

M.I.N.I.

MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW

English Version 5.0.0

DSM-IV

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DISCLAIMER

Our aim is to assist in the assessment and tracking of patients with greater efficiency and accuracy. Before action is taken on any data collected and processed by this program, it should be reviewed and interpreted by a licensed clinician.

This program is not designed or intended to be used in the place of a full medical and psychiatric evaluation by a qualified licensed physician – psychiatrist. It is intended only as a tool to facilitate accurate data collection and processing of symptoms elicited by trained personnel.

M.I.N.I. 5.0.0 (July 1, 2006)

Patient Name:	_____	Patient Number:	_____
Date of Birth:	_____	Time Interview Began:	_____
Interviewer's Name:	_____	Time Interview Ended:	_____
Date of Interview:	_____	Total Time:	_____

MODULES	TIME FRAME	MEETS CRITERIA	DSM-IV	ICD-10	
A MAJOR DEPRESSIVE EPISODE	Current (2 weeks)	<input type="checkbox"/>	296.20-296.26 Single	F32.x	<input type="checkbox"/>
	Recurrent	<input type="checkbox"/>	296.30-296.36 Recurrent	F33.x	<input type="checkbox"/>
MDE WITH MELANCHOLIC FEATURES Optional	Current (2 weeks)	<input type="checkbox"/>	296.20-296.26 Single	F32.x	<input type="checkbox"/>
			296.30-296.36 Recurrent	F33.x	<input type="checkbox"/>
B DYSTHYMIA	Current (Past 2 years)	<input type="checkbox"/>	300.4	F34.1	<input type="checkbox"/>
C SUICIDALITY	Current (Past Month) Risk: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<input type="checkbox"/>			<input type="checkbox"/>
D MANIC EPISODE	Current	<input type="checkbox"/>	296.00-296.06	F30.x-F31.9	<input type="checkbox"/>
	Past	<input type="checkbox"/>			
HYPOMANIC EPISODE	Current	<input type="checkbox"/>	296.80-296.89	F31.8-F31.9/F34.0	<input type="checkbox"/>
	Past	<input type="checkbox"/>			
E PANIC DISORDER	Current (Past Month)	<input type="checkbox"/>	300.01/300.21	F40.01-F41.0	<input type="checkbox"/>
	Lifetime	<input type="checkbox"/>			
F AGORAPHOBIA	Current	<input type="checkbox"/>	300.22	F40.00	<input type="checkbox"/>
G SOCIAL PHOBIA (Social Anxiety Disorder)	Current (Past Month)	<input type="checkbox"/>	300.23	F40.1	<input type="checkbox"/>
H OBSESSIVE-COMPULSIVE DISORDER	Current (Past Month)	<input type="checkbox"/>	300.3	F42.8	<input type="checkbox"/>
I POSTTRAUMATIC STRESS DISORDER	Current (Past Month)	<input type="checkbox"/>	309.81	F43.1	<input type="checkbox"/>
J ALCOHOL DEPENDENCE	Past 12 Months	<input type="checkbox"/>	303.9	F10.2x	<input type="checkbox"/>
	ALCOHOL ABUSE	Past 12 Months	305.00	F10.1	<input type="checkbox"/>
K SUBSTANCE DEPENDENCE (Non-alcohol)	Past 12 Months	<input type="checkbox"/>	304.00-.90/305.20-.90	F11.1-F19.1	<input type="checkbox"/>
	SUBSTANCE ABUSE (Non-alcohol)	Past 12 Months	304.00-.90/305.20-.90	F11.1-F19.1	<input type="checkbox"/>
L PSYCHOTIC DISORDERS	Lifetime	<input type="checkbox"/>	295.10-295.90/297.1/ 297.3/293.81/293.82/ 293.89/298.8/298.9	F20.xx-F29	<input type="checkbox"/>
	Current	<input type="checkbox"/>			
MOOD DISORDER WITH PSYCHOTIC FEATURES	Lifetime	<input type="checkbox"/>	296.24/296.34/296.44	F32.3/F33.3/	<input type="checkbox"/>
	Current	<input type="checkbox"/>	296.24/296.34/296.44	F30.2/F31.2/F31.5 F31.8/F31.9/F39	<input type="checkbox"/>
M ANOREXIA NERVOSA	Current (Past 3 Months)	<input type="checkbox"/>	307.1	F50.0	<input type="checkbox"/>
N BULIMIA NERVOSA	Current (Past 3 Months)	<input type="checkbox"/>	307.51	F50.2	<input type="checkbox"/>
	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	Current	307.1	F50.0	<input type="checkbox"/>

- | | | | | | | |
|---|---|-------------------------|--------------------------|--------|-------|--------------------------|
| O | GENERALIZED ANXIETY DISORDER | Current (Past 6 Months) | <input type="checkbox"/> | 300.02 | F41.1 | <input type="checkbox"/> |
| P | ANTISOCIAL PERSONALITY DISORDER
Optional | Lifetime | <input type="checkbox"/> | 301.7 | F60.2 | <input type="checkbox"/> |

Which problem troubles you the most? Indicate your response by checking the appropriate check box(es). _____

GENERAL INSTRUCTIONS

The M.I.N.I. was designed as a brief structured interview for the major Axis I psychiatric disorders in DSM-IV and ICD-10. Validation and reliability studies have been done comparing the M.I.N.I. to the SCID-P for DSM-III-R and the CIDI (a structured interview developed by the World Health Organization for lay interviewers for ICD-10). The results of these studies show that the M.I.N.I. has acceptably high validation and reliability scores, but can be administered in a much shorter period of time (mean 18.7 ± 11.6 minutes, median 15 minutes) than the above referenced instruments. It can be used by clinicians, after a brief training session. Lay interviewers require more extensive training.

INTERVIEW:

In order to keep the interview as brief as possible, inform the patient that you will conduct a clinical interview that is more structured than usual, with very precise questions about psychological problems which require a yes or no answer.

GENERAL FORMAT:

The M.I.N.I. is divided into **modules** identified by letters, each corresponding to a diagnostic category.

- At the beginning of each diagnostic module (except for psychotic disorders module), screening question(s) corresponding to the main criteria of the disorder are presented in a **gray box**.
- At the end of each module, diagnostic box(es) permit the clinician to indicate whether diagnostic criteria are met.

CONVENTIONS:

Sentences written in « normal font » should be read exactly as written to the patient in order to standardize the assessment of diagnostic criteria.

Sentences written in « CAPITALS » should not be read to the patient. They are instructions for the interviewer to assist in the scoring of the diagnostic algorithms.

Sentences written in « bold » indicate the time frame being investigated. The interviewer should read them as often as necessary. Only symptoms occurring during the time frame indicated should be considered in scoring the responses.

Answers with an arrow above them (➡) indicate that one of the criteria necessary for the diagnosis(es) is not met. In this case, the interviewer should go to the end of the module, circle « **NO** » in all the diagnostic boxes and move to the next module.

