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TITLE: A Nonpharmacologic Method for Enhancing Sleep in PTSD

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14. ABSTRACT Since 2001, more than 2 million U.S. military personnel have deployed in to Iraq and Afghanistan. Recent estimates suggest that between 17-20% of Soldiers returning from these conflicts meet criteria for posttraumatic stress disorder (PTSD) upon their return. Notably, sleep disturbance is one of the primary complaints of combat-related PTSD patients. Recent evidence suggests that sleep may play a critical role in the ability to effectively extinguish conditioned fear responses and is necessary for consolidating positively valenced emotional memories. Furthermore, many PTSD patients do not respond to currently available treatments, and sleep disturbance is a frequent residual symptom even among those patients who do respond. Thus, sleep disturbance, as a symptom of PTSD, may lead to a vicious circle that prevents full resolution of the conditioned fear responses, sustaining continuation of the disorder. Thus, rather than conceptualizing sleep problems as a secondary effect of PTSD, a novel approach would involve directly targeting and ameliorating the sleep problems, potentially leading to improved emotional regulation and symptom reduction. Although pharmacologic treatments for sleep problems exist, an alternative non-pharmacologic method to improve sleep is to phase shift and strengthen the circadian entrainment. Bright light therapy (BLT), particularly in the blue wavelength, is an effective treatment for sleep and mood disorders, and is thought to exert its effects through suppression of hypothalamic melatonin production. Although preliminary data support the efficacy of BL therapy in treating PTSD, comprehensive randomized placebo-controlled trials are needed. This project aims to address such needs.					
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Table of Contents

	<u>Page</u>
1. Introduction.....	4
2. Keywords.....	4
3. Accomplishments.....	5
4. Impact.....	10
5. Changes/Problems.....	10
6. Products.....	11
7. Participants & Other Collaborating Organizations.....	12
8. Special Reporting Requirements.....	17
9. Appendices.....	18

1. **INTRODUCTION:**

Sleep disturbance is nearly ubiquitous among individuals suffering from PTSD and is a major problem among Service members returning from combat deployments. In fact, sleep problems appear to be the most prevalent complaint of individuals with PTSD [11], and may contribute significantly to the persistence and severity of the disorder [12-14]. Recent evidence suggests that adequate restorative sleep may be a crucial component of the ability to generalize fear extinction learning, and ultimately may be a key feature in the process of recovery from PTSD [32]. This study aims to test a novel, inexpensive, and easy to use non-pharmacologic approach to improving sleep among individuals with PTSD. Specifically, this study will evaluate the effectiveness of a blue-wavelength light therapy (BLT) for improving sleep compared to an amber light placebo device among those with a diagnosis of PTSD. There is convincing evidence that BLT has therapeutic effects on anxiety and depression [70], and has strong effects on the normal circadian rhythm of alertness and sleep-wake cycles. These features are all central to the symptomatology of PTSD, yet no published studies have examined the effects of BLT on PTSD outcome. For this study, two groups of participants (45 active treatment; 45 placebo) with PTSD will complete two comprehensive sessions including neurobehavioral assessments, repeated polysomnographic sleep studies, and neuroimaging sessions separated by 6 weeks of actigraphically monitored at home treatment. During the intervening 6 weeks, participants will be randomly assigned to receive 30 minutes of daily morning blue light therapy (BL) or an amber light placebo treatment (PL). Sleep quality and quantity will be measured using subjective reports, objective actigraph readings, and polysomnography. Globally, we hypothesize BL will improve sleep quality and quantity relative to PL, and these improvements will be associated with improvements in neurocognitive and brain function. If the BL treatment is demonstrated as effective, this approach would be readily available for nearly immediate large-scale implementation, as the devices have been widely used for years in other contexts, are already safety tested, and commercially available from several manufacturers for a very low cost. Thus, the impact of this research on treating PTSD would be high and immediate.

2. **KEYWORDS:** trauma, anxiety, stress, depression, nightmares, irritability, light therapy, veteran, military, assault, combat, fMRI, hyperarousal, posttraumatic stress disorder, neuroimaging, flashbacks

3. **ACCOMPLISHMENTS:**

- **What were the major goals of the project?**

According to the Statement of Work (SOW), the following major tasks were proposed:

Major Task 1: Prepare Regulatory Documents and Research Protocol (Y1: Q1)

Completed: 22 OCT 2014

Major Task 2: Acquire necessary materials and equipment (Y1: Q1-2)

Completed: FEB 2015

Major Task 3: Hire and Train Study Staff (Y1: Q2)

Completed: 25 MAY 2015

Major Task 4: Collect Data (Y1: Q3-4, Y2, Y3, Y4)

In progress: During this reporting period, a total of 13 individuals were preliminarily enrolled into the study. Once enrolled into the study, trained doctoral staff further considered these individuals for inclusion in the study but could not guarantee such inclusion, as the inclusion criteria for the study are stringent and can only be confirmed once the individuals interested in the study partake in a comprehensive screening interview. Of the 13 individuals who completed such an interview, 3 were deemed eligible to further continue in the study. Two of those three individuals have since successfully completed all study related activities. The third of those individuals was removed from the study due to failure to appear at multiple appointments and lack of adherence to study procedures and protocols.

Major Task 5: Analyze and Report Data (Y4: Q3-4)

This goal is forthcoming; data analysis was not anticipated during the current reporting period.

- **What was accomplished under these goals?**

1) Major Activities: As outlined in quarterly reports submitted for Year 1 of this project, the majority of the work completed has been largely preparatory and quality control-related, with a later focus on participant enrollment and data collection. Preparatory work involved hiring new Research Technicians and recruiting several undergraduate volunteer Research Assistants, and ensuring that all personnel were fully trained on all laboratory procedures and study specific procedures. All equipment required for use in the study was acquired early on in Year 1, including goLITE devices, Actiwatch Spectrum Pros, Fear Conditioning equipment, Zephyr Biopatches, WATTSup meters, and various assessments and scales. A specialist in the use of the fear conditioning equipment was contracted to conduct a 2-day on-site workshop in the use of the fear conditioning system and basic data analysis. In addition,

computer hardware and software were obtained and checked for optimal use and ability to yield valid data. An online platform for data management, RedCap, was outfitted for the purposes of this study and extensively tested and refined to meet the study's needs after practice sessions were run and weaknesses identified. Further, fMRI scan sequences were built and tested multiple times in practice runs. Data obtained from each of these practice iterations was processed for use and sequences were continually refined until the resulting product was suited for the analyses planned.

A key component of this project is the use of the fear-conditioning/extinction learning paradigm. The paradigm involves conditioning a mild fear response to various colored stimuli in a particular context using a mild electric shock to the finger. After consultation with our colleagues at Harvard who developed the initial fear-conditioning paradigm, we decided to modify the stimuli from the original version so that they would be more memorable and more relevant to a military context. Specifically, instead of conditioning participants to fear a specific colored desk-lamp in a particular office context, we re-created the stimuli to involve fear conditioning of specific colored vehicles in actual scenes from Iraq and Afghanistan. We believe these will have more external validity. Figure 1 shows the original stimuli developed by Mohammed Milad and colleagues (1A) and the revised stimuli used for the present study (1B). Figure 2 shows the fear conditioning set up.

A) Original Milad Stimuli



B) Revised Iraq/Afghanistan Stimuli



Fear Conditioning Stimuli



Skin Conductance Measurement



2) Specific Objectives: The primary objectives were to prepare the regulatory documents and research protocol, acquire necessary materials and equipment, hire and train study staff, and begin data collection. We are on track and have accomplished all of these specific objectives.

3) Significant Results/Key Outcomes: As of the time of this report, 2 participants have completed all aspects of the study, including the baseline neuroimaging, conditioning, polysomnographic sleep testing, and psychological evaluation, 6-weeks of treatment with the blue or amber device, and post-treatment assessment. The sample size is currently too small for meaningful statistical analysis, so we present preliminary descriptions of data below simply to demonstrate feasibility of our current procedures.

Sleep Diaries: A key component of the project involves daily monitoring of sleep. Part

Sleep Diary

Sleep Diary B

Reflecting on the previous day and this morning, please fill out all required and applicable questions on the diary below. We will send you an email on the last day of sleep diaries notifying you that all of the needed questionnaires are complete. If you have any questions or have trouble loading the survey, please call us immediately at 520-428-5131

Sleep Diary

Today's Date:
* must provide value
[Date Picker] [Time Picker]

Lightbox Use

Today's Lightbox start time:
* must provide value
[Time Picker] [Time Picker]
In standard time HH:MM

AM or PM
* must provide value
[Dropdown]

Bedtimes

What time did you get out of bed this morning?
* must provide value
[Time Picker] [Time Picker]
In standard time HH:MM

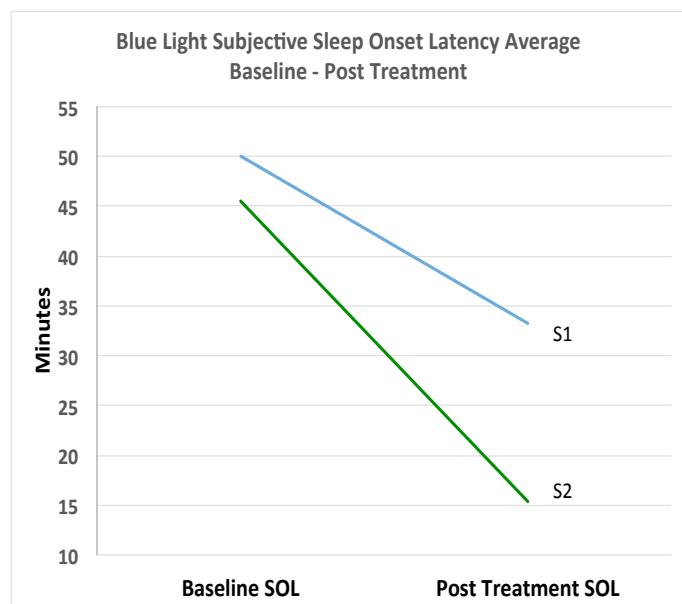
AM or PM
* must provide value
[Dropdown]

What time did you get into bed last night?
* must provide value
[Time Picker] [Time Picker]
In standard time HH:MM

AM or PM
* must provide value
[Dropdown]

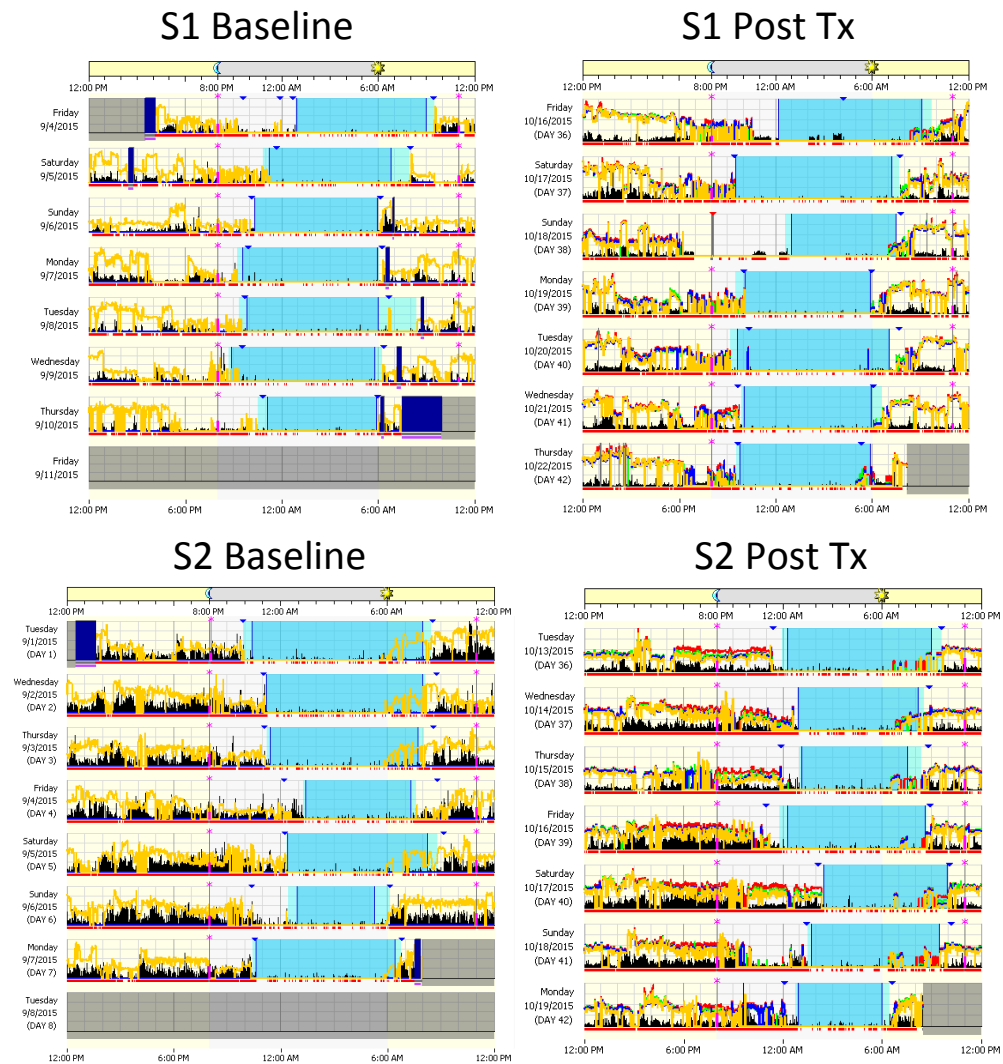
What time did you try to go to sleep?
* must provide value
[Time Picker] [Time Picker]
In standard time HH:MM

Decrease in Sleep Onset Latency



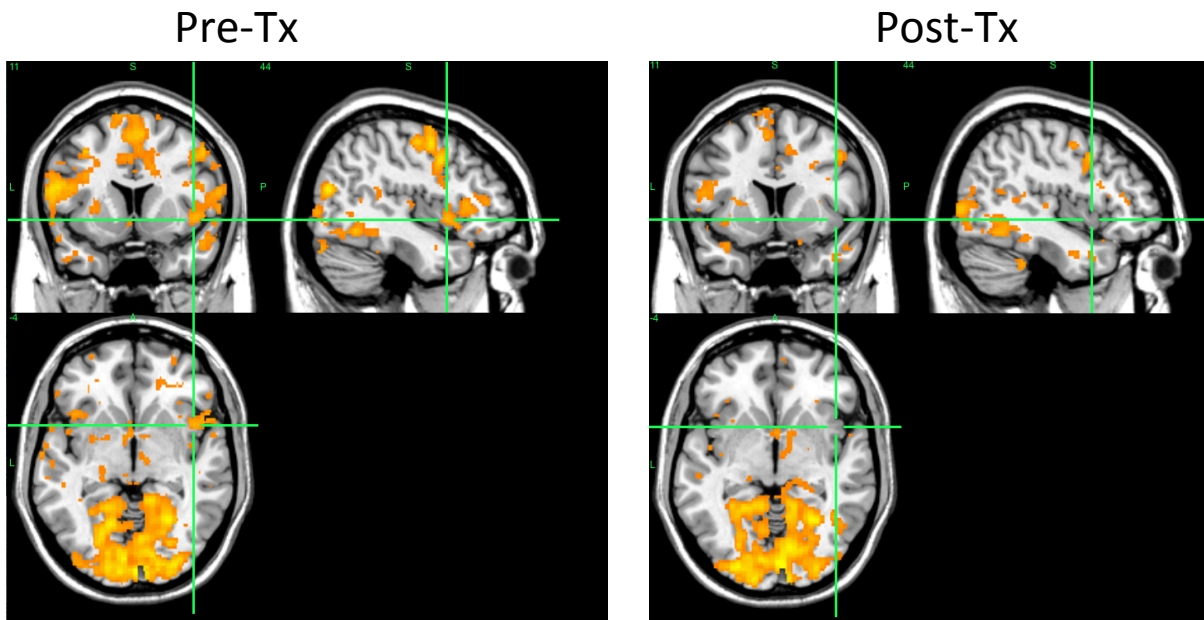
of this is accomplished via an online sleep diary that is completed daily. Thus far, we have only run 2 participants, but both have complied with this daily log extremely well. As evidence, Figure 3 shows a graph of the mean self-reported sleep onset of these two participants between the baseline and post-treatment sessions. Overall, both participants showed a decline in the time taken to fall asleep.

Actigraphic Monitoring: Sleep is also being monitored by actigraphy. We are using the Actiwatch Spectrum Pro device, which allows collection of sleep and activity levels, as well as light exposure in three wavelengths. As shown in Figure 4 below, we are able to examine overall sleep and light values at any timepoint during the study, in this case the figure compares sleep during the baseline week versus the post-treatment week.



Functional MRI: Our study is also utilizing a number of MRI methods. For example, we are collecting functional MRI data during a “negative anticipation” task whereby the

Negative Anticipation



participant waits for a potentially aversive stimulus to appear on the screen. The scan measures the response within the insular cortex during the anticipation period. As shown in the figure, this participant showed reduction in insular activation at post treatment.

- **What opportunities for training and professional development has the project provided?**

One of the Postdoctoral Fellows assigned to the project, Dr. Alkozei, attended a workshop to refine her knowledge pertaining to administration of the Structured Clinical Interview for DSM-V (SCID-5), a required component of the screening process for this project.

Subsequent to this, Dr. Alkozei hosted in-lab training sessions for other Postdoctoral Fellows assigned to the project to ensure reliable administration and scoring of this instrument.

Additionally, this postdoctoral fellow also attended a week-long training program in the use of Statistical Parametric Mapping (SPM12) neuroimaging analysis software in Boston, MA, and a second multi-day workshop on functional MRI data analysis in Boulder, CO. In

addition, all project staff and personnel underwent comprehensive training in proper triage for individuals who are identified as expressing a propensity for suicide during their participation in the study. Training in this required attendance at two training sessions hosted

by the Co-PI, Dr. Haynes. Dr. Haynes met one-on-one with each staff member at the completion of these training sessions to ensure uniform understanding of objectives covered during these trainings. One of our Research Technicians was sent to a 2-day workshop in Scottsdale, AZ to learn advanced polysomnography and sleep scoring skills, which she was then able to bring back to train other members of the lab. Lastly, the PI and four of the project's personnel attended the Associated Professional Sleep Societies Meeting held in Seattle, WA in June of 2015 to learn of emergent research of interest to sleep disorders and non-pharmacologic therapies, as they relate to the project.

- **How were the results disseminated to communities of interest?**

Nothing to report. The project is still too early in its course to allow analysis and reporting of data.

- **What do you plan to do during the next reporting period to accomplish the goals?**

The forthcoming reporting period will be utilized to further bolster recruitment efforts and to continue enrolling and collecting data from those individuals whom are eligible to participate in the study. During year 1 of the project, recruitment efforts were largely focused to the Tucson, AZ metropolitan area, with little extension beyond these parameters. In the next year, we have plans to begin advertising in the greater Phoenix metropolitan area and other cities within the state of Arizona. Additional radio and television advertisements will be utilized, and we are now planning to start placing ads on the local bus system to further assist with these recruitment goals.

4. **IMPACT:**

- **What was the impact on the development of the principal discipline(s) of the project?**

Nothing to report.

- **What was the impact on other disciplines?**

Nothing to report.

- **What was the impact on technology transfer?**

Nothing to report.

- **What was the impact on society beyond science and technology?**

Nothing to report.

5. **CHANGES/PROBLEMS:**

- **Changes in approach and reasons for change**

As mentioned in greater detail below, enrollment barriers were encountered early on in the recruitment phase of the study. After a brief review of the specific barriers that prevented potential subjects from being enrolled into the study, it was revealed that our guidelines pertaining to substance use were too stringent to obtain the sample size required for the project. As a result, a protocol amendment was submitted to the local IRB authority and, subsequently, to HRPO, allowing inclusion of individuals who were identified as having used substances such as marijuana in the past. As part of this amendment, instruments were added to the protocol to allow additional data collection regarding past and present substance use to provide better statistical control during statistical analysis. These changes were submitted to HRPO on 14 AUG 2015 and are awaiting approval. Additionally, the PI raised this issue during the In Progress Review (IPR) on 9 SEP 2015.

- **Actual or anticipated problems or delays and actions or plans to resolve them**

The only significant problem encountered during this reporting period pertained exclusively to participant recruitment. As the study seeks to recruit and enroll participants meeting a very stringent eligibility criteria, we found in our earlier recruitment efforts that it was very difficult to make contact with the population of interest and, further, to identify individuals within the population who met all of the eligibility criteria. After several failed attempts to enroll a substantial number of individuals into the study, enrollment requirements pertaining to substance use were adjusted to a more relaxed degree representative of the habits of the population of interest and questions and instruments added to the protocol to allow study staff to collect information to allow for covariance of substance use within these populations. It is of note that any individuals who had a previous or current history of substance abuse have not been permitted to enroll in the study to control for potential confounds due to abuse versus use. All of these changes were submitted in an amendment to HRPO on 14 AUG 2015 and are awaiting approval prior to their implementation.

- **Changes that had a significant impact on expenditures**

During this reporting period, no changes were experienced that translated into an increase in our expenditures.

- **Significant changes in use or care of human subjects, vertebrate animals, biohazards, and/or select agents**

No significant changes in use or care of human subjects to report.

6. **PRODUCTS:**

Nothing to report

7. PARTICIPANTS & OTHER COLLABORATING ORGANIZATIONS

▪ What individuals have worked on the project?

Name:	<i>William D. "Scott" Killgore, Ph.D.</i>
Project Role:	<i>Principal Investigator</i>
Researcher Identifier (e.g. ORCID ID):	<i>n/a</i>
Nearest person month worked:	<i>4.2</i>
Contribution to Project:	<i>Dr. Killgore acts as Principal Investigator for the project, overseeing operations and scientific aims, and acting as primary consultant for study-related changes and activities.</i>
Funding Support:	<i>Department of Defense Awards W81XWH-14-01-0571, W81XWH-14-01-0570, and W81XWH-12-01-0386</i>

Name:	<i>Ted Trouard, Ph.D.</i>
Project Role:	<i>Co-PI</i>
Researcher Identifier (e.g. ORCID ID):	<i>n/a</i>
Nearest person month worked:	<i>0</i>
Contribution to Project:	<i>Dr. Trouard has acted as a consultant for the development and refinement of fMRI scan sequences utilized in the project</i>
Funding Support:	

Name:	<i>Sairam Parthasarathy, MD</i>
Project Role:	<i>Co-PI</i>
Researcher Identifier (e.g. ORCID ID):	<i>n/a</i>
Nearest person month worked:	<i>.6</i>
Contribution to Project:	<i>Dr. Parthasarathy acts as a consultant for all polysomnography (PSG) and sleep-related aspects of the study. Additionally, he assists in providing resources for the scoring of collect PSG data.</i>
Funding Support:	

Name:	<i>Patricia Haynes, Ph.D.</i>
Project Role:	<i>Co-PI</i>
Researcher Identifier (e.g. ORCID ID):	<i>n/a</i>
Nearest person month worked:	<i>.6</i>
Contribution to Project:	<i>Dr. Haynes has assisted in training project personnel on proper administration of various instruments and assessments and has acted as support for trainings specific to suicide triage.</i>
Funding Support:	

Name:	<i>Sara Knight</i>
Project Role:	<i>Lab Manager</i>
Researcher Identifier (e.g. ORCID ID):	<i>n/a</i>
Nearest person month worked:	<i>4</i>
Contribution to Project:	<i>Ms. Knight has coordinated project efforts and has assisted with regulatory oversight and quality control checks of daily research activities pertaining to the project.</i>
Funding Support:	<i>Department of Defense Awards W81XWH-14-01-0571, W81XWH-14-01-0570, and W81XWH-12-01-0386</i>

1.

Name:	<i>Anna Alkozei, Ph.D.</i>
Project Role:	<i>Postdoctoral Fellow</i>
Researcher Identifier (e.g. ORCID ID):	<i>n/a</i>
Nearest person month worked:	<i>4</i>
Contribution to Project:	<i>Dr. Alkozei has assisted with administering clinical assessments required for the study, in addition to providing training opportunities for other lab members responsible for administering neurocognitive assessments.</i>
Funding Support:	<i>Department of Defense Awards W81XWH-14-01-0571, W81XWH-14-01-0570, and W81XWH-12-01-0386</i>

2.

Name:	<i>Aleksandra Klimova, Ph.D.</i>
Project Role:	<i>Postdoctoral Fellow</i>
Researcher Identifier (e.g. ORCID ID):	<i>n/a</i>
Nearest person month worked:	<i>1.65</i>
Contribution to Project:	<i>Dr. Klimova has assisted with neuroimaging processing and analysis, in addition to confirming that data yielded from fMRI sequences was suited to the project's needs.</i>
Funding Support:	<i>Department of Defense Awards W81XWH-14-01-0571, W81XWH-14-01-0570, and W81XWH-12-01-0386</i>

Name:	<i>Ryan Smith, Ph.D.</i>
Project Role:	<i>Postdoctoral Fellow</i>
Researcher Identifier (e.g. ORCID ID):	<i>n/a</i>
Nearest person month worked:	<i>1.65</i>
Contribution to Project:	<i>Dr. Smith has assisted in checking methodological aspects of the study and has also attended to neuroimaging needs of the project.</i>
Funding Support:	<i>Department of Defense Awards W81XWH-14-01-0571, W81XWH-14-01-0570, and W81XWH-12-01-0386</i>

Name:	<i>Andrew Fridman</i>
Project Role:	<i>Research Technician</i>
Researcher Identifier (e.g. ORCID ID):	<i>n/a</i>
Nearest person month worked:	<i>4</i>
Contribution to Project:	<i>Mr. Fridman has assisted with recruitment, scheduling, and data collection for the project. He has also helped with data scoring.</i>
Funding Support:	<i>Department of Defense Awards W81XWH-14-01-0571, W81XWH-14-01-0570, and W81XWH-12-01-0386</i>

Name:	<i>Sarah Markowski</i>

Project Role:	<i>Research Technician</i>
Researcher Identifier (e.g. ORCID ID):	<i>n/a</i>
Nearest person month worked:	<i>4</i>
Contribution to Project:	<i>Miss Markowski has assisted with recruitment, scheduling, and data collection for the project. She has also helped with data scoring. She has also acted as training support for polysomnography and sleep scoring needs of the project.</i>
Funding Support:	<i>Department of Defense Awards W81XWH-14-01-0571, W81XWH-14-01-0570, and W81XWH-12-01-0386</i>

Name:	<i>Derek Pisner</i>
Project Role:	<i>Research Technician</i>
Researcher Identifier (e.g. ORCID ID):	<i>n/a</i>
Nearest person month worked:	<i>4</i>
Contribution to Project:	<i>Mr. Pisner has assisted with recruitment, scheduling, and data collection for the project. He has also helped with data scoring.</i>
Funding Support:	<i>Department of Defense Awards W81XWH-14-01-0571, W81XWH-14-01-0570, and W81XWH-12-01-0386</i>

Name:	<i>Bradley Shane</i>
Project Role:	<i>Research Technician</i>
Researcher Identifier (e.g. ORCID ID):	<i>n/a</i>
Nearest person month worked:	<i>2.3</i>
Contribution to Project:	<i>Mr. Shane previously assisted with recruitment, scheduling, and data collection for the project. He has also helped with data scoring.</i>
Funding Support:	<i>Department of Defense Awards W81XWH-14-01-0571, W81XWH-14-01-0570, and W81XWH-12-01-0386</i>

Name:	<i>John Vanuk</i>

Project Role:	<i>Research Technician</i>
Researcher Identifier (e.g. ORCID ID):	<i>n/a</i>
Nearest person month worked:	<i>4</i>
Contribution to Project:	<i>Mr. Vanuk has assisted with setup, configuration, and refinement of our fear conditioning paradigm.</i>
Funding Support:	<i>Department of Defense Awards W81XWH-14-01-0571, W81XWH-14-01-0570, and W81XWH-12-01-0386</i>

Name:	<i>Miyla McIntosh</i>
Project Role:	<i>Research Technician</i>
Researcher Identifier (e.g. ORCID ID):	<i>n/a</i>
Nearest person month worked:	<i>1.7</i>
Contribution to Project:	<i>Miss McIntosh has been tasked with overseeing proper polysomnography training and scoring for the modified sleep latency test for this project.</i>
Funding Support:	<i>Department of Defense Awards W81XWH-14-01-0571, W81XWH-14-01-0570, and W81XWH-12-01-0386</i>

Name:	<i>Prabhjyot Singh</i>
Project Role:	<i>Research Technician</i>
Researcher Identifier (e.g. ORCID ID):	<i>n/a</i>
Nearest person month worked:	<i>1.7</i>
Contribution to Project:	<i>Mr. Singh has assisted with recruitment, scheduling, and data collection for the project. He has also helped with data scoring.</i>
Funding Support:	<i>Department of Defense Awards W81XWH-14-01-0571, W81XWH-14-01-0570, and W81XWH-12-01-0386</i>

- **Has there been a change in the active other support of the PD/PI(s) or senior/key personnel since the last reporting period?**

Nothing to report

- **What other organizations were involved as partners?**

Nothing to report

8. SPECIAL REPORTING REQUIREMENTS

Nothing to report

9. APPENDICES:	Page
List of Assessments.....	19
Copies of Questionnaires & Examples of Computer-Administered Tasks.....	20
William D. “Scott” Kilgore, Ph.D. Curriculum Vitae.....	356

A Nonpharmacologic Method for Enhancing Sleep in PTSD

List of Assessments and Computer-Administered Tasks

Structured Clinical Interview for DSM-V (SCID-V)

Edinburgh Handedness Inventory (EHI)

CES (Combat Exposure Scale)

Morningness-Eveningness Questionnaire (MEQ)

Alcohol Use Disorders Identification Test (AUDIT)

Rivermead Post Concussive Symptoms Questionnaire (RPCSQ)

Marijuana Use Questionnaire (MUSE)

Wide Range Achievement Test 4 (WRAT 4)

Wechsler Abbreviated Scale of Intelligence (WASI-II)

Day of Scan Questionnaire

Psychomotor Vigilance Task (PVT)

Stanford Sleepiness Scale (SSS)

Beck Depression Inventory (BDI-II)

Beck Anxiety Inventory (BAI)

Evaluation of Risk Scale (EVAR)

State Trait Anxiety Inventory (STAI)

Connor-Davidson Resilience Scale (CD RISC)

PTSD Checklist for DSM-V (PCL-5)

Insomnia Severity Index (ISI)

Pittsburgh Sleep Quality Index (PSQI)

Patient Health Questionnaire (PHQ-9)

Disturbing Dreams and Nightmare Severity Index (DDNSI)

Functional Outcomes of Sleep Questionnaire (FOSQ)

Repeated Battery for the Assessment of Neuropsychological Status (RBANS)

Clinician Administered PTSD Scale for DSM-V (CAPS-5)

Balloon Analog Risk Task (BART)

STRUCTURED CLINICAL INTERVIEW FOR DSM-5® DISORDERS

SCID-5-RV (Research Version)

Version 1.0.0

Michael B. First, MD; Janet B.W. Williams, PhD;
Rhonda S. Karg, PhD; and Robert L. Spitzer, MD

Study:	_____	Study No.:	__ __ __ __	P1
Subject:	_____	I.D. No.:	__ __ __ __	P2
Rater:	_____	Rater No.:	__ __ __	P3
		Date of Interview:	__ __ __ __ Month. Day Year	P4

Sources of information (check all that apply):	☐ Subject/Patient	P5
	☐ Family/friends/associates	P6
	☐ Health professional/chart/referral note	P7

Edited and checked by: _____ Date: _____

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Web page: <http://www.scid5.org> E-mail: scid5@columbia.edu

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The following acknowledgment accompanies the SOFAS:

Note: The rating of overall psychological functioning on a scale of 0–100 was operationalized by Luborsky in the Health-Sickness Rating Scale. (Luborsky L: "Clinicians' Judgments of Mental Health." *Archives of General Psychiatry* 7:407–417, 1962). Spitzer and colleagues developed a revision of the Health-Sickness Rating Scale called the Global Assessment Scale (GAS) (Endicott J, Spitzer RL, Fleiss JL, et al.: "The Global Assessment Scale: A Procedure for Measuring Overall Severity of Psychiatric Disturbance." *Archives of General Psychiatry* 33:766–771, 1976). The SOFAS is derived from the GAS and its development is described in Goldman HH, Skodol AE, Lave TR: "Revising Axis V for DSM-IV: A Review of Measures of Social Functioning." *American Journal of Psychiatry* 149:1148–1156, 1992.

The listing of prodromal/residual symptoms on page C.3 of the SCID-5-RV has been adapted with permission from the DSM-5 text, p. 101, and the list of prodromal/residual symptoms has been adapted with permission from American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Third Edition, Revised. Washington, DC, American Psychiatric Association, 1987, pp. 194–195. Copyright © 1987 American Psychiatric Association. Used with permission.

SCID Code	Diagnosis	Inadequate Info.	Absent	Sub-threshold	Threshold	Absent	Present	
			Lifetime Prevalence			Meets Symptomatic Dx. Crit. Past Month		
BIPOLAR AND RELATED DISORDERS								
01	Bipolar I Disorder (D.1/lifetime) (D.14/past month)	?	1	2	3	1	3	P8 P9
						Current or most recent episode: 1 Manic 2 Hypomanic 3 Depressed 4 Unspecified		P10
02	Bipolar II Disorder (D.3/lifetime) (D.14/past month)	?	1	2	3	1	3	P11 P12
						Current or most recent episode: 1 Hypomanic 2 Depressed		P13
			Current Only			Meets Symptomatic Dx. Crit. Past 2 Years		
03	Cyclothymic Disorder (A.29/past 2 years only)	?				1	3	P14
			Lifetime Prevalence			Meets Symptomatic Dx. Crit. Past Month		
04	Other Specified Bipolar Disorder (D.7/lifetime)(D.8/past month)	?	1	2	3	1	3	P15 P16
05	Bipolar Disorder Due to Another Medical Condition (A.43/lifetime)(A.43/past month) Specify AMC: _____	?	1		3	1	3	P17 P18
06	Substance/Medication-Induced Bipolar Disorder (A.45/lifetime) (A.45/past month) Specify substance: _____	?	1		3	1	3	P19 P20
DEPRESSIVE DISORDERS								
07	Major Depressive Disorder (D.9/lifetime)(D.17/past month)	?	1	2	3	1	3	P21 P22
			Lifetime Prevalence			Meets Symptomatic Dx. Crit. Past 2 Years		
08	Persistent Depressive Disorder (A.32/past two years)(A.36/prior to past two years)	?	1	2	3	1	3	P23 P24
			Current Only			Meets Symptomatic Dx. Crit. Past 12 Months		
09	Premenstrual Dysphoric Disorder (A.41/past 12 months)	?				1	3	P25
			Lifetime Prevalence			Meets Symptomatic Dx. Crit. Past Month		
10	Other Specified Depressive Disorder (D.12/lifetime) (D.13/past month)	?	1		3	1	3	P26 P27
11	Depressive Disorder Due to Another Medical Condition (A.48/lifetime)(A.48/past month) Specify AMC: _____	?	1		3	1	3	P28 P29

SCID Code	Diagnosis	Inadequate Info.	Absent	Sub-threshold	Threshold	Absent	Present	
12	Substance/Medication-Induced Depressive Disorder (A.51/lifetime)(A.51/past month) Specify substance:_____	?	1		3 -----> 1	1	3	P30 P31
SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS								
13	Schizophrenia (C.5/lifetime) (C.17/past month)	?	1	2	3 -----> 1	1	3	P32 P33
14	Schizophreniform Disorder (C.7/lifetime)(C.19/past month)	?	1	2	3 -----> 1	1	3	P34 P35
15	Schizoaffective Disorder (C.9/lifetime)(C.17/past month)	?	1	2	3 -----> 1	1	3	P36 P37
16	Delusional Disorder (C.11/lifetime)(C.17/past month)	?	1	2	3 -----> 1	1	3	P38 P39
17	Brief Psychotic Disorder (C.14/lifetime)(C.19/past month)	?	1	2	3 -----> 1	1	3	P40 P41
18	Psychotic Disorder Due to Another Medical Condition (C.22/lifetime)(C.19/past month) Specify GMC:_____	?	1		3 -----> 1	1	3	P42 P43
19	Substance-Induced Psychotic Disorder (C.24/lifetime) (C.19/past month) Specify substance:_____	?	1		3 -----> 1	1	3	P44 P45
20	Other Specified Psychotic Disorder(C.16/lifetime) (C.19/past month)	?	1		3 -----> 1	1	3	P46 P47

Lifetime Prevalence

Meets Symptomatic Dx. Crit.
Past 12 Months**SUBSTANCE USE DISORDERS**

21	Alcohol (E.4/past 12 months) (E.9/prior to past 12 months)	?	1	2	3 -----> 1	1	3	P48 P49
22	Sedative-Hypnotic-Anxiolytic (E.17/past 12 months) (E.26/prior to past 12 months)	?	1	2	3 -----> 1	1	3	P50 P51
23	Cannabis (E.17/past 12 months) (E.26/prior to past 12 months)	?	1	2	3 -----> 1	1	3	P52 P53
24	Stimulants/Cocaine (E.17/past 12 months) (E.26/prior to past 12 months)	?	1	2	3 -----> 1	1	3	P54 P55
25	Opioids (E.17/past 12 months) (E.26/prior to past 12 months)	?	1	2	3 -----> 1	1	3	P56 P57
26	PCP (E.17/past 12 months) (E.26/prior to past 12 months)	?	1	2	3 -----> 1	1	3	P58 P59
27	Other Hallucinogens (E.17/past 12 months) (E.26/prior to past 12 months)	?	1	2	3 -----> 1	1	3	P60 P61
28	Inhalants (E.17/past 12 months) (E.26/prior to past 12 months)	?	1	2	3 -----> 1	1	3	P62 P63
29	Other/Unknown (E.17/past 12 months) (E.26/prior to past 12 months)	?	1	2	3 -----> 1	1	3	P64 P65

SCID Code	Diagnosis	Inadequate Info.	Absent	Sub-threshold	Threshold	Meets Symptomatic Dx. Crit. Past Month			
Lifetime Prevalence						Absent	Present		
ANXIETY DISORDERS									
30	Panic Disorder (F.5/lifetime)(F.5/past month)	?	1	2	3	----->	1	3	P66 P67
Lifetime Prevalence						Meets Symptomatic Dx. Crit. Past 6 Months			
31	Agoraphobia (F.11/lifetime) (F.12/past 6 months)	?	1	2	3	----->	1	3	P68 P69
32	Social Anxiety Disorder (F.16/lifetime)(F.17/past 6 months)	?	1	2	3	----->	1	3	P70 P71
33	Specific Phobia (F.21/lifetime) (F.22/past 6 months)	?	1	2	3	----->	1	3	P72 P73
34	Generalized Anxiety Disorder (F.30/lifetime)(F.26/past 6 months)	?	1	2	3	----->	1	3	P74 P75
Current Only						Meets Symptomatic Dx. Crit. Past 6 Months			
35	Separation Anxiety Disorder (OPTIONAL) (Opt-F.4/past 6 months only)	?	1				1	3	P76
Lifetime Prevalence						Meets Symptomatic Dx. Crit. Past Month			
36	Other Specified Anxiety Disorder (F.32/lifetime) (F.32/past month)	?	1		3	----->	1	3	P77 P78
37	Anxiety Disorder Due to Another Medical Condition (F.34/lifetime)(F.34/past month) Specify AMC: _____	?	1		3	----->	1	3	P79 P80
38	Substance/Medication-Induced Anxiety Disorder (F.36/lifetime)(F.36/past month) Specify substance: _____	?	1		3	----->	1	3	P81 P82
OBSESSIVE-COMPULSIVE AND RELATED DISORDERS									
39	Obsessive Compulsive Disorder (G.5/lifetime)(G.6/past month)	?	1	2	3	----->	1	3	P83 P84
40	Hoarding Disorder (OPTIONAL) (Opt-G.3/lifetime)(Opt-G.4/past month)	?	1	2	3	----->	1	3	P85 P86
41	Body Dysmorphic Disorder (OPTIONAL) (Opt-G.7/lifetime) (Opt-G.9/past month)	?	1	2	3	----->	1	3	P87 P88
42	Trichotillomania (Hair-Pulling Disorder) (OPTIONAL) (Opt-G.11/lifetime) (Opt-G.12/past month)	?	1	2	3	----->	1	3	P89 P90
43	Excoriation (Skin-Picking) Disorder (OPTIONAL) (Opt-G.14/lifetime) (Opt-G.15/past month)	?	1	2	3	----->	1	3	P91 P92

SCID Code	Diagnosis	Inadequate Info.	Absent	Sub-threshold	Threshold	Absent	Present	
44	Other Specified Obsessive Compulsive and Related Disorder (G.9/lifetime)(G.9/past month)	?	1	2	3 ----->	1	3	P93 P94
45	Obsessive-Compulsive and Related Disorder Due to Another Medical Condition (G.13/lifetime)(G.13/past month) Specify AMC: _____	?	1	2	3 ----->	1	3	P95 P96
46	Substance/Medication-Induced Obsessive-Compulsive and Related Disorder (G.16/lifetime) (G.16/past month). Specify substance: _____	?	1	2	3 ----->	1	3	P97 P98
					Current Only	Meets Symptomatic Dx. Crit. Past 3 Months		
SLEEP-WAKE DISORDERS								
47	Insomnia Disorder (OPTIONAL) (Opt-H.3/past 3 months)	?				1	3	P99
48	Hypersomnolence Disorder (OPTIONAL) (Opt-H.7/past 3 months)	?				1	3	P100
49	Substance-Induced Sleep Disorder (OPTIONAL) (Opt-H.11) Specify substance: _____	?				1	3	P101
					Lifetime Prevalence	Meets Symptomatic Dx. Crit. Past 3 Months		
FEEDING AND EATING DISORDERS								
50	Anorexia Nervosa (I.1/lifetime) (I.2/past 3 months)	?	1	2	3 ----->	1	3	P102 P103
51	Bulimia Nervosa (I.5/lifetime) (I.6/past 3 months)	?	1	2	3 ----->	1	3	P104 P105
52	Binge Eating Disorder (I.8/lifetime)(I.9/past 3 months)	?	1	2	3 ----->	1	3	P106 P107
					Current Only	Meets Symptomatic Dx. Crit. Past Month		
53	Avoidant/Restrictive Food Intake Disorder (OPTIONAL) (Opt-I.3/past month)	?				1	3	P108
					Lifetime Prevalence	Meets Symptomatic Dx. Crit. Past Month		
54	Other Specified Feeding or Eating Disorder (I.10/lifetime) (I.10/past month)	?	1	2	3 ----->	1	3	P109 P110

SCID Code	Diagnosis	Inadequate Info.	Absent	Sub-threshold	Threshold	Absent	Present	
Current Only						Meets Symptomatic Dx. Crit. Past 6 Months		
SOMATIC SYMPTOM AND RELATED DISORDERS								
55	Somatic Symptom Disorder (OPTIONAL) (Opt-J.2/past 6 months)	?				1	3	P111
56	Illness Anxiety Disorder (OPTIONAL) (Opt-J.4/past 6 months)	?				1	3	P112
EXTERNALIZING DISORDERS								
57	Adult Attention-deficit/Hyperactivity Disorder (K.5/past 6 months)	?				1	3	P113
Current Only						Meets Symptomatic Dx. Crit. Past 12 Months		
58	Intermittent Explosive Disorder (OPTIONAL) (Opt-K.4/past 12 months)	?				1	3	P114
59	Gambling Disorder (OPTIONAL) (Opt-K.7/past 12 months)	?				1	3	P115
Current Only						Meets Symptomatic Dx. Crit. Past Month		
TRAUMA- AND STRESSOR-RELATED DISORDERS								
60	Acute Stress Disorder (L.10/past month)	?				1	3	P116
Lifetime Prevalence						Meets Symptomatic Dx. Crit. Past Month		
61	Posttraumatic Stress Disorder (L.18/lifetime)(L.18/past month)	?	1	2	3	-----> 1	3	P117 P118
Current Only						Meets Symptomatic Dx. Crit. Past 6 Months		
62	Adjustment Disorder (L.22/past 6 months)	?				1	3	P119
Lifetime Prevalence						Meets Symptomatic Dx. Crit. Past Month		
63	Other Specified Trauma- and Stressor-Related Disorder (L.23/lifetime)(L.23/past month)	?	1	2	3	-----> 1	3	P120 P121
64	OTHER DSM-5 DISORDER: Specify: _____	?	1	2	3	-----> 1	3	P122 P123

PRINCIPAL DIAGNOSIS (i.e., the disorder that is [or should be] the main focus of current clinical attention).

Enter SCID Code number from scoresheet for principal diagnosis: __ __

P124

Note: Code 00 if no current mental disorder. Code 99 if unknown.

INTERVIEWER'S DIAGNOSES, IF DIFFERENT FROM SCID DIAGNOSES:

P125

PROVISIONAL DIAGNOSIS (i.e., the disorder(s) that need more information in order to be ruled out).

P126

SOCIAL AND OCCUPATIONAL FUNCTIONING ASSESSMENT SCALE (SOFAS)

Consider psychological, social, and occupational functioning on a continuum from excellent functioning to grossly impaired functioning. Include impairments in functioning due to physical limitations, as well as those due to mental impairments. To be counted, impairment must be a direct consequence of mental and physical health problems; the effects of lack of opportunity and other environmental limitations are not to be considered.

CODE (Note: Use intermediate codes when appropriate, e.g., 45, 68, 72).

__ __ __

P127

- 100 Superior functioning in a wide range of activities.
- 91
- 90 Good functioning in all areas, occupationally and socially effective.
- 81
- 80 No more than a slight impairment in social, occupational, or school functioning (e.g., infrequent interpersonal conflict, temporarily falling behind in schoolwork).
- 71
- 70 Some difficulty in social, occupational, or school functioning, but generally functioning well, has some meaningful interpersonal relationships.
- 61
- 60 Moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or coworkers).
- 51
- 50 Serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).
- 41
- 40 Major impairment in several areas, such as work or school, family relations, (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).
- 31
- 30 Inability to function in almost all areas (e.g., stays in bed all day; no job, home, or friends).
- 21
- 20 Occasionally fails to maintain minimal personal hygiene; unable to function independently.
- 11
- 10 Persistent inability to maintain minimal personal hygiene. Unable to function without harming self or others or without considerable external support (e.g., nursing care and supervision).
- 1
- 0 Inadequate information.

Nonpatient Overview

I'm going to be asking you about problems or difficulties you may have had, and I'll be making some notes as we go along. Do you have any questions before we begin?

NOTE: Any current suicidal thoughts, plans, or actions should be thoroughly assessed by the clinician and action taken if necessary.

Demographic Data

GENDER: 1 Male ONP1
2 Female
3 Other (e.g., transgendered)

What's your date of birth?

DOB: ____ ____ ____ AGE: ____ ____ ONP2
month day year ONP3

Are you married?

IF NO: **Do you live with someone as if you are married?**

IF NO: **Were you ever married?**

MARITAL STATUS (most recent):

- 1 Married or living with someone as if married ONP4
- 2 Widowed
- 3 Divorced or annulled
- 4 Separated
- 5 Never married

How long have you been (MARITAL STATUS)?

IF EVER MARRIED: **How many times have you been married?**

Do you have any children?

IF YES: **How many? (What are their ages?)**

With whom do you live? (How many children under the age of 18 live in your household?)

In what city, town, or neighborhood do you live?

In what kind of place do you live? (A house, an apartment, a shelter, a halfway house, or some other living arrangement? Are you homeless?)

Education and Work History

How far did you go in school?

EDUCATION: ONP5
1 Grade 6 or less
2 Grades 7 to 12 (without graduating high school)
3 Graduated high school or high school equivalent
4 Part college/trade school
5 Graduated 2-year college or trade school
6 Graduated 4-year college
7 Part graduate/professional school
8 Completed graduate/professional school

IF FAILED TO COMPLETE A PROGRAM IN WHICH THEY WERE ENROLLED: **Why did you leave?**

What kind of work do you do? (Do you work outside of your home?)

Education and Work History (continued)

Have you always done that kind of work?

IF NO: **What other kind of work have you done in the past?**

What's the longest you've worked at one place?

Are you currently employed (getting paid)?

PRIMARY EMPLOYMENT STATUS:

ONP6

- 1 Full-time job
- 2 Part-time job
- 3 Keeping house or care giving full-time
- 4 In school/training
- 5 Retired
- 6 Unemployed, looking for work
- 7 Unemployed, not looking for work
- 8 Disabled

→ *IF YES:* **Do you work part-time or full-time?**

IF PART-TIME: **How many hours do you typically work each week? (Why do you work part-time instead of full-time?)**

→ *IF NO:* **Why is that? When was the last time you worked? How are you supporting yourself now?**

IF DISABLED: **Are you currently receiving disability payments? What are you receiving disability for?**

IF EMPLOYED: **How long have you worked at your current job?**

IF LESS THAN 6 MONTHS: **Why did you leave your last job?**

IF UNKNOWN: **Has there ever been a period of time when you were unable to work or go to school?**

IF YES: **Why was that?**

Have you ever been arrested, involved in a lawsuit, or had other legal trouble?

Current and Past Periods of Psychopathology

NOTE: FOR A COMPLICATED HX, USE THE LIFE CHART ON PAGE 7.

Have you ever seen anybody for emotional or psychiatric problems?

→ *IF YES:* **What was that for? (What treatment did you get? Any medications? When was that? When was the first time you ever saw someone for emotional or psychiatric problems?)**

→ *IF NO:* **Was there ever a time when you, or someone else, thought you should see someone because of the way you were feeling or acting? (Tell me more.)**

Have you ever seen anybody for problems with alcohol or drugs?

IF YES: **What was that for? (What treatment[s] did you get? Any medications? When was that?)**

Have you ever attended a self-help group, like Alcoholics Anonymous, Gamblers Anonymous, or Overeaters Anonymous?

IF YES: **What was that for? When was that?**

Hospitalization History

Have you ever been a patient in a psychiatric hospital? Number of previous hospitalizations (Do not include transfers):

IF YES: What was that for? (How many times?) _____

ONP7

IF AN INADEQUATE ANSWER IS GIVEN, CHALLENGE

GENTLY: e.g., Wasn't there something else? People don't usually go to psychiatric hospitals just because they are tired or nervous.

Have you ever been in a hospital for treatment of a medical problem?

IF YES: What was that for?

Thinking back over your whole life, when were you the most upset? (Why? What was that like? How were you feeling?)

Suicidal Ideation and Behavior

CHECK FOR THOUGHTS: Have you ever wished you were dead or wished you could go to sleep and not wake up? (Tell me about that.) RECORD ANY HISTORY OF SUICIDAL THOUGHTS OR BEHAVIORS, INCLUDING IN THE PAST WEEK:

→ *IF NO: SKIP TO NEXT PAGE, *SUICIDE ATTEMPT**

→ *IF YES: Did you have any of these thoughts in the past week (including today)?*

→ *IF NO: SKIP TO NEXT PAGE, *SUICIDE ATTEMPT**

→ *IF YES: CHECK FOR INTENT: Have you had a strong urge to kill yourself at any point during the past week? (Tell me about that.) In the past week, did you have any intention of attempting suicide? (Tell me about that.)*

CHECK FOR PLAN AND METHOD: In the past week, have you thought about how you might actually do it? (Tell me about what you were thinking of doing.) Have you thought about what you would need to do to carry this out? (Tell me about that. Do you have the means to do this?)

Check if:

___ Suicidal Ideation lifetime

ONP8

___ Suicidal Ideation past week

ONP9

___ with suicide intent

ONP10

___ with suicide plan

ONP11

___ with access to chosen method

ONP12

Suicide Attempt

CHECK FOR ATTEMPT: Have you ever tried to kill yourself?

IF NO: Have you ever done anything to harm yourself?

IF NO: GO TO *OTHER CURRENT PROBLEMS,* BELOW.

IF YES TO EITHER OF ABOVE: What did you do? (Tell me what happened.) Were you trying to end your life?

IF MORE THAN ONE ATTEMPT: Which attempt had the most severe medical consequences (going to emergency department, needing hospitalization, requiring ICU)?

Have you made any suicide attempts in the past week (including today)?

Check if:

☐ Suicide attempt lifetime

ONP13

☐ Suicide attempt past week

ONP14

Other Current Problems

Have you had any other problems in the past month? (How are things going at work, at home, and with other people?)

What has your mood been like?

How has your physical health been? (Have you had any medical problems?)

Do you take any medication, vitamins, nutritional supplements, or natural health remedies (other than those you've already told me about?)

IF YES: How much and how often do you take (MEDICATION)? (Has there been any change in the amount you have been taking?)

In the past month, how much have you been drinking?

When you drink, who are you usually with? (Are you usually alone or out with other people?)

In the past month, have you been using any illegal or recreational drugs? How about taking more of your prescription drugs than was prescribed or running out early?

How have you been spending your free time? Who do you spend time with?

Lifetime Alcohol and Drug Use

Now I would like to ask you some more about your alcohol use over your lifetime.

How much do you usually drink?

Over your lifetime, when were you drinking the most? (During that time, how much were you drinking? What were you drinking? Beer? Wine? Hard liquor? How often were you drinking this much?)

Have you ever had a time when your drinking caused problems for you?

Have you ever had a time when anyone objected to your drinking?

Now I'd like to ask you about your use of drugs or medicines over your lifetime.

IF DURING ASSESSMENT SUBJECT CATEGORICALLY DENIES LIFETIME DRUG USE, ASK THE FOLLOWING:
You mean you have never even tried marijuana?

IF SUBJECT STILL DENIES LIFETIME DRUG USE, SKIP TO SCREENING MODULE. OTHERWISE, CONTINUE WITH DRUG ASSESSMENT.

FOR EACH SPECIFIC DRUG IN THE CLASS, INDICATE USE PATTERN BASED ON QUESTIONS AT THE BOTTOM OF THE PAGE

LIFETIME

Rate "3" if used more than 6 times in any year (other than past year) or, if prescribed/OTC, the possibility of abuse

PAST YEAR

Rate "3" if used more than 6 times in the past year or, if prescribed/OTC, the possibility of abuse

Have you taken any pills to calm you down, help you relax, or help you sleep? (Drugs like Valium, Xanax, Ativan, Klonopin, Ambien, Sonata, or Lunesta?)

Sedatives-hypnotics-anxiolytics:

1

3

1

3

ONP15

Have you ever used marijuana ("pot," "grass," "weed"), hashish ("hash"), THC, K2, or "spice"?

Cannabis:

1

3

1

3

ONP16

Have you ever used any stimulants or "uppers" to give you more energy, keep you alert, lose weight, or help you focus? (Drugs like speed, methamphetamine, crystal meth, "crank," Ritalin or methylphenidate, Dexedrine, Adderall or amphetamine or prescription diet pills?)

Stimulants:

1

3

1

3

ONP17

How about cocaine or "crack"?

Have you ever used heroin or methadone? How about prescription pain killers? (Drugs like morphine, codeine, Percocet, Percodan, Oxycontin, Tylox, or oxycodone, Vicodin, Lortab, Lorcet or hydrocodone, suboxone or buprenorphine?)

Opioids:

1

3

1

3

ONP18

FOR EACH DRUG CLASS IN WHICH SUBJECT ACKNOWLEDGES USE OF A DRUG FROM THAT CLASS, ASK THE FOLLOWING QUESTIONS:

Over your lifetime, when were you taking (SUBSTANCE) the most? How long did that period last? During that time, how often were you taking it? How much were you using?

Have you ever had a time when your use of (SUBSTANCE) caused problems for you?

IF YES: How about in the past 12 months?

Have you ever had a time when anyone objected to your use of (SUBSTANCE)?

IF YES: How about in the past 12 months?

➤ **IF ILLICIT OR RECREATIONAL DRUG: Have you ever used (SUBSTANCE) at least six times in a 12 month period?**

IF YES: How about in the past 12 months?

➤ **IF PRESCRIBED OR OTC MEDICATION AND UNKNOWN: Did you ever get hooked or become dependent on (PRESCRIBED/OTC DRUG)? Did you ever take more of it than was prescribed (or, for OTC was directed) or run out of your prescription early? (Did you ever have to go to more than one doctor to make sure you didn't run out?)**

IF YES: How about in the past 12 months?

Have you ever used any drugs to “trip” or heighten your senses? (Drugs like LSD, “acid,” peyote, mescaline, psilocybin, Ecstasy [MDMA, “molly”], bath salts, DMT or other hallucinogens?)	Hallucinogens:	1	3	1	3	ONP19
Have you ever used PCP (“angel dust,” “peace pill”) or ketamine (“Special K,” “Vitamin K”)?	Phencyclidine and Related Substances:	1	3	1	3	ONP20
Have you ever used glue, paint, or correction fluid, gasoline, or other inhalants to get high? <i>NOTE: Nitrous oxide, and amyl-, butyl-, or Isobutyl nitrite are not inhalants but are classified as Other (or Unknown) Substance Use Disorder (below).</i>	Inhalants:	1	3	1	3	ONP21
What about other drugs, like anabolic steroids, nitrous oxide (laughing gas, “whippets”), nitrites (amyl nitrite, butyl nitrite, “poppers,” “snappers”), diet pills (phentermine), or over-the-counter medicine for allergies, colds, cough, or sleep?	Other (or Unknown):	1	3	1	3	ONP22

GO TO NEXT MODULE

FOR EACH DRUG CLASS IN WHICH SUBJECT ACKNOWLEDGES USE OF A DRUG FROM THAT CLASS, ASK THE FOLLOWING QUESTIONS:

Over your lifetime, when were you taking (SUBSTANCE) the most? How long did that period last? During that time, how often were you taking it? How much were you using?

Have you ever had a time when your use of (SUBSTANCE) caused problems for you?

IF YES: How about in the past 12 months?

Have you ever had a time when anyone objected to your use of (SUBSTANCE)?

IF YES: How about in the past 12 months?

➤ **IF ILLICIT OR RECREATIONAL DRUG: Have you ever used (SUBSTANCE) at least six times in a 12 month period?**

IF YES: How about in the past 12 months?

➤ **IF PRESCRIBED OR OTC MEDICATION AND UNKNOWN: Did you ever get hooked or become dependent on (PRESCRIBED/OTC DRUG)? Did you ever take more of it than was prescribed (or, for OTC was directed) or run out of your prescription early? (Did you ever have to go to more than one doctor to make sure you didn’t run out?)**

IF YES: How about in the past 12 months?

THE LIFE CHART (BELOW) MAY BE USED AT ANY POINT IN THE OVERVIEW TO RECORD THE DETAILS OF A COMPLICATED HISTORY.

LIFE CHART

Age (or date)	Description (symptoms, triggering events)	Treatment

RETURN TO OVERVIEW PAGE 3, ***HOSPITALIZATION HISTORY*** TO CONTINUE WITH OVERVIEW QUESTIONS.

SCID Screening Module (including optional disorders)

Now I want to ask you some more specific questions about problems you may have had. We'll go into more detail about them later.

1. Have you ever had an intense rush of anxiety, or what someone might call a "panic attack," when you suddenly felt very frightened, or anxious or suddenly developed a lot of physical symptoms?

(screening for panic attacks)

NO	YES
CIRCLE "NO" ON F.1	CIRCLE "YES" ON F.1

S1

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?

(screening for Agoraphobia)

NO	YES
CIRCLE "NO" ON F.8	CIRCLE "YES" ON F.8

S2

3. Have you been especially nervous or anxious in social situations like having a conversation or meeting unfamiliar people?

(screening for Social Anxiety Disorder)

NO	YES
CIRCLE "NO" ON 1 st ITEM, F.14	CIRCLE "YES" ON 1 st ITEM, F.14

S3

4. Is there anything that you have been afraid to do or felt very uncomfortable doing in front of other people, like speaking, eating, writing, or using a public bathroom?

(screening for Social Anxiety Disorder)

NO	YES
CIRCLE "NO" ON 2 nd ITEM, F.14	CIRCLE "YES" ON 2 nd ITEM, F.14

S4

5. Are there any other things that have made you especially anxious or afraid, like flying, seeing blood, getting a shot, heights, closed places, or certain kinds of animals or insects?

(screening for Specific Phobia)

NO	YES
CIRCLE "NO" ON F.19	CIRCLE "YES" ON F.19

S5

6. Over the last several months have you been feeling anxious and worried for a lot of the time?

(screening for current Generalized Anxiety Disorder)

NO	YES
CIRCLE "NO" ON F.24	CIRCLE "YES" ON F.24

S6

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?

(screening for past Generalized Anxiety Disorder)

NO	YES
CIRCLE "NO" ON F.27	CIRCLE "YES" ON F.27

S7

7a. In the past 6 months, since (6 MONTHS AGO), have you been especially anxious about being separated from people you're attached to (like your parents, children, or partner)?

(screening for current Separation Anxiety Disorder)

NO	YES
CIRCLE "NO" ON Opt-F.1	CIRCLE "YES" ON Opt-F.1

S7a

8. **Have you ever been bothered with thoughts that kept coming back to you even when you didn't want them to, like being exposed to germs or dirt or needing everything to be lined up in a certain way?**

(screening for obsessions in Obsessive-Compulsive Disorder)

NO	YES	S8
CIRCLE "NO" ON 1 st ITEM, G.1	CIRCLE "YES" ON 1 st ITEM, G.1	

9. **How about having images pop into your head that you didn't want like violent or horrible scenes or something of a sexual nature?**

(screening for obsessions in Obsessive-Compulsive Disorder)

NO	YES	S9
CIRCLE "NO" ON 2 nd ITEM, G.1	CIRCLE "YES" ON 2 nd ITEM, G.1	

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?**

(screening for obsessions in Obsessive-Compulsive Disorder)

NO	YES	S10
CIRCLE "NO" ON 3 rd ITEM, G.1	CIRCLE "YES" ON 3 rd ITEM, G.1	

11. **Was there ever anything that you had to do over and over again and was hard to 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?**

(screening for compulsions in Obsessive-Compulsive Disorder)

NO	YES	S11
CIRCLE "NO" ON G.2	CIRCLE "YES" ON G.2	

11a. **Have you found it difficult to throw out, sell, or give away things?**

(screening for Hoarding Disorder)

NO	YES	S11a
CIRCLE "NO" ON Opt-G.1	CIRCLE "YES" ON Opt-G.1	

11b. **Have you been very concerned that there is something wrong with your physical appearance or the way one or more parts of your body looks?**

(screening for Body Dysmorphic Disorder)

NO	YES	S11b
CIRCLE "NO" ON Opt-G.6	CIRCLE "YES" ON Opt-G.6	

11c. **Have you ever repeatedly pulled out hair from anywhere on your body other than for cosmetic reasons?**

(screening for Trichotillomania)

NO	YES	S11c
CIRCLE "NO" ON Opt-G.10	CIRCLE "YES" ON Opt-G.10	

11d. **Have you ever repeatedly picked at your skin with your fingernails, tweezers, pins, or other objects?**

(screening for Excoriation Disorder)

NO	YES	S11d
CIRCLE "NO" ON Opt-G.13	CIRCLE "YES" ON Opt-G.13	

11e. **Over the past 3 months, since (3 MONTHS AGO), has a major concern of yours been that you are not getting enough good sleep or not feeling rested?**

(screening for current Insomnia Disorder)

NO	YES	S11e
CIRCLE "NO" ON Opt-H.1	CIRCLE "YES" ON Opt-H.1	

11f. **Over the past 3 months, since (3 MONTHS AGO), have you often had days when you were sleepy despite having slept for at least 7 hours?**

(screening for current Hypersomnolence Disorder)

NO	YES	S11f
CIRCLE "NO" ON Opt-H.7	CIRCLE "YES" ON Opt-H.7	

12. **Have you ever had a time when you weighed much less than other people thought you ought to weigh?**

(screening for Anorexia Nervosa)

NO	YES	S12
CIRCLE "NO" ON I.1	CIRCLE "YES" ON I.1	

13. **Have you often had times when your eating was out of control?**

(screening for binge eating in Bulimia Nervosa and Binge Eating Disorder)

NO	YES	S13
CIRCLE "NO" ON I.4	CIRCLE "YES" ON I.4	

13a. **In the past month, since (1 MONTH AGO), have you been uninterested in food in general or have you kept forgetting to eat?**

(screening for current Avoidant/Restrictive Food Intake Disorder)

NO	YES	S13a
CIRCLE "NO" ON Opt-I.1	CIRCLE "YES" ON Opt-I.1	

13b. **In the past month, since (1 MONTH AGO), have you avoided eating a lot of foods because of the way they look or the way they feel in your mouth?**

(screening for current Avoidant/Restrictive Food Intake Disorder)

NO	YES	S13b
CIRCLE "NO" ON Opt-I.1	CIRCLE "YES" ON Opt-I.1	

13c. **In the past month, since (1 MONTH AGO), have you avoided eating a lot of different foods because you are afraid you won't be able to swallow or that you will choke, gag, or throw up?**

(screening for current Avoidant/Restrictive Food Intake Disorder)

NO	YES	S13c
CIRCLE "NO" ON Opt-I.1	CIRCLE "YES" ON Opt-I.1	

13d. **Over the past 6 months, since (6 MONTHS AGO), have you been bothered by any physical symptoms?**

(screening for current Somatic Symptom Disorder)

NO	YES	S13d
CIRCLE "NO" ON Opt-J.1	CIRCLE "YES" ON Opt-J.1	

13e. **Over the past 6 months, since (6 MONTHS AGO), have you spent a lot of time thinking that you have, or will get, a serious disease?**

(screening for current Illness Anxiety Disorder)

NO	YES	S13e
CIRCLE "NO" ON Opt-J.3	CIRCLE "YES" ON Opt-J.3	

14. **Over the past several years, have you often been easily distracted or disorganized?**

(screening for inattention in current Attention-Deficit/Hyperactivity Disorder)

NO	YES	S14
CIRCLE "NO" ON 1 st ITEM, K.1	CIRCLE "YES" ON 1 st ITEM, K.1	

15. **Over the past several years, have you often had a lot of difficulty sitting still or waiting your turn?**

(screening for hyperactivity/impulsivity in current Attention-Deficit/Hyperactivity Disorder)

NO**YES**

S15

CIRCLE
"NO" ON
2nd ITEM,
K.1

CIRCLE
"YES" ON
2nd ITEM,
K.1

15a. **In the past year, since (1 YEAR AGO), have you frequently lost control of your temper and ended up yelling or getting into arguments with others?**

(screening for current Intermittent Explosive Disorder)

NO**YES**

S15a

CIRCLE
"NO" ON
1st ITEM,
Opt-K.1

CIRCLE
"YES" ON
1st ITEM,
Opt-K.1

15b. **In the past year, since (1 YEAR AGO), have you lost your temper so that you shoved, hit, kicked, or threw something at a person or an animal, or damaged someone's property?**

(screening for current Intermittent Explosive Disorder)

NO**YES**

S15b

CIRCLE
"NO" ON
2nd ITEM,
Opt-K.1

CIRCLE
"YES" ON
2nd ITEM,
Opt-K.1

15c. **In the past year, since (1 YEAR AGO), have you regularly gambled or regularly bought lottery tickets?**

(screening for current Gambling Disorder)

NO**YES**

S15d

CIRCLE
"NO" ON
Opt-K.5

CIRCLE
"YES" ON
Opt-K.5

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 you lost or gained any weight? How much?)

IF YES: Have you been trying to [lose/gain] weight?)

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, consider failure to make expected weight gains.

? 1 2 3 A3

Check if:

_____ weight loss or decreased appetite
_____ weight gain or increased appetite

A4

A5

...how have you been sleeping? (Trouble falling asleep, waking frequently, trouble staying asleep, waking 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 before you got [depressed/OWN WORDS]? Has it been nearly every night?)

4. Insomnia or hypersomnia nearly every day.

? 1 2 3 A6

Check if:

_____ insomnia
_____ hypersomnia

A7

A8

...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 been nearly every day?)

5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)

? 1 2 3 A9

NOTE: Consider behavior during the interview.

Check if:

_____ psychomotor agitation
_____ psychomotor retardation

A10

A11

...what has your energy level been like? (Tired all the time? Nearly every day?)

6. Fatigue or loss of energy nearly every day.

? 1 2 3 A12

...have you been feeling worthless?

7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)

? 1 2 3 A13

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?)

Check if:

_____ worthlessness
_____ inappropriate guilt

A14

A15

IF YES TO EITHER OF ABOVE: Nearly every day?

...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?)

8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).

? 1 2 3 A16

...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?

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?)

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.

Check if:

- ☐ thoughts of own death
- ☐ suicidal ideation
- ☐ specific plan
- ☐ suicide attempt

NOTE: Any current suicidal thoughts, plans, or actions should be thoroughly assessed by the clinician and action taken if necessary.

? 1 2 3 A17

A18

A19

A20

A21

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

1 3 A22

GO TO *PAST
MAJOR
DEPRESSIVE
EPISODE* A.5

IF UNKNOWN: What effect have (DEPRESSIVE SXS) had on your life?

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

? 1 2 3 A23

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION B:

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?)

GO TO *PAST
MAJOR
DEPRESSIVE
EPISODE* A.5

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?

Have (DEPRESSIVE SXS) affected any other important part of your life?

IF DOES NOT INTERFERE WITH LIFE: How much have you been bothered or upset by having (DEPRESSIVE SXS)?

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

IF UNKNOWN: **When did** (EPISODE OF DEPRESSION) **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?

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.

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.45, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

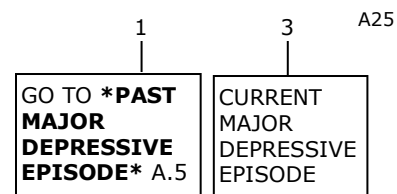
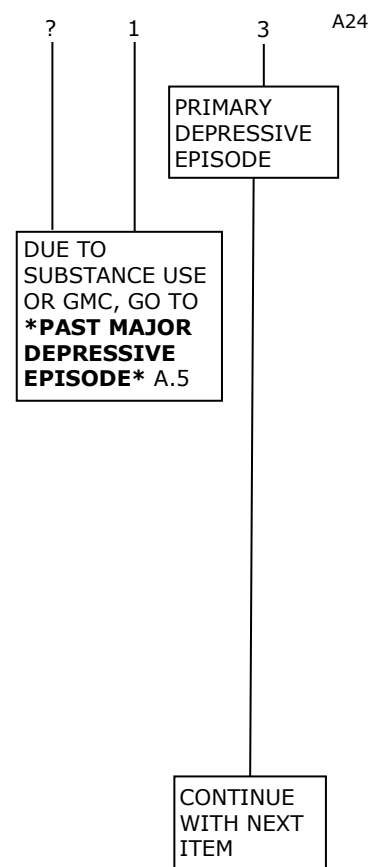
Etiological medical conditions include: stroke, Huntington's disease, Parkinson's disease, traumatic brain injury, Cushing's disease, hypothyroidism, multiple sclerosis, systemic lupus erythematosus.

Etiological substances/medications include: alcohol (I/W), phencyclidine (I), hallucinogens (I), inhalants (I), opioids (I/W), sedative, hypnotics or anxiolytics (I/W), amphetamine and other stimulants (I/W), cocaine (I/W), antiviral agents (etavirenz), cardiovascular agents (clonidine, guanethidine, methyldopa, reserpine), retinoic acid derivatives (isotretinoin), antidepressants, anticonvulsants, anti-migraine agents (triptans), antipsychotics, hormonal agents (corticosteroids, oral contraceptives, gonadotropin-releasing hormone agonists, tamoxifen), smoking cessation agents (varenicline) and immunological agents (interferon).

MAJOR DEPRESSIVE EPISODE CRITERIA A, B, AND C 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 CURRENT MDE)?

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



PAST MAJOR DEPRESSIVE EPISODE

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

Have you ever had a period when you were feeling depressed or down most of the day nearly every day? (Did anyone say that you looked sad, down, or depressed?)

IF NO: **How about feeling sad, empty or hopeless, most of the day nearly every day?**

IF YES TO EITHER OF ABOVE: **What was that like? When was that? How long did it last? (As long as 2 weeks?)**

IF PREVIOUS ITEM CODED "3":
During that time, did you lose interest or pleasure in things you usually enjoyed? (What was that like?)

IF PREVIOUS ITEM NOT CODED "3":
Have you ever had a period when you lost interest or pleasure in things you usually enjoyed? (What was that like?)

IF YES: **When was that? Was it nearly every day? How long did it last? (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)?**

MAJOR DEPRESSIVE EPISODE CRITERIA

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 was either (1) depressed mood or (2) loss of interest or pleasure.

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful). NOTE: in children and adolescents, can be irritable mood.

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).

NOTE: If there is evidence for more than one past episode, select the "worst" one for your inquiry about past Major Depressive Episode. If there was a likely Major Depressive Episode in the past year, ask about that episode even if it was not the worst.

?	1	2	3	
				A27

?	1	2	3	
				A28

IF NEITHER
ITEM A.1 NOR
A.2 IS CODED
"3," GO TO
***CURRENT
MANIC
EPISODE*** A.10

FOR THE FOLLOWING QUESTIONS, FOCUS ON THE WORST 2 WEEKS OF THE PAST MAJOR DEPRESSIVE EPISODE THAT YOU ARE INQUIRING ABOUT.

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).

During that (2-WEEK PERIOD)...

...how was your appetite? (What about compared to your usual appetite? Did you have to force yourself to eat? Eat [less/more] than usual? Was that nearly every day? Did you lose or gain any weight? How much?

IF YES: Were you trying to [lose/gain weight?]

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. ? 1 2 3 A29

Check if:

_____ weight loss or decreased appetite A30
_____ weight gain or increased appetite A31

...how were you sleeping? (Trouble falling asleep, waking frequently, trouble staying asleep, waking too early, OR sleeping too much? How many hours of sleep (including naps) had you been getting? How many hours of sleep did you typically get before you got (depressed/OWN WORDS)? Has it been nearly every night?

4. Insomnia or hypersomnia nearly every day. ? 1 2 3 A32

Check if:

_____ insomnia A33
_____ hypersomnia A34

...were you so fidgety or restless that you were unable to sit still? What about the opposite—talking more slowly, or moving more slowly than was normal for you, as if you were moving through molasses or mud? (In either instance, was it so bad that other people have noticed it? What did they notice? Was that nearly every day?)

5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down). ? 1 2 3 A35

Check if:

_____ psychomotor agitation A36
_____ psychomotor retardation A37

...what was your energy level like? (Tired all the time? Nearly every day?)

6. Fatigue or loss of energy nearly every day ? 1 2 3 A38

...were you feeling worthless? Did you feel guilty about things you had done or not done?

IF YES: What things? (Was this only because you couldn't take care of things since you have been sick?)

7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick). ? 1 2 3 A39

Check if:

_____ worthlessness A40
_____ inappropriate guilt A41

IF YES TO EITHER OF ABOVE: Nearly every day?

...did you have trouble thinking or concentrating? Was it hard to make decisions about everyday things? (What kinds of things did it interfere with?) Nearly every day?

8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others). ? 1 2 3 A42

During that (2-WEEK PERIOD)...

...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?

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?)

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.

? 1 2 3 A43

NOTE: Code "1" for self-mutilation without suicidal intent.

Check if:

- thoughts of own death
- suicidal ideation
- specific plan
- suicide attempt

A44
A45
A46
A47

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

1

3

A48

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.5, 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.10.

CONTINUE WITH NEXT ITEM, CRITERION B, NEXT PAGE

IF UNKNOWN: **What effect did (DEPRESSIVE SXS) have on your life?**

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

?

1

2

3

A49

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION B:

How did (DEPRESSIVE SXS) affect your relationships or your interactions with other people? (Did this cause you any problems in your relationships with your family, romantic partner or friends?)

How did (DEPRESSIVE SXS) affect your work/school? (How about your attendance at work or school? Did [DEPRESSIVE SXS] make it more difficult to do your work/schoolwork? How did [DEPRESSIVE SXS] affect the quality of your work/schoolwork?)

How did (DEPRESSIVE SXS) affect 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 anything because you felt like you weren't up to it?)

Did (DEPRESSIVE SXS) affect any other important part of your life?

IF DID NOT INTERFERE WITH LIFE: **How much were you bothered or upset by having (DEPRESSIVE SXS)?**

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.5, 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.10.*

CONTINUE
ON NEXT
PAGE

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?

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).

IF THERE IS ANY INDICATION THAT THE DEPRESSION 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.

IF UNKNOWN: Has there been any other time when you were having (DEPRESSIVE SXS) like this but were not (using SUBSTANCE/MEDICATION/ill with GMC)?

→ **IF YES: GO TO *PAST MAJOR DEPRESSIVE EPISODE* A.5 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.**

→ **IF NO: GO TO *CURRENT MANIC EPISODE* A.10**

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

? 1 3 A50

DUE TO
SUBSTANCE
USE OR GMC

PRIMARY
DEPRESSIVE
EPISODE

CONTINUE
WITH NEXT
ITEM

1 3 A51

GO TO
***CURRENT
MANIC
EPISODE***
A.10

PAST MAJOR
DEPRESSIVE
EPISODE

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

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

A52

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).

A53

CURRENT MANIC EPISODE**MANIC EPISODE CRITERIA**

Since (1 MONTH AGO), has there been 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 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? Have you been much more active than is typical for you? (Have other people commented on how much you 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?)

IF YES: Have you also been feeling like you were "hyper" and had an unusual amount of energy? Have you been much more active than is typical for you? (Have other people commented on how much you have been doing?)

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?

Have you been feeling (high/irritable/OWN WORDS) for most of the day, nearly every day during this time?

FOCUS ON THE MOST SEVERE WEEK IN THE PAST MONTH OF THE CURRENT EPISODE FOR THE FOLLOWING QUESTIONS.

IF UNCLEAR: During (EPISODE), when were you the most (high/irritable/OWN WORDS)?

During that time...

...how did you feel 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?)

...did you need less sleep than usual? (How much sleep did you get?)

IF YES: Did you still feel rested?

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

Check if:

- ___ elevated, expansive mood
___ irritable mood

? 1 2 3 A54

GO TO *PAST
MANIC
EPISODE*
A.18

A55
A56

...lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary).

? 1 2 3 A57

GO TO
*CURRENT
HYPOMANIC
EPISODE*
A.14

NOTE: If elevated mood lasts less than 1 week, check whether irritable mood lasts at least 1 week before skipping to A.14.

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:

1. Inflated self-esteem or grandiosity.

? 1 2 3 A58

2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).

? 1 2 3 A59

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

During that time...

...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?)

3. More talkative than usual or pressure to keep talking. ? 1 2 3 A60

...did you have thoughts racing through your head? (What was that like?)

4. Flight of ideas or subjective experience that thoughts are racing. ? 1 2 3 A61

...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.)

5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli) as reported or observed. ? 1 2 3 A62

...how did you spend your time? (Work, friends, hobbies? Were you especially busy during that time?)

6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation (i.e., purposeless non-goal-directed activity). ? 1 2 3 A63

(Did you find yourself more enthusiastic at work or working harder at your job? What about being more engaged in school activities or studying harder?)

Check if:

___ increase in activity
___ psychomotor agitation

A64

A65

(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?)

(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?)

Were you physically restless during this time, doing things like pacing a lot, or being unable to sit still? (How bad was it?)

...were you doing anything that could have caused trouble for you or your family?

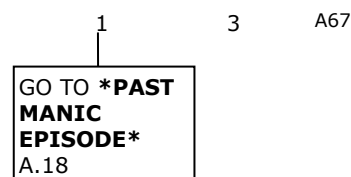
7. Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments). ? 1 2 3 A66

(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 involved in a business scheme that you wouldn't normally have done?)

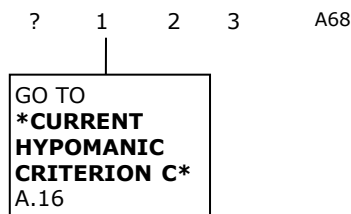
AT LEAST THREE "B" SXS ARE CODED "3" (FOUR IF MOOD ONLY IRRITABLE).



IF UNKNOWN: What effect have these (MANIC SXS) had on your life?

IF UNKNOWN: 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?

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



ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION C.

NOTE: Code "3" if psychotic symptoms have been present. You may need to return here to recode after screening for psychotic symptoms in Module B.

DESCRIBE:

How have (MANIC SXS) affected your relationships or your interactions with other people? (Have (MANIC SXS) caused you any problems in your relationships with your family, romantic partner or friends?)

How have (MANIC SXS) affected your work/school? (How about your attendance at work or school? Did [MANIC SXS] make it more difficult to do your work/schoolwork? How have [MANIC SXS] affected the quality of your work/schoolwork?)

How have (MANIC SXS) affected your ability to take care of things at home?

IF UNKNOWN: When did this period of being (high/irritable/OWN WORDS) begin?

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 drugs?

D. [Primary Manic Episode:] The episode is not attributable to the physiological effects of a substance (i.e., a drug of abuse, medication) or to another medical condition.

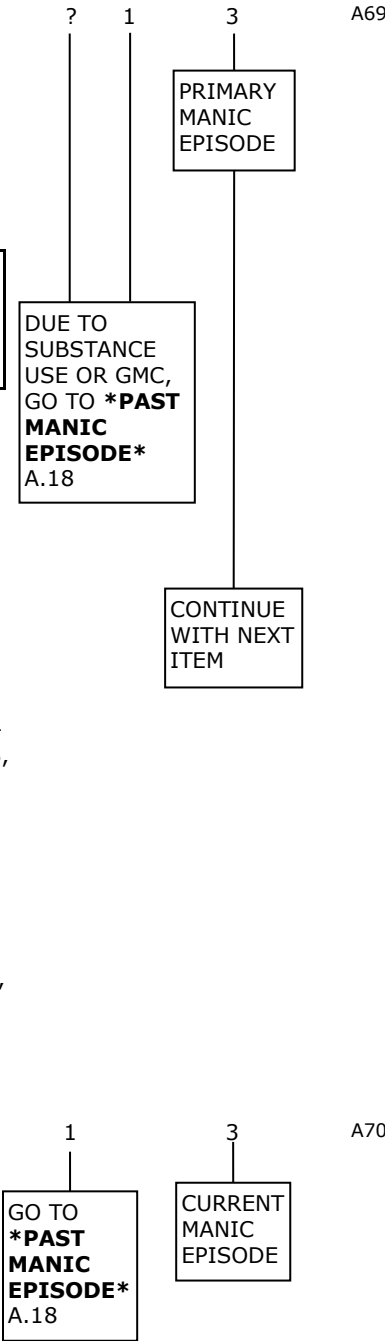
IF THERE IS ANY INDICATION THAT MANIA MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE), GO TO *GMC/SUBSTANCE* A.41 AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

NOTE: A full Manic 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 Manic Episode and, therefore, a Bipolar I diagnosis.

Etiological medical conditions include: Alzheimer’s disease, vascular dementia, HIV-induced dementia, Huntington’s disease, Lewy body disease, Wernicke-Korsakoff, Cushing’s disease, multiple sclerosis, ALS, Parkinson’s disease, Pick’s disease, Creutzfeldt-Jakob disease, stroke, traumatic brain injuries, hyperthyroidism

Etiological substances/medications include: alcohol (I/W), phencyclidine (I), hallucinogens (I), sedatives, hypnotics, anxiolytics (I/W), amphetamines (I/W), cocaine (I/W), corticosteroids, androgens, isoniazid, levodopa, interferon alpha, varenicline, procarbazine, clarithromycin, ciprofloxacin

MANIC EPISODE CRITERIA A, B, C, AND D ARE CODED "3."



***CURRENT HYPOMANIC
EPISODE*****HYPOMANIC EPISODE CRITERIA**

IF CRITERIA ARE MET FOR A CURRENT MANIC EPISODE, CHECK HERE _____ AND GO TO ***PREMENSTRUAL DYSPHORIC DISORDER*** A.36. A71

Has the period when you were feeling (high/irritable/OWN WORDS), lasted for at least 4 days? Has it lasted for most of the day, nearly every day?

- A. A distinct period of abnormally and persistently elevated, expansive or irritable mood and abnormally and persistently increased activity or energy, lasting at least 4 consecutive days, and present most of the day, nearly every day.

? 1 2 3 A72

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

Check if:

- ____ elevated, expansive mood
____ irritable mood

A73

A74

Have you had more than one time like that since (1 MONTH AGO)? (Which one was the most extreme?)

FOCUS ON THE MOST EXTREME PERIOD IN THE PAST MONTH OF THE CURRENT EPISODE FOR THE FOLLOWING QUESTIONS.

- B. During the period of mood disturbance and increased energy or activity, three (or more) of the following symptoms (four 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:

(During that time...)

...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?)

1. Inflated self-esteem or grandiosity.

? 1 2 3 A75

...did you need less sleep than usual? (How much sleep were you getting?)

2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).

? 1 2 3 A76

IF YES: Were you still feeling rested?

...were you much more talkative than usual? (Did people have trouble stopping you, understanding you, or getting a word in edgewise?)

3. More talkative than usual or pressure to keep talking.

? 1 2 3 A77

...did you have thoughts racing through you head? (What was that like?)

4. Flight of ideas or subjective experience that thoughts are racing.

? 1 2 3 A78

...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.)

5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed.

? 1 2 3 A79

During that time...

...how were you spending your time?
(Work, friends, hobbies? Were you
been especially productive or busy?

6. Increase in goal-directed activity (either
socially, at work or school, or sexually) or
psychomotor agitation.

?123A80

(Were you finding yourself more
enthusiastic at work or working harder
at your job? What about being more
engaged in school activities or studying
harder?)

Check if:
_____ increase in activity
_____ psychomotor agitation

A81
A82

(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?)

Were you physically restless during this
time, doing things like pacing a lot, or
being unable to sit still? (How bad was
it?)

...were you doing anything that could
have caused trouble for you or your
family?

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)

?123A83

(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 involved in
a business scheme that you wouldn't
normally have done?)

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

13A84

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.

GO TO
*PAST
MANIC
EPISODE*
A.18

CURRENT HYPOMANIC CRITERION C

IF UNKNOWN: **Was this very different from the way you usually are when you're not (high/irritable/OWN WORDS)? (How were you different? At work? With friends?)**

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

? 1 2 3 A85

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

IF UNKNOWN: **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 A86

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

IF UNKNOWN: **What effect have these (HYPOMANIC SXS) had on your life?**

- E. The episode is 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 A87

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 protect you from hurting yourself or someone else, or from doing something that could have caused serious financial or legal problems?**

NOTE: Code "1" if markedly impairing symptoms, if hospitalization is necessary, or if there are psychotic symptoms.

SXS NOT
SEVERE
ENOUGH
FOR A DX OF
MANIC
EPISODE

CONTINUE
ON NEXT
PAGE

IF SEVERE ENOUGH TO REQUIRE HOSPITALIZATION OR SEVERE ENOUGH TO CAUSE MARKED IMPAIRMENT AND DURATION WAS AT LEAST 1 WEEK, CHECK HERE ____ AND GO TO A.10 AND TRANSCRIBE B CRITERION SYMPTOM RATINGS AND CONTINUE WITH RATINGS FOR CURRENT MANIC EPISODE.

A88

IF SEVERE ENOUGH TO CAUSE MARKED IMPAIRMENT BUT LASTED LESS THAN 1 WEEK, CHECK HERE ____ AND GO TO ***PAST MANIC EPISODE*** A.18. IF CRITERIA ARE NOT MET FOR A PAST MANIC EPISODE, CODE "OTHER BIPOLAR DISORDER" FOR THIS SEVERE BUT BRIEF EPISODE, AND INDICATE TYPE 5 ON D.8.

A89

IF UNKNOWN: When did this period of being (high/irritable/OWN WORDS) begin?

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 drugs?

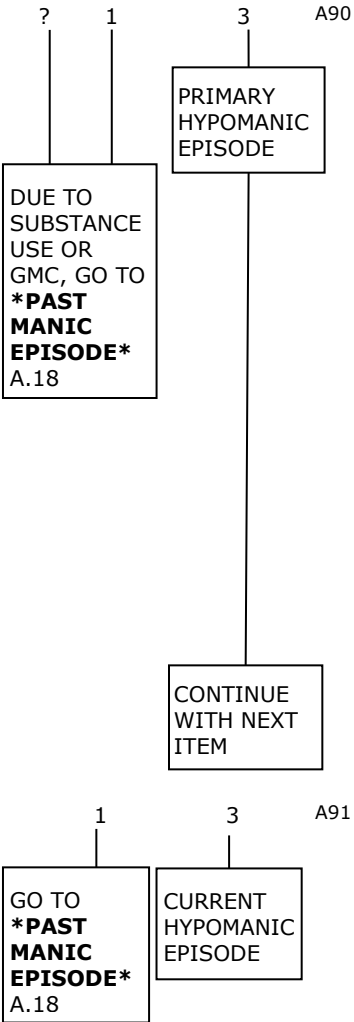
F. [Primary Hypomanic Episode:] The episode is not attributable to the physiological effects of a substance/medication or to another medical condition.

