

...did you have tingling or numbness in parts of your body? (12) paresthesias (numbness or tingling sensations) ? 1 2 3 F15

...did you have flushes (hot flashes) or chills? (13) chills or hot flushes ? 1 2 3 F16

AT LEAST FOUR ITEMS CODED "3" AND REACHED PEAK WITHIN 10 MINUTES (item F3) 1 3 F17

GO TO *AWOPD* F. 7

Just before you began having panic attacks, were you taking any drugs, caffeine, diet pills, or other medicines? C. 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 F18

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

Just before the attacks, were you physically ill?

IF YES: What did the doctor say?

IF THERE IS ANY INDICATION THAT PANIC ATTACKS MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, GO TO *GMC / SUBSTANCE,* F. 36, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

DUE TO SUBSTANCE USE OR GMC
GO TO *AWOPD* F. 7

PRIMARY ANXIETY DISORDER

Etiological general medical conditions include: hyperthyroidism, hyperparathyroidism, pheochromocytoma, vestibular dysfunctions, seizure disorders, and cardiac conditions (e.g., arrhythmias, supraventricular tachycardia).

Etiological substances include: intoxication with central nervous stimulants (e.g., cocaine, amphetamines, caffeine) or cannabis or withdrawal from central nervous system depressants (e.g., alcohol, barbiturates) or from cocaine.

CONTINUE

D. The panic attacks are not better accounted for by another mental disorder, such as Social Phobia (e.g., occurring on exposure to feared social situations), Specific Phobia, Obsessive-Compulsive Disorder (e.g., on exposure to dirt in someone with an obsession about contamination), Posttraumatic Stress Disorder, or Separation Anxiety Disorder. ? 1 3 F19

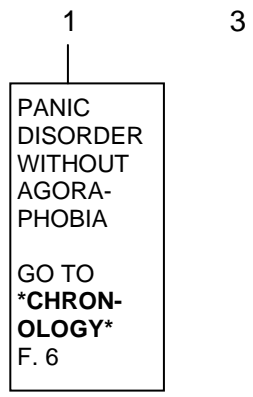
GO TO *AWOPD* F. 7

A, B, C, AND D CODED "3." ? 1 3 F19a

GO TO *AWOPD* F. 7

PANIC DISORDER

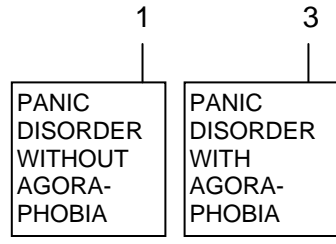
(3) the anxiety or phobic avoidance is not better accounted for by another mental disorder, such as Social Phobia (e.g., avoidance limited to social situations because of fear of embarrassment), Specific Phobia (e.g., avoidance limited to a single situation like elevators), Obsessive-Compulsive Disorder (e.g., avoidance of dirt in someone with an obsession about contamination), Posttraumatic Stress Disorder (e.g., avoidance of stimuli associated with a severe stressor), or Separation Anxiety Disorder (e.g., avoidance of leaving home or relatives)



F22

NOTE: CONSIDER SPECIFIC PHOBIA IF FEAR IS LIMITED TO ONE OR ONLY A FEW SPECIFIC SITUATIONS OR SOCIAL PHOBIA IF FEAR IS LIMITED TO SOCIAL SITUATIONS

B(1), B(2), B(3) ALL CODED "3."



F23

PANIC DISORDER CHRONOLOGY

IF UNCLEAR: During the past month how many panic attacks have you had?

Has met symptomatic criteria for Panic Disorder during the past month, i.e., recurrent unexpected panic attacks or agoraphobic avoidance

? 1 3

F24

INDICATE CURRENT SEVERITY:

- 1 - **Mild:** Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairment in social or occupational functioning.
- 2 - **Moderate:** Symptoms or functional impairment between "mild" and "severe" are present.
- 3 - **Severe:** Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning.

F25

CONTINUE WITH ***AGE AT ONSET***, BELOW.

