

# **CLINICAL INTERVIEW FOR DEPRESSION AND RELATED SYNDROMES (CIDRS)**





## About the construction of CIDRS

The introduction of the diagnostic system DSM-III (1) in 1980 meant that psychiatric diagnoses were now exclusively based on the presence of symptoms. This also applies for the revised version DSM-III-R (2) from 1987 and the latest edition DSM-IV (3) from 1994. In the same manner, the WHO diagnostic classification of mental disorders, ICD-10 (4) from 1993, is also exclusively symptom-based.

According to the DSM-IV or ICD-10 diagnosis of depression, a symptom is defined by how frequently it has been present during the past 2 weeks. According to DSM-IV, depression is a syndrome that is emerging when the patient presents with at least 5 of the 9 symptoms to be considered. This syndrome is called “major depression”. According to ICD-10 the diagnosis moderate (major) depression is present if the patient has at least 6 of the 10 symptoms to be considered here. In both DSM-IV and ICD-10 the diagnosis of major (moderate) depression requires the presence of the symptom “lowered mood” or the symptom “lack of interests”.

A statistical understanding of the connection between symptom and syndrome has been a subject of discussion since Kraepelin (5) described the manic-depressive disorder and schizophrenia. Kraepelin’s approach was to look at the course of illness from a statistical point of view. Some people have claimed that if Kraepelin besides this symptom pattern course (“shared phenomenology”) had also drawn in psychodynamic or genetic interpretations he would then not have been able to delimit the manic-depressive disorder or schizophrenia (5). Thus DSM-III is sometimes termed a neo-kraepelinian approach in modern psychiatry (5).

Rating scales (assessment scales) differ from DSM-III, DSM-IV or ICD-10 in that the symptoms are quantitatively measured. In DSM-IV/ICD-10 the issue is predominantly qualitative, i.e. whether a symptom is present or not.

Experience with the use of rating scales has demonstrated that it is clinically possible to measure a symptom on a Likert scale. This is a scale that measures the degree of occurrence of a symptom, e.g. from 0 (absent) to 4 (present to a maximum degree) and has as intermediate stages 1 (doubtful presence), 2 (present in a mild degree), 3 (present in a moderate degree).

Rating scales also differ from DSM-IV/ICD-10 in that the symptoms included in the syndrome have been chosen through empirical studies using modern item response theory models; thus making it possible to demonstrate that each symptom provides separate information with regard to the syndrome dimension (5).

In this way the total score of the Likert –scaled items will be an adequate measure of the syndrome dimension in question. This has amongst other things been used to examine whether an age or gender factor influences the syndrome dimension measurement.

CIDRS (Clinical Interview for Depression and Related Syndromes) has been developed on the basis of modern psychometric interpretations of the relationship between symptom and syndrome. CIDRS is a further development of Cambridge professor ES Paykel's CID (Clinical Interview for Depression) which was published in 1985 (6). A review article on CID has just been released (7). The key issue in this CID instrument is that each symptom is defined on a Likert scale measuring intensity from 0 to 6. This is the optimal clinical Likert scale as a higher number of steps will entail lack of clinical exactitude.

Paykel's concept (6) was to use Hamilton's anxiety and depression scales as the platform for CID, thus reducing the number of symptoms found in these scales. This meant, however, that the two original Hamilton scales could not be directly extracted from the CID.

CIDRS is constructed so that it is possible to extract the most commonly used scales (Hamilton's Anxiety Scale (HAM-A), Hamilton's Depression Scale (HAM-D), The Montgomery-Åsberg Depression Rating Scale (MADRS), Young's Mania Scale (YMRS), Brief Psychiatric Rating Scale (BPRS), Bipolar Depression Scale (BDRS)).

The CIDRS interview consists of the following modules (see Figure 1):

Module A: Interview commences with questions from the neurovegetative items					
Module B Anxiety	Module C Depression	Module D Mania	Module E Schizophrenia	Module F Etiological considerations	Module G Supplementary items
HAM-A <sub>6</sub> HAM-A <sub>14</sub>	HAM-D <sub>6</sub> HAM-D <sub>17</sub> HAM-D <sub>24</sub> MADRS <sub>6</sub> MADRS <sub>10</sub> MES	MAS  YMRS	BPRS <sub>11</sub>  BPRS <sub>18</sub>	Newcastle (1965)	BDRS

Figure 1. CIDRS general structure

#### Module (A)

This is the opening scale with questions on "neutral" neurovegetative symptoms (sleep, appetite, energy) to ensure optimal contact with the patient. It then includes outward and inward anger as the Section A interview indicates whether the presence of outward anger should lead to questions in the fields of mania or schizophrenia while inward anger should lead to more focus on anxiety and depression.

#### Module (B)

This scale deals with anxiety related symptoms.

#### Module (C)

This is frequently the main scale. Its 11 items cover the MES (Melancholia Scale) where a psychometric analysis has shown its total score to be a sufficient measure of depression. The 6 HAM-D items (HAM-D6) have also undergone a psychometric analysis with the same result, i.e, that its total score is a sufficient measure of depression severity.

#### Module (D)

This module covers mania. The 11 symptoms are included in the Mania Scale (MAS); which has also undergone psychometric analysis showing that the total score is a sufficient measure of severity of mania.

#### Module (E)

This module covers schizophrenia. The 11 symptoms were extracted from the Brief Psychiatric Rating Scale (BPRS) as forming a sufficient measure of severity in the dimension of schizophrenia or schizophrenicity (8).

#### Module (F)

This module provides information for etiological considerations, e.g. as to bipolar depression, Post Traumatic Stress Disorder (PTSD), depression secondary to somatic illness or to treatment with medications leading to medication-induced depression. Here the Newcastle Scale screens for primary (endogenous) depression versus secondary (stress-related) depression.

#### Module (G)

This section lists supplementary symptoms needed to allow extraction of HAM-A and HAM-D, MADRS, YMRS, BPRS and BDRS.

### **Appendix**

Here the CIDRS-related scales are given.

**References:**

- 1) American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders. Third edition (DSM-III). Washington DC, American Psychiatric Association 1980
- 2) American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders. Third revised edition (DSM-III-R). Washington DC, American Psychiatric Association 1987
- 3) American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders. Fourth edition (DSM-IV). Washington DC, American Psychiatric Association 1994
- 4) World Health Organisation. Intervention Classification of Disease. Tenth edition (ICD-10) World Health Organisation, Geneva 1993
- 5) Bech P. Klinisk psykometri. København, Munksgaard 2011.
- 6) Paykel ES. The Clinical Interview for Depression. *J Affect Dis* 1985;9:85-96
- 7) Guidi J, Fava G, Bech P, Paykel E. The Clinical Interview for Depression: A comprehensive review of studies and clinimetric properties. *Psychother Psychosom* 2011;80:10–27
- 8) Frank G. Psychiatric diagnosis: A review of research. London, Pergamon Press 1975

### Standardisation of the specific rating scales in CIDRS (see Figure 1)

Table 1 shows the standardisation of the individual rating scales, so that a descriptive state (mild, moderate, severe) or a remission (syndrome no longer present) can be obtained with reference to the total score.

Standardisation	None	Doubtful	Mild	Moderate	Severe
<b>Anxiety</b>					
HAM-A <sub>6</sub> (0 – 4)	0 – 4	5 – 6	7 – 8	9 – 14	15 – 24
HAM-A <sub>6</sub> (0 – 6)	0 – 6	7 – 9	10 – 12	13 – 21	22 – 36
HAM-A <sub>14</sub> (0 – 4)	0 – 7	8 – 14	15 – 19	20 – 29	30 – 56
HAM-A <sub>14</sub> (0 – 6)	0 – 10	11 – 21	22 – 28	29 – 43	44 – 84
<b>Depression</b>					
HAM-D <sub>6</sub> (0 – 4)	0 – 4	5 – 6	7 – 8	9 – 11	12 – 22
HAM-D <sub>6</sub> (0 – 6)	0 – 6	7 – 9	10 – 13	14 – 17	18 – 36
HAM-D <sub>17</sub> (0 – 4)	0 – 7	8 – 12	13 – 17	18 – 24	25 – 52
HAM-D <sub>17</sub> (0 – 6)	0 – 14	15 – 24	25 – 34	35 – 72	73 – 102
HAM-D <sub>24</sub> (0 – 6)	0 – 10	11 – 15	16 – 20	21 – 27	28 – 74
MES (0 – 4)	0 – 6	7 – 10	11 – 14	15 – 24	25 – 44
MES (0 – 6)	0 – 9	10 – 15	16 – 21	22 – 36	37 – 66
MADRS <sub>6</sub> (0 – 6)	0 – 7	8 – 13	14 – 17	18 – 21	22 – 36
MADRS <sub>10</sub> (0 – 6)	0 – 8	9 – 14	15 – 23	24 – 29	30 – 60
<b>Mania</b>					
MAS (0 – 4)	0 – 6	7 – 10	11 – 14	15 – 24	25 – 44
MAS (0 – 6)	0 – 9	10 – 15	16 – 21	22 – 36	37 – 66
YMRS (0 – 4)	0 – 6	7 – 10	11 – 14	15 – 24	25 – 44
YMRS (0 – 6)	0 – 9	10 – 15	16 – 21	22 – 36	37 – 66
YMRS (0 – 4/0 – 8)	0 – 9	10 – 15	16 – 22	23 – 31	32 – 60
<b>Mixed states</b>					
G18 (mood lability)	0	1	2	3 – 4	5 – 6
<b>Schizophrenia</b>					
BPRS <sub>11</sub>	0 – 8	9 – 14	15 – 21	22 – 30	31 – 66
BPRS <sub>18</sub>	0 – 10	11 – 19	20 – 34	35 – 50	51 – 108

Table 1

## CIDRS: Scoring sheet and manual

The standardisation of the clinical interview that takes place when using rating scales (assessment scales) which focus on current symptomatology permits a comparison of degree of severity between different patients and the degree of severity in the individual patient when monitoring him or her during a course of treatment.

Clinical Interview for Depression and Related Syndromes (CIDRS) contains the core dimensions referred to when discussing anti-anxiety medication, anti-depressants, anti-manic medication and anti-psychotics. The inspiration for CIDRS was found in Paykel's Clinical Interview for Depression (CID) which again is a child of the Hamilton scale (1). Use of the psychometrically valid CIDRS scales in daily clinical work helps us avoid an inappropriate course of treatment. We must thus do our utmost to ensure that our patients are assessed in a pharmacopsychometrically sound manner.

Unfortunately the pharmaceutical industry, perhaps influenced by national Medical Agencies (not least the US FDA) has contributed to a standardization of the choice of scales employed. The academic world has long been completely cut off from this process, without sufficient influence on the evaluation of rating scales with regard to their fulfilment of minimum psychometric requirements.

Fifty years have now passed since the most widely used scales (Hamilton's Anxiety and Depression Scales (HAM-A and HAM-D) and the Brief Psychiatric Rating Scale (BPRS) were developed specifically to assess the effects of modern psychotherapeutic drugs. CIDRS builds on this tradition, however as a completely new version.

The four review articles (1,2,3,4) examine these pharmacopsychometrical issues with reference to the academic world via CIDRS

Selecting one or the other rating scale before instituting therapy may in itself monopolize clinical assessment with the major limitations this may cause. For this reason CIDRS is divided into Modules A to G.

Module A covers introductory symptoms, allowing establishment of a satisfactory contact with the patient. These rather neutral symptoms (sleep and appetite) will also reveal when focus should be on current symptomatology (the past 3 days) and when going further back in time is necessary (weight gain). This introductory interview establishes which of the different modules, B (antianxiety therapy), C (antidepressive therapy), D (antimanic therapy) and E (antipsychotic therapy), is clinically most significant.

