

**KSADS-PL DSM-5 November 2016:**

**SUPPLEMENT #1:  
DEPRESSIVE AND BIPOLAR RELATED  
DISORDERS SUPPLEMENT**

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Subject

Date   /   / 20

Interviewer

Draft 

**1a. Reassessment of depressed and irritable mood**

The interviewer should reassess depressed and irritable mood. For children and adolescents the mood criteria can be fulfilled by adding together the duration of the reported depressed and irritable moods, for the past month. For example, the child could be irritable 3 days per week and depressed on the other days. Therefore, the child has had depressed and/ or irritable mood nearly every day for the past month.

*In the past, you said that you started feeling depressed and that the sad mood lasted \_\_\_\_\_. Around that time, were you feeling irritable or angry as well? How often?*

*Currently, you said that you started feeling depressed and that the sad mood lasted \_\_\_\_\_. Around this time, were you feeling irritable or angry as well? How often?*

**P C S**

- ( ) ( ) ( ) **0** - No information.
- ( ) ( ) ( ) **1** - Not at all or less than once a week.
- ( ) ( ) ( ) **2** - Subthreshold: Depressed and/or irritable mood, at least 2-3 days per week for much of the day.
- ( ) ( ) ( ) **3** - Threshold: Depressed and/or irritable mood, nearly every day (5-7 days/week), most of the day (or > 1/2 of awake time).

**PAST:**     
P C S

**Duration of Depressed/Irritable Mood (weeks):**     
(Current)

**Duration of Depressed/Irritable Mood (weeks):**     
(Most Severe Past)

**Persistent Depression/Dysthymia Probes:**

**1b. Depressed and/or irritable mood is present more days than not for at least one year.**

*Have you ever had a time when you felt depressed and/or irritable for most of the day, more days than not that lasted for at least one year?*

**P C S**

- ( ) ( ) ( ) **0** - No information.
- ( ) ( ) ( ) **1** - Not Present.
- ( ) ( ) ( ) **2** - Present. Depressed and/or irritable mood present for more days than not for at least one year.

**PAST:**     
P C S

**If 1b and 1c are both rated 2, after completing the remainder of the Depression section, GO TO DYSTHYMIA SECTION ON PAGE 16.**

Subject



2. Insomnia

Sleep disorder, including initial, middle and terminal difficulty in getting to sleep or staying asleep. Do not rate if he/ she feels no need for sleep. Take into account the estimated number of hours slept and the subjective sense of lost sleep. Normally a 6 - 8 year old child should sleep about 10 hours +/- one hour. 9 -12 years, 9 hours +/- 1 hour. 12 - 16 years, 8 hours +/- one hour.

**NOTE: DO NOT RATE IF INSOMNIA IS EXCLUSIVELY DUE TO ADHD, OPPOSITIONALITY, MEDICAL PROBLEMS, SLEEP DISORDER, OR OTHER PSYCHIATRIC DISORDERS.**

a. Initial Insomnia

*When you are feeling down/ depressed, do you have trouble falling asleep? How long does it take you to fall asleep?*

b. Middle Insomnia

*When you are feeling down/ depressed, do you wake up in the middle of the night? How many times? How long does it take you to fall back asleep?*

c. Terminal Insomnia

*When you are feeling down/ depressed, what time do you wake up in the mornings? Are you waking up earlier than you had to?*

P C S

- ( ) ( ) ( ) 0 - No information.
- ( ) ( ) ( ) 1 - Not Present.
- ( ) ( ) ( ) 2 - Subthreshold: Insomnia at least 2-3 days per week.
- ( ) ( ) ( ) 3 - Threshold: Insomnia nearly every night (5-7 nights per week). See below for type of insomnia (initial, middle and/or terminal).

PAST:

P	C	S

P C S

- ( ) ( ) ( ) 0 - No information.
- ( ) ( ) ( ) 1 - Not Present.
- ( ) ( ) ( ) 2 - Subthreshold: More than 30 minutes but less than 1 1/2 hours at least 2-3 nights per week.
- ( ) ( ) ( ) 3 - Threshold: At least 1 1/2 hours nearly every night (5-7 nights per week).

PAST:

P	C	S

P C S

- ( ) ( ) ( ) 0 - No information.
- ( ) ( ) ( ) 1 - Not Present.
- ( ) ( ) ( ) 2 - Subthreshold: Less than 30 minutes awake during the middle of the night or trying to fall back asleep, at least 2-3 nights per week.
- ( ) ( ) ( ) 3 - Threshold: More than 30 minutes, nearly every night (5-7 nights/week).

PAST:

P	C	S

P C S

- ( ) ( ) ( ) 0 - No information.
- ( ) ( ) ( ) 1 - Not Present.
- ( ) ( ) ( ) 2 - Subthreshold: Waking up less than 30 minutes earlier, at least 2-3 days per week.
- ( ) ( ) ( ) 3 - Threshold: Waking up more than 30 minutes earlier, most days (5-7 days/week).

PAST:

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3. Hypersomnia

Increased need to sleep, sleeping more than usual. Inquire about hypersomnia even if insomnia was rated 2-3. Sleeping more than normal in 24 hour period.

**Do not rate positive if daytime sleep time plus nighttime true sleep equals normal sleep time (compensatory naps).**

**Do not include "catch-up" sleep on weekends and/ or holidays if child is not getting sufficient sleep on school nights.**

*Are you sleeping longer than usual?  
Do you go back to sleep after you wake up in the morning?  
When did you start sleeping longer than usual?  
Did you used to take naps before?  
When did you start to take naps?  
How many hours did you use to sleep before you started to feel so (sad)?*

Parents may say that if child was not awakened he/ she would regularly sleep > 11-12 hours and he/ she actually does so, every time he/ she is left on his/ her own. This should be rated 3.

**NOTE: DO NOT RATE IF HYPERSOMNIA IS EXCLUSIVELY DUE TO NARCOLEPSY, MEDICAL PROBLEMS (e.g., infection), OR OTHER PSYCHIATRIC DISORDERS.**

P C S

- ( ) ( ) ( ) 0 - No information.
- ( ) ( ) ( ) 1 - Not Present. Or needs less sleep than usual.
- ( ) ( ) ( ) 2 - Subthreshold: Often sleeps at least 1 hour more than usual ( at least 2-3 times per week).
- ( ) ( ) ( ) 3 - Threshold: Most nights (5-7 nights/week) sleeps at least 2 hours more than usual.

PAST:

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P	C	S

4. Fatigue, Lack of Energy and Tiredness

This is a subjective feeling. (**Do not confuse with lack of interest**) (Rate presence even if subject feels it is secondary to insomnia).

*Have you been feeling tired? How often?  
Do you feel tired -  
All of the time?  
Most of the time?  
Some of the time?  
Now and then?*

*When did you start feeling so tired?  
Was it after you started feeling ( )?  
Do you take naps because you feel tired? How much? Do you have to rest?  
Do your limbs feel heavy?  
Is it very hard to get going? .... to move your legs?  
Do you feel like this all the time?*

**NOTE: DO NOT RATE POSITIVELY IF EXCLUSIVELY DUE TO MEDICAL PROBLEMS, OTHER PSYCHIATRIC PROBLEMS (e.g., GAD), MEDICATIONS OR USE OF DRUGS OR ALCOHOL.**

P C S

- ( ) ( ) ( ) 0 - No information.
- ( ) ( ) ( ) 1 - Not at all or more energy than usual.
- ( ) ( ) ( ) 2 - Subthreshold: Often tired or without energy (2-3 days/week).
- ( ) ( ) ( ) 3 - Threshold: Tired or without energy most of the day, nearly every day (5-7 days/week).

PAST:

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Subject

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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5. Cognitive Disturbances

P C S

a. Decreased Concentration or Slowed Thinking

- ( ) ( ) ( ) 0 - No information.
- ( ) ( ) ( ) 1 - Not at all.
- ( ) ( ) ( ) 2 - Subthreshold: Definitely aware of limited attention span or slowed thinking, at least 2-3 days/week.
- ( ) ( ) ( ) 3 - Threshold: Interferes with school work. Forgetful. Takes substantially increased effort in schoolwork nearly everyday (5-7 days/week) or causes significant drop in grades.

(School information may be crucial to proper assessment of this item)

Complaints (or evidence from teacher) of diminished ability to think or concentrate which was not present to the same degree before onset of present episode. **Distinguish from lack of interest or motivation. (Do not include if associated with formal thought disorder)**

*Do you know what it means to concentrate?*

*Sometimes children have a lot of trouble concentrating. For instance, they have to read a page from a book, and can't keep their mind on it so it takes much longer to do it or they just can't do it, can't pay attention.*

*Have you been having this kind of trouble? When did it begin?*

*Is your thinking slowed down?*

*If you push yourself very hard can you concentrate?*

*Does it take longer to do your homework?*

*When you try to concentrate on something, does your mind drift off to other thoughts?*

*Can you pay attention in school?*

*Can you pay attention when you want to do something you like?*

*Do you forget about things a lot more?*

*What things can you pay attention to?*

*Is it that you can't concentrate? or is it that you are not interested, or don't care?*

*Did you have this kind of trouble before? When did it start?*

PAST:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	C	S

**NOTE: IF CHILD HAS ATTENTION DEFICIT DISORDER, DO NOT RATE POSITIVELY, UNLESS THERE WAS A WORSENING OF THE CONCENTRATION PROBLEMS ASSOCIATED WITH THE ONSET OF DEPRESSED MOOD.**

b. Indecision

P C S

- ( ) ( ) ( ) 0 - No information.
- ( ) ( ) ( ) 1 - Not present.
- ( ) ( ) ( ) 2 - Subthreshold: Often has difficulty making decisions (at least 2-3 days/week).
- ( ) ( ) ( ) 3 - Threshold: Nearly every day (5-7 days/week) has difficulty making decisions; has significant effect on functioning.

