BOX CONTAINING A LETTER: Signals a request for the interviewer to review past responses and enter a code next to a statement about them.

EXAMPLE:
INTERVIEWER: ARE THERE ANY "5's" CODED
IN Qs. 118-126?

P No.....(SKIP TO Q. 129).....1
Yes....(ASK Q. 127).....5

BLANK LINES: A space in which to code a numerical answer.

EXAMPLE: __ __
AGE:

BRACKETS CONTAINING WORDS: Used in the depression and mania sections to signal phrases that are to be omitted in first reading the question. (They will be read later when the interviewer returns to discuss a particular depressive or manic episode).

EXAMPLE: Q.89: Have you ever attempted (Did you attempt) suicide?

BRACKETS CONTAINING NUMBERS: Contain coding option patterns in the Probe Flow Chart.

EXAMPLE: [1 2 5]

CAPITALIZED STATEMENTS (UPPER CASE): These are instructions to the interviewer. They are not to be read to respondents.

EXAMPLE:/INTERVIEWER: IF NO, CODE 1. ALL OTHERS ASK A. /

Interpretation: If the response to the preceding questions was "No," code 1. If it was not "No," ask subquestion A before coding.

Interviewer instructions are not always preceded by the word "Interviewer" and not always boxed, but they are always in caps. They can appear between definitions and codes. In this case, they apply only to cases which received that particular code.

EXAMPLE: Q.168D
NO....ASK E.....1
YES...(SKIP TO Q.169)..5*

Interpretation: If the response is "No," and thus coded 1, the next question to be asked is Q.168E. If the response is "Yes" and thus coded 5*, Q.168E is skipped and the next question is Q.169.

DK: Abbreviation for "Don't Know."

DX: Abbreviation for "diagnosis."

I: Abbreviation for "Interviewer."

LINES FOR VERBATIM ENTRIES: These lines are provided in three situations:

a) For recording answers to open-ended questions that do not fit the alternatives provided.

EXAMPLE: Q.183: Have you ever taken (this drug/one of these drugs) on your own more than 5 times in your life?

NO....(SKIP TO Q.196).....1
YES...(ASK A).....5

A. Which ones?

	NO	YES
1. MARIJUANA, HASHISH, POT, GRASS.....	1	5
2. AMPHETAMINES, STIMULANTS, UPPERS, SPEED.....	1	5
3. BARBITURATES, SEDATIVES, DOWNERS, SLEEPING PILLS, SECONAL, QUAALUDES.....	1	5
4. TRANQUILIZERS, VALIUM, LIBRIUM.....	1	5
5. COCAINE, COKE.....	1	5
6. HEROIN.....	1	5
7. OPIATES OTHER THAN HEROIN, (CODEINE, DEMEROL, MORPHINE, METHADONE, DARVON, OPIUM).....	1	5
8. PSYCHEDELICS (LSD, MESCALINE, PEYOTE, PSILOCYBIN, DMT, PCP).....	1	5
9. OTHER (SPECIFY): _____.....	1	5

Drugs other than those listed above volunteered by the respondent are written on the line in "9. Other." It is correct not to code these verbatim entries if they are rare. But if they are frequent, this may indicate either the interviewer's failure to recognize a synonym for one of the categories provided (e.g., "horse" or "skag" meaning heroin) or that the instrument does not provide a category for a common response (perhaps a new drug has become popular). Editors will look at entries on these lines and either recode them in the category they belong (if they are synonyms) or add a precoded category if it is clear in the first interviews that an important category has been overlooked.

b) Lines to be filled in based on Probe Flow Chart answers:

MD_____SELF_____

MED/DRUG/ALC_____

Use of these lines will be fully explained in the section on the Probe Flow Chart.

c) Places to record examples requested.

EXAMPLE: Q.686 Being in a crowd.....1 2 5

EX:_____

MD: Abbreviation for "doctor."

MOCK: A script for an interviewing exercise. The trainer or assistant takes the scripted role of Respondent (R). The trainee Interviewer (I) chooses appropriate next questions or actions from his blank interview. The I (interviewer) role in the mock shows what the correct interviewer action is.

PARENTHESES CONTAINING SLASHES: Contain alternatives among which the interviewer must select, based on previous answers.

EXAMPLE: Q.8 (So you've never been/How many times have you been) divorced?

The first phrase "So you've never been" is used for persons who answered Q.4 as being currently married and Q.7 as being married only once. Logically, they cannot have been divorced; so the question is only to confirm the interviewer's surmise. All others use the phrase beyond the slash.

PARENTHESES CONTAINING LOWER CASE - NO SLASHES:

a) Use if the respondent does not understand the question without the parenthetical phrase.

EXAMPLE: Q.167B Have you ever had the DT's (hallucinations and fever) when you quit drinking?

b) Add if answers to previous questions make it relevant.

EXAMPLE: Q.212. Has there been a period of several months in your life when having sex was not pleasurable for you (even when it wasn't painful)?

PARENTHESES CONTAINING CAPS WITHIN A QUESTION: The interviewer is to substitute an appropriate word or words.

EXAMPLE: Q.171. You mentioned (LIST ALL CODED 5* ITEMS IN QS.150-168). What's the earliest age any of these things happened?

PFC: Abbreviation for "Probe Flow Chart."

PROBE FLOW CHART: A special sheet of instructions used to route the interviewer through the probe questions used for symptoms.

Q: Abbreviation for "Question."

R: Abbreviation for "Respondent."

ROUNDING: When changing from weeks to months, round down. Thus 8-11 weeks are all coded 2 months; 12-15 weeks = 3 months.

SKIP INSTRUCTIONS: These instructions tell the interviewer to omit one or more intervening question(s) which do not apply to this respondent. They appear boxed in the main interview, interrupt an arrow on the Probe Flow Chart, or appear between the code and its description.

Questions skipped are left blank. Blanks are not missing data, but indicate that the answer to a previous question made this question unnecessary.

EXAMPLE: Q.181 Now I'd like to ask about your experience with drugs. (HAND DRUG LIST) Have you ever used any drug on this list to get high or without a prescription, or more than was prescribed - thas is, on your own?

NO.....(ASK A).....1
YES.....(ASK Q/182).....5

a. Have you taken any other drugs on your own either to get high or for other mental effects?

NO.....(SKIP TO Q.196)..1
YES.....(ASK Q.182).....5

SX: Abbreviation for "Symptom" or "Symptoms." This is a signal to the interviewer to insert the **bolded** words from a symptom question into this question to refer to the symptom of interest.

K. Refusals to Answers

When a respondent refuses to answer a question, the interviewer must write "REF" (for "refused") in the left margin.

The "REF" is for the editor's information. It shows that the question was not overlooked accidentally, and that the interviewer should not be asked to go back to the respondent to try to get the missing information.

L. Coding "Don't Know" Responses and Refusals to Answers

Don't Knows (DKs): The DIS treats responses of "I don't know" differently for symptom questions than for other questions.

- Answers of "I don't know to symptom questions (questions coded horizontally) are taken to mean either that the symptom did not occur or was too mild to be recalled. These are coded 1 (i.e., no symptom).

- When an "I don't know" is the response to other questions, such as age at first symptom, an effort at recall should be encouraged with a probe such as "Could you give me your best guess?" If the person still does not remember, write DK in the left margin and discuss the response with your editor immediately following the interview.

EXAMPLE: Q.154B. IF MORE THAN ONE YEAR AGO: How old were you then?

ENTER AGE:....._____ __

R: I don't remember.

I: Could you give me your best guess?

R: I really couldn't say.

I: Write DK in left margin.

There are special instructions for "don't knows" when the question is used diagnostically to assess whether the age at which a symptom or group of symptoms first occurred was below a criterion age. The interviewer is instructed to ask whether the symptom or symptoms first occurred before or after the maximum criterion age. A 01 is coded if the answer is "before" and a 95 is coded if the answer is "after." If the answer is still "don't know," write DK in the left margin and bring this to the editor's attention. These special codes enable the computer programs to determine whether an age of onset criterion was met even if the exact age of onset has been forgotten.

EXAMPLE: Q.61A At which age did this nervousness begin? IF R SAYS WHOLE LIFE, CODE 02. ENTER AGE AND GO TO Q.62.

R: I don't remember. __ __
AGE

/ INTERVIEWER: IF DK AND R IS UNDER 30, CODE 01 /
/ IF DK AND R IS 30 OR MORE, ASK B /

(R is 45 years old.)

B I: Do you think it began before or after you were 30?
BEFORE 30.....(RECORD 01 ABOVE)
AFTER 30.....(RECORD 95 ABOVE)
STILL DK.....(RECORD 98 ABOVE)

R: Oh, it was while I was still in high school.

INTERVIEWER CODES 01.

Note that B is not asked if the respondent is under 30, because it is logically impossible then that the symptom first occurred after 30. This illustrates a DIS interviewing principle. The interviewer may sometimes code when information (such as age of P) is unambiguously available. However, this is only used as a last resort, e.g., when P cannot determine how many years have elapsed since last symptom. In almost all cases, the interviewer must ask again to verify the information. He/she can preface such a question with "I know we may have discussed this earlier, but I need to ask you again."

Part III. Probing

Probing means following up on responses to a question to clarify the respondent's meaning or to prompt a more complete answer. To accomplish this, the interviewer will (1) improvise nondirective probes, (2) use probe questions that are built into the interview schedule, or (3) use the standard symptom probing of the Probe Flow Chart.

NonDirective Probes

It is essential to be certain that the respondent understands each question and answers it fully. The most common difficulty in interviewing occurs when the respondent pays attention to part of the question only and therefore gives an inappropriate answer. To avoid this situation, the interviewer should use nondirective probes which check the respondent's comprehension and the completeness of the response. The probes encourage the respondent to elaborate and give concrete examples of the experience asked about so that the interviewer can judge whether the answer is both relevant to the question and complete. They can be used freely whenever the interviewer is uncertain that the respondent understood the question and answered it fully.

EXAMPLES: "Was there anything else?"
"Could you give me an example?"
"Yes?"
Repeating what the respondent last said as a question (e.g., "You said you did see a doctor?")
"Could you be more specific?"

Nondirective probes do not bias a respondent's answers toward either a "Yes" or "No" answer.

Built-In Probes

Probes contained within DIS questions appear in parentheses in lower case type. They are used only when the respondent does not appear to fully understand a question. When this happens, the question should be repeated including the words in parentheses as a paraphrase of the original question.

EXAMPLE: Q.159. Did you ever need a drink just after you had gotten up (that is, before breakfast)?

I: Did you ever need a drink just after you had gotten up?

R: I don't know if I understand.

I: Did you ever need a drink just after you had gotten up, that is, before breakfast?

R: Oh, no.

What If Probes Don't Work?

If after questioning with nondirect or built-in probes, the interviewer suspects the answers are either not relevant or do not fully answer a question, the interviewer should repeat the entire question or those parts the respondent appears to have overlooked. If the interviewer is still uncertain as to what the correct answer is, his or her best guess should be coded and a circled question mark should be entered in the left-hand margin, along with a verbatim record of the confusing answer.

The Probe Flow Chart

Most of the DIS questions about symptoms seek more than a "Yes" or "No" answer. They also require determining whether a symptom (SX) is clinically significant and whether it can be explained by physical illness, injury, or by the use of medication, drugs, or alcohol. Only if it is severe and not entirely accounted for by physical causes is it used in making a psychiatric diagnosis.

Not only does the DIS eliminate items of little or no psychiatric importance, but it records the reasons each possible symptom (SX) was not counted, so that weaker diagnostic criteria can be applied selectively, if desired, to explore the consequence of using other diagnostic systems.

The Probe Flow Chart provides standard probe questions to evaluate "severity" and "cause":

. SEVERITY:

a) "Did you tell a doctor about (SX)?"
b) "Did you tell any other professional about (SX)?"
c) "Did you take medication more than once for (SX)?"
d) "Did (SX) interfere with your life or activities a lot?"

. CAUSE:

a) "When you told the Dr., what was the diagnosis? What did he say was causing the SX?"
b) "Was (SX) always the result of a physical illness or injury (such as _____)?"
c) "Was (SX) always the result of taking medication, drugs, or alcohol?'
d) "When (SX) was not due to a physical illness or injury, was it always the result of taking medication, drugs, or alcohol?"
e) "When (SX) was not due to taking medication, drugs, or alcohol, was it always the result of a physical illness or injury?"

To determine severity and cause, the interviewer will have a copy of the Probe Flow Chart in hand at every interview, so there is nothing to memorize. With practice and an understanding of the purpose behind the probes, using the chart becomes quite easy. It was designed to help make decisions efficiently about severity and causation of symptoms. It shows the interviewer what questions may be skipped and how to ask the fewest questions that will get the information needed.

Codes for questions which require the PFC have been set up horizontally so that they can be easily recognized. No definitions appear next to them.

1 = no	4 = med. exp.
2 = below crit.	5 = yes
3 = drugs/alc	

'2' means R had the symptom, but it did not meet severity criteria.

'3' means R had the symptom, it was severe, and it was always explained by medication, drugs or alcohol.

'4' means R had the symptom, it was severe, and it was always explained by a physical illness or injury or sometimes by a physical illness or injury and all other times by medication, drugs, or alcohol.

'5' means R had the symptom, it was severe, and at least once it had no physical explanation or the respondent reports that it was always caused by physical illness or injury but there is no 4 coding option provided (see below) or the respondent reports that it was always caused by medication, drugs, or alcohol but there is no option provided (see below).

Variations in Standard Symptom Patterns

The horizontal codes provided in the DIS vary. The full set is 1 2 3 4 5. But codes are dropped when they do not apply to a particular symptom. So a variety of coding patterns can be found for the horizontal symptom codes:

1				5	
1	2			5	
1		3		5	
1			4	5	
1	2	3		5	
1	2		4	5	
1		3	4	5	
1	2	3	4	5	
1	2	3	4	5	6

Note that every pattern includes at least a 1 and a 5 code. When there is only a 1 and 5, the interviewer asks the DIS question only, coding a 1 for a "No" answer and a 5 for a "Yes" answer. All other patterns require the interviewer to ask questions on the Probe Flow Chart (PFC) if the respondent has answered "yes" to the main question.

Interviewers should note the coding pattern before going to the Probe Flow Chart. That pattern determines the sequence of questions to be followed.

A pattern which includes a code 6 is a special case. When a 6 is available, instructions about its meaning appear below the question. These will be discussed in chapters on the diagnoses in which they are used.

