

## APPENDIX D

# A Semistructured Interview

For decades, clinicians have used structured and semistructured interviews to gather health care data. These instruments are more effective than traditional free-wheeling interviews at producing accurate principal diagnoses and at uncovering secondary diagnoses. For example, one study found that the Structured Clinical Interview for DSM (SCID) identified five times more clinical diagnoses than were documented in the patients' charts. Also to the good, structured instruments can reject unwarranted clinical diagnoses; a study of homeless patients found that structured interviews identified fewer cases of antisocial personality disorder than did traditional clinical methods.

I've written this appendix not to replace the clinical interview of an adult, but to help you cover the ground necessary for the most complete diagnosis possible. Although the questions will provide the material for making diagnoses, they won't score themselves. For example, you'll have to evaluate whether your depressed patient has major depressive disorder, a bipolar depressive episode, or dysthymia—and, if it is one of the first two, whether a specifier (such as *with anxious distress*, *with melancholic features*, or *with seasonal pattern*) is in order. At many points, you will have to elicit details; in an interview structured for a technician to administer, that work would be done for you. This guide is intended for mental health care professionals who already have a grounding in mental disorders.

Screening questions (in **boldface**) appear twice: just below, and again at the beginning of each diagnostic set. (There is some evidence that asking all the stem questions *first* helps discourage a tendency to say “no” once the person discovers that positive answers lead to further questioning.) If you get negative answers to a set of screens, you can skip the follow-up questions and move on.

The last two sections contain no screens, but don't pass them by. They will remind you of the tremendous breadth of information you need about your patient's background, personality, feelings, and general behavior.

By the way, some of the questions appear in sections that don't correspond exactly to recent diagnostic manual revisions. For example, I've grouped gambling with other impulse-control disorders, not with substance use. That's because the diagnostic manuals try to place disorders in scientifically related groups that don't always follow the symptoms we see clinically. For ease of administration, I've usually stuck with the more traditional groupings.

## ALL SCREENS

- A1. Was there ever a time when you felt unusually down, depressed, or sad most of the day?
- A2. Was there ever a period when you felt that most of the time you didn't enjoy your usual activities or take pleasure from them?
- B1. Have you ever had a time when you felt the opposite of depressed—you felt unreasonably happy, euphoric, "too happy"?
- B2. Did you ever have a time when you (or others) noticed that you were unusually cross, irritable, or cranky?
- B3. Have you had periods when you were much more active than is normal for you?
- C1. Have you ever have an attack or spell when you suddenly felt anxious, fearful, or extremely uneasy?
- C2. Have you ever had a sudden attack or spell when you felt faint, you felt you couldn't breathe, or your heart seemed to race?
- D1. Have you had fears or phobias related to anything? Examples: animals (such as spiders, dogs, snakes); blood, needles, or injections; heights; airplane travel; being closed in; thunderstorms; blushing; eating in public; speaking, singing, or playing a musical instrument before an audience.
- D2. Have you had anxiety about being in a place or situation (such as a store or the movies)—a place that you'd have trouble escaping from, or where there might be no help available if you had a panic attack?
- E1. Have you ever had ideas or thoughts that keep coming back to you—thoughts that you try to resist but cannot?
- E2. Do you ever experience physical behaviors that you feel you have to perform over and over, such as handwashing, checking the stove, or counting things?
- F1. Have you ever had a traumatic, stressful experience that you found you kept on reliving or having to avoid?
- G1. Do you worry a great deal of the time?
- G2. What do you worry about?
- H1. Have you ever had unusual experiences such as seeing visions or hearing voices that other people couldn't see or hear?
- H2. Do you ever taste things or smell things that other people cannot, or feel things on your skin or in your body that other people don't?
- J1. Have you ever felt that people were spying on you, talking behind your back, or working against you in some other way?
- J2. Have you ever felt you had some sort of a special mission in life—perhaps a divine purpose or calling?

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- J3. Have you had some other seemingly strange experience you couldn't explain or account for?
- K1. Have you ever used alcohol or street drugs?
- K2. Have you ever taken prescription or over-the-counter medication in a way that was different from the recommendation or prescription?
- K3. Have you ever felt you drank or used drugs to excess?
- K4. Have other people ever expressed concern about your drinking or drug use?
- L1. How has your memory been? I'd like to test it, if that's OK.
- L2. Have you ever had experiences or periods in your life that you couldn't remember later?
- L3. Did you ever find yourself in a strange location and couldn't remember how you got there?
- M1. Has your general health always been good?
- M2. Have you had much medical attention for different conditions?
- N1. Have you ever felt fat when people said you were too thin?
- N2. Did you ever make yourself throw up because you felt so full?
- N3. Do you ever go on eating binges, when you rapidly eat far more than normal?
- P1. Have you ever felt or feared that there was something terribly wrong with you physically—some serious condition that doctors couldn't identify?
- Q1. Have you ever felt that there was something about your body or your appearance that wasn't right—something that other people didn't seem to recognize?
- R1. Do you easily become angry?
- S1. Do you ever behave impulsively?
- S2. Do you ever do things like pull out strands of your hair . . . or become destructively aggressive . . . or steal from stores . . . or set fires?  
[Pause for response between symptoms.]
- T1. Do you gamble?
- U1. Has any blood relative—by which I mean a parent, brother, sister, grandparent, child, aunt, uncle, cousin, niece, or nephew—ever had symptoms like yours?
- U2. Has any of these relatives had any mental illness, including depression . . . mania . . . psychosis . . . schizophrenia . . . nervousness . . . severe anxiety . . . mental hospitalization . . . suicide or suicide attempt . . . alcoholism or other substance misuse . . . or a history of criminal behavior? [Pause for response between illnesses.]

