CURRENT AND PAST PSYCHOPATHOLOGY SCALES
CAPPS

Robert L. Spitzer, M.D., and Jean Endicott, Ph.D.

(Scales and interview schedule)

<table>
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<tr>
<th>Study Code (104-106)</th>
<th>Subject's last name</th>
<th>first</th>
<th>Hospital or clinic</th>
<th>Ward</th>
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<td>1 Male, 2 Female</td>
<td>1 Single (never married), 2 Married/Common law, 3 Widowed, 4 Divorced (annulled), 5 Separated</td>
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<th>Puerto Rican (119)</th>
<th>Sources of information (check all that apply) (120-122)</th>
<th>Date of last day of study period (123-128)</th>
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<td>□ Subject, □ Other informant, □ Case records</td>
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<tr>
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<th>Occupation code</th>
<th>Occupation of head of household (if different from subject)</th>
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This instrument uses portions of two other instruments: the Psychiatric Evaluation Form – Diagnostic Version and the Psychiatric History Schedule. George M. Cohen, M.S. contributed to the development of both instruments. Alvin M. Mesnikoff, M.D., contributed to the development of the Psychiatric Evaluation Form.

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New York State Department of Mental Hygiene

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OPTIONAL INTERVIEW GUIDE

The interviewer may wish to use the interview guide as an aid to assure coverage of the areas on which judgments are required. The use of the guide will also increase comparability across subsequent examinations with the same subject, examinations of different subjects, and examinations performed by different interviewers.

The interviewer should not limit himself to the interview guide, but should modify, omit, and supplement questions, probe for details, or alter the order of topics whenever necessary. In most interviews, it will be unnecessary to ask all of the suggested questions for a given dimension.

The order of the interview has been arranged so that the appropriate questions are opposite the scale being judged. This permits the interviewer to have the definition of the dimension in front of him while he is making his inquiry. He can then note his judgments of the scales during the interview. However, if subsequent information causes the interviewer to revise his judgment of a particular scale, he should alter his original rating.

Interview Guide Conventions

Instructions to the interviewer are in bold type. Example: **If no sexual experience:** “How curious were you about sex?”

Follow-up questions, and questions not often asked, are indented and enclosed in parentheses. Example: (How long did that last?)

When the interviewer is to use a word or phrase appropriate to the circumstances, this is shown by bold type enclosed in parentheses. Example: How did *(psychopathology)* affect your working? Here the interviewer would actually say: “How did your getting so depressed affect your working?”

Alternate phraseology or choice of terms are enclosed in brackets. Example: How many people *(worked under you, supervised your work)*?

Probing

Whenever psychopathology is revealed the duration and severity should be established. The following general probes may be useful.

**General Requests for Information:** “Would you give me an example?” “Describe what actually happens.” “Tell me more about that.” “What do you mean?”

**To Establish if Behavior is Characteristic:** (For those items which begin “Characteristically he...”) “Have you generally been this way, or has it just been when you are upset?”

**To Establish Duration and Time Period:** “When did that last happen?” “How long did that last?” “Any other times?”

**To Establish Severity:** “How much of the time did you feel that way?” “How bad did it get?”
What about feeling restless?

How often do you feel sad, depressed, or blue?

When was the last time you felt like crying?

How do you feel about yourself?
(When you compare yourself with other people, how do you come out?)

Is it hard for you to concentrate on things?

Do you enjoy things now as much as usual?

OBSESSIONS-COMPULSIONS
Do you get thoughts that don’t make sense that you can’t get rid of or put out of your mind?

Is there any act which you have to repeat over and over or which you cannot resist repeating...like constantly washing your hands or constantly checking things or anything like that?

SUICIDE-SELF MUTILATION
When a person gets upset, depressed, or feels hopeless, he may think about dying. Do you?

Have you recently thought about killing yourself?
If yes: Determine degree of preoccupation, and presence of threats, gestures, or attempts.

(What about hurting yourself physically...other than suicide?)

SOCIAL ISOLATION AND SUSPICION-PERSECUTION
This section covers both Social Isolation and Suspicion-Persecution. The interviewer must determine to what extent the symptoms are associated with either one or the other or both dimensions.

How are you getting along with people?

What kinds of trouble do you have with people?
(What about your family?)

