

# Reliability and Validity of the Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID)

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**Objective:** To investigate the concurrent validity and reliability of the Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID), a short structured diagnostic interview for *DSM-IV* and *ICD-10* psychiatric disorders in children and adolescents.

**Method:** Participants were 226 children and adolescents (190 outpatients and 36 controls) aged 6 to 17 years. To assess the concurrent validity of the MINI-KID, participants were administered the MINI-KID and the Schedule for Affective Disorders and Schizophrenia for School Aged Children-Present and Lifetime Version (K-SADS-PL) by blinded interviewers in a counter-balanced order on the same day. Participants also completed a self-rated measure of disability. In addition, interrater ( $n = 57$ ) and test-retest ( $n = 83$ ) reliability data (retest interval, 1–5 days) were collected, and agreement between the parent version of the MINI-KID and the standard MINI-KID ( $n = 140$ ) was assessed. Data were collected between March 2004 and January 2008.

**Results:** Substantial to excellent MINI-KID to K-SADS-PL concordance was found for syndromal diagnoses of any mood disorder, any anxiety disorder, any substance use disorder, any ADHD or behavioral disorder, and any eating disorder (area under curve [AUC] = 0.81–0.96,  $\kappa = 0.56$ –0.87). Results were more variable for psychotic disorder (AUC = 0.94,  $\kappa = 0.41$ ). Sensitivity was substantial (0.61–1.00) for 15/20 individual *DSM-IV* disorders. Specificity was excellent (0.81–1.00) for 18 disorders and substantial ( $> 0.73$ ) for the remaining 2. The MINI-KID identified a median of 3 disorders per subject compared to 2 on the K-SADS-PL and took two-thirds less time to administer (34 vs 103 minutes). Interrater and test-retest kappas were substantial to almost perfect (0.64–1.00) for all individual MINI-KID disorders except dysthymia. Concordance of the parent version (MINI-KID-P) with the standard MINI-KID was good.

**Conclusions:** The MINI-KID generates reliable and valid psychiatric diagnoses for children and adolescents and does so in a third of the time as the K-SADS-PL.

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Pediatric treatment and epidemiology studies require accurate, reliable, and reproducible information on psychiatric diagnoses. The increasing use of standardized structured and semistructured diagnostic interviews, specifically designed for children and adolescents, has reduced the risk of inadequate assessment in these populations.<sup>1–3</sup> However, many of these diagnostic instruments are lengthy and time-consuming. For example, the Schedule for Affective Disorders and Schizophrenia for School Aged Children,<sup>4</sup> the Child and Adolescent Psychiatric Assessment,<sup>5</sup> and the Diagnostic Interview for Children and Adolescents<sup>6</sup> each require up to 2 to 3 hours to administer. Many of the existing interviews also require complicated cross-checking and synthesis to score and are difficult to navigate, and most require considerable training. These considerations have led to increasing calls for a brief but accurate and reliable diagnostic instrument that is easy to administer in this population.<sup>7</sup> The Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID) was developed to meet this need.<sup>8</sup>

## STUDY OBJECTIVES

This study investigates the reliability of the MINI-KID and its validity in relation to the Schedule for Affective Disorders and Schizophrenia for School Aged Children-Present and Lifetime Version (K-SADS-PL), treated here as the criterion or reference standard. The primary objectives were to evaluate (1) the concordance between MINI-KID and K-SADS-PL diagnoses and (2) the interrater and test-retest reliability of the MINI-KID. Secondary objectives included assessing (1) the comparative administration times of the MINI-KID and K-SADS-PL and (2) the concordance between the parent-rated version of the MINI-KID (MINI-KID-P) (with only



the parent present) and the standard MINI-KID (with the child and a parent both present).

We also report the results for the suicidality disorder section of the MINI-KID, and we report the results of preliminary tests to measure the concurrent validity of the Sheehan Disability Scale as a measure of impairment to administer with the MINI-KID.

## METHOD

### Sample

Two hundred thirty-one children and adolescents (195 outpatients and 36 community controls) participated. Five children (four 7-year-olds and one 11-year-old, all outpatients) had to be excluded from the analysis of results because they were unable to complete both interviews. This left a final sample of 226. The mean age of the sample was  $12.8 \pm 3.5$  years, and the age range was 6 to 17 years. Thirty-seven percent ( $n=83$ ) were children aged 6 to 12 years, and 63% ( $n=143$ ) were adolescents aged 13 to 17 years. Fifty-eight percent ( $n=132$ ) were male, and 42% ( $n=94$ ) were female. Eighty-six percent ( $n=195$ ) reported their race/ethnicity as white, 8% ( $n=18$ ) as black or African American, 3% ( $n=6$ ) as Hispanic, and 3% ( $n=4$ ) as multi-racial or other. Gender and age distributions were similar for community controls and identified patients.

### Recruitment

Child and adolescent patient volunteers, aged 6 to 17 years 11 months, were recruited from the child and adolescent outpatient program of the University of South Florida Psychiatry Center and its affiliated programs including 4 community substance use disorder programs for adolescents and a local community hospital for eating disorder patients. Child and adolescent controls were recruited from a local community church organization. Children and adolescents with mental retardation, significant developmental disorders, congenital abnormalities, delirium, dementia, a language problem, a serious medical illness, or brain damage were excluded. To assess for exclusionary criteria, parents and referring physicians/staff were contacted by one of the MD or PhD investigators once a referral was made. At that time, subjects meeting exclusion criteria such as organic brain damage were excluded. Almost all children were appropriately referred and were included. Participation was voluntary. The study was approved by the institutional review board of the University of South Florida, and all subjects and their parents received an explanation of the study and gave informed consent before the study interviews took place.

### Interviewers, Site, and Training

Interviewers included 3 board-certified faculty psychiatrists, 6 psychiatry residents or child psychiatry fellows, 4 doctoral-level faculty psychologists, 1 RN/MS, and 5 BA

and MS research coordinators at the University of South Florida College of Medicine or one of its affiliated institutions. Fifty-eight percent ( $n=131$ ) of the interviews were conducted at the University of South Florida College of Medicine Psychiatry Center. An additional 21% ( $n=48$ ) were conducted at affiliated alcohol and substance treatment centers, 5% ( $n=11$ ) at a specialty eating disorder hospital, and 16% (all controls) ( $n=36$ ) in the community, mostly at churches serving the local population. All of the raters received training on the MINI-KID and the K-SADS-PL prior to conducting interviews. For the MINI-KID, rater training took approximately 2 hours. For the K-SADS-PL, because of the substantial training time required, only raters who were previously trained were used.

### Instruments

**Mini International Neuropsychiatric Interview for Children and Adolescents.** The MINI-KID is a structured clinical diagnostic interview designed to assess the presence of current *DSM-IV* and *ICD-10* psychiatric disorders in children and adolescents aged 6 to 17 years in a way that is comprehensive and concise. The interview is administered to the child/adolescent together with the parent(s), although it can be administered to adolescents without a parent present. The MINI-KID follows the structure and format of the adult version of the interview (MINI), which has been validated against the Structured Clinical Interview for *DSM-III-R*<sup>8</sup> and against the World Health Organization–designed Composite International Diagnostic Interview.<sup>9</sup> Like its adult counterpart, the MINI-KID is organized in diagnostic sections or modules. Using branching tree logic, the instrument asks 2 to 4 screening questions for each disorder. Additional symptom questions within each disorder section are asked only if the screen questions are positively endorsed. All questions are in binary “yes/no” format. Discrepancies between parent and child reports are resolved at the item (individual question) level by asking for further input from the child and the parent and using clinical judgment to break ties. Diagnostic criteria are summarized and documented within each disorder section and on a summary sheet. The instrument screens for 24 *DSM-IV* and *ICD-10* psychiatric disorders and suicidality (Table 1) and takes approximately a half an hour to administer. A parent-rated version of the MINI-KID (MINI-KID-P), designed only for parents, is also available.<sup>8</sup>

**Schedule for Affective Disorders and Schizophrenia for School Aged Children–Present and Lifetime Version.** The K-SADS-PL is a semistructured diagnostic interview designed to assess current and past *DSM-III-R* and *DSM-IV* psychiatric disorders in children and adolescents aged 6 to 17 years. The interview requires prior training and is administered by a clinician to the parent(s) and separately to the child or adolescent. The instrument has a 10- to 15-minute unstructured introductory clinical and demographic interview followed by an 82-item screen interview for current

**Table 1. Disorder Diagnoses on the MINI-KID**

Disorder	Time Frame
Major depressive episode	Current (past 2 wk) and recurrent
Suicidality	Current (past mo) and lifetime
Dysthymia	Current (past 12 mo)
Hypomania/mania	Current and past
Panic disorder	Current (past mo)
Agoraphobia	Current (past mo)
Separation anxiety disorder	Current (past mo)
Social phobia (social anxiety disorder)	Current (past mo)
Specific phobia	Current (past mo)
Obsessive-compulsive disorder	Current (past mo)
Posttraumatic stress disorder	Current (past mo)
Alcohol dependence	Past 12 mo
Alcohol abuse	Past 12 mo
Substance dependence (nonalcohol)	Past 12 mo
Substance abuse (nonalcohol)	Past 12 mo
Tourette's and tic disorders	Current (past mo)
Attention-deficit/hyperactivity disorder (combined, inattentive, and hyperactive subcategories)	Past 6 mo
Conduct disorder	Past 12 mo
Oppositional defiant disorder	Past 6 mo
Psychotic disorders (and mood disorder with psychotic features)	Current and lifetime
Anorexia nervosa	Current (past 3 mo)
Bulimia nervosa	Current (past 3 mo)
Generalized anxiety disorder	Current (past 6 mo)
Adjustment disorders	Current
Pervasive developmental disorder	Current

Abbreviation: MINI-KID = Mini International Neuropsychiatric Interview for Children and Adolescents.

and most severe past episodes of psychopathology. Up to 5 additional diagnostic supplements (for affective, psychotic, anxiety, behavioral, substance abuse, and other disorders), each with several pages of additional items, are completed for problematic areas. For each individual item on the screen interview and supplements, the interviewer enters separate parent and child scores, ranging from 0 to 3, for 2 time frames, current episode and most severe past episode. After the 2 interviews are completed, the clinician cross-checks screen and supplement information, then meets with the parent and child together to resolve discrepancies and enters an additional 2 summary scores for a total of 6 scores for each item. Summary diagnostic checklists indicating the presence of definite or probable diagnoses are completed only after all summary scores are cross-checked against *DSM-III-R* or *DSM-IV* criteria placed, as a rule, at the end of the appropriate supplements. The K-SADS-PL identifies up to 30 current and past *DSM-III-R* and *DSM-IV* disorders and takes 2½ to 3 hours (75–90 minutes each for the parent and child) to administer to child and adolescent psychiatric patients.<sup>4,10</sup>

**Children's Global Assessment Scale.** The Children's Global Assessment Scale (C-GAS), a required component of the K-SADS-PL, is a clinician-rated measure of global functioning for children and adolescents. The scale is rated from 0 to 100, where 1 represents the most impaired functioning

and 100 represents superior functioning. Adapted from the Adult Global Assessment Scale, the C-GAS is considered to be a valid and reliable tool for rating a child's general level of functioning on a health-illness continuum.<sup>11</sup>

**Sheehan Disability Scale.** The Sheehan Disability Scale (SDS) is a self-rated composite of 3 self-rated items designed to measure functional disability across 3 domains: work or school, social life and home/family life. Using a 10-point discretized visual analog (Discan) scale that contains verbal descriptors and numeric scores, the patient rates the extent to which his or her symptoms have disrupted or interfered with his or her (1) work or school, (2) social life, and (3) home or family life on a visual analog continuum. The SDS is widely used in clinical psychopharmacology trials and has been validated in adult populations.<sup>12–14</sup> It is appropriate for children and adolescents because of its simplicity and its inclusion of the school domain as an alternative to the work domain.

## Procedures

**MINI-KID/K-SADS-PL comparison.** Each subject (N = 226) was administered the MINI-KID and the K-SADS-PL in a predetermined, randomly assigned, counterbalanced order such that half received the MINI-KID before the K-SADS-PL and half received it after the other interview. All interviews were conducted on the same day by 2 different interviewers blinded to the results of the other interview. For 50 subjects, all adolescents in substance abuse treatment, the MINI-KID and K-SADS-PL were administered without a parent or parents present. For all other subjects (n = 176), a parent or parents were interviewed along with the child or adolescent. After MINI-KID instructions were given, the MINI-KID was administered to the child or adolescent and parent(s) together (in a joint interview). Following standard K-SADS procedure, the K-SADS-PL was administered in separate interviews to the parent(s) and child or adolescent. As in previous studies, for children, the K-SADS-PL was administered to the parent first, and for adolescents, the order was reversed.<sup>4</sup>

**Disability assessment.** Each subject (N = 226) completed the patient-rated SDS, a measure of impairment in school, social, and family life, so that it could be compared to the C-GAS, a clinician-rated measure of functioning that is administered as part of the K-SADS-PL. The SDS was administered before the MINI-KID.

**MINI-KID-P/MINI-KID comparison.** The parent(s) of a subset of children (n = 140) were administered the parent version of the MINI-KID (MINI-KID-P) in addition to the standard MINI-KID. These interviews were conducted in a randomly assigned counterbalanced order, by different interviewers, such that half received MINI-KID-P before the standard MINI-KID and half received it afterward. The child was not present for these parent interviews, and data from these interviews were not made available to subsequent interviewers.



**Interrater and test-retest reliability tests.** For a subset of the subjects ( $n = 57$ ), the MINI-KID was rated by a second live rater to assess its interrater reliability. For another subset ( $n = 83$ ), the MINI-KID was readministered by a third rater, blinded to the results of the earlier interviews, 1 to 5 days after the initial rating, to assess its retest reliability. This method of examining the stability of the instrument is a stringent one in that different examiners were used to conduct the test and retest interviews. With the addition of a potential source of error variance, the test-retest reliability analysis would be expected to produce a very conservative estimate of stability.

All of the data were collected between March 2004 and January 2008.

### Statistical Analysis

We assessed agreement between the MINI-KID and the K-SADS-PL both for current syndromal diagnoses (any anxiety disorder, any mood disorder, any conduct disorder, any alcohol or substance use disorder, any psychotic disorder, any eating disorder) and for current individual disorder diagnoses.

We used 2 approaches to evaluate agreement: Cohen's  $\kappa$ <sup>15</sup> and the area under the receiver operating characteristic curve (AUC).<sup>16</sup> Cohen's  $\kappa$  is a chance-corrected measure of agreement that ranges from 0 to 1. Landis and Koch<sup>17</sup> have suggested the following guidelines for interpreting kappas: <0 (no agreement), 0.0–0.20 (slight), 0.21–0.40 (fair), 0.41–0.60 (moderate), 0.61–0.80 (substantial), and 0.81–1.00 (almost perfect). Others, eg, Shrout et al,<sup>18</sup> after Fleiss,<sup>19</sup> suggest that  $\kappa$  values greater than approximately 0.75 indicate excellent agreement beyond chance, values below approximately 0.40 represent poor agreement beyond chance, and values in between indicate fair to good agreement beyond chance. Although  $\kappa$  is commonly used as a measure of agreement in validity studies of psychiatric disorders, it is dependent on prevalence and can be low even when there is high concordance on low-prevalence conditions.<sup>20</sup> Moreover,  $\kappa$  can vary across populations when there are differences in prevalence rates, even when those populations have the same sensitivity (SN) and specificity (SP). The AUC, interpreted as the probability that a randomly selected clinical case will score higher on the test than a noncase, has been proposed to correct this problem.<sup>20</sup> Originally developed to analyze the association between a continuous predictor and a dichotomous outcome, the AUC can be used in a situation in which the predictor is a dichotomy. In this case, the AUC equals  $(SN + SP) / 2$ .<sup>21</sup> Following Agresti,<sup>22</sup> we considered the AUC to be excellent evidence of concordance if  $\geq 0.90$ , good evidence of concordance if between 0.80 and 0.90, acceptable although only average if between 0.70 and 0.80, and poor if below 0.70.

For the MINI-KID/K-SADS-PL and MINI-KID-P/ MINI-KID comparisons, we report the following additional information: prevalence of syndromal and individual

disorder diagnoses by each instrument; the absolute numbers of participants in each cell of the cross-tabulation by test and criterion status: true-positive, false-negative, false-positive, and true-negative; and the sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV), and efficiency of the test. For the MINI-KID/K-SADS-PL comparisons, sensitivity is defined as the probability of the MINI-KID correctly diagnosing a subject with a particular disorder (using the K-SADS-PL results as the criterion). Specificity is defined as the probability of the MINI-KID correctly concluding that a subject does *not* have the disorder (using the K-SADS-PL results as the criterion). The PPV is defined as the probability that a subject who is identified as having the disorder on MINI-KID actually has the disorder using the K-SADS-PL as the criterion. The NPV is the probability that a subject identified as not having the disorder actually does not have the disorder based on the results for the criterion measure. Efficiency is a measure of the overall accuracy of the MINI-KID, ie, the number of cases correctly classified by the MINI-KID divided by the sample size.

Before analyzing the data for individual disorders for the MINI-KID/K-SADS-PL comparison, we combined the following disorders: all diagnoses of bipolar disorder (I, II, not otherwise specified, etc) with mania and hypomania for the K-SADS-PL and mania with hypomania for the MINI-KID. We also combined alcohol dependence with alcohol abuse, substance dependence with substance abuse, the 3 subcategories of attention-deficit/hyperactivity disorder (ADHD) (inattentive, hyperactive, and combined) and subcategories of tic disorders (vocal tics, motor tics, and Tourette's disorder), and all subtypes of psychotic disorders on both instruments. In addition, we combined mania and hypomania in comparisons of the standard version of the MINI-KID and the parent version and in interrater and test-retest analyses.

Comparisons for pervasive developmental disorder were not made, since none of the subjects met criteria for this disorder. Comparisons for enuresis and encopresis were not made, since these disorders are not present on the MINI-KID. The suicide module of the MINI-KID was similarly excluded in the comparison with the K-SADS-PL, since the K-SADS-PL does not have a suicide module. Adjustment disorders were excluded, since the rates were too low to compare. K-SADS-PL diagnoses of avoidant and over-anxious disorder were included in the syndromal counts of anxiety disorder diagnoses for the K-SADS-PL, but could not be compared at an individual disorder level since the MINI-KID does not include these disorders.

For MINI-KID/K-SADS-PL comparisons of interview length by primary diagnosis, we used the primary syndromal diagnosis on the K-SADS-PL. For reporting of the MINI-KID suicidality results by diagnosis, we also used the primary syndromal diagnosis on the K-SADS-PL. However, we separated out behavioral disorders with and



without concurrent mood and/or anxiety disorders for these comparisons.

Paired *t* tests were used to evaluate mean differences in interview administration time for all subjects and for subgroups of subjects by age, gender, and primary diagnosis. Mean differences between subjects meeting criteria for a MINI-KID or K-SADS-PL diagnosis were evaluated using independent *t* tests. *T* tests were also used to test the validity of the SDS, by comparing disability scores for those meeting and not meeting diagnostic criteria on the MINI-KID and K-SADS-PL, respectively, and correlations were used to examine agreement between the SDS and the C-GAS. The Wilcoxon 2-sample test was employed to compare rates of disorders for adolescents who were interviewed alone compared to those who were interviewed with a parent present and providing input.

## RESULTS

### Number of Diagnoses

Within the identified patient group (*n* = 190), 93% (*n* = 176) met criteria for at least 1 current *DSM-IV* diagnosis on the MINI-KID and 78% (*n* = 149) met criteria for at least 1 current diagnosis on the K-SADS-PL. Seventy-five percent (*n* = 142) met criteria for multiple current diagnoses on the MINI-KID, and 56% (*n* = 127) met criteria for multiple current diagnoses on the K-SADS-PL. Only a few patients met criteria for only 1 diagnostic syndrome or had what could be called a “pure” diagnostic profile on the MINI-KID. Of these, 6 met criteria for an anxiety disorder alone, 3 for a mood disorder alone, 23 for ADHD and/or a behavioral disorder alone, and 13 for a substance use disorder alone.

Overall, the MINI-KID identified significantly more current *DSM-IV* disorders ( $3.4 \pm 2.5$ ; range, 0–14) compared to the K-SADS-PL ( $2.1 \pm 1.9$ ; range, 0–9; paired  $t_1 = 8.3$ ,  $P < .0001$ ).

Among children aged 6 to 12 years (*n* = 83), the MINI-KID and K-SADS-PL identified similar rates of major depressive episode (10% and 7%), ADHD (61% and 60%), and oppositional defiant disorder (20% and 17%). However, compared to the K-SADS-PL, the MINI-KID identified a higher percentage of cases of anxiety (35% vs 22%), mania or hypomania (32% vs 18%), conduct disorder (32% vs 18%), and psychosis or mood disorder with psychotic features (12% vs 3%).

Among adolescents aged 13 to 17 years (*n* = 143), the two instruments identified similar rates of alcohol or substance abuse or dependence (44% and 38%) and oppositional defiant disorder (13% and 14%). However, compared to the K-SADS-PL, the MINI-KID identified a higher percentage of cases of anxiety (44% vs 30%), major depressive episode (22% vs 15%), mania/hypomania (37% vs 15%), ADHD/tic disorders (38% vs 29%), conduct disorder (40% vs 18%), and psychosis or mood disorder with psychotic features (20% vs 6%).

### Agreement Between MINI-KID and K-SADS-PL

Table 2 shows the results for agreement between the MINI-KID and the K-SADS-PL at the level of syndromal diagnoses, and Table 3 shows the results for agreement at the level of individual disorders.

At the syndromal level (any mood disorder, any anxiety disorder, etc), AUC values were good to excellent (0.81–0.96) and the uncorrected or raw concordance (efficiency) of the MINI-KID with the K-SADS-PL was high (79%–96%). Kappa scores, which are influenced by base rates, were more variable, ranging from fair (0.41) for any psychotic disorder to excellent (0.87) for any alcohol or substance use disorder. Sensitivity was high (0.81–1.00) for all of the syndromal diagnoses, with the exception of any eating disorder (0.71), and specificity was good to excellent (0.74–0.99) at this level. Positive predictive values (the proportion of MINI-KID syndromal diagnoses confirmed on the K-SADS) were good to excellent (0.60–0.84) for all syndromal diagnoses with the exception of any psychotic disorder (0.30). This low PPV was a function of both low base rates and the higher identification of psychotic disorder and mood disorder with psychotic features on the MINI-KID. Negative predictive values were uniformly high ( $\geq 0.91$ ).

At the level of individual disorders (Table 3), AUC values were good to excellent ( $\geq 0.81$ ) for 13 disorders and average (0.71–0.80) for 5 disorders. AUC concordance values for major depressive episode, dysthymia, generalized anxiety disorder (GAD), oppositional defiant disorder, and lifetime mood disorder with psychotic features were all below average. Raw concordance (efficiency) was excellent (81%–100%) for all of the individual disorder diagnoses except mania at 78%. Kappa agreement was more variable. Kappa values were slight for current mood disorder with psychotic features (0.10), dysthymia (0.16), and social phobia (0.18). Kappa values were only fair (0.21–0.40) for major depressive episode, most of the anxiety disorders (agoraphobia, separation anxiety, specific phobia, GAD), oppositional defiant disorder, and current psychotic disorder. Kappa values were in the moderate range (0.41–0.60) for mania/hypomania, panic disorder, obsessive-compulsive disorder, conduct disorder, and lifetime psychotic disorder. Kappa agreement was substantial (0.61–0.80) for ADHD, posttraumatic stress disorder (PTSD), tic disorders, and anorexia and excellent ( $> 0.81$ ) for alcohol dependence or abuse, drug dependence or abuse, and bulimia.

Overall, the operating characteristics of the MINI-KID for individual disorder diagnoses were very good. Sensitivity was high ( $\geq 0.81$ ) for 9 disorders, substantial (0.64–0.80) for 7 disorders, and acceptable (0.43–0.60) for the remaining 7 disorders. Specificity was high ( $\geq 0.81$ ) for 21 disorders and substantial (0.73–0.79) for the remaining 2 disorders. Positive predictive values were less even. Positive predictive values were substantial to high (0.72–0.86) for 6 disorders (bulimia, alcohol and drug abuse or dependence, PTSD, Tourette's disorder, and ADHD). They were in the moderate



Table 2. Agreement Between MINI-KID and K-SADS-PL at the Level of Syndromal Diagnoses

Disorder	MINI-KID Prevalence (%)	K-SADS-PL Prevalence (%)	True-Positives	False-Positives	False-Negatives	True-Negatives	N	AUC	$\kappa$	Sensitivity	Specificity	PPV	NPV	Efficiency
Any mood disorder	43	32	62	36	11	117	226	0.81	0.56	0.85	0.76	0.63	0.91	0.79
Any anxiety disorder	41	27	56	37	6	127	226	0.84	0.59	0.90	0.77	0.60	0.95	0.81
Any substance use disorder	28	24	53	10	1	162	226	0.96	0.87	0.98	0.94	0.84	0.99	0.95
Any attention-deficit/hyperactivity disorder or tic disorder	49	41	81	28	11	106	226	0.84	0.65	0.88	0.79	0.74	0.91	0.83
Any behavioral disorder	46	32	65	40	7	114	226	0.82	0.57	0.90	0.74	0.62	0.94	0.80
Any psychotic disorder	16	5	11	26	0	189	226	0.94	0.41	1.00	0.88	0.30	1.00	0.88
Any eating disorder	7	8	12	3	5	206	226	0.85	0.73	0.71	0.99	0.80	0.98	0.96

Abbreviations: AUC = area under curve, K-SADS-PL = Schedule for Affective Disorders and Schizophrenia for School Aged Children-Present and Lifetime Version, MINI-KID = Mini International Neuropsychiatric Interview for Children and Adolescents, NPV = negative predictive value, PPV = positive predictive value.

Table 3. Agreement Between MINI-KID and K-SADS-PL at the Level of Individual Diagnoses

Disorder	MINI-KID Prevalence (%)	K-SADS-PL Prevalence (%)	True-Positives	False-Positives	False-Negatives	True-Negatives	N	AUC	$\kappa$	Sensitivity	Specificity	PPV	NPV	Efficiency
Major depressive episode <sup>a</sup>	18	12	14	26	12	173	225	0.70	0.33	0.54	0.87	0.35	0.94	0.83
Dysthymia	10	3	3	20	4	199	226	0.67	0.16	0.43	0.91	0.13	0.98	0.89
Mania/hypomania <sup>b</sup>	41	20	44	48	2	132	226	0.84	0.50	0.96	0.73	0.48	0.99	0.78
Panic disorder	6	5	6	6	4	209	226	0.80	0.56	0.64	0.97	0.54	0.98	0.96
Agoraphobia	14	2	5	27	0	194	226	0.94	0.24	1.00	0.88	0.16	1.00	0.88
Separation anxiety disorder	10	4	6	17	3	200	226	0.79	0.34	0.67	0.92	0.26	0.99	0.91
Social phobia	11	2	3	22	1	200	226	0.83	0.18	0.75	0.90	0.12	1.00	0.90
Specific phobia	10	6	7	15	6	198	226	0.73	0.35	0.54	0.93	0.32	0.97	0.91
Obsessive-compulsive disorder	15	7	13	21	3	187	226	0.86	0.47	0.81	0.90	0.38	0.98	0.89
Posttraumatic stress disorder	4	4	7	2	2	215	226	0.88	0.77	0.78	0.99	0.78	0.99	0.98
Generalized anxiety disorder	11	9	9	16	11	190	226	0.69	0.33	0.45	0.92	0.36	0.95	0.88
Alcohol dependence or abuse <sup>c</sup>	16	4	29	8	2	188	226	0.95	0.84	0.94	0.96	0.81	0.99	0.96
Drug dependence or abuse <sup>c</sup>	28	23	51	13	1	161	226	0.95	0.83	0.98	0.93	0.81	0.99	0.94
Tourette's and tic disorders	5	5	9	3	3	211	226	0.87	0.73	0.75	0.99	0.75	0.99	0.97
Attention-deficit/hyperactivity disorder	46	38	75	29	11	111	226	0.83	0.64	0.87	0.79	0.72	0.91	0.82
Conduct disorder	31	17	35	35	3	153	226	0.87	0.55	0.92	0.81	0.50	0.98	0.83
Oppositional defiant disorder	18	15	15	22	18	171	226	0.68	0.34	0.45	0.89	0.41	0.90	0.83
Psychotic disorder, current	6	4	4	9	4	209	226	0.73	0.35	0.50	0.96	0.31	0.98	0.94
Psychotic disorder, lifetime	8	4	6	12	2	206	226	0.85	0.44	0.75	0.94	0.33	0.99	0.94
Mood disorder with psychotic features, current	7	1	1	15	1	209	226	0.72	0.10	0.50	0.93	0.06	1.00	0.93
Mood disorder with psychotic features, lifetime	10	2	4	18	1	203	226	0.53	0.27	0.80	0.92	0.18	1.00	0.92
Anorexia	5	3	7	5	0	214	226	0.85	0.73	0.71	0.99	0.80	0.98	0.96
Bulimia	3	3	6	1	0	219	226	1.00	0.92	1.00	1.00	0.86	1.00	1.00

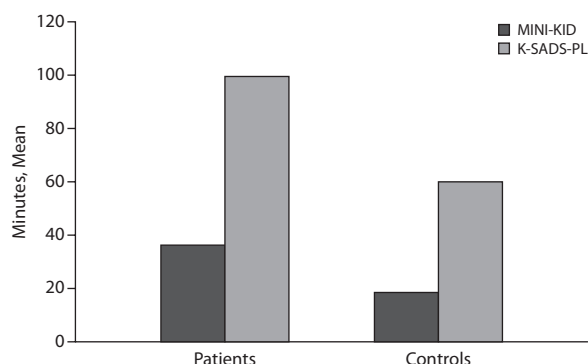
<sup>a</sup>K-SADS-PL diagnosis includes major depressive episode and depressive episode not otherwise specified (NOS).

<sup>b</sup>MINI-KID and K-SADS-PL diagnoses of mania and hypomania current and past and all other K-SADS-PL bipolar disorder diagnoses (bipolar disorder I, II, not otherwise specified) are combined for this comparison.

<sup>c</sup>MINI-KID and K-SADS-PL diagnoses of abuse and dependence are combined for this comparison.

Abbreviations: AUC = area under curve, K-SADS-PL = Schedule for Affective Disorders and Schizophrenia for School Aged Children-Present and Lifetime Version, MINI-KID = Mini International Neuropsychiatric Interview for Children and Adolescents, NPV = negative predictive value, PPV = positive predictive value.

Figure 1. Mean Duration in Minutes of MINI-KID and K-SADS-PL Interviews



Abbreviations: K-SADS-PL = Schedule for Affective Disorders and Schizophrenia for School Aged Children—Present and Lifetime Version, MINI-KID = Mini International Neuropsychiatric Interview for Children and Adolescents.

range (0.41–0.60) for 5 disorders (mania/hypomania, panic disorder, conduct disorder, oppositional defiant disorder, and anorexia). Positive predictive values were fair or poor ( $\geq 0.40$ ) for the remaining disorders. These low PPV values, clustered in the anxiety, psychotic, and mood disorders, are a function of low base rates and a trend for the MINI-KID to identify more positive cases than the K-SADS-PL. Negative predictive values were uniformly high (0.90–1.00) for all of the individual disorder diagnoses.

