

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

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

? 1 2 3 A25

GO TO *PAST MAJOR DEPRESSIVE EPISODE* A. 12

Just before this began, were you physically ill?

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

? 1 3 A26

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 street drugs?

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

DUE TO SUBSTANCE USE OR GMC GO TO *PAST MAJOR DEPRESSIVE EPISODE* A. 12

Etiological general medical conditions include: degenerative neurological illnesses (e.g., Parkinson's disease), cerebrovascular disease (e.g., stroke), metabolic conditions (e.g., Vitamin B-12 deficiency), endocrine conditions (e.g., hyper- and hypothyroidism, hyper- and hypoadrenocorticism); viral or other infections (e.g., hepatitis, mononucleosis, HIV), and certain cancers (e.g., carcinoma of the pancreas).

Etiological substances include: alcohol, amphetamines, cocaine, hallucinogens, inhalants, opioids, phencyclidine, sedatives, hypnotics, anxiolytics. Medications include antihypertensives, oral contraceptives, corticosteroids, anabolic steroids, anticancer agents, analgesics, anticholinergics, cardiac medications.

PRIMARY MOOD EPISODE

CONTINUE ON NEXT PAGE

Did this begin soon after someone close to you died?

E. Not better accounted for by bereavement, i.e., after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation.

NOTE: CODE "3" IF EITHER NOT FOLLOWING THE LOSS OF LOVED ONE OR IF BEREAVEMENT IS COMPLICATED BY MAJOR DEPRESSIVE EPISODE. CODE "1" IF SIMPLE BEREAVEMENT

1	3
SIMPLE BEREAVEMENT	NOT SIMPLE BEREAVEMENT
GO TO *PAST MAJOR DEPRESSIVE EPISODE* A. 12	CONTINUE WITH NEXT ITEM

A27

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

1	3
GO TO *PAST MAJOR DEPRESSIVE EPISODE* A. 12	CURRENT MAJOR DEPRESSIVE EPISODE

A28

How many separate times in your life have you been (depressed/ OWN WORDS) nearly every day for at least 2 weeks and had several of the symptoms that you described, like (SXS OF WORST EPISODE)?

Total number of Major Depressive Episodes, including current (CODE 99 IF TOO NUMEROUS OR INDISTINCT TO COUNT.)

NOTE: TO RECORD DETAILS OF PAST EPISODES, GO TO J. 9 (OPTIONAL).

IF ASSESSING CURRENT MDE SPECIFIERS, CONTINUE ON NEXT PAGE; IF NOT, GO TO *CURRENT MANIC EPISODE,* PAGE A. 18
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A29

CURRENT MAJOR DEPRESSIVE EPISODE SPECIFIERS

WITH POSTPARTUM ONSET

WITH POSTPARTUM ONSET

IF UNKNOWN: When did (DEPRESSIVE SXS) start?

Onset of episode within 4 weeks postpartum

1

3

A30

WITH
POST-
PARTUM
ONSET

WITH CATATONIC FEATURES

CATATONIC FEATURES CRITERIA

BY OBSERVATION OR HISTORY

The clinical picture is dominated by at least two of the following:

(1) motoric immobility as evidenced by catalepsy (including waxy flexibility) or stupor

?

1

2

3

A31

DESCRIBE SPECIFIC BEHAVIOR:

(2) excessive motor activity (that is apparently purposeless and not influenced by external stimuli)

?

1

2

3

A32

DESCRIBE SPECIFIC BEHAVIOR:

(3) extreme negativism (an apparently motiveless resistance to all instructions or maintenance of a rigid posture against attempts to be moved) or mutism

?

1

2

3

A33

DESCRIBE SPECIFIC BEHAVIOR:

(4) peculiarities of voluntary movement as evidenced by posturing (voluntary assumption of inappropriate or bizarre postures), stereotyped movements, prominent mannerisms, or prominent grimacing

?

1

2

3

A34

DESCRIBE SPECIFIC BEHAVIOR:

(5) echolalia (the pathological parrotlike and apparently senseless repetition of a word or phrase just spoken by another person) or echopraxia (the repetitive imitation of the movements of another person)

? 1 2 3

A35

DESCRIBE SPECIFIC BEHAVIOR:

AT LEAST TWO ITEMS ARE CODED "3"

1

3

A36

GO TO ***MEL-
ANCHOLIC
FEATURES***
A. 8

WITH
CATA-
TONIC
FEA-
TURES

GO TO
***MELAN-
CHOLIC
FEATURES,***
A. 8

AT LEAST FIVE OF THE ABOVE SXS [A(1-9)] ARE CODED "3" AND AT LEAST ONE OF THESE IS ITEM (1) OR (2).