IF CURRENT CRITERIA NOT FULLY MET (OR NOT AT ALL):

- 4 - **In Partial Remission:** The full criteria for the disorder were previously met but currently only some of the symptoms or signs of the disorder remain.
- 5 - **In Full Remission:** There are no longer any symptoms or signs of the disorder, but it is still clinically relevant to note the disorder--for example, in an individual with previous episodes of Panic Disorder who has been symptom free on antidepressants for the past 3 years.
- 6 - **Prior History:** There is a history of the criteria having been met for the disorder but the individual is considered to have recovered from it.

F26

When did you last have (ANY SXS OF PANIC DISORDER)?

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

___ ___ ___

F27

AGE AT ONSET

IF UNKNOWN: How old were you when you first started having panic attacks?

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

___ ___

F28

GO TO ***SOCIAL PHOBIA*** F. 11

Do you avoid these situations?

IF NO: When you are in one of these situations, do you feel very uncomfortable or like you might have a panic attack?

(Can you go into one of these situations only if you are with someone you know?)

(2) agoraphobic situations are avoided (e.g., travel is restricted), or else endured with marked distress or with anxiety about having panic-like symptoms, or require the presence of a companion

? 1 2 3

F37

GO TO
*SOCIAL
PHOBIA*
F. 11

(3) the anxiety or phobic avoidance is not better accounted for by another mental disorder, such as Social Phobia (e.g., avoidance limited to social situations because of fear of embarrassment), Specific Phobia (e.g., avoidance limited to single situations like elevators), Obsessive-Compulsive Disorder (e.g., avoidance of dirt in someone with an obsession about contamination), Posttraumatic Stress Disorder (e.g., avoidance of stimuli associated with a severe stressor), Separation Anxiety Disorder (e.g., avoidance of leaving home or relatives)

? 1 3

F38

GO TO
*SOCIAL
PHOBIA*
F. 11

NOTE: CONSIDER SPECIFIC PHOBIA IF FEAR IS LIMITED TO ONE OR ONLY A FEW SPECIFIC SITUATIONS, OR SOCIAL PHOBIA IF FEAR IS LIMITED TO SOCIAL SITUATIONS.

A(1), A(2), A(3) ALL CODED "3."

1 3

F39

GO TO
*SOCIAL
PHOBIA*
F. 11

Just before you began having these fears, were you taking any drugs, caffeine, diet pills, or other medicines?

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

Just before the fears began, were you physically ill?

IF YES: What did the doctor say?

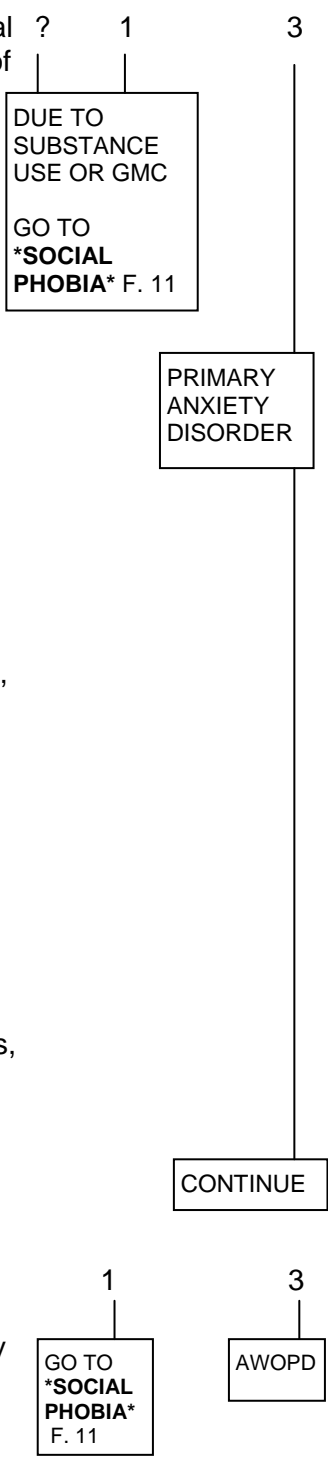
C. Not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or to a general medical condition.