### Length of Interviews

Some sections of the K-SADS-PL (the introductory clinical and demographic section and the impairment module) are not explored in the MINI-KID. To facilitate comparison of the administration time of the two interviews, we excluded the time it took to administer these sections from the overall calculation of the duration of the K-SADS-PL, thus artificially shortening the usual length of time it takes to administer the full K-SADS-PL.

Nevertheless, the mean time it took to administer the MINI-KID was only about a third of the time it took to administer the K-SADS-PL ( $33.5 \pm 14.5$  vs  $103.4 \pm 41.3$  minutes) (Figure 1). This difference was statistically significant (paired  $t_{216} = 27.9$ ,  $P < .0001$ ). The approximately 3-fold lower duration of the MINI-KID held for community controls ( $18.6 \pm 8.8$  vs  $64.7 \pm 34.5$  minutes, paired  $t_{35} = 10.3$ ,  $P < .0001$ ) as well as for identified patients ( $36.4 \pm 13.6$  vs  $111.2 \pm 38.8$  minutes, paired  $t_{180} = 27.3$ ,  $P < .0001$ ), for the interviews conducted with a parent present ( $33.3 \pm 15.2$  vs  $104.1 \pm 40.6$  minutes, paired  $t_{165} = 25.9$ ,  $P < .0001$ ) and without a parent present at the interview ( $34.1 \pm 11.8$  vs  $101.8 \pm 43.7$  minutes, paired  $t_{50} = 11.4$ ,  $P < .0001$ ), for males ( $34.3 \pm 14.7$  vs  $102.7 \pm 40.5$  minutes, paired  $t_{121} = 19.8$ ,  $P < .0001$ ) and females ( $32.3 \pm 14.3$  vs  $104.9 \pm 42.2$  minutes, paired  $t_{92} = 19.7$ ,  $P < .0001$ ), and for children aged 6 to 12

Table 4. Median Length of MINI-KID and K-SADS-PL Interviews (N = 226)<sup>a</sup>

	MINI-KID (min)	K-SADS-PL (min)	Reduction (%)
Primary K-SADS-PL Diagnosis			
Mood disorder <sup>b</sup>	38	120	68
Anxiety disorder	30	95	68
Behavioral disorder <sup>c</sup>	35	110	68
Tourette's and tic disorders	40	115	65
Alcohol or drug dependence/abuse	35	116	70
Psychosis or mood disorder with psychotic features	40	110	64
Eating disorder	28	120	77
Control subjects	15	50	70
Total median	33	100	67

<sup>a</sup>Mean  $\pm$  SD length for MINI-KID was  $33.5 \pm 14.5$  minutes and for K-SADS-PL was  $103.4 \pm 41.3$  minutes; mean reduction = 68%.

<sup>b</sup>Includes subjects with a primary major depressive episode, dysthymia, or mania/hypomania on the MINI-KID and bipolar disorders on the K-SADS-PL.

<sup>c</sup>Includes subjects with a primary ADHD, conduct disorder, or oppositional defiant disorder without a mood or anxiety disorder.

Abbreviations: K-SADS-PL = Schedule for Affective Disorders and Schizophrenia for School Aged Children—Present and Lifetime Version, MINI-KID = Mini International Neuropsychiatric Interview for Children and Adolescents.

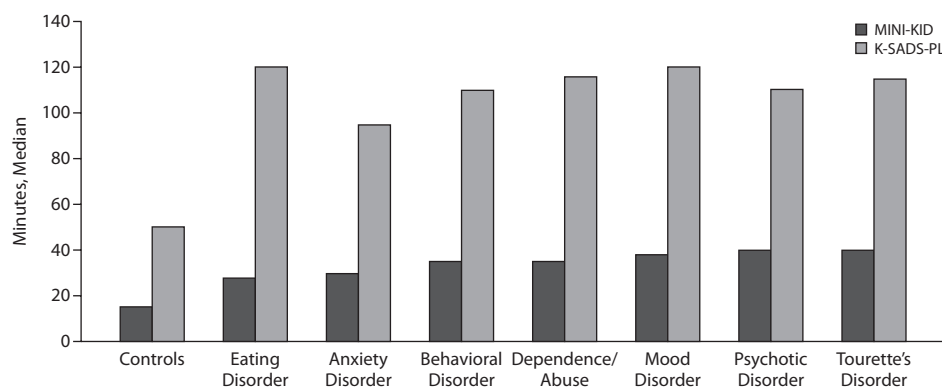
years ( $35.6 \pm 14.7$  vs  $102.3 \pm 35.4$  minutes, paired  $t_{77} = 18$ ,  $P < .0001$ ) and adolescents aged 12 to 17 years ( $32.3 \pm 14.3$  vs  $104.2 \pm 44.5$  minutes, paired  $t_{138} = 15.5$ ,  $P < .0001$ ). As shown in Table 4 and graphically depicted in Figure 2, the MINI-KID provided a reduction in the median administration time over the K-SADS-PL of 64% or more for patients with primary diagnoses of major depressive episode or mania, anxiety, psychosis, Tourette's disorder, and behavioral disorder and 70% or more for community controls and for patients with primary diagnoses of substance dependence or abuse or an eating disorder.

### Adolescents Interviewed Alone Versus With a Parent

For 51 of the 143 adolescents in the study, the MINI-KID and the K-SADS were both administered without parental presence or input (although all parents gave prior informed consent). Surprisingly, there were no significant differences in the mean lengths of either interview for adolescents interviewed alone compared to those interviewed with a parent present (34.1 vs 33.3 minutes for the MINI-KID,  $F_1 = 0.82$ ,  $P = .36$  and 102.5 vs 105.0 minutes for the K-SADS-PL,  $F_1 = 0.10$ ,  $P = .74$ ).

On the MINI-KID, adolescents interviewed without a parent present had similar rates of the following disorders compared to adolescents interviewed with a parent present: any mood disorder (53% vs 43%;  $z = 1.18$ ,  $P = .23$ ), any anxiety disorder (49% vs 42%;  $z = 0.85$ ,  $P = .39$ ), any ADHD/tic disorder (39% vs 38%;  $z = 0.05$ ,  $P = .95$ ), and any psychotic disorder ( $z = -0.7$ ,  $P = .09$ ). Rates for any conduct disorder or oppositional defiant disorder were higher for adolescents interviewed alone (53% vs 38%), but differences were not statistically significant ( $z = 1.6$ ,  $P = .09$ ). The adolescents

Figure 2. Median Duration in Minutes of MINI-KID and K-SADS-PL Interviews by Primary Diagnosis



Abbreviations: K-SADS-PL = Schedule for Affective Disorders and Schizophrenia for School Aged Children—Present and Lifetime Version, MINI-KID = Mini International Neuropsychiatric Interview for Children and Adolescents.

interviewed alone did have higher rates of alcohol and substance use disorders ( $z = 6.9$ ,  $P < .0001$ ) and eating disorders (16% vs 6%;  $z = 1.9$ ,  $P = .06$ ), but these differences were to be expected since a higher percentage of adolescents interviewed alone were interviewed in a community substance use treatment center (69% vs 15%) or an eating disorder treatment hospital (12% vs 7%).

Concordance between the MINI-KID and K-SADS-PL was also surprisingly similar across adolescents interviewed alone and those interviewed with a parent for most of the syndromal diagnoses. For any anxiety disorder, the AUC was identical (0.82). For any psychotic disorder, the AUC was also identical (0.93). For any mood disorder, it was similar (0.80 vs 0.77). This was also the case for any ADHD/tic disorder (0.85 vs 0.88). On the other hand, MINI-KID/K-SADS-PL concordance for adolescents interviewed alone versus those interviewed with a parent was somewhat higher for conduct or oppositional defiant disorder (AUC = 0.87 vs 0.77) and somewhat lower although still good for any alcohol or substance use disorder (0.83 vs 0.93).

### Agreement Between MINI-KID-P and MINI-KID

For 140 subjects, including 104 subjects identified as patients and 36 community controls, the parent version of the MINI-KID (MINI-KID-P) was administered separately to the parent or parents. In these MINI-KID-P interviews, the child was not present. The gender and racial distribution of this subsample was similar to that of the total sample. However, the mean  $\pm$  SD age of the subjects in this subsample was slightly lower ( $11.5 \pm 3.5$  vs  $12.8 \pm 3.5$  years).

Table 5 shows the agreement for the comparison between the parent version of the MINI-KID (with only a parent present) and the standard MINI-KID (with the child and a parent both present) as the criterion or reference. Raw concordance (efficiency) was 89% or higher for all disorders with the exceptions of oppositional defiant disorder and the inattentive subtype of ADHD, which was 87%. AUC values

were good to excellent ( $\geq 0.81$ ) for 14 of 22 individual diagnoses including suicidality and acceptable, if only average ( $\geq 0.70$ ), for the remaining 8 diagnoses. Kappa agreement was high ( $\geq 0.81$ ) for 5 of 22 individual disorders, substantial (0.61–0.80) for 9 disorders, and moderate (0.46–0.60) for the remaining 7 disorders. Overall, sensitivity was higher for disorders with external manifestations (mania, substance abuse, tic disorders, ADHD, and conduct disorder) and lower for disorders that might not have external manifestations (anxiety and phobias). Although the parent version showed good sensitivity for suicidality, there was some evidence of parental overestimation of suicidality. This may be because parents, when interviewed alone, are more likely to identify and report suicidality, or it could be because children, when interviewed jointly with a parent, are less likely to admit to suicidal thoughts or behaviors. Conversely, parents tended to underestimate softer symptoms such as those associated with mood disorder with psychotic symptoms.

### Interrater and Test-Retest Reliability

For 57 subjects, all identified patients, the MINI-KID was rated by a second rater at the same time as the original rating, and for 83 subjects, including 35 controls and 48 identified patients, the MINI-KID was readministered 1 to 5 days after the first interview by a third blind rater. As shown in Tables 6 and 7, AUC values for interrater reliability were excellent ( $\geq 0.94$ ) for all 7 syndromal diagnoses and high ( $\geq 0.89$ ) for all individual disorder diagnoses with the exceptions of hypomania and the hyperactive subtype of ADHD, for which the numbers of cases were very low. When mania and hypomania were combined, the  $\kappa$  and AUC values were perfect (1.0). These statistics indicate very good interrater reliability.

In general, reliability coefficients for test-retest interviews tend to be lower than those for interrater interviews.<sup>23</sup> In this case, the test-retest reliability results were very good to excellent (0.87–1.00) for all 7 syndromal diagnoses and



Table 5. Agreement Between the MINI-KID-P (Parent Version) and the Standard MINI-KID for Individual Disorders

Disorder	MINI-KID-P Prevalence (%)	K-SADS-PL Prevalence (%)	True-Positives	False-Positives	False-Negatives	True-Negatives	N	AUC	$\kappa$	Sensitivity	Specificity	PPV	NPV	Efficiency
Major depressive episode	15	13	14	7	4	115	140	0.86	0.67	0.78	0.94	0.67	0.97	0.92
Suicidality, current	39	33	39	16	7	78	140	0.84	0.64	0.85	0.83	0.71	0.91	0.84
Suicidality, lifetime	39	32	38	17	7	78	140	0.83	0.63	0.84	0.82	0.69	0.92	0.83
Dysthymia	12	11	13	3	2	119	137	0.92	0.82	0.87	0.98	0.81	0.98	0.96
Mania/hypomania <sup>a</sup>	34	36	41	6	9	81	137	0.88	0.76	0.82	0.93	0.87	0.90	0.89
Panic disorder	2	2	3	0	1	136	140	0.88	0.85	0.75	1.00	1.00	0.99	0.99
Agoraphobia	11	11	8	8	7	117	140	0.73	0.46	0.53	0.94	0.50	0.94	0.89
Separation anxiety disorder	10	8	7	7	4	122	140	0.79	0.52	0.64	0.95	0.50	0.97	0.92
Social phobia	11	9	9	7	4	120	140	0.82	0.57	0.69	0.95	0.56	0.97	0.92
Specific phobia	11	11	10	5	6	119	140	0.79	0.60	0.63	0.96	0.67	0.95	0.92
Obsessive-compulsive disorder	10	14	13	1	7	119	140	0.82	0.73	0.65	0.99	0.93	0.94	0.94
Posttraumatic stress disorder	1	1	1	1	1	137	140	0.75	0.49	0.50	0.99	0.50	0.99	0.99
Generalized anxiety disorder	5	9	6	1	6	127	140	0.75	0.61	0.50	0.99	0.86	0.95	0.95
Alcohol or drug dependence/abuse	9	9	11	1	1	127	140	0.96	0.90	0.92	0.99	0.92	0.99	0.99
Tourette's and tic disorders	6	6	8	0	1	131	140	0.94	0.94	0.89	1.00	1.00	0.99	0.99
Attention-deficit/hyperactivity disorder	49	48	58	10	8	62	138	0.87	0.74	0.88	0.86	0.85	0.89	0.87
Conduct disorder	25	24	29	6	4	101	140	0.91	0.81	0.88	0.94	0.83	0.96	0.93
Oppositional defiant disorder	19	22	18	8	13	101	140	0.75	0.54	0.58	0.93	0.69	0.89	0.85
Psychotic disorder, current	3	3	3	1	1	135	140	0.87	0.74	0.65	0.50	1.00	1.00	0.99
Psychotic disorder, lifetime	4	4	5	1	1	133	139	0.91	0.76	0.83	0.99	0.83	0.99	0.99
Mood disorder with psychotic features, current	4	7	5	0	5	130	140	0.75	0.65	0.50	1.00	1.00	0.96	0.96
Mood disorder with psychotic features, lifetime	3	7	4	0	6	130	140	0.70	0.55	0.40	1.00	1.00	0.96	0.96

<sup>a</sup>MINI-KID and K-SADS-PL diagnoses of mania and hypomania current and past and all other K-SADS-PL bipolar disorder diagnoses (bipolar disorder I, II, not otherwise specified) are combined for this comparison.

Abbreviations: AUC = area under curve, MINI-KID = Mini International Neuropsychiatric Interview for Children and Adolescents, MINI-KID-P = Mini International Neuropsychiatric Interview for Children and Adolescents (Parent Version), NPV = negative predictive value, PPV = positive predictive value.

acceptable to excellent (0.75–1.00) for all of the individual disorder diagnoses with the exceptions of dysthymia and panic disorder.

## Suicidality

Suicidality, defined as the presence of suicidal ideation and/or suicidal behaviors, including suicide attempts and self-injurious acts, is measured in a separate MINI-KID module. This module contains 14 categorical yes/no questions addressing current and lifetime suicidal ideation (active and passive), suicidal intent and plans, suicidal acts, suicide attempts, and self-injurious behavior. Three additional questions elicit frequency and intensity of current suicidal ideation and type of current suicidal intent. The module can be used to produce a dichotomous suicide risk rating (present or not present), and it also produces a numeric suicide risk score with identified anchors for “low,” “moderate,” and “high” suicide risk.

Overall, on the MINI-KID, suicide risk, defined as any nonzero suicidal ideation, plan, or attempt or nonsuicidal self-damaging act, was significantly more frequent among patients compared to controls (44% vs 6%;  $\chi^2_1 = 18.8$ ,  $P < .0001$ ). As shown in Figure 3, suicide risk was highest among subjects with a primary diagnosis of psychotic disorder (67%). However, more than half (56%) of those with a primary diagnosis of a mood disorder (depression or mania) or a combination of a behavioral and a mood disorder (60%) met criteria for lifetime suicidality.

As shown in Table 7, MINI-KID interrater and retest reliabilities for current and lifetime suicidality were good to excellent (AUC = 0.89–0.99,  $\kappa = 0.81$ –0.96). The concordance of the parent-rated version (MINI-KID-P) with the standard version of the MINI-KID for current and lifetime suicidality was lower but still good (AUC = 0.83–0.84,  $\kappa = 0.63$ –0.64).

The concordance of the suicide risk ratings of the MINI-KID could not be tested against the K-SADS-PL, since the latter does not provide similar ratings or a suicide module. The K-SADS-PL, however, does collect data on current and past suicidal ideation, suicidal behavior, and nonsuicidal self-damaging acts in 5 items in the depression module of the K-SADS-PL



Table 6. Interrater and Test-Retest Reliability of MINI-KID for Syndromal Diagnoses

Syndrome	Interrater Test (n = 57)		Retest (n = 83)	
	AUC	$\kappa$	AUC	$\kappa$
Any mood disorder	0.97	0.93	0.87	0.77
Any anxiety disorder	0.98	0.96	0.89	0.77
Any alcohol or substance use disorder	1.00	1.00	0.99	0.98
Any attention-deficit/hyperactivity disorder	0.94	0.89	0.91	0.87
Any conduct or oppositional defiant disorder	1.00	1.00	0.94	0.87
Any psychosis or psychotic features	1.00	0.90	0.94	0.93
Any eating disorder	1.00	1.00	1.00	1.00
Any suicidality	0.99	0.96	0.88	0.81

Abbreviations: AUC = area under curve, MINI-KID = Mini International Neuropsychiatric Interview for Children and Adolescents.

screen interview. Comparisons on individual items showed the MINI-KID reporting a slightly higher lifetime suicidal ideation rate (35% vs 30%) compared to the K-SADS-PL when K-SADS-PL subthreshold and threshold scores were included and a much higher lifetime ideation rate (35% vs 13%) when only threshold scores on the K-SADS-PL were used. Raw agreement for these comparisons was 81% and 74%, with AUC values of 0.81 and 0.78, respectively. The two interviews identified similar rates of lifetime suicide attempts (7% vs 8%; AUC = 0.78) and nonsuicidal self-damaging acts (6% vs 7%), although the correspondence for the latter comparison was only average (AUC = 0.70).

### Functional Impairment/Disability

We examined the validity of the SDS as a measure of impairment by comparing SDS scores of those who did and did not meet criteria for a current *DSM-IV* disorder using *t* tests. As another test of the concurrent validity of the MINI-KID, we used simple linear regression with the Pearson correlation to test the validity of the SDS against the C-GAS, a measure of global functioning routinely administered with the K-SADS-PL. In addition, we conducted a discriminant analysis of the SDS to establish a meaningful cutoff score for the scale for children and adolescents.

The mean SDS total score for the full sample ( $N = 226$ ) was  $13.3 \pm 9.1$  (range, 0–30). Mean  $\pm$  SD item scores were  $4.7 \pm 3.6$  for the school item,  $3.8 \pm 3.2$  for the social item, and  $4.7 \pm 3.4$  for the family item. Total SDS scores were highest for subjects with an eating disorder, followed by those with a behavioral disorder plus a concurrent mood or anxiety disorder (Figure 4).

Total SDS scores were significantly higher for children and adolescents meeting criteria for at least 1 MINI-KID disorder compared to those not meeting criteria for any MINI-KID disorder ( $15.7 \pm 8.0$  vs  $3.8 \pm 6.5$ ;  $t_1 = 8.7$ ,  $P < .0001$ ). Total SDS scores were also significantly higher for children and adolescents meeting criteria for at least 1 K-SADS-PL disorder compared to those not meeting criteria for a K-SADS-PL disorder ( $16.3 \pm 9.0$  vs  $7.5 \pm 7.5$ ;  $t_1 = 7.6$ ,

Table 7. Interrater and Test-Retest Reliability of MINI-KID for Disorder Diagnoses

Disorder	Interrater Test (n = 57)		Retest (n = 83)	
	AUC	$\kappa$	AUC	$\kappa$
Major depressive episode	1.00	1.00	0.84	0.75
Suicidality, lifetime	0.99	0.96	0.88	0.81
Suicidality, current	0.99	0.96	0.89	0.83
Dysthymia <sup>a,b</sup>	0.99	0.79	0.69	0.41
Mania, current	0.94	0.93	0.88	0.64
Hypomania, current <sup>a,b</sup>	0.83	0.79	0.87	0.74
Mania or hypomania, current	1.00	1.00	0.88	0.81
Panic disorder	0.99	0.88	0.69	0.42
Agoraphobia	1.00	1.00	0.86	0.72
Separation anxiety disorder	0.94	0.93	0.83	0.70
Social phobia	1.00	1.00	0.75	0.64
Specific phobia <sup>a,b</sup>	1.00	1.00	0.98	0.65
Obsessive-compulsive disorder	0.95	0.94	0.84	0.75
Posttraumatic stress disorder <sup>a</sup>	1.00	1.00	0.89	0.71
Generalized anxiety disorder <sup>a</sup>	1.00	1.00	0.82	0.64
Alcohol abuse	1.00	1.00	0.79	0.65
Alcohol dependence	1.00	1.00	0.96	0.89
Drug abuse	1.00	1.00	0.88	0.83
Drug dependence	1.00	1.00	0.98	0.94
Attention-deficit/hyperactivity disorder combined	0.93	0.90	1.00	1.00
Attention-deficit/hyperactivity disorder inattentive	0.99	0.93	0.85	0.80
Attention-deficit/hyperactivity disorder hyperactive <sup>a,c</sup>	0.75	0.65	...	...
Tourette's and tic disorders <sup>c</sup>	1.00	1.00	...	...
Conduct disorder	1.00	1.00	0.92	0.85
Oppositional defiant disorder	1.00	1.00	0.98	0.71
Psychotic disorder, current <sup>b</sup>	0.93	0.91	0.75	0.66
Psychotic disorder, lifetime	1.00	1.00	0.75	0.71
Mood disorder with psychotic features, current	1.00	1.00	0.99	0.74
Anorexia	1.00	1.00	1.00	1.00

<sup>a</sup>Kappa values for these interrater tests should be interpreted with caution since neither rater assigned the diagnosis more than 5 times.

<sup>b</sup>Kappa values for these test-retests should be interpreted with caution since the diagnoses were not assigned at least 5 times at time 1 or time 2.

<sup>c</sup>Retest cases were not available for these disorders.

Abbreviations: AUC = area under curve, MINI-KID = Mini International Neuropsychiatric Interview for Children and Adolescents.

$P < .0001$ ). These SDS scores are similar to those found in clinical trials and primary care for adults meeting criteria for *DSM-IV* psychiatric disorders.<sup>14,24</sup>

Since the C-GAS measures global functioning, with low scores indicating more impairment, and the SDS measures disability, with low scores indicating less impairment, we expected an inverse relationship between the two measures. Simple linear regression confirmed this expectation and showed that the SDS predicted C-GAS scores with reasonable accuracy ( $B = -0.58$ ,  $F_1 = 97$ ,  $P = .0001$ ). The correlation between the 2 measures, however, was only moderate ( $r = -0.58$ ), and the regression explained only 34% of the variance in functioning. This result may have occurred because, unlike the clinician-rated C-GAS, the SDS is self-rated. In addition, the SDS may tap into different sources of impairment, since it summarizes disability in 3 specific domains (school, social, and family life), whereas the C-GAS provides a global score.

Figure 3. Presence of Lifetime Suicidality (%) by Primary Diagnosis

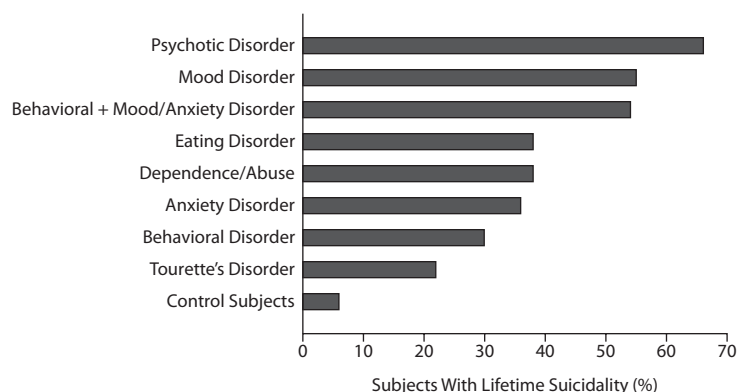
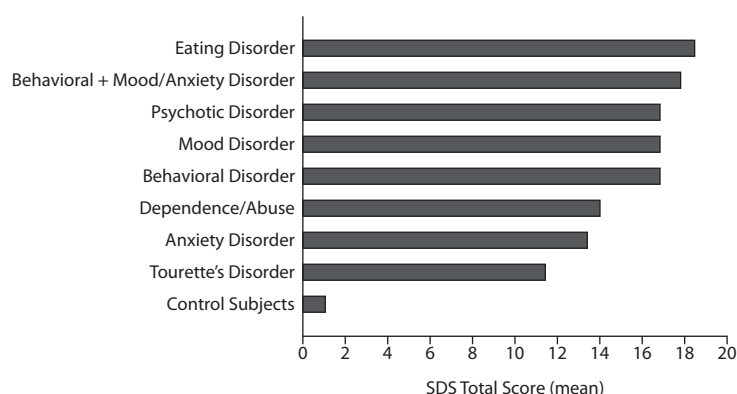


Figure 4. Sheehan Disability Scale (SDS) Scores by Primary Diagnosis



Using a discriminant analysis, we found that an elevated total SDS score ( $\geq 5$ ) was associated with an increased risk of meeting criteria for at least 1 psychiatric disorder on the MINI-KID and yielded respectable sensitivity (0.87), specificity (0.72), and positive and negative predictive values (PPV = 0.92, NPV = 0.61).

## DISCUSSION

The MINI-KID assesses the presence of current and some lifetime *DSM-IV* and *ICD-10* psychiatric disorders in children and adolescents. This study is the first examination of the interrater and test-retest reliability of the MINI-KID and the first to compare it with a validated interview (the K-SADS-PL). It is also the first to report on the validity of SDS as a measure of impairment in this population.

The study had 2 important strengths: (1) assessments were all made by raters who were blind to the results of the other interviews (mitigating potential rater bias) and (2) interviews were randomly sequenced (mitigating potential order effects). The study also had at least 3 limitations: (1) a few subjects became frustrated or disruptive and were

unable to complete both interviews, leading to a sample loss of 5 subjects; (2) for 51 subjects, all adolescents in substance use treatment, corroborative information could not be collected from parents since these subjects were interviewed without a parent present; and (3) the number of cases for some disorders (eg, PTSD, panic disorder, anorexia) was low.

Overall, the data suggest that the MINI-KID succeeds in reliably and validly eliciting symptom criteria used in making *DSM-IV* diagnoses in children and adolescents and does so in a third of the time required for the K-SADS-PL. The interrater reliabilities were consistently high. Test-retest reliabilities were also high and comparable to those reported for other structured and semistructured diagnostic interviews.<sup>4,5,25</sup> Concordance with the K-SADS-PL was excellent at the syndromal level and good to excellent for most of the individual disorder diagnoses. Most of the differences between the MINI-KID and the longer K-SADS-PL were in the direction of the MINI-KID identifying more cases of disorders, ie, being more inclusive in “making the diagnosis.” For a more than 66% reduction in the administration time over the K-SADS-PL, sensitivity and specificity were very good. There was no evidence of inflation in false-positives in the community control population.

The high specificity of the MINI-KID suggests that it is a desirable diagnostic tool for confirmatory diagnoses. Its high sensitivity suggests that it is also good at ruling out disorders.

Although the MINI-KID had a high rate of “false-positives” for some diagnoses, it is arguable that many of these “false-positives” were not actually false. Relative to the MINI-KID, the K-SADS-PL is long and difficult to administer. Previous work has shown that the likelihood of children (and their parents) responding affirmatively to structured interview questions decreases when an interview is long, possibly because they know that a “yes” answer could generate additional questions and lengthen the interview still further.<sup>26</sup> The length of the K-SADS-PL may have made it harder to “make the diagnosis,” particularly if the child or adolescent was tired initially, became fatigued, or had an attention deficit. The use of multiple criteria (*DSM-III-R* + *DSM-IV*) by the K-SADS-PL may have also contributed to its lower rate of positive diagnoses. The K-SADS-PL was initially designed with *DSM-III-R* criteria in mind. As a result, several of the screen and some of the supplement questions (eg, for panic disorder) are asked using *DSM-III-R* terminology and time frames. This means that the interviewer must keep a mental or actual note of



*DSM-IV* terminology and time frames and recheck all item responses with *DSM-IV* in mind to make the diagnosis.

Differences in diagnostic exclusion rules and algorithms could also have contributed to a lower identification of cases on the K-SADS. For example, for major depressive episode, both instruments require endorsement of 1 of 2 *DSM-IV* screen criteria and 5 of 7 additional criteria. The K-SADS-PL, however, precludes parental input on 1 of the 2 screen criteria (depressed mood) if the parent is thought to be concurrently depressed. The MINI-KID does not make this exclusion, and it is not required by *DSM-IV*. In addition, for major depressive episode, the K-SADS precludes 2 of the 7 additional criteria (concentration problems and psychomotor disturbance) from being counted toward the requisite 5 if the child has ADHD unless “there was a worsening in [the symptom] that corresponded with the onset of depressed mood.” The impact of these exclusions/qualifications on the K-SADS-PL is difficult to assess, but it is likely that they made it more difficult to make the diagnosis of major depressive episode as well as mood disorder with psychotic features (which requires the presence of a mood disorder) on the K-SADS.

In addition, we tried to make the MINI-KID as “kid friendly” as possible. However, the wording of questions could have had an impact on case identification and the number of apparent “false-positives.” On the social phobia module, for example, it is possible that the use of a descriptor such as “embarrassed” in addition to “shy” led to a higher rate of “yes” answers on MINI-KID screen questions, with the result that more subjects completed the remaining questions and were found to have the disorder.

The choice of specific screen questions could also have influenced the results. We designed the MINI-KID to be especially sensitive to mania and hypomania, conditions that along with depression may contribute to a diagnosis of 1 or more subtypes of bipolar disorder and that were underidentified in children and adolescents in the past. On the MINI-KID, the full mania module must be completed if the child or adolescent endorses either expansive mood or irritability. On the K-SADS PL, endorsement of elation, expansive mood, racing thoughts, increases in activity, or a decrease in the need for sleep requires the full mania supplement. However, irritability is not included in the screen. The almost 2-fold higher rate of identification of mania/hypomania on the MINI-KID may have been at least partially a function of more subjects completing the full MINI-KID mania/hypomania module after endorsing irritability.

There was no evidence that the MINI-KID’s higher rate of identification of mania/hypomania was a function of greater overlap with ADHD. The frequency of co-occurring ADHD for subjects meeting criteria for mania/hypomania on the MINI-KID was similar to that on the K-SADS-PL (73% vs 66%).

The parent version of the MINI-KID, administered without the child present, was closest to the standard version

(with the child present) for disorders with clear outward manifestations (Tourette’s disorder, alcohol or substance abuse/dependence, panic disorder, and dysthymia). The parent version was moderately close to the standard version for psychotic disorder but less close for disorders that required more assessment of interior states, including most of the anxiety disorders (agoraphobia, separation anxiety, specific phobia, social phobia, PTSD) and suicidality. These findings support those of Foley et al,<sup>27</sup> who reported that agreement between parents and children on the presence of anxiety tends to be low possibly because of differences in the way parents and children conceptualize anxiety.

Preliminary results for the analysis of the SDS suggest that it is a valid measure of impairment in children and adolescents and can be used in conjunction with the MINI-KID to identify mental health-related functional impairment in this population.

### Recent Developments, Implications, and Future Directions

On the basis of the results of this study, the investigators have since strengthened several questions on the instrument to enhance its sensitivity and specificity. Also, for studies on schizophrenia, schizoaffective disorders, and mood disorder with psychotic features, a more detailed MINI-KID psychotic disorder module now exists. As is the case with the adult MINI, this alternative module can be used as a stand-alone or as a substitute for the standard MINI-KID psychotic disorder module.

The MINI-KID has been translated into several languages including Spanish, French, Russian, Hungarian, German, and Turkish.