IF THERE IS ANY INDICATION THAT THE HYPOMANIA MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE), GO TO *GMC/SUBSTANCE* A.41, AND RETURN HERE TO MAKE A RATING 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 irritability, edginess, or agitation following antidepressant use) are neither taken as sufficient for diagnosis of a hypomanic episode, nor necessarily indicative of a bipolar diathesis.

NOTE: Refer to lists of etiological medical conditions and substances/medications on page A.13.

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



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 "on top of the world" that other people thought you were not your normal self?

→ IF YES: 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?)

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 is typical for you? (Did other people comment on how much you were doing?)

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

Check if:

- ___ elevated, expansive mood
___ irritable mood

? 1 2 3 A92

GO TO
*CURRENT
CYCLOTHYMIC
DISORDER*
A.28

A93
A94

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 else, or from doing something that could have caused serious financial or legal problems?)

...lasting at least 1 week and present most of the day, nearly every day (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.23.

? 1 2 3 A95

GO TO *PAST
HYPOMANIC
EPISODE*
A.23

Did you feel (high/irritable/OWN WORDS) for most of the day, nearly every day during this time?

NOTE: If there is evidence for more than one past episode, select 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.

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, since (1 YEAR AGO)?

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)?**

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:

During that time...

...how did you feel 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?)

1. Inflated self-esteem or grandiosity. ? 1 2 3 A96

...did you need less sleep than usual? (How much sleep did you get?)

2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep). ? 1 2 3 A97

IF YES: **Did you still feel rested?**

...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?)

3. More talkative than usual or pressure to keep talking. ? 1 2 3 A98

...did you have thoughts racing through your head? (What was that like?)

4. Flight of ideas or subjective experience that thoughts are racing. ? 1 2 3 A99

...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.)

5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli) as reported or observed. ? 1 2 3 A100

...how did you spend your time? (Work, friends, hobbies? Were you especially busy during that time?)

6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation (i.e., purposeless non-goal-directed activity). ? 1 2 3 A101

(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?)

Check if:

___ increase in activity
___ psychomotor agitation

A102

A103

(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?)

(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?)

Were you physically restless during this time, doing things like pacing a lot, or being unable to sit still?

(How bad was it?)

During that time...

...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 involved in a business scheme that you wouldn't normally have done?)

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)

?123A104

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

13A105

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.18, AND INQUIRE ABOUT WORST EPISODE.

IF NO: GO TO *CURRENT CYCLOTHYMIC DISORDER* A.28.

CONTINUE ON NEXT PAGE

IF UNKNOWN: **What effect did these (MANIC SXS) have on your life?**

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?**

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 home?

- C. The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others or there are psychotic features.

?

1 2

3

A106

CONTINUE
ON NEXT
PAGE

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?**

→ *IF YES: RETURN TO *PAST MANIC EPISODE* A.18, AND INQUIRE ABOUT OTHER EPISODE.*

→ *IF NO: GO TO *PAST HYPOMANIC CRITERION C* A.25*

IF UNKNOWN: When did this period of being (high/irritable/OWN WORDS) begin?

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 drugs?

D. [Primary Manic 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.

IF THERE IS ANY INDICATION THAT THE MANIA MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE), GO TO *GMC/SUBSTANCE* A.41, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

NOTE: A full Manic 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 Manic Episode and, therefore a Bipolar I diagnosis.

NOTE: Refer to lists of etiological medical conditions and substances/medications on page A.13.

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

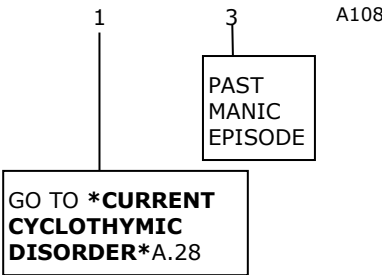
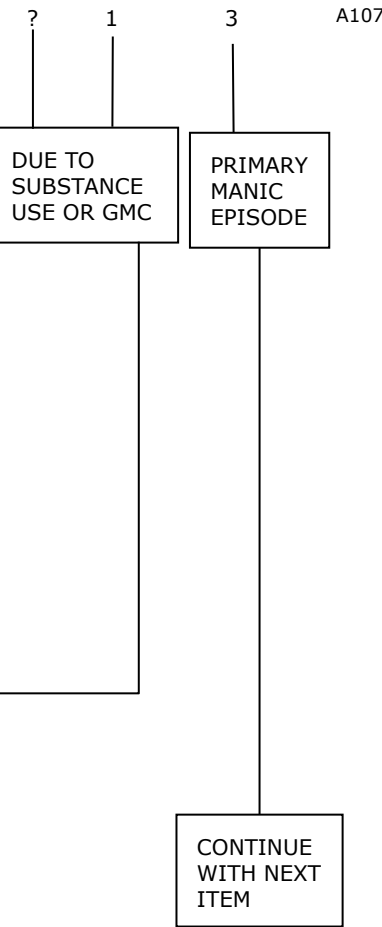
IF YES: RETURN TO *PAST MANIC EPISODE* A.18, AND INQUIRE ABOUT OTHER EPISODE.

IF NO: GO TO *CURRENT CYCLOTHYMIC DISORDER* A.28.

MANIC EPISODE CRITERIA A, B, C, AND D ARE CODED "3."

How old were you when (PAST MANIC EPISODE) started?

Age-at-onset of Past Manic Episode coded above



GO TO *PREMENSTRUAL DYSPHORIC DISORDER* A.36

PAST HYPOMANIC EPISODE

When you were (high/irritable/OWN WORDS), did it last for at least 4 days? (Did it last for most of the day, nearly every day?)

What was it like?

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, since (1 YEAR AGO)?**

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)?**

During that time...

...how did you feel 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?)

...did you need less sleep than usual? (How much sleep did you get?)

IF YES: **Did you still feel rested?**

...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?)

...did you have thoughts racing through your head? (What was that like?)

...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.)

HYPOMANIC EPISODE CRITERIA

A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy, lasting at least 4 consecutive days and persistent most of the day, nearly every day.

Check if:

- ☐ elevated, expansive mood
☐ irritable mood

NOTE: If there is evidence for more than one past episode, select the "worst" one for your inquiry about past Hypomanic Episode. If there was an episode in the past year, ask about that episode even if it was not the worst.

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:

1. Inflated self-esteem or grandiosity.

2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).

3. More talkative than usual or pressure to keep talking.

4. Flight of ideas or subjective experience that thoughts are racing.

5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed.

? 1 2 3 A110

GO TO
***CURRENT
CYCLOTHYMIC
DISORDER***
A.28

A111

A112

? 1 2 3 A113

? 1 2 3 A114

? 1 2 3 A115

? 1 2 3 A116

? 1 2 3 A117

During that time...

...how did you spend your time? (Work, friends, hobbies? Were you especially productive or busy during that time?)

6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation.

? 1 2 3 A118

(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?)

Check if:

_____ increase in activity
_____ psychomotor agitation

A119

A120

(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?)

(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?)

Were you physically restless during this time, doing things like pacing a lot, or being unable to sit still? (How bad was it?)

...did you do anything that could have caused trouble for you or your family?

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)

? 1 2 3 A121

(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 involved in a business scheme that you wouldn't normally have done?)

AT LEAST 3 "B" SXS ARE CODED "3" (4 IF MOOD ONLY IRRITABLE).

1

3

A122

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.

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 INQUIRE ABOUT THAT EPISODE.

→ IF NO: GO TO ***CURRENT CYCLOTHYMIC DISORDER*** A.28.

CONTINUE
WITH
NEXT ITEM

PAST HYPOMANIC CRITERION C

IF NOT KNOWN: **Was that 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 individual when not symptomatic.

?

1

2

3

A123

DESCRIBE:

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.

→ IF NO: GO TO ***CURRENT CYCLOTHYMIC DISORDER*** A.28.

CONTINUE
ON NEXT
PAGE

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

A124

DESCRIBE:

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?

CONTINUE WITH NEXT ITEM

→ *IF YES:* RETURN TO ***PAST HYPOMANIC EPISODE*** A.23 AND INQUIRE ABOUT THAT EPISODE.

→ *IF NO:* GO TO ***CURRENT CYCLOTHYMIC DISORDER*** A.28.

IF UNKNOWN: What effect did these (HYPOMANIC SXS) have on your life?

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

A125

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?

SXS NOT SEVERE ENOUGH FOR A DX OF MANIC EPISODE

CONTINUE ON NEXT PAGE

IF SEVERE ENOUGH TO REQUIRE HOSPITALIZATION OR SEVERE ENOUGH TO CAUSE MARKED IMPAIRMENT AND DURATION WAS AT LEAST 1 WEEK, CHECK HERE ____ AND GO TO A.19 AND TRANSCRIBE B CRITERION SYMPTOM RATINGS AND CONTINUE WITH RATINGS FOR PAST MANIC EPISODE.

A126

IF SEVERE ENOUGH TO CAUSE MARKED IMPAIRMENT BUT LASTED LESS THAN 1 WEEK, CHECK HERE ____ AND GO TO ***CURRENT CYCLOTHYMIC DISORDER*** A.28. IF CRITERIA ARE NOT MET FOR A PAST MANIC EPISODE, CODE "OTHER BIPOLAR DISORDER" FOR THIS SEVERE BUT BRIEF EPISODE, AND INDICATE "TYPE 5" ON D.8.

A127

IF UNKNOWN: When did this period of being (high/irritable/OWN WORDS) begin?

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 drugs?

F. [Primary Hypomanic 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.

IF THERE IS ANY INDICATION THAT THE HYPOMANIA MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE), GO TO ***GMC/SUBSTANCE*** A.41, AND RETURN HERE TO MAKE A RATING 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 irritability, edginess, or agitation following antidepressant use) are neither taken as sufficient for diagnosis of a hypomanic episode, nor necessarily indicative of a bipolar diathesis.

NOTE: Refer to lists of etiological medical conditions and substances/medications on page A.13.

? 1 3 A128

PRIMARY
HYPOMANIC
EPISODE

DUE TO
SUBSTANCE
USE OR GMC

CONTINUE
WITH NEXT
ITEM

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

→ **IF YES: RETURN TO *PAST HYPOMANIC EPISODE*** A.23 AND INQUIRE ABOUT ANOTHER EPISODE.

→ **IF NO: GO TO *CURRENT CYCLOTHYMIC DISORDER*** A.28.

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

1 3 A129

GO TO
***CURRENT
CYCLOTHYMIC
DISORDER***
A.28

PAST
HYPOMANIC
EPISODE

How old were you when (PAST HYPOMANIC EPISODE) started?

Age at onset of Past Hypomanic Episode coded above.

_____ A130

GO TO
***PREMENSTRUAL
DYSPHORIC
DISORDER*** A.36

CURRENT CYCLOTHYMIC DISORDER**CURRENT CYCLOTHYMIC DISORDER CRITERIA**

IF THERE HAS EVER BEEN A MAJOR DEPRESSIVE, MANIC, OR HYPOMANIC EPISODE, CHECK HERE ____ AND GO TO ***CURRENT PERSISTENT DEPRESSIVE DISORDER*** A.30. A131

For the past couple of years, since (2 YEARS AGO), have you had lots of times in which you were feeling high, excited or irritable as well as lots of time in which you were feeling down or depressed?

IF YES: Tell me about that.

Were you like this for most of the time since (2 YEARS AGO)?

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?

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 of depressed mood or loss of interest that did not meet criteria for a Major Depressive Episode.

? 1 2 3 A132

GO TO ***CURRENT PERSISTENT DEPRESSIVE DISORDER*** A.30

B. During the above 2-year period (1 year in children or adolescents), the hypomanic and depressive periods have been present for at least half the time and the individual has not been without the symptoms for more than 2 months at a time.

? 1 2 3 A133

GO TO ***CURRENT PERSISTENT DEPRESSIVE DISORDER*** A.30

C. Criteria for a Major Depressive Episode, Manic, or Hypomanic Episode have never been met.

? 1 2 3 A134

GO TO ***CURRENT PERSISTENT DEPRESSIVE DISORDER*** A.30

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

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.

? 1 2 3 A135

GO TO ***CURRENT PERSISTENT DEPRESSIVE DISORDER*** A.30

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?

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.

? 1 3 A136

PRIMARY CYCLOTHYMIA

DUE TO SUBSTANCE USE OR AMC; GO TO ***CURRENT PERSISTENT DEPRESSIVE DISORDER*** A.30

IF THERE IS ANY INDICATION THAT THE HYPOMANIC AND DEPRESSIVE SXS MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE), GO TO ***GMC/SUBSTANCE/MEDICATION*** A.41, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

CONTINUE ON NEXT PAGE

NOTE: Refer to lists of etiological medical conditions and substances/medications on page A.13.

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:

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 life?

IF HAVE NOT INTERFERED WITH LIFE: **How much have you been bothered or upset by having mood swings ?**

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

?123

A137

GO TO
*CURRENT
PERSISTENT
DEPRESSIVE
DISORDER*
A.30

CYCLOTHYMIC DISORDER CRITERIA A, B, C, D, E, AND F ARE CODED "3."

13

A138

GO TO
*CURRENT
PERSISTENT
DEPRESSIVE
DISORDER*
A.30

CURRENT
CYCLOTHYMIC
DISORDER

***CURRENT PERSISTENT
DEPRESSIVE DISORDER***

**CURRENT PERSISTENT DEPRESSIVE
DISORDER CRITERIA**

*IF THERE HAS EVER BEEN A MANIC OR HYPOMANIC EPISODE, CHECK HERE ____ AND GO TO ***PREMENSTRUAL DYSPHORIC DISORDER*** A.36.*

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?)

IF YES: What has that been like?

- A. 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 irritable and duration must be at least 1 year.

? 1 2 3 A140

GO TO ***PAST
PERSISTENT
DEPRESSIVE
DISORDER***
A.33

During these periods of (OWN WORDS FOR CHRONIC DEPRESSION) did 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 A141

...have trouble sleeping or sleep too much?

2. Insomnia or hypersomnia.

? 1 2 3 A142

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

3. Low energy or fatigue.

? 1 2 3 A143

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

4. Low self-esteem.

? 1 2 3 A144

...have trouble concentrating or making decisions?

5. Poor concentration or difficulty making decisions.

? 1 2 3 A145

...feel hopeless?

6. Feelings of hopelessness.

? 1 2 3 A146

AT LEAST TWO "B" SYMPTOMS ARE CODED "3."

? 1 2 3 A147

GO TO ***PAST
PERSISTENT
DEPRESSIVE
DISORDER***
A.33

Since (2 YEARS AGO), what was the longest period of time that you felt OK (NO DYSTHYMIC SYMPTOMS)?

- 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.

1 3 A148

NOTE: Code "1" if normal mood for more than 2 months at a time.

GO TO ***PAST
PERSISTENT
DEPRESSIVE
DISORDER***
A.33

- E. There has never been a Manic Episode or a Hypomanic Episode, and criteria have never been met for Cyclothymic disorder.

1 3 A149

GO TO ***PAST
PERSISTENT
DEPRESSIVE
DISORDER***
A.33

?=inadequate information

1=absent or false

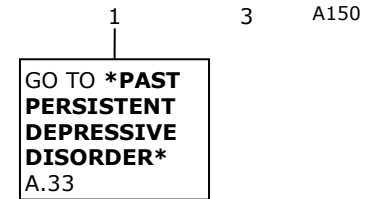
2=subthreshold

3=threshold or true

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

- F. The disturbance is not better explained by a persistent 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.



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?

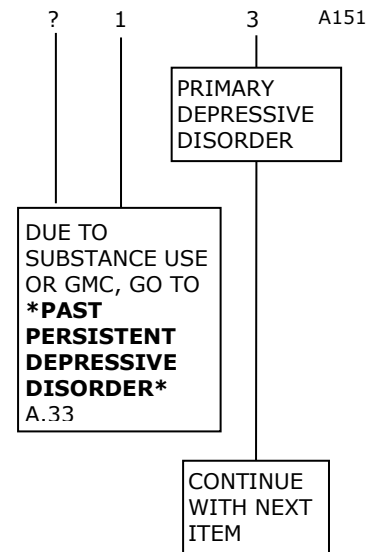
IF YES: Any change in the amount you were using?

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

- 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., hypothyroidism).

IF THERE IS ANY INDICATION THAT THE DEPRESSION MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE), GO TO ***GMC/SUBSTANCE/MEDICATION*** 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.



IF UNKNOWN: What effect have these (DEPRESSIVE SXS) had on your life?

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

? 1 2 3 A152

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 any problems in your relationships with your family, romantic partner or friends?)

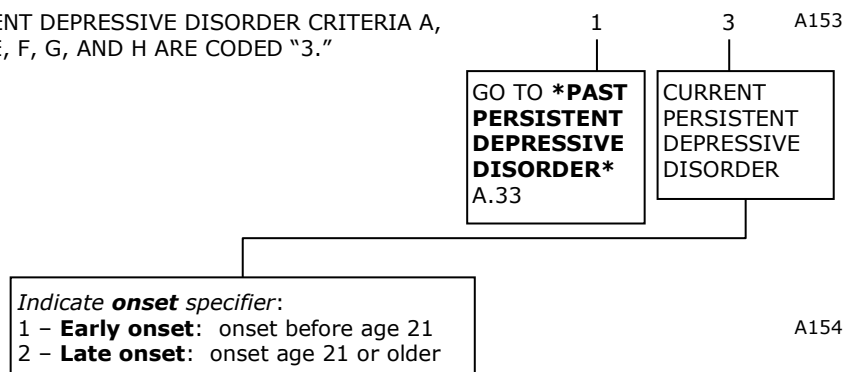
How have these (DEPRESSIVE SXS) affected your work/school? (How about your attendance at work or school? Have [DEPRESSIVE SXS] made it more difficult to do your work/schoolwork? How did [DEPRESSIVE SXS] affect the quality of your work/schoolwork?)

How have (DEPRESSIVE SXS) affected your ability to take care of 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 anything because you felt like you weren't up to it?

Have these (DEPRESSIVE SXS) affected any other important part of your life?

IF DOES NOT INTERFERE WITH LIFE:
How much you been bothered or upset by having (DEPRESSIVE SXS)?

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



Specify if (for most recent 2 years of Persistent Depressive Disorder): A155

NOTE: Additional information about onset and offset of Major Depressive Episodes during the past 2 years may be needed to evaluate this specifier.

- ___ **With pure dysthymic syndrome:** Full criteria for a Major Depressive Episode have not been met in at least the preceding 2 years.
- ___ **With persistent Major Depressive Episode:** Full criteria for a Major Depressive Episode have been met throughout the preceding 2-year period.
- ___ **With intermittent Major Depressive Episodes, with current episode:** Full criteria for a Major Depressive Episode are currently met, but there have been periods of at least 8 weeks in at least the preceding 2 years with symptoms below the threshold for a full Major Depressive Episode.
- ___ **With intermittent Major Depressive Episodes, without current episode:** Full 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.

Specify if:

IF UNKNOWN: Have there been any panic attacks in the past month?

- ___ **With panic attacks:** if one or more panic attacks in the past month occurred in the context of current Persistent Depressive Disorder (see page F.7) and criteria have never been met for Panic Disorder.

GO TO
***PREMENSTRUAL
 DYSPHORIC
 DISORDER*** A.36

PAST PERSISTENT DEPRESSIVE DISORDER**PAST PERSISTENT DEPRESSIVE DISORDER CRITERIA**

➔ **IF NO CURRENT TWO YEAR PERIOD OF DEPRESSED MOOD: Have you ever had a period of time, lasting for at least 2 years, when you have been bothered by depressed mood most of the day, more days than not? (More than half of the time?)**

IF YES: What was that like?

➔ **IF CURRENT TWO YEAR PERIOD OF DEPRESSED MOOD: Prior to the past two years, have you ever had a period of time, lasting for at least 2 years, when you have been bothered by depressed mood most of the day, more days than not? (More than half of the time?)**

IF YES: What was that like?

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

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

...have trouble sleeping or slept 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?

A. 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 irritable and duration must be at least 1 year.

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

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 ARE CODED "3."

? 1 2 3 A157

GO TO
PREMENSTRUAL DYSPHORIC DISORDER A.36

? 1 2 3 A158

? 1 2 3 A159

? 1 2 3 A160

? 1 2 3 A161

? 1 2 3 A162

? 1 2 3 A163

? 1 2 3 A164

GO TO
PREMENSTRUAL DYSPHORIC DISORDER A.36

What was 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 individual has never been without the symptoms in Criteria A and B for more than 2 months at a time.

1

3

A165

NOTE: Code "1" if normal mood for more than 2 months at a time.

GO TO
***PREMENSTRUAL
DYSPHORIC
DISORDER*** A.36

- E. There has never been a Manic Episode or a Hypomanic Episode, and criteria have never been met for Cyclothymic disorder.

1

3

A166

GO TO
***PREMENSTRUAL
DYSPHORIC
DISORDER*** A.36

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

- F. The disturbance is not better explained by a Persistent Schizoaffective Disorder, Schizophrenia, Delusional Disorder, or Other Specified or Unspecified Schizophrenia Spectrum or Other Psychotic Disorder.

1

3

A167

NOTE: Code "3" if NO chronic psychotic disorder has been present or if NOT better explained by a chronic psychotic disorder.

GO TO
***PREMENSTRUAL
DYSPHORIC
DISORDER*** A.36

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?

- 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., hypothyroidism).

?

1

3

A168

IF THERE IS ANY INDICATION THAT THE DEPRESSION MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE), GO TO ***GMC/SUBSTANCE/MEDICATION*** A.45 AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

DUE TO
SUBSTANCE USE
OR GMC; GO TO
***PREMENSTRUAL
DYSPHORIC
DISORDER*** A.36

PRIMARY
DEPRESSIVE
DISORDER

CONTINUE
ON NEXT
PAGE

NOTE: Refer to lists of etiological medical conditions and substances/medications on page A.4.

IF UNKNOWN: What effect did these (DEPRESSIVE SXS) have on your life?

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

? 1 2 3

A169

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 SXS] make 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 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 anything because you felt like you weren't up to it?

Have these (DEPRESSIVE SXS) affected any other important part of your life?

IF DID NOT INTERFERE WITH LIFE: How much have you been bothered or upset by having (DEPRESSIVE SXS)?

GO TO
***PREMENSTRUAL
DYSPHORIC
DISORDER*** A.36

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

1

3

A170

GO TO
***PREMENSTRUAL
DYSPHORIC
DISORDER*** A.36

PAST
PERSISTENT
DEPRESSIVE
DISORDER

Indicate **onset specifier**: (circle the appropriate number)
1 – **Early onset**: onset before age 21
2 – **Late onset**: onset age 21 or

A171

***PREMENSTRUAL DYSPHORIC DISORDER* (PAST 12 MONTHS)** **PREMENSTRUAL DYSPHORIC DISORDER CRITERIA**

IF SUBJECT IS A BIOLOGICAL MALE, POST-MENOPAUSAL FEMALE, PREGNANT FEMALE, OR FEMALE WITH HYSTERECTOMY PLUS OOPHORECTOMY, CHECK HERE ____ AND SKIP TO NEXT MODULE. A172

Looking back over your menstrual cycles for the past 12 months, since (1 YEAR AGO), have you had mood symptoms such as anger, irritability, anxiety, or depression that developed before your period and then went away during the week after your period?

IF YES: After your period began, did the problems disappear for at least a week?

A. In the majority of menstrual cycles, at least five symptoms must be present in the final week before the onset of menses, start to improve within a few days after the onset 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 symptom-free and symptom present intervals.

? 1 2 3 A173

GO TO
NEXT
MODULE

For how many days during a cycle did you have symptoms?

Since (1 YEAR AGO), did this happen for most of your cycles?

Think of the most severe premenstrual time you experienced since (1 YEAR AGO). Tell me about that time.

B. One (or more) of the following symptoms must be present:

Now I'm going to ask you some specific questions about that premenstrual time.

...did you have mood swings in which you would feel suddenly sad or tearful?

IF NO: How about getting unusually upset if someone criticized or rejected you?

1. Marked affective lability (e.g., mood swings; feeling suddenly sad or tearful, or increased sensitivity to rejection).

? 1 2 3 A174

IF YES TO EITHER: Did this go away when your menstrual period began or shortly after?

...were you especially irritable or angry?

IF NO: How about getting into a lot of fights or arguments with other people?

2. Marked irritability or anger or increased interpersonal conflicts.

? 1 2 3 A175

IF YES TO EITHER: Did this go away when your menstrual period began or shortly after?

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

...did you feel very sad, down, depressed, or hopeless? 3. Marked depressed mood, feelings of hopelessness, or self-deprecating thoughts. ? 1 2 3 A176

IF NO: How about feeling especially critical of yourself or that everything you did was wrong?

IF YES TO EITHER: Did this go away when your menstrual period began or shortly after?

...did you feel extremely anxious or tense or like you were keyed up or on edge? 4. Marked anxiety, tension, and/or feelings of being keyed up or on edge. ? 1 2 3 A177

IF YES: Did this go away when your menstrual period began or shortly after?

AT LEAST ONE "B" SYMPTOM IS CODED "3"

1

3 A178

GO TO
NEXT
MODULE

Now I'm going to ask you about some other experiences that sometimes go along with these mood symptoms.

C. One (or more) of the following symptoms must additionally be present, to reach a total of five symptoms when combined with symptoms from Criterion B above.

...did you lose interest in work or school, going out with friends, or in your hobbies? 1. Decreased interest in usual activities (e.g., work, school, friends, and hobbies). ? 1 2 3 A179

IF YES: Did this go away when your menstrual period began or shortly after?

...did you find it hard to concentrate on things? 2. Subjective difficulty in concentration. ? 1 2 3 A180

IF YES: Did this go away when your menstrual period began or shortly after?

...did you feel like your energy was very low or that you got tired very easily? 3. Lethargy, easy fatigability, or marked lack of energy. ? 1 2 3 A181

IF YES: Did this go away when your menstrual period began or shortly after?

...was your appetite increased? Did you have specific food cravings, like for chocolate or fried foods? 4. Marked change in appetite; overeating; or specific food cravings. ? 1 2 3 A182

IF YES: Did this go away when your menstrual period began or shortly after?

...were you sleeping more than is usual for you or have difficulty sleeping? (How much sleep were you getting during that time?)

IF YES: Did this go away when your menstrual period began or shortly after?

5. Hypersomnia or insomnia.

? 1 2 3 A183

...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 shortly after?

6. A sense of being overwhelmed or out of control.

? 1 2 3 A184

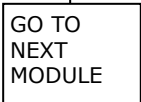
...did you have physical symptoms like breast tenderness or swelling, joint or muscle pain, or feeling bloated? Did you gain weight?

IF YES: Did these symptoms go away when your menstrual period began or shortly after?

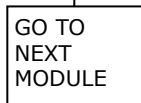
7. Physical symptoms such as breast tenderness or swelling, joint or muscle pain, a sensation of "bloating," or weight gain.

? 1 2 3 A185

AT LEAST ONE "C" SYMPTOM IS CODED "3."

1 3 A186


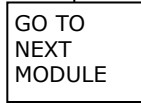
AT LEAST FIVE "B" AND "C" SYMPTOMS ARE CODED "3."

1 3 A187


IF UNCLEAR: Has this happened for most of your cycles in the past year?

Symptoms in criterion A-C must have been met for most menstrual cycles in the preceding year.

NOTE: Code "3" only if symptoms in criteria A-C have been met for 7 or more cycles in the past year.

? 1 2 3 A188


IF UNKNOWN: What effect have (PMDD SXS) had on your life?

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION D:

How have (PMDD 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 (PMDD SXS) affected your work/school? (How about your attendance at work or school? Have they affected the quality of your work/schoolwork?)

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?

Have (PMDD SXS) affected any other important part of your life?

IF HAVE NOT INTERFERED WITH LIFE:
How much have you been bothered or upset by having (PMDD SXS)?

IF HISTORY OF ANOTHER MENTAL DISORDER AND UNKNOWN: **Are these symptoms different from the symptoms you had from (PAST DISORDER)? Or is it just those same symptoms getting worse just before your period?**

D. The symptoms are associated with clinically significant distress or interference with work, school, usual social activities, or relationships with others (e.g., avoidance of social activities; decreased productivity and efficiency at work, school, or home).

?123A188

GO TO
NEXT
MODULE

E. The disturbance is not merely an exacerbation of the symptoms of another disorder, such as Major Depressive Disorder, Panic Disorder, Persistent Depressive Disorder (Dysthymia), or a personality disorder (although it may co-occur with any of these disorders).

?123A189

GO TO
NEXT
MODULE

GMC/SUBSTANCE CAUSING BIPOLAR AND RELATED SYMPTOMS***BIPOLAR AND RELATED DISORDER DUE TO ANOTHER MEDICAL CONDITION*****BIPOLAR AND RELATED DISORDER DUE TO ANOTHER MEDICAL CONDITION CRITERIA**

IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH A GENERAL MEDICAL CONDITION, CHECK HERE ____ AND GO TO
***SUBSTANCE-INDUCED BIPOLAR AND RELATED DISORDER* A.43.**

A193

CODE BASED ON INFORMATION ALREADY
OBTAINED.

A. A prominent and persistent period of abnormally elevated, expansive, or irritable mood and abnormally increased activity or energy that predominates in the clinical picture. ? 1 2 3 A194

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 not better accounted for by another mental disorder. ? 1 3 A195

GO TO
***SUBSTANCE
 INDUCED***
 A.43

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?

NOTE: The following factors should be considered and, if present, support the conclusion that a general medical condition is etiologic to the bipolar symptoms.

IF GMC HAS RESOLVED: **Did the (BIPOLAR SXS) get better once the (GMC) got better?**

- 1) 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.)
- 2) 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).

IF UNKNOWN: What effect have (BIPOLAR SXS) had on your life?

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?

Have (BIPOLAR SXS) affected any other important part of your life?

IF HAVE NOT INTERFERED WITH LIFE: How much have (BIPOLAR SXS) bothered or upset you?

- E. The disturbance causes clinically 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.

? 1 2 3 A196

GO TO
***SUBSTANCE
INDUCED***
A.43

NOTE: The D criterion (delirium rule-out) has been omitted.

BIPOLAR DISORDER DUE TO AMC CRITERIA A, B/C, AND E ARE CODED "3."

1 3 A197

BIPOLAR
DISORDER
DUE TO AMC

Check here ___ if current
in the past month.

A198

Specify if:

- 1 - With manic features:** Full criteria are not met for a manic or hypomanic episode.
- 2 - With manic- or hypomanic-like episode:** Full criteria are met except Criterion D for a manic episode or except Criterion F for a hypomanic episode.
- 3 - With mixed features:** Symptoms of depression are also present but do not predominate in the clinical picture.

A199

CONTINUE ON NEXT PAGE

SUBSTANCE-/MEDICATION- INDUCED BIPOLAR DISORDER **SUBSTANCE-/MEDICATION- INDUCED BIPOLAR DISORDER CRITERIA**

IF SYMPTOMS ARE NOT TEMPORALLY ASSOCIATED WITH SUBSTANCE/MEDICATION USE, CHECK HERE ____ AND RETURN TO EPISODE BEING EVALUATED, CONTINUING WITH THE ITEM FOLLOWING "SYMPTOMS ARE NOT ATTRIBUTABLE TO THE PHYSIOLOGICAL EFFECTS OF A SUBSTANCE OR ANOTHER MEDICAL CONDITION" (SEE PAGE NUMBERS IN BOX TO THE RIGHT).

PAGE TO RETURN TO IN EPISODE BEING EVALUATED:	
Current Manic	A.13
Current Hypomanic	A.17
Past Manic	A.22
Past Hypomanic	A.27
Current Cyclothymic Disorder	A.28
Other Specified Bipolar	D.7

A200

CODE BASED ON INFORMATION ALREADY OBTAINED.

- A. A prominent and persistent disturbance in mood that predominates in the clinical picture and is characterized by elevated, expansive, or irritable mood, with or without depressed mood, or markedly diminished interest or pleasure in all, or almost all activities.

? 1 2 3

A201

IF UNKNOWN: **When did the (BIPOLAR SXS) begin? Were you already using (SUBSTANCE/MEDICATION) or had you just stopped or cut down your use?**

- B. There is evidence from the history, physical examination, or laboratory findings of both (1) and (2):

? 1 2 3

A202

IF UNKNOWN: **How much (SUBSTANCE/MEDICATION) were you using when you began to have (BIPOLAR SXS)?**

1. The symptoms in criterion A developed during or soon after substance intoxication or withdrawal or exposure to a medication.
2. 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.

NOT SUBSTANCE-INDUCED. RETURN TO EPISODE BEING EVALUATED

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

- C. The disturbance is NOT better accounted for by a bipolar or related disorder that is not substance-induced. Such evidence of an independent bipolar or related disorder could include the following:

? 1 3

A203

IF UNKNOWN: **Which came first, the (SUBSTANCE/MEDICATION USE) or the (BIPOLAR SXS)?**

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

RETURN TO EPISODE BEING EVALUATED

IF YES: **After you stopped using (SUBSTANCE/MEDICATION) did the (BIPOLAR SXS) go away or get better?**

IF YES: **How long did it take for them to get better? Did they go away within a month of stopping?**

- 1) The symptoms precede the onset of the substance/medication 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).

IF UNKNOWN: **Have you had any other episodes of (BIPOLAR SXS)?**

IF YES: **How many? Were you using (SUBSTANCE/MEDICATION) at those times?**

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

IF UNKNOWN: **What effect have (BIPOLAR SXS) had on your life?**

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

? 1 2 3 A204

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION E:

NOTE: The D criterion (delirium rule-out) has been omitted.

RETURN TO
EPISODE
BEING
EVALUATED

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? 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?

Have (BIPOLAR SXS) affected any other important part of your life?

IF HAVE NOT INTERFERED WITH LIFE: **How much have (BIPOLAR SX) bothered or upset you?**

SUBSTANCE-INDUCED BIPOLAR DISORDER
CRITERIA A, B, C, AND E ARE CODED "3."

1 3 A205

SUBSTANCE-/
MEDICATION-
INDUCED BIPOLAR
DISORDER

Check here ____ if current in the past month.

A206

Indicate **context of development** of mood symptoms:

A207

- 1 - **With onset during intoxication**
2 - **With onset during withdrawal**

RETURN TO EPISODE BEING EVALUATED

GMC/SUBSTANCE CAUSING DEPRESSIVE SYMPTOMS

DEPRESSIVE DISORDER DUE TO ANOTHER MEDICAL CONDITION

DEPRESSIVE DISORDER DUE TO ANOTHER MEDICAL CONDITION CRITERIA

IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH A GENERAL MEDICAL CONDITION, CHECK HERE ____ AND GO TO
SUBSTANCE-INDUCED DEPRESSIVE DISORDER A.48

A208

CODE BASED ON INFORMATION ALREADY OBTAINED.

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.

? 1 2 3

A209

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 not better accounted for by another mental disorder.

? 1 3

A210

GO TO
*SUBSTANCE
INDUCED*
A.48

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?

NOTE: The following factors should be considered and, if present, support the conclusion that a general medical condition is etiologic to the depressive symptoms.

- 1) 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.)
- 2) There is a close temporal relationship between the course of the depressive symptoms and the course of the general medical condition.
- 3) The depressive symptoms are characterized by unusual presenting features (e.g., late age-at-onset).
- 4) The absence of alternative explanations (e.g., depressive symptoms as a psychological reaction to the stress of being diagnosed with a general medical condition).

IF GMC HAS RESOLVED: **Did the (DEPRESSIVE SXS) get better once the (GMC) got better?**

IF UNKNOWN: What effect have (DEPRESSIVE SX) had on your life?

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION 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 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? 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?

Have (DEPRESSIVE SXS) affected any other important part of your life?

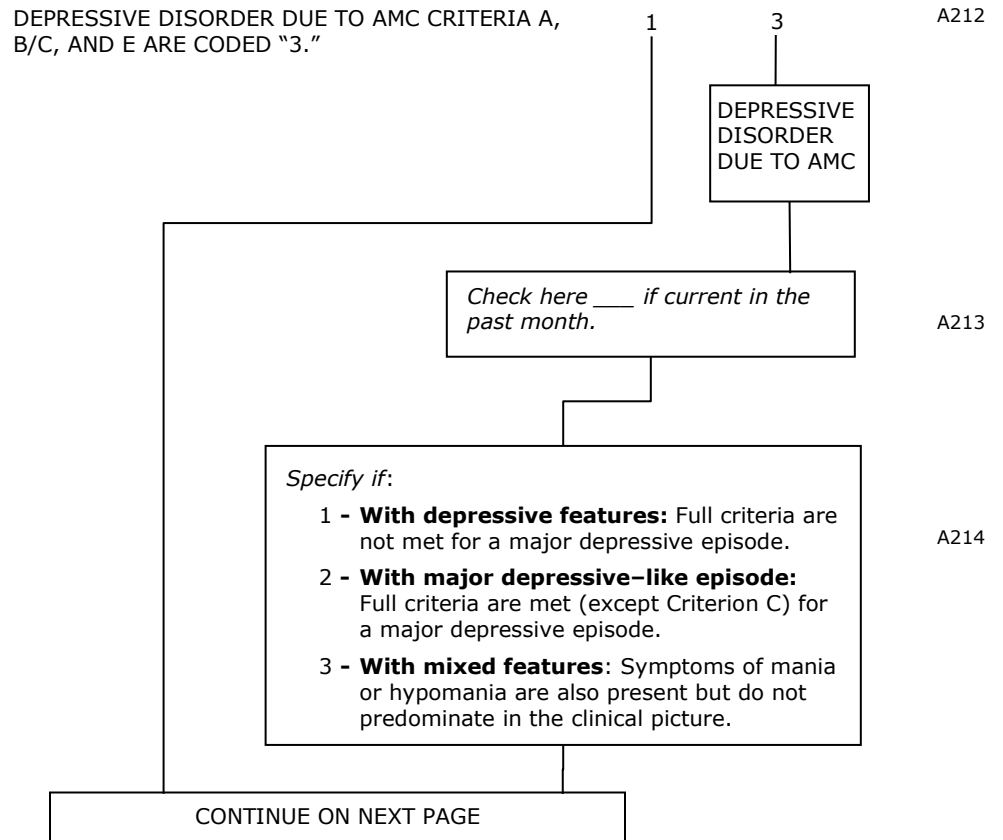
IF HAVE NOT INTERFERED WITH LIFE: How much have (DEPRESSIVE SXS) bothered or upset you?

E. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

? 1 2 3 A211

GO TO
*SUBSTANCE
INDUCED*
A.48

NOTE: The D criterion (delirium rule-out) has been omitted.



SUBSTANCE-/MEDICATION-INDUCED DEPRESSIVE DISORDER

SUBSTANCE-/MEDICATION-INDUCED DEPRESSIVE DISORDER CRITERIA

IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH SUBSTANCE/MEDICATION USE, CHECK HERE ____ AND RETURN TO EPISODE BEING EVALUATED, CONTINUING WITH THE ITEM FOLLOWING "SYMPTOMS ARE NOT ATTRIBUTABLE TO THE PHYSIOLOGICAL EFFECTS OF A SUBSTANCE OR ANOTHER MEDICAL CONDITION" (SEE PAGE NUMBERS IN BOX TO THE RIGHT).

PAGE TO RETURN TO IN EPISODE BEING EVALUATED:		A215
Current MDE	A.4	
Past MDE	A.9	
Current Persistent Depressive Disorder	A.31	
Past Persistent Depressive Disorder	A.34	
PMDD	A.40	
Other Specified Depressive Disorder	D.12	

CODE BASED ON INFORMATION ALREADY OBTAINED.

A. A prominent and persistent disturbance in mood that predominates in the clinical picture and is characterized by depressed mood or markedly diminished interest or pleasure in all, or almost all, activities

?123

A216

IF UNKNOWN: When did the (DEPRESSIVE SXS) begin? Were you already using (SUBSTANCE/MEDICATION) or had you just stopped or cut down your use?

IF UNKNOWN: How much (SUBSTANCE/MEDICATION) were you using when you began to have (DEPRESSIVE SXS)?

B. There is evidence from the history, physical examination, or laboratory findings of both (1) and (2):

1. The symptoms in criterion A developed during or soon after substance intoxication or withdrawal or exposure to a medication

2. The involved substance/medication is capable of producing the symptoms in Criterion A. NOTE: refer to list of etiological substances/medications on page A.4.

?123

A217

NOT SUBSTANCE-INDUCED.RETURN TO EPISODE BEING EVALUATED

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 SXS)?

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

IF YES: After you stopped using (SUBSTANCE/MEDICATION) did the (DEPRESSIVE SXS) go away or get better?

IF YES: How long did it take for them to get better? Did they go away within a month of stopping?

IF UNKNOWN: Have you had any other episodes of (DEPRESSIVE SXS)?

IF YES: How many? Were you using (SUBSTANCE/MEDICATION) at those times?

IF UNKNOWN: What effect have (DEPRESSIVE SXS) had on your life?

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION 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 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? 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?

Have (DEPRESSIVE SXS) affected any other important part of your life?

IF HAVE NOT INTERFERED WITH LIFE: How much have (DEPRESSIVE SXS) bothered or upset you?

C. The disturbance is NOT better accounted for by a depressive disorder that is not substance-induced. Such evidence of an 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;
- 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 depressive disorder (e.g., a history of recurrent non-substance/medication-related episodes).

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.

? 1 3 A218

RETURN TO
EPISODE
BEING
EVALUATED

? 1 2 3 A219

RETURN TO
EPISODE
BEING
EVALUATED

SUBSTANCE-INDUCED DEPRESSIVE DISORDER
CRITERIA A, B, C, AND E ARE CODED "3."

1

3

A220

SUBSTANCE/MEDICATION-
INDUCED DEPRESSIVE
DISORDER

Check here ____ if current in
the past month

A221

Indicate **context of development** of
mood symptoms:

A222

- 1 - **With onset during intoxication**
- 2 - **With onset during withdrawal**

RETURN TO EPISODE BEING EVALUATED

B/C. PSYCHOTIC SCREENING MODULE

NOTE: This module is for coding psychotic and associated symptoms that have been present at any point in the subject's lifetime. It can be used for settings in which cases with primary psychotic symptoms are to be excluded i.e., psychotic symptoms that are not due to substance/medication use or to a general medical condition) and/or psychotic symptoms that occur outside the context of a Major Depressive or Manic Episode.

For each psychotic symptom coded "3," describe the actual content and indicate the period of time during which the symptom was present. Moreover, for any psychotic symptom coded "3," determine whether the symptom is definitely "primary" or whether there is a possible or definite etiological substance (including medication) or general medical condition. Refer to page B/C.6 for a list of possible etiological general medical conditions and substances/medications.

The following questions may be useful if the Overview has not already provided the information.

Just before (PSYCHOTIC SXS) began, were you using drugs? ...were you taking any medications? ...did you drink much more than usual or stop drinking after you had been drinking a lot for a while? ...were you physically ill?

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)?

DELUSIONS

Now I'd like to ask you about unusual experiences that people sometimes have.

A false belief based on incorrect inference about external reality that is firmly held despite what almost everyone else believes and despite what constitutes incontrovertible and obvious proof or evidence to the contrary. The belief is not one ordinarily accepted by other members of the person's culture or subculture. When a false belief involves a value judgment, it is regarded as a delusion only when the judgment is so extreme as to defy credibility. Code overvalued ideas (unreasonable and sustained beliefs that are maintained with less than delusional intensity) as "2."

Has it ever seemed like people were talking about you or taking special notice of you? (What do you think they were saying about you?)

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.

? 1 2 3 BC1

1	3	BC1a
POSS/DEF SUBST/GMC	PRIMARY	

IF YES: Were you convinced they were talking about you or did you think it might have been your imagination?

DESCRIBE:

Did you ever have the feeling that something on the radio, TV, or in a movie was meant especially for you? (...not just that it was particularly 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? (...not just that they were particularly relevant to you, but that they were specifically meant for you.)

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?

What about anyone going out of their way to give you a hard time, or trying to hurt you? (Tell me about that.)

Have you ever had the feeling that you were being followed, spied on, manipulated, or plotted against?

Did you ever have the feeling that you were being poisoned or that your food had been tampered with?

Have you ever thought that you were especially important in some way, or that you had special powers or knowledge? (Tell me about that.)

Did you ever believe that you had a special or close relationship with a celebrity or someone else famous?

Have you ever been convinced that something was very wrong with your physical health even though your doctor said nothing was wrong...like you had cancer or some other disease? (Tell me about that.)

Have you ever felt that something strange was happening to parts of your body?

Have you ever felt that you had committed a crime or done something terrible for which you should be punished? (Tell me about that.)

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?

What about feeling responsible for a disaster such as a fire, flood, or earthquake?

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?)**

Persecutory delusion, i.e., the central theme is that one (or someone to whom one is close to) is being attacked, harassed, cheated, persecuted, or conspired against.

DESCRIBE:

Grandiose delusion, i.e., content involves inflated worth, power, knowledge identity, or a special relationship to a deity or famous person.

DESCRIBE:

Somatic delusion, i.e., main content pertains to the appearance or functioning of one's body.

DESCRIBE:

Delusion of guilt, i.e., a belief that a minor error in the past will lead to disaster, or that he or she has committed a horrible crime and should be punished severely, or that he or she is responsible for a disaster (e.g., an earthquake or fire) with which there can be no possible connection

DESCRIBE:

Jealous delusion, i.e., that one's sexual partner is unfaithful

DESCRIBE:

?	1	2	3	
				BC2
	1		3	BC2a
	POSS/DEF SUBST/GMC		PRIMARY	

?	1	2	3	
				BC3
	1		3	BC3a
	POSS/DEF SUBST/GMC		PRIMARY	

?	1	2	3	
				BC4
	1		3	BC4a
	POSS/DEF SUBST/GMC		PRIMARY	

?	1	2	3	
				BC5
	1		3	BC5a
	POSS/DEF SUBST/GMC		PRIMARY	

?	1	2	3	
				BC6
	1		3	BC6a
	POSS/DEF SUBST/GMC		PRIMARY	

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.)

Erotomaniac delusion, i.e., that another person, usually of higher status, is in love with the individual.

DESCRIBE:

Were you ever romantically involved with someone famous? (Tell me about that.)

? 1 2 3 BC7

1	3	BC7a
POSS/DEF SUBST/GMC	PRIMARY	

Are you a religious or spiritual person?

Religious delusion, i.e., a delusion with a religious or spiritual content.

DESCRIBE:

→ **IF YES: Have you ever had any religious or spiritual experiences that the other people in your religious or spiritual community have not experienced?**

? 1 2 3 BC8

1	3	BC8a
POSS/DEF SUBST/GMC	PRIMARY	

→ **IF YES: Tell me about your experiences. (What did they think about these experiences of yours?)**

→ **IF NO: Have you ever felt that God, the devil, or some other spiritual being or higher power has communicated directly with you? (Tell me about that. Do others in your religious or spiritual community also have such experiences?)**

→ **IF NO: Have you ever felt that God, or the devil or some other spiritual being or higher power has communicated directly with you? (Tell me about that. Do others in your religious or spiritual community also have such experiences?)**

Did you ever feel that someone or something outside yourself was controlling your thoughts or actions against your will? (Tell me about that.)

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.

DESCRIBE:

? 1 2 3 BC9

1	3	BC9A
POSS/DEF SUBST/GMC	PRIMARY	

Did you ever feel that certain thoughts that were not your own were put into your head? (Tell me about that.)

Thought insertion, i.e., that certain thoughts are not one's own, but rather are inserted into one's mind.

DESCRIBE:

? 1 2 3 BC10

1	3	BC10a
POSS/DEF SUBST/GMC	PRIMARY	

What about thoughts being taken out of your head? (Tell me about that.)

Thought withdrawal, i.e., that one's thoughts have been "removed" by some outside force.

DESCRIBE:

? 1 2 3 BC11

1	3	BC11a
POSS/DEF SUBST/GMC	PRIMARY	

Did you ever feel as if your thoughts were being broadcast out loud so that other people could actually hear what you were thinking? (Tell me about that.)

Thought broadcasting, i.e., the delusion that one's thoughts are being broadcast out loud so that others can perceive them.

DESCRIBE:

? 1 2 3 BC12

1	3	BC12a
POSS/DEF SUBST/GMC	PRIMARY	

Did you ever believe that someone could read your mind? (Tell me about that.)

Other delusions (e.g., that others can read the person's mind, a delusion that one has died several years ago).

DESCRIBE:

? 1 2 3 BC13

1	3	BC13a
POSS/DEF SUBST/GMC	PRIMARY	

HALLUCINATIONS

A perception-like experience with the clarity and impact of a true perception, but without the external stimulation of the relevant sensory organ. The person may or may not have insight into the nonveridical nature of the hallucination (i.e., one hallucinating person may recognize the false sensory experience, whereas another may be convinced that the experience is grounded in reality).

NOTE: Code "2" for hallucinations that are so transient as to be without diagnostic significance. Code "1" for hypnagogic or hypnopompic hallucinations.

Did you ever hear things that other people couldn't, such as noises, or the voices of people whispering or talking? (Were you awake at the time?)

IF YES: What did you hear? How often did you hear it?

Auditory hallucinations, i.e., involving the perception of sound, most commonly of voice) when fully awake, heard either inside or outside of one's head.

DESCRIBE:

? 1 2 3 BC14

1	3	BC14a
POSS/DEF SUBST/GMC	PRIMARY	

Did you have visions or see things that other people couldn't see? (Tell me about that. Were you awake at the time?)

NOTE: DISTINGUISH FROM AN ILLUSION, I.E., A MISPERCEPTION OF A REAL EXTERNAL STIMULUS.

Visual hallucinations, i.e., a hallucination involving sight, which may consist of formed images, such as of people or of unformed images, such as flashes of light.

DESCRIBE:

? 1 2 3 BC15

1	3	BC15a
POSS/DEF SUBST/GMC	PRIMARY	

What about strange sensations on your skin, like feeling like something is creeping or crawling on or under your skin? How about the feeling of being touched or stroked? (Tell me about that.)

Tactile hallucinations, i.e., a hallucination involving the perception of being touched or of something being under one's skin.

DESCRIBE:

? 1 2 3 BC16

1	3	BC16a
POSS/DEF SUBST/GMC	PRIMARY	

What about having unusual sensations inside a part of your body, like a feeling of electricity? (Tell me about that.)

Somatic hallucination, i.e., a hallucination involving the perception of physical experience localized within the body (e.g., a feeling of electricity).

DESCRIBE:

?	1	2	3	
				BC17
	1		3	BC17a
	POSS/DEF SUBST/GMC		PRIMARY	

How about eating or drinking something that you thought tasted bad or strange even though everyone else who tasted it thought it was fine? (Tell me about that.)

Gustatory hallucinations, i.e., a hallucination involving the perception of taste (usually unpleasant)

DESCRIBE:

?	1	2	3	
				BC18
	1		3	BC18a
	POSS/DEF SUBST/GMC		PRIMARY	

What about smelling unpleasant things that other people couldn't smell, like decaying food or dead bodies? (Tell me about that.)

Olfactory hallucinations, i.e., a hallucination involving the perception of odor

DESCRIBE:

?	1	2	3	
				BC19
	1		3	BC19a
	POSS/DEF SUBST/GMC		PRIMARY	

ANY ITEM CODED "3" IN "PRIMARY" SECTION

?	1	3	
			BC20
	1	3	
	GO TO NEXT MODULE		A PRIMARY PSYCHO- TIC SX HAS BEEN PRESENT

IF A MAJOR DEPRESSIVE OR MANIC EPISODE HAS EVER BEEN PRESENT: Has there ever been a time when you had (PSYCHOTIC SXS) and you were not (depressed/high/irritable/OWN WORDS)?

Psychotic symptoms occur at times other than during mood episodes.

NOTE: Code "3" if psychotic symptoms have been present and either: 1) there have never been any Major Depressive or Manic Episodes, or 2) psychotic symptoms occurred outside of Major Depressive or Manic Episodes. Code "1" if psychotic symptoms have occurred only during Major Depressive or Manic Episodes.

?	1	3	
			BC21
	1	3	
	PSYCHOTIC MOOD DIS- ORDER. GO TO NEXT MODULE		PSYCHO- TIC DIS- ORDER LIKELY

EXPLORE DETAILS AND DESCRIBE DIAGNOSTIC SIGNIFICANCE:

BC22

Etiological general medical conditions include:

Neurological conditions (e.g., neoplasms, cerebrovascular disease, Huntington's disease, multiple sclerosis, epilepsy, auditory or visual nerve injury or impairment, deafness, migraine, central nervous system infections), endocrine conditions (e.g., hyper- and hypothyroidism, hyper- and hypoparathyroidism, hyper- and hypoadrenocorticism), metabolic conditions (e.g., hypoxia, hypercarbia, hypoglycemia), fluid or electrolyte imbalances, hepatic or renal diseases, and autoimmune disorders with central nervous system involvement (e.g., systemic lupus erythematosus).

Etiological substances/medications include:

Alcohol (during intoxication or withdrawal); cannabis (during intoxication); hallucinogens (during intoxication), phencyclidine (and related substances (during intoxication); inhalants (during intoxication); sedatives, hypnotics, and anxiolytics (during intoxication or withdrawal); and stimulants (including cocaine) (during intoxication);

Other substances and medications that can cause psychotic symptoms include anesthetics and analgesics, anticholinergic agents, anticonvulsants, antihistamines, antihypertensive and cardiovascular medications, antimicrobial medications, antiparkinsonian medications, chemotherapeutic agents (e.g., cyclosporine, procarbazine), corticosteroids, gastrointestinal medications, muscle relaxants, nonsteroidal anti-inflammatory medications, other over-the-counter medications (e.g., phenylephrine, pseudoephedrine), antidepressant medication, and disulfiram. Toxins include anticholinesterase, organophosphate insecticides, sarin and other nerve gases, carbon monoxide, carbon dioxide, and volatile substances such as fuel or paint.

E. SUBSTANCE USE DISORDERS

PAST-12-MONTH ALCOHOL USE DISORDER

ALCOHOL USE DISORDER CRITERIA

E1

- IF DENIES ANY LIFETIME ALCOHOL USE ON PAGE 6 OF PATIENT OVERVIEW (OR PAGE 4 OF NON-PATIENT OVERVIEW), CHECK HERE _____ 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)?
- IF YES: **Now I'd like to ask you some more questions about your drinking since (1 YEAR AGO)...**
- IF NO: GO TO ***PRIOR-TO-PAST-12-MONTH ALCOHOL USE DISORDER*** E.6.

- 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:

NOTE: The DSM-IV examples that were omitted in DSM-5 have been restored here.

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?)

IF NO: What about drinking for a much longer period of time than you were intending to?

1. Alcohol is often taken in larger amounts OR over a longer period than was intended.

? 1 2 3 E2

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 make more than one attempt to stop, cut down, or control your drinking?)**

2. There is a persistent desire OR unsuccessful efforts to cut down or control alcohol use.

? 1 2 3 E3

Have you spent a lot of time drinking, being drunk, or hung over? (How much time?)

3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.

? 1 2 3 E4

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 you were around bars or around people with whom you go drinking?

4. Craving, or a strong desire or urge to use alcohol. ? 1 2 3 E5

During the past year, since (1 YEAR AGO), have you missed work or school or often arrived 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 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 family and making sure your children go to school and get medical care? How about not paying your bills?

5. 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)]. ? 1 2 3 E6

IF YES TO ANY: How often?

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 drink too much? Have you gotten into physical fights when you were drunk?)

IF YES: Have you kept on drinking anyway?

6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol [(e.g., arguments with spouse about consequences of intoxication, physical fights)]. ? 1 2 3 E7

Have you had to give up or reduce the time you spent at work or school, with family or friends, or on things you like to do (like sports, cooking, other hobbies) because you were drinking or hungover?

7. Important social, occupational, or recreational activities given up or reduced because of alcohol use. ? 1 2 3 E8

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, 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?

IF YES AND UNKNOWN: How many times? (When?)

8. Recurrent alcohol use in situations in which it is physically hazardous [(e.g., driving an automobile or operating a machine when impaired by alcohol use)]. ? 1 2 3 E9

Has your drinking caused 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?

Has your drinking caused significant physical problems or make a physical problem worse, like stomach ulcers, liver disease, or pancreatitis?

IF YES TO EITHER OF ABOVE: Have you kept on drinking anyway?

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?*

→ *IF NO: What about finding that when you drank the same amount, it had much less effect than before? (How much less?)*

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 heart? Your hand[s] shaking? Trouble sleeping? Feeling nauseated or vomiting? Feeling agitated? Feeling anxious? How about having a seizure or seeing, feeling, or hearing things that weren't really there?)*

→ *IF NO: During the past year, have you ever started the day with a drink, or did you often drink or take some other drug or medication to keep yourself from getting the shakes or becoming sick?*

9. Alcohol use is continued despite knowledge of having a 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)].

? 1 2 3 E10

10. Tolerance, as defined by either of the following:

? 1 2 3 E11

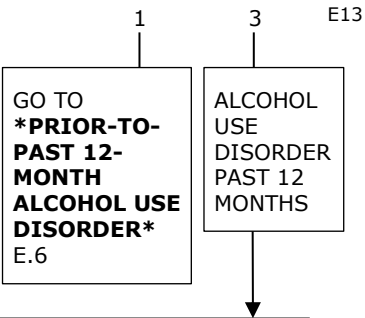
- A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.
- Markedly diminished effect with continued use of the same amount of alcohol.

11. Withdrawal, as manifested by either of the following:

? 1 2 3 E12

- At least TWO of the following developing within several hours to a few days after the cessation of (or reduction in) alcohol use:
 - autonomic hyperactivity (e.g., sweating or pulse rate greater than 100 bpm)
 - increased hand tremor
 - insomnia
 - nausea or vomiting
 - psychomotor agitation
 - anxiety
 - generalized tonic-clonic seizures
 - transient visual, tactile, or auditory hallucinations or illusions
- Alcohol (or a closely related substance such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms.

AT LEAST TWO ALCOHOL USE DISORDER ITEMS
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.

2 – **Moderate**: Presence of 4–5 symptoms.

3 – **Severe**: Presence of 6 or more symptoms.

E14

CONTINUE WITH *PAST-12-MONTH
ALCOHOL USE CHRONOLOGY*
NEXT PAGE

PAST-12-MONTH ALCOHOL USE DISORDER CHRONOLOGY

During the past 3 months, how much have you been drinking?

At least one Alcohol Use Disorder symptom (except for craving) in the past 3 months

1

3

E15

IF HAD ANYTHING TO DRINK IN PAST 3 MONTHS:
Has your drinking caused any problems for you in the past 3 months? (Problems like [ALCOHOL USE ITEMS CODED "3"]?)

CURRENT
ALCOHOL
USE
DISORDER
(PAST 3
MONTHS)

Number of months prior to interview when the subject last had any Alcohol Use Disorder symptom (except for craving). ____ ____ ____

E16

Check ____ if **In a controlled environment**: The individual is [currently] in a controlled environment where access to alcohol is restricted.

GO TO
*AGE AT
ONSET*
BOTTOM
OF THIS
PAGE

E17

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 have been met for at least 3 months but for less than 12 months (with the exception that Criterion A.4, "Craving, or a strong desire or urge to use alcohol," may be met).

E18

(Sustained Remission does not apply to Past 12-month Alcohol Use Disorder)

AGE AT ONSET

How old were you when you first had (LIST OF ALCOHOL USE DISORDER SXS CODED "3")?

Age at onset of Alcohol Use Disorder (CODE 99 IF UNKNOWN). ____ ____

E19

GO TO ***PAST-12-MONTH NON-ALCOHOL SUBSTANCE USE DISORDER*** E.10

NOTE: If an assessment of the severity of Alcohol Use Disorder prior to the past 12 months is needed, continue on next page instead of skipping to E.10

PRIOR-TO-PAST-12-MONTH ALCOHOL USE DISORDER

IF ALCOHOL USE PRIOR-TO-PAST-12 MONTHS IS NOT EXCESSIVE 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:

Besides the past year, have you ever drunk alcohol at least six times in a 12-month period?

→ IF YES: When was that?

→ IF NEVER DRANK SIX TIMES IN 12-MONTH PERIOD, CHECK HERE ____ AND GO TO ***PAST-12-MONTH NON-ALCOHOL SUBSTANCE USE DISORDERS*** E.10.

E20

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:

____ / ____

E21

ALCOHOL USE DISORDER CRITERIA

Now I'd like to ask you some questions about your drinking during (12-MONTH PERIOD SELECTED ABOVE).

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:

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 ended up having many more. (Tell me about that. How often did this happen?)

1. Alcohol is often taken in larger amounts OR over a longer period than was intended.

? 1 2 3

E22

IF NO: What about drinking for a much longer period of time than you were intending to?

During (12-MONTH PERIOD) **did you want to stop, cut down, or control your drinking?**

2. There is a persistent desire OR unsuccessful efforts to cut down or control alcohol use.

? 1 2 3

E23

→ IF YES: How long did this desire to stop, cut down, or control your drinking last?

→ 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?)

During (12-MONTH PERIOD), **did you ever spend a lot of time drinking, being drunk, or hung over? (How much time?)**

3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.

? 1 2 3

E24

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?)

4. Craving, or a strong desire or urge to use alcohol.

? 1 2 3

E25

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?

?=Inadequate information

1=Absent or false

2=Subthreshold

3=Threshold or true

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?

IF YES TO ANY: How often?

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 anyway? (Over what period of time?)

During (12-MONTH PERIOD), did you have to give up or reduce the time you spent at work or school, with family or friends, or on things you like to do (like sports, cooking, other hobbies) because you were drinking or hungover?

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?

IF YES AND UNKNOWN: How many times?

5. 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)].

? 1 2 3 E26

6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol [(e.g., arguments with spouse about consequences of intoxication, physical fights)].

? 1 2 3 E27

7. Important social, occupational, or recreational activities given up or reduced because of alcohol use.

? 1 2 3 E28

8. Recurrent alcohol use in situations in which it is physically hazardous [(e.g., driving an automobile or operating a machine when impaired by alcohol use)].

? 1 2 3 E29

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?

IF YES TO EITHER OF ABOVE: Did you keep on drinking anyway?

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 amount, it had much less effect than before? (How much less?)*

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 hand[s] shaking? Trouble sleeping? Feeling nauseated or vomiting? Feeling agitated? Feeling anxious? How about having a seizure or seeing, feeling, or hearing things that weren't really there?)*

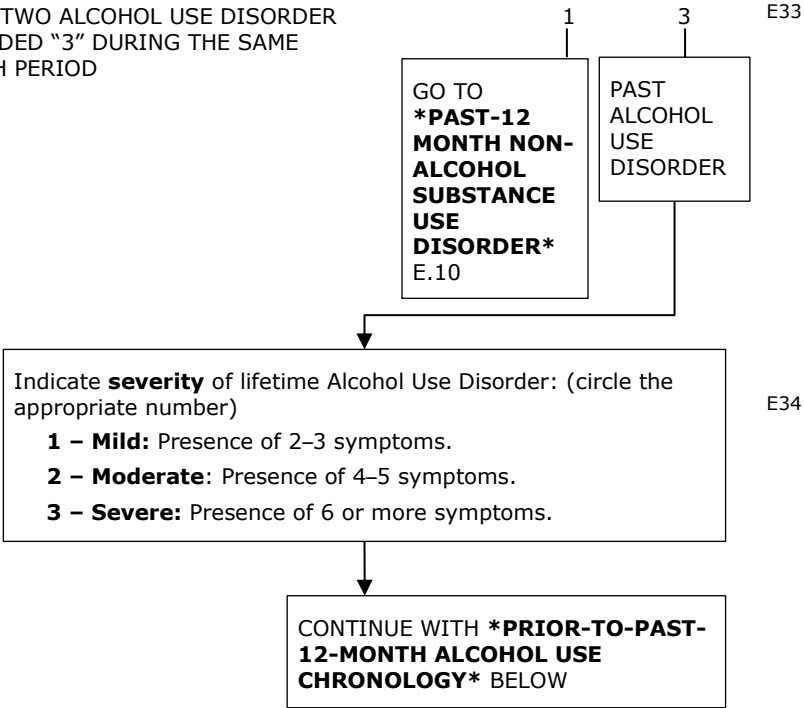
→ *IF NO: Did you ever start the day with a drink, or did you often drink or take some other drug or medication to keep yourself from getting the shakes or becoming sick?*

9. Alcohol use is continued despite knowledge of having a 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)]. ? 1 2 3 E30

10. Tolerance, as defined by either of the following: ? 1 2 3 E31
a. A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.
b. Markedly diminished effect with continued use of the same amount of alcohol.

11. Withdrawal, as manifested by either of the following: ? 1 2 3 E32
a. At least TWO of the following developing within several hours to a few days after the cessation of (or reduction in) alcohol use:
▪ autonomic hyperactivity (e.g., sweating or pulse rate greater than 100 bpm)
▪ increased hand tremor
▪ insomnia
▪ nausea or vomiting
▪ psychomotor agitation
▪ anxiety
▪ generalized tonic-clonic seizures
▪ 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.

AT LEAST TWO ALCOHOL USE DISORDER
ITEMS CODED "3" DURING THE SAME
12-MONTH PERIOD



***PRIOR-TO-PAST-12-MONTH
ALCOHOL USE DISORDER
CHRONOLOGY***

REMISSION SPECIFIER FOR PAST ALCOHOL USE DISORDER

Check ____ if **In a controlled environment:** The individual is [currently] in an environment where access to alcohol is restricted

E35

Indicate **remission:** (circle the appropriate number)

- (Early Remission does not apply to Alcohol Use Disorder Prior to Past 12 months)
- 0 – **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 Disorder have been met at any time during a period of 12 months or longer (with the exception that Criterion A.4, "Craving, or a strong desire or urge to use alcohol," may be met).
- E36

AGE AT ONSET

How old were you when you first had (LIST Age at onset of Alcohol Use Disorder (CODE 99 IF
OF ALCOHOL USE DISORDER SXS CODED "3")? UNKNOWN)

E37

PAST-12-MONTH NON-ALCOHOL SUBSTANCE USE DISORDER

REVIEW HISTORY OF DRUG USE ON PAGES 7-8 OF PATIENT OVERVIEW (OR PAGES 5-6 OF NON-PATIENT OVERVIEW). IF DENIES ANY LIFETIME DRUG USE IN OVERVIEW, CHECK HERE ____ AND GO TO NEXT MODULE. E38

FOR DRUGS USED IN PAST 12 MONTHS: CODE "3" FOR EACH DRUG CLASS BELOW BASED ON CODING IN RIGHT HAND COLUMN OF OVERVIEW DRUG ASSESSMENT (PATIENT OVERVIEW PAGES 7-8 OR NON-PATIENT OVERVIEW PAGES 5-6). OTHERWISE, CODE "1" FOR THAT DRUG CLASS.

SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOIDS	INHALANTS	PCP	HALLUCINOGENS	OTHER/ UNKNOWN
3	3	3	3	3	3	3	3
1	1	1	1	1	1	1	1
E39	E40	E41	E42	E43	E44	E45	E46

IF ALL DRUG CLASSES CODED "1" FOR PERIOD OF PAST 12 MONTHS, CHECK HERE ____ AND GO TO ***PRIOR-TO-PAST-12-MONTH NON-ALCOHOL SUBSTANCE USE DISORDER*** E.26. E47

FOR ALL CLASSES CODED "3" ABOVE, CIRCLE THE APPROPRIATE COLUMN HEADERS (DRUG CLASS NAMES) ON PAGES E.11 TO E.18, BASED ON ONE OF THE FOLLOWING OPTIONS: (Indicate option used with a check mark in front of option)

___ OPTION #1: DETERMINE THE PRESENCE OF SUBSTANCE USE DISORDER IN PAST 12 MONTHS (SINGLE MOST PROBLEMATIC SUBSTANCE). E48

Which drug or medication caused you the most problems over the past 12 months, since (1 YEAR AGO)?
Which one did you use the most? (Which was your "drug of choice?")

START WITH THE DRUG CLASS THAT WAS MOST PROBLEMATIC OR USED THE MOST. RETURN HERE IF CRITERIA ARE NOT MET FOR INITIAL DRUG CLASS AND THERE IS ALSO EVIDENCE OF CLINICALLY SIGNIFICANT USE OF OTHER DRUG CLASSES. ASK ABOUT EACH DRUG CLASS IN SEQUENCE UNTIL EITHER THE CRITERIA ARE MET FOR A SUBSTANCE USE DISORDER IN THE PAST 12 MONTHS OR ELSE NONE OF THE DRUG CLASSES MEET CRITERIA.

___ OPTION #2: DETERMINE PRESENCE OF THE THREE SUBSTANCE CLASSES MOST HEAVILY USED OR MOST PROBLEMATIC IN THE PAST 12 MONTHS. E49

Which drugs or medications caused you the most problems over the past 12 months, since (1 YEAR AGO)?
Which ones did you use the most? (Which were your "drugs of choice?")

___ OPTION #3: DETERMINE PRESENCE OF SUBSTANCE USE DISORDER IN THE PAST 12 MONTHS FOR ALL DRUG CLASSES ABOVE SCREENING THRESHOLD. E50

NON-ALCOHOL SUBSTANCE USE DISORDER CRITERIA

Now I'd like to ask you some more questions about your use of (DRUG CLASS[ES] CIRCLED IN COLUMN HEADERS) in the past 12 months, since (1 YEAR AGO).

- A. A problematic pattern of substance use leading to clinically significant impairment or distress, as manifested by at least two of the following occurring within a 12-month period:

FOR EACH CRITERION, ASK QUESTIONS FOR CIRCLED DRUG CLASS(ES) ONLY:

During the past year, have you found that once you started using (DRUG) you ended up using much more than you intended to? For example, you planned to have (SMALL AMOUNT OF DRUG) but you ended up having much more. (Tell me about that. How often did that happen?)

1. The substance is often taken in larger amounts OR over a longer period than was intended.

IF NO: What about using (DRUG) for a much longer period of time than you were intending to?

SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOID	INHALANTS	PCP	HALLUCINOGENS	OTHER/ UNKNOWN
3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1
?	?	?	?	?	?	?	?
E51	E52	E53	E54	E55	E56	E57	E58

During the past year, have you wanted to stop or cut down using (DRUG), or control your use of (DRUG)?

2. There is a persistent desire OR unsuccessful efforts to cut down or control substance use.

→ **IF YES: How long did this desire to stop, cut down, or control your use of (DRUG) last?**

→ **IF NO: During the past year, did you ever try to cut down, stop, or control your use of (DRUG)? How successful were you? (Did you make more than one attempt to stop, cut down, or control your use of [DRUG]?)**

SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOID	INHALANTS	PCP	HALLUCINOGENS	OTHER/ UNKNOWN
3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1
?	?	?	?	?	?	?	?
E59	E60	E61	E6	E63	E64	E65	E66

During the past year, have you spent a lot of time getting (DRUG) or using (DRUG) or has it taken a lot of time for you to get over the effects of (DRUG)? (How much time?)

3. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.

SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOID	INHALANTS	PCP	HALLUCINOGENS	OTHER/ UNKNOWN
3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1
?	?	?	?	?	?	?	?
E67	E68	E69	E70	E71	E72	E73	E74

Have you had a strong desire or urge to use (DRUG) in between those times when you were using (DRUG)? (Has there been a time when you had such strong urges to use (DRUG) that you had trouble thinking about anything else?)

4. Craving, or a strong desire or urge to use the substance.

IF NO: How about having a strong desire or urge to use (DRUG) when you were around people with whom you used (DRUG)?

SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOID	INHALANTS	PCP	HALLUCINOGENS	OTHER/ UNKNOWN
3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1
?	?	?	?	?	?	?	?
E75	E76	E77	E78	E79	E80	E81	E82

During the past year, have you missed work or school or often arrived late because you were intoxicated, high, or recovering from the night before?

IF NO: **How about doing a bad job at work or school, or failing courses or flunking out of school because of your use of (DRUG)?**

IF NO: **How about getting into trouble at work or school because of your use of (DRUG)?**

IF NO: **How about not taking care of things at home because of your use of (DRUG), 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?**

IF YES TO ANY: **How often?**

5. Recurrent substance 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 substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)].

SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOID	INHALANTS	PCP	HALLUCINOGENS	OTHER/ UNKNOWN
3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1
?	?	?	?	?	?	?	?
E83	E84	E85	E86	E87	E88	E89	E90

IF NOT ALREADY KNOWN: **During the past year, has your use of (DRUG) caused problems with other people, such as with family members, friends, or people at work? (Have you found yourself regularly getting into arguments about your [DRUG] use? Have you gotten into physical fights when you were taking [DRUG]?)**

IF YES: **Have you kept on using (DRUG) anyway?**

6. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance [(e.g., arguments with spouse about consequences of intoxication, physical fights)].

SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOID	INHALANTS	PCP	HALLUCINOGENS	OTHER/ UNKNOWN
3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1
?	?	?	?	?	?	?	?
E91	E92	E93	E94	E95	E96	E97	E98

Have you had to give up or reduce the time you spent at work or school, with family or friends, or on your hobbies because you were using (DRUG) instead?

7. Important social, occupational, or recreational activities given up or reduced because of substance use.

SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOID	INHALANTS	PCP	HALLUCINOGENS	OTHER/ UNKNOWN
3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1
?	?	?	?	?	?	?	?
E99	E100	E101	E102	E103	E104	E105	E106

During the past year, have you ever gotten high before doing something that requires coordination and concentration like driving, boating, climbing on a ladder, or operating heavy machinery?

8. Recurrent substance use in situations in which it is physically hazardous [(e.g., driving an automobile or operating a machine when impaired by substance use)].

→ **IF YES: (FOR SUBSTANCES OTHER THAN STIMULANTS): Would you say that your use of (DRUG) affected your coordination or concentration so that it was more likely that you or someone else could have been hurt?**

→ **IF YES: (FOR STIMULANTS ONLY): Would you say that your being high on (STIMULANT) made you drive recklessly like driving very fast or taking unnecessary risks?**

IF YES TO EITHER AND UNKNOWN: How many times?

SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOID	INHALANTS	PCP	HALLUCINOGENS	OTHER/ UNKNOWN
3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1
?	?	?	?	?	?	?	?
E107	E108	E109	E110	E111	E112	E113	E114

Has your use of (DRUG) during the past year caused you any problems like making you very depressed, irritable, anxious, paranoid, or extremely agitated? What about triggering panic attacks, making it difficult for you to fall or stay asleep, putting you into a "mental fog," or making it so you couldn't recall what happened while you were using (DRUG)?

9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance [(e.g., recurrent cocaine use despite recognition of cocaine-related depression)].

Has your use of (DRUG) caused physical problems, like heart palpitations, coughing or trouble breathing, constipation, or skin infections?

IF YES TO EITHER OF ABOVE: Have you kept on using (DRUG) anyway?

SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOID	INHALANTS	PCP	HALLUCINOGENS	OTHER/ UNKNOWN
3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1
?	?	?	?	?	?	?	?
E115	E116	E117	E118	E119	E120	E121	E122

Have you found that you needed to use much more (DRUG) in order to get the feeling you wanted than when you first started using it?

10. Tolerance, as defined by either of the following:

→ **IF YES: How much more?**

- a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect.

→ **IF NO: What about finding that when you used the same amount, it had much less effect than before?**

- b. Markedly diminished effect with continued use of the same amount of the substance.

IF PRESCRIBED MEDICATION: Were you taking (DRUG) exactly as your doctor told you to? (Did you ever take more of it than was prescribed or run out of your prescription early? Did you ever go to more than one doctor in order to get the amount of medication you wanted?)

Note: If opioids, sedative/hypnotic/anxiolytic medications, or stimulant medications are taken solely under appropriate medical supervision, this criterion is not considered to be met.

SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOID	INHALANTS	PCP	HALLUCINOGENS	OTHER/ UNKNOWN
3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1
?	?	?	?	?	?	?	?
E123	E124	E125	E126	E127	E128	E129	E130

THE FOLLOWING ITEM DOES NOT APPLY TO
INHALANTS, PCP, OR HALLUCINOGENS.

During the past year, have you had any
withdrawal symptoms, in other words felt sick
when you cut down or stopped using (DRUG)?

- IF YES: **What symptoms did you have?**
REFER TO LIST OF WITHDRAWAL SYMPTOMS
ON E.28.
- IF NO: **After not using (DRUG) for a few
hours or more, did you sometimes use it
or something like it to keep yourself from
getting sick with (WITHDRAWAL SXS)?**

11. Withdrawal, as manifested by either of the following:
- a. The characteristic withdrawal syndrome for the substance (see page E.28).

b. The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms

Note: This criterion does not apply to inhalants, PCP, or hallucinogens.
Note: If opioids, sedatives/hypnotics/anxiolytics medications, or stimulant medications are taken solely under appropriate medical supervision, this criterion is not considered to be met.

SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOID	OTHER/ UNKNOWN
3	3	3	3	3
2	2	2	2	2
1	1	1	1	1
?	?	?	?	?
E131	E132	E133	E134	E135

PAST-12-MONTH NON-ALCOHOL SUBSTANCE USE DISORDER CODING

AT LEAST TWO SUBSTANCE USE DISORDER ITEMS CODED "3" FOR THE PAST 12 MONTHS

Indicate **Severity**:

1 – **Mild**: 2-3 sxs.
2 – **Moderate**: 4-5 sxs.
3 – **Severe**: 6+ sxs.

SEDATIVE/ HYPNOTIC ANXIOLYTIC	CANNABIS	STIMULANTS	OPIOID	INHALANTS	PCP	HALLUCIN- OGENS	OTHER/ UNKNOWN
E136	E138	E140	E142	E144	E146	E148	E150
1=mild 2=mod 3=sev E137	1=mild 2=mod 3=sev E139	1=mild 2=mod 3=sev E141	1=mild 2=mod 3=sev E143	1=mild 2=mod 3=sev E145	1=mild 2=mod 3=sev E147	1=mild 2=mod 3=sev E149	1=mild 2=mod 3=sev E151

IF SELECTED OPTION #1 (MOST PROBLEMATIC SUBSTANCE):

IF THERE IS EVIDENCE OF CLINICALLY SIGNIFICANT USE OF ANOTHER DRUG CLASS IN PAST 12 MONTHS (OTHER THAN THOSE ALREADY ASSESSED), GO BACK TO E.11 AND RE-ASSESS CRITERIA FOR THAT DRUG CLASS. OTHERWISE, GO TO ***PRIOR-TO-PAST-12-MONTH NON-ALCOHOL SUBSTANCE USE DISORDER*** E.26.

IF SELECTED OPTION #2 (THREE MOST HEAVILY USED) OR OPTION #3 (ALL DRUG CLASSES AT USE THRESHOLD):

IF NO DRUG CLASSES CODED "3" (I.E., NO CURRENT [PAST YEAR] SUBSTANCE USE DISORDER), GO TO ***PRIOR-TO-PAST-12-MONTH NON-ALCOHOL SUBSTANCE USE DISORDER*** E.26.

INDICATE SPECIFIC NAME(S) OF SUBSTANCE(S) FOR WHICH CRITERIA WERE MET (I.E., CODED "3" ABOVE):

Sedatives, Hypnotics, or Anxiolytics	_____	E152
Cannabis	_____	E153
Stimulants (including cocaine)	_____	E154
Opioids	_____	E155
Inhalants	_____	E156
Phencyclidine and Related Substances	_____	E157
Hallucinogens	_____	E158
Other or Unknown	_____	E159

?=Inadequate information

1=Absent or false

2=Subthreshold

3=Threshold or true

PAST-12-MONTH NON-ALCOHOL SUBSTANCE USE CHRONOLOGY

AT LEAST ONE SUBSTANCE USE DISORDER SYMPTOM (EXCEPT FOR CRAVING) IN THE PAST 3 MONTHS

Indicate **remission** status: (circle number in box to the right)
1 – Early remission. No criteria (except craving) met for at least 3 months but for less than 12 months
(Sustained remission) does not apply to past 12 month Substance Use Disorder)

Indicate (with a check) if **In a controlled environment:** If the individual is [currently] in an environment where access to substances is restricted.

When did you last have (ANY SXS OF SUBSTANCE USE DISORDER)?
 [Number of months prior to interview when the subject last had any Substance Use Disorder symptom (except for craving).]

How old were you when you first had (LIST OF SUBSTANCE USE DISORDER SXS CODED "3")?

SEDATIVE/ HYPNOTIC ANXIOLYTIC	CANNABIS	STIMULANTS	OPIOID	INHALANTS	PCP	HALLUCIN- OGENS	OTHER/ UNKNOWN
3 1 E160	3 1 E165	3 1 E169	3 1 E173	3 1 E177	3 1 E181	3 1 E185	3 1 E189
1=early E161	1=early E166	1=early E170	1=early E174	1=early E178	1=early E182	1=early E186	1=early E190
Current (past 3 month)	Current (past 3 month)	Current (past 3 month)	Current (past 3 month)	Current (past 3 month)	Current (past 3 month)	Current (past 3 month)	Current (past 3 month)
___ If controlled environ- ment E162	___ If controlled environ- ment E162	___ If controlled environ- ment E162	___ If controlled environ- ment E162	___ If controlled environ- ment E162	___ If controlled environ- ment E162	___ If controlled environ- ment E162	___ If controlled environ- ment E162
No. of months since sxs --- E163	No. of months since sxs --- E167	No. of months since sxs --- E171	No. of months since sxs --- E175	No. of months since sxs --- E179	No. of months since sxs --- E183	No. of months since sxs --- E187	No. of months since sxs --- E191
Age at onset: --- E164	Age at onset: --- E168	Age at onset: --- E172	Age at onset: --- E176	Age at onset: --- E180	Age at onset: --- E184	Age at onset: --- E188	Age at onset: --- E192

Indicate (check here) ___ if [currently] **On maintenance therapy:** If the individual is taking a prescribed agonist medication such as methadone or buprenorphine and none of the criteria for Opioid Use Disorder have been met for that class of medication (except tolerance to, or withdrawal from, the agonist). This category also applies to those individuals being maintained on a partial agonist, an agonist/antagonist, or a full antagonist such as oral naltrexone or depot naltrexone.

E193

?=Inadequate information

1=Absent or false

2=Subthreshold

3=Threshold or true

PRIOR-TO-PAST-12-MONTH NON-ALCOHOL SUBSTANCE USE DISORDER

FOR DRUG CLASSES USED PRIOR TO THE PAST 12 MONTHS DURING THE SUBJECT'S LIFETIME AND FOR WHICH CRITERIA ARE NOT ALREADY MET IN THE PAST 12 MONTHS FOR SUBSTANCE USE DISORDER (I.E., NOT CODED "3" ON PAGE E.17), CODE "3" FOR EACH DRUG CLASS BELOW BASED ON CODING IN THE MIDDLE COLUMN OF OVERVIEW DRUG ASSESSMENT (PATIENT OVERVIEW PAGES 7-8 OR NON-PATIENT OVERVIEW PAGES 5-6). OTHERWISE CODE "1."

NOTE: IF AN ASSESSMENT OF THE SEVERITY OF ALL NON-ALCOHOL SUBSTANCE USE DISORDERS PRIOR TO THE PAST 12 MONTHS IS NEEDED, IGNORE ABOVE INSTRUCTION TO CODE "3" ONLY FOR DRUG CLASSES FOR WHICH CRITERIA ARE NOT ALREADY CURRENT MET, I.E., CODE "3" FOR EACH DRUG CLASS BASED ON CODING IN MIDDLE COLUMN FOR ALL DRUG CLASSES.

SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOID	INHALANTS	PCP	HALLUCINOGENS	OTHER/ UNKNOWN
3	3	3	3	3	3	3	3
1	1	1	1	1	1	1	1
E194	E195	E196	E197	E198	E199	E200	E201

IF ALL OF THE ABOVE DRUG CLASSES ARE CODED "1," CHECK HERE ____ AND GO TO NEXT MODULE.

E202

FOR ALL CLASSES CODED "3" ABOVE, CIRCLE THE APPROPRIATE COLUMN HEADERS (DRUG CLASS NAMES) ON PAGES E.20 TO E.25, BASED ON ONE OF THE FOLLOWING OPTIONS: (Indicate option used with a check mark in front of option.)

____ **OPTION #1: DETERMINE THE LIFETIME PRESENCE OF SUBSTANCE USE DISORDER (SINGLE MOST PROBLEMATIC SUBSTANCE):**

E203

Which drug or medication caused you the most problems? Which one did you use the most? (Which was your "drug of choice?")

START WITH THE DRUG CLASS THAT WAS MOST PROBLEMATIC OR USED THE MOST. RETURN HERE IF CRITERIA ARE NOT MET FOR INITIAL DRUG CLASS AND THERE IS ALSO EVIDENCE OF CLINICALLY SIGNIFICANT USE OF OTHER DRUG CLASSES. ASK ABOUT EACH DRUG CLASS IN SEQUENCE UNTIL EITHER THE CRITERIA ARE MET FOR A SUBSTANCE USE DISORDER OR ELSE NONE OF THE DRUG CLASSES MEET CRITERIA.

____ **OPTION #2: DETERMINE LIFETIME PRESENCE OF THE THREE SUBSTANCE CLASSES MOST HEAVILY USED OR MOST PROBLEMATIC:**

E204

Which drugs or medications caused you the most problems? Which ones did you use the most? (Which were your "drugs of choice?")

____ **OPTION #3: DETERMINE LIFETIME PRESENCE OF SUBSTANCE USE DISORDER FOR ALL DRUG CLASSES ABOVE SCREENING THRESHOLD.**

E205

FOR EACH DRUG CLASS CIRCLED IN COLUMN HEADERS: **Looking back over your life, if you had to pick a 12-month period when you used (CIRCLED DRUG CLASS) the most or during which your use of (CIRCLED DRUG CLASS) caused you the most problems, when would that be?**

NOTE: For the ratings below, "Month/Year" refers to the beginning of the selected 12-month period.

SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOID	INHALANTS	PCP	HALLUCINOGENS	OTHER/ UNKNOWN
Month/Year	Month/Year	Month/Year	Month/Year	Month/Year	Month/Year	Month/Year	Month/Year
___/___	___/___	___/___	___/___	___/___	___/___	___/___	___/___
E206	E207	E208	E209	E210	E211	E212	E213

NON-ALCOHOL SUBSTANCE USE DISORDER CRITERIA

Now I'd like to ask you some more questions about your use of (CIRCLED DRUG CLASSES) during (12-MONTH PERIODS SELECTED ABOVE).

A. A problematic pattern of substance use leading to clinically significant impairment or distress, as manifested by at least two of the following occurring within a 12-month period:

FOR EACH CRITERION, ASK QUESTIONS FOR CIRCLED DRUG CLASS(ES) ONLY:

Have you ever found that once you started using (DRUG) you ended up using much more than you intended to? For example, you planned to have (SMALL AMOUNT OF DRUG) but you ended up having much more. (Tell me about that. How often did that happen?)

1. The substance is often taken in larger amounts OR over a longer period than was intended.

IF NO: What about using (DRUG) for a much longer period of time than you were intending to?

SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOID	INHALANTS	PCP	HALLUCINOGENS	OTHER/ UNKNOWN
3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1
?	?	?	?	?	?	?	?
E214	E215	E216	E217	E218	E219	E220	E221

During (12-MONTH PERIOD) did you want to stop or cut down using (DRUG), or control your use of (DRUG)?

2. There is a persistent desire OR unsuccessful efforts to cut down or control substance use.

→ **IF YES: How long did this desire to stop, cut down, or control your use of (DRUG) last?**

→ **IF NO: Did you try to cut down, stop, or control your use of (DRUG)? How successful were you? (Did you make more than one attempt to stop, cut down, or control your use of [DRUG]?)**

SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOID	INHALANTS	PCP	HALLUCINOGENS	OTHER/ UNKNOWN
3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1
?	?	?	?	?	?	?	?
E222	E223	E224	E225	E226	E227	E228	E229

During (12-MONTH PERIOD), did you spend a lot of time getting (DRUG) or using (DRUG) or has it taken a lot of time for you to get over the effects of (DRUG)? (How much time?)

3. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.

SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOID	INHALANTS	PCP	HALLUCINOGENS	OTHER/ UNKNOWN
3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1
?	?	?	?	?	?	?	?
E230	E231	E232	E233	E234	E235	E236	E237

During (12-MONTH PERIOD), did you have a strong desire or urge to use (DRUG) in between those times when you were using (DRUG)? (Was there a time when you had such strong urges to use [DRUG] that you had trouble thinking about anything else?)