*When you were feeling sad, was it hard for you to make decisions?*

*Like did you find recess was over before you could decide what you wanted to do?*

PAST:

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P	C	S

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6. Appetite/Weight

a. Decreased Appetite

Appetite compared to usual or to peers if episode is of long duration. Make sure to differentiate between decrease of food intake because of dieting and because of loss of appetite.

Rate here loss of appetite only.

*How is your appetite? Do you feel hungry often?  
Are you eating more or less than before?  
Do you leave food on your plate?  
When did you begin to lose your appetite?  
Do you sometimes have to force yourself to eat?  
When was the last time you felt hungry?  
Are you on a diet? What kind of diet?*

P   C   S

- ( ) ( ) ( ) 0 - No information.
- ( ) ( ) ( ) 1 - Not at all - normal or increased.
- ( ) ( ) ( ) 2 - Subthreshold: Often has decrease in appetite (at least 2-3 days/week). (Regular snacks not consumed.)
- ( ) ( ) ( ) 3 - Threshold: Clear decrease in appetite every or nearly every day (5-7 days/week) (e.g., regular snacks not consumed, eats smaller meals than usual, some meals missed).

PAST:

P	C	S

b. Weight Loss

Total weight loss from usual weight since onset of the present episode (or maximum of 12 months). Make sure he/she has not been dieting. In the assessment of weight loss it is preferable to obtain recorded weights from old hospital charts or the child's pediatrician. Rate this item even if later he/she regained weight or became overweight. If possible, rater should have verified weights available at time of interview. Consider looking at BMI.

*Have you lost any weight since you started feeling sad?  
How do you know?  
Do you find your clothes are looser now?  
When was the last time you were weighed?  
How much did you weigh then?  
What about now? (measure it).*

P   C   S

- ( ) ( ) ( ) 0 - No information.
- ( ) ( ) ( ) 1 - No weight loss (stays in same percentile grouping).
- ( ) ( ) ( ) 2 - Subthreshold: Questionable weight loss.
- ( ) ( ) ( ) 3 - Threshold: Clear loss of weight during mood disturbance.

PAST:

P	C	S

**NOTE: DO NOT RATE POSITIVELY IF WEIGHT LOSS IS MAINLY ACCOUNTED FOR BY ANOREXIA NERVOSA. WEIGHT LOSS MUST BE DUE TO MOOD AND NOT OTHER FACTORS (MEDICAL PROBLEMS, MEDICATIONS, SUBSTANCE USE, ETC.)**

Subject

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c. Increased Appetite

As compared to usual. Inquire about this item even if anorexia and/ or weight loss were rated 2 - 3.

*Have you been eating more than before? Since when?  
Is it like you feel hungry all the time?  
Do you feel this way every day?  
Do you eat less than you would like to eat? Why?  
Do you have cravings for sweets?  
What do you eat too much of?*

- | <u>P</u> | <u>C</u> | <u>S</u> |  |
|----------|----------|----------|--|
| ( )      | ( )      | ( )      | <b>0</b> - No information.   |
| ( )      | ( )      | ( )      | <b>1</b> - Not at all - normal or decreased.   |
| ( )      | ( )      | ( )      | <b>2</b> - Subthreshold: Often snacks somewhat more than usual, or eats somewhat bigger meals(at least 2-3 days/week). |
| ( )      | ( )      | ( )      | <b>3</b> - Threshold: Nearly every day (5-7 days/ week) snacks notably more or eats bigger meals than usual.           |

**PAST:**     
P C S

d. Weight Gain

Total weight gain from usual weight during present episode (or a maximum of the last 12 months) not including gaining back weight previously lost or not gained according to the child's usual percentile for weight.

*Have you gained any weight since you started feeling sad?  
How do you know?  
Have you had to buy new clothes because the old ones did not fit any longer?  
What was your last weight?  
When were you last weighed?*

- | <u>P</u> | <u>C</u> | <u>S</u> |   |
|----------|----------|----------|---|
| ( )      | ( )      | ( )      | <b>0</b> - No information.  |
| ( )      | ( )      | ( )      | <b>1</b> - No weight gain (stays in same percentile).                                   |
| ( )      | ( )      | ( )      | <b>2</b> - Subthreshold: Questionable inappropriate weight gain.                        |
| ( )      | ( )      | ( )      | <b>3</b> - Threshold: Clear weight gain during mood disturbance beyond expected growth. |

**PAST:**     
P C S

**NOTE: DO NOT RATE POSITIVELY IF WEIGHT GAIN IS RELATED TO OTHER FACTORS (MEDICAL PROBLEMS, MEDICATIONS, SUBSTANCE USE, ETC.) WEIGHT GAIN MUST BE DUE TO MOOD DISTURBANCE.**



7. Psychomotor Disturbances

a. Agitation

Includes inability to sit still, pacing, fidgeting, repetitive lip or finger movement, wringing of hands, pulling at clothes, and non-stop talking. **To be rated positive, such activities should occur while the subject feels depressed, not associated with the manic syndrome, and not limited to isolated periods when discussing something upsetting. Do not include subjective feelings of tension or restlessness which are often incorrectly called agitation.** To arrive at your rating, take into account your observations during the interview, the child's report and the parent's report about the child's behavior during the episode.

*Since you've felt sad, are there times when you can't sit still, or you have to keep moving and can't stop?  
Do you walk up and down?  
Do you wring your hands? (demonstrate)  
Do you pull or rub on your clothes, hair, skin or other things?  
Do people tell you not to talk so much?  
Did you do this before you began to feel (sad)?  
When you do these things, is it that you are feeling (sad or do you feel high or great?*

*If someone was taking movies of you while you were eating breakfast and talking to your (mother), and they took these movies before you got (depressed) and again while you were (depressed) would I be able to see a difference?  
What would it be?  
What would I see?  
**Probe:** Would it take longer before or while you were (depressed)?  
A little longer?  
Much longer?*

*If I saw a videotape or heard an audiotape of your child at home while he/she was depressed and another when he/ she wasn't depressed, could I tell the difference? If yes, what would I see (hear different)?*

**Make sure it does not refer to content of speech or acts or to facial expression. Refer only to speed and tempo.**

**NOTE: IF CHILD HAS ATTENTION DEFICIT DISORDER, DO NOT RATE THE PSYCHOMOTOR AGITATION ITEM POSITIVELY UNLESS THERE WAS A WORSENING OF AGITATION THAT CORRESPONDED WITH THE ONSET OF THE DEPRESSED MOOD.**

P   C   S

- ( ) ( ) ( ) **0** - No information.
- ( ) ( ) ( ) **1** - Not at all, retarded, or associated with manic syndrome.
- ( ) ( ) ( ) **2** - Subthreshold: Often unable to sit quietly in a chair; often fidgeting, pulling and/or rubbing or pacing (at least 2-3 days/week).
- ( ) ( ) ( ) **3** - Threshold: Nearly everyday (5-7 days/ week) is unable to sit still in class; frequently fidgeting, pulling and/ or rubbing or pacing, etc.

**PAST:**

P	C	S

Subject

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**b. Psychomotor Retardation**

Visible, generalized slowing down of physical movement, reactions and speech. It includes long speech latencies. Make certain that slowing down actually occurred and is not merely a subjective feeling. To arrive at your rating take into account your observations during the interview, the child's report and the parent's report about the child's behavior during the episode.

*Since you started feeling (sad) have you noticed that you can't move as fast as before?  
Have you found it hard to start talking?  
Has your speech slowed down?  
Do you talk a lot less than before?  
Since you started feeling sad, have you felt like you are moving in slow motion?  
Have other people noticed it?*

*If someone was taking movies of you while you were eating breakfast and talking to your (mother), and they took these movies before you got (depressed) and again while you were (depressed) would I be able to see a difference?  
What would it be?  
What would I see?  
What would I hear?  
**Probe:** Would it take longer before or while you were (depressed)?  
A little longer?  
Much longer?*

*If I saw a videotape or heard an audiotape of your child at home while he/she was depressed and another when he/she wasn't depressed, could I tell the difference? If yes, what would I see (hear) different?*

**P C S**

- ( ) ( ) ( ) **0** - No information.
- ( ) ( ) ( ) **1** - Not at all.
- ( ) ( ) ( ) **2** - Subthreshold: Often (2-3 days/week) conversation is noticeably retarded and/ or body movement is slowed.
- ( ) ( ) ( ) **3** - Threshold: Nearly everyday, noticeably retarded speech or movement.

**PAST:**

P	C	S

**8. Self-Perceptions**

**a. Worthlessness/Negative Self-Image**

Includes feelings of inadequacy, inferiority, failure and worthlessness, self depreciation, self belittling.

**Rate with disregard of how "realistic" the negative self evaluation is.**

*How do you feel about yourself?  
Do you like yourself? Why or Why not?  
Do you ever think of yourself as pretty or ugly?  
Do you think you are bright or stupid?  
Do you like your personality, or do you wish it were different?  
How often do you feel this way about yourself?*

**P C S**

- ( ) ( ) ( ) **0** - No information.
- ( ) ( ) ( ) **1** - Not at all.
- ( ) ( ) ( ) **2** - Subthreshold: Often feels inadequate or does not like him/herself (2-3 days/week).
- ( ) ( ) ( ) **3** - Threshold: Feels like a failure or worthless, or unable to identify any positive attribute nearly every day (5-7 days/week).