When terms are separated by a *slash (/)* the interviewer should read only those symptoms known to be present in the patient (for example, question H6).

Phrases in (parentheses) are clinical examples of the symptom. These may be read to the patient to clarify the question.

RATING INSTRUCTIONS:

All questions must be rated. The rating is done at the right of each question by circling either Yes or No. Clinical judgment by the rater should be used in coding the responses. The rater should ask for examples when necessary, to ensure accurate coding. The patient should be encouraged to ask for clarification on any question that is not absolutely clear.

The clinician should be sure that each dimension of the question is taken into account by the patient (for example, time frame, frequency, severity, and/or alternatives).

Symptoms better accounted for by an organic cause or by the use of alcohol or drugs should not be coded positive in the M.I.N.I. The M.I.N.I. Plus has questions that investigate these issues.

For any questions, suggestions, need for a training session, or information about updates of the M.I.N.I., please contact :

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MAJOR DEPRESSIVE EPISODE WITH MELANCHOLIC FEATURES (optional)

(➡ MEANS : GO TO THE DIAGNOSTIC BOX, CIRCLE NO, AND MOVE TO THE NEXT MODULE)

IF THE PATIENT CODES POSITIVE FOR A CURRENT MAJOR DEPRESSIVE EPISODE (A3 = YES), EXPLORE THE FOLLOWING:

A5	a During the most severe period of the current depressive episode, did you lose almost completely your ability to enjoy nearly everything?	NO	YES
	b During the most severe period of the current depressive episode, did you lose your ability to respond to things that previously gave you pleasure, or cheered you up? IF NO: When something good happens does it fail to make you feel better, even temporarily?	NO	YES
	IS EITHER A5a OR A5b CODED YES ?	➡ NO	YES

A6 Over the past two week period, when you felt depressed and uninterested:

- | | | | |
|---|--|----|-----|
| a | Did you feel depressed in a way that is different from the kind of feeling you experience when someone close to you dies? | NO | YES |
| b | Did you feel regularly worse in the morning, almost every day? | NO | YES |
| c | Did you wake up at least 2 hours before the usual time of awakening and have difficulty getting back to sleep, almost every day? | NO | YES |
| d | IS A3c CODED YES (PSYCHOMOTOR RETARDATION OR AGITATION)? | NO | YES |
| e | IS A3a CODED YES FOR ANOREXIA OR WEIGHT LOSS? | NO | YES |
| f | Did you feel excessive guilt or guilt out of proportion to the reality of the situation? | NO | YES |

ARE 3 OR MORE A6 ANSWERS CODED YES?

NO	YES
<i>Major Depressive Episode</i>	
with	
<i>Melancholic Features</i>	
<i>Current</i>	

B. DYSTHYMIA

(➡ MEANS : GO TO THE DIAGNOSTIC BOX, CIRCLE **NO**, AND MOVE TO THE NEXT MODULE)

IF PATIENT'S SYMPTOMS CURRENTLY MEET CRITERIA FOR MAJOR DEPRESSIVE EPISODE, DO NOT EXPLORE THIS MODULE.

B1	Have you felt sad, low or depressed most of the time for the last two years?	➡ NO	YES
B2	Was this period interrupted by your feeling OK for two months or more?	NO	➡ YES
B3	During this period of feeling depressed most of the time:		
a	Did your appetite change significantly?	NO	YES
b	Did you have trouble sleeping or sleep excessively?	NO	YES
c	Did you feel tired or without energy?	NO	YES
d	Did you lose your self-confidence?	NO	YES
e	Did you have trouble concentrating or making decisions?	NO	YES
f	Did you feel hopeless?	NO	YES
	ARE 2 OR MORE B3 ANSWERS CODED YES ?	➡ NO	YES

B4 Did the symptoms of depression cause you significant distress or impair your ability to function at work, socially, or in some other important way?

NO	YES
<i>DYSTHYMIA</i>	
CURRENT	

C. SUICIDALITY

In the past month did you:

		NO	YES	Points
C1	Suffer any accident? IF NO TO C1, SKIP TO C2; IF YES, ASK C1a,:	NO	YES	0
C1a	Plan or intend to hurt yourself in that accident either passively or actively? IF NO TO C1a, SKIP TO C2: IF YES, ASK C1b,:	NO	YES	0
C1b	Did you intend to die as a result of this accident?	NO	YES	0
C2	Think that you would be better off dead or wish you were dead?	NO	YES	1
C3	Want to harm yourself or to hurt or to injure yourself?	NO	YES	2
C4	Think about suicide?	NO	YES	6

IF YES, ASK ABOUT THE INTENSITY AND FREQUENCY OF THE SUICIDAL IDEATION:

	Frequency	Intensity									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Occasionally <input type="checkbox"/></td> <td style="width: 50%;">Mild <input type="checkbox"/></td> </tr> <tr> <td>Often <input type="checkbox"/></td> <td>Moderate <input type="checkbox"/></td> </tr> <tr> <td>Very often <input type="checkbox"/></td> <td>Severe <input type="checkbox"/></td> </tr> </table>	Occasionally <input type="checkbox"/>	Mild <input type="checkbox"/>	Often <input type="checkbox"/>	Moderate <input type="checkbox"/>	Very often <input type="checkbox"/>	Severe <input type="checkbox"/>	→	Can you control these impulses and state that you will not act on them while in this program? Only score 8 points if response is NO.	NO	YES	8
Occasionally <input type="checkbox"/>	Mild <input type="checkbox"/>										
Often <input type="checkbox"/>	Moderate <input type="checkbox"/>										
Very often <input type="checkbox"/>	Severe <input type="checkbox"/>										
C5	Have a suicide plan?		NO	YES	8						
C6	Take any active steps to prepare to injure yourself or to prepare for a suicide attempt in which you expected or intended to die?		NO	YES	9						
C7	Deliberately injure yourself without intending to kill yourself?		NO	YES	4						
C8	Attempt suicide? <input type="checkbox"/> Hoped to be rescued / survive <input type="checkbox"/> Expected / intended to die <input type="checkbox"/>		NO	YES	10						

In your lifetime:

	C9		NO	YES	4

IS AT LEAST 1 OF THE ABOVE (EXCEPT C1) CODED YES?