IF NO: How about having a strong desire or urge to use (DRUG) when you were around people with whom you used (DRUG)?

4. Craving, or a strong desire or urge to use the substance.

SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOID	INHALANTS	PCP	HALLUCINOGENS	OTHER/ UNKNOWN
3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1
?	?	?	?	?	?	?	?
E238	E239	E240	E241	E242	E243	E244	E245

During (12-MONTH PERIOD), did you ever miss work or school or often arrived late because you were intoxicated, high, or recovering from the night before?

IF NO: How about doing a bad job at work or school, or failing courses or flunking out of school because of your use of (DRUG)?

IF NO: How about getting into trouble at work or school because of your use of (DRUG)?

IF NO: How about not taking care of things at home because of your use of (DRUG), 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?

IF YES TO ANY: How often?

5. Recurrent substance 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 substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)].

SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOID	INHALANTS	PCP	HALLUCINOGENS	OTHER/ UNKNOWN
3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1
?	?	?	?	?	?	?	?
E246	E247	E248	E249	E250	E251	E252	E253

During (12-MONTH PERIOD), did your use of (DRUG) cause problems with other people, such as with family members, friends, or people at work? (Did you find yourself regularly getting into arguments about your [DRUG] use? Did you get into physical fights when you were taking [DRUG]?)

IF YES: Did you keep on using (DRUG) anyway?

6. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance [(e.g., arguments with spouse about consequences of intoxication, physical fights)].

SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOID	INHALANTS	PCP	HALLUCINOGENS	OTHER/ UNKNOWN
3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1
?	?	?	?	?	?	?	?
E254	E255	E256	E257	E258	E259	E260	E261

During (12-MONTH PERIOD), did you give up or reduce the time you spent at work or school, with family or friends, or on your hobbies because you were using (DRUG) instead?

7. Important social, occupational, or recreational activities given up or reduced because of substance use.

SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOID	INHALANTS	PCP	HALLUCINOGENS	OTHER/ UNKNOWN
3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1
?	?	?	?	?	?	?	?
E262	E263	E264	E265	E266	E267	E268	E269

During (12-MONTH PERIOD), did you ever use (DRUG) before doing something that required coordination and concentration like driving, boating, climbing on a ladder, or operating heavy machinery?

8. Recurrent substance use in situations in which it is physically hazardous [(e.g., driving an automobile or operating a machine when impaired by substance use)].

→ **IF YES: (FOR SUBSTANCES OTHER THAN STIMULANTS): Would you say that your use of (DRUG) affected your coordination or concentration so that it was more likely that you or someone else could have been hurt?**

→ **IF YES: (FOR STIMULANTS ONLY): Would you say that your being high on (STIMULANTS) made you drive recklessly like driving very fast or taking unnecessary risks?**

IF YES TO EITHER AND UNKNOWN: How many times? (When did this happen?)

SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOID	INHALANTS	PCP	HALLUCINOGENS	OTHER/ UNKNOWN
3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1
?	?	?	?	?	?	?	?
E270	E271	E272	E273	E274	E275	E276	E277

During (12-MONTH PERIOD), did your use of (DRUG) cause you any problems like making you very depressed, irritable, anxious, paranoid, or extremely agitated? What about triggering panic attacks, making it difficult for you to fall or stay asleep, putting you into a "mental fog," or making it so you couldn't recall what happened while you were using (DRUG)?

9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance [(e.g., recurrent cocaine use despite recognition of cocaine-related depression)].

Did your use of (DRUG) cause physical problems, like heart palpitations, coughing or trouble breathing, constipation, or skin infections?

IF YES TO EITHER OF ABOVE: Did you keep on using (DRUG) anyway?

SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOID	INHALANTS	PCP	HALLUCINOGENS	OTHER/ UNKNOWN
3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1
?	?	?	?	?	?	?	?
E278	E279	E280	E281	E282	E283	E284	E285

During (12-MONTH PERIOD), did you need to use much more (DRUG) in order to get the feeling you wanted than when you first started using it?

→ **IF YES: How much more?**

→ **IF NO: What about finding that when you used the same amount, it had much less effect than before?**

IF PRESCRIBED MEDICATION: Were you taking (DRUG) exactly as your doctor told you to? (Did you ever take more of it than was prescribed or run out of your prescription early? Did you ever go to more than one doctor in order to get the amount of medication you wanted?)

10. Tolerance, as defined by either of the following:

- A need for markedly increased amounts of the substance to achieve intoxication or desired effect.
- Markedly diminished effect with continued use of the same amount of the substance.

Note: If opioids, sedative/hypnotics/anxiolytics medications, or stimulant medications are taken solely under appropriate medical supervision, this criterion is not considered to be met.

SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOID	INHALANTS	PCP	HALLUCINOGENS	OTHER/ UNKNOWN
3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1
?	?	?	?	?	?	?	?
E286	E287	E288	E289	E290	E291	E292	E293

THE FOLLOWING ITEM DOES NOT APPLY TO INHALANTS, PCP, OR HALLUCINOGENS.

During (12-MONTH PERIOD), did you ever have any withdrawal symptoms, in other words felt sick when you cut down or stopped using (DRUG)?

→ **IF YES: What symptoms did you have? REFER TO LIST OF WITHDRAWAL SYMPTOMS ON E.28.**

→ **IF NO: After not using (DRUG) for a few hours or more, did you sometimes use it or something like it to keep yourself from getting sick with (WITHDRAWAL SYMPTOMS)?**

11. Withdrawal, as manifested by either of the following:

- The characteristic withdrawal syndrome for the substance (see page E.28).
- The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms

Note: This criterion does not apply to inhalants, PCP, or hallucinogens.

Note: If opioids, sedative/hypnotics/anxiolytic medications, or stimulant medications are taken solely under appropriate medical supervision, this criterion is not considered to be met.

SEDATIVE/ HYPNOTIC/ANX	CANNABIS	STIMULANTS	OPIOID	OTHER/ UNKNOWN
3	3	3	3	3
2	2	2	2	2
1	1	1	1	1
?	?	?	?	?
E294	E295	E296	E297	E298

PRIOR-TO-PAST-12-MONTH NON-ALCOHOL SUBSTANCE USE DISORDER CODING

AT LEAST TWO SUBSTANCE
USE DISORDER ITEMS
CODED "3" DURING THE
SAME 12 MONTH PERIOD

YEAR THAT CRITERIA WERE
LAST MET:

Indicate **Severity**: (circle the
appropriate number in box to
the right)

1 -Mild: 2-3 sxs.
2 -Moderate: 4-5 sxs.
3 -Severe: 6+ sxs.

ONLY FOR CLASSES CODED
"3": How old were you
when you first had (LIST
OF SUBSTANCE USE
DISORDER SXS CODED "3")

SEDATIVE/ HYPNOTIC ANXIOLYTIC	CANNABIS	STIMULANTS	OPIOID	INHALANTS	PCP	HALLUCIN- OGENS	OTHER/ UNKNOWN
E299	E303	E307	E311	E315	E319	E323	E327
Year: E300	Year: E304	Year: E308	Year: E312	Year: E316	Year: E320	Year: E324	Year: E328
1=mild 2=mod 3=sev E301	1=mild 2=mod 3=sev E305	1=mild 2=mod 3=sev E309	1=mild 2=mod 3=sev E313	1=mild 2=mod 3=sev E317	1=mild 2=mod 3=sev E321	1=mild 2=mod 3=sev E325	1=mild 2=mod 3=sev E329
Age at onset: E302	Age at onset: E306	Age at onset: E310	Age at onset: E314	Age at onset: E318	Age at onset: E322	Age at onset: E326	Age at onset: E330

Indicate (with a check) ☐ if **On maintenance therapy**: If the individual is taking a prescribed agonist medication such as methadone or buprenorphine and none of the criteria for Opioid Use Disorder have been met for that class of medication (except tolerance to, or withdrawal from, the agonist). This category also applies to those individuals being maintained on a partial agonist, an agonist/antagonist, or a full antagonist such as oral naltrexone or depot naltrexone.

E331

→ IF SELECTED OPTION #1 (MOST PROBLEMATIC SUBSTANCE):

IF THERE IS EVIDENCE OF CLINICALLY SIGNIFICANT USE OF ANOTHER DRUG CLASS PRIOR TO THE PAST 12 MONTHS (OTHER THAN THOSE ALREADY ASSESSED), GO BACK TO E.20 AND RE-ASSESS CRITERIA FOR THAT DRUG CLASS. OTHERWISE, GO TO NEXT PAGE TO RECORD SPECIFIC NAMES OF SUBSTANCES AND REMISSION STATUS.

→ IF SELECTED OPTION #2 (THREE MOST HEAVILY USED) OR OPTION #3 (ALL DRUG CLASSES AT USE THRESHOLD):

IF NO DRUG CLASSES CODED "3" (I.E., NO SUBSTANCE USE DISORDER PRIOR TO PAST 12 MONTHS), GO TO THE NEXT PAGE TO RECORD SPECIFIC NAMES OF SUBSTANCES AND REMISSION STATUS.

?=Inadequate information

1=Absent or false

2=Subthreshold

3=Threshold or true

INDICATE SPECIFIC NAME(S) OF SUBSTANCE(S)
FOR WHICH CRITERIA WERE MET PRIOR TO PAST
12 MONTHS (I.E., CODED "3" ABOVE):

Sedatives, Hypnotics, or Anxiolytics	_____	E332
Cannabis	_____	E333
Stimulants (including cocaine)	_____	E334
Opioids	_____	E335
Inhalants	_____	E336
Phencyclidineand Related Substances	_____	E337
Hallucinogens	_____	E338
Other and Unknown	_____	E339

Indicate ____ if **In a controlled environment:** If the individual is [currently] in an environment where access to substances is restricted. E340

Indicate current remission status: (circle the appropriate number)	SEDATIVE/ HYPNOTIC ANXIOLYTIC	CANNABIS	STIMULANTS	OPIOID	INHALANTS	PCP	HALLUCINOGENS	OTHER/ UNKNOWN
0 – Not in remission (i.e., one Substance Use criterion has been present in the past 12 months)	0	0	0	0	0	0	0	0
2 – In sustained remission: After full criteria for Substance Use Disorder were previously met, none of the criteria for Substance Use Disorder have been met at any time during the past 12 months or longer (with the exception that Criterion A.4, "Craving, or a strong desire or urge to use substance," may be met).	2	2	2	2	2	2	2	2
	E341	E342	E343	E344	E345	E346	E347	E348

LIST OF WITHDRAWAL SYMPTOMS (FROM DSM-5 CRITERIA)

Listed below are the characteristic withdrawal syndromes for those classes of psychoactive substances for which a withdrawal syndrome has been identified. (NOTE: A specific withdrawal syndrome has not been identified for PCP, HALLUCINOGENS, OR INHALANTS). Withdrawal symptoms may occur following the cessation of prolonged moderate or heavy use of a psychoactive substance or a reduction in the amount used.

SEDATIVES, HYPNOTICS, AND ANXIOLYTICS:

Two (or more) of the following, developing within several hours to a few days after cessation of (or reduction in) sedative, hypnotic, or anxiolytic use, that has been prolonged:

1. Autonomic hyperactivity (e.g., sweating or pulse rate greater than 100 bpm).
2. Hand tremor.
3. Insomnia.
4. Nausea or vomiting.
5. Transient visual, tactile, or auditory hallucinations or illusions.
6. Psychomotor agitation.
7. Anxiety.
8. Grand mal seizures.

CANNABIS:

Three (or more) of the following signs and symptoms developing within approximately one week after cessation of cannabis use that has been heavy and prolonged (i.e., usually daily or almost daily use over a period of at least a few months):

1. Irritability, anger, or aggression.
2. Nervousness or anxiety.
3. Sleep difficulty (e.g., insomnia, disturbing dreams).
4. Decreased appetite or weight loss.
5. Restlessness.
6. Depressed mood.
7. At least one of the following physical symptoms causing significant discomfort: abdominal pain, shakiness/tremors, sweating, fever, chills, or headache.

STIMULANTS/COCAINE:

Dysphoric mood AND two (or more) of the following physiological changes, developing within a few hours to several days after cessation of (or reduction in) prolonged amphetamine-type substance, cocaine, or other stimulant use:

1. Fatigue.
2. Vivid, unpleasant dreams.
3. Insomnia or hypersomnia.
4. Increased appetite.
5. Psychomotor retardation or agitation.

OPIOIDS:

Three (or more) of the following, developing within minutes to several days after cessation of (or reduction in) opioid use that has been heavy and prolonged (i.e., several weeks or longer) or after administration of an opioid antagonist after a period of opioid use:

1. Dysphoric mood.
2. Nausea or vomiting.
3. Muscle aches.
4. Lacrimation or rhinorrhea (runny nose)
5. Pupillary dilation, piloerection ("goose bumps"), or sweating.
6. Diarrhea.
7. Yawning.
8. Fever.
9. Insomnia.

F. ANXIETY DISORDERS

PANIC DISORDER

PANIC DISORDER CRITERIA

→ IF SCREENING QUESTION #1 ANSWERED "NO," SKIP TO ***AGORAPHOBIA*** F.8.

→ IF QUESTION #1 ANSWERED "YES":
You've said that you have had an intense rush of anxiety, or what someone might call a "panic attack," when you suddenly felt very frightened, or anxious or suddenly developed 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 felt very frightened, or anxious or suddenly developed a lot of physical symptoms?

Tell me about that.

When was the last bad one?

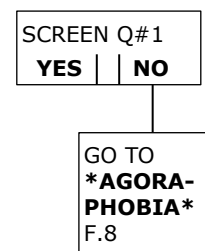
What was it like? How did it begin?

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?)

A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes.

Note: The abrupt surge can occur from a calm state or an anxious state.



F1

During that attack...

...did your heart race, pound or skip?

1. Palpitations, pounding heart, or accelerated heart rate.

? 1 2 3 F3

...did you sweat?

2. Sweating.

? 1 2 3 F4

...did you tremble or shake?

3. Trembling or shaking.

? 1 2 3 F5

...were you short of breath? (Have trouble catching your breath? Feel like you were being smothered?)

4. Sensations of shortness of breath or smothering.

? 1 2 3 F6

...did you feel as if you were choking?

5. Feelings of choking.

? 1 2 3 F7

...did you have chest pain or pressure?

6. Chest pain or discomfort.

? 1 2 3 F8

...did you have nausea or upset stomach or the feeling that you were going to have diarrhea?

7. Nausea or abdominal distress.

? 1 2 3 F9

...did you feel dizzy, unsteady, or like you might faint?

8. Feeling dizzy, unsteady, lightheaded or faint.

? 1 2 3 F10

...did you have flushes, hot flashes, or chills?

9. Chills or heat sensations.

? 1 2 3 F11

?=Inadequate information

1=Absent or false

2=Subthreshold

3=Threshold or true

During that attack...

...did you have tingling or numbness in parts of your body?

10. Paresthesias (numbness or tingling sensations)

? 1 2 3 F12

...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 observer of your own thoughts or movements?

11. Derealization (feelings of unreality) or depersonalization (being detached from oneself).

? 1 2 3 F13

IF NO: How about feeling that everything around you was unreal or that you were in a dream?

...were you afraid you were going crazy or might lose control?

12. Fear of losing control or "going crazy."

? 1 2 3 F14

...were you afraid that you were dying?

13. Fear of dying.

? 1 2 3 F15

AT LEAST FOUR ITEMS CODED "3" AND REACHED THEIR PEAK WITHIN MINUTES

1 3 F16

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?

PANIC ATTACK;
CONTINUE WITH NEXT ITEM

→ IF YES, GO BACK TO PAGE F.1 AND ASSESS THE SYMPTOMS OF THAT ATTACK.

→ IF NO: GO TO *AGORAPHOBIA* F.8

Have any of these attacks ever come on out of the blue—in situations where you didn't expect to be nervous or uncomfortable?

A. Recurrent unexpected panic attacks.

? 1 2 3 F17

→ 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 doing at the time? (Were you already nervous or anxious at the time or rather were you relatively calm or relaxed?)

GO TO
*EXPECTED
PANIC
ATTACKS* F.7

CONTINUE
ON NEXT
PAGE

IF ATTACK IS UNEXPECTED: How many of these kinds of attacks have you had? (At least two?)

After any of 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?

IF YES: How long did that concern or worry last? (Did it last at least a month? Nearly every day?)

...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?)

IF YES: How long did that last? (As long as a month?)

B. At least one of the attacks has been followed by 1 month (or more) of one or both of the following:

1. Persistent concern or worry about additional attacks or their consequences (e.g., losing control, having a heart attack, "going crazy").

2. 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).

CRITERION B.1 OR B.2 CODED "3"

13123F18

123F19

13F20

1

GO TO *AGORA-PHOBIA* F.8

IF UNKNOWN: When did your panic attacks start?

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

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

Just before the attacks, were you physically ill?

IF YES: What did the doctor say?

- C. [Primary Anxiety 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."

Etiological medical conditions include:
endocrine disease (e.g., hyperthyroidism, pheochromocytoma, hypoglycemia, hyperadrenocortisolism), cardiovascular disorders (e.g., congestive heart failure, pulmonary embolism, arrhythmia such as atrial fibrillation), respiratory illness (e.g., chronic obstructive pulmonary disease, asthma, pneumonia), metabolic disturbances (e.g., vitamin B₁₂ deficiency, porphyria), and neurological illness (e.g., neoplasms, vestibular dysfunction, encephalitis, seizure disorders).

Etiological substances/medications include:
alcohol (I/W), caffeine (I), cannabis (I), opioids (W), phencyclidine (I), other hallucinogens (I), inhalants, and stimulants (including cocaine) (I/W), sedatives, hypnotics, and anxiolytics (W); anesthetics and analgesics, sympathomimetics or other bronchodilators, anticholinergics, insulin, thyroid preparations, oral contraceptives, antihistamines, antiparkinsonian medications, corticosteroids, antihypertensive and cardiovascular medications, anticonvulsants, lithium carbonate, antipsychotic medications, antidepressant medications, and exposure to heavy metals and toxins such as organophosphate insecticide, nerve gases, carbon monoxide, carbon dioxide, volatile substances such as gasoline and paint.

IF NECESSARY, RETURN TO THIS ITEM AFTER COMPLETING MODULES FOR OC AND RELATED DISORDERS AND TRAUMA- AND STRESS-RELATED DISORDERS.

- D. The disturbance is not better explained by another mental disorder (e.g., the panic attacks do not occur only in response to feared social situations, as in Social Anxiety Disorder; in response to circumscribed phobic objects or situations, as in Specific Phobia; in response to obsessions, as in Obsessive-Compulsive Disorder; in response to reminders of traumatic events, as in Posttraumatic Stress Disorder; or in response to separation from attachment figures, as in Separation Anxiety Disorder).

? 1 3 F21

PRIMARY
ANXIETY
DISORDER

ALL DUE TO
SUBSTANCE
USE OR GMC
GO TO
***AGORA-
PHOBIA*** F.8

CONTINUE
WITH NEXT
ITEM

? 1 3 F22

GO TO
***AGORA-
PHOBIA***
F.8

A, B, C, AND D ARE CODED "3."

PANIC DISORDER CHRONOLOGY

NOTE: IF LIFETIME ASSESSMENT ALREADY SUGGESTS THE PRESENCE OF PANIC ATTACKS DURING THE CURRENT MONTH, ASK THE FOLLOWING QUESTIONS ONLY IF NEEDED.

Since (1 MONTH AGO) how many panic attacks have you had?

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?

IF YES: Did you feel that way for most of the time since (1 MONTH AGO)?

...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?)

IF YES: Did you feel that way for most of the time since (1 MONTH AGO)?

CURRENT PANIC DISORDER

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

A. Recurrent panic attacks (unexpected or expected) [in past month].

B. [During the past month,] at least one of the attacks has been followed by 1 month (or more) of one or both of the following:

1. Persistent concern or worry about additional attacks or their consequences (e.g., losing control, having a heart attack, "going crazy").

2. 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).

CRITERIA A AND B.1 OR B.2 CODED "3" FOR PAST MONTH.

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

?	1	3	F23
GO TO *AGORA-PHOBIA* F.8		LIFETIME PANIC DIS ORDER	

?	1	3	F24
GO TO *PAST PANIC DISORDER* F.6			

?	1	2	3	F25

?	1	2	3	F26

?	1	3	F27
GO TO *PAST PANIC DISORDER* F.6		CURRENT PANIC DISORDER	

_____	F28

GO TO *AGORA-PHOBIA* F.8

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

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

F29

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

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

F30

GO TO *AGORA- PHOBIA* F.8

EXPECTED PANIC ATTACKS**RECORDING OF DIAGNOSTIC CONTEXT FOR PANIC ATTACK SPECIFIER**

*IF THERE HAS BEEN ONLY A SINGLE UNEXPECTED PANIC ATTACK, GO TO ***AGORAPHOBIA*** F.8 (CONTINUE ON THE NEXT PAGE).*

Indicate **types of situations** during which attack(s) occurred: (Check all that apply; page numbers indicate where "With panic attacks" specifier is coded):

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?

Were you (depressed/OWN WORDS) at the time?

Were you (high/irritable/OWN WORDS) at the time?

Were you drinking or taking any drugs or medications?

Were you physically ill?

___ Depressive thoughts (in MDD, page D.18, in Bipolar Disorder, in context of Major Depressive Episode, page D.16, and Persistent Depressive Disorder, page A.32) F31

___ Manic or hypomanic symptoms (in context of Manic Episode, pages D.15, in context of hypomanic episode, page D.16) F32

___ Social situations (in Social Anxiety Disorder, page F.17) F33

___ Phobic situations (in Specific Phobia, page F.22) F34

___ Chronic generalized anxiety and worry (in current GAD page F.26) F35

___ Separation from attachment figures (in Separation Anxiety Disorder, page Opt-F.4) F36

___ Due to a substance/medication (in Substance-induced Anxiety Disorder, F.36) F37

___ Due to another medical condition (in Anxiety Disorder due to AMC), F.34) F38

___ Obsession/compulsion-related (in OCD, page G.6) F39

___ Hoarding-related (in Hoarding, page Opt-G.5) F40

___ Body Dysmorphic-Disorder-related (in BDD, page Opt-G.9) F41

___ Exposure to reminder of trauma (in Acute Stress Disorder, page L.10; in PTSD, page L.19) F42

Refer to back the above list of situations when coding the "With panic attacks" specifier included in the assessment of the respective disorders (page numbers indicate the page on which the panic attacks specifier is coded).

GO TO *AGORAPHOBIA*** F.8 (CONTINUE ON THE NEXT PAGE)**

AGORAPHOBIA**AGORAPHOBIA CRITERIA**

→ IF SCREENING QUESTION #2 ANSWERED "NO," SKIP TO ***SOCIAL ANXIETY DISORDER*** F.14

→ IF QUESTION #2 ANSWERED "YES": You've said that you have been very anxious 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.

→ IF SCREENER NOT USED: 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?

Tell me about the situations that you've been afraid of.

IF UNKNOWN: Have you been afraid of, or anxious about, travelling in taxi cabs, buses, trains, ships or planes?

IF UNKNOWN: How about being in open spaces, like parking lots, outdoor marketplaces, or bridges?

IF UNKNOWN: How about being in enclosed places like stores, movie theaters, or shopping malls?

IF UNKNOWN: How about standing in a line or being in a crowd?

IF UNKNOWN: How about being outside of the house alone?

A. Marked fear or anxiety about two (or more) of the following five situations:

1. Using public transportation (e.g., [taxi cabs], buses, trains, ships, planes). ? 1 2 3 F44

2. Being in open spaces (e.g., parking lots, marketplaces, bridges). ? 1 2 3 F45

3. Being in enclosed places (e.g., shops, theaters, cinemas). ? 1 2 3 F46

4. Standing in line or being in a crowd. ? 1 2 3 F47

5. Being outside of the home alone. ? 1 2 3 F48

AT LEAST TWO ITEMS ARE CODED "3"

SCREEN Q#2
YES NO F43

IF NO: GO TO
SOCIAL ANXIETY DISORDER F.14

1 3 F49
GO TO ***SOCIAL ANXIETY DISORDER*** F.14

Why did you avoid (SITUATIONS CODED "3")
(What were you afraid would happen?)

(Were you afraid that it might be hard for you to get out of the situation if you absolutely needed to...like 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?)

(How about being worried that there would be nobody there to help you in case these kinds of things happened?)

Have you almost always felt frightened or anxious when you were in (SITUATIONS CODED "3" ABOVE)?

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 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?**

IF UNKNOWN: **Have you felt any danger or threat to your safety when you were in** (SITUATIONS CODED "3" ABOVE)? **(Tell me about that.)**

B. 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 developing panic-like symptoms or other incapacitating or embarrassing symptoms (e.g., fear of falling in the elderly, fear of incontinence).

C. The agoraphobic situations almost always provoke fear or anxiety.

D. The agoraphobic situations are actively avoided, require the presence of a companion, or are endured with intense fear or anxiety.

E. The fear or anxiety is out of proportion to the actual danger posed by the agoraphobic situations and the sociocultural context.

NOTE: Code "3" if situations do not pose danger or if fear or anxiety is out of proportion to actual danger or sociocultural context.

? 1 2 3 F50

GO TO
***SOCIAL
ANXIETY
DISORDER***
F.14

? 1 2 3 F51

GO TO
***SOCIAL
ANXIETY
DISORDER***
F.14

? 1 2 3 F52

GO TO
***SOCIAL
ANXIETY
DISORDER***
F.14

? 1 2 3 F53

GO TO
***SOCIAL
ANXIETY
DISORDER***
F.14

How long have you been afraid of or avoided (SITUATIONS CODED "3")? (At least 6 months?)

F. The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.

? 1 2 3 F54

GO TO
*SOCIAL
ANXIETY
DISORDER*
F.14

IF UNKNOWN: **What effect have (AGORAPHOBIC SXS) had on your life?**

G. The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

? 1 2 3 F55

GO TO
*SOCIAL
ANXIETY
DISORDER*
F.14

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 (AGORAPHOBIC SXS) affected any other important part of your life?

IF HAVE NOT INTERFERED WITH FUNCTIONING:
How much have you been bothered or upset by having (AGORAPHOBIC SXS)?

IF 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 [AVOIDED SITUATION]?)**

H. If another medical condition (e.g., inflammatory bowel disease, Parkinson's disease) is present, the fear, anxiety, or avoidance is clearly excessive.

? 1 2 3 F56

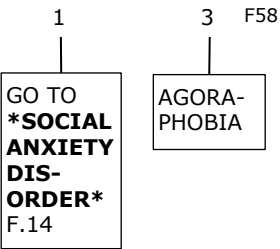
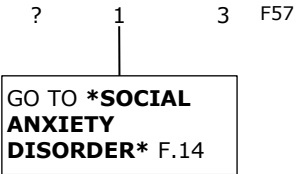
GO TO
*SOCIAL
ANXIETY
DISORDER*
F.14

IF NECESSARY, RETURN TO THIS ITEM AFTER COMPLETING MODULES FOR OC AND RELATED DISORDERS AND TRAUMA- AND STRESS-RELATED DISORDERS.

- I. The fear, anxiety, or avoidance is not better explained by the symptoms of another mental disorder—for example, the symptoms are not confined to Specific Phobia, situational type; do not involve only social situations (as in Social Anxiety Disorder); and are not related exclusively to obsessions (as in Obsessive-Compulsive Disorder), perceived defects or flaws in physical appearance (as in Body Dysmorphic Disorder), reminders of traumatic events (as in Posttraumatic Stress Disorder), or fear of separation (as in Separation Anxiety Disorder).

NOTE: Consider a diagnosis of Specific Phobia if fear is limited to one or only a few specific situations, or a diagnosis of Social Anxiety Disorder if fear is limited to social situations.

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



AGORAPHOBIA CHRONOLOGY

NOTE: IF LIFETIME ASSESSMENT ALREADY SUGGESTS THE PRESENCE OF AGORAPHOBIA DURING THE PAST 6 MONTHS, ASK THE FOLLOWING QUESTIONS ONLY IF NEEDED.

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?

A. [During the past 6 months,] marked fear or anxiety about two (or more) situations.

? 1 3 F59

GO TO ***PAST AGORAPHOBIA***
F.13

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?

IF NO: When you have had to be in one of these situations, have you felt intensely afraid or anxious?

D. [During the past 6 months,] the agoraphobic situations are actively avoided, require the presence of a companion, or are endured with intense fear or anxiety.

? 1 3 F60

GO TO ***PAST AGORAPHOBIA***
F.13

During the past six months, since (6 MONTHS AGO), what effect have (AGORAPHOBIC SXS) had on your life?

IF HAVE NOT INTERFERED WITH FUNCTIONING: During the past 6 months, since (6 MONTHS AGO), how much have you been bothered or upset by having (AGORAPHOBIC SXS)?

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.

? 1 3 F61

GO TO ***PAST AGORAPHOBIA***
F.13

CURRENT AGORAPHOBIA

CRITERIA A, D, AND G CODED "3" FOR PAST 6 MONTHS

1 3 F62

GO TO ***PAST AGORAPHOBIA***
F.13

CURRENT AGORAPHOBIA

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

Age at onset of Agoraphobia (CODE 99 IF UNKNOWN)

____ F63

GO TO ***SOCIAL ANXIETY DISORDER*** F.14

PAST AGORAPHOBIA

When did you last have (ANY SXS OF AGORAPHOBIA)?	Number of months prior to interview when last had a symptom of Agoraphobia	_____	F64
<i>IF UNKNOWN: How old were you when you first started having</i> (SXS OF AGORAPHOBIA)?	Age at onset of Agoraphobia (CODE 99 IF UNKNOWN)	_____	F65

GO TO ***SOCIAL ANXIETY DISORDER*** F.14 (NEXT PAGE)

SOCIAL ANXIETY DISORDER**SOCIAL ANXIETY DISORDER
CRITERIA**

→ IF SCREENING QUESTIONS #3 AND #4 ARE BOTH ANSWERED "NO,"
SKIP TO ***SPECIFIC PHOBIA*** F.19.

→ IF QUESTION #3 ANSWERED "YES":
You've said that you have been especially anxious or afraid in social situations, like having a conversation or meeting unfamiliar people.

→ IF QUESTION #4 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 anxious 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 very uncomfortable doing in front of other people, like speaking, eating, writing, or using a public bathroom?

IF YES TO ANY OF ABOVE: Tell me about that. Give me some examples of when this has happened. (Situations like having a conversation, meeting people you don't know, being observed eating, drinking or going to the bathroom or performing in front of others?)

What were you afraid would happen when you were in (SOCIAL OR PERFORMANCE SITUATION)? (Were you afraid of being embarrassed because of what you might say or how you might act? Were you afraid that this would lead to your being rejected by other people? How about making others uncomfortable or offending them because of what you said or how you acted?)

Have you almost always felt frightened when you would be in (FEARED SOCIAL OR PERFORMANCE SITUATIONS)?

A. Marked fear or anxiety about one or more social situations in which the person is exposed to possible scrutiny by others. Examples include social interactions (e.g., having a conversation, meeting unfamiliar people), being observed (e.g., eating or drinking), and performing in front of others (e.g., giving a speech).

NOTE: Code "1" if fear or anxiety is limited to public speaking and is within normal limits.

B. The individual fears that he or she will act in a way or show anxiety symptoms that will be negatively evaluated (i.e., will be humiliating or embarrassing; will lead to rejection or offend others).

C. The social situations almost always provoke fear or anxiety.

SCREEN Q#3
YES | NO

F66

SCREEN Q#4
YES | NO

F67

IF NO TO BOTH: GO TO
SPECIFIC PHOBIA
F.19

? 1 2 3 F68

GO TO
***SPECIFIC
PHOBIA***
F.19

? 1 2 3 F69

GO TO
***SPECIFIC
PHOBIA***
F.19

? 1 2 3 F70

GO TO
***SPECIFIC
PHOBIA***
F.19

IF UNKNOWN: Did you go out of your way to avoid (FEARED SOCIAL OR PERFORMANCE SITUATIONS)?

IF NO: How hard was it for you to be in (FEARED SOCIAL SITUATION)?

IF UNKNOWN: What would you say would be the likely outcome of (PERFORMING POORLY IN SOCIAL SITUATIONS)? **(Were these situations actually dangerous in some way, like avoiding being bullied or tormented by someone?)**

IF UNCLEAR: How long have (SXS OF SOCIAL ANXIETY DISORDER) **lasted? (Have they lasted for at least 6 months or more?)**

IF UNKNOWN: What effect have (SOCIAL ANXIETY SXS) **had on your life?**

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION G:

How have (SOCIAL ANXIETY SXS) **affected your ability to have friends or meet new people? (How about dating?) How have** (SOCIAL ANXIETY SXS) **affected your interactions with other people, especially unfamiliar people?**

How have (SOCIAL ANXIETY SXS) **affected your ability to do things at school or at work that require interacting with other people? (How about making presentations or giving talks?)**

Have you avoided going to school or to work if you think you will be put in a situation which makes your uncomfortable?

How have (SOCIAL ANXIETY 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 (SOCIAL ANXIETY SXS) **affected any other important part of your life?**

IF HAVE NOT INTERFERED WITH FUNCTIONING: How much you been bothered or upset by having (SOCIAL ANXIETY SXS)?

D. The social situations are avoided or endured with intense fear or anxiety.

E. The fear or anxiety is out of proportion to the actual threat posed by the social situation and to the sociocultural context.

NOTE: Code "3" if no threat posed by social situation or if out of proportion to actual threat or sociocultural context.

F. The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.

G. The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

? 1 2 3 F71

GO TO
*SPECIFIC
PHOBIA*
F.19

? 1 2 3 F72

GO TO
*SPECIFIC
PHOBIA*
F.19

? 1 2 3 F73

GO TO
*SPECIFIC
PHOBIA*
F.19

? 1 2 3 F74

GO TO
*SPECIFIC
PHOBIA*
F.19

IF UNKNOWN: **When did you begin having (SOCIAL ANXIETY SXS)?**

Just before you began having (SOCIAL ANXIETY SXS), were you taking any drugs, caffeine, diet pills, or other medicines?

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

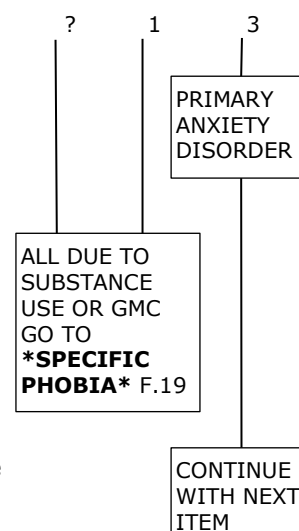
Just before (SOCIAL ANXIETY SXS) began, were you physically ill?

IF YES: **What did the doctor say?**

H. [Primary Anxiety Disorder:] The fear, anxiety, or avoidance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.

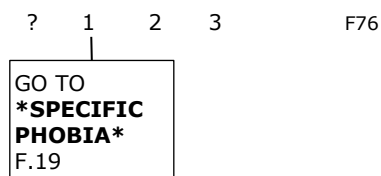
IF THERE IS ANY INDICATION THAT THE ANXIETY MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE), GO TO ***GMC/SUBSTANCE*** F.33, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

NOTE: Refer to list of etiological medical conditions or substances/medications on page F.4.



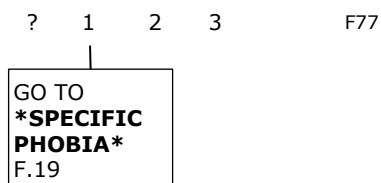
IF NECESSARY, RETURN TO THIS ITEM AFTER COMPLETING MODULES FOR OC AND RELATED DISORDERS.

I. The fear, anxiety, or avoidance is not better explained by the symptoms of another mental disorder such as Panic Disorder, Separation Anxiety Disorder, Body Dysmorphic Disorder, or Autism Spectrum Disorder.



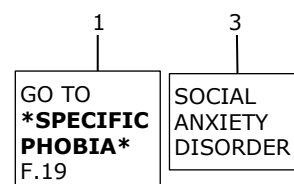
IF A GENERAL MEDICAL CONDITION OR MENTAL DISORDER CHARACTERIZED BY POTENTIALLY EMBARRASSING SYMPTOMS IS PRESENT: **Has your avoidance of (SOCIAL SITUATIONS) been related to your (MEDICAL CONDITION OR MENTAL DISORDER)?**

J. If another medical condition (e.g., Parkinson's disease, obesity, disfigurement from burns or injury) [or potentially embarrassing mental disorder] is present, the fear, anxiety, or avoidance is clearly unrelated or is excessive.



IF YES: **How have you dealt with your condition?**

SOCIAL ANXIETY DISORDER CRITERIA A, B, C, D, E, F, G, H, I AND J ARE CODED "3."



SOCIAL ANXIETY DISORDER CHRONOLOGY

NOTE: IF LIFETIME ASSESSMENT ALREADY SUGGESTS THE PRESENCE OF SOCIAL ANXIETY DISORDER DURING THE PAST 6 MONTHS, ASK THE FOLLOWING QUESTIONS ONLY IF NEEDED.

A. [During the past 6 months,] marked fear or anxiety about one or more social situations.

? 1 3 F79

GO TO ***PAST
SOCIAL ANXIETY
DISORDER*** F.18

During the past 6 months, since (6 MONTHS AGO), **have you continued to fear or avoid** (SOCIAL SITUATIONS MENTIONED ABOVE)?

During the past 6 months, since (6 MONTHS AGO), **have you gone out of your way to avoid** (FEARED SOCIAL SITUATIONS)?

D. [During the past 6 months,] the social situations are avoided or endured with intense fear or anxiety.

? 1 3 F80

GO TO ***PAST
SOCIAL ANXIETY
DISORDER*** F.18

IF NO: **During the past 6 months, since** (6 MONTHS AGO), **how hard has it been for you to be in** (FEARED SOCIAL SITUATIONS)?

During the past 6 months, what effect have (SOCIAL ANXIETY SXS) **had on your life?**

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.

? 1 3 F81

GO TO ***PAST
SOCIAL ANXIETY
DISORDER*** F.18

IF HAVE NOT INTERFERED WITH FUNCTIONING: **During the past 6 months, since** (6 MONTHS AGO), **how much have you been bothered or upset by having** (SOCIAL ANXIETY SXS)?

CURRENT SOCIAL ANXIETY DISORDER

CRITERIA A, D, AND G CODED "3" FOR PAST 6 MONTHS

1 3 F82

GO TO ***PAST
SOCIAL ANXIETY
DISORDER*** F.18

CURRENT
SOCIAL
ANXIETY
DISORDER

IF UNKNOWN: **How old were you when you first started having** (SXS OF SOCIAL ANXIETY DISORDER)?

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

____ F83

Specify if:

____ **Performance only:** if the fear is restricted to speaking or performing in public F84

Specify if:

IF UNKNOWN: **Have you had any panic attacks in the past month?**

____ **With panic attacks:** if one or more panic attacks in the past month occurring in the context of current Social Anxiety Disorder (see page F.7) and criteria have never been met for Panic Disorder

F85

GO TO ***SPECIFIC PHOBIA*** F.19

PAST SOCIAL ANXIETY DISORDER

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

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

_____ F86

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

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

_____ F87

GO TO ***SPECIFIC PHOBIA*** F.19 (NEXT PAGE)

SPECIFIC PHOBIA**SPECIFIC PHOBIA CRITERIA**

→ IF SCREENING QUESTION #5 ANSWERED "NO," SKIP TO ***CURRENT GENERALIZED ANXIETY DISORDER*** F.24.

SCREEN Q#5
YES | NO

F88

→ 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 certain kinds of animals or insects...

IF NO: GO TO ***CURRENT GENERALIZED ANXIETY DISORDER*** F.24

→ IF SCREENER NOT USED: **Are there any other things that have made you especially anxious or afraid, like flying, seeing blood, getting a shot, heights, closed places, or certain kinds of animals or insects?**

A. Marked fear or anxiety about a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood).

? 1 2 3

F89

GO TO
CURRENT GENERALIZED ANXIETY DISORDER
F.24

Tell me about that.

Have you almost always immediately felt frightened or anxious when you were (CONFRONTED WITH PHOBIC STIMULUS)?

B. The phobic object or situation almost always provokes immediate fear or anxiety.

? 1 2 3

F90

GO TO
CURRENT GENERALIZED ANXIETY DISORDER
F.24

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 otherwise have done?)

C. The phobic situation(s) is actively avoided, or endured with intense fear or anxiety.

? 1 2 3

F91

GO TO
CURRENT GENERALIZED ANXIETY DISORDER
F.24

IF NO: **How hard was it for you when (CONFRONTED WITH PHOBIC STIMULUS)?**

IF PHOBIC STIMULUS IS POSSIBLY DANGEROUS: **How dangerous would you say it actually is to (BE EXPOSED TO PHOBIC STIMULUS)?**

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.

? 1 2 3

F92

GO TO
CURRENT GENERALIZED ANXIETY DISORDER
F.24

Do you think that you have been more afraid of (PHOBIC STIMULUS) than you should have been given the actual danger?

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 UNKNOWN: **How long have you had these fears? (For 6 months or more?)**

- E. The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.

? 1 2 3 F93

GO TO
***CURRENT
GENERALIZED
ANXIETY
DISORDER***
F.24

IF UNKNOWN: **What effect have (PHOBIC SXS) had on your life?**

- F. The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

? 1 2 3 F94

GO TO
***CURRENT
GENERALIZED
ANXIETY
DISORDER***
F.24

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?

IF HAVE NOT INTERFERED WITH LIFE: **How much have you been bothered or upset by having (PHOBIC SXS)?**

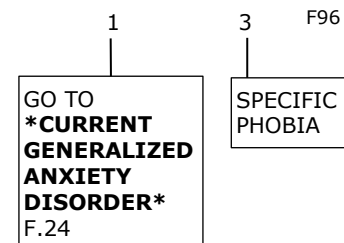
IF NECESSARY, RETURN TO THIS ITEM AFTER COMPLETING MODULES FOR OC AND RELATED DISORDERS AND TRAUMA- AND STRESS-RELATED DISORDERS.

- 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).

? 1 3 F95

GO TO
***CURRENT
GENERALIZED
ANXIETY
DISORDER***
F.24

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

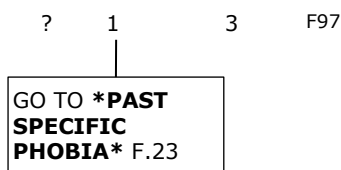


SPECIFIC PHOBIA CHRONOLOGY

NOTE: IF LIFETIME ASSESSMENT ALREADY SUGGESTS THE PRESENCE OF SPECIFIC PHOBIA DURING THE PAST 6 MONTHS, ASK THE FOLLOWING QUESTIONS ONLY IF NEEDED.

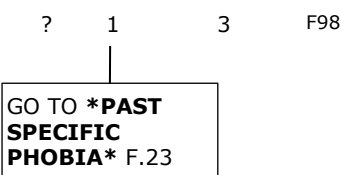
During the past 6 months, since (6 MONTHS AGO), **have you continued to fear or avoid** (PHOBIC SITUATIONS MENTIONED ABOVE)?

- A. [During the past 6 months,] marked fear or anxiety about a specific object or situation.



In the past 6 months, have you gone out of your way to avoid (PHOBIC STIMULUS)? **(Have there been things you didn't do because of this fear that you would otherwise have done?)**

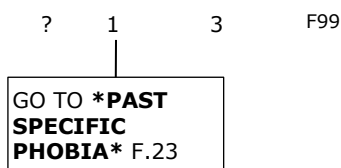
- C. [During the past 6 months,] the phobic situation(s) is actively avoided, or endured with intense fear or anxiety.



IF NO: **In the past 6 months, how hard has it been for you when** (CONFRONTED WITH PHOBIC STIMULUS)?

In the past 6 months, since (6 MONTHS AGO) **what effect have** (PHOBIC SXS) **had on your life?**

- F. [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.

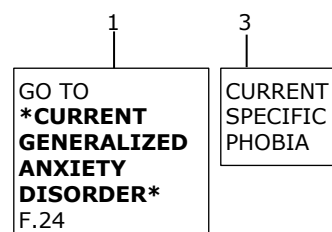


IF DOES NOT INTERFERE WITH LIFE: **In the past 6 months, since** (6 MONTHS AGO) **how much have you been bothered or upset by having** (PHOBIC SXS)?

CURRENT SPECIFIC PHOBIA

CRITERIA A, C, AND F CODED "3" FOR PAST 6 MONTHS

F100



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)

F101

Specify if: (Check all that apply)

___ **Animal** (e.g., spiders, insects, dogs)

F102

___ **Natural environment** (includes heights, storms, water)

F103

___ **Blood-injection-injury** (e.g., needles, invasive medical procedures)

F104

___ **Situational** (includes airplanes, elevators, enclosed places)

F105

___ **Other type** (e.g., situations that might lead to choking or vomiting)
Specify: _____

F106

Specify if:

F107

IF UNKNOWN: **Have you had any panic attacks in the past month?**

___ **With panic attacks:** if one or more panic attacks in the past month occurring in the context of current Specific Phobia (see page F.7) and criteria have never been met for Panic Disorder.

F108

GO TO ***CURRENT GENERALIZED ANXIETY DISORDER*** F.24

PAST SPECIFIC PHOBIA

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

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

F109

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)

F110

GO TO ***CURRENT GENERALIZED ANXIETY DISORDER*** F.24

CURRENT GENERALIZED ANXIETY DISORDER **GENERALIZED ANXIETY DISORDER CRITERIA**

- IF SCREENING QUESTION #6 ANSWERED "NO," SKIP TO
PAST GENERALIZED ANXIETY DISORDER F.27
- IF QUESTION #6 ANSWERED "YES": You've said that over the last several months you've been feeling anxious and worried for a lot of the time. (Tell me about that.)
- IF SCREENER NOT USED: Over the last several months, have you been feeling anxious and worried for a lot of the time? (Tell me about that.)

SCREEN Q#6	
YES	NO

GO TO *PAST
GENERALIZED ANXIETY
DISORDER* F.27

F111

What kinds of things have you worried about? (What about your job, your health, your family members, your finances, or other smaller things like being late for appointments?) How much did you worry about (EVENTS OR ACTIVITIES)? What else have you worried about?

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 F112

GO TO *PAST
GENERALIZED
ANXIETY
DISORDER*
F.27

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 too much? Have you worried more than you should have 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?

When you're worrying this way, have you found that it's hard to stop yourself or to think about anything else?

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

? 1 2 3 F113

GO TO *PAST
GENERALIZED
ANXIETY
DISORDER*
F.27

Now I am going to ask you some questions about symptoms that often go along with being nervous or worried.

Thinking about those periods since (6 MONTHS AGO) when you have been feeling nervous, anxious, or worried...

C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months):

...have you often felt physically restless, like you couldn't sit still?

1. Restlessness or feeling keyed up or on edge.

? 1 2 3 F114

...have you often felt keyed up or on edge?

...have you often tired easily?

2. Being easily fatigued.

? 1 2 3 F115

?=Inadequate information

1=Absent or false

2=Subthreshold

3=Threshold or true

...have you often had trouble concentrating or has your mind often gone blank?

3. Difficulty concentrating or mind going blank.

? 1 2 3 F116

...have you often been irritable?

4. Irritability.

? 1 2 3 F117

...have your muscles often been tense?

5. Muscle tension.

? 1 2 3 F118

...have you often had trouble falling or staying asleep? How about often feeling tired when you woke up because you didn't get a good night's sleep?

6. Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep).

? 1 2 3 F119

IF UNCLEAR: **Did at least some of these symptoms like (SXS CODED "3") happen for more days than not over the past 6 months?**

AT LEAST THREE "C" SXS ARE CODED "3" AND AT LEAST SOME OCCURRED MORE DAYS THAN NOT FOR PAST 6 MONTHS

? 1 2 3 F120

GO TO ***PAST GENERALIZED ANXIETY DISORDER*** F.27

IF UNKNOWN: **What effect have (GAD SXS) had on your life?**

D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

? 1 2 3 F121

GO TO ***PAST GENERALIZED ANXIETY DISORDER*** F.27

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION D:

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 [GAD 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 exercise, or hobbies? Have you avoided doing anything because you felt like you weren't up to it?

Has your anxiety or worry affected any other important part of your life?

IF HAS NOT INTERFERED WITH LIFE: **How much have you been bothered or upset by having (GAD SXS)?**

IF UNKNOWN: **When did (GAD SXS) begin?**

Just before you began having (GAD SXS), were you taking any drugs, caffeine, diet pills, or other medicines?

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

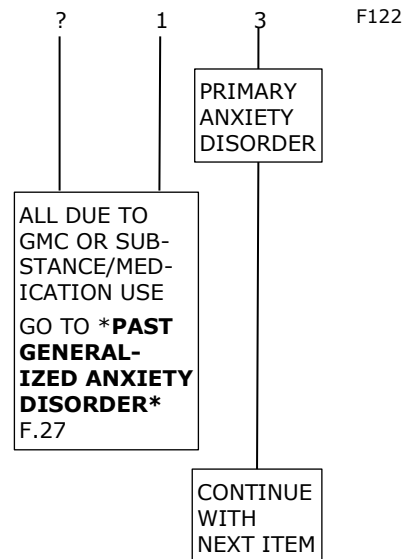
Just before (GAD SXS) began, were you physically ill?

IF YES: **What did the doctor say?**

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.

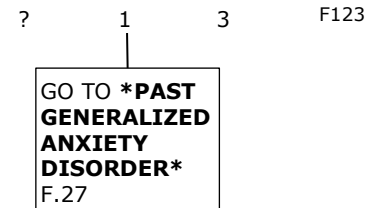
IF THERE IS ANY INDICATION THAT THE ANXIETY MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE/MEDICATION), GO TO ***GMC/SUBSTANCE*** F.33 AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

NOTE: Refer to list of etiological medical conditions and substances/medications on page F.4.

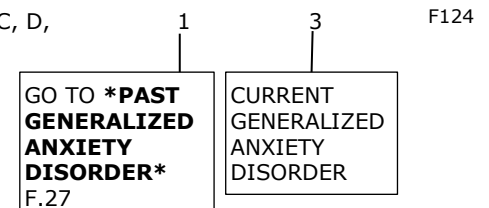


IF NECESSARY, RETURN TO THIS ITEM AFTER COMPLETING MODULE FOR OC AND RELATED DISORDERS, EATING DISORDERS, AND SOMATIC SYMPTOM DISORDERS.

F. The disturbance is not better explained by another mental disorder (e.g., anxiety or worry about having a panic attacks in Panic Disorder, negative evaluation in Social Anxiety Disorder, contamination or other obsessions in Obsessive Compulsive Disorder, separation from attachment figures in Separation Anxiety Disorder, gaining weight in Anorexia Nervosa, physical complaints in Somatic Symptom disorder, perceived appearance flaws in Body Dysmorphic Disorder or having a serious illness in Illness Anxiety Disorder, or the content of delusional beliefs in Schizophrenia or Delusional Disorder).



GENERALIZED ANXIETY CRITERIA A, B, C, D, E, AND F ARE CODED "3."



AGE AT ONSET

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

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

F125

Specify if:

IF UNKNOWN: **Have you had any panic attacks in the past month?**

_____ **With panic attacks:** if one or more panic attacks in the past month occurring in the context of current Generalized Anxiety Disorder (see page F.7) and criteria have never been met for Panic Disorder F126

GO TO ***OTHER SPECIFIED ANXIETY DISORDER*** F.31 **OR** ***SEPARATION ANXIETY DISORDER*** Opt-F.1

PAST GENERALIZED ANXIETY DISORDER

GENERALIZED ANXIETY DISORDER CRITERIA

IF SCREENING QUESTION #7 ANSWERED "NO," SKIP TO*OTHER SPECIFIED ANXIETY DISORDER* F.31 OR*SEPARATION ANXIETY DISORDER* Opt-F.1

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.)

IF SCREENER NOT USED: 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? (Tell me about that time.)

SCREEN Q#7

YESNO

F127

GO TO *OTHER SPECIFIED ANXIETY DISORDER* F.31 OR *SEPARATION ANXIETY DISORDER* Opt-F.1

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 appointments?) How much did you worry about (EVENTS OR ACTIVITIES)? What else did you worry about?

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).

?123

F128

GO TO *OTHER SPECIFIED ANXIETY DISORDER* F.31 OR *SEPARATION ANXIETY DISORDER* Opt-F.1

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 actual circumstances?)

When was that? How long did it last? (At least 6 months?) During that time, were you worrying more days than not?

When you were worrying, did you find that it was hard to stop yourself?

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

?123

F129

GO TO *OTHER SPECIFIED ANXIETY DISORDER* F.31 OR *SEPARATION ANXIETY DISORDER* Opt-F.1

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...

C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months):

...did you often feel physically restless, like you can't sit still?	1. Restlessness or feeling keyed up or on edge.	?	1	2	3	F130
...did you often feel keyed up or on edge?						
...did you often tire easily?	2. Being easily fatigued.	?	1	2	3	F131
...did you often have trouble concentrating or did your mind often go blank?	3. Difficulty concentrating or mind going blank.	?	1	2	3	F132
...were you often irritable?	4. Irritability.	?	1	2	3	F133
...were your muscles often tense?	5. Muscle tension.	?	1	2	3	F134
...did you often have trouble falling or staying asleep? How about often feeling tired when you woke up because you didn't get a good night's sleep?	6. Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep).	?	1	2	3	F135
IF UNCLEAR: Did at least some of these symptoms like (SXS CODED "3") happen for more days than not over the (6 MONTH PERIOD OF ANXIETY AND WORRY)?	AT LEAST THREE "C" SXS ARE CODED "3."	?	1	2	3	F136

GO TO ***OTHER SPECIFIED ANXIETY DISORDER***
F.31 OR
SEPARATION ANXIETY DISORDER
Opt-F.1

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 interactions with other people? (Did [GAD SXS] cause you any problems in your relationships with your family, romantic partner or friends?)

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 hobbies? 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 bothered or upset by having (GAD SXS)?**

D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

?123

F137

GO TO *OTHER SPECIFIED ANXIETY DISORDER* F.31
OR
SEPARATION ANXIETY DISORDER Opt-F.1

IF UNKNOWN: **When did (GAD SXS) begin?**

Just before you began having (GAD SXS), were you taking any drugs, caffeine, diet pills, or other medicines?

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

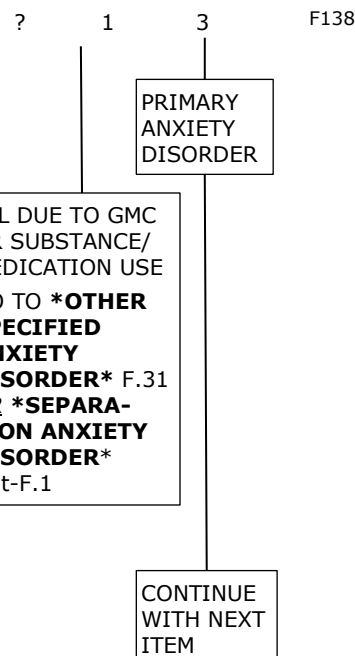
Just before (GAD SXS) began, were you physically ill?

IF YES: **What did the doctor say?**

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.

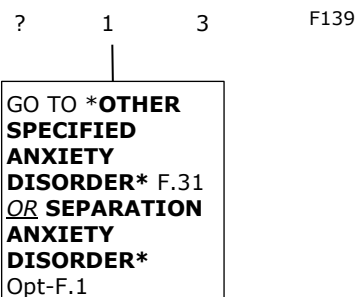
IF THERE IS ANY INDICATION THAT THE ANXIETY MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE/MEDICATION), GO TO ***GMC/SUBSTANCE*** F.33 AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

NOTE: Refer to list of etiological medical conditions and substances/medications on page F.4.

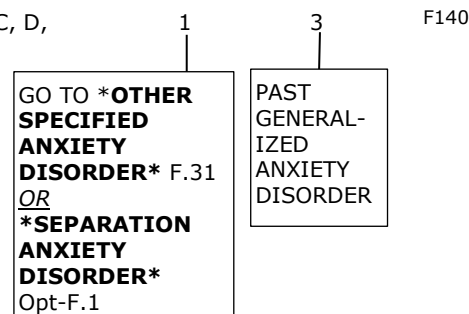


IF NECESSARY, RETURN TO THIS ITEM AFTER COMPLETING MODULE FOR OC AND RELATED DISORDERS, EATING DISORDERS, AND SOMATIC SYMPTOM DISORDERS.

F. The disturbance is not better explained by another mental disorder (e.g., anxiety or worry about having a panic attacks in Panic Disorder, negative evaluation in Social Anxiety Disorder, contamination or other obsessions in Obsessive Compulsive Disorder, separation from attachment figures in Separation Anxiety Disorder, gaining weight in Anorexia Nervosa, physical complaints in Somatic Symptom Disorder, perceived appearance flaws in Body Dysmorphic Disorder or having a serious illness in Illness Anxiety Disorder, or the content of delusional beliefs in Schizophrenia or Delusional Disorder).



GENERALIZED ANXIETY CRITERIA A, B, C, D, E, AND F ARE CODED "3."



AGE AT ONSET

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

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

_____ F141

?=Inadequate information

1=Absent or false

2=Subthreshold

3=Threshold or true
152

OTHER SPECIFIED ANXIETY DISORDER

NOTE: IF ANXIETY SYMPTOMS ARE CURRENT AND ARE TEMPORALLY ASSOCIATED WITH A PSYCHOSOCIAL STRESSOR, CONSIDER ADJUSTMENT DISORDER, PAGE L.20

OTHER SPECIFIED ANXIETY DISORDER CRITERIA

Symptoms characteristic of an anxiety disorder...predominate...but do not meet full criteria for any of the disorders in the Anxiety Disorders diagnostic class [or for Adjustment Disorder with Anxiety or Adjustment Disorder with Mixed Anxiety and Depression].

1 3 F142
GO TO NEXT MODULE

IF UNKNOWN: What effect did (ANXIETY SXS) have on your life?

[Symptoms] cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

? 1 2 3 F143
GO TO NEXT MODULE

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, romantic partner or friends?)

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 of your life?

IF HAS NOT INTERFERED WITH LIFE: How much were you bothered or upset by having (ANXIETY SXS)?

Just before you began having (ANXIETY SXS) **were you taking any drugs, stimulants or medicines?**

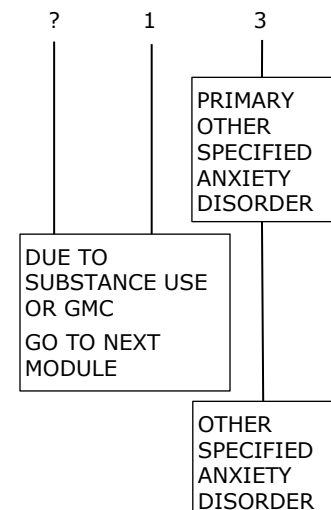
(How much coffee, tea, or caffeinated beverages do you drink a day?)

Just before (ANXIETY SXS) **began, were you physically ill? (What did the doctor say?)**

[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.



F144

IF UNCLEAR: During the past month, have you had (ANXIETY SXS)?

Check here_____ if current in the past month.

F145

Indicate **type** of Other Specified Anxiety Disorder: (circle the appropriate number)

F146

1 – **Limited-symptom panic attacks**

2 – **Generalized anxiety not occurring more days than not**

3 – Situations in which the clinician has concluded that an Anxiety Disorder is present but is **unable to determine whether it is primary or secondary** (i.e., due to another medical condition or is substance/medication-induced).

4 – **Other:** _____

5 – **Unspecified:** There is insufficient information to make a more specific diagnosis.

GO TO

GO TO NEXT MODULE

GMC/SUBSTANCE AS ETIOLOGY FOR ANXIETY SYMPTOMS***ANXIETY DISORDER DUE TO ANOTHER MEDICAL CONDITION* ANXIETY DISORDER DUE TO ANOTHER MEDICAL CONDITION CRITERIA**

IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH A GENERAL CONDITION CHECK HERE ____ AND GO TO
***SUBSTANCE/MEDICATION-INDUCED ANXIETY DISORDER* F.35**

F147

CODE BASED ON INFORMATION ALREADY
OBTAINED

A. Panic attacks or anxiety is predominant in the clinical picture.

? 1 3

F148

B/C. There is evidence from this history, physical 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 disorder.

? 1 2 3

F149

GO TO
***SUBSTANCE
INDUCED***
F.35

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?

NOTE: The following factors should be considered and, if present, support the conclusion that a general medical condition is etiologic to the anxiety symptoms.

IF GMC HAS RESOLVED: **Did the (ANXIETY SXS) get better once the (GMC) got better?**

- 1) There is evidence from the literature of a well-established association between the general medical condition and the anxiety symptoms. (Refer to list of etiological general medical conditions on page F.4.)
- 2) There is a close temporal relationship between the course of the anxiety symptoms and the course of the general medical condition.
- 3) The anxiety symptoms are characterized by unusual presenting features (e.g., late age-at-onset).
- 4) The absence of alternative explanations (e.g., anxiety symptoms as a psychological reaction to the stress of being diagnosed with a general medical condition).

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 (ANXIETY 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 hobbies? 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 bothered or upset by having (ANXIETY SXS)?

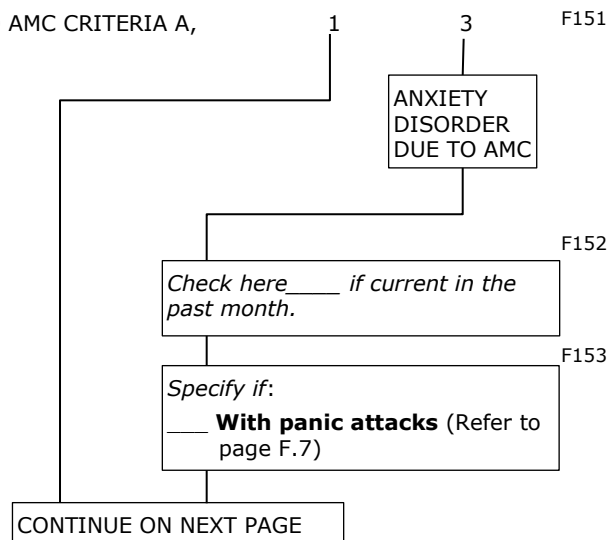
E. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

NOTE: The D criterion (delirium rule-out) has been omitted.

? 1 2 3 F150

GO TO
***SUBSTANCE
INDUCED***
F.35

ANXIETY DISORDER DUE TO AMC CRITERIA A, B/C, AND E CODED "3."



***SUBSTANCE/MEDICATION-
INDUCED ANXIETY DISORDER***

**SUBSTANCE/MEDICATION-
INDUCED ANXIETY DISORDER
CRITERIA**

IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH SUBSTANCE/MEDICATION USE, CHECK HERE ____ AND RETURN TO DISORDER BEING EVALUATED, CONTINUING WITH THE ITEM FOLLOWING "SYMPTOMS ARE NOT ATTRIBUTABLE TO THE PHYSIOLOGICAL EFFECTS OF A SUBSTANCE OR ANOTHER MEDICAL CONDITION" (SEE PAGE NUMBERS IN BOX TO THE RIGHT).

EPISODE BEING EVALUATED:	
Panic	F.4
Social Anxiety Disorder	F.16
Current GAD	F.26
Past GAD	F.30
Other Specified Anxiety	F.32

F154

*CODE BASED ON INFORMATION ALREADY
OBTAINED*

A. Panic attacks or anxiety is predominant in the clinical picture.

? 1 2 3

F155

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

B. There is evidence from the history, physical examination, or laboratory findings of both (1) and (2):

? 1 2 3

F156

*IF UNKNOWN: **How much (SUBSTANCE/MEDICATION) were you using when you began to have (ANXIETY SXS)?***

1. The symptoms in criterion A developed during or soon after substance intoxication or withdrawal or exposure to a medication.
2. The involved substance/ medication is capable of producing the symptoms in Criterion A.

NOT
SUBSTANCE
INDUCED
RETURN TO
DISORDER
BEING
EVALUATED

NOTE: Refer to list of substances/medications on page F.4.

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

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:

? 1 3

F157

*IF UNKNOWN: **Which came first, the (SUBSTANCE/MEDICATION USE) or the (ANXIETY SXS)?***

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.

NOT
SUBSTANCE
INDUCED
RETURN TO
DISORDER
BEING
EVALUATED

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

*IF YES: **After you stopped using (SUBSTANCE/MEDICATION) did the (ANXIETY SXS) go away or get better?***

*IF YES: **How long did it take for them to get better? Did they go away within a month of stopping?***

- 1) The symptoms precede the onset of the substance/medication 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

*IF UNKNOWN: **Have you had any other episodes of (ANXIETY SXS)?***

*IF YES: **How many? Were you using (SUBSTANCE/MEDICATION) at those times?***

- 3) There is other evidence suggesting the existence of an independent non-substance/ medication-induced anxiety disorder (e.g., a history of recurrent non-substance/ medication-related episodes).

?=Inadequate information

1=Absent or false

2=Subthreshold

3=Threshold or true

IF UNKNOWN: What effect did (ANXIETY SXS) have on your life?

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

? 1 2 3 F158

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 like religious activities, physical exercise, or hobbies? 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 bothered or upset by having (ANXIETY SXS)?

NOTE: The D criterion (delirium rule-out) has been omitted.

RETURN TO DISORDER BEING EVALUATED

SUBSTANCE-INDUCED ANXIETY DISORDER
CRITERIA A, B, C, AND E ARE CODED "3."

1 3 F159

SUBSTANCE-INDUCED
ANXIETY DISORDER

Check here _____ if current in the past month.

F160

Indicate **context of development** of anxiety symptoms:

- 1 - **With onset during intoxication**
- 2 - **With onset during withdrawal**
- 3 - **With onset after medication use**

F161

Specify if:

_____ **With panic attacks** (Refer to page F.7)

F162

RETURN TO EPISODE BEING EVALUATED

?=Inadequate information

1=Absent or false

2=Subthreshold

3=Threshold or true

OG. OBSESSIVE-COMPULSIVE AND RELATED DISORDERS***OBSESSIVE-COMPULSIVE DISORDER*****OBSESSIVE-COMPULSIVE DISORDER CRITERIA**

- IF SCREENING QUESTIONS #8, #9, AND #10 ARE ALL ANSWERED "NO" SKIP TO ***COMPULSIONS*** G.2, (NOTE: BECAUSE SOME SUBJECTS WITH OCD MAY BE RELUCTANT TO CONFIDE THEIR OBSESSIONS DURING THE SCREENING, CONSIDER RE-ASKING SCREENING QUESTIONS BELOW AT THIS POINT IN THE SCID.)
- 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 exposed to germs or dirt or needing everything to be lined up in a certain way. What were they?
- IF QUESTION #9 ANSWERED "YES": You've [also] said that you've had images pop into your head that you didn't want like violent or horrible scenes or something of a sexual nature. What were they?
- 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 one. What were they?
- 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 or dirt or needing everything to be lined 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?)
- IF YES TO ANY OF ABOVE: Have these (THOUGHTS/IMAGES/URGES) made you very anxious or upset?
- When you had these (THOUGHTS/IMAGES/URGES) did you try hard to get them out of your head? (What would you try to do?)

A. Presence of obsessions, compulsions, or both:

Obsessions are defined by (1) and (2):

1. Recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted, and that in most individuals cause marked anxiety or distress.
2. The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (i.e., by performing a compulsion).

SCREEN Q#8
YES | NO

G1

SCREEN Q#9
YES | NO

G2

SCREEN Q#10
YES | NO

G3

IF ALL ARE ANSWERED
"NO" SKIP TO
COMPULSIONS G.2

? 1 2 3
NO OBSESSIONS
GO TO
COMPULSIONS
G.2

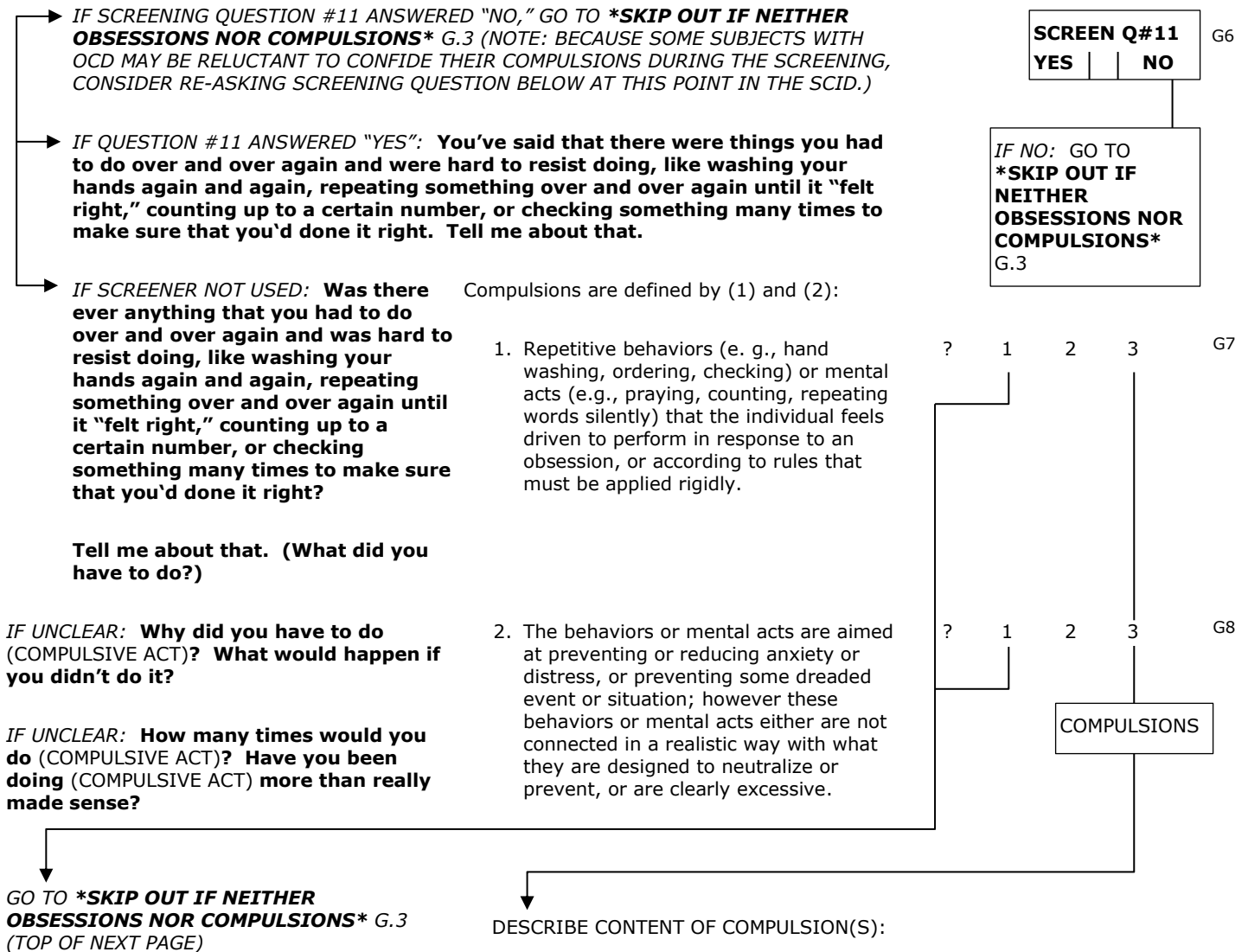
G4

? 1 2 3
NO OBSESSIONS
CONTINUE
ON NEXT
PAGE

OBSESSIONS

G5

↓
DESCRIBE CONTENT OF OBSESSION(S):

COMPULSIONS

SKIP OUT IF NEITHER OBSESSIONS NOR COMPULSIONS

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

→ IF NEITHER OBSESSIONS NOR COMPULSIONS, CHECK HERE ____ AND GO TO ***OTHER SPECIFIED OC AND RELATED DISORDER* G.8 OR *HOARDING DISORDER (OPTIONAL)* Opt-G.1.**

G9

IF UNKNOWN: **How much time do you spend on** (OBSESSION OR COMPULSION)?

IF UNKNOWN: **What effect did these** (OBSESSIONS OR COMPULSIONS) **have on your life?**

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION B:

How have (OBSESSIONS OR COMPULSIONS) **affected your relationships or your interactions with other people? (Have they caused you any problems in your relationships with your family, romantic partner, roommates or friends?)**

How have (OBSESSIONS OR COMPULSIONS) **affected your work/school? (How about your attendance at work or school? Have [OBSESSIONS OR COMPULSIONS] made it more difficult to do your work/schoolwork?)** **How have** (OBSESSIONS OR COMPULSIONS) **affected the quality of your work/schoolwork?)**

How have (OBSESSIONS OR COMPULSIONS) **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 (OBSESSIONS OR COMPULSIONS) **affected any other important part of your life?**

IF HAVE NOT INTERFERED WITH LIFE: **How much have you been bothered by having** (OBSESSIONS OR COMPULSIONS)?

B. The obsessions or compulsions are time consuming (e.g., take more than 1 hour per day) or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

? 1 2 3

G10

GO TO ***OTHER SPECIFIED OC AND RELATED DISORDER* G.8, OR GO TO *HOARDING DISORDER (OPTIONAL)* Opt-G.1**

IF UNKNOWN: **When did** (OBSESSIONS OR COMPULSIONS) **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?

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.

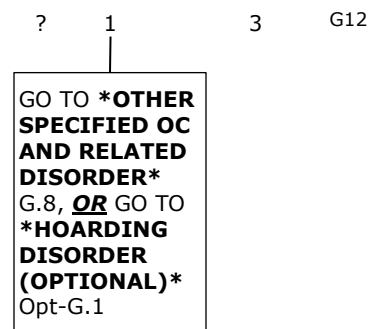
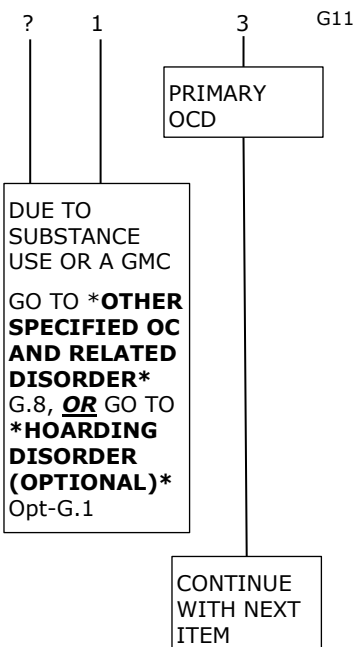
IF THERE IS ANY INDICATION THAT THE OBSESSIONS OR COMPULSIONS MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE), GO TO ***GMC/SUBSTANCE*** G.11 AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

Etiological medical conditions include:
Sydenham's chorea, medical conditions leading to striatal damage, such as cerebral infarction.

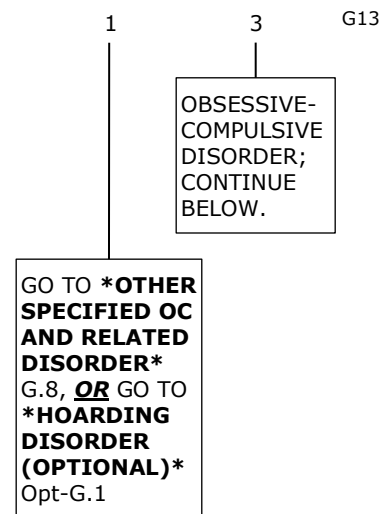
Etiological substances/medications include:
intoxication with cocaine, amphetamines or other stimulants and exposure to heavy metals.

IF NECESSARY, RETURN TO THIS ITEM AFTER COMPLETING MODULES FOR OPTIONAL OC AND RELATED DISORDERS, SOMATIC SYMPTOM DISORDERS, AND TRAUMA- AND STRESS-RELATED DISORDERS.

D. The disturbance is not better explained by the symptoms of another mental disorder (e.g., excessive worries, as in Generalized Anxiety Disorder; preoccupation with appearance, as in Body Dysmorphic Disorder; difficulty discarding or parting with possessions, as in Hoarding Disorder; hair pulling, as in Trichotillomania; skin picking, as in Excoriation Disorder; stereotypies, as in Stereotypic Movement Disorder; ritualized eating behavior, as in Eating Disorders; preoccupation with substances or gambling, as in Substance-Related and Addictive Disorders; preoccupation with having an illness, as in Illness Anxiety Disorder; sexual urges or fantasies, as in Paraphilic Disorders; impulses, as in Disruptive, Impulse-Control, and Conduct Disorders; guilty ruminations, as in Major Depressive Disorder; thought insertion or delusional preoccupations, as in Schizophrenia Spectrum and Other Psychotic Disorders; or repetitive patterns of behavior, as in Autism Spectrum Disorder).



OBSESSIVE COMPULSIVE DISORDER
CRITERIA A, B, C, D, AND E ARE CODED "3."

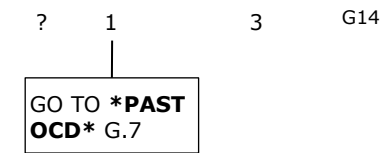


OCD CHRONOLOGY

NOTE: IF LIFETIME ASSESSMENT HAS ALREADY DETERMINED THE PRESENCE OF OBSESSIONS AND/OR COMPULSIONS DURING THE PAST MONTH, ASK THE FOLLOWING QUESTIONS ONLY IF NEEDED.

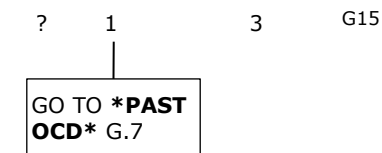
Since (1 MONTH AGO), have you had any (OBSESSIONS OR COMPULSIONS MENTIONED ABOVE)?

A. [During the past month,] presence of obsessions, compulsions, or both.



Since (1 MONTH AGO), how much time have you spent on (OBSESSIONS OR COMPULSIONS)?

B. [During the past month,] the obsession or compulsions are time consuming (e.g. take more than 1 hour per day) or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

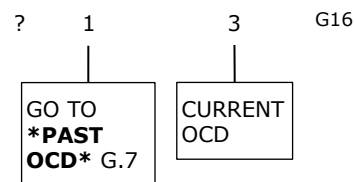


IF UNKNOWN: During the past month, since (1 MONTH AGO), what effect have (OBSESSIONS OR COMPULSIONS) had on your life?

IF DID NOT INTERFERE WITH LIFE: During the past month, since (1 MONTH AGO), how much have you been bothered by having (OBSESSIONS OR COMPULSIONS)?

CURRENT OCD

CRITERIA A AND B CODED "3" FOR PAST MONTH



IF UNKNOWN: **How old were you when you first started having (OCD SXS)?**

Age at onset of Obsessive Compulsive Disorder (CODE 99 IF UNKNOWN)

_____ G17

IF MORE THAN ONE OCD BELIEF INVOLVING A FEARED CONSEQUENCE: **Which belief about something terrible that could happen to you or someone else is the most upsetting to you? (Like if you don't check the stove over and over the house will burn down, or if you touch an ashtray you'll get cancer, or if you felt a bump in the road while you were driving you believed you really did run over someone.)**

*Specify current **level of insight** (i.e., during the past week):* (circle the appropriate number)

G18

- 1 - **With good or fair insight:** The individual recognizes that Obsessive-Compulsive Disorder beliefs are definitely or probably not true or that they may or may not be true.
- 2 - **With poor insight:** The individual thinks Obsessive-Compulsive Disorder beliefs are probably true.
- 3 - **With absent insight/delusional beliefs:** The individual is completely convinced that Obsessive-Compulsive Disorder beliefs are true.
- 4 - **Not applicable.** OCD symptoms are not associated with a feared consequence that involves a belief.

On average, over the past week, how strongly did you believe this terrible thing was going to happen? (Were you completely convinced?)

Specify if:

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?**

- _____ **Tic-related:** The individual has a current or past history of a Tic Disorder (i.e., a disturbance characterized by sudden, rapid, recurrent, nonrhythmic motor movements or vocalizations) [typically based on clinician judgment of a current or past diagnosis of Tic Disorder]

G19

Specify if:

IF UNKNOWN: **Have you had any panic attacks in the past month?**

- _____ **With panic attacks:** If one or more panic attacks in the past month occurring in the context of current Obsessive Compulsive Disorder (see page F.7) and criteria have never been met for Panic Disorder.

G20

GO TO ***OTHER SPECIFIED OC AND RELATED DISORDER*** G.8, **OR** GO TO ***HOARDING DISORDER (OPTIONAL)*** Opt-G.1

PAST OCD

When did you last have (ANY OCD SXS)?	Number of months prior to interview when last had a symptom of Obsessive Compulsive Disorder	_____	_____	_____	G21
<i>IF UNKNOWN:</i> How old were you when you first started having (OCD SXS)?	Age at onset of Obsessive Compulsive Disorder (CODE 99 IF UNKNOWN)	_____	_____		G22

GO TO ***OTHER SPECIFIED OC AND RELATED DISORDER*** G.8,
OR GO TO ***HOARDING DISORDER (OPTIONAL)*** Opt-G.1

OTHER SPECIFIED OBSESSIVE-COMPULSIVE AND RELATED DISORDER

OTHER SPECIFIED OBSESSIVE-COMPULSIVE AND RELATED DISORDER CRITERIA

A presentation in which symptoms characteristic of an Obsessive-Compulsive and Related Disorder predominate but do not meet the full criteria for any of the disorders in the obsessive-compulsive and related disorders diagnostic class.

IF UNKNOWN: **What effect did have (OC-RELATED SXS) had on your life?**

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION:

How have (OC-RELATED 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 (OC-RELATED SXS) affected your work/school? (How about your attendance at work or school? Have [OC-RELATED SXS] made it more difficult to do your work/schoolwork? How did [OC-RELATED SXS] affect the quality of your work/schoolwork?)

How have (OC-RELATED SXS) affected your ability to take care of things at home? What about being involved in things that are important to you, like religious activities, physical exercise, or hobbies? Have you avoided situations or people because you didn't want other people to see you doing (OC-RELATED BEHAVIORS)?

Have (OC-RELATED SXS) affected any other important part of your life?

IF HAVE NOT INTERFERED WITH LIFE: **How much has your (OC-RELATED SXS) bothered or upset you?**

1 3 G23

GO TO
NEXT
MODULE

? 1 2 3 G24

GO TO
NEXT
MODULE

IF UNKNOWN: When did (OC-RELATED SXS) begin?

Just before (OC-RELATED SXS) began, were you physically ill?

IF YES: What did the doctor say?

Just before (OC-RELATED SXS) began, were you using any medications?

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

Just before (OC-RELATED SXS) began, were you drinking or using any drugs?

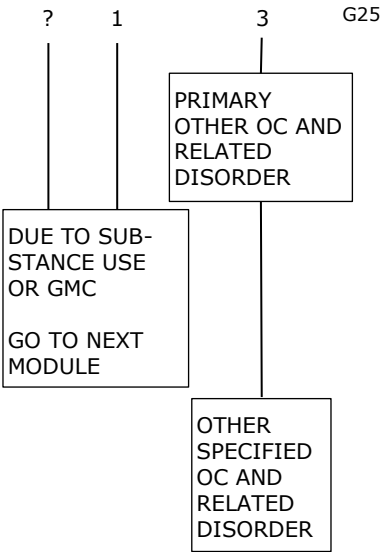
IF UNCLEAR: During the past month, since (1 MONTH AGO), have you had (OC-RELATED SXS)?

[Primary Other OC and Related Disorder: Not due to the direct physiological effects of a substance/medication or to another medical condition.]

IF THERE IS ANY INDICATION THAT THE OC-RELATED SYMPTOMS MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE), GO TO *GMC/ SUBSTANCE* G.11 AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

NOTE: Refer to list of etiological medical conditions and substances/medications on page G.4.

Check here ____ if present in past month.



CONTINUE
WITH TYPE ON
NEXT PAGE

Indicate **type** of other specified OC and Related Disorder: (circle the appropriate number)

- 1 - **Body dysmorphic-like disorder with actual flaws:** This is similar to Body Dysmorphic Disorder except that the defects or flaws in physical appearance are clearly observable by others (i.e., they are more noticeable than "slight"). In such cases, the preoccupation with these flaws is clearly excessive and causes 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-focused repetitive behaviors (e.g., nail biting, lip biting, cheek chewing) and repeated attempts to decrease or stop the behaviors. These symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning and are not better explained by Trichotillomania (hair-pulling disorder), Excoriation (skin-picking) Disorder, or Stereotypic Movement Disorder.
- 4 - **Obsessional jealousy:** 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 mental disorder such as Delusional Disorder, Jealous Type, or Paranoid Personality Disorder.
- 5 - Situations in which the clinician has concluded that an Obsessive-Compulsive and Related Disorder is present but is **unable to determine whether it is primary or secondary** (i.e., due to another medical condition or is substance/medication-induced).
- 6 - Other: _____
- 7 - **Unspecified:** There is insufficient information to make a more specific diagnosis

G27

GO TO NEXT MODULE

GMC/SUBSTANCE CAUSING OBSESSIVE-COMPULSIVE AND RELATED SYMPTOMS

OBSESSIVE-COMPULSIVE AND RELATED DISORDER DUE TO ANOTHER MEDICAL CONDITION OBSESSIVE-COMPULSIVE AND RELATED DISORDER DUE TO ANOTHER MEDICAL CONDITION CRITERIA

IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH A GENERAL MEDICAL CONDITION, CHECK HERE ____ AND GO TO
***SUBSTANCE-INDUCED OC AND RELATED DISORDER* G.14.**

G28

CODE BASED ON INFORMATION ALREADY
OBTAINED

A. Obsessions, compulsions, preoccupations with appearance, hoarding, skin picking, hair pulling, other body-focused repetitive behaviors, or other symptoms characteristic of obsessive-compulsive and related disorder predominate in the clinical picture.

? 1 2 3

G29

GO TO
***SUB-
STANCE
INDUCED***
G.14

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 not better accounted for by another mental disorder.

? 1 3

G30

GO TO
***SUB-
STANCE
INDUCED***
G.14

Did (OC AND RELATED SXS) start or get much worse only after (GMC) began?
How long after (GMC) began did (OC AND RELATED SXS) start or get much worse?

NOTE: The following factors should be considered and, if present, support the conclusion that a general medical condition is etiologic to the obsessive-compulsive and related symptoms.

IF GMC HAS RESOLVED: **Did the (OC AND RELATED SYMPTOMS) get better once the (GMC) got better?**

- 1) There is evidence from the literature of a well-established association between the general medical condition and the obsessive-compulsive and related symptoms. (Refer to list of etiological general medical conditions on page G.4.)
- 2) There is a close temporal relationship between the course of the obsessive-compulsive and related symptoms and the course of the general medical condition.
- 3) The obsessive-compulsive and related symptoms are characterized by unusual presenting features (e.g., late age-at-onset).
- 4) The absence of alternative explanations (e.g., obsessive-compulsive and related symptoms as a psychological reaction to the stress of being diagnosed with a general medical condition).

IF UNKNOWN: What effect have (OC-RELATED SXS) had on your life?

E. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning

?123G31

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION E.:

How have (OC-RELATED 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 (OC-RELATED SXS) affected your work/school? (How about your attendance at work or school? Have [OC-RELATED SXS] made it more difficult to do your work/schoolwork)? How have [OC-RELATED SXS] affected the quality of your work/schoolwork?)

How have (OC-RELATED SXS) affected your ability to take care of things at home? What about being involved in things that are important to you, like religious activities, physical exercise, or hobbies? Have you avoided situations or people because you didn't want other people to see you doing (OC-RELATED BEHAVIORS)?

Have (OC-RELATED SXS) affected any other important part of your life?

IF HAVE NOT INTERFERED WITH LIFE: How much have your (OC-RELATED SXS) bothered or upset you?

NOTE: The D criterion (delirium rule-out) has been omitted.

GO TO
*SUB-
STANCE
INDUCED*
G.14

OC AND RELATED DISORDER DUE TO AMC
CRITERIA A, B/C, AND E CODED "3."

1

3

G32

OC AND
RELATED
DISORDER
DUE TO AN
AMC

Check here ___ if current in the past
month.

G33

Specify if:

G34

- 1 - **With obsessive-compulsive disorder-like symptoms:** If obsessive-compulsive disorder-like symptoms predominate in the clinical presentation.
- 2 - **With appearance preoccupations:** If preoccupation with perceived appearance defects or flaws predominates in the clinical presentation.
- 3 - **With hoarding symptoms:** If hoarding predominates in the clinical presentation.
- 4 - **With hair-pulling symptoms:** If hair pulling predominates in the clinical presentation.
- 5 - **With skin-picking symptoms:** If skin picking predominates in the clinical presentation.