Do you have much to do with [your neighbors, co-workers, students, the other people here]?

How do you usually feel when you are with people?

How do people generally seem to feel about you?

Whom do you feel you can trust the most?

Do you feel you have to be on guard with people?

219 PHOBIA
Has an irrational fear(s) of a particular object(s) or situation(s) which he tends to avoid. Consider number, interference in degree and intensity of irrationality.

? 1 2 3 4 5 6

220 DEPRESSION
Remarks indicate feelings of sadness, depression, worthlessness, failure, hopelessness, remorse, guilt, or loss. When clearly associated with any of those feelings, consider: crying, insomnia, poor appetite, fatigue, loss of interest or enjoyment, difficulty concentrating, or brooding, etc.

? 1 2 3 4 5 6

221 GUILT
Feels he is either unworthy, sinful, evil, or has done something terrible, or feels he is being punished for his misdeeds.

? 1 2 3 4 5 6

222 OBSESSIONS-COMPULSIONS
Has thoughts which occur repeatedly against his resistance, the content of which he regards as senseless, or performs some act or routine which he cannot resist repeating excessively (e.g., handwashing).

? 1 2 3 4 5 6

223 SUICIDE-SELF MUTILATION
Suicidal thoughts, preoccupation, threats, gestures, or attempts, and thoughts or acts of self mutilation.

? 1 2 3 4 5 6

224 SOCIAL ISOLATION
Avoidance of contact or involvement with people; preference for being alone; feelings of isolation, rejection, or discomfort with people.

? 1 2 3 4 5 6

225 SUSPICION-PERSECUTION
From mild suspiciousness to belief that he is being persecuted. Examples: distrustfulness; feels mistreated, taken advantage of or tricked; feels that people are staring at him or talking about him when they aren’t; believes he is being poisoned, his mind is being read, controlled, or influenced by others, or that there is a plot against him. Do not include feelings or beliefs which are completely justified by the situation.

? 1 2 3 4 5 6
ALCOHOL ABUSE
What are your drinking habits like?
Is alcohol in any way a problem for you now?
(How much do you drink?)
(Do you have to drink to get through the day?)
(What effect does your drinking have on your
[work, family, health]?)

DAILY ROUTINE-LEISURE TIME IMPAIRMENT
Inquire for degree of Interference of Psychopathology
in daily routine or leisure time activities.

Is there any (other) way that (psychopathology) affects
your daily routine or how you spend your time?

Are there times when you just can’t get things done?

How long does it take you to get dressed?
Do you sleep much during the day or find that you
can’t get up in the morning when you want?

How often do you generally go out of the (house, hospital)?
What about getting upset when you go out or have
to travel?
Are there ways of traveling that you avoid or that
make you upset...like buses, cabs, subways?

Does anyone feel you use poor judgment in handling
money?

What have you enjoyed doing recently?
What have you been doing with your free time?
Have you been spending any time at hobbies or
special interests recently...like sports, TV, reading,
or things like that?
(Is this unusual for you?)
Are you doing as well at (activity) as before?

NARCOTICS-DRUGS
What medicines or drugs do you take?
Do you use marijuana, narcotics, or things like that?

ANTISOCIAL ATTITUDES OR ACTS
Do you have to lie much to get your way or to
stay out of trouble?

Are you having any trouble with the [law, police,
authorities here]?

Are you doing anything that could get you into
trouble if you were caught?

ALCOHOL ABUSE
The degree to which use of alcohol is excessive,
compulsive, causes physical symptoms, causes
alteration in mood or behavior, or interferes with
performance of expected daily routine or duties.
Institutionalized subjects with no opportunity to
demonstrate the pathology and who have a history
of such behavior may be given a rating of ? for
Not Applicable. Do not include withdrawal or
replacement therapy.

? 1 2 3 4 5 6

DAILY ROUTINE-LEISURE TIME IMPAIRMENT
The inability or refusal to perform his usual daily
routine activities or to carry through tasks which
he or others expect him to do, and impairment in
pleasure or ability to carry out leisure time activities.
Examples: difficulty getting up or dressed,
can’t feed self, confused while traveling, doesn’t
enjoy TV anymore, can’t concentrate when read-
ing, too nervous to sew, refuses to make bed. Do
not include impairment in the occupational roles
of student, housekeeper or wage earner.