IF YES, ADD THE TOTAL NUMBER OF POINTS FOR THE ANSWERS (C1-C9) CHECKED 'YES' AND SPECIFY THE LEVEL OF SUICIDE RISK AS INDICATED IN THE DIAGNOSTIC BOX:

MAKE ANY ADDITIONAL COMMENTS ABOUT YOUR ASSESSMENT OF THIS PATIENT'S CURRENT AND NEAR FUTURE SUICIDE RISK IN THE SPACE BELOW:

NO	YES
SUICIDE RISK CURRENT	
1-8 points	Low <input type="checkbox"/>
9-16 points	Moderate <input type="checkbox"/>
≥ 17 points	High <input type="checkbox"/>

D. (HYPO) MANIC EPISODE

➡ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

D1	a	Have you ever had a period of time when you were feeling 'up' or 'high' or 'hyper' or so full of energy or full of yourself that you got into trouble, or that other people thought you were not your usual self? (Do not consider times when you were intoxicated on drugs or alcohol.)	NO	YES
----	---	---	----	-----

IF PATIENT IS PUZZLED OR UNCLEAR ABOUT WHAT YOU MEAN BY 'UP' OR 'HIGH' OR 'HYPER', CLARIFY AS FOLLOWS: By 'up' or 'high' or 'hyper' I mean: having elated mood; increased energy; needing less sleep; having rapid thoughts; being full of ideas; having an increase in productivity, motivation, creativity, or impulsive behavior.

IF NO, CODE NO TO **D1b**: IF YES ASK:

	b	Are you currently feeling 'up' or 'high' or 'hyper' or full of energy?	NO	YES
--	---	--	----	-----

D2	a	Have you ever been persistently irritable, for several days, so that you had arguments or verbal or physical fights, or shouted at people outside your family? Have you or others noticed that you have been more irritable or over reacted, compared to other people, even in situations that you felt were justified?	NO	YES
----	---	--	----	-----

IF NO, CODE NO TO **D2b**: IF YES ASK:

	b	Are you currently feeling persistently irritable?	NO	YES
--	---	---	----	-----

		IS D1a OR D2a CODED YES?	NO	YES
--	--	--	----	-----

D3 IF **D1b** OR **D2b** = **YES**: EXPLORE THE **CURRENT** AND THE MOST SYMPTOMATIC **PAST** EPISODE, OTHERWISE IF **D1b** AND **D2b** = **NO**: EXPLORE ONLY THE MOST SYMPTOMATIC **PAST** EPISODE

During the times when you felt high, full of energy, or irritable did you:

	<u>Current Episode</u>		<u>Past Episode</u>		
a	Feel that you could do things others couldn't do, or that you were an especially important person? IF YES, ASK FOR EXAMPLES. THE EXAMPLES ARE CONSISTENT WITH A DELUSIONAL IDEA. <input type="checkbox"/> No <input type="checkbox"/> Yes	NO	YES	NO	YES
b	Need less sleep (for example, feel rested after only a few hours sleep)?	NO	YES	NO	YES
c	Talk too much without stopping, or so fast that people had difficulty understanding?	NO	YES	NO	YES
d	Have racing thoughts?	NO	YES	NO	YES
e	Become easily distracted so that any little interruption could distract you?	NO	YES	NO	YES
f	Become so active or physically restless that others were worried about you?	NO	YES	NO	YES
g	Want so much to engage in pleasurable activities that you ignored the risks or consequences (for example, spending sprees, reckless driving, or sexual indiscretions)?	NO	YES	NO	YES

		<u>Current Episode</u>		<u>Past Episode</u>	
D3	<p>(SUMMARY): ARE 3 OR MORE D3 ANSWERS CODED YES (OR 4 OR MORE IF D1a IS NO (IN RATING PAST EPISODE) AND D1b IS NO (IN RATING CURRENT EPISODE))? RULE: ELATION/EXPANSIVENESS REQUIRES ONLY THREE D3 SYMPTOMS WHILE IRRITABLE MOOD ALONE REQUIRES 4 OF THE D3 SYMPTOMS.</p> <p>VERIFY IF THE SYMPTOMS OCCURRED DURING THE SAME TIME PERIOD.</p>	NO	YES	➔ NO	YES
D4	<p>Did these symptoms last at least a week and cause significant problems at home, at work, socially, or at school, or were you hospitalized for these problems?</p>	NO	YES	NO	YES
		↓	↓	↓	↓
THE EPISODE EXPLORED WAS A:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<i>HYPOMANIC EPISODE</i>	<i>MANIC EPISODE</i>	<i>HYPOMANIC EPISODE</i>	<i>MANIC EPISODE</i>

IS **D4** CODED **NO**?

SPECIFY IF THE EPISODE IS CURRENT OR PAST.

NO	YES
<i>HYPOMANIC EPISODE</i>	
CURRENT	<input type="checkbox"/>
PAST	<input type="checkbox"/>

IS **D4** CODED **YES**?

SPECIFY IF THE EPISODE IS CURRENT OR PAST.

NO	YES
<i>MANIC EPISODE</i>	
CURRENT	<input type="checkbox"/>
PAST	<input type="checkbox"/>

E. PANIC DISORDER

(➔ MEANS : CIRCLE NO IN E5, E6 AND E7 AND SKIP TO F1)

E1	<p>a Have you, on more than one occasion, had spells or attacks when you suddenly felt anxious, frightened, uncomfortable or uneasy, even in situations where most people would not feel that way?</p> <p>b Did the spells surge to a peak within 10 minutes of starting?</p>	➔ NO	YES
E2	At any time in the past, did any of those spells or attacks come on unexpectedly or occur in an unpredictable or unprovoked manner?	➔ NO	YES
E3	Have you ever had one such attack followed by a month or more of persistent concern about having another attack, or worries about the consequences of the attack or did you make a significant change in your behavior because of the attacks (e.g., shopping only with a companion, not wanting to leave your house, visiting the emergency room repeatedly, or seeing your doctor more frequently because of the symptoms?)	NO	YES
E4	During the worst spell that you can remember:		
a	Did you have skipping, racing or pounding of your heart?	NO	YES
b	Did you have sweating or clammy hands?	NO	YES
c	Were you trembling or shaking?	NO	YES
d	Did you have shortness of breath or difficulty breathing?	NO	YES
e	Did you have a choking sensation or a lump in your throat?	NO	YES
f	Did you have chest pain, pressure or discomfort?	NO	YES
g	Did you have nausea, stomach problems or sudden diarrhea?	NO	YES
h	Did you feel dizzy, unsteady, lightheaded or faint?	NO	YES
i	Did things around you feel strange, unreal, detached or unfamiliar, or did you feel outside of or detached from part or all of your body?	NO	YES
j	Did you fear that you were losing control or going crazy?	NO	YES
k	Did you fear that you were dying?	NO	YES
l	Did you have tingling or numbness in parts of your body?	NO	YES
m	Did you have hot flushes or chills?	NO	YES
E5	ARE BOTH E3, AND 4 OR MORE E4 ANSWERS, CODED YES? IF YES TO E5, SKIP TO E7.	NO	YES <i>PANIC DISORDER LIFETIME</i>
E6	IF E5 = NO, ARE ANY E4 ANSWERS CODED YES? THEN SKIP TO F1.	NO	YES <i>LIMITED SYMPTOM ATTACKS LIFETIME</i>
E7	In the past month, did you have such attacks repeatedly (2 or more) followed by persistent concern about having another attack?	NO	YES <i>PANIC DISORDER CURRENT</i>

F. AGORAPHOBIA

F1 Do you feel anxious or uneasy in places or situations where you might have a panic attack or the panic-like symptoms we just spoke about, or where help might not be available or escape might be difficult: like being in a crowd, standing in a line (queue), when you are alone away from home or alone at home, or when crossing a bridge, traveling in a bus, train or car? NO YES

IF F1 = NO, CIRCLE NO IN F2.