CONTINUE ON NEXT PAGE

SUBSTANCE-/MEDICATION-INDUCED OC AND RELATED DISORDER**SUBSTANCE-/MEDICATION-INDUCED OC AND RELATED DISORDER CRITERIA**

EPISODE BEING EVALUATED:

OCD	G.4
Hoarding	Opt G.3
Other Specified OCD	G.9

IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH SUBSTANCE/MEDICATION USE (OR IF SYMPTOMS CONFINED TO HOARDING), CHECK HERE ____ AND RETURN TO EPISODE BEING EVALUATED, CONTINUING WITH THE ITEM FOLLOWING "SYMPTOMS ARE NOT ATTRIBUTABLE TO THE PHYSIOLOGICAL EFFECTS OF A SUBSTANCE OR ANOTHER MEDICAL CONDITION" (SEE PAGE NUMBERS IN BOX TO THE RIGHT).

G35

CODE BASED ON INFORMATION ALREADY OBTAINED.

A. Obsessions, compulsions, skin picking, hair pulling, other body-focused repetitive behaviors, or other symptoms characteristic of the obsessive-compulsive and related disorders predominate in the clinical picture.

?	1	2	3	G36

IF NOT KNOWN: **When did the** (OC AND RELATED SXS) **begin? Were you already using** (SUBSTANCE/MEDICATION) **or had you just stopped or cut down your use?**

B. There is evidence from the history, physical examination, or laboratory findings of both (1) and (2):

?	1	2	3	G37

IF UNKNOWN: **How much** (SUBSTANCE/MEDICATION) **were you using when you began to have** (OC AND RELATED SXS)?

1. The symptoms in criterion A developed during or soon after substance intoxication or withdrawal or exposure to a medication

2. The involved substance/ medication is capable of producing the symptoms in Criterion A

NOT
SUBSTANCE
INDUCED
RETURN TO
EPISODE
BEING
EVALUATED

NOTE: Refer to list of etiological substances/medications on page G.4.

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

C. The disturbance is NOT better accounted for by an obsessive-compulsive and related disorder that is not substance-induced. Such evidence of an independent obsessive-compulsive disorder and related disorder could include the following:

?	1	3	G38

IF UNKNOWN: **Which came first, the** (SUBSTANCE/MEDICATION USE) **or the** (OC AND RELATED SXS)?

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

RETURN TO
EPISODE
BEING
EVALUATED

IF YES: **After you stopped using** (SUBSTANCE/MEDICATION) **did the** (OC AND RELATED SXS) **go away or get better?**

The symptoms precede the onset of the substance/medication use;

IF YES: **How long did it take for them to get better? Did they go away within a month of stopping?**

The symptoms persist for a substantial period of time (e.g., about 1 month) after the cessation of acute withdrawal or severe intoxication;

IF UNKNOWN: **Have you had any other episodes of** (OC AND RELATED SXS)?

IF YES: **How many? Were you using** (SUBSTANCE/ MEDICATION) **at those times?**

There is other evidence suggesting the existence of an independent non-substance/medication-induced obsessive-compulsive and related disorder (e.g., a history of recurrent non-substance/ medication-related episodes).

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

IF UNKNOWN: **What effect have (OC-RELATED SXS) had on your life?**

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

? 1 2 3 G39

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION E:

NOTE: The D criterion (delirium rule-out) has been omitted.

RETURN TO
EPISODE
BEING
EVALUATED

How have (OC-RELATED 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 (OC-RELATED SXS) affected your work/school? (How about your attendance at work or school? Have [OC-RELATED SXS] made it more difficult to do your work/schoolwork)? How have [OC-RELATED SXS] affected the quality of your work/schoolwork?)

How have (OC-RELATED SXS) affected your ability to take care of things at home? What about being involved in things that are important to you like religious activities, physical exercise, or hobbies? Have you avoided situations or people because you didn't want other people to see you doing (OC-RELATED BEHAVIOR)?

Have (OC-RELATED SXS) affected any other important part of your life?

IF HAVE NOT INTERFERED WITH LIFE: **How much have your (OC-RELATED SXS) bothered or upset you?**

SUBSTANCE/MEDICATION-INDUCED
OBSESSIVE-COMPULSIVE AND RELATED
DISORDER CRITERIA A, B, C, AND E ARE
CODED "3."

1

3

G40

SUBSTANCE-/MEDICATION-
INDUCED OC AND RELATED
DISORDER

G41

Check here ____ if current in past
month.

G42

Specify if:

- 1 - **With onset during intoxication:**
If the criteria are met for intoxication with the substance and the symptoms develop during intoxication.
- 2 - **With onset during withdrawal:**
If criteria are met for withdrawal from the substance and the symptoms develop during, or shortly after, withdrawal.
- 3 - **With onset after medication use:**
Symptoms may appear either at initiation of medication or after a modification or change in use.

RETURN TO EPISODE BEING EVALUATED

I. FEEDING AND EATING DISORDERS

ANOREXIA NERVOSA

ANOREXIA NERVOSA CRITERIA

→ IF SCREENING QUESTION #12 ANSWERED "NO," CHECK HERE ____ AND SKIP TO
BULIMIA NERVOSA I.4

→ 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 weigh...

→ IF SCREENER NOT USED: Now I 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?

IF YES: Why was that? How much
did you weigh? How old were you
then? How tall were you?

IF LIFETIME RATING OF "3": During the past 3
months, since (3 MONTHS AGO), what is the
lowest your weight has been?

At that time, were you very afraid that you
could become fat?

IF NO: Tell me about your eating habits.
(Have you avoided high calorie foods or
high fat foods? How strict are you about
it? Have you ever thrown up after you
eaten? How often? Do you exercise a lot
after you eat?)

IF LIFETIME RATING OF "3": Has this also been
the case during the past 3 months, since
(3 MONTHS AGO)?

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
anybody tell you it could be dangerous to
your health to be that thin? (What did you
think?)

IF LIFETIME RATING OF "3": Has this also been
the case in the past 3 months, since
(3 MONTHS AGO)?

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.

B. Intense fear of gaining weight or of becoming
fat, or persistent behavior that interferes with
weight gain, even though underweight.

C. Disturbance in the way in which one's body
weight or shape is experienced; undue influence
of body weight or shape on self-evaluation, or
persistent lack of recognition of the seriousness
of the current low body weight.

ANOREXIA NERVOSA CRITERIA A, B, AND C ARE
CODED "3"

SCREEN Q#12
YES | NO 11

IF NO: GO TO
*BULIMIA
NERVOSA* I.4

? 1 2 3 12

GO TO
*BULIMIA
NERVOSA*
I.4

Past 3 months
? 1 2 3 13

? 1 2 3 14

GO TO
*BULIMIA
NERVOSA*
I.4

Past 3 months
? 1 2 3 15

? 1 2 3 16

GO TO
*BULIMIA
NERVOSA*
I.4

Past 3 months
? 1 2 3 17

1 3 18
IF NO: GO TO
*BULIMIA
NERVOSA* I.4 ANOREXIA
NERVOSA

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

ANOREXIA NERVOSA CHRONOLOGY

ANOREXIA NERVOSA CRITERIA A, B, AND C
ARE CODED "3" FOR THE PAST 3 MONTHS

?	1	3	19
PAST ANOREXIA NERVOSA	CURRENT ANOREXIA NERVOSA		

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.)

- 1 - **Mild:** BMI ≥ 17 kg/m²
- 2 - **Moderate:** BMI 16-16.99 kg/m²
- 3 - **Severe:** BMI 15-15.99 kg/m²
- 4 - **Extreme:** BMI < 15 kg/m²

(Refer to Page I.12 for chart to help in determining Body Mass Index)

CONTINUE WITH ***AGE AT ONSET*** NEXT PAGE.

Indicate **type** of remission by circling the appropriate number:

- 1 - **In partial remission:** After full criteria for Anorexia Nervosa were previously met, Criterion A (low body weight) has not been met for a sustained period, but either Criterion B (intense fear of gaining weight or becoming fat or behavior that interferes with weight gain) or Criterion C (disturbances in self-perception of weight and shape) is still met.
- 2 - **In full remission:** After full criteria for Anorexia Nervosa were previously met, none of the criteria have been met for a sustained period of time.

When did you last have (ANY SXS Number of months prior to interview when last
OF ANOREXIA NERVOSA)? had a symptom of Anorexia Nervosa

___ ___ ___

AGE AT ONSET

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

Age-at-onset of Anorexia Nervosa
(CODE 99 IF UNKNOWN).

I13

*IF ANOREXIA NERVOSA IS NOT CURRENT, GO TO *BULIMIA NERVOSA* I.4.*

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?)

*Specify **subtype** for current episode:* (circle 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 vomiting or the misuse of laxatives, diuretics, or enemas). This subtype describes presentations in which weight loss is accomplished primarily through dieting, fasting and/or excessive exercise.

2 – 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 vomiting or misuse of laxatives, diuretics, or enemas).

I14

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?)**

BULIMIA NERVOSA**BULIMIA NERVOSA CRITERIA**

→ IF SCREENING QUESTION #13 IS ANSWERED "NO," GO TO ***OTHER SPECIFIED FEEDING OR EATING DISORDER* I.10** OR GO TO ***ARFID* Opt-I.1**.

→ IF QUESTION #13 ANSWERED "YES":
You've said that you've had eating binges, that is, 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've started? Tell me about those times.**

A. Recurrent episodes of binge eating. An episode of binge eating is characterized by BOTH of the following:

During these times, were you unable to control what or how much you were eating?

2. 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)

NOTE: Criterion A.2 (lack of control) precedes criterion A.1 to tie in with screening question.

During those times, how much did you eat? Over what period of time? What's the most you might eat at such times? (Does this only happen during celebrations or holidays?)

1. 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

CRITERIA A.2 AND A.1 ARE CODED "3"

IF LIFETIME RATING OF "3" FOR BOTH CRITERIA A.2 AND A.1: **During the past 3 months, since (3 MONTHS AGO), have you had such episodes?**

SCREEN Q#13
YES | **NO**

I15

GO TO ***OTHER SPECIFIED FEEDING OR EATING DISORDER* I.10**
OR GO TO ***ARFID* Opt-I.1**

? 1 2 3

I16

GO TO ***OTHER SPECIFIED FEEDING OR EATING DISORDER* I.10**
OR GO TO ***ARFID* Opt-I.1**

? 1 2 3

I17

GO TO ***OTHER SPECIFIED FEEDING OR EATING DISORDER* I.10**
OR GO TO ***ARFID* Opt-I.1**

1 3

I18

GO TO ***OTHER SPECIFIED FEEDING OR EATING DISORDER* I.10**
OR GO TO ***ARFID* Opt-I.1**

Past 3 months
 ? 1 2 3

I19

Have you ever 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, or exercising a lot)? Tell me about that. How often did this occur?

IF LIFETIME RATING OF "3": **Have you done (COMPENSATORY BEHAVIOR[S]) during the past 3 months, since (3 MONTHS AGO)?**

How often were you binge eating and (COMPENSATORY BEHAVIOR[S])? (At least once a week for at least 3 months?)

IF LIFETIME RATING OF "3": **Since (3 MONTHS AGO), how often were you binge eating and (COMPENSATORY BEHAVIOR[S])? At least once a week?**

Has your body shape and weight ever been an important factor in how you felt about yourself?

IF YES: **How important?**

IF LIFETIME RATING OF "3": **Has this also been the case during the past 3 months?**

IF UNKNOWN: **Do you binge eat and then (ENGAGE IN COMPENSATORY BEHAVIOR) only when your weight is very low?**

- B. Recurrent 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.

- C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for 3 months.

- D. Self-evaluation is unduly influenced by body shape and weight.

- E. The disturbance does not occur exclusively during episodes of Anorexia Nervosa.

BULIMIA NERVOSA CRITERIA
A, B, C, D, AND E ARE CODED "3."

? 1 2 3 I20

GO TO
BINGE-EATING DISORDER
I.7

Past 3 months

1 3

I21

? 1 2 3 I22

GO TO
BINGE-EATING DISORDER
I.7

Past 3 months

1 3

I23

? 1 2 3 I24

Past 3 months

1 3

I25

? 1 3 I26

GO TO ***OTHER SPECIFIED FEEDING OR EATING DISORDER*** I.10
OR GO TO ***ARFID*** Opt-I.1

1 3 I27

BULIMIA NERVOSA

GO TO ***OTHER SPECIFIED FEEDING OR EATING DISORDER*** I.10
OR GO TO ***ARFID*** Opt-I.1

BULIMIA NERVOSA CHRONOLOGY

BULIMIA NERVOSA CRITERIA
A, B, C, AND D ARE MET FOR
THE PAST 3 MONTHS

?1

PAST
BULIMIA
NERVOSA

3128

CURRENT
BULIMIA
NERVOSA

Indicate **current severity** by circling appropriate number: (The level of severity may be increased to reflect other symptoms and the degree of functional disability.)

1 - **Mild:** 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 - **Extreme:** An average of 14 or more episodes of inappropriate compensatory behaviors per week.

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

Indicate **type** of remission by circling the appropriate number:

1 - **In partial remission:** After full criteria for bulimia nervosa were previously met, some, but not all, of the criteria have been met for a sustained period of time

2 - **In full remission:** After full criteria for bulimia nervosa were previously met, none of the criteria have been met for a sustained period of time.

When did you last have (ANY SXS OF BULIMIA NERVOSA)?

Number of months prior to interview when last had a symptom of Bulimia Nervosa

AGE AT ONSET

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

Age at onset of Bulimia Nervosa (CODE 99 IF UNKNOWN)

GO TO ***OTHER SPECIFIED FEEDING OR EATING DISORDER* I.10** **OR** GO TO ***ARFID* Opt-I.1**

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

180

BINGE-EATING DISORDER**BINGE-EATING DISORDER
CRITERIA****During these binges did you...**

NOTE: Criterion A has already been rated "3" in the context of the Bulimia Nervosa evaluation, page I.4.

B. The binge-eating episodes are associated with three (or more) of the following:

...eat much more rapidly than normal?

1. Eating much more rapidly than normal.

? 1 2 3 I33

IF LIFETIME RATING OF "3" AND CURRENTLY BINGE EATING: Has this also been the case during the past 3 months?

Past 3 months	
1	3

I34

...ever eat until you felt uncomfortably full?

2. Eating until feeling uncomfortably full.

? 1 2 3 I35

IF LIFETIME RATING OF "3" AND CURRENTLY BINGE EATING: Has this also been the case during the past 3 months?

Past 3 months	
1	3

I36

...ever eat large amounts of food when you didn't feel physically hungry?

3. Eating large amounts of food when not feeling physically hungry.

? 1 2 3 I37

IF LIFETIME RATING OF "3" AND CURRENTLY BINGE EATING: Has this also been the case during the past 3 months?

Past 3 months	
1	3

I38

...ever eat alone because you were embarrassed by how much you were eating?

4. Eating alone because of being embarrassed by how much one is eating.

? 1 2 3 I39

IF LIFETIME RATING OF "3" AND CURRENTLY BINGE EATING: Has this also been the case during the past 3 months?

Past 3 months	
1	3

I40

...ever feel disgusted with yourself, depressed, or feel very guilty after overeating?

5. Feeling disgusted with oneself, depressed or very guilty afterward.

? 1 2 3 I41

IF LIFETIME RATING OF "3" AND CURRENTLY BINGE EATING: Has this also been the case during the past 3 months?

Past 3 months	
1	3

I42

AT LEAST 3 "B" SXS CODED "3."

1 3 I43

GO TO *OTHER SPECIFIED FEEDING OR EATING DISORDER* I.10 OR GO TO *ARFID* Opt-I.1

AT LEAST 3 "B" SXS CODED 3 FOR PAST 3 MONTHS	
1	3

144

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

Was it very upsetting to you that you couldn't stop eating or control what or how much you were eating?

- C. Marked distress regarding binge eating is present.

? 1 2 3 I45

GO TO *OTHER SPECIFIED FEEDING OR EATING DISORDER* I.10
OR GO TO *ARFID* Opt-I.1

Past 3 months
1 3

I46

IF LIFETIME RATING OF "3" AND CURRENTLY BINGE EATING: **For the past 3 months, since (3 MONTHS AGO), has this still been the case?**

IF UNKNOWN: **How often did you binge eat? (For how long a period of time? At least once a week for at least 3 months?)**

- D. The binge eating occurs, on average, at least once a week for 3 months.

? 1 2 3 I47

GO TO *OTHER SPECIFIED FEEDING OR EATING DISORDER* I.10
OR GO TO *ARFID* Opt-I.1

Past 3 months
1 3

I48

IF LIFETIME RATING OF "3" AND CURRENTLY BINGE EATING: **How often have you been binge eating since (3 MONTHS AGO)? (At least once a week?)**

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)?**

- 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.

? 1 3 I49

GO TO *OTHER SPECIFIED FEEDING OR EATING DISORDER* I.10
OR GO TO *ARFID* Opt-I.1

Past 3 months
1 3

I50

IF UNKNOWN: **Do you binge eat only when your weight is very low?**

NOTE: Code "3" if no recurrent inappropriate compensatory behaviors.

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, or exercising a lot)?**

BINGE-EATING DISORDER CRITERIA A, B, C, D, AND E ARE CODED "3."

1 3 I51

BINGE-EATING DISORDER

NOTE: Criterion A for Binge-Eating Disorder has already been coded "3" as part of the assessment for Bulimia Nervosa, I.4.

GO TO *OTHER SPECIFIED FEEDING OR EATING DISORDER* I.10
OR GO TO *ARFID* Opt-I.1

BINGE-EATING DISORDER CHRONOLOGY

BINGE-EATING DISORDER CRITERIA A, B, C, D,
AND E ARE CODED "3" FOR THE PAST 3 MONTHS.

?

1

3

152

PAST BINGE-EATING DISORDER

CURRENT BINGE-EATING DISORDER

Indicate **current severity**: (circle the appropriate number)
(The level of severity may be increased to reflect other symptoms and the degree of functional disability.)

1 - **Mild**: 1–3 binge-eating episodes per week

2 - **Moderate**: 4–7 binge-eating episodes per week

3 - **Severe**: 8–13 binge-eating episodes per week

4 - **Extreme**: 14 or more binge-eating episodes per week

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

153

Indicate **type** of remission: (circle the appropriate number)

1 - **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 sustained period of time.

When did you last have (ANY SXS OF BINGE-EATING DISORDER)?

Number of months prior to interview when last had a symptom of Binge-Eating Disorder

154

155

AGE AT ONSET

IF UNKNOWN: How old were you when you first started having (SXS OF BINGE-EATING DISORDER)?

Age at onset of Binge-Eating Disorder (CODE 99 IF UNKNOWN)

156

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

183

OTHER SPECIFIED FEEDING OR EATING DISORDER

OTHER SPECIFIED FEEDING OR EATING DISORDER

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.

IF UNKNOWN: **What effect have (EATING SXS) had on your life?**

[Symptoms] cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION:

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?)

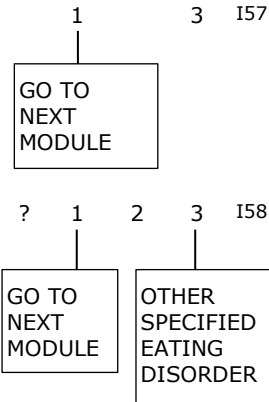
How have (EATING SXS) affected your ability to take care of things at home? How about doing other things that were important to you like religious activities, physical exercise, or hobbies? Have you avoided doing anything because you felt like you weren't up to it?

Have (EATING SXS) affected any other important part of your life?

IF HAVE NOT INTERFERED WITH LIFE: **How much were you bothered or upset by having (EATING SXS)?**

IF UNCLEAR: **During the past month, since (1 MONTH AGO), have you had (SXS OF EATING DISORDER)?**

Check here ____ if present in the past month.



CONTINUE WITH TYPE ON NEXT PAGE

Indicate **type** of Other Specified Eating Disorder: (circle the appropriate number)

- 1 - **Atypical anorexia nervosa:** All of the criteria for Anorexia Nervosa are met, except that despite significant weight loss, the individual's weight is within or above the normal range.¹⁶⁰
- 2 - **Bulimia nervosa (of low frequency and/or limited duration):** All of the criteria for Bulimia Nervosa are met, except that the binge eating and inappropriate compensatory behaviors occur, on average, less than once a week and/or for less than 3 months.
- 3 - **Binge-eating disorder (of low frequency and/or limited duration):** All of the criteria for Binge-Eating Disorder are met, except that the binge eating occurs, on average, less than once a week and/or for less than 3 months.
- 4 - **Purging disorder:** Recurrent purging behavior to influence weight or shape (e.g., self-induced vomiting; misuse of laxatives, diuretics, or other medications) in the absence of binge eating.
- 5 - **Night eating syndrome:** Recurrent episodes of night eating, as manifested by eating after awakening from sleep or by excessive food consumption after the evening meal. There is awareness and recall of the eating. The night eating is not better explained by external influences such as changes in the individual's sleep-wake cycle or by local social norms. The night eating causes significant distress and/or impairment in functioning. The disordered pattern of eating is not better explained by Binge-Eating Disorder or another mental disorder, including substance use, and is not attributable to another medical disorder or to an effect of medication.
- 6 - **Other:** _____
- 7 - **Unspecified:** There is insufficient information to make a more specific diagnosis.

TABLE FOR DETERMINING SEVERITY OF ANOREXIA NERVOSA BASED ON BODY MASS INDEX

Anorexia Nervosa Severity	Mild (BMI≥17)	Moderate (BMI=16-16.99)	Severe (BMI=15-15.99)	Extreme (BMI=<15)
Height cms (inches/feet)	Body Weight kg (pounds)	Body Weight kg (pounds)	Body Weight kg (pounds)	Body Weight kg (pounds)
148 (58" / 4'10")	≥38 (≥84)	35-37 (77-82)	33-34 (72-76)	<33 (<72)
150 (59" / 4'11")	≥39 (≥86)	37-38 (79-81)	35-36 (74-78)	<35 (<74)
153 (60" / 5')	≥40 (≥90)	38-39 (84-87)	36-37 (77-81)	<36 (<77)
155 (61" / 5'1")	≥41 (≥95)	39-40 (86-90)	37-38 (80-85)	<37 (<80)
158 (62" / 5'2")	≥43 (≥95)	41-42 (89-93)	38-39 (82-88)	<38 (<82)
160 (63" / 5'3")	≥44 (≥97)	42-43 (92-96)	39-40 (85-91)	<39 (<85)
163 (64" / 5'4")	≥46 (≥101)	44-45 (97-99)	40-41 (88-92)	<40 (<88)
165 (65" / 5'5")	≥47 (≥104)	45-46 (100-102)	41-43 (91-95)	<41 (<91)
168 (66" / 5'6")	≥48 (≥106)	46-47 (100-105)	43-44 (93-99)	<43 (<93)
170 (67" / 5'7")	≥49 (≥108)	47-48 (103-107)	44-46 (95-102)	<44 (<95)
173 (68" / 5'8")	≥51 (≥112)	49-50 (104-109)	46-47 (97-103)	<46 (<97)
175 (69" / 5'9")	≥52 (≥115)	50-51 (106-113)	47-48 (99-105)	<47 (<99)
178 (70" / 5'10")	≥54 (≥119)	52-53 (109-116)	48-50 (102-108)	<48 (<102)
180 (71" / 5'11")	≥55 (≥121)	53-54 (115-123)	51-52 (108-114)	<51 (<108)
183 (72" / 6'0")	≥57 (≥126)	54-55 (119-125)	52-53 (111-118)	<52 (<111)
185 (73" / 6'1")	≥58 (≥128)	55-57 (124-129)	53-54 (114-121)	<53 (<114)
188 (74" / 6'2")	≥60 (≥132)	57-59 (125-132)	54-55 (117-124)	<54 (<117)
191 (75" / 6'3")	≥61 (≥134)	59-60(128-136)	55-58 (122-127)	<55 (<122)
193 (76" / 6'4")	≥63 (≥140)	60-62 (132-140)	58-59 (123-131)	<58 (<123)
Severity	Mild	Moderate	Severe	Extreme

Source: Adapted from *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report*.

L. TRAUMA- AND STRESSOR-RELATED DISORDERS

TRAUMA HISTORY

I'd now like to ask about some things that may have happened to you that may have been extremely upsetting. People often find that talking about these experiences can be helpful. I'll start by asking if these experiences apply to you, and if so, I'll ask you to briefly describe what happened and how you felt at the time.

SCREEN FOR EACH TYPE OF TRAUMA USING QUESTIONS BELOW; THEN, ON PAGES L.2-L.5 REVIEW AND INQUIRE IN DETAIL FIRST FOR ANY EVENTS OCCURRING IN THE PAST MONTH AND THEN FOR UP TO THREE PAST EVENTS (E.G., THREE WORST EVENTS, THREE MOST RECENT EVENTS, ETC.)

Have you ever been in a life threatening situation like a major disaster or fire, combat, or a serious car or work-related accident? L1

What about being physically or sexually assaulted or abused, or threatened with physical or sexual assault? L2

How about seeing another person being physically or sexually assaulted or abused, or threatened with physical or sexual assault? L3

Have you ever seen another person killed or dead, or badly hurt? L4

How about learning that one of these things happened to someone you are close to? L5

IF UNKNOWN: **Have you ever been the victim of a serious crime?** L6

IF NO EVENTS ENDORSED: **What would you say has been the most stressful or traumatic experience you have had over your life?** L7

*IF NO EVENTS ACKNOWLEDGED, CHECK HERE ____ AND GO TO *ADJUSTMENT DISORDER* L.20. OTHERWISE CONTINUE ON NEXT PAGE.* L8

Did any of these happen in the past month, since (1 MONTH AGO)?

→ IF YES: ASSESS THE TRAUMATIC EVENT IN PAST MONTH USING THE QUESTIONS BELOW.

→ IF NO: CONTINUE ON TOP OF PAGE L.3.

DETAILS FOR EVENT IN PAST MONTH

Description of traumatic event:

L9

→ IF DIRECT EXPOSURE TO TRAUMA:

What happened? Were you afraid of dying or being seriously hurt? Were you seriously hurt?

→ IF WITNESSED TRAUMATIC EVENT HAPPENING TO OTHERS:

What happened? What did you see? How close were you to (TRAUMATIC EVENT)? Were you concerned about your own safety?

Indicate **type of traumatic event**: (check all that apply)

___ Death, actual

L10

___ Death, threatened

L11

___ Serious Injury, actual

L12

___ Serious injury, threatened

L13

___ Sexual violence, actual

L14

___ Sexual violence, threatened

L15

→ IF LEARNED ABOUT TRAUMATIC EVENT:

What happened? Who did it involve? (How close [emotionally] were you to them? Did it involve violence, suicide or a bad accident?)

Indicate **mode of exposure** to traumatic event: (check all that apply)

___ Directly experienced

L16

___ Witnessed happening to others in person

L17

___ Learning about actual or threatened violence or accidental death of a close family member or friend

L18

___ Repeated or extreme exposure to aversive details of traumatic events (e.g., police officers repeatedly exposed to details of child abuse)

L19

IF UNKNOWN: **How old were you at the time?**

Age at time of event: _____

L20

IF UNKNOWN: **Did this happen more than once?**

Indicate **type of exposure**: (circle the appropriate number)

1 – Single event

L21

2 – Prolonged or repeated exposure to same trauma (e.g., witnessing repeated episodes of parental domestic violence over years)

- IF NO EVENTS PRIOR TO PAST MONTH, GO TO ***ACUTE STRESS DISORDER*** L.6.
- IF EVENTS PRIOR TO PAST MONTH, REVIEW THE TYPES OF TRAUMA INDICATED ON SCREENING (PAGE L.1 IN THE STANDARD VERSION OF MODULE L OR PAGES ALT-L.1 THROUGH ALT-L.3 IN THE ALTERNATE VERSION) AND CHOOSE THE THREE MOST SEVERE EVENTS TO ASSESS, USING THE FOLLOWING QUESTIONS:

DETAILS FOR PAST EVENT #1

	Description of traumatic event:	L22
→ IF DIRECT EXPOSURE TO TRAUMA: What happened? Were you afraid of dying or being seriously hurt? Were you seriously hurt?	_____	

→ IF WITNESSED TRAUMATIC EVENT HAPPENING TO OTHERS: What happened? What did you see? How close were you to (TRAUMATIC EVENT)? Were you concerned about your own safety?	Indicate type of traumatic event: (check all that apply)	
	___ Death, actual	L23
	___ Death, threatened	L24
	___ Serious Injury, actual	L25
→ IF LEARNED ABOUT TRAUMATIC EVENT: What happened? Who did it involve? (How close [emotionally] were you to them? Did it involve violence, suicide or a bad accident?)	___ Serious injury, threatened	L26
	___ Sexual violence, actual	L27
	___ Sexual violence, threatened	L28
	Indicate mode of exposure to traumatic event: (check all that apply)	
	___ Directly experienced	L29
	___ Witnessed happening to others in person	L30
	___ Learning about actual or threatened violence or accidental death of a close family member or friend	L31
	___ Repeated or extreme exposure to aversive details of traumatic events (e.g., police officers repeatedly exposed to details of child abuse)	L32
IF UNKNOWN: How old were you at the time?	Age at time of event: _____	L33
IF UNKNOWN: Did this happen more than once?	Indicate type of exposure: (circle the appropriate number)	L34
	1 – Single event	
	2 – Prolonged or repeated exposure to same trauma (e.g., witnessing repeated episodes of parental domestic violence over years)	

DETAILS FOR PAST EVENT #2

→ IF DIRECT EXPOSURE TO TRAUMA: What happened? Were you afraid of dying or being seriously hurt? Were you seriously hurt?	Description of traumatic event: _____ _____	L35
→ IF WITNESSED TRAUMATIC EVENT HAPPENING TO OTHERS: What happened? What did you see? How close were you to (TRAUMATIC EVENT)? Were you concerned about your own safety?	Indicate type of traumatic event: (check all that apply): ___ Death, actual ___ Death, threatened ___ Serious Injury, actual ___ Serious injury, threatened ___ Sexual violence, actual ___ Sexual violence, threatened	L36 L37 L38 L39 L40 L41
→ IF LEARNED ABOUT TRAUMATIC EVENT: What happened? Who did it involve? (How close [emotionally] were you to them? Did it involve violence, suicide or a bad accident?)	Indicate mode of exposure to traumatic event: (check all that apply) ___ Directly experienced ___ Witnessed happening to others in person ___ Learning about actual or threatened violence or accidental death of a close family member or friend ___ Repeated or extreme exposure to aversive details of traumatic events (e.g., police officers repeatedly exposed to details of child abuse)	L42 L43 L44 L45
<i>IF UNKNOWN:</i> How old were you at the time?	Age at time of event: _____	L46
<i>IF UNKNOWN:</i> Did this happen more than once?	Indicate type of exposure: (circle the appropriate number) 1 – Single event 2 – Prolonged or repeated exposure to same trauma (e.g., witnessing repeated episodes of parental domestic violence over years)	L47

DETAILS FOR PAST EVENT #3

	Description of traumatic event:	L48
→ IF DIRECT EXPOSURE TO TRAUMA: What happened? Were you afraid of dying or being seriously hurt? Were you seriously hurt?	_____ _____	
	<i>Indicate type of traumatic event:</i> (check all that apply)	
→ IF WITNESSED TRAUMATIC EVENT HAPPENING TO OTHERS: What happened? What did you see? How close were you to (TRAUMATIC EVENT)? Were you concerned about your own safety?	____ Death, actual	L49
	____ Death, threatened	L50
	____ Serious Injury, actual	L51
→ IF LEARNED ABOUT TRAUMATIC EVENT: What happened? Who did it involve? (How close [emotionally] were you to them? Did it involve violence, suicide or a bad accident?)	____ Serious injury, threatened	L52
	____ Sexual violence, actual	L53
	____ Sexual violence, threatened	L54
	<i>Indicate mode of exposure to traumatic event:</i> (check all that apply)	
	____ Directly experienced	L55
	____ Witnessed happening to others in person	L56
	____ Learning about actual or threatened violence or accidental death of a close family member or friend	L57
	____ Repeated or extreme exposure to aversive details of traumatic events (e.g., police officers repeatedly exposed to details of child abuse)	L58
IF UNKNOWN: How old were you at the time?	Age at time of event: _____	L59
IF UNKNOWN: Did this happen more than once?	<i>Indicate type of exposure:</i> (circle the appropriate number)	L60
	1 – Single event	
	2 – Prolonged or repeated exposure to same trauma (e.g., witnessing repeated episodes of parental domestic violence over years)	

***ACUTE STRESS DISORDER
(CURRENT ONLY)*****ACUTE STRESS DISORDER CRITERIA
(PAST MONTH)**IF NO EVENTS IN PAST MONTH, CHECK HERE ____ AND GO TO ***POSTTRAUMATIC STRESS DISORDER*** L.11

L61

REVIEW TRAUMATIC EVENTS OCCURRING IN
THE PAST MONTH DESCRIBED IN DETAIL ON
PAGE L.2.IF MORE THAN ONE TRAUMATIC EVENT IS
REPORTED IN THE PAST MONTH: **Which of
these do you think has affected you the
most in the past month, since (1 MONTH
AGO)?**A. Exposure to actual or threatened death, serious
injury, or sexual violence in one (or more) of the
following ways:

1. Directly experiencing the traumatic event(s).	?	1	2	3	L62
2. Witnessing, in person, the event(s) as it occurred to others.	?	1	2	3	L63
3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.	?	1	2	3	L64
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse)	?	1	2	3	L65

Note: Criterion A.4 does not apply to exposure through electronic media, television, movies, or pictures, unless the exposure is work-related.

AT LEAST ONE A ITEM CODED "3"

1 3 L66

GO TO ***PTSD*** L.11**Now I'd like to ask a few questions about
specific ways that (TRAUMATIC EVENT) may
have affected you.**B. Presence of NINE (or more) of the following
symptoms FROM ANY OF THE FIVE CATEGORIES
(intrusion, negative mood, dissociation,
avoidance, and arousal), beginning or worsening
after the traumatic event(s) occurred:

Since (1 MONTH AGO)...

**...have you had memories of (TRAUMATIC
EVENT), including feelings, physical
sensations, sounds, smells, or images, when
you didn't expect to or want to? (How often
has this happened?)**

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).	?	1	2	3	L67

**...what about having upsetting dreams that
remind you of (TRAUMATIC EVENT)? Tell me
about that.**

2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event.	?	1	2	3	L68

=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

Since (1 MONTH AGO)...

...what about finding yourself acting or feeling as if you were back in the situation? (Have you had "flashbacks" of [TRAUMATIC EVENT]?)

3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.) ? 1 2 3 L69

...have you had a strong emotional or physical reaction when something reminded you of (TRAUMATIC EVENT)? Give me some examples of the kinds of things that would trigger this reaction. (Things like...seeing a person who resembles the person who attacked you, hearing the screech of brakes if you were in a car accident, hearing the sound of helicopters if you were in combat, any kind of physical intimacy in someone who was raped?)

4. Intense or prolonged psychological distress or marked physiological reactions in response to internal or external cues that symbolize or resemble an aspect of the traumatic event(s). ? 1 2 3 L70

IF YES: What kind of reaction did you have? Did you get very upset or stay upset for a while, even after the reminder had gone away? (What about having physical symptoms--like breaking out in a sweat, breathing heavily or irregularly, or feeling your heart pound or race when something reminded you of [TRAUMATIC EVENT]?) How about feeling tense or shaky?)

...have you been unable to experience good feelings, like feeling happy, joyful, satisfied, loving, or tender towards other people?

5. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings). ? 1 2 3 L71

IF YES: Is this different from the way you were before (TRAUMATIC EVENT)?

...have you had the feeling that you were in a daze, that everything was unreal or that you were in a dream, that you were detached from your own body or mind, that time was moving more slowly, or that you were an outside observer of your own thoughts or movements?

6. An altered sense of reality of one's surroundings or one's self (e.g., seeing oneself from another's perspective, being in a daze, time slowing). ? 1 2 3 L72

...have you been unable to remember some important part of what happened?

7. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs). ? 1 2 3 L73

IF YES: Did you get a head injury during (TRAUMATIC EVENT)? Were you drinking a lot or were you taking any drugs at the time of (TRAUMATIC EVENT)?

...have you done things to avoid remembering or thinking about (TRAUMATIC EVENT) like keeping yourself busy, distracting yourself like by playing computer or video games or watching TV, or using drugs or alcohol to "numb" yourself or to try to forget what happened?

8. Efforts to avoid distressing memories, thoughts, or feelings about or closely related with traumatic event(s). ? 1 2 3 L74

IF NO: How about doing things to avoid having feelings similar to those you had during (TRAUMATIC EVENT)?

Since (1 MONTH AGO)...

...have there been things, places, or people that you have tried to avoid because it brought up upsetting memories, thoughts, or feelings about (TRAUMATIC EVENT)?

IF NO: How about avoiding certain activities, situations, or topics of conversation?

9. Efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

? 1 2 3 L75

...how have you been sleeping since (TRAUMATIC EVENT)? (Is this a change from before [TRAUMATIC EVENT]?)

10. Sleep disturbances (e.g., difficulty falling or staying asleep or restless sleep).

? 1 2 3 L76

...have you lost control of your anger, so that you threatened or hurt someone or damaged something? Tell me what happened. (Was it over something little or even nothing at all?)

IF NO: Since (TRAUMATIC EVENT), have you been more quick-tempered or had a shorter "fuse" than before?

IF YES TO EITHER: How different is this from the way you were before (TRAUMATIC EVENT)?

11. Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.

? 1 2 3 L77

...have you noticed that you have been more watchful or on guard since (TRAUMATIC EVENT)? (What are some examples?)

IF NO: Have you been extra aware of your surroundings and your environment?

12. Hypervigilance.

? 1 2 3 L78

...have you had trouble concentrating? (What are some examples? Is this a change from before [TRAUMATIC EVENT]?)

13. Problems with concentration.

? 1 2 3 L79

...have you been jumpy or easily startled, like by sudden noises? (Is this a change from before [TRAUMATIC EVENT]?)

14. Exaggerated startle response.

? 1 2 3 L80

AT LEAST NINE "B" SXS ARE CODED "3."

1 3 L81

GO TO *PTSD* L.11

About how long did ("B" SXS CODED "3") last altogether?

C. Duration of the disturbance (symptoms in Criterion B) is 3 days to 1 month after trauma exposure.

? 1 2 3 L82

GO TO *PTSD* L.11

IF UNKNOWN: **What effect have** (ASD SXS) **had on your life?**

D. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

? 1 2 3 L83

GO TO ***PTSD*** L.11

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION D:

How have (ASD 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 (ASD SXS) **affected your work/school?** (How about your attendance at work or school? Have they affected the quality of your work/schoolwork?)

How have they affected your ability to take care of things at home? What about being involved in things that are important to you, like religious activities, physical exercise, or hobbies?

Have (ASD SXS) **affected any other important part of your life?**

IF HAVE NOT INTERFERED WITH LIFE: **How much have you been bothered or upset by** (ASD SXS)?

Did (TRAUMATIC EVENT) **cause any injury to your head or brain?**

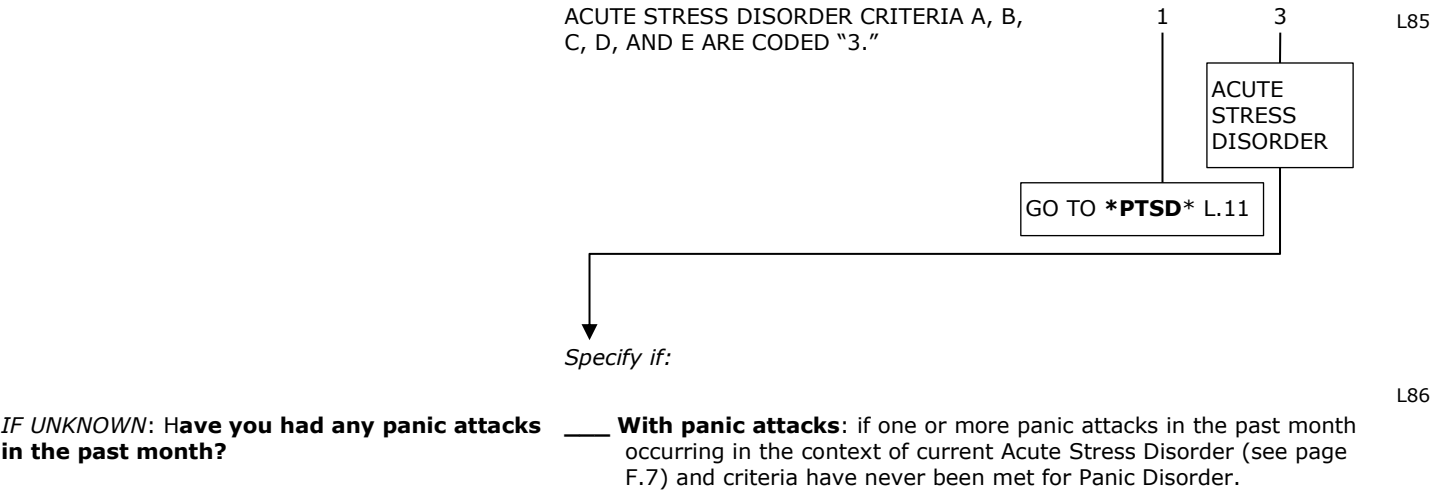
E. The disturbance is not attributable to the physiological effects of a substance (e.g., medication or alcohol) or another medical condition (e.g., mild traumatic brain injury) and is not better explained by Brief Psychotic Disorder.

1 3 L84

GO TO ***PTSD*** L.11

Have you been drinking a lot or using a lot of drugs since (TRAUMATIC EVENT)? **Tell me about that.** (How much have you been [drinking/using (DRUG[S])]? (Do you think your problems since [TRAUMATIC EVENT] are more due to your [drinking/(DRUG) use] rather than to your reaction to [TRAUMATIC EVENT] itself?)

IF PSYCHOTIC: **Have you had** (ASD SXS) **only when you were** (PSYCHOTIC SXS)?



POSTTRAUMATIC STRESS DISORDER**POSTTRAUMATIC STRESS DISORDER CRITERIA**

FOR FOLLOWING QUESTIONS, FOCUS ON THE THREE MOST SEVERE TRAUMATIC EVENT(S) DESCRIBED ON PAGES L.3–L.5.

IF ALL TRAUMAS ARE CONFINED TO THE PAST MONTH, CHECK HERE ___ AND SKIP TO ***ADJUSTMENT DISORDER*** PAGE L.20. L87

IF MORE THAN ONE TRAUMATIC EVENT IS REPORTED: **Which of these do you think affected you the most?**

IF SELECTED EVENT IS ULTIMATELY NOT ASSOCIATED WITH THE FULL PTSD SYNDROME, CONSIDER RE-ASSESSING THE ENTIRE PTSD CRITERIA SET (PAGES L.11–L.17) FOR OTHER REPORTED TRAUMAS.

A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s). ? 1 2 3 L88

2. Witnessing, in person, the event(s) as it occurred to others. ? 1 2 3 L89

3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental. ? 1 2 3 L90

4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse). ? 1 2 3 L91

Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless the exposure is work-related.

AT LEAST ONE A ITEM CODED "3"

1 3 L92

GO TO
ADJUSTMENT DISORDER
 L.20

Now I'd like to ask a few questions about specific ways that (TRAUMATIC EVENT) may have affected you at any time since (TRAUMATIC EVENT).

B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

For example, since (TRAUMATIC EVENT)....

...have you had memories of (TRAUMATIC EVENT), including feelings, physical sensations, sounds, smells, or images, when you didn't expect to or want to? (How often has this happened?)

IF LIFETIME RATING OF "3": Has this also happened in the past month, since (1 MONTH AGO)? How many times?

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). ? 1 2 3 L93

Past month
? 1 2 3 L94

...what about having upsetting dreams that reminded you of (TRAUMATIC EVENT)? Tell me about that.

IF LIFETIME RATING OF "3": Has this also happened in the past month? How many times?

2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event. ? 1 2 3 L95

Past month
? 1 2 3 L96

=inadequate information

1=absent or false

2=subthreshold

3=threshold or true
197

Since (TRAUMATIC EVENT)...

...what about having found yourself acting or feeling as if you were back in the situation? (Have you had "flashbacks" of [TRAUMATIC EVENT]?)

IF LIFETIME RATING OF "3": Has this also happened in the past month? How many times?

...have you had a strong emotional or physical reaction when something reminded you of (TRAUMATIC EVENT)? Give me some examples of the kinds of things that would have triggered this reaction. (Things like...seeing a person who resembles the person who attacked you, hearing the screech of brakes if you were in a car accident, hearing the sound of helicopters if you were in combat, any kind of physical intimacy in someone who was raped?)

NOTE: IF DENIES EMOTIONAL OR PHYSICAL REACTION TO REMINDERS, CODE "1" FOR BOTH B.4 (EMOTIONAL REACTION) AND B.5 (PHYSICAL REACTION).

IF YES: What kind of reaction did you have? Did you get very upset or stay upset for a while, even after the reminder had gone away?

IF LIFETIME RATING OF "3": Has this also happened in the past month, since (1 MONTH AGO)? How many times?

IF ACKNOWLEDGES STRONG EMOTIONAL OR PHYSICAL REACTION: What about having physical symptoms—like breaking out in a sweat, breathing heavily or irregularly, or feeling your heart pound or race when something reminded you of (TRAUMATIC EVENT)? How about feeling tense or shaky?

IF LIFETIME RATING OF "3": Has this also happened in the past month? How many times?

3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)

? 1 2 3 L97

Past month				
?	1	2	3	L98

4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

? 1 2 3 L99

Past month				
?	1	2	3	L100

5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

? 1 2 3 L101

Past month				
?	1	2	3	L102

AT LEAST ONE "B" SX IS CODED "3."

1		3		L103
GO TO *ADJUSTMENT DISORDER* L.20				
CRITERION B MET PAST MONTH:				
1		3		L104

Since (TRAUMATIC EVENT)...

C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

...have you done things to avoid remembering or thinking about (TRAUMATIC EVENT) like keeping yourself busy, distracting yourself like by playing computer or video games or watching TV, or using drugs or alcohol to “numb” yourself or try to forget what happened? (Since [TRAUMATIC EVENT], how long has this gone on?)

IF NO: How about doing things to avoid having feelings similar to those you had during (TRAUMATIC EVENT)? (Since [TRAUMATIC EVENT], how long has this gone on?)

IF LIFETIME RATING OF “3”: Has this also happened in the past month, since (1 MONTH AGO)? How many times?

...have there been things, places, or people that you have tried to avoid because it brought up upsetting memories, thoughts, or feelings about (TRAUMATIC EVENT)? (Since [TRAUMATIC EVENT], how long has this gone on?)

IF NO: How about avoiding certain activities, situations, or topics of conversation? (Since [TRAUMATIC EVENT], how long has this gone on?)

IF LIFETIME RATING OF “3”: Has this also happened in the past month? How many times?

1. Avoidance of, or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

? 1 2 3 L105

Past month				
?	1	2	3	L106

2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations), that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

? 1 2 3 L107

Past month				
?	1	2	3	L108

AT LEAST ONE “C” SX IS CODED “3.”

1		3		L109
GO TO *ADJUSTMENT DISORDER* L.20				
CRITERION C MET PAST MONTH:				
1		3		L110

Since (TRAUMATIC EVENT)...

- D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

...have you been unable to remember some important part of what happened? (Tell me about that.)

IF YES: Did you get a head injury during (TRAUMATIC EVENT)? Were you drinking a lot or were taking any drugs at the time of (TRAUMATIC EVENT)?

IF LIFETIME RATING OF "3": Has this also happened in the past month, since (1 MONTH AGO)? How many times?

1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).

? 1 2 3 L111

Past month					L112
?	1	2	3		

...has there been a change in how you think about yourself? (Like feeling you are "bad," or permanently damaged or "broken?" Tell me about that. Since this started, have you felt this way most of the time?)

IF NO: Has there been a change in how you see other people or the way the world works? (Like you can't trust anyone anymore? Like the world is a completely dangerous place? Tell me about that. Since this started, have you felt this way most of the time?)

IF LIFETIME RATING OF "3": Has this also happened in the past month? How much of the time?

2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is completely dangerous," "My whole nervous system is permanently ruined").

? 1 2 3 L113

Past month					L114
?	1	2	3		

...have you blamed yourself for the (TRAUMATIC EVENT) or how it affected your life? (Like feeling that (TRAUMATIC EVENT) was your fault or that you should have done something to prevent it? Like feeling that you should have gotten over it by now?)

→ **IF YES: Tell me about that. (Since this started, have you felt this way most of the time?)**

→ **IF NO: Have you blamed someone else for (TRAUMATIC EVENT)? Tell me about that. (What did they have to do with [TRAUMATIC EVENT]?)**

IF LIFETIME RATING OF "3": Has this also happened in the past month? How much of the time?

3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.

? 1 2 3 L115

Past month					L116
?	1	2	3		

...have you had bad feelings much of the time, like feeling sad, angry, afraid, guilty, ashamed, "in shock"? (Tell me about that.)

IF YES: Is this different from the way you were before (TRAUMATIC EVENT)?

IF LIFETIME RATING OF "3": Has this also happened in the past month? How many times?

4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).

? 1 2 3 L117

Past month					L118
?	1	2	3		

Since (TRAUMATIC EVENT)...

...have you been less interested in things that you were interested in before (TRAUMATIC EVENT), like spending time with family or friends, reading books, watching TV, cooking, or sports? (Tell me about that.)

IF NO LOSS OF INTEREST: Are you still doing as many activities as you used to?

IF LIFETIME RATING OF "3": Has this also happened in the past month? How many times?

...have you felt distant or disconnected from others or have you closed yourself off from other people? (Tell me about that.)

IF LIFETIME RATING OF "3": Has this also happened in the past month, since (1 MONTH AGO)? How often?

...have you been unable to experience good feelings, like feeling happy, joyful, satisfied, loving, or tender towards other people? (Tell me about that.)

IF YES: Is this different from the way you were before (TRAUMATIC EVENT)?

IF LIFETIME RATING OF "3": Has this also happened in the past month? How often?

AT LEAST THREE "D" SXS ARE CODED "3."

Since (TRAUMATIC EVENT)...

...have you lost control of your anger, so that you threatened or hurt someone or damaged something? Tell me what happened. (Was it over something little or even nothing at all?)

IF NO: Since (TRAUMATIC EVENT), have you been more quick-tempered or had a shorter "fuse" than before?

IF YES TO EITHER: How different is this from the way you were before (TRAUMATIC EVENT)?

IF LIFETIME RATING OF "3": Has this also happened in the past month, since (1 MONTH AGO)? How often?

5. Markedly diminished interest or participation in significant activities.

? 1 2 3

L119

Past month
? 1 2 3 L120

6. Feelings of detachment or estrangement from others.

? 1 2 3 L121

Past month
? 1 2 3 L122

7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

? 1 2 3 L123

Past month
? 1 2 3 L124

1 3 L125
GO TO
*ADJUSTMENT
DISORDER*
L.20

CRITERION D MET
PAST MONTH:
1 3 L126

E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.

? 1 2 3 L127

Past month
? 1 2 3 L128

Since (TRAUMATIC EVENT)...

...have you done reckless things, like driving dangerously, or drinking or using drugs without caring about the consequences?

IF NO: How about hurting yourself on purpose or trying to kill yourself? (What did you do?)

IF YES TO EITHER: How different is this from the way you were before (TRAUMATIC EVENT)?

IF LIFETIME RATING OF "3": Has this also happened in the past month? How often?

2. Reckless or self-destructive behavior.

NOTE: Any current suicidal thoughts, plans, or actions should be thoroughly assessed by the clinician and action taken if necessary.

? 1 2 3 L129

Past month
? 1 2 3 L130

...have you noticed that you have been more watchful or on guard? (What are some examples?)

IF NO: Have you been extra aware of your surroundings and your environment?

IF LIFETIME RATING OF "3": Has this also happened in the past month, since (1 MONTH AGO)? How often?

3. Hypervigilance.

? 1 2 3 L131

Past month
? 1 2 3 L132

...have you been jumpy or easily startled, like by sudden noises? (Is this a change from before [TRAUMATIC EVENT]?)

IF LIFETIME RATING OF "3": Has this also happened in the past month? How often?

4. Exaggerated startle response.

? 1 2 3 L133

Past month
? 1 2 3 L134

...have you had trouble concentrating? (What are some examples? (Is this a change from before [TRAUMATIC EVENT]?)

IF LIFETIME RATING OF "3": Has this also happened in the past month? How often?

5. Problems with concentration.

? 1 2 3 L135

Past month
? 1 2 3 L136

...how have you been sleeping since (TRAUMATIC EVENT)? (Is this a change from before [TRAUMATIC EVENT]?)

IF LIFETIME RATING OF "3": Has this also happened in the past month? How often?

6. Sleep disturbances (e.g., difficulty falling or staying asleep or restless sleep).

? 1 2 3 L137

Past month
? 1 2 3 L138

AT LEAST TWO "E" SXs ARE CODED "3."

1 3 L139

GO TO
*ADJUSTMENT
DISORDER*
L.20

CRITERION E MET
PAST MONTH
1 3 L140

About how long did these (PTSD SYMPTOMS CODED "3") last altogether?

F. Duration of the disturbance (symptoms in criteria B, C, D, and E) is more than 1 month.

? 1 2 3 L141

GO TO
*ADJUSTMENT
DISORDER*
L.20

IF UNKNOWN: What effect did (PTSD SXS) have on your life?

G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

? 1 2 3 L142

GO TO
*ADJUSTMENT
DISORDER*
L.20

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION G:

CRITERION H HAS BEEN OMITTED.

How have (PTSD 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 (PTSD SXS) affected your work/school? (How about your attendance at work or school? Have they affected the quality of your work/schoolwork?)

How have they affected your ability to take care of things at home? What about being involved in things that are important to you like religious activities, physical exercise, or hobbies?

Have (PTSD SXS) affected any other important part of your life?

IF HAVE NOT INTERFERED WITH LIFE: How much have you been bothered or upset by (PTSD SXS)?

IF LIFETIME RATING OF "3": How have (PTSD SXS) affected your life in the past month, since (1 MONTH AGO)?

CRITERION G MET
PAST MONTH
? 1 2 3 L143

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

1 3 L144

GO TO
*ADJUSTMENT
DISORDER*
L.20

POST-
TRAUMATIC
STRESS
DISORDER

PTSD CRITERIA B, C, D, E, AND G MET FOR
THE PAST MONTH.

?

1

3

L145

POST-
TRAUMATIC
STRESS
DISORDER

CURRENT
POST-
TRAUMATIC
STRESS
DISORDER

L146

When did you last have (ANY SXS
OF PTSD)?

Number of months prior to ____ _
interview when last had
a symptom of PTSD

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

Age at onset of Posttraumatic Stress Disorder ____ _
(CODE 99 IF UNKNOWN).

L147

*IF POSTTRAUMATIC STRESS DISORDER IS NOT
CURRENT, GO TO *ADJUSTMENT
DISORDER* L.20.*

**IF UNKNOWN: Did most of these problems
begin soon after** (TRAUMA)? *Specify if:*

**IF NO: How much time was it from the
(TRAUMA) and when you had most of
these problems? (Was it less than 6
months?)**

____ **With delayed expression:** If the full diagnostic criteria are not met until L148
at least 6 months after the event (although the onset and expression of
some symptoms may be immediate).

While you had these problems, did you also often have the feeling that everything was unreal or that you were in a dream, you were detached from your body or mind, that time was moving slowly, or that you were an outside observer of your own thoughts or movements?

IF YES: Does this occur at times other than when you are using drugs or alcohol? Does this occur at times other than during a seizure?

*Indicate **type**:* (circle the appropriate number)

1 – With dissociative symptoms:

L149

The individual's symptoms meet the criteria for Posttraumatic Stress Disorder, and in addition, in response to the stressor, the individual experiences persistent or recurrent symptoms of either of the following:

Depersonalization: Persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one's mental processes or body (e.g., feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly).

Derealization: Persistent or recurrent experiences of unreality of surroundings (e.g., the world around the individual is experienced as unreal, dreamlike, distant, or distorted).

Note: To use this subtype, the dissociative symptoms must not be attributable to the physiological effects of a substance (e.g., blackouts, behavior during alcohol intoxication) or another medical condition (e.g., complex partial seizures).

2 – Without dissociative symptoms: If neither 1 nor 2 above.

Specify if:

IF UNKNOWN: Have you had any panic attacks in the past month?

— **With panic attacks:** if one or more panic attacks in the past month occurring in the context of current Posttraumatic Stress Disorder (see page F.7) and criteria have never been met for Panic Disorder.

L150

ADJUSTMENT DISORDER (CURRENT ONLY)

CONSIDER THIS SECTION ONLY IF THERE ARE SYMPTOMS OCCURRING IN THE PAST 6 MONTHS THAT DO NOT MEET THE CRITERIA FOR ANOTHER DSM-5 DISORDER. OTHERWISE, CHECK HERE ____ AND GO TO ***OTHER SPECIFIED TRAUMA- AND STRESSOR-RELATED DISORDER*** L.23. INFORMATION OBTAINED FROM OVERVIEW OF PRESENT ILLNESS WILL USUALLY BE SUFFICIENT TO RATE THE CRITERIA FOR ADJUSTMENT DISORDER. L151

ADJUSTMENT DISORDER CRITERIA

IF UNKNOWN: Did anything happen to you before (SYMPTOMS) began?

IF YES: Tell me about what happened. Do you think that (STRESSOR) had anything to do with your developing (SXS)?

- IF SINGLE EVENT: How long after (STRESSOR) did you first develop (SXS)? (Was it within 3 months?)
- IF CHRONIC STRESSOR: How long after (STRESSOR) began did you first develop (SXS)? (Was it within 3 months?)

A. The development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor(s).

DESCRIBE SYMPTOMS:

DESCRIBE STRESSOR:

? 1 2 3 L152

GO TO
***OTHER
SPECIFIED
TRAUMA- AND
STRESSOR-
INDUCED
DISORDER***
L.23

IF UNKNOWN: What effect did (SXS) have on your life?

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION B:

How have (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 (SXS) affected your work/school? (How about your attendance at work or school? Did [SXS] make it more difficult to do your work/schoolwork? How did [SXS] affect the quality of your work/schoolwork?)

How have they affected your ability to take care of things at home? What about being involved in things that are important to you like religious activities, physical exercise, or hobbies?

Have (SXS) affected any other important part of your life?

IF HAVE NOT INTERFERED WITH LIFE: How much have you been bothered or upset by having (SXS)? How upset are you about (STRESSOR)? (Are you more upset than most other people would be? Have others said that you're more upset than you should be? Have [SXS] lasted longer than you or other people think they should have?)

B. These symptoms or behaviors are clinically significant as evidenced by one or both of the following:

1. Marked distress that is out of proportion to the severity and intensity of the stressor, taking into account the external context and the cultural factors that might influence symptom severity and presentation.
2. Significant impairment in social, occupational, or other important areas of functioning.

? 1 2 3 L153

GO TO
***OTHER
SPECIFIED
TRAUMA- AND
STRESSOR-
INDUCED
DISORDER***
L.23

Have you had this kind of reaction many times before?

IF UNKNOWN: Were you having these (SXS) even before (STRESSOR) happened?

C. The stress-related disturbance does not meet the criteria for another mental disorder and is not merely an exacerbation of a preexisting mental [including personality] disorder.

?13

L154

GO TO
*OTHER
SPECIFIED
TRAUMA- AND
STRESSOR-
INDUCED
DISORDER*
L.23

IF UNKNOWN: Did someone close to you die just before (SXS)?

D. The symptoms do not represent normal bereavement.

?13

L155

GO TO
*OTHER
SPECIFIED
TRAUMA- AND
STRESSOR-
INDUCED
DISORDER*
L.23

IF UNKNOWN: How long has it been since (STRESSOR AND ITS CONSEQUENCES) was over?

E. Once the stressor (or its consequences) has terminated, the symptoms do not persist for more than an additional 6 months.

?123

L156

GO TO
*OTHER
SPECIFIED
TRAUMA- AND
STRESSOR-
INDUCED
DISORDER*
L.23

ADJUSTMENT DISORDER CRITERIA A, B, C, D, AND E
ARE CODED "3" DURING THE PAST 6 MONTHS.

1

3

L157

GO TO *OTHER SPECIFIED
TRAUMA- AND STRESSOR-
INDUCED DISORDER* L.23

CURRENT
ADJUST-
MENT
DISORDER

Indicate **type** based on predominant symptoms: (circle the appropriate number) L158

- 1 – **With depressed mood:** Low mood, tearfulness, or feelings of hopelessness are predominant.
- 2 – **With anxiety:** Nervousness, worry, jitteriness, or separation anxiety is predominant.
- 3 – **With mixed anxiety and depressed mood:** A combination of depression and anxiety is predominant.
- 4 – **With disturbance of conduct:** Disturbance in conduct is predominant.
- 5 – **With mixed disturbance of emotions and conduct:** Both emotional symptoms (e.g., depression, anxiety) and a disturbance of conduct are predominant.
- 6 – **Unspecified:** For maladaptive reactions that are not classifiable as one of the specific subtypes of adjustment disorder (e.g., physical complaints, social withdrawal, or work or academic inhibition).

IF UNKNOWN: **When did (SXS) begin?**

Specify if: (circle the appropriate number)

L159

- 1 - **Acute:** if the disturbance lasts less than 6 months.
- 2 - **Persistent (chronic):** if the disturbance lasts for 6 months or longer.

GO TO *OTHER SPECIFIED
TRAUMA- AND STRESSOR-
INDUCED DISORDER* NEXT PAGE

OTHER SPECIFIED TRAUMA- AND STRESSOR-RELATED DISORDER

OTHER SPECIFIED TRAUMA- AND STRESSOR-RELATED DISORDER

Symptoms characteristic of a Trauma- and Stressor-Related Disorder predominate but do not meet the full criteria for any of the disorders in the Trauma- and Stressor-Related Disorders diagnostic class

IF UNKNOWN: **What effect did** (SXS OF TRAUMA- AND STRESSOR-RELATED TO STRESSOR) **have on your life?**

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION:

How did (SXS OF TRAUMA- AND STRESSOR-RELATED DISORDER) **affect your relationships or your interactions with other people?** (Did [SXS OF TRAUMA- AND STRESSOR-RELATED DISORDER] **cause you any problems in your relationships with your family, romantic partner or friends?**)

How did (SXS OF TRAUMA- AND STRESSOR-RELATED DISORDER) **affect your school/work?** (**How about your attendance at work or school? Did** [SXS OF TRAUMA- AND STRESSOR-RELATED DISORDER] **make it more difficult to do your work/schoolwork? How did** [SXS OF TRAUMA- AND STRESSOR-RELATED DISORDER] **affect the quality of your work/schoolwork?**)

How did (SXS OF TRAUMA- AND STRESSOR-RELATED DISORDER) **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 hobbies? Did you avoid doing anything because you felt like you weren't up to it?**

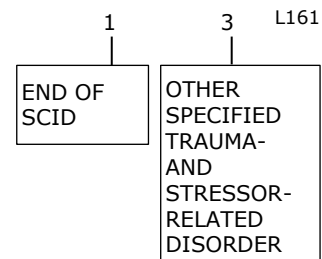
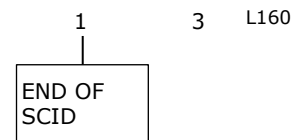
Did your (SXS OF TRAUMA- AND STRESSOR-RELATED DISORDER) **affect any other important part of your life?**

IF HAVE NOT INTERFERED WITH LIFE: **How much were you bothered or upset by having** (SXS OF TRAUMA- AND STRESSOR-RELATED DISORDER)?

IF UNCLEAR: **During the past month, have you had** (SXS OF TRAUMA- AND STRESSOR-RELATED DISORDER)?

[Symptoms] that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

Check here ____ if present in last month.



Indicate **type** of Other Specified Trauma- and Stressor-related Disorder: L163
(circle the appropriate number)

- 1 – Adjustment-like disorders with delayed onset of symptoms that **occur more than 3 months after the stressor.**
- 2 – Adjustment-like disorders **with prolonged duration of more than 6 months** without prolonged duration of stressor
- 3 – **Persistent complex bereavement disorder:** This disorder is characterized by severe and persistent grief and mourning reactions
- 4 – **Other:** _____

END OF SCID

***SEPARATION ANXIETY
DISORDER (OPTIONAL)
(CURRENT ONLY)***

**SEPARATION ANXIETY DISORDER
CRITERIA**

- IF SCREENING QUESTION #7a IS ANSWERED "NO," SKIP TO ***OTHER SPECIFIED ANXIETY DISORDER*** F.31.
- IF QUESTION #7a ANSWERED "YES": **You've said that in the past 6 months, since (6 MONTHS AGO), you have been especially anxious about being separated from people you're attached to, like your parents, children, or partner.**
- IF SCREENER NOT USED: **In the past 6 months, since (6 MONTHS AGO), have you been especially anxious about being separated from people you're attached to (like your parents, children, or partner)?**

Tell me about that.

*IF NO: SKIP TO ***OTHER SPECIFIED ANXIETY DISORDER*** F.31.*

Who are you most afraid of being separated from?

A. Developmentally inappropriate and excessive fear or anxiety concerning separation from those to whom the individual is attached, as evidenced by at least 3 of the following:

NOTE: REFER TO THESE MAJOR ATTACHMENT FIGURE(S) WHEN ASKING QUESTIONS BELOW.

In the past 6 months, since (6 MONTHS AGO), have you gotten upset when you've thought about being separated from (MAJOR ATTACHMENT FIGURE[S]) or being away from home? (How often?)

IF NO: How about when you actually were separated from (MAJOR ATTACHMENT FIGURE[S])? (How upset have you been? How often does this happen?)

...have you often worried a lot about something bad happening to (MAJOR ATTACHMENT FIGURE[S])?

IF YES: What sorts of things have you worried will happen to (MAJOR ATTACHMENT FIGURE[S])? (Why was that? Has anyone else worried about this?)

...have you often worried a lot about something bad happening to you that would separate you from (MAJOR ATTACHMENT FIGURE[S])?

IF YES: What sorts of things have you worried will happen to you? (Why was that? How worried have you been? Has anyone else worried about this?)

1. Recurrent excessive distress when anticipating or experiencing separation from home or from major attachment figures.	?	1	2	3	OF2
2. Persistent and excessive worry about losing major attachment figures or about possible harm to them, such as illness, injury, disasters, or death.	?	1	2	3	OF3
3. Persistent and excessive worry about experiencing an untoward event (e.g., getting lost, being kidnapped, having an accident, becoming ill) that causes separation from a major attachment figure.	?	1	2	3	OF4

SCREEN Q#7a
YES || NO

*IF NO, GO TO
***OTHER
SPECIFIED
ANXIETY
DISORDER,***
F.31*

OF1

In the past 6 months, since (6 MONTHS AGO), have you often found it difficult or even refused to go out of your home or be away from home?

→ **IF YES: Why is that? (Is this due to your fear of being away from [MAJOR ATTACHMENT FIGURE(S)], or away from your home because it feels like a safe place?)**

→ **IF NO: Have you often found it difficult or even refused to go to school, work, or other places away from home?**

IF YES: Why is that? (Is this due to your fear of being away from [MAJOR ATTACHMENT FIGURE(S)], or away from your home because it feels like a safe place?)

...have you often felt anxious or afraid to be alone or without (MAJOR ATTACHMENT FIGURE[S]) even when you were at home?

IF NO: When you go with (MAJOR ATTACHMENT FIGURE[S]) to another place, have you usually felt anxious or afraid to be separated from them?

...have you often found it difficult or impossible to sleep away from home? (Have you refused to sleep over at friends' or relatives' houses? Has it been difficult for you to travel without (MAJOR ATTACHMENT FIGURE[S]) coming along?)

IF NO: Have you often found it difficult to actually go to sleep without being near (MAJOR ATTACHMENT FIGURE[S])? (Have you often insisted that (MAJOR ATTACHMENT FIGURE[S]) stay with you until you fell asleep?)

...have you had nightmares about being separated from (MAJOR ATTACHMENT FIGURE[S])? Tell me about them. (Have you had nightmares about things like you or [MAJOR ATTACHMENT FIGURE(S)] getting lost, injured, or kidnapped, or not being able to make it back home?)

IF YES: How often?

...have you felt physically sick, like having headaches stomachaches, dizziness, heart racing, or fainting when you were separated from (MAJOR ATTACHMENT FIGURE[S])?

→ **IF YES: How often does this happen?**

→ **IF NO: How about feeling sick when you thought about being separated from (MAJOR ATTACHMENT FIGURE[S])? (How often does this happen?)**

4. Persistent reluctance or refusal to go out, away from home, to school, to work, or elsewhere because of fear of separation.

? 1 2 3 OF5

5. Persistent and excessive fear or reluctance about being alone or without major attachment figures at home or in other settings.

? 1 2 3 OF6

6. Persistent reluctance or refusals to sleep away from home or to go to sleep without being near a major attachment figure.

? 1 2 3 OF7

7. Repeated nightmares involving the theme of separation.

? 1 2 3 OF8

8. Repeated complaints of physical symptoms (e.g., headaches, stomachaches, nausea, vomiting) when separation from major attachment figures occurs or is anticipated.

? 1 2 3 OF9

AT LEAST 3 "A" ITEMS ARE CODED "3."

1 3 OF10

GO TO *OTHER
SPECIFIED
ANXIETY
DISORDER,* F.31

How long has your anxiety or fear of being separated gone on?

IF UNKNOWN: **Has it lasted for at least 6 months or more?**

IF UNKNOWN: **What effect have (SEPARATION ANXIETY SXS) had on your life during the past 6 months, since (6 MONTHS AGO)?**

ASK THE FOLLOWING QUESTIONS AS
NEEDED TO RATE CRITERION C:

How have (SEPARATION ANXIETY SXS) affected your relationships or your interactions with other people? (Have [SEPARATION ANXIETY SXS] caused any problems in your relationships with your family, romantic partner or friends?)

How have (SEPARATION ANXIETY SXS) affected your work/schoolwork? (How about your attendance at work or school? Did [SEPARATION ANXIETY SXS] make it more difficult to do your work/schoolwork? How have [SEPARATION ANXIETY SXS] affected the quality of your work/schoolwork?)

How have (SEPARATION ANXIETY SXS) affected your ability to 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 (SEPARATION ANXIETY SXS) affected any other important part of your life?

IF SXS HAVE NOT INTERFERED WITH FUNCTIONING: **How much have you been bothered or upset by having (SEPARATION ANXIETY SXS)?**

B. The fear, anxiety, or avoidance is persistent, lasting at least 4 weeks in children and adolescents and typically 6 months or more in adults.

C. The disturbance causes clinically significant distress or impairment in social, academic, occupational, or other important areas of functioning.

? 1 2 3 OF11

GO TO *OTHER
SPECIFIED
ANXIETY
DISORDER,* F.31

? 1 2 3 OF12

GO TO *OTHER
SPECIFIED
ANXIETY
DISORDER,* F.31

D. The disturbance is not better explained by another mental disorder, such as refusing to leave home because of excessive resistance to change in Autism Spectrum Disorder, delusions or hallucinations concerning separation in Psychotic Disorders, refusal to go outside without a trusted companion in Agoraphobia, worries about ill health or other harm befalling significant others in Generalized Anxiety Disorder; or concerns about having an illness in Illness Anxiety Disorder.

?

1

2

3

OF13

GO TO *OTHER SPECIFIED ANXIETY DISORDER* F.31

SEPARATION ANXIETY DISORDER CRITERIA A, B, C, AND D ARE CODED "3."

1

3

OF14

GO TO *OTHER SPECIFIED ANXIETY DISORDER* F.31

CURRENT SEPARATION ANXIETY DISORDER

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

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

—

—

OF15

Specify if:

IF UNKNOWN: Have you had any panic attacks in the past month?

—

With panic attacks: if one or more panic attacks in the past month occurring in the context of current Separation Anxiety Disorder (see page F.7) and criteria have never been met for Panic Disorder.

OF16

***HOARDING DISORDER
(OPTIONAL)*****HOARDING DISORDER CRITERIA**

- IF SCREENING QUESTION #11a IS ANSWERED "NO," GO TO ***BODY DYSMORPHIC DISORDER*** Opt-G.6.
- IF QUESTION #11a ANSWERED "YES":
You've said that you have found it difficult to throw out, sell, or give away things.
- IF SCREENER NOT USED:
Have you found it difficult to throw out, sell, or give away things?

SCREEN Q#11a
YES || NO

OG1

IF NO: GO TO
***BODY
DYSMORPHIC
DISORDER***
Opt-G.6

Tell me about that. (What kinds of things do you find it most difficult to get rid of? Do you find it hard to get rid of things that most other people would have no problem getting rid of? Things like newspapers, magazines, old clothing, bags, books, mail, and paperwork?)

- A. Persistent difficulty discarding or parting with possessions, regardless of their actual value.

? 1 2 3 OG2

GO TO ***BODY
DYSMORPHIC
DISORDER***
Opt-G.6

How long has this been going on?

What makes it so difficult to get rid of these things? (Is it because you feel like you need to save them for some purpose?)

- B. This difficulty is due to a perceived need to save the items and to distress associated with discarding them.

? 1 2 3 OG3

GO TO ***BODY
DYSMORPHIC
DISORDER***
Opt-G.6

Have you gotten upset when you or other people have tried to get rid of your stuff?

IF NEVER TRIED: Do you think that you would get very upset if you or other people tried to get rid of your stuff?

Are your rooms so crowded with your stuff that you can't get to parts of them or use them the way they are meant to be used? (For example, not being able to prepare food in your kitchen because the counters are covered with your stuff?)

- C. The difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas and substantially compromises their intended use. If living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).

? 1 2 3 OG4

GO TO ***BODY
DYSMORPHIC
DISORDER***
Opt-G.6

IF NO: Is that only because family members or other people got rid of your stuff?

IF UNKNOWN: **What effect have (HOARDING SXS) had on your life?**

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION D:

How have (HOARDING SXS) affected your relationships or your interactions with other people? (Have [HOARDING SXS] led to problems with other people? With family members? Roommates? Your landlord? Neighbors? Co-workers?)

How have (HOARDING SXS) affected your work/school? (Have [HOARDING SXS] made it hard for you to do a good job at work or at school? For example, by making it very difficult or time-consuming to find things you need?)

How have (HOARDING SXS) affected your ability to take care of things at home?

Has your living area been so filled with stuff that it was unsafe for yourself or others living with you? (Like being a fire hazard, or having a serious problem with mold, rats, or insects?)

Has anyone ever told you that your living area is a health or fire hazard because you have too much stuff?

IF NO: **Do you think if someone saw your living area, they would think that it is a fire or health hazard?**

Have (HOARDING SXS) affected any other important part of your life?

IF HAS NOT INTERFERED WITH LIFE: **How much has it bothered or upset you that you have difficulty getting rid of stuff or that your place is cluttered?**

D. The hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).

? 1 2 3 OG5

GO TO ***BODY DYSMORPHIC DISORDER***
Opt-G.6

IF UNKNOWN: When did (HOARDING SXS) begin?

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

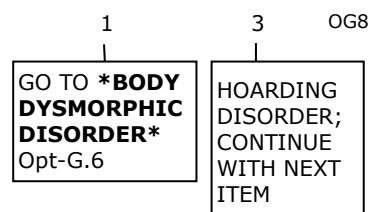
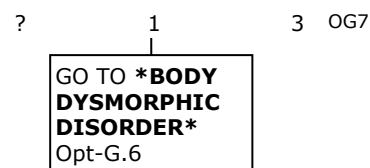
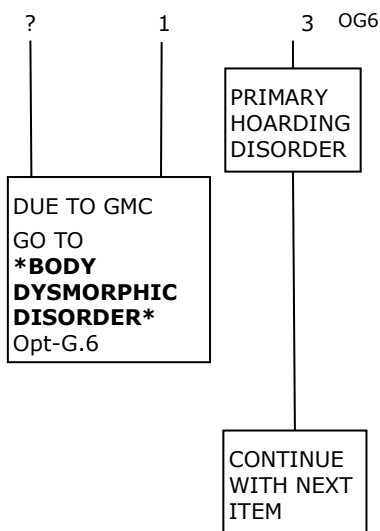
E. [Primary Hoarding Disorder:] The hoarding is not attributable to another medical condition (e.g., brain injury, cerebrovascular disease, Prader-Willi syndrome).

IF THERE IS ANY INDICATION THAT THE SYMPTOMS OF HOARDING MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC), GO TO ***GMC/SUBSTANCE*** G.11, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

Etiological medical conditions include: traumatic brain injury, surgical resection for treatment of a tumor or seizure control, cerebrovascular disease, infections of the central nervous system (e.g., herpes simplex encephalitis), or Prader-Willi syndrome.

F. The hoarding is not better explained by the symptoms of another mental disorder (e.g., obsessions in Obsessive-Compulsive Disorder, decreased energy in Major Depressive Disorder, delusions in Schizophrenia or another psychotic disorder, cognitive deficits in Major Neurocognitive Disorder, restricted interests in Autism Spectrum Disorder).

HOARDING DISORDER CRITERIA A, B, C, D, E, AND F ARE CODED "3."



HOARDING DISORDER CHRONOLOGY

NOTE: IF LIFETIME ASSESSMENT ALREADY SUGGESTS THE PRESENCE OF HOARDING DISORDER DURING THE PAST MONTH, ASK THE FOLLOWING QUESTIONS ONLY IF NEEDED.

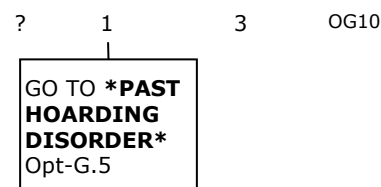
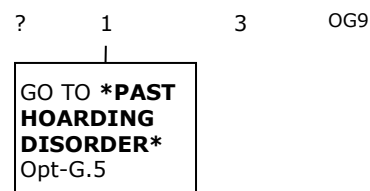
In the past month, since (1 MONTH AGO), have you continued to find it difficult to throw out, sell or give away things?

In the past month, have your rooms been so crowded with your stuff that you couldn't get to parts of them or use them the way they were meant to be used? (For example, not being able to prepare food in your kitchen because the counters were covered with your stuff?)

IF NO: Is that only because family members or other people got rid of your stuff?

A. [During the past month,] persistent difficulty discarding or parting with possessions, regardless of their actual value.

C. [During the past month,] the difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas and substantially compromises their intended use. If living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).



In the past month, since (1 MONTH AGO), D. what effect have (HOARDING SXS) had on your life?

IF DOES NOT INTERFERE WITH LIFE: **In the past month, how much has it bothered or upset you that you have difficulty getting rid of stuff or that your place is cluttered?**

[During the past month,] the hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).

? 1 3 OG11

GO TO ***PAST HOARDING DISORDER***
Opt-G.5

CRITERIA A, C, AND D CODED "3" FOR PAST MONTH

1 3 OG12

GO TO ***PAST HOARDING DISORDER***
Opt-G.5

CURRENT HOARDING DISORDER

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

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

____ OG13

Tell me about how you get most of your stuff.

Specify if:

(Do you buy a lot of things even though you don't need them or have space for them?)

____ **With excessive acquisition:** If difficulty discarding possessions is accompanied by excessive acquisition of items that are not needed or for which there is no available space. OG14

(Do you often pick up free things, for example, discarded items or get things from friends or other people even though you don't need them or have space for them?)

(How about taking samples from hotel rooms or restaurants or extra supplies from your workplace or school?)

(Do you sometimes take things without paying for them, even though you don't need them or have space for them?)

On average, over the past week, how much has your difficulty throwing things out, or your acquiring a lot of things, caused problems for you or other people? Tell me about that.

Specify current level of insight (i.e., during the past week): (circle the appropriate number)

- 1 – **With good or fair insight:** The individual recognizes that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are problematic. OG15
- 2 – **With poor insight:** The individual is mostly convinced that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are not problematic despite evidence to the contrary.
- 3 – **With absent insight/delusional beliefs:** The individual is completely convinced that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are not problematic despite evidence to the contrary.

IF DENIES PROBLEMS: **What about (CLUTTERED LIVING AREAS)? (Does it make it difficult to get around?)**

Specify if:

IF UNKNOWN: Have you had any panic attacks in the past month?

With panic attacks: If one or more panic attacks in the past month occurring in the context of current Hoarding Disorder (see page F.7) and criteria have never been met for Panic Disorder.

OG16

GO TO ***BODY
DYSMORPHIC
DISORDER***
Opt-G.6

PAST HOARDING DISORDER

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

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

OG17

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

Age at onset of Hoarding Disorder (CODE 99 IF UNKNOWN)

OG18

GO TO ***BODY
DYSMORPHIC
DISORDER***
Opt-G.6

BODY DYSMORPHIC DISORDER (OPTIONAL)

BODY DYSMORPHIC DISORDER CRITERIA

→ IF SCREENING QUESTION #11b ANSWERED "NO," SKIP TO ***TRICHOTILLOMANIA*** Opt-G.10

→ IF QUESTION #11b ANSWERED "YES":
You've said that you have been very concerned that there was something wrong with your physical appearance or the way 1 or more parts of your body looks. What have you thought was wrong with (your appearance/BODY PART)? (Can you show it to me or describe it to me? Have other people noticed it? What have they said?)

→ IF SCREENER NOT USED: **Have you been very concerned that there was something wrong with your physical appearance or the way 1 or more parts of your body looks?**

IF YES: Tell me about your concern. (What have you thought was wrong with [your appearance/ BODY PART]? Can you show it to me or describe it to me? Have other people noticed it? What have they said?)

How much of the time have you thought about (DEFECT OR FLAW)? (Have you thought about it more than you should?)

Have you ever spent a lot of time comparing the way your (BODY PART) looked to the way other people's (BODY PART) looked?

How about spending a lot of time doing things like repeatedly checking in mirrors to see how (BODY PART) looks or spending a lot of time trying to fix it or cover it up? (Things like...covering it up with make-up, clothing or the way your wear your hair? How about pulling out your hair or picking your skin? Seeking cosmetic procedures? Vigorous exercise or weight lifting?)

How about asking others whether they think your (BODY PART) looks ugly or defective?

IF YES TO ANY: How often?

A. Preoccupation with one or more perceived defects or flaws in physical appearance that are not observable or appear slight to others.

NOTE: Code "3" only if not clearly visible at conversational distance or not noticeable unless subject points it out.

? 1 2 3 OG20

GO TO
TRICHO-TILLOMANIA
 Opt-G.10

B. At some point during the course of the disorder, the individual has performed repetitive behaviors (e.g., mirror checking, excessive grooming, skin picking, reassurance seeking) or mental acts (e.g., comparing his or her appearance with that of others) in response to the appearance concerns.

? 1 2 3 OG21

GO TO
TRICHO-TILLOMANIA
 Opt-G.10

SCREEN Q#11b
 YES || NO

IF NO: GO TO
TRICHOTILLOMANIA
 Opt-G.10

OG19

IF UNKNOWN: **What effect have** (BDD SXS) **had on your life?**

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

? 1 2 3 OG22

*ASK THE FOLLOWING QUESTIONS AS
NEEDED TO RATE CRITERION C:*

How have (BDD SXS) **affected your relationships or your interactions with other people? (Have [BDD SXS] caused you any problems in your relationships with your family, romantic partner or friends? Have you avoided intimate relationships because of [BDD SXS]?)**

How have your concerns with the way you look affected your work/school? (How about your attendance at work or school? Has the amount of time you spent thinking about it or dealing with it made it hard for you to do your job/schoolwork?)

How have your concerns with the way you look 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 places or situations because of your concerns about the way your body looks?

Have your concerns with the way you look affected any other important part of your life?

IF DOES NOT INTERFERE WITH LIFE: **How much have you been bothered or upset about your concerns about the way you look?**

IF AN EATING DISORDER SEEMS LIKELY AND IF ANSWER IS NOT KNOWN: **Have your concerns about** (BODY PART) **beyond just thinking that it looked fat or flabby?**

D. The preoccupation is not better explained by concerns with body fat or weight in an individual whose symptoms meet diagnostic criteria for an Eating Disorder.

? 1 3 OG23

GO TO
***TRICHO-
TILLOMANIA***
Opt-G.10

CRITERIA A, B, C, AND D ARE CODED "3."

1 3 OC24

GO TO *TRICHO- TILLOMANIA* Opt-G.10	BODY DYSMOR- PHIC DISORDER

BODY DYSMORPHIC DISORDER CHRONOLOGY

NOTE: IF LIFETIME ASSESSMENT ALREADY SUGGESTS THE PRESENCE OF BODY DYSMORPHIC DISORDER DURING THE PAST MONTH, ASK THE FOLLOWING QUESTIONS ONLY IF NEEDED.

In the past month, since (1 MONTH AGO), have you been very concerned with the way (BODY PART[S] MENTIONED ABOVE) look?

- A. [During the past month,] preoccupation with one or more perceived defects or flaws in physical appearance that are not observable or appear slight to others.

? 1 3 OG25

GO TO ***PAST BODY DYSMORPHIC DISORDER***
Opt-G.9

In the past month, since (1 MONTH AGO), what effect have (BDD SXS) had on your life?

- C. [During the past month,] the preoccupation causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

? 1 3 OG26

GO TO ***PAST BODY DYSMORPHIC DISORDER***
Opt-G.9

IF DOES NOT INTERFERE WITH LIFE: **In the past month, how much have your been bothered or upset about your concerns about the way you look?**

CURRENT BODY DYSMORPHIC DISORDER

CRITERIA A AND C CODED "3" FOR PAST MONTH

1 3 OG27

GO TO ***PAST BODY DYSMORPHIC DISORDER***
Opt-G.9

CURRENT BODY DYSMORPHIC DISORDER

IF UNKNOWN: **How old were you when you first started having serious concerns about that way you look?**

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

OG28

What word would you use to describe all of the parts of your body that you do not like? (Deformed? Ugly?)

*Specify degree of **insight** regarding Body Dysmorphic Disorder beliefs (e.g., "I look ugly" or "I look deformed") in the past week: (circle the appropriate number)*

Over the past week (on average), to what extent did you think that this is true? (Are you completely convinced?)

- 1 – **With good or fair insight:** The individual recognizes that the Body Dysmorphic Disorder beliefs are definitely or probably not true or that they may or may not be true.

OG29

- 2 – **With poor insight:** The individual thinks that the Body Dysmorphic Disorder beliefs are probably true.

- 3 – **With absent insight/delusional beliefs:** The individual is completely convinced that Body Dysmorphic Disorder beliefs are true.

IF UNKNOWN: **Are you very concerned about your body build or how muscular you are?**

Specify if:

IF YES: **How much time do you spend thinking about it? How much time do you spend going to the gym to work out? Have these concerns about your body build or muscularity upset you a lot or caused problems for you?**

- _____ **With muscle dysmorphia:** The individual is preoccupied with the idea that his or her body build is too small or insufficiently muscular. This specifier is used even if the individual is preoccupied with other body areas, which is often the case.

OC30

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true
222

Specify if:

IF UNKNOWN: Have you had any panic attacks in the past month?

With panic attacks:

if one or more panic attacks in the past month occurring in the context of current Body Dysmorphic Disorder (see page F.7) and criteria have never been met for Panic Disorder.

OG31

GO TO

*TRICHO-

TILLOMANIA*

Opt-G.10

PAST BODY DYSMORPHIC DISORDER

When did you last have (ANY SXS OF BDD)?

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

OG32

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

Age at onset of Body Dysmorphic Disorder (CODE 99 IF UNKNOWN)

OG33

GO TO

*TRICHO-

TILLOMANIA*

Opt-G.10

TRICHOTILLOMANIA (HAIR-PULLING DISORDER) (OPTIONAL)

TRICHOTILLOMANIA (HAIR-PULLING DISORDER) CRITERIA

→ IF SCREENING QUESTION #11c ANSWERED "NO", SKIP TO ***EXCORIATION DISORDER*** Opt-G.13.

→ IF QUESTION #11c ANSWERED "YES": You've said that you've repeatedly pulled out hair from somewhere on your body other than for cosmetic reasons. Tell me about that. (How often?)

→ IF SCREENER NOT USED: Have you ever repeatedly pulled out hair from anywhere on your body other than for cosmetic reasons?

Tell me about that. (How often?)

Have you tried to cut down or stop pulling out your hair?

IF YES: How many times?

What effect has your hair-pulling had on your life?

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION C:

How has your hair-pulling affected your relationships or your interactions with other people? (Has it caused you any problems in your relationships with your family, romantic partner or friends?)

How has your hair-pulling affected your work/school? (Have you had trouble concentrating on things like work or school because of it?)

