv a mood disorders f past hypomanic i 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	A118		[scid a f a] = '2' or [scid a f a] = '3'	LV
scid af b 6a	scidSrv a mood disorders f past hypomanic i dropdown	B. 6. a) Check it: 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.	O, increase in activity 1, psychomotor agitation	A119/A120		[scid a f b 6] = '3'	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?) (Did you make any risky or impulsive business investments or get					
scid_a_f_b_7	scidSrv a mood disorders f past hypomanic i dropdown	involved in a business scheme that you wouldn't normally have done?)	-99, -99 inadequate information \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 3, 3 threshold or true	A121		[sold_a_f_a] = '2' or [sold_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					
scid_a_f_b_sum	scidSrv a mood disorders f past hypomanic i dropdown	INQUIRE ABOUT THAT EPISODE. IF NO: GO TO "CURRENT CYCLOTHYMIC DISORDER" A.28.	1, 1 False 3, 3 True	A1223 = Continue		[scid a f a] = '2' or [scid a f a] = '3'	LV
		C. The episode is associated with an unequivocal change in functioning that is uncharacteristic of					
		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	scidSrv a mood disorders f past hypomanic i dropdown	IF NO: GO TO "CURRENT CYCLOTHYMIC DISORDER" A.28. D. The disturbance in mood and the change in functioning are	-99, -99 inadequate information \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 3, 3 threshold or true	A123 *3 = Continue		[scid_a_f_b_sum] = '3'	LV
		observable by others. IF NOT KNOWN: Did other people notice the change in you?					
		(What did they say?) 1 = IF NOT ALREADY ASSED: 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.	-99, -99 inadequate information 1, 1 absent or false 2, 2				
scid_a_f_d	scidSrv a mood disorders f past hypomanic i dropdown	IF NO: GO TO "CURRENT CYCLOTHYMIC DISORDER" A.28. L. The episode was not severe enough to cause manked impairment in social or occupational functioning or to necessitate hospitalization, and there are no psychotic features.	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			
scid_a_f_e	scidSrv a mood disorders f past hypomanic i dropdown	1 or 2 = IF SEVERE ENOUGH TO REQUIRE HOSPITALIZATION OR SEVERE ENOUGH TO CAUSE MARKED IMPAIRMENT AND F. (Primary Hypomain'c typisode; The episode is not attribustate to the physiological effects of a substance (e.g., a drug of abuse,	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	severe enough for a Dx of manic episode. Continue ALZE NUTE: A tull hypomanic episode		[scid_a_f_d] = '3'	LV
		medication) or to another medical condition. IF UNKNOWN: When did this period of being		that emerges during antidepressant treatment (e.g., medication,			
		IF UNKNOWN: When did this period of being (high/irritable/OWN WORDS) begin? Just before this began, were you physically ill?		medication, electroconvulsive therapy) but persists at a fully syndromal			
		IF YES: What did the doctor say?		level beyond the physiological effect of that treatment is			
		Just before this began, were you taking any medications? IF YES: Any change in the amount you were taking?		sufficient evidence for a hypomanic episode diagnosis However			
		Just before this began, were you drinking or using any drugs?		caution is indicated so that one or two symptoms			
		NOTE: IF THERE IS ANY INDICATION THAT THE HYPOMANIA MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE), GOT O'S GMC/SUBSTANCE* A-1, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."		(particularly increased irritability, edginess, or agitation following antidepressant use) are neither taken as			
		1 or 2 = Due to substance use or GMC IF UNKNOWN: Has there been any other time when you were		are neither taken as sufficient for diagnosis of a hypomanic episode,			
scid a f.f	scidSrv a mood disorders f past hypomanic i dropdown	IF UNKNOWN: Has there been any other time when you were (high/imitable/OWN WORDS) and were not (using SUBSTANCE/ MEDICATION/III with AMC)?	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	nor necessarily indicative of a bipolar diathesis. NOTE: Refer		[soid a f e] = '3'	LV
	. Jan Hydramic Chioptowii		A state of the sta	A129 1 = GO TO *CURRENT CYCLOTHYMIC			
scid_a_f_sum	scidSrv a mood disorders f past hypomanic i 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]= and [scid_a_f_d]=3), 3, 1)	DISCRIPER* A 28 3 m			LV
		Age at onset of Past Hypomanic Episode coded above.		A130 Go to *Premenstrual			
scid_a_f_age note	scidSrv a mood disorders f past hypomanic i text With Anxious scidSrv a mood disorders Distress descriptive	How old were you when (PAST HYPOMANIC EPISODE) started? Will only show if current (hypo)manic or cyclothymic episode.		Dysphoric Disorder* number	0 100	[scid_a_f_sum] = '3'	LV

	the following symptoms during the majority of ent Manic Episode:
Feeling keyes	

IF UNKNOWN:	When did this period of	(high/irritable/OWN

		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).				
		WURUS), did you also feel keyed up or tense? (On most of the days?)	-99, -99 inadequate information 1, 1 absent or false 2, 2		[scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum]	
scid_a_manspec_anx1	scidSrv a mood disorders specifiers for curre dropdown	2 Beeling unusually restless.	subthreshold 3, 3 threshold or true	A553	= '3' [scid a c d sum] = '3' or	LV
scid_a_manspec_anx2	scidSrv 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$	ASS4	[scid_a_d_sum] = '3' or [scid_a_g_sum] = '3'	LV
		3.Bifficulty concentrating because of worry.	00.00 (0.00)		[scid_a_c_d_sum] = '3' or	
scid_a_manspec_anx3	scidSrv a mood disorders specifiers for curre dropdown	have trouble concentrating because you were worrying about things? (On most of the days?) 4.Bear that something awful may happen.	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	ASSS	[scid_a_d_sum] = '3' or [scid_a_g_sum] = '3'	LV
		feel afraid that something awful was going to happen? (On	-99, -99 inadequate information 1, 1 absent or false 2, 2		[scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum]	
scid_a_manspec_arx4	scidSrv a mood disorders specifiers for curre dropdown	most of the days?) 5.Beeling that the individual might lose control of [his or her	subthreshold 3, 3 threshold or true	ASS6	• '3'	LV
		anxiety or worry].			[scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum]	
scid_a_manspec_anx5	scidSrv 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 \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 3, 3 threshold or true	ASS7	= .3. [sog a g smul = .3. o. [sog a 8 smul	LV
				ASS8 1= Go to Peripartum Onset* Below 3= With		
				amoious distress; indicate severity	[scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum]	
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 1, Mild: Two symptoms 2, Moderate: Three symptoms 3, Moderate-Severe: Four or five symptoms [without motor	below	*3.	LV
			agitation] 4, Severe: Four or five symptoms and with motor			
scid_a_manspec_anxsev	scidSrv a mood disorders specifiers for curre dropdown	Indicate current severity: Onset of mood symptoms occurs during pregnancy or in the 4 weeks following delivery.	agitation	ASS9	[scid a manspec anxsum] = 3 [scid a c.d sum] = '3' or	LV
scid_a_manspec_part	With Peripartum scidSrv 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_d_sum] = '3' or [scid_a_g_sum]	LV
	scidSrv a mood disorders specifiers for curre dropdown	Indicate onset specifier:	Onset during pregnancy. 2, Onset during 4 weeks following delivery.	A561		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),				
	With Mixed	did you also	.00 .00 involvements information I 1 1 abroad or fairs I 2 2		[scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum]	
scid_a_manspec_mixa1	scidSrv a mood disorders Features dropdown	feel depressed, sad, down, or empty? (On most of the days?) 2. Diminished interest or pleasure in all, or almost all, activities (as	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	AS62	= 3.	LV
		 Diminished interest or pleasure in all, or almost all, activities (as indicated by either subjective account or observation made by others). 				
					[scid_a_c_d_sum] = '3' or	
scid_a_manspec_mixa2	scidSrv 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_d_sum] = '3' or [scid_a_g_sum] = '3'	LV
		3.Rsychomotor retardation nearly every day (observable by others; not merely subjective feelings of being slowed down).				
		talk or move more slowly than is normal for you? (Was it so bad			Isoid a c d suml = '3' or	
scid_a_manspec_mixa3	scidSrv a mood disorders specifiers for curre dropdown	that other people noticed it? What did they notice? On most of the days?)		AS64	[scid_a_d_sum] = '3' or [scid_a_g_sum] = '3'	LV
		4.Batigue or loss of energy				
		feel very tired or like your energy level was very low? (On most	-99, -99 inadequate information 1, 1 absent or false 2, 2		[scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum]	
scid_a_manspec_mixa4	scidSrv a mood disorders specifiers for curre dropdown	of the days?) 5. Feelings of worthlessness or excessive or inappropriate guilt.	subthreshold 3, 3 threshold or true	AS6S	= 3·	LV
		(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?)			[scid a c d sum] = '3' or	
scid_a_manspec_mixa5	scidSrv 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 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?)			[scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum]	
scid_a_manspec_mixa6	scidSrv a mood disorders specifiers for curre dropdown	NOTE: Any current suicidal thoughts, plans, or actions should be thoroughly assessed by the clinician and action taken if necessary.	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	AS67	= '3'	LV
	scidSrv a mood disorders specifiers for curre dropdown		1, 1 absent or false 3, 3 threshold or true	AS68 1= Go to *With	[scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum]	LV
scid_a_manspec_mixasum	scidury a mood disorders specifiers for curre dropdown	AT LEAST THREE "A" ITEMS ARE CODED "3." B. Mised symptoms are observable by others and represent a change from the person's usual behavior.	1, 1 absent or faise 3, 3 threshold or true	Catatonia* Below	*3	LV
		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.		AS69 1= Go to *With		
scid_a_manspec_mixb	scidSrv a mood disorders specifiers for curre dropdown	D. The mixed symptoms are not attributable to the physiological	1, 1 absent or false 3, 3 threshold or true	Catatonia* Below	[scid a manspec mixasum] = '3'	LV
scid_a_manspec_mixd	scidSrv a mood disorders specifiers for curre dropdown	effects of a substance (e.g., a drug of abuse, a medication or other treatment)	-99, -99 Inadequate information 1, 1 absent or false 3, 3 threshold or true -99, -99 Inadequate information 1, 1 absent or false 3, 3	Catatonia* Below	[scid_a_manspec_mixasum] = '3'	LV
scid_a_manspec_mixsum	scidSrv a mood disorders specifiers for curre dropdown	CRITERIA A, B, AND D ARE CODED "3."	-99, -99 inadequate information 1, 1 absent or talse 3, 3 threshold or true	AS/1 5-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:]				
	With Catatonia	NOTE: Criteria items have been regrouped to facilitate assessment 1.8tupor (i.e., no psychomotor activity; not actively relating to	-99, -99 inadequate information 1, 1 absent or false 2, 2		[scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum]	
scid_a_manspec_cata1	scidSrv a mood disorders dropdown	environment).	subthreshold 3, 3 threshold or true	AS72	= '3' [sold a c d sum] = '3' or	LV
scid_a_manspec_cata2	scidSrv a mood disorders specifiers for curre dropdown	 Srimacing (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_d_sum] = '3' or [scid_a_g_sum] = '3'	LV
		3.Mannerism (i.e., odd, circumstantial caricature of normal	-99, -99 inadequate information 1, 1 absent or false 2, 2		[scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum]	
scid_a_manspec_cata3	scidSrv a mood disorders specifiers for curre dropdown	actions).	subthreshold 3, 3 threshold or true	AS74	[scid a c d sum] = '3' or	LV
scid_a_manspec_cata4	scidSrv a mood disorders specifiers for curre dropdown	4.Bosturing (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_d_sum] = '3' or [scid_a_g_sum] = '3' [scid_a_c_d_sum] = '3' or	LV
scid a manspec cata5	scidSrv a mood disorders specifiers for curre droodown	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_d_sum] = '3' or [scid_a_g_sum] = '3'	LV
		6.Stereotypy (i.e., repetitive, abnormally frequent, non-goal-	-99, -99 inadequate information 1, 1 absent or false 2, 2		[scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum]	
scid_a_manspec_cata6	scidSrv a mood disorders specifiers for curre dropdown	directed movements). THE FOLLOWING THREE ITEMS CAN BE ASSESSED DURING THE	subthreshold 3, 3 threshold or true	AS77	= 3.	LV
		INTERVIEW OR VIA INFORMANTS.			[scid_a_c_d_sum] = '3' or	
scid_a_manspec_cata7	scidSrv 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 \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 3, 3 threshold or true	AS78		LV
scid_a_manspec_cata8	scidSrv 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_d_sum] = '3' or [scid_a_g_sum] = '3'	LV
mper_caus		9.Megativism (i.e., opposition or no response to instructions or	-99, -99 inadequate information 1, 1 absent or false 2, 2		[scid_a_c_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum]	
scid_a_manspec_cata9	scidSrv a mood disorders specifiers for curre dropdown	external stimuli). THE FOLLOWING THREE ITEMS CAN BE ASSESSED DURING	subthreshold 3, 3 threshold or true	AS80	= '3'	LV
		PHYSICAL EXAMINATION OR VIA INFORMANTS.	-99, -99 inadequate information 1, 1 absent or false 2, 2		[scid_a_d_sum] = '3' or [scid_a_d_sum] = '3' or [scid_a_g_sum]	
scid_a_manspec_cata10	scid5rv a mood disorders specifiers for curre dropdown	10.Echopraxia (i.e., mimicking another's movements).	subthreshold 3, 3 threshold or true	AS81	= '3' fooid a.c. d. comb = '3' or	LV
scid_a_manspec_cata11	scidSrv a mood disorders specifiers for curre dropdown	 Batalepsy (i.e., passive induction of a posture held against gravity). 	-99, -99 inadequate information \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 3, 3 threshold or true	AS82	[scid_a_d_sum] = 3' or [scid_a_g_sum] = 3'	LV
scid_a_manspec_cata12	scidSrv a mood disorders specifiers for curre droodown	12.Maxy 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
a.m_m_metopec_catal2		AT LEAST 3 "A" SYMPTOMS ARE CODED "3" AND ARE PRESENT		AS84 3~With	[scid a c d sum] = '3' or [scid a d sum] = '3' or [scid a g sum]	
scid_a_manspec_catasum	scidSrv a mood disorders specifiers for curre dropdown	DURING MOST OF THE CURRENT MANIC EPISODE. IF THERE HAS EVER BEEN A MAJOR DEPRESSIVE, MANIC, OR	1, 1 absent or false 3, 3 threshold or true	Catatonia	-3.	LV
		HYPOMANIC EPISODE, CHECK HERE (yes) AND GO TO	0, No 1, Yes	A131		LV
scid_a_g_check	scidSrv a mood disorders ø current cyclothyr dropdown	CUMBENT PERSISTENT DEPRESSIVE DISUNDER: A.30.				
scid_a_g_check	scidSrv a mood disorders e current cyclothyr dropdown	A. For at least 2 years (1 year for children or adolescents), there				
scid_a_g_check	scidSrv a mood disorders a current cyclothyr dropdown	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				
scid_a_g_check	scidSrv a mood disorders a current cyclothyr dropdown	A. For at least 2 years (1 year for children or adolescents), there have been numerous periods with hypomanic symptoms that do				
scid_a_g_check	scidSrv a mood disorders a current cyclother dropdown	A. For at least 2 years (1 year for children or addescents), there have been numerous periods with hypomanic symptoms that do not meet criteria for hypomanic eyesteds and numerous periods of depressed mond or bost of interest that did not meet criteria for a Major Dypomise Episone. —For the past couple of years, sinc 2 y YEARS AGOI, have you had tost of times in which you were feeling high, excited or intrable as				
		A. For at least 2 years (1 year for children or addescents), there have been numerous periods with hypomanic improtons that do not meet criteria to hypomanic ejectods and numerous periods of depressed mood or loss of interest that did not meet criteria for a Major Depressed included or loss of interest that did not meet criteria for a Major Depressed included or loss of interest that did not meet criteria for a Major Depressed included or loss of the meet criteria for a Major Depressed in place of the Major Maj	-99, -99 inadequate information 1, 1 absent or false 2, 2	A112, 1- Go to "Current Presistent		
scid_a_g_check scid_a_g_a	siddirv a mood disorders it current cyclethir direptown in the control of the con	A. For at least 2 years (1 year for children or addescents), there have been numerous periods with hypomanic symptoms that do not meet criteria for hypomanic eyesteds and numerous periods of depressed mond or bost of interest that did not meet criteria for a Major Dypomise Episone. —For the past couple of years, sinc 2 y YEARS AGOI, have you had tost of times in which you were feeling high, excited or intrable as			[sold a g check] = 'O'	LV

B. During the above 2-year period (1 year in children or
adolescents), the hypomanic and depressive periods have bee
present for at least half the time and the individual has not be

		Were you like this for most of the time since (2 YEARS AGO)?				
	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	A133.1= Go to "Current Persistent Dennescies Picorder*	[scid a g a] = '2' or [scid a g a] = '3'	LV
scid_a_g_b	scidury a mood disorders g current cyclothyr dropdown	C. Criteria for a Major Depressive Episode, Manic, or Hypomanic	subthreshold 3, 3 threshold or true	A134. 1= Go to	ison a g al = 2 or ison a g al = 3.	LV
scid_a_g_c	scidSrv a mood disorders e current cyclothyr dropdown	Episode have never been met.	subthreshold 3, 3 threshold or true	Depressive Disorder*	[scid a g b] = '2' or [scid a g b] = '3'	LV
		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.		A135. 1= Go to		
scid_a_g_d	scidSrv a mood disorders g current cyclothyr dropdown	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	*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? Note: IF THERE IS ANY INDICATION THAT THE HYPOMANIC AND		A136. 1= Due to substance use or		
		DEPRESSIVE SXS MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE), GO TO		AMC, Go to "Current Persistent Depressive		
scid_a_g_e	scidSrv a mood disorders ø current cyclothyr dropdown	*GMC/SUBSTANCE/MEDICATION* A.41, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."	-99, -99 inadequate information \mid 1, 1 absent or false \mid 3, 3 threshold or true	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 on but then not follow through when you get depressed?)				
		ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION F:	ı			
		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 IMo?				
		IRE? IF HAVE NOT INTERFERED WITH LIFE: How much have you been	-99, -99 inadequate information 1, 1 absent or false 7 ?	A137. 1= Go to *Current Persistent		
scid_a_g_f	scidSrv a mood disorders g current cyclothyr dropdown	bothered or upset by having mood swings?	subthreshold 3, 3 threshold or true	Depressive Disorder* A138 1 = Go to	[scid_a_g_e] = '3'	LV
				Current Persistent Depressive Disorder		
scid_a_g_sum	scidSrv a mood disorders ø current cyclothyr calc	CYCLOTHYMIC DISORDER CRITERIA A, B, C, D, E, AND F ARE CODED "3." IF THERE HAS EVER BEEN A MANIC OR HYPOMANIC EPISODE,	$\label{eq:condition} \begin{split} &\text{if}([[scid_a_g_a]=3 \text{ and } [scid_a_g_b]=3 \text{ and } [scid_a_g_c]=3 \text{ and } \\ &\text{[scid_a_g_d]=3 and } [scid_a_g_e]=3 \text{ and } [scid_a_g_f]=3), 3, 1) \end{split}$	3 s = Current Cyclothymic Disorder		LV
scid_a_h_check	scidSrv a mood disorders h current persisten dropdown	CHECK HERE(yes) AND GO TO "PREMENSTRUAL DYSPHORIC DISORDER" A.36.	0, No 1, Yes	A139		LV
		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				
		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?)		A140 1 = Go to *Past		
scid_a_h_a	scidSrv a mood disorders h current persisten dropdown	IF YES: What has that been like?	-99, -99 inadequate information \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 3, 3 threshold or true	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				
icid_a_h_b_1	scidSrv a mood disorders h current persisten dropdown	lose your appetite? (What about overeating?)	-99, -99 inadequate information \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 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.				
	scidSrv a mood disorders h current persisten droodown	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
scid_a_h_b_3	AND A HIGHE ENGINEES II CUrrent Dessisten dropdown	B. 4. Low self-esteem.	and the state of t		***** - 1 al - 4 or large at II al - 3	
		***************************************	-99, -99 inadequate information 1, 1 absent or false 2, 2			
scid_a_h_b_4	scidSrv a mood disorders h current persisten dropdown	feel down on yourself? (Feel worthless, or a failure?) B. 5. Poor concentration or difficulty making decisions.	subthreshold 3, 3 threshold or true	A144	[scid a h a] = '2' or [scid a h a] = '3'	LV
			-99, -99 inadequate information 1, 1 absent or false 2, 2			
scid_a_h_b_5	scidSrv a mood disorders h current persisten dropdown	have trouble concentrating or making decisions? B. 6. Feelings of hopelessness.	-99, -99 inadequate information 1, 1 assent or faise 2, 2 subthreshold 3, 3 threshold or true	A145	[scid_a_h_a] = '2' or [scid_a_h_a] = '3'	LV
			-99, -99 inadequate information 1, 1 absent or false 2, 2			
scid_a_h_b_6	scidSrv a mood disorders h current persisten dropdown	feel hopeless?	subthreshold 3, 3 threshold or true	A146 A147 1 = Go to "Past	[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 \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 3, 3 threshold or true	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				
				A148 1 = Go to "Past		
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	Persistent Depressive Disorder*	[scid_a_h_b_sum] = '2' or [scid_a_h_b_sum] = '3'	LV
		E. There has never been a Manic Episode or a Hypomanic Episode,		A149 1 = Go to "Past Persistent Depressive		
scid_a_h_e	scidSrv a mood disorders h current persisten dropdown	and criteria have never been met for Cyclothymic disorder. F. The disturbance is not better explained by a persistent	1, 1 absent or false 3, 3 threshold or true	Disorder*	[sold_a_h_c] = '3'	LV
		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.		A1501 = Go to *Post		
scid_a_h_f	scidSrv a mood disorders h current persisten droodown	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*	forid a h el e '3'	LV
mm_d_ll_l	AND A HOUSE SECTIONS II CUrrent persisten dropdown	COMPLETING THE PSYCHOTIC DISORDERS SECTION. G. [Primary Persistent Depressive Disorder:] The symptoms are	A, A MARKET OF THIS 3, 3 UTHESTICIS OF TIME	LONG-MARK	[enu_e_E_E] = 3	
		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 SUBSTANCEI. GO TO "GMC/ SUBSTANCE/MEDICATION"				
		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?		A151-99 or 1 = Due		
		IF YES: What did the doctor say?Just before this began, were you using any medications?		A151-99 or 1 = Due to Substance use or GMC, Go to *Past		
		IF YES: Any change in the amount you were using?		Persistent Depressive Disorder* 3 = Primary		
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 \mid 1, 1 absent or false \mid 3, 3 threshold or true	depressive disorder, continue	[scid_a_h_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 have these (DEPRESSIVE SXS) had or 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 are problems in your relationships with your family, comantic 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				
scid_a_h_h	scidSrv a mood disorders h current persisten dropdown	things at home? How about doing simple veryday 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?	-99, -99 inadequate information \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 3, 3 threshold or true	AIS2 AIS31 - Go to *Past Percitent depressive	[scid a h g] = '3'	LV
scid_a_h_sum	scidSrv a mood disorders h current persisten calc	PERSISTENT DEPRESSIVE DISORDER CRITERIA A, B, C, E, F, G, AND H ARE CODED "3."	$\begin{array}{lll} & \text{if}([[scid_a_h_a]=3 \text{ and }[scid_a_h_b_sum]=3 \text{ and }\\ [scid_a_h_c]=3 \text{ and }[scid_a_h_o]=3 \text{ and }\\ [scid_a_h_c]=3 \text{ and }\\ [scid_a_h_d]=3 \text{ and }\\ [scid_a_h]=3 \text{ and }\\ [scid_a_h_n]=3, 3, 1) \end{array}$	Director 2 - Current		LV
scid_a_h_onset	scidSrv 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	PREMENSTRUAL DYSPHORIC DISORDER* A.36	[scid ,a ,h ,sum] = '3'	LV
		Spacify if (for most recent 2 years of Persistent Depressive Disorder):	1. With your dysthymic part conner full criteria for a Major Depression Epicole have not been mit at least the preceding 2 years. [2, With persistent Major Depressive Epicole Fair Criteria for a Major Depressive Epicole American for a Major Depressive Epicole American Fair Major Depressive Epicole American Fair Major Depressive Epicole American Fair Major Depressive Epicole are currently met, but her have been persisted a fair as Major Depressive Epicole are currently met, but her have been persisted at least 8 weeks in at least the preceding 2 years with symptoms below the threshold for a rull Major Depressive Epicole [4, With			
scid_a_h_spec	scidSrv a mood disorders h current persisten checkbox	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	intermittent Major Depressive Episodes, without current opisoder. Euli 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. 1, With painic attacks: If one or more painic attacks in the past	A155	[scid_a_h_sum] = '3'	LV
scid_a_h_spec2	scidSrv a mood disorders h current persisten checkbox	IF UNKNOWN: Have there been any panic attacks in the past month? IF THERE HAS EVER BEEN A MANIC OR HYPOMANIC EPISODE,	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	scidSrv a mood disorders i past persistent d dropdown	CHECK HERE (ws) AND GO TO *PREMENSTRUAL DYSPHORIC	0, No 1, Yes			LV
		If NO CUMBET TWO YEAR PROD OF DEFRESSED MOCO. If NO CUMBET TWO YEAR PROD OF DEFRESSED MOCO. If No CUMBET TWO YEAR PROD OF DEFRESSED MOCO. If No Cumber that period of time, beginning for at least 2 years, when you have been between by appreciate mood most of the way, more day than not Offloor than half of the time?) If YES What sees that like? If YES WHAT SEES THE MOCO OF OPPRECIAD MOCO. Prior to the point four years, how you now had a period of time. If you want to the period of th				
		depressed mood most of the day, more days than not? (More than half of the time?)	-99, -99 inadequate information 1, 1 absent or false 2, 2	A36 1= GO TO *PREMENSTRUAL DYSPHORIC		
scid_a_i_a	scidSrv a mood disorders i past persistent d dropdown	IF YES: What was that like? B. Presence, while depressed, of two (or more) of the following: 1. Poor appetite or overeating.	subthreshold 3, 3 threshold or true	DISORDER*	[sold a i check] = "0"	LV
		During these periods of (OWN WORDS FOR CHRONIC DEPRESSION) did you often	-99, 99 inadequate information 1, 1 absent or false 2, 2			
scid_a_i_b_1	scidSrv a mood disorders i past persistent d dropdown	lose your appetite? (What about overeating?) 2. Insomnia or hypersomnia.	subthreshold 3, 3 threshold or true	A158	[sold a i a] = '3' or [sold a i a] = '2'	LV
scid_a_i_b_2	scidSrv 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	scidSrv 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	scidSrv 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	scidSrv 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	scidSrv 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	[scid, a, i, a] = '3' or [scid, a, i, a] = '2'	LV
scid_a_i_b_sum	scidSrv 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	*PREMENSTRUAL DYSPHORIC DISORDER* 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 discurbance, the individual has never been without the symptoms in Criteria A and 8 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	scidSrv a mood disorders i past persistent d dropdown	What was the longest period of time during this period of long- lasting depression, that you felt OK (NO DYSTHYMIC SYMPTOMS)?	1, 1 Absent or false 3, 3 threshold or true	ALGS 1-GO TO **PREMINISTRUAL DYSPHORIC DISGROERY A.G6 ALGG 1-GO TO **PREMINISTRUAL	[scid_a_i_b_sum] = '2' or [scid_a_i_b_sum] = '3'	LV
scid_a_i_e	scidSrv 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 Cyclichtymic disorder F. The disturbance is not better explained by a Peristrient Schloadfrictive Disorder, Schloaphrenia, Delucional Disorder, or Other Specified or Unspecified Schloaphrenia Spectrum or Other Psychotic Disorder,	1,1 Absent or false 3,3 threshold or true	DISPHORIC DISORDER* A.36	'E' = (; i, a, bips)	LV
		NOTE: Code "3" if NO chronic psychotic disorder has been present or if NOT better explained by a chronic psychotic disorder. IF NOT ALREADY CLEAR: RETURN TO THIS ITEM AFTER COMMITTING THE PSYCHOTIC DISORDERS SECTION.	1,1 Absent or false 3,3 threshold or true	A167 1-GO TO *PREMENSTRUAL DYSPHORIC DICTORICS** 2 3 45	[soid a i, e] = '3'	LV
scid_a_i_f	scidSrv a mood disorders i oast oersistent d dropdown	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., hypothysiolism).		DOURIUM: A30	Bon act of a 2	LV
		NOTE: IF THERE IS ANY INDICATION THAT THE DEPRESSION MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE), GO TO "SIM", SUBSTANCE, MEDICATION: AAS AND RETURN HERE TO MAKE A RATING OF "1" OR "3". NOTE: Riefer to lists of etiological medical conditions and substances/middlesions on page A 1.	: -99, -99 Inadequate information 1, 1 absent or false 3, 3	ASS -90 or 1- DUE TO ON TO THE TO THE TO TO TO TO THE TO		
scid_a_i_g	scidSrv a mood disorders i past persistent d dropdown	H. The 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 3, 3 threshold or true	Depressive Disorder, continue	[scid_a_i_f] = '3'	LV
		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]				
		SNS] make it more difficult to do your work/schoolwork? How did [DEPRESSIVE SNS] affect the quality of your work/schoolwork?] How have (DEPRESSIVE SNS) affected your ability to take care of things at home? How about doing simple overyday things like getting dressed, bathing, or brushing your teeth? How about doing other things that are important to you like religious.		A1681-0070		
scid_a_i_h	scidSrv a mood disorders i past persistent d dropdown	activities, physical exercise, or hobbies? Did you avoid doing anything because you felt like you weren't up to it? 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	DISORDER* A170 1-GO TO **PREMENTRUAL DYSPHORIC	[sold_a_i_g] = '3'	LV
scid_a_i_sum	scidSrv a mood disorders i past persistent d calc	PERSISTENT DEPRESSIVE DISORDER CRITERIA A, B, C, D, E, F, G, AND H ARE CODED "3."	$\label{eq:continuous} \begin{split} &\text{if}([[scid_a_i_a]=3 \text{ and } [scid_a_i_b_sum]=3 \text{ and } [scid_a_i_c]=3 \text{ and } [scid_a_i_g]=3 \text$	DISORDER* 3-PAST PERSISTENT DEPRESSIVE DISORDER		LV
scid_a_i_onset	scidSrv a mood disorders i past persistent d dropdown	Indicate onset specifier: (circle the appropriate number) IF SUBJECT IS A BIOLOGICAL MALE, POST-MENOPAUSAL FEMALE, PREGNANT FEMALE, OR FEMALE WITH HYSTERECTOMY PLUS	1, 1 - Early onset: onset before age 21 2, 2 - Late onset: onset age 21 or older	A171	[scid , a , j , sumn] = '3'	LV
scid_a_j_check	scidSrv a mood disorders į premenstrual dys yesno	ODPHORECTOMY, 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 creat of menses, start to improve within a few days after the most 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 symptoms read only month or greater, recheck symptoms read only month or greater.				
		Looking back over your menstrual cycles for the past 12 months, since (1 YEAR AGO), have you had mood symptoms such as anger, irritability, ansiety, or depression that developed before your period and then went away during the week after your period?				
scid_a_j_a	scidSrv a mood disorders ; premenstrual dys dropdown	IF YES: After your period began, did the problems disappear for at least a week? For ha 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 most) of the following symptoms must be present:	-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
		Marked affective liability (e.g., mood swings; feeling guiddenly sad or tearful, or increased sensitivity to rejection). Think of the most severe prementrual 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 timedid you have mood swings in which you would feel suddenly raid or tearful? IF NO! have about getting unusually upset if someone criticized or rejected you?				
scid_a_j_b_1	scidSrv a mood disorders į premenstrual dys dropdown	If YSS TO EITHER Did this go away when your menctrual period began or shortly after? 2. Marked irritability or anger or increased interpersonal conflicts. were you especially irritable or angry?	-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
scid_a_j_b_2	scidSrv a mood disorders į premenstrual dys dropdown	IF NO: Now about getting into a lot of fights or arguments with other people? IF VES TO EITHER: Did this go away when your menstrual period began or shortly after? 3. Marked depressed mood, feelings of hopelessness, or self-depressing the period began carbon to the period began carbon to the period began or shortly after?	.99, .99 inadequate information 1,1 absent or false 2,2 subthresheld 3, 3 thresheld or true	A175	[scid a a] = '2' or [scid a 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 divas veryor? IF YES TO EITHER: Did this go away when your menstrual period	-9999 inadeouate information 1.1 abcent or false 2.2			
scid_a_j_b_3	scidSrv a mood disorders į premenstrual dys dropdown	began or shortly after? 4. Marked arwiety, tension, and/or feelings of being keyed up or on edge.	subthreshold 3, 3 threshold or true	A176	[scid a ; a] = '2' or [scid a ; a] = '3'	LV
scid_a_j_b_4 scid_a_j_b_sum	scidSrv a mood disorders į premenstrual dys dropdown scidSrv a mood disorders i oremenstrual dvs dropdown	shortly after?	.09, .09 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true 1, 1 absent or false 3, 3 threshold or true	ALTS		LV LV
		Lockstable filelists in mouse activation (e.g., work, school, finends, and hobbles). Now I'm going to ack you about some other experiences that sometimes go along with these mood symptoms. dil you lose leteract in work or school, going out with friends, or in worr hobbles.				
scid_a_j_c_1	scidSrv a mood disorders į premenstrual dys dropdown	,	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	A179	[soid a j. b. sum] + 3'	LV
scid_a_j_c_2	scidSrv a mood disorders į premenstrual dys dropdown	IF YES: Did this go away when your menstrual period began or shortly after? 3. Lethage, easy fatigability, or marked lack of energy. did you feel like your energy was very low or that you got tired very easily?	-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
scid_a_j_c_3	scidSrv a mood disorders į premenstrual dys dropdown		-99, 99 inadequate information $\ $ 1, 1 absent or false $\ $ 2, 2 subthreshold $\ $ 3, 3 threshold or true	AIS1	[scid a j. b sum] = 3'	LV
scid_a_j_c_4	scidSrv a mood disorders į premenstrual dys dropdown	cravings, like for chocolate or fried foods? IF YES: Did this go away when your menstrual period began or shortly after? 5. Hypersomelia or insomnia.	-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
scid_a_j_c_5	scidSrv a mood disorders į premenstrual dys dropdown	shortly after? 6. A sense of being overwhelmed or out of control.		ALES	[scid a į b sum] = '3'	LV
scid_a_j_c_6	scidSrv a mood disorders į premenstrual dys dropdown	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 shorthy after? 7. Physical symptoms such as breast tenderness or swelling joint or muscle pain, a sensation of "Bloasting," or weight gain.	-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? IF YES: Did these symptoms go away when your menstrual period	.09 .69 instruute information 1.1 abrost or falce 2.2.2			
scid_a_j_c_7	scid5rv a mood disorders į premenstrual dys dropdown scid5rv a mood disorders į premenstrual dys dropdown	began or shortly after?	subthreshold 3, 3 threshold or true 1, 1 absent or false 3, 3 threshold or true	A185 A186 1=Go to Next Module		LV
scid_a_j_bc_sum	scidSrv a mood disorders į premenstrual dys dropdown		1, 1 absent or false 3, 3 threshold or true	ASST1-Go to Niest Module		LV
scid_a_j_bc_sum_b	scidSrv a mood disorders i premienstrual dvs dropdown	IF UNCLEAR: —Has this happened for most of your cycles in the past year? —It is this happened for most of your cycles in the past year? —It is yield the past year of the past year of the past year? —It is year of the past year. —It is not year of the past year of the past year of the past year. —It is not year of the past year of the past year of the past year. —It is not y	.99 ,99 inadequate information 1,1 absent or false 2,2 subthreshold 3,3 threshold or true	A1881-Go to Next Module	[sold a j bc sum] = 3°	LV
		IF UNKNOWN:What effect have (PMDD SXS) had on your life? ASK THE FOLLOWING QUESTIONS AS NEEDED TO BATE CRITERION D:				
		How have (PMMD SXS) affected your relationships or your interactions with other people? He've they caused you any problems in your relationships with your family, romantic partner or friends??) How have (PMMD SXS) affected your work/school? (How about your attendance at work or school? Have they affected the quality of your work/school and?)				
		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?				
scid_a_j_d	scidSrv a mood disorders į premenstrual dys dropdown	Have (PANDD XS3) affected any other important part of your Ide? E. The disturbance is not merely an exacerbation of the symptoms of another disorder, such as Major Depressive Disorder, Panish Disorder, Penisher Disorder, Penisher Depressive Disorder (Porthymid), or a personally disorder (although it may co-occur with any of these disorders).	-99, 99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	ALBS 1-Co to Next Module	[coid_a_j_bc_sum_b]="3" or [coid_a_j_bc_sum_b]="2"	LV
scid_a_j_e	scidSrv a mood disorders į premenstrual dys dropdown	IF HISTORY OF ANOTHER MENTAL DISORDER AND UNKNOWN: Are these symptoms different from the symptoms you had from (PACT DISORDER)? Or it is just those same symptoms getting worse just before your prince?	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	A1891-Go to Next Module	[soid a j d] = '3' or [soid 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 il? IF YES: What did the doctor say?		A190-99 or 1=DUE TO SUBSTANCE USE OR GMC; GO TO NEXT		
		Since (1 YEAR AGO), have you been taking any medications? IF YES: Any change in the amount you were taking?	-9999 inadequate information 1.1 absent or false 2.2	MODULE *3-PRIMARY PREMENSTRUAL DYSPHORIC		
scid_a_j_g	scidSrv a mood disorders j premenstrual dys dropdown	Since (1 YEAR AGO), have you been drinking or using any drugs?	-99, 999 madequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	DISORDER, Continue	[scid a j e] = '2' or [scid a j e] = '3'	LV
				A1911-Go to Next Module, "3= PREMEN- STRUAL DYSPHORIC DISORDER: INDICATE		
scid_a_j_sum	scidSrv a mood disorders į 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_c]=3 and [scid_a_j_g]=3 and [scid_a_j_g]=3.	DISORDER; INDICATE PROVISIONAL VS. DEFINITE AND GO TO NEXT MODULE		LV
			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			
		Indicate provisional vs. definite diagnosis: (circle the appropriate number) IF UNKNOWN:	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 mensee, start to improve within a few days after the onset of menses, and become minimal or absent in the			
scid_a_j_sum_b	scidSrv a mood disorders j premenstrual dys checkbox	Have you ever kept a diary of your symptoms and how they relate to your cycles?	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	scidSrv a mood disorders k amc bioolar and dropdown	IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH A GENERAL MEDICAL CONDITION, CHECK HERE(yes) AND GO TO "SUBSTANCE-INDUCED BIPOLAR AND RELATED DISONDER" A 43. A A prominent and persistent period of abnormally delivated, expansive, or intribble mood and abnormally increased activity or	0, No 1, Yes	autocomplete		LV
scid_a_k_a	scidSrv a mood disorders k gmc bipolar and dropdown	energy that predominates in the clinical picture. CODE BASED ON INFORMATION ALREADY OBTAINED.	-99, -99 inadequate information \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 3, 3 threshold or true	A194	[scid a k check] = '0'	LV
		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	-99, -99 inadequate information 1, 1 absent or false 3, 3	A195 1*GO TO *SUBSTANCE		
scid_a_k_bc	scidSrv a mood disorders k gmc bipolar and dropdown	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 bipolar symptoms.	threshold or true	INDUCED*A.43	[scid ,a ,k ,check] = '0'	LV
		 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.) 				
		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?				
scid_k_a_d	scidSrv a mood disorders k gmc bipolar and descriptive	IF GMC HAS RESOLVED: Did the (BIPOLAR SXS) get better once the (GMC) got better? E. I'm disturbance causes crinicary significant distress or impairment in social, occupational, or other important areas of functioning or necessitates hospitalization to prevent harm to self or others, or there are psychotic features.				
		IF UNKNOWN: What effect have (BIPOLAR SXS) had on your				
		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?				
	sridSrv a mond disorders is one bindar and denotown	Have (BIPOLAR SXS) affected any other important part of your life?	-99, -99 inadequate information 1, 1 absent or false 2, 2	A196*1=GOTO *SUBSTANCE		
scid_a_k_e	scidSrv a mood disorders k gmc bipolar and dropdown	NOTE: The D criterion (delirium rule-out) has been omitted. BIPOLAR DISORDER DUE TO AMC CRITERIA A, B/C, AND E ARE	subthreshold 3, 3 threshold or true	INDUCED* A197 *3 = bipolar Disorder due to AMC	[scid_a_k_bc] = '3'	LV
scid_a_k_sum scid_a_k_current	scidSrv a mood disorders k gmc bipolar and dropdown scidSrv a mood disorders k gmc bipolar and yesno	CODED "3." Check here (yes) if current in the past month.	1, 1 absent or false 3, 3 threshold or true 1, 1 - With manic features: Full criteria are not met for a manic or hypomanic epicode. 2, 2 - With manic- or hypomanic-like episode: Full criteria are met except Criterion	Disorder due to AMC *1 or 3 * continue A198	[scid a k sum] = '3'	LV
scid_a_k_specify	scidSrv a mood disorders k gmc bipolar and dropdown	Specify if	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
		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				
scid_a_l	scidSrv a mood disorders I substancemedicat dropdown	THEM FULLOWING "SYMMITOMS ARE NOT AT INBUTABLE 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	scidSrv a mood disorders I 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
		A. A prominent and persistent disturbance in mood that predominates in the clinical picture and is characterized by				
scid_a_i_a	scidSrv a mood disorders I substancemedicat dropdown	elevated, expansive, or irritable mood, with or without depressed mood, or markedly diminished interest or pleasure in all, or almost all activities. B. There is evidence from the history, physical examination, or laboratory findings of both (1) and (2):	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	A201	[scid.,a.,l] = '0'	LV
		The symptoms in criterion A developed during or soon after substance intoxication or withdrawal or exposure to a medication.				
		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		A202.1=NOT SUBSTANCE-		
scid_a_l_b	scidSrv a mood disorders I substancemedicat droedown	or cut down your use? IF UNKNOWN: How much (SUBSTANCE/MEDICATION) were you using when you began to have (BIOLAR SISS)? In disturbance is NUI better Jocustics for by a topolar or	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	SUBSTANCE: INDUCED. RETURN TO EPISODE BEING EVALUATED autocomplete	[sold a I] = '0'	LV
		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;				
		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 BULE OUT A NON-SUBSTANCE-INDUCED ETIOLOGY.				
		IF UNKNOWN: Which came first, the (SUBSTANCE/MEDICATION USE) or the (BIPOLAR SXS)?				
scid_a_l_c	scidSrv a mood disorders I 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 EPISCOE BEING EVALUATED	[scid a b] = '2' or [scid a 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				
		ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION	ı			
		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? Haw you needed to go into the hospital to protect you from hurting yourself or someone elso, or from doing something that could have caused serious financial or legal problems? Have (BIPOLAR SXS) affected any other important part of your				
scid a Le	scidSrv a mood disorders I substancemedicat dropdown	IRe? IF HAVE NOT INTERFERED WITH LIFE: How much have (BIPOLAR	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	A204 1-RETURN TO EMSODE BEING EVALUATED	[scid_a_l_c] = '3'	LV
				A205 3-SUBSTANCE-/ MEDICATION- INDUCED BIPOLAR		
		SUBSTANCE-INDUCED BIPOLAR DISORDER CRITERIA A, B, C, AND		DISORDER, 1=RETURN TO EPISODE BEING		
scid_a_l_sum scid_a_l_current	scidSrv a mood disorders I substancemedicat dropdown scidSrv a mood disorders I substancemedicat dropdown	E ARE CODED "3." Check here(yes) if current in the past month.	1, 1 absent or false 3, 3 threshold or true 0, No 1, Yes	EVALUATED A206 A207 RETURN TO	[scid_a_l_sum] = '3'	LV
scid_a_l_context	scidSrv a mood disorders I substancemedicat dropdown	Indicate context of development of mood symptoms: IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH A GENERAL MEDICAL CONDITION, CHECK HERE (yes) AND GO TO	1, 1 - With onset during intoxication 2, 2 - With onset during withdrawal	EPISODE BEING EVALUATED	[scid_a_l_sum] = '3'	LV
scid_a_m_check	scidSrv a mood disorders m gmc depressive dropdown	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. CODE BASED ON INFORMATION ALREADY OBTAINED.	-99, -99 inadequate information $\ $ 1, 1 absent or false $\ $ 2, 2 subthreshold $\ $ 3, 3 threshold or true	A209	[scid_a_m_check] = '0'	LV
		R /C There is evidence from the history inhusical evamination or		A210 1= G0 T0		
scid_a_m_bc	scidSrv a mood disorders m gmc depressive dropdown	laboratory findings that the disturbance is the direct physiological consequence of another medical condition and the disturbance is not better accounted for by another metal 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 \mid 1, 1 absent or false \mid 3, 3 threshold or true	"SUBSTANCE INDUCED"	[sold a m check] = "U"	LV
		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.)				
		 There is a close temporal relationship between the course of the depressive symptoms and the course of the general medical condition. 				
		The depressive symptoms are characterized by unusual presenting features (e.g., late age-at-onset).				
		 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? i. The disturbance causes crinically significant distress or impairment in social, occupational, or other important areas of functioning.			[scid_a_m_a] = '3'	
		NOTE: The D criterion (delirium rule-out) has been omitted				
		INF? ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION	ı			
		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 SIXS) 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				
scid_a_m_e	scidSrv a mood disorders m gmc depressive dropdown	anything because you felt like you weren't up to it? 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	INDUCED*	[scid_a_m_bc] = '3'	LV
		DEPRESSIVE DISORDER DUE TO AMC CRITERIA A, B/C, AND E ARE		A2121-CONTINUE 3-DEPRESSIVE DISORDER DUE TO		
scid_a_m_sum scid_a_m_current	scidSrv a mood disorders m gmc depressive dropdown scidSrv a mood disorders m gmc depressive dropdown	CODED "3." Check here(yes) if current in the past month.	1, 1 absent or false 3, 3 threshold or true 0, No 1, Yes 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		[scid a.m. e] = '3' [scid a.m. sum] = '3'	LV
scid_a_m_specify	scidSrv a mood disorders m gmc depressive dropdown	Specify if: IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH SUBSTANCE/MEDICATION USE, CHECK HERE (yes) AND	of mania or hypomania are also present but do not predominate in the clinical picture.	A214	[scid_a_m_sum] = '3'	LV
		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				
scid_a_na	scidSrv a mood disorders n substancemedica dropdown	PHYSIOLOGICAL EFFECTS OF A SUBSTANCE OR ANOTHER MEDICAL CONDITION" (SEE PAGE NUMBERS IN BOX TO THE RIGHT).	0, No 1, Yes 1, Current MDE A 2, Past MDE B 3, Current Persistent	A215a		LV
scid_a_nb	scidSrv a mood disorders n substancemedica dropdown	PAGE TO RETURN TO IN EPISODE BEING EVALUATED:	Depressive Dicorder H 4, Past Persistent Depressive Dicorder I 5, PMDDJ 6, Other Specified Depressive Disorder D.12	A215b	[scid_a_na] = '0'	LV
		CODE BASED ON INFORMATION ALREADY OBTAINED. A. A prominent and persistent disturbance in mood that predominates in the clinical picture and is characterized by				
scid_a_n_a	scidSrv a mood disorders n substancemedica dropdown	predominates in the clinical picture and is characterized by depressed mode or markedly diminished interest or pleasure in all, or almost all, activities B. There is evidence from the history, physical examination, or laboratory findings of both (1) and (2):	.99, .99 inadequate information $\ $ 1, 1 absent or false $\ $ 2, 2 subthreshold $\ $ 3, 3 threshold or true	A216	[scid a na] = '0'	LV
		The symptoms in criterion A developed during or soon after substance intoxication or withdrawal or exposure to a medication.				
		The ievolved substance/medication is capable of producing the symptoms in Criterion A. NOTE: refer to list of etiological substances/medications on page A.4.				
				A217 1+NOT SUBSTANCE-		
scid_a_n_b	scid5rv a mood disorders n substancemedica dropdown	disorder that is not substance-induced. Such evidence of an	-99, -99 inadequate information \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 3, 3 threshold or true	INDUCED SETURN TO EPISODE BEING EVALUATED	[scid_a_na] = '0'	LV
		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;				
		 The symptoms persist for a substantial period of time (e.g., about 1 month) after the cessation of acute withdrawal or severe intoxication; or 				
		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 SKS)?	ı	A218 1+RETURN TO		
scid_a_n_c	scidSrv 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		[scid_a_n_b] = '2' or [scid_a_n_b] = '3'	LV