Considering ALL instances of symptom occurrence.

It is often difficult to get a respondent to think of all instances in which he had a symptom rather than focusing on a single memorable occasion. The interviewer should keep the respondent from focusing solely on the memorable occasion by substituting the **BOLDED** words in the question for (SX) in each probe question.

EXAMPLE: I: Has there ever been two weeks or more when you felt TIRED OUT all the time?

R: Yes, when I was working the double shift last summer.

I: Did you tell a doctor about feeling tired out?

R: Yes, and he said I was physically exhausted from all the work

I: Was feeling tired out always the result of a physical illness or condition or injury like physical exhaustion?

R: No, there was another period but I don't know what caused that

The well-trained respondent.

If the interviewer is told an answer to a later PFC question ahead of time, there is no need to ask that question. After having been through a few questions, the respondent may learn the Probe Flow Chart sequence, and anticipate what the PFC questions will be. He may provide enough information in a single response to save asking several questions.

EXAMPLE: "Yes, I have had that, but I didn't tell a doctor, just my psychologist, because being emotionally upset causes it."

CODE 5 IS CIRCLED AND "EMOTIONAL UPSET" IS RECORDED ON THE "SELF" LINE. NO ADDITIONAL QUESTIONS ARE NECESSARY, SINCE IT IS ALREADY KNOWN THAT THE SYMPTOM MEETS ONE OF THE SEVERITY CRITERIA AND THAT IT IS NOT ALWAYS DUE TO PHYSICAL ILLNESS OR TAKING SUBSTANCES.

The respondent offers his own diagnosis instead of the doctor's.

The first question in Box D asks for the doctor's evaluation of the symptom's cause. The interviewer needs to determine what the doctor thought or said, regardless of whether the respondent agrees. If the respondent says, "I think it was caused by the flu," the interviewer should focus on the doctor's evaluation by using the alternative probe, "What did the doctor say was causing (SX)?" To clarify whose opinion an answer is based upon the interviewer might ask "Is that what the doctor thought?" If the doctor did not make a diagnosis or thought it was an emotional problem, the interviewer codes 5 even if the respondent disagrees. Of course, there is no need to tell the respondent the doctor's opinion is being scored rather than his/her own.

The description of treatment is not a diagnosis.

If a respondent answers "What was the doctor's diagnosis?" by saying: "The doctor gave me an antibiotic" or "I was given exercises to do," the interviewer has not learned the doctor's diagnosis (even though he might be able to make a guess, based on the treatment recommended). At this point, the alternate probe in brackets at the top of BOX D should be asked: "What did the doctor say was causing (SX)?"

What about reactions to physical treatments, such as physical therapy, electroconvulsive therapy (ECT), and radiation therapy?

Count as explained by physical injury (4) if that symptom was always caused by the treatment. For instance, memory loss may be attributed to electroshock therapy.

Is taking prescription medicine prescribed for someone other than the respondent evidence for severity?

Medication may be either prescribed, over the counter (nonprescription), or taken without prescription. The prescription or purchase may originally have been intended for someone other than the respondent, so long as the respondent's intention in taking it was to treat the symptom. Taking the medication more than once counts even if the medication does not help the problem for which it was taken.

DEMONSTRATION OF USE OF THE PFC

The following examples show how to work through the PFC to arrive at a code. The examples go from the simplest to the most complicated, going through each possible response to probes for symptom questions in which the full set of coding options is available.

EXAMPLE: Q.74. Has there ever been a period of two weeks or longer when you lost [did you lose] your appetite?

CAN BE POSITIVE EVEN IF NORMAL FOOD INTAKE.

1 3 4 5 : 1 5 : 1 5 :
: : :

R: No.

THIS SYMPTOM DID NOT OCCUR. CODE 1 AND ASK THE NEXT DIS QUESTION.

EXAMPLE: Q.62. Have you ever had a spell or attack when all of a sudden you felt frightened, anxious or very uneasy in situations when most people would not be afraid?

MD: _____SELF:_____ 1 2 3 4 5

R: Yes.

I: Did you tell a doctor about your spell of suddenly feeling frightened? Doctor includes psychiatrists, other medical doctors, osteopaths, and students in training to be medical doctors or osteopaths.

R: No.

THE INTERVIEWER FOLLOWS THE ARROW TO BOX A (IGNORING THE (NO "2") INSTRUCTION SINCE THE QUESTION HAS A CODE 2 OPTION).

I: Did you tell any other professional about your spell of suddenly feeling frightened? Other professional includes psychologist, social workers, counselors, nurses, clergy, dentists, chiropractors, and podiatrists.

R: No.

I: Did you take medication more than once for your spell of suddenly feeling frightened?

R: No.

I: Did your spell of suddenly feeling frightened interfere with your life or activities a lot?

R: No.

THIS SYMPTOM IS "BELOW CRITERIA."
CODE 2 AND ASK THE NEXT QUESTION.

NOTE: IF THERE IS A POSITIVE RESPONSE TO ANY OF THE THREE QUESTIONS IN BOX A, THE INTERVIEWER SHOULD GO IMMEDIATELY TO BOX B, AS IN THE NEXT EXAMPLE.

EXAMPLE: Q.82. Was there ever a period of several weeks when your interest in sex was [Was your interest in sex] a lot less than usual?

1 2 3 4 5 6 : 1 5 : 1 5 :
: : :

MD _____SELF_____
IF CODE "1," SKIP TO Q. 83.

IF VOLUNTEERS NO INTEREST EVER: CODE 6

R: Yes.

I: Did you tell a doctor about your decreased interest in sex?

R: No.

INTERVIEWER GOES TO BOX A.

I: Did you tell any other professional about your decreased interest in sex?

R: Yes, my therapist.

THIS IS A YES ANSWER TO A BOX A QUESTION.
THE INTERVIEWER GOES DIRECTLY TO BOX B.

I: Was your decreased interest in sex ever the result of a physical illness or injury?

R: Yes, I had a bad back injury at work.

THE INTERVIEWER GOES TO THE QUESTION IN BOX D.

I: Was your decreased interest in sex always the result of a physical illness or injury such as the back injury?

R: Yes.

THIS SYMPTOM IS EXPLAINED BY PHYSICAL ILLNESS. SINCE IT WAS ALWAYS CAUSED BY THE BACK INJURY, THE INTERVIEWER CODES 4, RECORDS BACK INJURY ON THE SELF LINE (BECAUSE THE LOSS OF INTEREST IN SEX WAS NOT DIAGNOSED AS BACK PAIN BY A DOCTOR AS DEFINED HERE), AND GOES TO THE NEXT DIS QUESTION.

EXAMPLE: Q.78. Have you ever had a period of two weeks or longer when you were [Were you] sleeping too much?

1 3 4 5 : 1 5 : 1 5 :
: : :

R: Yes.

I: Did you tell a doctor about sleeping too much?

R: Yes

INTERVIEWER CIRCLES MD.

THE INTERVIEWER FOLLOWS THE ARROW TO THE BOX D QUESTIONS (IGNORING THE (1 2 5) DIRECTIONS SINCE THAT PATTERN DIFFERS FROM THIS QUESTION'S CODE PATTERN.)

I: When you told the doctor, what was the diagnosis?

R: He said I had bronchitis.

I: Was sleeping too much always the result of a physical illness or injury such as bronchitis?

R: Yes.

THIS SYMPTOM IS EXPLAINABLE BY PHYSICAL ILLNESS: 4 IS CODED, "BRONCHITIS" IS RECORDED ON THE MD LINE, AND THE NEXT DIS QUESTION IS ASKED.

EXAMPLE: Q.80. Has there ever been a period of two weeks or more when you talked or moved [Did you talk or move] more slowly than is normal for you?

1 3 4 5 : 1 5 : 1 5 :
: : :

MD_____SELF_____
IF CODED "1," SKIP TO Q. 81.

R: Yes.

I: Did you tell a doctor about talking or moving more slowly?

R: Yes.

THE INTERVIEWER CIRCLES MD AND GOES TO BOX D.

I: When you told the doctor, what was the diagnosis?

R: He said he wasn't sure what was causing it.

THIS IS "NO DEFINITE DIAGNOSIS."

I: Did he find anything abnormal when he examined you or took tests or x-rays?

R: Not that I know of.

THIS SYMPTOM SHOULD BE CODED 5. 'DK' IS RECORDED ON THE MD LINE AND THE NEXT DIS QUESTION IS ASKED.

EXAMPLE: Q.62. Have you ever had a spell or attack when all of a sudden you felt frightened, anxious or very uneasy in situations when most people would not be afraid?

MD_____SELF_____ 1 2 3 4 5

R: Yes.

I: Did you tell a doctor about your spell of feeling frightened?

R: No.

I: Did you tell any other professional about your spell of feeling frightened?

R: No.

I: Did you take medication more than once for your spell of feeling frightened?

R: No.

I: Did your spell of feeling frightened interfere with your life or activities a lot?

R: Yes, I miss a couple of days of work a month.

I: Was your spell of feeling frightened ever the result of a physical illness or injury?

R: No.

I: Was your spell of feeling frightened ever the result of taking medications, drugs, or alcohol?

R: Yes, I have it only when I use drugs.

I: What caused your spell of feeling frightened?

R: Oh, cocaine and marijuana.

THIS SYMPTOM SHOULD BE CODED 3. COCAINE AND MARIJUANA ARE RECORDED ON THE SELF LINE AND THE NEXT DIS QUESTION IS ASKED.

EXAMPLE: Q.84. Has there ever been a period of two weeks or more when you had [Did you have] a lot more trouble concentrating than is normal for you?

1 3 4 5 : 1 5 : 1 5 :

R: Yes

I: Did you tell a doctor about your trouble concentrating?

R: Yes.

I: When you told the doctor, what was the diagnosis?

R: He said it was the flu.

I: Was your trouble concentrating the result of a physical illness or injury such as the flu?

R: No.

I: When your trouble concentrating was not due to a physical illness or injury, was it always the result of taking medication, drugs or alcohol?

R: No.

CODE 5. THE SYMPTOM MEETS SEVERITY CRITERIA AND NOT ALWAYS EXPLAINED BY PHYSICAL CAUSES. THEREFORE, IT IS A PLAUSIBLE PSYCHIATRIC SYMPTOM.

Part IV. Determining Age of Onset, Recency, and Age at Remission

Age of onset for most psychiatric syndromes is defined by the age when the first symptom occurred, rather than the age at which the full criteria for the disorder were first met. Whether or not a syndrome is current is determined by the most recent symptom, if the full syndrome has ever been present. Age at remission is the age the last symptom occurred for persons without current symptoms, if the full syndrome has ever been present.

Typical DIS age of onset questions are the following:

Q.171 I'm going to mention some things you told me about drinking. I'll be asking how old you were at the first time any one of these things happened. You mentioned (LIST ALL CODED 5* ITEMS IN Qs. 150-158). What's the earliest age any of these things happened?

ENTER AGE:....._ _

Typical questions to determine recency or the age at remission are the following:

A. When was the last time any of these (STARRED) things happened?

CODE MOST RECENT TIME POSSIBLE

Within the last 2 weeks.....1
Within last month.....2
Within last 6 months.....3
Within last year.....4
Within 3 years.....5
More than 3 years ago (Ask B).....6

B. If more than 3 years ago: How old were you then?

ENTER AGE:....._ _

Age of onset and recency questions appear at the end of each section dealing with a disorder. When asking the onset questions, the interviewer must mention each symptom coded 5* among the listed questions, which are the symptom questions for this disorder. The interviewer uses the **bolded** or **highlighted** words in the questions to state the symptom briefly, just as was done in referring to symptoms in the PFC. It is important to remind the respondent of all the symptoms coded "5*" so that he reports the earliest and most recent occurrence of this complete set of symptoms. Only the symptoms coded 5* should be listed because we do not want the respondent to consider symptoms he said "yes" to, but which were coded "2," "3," "4," or "5." We do not want him to consider these because we have decided these are not a part of the disorder, either because they were not severe enough or because they were explained by physical illness or by taking medication, drugs or alcohol on every occasion.

The recency question usually immediately follows the age of onset question. The interviewer will have just reviewed the list of symptoms coded 5*. Even though the interviewer has just reviewed the list of symptoms coded 5*, it is

necessary to respect the symptoms coded 5* in order to make sure the participant gives the most recent age.

Handling Problem Responses to Age of Onset Questions.

1. The respondent gives an approximate age.

   If the respondent gives a single approximate age (e.g., "about 21"), the interviewer ordinarily accepts it without further questioning. However, if the approximate answer is close to a critical age, the interviewer should determine whether it was before or after the critical age. The interviewer will know there is a critical age and what the age is if there is a special probe for "DK" responses. The interviewer simply uses the probe provided for "DK" responses.

   EXAMPLE (Q.133) R: I was about 40.
   (Q.133A) I: Were you under 40 or older?
   R: I guess I was under 40-yes, that's right, I wasn't married yet.

2. The respondent provides a range of ages.

   EXAMPLE: "I must have been 25 to 30."

   When a respondent provides a range of ages, the interviewer records the age that falls in the middle of the range. If there is no single middle age, the interviewer should use the lower of the two middle answers. "25 to 30" is ambiguous because some people mean 25 through 30 when they say 25 to 30. However, 27 is the correct age either way. For ages 25-29, 27 is the middle value; for 25-30, there is no middle value, but 27 is the lower of the two middle values.

   EXAMPLE: "I was 23 or 24."

   The rule given for the previous example works for this example as well. Since there is no middle between 23 and 24, and since 23 and 24 are the two "middle" answers, code 23, the lower age.

3. The respondent doesn't remember the age.

   EXAMPLE: R: I'm not sure. I can't remember.
   I: Could you give me your best guess?
   (A NONDIRECTIVE PROBE)

   Following this probe, most respondents will give either a single approximate age or a range of ages to which the rules above can be applied.

4. The respondent doesn't give an estimate after a nondirective probe.

   EXAMPLE: R: I really don't know.

In this case, the interviewer records "DK" to the left of the age box. If there are no special instructions for a DK response, she/he codes 98 in the age box. Otherwise, she/he follows the interviewer instructions below the age box for handling a "DK," as in the example below for Q.133.

IF DK AND R IS UNDER 40: CODE 01
IF DK and R IS 40 OR OLDER: ASK A

Q.133A. Were you under 40 or older?