How has your hair-pulling affected your ability to take care of things at home? What about being involved in things that are important to you like religious activities, physical exercise, or hobbies?

Have you avoided situations or people because you didn't want to be seen pulling out your hair or because you were embarrassed by its effects? Has your hair-pulling affected any other important part of your life?

IF HAS NOT INTERFERED WITH LIFE: How much have you been bothered or upset by your hair-pulling?

A. Recurrent pulling out of one's hair resulting in hair loss.

B. Repeated attempts to decrease or stop hair pulling.

C. The hair-pulling causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

SCREEN Q#11c
YES || NO

IF NO: GO TO ***EXCORIATION DISORDER*** Opt-G.13

GO TO ***EXCORIATION DISORDER*** Opt-G.13

GO TO ***EXCORIATION DISORDER*** Opt-G.13

GO TO ***EXCORIATION DISORDER*** Opt-G.13

OG34

OG35

OG36

OG37

IF UNKNOWN: **Did you have a medical condition or skin problem that caused your hair loss? (Tell me about that.)**

- D. The hair-pulling or hair loss is not attributable to another medical condition (e.g., a dermatological condition).

? 1 2 3 OG38

GO TO
***EXCORIATION
DISORDER***
Opt-G.13

IF CURRENT OR PAST HX OF BODY DYSMORPHIC DISORDER: **Would you say that most of your hair pulling is done to fix a specific flaw or defect in your appearance?**

- E. The hair-pulling is not better explained by the symptoms of another mental disorder (e.g., attempts to improve a perceived defect or flaw in appearance in Body Dysmorphic Disorder).

? 1 2 3 OG39

GO TO
***EXCORIATION
DISORDER***
Opt-G.13

CRITERIA A, B, C, D, AND E ARE CODED "3"

1 3
GO TO
***EXCORIA-
TION
DISORDER***
Opt-G.13
TRICHO-
TILLO-
MANIA

OG40

TRICHOTILLOMANIA CHRONOLOGY

NOTE: IF LIFETIME ASSESSMENT ALREADY SUGGESTS THE PRESENCE OF TRICHOTILLOMANIA DURING THE PAST MONTH, ASK THE FOLLOWING QUESTIONS ONLY IF NEEDED.

- A. [During the past month,] recurrent pulling out of one's hair resulting in hair loss.

? 1 3 OG41

GO TO ***PAST
TRICHOTILLO-
MANIA***
Opt-G.12

In the past month, since (1 MONTH AGO), have you repeatedly pulled out hair from anywhere on your body?

In the past month, have you tried to cut down or stop pulling out your hair?

IF YES: **How many times?**

- B. [During the past month,] repeated attempts to decrease or stop hair pulling.

? 1 3 OG42

GO TO ***PAST
TRICHOTILLO-
MANIA***
Opt-G.12

In the past month, since (1 MONTH AGO), what effect has your hair-pulling had on your life?

- C. [During the past month,] the hair-pulling causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

? 1 3 OG43

GO TO ***PAST
TRICHOTILLO-
MANIA***
Opt-G.12

IF DOES NOT INTERFERE WITH LIFE: **In the past month, how much have you been bothered or upset by your hair-pulling?**

CURRENT TRICHOTILLOMANIA

CRITERIA A, B, AND C CODED "3" IN PAST MONTH

1

GO TO
*PAST
TRICHO-
TILLO-
MANIA*
Opt-G.12

3

CURRENT
TRICHO-
TILLO-
MANIA

OG44

IF UNKNOWN: How old were you when you first started pulling out your hair to the point where it was a problem for you?

Age at onset of Trichotillomania (CODE 99 IF UNKNOWN).

OG45

GO TO *EXCORIATION
DISORDER* Opt-G.13

PAST TRICHOTILLOMANIA

When did you last have (ANY SXS OF TRICHOTILLOMANIA)?

Number of months prior to interview when last had a symptom of Trichotillomania.

OG46

IF UNKNOWN: How old were you when you first started pulling your hair to the point where it was a problem for you?

Age at onset of Trichotillomania (CODE 99 IF UNKNOWN).

OG47

GO TO *EXCORIATION
DISORDER* Opt-G.13

EXCORIATION (SKIN-PICKING) DISORDER (OPTIONAL)**EXCORIATION (SKIN-PICKING) DISORDER CRITERIA**

→ IF SCREENING QUESTION #11d ANSWERED "NO," SKIP TO ***OTHER SPECIFIED OC AND RELATED DISORDER*** G.8

→ IF QUESTION #11d ANSWERED "YES":
You've said that you've repeatedly picked at your skin with your fingernails, tweezers, pins, or other objects. Which area or areas of your skin do you pick?

→ *IF SCREENER NOT USED:* **Have you ever repeatedly picked at your skin with your fingernails, tweezers, pins, or other objects?**

IF YES: **Which area or areas of your skin do you pick?**

Did the picking create noticeable damage to your skin or lead to scratches, sores, scabs, or infection?

Have you tried to cut down or stop picking at your skin?

IF YES: **How many times?**

IF UNKNOWN: **What effect did your skin-picking have on your life?**

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION C:

How has your skin-picking affected your relationships or your interactions with other people? (Has it caused you any problems in your relationships with your family, romantic partner or friends?)

How has your skin-picking affected your work/school? (Have you had trouble concentrating on things like work or school because of it?)

How has your skin-picking affected your ability to take care of things at home? What about being involved in things that are important to you like religious activities, physical exercise, or hobbies? Have you avoided situations or people because you didn't want to be seen picking your skin or because you were embarrassed by its effects?

Has your skin-picking affected any other important part of your life?

IF HAS NOT INTERFERED WITH LIFE: **How much have you been bothered or upset by your skin picking?**

SCREEN Q#11d
YES || NO

IF NO, GO TO
OTHER SPECIFIED OC AND RELATED DISORDER G.8

A. Recurrent skin picking resulting in skin lesions.

? 1 2 3 OG49

GO TO *OTHER SPECIFIED OC AND RELATED DISORDER* G.8

B. Repeated attempts to decrease or stop skin picking.

? 1 2 3 OG50

GO TO *OTHER SPECIFIED OC AND RELATED DISORDER* G.8

C. The skin picking causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

? 1 2 3 OG51

GO TO *OTHER SPECIFIED OC AND RELATED DISORDER* G.8

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

IF UNKNOWN: Did you have a medical condition or skin problem that caused you to pick your skin? (What is that? Do you still have that medical condition?)

IF THE MEDICAL CONDITION HAS RESOLVED: Do you still pick your skin?

Do you pick your skin only when you are taking drugs or medicines? (Tell me about that.)

D. [Primary Excoriation Disorder:] The skin picking is not attributable to the physiological effects of a substance (e.g., cocaine) or another medical condition (e.g., scabies).

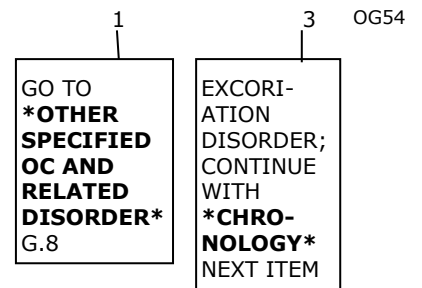
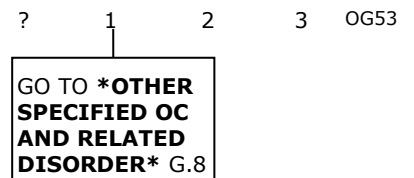
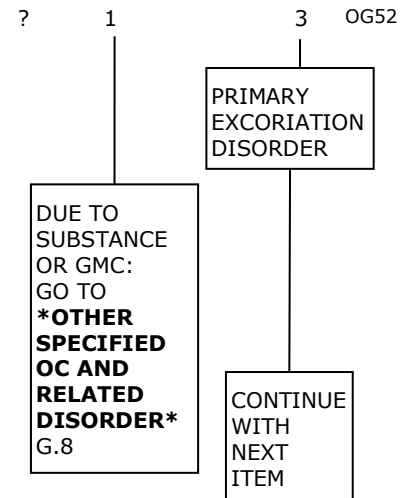
IF THERE IS ANY INDICATION THAT THE SKIN PICKING MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBSTANCE), GO TO ***GMC/SUBSTANCE*** G.11 AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

Etiological medical conditions include:
dermatological conditions such as scabies or acne

Etiological substances include: stimulants

E. The skin picking is not better explained by the symptoms of another mental disorder (e.g., delusions or tactile hallucinations in a psychotic disorder, attempts to improve a perceived defect or flaw in appearance in Body Dysmorphic Disorder, or stereotypies in Stereotypic Movement Disorder).

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



EXCORIATION DISORDER CHRONOLOGY

NOTE: IF LIFETIME ASSESSMENT ALREADY SUGGESTS THE PRESENCE OF EXCORIATION DISORDER DURING THE PAST MONTH, ASK THE FOLLOWING QUESTIONS ONLY IF NEEDED.

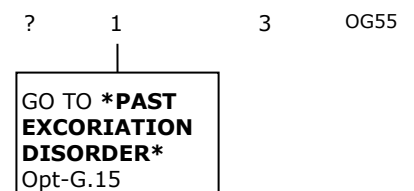
In the past month, since (1 MONTH AGO), have you repeatedly picked at your skin with your fingernails, tweezers, pins, or other objects?

IF YES: Did the picking create noticeable damage to your skin or lead to scratches, sores, scabs or infection?

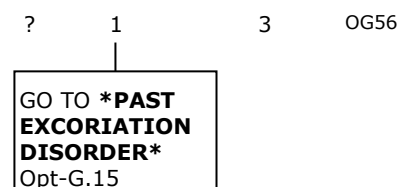
In the past month, have you tried to cut down or stop picking at your skin?

IF YES: How many times?

A. [During the past month,] recurrent skin picking resulting in skin lesions.



B. [During the past month,] repeated attempts to decrease or stop skin picking.



In the past month, since (1 MONTH AGO), **what effect did your skin-picking have on your life?**

IF DOES NOT INTERFERE WITH LIFE: **In the past month, how much have you been bothered or upset by your skin picking?**

C. [During the past month,] The skin picking causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

?

1

3

OG57

GO TO ***PAST EXCORIATION DISORDER***
Opt-G.15

CURRENT EXCORIATION DISORDER

CRITERIA A, B, AND C CODED "3" IN THE PAST MONTH

1

3

OG58

GO TO ***PAST EXCORIATION DISORDER***
Opt-G.15

CURRENT EXCORIATION DISORDER

IF UNKNOWN: **How old were you when you first started picking your skin to the point there it was a problem for you?**

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

OG59

GO TO ***OTHER SPECIFIED OC AND RELATED DISORDER*** G.8

PAST EXCORIATION DISORDER

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

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

OG60

IF UNKNOWN: **How old were you when you first started picking your skin to the point where it was a problem for you?**

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

OG61

GO TO ***OTHER SPECIFIED OC AND RELATED DISORDER*** G.8

H. SLEEP-WAKE DISORDERS (OPTIONAL)

INSOMNIA DISORDER (OPTIONAL) (CURRENT ONLY)

INSOMNIA DISORDER CRITERIA

- IF SCREENING QUESTION #11e ANSWERED "NO," SKIP TO ***HYPER-SOMNOLENCE DISORDER*** Opt-H.5.
- IF SCREENING QUESTION #11e ANSWERED "YES":
You've said that over the past 3 months, since (3 MONTHS AGO), a major concern of yours has been that you are not getting enough good sleep or not feeling rested. Tell me about that. (How often?)
- IF SCREENER NOT USED: **Over the past 3 months, since (3 MONTHS AGO), has a major concern of yours been that you are not getting enough good sleep or not feeling rested? Tell me about that. (How often?)**

SCREEN Q#11e
YES || NO

OH1

IF NO, GO TO
HYPER-SOMNOLENCE DISORDER
Opt-H.5

A. A predominant complaint of dissatisfaction with sleep quantity or quality...

? 1 2 3 OH2

GO TO ***HYPER-SOMNOLENCE DISORDER***
Opt-H.5

Let me ask you some more about your trouble sleeping. During the past 3 months, since (3 MONTHS AGO), what time have you usually gone to sleep? What time have you usually woken up for the last time each morning?

...associated with one (or more) of the following symptoms:

Have you had trouble falling asleep? (How long has it been taking you to fall asleep? At least 30 minutes?)

1. Difficulty initiating sleep.

? 1 2 3 OH3

Once you've gotten to sleep, have you woken up frequently in the middle of the night? (Is it only because you had to get up often to use the bathroom? When you woke up, how long did you stay awake for...at least 30 minutes?)

2. Difficulty maintaining sleep, characterized by frequent awakenings or problems returning to sleep after awakenings.

? 1 2 3 OH4

NOTE: Do not code "3" if awakenings are due to reasons other than insomnia (e.g., frequent toilet use).

IF NO: How about having a lot of trouble falling back to sleep again after waking up during the night?

Is the time you are regularly waking up earlier than you have to wake up? (Why do you think you are waking up so early? How much earlier? Is it at least 30 minutes earlier?)

3. Early-morning awakening with inability to return to sleep

? 1 2 3 OH5

NOTE: Consider average total sleep time. Code "3" only if less than 6 ½ hours.

IF YES: Are you not able to go back to sleep?

AT LEAST ONE "A" SYMPTOM CODED "3."

1 3 OH6

GO TO ***HYPER-SOMNOLENCE DISORDER***
Opt-H.5

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true
230

IF UNKNOWN: **What effect have your sleeping problems had on your life during the past 3 months, since (3 MONTHS AGO)?**

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION B:

How have they 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 your sleeping problems affected your work/school? (Have they affected the quality of your work/schoolwork? Have you missed work or school or had problems at work or school because of your not getting enough sleep?)

How have they affected your ability to take care of things at home? What about being involved in things that are important to you, like religious activities, physical exercise, or hobbies? (Have you been irritable during the day because you've been unable to get enough sleep?)

Have you felt unsafe to drive or "fallen asleep at the wheel" because of your not getting enough sleep? How about it being unsafe for you to do other things that might be dangerous, like operating heavy machinery?

Have your sleeping problems affected any other important part of your life?

IF DOES NOT INTERFERE WITH LIFE: **How much have you been bothered or upset by your sleeping problems?**

How many nights a week, on average, have you had difficulty sleeping? (At least 3 nights a week for the past 3 months?)

IF UNCLEAR: **Is there anything stopping you from getting enough sleep? (Things like too much noise or light, too hot or too cold, uncomfortable bedding, or not enough time in your schedule?)**

B. The sleep disturbance causes clinically significant distress or impairment in social, occupational, educational, academic, behavioral, or other important areas of functioning.

C/D. The sleep difficulty occurs at least 3 nights per week and has been present for at least 3 months.

NOTE: Criterion C and criterion D have been combined.

E. The sleep difficulty occurs despite adequate opportunity for sleep.

NOTE: Criterion F has intentionally been placed at the end of the Insomnia Disorder criteria.

? 1 2 3 OH7

GO TO ***HYPER-SOMNOLENCE, DISORDER***
Opt-H.5

? 1 2 3 OH8

GO TO ***HYPER-SOMNOLENCE, DISORDER***
Opt-H.5

? 1 2 3 OH9

GO TO ***HYPER-SOMNOLENCE, DISORDER***
Opt-H.5

IF UNKNOWN: **When did your sleep problems begin?**

Just before this began, were you using any medications?

IF YES: **Any change in the amount you were using?**

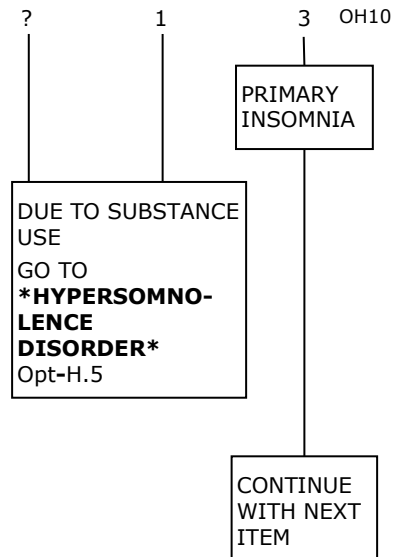
Just before this began, were you drinking or using any drugs?

How much coffee, tea, energy drinks, or other caffeine-containing drinks, sodas, or pills do you consume?

G. [Primary insomnia:] The insomnia is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication).

IF THERE IS ANY INDICATION THAT INSOMNIA MAY BE A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A SUBSTANCE/MEDICATION, GO TO ***SUBSTANCE-INDUCED*** Opt-H.9, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

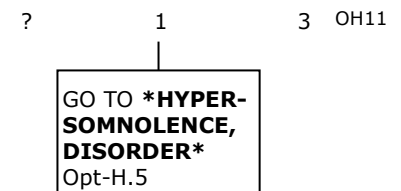
Etiological substances/medications include: alcohol (I/W); caffeine (I/W); cannabis (I/W); opioids (I/W); sedatives, hypnotics, or anxiolytics (I/W); stimulants (including cocaine) (I/W), tobacco (W), adrenergic agonists and antagonists, dopamine agonists and antagonists, cholinergic agonists and antagonists, serotonergic agonists and antagonists, antihistamines, and corticosteroids.



IF CO-OCCURRING MENTAL DISORDER OR GENERAL MEDICAL CONDITION: **Did your problems sleeping begin before (MENTAL DISORDER OR MEDICAL CONDITION)?**

H. Coexisting mental disorders and medical conditions do not adequately explain the predominant complaint of insomnia.

NOTE: Code "3" if no co-existing mental disorders or medical conditions or, if co-existing disorders, they do not adequately explain the insomnia.

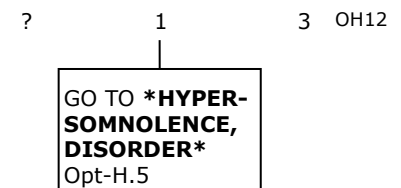


IF UNKNOWN: **Have you seen a doctor for this problem? (Have you stayed overnight at a sleep laboratory?)**

IF YES: **What did the doctor say was the diagnosis?**

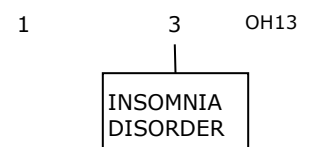
F. The insomnia is not better explained by and does not occur exclusively during the course of another Sleep-Wake Disorder (e.g., Narcolepsy, a Breathing-Related Sleep Disorder, a Circadian Rhythm Sleep-Wake Disorder, a Parasomnia).

NOTE: Code "?" if co-existing sleep disorder has not yet been ruled out. Code "3" only if no co-existing sleep disorder or, if there is a co-existing sleep disorder, it does not adequately explain the insomnia.



CRITERIA A, B, C, D, E, G, AND H ARE CODED "3"

NOTE: Whether there is a "?" rated for Criterion F determines whether the diagnosis of Insomnia Disorder is Definite vs. Provisional. See below.



Indicate whether **provisional vs. definite diagnosis**: (circle the appropriate number)

- 1 – **Provisional dx**: criterion F is rated "?," i.e., a co-existing Sleep-wake Disorder has not been ruled out). OH14
- 2 – **Definite dx**: criterion F is rated "1" or "3," i.e., a co-existing Sleep-Wake Disorder has been either ruled in (criterion F rated "3") or ruled out (criterion F rated "1").

Specify **associated conditions**: (check all that apply)

___ **With non-sleep disorder mental comorbidity**

OH15

List comorbid mental disorder(s): _____

OH16

___ **With other medical comorbidity**

OH17

List comorbid medical condition(s): _____

OH18

___ **With other sleep disorders**

OH19

List comorbid sleep disorder(s): _____

OH20

IF UNKNOWN: **Have you had more than one episode of difficulty sleeping in the past year?**

Specify **course**:

___ **Recurrent:** Two (or more) episodes within the space of one year

OH21

HYPERMOMNOLENCE DISORDER (OPTIONAL)(CURRENT ONLY) **HYPERMOMNOLENCE DISORDER CRITERIA**

→ IF SCREENING QUESTION #11f ANSWERED "NO," SKIP TO NEXT MODULE.

→ IF SCREENING QUESTION #11f ANSWERED "YES":
You've said that over the past 3 months, since (3 MONTHS AGO), you have often had days when you were sleepy despite having slept for at least 7 hours. Tell me about that. (How often?)

→ IF SCREENER NOT USED: **Over the past 3 months, since (3 MONTHS AGO), have you often had days when you were sleepy despite having slept for at least 7 hours? Tell me about that. (How often?)**

IF UNKNOWN: What time do you usually go to sleep? What time do you usually wake up for the last time each morning?

During those days when you were sleepy...

...were you so sleepy that you repeatedly fell asleep or "nodded off" when you didn't want to?

...did you get at least nine hours of sleep, and still wake up feeling tired?

...have you or a family member or bed partner noticed that when you are suddenly awakened, you have trouble fully waking up? For example, right when waking up from a nap, have you been confused, not known where you are, groggy or clumsy? What about striking out at the person who is trying to wake you?

A. Self-reported excessive sleepiness (hypersomnolence) despite a main sleep period lasting at least 7 hours, with at least one of the following symptoms:

1. Recurrent periods of sleep or lapses into sleep within the same day.

2. A prolonged main sleep episode of more than 9 hours per day that is nonrestorative (i.e., unrefreshing).

3. Difficulty being fully awake after abrupt awakening.

CRITERION A.1, A.2, OR A.3 IS CODED "3"

How many times per week, on average, has this been happening over the past 3 months, since (3 MONTHS AGO)? (At least 3 times a week?)

B. The hypersomnolence occurs at least 3 times per week, for at least 3 months.

SCREEN Q#11f
YES || NO

GO TO
NEXT
MODULE

OH22

? 1 2 3 OH23

GO TO
NEXT
MODULE

? 1 2 3 OH24

? 1 2 3 OH25

? 1 2 3 OH26

1 3 OH27

GO TO
NEXT
MODULE

? 1 2 3 OH28

GO TO
NEXT
MODULE

IF UNKNOWN: **What effect has your sleepiness had on your life?**

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION C:

How has it 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? Have you been irritable during the day because you've been so sleepy?)

How has your sleepiness affected your work/school? (Has it affected the quality of your work/schoolwork? Have you missed work or school or had problems at work or school because of your sleepiness? Have you had trouble thinking clearly because of your sleepiness?)

How has your sleepiness affected your ability to take care of things at home? What about being involved in things that are important to you like religious activities, physical exercise, or hobbies?

Have you felt unsafe to drive or "fallen asleep at the wheel" because of your being sleepy? How about it being unsafe for you to do other things that might be dangerous, like operating heavy machinery?

Has your sleepiness affected any other important part of your life?

IF DOES NOT INTERFERE WITH LIFE: **How much have you been bothered or upset by your problems with sleepiness?**

IF UNKNOWN: **When did your problems with sleepiness begin?**

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?

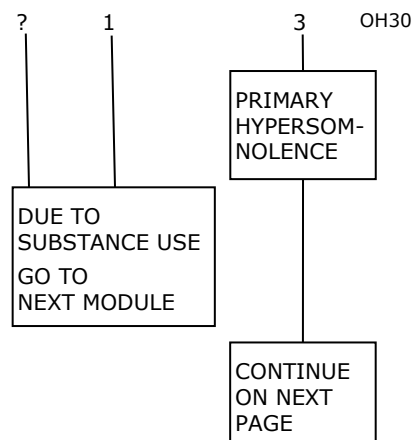
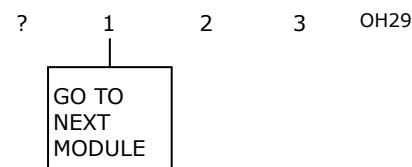
C. The hypersomnolence is accompanied by significant distress or impairment in cognitive, social, occupational, or other important areas of functioning.

NOTE: Criterion D has intentionally been placed at the end of the Hypersomnolence Disorder criteria.

E. [Primary hypersomnolence:] The hypersomnolence is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication).

IF THERE IS ANY INDICATION THAT HYPERSOMNOLENCE MAY BE A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A SUBSTANCE/MEDICATION, GO TO ***SUBSTANCE-INDUCED*** Opt-H.9, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

NOTE: Refer to list of etiological substances/medications on page Opt-H.3.



IF CO-OCCURRING MENTAL DISORDER OR GENERAL MEDICAL CONDITION: **Did your problems with sleepiness begin before (MENTAL DISORDER OR MEDICAL CONDITION)?**

F. Coexisting mental disorders and medical conditions do not adequately explain the predominant complaint of hypersomnolence.

? 1 2 3 OH31

GO TO
NEXT
MODULE

NOTE: Code "3" if no co-existing mental disorders or medical conditions or, if co-existing disorders, they do not adequately explain the hypersomnolence.

IF UNKNOWN: **Have you seen a doctor for this problem? (Have you stayed overnight at a sleep laboratory?)**

D. The hypersomnolence is not better explained by and does not occur exclusively during the course of another sleep-wake disorder (e.g., Narcolepsy, a Breathing-Related Sleep Disorder, a Circadian Rhythm Sleep-Wake Disorder, or a Parasomnia).

? 1 3 OH32

GO TO
NEXT
MODULE

IF YES: **What did the doctor say was wrong?**

NOTE: Code "?" if co-existing sleep disorder has not yet been ruled out. Code "3" only if no co-existing sleep disorder or, if there is a co-existing sleep disorder, it does not adequately explain the hypersomnolence.

CRITERIA A, B, C, E, AND F ARE CODED "3"

1 3 OH33

NOTE: Whether there is a "?" rated for Criterion D determines whether the diagnosis of Hypersomnolence Disorder is Definite vs. Provisional. See below.

HYPERSON-
NOLENCE
DISORDER

Indicate whether **provisional vs. definitive**: (circle the appropriate number)

1 – **Provisional dx**: criterion D is rated "?," i.e., a co-existing Sleep-wake Disorder has not been ruled out) OH14

2 – **Definite dx**: criterion D is rated "1" or "3," i.e., a co-existing Sleep-Wake Disorder has been either ruled in (criterion D rated "3") or ruled out (criterion D rated "1")

Specify **associated conditions**: (check all that apply)

___ **With non-sleep disorder mental comorbidity** OH35

List comorbid mental disorder(s): _____ OH36

___ **With other medical comorbidity** OH37

List comorbid medical condition(s): _____ OH38

___ **With other sleep disorders** OH39

List comorbid sleep disorder(s) : _____ OH40

Over the past 3 months, since (3 MONTHS
AGO), **on average how many days a week**
have you had trouble staying alert?

*Specify **current severity**:* (circle the appropriate number)

Severity rating is based on degree of difficulty maintaining daytime alertness as manifested by the occurrence of multiple attacks of irresistible sleepiness within any given day occurring, for example, while sedentary, driving, visiting with friends, or working.

1 – **Mild:** Difficulty maintaining daytime alertness 1–2 days/week.

OH41

2 – **Moderate:** Difficulty maintaining daytime alertness 3–4 days/week.

3 – **Severe:** Difficulty maintaining daytime alertness 5–7 days/week.

SUBSTANCE-INDUCED SLEEP DISORDER (OPTIONAL) (CURRENT ONLY) **SUBSTANCE-INDUCED SLEEP DISORDER CRITERIA**

IF CRITERIA NOT MET FOR SUBSTANCE-INDUCED SLEEP DISORDER, RETURN TO EPISODE BEING EVALUATED, CONTINUING WITH THE ITEM FOLLOWING "SYMPTOMS ARE NOT ATTRIBUTABLE TO THE PHYSIOLOGICAL EFFECTS OF A SUBSTANCE" (SEE PAGE NUMBERS IN BOX TO THE RIGHT).

EPISODE BEING EVALUATED:	
Insomnia	Opt-H.3
Hypersomnolence	Opt-H.6

CODE BASED ON INFORMATION ALREADY OBTAINED.

A. A prominent and severe disturbance in sleep. ? 1 2 3 OH42

IF NOT KNOWN: **When did the (SLEEP SXS) begin? Were you already using (SUBSTANCE/MEDICATION) or had you just stopped or cut down your use?**

B. There is evidence from the history, physical examination, or laboratory findings of both (1) and (2): ? 1 2 3 OH43

IF UNKNOWN: **How much (SUBSTANCE/MEDICATION) were you using when you began to have (SLEEP SXS)?**

1. The symptoms in criterion A developed during or soon after substance intoxication or withdrawal or exposure to a medication
2. The involved substance/ medication is capable of producing the symptoms in Criterion A.

NOT SUBSTANCE INDUCED RETURN TO DISORDER BEING EVALUATED

NOTE: Refer to list of etiological substances/ medications on page Opt-H.3.

C. The disturbance is NOT better accounted for by a sleep disorder that is not substance-induced. Such evidence of an independent sleep-wake disorder could include the following: ? 1 3 OH44

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

NOTE: The following three statements constitute evidence that the sleep symptoms are not substance-induced. Code "1" if any are true. Code "3" only if *none* are true.

NOT SUBSTANCE INDUCED RETURN TO DISORDER BEING EVALUATED

IF UNKNOWN: **Which came first, the (SUBSTANCE/MEDICATION USE) or the (SLEEP SXS)?**

- 1) The symptoms precede the onset of the substance/medication 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 sleep-wake disorder (e.g., a history of recurrent non-substance/ medication-related episodes).

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

IF YES: **After you stopped using (SUBSTANCE/MEDICATION) did the (SLEEP SXS) go away or get better?**

IF YES: **How long did it take for them to get better? Did they go away within a month of stopping?**

IF UNKNOWN: **Have you had any other episodes of (SLEEP SXS)?**

IF YES: **How many? Were you using (SUBSTANCE/MEDICATION) at those times?**

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

IF UNKNOWN: **What effect have (SLEEP SXS) had on your life?**

NOTE: The D criterion (delirium rule-out) has been omitted.

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION E:

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

? 1 2 3 OH45

How have (SLEEP 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? Have you been irritable during the day because of [SLEEP SXS])?

RETURN TO
DISORDER
BEING
EVALUATED

How have (SLEEP SXS) affected your work/school? Have (SLEEP SXS) made it more difficult to do your work/schoolwork? (Have they affected the quality of your work/schoolwork)?

Have you missed work or school or had problems at work or school because of (SLEEP SXS)? Have you had trouble thinking clearly because of (SLEEP SXS)?

How have (SLEEP SXS) affected your ability to take care of things at home? What about being involved in things that are important to you like religious activities, physical exercise or hobbies?

Have you felt unsafe to drive or "fallen asleep at the wheel" because of your (SLEEP SXS)? How about it being unsafe for you to do other things that might be dangerous, like operating heavy machinery?

Have (SLEEP SXS) affected any other important part of your life?

IF DO NOT INTERFERE WITH LIFE: **How much have your (SLEEP SXS) bothered or upset you?**

SUBSTANCE-INDUCED SLEEP DISORDER
CRITERIA A, B, C, AND E ARE CODED "3."

1

3

OH46

SUBSTANCE-INDUCED
SLEEP DISORDER

Specify if: (circle the appropriate number)

- 1 – **Insomnia type:** Characterized by difficulty falling asleep or maintaining sleep, frequent nocturnal awakenings, or nonrestorative sleep.
- 2 – **Daytime sleepiness type:** Characterized by predominant complaint of excessive sleepiness/ fatigue during waking hours or, less commonly, a long sleep period.
- 3 – **Mixed type:** Characterized by a substance/medication-induced sleep problem characterized by multiple types of sleep symptoms, but no symptom clearly predominates.

OH47

*Indicate **context of development** of sleep symptoms:* (circle the appropriate number)

- 1 – **With onset during intoxication:** This specifier should be used if criteria are met for intoxication with the substance/medication and symptoms developed during the intoxication period.
- 2 – **With onset during discontinuation/withdrawal:** This specifier should be used if criteria are met for discontinuation/withdrawal from the substance/ medication and symptoms developed during, or shortly after, discontinuation of the substance/medication.

OH48

RETURN TO EPISODE BEING EVALUATED

***AVOIDANT RESTRICTIVE FOOD
INTAKE DISORDER (OPTIONAL)
(CURRENT ONLY)***

**AVOIDANT/RESTRICTIVE FOOD
INTAKE DISORDER CRITERIA**

→ **IF QUESTION #13a ANSWERED "YES":**
You've said that in the past month, since (1 MONTH AGO) you have been uninterested in food in general or that you kept forgetting to eat. Tell me about that.

→ **IF QUESTION #13b ANSWERED "YES":**
You've [also] said that in the past month, since (1 MONTH AGO) you've avoided eating a lot of foods because of the way they look or the way they feel in your mouth. Tell me about that. (How about avoiding foods because they are too chewy or slimy? How about avoiding foods that are too hot or too cold? How about avoiding foods because of their smell?)

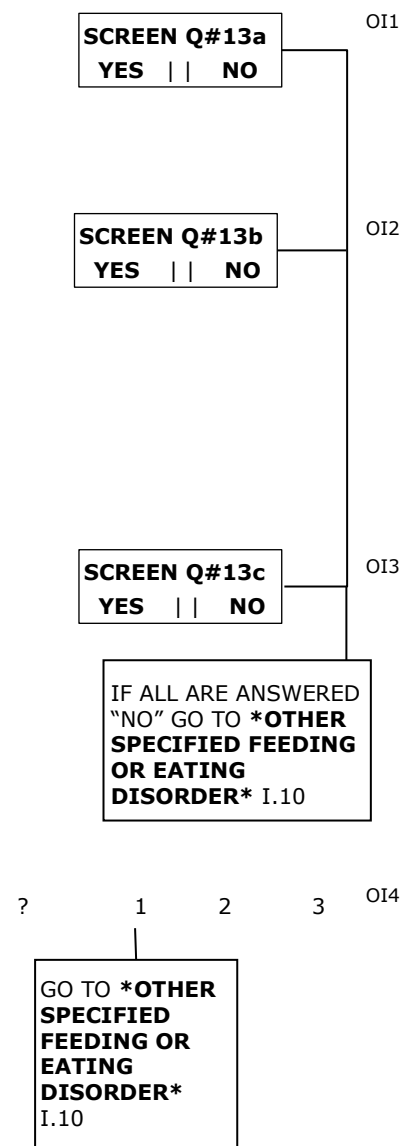
→ **IF QUESTION #13c ANSWERED "YES":**
You've [also] said that in the past month, since (1 MONTH AGO), you avoided eating a lot of different foods because you were afraid you won't be able to swallow or that you will choke, gag, or throw up. Tell me about that.

→ **IF SCREENER NOT USED:** In the past month, since (1 MONTH AGO), have you been uninterested in food in general or have you kept forgetting to eat?

IF NO: In the past month, since (1 MONTH AGO), have you avoided eating a lot of foods because of the way they look or the way they feel in your mouth? (How about avoiding foods because they are too chewy or slimy? How about avoiding foods that are too hot or too cold? How about avoiding foods because of their smell?)

IF NO: In the past month, since (1 MONTH AGO), have you avoided eating a lot of different foods because you are afraid you won't be able to swallow or that you will choke, gag, or throw up?

A. An eating or feeding disturbance (e.g., apparent lack of interest in eating or food; avoidance based on the sensory characteristics of food; concern about aversive consequences of eating)...



Because of your (ABNORMAL EATING BEHAVIOR NOTED ABOVE), **in the past month...**

...as manifested by persistent failure to meet appropriate nutritional and/or energy needs associated with one (or more) of the following:

...have you lost a lot of weight?

1. Significant weight loss (or failure to achieve expected weight gain or faltering growth in children). ? 1 2 3 OI5

...even if your weight was normal, in the past month have you had a serious vitamin deficiency that required medical attention?

2. Significant nutritional deficiency ? 1 2 3 OI6

...did you require nutritional supplements or to be fed through a tube? Were they necessary in order for you to regain or maintain your health?

3. Dependence on enteral feeding or oral nutritional supplements. ? 1 2 3 OI7

...in the past month, since (1 MONTH AGO), did your (ABNORMAL EATING BEHAVIOR) interfere with your life in a significant way? (Like by not being able to go out to eat, not go to parties, not go out on dates or away on trips?)

4. Marked interference with psychosocial functioning. ? 1 2 3 OI8

CRITERION A.1, A.2, A.3, OR A.4 IS CODED "3"

1

3 OI9

GO TO *OTHER SPECIFIED FEEDING OR EATING DISORDER* I.10

IF UNCLEAR: Is this because you haven't been able to get enough food in the past month?

B. The disturbance is not better explained by lack of available food or by an associated culturally sanctioned practice.

? 1 2 3 OI10

Have you been dieting in the past month? (What kind of diet have you been on?)

GO TO *OTHER SPECIFIED FEEDING OR EATING DISORDER* I.10

Was this part of a religious or spiritual practice, like a fast?

IF SUBJECT IS LOW WEIGHT: Do you feel fat or that part of your body is too fat?

C. The eating disturbance does not occur exclusively during the course of Anorexia Nervosa or Bulimia Nervosa, and there is no evidence of a disturbance in the way in which one's body weight or shape is experienced.

? 1 2 3 OI11

GO TO *OTHER SPECIFIED FEEDING OR EATING DISORDER* I.10

NOTE: Code "3" if no evidence of a disturbance in body image.

J. SOMATIC SYMPTOM AND RELATED DISORDERS (OPTIONAL)

SOMATIC SYMPTOM DISORDER (OPTIONAL) (CURRENT ONLY) SOMATIC SYMPTOM DISORDER CRITERIA

IF SCREENING QUESTION #13d ANSWERED "NO," SKIP TO ***ILLNESS ANXIETY DISORDER*** Opt-J.3. OJ1

IF SCREENING QUESTION #13d ANSWERED "YES": **You've said that over the past 6 months, since (6 MONTHS AGO), you have been bothered by physical symptoms.**

IF SCREENER NOT USED: **Over the past 6 months, since (6 MONTHS AGO), have you had any physical symptoms that were distressing to you or that affected your day-to-day life?**

Tell me about that. (How much have (SYMPTOM[S]) bothered you? How much have (SYMPTOM[S]) interfered with your daily life? Have you changed your day-to-day activities in any way?)

A. One or more somatic symptoms that are distressing or result in significant disruption of daily life. ? 1 2 3 OJ2

B. Excessive thoughts, feelings, or behaviors related to the somatic symptoms or associated health concerns as manifested by at least one of the following:

1. Disproportionate and persistent thoughts about the seriousness of one's symptoms. ? 1 2 3 OJ3

How concerned are you about your symptoms? What are you concerned about? (Have you gone to the doctor about this? What did he or she say? What did you think? Are you more concerned than the doctor suggests you need to be?)

Do other people (like family or friends) think you worry too much about (SYMPTOM[S])?

How much do you think about this?

Do you have trouble thinking about other things in your life because of these concerns?

2. Persistently high level of anxiety about health or symptoms. ? 1 2 3 OJ4

How anxious are you about your overall health? Do friends, family, or your doctors think you worry too much about your health?

IF NO: **Do you get very anxious whenever you notice a physical symptom? (Tell me about that.)**

How long does this anxiety last?

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

Over the past 6 months, since (6 MONTHS AGO), how much time and energy have you spent...

3. Excessive time and energy devoted to these symptoms or health concerns.

? 1 2 3 OJ5

...thinking about (SXS) or your health?

...going to doctors or getting tests done?

...looking up your symptoms on the internet or in books?

....shopping for supplements or treatments in stores or on the internet?

...talking to friends, family members, or co-workers about your symptoms or your health?

(How often do you check your body for signs of illness, like looking at your throat in the mirror or checking your body for lumps?)

AT LEAST ONE "B" SYMPTOM IS CODED "3" ?

1

3 OJ6

GO TO
***ILLNESS
ANXIETY
DISORDER***
Opt-J.3

IF UNCLEAR: For most of the time during the past 6 months, have you had physical symptoms of one kind or another?

C. Although any one somatic symptom may not be continuously present, the state of being symptomatic is persistent (typically more than 6 months).

? 1 2 3 OJ7

GO TO
***ILLNESS
ANXIETY
DISORDER***
Opt-J.3

CRITERIA A, B, AND C ARE CODED "3"

1

3 OJ8

GO TO
***ILLNESS
ANXIETY
DISORDER***
Opt-J.3

SOMATIC
SYMPTOM
DISORDER

IF UNKNOWN: How old were you when you first started being very concerned about your health or physical symptoms?

Age-at-onset of Somatic Symptom Disorder (CODE 99 IF UNKNOWN)

OJ9

IF UNKNOWN: Of all of these symptoms, which bothers you the most?

Specify if: (check all that apply)

___ **With predominant pain:** if somatic symptoms predominantly involve pain

OJ10

___ **Persistent:** if course is characterized by severe symptoms, marked impairment, and long duration (more than 6 months)

OJ11

Specify severity: (circle the appropriate number)

OJ12

1 - **Mild:** Only one of the symptoms specified in Criterion B are fulfilled

2 - **Moderate:** Two or more of the symptoms specified in Criterion B are fulfilled.

3 - **Severe:** Two or more of the symptoms specified in Criterion B are fulfilled, plus there are multiple somatic complaints (or one very severe somatic symptom).

***ILLNESS ANXIETY DISORDER
(OPTIONAL) (CURRENT ONLY)*****ILLNESS ANXIETY DISORDER
CRITERIA**

→ IF SCREENING QUESTION #13e IS ANSWERED "NO," GO TO NEXT MODULE.				
→ IF SCREENING QUESTION #13e IS ANSWERED "YES": You've said that over the past 6 months, since (6 MONTHS AGO), you've spent a lot of time thinking that you have, or will get, a serious disease. What do you think you have or will get? What makes you think so? How much time have you spent thinking about it?		SCREEN Q#13e YES NO		OJ13
→ IF SCREENER NOT USED: Over the past 6 months, since (6 MONTHS AGO), have you spent a lot of time thinking that you have, or will get, a serious disease?		A. Preoccupation with having, or acquiring a serious illness.		
<i>IF YES: What do you think you have or will get? What makes you think so? How much time have you spent thinking about it?</i>		DESCRIBE:		
		? 1 2 3		OJ14
		GO TO NEXT MODULE		
Do you have any physical symptoms that make you think you have (FEARED SERIOUS DISEASE)?		B. Somatic symptoms are not present or, if present, are only mild in intensity....		
		NOTE: Code "3" only if no symptoms or if mild in intensity.		
		? 1 2 3		OJ15
		GO TO NEXT MODULE		
Do you actually have (FEARED SERIOUS ILLNESS)? Do you have a family history of (FEARED SERIOUS ILLNESS)?		...If another medical condition is present or there is a high risk for developing a medical condition (e.g., strong family history is present), the preoccupation is clearly excessive or disproportionate.		
<i>IF YES: Are you more concerned or worried than your doctor or your family thinks you should be? (How much time do you spend thinking about this? More time than you should?)</i>		NOTE: Code "3" if either (1) there are no other medical conditions and the person is not at risk for a medical condition; or (2) preoccupation with another medical condition is clearly excessive.		
		? 1 2 3		OJ16
		GO TO NEXT MODULE		
How anxious are you about your health and about getting sick?		C. There is a high level of anxiety about health and the individual is easily alarmed about personal health status.		
When you hear about someone else who is sick, does it make you very anxious about your own health and the possibility of getting that illness?				
How about getting very anxious about your own health when watching programs on TV or reading stories in the newspaper or magazines about medical conditions?				
		? 1 2 3		OJ17
		GO TO NEXT MODULE		

Do you do things related to your concerns about being sick, such as repeatedly checking your body for signs of illness, repeatedly looking up information on the internet, or repeatedly seeking reassurance from family, friends, doctors, or pharmacists?

IF NO: How about avoiding things or situations because of concerns that it might jeopardize your health or increase your anxiety, such as not visiting sick friends in the hospital or avoiding going to funerals? (How about avoiding exercise because you are worried that it might harm your health? How about avoiding going to doctors for regular check-ups or routine tests because you are anxious that they might find something wrong with you?)

D. The individual performs excessive health-related behaviors (e.g., repeatedly checks his or her body for signs of illness)...

...or exhibits maladaptive avoidance (e.g., avoids doctor appointments and hospitals).

? 1 2 3 OJ18

GO TO
NEXT
MODULE

IF UNKNOWN: How long has this been going on? (At least 6 months)?

E. Illness preoccupation has been present for at least 6 months but the specific illness that is feared may change over that period of time.

? 1 2 3 OJ19

How old were you when you first had concerns about having or getting a serious illness that lasted for at least 6 months?

Age-at-onset (CODE 99 IF UNKNOWN)

____ OJ20

F. The illness-related preoccupation is not better explained by another mental disorder, such as Somatic Symptom Disorder, Panic Disorder, Generalized Anxiety Disorder, Body Dysmorphic Disorder, Obsessive-Compulsive Disorder.

? 1 3 OJ21

GO TO
NEXT
MODULE

When you get the thought that you have a serious disease, how convinced are you that this is true? (Has there been a time when you were 100% certain that you had the disease, despite your doctor telling you that you did not have that disease?)

...or Delusional Disorder, Somatic Type.

? 1 3 OJ22

GO TO
NEXT
MODULE

ILLNESS ANXIETY DISORDER CRITERIA A, B, C, D, E, AND F ARE CODED "3"

1 3 OJ23

GO TO
NEXT
MODULE

ILLNESS
ANXIETY
DISORDER

IF UNKNOWN: How often do you go to doctors about this?

Specify **type** (circle the appropriate number)

OJ24

1 – **Care-seeking type:** Medical care, including physician visits or undergoing tests and procedures, is frequently used.

2 – **Care-avoidant type:** Medical care is rarely used.

***INTERMITTENT EXPLOSIVE
DISORDER (OPTIONAL)
(CURRENT ONLY)***

**INTERMITTENT EXPLOSIVE
DISORDER CRITERIA**

→ IF SCREENING QUESTIONS #15a AND #15b ARE BOTH ANSWERED "NO," GO TO ***GAMBLING DISORDER*** Opt-K.5.

→ IF SCREENING QUESTION #15a IS ANSWERED "YES": **You've said that in the past year have frequently lost control of your temper and ended up yelling or getting into arguments with others. Tell me about that.**

→ IF SCREENING QUESTION #15b IS ANSWERED "YES": **You've (also) said that in the past year, you have lost your temper so that you shoved, hit, kicked or threw something at a person or an animal or damaged someone's property. Tell me about that.**

→ IF SCREENER NOT USED: **In the past year, since (1 YEAR AGO), have you frequently lost control of your temper and ended up yelling or getting into arguments with others? (Tell me about that.)**

IF NO: In the past year, have you lost your temper so that you shoved, hit, kicked or threw something at a person or an animal or damaged someone's property? (Tell me about that.)

IF THERE IS NO EVIDENCE THAT THE SUBJECT HAS HAD VERBAL OR PHYSICAL AGGRESSION, CHECK HERE ____ AND GO TO *GAMBLING DISORDER*** Opt-K.5.**

IF UNKNOWN: In the past year, have your angry outbursts resulted in someone getting physically hurt? (Tell me about that.)

IF UNKNOWN: In the past year, have you physically injured an animal in anger?

IF UNKNOWN: In the past year, have your outbursts resulted in damaging things, breaking things, smashing windows, punching a hole in a wall, or other damage to property?

IF YES TO ANY OF THESE: During the past year have you had at least 3 such outbursts?

A. Recurrent behavioral outbursts representing a failure to control aggressive impulses as manifested by either of the following:

2. Three behavioral outbursts involving damage or destruction of property and/or physical assault involving physical injury against animals or other individuals occurring within a 12-month period.

NOTE: Physical injury includes, at a minimum, a scratch or bruise, whether or not medical attention is sought.

DESCRIBE:

SCREEN Q#15a
YES || NO

OK1

SCREEN Q#15b
YES || NO

OK2

IF BOTH HAVE BEEN ANSWERED "NO," GO TO ***GAMBLING DISORDER*** Opt-K.5

OK3

OK4

IF UNKNOWN: In the past year, have you had angry outbursts in which you shoved, kicked, hit, or threw something *without* anything or anyone being damaged or injured?

IF UNKNOWN: In the past year have you also had angry outbursts that involved heated arguments, yelling at people, having temper tantrums, or going on "rants," but *without* physically hurting anyone or damaging anything?

IF YES TO EITHER: If you were to include all the kinds of angry outbursts that we just talked about in the past year (both verbal and physical), did they altogether ever happen as often as twice a week, on average, for at least 3 months?

1. Verbal aggression (e.g., temper tantrums, tirades, verbal arguments or fights) or physical aggression toward property, animals, or other individuals, occurring twice weekly, on average, for a period of 3 months. The physical aggression *does not result* in damage or destruction of property and *does not result* in physical injury to animals or other individuals.

Check if:

___ Verbal aggression (e.g., tantrums, tirades, verbal arguments or fights) twice weekly for 3 months

___ Physical aggression without damage or destruction of property (e.g., throwing clothes or books around that do not get damaged) twice weekly for 3 months

EITHER CRITERION A.2 OR A.1 IS CODED "3"

? 1 2 3 OK5

OK6

OK7

OK8

GO TO
***GAMBLING
DISORDER***
Opt-K.5

What kinds of things have set you off? (Do you think your reactions have been much stronger than they should have been given the circumstances? Has anyone told you that your reactions were way off-base given the situation in question?)

- B. The magnitude of aggressiveness expressed during the recurrent outbursts is grossly out of proportion to the provocation or to any precipitating psychosocial stressors.

? 1 2 3 OK9

GO TO
***GAMBLING
DISORDER***
Opt-K.5

IF UNCLEAR: Have all of these outbursts been "on purpose," that is, in order to intimidate someone or force someone to give you what you want?

- C. The recurrent aggressive outbursts are not premeditated (i.e., they are impulsive and/or anger-based) and are not committed to achieve some tangible objective (e.g., money, power, intimidation).

? 1 2 3 OK10

GO TO
***GAMBLING
DISORDER***
Opt-K.5

NOTE: Code "1" if all outbursts are premeditated or intended to achieve a tangible objective.

IF UNKNOWN: **What effect have your outbursts had on your life in the past year?**

ASK THE FOLLOWING QUESTIONS AS NEEDED TO RATE CRITERION D:

Have you gotten into trouble because of them? (For example, has anyone called the police or a supervisor because of these outbursts? Have you ever been arrested as a result of your outbursts? Have you ever had to pay a lot of money to compensate someone for the damage you caused?)

How have your outbursts 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 getting fired from a job or expelled from school or getting "written up" for disciplinary action because of your outbursts?)

Have your outbursts affected any other important part of your life?

IF DOES NOT INTERFERE WITH LIFE: **How much have you been bothered or upset by your outbursts?**

IF HX OF MANIA, DEPRESSION, OR PSYCHOSIS: **Did these outbursts happen only when you were feeling excited, irritable, or depressed, or only when you were having (PSYCHOTIC SXS)?**

IF HX OF PTSD: **Did you have any outbursts like this prior to exposure to (TRAUMATIC EVENT)?**

IF HX OF ADHD: **Have you gotten any treatment specifically for the aggressive outbursts?**

D. The recurrent aggressive outbursts cause either marked distress in the individual or impairment in occupational or interpersonal functioning, or are associated with financial or legal consequences.

? 1 2 3 OK11

GO TO
***GAMBLING
DISORDER***
Opt-K.5

NOTE: Criterion E regarding minimum chronological age has been omitted.

F. The recurrent aggressive outbursts are not better explained by another mental disorder (e.g., Major Depressive Disorder, Bipolar Disorder, [Posttraumatic Stress Disorder], Disruptive Mood Dysregulation Disorder, a Psychotic Disorder, Antisocial Personality Disorder, Borderline Personality Disorder)...

? 1 2 3 OK12

GO TO
***GAMBLING
DISORDER***
Opt-K.5

Note: This diagnosis can be made in addition to the diagnosis of Attention-Deficit/ Hyperactivity Disorder when recurrent impulsive aggressive outbursts are in excess of those usually seen in this disorder and warrant independent clinical attention.

Do you have these outbursts only when you've been drinking, using drugs, or taking medications?

IF UNKNOWN: Have you ever had a head injury, seizure, stroke, or some other kind of neurological illness?

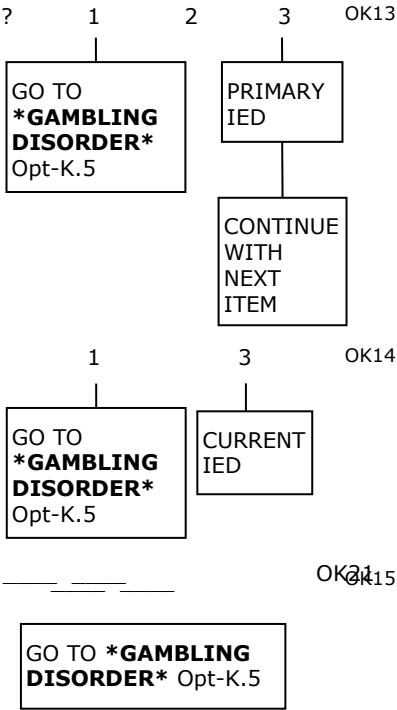
IF YES: Have these outbursts occurred only during (ILLNESS MENTIONED ABOVE)?

...and are not attributable to another medical condition (e.g., head trauma, Alzheimer's disease) or to the physiological effects of a substance (e.g., alcohol, phencyclidine, cocaine and other stimulants, barbiturates, inhalants, or a medication).

CRITERIA A, B, C, D, AND F ARE CODED "3"

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

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



***GAMBLING DISORDER
(OPTIONAL) (CURRENT ONLY)***

GAMBLING DISORDER CRITERIA

→ IF SCREENING QUESTION #15c IS ANSWERED "NO,"
GO TO NEXT MODULE.

→ IF SCREENING QUESTION #15c IS ANSWERED "YES": **You've said that in the past year, you have regularly gambled or regularly bought lottery tickets. What kinds of gambling have you done?**

→ IF SCREENER NOT USED: **In the past year, since (1 YEAR AGO), have you regularly gambled or regularly bought lottery tickets?**

IF YES: What kinds of gambling have you done?

In the past year, what is the most often you have gambled? What is the largest amount of money that you have won? How about the most you have lost?

In the past year...

...has your gambling caused you any problems?

...has anyone objected to your gambling?

...have you hidden from others the amount of time or money that you gambled?

...has your gambling gotten out of control?

IF NO INCIDENTS OF EXCESSIVE GAMBLING IN PAST YEAR AND THERE IS NO EVIDENCE OF ANY GAMBLING-RELATED PROBLEMS IN THE PAST YEAR, CHECK HERE ____ AND GO TO NEXT MODULE.

Now I'd like to ask you some more questions about your gambling during the past year, since (1 YEAR AGO).

When you have gambled, how have you felt when you were winning? (Excited? On a "high"?) Have you, over time, had to increase the amount of money that you gambled with in order to keep getting that same feeling?

*Indicate **types** of gambling activity in the past year that may have been problematic: (check all that apply)*

___ card playing

___ lottery

___ horse racing

___ sports betting

___ casino games (blackjack, roulette, craps)

___ slot machines or video poker

___ other: _____

SCREEN Q#15c
YES || NO

OK16

**GO TO NEXT
MODULE**

OK17

OK18

OK19

OK20

OK21

OK22

OK23

OK24

A. Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:

1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement. ? 1 2 3 OK25

During the past year, since (1 YEAR AGO)...

...have you tried to control your gambling, cut back or stop? Tell me about that. (How many times?) (How successful were you in trying to control it, cut down, or stop?)

2. Has made repeated unsuccessful efforts to control, cut back, or stop gambling.

? 1 2 3 OK26

IF ADMITS TO TRYING TO CUT BACK OR STOP: ...how have you felt when you tried to cut back or stop gambling? (Have you gotten restless or irritable?)

3. Is restless or irritable when attempting to cut down or stop gambling.

? 1 2 3 OK27

NOTE: Code "1" if subject has not tried to cut back or stop.

...how often have you thought about gambling? Have you regularly spent a lot of time planning for the next time you were going to gamble or thinking about how you were going to get the money to gamble with? Have you spent a lot of time thinking about past wins?

4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).

? 1 2 3 OK28

...besides wanting to win, have there been other reasons that you have gambled? (Have you often gambled to relieve uncomfortable feelings such as feeling helpless, guilty, anxious, or depressed?)

5. Often gambles when feeling distressed (e.g., helpless, guilt, anxious, depressed).

? 1 2 3 OK29

...after having a losing day, do you often go back to try to recover what you've lost?

6. After losing money gambling, often returns another day to get even ("chasing" one's losses).

? 1 2 3 OK30

...have you often lied to others to cover up your gambling, such as about how much time you spent gambling or the amount of money you lost?

7. Lies to conceal the extent of involvement with gambling.

? 1 2 3 OK31

...how has your gambling affected your life? (Have you lost a job or promotion, or done poorly at school because of it? Have you jeopardized or lost a serious relationship over it?)

8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.

? 1 2 3 OK32

...have you had to rely on family members or friends for money because of your gambling problems?

9. Relies on others to provide money to relieve desperate financial situations caused by gambling.

? 1 2 3 OK33

AT LEAST FOUR "A" ITEMS CODED "3" DURING THE PAST 12 MONTHS

1 3 OK34

GO TO
NEXT
MODULE

IF HX OF MANIA: Has your gambling only gotten out of control when you have been (high/irritable/OWN WORDS)?

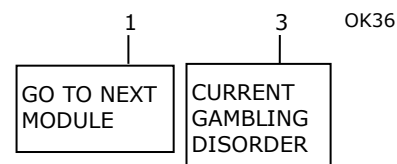
B. The gambling behavior is not better accounted for by a Manic Episode.

1 3 OK35

NOTE: Code "3" if no history of mania or if gambling occurred when not manic.

GO TO
NEXT
MODULE

CRITERIA A AND B CODED "3" FOR THE PERIOD
OF THE LAST 12 MONTHS



Indicate **severity** of Gambling Disorder for past 12 months: (circle the appropriate number)

1 – **Mild**: 4-5 criteria met

OK37

2 – **Moderate**: 6-7 criteria met.

3 – **Severe**: 8-9 criteria met.

Specify if: (circle the appropriate number)

IF UNKNOWN: **Have your gambling problems gone on continuously or have they come and gone?**

1 – **Episodic**: Meeting diagnostic criteria at more than one time point, with symptoms subsiding between periods of gambling disorder for at least several months.

OK38

2 – **Persistent**: Experiencing continuous symptoms, to meet diagnostic criteria for multiple years.

How old were you when you first started having (SXS OF GAMBLING DISORDER)?

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



Edinburgh Handedness Inventory (EHI)

Participant ID

Edinburgh Handedness Inventory (EHI)

Please mark the box that best describes which hand you use for the activity in question

	Always left (1)	Usually left (2)	No preference (3)	Usually right (4)	Always right (5)
1. Writing	☐	☐	☐	☐	☐
2. Throwing	☐	☐	☐	☐	☐
3. Scissors	☐	☐	☐	☐	☐
4. Toothbrush	☐	☐	☐	☐	☐
5. Knife (without fork)	☐	☐	☐	☐	☐
6. Spoon	☐	☐	☐	☐	☐
7. Match (when striking)	☐	☐	☐	☐	☐
8. Computer mouse	☐	☐	☐	☐	☐

Combat Exposure Scale (CES)

Participant ID

Combat Exposure Scale (CES)

Please circle the number above the answer that best describes your experience

1. Did you ever go on combat patrols or have other dangerous duty?

☐ No (1) ☐ 1-3 times (2) ☐ 4-12 times (3) ☐ 13-50 times (4) ☐ 51+ times (5)

2. Were you ever under enemy fire?

☐ Never (1) ☐ Less than 1 month (2) ☐ 1-3 months (3) ☐ 4-6 months (4) ☐ 7 months or more (5)

3. Were you ever under enemy fire?

☐ No (1) ☐ 1-2 times (2) ☐ 3-12 times (3) ☐ 13-25 times (4) ☐ 26+ times (5)

4. What percentage of soldiers in your unit were killed (KIA), wounded or missing in action (MIA)?

☐ None (1) ☐ 1-25% (2) ☐ 26-50% (3) ☐ 51-75% (4) ☐ 76% or more (5)

5. How often did you fire rounds at the enemy?

☐ Never (1) ☐ 1-2 times (2) ☐ 3-12 times (3) ☐ 13-50 times (4) ☐ 51+ times (5)

6. How often did you see someone hit by incoming or outgoing rounds?

☐ Never (1) ☐ 1-2 times (2) ☐ 3-12 times (3) ☐ 13-50 times (4) ☐ 51+ times (5)

7. How often were you in danger of being injured or killed (i.e., being pinned down, overrun, ambushed, near miss, etc.)?

☐ Never (1) ☐ 1-2 times (2) ☐ 3-12 times (3) ☐ 13-50 times (4) ☐ 51+ times (5)

Morningness-Eveningness Questionnaire (MEQ)

Participant ID

Morningness-Eveningness Questionnaire (MEQ)

1. Considering only your own "feeling best" rhythm, at what time would you get up if you were entirely free to plan your day?

- ☐ 5:00 - 6:30 AM (1)
- ☐ 6:30 - 7:45 AM (2)
- ☐ 7:45 - 9:45 AM (3)
- ☐ 9:45 - 11:00 AM (4)
- ☐ 11:00 AM - 12:00 PM (5)

2. Considering only your own "feeling best" rhythm, at what time would you go to bed if you were entirely free to plan your evening?

- ☐ 8:00 - 9:00 PM (1)
- ☐ 9:00 - 10:15 PM (2)
- ☐ 10:15 PM - 12:30 AM (3)
- ☐ 12:30 - 1:45 AM (4)
- ☐ 1:45 - 3:00 AM (5)

3. If there is a specific time at which you would have to get up in the morning, to what extent are you dependent on being woken up by an alarm clock?

- ☐ Not at all dependent (1)
- ☐ Slightly dependent (2)
- ☐ Fairly dependent (3)
- ☐ Very dependent (4)

4. Assuming adequate environmental conditions, how easy do you find getting up in the mornings?

- ☐ Not at all easy (1)
- ☐ Not very easy (2)
- ☐ Fairly easy (3)
- ☐ Very easy (4)

5. How alert do you feel during the first half hour after having woken in the mornings?

- ☐ Not at all alert (1)
- ☐ Slightly alert (2)
- ☐ Fairly alert (3)
- ☐ Very alert (4)

6. How is your appetite during the first half-hour after having woken in the mornings?

- ☐ Very poor (1)
- ☐ Fairly poor (2)
- ☐ Fairly good (3)
- ☐ Very good (4)

7. During the first half-hour after having woken in the morning, how tired do you feel?

- ☐ Very tired (1)
- ☐ Fairly tired (2)
- ☐ Fairly refreshed (3)
- ☐ Very refreshed (4)

8. When you have no commitments the next day, at what time do you go to bed compared to your usual bedtime?

- ☐ Seldom or never later (1)
- ☐ Less than one hour later (2)
- ☐ 1-2 hours later (3)
- ☐ More than two hours later (4)

9. You have decided to engage in some physical exercise. A friend suggests that you do this one hour twice a week and the best time for him is between 7:00-8:00 AM. Bearing in mind nothing else but your own "feeling best" rhythm, how do you think you would perform?

- ☐ Would be in good form (1)
- ☐ Would be in reasonable form (2)
- ☐ Would find it difficult (3)
- ☐ Would find it very difficult (4)

10. At what time in the evening do you feel tired and as a result in need of sleep?

- ☐ 8:00 - 9:00 PM (1)
- ☐ 9:00 - 10:15 PM (2)
- ☐ 10:15 PM - 12:45 AM (3)
- ☐ 12:45 - 2:00 AM (4)
- ☐ 2:00 - 3:00 AM (5)

11. You wish to be at your peak performance for a test which you know if going to be mentally exhausting and lasting for two hours. You are entirely free to plan your day and considering only your own "feeling best" rhythm, which ONE of the four testing times would you choose?

- ☐ 8:00 - 10:00 AM (1)
- ☐ 11:00 AM - 1:00 PM (2)
- ☐ 3:00 - 5:00 PM (3)
- ☐ 7:00 - 9:00 PM (4)

12. If you went to bed at 11:00 PM, at what level of tiredness would you be?

- ☐ Not at all tired (1)
- ☐ A little tired (2)
- ☐ Fairly tired (3)
- ☐ Very tired (4)

13. For some reason, you have gone to bed several hours later than usual, but there is no need to get up at any particular time the next morning. Which ONE of the following events are you most likely to experience?

- ☐ Will wake up at usual time and will NOT fall asleep (1)
- ☐ Will wake up at usual time and will doze thereafter (2)
- ☐ Will wake up at usual time, but will fall asleep again (3)
- ☐ Will NOT wake up until later than usual (4)

14. One night, you have to remain awake between 4:00-6:00 AM in order to carry out a night watch. You have no commitments the next day. Which ONE of the following alternatives will suit you best?

- ☐ Would NOT go to bed until the watch was over (1)
- ☐ Would take a nap before and sleep after (2)
- ☐ Would take a good sleep before and nap after (3)
- ☐ Would take ALL sleep before watch (4)

15. You have to do two hours of hard physical work. You are entirely free to plan your day and considering only your own "feeling best" rhythm, which ONE of the following times would you choose?

- ☐ 8:00 - 10:00 AM (1)
- ☐ 11:00 AM - 1:00 PM (2)
- ☐ 3:00 - 5:00 PM (3)
- ☐ 7:00 - 9:00 PM (4)

16. You have decided to engage in hard physical exercise. A friend suggests that you do this for one hour twice a week and the best time for him is between 10:00-11:00 PM. Bearing in mind nothing else, but your own "feeling best" rhythm, how well do you think you would perform?

- ☐ Would be in good form (1)
- ☐ Would be in reasonable form (2)
- ☐ Would find it difficult (3)
- ☐ Would find it very difficult (4)

17. Suppose that you can choose your own work hours. Assume that you worked a FIVE-hour day (including breaks) and that your job was interesting and paid by results. During which time period would you want that five consecutive hours to END?

- ☐ 12:00 - 4:00 AM (1)
- ☐ 4:00 - 8:00 AM (2)
- ☐ 8:00 - 9:00 AM (3)
- ☐ 9:00 AM - 2:00 PM (4)
- ☐ 2:00 - 5:00 PM (5)
- ☐ 5:00 PM - 12:00 AM (6)

18. At what time of the day do you think that you reach your "feeling best" peak?

- ☐ 12:00 - 5:00 AM (1)
- ☐ 5:00 - 8:00 AM (2)
- ☐ 8:00 - 10:00 AM (3)
- ☐ 10:00 AM - 5:00 PM (4)
- ☐ 5:00 - 10:00 PM (5)
- ☐ 10:00 PM - 12:00 AM (6)

19. One hears about "morning" and "evening" types of people. Which ONE of these types do you consider yourself to be?

- ☐ Definitely a "morning" person (1)
- ☐ Rather more a "morning" person than an "evening" type (2)
- ☐ Rather more an "evening" than a "morning" type (3)
- ☐ Definitely an "evening" type (4)

Subject ID: _____

Date: _____

The following questions concern your alcohol consumption. Place an X in one box that best describes your answer to each question.

Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					Total	

Rivermead Post Concussion Symptoms Questionnaire

Modified (Rpq-3 And Rpq-13)⁴² Printed With Permission: Modified Scoring System From Eyres 2005 ²⁸

Subject ID:

Date:

After a head injury or accident some people experience symptoms that can cause worry or nuisance. We would like to know if you now suffer any of the symptoms given below. Because many of these symptoms occur normally, we would like you to compare yourself now with before the accident. For each symptom listed below please circle the number that most closely represents your answer.

0 = not experienced at all
1 = no more of a problem
2 = a mild problem
3 = a moderate problem
4 = a severe problem

Compared with **before** the accident, do you **now** (i.e., over the last 24 hours) suffer from:

	not experienced	no more of a problem	mild problem	moderate problem	severe problem
Headaches	0	1	2	3	4
Feelings of dizziness	0	1	2	3	4
Nausea and/or vomiting	0	1	2	3	4
Noise sensitivity (easily upset by loud noise)	0	1	2	3	4
Sleep disturbance	0	1	2	3	4
Fatigue, tiring more easily	0	1	2	3	4
Being irritable, easily angered	0	1	2	3	4
Feeling depressed or tearful	0	1	2	3	4
Feeling frustrated or impatient	0	1	2	3	4
Forgetfulness, poor memory	0	1	2	3	4
Poor concentration	0	1	2	3	4
Taking longer to think	0	1	2	3	4
Blurred vision	0	1	2	3	4
Light sensitivity (easily upset by bright light)	0	1	2	3	4
Double vision	0	1	2	3	4
Restlessness	0	1	2	3	4

Are you experiencing any other difficulties? Please specify, and rate as above.

1.	0	1	2	3	4
2.	0	1	2	3	4

Administration only:

RPQ-3 (total for first three items)	
RPQ-13 (total for next 13 items)	

Rivermead Post Concussion Symptoms Questionnaire (cont.)

Modified (Rpq-3 And Rpq-13)⁴² Printed With Permission: Modified Scoring System From Eyres 2005²⁸

Administration only

Individual item scores reflect the presence and severity of post concussive symptoms. Post concussive symptoms, as measured by the RPQ, may arise for different reasons subsequent to (although not necessarily directly because of) a traumatic brain injury. The symptoms overlap with broader conditions, such as pain, fatigue and mental health conditions such as depression⁷².

The questionnaire can be repeated to monitor a patient's progress over time. There may be changes in the severity of symptoms, or the range of symptoms. Typical recovery is reflected in a reduction of symptoms and their severity within three months.

Scoring

The scoring system has been modified from Eyres, 2005²⁴.

The items are scored in two groups. The first group (RPQ-3) consists of the first three items (headaches, feelings of dizziness and nausea) and the second group (RPQ-13) comprises the next 13 items. The total score for RPQ-3 items is potentially 0–12 and is associated with early symptom clusters of post concussive symptoms. If there is a higher score on the RPQ-3, earlier reassessment and closer monitoring is recommended.

The RPQ-13 score is potentially 0–52, where higher scores reflect greater severity of post concussive symptoms. The RPQ-13 items are associated with a later cluster of symptoms, although the RPQ-3 symptoms of headaches, dizziness and nausea may also be present. The later cluster of symptoms is associated with having a greater impact on participation, psychosocial functioning and lifestyle. Symptoms are likely to resolve within three months. A gradual resumption of usual activities is recommended during this period, appropriate to symptoms. If the symptoms do not resolve within three months, consideration of referral for specialist assessment or treatment services is recommended.

References:

- Eyres, S., Carey, A., Gilworth, G., Neumann, V., Tennant, A. (2005). Construct validity and reliability of the Rivermead Post Concussion Symptoms Questionnaire. *Clinical Rehabilitation*, 19, 878-887.
- King, N. S., Crawford, S., Wenden, F.J., Moss, N.E.G. Wade, D.T. (1995). The Rivermead Post Concussion Symptoms Questionnaire: a measure of symptoms commonly experienced after head injury and its reliability *Journal of Neurology*, 242, 587-592.
- Potter, S., Leigh, E., Wade, D., Fleminger, S. (2006). The Rivermead Post Concussion Symptoms Questionnaire *Journal of Neurology*, October 1-12.

Have you ever used marijuana?

For our purposes, marijuana usage is considered any instance in which you intentionally consumed (smoked, ingested, etc.) any quantity of marijuana.

☐ **NO** ☐ **YES**

At what age did you start? _____

At what specific age (in years) was your marijuana usage the heaviest? _____

During your lifetime, approximately how many occasions have you used marijuana?

☐ 0-50 ☐ 51-100 ☐ 101-500 ☐ 501s-1000 ☐ 1001-5000 ☐ over 5000

Consider the extent of marijuana use throughout your lifetime. Please approximate the number of times per month on average which you used marijuana at the following ages:

16-18 years of age	19-21 years of age	22-24 years of age	25-27 years of age	28-30 years of age	30+ years of age

During your lifetime, on average, how many times per month have you used marijuana?

In the past four weeks, did you use marijuana?

☐ **NO** ☐ **YES**

How often? _____ daily / weekly (*circle one*)

On average, how much do you consume per occasion? _____

If YES, please review the printed calendar reflecting all the days in the past month. Indicate the number of times you used marijuana on each of these days. If you abstained from marijuana use during a given day, please write a "0" on that day. Please fill out every day in the calendar with your best guess of marijuana use.

Name _____ Gender _____

Grade _____ Examiner _____

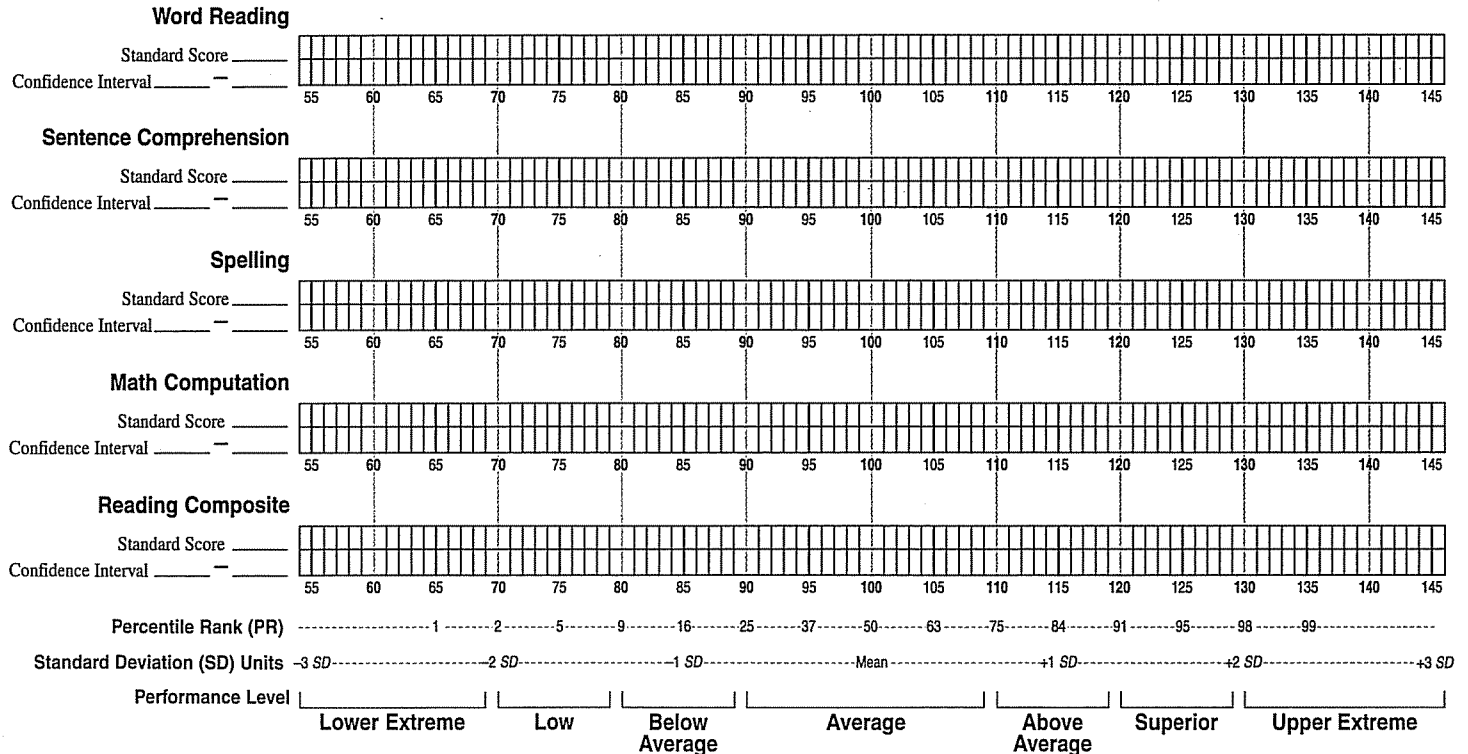
	Year	Month	Day
Date of Test			
Date of Birth			
Age			

Score Summary Table

Subtest/Composite	Raw Score	Standard Score	Confidence Interval	%ile Rank	Optional Scores
		Norms: ☐ Age ☐ Grade (☐ Fall, ☐ Spring)			
Word Reading			_____ - _____		
Sentence Comprehension			_____ - _____		
Spelling			_____ - _____		
Math Computation			_____ - _____		
Reading Composite*			_____ - _____		

*Reading Composite Raw Score = Word Reading Standard Score + Sentence Comprehension Standard Score.

Standard Score Profile



Standard Score Comparison Table

Score Comparisons > = < (circle one)	Score Difference	Significance Level	Prevalence in Standardization Sample
Word Reading ☐ > = < ☐ Sentence Comprehension		ns .15 .10 .05 .01	>25% 25% 20% 15% 10% 5% 1%
Word Reading ☐ > = < ☐ Spelling		ns .15 .10 .05 .01	>25% 25% 20% 15% 10% 5% 1%
Word Reading ☐ > = < ☐ Math Computation		ns .15 .10 .05 .01	>25% 25% 20% 15% 10% 5% 1%
Sentence Comprehension ☐ > = < ☐ Spelling		ns .15 .10 .05 .01	>25% 25% 20% 15% 10% 5% 1%
Sentence Comprehension ☐ > = < ☐ Math Computation		ns .15 .10 .05 .01	>25% 25% 20% 15% 10% 5% 1%
Spelling ☐ > = < ☐ Math Computation		ns .15 .10 .05 .01	>25% 25% 20% 15% 10% 5% 1%

WORD READING SUBTEST

AGES 7 OR YOUNGER: Administer Part 1: Letter Reading first, followed by Part 2: Word Reading. Discontinue testing if a Participant has responded incorrectly to 10 consecutive items (*10 RULE*).

AGES 8 OR OLDER: Administer Part 2: Word Reading first. Discontinue the Word Reading section if the Participant has answered 10 consecutive items incorrectly (*10 RULE*). If the Participant has correctly answered 5 or more items on the Word Reading section before meeting the discontinue criterion, do not administer the preliminary Letter Reading section. If the Participant did not answer at least 5 items correctly on the Word Reading section, then administer Part 1: Letter Reading (*5 RULE*).

Part 1: Letter Reading Administration Instructions

After handing the Participant the Blue Word Reading List, say, **I want you to look at the letters on this line.** (Point to the row of letters at the top of the card) **Read to me the letters one-by-one across the line.** After the Participant has finished, say, **That's all. Now let's do something different.**

A	B	O	S	E	R	T	H	U	P	I	V	Z	J	Q
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)

Part 2: Word Reading Administration Instructions

After handing the Participant the Blue Word Reading List, say, **Look at each of these words carefully.** (Point to the words) **Read the words across the page so I can hear you. When you finish the first line, go right on to the second line, and so on down the page until you finish or I tell you to stop. Read slowly and say the words clearly.** Allow 10 seconds for the Participant to respond to each word. If there is no response after 10 seconds, say, **OK, try the next one.** If you did not hear a word clearly, say, **I could not hear you clearly. Please say the word again just as you did the first time.** When the Participant has finished the Word Reading section, say, **That's all. Good job. Thanks. Now we are going to do something else.**

1. cat kat	13. laugh laf	25. gigantic ji-gan-tic	37. unanimous you-nan-i-mus	49. disingenuous dis-in-jen-yoo-us
2. in in	14. straight strayt	26. contemporary kon-tem-po-rer-ee	38. discretionary di-skresh-o-ner-ee	50. covetousness kuv-e-us-nes
3. book buuk	15. stretch strech	27. contagious kon-tay-jus	39. seismograph siz-mo-graf	51. omniscient om-nish-ent
4. tree tree	16. split split	28. exterior ik-steer-i-or	40. benign bi-nin	52. oligarchy ol-i-gahr-kee
5. how how	17. lame laym	29. horizon ho-ri-zon	41. itinerary i-tin-e-rer-ee	53. egregious i-gree-jus
6. animal an-i-mal	18. bulk bulk	30. triumph tri-umf	42. heresy her-e-see	54. assuage a-swayj
7. hair hair	19. knowledge nol-ij	31. alcove al-kohv	43. usurp yoo-surp, -zurp	55. terpsichorean turp-si-ko-ree-an
8. spell spel	20. abuse a-byoos, -byooz	32. tranquility trang-kwil-i-tee	44. stratagem strat-a-jem	
9. even ee-ven	21. ceiling see-ling	33. efficiency i-fish-ent-see	45. pseudonym soo-do-nim	
10. size siz	22. diagram di-a-gram	34. inquisitive in-kwiz-i-tiv	46. irascible i-ras-i-bel	
11. finger fing-ger	23. doubt dowt	35. bibliography bib-li-og-ra-fee	47. heinous hay-nus	
12. felt felt	24. collapse ko-laps	36. municipal myoo-nis-i-pal	48. poignant poin-yant	

Letter Reading Raw Score	/15
Word Reading Raw Score*	/55
Word Reading Total Raw Score	/70

Next administer the Sentence Comprehension subtest, if applicable.
 *Use this value for determining starting point on Sentence Comprehension subtest.

SPELLING SUBTEST

AGES 7 OR YOUNGER: Administer Part 1: Letter Writing first, followed by Part 2: Spelling. The Spelling section must be administered individually for participants ages 7 and younger. On the Spelling section, the test should be discontinued after the Participant spells 10 consecutive words incorrectly (*10 RULE*).

AGES 8 OR OLDER: Administer Part 2: Spelling first. Discontinue if 10 consecutive errors have been made (*10 RULE*). If the Participant has correctly spelled 5 or more items on the Spelling section before meeting the discontinue criterion, the preliminary Letter Writing section should not be administered. If the Participant does not spell at least 5 words correctly on the Spelling section, then administer Part 1: Letter Writing (*5 RULE*).

WORD READING SUBTEST

AGES 7 OR YOUNGER: Administer Part 1: Letter Reading first, followed by Part 2: Word Reading. Discontinue testing if a Participant has responded incorrectly to 10 consecutive items (*10 RULE*).

AGES 8 OR OLDER: Administer Part 2: Word Reading first. Discontinue the Word Reading section if the Participant has answered 10 consecutive items incorrectly (*10 RULE*). If the Participant has correctly answered 5 or more items on the Word Reading section before meeting the discontinue criterion, do not administer the preliminary Letter Reading section. If the Participant did not answer at least 5 items correctly on the Word Reading section, then administer Part 1: Letter Reading (*5 RULE*).

Part 1: Letter Reading Administration Instructions

After handing the Participant the Blue Word Reading List, say, **I want you to look at the letters on this line.** (Point to the row of letters at the top of the card) **Read to me the letters one-by-one across the line.** After the Participant has finished, say, **That's all. Now let's do something different.**

A	B	O	S	E	R	T	H	U	P	I	V	Z	J	Q
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)

Part 2: Word Reading Administration Instructions

After handing the Participant the Blue Word Reading List, say, **Look at each of these words carefully.** (Point to the words) **Read the words across the page so I can hear you. When you finish the first line, go right on to the second line, and so on down the page until you finish or I tell you to stop. Read slowly and say the words clearly.** Allow 10 seconds for the Participant to respond to each word. If there is no response after 10 seconds, say, **OK, try the next one.** If you did not hear a word clearly, say, **I could not hear you clearly. Please say the word again just as you did the first time.** When the Participant has finished the Word Reading section, say, **That's all. Good job. Thanks. Now we are going to do something else.**

1. cat kat	13. laugh laf	25. gigantic ji-gan-tic	37. unanimous you-nan-i-mus
2. in in	14. straight strayt	26. contemporary kon-tem-po-rer-ee	38. discretionary di-skresh-o-ner-ee
3. book buuk	15. stretch strech	27. contagious kon-tay-jus	39. seismograph siz-mo-graf
4. tree tree	16. split split	28. exterior ik-steer-i-or	40. benign bi-nin
5. how how	17. lame laym	29. horizon ho-ri-zon	41. itinerary i-tin-e-rer-ee
6. animal an-i-mal	18. bulk bulk	30. triumph tri-umf	42. heresy her-e-see
7. hair hair	19. knowledge nol-ij	31. alcove al-kohv	43. usurp yoo-surp, -zurp
8. spell spel	20. abuse a-byoos, -byooz	32. tranquility trang-kwil-i-tee	44. stratagem strat-a-jem
9. even ee-ven	21. ceiling see-ling	33. efficiency i-fish-ent-see	45. pseudonym soo-do-nim
10. size siz	22. diagram di-a-gram	34. inquisitive in-kwiz-i-tiv	46. irascible i-ras-i-bel
11. finger fing-ger	23. doubt dowt	35. bibliography bib-li-og-ra-fee	47. heinous hay-nus
12. felt felt	24. collapse ko-laps	36. municipal myoo-nis-i-pal	48. poignant poin-yant
			49. disingenuous dis-in-jen-yoo-us
			50. covetousness kuv-e-us-nes
			51. omniscient om-nish-ent
			52. oligarchy ol-i-gahr-kee
			53. egregious i-gree-jus
			54. assuage a-swayj
			55. terpsichorean turp-si-ko-ree-an

Letter Reading Raw Score	/15
Word Reading Raw Score*	/55
Word Reading Total Raw Score	/70

Next administer the Sentence Comprehension subtest, if applicable.
 *Use this value for determining starting point on Sentence Comprehension subtest.

SPELLING SUBTEST

AGES 7 OR YOUNGER: Administer Part 1: Letter Writing first, followed by Part 2: Spelling. The Spelling section must be administered individually for participants ages 7 and younger. On the Spelling section, the test should be discontinued after the Participant spells 10 consecutive words incorrectly (*10 RULE*).

AGES 8 OR OLDER: Administer Part 2: Spelling first. Discontinue if 10 consecutive errors have been made (*10 RULE*). If the Participant has correctly spelled 5 or more items on the Spelling section before meeting the discontinue criterion, the preliminary Letter Writing section should not be administered. If the Participant does not spell at least 5 words correctly on the Spelling section, then administer Part 1: Letter Writing (*5 RULE*).

Combined Form Score Summary Sheet

WORD READING

Part 1: Letter Reading*	/15
+	
Blue Form Part 2: Word Reading	/55
+	
Green Form Part 2: Word Reading	/55
Combined Form Word Reading Raw Score /125	

SPELLING

Part 1: Letter Writing*	/15
+	
Blue Form Part 2: Spelling	/42
+	
Green Form Part 2: Spelling	/42
Combined Form Spelling Raw Score /99	

SENTENCE COMPREHENSION

Blue Form Sentence Comprehension	/50
+	
Green Form Sentence Comprehension	/50
Combined Form Sentence Comprehension Raw Score /100	

MATH COMPUTATION

Part 1: Oral Math*	/15
+	
Blue Form Part 2: Math Computation	/40
+	
Green Form Part 2: Math Computation	/40
Combined Form Math Computation Raw Score /95	

*Because the preliminary sections—Letter Reading, Letter Writing, and Oral Math—of each form contain the same items these scores should only be counted once in determining the Combined Subtest raw score. If the preliminary sections were administered twice, use only the higher of the two scores.

Combined Form Score Summary Table

Subtest/Composite	Raw Score	Standard Score	Confidence Interval ■ 85% ■ 90% ■ 95%	%ile Rank	Optional Scores ■ Grade Equivalent ■ NCE ■ Stanine
		Norms: ■ Age ■ Grade (■ Fall, ■ Spring)			
Word Reading			— — —		
Sentence Comprehension			— — —		
Spelling			— — —		
Math Computation			— — —		
Reading Composite*			— — —		

*Reading Composite Raw Score = Word Reading Standard Score + Sentence Comprehension Standard Score.



WASI-II

WECHSLER ABBREVIATED SCALE
OF INTELLIGENCE® — SECOND EDITION

Record Form

Calculation of Examinee's Age

Year Month Day

Test Date

ID: _____

Sex: ☐ F ☐ M

Handedness: ☐ R ☐ L

Test Age

Address/School/Testing Site: _____

Highest Education/Grade: _____

Examiner Name: _____

Total Raw Score to T Score Conversion

Subtest	Raw Score	T Scores
Block Design		
Vocabulary		
Matrix Reasoning		
Similarities		

Sum of T Scores

Verbal
Comp.

Perc.
Rsng.

Full
Scale-4

Full
Scale-2

Examinee Visual/Hearing Aids During Testing

Check type of aid examinee needed:	Used	Not Used
☐ Glasses	☐	☐
☐ Prescription Lenses	☐	☐
☐ Assisted Listening Device	☐	☐
☐ Other:	☐	☐

Sum of T Scores to Composite Score Conversion

Scale	Sum of T Scores	Composite Score	Percentile Rank	Confidence Interval 90% or 95%
Verbal Comp.		VCI		
Perc. Rsng.		PRI		
Full Scale-4		FSIQ-4		
Full Scale-2		FSIQ-2		

Ranges of Expected Scores

Scores:	Confidence Level	
	90%	68%
FSIQ-4		
WISC-IV FSIQ		
WAIS-IV FSIQ		

Subtest T Score Profile

	Verbal Comprehension		Perceptual Reasoning	
	VC	SI	BD	MR
80-				
75-				
70-				
65-				
60-				
55-				
50-				
45-				
40-				
35-				
30-				
25-				
20-				

Composite Score Profile

	VCI	PRI	FSIQ
160-			
155-			
150-			
145-			
140-			
135-			
130-			
125-			
120-			
115-			
110-			
105-			
100-			
95-			
90-			
85-			
80-			
75-			
70-			
65-			
60-			
55-			
50-			
45-			
40-			

PEARSON

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PsychCorp

1. Block Design



(Time limit: See item)



Start
Ages 6-8:
Item 1
Ages 9-90:
Item 3



Reverse
Ages 9-90: Does not obtain a perfect score on *either* Item 3 or Item 4, administer the preceding items in reverse order until two consecutive perfect scores are obtained.



