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ENTITLED: Hyperthymia: Possible Genetic-Familial Linkage to the Major Affective Disorders

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Hypertymia: Possible Genetic-Familial Linkage to the Major Affective Disorders

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## Table of Contents

- **Abstract** ............................................... 3  
- **Acknowledgements** ....................................... 4  
- **Introduction** ........................................... 5  
- **The Present Study** ..................................... 17  
- **Method** .................................................. 19  
- **Results** ................................................ 24  
- **Discussion** .............................................. 28  
- **References** .............................................. 32  
- **Tables** .................................................. 39  
- **Appendixes** .............................................. 57
Abstract

This study uses the family study method to investigate the possible familial-genetic link between hyperthymia and the major affective disorders. Twenty-two hyperthymic college students and 20 control college students were selected from mass screenings based on the General Behavior Inventory (GBI). Each subject and their parents were directly interviewed using the Schedule for the Affective Disorders and Schizophrenia-Lifetime version and the Family History-Research Diagnostic Criteria Interview and also completed a battery of questionnaires assessing psychopathology, personality, and social adjustment. The GBI-hyperthymia subscale had a high false positive rate in identifying hyperthymics, but a low false negative rate. Hyperthymics exhibited greater extroversion, a higher achievement orientation, and better social functioning. First degree relatives of diagnosed hyperthymics had a tendency toward a higher morbid risk for major depression. These results suggest that the GBI-hyperthymia subscale has good construct validity, although it is only moderately effective in screening for hyperthymia. The results also support the possibility of a familial link between hyperthymia and major depression, although further studies using larger samples are needed to confirm this finding.
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Hyperthymia: Possible Genetic-Familial Linkage to the Major Affective Disorders

Introduction

The possibility of genetic factors in depression has led researchers to investigate the link between major affective disorders and the subsyndromal disorders. The subsyndromal affective disorders have been described as chronic affective states in comparison to the episodic major affective disorders. The subsyndromal disorders have also been described as being less severe (see Table 1). Consequently, researchers have viewed the subaffective disorders as being somewhere between mental health and the major affective disorders on the continuum of affective disorder. The question of the role of subaffective disorders in the major affective disorders can be examined longitudinally or familially. The present study focuses on the genetic-familial approach to this relationship.

The subaffective disorders consist of dysthymia, cyclothymia, and hyperthymia. Dysthymia and cyclothymia have been researched extensively in regard to their possible genetic-familial link to the major affective disorders. However, a review of the familial-genetic research on the subsyndromal affective disorders reveals a relative lack of research on hyperthymia, also referred to as hypomanic personality. Since the families of dysthymics and
cyclothymics have a higher incidence of affective disorders, hyperthymics would also be expected to have families with a higher incidence of affective disorders. This review will show a need for research on hypomanic personality and, in particular, on the possible genetic-familial link between hypomanic personality and the major affective and subsyndromal affective disorders. If a link between the major affective disorders and hyperthymia could be demonstrated, clinicians would be able to identify individuals at greater risk for developing an affective disorder.

The Subsyndromal Affective Disorders

Dysthymia

As mentioned above, increased rates of subsyndromal disorders have been found in the families of individuals suffering from an affective disorder. Thus, the subsyndromal disorders are of great interest to researchers in this field since information about the subsyndromal disorders could lead to a greater understanding of the major affective disorders.

Kraepelin (1921) described dysthymics as having a permanent depressed mood and being consumed by guilt, anxiety, and a lack of self-confidence. Since that time, dysthymics have been described as constantly pessimistic, serious, deploiting the past and fearing the future, and finding no enjoyment in life (Schneider, 1958).
Dysthymia can be divided into three groups: primary depressions with residual chronicity, chronic secondary dysphoria, and characterologic depressions (see Table 2; Akiskal, 1983b). Primary depressions with residual chronicity usually have a late onset and occur after one or more major depressive episodes. The REM latency of primary depressions with residual chronicity is shortened to less than 70 minutes suggesting that this group is very different than chronic secondary dysphorics and the character spectrum characterologic depressives. Chronic secondary dysphoria usually has a variable age of onset and occurs in the presence of already existing non-affective disorders. In contrast, characterologic depressions have an early onset and occur before the onset of a major depressive episode (Akiskal, 1983b). Characterologic depressions have also been referred to as early onset, primary chronic depression and most research on dysthymia utilizes this subgroup.

**Characterologic depressions.** Since most research on dysthymia utilizes the characterologic subgroup, more information is available for this group (see Table 3). In general, characterologic depressions exhibit the following "biologic" markers: (a) the REM latencies are shorter than controls, and (b) there is familial loading for affective disorders (Akiskal, 1983a).

However characterologic depression appears to be a
heterogeneous group and has been subdivided into two more
homogeneous groups based on the research findings. These two
subgroups of characterologic depression are the subaffective
and character spectrum depressions (Akiskal, 1984). These
groups differ on many clinical features. The subaffective
depressives respond to drugs and therapy for social skills
and have rates of affective disorders in their families
similar to major depressives, a shortened REM latency, and
hypomanic responses to antidepressants. In contrast, the
character spectrum group is nonresponsive to drugs and
therapy for social skills, and has a higher incidence of
familial alcoholism, normal REM latency, hysteroid-antisocial
features, familial assortive mating, and high rates of early
object loss (Akiskal, 1984).

Cyclothymia

In 1921, Kraepelin described cyclothymia as "frequent
more or less regular fluctuations of the psychic state to the
manic or to the depressive side" (Kraepelin, 1921). Since
then, cyclothymia has been described as having early onset,
recurrent and brief periods of depression and hypomania,
irritable periods, explosive outbursts followed by guilt,
repeated buying sprees, repeated shifts in plans and work,
unexplained promiscuity, whole-hearted membership in
movements with quick disillusionment, and having the
alternating characteristics of hypersomnia and decreased need
for sleep, low self-confidence and overconfidence, unevenness in productivity, cyclic introversion and extroversion, and episodic and alternating patterns of drug abuse (Akiskal, Djenderedjian, Rosenthal, & Khani, 1977; Depue, Slater, Wolfstetter-Kausch, Klein, Goplerud, & Farr, 1981). The cyclothymic is commonly diagnosed as having a personality disorder because the individual experiences deficits in social role functioning, including romantic and marital separation, episodic promiscuity, the initiating but not finishing of projects, geographic instability, and cult involvement (Akiskal, 1984; Klein, Depue, & Krauss, 1986).

The possible genetic-familial link between cyclothymia and the other affective disorders has been extensively researched. Overall, cyclothymics resemble bipolar individuals in many ways. The relatives of cyclothymics, in comparison to the relatives of controls, have higher rates of affective disorders and bipolar disorder, in particular (Akiskal et al., 1977). Also, relatives of bipolar patients have higher rates of cyclothymia than the relatives of controls (Akiskal et al., 1977; Akiskal, 1983b; Akiskal, 1984; Depue et al., 1981; Gershon, Cohen, Belizon, Baron, & Knobe, 1975; Klein, Depue, & Slater, 1985; Klein, Depue, & Slater, 1986; Weissman, Gershon, Kidd, Prusoff, Leckman, Dibble, et al., 1984).

Hyperthymia
The research literature on dysthymia and cyclothymia supports the proposal of a familial-genetic link between those subsyndromal disorders and major affective disorders. Based on these findings, and if hypomanic personality is related to the affective disorders, a higher incidence of affective disorders, especially, mania and hypomania, should be found in the families of hyperthymics. Hyperthymics were described as early as 1921 by Kraepelin as having faulty insight, exalted and cheerful moods, extreme irritability, and exhibiting increased activity, increased sexual excitability, rationalization of unusual behavior and intense displays of expression. Hyperthymics have subsequently been described as labile (Kretchermer, 1951); being optimistic, good-humored, often shallow, hasty, and undependable (Schneider, 1958); having the tendency for substance abuse, exhibiting impairment of social judgement (Akiskal, 1983a); lacking the intensity and duration of mania, exhibiting increased sociability, self-esteem, and ambition with no sign of achievement, and having feelings of overconfidence and uniqueness (Eckblad & Chapman, 1986). In the research literature, hyperthymia and hypomania are often used interchangeably, however they are not the same disorder. Consequently, the differences between hypomanic personality and hypomania will be summarized presently. Hypomania is a less severe mania that occurs for brief periods of time, and
these individuals tend to experience depressed moods as well. In contrast, hypomanic personality is a chronic trait-like condition. These individuals do not experience sustained depressed moods.

Energetic and workaholic traits are adaptive in the American culture, and therefore, the hyperthymic is often considered not psychopathological and goes undiagnosed (Akiskal, 1984). However, the small quantity of research on hypomanic personality indicates that the hyperthymic shares the same sleep characteristics as depressives and often suffers from insomnia (Akiskal, 1984). The hyperthymic has a familial loading for bipolar disorder (Akiskal, 1983a) and relatives of bipolar patients have a higher prevalence of hypomanic personality in comparison to the relatives of unipolar patients and controls (Weissman et al., 1984). Other than the results described above, research on hypomanic personality is scarce.

In this section, the three subsyndromal depressive disorders have been surveyed and research results indicate a familial link between, at least for dysthymia and cyclothymia, the subsyndromal disorders and the major affective disorders. Most of this research has utilized either the family study or family history methodology, which will be discussed in the next section.

Family Study Methodology
Introduction

Kretchmer (1951) stated that the thorough study of psychological disorders should include not only "diseased" individuals but also their families. He also stated that the inherited nature of psychological disorders can only be studied with the knowledge of the normal and psychopathic types of personality that relate to the psychological disorders. Recent research in the study of the familial-genetic relationship of the affective disorders has included interviews with other family members besides the disordered individual. Recent methodological improvements in the collection of this supplemental information includes structured interviews, precise diagnostic criteria, and genetic models (Weissman et al, 1984). Structured interviews increase diagnostic agreement and reliability because clinicians obtain responses to the same questions from all subjects, and therefore, the same information is available to all clinicians for diagnosis. Also precise diagnostic criteria increases diagnostic agreement since the diagnosis refers to an established set of symptoms (Depue & Monroe, 1983). Reliability and validity of the family study and family history method will be discussed in greater detail in the next section.

Reliability and Validity

Kinds of reliability. "The key to sound genetic and
epidemiologic studies of psychiatric illness is valid and reproducible diagnostic methods" (Mazure & Gershon, 1979). Two important kinds of reliability in family studies are joint but individual evaluation of the interview by at least two raters and test-retest reliability, in which the two raters individually interview the subject on different occasions (Endicott & Spitzer, 1978; Mazure & Gershon, 1979).

Poor reliability may be due to criterion variance or information variance (Endicott & Spitzer, 1978; Spitzer, Endicott, & Robins 1978). Endicott and Spitzer (1978) define criterion variance as "differences in the inclusion and exclusion criteria that clinicians use to summarize patient data into psychiatric diagnoses." Information variance refers to the different information that different interviewers obtain from the patient. Specific diagnostic criteria and structured interviews greatly improve diagnostic reliability.

Specific Diagnostic Criteria and Structured Interviews

Four advantages of structured interviews are the ability to compare results across studies, increased reliability within studies, completeness of data base, and less clinician bias. Structured interviews have high reliability and especially high interrater reliability when compared with other interviewing systems. The potential problems with structured interviews are low sensitivity and low respondent
recall (Helzer, 1983).

One such set of specific diagnostic criteria, the **Research Diagnostic Criteria** (RDC; Spitzer, Endicott, & Robins, 1978), is now employed extensively in clinical research. The RDC uses inclusion and exclusion criteria for the description of disorders in order to increase reliability (Spitzer et al., 1978; Matarazzo, 1983). The RDC has shown high joint interview and test-retest reliability (Spitzer, et al., 1978; Matarazzo, 1983; Spitzer, 1983). In particular, the RDC has shown good reliability for depressive subtypes (Matarazzo, 1983) and clinician blindness has shown no effect on reliability (Mazure & Gershon, 1979). Also, criterion variance is reduced with the RDC (Endicott & Spitzer, 1978).

The **Schedule for the Affective Disorders and Schizophrenia** (SADS; Spitzer & Endicott, 1978) and modified versions are perhaps the most frequently used structured interviews in research. The SADS enables the interviewer to make RDC diagnoses. The SADS is organized into two parts: (1) information about the current episode at its most severe time and (2) information about a past psychiatric or psychological disturbance (Matarazzo, 1983). The SADS' focus on the current episode has the advantage of providing a good description of the longitudinal progression of the current episode. However, the disadvantage of this focus is that the symptoms have no temporal relationship to each other, and
consequently, the description is only of symptoms and not of a syndrome (Helzer, 1983). In testing, the SADS has shown good joint interview and test-retest reliability and, in particular, good reliability for depressive subtype diagnoses (Matarazzo, 1983). The reduction of information variance is inferred by the good reliability of the SADS (Endicott & Spitzer, 1978). The SADS also has a lifetime version (SADS-L; Spitzer & Endicott, 1978) that inquires about all past psychiatric episodes.

The Family Study Method

The family study method utilizes structured interviews, such as the SADS-L, and precise diagnostic criteria, such as the RDC. In the family study method, the researcher interviews all family members (Andreasen, Endicott, Spitzer, & Winokur, 1977). Four uses for the family study method are (a) to clarify what is familially transmitted and what is individually transmitted; (b) identify the characteristics that increase the risk of developing an affective disorder; (c) clarify the heterogeneity of the affective disorders based on different morbidity rates for relatives and the different kinds of transmission of the disorder; and (d) to test the genetic hypotheses of transmission of the affective disorders and also test the possible link to a chromosomal marker (Gershon, Hamovit, Guroff, Dibble, Leckman, Sceray, et al., 1982; Weissman, Merikangas, John, Wickramaratne,
Prusoff, & Kidd, 1986. Familial aggregation is supported when the probands' relatives have a higher prevalence of the disorder than the relatives of controls. Two methods are used in family studies, the top-down approach, when the probands are adults and the prevalence rate is obtained for their offspring, and the bottom-up approach, when the probands are offspring and the prevalence rate is obtained for their parents.

The Family History Method

Another method is the family history method, in which the researcher interviews the patient or a relative about any psychiatric illness in their family (Andreasen et al., 1977). The family history method is cheaper, quicker, and more efficient for data collection and screening than the family study method (Andreasen et al., 1977).

Unfortunately the family history method (in particular, the Family History-Research Diagnostic Criteria) is subject to a number of flaws. First, while the FH-RDC, which is a structured interview that allows clinicians to make diagnoses based on the RDC, has been shown to have good reliability, it almost always underestimates the presence of illness (Andreasen et al., 1977; Andreasen, Rice, Endicott, Reich, & Coryell, 1986; Thompson, Orvaschel, Prusoff, & Kidd, 1982). Second, research also indicates that the FH-RDC has high specificity but variable sensitivity (Andreasen et al., 1986;
Thompson et al., 1982). It should be noted, however, that the best informant in family history research is a spouse or parent (Thompson et al., 1982) and multiple informants have been found to increase the reliability of the FH-RDC (Andreasen et al., 1986; Gershon & Guroff, 1984; Leckman, Sholomskas, Thompson, Belanger, & Weissman, 1982; Thompson et al., 1982).

In conclusion, structured interviews used with the family study method or with multiple informants and the family history method produce reliable data to base conclusions about the familial-genetic links of the affective disorders. Consequently, we used these methodological advances in our present study.

The Present Study

As demonstrated in this review, the possibility of genetic factors in depression has led researchers to investigate the link between major affective disorders and the subsyndromal disorders of dysthymia and cyclothymia. By using the family study and family history methods of familial-genetic research, a definite link between cyclothymia and bipolar disorder has been established. Dysthymia is also the subject of much recent research and preliminary results show a definite relationship to major depression. The structured interviews and specific diagnostic criteria have proven reliable and therefore the
results can be taken as methodologically sound. However, throughout the literature, hyperthymia has been virtually ignored. Research in this area is indicated since the discovery of a familial linkage between hyperthymia and the affective disorders can further contribute to our understanding of the genetic-familial basis of affective disorders. If there is a genetic-familial link between hypomanic personality and the major affective disorders, then it may be possible to predict which persons in the general population are most likely to suffer later major depressive episodes.

The present research identifies hyperthymics from a college population with the General Behavior Inventory (GBI; Depue et al., 1981). The GBI is a self-report inventory with "items tapping behavioral variations as well as mood swings, and items describing behavioral patterns following a biphasic course" (Depue et al., 1981). The GBI is aimed at identifying cyclothymics with the assumption that these individuals then are at greater risk for bipolar disorder. The GBI now has two subscales: depressive and hypomanic-biphasic in order to differentiate between unipolar and bipolar manifestations of the affective disorders (Klein, Dickstein, Taylor, & Harding, in press).

The hypomanic personality group and a normal control group will then be diagnosed through a structured interview,
interviewed for family history, and administered assorted self-report measures of personality and affective experiences. Each proband's parents will then be interviewed with a modified SADS-L, be interviewed for family history with a modified FH-RDC, and complete assorted self-report measures of personality and affective experiences. It is expected that the hyperthymics will have families with higher rates of affective disorders than the families of the control probands.

Method

Subjects

Twenty control and 22 hyperthymic probands were selected from a large sample of University of Illinois undergraduates that had been screened with the GBI. The cutoffs for nonclinical samples reported by Depue and Klein (in press) were used. Both groups were matched demographically (see Table 4).

\[ \text{Insert Table 4 about here} \]

Interview

Each proband was interviewed by a clinical psychology faculty member (D.N.K.) using a modified version of the SADS interview (see Appendix A) and semi-structured supplemental interview for hyperthymia composed of items from the SADS,
Eckblad and Chapman (1986), and Akiskal, Downs, Jordan, Watson, Daugherty, & Pruitt (1985) (see Appendix B). This interviewer was blind to the proband's GBI scores. A research assistant (S.O.), blind to the proband's GBI scores and interview results, interviewed the proband for family history of all first degree relatives (parents and siblings) using the FH-RDC (see Appendix C). A third investigator (C.B.K.), blind to the proband's GBI scores, family history, and interview diagnosis, interviewed the parents of the probands with a modified version of the SADS-L interview (see Appendix D) and obtained family history information regarding their first degree relatives (parents, siblings, and children) using the FH-RDC. In the few instances in which the probands' parents did not consent to be interviewed, the proband's siblings were interviewed. Parents were the preferred informants because they would be more reliable in reporting mental illness in the proband's grandparents, aunts, and uncles (Thompson et al., 1982). Twenty-eight relatives of the control probands and 30 relatives of the hyperthymic probands were directly interviewed. Multiple informants were used to improve sensitivity (Andreasen et al., 1986; Gershon & Guroff, 1984; Leckman et al., 1982; Thompson et al., 1982). We have previously demonstrated good reliability for both direct and family history diagnoses (Klein, Depue, & Slater, 1986; Klein, Clark, Dansky, &
Margolis, in press; Klein, Taylor, Dickstein, & Harding, in press).

A **Global Assessment Scale** rating was made for the probands and the interviewed relatives. The **Global Assessment Scale** (GAS; Endicott, Spitzer, Fliess, & Cohen, 1976) is a rating scale that assesses the overall functioning of an individual during a given time span (see Appendix E). In this study, the evaluation was made for the subjects' lowest level of functioning during their lifetime.

**Measures**

The following measures were used in the study:

1. **The General Behavior Inventory** (GBI; Depue et al., 1981; Depue & Klein, in press) is a self-report inventory designed to screen for cyclothymia, dysthymia, and hyperthymia in nonclinical samples (see Appendix F). The GBI-hyperthymia and dysthymia subscales have shown to have high specificity and sensitivity (Depue & Klein, in press).

2. **The Eysenck Personality Questionnaire** (EPQ; Eysenck & Eysenck, 1975) has 4 scales: extroversion, neuroticism, psychoticism, and lie (see Appendix G). The psychoticism scale reflects tough-mindedness, impulsivity, and antisocial behavior. The lie scale taps social desirability. In this study, the hyperthymic group would be expected to score higher on the extroversion subscale than the control group.

3. **The Life Activities Scale** (LAS; Depue, unpublished
manuscript) is a scale assessing social and academic performance in high school and college (see Appendix H).

(4) The Inventory to Diagnose Depression-lifetime version (IDD; Zimmerman & Coryell, 1987) is a scale designed to identify lifetime episodes of DSM-III major depression (see Appendix I). The scale has been shown to have good reliability and validity (Zimmerman & Coryell, 1987).

(5) The Hypomanic Personality Scale (Eckblad & Chapman, 1986) contains items designed to identify hypomanic personality (see Appendix J).

(6) The Differential Personality Questionaire (DPQ; Tellegen, 1982) is a self report inventory composed of 20 subscales (see Appendix K). This study used the Achievement Scale, which measures the subjects' achievement orientation.

(7) The Life Activities Inventory (LAI; Klein et al., 1986) is a self-report inventory that assesses social impairment in young adults and adolescents over the past six months (see Appendix L).

Each proband was administered the GBI, EPQ, LAS, LAI, DPQ-achievement subscale, IDD-lifetime version, and HPS. The response rate of the questionaires for the probands was 95.24%. Each interviewed relative was administered the GBI, EPQ, DPQ-achievement subscale, and IDD-lifetime version. The response rate of the questionaires was 78.57% for the controls' relatives and 66.67% for the hyperthymics'
relatives.

Data Analysis

Proband measures. t-tests were performed on the GBI-dysthymia and hyperthymia subscales; LAI; HPS; LAS; DPQ-Achievement subscale; EPQ-extroversion, neuroticism, psychoticism, and lie subscales; and the SADS-L item, Eckblad and Chapman (1986) items, and the sum of the Akiskal et al. (1985) items from the supplemental semi-structured interview. Chi-square tests were performed on the IDD-lifetime version and the Akiskal et al. (1985) items from the supplemental semi-structured interview.

Measures of relatives. t-tests were performed on the GBI-hyperthymia and dysthymia subscales; DPQ-Achievement subscale; and the EPQ-extroversion, neuroticism, psychoticism, and lie subscales. Chi-square tests were performed on the IDD-lifetime version.

Diagnoses of relatives. The mean morbid risk of each disorder for each family was calculated using the Weinberg shorter method (Slater & Cowie, 1971). The following age of onset distributions were used for age correction: affective disorders, 14-59; alcohol abuse, drug abuse, anxiety disorders, and schizophrenia, 14-39; and antisocial personality disorder, 14-17. Separate t-tests were performed on the age corrected morbidity risks within each family for first and second degree relatives. t-tests were used instead
of chi-square tests since each individual relative is not independent, genetically or environmentally, of their relatives.

Results

Proband Diagnoses and Concordance with the GBI- Hyperthymia Scale

Proband diagnoses of the GBI-identified hyperthymic group based on direct interview included MDD (n=1), hyperthymia (n=10), hypomania (n=3), alcohol dependence (n=3), generalized anxiety disorder (n=1), panic attack (n=1), simple phobia (n=1), and no diagnosis (n=8). Proband diagnoses of the control group based on direct interview included MDD (n=1), hyperthymia (n=2), drug dependence (n=1), and no diagnosis (n=14). Of the GBI-identified hyperthymia group (n=22) only 45.4% of the probands in this group were diagnosed hyperthymic as compared to 2 of the controls, $X^2(1)=6.45$, p<.01.

Group Differences Across Measures: Probands

As shown in Table 5, the GBI-identified hyperthymic group scored significantly higher than the control group on the GBI-dysthymia and hyperthymia subscales, HPS, DPQ-Achievement Scale, and the EPQ-Extroversion Scale. No significant group differences were observed for the LAI, EPQ-Neuroticism, Psychoticism, and Lie subscales. The hyperthymic group, N(%)=8(38%), did not differ significantly
from the control group, N(%)=5(28%) on the IDD-lifetime version, $X^2(1)=.46$.

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Insert Table 5 about here
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In the LAS, items 1-10 are questions about the individual's high school years and items 11-24 are questions about the individual's college years. This scale yielded significant group differences when the first ten items were summed (Sum #1-10) and the items that measure social activities were summed (Sum-Social Items). The sum of the academic items (Sum-Academic Items) and the sum of items 11 thru 24 (Sum #11-24) produced non-significant group differences. Trend level group differences were observed for the total sum on the LAS (Sum #1-24). The control group probands consistently averaged higher scores on all the different summations of the scale indicating that the hyperthymics had a higher level of social functioning (see Table 6).

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Insert Table 6 about here
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Group Differences on the Supplemental Semi-Structured Interview

SADS-L Item. The GBI-identified hyperthymics ($M \pm$
The Eckblad and Chapman (1986) Items. The Eckblad and Chapman (1986) items asked the subject to compare themselves to their peers by indicating the percentile the subject would fall in with respect to the trait (scored 0-100; 0=lowest, 100=highest). As shown in Table 7, the hyperthymic group was significantly higher than the control group on the following traits: energy and activity, positive mood, extroversion and outgoingness, self-confidence and optimism, talkativeness (trend level), impulsivity, ambition, and enthusiasm and cheerfulness. Need for sleep (scored by number of hours the subjects reported they needed) and sex drive did not differentiate between groups.

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Insert Table 7 about here

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The Akiskal et al. (1985) Traits. The Akiskal et al. (1985) trait items were scored as present or not present. The hyperthymic group (M ± SD = 10.14 ± 3.14) possessed significantly more traits than the control group (M ± SD = 6.70 ± 2.99; t=3.62; p<.01). Specifically, the hyperthymic group was significantly more likely to be irritable (trend level), overoptimistic, exhuberant, vigorous (trend level),
full of plans, self-assured, stimulus-seeking, extroverted, and overtalkative. Also, when analyzing the presence of at least one trait in each of the six groups (see Table 8), the groups significantly differed on two trait groups, with the hyperthymics having at least one trait in the group more often than the controls.