F2 Do you fear these situations so much that you avoid them, or suffer through them, or need a companion to face them? NO YES
AGORAPHOBIA
CURRENT

IS F2 (CURRENT AGORAPHOBIA) CODED NO
 and
 IS E7 (CURRENT PANIC DISORDER) CODED YES?

NO YES

***PANIC DISORDER
 without Agoraphobia
 CURRENT***

IS F2 (CURRENT AGORAPHOBIA) CODED YES
 and
 IS E7 (CURRENT PANIC DISORDER) CODED YES?

NO YES

***PANIC DISORDER
 with Agoraphobia
 CURRENT***

IS F2 (CURRENT AGORAPHOBIA) CODED YES
 and
 IS E5 (PANIC DISORDER LIFETIME) CODED NO?

NO YES

***AGORAPHOBIA, CURRENT
 without history of
 Panic Disorder***

G. SOCIAL PHOBIA (Social Anxiety Disorder)

(➡ MEANS : GO TO THE DIAGNOSTIC BOX, CIRCLE **NO** AND MOVE TO THE NEXT MODULE)

G1	In the past month, were you fearful or embarrassed being watched, being the focus of attention, or fearful of being humiliated? This includes things like speaking in public, eating in public or with others, writing while someone watches, or being in social situations.	➡ NO	YES
----	--	---------	-----

G2	Is this social fear excessive or unreasonable?	➡ NO	YES
----	--	---------	-----

G3	Do you fear these social situations so much that you avoid them or suffer through them?	➡ NO	YES
----	---	---------	-----

G4	Do these social fears disrupt your normal work or social functioning or cause you significant distress?		
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SUBTYPES

Do you fear and avoid 4 or more social situations?

If YES Generalized social phobia (social anxiety disorder)

If NO Non-generalized social phobia (social anxiety disorder)

NOTE TO INTERVIEWER: PLEASE ASSESS WHETHER THE SUBJECT’S FEARS ARE RESTRICTED TO NON-GENERALIZED (“ONLY 1 OR SEVERAL”) SOCIAL SITUATIONS OR EXTEND TO GENERALIZED (“MOST”) SOCIAL SITUATIONS. “MOST” SOCIAL SITUATIONS IS USUALLY OPERATIONALIZED TO MEAN 4 OR MORE SOCIAL SITUATIONS, ALTHOUGH THE DSM-IV DOES NOT EXPLICITLY STATE THIS.

EXAMPLES OF SUCH SOCIAL SITUATIONSTYPICALLY INCLUDE INITIATING OR MAINTAINING A CONVERSATION, PARTICIPATING IN SMALL GROUPS, DATING, SPEAKING TO AUTHORITY FIGURES, ATTENDING PARTIES, PUBLIC SPEAKING, EATING IN FRONT OF OTHERS, URINATING IN A PUBLIC WASHROOM, ETC.

NO	YES
SOCIAL PHOBIA <i>(Social Anxiety Disorder)</i> CURRENT	
GENERALIZED	<input type="checkbox"/>
NON-GENERALIZED	<input type="checkbox"/>

I. POSTTRAUMATIC STRESS DISORDER (optional)

(➡ MEANS : GO TO THE DIAGNOSTIC BOX, CIRCLE **NO**, AND MOVE TO THE NEXT MODULE)

I1	Have you ever experienced or witnessed or had to deal with an extremely traumatic event that included actual or threatened death or serious injury to you or someone else? EXAMPLES OF TRAUMATIC EVENTS INCLUDE: SERIOUS ACCIDENTS, SEXUAL OR PHYSICAL ASSAULT, A TERRORIST ATTACK, BEING HELD HOSTAGE, KIDNAPPING, FIRE, DISCOVERING A BODY, SUDDEN DEATH OF SOMEONE CLOSE TO YOU, WAR, OR NATURAL DISASTER.	➡ NO	YES
I2	Did you respond with intense fear, helplessness or horror?	➡ NO	YES
I3	During the past month, have you re-experienced the event in a distressing way (such as, dreams, intense recollections, flashbacks or physical reactions)?	➡ NO	YES

I4 In the past month:

- | | | | |
|---|---|---------|-----|
| a | Have you avoided thinking about or talking about the event ? | NO | YES |
| b | Have you avoided activities, places or people that remind you of the event? | NO | YES |
| c | Have you had trouble recalling some important part of what happened? | NO | YES |
| d | Have you become much less interested in hobbies or social activities? | NO | YES |
| e | Have you felt detached or estranged from others? | NO | YES |
| f | Have you noticed that your feelings are numbed? | NO | YES |
| g | Have you felt that your life will be shortened or that you will die sooner than other people? | NO | YES |
| | ARE 3 OR MORE I4 ANSWERS CODED YES ? | ➡
NO | YES |

I5 In the past month:

- | | | | |
|---|---|---------|-----|
| a | Have you had difficulty sleeping? | NO | YES |
| b | Were you especially irritable or did you have outbursts of anger? | NO | YES |
| c | Have you had difficulty concentrating? | NO | YES |
| d | Were you nervous or constantly on your guard? | NO | YES |
| e | Were you easily startled? | NO | YES |
| | ARE 2 OR MORE I5 ANSWERS CODED YES ? | ➡
NO | YES |

I6 During the past month, have these problems significantly interfered with your work or social activities, or caused significant distress?

NO	YES
POSTTRAUMATIC STRESS DISORDER CURRENT	

J. ALCOHOL ABUSE AND DEPENDENCE

(➡ MEANS: GO TO DIAGNOSTIC BOXES, CIRCLE NO IN BOTH AND MOVE TO THE NEXT MODULE)

J1	In the past 12 months , have you had 3 or more alcoholic drinks within a 3 hour period on 3 or more occasions?	➡ NO	YES
----	---	---------	-----

- J2 **In the past 12 months:**
- a Did you need to drink more in order to get the same effect that you got when you first started drinking? NO YES
 - b When you cut down on drinking did your hands shake, did you sweat or feel agitated? Did you drink to avoid these symptoms or to avoid being hungover, for example, "the shakes", sweating or agitation?
IF YES TO EITHER, CODE YES. NO YES
 - c During the times when you drank alcohol, did you end up drinking more than you planned when you started? NO YES
 - d Have you tried to reduce or stop drinking alcohol but failed? NO YES
 - e On the days that you drank, did you spend substantial time in obtaining alcohol, drinking, or in recovering from the effects of alcohol? NO YES
 - f Did you spend less time working, enjoying hobbies, or being with others because of your drinking? NO YES
 - g Have you continued to drink even though you knew that the drinking caused you health or mental problems? NO YES

ARE 3 OR MORE J2 ANSWERS CODED YES?