Over the long run, an important question, beyond the concordance of the MINI-KID with other structured and semistructured diagnostic interviews and its reliability, is the more complicated question of true validity. How well does the MINI-KID, or for that matter other instruments like the K-SADS-PL, actually identify “true” cases in the child and adolescent population? While it is possible that the MINI-KID overestimates some conditions (eg, psychotic disorder), it is also possible that the K-SADS-PL underestimates several of the anxiety disorders (eg, panic disorder, social phobia, agoraphobia). One implication of this study is that further work is needed for all structured diagnostic interviews to reduce misclassification. Brugha et al,<sup>28</sup> following Jobe and Mingay,<sup>29</sup> have suggested that cognitive interviewing of respondents to check their understanding of the meaning of structured questions can improve accuracy. Also, some criteria (eg, for psychosis) require considerable clinical experience to accurately rate. We now recommend that only experienced clinicians rate this module. However, following the recommendations of Brugha et al,<sup>28</sup> in the absence of highly experienced clinicians, it may be possible to incorporate options such as verbatim descriptions for later rating by an experienced assessor.



## Potential Applications

**Research.** Although the MINI-KID provides less disorder subtyping than the K-SADS-PL, it covers a broad range of diagnoses applicable to children and adolescents and takes much less time to administer. The MINI-KID, as well as individual diagnostic modules of the instrument, can be used by researchers for rapid screening of homogenous samples for treatment studies and clinical trials. It has potential applications for epidemiology studies. It can also be used by researchers in tandem with symptom severity rating scales to assess degree of illness severity, and we encourage researchers to use severity rating scales of their choosing to supplement the diagnostic results of the MINI-KID.

**Pediatric primary care.** The MINI-KID can be used as a screening tool in pediatric primary care settings when psychiatric specialists are not available. In these settings, we advise that the child be consulted and treated as the primary respondent, with the parent providing collateral input. We also advise that administration of the psychotic disorders module may not be appropriate since it requires advanced training and experience to administer.

**Clinical practice.** The MINI-KID is a valuable adjunct to diagnostic screening in inpatient and outpatient child and adolescent mental health settings.

**Health care systems, health maintenance organizations, and managed care.** The MINI-KID has potential applications as a first step in outcome tracking and continuous quality improvement. One of its advantages is that it can be used by properly trained health information technicians or physician extenders who are not physicians or doctoral-level psychologists. In addition, individual sections of the MINI-KID (eg, for major depressive episode or ADHD) can be administered as stand-alone modules for specific purposes, and its brevity makes inclusion in office practice feasible.

## CONCLUSIONS

The MINI-KID is a reliable and valid measure of current child and adolescent psychopathology that can be administered in almost a third of the time required for the K-SADS-PL. The MINI-KID has the advantage of identifying psychiatric disorders that may be missed on the longer interview.

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Task Force on Treatments of Psychotic Disorders,<sup>1</sup> American Psychiatric Association Working Group to Revise DSM-III Anxiety Disorders Section,<sup>1</sup> Anclote Foundation,<sup>2</sup> Anxiety Disorders Resource Center,<sup>1</sup> Anxiety Drug Efficacy Case—US Food and Drug Administration,<sup>1</sup> Applied Health Outcomes/XCENDA,<sup>1</sup> AstraZeneca,<sup>1,2,3</sup> Avera,<sup>1,2</sup> Boehringer Ingelheim,<sup>3</sup> Boots,<sup>3</sup> Bristol-Myers Squibb,<sup>1,2,3</sup> Burroughs Wellcome,<sup>2,3</sup> Cephalon,<sup>1</sup> Charter Hospitals,<sup>3</sup> Ciba Geigy,<sup>3</sup> Committee (RRC) of NIMH on Anxiety and Phobic Disorder Projects,<sup>1</sup> Connecticut & Ohio Academies of Family Physicians,<sup>1</sup> Cortex Pharmaceuticals,<sup>1</sup> Council on Anxiety Disorders,<sup>1</sup> CPC Coliseum Medical Center,<sup>1</sup> Cypress Bioscience,<sup>1</sup> Dista Products Company,<sup>3</sup> Division of Drugs and Technology—American Medical Association,<sup>1</sup> Eisai,<sup>1,2</sup> Eli Lilly,<sup>2,3</sup> Excerpta Medica Asia,<sup>3</sup> Faxed,<sup>1</sup> Forest,<sup>1,2</sup> Glaxo,<sup>3</sup> GlaxoSmithKline,<sup>1,2,3</sup> Glaxo Wellcome,<sup>2</sup> Hospital Corporation of America,<sup>3</sup> Humana,<sup>3</sup> ICI,<sup>3</sup> INC Research,<sup>1</sup> International Clinical Research (ICR),<sup>2</sup> International Society for CNS Drug Development (ISCD),<sup>1</sup> Janssen,<sup>1,2,3</sup> Jazz,<sup>1,2</sup> Kali-Duphar,<sup>2,3</sup> Labopharm,<sup>1</sup> Layton Bioscience,<sup>1</sup> Lilly Research Laboratories,<sup>1</sup> Lundbeck Denmark,<sup>1</sup> Marion Merrill Dow,<sup>3</sup> McNeil,<sup>3</sup> Mead Johnson,<sup>2,3</sup> Medical Outcome Systems,<sup>4</sup> MediciNova,<sup>1,2</sup> Merck Sharp & Dohme,<sup>2,3</sup> National Anxiety Awareness Program,<sup>1</sup> National Anxiety Foundation,<sup>1</sup> National Depressive and Manic Depressive Association,<sup>1</sup> National Institute on Drug Abuse,<sup>2</sup> National Institute of Health,<sup>2</sup> Novartis,<sup>2</sup> Novo Nordisk,<sup>3</sup> Organon,<sup>1,3</sup> Orion,<sup>1</sup> Parxel,<sup>1</sup> Parke-Davis,<sup>2,3</sup> Pfizer,<sup>1,2,3</sup> Pharmacia,<sup>1</sup> Pharmacia & Upjohn,<sup>1,3</sup> Philadelphia College of Pharmacy & Science,<sup>1</sup> Pierre Fabre France,<sup>1</sup> Quintiles,<sup>2</sup> Rhone Laboratories,<sup>3</sup> Rhone-Poulenc Rorer Pharmaceuticals,<sup>3</sup> Roche,<sup>3</sup> Roerig,<sup>3</sup> Sandoz,<sup>2,3</sup> Sanofi-Aventis,<sup>1,2,3</sup> Sanofi-Synthelabo Recherche,<sup>1,2</sup> Schering,<sup>3</sup> Sepracor,<sup>1</sup> Shire,<sup>1</sup> SmithKline Beecham,<sup>1,2,3</sup> Solvay,<sup>1,3</sup> Takeda,<sup>1</sup> Tampa General Hospital,<sup>1</sup> University of South Florida Psychiatry Center<sup>2</sup>—University of South Florida College of Medicine, TAP,<sup>2,3</sup> Targacept,<sup>1</sup> TGH-University Psychiatry Center,<sup>3</sup> Tikvah,<sup>1</sup> Titan,<sup>1</sup> United Bioscience,<sup>2</sup> The Upjohn Company,<sup>1,2,3</sup> US Congress—House of Representatives Committee,<sup>1</sup> USF Friends of Research in Psychiatry—Board of Trustees,<sup>1</sup> Warner Chilcott,<sup>2,3</sup> World Health Organization,<sup>1</sup> Worldwide Clinical Trials,<sup>2</sup> Wyeth-Ayerst,<sup>1,2,3</sup> ZARS,<sup>1</sup> and Zeneca.<sup>2</sup> Dr K. 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**Supplementary material:** Available at PSYCHIATRIST.COM.

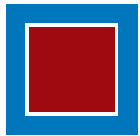
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See the MINI-KID, Version 6.0, and  
the MINI-KID for Schizophrenia and Psychotic Disorders @

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# THE JOURNAL OF CLINICAL PSYCHIATRY

## **Supplementary Material**

**Article Title:** Reliability and Validity of the Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID)

**Author(s):** David V. Sheehan, MD, MBA; Kathy H. Sheehan, PhD; R. Douglas Shytle, PhD; Juris Janavs, MD; Yvonne Bannon, RN, MSHS; Jamison E. Rogers, MD; Karen M. Milo, PhD; Sandra L. Stock, MD; and Berney Wilkinson, PhD

**Citation:** J Clin Psychiatry 2010;71

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### **List of Supplementary Material for the article**

1. [MINI-KID](#) Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID), English Version 6.0
2. [MINI-KID  
for  
Psychotic  
Disorders](#) Mini International Neuropsychiatric Interview for Schizophrenia and Psychotic Disorders Studies for Children and Adolescents (MINI-KID), English Version 6.0

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# M.I.N.I. KID

## **MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW For Children and Adolescents**

**English Version 6.0**

**DSM-IV**

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

MODULES		TIME FRAME	MEETS CRITERIA	DSM-IV	ICD-10	
A	MAJOR DEPRESSIVE EPISODE	Current (Past 2 weeks)	<input type="checkbox"/>			
		Past	<input type="checkbox"/>			
		Recurrent	<input type="checkbox"/>			
	MAJOR DEPRESSIVE DISORDER	Current (Past 2 weeks)	<input type="checkbox"/>	296.20-296.26 Single	F32.x	<input type="checkbox"/>
		Past	<input type="checkbox"/>	296.20-296.26 Single	F33.x	<input type="checkbox"/>
		Recurrent	<input type="checkbox"/>	296.30-296.36 Recurrent	F33.x	<input type="checkbox"/>
B	SUICIDALITY	Current (Past Month)	<input type="checkbox"/>	N/A	N/A	
		Risk: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High				
C	DYSTHYMIA	Current (Past 1 year)	<input type="checkbox"/>	300.4	F34.1	<input type="checkbox"/>
D	MANIC EPISODE	Current	<input type="checkbox"/>			
		Past	<input type="checkbox"/>			
	HYPOMANIC EPISODE	Current	<input type="checkbox"/>			
		Past	<input type="checkbox"/>	<input type="checkbox"/> Not Explored		
	BIPOLAR I DISORDER	Current	<input type="checkbox"/>	296.0x-296.6x	F30.x- F31.9	<input type="checkbox"/>
		Past	<input type="checkbox"/>	296.0x-296.6x	F30.x- F31.9	<input type="checkbox"/>
	BIPOLAR II DISORDER	Current	<input type="checkbox"/>	296.89	F31.8	<input type="checkbox"/>
		Past	<input type="checkbox"/>	296.89	F31.8	<input type="checkbox"/>
	BIPOLAR DISORDER NOS	Current	<input type="checkbox"/>	296.80	F31.9	<input type="checkbox"/>
		Past	<input type="checkbox"/>	296.80	F31.9	<input type="checkbox"/>
E	PANIC DISORDER	Current (Past Month)	<input type="checkbox"/>	300.01/300.21	F40.01-F41.0	<input type="checkbox"/>
		Lifetime	<input type="checkbox"/>			
F	AGORAPHOBIA	Current	<input type="checkbox"/>	300.22	F40.00	<input type="checkbox"/>
G	SEPARATION ANXIETY DISORDER	Current (Past Month)	<input type="checkbox"/>	309.21	F93.0	<input type="checkbox"/>
H	SOCIAL PHOBIA (Social Anxiety Disorder)	Current (Past Month)				
		Generalized	<input type="checkbox"/>	300.23	F40.1	<input type="checkbox"/>
		Non-Generalized	<input type="checkbox"/>	300.23	F40.1	<input type="checkbox"/>
I	SPECIFIC PHOBIA	Current (Past Month)	<input type="checkbox"/>	300.29	N/A	<input type="checkbox"/>
J	OBSESSIVE COMPULSIVE DISORDER	Current (Past Month)	<input type="checkbox"/>	300.3	F42.8	<input type="checkbox"/>
K	POST TRAUMATIC STRESS DISORDER	Current (Past Month)	<input type="checkbox"/>	309.81	F43.1	<input type="checkbox"/>
L	ALCOHOL DEPENDENCE	Past 12 Months	<input type="checkbox"/>	303.9	F10.2x	<input type="checkbox"/>
L	ALCOHOL ABUSE	Past 12 Months	<input type="checkbox"/>	305.00	F10.1	<input type="checkbox"/>
M	SUBSTANCE DEPENDENCE (Non-alcohol)	Past 12 Months	<input type="checkbox"/>	304.00-.90/305.20-.90	F11.1-F19.1	<input type="checkbox"/>
M	SUBSTANCE ABUSE (Non-alcohol)	Past 12 Months	<input type="checkbox"/>	304.00-.90/305.20-.90	F11.1-F19.1	<input type="checkbox"/>

N	TOURETTE'S DISORDER		Current	<input type="checkbox"/>	307.23	F95.2	<input type="checkbox"/>
	MOTOR TIC DISORDER		Current	<input type="checkbox"/>	307.22	F95.1	<input type="checkbox"/>
	VOCAL TIC DISORDER		Current	<input type="checkbox"/>	307.22	F95.1	<input type="checkbox"/>
	TRANSIENT TIC DISORDER		Current	<input type="checkbox"/>	307.21	F95.0	<input type="checkbox"/>
O	ADHD	COMBINED	Past 6 Months	<input type="checkbox"/>	314.01	F90.0	<input type="checkbox"/>
	ADHD	INATTENTIVE	Past 6 Months	<input type="checkbox"/>	314.00	F98.8	<input type="checkbox"/>
	ADHD	HYPERACTIVE/IMPULSIVE	Past 6 Months	<input type="checkbox"/>	314.01	F90.0	<input type="checkbox"/>
P	CONDUCT DISORDER		Past 12 Months	<input type="checkbox"/>	312.8	F91.x	<input type="checkbox"/>
Q	OPPOSITIONAL DEFIANT DISORDER		Past 6 Months	<input type="checkbox"/>	313.81	F91.3	<input type="checkbox"/>
R	PSYCHOTIC DISORDERS		Lifetime	<input type="checkbox"/>	295.10-295.90/297.1/	F20.xx-F29	<input type="checkbox"/>
			Current	<input type="checkbox"/>	297.3/293.81/293.82/		
					293.89/298.8/298.9		
	MOOD DISORDER WITH PSYCHOTIC FEATURES		Lifetime	<input type="checkbox"/>	296.24/296.34/296.44	F32.3/F33.3/	<input type="checkbox"/>
			Current	<input type="checkbox"/>	296.24/296.34/296.44	F30.2/F31.2/F31.5/	
						F31.8/F31.9/F39	
S	ANOREXIA NERVOSA		Current (Past 3 Months)	<input type="checkbox"/>	307.1	F50.0	<input type="checkbox"/>
T	BULIMIA NERVOSA		Current (Past 3 Months)	<input type="checkbox"/>	307.51	F50.2	<input type="checkbox"/>
	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE		Current	<input type="checkbox"/>	307.1	F50.0	<input type="checkbox"/>
U	GENERALIZED ANXIETY DISORDER		Current (Past 6 Months)	<input type="checkbox"/>	300.02	F41.1	<input type="checkbox"/>
V	ADJUSTMENT DISORDERS		Current	<input type="checkbox"/>	309.24/309.28 309.3/309.4	F43.xx	<input type="checkbox"/>
W	MEDICAL, ORGANIC, DRUG CAUSE RULED OUT			<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Uncertain			
X	PERVASIVE DEVELOPMENTAL DISORDER		Current	<input type="checkbox"/>	299.00/299.10/299.80	F84.0/.2/.3/.5/.9	<input type="checkbox"/>

#### PRIMARY DISORDER

IDENTIFY THE PRIMARY DIAGNOSIS BY CHECKING THE APPROPRIATE CHECK BOX.

Which problem troubles him/her the most or dominates the others or came first in the natural history? \_\_\_\_\_

#### DISCLAIMER

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

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

# INTERVIEWER INSTRUCTIONS

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## INTRODUCING THE INTERVIEW

The nature and purpose of the interview should be explained to the child or adolescent prior to the interview. A sample introduction is provided below:

"I'm going to ask you a lot of questions about yourself. This is so that I can get to know more about you and figure out how to help you. Most of the questions can be answered either 'yes' or 'no'. If you don't understand a word or a question, ask me, and I'll explain it. If you are not sure how to answer a question, don't guess - just tell me you are not sure. Some of the questions may seem weird to you, but try to answer them anyway. It is important that you answer the questions as honestly as you can so that I can help you. Do you have any questions before we start?"

For children under 13, we recommend interviewing the parent and the child together. Questions should be directed to the child, but the parent should be encouraged to interject if s/he feels that the child's answers are unclear or inaccurate. The interviewer makes the final decision based on his/her best clinical judgement, whether the child's answers meet the diagnostic criterion in question. With children you will need to use more examples than with adolescents and adults.

## GENERAL FORMAT:

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

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

## CONVENTIONS:

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

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

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

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

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

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

## FORMAT OF THE INTERVIEW

The interview questions are designed to elicit specific diagnostic criteria. The questions should be read verbatim. If the child or adolescent does not understand a particular word or concept, you may explain what it means or give examples that capture its essence. If a child or adolescent is unsure if s/he has a particular symptom, you may ask him/her provide an explanation or example to determine if it matches the criterion being investigated. If an interview item has more than 1 question, the interviewer should pause between questions to allow the child or adolescent time to respond.

Questions about the duration of symptoms are included for diagnoses when the time frame of symptoms is a critical element. Because children may have difficulty estimating time, you may assist them by helping them connect times to significant events in their lives. For example, the starting point for "past year" might relate to a birthday, the end or beginning of a school year, a particular holiday or another annual event.

#### **RATING INSTRUCTIONS:**

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

The clinician should take each dimension of the question into account (for example, time frame, frequency, severity, and/or alternatives).

Symptoms better accounted for by an organic cause or by the use of alcohol or drugs should not be coded positive in the MINI KID.

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For any questions, suggestions, training, or information about updates of the M.I.N.I. KID, please contact:

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## A. MAJOR DEPRESSIVE EPISODE

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

### At any time in your life:

- A1 a Did you feel sad or depressed? Felt down or empty? Felt grouchy or annoyed?  
Did you feel this way most of the time, for at least 2 weeks?
- IF **YES** TO ANY, CONTINUE. IF **NO** TO ALL, CODE **NO TO A1a AND A1b.**
- NO YES
- b For the past 2 weeks, did you feel this way, most of the day, nearly every day?
- NO YES

### At any time in your life:

- A2 a Were you bored a lot or much less interested in things (Like playing your favorite games)?  
Have you felt that you couldn't enjoy things?  
Did you feel this way most of the time, for at least 2 weeks?
- IF **YES** TO ANY, CONTINUE. IF **NO** TO ALL, CODE **NO TO A2a AND A2b.**
- NO YES
- b For the past 2 weeks, did you feel this way, most of the day, nearly every day?
- NO YES

IS **A1** OR **A2** CODED **YES**?

➡  
NO YES

- A3 IF **A1b** OR **A2b** = **YES**: EXPLORE THE **CURRENT** AND THE MOST SYMPTOMATIC **PAST** EPISODE, OTHERWISE  
IF **A1b** AND **A2b** = **NO**: EXPLORE ONLY THE MOST SYMPTOMATIC **PAST** EPISODE

### In the past two weeks, when you felt depressed / grouchy / uninterested:

Past 2 Weeks

Past Episode

- |   | <u>Past 2 Weeks</u> |     | <u>Past Episode</u> |     |
|---|---------------------|-----|---------------------|-----|
| a Were you less hungry or more hungry most days? Did you lose or gain weight without trying? [i.e., by $\pm$ 5% of body weight in the past month]?  | NO                  | YES | NO                  | YES |
| IF <b>YES</b> TO EITHER, CODE <b>YES</b>  |                     |     |                     |     |
| b Did you have trouble sleeping almost every night ("trouble sleeping" means trouble falling asleep, waking up in the middle of the night, waking up too early or sleeping too much)?                 | NO                  | YES | NO                  | YES |
| c Did you talk or move slower than usual? Were you fidgety, restless or couldn't sit still almost every day?  | NO                  | YES | NO                  | YES |
| IF <b>YES</b> TO EITHER, CODE <b>YES</b>  |                     |     |                     |     |
| d Did you feel tired most of the time?  | NO                  | YES | NO                  | YES |
| e Did you feel bad about yourself most of the time? Did you feel guilty most of the time?   | NO                  | YES | NO                  | YES |
| IF <b>YES</b> TO EITHER, CODE <b>YES</b>  |                     |     |                     |     |
| IF <b>YES</b> , ASK FOR EXAMPLES.   |                     |     |                     |     |
| THE EXAMPLES ARE CONSISTENT WITH A DELUSIONAL IDEA. Current Episode <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Past Episode <input type="checkbox"/> No <input type="checkbox"/> Yes |                     |     |                     |     |
| f Did you have trouble concentrating or did you have trouble making up your mind?   | NO                  | YES | NO                  | YES |
| IF <b>YES</b> TO EITHER, CODE <b>YES</b>  |                     |     |                     |     |

g	Did you feel so bad that you wished that you were dead? Did you think about hurting yourself? Did you have thoughts of death? Did you think about killing yourself?	NO	YES		NO	YES										
IF <b>YES</b> TO ANY, CODE <b>YES</b>																
A4	Did these sad, depressed feelings cause a lot of problems at home? At school? With friends? With other people? Or in some other important way?	NO	YES		NO	YES										
A5	In between your times of depression, were you free of depression for of at least 2 months?				NO	YES										
<p>ARE <b>5</b> OR MORE ANSWERS (<b>A1-A3</b>) CODED <b>YES</b> AND IS <b>A4</b> CODED YES FOR THAT TIME FRAME?</p> <p>SPECIFY IF THE EPISODE IS CURRENT AND / OR PAST.</p> <p>IF <b>A5</b> IS CODED <b>YES</b>, CODE <b>YES</b> FOR RECURRENT.</p>																
<table border="1"> <tr> <td><b>NO</b></td> <td><b>YES</b></td> </tr> <tr> <td colspan="2"><b>MAJOR DEPRESSIVE EPISODE</b></td> </tr> <tr> <td>CURRENT</td> <td><input type="checkbox"/></td> </tr> <tr> <td>PAST</td> <td><input type="checkbox"/></td> </tr> <tr> <td>RECURRENT</td> <td><input type="checkbox"/></td> </tr> </table>							<b>NO</b>	<b>YES</b>	<b>MAJOR DEPRESSIVE EPISODE</b>		CURRENT	<input type="checkbox"/>	PAST	<input type="checkbox"/>	RECURRENT	<input type="checkbox"/>
<b>NO</b>	<b>YES</b>															
<b>MAJOR DEPRESSIVE EPISODE</b>																
CURRENT	<input type="checkbox"/>															
PAST	<input type="checkbox"/>															
RECURRENT	<input type="checkbox"/>															

A6 a How many episodes of depression did you have in your lifetime? \_\_\_\_\_

Between each episode there must be at least 2 months without any significant depression.

## B. SUICIDALITY

Points

**In the past month did you:**

B1	Suffer any accident? This includes taking too much of your medication accidentally. IF NO TO B1, SKIP TO B2; IF YES, ASK B1a:	NO	YES	0																
B1a	Plan or intend to hurt yourself in any accident either actively or passively (e.g. by not avoiding a risk)? IF NO TO B1a, SKIP TO B2: IF YES, ASK B1b:	NO	YES	0																
B1b	Intend to die as a result of any accident?	NO	YES	0																
B2	Feel hopeless?	NO	YES	1																
B3	Think that you would be better off dead or wish you were dead?	NO	YES	1																
B4	Think about hurting or injuring yourself or have mental images of harming yourself, with at least a slight intent to die?	NO	YES	4																
How many times? _____																				
B5	Think about killing yourself? How many times? _____ IF NO TO B5, SKIP TO B7. OTHERWISE ASK:	NO	YES	6																
<table border="0"> <tr> <td>Frequency</td> <td></td> <td>Intensity</td> <td></td> </tr> <tr> <td>Occasionally</td> <td><input type="checkbox"/></td> <td>Mild</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Often</td> <td><input type="checkbox"/></td> <td>Moderate</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Very often</td> <td><input type="checkbox"/></td> <td>Severe</td> <td><input type="checkbox"/></td> </tr> </table>					Frequency		Intensity		Occasionally	<input type="checkbox"/>	Mild	<input type="checkbox"/>	Often	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Very often	<input type="checkbox"/>	Severe	<input type="checkbox"/>
Frequency		Intensity																		
Occasionally	<input type="checkbox"/>	Mild	<input type="checkbox"/>																	
Often	<input type="checkbox"/>	Moderate	<input type="checkbox"/>																	
Very often	<input type="checkbox"/>	Severe	<input type="checkbox"/>																	
B6	Feel unable to control these impulses?	NO	YES	8																
B7	Have a method or plan to kill yourself in your mind (e.g. how, when or where)? IF NO TO B7, SKIP TO B9.	NO	YES	8																
B8	Intend to follow through on a plan to kill yourself?	NO	YES	8																
B9	Intend to die as a result of trying to kill yourself?	NO	YES	8																
B10	Take any active steps to prepare to injure yourself or to prepare for a suicide attempt in which you expected or intended to die?	NO	YES	9																
How many times? _____																				
B11	Injure yourself on purpose without intending to kill yourself?	NO	YES	4																
B12	Attempt suicide (to kill yourself)? A suicide attempt means you did something where you could possibly be injured, with at least at lest a slight intent to die.	NO	YES	9																
IF NO, SKIP TO B13: How many times? _____ Hope to be rescued / survive <input type="checkbox"/> Expected / intended to die <input type="checkbox"/>																				

**In your lifetime:**

B13	a) Did you ever feel so bad that you wished you were dead or felt like killing yourself?	NO	YES	4
	b) Did you ever take any active steps to prepare to kill yourself? How many times? _____	NO	YES	4
	c) Did you ever try to kill yourself? How many times? _____	NO	YES	4

"A suicide attempt is any self injurious behavior, with at least some intent (> 0) to die as a result or if intent can be inferred, e.g. if it is clearly not an accident or the individual thinks the act could be lethal, even though denying intent."  
(C-CASA definition). Posner K et al. Am J Psychiatry 164:7, July 2007.

IS AT LEAST **1** OF THE ABOVE (EXCEPT B1) CODED **YES**?

IF YES, ADD THE TOTAL POINTS FOR THE ANSWERS (B1-B13)  
CHECKED 'YES' AND SPECIFY THE SUICIDALITY SCORE AS INDICATED IN THE BOX:

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

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



## C. DYSTHYMIA

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

IF PATIENT'S SYMPTOMS MEET CRITERIA FOR MAJOR DEPRESSIVE EPISODE IN THE PAST YEAR, DO NOT EXPLORE THIS MODULE.

C1	Have you felt sad or depressed, or felt down or empty, or felt grouchy or annoyed, most of the time, for the past year?	➡ NO	YES
----	---	---------	-----

C2	<b>In the past year</b> , have you felt OK for two months or more in a row?	NO	➡ YES
----	---	----	----------

OK MEANS NOT ALWAYS BEING GROUCHY OR FREE OF DEPRESSION.

C3	<b>During the past year</b> , most of the time:		
----	---	--	--

a	Were you less hungry than you used to be? Were you more hungry than you used to be?	NO	YES
---	---	----	-----

IF **YES** TO EITHER, CODE **YES**

b	Did you have trouble sleeping ("trouble sleeping" means trouble falling asleep, waking up in the middle of the night, waking up too early or sleeping too much)?	NO	YES
---	--	----	-----

c	Did you feel more tired than you used to?	NO	YES
---	---	----	-----

d	Did you feel less confident of yourself? Did you feel bad about yourself?	NO	YES
---	---	----	-----

IF **YES** TO EITHER, CODE **YES**

e	Did you have trouble paying attention? Did you have trouble making up your mind?	NO	YES
---	--	----	-----

IF **YES** TO EITHER, CODE **YES**

f	Did you feel that things would never get better?	NO	YES
---	--	----	-----

ARE **2 OR MORE C3** ITEMS CODED **YES**?

➡	
NO	YES

C4	Did these feelings of being depressed / grouchy / uninterested upset you a lot? Did they cause you problems at home? At school? With friends?
----	---

IF **YES** TO ANY, CODE **YES**

NO	YES
----	-----

**DYSTHYMIA  
CURRENT**

## D. (HYPO) MANIC EPISODE

(➡ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE **NO** TO THE RELEVANT TIME FRAME IN THE DIAGNOSTIC BOXES AND THEN MOVE TO THE NEXT MODULE)

Do you have anyone in your family who had manic depressive illness or bipolar disorder or a family member who had mood swings treated with a medication like lithium, sodium valproate (Depakote or Valproate), lamotrigine (Lamictal)?

THIS QUESTION IS NOT A CRITERION FOR BIPOLAR DISORDER BUT IS ASKED TO INCREASE THE CLINICIAN'S VIGILANCE ABOUT RISK FOR BIPOLAR DISORDER.

NO YES

IF YES, PLEASE SPECIFY WHO: \_\_\_\_\_

D1 a Has there **ever** been a time when you were so happy that you felt 'up' or 'high' or 'hyper'?  
By 'up' or 'high' or 'hyper' I mean feeling really good; full of energy; needing less sleep; having racing thoughts or being full of ideas.

NO YES

DO NOT CONSIDER TIMES WHEN THE PATIENT WAS INTOXICATED ON DRUGS OR ALCOHOL OR DURING SITUATIONS THAT NORMALLY OVER STIMULATE AND MAKE CHILDREN VERY EXCITED LIKE CHRISTMAS, BIRTHDAYS, ETC.

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

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

b Are you currently feeling 'up' or 'high' or 'hyper' or full of energy?

NO YES

D2 a Has there **ever** been a time when you were so grouchy or annoyed for several days, that you yelled or started fights with people outside your family? Have you or others noticed that you have been more grouchy than other kids, even when you thought you were right to act this way?

NO YES

DO NOT CONSIDER TIMES WHEN THE PATIENT WAS INTOXICATED ON DRUGS OR ALCOHOL.

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

b Are you currently feeling grouchy or annoyed most of the time?

NO YES

IS **D1a** or **D2a** CODED YES?

➡  
NO YES

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

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

a Feel that you could do things others couldn't do? Feel that you are a very important person?

IF YES TO EITHER, CODE YES. IF YES, ASK FOR EXAMPLES.

THE EXAMPLES ARE CONSISTENT WITH A DELUSIONAL IDEA

Current Episode

Past Episode

NO YES

NO YES

Current Episode ☐ No ☐ Yes  
Past Episode ☐ No ☐ Yes

		<u>Current Episode</u>		<u>Past Episode</u>	
b	Need less sleep (Did you feel rested after only a few hours of sleep)?	NO	YES	NO	YES
c	Talk too much without stopping? Talk so fast that people couldn't understand or follow what you were saying?	NO	YES	NO	YES
d	Have racing thoughts or too many thoughts switching quickly?	NO	YES	NO	YES
e	Get distracted very easily by little things?	NO	YES	NO	YES
f	Get much more involved in things than others or much more fidgety or restless?	NO	YES	NO	YES
g	Want to do fun things even if you could get hurt doing them?	NO	YES	NO	YES
s	Want to do things even though it could get you into trouble? (Like staying out late, skipping school, driving dangerously or spending too much money)?				
IF YES TO ANY, CODE YES					
D3 SUMMARY:	WHEN RATING CURRENT EPISODE: IF D1b IS NO, ARE 4 OR MORE D3 ANSWERS CODED YES? IF D 1b IS YES, ARE 3 OR MORE D3 ANSWERS CODED YES?  WHEN RATING PAST EPISODE: IF D1a IS NO, ARE 4 OR MORE D3 ANSWERS CODED YES? IF D1a IS YES, ARE 3 OR MORE D3 ANSWERS CODED YES?  CODE YES ONLY IF THE ABOVE 3 OR 4 SYMPTOMS OCCURRED DURING THE SAME TIME PERIOD.  RULE: ELATION/EXPANSIVENESS REQUIRES ONLY THREE D3 SYMPTOMS, WHILE IRRITABLE MOOD ALONE REQUIRES 4 OF THE D3 SYMPTOMS.	NO	YES	NO	YES
D4	What is the longest time these symptoms lasted?				
	a) 3 days or less		<input type="checkbox"/>		<input type="checkbox"/>
	b) 4 to 6 days		<input type="checkbox"/>		<input type="checkbox"/>
	c) 7 days or more		<input type="checkbox"/>		<input type="checkbox"/>
D5	Were you put in the hospital for these problems?	NO	YES	NO	YES
IF YES, STOP HERE AND CIRCLE YES IN MANIC EPISODE FOR THAT TIME FRAME.					
D6	Did these symptoms cause a lot of problems at home? At school? With friends? With other people? Or in some other important way?	NO	YES	NO	YES
IF YES TO ANY, CODE YES					

ARE **D3** SUMMARY AND **D5** AND **D6** CODED **YES**?