			b. The Symptoms cause cancelly regiment actions or impairment in social, occupational, or other important areas of fund toning. NOTE: the Orderion (delivium nile out) has been omitted. —IF UNINGOME. What offset have (DEPRESSIVE SAS) had on your likely of the Company of the C				
scid_a_n_e	scidšrv a mood disorders n substancemedicine	a dropdown	John has (DEPRESON'S SS) affected your work/scroof? (New door) your students or used not not not those that we find that they affected the quality of your work/scroodness/s). "John have (DEPRESON'S SS) affected your ability to take care of things it home? New about done; pingsine overygaty things like registering deveats. Destinity you tentally your tental princip entire of the your work your destination. A princip entire over a princip entire of the your work your destination. A princip entire of the your work you sould done adultation, physical energies, not have been sould done and princip like scarce your fill it was you weren't you fill any you weren't you fill you you will you will not you work you will be allowed you will not you will not you work you will be a you weren't you will be a you weren't you will be you weren't you will be a you weren't you will be a you weren't you." —I would not	-99, -99 inadequate information 1, 1 aboret or false 2, 2 subtherhold 3, 1 threshold or trave	ACHS - SETEMBLE TO ENGAGE RIVED.		LV
			SUBSTANCE-INDUCED DEPRESSIVE DISORDER CRITERIA A, B, C,		EPISODE BEING EVALUATED 3-SUBSTANCE/MEDI CATION-INDUCED DEPRESSIVE		
scid a n current scid a n context	scidSrv a mood disorders n substancemedica scidSrv a mood disorders n substancemedica scidSrv a mood disorders n substancemedica	a dropdown	AND E ARE CODED "3." Check here(yes) if current in the past month Indicate context of development of mood symptoms:	1, 1 absent or false 3, 3 threshold or true 0, No 1, Yes 1, 1 - With onset during intoxication 2, 2 - With onset during withdrawal	DISORDER A221 A221 A222 A222 A222 A222 A222 A22	[scid_a_n_sum] = '3' [scid_a_n_sum] = '3' [scid_a_n_sum] = '3'	EV EV
			For each psycholic symptom cooled 7.7 decorabe the actual content and indicate the period of their during which the symptom was growers. Moreover, for any psycholic symptom support of the period of the study of the symptom support of the period of the study of the symptom support of the period of the symptom substance (producing medication) or general medical condition among the substance (producing medical condition according to the period of the symptom support of the symptom				
scid bc notes	scidSrv bc psychotic screening module	descriptive	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)?				
			A table belief based on incorrect inference about external mathy that is farily juiled despite what almost overyone else believes and the second overyone else believes and control of the second over the sec				
scid_bc_delusions	scidSrv bc psychotic screw Delusions	descriptive	Now 10 like to ask you about unissual 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.				
			Juliu II ear reamed lies people were tabling about your tabling spool were tabling about your tabling spool where tabling about your tabling spool and your (White die you think they were sepring about your old all your your tabling about your old all you think it might be seen your imagazione. If YES: Were you conviced they were tabling about your old all you think it might be seen your imagazione. Lide you were how the feeling that comething on the radio, IV. In a monit was manne specialistify you? I you get that it was practically 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? (nof just that they were particularly relevant to you, but that they were specifically meant for you.)				
scid_bc_1 scid_bc 1a	scid5rv, bc, psychotic, screening, module scid5rv bc: psychotic screening module	dropdown dropdown	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? Primary? Primary? Primary? Primary (i.e., the central theme is that one (or someone to whom one is close to) is being attacked, harassed,	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true 1, POSS/DEF SUBST/GMC 3, PBIMARY	BCI BCIa	[sold bc 1] = 3'	LV LV
			cheated, persecuted, or conspired against. What about anyone going out of their way to give you a hard time, or trying to hurryou? (Tell me about that.)				
scid_bc_2 scid_bc_2a	scidśry br. psychotic screening module scidśry br. sovehotic screenina module	dropdown droedown	Takes you even the fineling that you were being followed, spead on, manipulated, or pictrate against? "Del you were have the feeling that you were being followed, spead on, manipulated, or pictrate against? "Del you were have the feeling that you were being policional or that your food had been transpered with? Grandson did follow, i.e., content insolves initiated worth, power, tennologie deletify, or a special relationship to a delity or famous person.	-99, 49 inadequate information 1, 1 absent or false 2, 2 subtrievable) 3, 1 threshold or true 1, POSS(REF 50857/csAc 1, PREAMEY	BC 8Cb	[sed bc 2] = 3'	LV LV
			Have you ever thought that you were especially important in some way, or that you had special powers or knowledge? (Tell me about that.)				
scid_bc_3 scid_bc_3a	scidSrv_bc_psychotic_screening_module scidSrv_bc_psychotic screening_module	dropdown dropdown	Did you ever believe that you had a special or close relationship with a celebrity or someone else famous? Primary? Somatic deflusion, i.e., main content pertains to the appearance or functioning of one's body.	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true 1, POSS/DEF SUBST/GMC 3, PRIMARY	BG BGa	[sold bc 3] = '3'	LV
			Have you ever been convinced that something was very wrong with your physical health even though your doctor said nothing was wrong. Nee you had cancer or some other disease? (Tell me about that.)				
scid_bc_4 scid_bc_4a	scidővy br. psycholic, screening, module scidővy br. covchotic screenine module	dropdown droodown	Johns you over fift that comething strange was happening to parts of your body? Primary? Primary? Posture of your body? Primary? Dutation of guid, i.e., a belief that a minor error in the past will lead to distant, or that he on the has comettined a hornfole crimer and the comment of the comment of the comment of the comment of possible connection. John you can find this good had commentate or doors above that it is not that the possible of possible or which you should be possible? (I'dl into above that it.)	-99, 90 sadequate information 1,1 absent or false 2,2 subtreheabl (1,3 harboadde or true 1, POSS/DEF SUBSY/GMC 3, PRIMARY	BC4 BC4a	[said be 4] = '3'	LV
			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?				
scid_bc_5 scid_bc_5a	scidSrv_bc_psychotic_screening_module scidSrv bc_psychotic screening_module	dropdown dropdown	What about feeling responsible for a disaster such as a fre, flood, or earthqualle? Primary? Jealous delusion, i.e., that one's sexual partner is unfaithful	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true 1, PGSS/DEF SUBST/GMC 3, PRIMARY	BCS BCSa	[scid_bc_5] = 3.	LV LV
			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?)	-99, 99 inadequate information 1, 1 absent or false 2, 2			
scid_bc_6 scid_bc_6a	scidSrv_bc_psychotic_screening_module scidSrv_bc_psychotic screening_module	dropdown dropdown	Primary? Erotomanic delusion, i.e., that another person, usually of higher status, is in love with the individual.	subthreshold 3, 3 threshold or true 1, POSS/DEF SUBST/GMC 3, PRIMARY	BC5 BC5a	[sold bc 6] = '3'	LV
			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.)				
scid_bc_7 scid_bc_7a	scid5rv_br_psychotic_screening_module scid5rv bc osvchotic screenine module	dropdown droodown	Were you ever romantically involved with someone famous? (Tell me about that.) Primary? Religious delusion, i.e., a delusion with a religious or spiritual content.	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true 1, POSS/DEF SUBST/GMC 3, PRIMARY	8C7 8C7a	[sold be 7] = '3'	LV LV
			"Are you a religious or spiritual person? "IF YES Have you over had any religious or spiritual experiences that the other people in your religious or spiritual experiences that the other people in your religious or spiritual community have not operationated. "IF YES Tell fine about your experiences (What did they think about these experiences (What did they think about the experience).				
scid_bc_8 scid_bc_8a	scidSrv_bc_psychotic_screening_module scidSrv_bc_psychotic_screening_module	dropdown dropdown	spiritual being or higher power has communicated directly with you? [Tellim about that. Do others in your religious or spiritual community also have such experiences?] Primary?	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true 1, POSS/DEF SUBST/GMC 3, PRIMARY	BCB BCBa	[scid_bc_8] = '3'	LV 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.

...Did you ever feel that someone or something outside yourself

scid_bc_9 scid bc 9a	scidSrv_bc_psychotic_screening_module scidSrv_bc_psychotic_screening_module	dropdown dropdown	Did you ever feel that someone or something outside yourself was controlling your thoughts or actions against your will? [Tell me about that. Primany? Thought insertion, i.e., that certain thoughts are not one's own, but rather are inserted into one's mind.	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true 1, POSS/DEF-SUBST/GMC 3, PRIMARY	BC9 BC9s	[soid bc 9] = 3°	LV LV
scid_bc_10 scid bc 10a	scidSrv_bc_psychotic_screening_module scidSrv_bc_psychotic screening_module	dropdown dropdown	Did you ever feel that certain thoughts that were not your own were put into your head? (Tell me about that.) Primary? Thought withdrawal, i.e., that one's thoughts have been 'removed' by some outside force.	-99, -99 inadequate information 1, 1 abcent or false 2, 2 subthreshold 3, 3 threshold or true 1, POSS/DEF SUBST/GMC 3, PRIMARY	BCIO BCIOs	[soid bc 10] = '3'	TA TA
scid_bc_11 scid bc 11a	scid5rv bc_psychotic_screening_module scid5rv bc_psychotic screening_module	dropdown dropdown	What about thoughts being taken out of your head? (Tell me about that.) Primary? Thought broadcasting, i.e., the delusion that one's thoughts are being broadcast out loud so that others can perceive them.	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true 1, POSS/DEF SUBST/GMC 3, PRIMARY	BC11 BC13a	[sold bc 11] = '3'	LV
scid_bc_12 scid_bc_12a	scidSrv_bc_psychotic_screening_module scidSrv_bc_osvchotic_screening_module	dropdown droodown	Did you were feed act if your thoughts were being broadcast out louds on that other people could actually hear what you were thinking? (Fell me about that.) Primary? Cher delucions (e.g., that others can read the person's mind, a delucion that one has ded several years ago).	-99, -99 inadequate information 1,1 abcent or false 2,2 subthreshold 3,3 threshold or true 1, POSS/DEF SUBST/GMC 3, PRIMARY	BCI2 BCI2a	[scid_bc_12] = '3'	LV LV
scid_bc_13 scid bc 13a	scidSrv_bc_psychotic_screening_module scidSrv_bc_osvchotic_screenine_module	dropdown dropdown	Dud you were believe that comeone could read your mind? (Tell me about that.) me about that.) pages and the separation with the clurity and impact of a true pacropion, but without the external stimulation of the relevant pacropion, but without the external stimulation of the relevant sensory organ. The paper may nor may not have insight in the non-motical nature of the fall-incriton (i.e., one hallucinating person may recognise the false sensory experience, whereas another may be convinced that the experience is grounded in resistly.)	-99, -99 inadequate information 1, 1 absent or false 2, 2 subtrievabled 3, 3 threshold or true 1, Posts/Ceff s18857/ceff, 13, PRIMARY	BCID BCID	[soid be 13] = "3"	LV LV
scid_bc_halnotes	scidSrv bc psychotic scre Hallucinations	descriptive	NOTE: Code "2" for hallucinations that are so transient as to be without disproctic significance. Code "1" for hyperagegic or hyperagegic and the properties of the properties of the properties of sound, most commonly of sociol when fully availae, haard either inside or existing of one "beautiful order" in the properties of one "beautiful order". Did you were hear things that other people couldn't, such as				
			noises, or the voices of people whispering or talking? (Were you awake at the time?)				
scid_bc_14 scid bc 14a	scidSrv_bc_psychotic_screening_module scidSrv_bc_psychotic screening_module	dropdown dropdown	IF YES: What did you hear? How often did you hear it? Primary? Visual hallucinations, i.e., a hallucination involving sight, which may consist of formed images, such as of people or of unformed images, such as fishes of light.	-99, 99 inadequate information [1, 1 absent or false [2, 2 abthreshold] 3, 3 threshold or true 1, POSS/DEF SUBST/GMC 3, PRIMARY	8C14 8C14a	[sold bc 14] = '3'	TA TA
scid_bc_15 scid bc 15a	scidSrv_bc_psychotic_screening_module scidSrv_bc_psychotic_screening_module	dropdown droodown	Dol you have visions or see things that other people couldn't see? (Tellime about that. Were you awake at the time?) NOTE: OSTIMUSUISH FROM AN ELESION, I.E., A MISPERCEPTION OF A REAL EXTERNAL STIMUSUS. Primary? Tactile halucinations, i.e., a halucination involving the perception of being touched or of something being under one's skin.	subthreshold 3, 3 threshold or true 1, POSS/DEF SUBST/GMC 3, PRIMARY	BCIS BCISS	[soid bc 15] = '3'	LV LV
scid_bc_16 scid_bc_16a	scidSrv bt, psychotic, screening module scidSrv bt psychotic screening module	dropdown dropdown	What book strange sensition on your skil. Bis frafing Bis inomathing it complete or straining on the region of the straining bis committing it complete or straining on the region about the feeling of being touched or stroked? (Tell ma about that.) Primary? Somatic Palaukchaton, i.e., a halbuchaton involving the perception of physical experience localized within the body (e.g., a feeling of electricity).	-99, 49 inadequate information 1, 1 absent or false 2, 2 subtherhold 3, 3 threshold or true 1, POSS/DEF SUBST/GMC 3, PBMARRY	BCIS BCIS	[soid bc 16] = '3'	LV
scid_bc_17 scid bc 17a	scidSrv_bc_psychotic_screening_module scidSrv_bc_psychotic screening_module	dropdown dropdown	What about having unusual sensations inside a part of your body, like a feeling of electricity? (Tell me about that.) Primary? Gustatory halfucinations, i.e., a halfucination involving the perception of taste (usually unpleasant)	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true 1, POSS/DEF SUBST/GMC 3, PRIMARY	BC17 BC173	[soid_bc_17] = '3'	EV EV
scid_bc_18 scid_bc_18a	scidSrv_bc_psychotic_screening_module scidSrv_bc_psychotic screening_module	dropdown dropdown	How about eating or derising something that you thought tasted had or strangs even though everyone eite who tasted it thought it was fine? (Tell me about that.) Primary? Offsctory haluschations, i.e., a haluschation involving the perception of odor	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true 1, POSS/DEF SUBST/GMC 3, PRIMARY	BCIB BCIB	[sold bc 18] = '3'	IV IV
scid_bc_19 scid bc 19a	scidSrv_bc_psychotic_screening_module scidSrv_bc_psychotic screening_module	dropdown dropdown	What about smelling unpleasant things that other people couldn't smell, like decaying food or dead bodies? [Tell me about that.] Primary?	-99, -99 inadequate information 1, 1 abcent or false 2, 2 subthreshold 3, 3 threshold or true 1, PoSS/DET SUBST/GMC 3, PMIMARY -99, -99 inadequate information 1, 1 abcent or false 3, 3	BC19a BC20 1=Go to next module 3=Psychotic	[sold bc 19] = '3'	LV LV
scid_bc_sum	scid5rv_bc_psychotic_screening_module	dropdown	ANY ITEM CODED "3" IN "PRIMARY" SECTION	threshold or true	disorder likely		LV
			Psychotic symptoms occur at times other than during mood episodes. NOTE: Code "3" if poychotic symptoms have been present and either: 13 there have neer been any Major Depressive or Manie Episodes, or 2) psychotic symptoms occurron dustated or Major Episodes, or 20 psychotic symptoms occurron dustated or Major Depressive or Manic Episodes. Code "1" if psychotic symptoms have occurred only during Major Depressive or Manii: Episodes.		BC1 1-Pyyholic		
scid_bc_mood	scidSnv_bx_psychotic_screening_module	dropdown	LIF A MAND CEPHES/VE OR MANDE CPRISCOP MED PRINTED. FEEDER THE SERVICE OR MANDE CPRISCOP MED PRINTED. STOLL AND ANY OF THE PRINTED CONTROL OF THE PRINTED CPRISCOP MED PRINTED	threshold or true	Mood Goulent *Co track Mooder *Co track Mooder *Co **Profession discreter Banky	(told be sum) = "I"	tv
			nervous system involvenment (e.g., systemic lupus erythematosus). Etological substances/medication include: Atchol (during intoxication or withdrawall; cannabis (during intoxication), phencyclidine (and related substances (during intoxication); phencyclidine (and related substances (during intoxication); enablants (fouring intoxication) or withdrawall; and stimulants (including cocaine) (during intoxication).				
scid_bc_etionotes	scidSny_bc_psychotic_screening_module	descriptive	Other substances and medications that can cause psychotic symptoms include anesthetics and analgesics, anticholinespic agents, anticonvoluntant, antihizamines, antihypartensive and cardiovascular medications, antimicrobal medications, antiparlinosimin medications, demotra-spectar agents (e.g., antiparlinosimin medications, demotra-spectar agents (e.g., predications, muscle relaxants, nonzerosidal anti-inflammatory medications, demotra-over-the counter medications (e.g., medications, demotra-over-the counter medications) (e.g., predications, demotra-over-the-				
			IF THERE HAVE NEVER BEEN ANY CLINICALLY SIGNIFICANT MODO SYMPTOMS, OR IF ALL MOOD SYMPTOMS ARE ACCOUNTED FOR BY A DIAGNOSIS OF SCHIZDAFFECTIVE DISORDER (SEE MODULE				
scid_d scid_d_aa	scidSrv d mood differential a bipolar i diso Bipolar I Disorder Criteria scidSrv d mood differenti	ord dropdown	C), CHECK HERE (yes) AND GO TO THE NEXT MODULE. "BIPOLAR I DISORDER CRITERIA" A. Criteria have been met for at least one Manic Episode.	0, No 1, Yes 1, 1 absent or false 3, 3 threshold or true	D1 D2 1= GO TO "BIPOLAR II DISORDER"	[scid_d] = 10°	LV
			BIPOLAR I DISORDER CRITERIA B. The occurrence of the Manic and Major Depressive Episode(s) is not better explained by Schizoaffective Disorder. Schizoaffenia.		D3 1= GO TO		
scid_d_ab	scidSrv d mood differential a bipolar i disc	erd dropdown	in not occure trajustice of yest-relatinations between the properties. Schoolphenform Biosefer, Polisiana Biosefer, or Delatina properties psecified or Unspecified Schloophnerial Spectrum and Other Psychotic Disorder. *BIPOLASI DISORDER CREENA* B. Indicate type of current (or most recent) episode: (choose the appropriate number)	1, 1 absent or false 3, 3 threshold or true	DS_MEGOLIAN PBIPOLIAN II DSCRICEY 3- Bipolar I disorder	[soid d aa] = '3'	LV
scid_d_ab_type	scidSrv d mood differential a bipolar i disco	erd dropdown	NOTE: For inclividuals whose symptoms meet full episode criteria for both current Main: Episode and current Major Depressive Episodes inclusionally, the current rejoisode is considered to be a Manic Episode, With Mixed Features. **BIPCLAR ID IDSORDE** A. Criteria have been met for at least one Hypomanic Episode and	Unspecified (i.e., criteria, except for duration, are currently met for a Manic, Hypomanic, or Major Depressive Episode)		[soid d ,ab] = 3°	LV
			at base one Major Depressive Epizode. PRESENCE OF A HYPOMANIC EPISODE IS INDICATED BY A PATING OF "3" ON FIELD CODE A91 (PAGE A.17) AND/OR BY A PATING OF "3" ON FIELD CODE A329 (PAGE A.29). PRESENCE OF A MAJOR DEPRESSI				
scid_d_ba	scidSrv d mood differenti Bipolar II Disorder	dropdown	RATING OF "3" ON FIELD CODE AZS BASED ON ITEM AZS (PAGE A.4) AND/OR BY A RATING OF "3" ON FIELD CODE AS1 (PAGE A.9).	1, 1 absent or false 3, 3 threshold or true	DS 1-GO TO *OTHER SPECIFIED BIPOLAR DISCROER* D6 1-GO TO *OTHER	[scid_d_aa] = "1" or [scid_d_ab] = "1"	LV
scid_d_bb	scidSrv d mood differential a bipolar i disc	ord dropdown	*BIPOLAR II DISORDER* B. There has never been a Manic Episode.	1, 1 absent or false 3, 3 threshold or true	SPECIFIED BIPCLAR DISORDER* 3-Never Manic	[scid d ba] = '3'	tv

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scid_d_bc	scidSrv d mood differential a bipolar i disord dropdown	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.	1, 1 absent or false (3, 3 threshold or true	D7 1=G0 T0 *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				
		IF DIRKNOWN: 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 IB6?		D8.1=GO TO *OTHER		
scid_d_bd	scidSrv d mood differential a bipolar i disord dropdown	IF HAVE NOT INTERFERED WITH LIFE: How much have (BIPOLAR	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	SPECIFIED BIPOLAR DISORDER* D91-GO TO *OTHER SPECIFIED BIPOLAR	[solid_id_ibc] = '3'	LV
scid_d_bsum	scidSrv d mood differential a bipolar i disord dropdown	*BIPOLAR II DISORDER* CRITERIA A, B, C, AND D ARE CODED "3." *BIPOLAR II DISORDER*	1, 1 absent or false 3, 3 threshold or true	DISORDER* 3-BIPOLAR II DISORDER	[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).		D11 3= Current Rapid		
scid_d_c	scidSrv d mood differenti Rapid Cycling dropdown	hab persons or being (depressed/OWN WORDS)? *SEASONAL PATTERN* At least two Major Depressive Episodes in the past two years	1, 1 absent or false 3, 3 threshold or true	Ozi 3 - Current rappio Cycling	[scid_d_abl] = '3' or [scid_d_bsum] = '3'	LV
		(including current).				
scid_d_d1	scidSrv 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/UNN WORRS)? *SEASONAL PATTERN*	1, 1 absent or false 3, 3 threshold or true	012	[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	scidSrv 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	scidSrv d mood differential a bipolar i disord dropdown		0, No 1, Yes	D14	[scid d ab] = '3' or [scid d bsum] = '3'	LV
		SEASONAL PATTERN The scential fleature 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, Hypemanic, 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	scidSrv d mood differential a bipolar i disord dropdown	IF UNKNOWN: Do the periods of feeling (depressed/high/irritable/UVIN 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 [SIS OF DEPRESSION/ MANIA/HYPOMANIA] typically start?) "SEASONAL PATTERN"	1, 1 absent or false 3, 3 threshold or true	D151-GG TO *BIPOLAR CHRONOLOGY* D.14	[sold d dcheck] = " V "	LV
scid_d_damonth	scidSrv d mood differential a bipolar i disord text	Indicate month of regular onset of episode *SEASONAL PATTERN*		D16	[scid_d_da] = '3'	LV
		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	scidSrv d mood differential a bipolar i disord dropdown	IF UNKNOWN: Do the periods of (SEASONALLY DEPRESSED/ELEVATED/ IRRITABLE MODO 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_d_da] = '3'	LV
scid_d_dbmonth	scidSrv 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 abova, and no nonessonal 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	scidSrv d mood differential a bipolar i disord dropdown	IF SEASONAL MANIA/HYPOMANIA:Since [2 YEARS AGO], have all of your periods of feeling (high/ intribable/OWN WORDS) begun during the same time of the year? "SEASONAL PATTERN"	1, 1 absent or false 3, 3 threshold or true	D191=GOTO *BIPCLAR 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.				
		IF UNKNOWN: About how many years can you recall having had periods of seasonal (DEPRESSION/MANIA/ HYPOMANIA)?		D20 3= Seasonal Pattern. **GO TO **Seasonal		
scid_d_dd	scidSrv d mood differential a bipolar i disord dropdown	*OTHER SPECIFIED BIPOLAR DISORDER*	1, 1 absent or false 3, 3 threshold or true	*BIPOLAR CHRONOLOGY* D.14	[scid d db] = '3'	LV
scid_d_ea	Other Specified scidSrv d mood differenti Bipolar Disorder dropdown	*UTHER SPECIFIED BIPOLAR DISORDER*	1, 1 absent or false 3, 3 threshold or true	D21 1-GO TO *MAJOR DEPRESSIVE DISORDER*		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				
		ASK THE POLICIONING QUESTIONS AS NEEDED TO KATE 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				
		about your attendance at work of schools have they affected the quality of your work? schoolswork?) 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	scidSrv 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-G0 TO "MAIOR 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 SIS MAY BE SECONDARY (I.E., A DIRECT PHYSICLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, MEDICATION), GO TO "GMC/SUBSTANCE CAUSING BPOLAR 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 il?		D23 1=G0 TO *MAJOR DEPRESSIVE INCORDER* 3-DTHER		
scid_d_ec	scidSrv d mood differential a bipolar i disord dropdown		-99, -99 inadequate information $\ $ 1, 1 absent or false $\ $ 3, 3 threshold or true		[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 rever mer full critical for a Manic or hypomenic Episode but which experienced two or more episodes of short-duration hypomania that meet the full symptomatic Criticals for a hypomanic Episode but that only last for 2-3 days. The episodes of hypomanic symptoms do not overlap in time with the Aligin Depressive Episodes, so the disturbance does not meet criteria for Major Depressive Episodes, with Miller Fastura.				
		other symptoms of a Hypomanic Episode). The episodes of	1, 1 - Short-duration Hypomanic-like Episodes (2-3 days) and Major Depresive Episodes (1,2,-1 Hypomanic-like episodes with institutions typingtoms and Major Operacions (produce)			
			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			
scid_d_esum	scidSrv d mood differential a bipolar i disord-dropdown	3 - Hypomanic episodes without prior Major Depressive Episode: *OTHER SPECIFIED BIPOLAR DISORDER*	8, 8 - Unspecified.	D24	[scid_d_ec] = '3'	LV
scid_d_esumb	scidSrv d mood differential a bipolar i disord notes	7 - Other (Describe):		D24b D25 CONTINUE WITH	[scid d esum] = "7"	LV
		OTHER SPECIFIED BIPOLAR DISORDER Check here (ves) if present in last month.		DJS CONTINUE WITH ASSESSMENT OF "MAJOR DEPRESSIVE DISORDER*	[sold d ec] = '3'	LV
scid_d_esumc	scidSrv d mood differential a bioolar i disord dropdown	*MAJOR DEPRESSIVE DISORDER*	0, No 1, Yes	DISORDER*	[scid d ec] = '3'	LV
scid_d_f	Major Depressive scidSrv d mood differenti Disorder dropdown	[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 PELD CODE A25 (PAGE A.4) AND/OR BY A RATING OF "3" ON PELD CODE A25 (PAGE A.9). **MAJOR DEPRESSIVE DEVISIONERS**	1, 1 absent or false 3, 3 threshold or true	D26 1-G0 TO "OTHER SPECIFIED OPPRESSIVE DISCRICE"	[scid_d_ea] = "1" or [scid_d_eb] = "1" or [scid_d_ec] = "3" or [scid_d_ec] = "3".	LV
		D. The occurrence of the Major Depressive Episode(s) is not better explained by Schizoaffective Disorder, Schizophrenia,		D27 1=GO TO *OTHER		
scid_d_td	scidSrv d mood differential a bipolar i disord dropdown	Schizophreniform Disorder, Delusional Disorder, or Other Specified or Unspecified Schizophrenia Spectrum and Other	1, 1 absent or false $[\ 3,3\ threshold\ or\ true$	SPECIFED DEPRESSIVE DISORDER*	[scid_d_f] = '3'	LV
		Note: This exclusion does not apply if all of the manic-like or hypomanic-like epicodes are substance/medication-induced or are attributable to the physiological effects of another medical condition.				
scid_d_fe	scidSrv d mood differential a bipolar i disord dropdown	NOTE: Code "3" if there have never been any Manic or Hypomanic Epicodes, or if all manic liles and hypomanic-like epicodes are attributable to a substance/medication (excluding an artidepressant) or to a general medical condition "MAUGN EPIERSIVE DISORDER" Indicate type:	1, 1 absent or false 3, 3 threshold or true	D28 1-GO TO MEXT MODULE. 3-MIDD	[scid_d_fd] = '3'	LV
		1 - Single Episode				
scid_d_fetype	scidSrv d mood differential a bipolar i disord dropdown	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*	1, 1 absent or false 3, 3 threshold or true	D29	[scid_d_fe] = '3'	LV
scid_d_g	MDD - Seasonal scidSrv d mood differenti Pattern dropdown	*SEASONAL PATTERN*	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 MODD) mostly		031 1460 70 1000		
scid_d_ga	scidSrv d mood differential a bipolar i disord dropdown	seem to happen at the same time of year, like every winter? (in what month do your [SXS] usually get better?) "SEASONAL PATTERN"	1, 1 absent or false 3, 3 threshold or true	D311-GOTO*MDD CHRONOLOGY* D.17	[scid d g] = '0'	LV
scid_d_gamonth	scidSrv d mood differential a bioolar i disord text	Indicate month of regular onset of episode *SEASONAL PATTERN*		032	[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].				
scid_d_gb	scidSrv d mood differential a bioolar i disord dropdown		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	scidSrv d mood differential a bioolar i disord text	*SEASONAL PATTERN* Indicate month of regular remission of episode: **GASONAL PATTERN*		D34	[soid d gb] = '3'	LV
		SEASONAL PATTERN 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.				
scid_d_gc	scidSrv d mood differential a bioolar i disord dropdown	Since (2 YEARS AGO), have all of your periods of depression begun at the same time of the year?	1, 1 absent or false 3, 3 threshold or true	D35 1=GO TO *MDD CHRONOLOGY* D.17	[scid_d_gb] = '3'	LV
		"SEASONAL PATTERN" 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)?		D36 3-Seasonal Pattern. 1or3-GOTO		
scid_d_gd	scidSrv d mood differential a bipolar i disord dropdown		1, 1 absent or false 3, 3 threshold or true	*MDD CHRONOLOGY* D.17	[soid_d_gc] = '3'	LV
		Symptoms characteristic of a depressive disorderpredominatebut do not meet the full criteria for Major Depressive Disorders, Persistent Depressive Disorders, Pereinstent Depressive Disorders (Pereinstent Depressive Disorder with Depressed Mood or Adjustment Disorder with Mixed Arnéety and Depression).				
scid_d_ha	Other Specified scidSrv d mood differenti Depressive Disorder dropdown	NOTE: IF DEPRESSIVE SYMPTOMS ARE CURRENT AND ARE TEMPORALLY ASSOCIATED WITH A PSYCHOSOCIAL STRESSOR, CONSIDER ADJUSTMENT DISORDER, PAGE I. 20. "UTHER SYCLETIE UI DEPRESSIVE DISORDER."	1, 1 absent or false 3, 3 threshold or true	D37 1-GO TO NEXT MODULE	$[scid_d,f] = `1` \text{ or } [scid_d,fd] = `1`$	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 Ifle?				
		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 drossed, bathing, or brushing your teath? How about doing other things that are important to you like religious activities, physical exercise, or hobbies? Have you avoided doing anything because you fell like you weren't you to it?				
scid_d_hb	scidSrv 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-G0 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 II.E. A DIRECT PHYSIOLOGICAL CONSEQUENCE OF					
		SECUNDARY (I.E., A DIRECT WINDLOGKAL 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?lust before (DEPRESSIVE SXS) began, were you physically ill?					
		IF YES: What did the doctor say?					
		iust before (DEPRESSIVE SXS) began, were you taking any medications?		D39 1=DUE TO SUB- STANCE USE OR GMI GO TO NEXT	-		
		IF YES: Any change in the amount you were taking?lust before (DEPRESSIVE SXS) began, were you drinking or using	-99, -99 inadequate information 1, 1 absent or false 3, 3	MODULE3+OTHER SPECIFIED DEPRESSIVE			
scid_d_hc	scidSrv d mood differential a bipolar i disord dropdown	any street drugs? "UI HER SPECIFIED DEPRESSIVE DISURDER" Indicate type:	threshold or true	DISORDER; CONTINU	E	[scid d hb] = '3'	LV
		Recurrent Brief Depression: Concurrent presence of depressed mood and at least four other symptoms of depression for 2-13 days at least one per month (not associated with the manuscript cycle) for at least 12 consecutive months in an individual whose presentation has never more criteria for any other depression or bipodar disorder and does not current meet active or residual criteria for any perhotic disorders.					
		2 - Short-duration depressive episode (4-13 days). Depressed affect and at least four of the other eight symptoms of a Major Depressive pisode associated with clinical by girdform distinctly significant si					
		[does not conform to the definitional requirements of the] recurrent brief depression presentation (see above). 3 - Depressive episode with insufficient symptoms: Depressed affect and at least one of the other eight symptoms of a Major	1, 1 - Recurrent Brief Depression: 2, 2 - Short-duration depressive episode (4-13 days) 3, 3 - Depressive episode				
		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	 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. 				
scid_d_hctype	scidSrv d mood differential a bipolar i disord dropdown	opotar disorder, does not currently meet active or residual criteria for any psychotic disorder. *OTHER SPECIFIED DISORDER*	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] = 'S'	LV
scid_d_hcurrent	scidSrv 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.					
scid_d_i	scidSrv d mood differenti Mood Chronology dropdown	have you had (DEPRESSIVE OR MANIC SXS CODED "3")? "BIPOLAR I OR BIPOLAR II DISORDER CHRONOLOGY"	-99, -99 inadequate information \mid 1, 1 absent or false \mid 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_ddd] = '1'	LV
		Number of months prior to interview when the subject last had persistently depressed, or euphoric or irritable mood.					
scid_d_inum	scidSrv 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)					
		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.					
scid_d_irem	scidSrv d mood differential a bipolar i disord dropdown	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).					
		IF UNKNOWN: How old were you when you first started having					
scid_d_iage	scidSrv d mood differential a bipolar i disord text	(SXS OF MAJOR DEPRESSIVE EPISODE) or (SXS OF MANIC EPISODE)? *CURRENT BIPOLAR EPISODE SEVERITY* **MANIC**		D4S GO TO NEXT MODULE	number	[scid d i] = '1'	LV
		(For the worst week in the past month): 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					
scid_d_ja	Current Bipolar scidSrv d mood differenti Severity dropdown		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
800_0_9	scidory a mood afferenti Severity aropdown	prevent physical narm to sett or others.] Indicate current presence of psychotic symptoms: (Choose YES) With psychotic features: Delusions or halfucinations are present at any time in the episode.		D46		[scid_d_ja] = '1' or [scid_d_ja] = '2' or	LV
scid_d_jb	scidSrv d mood differential a bipolar i disord dropdown	are present at any time in the episode. If psychotic features are present, Specify if mood-congruent or	0, No 1, Yes	D47		[seid q ja] = .3.	LV
		mood-incongruent: 1 - Mood-congruent osychotic features: During Manic Episodes.					
		the content of all delucions or hallucinations is consistent with the typical manic themes of grandiosity, invulnerability, etc., but may also include themes of suspiciousness or paranola, especially with respect to others' doubts about the individual's capacities, accomplishments, and so forth.					
		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	1 t Mond community				
scid_d_jc	scidSrv d mood differential a bipolar i disord dropdown	polarity themes as described above, or the content is a misture or model-incorputent and model-congruent themes. Age at coset of first Mainic, Milaed, 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	scidSrv 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)?		D49	number	[scid_d_ja] = '1' or [scid_d_ja] = '2' or [scid_d_ja] = '3'	LV
5.00_0_0	scoore o mood dimerental a dipolar i disore cest	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		549	number	Dog o 141 = 2	LV
		(see page F.7) and criteria have never been met for Panic Disorder.					
scid_d_je	scidSrv 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.					
		Moderate: The number of symptoms, intensity of symptoms, and/or functional impairment is between those specified for "mild" and "severe."					
		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					
scid_d_jaa	scidSrv d mood differential a bioolar i disord dropdown	symptoms markedly interfere with social and occupational functioning.	0, 0 - N/A Most recent episode=manic or hypomanic 1, 1 - Mild 2, 2 - Moderate 3, 3 - Severe	DS1		[scid_d_ja] = '0'	LV
scid d jab	scidSrv d mood differential a bipolar i disord dropdown	Indicate current presence of psychotic symptoms:\ (Choose YES) With psychotic features: Delusions or hallucinations are present at any time in the episode.	0, No 1, Yes	D52		[solid of ja] = '0'	LV
20,0,00	w moon unrevenue al Diposir i disord dropdown	If psychotic features are present, specify if mood-congruent or mood-incongruent:				- 181 V	==
		Mood-congruent psychotic features: The content of all defusions and halfucinations 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					
scid_d_jac	scidSrv d mood differential a bipolar i disord dropdown	defusions 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.	1, 1 Mood-congruent psychotic features 2, 2 Mood-incongruent psychotic features	D53		[scid d jab] = '1'	LV
	# Urganier + Salania uropidowiii	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 MAXOR DEPRESSIVE EPISODE) or (SXS OF MANIC				[scid_d_jaa] = '1' or [scid_d_jaa] = '2' or	

...IF UNKNOWN: how old were you when you first started having [SSG OF MAJOR DEPRESSIVE EPRODE] or [SSG OF MANOC EPROSE] or [SSG OF MANOC EPRODE].