UNDER 40.....(CODE 01)
40 OR MORE.....(CODE 95)
STILL DK.....(CODE 98)

EXAMPLE 1: (R is 35 years old)

I: RECORDS 01 IN THE AGE BOX.

EXAMPLE 2: (R is 52 years old)

I: (Q.133A): Were you under 40 or older?

R: Oh, I was definitely over 40.

I: RECORDS "95" IN THE AGE BOX.

EXAMPLE 3: (R is 60 years old)

I: (Q.133A): Were you under 40 or older?

R: Well, it probably was sometime around 40, but I can't recall if it was before or after.

I: RECORDS "98" IN THE AGE BOX.

5. The respondent gives an age after having said "Don't Know."

EXAMPLE: R: I don't know.

I: Do you think it was before you were 15 or later than that?

R: Well, let me think. I guess I must have been 14 because I just started junior high.

I: CODE 14 (NOT 01)

The interviewer codes the most precise age available, even if there was initially a "don't know" response.

The Recency Question.

Answers to recency questions are used to determine whether a disorder is current. The DIS provides alternative definitions of a "current" disorder: criteria for the disorder have been met at some time and a symptom (or episode) has been experienced (1) within the last two weeks, (2) within the last month, (3) within the last six months, or (4) within the last year, or for certain diagnoses, (5) within the last three years. To allow for these alternative definitions, the interviewer must learn when the most recent symptom occurred. It is sometimes difficult to get an answer that can be coded according to this scheme.

Handling Vague Responses to the Recency Question.

EXAMPLE: I: (Q.171A): When was the last time any of these (STARRED) things happened?

R: Oh, it's been several weeks now.

CODE MOST RECENT TIME POSSIBLE

Within the last 2 weeks (SKIP TO Q.61)..1
Within last month.....(SKIP TO Q.61)..2
Within last 6 months....(SKIP TO Q.61)..3
Within last year.....(SKIP to Q.61)..4
More than 1 year ago.....(ASK A)..... 5

NOTE: THE INTERVIEWER NOW KNOWS THE CODE IS NOT 1, AND NOT 4, SINCE IT CANNOT BE MORE THAN 6 MONTHS. BUT IT COULD BE EITHER "WITHIN THE LAST MONTH" (CODE 2) OR SLIGHTLY MORE THAN A MONTH (CODE 3).

I: Would you say it was within the last month or longer ago that that?

R: Oh, no, I haven't had any of those problems in the last month.

NOTE: CODE "2" IS NOW NOT APPLICABLE. CONFIRM "3."

I: Have any of these (STARRED) things happened in the last six months?

R: Yes. It was probably about six weeks ago, now that I think of it.

I: CODE 3.

When there has been a single brief episode, the recency age will usually be identical with the age of onset. However, it is necessary to establish this beyond question:

EXAMPLE 2:

I: Q.171A When was the last time any of these (STARRED) things happened?

R: It only happened that one time I told you about.

I: And your age then was (age given in onset Q.171)?

R: That's right.

I: ENTERS SAME AGE CODED IN (PREVIOUS ONSET Q.171).

R: Oh, no, I forgot. I was arrested for DWI once after that when I was about 47.

I: DRAWS LINE THROUGH FIRST ENTRY AND WRITES "47" ABOVE IT.

NOTE THAT THE INTERVIEWER IN CONFIRMING THE RESPONDENT'S EARLIER STATEMENT, REMINDS HIM OR HER OF ALL THE SYMPTOMS, TO ENCOURAGE THE RESPONDENT TO CHECK THE ACCURACY OF THE INITIAL STATEMENT.

In many sections of the DIS, recency questions are asked in regard to individual symptoms. These recency questions are asked immediately following the individual symptom question if that question was answered positively (yes) by the participant.

EXAMPLE Q.151.:

I: Did you ever think that you were an excessive drinker?

NO.....(SKIP TO Q.152).....1
YES.....(ASK A).....5

R: Oh, yeah, at one time I did.

I: CODE 5 for Q.151. Has this thing happened within the last month?

R: Oh, no.

I: CODE 1 FOR Q.151A.

Part V. The DIS Interview - Individual Question-by-Question Specifications

Introduction

The 259 questions of the interview are organized into a brief demographic section and diagnostic sections.

For each diagnostic category, there will be a description of the disorder according to DMS-III, special instructions, and question-by-question specifications. Interviewers should be AWARE OF CHANGES (EDIT DECISIONS) in the specifications and how these changs affect administration of the DIS.

A. Demographics, Questions 1-14B

Description

The demographic topics are age, sex, marital status and parenthood. Sex is determined by observation. Age, sex, marital status and parenthood information is needed to determine the respondent's eligibility to be asked later questions on wife beating, desertion, infidelity, and to determine if questions are needed to clarify whether a forgotten age of onset was before or after a criterion age. Also included with the marital status questions are the questions about multiple divorces and separations needed for the diagnosis of antisocial personality.

Question-By-Question Specifications and Edit Decisions

Q.4-ED
PROBLEM: HOW TO CODE COMMON LAW MARRIAGES?
DECISION: IF R. SAYS COMMON LAW, CONSIDER R. MARRIED. 6/13/85 JP.

Q. 6. Homosexual couples can be considered to be "living with someone as though married."

IF NEVER MARRIED, GO TO Q.11, you will know from the respondent's response to Q.4 whether this instruction applies. After asking Q.6, if the code in Q.4 was 5, you go to Q.11.

Q.7,8-ED
PROBLEM: R. HAD MARRIAGE ANNULLED. HOW DO WE CODE?
DECISION: CODE AS IF MARRIAGE HAD NEVER OCCURRED. IF IT WAS THE ONLY MARRIAGE HE'D BEEN IN, Q.4 WOULD BE CODED AS NEVER MARRIED.

Q. 8. Based on the earlier responses, the interviewer chooses the appropriate phrase in the parentheses.

The "So you've never been" option is for people married only once (Q.7) and either currently living with the spouse (Q.5), separated, or widowed (Q.4).

Q

Q. 9. If the respondent has ever been divorced, the interviewer begins the question with the phrase in the first parentheses. If the respondent has never been divorced, that phrase is omitted

Q. 10. Refers to separations other than the final separation before a divorce.

Q. 11. The person lived with can be someone the respondent later married if they lived together for at least one year sometime prior to marriage.

Includes homosexual couples, as in Q. 6.

Q.12-ED
PROBLEM: R. HAD SEVERAL RELATIONSHIPS IN WHICH HE SEPARATED PERMANENTLY. ARE WE ONLY LOOKING FOR SHORT-TERM SEPARATIONS HERE?
DECISION: YES. AS IN Q.9, THIS DOES NOT INCLUDE A PERMANENT SEPARATION. CODE 1.

B. Social Support, Questions 14.3-16.1

Q. 14.3-ED
PROBLEM: Define "Immediate Family."
DECISION: Whatever R. considers immediate family. May include in-laws, cousins, etc. We are looking for social support groups here.

Q. 14.3-ED
PROBLEM: Do we count stepfather as immediate family, even though R. does not feel close to him for social support reasons?
DECISION: Yes, count stepfather as immediate family due to his responsibilities to R., as well as social support.

Q. 14.5-ED
PROBLEM: How to code if more than spaces allowed?
DECISION: Code 96 or 996 for all more than #S.

Q. 14.6-ED
PROBLEM: Does little league count as a social activity, i.e., nonadult?
DECISION: Yes. Any social activity counts, regardless if adult or not.

Q. 14.6
PROBLEM: R. is a pastor, whose profession requires him to attend several religious functions a week. How to code?
DECISION: Code # of meetings attended, regardless if it is his occupation.

Q.14.6
PROBLEM: R. said he went to meetings 3 or 4 times a year. How to code?
DECISION: If frequency is less than one time per month, code 00.

Q. 15.2-ED
PROBLEM: R. said very satisfied with friends, very dissatisfied with family. How to code?
DECISION: Get R. to answer for you by giving him an "overall" approach.

Q. 16.1-ED
PROBLEM: Where do you code X-wife as closest confidant?
DECISION: Code into "wife" category.

Q. 16.1-ED
PROBLEM: When asked who R. was closest to in past years, R. said no one in past, but a girlfriend now. Define past years? Also, how to code for closest confidant being an infant, since following questions do not seem to apply?
DECISION: It does not have to be in past years, can be a current relationship. Also, take R's response for infants and follow through, which in essence will often show lack of social support, which is the intent of this section.

C. Panic Disorder, Questions 62-67

Description

The essential features of Panic Disorder are recurrent panic (anxiety) attacks that occur at times unpredictably, though certain situations, e.g., driving a car, may become associated with a panic attack. The same clinical picture occurring during marked physical exertion or in a life-threatening situation is not termed a PANIC ATTACK.

A panic attack is manifested by a sudden onset of intense apprehension, fear, or terror, often associated with feelings of impending doom. The most common symptoms experienced during an attack are breathing difficulty; heart pounding; chest pain or discomfort; choking or smothering sensations; dizziness; feelings of unreality; tingling in the hands or feet; hot and cold flashes; sweating; faintness; trembling or shaking; and fear of dying, going crazy, or doing something uncontrollable during the attack. Attacks usually last minutes, more rarely, hours.

Panic attacks are divided into those which occur only in the presence of a phobic situation and those which occur at other times.

Special Instructions

Q.62 is the only question in this section in which the Probe Flow Chart is used.

The INTERVIEWER BOX after Q. 62 instructs the interviewer to skip out of the section if the respondent says he has never had a panic attack. However, the remaining questions are asked of persons coded 2, 3, or 4 as well as 5.

The difficult aspect of asking about panic attacks is ascertaining that sufficient symptoms occurred together during a single attack to meet criteria. That is why respondents are asked to select "one of your worst spells" in Q. 63, and why "During this spell" is repeated before each symptom. It is important to get respondents to distinguish symptoms during an attack from symptoms that might occur at other times in their lives.

Question-by-Question Specifications and Edit Decisions

Q.62 This question asks whether a person has ever had a panic attack. It emphasizes the two critical aspects of a panic attack:

1) That it comes on suddenly and
2) That it occurs in a situation when most people would not be afraid.

The question should be read slowly with an emphasis on the phrase "all of a sudden" and on the word "not" in the phrase "when most people would not be afraid."

Q.62-ED
PROBLEM: R. said his attacks of anxiety were caused from NOT taking his medication. (He was diagnosed a paranoid schizophrenic.) How to code?
DECISION: Code (3) as for withdrawal from drugs, or alcohol or nicotine.

Q.62-ED
PROBLEM: Definition of panic disorder when R. says constant.
DECISION: SUDDEN onset of INTENSE apprehension, etc., that occurs at times unpredictably, manifesting at least "four" symptoms in that section.

Q.62
PROBLEM: R. said he had a spell during a CAT scan. There were medical professionals present. Do Drs. or professionals present at time of event count as telling a Dr. or prof?.
DECISION: Yes, they do count when present. Follow probe appropriately.

Q.62A A feeling of panic is normal in a frightening situation. That is why Q.62 asks about attacks in situations when "most people would not be afraid." If the respondent answers "Yes," the interviewer will ask for and record an example before probing. If the example is of a frightening situation (e.g., "It was when I was almost run over by a truck"), the interviewer asks the general question again, emphasizing the end: "Have you ever had an attack when all of a sudden you felt frightened, anxious, or very uneasy in a situation when most people would not be afraid?" If the respondent thinks the situation is one in which most people would not be afraid, the interviewer should probe even if the interviewer thinks the situation sounds frightening.

Q.63 This question established which of 12 symptoms occurred during one of the "worst" panic attacks. The phrase "During this spell" should be added before asking each symptom to learn whether four or more of these symptoms occurred during a single spell.

Q.64 This is the standard age of first symptom question. If you have any questions about how to proceed, see Section 4 specs.

Q.65 The three spells closest together in time can be spread as far apart as one in each of three consecutive weeks or can be as close together as all within the same week.

Q.66 The interviewer codes 5 ("Yes") if the respondent had a spell of feeling frightened in 6 different weeks. These six weeks can be separated by months or years. The intent of this question is both to show that the respondent had at least six different spells and that these spells did not occur within a single brief episode.

Q.67 This is the standard "how recently have you had this problem" question. The important factor is to code the MOST recent time. See specs for Q.15F.

D. Generalized Anxiety, Questions 67.1-67.8

Description

The diagnosis of Generalized Anxiety requires suffering from an anxious mood for at least one month, as indicated by the presence of 3 of 4 groups of symptoms: motor tension, autonomic hyperactivity (sweating, heart pounding), apprehensive expectation, and vigilance and scanning. Vigilance is the ability to sustain attention. Scanning is the ability to sustain visual attention and tracking.

Special Instructions

In the DIS, the main question (67.1) covers the apprehensive expectation criterion. Those who meet that criterion are then asked about symptoms satisfying the other three criteria. To save time, respondents are skipped out of the group of symptoms assessing motor tension (Q.67.2 A-H), vigilance and scanning (Q.67.3 I-K), and autonomic hyperactivity (Q. 67.4 L-V) as soon as a positive answer is obtained.

Note the questions 67.2B to H, questions 67.3J and K, and 67.4M to V do not require repeating "during a time when you felt anxious or worried most of the time".

Question-by-Question Specifications and Edit Decisions

Q.67.2 A-H These questions define "motor tension." The introductory phrase "during a period when you were feeling worried or anxious most of the time" can be repeated in B-H if the interviewer suspects that the respondent is not keeping that period in mind. The

interviewer is instructed to skip to the next section of symptoms as soon as a positive answer is obtained.

Q.67.3 I-K These items define "vigilance and scanning." The interviewer skips to L in the next section as soon as a positive answer is obtained.

INTERVIEWER INSTRUCTION BOX: This asks if there was a positive answer in A-K. It is asked only of persons without "vigilance and scanning." Therefore, if the answer is negative, the respondent lacks all symptoms in two of the symptom groups and, therefore, cannot have a symptom in 3 out of the 4 symptom groups as required for a positive diagnosis. The interviewer therefore skips out of this diagnostic section.

Q.67.4 L-V These are the symptoms of "autonomic hyperactivity." The introductory phrase in L-D "During the time when you felt anxious or worried most of the time, did you have an unusual amount of trouble-" can be repeated as needed in M-V when the interviewer believes the respondent is not focusing on the anxious period.