Should one wish to include etiological considerations then Module F should be completed. In order to cover other scales in this area, e.g. HAM-A, HAM-D, MADRS and YRMS, both Module F and Module G (supplementary items) should be completed.

Each item in the CIDRS Modules A, B, C, D and E is scored on a scale from 0 to 6. The history of psychometrics has time and again demonstrated that more than seven answer categories (0 – 6 scales) for the different items in a rating scale does not result in greater precision. Hamilton felt that five reply categories (0 – 4 scales) were sufficient, but after Ramsay's theoretical validation of seven answer categories in 1973 (6) time has shown that 0 – 6 scales at item level are to be preferred, as Paykel does. When the original standardisations of MES/MAS, HAM-D/HAM-A are used, the scoring key for the 0-6 scales translated to values on the 0 to 4 Scale are to be found in the CIDRS manual scoring option on the 0-6 scale is specified. But generally a score of 3 signifies that the symptom is present to a significant degree while a score of 4 indicates a need for therapy. As regards the clinical psychometric principles of the CIDRS, please refer to (7).

### References:

- 1) Paykel ES. The Clinical Interview for Depression. Development, reliability and validity. *J Affect Dis* 1985;9:85-96
- 2) Bech P. Pichot – A tribute to the European pharmacopsychologist on his 90th birthday. *European Psychiatric Review* 2008;2: 76-80
- 3) Bech P. Fifty years with the Hamilton scales for anxiety and depression. *Psychotherapy and Psychosomatics* 2009;78:202-211
- 4) Bech P. Applied psychometrics in clinical psychiatry: The pharmacopsychometric triangle. *Acta Psychiatr Scand* 2009; 120: 400-409
- 5) Lewis A. States of depression: Their clinical and aetiological differentiation. *BMJ* 1938;ii:875-878
- 6) Ramsay JO. The effect of number of rating scale categories on precision of estimation of scale values. *Psychometrika* 1973; 38:513-532
- 7) Bech P. *Klinisk psykometri [Clinical Psychometrics]*, København Munksgaard 2011.



## CIDRS Scoring sheets

Module A Neurovegetative symptoms			Score	Module B Anxiety			Score
A1	Insomnia (initial) (0-6)	(0-6)	<input type="text"/>	B1	Anxiety, psychic	(0-6)	<input type="text"/>
A2	Interrupted sleep (middle) (0-6)	(0-6)	<input type="text"/>	B2	Panic attacks	(0-6)	<input type="text"/>
A3	Early wakening in morning (late) (0-6)	(0-6)	<input type="text"/>	B3	Psychic tension ( <i>inner unrest</i> )	(0-6)	<input type="text"/>
A4	Decrease in sleep duration ( <i>general</i> ) (0-6)	(0-6)	<input type="text"/>	B4	Phobic anxiety	(0-6)	<input type="text"/>
A5	Increase in sleep duration ( <i>general</i> ) (0-6)	(0-6)	<input type="text"/>	B5	Social anxiety	(0-6)	<input type="text"/>
A6	Reduced appetite (0-6)	(0-6)	<input type="text"/>	B6	Motor tension	(0-6)	<input type="text"/>
A7	Increased appetite	(0-6)	<input type="text"/>	B7	Somatic anxiety	(0-6)	<input type="text"/>
A8	Weight loss	(0-6)	<input type="text"/>	B8	Obsessional thoughts	(0-6)	<input type="text"/>
A9	Weight gain	(0-6)	<input type="text"/>	B9	Obsessional behavior (compulsion)	(0-6)	<input type="text"/>
A10	Reduced energy	(0-6)	<input type="text"/>	B10	Hypochondriasis ( <i>somatisation</i> )	(0-6)	<input type="text"/>
A11	Increased energy	(0-6)	<input type="text"/>	B11	Concentration difficulties	(0-6)	<input type="text"/>
A12	Inward aggression ( <i>suicidal impulses</i> )	(0-6)	<input type="text"/>	B12	Behaviour at interview ( <i>agitation</i> )	(0-6)	<input type="text"/>
A13	Outward aggression ( <i>lack of formal cooperation</i> )	(0-6)	<input type="text"/>				
Total score neurovegetative items			<input type="text"/>	Total score manifest anxiety			<input type="text"/>
				HAM-A <sub>6</sub> : (item B1, B3, B4, B6, B11, B12)			<input type="text"/>

### CIDRS Scoring key:

- 0 = Absent
- 1 = Doubtful
- 2 = Mild
- 3 = Mild to moderate
- 4 = Moderate to marked
- 5 = Marked to severe
- 6 = Extremely severe

Module C Depression			Score	Module D Mania			Score
C1	Lowered mood	(0-6)	<input type="text"/>	D1	Elevated mood	(0-6)	<input type="text"/>
C2	Increased fatigue	(0-6)	<input type="text"/>	D2	Increased pressure of speech	(0-6)	<input type="text"/>
C3	Work and interests	(0-6)	<input type="text"/>	D3	Increased social contact	(0-6)	<input type="text"/>
C4	Concentration difficulties	(0-6)	<input type="text"/>	D4	Increased motor activity	(0-6)	<input type="text"/>
C5	Decrease in sleep duration	(0-6)	<input type="text"/>	D5	Reduced need for sleep	(0-6)	<input type="text"/>
C6	Anxiety, psychic	(0-6)	<input type="text"/>	D6	Distractibility during focussed activities	(0-6)	<input type="text"/>
C7	Emotional retardation, reduced need for contact	(0-6)	<input type="text"/>	D7	Irritability, hostility	(0-6)	<input type="text"/>
C8	Guilt feelings	(0-6)	<input type="text"/>	D8	Increase in sexual interest	(0-6)	<input type="text"/>
C9	Suicidal impulses	(0-6)	<input type="text"/>	D9	Increased self-esteem	(0-6)	<input type="text"/>
C10	Reduced verbal activity	(0-6)	<input type="text"/>	D10	Flight of thoughts	(0-6)	<input type="text"/>
C11	Reduced motor activity	(0-6)	<input type="text"/>	D11	Increased voice volume noisy behaviour	(0-6)	<input type="text"/>
Total score depression (MES)			<input type="text"/>	Total score mania (MAS)			<input type="text"/>
HAM-D <sub>6</sub> : (C1,C2,C3,C6,C8, highest score of C10/C11)			<input type="text"/>				

**CIDRS Scoring key:**

- 0 = Absent
- 1 = Doubtful
- 2 = Mild
- 3 = Mild to moderate
- 4 = Moderate to marked
- 5 = Marked to severe
- 6 = Extremely severe

Module E Schizophrenicity (BPRS11)			Score	Module F Etiological considerations			Score
E1	Blunted affect	0 – 6	<input type="text"/>	F1	Lack of insight	0 – 4	<input type="text"/>
E2	Emotional withdrawal	0 – 6	<input type="text"/>	F2a	Psychological stress (stressors) (Newcastle)	0 – 2	<input type="text"/>
E3	Bizarre motor disturbances	0 – 6	<input type="text"/>	F2b	Post-traumatic stress disorder	0 – 2	<input type="text"/>
E4	Lack of formal cooperation	0 – 6	<input type="text"/>	F3	Neuroticism (Newcastle)	0 – 6	<input type="text"/>
E5	Delusions (unusual thought content)	0 – 6	<input type="text"/>	F4	Increased reactivity towards environment	0 – 6	<input type="text"/>
E6	Conceptual disorganisation	0 – 6	<input type="text"/>	F5	Diurnal variation – symptoms worse in evening (HAM-D <sub>24</sub> )	0 – 6	<input type="text"/>
E7	Hallucinations	0 – 6	<input type="text"/>	F6	Diurnal variation – symptoms worse in morning (HAM-D <sub>24</sub> )	0 – 6	<input type="text"/>
E8	Hyperactivity (excitation)	0 – 6	<input type="text"/>	F7	Quality of Depression (Newcastle)	0 – 6	<input type="text"/>
E9	Grandiosity (delusions of grandeur)	0 – 6	<input type="text"/>	F8	Persistency and duration of condition	0 – 6	<input type="text"/>
E10	Suspiciousness	0 – 6	<input type="text"/>	F9	Depressive delusions (Newcastle)	0 – 6	<input type="text"/>
E11	Hostility towards others	0 – 6	<input type="text"/>	F10	Previous depressive downs	0 – 6	<input type="text"/>
				F11	Previous depressive episode (Newcastle)	0 – 6	<input type="text"/>
				F12	Previous hypomanic ups	0 – 6	<input type="text"/>
				F13	Previous manic episodes	0 – 6	<input type="text"/>
				F14	Previous mixed states	0 – 6	<input type="text"/>
				F15	Hereditary disposition	0 – 6	<input type="text"/>
				F16	Somatic illness	0 – 2	<input type="text"/>
				F17	Drug-/substance- induced condition	0 – 2	<input type="text"/>
Total score schizophrenia BPRS <sub>11</sub>			<input type="text"/>				
Total score PANSS POS SYMPT (E5 – E11)			<input type="text"/>				

**CIDRS Scoring key:**

- 0 = Absent
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- 3 = Mild to moderate
- 4 = Moderate to marked
- 5 = Marked to severe
- 6 = Extremely severe

<b>Module G Supplemental items</b>		<b>Score</b>	
G1	Lowered mood (MADRS)	0 – 6	<input type="text"/>
G2	Appearance (YMRS)	0 – 4	<input type="text"/>
G3	Decrease in sexual interest (HAM-D)	0 – 2	<input type="text"/>
G4	Confusion og disorientation (BPRS)	0 – 6	<input type="text"/>
G5	Irritability (YMRS) (BDRS)	0 – 6	<input type="text"/>
G6	General sensory anxiety complaints (see HAM-A, item 8)	0 – 4	<input type="text"/>
G7	Cardiovascular complaints (see HAM-A, item 9)	0 – 4	<input type="text"/>
G8	Respiratory complaints (see HAM-A, item 10)	0 – 4	<input type="text"/>
G9	Gastrointestinal complaints (see HAM-A, item 11)	0 – 4	<input type="text"/>
G10	Genito-urinary complaints (see HAM-A, item 12)	0 – 4	<input type="text"/>
G11	Other autonomic complaints (see HAM-A, item 13)	0 – 4	<input type="text"/>
G12	Depersonalisation/derealisation (HAM-D24)	0 – 4	<input type="text"/>
G13	Paranoid symptoms (HAM-D24)	0 – 4	<input type="text"/>
G14	Helplessness (HAM-D24) (BDRS)	0 – 4	<input type="text"/>
G15	Hopelessness (HAM-D24) (BDRS)	0 – 4	<input type="text"/>
G16	Worthlessness (HAM-D24) (BDRS)	0 – 4	<input type="text"/>
G 17	Anhedonia (BDRS)	0 – 6	<input type="text"/>
G18	Mood lability (BDRS)	0 – 6	<input type="text"/>

**CIDRS Scoring key:**

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- 5 = Marked to severe
- 6 = Extremely severe

## CIDRS Manual

### A Neurovegetative symptoms

#### A1 Insomnia (*initial part*)

- 0 **Absent.**
- 1 **Doubtful.** Perhaps on one occasion during the past 3 nights on the verge of taking more than half an hour to fall asleep
- 2 **Mild.** Once during the last 3 nights a period from half to one hour before falling asleep.
- 3 **Mild to moderate.** Generally takes half to 1 hour to fall asleep.
- 4 **Moderate to marked.** Generally up to 1-2 hours before falling asleep.
- 5 **Marked to severe.** Generally up to 2-3 hours before falling asleep.
- 6 **Extremely severe.** Generally up to 3-4 hours before falling asleep.

