

PART II. REFERRAL INFORMATION / CHIEF COMPLAINT

A. Referred by: _____
Name *Office / Agency*

B. The subject's chief complaint was reported as _____

C. The subject was referred for a consultation to consider _____

D. Choose the best description of the onset of the chief complaint.

- 0. Doesn't know
- 1. Longstanding
- 2. Acute/abrupt
- 3. Progressive
- 4. Other

The onset of the chief complaint was _____

[The complaint] has produced the following (mild/moderate/severe) effects on the subject's life functioning: _____

E. Does the subject have any related complaints or symptoms?

- 1. No
- 2. Yes

Related problems were reported and involve _____

G. Who provided the information recorded in this interview?

- 1. Subject/client
- 2. Informant
- 3. Other

This information was provided by _____ (name),
 who is the subject's _____ (relationship).

F. Choose the best description of the effect of the chief complaint on the subject's life functioning.

- 1. No effect
- 2. Mild
- 3. Moderate
- 4. Severe

(Optional) If mild, moderate, or severe, complete the following sentence:

H. Choose the best description of the reliability of the information obtained during this interview.

- 1. Reliable
- 2. Questionable
- 3. Unreliable

The information obtained from the structured interview is believed to be (questionable / unreliable) because _____

PART III. MEDICAL HISTORY

(In each of the tables in this section, one line has been completed as an example.)

A. Is the subject currently being treated for any medical conditions?

- 1. No conditions are currently being treated.
- 2. The subject currently is being treated for the following conditions.

(List in chronological order of date of onset.)

Condition	Onset Date (mm/yyyy)	Treatment
<i>Example: Diabetes</i>	<i>01 / 2007</i>	<i>Diet management</i>

B. Is the subject currently taking any prescription medications?

- 1. The subject is not currently taking any prescriptions.
- 2. The subject is currently taking the following prescriptions.

(List in chronological order of date prescribed.)

Medication	Dosage	Frequency	Date First Prescribed (mm/yyyy)
<i>Example: Phenobarbital</i>	<i>150 mg</i>	<i>1x / day</i>	<i>09 / 1979</i>

C. Has the subject ever had a serious illness or condition but was *not* hospitalized for it?

- 1. No
- 2. Yes. *If yes, complete the following table.*

(List in chronological order.)

Illness	Onset Date (mm/yyyy)	Outcome
<i>Example: Scoliosis</i>	<i>07 / 1986</i>	<i>Corrected with orthotic devises</i>

D. Has the subject ever been hospitalized?

- 1. No
- 2. Yes *If yes, complete the following table.*

(List in chronological order.)

Diagnosis	Date (mm/yyyy)	Length of Stay	Treatment
<i>Example: Diabetes</i>	<i>01 / 2007</i>		<i>Diet management</i>

E. Has the subject ever had a serious injury?

- 1. No
- 2. Yes *If yes, complete the following table.*

Injury	Date (mm/yyyy)	Treatment
<i>Example: Broken ankle</i>	<i>07 / 2001</i>	<i>Surgery; physical therapy</i>

F. Has the subject ever sustained a head injury?

- 1. No
- 2. Yes *If yes, complete the following.*
 - a. How long ago?**
 - 1. Within 6 months
 - 2. Within 1 year
 - 3. More than 2 years

b. Did the subject lose consciousness after a head injury?

- 1. No
- 2. Yes
For how long? _____

c. Was the subject diagnosed with a concussion following a head injury?

- 1. No
- 2. Yes

d. Did the subject experience memory problems following a head injury?

1. No
 2. Yes

Describe _____

e. Did the subject report any other problems following the head injury?

1. No
 2. Yes

The subject also reported a head injury involving _____

G. Does the subject have a history of seizures?

1. No
 2. Yes *If yes, complete the following.*

a. When was the last seizure experienced?

1. Within 3 months
 2. Within 6 months
 3. 1 to 2 years
 4. 3 to 5 years
 5. More than 5 years

b. In general, how frequently do/did the seizures occur?