IF THERE IS ANY INDICATION THAT THE ANXIETY MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, GO TO *GMC/SUBSTANCE,* F. 36, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

Etiological general medical conditions include hyper- and hypothyroidism, hypoglycemia, hyperparathyroidism, pheochromocytoma, congestive heart failure, arrhythmias, pulmonary embolism, chronic obstructive pulmonary disease, pneumonia, hyperventilation, B-12 deficiency, porphyria, CNS neoplasms, vestibular dysfunction, encephalitis.

Etiological substances include intoxication with central nervous stimulants (e.g., cocaine, amphetamines, caffeine) or cannabis, hallucinogens, PCP, or alcohol, or withdrawal from central nervous system depressants (e.g., alcohol, sedatives, hypnotics) or from cocaine.

D. If an associated general medical condition is present, the fear described in criterion A is clearly in excess of that usually associated with the condition.



F40

F41

AGORAPHOBIA WITHOUT PANIC CHRONOLOGY

		?	1	3	F42
IF UNCLEAR: During the past month, have you avoided (PHOBIC SITUATIONS)?	Has met criteria for Agoraphobia without History of Panic Disorder during past month				

INDICATE CURRENT SEVERITY:

- 1 - **Mild:** Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairments in social or occupational functioning.
- 2 - **Moderate:** Symptoms or functional impairment between "mild" and "severe" are present.
- 3 - **Severe:** Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning.

CONTINUE WITH ***AGE AT ONSET*** BELOW.

IF CURRENT CRITERIA NOT FULLY MET (OR NOT AT ALL):

- 4 - **In Partial Remission:** The full criteria for the disorder were previously met, but currently only some of the symptoms or signs of the disorder remain.
- 5 - **In Full Remission:** There are no longer any symptoms or signs of the disorder, but it is still clinically relevant to note the disorder--for example, in an individual with previous episodes of AWOPD who has been symptom free on an anti-anxiety agent for the past 3 years.
- 6 - **Prior History:** There is a history of the criteria having been met for the disorder, but the individual is considered to have recovered from it.

When did you last have (ANY SX OF AGORAPHOBIA)?	Number of months prior to interview when last had a symptom of Agoraphobia Without Panic Disorder	_____	F45
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AGE AT ONSET

IF UNKNOWN: How old were you when you first started having (SXS OF AGORAPHOBIA)?	Age at onset of Agoraphobia Without Panic Disorder (CODE 99 IF UNKNOWN)	_____	F46
--	---	-------	-----

Just before you began having these fears, were you taking any drugs, caffeine, diet pills, or other medicines?

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

Just before the fears began, were you physically ill?

IF YES: What did the doctor say?

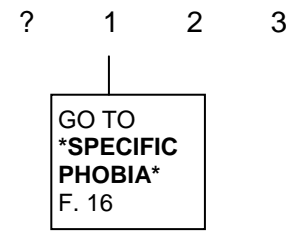
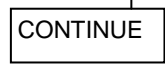
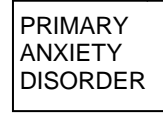
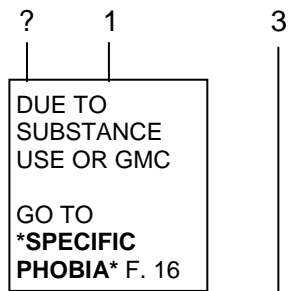
G. The fear or avoidance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

IF THERE IS ANY INDICATION THAT THE ANXIETY MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF THE GMC OR SUBSTANCE, GO TO *GMC/SUBSTANCE*, F. 36, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

Etiological general medical conditions include: hyper- and hypothyroidism, hypoglycemia, hyperparathyroidism, pheochromocytoma, congestive heart failure, arrhythmias, pulmonary embolism, chronic obstructive pulmonary disease, pneumonia, hyperventilation, B-12 deficiency, porphyria, CNS neoplasms, vestibular dysfunction, encephalitis.