* IF YES, SKIP J3 QUESTIONS, CIRCLE N/A IN THE ABUSE BOX AND MOVE TO THE NEXT DISORDER. DEPENDENCE PREEMPTS ABUSE.

NO	YES*
ALCOHOL DEPENDENCE CURRENT	

- J3 **In the past 12 months:**
- a Have you been intoxicated, high, or hungover more than once when you had other responsibilities at school, at work, or at home? Did this cause any problems?
(CODE YES ONLY IF THIS CAUSED PROBLEMS.) NO YES
 - b Were you intoxicated more than once in any situation where you were physically at risk, for example, driving a car, riding a motorbike, using machinery, boating, etc.? NO YES
 - c Did you have legal problems more than once because of your drinking, for example, an arrest or disorderly conduct? NO YES
 - d Did you continue to drink even though your drinking caused problems with your family or other people? NO YES

ARE 1 OR MORE J3 ANSWERS CODED YES?

NO	N/A	YES
ALCOHOL ABUSE CURRENT		

K. NON-ALCOHOL PSYCHOACTIVE SUBSTANCE USE DISORDERS

(➡ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

Now I am going to show you / read to you a list of street drugs or medicines.

- | | | | | |
|----|---|---|---------|-----|
| K1 | a | In the past 12 months , did you take any of these drugs more than once, to get high, to feel better, or to change your mood? | ➡
NO | YES |
|----|---|---|---------|-----|

CIRCLE EACH DRUG TAKEN:

Stimulants: amphetamines, "speed", crystal meth, "crank", "rush", Dexedrine, Ritalin, diet pills.

Cocaine: snorting, IV, freebase, crack, "speedball".

Narcotics: heroin, morphine, Dilaudid, opium, Demerol, methadone, codeine, Percodan, Darvon, OxyContin.

Hallucinogens: LSD ("acid"), mescaline, peyote, PCP ("angel dust", "peace pill"), psilocybin, STP, "mushrooms", "ecstasy", MDA, MDMA, or ketamine ("special K").

Inhalants: "glue", ethyl chloride, "rush", nitrous oxide ("laughing gas"), amyl or butyl nitrate ("poppers").

Marijuana: hashish ("hash"), THC, "pot", "grass", "weed", "reefer".

Tranquilizers: Quaalude, Seconal ("reds"), Valium, Xanax, Librium, Ativan, Dalmane, Halcion, barbiturates, Miltown, GHB, Roofinol, "Roofies".

Miscellaneous: steroids, nonprescription sleep or diet pills. Any others?

SPECIFY MOST USED DRUG(S): _____

CHECK ONE BOX

ONLY ONE DRUG / DRUG CLASS HAS BEEN USED

ONLY THE MOST USED DRUG CLASS IS INVESTIGATED.

EACH DRUG CLASS USED IS EXAMINED SEPARATELY (PHOTOCOPY K2 AND K3 AS NEEDED)

- b SPECIFY WHICH DRUG/DRUG CLASS WILL BE EXPLORED IN THE INTERVIEW BELOW IF THERE IS CONCURRENT OR SEQUENTIAL POLYSUBSTANCE USE: _____

K2 Considering your use of (NAME THE DRUG / DRUG CLASS SELECTED), in the past 12 months:

- | | | | |
|---|---|----|-----|
| a | Have you found that you needed to use more (NAME OF DRUG / DRUG CLASS SELECTED) to get the same effect that you did when you first started taking it? | NO | YES |
|---|---|----|-----|

- | | | | |
|---|--|----|-----|
| b | When you reduced or stopped using (NAME OF DRUG / DRUG CLASS SELECTED), did you have withdrawal symptoms (aches, shaking, fever, weakness, diarrhea, nausea, sweating, heart pounding, difficulty sleeping, or feeling agitated, anxious, irritable, or depressed)? Did you use any drug(s) to keep yourself from getting sick (withdrawal symptoms) or so that you would feel better? | NO | YES |
|---|--|----|-----|

IF YES TO EITHER, CODE YES.

- | | | | |
|---|--|----|-----|
| c | Have you often found that when you used (NAME OF DRUG / DRUG CLASS SELECTED), you ended up taking more than you thought you would? | NO | YES |
|---|--|----|-----|

- | | | | |
|---|--|----|-----|
| d | Have you tried to reduce or stop taking (NAME OF DRUG / DRUG CLASS SELECTED) but failed? | NO | YES |
|---|--|----|-----|

- | | | | |
|---|---|----|-----|
| e | On the days that you used (NAME OF DRUG / DRUG CLASS SELECTED), did you spend substantial time (>2 HOURS), obtaining, using or in recovering from the drug, or thinking about the drug? | NO | YES |
|---|---|----|-----|

- f Did you spend less time working, enjoying hobbies, or being with family or friends because of your drug use? NO YES
- g Have you continued to use (NAME OF DRUG / DRUG CLASS SELECTED), even though it caused you health or mental problems? NO YES

ARE 3 OR MORE **K2** ANSWERS CODED **YES**?

SPECIFY DRUG(S): _____

*** IF YES, SKIP K3 QUESTIONS, CIRCLE N/A IN THE ABUSE BOX FOR THIS SUBSTANCE AND MOVE TO THE NEXT DISORDER. DEPENDENCE PREEMPTS ABUSE.**

NO	YES *
<i>SUBSTANCE DEPENDENCE CURRENT</i>	

Considering your use of (NAME THE DRUG CLASS SELECTED), in the past 12 months:

- K3 a Have you been intoxicated, high, or hungover from (NAME OF DRUG / DRUG CLASS SELECTED) more than once, when you had other responsibilities at school, at work, or at home? Did this cause any problem? NO YES
- (CODE **YES** ONLY IF THIS CAUSED PROBLEMS.)
- b Have you been high or intoxicated from (NAME OF DRUG / DRUG CLASS SELECTED) more than once in any situation where you were physically at risk (for example, driving a car, riding a motorbike, using machinery, boating, etc.)? NO YES
- c Did you have legal problems more than once because of your drug use, for example, an arrest or disorderly conduct? NO YES
- d Did you continue to use (NAME OF DRUG / DRUG CLASS SELECTED), even though it caused problems with your family or other people? NO YES

ARE 1 OR MORE **K3** ANSWERS CODED **YES**?

SPECIFY DRUG(S): _____

NO	N/A	YES
<i>SUBSTANCE ABUSE CURRENT</i>		

L. PSYCHOTIC DISORDERS AND MOOD DISORDER WITH PSYCHOTIC FEATURES

ASK FOR AN EXAMPLE OF EACH QUESTION ANSWERED POSITIVELY. CODE YES ONLY IF THE EXAMPLES CLEARLY SHOW A DISTORTION OF THOUGHT OR OF PERCEPTION OR IF THEY ARE NOT CULTURALLY APPROPRIATE. BEFORE CODING, INVESTIGATE WHETHER DELUSIONS QUALIFY AS "BIZARRE".