E. Phobic Disorders, Questions 68-71

Description

The essential feature of a Phobic Disorder is persistent and irrational fear of a specific object, activity, or situation that results in a compelling desire to avoid the dreaded object, activity, or situation. The fear is recognized by the individual as excessive or unreasonable in proportion to the actual dangerousness of the object, activity, or situation.

Irrational avoidance of objects, activities or situations that has an insignificant effect on life adjustment is commonplace. For example, many individuals experience some irrational fear when unable to avoid contact with harmless insects or spiders, but this has no major effect on their lives. However, when the avoidance behavior or fear is a significant source of distress to the individual or interferes with social or role functioning, a diagnosis of Phobic Disorder is warranted.

Agoraphobia, Social Phobia and Simple Phobia are each assessed by the DIS. The essential feature of Agoraphobia is a marked fear of being alone, or being in public places from which escape might be difficult or help not available in case of sudden incapacitation. The essential feature of Social Phobia is a persistent, irrational fear of and compelling desire to avoid situations in which the individual may be exposed to scrutiny by others. The essential feature of Simple Phobia is a persistent irrational fear of and compelling desire to avoid an object or a situation other than being alone or in public places away from home (Agoraphobia) or of humiliation or embarrassment in certain social situations (Social Phobia).

Special Instructions

The probing pattern for phobias is [1 2 5]. There are no 3 or 4 options because phobias cannot ordinarily be caused either by ingesting substances or by physical illness.

Respondents may answer "Yes" to a phobia question even though they do not actually have a phobia. Their "Yes" can mean:

a) They dislike particular situations and avoid them, but are not afraid of them; or

b) They have mild fears, but they don't try to avoid the fearful situations; or

c) They have fears in situations where there actually is something to fear.

The interviewer needs to listen very carefully to the respondent's statements, and if any statement like this is volunteered, he or she should be reminded of each part of the initial question by repeating the question, emphasizing the words they seem to have overlooked.

Probing Process

Stress **UNREASONABLE** when asking original question. If answer is "Yes," then say:

1. Give me an example of a time when you avoided (SX) because of your unreasonable fear of (SX).

2. Did you tell a Dr. about your unreasonable fear of (SX)?

3. Did you tell any other professional about your unreasonable fear of (SX)?

4. Did you take medication more than once for your unreasonable fear of (SX)?

5. Did your unreasonable fear of (SX) interfere with your life or activities a lot?

Before the individual phobia is probed an example is recorded. The example should both specify the feared object or situations and what the respondent does about it: e.g., "did not accept roofing job because of 'fear of heights'." These examples can then be reviewed by the editor to judge the correctness of the interviewer's coding.

The phobic situation per se may not be what interferes with the respondent's life because he takes care never to be in the presence of the feared object or situation. An additional severity probe is provided, which appears in the INTERVIEWER INSTRUCTION BOX above Q.68. It is to be used if the first three

PFC severity probes are negative and the last question, "Does the (PHOBIA) interfere with your life or activities a lot?" is answered, "No, because I never go to concerts, get in water, go around animals, etc.)." The interviewer then asks: "Does having to avoid the (PHOBIA) interfere with your life or activities a lot?" The answer may be "Yes" even when the person has no contact with the phobic situation.

If a question contains a series of instances (e.g., Q.68G: "Spiders, bugs, mice, snakes, or bats"), and the respondent recognizes only one or two of these as phobic situations, the interviewer circles those the respondent acknowledges and substitutes these items only for (SX) when probing. However, the interviewer should not substitute a specific occasion on which the person experienced the feared object for the general class of feared objects or experiences.

EXAMPLE: I: Have you ever had such an unreasonable fear of spiders, bugs, mice, snakes or bats that you tried to avoid them?

R: Only snakes. Last year I became frightened of snakes when I was visiting my Aunt in El Paso.

I: (CIRCLES "snakes") Did you tell a doctor about your unreasonable fear of snakes?

The above example is correct because the probe used the class of objects, snakes, from the original list, but not the particular experience of visiting the aunt in El Paso.

The example below is incorrect since it substitutes the specific incident for (SX):

EXAMPLE: I: Did you tell a doctor about your unreasonable fear of snakes when visiting your aunt in El Paso?

The danger here is that the respondent may have discussed his or her fear of snakes with a doctor without bringing up this particular event. We miss that information by making the probe too specific.

The 5's in Q.68B-E identify symptoms of Agoraphobia. Only if both Agoraphobia and panic attacks have occurred is the respondent asked Q.71, to learn whether panic attacks occur only in agoraphobic situations.

Question-by-Question Specifications and Edit Decisions

Q.68-ED
PROBLEM: Does telling an M.D. here count, since we are looking for severity ONLY (1.2.5 probe) and not meds. or medical reasons?
DECISION: No. Since the problem was not serious enough to warrant visiting an M.D. before R. came here, it does not count.

SEQ. 68D-ED
PROBLEM: Define "small group."
DECISION: Whatever R. considers a small group to be.

Q.68-H-ED
PROBLEM: Is fear of losing your family considered a phobia?
DECISION: No. Q. wants to know about fear of doing or being near a situation, this doesn't meet intent of phobia, but more with obsessive behavior and should show up there.

Q.69: Standard age of first symptom question. See spec in Section 4.

Q.70: Standard "how recently have you had this problem" question. See spec in Section 4.

INTERVIEWER INSTRUCTION BOX E. Selects people who are to be asked Q.71, as explained above.

This question reminds the respondent that he reported a spell of feeling frightened or anxious and recalls its nature by providing a few of the symptoms that the person said occurred during one of these spells. Then it asks whether the panic attacks occurred only during the phobic situation or at other times too.

A "1" code means the panic attacks were solely in response to phobic situations; a 5 code means a panic attack occurred at least once when the respondent was not in the presence of a phobic object or situation.

F. Affective Syndromes: Major Depressive Episode and Dysthymia, Questions 72-99

Description

The Affective Disorders in DSM-III depend on the presence of Major Depressive Episodes or symptoms common in those episodes. Persons with a Major Depressive Episode have felt low and depressed for two weeks or more and at the same time have had other symptoms such as poor appetite, difficulty sleeping, feelings of worthlessness or guilt, decreased energy, and thoughts of death. Between episodes, they may feel entirely normal. Dysthymia requires two years of feeling depressed most days and some additional symptoms, but fewer than for a major depressive episode, thus not of sufficient severity to meet the criteria for a Major Depressive Episode.

Special Instructions

Using Previous Reports of Depression.

Often by the time the Depression Section is reached, a respondent has mentioned a period of depression. Suppose that in answer to one of the previous questions, the respondent said "Yes, I had that during my depression." The interviewer should begin the Depression section (Q.72) by

referring to the earlier response by saying something like, "You mentioned before that you had a period of depression. The next few questions ask about such periods."

Synonyms for Depression.

Qs. 72 and 73 ask about low mood and other synonyms for depression, namely "sad," "blue," "depressed," and "when you lost all interest and pleasure in things that you usually cared about or enjoyed." These synonyms are listed because some people recognize one of them as representing how they felt, but reject others. If the respondent chooses one of the four synonyms, the interviewer circles it and uses it when asking about depressed mood in later questions. If an equivalent to these synonyms is volunteered, such as "down in the dumps," "low," or "gloomy," the interviewer accepts the synonyms as a "Yes" to the question, writes the synonyms in the left margin, and uses it instead of the synonyms printed in the questions thereafter. This is what is meant in Q.90, Q.96A, and other questions by "OWN EQUIVALENT."

Duration Criteria.

Interviewers may need to probe to make certain that duration criteria are met. In Q.72, the duration of the low mood must be two weeks or more, meaning at least 14 days in a row. The mood need not have lasted from morning to night every day, but it must have occurred on 14 consecutive days. If the respondent's answers might indicate fewer than 14 days in a row, such as "Oh, yes, off and on I feel that way," then the interviewer must verify whether or not the respondent has met the duration criterion by asking something like, "And, did you feel that way for a period of two weeks or more?" emphasizing the two weeks or more.

A duration of two weeks is also required for most depressive symptom questions. This is necessary because many of these symptoms occur transiently for almost everyone. As in the mood questions, if the respondent's answer suggests the event might have lasted less than two weeks ("Sometimes I do have that problem"), the interviewer should ask "Did that event last for a period of two weeks or more?" The symptom must last most of the two week period, but interruptions of one or two days would not negate it if the total time was two weeks or more. Qs.88 and 89, which ask about thoughts of suicide and suicide attempts, have no duration requirements; any occurrence is considered significant.

Change in Status.

The symptom questions in depression refer to a change in the respondent's status. If a person always has the problem and it is always of the same intensity, it does not count as a symptom of a depressive episode.

EXAMPLE: In answering Q.77 the respondent may say "Oh, yes indeed. I always have trouble falling asleep." The interviewer should ask, "Has there ever been a period of two weeks or more when you had more trouble falling asleep, staying asleep, or with waking up too early than is normal for you?"

In Qs. 80, 82, 84 and 85, the idea of change in status is incorporated into the question. For these, if the respondent says he was "always like that," the interviewer should repeat the question, emphasizing the phrase that indicates change in status.

Choosing among a list of problems.

Qs. 77, 80, 83, and 85 list alternative ways in which a symptom may be expressed - i.e., several sleep problems (Q.85). The most popular alternative is bolded to indicate it should be used in the review of symptoms or PFC probes if the respondent simply says, "Yes" to the question without choosing one of the alternatives. If a different alternative is specifically chosen by the respondent, that choice should be circled and used instead of the bolded words when referring to this symptom.

EXAMPLE:

Q.77 I: Have you ever had a period of two weeks or more when you had trouble falling asleep, staying asleep, or waking too early?

R: I can fall asleep OK, but I always wake up after an hour or so.

I: CIRCLE "STAYING ASLEEP." Did you tell a doctor about your trouble staying asleep?

If the respondent had simply said "Yes" to Q.77, the first PFC probe would have been "Did you tell a doctor about your trouble falling asleep?"

The bracketed phrases.

Qs. 74-89 are used twice: first to ask if the respondent has ever in his life had this depressive symptom; and later to learn whether a symptom he had at some time occurred during a particular selected depressive episode. For the first use, the phrases before and after the [] are used and the bracketed phrases are omitted. The responses are coded in Col. I. For the second use, the phrase before the bracket is omitted; the question begins with the bracketed phrase and ends with the section after the bracket. Responses are coded in Col.III. If symptoms in fewer than three boxes in Qs. 74-89 get codes of 5 in Col. I, there will be no second use of these questions. The instruction to return for a second use is given in Q. 99. Col. II is used whenever Q is coded anything other than 1 to establish recency.

Severity Questions.

The Probe Flow Chart is used the first time Qs. 74-87 are asked to establish whether symptoms met severity criteria and were without physical causes at any time during the respondent's lifetime. In addition, if there was a depressive episode, defined as depressive mood plus some of these symptoms during the same month, the severity of the episode is assessed in Q.94. The probes in Q.94 are just like the severity probes on the PFC, but refer to the episode rather than to individual symptoms.

Question-by-Question Specifications and Edit Decisions

Q.73 It is logically possible for a respondent to correctly answer "No" to Q.72 and "Yes" to Q.73 if he never had a period of 14 consecutive days of feeling depressed, but he did feel blue more days than not for over a two-year period.

When asking the severity probes on the PFC, the (SX) should be "that period of feeling depressed." "Two years" should not be included in the reference to that symptom because the respondent may have seen a doctor early in the two-year period, when he could not have reported such a long duration.

Q.74 Q.74 asks about loss of appetite for two weeks or longer. A loss of appetite can occur WITHOUT reducing the amount eaten. If R says "I lost my appetite but I made myself eat," consider this a "yes" and begin probing.

Q.74-ED
PROBLEM: How to code a Dx. of "Nervous Stomach"?
DECISION: Code (5) as for nerves, stress, anxiety, etc.

Q.s 75,76 The phrase "or 10 pounds altogether" is bracketed because it is included only when discussing a particular episode of depression.

Q.75-Ed
PROBLEM: How to code for weight loss due to withdrawal from alcohol?
DECISION: Code (3), same as for Q.76, withdrawal from drug substances.

Q.76-ED
PROBLEM: How to code for gaining weight when routine has changed (i.e., in Vietnam or hard work for a short time, then back to normal)?
DECISION: Code (5) as both are emotional responses.

Q.76-ED
PROBLEM: How to code an increase in weight due to quit smoking?
ADDITION: How to code for Alc. withdrawal? (Code 3 also)
DECISION: Code (3) usually, for nicotine withdrawal and probe using "or drug such as nicotine." Exception: Is stress coded (5) and the interviewer must use discretion. Either way, should not code (4).

Q.76-ED
PROBLEM: R. said his weight was due to boredom. How to code?
DECISION: Code (5) for psychiatric Dx.

Q.77 If R reports a diagnosis of "insomnia," the interviewer should ask "What did the doctor say was causing the insomnia?"

Q.77-ED
PROBLEM: R. said he had trouble sleeping due to sexual tension. How to code?
DECISION: Code (5) for psychiatric Dx. rather than physical.

Q.79-ED
PROBLEM: R. felt tired out all the time due to working too hard. How to code?
DECISION: First find out if working too hard causes stress or physical exhaustion. Probe for physical by asking, "Was being tired out etc. ever the result of a physical illness or condition such as exhaustion?"

Q.82 SPECIAL INSTRUCTION: If the person volunteers that he has never been much interested in sex, the special code of 6 is used. The interviewer should not do any probing. This is a case where no change in status has occurred.

Also note that the question refers to a period of SEVERAL weeks. You can define "several" as 3 or more, if asked. This is the only question in the depression section offering the full "12345" coding options. When probing, use "decreased interest" for (Sx). Do not say "loss of interest."

Q.83 Since the only coding options are "1" and "5," there is no probing. If the R chooses one of the listed synonyms, circle it and use that word later if you have to review symptoms.

Q.86-89 These questions require no probing. You must ask all of them, no matter what the R's response has been to the earlier questions--that is, even if the R says he's never thought of committing suicide (Q.88), you still ask if he's ever attempted suicide (Q.89).

Q.88-89-ED
PROBLEM: Can Q.88, thinking about suicide be "no" and Q.89 attempting suicide be a "yes"?
DECISION: Yes. An impulsive person can attempt suicide without having conceived or planned it.

