

## SCID SCREENING MODULE

Now I want to ask you some more specific questions about problems you may have had. We'll go into more detail about them later.

RESPOND TO POSITIVE RESPONSES WITH: We'll talk more about that later.

**N.B. Be aware that question numbers 1, 2, and 3 are at the end of the screener.**

**For all questions if answer is yes can probe a bit further in order to fully check whether need to do the SCID module. One general question is “does this significantly interfere with your life / cause you distress?”**

These questions below are only a guide and you should not restrict yourself to them. If you are in any doubt you should use the full SCID module.

**4. Have you ever had a panic attack, when you suddenly felt frightened or suddenly developed a lot of physical symptoms?**

1            2            3  
If yes, circle “yes” on F.1 and assess for panic disorder

(Ever out-of-the blue? What were you afraid would happen? Only in response to trauma triggers? Describe one briefly? Have in mind what a panic attack is – sudden increase in >4 physical/mental symptoms, reaching peak within 10 minutes.)

**5. Were you ever afraid of going out of the house alone, being in crowds, standing in a line, or traveling on buses or trains?**

1            2            3  
If yes, circle “yes” on F.7 and assess for agoraphobia

(What were you afraid of? Panic attacks? Other?)

**6. Is there anything that you have been afraid to do or felt uncomfortable doing in front of other people, like speaking, eating or writing? What effect does it have on your life?**

1            2            3  
If yes, circle “yes” on F.11 and assess for social anxiety

(Afraid that would do something that would humiliate or embarrass yourself? What? Look anxious? What would people see?)

**7. Are there any other things that you have been especially afraid of, like flying, seeing blood, injections, heights, closed places, or certain kinds of animals or insects? Is it more than just disliking, say, spiders? What effect does it have on your life?**

1            2            3  
If yes, circle “yes” on F.16 and assess for specific phobias

(What are you afraid would happen? Have a Panic attack? Something else?)

**8. Have you ever been bothered by thoughts that didn't make any sense and kept coming back to you even when you tried not to have them? What were they?**

1            2            3  
If yes, circle “yes” on F.20 and assess obsessions

(What is the thought? I don't mean intrusive memories of trauma, panicky thoughts, or general worries – but same thought or kinds of thoughts repeatedly. More than one hour per day?)

**9. Was there ever anything that you had to do over and over again and couldn't resist doing, like washing your hands again and again, counting up to a certain number, or checking something several times to make sure that you'd done it right?**

(More than one hour per day?)

1            2            3  
If yes, circle "yes" on F21 and  
assess compulsions

**10. Are you very concerned about the appearance of some part(s) of your body which you consider to be especially unattractive? Do you have to repeatedly pick your skin?**

(If yes (to either of these questions): Do these concerns preoccupy you? That is, do you think about them a lot and wish you could worry about them less? Perceived benefits?)

1            2            3  
If yes, assess for BDD

**11. In the last six months, have you been particularly nervous or anxious? Do you also worry a lot about bad things that might happen? IF YES: What do you worry about? (How much do you worry about (EVENTS OR ACTIVITIES?) During the last six months, would you say that you have been worrying more days than not?**

(Worrying a lot? About things other than the problem we have been talking about (social situations, contamination etc) Do you think that it is excessive? Hard to control? How much of day? Even if mood is OK?)

1            2            3  
If yes, circle "yes" on F.31  
and assess G.A.D.

**12. Have you ever had a time when you weighed much less than other people thought you ought to weigh?**

(Did anyone say anorexia? Were you trying to lose weight? Did you stop having periods? Were you afraid of gaining weight?)

1            2            3  
If yes, circle "yes" on H.1 and  
assess anorexia

**13. Have you often had times when your eating was out of control?**

(More than planning to? Out of control feeling? Binges? [vomit or laxatives?])

1            2            3  
If yes, circle "yes" on H.4 and  
assess bulimia/BED

**14. Have you ever had a period when you were feeling depressed or down most of the day nearly every day? Or a time when you lost interest or pleasure in things you usually enjoyed?**

(Did it last as long as two weeks?)

1            2            3  
If yes, circle "yes" on A1 or  
A2 and assess mood  
disorders

**14a. If NO to question 14: If you think about the last 2 years (OR IF TRAUMA: the time since the trauma), have you been bothered by depressed mood a lot of the time? Was that most of the day, more days than not? (More than half of the time?)**

(Would you say that you are quite a moody or melancholy person?)