LV

[scid_d_jaa] = '1' or [scid_d_jaa] = '2' or [scid_d_jaa] = '3'

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.

				Disorder.					
	id_d_jae	scidSrv d mood differential a bipolar i disord d	enedown	IF UNKNOWN: Have you had any panic attacks in the past month?	0. No 1. Yes	DSS Go to Next Module		[scid_d_jaa] = '1' or [scid_d_jaa] = '2' or [scid_d_jaa] = '3'	LV
		and a mod direction is appoint a cause of	юрионп	*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).					
sc	id_d_iba	scidSrv d mood differential a bipolar i disord to	ext	DEPRESSIVE EPISODE) or (SXS OF MANIC EPISODE)? Specify if:		D56	number	[soid d jaa] = '0' and [soid d ja] = '0'	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.					
sc	id_d_ibb	scidSrv d mood differential a bipolar i disord d	ropdown	IF UNKNOWN: Have you had any panic attacks in the past month? *MAJOR DEPRESSIVE DISORDER CHRONOLOGY*	0, No 1, Yes	D57 Go to Next Module		[scid_d_jaa] = '0' and [scid_d_ja] = '0'	LV
				Has met threshold criteria for Major Depressive Episode at any time in the past month.					
					-99, -99 inadequate information 1, 1 absent or false 3, 3			[scid_d_dcheck] = '1' or [scid_d_da] = '1'	
sc	id_d_ka	scidSrv d mood differential a bipolar i disord d	ropdown	have you had (DEPRESSIVE SXS CODED "3")? Number of months prior to interview when last had persistently	-99, -99 inadequate information 1, 1 absent or fasse 3, 3 threshold or true	D58		or [scid_d_db] = '1' or [scid_d_dc] = '1' or [scid_d_dd] = '1' or [scid_d_dd] = '3'	LV
				depressed mood.					
sc	id_d_lib	scidSrv d mood differential a bipolar i disord to	txe	When did you last have (DEPRESSED MOOD) (i.e., most recent episode)? *CLASSIFICATION OF CURRENT PARTIAL OR FULL REMISSION*		D59	number	[scid d ka] ='1'	LV
				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.					
sc	sid_d_kc	scidSrv d mood differential a bipolar i disord d	ropdown	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 Major Depressive Episode (CODE 99 IF UNKNOWN).					
sc	sid_d_lid	scidSrv d mood differential a bipolar i disord d	ropdown	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
				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					
sc	id_d_la	scidSrv d mood differential a bipolar i disord d	ropdown	symptoms markedly interfere with social and occupational functioning. Indicate current presence of psychotic symptoms:	1, 1 - Mild 2, 2 - Moderate 3, 3 - Severe	D62		[scid_d_ka] = '3'	LV
sc	sid_d_lib	scidSrv d mood differential a bipolar i disord d	ropdown	(Choose YES) With psychotic features: Delusions or hallucinations are present at any time in the episode.	0, No 1, Yes	D63		[scid d ka] = '3'	LV
				are present at any time in the episode. If psychotic features are present, specify if mood-congruent or mood-incongruent: (circle the appropriate number)					
				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. Monof incongruent newhoric features: The content of the					
				delusions or hallucinations does not involve typical depressive themes of personal inadequacy, guilt, disease, death, nihilism, or	1, 1 Mood-congruent psychotic features 2, 2 Mood-				
sc	cid_d_lc	scidSrv d mood differential a bipolar i disord d	ropdown	Age at onset of first Major Depressive Episode (CODE 99 IF UNKNOWN).	incongruent psychotic features	D64		[scid d lb] = '1'	LV
sc	id_d_ld	scidSrv d mood differential a bipolar i disord to	ext	IF UNKNOWN: How old were you when you first started having (SXS OF MAJOR DEPRESSIVE EPISODE)? Specify if:		D65	number	[soid d ka] = '3'	LV
				(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					
sc	id_d_le	scidSrv d mood differential a bipolar i disord d	ropdown	IF UNKNOWN: Have you had any panic attacks in the past month?	0, No 1, Yes	D66 END OF MODUL	E autocomplete	[scid_d_ka] = '3'	LV
				IF DENIES ANY LIFETIME ALCOHOL USE ON PAGE 6 OF PATIENT OVERVIEW (OR PAGE 4 OF NON-PATIENT OVERVEW), 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					
		*PAST-12-MONTH ALCOHOL USE		drinking since (1 YEAR AGO)IF NO: GO TO *PRIOR-TO-PAST-12-MONTH ALCOHOL USE					
90	id_e_a	scidSrv e substance use i DISORDER* d	ropdown	DISORDER* E.G. A problematic nattern of alcohol use leading to clinically	1, No 3, Yes				LV
				significant impairment or distress, as manifested by at least two of the following occurring within a 12-month period:					
				NOTE: The DSM-IV examples that were omitted in DSM-5 have been restored here.					
				 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?)					
sc	id_e_a1	scidSrv_e_substance_use_disorders d	ropdown	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	Ε2		[scid.e.a] = '3'	LV
		-		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?					
				IF NO: During the past year, did you ever try to cut down, stop, or control your drinking? How successful were you? (Did you					
sc	id_e_a2	scidSrv_e_substance_use_disorders d	ropdown	make more than one attempt to stop, cut down, or control your drinking?)	-99, -99 inadequate information \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 3, 3 threshold or true	В		[scid e a] = '3'	LV
				A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects					
se	cid_e_a3	scidSrv_e_substance_use_disorders d	ropdown	Have you spent a lot of time drinking, being drunk, or hung over? (How much time?)	-99, -99 inadequate information \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 3, 3 threshold or true	E4		[scid_e_a] = '3'	LV
				Craving, or a strong desire or urge to use alcohol.					
				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?)IF NO: How about having a strong desire or urge to drink when					
50	cid_e_a4	scidSrv_e_substance_use_disorders d	ropdown	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	ES		[scid_e_a] = '3'	LV

			 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 won or school or often arrived late because you were intoxicated, high or very hung over?	k			
			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 fairnly and making sure your children go to school and so				
scid_e_a5	scidSrv_e_substance_use_disorders	dropdown	medical care? How about not paying your bils? IF VES TO AMY: How often? Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol [le.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	£6	[scid.,e,a]="3"	LV
			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 dink too much? Have you gotten into physical flights.				
scid_e_a6	scidSrv_e_substance_use_disorders	dropdown	when you were drunk?)IF YES: Have you kept on drinking anyway? 7. Important social, occupational, or recreational activities given up or reduced because of alcohol use.	-99, -99 inadequate information \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 3, 3 threshold or true	E7	[scid_e_a] = '3'	LV
scid_e_a7	scidSrv_e_substance_use_disorders	dropdown	Have you had to give up or reduce the time you spent at work cschool, 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 [[6 g., driving an automobile or operating a machine when impaired by alcohol uses].	r $-99, -99 \ \text{inadequate information} \ \ 1, 1 \ \text{abcent or false} \ \ 2, 2 \ \text{subthreshold} \ \ 3, 3 \ \text{threshold or true}$	68	[soid ,e, a] = '3'	LV
			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, beating, 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?	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	F9.		
scid_e_a8	scidSrv_e_substance_use_disorders	dropdown	IF YES AND UNIONOWN: How many times? (When?) 9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been causated or exceeding all yellow (16, e., continued drinking despite recognition that an utcer was made worse by alcohol consumption).	subtrineshold x, 3 threshold of true	ty .	[scid e a] = '3'	LV
			Has your drinking caused you any problems like making you ver depressed or arcicus? 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?	-99, -99 inadequate information 1, 1 absent or false 2, 2	FIO		LV
scid_e_a9	scid5rv_e_substance_use_disorders	dropdown	IF YES TO EITHER OF ABOVE: Have you kept 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.	r subthreshold 3, 3 threshold or true	110	[scid.e.a] = 3*	LV
			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?	0			
scid_e_a10	scidSrv_e_substance_use_disorders	dropdown	IF NO. What about finding that when you drank the same amount, it had much less effect than before? (Fice much less?) II.1. Windrawals, a manneteation by exter or its hollowing. a. At least TWO of the following developing within several hours to a few days after the costation of (or reduction in) alcohol use: 7 autonomic hipstachilly (e.g., sweating or pulse rate greater than 100 bem). If increased hand tremor	-99, -99 inadequate information [1, 1 absent or false [2, 2 subthreshold [3, 3 threshold or true	m	[scid e a] = '3'	LV
			7 Increased hand tremor 7 Inscensia 7 Insueros 7 Posychomotor agitation 7 ansisty 7 generalized tonic-clonic seizures 7 transient visual, tractile, or auditory hallucinations or illusions				
			 Alcohol (or a closely related substance such as a benzodiazegine) 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				
scid_e_a11	scidSrv_e_substance_use_disorders	dropdown	hear? Your hand[s] shaking? Trouble sleeping? Feeling nauseate or vemiting? Feeling agitated? Feeling anxious? How about havin a selture or seeing, feeling, or hearing things that weren't really there?)	d 8 -99, -99 inadequate information 1, 1 absent or false 2, 2 subthresheld 3, 3 thresheld or true	£12	[scid, e, a] = '3'	LV
20,0,011	2027-0-308-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	оторовия		additional [4, 2 the area of the	123 *1 = Go to *PRIOR- TO -PAST 12 MONTH ALCOHOL USE DISORDER*, *3- ALCOHOL USE	from Table A	
scid_e_asum	scidSrv_e_substance_use_disorders	dropdown	AT LEAST TWO ALCOHOL USE DISORDER (TEMS 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 - Mild: Presence of 2-3 symptoms.	1, 1 absent or false 3, 3 threshold or true	DISORDER PAST 12 MONTHS E14 CONTINUE WITH	[scid.e.a] = '3'	LV
scid_e_asev	scidSrv_e_substance_use_disorders	dropdown	Moderate: Presence of 4-5 symptoms. Severe: Presence of 6 or more symptoms.	1, 1 - Mild 2, 2 - Moderate 3, 3 - Severe	*PAST-12-MONTH ALCOMOL USE CHROMOLOGY* NEXT PAGE	[scid e asum] = "3"	LV
			At least one Alcohol Use Disorder symptom (except for craving) is the past 3 months During the past 3 months, how much have you been drinking?		E15 1-Continue,		
scid_e_b1	scidSrv_e_substance_use_disorders	dropdown	IF HAD ANYTHING TO DRINK IN PAST 3 MONTHS: Has your drinking caused any problems for you in the past 3 months? (Problems like JALCOHOL USE TEMS CODE) 73(7)) Number of months prior to interview when the subject last had	1, 1 absent or false 3, 3 threshold or true	3-CUBRENT ALCOHOL UE DISONDER (PAST 3 MONTHS), GO TO *AGE AT ONSET*	[scid e asum] = "3"	LV
scid_e_b2 scid_e_b3	scid5rv_e_substance_use_disorders scid5rv_e_substance_use_disorders	text	Number of months; prior to interview when the subject tast had any Alcohol Use Disorder symptom (except for craving). Check (Yes) if hi a controlled environment: The individual is [currently] in a controlled environment where access to alcohol is restricted.	0, No 1, Yes	E17 number	[scid_e_bt] = '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 were previously met, none of the criteria for Alcohol Use Disorder Alexe beamer for a least 3 months but for less than 12 months (with the exception that Criterion A.4, "Craving, or a strong desir or urgs to use alcohol," may be max!				
scid_e_b4	scidSrv_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 E19 GO TO *PAST-12-	[scid_e_b1] = '1'	LV
			AGE AT ONSET Age at onset of Alcohol Use Disorder (CODE 99 IF UNINNOWN).		LES OUT OF YEAR 122. MONTH NON. ALCHOE SUBSTANCE USE DISCROPE **L0 NOTE: Tha assessment of the severity of Alcohol Use Discrope prior to		
scid_e_b5	scidSrv_e_substance_use_disorders	text	How old were you when you first had (LIST OF ALCOHOL USE DISORDER SIX CODED "3")? IF ALCOHOL USE PRIOR TO PAST-12 MONTHS IS NOT EXCESSIVE		the past 12 months is needed, continue on next page instead of skipping to E.10 number	[scid_e_asum] = '3' or [scid_e_asum] = '1'	LV
			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:				
	ALCOHOL USE DISORDER CRITER	lia.	Besides the past year, have you ever drunk alcohol at least six times in a 12-month period? IF YES: When was that?				
scid_e_ccheck1	*PRIOR TO -PAST: 12-MONTH ALCOHOL USE SCIdSIV e substance 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.	0, No 1, Yes	EZO, NO= GO TO *PAST-12-AMONTH NONE-ALCOHOL SUBSTANCE USE DISORDERS*	[soid e a] = '1' or [soid e asum] = '1'	LV
scid_e_ccheck2	scidSrv_e_substance_use_disorders	text	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? INDICATE MONTH AND YEAR		Ð1	[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:				
			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				
			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	scidSrv_e_substance_use_disorders	dropdown	IF NO: 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.	subthreshold 3, 3 threshold or true	122	[scid_e_ccheck1] = '1'	LV
			During (12-MONTH PERIOD) did you want to stop, cut down, or control your drinking?				
			IF YES: How long did this desire to stop, cud down, or control your drinking last?				
scid_e_c2	scidSrv_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 \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 3, 3 threshold or true	£23	[scid_e_ccheck1]="1"	LV
scid_e_c3	scidSrv_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.	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	£24	[scid_e_ccheck1]="1"	LV
			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?)				
scid_e_o4	scidSrv_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
			 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?				
scid_e_c5	scid5rv_e_substance_use_disorders	dropdown	IF YES TO ANY: How often? 6. Continued alcohol use dispite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol (lig. g., arguments with spouse about consequences of introducation, 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
			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 answey? (Over what period of	-99, -99 inadequate information 1, 1 absent or false 2, 2			
scid_e_o6	scidSrv_e_substance_use_disorders	dropdown	time)? 7. Important social, occupational, or recreational activities given up or reduced because of alcohol use.	subthreshold 3, 3 threshold or true	£27	[scid e ccheck1] = '1'	LV
scid_e_c7	scidSrv_e_substance_use_disorders	dropdown	During (12.4MONTH PERIOD), did you have to give up or reduce the time you spent at work or school, with fame, or friends, or on thing you like to 0 files ports, colonie, other hobbies) because you were drinking or hungover? 8. Recurrent action leas in situations in which it is physically hazardous (leg., driving an automobile or operating a machine when impaired by alchorbluse).	-99, -99 inadequate information $\ $ 1, 1 absent or false $\ $ 2, 2 subthreshold $\ $ 3, 3 threshold or true	E28	[scid_e_ccheck1]="1"	LV
			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?	-99, -99 inadequate information 1, 1 absent or false 2, 2			
scid_e_c8	scidSrv_e_substance_use_disorders	dropdown	IF YES AND UNKNOWN: How many times? 9. Alcohol use is continued despite knowledge of having a	subthreshold 3, 3 threshold or true	E29	[scid e ccheck1] = '1'	LV
			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?	-99, -99 inadequate information 1, 1 absent or false 2, 2			
scid_e_c9	scidSrv_e_substance_use_disorders	dropdown	IF YES TO BITHER OF ABOVE: Did you keep on drinking anyway? 10. Tolerance, ac defined by either of the following: a. A need for markedly increased amounts of allochol to achieve intoxication or desired effect. b. Markedly deminished effect with continued use of the same amount of allochy.	-39, -39 inbacquate information [1, 1 absent of take [], 2 subthreshold [3, 3 threshold or true	E30	[scid_e_ccheck1] = "1"	LV
			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	-99, -99 inadequate information 1, 1 absent or false 2, 2			
scid_e_c10	scidSrv_e_substance_use_disorders	dropdown	amount, it had much less effect than before? (How much less?) 11. Withdrawai, as manifested by either of the following: a. At least TWO of the following developing within several hours	subthreshold 3, 3 threshold or true	81	[scid e ccheck1] = '1'	LV
			to a few days after the cessation of (or reduction in) alcohol use: 7 autonomic hyperactivity (e.g., sweating or pulse rate greater than 100 bom)				
			? increased hand tremor ? insomnia ? nausea or vomiting ? psychomotor agitation				
			7 anxiety 7 generalized tonic-clonic seizures 7 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 handls;) shaking? Trouble sleeping? Feeling nausested or vomiting? Feeling agktated? Feeling anxious? How about having a solute or seeling, feeling, or hearing things that werent really				
scid_e_c11	scidSrv_e_substance_use_disorders	dropdown	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	B2	[scid e ccheck1] = '1'	LV
					E33. 1=G0 TO *PAST- 12 MONTH NON- ALCOHOL SUBSTANCE USE DISORDER*. 3=		
scid_e_csum	scidSrv_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	1, 1 absent or false 3, 3 threshold or true	USE DISORDER*, 3= PAST ALCOHOL USE DISORDER, continue	[scid_e_ccheck1] = 'I'	LV
			appropriate number) 1 - Mild: Presence of 2-3 symptoms.		E34 CONTINUE WITH		
scid_e_csev	scidSrv_e_substance_use_disorders	dropdown	Moderate: Presence of 4-5 symptoms. 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 Check YES if In a controlled environment: The individual is				
scid_e_d1	scidSrv_e_substance_use_disorders	dropdown	[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 Ramission does not apply to Alcohol Use Disorder Prior to
Past 12 months)

r-mos s2 monthris)

O - 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

scid_e_d2	scidSrv_e_substance_use_disorders	dropdown	2. In sustained remissions. After full criteria for Acchord Use Disorder were previously met, more of the criteria for Acchord Use Disorder have been met at any time during a period of 1.2 months or longer (leath the exception that Circlerion A.4, "Craving, or a strong desire or urge to use alcohol," may be met). "AGE AT ONSET!" Age at conset of Alcohol Use Disorder (CODE 99 IF UNINNOWN)	0, 0 - Not in remission 2, 2 - In sustained remission	E36	[scid.e_csum] = "3"	LV
scid_e_d3	scidSrv_e_substance_use_disorders *PAST-12-MONTH NON-ALCOHOL	text	How old were you when you first had (LIST OF ALCOHOL USE DISORDER SIX COOED "3")? REVEW HISTORY OF DRUG USE ON PAGES 7-8 OF PATIENT OVERVIEW, OF PATIENT OVERVIEW, OR PAGES 5-6 OF NON-ARTIENT OVERVIEW, IF DRINES ANY LIFETIME DRUG USE IN OVERVIEW, CHECK "NO" AND GOT TO NEXT MODULE.		E37 number	[soid e_csum] = '3'	LV
scid_e_echeck	SUBSTANCE USE scidSrv e substance use i DISORDER*	dropdown	<to>Note: to be completed on paper. <b\> Meets criteria for past-12-month non-alcohol substance use</b\></to>	0, No 1, Yes	E38		ĽV
scid_e_fcurr	scidSrv_e_substance_use_disorders	dropdown	disorder	0, No 1, Yes 1, Sedative/hypnotic anxiolytic 2, 2 - cannabis 3, 3 - Stimulants 4, 4 - Opioid 5, 5 - inhalants 6, 6 - PCP 7, 7 -		[scid e echeck] = '1'	LV
scid_e_ftype	scidSrv_e_substance_use_disorders	checkbox	Indicate which substance Meets criteria for prior-to-past-12-month non-alcohol substance	Hallucinogens 8, 8 - Other/unknown	E136-E150	[scid_e_echeck] = '1'	LV
scid_e_gpast	scidSrv_e_substance_use_disorders	dropdown	use disorder	0, No 1, Yes 1, 1 - Sedative/hypnotic anxiolytic 2, 2 - cannabis 3, 3 - Stimulants 4, 4 - Opioid 5, 5 - inhalants 6, 6 - PCP 7, 7 -		[scid e echeck] = '1'	LV
scid_e_gtype scid_f_screenautofill	scid5rv_e_substance_use_disorders PANIC DISORDER scid5rv f anxietv disorder CRITERIA	checkbox	Indicate which substance (tick all which apply) Screening question autofill 1=No, 3=Yes IF SCREENING QUESTION #1 ANSWERED "NO," SKIP TO	Hallucinogens 8,8 - Other/unknown [scid_screen_1]	E299-327 S1	[scid_e_echeck] = '1'	LV
			AGGRAPHOBIA F.8. IF QUESTION B1 ANSWERED "YES": You've said that you have had an intense ruth of anylety, or what someone might call a "panic attack," when you suddenly felt very frightened, or anxious or suddenly decloped 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 fill very frightened, or anxious or suddenly developed a lot of physical symptomis? Tell me about that. When was the stab adone?				
scid_f_ascreen	scidSrv_f_armiety_disorders	dropdown	What was it like? How did it begin? A panic attack is an abrupt surge of intense fear or intense	0, 0 - No 1, 1 - Yes	F1 No = G0 T0 "AGORA-PHOBIA" F.8		LV
			discomfort that reaches a peak within minutes.				
			Note: The abrupt surge can occur from a calm state or an anxious state.				
scid_f_aa	scidSrv_f_amsiety_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	п	[scid f ascreen] = '1'	LV
			During that attack	-99, -99 inadequate information 1, 1 absent or false 2, 2			
scid_f_aa1	scidSrv_f_arrxiety_disorders	dropdown	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_armiety_disorders	droodown	were you short of breath? (Have trouble catching your breath? Feel like you were being smothered?)	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	F6	[sdd f ascreen]='1'	LV
scid f aaS	scidSrv f anxiety disorders	dropdown	Feelings of choking. did you feel as if you were choking?	-99 -99 inadequate information 1.1 absent or false 2.2	F7	[scid f ascreen]='1'	LV
			6. Chest pain or discomfort.	-99, -99 inadequate information 1, 1 absent or false 2, 2			
scid_f_aa6	scidSrv_f_anxiety_disorders	dropdown	did you have chest pain or pressure? 7. Nausea or abdominal distress.		F8	[scid_f_ascreen] = '1'	LV
scid_f_aa7	scid5rv_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 -99, -99 inadequate information 1, 1 absent or false 2, 2	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.	subthreshold 3, 3 threshold or true	F10	[scid f ascreen] = '1'	LV
@GG_1_biss	scid5rv_f_anxiety_disorders	dropdown	did you have flushes, hot flashes, or chilis? 10. Paresthesias (numbness or tingling sensations)	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	F21	[scid_f_ascreen] = '1'	LV
scid_f_aa10	scidSrv_f_anxiety_disorders	dropdown	During that attackdid you have tingling or numbness in parts of your body? 11. Denealization (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	[sold f ascreen] = 'T'	LV
			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				
scid_f_aa11	scidSrv_f_anniety_disorders	dropdown	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?	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	F13	[scid f ascreen] = '1'	LV
			12. Fear of losing control or "going crazy."	-99, -99 inadequate information 1, 1 absent or false 2, 2	FIA		LV
scid_f_aat2	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		[scid_f_ascreen] = '1'	
scid_f_aat3	scidSrv_f_anxiety_disorders	dropdown	were you afraid that you were dying? AT LEAST FOUR ITEMS CODED "3" AND REACHED THEIR PEAK WITHIN MINUTES	subthreshold 3, 3 threshold or true	F15	[scid f ascreen] = '1'	LV
			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.		F16 3-PANIC ATTACK;		
scid_f_aasum	scidSrv_f_anxiety_disorders	dropdown	IF NO: GO TO "AGORAPHOBIA" F.8	1, 1 absent or false 3, 3 threshold or true	CONTINUE WITH NEXT ITEM	[scid_f_ascreen] = '1'	LV
			A. Recurrent unexpected panic attacks.				
			Have any of these attacks ever come on 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		F17.1=GOTO		
			doing at the time? (Were you already nervous or anxious at the time or rather were you relatively calm or relaxed?)		*EXPECTED PANIC ATTACKS* F.7		
scid_f_aasum2	scidSrv_f_armiety_disorders	dropdown	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	3-CONTINUE ON NEXT PAGE	[scid_f_aasum] = '3'	LV
			B. At least one of the attacks has been followed by 1 month (or more) of one or both of the following:				
			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				
			arter any or 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?				
scid_f_ab1	scidSrv_f_anxiety_disorders	dropdown	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	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	F18	[scid_f_aasum2] = '3'	LV
			attacks (e.g., behaviors designed to avoid having panic attacks, such as avoidance of exercise or unfamiliar situations).				
			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?)	-99, -99 inadequate information 1, 1 absent or false 2, 2			
scid_f_ab2	scidSrv_f_arwiety_disorders	dropdown	IF YES: How long did that last? (As long as a month?)	subthreshold 3, 3 threshold or true	F19 F20 1=60 T0		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=G0 TO *AGORA-PHOBIA* F.8	[scid f aasum2] = '3'	LV

			E. [Primary Anisety 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?					
			It : DIRROUWN: Wind aid your pain cattacks start? Just before you began having pain cattacks, were you taking any drugs, caffeine, diet pills, or other medicines?(How much coffee, tea, or caffeinated beverages do you drink a					
			day?)lust before the attacks, were you physically ill?					
			IF YES: What did the doctor say?					
scid_f_ac1	scid5rv_f_ameiety_disorders	dropdown	Etiological medical conditions include: endocrine disease (e.g., hypotrhynolism, pheochromocytoma, hypoglycumia, hyporademocorticolism), cardiovaccid disodrers (e.g., congestive heart failure, pulmonary embolism, arrhythmia such airtal fiferitation), repeitatory illesse (e.g., chronic dostructive pulmonary disease, asthma, pneumonia), metabolic disturbances	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 panie tattack do not occur only in response to feared social intuations, as in Social Analety Oscorder in response to feared social situations, as in Social Analety Oscorder in response to circumscribed pholic objects or intestation, as in Specific Phobba; in response to obsessions, as in Oscorder, in response to desensions, as in Oscorder, and the Computation of transmitted control of the Computation of					
scid_f_ad	scid5rv_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	F22 1=G0 TO "AGORAPHOBIA" F.8 F23 1=G0 TO "AGORAPHOBIA" F.8		[sold f ac1] = '3'	EV
scid_f_ad2	scidSrv_f_anxiety_disorders	dropdown	A, B, C, AND D ARE CODED "3."	-99, -99 inadequate information \mid 1, 1 absent or false \mid 3, 3 threshold or true	3= LIFETIME PANIC DIS ORDER		[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 scidSrv f anxiety disorder CHRONOLOGY*	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=G0 TO *PAST PANIC DISORDER* F.	6	[scid f ad2] = '3'	LV
			During the past month, at least one of the attacks has been followed by 1 month (or mone) of one or both of the following: 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_arxiety_disorders	dropdown	IF YES: Did you feel that way for most of the time since (1 MONTH AGO)?	-99, -99 inadequate information \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 3, 3 threshold or true	F25		[sold_f_ad2] = '3'	LV
			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)? *CURRENT PANIC DISORDER*	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	F26 F27 1=G0 TO *PAST		[scid_f_ad2] = '3'	LV
scid_f_c1	*CURRENT PANIC scidSrv f anxiety disorder DISORDER*	dropdown	CRITERIA A AND B.1 OR B.2 CODED "3" FOR PAST MONTH. Age at onset of Panic Disorder (CODE 99 IF UNKNOWN).	-99, -99 inadequate information $\ $ 1, 1 absent or false $\ $ 3, 3 threshold or true	PANIC DISOR-DER* F.6 3+CLIRRENT PANIC DISORDER		{scid f ad2} = '3'	LV
scid_f_c2	scidSrv_f_anxiety_disorders	text	IF UNKNOWN: How old were you when you first started having panic attacks? **PAST PANIC DISORDER**		F28 GO TO *AGORA- PHOBIA* F.8	number	[scid_f_ct] = '3'	EV
			Number of months prior to interview when last had a symptom of Panic Disorder					
scid_f_d1	*PAST PANIC scidSrv f anxiety disorder 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'	EV
scid_f_d2	scidSrv_f_anxiety_disorders	text	IF UNKNOWN: How old were you when you first started having panic attacks? *EXPECTED PANIC ATTACKS*		F30	number	[scid_f_ba] = '1' or [scid_f_c1] = '1'	EV
			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):	Depressive thoughts (in MDD, page D.18, in Bipolar				
			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?	situations (in Specific Phobia, page F.22) S, Chronic generalized anxiety and worry (in current GAD page F.26) 6, Separation from attachment figures (in Separation Anxiety Disorder: page Ost-F.4) 7. Due to a substance/medication				
			Were you (depressed/OWN WORDS) at the time?Were you (high/irritable/OWN WORDS) at the time?	(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. Hoardine-related (in Hoardine, page Oct-G.5) 11. Body	F39, F40, F41, F42			
scid f.e	*EXPECTED PANIC scidSrv f anxiety disorder ATTACKS*	checkbox	Were you drinking or taking any drugs or medications?Were you physically il?	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)	PHOBIA* F.8 (CONTINUE ON THE NEXT PAGE)		[sold f aasum] = '1'	LV
scid_f_screenautofili2	scidSrv f anxiety disorder "AGORAPHOBIA"	calc	Screening question autofill 1= No, 3= Yes IF SCREENING QUESTION #2 ANSWERED "NO," SKIP TO *SOCIAL	[scid screen 2]	52			LV
			ANOUTY DISORDER* F.14 IF QUESTION #2 ANSWERED "YES": You've said that you have been very armious or afraid of situations like going out of the house alone, being in crowds, going to stores, standing in lines, or travelling on busines of trains.					
			IF SCREENER NOT USED: Have you ever been very aresious about or afraid of situations like going out of the house alone, being in		F43 No=IF NO TO BOTH: GO TO			
scid_f_fscreen	scidSrv_f_arxiety_disorders	dropdown	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	0, No 1, Yes	*SPECIFIC PHOBIA* F.19			LV
			five situations: 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		[soid f fscreen] = '1'	LV
			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? 3. Being in enclosed places (e.g., shops, theatres, cinemas).	-99, -99 inadequate information $\ $ 1, 1 absent or false $\ $ 2, 2 subthreshold $\ $ 3, 3 threshold or true	F45		[scid_f_fscreen] = '1'	LV
scid_f_fa3	scidSrv_f_anxiety_disorders	dropdown	IF UNKNOWN: How about being in enclosed places like stores, movie theaters, or shopping malls? 4. Standing in line or being in a crowd.	-99, -99 inadequate information $\ $ 1, 1 absent or false $\ $ 2, 2 subthreshold $\ $ 3, 3 threshold or true	F46		[scid f fscreen] = '1'	LV
scid_f_fa4	scidSrv_f_anxiety_disorders	dropdown	IF UNKNOWN: How about standing in a line or being in a crowd? 5. Being outside of the home alone.	-99, -99 inadequate information $\ $ 1, 1 absent or false $\ $ 2, 2 subthreshold $\ $ 3, 3 threshold or true	F47		[scid_f_fscreen] = '1'	LV
scid_f_fa5	scidSrv_f_arxiety_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 F49 1=G0 T0		[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	*SOCIAL ANXIETY DISORDER* F.14		[sold if fscreen] = "1"	LV

			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 doveloping pain: like symptoms or other incapacitating or embarrassing symptoms (e.g., fear of falling in					
			the elderly, fear of incontinence)					
			afraid would happen?)(Were you afraid that it might be hard for you to get out of the situation if you absolutely needed tolike 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?)		F50 1=G0 TO			
scid_f_fb	scidSrv_f_anxiety_disorders	dropdown	(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 areciety.	-99, -99 inadequate information $\ $ 1, 1 absent or false $\ $ 2, 2 subthreshold $\ $ 3, 3 threshold or true	*SOCIAL ANXIETY DISORDER* F.14		[scid f fasum] = "3"	LV
scid_f_fc	scidSrv_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=G0 TO *SOCIAL ANXIETY DISORDER* F.14		[soid_f,fb] = '2' or [soid_f,fb] = '3'	LV
			Have you gone out of your way to avoid these situations?IF NO: Have you been only able to go into one of these					
scid_f_fd	scidSrv_f_amiety_disorders	dropdown	situations if you were with someone you knew? 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 poised by the agoraphobic situations and the sociocultural	-99, -99 inadequate information $\ $ 1, 1 absent or false $\ $ 2, 2 subthreshold $\ $ 3, 3 threshold or true	F52 1=G0 TO *SOCIAL ANXIETY DISORDER* F.14		[sold $ f,f_0 = 2^n$ or [sold $ f,f_0 = 3^n$	LV
			context. NOTE: Code "3" if situations do not pose danger or if fear or arreitly is out of proportion to actual danger or sociocultural context.					
scid_f_fe	scidSrv_f_arwiety_disorders	dropdown	IF UNKNOWN: Have you felt any danger or threat to your safety when you were in ISTUATIONS CODED "3" ABOVE)? ("rell me about that.) F. The far, 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	FS3 1*GO TO *SOCIAL ANXIETY DISORDER* F.14		[sold, f, fd] = '2' or [sold, f, fd] = '3'	LV
scid_f_ff	scidSrv_f_anxiety_disorders	dropdown		-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	FS4 1=G0 TO *SOCIAL ANXIETY DISORDER* F.14		[said f fe] = '2' or [said f fe] = '3'	LV
			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 (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 (AGGRAPHOBIC SXS) affected any other important part of					
scid_f_fg	scidSrv_f_areviety_disorders	dropdown	your life? IF HAVE NOT INTERETED WITH FUNCTIONING: How much have you been bothered or upset by having (AGORAPHOBIC SXS)? H. If another medical condition (e.g., inflammatory bowel disease, Parlinon's disease) is present, the fear, arreisty, or avoidance is clearly excessing.	-99, 49 inadequate information $\ \ 1,1\ \text{absent}$ or false $\ \ 2,2\ \text{subthreshold}\ \ \ 3,3\ \text{threshold}$ or true	FSS 1=GO TO *SOCIAL ANXIETY DISORDER* F.14		[sold f , ff] = T or [sold f , ff] = T	ţV
scid_f_fh	scidSrv_f_anxiety_disorders	dropdown	IIF 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 JANGIODES SITUATIONS.	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	F56 1=G0 TO *SOCIAL ANXIETY DISORDER* F.14		$[\operatorname{sold} f, f, g_0] = 2^n \text{ or } [\operatorname{sold} f, g_0] = 3^n$	LV
			The flow aways, or available to the state or equivalent is proposed and account of the compression of a count of account of account of account of account of account of a count					
scid_f_fi	scidSrv_f_anxiety_disorders	dropdown	IF NECESSARY, RETURN TO THIS ITEM AFTER COMPLETING MODULES FOR OC AND SELATED DISORDERS AND TRAUMA- AND STRESS-RELATED DISORDERS.	-99, -99 inadequate information $\ $ 1, 1 absent or false $\ $ 2, 2 subthreshold $\ $ 3, 3 threshold or true	F57 1=G0 TO *SOCIAL ANXIETY DISORDER* F.14 F58 1=G0 TO *SOCIAL ANXIETY		[scid_f_fh] = '2' or [scid_f_fh] = '3'	LV
scid_f_fsum	scidSrv_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	*SOCIAL ANXIETY DISORDER* F.14 3*AGORAPHOBIA		[sold f fi] = '2' or [sold 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.					
scid_f_ga	*AGORAPHOBIA scidSrv f amiety disorder CHRONOLOGY*	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		F59 1= GO TO *PAST AGORAPHOBIA* F.13		[sold_f_fsum] = 3"	LV
			actively avoided, require the presence of a companion, or are endured with intense fear or aresisty. 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	scidSrv_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'	tv
			During the past six months, since (6 MONTHS AGO), what effect have (AGORAPHOBIC SXS) had on your life?					
scid_f_gg	scidSrv_f_anxiety_disorders	dropdown	bothered or upset by having (AGORAPHOBIC SXS)?	-99, -99 inadequate information $\ $ 1, 1 absent or false $\ $ 3, 3 threshold or true	AGORAPHOBIA* F.13 F62 1= GO TO *PAST		[scid_f_gd] = "3"	LV
scid_f_h1	"CURRENT AGORAPHOBIA" scidSrv 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	AGORAPHOBIA* F.13 3+Current Agoraphobia		[sold f .gg] = '3'	LV
scid_f_h2	scidSrv_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	[sold f h1] = '3'	LV
cold # /*	*PAST	tor	Number of months prior to interview when last had a symptom of Agoraphobia		F64	number	[scid_f_ga] = '1' or [scid_f_gd] = '1' or [scid_f_ad] = '1' or [scid_f_bd] = '1' or [scid_f_b	LV
scid_f_i1	scidSrv f anxiety disorder AGORAPHOBIA*		When did you last have (ANY SXS OF AG ORAPHOBIA)? Age at onset of Agoraphobia (CODE 99 IF UNINNOWN) IF UNKNOWN: How old were you when you first started having		F65 GO TO *SOCIAL ANXIETY DISORDER*		[scid f gg] = '1' or [scid f h1] = '1' [scid f ga] = '1' or [scid f gd] = '1' or	
scid_f_i2 scid_f_screenautofil3	scidSrv_f_anxiety_disorders *SOCIAL ADXIETY scidSrv_f_anxiety_disorder_DISORDER*	text calc	(SXS OF AGORAPHOBIA)? Screening question 3 autofili	[scid_screen_3]	F.14 (NEXT PAGE)	number	[scid f gg] = '1' or [scid f h1] = '1'	LV LV
scid_f_screen1 scid_f_screenautof814	scidSrv_f_anxiety_disorders scidSrv_f_anxiety_disorders	dropdown	Screening question 4 autofill	0, No 1, Yes Scid.screen 4	F66 S4			LV LV
			IF QUESTION 84 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 areasos in social situations like having a conversation or meeting unfamiliar people?					
			IF NO: Is there anything that you have been afraid to do or felt		F67 IF NO TO BOTH:			

LV

			A. Marked fear or anxiety about one or more social situations in which the person is exposed to possible scrutiny by others. Examples includes social interactions (e.g., having a conversation, meeting unfamiliar people), being observed (e.g., eating or dirinking), and performing in front of charter (e.g., giving a speech, ordinking), and performing in front of charter (e.g., giving a speech, ordinking), and performing in front of charter (e.g., giving a speech, ordinking), and performing in front of charter (e.g., giving a speech, ordinking), and performing in front of charter (e.g., giving a speech, ordinking), and performing in front of charter (e.g., giving a speech, ordinking).					
scid_f_ja	scidSrv_f_amsisty_disorders	dropdown	unimage, and performing in into its observing a power place to MOTE: Code "1" If fear or anniety 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. (Structions like having a conversation, metal people) was off this voice, being observed easitie, drinking or going to the bathnoom or performing in front of others?)	-99, -99 inadequate information 1, 1 absent or falle 2, 2 subtresheld 3, 3 thresheld or true	F68 1=GO TO *SPECIFIC PHOBIA* F.19		<pre>[sod f_jscreen1] = 'l' or [sod f jscreen2] = 'l'</pre>	LV
			The individual fears that he or she will act in a way or show anxiety symptoms that will be nigatively evaluated (i.e., will be humilating or embarrassing; will lead to rejection or offend others).					
scid_f_jb	scidSrv_f_ansiety_disorders	dropdown	What were you afraid would happen when you were in SOCIAL. OR PERFORMANCE STUILTIONS! Yellow you afraid of boiling embarrissed because of what you might say or how you might act. Yelver you afraid that the would also to your being readed by other people? How about making others uncomfortable or finding the maceuse of what you asked no your being readed by other people? How about making others uncomfortable and of the you act and not you will be a support of the people of the work of the young the people of the young they young the young they young the young they young they young the young they	-99, -99 inadequate information $\ $ 1, 1 absent or false $\ $ 2, 2 subthreshold $\ $ 3, 3 threshold or true	F.19		[soid f ja] = '2' or [soid f ja] = '3'	LV
scid_f_ic	scidSrv_f_anxiety_disorders	dropdown		-99, -99 inadequate information \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 3, 3 threshold or true	F70 1=G0 TO "SPECIFIC PHOBIA" F.19		[soid_f_jb] = '2' or [soid_f_jb] = '3'	LV
scid_f_jd	scidSrv_f_anviety_disorders	dropdown	If UNKNOWE Od you go not of your way to avoid (FEARED SCOLLA DEFENDMENT STRUMENTS) If NO lives have but as the your to be in (FEARED SCOLLA STRUMENT) If No lives have but as the your to be in (FEARED SCOLLA STRUMENT) If he has or a maken's load of proportion to the actual threat posed by the social disustion and to the sociouslust context. ONLY CLOSE 17 for extra good by yout all business or if out of proportion to actual threat or sociouslust context.	-99, 49 isodequate information $ 1,1 $ absent or false $ 2,2 $ subthreshold $ 3,3 $ threshold or true	F71 1=GO TO "SPECIFIC PHOBIA" F.19			LV
scid_f_je	scidSrv_f_anviety_disorders	dropdown	IF UNKNOWN: What would you say would be the likely outcome of (PER-SIGMING POOR! VII SOCIAL SITUATIONS)? (Were these situations scalarly dangerous is now way. like avoiding being builtied or tormented by someone?) F. The face, avoidence 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	F72 1=G0 TO "SPECIFIC PHOBIA" F.19		[sold f d] = '2' or [sold f d] = '3'	LV
scid_f_jf	scidSrv_f_amsiety_disorders	dropdown	IF UNCLEAR: How long have (SIS OF SOCIAL ARXIETY DISGREPR) lacted? (Have they lasted for at least 6 months or more?) U. In test, amenty, or avocance causes cuncary signecant distress or impairment is 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	F73 1=G0 TO "SPECIFIC PHOBIA" F.19		[scid_f_je] = '2' or [scid_f_je] = '3'	LV
sca <u>r</u> ja sca <u>r</u> ja	sodáv, f. ankier, disorden sidáv, f. ankier, disorden	dropdown	IF UNIXIOWNE What effect have (SOCAL ANXETY SSS) had on your list? ARS THE FOLLOWING QUESTIONS AS NEEDED TO NATE CRITERION. G: - Nach have (SOCAL ANXETY SSS) affected your ability is have ferred to meet may people? (New Anxet Street) and the second dating?) (New have ferred to meet may people?) (New Anxet Street) and the second dating?) (New have found and the second dating?) (New Anxet Street) and the second dating?) (New Anxet Street) and the second dating as a challenge people? - New Anxet Street of the second street o	-99, -99 inadequate information 1, 1 aboret or false 2, 2 subtrievabled 3, 3 threshold or true	F75 1-ALL DUE TO SUBSTANCE USE OR GMC GOTO F19 1-3-PRIMARY AMORET Y ISOSOM		$\label{eq:local_filter} \text{bold } f_i[l] = T \text{ or bold } f_i[l] = T$ $\label{eq:local_filter} \text{bold } f_i[l] = T \text{ or bold } f_i[l] = T$	LV
scid_f_ji	scid5rv_T_amsiety_disorders	dropdown	1. The fear, anxiety, or avoidance is not better explained by the symptoms of another mental disorder uses 18 a Planc Excorder, Separation Anxiety Disorder, 80x9 Dynnrophic Disorder, or Authority Spectrum Extension (1997). IF NECESSARY, RETURN TO THIS TIEM AFTER COMPLETING MODULES FOR DC AND RELATED DISORDERS. 1. IT another medical condition (i.e., Parlimon's dissous, obesity,	-99, 49 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	F76 1=G0 TO "SPECIFIC PHOBIA" F.19		[cos 1 H] = 3.	LV
scid_f_jjj	scidSrv_f_ansisty_disorders	dropdown	disfigurement from burns or injury for potentially enhances in mental disorded in posent, the faze, amiety, or avoidance is clearly unrelated or is excessive. LIFA OR SHEMAL MEDICAL CONSTITUTION OR MENTAL DISORGES CHARACTERISTOR FORTENIALLY MEMBERSANISS CHAPTIONS FOR PRESENT, His your avoidance of SPOIALS STRUKTURED been related to your MEMOLICAL CONSTITUTION OR METAL DISORGERS? LIFYES How have you dealt with your condition?	-99, 49 inadequate information 1, 1 absent or Table 2, 2 subtresheld 3, 3 thresheld or true	F77 1=GO TO *SPECIFIC PHOBIA* F.19 F78 1=GO TO		[soid $f, g = 2^s$ or [soid $f, g = 2^s$	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." A [During the past 6 months,] marked fear or anxiety about one or more social situations.	1, 1 absent or false 3, 3 threshold or true	*SPECIFIC PHOBIA* F.19. *3+SOCIAL ANXIETY DISORDER		[sold f $ i $] = '2' or [sold f $ i $] = '3'	LV
scid_f_ba	"SOCIAL ANXIETY DISCRORER SCIESTY I amistry disorder CHRONOLOGY"	dropdown	NOTICE PETTME ASSESSMENT ASSESS DESCRIPTION FOR THE PRESENCE OF SOCIAL MONTH OSCIORISE DIMINENT PETT AND PRESENCE OF SOCIAL MONTH OSCIORISE DIMINENT PETT AND PROPERTY OF THE	-99, 49 Inadequate information $ $ 1, 1 absent or false $ $ 3, 3 threshold or true	F79 1=GO TO *PAST SOCIAL ANXIETY DISORDER* F.18		[soid f jeum] = 3'	LV
scid_f_bdd	sid5rv_f_anuisty_disorders	dropdown	During the past 6 months, since (§ MORTHS AGO), have you gene out of your way to avoid (FARISD DOCKS STULKDINGS) gene out of your way to avoid (FARISD DOCKS STULKDINGS). If A DURING HEAD of Smorths, since (§ MORTH AGO), have hard hast been for you to be in (FARISD SOCKS STULKDINGS). [O, [During the past of months, [De Reize, since), or positioner caused critically quefficient distress or impairment in social couplational, or define properties may not forticitioning. During the past 6 months, what effect have (SDOAL AMORTY	-99, 49 Inadequate information \mid 1, 1 absent or false \mid 3, 3 threshold or true	F80 1=G0 TO *PAST SOCIAL ANXIETY DISORDER* F.18		[sod f ba] - "J"	LV
scid_f_lig	scidSrv_f_ansiety_disorders	dropdown	SXS) had on your life? IF HAVE NOT INSTERERED WITH FUNCTIONING: During the past femonths, 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 F821 1=GO TO *PAST SOCIAL ANXIETY		[soid f kd] = '3'	LV
scid_f_ksum	scidSrv_f_armiety_disorders	dropdown	*CURRENT SOCIAL ANDIETY DISORDER* 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	DISORDER* F.18 *3=CURRENT SOCIAL ANXIETY DISORDER		[scid_f_log] = '3'	LV
scid_f_kperf	scidSrv_f_ansiety_disorders	dropdown	Performance only. If the fear is restricted to speaking or performing in pulse. Specify (choose yes) if: With paric attacks: if one or more paric attacks in the past month occurring in the context of current Social Ansiety Disorder (see page 7.7) and criteria have never been ret for Paric Disorder (see page 7.7) and criteria have never been ret for Paric Disorder	1, No 3, Yes	F84	autocomplete	[sold f ksum] = '3'	LV
scid_f_kpan	scidSrv_f_amsiety_disorders	dropdown	IF UNNOWN: Have you had any panic attacks in the past month? Age at onset of Social Anxiety Disorder (CODE 99 IF UNKNOWN)	1, No 3, Yes	F85 GO TO "SPECIFIC PHOBIA" F.19	autocomplete	[scid f ksum] = '3'	LV

...IF UNKNOWN: How old were you when you first started having [SXS OF SOCIAL ANXIETY DISORDER]?