OR

ARE **D3** SUMMARY AND **D4c** AND **D6** CODED **YES** AND IS **D5** CODED **NO**?

SPECIFY IF THE EPISODE IS CURRENT AND / OR PAST.

Is **D3** SUMMARY CODED **YES** AND ARE **D5** AND **D6** CODED **NO** AND IS EITHER **D4b** OR **D4c** CODED **YES**?

OR

ARE **D3** SUMMARY AND **D4b** AND **D6** CODED **YES** AND IS **D5** CODED **NO**?

SPECIFY IF THE EPISODE IS CURRENT AND / OR PAST.

IF **YES** TO CURRENT MANIC EPISODE, THEN CODE CURRENT HYPOMANIC EPISODE AS **NO**.

IF **YES** TO PAST MANIC EPISODE, THEN CODE PAST HYPOMANIC EPISODE AS **NOT EXPLORED**.

ARE **D3** SUMMARY AND **D4a** CODED **YES** AND IS **D5** CODED **NO**?

SPECIFY IF THE EPISODE IS CURRENT AND / OR PAST.

IF **YES** TO CURRENT MANIC EPISODE OR HYPOMANIC EPISODE,  
THEN CODE CURRENT HYPOMANIC SYMPTOMS AS **NO**.

IF **YES** TO PAST MANIC EPISODE OR YES TO PAST HYPOMANIC EPISODE,  
THEN CODE PAST HYPOMANIC SYMPTOMS AS **NOT EXPLORED**.

**NO**

**YES**

### **MANIC EPISODE**

CURRENT

☐

PAST

☐

### **HYPOMANIC EPISODE**

CURRENT

☐ **NO**

☐ **YES**

PAST

☐ **NO**

☐ **YES**

☐ **NOT EXPLORED**

### **HYPOMANIC SYMPTOMS**

CURRENT

☐ **NO**

☐ **YES**

PAST

☐ **NO**

☐ **YES**

☐ **NOT EXPLORED**

D7

a) IF MANIC EPISODE IS POSITIVE FOR EITHER CURRENT OR PAST ASK:

Did you have 2 or more of these (manic) episodes lasting 7 days or more (**D4c**) in your lifetime (including the current episode if present)?

**NO** **YES**

b) IF HYPOMANIC EPISODE IS POSITIVE FOR EITHER CURRENT OR PAST ASK:

Did you have 2 or more of these (hypomanic) episodes lasting just 4 to 6 days (**D4b**) in your lifetime (including the current episode)?

**NO** **YES**

c) IF THE PAST "HYPOMANIC SYMPTOMS" CATEGORY IS CODED POSITIVE ASK:

Did you have (hypomanic) symptoms like these lasting only 1 to 3 days (**D4a**), 2 or more times in your lifetime, (including the current episode if present)?

**NO** **YES**

## E. PANIC DISORDER

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

E1	a	Have you ever been really frightened or nervous for no reason; or have you ever been really frightened or nervous in a situation where most kids would not feel that way?	➡ NO	YES
		IF YES TO EITHER, CODE YES. IF NO TO ALL CODE NO.		
	b	Did this happen more than one time?	➡ NO	YES
	c	Did this nervous feeling increase quickly over the first few minutes?	➡ NO	YES
E2		Has this ever happened when you didn't expect it?	➡ NO	YES
E3	a	After this happened, were you afraid it would happen again or that something bad would happen as a result of these attacks? Did you change what you did because of these attacks? (e.g., going out only with someone, not wanting to leave your house, going to the doctor more frequently)?	NO	YES
	b	Did you have these worries for a month or more?	NO	YES
		E3 SUMMARY: IF YES TO BOTH E3a AND E3b QUESTIONS, CODE YES	NO	YES
E4		<b>Think about the time you were the most frightened or nervous for no good reason:</b>		
	a	Did your heart beat fast or loud?	NO	YES
	b	Did you sweat? Did your hands sweat a lot? IF YES TO EITHER, CODE YES	NO	YES
	c	Did your hands or body shake?	NO	YES
	d	Did you have trouble breathing?	NO	YES
	e	Did you feel like you were choking? Did you feel you couldn't swallow? IF YES TO EITHER, CODE YES	NO	YES
	f	Did you have pain or pressure in your chest?	NO	YES
	g	Did you feel like throwing up? Did you have an upset stomach? Did you have diarrhea? IF YES TO ANY, CODE YES	NO	YES
	h	Did you feel dizzy or faint?	NO	YES
	i	Did things around you feel strange or like they weren't real? Did you feel or see things as if they were far away? Did you feel outside of or cut off from your body? IF YES TO ANY, CODE YES	NO	YES

j	Were you afraid that you were losing control of yourself? Were you afraid that you were going crazy? IF <b>YES</b> TO EITHER, CODE <b>YES</b>	NO	YES
k	Were you afraid that you were dying?	NO	YES
l	Did parts of your body tingle or go numb?	NO	YES
m	Did you feel hot or cold?	NO	YES
E5	ARE <b>BOTH E3 SUMMARY</b> , AND <b>4</b> OR MORE <b>E4</b> ANSWERS, CODED YES?  IF YES TO E5, SKIP TO E7	NO	YES <small>PANIC DISORDER LIFETIME</small>
E6	IF <b>E5=NO</b> , ARE ANY E4 QUESTIONS CODED YES?  THEN SKIP TO <b>F1</b> .	NO	YES <small>LIMITED SYMPTOM ATTACKS LIFETIME</small>
E7	a. <b>In the past month</b> , did you have these problems more than one time?  IF NO, CIRCLE NO TO E7 SUMMARY AND MOVE TO F1.  For the past month:	NO	YES
	b. Did you worry that it would happen again?	NO	YES
	c. Did you worry that something bad would happen because of the attack?	NO	YES
	d. Did anything change for you because of the attack? (e.g., going out only with someone, not wanting to leave your house, going to the doctor more frequently)?	NO	YES
	E7 SUMMARY: IF <b>YES</b> TO E7b.or E7c.or E7d., CODE <b>YES</b>	NO	YES <small>PANIC DISORDER CURRENT</small>



## F. AGORAPHOBIA

F1 Do you feel anxious, scared, or uneasy in places or situations where you might become really frightened; like being in a crowd, standing in a line (queue), when you are all alone, or when crossing a bridge, or traveling in a bus, train or car? NO YES

IF YES TO ANY, CODE YES

IF F1 = NO, CIRCLE NO IN F2.

F2 Are you so afraid of these things that you try to stay away from them? Or you can only do them if someone is with you? Or you do them, but it's really hard for you? NO YES

IF YES TO ANY, CODE YES

**AGORAPHOBIA  
CURRENT**

IS F2 (CURRENT AGORAPHOBIA) CODED NO

AND

IS E7 (CURRENT PANIC DISORDER) CODED YES?

NO YES

**PANIC DISORDER  
without Agoraphobia  
CURRENT**

IS F2 (CURRENT AGORAPHOBIA) CODED YES

AND

IS E7 (CURRENT PANIC DISORDER) CODED YES?

NO YES

**PANIC DISORDER  
with Agoraphobia  
CURRENT**

IS F2 (CURRENT AGORAPHOBIA) CODED YES

AND

IS E5 (PANIC DISORDER LIFETIME) CODED NO?

NO YES

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

## G. SEPARATION ANXIETY DISORDER

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

G1	<p>a <b>In the past month</b>, have you been really afraid about being away from someone close to you; or have you been really afraid that you would lose somebody you are close to ? (Like getting lost from your parents or having something bad happen to them) IF <b>YES</b> TO EITHER, CODE <b>YES</b></p> <p>b Who are you afraid of losing or being away from _____ ?</p>	➡	NO      YES				
G2	<p>a Did you get upset a lot when you were away from _____ ? Did you get upset a lot when you <u>thought</u> you would be away from _____ ? IF <b>YES</b> TO EITHER, CODE <b>YES</b></p> <p>b Did you get really worried that you would lose _____ ? Did you get really worried that something bad would happen to _____ ? (like having a car accident or dying). IF <b>YES</b> TO EITHER, CODE <b>YES</b></p> <p>c Did you get really worried that you would be separated from _____ ? (Like getting lost or being kidnapped?)</p> <p>d Did you refuse to go to school or other places because you were afraid to be away from _____ ?</p> <p>e Did you get really afraid being at home if _____ wasn't there?</p> <p>f Did you not want to go to sleep unless _____ was there?</p> <p>g Did you have nightmares about being away from _____ ? Did this happen more than once? IF <b>NO</b> TO EITHER, CODE <b>NO</b></p> <p>h Did you feel sick a lot (like headaches, stomach aches, nausea or vomiting, heart beating fast or feeling dizzy) when you were away from _____ ? Did you feel sick a lot when you <u>thought</u> you were going to be away from _____ ? IF <b>YES</b> TO EITHER, CODE <b>YES</b></p>	➡	NO      YES				
<p><b>G2 SUMMARY: ARE AT LEAST 3 OF G2a-h CODED YES?</b></p>		➡	NO      YES				
G3	Did this last for at least 4 weeks?	➡	NO      YES				
G4	<p>Did your fears of being away from _____ really bother you a lot? Cause you a lot of problems at home? At school? With friends? In any other way? IF <b>YES</b> TO EITHER, CODE <b>YES</b></p>	➡	NO      YES				
<p>ARE <b>G1, G2 SUMMARY, G3 AND G4</b> CODED <b>YES</b>?</p>		<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">NO</td> <td style="width: 50%; text-align: center;">YES</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>SEPARATION ANXIETY DISORDER</b></td> </tr> </table> </div>		NO	YES	<b>SEPARATION ANXIETY DISORDER</b>	
NO	YES						
<b>SEPARATION ANXIETY DISORDER</b>							

## H. SOCIAL PHOBIA (Social Anxiety Disorder)

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

H1      **In the past month**, were you afraid or embarrassed when others your age were watching you?      ➡      NO      YES  
 Were you afraid of being teased? Like talking in front of the class?  
 Or eating or writing in front of others?  
 IF YES TO ANY, CODE YES

H2      Are you more afraid of these things than other kids your age?      ➡      NO      YES

H3      Are you so afraid of these things that you try to stay away from them?  
 Or you can only do them if someone is with you? Or you do them but it's  
 really hard for you?      ➡      NO      YES

H4      Do these social fears have a big effect on your life? Do they cause problems when  
 you interact with others or in your relationships? Do they cause a lot of problems  
 at school or at work? Do they cause you to feel upset and want to be alone?      ➡      NO      YES  
 IF YES TO ANY, CODE YES

H5      Did this social fear / social anxiety last at least 6 months?

### SUBTYPES

Do you fear and avoid 4 or more social situations?

If YES      Generalized social phobia (social anxiety disorder)

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

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

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

NO      YES

**SOCIAL PHOBIA**  
*(Social Anxiety Disorder)*  
**CURRENT**

GENERALIZED      ☐  
 NON-GENERALIZED      ☐

## I. SPECIFIC PHOBIA

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

I1    **In the past month**, have you been really afraid of something like: snakes or bugs?  
Dogs or other animals? High places? Storms? The dark? Or seeing blood or needles?

➡  
NO      YES

I2    List any specific phobia(s): \_\_\_\_\_

I3    Are you more afraid of \_\_\_\_\_ than other kids your age are?

➡  
NO      YES

I4    Are you so afraid of \_\_\_\_\_ that you try to stay away from  
it / them? Or you can only be around it / them if someone is with you?  
Or can you be around it / them but it's really hard for you?

➡  
NO      YES

IF **YES** TO ANY, CODE **YES**

I5    Does this fear really bother you a lot? Does it cause you problems at home  
or at school? Does it keep you from doing things you want to do?

NO      YES

IF **YES** TO ANY, CODE **YES**

IS I5 CODED **YES**?

NO      YES

**SPECIFIC PHOBIA  
CURRENT**

## J. OBSESSIVE COMPULSIVE DISORDER

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

J1 **In the past month**, have you been bothered by bad things that come into your mind that you couldn't get rid of? Like bad thoughts or urges? Or nasty pictures? For example, did you think about hurting somebody even though it disturbs or distresses you? Were you afraid you or someone would get hurt because of some little thing you did or didn't do? Did you worry a lot about having dirt or germs on you? Did you worry a lot that you would give someone else germs or make them sick somehow? Or were you afraid that you would do something really shocking?

NO YES



SKIP TO J4

IF **YES** TO ANY, CODE **YES**

DO NOT INCLUDE SIMPLY EXCESSIVE WORRIES ABOUT REAL LIFE PROBLEMS.  
DO NOT INCLUDE OBSESSIONS DIRECTLY RELATED TO EATING DISORDERS,  
SEXUAL BEHAVIOR, OR ALCOHOL OR DRUG ABUSE BECAUSE THE PATIENT MAY  
DERIVE PLEASURE FROM THE ACTIVITY AND MAY WANT TO RESIST IT ONLY  
BECAUSE OF ITS NEGATIVE CONSEQUENCES

J2 Did they keep coming back into your mind even when you tried to ignore or get rid of them?

NO YES



SKIP TO J4

J3 Do you think that these things come from your own mind and that they are not from outside of your head?

NO YES

**obsessions**

J4 **In the past month**, did you do something over and over without being able to stop doing it, like washing over and over? Straightening things up over and over? Counting something or checking on something over and over? Saying or doing something over and over?

NO YES

**compulsions**

IF **YES** TO ANY, CODE **YES**

IS **J3** OR **J4** CODED **YES**?



NO YES

J5 Did you have these thoughts or rituals we just spoke about, more than other kids your age?



NO YES

J6 Did these thoughts or actions cause you to miss out on things at home? At school? With friends? Did they cause a lot of problems with other people? Did these things take more than one hour a day?

IF **YES** TO ANY, CODE **YES**

**NO YES**

**O.C.D.  
CURRENT**

## K. POSTTRAUMATIC STRESS DISORDER

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

K1	Has anything really awful ever happened to you? Like being in a flood, tornado or earthquake? Like being in a fire or a really bad accident? Like seeing someone being killed or badly hurt. Have you ever been attacked by someone?	➡ NO	YES
K2	Did you respond with intense fear, or feel helpless or upset?	➡ NO	YES
K3	<b>In the past month</b> , has this awful thing come back to you in some way? Like dreaming about it or having a strong memory of it or feeling it in your body?	➡ NO	YES
K4	<b>In the past month:</b>		
a	Have you tried not to think about or talk about this awful thing?	NO	YES
b	Have you tried to stay away from things that might remind you of it?	NO	YES
c	Have you had trouble remembering some important part of what happened?	NO	YES
d	Have you been much less interested in your hobbies or your friends?	NO	YES
e	Have you felt cut off from other people?	NO	YES
f	Have you noticed that your feelings are less than before?	NO	YES
g	Have you felt that your life will be shortened or that you will die sooner than other people?	NO	YES
	<b>SUMMARY OF K4: ARE 3 OR MORE K4 ANSWERS CODED YES?</b>	➡ NO	YES
K5	<b>In the past month:</b>		
a	Have you had trouble sleeping?	NO	YES
b	Have you been moody or angry for no reason?	NO	YES
c	Have you had trouble paying attention?	NO	YES
d	Were you nervous or watching out in case something bad might happen?	NO	YES
e	Would you jump when you heard noises? Or when you saw something out of the corner of your eye?	NO	YES
	IF YES TO EITHER, CODE <b>YES</b>		
	<b>SUMMARY OF K5: ARE 2 OR MORE K5 ANSWERS CODED YES?</b>	➡ NO	YES

K6      **In the past month,** have these problems upset you a lot? Have they caused you to have problems at school? At home? With your friends?

IF YES TO ANY, CODE YES

NO	YES
<i>PTSD</i>	
CURRENT	



## L. ALCOHOL DEPENDENCE / ABUSE

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

<b>L1</b>	<b>In the past year</b> , have you had 3 or more drinks of alcohol in a day? At those times, did you have 3 or more drinks in 3 hours? Did you do this 3 or more times in the past year?  IF <b>NO</b> TO ANY, CODE <b>NO</b>	➡ <b>NO</b>	<b>YES</b>
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<b>L2</b>	<b>In the past year:</b>  a Did you need to drink a lot more alcohol to get the same feeling you got when you first started drinking?  b Whenever you cut down on drinking or stopped drinking, did your hands shake? Did you sweat? Did you feel nervous or like you couldn't sit still? Did you ever drink to keep from getting those problems? Did you drink again to keep from getting a hangover? IF <b>YES</b> TO ANY, CODE <b>YES</b>  c When you drank alcohol, did you end up drinking more than you had planned to?  d Have you tried to cut down or stop drinking alcohol but were not able to?  e On days when you drank, did you spend more than three hours doing it? Count the time it took you to get the alcohol, drink it, and get over it.  f Did you spend less time on other things because of your drinking (Like school, hobbies, or being with friends)?  g Did your drinking cause problems with your health or your mind? Did you keep on drinking even though you knew that it caused these problems?	<b>NO</b>	<b>YES</b>
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ARE 3 OR MORE L2 ANSWERS CODED **YES**?

**\*** IF YES, SKIP L3 QUESTIONS, CIRCLE N/A IN THE ABUSE BOX AND MOVE TO THE NEXT DISORDER. DEPENDENCE PREEMPTS ABUSE.

<b>NO</b>	<b>YES*</b>
<b>ALCOHOL DEPENDENCE CURRENT</b>	

**In the past year:**

<b>L3</b>	a Were you drunk or hung-over more than once when you had something important to do, like schoolwork or responsibilities at home? Did this cause any problems? CODE <b>YES</b> ONLY IF THIS CAUSED PROBLEMS  b Were you drunk more than once while doing something risky (Like riding a bike, driving a car or boat, or using machines)?  c Did you have legal problems more than once because of your drinking (Like getting arrested or stopped by the police)?	<b>NO</b>	<b>YES</b>
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d Did you kept drinking even if your drinking caused problems with your family or with other people?

NO YES

IF **YES** TO EITHER, CODE **YES**

ARE **1** OR MORE OF **L3** ANSWERS CODED **YES**?

**NO** **N/A** **YES**

***ALCOHOL ABUSE***  
**CURRENT**

## M. SUBSTANCE DEPENDENCE / ABUSE (NON-ALCOHOL)

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

M1 a Now I am going to read you a list of street drugs or medicines.  
Stop me if, **in the past year**, you have taken any of them more  
than one time to get high? To feel better or to change your mood?

➡  
**NO YES**

CIRCLE EACH DRUG TAKEN:

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

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

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

**Hallucinogens:** LSD ("acid"), mescaline, peyote, PCP ("angel dust", "Peace Pill"), psilocybin, STP, "mushrooms",  
"ecstasy", MDA, MDMA or ketamine, ("Special K").

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

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

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

**Miscellaneous:** Steroids, non prescription sleep or diet pills. Cough medicine? Any others?

**Specify MOST USED Drug(s):** \_\_\_\_\_

WHICH DRUG(S) CAUSE THE BIGGEST PROBLEMS?: \_\_\_\_\_

FIRST EXPLORE THE DRUG CAUSING THE BIGGEST PROBLEMS AND THE ONE MOST LIKELY TO MEET DEPENDENCE / ABUSE CRITERIA.

IF PATIENT'S SYMPTOMS MEET CRITERIA FOR ABUSE /DEPENDENCE, SKIP TO NEXT MODULE. IF NOT, EXPLORE THE NEXT MOST PROBLEMATIC DRUG.

M2 Think about your use of (NAME THE DRUG/DRUG CLASS SELECTED) **over the past year:**

a Did you need to take a lot more of the drug to get the same feeling you  
got when you first started taking it? **NO YES**

b Whenever you cut down or stopped using the drug(s), did your body feel bad  
or did you go into withdrawal? ("Withdrawal" might mean feeling sick, achy,  
shaking, running a temperature, feeling weak, having an upset stomach or diarrhea,  
sweating, feeling your heart pounding, trouble sleeping, feeling nervous, moody  
or like you can't sit still.) Did you use the drug(s) again to keep from getting sick  
or to feel better? **NO YES**

IF **YES** TO EITHER, CODE **YES**

c When you used (NAME THE DRUG/DRUG CLASS SELECTED), did you end  
up taking more than you had planned to? **NO YES**

d Have you tried to cut down or stop taking (NAME THE DRUG/DRUG CLASS  
SELECTED)? Did you find out that you couldn't do it? **NO YES**

IF **NO** TO EITHER, CODE **NO**

e On days when you took (NAME THE DRUG/DRUG CLASS SELECTED), did

you spend more than three hours doing it? Count the time it took you to get (NAME THE DRUG/DRUG CLASS SELECTED), use it and get over it.

NO YES

f Did you spend less time on other things because of your use of (NAME THE DRUG/DRUG CLASS SELECTED)? Like school, hobbies or being with friends?

NO YES

g Did you use of (NAME THE DRUG/DRUG CLASS SELECTED) cause problems with your health or your mind? Did you keep on using (NAME THE DRUG) even though you knew it caused problems?

NO YES

ARE 3 OR MORE M2 ANSWERS CODED YES?

SPECIFY DRUG(S): \_\_\_\_\_

\* IF YES, SKIP M3 QUESTIONS, CIRCLE N/A IN ABUSE BOX  
AND MOVE TO THE NEXT DISORDER. DEPENDENCE PREEMPTS ABUSE.

NO YES\*

**SUBSTANCE DEPENDENCE  
CURRENT**

Think about your use of (NAME THE DRUG/DRUG CLASS SELECTED) over the past year:

**In the past year:**

M3 a Were you high or hung-over from the drug(s) more than once, when you had something important to do? Like schoolwork or responsibilities at home? Did this happen more than one time? Did this cause any problems?

NO YES

CODE YES ONLY IF THIS CAUSED PROBLEMS

b Have you been high from the drug(s) more than once while doing something risky (Like riding a bike, driving a car or boat, or using machines)?

NO YES

c Did you have legal problems because of your use of the (NAME THE DRUG/DRUG CLASS SELECTED) more than once? (Like getting arrested or stopped by the police)?

NO YES

d Did you kept using the (NAME THE DRUG/DRUG CLASS SELECTED) even though it caused problems with your family or with other people?

NO YES

IF YES TO EITHER, CODE YES

ARE 1 OR MORE M3 ANSWERS CODED YES?

SPECIFY DRUG(S): \_\_\_\_\_

NO N/A YES

**SUBSTANCE ABUSE  
CURRENT**

## N. TIC DISORDERS

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

N1 a In the past month did you have movements of your body called "Tics"? "Tics" are quick movements of some part of your body that are hard to control. A tic might be blinking your eyes over and over, twitches of your face, jerking your head, making a movement with your hand over and over, or squatting, or shrugging your shoulders over and over.

NO YES

b Have you ever had a tic that made you say something or make a sound over and over and was hard to stop? Like coughing or sniffing or clearing your throat over and over when you did not have a cold; or grunting or snorting or barking; having to say certain words over and over, having to say bad words, or having to repeat sounds you hear or words that other people say?

NO YES

IF BOTH **N1A** AND **N1B** ARE CODED **NO**,  
CIRCLE **NO** IN ALL DIAGNOSTIC BOXES AND SKIP TO **O1**

N2 a Did these "tics" happen many times a day?

NO YES

b Did they happen nearly every day for at least 4 weeks?

NO YES

c Did they happen for a year or more?

NO YES

d Did they ever go away completely for 3 months in a row during this time?

NO YES ➡

N3 Did these "tics" upset you a lot? Did they get in the way of school?  
Did they cause you problems at home? Did they cause you problems  
with friends? Did other kids pick on you because of your tics?

➡  
NO YES

IF **YES** TO ANY, CODE **YES**

N4 Did the tics only occur when you are taking Ritalin, Adderal, Cylert, Dexedrine,  
Provigil, Concerta or other medications for ADHD ?

➡  
NO YES

N5 a ARE **N1a** + **N1b** + **N2a** + **N2c** AND **N3** CODED **YES**?

NO YES

**TOURETTE'S DISORDER,  
CURRENT**

N5 b ARE **N1a** + **N2a** + **N2c** + **N3** CODED **YES** AND IS **N1b** CODED **NO**?

NO YES

**MOTOR TIC DISORDER,  
CURRENT**

N5 c ARE **N1b + N2a + N2c + N3** CODED YES and is **N1a** coded **NO**?

**NO**

**YES**

**VOCAL TIC DISORDER,  
CURRENT**

N5 d ARE **N1 (a or b)** AND **N2a** AND **N2b** AND **N3** CODED **YES**, AND **N2c** CODED **NO**?

**NO**

**YES**

***TRANSIENT TIC DISORDER,  
CURRENT***

## O. ATTENTION DEFICIT/HYPERACTIVITY DISORDER

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

### SCREENING QUESTION FOR 3 DISORDERS (ADHD, CD, ODD)

O1	Has anyone (teacher, baby sitter, friend or parent) ever complained about your behavior or performance in school?	➡ NO	YES
	IF NO TO THIS QUESTION, ALSO CODE NO TO CONDUCT DISORDER AND OPPOSITIONAL DEFIANT DISORDER		

#### In the past six months:

O2	a	Have you often not paid enough attention to details? Made careless mistakes in school?	NO	YES
	b	Have you often had trouble keeping your attention focused when playing or doing schoolwork?	NO	YES
	c	Have you often been told that you do not listen when others talk directly to you?	NO	YES
	d	Have you often had trouble following through with what you were told to do (Like not following through on schoolwork or chores)? Did this happen even though you understood what you were supposed to do? Did this happen even though you weren't trying to be difficult? IF <b>NO</b> TO ANY, CODE <b>NO</b>	NO	YES
	e	Have you often had a hard time getting organized?	NO	YES
	f	Have you often tried to avoid things that make you concentrate or think hard (like schoolwork)? Do you hate or dislike things that make you concentrate or think hard? IF <b>YES</b> TO EITHER, CODE <b>YES</b>	NO	YES
	g	Have you often lost or forgotten things you needed? Like homework assignments, pencils, or toys?	NO	YES
	h	Do you often get distracted easily by little things (Like sounds or things outside the room)?	NO	YES
	i	Do you often forget to do things you need to do every day (Like forget to comb your hair or brush your teeth)?	NO	YES
		<b>O2 SUMMARY: ARE 6 OR MORE O2 ANSWERS CODED YES?</b>	NO	YES

#### In the past six months:

O3	a	Did you often fidget with your hands or feet? Or did you squirm in your seat?	NO	YES
		IF <b>YES</b> TO EITHER, CODE <b>YES</b>		



b	Did you often get out of your seat in class when you were not supposed to?	NO	YES
c	Have you often run around or climbed on things when you weren't supposed to? Did you want to run around or climb on things even though you didn't?	NO	YES
IF <b>YES</b> TO EITHER, CODE <b>YES</b>			
d	Have you often had a hard time playing quietly?	NO	YES
e	Were you always "on the go"?	NO	YES
f	Have you often talked too much?	NO	YES
g	Have you often blurted out answers before the person or teacher has finished the question?	NO	YES
h	Have you often had trouble waiting your turn?	NO	YES
i	Have you often interrupted other people? Like butting in when other people are talking or busy or when they are on the phone?	NO	YES
<b>O3 SUMMARY: ARE 6 OR MORE O3 ANSWERS CODED YES?</b>		NO	YES
		➔	
O4	Did you have problems paying attention, being hyper, or impulsive before you were 7 years old?	NO	YES
		➔	
O5	Did these things cause problems at school? At home? With your family? With your friends?	NO	YES
CODE <b>YES</b> IF <b>TWO</b> OR MORE ARE ENDORSED YES.			

IS **O2 SUMMARY & O3 SUMMARY CODED YES?**

<b>NO</b>	<b>YES</b>
<b><i>Attention Deficit/ Hyperactivity Disorder COMBINED</i></b>	

IS **O2 SUMMARY CODED YES AND O3 SUMMARY CODED NO?**

<b>NO</b>	<b>YES</b>
<b><i>Attention Deficit/ Hyperactivity Disorder INATTENTIVE</i></b>	

IS **O2 SUMMARY CODED NO AND O3 SUMMARY CODED YES?**

<b>NO</b>	<b>YES</b>
<b><i>Attention Deficit/ Hyperactivity Disorder HYPERACTIVE /IMPULSIVE</i></b>	

## P. CONDUCT DISORDER

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

### SCREENING QUESTION

P1 IF QUESTION O1 IN ADHD IS ANSWERED NO, CODE NO TO CONDUCT DISORDER

IF O1 WAS NOT ASKED ALREADY, ASK THE QUESTION BELOW

(Has anyone (teacher, baby sitter, friend, parent) ever complained about your behavior or performance in school?)



NO

YES

P2 **In the past year:**

a	Have you bullied or threatened other people (excluding siblings)?	NO	YES
b	Have you started fights with others (excluding siblings)?	NO	YES
c	Have you used a weapon to hurt someone? Like a knife, gun, bat, or other object?	NO	YES

d	Have you hurt someone (physically) on purpose (excluding siblings)?	NO	YES
e	Have you hurt animals on purpose?	NO	YES

f	Have you stolen things using force? Like robbing someone using a weapon or grabbing something from someone like purse snatching?	NO	YES
---	--	----	-----

g	Have you forced anyone to have sex with you?	NO	YES
---	--	----	-----

h	Have you started fires on purpose in order to cause damage?	NO	YES
---	---	----	-----

i	Have you destroyed things that belonged to other people on purpose?	NO	YES
---	---	----	-----

j	Have you broken into someone's house or car?	NO	YES
---	--	----	-----

k	Have you lied many times in order to get things from people or to get out of things? Tricked other people into doing what you wanted?	NO	YES
---	---	----	-----

IF **YES** TO EITHER, CODE **YES**

l	Have you stolen things that were worth money (Like shoplifting or forging a check)?	NO	YES
---	---	----	-----

m	Have you often stayed out a lot later than your parents let you? Did this start before you were 13 years old?	NO	YES
---	--	----	-----

IF **NO** TO EITHER, CODE **NO**

n	Have you run away from home two times or more?	NO	YES
---	--	----	-----

o	Have you skipped school often? Did this start before you were 13 years old?	NO	YES
---	---	----	-----

IF **NO** TO EITHER, CODE **NO**

**P2 SUMMARY: ARE 3 OR MORE P2 ANSWERS CODED YES WITH AT LEAST ONE PRESENT IN THE PAST 6 MONTHS?**



NO

YES

P3 Did these behaviors cause big problems at school? At home?  
With your family? Or with your friends?