Etiological substances include: intoxication with central nervous stimulants (e.g., cocaine, amphetamines, caffeine) or cannabis, hallucinogens, PCP, or alcohol, or withdrawal from central nervous system depressants (e.g., alcohol, sedatives, hypnotics) or from cocaine.

...and is not better accounted for by another mental disorder (e.g., Panic Disorder Without Agoraphobia, Separation Anxiety Disorder, Body Dysmorphic Disorder, a Pervasive Developmental Disorder, or Schizoid Personality Disorder).



F58

F59

IF NOT ALREADY CLEAR:
RETURN TO THIS ITEM AFTER
COMPLETING SECTION ON PTSD
AND OBSESSIVE-COMPULSIVE
DISORDER.

G. The anxiety, panic attacks, or phobic avoidance associated with the specific object or situation are not better accounted for by another mental disorder, such as Obsessive-Compulsive Disorder (e.g., fear of dirt in someone with an obsession about contamination), Posttraumatic Stress Disorder (e.g. avoidance of stimuli associated with a severe stressor), Separation Anxiety Disorder (e.g., avoidance of school), Social Phobia (e.g., avoidance of social situations because of fear of embarrassment), Panic Disorder With Agoraphobia, or Agoraphobia Without History of Panic Disorder.

? 1 3

GO TO
*OBSESSIVE
COMPULSIVE
DISORDER*
F. 20

F73

SPECIFIC PHOBIA CRITERIA A, B, C, D, E, F, AND G ARE CODED "3."

1 3

F74

INDICATE TYPE:
(Check all that apply)

GO TO *OBSESSIVE
COMPULSIVE
DISORDER* F. 20

SPECIFIC
PHOBIA

___ **Animal type** (includes insects)

F75

___ **Natural Environment Type** (includes storms, heights, water)

F76

___ **Blood-Injection-Injury Type** (includes seeing blood or injury, receiving an injection or other invasive procedure)

F77

___ **Situational Type** (includes public transportation, tunnels, bridges, elevators, flying, driving, or enclosed places)

F78

___ **Other Type** (e.g., fear of situations that might lead to choking, vomiting, or contracting an illness; in children, avoidance of loud sounds or costumed characters) Specify: _____

F79

SPECIFIC PHOBIA CHRONOLOGY

IF UNCLEAR: During the past month, have you been bothered by (SPECIFIC PHOBIA)?

Has met criteria for Specific Phobia during past month ? 1 3

F80

INDICATE CURRENT SEVERITY:

- 1 - **Mild:** Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairments in social or occupational functioning.
- 2 - **Moderate:** Symptoms or functional impairment between "mild" and "severe" are present.
- 3 - **Severe:** Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning.

F81

CONTINUE WITH ***AGE AT ONSET,*** BELOW.

IF CURRENT CRITERIA NOT FULLY MET (OR NOT AT ALL):

- 4 - **In Partial Remission:** The full criteria for the disorder were previously met, but currently only some of the symptoms or signs of the disorder remain.
- 5 - **In Full Remission:** There are no longer any symptoms or signs of the disorder, but it is still clinically relevant to note the disorder--for example, in an individual with previous episodes of Specific Phobia who has been symptom free on an anti-anxiety agent for the past 3 years.
- 6 - **Prior History:** There is a history of the criteria having been met for the disorder, but the individual is considered to have recovered from it.

F82

When did you last have (ANY SX OF SPECIFIC PHOBIA)?

Number of months prior to interview when last had a symptom of Specific Phobia _____

F83

AGE AT ONSET

IF UNKNOWN: How old were you when you first started having (SXS OF SPECIFIC PHOBIA)?

Age at onset of Specific Phobia (CODE 99 IF UNKNOWN). _____

F84

GO TO ***OBSESSIVE COMPULSIVE DISORDER*** F. 20

CHECK FOR OBSESSIONS / COMPULSIONS

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

IF: NEITHER OBSESSIONS NOR **COMPULSIONS**, CHECK HERE ___ AND GO TO ***POSTTRAUMATIC STRESS DISORDER,*** F 25.