[scid_f_ksum] = '3' LV

			Number of months prior to interview when last had a symptom of Social Anxiety Disorder					
scid f kmonths	scidSrv f anxiety disorders	text	When did you last have (ANY SXS OF SOCIAL ANXIEY DISORDER)?		F86	number	[scid_f_ksum] = '1' or [scid_f_kg] = '1' or [scid_f_kd] = '1' or [scid_f_kg] = '1'	LV
SCO_I_MHORUS	scasiv_i_antercy_disorders	text	Age at onset of Social Anxiety Disorder (CODE 99 IF UNKNOWN)		rao	number	bon mal = 1 or bon mal = 1	LV
			IF UNKNOWN: How old were you when you first started having		F87. GO TO *SPECIFIC PHOBIA* F.19 (NEXT		[scid_f_ksum] = '1' or [scid_f_kg] = '1' or	
scid_f_kpastage scid_f_screenautofil5	scidSrv_f_anxiety_disorders scidSrv_f_anxiety_disorder_*SPECIFIC PHOBIA*	text	(SXS OF SOCIAL ANXIETY DISORDER)? Screening question 5 autofill 1 = No, 3 = Yes	[scid_screen_5]	PAGE) SS	number	[sold f kd] = '1' or [sold f ka] = '1'	LV
			IF SCREENING QUESTION #5 ANSWERED "NO," SKIP TO "CURRENT GENERALIZED ANXIETY DISORDER" F.24. F88					
					F88 IF NO: GO TO			
			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		*CURRENT GENERALIZED ANXIETY DISORDER*			
scid_f_lscreen	scidSrv_f_anxiety_disorders	dropdown	certain kinds of animals or insects A. Marked fear or anxiety about a specific object or situation (e.g.,	1, No 3, Yes	F.24			LV
			flying, heights, animals, receiving an injection, seeing blood).					
			IF SCREENER NOT USED: Are there any other things that have made you especially anxious or afraid, like flying, seeing blood,		F89 1=G0 TO			
			getting a shot, heights, closed places, or certain kinds of animals or insects?	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	*CURRENT GENERALIZED ANXIETY DISORDER*			
scid_f_la	scidSrv_f_anxiety_disorders	dropdown	Tell me about that. B. The phobic object or situation almost always provokes	subthreshold 3, 3 threshold or true	F.24		[scid f Iscreen] = '3'	LV
			immediate fear or anxiety.		F90 1=G0 TO *CURRENT GENERALIZED			
scid_f_lb	scid5rv_f_anxiety_disorders	dropdown	Have you almost always immediately felt frightened or anxious when you were (CONFRONTED WITH PHOBIC STIMULUS)?	-99, -99 inadequate information \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 3, 3 threshold or true	ANXIETY DISORDER* F.24		[scid_f_la] = '2' or [scid_f_la] = '3'	LV
			C. The phobic situation(s) is actively avoided, or endured with interse fear or anxiety.					
			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		F91 1=G0 TO			
			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	-99, -99 inadequate information 1, 1 absent or false 2, 2	*CURRENT GENERALIZED			
scid_f_lc	scidSrv_f_anxiety_disorders	dropdown	PHOBIC STIMULUS)?	subthreshold 3, 3 threshold or true	F.24		[soid f lb] = '2' or [soid f lb] = '3'	LV
			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.					
			IF PHOBIC STIMULUS IS POSSIBLY DANGEROUS: How dangerous would you say it actually is to (BE EXPOSED TO PHOBIC STIMULUS)?		F92 1=G0 TO			
				-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	GENERALIZED			
scid_f_ld	scidSrv_f_anxiety_disorders	dropdown	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.	subthreshold 3, 3 threshold or true	F.24 F93 1=G0 TO		[sold f lc] = '2' or [sold f lc] = '3'	LV
				-99, -99 inadequate information 1, 1 absent or false 2, 2	*CURRENT GENERALIZED ANXIETY DISORDER*			
scid_f_le	scidSrv_f_anxiety_disorders	dropdown	H UNKNOWN: How long nave you had these rears? (For 6 months or more?) F. The fear, anxiety, or avoidance causes clinically significant	-99, 99 madequate information 1, 1 absent or faise 2, 2 subthreshold 3, 3 threshold or true	F.24		$[scid_f_id] = '2'$ or $[scid_f_id] = '3'$	LV
			distress or impairment in social, occupational, or other important areas of functioning.					
			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?		F94 1=G0 TO *CURRENT			
scid_f_lf	scidSrv_f_anxiety_disorders	dropdown		-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	GENERALIZED ANXIETY DISORDER* F.24		[scid_f_le] = '2' or [scid_f_le] = '3'	LV
			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).		F95 1=G0 TO			
			IF NECESSARY, RETURN TO THIS ITEM AFTER COMPLETING MODULES FOR DC AND RELATED DISORDERS AND TRAUMA- AND	.00 .00 insteau to information 1 1 shoot or fairs 2 2	*CURRENT GENERALIZED ANXIETY DISORDER*			
				-99, 99 managed and minimation [1, 1 absent or laise [3, 3 threshold or true	F.24		[scid_f_lf] = '2' or [scid_f_lf] = '3'	LV
scid_f_lg	scidSrv_f_anxiety_disorders	dropdown			F96 1=G0 TO			LV
scid_f_lg	scidSrv_f_anxiety_disorders	dropdown			F96 1=GO TO *CURRENT GENERALIZED ANXIETY DISORDER*			LV
scid_f_lg scid_f_lsum	scidSrv_f_amisety_disorders scidSrv_f_amisety_disorders	dropdown	SPECIFIC PHOBIA CRITERIA A, B, C, D, E, F, AND G ARE CODED "3." A Thuring the next 6 months: I marked floar or anviety about a	1, 1 absent or false 3, 3 threshold or true	*CURRENT GENERALIZED		[Sold _F, [g]] = '3'	LV
			[During the past 6 months,] marked fear or anxiety about a specific object or situation.	1, 1 absent or false 3, 3 threshold or true	*CURRENT GENERALIZED ANXIETY DISORDER* F.24 *3* SPECIFIC		[said f g] = 3°	
			A. [During the past 6 months,] marked fear or anxiety about a	1, 1 absent or false 3, 3 threshold or true	*CURRENT GENERALIZED ANXIETY DISORDER* F.24 *3* SPECIFIC		[sod f lg] = '3'	
	codsov_f_amilety_disorders		A. During the past 6 months, Imarked fear or anxiety about a specific object or disturbon. NOTE: IF LIFETIME ASSESSMENT ALREADY SUGGESTS THE PRESINCE OF SPECIFIC PHORIDA DURING THE PAST 6 MONTHS, ASS THE FOLLOWING QUESTIONS ONLY IN REIDED. During the past 6 months, since (6 MONTHS AGOI, have you		*CURRENT GENERALIZED ANXIETY DISORDER* F-24*3* SPECIFIC PHOBIA		[scd f.M] + 3*	
	sodSiry_amoley_disorders *SPECIFIC PHOBILE		A, During the past 6 months, I manded than or anniety about a specific object or students. NOTE: IF LIFETIME ASSESSMENT ALREADY SUGGESTS THE PRESENCE OF SPECIFIC PHORBA DURINGS THE PAST 6 MONTHS, ASK THE PROLUMNOR QUESTIONS ON IT PREEDS. —During the past 6 months, siece (6 MONTHS AGO), there you continued to fair or avoid (PHOBIC STUATIONS MENTIONED AGOVET).	1, 1 absent or false 3,3 Birnehold or true 1,1 absent or false 1,3 Birnehold or true 99, 99 Insidepunts information 1,1 absent or false 3,3 Birnehold of true	*CURRENT GENERALIZED ANXIETY DISORDER* F-24*3* SPECIFIC PHOBIA		[seed f. lig] = 3° . [seed f. light] = 3° .	
scid_f_lsum	sodSiry_amoley_disorders *SPECIFIC PHOBILE	dropdown	A. [During the past 6 months.] marked flear or annieny about a specific object or situation. NOTI: B LIFETHME ASSESSMENT ALREADY SUGGESTS THE PRESENCE OF SPECIFIC PHORBAL OBLINES THE PAST 5 MONTHS, ASK THE FOLLOWING QUESTIONS ONLY IF RECEIP. "During the past 6 months, since (6 MONTHS AGO), have you continued to favor or would (PHORBAL STATUTIONS MENTIONED.	-99, 99 Inadequate information 1, 1 absent or false 3, 3	*CURRENT GENERALIZED ANXIETY DISORDER* F.24 *3* SPECIFIC PHOBIA F97 1=GO TO *PAST SPECIFIC PHOBIA*			LV
scid_f_lsum	sodSiry_amoley_disorders *SPECIFIC PHOBILE	dropdown	A [During the past 6 months,] marked floor or anxiety about a specific object or state of the past of	-99, 99 Inadequate information 1, 1 absent or false 3, 3	*CURRENT GENERALIZED ANXIETY DISORDER* F.24 *3* SPECIFIC PHOBIA F97 1=GO TO *PAST SPECIFIC PHOBIA*			LV
scid_f_lsum	sodSiry_amoley_disorders *SPECIFIC PHOBILE	dropdown	A. [During the past 6 months] manufes for or amony about a specific depict or adjustment of the past of months of the past of months of the past of months of the past of months, and the past of months, some of the past of months of the past of months, some past of past way to avoid (PHOBAC TIMOLUSE) please there show no large of the past of months, have you gove out of your way to avoid (PHOBAC TIMOLUSE) please there show no large or didn't also because of this fix and past would offerward and doubt)	-99, 99 inadequate information 1,1 absent or Table 3,3 threshold or True	*CURRENT GENERALIZED ANNERTY DISORDER** F.24 *3- SPECIFIC PHOBIA F97 1-GO TO *PAST SPECIFIC PHOBIA* F.23			LV
scid_f_lsum	sodSiry_amoley_disorders *SPECIFIC PHOBILE	dropdown	A _Duning the past 6 months_mands for or annive_about a specific depict or display. NOTE: FETTIME ASSESSMENT ALERANT SUGGESTS PRESENCE OF SPECIFIC PHORID GUINNER OF HEATE MONTHS, ASK THE FOLLOWING QUESTIONS ONLY IF REEDS. During the past 6 months_once (6 MONTHS AGO), have you considered for an experience for large and off-present formations and present present of the past 6 months_once (6 MONTHS AGO), have you considered for an experience for large and present for a considerable past of months_once (6 MONTHS AGO), have you considered for the past 6 months_once (6 MONTHS AGO), as the past of months_once (6 MONTHS AGO). In the past 6 months_ have you gone out of your way to avoid (PHOSE CITMALUSE) (these three beats things you didn't not be considered from the first past of months_have you gone out of your way to avoid (PHOSE CITMALUSE) (these three beats things you didn't not be considered from the first past of months_have you gone out of hyport way to avoid for the past of months, have you gone out of the past of months, have you gone out of the past of months, have you gone out of hyport and out of high past of months, have you gone out of hyport and out of high past of months, have you gone out of hyport and have death? If the past of months, have you gone out of your way to avoid for the past of months, have you gone out of hyport way to avoid for high past of high	-99, 99 inadequate information 1,1 absent or Table 3,3 threshold or True	*CURRENT GENERALIZED ANNERTY DISORDER** F.24 *3- SPECIFIC PHOBIA F97 1-GO TO *PAST SPECIFIC PHOBIA* F.23			LV
scid_f_lown	sodärv [_amletv_disorders sodärv [_amletv_disorders "SPECITIC PHOBIA. sodärv f amletv_disorder CHIONOLOGY"	dropdown	A [During the past 6 months] manded here or annivey about a specific object or object of segment of	-90, 99 inadequate information $ $ 1,1 absent or false $ $ 3,3 threshold or true $ $ 99, 99 inadequate information $ $ 1,1 absent or false $ $ 3,9,99 inadequate information $ $ 1,1 absent or false $ $ 3,9,99 inadequate information $ $ 1,1 absent or false $ $ 3,1	"CURRINT GENERALIZED ANNETY DISCRETE" F.24 "3- SPECIFIC PHOBIA F97 1-GO TO "PAST SPECIFIC PHOBIA" F.23 F98 1-GO TO "PAST SPECIFIC PHOBIA" 598 1-GO TO "PAST SPECIFIC PHOBIA"		[sod f hare] - T	EV CV
scid_f_lown	sodärv [_amletv_disorders sodärv [_amletv_disorders "SPECITIC PHOBIA. sodärv f amletv_disorder CHIONOLOGY"	dropdown	A _Duning the past 6 months_mands for or annive_about a specific depict or display. NOTE: FETTIME ASSESSMENT ALERANT SUGGESTS PRESENCE OF SPECIFIC PHORID GUINNER OF HEATE MONTHS, ASK THE FOLLOWING QUESTIONS ONLY IF REEDS. During the past 6 months_once (6 MONTHS AGO), have you considered for an experience for large and off-present formations and present present of the past 6 months_once (6 MONTHS AGO), have you considered for an experience for large and present for a considerable past of months_once (6 MONTHS AGO), have you considered for the past 6 months_once (6 MONTHS AGO), as the past of months_once (6 MONTHS AGO). In the past 6 months_ have you gone out of your way to avoid (PHOSE CITMALUSE) (these three beats things you didn't not be considered from the first past of months_have you gone out of your way to avoid (PHOSE CITMALUSE) (these three beats things you didn't not be considered from the first past of months_have you gone out of hyport way to avoid for the past of months, have you gone out of the past of months, have you gone out of the past of months, have you gone out of hyport and out of high past of months, have you gone out of hyport and out of high past of months, have you gone out of hyport and have death? If the past of months, have you gone out of your way to avoid for the past of months, have you gone out of hyport way to avoid for high past of high	-90, 99 inadequate information $ $ 1, 1 absent or false $ $ 3, 3 threshold or true $ $ 4, 3 threshold or true $ $ 5, 4 threshold or true $ $ 5, 1 absent or false $ $ 3, 9, 99 inadequate information $ $ 1, 1 absent or false $ $ 3, 9, 99 inadequate information $ $ 1, 1 absent or false $ $ 3, 9, 99 inadequate information $ $ 1, 1 absent or false $ $ 3, 9, 99 inadequate information $ $ 1, 1 absent or false $ $ 3, 90, 99 inadequate information $ $ 1, 1 absent or false $ $ 3, 90, 99 inadequate information $ $ 3, 10 in $ $ 4, 10 in $ $ 3, 10 in $ $ 4, 10 in $ $ 5, 10 in $ $ 5, 10 in $ $ 4, 10 in $ $ 5, 10 in $ $ 4, 10 in $ $ 5,	"CURRINT GENERALIZED ANNETY DISCRETE" F.24 "3- SPECIFIC PHOBIA F97 1-GO TO "PAST SPECIFIC PHOBIA" F.23 F98 1-GO TO "PAST SPECIFIC PHOBIA" 598 1-GO TO "PAST SPECIFIC PHOBIA"		[sod f hare] - T	EV CV
scid_f_lown	sodärv [_amletv_disorders sodärv [_amletv_disorders "SPECITIC PHOBIA. sodärv f amletv_disorder CHIONOLOGY"	dropdown	A _Duning the past 6 months_planed floor or anxiety about 2 months_planed past of project (edge or or attention). MOTH IF HETMA ASSESSMENT ALRAPOT SUGGESTS THE PRESENCE OF SPECIFIC PROBLEDURING THE PERFO MONTHS, ARX THE OULDWING QUISTIONS ON WIT IF INITION. —During the past 6 months, since (6 MONTHS AGO), have you continued to lear or order of profession and to see the continued for the past of months, the past of months, the past of months, the past of months of past of past way to avoid (PHOLE CTITUDULIS)? Please there been things you didn't do the case and to this cell for you would delive that not decively	-99, 99 inadequate information 1,1 absent or falle 3,3 threshold of true The control of the	*CAMBRY CONTROL OF THE STATE OF		[sod f hare] - T	EV CV
scid_f_lown	sodfiry f_ametry_disorders "SPCCFIC PHORIA. sodfiry f_ametry_disorder GHONOLOGY" sodfiry_f_ametry_disorders	dropdown	A During the past 6 months, jewed for or ameloy about a specific object or simple confidence of the past of months, jewed past of the past of months, and past of the past of months, showing the past of months, show show show it is past of months, show show the past of months, show show the past of months, show shows it is past of months, show show the past of months, show shows the past of months, show show the past of months, show shows the past of months, show the past of months,	-99, 99 inadequate information 1,1 absent or falle 3,3 threshold of true The control of the	**CURRENT CONTROL OF THE CONTROL OF		[sod f hare] - T	EV CV
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scid_f_lturm scid_f_ms scid_f_mc scid_f_mr scid_f_mr scid_f_mr	sodiny f_aminty_disorders **PECPIC PHOBAL sodiny f_aminty_disorder sodiny_f_aminty_disorders sodiny_f_aminty_disorders	dropdown dropdown dropdown	A Divine the part of months, juneal for or anniver, about a superior deplor or anniver, about a project of deplor or anniver about a project of deplor or annivers. NOTE: IF LETTIME ASSESSMENT ALEASAN'S LOGGESTS TO PRESENCE OF SPECIFIC PROBLED GUINEST DESIGN FOR CONTROL ACK. THE OULD WAS GUISTONG ON DAY IF RESEARCH OF SPECIFIC ACK. THE OULD WAS GUISTONG ON DAY IF A DESIGN ACK. THE OULD WAS GUISTONG ON DAY IF A DESIGN ACK. THE OULD WAS GUISTONG ON THE OUTBOOK SERVINGS. CONTROL OF A DESIGN ACK. THE OUTBOOK SERVINGS SERVING WAS GUISTONG ON THE OUTBOOK SERVINGS. In this past of months, the past good of only one way to avoid the outbook of the ou	99, 99 inadequate information 1, 1 absent or false 3, 3 threshold or true 99, 99 inadequate information 1, 1 absent or false 3, 3 threshold or true 99, 99 inadequate information 1, 1 absent or false 3, 3 threshold or true 1, 1 absent or false 3, 1 threshold or true 1, 2 threshold or true 1, 2 threshold or true 1, 3 threshold or true 1, 4 threshold or true 1, 5 threshold or true 1, 6 threshold or true	F89 1-60 TO "PAST SPECIFIC PHOBA" F38 1-60 TO "PAST SPECIFIC PHOBA" F39 1-60 TO "PAST SPECIFIC PHOBA" F39 1-60 TO "PAST SPECIFIC PHOBA" F30 1-60 TO "PAS		$[\operatorname{local} f, \operatorname{local} q - 3]$ $[\operatorname{local} f, \operatorname{red} q - 3]$ $[\operatorname{local} f, \operatorname{red} q - 3]$ $[\operatorname{local} f, \operatorname{red} q - 3]$	LV LV LV LV
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scid_f_town scid_f_ma scid_f_me scid_f_me scid_f_me scid_f_means	sodiny f_aminy_dicarders "SPCCFIC PHOBIAL coddow f_aminity_dicarders coddow f_aminity_dicarders coddow f_aminity_dicarders coddow f_aminity_dicarders coddow f_aminity_dicarders coddow f_aminity_dicarders	dropdown dropdown dropdown text checkbox	A Divine the past of months, juneated bear or anniver, about a superioric deplace or anniver, about a project of deplace or annivers. NOTE: IF LETTIME ASSESSMENT ALEASARY SUGGESTS THE PRESENCE OF SPECIF OFFORD GLOUNGER THE PAST & MONTHS, ACK THE COLLEGING GLOSS COLLEGING ON IT IN TEXT. "During the past of months, give of MONTHS ACIO, have you will not be a control of the past of months, and of MONTHS ACIO, have you will not seen that the past of months, and the past of months, and the past of months, and the past of months and the real section of the past of months, and the past of months are past of months, and the past of months are past of months and past of months, and the past of months are past of months, and the past of months are past of months, and the past of months are past of months, and the past of months are past of months and past of months, and the past of months are past of months, and the past of months are past of months are past of months, and the past of months are	99, 99 loadequate information 1, 1 absent or false 3, 3 threshold or true 99, 99 loadequate information 1, 1 absent or false 3, 3 threshold or true 99, 99 loadequate information 1, 1 absent or false 3, 3 threshold or true 1, 1 absent or false 3, 3 threshold or true 1, 1 absent or false 3, 3 threshold or true 1, 1 absent or false 3, 3 threshold or true 1, 1 absent or false 3, 3 threshold or true 1, 1 absent or false 3, 3 threshold or true 1, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	**COMBINET** FOR 1-60 TO *PAST SPECIFIC PHOBIA* F89 1-60 TO *PAST SPECIFIC PHOBIA* F80 1-60 TO *PAST SPECIFIC PHOBIA* F3 1-60 TO *PAST SPECIFIC PHOBIA* F4 1-60 TO *PAST SPECIFIC PHOBI		[bod f hand - '3' [bod f mail - '3' [bod f mail - '3' [bod f main] - '3' [bod f main] - '3'	
scid_f_bum scid_f_ma scid_f_msum scid_f_msum scid_f_msum scid_f_msum	"SECTIC SHIGHLE "SECTIC SHIGHLE SOSSIVE IT amoving disorder CHONOCLOOP" SOSSIVE IT, amoving disorders	dropdown dropdown dropdown text checkbox	A Divine the part of months) products four or anxiety about a support deployer or attempts. HOTH IF HETTEM ASSESSMENT ALEXARY SUGGESTS THE PROSECULAR STATE OF PROBLEMS AND THE PROSECULAR STATE OF MONTHS, ARXIVE PROBLEMS OF THE PROBLEMS AND THE PROBLEMS ARXIVE PROBLEMS AND THE PROBLEMS ARXIVE PROBLEMS ARXIVE PROBLEMS ARXIVE PROBLEMS ARXIVE ARX	.99, 49 inadequate information 1, 1 absent or faire 3, 3 threshold or true .99, 59 isologopate information 1, 1 absent or faire 3, 3 threshold or true .99, 59 isologopate information 1, 1 absent or faire 3, 3 threshold or true .99, 59 isologopate information 1, 1 absent or faire 3, 3 threshold or true .99, 59 isologopate information 1, 1 absent or faire 3, 3 threshold or true .1, 1 absent or faire 3, 3 threshold or true .1, 1 absent or faire 3, 3 threshold or true .1, 2 threshold or true .1, 3 threshold or true .1, 4 threshold or true .1, 4 threshold or true .1, 4 threshold or true .1, 5 threshold or true .2, 5 threshold or true .3, 5 threshold or true .1, 6 threshold or true .1, 7 threshold or true .1, 6 threshold or true .1, 7 threshold or true .1, 8 threshold o	FEB LOG TO "NAST SPECIFIC PHOBIA" FIRST LOG	: number	[soid f hum] = "Y [soid f main] = "Y [soid f	
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LV

IF SCREENIN	G QUESTION #6 ANSWERED "NO." SKIP TO *PAS
	D ANXIETY DISORDER* F.27

scid_f_nscreen	scidin _{v,f_a} msety_disorders	dropdown	The GUESTION 66 ARXOWEED "YES" you've said that ower the last several monthly, you've been beeing amous and worknet for a last or the time. (If on as about that,) If SCREENERS OFFICEOR over the last several monthly, how you been feeling amous and worked for a lot of the time (If time about that,) If SCREENERS OFFICEOR over the last several monthly, howeyou been feeling amous and worked for a lot of the time) (If time about that,) If the control of t	1, No 1, No	F111 No-GO TO *PAST GENERALIZED ANNIETY DISORDER* F.27			LV
			other smaller things like being late for appointments? How much did you worny about (EVENTS OR ACTIVITIES)? What sice 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 to much! Have you worried worre that most people would in your circumstances? Has anyone else thought you worried too much! Have you worried more than you cheald have					
scid_f_na	scidSrv_f_anxiety_disorders	dropdown	given your actual circumstances?)During the last 6 months, since (6 MONTHS AGO), would you say that you have been worrying more days than not?	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	F.27		[scid_f_nscreen] = '3'	LV
scid_f_nb	scid5rv_f_anxiety_disorders	dropdown	C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present	subthreshold 3, 3 threshold or true	F113 1=G0 TO *PAST GENERALIZED ANXIETY DISORDER* F.27		[scid_f_na] = '3' or [scid_f_na] = '2'	LV
			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 offers go along with being nervous or worried Thinking about those periods since (6 MONTHS AGO) when you have been feeling nervous, anious, or worried have you often felt physically restriess, like you couldn't sit					
scid_f_nc1	scidSrv_f_anxiety_disorders	dropdown	still?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 \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 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 wake up because you didn't get a good night's sleep? AT LEAST THREE "SUS ARE CODED" 3" AND AT LEAST SOME OCCURRED MORE DAYS THAN NOT FOR PAST 6 MONTHS	-99, -99 inadequate information \parallel 1, 1 absent or false \parallel 2, 2 subthreshold \parallel 3, 3 threshold or true	F119		[sold f nb] = '3' or [sold f nb] = '2'	LV
scid_f_ncsum	scidSrv_f_anxiety_disorders	dropdown	IF UNCLEAR: Did at least some of these symptoms like (SXS CODE) "3") happen for more days then not over the past 6 months? U. The answey, worry, or physical symptoms cause concary significant distress or impairment is 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					
			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 IGAD					
			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 service, or hobbles? Have you avoided doing anything because you felt like you weren't up to it?					
scid_f_nd	scidSrv_f_anxiety_disorders	dropdown	Has your anxiety or worry affected any other important part of your life?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=G0 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 5 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.A. IF UNKNOWN: When did (GAD SXS) begin?		F122 1=ALL DUE TO GMC OR SUB-			
			If own.nuch.com. within the (Data SSS) were you taking any drugs, caffeine, diet pills, or other medicines? (How much coffee, tea, or caffeinated soda do you drink a day?)		STANCE/MED- ICATION USE GO TO *PAST GENERALIZED ANXIETY DISORDER*			
scid_f_ne	scidSrv_f_anxiety_disorders	dropdown	Just before (GAD SXS) began, were you physically ill?IF YES: What did the doctor say?	-99, -99 inadequate information $\ $ 1, 1 absent or false $\ $ 3, 3 threshold or true	F.27 *3+PRIMARY ANXIETY DISORDER, CONTINUEWITH NEXT ITEM		[scid_f_nd] = '3' or [scid_f_nd] = '2'	LV
			F. The disturbance is not better explained by another mental disclored (e.g., another) or more) about having a parinc stracks in Panic Discorder, negative evaluation in Social Anxiety Discorder, contamination or other obsessions in Discorder observations in Discorder observations in Discorder observations in Discorder, separation from attachment figures in Separation Discorder, separation from attachment figures in Separation Compilation is Gontact Symptom discorder, perceived appearance flaws in Body Dysmorphic Discorder or having a service illiness Anxiety Discorder or the content of disclosinal beliefs in					
scid_f_nf	scidSrv_f_anxiety_disorders	dropdown	Schiupphrenia or Delvisional Discreter). IF NECESSARY, RETURN TO THIS ITEM AFTER COMPLETING MODULE FOR OC AND RELATED DOSORDERS, EATING DISORDERS, AND SOMATIC SYMPTOM DISORDERS.	-99, -99 inadequate information $\ $ 1, 1 absent or false $\ $ 3, 3 threshold or true	F.27 F124 1=GO TO *PAST GENERALIZED ANXIETY DISORDER*		[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	F.27 *3+CURRENT GENERALIZED ANXIETY DISORDER		[scid_f_nf] = '3'	LV
			Age at onset of Generalized Assisty Disorder (CODE 99 IF UNKNOWN)					
scid_f_nage	scid5rv_f_anxiety_disorders	text	IF UNKNOWNE: How old were you when you first started having (GAD SXS)? Specify (choose yes) if: With panic attacks: if one or more panic attacks in the past		F125	number	[scid_f_nf] = '3'	LV
			month occurring in the context of current Generalized Anwiery Disorder (see page F.7) and criteria have never been met for Panic Disorder					
scid_f_npanic	scidSrv_f_anxiety_disorders *PAST GENERALIZED	dropdown	IF UNKNOWN: Have you had any panic attacks in the past month?	1, No 3, Yes	F126 GO TO *OTHER SPECIFIED ANXIETY DISORDER* F.31	autocomplete	[scid_f_nf] = '3'	LV
scid_f_screenautofil7	ANXIETY scidSrv f anxiety disorder DISORDER*	calc	Screening question 7 autofill IF SCREENING QUESTION #7 ANSWERED "NO," SKIP TO "OTHER SPECIFIED ADMETY DISORDER" F.31 OR" SEPARATION ANXIETY DISORDER" Opr.F.1	[scid_screen_7]	57			LV
			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	scid5rv_f_anxiety_disorders	dropdown	that.)IF SCREENER NOT USED: Have you ever had a time basting 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	127 NO+GO TO *OTHER SPECIFIED ANXIETY DISORDER* F.31			LV

			A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (and, 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 appointment?) How much did you worry about (EVENTS OR ACTIVITIES!) What let let will you worry about (EVENTS OR ACTIVITIES!) What let will you worry about (EVENTS OR ACTIVITIES!) What let will you worry about (EVENTS OR ACTIVITIES!) What let will you work the second of the second or the s				
			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				
scid_f_oa	scid5rv_f_armiety_disorders	dropdown	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.	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	F.31 129 NO=60 TO	[soid if oscreen] = "3"	LV
scid_f_ob	scidSrv_f_amviety_disorders	dropdown	When you were worrying, did you find that it was hard to stop yoursel? C. The anoisety and worry are associated with three (or more) of the following its symptoms (with at least some symptoms present for more days than not for the past 6 months):	subthreshold 3, 3 threshold or true	*OTHER SPECIFIED ANOISTY DISCRIBER* F.31	[soid f oa] = '2' or [soid f oa] = '3'	LV
			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				
scid_f_oc1	scid5rv_f_anxiety_disorders	dropdown	did you often feel physically rectless, like you can't sit still?did you often feel keyed up or on edige? C.2. Being easily fatigued.	-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	dropdown	did you often tire easily? C.3. Difficulty concentrating or mind going blank.	-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_armiety_disorders	dropdown	did you often have trouble concentrating or did your mind ofter go blank? C.4. Irritability.	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	dropdown	were you often irritable? C.S. Muscle tension.	-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	dropdown	were your muscles often 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	134	[scid_f_ob] = '2' or [scid_f_ob] = '3'	LV
scid_f_oc6	scidSrv_f_anxiety_disorders	dropdown	did you often have trouble falling or staying adeep? 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."	-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_anuiety_disorders	dropdown	IF UNCLEAR: Did at least some of these symptoms like (SMS COBED '3") happen for more days than not over the (6 MONTH PERIOD OF ANISETY AND WORRY? USE OF ANISETY AND WORRY? USE ANISETY ANISETY ANISETY STATE CAUSE CHICARY SIgnificant distress or impairment in social, occupational, or other important exess of functioning.	-99, -99 inadequate information $\ \ 1,1\ absent$ or false $\ \ 2,2\ subthreshold\ \ 3,3\ threshold\ or\ true$	136 GO TO *OTHER SPECIFED ANXIETY DISORDER* F.31	[scid.f.ob] = '2' or [scid.f.ob] = '3'	LV
			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 interaction with other people? (Did [GAD SXS] cause you any problems in your relationships with your family, romantic partner or friends?)	s			
			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 hobbles? 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	-99, -99 inadequate information 1, 1 absent or false 2, 2	137 GO TO *OTHER SPECIFIED ANXIETY	[scid_f_ocsum] = '2' or [scid_f_ocsum] =	
scid_f_od	scid5rv_f_anxiety_disorders	dropdown	bothered or upset by having (GAD SXS)? E. [Primary Anxiety Disorder:] The disturbance is not attributable	subthreshold 3, 3 threshold or true	DISORDER* F.31	3.	LV
			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	1			
			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?st before you began having (GAD SXS), were you taking any drugs, calleine, diet pile, or other medicines?				
			arugs, catterne, diet pils, or other medicines?(How much coffee, tea, or caffeinated soda did you drink a day?)		138 GO TO *OTHER SPECIFIED ANXIETY		
scid_f_oe	scid5rv_f_anxiety_disorders	dropdown	Just before (GAD SXS) began, were you physically ill? IF YES: What did the doctor say?	-99, -99 inadequate information 1, 1 absent or false 3, 3 threshold or true	DISORDER* F.31 *3-PRIMARY ANXIETY DISORDER, CONTINUE WITH NEXT TEM	[scid_f_od] = '2' or [scid_f_od] = '3'	LV
			F. The disturbance is not better explained by another mental discider (e.g., anderly or noury about hange gastic attacks in Paris (Exceder, negative evaluation in Social Anxiety Risorder, contamination or exhert obsessions in Obsessive Computive Disorder, superation from attachment figures in Separation Anxiety Disorder, jumple seglet in Anxietan Plasorder, Anxiety Disorder, pringing weight in Anxietan Menoca, physical complaints in Somatic Symptom Bisorder, perceived appearance Maries in Boothy Perspective Computer Service (Principle Consider or Indiana Service). Bisos in Bisos Anxiety Disorder, or the content of delisational beliefs in Schapphenson Or Delissional Bisorders.				
scid_f_of	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 \mid 1, 1 absent or false \mid 3, 3 threshold or true	DISORDER* F.31 F140 GO TO *OTHER	[scid f oe] = '3'	LV
scid_f_osum	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 \mid 3, 3 threshold or true	SPECIFIC JANUETY DISORDER F 31 "3-MAST GENERAL- IZED AUXIETY DISORDER	[soid , f , of] = "3"	LV
			Age at onset of Generalized Anxiety Disorder (CODE 99 IF UNKNOWN)		F140 GO TO *OTHER SPECIFIED ANXIETY DISORDER* F.31		
scid_f_oage	scidSrv_f_anxiety_disorders	text	IF UNKNOWN: How old were you when you first started having (GAD SXS)? Symptoms characteristic of an anxiety disorder_predominatebut do not meet full criteria for any of the disorders in the Anxiety Disorders diagnostic class (or for Adjustment Disorder with Anxiety Disorders adjust or Adjustment Disorder with Ministry		*3-PAST GENERAL- LZED ARKETY DISORDER number	[scid_f_osum] = '3'	LV
	*OTHER SPECIFIE ANXIETY	ED	Mixed Anxiety and Depression]. NOTE: IF ANXIETY SYMPTOMS ARE CURRENT AND ARE TEMPORALLY ASSOCIATED WITH A PSYCHOSOCIAL STRESSOR,		F142 1=G0 TO NEXT		
scid_f_pa	scidSrv f anxiety disorder DISORDER*	dropdown	CONSIDER ADJUSTMENT DISORDER, PAGE L.20 Lymptoms; cause crinicary agenteriar asstress or impairment in social, occupational, or other important areas of functioning		MODULE MODULE		LV
			IF UNKNOWN: What effect did (ANXXETY 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, remantic partner or friends?) How have (ANXIETY SXS) affected your school/work? (How				
			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 o your life?	-99, -99 inadequate information 1, 1 absent or false 2, 2	F143 1=G0 TO NEXT		
scid_f_pb	scid5rv_f_anxiety_disorders	dropdown	IF HAS NOT INTERFERED WITH LIFE: How much were you	-99, 99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	F143 1-GO TO NEXT MODULE	[sold 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.				
				lust before you began having (ANXIETY SXS) were you taking any drugs, stimulants or medicines?		F144-99 or 1-0UE TO SUBSTANCE USE OR GMC GO TO NEXT MODULE, **3-penmaps or there		
				\ldots (How much coffee, tea, or caffeinated beverages do you drink a day?)		*3-PRIMARY OTHER SPECIFIED ANXIETY DISORDER OTHER		
scid_f_pc	scidSrv_f_anxiety_disorder	rs	dropdown	lust 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	SPECIFIED ANXIETY DISORDER	[sold f pb] = "2" or [sold f pb] = "3"	LV
scid_f_pd	scid5rv_f_anxiety_disorder	rs	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	F14S	[sold f pc]='3'	LV
				1 Limited-ymptom panic attacks 2 Generalized anviety not occurring more days than not 3 Stuations is which the clinician has concluded that an Anxiety Disorder is present but it is unable to determine whether it is primary or scandary (i.e., due to another medical condition or is substance/medication-induced).	present but is unable to determine whether it is primary or			
scid_f_pe scid_f_pother	scidSrv_f_anxiety_disorder scidSrv_f_anxiety_disorder	rs rs	dropdown notes	5 - Unspecified: There is insufficient information to make a more specific diagnosis. Other, please specify	There is insufficient information to make a more specific diagnosis.	F146 F146a	[scid f pc] = '3' [scid f pe] = '4'	LV
		*GMC/SUBSTANCE		*ANXIETY DISORDER DUE TO ANOTHER MEDICAL CONDITION*				
scid_f_qcheck	scidSrv f anxiety disorder	AS ETIOLOGY FOR ANXIETY SYMPTOMS*	dropdown	IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH A GENERAL CONDITION OHECK HERE _(Choose Yes)AND GO TO *SUBSTANCE/MEDICATION-INDUCED ANXIETY DISORDER* F.35	1, No 3, Yes	F147		LV
scid_f_qa	scidSrv_f_anxiety_disorder	rs	dropdown	A. Panic attacks or anxiety is predominant in the clinical picture. CODE BASED ON INFORMATION ALREADY OBTAINED ByL. Inner is evalence from this fistory, playacal 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 discorder.	-99, -99 inadequate information $\ $ 1, 1 absent or false $\ $ 3, 3 threshold or true	F148	[sold f qcheck]='1'	LV
				NOTE: The following factors should be considered and, if present, support the conclusion that a general medical condition is etiologic to the anxiety symptoms.				
				There is evidence from the literature of a well-established association between the general medical condition and the arristy symptoms. (Refer to list of etiological general medical conditions on page F.4.)				
				There is a close temporal relationship between the course of the anxiety symptoms and the course of the general medical condition.				
				3) The arrelety symptoms are characterized by unusual presenting features (e.g., late age-at-onset). 4) The absence of alternative explanations (e.g., arrelety symptoms as a psychological reaction to the stress of being				
				diagnosed with a general medical condition).		F149.1-G0.TO		
scid_f_qb	scidSrv_f_anxiety_disorder	s	dropdown	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. L. the acturbance causes crimically significant ostriess or impairment in social, occupational, or other important areas of functioning. NOTE: The D criterion idelitrium rule-outh has been orwitted.	-99, -99 inadequate information $\ $ 1, 1 absent or false $\ $ 2, 2 subthreshold $\ $ 3, 3 threshold or true	*SUBSTANCE INDUCED*F:35	[sold f qcheck] = "1"	LV
				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 [ANDIETY SIS] 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 hobbles? Did you avoid doing anything because you felt like you weren't up to it?				
scid_f_qe	scidSrv_f_anxiety_disorder	s	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	F.50.1=670 TO F.50.1=670 TO INDUCTO * CONTINUE ON NEUT PAGE * 3- AVAIETY DISOIDER	[sold f qb] = '2' or [sold f qb] = '3'	LV
scid_f_qsum	scidSrv_f_anxiety_disorder		dropdown	ANXIETY DISORDER DUE TO AMC CRITERIA A, B/C, AND E CODED "3."	subthreshold 3, 3 threshold or true	DUE TO AMC, CONTINUE	[scid_f_qe] = "2" or [scid_f_qe] = "3"	LV
scid f qcurrent	scidSrv f anxiety disorder		dropdown	Check here(Choose yes) if current in the past month. Specify if:(Choose yes)	1, No 3, Yes	F152 F153 CONTINUE ON NEXT PAGE	[scid_f_qsum] = '3'	LV
scid_f_qpanic	scidSrv_f_anxiety_disorder	*SUBSTANCE/MEDI CATION-INDUCED	dropdown	Specify III., (Choose yes). With panic attacks (Refer to page F.7) IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH SUBSTANCE/MEDICATION USE, CHECK HERE. (Choose Yes). AND RETURN TO ISOSOBORE REINE VALULATED, CONTINUING WITH THE ITEM FOLLOWING "SYMPTOMS ARE NOT ATTRIBUTABLE TO THE PHYSIOLOGICAL EFFECTS OF A	1, No 3, Yes	NEXTPAGE	[scid_f_qsum] = "3"	LV
scid_f_rcheck	scidSrv f anxiety disorder	ANXIETY	dropdown	SUBSTANCE OR ANOTHER MEDICAL CONDITION* (SEE PAGE NUMBERS IN BOX TO THE RIGHT). A. Panic attacks or arxiety is predominant in the clinical picture.	1, No 3, Yes	F154		LV
scid_f_ra	scidSrv_f_anxiety_disorder	rs	dropdown	CODE BASED ON INFORMATION ALREADY OBTAINED B. There is evidence from the history, physical examination, or laboratory findings of both (1) and (2):	-99, -99 inadequate information $\ $ 1, 1 absent or false $\ $ 2, 2 subthreshold $\ $ 3, 3 threshold or true	F1SS	[sold f rcheck] = "1"	LV
				The symptoms in criterion A developed during or soon after substance intoxication or withdrawal or exposure to a medication. 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 (ANXIFTY SXS) healo? Were upon				
				already using (SUBSTANCE/MEDICATION) or had you just stopped or cut down your use?		F156 1=NOT SUBSTANCE INDUCED RETURN TO		
scid_f_rb	scidSrv_f_anxiety_disorder	rs	dropdown	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:	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	DISORDER BEING EVALUATED	[soid_f_pd] = "1"	LV
				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 procede the onset of the substance/medication				
				use;				