**PAST:**

P	C	S

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**b. Excessive or Inappropriate Guilt**

...and self reproach, for things done or not done, including delusions of guilt.

**Rate according to proportion between intensity of guilt feelings or severity of punishment child thinks she deserves and the actual misdeeds.**

*When people say or do things that are good, they usually feel good, and when they say or do something bad they feel bad about it. Do you feel bad about anything you have done? What is it? How often do you think about it? When did you do that? What does it mean if I said I feel guilty about something?*

*How much of the time do you feel like this?*

*Most of the time?*

*A lot of the time?*

*A little of the time?*

*Not at all?*

*What kind of things do you feel guilty about? Do you feel guilty about things you have not done? or are actually not your fault? Do you feel guilty about things your parents or others do? Do you feel you cause bad things to happen? Do you think you should be punished for this? What kind of punishment do you feel you deserve? Do you want to be punished? How do your parents usually punish you? Do you think it's enough?*

**For many young children it is preferable to give a concrete example such as:** "I am going to tell you about three children and you tell me which one is most like you. The first is a child who does something wrong, then feels bad about it, goes and apologizes to the person, the apologies are accepted, and he just forgets about it from then on. The second child is like the first but after his apologies are accepted, he just cannot forget about what he had done and continues to feel bad about it for one to two weeks. The third is a child who has not done much wrong, but who feels guilty for all kinds of things which are really not his fault like.... Which one of these three children is like you?"

**It is also useful to double check the child's understanding of the questions by asking him to give an example, like the last time he felt guilty "like the child in the story."**

**NOTE: IF GUILT APPEARS TO BE OF DELUSIONAL INTENSITY, COMPLETE THE PSYCHOSIS SUPPLEMENT.**

P   C   S

- ( ) ( ) ( ) **0** - No information.
- ( ) ( ) ( ) **1** - Not at all.
- ( ) ( ) ( ) **2** - Subthreshold: Sometimes(2-3 days/week) feels very guilty about past actions, the significance of which he exaggerates, and which most children would have forgotten about.
- ( ) ( ) ( ) **3** - Threshold: Nearly every day feels guilt which he cannot explain or about things which objectively are not his fault. (Except feeling guilty about parental separation and/or divorce which is normative and should not lead by and of itself to a positive guilt rating in this score, except if it persists after repeated appropriate discussions with the parents)

**PAST:**

P	C	S

Subject

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**Codes for Remaining Items:** 0 = No Information 1 = No 2 = Yes

OTHER CRITERIA:	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
1. Evidence of a Precipitant (specify):	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )
2. <u>Symptoms Occur or Worsen with Monthly Menstruation</u>  (For Adolescent Females): Do you notice any connection between your menstrual cycle and your moods? Do you get really depressed each month right before or after you start your period?	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )
3. Impairment						
A. Socially (with peers):	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )
B. With family:	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )
C. In school:	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )



**Codes for Remaining Items:** 0 = No Information 1 = No 2 = Yes

4. Evidence of Major Depressive Disorder

Summary CE			Summary MSP		
0	1	2	0	1	2
( )	( )	( )	( )	( )	( )

*DSM-5 Criteria:*

- A. Meets criteria (score 3) for five or more of the depressive symptoms listed in the table below; the symptoms have been present during the same two week period and represent and change from previous functioning; and at least one of the symptoms is either: 1) Depressed Mood; 2) Irritable Mood; or 3) Anhedonia/Loss of Interest or Pleasure (subjective or observed).
- B. The symptoms do not meet criteria for a Mixed Episode.
- C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning
- D. An organic (pharmacological) etiology has been ruled out;
- E. At no time have there been delusions or hallucinations for at least two weeks in the absence of prominent affective symptoms; and
- F. Did not meet criteria for Schizophrenia or Schizophreniform Disorder.

Symptom	K-SADS Score	<u>Yes</u>	<u>No</u>
Depressed Mood	3		
Irritable Mood	3		
Anhedonia/Diminished Interest or Pleasure	3		
Decreased Appetite OR Weight Loss OR Increased Appetite OR Weight Gain	3		
Insomnia OR Hypersomnia	3		
Psychomotor Agitation OR Retardation	3		
Fatigue OR Loss of Energy	3		
Feelings of Worthlessness OR Excessive OR Inappropriate Guilt	3		
Decreased Concentration, Slowed Thinking, OR Indecisiveness	3		
Recurrent Thoughts of Death, Recurrent Suicidal Ideation (with or without Plan) OR Suicide Attempt	3		

Subject

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Draft



**Codes for Remaining Items:** 0 = No Information 1 = No 2 = Yes

	Summary CE			Summary MSP		
	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )
<hr/>						
<b>5. Evidence of MDD with Psychotic Features</b>						
<p>A. Subject met criteria for MDD; and</p> <p>B. at some time during the episode of MDD, subject concurrently had either delusions, hallucinations, incoherence, marked loosening of associations, catatonic behavior or flat or inappropriate affect; and</p> <p>C. psychotic symptoms only present during episode of MDD.</p>						
<hr/>						
<b>6. Evidence of Schizoaffective Disorder - Depressed Type (SA-D)</b>						
<p>A. Subject met criteria for Major Depressive Episode and Criterion A symptoms of Schizophrenia are present.</p> <p>B. Delusions or hallucinations for 2 or more weeks in the absence of depression during the episode of illness.</p> <p>C. Symptoms of depression are present for the majority of the total duration of the illness.</p> <p>D.. The disturbance is not due to the effects of a substance (e.g. drug of abuse or medication) or another medical condition.</p>						
<hr/>						
<b>7. Evidence of Unspecified Depressive Disorder</b>						
<p>Prominent depressive symptoms that do not meet criteria for any specific Depressive Disorders, Bipolar and Related Disorders or Adjustment Disorders AND significant distress or impairment. Specify (only one): 1) Recurrent Brief Depression (depressed affect and at least 4 other symptoms of depression for 2-13 days at least once a month for at least 12 consecutive months AND never met criteria for another mood disorder AND does not currently meet criteria for psychotic disorder); 2) Mixed Subsyndromal Anxiety and Depression (concurrent moderate to severe depressive and anxiety symptoms for at least 2 weeks that do not meet full criteria); 3) Short Duration Depressive Episode (full criteria for Major Depressive Episode BUT 4-13 days in duration AND never met criteria for Depressive, Bipolar and Related Disorders, Recurrent Brief Depression, Mixed Subsyndromal Anxiety and Depression AND does not currently meet criteria for any psychotic disorder); 4) Subthreshold Depressive Episode with Insufficient Symptoms (depressed affect and at least one of the other depressive symptoms for at least two weeks AND never met criteria for Depressive, Bipolar and Related Disorders, Mixed Subsyndromal Anxiety and Depression AND does not currently meet criteria for any psychotic disorder).</p>						
<hr/>						
<b>8. Evidence of Adjustment Disorder with Depressed Mood</b>						
<p>A. The Development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring with 3 months of the onset of the symptoms;</p> <p>B. These symptoms or behaviors are clinically significant as evidenced by one or both the of the following: 1) Marked distress that is out of proportion to the severity or intensity of the stressor; and/ or 2) Significant impairment;</p> <p>C. The stress-related disturbance does not meet criteria for another mental disorder and is not merely an exacerbation of a preexisting mental disorder;</p> <p>D. The symptoms do not represent normal bereavement;</p> <p>E. Once the stressor or its consequences have terminated, the symptoms do not persist for more than an additional six months.</p> <p>F. Depression predominant symptom.</p>						

IF DOESN'T MEET FOR MDE CHECK HERE AND GO TO DYSTHYMIA SUPPLEMENT PAGE 16.  Yes  No

IF MEETS FOR MDE: CONTINUE (OPTIONAL SUBTYPE QUESTIONS)

**9. Lack of Reactivity of Depressed or Irritable Mood to Positive Stimuli**

	<u>P</u>	<u>C</u>	<u>S</u>	
	( )	( )	( )	<b>0</b> - No information.
Extent to which temporary improvement in mood is associated with positive environmental events. For patients with separation anxiety disorder, differentiate between improvements in anxiety and depressive symptoms (especially in inpatients during visiting). Only the latter is to be recorded. The ratings take into account both extent and duration of mood improvement.	( )	( )	( )	<b>1</b> - Not Present: Very responsive to environmental events, in both extent and duration of improvement.
<i>If someone tried to cheer you up, could they?</i> <i>Has anything good happened to you since you started feeling (____)?</i> <i>If yes, what was it? If no, are you sure?</i> <i>Anything a little bit good?</i> <i>Did this good thing make you feel any better?</i> <i>If yes, how good did you feel?</i> <i>Did you feel happy?</i> <i>Did you laugh at anything?</i> <i>When you were at your worst, did this feeling ever go away?</i> <i>When you got your mind on other things or when something good happened, did the feeling ever go away?</i> <i>Did all of it go away?</i> <i>What made it go away? (e.g., like when you were playing with other children?)</i> <i>How long did the good feeling last?</i> <i>Minutes? Hours? All day?</i> <i>Did you feel bad no matter what was happening?</i>	( )	( )	( )	<b>2</b> - Subthreshold: Somewhat responsive but still feels depressed. Mood improves partially and stays like that for more than a few minutes.
	( )	( )	( )	<b>3</b> - Threshold: "Brief peaks." Mood clears up for no longer than a few minutes in response to positive stimuli then goes back down again.