Insert Table 8 about here

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**Group Differences on Self-Report Scales: Relatives**

The relatives of the hyperthymic group scored significantly higher than the relatives of the control group on the GBI-hyperthymia and dysthymia (trend level) subscales, and the EPQ-neuroticism scale (see Table 9). The hyperthymic group, N(%)=8(40%), did not differ significantly from the control group, N(%)=4(19%), on the IDD-lifetime version, \(X^2(1)=2.17\). The DPQ-Achievement subscale, and EPQ-extroversion, psychoticism, and lie subscales did not show any group differences.

Insert Table 9 about here

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**Morbidity Risks of Relatives**

**First Degree Relatives.** In the \(t\)-test of age-corrected morbidity risk by family, relatives of the hyperthymic group
had a higher incidence (trend level) of major depression than the relatives of the control group. No other group differences on morbidity risks were found for any of the other diagnoses. The findings remained the same when the relatives of the GBI-hyperthymia subscale false positive and false negative probands were removed from the calculations (see Table 10).

Insert Table 10 about here

Second Degree Relatives. No group differences on age-corrected morbidity risks were found for any of the diagnoses. The findings remained the same when the false positive and false negative probands were removed from the calculations (see Table 11).

Insert Table 11 about here

Discussion

Construct Validity of the GBI-Hyperthymia Subscale

The GBI-hyperthymia subscale was shown to have a high false positive rate but a low false negative rate in case-noncase identification. Since a main use of the scale is the screening of cases and noncases for research, the purity of the screened samples is important. In a previous study by
Depue and Klein (in press), the GBI-hyperthymia subscale was shown to have excellent specificity, but not as high sensitivity. The noncase group was adequately pure, but the case group was not. The findings of this study are consistent with the results of the previous study. Based on this information, this subscale is useful for a preliminary identification of hyperthymic subjects, but direct interviews are necessary in order to have a pure hyperthymic group.

The GBI-identified hyperthymics scored significantly higher on the GBI-dysthymia and hyperthymia subscales, DPQ-Achievement subscale, EPQ-extroversion subscale, and the Hypomanic Personality Scale. Also the GBI-identified hyperthymics differed from the controls on the supplemental semi-structured interview. On this interview, the hyperthymics were significantly more likely to score higher on the SADS-L item, and to have 6 out of 11 Eckblad and Chapman traits and 8 out of 23 Akiskal traits. These results are congruent with the traits attributed to hyperthymia, including extroversion, achievement-orientation, high energy, positive mood, and optimism, and demonstrate the construct validity of the GBI-hyperthymia subscale. The hyperthymic group scored significantly lower on the LAS, suggesting that this group is functioning at a higher level than the control group.

**Relationship Between Hyperthymia and the Major Affective**
Disorders

First degree relatives of diagnosed hyperthymics had a tendency toward a higher morbidity risk for major depression. This result is consistent with the hypothesis of a genetic-familial link between hyperthymia and the major affective disorders. More subjects, however, need to be studied in order to see if this tendency can be replicated. Also, the lack of group differences among the relatives on all other diagnoses suggest that hyperthymia has some specificity.

Relatives of the GBI-identified hyperthymics scored significantly higher on the GBI-hyperthymia subscale than relatives of the control group. This result is consistent with the familial-genetic hypothesis discussed above.

Suggestions for Future Research

Besides the replication of this study, further confirmation of this possible familial-genetic link between hyperthymia and the major affective disorders could be found in neurobiological and follow-up studies. The neurobiological studies would be useful in the delineation of possible biologic markers associated with hyperthymia in comparison to those markers associated with the major affective disorders. The follow-up studies would provide information on the course of hyperthymia and on the risk of hyperthymics later developing a major affective disorder.

Upon further confirmation of this possible link, the
general population could be screened for hyperthymia. These hyperthymics would be useful in high risk research on the development of the major affective disorders. This hyperthymic group could also be targeted for early intervention and prevention research on the affective disorders.
References


Biometrics Research.


Table 1

Major Affective and Sub-Affective Disorders

<table>
<thead>
<tr>
<th>Major Affective Disorders</th>
<th>Sub-Affective Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Depressive Disorder</td>
<td>Dysthymia</td>
</tr>
<tr>
<td>(DSM-III MDD)</td>
<td></td>
</tr>
<tr>
<td>Mania</td>
<td>Hyperthymia</td>
</tr>
<tr>
<td>(Hypomania: non-psychotic mania)</td>
<td></td>
</tr>
<tr>
<td>Bipolar I</td>
<td>Cyclothymia</td>
</tr>
<tr>
<td>(MDD + Mania)</td>
<td>(Dysthymia + Hypomania)</td>
</tr>
<tr>
<td>Bipolar II</td>
<td>Cyclothymia</td>
</tr>
<tr>
<td>(MDD + Hypomania)</td>
<td>(Dysthymia + Hypomania)</td>
</tr>
</tbody>
</table>
Table 2

Sub-Divisions of Dysthymia

<table>
<thead>
<tr>
<th>Sub-Division</th>
<th>Onset Age</th>
<th>Occurrence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Depressions</td>
<td>Late</td>
<td>After one or more depressive episodes</td>
</tr>
<tr>
<td>with Residual Chronicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Secondary</td>
<td>Variable</td>
<td>Presence or pre-existence of non-affective disorder</td>
</tr>
<tr>
<td>Dysphoria</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Characterologic</td>
<td>Early</td>
<td>Before depressive episode</td>
</tr>
<tr>
<td>Depressions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 3

**Sub-Affective vs Character Spectrum Characterologic Depressions**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Sub-Affective</th>
<th>Character Spectrum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responds to Drugs</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Family History</td>
<td>Similar to</td>
<td>Familial Alcoholism</td>
</tr>
<tr>
<td>Symptoms</td>
<td>Presence of super-imposed MDD</td>
<td>Hysteroid-antisocial features</td>
</tr>
<tr>
<td>Familial Assortive Mating</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Response to anti-depressant medication</td>
<td>Hypomanic</td>
<td>None</td>
</tr>
<tr>
<td>REM Latency</td>
<td>Shortened</td>
<td>Normal</td>
</tr>
</tbody>
</table>
### Table 4

#### Demographics of Proband

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Control (n=20)</th>
<th>Hyperthymic (n=22)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>F</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>SES^a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>46.84</td>
<td>48.00</td>
</tr>
<tr>
<td>SD</td>
<td>8.26</td>
<td>9.13</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>18.90</td>
<td>19.14</td>
</tr>
<tr>
<td>SD</td>
<td>.79</td>
<td>.99</td>
</tr>
</tbody>
</table>

**Note.**

^a SES calculated using Hollingshead (1965) method.
Table 5

**Group Differences on Self-Report Scales**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Hyperthymic</th>
<th>Control</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GBI-dysthymia</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>1.67</td>
<td>.44</td>
<td>2.31**</td>
</tr>
<tr>
<td>SD</td>
<td>2.18</td>
<td>.96</td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>21</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td><strong>GBI-hyperthymia</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>5.32</td>
<td>.83</td>
<td>5.68***</td>
</tr>
<tr>
<td>SD</td>
<td>3.29</td>
<td>1.54</td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>22</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td><strong>LAI</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>1.18</td>
<td>1.50</td>
<td>n.s.</td>
</tr>
<tr>
<td>SD</td>
<td>1.78</td>
<td>3.25</td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>17</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td><strong>HPS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>24.49</td>
<td>11.00</td>
<td>5.63***</td>
</tr>
<tr>
<td>SD</td>
<td>7.49</td>
<td>7.51</td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>22</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td><strong>DPQ-Achievement</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>13.68</td>
<td>8.39</td>
<td>3.36***</td>
</tr>
<tr>
<td></td>
<td>Mean (SD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------</td>
<td>---------</td>
<td>--------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>n</td>
<td></td>
</tr>
<tr>
<td>Hyperthymia</td>
<td>4.39 (5.01)</td>
<td>28</td>
<td>18</td>
</tr>
<tr>
<td>EPQ-Extroversion</td>
<td>13.82 (17.43)</td>
<td>21</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>4.53 (2.48)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EPQ-Neuroticism</td>
<td>7.67 (9.73)</td>
<td>22</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>4.94 (4.43)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EPQ-Psychoticism</td>
<td>2.67 (3.48)</td>
<td>21</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>1.85 (2.16)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EPQ-Lie</td>
<td>6.17 (4.77)</td>
<td>22</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>3.40 (3.73)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note.**

n.s.: not significant

*: $p \leq .10$

**: $p \leq .05$

***: $p \leq .01$
Hyperthymia
45
Table 6

**Group Differences on the Life Activities Scale**

<table>
<thead>
<tr>
<th>Item</th>
<th>Hyperthymic</th>
<th>Control</th>
<th>t</th>
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</thead>
<tbody>
<tr>
<td>Sum #1-10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>18.59</td>
<td>24.67</td>
<td>3.31***</td>
</tr>
<tr>
<td>SD</td>
<td>4.27</td>
<td>6.77</td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>22</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Sum #11-24</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>31.55</td>
<td>34.41</td>
<td>n.s.</td>
</tr>
<tr>
<td>SD</td>
<td>5.23</td>
<td>14.35</td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>20</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Sum #1-24</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>47.27</td>
<td>57.17</td>
<td>1.77*</td>
</tr>
<tr>
<td>SD</td>
<td>12.66</td>
<td>20.82</td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>22</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Sum Academic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>9.74</td>
<td>10.67</td>
<td>n.s.</td>
</tr>
<tr>
<td>SD</td>
<td>2.47</td>
<td>3.66</td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>19</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Sum Social</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>40.18</td>
<td>52.53</td>
<td>3.15***</td>
</tr>
<tr>
<td>SD</td>
<td>8.19</td>
<td>13.66</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>17</td>
<td>15</td>
<td></td>
</tr>
</tbody>
</table>

Note:

n.s. : not significant

* : \( p \leq .10 \)

** : \( p \leq .05 \)

*** : \( p \leq .01 \)
Table 7

Group Differences on the Supplemental Semi-Structured Interview: Eckblad and Chapman (1986) Traits

<table>
<thead>
<tr>
<th>Item</th>
<th>Hyperthymic (n=22)</th>
<th>Control (n=20)</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>energy &amp; activity</td>
<td>79.27 ± 12.00</td>
<td>62.65 ± 15.96</td>
<td>3.84***</td>
</tr>
<tr>
<td>positive mood</td>
<td>77.36 ± 15.79</td>
<td>64.50 ± 17.98</td>
<td>2.47**</td>
</tr>
<tr>
<td>extroversion</td>
<td>73.77 ± 21.61</td>
<td>58.50 ± 18.85</td>
<td>2.43**</td>
</tr>
<tr>
<td>&amp; outgoingness</td>
<td>self-</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>77.27 ± 16.10</td>
<td>65.30 ± 17.81</td>
<td>2.29**</td>
</tr>
<tr>
<td>confidence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&amp; optimism</td>
<td>talkativeness</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>75.18 ± 23.00</td>
<td>62.75 ± 24.03</td>
<td>1.71*</td>
</tr>
<tr>
<td>impulsivity</td>
<td>70.00 ± 24.53</td>
<td>52.75 ± 22.74</td>
<td>2.36**</td>
</tr>
<tr>
<td>ambition</td>
<td>75.45 ± 16.61</td>
<td>64.75 ± 14.55</td>
<td>2.21**</td>
</tr>
<tr>
<td>need for sleep</td>
<td>6.68 ± 1.29</td>
<td>9.60 ± 9.56</td>
<td>n.s.</td>
</tr>
<tr>
<td>how hard you</td>
<td>70.18 ± 17.98</td>
<td>60.60 ± 19.43</td>
<td>n.s.</td>
</tr>
<tr>
<td>work</td>
<td>sex drive</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>61.59 ± 16.06</td>
<td>58.50 ± 18.36</td>
<td>n.s.</td>
</tr>
<tr>
<td>enthusiasm &amp;</td>
<td>cheerfulness</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>78.86 ± 14.14</td>
<td>69.75 ± 15.60</td>
<td>1.99*</td>
</tr>
</tbody>
</table>
Hyperthymia

----------------------

**Note.**

n.s. : not significant

* : \( p \leq .10 \)

** : \( p \leq .05 \)

*** : \( p \leq .01 \)
### Table 8

**Group Differences on the Supplemental Semi-structured Interview: Akiskal et al. (1985) Trait Items**

<table>
<thead>
<tr>
<th>Item</th>
<th>Hyperthymic (n=22)</th>
<th>Control (n=20)</th>
<th>$X^2(1)$</th>
</tr>
</thead>
<tbody>
<tr>
<td>irritable</td>
<td>3 (14)</td>
<td>1 (05)</td>
<td>3.91; $p&lt;.10$</td>
</tr>
<tr>
<td>cheerful</td>
<td>20 (91)</td>
<td>17 (85)</td>
<td>.35; n.s.</td>
</tr>
<tr>
<td>overoptimistic</td>
<td>6 (27)</td>
<td>0 (00)</td>
<td>6.07; $p&lt;.05$</td>
</tr>
<tr>
<td>exhuberent</td>
<td>11 (50)</td>
<td>4 (20)</td>
<td>4.11; $p&lt;.05$</td>
</tr>
<tr>
<td>vigorous</td>
<td>13 (59)</td>
<td>6 (30)</td>
<td>3.58; $p&lt;.10$</td>
</tr>
<tr>
<td>full of plans</td>
<td>20 (90)</td>
<td>10 (50)</td>
<td>8.59; $p&lt;.01$</td>
</tr>
<tr>
<td>improvident</td>
<td>6 (27)</td>
<td>3 (15)</td>
<td>.94; n.s.</td>
</tr>
<tr>
<td>rushing off w/</td>
<td>7 (32)</td>
<td>4 (20)</td>
<td>.76; n.s.</td>
</tr>
<tr>
<td>restless impulse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>naive</td>
<td>7 (32)</td>
<td>4 (20)</td>
<td>.76; n.s.</td>
</tr>
<tr>
<td>overconfident</td>
<td>2 (09)</td>
<td>4 (20)</td>
<td>1.02; n.s.</td>
</tr>
<tr>
<td>self-assured</td>
<td>22 (100)</td>
<td>16 (80)</td>
<td>4.86; $p&lt;.05$</td>
</tr>
<tr>
<td>boastful</td>
<td>3 (14)</td>
<td>2 (10)</td>
<td>.13; n.s.</td>
</tr>
<tr>
<td>bombastic</td>
<td>2 (09)</td>
<td>1 (05)</td>
<td>.26; n.s.</td>
</tr>
<tr>
<td>grandiose</td>
<td>0 (00)</td>
<td>1 (05)</td>
<td>1.13; n.s.</td>
</tr>
<tr>
<td>uninhibited</td>
<td>10 (46)</td>
<td>6 (30)</td>
<td>1.06; n.s.</td>
</tr>
<tr>
<td>stimulus-seeking</td>
<td>17 (77)</td>
<td>6 (30)</td>
<td>9.45; $p&lt;.01$</td>
</tr>
</tbody>
</table>
promiscuous    4(18)    1(05)    1.74; n.s.
warm          20(91)    17(85)    .35; n.s.
people-seeking 19(86)    14(70)    1.67; n.s.
extroverted    16(73)    7(35)     6.02; p<.05
overtalkative  11(50)    3(15)     5.77; p<.05
overinvolved   4(18)     2(10)     .57; n.s.
meddlesome     0(00)     1(05)     1.13; n.s.
A—at least 1a  21(95)    18(90)    .47; n.s.
B—at least 1b  21(96)    15(75)    3.58; p<.10
C—at least 1c  22(100)   19(95)    1.13; n.s.
D—at least 1d  18(82)    10(50)    4.77; p<.05
E—at least 1e  22(100)   18(90)    2.31; n.s.
F—at least 1f  4(18)     2(10)     .57; n.s.

Note.
1: present
0: not present
a scored as present if irritable, cheerful, or overoptimistic present
b scored as present if vigorous, full of plans, improvident, or rushing off with restless impulse present
c scored as present if naive, overconfident, self-assured, boastful, or grandiose present
d scored as present if stimulus-seeking, promiscuous, or uninhibited present
Hyperthymia

52

e scored as present if people-seeking, extroverted, or warm present

f scored as present if overinvolved or meddlesome present
### Table 9

**Group Differences on Self-Report Scales**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Hyperthymic</th>
<th>Control</th>
<th>( t )</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GBI-dysthymia</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>1.33</td>
<td>.14</td>
<td>1.98*</td>
</tr>
<tr>
<td>SD</td>
<td>2.54</td>
<td>.35</td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>18</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td><strong>GBI-hyperthymia</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>.95</td>
<td>.00</td>
<td>2.34**</td>
</tr>
<tr>
<td>SD</td>
<td>1.90</td>
<td>.00</td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>19</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td><strong>DPQ-Achievement</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>10.75</td>
<td>10.40</td>
<td>n.s.</td>
</tr>
<tr>
<td>SD</td>
<td>4.92</td>
<td>4.87</td>
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</tr>
<tr>
<td>n</td>
<td>20</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td><strong>EPQ-Extroversion</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>10.56</td>
<td>10.50</td>
<td>n.s.</td>
</tr>
<tr>
<td>SD</td>
<td>4.45</td>
<td>3.91</td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>18</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td><strong>EPQ-neuroticism</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>10.28</td>
<td>7.09</td>
<td>2.08**</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>----</td>
<td>----</td>
<td></td>
</tr>
<tr>
<td><strong>SD</strong></td>
<td>5.49</td>
<td>4.18</td>
<td></td>
</tr>
<tr>
<td><strong>n</strong></td>
<td>18</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td><strong>EPQ-Psychoticism</strong></td>
<td></td>
<td>n.s.</td>
<td></td>
</tr>
<tr>
<td><strong>M</strong></td>
<td>1.90</td>
<td>1.50</td>
<td></td>
</tr>
<tr>
<td><strong>SD</strong></td>
<td>1.80</td>
<td>1.26</td>
<td></td>
</tr>
<tr>
<td><strong>n</strong></td>
<td>20</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td><strong>EPQ-Lie</strong></td>
<td></td>
<td>n.s.</td>
<td></td>
</tr>
<tr>
<td><strong>M</strong></td>
<td>9.21</td>
<td>9.48</td>
<td></td>
</tr>
<tr>
<td><strong>SD</strong></td>
<td>3.64</td>
<td>4.31</td>
<td></td>
</tr>
<tr>
<td><strong>n</strong></td>
<td>19</td>
<td>21</td>
<td></td>
</tr>
</tbody>
</table>

**Note.**

n.s. : not significant

* : $p \leq .10$

** : $p \leq .05$

*** : $p \leq .01$
Table 10

**Group Differences of Age-Corrected Morbidity Risks of First Degree Relatives**

<table>
<thead>
<tr>
<th>Diagnoses</th>
<th>Hyperthymic(^a) (n=10)</th>
<th>Control(^b) (n=17)</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDD</td>
<td>.32 ± .39</td>
<td>.08 ± .20</td>
<td>1.73; p&lt;.10</td>
</tr>
<tr>
<td>Hyperthymia</td>
<td>.03 ± .11</td>
<td>.00 ± .00</td>
<td>1.32; n.s.</td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>.10 ± .17</td>
<td>.05 ± .12</td>
<td>.91; n.s.</td>
</tr>
<tr>
<td>Antisocial</td>
<td>.01 ± .04</td>
<td>.02 ± .08</td>
<td>.19; n.s.</td>
</tr>
<tr>
<td>OPD</td>
<td>.20 ± .31</td>
<td>.08 ± .12</td>
<td>1.17; n.s.</td>
</tr>
</tbody>
</table>

**Note.**

\(^a\) n is not including GBI-identified false positives

\(^b\) n is not including GBI-identified false negatives
Table 11

Group Differences of Age-Corrected Morbidity Risks of Second Degree Relatives

<table>
<thead>
<tr>
<th>Diagnoses</th>
<th>Hyperthymic(^a) (n=10)</th>
<th>Control(^b) (n=17)</th>
<th>(t)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDD</td>
<td>.03 ± .07</td>
<td>(&gt;8 ± .12)</td>
<td>1.06; n.s.</td>
</tr>
<tr>
<td>Hypomania</td>
<td>.00 ± .00</td>
<td>.02 ± .06</td>
<td>1.11; n.s.</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>.01 ± .04</td>
<td>.00 ± .00</td>
<td>1.32; n.s.</td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>.01 ± .02</td>
<td>.04 ± .08</td>
<td>1.37; n.s.</td>
</tr>
<tr>
<td>Antisocial</td>
<td>.00 ± .00</td>
<td>.01 ± .05</td>
<td>.76; n.s.</td>
</tr>
</tbody>
</table>

**Note.**

\(^a\) n is not including GBI-identified false positives

\(^b\) n is not including GBI-identified false negatives
Appendix A
SAUS-L

Name of Subject:____________________

Subject's Age:______

Subject's Year in School____________

Subject's Sex:_______

Subject's Race:______________

Interviewer:______________

Date:____________________
EPISODES OF ILLNESS WITH MANIC OR MAJOR DEPRESSIVE SYNDROME

In the following sections, determine if the subject has ever had an episode, i.e., a relatively discrete period of impaired functioning or psychopathology that can be clearly distinguished from prior and subsequent functioning, which meets the criteria for Manic or Major Depressive Syndrome described below. If the full criteria for a Manic or Major Depressive Syndrome are not met, but there is evidence of some affective disturbance, the disturbance should be noted in later sections.

Episodes of illness that contain periods that meet the full criteria for both Manic Syndrome and Major Depressive Syndrome (e.g., depressed then manic, manic then depressed, depressed then manic then depressed) should be described in both sections. If 2 periods of Major Depressive Syndrome are separated by less than 2 months of a significant remission (with or without medication) they should be counted as only 1 episode. The same principle applies to counting episodes of Manic Syndrome.

EPISODES OF MANIC SYNDROME

This may have been the only disturbance or it may have been part of a mixed affective episode or associated with some other diagnostic condition. Note: A milder form of this syndrome, in which there is less of an overall disturbance and fewer than 3 of the associated symptoms, can be noted in a later section under Hypomanic Syndrome.

CRITERIA FOR EPISODES OF MANIC SYNDROME (There are 3 criteria.)

I Have had 1 or more distinct periods lasting at least 1 week (or any duration if hospitalized) when the predominant mood was either elevated (i.e., unusually good, cheerful, high, expansive) OR irritable (i.e., easily annoyed). (Do not include if apparently due to alcohol or drug use. Note: This is frequently falsely rated as positive when the subject is merely describing feeling very good in contrast to periods of depression.)

Did you ever have a period that lasted at least a week (or when you were hospitalized), when you felt extremely good or high—clearly different from your normal self? Did friends or your family think that this was more than just feeling good?

What about periods when you felt very irritable and easily annoyed?

II Had at least 2 symptoms associated with the most severe period of euphoric or irritable mood (inquire for all symptoms). (Do not include if apparently due to alcohol or drug use.)

During the most severe period:

... were you more active than usual—either socially, at work, at home, sexually, or physically restless?.................................................................

... were you more talkative than usual or felt a pressure to keep on talking?.......

... did your thoughts race or did you talk so fast that it was difficult for people to follow what you were saying?.................................................................

DURING THE MOST SEVERE PERIOD

No info No Yes

X 1 2

X 1 2

X 1 2
... did you feel you were a very important person, had special powers, plans, talents, or abilities (grandiosity)? ..........................................................  X  1  2  229

... did you need less sleep than usual? ..........................................................  X  1  2  230

... did you have trouble concentrating on what was going on because your attention kept jumping to unimportant things around you (distractibility)? ..  X  1  2  231

... did you do anything foolish that could have gotten you into trouble—like buying things, business investments, sexual indiscretions, reckless driving?.....  X  1  2  232

Number of definite symptoms = _____. If euphoric, criterion = 2; if irritable only, criterion = 3.  233

If criterion II is not met, check here and skip to Episodes of Major Depressive Syndrome, page 9.  234

Symptoms were so severe that meaningful conversation was impossible, there was serious impairment in functioning, or he was hospitalized.  235

0  No information

1  No

2  Yes

Were you hospitalized?

Were you so excited that it was almost impossible to hold a conversation with you?  

Skip to Episodes of Major Depressive Syndrome, page 9.

Did it cause troubles with people, with your family, with your work, or other usual activities?

Total number (minimum) of episodes of Manic Syndrome, (separated from each other by at least 2 months).  236-37

_____Number (Note minimum number rather than a range or a question mark, 99 if too numerous or ill defined to count.)

How many episodes like this have you had?

If unable to give exact number: Would you say that you had at least ..... different episodes like that?

DETERMINING WHETHER ANY EPISODE OF MANIC SYNDROME MET THE CRITERIA FOR SCHIZO-AFFECTIVE DISORDER, MANIC TYPE

An episode of illness characterized by a Manic Syndrome is diagnosed either Manic Disorder or Schizo-affective Disorder, Manic Type. Some subjects may have met the criteria for both disorders in 2 separate episodes.

First determine if the subject had delusions or hallucinations during any of the episodes of Manic Syndrome. (Do not count if appear to occur as part of a shared religious or subcultural belief system.) If so, determine content, duration, and other details needed to make later judgments regarding Schizo-affective Disorder.  

When you were (high, irritable) did you have any beliefs or ideas which you later found out were not true—like people being out to get you, or talking about you behind your back, or that your thoughts or movements were controlled?

Did you hear voices or other sounds that other people couldn’t hear?

(Continued on next page.)
**SADS-L**

Did you have visions or see things that were not visible to other people?

What about strange smells or strange feelings in your body?

Did people have trouble understanding what you were saying when you were not high?