...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)?

scid_f_rc

scidSrv_f_anxiety_disorders

[scid_f_rb] = '2' or [scid_f_rb] = '3'

			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	ı			
			like religious activities, physical exercise, or hobbies? Did you avoid doing anything because you felt like you weren't up to it?				
scid_f_re	scidSrv_f_anxiety_disorders	dropdown	Did your anxiety or worry affect any other important part of your life?	-99, -99 inadequate information \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 3, 3 threshold or true	F.158 - AFTURN TO DISCROER BEING EVALUATED F.159 - AFTURN TO DISCROER BEING EVALUATED.	[sold_f_rc]= '2' or [sold_f_rc] = '3'	LV
scid f rsum	scidSrv f anxiety disorders	dropdown	SUBSTANCE-INDUCED ANXIETY DISORDER CRITERIA A, B, C, AND E ARE CODED "3."	1, 1 absent or false 3, 3 threshold or true	"3-SUBSTANCE- INDUCED ANXIETY DISORDER	[soid f re]= '2' or [soid f re] = '3'	LV
scid_f_rsum scid_f_rmonth	scidSrv f anxiety disorders	dropdown	Check here{Choose Yes} if current in the past month. Indicate context of development of anxiety symptoms: 1 - With onset during intoxication	1, No 3, Yes	F160	[scid_f_rsum] = '3'	LV
scid_f_rcontext	scidSrv_f_anxiety_disorders	dropdown	With onset during withdrawal With onset after medication use Specify if: (Choose Yes) With panic attacks (Refer to page F.7)	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
scid_f_rpanic	scidSrv_f_anxiety_disorders Obsessive- Compulsive	dropdown	Screening question autofill 8	1, No 3, Yes	F162	[scid f rsum]='3'	LV
.cid_g_screenautoffIt8	scid5rv ø obsessivecomou Disorder	calc	1-No.2-Yes IF SCREENING QUESTIONS #R, #P, AND #10 ARE ALL ANSWERD "NO"SUPPTO "COMMULSIONS" G.2. (NOTE: BECAUSE SOME SUBJECTS WITH CO.D MAY BE RELUCTANT TO CONHIDE THER BOSSSIONS DURNING THE SCREENING, CONSIDER #R-ASHING SCREENING QUESTIONS BELOW AT THIS POINT BY THE SCIOL)	[scid screen 8]	61		LV
			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 excessed to parms or did				
scid_g_screen8	scidSrv g obsessivecompulsive and related		or needing everything to be lined up in a certain way. What were they? Screening question autofill 9	1, No 3, Yes	61	[scid g screenautofil8] = '3'	LV
scid_g_screenautofil9	scidSrv g obsessivecompulsive and related	I dis calc	1=No, 3=YesIF QUESTION #9 ANSWERED "YES": You've [also] said that you've had images pop into your head that you didn't want like	[scid screen 9]	G2		LV
scid_g_screen9 scid_g_screenautofil10	scidSrv g obsessivecompulsive and related scidSrv g obsessivecompulsive and related	I dis dropdown I dis calc	violent or horrible scenes or something of a sexual nature. What were they? Screening question autofill 10	1, No 3, Yes [scid screen 10]	G2 G3	[scid g screenautofil9] = '3'	LV 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	ı	G3 If all are answered "No" skip to		
id_g_screen10	scidSrv g obsessivecompulsive and related	as dropdown	one. What were they? A. Presence of obsessions, compulsions, or both:	1, No 3, Yes	*Compulsions* G.2.	[scid g screenautofil10] = '3'	LV
			Obsessions are defined by (1) and (2): 1. Recurrent and persistent thoughts, urges, or images that are experienced, a some time during the disturbance, as intrusive and urwanted, 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 of dir or needing everything to be ined 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?)				
id_g_a1	scidSrv e obsessivecomoulsive and related	l dis dropdown	IF YES TO ANY OF ABOVE: Have these (THOUGHTS/IMAGES/URGES) made you very anxious or upset?	-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
			The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralias 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?)	-99, -99 inadequate information 1, 1 absent or false 2, 2	GS 1=No Obsessions, continue. 3=Obsessions	[sold g a1] = '2' or [sold g a1] = '3'	LV
cid_g_a2 cid_g_screenautofil11	scidSrv g obsessivecompulsive and related scidSrv g obsessivecompu Compulsions	dis dropdown calc	Screening question autofill 11 1= No, 3= Yes	subthreshold 3, 3 threshold or true [scid screen 11]	3-Objections	[sod & all = 7. or [sod & all = .2.	LV
			IF SCREENING CULSTION BLI ANSWERD "NO." GOTO "SUP OUT IF MITTER GROSSOOMS NOR COMPLISIONS" G 3 (NOTE: BECAUSE SOME SUBJECTS WITH OCD MAY BE RELUCTANT TO COMPIGE THEIR COMPLISIONS DURING THE SCREENING, CONSIDER RE-ASSING SCREENING QUESTION BELOW AT THE POINT IN THE SCIO.)				
			IF QUESTION #11 ANSWERED "YES": You've said that there were things you had to do over and over again and were hard to				
id g screen11	scidSrv g obsessivecompulsive and entered	I dis droodnwn	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.	1, No 3, Yes	G6 If No: Go to "Skip out if neither obsessions nor computations" G.3.	[scid_g_screenautofil11] = '3'	EV
	and related	a. opuden	Compulsions are defined by (1) and (2): 1. Repetitive behaviors (e. g., hand washing, ordering, checking)	***		- radio	•
			 nopenine behaviors (e.g., many washing, ordering, threcking) or mental acts (e.g., praying, counting, repeating words silenthy) 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. Iliae washing your hands again and again, repeating semething over and over again until 1 Filer right; Counting so to a creating over and over again until 1 Filer right; Counting so to a creating over a creating was over the counting many times to make sure that you'd done is right?		G7 1+g0 to *Skip out		
scid_g_comp1	scidSrv g obsessivecompulsive and related	I dis dropdown	Tell me about that. (What did you have to do?) 2.The behaviors or mental acts are aimed at preventing or	-99, -99 inadequate information $\ $ 1, 1 absent or false $\ $ 2, 2 subthreshold $\ $ 3, 3 threshold or true	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 direaded event or situation, however these behaviors or mental acts either are not connected in a resident way with which 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?	-99, -99 inadequate information 1, 1 absent or false 2, 2	G8.1= go to "Skip out if neither Obsessions nor compulsions"	[scid_g_comp1] = '2' or [scid_g_comp1]	
cid_g_comp2	scidSrv æ obsessivecomoulsive and related	l dis dropdown	*SKIP OUT IF NEITHER OBSESSIONS NOR COMPULSIONS*	subthreshold 3, 3 threshold or true	G.3. 3=Compulsions	-3"	EV
			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 DISCROPER* G. R. OR *HOARDING DISCROPER (OPTIONAL)** Ont. G. 1				
cid_g_skip_check	scidSrv g obsessivecompulsive and related	l dis dropdown	DISORDER* G.8 OR *HOARDING DISORDER (OPTIONAL)* Opt-G.1. B. The obsessions or compulsions are time consuming (e.g., take more than 1 hour per day) or cause clinically significant distress or	1, No 3, Yes	G9 G10 1=G0 TO		LV
			more than 1 nour per day) or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.		*OTHER SPECIFIED OC AND RELATED	[scid_g_screen8] = "3" or	
cid_g_skipb	scidSrv g obsessivecompulsive and related	l dis dropdown	***************************************	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	(OPTIONAL)* Opt-G.1	[scid_g_screen8] = '3' or [scid_g_screen9] = '3' or [scid_g_screen10] = '3' or [scid_g_screen11] = '3'	LV
					G11 99 or 1 = Due to Substance use or a GMC GO TO *OTHER		
			C Marine Observato Company Company		SPECIFIED OC AND RELATED DISORDER* G. 8, OR 60 TO *HOUARDING		
			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.		"HOUARDING DISORDER (OPTIONAL)" Opt-G.1 3- Primary OCD,		
scid_g_skipc	scidSrv g obsessivecompulsive and related	I dis dropdown	Etiological medical conditions include: Sydenham	-99, -99 inadequate information $\ $ 1, 1 absent or false $\ $ 3, 3 threshold or true	3- Primary CCD, Continue with next Item	[scid_g_skipb] = '2' or [scid_g_skipb] = '3'	LV

		D. The disturbance is not better explained by the symptoms of another mental disorder (e.g., excessive worker, as in Generalized Annexil Quisterly responsible with separation, as in Edward School, and the School of the School				
scid <u>g</u> skipd	scietor y obsessivercompulsive and related dis dropdown	Schoolphood Spectrum and Other Psychotic Disorders; or progregative pattern of publishing; and Audin Spectrum Disorders; If NECSSAM, RETURN TO THE TIME ATTAC COMPACTIVE IF NECSSAM, RETURN TO THE TIME ATTAC COMPACTIVE SOURCES FOR OFFICIAL OR AND RELETED GEORGIES, SOURCES SHOW DESCRIPTION, AND TRAUMA. AND STRESS- REARTO DISORDERS.	-99, 49 inadequate information \mid 1, 1 absent or false \mid 3, 3 threshold or true	62.1 - 6.0TO "OPTIGES STROTTO CC "OPTIGES STROTTO CC DEGREESE - S. D. D. DEGREESE - S. D. D. DEGREESE - S. D. DEGREESE - D. DEGREESE	[soot g. skipe] = 'Y'	VJ.
scid_g_skipsum	scidSrv g obsessivecompulsive and related dis dropdown	OBSESSIVE COMPULSIVE DISORDER CRITERIA A, B, C, D, AND E ARE CODED A, [During the past month,] presence of obsessions, compulsions, or both. NOTE: IF LIFETIME ASSESSMENT HAS ALREADY DETERMINED THE	1, 1 absent or false 3, 3 threshold or true	Commission Colored Col	[scid g_skipd] = "3"	LV
		NOTE: IF LITE TIME ASSESSMENT HAS ARRADIT DETERMINED THE PRESENCE OF DESISSIONS AND/OR COMPULSIONS OURING THE PAST MONTH, ASK THE FOLLOWING QUESTIONS ONLY IF NEEDED.				
scid_g_chrona	scidSrv g obsessivecompu OCD Chronology dropdown	Since (1 MONTH AGO), have you had any (OBSSSSIONS OR COMPULSIONS MENTIONED ABOVE)? B. [During the past month,] the obsession or computions are time consuming (e.g. take more than 1 hour per day) or cause chically gelficant 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	G14 1-G0 to *PAST OCO* G.7	[scid g skipsum] = 3'	LV
scid_g_chronb	scidSrv g obsessivecompulsive and related dir dropdown	***************************************	-99, -99 inadequate information \mid 1, 1 absent or false \mid 3, 3 threshold or true	OCD* G.7	[scid g_chrona] = '3'	LV
scid_g_current	scidSrv 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- G0 to PAST OCOT - G8 3 - CURRENT OCD	[soid g chronb] = '3'	LV
scid_g_age	scidiry a obsectivecomoulsive and related distant	JE SENDOVINE flow old were you when you first started hazing (COLD SS)? Specify correct level of length (i.e., during the past week); (since the appropriate most of length (i.e., during the past week); (since the appropriate most)? 1. With good or fair insight: The individual recognizes that Obsessive Compatible Disorder beliefs are definitely or probably not may offer the recognized that of the first him of the first him or dimension or interpretable processing of the recognization of	threshold or true	G17 number	[soid g current] = "I"	LV
		With absent insight/delusional beliefs: The individual is compilately cominced that Obsessive-Compulsive Disorder beliefs are true. Not applicable. OCD symptoms are not associated with a feared consequence that involves a belief.				
scid_g_insight	scidSrv e obsessivecomoulsive and related dis dropdown	**	1, 1 - With good or fair insight 2, 2 - With poor insight 3, - With absent insight/defusional beliefs 4, 4 - Not applicable.	G18	[scid_g_current] = '3'	LV
		Specify II: The related: The individual has a current or past history of a TiC Disorder (i.e., a disturbance characterized by sudden, rapid, nourment, nonhythmic motor movements or vocalizations (inpically based on clinician judgment of a current or past diagnosis of TiC Disorder)				
scid_g_tic	scid5rv g obsessivecompulsive and related dis 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	[sold_g_current] = '3'	LV
		With panic attacks: If one or more panic attacks in the past month occurring in the context of current Obsessive Compusitive Disorder (see page F.7) and criteria have never been met for Panic Disorder.		G20 GO TO "OTHER SPECIFIC DC AND RELATED DISORDER" G.S, OR GO TO "HOMBOING		
scid_g_panic	scidSrv g obsessive compulsive and related dis 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	DISCRIPE (OPTIONAL)* Opt-G. 1	[scid.g.current] = "3"	LV
scid_g_past	scidSrv g obsessivecompu Past OCD text	When did you last have (ANY OCD SXS)? Age at onset of Obsessive Compulsive Disorder (CODE 99 IF UNKNOWN)		G21 number G22 GO TO *OTHER SPECHED OC AND RELATED DISORDER*		LV
	scidSrv g obsessivecomoulsive and related dir text	IF UNKNOWN: How old were you when you first started having (OCD SXS)?		G.8, OR GO TO "HOARDING DISORDER (OPTIONAL)" Oct-G.1. number		LV
scid_g_pastage scid_g_other	Charles (Charles and New York (Charles and New York (Charles Specified Charles) (Charles) (Charles	A presentation in which symptoms characteristic of an Obsessive- Computave and Related Disorder predominate but do not meet the full criteria for any of the disorders in the obsessive- computaive and related disorders diagnostic class. [Symptoms] cause clinically significant distress or impairment in	1, 1 absent or false 3, 3 threshold or true	G23 1 = Go to next module		LV .
scid_g_othersymp	scidSrv g obsessivecompulsive and related dii dropdown	social, occupational, or other important areas of functioning predominate.	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	G241 = Go to next	[scid_g_other] = "3"	LV
30,5,000		[Primary Other OC and Related Disorder: Not due to the direct physiological effects of a substance/medication or to another medical condition.]		G35 99 or 1 = DUE TO SUB-STARKE USE OR GMK GO TO NORT MODULE 3 = PRIMARY OTHER CC AND BELATED DOCKORE, OTHER	,,	
scid_g_othergmc	scidSrv ø obsessivecomoulsive and related dis dropdown	Check here _(yes) if present in past month.	-99, -99 inadequate information \mid 1, 1 absent or false \mid 3, 3 threshold or true	DISCREEK, OTHER SPECIFIED OC AND RELATED DISCROER	[scid_g_othersymp] = '2' or [scid_g_othersymp] = '3'	LV
scid_g_othercurr	scidSrv g obsessivecompulsive and related dis dropdown	IF UNCLEAR: During the past month, since (1 MONTH AGO), have you had (OC-RELATED SKS)? Indicate type of other specined UL and Heated Lisonder:	1, No 3, Yes	G26	[scid.g.othergmc] = '3'	LV
		Indicate type of other specimes U. and related bisories: 1.80 dy dymorphic illed disorder with actual flaws: This is similar to 8 doy Dymorphic Disorder except that the defects or flaws in physical appearance and clarity observable by others (i.e., they are more acticed) observable by others (i.e., they are more acticated than Tsight*). In such cases, the preoccepation with these flaws is clearly excessive and clauses 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-focus despetitive behaviors (ag., mil billing, lip billing, these knewled) and repeated attempts to discrease or together behaviors. These appropriets cause clinically ejerificant distress or impariment in social, occupational, or other important areas of intrictioning and one ob batter explained by Tricharditomania (hair-pulling disorder), Excriation (sin-picking) Disorder, or Siereologic Movement Disorder.				
scid_g_othertype scid_g othertype other	scidSrv e obsessivecomoulsive and related dii dropdown scidSrv g obsessivecompulsive and related dii text	4 Bhosscional jaclouys: 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 if other, please specify	3, 3 - Body-focused repetitive behavior disorder 4, 4 - Obsessional lealousy 5, 5 - unable to determine whether it i	: G27 Ga to next module G28	[scid g_othergmc] = "3" [scid g_othertype] = "6"	LV LV
a	Following questions to be filled in on	Meets criteria for Obsessive-compulsive and related disorder due				
scid_g_gmc scid_g_substance	to be filled in on scidSrv g obsessivecompu paper version dropdown scidSrv g obsessivecompulsive and related disdropdown	Meets criteria for Obsessive-compulsive and related disorder due to another medical condition Meets criteria for substance/medication induced Obsessive- compulsive and related disorder	1, 1 absent or false 3, 3 threshold or true 1, 1 absent or false 3, 3 threshold or true	G32 G40		LV LV
scid_g_substance scid_i_screenautofil	scidSrv i feeding and eat Anorexia Nervosa calc	computative and related disorder Screening question autofill 1 No, 3 = Yes IF SCREENING QUESTION #12 ANSWERED "NO," CHECK HERE	1, 1 absent or tasse 3, 3 threshold or true [scid_screen_12]	\$12 11 IF NO: GO TO		EV EV
		" JUNEERING QUESTION #12 ANSWERED "NO," CHECK HERE				
scid_i_ascreen	scidSrv_i_feeding_and_eating_disorders dropdown	AND SKIP TO "BULIMIA NERVOSA" I.4	0, No 1, Yes	*BULIMIA NERVOSA* 1.4		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. ">https://doi.org/10.2016/j.com/nc/b>				
			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 weighIF SCREENER NOT USED: Now! 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?				
scid_i_a	scidSrv_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? Past 3 Months	-99, -99 inadequate information $\ $ 1, 1 absent or false $\ $ 2, 2 subthreshold $\ $ 3, 3 threshold or true	IZ 1-IF NO: GO TO "BULIMIA NERVOSA" I.4		LV
scid_i_acurrent	scidSrv_i_feeding_and_eating_disorders	dropdown		-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	В	[scid i a] = '3'	LV
			B. Bhtence 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 caloris foods or high fat foods? How strict are you about 19: Have you seen thrown ou after you seen? How offer? Do you seers they		#1~F NO. GO TO		
scid_i_b	scidSrv_i_feeding_and_eating_disorders	dropdown	you ever thrown up after you eaten? How often? Do you exercise a lot after you eat?) Past 3 Months	subthreshold 3, 3 threshold or true	1.4	[scid_ji_a] = '3' or [scid_ji_a] = '2'	LV
scid_i_bourrent	scidSrv_i_feeding_and_eating_disorders	dropdown	IF LIFETIME RATING OF "3": Has this also been the case during the part 3 months, since 3 MOVITHS AGOJ? C.Bisturbance in the way if which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent tack of recognition of the servicioness of	-99, -99 inadequate information $\ $ 1, 1 absent or false $\ $ 2, 2 subthreshold $\ $ 3, 3 threshold or true	IS	{scid_i_b} = '3'	LV
			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 amyloody tell you it could be dangerous to your health to be that thin? (What did you think!)	-99, -99 inadequate information 1, 1 absent or false 2, 2	16 1-IF NO: GO TO "BUILMIA NERVOSA"		
scid_i_c	scidSrv_i_feeding_and_eating_disorders	dropdown	Past 3 Months IF LIFETIME RATING OF "3": Has this also been the case during the east 3 months, since (3 MONTHS AGO)?	subthreshold 3, 3 threshold or true -99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	17	[scid_j_b] = '3' or [scid_j_b] = '2' [scid_j_c] = '3'	LV
scid_i_ccurrent	scidSrv_i_feeding_and_eating_disorders				I8 1-IF NO: GO TO "BULLIMIA NERVOSA" 1.4 3-ANOREDIA		
scid_i_anosum	scidSrv_i_feeding_and_eating_disorders scidSrv_i_feeding_and_eating_disorders	dropdown	ANOREXIA NERVOSA CRITERIA A, B, AND C ARE CODED "3" ANOREXIA NERVOSA CRITERIA A, B, AND C ARE CODED "3" FOR THE PAST 3 MONTHS	1,1 absent or false 3,3 threshold or true -99, -99 inadequate information 1,1 absent or false 3,3 threshold or true	NERVOSA 19 1-PAST ANGREXIA NERVOSA 3-ANGREXIA NERVOSA	[scid c = '3' or [scid c = '2' [scid i anosum] = '3'	LV
SCIL T MOSEMECHTER	2002sh 1 Integrité and exemé asources	агораомп	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.)		NERVUSA	Sect Transactif = 2	LV
			1 - Mild: BMI ? 17 kg/m2 2 - Moderate: BMI 16-16-99 kg/m2 3 - Severe: BMI 15-15-99 kg/m2 4 - Extrems: BMI 15-15 kg/m2				
		44	(Rofer to Page I.12 for chart to help in determining Body Mass Index)	1, 1 - Mild: BMI ? 17 kg/m2 2, 2 - Moderate: BMI 16-16-96 kg/m2 3, 3 - Severe: BMI 15-15-99 kg/m2 4, 4 - Extreme: BMI < 15 kg/m2	9 IIO CONTINUE WITH *AGE AT ONSET* MINT PAGE MINT PAGE	[scid i anosumcurrent] = '3'	LV
scid_i_anoseverity	scidSrv_i_feeding_and_easing_disorders	dropdown	Indicate type of remission by circling the appropriate number: 1. In partial remission. After full criteria for Anomia Nemoca were previously men. Circlindon A (low body weight) has not been met for a sustained period, but either Criterion B (intense har of gaining weight) or Decoming fat or behavior that intenferse with weight gain) or Criterion (Cisturbances in self-perception of weight and shapple) is SEII met.	BM * 13 M/m2	REAL PROJE	from 1 supermonant) = 2	LV
			In full remission: After full criteria for Anorexia Nervorsa were previously mat, none of the criteria have been met for a sustained period of time.				
scid_i_anoremission	scidSrv_i_feeding_and_eating_disorders	dropdown	Number of months prior to interview when last had a symptom of Anorexia Nervosa	1, 1. In partial remission 2, 2. In full remission	111	[scid i anosumcurrent] = "1"	LV
scid_i_anoremission2_379	scidSrv_i_feeding_and_eating_disorders	text	When did you last have (ANY SIS OF ANOREXIA NERVOSA)?8 Age-at-onset of Anorexia Nervosa (CODE 99 IF UNKNOWN).		112 number 113 IF ANOREXIA	[scid_i_anosumcurrent] = '1'	LV
scid_i_anoage	scidSrv i feeding and eat Age at Onset	text	IF UNKNOWN: How old were you when you first started having (SXS OF ANOREXIA NERVOSA)? Specify subtype for current episode: (circle the appropriate		NERVOSA IS NOT CURRENT, GO TO "BULIMIA NERVOSA" 1.4. number	[scid i anosum]='3'	LV
			Specify subsyste for certein episoder. Entire 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 vomitting or the misuse of lazathes, disretics, or enemas). This subtype describes presentations in which weight loss is accomplished primarily through dieting, fasting and/or excessive exercise.				
			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 verniting or misuse of lazatives, 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?)				
scid_i_anosubtype	scidSrv_i_feeding_and_eating_disorders	dropdown	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?)	1, 1. Restricting type 2, 2. Binge-eating/purging type	114	[scid_i_anosumcurrent] = '3'	LV
scid_i_bul_screenautofill	scidSrv i feeding and eat Bulimia Nervosa	calc	Screening question autofili 1= No, 3 = Yes	[scid screen 13]	S13 11S IF NO: GO TO "OTHER SPECIFIED FEEDING ON EATING		LV
scid_i_bul_ascreen	scid5rv_i_feeding_and_eating_disorders	dropdown	IF SCREENING QUESTION #13 IS ANSWERED "NO," GO TO "OTHER SPECIFIED FEEDING OR EATING DISORDER" L10 OR GO TO "ABFID" Opt-1.1. A Recurrent episodes of binge eating. An episode of binge eating is characterized by BOTH of the following:		DSGROGA* L10 OR 60 TO *ARFID* Opt- L1		LV
			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 it, 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		116 1-GO TO *OTHER SPECIFIED FEEDING		
scid_i_bula2	scidSrv_i_feeding_and_eating_disorders	dropdown	much you were eating? <>NOTE: Criterion A.2 [lack of control] precedes criterion A.1 to tie in with screening question. 1. Sating in a discrete period of time (e.g., within any 2-hour	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	OR EATING DISORDER* I.10 OR		LV
			 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 		117.1-GO TO "OTHER SPECIFIED FEEDING		
scid_i_bula1	scidSrv_i_feeding_and_eating_disorders	dropdown	During those times, how much did you eat? Over what period of time? What's the most you might eat at such time? (Does this only happen during celebrations or holidays?)	-99, -99 inadequate information \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 3, 3 threshold or true	OR EATING DOSORDER* 1.0 OR GO TO "ARFID" Opt- 1.1 18.1-GO TO "OTHER SPECIFIED FEEDING OR EATING	[scid i bula2] = '2' or [scid i bula2] = '3'	LV
scid_i_bulasum	scidSrv_i_feeding_and_eating_disorders	dropdown	CRITERIA A.2 AND A.1 ARE CODED "3 IF LIFETIME RATING OF "3" FOR BOTH CRITERIA A.2 AND A.1:	1, No 3, Yes	OR EARING DISCREES* 110 OR GO TO "ARRID" Opt- L1	[scid_j_bula1] = '2' or [scid_j_bula1] = '3'	LV
scid_i_bulacurrent	scidSrv_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	119	[scid i bulasum] = "3"	LV

B.Becurrent 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.