**PAST:**  P  C  S

**10. Quality of Dysphoric Mood Different Than Grief**

	<u>P</u>	<u>C</u>	<u>S</u>	
	( )	( )	( )	<b>0</b> - No information or unable to understand question.
Extent to which the subjective feelings of depression are felt by the child to be qualitatively different from the kind of feeling s/he would have or has had following the death of a loved one, pet, or from loneliness or from feelings of missing someone during separation experience (more common in child's life). If possible, get baseline for comparison of missing, grief, or loneliness feelings during a period when child was not depressed. NOTE: Parent can only report this item if the child has actually stated this spontaneously before.	( )	( )	( )	<b>1</b> - Not present: No difference or just more severe.
<i>Is this feeling different than the one you get when a friend moved away, or your parent went out of town for awhile?</i> <i>Is this like a "missing someone" or a "lonely" feeling? How is it different?</i> <i>Has anyone close to you died? A pet?</i> <i>Is this feeling you are having now of being (down/sad) different from the feeling you had after _____ died?</i>	( )	( )	( )	<b>2</b> - Subthreshold: Questionable or minimal difference.
	( )	( )	( )	<b>3</b> - Threshold: Definitely different.

**PAST:**  P  C  S

**11. Diurnal Mood Variation**

Extent to which, for at least one week there is a persistent fluctuation of mood (depressed or irritable) with the first or second half of the day. Rate regardless of regular environmental changes. Do not rate positive if it gets worse only at bedtime, school time or other separation times. The worst period should last at least 2 hours. Ask about weekends. Make sure the worsening refers to dysphoric mood and not to anxiety or environmental effects.

*Do you feel more (\_\_\_\_) in the morning when you wake up, or in the afternoon, or in the evening? A lot worse or a little worse?  
How long does it last?  
Does this happen even after you get home from school, after dinner?  
When do you start feeling better?*

*How much worse?  
When you feel worse, is it a different feeling or just more of the same?*

*(Use regular events as time milestones: lunch, second AM class, TV program, after dinner, etc.)*

**Worse in Morning**

**P**   **C**   **S**

- ( ) ( ) ( )   **0** - No information.
- ( ) ( ) ( )   **1** - Not Present: Not worse in the morning or variable or no depressed mood.
- ( ) ( ) ( )   **2** - Subthreshold: Minimally or questionably worse or for less than 2 hours.
- ( ) ( ) ( )   **3** - Threshold: Notably worse for at least 2 hours.

**PAST:**

P	C	S

**Worse in Afternoon and/or Evening**

**P**   **C**   **S**

- ( ) ( ) ( )   **0** - No information.
- ( ) ( ) ( )   **1** - Not Present: Not worse in the evening or variable or no depressed mood.
- ( ) ( ) ( )   **2** - Subthreshold: Minimally or questionably worse or for less than 2 hours.
- ( ) ( ) ( )   **3** - Threshold: Notably worse for at least 2 hours.

**PAST:**

P	C	S

**12. Rejection Sensitivity**

A long-standing pattern of extreme sensitivity to perceived interpersonal rejection. Being occasionally touchy or overemotional does not qualify as a manifestation of rejection sensitivity. Pathological sensitivity to perceived interpersonal rejection is a trait that has an early onset and persists throughout most of adult life. Rejection sensitivity occurs both when the person is and is not depressed, though it may be exacerbated during depressive episodes. The problems that result from rejection sensitivity must be significant enough to result in functional impairment.

*Do you get upset when a friend says he/ she will call but doesn't?  
How long do you feel down?  
If you and your mom have a fight and you think she's mad at you, does it bring you really down in the dumps? How long does the feeling last? How bad is it?  
Are there times when your friends or someone in your family ignored you and left you out? What happened? Did it get you upset?*

**P**   **C**   **S**

- ( ) ( ) ( )   **0** - No information.
- ( ) ( ) ( )   **1** - Not present.
- ( ) ( ) ( )   **2** - Subthreshold: Child experiences brief transient periods of dysphoria precipitated by rejection. Down mood does not persist for longer than a day, and is not associated with severe depressive symptomatology (e.g., suicidality).
- ( ) ( ) ( )   **3** - Threshold: Dysphoria precipitated by rejection persists for several days, or is associated with severe depressive symptomatology (e.g., suicidality).

**PAST:**

P	C	S

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**Codes for Remaining Items:** 0 = No Information 1 = No 2 = Yes

	Summary CE			Summary MSP		
	0	1	2	0	1	2
<p><u>13. Meets Criteria for Major Depression with Melancholic Features</u></p> <p><i>DSM-5 Criteria</i></p> <p>Meets criteria for MDD, has loss of pleasure in all or almost all activities or lack of reactivity. Also, three of the following are true: distinct quality of depressed mood (mood different than feeling experienced after death or loss of a loved one); depression worse in a.m.; terminal insomnia (2 hrs or more); psychomotor disturbance; anorexia or weight loss; or guilt.</p>	( )	( )	( )	( )	( )	( )
<p><u>14. Evidence of Seasonal Pattern</u></p> <p>There is a regular temporal relationship between the onset of an episode of Recurrent Major Depression (or Unspecified Depressive Disorder), and a particular 60-day period of the year (e.g., regular appearance of depression between the beginning of October and the end of November). Do not include cases in which there is an obvious effect of a seasonally related psychosocial stressor.</p>	( )	( )	( )	( )	( )	( )
<p><u>15. Evidence of Atypical Depression</u></p> <p>Meets criteria for MDD, Dysthymia, or Unspecified Depression with depressed mood responsive to positive events, and 2 of the following features are present: hypersomnia, extreme body inertia/ sensation of weighted limbs, increased appetite or weight gain, and rejection sensitivity.</p>	( )	( )	( )	( )	( )	( )

Subject



Please mark the option below:

- IF ITEM 1B ON PAGE 1 WAS RATED "2" - CONTINUE
- IF ITEM 1B ON PAGE 1 WAS NOT RATED "2" - END OF DEPRESSION SUPPLEMENT.

**Dysthymia/ Persistent Depression Supplement**

During the period of depressed and/ or irritable mood which was present for most of the day more days than not for at least one year, the following have been present:

**1. Poor Appetite or Overeating More Days than Not**

- How was your appetite?*
- Did you lose or gain any weight?*
- Did you feel hungry often?*
- Were you eating more or less than before?*
- Did you sometimes have to force yourself to eat?*
- Did this happen more days than not?*
- How about the opposite?*
- Were you eating more than before?*
- Was it like you felt hungry all the time?*
- Did this happen more days than not?*

**P   C   S**

- ( ) ( ) ( )   **0** - No information.
- ( ) ( ) ( )   **1** - Not Present.
- ( ) ( ) ( )   **2** - Present.

**PAST:**

P	C	S

**2. Sleep Disturbance**

Initial insomnia of greater than one hour and/ or ANY middle or terminal insomnia greater than or equal to 30 minutes more days than not OR hypersomnia greater than 2 hours per 24 hour period more days than not

- Did you have trouble sleeping?*
- How long did it take you to fall asleep?*
- Did this happen more days than not?*
- Once you fell asleep, did you wake up in the middle of the night?*
- How many times?*
- How long did it take you to fall back asleep?*
- Did this happen more days than not?*
- What time were you waking up in the mornings?*
- Were you waking up earlier than you had to? How much earlier?*
- What about the opposite?*
- Were you sleeping longer than usual? How much longer?*
- Were you taking naps? How long?*
- Did that happen on most days?*

**P   C   S**

- ( ) ( ) ( )   **0** - No information.
- ( ) ( ) ( )   **1** - Not Present.
- ( ) ( ) ( )   **2** - Present.

**PAST:**

P	C	S

Subject

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Draft



3. Feels Tired or Without Energy More Days than Not

*Were you feeling tired?  
Did you feel tired all of the time?  
Did you feel that way on most days?*

P C S

- ( ) ( ) ( ) 0 - No information.
- ( ) ( ) ( ) 1 - Not Present.
- ( ) ( ) ( ) 2 - Present.

PAST:     
P C S

4. Feels Inadequate or Doesn't Like Self. Has Low Self-esteem More Days than Not

*How were you feeling about yourself?  
Did you like yourself?  
Were there times that you felt really bad about yourself?  
Were there things you wanted to change about yourself? Tell me about it.  
Did you feel this way more days than not?*

P C S

- ( ) ( ) ( ) 0 - No information.
- ( ) ( ) ( ) 1 - Not Present.
- ( ) ( ) ( ) 2 - Present.

PAST:     
P C S

5. Poor Concentration, Limited Attention Span, or Slower Thinking, or Has Difficulty Making Decisions More Days than Not

*Was it hard to concentrate?  
Was it hard to keep your mind on your schoolwork or reading a book or watching tv?  
When you tried to concentrate on something, did you mind drift off to other things?  
Did you forget things a lot more?  
Was your thinking slowed down?  
Did you have these problems before you started to feel sad or irritable?  
Did this happen more days than not?*

P C S

- ( ) ( ) ( ) 0 - No information.
- ( ) ( ) ( ) 1 - Not Present.
- ( ) ( ) ( ) 2 - Present.

PAST:     
P C S

6. Hopelessness

*How did you think things would be in the future?  
Were you feeling discouraged or hopeless about the future?  
Did you feel this way more days than not?*

P C S

- ( ) ( ) ( ) 0 - No information.
- ( ) ( ) ( ) 1 - Not Present.
- ( ) ( ) ( ) 2 - Present.