If there is no evidence, from any source of information, to suggest delusions, hallucinations, or formal thought disorder (as defined in the appendix) during the manic periods, check here and skip to Other Characteristics of Episodes of Manic Syndrome, below.

If there is evidence of delusions, hallucinations, or marked formal thought disorder (as defined in the appendix), determine if any of the 5 specific types of symptoms noted below, indicative of Schizo-affective Disorder, were present during any of the periods of Manic Syndrome. (Some of these features are difficult to evaluate for past episodes.)

<table>
<thead>
<tr>
<th>DURING AT LEAST 1 PERIOD OF MANIC SYNDROME</th>
<th>No</th>
<th>info</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delusions of being controlled (or influenced) or thought broadcasting, insertion, or withdrawal (as defined in the appendix)</td>
<td>X 1 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had the feeling that you were under the control of some force or power other than yourself? (As though you were a robot and without a will of your own?) (Or that you were forced to make movements or say things without your willing it?) (Or think things or have impulses that were not your own?)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you feel that your thoughts were broadcast so that other people knew what you were thinking, or that thoughts were put into your head that were not your own, or that thoughts were taken away from you by some external force?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-affective hallucinations of any type (as defined in the appendix) throughout the day for several days or intermittently throughout a 1 week period</td>
<td>X 1 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auditory hallucinations in which either a voice keeps up a running commentary on the subject's behaviors or thoughts as they occur, or 2 or more voices converse with each other</td>
<td>X 1 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At some time during the period of illness had more than 1 week when he exhibited no prominent depressive or manic symptoms but had delusions or hallucinations...</td>
<td>X 1 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At some time during the period of illness had more than 1 week when he exhibited no prominent manic symptoms but had several instances of marked formal thought disorder (as defined in the appendix) accompanied by either blunted or inappropriate affect, delusions or hallucinations of any type, or grossly disorganized behavior...</td>
<td>X 1 2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OTHER CHARACTERISTICS OF EPISODES OF MANIC SYNDROME**

For any episode in which at least 1 of the above was present, the most likely diagnosis for that episode is Schizo-affective Disorder, Manic Type. For any episode in which none of the above was present, the most likely diagnosis for that episode is Manic Disorder. Note the following information for episodes of either Manic Disorder or Schizo-affective Disorder, Manic Type (or both). Write numbers and circle YES when applicable, otherwise leave blank.

* Subjects often cannot give adequate information about past episodes for these items. In such instances they should be judged present only if there is direct evidence in the interview or the behavior has been adequately described by someone else.
<table>
<thead>
<tr>
<th>Manic Disorder</th>
<th>Schizo-aff., Manic Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best estimate of number of episodes (99 if too numerous to count)</td>
<td>244-49</td>
</tr>
<tr>
<td>Age at first episode</td>
<td>246-47</td>
</tr>
<tr>
<td>How old were you when you had your first episode of?</td>
<td>248-49</td>
</tr>
<tr>
<td>Age at last episode if more than 1 episode</td>
<td>250-51</td>
</tr>
<tr>
<td>When was the last time you were?</td>
<td>252-53</td>
</tr>
<tr>
<td>Currently in an episode</td>
<td>YES YES</td>
</tr>
<tr>
<td>If yes, duration of present episode in weeks</td>
<td>254-55</td>
</tr>
<tr>
<td>Best estimate in weeks of longest duration of an episode</td>
<td>256-60</td>
</tr>
<tr>
<td>What was the longest time that lasted?</td>
<td>256-66</td>
</tr>
</tbody>
</table>

The following items are circled YES if they characterize any of these episodes:

- During any of these episodes
  - Hospitalized | YES YES |
  - were you hospitalized? | 267 |
  - Received ECT | YES YES |
  - did you receive shock treatment? | 270 |
  - Received medication | YES YES |
  - did you receive medication? | 272 |

Immediately preceding, during, or following an episode had a period of at least a few days when he felt depressed. (May or may not have met the full criteria for a Depressive Syndrome.)

- Were you depressed or feeling down for a few days just before, during, or following the time you were “high?” | YES YES |

- Delusions (from previous inquiry) | YES YES |
- Hallucinations (from previous inquiry) | YES YES |

Incapsitated. Unable to funct. n at work, at school, or to take care of the house for at least 1 week (or if hospitalized was so impaired that obviously could not work). (Do not include mere refusal to do tasks.)

- Were you unable to work (go to school, take care of the house) because you were so? | YES YES |
SADS-L

<table>
<thead>
<tr>
<th>Manic Disorder</th>
<th>Schizo-aff., Manic Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidal gesture or attempt</td>
<td>YES</td>
</tr>
</tbody>
</table>

Did you try to kill yourself?

All of the episodes of illness apparently followed some form of somatic treatment which might have provoked the Manic Syndrome (e.g., ECT, antidepressants, Cortisone).

Weren't you on any medication or any kind of treatment just before....?

If yes, describe somatic treatment:

For Schizo-affective episodes only note the course of symptoms suggestive of Schizophrenia, up to the present. This judgment should be made if a subject has ever met the criteria for Schizo-affective Disorder, Manic Type either currently or in a previous episode. Some subjects diagnosed initially as Acute may later show a Subacute, Subchronic, or even a Chronic course.

0. Not applicable

1. Acute Schizo-affective Disorder: A through C are required. (A) Sudden onset — less than 3 months from first signs of increasing psychopathology to any of the core schizophrenic symptoms. (B) Short course — continuously ill with significant signs of Schizophrenia* for less than 3 months. (C) Full recovery from any previous episode.

2. Subacute Schizo-affective Disorder: Course is closer to that of Acute Schizo-affective Disorder than that of Chronic Schizo-affective Disorder. Example: First episode with fairly rapid onset and duration of 5 months. Example: Second episode with onset over a period of 6 months and full recovery from first episode.

3. Subchronic Schizo-affective Disorder: Course is closer to that of Chronic Schizo-affective Disorder than that of Acute Schizo-affective Disorder. Example: Significant signs of Schizophrenia* more or less continuously present for the last year. Example: Second period following a previous period from which he did not fully recover.

4. Chronic Schizo-affective Disorder: Significant signs of Schizophrenia* more or less continuously present for at least the last 2 years.

EPISODES OF MAJOR DEPRESSIVE SYNDROME

Periods of dysphoric mood or of pervasive loss of interest or pleasure are categorized here if they are relatively discrete and are associated with other symptoms of the Major Depressive Syndrome. (Do not include bereavement following the loss of a loved one if all of the features are commonly seen in members of the subject's subcultural group in similar circumstances unless the study design calls for their inclusion.)

The Major Depressive Syndrome may be the only disturbance or may be superimposed on another psychiatric disorder or follow any other disorder, including "Other Psychiatric Disorder, with the exception of Schizophrenia, Residual Subtype.

*Significant signs of Schizophrenia include any of the symptoms of Schizophrenia listed on page 8, or other delusions or hallucinations, extreme social withdrawal, eccentric behavior, blunted or inappropriate affect, mild formal thought disorder, or unusual thoughts or perceptual experiences.
CRITERIA FOR MAJOR DEPRESSIVE SYNDROME

There are 3 criteria listed consecutively so that failure to meet any 1 of them permits the rater to skip the entire section. However, with subjects who may minimize the disturbance in mood during a depressive episode, it may be advisable to explore all 3 criteria before making a final judgment on the first. An episode that meets the first 2 criteria, but not the third, may be recorded later in another section.

I Has had 1 or more distinct periods lasting at least 1 week during which he was bothered by depressive or irritable mood or had pervasive loss of interest or pleasure.

Did you ever have a period that lasted at least 1 week when you were bothered by feeling depressed, sad, blue, hopeless, down in the dumps, that you didn’t care anymore, or didn’t enjoy anything?

What about feeling irritable or easily annoyed?

II Sought or was referred for help from someone during dysphoric period(s), took medication, or had impaired functioning socially, with family, at home, at work, or at school.

During that time did you seek help from anyone, like a doctor, or minister or even a friend, or did anyone suggest that you seek help? Did you take any medication? Did you act differently with people, your family, at work, or at school?

III Had at least 3 (if past episode) or 4 (if current episode) symptoms associated with the most severe period of depressed or irritable mood or pervasive loss of interest or pleasure. (Inquire for all symptoms.)

During the most severe period were you bothered by......

... poor appetite or weight loss, or increased appetite or weight gain? ......................

... trouble sleeping or sleeping too much? .........................................................

... loss of energy, easily fatigued, or feeling tired? ...........................................

... loss of interest or pleasure in your usual activities or sex (may or may not be pervasive)? .................................................................

... feeling guilty or down on yourself? ...............................................................

... trouble concentrating, thinking, or making decisions? ..............................

... thinking about death or suicide? (Did you attempt suicide?) ......................

... being unable to sit still and have to keep moving or the opposite — feeling slowed down and have trouble moving? ........................

Number of definite symptoms ______. Criteria = 4 if current only; 3 if past.

☐ If criterion III was not met, check here and skip to Non-affective Non-organic Psychosis, page 13.
**SADS-L**

**Total number (minimum) of Episodes of Major Depressive Syndrome (separated from each other by at least 2 months).**

How many episodes like this have you had?

If unable to give exact number: Would you say that you have had at least .... different episodes like that?

**DETERMINING WHETHER ANY EPISODE OF MAJOR DEPRESSIVE SYNDROME MET THE CRITERIA FOR SCHIZO-AFFECTIVE DISORDER, DEPRESSED TYPE**

An episode of illness with the Major Depressive Syndrome is diagnosed either Major Depressive Disorder, Schizophrenia, or Schizoaffective Disorder, Depressed Type. Some subjects may have met the criteria for all three disorders in separate episodes.

First determine if the subject had delusions, hallucinations, or marked formal thought disorder (as defined in the appendix) during any of the episodes of Major Depressive Syndrome. (Do not count if appear to occur as part of a shared religious or subcultural belief system.) If so, determine content, duration, and other details needed to make later judgments.

When you were (depressed, down), did you have any beliefs or ideas which you later found out were not true — like people being out to get you, or talking about you behind your back, or that your thoughts or movements were controlled?

Did you hear voices or other sounds that other people couldn’t hear?... have visions or see things that were not visible to other people?... What about strange smells, or strange feelings in your body?

Did people have trouble understanding what you were talking about?

If there is no evidence from any source of information to suggest, delusions, hallucinations, or marked formal thought disorder (as defined in the appendix) during the episodes of Major Depressive Syndrome, check here and go to Other Characteristics of Episodes of Major Depressive Syndrome, page 11.

If there is evidence of delusions, hallucinations, or marked formal thought disorder (as defined in the appendix), determine if any of the 6 specific types of symptoms listed below, indicative of Schizoaffective Disorder, were present during any of the episodes of Major Depressive Syndrome. (Some of these features are difficult to evaluate for past episodes.) The schizophrenic-like symptoms listed below and the depressive syndrome must overlap to some degree.

If the depressive syndrome appears to have been superimposed on Residual Schizophrenia, it should not be considered an episode of Major Depressive Disorder or Schizoaffective Disorder. [See RDC.]

**During the Most Severe Period**

| Delusions of being controlled (or influenced), or of thought broadcasting, insertion, or withdrawal (as defined in the appendix) | X | 1 | 2 |

When you were depressed did you have the feeling that you were under the control of some force or power other than yourself, or that you were a robot and without a will of your own, or that you were forced to make movements or say things without your willing it, or think things or have impulses that were not your own?

Did you feel that your thoughts were broadcast so that other people knew what you were thinking, or did you feel that thoughts were put into your head that were not your own, or that thoughts were taken away from you by some external force?
### SADS-L

<table>
<thead>
<tr>
<th>Non-effective hallucinations of any type (as defined in the appendix) throughout the day for several days or intermittently throughout a 1 week period</th>
<th>X</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>No info</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Auditory hallucinations in which either a voice keeps up a running commentary on the subject's behaviors or thoughts as they occur, or 2 or more voices converse with each other</th>
<th>X</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>No info</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* At some time during the period of illness had more than 1 month when he exhibited no prominent depressive or manic symptoms but had delusions or hallucinations (although typical depressive delusions such as delusions of guilt, sin, poverty, nihilism, or self-deprecation, or hallucinations with similar content are not included) | X | 1 | 2 |
| No info | Yes |

* Preoccupation with a delusion or hallucination to the relative exclusion of other symptoms or concerns (other than typical depressive delusions of guilt, sin, poverty, nihilism, or self-deprecation, or hallucinations with similar content) | X | 1 | 2 |
| No info | Yes |

* Definite instances of marked formal thought disorder (as defined in the appendix) accompanied by either blunted or inappropriate affect, delusions or hallucinations of any type, or grossly disorganized behavior | X | 1 | 2 |
| No info | Yes |

### OTHER CHARACTERISTICS OF EPISODES OF MAJOR DEPRESSIVE SYNDROME

For any episode of illness in which at least 1 of the above was present, the most likely diagnosis for that episode is Schizo-affective Disorder, Depressed Type. For an episode in which none of the above was present, the most likely diagnosis for that episode is Major Depressive Disorder or Depressive Syndrome Superimposed on Residual Schizophrenia. Note the following information for episodes of either Major Depressive Disorder or Schizo-affective Disorder, Depressed Type (or both). Write numbers and circle YES when applicable, otherwise leave blank.

**If all episodes of Major Depressive Syndrome were superimposed on Residual Schizophrenia, skip to Non-effective Non-organic Psychosis, page 13.**

<table>
<thead>
<tr>
<th>Best estimate of number of episodes (99 if too numerous to count)</th>
<th>—</th>
<th>—</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Dep. Disorder</td>
<td>Schizo-aff., Depressed</td>
<td></td>
</tr>
<tr>
<td>347-48</td>
<td>349-50</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age at first episode...</th>
<th>—</th>
<th>—</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Dep. Disorder</td>
<td>Schizo-aff., Depressed</td>
<td></td>
</tr>
<tr>
<td>351-52</td>
<td>353-54</td>
<td></td>
</tr>
</tbody>
</table>

**How old were you when you had your first...?**

<table>
<thead>
<tr>
<th>Age at last episode if more than 1 episode</th>
<th>—</th>
<th>—</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Dep. Disorder</td>
<td>Schizo-aff., Depressed</td>
<td></td>
</tr>
<tr>
<td>355-56</td>
<td>357-58</td>
<td></td>
</tr>
</tbody>
</table>

**When was the last time you were...?**

<table>
<thead>
<tr>
<th>Currently in an episode</th>
<th>YES</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Dep. Disorder</td>
<td>Schizo-aff., Depressed</td>
<td></td>
</tr>
<tr>
<td>359</td>
<td>360</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If yes, duration of present episode in weeks</th>
<th>—</th>
<th>—</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Dep. Disorder</td>
<td>Schizo-aff., Depressed</td>
<td></td>
</tr>
<tr>
<td>361-63</td>
<td>364-66</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Best estimate in weeks of longest duration of an episode</th>
<th>—</th>
<th>—</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Dep. Disorder</td>
<td>Schizo-aff., Depressed</td>
<td></td>
</tr>
<tr>
<td>367-69</td>
<td>370-72</td>
<td></td>
</tr>
</tbody>
</table>

**What was the longest time that... lasted?**

The following items are circled YES if they characterize any of the episodes.

During any of these episodes...

<table>
<thead>
<tr>
<th>Hospitalized</th>
<th>YES</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Dep. Disorder</td>
<td>Schizo-aff., Depressed</td>
<td></td>
</tr>
<tr>
<td>373</td>
<td>374</td>
<td></td>
</tr>
</tbody>
</table>

... were you hospitalised?

* Subjects often cannot give adequate information about past episodes for these items, therefore, case records are of greater importance here.
<table>
<thead>
<tr>
<th>Received ECT</th>
<th>Received medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>

**did you receive shock treatment?**

**did you receive medication?**

Immediately preceding, during, or following an episode had a period of at least a few days in which he was manic or hypomanic. (May or may not have met the criteria for the Manic Syndrome.)

**Were you unusually cheerful and energetic at any time, just before, during, or right after you were depressed?** If yes, make certain that there were at least some signs that this was more than simply feeling good after a depression.

**Delusions:**

**Hallucinations:**

Incapacitated — (1) or (2). (1) Unable to function at work, at school, or take care of the house for at least 1 week (or if hospitalized was so impaired that obviously could not work). (Do not include mere refusal to do tasks.) (2) Unable to feed or clothe himself or maintain minimal personal hygiene without assistance.

**Were you unable to work (go to school, take care of the house), feed yourself, dress yourself or keep yourself clean?**

**Suicidal gesture or attempt:**

**During... did you ever try to kill yourself?**

Associated with pregnancy or childbirth (within 2 months).

**Were you pregnant or had you just given birth?**

Associated with menopause (within 3 years).

All of the episodes apparently followed some form of somatic treatment or drug use which might have provoked the Depressive Syndrome (e.g., Serpasil, birth control pills, Cortisone, barbiturates).

**Were you on any medication or any other kind of treatment just before...?**

If yes, describe somatic treatment:

All of the episodes apparently followed some serious physical illness which led to major changes in living conditions or had a physical illness which often is associated with psychological symptoms (e.g., thyrotoxicosis).

If yes, describe physical illness:
For Schizoaffective episodes only, note the course of symptoms suggestive of Schizophrenia up to the present. This judgment should be made if a subject has ever met the criteria for a Schizoaffective Disorder, Depressed Type. Some subjects diagnosed initially as Acute may later show a Subacute, Subchronic, or even Chronic Course.

1. Not applicable

Acute Schizoaffective Disorder: A through C are required. (A) Sudden onset — less than 3 months from first signs of increasing psychopathology to any of the core schizophrenic symptoms. (B) Short course — continuously ill with significant signs of Schizophrenia* for less than 3 months. (C) Full recovery from any previous episode.

2. Subacute Schizoaffective Disorder: Course is closer to that of Acute Schizoaffective Disorder than that of Chronic Schizoaffective Disorder. Example: First episode with fairly rapid onset and duration of 5 months. Example: Second episode with onset over a period of 6 months and full recovery from first episode.

3. Subchronic Schizoaffective Disorder: Course is closer to that of Chronic Schizoaffective Disorder than that of Acute Schizoaffective Disorder. Example: Significant signs of Schizophrenia* more or less continuously present for the last year. Example: Second period following a previous period from which he did not fully recover.

4. Chronic Schizoaffective Disorder: Significant signs of Schizophrenia* more or less continuously present for at least the last 2 years.

NON-AFFECTIVE NON-ORGANIC PSYCHOSIS

In the following section, determine if the subject had an episode or period of illness that (1) did not meet the criteria for Major Depressive or Manic Syndrome (although he may have had other episodes which did), (2) was of psychotic proportions (here narrowly defined as involving either delusions, hallucinations, marked formal thought disorder, or grossly bizarre behavior which did not occur as part of a shared religious or subcultural belief system), and (3) was not apparently caused by any known organic factor (such as ingestion of a hallucinogen, amphetamine intoxication, fever, arteriosclerosis, alcohol or drug use. An alcoholic or drug addict can, of course, in addition, have a Non-affective Non-organic Psychosis, such as Schizophrenia.)

These episodes or periods of psychosis will later be categorized as Schizophrenia or Unspecified Functional Psychosis, the latter group containing conditions that clinicians might call transient situational psychoses, paranoid states or hysterical psychoses, and schizophrenic-like episodes with durations of less than 2 weeks.

If has had an episode of Manic or Major Depressive Syndrome, determine whether he had other episodes or periods of illness that may have been of psychotic proportions. If so, determine the details needed to make later judgments.

Have there been any times, other than when you were (depressed, manic), that you were (sick, emotionally upset, in the hospital, heard voices, had strange experiences, felt people were against you...?)

If has never had an episode of Manic or Major Depressive Syndrome, determine if he has had any period of illness that might be of psychotic proportions and the details needed to make later judgments.

Has there been a time when ....

... you heard voices?

... you had visions or saw things that were not visible to other people?

NOTES

* Significant signs of Schizophrenia include any of the symptoms of Schizophrenia listed on pages 10 & 11, or other delusions or hallucinations, extreme social withdrawal, eccentric behavior, blunted or inappropriate affect, mild formal thought disorder, or unusual thoughts or perceptual experiences.
... you had strange feelings in your body?

... you had beliefs or ideas that you later found out were not true — like people being out to get you, or talking about you behind your back?

... you did something to call attention to yourself — like dressing in some odd way or doing something strange?

... people had trouble understanding what you were saying because your speech was mixed up, or because you didn't make sense in the way you were talking?

If there is evidence, from any source, of a psychotic episode or period, inquire for possible organic cause.

Were you drinking a lot then or had you just stopped?

Were you taking any drugs — like LSD, speed?

Were you physically ill then?

If there is no evidence, from any source, of Non-affective Non-organic Psychosis (i.e., either delusions, hallucinations, marked formal thought disorder, or grossly bizarre behavior), check here and skip to Alcoholism, page 18.

If there is evidence, from any source, of Non-affective Non-organic Psychosis, continue with the next series of questions.

Total number (minimum) of episodes or periods of Non-affective Non-organic Psychosis (separated from each other by at least 2 months). (If he has shown significant signs of Schizophrenia* more or less continuously since onset count as 1 period of illness.)

Number (Note minimum number rather than a range or a question mark, 99 if too numerous or ill defined to count.)

How many different periods like this have you had?

If unable to give exact number: Would you say that you have had at least .... different periods like that?

DETERMINING WHETHER ANY PERIOD MET THE TWO CRITERIA FOR SCHIZOPHRENIA

An episode or period of Non-affective Non-organic Psychosis is diagnosed as either Schizophrenia or Unspecified Functional Psychosis. Some subjects may have met the criteria for both disorders in 2 separate episodes. First determine if any of the 9 specific types of symptoms listed below, suggesting Schizophrenia were present during any of the periods. (Some of these features are difficult to evaluate if the information is limited to that obtained by interviewing a subject who is no longer ill.)

<table>
<thead>
<tr>
<th>Had at least 1 of the following types of symptoms during at least 1 period of Non-affective Non-organic Psychosis.</th>
<th>DURING AT LEAST 1 PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thought broadcasting, insertion, withdrawal (as defined in the appendix). . . . . . . . . . . . . . . . . . . . . . . .</td>
<td>No info No Yes</td>
</tr>
</tbody>
</table>

Did you ever feel that your thoughts were broadcast so that other people knew what you were thinking, or feel that thoughts were put into your head that were not your own, or that thoughts were taken away from you by some external force?

* Significant signs of Schizophrenia include any of the symptoms of Schizophrenia listed on pages 14 & 15, or other delusions or hallucinations, extreme social withdrawal, eccentric behavior, blunted or inappropriate affect, mild formal thought disorder, or unusual thoughts or perceptual experiences.
Delusions of being controlled (or influenced), multiple delusions (as defined in the appendix) or other bizarre delusions.

Have you had the feeling that you were under the control of some force or power other than yourself, or as though you were a robot and without a will of your own, or that you were forced to make movements or say things without your wanting to, or think things or have impulses that were not your own?

If not already known, inquire for bizarre or multiple delusions.

Somatic, grandiose, religious, nihilistic, or other delusions without persecutory or jealous content, lasting at least 1 week.

Delusions of any type if accompanied by hallucinations of any type for at least 1 week.

Auditory hallucinations in which a voice keeps up a running commentary on the subject's behaviors or thoughts as they occur, or 2 or more voices converse with each other.

Non-affective verbal hallucinations (as defined in the appendix) spoken to the subject.

Hallucinations of any type throughout the day for several days or intermittently for at least 1 month.

Definite instances of marked formal thought disorder (as defined in the appendix) accompanied by either blunted or inappropriate affect, delusions or hallucinations of any type, or grossly disorganized behavior.

Had at least 1 of the symptoms listed above.

1. No (Skip to Other Characteristics etc., below.)
   2. Yes

If had 1 of the 9 types of symptoms listed above, the period of illness (not necessarily the specific symptoms) lasted at least 2 weeks.

1. No information or not sure
   2. Duration less than 2 weeks
   3. Duration at least 2 weeks

**CHARACTERISTICS OF NON-AFFECTIVE NON-ORGANIC PSYCHOSIS**

For any episode in which at least 1 of the symptoms listed in criterion I was present and which lasted at least 2 weeks (criterion II), the diagnosis for that episode is Schizophrenia. For any episode which meets criterion I only, the diagnosis for that episode is Unspecified Functional Psychosis. Note the following information for episodes of either Schizophrenia or Unspecified Functional Psychosis (or both). Write numbers and circle YES when applicable. If subject has clearly met the criteria for Schizophrenia (including Residual subtype) for years, it is not necessary to describe previous episodes, for which there are inadequate diagnostic data available, as Unspecified Functional Psychosis. The assumption should be made that the earlier episodes were likely to have been schizophrenic also.

* Subjects often cannot give adequate information about past episodes for these items. In such instances they should be judged present if there is direct evidence in the interview or the behavior has been adequately described by someone else.
**SADS-L**

- **Best estimate of number of episodes or periods (69 if too numerous to count).** If has shown significant signs of Schizophrenia* more or less continuously since onset, count as 1 period of illness.

  - Schizo. Psychosis
  - Unspecified

  - Functional

  - 439–50
  - 451–52

- **Age at first episode.** (This may be difficult to sharply distinguish from usual functioning if there was insidious onset. Give best estimate.)

- **How old were you when you first?**

- **Age at last episode if more than 1 episode.**

- **When was the last time you were?**

- **Currently in an episode.**

- **If yes, duration of present episode in weeks.**

- **Best estimate in weeks of longest duration of an episode.**

- **What was the longest time that lasted?**

- **The following items are circled YES if they characterize any of the episodes:**

  - **During any of these episodes:**

    - Hospitalized.
      - YES
      - YES
      - 475
      - 513
    
    - were you hospitalized?