			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 sating (like making yourself vorm), asking lazables, somens, water pills, or chyrold hommons, critic disting or fasting, or exercising a lost)? Tell me about that. How often did this correction of the control of the c	-99, -99 inadequate information \mid 1, 1 absent or false \mid 2, 2 subthreshold \mid 3, 3 threshold or true	120 1-GO TO "BINGE- EATING DISCREDER" 1.7	[scid.j.bulssum] = 3'	LV
scid_i_bulbcurrent	scidSrv_i_feeding_and_eating_disorders	dropdown		1, 1 absent or false 3, 3 threshold or true	121	[scid i bulb] = '3'	LV
scid_i_bulc	scidSrv_i_feeding_and_eating_disorders	dropdown	both occur, on average, at least once a week for 3 months. How often were you bings eating and (COMPENSATORY BEHAVIORS))? (At least once a week for at least 3 months?) IF LIFETIME ATTIMO OF "3".	-99, -99 inadequate information 1,1 absent or false 2,2 subthreshold 3,3 threshold or true	122 1-GOTO*BINGE EATING DISORDER* L7	[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(\$)]? At least once a week?	1, 1 absent or false 3, 3 threshold or true	123	[scid i bulc] = '3'	LV
			D. Setf-evaluation is unduly influenced by body shape and weight. Has your body shape and weight ever been an important factor in how you felt about yourself?				
scid_i_buld	scidSrv_i_feeding_and_eating_disorders	dropdown	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	124	[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? E. The disturbance does not occur exclusively during episodes of Anoresia Nervosa.	1, 1 absent or false 3, 3 threshold or true	IZS IZ6 1-GOTO *OTHER SPECIFED FEEDING OR EATING	[scid i buld] = '3'	LV
scid_i_bule	scidSrv_i_feeding_and_eating_disorders	dropdown	IF UNKNOWN: Do you binge eat and then (ENGAGE IN COMPENSATORY BEHAVIOR) only when your weight is very low?	-99, 99 inadequate information \mid 1, 1 absent or false \mid 3, 3 threshold or true	HELDING UKEATING DEGOGGEN LIO OR GO TO "ARBO" Op. 1 1 127 -4-O TO TOTOMES PRECRED FEEDING OR EATING DEGOGGEN LIO OR	[sold bult] = '3' or [sold bult] = '2'	LV
scid_i_bulsum	scid5rv_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	GO TO "ARFID" Opt- 1.1 3= BULIMIA NERVOSA 128 1=PAST BULIMIA	[scid_i_bulc] = '3' or [scid_i_bulc] = '2'	LV
scid_i_bulchron	Bulimia Nervosa scid5rv i feeding and eat Chronology	dropdown	BULIMIA NERVOSA CRITERIA A, B, C, AND D ARE MET FOR THE PAST 3 MONTHS	-99, -99 inadequate information \mid 1, 1 absent or false \mid 3, 3 threshold or true	NERVOSA 3-CURRENT BULIMIA NERVOSA	[scid_i_bulsum] = '3'	LV
			Indicate current severity by circling appropriate number: (The level of severity may be increased to offset other symptoms and the degree of functional disability.) 1.Willi: 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 -Betreme: An average of 16 or more episodes of inappropriate.				
scid_i_bulsev	scidSrv_i_feeding_and_eating_disorders	dropdown	compensatory behaviors per week. Indicate type of remission by circling the appropriate number: 1.8b nantal nemission: After full reflexis for helimia neurosa.	1, 1. Mild 2, 2. Moderate 3, 3. Severe 4, 4. Extreme	LIS CONTINUE WITH **AGE AT ONSET* BELOW.	[sold i bulchron] = '3'	LV
			were previously met, some, but not all, of the criteria have been met for a sustained period of time 2 - 4th full remission: After full criteria for bulimia nervosa were previously met, none of the criteria have been met for a sustained				
scid_i_bulrem	scidSrv_i_feeding_and_eating_disorders	dropdown	period of time. Number of months prior to interview when last had a symptom of Bulimia Nervosa	1, 1. In partial remission 2, 2. In full remission	130	[scid_j_bulchron] = '1'	LV
scid_i_bulrem2	scidSrv_i_feeding_and_eating_disorders	text	When did you last have (ANY SXS OF BULIMIA NERVOSA)? Age at onset of Bulimia Nervosa (CODE 99 IF UNKKOWW)		131 on to *OTHER SPECIFIED FEEDING OR EATING DISCREER* 1.0 OR	[scid i bulchron] = '1'	LV
scid_i_bulage	scidSrv_i_feeding_and_eating_disorders	text	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 1.4.		GO TO "ARFID" Opt- L1 number	[scid_i_bulchron] = '1'	LV
			B. The binge-eating episodes are associated with three (or more) of the following: 1. Eating much more rapidly than normal.				
scid_i_binge_b1	Binge-Eating scidSrv i feeding and eat Disorder	dropdown	During these binges did youeat 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	133	$[sold \perp bulb] = T \text{ or } [sold \perp bulc] = T$	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?	1, 1 absent or false 3, 3 threshold or true	134	[scid_i_binge_b1] = '3'	LV
scid_i_binge_b2	scidSrv_i_feeding_and_eating_disorders	dropdown	Eating until feeling uncomfortably full. 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	135	[sold i bulb] = '1' or [sold i bulc] = '1'	LV
			IF LIFETIME RATING OF "3" AND CURRENTLY BINGE FATING: Has this also been the case during the past 3				
scid_i_binge_b2_curre	scidSrv_i_feeding_and_eating_disorders	dropdown	months? 3.Bating large amounts of food when not feeling physically hungry.	1, 1 absent or false 3, 3 threshold or true	136	[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	137	[sold i bulb] = '1' or [sold i bulc] = '1'	LV
scid_i_binge_b3_curre	scidSrv_i_feeding_and_eating_disorders	dropdown	4.Eating alone because of being embarrassed by how much one	1, 1 absent or false 3, 3 threshold or true	138	[scid i binge b3] = '3'	LV
scid_i_binge_b4	scidSrv_i_feeding_and_eating_disorders	dropdown	is eating. over eat alone because you were embarrassed by how much you were eating?	-99, -99 inadequate information 1, 1 absent or false 2, 2 subthreshold 3, 3 threshold or true	139	[scid_i_bulb] = '1' or [scid_i_bulc] = '1'	LV
			Pact 3 months IF LIFETIME RATING OF "3" AND CURRENTLY BINGE EATING: Has this also been the case during the pact 3 months?				
scid_i_binge_b4_curre	scidSrv_i_feeding_and_eating_disorders	dropdown	5. Feeling disgusted with oneself, depressed or very guilty afterward.	1, 1 absent or false 3, 3 threshold or true	140	[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	141	$[scid_i,bulb] = `1' or [scid_i,bulc] = `1'$	LV
scid_i_binge_b5_curre	scidSrv_i_feeding_and_eating_disorders	dropdown	HE LIFETAME SATING OF "3" AND CUBSENTLY BINGE FATING: Has this also been the case during the past 3 months?	1, 1 absent or false 3, 3 threshold or true	H2 H3 1-GOTD **OTHER SPECIFIC DE FEEDING OR FATHING DEGROEPS** 10 OR	[sold i. binge. b4] = '3'	LV
scid_i_binge_bsum scid i binge bsumcurr	scidSrv_i_feeding_and_eating_disorders scidSrv i feeding and eating_disorders	dropdown dropdown	AT LEAST 3 "B" SXS CODED "3." AT LEAST 3 "B" SXS CODED 3 FOR PAST 3 MONTHS C. Marked distress regarding binge eating is present.	1, 1 absent or false 3, 3 threshold or true 1, 1 absent or false 3, 3 threshold or true	GO TO "ARFID" Opt- L1 144 145 1-GO TO "OTHER SPECIFED	[sold i bulb] = '1' or [sold i bulc] = '1' [sold i binge bsum] = '3'	LV LV
scid_i_binge_c scid i binge courr	scidSrv_i_feeding_and_eating_disorders	dropdown	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 1, 1 absent or false 3, 3 threshold or true	FEEDIN OR EATING DISORDER* 1.10 OR GO TO "ARFID" Opt- 1.1 146	[scid_i_binge_cl='3'	LV
	scidSrv i feeding and eating disorders	dropdown	D. The binge eating occurs, on average, at least once a week for 3 months.		I47 1=60 TO *OTHER SPECIFIED FEEDIN OR EATING		
scid_i_binge_d	scidSrv i feeding and eating disorders scidSrv_i_feeding_and_eating_disorders		D. The binge eating occurs, on average, at least once a week for 3		147 1=GO TO "OTHER SPECIFIED FEEDIN OR EATING DISONDER" 1.10 OR	[sold i binge_c] = 3' or [sold i_binge_c] = 2'	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)?		149 1=GO TO *OTHER SPECIFIED					
				IF UNKNOWN: Do you binge eat only when your weight is very low?	-99, -99 inadequate information 1, 1 absent or false 3, 3	FEEDIN OR EATING DISORDER* I.10 OR				[scid_i_binge_d] = '3' or [scid_i_binge_d]	
scid_i_binge_e	scidSrv_i_feeding_and_eating_o	disorders	dropdown	Past 3 Months	threshold or true	1.1				* 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,							
scid_i_binge_ecurr	scidSrv_i_feeding_and_eating_o	disorders	dropdown	or exercising a lot)?	1, 1 absent or false 3, 3 threshold or true	ISO IS1 1=GOTO *OTHER SPECIFIED				[scid_i_binge_e] = "3"	LV
				BINGE-EATING DISORDER CRITERIA A, B, C, D, AND E ARE CODED "3."		FEEDING OR EATING DISORDER* I.10 OR GO TO *ARFID* Out-					
scid_i_binge_summ	scid5rv_i_feeding_and_eating_	disorders	dropdown	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	I.1 3+BINGE-EATING DISORDER	G .			[scid i binge e] = '3'	LV
	Disc	ige-Eating order		BINGE-EATING DISORDER CRITERIA A, B, C, D, AND E ARE CODED		IS2 1=PAST BINGE- EATING DISORDER 3=CURRENT BINGE-					
scid_i_binge_chron	scidSrv i feeding and eat Chr	ronology	dropdown	"3" FOR THE PAST 3 MONTHS. Indicate current severity: (circle the appropriate number) (The level of severity may be increased to reflect other symptoms	threshold or true	EATING DISORDER				[scid_i_binge_summ] = '3'	LV
				and the degree of functional disability.)							
				Mild: 1-3 binge-eating episodes per week Moderate: 4-7 binge-eating episodes per week Severe: 8-13 binge-eating episodes per week							
				4 - Extreme: 14 or more binge-eating episodes per week		153 CONTINUE WITH *AGE AT ONSET*					
scid_i_binge_sev	scidSrv_i_feeding_and_eating_	disorders	dropdown	Indicate type of remission: (circle the appropriate number)	1, 1. Mild 2, 2. Moderate 3, 3. Severe 4, 4. Extreme	BELOW.				[scid_i_binge_chron] = '3'	LV
				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							
scid_i_binge_rem	scidSrv_i_feeding_and_eating_o	disorders	dropdown	sustained period of time.	1, 1. In partial remission 2, 2. In full remission	154				[scid_i_binge_chron] = "1"	LV
				Number of months prior to interview when last had a symptom of Binge-Eating Disorder							
scid_i_binge_rem2	scidSrv_i_feeding_and_eating_o	disorders	text	When did you last have (ANY SXS OF BINGE-EATING DISORDER)?		155	number			[scid i binge chron] = '1'	LV
				Age at onset of Binge-Eating Disorder (CODE 99 IF UNKNOWN)							
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)?		156	number			[scid_i_binge_chron] = "1"	LV
scid_i_other	Fee scidSrv i feeding and eat Dis	her Specified eding or Eating order	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.	1, 1 absent or false 3, 3 threshold or true	IS7 1= GO TO NEXT MODULE					LV
				disorders in the Feeding and Eating Disorders diagnostic class. Dymptoms; cause clinically significant distress or impairment in social, occupational, or other important areas of functioning							
				IF UNKNOWN: What effect have (EATING SXS) had on your life?							
				<basic as="" criterion:<="" following="" needed="" p="" questions="" rate="" the="" to=""></basic>							
				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 artivities, physical everrise, or							
				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?		ITA A COTO NEW					
				important to you like religious activities, physical exercise, or hobbies? Have you avoided doing anything because you felt like	-99, -99 inadequate information 1, 1 absent or false 2, 2	IS8 1=GO TO NEXT MODULE 3=OTHER SPECIFIED EATING	R				
scid_i_other2	scidSrv_i_feeding_and_eating_	disorders	dropdown	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	-99, -99 inadequate information 1,1 absent or false 2,2 subthreshold 3,3 threshold or true	MODULE 3+OTHER	R			[sold]. other] = '3'	LV
				important to you like religious activities, physical exercise, or hobbies? Here you exoled doing anything because you fell like you weren't up to It? —Have [EATING S.S.) affected any other important part of your flee? Check here _lyed_ if present in the past month.	subthreshold 3, 3 threshold or true	MODULE 3=OTHER SPECIFIED EATING DISORDER	R			[said_i_other] = "3" [said_i_other2] = "3" or [said_i_other2] = "2"	LV LV
scid_i_other2 scid_i_othercurr	scidSrv_i_feeding_and_eating_r scidSrv_i_feeding_and_eating_r		dropdown dropdown	important to you be religious activities, physical exercise, or you want to go to you want to go to the teach of your want to go to the physical (ATMC SIX) iffected any other important part of your late? Life (ATMC SIX) iffected any other important part of your late? Life UNICLEAR bump the past month, uses (1 MORTH AGO), the part of the past month, uses (2 MORTH AGO), the part of the past month, uses (3 MORTH AGO), the part of the past month, uses (5 MORTH AGO), the part of the past month, uses (5 MORTH AGO), the part of the past month, uses (5 MORTH AGO), the past of the past month, uses (5 MORTH AGO), the past of the past month, uses (5 MORTH AGO), the past of the past month, and the past month, and the past of the past month, and the past month, and the past of the past month, and the past month, and the past month, and the past of the past month, and the p	-93, 99 inadequate information [1,1 absent or Table] 2,2 subthreaded [3,3 threshold of true $1.100 \rm km^{-3}$ L, No [3, Yes	MODULE 3=OTHER SPECIFIED EATING	R				
				important to you like religious activities, thylicial resercise, or fundation if here you ended doing anything because you feet this subdistion if you go and the property of	subthreshold 3, 3 threshold or true	MODULE 3=OTHER SPECIFIED EATING DISORDER	x.				
				important to you like religious activities, thylicid searchia, or fundation if here you ended doing anything because you feet this subdistion if here you ended doing anything because you feet this subdisting in the property of the propert	subthreshold 3, 3 threshold or true	MODULE 3=OTHER SPECIFIED EATING DISORDER	s.				
				important to you like religious activities, thylicid servicis, or fundational travery on some of the temporary of temporary of the temporary of temporary of temporary of the temporary of te	subthreshold 3, 3 threshold or true	MODULE 3=OTHER SPECIFIED EATING DISORDER					
				important to you like religious activities, thylicid searchia, or you want to go to 10, you worked to go to 10, you worked to 10, 10, you wo	subthreshold 3, 3 threshold or true	MODULE 3=OTHER SPECIFIED EATING DISORDER					
				important to you like religious activities, thylicial resercise, or thought through a control to you want to you yo	subthreshold 3, 3 threshold or true	MODULE 3=OTHER SPECIFIED EATING DISORDER					
				important to you like religious actificing, they because you feet the solublest The two provided doing aptiving because you feet the solublest Theorem and they give a soluble they are the solublest Theorem and they give a solublest they are the solublest Theorem and they give a solublest they are the solublest Theorem and they are the solublest Theorem and they are the solublest Theorem and the solublest	subthreshold 3, 3 threshold or true	MODULE 3=OTHER SPECIFIED EATING DISORDER					
				important to you like religious actificities, phylicial reserction, or you weren't top 10.17 will come jump him gover you for this you weren't top 10.17 you. Likew [IATING SIG] inflected any other important part of your file? Likew [IATING SIG] inflected any other important part of your file? Likew [IATING SIG] inflected any other important part of your file? Likew [IATING SIG] inflected any other important part of your file? Likew [IATING SIG] inflected part month, since [I MONTH AGO], have not be filed of the file of the filed significant part of the part of the filed significant part of the filed significant part of the filed significant part of the part of the filed significant part of the part of the control of the filed significant part of the part of the critical for filed significant part of the part of the critical for filed significant part of the part of the critical for filed significant part of the part of the part of the part of the part of the critical for filed significant part of the part of part of	subthreshold 3, 3 threshold or true	MODULE 3=OTHER SPECIFIED EATING DISORDER					
				important to you like religious actificities, physical searchia, or you want to you like religious actificities, the process you feet the your worker to you seemed to you have the you want to you seemed to you have you want to you have you want to you have you want you have you want you wan	subtriviolate 1, 3 threshold or true	MODULE 3=OTHER SPECIFIED EATING DISORDER	•				
scid_Lethercur	scation_I twelve_and_existe_	disorders	dropdown	important to you like religious activities, thylicid searchia, or you want to go to 12 you want to 12 you wa	subtrivended 3, 3 threshold of true 1, No 3, Yes 1, 1-Angular amoreia minorea 2, 2 - Bullinia nenroea (bullinitari) 1, 1 - Engine amore (bullinitari) 1, 2 - Engine amore (bullinitari) 1, 3 - Engine amoreia (bullini	MODULE 1-OTHER STOCKED COMMON TO THE STOCKED	•				V
		disorders		important to you like religious activities, thylicial searchia, or you would you like 100 you worked to poll 100 you worked you like 100	subtrivended 1, 3 threshold or true 1, No 3, Yes 1, No 3, Yes 1, 1, Adjoint advances connect 2, 2, - Bulletin america Douglinoted 3, 3 - Beige eating disorder (bouldment) 4,	MODULE 3-OTHER STOCKED ATMIC DOCUMENTS	•			[664]_s8ha2] = T or [664]_s8ha2] = 27	
sca_i_ethercur	scotors_theeling_and_exiting_	disorders disorders disorders	dropdown dropdown text	important to you like religious activities, thylicial searchia, or the superior to you like religious activities, thylicial searchia, or the test of the young to the time you was relief to the time of the young to the time of the young to you they want yo	subtrivended 3, 3 threshold or true 1, No 3, Yes 1, 1 Anyocid ancomo nenoca 2, 2 - Bullmin nenoca (bullmining) 1, 1 linguistic plant (bullmining) 1, 2 - Bullmining (bullmining) 2, 2	MODULE 3-OTHER STOCKED AT THE STOCKE	•			$[\cos \underline{1}_{c}\sin\omega^{2}] - Y \text{ or } [\cos \underline{1}_{c}\sin\omega^{2}] - Y$ $[\cos \underline{1}_{c}\cos\omega^{2}] - Y \text{ or } [\cos \underline{1}_{c}\cos\omega^{2}] - Y \text{ or } [\cos\omega^{2}] -$	LY
scid_i_dahercer scid_i_dahertpe scid_i_dahertpe	sciders_I feeding_and_asting_ sciders_I feeding_and_asting_ sciders_I feeding_and_asting_ sciders i feeding_and_asting_	disorders disorders disorders disorders	dropdown dropdown text dropdown	important to you like religious actificities, phylicial searchia, or you would not placed you would not you	subtrivended 3, 3 threshold or true 1, No 3, Yes 1, 1 Anyocid ancomo nenoca 2, 2 - Bullmin nenoca (bullmining) 1, 1 linguistic plant (bullmining) 1, 2 - Bullmining (bullmining) 2, 2	MODULE 3-OTHER STOCKED IN THE STOCKE				$[\cos \underline{1}_{c}\sin\omega^{2}] - Y \text{ or } [\cos \underline{1}_{c}\sin\omega^{2}] - Y$ $[\cos \underline{1}_{c}\cos\omega^{2}] - Y \text{ or } [\cos \underline{1}_{c}\cos\omega^{2}] - Y \text{ or } [\cos\omega^{2}] -$	EV EV
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Surgical History
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surg 3out	history		dropdown	Outcome of problem Indication e.g.: tonsilitis	0, Resolved 1, Ongoing				[surg_check] = "1"		LV
surg_4 surg_4date	history		notes	surgery 4 Date Surgery 4					[surg_check] = '1' [surg_check] = '1'		LV
surg 4out	history		dropdown	Outcome of problem Indication e.g.: tonsilitis	0, Resolved 1, Ongoing				[surg_check] = "1"		LV
surg_5 surg_5date	history		notes	surgery 5 Date Surgery 5					[surg_check] = "1" [surg_check] = "1"		LV
surg Sout	history		dropdown	Outcome of problem Indication e.g.: tonsilitis surgery 6	O, Resolved 1, Ongoing				[surg_check] = "1"		LV
surg_6 surg_6date	history		text	Date Surgery 6					[surg_check] = '1'		LV
sung 6out sung_7	history		dropdown	Outcome of problem Indication e.g.: tonsilitis surgery 7	O, Resolved 1, Ongoing				[surg_check] = "1"		LV
surg_7date	history		text	Surgery 7 Outcome of problem	0, Resolved 1, Ongoing				[surg_check] = "1"		LV
sure 7out surg_8	history		droodown	Indication e.g.: tonsilitis surgery 8	U, Hissowed 1, Unigoing				[surg_check] = '1'		LV
surg_8date surg_8out	history history		text dropdown	Date Surgery 8 Outcome of problem	0, Resolved 1, Ongoing				[surg_check] = '1' [surg_check] = '1'		LV
surg_9	history		notes	Indication e.g.: tonsilitis surgery 9	o, moneto (4, Grigoriji				[surg check] = '1'		LV
surg_9date surg_9out	history history		text dropdown	Date Surgery 9 Outcome of problem	0, Resolved 1, Ongoing				[surg_check] = '1' [surg_check] = '1'		LV
surg_10	history		notes	Indication e.g.: tonsilitis surgery 10 Date					[surg_check] = '1'		LV
surg_10date surg_10out	history history		text droodown	Surgery 10 Outcome of problem	0, Resolved 1, Ongoing				[surg_check] = "1" [surg_check] = "1"		LV LV
surg_11	history		notes	Indication e.g.: tonsillitis surgery 11 Date					[surg_check] = "1"		LV
surg_iidate surg_iiout	history history		text dropdown	Surgery 11 Outcome of problem	0, Resolved 1, Ongoing				[surg check] = '1' [surg check] = '1'		LV
surg_12	history		notes	Indication e.g.: tonsillitis surgery 12 Date					[surg_check] = '1'		LV
surg_12date surg_12out surg_comments	history history history		text dropdown notes	Surgery 12 Outcome of problem Surgical History Comments	0, Resolved 1, Ongoing				[surg_check] = "1" [surg_check] = "1"		LV LV
contra check contra why	history history	Females	dropdown	Are you using contraception? If not, why not?	0, No 1, Yes				[sex] = '0'		LV
preg test preg test why	history		dropdown notes	Pregnancy test conducted? If not, why not? NOTE: Females of child-bearing age who are sexually active must	0, No 1, Yes				[preg_test] = '0'		LV
				be on an effective form of contraception to enter trial	0, The PIII/OCP 1, IUCD/The loop 2, Injection/Depot- injection/implanon/Depoprovera 3, Condoms 4, Diaphragm/cap 5, Spermicide 6, Tubal Ligation 7, Post						
contra_type contra_type other	history history		dropdown notes	Type: Other:	Menopausal 8, Other				[sex] = '0' [contra_type] = '8'		LV
genhist famhist check	history family history	General History Family History	notes dropdown	Participants General History is there a family history of mental illness?	No 1, Yes Bioolar 2, Schizophrenia 3, Ansiety Disorder 4.	autocomplete					LV
famhist_father	family_history		checkbox	Father Mother	Depression 5, Alcoholism 6, other 1, Bipolar 2, Schizophrenia 3, Ansiety Disorder 4,				[famhist check] = '1'		LV
famhist_mother famhist_brother	family_history family_history		checkbox	Mother Brother	Depression 5, Alcoholism 6, other 1, Bipolar 2, Schizophrenia 3, Anxiety Disorder 4, Depression 5, Alcoholism 6, other				[famhist_check] = "1" [famhist_check] = "1"		LV
famhist_sister	family_history		checkbox	Sister	Bipolar 2, Schizophrenia 3, Anxiety Disorder 4, Depression 5, Alcoholism 6, other Bipolar 2, Schizophrenia 3, Anxiety Disorder 4,				[famhist check] = '1'		LV
famhist_grand	family_history		checkbox	Grandparents	1, sipolar 2, Schophrenia 3, Ansiety Disorder 4, Depression 5, Alcoholism 6, other 1, Bipolar 2, Schizophrenia 3, Ansiety Disorder 4, Depression 5, Alcoholism 6, other				[famhist_check] = '1'		LV
famhist_otherrel	family_history		checkbox	Other Relatives	Depression 5, Alcoholism 6, other				[famhist_check] = '1' [famhist_otherrel(6)] = '1' or [famhist_grand(6)] = '1' or		LV
									[famhist_sister(6)] = '1' or [famhist_brother(6)] = '1' or		
famhist_otherdis smoking	family_history habits	Tobacco	notes dropdown	If other disorder, list here Have you smoked cigarettes in the past month?	0, No 1, Yes				[famhist_mother(6)] = '1' or [famhist_father(6)] = '1'		LV
	habits		text	How many per day		number	0		[smoking] = '1'		LV
no cigarettes years cigarettes	habits		text	For how many years?		number	0	200 200	[smoking] = '1'		LV
years cigarettes alochol wine no wine	habits habits habits habits	Alcohol	dropdown droodown text	Have you consumed alcohol in the past month? Do you drink wine? How many glasses per week?	0, No 1, Yes 0, No 1, Yes	number	0		[smoking] = '1' [alochol] = '1' [wine] = '1'		LV
years cigarettes alochol wine no wine beer no beer	habits habits habits habits habits habits	Alcohol	text dropdown dropdown text dropdown text	Have you consumed alcohol in the past month? Do you dinkin wine? How many glasses per week? Do you dinki beer? How many bottley/cans per week?	0, No 1, Yes 0, No 1, Yes			200	[smoking] = '1' [alochol] = '1' [wine] = '1' [alochol] = '1' [beer] = '1'		LV LV LV
years cigarettes alochol wine no wine heer	habits habits habits habits habits	Alcohol	dropdown dropdown text dropdown	Have you consumed alcohol in the past month? Do you drink wine? How many glasses per week? Do you drink boer?	0, No 1, Yes	number	0	200	[smoking] = '1' [alochoi] = '1' [wine] = '1' [alochoi] = '1'		LV LV
years cigarettes alochol wine no wine beer no beer spirits no seirits no drinks drugs	habits	Alcohol Recreational drug	text dropdown droodown text dropdown text dropdown text calc droodown	Have you consumed alcohol in the past month? Do you drink without How many plasses per week? How many plasses per week? Do you drink baper? How many plottine/cans per week? Do you drink spirited? How many tots per week? How many tots per week? Control of the per driver tots per week? Cold Bear - 1 glass wine - 1 tot of spiritely/o Have how week with perfectional Drinks in the past month? Have you used Marchandool Drinks in the past month?	O, No 1. Yes O, No 1. Yes O, No 1. Yes complion wheel_foo sports) O, No 1. Yes	number	0	200 200 200	[smoking] = '1' [slachol] = '1'		LV LV LV LV LV LV
years cigarettes alochol wine no wine beer no beer spirits no seirits	habits		text dropdown droodown text dropdown text dropdown text calc dropdown text calc dropdown text text calc	Have your command adopted in the past month? Do you don't water Do you don't water Do you don't water Do you don't beer? Do you don't beer? How many befraid, can per weels? How many befraid, can per weels? How many befraid, can per weels? How many befraid per weels? And the per weels are a per weels and the per weels are a per weels and the per weels are a per weels and the per weels are per weels are per weels and the per weels are per weels and the per weels are per weels are per weels are per weels are per weels and the per weels are per weels	O, No 1. Yes O, No 1. Yes O, No 1. Yes sum(no want_no beer_(no spetz)) O, No 1. Yes O, No 1. Yes	number number number	0 0	200 200 200 200	[smoking] = '1' [slabchol] = '1' [wine] = '1' [slabchol] = '1' [slabchol] = '1' [spaints] = '1' [smust] = '1'		LV LV LV LV LV LV LV LV
years cigarettes aloched wine no wire beer no beer spirits no seints no seints on cannabis on cannabis ectaly no estatay no estatay no estatay no estatay	habits		text dropdown drondown text dropdown text dropdown text calc calc dropdown dropdown text text text dropdown text text dropdown text text dropdown	Have you consumed actable in the past month? Do you dink well? Do you dink beer? Do you dink partia? Date of tax use Do you you want partia. Date of tax use Do you you want partia.	O, No 1. Yes O, No 1. Yes O, No 1. Yes complion wheel_foo sports) O, No 1. Yes	number number number number date.dmy	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	200 200 200 200 200 200 200	[smoking] = '1' [slabcho] = '1' [wine] = '1' [slabcho] = '1' [slabcho] = '1' [slabcho] = '1' [spairts] = '1' [smokins] = '1' [EV EV EV EV EV EV EV EV
years cigarettes aloched wine no wine been been spirits no saints no saints no cannabis determinable no cannabis no benzo no benzo no benzo	habits		text dropdown droodown text dropdown text dropdown text dropdown text s dropdown dropdown text text droodown text text droodown	Have you consumed acted in the past month? Do you don't water Do you don't water Do you don't water Do you don't water Do you don't beer? Do you don't beer 1 glass when 1 to do 1 girlon'tylo- Beer you can't Beers' part of you don't be part month? Do you use cannatio? The requency (Number of uses por WEES) Date of last case Date of last case Date of last case Date of last case Do you use Service of the you'll be part we'll by Date of last case Do you use Service of you not you'll be you	O, No 1. Yes O, No 1. Yes O, No 1. Yes sum(no want_no beer_(no spetz)) O, No 1. Yes O, No 1. Yes	number number number number date_dmy number date_dmy number	0 0 0 0000.00.01 0000.	200 200 200 200 200 200 00.200 200 00.200	[smailed] - "I" [abothol = "I" [abot		
years cigarettes active wine no wine boar points on selective no definis en cannabis en cannabis en cannabis entary date entary date entary date textiay date beard date beard anghet beard date beard anghet beard date beard anghet beard ang	habits		text dropdown drosdown text dropdown text calc sdropdown text calc sdropdown dropdown text text dropdown text text text text text text text tex	Have you consumed acted in the past month? Do you dink well of Do you dink bear? Do you dink pitta? Only the many both fact (cars ppr week?) Do you dink pitta? Only the many both fact (cars ppr week?) Do you dink pitta? Only the many both fact (cars ppr week?) Do you dink pitta? Date of last use Do you will be pitta use Do you will	O, No 1, "Nec	number number number date dmy number date dmy number date dmy	0 0 0 0 0000.00.01 0000.00.01	200 200 200 200 200 200 00.200 200 00.200	[consisted] - '1' [abstroil = '1' [consisted] -		
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wers copreted with the control of th	habits		Leading of the control of the contro	These year command actual in the seat month? Inter was you share you week? Do you do has beer? From stamp forther forth you week? From stamp forther forther you week? From stamp forther forther you week? From stamp forther forther you week? From stamp forther you week for stamp for stamp forther you week for stamp for stamp forther you week for stamp for stamp for you week forther you week for you week forther you week forther you week forther you week for you week forther you were now, or how been over the last five days. 1. Oppersoon Mood 5. Step Disturbance A. Incomeria 2. Step Disturbance B. Ingermannia Jojich oppersonnia Jojich compared to the person's yound step years make you week you week you were you	O, No 1, Yes O, No 1, Yes O, No 1, Yes Con 1, Yes O, No 1, Yes O, O, No	number number number number date dry subschoplete	0 0 0 0000.00.01 0000.00.01 0000.00.01 0000.00.01	200 200 200 200 200 00.200 200 00.200 200	Commission - T	•	
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west caparetes absoluted and account of the control	habbis		tendent in the desiration of t	These year command alrobol in the past month? Intervaling States are week? Do you dink ber? From time britishing care per week? Do you dink ber? From time britishing care per week? From time britishing care per week. Do you use a week per week. Do you use week per week. Do you use week per week. Do you use any other drugs? From time britishing care per week. Do you use any other drugs? Britishing care week. I Degressed Mood Self regressed whom the same you care questions about symptoms, you may have. When answering please keep in any other drugs? I Degressed Mood Self regressed and/or observed degression as worknown by you wan row, or have been week to list five drugs. J. Seep Disturbance A. Intermina 2(p) or hypercomeria 2(p), companed to the use of medication, houlded adjame sleep and "today" as well as intermittent sleep when assessing total sleep time. Some either incomina 2(p) or hypercomeria 2(p), companed to the construction of medication, brothed adjame sleep and "today" as well as intermittent sleep when assessing total sleep time. Some either incomina 2(p) or hypercomeria 2(p), companed to the construction of the production of constructions, red endegmenter of medication, brothed adjame sleep and "today" as well as intermittent sleep when assessing total sleep time. 3. Appetite Dustritum CA. A case of app	O, No 1, Yes O, No 1, Yes Longino similar, los bears, job spirital) O, No 1, Yes O, No Yes O, No	number number number number date. driv autocomplete autocomplete autocomplete	0 0 0 0000.00.01 0000.00.01 0000.00.01 0000.00.01	200 200 200 200 200 00.200 200 00.200 200	Commission - T	v	10 10 10 10 10 10 10 10 10 10 10 10 10 1
wers copreted with the control of th	habits		Leading of the control of the contro	These year command actual in the sets month? Interview and profited per years? Do you dink bear? From what you bear you wish? From what you have you wish? From what you have you wish? From what you wish per you wish? From what you wish per you wish? From what you wish per you wish pe	O, No 11, Yes O, No 12, Yes AND 13, Yes AND 13, Yes AND 13, Yes O, No 11, Yes O, No 11, Yes O, O, No 11,	number number number number date dry subschoplete	0 0 0 0000.00.01 0000.00.01 0000.00.01 0000.00.01	200 200 200 200 200 00.200 200 00.200 200	Commission - T	v	
west caparetes absoluted and account of the control	habbis		tendent in the desiration of t	These year command alrobal in the seat month? Interval policy the per week? Do you do his beer? From thany States you week? From than States you week. From than States you were now, or have been over the last two days. From that you week. Fr	O, No I 1, Yes O, No I 1, Yes AND I 1, Yes AND I 1, Yes AND I 1, Yes O, No I 1, Yes O, O No I 1, Yes O,	number number number number date. driv autocomplete autocomplete autocomplete	0 0 0 0000.00.01 0000.00.01 0000.00.01 0000.00.01	200 200 200 200 200 00.200 200 00.200 200	Commission - T	v	10 10 10 10 10 10 10 10 10 10 10 10 10 1
west caparetes absoluted and account of the control	habbis		tendent in the desiration of t	These year command alrobal in the past month? Intervalsy States are week? Do you dish ben? From the past finding cape per week? Do you dish ben? From the past finding cape per week? From the past finding cape per week. Do you use Amplitation (see per week.) Do you cape the past finding cape per week. Do you can we past finding cape per week. Do you can we past finding cape per week. Do you can we past finding cape per week. Do you can we past finding cape per week. Do you can we past finding cape per week. Do you can we past finding cape per week. Do you can we past finding cape per week. Do you can we past finding cape per week. Do you can we past finding cape per week. Do you can we past finding cape per week. Do you can we past finding cape per week. Do you can we past finding cape per week. Do you can we past finding cape per week. Do you can we past finding cape per week. Do you can we past finding cape you can go you can y	O, No I, 1, Yes O, No I, 1, Yes Lampino sined_No bears_po_spirits] O, No I, 1, Yes O, No I, Yes O, No I, 1, Yes O, No I, Yes	number number number number date. driv autocomplete autocomplete autocomplete	0 0 0 0000.00.01 0000.00.01 0000.00.01 0000.00.01	200 200 200 200 200 00.200 200 00.200 200	Commission - T	· · · · · · · · · · · · · · · · · · ·	10 10 10 10 10 10 10 10 10 10 10 10 10 1
wars capretes where on whe on whe on whe on whe on whe on sanits on cannis cannis cannis date cannis d	habbis		teet de	These year command actual in the set in country. These year command actual in the set in country. Do you don't beer? Prove many betterful cains per week? Prove many betterful cains per week? Floor many for year week? Floor many rots per week? Do you use cannable? Do you use excluse? Do you use we cannable? Do you use we rots per wetter. Do you use we rots per wetter. Do you use we rots per wetter. Do you use we repetit and use per WEEQ. Do you use we repetit and use per WEEQ. Do you use we repetit and you per you were rots per you repetit and you were repetit and you repetit and you were	O, No I 1, Yes O, No	number number number number date driv number numb	0 0 0 0000.00.01 0000.00.01 0000.00.01 0000.00.01	200 200 200 200 200 00.200 200 00.200 200	Commission - T	•	
wars capretes where on whe on whe on whe on whe on whe on sanits on cannis cannis cannis date cannis d	habbis		teet de	These year command alreaded in the seat month? Interview and professional and an extra control? Do you don't beer? From samp forther[cains per week? Do you don't beer? From samp forther[cains per week? Do you see cannot per week. Do you see cannot per week. Do you see cannot per week. Do you see actuary The samp forther[cains per week. Do you see actuary Do you see a per week. Do you see any other drugs? Fellow, seek. Do you see any other drugs? Fellow, seek. Do you see any other drugs? Fellow, seek. The finance yeek. The finance yeek	O, No I 1, Yes O, No I 2, Yes O, No I 3, Yes O, No I 4, Yes O, No I 5, Yes	number number number number date driv number numb	0 0 0 0000.00.01 0000.00.01 0000.00.01 0000.00.01	200 200 200 200 200 00.200 200 00.200 200	Commission - T	•	
wars capretes where on whe on whe on whe on whe on whe on sanits on cannis cannis cannis date cannis d	habbis		teet de	These year command alrodie in the past month? Interval pay States are week? Doy you dink berr? From the birth (Control of the part of th	O, No 11, Yes O, No 12, Yes O, No 13, Yes AND 13, Yes AND 14, Yes O, No 11, Yes O, O, No 11, Yes O, No 11, Yes O, No 11, Yes O, No 11, Yes O, O, No 11, Yes O, N	number number number number date driv number numb	0 0 0 0000.00.01 0000.00.01 0000.00.01 0000.00.01	200 200 200 200 200 00.200 200 00.200 200	Commission - T		
ween copretees where the control of	habbis		tenden der	These year command alrabidis in the seat month? Interview command should in the seat month? Do you don't beer? From standy bitters of your week? From standy bitters of your week? From standy bitters of your week? From standy standy you week? From you week prostruction Oneys in the past month? Do you we week standy From standy you week the you week prostruction of you week the you week prostruction of your week? From standy you week the you week prostruction of you week the you week prostruction of you week you week you week you week prostruction. Do you we we prostruction of you week you we you we now, or how been over the last few days. 1. Supposted Mood Self reported anything week you we'll you week you we now, or how been own you	O, No 11, Yes O, No 12, Yes AND 12, Yes AND 13, Yes AND 12, Yes AND 13, Yes AND 12, Yes O, No 11, Yes O, No Markete (person incorease in book intake, but increased house, yes O, No 11, Yes O, No 11, Yes O, No Y	number number number number number data driv number number data driv number driv numb	0 0 0 0000.00.01 0000.00.01 0000.00.01 0000.00.01	200 200 200 200 200 00.200 200 00.200 200	Commission - T	v v	1
ween copretees where the control of	habbis		tenden der	These year command alrobal in the past month? Interval pay States are week? Do you dink ben? From than you faith ben you faith ben? From than yo	O, No 1, Yes O, No Yes O, No 1, Yes O, No Y	number number number number number data driv number number data driv number driv numb	0 0 0 0000.00.01 0000.00.01 0000.00.01 0000.00.01	200 200 200 200 200 00.200 200 00.200 200	Commission - T	· · · · · · · · · · · · · · · · · · ·	1

			Anxiety Subjective reports of worry, tension, and/or somatic anxiety symptoms e.g., tremor, palpitations, dizziness, light-headedness,				
			symptoms e.g., tremor, paptrations, dizziness, light-neadedness, pins and needles, sweating, dyspnoea, butterflies in the stomach, or diarrhoea This Item assesses both reported levels of cognitive arexiety as well as somatic symptoms. The presence of significant	matters) 2, 2 Moderate (significant anxiety, tension, or			
bdrs_8	bdrs	dropdown	somatic symptoms usually reflects higher anxiety unless these symptoms are due to another medical condition.	interferes with normal activity; or panic attacks) -99, -99 missing value	autocomplete	у	LV
			9. Anhedonia	0,0 NI 1,1 Mild (slight reduction in pleasure from usually pleasurable activities) 1,2.1 Moderate (significant reduction in pleasure from usually pleasurable activities; some pleasure from isolated activities retained) 3,3 Severe (complete)			
bdrs_9	bdrs	dropdown	activities.	inability to experience pleasure) -99, -99 missing value 0, 0 Nil 1, 1 Mild (slight constriction of range of affect, or	autocomplete	٧	LV
			10. Affective Flattening This item rates the intensity and range of the individual's usual	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			
bdrs_10	bdrs	dropdown	example of feeling "unable to cry" may have gender specific connotations	cry) 3, 3 Severe (marked and pervasive constriction of range of affect or inability to experience usual emotions) - 99, 99 missing value	autocomplete	v	LV
			Worthlessness Assesses individual's feelings of self-worth or self-confidence,	0.0 NI 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			
bdrs_11	bdrs	dropdown	compared to usual levels of self-esteem. Subjective sense, or thoughts, of decreased self-value or self-worth	off without them, unable to appreciate positive attributes) - 99, -99 missing value	autocomplete	٧	LV
			12. Helplessness and Hopelessness	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			
bdrs_12	bdrs	dropdown	and despondency. Subjective sense of pessimism or gloom	helplessness or hopelessness which lift at times) 3, 3 Severe (marked and persistent feelings of pessimism, helplessness, or hopelessness) -99, -99 missing value	autocomplete	v	LV
			13. Suicidal Ideation Thoughts or feelings that life is not worthwhile; thoughts of death	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			
bdrs_13	bdrs	dropdown	or suicide	(thoughts or plans of suicide) -99, -99 missing value 0,0 Nil 1,1 Mild (slight decrease in self-esteem or increased self-criticism) 2,2 Moderate (significant	autocomplete	٧	LV
			14. Guilt	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,			
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.	pervasive, or persistent guilt, e.g., feelings of deserving punishment; or does not clearly recognise as excessive) -99, 99 missing value	autocomplete	v	LV
				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			
			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	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, -			
bdrs_15	bdrs	dropdown	items. Presence of overvalued ideas, delusions, or hallucinations	99 missing value 0.0 Nil 1.1 Mild fslight subjective irritability: may not be	autocomplete	٧	LV
			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	overtly present) 2, 2 Moderate (verbal snappiness and infitability that is clearly observable in interview) 3, 3 Severe (reports of physical outbursts, e.g., throwing/brasking objects, or markedly abusive verbal			
bdrs_16	bdrs	dropdown	Reports uncharacteristic subjective irritability, short tuse, easily angered, manifested by verbal or physical outbursts 17. Lability	throwing/breaking objects, or markedly abusive verbal outbursts 1-99, -99 missing value 0,0 Nil 1,1 Mild (subjective reports of mild increase in mood lability) 2,2 Moderate (mood lability clearly	autocomplete	٧	LV
bdrs_17	bdrs	dropdown	Observed mood lability or reported mood swings. This item rates both reported and observed mood lability.	observable, moderate in intensity) 3, 3. Severe (marked and dominant mood lability, frequent or dramatic swings in mood) 1-99. 99 Missing value	autocomplete	v	LV
			This item rates both subjective and observed increases in motor	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			
bdrs_18	bdrs	dropdown	drive and activity. This should include both goal directed and non- specific activity.	(marked or continuous increase in drive) -99, -99 missing value 0.0 N3 1 1 1 MBH fishet increase in the rate or quantity of	autocomplete	٧	LV
			19. Increased speech This item scores increased rate and quantity of speech or thought. It is predominantly an observer based rating, although subjective	speech 2, 2 Moderate (racing thoughts, significantly more talkative, clearly distractible, or some circumstantiality, does not impede interview 3, 3 Severe (filled of place; interforce with interview) 3, 9, 99 missing			
bdrs_19	bdrs	dropdown		0,0 Nil (normal) 1,1 Mild (slight restlessness) 2,2 Moderate (clear increase in level of agitation) 3,3 Severe	autocomplete	٧	LV
bdrs_20	bdrs	dropdown	This item rates observed restlessness and agitation, although subjective reports are taken into account.	(marked agitation, e.g., near continuous pacing or wringing hands) -99, -99 missing value sum([bdrs 11,[bdrs 2a],[bdrs 2b],[bdrs 3a],[bdrs 3b],[bdrs	autocomplete	٧	LV
bdrs_total	bdrs	calc	Total BDRS Score	4],[bdrs_5],[bdrs_6],[bdrs_7],[bdrs_8],[bdrs_9],[bdrs_10],[bd rs_11],[bdrs_12],[bdrs_13],[bdrs_14],[bdrs_15],[bdrs_16],[b drs_17],[bdrs_18],[bdrs_19],[bdrs_20])		v	
			HAMILTON ANXIETY RATING SCALE (HAM-A) Below is a list of phrases that describe certain feeling that people have. Rate the patients by finding the answer which bast				
			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				
ham_a_guide	hama	descriptive		0, 0 - Not present 1, 1 - Mild - occurs irregularly and for short periods of time 2, 2 - Moderate - occurs more			
ham_a_1	hama	dropdown	Worries, anticipation of worst, fearful anticipation, irritability	constantly and of longer duration 3, 3 - Severe - continuous and dominates patient's life 4, 4 - Very severe - incapacitating -99, 99 - Missing value		٧	LV
			2. Tension	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			
ham_a_2	hama	dropdown	Inability to relax, nervousness, bodily tension, trembling and restless fatigue 3. Fears	and dominates patient's life 4, 4 - Very severe - incapacitating -99, 99 - Missing value - 0, 0 - Not present 1, 1 - Mild - occurs irregularly and for short periods of time 2, 2 - Moderate - occurs more		У	LV
ham a 3	hama	dropdown	Of crowd, animals, publics spaces, being alone, traffic, strangers,	constantly and of longer duration 3, 3 - Severe - continuous and dominates patient's life 4, 4 - Very severe - learned of the 4,0 - 9,0 - Misrater units		v	LV
				0, 0. Not present [1, 1 - Mid-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 -			
ham_a_4	hama	dropdown	Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors	and dominates patient's life 4, 4 - Very severe - incapacitating -99, -99 - Missing value 0, 0 - Not present 1, 1 - Mild - occurs irregularly and for short periods of time 2, 2 - Moderate - occurs more		٧	LV
ham a 5	hama	droodown	Intellectual (Cognitive) Difficulties in concentration, poor memory	constantly and of longer duration 3,3 - Severe - continuous and dominates patient's life 4,4 - Very severe - incapacitating -99,-99 - Missing value		v	LV
			6. Depressed Mood	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 -			
ham_a_6	hama	dropdown	despondency, helplessness, hopelessness	incapacitating -99, -99 - Missing value 0, 0 - Not present 1, 1 - Mild - occurs irregularly and for		٧	LV
ham_a_7	hama	droodown	Somatic (muscular) Weakness, stiffness, soreness or real pain, more or less diffusely in muscles such as jaw ache or neck ache	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 - incanaritation .9999 Mission value			LV
			8. Somatic (Sensory)	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		,	-
ham_a_8	hama	dropdown	sensations	and dominates patient's life 4, 4 - Very severe - incapacitating -99, -99 - Missing value -0, 0 - Not present 1, 1 - Mild - occurs irregularly and for		Y	LV
ham_a_9		droodown	Cardiovascular Symptoms Tachycardia, palpitations, oppression, chest pain, throbbing in the blood vessels, fainting feelings	short periods of time 2, 2 - Moderate - occurs more constantly and of longer duration 3, 3 - Severe - continuous and dominates pation's life 4, 4 - Very severe - incapacitating -99, -99 - Missing value			LV
nam_2_9	nama	агоразмн	10. Respiratory Symptoms	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		*	LV
ham_a_10	hama	dropdown	Constriction or contraction in throat or chest, dyspnoea, choking sensations, sighing respiration 11. Gastrointestinal Symptoms	and dominates patient's life 4, 4 - Very severe - incapacitating -99, -99 - Missing value 0.0. Not recent 1.1 Add or cours innershark and for		v	LV
han a fi		4	Difficulties in swallowing, heartburn or burning sensation in the stomach, abdominal pains related to meals, fullness, nausea, vomiting, diarrhose, constipation	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			LV
ham_a_11	hama	dropdown	12. Genitourinary Symptoms	incapacitating 39, 39 - Missing value 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		٧	LV
ham_a_12	hama	dropdown	irregularities, anorgasmia, dyspareunia, premature ejaculation, loss of libido, impotence	and dominates patient's life 4, 4 - Very severe - incapacitating -99, -99 - Missing value 0.0 - Not present 1.1 - Mild - occurs irregularly and for		v	LV
				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 -			
ham_a_13	hama	dropdown	14. Behaviour at Interview	incapacitating [-99, -99 - Missing value 0, 0 - Not present [1, 1 - Mild - occurs irregularly and for short periods of time [2, 2 - Moderate - occurs more		٧	LV
ham_a_14	hama	dropdown	Tense, nervous, agitated, restless, tremulous, pale, hyperventilating or sweating during the interview	constantly and of longer duration 3,3 - Severe - continuous and dominates patient's life 4,4 - Very severe - incapacitating -99,-99 - Missing value sum([ham_a_1]_[ham_a_2]_[ham_a_3]_[ham_a_4]_[ham_a_5]		у	LV
ham_a_total	hama	calc	Total HAM-A Score	,[ham_a_6],[ham_a_7],[ham_a_8],[ham_a_9],[ham_a_10],[h am_a_11],[ham_a_12],[ham_a_13],[ham_a_14])		٧	
			GUIDE FOR SCORING ITEMS: 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				
ymrs_guide	ymrs	descriptive	the past week.	0, 0 Absent 0.5, 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			
ymrs_1							LV
	ymes	dropdown	1. Elevated Mood	99, -99 Missing Value 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	autocomplete	Y	
ymrs_2	Nunez	dropdown		99, -99 Missing Value 0. 0 Absent 0.5. 0.5 1. 1 subjectively increased 1.5. 1.5	autocomplete autocomplete	v	LV

				O, O 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;			
ymrs_3	ymrs	dropdown	3. Sexual Interest	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
, -				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			
ymrs_4	yenrs	dropdown	4. Sleep	need for sleep [-99, -99 Missing Value 0, 0 Absent [1, 1] 2, 2 Subjectively increased [3, 3] 4, 4 Intribable at times during interview, recent episodes of anger or annoyance on wardfat home, etc. [5, 5] 6, 6 Frequently intribable during interview; short, cut throughout [7, 7] 8, 8	autocomplete	٧	LV
ymrs_5	ymes	dropdown	5. Irritability	Hotzfle, uncooperative; interview impossible -99, -99 Missing Value 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	autocomplete	٧	LV
ymrs_6	yenes	dropdown	6. Speech (Rate and Amount)	6, 6 Puls, consistently increased rate and amount; difficult to interrupt [1, 7] is 8 Pressured, interrupt [1, 7] continuous speech [99, 99 Missing Value 0, 0 Absent [0.5, 0.5] 1, 1 Circumstantial; mild distractibility, quick thoughts [1, 5, 1, 5] 2, 2 Distractable; loss goal of thought; change topics frequently; racing thought; [1, 5, 1, 5, 1, 6] [1, 7] continuity; [1, 5, 1, 5, 1, 6] [1, 7] continuity; [1, 5, 1, 6] [1, 7] continuity; [1, 5, 1, 5, 1, 6] [1, 7] continuity; [1, 5, 1, 6] [1, 7] continuity;	autocomplete	¥	LV
ymrs_7	ymes	dropdown	7. Language - Thought Disorder	imoujins 2-3, 2-5, 3-9 regit in obast, rangemasky; difficult to follow; rhyming, echolalia 3-5, 3-5, 1-4, 4 Incoherent; communication impossible -99, -99 Missing Value 0.0 Normal 1.1 2.2 Questionable plans, new interests	autocomplete	v	LV
ymrs_8	ymes	dropdown	8. Content	3, 3 4, 4 Special project(s); hyper-religious 5, 5 6, 6 Grandiose or paramoid ideas; ideas of reference 7, 7 8, 8 Delusions; hallucinations -99, 99 Missing Value 0, 0 Absent, cooperative 1, 1 2, 2 Sarcastic; loud at times,	autocomplete	٧	LV
ymes_9	yours	dropdown	9. Disruptive - Aggressive Behaviours	guarded 3, 3 4, 4 Demanding: threats on ward 5, 5 6, 6 Threatens interviewer; shorting: interview difficut 7, 7 8, 8 Assaulthe; extructive; interview impossible -99, -99 Missing Value 0, 0 Appropriate dress and grooming 0.5, 0.5 1, 1 Minimally unisampt 1.5, 1.5 2, 2 Poorly groomed;	autocomplete	v	LV
ymrs_10	years	dropdown	10. Appearance	moderately disheveled; overdressed [2.5, 2.5 [3, 3] Disheveled; party dichted; gizridi make up [3.5, 1.5, 1.4, 4. Completely unkempt; decorated; bizarre garb [-99, -99 Missing Value 0, 0 Present; admits linese; agrees with need for treatment 0, 0.5, 0.5 [1, 1.9 costily 11, 5.1, 5.1, 2, 2 Admits behaviour	autocomplete	٧	LV
ymrs_11	ymes	dropdown	11. Insight	change, but denies illners [2.5, 2.5] 3, 3 Admits possible change in behaviour, but denies illners [3.5, 3.5] 4, 4 Denies any behaviour change [-99, 99 Missing Value suntifyrms, 2.1.]yms, 2.1.]y	autocomplete	v	LV
ymrs_total	ymrs	calc	YMRS Total Score	,[ymrs 7],[ymrs 8],[ymrs 10],[ymrs 11])		٧	
sapas_1 sapas 2	sapas sapas	dropdown dropdown	In general, do you have difficulty making and keeping friends? Would you normally describe yourself as a loner? In general, do you trust other people?	1, 1 = Yes 0, 0 = No -99, -99 = Missing Value 1, 1 = Yes 0, 0 = No -99, -99 = Missing Value 0, 0 = Yes 1, 1 = No -99, -99 = Missing Value		v v	EV EV
sapas 3 sapas 4	sapas sapas	dropdown dropdown	Do you normally lose your temper easily?	1. 1 = Yes 0. 0 = No -9999 = Missing Value		y	LV
sapas 5 sapas 6	sapas sapas sapas	dropdown dropdown	Are you normally an impulsive sort of person? Are you normally a worrier?	1, 1 = Yes 0, 0 = No -99, -99 = Missing Value 1, 1 = Yes 0, 0 = No -99, -99 = Missing Value		v v	LV
sapas 7 sapas 8	sapas sapas	dropdown dropdown	7. In general, do you depend on others a lot? 8. In general, are you a perfectionist?	1, 1 = Yes 0, 0 = No -99, -99 = Missing Value 1, 1 = Yes 0, 0 = No -99, -99 = Missing Value		y y	LV
sapas_total	sapas	calc	SAPAS Total Score	sum([sapas_1],[sapas_2],[sapas_3],[sapas_4],[sapas_5],[sapa s_6],[sapas_7],[sapas_8])			
			Work-Employment Which of the following categories best characterises the degree	0. It was applicable, Data of our was Auding 164 and week for tracers often the law periodypological (j. 1.4) in the imprement- high best (Worlded or much as common in his social shaution would be expected to law, for wishered at a fill be best (j. 2.2 and the law periodypological (j. 1.4) in the law periodypological (j. 1.4) in the common law in the social insulation would be expected to work, and worlded at a sufficient your (j. 1.3) shall imprement. Worlded commental text than common in his social influention of the periodypological (j. 1.4) and periodypological insulation company out when Audino (j. 1.4) and beginning insulation of considerable of fitting in the periodypological insulation would be a periodypological (j. 1.4) and periodypological insulation considerable of fitting insulation of the periodypological insulation of the considerable of the world and periodypological insulations.			
life_rift_ia	The_eft	radio	which the participant's corrent (past week) work achiefuls have been impaired as a round of asychopathology? 1b. Work - Household Which of the following categories best characterises the degree	work. On the applicable. Delined carry out household detectioning the pair week for reasons other than the carry out household detectioning the pair week for reasons other than the carried out household a control of the lines that would be expected, and worked at a high level, 1,12. 2% in impairment—statisticative (when level are read on household work of the size of the control of the contro		٧	LV
life_rift_1b	life_rift	radio	which the participant's current (past week) household activities have been impaired as a result of psychopathology?	it. virtually unable to carry out his work activities when he did work.		٧	LV
Mayetite Mayet Isum	Silve of the Silve	radio calc	Work-Student: Which of the following categories best characterises the degree which the personal country studies have been required as a result of prephosphalmology? Total Additional			ν	LV
66 ₂ /6 ² ,23	the_eft	radio	Za Interpersonal Relations - Spoose Whith of the following best characterise participant's level of interpersonal relationships with Tamily currently (past month)?	embedly Agramets talk log for soroke, May withdraw from them than 6 shared from them due to discharation. Other their starterishming from them due to discharation. Other their starterishming from them due to discharation of the starterishming from them than 6 shared from the starterishming from the starterishming from the starterishming of the starterishming of the starterishming of the starterishming from the		v	tΛ
864,187,215	like_rift.	radio	Zb. Interpersonal Relations - Chédren Which of the following best diseasteriose participant's level of interpersonal relationships with Tamily currently (past month)?	Diff when No conflict is present contacts with relatives not being with subject and by Nobic less threquent and are arranged in the conflict of the conflict o		٧	ĽV
life_rift_2c	Ide_rift	radio	2c. Interpersonal Relations - Other Relatives Which of the following best characterizes participant's level of interpersonal relationships with family currently (pact month)?	consist with them.** "Variable: different levels for various consists with them "I want to the consists of the consists GOOD with a least one member of this good, white Y is all a § 5, Poor. Regularly argues with the (these) family member(s). Agreements ravely resolved suitable consists of to avoid contact with them. Seels great deflict is emotional to be a suitable of the consists of the consists of household as much as possible. Derives no pleasure from the consists of the consists of the consists of the consists of the consists of the consists of the consists of the consists of the consists of the consists of the consists of the consists of the consists of the consists of the consists of the consists of the consists		y	LV