Discontinue
After 2 consecutive scores of 0.



Stop
Ages 6-8:
After Item 11.



Record & Score
Items 1-4:
Score 0, 1, or 2 points.
Items 5-13:
Score 0, 4, 5, 6, or 7 points.

	Design	Presentation Method	Time Limit	Completion Time		Constructed Design		Score			
				Trial 1	Trial 2	Trial 1	Trial 2				
6-8	1.	Examinee Model and Examiner Picture	30"					0	1	2	
	2.	Model and Picture	30"					0	1	2	
9-90	3.	Model and Picture	45"					0	1	2	
	4.	Model and Picture	45"					0	1	2	
	5.	Picture	60"					0			21-60 16-20 11-15 1-10
	6.	Picture	60"					0			4 5 6 7
	7.	Picture	60"					0			21-60 16-20 11-15 1-10
	8.	Picture	60"					0			4 5 6 7
	9.	Picture	120"					0			71-120 46-70 31-45 1-30
	10.	Picture	120"					0			61-120 46-60 36-45 1-35
	11.	Picture	120"					0			61-120 46-60 36-45 1-35
6-8 STOP	12.	Picture	120"					0			61-120 46-60 36-45 1-35
	13.	Picture	120"					0			101-120 81-100 56-80 1-55

Maximum Raw Score

Ages 6-8: 57

Ages 9-90: 71

Block Design
Total Raw Score

2. Vocabulary



Start
Ages 6–90:
Item 4



Reverse
Ages 6–90: Does not obtain a perfect score on *either* Item 4 or Item 5, administer the preceding items in reverse order until two consecutive perfect scores are obtained.



Discontinue
After 3
consecutive
scores of 0.



Stop
Age 6:
After Item 22.
Ages 7–11:
After Item 25.
Ages 12–14:
After Item 28.



Record & Score
Items 1–3: Score 0 or 1 point.
Items 4–5: Score 0 or 2 points.
Items 6–31: Score 0, 1, or 2 points.
See the Manual for sample responses.

Item	Response	Score
1. Fish		0 1
2. Shovel		0 1
3. Shell		0 1
4. Shirt		0 2
5. Car		0 2
6. Lamp		0 1 2
7. Bird		0 1 2
8. Tongue		0 1 2
9. Pet		0 1 2
10. Lunch		0 1 2
11. Bell		0 1 2
12. Calendar		0 1 2
13. Alligator		0 1 2
14. Dance		0 1 2

If the examinee provides a 2-point response that requires feedback or gives an incorrect (0 point) response, provide corrective feedback as instructed in the Manual.

continue

2. Vocabulary *(continued)*

Discontinue after 3 consecutive scores of 0.

	Item	Response	Score
	15. Summer		0 1 2
	16. Reveal		0 1 2
	17. Decade		0 1 2
	18. Entertain		0 1 2
	19. Tradition		0 1 2
	20. Enthusiastic		0 1 2
	21. Improvise		0 1 2
	22. Haste		0 1 2
6	 23. Trend		0 1 2
	24. Impulse		0 1 2
	25. Ruminare		0 1 2
7-11	 26. Mollify		0 1 2
	27. Extirpate		0 1 2
	28. Panacea		0 1 2
12-14			

2. Vocabulary (continued)

Discontinue after 3 consecutive scores of 0.

Item	Response	Score
29. Perfunctory		0 1 2
30. Insipid		0 1 2
31. Pavid		0 1 2

Maximum Raw Score

Age 6: 41
Ages 7–11: 47
Ages 12–14: 53
Ages 15–90: 59

Vocabulary
Total Raw Score

3. Matrix Reasoning



Start
Ages 6–8:
Sample Items A & B,
then Item 1
Ages 9–90:
Sample Items A & B,
then Item 4



Reverse
Ages 9–90: Does not obtain a perfect score
on *either* Item 4 or Item 5, administer the
preceding items in *reverse* order until two
consecutive perfect scores are obtained.



Discontinue
After 3 consecutive
scores of 0.



Stop
Ages 6–8:
After Item 24.



Record & Score
Score 0 or 1 point.
Correct responses are in **color**.

	Item	Response					Score	
6–90	SA	1	2	3	4	5		
	SB	1	2	3	4	5		
6–8	1.	1	2	3	4	5	0	1
	2.	1	2	3	4	5	0	1
	3.	1	2	3	4	5	0	1
9–90	4.	1	2	3	4	5	0	1
	5.	1	2	3	4	5	0	1
	6.	1	2	3	4	5	0	1
	7.	1	2	3	4	5	0	1
	8.	1	2	3	4	5	0	1
	9.	1	2	3	4	5	0	1
	10.	1	2	3	4	5	0	1
	11.	1	2	3	4	5	0	1
	12.	1	2	3	4	5	0	1
	13.	1	2	3	4	5	0	1
	14.	1	2	3	4	5	0	1

	Item	Response					Score	
	15.	1	2	3	4	5	0	1
	16.	1	2	3	4	5	0	1
	17.	1	2	3	4	5	0	1
	18.	1	2	3	4	5	0	1
	19.	1	2	3	4	5	0	1
	20.	1	2	3	4	5	0	1
	21.	1	2	3	4	5	0	1
	22.	1	2	3	4	5	0	1
	23.	1	2	3	4	5	0	1
6–8	24.	1	2	3	4	5	0	1
	25.	1	2	3	4	5	0	1
	26.	1	2	3	4	5	0	1
	27.	1	2	3	4	5	0	1
	28.	1	2	3	4	5	0	1
	29.	1	2	3	4	5	0	1
	30.	1	2	3	4	5	0	1

Maximum Raw Score

Ages 6–8: 24
Ages 9–90: 30

Matrix Reasoning
Total Raw Score

4. Similarities



Start
Ages 6–8:
Item 1
Ages 9–90:
Item 4



Reverse
Ages 9–90: Does not obtain a perfect score on *either* Item 4 or Item 5, administer the preceding items in **reverse** order until two consecutive perfect scores are obtained.



Discontinue
After 3 consecutive scores of 0.



Stop
Ages 6–8:
After Item 22.



Record & Score
Items 1–3: Score 0 or 1 point.
Correct responses are in **color**.
Items 4–5: Score 0 or 2 points.
Items 6–24: Score 0, 1, or 2 points.
See Manual for sample responses.

Picture Item	Response	Score
6–8	1. 1 2 3 4 5 0 1	

Picture Item	Response	Score
2.	1 2 3 4 5 0 1	

Picture Item	Response	Score
3.	1 2 3 4 5 0 1	

Verbal Items	Response	Score
9–90	§† 4. Green–Blue	0 2
	§† 5. Square–Triangle	0 2
	6. Cow–Bear	0 1 2
	7. Shirt–Jacket	0 1 2
	8. Pen–Crayon	0 1 2
	9. Hat–Umbrella	0 1 2
	10. Airplane–Bus	0 1 2
	11. Door–Window	0 1 2
	12. Child–Adult	0 1 2

§If the examinee provides a response that suggests he or she does not understand the task, provide the specified prompt in the Manual.

†If the examinee provides a 2-point response that requires feedback or provides an incorrect (0 point) response, provide corrective feedback as instructed in the Manual.



4. Similarities (continued)

Discontinue after 3 consecutive scores of 0.

Verbal Items	Response	Score
13. Shoulder—Ankle		0 1 2
14. Love—Hate		0 1 2
15. Smooth—Rough		0 1 2
16. Hand—Flag		0 1 2
17. Wall—Line		0 1 2
18. Heat—Wind		0 1 2
19. More—Less		0 1 2
20. Shadow—Echo		0 1 2
21. Tradition—Habit		0 1 2
22. Peace—War		0 1 2
6-8  23. Time—Progress		0 1 2
24. Memory—Practice		0 1 2

Maximum Raw Score
Ages 6–8: 41
Ages 9–90: 45

Similarities
Total Raw Score 274

Examinee Name: _____ Age: _____

Parent/Guardian Name: _____

Examiner Name: _____

Record Form

Behavioral Observations

Referral source/Reason for referral/Presenting complaint(s)

Physical appearance

Language (e.g., first/native language, other language, English fluency, expressive and receptive language ability, articulation)

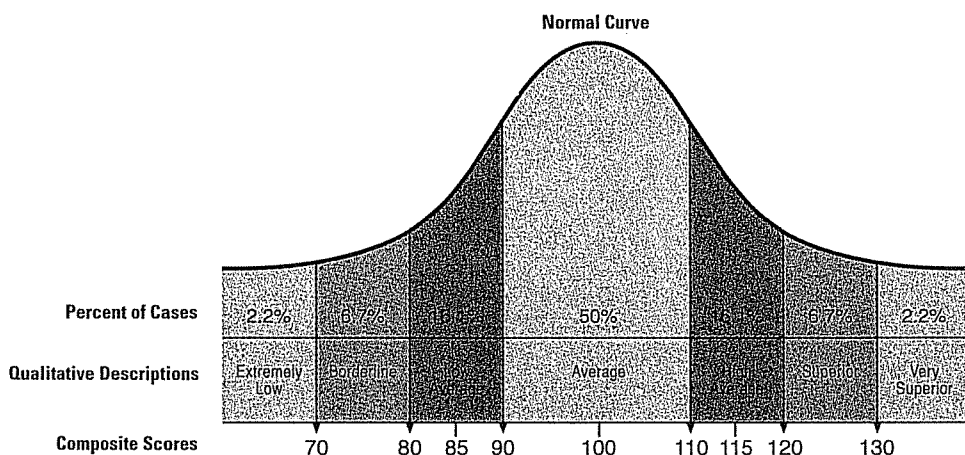
Attention and concentration

Attitude toward testing (e.g., rapport, eager to speak, working habits, interest, motivation, reaction to success/failure)

Affect/Mood

Unusual behaviors/Verbalizations (e.g., perseverations, stereotypic movements, bizarre and atypical verbalizations)

Other notes



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Day of Scan Information Questionnaire (DSIQ)

Date _____

Date of Birth _____
(in M-D-Y format)

Height _____
(Inches (4 feet = 48 inches, 5 feet = 60 inches, 6 feet = 72 inches))

Weight _____
(Pounds)

Sex

☐ Male

☐ Female

What is the highest grade or level of school that you have completed or the highest degree you have obtained?

- ☐ Less than 9th grade
- ☐ Some high school, no diploma
- ☐ High school graduate, or equivalent
- ☐ Some college, no degree
- ☐ Technical/Vocational degree
- ☐ Associate degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Doctorate degree

With what ethnicity do you identify?

- ☐ White
- ☐ Hispanic/Latino
- ☐ Black/African-American
- ☐ Native-American/American Indian
- ☐ Asian/Pacific Islander
- ☐ Other

Caffeine Use

Did you have any caffeine containing products today?

- ☐ Yes ☐ No

How many?

On average, how many cups of caffeinated coffee do you drink per day?

On average, how many cups of caffeinated tea do you drink per day?

On average, how many bottles/cans of caffeinated soda do you drink per day?

On average, how many energy drinks do you drink per day?

What brand(s) do you drink?

Do you use any other caffeinated products, such as Vivarin or NoDoz?

☐ Yes ☐ No

What product(s)?

How much?

((Designate mode of consumption in the next question))

Mode of consumption

((e.g. tablets))

How often?

☐ Day
☐ Week
☐ Month

Nicotine Use

Do you smoke cigarettes?

☐ Yes ☐ No

About how many cigarettes do you smoke per day?

How long have you been smoking?

(Years)

Have you tried to quit?

☐ Yes ☐ No

How many times?

Did you ever smoke cigarettes in the past?

☐ Yes ☐ No

How many cigarettes did you smoke per day?

How many years ago did you start smoking?

How many years ago did you quit?

Do you use smokeless tobacco, such as dip or chew?

☐ Yes ☐ No

About how much do you use per day?

((Designate mode of consumption in the next question))

Mode of consumption

((e.g. pouches))

Did you ever use smokeless tobacco in the past?

☐ Yes ☐ No

How much did you use per day?

((Designate mode of consumption in the next question))

Mode of consumption

((e.g. pouches))

How many years ago did you start using smokeless tobacco?

How many years ago did you quit?

Do you use any other nicotine-containing products?

☐ Yes ☐ No

What product(s)?

How much?

((Designate mode of consumption in the next question))

Mode of consumption

((e.g. lozenges))

How often?

☐ Day
☐ Week
☐ Month

Other

Do you take diet pills?

☐ Yes ☐ No

What brand(s)?

How many?

How often?

☐ Day
☐ Week
☐ Month

Are you currently taking any medications, vitamins, or supplements?

☐ Yes ☐ No

List medication

((e.g. Ibuprofen, 200 mg, Daily))

List medication

List medication

List medication

How many times per month do you drink (alcohol)?

On those occasions, what is the average number of drinks you consume?

On those occasions, what is the largest number of drinks you consume?

How many times in the past year have you used marijuana?

Have you ever used marijuana at other times in your life?

☐ Yes ☐ No

At what age did you begin smoking marijuana?

On approximately how many occasions have you used marijuana?

Do you use any other street drugs currently or in the past year?

☐ Yes ☐ No

Which drug(s)?

How much?

((Designate mode of consumption in the next question))

Mode of consumption

((e.g. pills))

How often?

☐ Day
☐ Week
☐ Month

Physical Information

When was your last menstrual period (be as precise as possible)?

(Date of period: ____ or about ____ days ago)

Do you typically eat breakfast?

☐ Yes ☐ No

Do you eat of snack within 1 hour of waking up?

☐ Yes ☐ No

Do you typically eat or snack within 1 hour of falling asleep at night?

☐ Yes ☐ No

Thinking about the past four weeks, on average, how many meals do you have per day?

☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6 or more

Thinking about the past four weeks, on average, how many times do you snack per day?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 or more

How has your appetite been over the past four weeks on average?

- ☐ 1 (Never hungry)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 (Always hungry)

Do you feel that you eat more than you intend to?

- ☐ 1 (Never)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 (Always)

How much do you think you can eat, compared to others your age?

- ☐ 1 (Much less than others)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 (Much more than others)

When hungry, how much do you crave carbohydrates (e.g. rice, breads, pastas)?

- ☐ 1 (Not at all)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 (Always)

When hungry, how much do you crave fats (e.g. fried food, red meats, cheese/cream, chips)?

- ☐ 1 (Not at all)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 (Always)

When hungry, how much do you crave sweets?

- ☐ 1 (Not at all)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 (Always)

Thinking about the past four weeks, on average, how many servings of fruit and vegetables do you have per day?
(1 Serving = 1/2 cup of raw fruit/vegetables, 1 apple/banana, etc.)

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 or more

Thinking about the past four weeks, on average, how many servings of meat, poultry, fish, beans, eggs, and nuts do you have per day?
(1 Serving = 3 oz. meat/poultry/fish, 1/2 cup beans, 2 tbsp. peanut butter, etc.)

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 or more

Thinking about the past four weeks, on average, how many times a week do you have microwave meals or eat fast food?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 or more

Do you engage in regular exercise?

- ☐ Yes
- ☐ No

Thinking about the past four weeks, on average, how many days per week do you exercise?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7

Thinking about the past four weeks, on average, how many minutes is each exercise session?

(Minutes)

What percent of your exercise is cardio?

(Percent (%))

What percent of your exercise is strength training?

(Percent (%))

What percent of your exercise is light exercise (e.g. stretching, walking, and some types of yoga)?

(Percent (%))

Sleep Habits

How many hours of sleep did you get last night?

((e.g. 7.5 for 7 hours 30 minutes of sleep))

Keeping the past four weeks in mind, how many hours do you typically sleep on weeknights (Sun-Thurs)?

Keeping the past four weeks in mind, how many hours do you typically sleep on weekend nights (Fri-Sat)?

Keeping the past four weeks in mind, at what time do you normally go to bed at night on weeknights (Sun-Thurs)?

(In standard time HH:MM)

AM or PM?

- ☐ AM
☐ PM

Keeping the past four weeks in mind, at what time do you normally go to bed at night on weekends (Fri-Sat)?

(In standard time HH:MM)

AM or PM?

- ☐ AM
☐ PM

Keeping the past four weeks in mind, at what time do you typically awaken on weekdays (Mon-Fri)?

(In standard time HH:MM)

AM or PM?

- ☐ AM
☐ PM

Keeping the past four weeks in mind, at what time do you typically awaken on weekends (Sat-Sun)?

(In standard time HH:MM)

AM or PM?

- ☐ AM
☐ PM

Keeping the past four weeks in mind, how many minutes does it typically take to fall asleep at night on weeknights (Sun-Thurs)?

((e.g. 15 for 15 minutes))

Keeping the past four weeks in mind, how many minutes does it typically take you to fall asleep at night on weekends (Fri-Sat)?

At what time of day do you feel sleepest?

(In standard time HH:MM)

AM or PM?

- ☐ AM
☐ PM

At what time of day do you feel most alert?

(In standard time HH:MM)

AM or PM?

- ☐ AM ☐ PM

How many hours do you need to sleep per night to feel your best?

"If I get less than ____ hours of sleep, I notice an impairment in my ability to function at work."

"If I get more than ____ hours of sleep, I notice an impairment in my ability to function at work."

Is daytime sleepiness currently a problem for you?

- ☐ Yes ☐ No

Are you currently doing shift work, that is, working early morning, evening, or night shifts?

☐ Yes ☐ No

Do you ever have trouble falling asleep?

☐ Yes ☐ No

How often per week, month, or year?

((Designate time period in the next question))

Specify time period

☐ Week
☐ Month
☐ Year

Do you ever have trouble staying asleep?

☐ Yes ☐ No

How often per week, month, or year?

((Designate time period in the next question))

Specify time period

☐ Week
☐ Month
☐ Year

Do you take more than two daytime naps per month?

☐ Yes ☐ No

About how many times per week do you nap?

At what time of day do you normally begin your nap?

(HH:MM)

AM or PM?

☐ AM
☐ PM

At what time of day do you normally wake up from your nap?

(HH:MM)

AM or PM?

☐ AM
☐ PM

Do you consider yourself a light, normal, or heavy sleeper?

- ☐ Light
☐ Normal
☐ Heavy

I yawn often

- ☐ 1 (Never) ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 (Always yawning)

When I see or hear someone else yawn, I will yawn too

- ☐ 1 (Never)
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 (Every time)

Recent Risk of Dozing Off (ESS)

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life in the last two weeks. Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation.

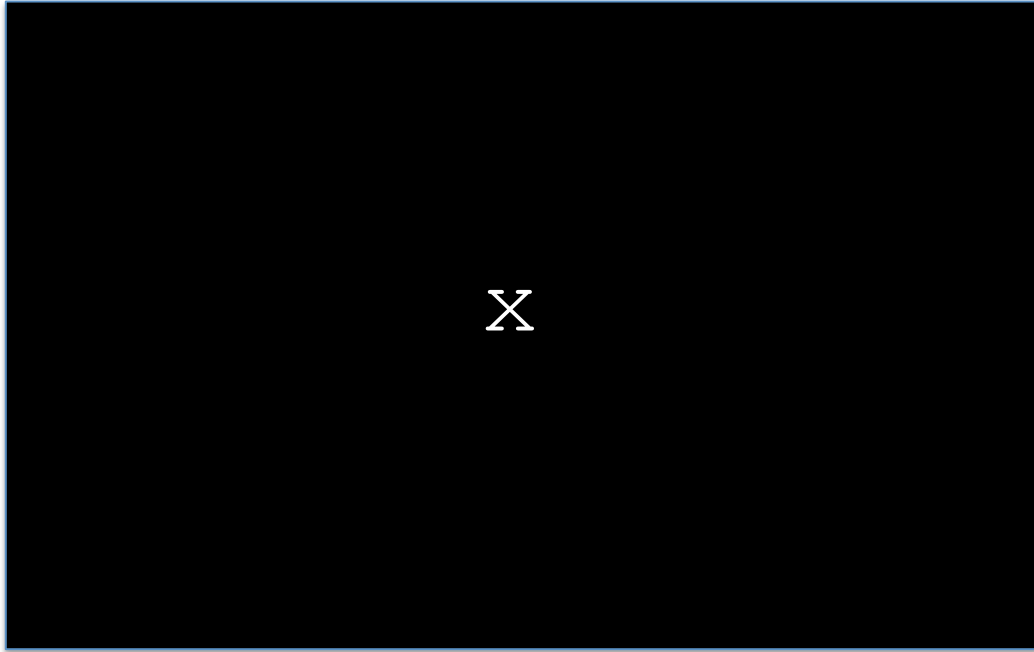
- 0 - Would never doze
 1 - Slight chance of dozing
 2 - Moderate chance of dozing
 3 - High chance of dozing

	Would never doze (0)	Slight chance of dozing (1)	Moderate chance of dozing (2)	High chance of dozing (3)
1. Sitting and reading	☐	☐	☐	☐
2. Watching TV	☐	☐	☐	☐
3. Sitting, inactive in a public place (e.g. a theater or meeting)	☐	☐	☐	☐
4. As a passenger in a car for an hour without a break	☐	☐	☐	☐
5. Lying down to rest in the afternoon when circumstances permit	☐	☐	☐	☐
6. Sitting and talking to someone	☐	☐	☐	☐
7. Sitting quietly after a lunch without alcohol	☐	☐	☐	☐
8. In a car, while stopped for a few minutes in traffic	☐	☐	☐	☐

Source: Johns MW. A new method for measuring daytime sleepiness: The Epworth Sleepiness Scale. Sleep 1991; 14(6): 540-5.

Psychomotor Vigilance Test

Press the spacebar every time an “x” appears on the screen.



Please put an **X** next to the statement that best describes how you feel:

Right now I am:

- ☐ Feeling active, vital, alert or wide awake
- ☐ Functioning at high levels, but not at peak; able to concentrate
- ☐ Awake, but relaxed; responsive but not fully alert
- ☐ Somewhat foggy, let down
- ☐ Foggy; losing interest in remaining awake; slowed down
- ☐ Sleepy, woozy, fighting sleep; prefer to lie down
- ☐ No longer fighting sleep, sleep onset soon; having dream-like thoughts
- ☒ Asleep

Subject ID: _____ Marital Status: _____ Age: _____ Sex: _____

Occupation: _____ Education: _____

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks, including today**. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1. Sadness

- 0 I do not feel sad.
- 1 I feel sad much of the time.
- 2 I am sad all the time.
- 3 I am so sad or unhappy that I can't stand it.

2. Pessimism

- 0 I am not discouraged about my future.
- 1 I feel more discouraged about my future than I used to be.
- 2 I do not expect things to work out for me.
- 3 I feel my future is hopeless and will only get worse.

3. Past Failure

- 0 I do not feel like a failure.
- 1 I have failed more than I should have.
- 2 As I look back, I see a lot of failures.
- 3 I feel I am a total failure as a person.

4. Loss of Pleasure

- 0 I get as much pleasure as I ever did from the things I enjoy.
- 1 I don't enjoy things as much as I used to.
- 2 I get very little pleasure from the things I used to enjoy.
- 3 I can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings

- 0 I don't feel particularly guilty.
- 1 I feel guilty over many things I have done or should have done.
- 2 I feel quite guilty most of the time.
- 3 I feel guilty all of the time.

6. Punishment Feelings

- 0 I don't feel I am being punished.
- 1 I feel I may be punished.
- 2 I expect to be punished.
- 3 I feel I am being punished.

7. Self-Dislike

- 0 I feel the same about myself as ever.
- 1 I have lost confidence in myself.
- 2 I am disappointed in myself.
- 3 I dislike myself.

8. Self-Criticalness

- 0 I don't criticize or blame myself more than usual.
- 1 I am more critical of myself than I used to be.
- 2 I criticize myself for all of my faults.
- 3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

- 0 I don't have any thoughts of killing myself.
- 1 I have thoughts of killing myself, but I would not carry them out.
- 2 I would like to kill myself.
- 3 I would kill myself if I had the chance.

10. Crying

- 0 I don't cry any more than I used to.
- 1 I cry more than I used to.
- 2 I cry over every little thing.
- 3 I feel like crying, but I can't.

Subtotal Page 1

Continued on Back

11. Agitation

- 0 I am no more restless or wound up than usual.
- 1 I feel more restless or wound up than usual.
- 2 I am so restless or agitated that it's hard to stay still.
- 3 I am so restless or agitated that I have to keep moving or doing something.

12. Loss of Interest

- 0 I have not lost interest in other people or activities.
- 1 I am less interested in other people or things than before.
- 2 I have lost most of my interest in other people or things.
- 3 It's hard to get interested in anything.

13. Indecisiveness

- 0 I make decisions about as well as ever.
- 1 I find it more difficult to make decisions than usual.
- 2 I have much greater difficulty in making decisions than I used to.
- 3 I have trouble making any decisions.

14. Worthlessness

- 0 I do not feel I am worthless.
- 1 I don't consider myself as worthwhile and useful as I used to.
- 2 I feel more worthless as compared to other people.
- 3 I feel utterly worthless.

15. Loss of Energy

- 0 I have as much energy as ever.
- 1 I have less energy than I used to have.
- 2 I don't have enough energy to do very much.
- 3 I don't have enough energy to do anything.

16. Changes in Sleeping Pattern

- 0 I have not experienced any change in my sleeping pattern.
- 1a I sleep somewhat more than usual.
- 1b I sleep somewhat less than usual.
- 2a I sleep a lot more than usual.
- 2b I sleep a lot less than usual.
- 3a I sleep most of the day.
- 3b I wake up 1-2 hours early and can't get back to sleep.

17. Irritability

- 0 I am no more irritable than usual.
- 1 I am more irritable than usual.
- 2 I am much more irritable than usual.
- 3 I am irritable all the time.

18. Changes in Appetite

- 0 I have not experienced any change in my appetite.
- 1a My appetite is somewhat less than usual.
- 1b My appetite is somewhat greater than usual.
- 2a My appetite is much less than before.
- 2b My appetite is much greater than usual.
- 3a I have no appetite at all.
- 3b I crave food all the time.

19. Concentration Difficulty

- 0 I can concentrate as well as ever.
- 1 I can't concentrate as well as usual.
- 2 It's hard to keep my mind on anything for very long.
- 3 I find I can't concentrate on anything.

20. Tiredness or Fatigue

- 0 I am no more tired or fatigued than usual.
- 1 I get more tired or fatigued more easily than usual.
- 2 I am too tired or fatigued to do a lot of the things I used to do.
- 3 I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex

- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.

Subtotal Page 2

Subtotal Page 1

Total Score

Beck Anxiety Inventory (BAI)

Participant ID

Beck Anxiety Inventory (BAI)

Below is a list of common symptoms of anxiety. Please read each item in the list carefully. Indicate how much you have been bothered by each symptom during the PAST WEEK, INCLUDING TODAY by selecting the corresponding space for each symptom.

	Not at all (0)	Mildly - It did not bother me (1)	Moderately - It was very unpleasant, but I could stand it (2)	Severely - I could barely stand it (3)
1. Numbness of tingling	☐	☐	☐	☐
2. Feeling hot	☐	☐	☐	☐
3. Wobbliness in legs	☐	☐	☐	☐
4. Unable to relax	☐	☐	☐	☐
5. Fear of the worst happening	☐	☐	☐	☐
6. Dizzy or lightheaded	☐	☐	☐	☐
7. Heart pounding or racing	☐	☐	☐	☐
8. Unsteady	☐	☐	☐	☐
9. Terrified	☐	☐	☐	☐
10. Nervous	☐	☐	☐	☐
11. Feelings of choking	☐	☐	☐	☐
12. Hands trembling	☐	☐	☐	☐
13. Shaky	☐	☐	☐	☐
14. Fear of losing control	☐	☐	☐	☐
15. Difficulty breathing	☐	☐	☐	☐
16. Fear of dying	☐	☐	☐	☐
17. Scared	☐	☐	☐	☐
18. Indigestion or discomfort in abdomen	☐	☐	☐	☐
19. Faint	☐	☐	☐	☐
20. Face flushed	☐	☐	☐	☐
21. Sweating (not due to heat)	☐	☐	☐	☐

Evaluation of Risks Scale (EVAR)

Participant ID

Evaluation of Risks Scale (EVAR)

1. I feel like gambling

2. I am driving and the light turns yellow, I feel like

3. The lights suddenly go out in an unfamiliar stairwell

4. I feel like

5. I feel like diving from a diving board, which is

6. I like

7. I seek

8. I am in a hurry

9. I am open to

10. I prefer to

11. I give priority to

12. I like to listen to music

13. I am sure of myself

14. I prefer discussions, which are

15. A hostile situation

16. A menacing dog approaches

17. Faced with a potentially dangerous event

18. Seeing a person who is drowning, I first

19. I prefer work that is

20. I am right

21. I emphasize

22. I like to drive

23. I like to listen to music with a tempo that is

24. I like to take risks

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State-Trait Anxiety Inventory for Adults™

Instrument and Scoring Key

Developed by Charles D. Spielberger

in collaboration with R.L. Gorsuch, R. Lushene, P.R. Vagg, and G.A. Jacobs

Published by Mind Garden, Inc.

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www.mindgarden.com

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SELF-EVALUATION QUESTIONNAIRE STAI Form Y-1

Please provide the following information:

Subject ID _____ Date _____ S _____
Age _____ Gender (Circle) M F T _____

DIRECTIONS:

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you feel *right now*, that is, *at this moment*. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

NOT AT ALL
SOMEWHAT
MODERATELY SO
VERY MUCH SO

1. I feel calm	1	2	3	4
2. I feel secure	1	2	3	4
3. I am tense	1	2	3	4
4. I feel strained	1	2	3	4
5. I feel at ease	1	2	3	4
6. I feel upset.....	1	2	3	4
7. I am presently worrying over possible misfortunes	1	2	3	4
8. I feel satisfied.....	1	2	3	4
9. I feel frightened.....	1	2	3	4
10. I feel comfortable.....	1	2	3	4
11. I feel self-confident.....	1	2	3	4
12. I feel nervous	1	2	3	4
13. I am jittery.....	1	2	3	4
14. I feel indecisive.....	1	2	3	4
15. I am relaxed.....	1	2	3	4
16. I feel content	1	2	3	4
17. I am worried.....	1	2	3	4
18. I feel confused.....	1	2	3	4
19. I feel steady.....	1	2	3	4
20. I feel pleasant.....	1	2	3	4

SELF-EVALUATION QUESTIONNAIRE

STAI Form Y-2

Subject ID _____ Date _____

DIRECTIONS

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you *generally* feel.

ALMOST NEVER
SOMETIMES
OFTEN
ALMOST ALWAYS

21. I feel pleasant.....	1	2	3	4
22. I feel nervous and restless.....	1	2	3	4
23. I feel satisfied with myself.....	1	2	3	4
24. I wish I could be as happy as others seem to be	1	2	3	4
25. I feel like a failure.....	1	2	3	4
26. I feel rested.....	1	2	3	4
27. I am "calm, cool, and collected".....	1	2	3	4
28. I feel that difficulties are piling up so that I cannot overcome them	1	2	3	4
29. I worry too much over something that really doesn't matter.....	1	2	3	4
30. I am happy.....	1	2	3	4
31. I have disturbing thoughts.....	1	2	3	4
32. I lack self-confidence.....	1	2	3	4
33. I feel secure.....	1	2	3	4
34. I make decisions easily	1	2	3	4
35. I feel inadequate.....	1	2	3	4
36. I am content.....	1	2	3	4
37. Some unimportant thought runs through my mind and bothers me.....	1	2	3	4
38. I take disappointments so keenly that I can't put them out of my mind.....	1	2	3	4
39. I am a steady person.....	1	2	3	4
40. I get in a state of tension or turmoil as I think over my recent concerns and interests.....	1	2	3	4

**State-Trait Anxiety Inventory
for Adults™
Scoring Key**

Developed by Charles D. Spielberger
in collaboration with R.L. Gorsuch, R. Lushene, P.R. Vagg, and G.A. Jacobs

Published by Mind Garden, Inc.

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www.mindgarden.com

State-Trait Anxiety Inventory for Adults Scoring Key (Form Y-1, Y-2)

Developed by **Charles D. Spielberger** in collaboration with R.L. Gorsuch, R. Lushene, P.R. Vagg, and G.A. Jacobs

To use this stencil, fold this sheet in half and line up with the appropriate test side, either Form Y-1 or Form Y-2. Simply total the scoring **weights** shown on the stencil for each response category. For example, for question # 1, if the respondent marked 3, then the **weight** would be 2. Refer to the manual for appropriate normative data.

Form Y-1	MODERATELY SO VERY MUCH SO SOMEWHAT NOT AT ALL				Form Y-2	ALMOST ALWAYS OFTEN SOMETIMES ALMOST NEVER			
	4	3	2	1		4	3	2	1
1.	4	3	2	1	21.	4	3	2	1
2.	4	3	2	1	22.	1	2	3	4
3.	1	2	3	4	23.	4	3	2	1
4.	1	2	3	4	24.	1	2	3	4
5.	4	3	2	1	25.	1	2	3	4
6.	1	2	3	4	26.	4	3	2	1
7.	1	2	3	4	27.	4	3	2	1
8.	4	3	2	1	28.	1	2	3	4
9.	1	2	3	4	29.	1	2	3	4
10.	4	3	2	1	30.	4	3	2	1
11.	4	3	2	1	31.	1	2	3	4
12.	1	2	3	4	32.	1	2	3	4
13.	1	2	3	4	33.	4	3	2	1
14.	1	2	3	4	34.	4	3	2	1
15.	4	3	2	1	35.	1	2	3	4
16.	4	3	2	1	36.	4	3	2	1
17.	1	2	3	4	37.	1	2	3	4
18.	1	2	3	4	38.	1	2	3	4
19.	4	3	2	1	39.	4	3	2	1
20.	4	3	2	1	40.	1	2	3	4

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Instrument: ***State-Trait Anxiety Inventory for Adults***

Authors: ***Charles D. Spielberger, in collaboration with R.L. Gorsuch, G.A. Jacobs, R. Lushene, and P.R. Vagg***

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Robert Most
Mind Garden, Inc.
www.mindgarden.com

Connor-Davidson Resilience Scale (CD-RISC)

Participant ID

Connor-Davidson Resilience Scale (CD-RISC)

For each item, please select the response that best indicates how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.

	Not true at all (0)	Rarely true (1)	Sometimes true (2)	Often true (3)	True nearly all the time (4)
1. I am able to adapt when changes occur.	☐	☐	☐	☐	☐
2. I have at least one close and secure relationship that helps me when I am stressed.	☐	☐	☐	☐	☐
3. When there are no clear solutions to my problems, sometimes fate or God can help.	☐	☐	☐	☐	☐
4. I can deal with whatever comes my way.	☐	☐	☐	☐	☐
5. Past successes give me confidence in dealing with new challenges and difficulties.	☐	☐	☐	☐	☐
6. I try to see the humorous side of things when I am faced with problems.	☐	☐	☐	☐	☐
7. Having to cope with stress can make me stronger.	☐	☐	☐	☐	☐
8. I tend to bounce back after illness, injury, or other hardships.	☐	☐	☐	☐	☐
9. Good or bad, I believe that most things happen for a reason.	☐	☐	☐	☐	☐
10. I give my best effort no matter what the outcome may be.	☐	☐	☐	☐	☐
11. I believe I can achieve my goals, even if there are obstacles.	☐	☐	☐	☐	☐
12. Even when things look hopeless, I don't give up.	☐	☐	☐	☐	☐
13. During times of stress/crisis, I know where to turn for help.	☐	☐	☐	☐	☐
	Not true at all (0)	Rarely true (1)	Sometimes true (2)	Often true (3)	True nearly all the time (4)

14. Under pressure, I stay focused and think clearly.	☐	☐	☐	☐	☐
15. I prefer to take the lead in solving problems rather than letting others make all the decisions.	☐	☐	☐	☐	☐
16. I am not easily discouraged by failure.	☐	☐	☐	☐	☐
17. I think of myself as a strong person when dealing with life's challenges and difficulties.	☐	☐	☐	☐	☐
18. I can make unpopular or difficult decisions that affect other people, if it is necessary.	☐	☐	☐	☐	☐
19. I am able to handle unpleasant or painful feelings like sadness, fear, and anger.	☐	☐	☐	☐	☐
20. In dealing with life's problems, sometimes you have to act on a hunch without knowing why.	☐	☐	☐	☐	☐
21. I have a strong sense of purpose in my life.	☐	☐	☐	☐	☐
22. I feel in control of my life.	☐	☐	☐	☐	☐
23. I like challenges.	☐	☐	☐	☐	☐
24. I work to attain my goals no matter what roadblocks I encounter along the way.	☐	☐	☐	☐	☐
25. I take pride in my achievements.	☐	☐	☐	☐	☐

PCL-5

Instructions: This questionnaire asks about problems you may have had after a very stressful experience involving *actual or threatened death, serious injury, or sexual violence*. It could be something that happened to you directly, something you witnessed, or something you learned happened to a close family member or close friend. Some examples are a *serious accident; fire; disaster such as a hurricane, tornado, or earthquake; physical or sexual attack or abuse; war; homicide; or suicide*.

First, please answer a few questions about your *worst event*, which for this questionnaire means the event that currently bothers you the most. This could be one of the examples above or some other very stressful experience. Also, it could be a single event (for example, a car crash) or multiple similar events (for example, multiple stressful events in a war-zone or repeated sexual abuse).

Briefly identify the worst event (if you feel comfortable doing so): _____

How long ago did it happen? _____ (please estimate if you are not sure)

Did it involve actual or threatened death, serious injury, or sexual violence?

_____ Yes

_____ No

How did you experience it?

_____ It happened to me directly

_____ I witnessed it

_____ I learned about it happening to a close family member or close friend

_____ I was repeatedly exposed to details about it as part of my job (for example, paramedic, police, military, or other first responder)

_____ Other, please describe _____

If the event involved the death of a close family member or close friend, was it due to some kind of accident or violence, or was it due to natural causes?

_____ Accident or violence

_____ Natural causes

_____ Not applicable (the event did not involve the death of a close family member or close friend)

Second, keeping this worst event in mind, read each of the problems on the next page and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

<i>In the past month, how much were you bothered by:</i>	<i>Not at all</i>	<i>A little bit</i>	<i>Moderately</i>	<i>Quite a bit</i>	<i>Extremely</i>
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (<i>as if you were actually back there reliving it</i>)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (<i>for example, heart pounding, trouble breathing, sweating</i>)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (<i>for example, people, places, conversations, activities, objects, or situations</i>)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (<i>for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous</i>)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (<i>for example, being unable to feel happiness or have loving feelings for people close to you</i>)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being “superalert” or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

PCL-5 (8/14/2013) Weathers, Litz, Keane, Palmieri, Marx, & Schnurr -- National Center for PTSD

Insomnia Severity Index

The Insomnia Severity Index has seven questions. The seven answers are added up to get a total score. When you have your total score, look at the 'Guidelines for Scoring/Interpretation' below to see where your sleep difficulty fits.

For each question, please CIRCLE the number that best describes your answer.

Please rate the CURRENT (i.e. LAST 2 WEEKS) SEVERITY of your insomnia problem(s).

Insomnia Problem	None	Mild	Moderate	Severe	Very Severe
1. Difficulty falling asleep	0	1	2	3	4
2. Difficulty staying asleep	0	1	2	3	4
3. Problems waking up too early	0	1	2	3	4

4. How SATISFIED/DISSATISFIED are you with your CURRENT sleep pattern?

Very Satisfied Satisfied Moderately Satisfied Dissatisfied Very Dissatisfied
 0 1 2 3 4

5. How NOTICEABLE to others do you think your sleep problem is in terms of impairing the quality of your life?

Not at all
 Noticeable A Little Somewhat Much Very Much Noticeable
 0 1 2 3 4

6. How WORRIED/DISTRESSED are you about your current sleep problem?

Not at all
 Worried A Little Somewhat Much Very Much Worried
 0 1 2 3 4

7. To what extent do you consider your sleep problem to INTERFERE with your daily functioning (e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood, etc.) CURRENTLY?

Not at all
 Interfering A Little Somewhat Much Very Much Interfering
 0 1 2 3 4

Guidelines for Scoring/Interpretation:

Add the scores for all seven items (questions 1 + 2 + 3 + 4 + 5 + 6 + 7) = _____ your total score

Total score categories:

0–7 = No clinically significant insomnia

8–14 = Subthreshold insomnia

15–21 = Clinical insomnia (moderate severity)

22–28 = Clinical insomnia (severe)

Session _____ ID# _____ Date _____ Time _____ AM
PM

PITTSBURGH SLEEP QUALITY INDEX

INSTRUCTIONS:

The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. Please answer all questions.

1. During the past month, what time have you usually gone to bed at night?

BED TIME _____

2. During the past month, how long (in minutes) has it usually taken you to fall asleep each night?

NUMBER OF MINUTES _____

3. During the past month, what time have you usually gotten up in the morning?

GETTING UP TIME _____

4. During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.)

HOURS OF SLEEP PER NIGHT _____

For each of the remaining questions, check the one best response. Please answer all questions.

5. During the past month, how often have you had trouble sleeping because you . . .

- a) Cannot get to sleep within 30 minutes

Not during the past month _____	Less than once a week _____	Once or twice a week _____	Three or more times a week _____

- b) Wake up in the middle of the night or early morning

Not during the past month _____	Less than once a week _____	Once or twice a week _____	Three or more times a week _____

- c) Have to get up to use the bathroom

Not during the past month _____	Less than once a week _____	Once or twice a week _____	Three or more times a week _____

d) Cannot breathe comfortably

Not during the past month_____	Less than once a week_____	Once or twice a week_____	Three or more times a week_____

e) Cough or snore loudly

Not during the past month_____	Less than once a week_____	Once or twice a week_____	Three or more times a week_____

f) Feel too cold

Not during the past month_____	Less than once a week_____	Once or twice a week_____	Three or more times a week_____

g) Feel too hot

Not during the past month_____	Less than once a week_____	Once or twice a week_____	Three or more times a week_____

h) Had bad dreams

Not during the past month_____	Less than once a week_____	Once or twice a week_____	Three or more times a week_____

i) Have pain

Not during the past month_____	Less than once a week_____	Once or twice a week_____	Three or more times a week_____

j) Other reason(s), please describe_____

How often during the past month have you had trouble sleeping because of this?

Not during the past month_____	Less than once a week_____	Once or twice a week_____	Three or more times a week_____

6. During the past month, how would you rate your sleep quality overall?

Very good _____

Fairly good _____

Fairly bad _____

Very bad _____

7. During the past month, how often have you taken medicine to help you sleep (prescribed or "over the counter")?

Not during the past month_____	Less than once a week_____	Once or twice a week_____	Three or more times a week_____

8. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?

Not during the past month_____	Less than once a week_____	Once or twice a week_____	Three or more times a week_____

9. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?

No problem at all	_____
Only a very slight problem	_____
Somewhat of a problem	_____
A very big problem	_____

10. Do you have a bed partner or room mate?

No bed partner or room mate	_____
Partner/room mate in other room	_____
Partner in same room, but not same bed	_____
Partner in same bed	_____

If you have a room mate or bed partner, ask him/her how often in the past month you have had . . .

- a) Loud snoring

Not during the past month_____	Less than once a week_____	Once or twice a week_____	Three or more times a week_____

- b) Long pauses between breaths while asleep

Not during the past month_____	Less than once a week_____	Once or twice a week_____	Three or more times a week_____

- c) Legs twitching or jerking while you sleep

Not during the past month_____	Less than once a week_____	Once or twice a week_____	Three or more times a week_____

d) Episodes of disorientation or confusion during sleep

Not during the past month_____	Less than once a week_____	Once or twice a week_____	Three or more times a week_____

e) Other restlessness while you sleep; please describe_____

Not during the past month_____	Less than once a week_____	Once or twice a week_____	Three or more times a week_____

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

SUBJECT #: _____

DATE: _____

Over the last 2 weeks, how often have you been
bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns

	+		+	

(Healthcare professional: For interpretation of TOTAL, TOTAL: _____
please refer to accompanying scoring card).

10. If you checked off *any problems*, how *difficult*
have these problems made it for you to do
your work, take care of things at home, or get
along with other people?

Not difficult at all _____
Somewhat difficult _____
Very difficult _____
Extremely difficult _____

PHQ-9 Patient Depression Questionnaire

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder

- if there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder

- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every ✓ Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

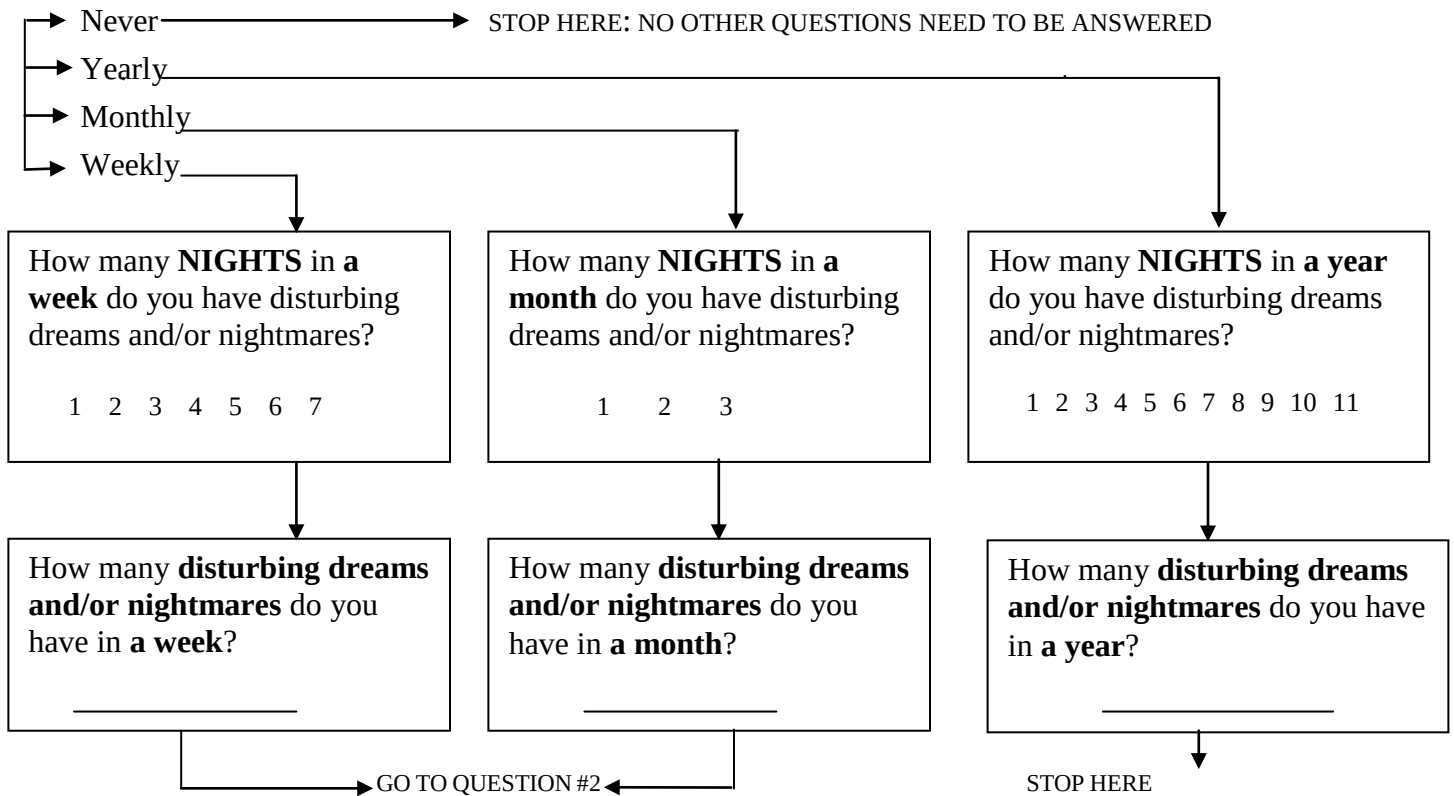
Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

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A2662B 10-04-2005

Disturbing Dream and Nightmare Severity Index

1. How often do you have disturbing dreams and/or nightmares: (Circle one, then follow the arrow)



2. Please estimate the NUMBER of months or years you have had disturbing dreams and/or nightmares:

_____months _____years

3. On average, do your nightmares wake you up? (Circle answer)

Never/Rarely Occasionally Sometimes Frequently Always

4. How would you rate the SEVERITY of your disturbing dreams and/or nightmare problem? (Circle answer)

No Problem Minimal Problem Mild Problem Moderate Problem Severe Problem Very Severe Problem Extremely Severe Problem

5. How would you rate the INTENSITY of your disturbing dreams and/or nightmares? (Circle answer)

Not Intense Minimal Intensity Mild Intensity Moderate Intensity Severe Intensity Very Severe Intensity Extremely Severe Intensity

Disturbing Dream and Nightmare Severity Index (cont.)

6. My disturbing dreams or nightmares cause me to lose sleep:

Not at All Slightly Moderately Very Much A Great Deal

7. My disturbing dreams or nightmares make it difficult to fall asleep:

Not at All Slightly Moderately Very Much A Great Deal

8. My disturbing dreams or nightmares interfere with the quality of my sleep:

Not at All Slightly Moderately Very Much A Great Deal

9. My disturbing dreams or nightmares make it difficult to sleep through the night:

Not at All Slightly Moderately Very Much A Great Deal

10. My disturbing dreams or nightmares interfere with my mood:

Not at All Slightly Moderately Very Much A Great Deal

11. My disturbing dreams or nightmares interfere with my mental health:

Not at All Slightly Moderately Very Much A Great Deal

12. My disturbing dreams or nightmares interfere with my physical health:

Not at All Slightly Moderately Very Much A Great Deal

13. My disturbing dreams or nightmares interfere with social or recreational activities:

Not at All Slightly Moderately Very Much A Great Deal

14. My disturbing dreams or nightmares interfere with my school or work performance:

Not at All Slightly Moderately Very Much A Great Deal

15. My disturbing dreams or nightmares interfere with my relationships:

Not at All Slightly Moderately Very Much A Great Deal

Functional Outcome Of Sleep Questionnaire (FOSQ)

Functional Outcome of Sleep Questionnaire (FOSQ)

- 1) Subject ID
- 2) Date

Some people have difficulty performing everyday activities when they feel tired or sleepy. The purpose of this questionnaire is to find out if you generally have difficulty carrying out certain activities because you are too sleepy or tired. In this questionnaire, when the words "sleepy" or "tired" are used, it means the feeling that you can't keep your eyes open, your head is droopy, that you want to "nod off," or that you feel the urge to take a nap. These words do not refer to the tired or fatigued feeling you may have after you have exercised.

Please circle one answer for each question. Please try to be as accurate as possible.

- 0 - I don't do this for other reasons
- 1 - No difficulty
- 2 - Yes, a little difficulty
- 3 - Yes, moderate difficulty
- 4 - Yes, extreme difficulty

	I don't do this activity for other reasons (0)	No difficulty (1)	Yes, a little difficulty (2)	Yes, moderate difficulty (3)	Yes, extreme difficulty (4)
3) 1. Do you generally have difficulty concentrating on things you do because you are sleepy or tired?	☐	☐	☐	☐	☐
4) 2. Do you generally have difficulty remembering things because you are sleepy or tired?	☐	☐	☐	☐	☐
5) 3. Do you have difficulty finishing a meal because you become sleepy or tired?	☐	☐	☐	☐	☐
6) 4. Do you have difficulty working on a hobby (for example: sewing, collecting, gardening) because you are sleepy or tired?	☐	☐	☐	☐	☐
7) 5. Do you have difficulty doing work around the house (for example: cleaning house, doing laundry, taking out the trash, repair work) because you are sleepy or tired?	☐	☐	☐	☐	☐
8) 6. Do you have difficulty operating a motor vehicle for short distances (less than 100 miles) because you become sleepy or tired?	☐	☐	☐	☐	☐
9)					

	7. Do you have difficulty operating a motor vehicle for long distances (greater than 100 miles) because you become sleepy or tired?	☐	☐	☐	☐	☐
10)	8. Do you have difficulty getting things done because you are too sleepy or tired to drive or take public transportation?	☐	☐	☐	☐	☐
11)	9. Do you have difficulty taking care of financial affairs and doing paperwork (for example: writing checks, paying bills, keeping financial records, filling out tax forms, etc.) because you are sleepy or tired?	☐	☐	☐	☐	☐
12)	10. Do you have difficulty performing employed or volunteer work because you are sleepy or tired?	☐	☐	☐	☐	☐
		I don't do this activity for other reasons (0)	No difficulty (1)	Yes, a little difficulty (2)	Yes, moderate difficulty (3)	Yes, extreme difficulty (4)
13)	11. Do you have difficulty maintaining a telephone conversation because you become sleepy or tired?	☐	☐	☐	☐	☐
14)	12. Do you have difficulty visiting with your family or friends in your home because you become sleepy or tired?	☐	☐	☐	☐	☐
15)	13. Do you have difficulty visiting with your family or friends in their homes because you become sleepy or tired?	☐	☐	☐	☐	☐
16)	14. Do you have difficulty doing things for your family or friends because you become sleepy or tired?	☐	☐	☐	☐	☐
17)	15. Has your relationship with family, friends or work colleagues been affected because you are sleepy or tired?	☐	☐	☐	☐	☐
18)	16. Do you have difficulty exercising or participating in a sporting activity because you are too sleepy or tired?	☐	☐	☐	☐	☐
19)	17. Do you have difficulty watching a movie or videotape because you become sleepy or tired?	☐	☐	☐	☐	☐
20)						

	18. Do you have difficulty enjoying the theater or a lecture because you become sleepy or tired?	☐	☐	☐	☐	☐
21)	19. Do you have difficulty enjoying a concert because you become sleepy or tired?	☐	☐	☐	☐	☐
22)	20. Do you have difficulty watching television because you are sleepy or tired?	☐	☐	☐	☐	☐
		I don't do this activity for other reasons (0)	No difficulty (1)	Yes, a little difficulty (2)	Yes, moderate difficulty (3)	Yes, extreme difficulty (4)
23)	21. Do you have difficulty participating in religious services, meetings or a group club because you are sleepy or tired?	☐	☐	☐	☐	☐
24)	22. Do you have difficulty being as active as you want to be in the evening because you are sleepy or tired?	☐	☐	☐	☐	☐
25)	23. Do you have difficulty being as active as you want to be in the morning because you are sleep or tired?	☐	☐	☐	☐	☐
26)	24. Do you have difficulty being as active as you want to be in the afternoon because you are sleepy or tired?	☐	☐	☐	☐	☐
27)	25. How would you rate yourself in your general level of activity?	☐	☐	☐	☐	☐
		Very low (1)	Low (2)	Medium (3)		High (4)
28)	26. How would you rate yourself in your general level of activity	☐	☐	☐		☐
		I don't do this activity for other reasons (0)	No difficulty (1)	Yes, a little difficulty (2)	Yes, moderate difficulty (3)	Yes, extreme difficulty (4)
29)	27. Has your intimate or sexual relationship been affected because you are sleepy or tired?	☐	☐	☐	☐	☐
30)	28. Has your desire for intimacy or sex been affected because you are sleepy or tired?	☐	☐	☐	☐	☐
31)	29. Has your ability to become sexually aroused been affected because you are sleepy or tired?	☐	☐	☐	☐	☐
32)						

30. Has your ability to have an orgasm been affected because you are sleepy or tired?

☐
☐
☐
☐
☐

Source: Weaver, T.E., Laizner, A.M., Evans, L.K., Maislin, G., Chugh, D.K., Lyon, K., Smith, P.L., Schwartz, A.R., Redline, S., Pack, A.I., Dinges, D.F. School of Nursing, Philadelphia, Pennsylvania, USA. Sleep [1997, 20(10): 835-843]

RIB/AIN'S UPDATE

Christopher Randolph

Record
Form **a**

Subject # _____ Age _____ Sex _____ Education Level _____

Examiner _____ Date of Testing _____ Ethnicity _____

	Immediate Memory	Visuospatial/ Constructional	Language	Attention	Delayed Memory		TOTAL SCALE
Index Score							
Confidence Interval %							
Percentile							
Index Score						Percentile Rank	Total Scale Index Score
160						>99.9	160
155						>99.9	155
150						>99.9	150
145						99.9	145
140						99.6	140
135						99	135
130						98	130
125						95	125
120						91	120
115						84	115
110						75	110
105						63	105
100						50	100
95						37	95
90						25	90
85						16	85
80						9	80
75						5	75
70						2	70
65						1	65
60						0.4	60
55						0.1	55
50						<0.1	50
45						<0.1	45
40						<0.1	40

Observations: _____

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PsychCorp

318

5 6 7 8 9 10 11 12 A B C D E

Product Number 0158007212

1 List Learning

Trial 1

Say *I am going to read you a list of words. I want you to listen carefully and, when I finish, repeat back as many words as you can. You don't have to say them in the same order that I do—just repeat back as many words as you can remember, in any order. Okay?*

Trials 2–4

Say *I am going to read the list again. When I finish, repeat back as many words as you can, even if you have already said them before. Okay?*

Record responses in order.

Scoring: 1 point for each word correctly recalled on each trial.

List	Trial 1	Trial 2	Trial 3	Trial 4
Market				
Package				
Elbow				
Apple				
Story				
Carpet				
Bubble				
Highway				
Saddle				
Powder				

Number Correct		+		+		+		=	
	Total Trial 1		Total Trial 2		Total Trial 3		Total Trial 4		Total Score Range=0–40

PEARSON

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2 Story Memory

Trial 1

Say ***I am going to read you a short story. I'd like you to listen carefully and, when I finish, repeat back as much of the story as you can remember. Try and use the same wording, if you can. Okay?***

Read the story below, then say ***Now repeat back as much of that story as you can.***

Trial 2

Say ***I am going to read that same story again. When I finish, I want you to again repeat back as much of the story as you can remember. Try to repeat it as exactly as you can.***

Read the story below, then say ***Now repeat back as much of that story as you can.***

Scoring: 1 point for verbatim recall of bold, italic words or alternatives, shown below in color within parentheses. Record intrusions or variations in the Responses column.

Story	Trial 1 Responses	Trial 1 Score (0 or 1)	Trial 2 Responses	Trial 2 Score (0 or 1)	Item Score (0-2)
1. On <i>Tuesday</i> ,					
2. <i>May</i>					
3. <i>Fourth</i> ,					
4. in <i>Cleveland</i> , Ohio,					
5. a <i>3 alarm</i>					
6. <i>fire</i> broke out.					
7. <i>Two</i>					
8. <i>hotels</i>					
9. and a <i>restaurant</i>					
10. were <i>destroyed</i>					
11. before the <i>firefighters</i> (<i>firemen</i>)					
12. were able to <i>extinguish it</i> (<i>put it out</i>).					
Total Score (Trial 1 + Trial 2) Range=0-24					

3 Figure Copy



Time Limit: 4 minutes

Fold this page back and present the Figure Copy Drawing Page along with the stimulus. Ask the examinee to make an exact copy of the figure. Tell the examinee that he or she is being timed, but that the score is based *only* on the exactness of his or her copy.

Scoring: 1 point for correctness and completeness (drawing), and 1 point for proper placement. See Appendix 1 in Stimulus Booklet A for complete scoring criteria and scoring examples.

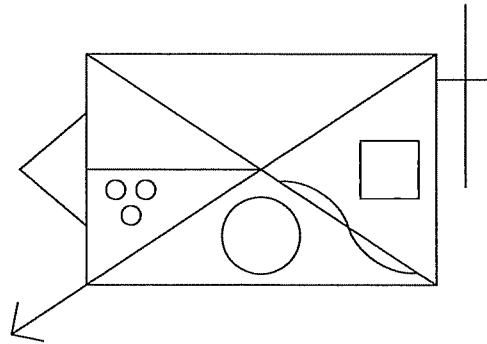


Figure Copy Criteria

(Fold back for use.)

Item	Drawing (0 or 1)	Placement (0 or 1)	Score (0, 1, or 2)	Scoring Criteria
1. rectangle				Drawing: lines are unbroken and straight; angles 90 degrees; top/bottom lines 25% longer than sides Placement: not rotated more than 15 degrees
2. diagonal cross				Drawing: lines are unbroken and straight and should approximately bisect each other Placement: ends of lines should meet corners of the rectangle without significant overlap or measurable distance between the ends of the lines and the corners
3. horizontal line				Drawing: line is unbroken and straight; should not exceed 1/2 the length of the rectangle Placement: should bisect left side of the rectangle at approximately a right angle and intersect the diagonal cross
4. circle				Drawing: round, unbroken and closed; diameter should be approximately 1/4–1/3 height of rectangle Placement: placed in appropriate segment; not touching any other part of figure
5. 3 small circles				Drawing: round, unbroken and closed; equal size; triangular arrangement; not touching each other Placement: in appropriate segment; not touching figure; triangle formed not rotated more than 15 degrees
6. square				Drawing: must be closed; 90 degree angles; lines straight and unbroken; height is 1/4–1/3 height of rectangle Placement: in appropriate segment; not touching any other part of figure; not rotated more than 15 degrees
7. curving line				Drawing: 2 curved segments are approximately equal in length and symmetrical; correct direction of curves Placement: ends of line touch diagonal; do not touch corner of rectangle or intersection of diagonal lines
8. outside cross				Drawing: vertical line of the outside cross is parallel to side of rectangle; >1/2 the height of rectangle; horizontal line crosses vertical at 90 degree angle and is between 20–50% of length of vertical line Placement: horizontal line of outside cross touches rectangle higher than 2/3 the height of rectangle, but below top; does not penetrate the rectangle
9. triangle				Drawing: angle formed by 2 sides of triangle is between 60–100 degrees; sides are straight, unbroken and meet in a point; distance on vertical side of rectangle subsumed by triangle is approximately 50% of the height of vertical side Placement: roughly centered on the left vertical side of the rectangle
10. arrow				Drawing: straight and unbroken; lines forming arrow are approximately equal in length and not more than 1/3 length of staff Placement: must protrude from appropriate corner of rectangle such that staff appears to be continuation of diagonal cross
Total Score Range=0–20				

Figure Copy Drawing Page

(Fold back for use.)

4 Line Orientation



Time Limit: 20 seconds/item

Present the sample item, and say ***These two lines down here (indicate) match two of the lines on top. Can you tell me the numbers, or point to the lines that they match?*** Correct any errors and make sure the examinee understands the task. Continue with Items 1–10.

Scoring: 1 point for each line correctly identified.

Item	Responses	Correct Responses	Score (0, 1, or 2)
Sample		1, 7	
1.		10, 12	
2.		4, 11	
3.		6, 9	
4.		8, 13	
5.		2, 4	

Item	Responses	Correct Responses	Score (0, 1, or 2)
6.		1, 6	
7.		3, 10	
8.		5, 8	
9.		1, 3	
10.		11, 13	

Total Score
Range=0–20

5 Picture Naming



Time Limit: 20 seconds/item

Ask the examinee to name each picture. Give the semantic cue only if the picture is obviously misperceived.

Scoring: 1 point for each item that is correctly named spontaneously or following semantic cue.

Item	Semantic Cue	Responses	Score (0 or 1)
1. chair	a piece of furniture		
2. pencil	used for writing		
3. well	you get water from it		
4. giraffe	an animal		
5. sailboat	used on the water (if "boat," query "what kind")		
6. cannon	a weapon, used in war		
7. pliers	a tool		
8. trumpet	a musical instrument ("cornet" okay)		
9. clothespin	used to hold laundry on a line		
10. kite	it's flown in the air		

Total Score
Range=0–10

6 Semantic Fluency



Time Limit: 60 seconds

Say ***Now I'd like you to tell me the names of all of the different kinds of fruits and vegetables that you can think of. I'll give you one minute to come up with as many as you can. Ready?***

Scoring: 1 point for each correct response.

1. _____	11. _____	21. _____	31. _____
2. _____	12. _____	22. _____	32. _____
3. _____	13. _____	23. _____	33. _____
4. _____	14. _____	24. _____	34. _____
5. _____	15. _____	25. _____	35. _____
6. _____	16. _____	26. _____	36. _____
7. _____	17. _____	27. _____	37. _____
8. _____	18. _____	28. _____	38. _____
9. _____	19. _____	29. _____	39. _____
10. _____	20. _____	30. _____	40. _____

Total Score
Range=0-40

7 Digit Span

Say ***I am going to say some numbers, and I want you to repeat them after me. Okay?***

Read the numbers at the rate of 1 per second. Only read the second string in each set if the first string was failed.
Discontinue after failure of both strings in any set.

Scoring: 2 points for the first string correct, 1 point for the second string correct, and 0 points for both strings failed.

Item	First String	String Score (0 or 2)	Second String	String Score (0 or 1)	Item Score (0-2)
1.	4-9		5-3		
2.	8-3-5		2-4-1		
3.	7-2-4-6		1-6-3-8		
4.	5-3-9-2-4		3-8-4-9-1		
5.	6-4-2-9-3-5		9-1-5-3-7-6		
6.	2-8-5-1-9-3-7		5-3-1-7-4-9-2		
7.	8-3-7-9-5-2-4-1		9-5-1-4-2-7-3-8		
8.	1-5-9-2-3-8-7-4-6		5-1-9-7-6-2-3-6-5		

Total Score
Range=0-16

8 Coding



Time Limit: 90 seconds

Say **Look at these boxes** (indicate key). **For each one of these marks there is a number that goes with it. Down here there are marks, but no numbers. I want you to fill in the number that goes with each mark.**

Demonstrate the first three. Say **Now I would like you to fill in the rest of these boxes up to the double lines** (indicate) **for practice**. Correct any errors as they are made. Make sure that the examinee understands the task and has correctly completed the sample items before you begin timing.

Say **Now I would like you to continue to fill in the numbers that match the marks. Go as quickly as you can without skipping any. When you reach the end of the line, go on to the next one. Ready? Go ahead.**

Redirect the examinee to the task if he or she becomes distracted. If the examinee is unable to comprehend the task, the subtest score is 0.

Scoring: 1 point for each item correctly coded within 90 seconds (*do not* score the sample items).

Note: Familiarize yourself with these instructions before administering this subtest.

Total Score
Range=0-89

9 List Recall

Say ***Do you remember the list of words that I read to you in the beginning? Tell me as many of those words as you can remember now.***

Scoring: 1 point for each word correctly recalled.

List (Do not read.)	Response	Score (0 or 1)
Market		
Package		
Elbow		
Apple		
Story		
Carpet		
Bubble		
Highway		
Saddle		
Powder		
Total Score Range=0–10		

10 List Recognition

Say ***I'm going to read you some words. Some of these words were on that list, and some of them weren't. I want you to tell me which words were on the list.*** For each word, ask ***Was _____ on the list?***

Scoring: 1 point for each word correctly identified. Circle the letter corresponding to examinee's response (y = yes, n = no); bold, capitalized (**Y, N**) letter indicates correct response.

List	Circle One	List	Circle One	List	Circle One	List	Circle One
1. Apple	Y n	6. sailor	y N	11. Bubble	Y n	16. Saddle	Y n
2. honey	y N	7. velvet	y N	12. prairie	y N	17. Powder	Y n
3. Market	Y n	8. Carpet	Y n	13. Highway	Y n	18. angel	y N
4. Story	Y n	9. valley	y N	14. oyster	y N	19. Package	Y n
5. fabric	y N	10. Elbow	Y n	15. student	y N	20. meadow	y N
Total Score Range=0–20							

Story Recall

Say ***Do you remember that story about a fire that I read to you earlier? Tell me as many details from the story as you can remember now.***

Scoring: 1 point for each verbatim recall of bold, italic words or alternatives, shown below in color within parentheses. Record intrusions or variations in the Responses column.

Story (Do not read.)	Responses	Item Score (0 or 1)
1. On <i>Tuesday</i> ,		
2. <i>May</i>		
3. <i>Fourth</i> ,		
4. in <i>Cleveland</i> , Ohio,		
5. a <i>3 alarm</i>		
6. <i>fire</i> broke out.		
7. <i>Two</i>		
8. <i>hotels</i>		
9. and a <i>restaurant</i>		
10. were <i>destroyed</i>		
11. before the <i>firefighters</i> (<i>firemen</i>)		
12. were able to <i>extinguish it</i> (<i>put it out</i>).		
Total Score Range=0–12		

12 Figure Recall

Say ***Do you remember that figure that I had you copy? I want you to draw as much of it as you can remember now. If you remember a part, but you're not sure where it goes, put it anywhere. Try to draw as much of it as you can.***

Now, present the Figure Recall Drawing Page.

Scoring: 1 point for correctness and completeness (drawing), and 1 point for proper placement. See Appendix 1 in Stimulus Booklet A for complete scoring criteria and scoring examples.

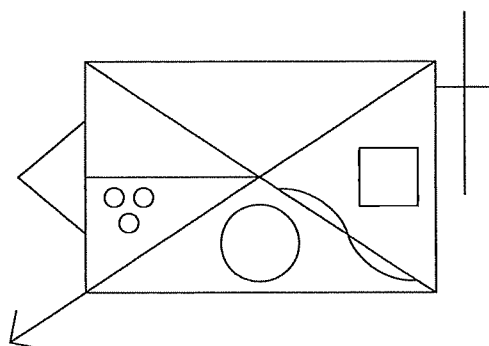


Figure Recall Criteria (Fold back for use.)

Item	Drawing (0 or 1)	Placement (0 or 1)	Score (0, 1, or 2)	Scoring Criteria
1. rectangle				Drawing: lines are unbroken and straight; angles 90 degrees; top/bottom lines 25% longer than sides Placement: not rotated more than 15 degrees
2. diagonal cross				Drawing: lines are unbroken and straight and should approximately bisect each other Placement: ends of lines should meet corners of the rectangle without significant overlap or measurable distance between the ends of the lines and the corners
3. horizontal line				Drawing: line is unbroken and straight; should not exceed 1/2 the length of the rectangle Placement: should bisect left side of the rectangle at approximately a right angle and intersect the diagonal cross
4. circle				Drawing: round, unbroken and closed; diameter should be approximately 1/4–1/3 height of rectangle Placement: placed in appropriate segment; not touching any other part of figure
5. 3 small circles				Drawing: round, unbroken and closed; equal size; triangular arrangement; not touching each other Placement: in appropriate segment; not touching figure; triangle formed not rotated more than 15 degrees
6. square				Drawing: must be closed; 90 degree angles; lines straight and unbroken; height is 1/4–1/3 height of rectangle Placement: in appropriate segment; not touching any other part of figure; not rotated more than 15 degrees
7. curving line				Drawing: 2 curved segments are approximately equal in length and symmetrical; correct direction of curves Placement: ends of line touch diagonal; do not touch corner of rectangle or intersection of diagonal lines
8. outside cross				Drawing: vertical line of the outside cross is parallel to side of rectangle; >1/2 the height of rectangle; horizontal line crosses vertical at 90 degree angle and is between 20–50% of length of vertical line Placement: horizontal line of outside cross touches rectangle higher than 2/3 the height of rectangle, but below top; does not penetrate the rectangle
9. triangle				Drawing: angle formed by 2 sides of triangle is between 60–100 degrees; sides are straight, unbroken and meet in a point; distance on vertical side of rectangle subsumed by triangle is approximately 50% of the height of vertical side Placement: roughly centered on the left vertical side of the rectangle
10. arrow				Drawing: straight and unbroken; lines forming arrow are approximately equal in length and not more than 1/3 length of staff Placement: must protrude from appropriate corner of rectangle such that staff appears to be continuation of diagonal cross
Total Score Range=0–20				

Figure Recall Drawing Page

(Fold back for use.)

Supplemental Discrepancy Analysis Page

Index Differences

Score 1–Score 2	Score 1	Score 2	Difference	Statistical Significance Level	Frequency of Difference in Standardization Sample
Immediate Memory—Visuospatial/Constructional					
Immediate Memory—Attention					
Immediate Memory—Language					
Immediate Memory—Delayed Memory					
Immediate Memory—Total Scale					
Visuospatial/Constructional—Attention					
Visuospatial/Constructional—Language					
Visuospatial/Constructional—Delayed Memory					
Visuospatial/Constructional—Total Scale					
Attention—Language					
Attention—Delayed Memory					
Attention—Total Scale					
Language—Delayed Memory					
Language—Total Scale					
Delayed Memory—Total Scale					

Score Conversion Page

	Total Score		Index Score	Scaled Score	Percentile Group
I. Immediate Memory					
1. List Learning		➤			
2. Story Memory					
II. Visuospatial/Constructional					
3. Figure Copy		➤			
4. Line Orientation					
III. Language					
5. Picture Naming		➤			
6. Semantic Fluency					
IV. Attention					
7. Digit Span		➤			
8. Coding					
V. Delayed Memory					
9. List Recall		➤			
10. List Recognition					
11. Story Recall					
12. Figure Recall					
Sum of Total Scores for Subtests 9 + 11 + 12 =					
(=)					
		Sum of Index Scores (light-colored boxes)			
				➤	
		TOTAL SCALE			

Note. Use Appendix 2 in the Stimulus Booklet to convert Total Scores to Index Scores and Sum of Index Scores to Total Scale. Subtest scaled scores and cumulative percentages are also available.

National Center for PTSD
CLINICIAN-ADMINISTERED PTSD SCALE FOR DSM-5
PAST MONTH VERSION

Subject ID: _____ ID#: _____
Interviewer: _____ Date: _____
Study: _____

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National Center for Posttraumatic Stress Disorder
October 28, 2013

Instructions

Standard administration and scoring of the CAPS-5 are essential for producing reliable and valid scores and diagnostic decisions. The CAPS-5 should be administered only by qualified interviewers who have formal training in structured clinical interviewing and differential diagnosis, a thorough understanding of the conceptual basis of PTSD and its various symptoms, and detailed knowledge of the features and conventions of the CAPS-5 itself.

Administration

1. Identify an index traumatic event to serve as the basis for symptom inquiry. Administer the Life Events Checklist and Criterion A inquiry provided on p. 5, or use some other structured, evidence-based method. The index event may involve either a single incident (e.g., “the accident”) or multiple, closely related incidents (e.g., “the worst parts of your combat experiences”).
2. Read prompts verbatim, one at a time, and in the order presented, EXCEPT:
 - a. Use the respondent’s own words for labeling the index event or describing specific symptoms.
 - b. Rephrase standard prompts to acknowledge previously reported information, but return to verbatim phrasing as soon as possible. For example, inquiry for item 20 might begin: “You already mentioned having problems sleeping. What kinds of problems?”
 - c. If you don’t have sufficient information after exhausting all standard prompts, follow up ad lib. In this situation, repeating the initial prompt often helps refocus the respondent.
 - d. As needed, ask for specific examples or direct the respondent to elaborate even when such prompts are not provided explicitly.
3. In general, DO NOT suggest responses. If a respondent has pronounced difficulty understanding a prompt it may be necessary to offer a brief example to clarify and illustrate. However, this should be done rarely and only after the respondent has been given ample opportunity to answer spontaneously.
4. DO NOT read rating scale anchors to the respondent. They are intended only for you, the interviewer, because appropriate use requires clinical judgment and a thorough understanding of CAPS-5 scoring conventions.
5. Move through the interview as efficiently as possible to minimize respondent burden. Some useful strategies:
 - a. Be thoroughly familiar with the CAPS-5 so that prompts flow smoothly.
 - b. Ask the fewest number of prompts needed to obtain sufficient information to support a valid rating.
 - c. Minimize note-taking and write while the respondent is talking to avoid long pauses.
 - d. Take charge of the interview. Be respectful but firm in keeping the respondent on task, transitioning between questions, pressing for examples, or pointing out contradictions.

Scoring

1. As with previous versions of the CAPS, CAPS-5 symptom severity ratings are based on symptom frequency and intensity, except for items 8 (amnesia) and 12 (diminished interest), which are based on amount and intensity. However, CAPS-5 items are rated with a single severity score, in contrast to previous versions of the CAPS which required separate frequency and intensity scores for each item that were either summed to create a symptom severity score or combined in various scoring rules to create a dichotomous (present/absent) symptom score. Thus, on the

CAPS-5 the clinician combines information about frequency and intensity before making a single severity rating. Depending on the item, frequency is rated as either the number of occurrences (how often in the past month) or percent of time (how much of the time in the past month). Intensity is rated on a four-point ordinal scale with ratings of *Minimal*, *Clearly Present*, *Pronounced*, and *Extreme*. Intensity and severity are related but distinct. Intensity refers to the strength of a typical occurrence of a symptom. Severity refers to the total symptom load over a given time period, and is a combination of intensity and frequency. This is similar to the quantity/frequency assessment approach to alcohol consumption. In general, intensity rating anchors correspond to severity scale anchors described below and should be interpreted and used in the same way, except that severity ratings require joint consideration of intensity and frequency. Thus, before taking frequency into account, an intensity rating of *Minimal* corresponds to a severity rating of *Mild / subthreshold*, *Clearly Present* corresponds with *Moderate / threshold*, *Pronounced* corresponds with *Severe / markedly elevated*, and *Extreme* corresponds with *Extreme / incapacitating*.

2. The five-point CAPS-5 symptom severity rating scale is used for all symptoms. Rating scale anchors should be interpreted and used as follows:
 - 0 **Absent** The respondent denied the problem or the respondent's report doesn't fit the DSM-5 symptom criterion.
 - 1 **Mild / subthreshold** The respondent described a problem that is consistent with the symptom criterion but isn't severe enough to be considered clinically significant. The problem doesn't satisfy the DSM-5 symptom criterion and thus doesn't count toward a PTSD diagnosis.
 - 2 **Moderate / threshold** The respondent described a clinically significant problem. The problem satisfies the DSM-5 symptom criterion and thus counts toward a PTSD diagnosis. The problem would be a target for intervention. This rating requires a minimum frequency of *2 X month* or *some of the time (20-30%)* PLUS a minimum intensity of *Clearly Present*.
 - 3 **Severe / markedly elevated** The respondent described a problem that is well above threshold. The problem is difficult to manage and at times overwhelming, and would be a prominent target for intervention. This rating requires a minimum frequency of *2 X week* or *much of the time (50-60%)* PLUS a minimum intensity of *Pronounced*.
 - 4 **Extreme / incapacitating** The respondent described a dramatic symptom, far above threshold. The problem is pervasive, unmanageable, and overwhelming, and would be a high-priority target for intervention.
3. In general, make a given severity rating only if the minimum frequency and intensity for that rating are both met. However, you may exercise clinical judgment in making a given severity rating if the reported frequency is somewhat lower than required, but the intensity is higher. For example, you may make a severity rating of *Moderate / threshold* if a symptom occurs *1 X month* (instead of the required *2 X month*) as long as intensity is rated *Pronounced* or *Extreme* (instead of the required *Clearly Present*). Similarly, you may make a severity rating of *Severe / markedly elevated* if a symptom occurs *1 X week* (instead of the required *2 X week*) as long as the intensity is rated *Extreme* (instead of the required *Pronounced*). If you are unable to decide between two severity ratings, make the lower rating.
4. You need to establish that a symptom not only meets the DSM-5 criterion phenomenologically, but is also functionally related to the index traumatic event, i.e., started or got worse as a result of the event. CAPS-5 items 1-8 and 10 (reexperiencing, effortful avoidance, amnesia, and blame) are inherently linked to the event. Evaluate the remaining items for trauma-relatedness (TR) using the TR inquiry and rating scale. The three TR ratings are:
 - a. **Definite** = the symptom can clearly be attributed to the index trauma, because (1) there is an obvious change from the pre-trauma level of functioning and/or (2) the respondent makes the attribution to the index trauma with confidence.
 - b. **Probable** = the symptom is likely related to the index trauma, but an unequivocal connection can't be made. Situations in which this rating would be given include the following: (1) there seems to be a change from the pre-

trauma level of functioning, but it isn't as clear and explicit as it would be for a "definite;" (2) the respondent attributes a causal link between the symptom and the index trauma, but with less confidence than for a rating of *Definite*; (3) there appears to be a functional relationship between the symptom and inherently trauma-linked symptoms such as reexperiencing symptoms (e.g., numbing or withdrawal increases when reexperiencing increases).

- c. ***Unlikely*** = the symptom can be attributed to a cause other than the index trauma because (1) there is an obvious functional link with this other cause and/or (2) the respondent makes a confident attribution to this other cause and denies a link to the index trauma. Because it can be difficult to rule out a functional link between a symptom and the index trauma, a rating of *Unlikely* should be used only when the available evidence strongly points to a cause other than the index trauma. NOTE: Symptoms with a TR rating of *Unlikely* should not be counted toward a PTSD diagnosis or included in the total CAPS-5 symptom severity score.
5. **CAPS-5 total symptom severity score** is calculated by summing severity scores for items 1-20. NOTE: Severity scores for the two dissociation items (29 and 30) should NOT be included in the calculation of the total CAPS-5 severity score.
6. **CAPS-5 symptom cluster severity scores** are calculated by summing the individual item severity scores for symptoms contained in a given DSM-5 cluster. Thus, the Criterion B (reexperiencing) severity score is the sum of the individual severity scores for items 1-5; the Criterion C (avoidance) severity score is the sum of items 6 and 7; the Criterion D (negative alterations in cognitions and mood) severity score is the sum of items 8-14; and the Criterion E (hyperarousal) severity score is the sum of items 15-20. A symptom cluster score may also be calculated for dissociation by summing items 29 and 30.
7. **PTSD diagnostic status** is determined by first dichotomizing individual symptoms as "present" or "absent," then following the DSM-5 diagnostic rule. A symptom is considered present only if the corresponding item severity score is rated 2=*Moderate/threshold* or higher. Items 9 and 11-20 have the additional requirement of a trauma-relatedness rating of *Definite* or *Probable*. Otherwise a symptom is considered absent. The DSM-5 diagnostic rule requires the presence of least one Criterion B symptom, one Criterion C symptom, two Criterion D symptoms, and two Criterion E symptoms. In addition, Criteria F and G must be met. Criterion F requires that the disturbance has lasted at least one month. Criterion G requires that the disturbance cause either clinically significant distress or functional impairment, as indicated by a rating of 2=*moderate* or higher on items 23-25.

Criterion A: Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s).
2. Witnessing, in person, the event(s) as it occurred to others.
3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse). Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

[Administer Life Events Checklist or other structured trauma screen]

I'm going to ask you about the stressful experiences questionnaire you filled out. First I'll ask you to tell me a little bit about the event you said was the worst for you. Then I'll ask how that event may have affected you over the past month. In general I don't need a lot of information – just enough so I can understand any problems you may have had. Please let me know if you find yourself becoming upset as we go through the questions so we can slow down and talk about it. Also, let me know if you have any questions or don't understand something. Do you have any questions before we start?

The event you said was the worst was (EVENT). What I'd like for you to do is briefly describe what happened.

Index event (specify):

What happened? (How old were you? How were you involved? Who else was involved? Was anyone seriously injured or killed? Was anyone's life in danger? How many times did this happen?)	Exposure type: Experienced ____ Witnessed ____ Learned about ____ Exposed to aversive details ____ Life threat? NO YES [self ____ other ____] Serious injury? NO YES [self ____ other ____] Sexual violence? NO YES [self ____ other ____] Criterion A met? NO PROBABLE YES

For the rest of the interview, I want you to keep (EVENT) in mind as I ask you about different problems it may have caused you. You may have had some of these problems before, but for this interview we're going to focus just on the past month. For each problem I'll ask if you've had it in the past month, and if so, how often and how much it bothered you.

Criterion B: Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

1. (B1) Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). Note: In children older than 6 years, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.

In the past month, have you had any <u>unwanted memories</u> of (EVENT) while you were awake, so not counting dreams? [Rate 0=Absent if only during dreams] How does it happen that you start remembering (EVENT)? [If not clear:] (Are these <u>unwanted</u> memories, or are you thinking about [EVENT] on purpose?) [Rate 0=Absent unless perceived as involuntary and intrusive] How much do these memories bother you? Are you able to put them out of your mind and think about something else? <u>Circle:</u> Distress = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i> How often have you had these memories in the past month? # of times _____ Key rating dimensions = frequency / intensity of distress Moderate = at least 2 X month / distress clearly present, some difficulty dismissing memories Severe = at least 2 X week / pronounced distress, considerable difficulty dismissing memories	0 Absent 1 Mild / subthreshold 2 Moderate / threshold 3 Severe / markedly elevated 4 Extreme / incapacitating

2. (B2) Recurrent distressing dreams in which the content and/or affect of the dream are related to the event(s). Note: In children, there may be frightening dreams without recognizable content.

In the past month, have you had any <u>unpleasant dreams</u> about (EVENT)? Describe a typical dream. (What happens?) [If not clear:] (Do they wake you up?) [If yes:] (What do you experience when you wake up? How long does it take you to get back to sleep?) [If reports not returning to sleep:] (How much sleep do you lose?) How much do these dreams bother you? <u>Circle:</u> Distress = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i> How often have you had these dreams in the past month? # of times _____ Key rating dimensions = frequency / intensity of distress Moderate = at least 2 X month / distress clearly present, less than 1 hour sleep loss Severe = at least 2 X week / pronounced distress, more than 1 hour sleep loss	0 Absent 1 Mild / subthreshold 2 Moderate / threshold 3 Severe / markedly elevated 4 Extreme / incapacitating

3. (B3) Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.) Note: In children, trauma-specific reenactment may occur in play.

In the past month, have there been times when you <u>suddenly acted</u> or <u>felt</u> as if (EVENT) were <u>actually happening</u> again? [If not clear:] <i>(This is different than thinking about it or dreaming about it – now I'm asking about flashbacks, when you feel like you're actually back at the time of [EVENT], actually reliving it.)</i> How much does it seem as if (EVENT) were happening again? <i>(Are you confused about where you actually are?)</i> What do you do while this is happening? <i>(Do other people notice your behavior? What do they say?)</i> How long does it last? <u>Circle</u>: Dissociation = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i> How often has this happened in the past month? # of times _____ Key rating dimensions = frequency / intensity of dissociation Moderate = at least 2 X month / dissociative quality clearly present, may retain some awareness of surroundings but relives event in a manner clearly distinct from thoughts and memories Severe = at least 2 X week / pronounced dissociative quality, reports vivid reliving, e.g., with images, sounds, smells	0 Absent 1 Mild / subthreshold 2 Moderate / threshold 3 Severe / markedly elevated 4 Extreme / incapacitating

4. (B4) Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

In the past month, have you gotten <u>emotionally upset</u> when <u>something reminded you</u> of (EVENT)? What kinds of reminders make you upset? How much do these reminders bother you? Are you able to calm yourself down when this happens? <i>(How long does it take?)</i> <u>Circle</u>: Distress = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i> How often has this happened in the past month? # of times _____ Key rating dimensions = frequency / intensity of distress Moderate = at least 2 X month / distress clearly present, some difficulty recovering Severe = at least 2 X week / pronounced distress, considerable difficulty recovering	0 Absent 1 Mild / subthreshold 2 Moderate / threshold 3 Severe / markedly elevated 4 Extreme / incapacitating

5. (B5) Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

In the past month, have you had any <u>physical reactions</u> when <u>something reminded you</u> of (EVENT)? Can you give me some examples? <i>(Does your heart race or your breathing change? What about sweating or feeling really tense or shaky?)</i> What kinds of reminders trigger these reactions? How long does it take you to recover? <u>Circle:</u> Physiological reactivity = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i> How often has this happened in the past month? # of times _____ Key rating dimensions = frequency / intensity of physiological arousal Moderate = at least 2 X month / reactivity clearly present, some difficulty recovering Severe = at least 2 X week / pronounced reactivity, sustained arousal, considerable difficulty recovering	0 Absent 1 Mild / subthreshold 2 Moderate / threshold 3 Severe / markedly elevated 4 Extreme / incapacitating

Criterion C: Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

6. (C1) Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

In the past month, have you tried to <u>avoid thoughts</u> or <u>feelings</u> about (EVENT)? What kinds of thoughts or feelings do you avoid? How hard do you try to avoid these thoughts or feelings? <i>(What kinds of things do you do?)</i> <u>Circle:</u> Avoidance = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i> How often in the past month? # of times _____ Key rating dimensions = frequency / intensity of avoidance Moderate = at least 2 X month / avoidance clearly present Severe = at least 2 X week / pronounced avoidance	0 Absent 1 Mild / subthreshold 2 Moderate / threshold 3 Severe / markedly elevated 4 Extreme / incapacitating

7. (C2) Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

In the past month, have you tried to <u>avoid things</u> that <u>remind you</u> of (EVENT), like certain people, places, or situations? What kinds of things do you avoid? How much effort do you make to avoid these reminders? <i>(Do you have to make a plan or change your activities to avoid them?)</i> [If not clear:] (Overall, how much of a problem is this for you? How would things be different if you didn't have to avoid these reminders?) <u>Circle:</u> Avoidance = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i> How often in the past month? # of times _____ Key rating dimensions = frequency / intensity of avoidance Moderate = at least 2 X month / avoidance clearly present Severe = at least 2 X week / pronounced avoidance	0 Absent 1 Mild / subthreshold 2 Moderate / threshold 3 Severe / markedly elevated 4 Extreme / incapacitating

Criterion D: Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

8. (D1) Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).