1. Less than once a month
 2. Monthly
 3. Weekly or more often

H. How did the subject describe his or her vision?

1. Normal without correction
 2. Corrected to within normal limits
 3. Impaired after correction attempted
 4. Impaired with no correction attempted

I. Has the subject experienced a history of numbness or weakness on either side of the body?

1. No
 2. Yes

The subject reported a history of numbness or weakness involving _____

J. How did the subject describe his or her hearing?

1. Normal without correction
 2. Corrected to within normal limits
 3. Impaired after correction attempted
 4. Impaired with no correction attempted

K. Does the subject have any known allergies?

1. No
 2. Yes

The subject reported having allergies to _____

L. Has the subject ever been treated for drug or alcohol dependence?

1. No
 2. Yes, for drug dependence only
 3. Yes, for alcohol dependence only
 4. Yes, for both alcohol and drug dependence (together or separately)

If 2, 3, or 4, complete the following.

a. Is the subject currently under treatment for drug or alcohol dependence?

1. No *If no, complete the following sentence.*

The subject reported having been treated in the past for dependence on _____;
 treatment involved _____

2. Yes, for drug dependence only
 3. Yes, for alcohol dependence only
 4. Yes, for both alcohol and drug dependence *If yes, complete the following sentence.*

The subject is currently being treated for dependence on _____;
 _____;
 treatment involves _____
 _____.

M. Has the subject ever been, or is the subject now, under treatment for a neurologic condition?

1. No
 2. Yes *Check all that apply and complete the appropriate sentences.*

- The subject reported being under neurologic treatment in the past for _____

- The subject reported currently being treated for a neurologic disorder involving _____

Comments: _____

PART IV. HISTORY OF PSYCHIATRIC/PSYCHOLOGICAL EVALUATION AND/OR TREATMENT

A. Has the subject ever been evaluated or treated for a psychiatric, psychological, or "nervous" condition?

1. No 2. Yes *If yes, complete the following table.*

Symptoms / Problem	Diagnosis	Treatment Date (mm/yyyy)	Treatment Medication	Location	Provider/ Facility
<i>Example: Depression</i>	<i>Depression</i>	<i>07/2000</i>	<i>Prozac</i>	<i>Sunnydale, CA</i>	<i>A. Harris</i>

PART V. PERSONAL AND SOCIAL HISTORY

A. Where does the subject live?

- 1. In a house or unit alone
- 2. In a house or unit with his or her family
- 3. In a house or unit with other relatives
- 4. In a house or unit with unrelated people
- 5. In a group home
- 6. In an extended care facility
- 7. In a nursing home
- 8. In an institution
- 9. Subject does not currently have a home
 If 2, 3, 4, or 5, how many people (including the subject) live in the home? _____
 If 5, 6, 7, or 8, provide the name of the facility. _____

B. Choose the best description of the subject's current marital status.

- 1. Never married
- 2. Currently married
- 3. Separated
- 4. Divorced
- 5. Widowed

C. How many times has the subject been married?

- 0. The subject has never been married
- 1. Once, and the subject is still married (Length: _____)
- 2. Once, but the subject is no longer married
- 3. More than once *If more than once, enter the number of times the subject has been married (_____) and list the subject's marriages in chronological order:*

Year Married	Length of Marriage	Disposition*

**Disposition = Currently Married, Annulled, Divorced, or Widowed*

D. How many living children does the subject have?

- 0. None
- 1. One or more (List ages: _____, _____, _____, _____, _____)

E. How many living siblings does the subject have?

- 0. None
- 1. One or more
 - a. Number of brothers: _____
(List ages: _____, _____, _____, _____, _____)
 - b. Number of sisters: _____
(List ages: _____, _____, _____, _____, _____)

F. How many different jobs has the subject held in the past 2 years? _____

G. Does the subject have a history of problems at work?

1. No
 2. Yes

A history of problems at work was admitted, involving _____

H. Has the subject ever been arrested or convicted for other than a minor traffic offense?

1. No
 2. Yes *Check all that apply.*
 a. One or more arrests without convictions
 b. DWI / DUI with conviction
 c. Misdemeanour with conviction
 d. Felony with conviction

I. Will this evaluation be used in a lawsuit or other litigation?

1. No
 2. Yes
 The subject reported presently being involved in litigation concerning _____.

J. Has the subject ever served in the military or military reserves?

1. No
 2. Yes, on active duty
 3. Yes, in the reserves

If 2 or 3, complete the following.

a. In which branch of the military did the subject serve?