G & H The depressive symptoms are grouped into boxes (Qs. 74-76; 77-78; 79,80-81; 82-83; 84-85; 86-89). The diagnosis of a depressive episode or dysthymia requires symptoms coded 5 in three or more BOXES. Therefore, those with fewer symptoms skip to the next section (Q.100). Those who have symptoms in three or more BOXES are directed to Q.90 or Q.91, depending on whether they reported a depressed mood in Q.72.

Q.90 This question is asked only of respondents who have reported low mood in Q.72 and who report depressive symptoms in three or more boxes. Q.90 asks whether the mood and symptoms were clustered in time, i.e., occurred within the same month. If they were, the respondent is considered to have had a depressive episode.

The parenthesis provides "depressed or blue or OWN EQUIVALENT." The interviewer should say "depressed or blue" unless a different synonym in Q.72 was circled (e.g., "sad"), or a volunteered synonym has been written in the margin next to Q.72.

The instruction "LIST ALL 5's in QS. 74-89" means the interviewer should refer to every question coded 5 in column 1 by reading the bolded phrase or the part of the question circled. It is no longer necessary to repeat the phrase "two weeks or more."

Q.90A "SECOND CHANCE" QUESTION. This question is for those people who have reported a low mood and also reported that they had symptoms typical of depressive episodes, but said in Q.90 that the low mood and these symptoms never occurred at the same time. It gives the respondent another chance to think about whether he ever had a time when low mood and these symptoms occurred together. If the respondent still says "No," the interviewer will skip to the next section (Q.100). If "Yes," questioning continues with Q.92. The interviewer should not go back and change Q.90 to "Yes."

Q.91 Q.91 is asked only of the respondent who denied a low mood in Q.72 but had symptoms coded 5 in 3 or more boxes. These people are selected by the skip instructions in Box H and Qs. 90 and 90A.

By repeating the bolded phrase for each symptom coded 5 in Qs. 74-89 the respondent is reminded that he has reported several symptoms. The respondent is then asked whether several of these problems clustered together - that is, within the same month.

If the answer is "No," the interviewer skips out of the section, concluding there was no depressive episode. If the answer is "Yes," Q. 91A is asked. This question gives respondents a second chance to report low mood, even though they denied it in Q.72. If they still deny it, they are skipped out of the section.

Q.92 If the respondent gives the duration of a single symptom (e.g., "I couldn't sleep for 16 months"), he is not responding to the intent of the question. The question should be repeated, emphasizing feeling blue and having several problems. "About two weeks" cannot be assumed to be a full 14 days. It is critical to know whether the period lasted at least a full two weeks. An answer given in months or years must be converted to weeks.

Q.93 The respondent may not be sure whether he has had separate spells or one long spell with periods of temporary improvement. If the respondent is unsure how to count spells, tell him to count spells as separate if the interval of recovery lasted three weeks or more. As in Q.90, use the respondent's choice of synonyms for depression.

The general rule about coding vague responses (code the lower of the two middle numbers) has an exception here. The diagnostic

computer program requires knowing if there has been only one spell or more than one spell. Therefore, if the respondent says "one or two," the interviewer asks whether the respondent thinks he had more than one spell that lasted two weeks or more.

Q.93-ED
PROBLEM: When one spell lasts for a duration of a year or more, how to code?
DECISION: Code as one spell, regardless of duration.

Q.95 This is the familiar age of onset question. However, here age at first depressive episode, not first symptom, is being ascertained.

Q.96 This question and Q.96A distinguish a depressive episode from a normal reaction to bereavement. It asks if the spell or spells began just after the death of someone close. If not, 1 is coded and the interviewer continues with Q.97.

A code of 1 is also used if the respondent volunteers that the depression began more than two months after the death - too long afterward to count the death as the cause.

Q.96-ED
PROBLEM: Does depression due to death have to be after the death, or can it be before the death?
DECISION: If due to a short-term terminal illness, then code "yes" before actual death occurs.

Q.96,96A
PROBLEM: R. said he had two spells of depression, one due to a death lasting 2 weeks or more, the other due to a marital separation lasting less than 2 weeks. How to code 96 and 96A?
DECISION: Q.96 and 96A refer back to Q.95 and the 2-week criteria; therefore, Q.96 would be a "yes" and Q.96A A "only due to death."

Q.97 A slight variation on the familiar recency question, this question asks for the recency of an episode, i.e., a combination of low mood and other problems. If the respondent is currently in such a period, the interviewer codes 1 and skips to Box I. If R is not in an episode currently, he is asked when the last spell ended (Q.97A).

I & J These Interviewer Instruction Boxes help the interviewer determine whether to ask Q.98, which is asked only of respondents who had more than one spell or had a spell which lasted at least a year.

Q.98 Respondents who had more than one spell or a spell that lasted longer than a year are asked to choose the spell with the greatest number of symptoms. Identifying the spell with the most symptoms ensures that no one will be missed who ever met criteria for an episode. The spell with the most problems is not necessarily the

spell in which the respondent felt the most severely depressed or that lasted the longest.

If the respondent cannot recall which spell had the largest number of problems, the interviewer asks him to "pick one bad spell." The age at which the selected spell occurred is recorded to enable the interviewer to refer to it to help the respondent keep that particular spell in mind when answering Q.99.

Q.99 This question sends the interviewer back to the depression symptoms coded 5 in Qs. 74-89. The respondent is asked whether each symptom coded 5 in Column I occurred during the spell selected in Q.98 as having the greatest number of symptoms.

When reading the question, the interviewer drops the phrase prior to the words in the brackets, and begins with the bracketed words. If Q.74 had been coded 5 in column I, the interviewer would say, "For instance, during that spell when you were ____ years old, did you lose your appetite?"

All of these questions are answered simply "Yes" or "No" and a 1 or 5 recorded in Column II. When the interviewer has finished asking about the last symptom for which a 5 was coded in Column I and has recorded the answer in Column III, he or she goes on to Q.100.

G. Affective Syndromes: Manic Episode, Questions 100-117

Description

According to DSM-III, when there has been one or more manic episodes, with or without a history of a major episode, the category bipolar disorder is used. The essential feature of a manic episode is a distinct period when the predominant mood is either happy, elevated, expansive or irritable, and when there are associated symptoms of heightened activity, spending sprees, increased interest in sex, rapid and extensive speech, moving so rapidly from one idea to another when speaking that it is hard for a listener to see the connections, inflated self-esteem, decreased need for sleep and distractibility. Between manic episodes, people may be completely normal or may have periods of depression. It is also possible to have depressed moods off and on during a manic episode.

The elevated mood may be described as euphoric, unusually good, cheerful, or high; it is recognized as excessive and inappropriate by those who know the individual well.

Although elevated mood is considered prototypical, the predominant mood disturbance may also be irritability.

Special Instructions

The Mania Section is very similar in format to the Depression Section; in it we ask about a) mood, b) variety of symptoms, c) whether the mood and symptoms ever occurred together and, if so, for how long and how many times.

Duration Criteria

Nearly everyone has periods of feeling high or excited, so it is important that the respondent understands that he is being asked about a period of a week or more of feeling high every day.

The symptoms other than mood must also each last at least one week. If the respondent says anything that makes the interviewer doubt that the mood or symptom lasted at least a full week, he should ask "And, did that last a week or more?"

Change in Status

Like depressive symptoms, manic symptoms must represent a change in status. If the respondent says "I have always been very active," or "I never have needed much sleep," or "I always talk too fast," the interviewer needs to ask if there was ever a period of a week or more when he did this more than is usual for him. Sometimes this concept of change will be incorporated into the question, as in Q.101, "when you were so much more active than usual..." For this question, if the interviewer thinks the respondent missed the concept of change, the question should be repeated with emphasis on "more active than usual." But in Q.104, if a respondent answers "I've always been a fast talker," the interviewer should ask "Has there been a period of a week or more when you talked even faster than is usual for you, and people said they couldn't understand you?"

The Mania Section is introduced at Q.100 with a question about high mood. For those who deny a high mood but have sufficient positive symptoms occurring together, the interviewer will ask Q.110A about irritability. Note that the "SECOND CHANCE" for this diagnosis involves a different mood, while for depression, respondents were given a "SECOND CHANCE" to report the same mood they had previously denied.

Synonyms for Mania

As in the Depressive Section, the respondent may choose from among the synonyms for a manic state offered him in Q.100 or volunteer a different synonym. As before, the interviewer circles the chosen synonym or enters the volunteered one in the left margin next to Q.100, and uses it in subsequent questions.

Probing Q.106

Question 106 is the only question in the Mania Section in which the interviewer asks for an example. Many respondents miss the intent of Q.106, which is intended to inquire about grandiosity. To learn whether a respondent

who gives a positive answer is talking about a truly grandiose idea of his gifts or powers, the interviewer should ask for an example before probing.

If the example sounds like a real ability, which is plausible though perhaps a little bit exceptional, a 1 is coded. If it sounds implausible, the interviewer should record the example and begin probing. If the interviewer has not heard enough to make a judgment, he or she should ask a nondirective probe such as, "Could you tell me more about that?"

Responses like "I guess everybody feels kind of special" should be coded 1. Other common responses that should be coded 1 are "I'm gifted in art," and "I do my job better than any of my co-workers." These are normal responses and are coded 1 because the person either really is talented or has high but not pathologically high self-esteem.

Examples of special gifts or special powers to be counted as positive include being able to talk to God (note Edit Decision) or to will events to happen, or the conviction that heads of state would follow one's advice. Beliefs that cause coding problems are unusual religious ideas, faith in astrology, and belief in parapsychological phenomena such as foretelling the future, reading people's minds or bending spoons. These claims require interviewer judgment.

If the respondent believes that the powers he has could be taught to others or acquired by anyone who shares his beliefs, then they are not grandiose, even if the interviewer doesn't believe the respondent has these powers. If the respondent, on the other hand, believes he has been uniquely selected from all men to be given a special power, then the symptom of grandiosity is present. A question that may help to make that distinction is "Can other people learn to do that too?"

If still in doubt, the interviewer should be sure the recorded example is clear using the respondent's own words. The probe pattern should be followed and coded appropriately. Discuss the Q with an editor after the interview.

Probing Pattern

The probe pattern is (1 3 5) in the Mania Section. The reason for the 3 option is that some drugs can produce grandiose ideas or temporarily provide extraordinary energy levels.

The line under each symptom on which causes are to be recorded is a MED/DRUG/ALC line because coding options include no 2 or 4. Therefore, the interviewer using the PFC will not need to ask whether a doctor was told about the symptom. Instead, the PFC will direct the interviewer to Box C, where he or she will ask "Was (Sx) ever the result of taking medication, drugs or alcohol?" If a 3 is obtained, the interviewer records the kind of medication, drugs, or alcohol responsible on the MED/DRUG/ALC line.

Qs. 109-117 parallel Qs. 90-99 in the Depression Section. Q.110A asks about the alternative mood in mania (irritability or likely to fight or argue) for persons with an episode of three or more manic symptoms who denied having ever been high or excited for a week or more. In Qs. 111, 116 and 117, the

interviewer will need to choose either the high or excited mood or the irritable mood, depending on whether "Yes" was answered to Q.100 or Q.110A.

Question-by-Question Specifications and Edit Decisions

Q.100 The body of the question provides the synonyms "happy, excited, high, manic." If the respondent chooses one of these words to describe a period of feeling high, then the interviewer should circle that word. The circled word(s) will be used in later questions in this section. If the respondent uses a synonym for these words (e.g., "on top of the world"), it should be entered in the left margin for use when substituting "OWN EQUIVALENT."

Interviewer Instruction:

This instructs you to ask questions 101-108 and code in Column I. The first time you ask these questions, you ask if the R has EVER had any of these symptoms. The specs for Q.117 instruct you in how to read through these questions the second time about a "worst period."

Q.101-108 The format for these questions is like Qs. 74-89 in depression. The interviewer omits the phrase in brackets [ ] the first time through. After probing, the results are recorded in Column I.

Q.101 If the respondent reports more activity than usual but says that neither he nor others were concerned, the interviewer codes 1.

Q.102 The interviewer must be certain the respondent pays attention to the entire question. For instance, some respondents when asked about spending sprees will report buying new clothes because of receiving a big raise. The interviewer should re-read the question, emphasizing "spending so much money it caused you or your family some financial trouble."

Q.104 See "Change in Status" for how to handle the response "I always talk fast."

Q.106-ED
PROBLEM: R said special powers given to him by God, how to code?
DECISION: Probe religious answers by asking "Do you think there are other people with special reasons from God for being on earth?" If R says "Yes", then it is not pathological and can be coded (1).

Q.107-ED
PROBLEM: How to code insomnia as DX. Given by MD?
DECISION: Probe further, as insomnia is a symptom, not a DX.

K INTERVIEWER INSTRUCTION BOX K instructs the interviewer to count the number of 5s coded in Qs. 101-108, which appear in Column I. If no more than one 5 is circled, the interviewer skips out of the

rest of the Mania Section. When only two 5s are coded, the interviewer goes to Box M. If three or more 5s are coded, the interviewer goes to Box L.

The reason for this choice between L and M is that the criteria for mania require three symptoms if there is irritability but no euphoria or excitement, but only two symptoms if there is euphoria or excitement.

L & M — INTERVIEWER INSTRUCTION BOXES L AND M check on whether there has ever been a week or longer of feeling high. If "Yes," the interviewer goes on to Q.109. If "No," the interviewer skips to the question concerning irritability (Q.110) if there were ever three or more manic symptoms, but skips out of the Mania Section (to Q.118) if there were only two symptoms.

Q.109 — When reading this question, the interviewer lists symptoms coded 5 in Qs. 101-108 by reading the bolded phrases.

Q.109A — If the respondent says "No" to Q.109, this question provides him a second chance to think about whether the symptoms mentioned ever clustered with manic mood. If they did not, the interviewer skips out of the Mania Section. If they did, Qs. 111-117 are asked about those periods where symptoms and mood occurred together (clustered).

Q.110-11A — This question is asked if despite having three or more positive symptoms, the respondent has not reported a high mood (Q.100 is not coded 5). At Q.110, the interviewer asks if the symptoms ever occurred together. If not, the interviewer skips out of the section. If they did, the interviewer asks if the respondent felt irritable at that time. If the respondent says "No," the interviewer skips out of the section. If "Yes," Qs. 111-117 are asked about the periods when symptoms and irritable mood clustered.

Q.111, 114-117 — In each of these questions, the interviewer uses the word which the respondent used in Q.100 ("high," "manic," or "very excited" or OWN EQUIVALENT) or in Q.110A (irritable).