    - Received somatic treatment (ECT, medication).
      - YES
      - YES
      - 514
      - 515

    - did you get any treatment for?

- **Information for the following items should be available from previous inquiry. If the subject has had both types of episodes, clarification may be necessary.**

  - **Delusions of any type.**
    - YES
    - YES
    - 516
    - 517
  
  - **Persecutory delusions.**
    - YES
    - YES
    - 518
    - 519
  
  - **Somatic, grandiose, religious, nihilistic, or other delusions without persecutory or jealous content, lasting at least 1 week.**
    - YES
    - YES
    - 520
    - 521
  
  - **Delusions of being controlled (or influenced), multiple delusions, or other bizarre delusions (as defined in the appendix).**
    - YES
    - YES
    - 522
    - 523
  
  - **Delusions of any type if accompanied by hallucinations of any type for at least 1 week.**
    - YES
    - YES
    - 524
    - 525
  
  - **Hallucinations of any type.**
    - YES
    - YES
    - 526
    - 527
  
  - **Hallucinations of any type throughout the day for several days, or intermittently for at least 1 month.**
    - YES
    - YES
    - 528
    - 529
  
  - **Visual hallucinations.**
    - YES
    - YES
    - 530
    - 531

* Significant signs of Schizophrenia include any of the symptoms of Schizophrenia listed on pages 14 & 15, or other delusions or hallucinations, extreme social withdrawal, eccentric behavior, blunted or inappropriate affect, valid formal thought disorder, or unusual thought or perceptual experiences.
<table>
<thead>
<tr>
<th>Auditory hallucinations</th>
<th>YES</th>
<th>YES</th>
<th>533</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditory hallucinations in which either a voice keeps up a running commentary on the subject’s behaviors or thoughts as they occur, or 2 or more voices converse with each other</td>
<td>YES</td>
<td>YES</td>
<td>534</td>
</tr>
<tr>
<td>Non-affective verbal hallucinations (as defined in the appendix) spoken to the subject</td>
<td>YES</td>
<td>YES</td>
<td>536</td>
</tr>
<tr>
<td>Thought broadcasting, withdrawal, or insertion (as defined in the appendix)</td>
<td>YES</td>
<td>YES</td>
<td>538</td>
</tr>
<tr>
<td>Definite instances of marked formal thought disorder (as defined in the appendix)</td>
<td>YES</td>
<td>YES</td>
<td>540</td>
</tr>
<tr>
<td>Obvious catatonic motor behavior (as defined in the appendix)</td>
<td>YES</td>
<td>YES</td>
<td>542</td>
</tr>
<tr>
<td>Other grossly bizarre behavior (e.g., takes off clothes in public, unprovoked shouting and yelling at passers-by)</td>
<td>YES</td>
<td>YES</td>
<td>544</td>
</tr>
<tr>
<td>Suicide attempt or gesture</td>
<td>YES</td>
<td>YES</td>
<td>546</td>
</tr>
<tr>
<td>Incapacitated. Unable to function at work, at school, or take care of the house for at least 1 week (or if hospitalized was so impaired that obviously could not work). (Do not include mere refusal to do tasks.)</td>
<td>YES</td>
<td>YES</td>
<td>548</td>
</tr>
<tr>
<td>Were you unable to work (go to school, take care of the house), or take care of yourself?</td>
<td>YES</td>
<td>YES</td>
<td>550</td>
</tr>
<tr>
<td>All episodes were associated with pregnancy or childbirth (within 2 months).</td>
<td>YES</td>
<td>YES</td>
<td>552</td>
</tr>
</tbody>
</table>

For subjects who have met the criteria for Schizophrenia, note the course of symptoms up to the present. Some subjects diagnosed initially as Acute may later show a Subacute, Subchronic, or even Chronic Course.

0. Not applicable

1. Acute Schizophrenia: A through C are required. (A) Sudden onset - less than 3 months from first signs of increasing psychopathology to any of the core schizophrenic symptoms. (B) Short course - continuously ill with significant signs of Schizophrenia* for less than 3 months. (C) Full recovery from any previous episode.

2. Subacute Schizophrenia: Course is closer to that of Acute Schizophrenia than that of Chronic Schizophrenia. Example: First episode with fairly rapid onset and duration of 5 months. Example: Second episode with onset over a period of 6 months and full recovery from first episode.

3. Subchronic Schizophrenia: Course is closer to that of Chronic Schizophrenia than that of Acute Schizophrenia. Example: Significant signs of Schizophrenia* more or less continuously present for the last year. Example: Second period following a previous period from which he did not fully recover.

4. Chronic Schizophrenia: Significant signs of Schizophrenia* more or less continuously present for at least the last 2 years.

* Significant signs of Schizophrenia include any of the symptoms of Schizophrenia listed on pages 14, 15, or other delusions or hallucinations, extreme social withdrawal, eccentric behavior, blunted or inappropriate affect, mild formal thought disorder, or unusual thoughts or perceptual experiences.
SADS-L

ALCOHOLISM

There are 2 criteria.

1. At least 2 of the following items 553 – 571:

**What have your drinking habits been like?**

Was there ever a period in your life when you drank too much? .......................... X 1 2 553

Has anyone in your family – or anyone else – ever objected to your drinking?...

Was there ever a time when you often couldn’t stop drinking when you wanted to? ................................................................. X 1 2 555

When you were drinking, how much did you drink?

☐ Ask additional questions if needed, then if no history suggestive of problems with alcohol, check here and skip to Drug Abuse or Dependence, page 18.

Was there ever a time when you frequently had a drink before breakfast?........ X 1 2 557

Was there ever a time when, because of your drinking, you often missed work, had trouble on the job, or were unable to take care of household responsibilities (e.g., getting meals prepared, doing shopping)?.. ................. X 1 2 558

Did you ever lose a job because of your drinking?................................................................. X 1 2 559

Did you often have difficulties with your family, friends or acquaintances because of your drinking?............................ X 1 2 560

Were you ever divorced or separated primarily because of your drinking?........ X 1 2 561

Have you ever gone on a bender? [Definition: drinking steadily for 3 or more days more than a fifth of whiskey daily (or 24 bottles of beer, or 3 bottles of wine). Must have occurred 3 or more times.] ................................................................. X 1 2 562

Have you ever been physically violent while drinking? [Must have occurred on at least 2 occasions.] ................................................................. X 1 2 563

Have you ever had traffic difficulties because of your drinking – like reckless driving, accidents, or speeding?............................ X 1 2 564

Have you ever been picked up by the police because of how you were acting while you were drinking? [Examples: disturbing the peace, fighting, public intoxication. Do not include traffic difficulties.] ................................................................. X 1 2 565

Have you ever had blackouts? [Definition: memory loss for events that occurred while conscious during a drinking episode.]............................ X 1 2 566

Have you often had tremors (that were most likely due to drinking)?........ X 1 2 567

Have you ever had the DT’s? [Definition: Confusional state following stopping drinking that includes disorientation and illusions or hallucinations.]............................ X 1 2 568

Did you ever hear voices or see things that weren’t really there, soon after you stopped drinking? [Hallucinations – must have occurred on at least two separate occasions.] ................................................................. X 1 2 569
Have you ever had a seizure or fit after you stopped drinking? [In a non-epileptic.] X 1 2

Did a doctor ever tell you that you had developed a physical complication of alcoholism, like gastritis, pancreatitis, cirrhosis, or neuritis? [Include good evidence of Korsakoff's Syndrome — chronic brain syndrome with anterograde amnesia as the predominant feature] X 1 2

Had at least 2 of the items 553 - 571.

II Period of heavy drinking that lasted at least a month.

Has met the 2 criteria for Alcoholism.............................. YES

Current problem with drinking........................................ YES

Age started drinking heavily.............................................

Age stopped drinking heavily (leave blank if drinking heavily within the last 6 months).............................

DRUG ABUSE OR DEPENDENCE

Degree to which the use of some non-alcoholic substance is excessive or compulsive, causes physical symptoms or an alteration in mood or behavior, or interferes with performance of expected daily routines or duties (whether or not associated with episodes previously described). Medically prescribed drugs are excluded as long as the drug is medically indicated and the intake is proportionate to the medical need.

Have you ever taken anything on your own, for sleeping, or your mood, or to get high — like Dexedrine, Seconal or some other barbiturate?

Have you ever used marijuana, narcotics, LSD, or things like that?

(Have you used anything else to get high, lose weight, or stay awake?)

(Have you ever wanted to stop taking drugs but couldn’t?)

Skip to Drug Abuse or Dependence, below.
SADS-L

If there is any suggestion of Drug Abuse or Dependence inquire to determine information in the following areas: frequency of intake and duration; tolerance (need to increase dose to get same effect); signs of dependence or withdrawal; physical effects (e.g., coma); psychiatric symptoms (e.g., ideas of reference, paranoid delusions, aggressive behavior, loss of interest in usual activities); failure to meet responsibilities, such as work or with family; change in associations from predominantly non-using to predominantly drug using friends. Refer to the RDC to see the specific criteria for a diagnosis of Drug Use Disorder to guide the inquiry.

Rating of 4 or above on severity scale or meets the RDC criteria

No
Yes

Skip to Psychopathology Not Associated With Episodes etc., below.

Current problem with drugs

Age first problem with drugs

Age stopped using drugs heavily (leave blank if used drugs heavily within the last 6 months)

Note types involved in Drug Abuse or Dependence

- Narcotics (e.g., Heroin, Morphine, Demerol, Codeine, and other synthetic narcotics)
- Amphetamine-like substances, (e.g., Dexadrine, Preludin, Speed, Methamphetamine)
- Cocaine
- Sedatives, Hypnotics, Tranquilizers, (e.g., Seconal, Quaalude, Valium, Equanil)
- Cannabis derivatives (e.g., Marijuana, Hashish, Hashish Oil, THC)
- Hallucinogens (e.g., LSD, mescaline, psilocybin)
- Solvents (e.g., glue)

PSYCHOPATHOLOGY NOT ASSOCIATED WITH EPISODES OF MANIC OR MAJOR DEPRESSIVE SYNDROME OR NON-AFFECTIVE NON-ORGANIC PSYCHOSIS DESCRIBED PREVIOUSLY

If the subject has been judged to have had Subchronic or Chronic Schizophrenia or Subchronic or Chronic Schizo-affective Disorder, then check here and skip Primary/Secondary Distinction Within Major Depressive Disorder on page 37, because the disorders in the next section are of little diagnostic or prognostic significance in such patients.

In this section, the items refer to behavior which did not coincide with episodes of Major Depressive or Manic Syndrome or Non-affective Non-organic Psychosis described previously (nor did it occur within 2 months of the development or resolution of 1 of these episodes). Some of this behavior may be characteristics of most of the subject’s life, e.g., long-term personality features of anti-social behavior. Other behavior may include transient periods of symptomatology (such as periods of mild depression) not severe enough to qualify as episodes described in previous sections.

Since the conditions described in this section are often chronic and are not as clearly delineated as are the conditions described previously, the rater should keep in mind alternative diagnoses which might account for the symptoms. The rater will often find it necessary to ask more clarifying questions than are indicated in the guide to determine the appropriate diagnosis. If the differential diagnosis appears to be between conditions involving depressed mood, the rater should obtain an overview prior to inquiring for specific conditions.

The following sections contain criteria for conditions which often have a prominent disturbance of mood but do not have enough symptoms to meet the criteria for a full depressive syndrome for a sufficient period of time to meet the criteria for Major Depressive Disorder. For purposes of characterizing subjects using these sets of criteria, the following conditions should be considered mutually exclusive and of hierarchical importance in the order listed: Briquet’s Disorder (Somatization Disorder) or Cyclothymia Personality over Intermittent Depressive Disorder, Labile Personality, Minor Depressive Disorder, and Generalized Anxiety Disorder with Depression. The criteria for these conditions should guide the interview.

It is extremely important that the subject understands that you are not asking about behavior which was associated with one of the episodes previously described, including the period two months prior to and after the episode. If he acknowledges symptoms, clarify if they were or were not so associated each time before scoring them as present.

Now I am going to ask you questions about how you have been – aside from those periods of ........ that we have just discussed.

(How would you describe your mood most of the time?)
HYPOMANIC EPISODES. These are manic-like episodes that are not of sufficient intensity to meet the full criteria for Manic Syndrome. Sufficient information to score this section may have already been obtained.

☐ If the subject had 2 or more episodes of Manic Disorder, check here and go to Cyclothymic Personality, page 22, unless there is the possibility of a current Hypomanic Episode. Do not count cycling within an effective episode as different episodes.

There are 2 criteria.

I Has had 1 or more distinct periods lasting at least 2 days when the predominant mood was elevated (i.e., unusually good, cheerful, high, expansive), OR irritable (i.e., easily annoyed). Do not include if apparently due to alcohol or drug use. Note: This is frequently falsely rated as positive when the subject is merely describing feeling very good in contrast to periods of depression.

If has had Manic Syndrome: Have you ever had any other periods when you felt extremely good or high or irritable – but were not as severe as the other episodes we have discussed? Did it last at least 2 days?

If has not had Manic Syndrome: Did you ever have a period that lasted at least 2 days, when you felt extremely good or high – clearly different from your normal self? Did friends or your family think that this was more than just feeling good? What about periods when you felt very irritable and easily annoyed?

II Had at least 2 of the following symptoms associated with the most severe period of euphoric mood or 3 symptoms associated with the irritable mood (inquire for all symptoms). Do not include if apparently due to alcohol or drug use.

During the most severe period......

... were you more active than usual – either socially, at work, sexually, or physically restless?........................................... X 1 2

... were you more talkative than usual or felt a pressure to keep on talking?........ X 1 2

... did your thoughts race or did you talk so fast that it was difficult for people to follow what you were saying?........................................... X 1 2

... did you feel you were a very important person, had special plans, powers, talents or abilities (grandiosity)?........................................... X 1 2

... did you need less sleep than usual?........................................... X 1 2

... did you have trouble concentrating on what was going on because your attention kept jumping to unimportant things around you (distractibility)?.... X 1 2

... did you do anything foolish that could have gotten you into trouble – like buying things, business investments, sexual indiscretions, reckless driving?........................................... X 1 2

Number of definite symptoms = ______. If euphoric, criterion = 2; if irritable only, criterion = 3.

1  No (Skip to Cyclothymic Personality, page 22.)

2  Yes

Has met the 2 criteria for Hypomanic Episode. (Review criteria for Manic Syndrome before deciding if Manic or Hypomanic.)

*This is skipped in such cases because it has little prognostic significance and it is often difficult to obtain an accurate count in any case.
SADS-L

Best estimate of number of episodes (90 if too numerous to count).................................................................................................................................

Age at first episode..........................................................................................................................................................................................

Duration of longest episode in weeks....................................................................................................................................................

Currently in an episode..............................................................................................................................................................................

If yes, duration of present episode in weeks...........................................................................................................................................

CYCLOTHYMIC PERSONALITY. This category is for individuals who, since early 20's have met the following 3 criteria (not limited to discrete affective episodes). (Includes a person in his 20's who has been this way for at least three years.)

I Recurrent periods of depression lasting at least a few days alternating with similar periods of clearly better than normal mood and at least two associated symptoms such as those seen in hypomanic periods (with or without normal interval periods). The episodes are present since early 20's and are too numerous to count and as a consequence the subject is often not in a normal mood.

Since you have been an adult have you been the kind of person who often has a few days when you feel down or depressed and then at other times has a few days when you feel even better than normal or high? (Does your mood swing from high to low?) (Are you clearly more active during the high periods? Do you have a lot of energy?)

II Often not in normal mood.

Does that mean that much of the time you are either up or down?

III Changes in mood often unrelated to external events or circumstances.

Does your mood often change for no apparent reason?

Be sure to differentiate between Cyclothymic Personality and other chronic affective conditions with occasional hypomanic periods.

Has met the 3 criteria for Cyclothymic Personality

BRUQUET’S DISORDER (SOMATIZATION DISORDER). This is a chronic or recurrent polysymptomatic disorder that begins early in life, and is characterized by multiple somatic complaints not explained by known medical illness. While most people have various aches and pains and other physical complaints not explained by known medical illness, they will rarely mention them in a psychiatric interview. An essential feature of Briquet's Disorder (Somatization Disorder) is the readiness with which subjects with this condition will mention such symptoms. Subjects with Briquet’s Disorder (Somatization Disorder) usually have considerable depression and anxiety and therefore should not receive the additional diagnosis of a Minor or Intermittent Depressive Disorder, Generalized Anxiety Disorder, or Labile Personality.

There are 2 criteria.

I In the judgment of the rater, the subject has had a dramatic, vague, or complicated medical history with onset prior to age 28. (This judgment may be deferred until questions under criterion II are asked.)

What has your physical health been like? Have you had many illnesses? What about operations?

If reports poor health, inquire to determine the nature of the illness(es), what the doctors said was wrong, how early it started, number of systems involved, etc.

NO INFORMATION OR NOT SURE

0

No

1

Yes

2

Skip to Labile Personality, page 24.
For women a minimum of at least 1 reported manifestation in each of at least 5 of the following 6 groups is required. Since 1 of the groups of symptoms can only apply to women, 1 less group is required for diagnosing men. The rater need not obtain confirmatory evidence that the symptom was actually present, e.g., vomiting spells. The mere report of such by the patient is sufficient. However, only physical symptoms that in the judgment of the rater are not explained by some physical illness are considered significant. This judgment often will require asking additional questions about the presence of other symptoms, what treatment was given, what the doctor said was wrong, etc. In addition, physical symptoms that only occurred during periods of another psychiatric illness (e.g., Schizophrenia or Major Depressive Disorder) or that developed for the first time after the age of 40 should not be rated. Therefore, appropriate questions should be asked if needed to determine if the symptoms occurred at times other than during such an episode.

| Group 1. Subject believes that he has been sickly for most or a good part of his life. |
| Would you say that you have been sickly a good part of your life? |

| Group 2. Loss of sensation, loss of voice and unable to whisper, trouble walking, any other pseudoneurological conversion reaction (e.g., paralysis, blindness), or dissociative reaction (e.g., amnesia, loss of consciousness)............. |

| Group 3. Abdominal pain or vomiting spells (when not pregnant)............................... |

| Group 4. (Judged by the subject as occurring more frequently or severely than with most women) Dysmenorrhea, menstrual irregularity, or excessive menstrual bleeding..................... |

| Group 5. (For major portion of life after opportunities for a sex life.) Sexual indifference (uninterested in having sex), lack of pleasure during intercourse, or pain during intercourse............................................. |

| Have you usually been uninterested in sex, or been unable to enjoy sexual relations (with or without orgasm), or found intercourse painful? |

(Continued on next page.)
SADS-L

Group 6. Back pain, joint pain, pain in the extremities, or more headaches than most people.......................... .................................................................

Have you been bothered by back pain, joint pain, pain in your arms or legs, or more headaches than most people?

Criterion for Women - had 1 manifestation in at least 5 of the 6 groups................. YES

Criterion for Men - had 1 manifestation in at least 4 of the 6 groups...................... YES

Has met the 2 criteria for Briquet's Disorder (Somatization Disorder) (Skip to Panic Disorder, pg. 28) YES

☐ If met the criteria for Cyclothymic Personality, check here and go to Panic Disorder, page 28.

LABILE PERSONALITY. This category is for individuals who throughout most of their adult life characteristically have a pattern of affective lability, i.e., abrupt shifts from normal mood to one or more dysphoric affective states. The most common are depression, irritability, anger, and anxiety. Subjects with this condition may also have other episodic conditions superimposed on them. It is to be distinguished from Cyclothymic Personality, Briquet's Disorder (Somatization Disorder), Minor Depressive Disorder, and Intermittent Depressive Disorder. The shifts may or may not be related to precipitants.

There are 3 criteria.

1. Throughout most of adult life, has shown a pattern of affective lability, i.e., frequent abrupt shifts from normal mood to one or more dysphoric affective states, and back again (apparently not due to premenstrual tension). The affective changes which usually occur at least several times each month, usually last more rarely several days. (Includes a person in his teens who has been this way for at least three years.)

   [If has had Major Depressive Syndrome: You have already told me about those (number) times when you were (description of periods of Major Depressive Syndrome).] Now I want to know whether, for most of your life, you have been the kind of person whose mood often changes quickly from normal to bad, such as feeling depressed or angry, for a few hours or days and then returns to normal (apparently not due to premenstrual tension). (How long does it usually last?) (How often does this happen?)

2. Since early adulthood at least 3 of the following traits have been present to a noticeably greater degree than in most people and were not limited to discrete affective episodes of illness. Some of these traits may have to be judged on the basis of the rater's or other people's observations, not just the subject's self report.

   Would you say that you often........

   ... are easily disappointed, feel sorry for yourself or that you have been shortchanged?................................................................. X 1 2 670

   ... overreact to difficult situations?.............................................................. X 1 2 671

   ... make important decisions without thinking them over enough?...................... X 1 2 672

   ... are bothered by feeling inadequate?........................................................ X 1 2 673

   ... have difficulties getting along with people you are close to (such as breaking up, having arguments)?................................. X 1 2 674

   (Continued on next page.)
SADS-L

... are preoccupied with the bad aspects of your life or situation? ...........................

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<th></th>
<th>No info</th>
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<th>Yes</th>
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</thead>
<tbody>
<tr>
<td>X</td>
<td>1</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

Had at least 3 of the above symptoms or traits,

1
2

The chronic condition (other than a superimposed episode of another condition) has resulted in seeking or being referred for help from someone, taking medication, or impaired functioning.

- Has this interfered with your social life, work, or your ability to get things done?
- Have you taken medication for it?
- Did you ever seek help from someone because of it? (Were you ever referred for help?)

Has met the 3 criteria for Labile Personality and does not meet the criteria for Cyclothymic Personality, Briquet's Disorder (Somatization Disorder) nor Intermittent Depressive Disorder..........................

MINOR DEPRESSIVE DISORDER. This category is for nonpsychotic episodes or periods of illness of at least 1 week duration in which the most prominent disturbance is a relatively sustained mood of depression without the full Major Depressive Syndrome. (Do not include bereavement following the loss of a loved one if all the features are commonly seen in members of the subject's subcultural group in similar circumstances unless the design of the study calls for their inclusion.) This category is distinguished from Generalized Anxiety Disorder, in which there is a clear predominance of anxious mood, from Labile Personality, in which the depressed mood rarely lasts more than a few hours or days at a time, and from Intermittent Depressive Disorder, in which the subject is depressed much of the time without clear-cut episodes but feels normal some of the time. Minor Depressive Disorder may be chronic, i.e., a chronic mild depression without periods of normal mood. If the subject has had Minor Depressive Disorder for at least two years prior to the onset of a superimposed disorder, both disorders should be noted for the present illness and the duration noted for each. (See ROC.)

If the subject has had 2 or more episodes of Major Depressive Syndrome in the past, check here and go to Intermittent Depressive Disorder, page 27, unless there is a likelihood that he currently has Minor Depressive Disorder.

A period of Minor Depressive Disorder may be superimposed on another pre-existing psychiatric disorder, for example, Alcoholism, Phobic or Obsessive Compulsive Disorder. This category should be given as an additional diagnosis only if the depressed mood, by virtue of its intensity or effect on functioning can be clearly distinguished from the subject's usual condition. Sufficient information to score this section may have already been obtained.

There are 3 criteria.

1

Has had an episode of illness of at least 1 week duration, in which relatively persistent depressed mood dominated the clinical picture (or was coequal with anxiety). The depressed mood may be described as depressed sad, blue, hopeless, low, or down in the dumps.

- If has had only 1 episode of Major Depressive Syndrome: Have you ever had any other periods that lasted at least 1 week when you were bothered by feeling depressed, sad, blue, hopeless, down in the dumps, that you just didn't care anymore - but that were not as severe as the other episode(s) that we discussed?

- If has not had Major Depressive Syndrome: Did you ever have a period that lasted at least 1 week when you were bothered by feeling depressed, sad, blue, hopeless, down in the dumps, or that you just didn't care anymore?
II Sought or was referred for help from someone, took medication, or had impaired functioning socially, with family, at home, or at work during the depressive period, OR if the episode was superimposed on another condition (e.g., Alcoholism), the depressed mood could be clearly distinguished from the subject's usual condition by virtue of its intensity or effect on functioning.

During that time did you seek help from someone, like a doctor, or minister, or even a friend? ... or did anyone suggest that you seek help? ... did you take any medication? ... did you act differently with people, your family, at work?

III Has had at least 2 of the following symptoms associated with most severe period of depressed mood. (Note: The first 8 are the same as in Major Depressive Syndrome.)

During the most severe period were you also bothered by ....

... poor appetite or weight loss, or increased appetite or weight gain? ..................

... trouble sleeping or sleeping too much? ........................................ ..........................

... loss of energy, easily fatigued, or feeling tired? ...........................

... loss of interest or pleasure in your usual activities or sex? ..............

... feeling guilty, worthless, or down on yourself? ..............................

... trouble concentrating, thinking, or making decisions? ......................

... thinking about death or suicide (did you attempt suicide)? ........... ..........................

... being unable to sit still and have to keep moving or the opposite — feeling slowed down and having trouble moving? ...........................

... crying? ........................................................................

... thinking about things with a pessimistic outlook? ............................

... brooding about unpleasant things that happened? ............................

... feeling inadequate? ................................................................

... feeling resentful, irritable, angry? .............................................

... needing reassurance or help from somebody (demandingness, or clinging dependency)? ........................................

... feeling sorry for yourself (self-pity)? .............................................

... physical complaints that didn’t seem to be caused by any particular physical illness? ........................................