1. Army
 2. Navy
 3. Air Force

b. Is the subject still in the military?

1. No *If no, list date and type of discharge:*
 (mm/yyyy) _____
 Type _____

2. Yes

c. Did the subject ever serve in combat?

1. No
 2. Yes

The subject's military combat experience included _____

K. What number of peer friendships does the subject report?

1. Many
 2. Some
 3. Few
 4. None

L. How does the subject describe the quality of his or her peer friendships?

1. Good
 2. Fair
 3. Poor

M. How many years of formal education does the subject report completing? _____

N. Has the subject ever received special education services?

0. Don't know
 1. No
 2. Yes

a. The subject received special education services for children with _____

b. At what age did the subject begin receiving these services? _____

O. Has the subject ever repeated a grade in school?

0. Don't know
 1. No
 2. Yes

What is the most recent grade that was (or is being) repeated? _____

P. Has the subject ever received remedial education?

0. Don't know
 1. No
 2. Yes

During grade(s) _____,
 the subject received remedial education to address deficiencies in _____

Q. How is/was the subject disciplined at home?

(Indicate the specific type of behaviour and the typical form of discipline used in response.)

In the past, when the subject _____,
 he or she was disciplined by _____.

Currently, when the subject _____,
 he or she is disciplined by _____.

R. Is the subject (or has the subject ever been) sexually active?

0. Don't know
 1. No
 2. Yes

The onset of sexual activity for the subject began at age _____.

PART VI. PSYCHIATRIC AND NEUROLOGIC FAMILY HISTORY

For each group of relatives, indicate whether a psychiatric or neurologic history is known or unknown and any available details.

A. First Degree Biological Relatives (parents, siblings, children)

1. History not known for any first-degree relatives
 2. No first-degree relatives have had any psychiatric or neurologic conditions/symptoms
 3. At least one first-degree relative has a history of psychiatric or neurologic conditions/symptoms

If history is known, complete the following.

a. Mother

0. History not known for mother
 1. Mother has no history of psychiatric/neurologic conditions or symptoms
 2. Mother has a history of these conditions or symptoms (Complete the following table.)

Disorder/Symptoms	Age at Onset	Course	Treatment

b. Father

0. History not known for father
 1. Father has no history of psychiatric/neurologic conditions or symptoms
 2. Father has a history of these conditions or symptoms (Complete the following table.)

<u>Disorder/Symptoms</u>	<u>Age at Onset</u>	<u>Course</u>	<u>Treatment</u>

c. Siblings

0. Subject has no siblings
 1. History not known for siblings
 2. Siblings have no history of psychiatric/neurologic conditions or symptoms
 3. Siblings have a history of these conditions or symptoms (Complete the following table.)

Sibling	Disorder/Symptoms	Age at Onset	Course	Treatment

d. Children

0. Subject has no children
 1. History not known for children
 2. Children have no history of psychiatric/neurologic conditions or symptoms
 3. Children have a history of these conditions or symptoms (Complete the following table.)

Sex	Disorder/Symptoms	Age at Onset	Course	Treatment

B. Second Degree Biological Relatives (grandparents, parents' siblings)

- 1. History not known for any second-degree relatives
- 2. No second-degree relatives have had any psychiatric or neurologic conditions/symptoms
- 3. At least one second-degree relative has a history of psychiatric or neurologic conditions/symptoms
If history is known, complete the following.

a. Grandparents

- 0. History not known for grandparents
- 1. Grandparents have no history of psychiatric/neurologic conditions or symptoms
- 2. Grandparents have a history of these conditions or symptoms (Complete the following table.)