1

3

A75

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

CONTINUE WITH NEXT ITEM, CRITERION C, MIDDLE OF PAGE

IF YES: RETURN TO *PAST MAJOR DEPRESSIVE EPISODE,* A.12, AND CHECK WHETHER THERE HAVE BEEN ANY OTHER MAJOR DEPRESSIVE EPISODES THAT WERE MORE SEVERE AND/OR CAUSED MORE SYMPTOMS. IF SO, ASK ABOUT THAT EPISODE.

NOTE: DSM-IV criterion B (i.e., does not meet criteria for a mixed episode) has been omitted from the SCID.

IF NO: GO TO *CURRENT MANIC EPISODE,* A..18.

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

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

? 1 2

3

A76

IF NOT ALREADY ASKED: Has there been any other time when you were (depressed/OWN WORDS) and it caused even more problems than the time I just asked you about?

CONTINUE ON NEXT PAGE

IF YES: RETURN TO *PAST MAJOR DEPRESSIVE EPISODE,* A. 12, AND CHECK WHETHER THERE HAVE BEEN ANY OTHER MAJOR DEPRESSIVE EPISODES THAT WERE MORE SEVERE AND/OR CAUSED MORE SYMPTOMS. IF SO, ASK ABOUT THAT EPISODE

IF NO: GO TO *CURRENT MANIC EPISODE,* A. 18.

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

E. The symptoms are not better accounted for by [Simple] Bereavement, i.e., after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms or psychomotor retardation.

1

3

SIMPLE BEREAVEMENT

AT LEAST ONE EPISODE NOT SIMPLE BEREAVEMENT

A78

IF UNKNOWN: Has there been any other time when you were (depressed /OWN WORDS) like this that did not occur after someone close to you died?

NOTE: CODE "3" IF EITHER NOT FOLLOWING THE LOSS OF LOVED ONE OR IF BEREAVEMENT IS COMPLICATED BY MAJOR DEPRESSIVE EPISODE. CODE "1" IF SIMPLE BEREAVEMENT

IF YES: GO TO ***PAST MAJOR DEPRESSIVE EPISODE,* A. 12** AND CHECK WHETHER THERE HAS BEEN ANY OTHER MAJOR DEPRESSIVE EPISODE THAT WAS NOT BETTER ACCOUNTED FOR BY BEREAVEMENT. IF SO, ASK ABOUT THAT EPISODE.

IF NO: GO TO ***CURRENT MANIC EPISODE,* A. 18.**

CONTINUE BELOW

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

1

3

GO TO ***CURRENT MANIC EPISODE* A. 18**

PAST MAJOR DEPRESSIVE EPISODE

A79

How old were you when PAST MAJOR DEPRESSIVE EPISODE) started?

Age at onset of Past Major Depressive Episode coded above. _____

A80

How many separate times in your life have you been (depressed/OWN WORDS) nearly every day for at least 2 weeks and had several of the symptoms that you described like (SXS OF WORST EPISODE)?

Total number of Major Depressive Episodes (CODE 99 IF TOO NUMEROUS OR INDISTINCT TO COUNT). _____

A81

NOTE: TO RECORD DETAILS OF OTHER PAST EPISODES, GO TO J. 9 (OPTIONAL).

During that time . . .

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

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

? 1 2 3

A95

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

1 3

A96

GO TO
*PAST
MANIC
EPISODE,*
A.28

Note: DSM-IV criterion C (i.e., does not meet criteria for a Mixed Episode) has been omitted from the SCID.

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

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

? 1 2 3

A97

GO TO
*CURRENT
HYPOMANIC
CRITERION C*
A. 25

DESCRIBE:

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

1 3 A125

GO TO *PAST MANIC EPISODE*, NEXT PAGE

CURRENT HYPOMANIC EPISODE

How many separate times in your life were you (high/irritable/OWN WORDS) and had [ACKNOWLEDGED MANIC SYMPTOMS] for a period of time?