? 1 2 3 4 5 6

NARCOTICS-DRUGS
Excessive self medication; unprescribed use of nar-
cotics, barbiturates, stimulants, or consciousness
expanding substances (LSD, marijuana). Institution-
ized subjects with no opportunity to demon-
strate the pathology and who have a history of
such behavior may be given a rating of ? for Not
Applicable. Do not include withdrawal or replace-
ment therapy.

? 1 2 3 4 5 6

ANTISOCIAL ATTITUDES OR ACTS
Lying; stealing; swindling; “conning,” encouraging
breaking of rules; engaging in minor or serious
illegal acts; complacent attitude towards his own
or others’ sociopathic behavior. Institutionalized
subjects with no opportunity to demonstrate the
pathology and who have a history of such behavior
may be given a rating of ? for Not Applicable.

? 1 2 3 4 5 6
ROLE IMPAIRMENT SCALES
Determine if the subject has fulfilled each of the role criteria for the period under study.
Have you (role criteria) in the last (time period)?
If the subject fulfills the criteria for a role, determine impairment in performance, comfort, and satisfaction.

HOUSEKEEPER
What kinds of trouble do you have keeping your [house, apartment] clean...doing the shopping...the laundry...and getting meals ready?
Do you often find it hard to get your work done?
How does (psychopathology) affect your housekeeping?
Are there any things you can't or just won't do?
How good a job do you think you are doing?
Does anyone (else) think you are doing a poor job?
What do you like to do the most? (Nothing?)

EMPLOYED WAGE EARNER
How does (psychopathology) affect your working?
Have you missed any time when you were expected to work?
Do you need much help or supervision?
Does anyone complain about how you do your work?
What do you find hardest in your work?
Does your job get you upset?
Do you have any trouble with the people you work with?

STUDENT OR TRAINEE
What are you studying?
How does (psychopathology) affect your work?
How often do you miss classes or come late?
Do you have trouble concentrating or getting the work done?
What kinds of grades are you getting?
Are you having any trouble with your teachers?
Do you enjoy your school work?

REASON NO OCCUPATIONAL ROLE
Why haven't you been (role criteria)?

ROLES
If subject does not fulfill criteria, circle NOT.

241 HOUSEKEEPER
If subject is a woman who has been responsible for completing at least some household duties during the period under study, evaluate degree of role impairment. Consider performance, comfort, and satisfaction. Examples: marked difficulty getting work done, refusal to carry out expected tasks, fearful when shopping, no pleasure from any aspect of role.

NOT ? 1 2 3 4 5 6

242 EMPLOYED WAGE EARNER
If subject has been gainfully employed at some time during the period under study, evaluate degree of role impairment. Include a housekeeper or student if employed more than 10 hours a week. Consider performance, comfort, and satisfaction. Examples: needs constant supervision, conflicts with co-workers, misses work or limits himself to part time work because of psychopathology, work makes him tense.

NOT ? 1 2 3 4 5 6

243 STUDENT OR TRAINEE
If subject considers himself to be a student or trainee and has attended classes recently, evaluate degree of role impairment. Consider performance, comfort, and satisfaction. Examples: misses classes or frequently late, difficulty with teachers or administration for any reason, poor grades, poor work habits, cannot concentrate on or retain subject matter, little interest or pleasure in work.

NOT ? 1 2 3 4 5 6

244 REASON NO OCCUPATIONAL ROLE
If subject does not qualify for any occupational role (i.e., neither an Employed Wage Earner, Housekeeper, nor Student) during the period under study, note reason. If subject qualifies as a Wage Earner, Housekeeper, or Student, leave blank.

1 Psychopathology Is apparently unable to perform role. Example: too depressed or confused to work.

2 Psychiatric Hospitalization Might be able to perform in role but psychiatric hospitalization prevents opportunity. Example: hospitalized woman with paranoid delusions might be able to take care of her house if she were at home.

3 Other Examples: retired, physically ill, vacation, no job available.
DENIAL OF ILLNESS
What do you think was really wrong, that you had to come to the [hospital, clinic]? 

What do you feel you need to [get well, improve your situation]? 