Maternal/Paternal	Disorder/Symptoms	Age at Onset	Course	Treatment

b. Aunts

- 0. Subject has no aunts
- 1. History not known for aunts
- 2. Aunts have no history of psychiatric/neurologic conditions or symptoms
- 3. Aunts have a history of these conditions or symptoms (Complete the following table.)

Maternal/Paternal	Disorder/Symptoms	Age at Onset	Course	Treatment

c. Uncles

- 0. Subject has no uncles
- 1. History not known for uncles
- 2. Uncles have no history of psychiatric/neurologic conditions or symptoms
- 3. Uncles have a history of these conditions or symptoms (Complete the following table.)

Maternal/Paternal	Disorder/Symptoms	Age at Onset	Course	Treatment

PART VII. BIRTH & DEVELOPMENT**A. Choose the best description of the length of pregnancy leading to the subject's birth.**

0. Not known
 1. Premature (By how many weeks, if known? __)
 2. Full term
 3. Late (By how many weeks, if known? _____)

B. What was the subject's weight at birth? _____ grams**C. Describe the subject's birth:**

1. Delivery
 a. Not known
 b. Standard vaginal
 c. Planned Cesarean section
 d. Emergency Cesarean section
2. Presentation
 a. Not known
 b. Normal presentation
 c. Abnormal presentation
 d. Breech presentation
3. Complications (Check all that apply.)
 a. Not known
 b. No complications
 c. Forceps/vacuum extraction
 d. Early distress
 e. Prolonged labour
 f. Other (Specify) _____

D. Enter the ages at which the subject reached the following developmental milestones.

1. First talked
 a. Not known
 b. Not known exactly but think was normal
 c. At age _____ months
2. First walked
 a. Not known
 b. Not known exactly but think was normal
 c. At age _____ months
3. Toilet trained
 a. Not known
 b. Not known exactly but think was normal
 c. At age _____ months

E. Did the subject have early motor or speech problems?

1. No
 2. Yes
 Early motor and speech problems were admitted and described as _____
 _____.

F. Did the subject have early learning problems?

1. No
 2. Yes
 The subject encountered early learning problems. Specifically, _____
 _____.

G. Did the subject have childhood social/behavioural problems?

1. No
 2. Yes
 Childhood behavioural problems were admitted and described as _____
 _____.

H. Did the subject have childhood developmental problems?

1. No
 2. Yes
 Childhood developmental problems were reported to involve _____
 _____.

I. Did the subject have juvenile legal problems?

1. No
 2. Yes
 The subject had juvenile legal difficulties involving _____
 _____.

J. As a child did the subject ever run away from home, start fires, or treat animals and/or other children cruelly?

1. No
 2. Yes
 As a child the subject had a history of _____

 _____.

B. Emotional Status Examination

This interview assesses the presence and severity of psychiatric signs and/or symptoms for a subject. It may be administered either directly to a subject or to an informant—a parent, caregiver, or someone else who knows the subject well. Select the phrasing that is appropriate for the person answering the questions. If a subject is being interviewed directly, read the question as it is written. If an informant is being interviewed, modify the wording accordingly. For example, replace the word *you* (e.g., Do you) with the subject's name (e.g., Does Mary).

During the clinical interview, ask the subject or informant about each of the symptoms listed. Say: **I am going to ask you about some behaviours or problems that you (your child, your __) may have experienced. Tell me if each is true for you (your child, your ____) now or recently by responding, "Yes" or "No."**

In cases where the subject or informant responds, "Yes" to a sign or symptom, ask him or her: **Does this occur Infrequently, Frequently, or Very Frequently?**

- Infrequently** Very little of the time
- Frequently** From time to time
- Very Frequently** Most of the time

For some signs or symptoms to which the subject or informant responds, "Yes," it may also be useful to obtain additional information regarding severity. **Say: If one is the least severe and ten is the most severe, where do you (does name) fall on this scale?** Record 1-10 in the Severity column.

