

**STRUCTURED CLINICAL INTERVIEW FOR DSM-IV-TR AXIS I DISORDERS**

**Patient Edition (January 2007)**

**SCID - I / P**

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Study: _____	Study No.: _____	_____	_____	P1
Subject: _____	I.D. No.: _____	_____	_____	P2
Rater: _____	Rater No.: _____	_____	_____	P3
	Date of Interview: _____	_____	_____	P4
		Mo.	Day	Year
Sources of information (check all that apply):	<input type="checkbox"/> Subject			P5
	<input type="checkbox"/> Family/friends/associates			P6
	<input type="checkbox"/> Health professional/chart/referral note			P7

Edited and checked by: \_\_\_\_\_

Date: \_\_\_\_\_

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