In the past month, have you had <u>difficulty remembering</u> some <u>important parts</u> of (EVENT)? <i>(Do you feel there are gaps in your memory of [EVENT]?)</i> What parts have you had difficulty remembering? Do you feel you should be able to remember these things? [If not clear:] (Why do you think you can't? Did you have a head injury during [EVENT]? Were you knocked unconscious? Were you intoxicated from alcohol or drugs?) [Rate 0=Absent if due to head injury or loss of consciousness or intoxication during event] [If still not clear:] (Is this just normal forgetting? Or do you think you may have blocked it out because it would be too painful to remember?) [Rate 0=Absent if due only to normal forgetting] <u>Circle:</u> Difficulty remembering = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i> In the past month, how many of the important parts of (EVENT) have you had difficulty remembering? <i>(What parts do you still remember?)</i> # of important aspects _____ Would you be able to recall these things if you tried? Key rating dimensions = amount of event not recalled / intensity of inability to recall Moderate = at least one important aspect / difficulty remembering clearly present, some recall possible with effort Severe = several important aspects / pronounced difficulty remembering, little recall even with effort	0 Absent 1 Mild / subthreshold 2 Moderate / threshold 3 Severe / markedly elevated 4 Extreme / incapacitating

9. (D2) Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is completely dangerous," "My whole nervous system is permanently ruined").

In the past month, have you had <u>strong negative beliefs</u> about yourself, other people, or the world? Can you give me some examples? <i>(What about believing things like "I am bad," "there is something seriously wrong with me," "no one can be trusted," "the world is completely dangerous"?)</i> How strong are these beliefs? <i>(How convinced are you that these beliefs are actually true? Can you see other ways of thinking about it?)</i> <u>Circle</u>: Conviction = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i> How much of the time in the past month have you felt that way? % of time _____ Did these beliefs start or get worse after (EVENT)? <i>(Do you think they're related to [EVENT]? How so?)</i> <u>Circle</u>: Trauma-relatedness = <i>Definite</i> <i>Probable</i> <i>Unlikely</i> Key rating dimensions = frequency / intensity of beliefs Moderate = some of the time (20-30%) / exaggerated negative expectations clearly present, some difficulty considering more realistic beliefs Severe = much of the time (50-60%) / pronounced exaggerated negative expectations, considerable difficulty considering more realistic beliefs	0 Absent 1 Mild / subthreshold 2 Moderate / threshold 3 Severe / markedly elevated 4 Extreme / incapacitating

10. (D3) Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.

In the past month, have you <u>blamed yourself</u> for (EVENT) or what happened as a result of it? Tell me more about that. <i>(In what sense do you see yourself as having caused [EVENT]? Is it because of something you did? Or something you think you should have done but didn't? Is it because of something about you in general?)</i> What about <u>blaming someone else</u> for (EVENT) or what happened as a result of it? Tell me more about that. <i>(In what sense do you see [OTHERS] as having caused [EVENT]? Is it because of something they did? Or something you think they should have done but didn't?)</i> How much do you blame (YOURSELF OR OTHERS)? How convinced are you that [YOU OR OTHERS] are truly responsible for what happened? <i>(Do other people agree with you? Can you see other ways of thinking about it?)</i> [Rate 0=Absent if only blames perpetrator, i.e., someone who deliberately caused the event and intended harm] <u>Circle</u>: Conviction = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i> How much of the time in the past month have you felt that way? % of time _____ Key rating dimensions = frequency / intensity of blame Moderate = some of the time (20-30%) / distorted blame clearly present, some difficulty considering more realistic beliefs Severe = much of the time (50-60%) / pronounced distorted blame, considerable difficulty considering more realistic beliefs	0 Absent 1 Mild / subthreshold 2 Moderate / threshold 3 Severe / markedly elevated 4 Extreme / incapacitating

11. (D4) Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).

In the past month, have you had any <u>strong negative feelings</u> such as fear, horror, anger, guilt, or shame? Can you give me some examples? <i>(What negative feelings do you experience?)</i> How strong are these negative feelings? How well are you able to manage them? <u>Circle</u>: Negative emotions = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i> How much of the time in the past month have you felt that way? % of time _____ Did these negative feelings start or get worse after (EVENT)? <i>(Do you think they're related to [EVENT]? How so?)</i> <u>Circle</u>: Trauma-relatedness = <i>Definite</i> <i>Probable</i> <i>Unlikely</i> Key rating dimensions = frequency / intensity of negative emotions Moderate = some of the time (20-30%) / negative emotions clearly present, some difficulty managing Severe = much of the time (50-60%) / pronounced negative emotions, considerable difficulty managing	0 Absent 1 Mild / subthreshold 2 Moderate / threshold 3 Severe / markedly elevated 4 Extreme / incapacitating

12. (D5) Markedly diminished interest or participation in significant activities.

In the past month, have you been <u>less interested</u> in <u>activities</u> that you used to enjoy? What kinds of things have you lost interest in or don't do as much as you used to? <i>(Anything else?)</i> Why is that? [Rate 0=Absent if diminished participation is due to lack of opportunity, physical inability, or developmentally appropriate change in preferred activities] How strong is your loss of interest? <i>(Would you still enjoy [ACTIVITIES] once you got started?)</i> <u>Circle</u>: Loss of interest= <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i> Overall, in the past month, how many of your usual activities have you been less interested in? % of activities _____ What kinds of things do you still enjoy doing? Did this loss of interest start or get worse after (EVENT)? <i>(Do you think it's related to [EVENT]? How so?)</i> <u>Circle</u>: Trauma-relatedness = <i>Definite</i> <i>Probable</i> <i>Unlikely</i> Key rating dimensions = percent of activities affected / intensity of loss of interest Moderate = some activities (20-30%) / loss of interest clearly present but still has some enjoyment of activities Severe = many activities (50-60%) / pronounced loss of interest, little interest or participation in activities	0 Absent 1 Mild / subthreshold 2 Moderate / threshold 3 Severe / markedly elevated 4 Extreme / incapacitating

13. (D6) Feelings of detachment or estrangement from others.

In the past month, have you felt <u>distant</u> or <u>cut off</u> from other people? Tell me more about that. How strong are your feelings of being distant or cut off from others? <i>(Who do you feel closest to? How many people do you feel comfortable talking with about personal things?)</i> <u>Circle</u>: Detachment or estrangement = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i> How much of the time in the past month have you felt that way? % of time _____ Did this feeling of being distant or cut off start or get worse after (EVENT)? <i>(Do you think it's related to [EVENT]? How so?)</i> <u>Circle</u>: Trauma-relatedness = <i>Definite</i> <i>Probable</i> <i>Unlikely</i> Key rating dimensions = frequency / intensity of detachment or estrangement Moderate = some of the time (20-30%) / feelings of detachment clearly present but still feels some interpersonal connection Severe = much of the time (50-60%) / pronounced feelings of detachment or estrangement from most people, may feel close to only one or two people	0 Absent 1 Mild / subthreshold 2 Moderate / threshold 3 Severe / markedly elevated 4 Extreme / incapacitating

14. (D7) Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

In the past month, have there been times when you had <u>difficulty experiencing positive feelings</u> like love or happiness? Tell me more about that. <i>(What feelings are difficult to experience?)</i> How much difficulty do you have experiencing positive feelings? <i>(Are you still able to experience any positive feelings?)</i> <u>Circle</u>: Reduction of positive emotions = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i> How much of the time in the past month have you felt that way? % of time _____ Did this trouble experiencing positive feelings start or get worse after (EVENT)? <i>(Do you think it's related to [EVENT]? How so?)</i> <u>Circle</u>: Trauma-relatedness = <i>Definite</i> <i>Probable</i> <i>Unlikely</i> Key rating dimensions = frequency / intensity of reduction in positive emotions Moderate = some of the time (20-30%) / reduction of positive emotional experience clearly present but still able to experience some positive emotions Severe = much of the time (50-60%) / pronounced reduction of experience across range of positive emotions	0 Absent 1 Mild / subthreshold 2 Moderate / threshold 3 Severe / markedly elevated 4 Extreme / incapacitating

Criterion E: Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

15. (E1) Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.

In the past month, have there been times when you felt especially irritable or angry and showed it in your behavior? Can you give me some examples? <i>(How do you show it? Do you raise your voice or yell? Throw or hit things? Push or hit other people?)</i> <u>Circle</u>: Aggression = Minimal Clearly Present Pronounced Extreme How often in the past month? # of times _____ Did this behavior start or get worse after (EVENT)? <i>(Do you think it's related to [EVENT]? How so?)</i> <u>Circle</u>: Trauma-relatedness = Definite Probable Unlikely Key rating dimensions = frequency / intensity of aggressive behavior Moderate = at least 2 X month / aggression clearly present, primarily verbal Severe = at least 2 X week / pronounced aggression, at least some physical aggression	0 Absent 1 Mild / subthreshold 2 Moderate / threshold 3 Severe / markedly elevated 4 Extreme / incapacitating

16. (E2) Reckless or self-destructive behavior.

In the past month, have there been times when you were taking more risks or doing things that might have caused you harm? Can you give me some examples? How much of a risk do you take? <i>(How dangerous are these behaviors? Were you injured or harmed in some way?)</i> <u>Circle</u>: Risk = Minimal Clearly Present Pronounced Extreme How often have you taken these kinds of risks in the past month? # of times _____ Did this behavior start or get worse after (EVENT)? <i>(Do you think it's related to [EVENT]? How so?)</i> <u>Circle</u>: Trauma-relatedness = Definite Probable Unlikely Key rating dimensions = frequency / degree of risk Moderate = at least 2 X month / risk clearly present, may have been harmed Severe = at least 2 X week / pronounced risk, actual harm or high probability of harm	0 Absent 1 Mild / subthreshold 2 Moderate / threshold 3 Severe / markedly elevated 4 Extreme / incapacitating

17. (E3) Hypervigilance.

In the past month, have you been especially <u>alert</u> or <u>watchful</u>, even when there was no specific threat or danger? <i>(Have you felt as if you had to be on guard?)</i> Can you give me some examples? <i>(What kinds of things do you do when you're alert or watchful?)</i> [If not clear:] <i>(What causes you to react this way? Do you feel like you're in danger or threatened in some way? Do you feel that way more than most people would in the same situation?)</i> <u>Circle</u>: Hypervigilance = Minimal Clearly Present Pronounced Extreme How much of the time in the past month have you felt that way? % of time _____ Did being especially alert or watchful start or get worse after (EVENT)? <i>(Do you think it's related to [EVENT]? How so?)</i> <u>Circle</u>: Trauma-relatedness = Definite Probable Unlikely Key rating dimensions = frequency / intensity of hypervigilance Moderate = some of the time (20-30%) / hypervigilance clearly present, e.g., watchful in public, heightened awareness of threat Severe = much of the time (50-60%) / pronounced hypervigilance, e.g., scans environment for danger, may have safety rituals, exaggerated concern for safety of self/family/home	0 Absent 1 Mild / subthreshold 2 Moderate / threshold 3 Severe / markedly elevated 4 Extreme / incapacitating

18. (E4) Exaggerated startle response.

In the past month, have you had any <u>strong</u> <u>startle</u> reactions? What kinds of things made you startle? How strong are these startle reactions? <i>(How strong are they compared to how most people would respond? Do you do anything other people would notice?)</i> How long does it take you to recover? <u>Circle</u>: Startle = Minimal Clearly Present Pronounced Extreme How often has this happened in the past month? # of times _____ Did these startle reactions start or get worse after (EVENT)? <i>(Do you think they're related to [EVENT]? How so?)</i> <u>Circle</u>: Trauma-relatedness = Definite Probable Unlikely Key rating dimensions = frequency / intensity of startle Moderate = at least 2 X month / startle clearly present, some difficulty recovering Severe = at least 2 X week / pronounced startle, sustained arousal, considerable difficulty recovering	0 Absent 1 Mild / subthreshold 2 Moderate / threshold 3 Severe / markedly elevated 4 Extreme / incapacitating

19. (E5) Problems with concentration.

In the past month, have you had any <u>problems</u> with <u>concentration</u>? Can you give me some examples? Are you able to concentrate if you really try? <u>Circle</u>: Problem concentrating = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i> How much of the time in the past month have you had problems with concentration? % of time _____ Did these problems with concentration start or get worse after (EVENT)? (Do you think they're related to [EVENT]? How so?) <u>Circle</u>: Trauma-relatedness = <i>Definite</i> <i>Probable</i> <i>Unlikely</i> Key rating dimensions = frequency / intensity of concentration problems Moderate = some of the time (20-30%) / problem concentrating clearly present, some difficulty but can concentrate with effort Severe = much of the time (50-60%) / pronounced problem concentrating, considerable difficulty even with effort	0 Absent 1 Mild / subthreshold 2 Moderate / threshold 3 Severe / markedly elevated 4 Extreme / incapacitating

20. (E6) Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

In the past month, have you had any problems <u>falling</u> or <u>staying</u> asleep? What kinds of problems? (How long does it take you to fall asleep? How often do you wake up in the night? Do you wake up earlier than you want to?) How many total hours do you sleep each night? How many hours do you think you should be sleeping? <u>Circle</u>: Problem sleeping = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i> How often in the past month have you had these sleep problems? # of times _____ Did these sleep problems start or get worse after (EVENT)? (Do you think they're related to [EVENT]? How so?) <u>Circle</u>: Trauma-relatedness = <i>Definite</i> <i>Probable</i> <i>Unlikely</i> Key rating dimensions = frequency / intensity of sleep problems Moderate = at least 2 X month / sleep disturbance clearly present, clearly longer latency or clear difficulty staying asleep, 30-90 minutes loss of sleep Severe = at least 2 X week / pronounced sleep disturbance, considerably longer latency or marked difficulty staying asleep, 90 min to 3 hrs loss of sleep	0 Absent 1 Mild / subthreshold 2 Moderate / threshold 3 Severe / markedly elevated 4 Extreme / incapacitating

Criterion F: Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.

21. Onset of symptoms

[If not clear:] When did you first start having (PTSD SYMPTOMS) you've told me about? <i>(How long after the trauma did they start? More than six months?)</i>	Total # months delay in onset _____ With delayed onset (≥ 6 months)? NO YES

22. Duration of symptoms

[If not clear:] How long have these (PTSD SYMPTOMS) lasted altogether?	Total # months duration _____ Duration more than 1 month? NO YES

Criterion G: The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

23. Subjective distress

Overall, in the past month, how much have you been bothered by these (PTSD SYMPTOMS) you've told me about? [Consider distress reported on earlier items]	0 None 1 Mild, minimal distress 2 Moderate, distress clearly present but still manageable 3 Severe, considerable distress 4 Extreme, incapacitating distress

24. Impairment in social functioning

In the past month, have these (PTSD SYMPTOMS) affected your relationships with other people? How so? [Consider impairment in social functioning reported on earlier items]	0 No adverse impact 1 Mild impact, minimal impairment in social functioning 2 Moderate impact, definite impairment but many aspects of social functioning still intact 3 Severe impact, marked impairment, few aspects of social functioning still intact 4 Extreme impact, little or no social functioning

25. Impairment in occupational or other important area of functioning

[If not clear:] Are you working now? [If yes:] In the past month, have these (PTSD SYMPTOMS) affected your work or your ability to work? How so? [Consider reported work history, including number and duration of jobs, as well as the quality of work relationships. If premorbid functioning is unclear, inquire about work experiences before the trauma. For child/adolescent trauma, assess pre-trauma school performance and possible presence of behavior problems] [If no:] Have these (PTSD SYMPTOMS) affected any other important part of your life? [As appropriate, suggest examples such as parenting, housework, schoolwork, volunteer work, etc.] How so?	0 No adverse impact 1 Mild impact, minimal impairment in occupational/other important functioning 2 Moderate impact, definite impairment but many aspects of occupational/other important functioning still intact 3 Severe impact, marked impairment, few aspects of occupational/other important functioning still intact 4 Extreme impact, little or no occupational/other important functioning

Global Ratings

26. Global validity

Estimate the overall validity of responses. Consider factors such as compliance with the interview, mental status (e.g., problems with concentration, comprehension of items, dissociation), and evidence of efforts to exaggerate or minimize symptoms.	0 <i>Excellent, no reason to suspect invalid responses</i> 1 <i>Good, factors present that may adversely affect validity</i> 2 <i>Fair, factors present that definitely reduce validity</i> 3 <i>Poor, substantially reduced validity</i> 4 <i>Invalid responses, severely impaired mental status or possible deliberate “faking bad” or “faking good”</i>

27. Global severity

Estimate the overall severity of PTSD symptoms. Consider degree of subjective distress, degree of functional impairment, observations of behaviors in interview, and judgment regarding reporting style.	0 <i>No clinically significant symptoms, no distress and no functional impairment</i> 1 <i>Mild, minimal distress or functional impairment</i> 2 <i>Moderate, definite distress or functional impairment but functions satisfactorily with effort</i> 3 <i>Severe, considerable distress or functional impairment, limited functioning even with effort</i> 4 <i>Extreme, marked distress or marked impairment in two or more major areas of functioning</i>

28. Global improvement

Rate total overall improvement since the previous rating. Rate the degree of change, whether or not, in your judgment, it is due to treatment.	0 <i>Asymptomatic</i> 1 <i>Considerable improvement</i> 2 <i>Moderate improvement</i> 3 <i>Slight improvement</i> 4 <i>No improvement</i> 5 <i>Insufficient information</i>

Specify whether with dissociative symptoms: The individual's symptoms meet the criteria for posttraumatic stress disorder, and in addition, in response to the stressor, the individual experiences persistent or recurrent symptoms of either of the following:

29. (1) Depersonalization: Persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one's mental processes or body (e.g., feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly).

In the past month, have there been times when you felt as if you were separated from yourself, like you were watching yourself from the outside or observing your thoughts and feelings as if you were another person?

[If no:] ***(What about feeling as if you were in a dream, even though you were awake? Feeling as if something about you wasn't real? Feeling as if time was moving more slowly?)***

Tell me more about that.

How strong is this feeling? *(Do you lose track of where you actually are or what's actually going on?)*

What do you do while this is happening? *(Do other people notice your behavior? What do they say?)*

How long does it last?

Circle: Dissociation = *Minimal* *Clearly Present* *Pronounced* *Extreme*

[If not clear:] ***(Was this due to the effects of alcohol or drugs? What about a medical condition like seizures?)*** [Rate 0=Absent if due to the effects of a substance or another medical condition]

How often has this happened in the past month? # of times _____

Key rating dimensions = frequency / intensity of dissociation

Moderate = at least 2 X month / dissociative quality clearly present but transient, retains some realistic sense of self and awareness of environment

Severe = at least 2 X week / pronounced dissociative quality, marked sense of detachment and unreality

0 *Absent*

1 *Mild / subthreshold*

2 *Moderate / threshold*

3 *Severe / markedly elevated*

4 *Extreme / incapacitating*

30. (2) Derealization: Persistent or recurrent experiences of unreality of surroundings (e.g., the world around the individual is experienced as unreal, dreamlike, distant, or distorted).

In the past month, have there been times when things going on around you seemed unreal or very strange and unfamiliar? [If no:] <i>(Do things going on around you seem like a dream or like a scene from a movie? Do they seem distant or distorted?)</i> Tell me more about that. How strong is this feeling? <i>(Do you lose track of where you actually are or what's actually going on?)</i> What do you do while this is happening? <i>(Do other people notice your behavior? What do they say?)</i> How long does it last? <u>Circle:</u> Dissociation = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i> [If not clear:] <i>(Was this due to the effects of alcohol or drugs? What about a medical condition like seizures?)</i> [Rate 0=Absent if due to the effects of a substance or another medical condition] How often has this happened in the past month? # of times _____	0 <i>Absent</i> 1 <i>Mild / subthreshold</i> 2 <i>Moderate / threshold</i> 3 <i>Severe / markedly elevated</i> 4 <i>Extreme / incapacitating</i>
Key rating dimensions = frequency / intensity of dissociation Moderate = at least 2 X month / dissociative quality clearly present but transient, retains some realistic sense of environment Severe = at least 2 X week / pronounced dissociative quality, marked sense of unreality	

CAPS-5 SUMMARY SHEET

Name: _____ ID#: _____ Interviewer: _____ Study: _____ Date: _____

<i>A. Exposure to actual or threatened death, serious injury, or sexual violence</i>		
Criterion A met?	0 = NO	1 = YES

<i>B. Intrusion symptoms (need 1 for diagnosis)</i>	<i>Past Month</i>	
	<i>Sev</i>	<i>Sx (Sev $\geq$ 2)?</i>
(1) B1 – Intrusive memories		0 = NO 1 = YES
(2) B2 – Distressing dreams		0 = NO 1 = YES
(3) B3 – Dissociative reactions		0 = NO 1 = YES
(4) B4 – Cued psychological distress		0 = NO 1 = YES
(5) B5 – Cued physiological reactions		0 = NO 1 = YES
<i>B subtotals</i>	<i>B Sev =</i>	<i># B Sx =</i>

<i>C. Avoidance symptoms (need 1 for diagnosis)</i>	<i>Past Month</i>	
	<i>Sev</i>	<i>Sx (Sev $\geq$ 2)?</i>
(6) C1 – Avoidance of memories, thoughts, feelings		0 = NO 1 = YES
(7) C2 – Avoidance of external reminders		0 = NO 1 = YES
<i>C subtotals</i>	<i>C Sev =</i>	<i># C Sx =</i>

<i>D. Cognitions and mood symptoms (need 2 for diagnosis)</i>	<i>Past Month</i>	
	<i>Sev</i>	<i>Sx (Sev $\geq$ 2)?</i>
(8) D1 – Inability to recall important aspect of event		0 = NO 1 = YES
(9) D2 – Exaggerated negative beliefs or expectations		0 = NO 1 = YES
(10) D3 – Distorted cognitions leading to blame		0 = NO 1 = YES
(11) D4 – Persistent negative emotional state		0 = NO 1 = YES
(12) D5 – Diminished interest or participation in activities		0 = NO 1 = YES
(13) D6 – Detachment or estrangement from others		0 = NO 1 = YES
(14) D7 – Persistent inability to experience positive emotions		0 = NO 1 = YES
<i>D subtotals</i>	<i>D Sev =</i>	<i># D Sx =</i>

<i>E. Arousal and reactivity symptoms (need 2 for diagnosis)</i>	<i>Past Month</i>	
	<i>Sev</i>	<i>Sx (Sev $\geq$ 2)?</i>
(15) E1 – Irritable behavior and angry outbursts		0 = NO 1 = YES
(16) E2 – Reckless or self-destructive behavior		0 = NO 1 = YES
(17) E3 – Hypervigilance		0 = NO 1 = YES
(18) E4 – Exaggerated startle response		0 = NO 1 = YES
(19) E5 – Problems with concentration		0 = NO 1 = YES
(20) E6 – Sleep disturbance		0 = NO 1 = YES
<i>E subtotals</i>	<i>E Sev =</i>	<i># E Sx =</i>

PTSD totals	Past Month	
	Total Sev	Total # Sx
Sum of subtotals (B+C+D+E)		

F. Duration of disturbance	Current	
(22) Duration of disturbance $\geq$ 1 month?	0 = NO	1 = YES

G. Distress or impairment (need 1 for diagnosis)	Past Month	
	Sev	Cx (Sev $\geq$ 2)?
(23) Subjective distress		0 = NO 1 = YES
(24) Impairment in social functioning		0 = NO 1 = YES
(25) Impairment in occupational functioning		0 = NO 1 = YES
G subtotals	G Sev =	# G Cx =

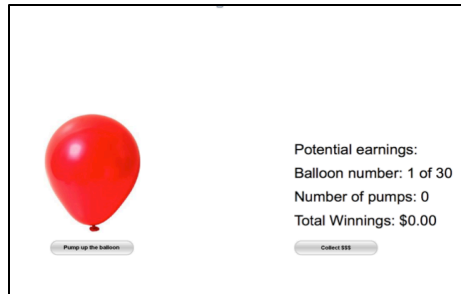
Global ratings	Past Month	
(26) Global validity		
(27) Global severity		
(28) Global improvement		

Dissociative symptoms (need 1 for subtype)	Past Month	
	Sev	Sx (Sev $\geq$ 2)?
(29) 1 -- Depersonalization		0 = NO 1 = YES
(30) 2 – Derealization		0 = NO 1 = YES
Dissociative subtotals	Diss Sev =	# Diss Sx =

PTSD diagnosis	Past Month	
PTSD PRESENT – ALL CRITERIA (A-G) MET?	0 = NO	1 = YES
With dissociative symptoms	0 = NO	1 = YES
(21) With delayed onset ($\geq$ 6 months)	0 = NO	1 = YES

Balloon Analogue Risk Task

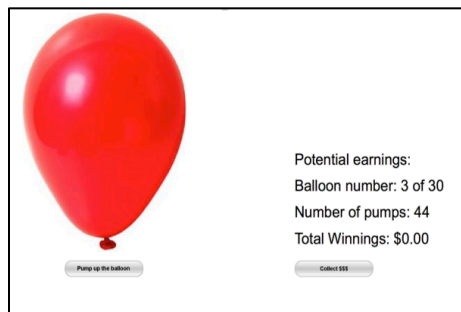
Inflate the Balloon by Pressing Key



The BART presents participants with 30 virtual balloons.

-Each balloon can be inflated one increment for each key press.

Balloon Grows in Size and Monetary Value



-With each key press the size of the balloon increases.

-Each increment also increases the potential value of the balloon by 5 cents.

-The balloon can be "cashed in" at any time and the total accumulated value retained.

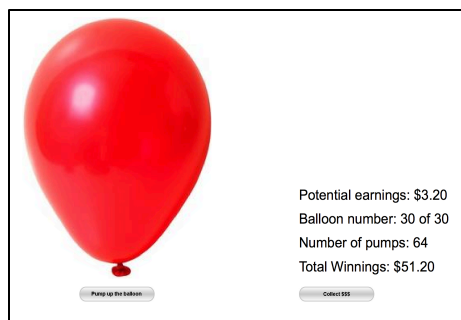
If Balloon Explodes, All \$\$\$ is Lost



-Each Balloon can explode at any time.

-If a balloon explodes, all of the potential money accumulated *for that balloon* will be lost.

Goal: Earn as Much Money as Possible



-The goal is to maximize winnings

-Only 30 balloons are presented.

Curriculum Vitae

Date Prepared: October 4, 2014

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Education

1985 A.A. (Liberal Arts), San Antonio College
1985 A.A.S (Radio-TV-Film), San Antonio College
1990 B.A. (Psychology), Summa cum laude with Distinction, University of New Mexico
1992 M.A. (Clinical Psychology), Texas Tech University
1996 PH.D. (Clinical Psychology), Texas Tech University

Postdoctoral Training

08/95-07/96 Predoctoral Fellow, Clinical Psychology, Yale School of Medicine
08/96-07/97 Postdoctoral Fellow, Clinical Neuropsychology, University of OK Health Sciences Center
08/97-07/99 Postdoctoral Fellow, Clinical Neuropsychology, University of Pennsylvania Medical School
07/99-09/00 Research Fellow, Neuroimaging, McLean Hospital/ Harvard Medical School
09/13-05/14 Certificate in Applied Biostatistics, Harvard Medical School

Faculty Academic Appointments

10/00-08/02 Instructor in Psychology in the Department of Psychiatry
Harvard Medical School, Boston, MA
09/02-07/07 Clinical Instructor in Psychology in the Department of Psychiatry
Harvard Medical School, Boston, MA
08/07-10/10 Instructor in Psychology in the Department of Psychiatry
Harvard Medical School, Boston, MA

04/08- Faculty Affiliate, Division of Sleep Medicine
Harvard Medical School, Boston, MA

10/10-10/12 Assistant Professor of Psychology in the Department of Psychiatry
Harvard Medical School, Boston, MA

10/12- Associate Professor of Psychology in the Department of Psychiatry
Harvard Medical School

Appointments at Hospitals/Affiliated Institutions

10/00-08/02 Assistant Research Psychologist, McLean Hospital, Belmont, MA

08/02-07/04 Research Psychologist, Department of Behavioral Biology, Walter Reed Army Institute of Research, Silver Spring, MD

09/02-04/05 Special Volunteer, National Institute on Deafness and Other Communication Disorders (NIDCD), National Institutes of Health (NIH), Bethesda, MD

09/02-07/07 Consultant in Psychology, McLean Hospital, Belmont, MA

08/07- Research Psychologist, McLean Hospital, Belmont, MA

Other Professional Positions

11/01-08/02 First Lieutenant, Medical Service Corps, United States Army Reserve (USAR)

08/02-07/05 Captain, Medical Service Corps, United States Army

08/05-10/07 Major, Medical Service Corps, United States Army

10/07-07/12 Major, Medical Service Corps, United States Army Reserve (USAR)

10/07-3/10 Chief Psychologist, GovSource, Inc., U.S. Department of Defense Government Contractor

08/08- Consulting Psychologist, The Brain Institute, University of Utah

07/12- Lieutenant Colonel, Medical Service Corps, United States Army Reserve (USAR)

Major Administrative Leadership Positions

Local

1988-1989 Undergraduate Teaching Assistant-Introduction to Psychology 102, University of New Mexico

1990-1991 Graduate Teaching Assistant-General Psychology 1300, Texas Tech University

1991-1992 Graduate Teaching Assistant-Psychology of Learning Laboratory 3317, Texas Tech University

2004-2007 Chief, Neurocognitive Performance Branch, Walter Reed Army Institute of Research, Silver Spring, MD

2005-2006 Neuropsychology Postdoctoral Program Training Supervisor, Walter Reed Hospital, Washington, DC

2011- Co-Director, Social, Cognitive, and Affective Neuroscience Laboratory, McLean Hospital, Belmont, MA

Committee Service

Local

- 2003 Scientific Review Committee, Walter Reed Army Institute of Research (WRAIR), Silver Spring, MD
- 2005 Scientific Review Committee, Walter Reed Army Institute of Research (WRAIR), Silver Spring, MD
- 2012- McLean Hospital Research Committee, McLean Hospital, Belmont, MA

Regional

- 2005-2006 Undergraduate Honors Thesis Committee, Jessica Richards [Chairperson], University of Maryland, Baltimore County
- 2011 Scientific Review Committee, U.S. Army Institute of Environmental Medicine (USARIEM), Natick, MA

National

- 2011- National Network of Depression Centers, Military Task Group

International

- 2005-2006 Doctoral Thesis Committee, Belinda J. Liddell, University of Sydney, Australia

Professional Societies

- 1995-1997 American Psychological Association, Member
- 1998-2000 National Academy of Neuropsychology, Member
- 2012- American Academy of Sleep Medicine, Member
- 2014- Organization for Human Brain Mapping, Member

Grant Review Activities

National

- 2004 University of Alabama, Clinical Nutrition Research Center (UAB CNRC) Pilot/Feasibility Study Program Review Committee
- 2006 U.S. Small Business Administration, Small Business Technology Transfer (STTR) Program Review Committee
- 2006 Cognitive Performance Assessment Program Area Steering Committee, U.S. Army Military Operational Medicine Research Program Funding Panel
- 2007 Cognitive Performance Assessment Program Area Steering Committee, U.S. Army Military Operational Medicine Research Program Funding Panel
- 2008 United States Army Medical Research and Materiel Command (USAMRMC) Congressionally Directed Medical Research Programs (CDMRP) Extramural Grant Review Panel
- 2009 NIH-CSR Brain Disorders and Clinical Neuroscience N02 Member Study Conflict Section Review Panel
- 2009 Sleep Physiology and Fatigue Interventions Program Area Steering Committee, U.S. Army Military Operational Medicine Research Program
- 2011 National Science Foundation (NSF) Grant Reviewer
- 2012 National Science Foundation (NSF) Grant Reviewer

International

2009	Scotland, UK, Biomedical and Therapeutic Research Committee, Grant Reviewer
2010	Canada, Social Sciences and Humanities Research Council of Canada, Grant Reviewer
2011	Israel, Israel Science Foundation (ISF), Grant Reviewer
2013	Israel, Israel Science Foundation (ISF), Grant Reviewer

Editorial Activities

2001-2012	Reviewer, Psychological Reports
2001-2012	Reviewer, Perceptual and Motor Skills
2002	Reviewer, American Journal of Psychiatry
2002-2013	Reviewer, Biological Psychiatry
2003	Reviewer, Clinical Neurology and Neurosurgery
2004, 2013	Reviewer, NeuroImage
2004-2006	Reviewer, Neuropsychologia
2004	Reviewer, Journal of Neuroscience
2004	Reviewer, Consciousness and Cognition
2005	Reviewer, Experimental Brain Research
2005	Reviewer, Schizophrenia Research
2005-2012	Reviewer, Archives of General Psychiatry
2005	Reviewer, Behavioral Brain Research
2005-2009	Reviewer, Human Brain Mapping
2005-2013	Reviewer, Psychiatry Research: Neuroimaging
2006	Reviewer, Journal of Abnormal Psychology
2006	Reviewer, Psychopharmacology
2006	Reviewer, Developmental Science
2006	Reviewer, Acta Psychologica
2006	Reviewer, Neuroscience Letters
2006-2014	Reviewer, Journal of Sleep Research
2006-2013	Reviewer, Physiology and Behavior
2006-2014	Reviewer, SLEEP
2007	Reviewer, Journal of Clinical and Experimental Neuropsychology
2008	Reviewer, European Journal of Child and Adolescent Psychiatry
2008	Reviewer, Judgment and Decision Making
2008-2010	Reviewer, Aviation, Space, & Environmental Medicine
2008	Reviewer, Journal of Psychophysiology
2008	Reviewer, Brazilian Journal of Medical and Biological Research
2008	Reviewer, The Harvard Undergraduate Research Journal
2008	Reviewer, Bipolar Disorders
2008-2013	Reviewer, Chronobiology International
2008	Reviewer, International Journal of Obesity
2009	Reviewer, European Journal of Neuroscience
2009-2014	Reviewer, International Journal of Eating Disorders
2009	Reviewer, Psychophysiology
2009	Reviewer, Traumatology
2009	Reviewer, Clinical Medicine: Therapeutics
2009	Reviewer, Acta Pharmacologica Sinica
2009	Reviewer, Collegium Antropologicum

2009	Reviewer, Journal of Psychopharmacology
2009-2014	Reviewer, Obesity
2009	Reviewer, Scientific Research and Essays
2009	Reviewer, Child Development Perspectives
2009-2010	Reviewer, Personality and Individual Differences
2009-2010	Reviewer, Noise and Health
2009-2010	Reviewer, Sleep Medicine
2010	Reviewer, Nature and Science of Sleep
2010	Reviewer, Psychiatry and Clinical Neurosciences
2010	Reviewer, Learning and Individual Differences
2010	Reviewer, Cognitive, Affective, and Behavioral Neuroscience
2010	Reviewer, BMC Medical Research Methodology
2010-2011	Reviewer, Journal of Adolescence
2010-2012	Reviewer, Brain Research
2011	Reviewer, Brain
2011	Reviewer, Social Cognitive and Affective Neuroscience
2011	Reviewer, Journal of Traumatic Stress
2011	Reviewer, Social Neuroscience
2011-2014	Reviewer, Brain and Cognition
2011	Reviewer, Frontiers in Neuroscience
2011-2012	Reviewer, Sleep Medicine Reviews
2012	Reviewer, Journal of Experimental Psychology: General
2012	Reviewer, Ergonomics
2012	Reviewer, Behavioral Sleep Medicine
2012	Reviewer, Neuropsychology
2012	Reviewer, Emotion
2012	Reviewer, JAMA
2012	Reviewer, BMC Neuroscience
2012	Reviewer, Cognition and Emotion
2012	Reviewer, Journal of Behavioral Decision Making
2012	Reviewer, Psychosomatic Medicine
2012-2014	Reviewer, PLoS One
2012	Reviewer, American Journal of Critical Care
2012-2014	Reviewer, Journal of Sleep Disorders: Treatment and Care
2013	Reviewer, Experimental Psychology
2013	Reviewer, Clinical Interventions in Aging
2013	Reviewer, Frontiers in Psychology
2013	Reviewer, Brain Structure and Function
2013	Reviewer, Appetite
2013	Reviewer, JAMA Psychiatry
2014	Reviewer, Acta Psychologica
2014	Reviewer, Neurology
2014	Reviewer, Applied Neuropsychology: Child

Other Editorial Roles

2009-	Editorial Board Member	International Journal of Eating Disorders
2012-	Editor	Datasets in Neuroscience

2012-	Editor	Datasets in Medicine
2012-	Editor	Journal of Sleep Disorders: Treatment and Care

Honors and Prizes

1990	Outstanding Senior Honors Thesis in Psychology, University of New Mexico
1990-1995	Maxey Scholarship in Psychology, Texas Tech University
2001	Rennick Research Award, Co-Author, International Neuropsychological Society
2002	Honor Graduate, AMEDD Officer Basic Course, U.S. Army Medical Department Center and School
2002	Lynch Leadership Award Nominee, AMEDD Officer Basic Course, U.S. Army Medical Department Center and School
2003	Outstanding Research Presentation Award, 2003 Force Health Protection Conference, U.S. Army Center for Health Promotion and Preventive Medicine
2005	Edward L. Buescher Award for Excellence in Research by a Young Scientist, Walter Reed Army Institute of Research (WRAIR) Association
2009	Merit Poster Award, International Neuropsychological Society
2009	Outstanding Research Presentation Award, 2009 Force Health Protection Conference, U.S. Army Center for Health Promotion and Preventive Medicine
2010	Best Paper Award, Neuroscience, 27 th U.S. Army Science Conference
2011	Published paper included in <i>Best of Sleep Medicine 2011</i>
2011	Blue Ribbon Finalist, 2011 Top Poster Award in Clinical and Translational Research, Society of Biological Psychiatry
2012	Defense Advance Research Projects Agency (DARPA) Young Faculty Award in Neuroscience
2014	Blue Ribbon Finalist, 2014 Top Poster Award in Basic Neuroscience, Society of Biological Psychiatry
2014	Harvard Medical School Excellence in Mentoring Award Nominee
2014	AASM Young Investigator Award, Honorable Mention, Co-Author, American Academy of Sleep Medicine

Report of Funded and Unfunded Projects

Funding Information

Past

2001-2003	fMRI of Unconscious Affect Processing in Adolescence. N.I.H., 1R03HD41542-01 P.I.: Killgore (\$79,000.)
2003-2006	The Effects of Sleep-Loss and Stimulant Countermeasures on Judgment and Decision Making. U.S. Army Medical Research and Materiel Command (USAMRMC) Competitive Medical Research Proposal Program (CMRP), P.I.: Killgore (Total Award: \$1,345,000.)

- 2004-2005 Sleep/wake Schedules in 3ID Aviation Brigade Soldiers.
Defense Advanced Research Projects Agency (DARPA)
P.I.: Killgore (Total Award: \$60,000.)
- 2005-2006 Functional Neuroimaging Studies of Neural Processing Changes with Sleep and Sleep Deprivation.
U.S. Army Medical Research and Materiel Command (USAMRMC)
Task Area C (Warfighter Judgment and Decision Making) Program Funding
P.I.: Killgore (Total Award: \$219,400.)
- 2006-2007 Establishing Normative Data Sets for a Series of Tasks to Measure the Cognitive Effects of Operationally Relevant Stressors.
U.S. Army Medical Research and Materiel Command (USAMRMC)
Task Area C (Warfighter Judgment and Decision Making) Program Funding,
P.I.: Killgore (Total Award: \$154,000.)
- 2006-2007 Military Operational Medicine Research Program (MOM-RP), Development of the Sleep History and Readiness Predictor (SHARP).
U.S. Army Medical Research and Materiel Command (USAMRMC)
P.I.: Killgore (Total Award:\$291,000.)
- Current**
- 2009-2014 The Neurobiological Basis and Potential Modification of Emotional Intelligence through Affective Behavioral Training.
U.S. Army Medical Research and Materiel Command (USAMRMC),
P.I.: Killgore (Total Award: \$551,961.)
Major Goal: To identify the neurobiological basis of cognitive and emotional intelligence using functional and structural magnetic resonance imaging.
- 2011-2014 Effects of Bright Light Therapy on Sleep, Cognition, and Brain Function following Mild Traumatic Brain Injury.
U.S. Army Medical Research and Materiel Command (USAMRMC),
P.I.: Killgore (Total Award: \$941,924)
Major Goal: To evaluate the effectiveness of morning exposure to bright light as a treatment for improving in sleep patterns among individuals with post-concussive syndrome. Effects of improved sleep on recovery due to this treatment will be evaluated using neurocognitive testing as well as functional and structural neuroimaging.
- 2012-2015 Internet Based Cognitive Behavioral Therapy Effects on Depressive Cognitions and Brain function.
U.S. Army Medical Research and Materiel Command (USAMRMC),
Co-PI: Killgore (Total Award: \$1,646,045)
Major Goal: To evaluate the effectiveness of an internet-based cognitive behavioral therapy treatment program on improving depressive symptoms, coping and resilience skills, cognitive processing and functional brain activation patterns within the prefrontal cortex.

- 2012-2014 Multimodal Neuroimaging to Predict Cognitive Resilience Against Sleep Loss
 Defense Advance Research Projects Agency (DARPA) Young Faculty Award in Neuroscience
 P.I.: Killgore (Total Award: \$445,531)
 Major Goal: To combine several neuroimaging techniques, including functional and structural magnetic resonance imaging, diffusion tensor imaging, and magnetic resonance spectroscopy to predict individual resilience to 24 hours of sleep deprivation.
- 2012-2016 A Model for Predicting Cognitive and Emotional Health from Structural and Functional Neurocircuitry following Traumatic Brain Injury
 Congressionally Directed Medical Research Program (CDMRP), Psychological Health/Traumatic Brain Injury (PH/TBI) Research Program: Applied Neurotrauma Research Award.
 P.I.: Killgore (Total Award: \$2,272,098)
 Major Goal: To evaluate the relation between axonal damage and neurocognitive performance in patients with traumatic brain injury at multiple points over the recovery trajectory, in order to predict recovery.
- 2012-2014 Neural Mechanisms of Fear Extinction Across Anxiety Disorders
 NIH NIMH
 Site Subcontract PI: Killgore (Subcontract Award: \$505,065)
 Major Goal: To examine the neurocircuitry involved in fear conditioning, extinction, and extinction recall across several major anxiety disorders.
- 2014-2017 Bright Light Therapy for Treatment of Sleep Problems following Mild TBI.
 Psychological Health and Traumatic Brain Injury Research Program (PH/TBI RP) Traumatic Brain Injury Research Award-Clinical Trial.
 P.I.: Killgore (Total Award: \$1,853,921)
 Major Goal: To verify the effectiveness of morning exposure to bright light as a treatment for improving in sleep patterns, neurocognitive performance, brain function, and brain structure among individuals with a recent mild traumatic brain injury.
- 2014-2018 A Non-pharmacologic Method for Enhancing Sleep in PTSD
 P.I.: Killgore (Total Award: \$3,821,415)
 Major Goal: To evaluate the effectiveness of blue light exposure to modify sleep in PTSD and its effects on fear conditioning/extinction, symptom expression, and brain functioning.

Report of Local Teaching and Training

Laboratory and Other Research Supervisory and Training Responsibilities

- 2005-2006 1 Fellow for 250 hrs/year, Neuropsychology Postdoctoral Research Training Program Supervisor, Walter Reed Hospital
- 2011- 2 Fellows for 2080 hrs/year, Harvard Research Fellow Supervisor, McLean Hospital

Formally Supervised Trainees

- 1997-1999 David Glahn, Ph.D. Associate Professor, Yale University School of Medicine
Provided mentorship in clinical neuropsychological assessment and research at the University of Pennsylvania Hospital, which resulted in the development of a new psychometric test, 1 co-authored published conference abstract, and 1 co-authored published journal article.
- 1997-1999 Daniel Casasanto, Ph.D. Assistant Professor, University of Chicago
Supervised this trainee while at the University of Pennsylvania Hospital, which resulted in the development of a new psychometric test, 9 co-authored published conference abstracts, and 5 co-authored published journal articles.
- 2002-2005 Alexander Vo, Ph.D. Associate Professor, UTMB; Vice President, Electronically Mediated Services, Colorado Access
Served as one of his research mentors at the Walter Reed Army Institute of Research, which resulted in 3 co-authored published conference abstracts, and 3 co-authored published journal articles.
- 2002-2007 Rebecca Reichardt, M.A. Human Subjects Protection Scientist, USAMRMC
Supervised her research training in my lab at the Walter Reed Army Institute of Research, which resulted in 10 co-authored published conference abstracts, and 2 co-authored published journal articles.
- 2003-2004 Stan Liu, M.D. Medical Intern, Johns Hopkins Medical School
Supervised his research training in my lab at the Walter Reed Army Institute of Research, which primarily involved training in neuropsychological assessment and sleep research methods.
- 2003-2004 Neil Arora, B.A. Student, Yale University
Supervised his research project in my lab at the Walter Reed Army Institute of Research and NIH, which primarily involved training in brain imaging analysis and led to 2 co-authored published conference abstracts.
- 2003-2005 Nancy Grugle, Ph.D. Assistant Professor, Cleveland State University
Supervised her Doctoral Dissertation research project in my lab at the Walter Reed Army Institute of Research, which resulted in 23 co-authored published conference abstracts, and 10 co-authored published journal articles.
- 2003-2005 Joshua Bailey, B.A. Seminary Student
Supervised his computer programming development and research in my lab at the Walter Reed Army Institute of Research, which resulted in 1 co-authored published conference abstract, and 1 co-authored computer analysis package submitted for U.S. patent.
- 2003-2006 Athena Kendall, M.A. Lab Manager, Walter Reed Army Medical Center
Supervised part of her masters degree research project and other research work in my lab at the Walter Reed Army Institute of Research, which resulted in 4 co-authored published conference abstracts, and 4 co-authored published journal articles.
- 2003-2006 Lisa Day, M.S.W. Clinical Social Worker, Washington D.C.
Supervised her research training and work in my lab at the Walter Reed Army Institute of Research, which resulted in 3 co-authored published conference abstracts, and 1 co-authored published journal article.
- 2004-2005 Merica Shepherd, B.A. Laboratory Coordinator
Supervised her research training in my lab at the Walter Reed Army Institute of Research, which primarily involved training in neuropsychological assessment and sleep research methods.

- 2004-2005 Cynthia Hawes, B.A. Research Program Coordinator
Supervised her research training in my lab at the Walter Reed Army Institute of Research, which primarily involved training in neuropsychological assessment and sleep research methods.
- 2004-2006 Christopher Li, B.A. Graduate Student
Supervised his research training and work in my lab at the Walter Reed Army Institute of Research, which resulted in 3 co-authored published conference abstracts, and 1 co-authored published journal article.
- 2004-2007 Jessica Richards, M.S. Ph.D. Student, University of Maryland College Park
Served as Chair of her Senior Honors Thesis Committee and supervised her research work in my lab at the Walter Reed Army Institute of Research, which resulted in 8 co-authored published conference abstracts, a senior honors thesis, and 2 co-authored published journal articles.
- 2004-2007 Erica Lipizzi, M.A. Graduate Student, Emory University
Supervised her research training and work in my lab at the Walter Reed Army Institute of Research, which resulted in 16 co-authored published conference abstracts, and 12 co-authored published journal articles.
- 2004-2007 Brian Leavitt, B.S. Research Technician, Walter Reed Army Institute of Research
Supervised his research training and work in my lab at the Walter Reed Army Institute of Research, which resulted in 4 co-authored published conference abstracts, and 1 co-authored published journal article.
- 2004-2007 Rachel Newman, M.S. Senior Laboratory Manager, Walter Reed
Supervised her research training and work in my lab at the Walter Reed Army Institute of Research, which resulted in 6 co-authored published conference abstracts, and 1 co-authored published journal article.
- 2004-2007 Alexandra Krugler, B.S. Medical Student, Louisiana State University
Supervised her research training and work in my lab at the Walter Reed Army Institute of Research, which resulted in 5 co-authored published conference abstracts, and 1 co-authored published journal article.
- 2005 Amy Conrad, PH.D. Clinical Psychologist, Washington D.C.
Supervised her research training and work in my lab at the Walter Reed Army Institute of Research, which resulted in 4 co-authored published conference abstracts, and 1 co-authored published journal article.
- 2005-2006 Nathan Huck, PH.D. Clinical Neuropsychologist, Walter Reed Army Institute of Research
Served as his post-doctoral research training supervisor at the Walter Reed Army Institute of Research, which resulted in 1 co-authored published conference abstract and 1 co-authored published journal article.
- 2005-2006 Ellen Kahn-Greene, Ph.D. Post-Doctoral Fellow, Boston VA
Supervised her research training and work in my lab at the Walter Reed Army Institute of Research, which resulted in 7 co-authored published conference abstracts and 5 co-authored published journal articles.
- 2005-2006 Alison Muckle, B.A. Research Technician
Supervised her research training and work in my lab at the Walter Reed Army Institute of Research, which resulted in 1 co-authored published conference abstract and 1 co-authored published journal article.

- 2005-2006 Christina Murray, B.S. Medical Student, Drexel University
Supervised her research training and work in my lab at the Walter Reed Army Institute of Research, which resulted in 2 co-authored published conference abstracts.
- 2005-2007 Gautham Ganesan, M.D. Medical Student, UC Irvine
Supervised his research training and work in my lab at the Walter Reed Army Institute of Research, which resulted in 1 co-authored published conference abstract and 1 co-authored published journal article.
- 2005-2007 Dante Picchioni, Ph.D. Research Psychologist, Walter Reed Army Institute of Research
Supervised part of his post-doctoral brain imaging research training at the Walter Reed Army Institute of Research, which resulted in 1 co-authored published conference abstract and 1 co-authored published journal article.
- 2006-2007 Tracy Rupp, Ph.D. Research Psychologist, Walter Reed Army Institute of Research
Supervised part of her post-doctoral sleep research training at the Walter Reed Army Institute of Research, which resulted in 17 co-authored conference abstracts and 2 co-authored published journal articles.
- 2006-2007 Kacie Smith, B.A. Study Manager, Walter Reed Army Institute of Research
Supervised her research training and work in my lab at the Walter Reed Army Institute of Research, which resulted in 7 co-authored published conference abstracts.
- 2006-2007 Shane Smith, B.S. Medical Student, University of the West Indies
Served as his research mentor at the Walter Reed Army Institute of Research, which primarily involved training in neuropsychological assessment and sleep research methods.
- 2006-2007 Shanelle McNair Research Technician, Walter Reed Army Institute of Research
Supervised her research training and work in my lab at the Walter Reed Army Institute of Research, which resulted in 1 co-authored published article.
- 2006-2007 George Watlington Research Technician, Walter Reed Army Institute of Research
Supervised his research training and work in my lab at the Walter Reed Army Institute of Research, which resulted in 1 co-authored published article.
- 2008 Grady O'Brien Undergraduate Student
Served as his summer volunteer research mentor at McLean Hospital, which resulted in 1 oral research presentation
- 2008-2009 Alex Post Undergraduate Student, Carnegie Mellon University
Served as his summer volunteer research mentor at McLean Hospital, which resulted in 2 oral research presentations and 1 co-authored published abstract.
- 2008-2009 Lauren Price, B.A. Senior Clinical Research Assistant, McLean Hospital
Supervised her research training and work in my lab at the McLean Hospital, which resulted in 11 co-authored published conference abstracts and 4 co-authored published articles.
- 2009-2013 Zachary Schwab, B.S. Medical Student, University of Kansas
Supervised his research training and work in my lab at the McLean Hospital, which resulted in 79 co-authored published conference abstracts and 15 co-authored published articles.

- 2009-2011 Melissa Weiner, B.S. Graduate Student, Yale School of Public Health
Supervised her research training and work in my lab at the McLean Hospital, which resulted in 35 co-authored published conference abstracts and 7 co-authored published articles.
- 2010-2011 Norah Simpson, Ph.D. Post-Doctoral Fellow, Beth Israel Deaconess/Harvard Medical School
Served as a research mentor on her federal K-Award grant application.
- 2010-2012 Vincent Capaldi, M.D. Medical Resident, Walter Reed Army Medical Ctr.
Served as his post-doctoral research mentor, which resulted in 1 co-authored published conference abstract and 2 co-authored published articles.
- 2010-2011 Christina Song Undergraduate Student, Smith College
Served as her summer volunteer research mentor at McLean Hospital, which resulted in 1 co-authored published abstract.
- 2011 Jill Kizielewicz Undergraduate Student, Hamilton College
Served as her summer volunteer research mentor at McLean Hospital, which resulted in 1 co-authored published abstract.
- 2011-2013 Sophie DelDonno, B.A. Doctoral Student, University of Illinois, Chicago
Supervised her research training and work in my lab at the McLean Hospital, which resulted in 34 co-authored published conference abstracts and 9 co-authored published articles.
- 2011- Maia Kipman, B.A. Research Assistant, McLean Hospital
Supervised her research training and work in my lab at the McLean Hospital, which resulted in 42 co-authored published conference abstracts and 10 co-authored published articles.
- 2011 Michael Covell, B.A. Graduate Student, Baruch College
Served as one of his research mentors at McLean Hospital, which resulted in 4 co-authored published conference abstracts, and 1 co-authored published article.
- 2011- Mareen Weber, Ph.D. Instructor, Harvard Medical School
Supervised her post-doctoral research training and work in my lab at the McLean Hospital, which has resulted in 49 co-authored published conference abstracts, 15 co-authored published articles, 1 co-authored book chapter, 1 travel award, five federal grant submissions, and 2 successfully funded grants.
- 2012- Julia Cohen, Ph.D. Post-Doctoral Fellow, Harvard Medical School
Served as one of her research mentors at McLean Hospital, which resulted in 6 co-authored published conference abstracts and 1 peer-reviewed publication.
- 2012- Christian Webb, Ph.D. Post-Doctoral Fellow, Harvard Medical School
Currently supervising his post-doctoral research training and work in my lab at the McLean Hospital, which has resulted in 9 co-authored published conference abstracts and 6 peer-reviewed publications.
- 2012- Hannah Gogel, B.S. Research Assistant, McLean Hospital
Supervised her research training and work in my lab at the McLean Hospital, which resulted in 21 co-authored published conference abstracts and 4 co-authored published articles.
- 2012- Olga Tkachenko, A.B. Research Assistant, McLean Hospital
Supervised her research training and work in my lab at the McLean Hospital, which resulted in 23 co-authored published conference abstracts and 4 co-authored published articles.

- 2012- Lilly Preer, B.A. Research Assistant, McLean Hospital
Supervised her research training and work in my lab at the McLean Hospital, which resulted in 22 co-authored published conference abstracts and 3 co-authored published articles.
- 2012-2013 Elizabeth Mundy, Ph.D Postdoctoral Fellow, Harvard Medical School
Supervised her post-doctoral research training and work in my lab at the McLean Hospital, which resulted in 3 co-authored published conference abstracts and 2 co-authored published articles.
- 2012- John S. Bark, B.A. Lab Volunteer, McLean Hospital
Supervised his research training and work in my lab at the McLean Hospital, which resulted in 5 co-authored published conference abstracts, and 2 co-authored published articles.
- 2013- Shreya Divatia, B.S. Research Assistant, McLean Hospital
Supervised her research training and work in my lab at the McLean Hospital, which resulted in 9 co-authored published conference abstracts.
- 2013- Lauren Demers, B.A. Research Assistant, McLean Hospital
Supervised her research training and work in my lab at the McLean Hospital, which resulted in 10 co-authored published conference abstracts.
- 2013- Jiaolong Cui, Ph.D Postdoctoral Fellow, Harvard Medical School
Supervised his post-doctoral research training and work in my lab at the McLean Hospital, which resulted in 9 co-authored published conference abstracts.
- 2013- Allison Jorgensen Lab Volunteer, McLean Hospital
Supervised her research training and work in my lab at the McLean Hospital, which resulted in 2 co-authored published conference abstracts.
- 2013 Leslie Amrein Lab Volunteer, McLean Hospital
Supervised her research training and work in my lab at the McLean Hospital.
- 2013 Alexa Curhan Lab Volunteer, McLean Hospital
Supervised her research training and work in my lab at the McLean Hospital.
- 2013-2014 Kate Manganello High School Lab Volunteer, McLean Hospital
Supervised her research training and work in my lab at the McLean Hospital.
- 2013-2014 Mia Kaminsky High School Lab Volunteer, McLean Hospital
Supervised her research training and work in my lab at the McLean Hospital.
- 2013-2014 Jennifer Buchholz Research Assistant, McLean Hospital
Supervised her research training and work in my lab at the McLean Hospital.
- 2014 Joseph Dagher, Ph.D. Assistant Professor, University of Arizona
Mentored his K-Award and CECS grant applications.
- 2014 Ryan Smith, B.S. PhD Candidate, University of Arizona
Mentored his F32- grant application.
- 2014 John Vanuk, B.A. Research Assistant, University of Arizona
Supervised his research training in my lab.
- 2014 Sarah Markowski Research Assistant, University of Arizona
Supervised her research training in my lab.
- 2014 Derek Pisner, B.S. Research Assistant, University of Arizona
Supervised his research training in my lab.
- 2014 Bradley Shane, B.S. Research Assistant, University of Arizona
Supervised his research training in my lab.
- 2014 Andrew Fridman, B.A. Research Assistant, University of Arizona
Supervised his research training in my lab.

2014 Anna Alkozei, Ph.D. Postdoctoral Fellow, University of Arizona
Supervised her post-doctoral research training and work in my lab.

Local Invited Presentations

- 2000 The Neurobiology of Emotion in Children, McLean Hospital
 Lecturer: 30 participants, 2 hours contact time per year, 10 hours prep time per year.
[Invited Lecture]
- 2001 The Neurobiology of Emotion in Children and Adolescents, McLean Hospital
 Lecturer: 60 participants, 2 hours contact time per year, 10 hours prep time per year.
[Invited Lecture]
- 2001 Using Functional MRI to Study the Developing Brain, Judge Baker Children's Center
 Lecturer: 8 participants, 2 hours contact time per year, 10 hours prep time per year *[Invited Seminar]*
- 2005 Briefing to the Chairman of the Congressional Committee on Strategies to Protect the Health of Deployed U.S. Forces, John H. Moxley, on the Optimization of Judgment and Decision Making Capacities in Soldiers Following Sleep Deprivation, Walter Reed Army Institute of Research, Washington, DC *[Invited Lecture]*
- 2005 Lecture on Functional Neuroimaging, Cognitive Assessment, and the Enhancement of Soldier Performance, Walter Reed Army Institute of Research, Washington, DC *[Invited Lecture]*
- 2006 Lecture on Optimization of Judgment and Decision Making Capacities in Soldiers Following Sleep Deprivation, Brain Imaging Center, McLean Hospital, Belmont MA *[Invited Lecture]*
- 2006 Briefing to the Chairman of the Cognitive Performance Assessment Program Area Steering Committee, U.S. Army Military Operational Medicine Research Program, entitled Optimization of Judgment and Decision Making Capacities in Soldiers Following Sleep Deprivation, Walter Reed Army Institute of Research *[Invited Lecture]*
- 2010 Lecture on Patterns of Cortico-Limbic Activation Across Anxiety Disorders, Center for Anxiety, Depression, and Stress, McLean Hospital, Belmont, MA *[Invited Lecture]*
- 2010 Lecture on Cortico-Limbic Activation Among Anxiety Disorders, Neuroimaging Center, McLean Hospital, Belmont, MA *[Invited Lecture]*
- 2011 Lecture on Shared and Differential Patterns of Cortico-Limbic Activation Across Anxiety Disorders, McLean Research Day Brief Communications, McLean Hospital, Belmont, MA *[Invited Lecture]*
- 2012 Briefing to GEN (Ret) George Casey Jr., former Chief of Staff of the U.S. Army, entitled Research for the Soldier. McLean Hospital, Belmont, MA. *[Invited Lecture]*

2014 Lecture entitled Sleep Loss, Brain Function, and Cognitive Performance, presented to the Psychiatric Genetics and Translational Research Seminar, Massachusetts General Hospital/Harvard Medical School, Boston, MA *[Invited Lecture]*

Report of Regional, National and International Invited Teaching and Presentations

Invited Presentations and Courses

Regional

2002 Cortico-Limbic Activation in Adolescence and Adulthood, Youth Advocacy Project, Cape Cod, MA
Lecturer: 45 participants, 2 hours contact time per year, 10 hours prep time per year
[Invited Lecture]

2006 Lecture on Norming a Battery of Tasks to Measure the Cognitive Effects of Operationally Relevant Stressors, Cognitive Performance Assessment Program Area Steering Committee, U.S. Army Military Operational Medicine Research Program, Washington, DC *[Invited Lecture]*

2007 Lecture on Cerebral Responses During Visual Processing of Food, U.S. Army Institute of Environmental Medicine, Natick, MA *[Invited Lecture]*

2007 Briefing on the Measurement of Sleep-Wake Cycles and Cognitive Performance in Combat Aviators, U.S. Department of Defense, Defense Advanced Research Projects Agency (DARPA), Washington, DC

2008 Lecture on Sleep Deprivation, Executive Function, and Resilience to Sleep Loss; 105th IMA Detachment, U.S. Army Reserve Center, Boston, MA *[Invited Lecture]*

2008 Lecture on the Role of Research Psychology in the Army; 105th IMA Detachment, U.S. Army Reserve Center, Boston, MA *[Invited Lecture]*

2008 Lecture on Combat Stress Control: Basic Battlemind Training; 105th IMA Detachment, U.S. Army Reserve Center, Boston, MA *[Invited Lecture]*

2009 Lecture entitled Evaluate a Casualty, Prevent Shock, and Prevent Cold Weather injuries; 105th IMA Detachment, U.S. Army Reserve Center, Boston, MA *[Invited Lecture]*

2009 Lecture on Combat Exposure and Sleep Deprivation Effects on Risky Decision-Making; 105th IMA Detachment, U.S. Army Reserve Center, Boston, MA *[Invited Lecture]*

2009 Lecture on the Sleep History and Readiness Predictor (SHARP); 105th IMA Detachment, U.S. Army Reserve Center, Boston, MA *[Invited Lecture]*

- 2009 Lecture on The Use of Actigraphy for Measuring Sleep in Combat and Military Training; 105th IMA Detachment, U.S. Army Reserve Center, Boston, MA [*Invited Lecture*]
- 2010 Lecture entitled Casualty Evaluation; 105th IMA Detachment, U.S. Army Reserve Center, Boston, MA [*Invited Lecture*]
- 2010 Lecture entitled Combat Stress and Risk-Taking Behavior Following Deployment; 105th IMA Detachment, U.S. Army Reserve Center, Boston, MA [*Invited Lecture*]
- 2010 Lecture entitled Historical Perspectives on Combat Medicine at the Battle of Gettysburg; 105th IMA Detachment, U.S. Army Reserve Center, Boston, MA [*Invited Lecture*]
- 2010 Lecture entitled Sleep Loss, Stimulants, and Decision-Making; 105th IMA Detachment, U.S. Army Reserve Center, Boston, MA [*Invited Lecture*]
- 2010 Lecture entitled PTSD: New Insights from Brain Imaging; 105th IMA Detachment, U.S. Army Reserve Center, Boston, MA [*Invited Lecture*]
- 2011 Lecture entitled Effects of bright light therapy on sleep, cognition and brain function after mild traumatic brain injury; 105th IMA Detachment, U.S. Army Reserve Center, Boston, MA [*Invited Lecture*]
- 2011 Lecture entitled Laboratory Sciences and Research Psychology in the Army; 105th IMA Detachment, U.S. Army Reserve Center, Boston, MA [*Invited Lecture*]
- 2011 Lecture entitled Tools for Assessing Sleep in Military Settings; 105th IMA Detachment, U.S. Army Reserve Center, Boston, MA [*Invited Lecture*]
- 2011 Lecture entitled The Brain Basis of Emotional Trauma and Practical Issues in Supporting Victims of Trauma, U.S. Department of Justice, United States Attorneys Office, Serving Victims of Crime Training Program, Holyoke, MA [*Invited Lecture*]
- 2011 Lecture entitled The Brain Altering Effects of Traumatic Experiences; 105th Reinforcement Training Unit (RTU), U.S. Army Reserve Center, Boston, MA [*Invited Lecture*]
- 2012 Lecture entitled Sleep Loss, Caffeine, and Military Performance; 105th IMA Detachment, U.S. Army Reserve Center, Boston, MA [*Invited Lecture*]
- 2012 Lecture entitled Using Light Therapy to Treat Sleep Disturbance Following Concussion; 105th IMA Detachment, U.S. Army Reserve Center, Boston, MA [*Invited Lecture*]
- 2013 Lecture entitled Brain Responses to Food: What you See Could Make you Fat; 105th IMA Detachment, U.S. Army Reserve Center, Boston, MA [*Invited Lecture*]

- 2013 Lecture entitled Predicting Resilience Against Sleep Loss; 105th IMA Detachment, U.S. Army Reserve Center, Boston, MA [*Invited Lecture*]
- 2014 Lecture entitled Get Some Shut-Eye or Get Fat: Sleep Loss Affects Brain Responses to Food; 105th IMA Detachment, U.S. Army Reserve Center, Boston, MA [*Invited Lecture*]
- National**
- 2000 Lecture on the Neurobiology of Emotional Development in Children, 9th Annual Parents as Teachers Born to Learn Conference, St. Louis, MO [*Invited Lecture*]
- 2002 Lecture on the Changes in the Lateralized Structure and Function of the Brain during Adolescent Development, Walter Reed Army Institute of Research, Washington, DC [*Invited Lecture*]
- 2004 Lecture on Sleep Deprivation, Cognition, and Stimulant Countermeasures: Seminar Presented at the Bi-Annual 71F Research Psychology Short Course, Ft. Detrick, MD, U.S. Army Medical Research and Materiel Command [*Invited Lecture*]
- 2004 Lecture on the Regional Cerebral Blood Flow Correlates of Electroencephalographic Activity During Stage 2 and Slow Wave Sleep: An H215O PET Study: Presented at the Bi-Annual 71F Research Psychology Short Course, Ft. Detrick, MD, U.S. Army Medical Research and Materiel Command [*Invited Lecture*]
- 2004 Oral Platform Presentation: Regional cerebral metabolic correlates of electroencephalographic activity during stage-2 and slow-wave sleep: An H215O PET Study, 18th Associated Professional Sleep Societies Annual Meeting, Philadelphia, PA.
- 2005 Lecture on The Sleep History and Readiness Predictor: Presented to the Medical Research and Materiel Command, Ft. Detrick, MD [*Invited Lecture*]
- 2006 Lecture on The Sleep History and Readiness Predictor: Presented at the Bi-Annual 71F Research Psychology Short Course, Ft. Rucker, AL, U.S. Army Medical Research and Materiel Command [*Invited Lecture*]
- 2007 Lecture on the Effects of Fatigue and Pharmacological Countermeasures on Judgment and Decision-Making, U.S. Army Aeromedical Research Laboratory, Fort Rucker, AL [*Invited Lecture*]
- 2008 Lecture on the Validation of Actigraphy and the SHARP as Methods of Measuring Sleep and Performance in Soldiers, U.S. Army Aeromedical Research Laboratory, Fort Rucker, AL [*Seminar*]
- 2009 Lecture on Sleep Deprivation, Executive Function, and Resilience to Sleep Loss: Walter Reed Army Institute of Research AIBS Review, Washington DC [*Invited Lecture*]

- 2009 Lecture Entitled: Influences of Combat Exposure and Sleep Deprivation on Risky Decision-Making, Evans U.S. Army Hospital, Fort Carson, CO [*Invited Lecture*]
- 2009 Lecture on Making Bad Choices: The Effects of Combat Exposure and Sleep Deprivation on Risky Decision-Making, 4th Army, Division West, Quarterly Safety Briefing to the Commanding General and Staff, Fort Carson, CO [*Invited Lecture*]
- 2009 Symposium Entitled: Sleep Deprivation, Judgment, and Decision-Making, 23rd Annual Meeting of the Associated Professional Sleep Societies, Seattle, WA [*Invited Symposium*]
- 2009 Symposium Session Moderator: Workshop on Components of Cognition and Fatigue: From Laboratory Experiments to Mathematical Modeling and Operational Applications, Washington State University, Spokane, WA [*Invited Speaker*]
- 2009 Lecture on Comparative Studies of Stimulant Action as Countermeasures for Higher Order Cognition and Executive Function Impairment that Results from Disrupted Sleep Patterns, Presented at the NIDA-ODS Symposium entitled: Caffeine: Is the Next Problem Already Brewing, Rockville, MD [*Invited Lecture*]
- 2010 Oral Platform Presentation: Sleep deprivation selectively impairs emotional aspects of cognitive functioning, 27th Army Science Conference, Orlando, FL.
- 2010 Oral Platform Presentation: Exaggerated amygdala responses to masked fearful faces are specific to PTSD versus simple phobia, 27th Army Science Conference, Orlando, FL.
- 2011 Lecture Entitled: The effects of emotional intelligence on judgment and decision making, Military Operational Medicine Research Program Task Area C, R & A Briefing, Walter Reed Army Institute of Research, Silver Spring, MD [*Invited Lecture*]
- 2011 Lecture Entitled: Effects of bright light therapy on sleep, cognition, brain function, and neurochemistry following mild traumatic brain injury, Military Operational Medicine Research Program Task Area C, R & A Briefing, Walter Reed Army Institute of Research, Silver Spring, MD [*Invited Lecture*]
- 2012 Oral Symposium Presentation: Shared and distinctive patterns of cortico-limbic activation across anxiety disorders, 32nd Annual Conference of the Anxiety Disorders Association of America, Arlington, VA. [*Invited Symposium*]

- 2012 Lecture Entitled: Effects of bright light therapy on sleep, cognition, brain function, and neurochemistry following mild traumatic brain injury, Military Operational Medicine Research Program In Progress Review (IPR) Briefing, U.S. Army Medical Research and Materiel Command, Fort Detrick, MD [*Invited Lecture*]
- 2013 Lecture entitled Brain responses to visual images of food: Could your eyes be the gateway to excess? Presented to the NIH Nutrition Coordinating Committee and the Assistant Surgeon General of the United States, Bethesda, MD [*Invited Lecture*]
- 2013 Lecture Entitled: Update on the Effects of Bright light therapy on sleep, cognition, brain function, and neurochemistry following mild traumatic brain injury, Military Operational Medicine Research Program In Progress Review (IPR) Briefing, U.S. Army Medical Research and Materiel Command, Fort Detrick, MD [*Invited Lecture*]
- 2013 Lecture Entitled: Internet Based Cognitive Behavioral Therapy: Effects on Depressive Cognitions and Brain Function, Military Operational Medicine Research Program In Progress Review (IPR) Briefing, U.S. Army Medical Research and Materiel Command, Fort Detrick, MD [*Invited Lecture*]
- 2013 Symposium Entitled: Predicting Resilience Against Sleep Loss, United States Military Academy at West Point, West Point, NY [*Invited Symposium*].
- 2014 Symposium Entitled: Operating Under the Influence: The Effects of Sleep Loss and Stimulants on Decision-Making and Performance, Invited Faculty Presenter at the 34th Annual Cardiothoracic Surgery Symposium (CREF), San Diego, CA [*Invited Symposium*].
- 2014 Symposium Entitled: The Effects of Sleep Loss on Food Preference, SLEEP 2014, Minneapolis, MN [*Invited Symposium*]
- 2014 Lecture Entitled: Internet Based Cognitive Behavioral Therapy: Effects on Depressive Cognitions and Brain Function, Military Operational Medicine Research Program In Progress Review (IPR) Briefing, U.S. Army Medical Research and Materiel Command, Fort Detrick, MD [*Invited Lecture*]
- International**
- 1999 Oral Platform Presentation: Functional MRI lateralization during memory encoding predicts seizure outcome following anterior temporal lobectomy, 27th Annual Meeting of the International Neuropsychological Society, Boston, MA.
- 2001 Oral Platform Presentation: Sex differences in functional activation of the amygdala during the perception of happy faces, 29th Annual Meeting of the International Neuropsychological Society, Chicago, IL.

- 2002 Oral Platform Presentation: Developmental changes in the lateralized activation of the prefrontal cortex and amygdala during the processing of facial affect, 30th Annual Meeting of the International Neuropsychological Society, Toronto, Ontario, Canada.
- 2002 Oral Platform Presentation: Gray and white matter volume during adolescence correlates with cognitive performance: A morphometric MRI study, 30th Annual Meeting of the International Neuropsychological Society, Toronto, Ontario, Canada.
- 2007 Symposium on Cortical and Limbic Activation in Response to Visual Images of Low and High-Caloric Foods, 6th Annual Meeting of the International Society for Behavioral Nutrition and Physical Activity (ISBNPA), Oslo, Norway [*Invited Lecture*]
- 2008 Lecture on Sleep Deprivation, Executive Function, & Resilience to Sleep Loss, First Franco-American Workshop on War Traumatism, IMN SSA, Toulon, France [*Invited Lecture*]
- 2012 Oral Platform Presentation: Shared and unique patterns of cortico-limbic activation across anxiety disorders. 40th Meeting of the International Neuropsychological Society, Montreal, Canada.

Report of Clinical Activities and Innovations

Current Licensure and Certification

2001- Clinical Psychologist, New Hampshire

Practice Activities

- 1991- Psychology, Clinical, Psychology Clinic, Texas Tech University, Lubbock, TX
- 1995 Clinical Activity Description: Provided psychotherapy and other supervised psychological services for a broad spectrum of client problems. Duties included regular therapy contacts with four to eight clients per week for approximately four years. Clients ranged in age from preschool through middle age. Clinical responsibilities included intake evaluations, formal testing and assessment, case formulation and treatment plan development, and delivery of a wide range of psychotherapy services including crisis intervention, behavior modification, short-term cognitive restructuring, and long-term psychotherapy.
Patient Load: 6/week
- 1993- Psychology, Neuropsychology, Methodist Hospital Rehabilitation Institute, Lubbock, TX
- 1995 Clinical Activity Description: A two year placement consisting of two days per week within a large rehabilitation unit of a major regional medical center. Responsibilities included administration, scoring, and writing of neuropsychological assessments/reports, primarily emphasizing the Halstead-Reitan Neuropsychological Battery. Assessment services were provided on both inpatient and outpatient basis.
Patient Load: 2/week

- 1995- Psychology, Neuropsychology, Yale University School of Medicine, Connecticut Mental Health
1996 Center
Clinical Activity Description: Neuropsychological and psychodiagnostic assessment of chronic and severe mentally ill patients. Duties included patient interviewing, test administration, scoring, interpretation, and report writing. Assessment and consultation services were provided for both the inpatient and outpatient units.
Patient Load: 2/week
- 1995- Psychology, Clinical, Yale University School of Medicine, West Haven Mental Health Clinic
1996 Clinical Activity Description: Provided short-term, long-term, and group psychotherapy services, consultation, and psychological assessments for adults, children, and families. Duties also included co-leading a regular outpatient group devoted to treatment of moderate to severe personality disorders.
Patient Load: 12/week
- 1996- Psychology, Neuropsychology, University of Oklahoma Health Sciences Center
1997 Clinical Activity Description: Full-time placement in the Neuropsychological Assessment Laboratory, which meets INS/Division 40 guidelines for post-doctoral training in clinical neuropsychology. Responsibilities included comprehensive neuropsychological assessment and consultation services, including test administration, scoring, interpretation, and report writing. Regular outpatient psychotherapy was also provided for approximately two patients per week.
Patient Load: 4/week
- 1997- Psychology, Neuropsychology, University of Pennsylvania Medical Center
1999 Clinical Activity Description: Full-time two-year placement in the Department of Neurology, which meets INS/Division 40 guidelines for post-doctoral training in clinical neuropsychology. Responsibilities included neuropsychological assessment, consultation, and psychotherapy services for the Departments of Neurology and Neurosurgery.
Patient Load: 3/week

Report of Education of Patients and Service to the Community

Recognition

- 2003-2007 Who's Who in America, Marquis Who's Who
2004-2005 Who's Who in Medicine and Healthcare, Marquis Who's Who

Report of Scholarship

Publications

Peer reviewed publications in print or other media

A) Research Investigations:

1. **Killgore WD.** The Affect Grid: a moderately valid, nonspecific measure of pleasure and arousal. Psychol Rep. 83(2):639-42, 1998.
2. **Killgore WD.** Empirically derived factor indices for the Beck Depression Inventory. Psychol Rep. 84(3 Pt 1):1005-13, 1999.
3. **Killgore WD.** Affective valence and arousal in self-rated depression and anxiety. Percept Mot Skills. 89(1):301-4, 1999.
4. **Killgore WD, Adams RL.** Prediction of Boston Naming Test performance from vocabulary scores: preliminary guidelines for interpretation. Percept Mot Skills. 89(1):327-37, 1999.
5. **Killgore WD, Gangestad SW.** Sex differences in asymmetrically perceiving the intensity of facial expressions. Percept Mot Skills. 89(1):311-4, 1999.
6. **Killgore WD.** The visual analogue mood scale: can a single-item scale accurately classify depressive mood state? Psychol Rep. 85(3 Pt 2):1238-43, 1999.
7. **Killgore WD, DellaPietra L, Casasanto DJ.** Hemispheric laterality and self-rated personality traits. Percept Mot Skills. 89(3 Pt 1):994-6, 1999.
8. **Killgore WD, Glosser G, Casasanto DJ, French JA, Alsop DC, Detre JA.** Functional MRI and the Wada test provide complementary information for predicting post-operative seizure control. Seizure. 8(8):450-5, 1999.
9. **Killgore WD.** Evidence for a third factor on the Positive and Negative Affect Schedule in a college student sample. Percept Mot Skills. 90(1):147-52, 2000.
10. **Killgore WD, Dellapietra L.** Item response biases on the logical memory delayed recognition subtest of the Wechsler Memory Scale-III. Psychol Rep. 86(3 Pt 1):851-7, 2000.
11. **Killgore WD, Casasanto DJ, Yurgelun-Todd DA, Maldjian JA, Detre JA.** Functional activation of the left amygdala and hippocampus during associative encoding. Neuroreport. 11(10):2259-63, 2000.
12. **Yurgelun-Todd DA, Gruber SA, Kanayama G, Killgore WD, Baird AA, Young AD.** fMRI during affect discrimination in bipolar affective disorder. Bipolar Disord. 2(3 Pt 2):237-48, 2000.

13. **Killgore WD.** Sex differences in identifying the facial affect of normal and mirror-reversed faces. *Percept Mot Skills.* 91(2):525-30, 2000.
14. **Killgore WD, DellaPietra L.** Using the WMS-III to detect malingering: empirical validation of the rarely missed index (RMI). *J Clin Exp Neuropsychol.* 22(6):761-71, 2000.
15. Maldjian JA, Detre JA, **Killgore WD**, Judy K, Alsop D, Grossman M, Glosser G. Neuropsychologic performance after resection of an activation cluster involved in cognitive memory function. *AJR Am J Roentgenol.* 176(2):541-4, 2001.
16. **Killgore WD, Oki M, Yurgelun-Todd DA.** Sex-specific developmental changes in amygdala responses to affective faces. *Neuroreport.* 12(2):427-33, 2001.
17. **Killgore WD, Yurgelun-Todd DA.** Sex differences in amygdala activation during the perception of facial affect. *Neuroreport.* 12(11):2543-7, 2001.
18. Casasanto DJ, **Killgore WD**, Maldjian JA, Glosser G, Alsop DC, Cooke AM, Grossman M, Detre JA. Neural correlates of successful and unsuccessful verbal memory encoding. *Brain Lang.* 80(3):287-95, 2002.
19. **Killgore WD.** Laterality of lesions and trait-anxiety on working memory performance. *Percept Mot Skills.* 94(2):551-8, 2002.
20. **Killgore WD, Cupp DW.** Mood and sex of participant in perception of happy faces. *Percept Mot Skills.* 95(1):279-88, 2002.
21. Yurgelun-Todd DA, **Killgore WD**, Young AD. Sex differences in cerebral tissue volume and cognitive performance during adolescence. *Psychol Rep.* 91(3 Pt 1):743-57, 2002.
22. Yurgelun-Todd DA, **Killgore WD**, Cintron CB. Cognitive correlates of medial temporal lobe development across adolescence: a magnetic resonance imaging study. *Percept Mot Skills.* 96(1):3-17, 2003.
23. **Killgore WD**, Young AD, Femia LA, Bogorodzki P, Rogowska J, Yurgelun-Todd DA. Cortical and limbic activation during viewing of high- versus low-calorie foods. *Neuroimage.* 19(4):1381-94, 2003.
24. **Killgore WD, Yurgelun-Todd DA.** Activation of the amygdala and anterior cingulate during nonconscious processing of sad versus happy faces. *Neuroimage.* 21(4):1215-23, 2004.
25. **Killgore WD, Yurgelun-Todd DA.** Sex-related developmental differences in the lateralized activation of the prefrontal cortex and amygdala during perception of facial affect. *Percept Mot Skills.* 99(2):371-91, 2004.
26. **Killgore WD, Glahn DC, Casasanto DJ.** Development and Validation of the Design Organization Test (DOT): a rapid screening instrument for assessing visuospatial ability. *J Clin Exp Neuropsychol.* 27(4):449-59, 2005.

27. **Killgore WD**, Yurgelun-Todd DA. Body mass predicts orbitofrontal activity during visual presentations of high-calorie foods. *Neuroreport*. 16(8):859-63, 2005.
28. Wesensten NJ, **Killgore WD**, Balkin TJ. Performance and alertness effects of caffeine, dextroamphetamine, and modafinil during sleep deprivation. *J Sleep Res*. 14(3):255-66, 2005.
29. **Killgore WD**, Yurgelun-Todd DA. Social anxiety predicts amygdala activation in adolescents viewing fearful faces. *Neuroreport*. 16(15):1671-5, 2005.
30. **Killgore WD**, Yurgelun-Todd DA. Developmental changes in the functional brain responses of adolescents to images of high and low-calorie foods. *Dev Psychobiol*. 47(4):377-97, 2005.
31. Kahn-Greene ET, Lipizzi EL, Conrad AK, Kamimori GH, **Killgore WD**. Sleep deprivation adversely affects interpersonal responses to frustration. *Pers Individ Dif*. 41(8):1433-1443, 2006.
32. McBride SA, Balkin TJ, Kamimori GH, **Killgore WD**. Olfactory decrements as a function of two nights of sleep deprivation. *J Sens Stud*. 24(4):456-63, 2006.
33. **Killgore WD**, Yurgelun-Todd DA. Ventromedial prefrontal activity correlates with depressed mood in adolescent children. *Neuroreport*. 17(2):167-71, 2006.
34. **Killgore WD**, Vo AH, Castro CA, Hoge CW. Assessing risk propensity in American soldiers: preliminary reliability and validity of the Evaluation of Risks (EVAR) scale--English version. *Mil Med*. 171(3):233-9, 2006.
35. **Killgore WD**, Balkin TJ, Wesensten NJ. Impaired decision making following 49 h of sleep deprivation. *J Sleep Res*. 15(1):7-13, 2006.
36. **Killgore WD**, Stetz MC, Castro CA, Hoge CW. The effects of prior combat experience on the expression of somatic and affective symptoms in deploying soldiers. *J Psychosom Res*. 60(4):379-85, 2006.
37. **Killgore WD**, McBride SA, Killgore DB, Balkin TJ. The effects of caffeine, dextroamphetamine, and modafinil on humor appreciation during sleep deprivation. *Sleep*. 29(6):841-7, 2006.
38. **Killgore WD**, McBride SA. Odor identification accuracy declines following 24 h of sleep deprivation. *J Sleep Res*. 15(2):111-6, 2006.
39. **Killgore WD**, Yurgelun-Todd DA. Affect modulates appetite-related brain activity to images of food. *Int J Eat Disord*. 39(5):357-63, 2006.
40. Kendall AP, Kautz MA, Russo MB, **Killgore WD**. Effects of sleep deprivation on lateral visual attention. *Int J Neurosci*. 116(10):1125-38, 2006.
41. Yurgelun-Todd DA, **Killgore WD**. Fear-related activity in the prefrontal cortex increases with age during adolescence: a preliminary fMRI study. *Neurosci Lett*. 406(3):194-9, 2006.

42. **Killgore WD**, Killgore DB, Ganesan G, Krugler AL, Kamimori GH. Trait-anger enhances effects of caffeine on psychomotor vigilance performance. *Percept Mot Skills*. 103(3):883-6, 2006.
43. **Killgore WD**, Yurgelun-Todd DA. Unconscious processing of facial affect in children and adolescents. *Soc Neurosci*. 2(1):28-47, 2007.
44. **Killgore WD**, Yurgelun-Todd DA. The right-hemisphere and valence hypotheses: could they both be right (and sometimes left)? *Soc Cogn Affect Neurosci*. 2(3):240-50, 2007.
45. **Killgore WD**, Killgore DB. Morningness-eveningness correlates with verbal ability in women but not men. *Percept Mot Skills*. 104(1):335-8, 2007.
46. **Killgore WD**, Killgore DB, Day LM, Li C, Kamimori GH, Balkin TJ. The effects of 53 hours of sleep deprivation on moral judgment. *Sleep*. 30(3):345-52, 2007.
47. Rosso IM, **Killgore WD**, Cintron CM, Gruber SA, Tohen M, Yurgelun-Todd DA. Reduced amygdala volumes in first-episode bipolar disorder and correlation with cerebral white matter. *Biol Psychiatry*. 61(6):743-9, 2007.
48. Kahn-Greene ET, Killgore DB, Kamimori GH, Balkin TJ, **Killgore WD**. The effects of sleep deprivation on symptoms of psychopathology in healthy adults. *Sleep Med*. 8(3):215-21, 2007.
49. **Killgore WD**. Effects of sleep deprivation and morningness-eveningness traits on risk-taking. *Psychol Rep*. 100(2):613-26, 2007.
50. **Killgore WD**, Gruber SA, Yurgelun-Todd DA. Depressed mood and lateralized prefrontal activity during a Stroop task in adolescent children. *Neurosci Lett*. 416(1):43-8, 2007.
51. **Killgore WD**, Yurgelun-Todd DA. Positive affect modulates activity in the visual cortex to images of high calorie foods. *Int J Neurosci*. 117(5):643-53, 2007.
52. Vo AH, Satori R, Jabbari B, Green J, **Killgore WD**, Labutta R, Campbell WW. Botulinum toxin type-a in the prevention of migraine: a double-blind controlled trial. *Aviat Space Environ Med*. 78(5 Suppl):B113-8, 2007.
53. **Killgore WD**, Yurgelun-Todd DA. Neural correlates of emotional intelligence in adolescent children. *Cogn Affect Behav Neurosci*. 7(2):140-51, 2007.
54. **Killgore WD**, Kendall AP, Richards JM, McBride SA. Lack of degradation in visuospatial perception of line orientation after one night of sleep loss. *Percept Mot Skills*. 105(1):276-86, 2007.
55. **Killgore WD**, Lipizzi EL, Kamimori GH, Balkin TJ. Caffeine effects on risky decision making after 75 hours of sleep deprivation. *Aviat Space Environ Med*. 78(10):957-62, 2007.