IIII Has had at least 2 symptoms. If yes, review the criteria for Major Depressive Disorder and Intermittent Depressive Disorder to make sure that the episode should not be classified there.

How much of the time have you felt this way during the past two years?

(Inquire for intermittent patterns, episodic patterns, or chronic persistent patterns.)

IIII Has met the 3 criteria for Minor Depressive Disorder and does not meet the criteria for Cyclothymia Personality, Intermittent Depressive Disorder, or Labile Personality.
INTERMITTENT DEPRESSIVE DISORDER. This category is for individuals who for at least the past 2 years (or for at least 2 years prior to the development of the current episode of illness if it is a condition other than Intermittent Depressive Disorder) have been bothered by depressed mood and some associated features much of the time with intermittent periods of normal mood lasting from a few hours or days to a few weeks. This category is distinguished from Minor Depressive Disorder in which there are clear-cut episodes of sustained depressed mood preceded (and followed) by normal mood of at least 2 months duration with relatively clear-cut onset and offset. It is distinguished from Labile Personality, in which the depressed mood rarely lasts more than a few hours or days and the mood changes are abrupt in onset, and from Cyclothymic Personality, in which there is a pattern of cycling from depression to better than normal mood.

It is possible for a subject with previous clear-cut episodes of Major or Minor Depressive Disorder to then develop this condition, in which case both the previous disorder and the current disorder should be noted. It is also possible for a subject with this condition to develop another condition such as an episode of Major Depressive Disorder, Manic or Hypomanic Disorder, Schizoaffective Disorder, Alcoholism, etc., in which case both diagnoses should be given.

There are 4 criteria.

I Has been bothered by depressed mood (sad, blue, hopeless, low, down in the dumps and some associated features), to a noticeably greater degree than most people, much of the time during the past 2 years or the 2 years prior to the development of the current episode.

Have you been bothered by feeling depressed or low much of the time (for the past 2 years, the 2 years prior to ....)? How much of the time have you felt this way?

II Frequent intermittent periods of normal mood of a few hours, days, or weeks.

During this time when you have been depressed much of the time, have you had periods when you felt alright, or even good, for a few hours, days, or weeks at a time? Or have you felt constantly depressed for the entire period?

II Has had at least 2 of the associated symptoms listed in criterion III of Minor Depressive Disorder when feeling depressed.

When you were feeling depressed were you also bothered by ..... (name items in criterion III of Minor Depressive Disorder, page 26)?

IV Sought or was referred for help from someone, or took medication, or had impaired functioning socially, with family, at home, or at work during the depressive period.

Did you seek help from anyone, like a doctor or minister, or even a friend? ... or did anyone suggest that you seek help? ... did you take medication? ... did you act differently with people, your family, or at work?
SADS-L

Has met the 4 criteria for Intermittent Depressive Disorder and does not meet criteria for Cyclothymic Personality.

Age when first apparent

Duration of current period in years (to nearest year). (If currently has another disorder, indicates the duration of the period of intermittent depressive symptoms prior to the development of the current disorder.)

PANIC DISORDER. This category is for nonpsychotic episodes of illness in which the most prominent disturbance is panic attacks. This category is distinguished from Generalized Anxiety Disorder in which there is anxiety but without frequent panic attacks.

There are 4 criteria.

1. Has had panic attacks, i.e., circumscribed episodes of intense fear or apprehension with sudden onset, not associated with physical exertion or life-threatening situations AND accompanied by at least 2 of the following symptoms. (Do not include if lasts most of the day or if limited to a circumscribed phobic stimulus (e.g., sees dog)).

   Have you ever had panic attacks or anxiety attacks when you suddenly felt very frightened and had physical symptoms like...? (When does this happen?)

   - Shortness of breath (dyspnea)?
   - Palpitations?
   - Chest pain or discomfort?
   - Choking or smothering feelings?
   - Distress, or as if the world were spinning (vertigo) or as if things were unreal?
   - Tingling (paresthesias)?
   - Sweating?
   - Faintness?
   - Trembling?
   - Fear of dying, going crazy, or losing control during the attack?

   Had intense fear or apprehension and at least 2 symptoms.

2. Has had at least 3 panic attacks, distributed over a 3 week period. (Thus, 3 panic attacks occurring during a 2 week period or 1 attack each month for 3 months do not qualify.)

   Have you had at least 3 of these?

   (When did they occur?)

3. Nervousness apart from the anxiety attacks over the 3 week period.

   Were you nervous much of the time between attacks?
Sought or was referred for help from someone, took medication, abused alcohol or drugs, or had impaired functioning during the episode of illness.

Did you seek help from anyone, like a doctor or minister, even a friend, or did anyone suggest that you seek help? ... or take any medication?

Did they (panic attacks) affect your functioning in any way – socially, your family, your work?

Has met the 4 criteria for Panic Disorder........................................... Yes

Age when first met criteria........................................... —

Duration of longest episode in weeks........................................... —

Currently in an episode........................................... Yes

If yes, duration of current episode in weeks.............. —

Stimulus situation evoking panic attacks........................................... 1 The same situation or types of situations for most of the attacks (e.g., elevators, crowds)

2 Not clearly 1 or 3

3 No particular type of situation, attacks seem to occur spontaneously or to a variety of different stimulus situations

If has had Briquet's Disorder (Somatization Disorder), check here, skip Generalized Anxiety Disorder and go to Obsessive Compulsive Disorder, page 30.

GENERALIZED ANXIETY DISORDER. This category is for nonpsychotic episodes of illness in which the most prominent disturbance is generalized anxiety without the frequent panic attacks that characterize Panic Disorder or the full Major Depressive Syndrome that characterizes Major Depressive Disorder. It may be considered as an additional diagnosis if it was not limited to the 2 months prior to or after those disorders. This category is distinguished from all of the depressive disorders, in which there is a clear predominance of the depressed mood.

There are 3 criteria.

I Has had an episode of illness of at least 2 weeks duration in which relatively persistent generalized anxious mood dominated the clinical picture. The anxious mood may be described as anxious, nervous, jittery, tense, restless, or "uptight."

Have you had periods of at least 2 weeks when you felt anxious or tense (jittery, nervous, restless, "uptight") most of the time?

II Anxious mood associated with at least 1 of the following:

During the most severe period were you bothered by....

...difficulty falling asleep?.................................................................

(Continued on next page.)
SADS-L

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<td>X</td>
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<td>2</td>
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</table>

Had at least 1 of the above symptoms when anxious.

III Sought or was referred for help from someone, took medication, had impaired functioning socially, with family, at home, or at work during the period of illness. OR, if the episode of illness was superimposed on another condition(e.g., Alcoholism) the anxious mood could be clearly distinguished from the subject’s usual condition by virtue of its intensity or effects on functioning.

Did you seek help from anyone, like a doctor or minister, or even a friend? ... or did anyone suggest that you seek help? ... or did you take any medication?

Did it (anxious mood) affect your functioning in any way – socially, your family, your work?

Has met the 3 criteria for Generalized Anxiety Disorder...YES

Age when first met criteria...

Duration of longest episode in weeks...

Currently in an episode...YES

If yes, duration of current episode in weeks...

Current episode associated with significant depression although anxiety is predominant...YES

OBSESSIVE COMPULSIVE DISORDER. This category is for nonpsychotic episodes of illness in which the most prominent disturbance is either obsessive or compulsive symptoms.

Contrary to the standard definition of a compulsion, the definition here includes all repetitive behavior, even if not “ego alien” if it meets the following criteria: it is purposeful, rather than just a series of movements; it is usually performed in accordance with rules or in a stereotyped fashion; it is not an end in itself but it is designed to bring about or prevent some future state of affairs; and the activity is not connected to the state of affairs it is designed to bring about by a rational justification or the activity is unreasonably excessive (in the view of the observer). Note: Certain activities that are inherently or potentially pleasurable, even when ego alien, such as compulsive eating, sexual behavior, picking at hair or skin, gambling or drinking, should not be included here.

True obsessions, as distinguished from obsessive brooding or rumination, are usually stereotyped, repetitive words, ideas, or phrases, the content of which is seemingly meaningless to the subject. In contrast, obsessive brooding or rumination usually takes the form of organized thinking about real or potentially unpleasant circumstances or events. The fact that the subject recognizes that his obsessive brooding is dispropor-

(Continued on next page.)
tionate to the circumstances does not make the disturbance in thinking a true obsession. The most common forms of compulsions involve hand washing, counting, checking, and touching. The most common forms of obsessions are senseless and repetitive thoughts of violence, contamination, and doubt.

There are 2 criteria.

1. Has obsessions or compulsions, which are defined as recurrent or persistent ideas, thoughts, images, feelings, impulses, or movements which generally are accompanied by a sense of subjective compulsion and a desire to resist the event which is usually recognized by the individual as foreign to his personality or nature, i.e., "ego alien."

   How about being bothered by thoughts that kept coming back to you, that didn't make sense, that you couldn't get rid of or put out of your mind?

   Have you ever had to repeat some act over and over which you could not resist repeating — like constantly washing your hands, counting things, or checking on things?

2. The obsessions or compulsions or reactions to them resulted in either seeking or being referred for help from someone, taking medication, or impaired functioning socially, with family, at home, or at work.

   What effect did these (obsessions, compulsions) have on you? Did you seek or get referred for help, or take any medication because of ...? Did (obsessions, compulsions) affect your functioning in any way — socially, your family, your work?

Has met the 2 criteria for Obsessive Compulsive Disorder

Age when first met the criteria

Duration of longest episode in weeks

Currently meets the criteria

If yes, duration of current episode in weeks

Predominant symptoms

PHOBIC DISORDER. This category is for nonpsychotic episodes of illness in which the most prominent disturbance is phobic avoidance. Usually the avoidance is recognized as unreasonable. In some cases, however, subjects avoid situations because they anticipate overwhelming anxiety or some other strong emotions, and thereby claim their avoidance is rational. Irrational fears without a tendency to avoid specific situations are not phobias, e.g., most "cancer phobias."

There are 2 criteria.

1. Persistent and recurring irrational fears of a specific object, activity or situation which the subject tends to avoid.

   Have there been times when you were afraid of something or some particular situation — like crowds, certain animals, heights, or being closed in? (What about being afraid of certain things — like being alone, going out alone, or certain ways of traveling?) (Did you go out of your way to avoid......?)
The phobic symptom(s), reactions to them, or behavior to avoid them, has resulted in either impairment in functioning, taking medication, or seeking or being referred for help from someone.

What effect did this have on you?

Did you seek or get referred for help? ... or take any medication?

Did (phobic symptom) affect your functioning in any way - socially, your family, your work?

Has met the 2 criteria for Phobic Disorder

Age when first met criteria

Duration of longest episode in weeks

Currently meets criteria

If yes, duration of current episode in weeks

Type of phobias (circle most prominent):

1. Agoraphobia: Fear of leaving familiar setting of the home. Usually there are multiple fears including fears of traveling, crowds, closed spaces, stores, heights, with progressive restriction of activities. Usually associated with Panic Disorder.

2. Social phobias: Fears of situations involving other people not associated with leaving home. Most common are fears of public speaking, blushing, eating in public, writing in front of others, or using public lavatories.

3. Simple phobias: Single nonsocial phobias not associated with fear of leaving the home. The most common are of animals, particularly reptiles, insects, and rodents.

4. Mixed: Not clearly any of the above.

ANTISOCIAL PERSONALITY. This category is for subjects with a chronic or recurrent disorder characterized by a failure to conform to social norms in many areas, always beginning before the age of 15 and persisting into adulthood, in the absence of severe mental retardation. The diagnosis should not be made in individuals below the age of 15.

If the subject has had a serious alcohol or drug problem, score as present only those manifestations of Antisocial Personality which cannot be clearly attributed to the alcohol or drug problem. Limit to a period of Manic Disorder, a depressive disorder, any other episodic disorder, or physical illness.

There are 4 criteria.

Since age 15, poor occupational performance over several years as shown by at least 1 of the following (Note: All of this information should have already been obtained). Note: Poor performance in school for the last few years of school may substitute for this criterion in individuals who, by virtue of their age or circumstances, have not had an opportunity to demonstrate their occupational adjustment.

Since you started working have you changed jobs a lot (yes, if 3 or more jobs in 5 years, not accounted for by either the nature of the job, or economic or seasonal fluctuations)?

Have you had periods when you were not working (yes, if a total of 6 months or more during 10 years when expected to work and not due to physical illness)?

Did you miss a lot of time when you were working (yes, if absenteeism involved an average of 3 days or more per month when either late or absent)?
**SADS-L**

<table>
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<tr>
<th>Question</th>
<th>No</th>
<th>Info</th>
<th>Yes</th>
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<tbody>
<tr>
<td>Had at least 1 of the above items (or poor performance in school)</td>
<td>1</td>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>2 Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 No (Skip to Personality Traits etc., page 34.)</td>
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<tr>
<td>II Onset in childhood as indicated by a history of 3 or more of the following (at least 1 beginning before age 15):</td>
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<tr>
<td>When you were younger...</td>
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<tr>
<td>... did you play hookey from school a lot (more than once per year for at least 2 years not including senior year of high school)?</td>
<td>X</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>... were you ever expelled from school?</td>
<td>X</td>
<td>1</td>
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<tr>
<td>... did people expect you to make better grades than you did (yes, if academic achievement below level expected on the basis of rater's judgment of likely IQ level)?</td>
<td>X</td>
<td>1</td>
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<tr>
<td>... were you always breaking the rules at school or home?</td>
<td>X</td>
<td>1</td>
<td>2</td>
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<tr>
<td>... were you arrested or sent to a juvenile court because of something you had done?</td>
<td>X</td>
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<td>... did you run away from home overnight (at least twice while living in a parental or parental substitute home)?</td>
<td>X</td>
<td>1</td>
<td>2</td>
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<tr>
<td>... did you lie a lot?</td>
<td>X</td>
<td>1</td>
<td>2</td>
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<tr>
<td>... did you drink a lot before most of the other (boys, girls) of your age?</td>
<td>X</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>... did you steal things?</td>
<td>X</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>... did you break windows, destroy property (vandalism)?</td>
<td>X</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>... did you start having sex long before most of the other (boys, girls) of your age (yes, if unusually early or aggressive sexual behavior)?</td>
<td>X</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Had at least 3 items, at least 1 of which began before age 15.</td>
<td>1</td>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>2 Yes</td>
<td></td>
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<tr>
<td>III At least 2 of the following since age 15</td>
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<tr>
<td>Since age 15 have you...</td>
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<tr>
<td>... been arrested (yes, if 3 or more serious arrests)?</td>
<td>X</td>
<td>1</td>
<td>2</td>
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<tr>
<td>... been divorced or separated (yes, if 2 or more divorces and/or separations whether legally married or not)?</td>
<td>X</td>
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<td>2</td>
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<tr>
<td>... gotten into fights (physical)?</td>
<td>X</td>
<td>1</td>
<td>2</td>
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<tr>
<td>... often gotten drunk every week?</td>
<td>X</td>
<td>1</td>
<td>2</td>
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<tr>
<td>... often not paid debts or taken care of other expected financial responsibilities (e.g., child support)?</td>
<td>X</td>
<td>1</td>
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<tr>
<td>... ever had a period of time when you had no permanent residence or wandered from place to place with no pre-arranged plans (other than vacations)?</td>
<td>X</td>
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</table>
SADS-L

Had at least 2 items.

IV There is some evidence of a markedly impaired capacity to sustain lasting, close, warm, and responsible relationships with family, friends, or sexual partners. (Thus, individuals who demonstrate the capacity for this kind of relationship are not given this diagnosis.)

Is there anyone that you really feel very close to?
Anyone else?

How long have you felt this way?

Do you help them out when they have problems?

Do you keep the same friends for a long time?

Use these 4 criteria for Antisocial Personality......

- No
- Yes

0 No information or not sure
1 No
2 Yes

Skip to Personality Traits etc., below
OTHER PSYCHIATRIC DISORDER. This category is for psychiatric conditions which cannot be classified in any of the previous specific diagnoses and which do not appear to be part of a prodromal period or residual symptom of a specific disorder. It is possible for a subject to have a period of illness which is considered Other Psychiatric Disorder followed or preceded by an episode which can be diagnosed as one of the other specific diagnoses.

There are 2 criteria.

1 One of the following is required:

- The clinical picture suggests a specific disorder not covered in this instrument (e.g., Anorexia Nervosa, Transsexualism, Paranoid Personality) ........................................

- One or more of the disorders covered is suspected but the symptoms are too minimal to meet the criteria ...........................................................................................................

- The chronology of important symptom clusters is not known, e.g., Alcoholism and hallucinations and lack of knowledge as to which came first .........................

- There is inadequate information about the phenomenology to establish a specific diagnosis ..........................................................

- A known organic factor is a likely etiology, e.g., alcohol abuse, amphetamine intoxication, ingestion of a hallucinogen, fever ..................................................

  (Continued on next page.)
SADS—L

At least 1 of the above is true.

11 The condition was of sufficient severity that it resulted in either seeking or being referred for help from someone, taking medication (other than occasional night-time hypnotic for insomnia), or caused impairment in functioning socially, with family, at home, at school, or at work.

Has met the 2 criteria for Other Psychiatric Disorder

Age at first episode or when first evident...

Currently in an episode or currently evident...

If yes, duration of current condition in weeks...

1 No
2 Yes

0 No information or not sure
1 No
2 Yes

Skip to Schizotypal Features, below.

YES

YES

(If true during most of life — note 999)
Appendix B
Supplementary Items

1. **SADS-L item**
   Extent to which subject's long-term personality can be described as cheerful, optimistic, enthusiastic, energetic, active, ambitious, and involved with people and activities:

Would you describe yourself as a cheerful, optimistic person? More enthusiastic than most people? Have a lot of drive and ambition? Being more energetic and active than most people? Do you enjoy getting involved with people and activities more than most people?

1. Not at all
2. To a minor extent (1 or 2 traits)
3. To only some extent
4. To a considerable extent
5. To a marked extent
6. To an extreme degree

2. How would you describe your usual mood?

3. Compared to your peers, what percentile would you say you fall in with respect to the following traits (top 1% = highest, bottom 1% = lowest):
   a. energy and activity
   b. positive mood
   c. extraversion, outgoingness
   d. self-confidence, optimism
   e. talkativeness
   f. impulsivity
   g. ambition
   h. need for sleep
   i. how hard you work
   j. sex drive (or interest in sex)
   k. enthusiasm, cheerfulness

4. Have you ever done things to call attention to yourself? What?

5. Have you felt you were odd or different from others? How?

6. What are your hobbies, spare-time interests?

**Note:** Remember to get percentage of time for each hypomanic behavior in interview.

**Akiskal criteria:**
   a) irritable, cheerful, overoptimistic, or exhuberent
   b) vigorous, full of plans, improvident, and rushing off with restless impulse
   c) naive, overconfident, self-assured, boastful, bombastic, or grandiose
   d) uninhibited, stimulus-seeking, or promiscuous
   e) warm, people-seeking, and extroverted
   f) overtalkactive
   g) overinvolved and meddlesome
Appendix C
The following interview guide should be used as an AID in obtaining information about the index subject's first degree biological relatives over the age of 14. The interviewer must be very flexible in deciding which questions should be asked and if it is necessary to continue with the interview regarding a particular relative. The questions should be asked for each relative in turn to assure that none is overlooked. (Obviously, the appropriate name or sex should be used.) Inquiry regarding siblings and children should proceed by birth order within the family. Follow-up questions should be asked whenever there is evidence of psychopathology and the interviewer should be familiar enough with the specific criteria of the diagnoses to ask the necessary clarifying questions. Notes should be made to aid later in summarizing.

INTERVIEW GUIDE:

How old is (name)? (How old was he when he died? What was the cause of his death?) Has he ever had any emotional or psychiatric problems? What was he like? Was he ever treated for these? Did he take medication, have ECT, (other somatic therapy)? Was he ever hospitalized? (How many times?) Was he ever unable to work (take care of the house, go to school) because of these problems? What kinds of symptoms did he have? Did he ever attempt suicide? (Try to obtain a full description of the episodes of illness including course, symptoms, outcome, interval functioning.)

Clarity by asking the following questions for each area with appropriate modification depending upon information already available.

Depression: Did he ever have a period of more than 2 weeks when he was depressed, felt sad, down in the dumps, didn't care about anything, was guilty, or some other bad mood like being anxious, irritable, or worried? Did he have any problem with his appetite, sleep too much or too little, have a loss of energy? Did he lose or gain weight, pace or wring his hands, or move and speak slower than usual? Did he withdraw socially?

If yes: determine nature of mood and associated symptoms; if he was treated; degree of impairment; and the course of the illness; and other symptoms at the time which might suggest Schizo-affective Disorder.

Mania: Did he ever have a period of at least a week when he felt euphoric, high, on top of the world or was impatient and irritable? How long did it last? Was he more active, sociable, or energetic than usual? Was he more talkative or did he jump from one idea to another? Did he have decreased need for sleep? Did he feel he had special abilities or powers or that he could accomplish great things? Did he get involved in many activities or become more active at work, socially, or sexually? Did he show poor judgment such as spending a lot of money or going into bad business ventures?

If yes: determine nature of mood and associated symptoms; if he was treated; degree of impairment and course of the illness; and other symptoms at the time which might suggest Schizo-affective Disorder.

Schizophrenia or Schizo-affective Disorder: Did he ever have unusual ideas or beliefs (clarify to determine if they are delusions)? Did he feel controlled by outside forces? Did he hear voices or see visions? Did he behave strangely or dress strangely? Did he speak in such a way that no one could understand what he was saying?

It is important to try to clarify the nature of the delusions or hallucinations. The course of the illness should be determined especially as to the degree to which the patient was left with social withdrawal, deterioration in functioning, lack of normal effect, or failure to return to the previous level of functioning. The nature of the onset of the period of illness, insidious as compared to fairly sudden, should be clarified.
Alcoholism: Did he ever have a problem with drinking? (How long, how often?) Did he have any legal problems like being arrested or losing his driver's license? Did he have any problems with his health, like OT's, blackouts, cirrhosis, gastritis? What about problems in his marriage or with his family? Did it cause any problems with his work (ability to keep house)? Did he lose jobs or have to give up some kind of work? Has he ever treated for alcoholism, such as with antabuse, hospitalized, or attending AA or some other group for alcoholism? What about fights, losing friends?

Drug Use Disorder: Did he use drugs such as marijuana, LSD, heroin, amphetamines, sleeping pills, or anything like that? Did he have any problems because of this? What about legal problems, having to steal to get money for drugs, or arrested for selling drugs? Did he have any problems with his health, such as infectious hepatitis, or withdrawal symptoms when he couldn't get drugs? Any problems in his marriage or with his family because of his drug use? What about problems holding a job or at work or in taking care of his home?

Antisocial: Was he ever arrested or in prison? Did he get into fights? What about stealing? When he was young did he run away from home, get expelled from school or was he often truant? Did he lie a lot? Was he out of work a lot? What about changing jobs because he was fired or quit? Was he divorced 2 or more times or did he desert his family or frequently attack his wife?

If yes to 3 of the criteria: Make sure it began before age 15 and has persisted several years past age 15 and was not limited to a period of another illness (such as Mania).

Other Symptoms: If it is not already apparent, clarify if he had some psychiatric symptoms which do not fit into the criteria for a specific diagnosis. Was he a "nervous" person? Did he have special fears or certain things he had to do just right? Was he very distrustful of other people? Did he stay by himself most of the time? Did he behave peculiarly or do strange things? Did he lose his jobs frequently because of emotional problems? Was he impulsive or did he decide to do things that were unrealistic? Did he have problems with other people because of his behavior or attitude?
Father:

Mother:

Siblings:

Children:
FAMILY HISTORY CUE SHEET

Seen a doctor, counselor, therapist, taken medication or hospitalized for emotional or nervous problems

Felt depressed, sad, or worried for 2 weeks or more
  Sleeping problems
  Poor appetite or change in weight
  Tired all the time
  Didn't care about anything
  Felt guilty
  Thoughts about death or suicide
  Moved or talked slower than usual
  Withdraw socially

Felt too good or high or irritable for a week or more
  Too active or energetic
  Talked too much or too fast, hard to interrupt
  Needed less sleep than usual
  Felt like a special or important person
  Spending sprees or risky business ventures

Unusual beliefs or ideas
  Heard voices
  Saw visions or things that weren't there
  Felt controlled by outside forces
  Acted strangely or dressed oddly
  Talked strangely, so hard to understand

Problems with drinking
  Problems with family or at work
  Arrested because of drinking, like driving while intoxicated
  Health problems because of drinking

Problems with drugs
  Overuse of sleeping pills or tranquilizers
  Overuse of prescribed drugs
  Street drugs

Problems with people
  Ever arrested
  Fighting
  Stealing
  Played hookey
  Lying
  Losing or changing jobs often
  Divorced 2 or more times or bad family problems

Other problems
  Suicide attempts
  Nervous
  Special fears
  Excessive concern with routines or certain things he had to do just right
  Suspicious of people
  Staying alone most of the time
Appendix D
Appendix D
Name: ___________________________ Interviewer: ___________________________
Code Number: _______________________ Date: _______________________
Sex: M F

*When were you born?

*Are you currently married? For how long?

*Have you had any previous marriages? How many?

*Do you have any children? How many?

*How far did you go in school?

*Do you work? (Note current job and duration)

*Do you have any serious medical conditions? What?

*Are you taking any medications? What?