PAST:     
P C S



**Codes for Remaining Items: 0 = No Information 1 = No 2 = Yes**

**7. Evidence of Persistent Depressive Disorder ((Dysthymia)**

Summary CE			Summary MSP		
<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>2</b>
( )	( )	( )	( )	( )	( )

DSM-5 Criteria:

Criterion A: Depressed (or irritable) mood, more days than not, for at least one year; **AND**

Criterion B: Two or more of the the symptoms in the table below; and

SYMPTOMS CAUSE CLINICALLY SIGNIFICANT DISTRESS OR IMPAIRMENT IN SOCIAL, ACEDEMIC, OCCUPATIONAL, OR OTHER IMPORTANT AREAS OF FUNCTIONING.

Also:

- \_\_\_\_\_ 1) During the one-year period, never been without the symptoms in Criteria A and B for more than two months at a time.
- \_\_\_\_\_ 2) Criteria for Major Depressive Disorder may be continuously present.
- \_\_\_\_\_ 3) There has never been a manic episode or hypomanic episode, never met criteria for cyclothymia.
- \_\_\_\_\_ 4) Disturbance not better explained by persistent schizoaffective disorder, schizophrenia, delusional disorder, or other psychotic disorder.
- \_\_\_\_\_ 5) Symptoms not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hypothyroidism).

Symptom	K-SADS Score	<u>Yes</u>	<u>No</u>
Depressed OR Irritable Mood	2		
Poor Appetite OR Overeating	2		
Insomnia OR Hypersomnia	2		
Low Energy OR Fatigue	2		
Low Self-Esteem	2		
Poor Concentration OR Indecision	2		
Feelings of Hopelessness	2		

Specify if:

- \_\_\_\_\_ With anxious distress.
- \_\_\_\_\_ With mixed features.
- \_\_\_\_\_ With melancholic features.
- \_\_\_\_\_ With atypical features.
- \_\_\_\_\_ With mood congruent psychotic features.
- \_\_\_\_\_ With mood incongruent psychotic features.
- \_\_\_\_\_ With peripartum onset.

Subject 

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Codes for Remaining Items: 0 = No Information 1 = No 2 = Yes

8. Persistent Depression- Primary Type

Mood disturbance is not related to a pre-existing, chronic, non-mood Axis I Disorder (e.g., Anorexia, Overanxious Disorder) or Axis III disorder.

Summary CE			Summary MSP		
0	1	2	0	1	2
( )	( )	( )	( )	( )	( )

9. Persistent Depression- Secondary Type

Mood disturbance is apparently related to a pre-existing chronic, non-mood Axis I or Axis III disorder.

0	1	2	0	1	2
( )	( )	( )	( )	( )	( )

Subject

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Draft



**1. Reassessment of duration of distinct period of elated/ elevated and/or irritable mood (with associated potential manic symptomatology)**

The interviewer should assess the duration (in number of days at threshold) of elated/ elevated and irritable mood that occurs in the context of potential (hypo)manic symptoms. Irritability can frequently co-occur with elevated/ elated mood during (hypo)mania, especially when the individual's desires or goal-directed behaviors are thwarted. In addition, it is very common for depressive symptoms to be intermixed at varying degrees of intensity with elated/ elevated mood and extreme irritability during a period of (hypo)mania, so it not uncommon for elevated and manic irritable mood to be present for different periods throughout the day and dysphoria and depression for much of the other time.

**IT IS EXTREMELY IMPORTANT TO ONLY RATE THE DURATION OF DISTINCT PERIODS OF ABNORMALLY ELEVATED/ ELATED AND/ OR IRRITABLE MOOD AND NOT CHRONIC IRRITABILITY.**

Episodes can occur against a background of chronic mood disturbance but only the distinct episodes that are associated with (hypo)manic symptoms should be rated. In some cases, the episode can be long, but it is a distinct change from baseline.

The interviewer should reassess elated and irritable moods that occur in the context of other manic symptoms. For children and adolescents the mood duration criteria can be fulfilled by adding together the duration of the reported elated and irritable moods, as long as they occur in the context of manic symptomatology. (i.e., if a child has 1 hr of elated mood and 3 hrs of very irritable mood, this would equal 4hrs of mood disturbance and 1 day at threshold)

**Determine duration of longest episode of abnormally elevated/elated/extreme irritable mood.**

Maximum episode duration of abnormal elevated/elated and/or irritable mood with associated (hypo)manic symptoms (number consecutive days with 4 hours or more hours of elevated and/or irritable mood throughout the day).

*You said that you were feeling revved/hyper/sped up (use the child's or parent's terminology) and were feeling high/super happy/super angry. How much of the time were you in either a super happy or really angry mood? Would you have these moods more than once a day?*

*What else was different about you when you had these high/super happy/super angry moods?*

*Were there any changes in your energy, speed of thinking or talking, speed of moving, or how much sleep you would get?*

*Any difference in how you would act with other people or the kinds of things you would do?*

*How long would these moods (elated and/or angry) last for altogether in a given day?*

*How many days in a row would you be in a high/super happy/super angry mood for much of the day or night?*

**P C S Current Episode**  
( ) ( ) ( ) 0- 1 day (present for at least 4 hours total in the day.)

( ) ( ) ( ) 1- Distinct mood episodes last 2-3 days.

( ) ( ) ( ) 2- Distinct mood episodes last 4-6 days.

( ) ( ) ( ) 3- Distinct mood episodes last ≥ days.

**P C S Indicate whether mood is:**

( ) ( ) ( ) 0- Irritable only.

( ) ( ) ( ) 1- Elevated/ elated only.

( ) ( ) ( ) 2- Elevated/ elated and irritable.

**P C S Most Severe Past**  
( ) ( ) ( ) 0- 1 day (present for at least 4 hours total in the day.)

( ) ( ) ( ) 1- Distinct mood episodes last 2-3 days.

( ) ( ) ( ) 2- Distinct mood episodes last 4-6 days.

( ) ( ) ( ) 3- Distinct mood episodes last ≥ days.

**P C S Indicate whether mood is:**

( ) ( ) ( ) 0- Irritable only.

( ) ( ) ( ) 1- Elevated/ elated only.

( ) ( ) ( ) 2- Elevated/ elated and irritable.

**NOTE: IF HISTORY OF CURRENT OR PAST SUBSTANCE USE DISORDER, CAREFULLY ASSESS THE RELATIONSHIP BETWEEN SUBSTANCE USE AND MANIC-LIKE SYMPTOMS.**

Subject

Date  /  / 20

Interviewer

Draft



2. Grandiosity/ Inflated Self-Esteem

Increased self-esteem and appraisal of his/ her worth, power, or knowledge (*up to grandiose delusions\**) as compared with usual level.

*When you were feeling (super high / super happy / super angry) were you feeling more self-confident than usual?  
When that happens, do you believe you have any special talents or think you have special power?  
Have you felt as if you are much better than others? ....smarter?...stronger? Why?  
Have you won any awards or honors for \_\_\_\_?  
Have you felt that you are a particularly important person?*

**NOTE: BE SURE TO DETERMINE WHETHER THE CHILD REALLY HAS THE "SPECIAL TALENTS" OR NOT BEFORE RATING THIS ITEM. ALSO, KEEP IN MIND NORMAL DEVELOPMENTAL LEVELS. RATE IF GRANDIOSITY IS ABOVE AND BEYOND WHAT WOULD BE EXPECTED FOR SUBJECT'S AGE. NOT JUST BRAGGING. MUST BE EXAGGERATED AND OUT OF CONTEXT. MUST NOT BE DUE TO SUBSTANCE USE.**

*\*if grandiosity appears to be of delusional intensity, please complete the psychosis supplement.*

3. More Talkative or Pressured Speech

*When you were feeling super high / super happy / super angry, were there times that you spoke very rapidly or talked on and on and could not be stopped?  
Have people said you were talking too fast or talking too much?  
Have people had trouble understanding you?*

**Rate based on data reported by informant or observational data.**

**NOTE: IF CHILD MEETS CRITERIA FOR ADHD ONLY RATE POSITIVELY IF THERE WAS AN INCREASE IN TALKATIVENESS ASSOCIATED WITH THE ONSET OF MOOD SYMPTOMS.**

4. Racing Thoughts

Subjective experience that thinking was markedly accelerated.

*During the times when you were feeling super high / super happy / super angry, did you notice a change in how fast you were thinking?  
Have there ever been times when your thoughts were racing so fast it was hard for you to keep up with them?  
Have you ever felt like there were too many ideas jumping around in your mind?  
Could you stop the thoughts if you wanted to?  
What was your mood like at that time?*

**Rate based on data reported by informant or observational data. Score positively only if racing thoughts occur during mood change (e.g., elation, irritability).**

**P** **C** **S**

- ( ) ( ) ( ) **0** - No information.
- ( ) ( ) ( ) **1** - Not present. Not at all, or decreased self-esteem.
- ( ) ( ) ( ) **2** - Subthreshold: Is much more confident about him/ herself than most people in his/ her circumstances but only of possible clinical significance.
- ( ) ( ) ( ) **3** - Threshold: During mood disturbance, persistently and disproportionately inflated self-esteem that is exaggerated and out of context.