DELUSIONS ARE "BIZARRE" IF: CLEARLY IMPLAUSIBLE, ABSURD, NOT UNDERSTANDABLE, AND CANNOT DERIVE FROM ORDINARY LIFE EXPERIENCE.

HALLUCINATIONS ARE SCORED "BIZARRE" IF: A VOICE COMMENTS ON THE PERSON'S THOUGHTS OR BEHAVIOR, OR WHEN TWO OR MORE VOICES ARE CONVERSING WITH EACH OTHER.

Now I am going to ask you about unusual experiences that some people have.

			BIZARRE	
L1	a	Have you ever believed that people were spying on you, or that someone was plotting against you, or trying to hurt you? <small>NOTE: ASK FOR EXAMPLES TO RULE OUT ACTUAL STALKING.</small>	NO YES	YES
	b	IF YES OR YES BIZARRE: do you currently believe these things?	NO YES	YES →L6
L2	a	Have you ever believed that someone was reading your mind or could hear your thoughts, or that you could actually read someone's mind or hear what another person was thinking?	NO YES	YES
	b	IF YES OR YES BIZARRE: do you currently believe these things?	NO YES	YES →L6
L3	a	Have you ever believed that someone or some force outside of yourself put thoughts in your mind that were not your own, or made you act in a way that was not your usual self? Have you ever felt that you were possessed? <small>CLINICIAN: ASK FOR EXAMPLES AND DISCOUNT ANY THAT ARE NOT PSYCHOTIC.</small>	NO YES	YES
	b	IF YES OR YES BIZARRE: do you currently believe these things?	NO YES	YES →L6
L4	a	Have you ever believed that you were being sent special messages through the TV, radio, or newspaper, or that a person you did not personally know was particularly interested in you?	NO YES	YES
	b	IF YES OR YES BIZARRE: do you currently believe these things?	NO YES	YES →L6
L5	a	Have your relatives or friends ever considered any of your beliefs strange or unusual? <small>INTERVIEWER: ASK FOR EXAMPLES. ONLY CODE YES IF THE EXAMPLES ARE CLEARLY DELUSIONAL IDEAS NOT EXPLORED IN QUESTIONS L1 TO L4, FOR EXAMPLE, SOMATIC OR RELIGIOUS DELUSIONS OR DELUSIONS OF GRANDIOSITY, JEALOUSY, GUILT, RUIN OR DESTITUTION, ETC.</small>	NO YES	YES
	b	IF YES OR YES BIZARRE: do they currently consider your beliefs strange?	NO YES	YES
L6	a	Have you ever heard things other people couldn't hear, such as voices? <small>HALLUCINATIONS ARE SCORED "BIZARRE" ONLY IF PATIENT ANSWERS YES TO THE FOLLOWING:</small>	NO YES	
		IF YES: Did you hear a voice commenting on your thoughts or behavior or did you hear two or more voices talking to each other?	NO	YES
	b	IF YES OR YES BIZARRE TO L6a: have you heard these things in the past month? <small>HALLUCINATIONS ARE SCORED "BIZARRE" ONLY IF PATIENT ANSWERS YES TO THE FOLLOWING:</small> Did you hear a voice commenting on your thoughts or behavior or did you hear two or more voices talking to each other?	NO YES	YES →L8b

- L7 a Have you ever had visions when you were awake or have you ever seen things other people couldn't see? NO YES
 CLINICIAN: CHECK TO SEE IF THESE ARE CULTURALLY INAPPROPRIATE.
- b **IF YES:** have you seen these things in the past month? NO YES

CLINICIAN'S JUDGMENT

- L8 b IS THE PATIENT CURRENTLY EXHIBITING INCOHERENCE, DISORGANIZED SPEECH, OR MARKED LOOSENING OF ASSOCIATIONS? NO YES
- L9 b IS THE PATIENT CURRENTLY EXHIBITING DISORGANIZED OR CATATONIC BEHAVIOR? NO YES
- L10 b ARE NEGATIVE SYMPTOMS OF SCHIZOPHRENIA, E.G. SIGNIFICANT AFFECTIVE FLATTENING, POVERTY OF SPEECH (ALOGIA) OR AN INABILITY TO INITIATE OR PERSIST IN GOAL-DIRECTED ACTIVITIES (AVOLITION), PROMINENT DURING THE INTERVIEW? NO YES
- L11 a ARE 1 OR MORE « a » QUESTIONS FROM L1a TO L7a CODED **YES OR YES BIZARRE** AND IS EITHER:

MAJOR DEPRESSIVE EPISODE, (CURRENT OR RECURRENT)
 OR
 MANIC OR HYPOMANIC EPISODE, (CURRENT OR PAST) CODED **YES?**

NO YES
 →L13

IF NO TO L11 a, CIRCLE NO IN BOTH 'MOOD DISORDER WITH PSYCHOTIC FEATURES' DIAGNOSTIC BOXES AND MOVE TO L13.

- b You told me earlier that you had period(s) when you felt (depressed/high/persistently irritable).

Were the beliefs and experiences you just described (SYMPTOMS CODED **YES** FROM L1a TO L7a) restricted exclusively to times when you were feeling depressed/high/irritable?

IF THE PATIENT EVER HAD A PERIOD OF AT LEAST 2 WEEKS OF HAVING THESE BELIEFS OR EXPERIENCES (PSYCHOTIC SYMPTOMS) WHEN THEY WERE NOT DEPRESSED/HIGH/IRRITABLE, CODE NO TO THIS DISORDER.

IF THE ANSWER IS NO TO THIS DISORDER, ALSO CIRCLE NO TO L12 AND MOVE TO L13

NO	YES
<i>MOOD DISORDER WITH PSYCHOTIC FEATURES</i>	
LIFETIME	

- L12 a ARE 1 OR MORE « b » QUESTIONS FROM L1b TO L7b CODED **YES OR YES BIZARRE** AND IS EITHER:

MAJOR DEPRESSIVE EPISODE, (CURRENT)
 OR
 MANIC OR HYPOMANIC EPISODE, (CURRENT) CODED **YES?**

IF THE ANSWER IS YES TO THIS DISORDER (LIFETIME OR CURRENT), CIRCLE NO TO L13 AND L14 AND MOVE TO THE NEXT MODULE.

NO	YES
<i>MOOD DISORDER WITH PSYCHOTIC FEATURES</i>	
CURRENT	

L13 ARE 1 OR MORE « b » QUESTIONS FROM L1b TO L6b, CODED **YES BIZARRE**?

OR

ARE 2 OR MORE « b » QUESTIONS FROM L1b TO L10b, CODED **YES** (RATHER THAN **YES BIZARRE**)?

AND DID AT LEAST TWO OF THE PSYCHOTIC SYMPTOMS OCCUR DURING THE SAME 1 MONTH PERIOD?