OVERALL SEVERITY OF ILLNESS 

PART II - FOR ALL NEW ADMISSIONS ONLY 

DURATION OF PRESENT OR MOST RECENT ILLNESS OR EPISODE
How long would you say it was from the time you first noticed that something was seriously wrong until now? 

PSYCHOLOGICAL STRESS OF PRECIPITATING OR EXACERBATING EVENTS
Did anything happen that might have had something to do with your__________? 

Was there any big change in your life...like your health...money...job...or your family?

DENIAL OF ILLNESS
Unreasonable wishes to avoid hospitalization, rehabilitation or treatment; denies, despite the evidence, that he is ill or needs psychiatric help for obvious psychopathological signs or symptoms. 

? 1 2 3 4 5 6 

OVERALL SEVERITY OF ILLNESS DURING STUDY PERIOD
Considering all of the above and any other psychopathology, how mentally disturbed was this subject during the period under study? Do not include prognosis or vulnerability to stress.

? 1 2 3 4 5 6 

DURATION OF PRESENT OR MOST RECENT ILLNESS OR EPISODE
Present or most recent episode refers to an ongoing process with continuous evidence of significant psychopathology. The point at which it begins in a subject who has had previous episodes or chronic psychopathology is when there is a noticeable change in the intensity or the nature of the psychopathology.

? 1 Less than one week 
2 Less than one month 
3 Less than three months 
4 Less than six months 
5 Less than one year 
6 Less than two years 
7 More than two years 

PSYCHOLOGICAL STRESS OF PRECIPITATING OR EXACERBATING EVENTS 
Consider both the number of stressful events and context in which they occur. For example, the stress associated with the death of a relative depends upon the closeness of the relationship. Similarly, the joint occurrence of a number of events, each of which is only moderately stressful, may result in a severely stressful situation.

A rating of ? should be used when the item is not applicable. Examples: stable chronic condition without exacerbation, drug reaction, CNS injury. 

? 1 2 3 4 5 6
PSYCHIATRIC HISTORY SCHEDULE

INTERVIEW GUIDE

CHILDHOOD
Inquire for a brief outline of childhood including birthplace, family composition, socioeconomic status, and special events (separations, deaths, etc).

Where were you born?
What was your family like?
   (What did your father do?)
   (Did your mother work?)
   (How many brothers or sisters did you have?)
   (How well off were you?)
Were there any long times when you were not with your parents?
Any deaths in your family when you were young?
Did anything (else) happen which was very upsetting to you?

NEUROTIC TRAITS IN CHILDHOOD
What were you like as a kid before you were 12?
Determine presence, severity, and duration of neurotic traits.

Did you often have nightmares?
Were you very shy?
What about temper tantrums?
Did you have a problem with bed wetting?...stuttering?...
What about fears or being afraid of a lot of things?
Did you ever refuse to go to school for more than a few days?

ANTISOCIAL TRAITS IN CHILDHOOD
Determine presence, severity, and duration of antisocial traits.

Did you get into many fights?
Did you lie much?
Did you ever steal things?...break windows?...set fires?...
or anything like that?
What about being cruel to animals?

ADOLESCENT FRIENDSHIP PATTERN
Determine presence of special friends, amount of contact, who initiated contact, enjoyment in being with friends, and participation in group activities with probes such as:

When you were in your teens, how much time did you spend with friends?
What kinds of things did you do together?

How popular were you?
How many special or close friends did you usually have?
Whose idea was it when you got together?

Would you often get together with a group of friends?
   (Did you usually enjoy being with them?)

SCHOOL
Determine highest completed school grade and academic performance at each level beginning with junior high school.

   (How far did you get in school?)

SCALEs

CHILDHOOD

This time period for this section is entire life after age 12 up to one month ago (except for those items which refer to a specific time period).

NEUROTIC TRAITS IN CHILDHOOD
314 Prior to age 12 he exhibited NEUROTIC traits such as enuresis, school phobia, nightmares, fears, temper tantrums, stuttering, extreme shyness or withdrawal. (Consider number and intensity.)

         ?  1  2  3  4  5  6

ANTISOCIAL TRAITS IN CHILDHOOD
315 Prior to age 12 he exhibited ANTISOCIAL traits such as excessive aggression, destructiveness, firesetting, stealing, sadism, or chronic lying. (Consider number and intensity.)