- 1 - 4 Mild** Low intensity, resulting in minor impairment of occupational, social, or interpersonal functioning
- 5 - 7 Moderate** Between mild and severe intensity, resulting in moderate impairment of occupational, social, or interpersonal functioning
- 8 - 10 Severe** High intensity, resulting in marked impairment of occupational, social, or interpersonal functioning

For some signs and/or symptoms, the rating may differ from day to day or week to week. Some symptoms are subjective and require the subject's or informant's opinion to determine a rating.

		<div style="display: flex; justify-content: space-around; width: 100%;"> Infrequently Frequently Very Frequently Severity </div>				1 - 10	
1.	Present Depression Do you feel depressed, sad or blue?	No	Yes	I	F	V	
2.	History of Depression Have you ever felt depressed, sad or blue for two or more weeks?	No	Yes	I	F	V	
3.	Present Suicidal Thoughts Do you currently think about killing yourself or committing suicide?	No	Yes	I	F	V	
4.	Hyperactive Motor Behaviour Do you feel like you need to be moving all the time, or that you cannot sit still?	No	Yes	I	F	V	
5.	Periods of euphoria Are you so abnormally happy, excited, or " high" at times that you may get in trouble or cause people to worry?	No	Yes	I	F	V	

Circle 'No' or 'Yes'. If Yes, circle 'I', 'F' or 'V'. Record 1 - 10 in the Severity column.

Comments: _____

Circle 'No' or 'Yes'. If Yes, circle 'I', 'F' or 'V'. Record 1 - 10 in the Severity column.

		<div style="display: flex; justify-content: space-around; border: none;"> <div style="border: 1px solid black; padding: 2px; transform: rotate(-45deg);">Infrequently</div> <div style="border: 1px solid black; padding: 2px; transform: rotate(-45deg);">Frequently</div> <div style="border: 1px solid black; padding: 2px; transform: rotate(-45deg);">Very Frequently</div> <div style="border: 1px solid black; padding: 2px; transform: rotate(-45deg);">Severity</div> </div>				1 - 10	
6.	Low Energy Level Are you tired much of the time or do you experience muscle weakness?	No	Yes	I	F	V	
7.	Recent Change in Appetite or Weight Has your appetite or weight changed recently?	No	Yes	I	F	V	
8.	Recent Sleep Disturbance Have you recently had problems falling asleep, waking up during the night, or waking up too early?	No	Yes	I	F	V	
9.	Self-Depreciatory Thoughts Do you often feel worthless, sinful or guilty?	No	Yes	I	F	V	
10.	Distractibility Are you so easily distracted that any small interruption sidetracks you?	No	Yes	I	F	V	
11.	Inattention Do you have trouble paying attention to one thing for even a short time?	No	Yes	I	F	V	
12.	Impulsivity Do you act impulsively, doing or saying things without thinking them through?	No	Yes	I	F	V	
13.	Poor Concentration Do you have trouble clearing your mind and focussing on one thing?	No	Yes	I	F	V	
14.	Confusion Are you easily confused because your thoughts seem slow or get mixed up?	No	Yes	I	F	V	
15.	Obsessive Thoughts Do you have unreasonable, ridiculous, or repetitive thoughts that are impossible to stop?	No	Yes	I	F	V	
16.	Antisocial Behaviour Do you have a history of setting fires, hurting animals, lying or stealing?	No	Yes	I	F	V	
17.	Compulsive Behaviour Do you do things over and over again even though the repetition is unnecessary (for example, repeatedly washing hands, counting things, putting things in order or checking to be sure doors are locked or lights turned off)?	No	Yes	I	F	V	
18.	Fears and Phobias Are you afraid of anything (for example, heights, crowds, leaving the house, disease or closed places)?	No	Yes	I	F	V	
19.	Free-Floating Anxiety Do you feel like something is wrong but are not sure what?	No	Yes	I	F	V	
20.	Racing Thoughts Do you have periods when your thoughts race through your mind much faster than usual?	No	Yes	I	F	V	

Comments: _____

Circle 'No' or 'Yes'. If Yes, circle 'I', 'F' or 'V'. Record 1 - 10 in the Severity column.