NO

YES

***PSYCHOTIC DISORDER
CURRENT***

L14 IS **L13** CODED **YES**

OR

ARE 1 OR MORE « a » QUESTIONS FROM L1a TO L6a, CODED **YES BIZARRE**?

OR

ARE 2 OR MORE « a » QUESTIONS FROM L1a TO L7a, CODED **YES** (RATHER THAN **YES BIZARRE**)

AND DID AT LEAST TWO OF THE PSYCHOTIC SYMPTOMS OCCUR DURING THE SAME 1 MONTH PERIOD?

NO

YES

***PSYCHOTIC DISORDER
LIFETIME***

M. ANOREXIA NERVOSA

➡ MEANS : GO TO THE DIAGNOSTIC BOX, CIRCLE NO, AND MOVE TO THE NEXT MODULE)

<p>M1 a How tall are you?</p> <p>b. What was your lowest weight in the past 3 months?</p> <p>c IS PATIENT'S WEIGHT EQUAL TO OR BELOW THE THRESHOLD CORRESPONDING TO HIS / HER HEIGHT? (SEE TABLE BELOW)</p>	<p><input type="text"/>ft <input type="text"/><input type="text"/>in.</p> <p><input type="text"/><input type="text"/><input type="text"/>cm.</p> <p><input type="text"/><input type="text"/><input type="text"/>lbs.</p> <p><input type="text"/><input type="text"/><input type="text"/>kgs.</p> <p>➡ NO YES</p>
---	--

In the past 3 months:

M2 In spite of this low weight, have you tried not to gain weight?	➡ NO YES
M3 Have you intensely feared gaining weight or becoming fat, even though you were underweight?	➡ NO YES
M4 a Have you considered yourself too big / fat or that part of your body was too big / fat?	NO YES
b Has your body weight or shape greatly influenced how you felt about yourself?	NO YES
c Have you thought that your current low body weight was normal or excessive?	NO YES
M5 ARE 1 OR MORE ITEMS FROM M4 CODED YES?	➡ NO YES
M6 FOR WOMEN ONLY: During the last 3 months, did you miss all your menstrual periods when they were expected to occur (when you were not pregnant)?	➡ NO YES

FOR WOMEN: ARE M5 AND M6 CODED YES?

FOR MEN: IS M5 CODED YES?

NO YES

ANOREXIA NERVOSA

CURRENT

HEIGHT / WEIGHT TABLE CORRESPONDING TO A BMI THRESHOLD OF 17.5 KG/M²

Height/Weight														
ft/in	4'9	4'10	4'11	5'0	5'1	5'2	5'3	5'4	5'5	5'6	5'7	5'8	5'9	5'10
lbs.	81	84	87	89	92	96	99	102	105	108	112	115	118	122
cm	145	147	150	152	155	158	160	163	165	168	170	173	175	178
kgs	37	38	39	41	42	43	45	46	48	49	51	52	54	55

Height/Weight					
ft/in	5'11	6'0	6'1	6'2	6'3
lbs.	125	129	132	136	140
cm	180	183	185	188	191
kgs	57	59	60	62	64

The weight thresholds above are calculated using a body mass index (BMI) equal to or below 17.5 kg/m² for the patient's height. This is the threshold guideline below which a person is deemed underweight by the DSM-IV and the ICD-10 Diagnostic Criteria for Research for Anorexia Nervosa.

N. BULIMIA NERVOSA

(➡ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

N1	In the past three months, did you have eating binges or times when you ate a very large amount of food within a 2-hour period?	➡ NO	YES
N2	In the last 3 months, did you have eating binges as often as twice a week?	➡ NO	YES
N3	During these binges, did you feel that your eating was out of control?	➡ NO	YES
N4	Did you do anything to compensate for, or to prevent a weight gain from these binges, like vomiting, fasting, exercising or taking laxatives, enemas, diuretics (fluid pills), or other medications?	➡ NO	YES
N5	Does your body weight or shape greatly influence how you feel about yourself?	➡ NO	YES
N6	DO THE PATIENT'S SYMPTOMS MEET CRITERIA FOR ANOREXIA NERVOSA?	NO ↓ Skip to N8	YES
N7	Do these binges occur only when you are under (____lbs./kgs.)? <small>INTERVIEWER: WRITE IN THE ABOVE PARENTHESIS THE THRESHOLD WEIGHT FOR THIS PATIENT'S HEIGHT FROM THE HEIGHT / WEIGHT TABLE IN THE ANOREXIA NERVOSA MODULE.</small>	NO	YES

N8 IS N5 CODED YES AND IS EITHER N6 OR N7 CODED NO?

NO YES

BULIMIA NERVOSA

CURRENT

IS N7 CODED YES?

NO YES

ANOREXIA NERVOSA

Binge Eating/Purging Type

CURRENT

O. GENERALIZED ANXIETY DISORDER

(➔ MEANS : GO TO THE DIAGNOSTIC BOX, CIRCLE **NO**, AND MOVE TO THE NEXT MODULE)

O1	a	Have you worried excessively or been anxious about several things over the past 6 months?	➔ NO	YES
	b	Are these worries present most days?	➔ NO	YES
		IS THE PATIENT'S ANXIETY RESTRICTED EXCLUSIVELY TO, OR BETTER EXPLAINED BY, ANY DISORDER PRIOR TO THIS POINT?	➔ NO	YES

O2 Do you find it difficult to control the worries or do they interfere with your ability to focus on what you are doing? ➔
NO YES

O3 FOR THE FOLLOWING, CODE **NO** IF THE SYMPTOMS ARE CONFINED TO FEATURES OF ANY DISORDER EXPLORED PRIOR TO THIS POINT.

When you were anxious over the past 6 months, did you, most of the time:

- | | | | |
|---|---|----|-----|
| a | Feel restless, keyed up or on edge? | NO | YES |
| b | Feel tense? | NO | YES |
| c | Feel tired, weak or exhausted easily? | NO | YES |
| d | Have difficulty concentrating or find your mind going blank? | NO | YES |
| e | Feel irritable? | NO | YES |
| f | Have difficulty sleeping (difficulty falling asleep, waking up in the middle of the night, early morning waking or sleeping excessively)? | NO | YES |

ARE **3** OR MORE **O3** ANSWERS CODED **YES**?

NO YES

*GENERALIZED
ANXIETY DISORDER
CURRENT*

P. ANTISOCIAL PERSONALITY DISORDER (optional)

(➡ MEANS : GO TO THE DIAGNOSTIC BOX AND CIRCLE NO.)

P1 Before you were 15 years old, did you:

- | | | | |
|---|---|----|-----|
| a | repeatedly skip school or run away from home overnight? | NO | YES |
| b | repeatedly lie, cheat, "con" others, or steal? | NO | YES |
| c | start fights or bully, threaten, or intimidate others? | NO | YES |
| d | deliberately destroy things or start fires? | NO | YES |
| e | deliberately hurt animals or people? | NO | YES |
| f | force someone to have sex with you? | NO | YES |
| | ➡ | NO | YES |
| | ARE 2 OR MORE P1 ANSWERS CODED YES? | NO | YES |

DO NOT CODE YES TO THE BEHAVIORS BELOW IF THEY ARE EXCLUSIVELY POLITICALLY OR RELIGIOUSLY MOTIVATED.