         ?  1  2  3  4  5  6

ADOLESCENT FRIENDSHIP PATTERN
316 ADOLESCENT FRIENDSHIP PATTERN (Ages 12-18)

         ?
1 Superior. Spent a good deal of time with many special friends and groups of friends he enjoyed being with. He often initiated the interaction and was asked to join social activities by others.
2 Very good
3 Good
4 Fair. Had a few special friends but either avoided or did not enjoy group activities.
5 Poor. Had no special friends and preferred to be by himself most of the time or was actively avoided by peers.
6 Grossly Inadequate. Had practically no social contact.

SCHOOL
317 HIGHEST completed SCHOOL GRADE

         ?
1 Professional (M.A., M.S., M.E., B.Ms, M.D., Ph.D., LL.B.)
2 Four years college graduate (B.A., B.S.)
3 1-3 years college or business school
4 High school graduate
5 10-11 years of school (part high school)
6 7-9 years of school
7 Under 7 years of school
**TREATMENT MODALITIES**

If has had any past psychiatric treatment for emotional problems during the period under study, determine all types received

What kind of treatments have you had?
- Electric shock treatment?
- Surgery?
- Insulin coma?
- Drugs?
- Psychotherapy or counseling? (How many sessions?)

**UNTREATED PSYCHOPATHOLOGY**

Were there any (other) times when you or someone else, felt you needed help because of your feelings, your nerves, or the way you were acting?

Determine age, duration, circumstance, and symptoms.

**OCCUPATION** (military service included)

You said before that you were a (occupation). Determine highest occupational level ever attained:

What other kinds of work have you done?

**OCCUPATION**

334 HIGHEST OCCUPATIONAL level ever attained (Include military service.)

? No information, housekeeper or student only
1 Higher executive, proprietor of large concern or major professional
2 Business manager, proprietor of medium sized business or lesser professional
3 Administrative personnel, small independent business or minor professional
4 Clerical or sales worker, technician or, owner of a little business
5 Skilled manual employee
6 Machine operator or semi-skilled employee
7 Unskilled employee
8 Adult not working at job, school, or housework

**STABILITY and PERFORMANCE** in work during last 5 years of period under study (Consider frequent job changes or unemployment because of his attitude or behavior, how well he performed the duties of the job, and how satisfied others were with his work and behavior. Include the work performance of a housekeeper or student who worked at least half time.)

? No information, did not work at all for non-psychopathological reason (retired, physically ill, housekeeper, student)
1 Superior
2 Very good
3 Average
4 Fair
5 Poor
6 Did not work at all because of psychopathology

**CHANGE in occupational STATUS or RESPONSIBILITY** during last 5 years of period under study (Consider promotions, job titles, recognition, and amount of supervision of self or others. Do not include automatic salary increases.)

? No information or did not work at all
1 Marked elevation
2 Some elevation
3 No change
4 Some decline
5 Marked decline
PHYSICAL HEALTH - SOMATIC SYMPTOMS
Determine physical health for each age period noting nature of illness, duration, severity, and impairment. Where hypochondriasis or conversion reaction is suspected, inquire for doctor’s opinions and treatment received.

What has your health been like as a [teenager, in your 2O's, 3O's, etc.]?

Any serious illness like heart trouble, asthma, TB, arthritis, kidney trouble, or diabetes?

How often have you had to see a doctor?

Anything that interfered a great deal with your life such as your [work, school, leisure time, etc.]?

Have you ever had any head injuries, meningitis, or some kind of brain damage?

If good evidence of CNS damage, determine degree of impairment.

Have you ever had seizures or epilepsy?

If yes, determine frequency, duration, severity, and need for medication.

What about periods when you couldn't remember what had happened to you or what you had done?

Have you worried much about your health or about catching diseases?

If yes, determine reasonableness of worry or preoccupation.

When you've been upset have you reacted physically-like [stomach trouble, diarrhea, headaches, sick feelings, palpitations, dizziness, faintness]?

Have you ever been paralyzed or unable to feel anything in some part of your body?
(What did the doctor say was wrong?)

In general, how easily have you tired? How much energy have you usually had? Have you felt weak?