#### A2 Interrupted sleep (*middle*)

- 0 **Absent.**
- 1 **Doubtful.** On one night during the last 3 nights woken up once but fell asleep again.
- 2 **Mild.** Waking up but falling asleep again once during at least 2 out of the last 3 nights.
- 3 **Mild to moderate.** Waking up but falling asleep again twice during at least 2 out of the last 3 nights.
- 4 **Moderate to marked.** Regularly waking up but falling asleep again 2 to 3 times during the last 3 nights.
- 5 **Marked to severe.** Spends most of middle period of night awake.
- 6 **Extremely severe.** Regular total absence of sleep during the middle of the night.

#### A3 Early wakening in morning (*late*)

- 0 **Absent.** Sleeps until usual time for awakening.
- 1 **Doubtful.** Reports restless sleep in the morning but without awakening.
- 2 **Mild.** Awakens up to 1 hour before usual time and stays awake.
- 3 **Mild to moderate.** Awakens 1 to 2 hours before usual time and stays awake.
- 4 **Moderate to marked.** Awakens 2 to 3 hours before usual time and stays awake.
- 5 **Marked to severe.** Awakens 3 to 4 hours earlier than usual time.
- 6 **Extremely severe.** Awakens more than 4 hours before usual time and stays awake on at least 2 out of the last 3 nights.

#### A4 Decrease in sleep duration

- 0 **Absent.**
- 1 **Doubtful.**
- 2 **Mild.** Reports more superficial sleep but only very slight decrease in sleep duration ( $\frac{1}{2}$  - 1 hour)
- 3 **Mild to moderate.** Moderate decrease in sleep duration but still more than half the usual amount of sleep.

- 4 **Moderate to marked.** Decrease in sleep duration to less than half the usual amount of sleep. Moderate impact on daily activities.
- 5 **Marked to severe.** Decrease in sleep duration so pronounced that it has a marked impact on daily activities
- 6 **Extremely severe.** A feeling of not having slept at all. Extremely severe impact on daily activities.

#### **A5 Increase in sleep duration**

- 0 **Absent.**
- 1 **Doubtful.** Doubtful increase of less than half an hour.
- 2 **Mild.** Increase of half to one hour on at least 2 out of the last 3 nights.
- 3 **Mild to moderate.** Increase of one to two hours on at least 2 out of the last 3 nights.
- 4 **Moderate to marked.** Increase of up to three hours on at least 2 out of the last 3 nights.
- 5 **Marked to severe.** Increase of up to five hours on at least 2 out of the last 3 nights.
- 6 **Extremely severe.** On average more than five hours increased sleep during 24 hours compared to normal during at least 2 out of the last 3 nights.

#### **A6 Reduced appetite**

- 0 **Absent,** i.e. appetite is normal or increased.
- 1 **Doubtful.** Reports less desire for food but eats normal amount.
- 2 **Mild.** Slight impairment of food intake.
- 3 **Mild to moderate.** Food intake more impaired.
- 4 **Moderate to marked.** Food intake less than half of normal.
- 5 **Marked to severe,** greater impairment of food intake.
- 6 **Extremely severe.** Extremely impaired food intake.

#### **A7 Increased appetite**

- 0 **Absent,** i.e. appetite is normal or reduced.
- 1 **Doubtful.** Reports feeling more hungry but eating normal amount.
- 2 **Mild.** Slight increase in food intake
- 3 **Mild to moderate.** Somewhat increased food intake
- 4 **Moderate to marked.** Food intake much increased.
- 5 **Marked to severe.** Greater increase.
- 6 **Extremely severe.** Constantly preoccupied with thoughts of food and obvious need for food intake.

#### **A8 Weight loss. Ask further than the last 3 days (the whole episode)**

- 0 **Absent.** No weight loss
- 1 **Doubtful.** Doubtful weight loss or weight loss from ½ to 1 kilogram.
- 2 **Mild.** Definite weight loss of 1 to 2 ½ kilograms.
- 3 **Mild to moderate.** Weight loss of 3 - 5 ½ kilograms.

- 4 **Moderate to marked.** Weight loss of 6 – 7 ½ kilograms.
- 5 **Marked to severe.** Weight loss of 8 – 9 ½ kilograms.
- 6 **Extremely severe.** Weight loss of more than 10 kilograms.

**A9 Weight gain. Ask further than the last 3 days (the whole episode)**

- 0 **Absent.** No weight gain.
- 1 **Doubtful.** Doubtful weight gain or weight gain of ½ to 1 kilogram.
- 2 **Mild.** Definite weight gain of 1 to 2 ½ kilograms.
- 3 **Mild to moderate.** Weight gain of 3 – 5 ½ kilograms.
- 4 **Moderate to marked.** Weight gain of 6 – 7 ½ kilograms.
- 5 **Marked to severe.** Weight loss of 8 – 9 ½ kilograms.
- 6 **Extremely severe.** Weight gain of more than 10 kilograms.

**A10 Reduced energy**

- 0 **Absent.**
- 1 **Doubtful.** Perhaps tendency to reduced energy, however this is not reflected in reduced level of activity.
- 2 **Mild** reduction in energy with minimally reduced level of activity.
- 3 **Mild to moderate** reduction in energy. Must make effort to retain level of daily activity.
- 4 **Moderate to marked** reduction in energy with moderate reduction in level of daily activity.
- 5 **Marked to severe** reduction in energy with marked reduction in level of daily activity.
- 6 **Extremely severe** reduction in energy and in level of daily activity.

**A11 Increased energy**

- 0 **Absent.**
- 1 **Doubtful.** Perhaps tendency to increase in energy, however this is not reflected in increased level of activity.
- 2 **Mild** increase in energy, however only insignificant increase in level of activity.
- 3 **Mild to moderate** increase in energy. Maintains usual level of activity without difficulty.
- 4 **Moderate to marked** increase in energy with moderate increase in level of daily activity.
- 5 **Marked to severe** increase in energy with marked increase in level of daily activity.
- 6 **Extremely severe** increase in energy with extreme increase in level of daily activity.

**A12 Inward aggression (suicidal impulses)**

- 0 **Absent.**
- 1 **Doubtful.** Minimal, quite momentary feeling that life is not worth living.
- 2 **Mild,** at times momentary feeling that life is not worth living, however without passive death wish.

- 3 **Mild to moderate** death wish, still only occasional. No plans to take own life, but would like not to wake up in the morning, to get away from everything.
- 4 **Moderate to marked** feeling that life is not worth living. Vague plans to take own life.
- 5 **Marked to severe** plans to take own life. Has made preparations for this.
- 6 **Extremely severe.** Suicide attempt of any but the most minor kind.

**A13 Outward aggression (*lack of formal cooperation*)**

- 0 **Absent.**
- 1 **Doubtful** tendency to be guarded during interview.
- 2 **Mild** tendency to be irritable or guarded during interview.
- 3 **Mild to moderate.** Some resistance to interview situation.
- 4 **Moderate til marked.** Signs of beginning hostility towards interviewer.
- 5 **Marked to severe.** Completely irrelevant replies, overt hostile attitude.
- 6 **Extremely severe.** Lack of formal cooperation so pronounced that interview cannot be completed.



**B Anxiety. Ask about the last 3 days**

**B1 Anxiety, psychic (worry)**

- 0 **Absent.**
- 1 **Doubtful.** Occasional tendency to mild worrying.
- 2 **Mild.** Appears slightly worried, insecure or afraid, but in full control of this.
- 3 **Mild to moderate.** Moderately more worried, insecure or afraid, but still in full control of this. Needs effort to cope with daily activities.
- 4 **Moderate to marked.** Worry now so marked that at times the patient has difficulty controlling anxiety. Now with moderate impact on daily activities.
- 5 **Marked to severe.** Worry difficult to control so that the patient may be on the verge of panic attacks. Marked impact on daily activities.
- 6 **Extremely severe.** Persistent. Intense worrying, perhaps with actual panic attacks, dominating and with severe impact on daily life.

**B2 Panic attacks**

- 0 **Absent.**
- 1 **Doubtful** presence of panic attacks, that is: sudden inner panic attack with palpitations, chest pressure or nausea.
- 2 **Mild.** One (doubtful) panic attack.
- 3 **Mild to moderate.** One definite panic attack, typically abating in about 10 minutes.
- 4 **Moderate to marked.** Two panic attacks.
- 5 **Marked to severe.** Three panic attacks.
- 6 **Extremely severe.** Four or more panic attacks.

**B3 Psychic tension (*inner unrest*)**

- 0 **Absent.**
- 1 **Doubtful.** Occasional tendency to be more tense (have difficulty relaxing) than usual.
- 2 **Mild.** Appears slightly tense and nervous (anxiety in general).
- 3 **Mild to moderate.** Moderately more tense and worried, but still able to control this. Needs effort to cope with daily activities.
- 4 **Moderate to marked.** Tension so pronounced that at times the patient has difficulty controlling this. Now with moderate impact on daily activities.
- 5 **Marked to severe.** Tension or nervousness difficult to control, resulting in marked impact on daily activities.
- 6 **Extremely severe.** Tension and nervousness so intense that this results in a continuous extremely severe impact on daily activities.

**B4 Phobic anxiety**

- 0 **Absent.**
- 1 **Doubtful.** Occasionally or doubtfully present; anxiety about entering into situations difficult to get away from, e.g. public transportation or queuing.
- 2 **Mild.** At least one situation has led to anxiety and hesitation about exposure to such situations, but only occasional avoidance behaviour.

- 3 **Mild to moderate.** Several different situations leading to some anxiety or one certain situation leading to moderate anxiety and as a rule avoidance of situation. In addition some anxiety in other situations. Needs effort to cope with daily activities.
- 4 **Moderate to marked.** At least one or two situations almost definitely leading to avoidance as well as moderate anxiety in other situations – or certain situations which have mostly been avoided due to considerable anxiety. Moderate impact on daily activities.
- 5 **Marked to severe.** On several occasions the patient has reacted to certain situations with extreme anxiety and almost constant avoidance. Marked impact on daily activities.
- 6 **Extremely severe.** On the whole avoidance of most of these situations, and the patient would undoubtedly experience very great anxiety when in them. An extremely severe impact on daily activities as the patient hardly dares leave abode.

### **B5 Social anxiety**

- 0 **Absent.**
- 1 **Doubtful.** Occasionally fearful that he/she will be unfavourably observed by others, leading to avoidance behaviour.
- 2 **Mild.** Occasional tendency to feel awkward or insecure when together with others.
- 3 **Mild to moderate.** More continual feeling of awkwardness and insecurity around other people, but copes with daily activities with marked effort.
- 4 **Moderate to marked.** A feeling of discomfort at eating, drinking or writing in front of other people but tries to fight this. Now moderate impact on daily activities.
- 5 **Marked to severe.** Feeling so inferior with definitely increased vulnerability when eating, drinking or writing in front of other people that efforts are made to avoid such situations. Marked impact on daily activities.
- 6 **Extremely severe.** Avoids these situations. Extremely severe impact on daily activities.

### **B6 Motor tension**

- 0 **Absent.**
- 1 **Doubtful.** When the patients reports occasional tendency to stiff or aching muscles.
- 2 **Mild.** When the patient reports much more stiffness or soreness of muscles than usual.
- 3 **Mild to moderate.** When the patient reports occasional muscle pains, with effort able to cope with daily activities.
- 4 **Moderate to marked.** When muscle stiffness and/or muscle pain are definitely present. Moderate impact on daily activities.
- 5 **Marked to severe.** When muscle stiffness and/or muscle pain have a marked impact on daily activities.
- 6 **Extremely severe.** When muscle stiffness and/ or muscle pain have an extremely severe impact on daily activities.