IF YES TO ANY, CODE YES

**NO**

**YES**

***CONDUCT DISORDER  
CURRENT***

## Q. OPPOSITIONAL DEFIANT DISORDER

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

ATTENTION: IF CODED POSITIVE FOR CONDUCT DISORDER, CIRCLE NO IN DIAGNOSTIC BOX AND MOVE TO THE NEXT MODULE.

### SCREENING QUESTION

Q1 IF QUESTION Q1 IN ADHD IS ANSWERED NO, CODE NO TO OPPOSITIONAL DEFIANT DISORDER

IF Q1 WAS NOT ASKED ALREADY, ASK THE QUESTION BELOW

(Has anyone (teacher, baby sitter, friend, parent) ever complained about your behavior or performance in school?)



NO YES

Q2 In the past six months:

a Have you often lost your temper? NO YES

b Have you often argued with adults? NO YES

c Have you often refused to do what adults tell you to do? Refused to follow rules? NO YES

IF YES TO EITHER, CODE YES

d Have you often annoyed people on purpose? NO YES

e Have you often blamed other people for your mistakes or for your bad behavior? NO YES

f Have you often been "touchy" or easily annoyed by other people? NO YES

g Have you often been angry and resentful toward others? NO YES

h Have you often been "spiteful" or quick to "pay back" somebody who treats you wrong? NO YES

Q2 SUMMARY: ARE 4 OR MORE OF Q2 ANSWERS CODED YES?



NO YES

Q3 Did these behaviors cause problems at school? At home? With your family? Or with your friends?

IF YES TO ANY, CODE YES



NO YES

ARE Q2 SUMMARY & Q3 CODED YES?

NO

YES

**OPPOSITIONAL DEFIANT  
DISORDER  
CURRENT**

## R. PSYCHOTIC DISORDERS AND MOOD DISORDERS WITH PSYCHOTIC FEATURES

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

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

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

Now I am going to ask you about unusual experiences that some people have.			BIZARRE
R1	a	Have you ever believed that people were secretly watching you? Have you believed that someone was trying to get you, or hurt you?  IF <b>YES</b> TO ANY, CODE <b>YES</b>  <b>NOTE:</b> ASK FOR EXAMPLES TO RULE OUT ACTUAL STALKING	NO YES YES
	b	IF <b>YES OR YES BIZARRE:</b> Do you believe this now?	NO YES YES ↳ R6
R2	a	Have you ever believed that someone was reading your mind or that someone could hear your thoughts? Or that you could actually read someone else's mind or hear what they were thinking?  IF <b>YES</b> TO ANY, CODE <b>YES</b>	NO YES YES
	b	IF <b>YES OR YES BIZARRE:</b> Do you believe this now?	NO YES YES ↳ R6
R3	a	Have you ever believed that someone or something put thoughts in your mind that were not your own? Have you believed that someone or something made you act in a way that was not your usual self? Have you ever felt that you were possessed?  IF <b>YES</b> TO ANY, CODE <b>YES</b>  <b>NOTE:</b> ASK FOR EXAMPLES AND DISCOUNT ANY THAT ARE NOT PSYCHOTIC	NO YES YES
	b	IF <b>YES OR YES BIZARRE:</b> Do you believe this now?	NO YES YES ↳ R6
R4	a	Have you ever believed that you were being sent special messages through the TV, radio, internet, newspapers, books, magazines, or through your games or toys? Have you ever believed that a person you did not personally know was especially interested in you?  IF <b>YES</b> TO ANY, CODE <b>YES</b>	NO YES YES
	b	IF <b>YES OR YES BIZARRE:</b> Do you believe this now?	NO YES YES ↳ R6
R5	a	Have your family or friends ever thought that any of your beliefs were strange or weird? Please give me an example.  INTERVIEWER: ONLY CODE <b>YES</b> IF THE EXAMPLES ARE <b>CLEARLY</b> DELUSIONAL AND ARE NOT EXPLORED IN QUESTIONS R1 TO R4, FOR EXAMPLE, SOMATIC OR RELIGIOUS DELUSIONS OR DELUSIONS OF GRANDIOSITY, JEALOUSY GUILT, RUIN OR DESTITUTION, ETC.	NO YES YES
	b	IF <b>YES OR YES BIZARRE:</b> Do they still think that your beliefs are strange?	NO YES YES

[HALLUCINATIONS ARE SCORED "BIZARRE" ONLY IF PATIENT ANSWERS YES TO THE FOLLOWING]:

YES

YES

↳ R8b

Did you hear a voice talking about you? Did you hear more than one voice talking back and forth?

YES

NOTE:CHECK TO SEE IF THESE ARE CULTURALLY INAPPROPRIATE.

YES

IS THE PATIENT CURRENTLY EXHIBITING INCOHERENCE, DISORGANIZED SPEECH, OR MARKED LOOSENING OF ASSOCIATIONS?

YES

R9 b IS THE PATIENT CURRENTLY EXHIBITING DISORGANIZED OR CATATONIC BEHAVIOR?

YES

R10 b ARE NEGATIVE SYMPTOMS OF SCHIZOPHRENIA, E.G. SIGNIFICANT AFFECTIVE FLATTENING, POVERTY OF SPEECH (ALOGIA) OR AN INABILITY TO INITIATE OR PERSIST IN GOAL DIRECTED ACTIVITIES (AVOLITION), PROMINENT DURING THE INTERVIEW?

YES

R11 a ARE 1 OR MORE « a » QUESTIONS FROM R1a TO R7a CODED YES OR YES BIZARRE AND IS EITHER:

MAJOR DEPRESSIVE EPISODE, (CURRENT OR RECURRENT)

OR

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

YES

➔ R13

IF NO TO R11 a, CIRCLE NO IN BOTH 'MOOD DISORDER WITH PSYCHOTIC FEATURES' DIAGNOSTIC BOXES AND MOVE TO R13.

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

Did you have the beliefs and experiences you just described [GIVE EXAMPLES TO PATIENT FROM SYMPTOMS CODED YES FROM R1a TO R7a] only when you were feeling depressed? high? very moody? very irritable?

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

IF THE ANSWER IS NO TO THIS DISORDER, ALSO CIRCLE NO TO R12 AND MOVE TO R13

**YES**

## MOOD DISORDER WITH PSYCHOTIC FEATURES

**LIFETIME**

R12a ARE 1 OR MORE « b » QUESTIONS FROM R1b TO R7b CODED **YES OR YES BIZARRE** AND IS EITHER:

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

IF THE ANSWER IS YES TO THIS DISORDER (LIFETIME OR CURRENT) , CIRCLE NO TO R13 AND R14 AND MOVE TO THE NEXT MODULE.

**NO YES**

***MOOD DISORDER WITH  
PSYCHOTIC FEATURES***

***CURRENT***

R13 ARE 1 OR MORE « b » QUESTIONS FROM R1b TO R6b, CODED **YES BIZARRE**?

OR

ARE 2 OR MORE « b » QUESTIONS FROM R1b TO R10b, CODED **YES** (RATHER THAN **YES BIZARRE**)?

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

**NO YES**

***PSYCHOTIC DISORDER  
CURRENT***

R14 IS **R13** CODED **YES**

OR

ARE 1 OR MORE « a » QUESTIONS FROM R1a TO R6a, CODED **YES BIZARRE**?

OR

ARE 2 OR MORE « a » QUESTIONS FROM R1a TO R7a, CODED **YES** (RATHER THAN **YES BIZARRE**)?

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

**NO YES**

***PSYCHOTIC DISORDER***

***LIFETIME***



## S. ANOREXIA NERVOSA

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

S1	a	How tall are you?	<input type="text"/> ft <input type="text"/> <input type="text"/> in.
			<input type="text"/> <input type="text"/> <input type="text"/> cm
	b.	What was your lowest weight in the past 3 months?	<input type="text"/> <input type="text"/> <input type="text"/> lb
			<input type="text"/> <input type="text"/> <input type="text"/> kg
c	IS PATIENT'S WEIGHT EQUAL TO OR BELOW THE THRESHOLD CORRESPONDING TO HIS / HER HEIGHT? (SEE TABLE BELOW) (THIS IS = A BMI OF $\leq 17.5 \text{ KG/M}^2$ )		NO YES
d	Have you lost 5 lb or more (2.3 kg or more) in the last 3 months?		NO YES
e	If you are less than age 14, have you failed to gain any weight in the last 3 months? IF PATIENT IS 14 OR OLDER, CODE NO.		NO YES
f	Has anyone thought that you lost too much weight in the last 3 months?		NO YES
	IF YES TO S1c OR d OR e OR f, CODE YES, OTHERWISE CODE NO.		➡ NO YES

### In the past 3 months:

S2		Have you been trying to keep yourself from gaining any weight?	➡ NO YES
S3		Have you been very afraid of gaining weight? Have you been very afraid of getting too fat / big? IF YES TO EITHER, CODE YES	➡ NO YES
S4	a	Have you seen yourself as being too big / fat or that part of your body was too big / fat? IF YES TO EITHER, CODE YES	NO YES
	b	Has your weight strongly affected how you feel about yourself? Has your body shape strongly affected how you feel about yourself? IF YES TO EITHER, CODE YES	NO YES
	c	Did you think that your low weight was normal or overweight ?	NO YES
S5		ARE 1 OR MORE S4 ANSWERS CODED YES?	➡ NO YES
S6		FOR POST PUBERTAL FEMALES ONLY: During the last 3 months, did you miss all your menstrual periods when they were expected to occur (when you were not pregnant)?	➡ NO YES

**FOR GIRLS : ARE S5 AND S6 CODED YES?**

**FOR BOYS : IS S5 CODED YES?**

**NO**

**YES**

***ANOREXIA NERVOSA***  
**CURRENT**

**HEIGHT / WEIGHT TABLE CORRESPONDING TO A BMI THRESHOLD OF 17.5 kg/m<sup>2</sup>**

**Height/Weight**

ft/in	3'0	3'1	3'2	3'3	3'4	3'5	3'6	3'7	3'8	3'9	3'10	3'11	4'0	4'1
lb	32	34	36	38	40	42	44	46	48	50	53	55	57	60
cm	91	94	97	99	102	104	107	109	112	114	117	119	122	125
kg	15	15	16	17	18	19	20	21	22	23	24	25	26	27

ft/in	4'2	4'3	4'4	4'5	4'6	4'7	4'8	4'9	4'10	4'11	5'0	5'1	5'2	5'3
lb	62	65	67	70	72	75	78	81	84	87	89	92	96	99
cm	127	130	132	135	137	140	142	145	147	150	152	155	158	160
kg	28	29	31	32	33	34	35	37	38	39	41	42	43	45

ft/in	5'4	5'5	5'6	5'7	5'8	5'9	5'10	5'11	6'0	6'1	6'2	6'3
lb	102	105	108	112	115	118	122	125	129	132	136	140
cm	163	165	168	170	173	175	178	180	183	185	188	191
kg	46	48	49	51	52	54	55	57	59	60	62	64

The weight thresholds above are calculated using a body mass index (BMI) equal to or below 17.5 kg/m<sup>2</sup> for the patient's height. This is the threshold guideline below which a person is deemed underweight by the DSM-IV and the ICD-10 Diagnostic Criteria for Research for Anorexia Nervosa.

## T. BULIMIA NERVOSA

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

In the past 3 months:		
T1	Did you have eating binges? An "eating binge" is when you eat a very large amount of food within two hours.	➡ NO YES
T2	Did you have eating binges two times a week or more?	➡ NO YES

T3 During an eating binge, did you feel that you couldn't control yourself? ➡  
NO YES

T4 Did you do anything to keep from gaining weight? Like making yourself throw up or exercising very hard? Trying not to eat for the next day or more? Taking pills to make you have to go to the bathroom more? Or taking any other kinds of pills to try to keep from gaining weight? ➡  
NO YES  
IF YES TO ANY, CODE YES

T5 Does your weight strongly affect how you feel about yourself? Does your body shape strongly affect how you feel about yourself? ➡  
NO YES  
IF YES TO EITHER, CODE YES

T6 DO THE PATIENT'S SYMPTOMS MEET CRITERIA FOR ANOREXIA NERVOSA? NO YES  
➡  
SKIP to T8

T7 Do these binges occur only when you are under (\_\_\_\_)lb/kg)? NO YES  
INTERVIEWER: WRITE IN THE ABOVE ( ), THE THRESHOLD WEIGHT FOR THIS PATIENT'S HEIGHT FROM THE HEIGHT/WEIGHT TABLE IN THE ANOREXIA NERVOSA MODULE

T8 IS T5 CODED YES AND IS EITHER T6 OR T7 CODED NO?

NO YES

**BULIMIA NERVOSA  
CURRENT**

T9 IS T7 CODED YES?

NO YES

**ANOREXIA NERVOSA  
Binge Eating Type  
CURRENT**

## U. GENERALIZED ANXIETY DISORDER

(➡ MEANS : GO TO END OF DISORDER, CIRCLE NO AND MOVE TO NEXT DISORDER)

U1	<p>a <b>For the past six months</b>, have you worried a lot or been nervous? Have you been worried or nervous about several things, (like school, your health, or something bad happening)? Have you been more worried than other kids your age?</p> <p>IF <b>YES</b> TO ANY, CODE <b>YES</b></p> <p>b Do you worry most days?</p> <p>IS THE PATIENT'S ANXIETY RESTRICTED EXCLUSIVELY TO, OR BETTER EXPLAINED BY, ANY DISORDER PRIOR TO THIS POINT?</p>	<p>➡ NO YES</p> <p>➡ NO YES</p> <p>➡ NO YES</p>
U2	<p>Do you find it hard to stop worrying? Do the worries make it hard for you to pay attention to what you are doing?</p> <p>IF <b>YES</b> TO EITHER, CODE <b>YES</b></p>	<p>➡ NO YES</p>
U3	<p>FOR THE FOLLOWING, CODE <b>NO</b> IF THE SYMPTOMS ARE CONFINED TO FEATURES OF ANY DISORDER EXPLORED PRIOR TO THIS POINT.</p> <p><b>When you are worried, do you, most of the time:</b></p> <p>a Feel like you can't sit still?</p> <p>b Feel tense in your muscles?</p> <p>c Feel tired, weak or exhausted easily?</p> <p>d Have a hard time paying attention to what you are doing? Does your mind go blank?</p> <p>e Feel grouchy or annoyed?</p> <p>f Have trouble sleeping ("trouble sleeping" means trouble falling asleep, waking up in the middle of the night, wakening up too early or sleeping too much)?</p> <p>ARE <b>1</b> OR MORE <b>U3</b> ANSWERS CODED <b>YES</b>?</p>	<p>NO YES</p> <p>NO YES</p> <p>NO YES</p> <p>NO YES</p> <p>NO YES</p> <p>NO YES</p> <p>➡ NO YES</p>
U4	<p>Do these worries or anxieties cause a lot of problems at school or with your friends or at home or at work or with other people?</p>	<p>NO YES</p> <p><b>GENERALIZED ANXIETY DISORDER</b></p> <p><b>CURRENT</b></p>

## V. ADJUSTMENT DISORDERS

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

ONLY ASK THESE QUESTIONS IF THE PATIENT CODES **NO** TO ALL OTHER DISORDERS.

EVEN IF A LIFE STRESS IS PRESENT OR A STRESS PRECIPITATED THE PATIENT'S DISORDER, DO NOT USE AN ADJUSTMENT DISORDER DIAGNOSIS IF ANY OTHER PSYCHIATRIC DISORDER IS PRESENT. CIRCLE N/A IN DIAGNOSTIC BOX AND SKIP THE ADJUSTMENT DISORDER MODULE IF THE PATIENT'S SYMPTOMS MEET CRITERIA FOR ANOTHER SPECIFIC AXIS I DISORDER OR ARE MERELY AN EXACERBATION OF A PREEXISTING AXIS I OR II DISORDER.

V1 Are you stressed out about something? Is this making you upset or making your behavior worse?

IF **NO** TO EITHER, CODE **NO**

[Examples include anxiety/depression/physical complaints; misbehavior such as fighting, driving recklessly, skipping school, vandalism, violating the rights of others, or illegal activity].

IDENTIFIED STRESSOR: \_\_\_\_\_

DATE OF ONSET OF STRESSOR: \_\_\_\_\_

V2 Did your upset/behavior problems start soon after the stress began?  
[Within 3 months of the onset of the stressor]

V3 a Are you more upset by this stress than other kids your age would be?

b Do these stresses or upsets cause you problems in school?  
Problems at home? Problems with your family or with your friends?

IF **YES** TO ANY, CODE **YES**

V4 BEREAVEMENT IS PRESENT IF THESE EMOTIONAL/BEHAVIORAL SYMPTOMS ARE DUE ENTIRELY TO THE LOSS OF A LOVED ONE AND ARE SIMILAR IN SEVERITY, LEVEL OF IMPAIRMENT AND DURATION TO WHAT MOST OTHERS WOULD SUFFER UNDER SIMILAR CIRCUMSTANCES

HAS BEREAVEMENT BEEN RULED OUT?

V5 Have these problems gone on for 6 months or more after the stress stopped?

WHICH OF THESE EMOTIONAL / BEHAVIORAL SUBTYPES ARE PRESENT?

A Depression, tearfulness or hopelessness.

B Anxiety, nervousness, jitteriness, worry.

C Misbehavior (Like fighting, driving recklessly, skipping school, vandalism, violating other's rights, doing illegal things).

D School problems, physical complaints or social withdrawal.

➡  
NO YES

➡  
NO YES

➡  
NO YES

➡  
NO YES

➡  
NO YES

➡  
NO YES

**Mark all that apply**

☐
☐
☐
☐

IF MARKED:

- A only, then code as Adjustment disorder with depressed mood. 309.0
- B only, then code as Adjustment disorder with anxious mood. 309.24
- C only, then code as Adjustment disorder of conduct. 309.3
- A and B only, then code as Adjustment disorder with mixed anxiety and depressed mood. 309.28
- C and (A or B), then code as Adjustment disorder of emotions and of conduct. 309.4
- D only, then code as Adjustment Disorder unspecified. 309.9
- C and D, then code as Adjustment disorder of conduct. 309.3
- B and D, then code as Adjustment disorder with anxious mood. 309.24
- B, C and D, then code as Adjustment disorder with anxious mood and of conduct. 309.24 / 309.3
- A and D, then code as Adjustment disorder with depressed mood. 309.0
- A, C and D, then code as Adjustment disorder with depressed mood and of conduct. 309.0 / 309.3
- A, B and D, then code as Adjustment disorder with mixed anxiety and depressed mood. 309.28
- A, B and C, then code as Adjustment disorder with mixed anxiety and depressed mood, and of conduct. 309.28 / 309.3
- A, B, C and D, then code as Adjustment disorder with mixed anxiety and depressed mood, and of conduct. 309.28 / 309.3

IF **V1** AND **V2** AND (**V3a** or **V3b**) ARE CODED **YES**, AND **V5** IS CODED **NO**, THEN CODE THE DISORDER **YES** WITH **SUBTYPES**.

IF **NO**, CODE **NO** TO ADJUSTMENT DISORDER.

<b>NO</b>	<b>N/A</b>	<b>YES</b>
<b>Adjustment Disorder</b>		
<b>with _____</b>		
<b>(see above for subtypes)</b>		

## W. RULE OUT MEDICAL, ORGANIC OR DRUG CAUSES FOR ALL DISORDERS

IF THE PATIENT CODES POSITIVE FOR ANY CURRENT DISORDER ASK:

**Just before these symptoms began:**

W1a Were you taking any drugs or medicines?

☐ No ☐ Yes ☐ Uncertain

W1b Did you have any medical illness?

☐ No ☐ Yes ☐ Uncertain

IN THE CLINICIAN'S JUDGMENT: ARE EITHER OF THESE LIKELY TO BE DIRECT CAUSES OF THE PATIENT'S DISORDER?

IF NECESSARY ASK ADDITIONAL OPEN-ENDED QUESTIONS.

**W2 SUMMARY:** HAS AN ORGANIC CAUSE BEEN RULED OUT?

☐ No ☐ Yes ☐ Uncertain

## X. PERVASIVE DEVELOPMENT DISORDER

X1	Since the age of 4, have you had difficulty making friends? Do you have problems because you keep to yourself? Is it because you are shy or because you don't fit in? IF YES TO ANY, CODE YES	NO	YES	UNSURE
X2	Are you fixated on routines and rituals or do you have interests that are special and interfere with other activities?	NO	YES	UNSURE
X3	Do other kids think you are weird or strange or awkward?	NO	YES	UNSURE
X4	Do you play mostly alone, rather than with other children?	NO	YES	UNSURE

X5 ARE ALL **X ANSWERS** CODED **YES**? IF SO, CODE YES.  
IF ANY X ANSWERS ARE CODED UNSURE, CODE UNSURE.  
OTHERWISE CODE NO.

NO    UNSURE    YES \*

**PERVASIVE DEVELOPMENT  
DISORDER**

**CURRENT**

\* Pervasive Developmental Disorder is possible, but needs to be more thoroughly investigated by a board certified child psychiatrist. Based on the above responses, the diagnosis of PDD cannot be ruled out. The above screening is to rule out the diagnosis, rather than to rule it in.

**THIS CONCLUDES THE INTERVIEW**

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Rachel Gittelman Klein	Anne-Liis von Knorring

### Translations

English  
Spanish  
French  
Hungarian  
Turkish  
German  
Hebrew

### M.I.N.I. KID 5

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## MOOD DISORDERS: DIAGNOSTIC ALGORITHM

Consult Modules:                      A     Major Depressive Episode  
    D     (Hypo)manic Episode  
    R     Psychotic Disorders

### MODULE R:

1a	IS <b>R11b</b> CODED YES?	NO	YES
1b	IS <b>R12a</b> CODED YES?	NO	YES

### MODULES A and D:

	Current	Past
--	---------	------

2	a	CIRCLE YES IF A DELUSIONAL IDEA IS IDENTIFIED IN <b>A3e</b>	YES	YES
	b	CIRCLE YES IF A DELUSIONAL IDEA IS IDENTIFIED IN <b>D3a</b>	YES	YES

- c Is a Major Depressive Episode coded YES (current or past)?  
**and**  
 is Manic Episode coded NO (current and past)?  
**and**  
 is Hypomanic Episode coded NO (current and past)?  
**and**  
 is "Hypomanic Symptoms" coded NO (current and past)?

#### Specify:

- If the depressive episode is **current** or **past** or both
- **With Psychotic Features** Current: If 1b or 2a (current) = YES  
 With Psychotic Features Past: If 1a or 2a (past) = YES

- d Is a Manic Episode coded YES (current or past)?

#### Specify:

- If the Bipolar I Disorder is **current** or **past** or both
- With **Single Manic Episode**: If Manic episode (current or past) = YES  
 and MDE (current and past) = NO
- **With Psychotic Features** Current: If 1b or 2a (current) or 2b (current) = YES  
 With Psychotic Features Past: If 1a or 2a (past) or 2b (past) = YES
- If the **most recent mood** episode is manic, depressed,  
 mixed or hypomanic or unspecified (all mutually exclusive)
- **Unspecified** if the Past Manic Episode is coded YES AND  
 Current (D3 Summary AND D4a AND D6 AND W2) are coded YES

### MAJOR DEPRESSIVE DISORDER

	current	past
<b>MDD</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>With Psychotic Features</b>		
Current	<input type="checkbox"/>	
Past		<input type="checkbox"/>

### BIPOLAR I DISORDER

	current	past
<b>Bipolar I Disorder</b>	<input type="checkbox"/>	<input type="checkbox"/>
Single Manic Episode	<input type="checkbox"/>	<input type="checkbox"/>
<b>With Psychotic Features</b>		
Current	<input type="checkbox"/>	
Past		<input type="checkbox"/>
<b>Most Recent Episode</b>		
Manic	<input type="checkbox"/>	
Depressed	<input type="checkbox"/>	
Mixed	<input type="checkbox"/>	
Hypomanic	<input type="checkbox"/>	
Unspecified	<input type="checkbox"/>	

- e Is Major Depressive Episode coded YES (current or past)  
**and**  
 Is Hypomanic Episode coded YES (current or past)  
**and**  
 Is Manic Episode coded NO (current and past)?

**Specify:**

- If the Bipolar Disorder is **current** or **past** or both
- If the most recent mood episode is **hypomanic** or **depressed** (mutually exclusive)

	current	past
<b>BIPOLAR II DISORDER</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Most Recent Episode</b>		
Hypomanic	<input type="checkbox"/>	
Depressed		<input type="checkbox"/>

- f Is MDE coded NO (current and past)  
**and**  
 Is Manic Episode coded NO (current and past)  
**and**  
 Is D4b coded YES for the appropriate time frame  
**and**  
 Is D7b coded YES?

---

**or**

---

- Is Manic Episode coded NO (current and past)  
**and**  
 Is Hypomanic Episode coded NO (current and past)  
**and**  
 Is D4a coded YES for the appropriate time frame  
**and**  
 Is D7c coded YES?

Specify if the Bipolar Disorder NOS is **current** or **past** or both.

	current	past
<b>BIPOLAR DISORDER NOS</b>	<input type="checkbox"/>	<input type="checkbox"/>

# M.I.N.I. KID

## MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW FOR **SCHIZOPHRENIA** AND **PSYCHOTIC DISORDERS** STUDIES

**For Children and Adolescents**

**English Version 6.0**

**DSM-IV**

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### **DISCLAIMER**

Our aim is to assist in the assessment and tracking of patients with greater efficiency and accuracy. Before action is taken on any data collected and processed by this program, it should be reviewed and interpreted by a licensed clinician. This program is not designed or intended to be used in the place of a full medical and psychiatric evaluation by a qualified licensed physician – psychiatrist. It is intended only as a tool to facilitate accurate data collection and processing of symptoms elicited by trained personnel.

M.I.N.I. *Kid* 6.0 for Psychotic Disorders. (January 1, 2010).

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

MODULES		TIME FRAME	MEETS CRITERIA	DSM-IV	ICD-10	
A	MAJOR DEPRESSIVE EPISODE	Current (Past 2 weeks)	<input type="checkbox"/>			
		Past	<input type="checkbox"/>			
		Recurrent	<input type="checkbox"/>			
	MAJOR DEPRESSIVE DISORDER	Current (Past 2 weeks)	<input type="checkbox"/>	296.20-296.26 Single	F32.x	<input type="checkbox"/>
		Past	<input type="checkbox"/>	296.20-296.26 Single	F33.x	<input type="checkbox"/>
		Recurrent	<input type="checkbox"/>	296.30-296.36 Recurrent	F33.x	<input type="checkbox"/>
B	SUICIDALITY	Current (Past Month)	<input type="checkbox"/>	N/A	N/A	
		Risk: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High				
C	DYSTHYMIA	Current (Past 1 year)	<input type="checkbox"/>	300.4	F34.1	<input type="checkbox"/>
D	MANIC EPISODE	Current	<input type="checkbox"/>			
		Past	<input type="checkbox"/>			
	HYPOMANIC EPISODE	Current	<input type="checkbox"/>			
		Past	<input type="checkbox"/>	<input type="checkbox"/> Not Explored		
	BIPOLAR I DISORDER	Current	<input type="checkbox"/>	296.0x-296.6x	F30.x-F31.9	<input type="checkbox"/>
		Past	<input type="checkbox"/>	296.0x-296.6x	F30.x-F31.9	<input type="checkbox"/>
	BIPOLAR II DISORDER	Current	<input type="checkbox"/>	296.89	F31.8	<input type="checkbox"/>
		Past	<input type="checkbox"/>	296.89	F31.8	<input type="checkbox"/>
	BIPOLAR DISORDER NOS	Current	<input type="checkbox"/>	296.80	F31.9	<input type="checkbox"/>
		Past	<input type="checkbox"/>	296.80	F31.9	<input type="checkbox"/>
E	PANIC DISORDER	Current (Past Month)	<input type="checkbox"/>	300.01/300.21	F40.01-F41.0	<input type="checkbox"/>
		Lifetime	<input type="checkbox"/>			
F	AGORAPHOBIA	Current	<input type="checkbox"/>	300.22	F40.00	<input type="checkbox"/>
G	SEPARATION ANXIETY DISORDER	Current (Past Month)	<input type="checkbox"/>	309.21	F93.0	<input type="checkbox"/>
H	SOCIAL PHOBIA (Social Anxiety Disorder)	Current (Past Month)				
		Generalized	<input type="checkbox"/>	300.23	F40.1	<input type="checkbox"/>
		Non-Generalized	<input type="checkbox"/>	300.23	F40.1	<input type="checkbox"/>
I	SPECIFIC PHOBIA	Current (Past Month)	<input type="checkbox"/>	300.29	N/A	<input type="checkbox"/>
J	OBSESSIVE COMPULSIVE DISORDER	Current (Past Month)	<input type="checkbox"/>	300.3	F42.8	<input type="checkbox"/>
K	POST TRAUMATIC STRESS DISORDER	Current (Past Month)	<input type="checkbox"/>	309.81	F43.1	<input type="checkbox"/>
L	ALCOHOL DEPENDENCE	Past 12 Months	<input type="checkbox"/>	303.9	F10.2x	<input type="checkbox"/>
L	ALCOHOL ABUSE	Past 12 Months	<input type="checkbox"/>	305.00	F10.1	<input type="checkbox"/>
M	SUBSTANCE DEPENDENCE (Non-alcohol)	Past 12 Months	<input type="checkbox"/>	304.00-.90/305.20-.90	F11.1-F19.1	<input type="checkbox"/>
M	SUBSTANCE ABUSE (Non-alcohol)	Past 12 Months	<input type="checkbox"/>	304.00-.90/305.20-.90	F11.1-F19.1	<input type="checkbox"/>
N	TOURETTE'S DISORDER	Current	<input type="checkbox"/>	307.23	F95.2	<input type="checkbox"/>
	MOTOR TIC DISORDER	Current	<input type="checkbox"/>	307.22	F95.1	<input type="checkbox"/>
	VOCAL TIC DISORDER	Current	<input type="checkbox"/>	307.22	F95.1	<input type="checkbox"/>
	TRANSIENT TIC DISORDER	Current	<input type="checkbox"/>	307.21	F95.0	<input type="checkbox"/>

O	ADHD	COMBINED	Past 6 Months	<input type="checkbox"/>	314.01	F90.0	<input type="checkbox"/>
	ADHD	INATTENTIVE	Past 6 Months	<input type="checkbox"/>	314.00	F98.8	<input type="checkbox"/>
	ADHD	HYPERACTIVE/IMPULSIVE	Past 6 Months	<input type="checkbox"/>	314.01	F90.0	<input type="checkbox"/>
P	CONDUCT DISORDER		Past 12 Months	<input type="checkbox"/>	312.8	F91.x	<input type="checkbox"/>
Q	OPPOSITIONAL DEFIANT DISORDER		Past 6 Months	<input type="checkbox"/>	313.81	F91.3	<input type="checkbox"/>
R	PSYCHOTIC DISORDERS		Lifetime	<input type="checkbox"/>	295.10-295.90/297.1/	F20.xx-F29	<input type="checkbox"/>
			Current	<input type="checkbox"/>	297.3/293.81/293.82/ 293.89/298.8/298.9		<input type="checkbox"/>
	MOOD DISORDER WITH PSYCHOTIC FEATURES		Current	<input type="checkbox"/>	296.24	F32.3/F33.3	<input type="checkbox"/>
	SCHIZOPHRENIA		Current	<input type="checkbox"/>	295.10-295.60 F20.xx		<input type="checkbox"/>
			Lifetime	<input type="checkbox"/>	295.10-295.60 F20.xx		<input type="checkbox"/>
	SCHIZOAFFECTIVE DISORDER		Current	<input type="checkbox"/>	295.70	F25.x	<input type="checkbox"/>
			Lifetime	<input type="checkbox"/>	295.70	F25.x	<input type="checkbox"/>
	SCHIZOPHRENIFORM DISORDER		Current	<input type="checkbox"/>	295.40	F20.8	<input type="checkbox"/>
			Lifetime	<input type="checkbox"/>	295.40	F20.8	<input type="checkbox"/>
	BRIEF PSYCHOTIC DISORDER		Current	<input type="checkbox"/>	298.8	F23.80-F23.81	<input type="checkbox"/>
			Lifetime	<input type="checkbox"/>	298.8	F23.80-F23.81	<input type="checkbox"/>
	DELUSIONAL DISORDER		Current	<input type="checkbox"/>	297.1	F22.0	<input type="checkbox"/>
			Lifetime	<input type="checkbox"/>	297.1	F22.0	<input type="checkbox"/>
	PSYCHOTIC DISORDER DUE TO A GENERAL MEDICAL CONDITION		Current	<input type="checkbox"/>	293.xx	F06.0-F06.2	<input type="checkbox"/>
			Lifetime	<input type="checkbox"/>	293.xx	F06.0-F06.2	<input type="checkbox"/>
	SUBSTANCE INDUCED PSYCHOTIC DISORDER		Current	<input type="checkbox"/>	291.5-292.12	none	<input type="checkbox"/>
			Lifetime	<input type="checkbox"/>	291.5-292.12	none	<input type="checkbox"/>
	PSYCHOTIC DISORDER NOS		Current	<input type="checkbox"/>	298.9	F29	<input type="checkbox"/>
			Lifetime	<input type="checkbox"/>	298.9 296.24	F29	<input type="checkbox"/>
	MOOD DISORDER WITH PSYCHOTIC FEATURES		Lifetime	<input type="checkbox"/>		F31.3/F31.2/F31.5	<input type="checkbox"/>
	MOOD DISORDER NOS		Lifetime	<input type="checkbox"/>	296.90	F39	<input type="checkbox"/>
	MAJOR DEPRESSIVE DISORDER WITH PSYCHOTIC FEATURES		Current	<input type="checkbox"/>	296.24	F33.X3	<input type="checkbox"/>
			Past	<input type="checkbox"/>	296.24	F33.X3	<input type="checkbox"/>
	BIPOLAR I DISORDER WITH PSYCHOTIC FEATURES		Current	<input type="checkbox"/>	296.04-296.64 F31.X2/F31.X5		<input type="checkbox"/>
			Past	<input type="checkbox"/>	296.04-296.64 F31.X2/F31.X5		<input type="checkbox"/>
S	ANOREXIA NERVOSA		Current (Past 3 Months)	<input type="checkbox"/>	307.1	F50.0	<input type="checkbox"/>
T	BULIMIA NERVOSA		Current (Past 3 Months)	<input type="checkbox"/>	307.51	F50.2	<input type="checkbox"/>
	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE		Current	<input type="checkbox"/>	307.1	F50.0	<input type="checkbox"/>
U	GENERALIZED ANXIETY DISORDER		Current (Past 6 Months)	<input type="checkbox"/>	300.02	F41.1	<input type="checkbox"/>
V	ADJUSTMENT DISORDERS		Current	<input type="checkbox"/>	309.24/309.28 309.3/309.4	F43.xx	<input type="checkbox"/>
W	MEDICAL, ORGANIC, DRUG CAUSE RULED OUT			<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Uncertain			
X	PERVASIVE DEVELOPMENTAL DISORDER		Current	<input type="checkbox"/>	299.00/299.10/299.80	F84.0/.2/.3/.5/.9	<input type="checkbox"/>

**PRIMARY DISORDER**

IDENTIFY THE PRIMARY DIAGNOSIS BY CHECKING THE APPROPRIATE CHECK BOX.