P2 Since you were 15 years old, have you:

- | | | | |
|---|--|----|-----|
| a | repeatedly behaved in a way that others would consider irresponsible, like failing to pay for things you owed, deliberately being impulsive or deliberately not working to support yourself? | NO | YES |
| b | done things that are illegal even if you didn't get caught (for example, destroying property, shoplifting, stealing, selling drugs, or committing a felony)? | NO | YES |
| c | been in physical fights repeatedly (including physical fights with your spouse or children)? | NO | YES |
| d | often lied or "conned" other people to get money or pleasure, or lied just for fun? | NO | YES |
| e | exposed others to danger without caring? | NO | YES |
| f | felt no guilt after hurting, mistreating, lying to, or stealing from others, or after damaging property? | NO | YES |

ARE 3 OR MORE P2 QUESTIONS CODED YES?

NO	YES
ANTISOCIAL PERSONALITY DISORDER LIFETIME	

THIS CONCLUDES THE INTERVIEW

REFERENCES

Sheehan DV, Lecrubier Y, Harnett-Sheehan K, Janavs J, Weiller E, Bonara LI, Keskiner A, Schinka J, Knapp E, Sheehan MF, Dunbar GC. Reliability and Validity of the MINI International Neuropsychiatric Interview (M.I.N.I.): According to the SCID-P. *European Psychiatry*. 1997; 12:232-241.

Lecrubier Y, Sheehan D, Weiller E, Amorim P, Bonora I, Sheehan K, Janavs J, Dunbar G. The MINI International Neuropsychiatric Interview (M.I.N.I.) A Short Diagnostic Structured Interview: Reliability and Validity According to the CIDI. *European Psychiatry*. 1997; 12: 224-231.

Sheehan DV, Lecrubier Y, Harnett-Sheehan K, Amorim P, Janavs J, Weiller E, Hergueta T, Baker R, Dunbar G: The Mini International Neuropsychiatric Interview (M.I.N.I.): The Development and Validation of a Structured Diagnostic Psychiatric Interview. *J. Clin Psychiatry*, 1998;59(suppl 20):22-33.

Amorim P, Lecrubier Y, Weiller E, Hergueta T, Sheehan D: DSM-III-R Psychotic Disorders: procedural validity of the Mini International Neuropsychiatric Interview (M.I.N.I.). Concordance and causes for discordance with the CIDI. *European Psychiatry*. 1998; 13:26-34.

Translations

M.I.N.I. 4.4 or earlier versions

Afrikaans	R. Emsley
Arabic	
Bengali	
Braille (English)	
Brazilian Portuguese	P. Amorim
Bulgarian	L.G.. Hranov
Chinese	
Czech	
Danish	P. Bech
Dutch/Flemish	E. Griez, K. Shruers, T. Overbeek, K. Demyttenaere
English	D. Sheehan, J. Janavs, R. Baker, K. Harnett-Sheehan, E. Knapp, M. Sheehan
Estonian	
Farsi/Persian	
Finnish	M. Heikkinen, M. Lijeström, O. Tuominen
French	Y. Lecrubier, E. Weiller, I. Bonora, P. Amorim, J.P. Lepine
German	I. v. Denffer, M. Ackenheil, R. Dietz-Bauer
Greek	S. Beratis
Gujarati	
Hebrew	J. Zohar, Y. Sasson
Hindi	
Hungarian	I. Bitter, J. Balazs
Icelandic	
Italian	I. Bonora, L. Conti, M. Piccinelli, M. Tansella, G. Cassano, Y. Lecrubier, P. Donda, E. Weiller
Japanese	
Kannada	
Korean	
Latvian	V. Janavs, J. Janavs, I. Nagobads
Lithuanian	
Malayalam	
Marathi	
Norwegian	G. Pedersen, S. Blomhoff
Polish	M. Masiak, E. Jasiak
Portuguese	P. Amorim
Punjabi	
Romanian	
Russian	
Serbian	I. Timotijevic
Setswana	
Slovenian	
Spanish	L. Ferrando, J. Bobes-Garcia, J. Gilbert-Rahola, Y. Lecrubier
Swedish	M. Waern, S. Andersch, M. Humble

M.I.N.I. 4.6/5.0, M.I.N.I. Plus 4.6/5.0 and M.I.N.I. Screen 5.0:

W. Maartens
O. Osman, E. Al-Radi
H. Banerjee, A. Banerjee
P. Amorim
L. Carroll, Y-J. Lee, Y-S. Chen, C-C. Chen, C-Y. Liu, C-K. Wu, H-S. Tang, K-D. Juang, Yan-Ping Zheng.
P. Zvlosky
P. Bech, T. Schütze
I. Van Vliet, H. Leroy, H. van Megen
D. Sheehan, R. Baker, J. Janavs, K. Harnett-Sheehan, M. Sheehan
J. Shlik, A. Aluoja, E. Khil
K. Khooshabi, A. Zomorodi
M. Heikkinen, M. Lijeström, O. Tuominen
Y. Lecrubier, E. Weiller, P. Amorim, T. Hergueta
G. Stotz, R. Dietz-Bauer, M. Ackenheil
T. Calligas, S. Beratis
M. Patel, B. Patel, Organon
R. Barda, I. Levinson, A. Aviv
C. Mittal, K. Batra, S. Gambhir, Organon
I. Bitter, J. Balazs
J.G. Stefansson
L. Conti, A. Rossi, P. Donda
T. Otsubo, H. Watanabe, H. Miyaoka, K. Kamijima, J. Shinoda, K. Tanaka, Y. Okajima
Organon
K.S. Oh and Korean Academy of Anxiety Disorders
V. Janavs, J. Janavs
A. Bacevicius
Organon
Organon
K.A. Leiknes, U. Malt, E. Malt, S. Leganger
M. Masiak, E. Jasiak
P. Amorim, T. Guterres
A. Gahunia, S. Gambhir
O. Driga
A. Bystritsky, E. Selivra, M. Bystritsky, L. Shumyak, M. Klisinska.
I. Timotijevic
K. Ketlogetswe
M. Kocmur, M. Kocmur
L. Ferrando, L. Franco-Alfonso, M. Soto, J. Bobes-Garcia, O. Soto, L. Franco, G. Heinze, C. Santana, R. Hidalgo
C. Allgulander, H. Agren M. Waern, A. Brimse, M. Humble.
Organon
Organon

Thai P. Kittirattanapaiboon, S. Mahatnirunkul, P. Udomrat,
P. Silpakit., M. Khamwongpin, S. Srikosai.
Turkish T. Örnek, A. Keskiner, I. Vahip
Urdu T. Örnek, A. Keskiner, A.Engeler
S. Gambhir

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