### **B7 Somatic anxiety (*autonomic symptoms*)**

- 0 **Absent.**
- 1 **Doubtful.** Minimal tendency to physical, autonomic symptoms of anxiety.
- 2 **Mild.** When somatic anxiety is present, ask about the following symptoms so as to cover Hamilton's Anxiety Scale: tinnitus, palpitations, shortness of breath, nausea, urinary problems, sweating, and dizziness.
- 3 **Mild to moderate.** These somatic symptoms of anxiety are present on a more constant basis. Needs effort to cope with daily activities.
- 4 **Moderate to marked.** These somatic symptoms of anxiety now have moderate impact on daily activities.
- 5 **Marked to severe.** These somatic symptoms of anxiety have a marked impact on daily activities.
- 6 **Extremely severe.** These somatic symptoms of anxiety have an extreme impact on daily activities.

### **B8 Obsessional thoughts**

- 0 **Absent.**
- 1 **Doubtful.** Borderline or minimally present.
- 2 **Mild.** Occasional recurring thoughts.
- 3 **Mild to moderate.** More frequent and more intense obsessional thoughts, up to one hour a day. Needs effort to cope with daily activities.
- 4 **Moderate to marked.** Recurrent thoughts present one to two hours a day. Moderate impact on daily activities.
- 5 **Marked to severe.** Recurrent thoughts present 3-8 hours a day. Marked impact on daily activities.
- 6 **Extremely severe.** Recurrent thoughts present more than 8 hours a day. Extremely severe impact on daily activities.

### **B9 Obsessional behaviour (*compulsion*)**

- 0 **Absent.**
- 1 **Doubtful.** Borderline or minimally present.
- 2 **Mild.** Occasional occurrence of rituals, e.g. checking something at least twice.
- 3 **Mild to moderate.** More frequent and more intense, up to one hour a day spent on "meaningless" checking. Needs effort to cope with daily activities.
- 4 **Moderate to marked.** Recurrent rituals present several hours daily. Moderate impact on daily activities.
- 5 **Marked to severe.** Recurrent rituals taking up many waking hours. Marked to severe impact on daily activities.
- 6 **Extremely severe** impact on daily activities.

### **B10 Hypochondriasis (*somatisation*)**

- 0 **Absent.**
- 1 **Doubtful.** Slight anxiety about ill-health due to occurrence of occasional, very mild bodily symptoms. (headache, dizziness, pain across the loin, stomach ache, numbness, feeling of lump in the throat, feeling of weakness and fatigue)

- 2 **Mild.** Slight preoccupation with these bodily functions or symptoms as indication of ill-health.
- 3 **Mild to moderate.** A greater degree of worrying about somatic illness, but with effort able to cope with daily activities.
- 4 **Moderate to marked.** Somatic complaints are frequently presented. Might request special tests. Moderate impact on daily activities.
- 5 **Marked to severe.** Strong and frequent complaints of somatic illness or demands for tests. Marked impact on daily activities.
- 6 **Extremely severe.** Strong complaints about physical symptoms dominate the interview. Severe impact on daily activities.

#### **B11 Concentration difficulties**

- 0 **Absent.**
- 1 **Doubtful or minimal.**
- 2 **Mild.** Must at times make an effort to focus on daily activities.
- 3 **Mild to moderate.** More constant difficulty in concentrating on daily activities, but with effort able to cope with daily life.
- 4 **Moderate to marked.** Occasional difficulty in reading newspaper, mainly looking at head lines, or in concentrating on lengthy TV programmes. Moderate impact on daily activities.
- 5 **Marked to severe.** Constant difficulty in reading newspaper or watching TV. Marked impact on daily activities.
- 6 **Extremely severe.** Demonstrates signs of concentration difficulties during interview. Extremely severe impact on daily activities.

#### **B12 Behaviour at interview (*agitation*)**

- 0 **Absent.**
- 1 **Doubtful.** Very mild or minimal nervousness, perhaps not beyond normal limits.
- 2 **Mild.** Slightly nervous behaviour.
- 3 **Mild to moderate.** Restless and nervous during interview but not actually agitated.
- 4 **Moderate to markedly** agitated but without repeated need to get up from chair.
- 5 **Markedly to severely** agitated, gets up from chair once.
- 6 **Extremely severe.** Gets up from chair several times during interview.

## C Depression

### C1 Lowered mood

- 0 **Absent.**
- 1 **Doubtful.** Depending on circumstances occasional tendency to be on the verge of being depressed.
- 2 **Mild.** Slight tendency to lowered mood, however still only occasionally.
- 3 **Mild to moderate** tendency to lowered and poor mood, but without obvious signs of hopelessness.
- 4 **Moderately to markedly** lowered mood, perhaps accompanied by nonverbal signs (e.g. tears). Reports a feeling of hopelessness.
- 5 **Marked to severe** perception of lowered mood with distinctive but still occasional feeling of hopelessness.
- 6 **Extremely severe** exceedingly lowered mood with hopelessness.

### C2 Increased fatigue

- 0 **Absent.**
- 1 **Doubtful.** Minimally present.
- 2 **Mild** fatigue, lack of energy or easily tired after doing something.
- 3 **Mild to moderate.** Frequent fatigue but with effort able to cope daily activities.
- 4 **Moderate to marked.** Constantly moderately tired; may spend even more time resting. Moderate impact on daily activities.
- 5 **Marked to severe.** Body feels extremely heavy. Marked impact on daily activities.
- 6 **Extremely severe** fatigue, resulting in the patient spending most of the day resting. Quite unable to carry out daily activities.

### C3 Work and interests

- 0 **Normal level of activity.**
- 1 **Doubtful** or minimal difficulty in carrying out or being interested in daily activities.
- 2 **Mild** impairment of or interest in daily functioning, but with effort able to cope with this.
- 3 **Mild to moderate** impairment of or interest in daily functioning, but with effort able to cope with this.
- 4 **Moderate to marked.** Difficulty in carrying out even routine activities, even when making effort.
- 5 **Marked to severe.** Occasionally requires help to carry out routine daily activities, much loss of initiative.
- 6 **Extremely severe.** Quite unable to carry out or retain interest in carrying out daily routine activities. Requires help for this.

### C4 Concentration difficulties

- 0 **Absent.**
- 1 **Doubtful** or minimal.
- 2 **Mild.** Occasional need of exertion in order to concentrate on daily activities.

- 3 **Mild to moderate.** More persistent difficulty in concentrating on daily activities, needs effort to cope with daily life.
- 4 **Moderate to marked.** Occasional difficulty in reading newspapers, mainly reading headlines, or in focussing on lengthy TV programmes. Moderate impact on daily activities.
- 5 **Marked to severe.** Persistent difficulty in reading newspaper or watching TV. Marked impact on daily activities.
- 6 **Extremely severe.** Demonstrates signs of concentration difficulties during interview. Extremely severe impact on daily activities.

#### **C5 Decrease in sleep duration**

- 0 **Absent.**
- 1 **Doubtful.**
- 2 **Mild.** Reports more superficial sleep but only very slight decrease in sleep duration.
- 3 **Mild to moderate.** Moderate decrease in sleep duration but still more than half the usual duration of sleep.
- 4 **Moderate to marked.** Sleep duration decrease to less than half the usual duration of sleep Moderate impact on daily activities.
- 5 **Marked to severe.** Sleep duration decrease so pronounced that it has a marked impact on daily activities.
- 6 **Extremely severe.** A feeling of not having slept at all. Extremely severe impact on daily activities.

#### **C6 Anxiety, psychic**

- 0 **Absent.**
- 1 **Doubtful.** Occasional tendency to mild worrying.
- 2 **Mild.** Appears slightly worried, insecure or afraid, but in full control of this. Needs effort to cope with daily activities.
- 3 **Mild to moderate.** Moderately more worried, insecure or afraid, but still in full control of this. Needs effort to cope with daily activities.
- 4 **Moderate to marked.** Worry now so marked that at times the patient has difficulty controlling anxiety, on the verge of panic attack. Moderate impact on daily activities.
- 5 **Marked to severe.** Worry difficult to control so that the patient may be on the verge of panic attacks. Marked impact on daily activities.
- 6 **Extremely severe.** Persistent and intense worrying, perhaps with actual panic attacks and with e.g. persistent domination of and impact on behaviour in daily life.

#### **C7 Emotional retardation (reduced need for emotional contact)**

- 0 **Absent.**
- 1 **Doubtful.** Momentarily minimal tendency to avoid emotional contact with other people.

- 2 **Mild**, occasionally a feeling of having less desire than usual for emotional contact with other people.
- 3 **Mild to moderate**. Reduced desire for or ability to establish closer contact with those persons necessarily encountered outside home.
- 4 **Moderate to marked**. Occasional lack of desire for closer contact – even with close friends or family. Moderate impact on daily activities.
- 5 **Marked to severe**. Emotionally indifferent even towards very close friends or family. Marked to severe impact on daily activities.
- 6 **Extremely severe**. Isolates him/herself completely from others. Extremely severe impact on daily activities.

### **C8 Guilt feelings**

- 0 **Absent**.
- 1 **Doubtful**. Occasional, minimal tendency to feel one is an inconvenience to family, friends or work colleagues.
- 2 **Mild**. Slight tendency to feel one is an inconvenience to family, friends or work colleagues.
- 3 **Mild to moderate** tendency to feel inferior in relation to others, as an inconvenience, but still without a negative perception of oneself as to the period before ongoing depressive episode.
- 4 **Moderate to marked** signs of actual guilt feelings, as the period before ongoing depressive episode is negatively coloured because of own faults and shortcomings.
- 5 **Marked to severe** self-blame with exaggerated feelings of guilt (a feeling of punishment, almost delusional).
- 6 **Extremely severe**. Guilt feelings with the belief that the current depression is a punishment, persistent, cannot be intellectually corrected, i.e. actual delusions.

### **C9 Suicidal impulses**

- 0 **Absent**.
- 1 **Doubtful**. Minimal, only quite momentary feeling that life is not worth living.
- 2 **Mild**, momentary feeling that life is not worth living but without passive wish for death.
- 3 **Mild to moderate** thoughts about wishing to be dead, still occasional. No plans to take own life but might wish not to wake up next morning, to get away from everything.
- 4 **Moderate to marked** feeling that life is not worth living. Vague plans to take own life.
- 5 **Marked to severe** plans to take own life. Has made preparations for this.
- 6 **Extremely severe**. Suicide attempt of any but the most minor kind.

### **C10 Reduced verbal activity**

- 0 **Absent**.
- 1 **Doubtful**, occasional, minimal tendency towards reduced need for speech.
- 2 **Mild**. Slight, reduced need for speech or slow to articulate.

- 3 **Mild to moderately** slow to articulate. Moderately taciturn.  
4 **Moderate to marked** reduction in verbal activity with tendency to long pauses in conversation. Markedly taciturn.  
5 **Marked to severe** slowness, so that the interview is significantly prolonged.  
6 **Extremely severe.** When the interview is almost impossible to complete.