56. **Killgore WD**, Richards JM, Killgore DB, Kamimori GH, Balkin TJ. The trait of Introversion-Extraversion predicts vulnerability to sleep deprivation. *J Sleep Res.* 16(4):354-63, 2007.
57. **Killgore WD**, Kahn-Green ET, Killgore DB, Kamimori GH, Balkin TJ. Effects of acute caffeine withdrawal on Short Category Test performance in sleep-deprived individuals. *Percept Mot Skills.* 105(3 pt.2):1265-74, 2007.
58. **Killgore WD**, Killgore DB, McBride SA, Kamimori GH, Balkin TJ. Odor identification ability predicts changes in symptoms of psychopathology following 56 hours of sleep deprivation. *J Sensory Stud.* 23(1):35-51, 2008.
59. **Killgore WD**, Rupp TL, Grugle NL, Reichardt RM, Lipizzi EL, Balkin TJ. Effects of dextroamphetamine, caffeine and modafinil on psychomotor vigilance test performance after 44 h of continuous wakefulness. *J Sleep Res.* 17(3):309-21, 2008.
60. Huck NO, McBride SA, Kendall AP, Grugle NL, **Killgore WD**. The effects of modafinil, caffeine, and dextroamphetamine on judgments of simple versus complex emotional expressions following sleep deprivation. *Int. J Neuroscience.* 118(4):487-502, 2008.
61. **Killgore WD**, Kahn-Greene ET, Lipizzi EL, Newman RA, Kamimori GH, Balkin TJ. Sleep deprivation reduces perceived emotional intelligence and constructive thinking skills. *Sleep Med.* 9(5):517-26, 2008
62. **Killgore WD**, Grugle NL, Killgore DB, Leavitt BP, Watlington GI, McNair S, Balkin TJ. Restoration of risk-propensity during sleep deprivation: caffeine, dextroamphetamine, and modafinil. *Aviat Space Environ Med.* 79(9):867-74, 2008.
63. **Killgore WD**, Muckle AE, Grugle NL, Killgore DB, Balkin TJ. Sex differences in cognitive estimation during sleep deprivation: effects of stimulant countermeasures. *Int J Neurosci.* 118(11):1547-57, 2008.
64. **Killgore WD**, Cotting DI, Thomas JL, Cox AL, McGurk D, Vo AH, Castro CA, Hoge CW. Post-combat invincibility: violent combat experiences are associated with increased risk-taking propensity following deployment. *J Psychiatr Res.* 42(13):1112-21, 2008.
65. **Killgore WD**, Gruber SA, Yurgelun-Todd DA. Abnormal corticostriatal activity during fear perception in bipolar disorder. *Neuroreport.* 19(15):1523-7, 2008.
66. **Killgore WD**, McBride SA, Killgore DB, Balkin TJ, Kamimori GH. Baseline odor identification ability predicts degradation of psychomotor vigilance during 77 hours of sleep deprivation. *Int. J Neurosci.* 118(9):1207-1225, 2008.
67. **Killgore WD**, Rosso HM, Gruber SA, Yurgelun-Todd DA. Amygdala volume and verbal memory performance in schizophrenia and bipolar disorder. *Cogn Behav Neur.* 22(1):28-37, 2009.

68. **Killgore WD**, Kahn-Greene ET, Grugle NL, Killgore DB, Balkin TJ. Sustaining executive functions during sleep deprivation: A comparison of caffeine, dextroamphetamine, and modafinil. *Sleep*. 32(2):205-16, 2009.
69. **Killgore WD**, Grugle NL, Reichardt RM, Killgore DB, Balkin TJ. Executive functions and the ability to sustain vigilance during sleep loss. *Aviat Space Environ Med*. 80(2):81-7, 2009.
70. Picchioni, D, **Killgore, WD**, Braun, AR, & Balkin, TJ. Positron emission tomography correlates of EEG microarchitecture waveforms during non-REM sleep. *Int J Neurosci*. 119: 2074-2099, 2009.
71. **Killgore, WD**, Lipizzi, EL, Grugle, NL, Killgore, DB, & Balkin, TJ. Handedness correlates with actigraphically measured sleep in a controlled environment. *Percept Mot Skills*. 109: 395-400, 2009.
72. **Killgore, WD**, Killgore, DB, Grugle, NL, & Balkin, TJ. Odor identification predicts executive function deficits during sleep deprivation. *Int J Neurosci*, 120: 328-334, 2010.
73. **Killgore, WD**, Ross, AJ, Kamiya, T, Kawada, Y, Renshaw, PF, & Yurgelun-Todd, DA. Citicoline affects appetite and cortico-limbic responses to images of high calorie foods. *Int J Eat Disord*. 43: 6-13, 2010.
74. **Killgore, WD**, & Yurgelun-Todd, DA. Cerebral correlates of amygdala responses during non-conscious perception of facial affect in adolescent and pre-adolescent children. *Cogn Neurosci*, 1: 33-43, 2010.
75. **Killgore, WD**, & Yurgelun-Todd, DA. Sex differences in cerebral responses to images of high vs low calorie food. *Neuroreport*, 21: 354-358, 2010.
76. **Killgore, WD**, Grugle, NL, Killgore, DB, & Balkin, TJ. Sex differences in self-reported risk-taking propensity on the Evaluation of Risks scale. *Percept Mot Skills*, 106: 693-700, 2010.
77. **Killgore, WD**, Kelley, AM, & Balkin, TJ. So you think you're bulletproof: Development and validation of the Invincibility Belief Index. *Mil Med*, 175: 499-508, 2010.
78. **Killgore, WD**, Castro, CA, & Hoge, CW. Preliminary Normative Data for the Evaluation of Risks Scale—Bubble Sheet Version (EVAR-B) for Large Scale Surveys of Returning Combat Veterans. *Mil Med*, 175: 725-731, 2010.
79. Britton, JC, Rauch, SL, Rosso, IM, **Killgore, WD**, Price, LM, Ragan, J, Chosak, A, Hezel, D, Pine, DS, Leibenluft, E, Pauls, DL, Jenike, MA, Stewart, SE. Cognitive inflexibility and frontal cortical activation in pediatric obsessive-compulsive disorder. *J Am Acad Child Adolesc Psychiatry*, 49: 944-953, 2010.
80. Britton, JC, Stewart, SE, **Killgore, WD**, Rosso, IM, Price, LM, Gold, AL, Pine, DS, Wilhelm, S, Jenike, MA, & Rauch, SL. Amygdala activation in response to facial expressions in pediatric obsessive-compulsive disorder. *Depress Anxiety*, 27: 643-651, 2010.

81. Rupp, TL, **Killgore, WD**, & Balkin, TJ. Socializing by day may affect performance by night: Vulnerability to sleep deprivation is differentially mediated by social exposure in extraverts vs. introverts. *Sleep*, 33: 1475-1485, 2010.
82. Rosso, IM, Makris, N, Britton, JC, Price, LM, Gold, AL, Zai, D, Bruyere, J, Deckersbach, T, **Killgore, WD**, & Rauch, SL. Anxiety sensitivity correlates with two indices of right anterior insula structure in specific animal phobia. *Depress Anxiety*, 27: 1104-1110, 2010.
83. **Killgore, WD**, Britton, JC, Price, LM, Gold, AL, Deckersbach, T, & Rauch, SL. Neural correlates of anxiety sensitivity during masked presentation of affective faces. *Depress Anxiety*, 28: 243-249, 2011.
84. **Killgore, WD**, Kamimori, GH, & Balkin, TJ. Caffeine protects against increased risk-taking propensity during severe sleep deprivation. *J Sleep Res* 20: 395-403, 2011.
85. Capaldi, VF, Guerrero, ML, & **Killgore, WD**. Sleep disruption among returning combat veterans from Iraq and Afghanistan. *Mil Med*, 176: 879-888, 2011.
86. **Killgore, WD**, Grugle, NL, & Balkin, TJ. Gambling when sleep deprived: Don't bet on stimulants. *Chronobiol Int*, 29: 43-54, 2012
87. Gruber, SA, Dahlgren, MK, Sagar, KA, Gonenc, A, & **Killgore, WD**. Age of onset of marijuana use impacts inhibitory processing. *Neurosci Lett* 511(2):89-94, 2012.
88. **Killgore, WD**, Capaldi, VF, & Guerrero, ML. Nocturnal polysomnographic correlates of daytime sleepiness. *Psychol Rep*, 110(10), 63-72, 2012.
89. **Killgore, WD**, Weber, M, Schwab, ZJ, DelDonno, SR, Kipman, M, Weiner, MR, & Rauch, SL. Grey matter correlates of trait and ability models of emotional intelligence. *Neuroreport* 23, 551-555, 2012.
90. **Killgore, WD**, Schwab, ZJ, Kipman, M, DelDonno, SR, Weber, M. Voxel-based morphometric grey matter correlates of daytime sleepiness. *Neurosci Lett*, 518(1), 10-13, 2012.
91. **Killgore, WD**, Schwab, ZJ, & Weiner, MR. Self-reported nocturnal sleep duration is associated with next-day resting state functional connectivity. *Neuroreport*, 23, 741-745, 2012.
92. **Killgore, WD**, & Schwab, ZJ. Sex differences in the association between physical exercise and cognitive ability. *Perceptual and Motor Skills*, 115, 605-617, 2012.
93. Kipman, M, Weber, M, Schwab, ZJ, DelDonno, SR, & **Killgore, WD**. A funny thing happened on the way to the scanner: Humor detection correlates with gray matter volume. *Neuroreport*, 23, 1059-1064, 2012.

94. **Killgore, WD**, Schwab, ZJ, Weber, M, Kipman, M, DelDonno, SR, Weiner, MR, & Rauch, SL. Daytime sleepiness affects prefrontal regulation of food intake. *NeuroImage*, 71, 216-223, 2013.
95. **Killgore, WD**, Schwab, ZJ, Kipman, M, DelDonno, SR, & Weber, M. Insomnia-related complaints correlate with functional connectivity between sensory-motor regions. *Neuroreport*, 24, 233-240, 2013.
96. Weber, M, Webb, CA, DelDonno, SR, Kipman, M, Schwab, ZJ, Weiner, MR, & **Killgore, WD**. Habitual 'Sleep Credit' is associated with greater gray matter volume of the medial prefrontal cortex, higher emotional intelligence, and better mental health. *Journal of Sleep Research*, 22, 527-534, 2013.
97. Weber, M., **Killgore, WD**, Rosso, IM, Britton, JC, Schwab, ZJ, Weiner, MR, Simon, NM, Pollack, MH, & Rauch, SL. Voxel-based morphometric gray matter correlates of posttraumatic stress disorder. *Journal of Anxiety Disorders*, 27, 413-419, 2013.
98. **Killgore, WD**, Schwab, ZJ, Tkachenko, O, Webb, CA, DelDonno, SR, Kipman M, Rauch SL, and Weber M. Emotional intelligence correlates with functional responses to dynamic changes in facial trustworthiness. *Social Neuroscience*, 8, 334-346, 2013.
99. **Killgore, WD**. Self-reported sleep correlates with prefrontal-amygdala functional connectivity and emotional functioning. *Sleep*, 36, 1597-1608, 2013.
100. **Killgore, WD**, Kipman, M, Schwab, ZJ, Tkachenko, O, Preer, L, Gogel, H, Bark, JS, Mundy, EA, Olson, EA, & Weber, M. Physical exercise and brain responses to images of high calorie food. *Neuroreport*, 24, 962-967, 2013.
101. **Killgore, WD**, Weber, M, Schwab, ZJ, Kipman, M, DelDonno, SR, Webb, CA, & Rauch, SL. Cortico-limbic responsiveness to high-calorie food images predicts weight status among women. *International Journal of Obesity*, 37, 1435-1442, 2013.
102. Webb, CA, Schwab, ZJ, Weber, M, DelDonno, SR, Kipman M, Weiner, MR, & **Killgore WD**. Convergent and divergent validity of integrative versus mixed model measures of emotional intelligence. *Intelligence*, 41, 149-156, 2013.
103. **Killgore, WD**, Olson, EA, & Weber, M. Physical exercise habits correlate with gray matter volume of the hippocampus in healthy humans. *Scientific Reports*, 3, 3457, doi: 10.1038/srep0347, 2013.
104. **Killgore, WD**, Britton, JC, Schwab, ZJ, Price, LM, Weiner, MR, Gold, AL, Rosso, IM, Simon, NM, Pollack, MH, & Rauch, SL. Cortico-Limbic Responses to Masked Affective Faces Across PTSD, Panic Disorder, and Specific Phobia. *Depression & Anxiety*, 31, 150-159, 2014.

105. Cohen-Gilbert, JE, **Killgore, WD**, White, CN, Schwab, ZJ, Crowley, DJ, Covell, MJ, Sneider, JT, & Silveri, MM. Differential influence of safe versus threatening facial expressions on decision-making during an inhibitory control task in adolescence and adulthood. *Developmental Science*, 17, 212-223, 2014.
106. Preer, L, Tkachenko, O, Gogel, H., Bark, JS, & **Killgore, WD**. Personality traits associated with sleep initiation problems. *Journal of Sleep Disorders: Treatment and Care*, 3, 1-5, doi:10.4172/2325-9639.1000127, 2014.
107. Tkachenko, O, Olson, EA, Weber, M, Preer, LA, Gogel, H, & **Killgore, WD**. Sleep difficulties are associated with elevated symptoms of psychopathology. *Experimental Brain Research*, 232, 1567-1574, 2014.
108. Cui, J., Olson, EA, Weber, M, Schwab, ZJ, Rosso, SL, & **Killgore, WD**. Trait emotional suppression is associated with increased activation of the rostral anterior cingulate cortex in response to masked angry faces. *NeuroReport*, 25, 771-776, 2014.
109. Webb, CA, DelDonno, S, & **Killgore, WD**. The role of cognitive versus emotional intelligence in Iowa Gambling Task performance: What's emotion got to do with it? *Intelligence*, 44, 112-119, 2014.
110. **Killgore WD**, & Gogel, H. The Design Organization Test (DOT): Further Demonstration of Reliability and Validity as a Brief Measure of Visuospatial Ability. *Applied Neuropsychology: Adult* (in press).
111. Webb, CA, Weber, M, Mundy, EA, & **Killgore, WD**. Reduced gray matter volume in the anterior cingulate, orbitofrontal cortex and thalamus as a function of mild depressive symptoms: A voxel-based morphometric analysis. *Psychological Medicine* (in press).
112. **Killgore, WD**, Kamimori, GH, & Balkin, TJ. Caffeine improves the efficiency of planning and sequencing abilities during sleep deprivation. *Journal of Clinical Psychopharmacology* (in press).
113. Olson, EA, Weber, M, Rauch, SL, & **Killgore, WD**. Daytime sleepiness is associated with reduced integration of temporally distant outcomes on the Iowa Gambling Task. *Behavioral Sleep Medicine* (in press).

B) Other Peer Reviewed Publications

114. **Killgore WD**. Academic and research interest in several approaches to psychotherapy: a computerized search of literature in the past 16 years. *Psychol Rep.* 87(3 Pt 1):717-20, 2000.
115. Thomas, JJ, Hartman, AS, & **Killgore, WD**. Non-fat-phobic eating disorders: Why we need to investigate implicit associations and neural correlates. *International Journal of Eating Disorders*, 46, 416-419, 2013.

116. Weber, M, Webb, CA, & **Killgore, WD**. A brief and selective review of treatment approaches for sleep disturbance following traumatic brain injury. *Journal of Sleep Disorders and Therapy*, 2 (2), 1-5, 2013.
117. Dillon, DG, Rosso, IM, Pechtel, P, **Killgore, WD**, Rauch, SL, & Pizzagalli, DA. Peril and pleasure: An RDoC-inspired examination of threat responses and reward processing in anxiety and depression. *Depression and Anxiety*, 31, 233-249.

Non-peer reviewed scientific or medical publications/materials in print or other media

Reviews/Chapters/Editorials

1. **Killgore, WD.** Cortical and limbic activation during visual perception of food. In Dube, L, Bechara, A, Dagher, A, Drewnowski, A, Lebel, J, James, P, & Yada, R. (Eds), *Obesity Prevention: The Role of Brain and Society on Individual Behavior*. Elsevier, Boston, 2010, pp. 57-71.
2. **Killgore, WD.** Asleep at the trigger: Warfighter judgment and decision-making during prolonged wakefulness. In Bartone, P. (Ed), *Applying Research Psychology to Improve Performance and Policy*. 2010, pp. 59-77.
3. **Killgore, WD.** Effects of Sleep Deprivation on Cognition. In Kerkhof, G. & Van Dongen, H. *Progress in Brain Research: Sleep and Cognition*. Elsevier, B.V. New York, 2010, pp. 105-129.
4. **Killgore, WD.** Caffeine and other alerting agents. In Thorpy, M. & Billiard, M. (Eds), *Sleepiness: Causes, Consequences, Disorders and Treatment*. Cambridge University Press, UK, 2011, pp. 430-443.
5. **Killgore WD.** Priorities and challenges for caffeine research: Energy drinks, PTSD, and withdrawal reversal. *The Experts Speak Column, J Caffeine Res*, 1, 11-12, 2011.
6. **Killgore, WD.** Odor identification ability predicts executive function deficits following sleep deprivation. In Lee-Chiong, T (Ed), *Best of Sleep Medicine 2011*. National Jewish Health, Denver CO, 2011, pp. 31-33.
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14. Weber, M., & **Killgore, WD**. What are the emerging therapeutic uses of bright light therapy for neurological disorders? (Editorial). Future Neurology (in press).
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1. **Killgore, WD**. Senior Honors Thesis: Perceived intensity of lateral facial asymmetry of spontaneous vs. posed emotional expressions. Albuquerque, NM: University of New Mexico;1990. **(Outstanding Psychology Senior Honors Thesis, UNM-1990).*
2. **Killgore, WD**. Masters Thesis: Interaction of visual field and lateral facial asymmetry on the perceived intensity of emotional expressions in depressed and non-depressed subjects. Lubbock, TX: Texas Tech University;1992.
3. **Killgore, WD**. Dissertation: Development and validation of a new instrument for the measurement of transient mood states: The facial analogue mood scale (FAMS). Lubbock, TX: Texas Tech University;1995.

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2. **Killgore, WDS, & Locke, B.** A nonverbal instrument for the measurement of transient mood states: The Facial Analogue Mood Scale (FAMS) [Abstract]. Proceedings of the Annual Conference of the Oklahoma Center for Neurosciences 1996, Oklahoma City, OK.
3. **Killgore, WDS, Scott, JG, Oommen, KJ, & Jones, H.** Lateralization of seizure focus and performance on the MMPI-2 [Abstract]. Proceedings of the Annual Conference of the Oklahoma Center for Neurosciences 1996, Oklahoma City, OK.
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5. **Killgore, WDS, Glosser, G, Cooke, AN, Grossman, M, Maldjian, J, Judy, K, Baltuch, G, King, D, Alsop, D, & Detre, JA.** Functional activation during verbal memory encoding in patients with lateralized focal lesions [Abstract]. Epilepsia 1998; 39(Suppl. 6): 99.
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10. **Killgore, WDS, Glosser, G, & Detre, JA.** Prediction of seizure outcome following anterior temporal lobectomy: fMRI vs. IAT [Abstract]. Archives of Clinical Neuropsychology 1999; 14(1): 143.
11. **Killgore, WDS, Glosser, G, King, D, French, JA, Baltuch, G, & Detre, JA.** Functional MRI lateralization during memory encoding predicts seizure outcome following anterior temporal lobectomy [Abstract]. Journal of the International Neuropsychological Society 1999; 5(2): 122.

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55. McBride, SA & **Killgore, WDS**. Sleepy people smell worse: Olfactory deficits following extended wakefulness. Paper presented at the Workshop on Trace Gas Detection Using Artificial, Biological, and Computational Olfaction. Monell Chemical Senses Center, Philadelphia, PA, March 29-31, 2006.
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63. Day, LM, Li, C, Killgore, DB, Kamimori, GH, & **Killgore, WDS**. Emotional intelligence moderates the effect of sleep deprivation on moral reasoning [abstract]. Abstract presented at the 20th Meeting of the Associated Professional Sleep Societies, Salt Lake City, UT, June 17-22, 2006. SLEEP, 29 (Supplement), A135.
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65. Murray, CJ, Newman, R, O'Sullivan, M, Killgore, DB, Balkin, TJ, & **Killgore, WDS**. Caffeine, dextroamphetamine, and modafinil fail to restore Stroop performance during sleep deprivation [abstract]. Abstract presented at the 20th Meeting of the Associated Professional Sleep Societies, Salt Lake City, UT, June 17-22, 2006. SLEEP, 29 (Supplement), A370-371.
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70. Kahn-Green, E, Day, L, Conrad, A, Leavitt, BP, Killgore, DB, & **Killgore, WDS**. Short-term vs. long-term planning abilities: Differential effects of stimulants on executive function in sleep deprived individuals [abstract]. Abstract presented at the 20th Meeting of the Associated Professional Sleep Societies, Salt Lake City, UT, June 17-22, 2006. SLEEP, 29 (Supplement), A370.
71. Kahn-Green, E, Conrad, A, Killgore, DB, Kamimori, GH, & **Killgore, WDS**. Tired and frustrated: Using a projective technique for assessing responses to stress during sleep deprivation [abstract]. Abstract presented at the 20th Meeting of the Associated Professional Sleep Societies, Salt Lake City, UT, June 17-22, 2006. SLEEP, 29 (Supplement), A130.
72. Killgore, DB, Kahn-Green, E, Balkin, TJ, Kamimori, GH, & **Killgore, WDS**. 56 hours of wakefulness is associated with a sub-clinical increase in symptoms of psychopathology [abstract]. Abstract presented at the 20th Meeting of the Associated Professional Sleep Societies, Salt Lake City, UT, June 17-22, 2006. SLEEP, 29 (Supplement), A130.
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75. Bailey, JD, Richards, J, & **Killgore, WDS**. Prediction of mood fluctuations during sleep deprivation with the SAFTE Model [abstract]. Abstract presented at the 20th Meeting of the Associated Professional Sleep Societies, Salt Lake City, UT, June 17-22, 2006. SLEEP, 29 (Supplement), A60.
76. Kendall, AP, McBride, S. A, & **Killgore, WDS**. Visuospatial perception of line orientation is resistant to one night of sleep loss [abstract]. Abstract presented at the 20th Meeting of the Associated Professional Sleep Societies, Salt Lake City, UT, June 17-22, 2006. SLEEP, 29 (Supplement), A369.
77. Kendall, AP, McBride, SA, Kamimori, GH, & **Killgore, WDS**. The interaction of coping skills and stimulants on sustaining vigilance: Poor coping may keep you up at night [abstract]. Abstract presented at the 20th Meeting of the Associated Professional Sleep Societies, Salt Lake City, UT, June 17-22, 2006. SLEEP, 29 (Supplement), A129.
78. Muckle, A, Killgore, DB, & **Killgore, WDS**. Gender differences in the effects of stimulant medications on the ability to estimate unknown quantities when sleep deprived [abstract]. Abstract presented at the 20th Meeting of the Associated Professional Sleep Societies, Salt Lake City, UT, June 17-22, 2006. SLEEP, 29 (Supplement), A369.

79. Krugler, AL, **Killgore, WDS**, & Kamimori, G. H. Trait anger predicts resistance to sleep loss [abstract]. Abstract presented at the 20th Meeting of the Associated Professional Sleep Societies, Salt Lake City, UT, June 17-22, 2006. SLEEP, 29 (Supplement), A129.
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81. **Killgore, WDS**, Wesensten, NJ, & Balkin, TJ. Stimulants improve tactical but not strategic planning during prolonged wakefulness [abstract]. Abstract presented at the 9th Annual Force Health Protection Conference, Albuquerque, NM, August 6-11, 2006.
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84. **Killgore, WDS**, Lipizzi, EL, Reichardt, RM, Kamimori, GH, & Balkin, TJ. Can stimulants reverse the effects of sleep deprivation on risky decision-making [abstract]? Abstract presented at the 25th Army Science Conference, Orlando, FL, November 27-30, 2006.
85. **Killgore, WDS**, Killgore, DB, Kamimori, GH, & Balkin, TJ. Sleep deprivation impairs the emotional intelligence and moral judgment capacities of Soldiers [abstract]. Abstract presented at the 25th Army Science Conference, Orlando, FL, November 27-30, 2006.
86. **Killgore, WDS**, Cotting, DI, Vo, AH, Castro, C.A, & Hoge, CW. The post-combat invincibility syndrome: Combat experiences increase risk-taking propensity following deployment [abstract]. Abstract presented at the 25th Army Science Conference, Orlando, FL, November 27-30, 2006.
87. Adam, GE, Szelenyi, ER, **Killgore, WD**, & Lieberman, HR. A double-blind study of two days of caloric deprivation: Effects on judgment and decision-making. Oral paper presentation at the Annual Scientific Meeting of the Aerospace Medical Association, New Orleans, LA, May, 2007.
88. Killgore, DB, Kahn-Greene, ET, Kamimori, GH, & **Killgore, WD**. The effects of acute caffeine withdrawal on short category test performance in sleep deprived individuals [abstract]. Abstract presented at the 21st Meeting of the Associated Professional Sleep Societies, Minneapolis, MN, June 9-14, 2007. SLEEP, 30 (Supplement), A43.
89. Richards, JM, Lipizzi, EL, Kamimori, GH, & **Killgore, WD**. Extroversion predicts change in attentional lapses during sleep deprivation [abstract]. Abstract presented at the 21st Meeting of the Associated Professional Sleep Societies, Minneapolis, MN, June 9-14, 2007. SLEEP, 30 (Supplement), A137.

90. Lipizzi, EL, Richards, JM, Balkin, TJ, Grugle, NL, & **Killgore, WD**. Morningness-Eveningness and Intelligence [abstract]. Abstract presented at the 21st Meeting of the Associated Professional Sleep Societies, Minneapolis, MN, June 9-14, 2007. SLEEP, 30 (Supplement), A345.
91. Lipizzi, EL, Richards, Balkin, TJ, Grugle, NL, & **Killgore WD**. Morningness-Eveningness affects risk-taking propensity during sleep deprivation [abstract]. Abstract presented at the 21st Meeting of the Associated Professional Sleep Societies, Minneapolis, MN, June 9-14, 2007. SLEEP, 30 (Supplement), A136.
92. McBride, SA, Ganesan, G, Kamimori, GH, & **Killgore, WD**. Odor identification ability predicts vulnerability to attentional lapses during 77 hours of sleep deprivation [abstract]. Abstract presented at the 21st Meeting of the Associated Professional Sleep Societies, Minneapolis, MN, June 9-14, 2007. SLEEP, 30 (Supplement), A135.
93. Smith, KL, McBride, S. A, Kamimori, GH, & **Killgore, WD**. Individual differences in odor discrimination predict mood dysregulation following 56 hours of sleep deprivation [abstract]. Abstract presented at the 21st Meeting of the Associated Professional Sleep Societies, Minneapolis, MN, June 9-14, 2007. SLEEP, 30 (Supplement), A136.
94. McBride, SA, Leavitt, BP, Kamimori, GH, & **Killgore, WD**. Odor identification accuracy predicts resistance to sleep loss. Abstract presented at the 21st Meeting of the Associated Professional Sleep Societies, Minneapolis, MN, June 9-14, 2007. SLEEP, 30 (Supplement), A137.
95. Killgore, DB, McBride, SA, Balkin, TJ, Grugle, NL. & **Killgore, WD**. Changes in odor discrimination predict executive function deficits following 45 hours of wakefulness [abstract]. Abstract presented at the 21st Meeting of the Associated Professional Sleep Societies, Minneapolis, MN, June 9-14, 2007. SLEEP, 30 (Supplement), A136.
96. Rupp, TL, Killgore, DB, Balkin, TJ, Grugle, NL, & **Killgore, WD**. The effects of modafinil, dextroamphetamine, and caffeine on verbal and nonverbal fluency in sleep deprived individuals [abstract]. Abstract presented at the 21st Meeting of the Associated Professional Sleep Societies, Minneapolis, MN, June 9-14, 2007. SLEEP, 30 (Supplement), A43.
97. Newman, RA, Krugler, AL, Kamimori, GH, & **Killgore, WD**. Changes in state and trait anger following 56 hours of sleep deprivation [abstract]. Abstract presented at the 21st Meeting of the Associated Professional Sleep Societies, Minneapolis, MN, June 9-14, 2007. SLEEP, 30 (Supplement), A138.
98. Rupp, TL, Grugle, NL, Krugler, AL, Balkin, TJ, & **Killgore, WD**. Caffeine, dextroamphetamine, and modafinil improve PVT performance after sleep deprivation and recovery sleep [abstract]. Abstract presented at the 21st Meeting of the Associated Professional Sleep Societies, Minneapolis, MN, June 9-14, 2007. SLEEP, 30 (Supplement), A44.

99. **Killgore, WD**, Lipizzi, EL, Balkin, TJ, Grugle, NL, & Killgore, DB. The effects of sleep deprivation and stimulants on self-reported sensation seeking propensity [abstract]. Abstract presented at the 21st Meeting of the Associated Professional Sleep Societies, Minneapolis, MN, June 9-14, 2007. SLEEP, 30 (Supplement), A42.
100. **Killgore, WD**, Richards, JM, Balkin, TJ, Grugle, NL, & Killgore DB. The effects of sleep deprivation and stimulants on risky behavior [abstract]. Abstract presented at the 21st Meeting of the Associated Professional Sleep Societies, Minneapolis, MN, June 9-14, 2007. SLEEP, 30 (Supplement), A41.
101. Newman, RA, Smith, KL, Balkin, TJ, Grugle, NL, & **Killgore, WD**. The effects of caffeine, dextroamphetamine, and modafinil on executive functioning following 45 hours of sleep deprivation [abstract]. Abstract presented at the 21st Meeting of the Associated Professional Sleep Societies, Minneapolis, MN, June 9-14, 2007. SLEEP, 30 (Supplement), A45.
102. Richards, JM, Lipizzi, EL, Balkin, TJ, Grugle, NL, & **Killgore, WD**. Objective alertness predicts mood changes during 44 hours of sleep deprivation [abstract]. Abstract presented at the 21st Meeting of the Associated Professional Sleep Societies, Minneapolis, MN, June 9-14, 2007. SLEEP, 30 (Supplement), A56.
103. **Killgore, WD**, & Yurgelun-Todd, DA. Cortical and Limbic Activation in Response to Visual Images of Low and High-Caloric Food [abstract]. Oral symposium presented at the 6th Annual Conference of the Society of Behavioral Nutrition and Physical Activity (ISBNPA), Oslo, Norway, June 20-23, 2007. Proceedings of the ISBNPA, 2007, 75.
104. Estrada, A, **Killgore, WD**, Rouse, T, Balkin, TJ, & Wildzunas, RM. Total sleep time measured by actigraphy predicts academic performance during military training [abstract]. Abstract presented at the 22nd Meeting of the Associated Professional Sleep Societies, Baltimore, MD, June 7-12, 2008. SLEEP, 31 (Supplement), A134.
105. **Killgore, WD**, Lipizzi, EL, Smith, KL, Killgore, DB, Rupp, TL, Kamimori, GH, & Balkin, T. J. Nonverbal intelligence is inversely related to the ability to resist sleep loss [abstract]. Abstract presented at the 22nd Meeting of the Associated Professional Sleep Societies, Baltimore, MD, June 7-12, 2008. SLEEP, 31 (Supplement), A134.
106. **Killgore, WD**, Lipizzi, EL, Killgore, DB, Rupp, TL, Kamimori, GH, & Balkin, TJ. Emotional intelligence predicts declines in emotion-based decision-making following sleep deprivation [abstract]. Abstract presented at the 22nd Meeting of the Associated Professional Sleep Societies, Baltimore, MD, June 7-12, 2008. SLEEP, 31 (Supplement), A134.
107. Reid, CT, Smith, K, **Killgore, WD**, Rupp, TL, & Balkin, TJ. Higher intelligence is associated with less subjective sleepiness during sleep restriction [abstract]. Abstract presented at the 22nd Meeting of the Associated Professional Sleep Societies, Baltimore, MD, June 7-12, 2008. SLEEP, 31 (Supplement), A375.

108. Newman, R, **Killgore, WD**, Rupp, T. L, & Balkin, TJ. Better baseline olfactory discrimination is associated with worse PVT and MWT performance with sleep restriction and recovery [abstract]. Abstract presented at the 22nd Meeting of the Associated Professional Sleep Societies, Baltimore, MD, June 7-12, 2008. SLEEP, 31 (Supplement), A375.
109. Smith, KL, Reid, CT, **Killgore, WD**, Rupp, TL, & Balkin, TJ. Personality factors associated with performance and sleepiness during sleep restriction and recovery [abstract]. Abstract presented at the 22nd Meeting of the Associated Professional Sleep Societies, Baltimore, MD, June 7-12, 2008. SLEEP, 31 (Supplement), A376.
110. Lipizzi, EL, **Killgore, WD**, Rupp, TL, & Balkin, TJ. Risk-taking behavior is elevated during recovery from sleep restriction [abstract]. Abstract presented at the 22nd Meeting of the Associated Professional Sleep Societies, Baltimore, MD, June 7-12, 2008. SLEEP, 31 (Supplement), A376.
111. Lipizzi, EL, Rupp, TL, **Killgore, WD**, & Balkin, TJ. Sleep restriction increases risk-taking behavior [abstract]. Poster presented at the 11th Annual Force Health Protection Conference, Albuquerque, NM, August, 9-15, 2008.
112. **Killgore, WD**, Estrada, A, Balkin, TJ, & Wildzunas, RM. Sleep duration during army training predicts course performance [abstract]. Poster presented at the 6th Annual Force Health Protection Conference, Albuquerque, NM, August, 11-17, 2008.
113. **Killgore, WD**, Lipizzi, EL, Smith, KL, Killgore, DB, Rupp, TL, Kamimori, GH, & Balkin, TJ. Higher cognitive ability is associated with reduced relative resistance to sleep loss [abstract]. Poster presented at the 6th Annual Force Health Protection Conference, Albuquerque, NM, August, 11-17, 2008.
114. **Killgore, WD**, Rupp, TL, Grugle, NL, Lipizzi, EL, & Balkin, TJ. Maintaining alertness during sustained operations: Which stimulant is most effective after 44 hours without sleep [abstract]? Poster presented at the 6th Annual Force Health Protection Conference, Albuquerque, NM, August, 11-17, 2008.
115. **Killgore, WD**, Newman, RA, Lipizzi, EL, Kamimori, GH, & Balkin, TJ. Sleep deprivation increases feelings of anger but reduces verbal and physical aggression in Soldiers [abstract]. Poster presented at the 6th Annual Force Health Protection Conference, Albuquerque, NM, August, 11-17, 2008.
116. Kelley, AM, Dretsch, M, **Killgore, WD**, & Athy, JR. Risky behaviors and attitudes about risk in Soldiers. Abstract presented at the 29th Annual Meeting of the Society for Judgment and Decision Making, Chicago, IL, November, 2008.
117. **Killgore, WD**, Ross, AJ, Silveri, MM, Gruber, SA, Kamiya, T, Kawada, Y, Renshaw, PF, & Yurgelun-Todd, DA. Citicoline affects appetite and cortico-limbic responses to images of high calorie foods. Abstract presented at the Society for Neuroscience, Washington DC, November 19, 2008.

118. Britton, JC, Stewart, SE, Price, LM, **Killgore, WD**, Gold, AL, Jenike, MA, & Rauch, SL. Reduced amygdalar activation in response to emotional faces in pediatric Obsessive-Compulsive Disorder. Abstract presented at the Annual meeting of the American College of Neuropsychopharmacology, Scottsdale, AZ, December 7-11, 2008.
119. **Killgore, WD**, Balkin, TJ, Estrada, A, & Wildzunas, RM. Sleep and performance measures in soldiers undergoing military relevant training. Abstract presented at the 26th Army Science Conference, Orlando, FL, December 1-4, 2008.
120. **Killgore, WD** & Yurgelun-Todd, DA. Cerebral correlates of amygdala responses during non-conscious perception of affective faces in adolescent children. Abstract presented at the 37th Annual Meeting of the International Neuropsychological Society, Atlanta, GA, February 11-14, 2009.
121. **Killgore, WD**, Killgore, DB, Grugle, NL, & Balkin, TJ. Odor identification ability predicts executive function deficits following sleep deprivation. Abstract presented the 37th Annual Meeting of the International Neuropsychological Society, Atlanta, GA, February 11-14, 2009.
122. **Killgore, WD**, Rupp, TL, Killgore, DB, Grugle, NL, and Balkin, TJ. Differential effects of stimulant medications on verbal and nonverbal fluency during sleep deprivation. Abstract presented the 37th Annual Meeting of the International Neuropsychological Society, Atlanta, GA, February 11-14, 2009.
123. **Killgore, WD**, Killgore, DB, Kamimori, GH, & Balkin, TJ. When being smart is a liability: More intelligent individuals may be less resistant to sleep deprivation. Abstract presented the 37th Annual Meeting of the International Neuropsychological Society, Atlanta, GA, February 11-14, 2009.
124. **Killgore, WD**, Britton, JC, Price, LM, Gold, AL, Deckersbach, T, & Rauch, SL. Introversion is associated with greater amygdala and insula activation during viewing of masked affective stimuli. Abstract presented the 37th Annual Meeting of the International Neuropsychological Society, Atlanta, GA, February 11-14, 2009.
125. **Killgore, WD**, Britton, JC, Price, LM, Gold, AL, Deckersbach, T, & Rauch, SL. Amygdala responses of specific animal phobics do not differ from healthy controls during masked fearful face perception. Abstract presented the 37th Annual Meeting of the International Neuropsychological Society, Atlanta, GA, February 11-14, 2009.
126. **Killgore, WD**, Britton, JC, Price, LM, Gold, AL, Deckersbach, T, & Rauch, SL. Small animal phobics show sustained amygdala activation in response to masked happy facial expressions. Abstract presented the 37th Annual Meeting of the International Neuropsychological Society, Atlanta, GA, February 11-14, 2009. **[*Merit Poster Award]**
127. Price, LM, **Killgore, WD**, Britton, JC, Kaufman, ML, Gold, AL, Deckersbach, T, & Rauch, SL. Anxiety sensitivity correlates with insula activation in response to masked fearful faces in specific animal phobics and healthy subjects. Abstract presented at the Annual Conference of the Anxiety Disorders Association of America, Santa Ana Pueblo, New Mexico, March 12-15, 2009.

128. **Killgore, WD**, Britton, JC, Price, LM, Gold, AL, Deckersbach, T, & Rauch, SL. Neuroticism is inversely correlated with amygdala and insula activation during masked presentations of affective stimuli. Abstract presented at the Annual Conference of the Anxiety Disorders Association of America, Santa Ana Pueblo, New Mexico, March 12-15, 2009.
129. **Killgore, WD**, Kelley, AM, & Balkin, TJ. Development and validation of a scale to measure the perception of invincibility. Abstract presented at the Annual Conference of the Anxiety Disorders Association of America, Santa Ana Pueblo, New Mexico, March 12-15, 2009.
130. Kelly, AM, **Killgore WD**, Athy, J, & Dretsch, M. Risk propensity, risk perception, risk aversion, and sensation seeking in U.S. Army soldiers. Abstract presented at the 80th Annual Scientific Meeting of the Aerospace Medical Association, Los Angeles, CA, May 3-7, 2009.
131. Britton, JC, Stewart, SE, Price, LM, **Killgore, WD**, Jenike, MA, & Rauch, SL. The neural correlates of negative priming in pediatric obsessive-compulsive disorder (OCD). Abstract presented at the 64th Annual Scientific Meeting of the Society of Biological Psychiatry, Vancouver, Canada, May 14-16, 2009.
132. **Killgore, WD**, Killgore, DB, Kamimori, GH, & Balkin, TJ. Caffeine protects against increased risk-taking behavior during severe sleep deprivation. Abstract presented at the 23rd Annual Meeting of the Associated Professional Sleep Societies, Seattle, Washington, June 7-12, 2009.
133. Killgore, DB, **Killgore, WD**, Grugle, NL, & Balkin, TJ. Executive functions predict the ability to sustain psychomotor vigilance during sleep loss. Abstract presented at the 23rd Annual Meeting of the Associated Professional Sleep Societies, Seattle, Washington, June 7-12, 2009.
134. **Killgore, WD**, & Yurgelun-Todd, DA. Trouble falling asleep is associated with reduced activation of dorsolateral prefrontal cortex during a simple attention task. Abstract presented at the 23rd Annual Meeting of the Associated Professional Sleep Societies, Seattle, Washington, June 7-12, 2009.
135. **Killgore, WD**, Kelley, AM, & Balkin, TJ. A new scale for measuring the perception of invincibility. Abstract presented at the 12th Annual Force Health Protection Conference, Albuquerque, New Mexico, August 14-21, 2009.
136. **Killgore, WD**, Killgore, DB, Grugle, NL, & Balkin, TJ. Executive functions contribute to the ability to resist sleep loss. Abstract presented at the 12th Annual Force Health Protection Conference, Albuquerque, New Mexico, August 14-21, 2009.
137. **Killgore, WD**, Killgore, DB, Kamimori, GH, & Balkin, TJ. Caffeine reduces risk-taking behavior during severe sleep deprivation. Abstract presented at the 12th Annual Force Health Protection Conference, Albuquerque, New Mexico, August 14-21, 2009. [***Best Paper: Research**]

138. **Killgore, WD**, Castro, CA, & Hoge, CW. Normative data for the Evaluation of Risks Scale—Bubble Sheet Version (EVAR-B) for large scale surveys of returning combat veterans. Abstract presented at the 12th Annual Force Health Protection Conference, Albuquerque, New Mexico, August 14-21, 2009.
139. **Killgore, WD**, Castro, CA, & Hoge, CW. Combat exposure and post-deployment risky behavior. Abstract presented at the 12th Annual Force Health Protection Conference, Albuquerque, New Mexico, August 14-21, 2009.
140. **Killgore, WD**, Price, LM, Britton, JC, Simon, N, Pollack, MH, Weiner, MR, Schwab, ZJ, Rosso, IM, & Rauch, SL. Paralimbic responses to masked emotional faces in PTSD: Disorder and valence specificity. Abstract presented at the Annual McLean Hospital Research Day, January 29, 2010.
141. **Killgore, WD**, Killgore, DB, Kamimori, GH, & Balkin, TJ. Caffeine minimizes behavioral risk-taking during 75 hours of sleep deprivation. Abstract presented at the 38th Annual Meeting of the International Neuropsychological Society, Acapulco, Mexico, February 3-6, 2010.
142. **Killgore, WD** & Balkin, TJ. Vulnerability to sleep loss is affected by baseline executive function capacity. Abstract presented at the 38th Annual Meeting of the International Neuropsychological Society, Acapulco, Mexico, February 3-6, 2010.
143. **Killgore, WD**, Smith, KL, Reichardt, RM., Killgore, DB, & Balkin, TJ. Intellectual capacity is related to REM sleep following sleep deprivation. Abstract presented at the 38th Annual Meeting of the International Neuropsychological Society, Acapulco, Mexico, February 3-6, 2010.
144. **Killgore, WD** & Yurgelun-Todd, DA. Cerebral correlates of amygdala responses to masked fear, anger, and happiness in adolescent and pre-adolescent children. Abstract presented at the 38th Annual Meeting of the International Neuropsychological Society, Acapulco, Mexico, February 3-6, 2010.
145. **Killgore, WD**, Post, A, & Yurgelun-Todd, DA. Sex differences in cortico-limbic responses to images of high calorie food. Abstract presented at the 38th Annual Meeting of the International Neuropsychological Society, Acapulco, Mexico, February 3-6, 2010.
146. **Killgore, WD** & Yurgelun-Todd, DA. Self-reported insomnia is associated with increased activation within the default-mode network during a simple attention task. Abstract presented at the 38th Annual Meeting of the International Neuropsychological Society, Acapulco, Mexico, February 3-6, 2010.
147. **Killgore, WD**, Price, LM, Britton, JC, Gold, AL, Deckersbach, T, & Rauch, SL. Neural correlates of anxiety sensitivity factors during presentation of masked fearful faces. Abstract presented at the 38th Annual Meeting of the International Neuropsychological Society, Acapulco, Mexico, February 3-6, 2010.

148. **Killgore, WD**, Grugle, NL, Conrad, TA, & Balkin, TJ. Baseline executive function abilities predict risky behavior following sleep deprivation. Abstract presented at the 24th Annual Meeting of the Associated Professional Sleep Societies, San Antonio, Texas, June 5-9, 2010.
149. **Killgore, WD**, Grugle, NL, & Balkin, TJ. Judgment of objective vigilance performance is affected by sleep deprivation and stimulants. Abstract presented at the 24th Annual Meeting of the Associated Professional Sleep Societies, San Antonio, Texas, June 5-9, 2010.
150. Killgore, DB, **Killgore, WD**, Grugle, NL, & Balkin, TJ. Resistance to sleep loss and its relationship to decision making during sleep deprivation. Abstract presented at the 24th Annual Meeting of the Associated Professional Sleep Societies, San Antonio, Texas, June 5-9, 2010.
151. Killgore DB, **Killgore, WD**, Grugle, NL, & Balkin, TJ. Subjective sleepiness and objective performance: Differential effects of stimulants during sleep deprivation. Abstract presented at the 24th Annual Meeting of the Associated Professional Sleep Societies, San Antonio, Texas, June 5-9, 2010.
152. Rupp, TL, **Killgore, WD**, & Balkin, TJ. Vulnerability to sleep deprivation is differentially mediated by social exposure in extraverts vs. introverts. Oral presentation at the “Data Blitz” section at the 24th Annual Meeting of the Associated Professional Sleep Societies, San Antonio, Texas, June 5-9, 2010.
153. Rupp, TL, **Killgore, WD**, & Balkin, TJ. Extraverts may be more vulnerable than introverts to sleep deprivation on some measures of risk-taking and executive functioning. Abstract presented at the 24th Annual Meeting of the Associated Professional Sleep Societies, San Antonio, Texas, June 5-9, 2010.
154. Rupp, TL, **Killgore, WD**, & Balkin, TJ. Vulnerability to sleep deprivation is differentially mediated by social exposure in extraverts vs. introverts. Abstract presented at the 24th Annual Meeting of the Associated Professional Sleep Societies, San Antonio, Texas, June 5-9, 2010.
155. Capaldi, VF, Guerrero, ML, & **Killgore, WD**. Sleep disorders among OIF and OEF Soldiers. Abstract presented at the 24th Annual Meeting of the Associated Professional Sleep Societies, San Antonio, Texas, June 5-9, 2010.
156. **Killgore, WD**, Killgore, DB, Kamimori, GH, & Balkin, TJ. Caffeine reduces behavioral risk-taking during sleep deprivation. Abstract presented at the 65th Annual Meeting of the Society for Biological Psychiatry, New Orleans, Louisiana, May 20-22, 2010.
157. **Killgore, WD**, Price, LM, Britton, JC, Simon, N, Pollack, MH, Weiner, MR, Schwab, ZJ, Rosso, IM, & Rauch, SL. Paralimbic responses to masked emotional faces in PTSD: Disorder and valence specificity. Abstract presented at the 65th Annual Meeting of the Society for Biological Psychiatry, New Orleans, Louisiana, May 20-22, 2010.

158. Rosso, IM, Makris, N, Britton, JC, Price, LM, Gold, AL, Deckersbach, T, **Killgore, WD**, & Rauch SL. Anxiety sensitivity correlates with insular cortex volume and thickness in specific animal phobia. Abstract presented at the 65th Annual Meeting of the Society for Biological Psychiatry, New Orleans, Louisiana, May 20-22, 2010.
159. Rupp, TL, **Killgore, WD**, & Balkin, TJ. Vulnerability to sleep deprivation is mediated by social exposure in extraverts versus introverts. Oral platform presentation at the 20th Congress of the European Sleep Research Society, Lisbon, Portugal, September 14-18, 2010.
160. **Killgore, WD**, Estrada, A, & Balkin, TJ. A tool for monitoring soldier fatigue and predicting cognitive readiness: The Sleep History and Readiness Predictor (SHARP). Abstract presented at the 27th Army Science Conference, Orlando, FL, November 29-December 2, 2010.
161. **Killgore, WD**, Kamimori, GH, & Balkin, TJ. Caffeinated gum minimizes risk-taking in soldiers during prolonged sleep deprivation. Abstract presented at the 27th Army Science Conference, Orlando, FL, November 29-December 2, 2010.
162. **Killgore, WD**, Britton, JC, Schwab, ZJ, Weiner, MR, Rosso, IM, & Rauch, SL. Exaggerated amygdala responses to masked fearful faces are specific to PTSD versus simple phobia. Oral platform presentation at the 27th Army Science Conference, Orlando, FL, November 29-December 2, 2010. [**Winner Best Paper in Neuroscience**]
163. **Killgore, WD**, Kamimori, GH, & Balkin, TJ. Sleep deprivation selectively impairs emotional aspects of cognitive functioning. Oral platform presentation at the 27th Army Science Conference, Orlando, FL, November 29-December 2, 2010.
164. Rupp, TL, **Killgore, WD**, & Balkin, TJ. Evaluation of personality and social exposure as individual difference factors influencing response to sleep deprivation. Oral platform presentation at the 27th Army Science Conference, Orlando, FL, November 29-December 2, 2010.
165. **Killgore, WD**, Britton, JC, Rosso, IM, Schwab, ZJ, Weiner, MR, & Rauch, SL. Shared and differential patterns of amygdalo-cortical activation across anxiety disorders. Abstract presented at the 49th Annual Meeting of the American College of Neuropsychopharmacology, Miami Beach, FL, December 5-9, 2010.
166. Rosso, IM, **Killgore, WD**, Britton, JC, Weiner, MR, Schwab, ZJ, & Rauch, SL. Neural correlates of PTSD symptom dimensions during emotional processing: A functional magnetic resonance imaging study. Abstract presented at the 49th Annual Meeting of the American College of Neuropsychopharmacology, Miami Beach, FL, December 5-9, 2010.
167. **Killgore, WD**, Rosso, IM, Britton, JC, Schwab, ZJ, Weiner, MR, & Rauch, SL. Cortico-limbic activation differentiates among anxiety disorders with and without a generalized threat response. Abstract presented at the McLean Hospital Research Day, January 13, 2011.
168. Weiner, MR, Schwab, ZJ, Rauch, SL, & **Killgore WD**. Personality factors predict brain responses to images of high-calorie foods. Abstract presented at the McLean Hospital Research Day, January 13, 2011.

169. Schwab, ZJ, Weiner, MR, Rauch, SL, & **Killgore, WD**. Emotional and cognitive intelligence: Support for the neural efficiency hypothesis. Abstract presented at the McLean Hospital Research Day, January 13, 2011.
170. Crowley, DJ, Covell, MJ, **Killgore, WD**, Schwab, ZJ, Weiner, MR, Acharya, D, Rosso, IM, & Silveri, MM. Differential influence of facial expression on inhibitory capacity in adolescents versus adults. Abstract presented at the McLean Hospital Research Day, January 13, 2011.
171. **Killgore, WD**, Britton, JC, Rosso, IM, Schwab, ZJ, Weiner, MR, & Rauch, SL. Similarities and differences in cortico-limbic responses to masked affect probes across anxiety disorders. Abstract presented at the 39th Annual Meeting of the International Neuropsychological Society, Boston, MA, February 2-5, 2011.
172. Rosso, IM, **Killgore, WD**, Britton, JC, Weiner, MR, Schwab, ZJ, & Rauch, SL. Hyperarousal and reexperiencing symptoms of post-traumatic stress disorder are differentially associated with limbic-prefrontal brain responses to threatening stimuli. Abstract presented at the 39th Annual Meeting of the International Neuropsychological Society, Boston, MA, February 2-5, 2011.
173. Schwab, ZJ, Weiner, MR, Rauch, SL, & **Killgore, WD**. Neural correlates of cognitive and emotional intelligence in adults. Abstract presented at the 39th Annual Meeting of the International Neuropsychological Society, Boston, MA, February 2-5, 2011.
174. Schwab, ZJ, Weiner, MR, Rauch, SL, & **Killgore, WD**. Cognitive and emotional intelligences: Are they distinct or related constructs? Abstract presented at the 39th Annual Meeting of the International Neuropsychological Society, Boston, MA, February 2-5, 2011.
175. Schwab, ZJ, Weiner, MR, Rauch, SL, & **Killgore, WD**. Discrepancy scores between cognitive and emotional intelligence predict neural responses to affective stimuli. Abstract presented at the 39th Annual Meeting of the International Neuropsychological Society, Boston, MA, February 2-5, 2011.
176. **Killgore, WD**, Schwab, ZJ, Weiner, MR, & Rauch, SL. Smart people go with their gut: Emotional intelligence correlates with non-conscious insular responses to facial trustworthiness. Abstract presented at the 39th Annual Meeting of the International Neuropsychological Society, Boston, MA, February 2-5, 2011.
177. **Killgore, WD**, Weiner, MR, Schwab, ZJ, & Rauch, SL. Whom can you trust? Neural correlates of subliminal perception of facial trustworthiness. Abstract presented at the 39th Annual Meeting of the International Neuropsychological Society, Boston, MA, February 2-5, 2011.
178. Weiner, MR, Schwab, ZJ, & Rauch, SL, **Killgore, WD**. Impulsiveness predicts responses of brain reward circuitry to high-calorie foods. Abstract presented at the 39th Annual Meeting of the International Neuropsychological Society, Boston, MA, February 2-5, 2011.

179. Weiner, MR, Schwab, ZJ, & Rauch, SL, **Killgore, WD**. Conscientiousness predicts brain responses to images of high-calorie foods. Abstract presented at the 39th Annual Meeting of the International Neuropsychological Society, Boston, MA, February 2-5, 2011.
180. Crowley, DJ, Covell, MJ, **Killgore, WD**, Schwab, ZJ, Weiner, MR, Acharya, D, Rosso, IM, & Silveri, MM. Differential influence of facial expression on inhibitory capacity in adolescents versus adults. Abstract presented at the 39th Annual Meeting of the International Neuropsychological Society, Boston, MA, February 2-5, 2011.
181. Gruber, SA, Dahlgren, MK, **Killgore, WD**, Sagar, KA, & Racine, MT. Marijuana: Age of onset of use impacts executive function and brain activation. Abstract presented at the 39th Annual Meeting of the International Neuropsychological Society, Boston, MA, February 2-5, 2011.
182. **Killgore, WD**, Conrad, TA, Grugle, NL, & Balkin, TJ. Baseline executive function abilities correlate with risky behavior following sleep deprivation. Abstract presented at the 39th Annual Meeting of the International Neuropsychological Society, Boston, MA, February 2-5, 2011.
183. **Killgore, WD**, Grugle, NL, Killgore, DB, & Balkin, TJ. Resistance to sleep loss and decision making during sleep deprivation. Abstract presented at the 39th Annual Meeting of the International Neuropsychological Society, Boston, MA, February 2-5, 2011.
184. **Killgore, WD**, Rosso, IM, Britton, JC, Schwab, ZJ, Weiner, MR, & Rauch, SL. Cortico-limbic activation differentiates among anxiety disorders with and without a generalized threat response. Abstract presented at the 66th Annual Meeting of the Society for Biological Psychiatry, San Francisco, CA, May 12-14, 2011. ***[*Blue Ribbon Finalist for Top Poster Award: Clinical/Translational]***
185. Schwab, ZJ, Weiner, MR, Rauch, SL, & **Killgore, WD**. Emotional and cognitive intelligence: Support for the neural efficiency hypothesis. Abstract presented at the 66th Annual Meeting of the Society for Biological Psychiatry, San Francisco, CA, May 12-14, 2011.
186. Weiner, MR, Schwab, ZJ, Rauch, SL, & **Killgore WD**. Personality factors predict brain responses to images of high-calorie foods. Abstract presented at the 66th Annual Meeting of the Society for Biological Psychiatry, San Francisco, CA, May 12-14, 2011.
187. **Killgore, WD**, Grugle, NL, & Balkin, TJ. Sleep deprivation impairs recognition of specific emotions. Abstract presented at the 25th Annual Meeting of the Associated Professional Sleep Societies, Minneapolis, MN, June 11-15, 2011.
188. **Killgore, WD**, & Balkin, TJ. Does vulnerability to sleep deprivation influence the effectiveness of stimulants on psychomotor vigilance? Abstract presented at the 25th Annual Meeting of the Associated Professional Sleep Societies, Minneapolis, MN, June 11-15, 2011.

189. Killgore, DB, **Killgore, WD**, Grugle, NJ, & Balkin, TJ. Sleep deprivation impairs recognition of specific emotions. Abstract presented at the 25th Annual Meeting of the Associated Professional Sleep Societies, Minneapolis, MN, June 11-15, 2011.
190. Weiner, MR, Schwab, ZJ, & **Killgore, WD**. Daytime sleepiness is associated with altered brain activation during visual perception of high-calorie foods: An fMRI study. Abstract presented at the 25th Annual Meeting of the Associated Professional Sleep Societies, Minneapolis, MN, June 11-15, 2011.
191. Schwab, ZJ, Weiner, MR, & **Killgore, WD**. Functional MRI correlates of morningness-eveningness during visual presentation of high calorie foods. Abstract presented at the 25th Annual Meeting of the Associated Professional Sleep Societies, Minneapolis, MN, June 11-15, 2011.
192. **Killgore, WD**, Weiner, MR, & Schwab, ZJ. Daytime sleepiness affects prefrontal regulation of food intake. Abstract presented at the McLean Hospital Research Day, January 11, 2012.
193. Kipman, M, Schwab ZJ, Weiner, MR, DelDonno, S, Rauch SL, & **Killgore WD**. The insightful yet bitter comedian: The role of emotional versus cognitive intelligence in humor appreciation. Abstract presented at the McLean Hospital Research Day, January 11, 2012.
194. Weber, M, & **Killgore, WD**. Gray matter correlates of emotional intelligence. Abstract presented at the McLean Hospital Research Day, January 11, 2012.
195. Schwab, ZJ, & **Killgore, WD**. Sex differences in functional brain responses to food. Abstract presented at the McLean Hospital Research Day, January 11, 2012.
196. DelDonno, S, Schwab, ZJ, Kipman M, Rauch, SL, & **Killgore, WD**. The influence of cognitive and emotional intelligence on performance on the Iowa Gambling Task. Abstract presented at the McLean Hospital Research Day, January 11, 2012.
197. Song, CH, Kizielewicz, J, Schwab, ZJ, Weiner, MR, Rauch, SL, & **Killgore, WD**. Time is of the essence: The Design Organization Test as a valid, reliable, and brief measure of visuospatial ability. Abstract presented at the 40th Annual Meeting of the International Neuropsychological Society, Montreal, CA, February 15-18, 2012.
198. Kipman, M, Schwab, ZJ, DelDonno, S, & **Killgore, WD**. Gender differences in the contribution of cognitive and emotional intelligence to the left visual field bias for facial perception. Abstract presented at the 40th Annual Meeting of the International Neuropsychological Society, Montreal, CA, February 15-18, 2012.
199. Kipman, M., Schwab, ZJ, Weiner, MR, DelDonno, S, Rauch, SL, & **Killgore, WD**. Contributions of emotional versus cognitive intelligence in humor appreciation. Abstract presented at the 40th Annual Meeting of the International Neuropsychological Society, Montreal, CA, February 15-18, 2012.

200. Schwab, ZJ, & **Killgore, WD**. Disentangling emotional and cognitive intelligence. Abstract presented at the 40th Annual Meeting of the International Neuropsychological Society, Montreal, CA, February 15-18, 2012.
201. Schwab, ZJ, & **Killgore, WD**. Sex differences in functional brain responses to food. Abstract presented at the 40th Annual Meeting of the International Neuropsychological Society, Montreal, CA, February 15-18, 2012.
202. DelDonno, S, Schwab, ZJ, Kipman, M, Rauch, SL, & **Killgore, WD**. The influence of cognitive and emotional intelligence on performance on the Iowa Gambling Task. Abstract presented at the 40th Annual Meeting of the International Neuropsychological Society, Montreal, CA, February 15-18, 2012.
203. **Killgore, WD**, Britton, JC, Rosso, IM, Schwab, ZJ, Weiner, MR, & Rauch, SL. Shared and unique patterns of cortico-limbic activation across anxiety disorders. Abstract presented at the 40th Annual Meeting of the International Neuropsychological Society, Montreal, CA, February 15-18, 2012.
204. **Killgore, WD**, & Balkin, TJ. Sleep deprivation degrades recognition of specific emotions. Abstract presented at the 40th Annual Meeting of the International Neuropsychological Society, Montreal, CA, February 15-18, 2012.
205. **Killgore, WD**, & Schwab, ZJ. Emotional intelligence correlates with somatic marker circuitry responses to subliminal cues of facial trustworthiness. Abstract presented at the 40th Annual Meeting of the International Neuropsychological Society, Montreal, CA, February 15-18, 2012.
206. **Killgore, WD**, & Schwab, ZJ. Trust me! Neural correlates of the ability to identify facial trustworthiness. Abstract presented at the 40th Annual Meeting of the International Neuropsychological Society, Montreal, CA, February 15-18, 2012.
207. **Killgore, WD**, Schwab, ZJ, Weiner, MR, Kipman, M, DelDonno, S, & Rauch SL. Overeating is associated with altered cortico-limbic responses to images of high calorie foods. Abstract presented at the 40th Annual Meeting of the International Neuropsychological Society, Montreal, CA, February 15-18, 2012.
208. **Killgore, WD**, Weiner, MR, & Schwab, ZJ. Daytime sleepiness affects prefrontal regulation of food intake. Abstract presented at the 40th Annual Meeting of the International Neuropsychological Society, Montreal, CA, February 15-18, 2012.
209. Weber, M, DelDonno, S, Kipman M, Schwab, ZJ, & **Killgore WD**. Grey matter correlates of self-reported sleep duration. Abstract presented at the Harvard Medical School Research Day, Boston, MA, March 28, 2012.
210. **Killgore, WD**. Overlapping and distinct patterns of neurocircuitry across PTSD, Panic Disorder, and Simple Phobia. Abstract presented at the 32nd Annual Conference of the Anxiety Disorders Association of America, Arlington, VA, April 12-15, 2012.

211. **Killgore, WD**, Britton, JC, Rosso, IM, Schwab, ZJ, & Rauch, SL. Shared and unique patterns of cortico-limbic activation across anxiety disorders. Abstract presented at the 67th Annual Meeting of the Society of Biological Psychiatry, Philadelphia, PA, May 3-5, 2012.
212. **Killgore, WD**, Schwab, ZJ, & Rauch, SL. Daytime sleepiness affects prefrontal inhibition of food consumption. Abstract presented at the 67th Annual Meeting of the Society of Biological Psychiatry, Philadelphia, PA, May 3-5, 2012.
213. Rosso, IM, Britton, JC, Makris, N, **Killgore, WDS**, Rauch SL, & Stewart ES. Impact of major depression comorbidity on prefrontal and anterior cingulate volumes in pediatric OCD. Abstract presented at the 67th Annual Meeting of the Society of Biological Psychiatry, Philadelphia, PA, May 3-5, 2012.
214. Kipman, M, Weber, M, DelDonno, S., Schwab, ZJ, & **Killgore, WD**. Morningness-Eveningness correlates with orbitofrontal gray matter volume. Abstract presented at the 26th Annual Meeting of the Associated Professional Sleep Societies, Boston, MA, June 9-13, 2012.
215. Kipman, M, Schwab, ZJ, Weber, M, DelDonno, S, & **Killgore, WD**. Yawning frequency is correlated with reduced medial thalamic volume. Abstract presented at the 26th Annual Meeting of the Associated Professional Sleep Societies, Boston, MA, June 9-13, 2012.
216. Weber, M, DelDonno, S, Kipman M, Schwab, ZJ, & **Killgore WD**. Grey matter correlates of daytime sleepiness. Abstract presented at the 26th Annual Meeting of the Associated Professional Sleep Societies, Boston, MA, June 9-13, 2012.
217. Weber, M, DelDonno, S, Kipman M, Schwab, ZJ, & **Killgore WD**. Grey matter correlates of self-reported sleep duration. Abstract presented at the 26th Annual Meeting of the Associated Professional Sleep Societies, Boston, MA, June 9-13, 2012.
218. DelDonno, S, Weber, M, Kipman M, Schwab, ZJ, & **Killgore, WD**. Resistance to insufficient sleep correlates with olfactory cortex gray matter. Abstract presented at the 26th Annual Meeting of the Associated Professional Sleep Societies, Boston, MA, June 9-13, 2012.
219. DelDonno, S, Schwab, ZJ, Kipman, M, Weber, M, & **Killgore, WD**. Weekend sleep is related to greater coping and resilience capacities. Abstract presented at the 26th Annual Meeting of the Associated Professional Sleep Societies, Boston, MA, June 9-13, 2012.
220. Schwab, ZJ, DelDonno, S, Weber, M, Kipman M, & **Killgore, WD**. Habitual caffeine consumption and cerebral gray matter volume. Abstract presented at the 26th Annual Meeting of the Associated Professional Sleep Societies, Boston, MA, June 9-13, 2012.
221. Schwab, ZJ, & **Killgore, WD**. Daytime sleepiness affects prefrontal regulation of food intake. Abstract presented at the 26th Annual Meeting of the Associated Professional Sleep Societies, Boston, MA, June 9-13, 2012.

222. **Killgore, WD**, Schwab, ZJ, DelDonno S, Kipman, M, Weber M, & Rauch, SL. Greater nocturnal sleep time is associated with increased default mode functional connectivity. Abstract presented at the 26th Annual Meeting of the Associated Professional Sleep Societies, Boston, MA, June 9-13, 2012.
223. **Killgore, WD**, Kamimori, GH, & Balkin, TJ. Caffeine improves efficiency of planning and sequencing abilities during sleep deprivation. Abstract presented at the 26th Annual Meeting of the Associated Professional Sleep Societies, Boston, MA, June 9-13, 2012.
224. Sneider, JT, **Killgore, WD**, Crowley, DJ, Cohen-Gilbert, JE, Schwab, ZJ, & Silveri, MM. Inhibitory capacity in emerging adult binge drinkers: Influence of Facial Cues. Abstract presented at the 35th Annual Scientific Meeting of the Research Society on Alcoholism, San Francisco, CA, June 23-27, 2012.
225. **Killgore WD**. Multimodal neuroimaging to predict cognitive resilience against sleep loss. Abstract presented at the DARPA Young Faculty Award 2012 Meeting, Arlington, VA, July 30-31, 2012. **[*Winner Young Faculty Award in Neuroscience]**
226. Cohen-Gilbert, JE, **Killgore WD**, Crowley, DJ, Covell, MJ, Schwab, ZJ, Weiner, MR, Acharya, D, Sneider, JT, & Silveri, MM. Differential influence of safe versus threatening facial expressions on inhibitory control across adolescence and adulthood. Abstract presented at the Society for Neuroscience 2012 Meeting, New Orleans, LA, October 13-17, 2012.
227. Weber, M, DelDonno, S, Kipman M, Schwab, ZJ, & **Killgore WD**. Grey matter correlates of self-reported sleep duration. Abstract presented at the Harvard Division of Sleep Medicine Annual Poster Session, Boston, MA, September 27, 2012.
228. Weber, M, DelDonno, SR, Kipman, M, Preer, LA, Schwab ZJ, Weiner, MR, & **Killgore, WD**. The effect of morning bright light therapy on sleep, cognition and emotion following mild traumatic brain injury. Abstract accepted for poster presentation at the 2012 Sleep Research Network Meeting, 22-23 October 2012, Bethesda, MD.
229. Sneider, JT, **Killgore, WD**, Crowley, DJ, Cohen-Gilbert, JE, Schwab, ZJ, & Silveri, MM. Inhibitory capacity in emerging adult binge drinkers: Influence of Facial Cues. Abstract presented at the Annual McLean Hospital Research Day, January 16, 2013.
230. Cohen-Gilbert, JE, **Killgore WD**, Crowley, DJ, Covell, MJ, Schwab, ZJ, Weiner, MR, Acharya, D, Sneider, JT, & Silveri, MM. Differential influence of safe versus threatening facial expressions on inhibitory control across adolescence and adulthood. Abstract presented at the Annual McLean Hospital Research Day, January 16, 2013.
231. Tkachenko, O, Schwab, ZJ, Kipman, M, DelDonno, S, Gogel, H., Preer, L, & **Killgore, WDS**. Smarter women need less sleep. Abstract presented at the Annual McLean Hospital Research Day, January 16, 2013.

232. DelDonno, S, Kipman, M, Schwab, ZJ, & **Killgore, WDS**. The contributions of emotional intelligence and facial perception to social intuition. Abstract presented at the Annual McLean Hospital Research Day, January 16, 2013.
233. Kipman, M, Schwab, ZJ, DelDonno, S, Weber, M, Rauch, SL, & **Killgore, WDS**. The neurocircuitry of impulsive behavior. Abstract presented at the Annual McLean Hospital Research Day, January 16, 2013.
234. Preer, LA, Tkachenko, O, Gogel, H, Schwab, ZJ, Kipman, M, DelDonno, SR, Weber, M, Webb, CA, & **Killgore, WDS**. Emotional intelligence as a mediator of the association between anxiety sensitivity and anxiety symptoms. Abstract presented at the Annual McLean Hospital Research Day, January 16, 2013.
235. Gogel, H, DelDonno, S, Kipman M, Preer, LA, Schwab, ZJ, Tkachenko, O, & **Killgore, WDS**. Validation of the Design Organization Test (DOT) in a healthy population. Abstract presented at the Annual McLean Hospital Research Day, January 16, 2013.
236. Brennan, BP, Schwab, ZS, Athey, AJ, Ryan, EM, Pope, HG, **Killgore, WDS**, Jenike, MA, & Rauch, SL. A functional magnetic resonance imaging study of rostral anterior cingulate cortex activation in obsessive-compulsive disorder using an emotional counting stroop paradigm. Abstract presented at the Annual McLean Hospital Research Day, January 16, 2013.
237. Cohen-Gilbert, JE, Schwab, ZJ, **Killgore, WDS**, Crowley, DJ, & Silveri MM. Influence of Binge Drinking on the Neural Correlates of Inhibitory Control during Emotional Distraction in Young Adults. Abstract presented at the 3rd International Conference on Applications of Neuroimaging to Alcoholism (ICANA-3), New Haven, CT, February 15-18, 2013.
238. Weber, M, & **Killgore, WDS**. The interrelationship between ‘sleep credit’, emotional intelligence and mental health – a voxel-based morphometric study. Abstract presented at Harvard Medical School Psychiatry Research Day, April 10, 2013.
239. Cohen-Gilbert, JE, Schwab, ZJ, **Killgore, WDS**, Crowley, DJ, & Silveri MM. Influence of Binge Drinking on the Neural Correlates of Inhibitory Control during Emotional Distraction in Young Adults. Abstract presented at Harvard Medical School Psychiatry Research Day, April 10, 2013.
240. Mundy, EA, Weber, M, Rauch, SL, **Killgore, WDS**, & Rosso, IM. The relationship between subjective stress levels in childhood and anxiety as well as perceived stress as an adult. Abstract presented at Harvard Medical School Psychiatry Research Day, April 10, 2013.
241. Webb, CA, **Killgore, WDS**, Britton, JC, Schwab, ZJ, Price, LM, Weiner, MR, Gold, AL, Rosso, IM, Simon, NM, Pollack, MH, & Rauch, SL. Comparing categorical versus dimensional predictors of functional response across three anxiety disorders. Abstract presented at the 68th Annual Meeting of the Society of Biological Psychiatry, San Francisco, CA, May 16-18, 2013.

242. Preer, LA, Tkachenko, O, Gogel, H, Schwab, ZJ, Kipman, M, DelDonno, SR, Weber, M, Webb, CA, Rauch, SL, & **Killgore, WDS**. Linking Sleep Trouble to Neuroticism, Emotional Control, and Impulsiveness. Abstract presented at the 68th Annual Meeting of the Society of Biological Psychiatry, San Francisco, CA, May 16-18, 2013.
243. Preer, LA, Tkachenko, O, Gogel, H, Schwab, ZJ, Kipman, M, DelDonno, SR, Weber, M, Webb, CA, Rauch, SL, & **Killgore, WDS**. Emotional Intelligence as a Mediator of the Association between Anxiety Sensitivity and Anxiety Symptoms. Abstract presented at the 68th Annual Meeting of the Society of Biological Psychiatry, San Francisco, CA, May 16-18, 2013.
244. Kipman, M, Schwab, ZJ, DelDonno, S, Weber, M, Rauch, SL, & **Killgore, WDS**. The neurocircuitry of impulsive behavior. Abstract presented at the 68th Annual Meeting of the Society of Biological Psychiatry, San Francisco, CA, May 16-18, 2013.
245. Weber, M, **Killgore, WDS**, Rosso, IM, Britton, JC, Simon, NM, Pollack, MH, & Rauch, SL. Gray matter correlates of posttraumatic stress disorder—A voxel based morphometry study. Abstract presented at the 68th Annual Meeting of the Society of Biological Psychiatry, San Francisco, CA, May 16-18, 2013.
246. Weber, M, Penetar, DM, Trksak, GH, DelDonno, SR, Kipman, M, Schwab, ZJ, & **Killgore, WDS**. Morning blue wavelength light therapy improves sleep, cognition, emotion and brain function following mild traumatic brain injury. Abstract presented at the 68th Annual Meeting of the Society of Biological Psychiatry, San Francisco, CA, May 16-18, 2013.
247. Tkachenko, O, Schwab, ZJ, Kipman, M, Preer, LA, Gogel, H, DelDonno, SR, Weber, M, Webb, CA, Rauch, SL, & **Killgore, WDS**. Difficulty in falling asleep and staying asleep linked to a sub-clinical increase in symptoms of psychopathology. Abstract presented at the 68th Annual Meeting of the Society of Biological Psychiatry, San Francisco, CA, May 16-18, 2013.
248. **Killgore, WDS**, Schwab, ZJ, Kipman, M, DelDonno, SR, Rauch, SL, & Weber, M. Problems with sleep initiation and sleep maintenance correlate with functional connectivity among primary sensory cortices. Abstract presented at the 68th Annual Meeting of the Society of Biological Psychiatry, San Francisco, CA, May 16-18, 2013.
249. **Killgore, WDS**, Schwab, ZJ, Kipman, M, DelDonno, SR, Rauch, SL, & Weber, M. A Couple of Hours Can Make a Difference: Self-Reported Sleep Correlates with Prefrontal-Amygdala Connectivity and Emotional Functioning. Abstract presented at the 68th Annual Meeting of the Society of Biological Psychiatry, San Francisco, CA, May 16-18, 2013.
250. Brennan, BP, Schwab, ZS, Athey, AJ, Ryan, EM, Pope, HG, **Killgore, WDS**, Jenike, MA, & Rauch, SL. A functional magnetic resonance imaging study of rostral anterior cingulate cortex activation in obsessive-compulsive disorder using an emotional counting stroop paradigm. Abstract presented at the 68th Annual Meeting of the Society of Biological Psychiatry, San Francisco, CA, May 16-18, 2013.

251. Weber, M, & **Killgore, WDS**. The interrelationship between ‘sleep credit’, emotional intelligence and mental health – a voxel-based morphometric study. Abstract presented at the SLEEP 2013 Annual Meeting, Baltimore, MD, June 1-5, 2013.
252. Weber, M, Penetar, DM, Trksak, GH, DelDonno, SR, Kipman, M, Schwab, ZJ, & **Killgore, WDS**. Morning blue wavelength light therapy improves sleep, cognition, emotion and brain function following mild traumatic brain injury. Abstract presented at the SLEEP 2013 Annual Meeting, Baltimore, MD, June 1-5, 2013.
253. **Killgore, WDS**, Schwab, ZJ, Kipman, M, DelDonno, SR, & Weber, M. Problems with Sleep Initiation and Sleep Maintenance Correlate with Functional Connectivity Among Primary Sensory Cortices. Abstract presented at the SLEEP 2013 Annual Meeting, Baltimore, MD, June 1-5, 2013.
254. **Killgore, WDS**, Schwab, ZJ, Kipman, M, DelDonno, SR, & Weber, M. A Couple of Hours Can Make a Difference: Self-Reported Sleep Correlates with Prefrontal-Amygdala Connectivity and Emotional Functioning. Abstract presented at the SLEEP 2013 Annual Meeting, Baltimore, MD, June 1-5, 2013.
255. Tkachenko, O, Schwab, ZJ, Kipman, M, DelDonno, SR, Preer, LA, Gogel, H, Weber, M, Webb, CA, & **Killgore, WDS**. Difficulty in falling asleep and staying asleep linked to a sub-clinical increase in symptoms of psychopathology. Abstract presented at the SLEEP 2013 Annual Meeting, Baltimore, MD, June 1-5, 2013.
256. Preer, LA, Tkachenko, O, Gogel, H, Schwab, ZJ, Kipman, M, DelDonno, SR, Weber, M, Webb, CA, & **Killgore, WDS**. Linking Sleep Initiation Trouble to Neuroticism, Emotional Control, and Impulsiveness. Abstract presented at the SLEEP 2013 Annual Meeting, Baltimore, MD, June 1-5, 2013.
257. Preer, L, Tkachenko, O, Gogel, H, Bark, JS, Kipman, M, Olson, EA, & **Killgore, WDS**. The role of personality in sleep initiation problems. Abstract presented at the Annual McLean Hospital Research Day, January 22, 2014.
258. Demers, LA, Olson, EA, Weber, M, Divatia, S, Preer, L, & **Killgore, WDS**. Paranoid traits are related to deficits in complex social decision-making and reduced superior temporal sulcus volume. Abstract presented at the Annual McLean Hospital Research Day, January 22, 2014.
259. Tkachenko, O, Weber, M, Gogel, H, & **Killgore, WDS**. Predisposition towards unhealthy foods linked with increased gray matter in the cerebellum. Abstract presented at the Annual McLean Hospital Research Day, January 22, 2014.
260. Olson, EA, Weber, M, Tkachenko, O, & **Killgore, WDS**. Daytime sleepiness is associated with decreased integration of remote outcomes on the IGT. Abstract presented at the Annual McLean Hospital Research Day, January 22, 2014.

261. Cui, J, Tkachenko, O, & **Killgore, WDS**. Can the activation of anterior cingulate predict the emotional suppression? An fMRI study with masked faces. Abstract presented at the Annual McLean Hospital Research Day, January 22, 2014.
262. Gogel, H, & **Killgore WDS**. A psychometric validation of the Design Organization Test (DOT) in a healthy sample. Abstract presented at the 42nd Annual Meeting of the International Neuropsychological Society, Seattle WA, February 12-15, 2014.
263. **Killgore, WDS**, Kipman, M, Tkachenko, O, Gogel, H., Preer, L, Demers, LA, Divatia, SC, Olson, EA, & Weber, M. Predicting resilience against sleep loss with multi-modal neuroimaging. Abstract presented at the 42nd Annual Meeting of the International Neuropsychological Society, Seattle WA, February 12-15, 2014.
264. **Killgore, WDS**, Weber, M, Bark, JS, Kipman, M, Gogel, H, Preer, L, Tkachenko, O, Demers, LA, Divatia, SC, & Olson, EA. Physical exercise correlates with hippocampal volume in healthy adults. Abstract presented at the 42nd Annual Meeting of the International Neuropsychological Society, Seattle WA, February 12-15, 2014.
265. **Killgore, WDS**, Tkachenko, O, Weber, M, Kipman, M, Preer, L, Gogel, H, & Olson, EA. The association between sleep, functional connectivity, and emotional functioning. Abstract presented at the 42nd Annual Meeting of the International Neuropsychological Society, Seattle WA, February 12-15, 2014.
266. Preer, L, Tkachenko, O, Gogel, H, Bark, JS, Kipman, M, Olson, EA, & **Killgore, WDS**. The role of personality in sleep initiation problems. Abstract presented at the 42nd Annual Meeting of the International Neuropsychological Society, Seattle WA, February 12-15, 2014.
267. Tkachenko, O, Weber, M, Olson, EA, Gogel, H, Preer, LA, Divatia, SC, Demers, LA, & **Killgore, WDS**. Gray matter volume within the medial prefrontal cortex correlates with behavioral risk taking. Abstract presented at the 42nd Annual Meeting of the International Neuropsychological Society, Seattle WA, February 12-15, 2014.
268. Olson, EA, Weber, M, Bark JS, Demers L, Divatia, SC, Gogel, H, Kipman M, Preer, L, Tkachenko, O, & **Killgore, WDS**. Sex differences in threat evaluation of emotionally neutral faces. Abstract presented at the 42nd Annual Meeting of the International Neuropsychological Society, Seattle WA, February 12-15, 2014.
269. Cui, J, Tkachenko, O, & **Killgore, WDS**. Can the activation of anterior cingulate predict the emotional suppression? An fMRI study with masked faces. Abstract presented at the 36nd Annual Conference of the Anxiety Disorders Association of America, Chicago, IL, March 27-30, 2014.
270. Webb, CA, Weber, M, Mundy, EA, & **Killgore, WDS**. Reduced gray matter volume in the anterior cingulate, orbitofrontal cortex and thalamus as a function of depressive symptoms: A voxel-based morphometric analysis. Abstract presented at the 36nd Annual Conference of the Anxiety Disorders Association of America, Chicago, IL, March 27-30, 2014.

271. Weber, M, Penetar, DM, Trksak, GH, Kipman, M, Tkachenko, O, Bark, JS, Jorgensen, AL, Rauch, SL, & **Killgore, WDS**. Light therapy may improve sleep and facilitate recovery from mild traumatic brain injury. Abstract presented at the 10th World Congress on Brain Injury, San Francisco, CA, March 19-22, 2014.
272. Cui, J, Tkachenko, O, & **Killgore, WDS**. Can the activation of anterior cingulate predict the emotional suppression? An fMRI study with masked faces. Abstract presented at the 21st Annual Meeting of the Cognitive Neuroscience Society, Boston, MA, April 5-8, 2014.
273. Divatia, S, Demers, LA, Preer, L, Olson, EA, Weber, M, & **Killgore, WDS**. Advantageous decision making linked with increased gray matter volume in the ventromedial prefrontal cortex. Abstract presented at the 21st Annual Meeting of the Cognitive Neuroscience Society, Boston, MA, April 5-8, 2014.
274. Demers, LA, Olson, EA, Weber, M, Divatia, S, Preer, L, & **Killgore, WDS**. Paranoid traits are related to deficits in complex social decision making and reduced superior temporal sulcus volume. Abstract presented at the 21st Annual Meeting of the Cognitive Neuroscience Society, Boston, MA, April 5-8, 2014.
275. Preer, LA, Weber, M, Tkachenko, O, Divatia, S, Demers, LA, Olson, EA, & **Killgore, WDS**. Gray matter volume in the amygdala is associated with facial assessments of trustworthiness. Abstract presented at the 21st Annual Meeting of the Cognitive Neuroscience Society, Boston, MA, April 5-8, 2014.
276. Tkachenko, O, Weber, M, Gogel, H, & **Killgore, WDS**. Predisposition towards unhealthy foods linked with increased gray matter volume in the cerebellum. Abstract presented at the 21st Annual Meeting of the Cognitive Neuroscience Society, Boston, MA, April 5-8, 2014.
277. Olson, EA, Weber, M, Gogel, H, & **Killgore, WDS**. Daytime sleepiness is associated with decreased integration of remote outcomes on the IGT. Abstract presented at the 21st Annual Meeting of the Cognitive Neuroscience Society, Boston, MA, April 5-8, 2014.
278. Demers, LA, Preer, LA, Gogel, H, Olson, EA, Weber, M, & **Killgore, WDS**. Left-hemifield bias on sad chimeric face task correlates with interpersonal emotional intelligence. Abstract presented at the 69th Annual Meeting of the Society of Biological Psychiatry, New York, NY, May 8-10, 2014.
279. Weber, M, **Killgore, WDS**, Olson, EA, Rosso, IM, & Rauch, SL. Morphological brain network organization in relation to trauma and posttraumatic stress disorder. Abstract presented at the 69th Annual Meeting of the Society of Biological Psychiatry, New York, NY, May 8-10, 2014.
280. Divatia, S, Demers, LA, Preer, L, Gogel, H, Kipman, M, & **Killgore, WDS**. Schizotypal and manic traits are associated with poorer perception of emotions in healthy individuals. Abstract presented at the 69th Annual Meeting of the Society of Biological Psychiatry, New York, NY, May 8-10, 2014.

281. **Killgore, WDS**, Weber, M, Olson, EA, & Rauch, SL. Sleep reduction and functioning of the emotion regulation circuitry. Abstract presented at the 69th Annual Meeting of the Society of Biological Psychiatry, New York, NY, May 8-10, 2014. [***Blue Ribbon Finalist for Top Poster Award: Basic Neuroscience**]
282. Webb, CA, Weber, M, Mundy, EA, & **Killgore, WDS**. Reduced gray matter volume in the anterior cingulate, orbitofrontal cortex and thalamus as a function of depressive symptoms: A voxel-based morphometric analysis. Abstract presented at the 69th Annual Meeting of the Society of Biological Psychiatry, New York, NY, May 8-10, 2014.
283. Marin MF, Song H, Landau AJ, Lasko NB, Foy Preer LA, Campbell A, Pace-Schott EF, **Killgore, WD**, Orr SP, Pitman RK, Simon NM, Milad MR (2014). Psychophysiological and Neuroimaging Correlates of Fear Extinction Deficits Across Anxiety Disorders. Abstract presented at the 69th Annual Meeting of the Society of Biological Psychiatry, New York, NY, May 8-10, 2014.
284. **Killgore, WDS**. The effects of sleep loss on food preference. Abstract presented at SLEEP 2014, Minneapolis, MN, May 31-June 4, 2014.
285. Weber, M, & **Killgore, WDS**. Sleep habits reflect in functional brain network organization. Abstract presented at SLEEP 2014, Minneapolis, MN, May 31-June 4, 2014. [***2014 AASM Young Investigator Award, Honorable Mention**]
286. Freed, MC, Novak, LA, **Killgore, WDS**, Koehlmoos, TP, Ginsberg, JP, Krupnick, J, Rauch S, Rizzo, A, Engle, CC. DoD IRB delays: Do they really matter? And if so, why and for whom? Abstract presented at the Military Health System Research Symposium, Fort Lauderdale, FL, August 18-21, 2014.
287. Freed, MC, Novak, LA, **Killgore, WDS**, Koehlmoos, TP, Ginsberg, JP, Krupnick, J, Rauch S, Rizzo, A, Engle, CC. DoD IRB delays: Do they really matter? And if so, why and for whom? Abstract accepted for presentation at the AMSUS Annual Meeting, Washington DC, December 2-5, 2014.

Narrative Report (limit to 500 words)

My research has emphasized the study of higher order cognition and executive functions and how these cognitive abilities are influenced and guided by subtle affective processes. Over the past 12 years, my research has utilized functional and structural magnetic resonance imaging to study the interaction of affective processes and cognition within limbic networks of the medial temporal lobes and prefrontal cortex. This line of research has led to the refinement of a developmental model of prefrontal cortical-limbic maturation that explains how these processes contribute to the way adolescents perceive emotionally and motivationally relevant stimuli such as affective faces and visual images of food. As a result of the Iraq War, I took an extended leave of absence to serve in the Active Duty Army as the Chief of the Neurocognitive Performance Branch at the Walter Reed Army Institute of Research from 2002-2007. During that time, I extended the scope of my affective processing research to also examine the effects of stressors such as prolonged sleep deprivation, chronic sleep restriction, nutritional deprivation, and the use of stimulant countermeasures on the cognitive-affective systems within the brain. This line of investigation suggests that sleep deprivation alters the metabolic activity within the medial prefrontal cortex, resulting in subtle but profound effects on specific aspects of cognition. These sleep-loss related prefrontal decrements impair the ability to use affective processes to guide judgment and decision-making, particularly in high-risk or morally relevant situations. My recent investigations also suggest that while commonly used stimulants such as caffeine, modafinil, and dextroamphetamine are highly effective at reversing sleep-loss induced deficits in alertness and vigilance, they have virtually no restorative effect on the cognitive-affective decision-making systems of the brain. Having left military service to return to McLean Hospital full time in the summer of 2007, I have since been extending my previous work to identify the extent to which these cognitive-affective decision-making systems and their neurobiological substrates are impaired or altered in patients suffering from anxiety disorders and post-traumatic stress. During the past five years I have also successfully secured multiple grants from the DoD and DARPA totaling more than \$7.8M, including a study of the neural basis of emotional intelligence, a study of a novel light treatment for improving sleep and cognitive functioning in mTBI, and a neuroimaging study of the effectiveness of an internet based cognitive-behavior therapy program, a neuroimaging study of axonal damage in mTBI, and a study of the neural basis of resilience against the adverse effects of sleep deprivation. In early 2011, I was named Co-Director of the Social, Cognitive, and Affective Neuroscience Lab at McLean Hospital.

My recent teaching activities have primarily involved daily supervision and training of student research assistants and postdoctoral fellows, as well as occasional seminar presentations. Over the past 6 years, I have closely and regularly mentored more than 25 students at the undergraduate, graduate, and post-doctoral level. This involvement has included one-on-one supervision and training in basic research methods, neuropsychological assessment, statistical analysis, and manuscript preparation. Nearly all of my advisees have served as co-authors on abstracts, posters, talks, and published manuscripts based on my research program.