WHICH PROBLEM TROUBLES HIM/HER THE MOST OR DOMINATES THE OTHERS OR CAME FIRST IN THE NATURAL HISTORY?

# INTERVIEWER INSTRUCTIONS

---

## INTRODUCING THE INTERVIEW

The nature and purpose of the interview should be explained to the child or adolescent prior to the interview. A sample introduction is provided below:

"I'm going to ask you a lot of questions about yourself. This is so that I can get to know more about you and figure out how to help you. Most of the questions can be answered either 'yes' or 'no'. If you don't understand a word or a question, ask me, and I'll explain it. If you are not sure how to answer a question, don't guess - just tell me you are not sure. Some of the questions may seem weird to you, but try to answer them anyway. It is important that you answer the questions as honestly as you can so that I can help you. Do you have any questions before we start?"

For children under 13, we recommend interviewing the parent and the child together. Questions should be directed to the child, but the parent should be encouraged to interject if s/he feels that the child's answers are unclear or inaccurate. The interviewer makes the final decision based on his/her best clinical judgement, whether the child's answers meet the diagnostic criterion in question. With children you will need to use more examples than with adolescents and adults.

## GENERAL FORMAT:

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

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

## CONVENTIONS:

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

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

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

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

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

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

## FORMAT OF THE INTERVIEW

The interview questions are designed to elicit specific diagnostic criteria. The questions should be read verbatim. If the child or adolescent does not understand a particular word or concept, you may explain what it means or give examples that capture its essence. If a child or adolescent is unsure if s/he has a particular symptom, you may ask him/her provide an explanation or example to determine if it matches the criterion being investigated. If an interview item has more than 1 question, the interviewer should pause between questions to allow the child or adolescent time to respond.

Questions about the duration of symptoms are included for diagnoses when the time frame of symptoms is a critical element. Because children may have difficulty estimating time, you may assist them by helping them connect times to significant events in their lives. For example, the starting point for "past year" might relate to a birthday, the end or beginning of a school year, a particular holiday or another annual event.

## RATING INSTRUCTIONS:

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

The clinician should take each dimension of the question into account (for example, time frame, frequency, severity, and/or alternatives).

Symptoms better accounted for by an organic cause or by the use of alcohol or drugs should not be coded positive in the MINI KID.

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For any questions, suggestions, training, or information about updates of the M.I.N.I. KID, please contact:

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## A. MAJOR DEPRESSIVE EPISODE

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

### At any time in your life:

- A1 a Did you feel sad or depressed? Felt down or empty? Felt grouchy or annoyed?  
Did you feel this way most of the time, for at least 2 weeks?
- IF **YES** TO ANY, CONTINUE. IF **NO** TO ALL, CODE **NO TO A1a AND A1b.**
- NO YES
- b For the past 2 weeks, did you feel this way, most of the day, nearly every day?
- NO YES

### At any time in your life:

- A2 a Were you bored a lot or much less interested in things (Like playing your favorite games)?  
Have you felt that you couldn't enjoy things?  
Did you feel this way most of the time, for at least 2 weeks?
- IF **YES** TO ANY, CONTINUE. IF **NO** TO ALL, CODE **NO TO A2a AND A2b.**
- NO YES
- b For the past 2 weeks, did you feel this way, most of the day, nearly every day?
- NO YES
- ➡
- IS **A1** OR **A2** CODED **YES**?
- NO YES

- A3 IF **A1b** OR **A2b** = **YES**: EXPLORE THE **CURRENT** AND THE MOST SYMPTOMATIC **PAST** EPISODE, OTHERWISE  
IF **A1b** AND **A2b** = **NO**: EXPLORE ONLY THE MOST SYMPTOMATIC **PAST** EPISODE

### In the past two weeks, when you felt depressed / grouchy / uninterested:

#### Past 2 Weeks

#### Past Episode

- |   | Past 2 Weeks |     | Past Episode |     |
|---|--------------|-----|--------------|-----|
| a Were you less hungry or more hungry most days? Did you lose or gain weight without trying? [i.e., by $\pm$ 5% of body weight in the past month]?  | NO           | YES | NO           | YES |
| IF <b>YES</b> TO EITHER, CODE <b>YES</b>  |              |     |              |     |
| b Did you have trouble sleeping almost every night ("trouble sleeping" means trouble falling asleep, waking up in the middle of the night, waking up too early or sleeping too much)?                 | NO           | YES | NO           | YES |
| c Did you talk or move slower than usual? Were you fidgety, restless or couldn't sit still almost every day?  | NO           | YES | NO           | YES |
| IF <b>YES</b> TO EITHER, CODE <b>YES</b>  |              |     |              |     |
| d Did you feel tired most of the time?  | NO           | YES | NO           | YES |
| e Did you feel bad about yourself most of the time? Did you feel guilty most of the time?   | NO           | YES | NO           | YES |
| IF <b>YES</b> TO EITHER, CODE <b>YES</b>  |              |     |              |     |
| IF <b>YES</b> , ASK FOR EXAMPLES.   |              |     |              |     |
| THE EXAMPLES ARE CONSISTENT WITH A DELUSIONAL IDEA. Current Episode <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Past Episode <input type="checkbox"/> No <input type="checkbox"/> Yes |              |     |              |     |
| f Did you have trouble concentrating or did you have trouble making up your mind?   | NO           | YES | NO           | YES |
| IF <b>YES</b> TO EITHER, CODE <b>YES</b>  |              |     |              |     |

g	Did you feel so bad that you wished that you were dead? Did you think about hurting yourself? Did you have thoughts of death? Did you think about killing yourself? IF <b>YES</b> TO ANY, CODE <b>YES</b>	NO	YES		NO	YES
A4	Did these sad, depressed feelings cause a lot of problems at home? At school? With friends? With other people? Or in some other important way?	NO	YES		NO	YES
A5	In between your times of depression, were you free of depression for of at least 2 months?				NO	YES

ARE **5** OR MORE ANSWERS (**A1-A3**) CODED **YES** AND IS **A4** CODED YES  
FOR THAT TIME FRAME?

SPECIFY IF THE EPISODE IS CURRENT AND / OR PAST.

IF **A5** IS CODED **YES**, CODE **YES** FOR RECURRENT.

<b>NO</b>	<b>YES</b>
<b>MAJOR DEPRESSIVE EPISODE</b>	
CURRENT	<input type="checkbox"/>
PAST	<input type="checkbox"/>
RECURRENT	<input type="checkbox"/>

A6 a How many episodes of depression did you have in your lifetime? \_\_\_\_\_

Between each episode there must be at least 2 months without any significant depression.

## B. SUICIDALITY

Points

**In the past month did you:**

B1	Suffer any accident? This includes taking too much of your medication accidentally. IF NO TO B1, SKIP TO B2; IF YES, ASK B1a:	NO	YES	0												
B1a	Plan or intend to hurt yourself in any accident either actively or passively (e.g. by not avoiding a risk)? IF NO TO B1a, SKIP TO B2: IF YES, ASK B1b:	NO	YES	0												
B1b	Intend to die as a result of any accident?	NO	YES	0												
B2	Feel hopeless?	NO	YES	1												
B3	Think that you would be better off dead or wish you were dead?	NO	YES	1												
B4	Think about hurting or injuring yourself or have mental images of harming yourself, with at least a slight intent to die?  How many times? _____	NO	YES	4												
B5	Think about killing yourself? How many times? _____ IF NO TO B5, SKIP TO B7. OTHERWISE ASK:  Frequency                      Intensity <table border="1"><tr><td>Occasionally</td><td><input type="checkbox"/></td><td>Mild</td><td><input type="checkbox"/></td></tr><tr><td>Often</td><td><input type="checkbox"/></td><td>Moderate</td><td><input type="checkbox"/></td></tr><tr><td>Very often</td><td><input type="checkbox"/></td><td>Severe</td><td><input type="checkbox"/></td></tr></table>	Occasionally	<input type="checkbox"/>	Mild	<input type="checkbox"/>	Often	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Very often	<input type="checkbox"/>	Severe	<input type="checkbox"/>	NO	YES	6
Occasionally	<input type="checkbox"/>	Mild	<input type="checkbox"/>													
Often	<input type="checkbox"/>	Moderate	<input type="checkbox"/>													
Very often	<input type="checkbox"/>	Severe	<input type="checkbox"/>													
B6	Feel unable to control these impulses?	NO	YES	8												
B7	Have a method or plan to kill yourself in your mind (e.g. how, when or where)? IF NO TO B7, SKIP TO B9.	NO	YES	8												
B8	Intend to follow through on a plan to kill yourself?	NO	YES	8												
B9	Intend to die as a result of trying to kill yourself?	NO	YES	8												
B10	Take any active steps to prepare to injure yourself or to prepare for a suicide attempt in which you expected or intended to die?  How many times? _____	NO	YES	9												
B11	Injure yourself on purpose without intending to kill yourself?	NO	YES	4												
B12	Attempt suicide (to kill yourself)? A suicide attempt means you did something where you could possibly be injured, with at least a slight intent to die.  IF NO, SKIP TO B13: How many times? _____ Hope to be rescued / survive <input type="checkbox"/> Expected / intended to die <input type="checkbox"/>	NO	YES	9												

**In your lifetime:**

B13	a) Did you ever feel so bad that you wished you were dead or felt like killing yourself?	NO	YES	4
	b) Did you ever take any active steps to prepare to kill yourself? How many times? _____	NO	YES	4
	c) Did you ever try to kill yourself? How many times? _____	NO	YES	4

"A suicide attempt is any self injurious behavior, with at least some intent (> 0) to die as a result or if intent can be inferred, e.g. if it is clearly not an accident or the individual thinks the act could be lethal, even though denying intent."  
(C-CASA definition). Posner K et al. Am J Psychiatry 164:7, July 2007.

IS AT LEAST **1** OF THE ABOVE (EXCEPT B1) CODED **YES**?

IF YES, ADD THE TOTAL POINTS FOR THE ANSWERS (B1-B13)

CHECKED 'YES' AND SPECIFY THE SUICIDALITY SCORE AS INDICATED IN THE BOX:

MAKE ADDITIONAL COMMENTS ABOUT YOUR ASSESSMENT OF THIS PATIENT'S  
FUTURE SUICIDALITY IN THE SPACE BELOW:

CURRENT AND NEAR

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

## C. DYSTHYMIA

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

IF PATIENT'S SYMPTOMS MEET CRITERIA FOR MAJOR DEPRESSIVE EPISODE IN THE PAST YEAR, DO NOT EXPLORE THIS MODULE.

C1	Have you felt sad or depressed, or felt down or empty, or felt grouchy or annoyed, most of the time, for the past year?	➡ NO	YES
----	---	---------	-----

C2	In the past year, have you felt OK for two months or more in a row?	NO	➡ YES
----	---	----	----------

OK MEANS NOT ALWAYS BEING GROUCHY OR FREE OF DEPRESSION.

C3	During the past year, most of the time:	
----	---	--

a	Were you less hungry than you used to be? Were you more hungry than you used to be?	NO	YES
---	---	----	-----

IF YES TO EITHER, CODE YES

b	Did you have trouble sleeping ("trouble sleeping" means trouble falling asleep, waking up in the middle of the night, waking up too early or sleeping too much)?	NO	YES
---	--	----	-----

c	Did you feel more tired than you used to?	NO	YES
---	---	----	-----

d	Did you feel less confident of yourself? Did you feel bad about yourself?	NO	YES
---	---	----	-----

IF YES TO EITHER, CODE YES

e	Did you have trouble paying attention? Did you have trouble making up your mind?	NO	YES
---	--	----	-----

IF YES TO EITHER, CODE YES

f	Did you feel that things would never get better?	NO	YES
---	--	----	-----

ARE 2 OR MORE C3 ITEMS CODED YES?

➡	NO	YES
---	----	-----

C4	Did these feelings of being depressed / grouchy / uninterested upset you a lot? Did they cause you problems at home? At school? With friends?
----	---

IF YES TO ANY, CODE YES

NO	YES
----	-----

**DYSTHYMIA  
CURRENT**

## D. (HYPO) MANIC EPISODE

(➡ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE **NO** TO THE RELEVANT TIME FRAME IN THE DIAGNOSTIC BOXES AND THEN MOVE TO THE NEXT MODULE)

Do you have anyone in your family who had manic depressive illness or bipolar disorder or a family member who had mood swings treated with a medication like lithium, sodium valproate (Depakote or Valproate), lamotrigine (Lamictal)?  
THIS QUESTION IS NOT A CRITERION FOR BIPOLAR DISORDER BUT IS ASKED TO INCREASE THE CLINICIAN'S VIGILANCE ABOUT RISK FOR BIPOLAR DISORDER.

NO YES

IF YES, PLEASE SPECIFY WHO: \_\_\_\_\_

D1	a	<p>Has there <b>ever</b> been a time when you were so happy that you felt 'up' or 'high' or 'hyper'? By 'up' or 'high' or 'hyper' I mean feeling really good; full of energy; needing less sleep; having racing thoughts or being full of ideas.</p> <p>DO NOT CONSIDER TIMES WHEN THE PATIENT WAS INTOXICATED ON DRUGS OR ALCOHOL OR DURING SITUATIONS THAT NORMALLY OVER STIMULATE AND MAKE CHILDREN VERY EXCITED LIKE CHRISTMAS, BIRTHDAYS, ETC.</p> <p>IF PATIENT IS PUZZLED OR UNCLEAR ABOUT WHAT YOU MEAN BY 'UP' OR 'HIGH' OR 'HYPER' CLARIFY AS FOLLOWS: By 'up' or 'high' or 'hyper' I mean: having elated mood; increased energy; needing less sleep; having rapid thoughts; being full of ideas; having an increase in productivity, motivation, creativity or impulsive behavior; phoning or working excessively or spending more money.</p> <p>IF NO TO ALL, CODE NO TO <b>D1b</b>: IF YES <b>TO ANY</b>, ASK:</p>	NO	YES
	b	Are you currently feeling 'up' or 'high' or 'hyper' or full of energy?	NO	YES
D2	a	<p>Has there <b>ever</b> been a time when you were so grouchy or annoyed for several days, that you yelled or started fights with people outside your family? Have you or others noticed that you have been more grouchy than other kids, even when you thought you were right to act this way?</p> <p>DO NOT CONSIDER TIMES WHEN THE PATIENT WAS INTOXICATED ON DRUGS OR ALCOHOL.</p> <p>IF NO TO ALL, CODE NO TO <b>D2b</b>: IF <b>YES</b> TO ANY, ASK:</p>	NO	YES
	b	Are you currently feeling grouchy or annoyed most of the time?	NO	YES
		IS <b>D1a</b> or <b>D2a</b> CODED <b>YES</b> ?	➡ NO	YES

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

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

	Current Episode		Past Episode	
a Feel that you could do things others couldn't do? Feel that you are a very important person?	NO	YES	NO	YES
<p>IF <b>YES</b> TO EITHER, CODE <b>YES</b>. IF <b>YES</b>, ASK FOR EXAMPLES. THE EXAMPLES ARE CONSISTENT WITH A DELUSIONAL IDEA</p>				
	Current Episode	□ No    □ Yes		
	Past Episode	□ No    □ Yes		

		<u>Current Episode</u>		<u>Past Episode</u>	
b	Need less sleep (Did you feel rested after only a few hours of sleep)?	NO	YES	NO	YES
c	Talk too much without stopping? Talk so fast that people couldn't understand or follow what you were saying?	NO	YES	NO	YES
d	Have racing thoughts or too many thoughts switching quickly?	NO	YES	NO	YES
e	Get distracted very easily by little things?	NO	YES	NO	YES
f	Get much more involved in things than others or much more fidgety or restless?	NO	YES	NO	YES
g	Want to do fun things even if you could get hurt doing them? Want to do things even though it could get you into trouble? (Like staying out late, skipping school, driving dangerously or spending too much money)?	NO	YES	NO	YES
IF YES TO ANY, CODE YES					
D3 SUMMARY:	WHEN RATING CURRENT EPISODE: IF D1b IS NO, ARE 4 OR MORE D3 ANSWERS CODED YES? IF D1b IS YES, ARE 3 OR MORE D3 ANSWERS CODED YES?  WHEN RATING PAST EPISODE: IF D1a IS NO, ARE 4 OR MORE D3 ANSWERS CODED YES? IF D1a IS YES, ARE 3 OR MORE D3 ANSWERS CODED YES?  CODE YES ONLY IF THE ABOVE 3 OR 4 SYMPTOMS OCCURRED DURING THE SAME TIME PERIOD.  RULE: ELATION/EXPANSIVENESS REQUIRES ONLY THREE D3 SYMPTOMS, WHILE IRRITABLE MOOD ALONE REQUIRES 4 OF THE D3 SYMPTOMS.	NO	YES	NO	YES
D4	What is the longest time these symptoms lasted? a) 3 days or less b) 4 to 6 days c) 7 days or more		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D5	Were you put in the hospital for these problems?  IF YES, STOP HERE AND CIRCLE YES IN MANIC EPISODE FOR THAT TIME FRAME.	NO	YES	NO	YES
D6	Did these symptoms cause a lot of problems at home? At school? With friends? With other people? Or in some other important way? IF YES TO ANY, CODE YES	NO	YES	NO	YES

ARE D3 SUMMARY AND D5 AND D6 CODED YES?

OR

ARE D3 SUMMARY AND D4c AND D6 CODED YES AND IS D5 CODED NO?

SPECIFY IF THE EPISODE IS CURRENT AND / OR PAST.

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

Is **D3** SUMMARY CODED **YES** AND ARE **D5** AND **D6** CODED **NO** AND IS EITHER **D4b** OR **D4c** CODED **YES**?

OR

ARE **D3** SUMMARY AND **D4b** AND **D6** CODED **YES** AND IS **D5** CODED **NO**?

SPECIFY IF THE EPISODE IS CURRENT AND / OR PAST.

IF **YES** TO CURRENT MANIC EPISODE, THEN CODE CURRENT HYPOMANIC EPISODE AS **NO**.

IF **YES** TO PAST MANIC EPISODE, THEN CODE PAST HYPOMANIC EPISODE AS **NOT EXPLORED**.

### ***HYPOMANIC EPISODE***

CURRENT	<input type="checkbox"/> <b>NO</b>
	<input type="checkbox"/> <b>YES</b>
PAST	<input type="checkbox"/> <b>NO</b>
	<input type="checkbox"/> <b>YES</b>
	<input type="checkbox"/> <b>NOT EXPLORED</b>

ARE **D3** SUMMARY AND **D4a** CODED **YES** AND IS **D5** CODED **NO**?

SPECIFY IF THE EPISODE IS CURRENT AND / OR PAST.

IF **YES** TO CURRENT MANIC EPISODE OR HYPOMANIC EPISODE,  
THEN CODE CURRENT HYPOMANIC SYMPTOMS AS **NO**.

IF **YES** TO PAST MANIC EPISODE OR YES TO PAST HYPOMANIC EPISODE,  
THEN CODE PAST HYPOMANIC SYMPTOMS AS **NOT EXPLORED**.

### ***HYPOMANIC SYMPTOMS***

CURRENT	<input type="checkbox"/> <b>NO</b>
	<input type="checkbox"/> <b>YES</b>
PAST	<input type="checkbox"/> <b>NO</b>
	<input type="checkbox"/> <b>YES</b>
	<input type="checkbox"/> <b>NOT EXPLORED</b>

D7 a) IF MANIC EPISODE IS POSITIVE FOR EITHER CURRENT OR PAST ASK:  
Did you have 2 or more of these (manic) episodes lasting 7 days or more (**D4c**) in your  
lifetime (including the current episode if present)?

NO YES

b) IF HYPOMANIC EPISODE IS POSITIVE FOR EITHER CURRENT OR PAST ASK:  
Did you have 2 or more of these (hypomanic) episodes lasting just 4 to 6 days (**D4b**)  
in your lifetime (including the current episode)?

NO YES

c) IF THE PAST "HYPOMANIC SYMPTOMS" CATEGORY IS CODED POSITIVE ASK:  
Did you have (hypomanic) symptoms like these lasting only 1 to 3 days (**D4a**),  
2 or more times in your lifetime, (including the current episode if present)?

NO YES



## E. PANIC DISORDER

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

E1	a	Have you ever been really frightened or nervous for no reason; or have you ever been really frightened or nervous in a situation where most kids would not feel that way?	➡ NO	YES
		IF YES TO EITHER, CODE YES. IF NO TO ALL CODE NO.		
	b	Did this happen more than one time?	➡ NO	YES
	c	Did this nervous feeling increase quickly over the first few minutes?	➡ NO	YES
E2		Has this ever happened when you didn't expect it?	➡ NO	YES
E3	a	After this happened, were you afraid it would happen again or that something bad would happen as a result of these attacks? Did you change what you did because of these attacks? (e.g., going out only with someone, not wanting to leave your house, going to the doctor more frequently)?	NO	YES
	b	Did you have these worries for a month or more?	NO	YES
		E3 SUMMARY: IF YES TO BOTH E3a AND E3b QUESTIONS, CODE YES	NO	YES
E4		<b>Think about the time you were the most frightened or nervous for no good reason:</b>		
	a	Did your heart beat fast or loud?	NO	YES
	b	Did you sweat? Did your hands sweat a lot? IF YES TO EITHER, CODE YES	NO	YES
	c	Did your hands or body shake?	NO	YES
	d	Did you have trouble breathing?	NO	YES
	e	Did you feel like you were choking? Did you feel you couldn't swallow? IF YES TO EITHER, CODE YES	NO	YES
	f	Did you have pain or pressure in your chest?	NO	YES
	g	Did you feel like throwing up? Did you have an upset stomach? Did you have diarrhea? IF YES TO ANY, CODE YES	NO	YES
	h	Did you feel dizzy or faint?	NO	YES
	i	Did things around you feel strange or like they weren't real? Did you feel or see things as if they were far away? Did you feel outside of or cut off from your body? IF YES TO ANY, CODE YES	NO	YES

IF YES TO EITHER, CODE YES

m		Did you feel hot or cold?		NO	YES

IF YES TO E5, SKIP TO E7

THEN SKIP TO **F1**.

IF NO, CIRCLE NO TO E7 SUMMARY AND MOVE TO F1.

d. Did anything change for you because of the attack? NO YES  
(e.g., going out only with someone, not wanting to leave your house,  
going to the doctor more frequently)?

E7 SUMMARY: IF **YES** TO E7b.or E7c.or E7d., CODE **YES**

## F. AGORAPHOBIA

F1 Do you feel anxious, scared, or uneasy in places or situations where you might become really frightened; like being in a crowd, standing in a line (queue), when you are all alone, or when crossing a bridge, or traveling in a bus, train or car? NO YES

IF YES TO ANY, CODE YES

IF F1 = NO, CIRCLE NO IN F2.

F2 Are you so afraid of these things that you try to stay away from them? Or you can only do them if someone is with you? Or you do them, but it's really hard for you? NO YES

IF YES TO ANY, CODE YES

**AGORAPHOBIA  
CURRENT**

IS F2 (CURRENT AGORAPHOBIA) CODED NO

AND

IS E7 (CURRENT PANIC DISORDER) CODED YES?

NO YES

**PANIC DISORDER  
without Agoraphobia  
CURRENT**

IS F2 (CURRENT AGORAPHOBIA) CODED YES

AND

IS E7 (CURRENT PANIC DISORDER) CODED YES?

NO YES

**PANIC DISORDER  
with Agoraphobia  
CURRENT**

IS F2 (CURRENT AGORAPHOBIA) CODED YES

AND

IS E5 (PANIC DISORDER LIFETIME) CODED NO?

NO YES

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

## G. SEPARATION ANXIETY DISORDER

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

- |    |   |   |         |     |
|----|---|---|---------|-----|
| G1 | a | <b>In the past month</b> , have you been really afraid about being away from someone close to you; or have you been really afraid that you would lose somebody you are close to ?<br>(Like getting lost from your parents or having something bad happen to them)<br>IF <b>YES</b> TO EITHER, CODE <b>YES</b> | ➡<br>NO | YES |
|    | b | Who are you afraid of losing or being away from _____ ?   |         |     |

- |    |   |  |    |     |
|----|---|--|----|-----|
| G2 | a | Did you get upset a lot when you were away from _____ ?<br>Did you get upset a lot when you <u>thought</u> you would be away from _____ ?<br>IF <b>YES</b> TO EITHER, CODE <b>YES</b>  | NO | YES |
|    | b | Did you get really worried that you would lose _____ ?<br>Did you get really worried that something bad would happen to _____ ?<br>(like having a car accident or dying).<br>IF <b>YES</b> TO EITHER, CODE <b>YES</b>  | NO | YES |
|    | c | Did you get really worried that you would be separated from _____ ?<br>(Like getting lost or being kidnapped?)   | NO | YES |
|    | d | Did you refuse to go to school or other places because you were afraid to be away from _____ ?   | NO | YES |
|    | e | Did you get really afraid being at home if _____ wasn't there?   | NO | YES |
|    | f | Did you not want to go to sleep unless _____ was there?  | NO | YES |
|    | g | Did you have nightmares about being away from _____ ?<br>Did this happen more than once?<br>IF <b>NO</b> TO EITHER, CODE <b>NO</b>   | NO | YES |
|    | h | Did you feel sick a lot (like headaches, stomach aches, nausea or vomiting, heart beating fast or feeling dizzy) when you were away from _____ ?<br>Did you feel sick a lot when you <u>thought</u> you were going to be away from _____ ?<br>IF <b>YES</b> TO EITHER, CODE <b>YES</b> | NO | YES |

**G2 SUMMARY: ARE AT LEAST 3 OF G2a-h CODED YES?**

- |    |  |  |         |     |
|----|--|--|---------|-----|
| G3 |  | Did this last for at least 4 weeks?  | ➡<br>NO | YES |
|    |  |  | ➡<br>NO | YES |
| G4 |  | Did your fears of being away from _____ really bother you a lot?<br>Cause you a lot of problems at home? At school? With friends?<br>In any other way?<br>IF <b>YES</b> TO EITHER, CODE <b>YES</b> | ➡<br>NO | YES |

ARE **G1, G2 SUMMARY, G3 AND G4** CODED **YES**?

<b>NO</b>	<b>YES</b>
<b>SEPARATION ANXIETY DISORDER</b>	

## H. SOCIAL PHOBIA (Social Anxiety Disorder)

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

H1    **In the past month**, were you afraid or embarrassed when others your age were watching you?    ➡    NO    YES  
 Were you afraid of being teased? Like talking in front of the class?  
 Or eating or writing in front of others?  
 IF YES TO ANY, CODE YES

H2    Are you more afraid of these things than other kids your age?    ➡    NO    YES

H3    Are you so afraid of these things that you try to stay away from them?  
 Or you can only do them if someone is with you? Or you do them but it's  
 really hard for you?    ➡    NO    YES

H4    Do these social fears have a big effect on your life? Do they cause problems when  
 you interact with others or in your relationships? Do they cause a lot of problems  
 at school or at work? Do they cause you to feel upset and want to be alone?    ➡    NO    YES  
 IF YES TO ANY, CODE YES

H5    Did this social fear / social anxiety last at least 6 months?

### SUBTYPES

Do you fear and avoid 4 or more social situations?

If YES            Generalized social phobia (social anxiety disorder)

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

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

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

**NO                      YES**

***SOCIAL PHOBIA***  
*(Social Anxiety Disorder)*  
***CURRENT***

GENERALIZED    ☐  
 NON-GENERALIZED    ☐

## I. SPECIFIC PHOBIA

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

I1	<b>In the past month</b> , have you been really afraid of something like: snakes or bugs? Dogs or other animals? High places? Storms? The dark? Or seeing blood or needles?	➡ NO YES
I2	List any specific phobia(s): _____	

I3 Are you more afraid of \_\_\_\_\_ than other kids your age are? ➡  
NO YES

I4 Are you so afraid of \_\_\_\_\_ that you try to stay away from  
it / them? Or you can only be around it / them if someone is with you?  
Or can you be around it / them but it's really hard for you?  
IF **YES** TO ANY, CODE **YES** ➡  
NO YES

I5 Does this fear really bother you a lot? Does it cause you problems at home  
or at school? Does it keep you from doing things you want to do?  
IF **YES** TO ANY, CODE **YES** NO YES

IS I5 CODED **YES**?