**C11 Reduced motor activity**

- 0 **Absent.**  
1 **Doubtful** or minimal impairment.  
2 **Mild.** Slight impairment, e.g. reduced gesticulation.  
3 **Mild to moderate.** A higher degree of lowered tempo, slow gait.  
4 **Moderate to marked.**  
5 **Marked to severe.** Very slow movements, involving all movements.  
6 **Extremely severe. Stupor.**



## D Mania

### D1 Elevated mood

- 0 **Absent.**
- 1 **Doubtful.** Minimal, quite momentary elevated mood.
- 2 **Mild.** Occasionally slightly elevated mood, but quite adapted to situation.
- 3 **Mild to moderate.** Elevated mood, but still adapted to situation.
- 4 **Moderate to marked.** Elevated mood, merry and bantering.
- 5 **Marked to severely** elevated mood, exuberantly cheerful and joking both as to speech and behaviour, quite independent of situation, inappropriate laughter.
- 6 **Extremely severe.** Maximum elevated mood, quite independent of situation.

### D2 Increased pressure of speech

- 0 **Absent.**
- 1 **Doubtful,** minimally more talkative.
- 2 **Mild.** Slight tendency to talkativeness.
- 3 **Mild to moderate** pressure of speech but easy to interrupt.
- 4 **Moderate to marked.** Very talkative, almost no spontaneous breaks.
- 5 **Marked to severe.** Difficult to interrupt because of intense pressure of speech.
- 6 **Extremely severe.** Impossible to interrupt, controls conversation completely.

### D3 Increased social contact

- 0 **Absent.**
- 1 **Doubtful.** Minimally interfering.
- 2 **Mild.** Slight tendency to occasional interference, breaking in with own remarks.
- 3 **Mildly to moderately** interfering and argumentative, but still only occasionally, still adapted to situation.
- 4 **Moderate to marked,** more persistently interfering, argumentative, and often independent of situation.
- 5 **Marked to severe.** Dominating, giving orders, or organizing. Quite independent of situation but still correlated to environment.
- 6 **Extremely severe.** Extremely organizing and commanding, often quite without correlation to environment.

### D4 Increased motor activity

- 0 **Absent.**
- 1 **Doubtfully** increased motor activity
- 2 **Mild.** Slightly increased motor activity but with adequate facial expression.
- 3 **Mildly to moderately** increased motor activity, lively facial expression.
- 4 **Moderately to markedly** increased motor activity, lively gestures.
- 5 **Marked to severe.** Very excessive motor activity, on the move almost constantly. Gets up from chair once or more during interview.
- 6 **Extremely severe.** Constantly active, restless, rushing around. Cannot be persuaded to sit still.

#### **D5 Reduced need of sleep**

- 0 **Absent.**
- 1 **Doubtful.** Minimal occasional tendency to slight decrease in sleep duration without being less rested than usual.
- 2 **Mild.** Slight decrease in sleep duration, occasionally probably less rested.
- 3 **Mild to moderate.** Sleep duration decrease of 25 % without being less rested.
- 4 **Moderate to marked.** Sleep duration decrease of 50 % without being less rested.
- 5 **Marked to severe.** Sleep duration decrease of 75 % without being less rested.
- 6 **Extremely severe.** No sleep but without being bothered by this.

#### **D6 Distractibility during focussed activities**

- 0 **Absent.**
- 1 **Doubtful.** Minimal and only momentarily greater enthusiasm for daily activities.
- 2 **Mild.** Only mildly increased eagerness to get going with daily activities but at the same time somewhat distractible.
- 3 **Mild to moderately** increased eagerness for daily activities but occasionally distractible and preoccupied. Only just able to cope with daily activities.
- 4 **Moderate to markedly** increased eagerness for daily activities, tries to keep several activities going at the same time but has difficulty in keeping them apart. Moderate impact on daily activities.
- 5 **Marked to severe** tendency to participate in too many activities which distract from each other. Difficulty in getting daily activities done.
- 6 **Extremely severe.** Unable to carry out daily activities without assistance.

#### **D7 Irritability, hostility**

- 0 **Absent.**
- 1 **Doubtful.** Minimal tendency to impatience, but not irritation.
- 2 **Mild.** Slight tendency to impatience and irritation, but only occasionally and appropriate to situation.
- 3 **Mild to moderate** tendency to impatience, irritation and anger, but can control self.
- 4 **Moderate to marked.** Quite independent of situation marked impatience and anger. Moderate impact on daily social activities.
- 5 **Marked to severe.** Extremely provoking, utters threats, can be dampened down to a certain degree. Marked impact on daily social activities.
- 6 **Extremely severe.** Causes physical damage, strikes or destroys objects. Hospitalisation imminent.

#### **D8 Increase in sexual interest**

- 0 **Absent.**
- 1 **Doubtful** or minimal increase of interest in sexual topics.
- 2 **Mild.** Slight increase of interest in sexual topics.
- 3 **Mild to moderate** increase of interest in sexual topics, but only occasionally.
- 4 **Moderate to marked** increase of interest in sexual topics both in speech and behaviour.

- 5 **Markedly to severely** exaggerated interest in sexual topics both in speech and behaviour.
- 6 **Extremely severe.** Completely and inappropriately preoccupied by sexual topics.

#### **D9 Increased self-esteem**

- 0 **Absent.**
- 1 **Doubtful.** Minimal increase in self-esteem
- 2 **Mild.** Slight increase in self-esteem, at times slightly boastful.
- 3 **Mild to moderate** increase in self-esteem, uses more superlatives, but still fairly adapted to situation.
- 4 **Moderately to markedly** exaggerated self-esteem, not adapted to situation.
- 5 **Marked to severe.** Extremely boastful, unrealistically exaggerated self-esteem, but can be corrected.
- 6 **Extremely severe.** Grandiose ideas that cannot be corrected.

#### **D10 Flight of thoughts**

- 0 **Absent.**
- 1 **Doubtful.** Minimal or occasional tendency to flight of thoughts.
- 2 **Mild.** Slight tendency to elaborate descriptions, but quite adapted to subject of conversation.
- 3 **Mildly to moderately** lively descriptions. Explanations and elaborations, but speech still consistent as to topic.
- 4 **Moderate to marked.** At times difficulty in sticking to topic as random associations are drawn in (mostly rhymes or the sound of words).
- 5 **Marked to severe.** The line of thought more tangibly marked by diversionary associations, making it difficult to understand content.
- 6 **Extremely severe.** When it is difficult or impossible to follow line of thought due to constant skipping from one subject to another.

#### **D11 Increased voice volume, noisy behaviour**

- 0 **Absent.**
- 1 **Doubtful.** Minimal tendency to raise voice occasionally.
- 2 **Mild.** Slight tendency to increased volume of speech compared to normal.
- 3 **Mild to moderate** increase in voice volume, can be heard from a distance, but not noisy.
- 4 **Moderate to marked** increase in voice volume, loud and very noisy.
- 5 **Marked to severe.** Very loud, sings, shouts, is noisy.
- 6 **Extremely severe.** Shouts or screams or is noisy in other ways (very loud radio or TV volume), pounding on table or other furniture.

## E Schizophrenicity

### E1 Blunted affect

- 0 **Absent.**
- 1 **Doubtful.** Emotional affect minimally blunted.
- 2 **Mild.** Slight tendency to impaired emotional affect.
- 3 **Mildly to moderately** lowered emotional affect.
- 4 **Moderate to marked** indications of lacking or inadequate emotions. Affect is generally flat
- 5 **Marked to severe** indications of lacking or inadequate emotional affect.
- 6 **Extremely severe.** Almost paralysed as to mode of emotional contact. Completely blunted affect.

### E2 Emotional withdrawal

- 0 **Absent.**
- 1 **Doubtful.** Interest in social contact only minimally reduced.
- 2 **Mild.** Slight tendency to demonstrate lack of initiative and interest in social environment.
- 3 **Mild to moderate** withdrawal from social contact.
- 4 **Moderate to marked** reduction of interest and contact during social interaction.
- 5 **Marked to severe** impairment in social interest, very self-isolating from surroundings.
- 6 **Extremely severe.** Almost paralysed as to social interaction, totally withdrawn.

### E3 Bizarre motor disturbances (mannerisms)

- 0 **Absent.**
- 1 **Doubtful.** Minimal signs of bizarre motor disturbances.
- 2 **Mild.** Slight tendency to eccentric posture or grimacing.
- 3 **Mild to moderate** tendency to eccentric posture or grimacing.
- 4 **Moderate to marked** degree of stereotyping or grimacing.
- 5 **Marked to severe** degree of stereotyping or grimacing.
- 6 **Extremely severe.** Is impaired by virtually constant involvement in ritualistic, manneristic movements.

### E4 Lack of formal cooperation

- 0 **Absent.**
- 1 **Doubtful** tendency to be reserved during interview.
- 2 **Mild.** Slight tendency to irritability or reserve.
- 3 **Mild to moderate.** Some resistance during interview.
- 4 **Moderate to marked.** Beginning signs of hostility towards interviewer.
- 5 **Marked to severe.** Quite irrelevant replies, clearly hostile attitude.
- 6 **Extremely severe.** Lack of cooperation so marked that interview cannot be completed.

### **E5 Delusions (*unusual thought content*)**

- 0 **Absent.**
- 1 **Doubtful.** Minimal tendency towards unrealistic ideas.
- 2 **Mild.** Vague, unrealistic ideas, not persistent. Does not impede other thought processes, social contact or behaviour.
- 3 **Mild to moderate.** Quite vague delusions or distorted ideas, not particularly protective of them.
- 4 **Moderate to marked.** The presence of clear-cut delusions, which are adhered to, with moderate impact on daily activities.
- 5 **Marked to severe.** The presence of a constant set of delusions, clearly formed, possibly systematised, tenaciously adhered to and with a marked impact on thinking, social contact or behaviour.
- 6 **Extremely severe.** The presence of a constant set of delusions dominating the main areas of the patient's life. This often results in inappropriate or irresponsible conduct, possibly even endangering the safety of the patient or of other persons.

### **E6 Conceptual disorganization**

- 0 **Absent.**
- 1 **Doubtful.** Minimal signs of formal thought disorder.
- 2 **Mild.** Slight signs. Convoluting thinking. Some difficulty in focussing thoughts.
- 3 **Mild to moderate.** Able to focus thoughts when communication is short and highly structured, but becomes flighty or irrelevant when more complex communication is to be maintained.
- 4 **Moderate to marked.** General difficulty in organising thoughts, demonstrated by their frequent irrelevancy or incoherence.
- 5 **Marked to severe.** Thinking highly disturbed and without inner consistency resulting in a high degree of irrelevancy and disrupted thought processes.
- 6 **Extremely severe.** Thinking so disturbed that the patient is incoherent. A marked disintegration of associations, resulting in a total communication failure, e.g. 'word salad' or muteness.

### **E7 Hallucinations**

- 0 **Absent.**
- 1 **Doubtful.** Minimal signs of abnormal sensory perceptions.
- 2 **Mild.** Slightly abnormal perceptions not resulting in distorted thinking or behaviour.
- 3 **Mild to moderate.** Momentary hallucinations with only slight impact on the patient's thinking and behaviour.
- 4 **Moderate to marked.** Hallucinations frequently present, may involve more than one sensory modality and with tendency to distort thinking and/or interrupt actions. Moderate impact on the patient's functioning.
- 5 **Marked to severe.** Hallucinations leading to highly distorted thinking and behaviour. The patient treats these as true perceptions. Marked impact on the patient's functioning.

- 6 **Extremely severe.** The patient is almost totally preoccupied with hallucinations which virtually dominate thinking and behaviour, including obedience to command hallucinations. An extremely severe impact on the patient's functioning.