						Infrequently	Frequently	Very Frequently	Severity
		No	Yes	I	F	V	1 - 10		
37.	Paranoid Thoughts Do you think that people are spying on you or believe that other people are plotting against you?	No	Yes	I	F	V			
38.	Delusional Thoughts Do you think that someone is reading your mind or do you feel you know the exact words that other people are thinking?	No	Yes	I	F	V			
39.	Hallucinations Have you been completely awake and seen, heard, smelt or felt something that others who were present could not?	No	Yes	I	F	V			
40.	Derealisation / Depersonalisation Do you feel like things aren't real or that you are outside of your body?	No	Yes	I	F	V			
41.	Ideas of Reference Do you believe that you are getting special messages from the television or radio or feel that people talk about you a lot?	No	Yes	I	F	V			
42.	History of Abuse Have you been physically, sexually or emotionally abused?	No	Yes	I	F	V			
43.	Runaway Have you run away from home, tried to run away or talked about running away?	No	Yes	I	F	V			
44.	Oppositional-Defiant Behaviour Do you do things that you know are not allowed, even when someone is watching?	No	Yes	I	F	V			
45.	Decision-Making When you have a number of tasks to do, do you have difficulty deciding which task to do first or how to order them?	No	Yes	I	F	V			
46.	Planning Ability Do you have difficulty planning and following the steps necessary to complete projects?	No	Yes	I	F	V			
47.	Confabulation Do you make of things that may seem correct but never actually happened?	No	Yes	I	F	V			
48.	Affect Response Do you have difficulty feeling emotion?	No	Yes	I	F	V			
49.	Disinhibition Have you recently said or done something in public that was embarrassing?	No	Yes	I	F	V			
50.	Utilising Feedback Do you have difficulty changing the way you act, even when it would be beneficial?	No	Yes	I	F	V			

Comments: _____

Part 2: Clinical Observations and Impressions

During the initial interview and examination, observe the subject's behaviour and mood. For each of the following factors, select the category or rating that best describes your observation. More than one feature may be indicated for a given factor.

A. Orientation. Was the subject oriented to person, place, time, and situation?

1. Yes, to all four.

2. No

If no, check all that apply as descriptors of the subject's disorientation.

a. Person

b. Place

c. Time

d. Situation

B. Attention. Choose the phrase that best describes the subject's attention level.

1. Focussed, normal

2. Needed redirection

3. Distracted easily

4. Impaired

C. Comprehension. Choose the phrase that best describes the subject's level of comprehension.

1. Normal

2. Normal with repetition

3. Partial with repetition

4. Impaired with repetition

D. Speech. Choose the phrase that best describes the subject's speech patterns.

1. The subject's speech appeared normal.

2. The subject's speech was not normal.

If 2, complete the following.

a. Check all that apply as descriptors of the subject's speech.

1. Accent

2. Slurred

3. Laboured

4. Stuttered

b. Did the subject have articulation problems?

1. No articulation problems

2. Minor articulation problems

3. Significant articulation problems

c. Did the subject have word finding problems?

1. No

2. Yes

E. Consciousness. Choose the term that best describes the subject's level of consciousness.

1. Hyper vigilant

2. Alert

3. Clouded

4. Confused

5. Stuporous

6. Other

The subject's level of consciousness is best described as _____

_____.

F. Grooming. Choose the best descriptor of the appearance of the subject's clothing and manner of dress.

1. Meticulous

2. Neat, clean

3. Appropriate

4. Casual

5. Dishevelled

6. Dirty

7. Other

The subject's grooming is best described as _____

_____.

G. Age / Appearance. Choose the best description of the subject's apparent age.

1. Appeared younger than reported

2. Appeared reported age

3. Appeared older than reported

H. Height. Choose the best description of the subject's height.

1. Above average height

2. Average height

3. Below average height

I. Weight. Choose the best description of the subject's weight.

1. Very underweight

2. Somewhat underweight

3. Average weight for height

4. Somewhat overweight

5. Obese

J. Mannerisms. Did the subject display any physical mannerisms outside the range of normal behaviour?

- 1. No
- 2. Yes

If yes, check all that apply.