Q.111-ED

PROBLEM: How to code the longest spell in weeks when respondent says 5-6 months?

DECISION: Code the average (22 weeks). Take same criteria as for age, lower of mid point.

Q.114 — This question asks the age of onset of the first manic episode, not of the first symptom. An episode requires that an elevated or irritable mood (selecting the term the respondent has chosen) and some of the manic symptoms coded 5 in Qs. 101-108 occurred together.

Q.115 Here we find out whether R is currently experiencing one of those spells, and if not, when the last one ended.

Interviewer Box N

If more than one spell is coded in Q.112, ask Q.116 which asks age of worst spell.

Q.116 This question asks the respondent for the age at which the episode with the greatest number of manic symptoms occurred. The purpose is to learn whether any episode qualified for the diagnosis. The probe "then pick one bad spell" is used if the respondent has had several episodes and is having trouble choosing the one with the largest number of symptoms. Age is asked for ease in referring to that episode among several.

Q.117 This is the point at which the interviewer asks which symptoms were present at the time the respondent had a manic mood plus the largest number of manic symptoms and codes them in Column II, opposite Qs. 101-108. As in the Depression Section, the interviewer asks only about symptoms coded 5 in Column I.

This question works exactly like Q.99 in the depression section. The interviewer reads "When you were _____ years old" only if there is an age recorded in Q.116. (There will be one if the respondent has had more than one episode). Then the interviewer reads the first question coded 5 in Qs. 101-108, beginning with the words in brackets. If Q.101 was coded 5 in Column I, it would read as follows: "During that spell (when you were _____ years old) were you so much more active than usual that you, or your family or friends were concerned about it?" The interviewer codes 1 or 5 in Column II.

H. Schizophrenic and Schizophreniform Disorders, Questions 118-143

Description

Schizophrenic disorders require the presence of psychotic symptoms such as delusions or hallucinations, deterioration from a previous level of functioning, onset before age 45, and a duration of at least six months. The criteria for schizophreniform disorder are the same except that the minimum duration is only two weeks. The clinical picture of schizophreniform disorder is also more often characterized by emotional turmoil, fear, confusion, and particularly vivid hallucinations.

Special Instructions

The hallucinations and delusions covered in the Schizophrenia Section may also result from a high fever or taking drugs. Further, some religious or culturally supported beliefs may be hard to distinguish from true hallucinations and delusions.

Delusions are fixed false beliefs. They are covered in Qs. 118-126. To enable an editor to evaluate the delusions, interviewers are asked to record examples.

Hallucinations are false sense experiences: seeing, hearing, smelling, or feeling something which is not there. They are covered in Qs. 129-133. The interviewer is also asked to record examples of these.

In probing and reviewing symptoms in this section, the interviewer uses the bolded words in the questions to define the symptoms, not the specific example given by the respondent.

Example:

Q.118: I: Have you ever believed people were watching you or spying on you?

R: The devil was spying on me.

(RECORD EXAMPLE)

I: Did you tell a doctor about believing people were watching you or spying on you?

Failure to follow this rule could cause the respondent to deny having reported delusions of this type to the doctor even when he had done so because this particular delusion was not reported.

A special code of 6 is added to the typical (1 2 3 4 5) coding options in Qs. 118, 119, and 120. Although each of these beliefs may be a delusion, it is also the cases that some people really are spied on, followed, and plotted against. If the interviewer thinks it likely that the respondent really was treated in that way, 6 should be coded, rather than 5. A 6 code means the interviewer judges that this belief, which would be a delusion if held by most people, was not a delusion in this case, i.e., the respondent's story is plausible.

However, a 6 is coded only if the symptom meets the criteria for a 5, i.e., is sufficiently severe to meet criteria and is not explained either by illness or ingesting a drug or alcohol.

Example:

Q.119 I: Was there ever a time when you believed people were following you?

R: Yes.

I: Can you give me an example of a time when you believed people were following you?

R: My husband was having me followed. He had asked for a divorce, and I kept seeing a yellow car parked across from the house, and twice I saw that car park right near me when I went to a shopping mall.

(RECORD EXAMPLE)

I: Did you tell a doctor about the belief people were following you?

R: No.

I: Did you tell any other professional about the belief that people were following you?

R: Yes, I told my marriage counselor.

I: Was believing someone was following you ever due to physical illness or injury?

R: Of course not.

I: Was believing someone was following you ever due to taking medication, drugs, or alcohol?

R: I was sober as a judge each time.

(CODE 6. SOUNDS PLAUSIBLE)

For Qs. 121-126, there is no 6 option because these events cannot really happen. The statements in these questions are meant literally; however, they are often used metaphorically in conversation. While others cannot literally control a person's movements or thoughts against his will (Q.123) in the sense of willing him to move or think as they wish or using magical or supernatural forces to make him do something, a respondent may interpret the question metaphorically and say "Yes, my husband is domineering and he makes me do everything he wants." She probably means forceful persuasion by the husband which is not what the question is intended to cover. When the response does not meet the intent of the question, it is not necessary to probe.

If the example given does not clearly indicate whether a respondent is taking the question literally, the interviewer should ask for additional examples or ask for an explanation: "How is your husband able to make you do what he wants?" If the answer is "by ridiculing me or not giving me any money," 1 would be coded after recording both the example and the response to the probe.

Q.140 is asked of people who have had depressed mood, manic mood, or both. The interviewer should remember that the manic mood can be either elated or irritable. If the respondent had both depressed and manic moods, both need to be mentioned. For instance, the answer "Yes, I had a vision before I ever got depressed" is not a sufficient answer if there was also a period of mania. The hallucination or delusion must precede both to be a "Yes." Confusion may

result if the respondent switches the order of the symptoms in his answer: "Well, my blue mood came before I ever had any of those visions." To be certain the interviewer and editor will know which came first, the interviewer should write the respondent's exact words down in the left margin. The interviewer should note that the question means, "Did the hallucination or delusion come first?"

Question-by-Question Specifications and Edit Decisions

INTERVIEWER INSTRUCTION before Q.118

The interviewer should ask the respondent for an example if the respondent answers "Yes" to any of the questions from 118-125. The example should be obtained before probing begins. If the example does not meet the intent of the question, 1 is coded. If the example meets the intent of the question, the interviewer begins probing.

Example:

Q.118 I: Have you ever believed people were watching you or spying on you?

R: Yes.

I: Can you give me an example of your belief that people were watching you or spying on you?

R: I could tell the devil was spying on me.

(RECORD EXAMPLE)

Q.118 Responses such as "when I walk into a restaurant I have the feeling that people are looking at me" often indicate self-conciousness rather than a delusion. The interviewer should record the example and probe. Such responses are generally coded 2 or 6.

Q.119-ED
PROBLEM: When asked if R believed people were following him, R said "Yes, due to brain damage caused by a fractured skull." How to code?
DECISION: Code (4). If always due to physical injury or illness. In future, if R's answer was "brain damage or shell shock," follow NO DEFINITE DIAGNOSIS on flow chart to make sure there was a physical reason (such as a fracture or stroke, etc.).

Qs.121-126 Respondents may answer "Yes" to these questions but give examples which show they are not taking the question literally. We mean them literally. A metaphorical use of "reading your mind" (Q.121), "hearing what someone thought" (Q.122), "controlling your movements" (Q.123), "stealing your thoughts" (Q.124), or "sending you messages" (Q.125), should be coded 1.

Q.121A The respondent is asked for an example only if his answer indicates he felt that it was more than just a guess or from knowing the person well.

Q.123 Metaphorical complaints about parents or spouses being too controlling are common here. For example, the following are typical responses: "My husband is dominating and controls my thoughts" or "I never vote without asking my wife who I should vote for." We are not interested in that kind of influence, but rather the belief that one's thoughts are literally controlled against one's will by some supernatural or magical means. Metaphorical answers should be recorded, but coded 1.

Q.126 The interviewer should record here any volunteered delusions which do not fit Qs. 118-125. After recording the delusion, the interviewer should probe and code accordingly. The interviewer should code 1 if no delusions are volunteered.

Q.126-ED
PROBLEM: Are premonitions delusions?
DECISIONS: No. Code 1.

Qs.129-132 These questions ask about hallucinations, which are false sensory experiences. In contrast, an illusion is a misperception of something that did occur, such as thinking that a car's backfire was a gunshot. Illusions are not counted in these questions. The "A" questions elicit examples when Qs. 129A-132 are answered "Yes." Probing is done only if the example meets the intent of the questions. Otherwise, the interviewer codes 1. When probing, the interviewer must remember to refer to the general symptom (e.g., hearing things other people couldn't hear), and not to the specific example given.

Q.129 The interviewer should emphasize "when you were completely awake," since it is normal for people to sometimes have experiences when just falling asleep or just waking up that fall somewhere between dreams and visions. These normal phenomena are to be coded 1.

Q.129-ED
PROBLEM: R stated while he was in jail, he saw himself walking through a passageway in an old house. Questionable if he was awake or predreaming. Is this a hallucination?
DECISION: No. Not a hallucination of the schizophrenic type (cannot see yourself in hallucination). Code (1).

Q.129-ED
PROBLEM: R said he has a vision, but no one was present that could have seen it. How to code?
DECISION: Record the vision. Others do NOT need be present, but the phrase is there to clarify that if they were present they could not have seen the vision.

Q.130 The interviewer should not count as "yes" merely having an unusually acute sense of hearing. A hallucination requires hearing something when there actually was no such sound. "Voices" are mentioned because they are the most common auditory hallucinations. Hearing music or a noise would also count.

Q.130B,C These questions are to be asked after any "yes" response to Q.130--it need not have been coded 5. There are no bolded phrases in these questions, showing that they are not included when listing examples coded 5 in Q.133.

Q.131 The interviewer should not count as "yes" a report of an unusually acute sense of smell. Such responses are coded 1. A hallucination of smell requires smelling an odor that is not actually present.

Q.131-ED
PROBLEM: R went to M.D. and M.D. referred R to specialist. R thought it was a sinus condition and did not consult one. How to code?
DECISION: Code (5)--no definite DX.

Q.132-ED
PROBLEM: R responds to unusual feelings with "felt tingling." How to code?
DECISION: Code 1--do not probe.

Q.132-ED Decisions pertain to Q.129-132
PROBLEM: R said his unusual feeling was a "warm glow" whenever he gets close to God. Is this a delusion?
DECISION: No. Code religious belief as 1 unless it seems VERY bizarre. Probe further to find whether R believes others experience this also to clarify religious belief.

Q.134 The alternative wordings within the parentheses allow the interviewer to adapt the question to the particular kinds of hallucinations reported.

S When answering INTERVIEWER BOX S, looking back at INTERVIEWER BOXES P and R is a quick way to know if any 5's have been coded in Qs. 118-126 and Qs. 129-132. If none have been, the interviewer skips out of the Schizophrenia Section to Q.144.

T INTERVIEWER BOX T is intended to save time. The interviewer should look to see if more than one year separates the respondent's age at the time he first had a delusion or hallucination from his age when he had his last delusion or hallucination. If the difference is more than a year, there is no need to ask Q.135. For example, if a respondent's age in Q.127 is 26 and the age recorded at Q.134 is 29, more than one year has passed. So the interviewer codes 5 in INTERVIEWER BOX T and follows the instructions to skip to Q.136.

If the ages are not clearly more than a year apart, or an age is missing or unknown, the interviewer asks Q.135. It can't do any harm.

Q.135 The interviewer asks if at least six months elapsed between the first belief or experience in Qs. 129-132 and the last. This does not mean a continuous period of hallucinations or delusions is required. If the respondent had the experience of hearing a voice at age 25 and nine months later felt convinced that someone was following him, six months have passed and 5 is coded.

Q.137 The respondent is asked to add up the various times when he was not emotionally or mentally well. To code a "yes," it is not necessary to have had one continuous six-month period of illness.

NOTE: If the respondent volunteers he has not had serious problems, the interviewer should code 1 for both Q.137 and 137A.

Q.137-ED
PROBLEM: Can we soften the Schiz. section some?
DECISION: Yes, by putting ( ) around phrase (or any other serious difficulty with emotional or mental problems).

Q.137A-ED Instruction Revision:

Instructions said "if problem not serious, code (1) and go to instructions before Q.138."
Revision: "Code (1) in both Q.137 and 137A, then go to instructions before Q.138."

U Interviewer checks to see if R was 12 or older at the time of his first delusion or hallucination. If he was younger, he will not be asked Q.138 and 139, which ask about deterioration from prior level of functioning, because he was too young at onset to be considered as having established a level of functioning from which deterioration is possible.

V In INTERVIEWER INSTRUCTION BOX V, 5 is coded if any of the four questions about depressed or manic mood (Qs. 72, 91A, 100, 110A) was coded 5. Since the interviewer will be asking in Q.140 whether delusions or hallucinations occurred before experiencing that mood, he needs to recall the particular words for depression or high mood selected by the respondent. These are the words circled in Q.72 and Q.100 or written in the margins next to them and used in the Depression and Mania sections. If the answer to INTERVIEWER INSTRUCTION BOX V is "yes," the interviewer should look at Q.72 or Q.100 at this time if he or she does not recall the phrases used.

Q.140 Q.140 asks if the first delusion or hallucination came before the respondent's first spell of feeling depressed or blue (Q.72 or Q.91A) or high or irritable (Q.100 or Q.110A).

Q.141 If only Q.127 or Q.133 has an age filled in, that age is used. Otherwise the earlier of the two is selected to insert in the first sentence of this question. If the age in either Q.127 or Q.133 is unknown (01, 95, or 98), the interviewer should omit the introductory sentence mentioning an age and omit the phrase that specifies ages in the second sentence as follows:

"Think about the two years before you first had any of these beliefs or experiences." Two years are subtracted from the age inserted in the first sentence to get the age in the second sentence. For example, if the age is 23, the interviewer should say: "...think about the two years before that, when you were 21 and 22..."

Q.143 This long question should be read slowly emphasizing "completely back to normal" and "at least a year when you were not..."

Appendix B

Definitions from the American Psychiatric Association Committee on Nomenclature and Statistics: Diagnostic and statistical manual of mental disorders. 3rd ed. Washington, DC: American Psychiatric Association, 1980.

DELUSIONS. A false personal belief based on incorrect inference about external reality and firmly sustained in spite of what almost everyone else believes and in spite of what constitutes incontrovertible and obvious proof or evidence to the contrary. The belief is not one ordinarily accepted by other members of the person's culture or subculture (i.e., it is not an article of religious faith).