#### **E8 Hyperactivity (*excitation*)**

- 0 **Absent.**
- 1 **Doubtful.** Minimal signs of hyperactivity.
- 2 **Mild.** A tendency to slight agitation or overarousal during interview but without distinctive episodes of excitation or marked mood lability. Speech may be slightly forced but the patient can control this.
- 3 **Mild to moderate.** Agitation or excitation demonstrable during interview.
- 4 **Moderate to marked.** Frequent outbursts of motor activity which the patient has difficulty controlling.
- 5 **Marked to severe.** Marked excitation or hyperactivity dominates the interview, restricts attention.
- 6 **Extremely severe.** Severe excitation with a serious impact on interpersonal interaction making this almost impossible.

#### **E9 Grandiosity (*delusions of grandeur*)**

- 0 **Absent.**
- 1 **Doubtful.** Minimal signs of exaggerated self-esteem.
- 2 **Mild.** Some expansiveness, but without definite grandiose delusions.
- 3 **Mild to moderate.** A feeling of unrealistic superiority over others. Some vague delusions about especial status or abilities may be present without being acted out.
- 4 **Moderate to marked.** Definite delusions about unusual abilities, status or power, with moderate impact on daily activities.
- 5 **Marked to severe.** Definite delusions expressed as to remarkable grandeur involving more than one area (wealth, knowledge, fame etc.) with a marked impact on daily activities.
- 6 **Extremely severe.** Thinking, interaction and behaviour dominated by many different delusions of grandeur (improbable abilities, wealth, knowledge, fame, power and/or moral status) may take on bizarre quality.

#### **E10 Suspiciousness/persecution**

- 0 **Absent.**
- 1 **Doubtful.** Minimal signs of suspiciousness.
- 2 **Mild.** Demonstrates guarded attitude, but with only minimal impact on thoughts, interaction and behaviour.
- 3 **Mild to moderate.** Suspiciousness clearly demonstrated with impact on interview and/or behaviour, but paranoid delusions not detectable.
- 4 **Moderate to marked.** The patient demonstrates marked suspiciousness, leading to marked interruption in interpersonal relations with momentary paranoid delusions, with a limited impact on interpersonal relations and behaviour.

- 5 **Marked to severe.** Definite and extensive delusions as to persecution, may be systematised and with significant impact on interpersonal relations.
- 6 **Extremely severe.** A web of systematised paranoid delusions dominate the patient's thinking, social relations ,and behaviour.

**E11 Hostility towards others**

- 0 **Absent.**
- 1 **Doubtful.** Minimal aggression.
- 2 **Mild.** Indirect anger such as sarcasm, disrespect, expressions of hostility and occasional irritability towards others.
- 3 **Mild to moderate.** Momentarily demonstrates obviously hostile attitude towards others.
- 4 **Moderate to marked.** Patient markedly irritable and occasionally verbally insulting or threatening towards others.
- 5 **Marked to severe.** Non-cooperative. Verbal insults or threats have severe impact on social contact. The patient may be violent or destructive, without physically attacking others.
- 6 **Extremely severe.** Marked anger resulting in extreme uncooperativeness, preventing any interaction or resulting in episodic physical attacks on others.

## F Etiological considerations

### F1 Lack of insight (*the last 3 days*)

- 0 **Absent.**
- 1 **Doubtful.**
- 2 Admits to mental problems but not to being mentally ill.
- 3 Acknowledges possible change in behaviour, but denies mental illness.
- 4 Denies any change in behaviour. Thus does not even feel stressed.

### F2 a Psychological stress (*stressors*) (*around beginning of episode and 6 months retrospectively*)

- 0 **Absent.** No psychological stress.
- 1 **Doubtful.**
- 2 **Definite presence** of long-term psycho-social stressor (e.g. divorce or work-related problems) considered to have etiological significance, i.e. condition would not have occurred without it).

### F2b Post-traumatic stress disorder

- 0 **Absent.** No post-traumatic stress disorder
- 1 **Doubtful.**
- 2 **Definitely present** when condition has developed during the course of a few weeks after exposure to exceptionally catastrophic event

### F3 Neuroticism (*covering premorbid history*)

- 0 **Absent**
- 1 **Doubtful** presence of chronic tendency from early youth to anxiety, worrying or feelings of inferiority.
- 2 **Mild.** Slight tendency to personality structure with anxiety, worrying and tension.
- 3 **Mild to moderate.** Mildly to moderately anxious personality structure (neuroticism), however without causing constraints in daily life.
- 4 **Moderate to marked** neuroticism, including tendency to introversion, some degree of limitation in daily life.
- 5 **Marked to severe** neuroticism, causing constraints in daily life.
- 6 **Extremely severe** neuroticism causing chronic constraints in daily life

### F4 Increased reactivity towards environment (*the last 3 days*)

- 0 **Absent.**
- 1 **Doubtful** or minimally present.
- 2 **Mild.** Unspecific factors, such as having someone to talk to, lead to limited improvement.
- 3 **Mild to moderate.** Unspecific factors or certain specific situations either lead to improvement or deterioration.
- 4 **Moderate to marked.** This condition varies to a considerable degree, depending on the factors making up the situation.



- 5 **Marked to severe.** Certain factors frequently lead to complete disappearance or triggering of condition.
- 6 **Extremely severe.** The condition depends entirely on quite specific situations, which each time lead to complete disappearance or triggering of it.

**F5 Diurnal variation – *symptoms worse in evening (the last 3 days)***

- 0 **Absent.**
- 1 **Doubtful,** minimally present.
- 2 **Mild.**
- 3 **Mild to moderate.** Fluctuations of greater intensity or frequency.
- 4 **Moderate to marked.**
- 5 **Marked to severe.** Regular changes from considerable depression to hardly any symptoms.
- 6 **Extremely manifest** changes.

**F6 Diurnal variation – *symptoms worse in morning (the last 3 days)***

- 0 **Absent.**
- 1 **Doubtful** or minimal.
- 2 **Mild.**
- 3 **Mild to moderate.** Fluctuations of greater intensity or frequency.
- 4 **Moderate to marked.**
- 5 **Marked to severe.** Regular changes from considerable condition to hardly any symptoms.
- 6 **Extremely marked** changes in condition.

**F7 Quality of depression (*covering whole episode*)**

- 0 **Absent.** No difference from ordinary grief reaction or stress condition.
- 1 **Doubtfully present,** as not a question of ordinary grief reaction or stress condition.
- 2 **Mild.** Felt to be slightly different from ordinary feeling of stress.
- 3 **Mild to moderate,** definitely different from ordinary feeling of stress.
- 4 **Moderately to markedly** different from ordinary feeling of stress, all is negative.
- 5 **Markedly to severely** different from ordinary feeling of stress.
- 6 **Extremely severe,** pronounced difference from ordinary feeling of stress, exceedingly different.

**F8 Persistency and duration of condition (*covering whole episode*)**

- 0 **Absent.**
- 1 **Doubtful.** Quite insignificant day-to-day variations.
- 2 **Definite persistency.** Condition the same from day to day, if any change it tends to be an increase of symptoms.
- 3 Duration less than 6 months.
- 4 Duration 6 – 12 months.
- 5 Duration 12 – 24 months.
- 6 Duration more than 24 months.

### **F9 Depressive delusions (*the last 3 days*)**

- 0 **Absent.**
- 1 **Doubtful** presence of actual delusions.
- 2 **Mild.** Vague depressive delusions which are not adhered to.
- 3 **Mild to moderate** depressive delusions as to physical illness or financial problems. Not especially adhered to.
- 4 **Moderate to marked** depressive delusions, adhered to, to a certain extent.
- 5 **Marked to severe** depressive delusions, obstinately adhered to.
- 6 **Extremely marked** depressive delusions, completely dominating condition.

### **F10 Previous depressive downs (*covering whole history (anamnesis)*)**

- 0 **Absent.**
- 1 **Doubtful** whether current episode has been preceded by depressive downs differing from actual depressive episodes by short duration (typically 4 days or less) and lesser degree of severity. However the latter element (degree of severity) is not so significant here as the presence of recurrent episodes of short duration. Should not be confused with premenstrual tension.
- 2 Has previously had one depressive down.
- 3 Has previously had 2-3 downs.
- 4 Has previously had 4-5 depressive downs.
- 5 Has previously had around 1 down per year.
- 6 Has previously had several downs per year.

### **F11 Previous depressive episodes (*covering whole history (anamnesis)*)**

- 0 **Absent.**
- 1 **Doubtful** whether current episode has been preceded by a delimited depressive episode of at least 2 weeks duration.
- 2 Has previously had one depressive episode.
- 3 Has previously had 2 depressive episodes.
- 4 Has previously had 3 depressive episodes.
- 5 Has previously had 4 depressive episodes.
- 6 Has previously had 5 or more depressive episodes.

### **F12 Previous hypomanic ups (*covering whole history (anamnesis)*)**

- 0 **Absent.**
- 1 **Doubtful** whether current episode has been preceded by hypomanic ups differing from actual manic episodes by short duration (typically 4 days or less) and lesser degree of severity (i.e. without major impact on ability to work or on other social activities).
- 2 Has previously had one up.
- 3 Has previously had 2-3 ups.
- 4 Has previously had 4-5 ups.
- 5 Has previously had around 1 up per year.
- 6 Has previously had several ups per year.

**F13 Previous manic episodes (covering whole history (anamnesis))**

- 0 **Absent.**
- 1 **Doubtful** whether current episode has been preceded by a delimited manic episode of at least 1 week's duration.
- 2 Has previously had 1 manic episode.
- 3 Has previously had 2 manic episodes.
- 4 Has previously had 3 manic episodes.
- 5 Has previously had 4 manic episodes.
- 6 Has previously had 5 or more manic episodes.

**F14 Previous mixed states (covering whole history (anamnesis))**

- 0 **Absent.**
- 1 **Doubtful** whether current episode has been preceded by an episode with both depressive and manic symptoms.
- 2 Has previously had 1 episode with mixed states.
- 3 Has previously had 2 episodes with mixed states.
- 4 Has previously had 3 episodes with mixed states.
- 5 Has previously had 4 episodes with mixed states.
- 6 Has previously had 5 or more episodes with mixed states.

**F15 Hereditary disposition**

- 0 **Absent.**
- 1 **Doubtful.**
- 2 **Mild.** Scanty information about distant relative with affective disorder characteristics.
- 3 **Mild to moderate.** Definite information about distant relative with affective disorder (committed suicide, hospitalised for this, treated for this).
- 4 **Moderate to marked.** Closer relatives (grandparents, half-siblings) have/had affective disorder.
- 5 **Marked to severe.** A brother, sister or parent has/had affective disorder.
- 6 **Extremely severe.** Both a parent and a sibling have/had affective disorder.

**F16 Somatic illness (around start of episode and 6 months retrospectively) includes e.g. postpartum depression, post-stroke depression and withdrawal symptoms after substance abuse (alcohol and other psychoactive drugs)**

- 0 **Absent.**
- 1 **Doubtful.**
- 2 **Definitely present** when the somatic illness is considered to have etiological significance, i.e. condition would not have occurred without it.

**F17 Drug-/substance-induced condition**

- 0 **Absent.**
- 1 **Doubtful.**
- 2 **Definitely present** when treatment with drug is considered to have etiological significance, i.e. condition would not have occurred without it..

## **G Supplemental items**

### **G1 Lowered mood (*reported*)**

- 0 **Absent.**
- 1 **Doubtful.**
- 2 **Mild.** Very slight tendency to lowered mood, but reports brighter moments at times.
- 3 **Mild to moderate** lowered mood but still brighter moments.
- 4 **Moderate to marked.** Pervasive feelings of sadness and despondency.
- 5 **Marked to severe.** Almost constant lowered mood and despondency only very slightly influenced by external circumstances.
- 6 **Extremely severe.** Persistent feelings of misery or extreme despondency.