1            2            3  
If yes, circle "yes" on A.38  
and assess dysthymic  
disorder

14b) **Have you ever felt so bad that you thought about hurting yourself? Or had times when you've thought a lot about death or even wished you were dead? (assess seriousness of any history of self-harm or suicidal behaviour)**

No Yes  
If "yes", assess risk to self/others

(Wanted to kill self? Use risk assessment form.)

15. **Over the last several years, what has your physical health been like? How often have you had to go and see a doctor because you weren't feeling well? What for?**

1 2 3  
If patient's answer suggests the possibility of a current somatization disorder, go to somatization disorder G.1

If yes: Was the doctor always able to find out what was wrong?  
Or were there times when the doctor said there was nothing wrong but you were still convinced that something was wrong?

16. **Do you worry a lot that you have a serious disease that the doctors haven't been able to diagnose?**

1 2 3  
If yes, circle "yes" on G.11 and assess hypochondriasis

17. **Now I am going to ask you about unusual experiences that people sometimes have. Has it ever seemed like people were taking special notice of you? Have you ever heard things that other people could not hear or seen things other people could not see?**

1 2 3  
If yes, circle "yes" on B1 and assess psychotic disorders

(Don't mean intrusive memories or flashbacks. What content? When do you hear / see it? Do you think other people are trying to harm you? Do you have special powers? Previous psychiatric assessments?)

18. **Sometimes things happen to people that are extremely upsetting - things like being in a life threatening situation like a major disaster, very serious accident or fire; being physically assaulted or raped; seeing another person killed or dead, or badly hurt, or hearing about something terrible that has happened to someone close to you. At any time during your life, have any of these kind of things happened to you?**

1 2 3  
If yes, circle "yes" on F.26 and assess PTSD

**Traumatic events list**

Brief Description	Date	Age

1 = absent or false                      2 = subthreshold                      3 = threshold or true

IF ANY EVENTS LISTED: Sometimes these things keep coming back in nightmares, flashbacks, or thoughts that you can't get rid of. Has that ever happened to you?  
IF NO: What about being very upset when you were in a situation that reminded you of one of those things?

(Either as a child or adult?)

**19. Have you ever been feeling so good, or high, or hyper, that other people were worried about you or thought that you were not your normal self?**

(How long did it last for? A week? Or did you go to hospital?)

1            2            3  
If yes, circle "yes" on A.18  
and assess manic disorder

**20. Have you ever been in trouble with the police? Or had trouble with violent outbursts?  
Or a lot of difficulty in controlling your anger? (assess any history of violent behaviour)**

(Get details inc. re. prison. How do you feel about it now? For anger, what do you do? Hit people? Who? Risk assessment form.)

No            Yes  
If yes, assess risk to  
self/others

**1. Was there ever a period in your life when you drank too much and:  
a) alcohol caused problems for you (probe: controlling drinking, work, family, friends, financially)? Or;  
b) someone else objected to your drinking or thought that it was a problem for you?**

(Interfere daily life? Drinking or hangover? When? How much? Increased tolerance? Withdrawal symptoms? Cut down – Annoyed – Guilty – Eye-opener)

1            2            3  
If yes to a) or b) please circle  
"yes" on E.1 and assess for  
alcohol problems

**2. Have you ever regularly or frequently used street drugs and:  
a) Have street drugs caused problems for you (work, family, friends, financially)? Or;  
b) Has anybody else objected to your taking street drugs or thought street drugs were a problem for you?**

("recreational" drugs. Repeated use? 10 times / month? If ever taken heroin or crack definitely do module.)

1            2            3  
If yes to a) or b) please circle  
"yes" on E.10 and assess for  
substance abuse

**3. Have you ever gotten "hooked" on a prescribed medicine or taken a lot more of it than you were supposed to?**

1            2            3  
If yes, circle "yes" on E.10  
and assess for substance  
abuse

## **RISK ASSESSMENT**

In assessing risk be aware that the SCID does not directly address the areas covered by the Mental State Examination. You may also need to pay attention to observations in the interview and assessment of the following: appearance; speech; motor activity; perceptions; affect; thought content and process; level of consciousness; memory; level of concentration and calculation; information and intelligence; judgement; and insight and motivation. You should also consider any history of harm to self/others and risk factors associated with an increased risk of suicide/violent behaviour.

1 = absent or false

2 = subthreshold

3 = threshold or true