When a false belief involves an extreme value judgment, it is regarded as a delusion only when the judgment is so extreme as to defy credibility. Example: If someone claims he or she is terrible and has disappointed his or her family, this is generally not regarded as a delusion even if an objective assessment of the situation would lead observers to think otherwise; but if someone claims he or she is the worst sinner in the world, this would generally be considered a delusional conviction. Similarly, a person judged by most people to be moderately underweight who asserted he or she was fat, would, at the point of extreme emaciation rightly be considered delusional.

A delusion should be distinguished from a hallucination, which is a false sensory perception (although a hallucination may give rise to the delusion that the perception is true). A delusion is also to be distinguished from an overvalued idea, in which an unreasonable belief or idea is not as firmly held as is the case with a delusion.

Delusions of being controlled are delusions in which feelings, impulses, thoughts, or actions are experienced as being not one's own, as being imposed by some external force. This does not include the mere conviction that one is acting as an agent of God, has had a curse placed on him or her, is the victim of fate, to be present only when the subject experiences his or her will, thoughts, or feelings as operating under some external force. Examples: A man claimed that his words were not his own, but those of his father: a student believed that his actions were under the control of a yogi; a housewife believed that sexual feelings were being put into her body from without.

Delusions, bizarre are false beliefs whose content is patently absurd and has no possible basis in fact. Example: A man believed that when his adenoids had been removed in childhood, a box had been inserted into his head, and that wires had been placed in his head so that the voice he heard was that of the governor.

Delusions, grandiose are delusions whose content involves an exaggerated sense of one's importance, power, knowledge, or identity. It may have a religious, somatic, or other theme.

Delusions, jealousy are the delusions that one's sexual partner is unfaithful.

Delusions, nihilistic are delusions involving the theme of nonexistence of the self or part of the self, others, or the world. Examples: "The world is finished;" "I no longer have a brain;" "There is no need to eat, because I have no insides." A somatic delusion may also be a nihilistic delusion if the emphasis is on nonexistence of the body or a part of the body.

Delusions, persecutory are delusions in which the central theme is that a person or group is being attacked, harassed, cheated, persecuted, or conspired against. Usually the subject or someone or some group or institution close to him or her is singled out as the object of persecution.

It is recommended that the term "paranoid delusion" not be used, because its meanings are multiple, confusing, and contradictory. It has often been employed to refer to both persecutory and grandiose delusions because of their presence in the paranoid subtype of Schizophrenia.

Delusions of poverty are delusions that the person is, or will be, bereft of all, or virtually all, material possessions.

Delusions of reference are delusions whose theme is that events, objects, or other people in the person's immediate environment have a particular and unusual significance, usually of a negative or pejorative nature. This differs from an idea of reference, in which the false belief is not as firmly held as in a delusion. If the delusion of reference involves a persecutory theme, then a delusion of persecution is present as well. Examples: A woman was convinced that programs on the radio were directed especially to her; when recipes were broadcast, it was to tell her to prepare wholesome food for her child and stop feeding her candy; when dance music was broadcast, it was to tell her to stop what she was doing and start dancing, and perhaps even to resume ballet lessons. A patient notes that the room number of his therapist's office is the same as the number of the hospital room in which his father died and feels that this means there is a plot to kill him.

Delusions, somatic are delusions whose main content pertains to the functioning of one's body. Examples: One's brain is rotting; one is pregnant despite being postmenopausal.

Extreme value judgments about the body may, under certain circumstances, also be considered somatic delusions. Example: A person insists that his nose is grossly misshaped despite lack of confirmation of this by observers.

Hypochondriacal delusions are also somatic delusions when they involve specific changes in the functioning or structure of the body rather than merely an insistent belief that one has a disease.

Delusions, systematized are single delusions with multiple elaborations or a group of delusions that are all related by the individual to a single event or theme. Example: A man who failed his bar examination developed the delusion that this occurred because of a conspiracy involving the university and the bar association. He then attributed all other difficulties in his social and occupational life to this continuing conspiracy.

HALLUCINATIONS are sensory perceptions without external stimulation of the relevant sensory organ. A hallucination has the immediate sense of reality of a true perception, although in some instances the source of the hallucination may be perceived as within the body (e.g., an auditory hallucination may be perceived as coming from within the head rather than through the ears). (Some investigators limit the concept of true hallucinations to sensations whose source is perceived as being external to the body, but the clinical significance of this distinction has yet to be demonstrated, so it is not made in this manual.)

There may or may not be a delusional interpretation of the hallucinatory experience. For example, one person with auditory hallucinations may recognize that he or she is having a false sensory experience whereas another may be convinced that the source of the sensory experience has an independent physical reality. Strictly speaking, hallucinations indicate a psychotic disturbance only when they are associated with gross impairment in reality testing. The term hallucination, by itself, it not ordinarily applied to the false perceptions that occur during dreaming, while falling asleep (hypnagogic), or when awakening (hypnopompic). Hallucinations occurring in the course of an intensely shared religious experience generally have no pathological significance.

Hallucinations should be distinguished from illusions, in which an external stimulus is misperceived or misinterpreted, and from normal thought processes that are exceptionally vivid. Transient hallucinatory experiences are common in individuals without mental disorder.

Hallucinations, auditory are hallucinations of sound, most commonly of voices, but sometimes of clicks, rushing noises, music, etc.

Hallucinations, gustatory are hallucinations of taste, unpleasant tastes being the most common.

Hallucinations, olfactory are hallucinations involving smell. Example: A woman complained of a persistent smell of dead bodies. Some individuals are convinced they have a body odor they themselves cannot smell; this symptom is a delusion, not an olfactory hallucination.

Hallucinations, somatic are hallucinations involving the perception of a physical experience localized within the body. Example: A feeling of electricity running through one's body.

Somatic hallucinations are to be distinguished from unexplained physical sensations; a somatic hallucination can be identified with certainty only when a delusional interpretation of a physical illness is present. A somatic hallucination is to be distinguished also from hypochondriacal preoccupation with, or exaggeration of, normal physical sensations and from a tactile hallucination, in which the sensation is usually related to the skin.

Hallucinations, tactile are hallucinations involving the sense of touch, often of something on or under the skin. Almost invariably the symptom is associated with a delusional interpretation of the sensation. Examples: A

man said he could feel the Devil putting pins into his flesh; another claimed he could feel himself being penetrated anally; still another complained of experiencing pains, which he attributed to the Devil, throughout his body, although there was no evidence of any physical illness.

A particular tactile hallucination is formication, which is the sensation of something creeping or crawling on or under the skin. Often there is a delusional interpretation of the sensation, as when it is attributed to insects or worms. Formication is seen in Alcohol Withdrawal Delirium and the withdrawal phase of Cocaine Intoxication.

Tactile hallucinations of pain are to be distinguished from Psychogenic Pain Disorder, in which there is no delusional interpretation.

Hallucinations, visual are hallucinations involving sight, which may consist of formed images, such as of people, or of unformed images, such as flashes of light. Visual hallucinations should be distinguished from illusions, which are misperceptions of real external stimuli.

I. Alcohol Abuse and Dependence, Questions 149-171

Description

The essential feature of alcohol abuse is a pattern of pathological use of alcohol for at least a month that causes impairment in social or occupational functioning.

The essential features of alcohol dependence are either tolerance or a withdrawal syndrome plus either a pattern of pathological alcohol use or impairment in social or occupational functioning due to alcohol.

Special Instructions

The PFC is not needed for the alcohol section.

People with no experience with alcohol are skipped out of the section, as indicated in INTERVIEWER INSTRUCTION BOX at the bottom of page 38. However, people who have had only a little experience with alcohol are asked these questions. A few will claim these questions do not apply to them because they drink little and don't have an alcohol problem. If a respondent protests answering these questions, the interviewer should say something like "These questions do not mean that you are a problem drinker. They are questions we ask everyone. Please bear with me--they go quite quickly." Then the interviewer asks the questions tactfully.

The 5*s in Qs.150-168E indicate symptoms of alcohol abuse or dependence which will be reviewed in Q.171 at the end of the section. If none of a respondent's answers to Q.150-164 are coded 5*, indicating no problems with alcohol, he is skipped out of the section at INTERVIEWER INSTRUCTION BOX Y.

Q.167 lists alcohol withdrawal symptoms and Q.168 lists medical complications of excessive drinking. Since any evidence of withdrawal or any medical

complication is sufficient to constitute a positive symptom, the interviewer skips out of each of these sets of questions as soon as a positive answer is received.

Question-by-Question Specifications and Edit Decisions

Q.149 This question about age when first got drunk is not used for diagnosing alcoholic abuse or dependence, but for diagnosing antisocial personality. If the response is "I've never been drunk," the interviewer codes 00 and skips to Q.150.

NOTE: There is a critical age of 15.

Q.150 This question asks if the family had objected to the respondent s drinking too much. If the family objected only because they disapprove of drinking on principle, even moderate drinking, the interviewer codes 2. A '5' code is intended to indicate that the family thought the respondent habitually drank excessively for some period.

If the respondent volunteers that the family's objection was to a single, never-repeated occasion, the interviewer codes 1.

EXAMPLE: "On New Year's Eve, when I was 16, I went out drinking with some friends. We all got drunk and my folks were furious. I never gave them anything to complain about after that." Code 1.

INTERVIEWER INSTRUCTION BOX is pertinent whenever the respondent says he has never had a drink. It is placed after Q.150 because that is the point at which the teetotaling respondent usually says it (i.e., he says "never" to Q.149 and then "No, because I don't drink and never have" to Q.150). But the information may have been volunteered during a PFC probe earlier (I: "Was (SX) ever the result of taking medication, drug or alcohol?" R: "Well, I don't drink and never have") or it may come up later.

Q.151 The definition of "excessive" is left up to the respondent.

Q.153 "Two weeks" and "every day" should be emphasized.

Special Instructions

If you skip from Q.153A to 154A, use the following:

"How long has it been since you drank 7 or more drinks at least one evening a week for a couple of months or more or do you still?

Q.153A "That much" means seven or more drinks every day for a two-week stretch.

Q.154 Interviewers should emphasize that the weekly heavy drinking must extend over two or more months.

Although the question specifies "one evening a week," if the concentrated drinking is in the morning or afternoon, that counts. But if the drinking is only one drink per hour (i.e., seven drinks spread out over an afternoon and evening), this is not sufficient.

Q.154A-ED
PROBLEM: R said he drank that much two weeks ago with friends. Does an isolated incident count here?
DECISION: No. Question refers back to Q.154. Record most recent time R had 7 or more drinks at least once a week for a couple of months.

Q.156 This question asks about harm only to the respondent. We do not count suggestions that the respondent cut down to lose weight, because this suggestion is not related to a threat to health specific to alcohol. Reduction in food intake would serve the same purpose.

Q.158 Any rules used to control drinking count, not just the two examples mentioned in the question.

Q.159 This question refers to drinking at the beginning of one's day. Reference is made to "had gotten up" rather than "before breakfast" so that the question applies to people with a typical work schedule and people who never eat breakfast. The drink must follow the longest sleep period in 24 hours and precede the first meal. If the answer is "I have my first drink at 11 a.m., just after breakfast" or "I take a nap after work and get up and have a drink before supper," these don't count.

Q.161-ED
PROBLEM: Define being "kicked out." R said he was suspended from school. Does this count?
DECISION: No. Suspended is not severe enough. Need to be expelled or lose a job to qualify here.

Q.162-ED
PROBLEM: If R answers "Yes" to trouble driving because of drinking, and later volunteers he was NOT driving or NOT intoxicated himself, how to code?
DECISION: Code (1). To code a "yes," R must have been the driver of the car, AND must have been drinking.

Q.162 The respondent must have gotten into trouble, such as having an accident or being arrested. Driving slowly because of feeling drunk or driving over a curb is not enough.

Q.163 If the only arrest was for drunk driving, it counts in Q.162, but not here.

Y — If there have been no positive answers to alcohol questions with 5* codes, the interviewer skips the rest of the alcohol section. The Y and Y1 questions ask the 5* items but Y2 does NOT.

Q.164-ED
PROBLEM: Question asks about physical fights (plural) while drinking. R said he's been in one fight. Does only one fight count here?
DECISION: Code 5. One fight does count.

Q.165 — "Binges or benders" are defined in the question: "Drinking for a couple of days without sobering up."

Q.165A — If the respondent planned the binge in advance and covered his usual responsibilities (getting someone to take over), he has not neglected usual responsibilities.

Q.165-ED
PROBLEM: R stated that he drank every day for 10 years, but never got drunk. Does this count as several binges or benders?
DECISION: No. Binges or benders require drinking for a couple of days or more without sobering up. The intent is to look for a particular drinking pattern, i.e., periodic drinking. Drinking steadily without being drunk does not meet the intent of Q.

Q.166 — Respondents sometimes confuse blackouts with passing out (becoming unconscious after drinking heavily). A blackout means there is amnesia the next day for a period during which the drinker was awake and active--that is, he did and said things he could not remember.

Q.167 — "Stopping or cutting down" may be as brief as overnight when asleep. Having the shakes the morning after drinking is coded "yes."

The interviewer may skip out of the Q.167A-C series as soon as a positive answer is received.

Q.171 — Note that only questions with 5*s are mentioned.

Q.171-ED
PROBLEM: Does age in Q.171 have to be greater than or equal to age in Q.149 (first time drunk)?
DECISION: No. R could have had problems before being drunk. But if this occurs, tech must probe to be sure this is true and must note on the DIS that probe was done. Otherwise dr.
Meet the intent of Q.

Q.171A — The usual recency codes have an extra option--within 3 years. This reflects the clinical impression that remissions from substance abuse are common but probably not likely to be stable until they have lasted three years.

J. Obsessive Compulsive Disorder, Questions 172-180

Description

A diagnosis of Obsessive Compulsive Disorder is given if either obsessions or compulsions have ever been present.

Obsessions are recurrent, persistent ideas, thoughts, images, or impulses that are experienced as invading the consciousness against the person's will and as being senseless or repugnant. Attempts are made to ignore or suppress them.