**NO YES**

**SPECIFIC PHOBIA  
CURRENT**

## J. OBSESSIVE COMPULSIVE DISORDER

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

J1 **In the past month**, have you been bothered by bad things that come into your mind that you couldn't get rid of? Like bad thoughts or urges? Or nasty pictures? For example, did you think about hurting somebody even though it disturbs or distresses you? Were you afraid you or someone would get hurt because of some little thing you did or didn't do? Did you worry a lot about having dirt or germs on you? Did you worry a lot that you would give someone else germs or make them sick somehow? Or were you afraid that you would do something really shocking?

NO YES



SKIP TO J4

IF **YES** TO ANY, CODE **YES**

DO NOT INCLUDE SIMPLY EXCESSIVE WORRIES ABOUT REAL LIFE PROBLEMS.  
DO NOT INCLUDE OBSESSIONS DIRECTLY RELATED TO EATING DISORDERS,  
SEXUAL BEHAVIOR, OR ALCOHOL OR DRUG ABUSE BECAUSE THE PATIENT MAY  
DERIVE PLEASURE FROM THE ACTIVITY AND MAY WANT TO RESIST IT ONLY  
BECAUSE OF ITS NEGATIVE CONSEQUENCES

J2 Did they keep coming back into your mind even when you tried to ignore or get rid of them?

NO YES



SKIP TO J4

J3 Do you think that these things come from your own mind and that they are not from outside of your head?

NO YES

obsessions

J4 **In the past month**, did you do something over and over without being able to stop doing it, like washing over and over? Straightening things up over and over? Counting something or checking on something over and over? Saying or doing something over and over?

NO YES

compulsions

IF **YES** TO ANY, CODE **YES**

IS J3 OR J4 CODED **YES**?



NO YES

J5 Did you have these thoughts or rituals we just spoke about, more than other kids your age?



NO YES

J6 Did these thoughts or actions cause you to miss out on things at home? At school? With friends? Did they cause a lot of problems with other people? Did these things take more than one hour a day?

IF **YES** TO ANY, CODE **YES**

NO YES

**O.C.D.  
CURRENT**

## K. POSTTRAUMATIC STRESS DISORDER

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

K1	Has anything really awful ever happened to you? Like being in a flood, tornado or earthquake? Like being in a fire or a really bad accident? Like seeing someone being killed or badly hurt. Have you ever been attacked by someone?	➡ NO	YES
K2	Did you respond with intense fear, or feel helpless or upset?	➡ NO	YES
K3	<b>In the past month</b> , has this awful thing come back to you in some way? Like dreaming about it or having a strong memory of it or feeling it in your body?	➡ NO	YES
K4	<b>In the past month:</b>		
a	Have you tried not to think about or talk about this awful thing?	NO	YES
b	Have you tried to stay away from things that might remind you of it?	NO	YES
c	Have you had trouble remembering some important part of what happened?	NO	YES
d	Have you been much less interested in your hobbies or your friends?	NO	YES
e	Have you felt cut off from other people?	NO	YES
f	Have you noticed that your feelings are less than before?	NO	YES
g	Have you felt that your life will be shortened or that you will die sooner than other people?	NO	YES
	<b>SUMMARY OF K4: ARE 3 OR MORE K4 ANSWERS CODED YES?</b>	➡ NO	YES
K5	<b>In the past month:</b>		
a	Have you had trouble sleeping?	NO	YES
b	Have you been moody or angry for no reason?	NO	YES
c	Have you had trouble paying attention?	NO	YES
d	Were you nervous or watching out in case something bad might happen?	NO	YES
e	Would you jump when you heard noises? Or when you saw something out of the corner of your eye?	NO	YES
	IF YES TO EITHER, CODE <b>YES</b>		
	<b>SUMMARY OF K5: ARE 2 OR MORE K5 ANSWERS CODED YES?</b>	➡ NO	YES



K6      **In the past month,** have these problems upset you a lot? Have they caused you to have problems at school? At home? With your friends?

IF YES TO ANY, CODE YES

NO	YES
<i>PTSD</i>	
CURRENT	

## L. ALCOHOL DEPENDENCE / ABUSE

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

L1	<p><b>In the past year</b>, have you had 3 or more drinks of alcohol in a day?          At those times, did you have 3 or more drinks in 3 hours? Did you do this          3 or more times in the past year?</p> <p>IF <b>NO</b> TO ANY, CODE <b>NO</b></p>	➡ NO	YES
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L2	<p><b>In the past year:</b></p> <p>a Did you need to drink a lot more alcohol to get the same feeling you got when          you first started drinking?</p> <p>b Whenever you cut down on drinking or stopped drinking, did your hands          shake? Did you sweat? Did you feel nervous or like you couldn't sit still?          Did you ever drink to keep from getting those problems?          Did you drink again to keep from getting a hangover?</p> <p>IF <b>YES</b> TO ANY, CODE <b>YES</b></p> <p>c When you drank alcohol, did you end up drinking more than you had planned to?</p> <p>d Have you tried to cut down or stop drinking alcohol but were not able to?</p> <p>e On days when you drank, did you spend more than three hours doing it?          Count the time it took you to get the alcohol, drink it, and get over it.</p> <p>f Did you spend less time on other things because of your drinking          (Like school, hobbies, or being with friends)?</p> <p>g Did your drinking cause problems with your health or your mind?          Did you keep on drinking even though you knew that it caused these problems?</p>	NO	YES
----	---	----	-----

ARE 3 OR MORE L2 ANSWERS CODED **YES**?

**\*** IF YES, SKIP L3 QUESTIONS, CIRCLE N/A IN THE ABUSE BOX AND  
 MOVE TO THE NEXT DISORDER. DEPENDENCE PREEMPTS ABUSE.

**In the past year:**

L3	<p>a Were you drunk or hung-over more than once when you had something important          to do, like schoolwork or responsibilities at home? Did this cause any problems?          CODE <b>YES</b> ONLY IF THIS CAUSED PROBLEMS</p> <p>b Were you drunk more than once while doing something risky (Like riding a bike,          driving a car or boat, or using machines)?</p> <p>c Did you have legal problems more than once because of your drinking          (Like getting arrested or stopped by the police)?</p>	NO	YES
----	--	----	-----

<b>NO</b>	<b>YES*</b>
<b>ALCOHOL DEPENDENCE CURRENT</b>	

d Did you kept drinking even if your drinking caused problems with your family or with other people?

NO YES

IF **YES** TO EITHER, CODE **YES**

ARE **1** OR MORE OF **L3** ANSWERS CODED **YES**?

**NO** **N/A** **YES**

***ALCOHOL ABUSE  
CURRENT***

## M. SUBSTANCE DEPENDENCE / ABUSE (NON-ALCOHOL)

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

M1 a Now I am going to read you a list of street drugs or medicines.  
Stop me if, **in the past year**, you have taken any of them more  
than one time to get high? To feel better or to change your mood?

➡  
**NO YES**

CIRCLE EACH DRUG TAKEN:

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

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

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

**Hallucinogens:** LSD ("acid"), mescaline, peyote, PCP ("angel dust", "Peace Pill"), psilocybin, STP, "mushrooms",  
"ecstasy", MDA, MDMA or ketamine, ("Special K").

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

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

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

**Miscellaneous:** Steroids, non prescription sleep or diet pills. Cough medicine? Any others?

**Specify MOST USED Drug(s):** \_\_\_\_\_

WHICH DRUG(S) CAUSE THE BIGGEST PROBLEMS?: \_\_\_\_\_

FIRST EXPLORE THE DRUG CAUSING THE BIGGEST PROBLEMS AND THE ONE MOST LIKELY TO MEET DEPENDENCE / ABUSE CRITERIA.

IF PATIENT'S SYMPTOMS MEET CRITERIA FOR ABUSE /DEPENDENCE, SKIP TO NEXT MODULE. IF NOT, EXPLORE THE NEXT MOST PROBLEMATIC DRUG.

M2 Think about your use of (NAME THE DRUG/DRUG CLASS SELECTED) **over the past year:**

a Did you need to take a lot more of the drug to get the same feeling you  
got when you first started taking it? **NO YES**

b Whenever you cut down or stopped using the drug(s), did your body feel bad  
or did you go into withdrawal? ("Withdrawal" might mean feeling sick, achy,  
shaking, running a temperature, feeling weak, having an upset stomach or diarrhea,  
sweating, feeling your heart pounding, trouble sleeping, feeling nervous, moody  
or like you can't sit still.) Did you use the drug(s) again to keep from getting sick  
or to feel better? **NO YES**

IF **YES** TO EITHER, CODE **YES**

c When you used (NAME THE DRUG/DRUG CLASS SELECTED), did you end  
up taking more than you had planned to? **NO YES**

d Have you tried to cut down or stop taking (NAME THE DRUG/DRUG CLASS  
SELECTED)? Did you find out that you couldn't do it? **NO YES**

IF **NO** TO EITHER, CODE **NO**

e On days when you took (NAME THE DRUG/DRUG CLASS SELECTED), did you spend more than three hours doing it? Count the time it took you to get (NAME THE DRUG/DRUG CLASS SELECTED), use it and get over it.

NO YES

f Did you spend less time on other things because of your use of (NAME THE DRUG/DRUG CLASS SELECTED)? Like school, hobbies or being with friends?

NO YES

g Did you use of (NAME THE DRUG/DRUG CLASS SELECTED) cause problems with your health or your mind? Did you keep on using (NAME THE DRUG) even though you knew it caused problems?

NO YES

ARE 3 OR MORE M2 ANSWERS CODED YES?

SPECIFY DRUG(S): \_\_\_\_\_

\* IF YES, SKIP M3 QUESTIONS, CIRCLE N/A IN ABUSE BOX  
MOVE TO THE NEXT DISORDER. DEPENDENCE PREEMPTS ABUSE.

AND

NO YES\*

**SUBSTANCE DEPENDENCE  
CURRENT**

Think about your use of (NAME THE DRUG/DRUG CLASS SELECTED) over the past year:

**In the past year:**

M3 a Were you high or hung-over from the drug(s) more than once, when you had something important to do? Like schoolwork or responsibilities at home? Did this happen more than one time? Did this cause any problems?

NO YES

CODE YES ONLY IF THIS CAUSED PROBLEMS

b Have you been high from the drug(s) more than once while doing something risky (Like riding a bike, driving a car or boat, or using machines)?

NO YES

c Did you have legal problems because of your use of the (NAME THE DRUG/DRUG CLASS SELECTED) more than once? (Like getting arrested or stopped by the police)?

NO YES

d Did you kept using the (NAME THE DRUG/DRUG CLASS SELECTED) even though it caused problems with your family or with other people?

NO YES

IF YES TO EITHER, CODE YES

ARE 1 OR MORE M3 ANSWERS CODED YES?

SPECIFY DRUG(S): \_\_\_\_\_

NO N/A YES

**SUBSTANCE ABUSE  
CURRENT**

## N. TIC DISORDERS

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

N1	a	In the past month did you have movements of your body called "Tics"? "Tics" are quick movements of some part of your body that are hard to control. A tic might be blinking your eyes over and over, twitches of your face, jerking your head, making a movement with your hand over and over, or squatting, or shrugging your shoulders over and over.	NO	YES
----	---	---	----	-----

	b	Have you ever had a tic that made you say something or make a sound over and over and was hard to stop? Like coughing or sniffing or clearing your throat over and over when you did not have a cold; or grunting or snorting or barking; having to say certain words over and over, having to say bad words, or having to repeat sounds you hear or words that other people say?	NO	YES
--	---	---	----	-----

IF BOTH **N1A** AND **N1B** ARE CODED **NO**,  
CIRCLE **NO** IN ALL DIAGNOSTIC BOXES AND SKIP TO **O1**

N2	a	Did these "tics" happen many times a day?	NO	YES
	b	Did they happen nearly every day for at least 4 weeks?	NO	YES
	c	Did they happen for a year or more?	NO	YES
	d	Did they ever go away completely for 3 months in a row during this time?	NO	➡ YES

N3	Did these "tics" upset you a lot? Did they get in the way of school? Did they cause you problems at home? Did they cause you problems with friends? Did other kids pick on you because of your tics?	➡ NO	YES
----	--	------	-----

IF **YES** TO ANY, CODE **YES**

N4	Did the tics only occur when you are taking Ritalin, Adderal, Cylert, Dexedrine, Provigil, Concerta or other medications for ADHD ?	NO	➡ YES
----	---	----	-------

N5 a ARE **N1a** + **N1b** + **N2a** + **N2c** AND **N3** CODED **YES**?

NO	YES
----	-----

***TOURETTE'S DISORDER,  
CURRENT***

N5 b ARE **N1a** + **N2a** + **N2c** + **N3** CODED **YES** AND IS **N1b** CODED **NO**?

NO	YES
----	-----

***MOTOR TIC DISORDER,  
CURRENT***

N5 c ARE **N1b + N2a + N2c + N3** CODED YES and is **N1a** coded **NO**?

**NO**

**YES**

**VOCAL TIC DISORDER,  
CURRENT**

N5 d ARE **N1 (a or b)** AND **N2a** AND **N2b** AND **N3** CODED **YES**, AND **N2c** CODED **NO**?

**NO**

**YES**

***TRANSIENT TIC DISORDER,  
CURRENT***

## O. ATTENTION DEFICIT/HYPERACTIVITY DISORDER

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

### SCREENING QUESTION FOR 3 DISORDERS (ADHD, CD, ODD)

O1	Has anyone (teacher, baby sitter, friend or parent) ever complained about your behavior or performance in school?	➡ NO	YES
	IF NO TO THIS QUESTION, ALSO CODE NO TO CONDUCT DISORDER AND OPPOSITIONAL DEFIANT DISORDER		

#### In the past six months:

O2	a	Have you often not paid enough attention to details? Made careless mistakes in school?	NO	YES
	b	Have you often had trouble keeping your attention focused when playing or doing schoolwork?	NO	YES
	c	Have you often been told that you do not listen when others talk directly to you?	NO	YES
	d	Have you often had trouble following through with what you were told to do (Like not following through on schoolwork or chores)? Did this happen even though you understood what you were supposed to do? Did this happen even though you weren't trying to be difficult?	NO	YES
		IF <b>NO</b> TO ANY, CODE <b>NO</b>		
	e	Have you often had a hard time getting organized?	NO	YES
	f	Have you often tried to avoid things that make you concentrate or think hard (like schoolwork)? Do you hate or dislike things that make you concentrate or think hard?	NO	YES
		IF <b>YES</b> TO EITHER, CODE <b>YES</b>		
	g	Have you often lost or forgotten things you needed? Like homework assignments, pencils, or toys?	NO	YES
	h	Do you often get distracted easily by little things (Like sounds or things outside the room)?	NO	YES
	i	Do you often forget to do things you need to do every day (Like forget to comb your hair or brush your teeth)?	NO	YES
		<b>O2 SUMMARY: ARE 6 OR MORE O2 ANSWERS CODED YES?</b>	NO	YES

#### In the past six months:

O3	a	Did you often fidget with your hands or feet? Or did you squirm in your seat?	NO	YES
		IF <b>YES</b> TO EITHER, CODE <b>YES</b>		
	b	Did you often get out of your seat in class when you were not supposed to?	NO	YES



c	Have you often run around or climbed on things when you weren't supposed to? Did you want to run around or climb on things even though you didn't?	NO	YES
IF <b>YES</b> TO EITHER, CODE <b>YES</b>			
d	Have you often had a hard time playing quietly?	NO	YES
e	Were you always "on the go"?	NO	YES
f	Have you often talked too much?	NO	YES
g	Have you often blurted out answers before the person or teacher has finished the question?	NO	YES
h	Have you often had trouble waiting your turn?	NO	YES
i	Have you often interrupted other people? Like butting in when other people are talking or busy or when they are on the phone?	NO	YES
<b>O3 SUMMARY: ARE 6 OR MORE O3 ANSWERS CODED YES?</b>		NO	YES
		➡	
O4	Did you have problems paying attention, being hyper, or impulsive before you were 7 years old?	NO	YES
		➡	
O5	Did these things cause problems at school? At home? With your family? With your friends?	NO	YES
CODE <b>YES</b> IF <b>TWO</b> OR MORE ARE ENDORSED YES.			

IS **O2 SUMMARY & O3 SUMMARY CODED YES?**

<b>NO</b>	<b>YES</b>
<b><i>Attention Deficit/ Hyperactivity Disorder COMBINED</i></b>	

IS **O2 SUMMARY CODED YES AND O3 SUMMARY CODED NO?**

<b>NO</b>	<b>YES</b>
<b><i>Attention Deficit/ Hyperactivity Disorder INATTENTIVE</i></b>	

IS **O2 SUMMARY CODED NO AND O3 SUMMARY CODED YES?**

<b>NO</b>	<b>YES</b>
<b><i>Attention Deficit/ Hyperactivity Disorder HYPERACTIVE /IMPULSIVE</i></b>	

## P. CONDUCT DISORDER

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

**P1** IF QUESTION O1 IN ADHD IS ANSWERED NO, CODE NO TO CONDUCT DISORDER

IF O1 WAS NOT ASKED ALREADY, ASK THE QUESTION BELOW

(Has anyone (teacher, baby sitter, friend, parent) ever complained about your behavior or performance in school?)



NO YES

**P2** In the past year:

- |   |   |         |     |
|---|---|---------|-----|
| a | Have you bullied or threatened other people (excluding siblings)?   | NO      | YES |
| b | Have you started fights with others (excluding siblings)?   | NO      | YES |
| c | Have you used a weapon to hurt someone? Like a knife, gun, bat, or other object?  | NO      | YES |
| d | Have you hurt someone (physically) on purpose (excluding siblings)?   | NO      | YES |
| e | Have you hurt animals on purpose?   | NO      | YES |
| f | Have you stolen things using force? Like robbing someone using a weapon or grabbing something from someone like purse snatching?      | NO      | YES |
| g | Have you forced anyone to have sex with you?  | NO      | YES |
| h | Have you started fires on purpose in order to cause damage?   | NO      | YES |
| i | Have you destroyed things that belonged to other people on purpose?   | NO      | YES |
| j | Have you broken into someone's house or car?  | NO      | YES |
| k | Have you lied many times in order to get things from people or to get out of things? Tricked other people into doing what you wanted? | NO      | YES |
|   | IF <b>YES</b> TO EITHER, CODE <b>YES</b>  |         |     |
| l | Have you stolen things that were worth money (Like shoplifting or forging a check)?   | NO      | YES |
| m | Have you often stayed out a lot later than your parents let you? Did this start before you were 13 years old?                         | NO      | YES |
|   | IF <b>NO</b> TO EITHER, CODE <b>NO</b>  |         |     |
| n | Have you run away from home two times or more?  | NO      | YES |
| o | Have you skipped school often? Did this start before you were 13 years old?   | NO      | YES |
|   | IF <b>NO</b> TO EITHER, CODE <b>NO</b>  |         |     |
|   | <b>P2 SUMMARY: ARE 3 OR MORE P2 ANSWERS CODED YES WITH AT LEAST ONE PRESENT IN THE PAST 6 MONTHS?</b>                                 | ➡<br>NO | YES |

P3 Did these behaviors cause big problems at school? At home?  
With your family? Or with your friends?

IF YES TO ANY, CODE YES

**NO**

**YES**

***CONDUCT DISORDER  
CURRENT***

## Q. OPPOSITIONAL DEFIANT DISORDER

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

**ATTENTION:** IF CODED POSITIVE FOR CONDUCT DISORDER, CIRCLE NO IN DIAGNOSTIC BOX AND MOVE TO THE NEXT MODULE.

**Q1** IF QUESTION O1 IN ADHD IS ANSWERED NO, CODE NO TO OPPOSITIONAL DEFIANT DISORDER

IF O1 WAS NOT ASKED ALREADY, ASK THE QUESTION BELOW

(Has anyone (teacher, baby sitter, friend, parent) ever complained about your behavior or performance in school?)



NO

YES

**Q2 In the past six months:**

a Have you often lost your temper?

NO

YES

b Have you often argued with adults?

NO

YES

c Have you often refused to do what adults tell you to do? Refused to follow rules?

NO

YES

IF YES TO EITHER, CODE YES

d Have you often annoyed people on purpose?

NO

YES

e Have you often blamed other people for your mistakes or for your bad behavior?

NO

YES

f Have you often been "touchy" or easily annoyed by other people?

NO

YES

g Have you often been angry and resentful toward others?

NO

YES

h Have you often been "spiteful" or quick to "pay back" somebody who treats you wrong?

NO

YES

**Q2 SUMMARY: ARE 4 OR MORE OF Q2 ANSWERS CODED YES?**



NO

YES

**Q3** Did these behaviors cause problems at school? At home? With your family? Or with your friends?



NO

YES

IF YES TO ANY, CODE YES

ARE Q2 SUMMARY & Q3 CODED YES?

NO

YES

**OPPOSITIONAL DEFIANT  
DISORDER  
CURRENT**

## R. PSYCHOTIC DISORDERS AND MOOD DISORDER WITH PSYCHOTIC FEATURES - Part 1

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

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

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

ALL OF THE PATIENT'S RESPONSES TO THE QUESTIONS SHOULD BE CODED IN COLUMN A. USE THE CLINICIAN JUDGMENT COLUMN (COLUMN B) ONLY IF THE CLINICIAN KNOWS FROM OTHER OUTSIDE EVIDENCE (FOR EXAMPLE, FAMILY INPUT) THAT THE SYMPTOM IS PRESENT BUT IS BEING DENIED BY THE PATIENT.

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

		COLUMN A Patient Response			COLUMN B Clinician Judgment (if necessary)	
				BIZARRE		BIZARRE
R1	a	Have you ever believed that people were secretly watching you? Have you believed that someone was trying to get you, or hurt you?	NO	YES	YES	YES
		IF YES TO ANY, CODE YES. NOTE: ASK FOR EXAMPLES, TO RULE OUT ACTUAL STALKING.				
	b	IF YES / YES BIZARRE: Do you believe this now?	NO	YES	YES ↳R6	YES ↳R6
R2	a	Have you ever believed that someone was reading your mind or that someone could hear your thoughts? Or that you could actually read someone's else's mind or hear what they were thinking?	NO	YES	YES	YES
		IF YES TO ANY, CODE YES.				
	b	IF YES / YES BIZARRE: Do you believe this now?	NO	YES	YES ↳R6	YES ↳R6
R3	a	Have you ever believed that someone or something put thoughts in your mind that were not your own? Have you ever believed that someone or something made you act in a way that was not your usual self? Have you ever felt that you were possessed?	NO	YES	YES	YES
		IF YES TO ANY, CODE YES. NOTE: ASK FOR EXAMPLES AND DISCOUNT ANY THAT ARE NOT PSYCHOTIC.				
	b	IF YES / YES BIZARRE: Do you believe this now?	NO	YES	YES ↳R6	YES ↳R6
R4	a	Have you ever believed that you were being sent special messages through the TV, radio, internet, newspapers, books, magazines or through your games or toys? Have you ever believed that a person you did not personally know was especially interested in you?	NO	YES	YES	YES
		IF YES TO ANY, CODE YES.				

b	IF <b>YES / YES BIZARRE</b> : Do you believe this now?	NO	YES	BIZARRE YES ↳R6	YES	BIZARRE YES ↳R6		
R5	a	Have your family or friends ever thought any of your beliefs were strange or weird? Please give me an example.		NO	YES	YES	YES	YES
INTERVIEWER: ONLY CODE <b>YES</b> IF THE EXAMPLES ARE <b>CLEARLY</b> DELUSIONAL IDEAS AND ARE NOT EXPLORED IN QUESTIONS <b>R1</b> TO <b>R4</b> , FOR EXAMPLE, SOMATIC OR RELIGIOUS DELUSIONS OR DELUSIONS OF GRANDIOSITY, JEALOUSY, GUILT, RUIN OR DESTITUTION, ETC.								
R6	b	IF <b>YES / YES BIZARRE</b> : Do they still think that your beliefs are strange?		NO	YES	YES	YES	YES
	a	Have you ever heard things other people couldn't hear, such as voices? HALLUCINATIONS ARE SCORED "BIZARRE" ONLY IF PATIENT ANSWERS YES TO THE FOLLOWING:		NO	YES		YES	
		IF <b>YES</b> : Did you hear a voice saying things about your thoughts or behavior? Did you hear two or more voices talking to each other?		NO		YES		YES
		IF <b>YES</b> TO ANY, CODE <b>YES</b> .						
	b	IF <b>YES OR YES BIZARRE</b> : Have you heard these things in the past month? HALLUCINATIONS ARE SCORED "BIZARRE" ONLY IF PATIENT ANSWERS YES TO THE FOLLOWING:		NO	YES	YES ↳R8b	YES	YES ↳R8b
		Did you hear a voice saying things about your thoughts or behavior? Did you hear two or more voices talking to each other?						
R7	a	Have you ever had visions when you were awake or have you ever seen things other people couldn't see? <b>NOTE</b> : CHECK TO SEE IF THESE ARE CULTURALLY INAPPROPRIATE.		NO	YES		YES	
	b	IF <b>YES</b> : Have you seen these things in the past month?		NO	YES		YES	
CLINICIAN'S JUDGMENT								
R8	b	IS THE PATIENT CURRENTLY EXHIBITING INCOHERENCE, DISORGANIZED SPEECH, OR MARKED LOOSENING OF ASSOCIATIONS?					NO	YES
R9	b	IS THE PATIENT CURRENTLY EXHIBITING DISORGANIZED OR CATATONIC BEHAVIOR?					NO	YES
R10	b	ARE NEGATIVE SYMPTOMS OF SCHIZOPHRENIA, FOR EXAMPLE, SIGNIFICANT AFFECTIVE FLATTENING, POVERTY OF SPEECH (ALOGIA) OR AN INABILITY TO INITIATE OR PERSIST IN GOAL- DIRECTED ACTIVITIES (AVOLITION) PROMINENT DURING THE INTERVIEW?					NO	YES
R11	a	IS THERE AT LEAST ONE “yes” FROM <b>R1</b> TO <b>R10b</b> ?					NO	YES

R11 b

ARE THE ONLY SYMPTOMS PRESENT THOSE IDENTIFIED BY THE CLINICIAN  
FROM **R1** TO **R7** (COLUMN B) AND FROM **R8b** OR **R9b** OR **R10b**?

IF **YES**, SPECIFY IF THE LAST EPISODE IS CURRENT (AT LEAST ONE "b" QUESTION  
IS CODED "**YES**" FROM **R1b** TO **R10b**) AND/OR LIFETIME (ANY "a" OR "b" QUESTION  
CODED **YES** FROM **R1a** TO **R10b**) AND PASS TO THE NEXT DIAGNOSTIC MODULE.

IF **NO**, CONTINUE.

WARNING: IF AT LEAST ONE "b" QUESTION IS CODED **YES**, CODE **R11c** AND **R11d**.  
IF ALL "b" QUESTIONS ARE CODED NO, CODE ONLY **R11d**.

R11c

FROM **R1b** TO **R6b**: ARE ONE OR MORE "b" ITEMS CODED "**YES BIZARRE**"?

OR

ARE TWO OR MORE "b" ITEMS FROM **R1b** TO **R10b** CODED "**YES**" BUT NOT "**YES BIZARRE**"?

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

R11d FROM **R1a** TO **R6a**: ARE ONE OR MORE "a" ITEMS CODED "**YES BIZARRE**"

OR

ARE TWO OR MORE "a" ITEMS CODED FROM **R1a** TO **R7a** "**YES**" BUT NOT "**YES BIZARRE**"?

(CHECK THAT AT LEAST 2 ITEMS OCCURRED DURING THE SAME 1 MONTH PERIOD.)

OR IS **R11c** CODED "**YES**"

**Just before these symptoms began:**

R12 a Were you taking any drugs or medicines?

b Did you have any medical illness?

c IN THE CLINICIAN'S JUDGMENT:

ARE EITHER OF THESE LIKELY TO BE DIRECT CAUSES OF THE PATIENT'S DISORDER?

IF NECESSARY, ASK ADDITIONAL OPEN-ENDED QUESTIONS.

NO

YES

**PSYCHOTIC DISORDER NOT  
OTHERWISE SPECIFIED\***

Current ☐

Lifetime ☐

**\*Provisional diagnosis due to  
insufficient information  
available at this time.**

NO

**Then Criterion "A" of  
Schizophrenia  
is not currently met**

YES

**Then Criterion "A" of  
Schizophrenia  
is currently met**

NO

**Then Criterion "A" of  
Schizophrenia  
is not met Lifetime**

YES

**Then Criterion "A" of  
Schizophrenia  
is met Lifetime**

☐ No ☐ Yes ☐ Uncertain

☐ No ☐ Yes ☐ Uncertain

☐ No ☐ Yes ☐ Uncertain

R12 d    SUMMARY: HAS AN ORGANIC CAUSE BEEN RULED OUT?

☐ No    ☐ Yes    ☐ Uncertain

IF **R12d** = **NO**:                      SCORE **R13 (a and b)** AND GO TO THE NEXT MODULE

IF **R12d** = **YES**:                      CODE **NO** IN **R13 (a and b)** AND GO TO **R14**

IF **R12d** = **UNCERTAIN**:            CODE **UNCERTAIN** IN **R13 (a and b)** AND GO TO **R14**

R13a    IS **R12d** CODED **no** BECAUSE OF A GENERAL MEDICAL CONDITION?

IF **YES**, SPECIFY IF THE LAST EPISODE IS

CURRENT (AT LEAST ONE “b” QUESTION IS CODED **YES** FROM **R1b** TO **R10b**)  
AND/OR LIFETIME (“a” OR “b”) QUESTION IS CODED **YES** FROM **R1a** TO **R10b**.

IF YES TO **R13a** CURRENT, GO TO MODULE **S** AND SKIP REMAINING **R** QUESTIONS

NO	YES
<b>PSYCHOTIC DISORDER</b> <b>Due to a General Medical Condition</b>	
Current	<input type="checkbox"/>
Lifetime	<input type="checkbox"/>
Uncertain, code later	<input type="checkbox"/>

R13 b    IS **R12d** CODED **no** BECAUSE OF A DRUG?

IF **YES**, SPECIFY IF THE LAST EPISODE IS

CURRENT (AT LEAST ONE QUESTION “b” IS CODED **YES** FROM **R1b** TO **R10b**)  
AND/OR LIFETIME (ANY “a” OR “b” QUESTION CODED **YES** FROM **R1a** TO **R10b**).

IF YES TO **R13b** CURRENT, GO TO MODULE **S** AND SKIP REMAINING **R** QUESTIONS

NO	YES
<b>Substance Induced</b> <b>PSYCHOTIC DISORDER</b>	
Current	<input type="checkbox"/>
Lifetime	<input type="checkbox"/>
Uncertain, code later	<input type="checkbox"/>

R14        Did your ability to function at work, at school, socially and with your family return completely to how you were before these experiences (CLINICIAN: PROVIDE EXAMPLES OF EXISTING HALLUCINATIONS, DELUSIONS OR DISORGANIZED SPEECH OR BEHAVIOR)?

NO        YES

R15 a      During or after a period when you had these beliefs or experiences, did you have difficulty working, or difficulty in your relationships with others, or in taking care of yourself?

NO        YES

b    IF **YES**, how long did these difficulties last?  
IF ≥6 MONTHS, GO TO **R16**.