	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
2d. Interpersonal relations - with friends	limited to several friends that is not emotionally very close to.
	4, 4 Poor - No special friends OR contacts limited to one or
Which of the following best characterizes the participant's	two friends to whom not very close 5, 5 Very poor - No

				2d. Interpersonal relations - with friends	limited to several friends that is not emotionally very close to. 4, 4 Poor - No special friends OR contacts limited to one or							
life_rift_2d	life_rift		radio	Which of the following best characterizes the participant's interpersonal relationships with friends currently (past month)?	two friends to whom not very close 5, 5 Very poor - No special friends and practically no social contacts.						У	LV
life_rift_2sum	life_rift		calc	2. Interpersonal Relations - Maximum	max (life rift 2a), (life rift 2b), (life rift 2c), (life rift 2d))							
					1, 1 Very good - Transient problems may occur. Generally satisfied with all asperts of life. Occasional minor							
					dissatisfaction in one area. Overall quite content with self, iob. family, friends, activities & finances, 1 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							
				Satisfaction with life	relatively persistent. Discontent with occupational role &/OR interpersonal relations &/OR sexual activities &/OR finances.							
				 Satisfaction with life Which of the following best characterizes the participant's overall 	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							
life_rift_3	life_rift		radio	level of satisfaction (contentment, degree to which they feel fulfilled, gratification derived from activities) for the past week.	satisfaction from anything. May feel no desire to carry out the smallest task or to be with other people.							LV
me_mc_s	me_mt		radio	numero, granication derived from activities) for the past week.	1 1 Very good - Has at least two artivities that they eniny						,	
					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							
				4. Recreation	enjoys participation 3, 3 Occasional participation in recreational activities or hobbies OR limited enjoyment when							
				At what level has the participant been involved in and able to enjoy recreational activities and hobbies (reading, spectator or	participation occurs 4, 4 Poor - Some participation in recreational activities or hobbies. Derives very little							
life_rift_4	life_rift		radio	participant sports, gardening, music, sewing, attending parties or gatherings, church or community organizations) in the past week	enjoyment from such activities 5,5 Very poor - No involvement in recreational activities or hobbies						у	LV
life_rift_total	life_rift		calc	LIFE-RIFT Total Score	sum([life_rift_1sum], [life_rift_2sum], [life_rift_3], [life_rift_4]) U, 10U-91 Supenor 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.							
				SOCIAL & OCCUPATIONAL FUNCTIONING SCALE (SOFAS)	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.							
				Consider social and occupational functioning along a continuum from excellent functioning to grossly impaired functioning.	avoids friends, neglects family is unable to work; child							
				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	frequently beats up younger children, is failing at school) 7, 30-21 Inability to function in almost all areas (e.g., stays in							
				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	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							
				environmental limitations are not to be considered. Use INTERMEDIATE CODES WHERE APPROPRIATE - E.G. 45, 68, 72,	Persistent inability to maintain minimal personal hygiene. Unable to function without harmine self or others or without							
sofas_1 sofas_2	sofas sofas		radio text	ETC. Current Level of Functioning	considerable external support (e.g. nursing care and	1 for missing value	aumber	-1	100			LV LV
glesq_instructions			descriptive	Taking everything into consideration, during the past week, how satisfied have you been with your:	·	1 for missing value	number	-1	100		٧	LV
	qlesq			satisfied have you been with your: 1. Physical Health	1, 1 - Very Poor 2, 2 - Poor 3, 3 - Fair 4, 4 - Good 5, 5 -							LV
qlesq_1 qlesq_2	qlesq		dropdown	2. Mood	1, 1 - Very Poor 2, 2 - Poor 3, 3 - Fair 4, 4 - Good 5, 5 - Very Good						٧	IV.
			aropaown	2. Mood 3. Work	Very Good 1, 1 - Very Poor 2, 2 - Poor 3, 3 - Fair 4, 4 - Good 5, 5 - Very Good						٧	LV
qlesq_3	qlesq		dropdown	Household activities	1, 1 - Very Poor 2, 2 - Poor 3, 3 - Fair 4, 4 - Good 5, 5 - Very Good						٧	LV
qlesq_4	quisq		dropdown	Household activities Social relationships	Very Good 1, 1 - Very Poor 2, 2 - Poor 3, 3 - Fair 4, 4 - Good 5, 5 - Very Good						٧	LV
qlesq_5 qlesq_6	qlesq		dropdown	Social relationships Family relationships	1, 1 - Very Poor 2, 2 - Poor 3, 3 - Fair 4, 4 - Good 5, 5 - Very Good						ν	LV
				7. Leisure time activities	1, 1 - Very Poor 2, 2 - Poor 3, 3 - Fair 4, 4 - Good 5, 5 -						٧	LV
qlesq_7	qlesq		dropdown	Ability to function in daily life	Very Good 1, 1 - Very Poor 2, 2 - Poor 3, 3 - Fair 4, 4 - Good 5, 5 -						ν	LV
qlesq_8	qlesq		dropdown	9. Sex drive/interest and/or performance	Very Good 1, 1 - Very Poor 2, 2 - Poor 3, 3 - Fair 4, 4 - Good 5, 5 - Very Good						٧	LV
qlesq_9 qlesq_10	qlesq		dropdown	10. Economic status	1, 1 - Very Poor 2, 2 - Poor 3, 3 - Fair 4, 4 - Good 5, 5 -						,	LV
qisq_10 qiesq_11	qlesq		dropdown	11. Living/housing conditions	1, 1 - Very Poor 2, 2 - Poor 3, 3 - Fair 4, 4 - Good 5, 5 -						٧	IV.
qisq_12 qisq_12	quisq		dropdown	Lowing/mousing conditions 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						٧	LV
qlesq_13	glesq		droodown	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						,	LV
glesq_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						,	LV
quiq_24	Aust		шорионн	14. Over the section of their Deling	((sum[[qlesq_1],[qlesq_2],[qlesq_3],[qlesq_4],[qlesq_5],[qlesq_6],[qlesq_7],[qlesq_8],[qlesq_9],[qlesq_10],[qlesq_11],[qle						,	
qlesq_totalto14	qlesq		calc	Total Score (scale)	sq. 12],[qlesq. 13],[qlesq. 14] -14)/56*100 1, 1 - Very Poor 2, 2 - Poor 3, 3 - Fair 4, 4 - Good 5, 5 -							
qlesq_15	alesa		dropdown	15. Medication (if not taking choose N/A)	Very Good I 0. 0 - N/A						w	
442	44			16. How would you rate your overall life catisfaction and	1.1. Very Poor I.2.2. Poor I.3.3. Fair I.4.4. Good I.5.5.						,	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 sumflolesa 11, falesa 21, falesa 31, falesa 41, falesa 51, falesa						v	LV
qlesq_16	qlesq			contentment during the past week Total Score	Very Good sum([qlesq_1],[qlesq_2],[qlesq_3],[qlesq_4],[qlesq_5],[qlesq_ 6],[qlesq_7],[qlesq_8],[qlesq_9],[qlesq_10],[qlesq_11],[qlesq						٧	
			dropdown	contentment during the past week Total Score Considering your total clinical experience with bipolar patients,	Very Good sum([qlesq_1],[qlesq_2],[qlesq_3],[qlesq_4],[qlesq_5],[qlesq_						v	
qlesq_16 qlesq_total cgi_guide	qlesq qlesq cgi_bp_version_severity_of_		calc descriptive	contentment during the past week Total Score Considering your total clinical experience with bipolar patients, how severely ill has the participant been during the assessment period (2 - 4 weeks)?	Very Good Very Good 1. [descq _3.] [descq _3.] [descq _4.] [descq _5.] [descq _6.] [descq _5.] [descq _6.] [descq _7.] [descq _7						v	LV
qlesq_16 qlesq_total	qlesq qlesq qlesq cgi_bp_version_severity_of_ cgi_bp_version_severity_of_	illness	calc	contentment during the pact week Total Score Considering your total clinical experience with bipolar patients, how severely ill has the participant been during the assessment	Very Good 11, decz, 21, jolecz, 31, jolecz, 41, jolecz, 51, jo						v	LV
qiesq_total cgi_guide cgi_mania cgi_depression	qlesq qlesq cgi_bp_version_severity_of_ cgi_bp_version_severity_of_	illness	calc descriptive dropdown dropdown	contentment during the past week Total Score Considering our total clinical experience with bigolar patients, how sevenly liths: the participant been during the associment particip (2 - 4 weeks)? Mariia Depression	Very Good Very G						v v	LV LV
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med 3category	baseline medications	dropdown	Medication 3: Category	1,1 - Antidepressant 2,2 - Mood stabiliser 3,3 - Antipsychotic 4,4 - Bernodaspelne 5,5 - Conglimentary (including multi-stamina) (6,6 - Pain Medication 7,7 - Psychotharapy 8,8 - Hypnotics 9,9 - ADMO 10,10 - Other		[num meds] >= 3	LV
med 3dose med 3unit med 3unit other	baseline medications baseline medications baseline medications	text dropdown text	Medication 3: Dose Medication 3: Unit Please specify	0, mg 1, g 2, Tablet 3, ml 4, ug 5, IU 6, other 1, Once daily 2, 3 times a day 3, every other hour 4,	number autocomplete	[num meds] >= 3 [med 3unit] = '6'	LV LV
med_3freq med_3freq_other med_3avedose	baseline_medications baseline medications baseline medications	dropdown text text	Medication 3: Frequency Please specify Medication 3: Average Daily Dose	Every morning 5, PRN 6, twice a day 7, 4 times a day 8, Every night 9, every other day 99, Other 1, Oral 2, Subcutaneous 3, Intramuscular 4, Intravenous	autocomplete number	[num_meds] >= 3 [med_3freq] = '99' [num_meds] >= 3	LV LV
med_3route med 3route other	baseline_medications baseline medications	dropdown text	Medication 3: Route Please specify	5, Rectal 6, Topical 7, Respiratory 8, Sublingual 9, Transdermal 99, Other	autocomplete	[num_meds] >= 3 [med_3route] = '99'	LV LV
med 3start med 3ongoing med 3stop	baseline medications baseline medications baseline medications	text dropdown text	Medication 3: Start Date is the medication ongoing? Medication 3: Stop Date Medication 3: Indication	0, Yes 1, No	date dmy autocomplete date dmy	[num meds] >= 3 [num meds] >= 3 [med 3ongoing] = '1' [num meds] >= 3	EV EV EV
med 3ind med 4name	baseline medications baseline medications Medication 4	text	Medication 4: Name	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 - Hypnotic 9, 9 - ADHO 10, 10 -		[num_meds] >= 4	LV
med_4category med 4dose med 4unit	baseline_medications baseline medications baseline medications	dropdown text dropdown	Medication 4: Category Medication 4: Dose Medication 4: Unit	Psychotherapy 8, 8 - Hyphotics 9, 9 - ADHU 10, 10 - Other 0, mg 1, g 2, Tablet 3, ml 4, ug 5, IU 6, other	number autocomplete	[num meds] >= 4 [num meds] >= 4 [num meds] >= 4	LV LV
med 4unit med 4unit other	baseline medications baseline medications	droodown text	Medication 4: Unit Please specify	U, mg 1, g 2, labet 3, mr 4, ug 5, IU 6, other 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,	autocompete	[num meds] = 4 [med 4unit] = '6'	LV LV
med_4freq med 4freq other med 4avedose	baseline_medications baseline medications baseline medications	dropdown text text	Medication 4: Frequency Please specify Medication 4: Average Daily Dose	Every night 9, every other day 99, Other 1. Oral 2. Subcutaneous 3. Intramuscular 4. Intravenous	autocomplete number	[num_meds] >= 4 [med_4freq] = '99' [num_meds] >= 4	LV LV
med_4route med 4route other med 4start	baseline_medications baseline medications baseline medications	dropdown text text	Medication 4: Route Please specify Medication 4: Start Date	5, Rectal 6, Topical 7, Respiratory 8, Sublingual 9, Transdermal 99, Other	autocomplete date dmy	[num.meds] >= 4 [med_4route] = '99' [num_meds] >= 4	LV LV
med 4ongoing med 4stop med 4ind med 5name	baseline medications baseline medications baseline medications baseline medications Medication S	dropdown text text text	is the medication ongoing? Medication 4: Stop Date Medication 4: Indication Medication 5: Name	0, Ves 1, No 1,1 - Antidepressant 2, 2 - Mood stabiliser 3, 3 -	autocomplete date dmy	[num_meds]>=4 [med_4ongoing]="1" [num_meds]>=4 [num_meds]>=5	EV EV
				1,1 - Antibopressant (2, 2 - Intool statemen (3, 3 - Antipsychotic (4, 4 - Benzodiazepine (5, 5 - Complimentary (including multi-vitamins) (6, 6 - Pain medication (7, 7 - Psychotherapy (8, 8 - Hygnotics (9, 9 - ADHD (10, 10 - 10))			
med_Scategory med Sdose med Sunit	baseline_medications baseline medications baseline medications	dropdown text dropdown	Medication 5: Category Medication 5: Dose Medication 5: Unit	Other O, mg 1, g 2, Tablet 3, ml 4, ug 5, IU 6, other	number autocomplete	[num meds] >= 5 [num meds] >= 5 [num meds] >= 5	LV LV
med Sunit other med_Sfreq med_Sfreq other	baseline medications baseline_medications baseline medications	dropdown text	Please specify Medication 5: Frequency Please oner ify	1, Once daily 2, 3 times a day 3, every other hour 4, Every morning 5, P8N 6, twice a day 7, 4 times a day 8, Every night 9, every other day 99, Other	autocomplete	[med Sunit] = '6' [num_meds] >= 5 [med Street] = '99'	LV LV
med Savedose	baseline medications	text	Medication 5: Average Daily Dose	Oral 2, Subcutaneous 3, Intramuscular 4, Intravenous 5, Rectal 6, Topical 7, Respiratory 8, Sublingual 9,	number	[num_meds] >= 5	LV
med_Sroute med Sroute other med Sstart	baseline_medications baseline medications baseline medications	dropdown text text	Medication 5: Route Please specify Medication 5: Start Date	Transdermal 99, Other	autocomplete date dmy	[num. meds] >= 5 [med.Sroute] = '99' [num. meds] >= 5	LV LV
med Songoing med Sstop med Sind	baseline medications baseline medications baseline medications	dropdown text text	Is the medication ongoing? Medication 5: Stop Date Medication 5: Indication	0, Yes 1, No	autocomplete date dmy	[num_meds] >= 5 [med Songoing] = '1' [num_meds] >= 5 [num_meds] >= 6	EV EV
med 6name	baseline medications Medication 6	text	Medication 6: Name	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 - Hyponotics 9, 9 - ADHO 10, 10 - 10 - 10 - 10 - 10 - 10 - 10 -		[num_meds] >= 6	LV
med_6category med_6dose med_6unit	baseline_medications baseline medications baseline medications	dropdown text dropdown	Medication 6: Category Medication 6: Dose Medication 6: Unit	Other 0, mg 1, g 2, Tablet 3, ml 4, ug 5, IU 6, other	number autocomplete	[num meds] >= 6 [num meds] >= 6 [num meds] >= 6	EV EV
med Gunit other	baseline medications	text	Please specify Medication 6: Frequency	1, Once daily 2, 3 times a day 3, every other hour 4, Every morning 5, PBN 6, twice a day 7, 4 times a day 8, Every night 9, every other day 99, Other	autocomplete	[med 6unt] = '6' [num_meds] >= 6	LV
med_6freq med 6freq other med 6avedose	baseline_medications baseline medications baseline medications	dropdown text text	Medication 6: Frequency Please specify Medication 6: Average Daily Dose	Oral 2. Subcutaneous 3. Intramuscular 4. Intravenous	number	[med (6fred) = ,88, [unm_megs] >= 6	EV EV
med_6route med 6route other	baseline_medications baseline medications	dropdown text	Medication 6: Route Please specify	5, Rectal 6, Topical 7, Respiratory 8, Sublingual 9, Transdermal 99, Other	autocomplete	[num meds] >= 6 [med Groute] = '99'	EV EV
med Groute other med Gstart med Gongoing med Gstop	baseline medications baseline medications baseline medications baseline medications	text dropdown text	Medication 6: Start Date Is the medication ongoing? Medication 6: Stop Date	0, Yes 1, No	date_dmy autocomplete date_dmy	[num_meds] >= 6 [num_meds] >= 6 [med_6ongoing] = '1'	EV EV
med 6ind med 7name	baseline medications baseline medications Medication 7	text	Medication 6: Indication Medication 7: Name	1,1 - Antidepressant 2, 2 - Mood stabiliser 3,3 - Antipsychotic 4,4 - Benzodiazepine 5,5 - Complimentary (Including molti-vitamins) 6,6 - Pain medication 7,7 -		[num_meds] >= 6 [num_meds] >= 7	LV
med_7category med 7dose	baseline_medications baseline medications	dropdown text	Medication 7: Category Medication 7: Dose	Psychotherapy 8,8 - Hypnotics 9,9 - ADHD 10, 10 - Other	number	[num meds] >= 7 [num meds] >= 7	EV EV
med 7unit other	baseline medications baseline medications	dropdown text	Medication 7: Unit Please specify	0, mg 1, g 2, Tablet 3, ml 4, ug 5, IU 6, other 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,	autocomplete	[num meds] >= 7 [med 7unk] = '6'	LV
med_7freq med 7frea other med 7avedose	baseline_medications baseline medications baseline medications	dropdown text text	Medication 7: Frequency Please specify Medication 7: Average Daily Dose	Every night 9, every other day 99, Other	autocomplete number	[num_meds] >= 7 [med_7freq] = '99' [num_meds] >= 7	LV LV
med_7route med 7route other	baseline_medications baseline medications	dropdown text	Medication 7: Route	Oral 2, Subcutaneous 3, Intramuscular 4, Intravenous 5, Rectal 6, Topical 7, Respiratory 8, Sublingual 9, Transdermal 99, Other	autocomplete	[num_meds] >= 7 [med_7route] = '99'	LV
med 7stoo med 7start med 7ongoing	baseline medications baseline medications baseline medications	text text dropdown	Please specify Medication 7: Stop Date Medication 7: Start Date Is the medication ongoing?	0, Yes 1, No	date_dmy date_dmy autocomplete	[med / Tongoing] = '1' [num meds] == 7 [num meds] >= 7	LV LV LV
med 7ind med 8name	baseline medications baseline medications Medication 8	text	Medication 7: Indication Medication 8: Name	1, 1 - Antidepressant 2, 2 - Mood stabiliser 3, 3 - Antipsychotic 4, 4 - Benzodiazepine 5, 5 - Complimentary (including midri-Varamins) 6 - Paln medication 7, 7 -		[num_meds] >= 7 [num_meds] >= 8	LV
med_Scategory med_Sdose	baseline_medications baseline medications	dropdown text	Medication 8: Category Medication 8: Dose	Psychotherapy 8,8 - Hypnostics 9,9 - ADHD 10, 10 - Other	number	[num meds] >= 8 [num meds] >= 8	EV EV
med Sunit med Sunit other	baseline medications baseline medications	droodown text	Medication 8: Unit Please specify	0, mg 1, g 2, Tablet 3, ml 4, ug 5, IU 6, other 1, Once daily 2, 3 times a day 3, every other hour 4,	autocomplete	[num meds] >= 8 [med Sunit] = '6'	LV
med_8freq med 8freq other med 8avedose	baseline_medications baseline medications baseline medications	dropdown text text	Medication 8: Frequency Please specify Medication 8: Average Daily Dose	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 [med_8freq] = '99'	LV LV
med Szoute	haseline medications	dropdown	Medication 8: Note	Cral 2, Subcutaneous 3, Intramuscular 4, Intravenous 5, Rectal 6, Topical 7, Respiratory 8, Sublingual 9, Transdormal 99, Other	autocomplete	[num_meds] >= 8 [num_meds] >= 8	LV
med Broute other med Bstart med Borgoing	baseline medications baseline medications baseline medications	text text dropdown	Please specify Medication 8: Start Date Is the medication ongoing?	0, Yes 1, No	date dmy autocomplete	[med 8route] = '99' [num_meds] >= 8 [num_meds] >= 8	LV LV
med 8stop med 8ind med 9name	baseline medications baseline medications baseline medications Medication 9	text text text	Medication 8: Stop Date Medication 8: Indication Medication 9: Name	1,1 - Antidepressant 2,2 - Mood stabiliser 3,3 - Antiopsychotic 4,4 - Benzodiazepine 5,5 - Complimentary (including multi-Nationis) 6,7 - Palm medication 7,7 -	date dmy	[med 8ongoing] = "1" [num meds] >= 8 [num_meds] >= 9	LV LV
med_9category	baseline_medications	dropdown	Medication 9: Category	(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 med 9unit med 9unit other	baseline medications baseline medications baseline medications	text dropdown text	Medication 9: Dose Medication 9: Unit Please specify	0, mg 1, g 2, Tablet 3, ml 4, ug 5, IU 6, other 1, Once daily 2, 3 times a day 3, every other hour 4,	number autocomplete	[num meds] >= 9 [med 9unit] = '6'	LV LV
med_9freq med 9freq other	baseline_medications baseline_medications	dropdown text	Medication 9: Frequency Please specify Medication 9: Average Daily Dose	Every night 9, every other day 99, Other	autocomplete	[num_meds] >= 9 [med : 9freq] = "99" [num_meds] >= 9	LV LV
med 9avedose med 9route	baseline medications baseline medications	text	Medication 9: Route	Cral 2, Subcutaneous 3, Intramuscular 4, Intravenous 5, Rectal 6, Topical 7, Respiratory 8, Sublingual 9, Transdermal 99, Other	autocomplete	Inum meds1>=9	LV
med 9route other med 9start med 9ongoing	baseline medications baseline medications baseline medications	text text droodown	Please specify Medication 9: Start Date Is the medication ongoing?	0, Yes 1, No	date_dmy autocomplete	[ned_9route] = '99' [num_meds] >= 9 [num_meds] >= 9	LV LV
med 9stop med 9ind med 10name	baseline medications baseline medications baseline medications Medication 10	text text text	Medication 9: Stop Date Medication 9: Indication Medication 10: Name	1,1 - Antidepressant 2, 2 - Mood stabiliser 3,3 - Antiopsychotic 4,4 - Benzodiazepine 5,5 - Complimentary (including multi-tatamics) 6,7 - Polim medication 7,7 -	date_dmy	[med_9ongoing] = "1" [num_meds] >= 9 [num_meds] >= 10	LV LV
med_10category	baseline_medications	dropdown	Medication 10: Category	(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 med 10unit med 10unit other	baseline medications baseline medications baseline medications	text dropdown text	Medication 10: Dose Medication 10: Unit Please specify	0, mg 1, g 2, Tablet 3, ml 4, ug 5, IU 6, other 1, Once daily 2, 3 times a day 3, every other hour 4,	number autocomplete	[num meds] >= 10 [num meds] >= 10 [med 10unit] = '6'	LV LV
med_10freq med_10freq_other med_10avedose	baseline_medications baseline medications baseline medications	dropdown text text	Medication 10 Frequency Please specify Medication 10: Average Daily Dose	Every morning 5, PRN 6, twice a day 7, 4 times a day 8, Every night 9, every other day 99, Other	autocomplete number	[num_meds] >= 10 [med_10freq] = '99' [num_meds] >= 10	LV LV
med_10route	baseline_medications	dropdown	Medication 10: Route Please specify	Oral 2, Subcutaneous 3, Intramuscular 4, Intravenous 5, Rectal 6, Topical 7, Respiratory 8, Sublingual 9, Transdermal 99, Other	autocomplete	[num_meds] >= 10 [med_10route] = '99'	LV LV
med 10route other med 10start med 10ongoing med 10stoo	baseline medications baseline medications baseline medications baseline medications	text text dropdown text	Medication 10: Start Date Is the medication ongoing? Medication 10: Stop Date	0, Yes 1, No	date_dmy autocomplete date_dmy	[num_meds] >= 10 [num_meds] >= 10 [med_10ongoing] = "1"	EV EV
med 10ind med 11name	baseline medications baseline medications Medication 1:	text	Medication 10: Indication Medication 11: Name	1, 1 - Antidepressant 2, 2 - Mood stabiliser 3, 3 - Antipsychotic 4, 4 - Benzodiszepine 5, 5 - Complimentary (including motiv-trainins) 6, 6 - Pain medication 7, 7 -		[num_meds] >= 10 [num_meds] >= 11	LV
med_11category med 11dose	baseline_medications baseline medications	dropdown	Medication 11: Category Medication 11: Dose	Psychotherapy 8, 8 - Hypnotics 9, 9 - ADHD 10, 10 - Other	number	[num meds] >= 11 [num meds] >= 11	LV LV
med 11unit med 11unit other	baseline medications baseline medications	dropdown	Medication 11: Unit Please specify	0, mg 1, g 2, Tablet 3, ml 4, ug 5, IU 6, other 1, Once daily 2, 3 times a day 3, every other hour 4,	autocomplete	[num meds] >= 11 [med 11unit] = '6'	LV
med_11freq med_11freq other med_11avedose	baseline_medications baseline medications baseline medications	dropdown text text	Medication 11 Frequency Please specify Medication 11: Average Daily Dose	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 [med_11freq]='6' [num meds]>=11	LV LV
med 11route	baseline medications	dropdown	Medication 11: Route	Cral 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 med 11start med 11ongoing	baseline medications baseline medications baseline medications	text text dropdown	Please specify Medication 11: Start Date Is the medication ongoing? Medication 11: Stop Date	0, Yes 1, No	date_dmy autocomplete date_dmy	[med 11route] = '99' [num meds] >= 11 [med 11orgoing] = '1'	LV LV LV
med 11stop med 11ind med 12name	baseline medications baseline medications baseline medications Medication 12	text text text	Medication 12: http://distriction Medication 12: Name			[med_11orgong] = ": [num_meds] >= 11 [num_meds] >= 12	LV

					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 -				
med_12category med 12dose med 12unit	baseline_medications baseline medications baseline medications		dropdown text dropdown	Medication 12: Category Medication 12: Dose Medication 12: Unit	Other 0, mg 1, g 2, Tablet 3, ml 4, ug 5, IU 6, other	number autocomplete		[num meds] >= 12 [num meds] >= 12 [num meds] >= 12	LV LV
med 12unit other	baseline medications		text	Please specify	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,			[med 12unit]='6'	LV
med_12freq med_12freq_other	baseline_medications baseline medications		dropdown text	Medication 12 Frequency Please specify	Every night 9, every other day 99, Other	autocomplete		[num_meds] >= 12 [med_12freq] = '6'	LV
med 12avedose	baseline medications		text	Medication 12: Average Daily Dose	1, Oral 2, Subcutaneous 3, Intramuscular 4, Intravenous 5, Roctal 6, Topical 7, Respiratory 8, Sublingual 9,	number		[num_meds] >= 12	LV
med_12route med 12route other med 12start	baseline_medications baseline medications baseline medications		dropdown text text	Medication 12: Route Please specify Medication 12: Start Date	Transdermal 99, Other	autocomplete date dmy		[num_meds] >= 12 [med_12route] = '99' [num_meds] >= 12	LV LV
med 12ongoing med 12ston	baseline medications baseline medications		dropdown	Is the medication ongoing? Medication 12: Stop Date	0, Yes 1, No	autocomplete date dmy		[num_meds] >= 12 [med_12ongoing] = '1'	LV LV
med 12ind med 13name	baseline medications baseline medications	Medication 13	text	Medication 12: Indication Medication 13: Name	1.1 - Antideoressant 2.2 - Mood stabiliser 3.3 -			[num_meds] >= 12 [num_meds] >= 13	LV
					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 -				
med_13category med 13dose	baseline_medications baseline medications		dropdown	Medication 13: Category Medication 13: Dose	Other	number		[num meds] >= 13 [num meds] >= 13 [num meds] >= 13	LV
med 13unit med 13unit other	baseline medications baseline medications		droodown text	Medication 13: Unit Please specify	0, mg 1, g 2, Tablet 3, ml 4, ug 5, IU 6, other 1, Once daily 2, 3 times a day 3, every other hour 4,	autocomplete		[num meds] >= 13 [med 13unit] = '6'	LV LV
med_13freq	baseline_medications		dropdown	Medication 13 Frequency	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 med 13avedose	baseline medications baseline medications		text	Please specify Medication 13: Average Daily Dose	1, Oral 2, Subcutaneous 3, Intramuscular 4, Intravenous	number		[med 13freq] = '6' [num meds] >= 13	LV
med_13route med_13route other	baseline_medications baseline medications		dropdown text	Medication 13: Route Please specify	5, Rectal 6, Topical 7, Respiratory 8, Sublingual 9, Transdermal 99, Other	autocomplete		[num_meds] >= 13 [med_13route] = '99'	LV
med 13start med 13ongoing	baseline medications baseline medications		text dropdown	Medication 13: Start Date Is the medication ongoing?	0, Yes 1, No	date dmy autocomplete		[num_meds] >= 13 [num_meds] >= 13	LV
med 13stop med 13ind med 14name	baseline medications baseline medications baseline medications	Medication 14	text text text	Medication 13: Stop Date Medication 13: Indication Medication 14: Name		date dmy		[med 13orgoing] = '1' [num meds] >= 13 [num meds] >= 14	LV LV
					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 -				
med_14category med_14dose	baseline_medications		dropdown	Medication 14: Category	Psychotherapy 8, 8 - Hypnotics 9, 9 - ADHD 10, 10 - Other			[num meds] >= 14	LV
med 14unit med 14unit other	baseline medications baseline medications baseline medications		text dropdown text	Medication 14: Dose Medication 14: Unit Please specify	0, mg 1, g 2, Tablet 3, ml 4, ug 5, IU 6, other	number autocomplete		[num meds] >= 14 [num meds] >= 14 [med 14unit] = '6'	LV LV
med_14freq	baseline_medications		dropdown	Medication 14 Frequency	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	autocomolete		[num meds] >= 14	LV
med 14freq other med 14avedose	baseline medications baseline medications		text	Please specify Medication 14: Average Daily Dose		number		[med 14freq] = '6' [num_meds] >= 14	LV
med 14route	baseline_medications		dropdown	Medication 14: Route	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 med_14route_other med_14start med_14oneoine	baseline medications baseline medications baseline medications		text	Please specify Medication 14: Start Date Is the medication ongoing?	0, Yes 1, No	date dmy autocomplete		[med 14route] = '99' [num meds] >= 14 [num meds] >= 14	LV LV LV
med 14stop med 14ind	baseline medications baseline medications		dropdown text text	Medication 14: Stop Date Medication 14: Indication	U, 165 1, NO	date dmy		[med 14orgoing] = '1' [num meds] >= 14	LV
med 15name	baseline medications	Medication 15	text	Medication 15: Name	1, 1 - Antidepressant 2, 2 - Mood stabiliser 3, 3 - Antipsychotic 4, 4 - Benzodiazepine 5, 5 - Complimentary			[num_meds] >= 15	LV
	haseline medications				(including multi-vitamins) 6, 6 - Pain medication 7, 7 - Psychotherapy 8, 8 - Hypnotics 9, 9 - ADHD 10, 10 -				
med_15category med 15dose med 15unit	baseline medications baseline medications baseline medications		dropdown text dropdown	Medication 15: Category Medication 15: Dose Medication 15: Unit	Other 0, mg 1, g 2, Tablet 3, ml 4, ug 5, IU 6, other	number autocomplete		[num meds] >= 15 [num meds] >= 15 [num meds] >= 15	LV LV
med 15unit other	baseline medications		text	Please specify	1, Once daily 2, 3 times a day 3, every other hour 4,			[med 15unit] = '6'	LV
med_15freq med_15freq_other	baseline_medications baseline medications		dropdown text	Medication 15 Frequency Please specify	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 [med_15freq] = '6'	LV
med 15avedose	baseline medications		text	Medication 15: Average Daily Dose	1, Oral 2, Subcutaneous 3, Intramuscular 4, Intravenous 5, Rectal 6, Topical 7, Respiratory 8, Sublingual 9,	number		[num_meds] >= 15	LV
med_15route med 15route other med 15start	baseline_medications baseline medications baseline medications		dropdown text text	Medication 15: Route Please specify Medication 15: Start Date	Transdermal 99, Other	autocomplete date_dmy		[num meds] >= 15 [med_15route] = '99' [num_meds] >= 15	LV LV LV
med 15ongoing med 15stop	baseline medications baseline medications		dropdown text	Is the medication ongoing? Medication 15: Stop Date	0, Yes 1, No	autocomplete date dmy		[num meds] >= 15 [med 15ongoing] = '1'	LV
med 15ind med 16name	baseline medications baseline medications	Medication 16	text	Medication 15: Indication Medication 16: Name	1, 1 - Antidepressant 2, 2 - Mood stabiliser 3, 3 -			[num_meds] >= 15 [num_meds] >= 16	LV
					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 -				
med_16category med 16dose	baseline_medications baseline medications		dropdown text	Medication 16: Category Medication 16: Dose	Other	number		[num meds] >= 16 [num meds] >= 16	LV
med 16unit med 16unit other	baseline medications baseline medications		dropdown text	Medication 16: Unit Please specify	0, mg 1, g 2, Tablet 3, ml 4, ug 5, IU 6, other 1, Once daily 2, 3 times a day 3, every other hour 4,	autocomplete		[num meds] >= 16 [med 16unit] = '6'	LV
med_16freq	baseline_medications		dropdown	Medication 16 Frequency	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 16frea other med 16avedose	baseline medications baseline medications		text	Please specify Medication 16: Average Daily Dose	1, Oral 2, Subcutaneous 3, Intramuscular 4, Intravenous	number		[med_16freq] = '6' [num_meds] >= 16	LV
med_16route med_16route_other	baseline_medications baseline_medications		dropdown	Medication 16: Route Please specify	5, Rectal 6, Topical 7, Respiratory 8, Sublingual 9, Transdermal 99, Other	autocomplete		[num_meds] >= 16 [med_16route] = '99'	LV
med 16start med 16ongoing	baseline medications baseline medications		text dropdown	Medication 16: Start Date Is the medication ongoing?	0, Yes 1, No	date_dmy autocomplete		[num_meds] >= 16 [num_meds] >= 16	LV LV
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meal 17 Jours meal 18 Jours meal 20 Jours me	saudier medictions bander medi	Medication 19	teat discolation teat teat teat teat teat teat teat tea	Medication 17 Dougle Medication 17 Dougle Medication 17 Treatmy Plasse sector Plasse sector Medication 17 Treatmy Plasse sector Medication 17 Treatmy Plasse sector Medication 17 Treatmy Medication 17 Treatmy Medication 18 Treatmy Medication 1	0, meg 11, x 2, Tables 3, mi 4, sq 5, 10 16, other 1, Once aby 2, 2 misses aby 3, hower about here 4, forwarmoning 5, pine 5, toward about here 4, forwarmoning 5, pine 5, towarmoning 5, towarmoning 5, towarmoning 5, towarmoning 6, towarmoning	autocomplete number autocomplete number autocomplete date dany number autocomplete autocomplete date dany autocomplete		Sum meds = 17	
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med 17 Jose 1 med 17 Just dem med 18 Just dem med 20 Just dem	saudire medicitorio bacilere m	Medication 19	teat doubtown teat and teat an	Medication 17 Doors Medication 17 Doors Medication 17 Prosession Places seeding Medication 17 Prosession Medication 18 Category Medication 17 Todo Date Medication 18 Category Medication 18 Prosession Medication 18 Date 19 Medication Medication 19 Date 19 Medication Me	0, me 1, x 2, Tables 3, m 4, se 5, 10 16, other 1, Once aby 2, 3 mose aby 3, new other hors 4, term remotes 5, term companies 5, section 6, term about 7, term about	autocomplete number autocomplete number autocomplete date dany autocomplete date dany autocomplete autocomplete date dany autocomplete autocomplete autocomplete date dany date dany autocomplete autocomplete date dany autocomplete autocomplete autocomplete autocomplete autocomplete autocomplete autocomplete autocomplete date dany	180/2016	Sum mads = 17 Sum mads = 18 Sum mads = 19 Sum mads = 20 Sum	
med 17 Jose 1 med 17 Just dem med 18 Just dem med 20 Just dem	saudier medictions bander medi	Medication 19 Medication 20	teat doordown teat teat teat teat teat teat teat tea	Medication 17 Doors Medication 17 Doors Medication 17 Treatmy Please quarky Medication 17 Treatmy Please quarky Medication 17 Treatmy Please quarky Medication 17 Treatmy Medication 17 Treatmy Please quarky Medication 17 Treatmy Medication 17 Treatmy Medication 17 Treatmy Medication 17 Treatmy Medication 18 Treatmy Medication 18 Treatmy Medication 18 Cartagery Medication 18 Cartagery Medication 18 Cartagery Medication 18 Lora Medication 18 Treatmy Medi	0, meg 1 z, si 2, Tables 3, mi 4, sig 1, si 10 6, other 1, Once aby 2, 3 imass aby 3, new other hors 4, the reversional 2, the reversional 3, the reversional 4, the reversional 4, the reversional 5, the reversional 5, the reversional 5, the reversional 6, the reversional 6, the reversional 7,	autocomplete number autocomplete date dmy number autocomplete date dmy number autocomplete number autocomplete number autocomplete number autocomplete date dmy autocomplete date dmy autocomplete date dmy autocomplete number autocomplete date dmy date dmy	1/01/2015 1/01/2020 1/01/2015 1/01/2020	Sum mads = 17 Sum mads = 18 Sum mads = 19 Sum mads = 20 Sum	