Total number of Hypomanic Episodes (CODE 99 IF TOO INDISTINCT OR NUMEROUS TO COUNT).

— — A125a

NOTE: TO RECORD DETAILS OF PAST EPISODES, GO TO J. 18 (OPTIONAL).

GO TO NEXT PAGE

PAST MANIC EPISODE

MANIC EPISODE CRITERIA

NOTE: IF CURRENTLY ELEVATED OR IRRITABLE MOOD BUT FULL CRITERIA ARE NOT MET FOR A MANIC EPISODE, SUBSTITUTE THE PHRASE "Has there ever been another time . . ." IN EACH OF THE SCREENING QUESTIONS BELOW.

Have you ever had a period of time when you were feeling so good, "high," excited, or hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?

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

▶ IF NO: Have you ever had a period of time when you were feeling irritable or angry every day for at least several days?

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

A. A distinct period [lasting at least 4 days] of abnormally and persistently elevated, expansive or irritable mood. . .

Check if:

- elevated, expansive mood
- irritable mood

GO TO
***DYS-
THYMIC
DISOR-
DER***
A. 38

When was that?

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

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

NOTE: IF ELEVATED MOOD LASTS LESS THAN 1 WEEK, CHECK WHETHER IRRITABLE MOOD LASTS AT LEAST 1 WEEK BEFORE SKIPPING TO A. 33..

GO TO ***PAST
HYPOMANIC
EPISODE***
A. 33

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?

NOTE: IF THERE IS EVIDENCE FOR MORE THAN ONE PAST EPISODE, SELECT THE "WORST" ONE FOR YOUR INQUIRY ABOUT PAST MANIC EPISODE. IF THERE WAS AN EPISODE IN THE PAST YEAR, ASK ABOUT THAT EPISODE EVEN IF IT WAS NOT THE WORST.

During that time . . .

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

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

? 1 2 3

A138

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

1

3

A139

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

IF YES: RETURN TO *PAST MANIC EPISODE,* A. 28, AND INQUIRE ABOUT WORST EPISODE.

IF NO: GO TO *DYSTHYMIC DISORDER,* A. 38.

NOTE: DSM-IV criterion C (i.e., does not meet criteria for a Mixed Episode) has been omitted from the SCID.

CONTINUE BELOW

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

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

? 1 2 3

A140

IF NOT ALREADY ASKED: Has there been any other time when you were (high/irritable/OWN WORDS) and had (ACKNOWLEDGED MANIC SYMPTOMS) and you got into trouble with people or were hospitalized?

DESCRIBE:

IF YES: RECODE CRITERION D as "3"

IF NO: GO TO *PAST HYPOMANIC CRITERION C,* A. 35

CONTINUE ON NEXT PAGE

During that time...

...were you so easily distracted by things around you that you had trouble concentrating or staying on one track? (5) distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli) ? 1 2 3 A152

.. how did you spend your time? (Work, friends, hobbies?) (Were you especially productive or busy during that time?) (Were you so active that your friends or family were concerned about you?) (6) increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation ? 1 2 3 A153

IF NO INCREASED ACTIVITY: Were you physically restless? (How bad was it?) Check if: _____ increase in activity _____ psychomotor agitation A153a A153b

.. did you do anything that could have caused trouble for you or your family? (Buying things you didn't need?) (Anything sexual that was unusual for you?) (Reckless driving?) (7) excessive involvement in pleasurable activities which have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments) ? 1 2 3 A154

NOTE: BECAUSE OF THE DIFFICULTY OF DISTINGUISHING NORMAL PERIODS OF GOOD MOOD FROM HYPOMANIA, REVIEW ALL ITEMS CODED "3" IN CRITERIA A AND B AND RECODE ANY EQUIVOCAL JUDGMENTS.

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

1

3

A155

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. 33, AND INQUIRE ABOUT THAT EPISODE.

IF NO: GO TO *DYSTHYMIC DISORDER, * A. 38.

CONTINUE ON NEXT PAGE

PAST HYPOMANIC CRITERION C

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

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

? 1 2 3

A156

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?

DESCRIBE:

IF YES: RETURN TO ***PAST HYPOMANIC EPISODE,*** A. 33, AND INQUIRE ABOUT THAT EPISODE.

IF NO: GO TO ***DYSTHYMIC DISORDER,*** A. 38.

