

SUMMARY LIFETIME DIAGNOSES CHECKLIST--Revised 2/07

0 = NO INFORMATION
 1 = NOT PRESENT
 2 = POSSIBLE
 3 = PROBABLE
 4 = DEFINITE
 5 = IN PARTIAL REMISSION*
 *(where applicable, according to the DSM-IV)

Criteria for Probable Diagnosis:

1. Meets criteria for core symptoms of the disorder.
2. Meets all but one, or a minimum of 75% of the remaining criteria required for the diagnosis
3. Evidence of functional impairment

Possible Diagnosis:

Symptoms do not meet probable diagnosis, but are present.

	DIAGNOSIS MOST SEVERE PAST (MSP) EPISODE	AGE OF ONSET MSP EPISODE (in YEARS) (in MONTHS)	DURATION OF MSP EPISODE (in DAYS)	DIAGNOSIS CURRENT EPISODE	AGE OF ONSET CURRENT EPISODE (in YEARS) (in MONTHS)	APPROX # OF EPISODES
Major Depressive Episode	0 1 2 3 4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 1 2 3 4 5	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
MDE w/ Psychotic Features	0 1 2 3 4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 1 2 3 4 5	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Dysthymia	0 1 2 3 4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 1 2 3 4 5	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Depressive Disorder NOS	0 1 2 3 4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 1 2 3 4 5	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Age of first onset of depressive symptoms that affect functioning		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

Mania	0 1 2 3 4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 1 2 3 4 5	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Hypomania	0 1 2 3 4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 1 2 3 4 5	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mixed Episode (MDE & Mania)	0 1 2 3 4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 1 2 3 4 5	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Bipolar NOS Episode (Subthreshold Manic Sx)	0 1 2 3 4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 1 2 3 4 5	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Age of first onset of manic symptoms that affect functioning		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

Psychotic D/O NOS	0 1 2 3 4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 1 2 3 4 5	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Brief Reactive Psychosis	0 1 2 3 4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 1 2 3 4 5	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Age of first onset of psychotic symptoms that affect functioning		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

Enuresis	0 1 2 3 4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 1 2 3 4 5	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Encopresis	0 1 2 3 4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 1 2 3 4 5	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SITE Colorado Pittsburgh Cincinnati

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Reliability Yes

Reliability Rater's Initials:



	DIAGNOSIS MOST SEVERE PAST (MSP) EPISODE	AGE OF ONSET MSP EPISODE (in YEARS) (in MONTHS)		DIAGNOSIS CURRENT EPISODE	AGE OF ONSET CURRENT EPISODE (in YEARS) (in MONTHS)
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Panic Disorder	0 1 2 3 4	9 9		9 9	0 1 2 3 4 5	9 9	9 9
Separation Anxiety Disorder	0 1 2 3 4	9 9		9 9	0 1 2 3 4 5	9 9	9 9
Simple Phobia	0 1 2 3 4	9 9		9 9	0 1 2 3 4 5	9 9	9 9
Social Phobia	0 1 2 3 4	9 9		9 9	0 1 2 3 4 5	9 9	9 9
Agoraphobia	0 1 2 3 4	9 9		9 9	0 1 2 3 4 5	9 9	9 9
Generalized Anxiety Disorder	0 1 2 3 4	9 9		9 9	0 1 2 3 4 5	9 9	9 9
Obsessive-Compulsive Disorder	0 1 2 3 4	9 9		9 9	0 1 2 3 4 5	9 9	9 9
Post-traumatic Stress Disorder	0 1 2 3 4	9 9		9 9	0 1 2 3 4 5	9 9	9 9
Acute Stress Disorder	0 1 2 3 4	9 9		9 9	0 1 2 3 4 5	9 9	9 9
Anxiety D/O NOS	0 1 2 3 4	9 9		9 9	0 1 2 3 4 5	9 9	9 9
Age of first onset of anxiety symptoms that affect functioning							