\_\_\_\_\_

c    Have you been treated with medications or were you hospitalized because of these beliefs or experiences, or the difficulties caused by these problems?

NO        YES

d    IF **YES**, what was the longest time you were treated with medication or were hospitalized for these problems?

\_\_\_\_\_

R16 a      THE PATIENT REPORTED DISABILITY (**R15a** CODED **YES**) OR WAS TREATED OR HOSPITALIZED FOR PSYCHOSIS (**R15c** = **YES**).

NO        YES

b    CLINICIAN’S JUDGMENT: CONSIDERING YOUR EXPERIENCE, RATE THE PATIENT’S **LIFETIME** DISABILITY CAUSED BY THE PSYCHOSIS.

absent	<input type="checkbox"/>	1
mild	<input type="checkbox"/>	2
moderate	<input type="checkbox"/>	3
severe	<input type="checkbox"/>	4



R17 How long was the longest period during which you had those beliefs or experiences? \_\_\_\_\_

WHAT WAS THE TOTAL DURATION OF THE PSYCHOSIS, TAKE INTO ACCOUNT THE ACTIVE PHASE (**R17**) AND THE ASSOCIATED DIFFICULTIES (**R15b**) AND PSYCHIATRIC TREATMENT (**R15d**) IN CHOOSING THE TIME FRAME.

- 1 ☐ ≥1 day to <1 month
- 2 ☐ ≥1 month to <6 months
- 3 ☐ ≥6 months
- 4 ☐ < 1 day

## CHRONOLOGY

R18 a How old were you when you first began having these unusual beliefs or experiences?  age

b Since the first onset how many distinct times did you have significant episodes of these unusual beliefs or experiences?

## PSYCHOTIC DISORDERS AND MOOD DISORDER WITH PSYCHOTIC FEATURES - PART 2

### DIFFERENTIAL DIAGNOSIS BETWEEN PSYCHOTIC AND MOOD DISORDERS

CODE THE QUESTIONS **R19** TO **R23** ONLY IF THE PATIENT DESCRIBED AT LEAST 1 PSYCHOTIC SYMPTOM (**R11a** = **YES** AND **R11b** = **NO**), NOT EXPLAINED BY AN ORGANIC CAUSE (**R12d** = **YES** OR **UNCERTAIN**).

R19 a	DOES THE PATIENT CODE POSITIVE FOR CURRENT AND/OR PAST MAJOR DEPRESSIVE EPISODE (QUESTIONS <b>A3 SUMMARY</b> OR <b>A4b</b> CODED <b>YES</b> )?	NO	YES
b	IF <b>YES</b> : IS <b>A1</b> (DEPRESSED MOOD) CODED <b>YES</b> ?	NO	YES
c	DOES THE PATIENT CODE POSITIVE FOR CURRENT AND/OR PAST MANIC EPISODE ( <b>MODULE C</b> )?	NO	YES
d	IS <b>R19a</b> OR <b>R19c</b> CODED <b>YES</b> ?	NO	YES

↓  
STOP.  
Skip to R24

NOTE: VERIFY THAT THE RESPONSES TO THE QUESTIONS **R20** TO **R23** REFER TO THE PSYCHOTIC, DEPRESSIVE (**A3 SUMMARY** OR **A4b**) AND MANIC EPISODES (**MODULE C**), ALREADY IDENTIFIED IN **R11c** AND **R11d**, **A3 SUMMARY** OR **A4b** AND **MODULE C**. IN CASE OF DISCREPANCIES, RE-EXPLORE THE SEQUENCE OF DISORDERS, TAKING INTO ACCOUNT IMPORTANT LIFE ANCHOR POINTS/MILESTONES AND CODE **R20** TO **R23** ACCORDINGLY.

R20	When you were having the beliefs and experiences you just described (GIVE EXAMPLES TO PATIENT), were you also feeling depressed/high/irritable at the same time?	NO	YES
-----	--	----	-----

↓  
STOP.  
Skip to R24

R21	Did the beliefs or experiences you just described (GIVE EXAMPLES TO PATIENT) only occur when you were feeling depressed/high/irritable?	NO	YES
-----	---	----	-----

R22	Have you ever had a period of two weeks or more of having these beliefs or experiences when you were not feeling depressed/high/irritable?	NO	YES
-----	--	----	-----

↓  
STOP.  
Skip to R24

R23	a) Which lasted longer: these beliefs or experiences or the periods of feeling depressed/high/irritable?	1 <input type="checkbox"/> mood
		2 <input type="checkbox"/> beliefs, experiences
		3 <input type="checkbox"/> same

IF THE RESPONSE TO R23a) WAS 2, ASK R23b) AND R23c):

b) Did the beliefs or experiences you just described (GIVE EXAMPLES OF DELUSIONS OR HALLUCINATIONS TO PATIENT) occur for at least 2 weeks without your also feeling depressed/high/irritable?

NO YES

c) Did the depressed/high/irritable feelings last more than half (50%) of the total time that you had these beliefs and experiences? (GIVE EXAMPLES TO PATIENT)

NO YES

R24 AT THE END OF THE INTERVIEW, GO TO THE DIAGNOSTIC ALGORITHMS FOR PSYCHOTIC DISORDERS.

CONSULT ITEMS **R11a** AND **R11b**:

IF THE CRITERION "A" OF SCHIZOPHRENIA IS MET (**R11c** AND/OR **R11d** = **yes**) GO TO DIAGNOSTIC ALGORITHM I

IF THE CRITERION "A" OF SCHIZOPHRENIA IS NOT MET (**R11c** AND/OR **R11d** = **no**) GO TO DIAGNOSTIC ALGORITHM II

FOR MOOD DISORDERS GO TO THE DIAGNOSTIC ALGORITHM III.

## S. ANOREXIA NERVOSA

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

S1	a	How tall are you?	<input type="text"/> ft <input type="text"/> <input type="text"/> in.
			<input type="text"/> <input type="text"/> <input type="text"/> cm
	b.	What was your lowest weight in the past 3 months?	<input type="text"/> <input type="text"/> <input type="text"/> lb
			<input type="text"/> <input type="text"/> <input type="text"/> kg
c	IS PATIENT'S WEIGHT EQUAL TO OR BELOW THE THRESHOLD CORRESPONDING TO HIS / HER HEIGHT? (SEE TABLE BELOW) (THIS IS = A BMI OF $\leq 17.5$ KG/M <sup>2</sup> )		NO YES
d	Have you lost 5 lb or more (2.3 kg or more) in the last 3 months?		NO YES
e	If you are less than age 14, have you failed to gain any weight in the last 3 months? IF PATIENT IS 14 OR OLDER, CODE NO.		NO YES
f	Has anyone thought that you lost too much weight in the last 3 months?		NO YES
	IF YES TO S1c OR d OR e OR f, CODE YES, OTHERWISE CODE NO.		➡ NO YES

### In the past 3 months:

S2		Have you been trying to keep yourself from gaining any weight?	➡ NO YES
S3		Have you been very afraid of gaining weight? Have you been very afraid of getting too fat / big? IF YES TO EITHER, CODE YES	➡ NO YES
S4	a	Have you seen yourself as being too big / fat or that part of your body was too big / fat? IF YES TO EITHER, CODE YES	NO YES
	b	Has your weight strongly affected how you feel about yourself? Has your body shape strongly affected how you feel about yourself? IF YES TO EITHER, CODE YES	NO YES
	c	Did you think that your low weight was normal or overweight ?	NO YES
S5		ARE <b>1</b> OR <b>MORE S4</b> ANSWERS CODED YES?	➡ NO YES
S6		FOR POST PUBERTAL <b>FEMALES</b> ONLY: During the last 3 months, did you miss all your menstrual periods when they were expected to occur (when you were not pregnant)?	➡ NO YES

**FOR GIRLS :** ARE S5 AND S6 CODED YES?

**FOR BOYS :** IS S5 CODED YES?

**NO**

**YES**

***ANOREXIA NERVOSA***  
**CURRENT**

**HEIGHT / WEIGHT TABLE CORRESPONDING TO A BMI THRESHOLD OF 17.5 kg/m<sup>2</sup>**

**Height/Weight**

ft/in	3'0	3'1	3'2	3'3	3'4	3'5	3'6	3'7	3'8	3'9	3'10	3'11	4'0	4'1
lb	32	34	36	38	40	42	44	46	48	50	53	55	57	60
cm	91	94	97	99	102	104	107	109	112	114	117	119	122	125
kg	15	15	16	17	18	19	20	21	22	23	24	25	26	27

ft/in	4'2	4'3	4'4	4'5	4'6	4'7	4'8	4'9	4'10	4'11	5'0	5'1	5'2	5'3
lb	62	65	67	70	72	75	78	81	84	87	89	92	96	99
cm	127	130	132	135	137	140	142	145	147	150	152	155	158	160
kg	28	29	31	32	33	34	35	37	38	39	41	42	43	45

ft/in	5'4	5'5	5'6	5'7	5'8	5'9	5'10	5'11	6'0	6'1	6'2	6'3
lb	102	105	108	112	115	118	122	125	129	132	136	140
cm	163	165	168	170	173	175	178	180	183	185	188	191
kg	46	48	49	51	52	54	55	57	59	60	62	64

The weight thresholds above are calculated using a body mass index (BMI) equal to or below 17.5 kg/m<sup>2</sup> for the patient's height. This is the threshold guideline below which a person is deemed underweight by the DSM-IV and the ICD-10 Diagnostic Criteria for Research for Anorexia Nervosa.

## T. BULIMIA NERVOSA

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

In the past 3 months:		
T1	Did you have eating binges? An "eating binge" is when you eat a very large amount of food within two hours.	➡ NO YES
T2	Did you have eating binges two times a week or more?	➡ NO YES
T3	During an eating binge, did you feel that you couldn't control yourself?	➡ NO YES
T4	Did you do anything to keep from gaining weight? Like making yourself throw up or exercising very hard? Trying not to eat for the next day or more? Taking pills to make you have to go to the bathroom more? Or taking any other kinds of pills to try to keep from gaining weight? IF <b>YES</b> TO ANY, CODE <b>YES</b>	➡ NO YES
T5	Does your weight strongly affect how you feel about yourself? Does your body shape strongly affect how you feel about yourself? IF <b>YES</b> TO EITHER, CODE <b>YES</b>	➡ NO YES
T6	DO THE PATIENT'S SYMPTOMS MEET CRITERIA FOR ANOREXIA NERVOSA?	NO YES ➡ SKIP to T8
T7	Do these binges occur only when you are under (____)lb/kg)? INTERVIEWER: WRITE IN THE ABOVE ( ), THE THRESHOLD WEIGHT FOR THIS PATIENT'S HEIGHT FROM THE HEIGHT/WEIGHT TABLE IN THE ANOREXIA NERVOSA MODULE	NO YES
T8	IS <b>T5</b> CODED <b>YES</b> AND IS EITHER <b>T6</b> OR <b>T7</b> CODED <b>NO</b> ?	NO YES  <b>BULIMIA NERVOSA CURRENT</b>
T9	IS <b>T7</b> CODED <b>YES</b> ?	NO YES  <b>ANOREXIA NERVOSA Binge Eating Type CURRENT</b>

## U. GENERALIZED ANXIETY DISORDER

(➡ MEANS : GO TO END OF DISORDER, CIRCLE NO AND MOVE TO NEXT DISORDER)

U1	<p>a <b>For the past six months</b>, have you worried a lot or been nervous? Have you been worried or nervous about several things, (like school, your health, or something bad happening)? Have you been more worried than other kids your age?</p> <p>IF YES TO ANY, CODE YES</p> <p>b Do you worry most days?</p> <p>IS THE PATIENT'S ANXIETY RESTRICTED EXCLUSIVELY TO, OR BETTER EXPLAINED BY, ANY DISORDER PRIOR TO THIS POINT?</p>	<p>➡ NO YES</p> <p>➡ NO YES</p> <p>➡ NO YES</p>
U2	<p>Do you find it hard to stop worrying? Do the worries make it hard for you to pay attention to what you are doing?</p> <p>IF YES TO EITHER, CODE YES</p>	<p>➡ NO YES</p>
U3	<p>FOR THE FOLLOWING, CODE <b>NO</b> IF THE SYMPTOMS ARE CONFINED TO FEATURES OF ANY DISORDER EXPLORED PRIOR TO THIS POINT.</p> <p><b>When you are worried, do you, most of the time:</b></p> <p>a Feel like you can't sit still?</p> <p>b Feel tense in your muscles?</p> <p>c Feel tired, weak or exhausted easily?</p> <p>d Have a hard time paying attention to what you are doing? Does your mind go blank?</p> <p>e Feel grouchy or annoyed?</p> <p>f Have trouble sleeping ("trouble sleeping" means trouble falling asleep, waking up in the middle of the night, wakening up too early or sleeping too much)?</p> <p>ARE 1 OR MORE U3 ANSWERS CODED YES?</p>	<p>NO YES</p> <p>NO YES</p> <p>NO YES</p> <p>NO YES</p> <p>NO YES</p> <p>NO YES</p> <p>➡ NO YES</p>
U4	<p>Do these worries or anxieties cause a lot of problems at school or with your friends or at home or at work or with other people?</p>	<p>NO YES</p> <p><b>GENERALIZED ANXIETY DISORDER</b></p> <p><b>CURRENT</b></p>

## V. ADJUSTMENT DISORDERS

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

ONLY ASK THESE QUESTIONS IF THE PATIENT CODES **NO** TO ALL OTHER DISORDERS.

EVEN IF A LIFE STRESS IS PRESENT OR A STRESS PRECIPITATED THE PATIENT'S DISORDER, DO NOT USE AN ADJUSTMENT DISORDER DIAGNOSIS IF ANY OTHER PSYCHIATRIC DISORDER IS PRESENT. CIRCLE N/A IN DIAGNOSTIC BOX AND SKIP THE ADJUSTMENT DISORDER MODULE IF THE PATIENT'S SYMPTOMS MEET CRITERIA FOR ANOTHER SPECIFIC AXIS I DISORDER OR ARE MERELY AN EXACERBATION OF A PREEXISTING AXIS I OR II DISORDER.

V1 Are you stressed out about something? Is this making you upset or making your behavior worse?

IF **NO** TO EITHER, CODE **NO**

[Examples include anxiety/depression/physical complaints; misbehavior such as fighting, driving recklessly, skipping school, vandalism, violating the rights of others, or illegal activity].

IDENTIFIED STRESSOR: \_\_\_\_\_

DATE OF ONSET OF STRESSOR: \_\_\_\_\_

V2 Did your upset/behavior problems start soon after the stress began?  
[Within 3 months of the onset of the stressor]

V3 a Are you more upset by this stress than other kids your age would be?

b Do these stresses or upsets cause you problems in school?  
Problems at home? Problems with your family or with your friends?

IF **YES** TO ANY, CODE **YES**

V4 BEREAVEMENT IS PRESENT IF THESE EMOTIONAL/BEHAVIORAL SYMPTOMS ARE DUE ENTIRELY TO THE LOSS OF A LOVED ONE AND ARE SIMILAR IN SEVERITY, LEVEL OF IMPAIRMENT AND DURATION TO WHAT MOST OTHERS WOULD SUFFER UNDER SIMILAR CIRCUMSTANCES

HAS BEREAVEMENT BEEN RULED OUT?

V5 Have these problems gone on for 6 months or more after the stress stopped?

WHICH OF THESE EMOTIONAL / BEHAVIORAL SUBTYPES ARE PRESENT?

A Depression, tearfulness or hopelessness.

B Anxiety, nervousness, jitteriness, worry.

C Misbehavior (Like fighting, driving recklessly, skipping school, vandalism, violating other's rights, doing illegal things).

D School problems, physical complaints or social withdrawal.



NO YES



NO YES



NO YES



NO YES



NO YES



NO YES

**Mark all that apply**

☐
☐
☐
☐

IF MARKED:

- A only, then code as Adjustment disorder with depressed mood. 309.0
- B only, then code as Adjustment disorder with anxious mood. 309.24
- C only, then code as Adjustment disorder of conduct. 309.3
- A and B only, then code as Adjustment disorder with mixed anxiety and depressed mood. 309.28
- C and (A or B), then code as Adjustment disorder of emotions and of conduct. 309.4
- D only, then code as Adjustment Disorder unspecified. 309.9
- C and D, then code as Adjustment disorder of conduct. 309.3
- B and D, then code as Adjustment disorder with anxious mood. 309.24
- B, C and D, then code as Adjustment disorder with anxious mood and of conduct. 309.24 / 309.3
- A and D, then code as Adjustment disorder with depressed mood. 309.0
- A, C and D, then code as Adjustment disorder with depressed mood and of conduct. 309.0 / 309.3
- A, B and D, then code as Adjustment disorder with mixed anxiety and depressed mood. 309.28
- A, B and C, then code as Adjustment disorder with mixed anxiety and depressed mood, and of conduct. 309.28 / 309.3
- A, B, C and D, then code as Adjustment disorder with mixed anxiety and depressed mood, and of conduct. 309.28 / 309.3

IF **V1** AND **V2** AND (**V3a** or **V3b**) ARE CODED **YES**, AND **V5** IS CODED **NO**, THEN CODE THE DISORDER **YES** WITH **SUBTYPES**.

IF **NO**, CODE **NO** TO ADJUSTMENT DISORDER.

<b>NO</b>	<b>N/A</b>	<b>YES</b>
<b>Adjustment Disorder</b>		
<b>with _____</b>		
<b>(see above for subtypes)</b>		

## W. RULE OUT MEDICAL, ORGANIC OR DRUG CAUSES FOR ALL DISORDERS

IF THE PATIENT CODES POSITIVE FOR ANY CURRENT DISORDER ASK:

**Just before these symptoms began:**

W1a Were you taking any drugs or medicines?

☐ No ☐ Yes ☐ Uncertain

W1b Did you have any medical illness?

☐ No ☐ Yes ☐ Uncertain

IN THE CLINICIAN'S JUDGMENT: ARE EITHER OF THESE LIKELY TO BE DIRECT CAUSES OF THE PATIENT'S DISORDER?

IF NECESSARY ASK ADDITIONAL OPEN-ENDED QUESTIONS.

**W2 SUMMARY:** HAS AN ORGANIC CAUSE BEEN RULED OUT?

☐ No ☐ Yes ☐ Uncertain



## X. PERVASIVE DEVELOPMENT DISORDER

X1	Since the age of 4, have you had difficulty making friends? Do you have problems because you keep to yourself? Is it because you are shy or because you don't fit in? IF YES TO ANY, CODE YES	NO	YES	UNSURE
X2	Are you fixated on routines and rituals or do you have interests that are special and interfere with other activities?	NO	YES	UNSURE
X3	Do other kids think you are weird or strange or awkward?	NO	YES	UNSURE
X4	Do you play mostly alone, rather than with other children?	NO	YES	UNSURE

X5 ARE ALL **X ANSWERS** CODED **YES**? IF SO, CODE YES.  
IF ANY X ANSWERS ARE CODED UNSURE, CODE UNSURE.  
OTHERWISE CODE NO.

NO    UNSURE    YES \*

**PERVASIVE DEVELOPMENT  
DISORDER**

**CURRENT**

\* Pervasive Developmental Disorder is possible, but needs to be more thoroughly investigated by a board certified child psychiatrist. Based on the above responses, the diagnosis of PDD cannot be ruled out. The above screening is to rule out the diagnosis, rather than to rule it in.

**THIS CONCLUDES THE INTERVIEW**

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## International Advisory Committee for MINI Kid version 2.0

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### Translations

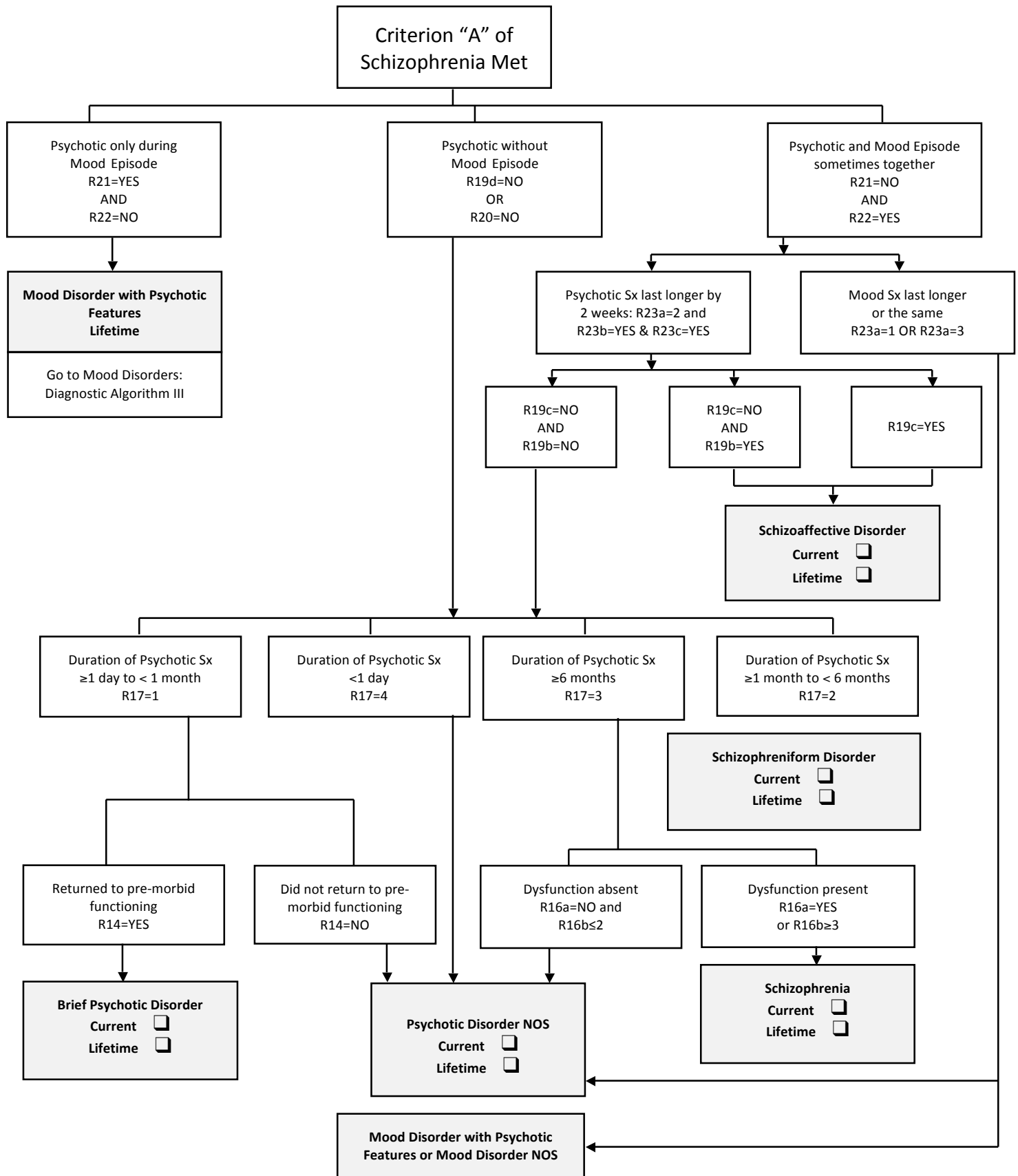
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Spanish  
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D. Sheehan, D. Shytle, K.Milo, J Janavs.  
M. Soto, R. Hidalgo  
Y. Lecrubier, T. Hergueta  
J. Balazs  
A. Engeler  
B. Plattner

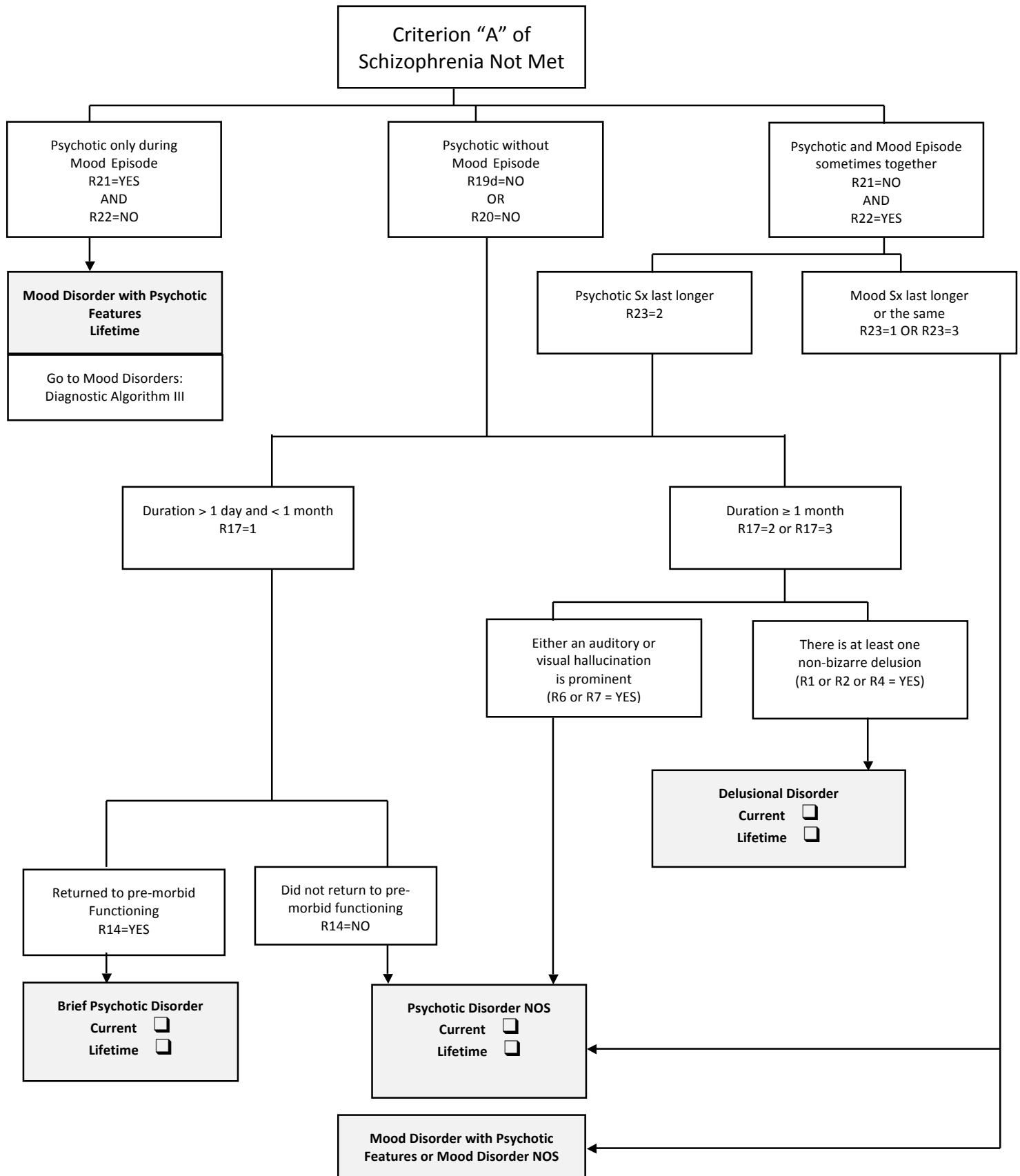
## PSYCHOTIC DISORDERS: DIAGNOSTIC ALGORITHM I

For both current and lifetime diagnoses, circle the appropriate diagnostic box (separately if necessary). One positive diagnosis excludes the others for that time frame. If criterion A of schizophrenia is not currently met, but is present lifetime, current and lifetime diagnoses may be different.



## PSYCHOTIC DISORDERS: DIAGNOSTIC ALGORITHM II

For both current and lifetime diagnoses, circle the appropriate diagnostic box (separately if necessary). One positive diagnosis excludes the others for that time frame. If criterion A of schizophrenia is present lifetime, current and lifetime diagnoses may be different.



## MOOD DISORDERS: DIAGNOSTIC ALGORITHM

Consult Modules:                      A     Major Depressive Episode  
    D     (Hypo)manic Episode  
    R     Psychotic Disorders

### MODULE R:

1a	IS <b>R11b</b> CODED YES?	NO	YES
1b	IS <b>R12a</b> CODED YES?	NO	YES

### MODULES A and D:

Current	Past
---------	------

2	a	CIRCLE YES IF A DELUSIONAL IDEA IS IDENTIFIED IN <b>A3e</b>	YES	YES
	b	CIRCLE YES IF A DELUSIONAL IDEA IS IDENTIFIED IN <b>D3a</b>	YES	YES

c Is a Major Depressive Episode coded YES (current or past)?  
**and**  
 is Manic Episode coded NO (current and past)?  
**and**  
 is Hypomanic Episode coded NO (current and past)?  
**and**  
 is "Hypomanic Symptoms" coded NO (current and past)?

#### Specify:

- If the depressive episode is **current** or **past** or both
- **With Psychotic Features** Current: If 1b or 2a (current) = YES  
 With Psychotic Features Past: If 1a or 2a (past) = YES

d Is a Manic Episode coded YES (current or past)?

#### Specify:

- If the Bipolar I Disorder is **current** or **past** or both
- With **Single Manic Episode**: If Manic episode (current or past) = YES  
 and MDE (current and past) = NO
- **With Psychotic Features** Current: If 1b or 2a (current) or 2b (current) = YES  
 With Psychotic Features Past: If 1a or 2a (past) or 2b (past) = YES
- If the **most recent mood** episode is manic, depressed,  
 mixed or hypomanic or unspecified (all mutually exclusive)
- **Unspecified** if the Past Manic Episode is coded YES AND  
 Current (D3 Summary AND D4a AND D6 AND W2) are coded YES

### MAJOR DEPRESSIVE DISORDER

	current	past
<b>MDD</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>With Psychotic Features</b>		
Current	<input type="checkbox"/>	
Past	<input type="checkbox"/>	

### BIPOLAR I DISORDER

	current	past
<b>Bipolar I Disorder</b>	<input type="checkbox"/>	<input type="checkbox"/>
Single Manic Episode	<input type="checkbox"/>	<input type="checkbox"/>
<b>With Psychotic Features</b>		
Current	<input type="checkbox"/>	
Past	<input type="checkbox"/>	
<b>Most Recent Episode</b>		
Manic	<input type="checkbox"/>	
Depressed	<input type="checkbox"/>	
Mixed	<input type="checkbox"/>	
Hypomanic	<input type="checkbox"/>	
Unspecified	<input type="checkbox"/>	

- e Is Major Depressive Episode coded YES (current or past)  
**and**  
 Is Hypomanic Episode coded YES (current or past)  
**and**  
 Is Manic Episode coded NO (current and past)?

**Specify:**

- If the Bipolar Disorder is **current** or **past** or both
- If the most recent mood episode is **hypomanic** or **depressed** (mutually exclusive)

	current	past
<b>BIPOLAR II DISORDER</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Most Recent Episode</b>		
Hypomanic	<input type="checkbox"/>	
Depressed		<input type="checkbox"/>

- f Is MDE coded NO (current and past)  
**and**  
 Is Manic Episode coded NO (current and past)  
**and**  
 Is D4b coded YES for the appropriate time frame  
**and**  
 Is D7b coded YES?

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**or**

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- Is Manic Episode coded NO (current and past)  
**and**  
 Is Hypomanic Episode coded NO (current and past)  
**and**  
 Is D4a coded YES for the appropriate time frame  
**and**  
 Is D7c coded YES?

Specify if the Bipolar Disorder NOS is **current** or **past** or both.

	current	past
<b>BIPOLAR DISORDER NOS</b>	<input type="checkbox"/>	<input type="checkbox"/>