PAST:

P	C	S

**P** **C** **S**

- ( ) ( ) ( ) **0** - No information.
- ( ) ( ) ( ) **1** - Not present: Not at all or retarded speech.
- ( ) ( ) ( ) **2** - Subthreshold: Brief or mild rapid speech that is of questionable clinical significance.
- ( ) ( ) ( ) **3** - Threshold: During the mood disturbance is persistently and noticeably more verbose than normal or speech is noticeably pressured.

PAST:

P	C	S

**P** **C** **S**

- ( ) ( ) ( ) **0** - No information.
- ( ) ( ) ( ) **1** - Not present.
- ( ) ( ) ( ) **2** - Subthreshold: Possible increase in rate of thinking; or thinking about many more things than usual. Brief and not of clear clinical significance.
- ( ) ( ) ( ) **3** - Threshold: Racing thoughts are persistently present during the mood disturbance or cause significant distress or impairment.

PAST:

P	C	S

Subject

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Draft



5. Flight of Ideas (Observational or reported by informant)

Accelerated speech with abrupt changes from topic to topic usually based on understandable associations, distracting stimuli or play on words. In rating severity, consider speed of associations, inability to complete ideas and sustain attention in a goal-directed manner. When severe, complete or partial sentences may be galloping on each other so fast that apparent sentence-to-sentence derailment and/or sentence incoherence may also be present.

When you were super high / super happy / super angry, were there times when people could not understand you because you jumped from subject to subject or talked about so many different things? When they said you did not make sense or had trouble following your train of thought? Can you give me an example?

P C S

- ( ) ( ) ( ) 0 - No information.
- ( ) ( ) ( ) 1 - Not present: Not at all.
- ( ) ( ) ( ) 2 - Subthreshold: Brief or mild changes in the topic. Of questionable clinical significance.
- ( ) ( ) ( ) 3 - Threshold: During the mood disturbance, persistently has instances of abrupt change in the topic which is noticeable to others and is different from usual for the child.

PAST:     
P C S

6. Increased Goal-Directed Activity/ Sociability

As compared with usual level. Consider changes in scholastic, social, sexual or leisure involvement or activity level associated with work, family, friends, new projects, interests, or activities (e.g., telephone calls, letter writing).

During the times when you were feeling super high / super happy / super angry were you more active or involved in more things than usual? Were you working on many more projects at home or at school? Busy cleaning many things, rearranging furniture or reorganizing your room? Feeling much more social and really outgoing, talking to many people, suddenly feeling super friendly?

For adolescents: Were you much more sexually active than usual?

**NOTE: ONLY SCORE POSITIVELY IF INCREASED ACTIVITY / SOCIABILITY OCCURS DURING A PERIOD OF MOOD CHANGE (e.g., elation, irritability) AND ACTIVITY / SOCIABILITY IS A CHANGE FROM BASELINE.**

P C S

- ( ) ( ) ( ) 0 - No information.
- ( ) ( ) ( ) 1 - Not present or slight increase.
- ( ) ( ) ( ) 2 - Subthreshold: During mood disturbance, increase in general activity level involving at least one area (e.g., school, work, socially, sexually or activities during free time) but is not persistent and only of possible clinical significance.
- ( ) ( ) ( ) 3 - Threshold: During mood disturbance, persistent and significant increase in general activity level involving 2 or more areas, or marked increase in one area. Activity involvement and/ or sociability is excessive and much more than what would be expected by a typical child his/ her age.

PAST:     
P C S

7. Psychomotor Agitation

Visible manifestations of generalized motor hyperactivity, which occurred during a period of abnormally elevated, expansive, or irritable mood. Make certain that the hyperactivity actually occurred and was not merely a subjective feeling of restlessness. Make sure it is not chronic but episodic hyperactivity.

When you are feeling super high / super happy / super angry, do you notice a change in how active you are or how much you move? Are there times when you can't sit still, or you have to keep moving and can't stop? Do you feel like you need to keep walking back and forth? Were you moving very fast or were really hyperactive? Tell me what you were doing.

**NOTE: IF CHILD MEETS CRITERIA FOR ADHD, ONLY RATE POSITIVELY IF THERE WAS AN INCREASE IN RESTLESSNESS ASSOCIATED WITH THE ONSET OF MOOD SYMPTOMS.**

P C S

- ( ) ( ) ( ) 0 - No information.
- ( ) ( ) ( ) 1 - Not present: Not at all, or retarded.
- ( ) ( ) ( ) 2 - Subthreshold: Brief or mild increase in physical restlessness or hyperactivity of questionable clinical significance.
- ( ) ( ) ( ) 3 - Threshold: During the mood disturbance is persistently unable to stay in seat, pacing, fidgeting, excessive movement, etc., almost always disruptive to some degree.

PAST:     
P C S

Subject

Draft



8. Excessive Involvement in High Risk Pleasurable Activities

P C S

( ) ( ) ( )

0 - No information.

Excessive involvement in pleasurable / thrill-seeking / exciting activities that have a high potential for painful consequences.

( ) ( ) ( )

1 - Not present.

( ) ( ) ( )

2 - Subthreshold: Transient or mild increase in risk-taking/pleasure-seeking behavior of only questionable clinical significance.

*When you were feeling high / super happy / super angry did you do things that caused trouble for you or your family or friends?  
Did you do things you normally would not have done... like staying out all night, spending a lot of money, taking trips unexpectedly, or doing something really risky for fun?  
Did you do anything that you now think you should not have done?  
Were you drinking or using drugs at the time?  
Has this ever happened when you weren't drinking or using drugs?*

( ) ( ) ( )

3 - Threshold: During the mood disturbance, persistently involved in risk taking/pleasure-seeking activities with potentially negative consequences that show poor judgment (e.g., driving recklessly, having casual affairs, disinhibited interpersonal relations, spending sprees, giving away money or personal belongings).

*(For Adolescents) What about getting involved in relationships quickly, having a lot of one night stands, or doing other dangerous things like driving recklessly?*

*(For Pre-adolescents) What about jumping from really high places, going on long trips on your bicycle, or playing serious pranks in school?*

PAST:

P C S

Also consider inappropriate sexual behavior.

9. Distractibility

P C S

( ) ( ) ( )

0 - No information.

Child presents evidence of difficulty focusing his/ her attention on the questions of the interviewer, jumps from one thing to another, cannot keep track of his/ her answers, and is drawn to irrelevant stimuli he/ she cannot shut out. Not to be confused with avoidance of uncomfortable themes.

( ) ( ) ( )

1 - Not present.

( ) ( ) ( )

2 - Subthreshold: Brief or mild distractibility of questionable clinical significance. Distractibility has no effect on functioning.

*Since you have been feeling super high / super happy / super angry have you noticed any change in your concentration?  
Have you had trouble sticking to what you are supposed to do?  
Do you start things that you just don't finish?  
Do you get distracted easily?  
Have you been having trouble paying attention in class?*

( ) ( ) ( )

3 - Threshold: Persistently distractible during the mood disturbance, which is noticeable by others. Distractibility has significant effect on functioning.

Rate based on data reported by informant or observational data

PAST:

P C S

**NOTE: IF CHILD MEETS CRITERIA FOR ADHD, ONLY RATE POSITIVELY IF THERE WAS AN INCREASE IN DISTRACTIBILITY ASSOCIATED WITH THE ONSET OF MOOD SYMPTOMS.**

Subject

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**10. Influence of Drugs or Alcohol**

*Did you feel super high / super happy / super angry or do these things only happen when you have been drinking or taking drugs or medicine?*

*What kinds?*

*How much?*

*Do you ever have the high / super happy / super angry moods at times when you are not drinking or using drugs?*

*Which came first, the drug or the high?*

*Do you drink a lot of coffee or other caffeinated drinks?*

*About how much do you drink? Have you ever felt high like you described earlier when you weren't drinking tons of caffeine?*

**P   C   S**

( ) ( ) ( )

**0** - No information.

( ) ( ) ( )

**1** - Manic symptoms never occur under the influence of drugs.

( ) ( ) ( )

**2** - Manic symptoms occur sometimes but not always under the influence of alcohol or drugs. At least once was manic or hypomanic without prior drug or alcohol use.

( ) ( ) ( )

**3** - Manic symptoms present only under the influence of alcohol or drugs.

**PAST:**




P

C

S

**11. Patterning of Manic Symptoms**

Inquire about episodes in which subject had persistently abnormally elevated, expansive or irritable mood plus 3 associated (hypo)manic symptoms (4 if irritable only), that were not caused by drugs, medications or alcohol, or other psychiatric disorders.