F91

Have you (thought about [OBSESSIVE THOUGHTS]/done [COMPULSIVE ACTS]) more than you should have (or than made sense)?

B. At some point during the course of the disorder, the person has recognized that the obsessions or compulsions are excessive or unreasonable. Note: this does not apply to children.

? 1 2 3

F92

GO TO
PTSD
F. 25

IF NO: How about when you first started having this problem?

Check here ___ if **With Poor Insight:** i.e., for most of the time during the current episode, the person does not recognize that the obsessions and compulsions are excessive or unreasonable.

F93

What effect did this (OBSESSION OR COMPULSION) have on your life? (Did [OBSESSION OR COMPULSION] bother you a lot?)

C. The obsessions or compulsions cause marked distress, are time-consuming (take more than an hour a day), or significantly interfere with the person's normal routine, occupational functioning, or usual social activities or relationships.

? 1 2 3

F94

GO TO
PTSD
F. 25

(How much time do you spend [OBSESSION OR COMPULSION])?

IF NOT ALREADY CLEAR: RETURN TO THIS ITEM AFTER COMPLETING INTERVIEW

D. If another Axis I disorder is present, the content of the obsessions or compulsions is not restricted to it (e.g., preoccupation with food in the presence of an Eating Disorder; hair pulling in the presence of Trichotillomania; concern with appearance in the presence of Body Dysmorphic Disorder; preoccupation with drugs in the presence of a Substance Use Disorder; preoccupation with having a serious illness in the presence of Hypochondriasis; preoccupation with sexual urges or fantasies in the presence of a Paraphilia, or guilty ruminations in the presence of Major Depressive Disorder).

? 1 3

F95

GO TO
PTSD
F. 25

***GENERALIZED ANXIETY DISORDER* GENERALIZED ANXIETY DISORDER CRITERIA (CURRENT ONLY)**

SCREEN Q# 10
YES | NO

F134a

IF: IN RESIDUAL PHASE OF SCHIZOPHRENIA, CHECK HERE ___ AND GO TO ***ANXIETY DISORDER NOS,* F. 40**

F134b

IF NO: GO TO ***ANXIETY DISORDER NOS* F. 40**

IF SCREENING QUESTION #10 ANSWERED "NO," SKIP TO ***ANXIETY DISORDER NOS,* F. 40**

IF QUESTION #10 ANSWERED "YES":
You've said that in the last 6 months you've been particularly nervous or anxious . . .

IF SCREENER NOT USED: In the last 6 months, have you been particularly nervous or anxious?

Do you also worry a lot about bad things that might happen?

A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).

? 1 2 3

F135

IF YES: What do you worry about? (How much do you worry about [EVENTS OR ACTIVITIES]?)

GO TO ***ANXIETY DISORDER NOS* F. 40**

During the last 6 months, would you say that you have been worrying more days than not?

When you're worrying this way, do you find that it's hard to stop yourself?

B. The person finds it difficult to control the worry.

? 1 2 3

F136

GO TO ***ANXIETY DISORDER NOS* F. 40**

When did this anxiety start? COMPARE ANSWER WITH ONSET OF MOOD OR PSYCHOTIC DISORDER.

F(2). Does not occur exclusively during the course of a Mood Disorder, Psychotic Disorder, or a Pervasive Developmental Disorder.

? 1 3

F137

GO TO ***ANXIETY DISORDER NOS* F. 40**

CHRONOLOGY OF GENERALIZED ANXIETY DISORDER

F148a

INDICATE CURRENT SEVERITY:

- 1 - **Mild:** Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairments in social or occupational functioning.
- 2 - **Moderate:** Symptoms or functional impairment between "mild" and "severe" are present.
- 3 - **Severe:** Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe are present, or the symptoms result in marked impairment in social or occupational functioning.