- a. Tremors
- b. Tics
- c. Rigidity
- d. Psychomotor retardation
- e. Ataxia
- f. Cataplexy
- g. Odd grimacing
- h. Repetitious speech
- i. Perseveration
- j. Fidgety
- k. Tearful
- l. Poor eye contact Om. Other

The subject [also] exhibited the following mannerism(s): _____

 _____.

K. Perceptual Disturbances (during inter view). Did the subject seem to respond to hallucinations?

- 1. No
- 2. Yes

If yes, check all that apply.

- a. Seemed to respond to visual hallucinations
- b. Seemed to respond to auditory hallucinations
- c. Seemed to respond to tactile hallucinations
- d. Seemed to respond to olfactory hallucinations
- e. Other

The subject [also] seemed to respond to hallucinations involving _____

 _____.

P. Agitation. Did the subject appear agitated?

- 1. No
- 2. Yes

If yes, check all that apply.

- a. Tense
- b. Fidgety, restless
- c. Talked excessively
- d. Constant motor activity
- e. Other

The subject appeared agitated; specifically, he or she _____

 _____.

L. Mood. Did the subject's mood appear normal?

- 1. Yes
- 2. No

If no, check all that apply.

- a. Depressed
- b. Elevated
- c. Euphoric
- d. Irritated
- e. Dysphoric
- f. Hopeless
- g. Apathetic
- h. Other

The subject's mood can [also] be described as _____

 _____.

M. Affect. Did the subject's affect appear stable?

- 1. Yes
- 2. No

If no, check all that apply.

- a. Labile
- b. Blunted
- c. Restricted
- d. Flat
- e. Other

The subject's affect can [also] be described as _____

 _____.

N. Appropriate Affect. Was the subject's affect appropriate for the subject and setting?

- 1. Yes
- 2. No

If no, check all that apply.

- a. The subject's affect was inappropriate for subject
- b. The subject's affect was inappropriate for setting

O. Anxiety. Choose the best description of the subject's level of anxiety.

- 1. Relaxed
- 2. Mildly anxious
- 3. Moderately anxious
- 4. Severely anxious

Q. Flow of Thought. Did the subject's flow of thought appear to be appropriate?

- 1. Yes
- 2. No

If no, check all that apply as descriptors of the subject's flow of thought.

- a. Pressured
- b. Tangential
- c. Delusional
- d. Obsessive
- e. Confabulations
- f. Flight of ideas
- g. Circumstantial
- h. Incoherent
- i. Blocking
- j. Racing
- k. Other

The subject's flow of thought [also] appeared to involve _____

_____.

R. Mental Content. Did the subject's mental content appear to be normal?

- 1. Yes
- 2. No

If no, check all that apply.

- a. Loose associations
- b. Ideas of reference
- c. Thought broadcasting
- d. Obsessions
- e. Compulsions
- f. Homicidal thoughts
- g. Incoherent
- h. Persecution
- i. Somatic focus
- j. Delusions
- k. Confusion
- l. Phobias
- m. Anger
- n. Suicidal ideations
- o. Fears
- p. Derealization
- q. Other

The subject's mental content [also] appeared to be abnormal because _____

_____.

S. Task Persistence. Choose the phrase that best describes the subject's persistence with tasks.

- 1. Persistent without prompting
- 2. Persistent with prompting
- 3. Attempted briefly
- 4. Refused after difficult task
- Refused

T. Interaction. Choose the term that best describes the subject's style of interaction.

- 1. Friendly
- 2. Reserved
- 3. Reluctant
- 4. Co-operative
- 5. Indifferent
- 6. Oppositional
- 7. Hostile, angry
- 8. Fearful
- Guarded.
- Dramatic
- Other

The subject's style of interaction is best described as _____

_____.

U. Insight. Choose the term that best describes the subject's level of insight.

- 1. Good
- 2. Fair
- 3. Poor

V. Judgement. Choose the term that best describes the subject's level of judgement.

- 1. Good
- 2. Fair
- 3. Poor