### **G2 Appearance**

- 0 Appropriately dressed.
- 1 Slightly unkempt.
- 2 Unkempt, tousled hair, clothing partly in disarray, unsuitably dressed.
- 3 Unkempt. only partially dressed, exaggerated make up.
- 4 Completely dishevelled; dressed up; bizarre clothing.

### **G3 Decrease in sexual interest**

- 0 **Absent.**
- 1 **Mild.** Slight decrease in sexual interest.
- 2 **Moderate to marked** decrease in sexual interest.

### **G4 Confusion and disorientation**

- 0 **Absent.**
- 1 **Doubtful.** Quite minimal signs of not being fully orientated as to time, place and personal information.
- 2 **Mild.** Slight signs of orientation problems, but corrects this spontaneously.
- 3 **Mild to moderate.** Incorrect responses without spontaneous correction, i.e. does not recollect name of day even though month and year are given correctly and/or difficulty in naming place although orientated as to abode and/or difficulty in recalling names although own name is given correctly.
- 4 **Moderate to marked.** E.g. incorrect month or year given, despite correct season and/or problems with orientation in place of residence and/or does not recollect own name.
- 5 **Marked to severe.** Complete disorientation as to either time and place or personal information.
- 6 **Extremely severe.** Complete disorientation as to time, place and personal information.

### **G5 Irritability**

- 0 **Absent.**
- 1 **Doubtful** presence of irritability as it is not beyond normal range.

- 2 **Mild.** Slight irritability. At times irritable but no acting-out behaviour.
- 3 **Mild to moderate.** Occasionally bangs table or slams door but without losing control.
- 4 **Moderate to marked.** More frequent signs of irritability, at times on the point of losing control. Moderate impact on daily activities.
- 5 **Marked to severe.** Much irritability and angry acting-out. Marked to severe impact on daily activities.
- 6 **Extremely severe.** Almost constant irritability with extremely severe impact on daily activities.

**G6 General sensory anxiety complaints (*tinnitus, visual disturbances, heat and cold sensations, pricking sensations in skin*)**

- 0 **Absent.**
- 1 **Doubtful** whether reports of being bothered by pressing or pricking sensations (in e.g. ears, eyes or skin) are more pronounced than usual.
- 2 Pressing sensations in ears become buzzing in ear (tinnitus), in eyes visual disturbances, in skin bothersome pricking sensations or paraesthesia.
- 3 The general sensory complaints have impact on the patient's daily life.
- 4 The general sensory complaints are so marked, that there is a severe impact on daily activities.

**G7 Cardiovascular complaints (*palpitations, chest pressure, chest pains*)**

- 0 **Absent.**
- 1 **Doubtful** presence.
- 2 The cardiovascular symptoms mentioned above are present but the patient is able to deal with them.
- 3 At times the patient has difficulty dealing with the cardiovascular symptoms; this results in a limited impact on daily activities.
- 4 The cardiovascular symptoms are so marked that there is a definite impact on daily activities.

**G8 Respiratory complaints (*pressure or constriction of throat, dyspnoea, choking sensation*)**

- 0 **Absent.**
- 1 **Doubtful** presence.
- 2 The respiratory symptoms are present but the patient is able to deal with them.
- 3 At times the patient has difficulty dealing with the respiratory symptoms; this results in a limited impact on daily activities.
- 4 The respiratory symptoms are so marked that there is a definite impact on daily activities.

**G9 Gastrointestinal complaints (*difficulty in swallowing, upset stomach, bloating, nausea, diarrhoea or constipation*)**

0 **No gastrointestinal complaints.**

1 **Doubtful** whether the complaints differ from what is customary for the patient.

2 One or more of the abovementioned gastrointestinal complaints present but with no impact on daily activities.

3 The gastrointestinal complaints have a limited impact on daily activities; e.g. a tendency to difficulty in controlling defecation.

4 The gastrointestinal symptoms are so marked that there is a definite impact on daily activities.

**G10 Genito-urinary complaints (*frequent or imperative micturition, menstrual problems or decrease in sexual interest*)**

0 **No genito-urinary complaints.**

1 **Doubtful** whether the complaints differ from what is customary for the patient.

2 **Mild** genito-urinary complaints.

3 The genito-urinary complaints are at times very marked. E.g. a tendency to have difficulty controlling micturition.

4 The genito-urinary complaints are marked and persistent. E.g. difficulty in controlling micturition.

**G11 Other autonomic complaints (*dry mouth, flushing, increased perspiration, dizziness*)**

0 **Absent.**

1 **Doubtful presence.**

2 **Present in mild degree.**

3 The abovementioned autonomic complaints have limited impact on daily activities.

4 The gastrointestinal symptoms are so marked and persistent that there is a definite impact on daily activities.

**G12 Depersonalisation/derealisation (*such as feelings of unreality in surroundings and/or self*)**

0 **Absent.**

1 **Mild.** Slight feelings of alienation from reality or self.

2 **Present in moderate degree.**

3 **Present in severe degree.**

4 **Present in extremely severe degree.**

**G13 Paranoid symptoms (suspiciousness)**

0 **Absent.**

1 Slightly suspicious of others.

2 Indications of persecutory delusions, however without paranoid quality.

3 When persecutory delusions possess paranoid quality.

4 When accompanied by hallucinations.

#### **G14 Helplessness**

0 **Absent.**

1 Slight indications that the patient feels unable to make changes in some of the things he or she must implement.

2 There are several things the patient feels unable to make changes in to get on with daily life.

3 A clearly despairing attitude towards accomplishing things

4 Unable to take care of own needs (requires physical assistance for dressing, eating, or personal hygiene).

#### **G15 Hopelessness**

0 **Absent.**

1 At times evinces doubts as to whether condition will improve.

2 More constantly doubtful that condition will improve.

3 Clear indications of pessimism about improvement in condition, which cannot be dispelled.

4 Convinced that condition will never improve ("I will never get well").

#### **G16 Worthlessness**

0 **Absent.**

1 Slight self-depreciation.

2 Moderate self-depreciation.

3 Strong feelings of inferiority towards others.

4 Delusional notions of worthlessness.

#### **G17 Anhedonia**

0 **Absent.**

1 **Doubtful** presence.

2 **Mild.** Slightly reduced pleasure in activities normally perceived as enjoyable.

3 **Mild to moderately** reduced pleasure in activities normally perceived as enjoyable.

4 **Moderately to markedly** reduced pleasure in activities normally perceived as enjoyable. However still able to find pleasure in a few activities.

5 **Markedly to severely** reduced pleasure in activities normally perceived as enjoyable. Hardly any activities are perceived as enjoyable.

6 **Extremely severe.** Completely unable to feel pleasure in things normally perceived as most pleasant.

#### **G18 Labile mood (observed or reported over the last 3 days)**

0 **Absent.**

1 **Doubtful** presence.

2 **Mild.** Slight mood lability, (up and down swings).

3 **Mild to moderate** mood swings.

4 **Moderate to marked** mood swings present at interview.

5 **Marked to severe** mood swings occur several times during interview.

6 **Extremely severe** - frequent mood swings during interview.

Module B Specific anxiety scale  
**Hamiltons Anxiety scale (HAM-A)**

			Items from CIDRS	CIDRS score	Original HAM-A	HAM-A score
1	Psychic anxiety	(0-6)	B1	<input type="text"/>	(0-4)	<input type="text"/>
2	Tension	(0-6)	B3	<input type="text"/>	(0-4)	<input type="text"/>
3	Phobic anxiety	(0-6)	B4	<input type="text"/>	(0-4)	<input type="text"/>
4	Sleep disturbances	(0-6)	C5	<input type="text"/>	(0-4)	<input type="text"/>
5	Concentration difficulties	(0-6)	C4	<input type="text"/>	(0-4)	<input type="text"/>
6	Lowered mood	(0-6)	C1	<input type="text"/>	(0-4)	<input type="text"/>
7	Motor tension	(0-6)	B6	<input type="text"/>	(0-4)	<input type="text"/>
8	Sensory symptoms	(0-4)	G6	<input type="text"/>	(0-4)	<input type="text"/>
9	Cardiovascular symptoms	(0-4)	G7	<input type="text"/>	(0-4)	<input type="text"/>
10	Respiratory symptoms	(0-4)	G8	<input type="text"/>	(0-4)	<input type="text"/>
11	Gastrointestinal symptoms	(0-4)	G9	<input type="text"/>	(0-4)	<input type="text"/>
12	Genito-urinary symptoms	(0-4)	G10	<input type="text"/>	(0-4)	<input type="text"/>
13	Other autonomic symptoms	(0-4)	G11	<input type="text"/>	(0-4)	<input type="text"/>
14	Behaviour at interview	(0-6)	G12	<input type="text"/>	(0-4)	<input type="text"/>
Total score HAM-A <sub>14</sub>						<input type="text"/>
Total score HAM-A <sub>6</sub> : items 1, 2, 3, 5, 7, 14						<input type="text"/>

**Translation form**

	absent	doubtful	slight	mild to moderate	moderate to marked	severe	extremely severe
CIDRS	0	1	2	3	4	5	6
HAM-A	0	1	2	2	3	4	4



Module C: Specific depression scale  
**Hamilton Depression Scale (HAM-D<sub>17</sub>)**

			Items from CIDRS	CIDRS score	Original HAM-D	HAM-D score
1	Lowered mood	(0-6)	C1	<input type="text"/>	(0-4)	<input type="text"/>
2	Guilt feelings	(0-6)	C8	<input type="text"/>	(0-4)	<input type="text"/>
3	Suicidal impulses	(0-6)	C9	<input type="text"/>	(0-4)	<input type="text"/>
4	Initial insomnia	(0-6)	A1	<input type="text"/>	(0-2)	<input type="text"/>
5	Middle insomnia	(0-6)	A2	<input type="text"/>	(0-2)	<input type="text"/>
6	Late insomnia	(0-6)	A3	<input type="text"/>	(0-2)	<input type="text"/>
7	Work and interests	(0-6)	C3	<input type="text"/>	(0-4)	<input type="text"/>
8	Psychomotor retardation	(0-6)	C11	<input type="text"/>	(0-4)	<input type="text"/>
9	Psychomotor agitation	(0-6)	B12	<input type="text"/>	(0-4)	<input type="text"/>
10	Psychic anxiety	(0-6)	C6	<input type="text"/>	(0-4)	<input type="text"/>
11	Somatic anxiety	(0-6)	B7	<input type="text"/>	(0-4)	<input type="text"/>
12	Gastrointestinal symptoms	(0-6)	A6	<input type="text"/>	(0-2)	<input type="text"/>
13	General somatic	(0-6)	C2	<input type="text"/>	(0-2)	<input type="text"/>
14	Sexual disturbances	(0-2)	G3	<input type="text"/>	(0-2)	<input type="text"/>
15	Hypochondriasis	(0-6)	B10	<input type="text"/>	(0-4)	<input type="text"/>
16	Insight	(0-4)	F1	<input type="text"/>	(0-2)	<input type="text"/>
17	Weight loss	(0-6)	A8	<input type="text"/>	(0-2)	<input type="text"/>
Total score HAM-D <sub>17</sub>						<input type="text"/>
Total score HAM-D <sub>6</sub> : items 1, 2, 7, 8, 10, 13						<input type="text"/>

**Translation form**

	absent	doubtful	slight	mild to moderate	moderate to marked	severe	extremely severe
CIDRS	0	1	2	3	4	5	6
HAM-D (0-2)	0	1	2	2	2	2	2
HAM-D (0-4)	0	1	2	2	3	4	4