*Has anyone close to you died or experienced a very serious illness in the past year? (Note person, date, and circumstances)

*Briefly describe your personality, what you are like as a person. ______________________________________

____________________________________

*I'm going to ask you a series of questions about your personality—how you usually feel, think, and behave. I'm going to start off by asking about your feelings and moods, and the thoughts and behaviors which go along with them. Then we'll talk about some other aspects of your personality and background. Everybody experiences a wide range of feelings and moods, times when they are down in the dumps, happy, anxious, relaxed, irritable, etc. I want to find out more about what these feelings are like for you, how you express them, how you feel about them, how often you have them, how long they last, and what causes them.
Depression

*Have you ever had a period of one week or more when you felt depressed, sad, blue, or down in the dumps? How about a period of a week or more when you felt irritable, or like you just didn't care about anything? When you have times like this, what is it like for you? Does it get so bad you can't stand it? Does it come and go, or is it almost constant? How often do you feel this way? How long does it last?

*(Rate intensity of depressed mood when it was at its worst during the S's longest period of depression):

1. Not depressed
2. Slight; Occasionally feels sad or down
3. Mild; Often feels "somewhat depressed "blue", or "downhearted"
4. Moderate; Most of the time feels "depressed".
5. Severe; Most of the time feels "wretched", can hardly stand it

*(If S has not experienced a week-long episode of depression skip to the next *)

Have you ever had a period in which you were depressed for at least 2 weeks?  Yes No
At least 4 weeks?

How many times have you had periods of at least 2 weeks when you were depressed or down? When were they? (Note all week periods):

Was anything special going on at these times? Any major changes in your life? Anything stressful? What?

(Rate the following items for the worst period during the S's most severe episode of depression lasting at least one week):

At this time:

*Did you feel apathetic, have less interest in, or get less pleasure from things which you usually enjoyed like friends, family, work hobbies, eating, sex, reading, going to movies, or watching T.V.?

What things did you have less interest in or get less pleasure from?
What things did you still enjoy? Were there things you enjoyed as much as usual?

(Note areas of decreased interest or pleasure): Friends Family Work Eating Sex Hobbies Nature Self-care Reading Movies or T.V.

Did you feel less interest or pleasure in these things almost every day for at least 2 weeks?  Yes No
Did you have less physical energy to do things than usual? Feel tired and worn out, rundown, fatigued, most of the time?

Almost every day for at least two weeks?

Did you have trouble sleeping for at least 2 nights in a row? Trouble falling asleep? Waking up in the middle of the night? Waking up early in the morning before it was time to get up? How long did it take to fall asleep? How much earlier did you wake up?

(Note type of insomnia):

Almost every day for at least two weeks?

Did you sleep more than usual for at least 2 days? How much more, including naps? How much sleep do you usually get? Did you go back to sleep or reset the alarm? Take long naps during the day?

Almost every day for at least 2 weeks?

How was your appetite? Did you eat less than usual? Did you have to force yourself to eat? Did you lose any weight? How much?

Appetite decreased almost every day for 2 weeks?

Did your appetite increase? Did you eat more than usual? Did you gain weight? How much?

Increased appetite almost every day for 2 weeks?

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you have less physical energy to do things than usual?</td>
<td>Not at all</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Possibly less energy</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Definitely less energy or more tired than usual</td>
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<tr>
<td></td>
<td>Almost always tired and without energy, spends a lot of time resting</td>
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<tr>
<td>Did you have trouble sleeping for at least 2 nights in a row?</td>
<td>No trouble</td>
<td></td>
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<tr>
<td></td>
<td>Occasionally has slight trouble</td>
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<tr>
<td></td>
<td>Often has at least 1 hour insomnia</td>
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<tr>
<td></td>
<td>Often has at least 2 hours insomnia</td>
<td></td>
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<tr>
<td>Did you sleep more than usual for at least 2 days?</td>
<td>No more than usual</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Occasionally sleeps more than usual</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Frequently sleeps at least 1 hour more than usual</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Frequently sleeps at least 2 hours more than usual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How was your appetite? Did you eat less than usual?</td>
<td>No change in appetite or weight</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Slight decrease in appetite or lost 1-4 lbs.</td>
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<td></td>
<td>Moderate decrease in appetite or lost 5-10 lbs</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Severe decrease in appetite and has to force self to eat or loss of over 10 lbs</td>
<td></td>
<td></td>
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<tr>
<td>Did your appetite increase? Did you eat more than usual?</td>
<td>No change in appetite or weight</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Slight increase in appetite or gained less than 5 lbs</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Mild-moderate increase in appetite or gained 5-10 lbs</td>
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<td></td>
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<tr>
<td></td>
<td>Hungry all the time or gained over 10 lbs</td>
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</tbody>
</table>
Did you have trouble concentrating, thinking, or making everyday decisions? Was your thinking slowed down or muddled? Did it affect your work? How about other activities (e.g., TV, holding a conversation)?

1. Not at all
2. Occasionally has slight difficulties
3. Definite difficulties, but does not interfere with activities
4. Interferes with work or other activities

(Note type of difficulty):

Concentration Decisions Slowed thinking

Almost every day for at least 2 weeks?

Did you feel guilty or ashamed, or blame yourself for anything you had done or not done, or feel like you'd done something wrong? Did you feel like you'd let people down or deserved to be punished or that you were a bad person?

1. Not at all
2. Occasional, mild self-blame
3. Often feels guilty about past actions, the significance of which is exaggerated
4. Pervasive feelings of intense guilt or generalized feelings of self-blame in most situations

Almost every day for at least 2 weeks?

Did you get down on yourself and feel inadequate, worthless or like a failure? Completely lose confidence in yourself?

1. Not at all
2. Occasional feelings of inadequacy
3. Often feels somewhat inadequate
4. Often feels like a failure or worthless

Almost every day for at least 2 weeks?

Were you slowed down physically, unable to move as quickly? Did it feel like you were moving in slow motion? Did you find it hard to start talking, talk a lot less or softer than usual? Was your speech slowed down? Was it harder to get started doing things than usual? Did things seem to take a lot longer to get done? Did other people notice the change? (Distinguish from loss of interest or lack of energy and fatigue.)

1. Not at all
2. Slight
3. Mild; conversation was noticeably retarded, but not strained
4. Moderate-marked; conversation was strained or moved very slowly

Did this ever last for at least one week?

Almost every day for at least 2 weeks?

(Slowed speech Increased latency Talk less Slowed movement Decreased efficiency)

(Note manifestations):
Were there times of at least a few days when you felt very restless or agitated or were unable to sit still? Did you feel like you always had to be moving or pacing? Did you wring your hands or pull on your clothes or hair, or shout and complain loudly to people around you?

Almost every day for at least 2 weeks?

When a person feels depressed or hopeless, they may think about dying or even suicide. Did you? Have you ever felt as if you'd be better off dead? Wish you just wouldn't wake up in the morning? Think about how you might attempt suicide? How close did you come to actually making an attempt?

Was the feeling of depression qualitatively different from the usual feelings you would have following the death of someone close (or if something bad happened)? How was it different?

1. Not at all
2. Slight
3. Mild; unable to sit quietly in a chair
4. Moderate-Marked; paced a great deal, almost constantly moving

Yes No

When a person feels depressed or hopeless, they may think about dying or even suicide. Did you? Have you ever felt as if you'd be better off dead? Wish you just wouldn't wake up in the morning? Think about how you might attempt suicide? How close did you come to actually making an attempt?

1. Not at all
2. Fleeting thoughts of death
3. Frequent thoughts of death or occasional thoughts of suicide
4. Frequent suicidal thoughts or a plan
5. Attempted suicide

Was the feeling of depression qualitatively different from the usual feelings you would have following the death of someone close (or if something bad happened)? How was it different?

1. No difference except in severity
2. Questionable qualitative difference
3. Definite qualitative difference
During the time you were feeling your worst, would the feeling go away even temporarily when you got your mind on other things or something pleasant—like talking to a friend or hearing good news, or did you feel bad no matter what happened? If someone tried to cheer you up, could they?

Was there any part of the day in which you usually felt better or worse, or didn't it make any difference? Was there a time when you felt different in the morning, afternoon, or evening? How much worse did you feel?

Did this pattern last for at least a week?

Did being depressed affect how you carried out your responsibilities at home, work, or school? How about socially or in terms of taking care of yourself? What effect did it have? How bad did things get?

(Note areas of functioning affected):

During that time, did you seek help from anyone, like a doctor, or minister, or even a friend, or did anyone suggest that you seek help? Did you take any medication?

Dysthymia

*Have you ever had a period of 2 years or more when you felt depressed, sad, or down for much of the time? How about 2 years when you felt like you just didn't care about anything for much of the time? When were these periods? How long did they last?

(Note dates and durations of all dysthymic periods): ____________________________

During this time, were you depressed more days than not?

During this time, did you have periods of normal mood lasting more than a few months?

During this period, approximately how much of the time did you feel depressed, down, like you didn't care?

During this time, approximately how often did you feel down or depressed?

How long did these periods last?
During this time, did you find that:
You had less interest or pleasure in things that you usually enjoy, like friends, family, work, hobbies or eating?

You had less interest or enjoyment of sex?

During this time, have:
You had less physical energy to do things than usual, or felt tired and worn out, or fatigued most of the time?

You had trouble sleeping for at least two nights in a row? Trouble falling asleep, waking up in the middle of the night? Waking up too early in the morning?

You slept more than usual for at least 2 days (including naps)?

You had trouble concentrating, thinking clearly, or making everyday decisions?

You cried or felt like crying? Had to fight back tears?

You had less to do with people? Withdrew socially?

You felt sorry for yourself a lot of the time?

You spent a lot of time brooding about unpleasant things that happened in the past?

You felt more irritable or easily annoyed?

You worried a lot about your health or how your body was working?

You felt guilty or ashamed, blamed yourself for things, or felt like you'd done something wrong?

You felt down on yourself and felt inadequate, worthless, or like a failure?

You felt discouraged, pessimistic, or hopeless about the future?

You felt slowed down physically, unable to move as quickly, like you were moving in slow motion?

You were much less talkative than usual?

You felt restless and agitated or were unable to sit still?

You thought about dying or suicide?

When someone praised you or something good happened, it didn't cheer you up?

You were less effective or productive at school, work, or home?

During that time, did you seek help from anyone, like a doctor, or minister, or suggest that you seek help? Did you take any medication?
Mania/Hypomania

*Have you ever had a period of two days or more when you felt extremely good or high—clearly different from your usual self? Were you using drugs or alcohol at the time? How would you describe the feeling? Was it like "being on top of the world," "elated," or "euphoric"? Was this distinctly different from just being happy? Was it happier than other people get? Was there always a reason for feeling this way, or could it sometimes happen for no apparent reason? Have people commented that you were too excited or hyper? Have they been concerned that you were too excited? What sorts of things do you usually do at these times? Have you ever done something unusual or different for you at these times? What? If people saw you, would they think that you were just in a good mood, or something more than that? What would they notice that was different? How about periods when you were much more irritable than usual, and also had a lot more energy and were much more active than usual? What are these periods like? Do you fly off the handle easily or become more impatient and short tempered with people? Do you get into arguments or fights or throw or break things? Did you ever hit anybody?

(Rate intensity of hypomanic mood when it was at its worst during the S's most severe period of hypomania/mania):

1. Rarely experiences periods of increased mood
2. Brief periods of slight increases in mood which are not clearly different from just being happy
3. Definitely elated, expansive mood which is somewhat out of proportion to the circumstances or results in somewhat inappropriate behavior
4. Mood is clearly out of proportion to the circumstances and has a euphoric quality

(Rate intensity of irritable mood during worst episode of hypomania/mania):

1. Not at all or only subjectively felt
2. Slight; occasional snappiness
3. Moderate; somewhat argumentative and short tempered. May shout or lose temper
4. Marked; throws or breaks things or is assaultive

How often do you feel this way?

How long do these periods generally last?

What is the longest such a period has ever lasted?

Has it ever lasted for at least a week?

When was this?

Is there always a reason for feeling this way, or can it sometimes happen for no apparent reason?

Always reason No
Would you describe yourself as someone who is usually up or down but rarely in the middle?

Do your moods often swing from high to low for no apparent reason?

*If there is no evidence of mania, hypomania, or cyclothymia, skip to next item. Otherwise rate the following items for the S's most severe manic or hypomanic episode:*

**During these times of elevated mood:**

Do you have more energy than usual to do things? Is it more than just a return to your usual level of energy? Do people have difficulty keeping up with you? Does it seem like too much energy, almost as if it wasn't healthy?

Are you more active and involved in things compared to the way you usually are? What about your work, housework, family, friends, sex, hobbies, and new projects or interests? How much of your day is spent in these activities? Do you start new projects and don't have time to finish them, or find that it is too much to handle? (Note areas of increased activity):

Are you more physically restless than usual? Do you have to keep moving or pacing? Are you constantly on the go? Is it hard to sit still? Can you sit still if you try?

Are you more sociable, and spend more time with other people than usual? Do you seek people out if you are alone? Do you spend more time on the phone or writing letters? How much more?
Do you accomplish a lot more at work, school, or at home than usual? Do you work much faster, longer, or more efficiently? Do you work at unusual hours or change your schedule?

Is your thinking sharper or more creative?

Do you need less sleep than usual to feel rested? Can you keep going much longer with less sleep? How much sleep do you ordinarily need?

How many days in a row can you go with less sleep?

Are you more optimistic than usual about the future or do you exaggerate past achievements? Does it ever get unrealistic, beyond what is warranted by the circumstances?

Are you much more confident than usual? Does it ever get to the point of being overconfident? Do you make special plans? Do you feel that you are a very important person or have special talents, abilities, or powers?

Are you more easily distracted than usual? Do you have trouble concentrating because your attention keeps jumping to unimportant things around you? Does this interfere with carrying on a conversation or completing an activity?
Do thoughts race through your mind? Do you have a lot more ideas than usual, or more than you can handle? Does it seem like you have so many ideas that you can't talk fast enough to get them all out?

Are you much more talkative than usual? Do you speak more rapidly than usual or talk on and on and can't be stopped? Do people have trouble getting a word in edgewise?

Do you talk so fast or try to express so many ideas that it is sometimes difficult for people to follow what you are saying? Have people said that you jumped around from one topic to another so that it was hard to understand what you were saying?

Do you laugh and joke about things that other people don't find funny or think are in poor taste? Do you carry jokes too far, or behave in an obnoxious or inappropriate manner? Are you the center of attention in social situations? Have you done things which called attention to yourself and caused a disturbance? Have people complained that you are domineering or bossy?

Do you do things impulsively which you think showed poor judgment or might have gotten you in trouble? For example, do you do anything foolish with money (e.g., spending more than you could afford, buying a lot of unusual things, risky business ventures), drive recklessly, steal or destroy things, take a trip or move on the spur of the moment, do anything sexual which is unusual for you (e.g., sexual indiscretions, casual sex), or take on any jobs or responsibilities which you weren't able to handle? (Note those which apply):

(Hypersexuality without recognition of possibility of painful consequences):

Has this ever caused trouble for you with your family or friends or at work or school? In what way?

(If S appears to be cyclothymic, and you skipped out on the Dysthymia section earlier, continue as follows. If not, go on to next * item):
Have you also had periods when you felt depressed, sad, blue, or down in the dumps for several days to a week at a time? How about periods of several days or more when you felt you just didn't care about anything?  

Yes  No

How frequently have you had such periods?

How long do they typically last?

(If yes, go back to Dysthymia section and ask all symptom questions for these periods):

**Panic Disorder**

*Have you ever had panic attacks or anxiety attacks when you suddenly felt very frightened and had physical symptoms like shortness of breath, palpitations, dizziness, tingling in your hands or feet, chest pain, sweating, or faintness?*

Y  N

Have you ever had 3 such attacks within a 3 week period?  
(If no, go on to next * item.)

Y  N

Were these associated with intense physical exertion or a life threatening situation?  

Y  N

Which of the following do you usually experience during such an attack? Shortness of breath?  

Y  N

Palpitations?  

Y  N

Chest pain or discomfort?  

Y  N

Choking or smothering feelings?  

Y  N

Dizziness, feeling unsteady, or as if the world were spinning?  

Y  N

Feelings of unreality, as if things were unreal?  

Y  N

Tingling in hands or feet?  

Y  N

Hot and cold flashes?  

Y  N

Sweating?  

Y  N

Faintness?  

Y  N

Trembling or shaking?  

Y  N

Fear of dying, going crazy, or losing control?  

Y  N

When did you first experience such a series of panic attacks?  

(If S has significant depressive symptomatology):

Do you ever have such attacks when you are not feeling depressed?  

Y  N

(If anxiety and depression are concurrent): Which bothers you more, the depression or the panic attacks? Depr. Anx.

**General Anxiety**

*(Skip if S meets criteria for panic disorder above): Have you ever had periods of at least 4 weeks when you felt anxious or tense (jittery, nervous, restless, "uptight") most of the time?*  

Y  N
Were you bothered by any of the following during this period:
Shakiness, jitteriness, trembling, tension, muscle aches, fatigability, inability to relax, eyelid twitch, furrowed brow, strained face, fidgeting, restlessness, or easy startle? Y N

How about: Sweating, heart pounding or racing, cold and clammy hands, dry mouth, dizziness, light-headedness, tingling in hands or feet, upset stomach, hot or cold spells, frequent urination, diarrhea, discomfort in pit of stomach, lump in throat, flushing, pallor, high resting pulse and respiration rate? Y N

How about: Anxiety, worry, fear, rumination, or anticipation of misfortune to yourself or others? Y N

How about: Hyperattentiveness resulting in distractibility, difficulty concentrating, insomnia, feeling "on edge," irritability, or impatience? Y N

When did you first experience a 4 week period of anxiety?
(IF S has significant depressive symptomatology):
Have you ever had such a period when you were not feeling depressed? Y N

(IF anxiety and depression are concurrent): Which bothers you more, the depression or the anxiety?

Phobias

*Have there ever been times when you were afraid of something or some particular situation, like crowds, certain animals, heights, or being closed in? What about being alone, going out alone, or certain ways of traveling? (Note those which apply):
Do you go out of your way to avoid? Y N
What effect did this have on you? Did it affect your functioning in any way, like at work or school, at home, with family or friends, socially? Y N
Does this fear cause you any distress or upset you? Y N
Do you think your fear is excessive or unreasonable? Y N

(IF S has significant depressive symptomatology): Do you still feel frightened of _________ when you are not feeling depressed? Y N

When did you first develop this fear?

Obsessive-Compulsive Disorder

*Have you ever had to repeat some act over and over which you could not resist repeating, like constantly washing your hands, counting things, or checking things? How often do you repeat? _________? (Note compulsion): Y N

*How about being bothered by thoughts that kept coming back to you, that didn't make sense, that you couldn't get rid of or put out of your mind? (Note obsession): Y N
Did you attempt to resist ___________? What would happen if you didn't do it? (Mark Y for resistance):

Does this upset you or cause you distress?

Does it affect your functioning, either socially, at home, or at work?

When did you first experience _________________?

(If S has significant affective symptomatology or signs of psychosis, determine if these symptoms also occur outside of these periods):

Anorexia

*Did you ever think you were overweight when other people, such as your parents or friends said you had gotten too thin? Did you ever deliberately lose so much weight that people started to seriously worry about your health? (Mark Y if yes to both questions):

Were you afraid of getting fat even when other people said your weight was normal or below normal?

Did you feel fat even when other people said you were much too thin?

How old were you when this first happened? Under 25?

What was the most you weighed before you lost so much weight?

What was the least you weighed after you began to lose weight?

How long did it take you to lose the weight?

How tall are you?

Did you ever need treatment or medication because you deliberately lost so much weight? (Note treatment):

Somatization Disorder

*What has your physical health been like? Have you had many illnesses? What about operations? What was wrong? (Rate whether S has had dramatic, vague, or complicated medical history:

When did your medical problems start?

Would you say that you have been sickly a good part of your life?

Have you ever had difficulty with swallowing, loss of voice, deafness, double vision, blurred vision, blindness, fainting or loss of consciousness, memory loss, seizures or convulsions, trouble walking, paralysis or muscle weakness, or urinary retention or difficulty urinating? (Note which apply):

How about abdominal pain, vomiting spells (except while pregnant), bloating due to gas, diarrhea, or intolerance (e.g., gets sick) of many foods? (Note which apply):

How about unusually painful menstruation, unusual menstrual irregularity, excessive bleeding, or severe vomiting through pregnancy? (Note which apply):
Have you usually been uninterested in sex, or been unable to enjoy sexual relations, or found intercourse painful? (Note which apply):  

How about being bothered by pain in your back, joints, extremities, or genitals, pain on urination, or other pain (besides headaches)? (Note which apply):  

Have you been bothered with shortness of breath, palpitations, chest pain, or dizziness? (Note which apply):  

**Antisocial Personality**

*(If student): How have you been doing in school? What have your grades been like?  
Have you been on academic probation or dropped courses?  

*(If not in school): Since you started working, have you changed jobs a lot? (Yes if 3 or more jobs in 5 years not due to nature of job or seasonal or economic fluctuations):  
How often have you been fired from a job?  
How often have you quit jobs without any other work in sight?  
How many months in the last 5 years have you been without a job, while not being a full-time student or homemaker?  
About how many times per month do you usually arrive late or miss a day of work? Three or more?  

*(If married): Have you ever been divorced or separated?  
How many times?  
Have you ever gotten so angry that you threw things at or hit your spouse?  
Have you ever gotten in trouble for not taking care of a child properly?  
Have you ever gotten into physical fights (not in self-defense or required by job)? How often?  

*I am not interested in any specific details that might get you in trouble, but I need to know if you ever made money outside the law by such things as buying or selling stolen property, selling drugs, running numbers, having sex for money, or finding customers for prostitutes? Have you ever shoplifted or stolen things? Have you been arrested at least 3 times or convicted of a felony? (Note which apply):  

Have you ever had sex with as many as 10 different people (including spouse) within a single year?  

Have you ever lied a lot, used "aliases", or "conned" others for personal profit?  
Have you been in auto accidents, received speeding tickets, or been charged with reckless driving?  
Have you often not paid debts or taken care of financial responsibilities (e.g., had possessions taken back due to missed loan payments)?
Have you ever travelled around for a month or more without having any arrangements ahead of time and not knowing how long you were going to stay or when you would go back to work?

Have you ever done any of these things at a time when you weren't using alcohol or drugs?

(If $S$ has significant hypomanic symptomatology): How about when you weren't feeling high?

**Alcoholism**

*Has there ever been a period when you drank too much?*  
Approximately how much did you drink?  
(Note amount and date):

*Did anyone in your family, or anyone else, object to your drinking?*

*Was there ever a time when you couldn't stop drinking when you wanted to?*

*Did you drink heavily for a month or more?*

Did you ever feel that you could not get through the day without a drink?

Was there ever a time when, because of your drinking, you often missed work, had trouble on the job, or were unable to take care of household responsibilities (getting meals prepared, doing shopping)?

Did you lose a job because of your drinking?

Did you often have difficulties with your family, friends, or acquaintances because of your drinking?

Have you frequently tried going "on the wagon" or restricting your drinking to certain times of the day?

Have you been intoxicated all day for two or more days?

Have you occasionally drunk as much as a fifth of whiskey (or a gallon of wine or case of beer) in a single day?

Have you, on two or more occasions, been violent while drinking?

Have you had traffic difficulties because of your drinking, like reckless driving, accidents, or speeding?

Have you been picked up by the police because of how you were acting while you were drinking (apart from driving)?

Have you had blackouts (memory loss for events occurring while drinking)?

Have you had the shakes after stopping or cutting down on drinking?

Have you drunk alcohol substitutes, like mouthwash, hair tonic, or shaving lotion?

Have you kept on drinking when you knew you had a medical condition which the drinking would make worse?

Have you noticed you needed more and more alcohol to get high or to feel good?

When did this first occur?
(If S has significant affective symptomatology): Have you had any periods of heavy drinking when you weren't feeling depressed or high? Y N

Drugs

*Have you ever taken anything on your own for sleeping, or your mood, or to get high--like Dexadrine, Seconal, or some other barbiturate? Have you ever used marijuana, narcotics, LSD, or things like that? Have you used anything else to get high, lose weight, or stay awake? Y N (Note which apply and pattern of use):

Did you take (drug) for a month or more? Y N

Have you ever wanted to stop taking (drug) but couldn't, used (drug) every day for a month, been intoxicated all day, experienced amnesia, overdosed, or heard voices, saw things that weren't there, or had beliefs that you later found out were not true while taking (drug)? (Note which apply for each drug):

Have you ever noticed that you needed more and more (drug) to get high or feel good? Y N

Have you ever experienced any withdrawal symptoms after stopping taking (drug)? What were they? (Note symptoms and drug):

Did taking drugs ever affect your functioning socially, or at work or school? Y N

When did you first use (drugs) heavily? Y N

(If S has significant affective symptomatology): Have you taken drugs at times when you didn't feel depressed or high? Y N

Schizophrenia

*Have you ever had any transcendental experiences, when you were not using alcohol or drugs, such as:

- Hearing voices, having visions, or seeing or hearing things which other people could not see or hear? Y N
- Having beliefs or ideas you later found out were not true, like people being out to get you or talking about you behind your back? Y N
- Doing something which other people considered strange, like dressing in an odd way or doing something unusual which called attention to yourself? Y N
- People having trouble understanding what you were saying because your speech was all mixed up, or because you didn't make sense in the way you were talking? Y N

(If yes to any of the above):

Have you ever felt that:

Your thoughts were broadcast so that other people knew what you were thinking, or felt that thoughts were put into your head that were not your own, or that thoughts were taken away from you by some external force? Y N
You were under the control of some force or power other than yourself, or as though you were a robot and without a will of your own, or that you were forced to make movements or say things without your wanting to, or to think things or have impulses that were not your own? (Note which symptoms apply):

When you were feeling this way, did you go to the hospital or take any medication? (Note all treatment and dates):

(If S has significant affective symptomatology): Have you ever had any of these experiences when you weren't feeling depressed or high? What is the longest that any of these feelings lasted? Was there a period in which you had trouble functioning at work, home, or school before you started having these experiences? How long did that last? Was there a period following the time when you experienced these things when you had trouble functioning at work, home, or school, or did not want to be around people, but had difficulty keeping your thoughts straight, or occasionally had visions or heard voices? How long did that last?