## MOOD DISORDERS

**A1. Was there ever a time when you felt unusually down, depressed, or sad most of the day?**

**A2. Was there ever a period when you felt that most of the time you didn't enjoy your usual activities or take pleasure from them?**

If "yes" to either:

Did you feel that way most days?

How long did these periods last?

How many such periods have you had?

Do you feel that way now?

Did you ever completely recover from such a period of sadness?

How severe is/was the experience? Did it affect your work, your home life, or your social life?

Have you ever been treated for depression? If so, details?

Were you hospitalized?

During a typical period of depression:

Does your appetite go down?

Do you lose weight? If so, how much?

Does your sleep change? If so, up or down? Does it affect you most days?

Do you tend to awaken very early in the morning and be unable to get back to sleep?

Do you usually feel better in the morning or in the evening, or is there no difference?

Do you feel slowed down or speeded up? If either, is it usually enough that other people can notice?

Do you feel unusually tired or lacking in energy? If so, is this true most days?

Do you feel worthless or more guilty than warranted about something—not just about feeling sick? If so, is this true most days?

Are you indecisive, or do you have trouble focusing your concentration? If either, is this true most days?

Do you think about dying?

If so, how often does this thought occur to you?

Do you consider suicide?

If so, please tell me about that.

Have you ever made a suicide attempt?

If so, when? How?

Physically/medically serious?

Psychologically serious?

When you are depressed, do your arms or legs feel heavy, rather like lead?

When you are depressed, do you ever feel so bad that you hear or see things that others cannot see or hear? If so, details?

When you are depressed, do you ever think that you deserve to feel this bad, or that other people are trying to harm you or work against you in some other way? If so, details?

When you are depressed, have you felt that things were hopeless or there was no use?

When you are depressed, do you feel better when something good happens (for example, when you are with friends or if you get a raise)?

When you are depressed, do you feel different than you would when, say, someone close to you died?

When you are depressed, do you lose your sense of pleasure in almost everything?

Do you tend to become depressed at a particular season of the year?  
If so, details?

Are you the sort of person who usually (not just when depressed) feels highly sensitive to rejection?

**B1. Have you ever had a time when you felt the opposite of depressed—you felt unreasonably happy, euphoric, “too happy”?**

**B2. Did you ever have a time when you (or others) noticed that you were unusually cross, irritable, or cranky?**

**B3. Have you had periods when you were much more active than is normal for you?**

If “yes” to any of these three:

How long did this period last?

How many such periods have you had?

Do you feel that way now?

Did you ever completely recover from such a period of excessive happiness?

How severe is/was the experience? Did it affect your work, your home life, or your social life?

Were you given treatment in any way for such a period? If so, details?

Were you hospitalized?

During such periods:

Do you feel like you have special strengths or powers others don't have (such as having telepathy or reading minds), or that you were a special or exalted person (for example, Jesus or a movie star)? If so, details?

How is your sleep? Details?

If sleep during these periods is less than normal: Do you feel you need less sleep than usual?

Do you talk more than usual, or do others claim that you do?

Do your thoughts seem to race from one thing to another?

Do you (or others) notice that you are more easily distractible than usual?

Do you feel speeded up in your activity level, or do others say that this is the case?

Do you make more plans than you normally would?

How is your sex drive?

What about your judgment—do you think it is impaired in any way?

Here's what I mean:

Do you spend money you later wished you hadn't?

Do you get into legal scrapes?

Do you pursue sex relations in a way that isn't normal for you?

Do you ever think you hear or see things that others can't see or hear? If so, details?

Do you feel spied upon or persecuted or that other people are trying to harm you or work against you in some other way? If so, details?

## **ANXIETY AND RELATED DISORDERS\***

**C1. Have you ever have an attack or spell when you suddenly felt anxious, fearful, or extremely uneasy?**

**C2. Have you ever had a sudden attack or spell when you felt faint, you felt you couldn't breathe, or your heart seemed to race?**

If "yes" to either:

How many such attacks have you had?

How often do they occur, on average?

How long do these attacks last?

How severe is/was the experience? Did it affect your work, your home life, or your social life?

Have you ever been treated for such an episode? If so, details?