PHYSICAL HEALTH - SOMATIC SYMPTOMS
Has been unduly PREOCCUPIED with SEX or perverse sexual impulses (e.g. fears of homosexuality, impotence).

PHYSICAL HEALTH (after age 12)

? 1 2 3 4 5 6

Impairment due to a CNS disease or physical illness or injury which most likely resulted in some permanent damage to central nervous system (e.g. birth injury, congenital syphilis, encephalitis, head injury with prolonged unconsciousness, stroke).

? 1 2 3 4 5 6

Has had some kind of EPILEPTIC ATTACKS. (Consider frequency, severity, duration, need for medication.)

? 1 2 3 4 5 6

Has had fits, seizures, or periods where he couldn't remember anything that had happened to him or that he had done, with no apparent organic basis [AMNESIA, FUGUE, DISSOCIATIVE STATE].

? 1 2 3 4 5 6

Has been bothered by numerous aches and pains or physical dysfunctions with no apparent organic basis, or has had an unwarranted preoccupation with one or more physical complaints or conditions, or has been inordinately concerned with his health or bodily function [HYPOCHONDRIASIS].

? 1 2 3 4 5 6

Characteristically has been bothered by one or more PSYCHOPHYSIOLOGICAL reactions to stress (e.g. dermatitis, headaches, backaches, asthma, spastic bowel, hypertension, dizziness, faintness).

? 1 2 3 4 5 6

Had a motor or sensory dysfunction which conforms to the lay notion or neurological illness with no apparent organic basis (e.g. paralysis or anesthesia)[CONVERSION REACTION].

? 1 2 3 4 5 6

Has been bothered by feelings of TIREDNESS or lack of energy with no apparent organic basis.

? 1 2 3 4 5 6
BROODING
Have you been a worrier?
Have you tended to keep thinking about things that bother you?
How often have you felt sorry for yourself? (Why?)

DEPRESSION
How much have you been bothered by feeling [blue, sad, depressed, low]?
What about being discouraged or feeling like a failure?

GUILT
Did you ever feel that you had done something particularly bad or that you deserved to be punished or being punished?
What about things like sex or the way you had treated your family?

SUICIDE
Have you thought much about dying?
What about thoughts of killing yourself?
Have you ever actually tried (to kill yourself)?
If yes: Inquire for details and for other suicide attempts.

ANXIETY
How nervous or tense have you been in general?
(How have you acted when you were very nervous or upset?)
When in your life were you most [anxious, nervous, tense]?

PHOBIA
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 activities—like going out alone or certain ways of traveling?)
If has had phobia, inquire as to degree of fear and avoidance.

OBSESSIONS-COMPULSIONS
How about being bothered by thoughts that didn’t make sense, that you couldn’t get rid of or put out of your mind?
Be sure to clarify whether thoughts were true obsessions or merely obsessional thinking.
Have you ever had to repeat some act over and over which you could not resist repeating...like constantly washing your hands to counting things, or checking on things?

INTEREST-ENJOYMENT
Have you ever had periods when you weren’t interested in things or didn’t enjoy anything?

AGITATION
Those times that you have been most [upset, anxious, depressed], did you find that you were extremely restless, that you just couldn’t stay still?
(How did you act?)
(What was your mood like then...were you depressed, anxious, excited, in high spirits?)

ELATION
Have there been times when you were in an extremely good mood...or felt “high”?
If unclear: [When you felt on top of the world or as if there was nothing you couldn’t do?] (Were you very talkative...very active?)

BROODING
370 Characteristically BROODS over or is preoccupied with certain unpleasant thoughts or feelings.

DEPRESSION
371 Has been bothered by feelings of sadness, DEPRESSION, worthlessness, failure, hopelessness, or loss.

GUILT
372 Believed he had done something terrible, or was either unworthy, sinful, evil, or felt he had been punished for his sins [GUILT].

SUICIDE
373 Has had thoughts of killing himself or has made SUICIDE gesture(s) or attempt(s). (Take into account number, threat to life, and motivation.)

ANXIETY
374 Has been bothered by or shown signs of ANXIETY, nervousness, tension, or panic. (This is often associated with psycho-physiological responses but the rating should be of the feeling aspect.)