**a. Longest Duration of (Hypo)Manic Periods**

*What is the longest period of time in hours, or days in a row that you felt super high / super happy / super angry and (list other endorsed manic symptoms)?*

**NOTE: MOOD CHANGE AND SYMPTOMS SHOULD BE PRESENT FOR A SIGNIFICANT PART OF THE DAY (> 4 hours total) IN ORDER TO REACH THRESHOLD UNLESS VERY SEVERE IN A GIVEN DAY.**

**P   C   S**

( ) ( ) ( )

**0** - No information.

( ) ( ) ( )

**1** - One day. (> 4 hours during the day)

( ) ( ) ( )

**2** - 2-3 days.

( ) ( ) ( )

**3** - 4-6 days.

( ) ( ) ( )

**4** - 7-14 days.

( ) ( ) ( )

**5** - Multiple weeks.

( ) ( ) ( )

**6** - Two - Six months.

( ) ( ) ( )

**7** - > 6 months.

**b. Typical Duration of (Hypo)Manic Periods**

*How long do these episodes usually last when they do occur?*

**P   C   S**

( ) ( ) ( )

**0** - No information.

( ) ( ) ( )

**1** - One day. (> 4 hours during the day)

( ) ( ) ( )

**2** - 2-3 days.

( ) ( ) ( )

**3** - 4-6 days.

( ) ( ) ( )

**4** - 7-14 days.

( ) ( ) ( )

**5** - Multiple weeks.

( ) ( ) ( )

**6** - Two or more months.

Subject

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c. Number of Episodes per Year

In this past year, how many discrete episodes of these symptoms have you had? (Specify below)

#/ year       #/ month

- | <u>P</u> | <u>C</u> | <u>S</u> |                                     |
|----------|----------|----------|-------------------------------------|
| ( )      | ( )      | ( )      | 0 - No information.                 |
| ( )      | ( )      | ( )      | 1 - Not present in the past year.   |
| ( )      | ( )      | ( )      | 2 - 1-3 discrete episodes per year. |
| ( )      | ( )      | ( )      | 3 - 4 or more episodes per year.    |

d. Longest Duration of Euthymic Mood

Since you first started having these changes in mood, what is the longest period of time that you have felt like your old self and have not been bothered by any of these problems?

- | <u>P</u> | <u>C</u> | <u>S</u> |  |
|----------|----------|----------|--|
| ( )      | ( )      | ( )      | 0 - No information.                          |
| ( )      | ( )      | ( )      | 1 - No significant periods of euthymic mood. |
| ( )      | ( )      | ( )      | 2 - Euthymic mood lasts 3-6 days.            |
| ( )      | ( )      | ( )      | 3 - Euthymic mood has lasted 1-2 weeks.      |
| ( )      | ( )      | ( )      | 4 - Euthymic mood has lasted 2-8 weeks.      |
| ( )      | ( )      | ( )      | 5 - Euthymic mood has lasted > 2 months.     |

e. Total Lifetime Duration of Mania/Hypomania

In the subject's lifetime, what are the estimated total Number of Days (not necessarily consecutive) in which subject had persistently abnormally elevated, expansive or irritable mood plus 3 associated (hypo)manic symptoms (4 if irritable only), that was not caused by drugs, medications or alcohol.

- | <u>P</u> | <u>C</u> | <u>S</u> |                        |
|----------|----------|----------|------------------------|
| ( )      | ( )      | ( )      | 0 - No information.    |
| ( )      | ( )      | ( )      | 1 - 1-3 days.          |
| ( )      | ( )      | ( )      | 2 - 4-10 days.         |
| ( )      | ( )      | ( )      | 3 - 10-20 days.        |
| ( )      | ( )      | ( )      | 4 - More than 20 days. |

f. Age of Onset

Age when periods of manic/ hypomanic symptoms started:  Years Old

Subject



**Codes for Remaining Items:** 0 = No Information 1 = No 2 = Yes

	Parent CE	Parent MSP	Child CE	Child MSP	Summary CE	Summary MSP
<b>10. Impairment</b>						
A. Socially (with peers):	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )
B. With family:	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )
C. In school:	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )
D. Hospitalization (for mania):	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )
E. Other (e.g., police, other adults, etc.):	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )

Subject

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**Codes for Remaining Items:** 0 = No Information 1 = No 2 = Yes

11. Evidence of Manic Episode

DSM-5 Criteria

- A. Distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy (e.g., increased goal-directed activity socially, at work, school, or sexually or psychomotor agitation);
- B. During the mood disturbance and increased energy or activity, at least three of the symptoms below (four if mood is only irritable) have persisted;
- C. During the mood disturbance, marked impairment or hospitalization;
- D. Duration at least one week (or any duration if hospitalization is necessary);
- E. Not attributable to the physiological effects of a substance.

Summary			Summary		
CE			MSP		
0	1	2	0	1	2
()	()	()	()	()	()

**NOTE:** A full manic episode that emerges during anti-depressant treatment but persists is sufficient evidence for a manic episode, and therefore, bipolar I disorder.

Symptom	K-SADS Score	Yes	No
A Distinct period of abnormally and persistently elevated, expansive, or irritable mood lasting at least one week (or any duration if hospitalized)., <u>AND</u>	3		
Abnormally increased activity lasting at least one week (or any duration if hospitalized).	3		
1) Inflated self-esteem or grandiosity.	3		
2) Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).	3		
3) More talkative than usual or pressure to keep talking.	3		
4) Flight of ideas or subjective experience that thoughts are racing.	3		
5) Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli).	3		
6) Increase in goal directed activity OR psychomotor agitation.	3		
7) Excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).	3		

**Note:** At least one lifetime manic episode is required for the diagnosis of bipolar I disorder.

**Note:** Increased goal-directed activity is required as a Criterion A symptom, but can also be counted as one of the Criterion B symptoms according to the DSM-5.

Subject

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**Codes for Remaining Items:** 0 = No Information 1 = No 2 = Yes

Summary CE			Summary MSP		
0	1	2	0	1	2
( )	( )	( )	( )	( )	( )

12. Evidence of Hypomanic Episode

DSM-5 Criteria

- A. Distinct period of abnormally and persistently elevated, expansive or irritable mood and abnormally and persistently increased activity or energy (e.g., increased goal-directed activity socially, at work, school, or sexually or psychomotor agitation);
- B. During the mood disturbance and increased energy or activity, at least three of the symptoms below (four if mood is only irritable) have persisted;
- C. Episode associated with unequivocal change in functioning that is uncharacteristic of the individual when not symptomatic;
- D. Disturbance observable by others;
- E. No marked impairment;
- F. Not attributable to the physiological effects of a substance.

DSM-5 Criteria

Symptom	K-SADS Score	Yes	No
A distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting throughout at least 4 days, that is clearly different from the usual nondepressed mood; AND	3		
Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation.	3		
1) Inflated self-esteem or grandiosity.	3		
2) Decreased need for sleep (e.g., feels rested after 3 hours of sleep).	3		
3) More talkative than usual or pressure to keep talking.	3		
4) Flight of ideas or subjective experience that thoughts are racing.	3		
5) Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli).	3		
6) Increase in goal directed activity OR psychomotor agitation.	3		
7) Excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., engaging in buying sprees, sexual indiscretions, or foolish business investments).	3		

13. Criteria for Mixed Episodes

0	1	2	0	1	2
( )	( )	( )	( )	( )	( )

Full criteria are met for a manic or hypomanic episode with at least 3 of the following depressive symptoms occurring concurrently nearly every day during the episode: 1) Subjective depression; 2) Worry; 3) Self-reproach/guilt; 4) Negative evaluation of self; 5) Hopelessness; 5) Suicidal ideation or behavior; 6) Anhedonia; 7) Fatigue; or 8) Psychomotor retardation. It would also be used if full criteria are met for a major depressive episode with at least 3 of the following concurrent hypomanic symptoms: 1) Elevated mood; 2) Decreased need for sleep; 3) Goal-directed activity; 4) Increased energy and visible hyperactivity; 5) Grandiosity; 6) Accelerated speech; or 7) Racing thoughts. Symptoms that are characteristic of both depression and mania are not included in the new mixed specifier, including distractibility, irritability, insomnia, or indecisiveness.

**NOTE: MIXED-LIKE EPISODES THAT ARE CLEARLY CAUSED BY SOMATIC/ANTIDEPRESSANT TREATMENT (e.g., medication, electroconvulsive therapy, light therapy) SHOULD NOT COUNT TOWARD A DIAGNOSIS OF BIPOLAR DISORDER.**

Subject

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**Codes for Remaining Items:** 0 = No Information 1 = No 2 = Yes

	Summary CE			Summary MSP		
<b>14. Bipolar I Disorder, Most Recent Episode Hypomanic</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>2</b>
	( )	( )	( )	( )	( )	( )
<p>A. Currently (or most recently) in a Hypomanic Episode.                      B. There has previously been at least one Manic Episode or Mixed Episode.                      C. The mood symptoms cause clinically significant distress or impairment in social, occupation, or other important areas of functioning.                      D. The mood episodes in Criteria A and B are not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.</p>						
<b>15. Bipolar I Disorder, Most Recent Episode Manic</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>2</b>
	( )	( )	( )	( )	( )	( )
<p>A. Currently (or most recently) in a Manic Episode.                      B. There has previously been at least one Major Depressive Episode, Manic Episode or Mixed Episode.                      C. The mood symptoms cause clinically significant distress or impairment in social, occupation, or other important areas of functioning.                      D. The mood episodes in Criteria A and B are not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.</p>						
<b>16. Bipolar I Disorder, Most Recent Episode Depressed</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>2</b>
	( )	( )	( )	( )	( )	( )
<p>A. Currently (or most recently) in a Depressed Episode.                      B. There has previously been at least one Manic Episode or Mixed Episode.                      C. The mood symptoms caused clinically significant distress or impairment in social, occupation, or other important areas of functioning.                      D. The mood episodes in Criteria A and B are not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.</p>						
<b>17. Bipolar I Disorder, Most Recent Episode Mixed</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>2</b>
	( )	( )	( )	( )	( )	( )
<p>A. Currently (or most recently) in a Mixed Episode.                      B. There has previously been at least one Major Depressive, Manic Episode or Mixed Episode.                      C. The mood symptoms cause clinically significant distress or impairment in social, occupation, or other important areas of functioning.                      D. The mood episodes in Criteria A and B are not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.</p>						
<b>18. Bipolar I Disorder with Psychosis</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>2</b>
	( )	( )	( )	( )	( )	( )
<p>Criteria are met for Bipolar I Disorder (above) and psychotic symptoms.</p>						

Subject

**Codes for Remaining Items:** 0 = No Information 1 = No 2 = Yes

19. Bipolar II Disorder

Summary CE			Summary MSP		
0	1	2	0	1	2
( )	( )	( )	( )	( )	( )

- A. Presence (or history) of one or more Major Depressive Episode(s).
- B. Presence (or history) of at least one Hypomanic Episode.
- C. There has never been a Manic Episode or a Mixed Episode.
- D. The mood symptom in Criteria A and B are not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.
- E. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

20. Bipolar II with Psychosis

0	1	2	0	1	2
( )	( )	( )	( )	( )	( )

Criteria are met for Bipolar II Disorder (above) and psychotic symptoms.