When did you experience these feelings?

*Have you ever seen a doctor, psychologist, counselor, or social worker or taken any kind of medication for an emotional or nervous problem, or just because you needed to talk to someone? (Note when, type of treatment, and chief complaint):
Appendix E
Global Assessment Scale

Rate after the completion of the interview based on overall judgment. Rate the subject's lowest level of functioning by selecting the lowest range which describes his/her functioning.

1-10 Needs constant supervision for several days to prevent hurting self or others, or makes no attempt to maintain minimal personal hygiene.

11-20 Needs some supervision to prevent hurting self or others, or to maintain minimal personal hygiene (e.g., repeated suicide attempts, frequently violent, manic excitement, smears feces), OR gross impairment in communication (e.g., largely incoherent or mute).

21-30 Unable to function in almost all areas (e.g., stays in bed all day) OR behavior is considerably influenced by either delusions or hallucinations, OR serious impairment in communication (e.g., sometimes incoherent or unresponsive) or judgment (e.g., acts grossly inappropriately).

31-40 Major impairment in several areas, such as work, family relations, judgment, thinking or mood (e.g., depressed woman avoids friends, neglects family, unable to do housework), OR some impairment in reality testing or communication (e.g., speech is at times obscure, illogical, or irrelevant), OR single serious suicide attempt.

41-50 Any serious symptomatology or impairment in functioning that most clinicians would think obviously requires treatment or attention (e.g., suicidal preoccupation or gesture, severe obsessional rituals, frequent anxiety attacks, serious antisocial behavior, compulsive drinking).

51-60 Moderate symptoms OR generally functioning with some difficulty (e.g., few friends and flat affect, depressed mood and pathological self-doubt, euphoric mood and pressure of speech, moderately severe antisocial behavior).

61-70 Some mild symptoms (e.g., depressive mood and mild insomnia) OR some difficulty in several areas of functioning, but generally functioning pretty well, has some meaningful interpersonal relationships and most untrained people would not consider him/her "sick."

71-80 Minimal symptoms may be present but no more than slight impairment in functioning, varying degrees of everyday worries and problems that sometimes get out of hand.

81-90 Transient symptoms may occur, but good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, everyday worries that only occasionally get out of hand.

91-100 No symptoms, superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his/her warmth and integrity.

GAS Rating for worst lifetime episode: _____________________
Here are some questions about people's thoughts, feelings, and behaviors. Think about how often they occur for you. Using the scale below, select the number that best describes how often you experience these behaviors.

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<td>Never or Hardly Ever</td>
<td>Sometimes</td>
<td>Often</td>
<td>Very Often or Almost Constantly</td>
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Keep the following points in mind:

1) FREQUENCY: You may have noticed a behavior as far back as the early teens, or you may have experienced it more recently. In either case, estimate how frequently the behavior has occurred since you first noticed it.

   For example: If you first noticed a behavior when you were 14, and you have experienced it repeatedly since then, mark your answer "Often" or "Very Often - Almost Constantly". However, if you have experienced a behavior during only one isolated period in your life, but not outside that period, mark your answer "Never - Hardly Ever" or "Sometimes".

2) DURATION: Many questions require that a behavior occur for an approximate duration of time (for example, "several days or more"). The duration given is a minimum duration. If you usually experience a behavior for shorter durations, mark the question "Never - Hardly Ever" or "Sometimes".

3) CHANGEABILITY: What matters is not whether you can get rid of certain behaviors if you have them, but whether they have occurred at all. So even if you can get rid of these behaviors, you should mark your answer according to how frequently you experience them.

Your job then, is to rate how frequently you have experienced a behavior, since you first noticed, for the duration described in the question. Please read each question carefully. Circle the best answer for each one.

Thank you very much for your help and support.
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<tr>
<td>1. Have there been periods when it was almost impossible to make even small decisions, even though this may not be generally true of you?</td>
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<td>2. Have you found that your enjoyment in being with people changes -- from times when you enjoy them immensely and want to be with them all the time, to times when you don't want to see them at all?</td>
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<td>3. Have you become sad, depressed, or irritable for several days or more without really understanding why?</td>
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<td>4. Have you experienced periods of several days or more when, although you were feeling unusually happy and intensely energetic (clearly more than your usual self), you also were physically restless, unable to sit still, and had to keep moving or jumping from one activity to another?</td>
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<td>5. Have there been periods of several days or more when you felt you needed more sleep even though you slept longer at night or napped more during the day (not including times of exercise, physical illness, or heavy work schedules)?</td>
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<td>6. Have people said that you looked sad or lonely?</td>
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<td>7. Have there been periods of several days or more when you were almost constantly active such that others told you they couldn't keep up with you or that you wore them out?</td>
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<td>8. Have there been periods of several days or more when you could not keep your attention on any one thing for more than a few seconds, and your mind jumped rapidly from one thought to another or to things around you?</td>
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Have there been periods lasting several days or more when you lost almost all interest in people close to you and spent long times by yourself?

1. Never or Hardly Ever
2. Sometimes
3. Often
4. Very Often or Almost Constantly

Have you had periods of several days or more when food seemed rather flavorless and you didn’t enjoy eating at all?

1. Never or Hardly Ever
2. Sometimes
3. Often
4. Very Often or Almost Constantly

Have there been periods of several days or more when your friends or family told you that you seemed unusually happy or high—clearly different from your usual self or from a typical good mood?

1. Never or Hardly Ever
2. Sometimes
3. Often
4. Very Often or Almost Constantly

Have there been times when your memory or concentration seemed especially poor and you found it difficult, for example, to read or follow a TV program, even though you tried?

1. Never or Hardly Ever
2. Sometimes
3. Often
4. Very Often or Almost Constantly

Have there been periods of time when you lost almost all interest in the things that you usually like to do (such as hobbies, school, work, entertainment)?

1. Never or Hardly Ever
2. Sometimes
3. Often
4. Very Often or Almost Constantly

Have you had periods of sadness and depression when almost everything gets on your nerves and makes you irritable or angry (other than related to the menstrual cycle)?

1. Never or Hardly Ever
2. Sometimes
3. Often
4. Very Often or Almost Constantly

Have there been times of several days or more when you did not feel the need for sleep and were able to stay awake and alert for much longer than usual because you were full of energy?

1. Never or Hardly Ever
2. Sometimes
3. Often
4. Very Often or Almost Constantly

Have you had long periods in which you felt you couldn’t enjoy life as easily as other people?

1. Never or Hardly Ever
2. Sometimes
3. Often
4. Very Often or Almost Constantly
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<td>17. Have you had periods of several days or more when you wanted to be with people so much of the time that they asked you to leave them alone for awhile?</td>
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<td>18. Have there been times of several days or more when you were so tired and worn out that it was very difficult or even impossible to do your normal everyday activities (not including time of intense exercise, physical illness, or heavy work schedules)?</td>
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<td>19. Has your mood or energy shifted rapidly back and forth from happy to sad or high to low?</td>
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<td>20. Have there been periods lasting several days or more when you spent much of your time brooding about unpleasant things that have happened?</td>
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<td>21. Have there been times when you felt that you were physically cut off from other people or from yourself, or felt as if you were in a dream, or felt that the world looked different or had changed in some way?</td>
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<td>22. Have you have periods of extreme happiness and intense energy lasting several days or more when you also felt much more anxious or tense (jittery, nervous, uptight) than usual (other than related to the menstrual cycle)?</td>
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<td>23. Have there been times of several days or more when you were so sad that it was quite painful or you felt that you couldn't stand it?</td>
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<td>24. Have you found that your enjoyment in eating changes—from periods of two or more days when food tastes exceptionally good, clearly better than usual, to other periods of several days or more when food seems rather flavorless and perhaps you don't enjoy eating at all?</td>
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25. Have there been times of several days or more when you wake up much too early in the morning and have problems getting back to sleep?

1  2  3  4

26. Have you had periods when you were so down that you found it hard to talk or that talking took too much energy?

1  2  3  4

27. Have there been times of several days or more when, although you were feeling unusually happy and intensely energetic (clearly more than your usual self), you also had to struggle very hard to control inner feelings of rage or an urge to smash or destroy things?

1  2  3  4

28. Have there been periods other than when you were physically ill that you had more than one of the following: (a) headaches or feelings of tightness, pressure, or "wooziness" in your head; (b) dizziness; (c) constipation or diarrhea; (d) aches and pains; (e) nausea, vomiting, or stomach aches; (f) blurred vision; (g) trembling or shaking hands; or (h) feeling too hot or too cold?

1  2  3  4

29. Have you experienced periods of several days or more when you were feeling down and depressed, and you also were physically restless, unable to sit still, and had to keep moving or jumping from one activity to another?

1  2  3  4

30. Have there been times lasting several days or more when you felt you must have lots of excitement, and you actually did a lot of new or different things?

1  2  3  4

31. Have you had periods of extreme happiness and intense energy (clearly more than your usual self) when, for several days or more, it took you over an hour to get to sleep at night?

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<td>32. Have there been times when you looked back over your life and could see only failures or hardships?</td>
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<td>33. Have you experienced times of several days or more when you felt as if you were moving in slow motion?</td>
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<td>34. Have there been long periods in your life when you felt sad, depressed, or irritable most of the time?</td>
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<td>35. Has it seemed that you experience both pleasurable and painful emotions more intensely than other people?</td>
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<td>36. Have there been periods of several days or more when you felt guilty and thought you deserved to be punished for something you had or had not done?</td>
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<td>37. Have you had times of several days or more when you woke up frequently or had trouble staying asleep during the middle of the night?</td>
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<td>38. Have you had periods of extreme happiness and high energy lasting several days or more when what you saw, heard, smelled, tasted, or touched seemed vivid or intense?</td>
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<td>39. Have there been times when you were feeling low and depressed, and you also had to struggle very hard to control inner feelings of rage or an urge to smash or destroy things?</td>
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<td>40. Have you found that your feelings or energy are generally up or down, but rarely in the middle?</td>
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41. Have you had periods of several days or more when it was difficult or almost impossible to think and your mind felt sluggish, stagnant, or "dead"?

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42. Have there been times when you had a strong urge to do something mischievous, destructive, risky, or shocking?

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43. Have there been periods of several days or more when your thinking was so clear and quick that it was much better than most other people's?

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44. Have there been times when you exploded at others and afterwards felt bad about yourself?

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45. Have there been times of several days or more when you were so down that nothing (not even friends or good news) could cheer you up?

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46. Have there been times of a couple days or more when you felt that you were a very important person or that your abilities or talents were better than most other people's?

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47. Have there been times when you have hated yourself or felt that you were stupid, ugly, unloveable, or useless?

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48. Have you found that your thinking changes greatly—that there are periods of several days or more when you think better than most people, and other periods when your mind doesn't work well at all?

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49. Have there been times of a day or more when you had no feelings or emotions and seemed cut off from other people?

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<td>50.</td>
<td>Have you had sad and depressed periods lasting several days or more when you also felt much more anxious or tense (jittery, nervous, uptight) than usual (other than related to the menstrual cycle)?</td>
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<td>51.</td>
<td>Have there been times when you have done things, like perhaps driving recklessly, taking a trip on the spur of the moment, creating a public disturbance, being more sexually active than usual, getting into fights, destroying property, or getting into trouble with the law, which you later thought showed poor judgment?</td>
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<td>52.</td>
<td>Have you had periods of sadness and depression when, for several days or more, it took you over an hour to get to sleep at night, even though you were very tired?</td>
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<td>53.</td>
<td>Have you had periods lasting several days or more when you felt depressed or irritable, and then other periods of several days or more when you felt extremely high, elated, and overflowing with energy?</td>
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<td>54.</td>
<td>Have there been periods when, although you were feeling unusually happy and intensely energetic, almost everything got on your nerves and made you irritable or angry (other than related to the menstrual cycle)?</td>
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<td>55.</td>
<td>Have there been times when upsetting or bad thoughts kept going through your mind and you couldn't stop them?</td>
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<td>56.</td>
<td>Have there been times of several days or more when you really got down on yourself and felt worthless?</td>
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<td>57.</td>
<td>Have there been times when you had blank spells in which your activities were interrupted, and you did not know what was going on around you?</td>
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58. Have you had sad and depressed periods of several days or more, interrupted by periods lasting between an hour to a day when you felt extremely happy and intensely energetic?

59. Have there been periods of several days or more when you were slowed down and couldn't move as quickly as usual?

60. Have you experienced weight changes (increases, decreases, or both) of five (5) pounds or more in short periods of time (three weeks or less), not including changes due to physical illness, menstruation, exercise, or dieting?

61. Have there been periods of a couple days or more when sexual feelings and thoughts were almost constant, and you couldn't think about anything else?

62. Have you had periods when it seemed that the future was hopeless and things could not improve?

63. Have there been periods lasting several days or more when you were so down in the dumps that you thought you might never snap out of it?

64. Have you had times when your thoughts and ideas came so fast that you couldn't get them all out, or they came so quickly others complained that they couldn't keep up with your ideas?

65. Have there been times of several days or more when you felt very down and depressed during the early part of the day, but then less so during the evening?

66. Have there been times when you began many new activities with lots of enthusiasm and then found yourself quickly losing interest in them?
67. Have you found that your mood consistently follows the seasons, where you have long periods of depression during the winter but mostly happy periods during the summer?

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68. Have you had long periods when you were down and depressed, interrupted by brief periods when your mood was normal and slightly happy?

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69. Have there been times of several days or more when you have struggled to control an urge to cry, have had frequent crying spells, or found yourself crying without really understanding why (other than related to the menstrual cycle)?

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70. Have there been times of several days or more when almost all sexual interest was lost?

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71. Have you found yourself at times feeling fearful or suspicious of your environment or people around you?

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72. Have there been periods of time when you felt a persistent sense of gloom?

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73. Have there been times when you have felt that you would be better off dead?

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74. If you frequently have periods of several days or more when you feel depressed, sad, or down in the dumps, at what age did you first notice these feelings?

1) As far back as can be remembered  2) 8-11  3) 12-15  4) 16-20
5) 21-25  6) 26-30  7) 31 or older  8) Don't experience frequent periods of depression
75. If you have been feeling down or depressed much of the time, how long have you felt this way?

1) Not depressed, or less than 2 weeks  4) 1-2 years
2) 2 weeks - 6 months  5) 2 years or more
3) 6 months - 1 year

76. Approximately how much of the time have you felt depressed or down during the past two years?

1) Less than 25%  3) 50%-75%
2) 25%-50%  4) At least 75%

77. Have you ever been hospitalized for an emotional or nervous problem?

1) Yes  2) No

78. Did one or both of your parents die, or were your parents divorced or separated before you were 15 years old?

1) Yes  2) No

79. Have you had (or do you still have) a life threatening or very serious medical illness in the past year?

1) Yes  2) No

80. Do you have a very serious chronic medical illness (including a physical handicap)?

1) Yes  2) No

81. Has a close relative of yours died or experienced a life-threatening illness in the past three months?

1) Yes  2) No

82. Have you had any hormonal or endocrine problems, or taken hormones as a treatment (not including birth control pills), at any time in the last five years?

1) Yes  2) No

83. Ethnic background:

1) White  2) Black  3) Hispanic  4) Asian  5) Other
Appendix G
EPQ (Adult)

Name_____________________________________________________________ Age__________ Sex__________

Occupation__________________________________________________________ Date________________
IN EVERY QUESTION, MARK JUST ONE BOX.

1. Do you have many different hobbies? ................................................................. YES □ NO □
2. Do you stop to think things over before doing anything? ................................. YES □ NO □
3. Does your mood often go up and down? ......................................................... YES □ NO □
4. Have you ever taken the praise for something you knew someone else had really done? YES □ NO □
5. Are you a talkative person? ............................................................................ YES □ NO □
6. Would being in debt worry you? .................................................................... YES □ NO □
7. Do you ever feel "just miserable" for no reason? ................................................. YES □ NO □
8. Were you ever greedy by helping yourself to more than your share of anything? YES □ NO □
9. Do you lock up your house carefully at night? ............................................... YES □ NO □
10. Are you rather lively? .................................................................................. YES □ NO □
11. Would it upset you a lot to see a child or an animal suffer? ......................... YES □ NO □
12. Do you often worry about things you should not have done or said? ......... YES □ NO □
13. If you say you will do something, do you always keep your promise no matter how inconvenient it might be? .................................................... YES □ NO □
14. Can you usually let yourself go and enjoy yourself at a lively party? ................. YES □ NO □
15. Are you an irritable person? ......................................................................... YES □ NO □
16. Have you ever blamed someone for doing something you knew was really your fault? YES □ NO □
17. Do you enjoy meeting new people? ............................................................... YES □ NO □
18. Do you believe insurance plans are a good idea? .......................................... YES □ NO □
19. Are your feelings easily hurt? ....................................................................... YES □ NO □
20. Are all your habits good and desirable ones? ................................................. YES □ NO □
21. Do you tend to keep in the background on social occasions? ...................... YES □ NO □
22. Would you take drugs which may have strange or dangerous effects? ......... YES □ NO □
23. Do you often feel "fed-up"? ........................................................................... YES □ NO □
24. Have you ever taken anything (even a pin or button) that belonged to someone else? YES □ NO □
25. Do you like going out a lot? ........................................................................... YES □ NO □
26. Do you enjoy hurting people you love? ........................................................... YES □ NO □
27. Are you often troubled about feelings of guilt? .............................................. YES □ NO □
28. Do you sometimes talk about things you know nothing about? ................... YES □ NO □
29. Do you prefer reading to meeting people? ..................................................... YES □ NO □
30. Do you have enemies who want to harm you? .............................................. YES □ NO □
31. Would you call yourself a nervous person? ...................................................... YES □ NO □
32. Do you have many friends? .......................................................................... YES □ NO □
33. Do you enjoy practical jokes that can sometimes really hurt people? ........... YES □ NO □
34. Are you a worrier? ....................................................................................... YES □ NO □
35. As a child did you do as you were told immediately and without grumbling? YES □ NO □
36. Would you call yourself happy-go-lucky? ....................................................... YES □ NO □
37. Do good manners and cleanliness matter much to you? ............................... YES □ NO □
38. Do you worry about awful things that might happen? ................................... YES □ NO □
39. Have you ever broken or lost something belonging to someone else? ......... YES □ NO □
40. Do you usually take the initiative in making new friends? ............................ YES □ NO □
41. Would you call yourself tense or "highly-strung"? .......................................... YES □ NO □
42. Are you mostly quiet when you are with other people? ............................... YES □ NO □
43. Do you think marriage is old-fashioned and should be done away with? ....... YES □ NO □
44. Do you sometimes boast a little? ................................................................. YES □ NO □
45. Can you easily get some life into a rather dull party? ..................................... YES □ NO □

GO RIGHT ON TO THE NEXT PAGE.
46. Do people who drive carefully annoy you? .............................................................. YES □ NO □
47. Do you worry about your health? .............................................................................. YES □ NO □
48. Have you ever said anything bad or nasty about anyone? ...................................... YES □ NO □
49. Do you like telling jokes and funny stories to your friends? .................................... YES □ NO □
50. Do most things taste the same to you? ..................................................................... YES □ NO □
51. As a child did you ever talk back to your parents? ................................................. YES □ NO □
52. Do you like mixing with people? ............................................................................. YES □ NO □
53. Does it worry you if you know there are mistakes in your work? ........................... YES □ NO □
54. Do you suffer from sleeplessness? .......................................................................... YES □ NO □
55. Do you always wash before a meal? ........................................................................ YES □ NO □
56. Do you nearly always have a "ready answer" when people talk to you? ................. YES □ NO □
57. Do you like to arrive at appointments in plenty of time? ........................................... YES □ NO □
58. Have you often felt listless and tired for no reason? ................................................. YES □ NO □
59. Have you ever cheated at a game? .......................................................................... YES □ NO □
60. Do you like doing things in which you have to act quickly? .................................... YES □ NO □
61. Is (or was) your mother a good woman? ................................................................. YES □ NO □
62. Do you often feel life is very dull? ............................................................................ YES □ NO □
63. Have you ever taken advantage of someone? ......................................................... YES □ NO □
64. Do you often take on more activities than you have time for? ................................. YES □ NO □
65. Are there several people who keep trying to avoid you? ......................................... YES □ NO □
66. Do you worry a lot about your looks? ...................................................................... YES □ NO □
67. Do you think people spend too much time safeguarding their future with savings and insurances? YES □ NO □
68. Have you ever wished that you were dead? ............................................................. YES □ NO □
69. Would you dodge paying taxes if you were sure you could never be found out? .... YES □ NO □
70. Can you get a party going? ..................................................................................... YES □ NO □
71. Do you try not to be rude to people? ...................................................................... YES □ NO □
72. Do you worry too long after an embarrassing experience? ...................................... YES □ NO □
73. Have you ever insisted on having your own way? ................................................... YES □ NO □
74. When you catch a train do you often arrive at the last minute? .............................. YES □ NO □
75. Do you suffer from "nerves"? .................................................................................. YES □ NO □
76. Do your friendships break up easily without it being your fault? ............................ YES □ NO □
77. Do you often feel lonely? ....................................................................................... YES □ NO □
78. Do you always practice what you preach? ............................................................. YES □ NO □
79. Do you sometimes like teasing animals? ................................................................. YES □ NO □
80. Are you easily hurt when people find fault with you or the work you do? ........... YES □ NO □
81. Have you ever been late for an appointment or work? ............................................. YES □ NO □
82. Do you like plenty of bustle and excitement around you? ....................................... YES □ NO □
83. Would you like other people to be afraid of you? ................................................... YES □ NO □
84. Are you sometimes bubbling over with energy and sometimes very sluggish? .... YES □ NO □
85. Do you sometimes put off until tomorrow what you ought to do today? ............... YES □ NO □
86. Do other people think of you as being very lively? .................................................. YES □ NO □
87. Do people tell you a lot of lies? .............................................................................. YES □ NO □
88. Are you touchy about some things? ........................................................................ YES □ NO □
89. Are you always willing to admit it when you have made a mistake? ...................... YES □ NO □
90. Would you feel very sorry for an animal caught in a trap? ..................................... YES □ NO □

PLEASE CHECK TO SEE THAT YOU HAVE ANSWERED ALL THE QUESTIONS
Appendix H
LIFE ACTIVITIES SCALE

This is an inventory about various aspects of work and social life. It includes separate sections for high school and college. Read each question and decide which choice best describes your experience.

High School Years--16 to 18 years

1. What was your letter grade average for your last two years of High School combined?
   A. A- to A+
   B. B to B+
   C. B- to B
   D. C to C-
   E. C- to C

2. How well did you get along in High School?
   A. never seemed to have any trouble
   B. disciplined by teachers a few times
   C. often disciplined by teachers
   D. often disciplined by the main office staff
   E. suspended or expelled from school

3. How many school organizations (e.g., academic clubs, sports teams, fraternity or social clubs, musical or drama group, language or hobby clubs) did you belong to during your High School years?
   A. 4 or more
   B. 3
   C. 2
   D. 1
   E. 0

4. How many close friends (friends you saw frequently or with whom you could share your troubles) did you have in High School (between the ages of 16-18 years)?
   A. 6 or more
   B. 4 or 5
   C. 2 or 3
   D. 1
   E. none at that time

5. How many of these friends were of the opposite sex?
   A. all
   B. about 75%
   C. about 50%
   D. about 25%
   E. none at that time
6. How many people did you date in High School (between 16-18 years)?
   A. 6 or more
   B. 3 to 5
   C. 2
   D. 1
   E. none

7. How many people did you date more than 5 times during your High School years (16-18 years)?
   A. 6 or more
   B. 3 to 5
   C. 2
   D. 1
   E. none

8. Did you have a close emotional relationship with someone of the opposite sex during your High School years (16-18 years)?
   A. yes
   B. no

9. Who primarily did you have sexual relations with during your High School years?
   A. close friend(s) of the opposite sex
   B. close friend(s) of same sex
   C. casual friend(s)
   D. stranger(s)
   E. had no sexual relations

10. What, on the average, was the frequency of your sexual relations during your High School years (16-18 years)?
    A. above average for your peers
    B. average for your peers
    C. somewhat below average for your peers
    D. infrequent

**College Years** - Answer these questions only if you have completed at least one semester of college.

11. What is your cumulative grade-point average in college thus far?
    A. 4.50 - 5.00
    B. 4.00 - 4.50
    C. 3.50 - 4.00
    D. 3.00 - 3.50
    E. 2.00 - 3.00
    F. 1.00 - 2.00
12. How many school organizations (e.g., academic clubs, sports teams, fraternity-sorority, social clubs, musical or drama groups, language or hobby clubs) do you belong to during an average academic semester?

