INSTRUCTIONS FOR INTERVIEWER: IN THIS SECTION, MAJOR DEPRESSIVE, MANIC, HYPOMANIC SYNDROMES AND DYSTHYMIA ARE EVALUATED. THE DIAGNOSES ARE MADE IN **E. MOOD DISORDERS** (EXCEPT FOR DYSTHYMIA, WHICH IS DIAGNOSED IN THIS MODULE).

CURRENT MAJOR DEPRESSIVE EPISODE	**MDE CRITERIA**
Now I'm going to ask you some more questions about your mood.	A. At least **five** of the following symptoms have been present **during the same two-week period** and represent a change from previous functioning; at least **one** of the symptoms is either (1) depressed mood, or (2) loss of interest or pleasure.
In the last month... ...has there been a period of time when you were feeling sad or down most of the day nearly every day? (What was that like?) IF YES: How long did it last? (As long as two weeks?) IF NO: What about a time when you were feeling really irritable or grouchy?	(1) depressed mood most of the day, nearly every day, as indicated either by subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful). **Note: in children and adolescents, can be irritable mood**
...what about being a lot less interested in most things, or unable to enjoy the things you used to enjoy? (What was that like?) IF YES: How long did it last? (As long as two weeks?)	(2) markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated either by subjective account or observation made by others)
	NOTE: DO NOT INCLUDE SXS THAT ARE CLEARLY DUE TO A PHYSICAL CONDITION, MOOD-INCONGRUENT DELUSIONS OR HALLUCINATIONS, INCOHER-ENCE OR MARKED LOOSENING OF ASSOCIATIONS, OR THAT ARE CLEARLY PART OF THE RESIDUAL OR PRODROMAL PHASES OF SCHIZOPHRENIA.

	?	1	2	3
CHI				
PAR				
OTH				
BEST				

	?	1	2	3
CHI				
PAR				
OTH				
BEST				

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If neither item (1) nor (2) is coded "3" go to ***Manic Episode,* B.6**

During this time...

...did you lose weight?
...gain weight? (How much?) (Were you trying to lose weight?)

FOR PARENTS: Did your child fail to gain weight so that a doctor noticed?

IF NO: Did you get hungry and eat all your food? (What about compared to usual?) (Did your parents have to force you to eat?) (Eat [less/more] than usual?)

(3) significant weight loss or weight gain when not dieting (e.g., more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. **Note: in children, consider failure to make expected weight gains.**

	?	1	2	3
CHI				
PAR				
OTH				
BEST				

...how were you sleeping? (Trouble falling asleep, waking frequently, trouble staying asleep, waking too early, or sleeping too much? How many hours a night compared to usual? Was that nearly every night?)

(4) insomnia or hypersomnia nearly every day

	?	1	2	3
CHI				
PAR				
OTH				
BEST				

...were you so fidgety or restless that you were unable to sit still? (Was it so bad that other people noticed it? Was that nearly every day?)

IF NO: What about the opposite, -- talking or moving more slowly than is normal for you? (Was it so bad that other people noticed it? Was that nearly every day?)

(5) psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down). **Note: Consider behavior during interview**

	?	1	2	3
CHI				
PAR				
OTH				
BEST				

...what was your energy like? (Tired all the time? Nearly every day?)

(6) fatigue or loss of energy nearly every day

	?	1	2	3
CHI				
PAR				
OTH				
BEST				

During this time...

...how did you feel about yourself? (Worthless?) (Did you feel like you were a bad person and had done bad things?) (Nearly every day?)

IF NO: What about feeling guilty about things you had done or had not done? (Nearly every day?

(7) feelings of worthlessness or excessive or inappropriate guilt

	?	1	2	3
CHI				
PAR				
OTH				
BEST				

...did you have trouble thinking or concentrating or paying attention? (Did this cause problems for you in school?) (Nearly every day?)

IF NO: Was it hard to make up your mind about everyday things? (Nearly every day?)

(8) diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)

	?	1	2	3
CHI				
PAR				
OTH				
BEST				

...were things so bad that you were thinking a lot about death, or that you would be better off dead? What about thinking of hurting yourself?

IF YES: Did you do anything to hurt yourself?

(9) recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide. **Note: Code "1" for self-mutilation w/o suicidal intent.**

	?	1	2	3
CHI				
PAR				
OTH				
BEST				

1	2	3
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AT LEAST **FIVE** OF THE ABOVE SXS (A 1-9) ARE CODED "3", AT LEAST **ONE** OF THESE IS ITEM (1) OR (2), AND THE SYMPTOMS OCCURRED DURING THE SAME TWO WEEK PERIOD.

Go to *__Manic Episode*__ **B. 6**

How much has (depressive episode/**own equivalent**) interfered with your life, like in school or with your friends?

(Has it been hard to be in school or get along with other kids, teachers or your parents?)

IF DOES NOT INTERFERE:
How much has it bothered you?

B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

?	1	2	3
	↑		

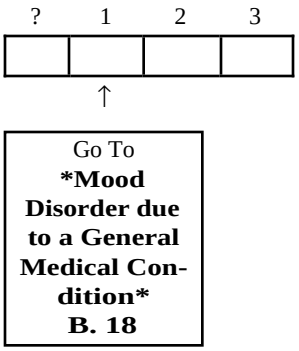
Go to *__Manic Episode*__ **B. 6**

Have you been physically sick during the time that you've had these problems?

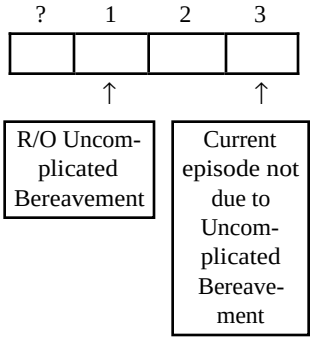
What about taking any drugs or medications that might be related to (depressive episode/ **own equivalent**)?

IF YES TO ANY OF THESE QUESTIONS, DETERMINE IF THE DEPRESSIVE EPISODE WAS DUE TO A SUBSTANCE-INDUCED OR SECONDARY MOOD DISORDER *

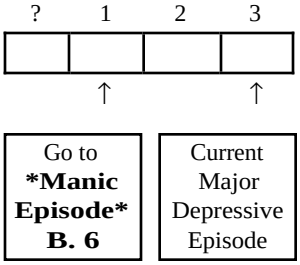
C. Not due to the direct effects of a substance (e.g., drugs of abuse, medication) or a general medical condition (e.g., hyperthyroidism).
Note: If disturbance does NOT occur during the course of these diagnoses, code "3".



D. Not occurring within two months of the loss of a loved one (except if associated with marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation).
Note: If disturbance does NOT occur during the course of uncomplicated bereavement, code "3".



MAJOR DEPRESSIVE EPISODE CRITERIA A, B, C, and D are coded "3"



How many different times have you been (depressed/**own equivalent**) nearly every day for at least two weeks and had several of the problems that you told me about, like (SXS of worst episode)?

Total number of Major Depressive Episodes, including current (CODE 99 IF TOO NUMEROUS OR INDISTINCT TO COUNT) _____ ____

IF UNCLEAR): How old were you when you first started having (SXS) for at least two weeks? (Were these things going on when you were in first grade? How about kindergarten? Before that?)

Age at first unequivocal Major Depressive Episode (CODE 99 IF UNKNOWN) _____

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Go To ***Manic Disorder,* B.6**