21. Unspecified Bipolar Disorder

0	1	2	0	1	2
( )	( )	( )	( )	( )	( )

This category includes disorders with bipolar features that do not meet criteria for any specific Bipolar Disorder or Depressive Disorder with impairment:

- a. Major Depressive Episodes (lifetime history) and Short (2-3 days) Hypomanic Episodes that do not overlap with the depression.
- b. Major Depressive Episodes and Hypomanic Episodes characterized by insufficient symptoms.
- c. Hypomanic Episode without Prior Major Depressive Episode. Individual never met criteria for Manic Episode.
- d. Cyclothymia; Short Duration (less than 1 year).
- e. Uncertain Bipolar Conditions (reserved for situations when more information is needed for a specific diagnosis)

**NOTE: The NIMH Course and Outcome of Bipolar Youth study set the minimum research inclusion threshold for the Unspecified BP group as subjects who did not meet the DSM-5 criteria for BP-I or BP-II but had a distinct period of abnormally elevated, expansive, or irritable mood, plus: 1) Recurrent (minimum of four) distinct episodes meeting full DSM criteria for a manic or hypomanic episode, except for the duration criteria. Each episode must last at least 1 day, and at least one episode must last a minimum of 2 consecutive days. For a day to "count" toward an episode, symptoms must be present for most of that day; and 2) A hypomanic episode without a history of a major depressive episode. Symptoms and mood changes that occurred during substance use or antidepressant treatment did not count toward a bipolar diagnosis.**

**As the validity of the COBY threshold has not been definitely established, a reasonable, more conservative threshold would alter COBY criterion #1 to three DSM-5 manic symptoms (four if the mood is irritable only) and criterion #4 to a minimum of ten days over a subject's lifetime, in which they meet criteria 1-3.**

Subject

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**Codes for Remaining Items:** 0 = No Information 1 = No 2 = Yes

22. Cyclothymia

Summary CE			Summary MSP		
0	1	2	0	1	2
( )	( )	( )	( )	( )	( )

- A. For at least 1 year, the presence of numerous periods with hypomanic symptoms and numerous periods with depressive symptoms that do not meet criteria for a Major Depressive Episode.
- B. During the above 1-year period, the person has not been without the symptoms in Criterion A for more than 2 months at a time.
- C. No Major Depressive Episode, Manic Episode, or Mixed Episode has been present during the first 1 year of the disturbance.

**NOTE: AFTER THE INITIAL 1 YEAR OF CYCLOTHYMIC DISORDER, THERE MAY BE SUPERIMPOSED MANIC OR MIXED EPISODES (in which case both Bipolar I and Cyclothymic Disorder may be diagnosed) OR MAJOR DEPRESSIVE EPISODES (in which case both Bipolar II and Cyclothymic Disorder may be diagnosed).**

- D. The symptoms in Criterion A are not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.
- E. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism).
- F. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

23. Schizoaffective Disorder, Bipolar Type (the disturbance includes a manic or mixed episode or a manic or a mixed episode and major depressive episodes).

0	1	2	0	1	2
( )	( )	( )	( )	( )	( )

- A. An uninterrupted period of illness during which, at some time, there is either a Major Depressive Episode, a Manic Episode, or a Mixed Episode concurrent with symptoms that meet Criterion A for Schizophrenia.

**NOTE: THE MAJOR DEPRESSIVE EPISODE MUST INCLUDE CRITERION A1: DEPRESSED MOOD.**

- B. During the same period of illness, there have been delusions or hallucinations for at least 2 weeks in the absence of prominent mood symptoms.
- C. Symptoms that meet criteria for a mood episode are present for a substantial portion of the total duration of the active and residual periods of the illness.
- D. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

24. Mood Disorder Due to a General Medical Condition

0	1	2	0	1	2
( )	( )	( )	( )	( )	( )

- A. A prominent and persistent disturbance in mood predominates the clinical picture and is characterized by either (or both) of the following:
  - (1) depressed mood or markedly diminished interest or pleasure in all, or almost all, activities.
  - (2) elevated, expansive, or irritable mood.
- B. There is evidence from the history, physical examination, or laboratory findings that the disturbance is the direct physiological consequence of a general medical condition.
- C. The disturbance is not better accounted for by another mental disorder (e.g., Adjustment Disorder with Depressed Mood in response to the stress of having a general medical condition).
- D. The disturbance does not occur exclusively during the course of a delirium. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.



Subject

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**Codes for Remaining Items:** 0 = No Information 1 = No 2 = Yes

Summary CE			Summary MSP		
0	1	2	0	1	2
( )	( )	( )	( )	( )	( )

25. Substance Induced Mood Disorder

- A. A prominent and persistent disturbance in mood predominates the clinical picture and is characterized by either (or both) of the following:
  - 1) depressed mood or markedly diminished interest or pleasure in all, or almost all, activities.
  - 2) elevated, expansive, or irritable mood.
- B. There is evidence from the history, physical examination, or laboratory findings of either (1) or (2):
  - 1) the symptoms in Criterion A developed during, or within a month of, Substance Intoxication or Withdrawal.
  - 2) medication use is etiologically related to the disturbance.
- C. The disturbance is not better accounted for by a Mood Disorder that is not substance induced which might include the following: the symptoms precede the onset of the substance use (or medication use); the symptoms persist for a substantial period of time (e.g., about a month) after the cessation of acute withdrawal or severe intoxication or are substantially in excess of what would be expected given the type or amount of the substance used or the duration of use; or there is other evidence that suggests the existence of an independent non-substance-induced Mood Disorder (e.g., a history of recurrent Major Depressive Episodes).
- D. The disturbance does not occur exclusively during the course of a delirium.
- E. The symptoms cause clinically significant distress or impairment in social, occupation, or other important areas of functioning.

**NOTE: THIS DIAGNOSIS SHOULD BE MADE INSTEAD OF A DIAGNOSIS OF SUBSTANCE INTOXICATION OR SUBSTANCE WITHDRAWAL ONLY WHEN THE MOOD SYMPTOMS ARE IN EXCESS OF THOSE USUALLY ASSOCIATED WITH THE INTOXICATION OR WITHDRAWAL SYNDROME AND WHEN THE SYMPTOMS ARE SUFFICIENT TO WARRANT INDEPENDENT CLINICAL ATTENTION.**

Subject

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**Codes for Remaining Items:** 0 = No Information 1 = No 2 = Yes

**Disruptive Mood Dysregulation Disorder**

	Summary CE			Summary MSP		
1. Criterion A-D have been present for 12 months or more, no period of three or more consecutive months without symptoms.	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )
2. Criterion A-D are present in at least two of the three settings listed below: Specify: _____ Home _____ School _____ Peers	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )
3. Onset of Criterion A-E before age of 10.	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )
4. Evidence of Disruptive Mood Dysregulation Disorder	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )

*DSM-5 Criteria:*

- A. Severe recurrent temper outbursts manifest verbally (e.g., verbal rages) and/ or behaviorally (e.g., physical aggression toward people or property), that are grossly out of proportion to the situation or provocation.
- B. The temper outbursts are inconsistent with developmental level.
- C. The temper outbursts occur, on average, three or more times per week.
- D. The mood between temper outbursts is persistently irritable or angry most of the day, nearly every day, and is observable to others (e.g., parents, teachers, peers).
- E. Criteria A-D have been present for 12 months or more; no period of three or more months without symptoms.
- F. Criteria A-D are present in at least two of the three settings (e.g., at home, at school, with peers) and severe in at least one of these settings.
- G. The diagnosis should not be made for the first time before age six or after age 18 years.
- H. By history or observation, age of onset of Criteria A-E before age 10.
- I. There should never be a period lasting more than one day when the full criteria, except duration, for a manic or hypomanic episode have been met.

**NOTE:** *Developmentally appropriate mood elevation, such as occurs in a highly positive event or its anticipation (e.g., birthday parties, going to amusement parks, Chuck E. Cheese), should not be considered as a symptom of mania or hypomania.*

- J. Behaviors do not occur exclusively during a major depression and are not better explained by another disorder (e.g., Autism Spectrum Disorder, PTSD, Separation Anxiety Disorder, Persistent Depression disorder).
- K. The symptoms are not attributable to the physiological effects of a substance or to another medical or neurological condition.

**NOTE:** *The diagnosis cannot coexist with Oppositional Defiant Disorder, Intermittent Explosive Disorder, or Bipolar Disorder, though it can coexist with major depression, ADHD, Conduct Disorder, and Substance Use Disorders. Individuals who meet criteria for Disruptive Mood Dysregulation Disorder and Oppositional Defiant Disorder should, according to the DSM-5, only be given the diagnosis of Disruptive Mood Dysregulation Disorder. For research purposes, investigators may wish to collect data on rates of this comorbidity.*

Subject

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