Compulsions are repetitive and seemingly purposeful behaviors that are performed according to certain rules or in a stereotyped fashion. The activity is either not connected in a realistic way with what it is designed to produce or prevent or is clearly excessive. The act is performed with a sense of subjective compulsion coupled with a desire to resist the compulsion (at least initially). The individual generally recognizes the senselessness of the behavior and does not derive pleasure from carrying out the activity. In the version used in this study, no questions are asked regarding compulsions.

Special Instructions

Qs. 172-173 deal with obsessions:

The interviewer should emphasize the following key characteristics when reading them:

a. persistent or recurrent;
b. unpleasant, unreasonable, or silly;
c. irresistible.

The questions in this section are long. They should be read slowly and broken into shorter phrases, if necessary.

Qs. 172 and 173 ask about having unpleasant and persistent thoughts. Although examples are listed the interviewer should be concerned with any unpleasant or persistent thought. If the respondent denies having the thoughts given as examples, his attention should be drawn back to the general question. For instance, if in his response to Q.172, the respondent says, "I would never kill someone," the interviewer should ask the respondent if he has had "any other unpleasant or persistent thought."

The probe pattern is (1 2 5) because these thoughts and behaviors are not known to be caused by any physical illness or by ingesting any substances. However, they must meet severity criteria to count.

Question-by-Question Specifications and Edit Decisions

The words "unpleasant" and "persistent" should be emphasized in the last sentence.

If a person had such a thought only once, 1 is coded. If it happened only once, it is not a persistent thought.

Q.172B If the respondent says "Yes" and the standard probes are begun, the interviewer should be sure to use "unpleasant or persistent thoughts" from Q.172 as the (Sx), not a specific example the respondent has given. For example, the first probe would read "Did you tell a doctor about any unpleasant or persistent thoughts?"

AA The interviewer is skipped to Q.174 (age of onset) if Q.172B is coded 5. Q.173 is coded only to give the respondent a second chance to report an obsession, if he has one.

Q.173 "Unreasonable" should be emphasized. It should be remembered that any unreasonable thought counts, not just the examples listed in Q.173.

Q.173B The phrase to use in probing is the bolded phrase in Q.173, "unreasonable thought."

K. Drug Abuse and Dependence, Questions 181-195

Description

The Drug Section asks about problems associated with the use of a variety of drugs.

The section on Drug Abuse and Dependence covers the following substances:

- Cannabis (marijuana and hashish)
- Amphetamines or similarly acting stimulants
- Barbiturates and similarly acting sedatives or hypnotics, including minor tranquilizers
- Cocaine
- Opiates, including heroin
- Phencyclidine (PCP) and other hallucinogens

A DSM-III diagnosis of abuse requires both a pattern of pathological use and impairment in social or occupational functioning. A diagnosis of dependence requires either tolerance or withdrawal.

Special Instructions

The substance abuse section asks about problems associated with the use of a variety of drugs. If the respondent has never used any drug on his own (i.e., not on prescription or more than prescribed) more than five times the interviewer skips to the next section. This means that drug disorders do not include use of drugs only for a suicide attempt or only by accidental ingestion, or when there was a bad experience with a drug used only once or twice.

In Q.181, the phrase "on your own" is defined as use (of a drug):

- in order to get high, or
- without a prescription; or
- by taking more than was prescribed.

Use of drugs, prescribed for purposes other than mood change, to change mood counts even if the respondent denies taking the drug to get high. Thus, if the respondent says he used it to feel happier, calmer, etc., or to get sleep or to feel more alert, this counts. Uses not related to mood or alertness (e.g., use of codeine for headache) will not be counted even if the drug was not prescribed for that purpose.

The interviewer can return to the definition of "on your own" in Q.181 if the respondent seems to be uncertain or changes the definition.

The PFC is not used in the Drug Section.

Question-by-Question Specifications and Edit Decisions

Q.181 The interviewer should hand the respondent the list of drugs to be covered in this section. The list will be read to respondents who are unable to read or who read only with difficulty or who do not have their glasses handy. The list should be left with the respondent throughout the Drug Section.

NOTE: "On your own" is defined in this question and should be repeated as needed.

Q.181-ED
PROBLEM: Does using someone else's prescription drugs qualify as "using drugs on your own?"
DECISION: Yes, this qualifies even if for a legitimate reason like trying to sleep.

Q.181-ED
PROBLEM: How to deal with coding diet pills, glue, white-out, or other over-the-counter drugs.
DECISION: For 181, only be concerned with drugs that appear on drug list A. If not on the list, disregard the other category here and go to 181A. If 181A is yes, then these drugs will be coded on the other line in 183A.

Q.181A Tobacco, alcohol and caffeine are not included in the drug section. If none of the listed drugs was used and if no drug (other than tobacco, alcohol, or caffeine) is volunteered, 1 is coded. Common "other" drugs that count are nitrous oxide (laughing gas) and solvents such as glue, gasoline, and carbon tetrachloride.

Q.181.A-ED
PROBLEM: Does No Doz count here?
DECISION: No. No Doz contains caffeine.

Q.182A.B The age of first taking any drug "on your own" is not used for diagnosing drug abuse or dependence, but used as a symptom of Antisocial Personality, if use occurred more than once before age 15. Q.182B provides this information. The phrase "this drug" in the parentheses should be chosen if the respondent volunteered in Q.181 that he had used only one of the drugs on the list. Otherwise, the phrase "any of these drugs" should be used.

Q.183 The interviewer should offer to reread the list to the respondent if he has difficulty with reading. If the respondent says "No" to the question, 1 is coded and the Drug Section is skipped out of. If the answer is "Yes," 5 is coded and Q.183A is asked. The "Yes" answer can apply either to drugs on the list or to "other" drugs.

Q.183-ED
PROBLEM: R said combination of drugs, could not narrow it to one drug, how to code?
DECISION: Code all drugs involved as yes.

Q.183A "Which ones?" means "which drugs have you used on your own more than five times in your life?" The interviewer should remind the respondent of this definition as needed. The interviewer circles drugs the respondent names and codes 5 for the category. More than one drug in a category may be circled. After the respondent stops, the interviewer asks "Any others?" until he gets a "No" response.

Some names in these categories are synonyms, others are different drugs. The interviewer will refer to circled synonyms as though they were different if the respondent thinks they are. In (1) "grass" and "pot" are synonyms for marijuana. In (2) "speed" is a street name for amphetamines. Amphetamines are one of several stimulants. "Uppers" is a synonym for the whole class of stimulants. In (3) Seconal is a barbiturate, but there are others. Sedatives, sleeping pills, and downers are synonyms for the class of drugs that include barbiturates and Quaaludes. In (4) Valium and Librium are the most commonly used tranquilizers. In (5) "coke" and "cocaine" are the same drug.

Many drugs on the list have street names that are not on the list. If the respondent uses a street name the interviewer is not familiar with, the interviewer should confirm that the respondent is referring to the drug the interviewer thinks he is. For example, R: "Well, I smoke weed." I: "Is 'weed' the same as marijuana?" The drug to which the street name refers should be circled and the name the respondent used for it should be written in the left margin next to that category. In later questions, either the street name or the name on the list can be used.

If a drug is named with which the interviewer is unfamiliar, the interviewer can ask if it is the same as any of the drugs on the list. If the respondent says "no" or doesn't know, the name is entered on the other "line," and 5 is circled for category 9.

The interviewer should code 1 for every category in which no drug is mentioned.

Q.185 "Dependent" should be emphasized.

Q.186 "Tried to cut down" should be emphasized. This includes using a drug less often or using smaller amounts.

Q.187 "Needed larger amounts" should be emphasized.

Q.188 "Withdrawal" should be emphasized. Withdrawal is defined in the question.

Q.188-ED
PROBLEM: R said he couldn't sleep after stopping drug use but was never sick from it. How to code?
DECISION: Code 5. DSM-III states that restlessness, anxiety, irritability, impaired attention, and insomnia are common symptoms of withdrawal.

Q.190 The interviewer should emphasize "considerable," which means more than just having the family wish the respondent wouldn't take drugs or knowing they didn't like it.

Q.191 The emotional and psychological problems must be experienced as a result of taking the drug. Using the drugs because of a preexisting mood problem (e.g., smoking marijuana to get over a feeling of depression) does not count.

Q.191-ED
PROBLEM: R said he felt paranoid of being caught for using drugs. How to code?
DECISION: Paranoia must be caused by chemical aspects of drug, not fear of being caught for using drugs. Code "no."

GG In INTERVIEWER INSTRUCTION BOX GG, any coded 5* is sufficient for coding "yes."

Q.193 This is the standard age of onset question.

Q.194 This is the standard recency question. It should be noted that, as in the Alcohol Section, the Drug Section has a "within three years" recency category.

Q.195 The INTERVIEWER INSTRUCTION BOX ABOVE Q.195 is designed to save time. This instruction is read only if the respondent had a drug problem within the last year, since others have been skipped.

directly to Q.196 by the instructions for Code 5 in Q.194 and below Q.194A. If all the drug problems in the respondent's lifetime have been with a single drug, then problems in the last year must of necessity have been with that drug. In this case, the interviewer circles that drug and codes its category 5, and codes 1 in the remaining categories circled in Q.183A without asking Q.195. (Categories not circled in Q.183A, i.e., in which no drug was used five times or more, should be left blank.)

For Q.195, the interviewer circles drugs that were circled in Q.183A, then reads the question for each circled drug. If more than one drug is circled in the category and the answer is "yes" for one or more but not for all, the interviewer codes 5 and draws a line through the drugs with which no problems occurred in the last year.

L. Antisocial Personality Disorder and Psychosexual Disorders, Questions 196-234

Questions on Psychosexual Disorders are intermingled with questions on antisocial personality because both require questions on sexual activity and attitudes. These questions were put together to make skipping the whole set easy for respondents without sexual experience or so embarrassed by the topic that they refuse to answer questions about it. (In a general population study, the latter were rare, but they did occur.) The consecutive numbering of this section is interrupted between Q.213 and Q.214 by the insertion of Qs. S1-S24. Questions S1 to S24 have not been used by all ECA sites, but are part of the standard DIS and are included in this study.

Description

1. ANTISOCIAL PERSONALITY DISORDER (Qs. 196-209, S19-24, 214-234).

The essential features of Antisocial Personality Disorder are a history of continuous and chronic antisocial behavior in which the rights of others are violated, persistence into adult life of a pattern of antisocial behavior that began before the age of 15, and failure to sustain good job performance over a period of several years.

Lying, stealing, fighting, truancy, and resisting authority are typical early childhood signs. In adolescence, unusually early or aggressive sexual behavior, excessive drinking, and use of illicit drugs are frequent. In adulthood, these kinds of behavior continue, with the addition of inability to sustain consistent work performance or to function as a responsible parent, and failure to accept social norms with respect to lawful behavior. After age 30, the more flagrant aspects may diminish, particularly sexual promiscuity fighting, criminality, and vagrancy.

2. PSYCHOSEXUAL DISORDERS. The psychosexual disorders covered by the DIS are psychosexual dysfunction, transsexualism, and ego-dystonic homosexuality.

Psychosexual Dysfunction (Qs. 211-213) is characterized by inhibition in sexual desire or function, which is not attributable entirely to physical disorder or to use of medication or other substances. There is either persistent and pervasive inhibition of sexual desire, inhibited sexual excitement (frigidity or impotence), inhibited orgasm, premature ejaculation, or persistent pain on intercourse.

Special Instructions

In the Antisocial Personality section, there are questions on both childhood behaviors and adult behaviors. The section begins with questions on childhood behaviors. For each positive response, the interview ascertains whether or not the behavior first occurred before the person was 15. Age of onset is ascertained for each childhood symptom because a positive diagnosis requires three of these behaviors before age 15. Asking age of onset of each allows the computer to count the number which occurred that early in life. The PFC is used for only one antisocial personality symptom, Q.222.

Question-by-Question Specifications and Edit Decisions

Q.196 "School" means elementary, junior high, or high school. If the respondent repeated a grade twice at any of these levels, or one grade in one level and one in another, the code is 5.

A "child" is defined as a person under 18 years of age. There is no age of onset question for Q.196 because repeating grades is not used as a criterion for antisocial personality. It is included here to give a rough estimate of IQ.

Q.196, 196A-ED
PROBLEM: R was raised in Mexico. When he came to U.S., he was put back 2 grades. Does this count as repeating a grade?
DECISION: Code yes for repeating grade, but only once in 196A. Because it happened at one time.

Q.197-197A These two questions define underachievement in school--poor grades in a child whose teachers felt he could have done much better.

Q.197-ED
PROBLEM: R said he didn't know if teachers thought he could have done better. How to code?
DECISION: If teachers had thought R could have done better, they probably would have said so which defaults to a "No, did as well as could."

Q.197B This is the age of onset question for underachievement. The criterion age is 15. A similar subquestion appears below each of the 12 childhood conduct problems used as criteria for antisocial personality.

Q.198 Misbehaving counts only if the respondent got into trouble with a teacher or principal. If the respondent volunteers that the only behavior that led to trouble with school authorities was fighting, 1 is coded here, because fighting will be coded in Q.201.

Q.199 Suspension or expulsion can occur at any grade level in school. Suspension is being told not to come back for one day or more; expulsion means being told not to come back at all.

Q.200 "At least twice in one year" should be emphasized. Playing hooky once in two separate years does not count.

Q.200-ED
PROBLEM: When playing hooky in "last year" in school, does this mean senior year, or literally R's last year in school if he did not graduate?
DECISION: Take "last year" literally, which may or may not be his senior year.

Q.200B "Five days a year in at least two school years" should be emphasized. To code "yes," the respondent had to play hooky five times in one year and five times in another.

Q.201 Fighting means physical fighting, not just quarrelling. The person must have gotten into trouble because of fighting.

Q.201B Starting a fight only once is sufficient to code "yes."

Q.202 The phrase in parentheses "other than for fighting at school" is used only if the person said "yes" to school fights in Q.201.

Q.202-ED
PROBLEM: R got into fights with his siblings. Do we include trouble with fighting in the home here?
DECISION: Probe R as to whether the quarrelling or fighting was more severe than usual misunderstandings between siblings. If so, code yes. If not, code no.

Q.203 It should be noted that the definition of running away requires being gone overnight.

"Kid," like "child," is defined as a person under 18 years of age.

Q.203-ED
PROBLEM: R ran away from home one time, but permanently. How to code?
DECISION: Running away permanently counts here. Code yes and get age.

Q.203-ED
PROBLEM: R said he ran away from boarding school. Does this count?
DECISION: No. Code 1. Only count if R ran away from home.