AGE AT ONSET

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

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

F149

GO TO NEXT MODULE

SUBSTANCE-INDUCED ANXIETY DISORDER

SUBSTANCE-INDUCED ANXIETY DISORDER CRITERIA

IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH SUBSTANCE USE, CHECK HERE ___ AND RETURN TO DISORDER BEING EVALUATED.

EPISODE BEING EVALUATED:	
Panic	F. 3
AWOPD	F. 9
Social Phobia	F. 13
OCD	F. 23
GAD	F. 34
Anxiety Nos	F. 40
Mixed Anxiety Dep	J. 5

F152d

CODE BASED ON INFORMATION ALREADY OBTAINED

A. Prominent anxiety, panic attacks, ? 1 2 3 obsessions or compulsions predominate in the clinical picture.

F153

IF NOT KNOWN: When did the (ANXIETY SYMPTOMS) begin? Were you already using (SUBSTANCE) or had you just stopped or cut down your use?

B. There is evidence from the ? 1 2 3 history, physical examination, or laboratory findings that either: (1) the symptoms in A developed during, or within a month of, substance intoxication or withdrawal, or (2) medication use is etiologically related to the disturbance.

F154

NOT
SUBSTANCE
INDUCED

RETURN TO
DISORDER
BEING
EVALUATED

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

C. The disturbance is NOT better ? 1 3 accounted for by an Anxiety Disorder that is not substance-induced.

F155

Guidelines for Primary Anxiety:
Evidence that the symptoms are better accounted for by a primary (i.e., non-substance-induced) Anxiety Disorder may include any (or all) of the following:

NOT
SUBSTANCE
INDUCED

RETURN TO
DISORDER
BEING
EVALUATED

IF UNKNOWN: Which came first, the (SUBSTANCE USE) or the (ANXIETY SYMPTOMS)?

(1) the anxiety symptoms precede the onset of the Substance Abuse or Dependence (or medication use)

IF UNKNOWN: Have you had a period of time when you stopped using (SUBSTANCE)?

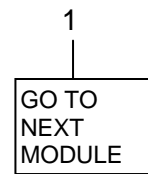
(2) the anxiety symptoms persist for a substantial period of time (e.g., about a month) after the cessation of acute withdrawal or severe intoxication

IF YES: After you stopped using (SUBSTANCE) did the (ANXIETY SYMPTOMS) get better or did they continue?

ANXIETY DISORDER NOS

ANXIETY DISORDER NOT OTHERWISE SPECIFIED

Clinically significant anxiety or phobic avoidance that does not meet criteria for any specific Anxiety Disorder, Adjustment Disorder With Anxiety, or Adjustment Disorder with Mixed Anxiety and Depressed Mood. (See Module I to rule out Adjustment Disorder.)

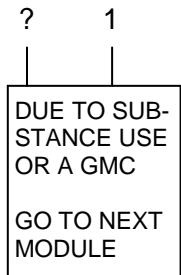


3

F156e

Just before you began having this anxiety, were you taking any drugs, stimulants or medicines?

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



F157

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

Just before these problems began, were you physically ill? (What did the doctor say?)

IF A GENERAL MEDICAL CONDITION OR SUBSTANCE MAY BE ETIOLOGICALLY ASSOCIATED WITH THE ANXIETY, GO TO *GMC/ SUBSTANCE,* F. 36 AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

PRIMARY ANXIETY DISORDER

Etiological general medical conditions include: hyper- and hypo-thyroidism, hypoglycemia, hyper-parathyroidism, pheochromocytoma, congestive heart failure, arrhythmias, pulmonary embolism, chronic obstructive pulmonary disease, pneumonia, hyperventilation, B-12 deficiency, porphyria, CNS neoplasms, vestibular dysfunction, encephalitis.

Etiological substances include: intoxication with central nervous stimulants (e.g., cocaine, amphetamines, caffeine) or cannabis, hallucinogens, PCP, or alcohol or withdrawal from central nervous system depressants (e.g., alcohol, sedatives, hypnotics) or from cocaine.

ANXIETY DISORDER NOS

CONTINUE ON NEXT PAGE