Anorexia Nervosa	0 1 2 3 4	9 9		9 9	0 1 2 3 4 5	9 9	9 9
Bulimia	0 1 2 3 4	9 9		9 9	0 1 2 3 4 5	9 9	9 9
Eating D/O NOS	0 1 2 3 4	9 9		9 9	0 1 2 3 4 5	9 9	9 9
Age of first onset of eating disorder symptoms that affect functioning							

ADHD	0 1 2 3 4	9 9		9 9	0 1 2 3 4 5	9 9	9 9
	<input type="radio"/> Combined <input type="radio"/> Inattentive <input type="radio"/> Impulsive/Hyperactive				<input type="radio"/> Combined <input type="radio"/> Inattentive <input type="radio"/> Impulsive/Hyperactive		
ADHD NOS	0 1 2 3 4	9 9		9 9	0 1 2 3 4 5	9 9	9 9
Conduct Disorder	0 1 2 3 4	9 9		9 9	0 1 2 3 4 5	9 9	9 9
Oppositional Defiant Disorder	0 1 2 3 4	9 9		9 9	0 1 2 3 4 5	9 9	9 9
Disruptive D/O NOS	0 1 2 3 4	9 9		9 9	0 1 2 3 4 5	9 9	9 9
Age of first onset of first behavioral disorder symptoms that affect functioning							

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List all medications

											Past/Current											Past/Current		
											<input type="radio"/>	<input type="radio"/>											<input type="radio"/>	<input type="radio"/>
											<input type="radio"/>	<input type="radio"/>											<input type="radio"/>	<input type="radio"/>
											<input type="radio"/>	<input type="radio"/>											<input type="radio"/>	<input type="radio"/>
											<input type="radio"/>	<input type="radio"/>											<input type="radio"/>	<input type="radio"/>
											<input type="radio"/>	<input type="radio"/>											<input type="radio"/>	<input type="radio"/>

(Definite) DSM-IV Diagnoses- List Most Current First:

DSM-IV Code	Past/Current	
	<input type="radio"/>	<input type="radio"/>

IF YOU GIVE A DSM-IV DIAGNOSIS, YOU MUST RECORD THE DSM-IV DIAGNOSTIC CODE.

DSM-IV Rule-Out Diagnoses (Probable):

DSM-IV Code	Past/Current	
	<input type="radio"/>	<input type="radio"/>

IF YOU GIVE A DSM-IV DIAGNOSIS, YOU MUST RECORD THE DSM-IV DIAGNOSTIC CODE.

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DIRECTIONS: Check the sections to be completed in each supplement. Note dates and/or ages of onset for each current and past possible disorder.

Supplement #1: Affective Disorders

- Depressive Disorders - Current
- Depressive Disorders - Past
- Mania - Current
- Mania - Past

Supplement #2: Psychotic Disorders

- Psychosis - Current
- Psychosis - Past

Supplement #3: Anxiety Disorders

- Panic Disorders - Current
- Panic Disorders - Past
- Separation Disorders - Current
- Separation Disorders - Past
- Phobic Disorders - Current
- Phobic Disorders - Past
- Overanxious Disorders - Current
- Overanxious Disorders - Past
- Obsessive Compulsive Disorder - Current
- Obsessive Compulsive Disorder - Past

Supplement #4: Behavioral Disorders

- ADHD - Current
- ADHD - Past
- Oppositional Disorder - Current
- Oppositional Disorder - Past
- Conduct Disorder - Current
- Conduct Disorder - Past

Supplement #5: Substance Abuse & Other Disorders

- Alcohol Abuse - Current
- Alcohol Abuse - Past
- Substance Abuse - Current
- Substance Abuse - Past
- Bulimia - Current
- Bulimia - Past
- Anorexia Nervosa - Current
- Anorexia Nervosa - Past
- Tic Disorders - Current
- Tic Disorders - Past

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