PHOBIA
375 Has been bothered by irrational fears of a specific object, activity, or situation (e.g. traveling, crowds, heights) [PHOBIA].

OBSESSIONS-COMPULSIONS
376 Has had thoughts which occurred repeatedly against his resistance, the content of which he regarded as senseless, or performed some act(s) or routine(s) which he could not resist repeating excessively (e.g. handwashing) [OBSESSIONS-COMPULSIONS].

INTEREST-ENJOYMENT
377 Has been bothered by LOSS of INTEREST or ENJOYMENT in his usual activities.

AGITATION
378 Has had periods of AGITATION and restlessness accompanied by anxiety and/or depression. (When severe there may be pacing, handwringing, crying, pleas for help, and picking at clothing or skin. Even when severe there is responsibility to surroundings.)

ELATION
379 Had periods consisting of ELATED MOOD, OVERTALKATIVENESS, and OVERACTIVITY when he was not under the immediate influence of alcohol or some drug.
IMPULSIVITY
Have you tended to make important decisions very quickly without thinking them through?
Have you made many decisions that you later regretted?

ADAPTING TO STRESS
When things have gone wrong or some problem has come up, how well have you handled it?
How well have you handled big changes in your life...like changing jobs or moving?
(Have you gone to pieces or done things you later regretted?)

JUDGMENT
Have there been many times when you have done something that caused a lot of trouble later?

SELF DEFEATING BEHAVIOR
Have you often gotten yourself into bad situations when you should have known better?

ADULT FRIENDSHIP PATTERN
Determine for the last five years under study his use of leisure time in activities involving other people, including frequency, closeness of relationship and enjoyment.
Over the last five years, what have you generally done in your spare time...like on weekends or in the evening?
What about visiting or having people over to your place? Going bowling? Eating out? Clubs or groups? Playing cards? Church activities? Parties?
How often have you done these kinds of things?
Who do you usually do (activity) with?
How much trouble have you had making new friends?
(How often did you get together or keep in touch by phone?)
How many close friends...someone you really trust and could tell your troubles to...have you usually had?

INTERPERSONAL RELATIONSHIPS
How have you gotten along with people in general (other than your friends)?
What kinds of trouble have you had with people?
What kinds of people bother or upset you the most?
How do people generally seem to feel about you?
Is there anything about you that people don't like or that they have complained about...like your mood or the way you act?
What would you say are your greatest faults in getting along with people or dealing with people?
Are you very sensitive or are your feelings easily hurt or do you feel that people are always criticizing you?

Have you gotten very involved with people...such as friends, relatives...or have you usually kept your distance?

IMPULSIVITY
424 Characteristically has tended to act, or make sudden and frequent decisions, without considering the possible consequences [IMPULSIVITY].

ADAPTING TO STRESS
425 Characteristically has tended to be INEFFECTUAL when confronted with stress or had difficulty adapting himself to changes in his life or circumstances.

JUDGMENT
426 Has demonstrated POOR JUDGMENT in failing to anticipate the consequences of his actions (e.g. overspending, reckless driving).

SELF DEFEATING BEHAVIOR
427 Characteristically has tended to repeatedly become involved in painful, self damaging, or SELF DEFEATING situations, thus demonstrating a failure to learn from experience. (Do not include situations which primarily involve close interpersonal reactions.)

ADULT FRIENDSHIP PATTERN
428 ADULT FRIENDSHIP pattern during last five years under study.

INTERPERSONAL RELATIONSHIPS
429 Characteristically has tended to be unduly SENSITIVE to how people treat him, in that his feelings are easily and often hurt, or for no good reason he keeps feeling slighted or criticized.

430 Characteristically has tended to be EMOTIONALLY DISTANT and unresponsive.
GRANDIOSITY
Did you ever feel that you were a particularly special or important person or that you had certain special powers or abilities?
What about feeling that you knew or understood something that no one else knew about?

IDEAS OF REFERENCE
Did your imagination ever play tricks on you?
What about feeling that the way things were done or placed had a particular meaning or message for you?

DELUSIONS
Did you ever feel that people were talking about you or taking special notice of you?...or that some person or group of people were trying to hurt you or cause you trouble?

...or that somebody was trying to control or influence you?
...or that your body was diseased or changed in some strange way?
Did you ever have some important idea that other people didn’t understand or thought was odd or crazy?