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 -

ael ongoing	adverse events		dropdown	On going?	0, No 1, Yes					LV
ae1_hours	adverse_events		text dropdown	Number of hours? Complete only if duration is less than 24 hours Type?			number	0	24	LV
ae1 type ae1 severity ae1 serious	adverse events adverse events adverse events		dropdown dropdown	Severity Was the event serious?	1, Mild 2, Moderate 3, Severe 0, No 1, Yes 1, None 2, Unlikely 3, Possible 4, Probable 5, Highly					LV
ae1_relationship ae1_action	adverse_events adverse events		dropdown dropdown	Relationship to IP? Action in relation to IP	1, None 2, Unknown O, None 1, Interrupted 2, Discontinued O, Recovered 1, Improved with sequalae 2, Remained the					LV
ae1_outcome	adverse_events		dropdown	Outcome of Adverse Event 1	same 3, Worsened 4, Unknown	**Make sure medications added to				LV
ae1_treatment ae1_treatmentdetails	adverse_events adverse events		dropdown notes	Treatment Required Treatment details if Other or Medication	0, None 1, Medication** 2, Hospitalisation 3, Physiotherapy 4, Other (provide details below)	medication list				LV LV
ae2_name ae2_onset	adverse_events adverse events	Adeverse Event 2	text text	Adverse Event 2 Adverse Event 2 onset date		Symptoms or Diagnosis	date_dmy	1/01/2016		LV LV
ae2 end ae2 ongoing	adverse events adverse events		text dropdown	Adverse Event 2 End date On going?	0, No 1, Yes		date_dmy	1/01/2016	1/01/2020	LV
ae2_hours ae2_tvoe ae2_severity	adverse_events adverse events adverse events		text droodown dropdown	Number of hours? Complete only if duration is less than 24 hours Type? Severity	Single occurrence 2, Intermittent 3, Continuous Mild 2, Moderate 3, Severe		number	0	24	LV LV
ae2 serious ae2 relationship	adverse events		dropdown	Was the event serious? Relationship to IP?	0, No 1, Yes 1, None 2, Unlikely 3, Possible 4, Probable 5, Highly Probable 6, Unknown					LV
ae2 action ae2 outcome	adverse events		dropdown	Action in relation to IP Outcome of Adverse Event 2	None 1, Interrupted 2, Discontinued Recovered 1, Improved with sequalae 2, Remained the same 3, Worsened 4, Uningwe					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	Adverse Event 3	notes	Treatment details if Other or Medication Adverse Event 3	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Symptoms or Diagnosis				LV
ae3 onset ae3 end ae3 ongoing	adverse events adverse events adverse events		text text dropdown	Adverse Event 3 onset date Adverse Event 3 End date On going?	0, No 1, Yes	Diagnoss	date dmy date dmy	1/01/2016 1/01/2016	1/01/2020 1/01/2020	EV EV
ae3 hours	adverse events		text dropdown	Number of hours? Complete only if duration is less than 24 hours Type?			number	0	24	LV
ae3 type ae3 severity ae3 serious	adverse events adverse events adverse events		dropdown dropdown	Severity Was the event serious?	1, Mild 2, Moderate 3, Severe 0, No 1, Yes 1, None 2, Unlikely 3, Possible 4, Probable 5, Highly					LV
ae3_relationship ae3_action	adverse_events adverse_events		dropdown dropdown	Relationship to IP? Action in relation to IP	Probable 6, Unknown 0, None 1, Interrupted 2, Discontinued					LV LV
ae3_outcome	adverse_events		dropdown	Outcome of Adverse Event 3	Recovered 1, Improved with sequalae 2, Remained the same 3, Worsened 4, Unknown	**Make sure				LV
ae3_treatment ae3_treatmentdetails	adverse_events adverse events		dropdown notes	Treatment Required Treatment details if Other or Medication	0, None 1, Medication** 2, Hospitalisation 3, Physiotherapy 4, Other (provide details below)	medications added to medication list				LV
ae4_name ae4_onset	adverse_events adverse events	Adverse Event 4	text text	Adverse Event 4 Adverse Event 4 onset date		Symptoms or Diagnosis	date dmy	1/01/2016		LV LV
ae4 end ae4 oneoine	adverse events adverse events		text droodown	Adverse Event 4 End date On going?	0, No 1, Yes		date_dmy	1/01/2016	1/01/2020	LV
ae4_hours ae4_type ae4_severity	adverse_events adverse events adverse events		text dropdown dropdown	Number of hours? Complete only if duration is less than 24 hours Type? Severity	1, Single occurrence 2, Intermittent 3, Continuous 1, Mild 2, Moderate 3, Severe		number	0	24	LV LV
ae4 serious ae4 relationship	adverse events		dropdown	Was the event serious? Relationship to IP?	No 1, Yes None 2, Unlikely 3, Possible 4, Probable 5, Highly Probable 6, Unknown					LV
ae4 action ae4_outcome	adverse events adverse events		dropdown	Action in relation to IP Outcome of Adverse Event 4	None 1, interrupted 2, Discontinued Recovered 1, Improved with sequalae 2, Remained the same 3, Worsened 4, Unknown					LV
ae4_treatment			dropdown	Treatment Remained	O, None 1, Medication** 2, Hospitalisation 3, Physiotherapy 4, Other (provide details below)	**Make sure medications added to medication list				LV
ae4 treatmentdetails	adverse_events adverse events		notes	Treatment details if Other or Medication	riginoritispy [4, doint (provide details detail)	Symptoms or				LV
ae5_name ae5 onset ae5 end	adverse events adverse events	Adverse Event 5	text text text	Adverse Event 5 Adverse Event 5 onset date Adverse Event 5 End date	0, No 1, Yes	Diagnosis	date_dmy date_dmy	1/01/2016 1/01/2016	1/01/2020 1/01/2020	LV LV LV
ae5_hours	adverse events adverse_events		droodown	On going? Number of hours? Complete only if duration is less than 24 hours			number	0	24	LV
aeS type aeS severity aeS serious	adverse events adverse events adverse events		dropdown dropdown dropdown	Type? Severity Was the event serious?	1, Mild 2, Moderate 3, Severe 0, No 1, Yes					LV LV
ae5_relationship ae5_action	adverse_events adverse_events		dropdown dropdown	Relationship to IP? Action in relation to IP	None 2, Unlikely 3, Possible 4, Probable 5, Highly Probable 6, Unknown None 1, Interrupted 2, Discontinued					LV LV
ae5_outcome	adverse_events		dropdown	Outcome of Adverse Event 5	Recovered 1, Improved with sequalae 2, Remained the same 3, Worsened 4, Unknown	**Make sure				LV
ae5_treatment ae5_treatmentdetails	adverse_events adverse events		dropdown notes	Treatment Required Treatment details if Other or Medication	0, None 1, Medication** 2, Hospitalisation 3, Physiotherapy 4, Other (provide details below)	medications added to medication list				LV
ae6_name	adverse_events adverse_events	Adverse Event 6	text text	Adverse Event 6 Adverse Event 6 onset date		Symptoms or Diagnosis	date dmy	1/01/2016	1/01/2020	LV
ae6 onset ae6 end ae6 ongoing	adverse events adverse events		text dropdown	Adverse Event 6 End date On going?	0, No 1, Yes		date dmy	1/01/2016	1/01/2020	LV
ae6_hours ae6_type ae6_severity	adverse_events adverse events adverse events		text dropdown dropdown	Number of hours? Complete only if duration is less than 24 hours Type? Severity	Single occurrence 2, Intermittent 3, Continuous Mild 2, Moderate 3, Severe		number	0	24	LV LV
ae6 serious	adverse events		dropdown	Was the event serious? Relationship to IP?	0, No I a, Yes 1, None 2, Unlikely 3, Possible 4, Probable 5, Highly Probable 6, Unknown					LV
ae6_outcome	adverse events		dropdown	Action in relation to IP Outcome of Adverse Event 6	O, None 1, Interrupted 2, Discontinued O, Recovered 1, Improved with sequalae 2, Remained the same 3, Worsened 4, Holonown					LV
	adverse_events				O, None 1, Medication** 2, Hospitalisation 3, Physiotherapy 4, Other (provide details below)	**Make sure medications added to medication list				LV
ae6_treatment ae6_treatmentdetails	adverse_events adverse_events		dropdown notes	Treatment Required Treatment details if Other or Medication	Physiotherapy 4, Uther (provide details below)	Symptoms or				LV
ae7_name ae7 onset ae7 end	adverse_events adverse_events adverse_events	Adverse Event 7	text text text	Adverse Event 7 Adverse Event 7 onset date Adverse Event 7 End date		Diagnosis	date_dmy date_dmy	1/01/2016 1/01/2016	1/01/2020 1/01/2020	LV LV
ae7 ongoing ae7_hours	adverse events adverse_events		dropdown	On going? Number of hours? Complete only if duration is less than 24 hours	0, No 1, Yes		number	0	24	LV
ae7 type ae7 severity ae7 serious	adverse events adverse events adverse events		dropdown dropdown dropdown	Type? Severity Was the event serious?	Single occurrence 2, Intermittent 3, Continuous Mild 2, Moderate 3, Severe No 1, Yes					LV LV
ae7_relationship ae7_action	adverse_events adverse_events		dropdown dropdown	Relationship to IP? Action in relation to IP	None 2, Unlikely 3, Possible 4, Probable 5, Highly Probable 6, Unknown None 1, Interrupted 2, Discontinued					LV LV
ae7_outcome	adverse_events		dropdown	Outcome of Adverse Event 7	Recovered 1, Improved with sequalae 2, Remained the same 3, Worsened 4, Unknown	**Make sure				LV
ae7_treatment ae7_treatmentdetails	adverse_events adverse events		dropdown notes	Treatment Required Treatment details if Other or Medication	0, None 1, Medication** 2, Hospitalisation 3, Physiotherapy 4, Other (provide details below)	medications added to medication list				LV LV
ae8_name ae8_onset	adverse_events adverse events	Adverse Event 8	text text	Adverse Event 8 Adverse Event 8 onset date		Symptoms or Diagnosis	date dmy	1/01/2016		LV
ae8 onset ae8 end ae8 ongoing	adverse events adverse events		text dropdown	Adverse Event 8 End date On going?	0, No 1, Yes		date dmy	1/01/2016	1/01/2020	LV
ae8_hours ae8_type ae8_severity	adverse_events adverse events adverse events		text dropdown dropdown	Number of hours? Complete only if duration is less than 24 hours Type? Severity	Single occurrence 2, Intermittent 3, Continuous Mild 2, Moderate 3, Severe		number	0	24	LV LV
ae8 serious ae8 relationship	adverse events		dropdown	Was the event serious? Relationship to IP?	0, No 1, Yes 1, None 2, Unlikely 3, Possible 4, Probable 5, Highly Probable 6, Unknown					LV
ae8_outcome	adverse events		dropdown	Action in relation to IP Outcome of Adverse Event 8	None 1, Interrupted 2, Discontinued 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	Adverse Event 9	notes	Treatment details if Other or Medication Adverse Event 9	riginitizing [4, doing provide details decom)	Symptoms or Diagnosis				LV
ae9 onset ae9 end ae9 ongoing	adverse events adverse events adverse events	ADMITSE EMILES	text text dropdown	Adverse Event 9 onset date Adverse Event 9 End date On going?	0. No l 1. Yes	Diagnoss	date dmy date dmy	1/01/2016 1/01/2016	1/01/2020 1/01/2020	LV LV
ae9_hours	adverse events		text	Number of hours? Complete only if duration is less than 24 hours			number	0	24	LV
ae9 type ae9 severity ae9 serious	adverse events adverse events adverse events		dropdown dropdown dropdown	Type? Severity Was the event serious?	Single occurrence 2, Intermittent 3, Continuous Mild 2, Moderate 3, Severe No 1, Yes					LV LV
ae9_relationship ae9_action	adverse_events adverse events		dropdown dropdown	Relationship to IP? Action in relation to IP	None 2, Unlikely 3, Possible 4, Probable 5, Highly Probable 6, Unknown None 1, Interrupted 2, Discontinued					LV LV
ae9_outcome	adverse_events		dropdown	Outcome of Adverse Event 9	Recovered 1, Improved with sequalae 2, Remained the same 3, Worsened 4, Unknown	**Make sure				LV
ae9_treatment ae9_treatmentdetails	adverse_events adverse_events		dropdown notes	Treatment Required Treatment details if Other or Medication	None 1, Medication** 2, Hospitalisation 3, Physiotherapy 4, Other (provide details below)	medications added to medication list				LV LV
ae10_name ae10_onset	adverse_events adverse_events	Adverse Event 10	text text	Adverse Event 10 Adverse Event 10 onset date		Symptoms or Diagnosis	date_dmy	1/01/2016	1/01/2020	EV EV
ae10 end ae10 ongoing	adverse events adverse events		text dropdown	Adverse Event 10 End date On going?	0, No 1, Yes		date_dmy	1/01/2016	1/01/2020	LV
ae10_hours ae10 type ae10 severity	adverse_events adverse events adverse events		text dropdown dropdown	Number of hours? Complete only if duration is less than 24 hours Type? Severity	1, Single occurrence 2, Intermittent 3, Continuous 1, Mild 2, Moderate 3, Severe		number	0	24	LV LV
ae10 serious ae10 relationship	adverse events		dropdown	Was the event serious? Relationship to IP?	0, No 1, Yes 1, None 2, Unlikely 3, Possible 4, Probable 5, Highly Probable 6, Unknown					LV
ae10_outcome	adverse events		dropdown	Action in relation to IP Outcome of Adverse Event 10	0, None 1, Interrupted 2, Discontinued 0, Recovered 1, Improved with sequalae 2, Remained the same 3, Worsened 4, Unknown					LV
ae10_treatment	adverse_events		dropdown	Treatment Required	O, None 1, Medication** 2, Hospitalisation 3, Physiotherapy 4, Other (provide details below)	**Make sure medications added to medication list				LV
ae10 treatmentdetails	adverse events adverse events	Adverse Event 11	notes	Treatment details if Other or Medication Adverse Event 11	The manner overgraph published.	Symptoms or Diagnosis				LV
ae11_name ae11 onset ae11 end ae11 ongoing	adverse events adverse events adverse events adverse events	OWNER ENRICH 11	text text text dropdown	Adverse Event 11 Adverse Event 11 onset date Adverse Event 11 End date On going?	0. No l 1. Yes	arming red life	date_dmy date_dmy	1/01/2016 1/01/2016	1/01/2020 1/01/2020	LV LV
ae11 hours	adverse events		text	Number of hours? Complete only if duration is less than 24 hours			number	0	24	LV
ae11 type ae11 severity ae11 serious	adverse events adverse events adverse events		dropdown dropdown dropdown	Type? Severity Was the event serious?	Single occurrence 2, Intermittent 3, Continuous Mild 2, Moderate 3, Severe O, No 1, Yes					LV LV
ae11_relationship ae11 action	adverse_events adverse events		dropdown dropdown	Relationship to IP? Action in relation to IP	None 2, Unlikely 3, Possible 4, Probable 5, Highly Probable 6, Unknown None 1, Interrupted 2, Discontinued					LV LV
ae11_outcome	adverse_events		dropdown	Outcome of Adverse Event 11	Recovered 1, Improved with sequalae 2, Remained the same 3, Worsened 4, Unknown					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 medication list	to				E	LV
ae11 treatmentdetails ae12_name	adverse events adverse_events Adverse Event 12		Treatment details if Other or Medication Adverse Event 12		Symptoms or Diagnosis					E	LV
ae12 onset ae12 end ae12 ongoing	adverse events adverse events adverse events	text text dropdown	Adverse Event 12 onset date Adverse Event 12 End date On goine?	0. No I 1. Yes		date_dmy date_dmy		1/01/2020 1/01/2020		L.	LV LV
ae12_hours ae12_type	adverse_events adverse events	text dropdown	Number of hours? Complete only if duration is less than 24 hours Type?	1 Single accurrance 2 Intermittent 2 Continuous		number	0	24		Ľ	LV
ae12 severity ae12 serious	adverse events adverse events	droodown dropdown	Severity Was the event serious?	Single occurrence 2, Intermittent 3, Continuous Midd 2, Moderate 3, Severe O, No 1, Yes I, None 2, Unlikely 3, Possible 4, Probable 5, Highly						i i	LV LV
ae12_relationship ae12_action	adverse_events adverse_events	dropdown dropdown	Relationship to IP? Action in relation to IP	Probable 6, Unknown 0, None 1, Interrupted 2, Discontinued							LV
ae12_outcome	adverse_events	dropdown	Outcome of Adverse Event 12	Recovered 1, Improved with sequalae 2, Remained the same 3, Worsened 4, Unknown	**Make sure					Ľ	LV
ae12_treatment ae12_treatmentdetails	adverse_events adverse_events	dropdown notes	Treatment Required Treatment details if Other or Medication	O, None 1, Medication** 2, Hospitalisation 3, Physiotherapy 4, Other (provide details below)	medications added medication list	to				E E	LV
weight w24 date visit w24 date blood w24	week 24 measurements week 24 measurements week 24 measurements	text text text	Weight (Kg) Date of baseline visit Date blood was drawn			number date dmy date dmy	0	250			
blood notes w24 medchanges fu med 1name fu	week 24 measurements follow up medication changes follow up medication cha Medication 1	notes text	Notes on bloods (if applicable) Number of medication changes Medication 1: Name			number	0	50	[medchanges_fu] >= 1		LV
mad Iname Id	rotow op medication cha swedication 1	Least	MINIORATION 2: Name	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 -					(meachanges, roj 2= 1		
med_1category_fu	follow_up_medication_changes	dropdown	Medication 1: Category	Psychotherapy 8, 8 - Hypnotics 9, 9 - ADHD 10, 10 - Other					[medchanges fu] >= 1		LV
med 1dose fu med 1unit fu med 1unit other fu	follow up medication changes follow up medication changes follow up medication changes	text dropdown text	Medication 1: Dose Medication 1: Unit Please specify	0, mg 1, g 2, Tablet 3, ml 4, ug 5, IU 6, other		number autocomplete			[medchanges fu] >= 1 [medchanges fu] >= 1 [medchanges fu] >= 1	E	LV LV
med_1freq_fu	follow_up_medication_changes	dropdown	Medication 1: Frequency	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 med 1avedose fu	follow up medication changes follow up medication changes	text	Please specify Medication 1: Average Daily Dose	1, Oral 2, Subcutaneous 3, Intramuscular 4, Intravenou	s	number			[med_1unit_fu] = '6' [medchanges_fu] >= 1	Ľ	LV
med_iroute_fu med_iroute_other_fu	follow_up_medication_changes follow up medication changes	dropdown text	Medication 1: Route Please specify	S, Rectal 6, Topical 7, Respiratory 8, Sublingual 9, Transdermal 99, Other		autocomplete			[medchanges_fu] >= 1 [med_iroute_fu] = '99'	E	LV
med 1start fu med 1onzoine fu med 1stop fu	follow up medication changes follow up medication changes follow up medication changes	text droodown	Medication 1: Start Date Is the medication ongoing? Medication 1: Stop Date	0, Yes 1, No		date dmy autocomplete date dmy			[medchanges fu] >= 1 [medchanges fu] >= 1 [medchanges fu] >= 1	E E	LV LV
med 1ind fu med 2name fu	follow up medication changes follow up medication changes follow up medication cha Medication 2	text text text	Medication 1: Indication Medication 2: Name			date diny			[medchanges fu] >= 1 [medchanges fu] >= 2	E C	LV
				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 -							
med_2category_fu med_2dose_fu	follow_up_medication_changes follow_up_medication_changes	dropdown text	Medication 2: Category Medication 2: Dose	Psychotherapy 8, 8 - Hypnotics 9, 9 - ADHD 10, 10 - Other		number			[medchanges fu] >= 2 [medchanges fu] >= 2	E .	LV
med 2unit fu med 2unit other fu	follow up medication changes follow up medication changes	dropdown text	Medication 2: Unit Please specify	0, mg 1, g 2, Tablet 3, ml 4, ug 5, IU 6, other 1, Once daily 2, 3 times a day 3, every other hour 4,		autocomplete			[medchanges fu] >= 2 [med 2unit fu] = '6'	E E	LV
med_2freq_fu med_2freq_other_fu	follow_up_medication_changes follow up medication changes	dropdown text	Medication 2: Frequency Please specify	Every morning S, PRN 6, twice a day 7, 4 times a day 8 Every night 9, every other day 99, Other	i.	autocomplete			[medchanges_fu] >= 2 [med_5freq_fu] = '99'	E I	LV
med 2avedose fu	follow up medication changes	text	Medication 2: Average Daily Dose	Oral 2, Subcutaneous 3, Intramuscular 4, Intravenou 5, Rectal 6, Topical 7, Respiratory 8, Sublingual 9,	s	number			[medchanges_fu] >= 2	Ľ	LV
med_2route_fu med_2route_other_fu	follow_up_medication_changes follow up medication changes	dropdown text	Medication 2: Route Please specify	5, sectar 6, ropical 7, resperatory 6, sootingual 9, Transdermal 99, Other		autocomplete			[medchanges_fu] >= 2 [med_2route_fu] = '99'	E E	LV
med 2start fu med 2ongoing fu med 2stop fu	follow up medication changes follow up medication changes follow up medication changes	text dropdown text	Medication 2: Start Date Is the medication ongoing? Medication 2: Stop Date	0, Yes 1, No		date dmy autocomplete date dmy			[medchanges fu] >= 2 [medchanges fu] >= 2 [med 2ongoing fu] = '1'	E	LV LV
med 2ind fu med 3name fu	follow up medication changes follow up medication cha Medication 3	text	Medication 2: Indication Medication 3: Name	1, 1 - Antidepressant 2, 2 - Mood stabiliser 3, 3 -					[medchanges_fu] >= 2 [medchanges_fu] >= 3	L.	LV
				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 -							
med_3category_fu med_3dose_fu med_3unit_fu	follow_up_medication_changes follow up medication changes follow up medication changes	dropdown text dropdown	Medication 3: Category Medication 3: Dose Medication 3: Unit	Other O, mg 1, g 2, Tablet 3, ml 4, ug 5, IU 6, other		number autocomplete			[medchanges fu] >= 3 [medchanges fu] >= 3 [medchanges fu] >= 3	E	LV LV
med 3unit other fu	follow up medication changes	text	Please specify	1, Once daily 2, 3 times a day 3, every other hour 4,		autocompace			[med 3unit fu] = '6'		LV
med_3freq_fu med_3freq_other_fu	follow_up_medication_changes follow up medication changes	dropdown text	Medication 3: Frequency Please specify	Every morning 5, PRN 6, twice a day 7, 4 times a day 8 Every night 9, every other day 99, Other	i.	autocomplete			[medchanges_fu] >= 3 [med_3freq_fu] = '99'	L	LV
med 3avedose fu	follow up medication changes	text	Medication 3: Average Daily Dose	1, Oral 2, Subcutaneous 3, Intramuscular 4, Intravenou 5, Rectal 6, Topical 7, Respiratory 8, Sublingual 9,	s	number			[medchanges_fu] >= 3	Ľ	LV
med_3route_fu med 3route other fu med 3start fu	follow_up_medication_changes follow_up_medication_changes follow_up_medication_changes	dropdown text text	Medication 3: Route Please specify Medication 3: Start Date	Transdermal 99, Other		autocomplete date dmy			[medchanges_fu] >= 3 [med_3route_fu] = '99' [medchanges_fu] >= 3	E .	LV LV
med 3ongoing fu med 3stop fu med 3ind fu	follow up medication changes follow up medication changes follow up medication changes	dropdown text text	Is the medication ongoing? Medication 3: Stop Date Medication 3: Indication	0, Yes 1, No		autocomplete date dmy			[medchanges fu] >= 3 [med 3ongoing fu] = '1' [medchanges fu] >= 3	E	LV LV
med 4name fu	follow up medication cha Medication 4	text	Medication 4: Name	1, 1 - Antidepressant 2, 2 - Mood stabiliser 3, 3 - Antipsychotic 4, 4 - Benzodiazepine 5, 5 - Complimentary					[medchanges_fu] >= 4	Ľ	LV
				(including multi-vitamins) 6, 6 - Pain medication 7, 7 - Psychotherapy 8, 8 - Hypnotics 9, 9 - ADHD 10, 10 -							
med_4category_fu med 4dose fu med 4unit fu	follow_up_medication_changes follow up medication changes follow up medication changes	dropdown text dropdown	Medication 4: Category Medication 4: Dose Medication 4: Unit	Other O, mg 1, g 2, Tablet 3, ml 4, ug 5, IU 6, other		number autocomplete			[medchanges fu] >= 4 [medchanges fu] >= 4 [medchanges fu] >= 4	E	LV LV
med 4unit other fu	follow up medication changes	text	Please specify	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	i.				[med 4unit fu] = '6'		LV
med_4freq_fu med_4freq_other_fu med_4avedose_fu	follow_up_medication_changes follow up medication changes follow up medication changes	dropdown text text	Medication 4: Frequency Please specify Medication 4: Average Daily Dose	Every night 9, every other day 99, Other		autocomplete			[medchanges_fu] >= 4 [med_4freq_fu] = '99' [medchanges_fu] >= 4	E E	LV LV
		dropdown	Medication 4: Route	Oral 2, Subcutaneous 3, Intramuscular 4, Intravenou 5, Rectal 6, Topical 7, Respiratory 8, Sublingual 9, Transdermal 99. Other	s	autocomplete			[medchanges fu] >= 4		LV
med_4route_fu med_4route_other_fu med_4start_fu	follow_up_medication_changes follow up medication changes follow up medication changes	text	Please specify Medication 4: Start Date Is the medication oneping?	0. Yes 1. No		date_dmy			[med_4route_fu] = '99' [medchanges_fu] >= 4	L L	LV
med 4ongoing fu med 4stop fu med 4ind fu	follow up medication changes follow up medication changes follow up medication changes follow up medication cha Medication 5	dropdown text text	Medication 4: Stop Date Medication 4: Indication	0, Yes 1, No		autocomplete date dmy			[medchanges fu] >= 4 [med 4ongoing fu] = '1' [medchanges fu] >= 4	E E	LV LV
med Sname fu	follow up medication cha Medication S	text	Medication 5: Name	1, 1 - Antidepressant 2, 2 - Mood stabiliser 3, 3 - Antipsychotic 4, 4 - Benzodiazepine 5, 5 - Complimentary					[medchanges_fu] >= 5	Ľ	LV
med Scategory fu	follow up medication changes	dropdown	Medication 5: Category	(including multi-vitamins) 6, 6 - Pain medication 7, 7 - Psychotherapy 8, 8 - Hypnotics 9, 9 - ADHD 10, 10 - Other					[medchanges fu] >= 5		LV
med Sdose fu med Sunit fu med Sunit other fu	follow up medication changes follow up medication changes follow up medication changes	text dropdown text	Medication 5: Dose Medication 5: Unit Please specify	0, mg 1, g 2, Tablet 3, ml 4, ug 5, IU 6, other		number autocomplete			[medchanges fu] >= 5 [medchanges fu] >= 5 [med Sunit fu] = '6'	E E	LV LV
med Street fu	follow up medication changes	dropdown	Medication 5: Frequency	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 sunt to] = 6		LV
med_Streq_fu med Streq other fu med Savedose fu	follow up medication changes follow up medication changes follow up medication changes	text text	Midication 5: Prequency Please specify Medication 5: Average Daily Dose			number			[med_Sfreq_fu] = '6' [medchanges_fu] >= 5	L.	LV
med_Sroute_fu	follow_up_medication_changes	dropdown	Medication 5: Route	Oral 2, Subcutaneous 3, Intramuscular 4, Intravenou S, Rectal 6, Topical 7, Respiratory 8, Sublingual 9, Transdermal 99, Other	s	autocomplete			[medchanges fu] >= 5		LV
med Sroute other fu med Sstart fu med Songoing fu	follow up medication changes follow up medication changes follow up medication changes	text text droodown	Please specify Medication 5: Start Date Is the medication ongoing?	0, Yes 1, No		date_dmy autocomplete			[med Sroute fu] = '99' [medchanges fu] >= 5 [medchanges fu] >= 5	E C	LV LV
med Sstop fu med Sind fu med 6name fu	follow up medication changes follow up medication changes follow up medication cha Medication 6	text text text	Medication 5: Stop Date Medication 5: Indication Medication 6: Name			date_dmy			[med_Songoing_fu] = '1' [medchanges_fu] >= 5 [medchanges_fu] >= 6	E	LV LV
				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 -					,		
med_6category_fu med_6dose_fu	follow_up_medication_changes follow_up_medication_changes	dropdown text	Medication 6: Category Medication 6: Dose	Psychotherapy 8, 8 - Hypnotics 9, 9 - ADHD 10, 10 - Other		number			[medchanges fu] >= 6 [medchanges fu] >= 6		LV
med Gunit fu med Gunit other fu	follow up medication changes follow up medication changes	dropdown text	Medication 6: Unit Please specify	0, mg 1, g 2, Tablet 3, ml 4, ug 5, IU 6, other		autocomplete			[medchanges fu] >= 6 [med funit fu] = '6'	L.	LV
med_6freq_fu med_6freq_other_fu	follow_up_medication_changes follow_up_medication_changes	dropdown	Medication 6: Frequency	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	i,	autocomplete			[medchanges_fu] >= 6		LV
med 6avedose fu	follow up medication changes follow up medication changes	text	Please specify Medication 6: Average Daily Dose	1, Oral 2, Subcutaneous 3, Intramuscular 4, Intravenou	s	number			[med_6freq_fu] = '6' [medchanges_fu] >= 6	Ľ	LV
med_6route_fu med_6route_other_fu	follow_up_medication_changes follow_up_medication_changes	dropdown	Medication 6: Route Please specify	S, Rectal 6, Topical 7, Respiratory 8, Sublingual 9, Transdermal 99, Other		autocomplete			[medchanges_fu] >= 6 [med_froute_fu] = '99'	E L	LV
med 6start fu med 6ongoing fu med 6stop fu	follow up medication changes follow up medication changes follow up medication changes	text dropdown text	Medication 6: Start Date Is the medication ongoing? Medication 6: Stop Date	0, Yes 1, No		date dmy autocomplete date dmy			[medchanges_fu] >= 6 [medchanges_fu] >= 6 [med_fongoing_fu] = '1'	L L	LV LV
med 6ind fu med 7name fu	follow up medication changes follow up medication cha Medication 7	text	Medication 6: Indication Medication 7: Name	1.1 - Antidepressant 2.2 - Mood stabiliser 3.3 -		unit unit			[medchanges_fu] >= 6 [medchanges_fu] >= 7	E E	LV
				Antipsychotic 4, 4 - Benzodiazepine 5, 5 - Complimentary (including multi-vitamins) 6, 6 - Pain medication 7, 7 -							
med_7category_fu med 7dose fu med 7unit fu	follow_up_medication_changes follow up medication changes	dropdown text	Medication 7: Category Medication 7: Dose	Psychotherapy 8, 8 - Hypnotics 9, 9 - ADHD 10, 10 - Other		number			[medchanges fu] >= 7 [medchanges fu] >= 7	E	LV
med 7unit fu med 7unit other fu	follow up medication changes follow up medication changes	dropdown text	Medication 7: Unit Please specify	0, mg 1, g 2, Tablet 3, ml 4, ug 5, IU 6, other 1, Once daily 2, 3 times a day 3, every other hour 4,		autocomplete			[medchanges fu] >= 7 [med 7unit fu] = '6'		LV
med_7freq_fu	follow_up_medication_changes	dropdown	Medication 7: Frequency	Every morning 5, PRN 6, twice a day 7, 4 times a day 8 Every night 9, every other day 99, Other	i.	autocomplete			[medchanges_fu] >= 7 [med_7freq_fu] = '6'	Ľ	LV
med 7freg other fu med 7avedose fu	follow up medication changes follow up medication changes	text	Please specify Medication 7: Average Daily Dose	1, Oral 2, Subcutaneous 3, Intramuscular 4, Intravenou	s	number			[medchanges_fu] >= 7	Ľ	LV
med_7route_fu med 7route other fu	follow_up_medication_changes follow up medication changes	dropdown text	Medication 7: Route Please specify	5, Rectal 6, Topical 7, Respiratory 8, Sublingual 9, Transdermal 99, Other		autocomplete			[medchanges_fu] >= 7 [med_7route_fu] = '99'	E .	LV
med 7stop fu med 7start fu med 7ongoing fu	follow up medication changes follow up medication changes follow up medication changes	text text dropdown	Medication 7: Stop Date Medication 7: Start Date Is the medication ongoing?	0, Yes 1, No		date_dmy date_dmy autocomplete			[med_7ongoing_fu] = '1' [medchanges_fu] >= 7 [medchanges_fu] >= 7	L L	LV LV
med 7ind fu med 8name fu	follow up medication changes follow up medication cha Medication 8	text text	Medication 7: Indication Medication 8: Name						[medchanges_fu] >= 7 [medchanges_fu] >= 8	E	LV
				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 - Psychotherapy 8, 8 - Hypnotics 9, 9 - ADHD 10, 10 - Psychotherapy 8, 8 - Hypnotics 9, 9 - ADHD 10, 10 - Psychotherapy 1, 10, 10 - Psychother							
med_8category_fu med 8dose fu med 8unit fu	follow_up_medication_changes follow up medication changes follow up medication changes	dropdown text dropdown	Medication 8: Category Medication 8: Dose Medication 8: Unit	Other 0, mg 1, g 2, Tablet 3, ml 4, ug 5, IU 6, other		number autocomplete			[medchanges fu] >= 8 [medchanges fu] >= 8 [medchanges fu] >= 8	E E	LV LV
med Sunit fu med Sunit other fu	follow up medication changes follow up medication changes	dropdown text	Please specify	1, Once daily 2, 3 times a day 3, every other hour 4,		**************************************			[med Sunit fu] = '6'	E E	LV
med_8freq_fu med_8freq_other_fu	follow_up_medication_changes follow_up_medication_changes	dropdown	Medication 8: Frequency Please specify	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 [med_8freq_fu] = '6'	E E	LV
med 8avedose fu	follow up medication changes	text	Medication 8: Average Daily Dose	1, Oral 2, Subcutaneous 3, Intramuscular 4, Intravenou 5, Rectal 6, Topical 7, Respiratory 8, Sublingual 9,	s	number			[medchanges_fu] >= 8	i.	LV
med_Broute_fu med Broute other fu med Bstart fu	follow_up_medication_changes follow up medication changes follow up medication changes	dropdown text text	Medication 8: Route Please specify Medication 8: Start Date	Transdermal 99, Other		autocomplete date_dmy			[medchanges_fu] >= 8 [med_Broute_fu] = '99' [medchanges_fu] >= 8	E E	LV LV
med Songoing fu	follow up medication changes	dropdown	is the medication ongoing?	0, Yes 1, No		autocomplete			[medchanges_fu] >= 8	Ľ	LV

med 8stop fu	follow up medication changes follow up medication changes	text	Medication 8: Stop Date		date dmy	[med 8ongoing fu] ='1'	LV
med Sind fu med 9name fu	follow up medication cha Medication 9	text	Medication 8: Indication Medication 9: Name			[medchanges_fu] >= 8 [medchanges_fu] >= 9	LV
				 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 - 			
				(including multi-vitamins) 6, 6 - Pain medication 7, 7 - Psychotherapy 8, 8 - Hypnotics 9, 9 - ADHD 10, 10 -			
med_9category_fu med 9dose fu	follow_up_medication_changes follow_up_medication_changes	dropdown	Medication 9: Category Medication 9: Dose	Other	number	[medchanges fu] >= 9 [medchanges fu] >= 9	LV
med 9unit fu med 9unit other fu	follow up medication changes follow up medication changes	dropdown	Medication 9: Unit Please specify	0, mg 1, g 2, Tablet 3, ml 4, ug 5, IU 6, other	autocomplete	[medchanges fu] >= 9 [med 9unit fu] = '6'	LV
				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,			
med_9freq_fu med 9freq other fu	follow_up_medication_changes follow_up_medication_changes	dropdown	Medication 9: Frequency Please specify	Every night 9, every other day 99, Other	autocomplete	[medchanges_fu] >= 9 [med_9freq_fu] = '6'	LV
med 9avedose fu	follow up medication changes	text	Medication 9: Average Daily Dose	1 Oral L2 Subcutanonus L3 Intramuscular L4 Intravenous	number	[medchanges fu] >= 9	LV
				5, Rectal 6, Topical 7, Respiratory 8, Sublingual 9,			
med_9route_fu med_9route_other_fu	follow_up_medication_changes follow up medication changes follow up medication changes	dropdown	Medication 9: Route Please specify	Transdermal 99, Other	autocomplete	[medchanges_fu] >= 9 [med 9route fu] = '99' [medchanges_fu] >= 9	LV
med 9route other fu med 9start fu med 9orgoing fu	follow up medication changes follow up medication changes	text dropdown	Please specify Medication 9: Start Date Is the medication ongoing?	0, Yes 1, No	date dmy autocomplete	Imedchanges ful >= 9	LV LV
med 9stoo fu med 9ind fu	follow up medication changes follow up medication changes	text	Medication 9: Stop Date Medication 9: Indication		date dmy	[med 9ongoing fu] = '1' [medchanges fu] >= 9	LV
med 10name fu	follow up medication cha Medication 10	text	Medication 10: Name	1, 1 - Antidepressant 2, 2 - Mood stabiliser 3, 3 -		[medchanges fu] >= 10	LV
				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 -			
med_10category_fu med_10dose_fu	follow_up_medication_changes follow_up_medication_changes	dropdown text	Medication 10: Category Medication 10: Dose	Other	number	[medchanges fu] >= 10 [medchanges fu] >= 10	LV
med 10unit fu med 10unit other fu	follow up medication changes follow up medication changes	dropdown	Medication 10: Unit Please specify	0, mg 1, g 2, Tablet 3, ml 4, ug 5, IU 6, other	autocomplete	[medchanges fu] >= 10 [med 10unit fu] = '6'	LV
				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,			
med_10freq_fu	follow_up_medication_changes	dropdown	Medication 10 Frequency Please specify	Every night 9, every other day 99, Other	autocomplete	[medchanges_fu] >= 10 [med_10freq_fu] = '6'	LV LV
med 10freq other fu med 10avedose fu	follow up medication changes follow up medication changes	text	Medication 10: Average Daily Dose		number	[medchanges fu] >= 10	LV
				Oral 2, Subcutaneous 3, Intramuscular 4, Intravenous 5, Rectal 6, Topical 7, Respiratory 8, Sublingual 9, Transdermal 99, Other			
med_10route_fu med_10route_other_fu	follow_up_medication_changes follow up medication changes	dropdown text	Medication 10: Route Please specify Medication 10: Start Date	Transdermail 99, Other	autocomplete	[medchanges_fu] >= 10 [med_10route_fu] = '99' [medchanges_fu] >= 10	LV LV
med 10start fu med 10ongoing fu	follow up medication changes follow up medication changes	text dropdown	Is the medication ongoing?	0, Yes 1, No	date dmy autocomplete	[medchanges_fu] >= 10	LV
med 10stop fu med 10ind fu	follow up medication changes follow up medication changes	text	Medication 10: Stop Date Medication 10: Indication		date dmy	[med 10ongoing fu] = '1' [medchanges fu] >= 10	LV
med 11name fu	follow up medication cha Medication 11	text	Medication 11: Name	1.1 - Antidepressant 2.2 - Mood stabiliser 3.3 -		[medchanges fu] >= 11	LV
				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 -			
and there-ex-	follow_up_medication_changes	dropdown	Medication 11: Category	Psychotherapy 8, 8 - Hypnotics 9, 9 - ADHD 10, 10 -		[medchanges fu] >= 11	LV
med_licategory_fu med_lidose_fu	follow up medication changes	text	Medication 11: Category Medication 11: Dose Medication 11: Unit	Other 0, mg 1, g 2, Tablet 3, ml 4, ug 5, IU 6, other	number autocomplete	[medchanges fu] >= 11 [medchanges fu] >= 11 [medchanges fu] >= 11	LV
med 11unit fu med 11unit other fu	follow up medication changes follow up medication changes	droodown	Medication 11: Unit Please specify		autocomplete	[medchanges fu] >= 11 [med 11unit fu] = '6'	LV
				 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, 			
med_11freq_fu med 11freq other fu	follow_up_medication_changes follow up medication changes	dropdown	Medication 11 Frequency Please specify	Every night 9, every other day 99, Other	autocomplete	[medchanges_fu] >= 11 [med_11freq_fu] = '6'	LV
med 11avedose fu	follow up medication changes	text	Please specify Medication 11: Average Daily Dose	1, Oral 2, Subcutaneous 3, Intramuscular 4, Intravenous	number	[medchanges fu] >= 11	LV
			Medication 11: Route	5, Rectal 6, Topical 7, Respiratory 8, Sublingual 9, Transdermal 99, Other	autocomplete	[medchanges_fu] >= 11	LV
med_11route_fu med 11route other fu	follow_up_medication_changes follow up medication changes	dropdown	Please specify	Hamberman 99, Other		[med 11route fu] = '99'	LV
med 11start fu med 11ongoing fu	follow up medication changes follow up medication changes	text droodown	Medication 11: Start Date Is the medication ongoing?	0, Yes 1, No	date dmy autocomplete	[medchanges fu] >= 11 [medchanges fu] >= 11	EV EV
med 11stop fu med 11ind fu	follow up medication changes follow up medication changes	text	Medication 11: Stop Date Medication 11: Indication		date dmy	[med 11ongoing fu] = '1' [medchanges_fu] >= 11	LV LV
med 12name fu	follow up medication cha Medication 12	text	Medication 12: Name	1, 1 - Antidepressant 2, 2 - Mood stabiliser 3, 3 -		[medchanges fu] >= 12	LV
				Antipsychotic 4, 4 - Benzodiazepine 5, 5 - Complimentary (including multi-vitamins) 6, 6 - Pain medication 7, 7 -			
			Medication 12: Category	Psychotherapy 8, 8 - Hypnotics 9, 9 - ADHD 10, 10 -		[medchanges fu] >= 12	LV
med_12category_fu med_12dose_fu	follow_up_medication_changes follow_up_medication_changes	dropdown	Medication 12: Dose	Other	number	[medchanges fu] >= 12	LV
med 12unit fu med 12unit other fu	follow up medication changes follow up medication changes	dropdown text	Medication 12: Unit Please specify	0, mg 1, g 2, Tablet 3, ml 4, ug 5, IU 6, other	autocomplete	[medchanges fu] >= 12 [med 12unit fu] = '6'	LV
				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			
med_12freq_fu med 12freq other fu	follow_up_medication_changes follow up medication changes	dropdown	Medication 12 Frequency Please specify	Every night 9, every other day 99, Other	autocomplete	[medchanges_fu] >= 12 [med_12freq_fu] = '6'	LV
med 12avedose fu	follow up medication changes	text	Please specify Medication 12: Average Daily Dose	1 Oral I 2 Subrutaneous I 3 Intramuscular I 4 Intravenous	number	[medchanges_fu] >= 12	LV
med 12route fu	follow_up_medication_changes	droodown	Medication 12: Route	Oral 2, Subcutaneous 3, Intramuscular 4, Intravenous 5, Rectal 6, Topical 7, Respiratory 8, Sublingual 9, Transdermal 99, Other	autocomplete	td	LV
med 12route other fu	follow up medication changes	text	Please specify	Handerman 99, Other	autocompiete	[medchanges fu] >= 12 [med 12route fu] = 99'	LV
	TORIOW UD IMMOICACION CHANNES		Medication 12: Start Date				LV
med 12start fu med 12ongoing fu	follow up medication changes follow up medication changes	text dropdown	Is the medication ongoing?	0, Yes 1, No	date_dmy autocomplete	[medchanges_fu] >= 12 [medchanges_fu] >= 12	LV
med 12start fu	follow up medication changes follow up medication changes follow up medication changes		Medication 12: Stop Date Medication 12: Indication	0, Yes 1, No	date_dmy autocomplete date_dmy	[medchanges_fu] >= 12 [med_12ongoing_fu] = '1' [medchanges_fu] >= 12	LV
med 12start fu med 12ongoing fu med 12stop fu	follow up medication changes follow up medication changes follow up medication changes	dropdown text	Medication 12: Stop Date	1.1. Antidenrescent I.2.2. Mond stabiliser I.3.3.	autocomplete	[medchanges_fu] >= 12 [med_12ongoing_fu] = '1'	LV
med 12start fu med 12ongoing fu med 12stop fu med 12ind fu	follow up medication changes follow up medication changes follow up medication changes	dropdown text text	Medication 12: Stop Date Medication 12: Indication	1.1. Antidenrescent I.2.2. Mond stabiliser I.3.3.	autocomplete	[medchanges_fu] >= 12 [med_12ongoing_fu] = '1' [medchanges_fu] >= 12	LV
med 12start fu med 12ongoing fu med 12stop fu med 12ind fu med 13name fu	follow up medication changes follow up medication changes	dropdown text text text	Medication 12: Stop Date Medication 12: Indication Medication 13: Name		autocomplete	[medchanges_fu] >= 12 [med_12ngoing_fu] = "1" [medchanges_fu] >= 12 [medchanges_fu] >= 13	LV LV
med 12start fu med 12stop fu med 12stop fu med 12ind fu med 13name fu med 13name fu med 13category_fu med 13dose fu	follow up medication changes follow up medication, changes follow up medication, changes follow up medication changes	dropdown text text	Medication 12: Stop Date Medication 12: Indication Medication 13: Name Medication 13: Category Medication 13: Dose	1, 1 - Antidapressant 2, 2 - Mood stabiliser 3, 3 - Antipayhotic 4, 4 - Benrodisapier 5, 5 - Complimentary producing multi-internal 5, 6 - Pan extraction 7, 2 - Payhotichopy 5, 8 - Hyprodises 9, 2 - Abrid 16, 12 - Other	autocomplete date dmy number	[medchanger, fu] >= 12 [med 22nging, fu] = "1" [medchanger, fu] >= 12 [medchanger, fu] >= 13 [medchanger, fu] >= 13	LV LV LV
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