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.

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?

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.

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), 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.
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 COMPPLICATED BY MAJOR DEPRESSIVE EPISODE. CODE “1” IF SIMPLE BEREAVEMENT

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

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).
*CURRENT MAJOR DEPRESSIVE EPISODE SPECIFIERS*

*WITH POSTPARTUM ONSET*

IF UNKNOWN: When did (DEPRESSIVE SXS) start?

Onset of episode within 4 weeks postpartum

*WITH CATATONIC FEATURES*

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

   DESCRIBE SPECIFIC BEHAVIOR:

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

   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

   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

   DESCRIBE SPECIFIC BEHAVIOR:

?=inadequate information  1=absent or false  2=subthreshold  3=threshold or true

(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)

DESCRIBE SPECIFIC BEHAVIOR:

AT LEAST TWO ITEMS ARE CODED “3”

GO TO *MELANCHOLIC FEATURES* A. 8

GO TO *MELANCHOLIC FEATURES,* A. 8

? = inadequate information  1 = absent or false  2 = subthreshold  3 = threshold or true
SCID-I (for DSM-IV-TR) Past MDE (JAN 2010) Mood Episodes A. 15

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

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

-> IF YES: RETURN TO *PAST MAJOR DEPRESSIVE EPISODE,* A.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.

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

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.

3

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

-> IF YES: RETURN TO *PAST MAJOR DEPRESSIVE EPISODE,* A.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.

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true
SCID-I (for DSM-IV-TR)  Past MDE  (JAN 2010)  Mood Episodes A. 17

(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.

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.

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

GO TO *CURRENT MANIC EPISODE* A. 18

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

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

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).

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

?=inadequate information  1=absent or false  2=subthreshold  3=threshold or true
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)

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

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.

DESCRIBE:

How many separate times in your life were you (HIGH/OWN WORDS) and had [ACKNOWLEDGED MANIC SYMPTOMS] for at least a week (or were hospitalized)?

Number of Manic Episodes, including current (CODE 99 IF TOO INDISTINCT OR NUMEROUS TO COUNT)

NOTE: TO RECORD DETAILS OF PAST EPISODES, GO TO J. 14 (OPTIONAL).

*=CURRENT MANIC EPISODE SPECIFIERS*

*WITH POSTPARTUM ONSET*

IF UNKNOWN: When did (MANIC SYMPTOMS) start?

Onset of Episode within 4 weeks postpartum.

WITH POSTPARTUM ONSET

*WITH CATATONIC FEATURES*

BY OBSERVATION OR HISTORY

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

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

DESCRIBE SPECIFIC BEHAVIOR:

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

DESCRIBE SPECIFIC BEHAVIOR:

*=inadequate information  1=absent or false  2=subthreshold  3=threshold or true
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).

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

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?)

When was that?

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

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

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.

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

When was that?

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

A. 126
A. 127
A. 128
A. 129

GO TO *DYSTHYMIC DISORDER* A. 38

GO TO *PAST HYPOMANIC EPISODE* A. 33
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)

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

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.

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.

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

? = inadequate information 1 = absent or false 2 = subthreshold 3 = threshold or true
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)  

. . . 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

IF NO INCREASED ACTIVITY: Were you physically restless? (How bad was it?) Check if:

____ increase in activity
____ psychomotor agitation

. . . 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)

NOTE: BECAUSE OF THE DIFFICULTY OF DISTINGUISHING NORMAL PERIODS OF GOOD MOOD FROM HYPMONIA, 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).

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 HYPMONIC EPISODE, * A. 33, AND INQUIRE ABOUT THAT EPISODE.

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

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. 33, AND INQUIRE ABOUT THAT EPISODE.

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

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.

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

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

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

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.

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.
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.

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

. . . lose your appetite? (What about overeating?)

. . . have trouble sleeping or sleep too much?

. . . have little energy to do things or feel tired a lot?

. . . feel down on yourself? (Feel worthless, or a failure?)

. . . have trouble concentrating or making decisions?

. . . feel hopeless?

(1) poor appetite or overeating

(2) insomnia or hypersomnia

(3) low energy or fatigue

(4) low self-esteem

(5) poor concentration or difficulty making decisions

(6) feelings of hopelessness

AT LEAST TWO “B” SYMPTOMS CODED “3.”

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

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.

NOTE: CODE “1” IF NORMAL MOOD FOR AT LEAST 2 MONTHS AT A TIME.
How long have you been feeling this way? (When did this begin?)

COMPARE ONSET OF DYSTHYMIC SXS WITH DATES OF PAST MAJOR DEPRESSIVE EPISODES TO DETERMINE IF THERE WERE ANY MAJOR DEPRESSIVE EPISODES IN FIRST 2 YEARS OF DYSTHYMIC DISORDER.

IF A MAJOR DEPRESSIVE EPISODE PRECEDED DYSTHYMIC SXS: Now I want to know whether you got completely back to your usual self after that (MAJOR DEPRESSIVE EPISODE) you had (DATE), before this long period of being mildly depressed? (Were you back to your usual self for at least 2 months?)

Note: There may have been a previous Major Depressive Episode provided there was a full remission (no significant signs or symptoms for 2 months) before development of the Dysthymic Disorder. In addition, after the initial two years (1 year for children or adolescents) of Dysthymic Disorder, there may be superimposed episodes of Major Depressive Disorder, in which case both diagnoses may be given when criteria are met for a Major Depressive Episode.

NOTE: CODE “3” IF NO PAST MAJOR DEPRESSIVE EPISODES OR IF MAJOR DEPRESSIVE EPISODES WERE NOT PRESENT DURING THE FIRST 2 YEARS OR IF THERE WAS AT LEAST A 2-MONTH PERIOD WITHOUT SYMPTOMS PRECEDING THE ONSET.

IF NOT ALREADY CLEAR: RETURN TO THIS ITEM AFTER COMPLETING THE PSYCHOTIC DISORDERS SECTION.

The disturbance does not occur exclusively during the course of a chronic psychotic disorder, such as Schizophrenia or Delusional Disorder.

NOTE: CODE “3” IF NO CHRONIC PSYCHOTIC DISORDER OR IF NOT SUPERIMPOSED ON A CHRONIC PSYCHOTIC DISORDER.
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?

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 erythematosis), 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?

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

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true