PERCEPTUAL DISTORTIONS, HALLUCINATIONS
Inquire carefully to distinguish normal experiences from those which are psychopathological.

Have you ever felt as if part of your body did not belong to you?...or as if you were outside of your body watching yourself?...or everything was unreal or dreamlike?

Have there ever been times when people or things looked wierd or distorted?

GRANDIOSITY
442 Has had an inflated and unrealistic view of his abilities, achievements, plans, power, knowledge, or contacts [GRANDIOSITY].

? 1 2 3 4 5 6

IDEAS OF REFERENCE
443 Has given a special or personal meaning to seemingly insignificant remarks, objects, or events [IDEAS OF REFERENCE].

? 1 2 3 4 5 6

DELUSIONS
444 Has had a conviction in some important personal belief(s) which is almost certainly not true [DELUSION] and which occurred when he was neither febrile, nor under the immediate influence of alcohol or some drug.

? 1 2 3 4 5 6

Note type(s):

445 □ Persecutory (e.g., attacked, harrassed, cheated, conspiracy, talked about)
446 □ Grandiose (e.g., identity, power, knowledge, relationships)
447 □ Influence (e.g., believed mind, thoughts, body or actions controlled or influenced by outside force)
448 □ Sexual (e.g., sexual identity, feelings, or activity)
449 □ Somatic (e.g., body or organ diseased or changed)
450 □ Poverty or Guilt (e.g., financial ruin, sinful, responsible for disaster)
451 □ Other

Note characteristic(s):

452 □ Had an unshackleable and persistent conviction in delusional beliefs which are internally consistent elaborations of one single theme [SYSTEMATIZED DELUSION].
453 □ Had a period(s) lasting more than 1 week in which the delusions were moderate, severe, or extreme.

PERCEPTUAL DISTORTIONS, HALLUCINATIONS

454 Has had periods when he felt outside of his body, as if a part of his body did not belong to him, as if he were watching himself, as if he were physically cut off from people or as if everything were unreal or dreamlike [DEPERSONALIZATION, DEREALIZATION] when he was not under the immediate influence of some drug.

? 1 2 3 4 5 6

455 Has had periods where he misinterpreted a real external sensory experience so that people or things looked or sounded wierd, distorted or changed [ILLUSION] which occurred when he was neither febrile, nor under the influence of alcohol or some drug.

? 1 2 3 4 5 6
CHARACTERISTICS OF PREVIOUS EPISODES
(Skip to Overall Severity if no previous episodes, i.e., item 466 is not 3.)

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<td>467 NUMBER of previous episodes of all kinds</td>
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<td>468 NUMBER of previous episodes lasting more than one week where DEPRESSED or ELATED MOOD of at least moderate intensity was the predominant disturbance</td>
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<td>469 Usual level of PSYCHOPATHOLOGY after episode or between episodes</td>
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<td>470 Usual STRESS of precipitating events for previous episode(s). (Consider both the number of stressful events and context in which they occur. For example, stress associated with the death of a relative depends upon the closeness of the relationship. Similarly, the joint occurrence of a number of events, each of which is only moderately stressful, may result in a severely stressful situation.)</td>
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A rating of ? should be used when the item is not applicable. Examples: drug reaction, CNS injury.

OVERALL SEVERITY

471 Considering all of the above and any other psychopathology, his OVERALL SEVERITY of illness during the period under study was:

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<td>471 Age at which he first exhibited psychopathology of at least moderate severity which lasted more than one week. (Leave blank if never.)</td>
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472 □ moderate severity which lasted more than one week. (Leave blank if never.)

473 □ Has had a period lasting more than one week where he was either markedly DELUSIONAL, INCOHERENT, or HALLUCINATING or was grossly impaired in carrying out his occupational role, or acted in a BIZARRE manner.

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<td>474 If yes, note age of first occurrence. (Leave blank if never.)</td>
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475 □

476 □

477 During the period under study his condition has:

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<td>477 Improved markedly</td>
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3 Improved slightly

4 Remained fairly stable

5 Been variable but without deterioration (e.g., now is recovering from an episode with no deterioration)

6 Worsened slightly

7 Worsened markedly