CONTINUE BELOW

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

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

? 1 2 3

A157

IF NOT ALREADY ASKED: Have there been any other times when you were (high/irritable/OWN WORDS) and other people did notice the change in the way you were acting?

DESCRIBE:

IF YES: RETURN TO ***PAST HYPOMANIC EPISODE,*** A. 33, AND INQUIRE ABOUT THAT EPISODE.

IF NO: GO TO ***DYSTHYMIC DISORDER,*** A. 38.

CONTINUE

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

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

? 1 2 3

A158

IF SEVERE ENOUGH TO REQUIRE HOSPITALIZATION, CONSIDER RETURNING TO A. 28 AND RECODING AS PAST MANIC EPISODE. OTHERWISE, CONTINUE WITH A. 38 AND CODE "OTHER BIPOLAR DISORDER" ON D. 5.

CONTINUE ON NEXT PAGE

Just before this began, were you physically ill?

IF YES: What did the doctor say?

Just before this began, were you taking any medications?

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

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

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

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

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

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

? 1 3
DUE TO SUBSTANCE USE OR GMC

A159

IF UNKNOWN: Has there been any other time when you were (high/irritable/OWN WORDS) and were not (using SUBSTANCE/ill with GMC)?

IF YES: RETURN TO *PAST HYPOMANIC EPISODE.* A. 33, AND INQUIRE ABOUT ANOTHER EPISODE.

IF NO: GO TO *DYSTHYMIC DISORDER,* A. 38.

PRIMARY MOOD EPISODE

CONTINUE ON NEXT PAGE

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

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

. . . lose your appetite? (What about overeating?)	(1) poor appetite or overeating	?	1	2	3	A164
. . . have trouble sleeping or sleep too much?	(2) insomnia or hypersomnia	?	1	2	3	A165
. . . have little energy to do things or feel tired a lot?	(3) low energy or fatigue	?	1	2	3	A166
. . . feel down on yourself? (Feel worthless, or a failure?)	(4) low self-esteem	?	1	2	3	A167
. . . have trouble concentrating or making decisions?	(5) poor concentration or difficulty making decisions	?	1	2	3	A168
. . . feel hopeless?	(6) feelings of hopelessness	?	1	2	3	A169
	AT LEAST TWO "B" SYMPTOMS CODED "3."	?	1	2	3	A170

GO TO
NEXT
MODULE

What is the longest period of time, during this period of long-lasting depression, that you felt OK? (NO DYSTHYMIC SYMPTOMS.)

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

1	3	A171
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GO TO
NEXT
MODULE

NOTE: CODE "1" IF NORMAL MOOD FOR AT LEAST 2 MONTHS AT A TIME.

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 street drugs?

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

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

Etiological general medical conditions include: degenerative neurological illnesses (e.g., Parkinson's disease, Huntington's disease, cerebrovascular disease, metabolic and endocrine conditions (e.g., B-12 deficiency, hypothyroidism, autoimmune conditions) (e.g., systemic lupus erythematosus), viral or other infections (e.g., hepatitis, mononucleosis, HIV), and certain cancers (e.g., carcinoma of the pancreas).

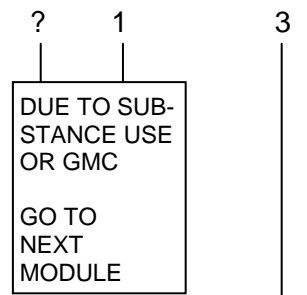
Etiological substances include: alcohol, amphetamine, cocaine, hallucinogens, inhalants, opioids, phencyclidine, sedatives, hypnotics, anxiolytics. Medications include antihypertensives, oral contraceptives, corticosteroids, anabolic steroids, anticancer agents, analgesics, anti-cholinergics, and cardiac medications.

IF UNCLEAR: How much do your depressed feelings interfere with your life?

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

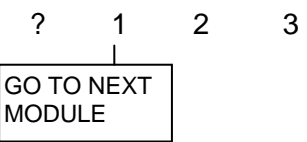
DYSTHYMIC DISORDER CRITERIA A, B, C, D, E, F, G, AND H ARE CODED "3."

Indicate specifier:
1 – Early Onset: onset before age 21
2 – Late Onset: onset age 21 or older



PRIMARY MOOD DISORDER

CONTINUE BELOW



GO TO NEXT MODULE

DYS-THYMIC DIS-ORDER

A176

A177

A178

A179