A. 4 or more  
B. 3  
C. 2  
D. 1  
E. 0

13. How many close friends (friends you see frequently or with whom you can share your feelings) do you have now?

A. 6 or more  
B. 4 or 5  
C. 2 or 3  
D. 1  
E. none at present

14. How many of these friends are of the opposite sex?

A. all  
B. about 75%  
C. half, about 50%  
D. about 25%  
E. none currently

15. Do you have any same-sex friend(s) with whom you can share your closest feelings?

A. yes  
B. no

16. Do you have any opposite-sex friend(s) with whom you can share your closest feelings?

A. yes  
B. no

17. How many close friends have you known for over five years with whom you are still close friends?

A. 4 or more  
B. 3  
C. 2  
D. 1  
E. no such friends

18. How many people have you dated in the past year?

A. 6 or more  
B. 3 to 5  
C. 2  
D. 1  
E. none
19. Since coming to college, how many people have you dated more than 10 times?
A. 6 or more
B. 3 to 5
C. 2
D. 1
E. none

20. Since coming to college, have you had an enduring, close emotional, romantic, relationship with someone?
A. yes
B. no

21. If you have ever dated frequently and regularly, how old were you when you started?
A. 13 or younger
B. 14 to 16
C. 16 to 18
D. over 18
E. never did

22. Since coming to college, who primarily have you had sexual relations with?
A. close friend(s) of the opposite sex
B. close friend(s) of the same sex
C. casual friends
D. stranger(s)
E. have had no sexual relations

23. What, on the average, has the frequency of your sexual relations been since coming to college?
A. above average for your peers
B. about average for your peers
C. somewhat below average for your peers
D. infrequent
E. have had no sexual relations

24. What are your current living arrangements?
A. live with lover
B. live with close friend(s)
C. live in fraternity or sorority
D. live with parents
E. live alone
Appendix I
INSTRUCTIONS

1. On this questionnaire are groups of 5 statements.

2. Read each group of statements carefully. Then pick out the one statement in
each group that best describes the way you felt during the WEEK IN YOUR LIFE.
YOU FELT THE MOST DEPRESSED. Circle the number next to the statement you picked.

3. For every group in which you circled 1, 2, 3 or 4 answer the follow-up question
as to whether you felt that way for more or less than 2 weeks.

---

LIFETIME VERSION

---

1) 0 I did not feel sad or depressed.
   1 I occasionally felt sad or down.
   2 I felt sad most of the time, but I was able to snap out of it.
   3 I felt sad all the time, and I couldn't snap out of it.
   4 I was so sad or unhappy that I couldn't stand it.

   *** If you circled 1, 2, 3 or 4: Did you feel sad or down
   for more or less than 2 weeks? more less

2) 0 My energy level was normal.
   1 My energy level was occasionally a little lower than normal.
   2 I got tired more easily or had less energy than usual.
   3 I felt tired from doing almost anything.
   4 I felt tired or exhausted almost all of the time.

   *** If you circled 1, 2, 3 or 4: Was your energy level lower than
   usual for more or less than 2 weeks? more less

3) 0 I was not feeling more restless and fidgety than usual.
   1 I felt a little more restless or fidgety than usual.
   2 I was very restless, and I had some difficulty sitting still
   in a chair.
   3 I was extremely restless, and I paced a little bit almost every day.
   4 I paced more than an hour a day, and I couldn't sit still.

   *** If you circled 1, 2, 3 or 4: Did you feel restless and fidgety
   for more or less than 2 weeks? more less

4) 0 I did not talk or move more slowly than usual.
   1 I talked a little slower than usual.
   2 I spoke slower than usual, and it took me longer to respond
   to questions, but I could still carry on a normal conversation.
   3 Normal conversations were difficult because I was hard to start talking.
   4 I felt extremely slowed down physically, like I was stuck in mud.

   *** If you circled 1, 2, 3 or 4: Did you feel slowed down for more
   or less than 2 weeks? more less

5) 0 I did not lose interest in my usual activities.
   1 I was a little less interested in 1 or 2 of my usual activities.
   2 I was less interested in several of my usual activities.
   3 I lost most of my interest in almost all of my usual activities.
   4 I lost all interest in all of my usual activities.

   *** If you circled 1, 2, 3 or 4: Has your interest in your usual activities
   less for more or less than 2 weeks? more less

6) 0 I got as much pleasure out of my usual activities as usual.
   1 I got a little less pleasure from 1 or 2 of my usual activities.
   2 I got less pleasure from several of my usual activities.
   3 I got almost no pleasure from most of the activities which I usually enjoyed.
   4 I got no pleasure from any of the activities which I usually enjoyed.

   *** If you circled 1, 2, 3 or 4: Was your enjoyment in your usual activities
   low for more or less than 2 weeks? more less

7) 0 My interest in sex was normal.
   1 I was only slightly less interested in sex than usual.
   2 There was a noticeable decrease in my interest in sex.
   3 I was much less interested in sex.
   4 I lost all interest in sex.

   *** If you circled 1, 2, 3 or 4: Was your interest in sex for more
   or less than 2 weeks? more less

8) 0 I did not feel guilty.
   1 I occasionally felt a little guilty.
   2 I often felt guilty.
   3 I felt quite guilty most of the time.
   4 I felt extremely guilty most of the time.

   *** If you circled 1, 2, 3 or 4: Did you have guilt feelings for more
   or less than 2 weeks? more less

9) 0 I did not feel like a failure.
   1 My opinion of myself was occasionally a little low.
   2 I felt I was inferior to most people.
   3 I felt like a failure.
   4 I felt I was a totally worthless person.

   *** If you circled 1, 2, 3 or 4: Were you down on yourself for more
   or less than 2 weeks? more less

10) 0 I didn't have any thoughts of death or suicide.
    1 I occasionally thought life was not worth living.
    2 I frequently thought of dying in passive ways (such as going to sleep
    and not waking up), or that I'd be better off dead.
    3 I had frequent thoughts of killing myself.
    4 I tried to kill myself.

   *** If you circled 1, 2, 3 or 4: Did you think about dying or killing
   yourself for more or less than 2 weeks? more less
0 I could concentrate as usual.
1 My ability to concentrate was slightly worse than usual.
2 My attention span was not as good as usual and I had difficulty collecting my thoughts, but this didn't cause any problems.
3 My ability to read or hold a conversation was not as good as usual.
4 I could not read, watch TV, or have a conversation without great difficulty.

*** If you circled 1, 2, 3 or 4: Did you have problems concentrating for more or less than 2 weeks? more less

12) I made decisions as usual.
1 Decision making was slightly more difficult than usual.
2 It was harder and took longer to make decisions, but I did make them.
3 I was unable to make some decisions.
4 I couldn't make any decisions at all.

*** If you circled 1, 2, 3 or 4: Did you have problems making decisions for more or less than 2 weeks? more less

13) My appetite was not less than normal.
1 My appetite was slightly worse than usual.
2 My appetite was clearly not as good as usual, but I still ate.
3 My appetite was much worse.
4 I had no appetite at all, and I had to force myself to eat even a little.

*** If you circled 1, 2, 3 or 4: Was your appetite decreased for more or less than 2 weeks? more less

14) I didn't lose any weight.
1 I lost less than 5 pounds.
2 I lost between 5-10 pounds.
3 I lost between 11-25 pounds.
4 I lost more than 25 pounds.

If you circled 1, 2, 3 or 4: Were you dieting and deliberately trying to lose weight? Y or N

*** If you circled 1, 2, 3 or 4: Were you losing weight for more or less than 2 weeks? more less

15) My appetite was not greater than normal.
1 My appetite was slightly greater than usual.
2 My appetite was clearly greater than usual.
3 My appetite was much greater than usual.
4 I felt hungry all the time.

*** If you circled 1, 2, 3 or 4: Was your appetite increased for more or less than 2 weeks? more less

16) I didn't gain any weight.
1 I gained less than 5 pounds.
2 I gained between 5-10 pounds.
3 I gained between 11-25 pounds.
4 I gained more than 29 pounds.

*** If you circled 1, 2, 3 or 4: Were you gaining weight for more or less than 2 weeks? more less

17) I was not sleeping less than normal.
1 I occasionally had slight difficulty sleeping.
2 I clearly didn't sleep as well as usual.
3 I slept about half my normal amount of time.
4 I slept less than 2 hours per night.

*** If you circled 1, 2, 3 or 4: Did you have sleep problems for more or less than 2 weeks? more less

18) I was not sleeping more than normal.
1 I occasionally slept more than usual.
2 I frequently slept at least 8 hours more than usual.
3 I frequently slept at least 2 hours more than usual.
4 I frequently slept at least 3 hours more than usual.

*** If you circled 1, 2, 3 or 4: Did you sleep extra for more or less than 2 weeks? more less

19) I did not feel anxious, nervous or tense.
1 I occasionally felt a little anxious.
2 I often felt anxious.
3 I felt very anxious most of the time.
4 I felt terrified and near panic.

*** If you circled 1, 2, 3 or 4: Did you feel anxious, nervous or tense for more or less than 2 weeks? more less

20) I was not discouraged about the future.
1 I occasionally felt a little discouraged about the future.
2 I often felt discouraged about the future.
3 I felt very discouraged about the future most of the time.
4 I felt that the future was hopeless and that things would never improve.

*** If you circled 1, 2, 3 or 4: Did you feel discouraged for more or less than 2 weeks? more less

21) I was not irritable or annoyed.
1 I occasionally got a little more irritable than usual.
2 I got irritable or annoyed by things that usually didn't bother me.
3 I felt irritable or annoyed almost all the time.
4 I felt so depressed that I didn't get irritated at all by things that would normally bother me.

*** If you circled 1, 2, 3 or 4: Did you feel more irritable than usual for more or less than 2 weeks? more less

22) I was not worried about my physical health.
1 I was occasionally concerned about bodily aches and pains.
2 I was worried about my physical health.
3 I was very worried about my physical health.
4 I was so worried about my physical health that I could not think about anything else.

*** If you circled 1, 2, 3 or 4: Did you worry about your physical health for more or less than 2 weeks? more less
The following questions are about the period of depression you just described.

1) Did anything cause the depression? yes no
   IF YOU CIRCLED YES, DESCRIBE BRIEFLY:

2) How long did the depression last? (CIRCLE ONE)
   a. less than 1 week
   b. at least 1 week, but less than 2 weeks
   c. at least 2 weeks, but less than 1 month
   d. at least 1 month, but less than 6 months
   e. at least 6 months, but less than 1 year
   f. at least 1 year, but less than 2 years
   g. 2 years or more

3) Did the depression affect your schoolwork, job, social life, performance of household chores, or anything else? yes no
   IF YOU CIRCLED YES, DESCRIBE BRIEFLY:

4) Did you see a counselor, psychologist, or psychiatrist about how you were feeling? yes no

5) Did you receive any medication for how you were feeling? yes no

6) Were you hospitalized for the depression? yes no
Appendix J
1. I consider myself to be pretty much an average kind of person.
2. It would make me nervous to play the clown in front of other people.
3. I am frequently so "hyper" that my friends kiddingly ask me what drug I'm taking.
4. I think I would make a good nightclub comedian.
5. Sometimes ideas and insights come to me so fast that I cannot express them all.
6. When with groups of people, I usually prefer to let someone else be the center of attention.
7. In unfamiliar surroundings, I am often so assertive and sociable that I surprise myself.
8. There are often times when I am so restless that it is impossible for me to sit still.
9. Many people consider me to be amusing but kind of eccentric.
10. When I feel an emotion, I usually feel it with extreme intensity.
11. I am frequently in such high spirits that I can't concentrate on anything for too long.
12. I sometimes have felt that nothing can happen to me until I do what I am meant to do in life.
13. People often come to me when they need a clever idea.
14. I am no more self-aware than the majority of people.
15. I often feel excited and happy for no apparent reason.
16. I can't imagine that anyone would ever write a book about my life.
17. I am usually in an average sort of mood, not too high and not too low.
18. I often have moods where I feel so energetic and optimistic that I feel I could outperform almost anyone at anything.
19. I have such a wide range of interests that I often don't know what to do next.  
True  False

20. There have often been times when I had such energy that I felt little need to sleep at night.  
True  False

21. My moods do not seem to fluctuate any more than most people's do.  
True  False

22. I very frequently get into moods where I wish I could be everywhere and do everything at once.  
True  False

23. I expect that someday I will succeed in several different professions.  
True  False

24. When I feel very excited and happy, I almost always know the reason why.  
True  False

25. When I go to a gathering where I don't know anyone, it usually takes me a while to feel comfortable.  
True  False

26. I think I would make a good actor, because I can play many roles convincingly.  
True  False

27. I like to have others think of me as a normal kind of person.  
True  False

28. I frequently write down the thoughts and insights that come to me when I am thinking especially creatively.  
True  False

29. I have often persuaded groups of friends to do something really adventurous or crazy.  
True  False

30. I would really enjoy being a politician and hitting the campaign trail.  
True  False

31. I can usually slow myself down when I want to.  
True  False

32. I am considered to be kind of a "hyper" person.  
True  False

33. I often get so happy and energetic that I am almost giddy.  
True  False

34. There are so many fields I could succeed in that it seems a shame to have to pick one.  
True  False

35. I often get into moods where I feel like many of the rules of life don't apply to me.  
True  False

36. I find it easy to get others to become sexually interested in me.  
True  False
37. I seem to be a person whose mood goes up and down easily.  True  False
38. I frequently find that my thoughts are racing.  True  False
39. I am so good at controlling others that it sometimes scares me.  True  False
40. At social gatherings, I am usually the "life of the party".  True  False
41. I do most of my best work during brief periods of intense inspiration.  True  False
42. I seem to have an uncommon ability to persuade and inspire others.  True  False
43. I have often been so excited about an involving project that I didn't care about eating and sleeping.  True  False
44. I frequently get into moods where I feel very speeded-up and irritable.  True  False
45. I have often felt happy and irritable at the same time.  True  False
46. I often get into excited moods where it's almost impossible for me to stop talking.  True  False
47. I would rather be an ordinary success in life than a spectacular failure.  True  False
48. A hundred years after I'm dead, my achievements will probably have been forgotten.  True  False
Appendix K
For each statement, circle T if the statement is generally TRUE for you or F is the statement is generally FALSE about you. Although some questions will be difficult to answer, it is important that you pick one alternative or the other.

1. I often keep working on a problem even if I am very tired.  
2. I see no point in sticking with a problem if success is unlikely.  
3. I play hard and I work hard.  
4. I enjoy putting in long hours  
5. I don't enjoy problems that can't be solved quickly and efficiently.  
6. People say that I drive myself hard.  
7. I often go on working on a problem long after others would have given up. 
8. I work just hard enough to get by without overdoing it.  
9. I like to try difficult things.  
10. I like hard work.  
11. In my work I have learned not to demand perfection of myself.  
12. Even when I have done something very well, I usually demand that I do better next time.  
13. Some people say that I put my work ahead of too many other things.  
15. I push myself to my limits.  
16. I find it really hard to give up on a project when it proves too difficult.  
17. I see no point in spending time on a task that is probably too difficult.  
18. Striving for excellence means more to me than almost anything else.  
19. I like the kind of work that requires my close attention.  
20. I don't like to do more than is really necessary in my work.  
21. I set extremely high standards for myself in my work.
Appendix L
Instructions

This is an inventory about various aspects of work and social life. Each of the questions asks about things which have happened throughout the last two months. It might be helpful in answering the questions to remember what the date was two months ago, who you were rooming with, what you were doing, and whether any important holidays or events occurred around that time. This will help you set the date. It would be helpful for you to write that date in the following blank space:

Keep this date in mind to indicate the beginning of the two-month period which the inventory asks about. But remember the inventory asks you what happened throughout the whole two-month period.

Most questions on the inventory have a number of alternative answers (the alternatives are shown as "a" through "e"). For each question, circle the alternative which most represents how you have typically been over the past two months.

Please take your time and think about each question before answering. If you have difficulty answering any of the questions, do not skip them—give the best possible answer you can think of.

Thank you for your help.
Friends

This section includes questions about relationships with friends and roommates. Do not consider dating relationships or a steady boyfriend or girlfriend in answering these questions because separate questions will be asked about those relationships later.

In the past 2 months....

1. Have there been times when you went out less with friends or you spent less time just visiting or talking with them (not counting times of heavy school work, job duties, or when you were physically ill)?
   a. There were no such times.
   b. You went out a little less with friends, but still spent time visiting and talking with them.
   c. You went out much less with friends, except for special friends who you still spent time with or talked to on the phone.
   d. You were unlikely to go out with friends and you spent less time just visiting or talking with all your friends, even special friends.

2. Considering your answer above, about how much of the past 2 months was this true for you?
   a. Up to 1 week (or the question does not apply).
   b. Between 1 and 3 weeks
   c. Between 3 and 4 weeks
   d. Between 4 and 5 weeks
   e. Over 5 weeks

In the past 2 months....

3. Have there been times when there was an increased amount of friction between you and your friends?
   a. There were no such times.
   b. There was friction between you and your friends, but it never resulted in open arguments or fights. Instead it took the form of nonverbal expressions of annoyance.
   c. Several times conversations with friends would almost lead to arguments and there were a lot of negative or snide remarks made, but there were no open arguments between you and your friends.
   d. There was a good deal of friction between you and your friends which resulted in at least one open argument.
   e. You had one or more major arguments or physical fights with friends, and at least one friendship was damaged or destroyed.
4. Considering your answer above, about how much of the past 2 months was this true for you?
   a. 1 day (or the question does not apply)
   b. Several days
   c. About 1 week
   d. Between 1 and 3 weeks
   e. Over 3 weeks

School

This section contains several questions about school. Complete this section only if you have attended school for at least half of the past 2 months. If you have not attended school at least half of the past 2 months, circle "a" for questions 5 through 8. Then go to the next section on "Steady love relationships" (question 9).

5. Did you attend school at least half of the past 2 months?
   a. No
   b. Yes

In the past 2 months....

6. Have there been times, other than when you were physically ill, when you missed a full day of classes (Do not count days immediately preceding or following school vacation periods)?
   a. You did not attend school over the past 2 months, or there were no such times.
   b. You missed classes completely 1 or 2 days
   c. You missed classes completely 3 to 4 days
   d. You missed up to 1 week of classes
   e. You missed over 1 week of classes
In the past 2 months....

7. Have there been times, other than when you were physically ill, when you had difficulty keeping up with your schoolwork?
   a. You did not attend school over the past 2 months, or there were no such times.
   b. You fell a little behind in doing the required readings or assignments for several of your courses.
   c. You fell far behind in doing the required readings and assignments for one or two of your courses.
   d. You fell far behind in doing the required readings and assignments for up to half of your courses.
   e. You fell far behind in doing the required readings and assignments for most of your courses.

8. Considering your answer above, about how much of the past 2 months was this true for you?
   a. Several days (or the question does not apply)
   b. About 1 week
   c. About 2 weeks
   d. About 3 weeks
   e. Over 3 weeks

Steady Love Relationships

This section contains questions about steady love relationships. In other words, close and serious relationships. Consider your relationship to be a steady one only if you have gone out with your boyfriend or girlfriend at least half of the past 2 months, or if you are married. (Do not include a relationship with a boy/girlfriend who lives out of town). If you have not had such a steady relationship, circle “a” for questions 9 through 13. Then go to the next section on “Dating Relationships” (question 14).

9. Did you have a steady love relationship at least half of the past 2 months?
   a. No
   b. Yes
10. Have there been times when you did fewer things with your boy-girlfriend/spouse or when you spent less time just chatting, or spending relaxed time with him/her (not counting times of heavy school work or job duties)?

a. You did not have such a relationship over the past 2 months, or there were no such times.

b. You did a little less with your boy-girlfriend/spouse, but still spent time talking with him/her.

c. You did much less with your boy-girlfriend/spouse, and you spent less time talking with him/her.

d. You were unlikely to spend time with your boy-girlfriend/spouse unless they urged you.

e. You stopped spending time with your boy-girlfriend/spouse almost completely or avoided him/her as much as possible.

11. Considering your answer above, about how much of the past 2 months was this true for you?

a. Up to 1 week (or the question does not apply)

b. Between 1 and 2 weeks

c. Between 2 and 3 weeks

d. Between 3 and 4 weeks

e. Over 4 weeks

In the past 2 months....

12. Have there been times when there was friction between you and your boy-girlfriend/spouse?

a. You did not have such a relationship over the past 2 months, or there were no such times.

b. There was friction between you and your boy-girlfriend/spouse, but it never resulted in open arguments or fights. Instead, it took the form of nonverbal expressions of annoyance, or there were a lot of negative or snide remarks made.

c. There was a good deal of friction between you and your boy-girlfriend/spouse which resulted in at least one open argument.

d. You had one or more major arguments with your boy-girlfriend/spouse and at least one of you suggested breaking off the relationship.

e. You had one or more major arguments with your boy-girlfriend/spouse and your relationship broke up.
13. Considering your answer above, about how much of the past 2 months was this true for you?
   a. Up to several days (or the question does not apply)
   b. About 1 week
   c. Between 1 and 2 weeks
   d. Between 2 and 3 weeks
   e. Over 3 weeks

**Dating Relationships**

This section contains a question about less steady dating relationships. If you have not had such relationships in the past 2 months, circle "a" for questions 14 and 15. Then go to the next section on "Work" (question 16).

14. Did you have any dating relationships in the past 2 months?
   a. No
   b. Yes

In the past 2 months....

15. How many of your dating relationships have ended because of disagreements or differences of opinion between you and your date?
   a. None
   b. Less than a quarter
   c. A quarter to a half
   d. A half to three-quarters
   e. Almost all

**Work**

This section contains several questions about your job. Complete this section only if you have had one or more jobs at least half of the past 2 months. If you have had more than one job in the past 2 months, consider them all together. If you have not had a job at least half of the past 2 months, circle "a" for questions 16-23. Then go to the section on "Family" (question 24).

16. Did you have a job at least half of the past 2 months?
   a. No
   b. Yes
17. Have there been times, other than when you were physically ill, when you either had a lot of trouble getting to work on time, or missed work completely?
   a. You did not have a job over the past 2 months, or there were no such times.
   b. You were late to work several times, but did not miss any days completely.
   c. You missed work 1 to 2 days.
   d. You missed work 3 to 4 days.
   e. You missed work 4 or more days.

18. Have there been times when your boss, supervisor, or co-workers indicated that they were dissatisfied with your work?
   a. You did not have a job in the past 2 months.
   b. Your boss, supervisor, or co-workers never complained to you about your work.
   c. Your boss, supervisor, or co-workers made only a minor criticism of your work.
   d. Your boss, supervisor, or co-workers complained more seriously to you about your work.
   e. Your boss, supervisor, or co-workers complained more seriously to you about your work and perhaps threatened to fire or demote you.

19. Considering your answer above, how many times has this occurred in the past 2 months?
   a. The question does not apply
   b. 1 time
   c. 2 times
   d. 3 times
   e. 4 or more times
In the past 2 months....

20. Have there been times, other than when you were physically ill, when the efficiency of your work decreased considerably?
   a. You did not have a job over the past 2 months.
   b. Your efficiency did not decrease.
   c. There was a little decrease in your efficiency.
   d. There was a definite decrease in your efficiency.
   e. Your efficiency decreased greatly and either you were not able to do some of the work you were supposed to do, or some of the work you did was poorly done.

21. Considering your answer above, about how much of the past 2 months was this true for you?
   a. The question does not apply
   b. 1 to 2 days
   c. 2 to 4 days
   d. About 1 week
   e. Over 1 week

Co-workers

This section contains questions about relationships with your co-workers. If you have worked more than one job in the last 2 months, consider all your co-workers together.

In the past 2 months....

22. Have there been times when there was friction between you and the people you work with (boss, supervisor, co-workers, etc.)?
   a. You did not have a job over the past 2 months.
   b. There was no friction between you and the people you work with.
   c. There was friction between you and some of the people you work with, but it never resulted in open arguments or fights. Instead, it took the form of nonverbal expressions of annoyance.
   d. There was friction between you and some of the people you work with, and several times comments or conversations would almost lead to arguments.
   e. There was a good deal of friction between you and some of the people at work which resulted in at least one open argument.
23. Considering your answer above, about how much of the past 2 months was this true for you?
   a. The question does not apply
   b. 1 day
   c. 2 or 3 days
   d. 4 or 5 days
   e. Up to 1 week or more

Family

This section includes several questions about relationships with family members. By "family members" we mean parents and siblings. Do not include a spouse or lovers when answering the questions in this section. Answer these questions whether or not you have lived with any family members during the last two months.

24. Did you live with your family at least half of the past 2 months?
   a. No
   b. Yes

In the past 2 months....

25. Have there been times when there was friction between you and your family members?
   a. There were no such times, or the question does not apply.
   b. Several times conversations with family members would almost lead to arguments and there were a lot of negative or snide remarks made but there were no open arguments between you and your family members.
   c. There was friction between you and your family members which resulted in at least one open argument.
   d. There was friction between you and your family members which resulted in many open arguments.
   e. You had at least one or more major arguments or physical fights with family members, and your relationship with at least one family member was damaged or destroyed.
26. Considering your answer above, about how much of the past 2 months was this true for you?
   a. Several days (or the question does not apply)
   b. About 1 week
   c. Between 1 and 2 weeks
   d. Between 2 and 3 weeks
   e. Over 3 weeks

**Health Services Utilization**

27. In the past 2 months, how often have you thought about seeing someone for help with an emotional or nervous problem?
   a. Never
   b. Once or twice
   c. Several times
   d. Very often
   e. Have seen someone

28. In the past 2 months, have friends or relatives suggested that you see a doctor, therapist, counselor, or minister about an emotional or nervous problem?
   a. No
   b. Yes

29. In the past 2 months, have you been referred for help for an emotional or nervous problem by a doctor, teacher, guidance counselor or social worker?
   a. No
   b. Yes

30. In the past 2 months, have you seen a doctor, therapist, counselor, or minister about an emotional or nervous problem?
   a. No
   b. Yes

31. In the past 2 months, have you taken prescribed medications for an emotional or nervous problem?
   a. No
   b. Yes

32. In the past 2 months, were you hospitalized for an emotional or nervous problem?
   a. No
   b. Yes