Module D: Specific mania scale  
**Young Mania Rating Scale (YMRS)**

			CIDRS items	CIDRS score	Original YMRS	YMRS score
1	Elevated mood	(0-6)	D1	<input type="text"/>	(0-4)	<input type="text"/>
2	Increased motor activity	(0-6)	D4	<input type="text"/>	(0-4)	<input type="text"/>
3	Increased sexual interest	(0-6)	D8	<input type="text"/>	(0-4)	<input type="text"/>
4	Sleep	(0-6)	D5	<input type="text"/>	(0-4)	<input type="text"/>
5	Irritability	(0-6)	G5	<input type="text"/>	(0-8)	<input type="text"/>
6	Increased pressure of speech	(0-6)	D2	<input type="text"/>	(0-8)	<input type="text"/>
7	Thought disturbances	(0-6)	D10	<input type="text"/>	(0-4)	<input type="text"/>
8	Thought content	(0-6)	D9	<input type="text"/>	(0-8)	<input type="text"/>
9	Destructive behaviour	(0-6)	D7	<input type="text"/>	(0-8)	<input type="text"/>
10	Appearance	(0-4)	G2	<input type="text"/>	(0-4)	<input type="text"/>
11	Insight	(0-4)	F1	<input type="text"/>	(0-4)	<input type="text"/>
Total score YMRS						<input type="text"/> <input type="text"/>

**Translation form**

	absent	doubtful	slight	mild to moderate	moderate to marked	severe	extremely severe
CIDRS	0	1	2	3	4	5	6
YMRS	0	1	2	2	3	4	4

Module F: Specific etiological scale for diagnosis of depression  
**Newcastle (1965) depression scale**

Newcastle (1965)	Weighted CIDRS score (0 – 6)								Score
	CIDRS	Absent 0	Doubt- ful 1	Slight 2	Mild to mod. 3	Mod. to mark. 4	Marked to severe 5	Extremely severe 6	
1 Deviant personality (F3)	(0 – 6)	+ 1	+ ½	0	0	0	0	0	<input type="text"/>
2 Psychological stress (F2)	(0 – 2)	+ 2	+ 1	0					<input type="text"/>
3 Quality of depression (F7)	(0 – 6)	0	+ ½	+ 1	+ 1	+ 1	+ 1	+ 1	<input type="text"/>
4 Weight loss (A8)	(0 – 6)	0	+ 1	+ 2	+ 2	+ 2	+ 2	+ 2	<input type="text"/>
5 Previous depressive episodes (F10)	(0 – 6)	0	+ ½	+ 1	+ 1	+ 1	+ 1	+ 1	<input type="text"/>
6 Reduced motor activity (C11)	(0 – 6)	0	+ 1	+ 2	+ 2	+ 2	+ 2	+ 2	<input type="text"/>
7 Anxiety (agitation) (B12)	(0 – 6)	0	- ½	- 1	- 1	- 1	- 1	- 1	<input type="text"/>
8 Psychotic depression (F9)	(0 – 6)	0	+ 1	+ 2	+ 2	+ 2	+ 2	+ 2	<input type="text"/>
9 Blames others (D7)	(0 – 6)	0	- ½	- 1	- 1	- 1	- 1	- 1	<input type="text"/>
10 Guilt feelings (C8)	(0 – 6)	0	+ ½	+ 1	+ 1	+ 1	+ 1	+ 1	<input type="text"/>
Weighted total score Newcastle (1965)									<input type="text"/>

Module C: Specific depression scale  
**MADRS**

		Items from CIDRS	CIDRS score	Original MADRS	MADRS score
1	Apparent sadness (observed)	C1	<input type="text"/>	0 - 6	<input type="text"/>
2	Reported sadness (reported)	G1	<input type="text"/>	0 - 6	<input type="text"/>
3	Inner tension	C6	<input type="text"/>	0 - 6	<input type="text"/>
4	Reduced sleep	C5	<input type="text"/>	0 - 6	<input type="text"/>
5	Reduced appetite	A6	<input type="text"/>	0 - 6	<input type="text"/>
6	Concentration difficulties	C4	<input type="text"/>	0 - 6	<input type="text"/>
7	Lassitude	C3	<input type="text"/>	0 - 6	<input type="text"/>
8	Inability to feel	C7	<input type="text"/>	0 - 6	<input type="text"/>
9	Pessimistic thoughts	C8	<input type="text"/>	0 - 6	<input type="text"/>
10	Suicidal thoughts	C9	<input type="text"/>	0 - 6	<input type="text"/>
Total score MADRS <sub>10</sub>					<input type="text"/>
Total score MADRS <sub>6</sub> : items 1, 2, 3, 7, 8, 9					<input type="text"/>

Module E: Specific schizophrenia scale  
**BPRS**

		Items from CIDRS	CIDRS score	Original BPRS	BPRS score
1	Somatic concern	B10	<input type="text"/>	0 - 6	<input type="text"/>
2	Anxiety	B1	<input type="text"/>	0 - 6	<input type="text"/>
3	Emotional withdrawal	E2	<input type="text"/>	0 - 6	<input type="text"/>
4	Conceptual disorganization	E6	<input type="text"/>	0 - 6	<input type="text"/>
5	Guilt feelings	C8	<input type="text"/>	0 - 6	<input type="text"/>
6	Motor tension	B6	<input type="text"/>	0 - 6	<input type="text"/>
7	Mannerisms and posturing	E3	<input type="text"/>	0 - 6	<input type="text"/>
8	Grandiosity	E9	<input type="text"/>	0 - 6	<input type="text"/>
9	Depressive mood	C1	<input type="text"/>	0 - 6	<input type="text"/>
10	Hostility towards others	E11	<input type="text"/>	0 - 6	<input type="text"/>
11	Suspiciousness	E10	<input type="text"/>	0 - 6	<input type="text"/>
12	Hallucinatory behaviour	E7	<input type="text"/>	0 - 6	<input type="text"/>
13	Motor retardation	C11	<input type="text"/>	0 - 6	<input type="text"/>
14	Uncooperativeness	E4	<input type="text"/>	0 - 6	<input type="text"/>
15	Unusual thought content (delusions)	E5	<input type="text"/>	0 - 6	<input type="text"/>
16	Blunted affect (lowered emotional tone)	E1	<input type="text"/>	0 - 6	<input type="text"/>
17	Excitement	E8	<input type="text"/>	0 - 6	<input type="text"/>
18	Confusion and disorientation	G4		0 - 6	<input type="text"/>
Total score BPRS <sub>18</sub>					<input type="text"/> <input type="text"/>

Module G: Supplementary symptoms  
**BDRS**

		CIDRS	CIDRS score	BDRS score
1	Depressed mood	C1	<input type="text"/>	<input type="text"/>
2a	Insomnia	A4	<input type="text"/>	<input type="text"/>
2b	Hypersomnia	A5	<input type="text"/>	<input type="text"/>
3a	Loss of appetite	A6	<input type="text"/>	<input type="text"/>
3b	Increase in appetite	A7	<input type="text"/>	<input type="text"/>
4	Reduced social engagement	C7	<input type="text"/>	<input type="text"/>
5	Reduced energy and activity	A10	<input type="text"/>	<input type="text"/>
6	Reduced motivation	C3	<input type="text"/>	<input type="text"/>
7	Impaired concentration and memory	C4	<input type="text"/>	<input type="text"/>
8	Anxiety (highest score)	B1 / B7	<input type="text"/>	<input type="text"/>
9	Anhedonia	G17	<input type="text"/>	<input type="text"/>
10	Affective flattening	E1	<input type="text"/>	<input type="text"/>
11	Worthlessness	G16	<input type="text"/>	<input type="text"/>
12	Helplessness and hopelessness (highest score)	G14 / G15	<input type="text"/>	<input type="text"/>
13	Suicidal ideation	C9	<input type="text"/>	<input type="text"/>
14	Guilt	C8	<input type="text"/>	<input type="text"/>
15	Psychotic depressive symptoms	F9	<input type="text"/>	<input type="text"/>
16	Irritability	G5	<input type="text"/>	<input type="text"/>
17	Lability	G18	<input type="text"/>	<input type="text"/>
18	Increased motor drive (hyperactivity)	E8	<input type="text"/>	<input type="text"/>
19	Increased speech	D2	<input type="text"/>	<input type="text"/>
20	Agitation	B12	<input type="text"/>	<input type="text"/>
Total score			<input type="text"/>	<input type="text"/>
Total depression score (BDRS 1-15)			<input type="text"/>	<input type="text"/>
Total hypomania score (BDRS 16-20)			<input type="text"/>	<input type="text"/>

**Hamilton's Depression scale  
(HAM-D<sub>24</sub>)**

			Items from CIDRS	CIDRS score	Original HAM-D	HAM-D score
1	Lowered mood	(0-6)	C1	<input type="text"/>	(0-4)	<input type="text"/>
2	Guilt feelings	(0-6)	C8	<input type="text"/>	(0-4)	<input type="text"/>
3	Suicidal impulses	(0-6)	C9	<input type="text"/>	(0-4)	<input type="text"/>
4	Initial insomnia	(0-6)	A1	<input type="text"/>	(0-2)	<input type="text"/>
5	Middle insomnia	(0-6)	A2	<input type="text"/>	(0-2)	<input type="text"/>
6	Late insomnia	(0-6)	A3	<input type="text"/>	(0-2)	<input type="text"/>
7	Work and interests	(0-6)	C3	<input type="text"/>	(0-4)	<input type="text"/>
8	Psychomotor retardation	(0-6)	C11	<input type="text"/>	(0-4)	<input type="text"/>
9	Psychomotor agitation	(0-6)	B12	<input type="text"/>	(0-4)	<input type="text"/>
10	Psychic anxiety	(0-6)	C6	<input type="text"/>	(0-4)	<input type="text"/>
11	Somatic anxiety	(0-6)	B7	<input type="text"/>	(0-4)	<input type="text"/>
12	Gastrointestinal symptoms	(0-6)	A6	<input type="text"/>	(0-2)	<input type="text"/>
13	Fatigue/general somatic	(0-6)	C2	<input type="text"/>	(0-2)	<input type="text"/>
14	Sexual disturbances	(0-2)	G3	<input type="text"/>	(0-2)	<input type="text"/>
15	Hypochondriasis	(0-6)	B10	<input type="text"/>	(0-4)	<input type="text"/>
16	Insight	(0-4)	F1	<input type="text"/>	(0-2)	<input type="text"/>
17	Weight loss	(0-6)	A8	<input type="text"/>	(0-2)	<input type="text"/>
18	Diurnal variation	(0-6)	F6	<input type="text"/>	(0-2)	<input type="text"/>
19	Depersonalization/derealisation	(0-4)	G12	<input type="text"/>	(0-4)	<input type="text"/>
20	Paranoid symptoms	(0-4)	G13	<input type="text"/>	(0-2)	<input type="text"/>
21	Obsession/compulsion	(0-6)	B8/B9	<input type="text"/>	(0-2)	<input type="text"/>
22	Helplessness	(0-4)	G14	<input type="text"/>	(0-4)	<input type="text"/>
23	Hopelessness	(0-4)	G15	<input type="text"/>	(0-4)	<input type="text"/>
24	Worthlessness	(0-4)	G16	<input type="text"/>	(0-4)	<input type="text"/>
Total score HAM-D <sub>24</sub>						<input type="text"/> <input type="text"/>

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**CLINICAL INTERVIEW  
FOR DEPRESSION  
AND RELATED SYNDROMES  
(CIDRS)**