Were you hospitalized?

During these attacks, have you ever had any of these sensations:

Chest pain or other chest discomfort?

Chills or hot flashes?

Choking?

Feeling that things were unreal or that you were detached from yourself?

Feeling dizzy, lightheaded, faint, or unsteady on your feet?

Fear that you might be dying?

Fear that you would lose control of yourself or become insane?

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\*Incorporating the DSM-5 categories of obsessive-compulsive and related disorders and of trauma- and stressor-related disorders.

Heart pounding, racing, or skipping beats?

Nausea or other abdominal discomfort?

Numbness or tingling?

Sweating?

Shortness of breath or smothering sensation?

Trembling?

**D1. Have you had fears or phobias related to anything? Examples: animals (such as spiders, dogs, snakes); blood, needles, or injections; heights; airplane travel; being closed in; thunderstorms; blushing; eating in public; speaking, singing, or playing a musical instrument before an audience.**

If “yes,” ask for each feared stimulus:

How often has this fear occurred?

How many episodes have you had?

Does this sort of fear seem unreasonable or out of proportion to you?

Does this fear cause you to avoid the situation?

Does it interfere with your usual routine or your work, social, or personal functioning?

Have you ever had treatment for it?

**D2. Have you had anxiety about being in a place or situation (such as a store or the movies)—a place that you’d have trouble escaping from, or where there might be no help available if you had a panic attack?**

If “yes”:

Do you therefore sometimes avoid stores or the movies (or the other places)?

If you do go into one of these situations, do you feel anxious when you are there?

Do you ever take a companion to help you if you should have a panic attack while away from home?

**E1. Have you ever had ideas or thoughts that keep coming back to you—thoughts that you try to resist but cannot?**

If “yes”:

How often do these ideas occur?

Do you try to resist or suppress these ideas/thoughts?

Do they come from your own mind, or does it seem that they are imposed on you from somewhere outside you?

**E2. Do you ever experience physical behaviors that you feel you have to perform over and over, such as handwashing, checking the stove, or counting things?**

If “yes”:

Do these behaviors occur in response to an idea or thought that you can’t resist, as we discussed just now?

Do they make you follow strict rules when carrying them out?

Do they prevent something bad from happening?

Do they reduce your distress?  
Do they cause severe distress?  
How much time do they take up?  
Do they interfere with your usual routine or with work, social, or personal functioning? If so, details?

**F1. Have you ever had a traumatic, stressful experience that you found you kept on reliving or having to avoid?**

If “yes”:

What was the event?

When did it occur?

Did it cause a sense of severe fear, horror, or helplessness?

Have you had any experiences that caused you to relive the event?

Intrusive thoughts or images?

Flashbacks, hallucinations, illusions, or feeling as if the event was recurring?

Cues that symbolize or resemble the event, causing you a lot of distress?

Physical events (such as rapid heartbeat, raised blood pressure) in response to these cues?

Have you repeatedly tried to avoid things that remind you of the trauma? If so, in which of these ways:

Have you tried to avoid feelings, thoughts, or conversations that remind you of the event?

Have you tried to avoid activities, people, or places that remind you of the event?

Have you been unable to recall any important features of the event?

If so, which?

Have you lost interest in activities that are important to you?

If so, which ones?

To what degree?

Have you felt isolated from other people?

Have you felt that you’ve lost the ability to feel love or other strong emotions?

Have you felt that your life would be brief or unrewarding—such as a lack of marriage, job, or children?

Have you had any of the following symptoms that weren’t present before the event:

Insomnia?

Irritability?

Trouble concentrating?

Excessive vigilance (such as frequently scanning the surroundings for signs of danger)?

Increased startle response?

**G1. Do you worry a great deal of the time?**

**G2. What do you worry about?**

If patient lists three or more worries:

Do you have trouble controlling these worries?

How many days a month do you think you worry about these matters?

For how many months have you had worries like this?

Did it lead to trouble with your job, your family life, or your personal life?

When you worry:

Do you have feelings of being restless, edgy, or keyed up?

Do you get tired easily?

Do you have trouble concentrating?

Do you feel irritable?

Do you have increased muscle tension?

Do you have trouble sleeping?

## PSYCHOTIC DISORDERS

**H1. Have you ever had experiences like seeing visions or hearing voices that other people couldn't see or hear?**

**H2. Do you ever taste things or smell things that other people cannot, or feel things on your skin or in your body that other people don't?**

If "yes" for voices:

How lifelike are they? Do they sound as real as my voice does now?

Do they seem to come from inside your head or somewhere outside?

When did you start hearing them?

Are they male or female?

Whose voices are they?

How many voices do you hear?

If more than one voice, do they ever talk with one another?

Do they ever talk together about you?

How often do the voices occur?

If every day, how often each day?

Do they tell you what to do?

Do you ever follow their commands?

If "yes" for visual material:

Can you see them as clearly as you see me now?

When do you see them?

If every day, how often each day?

When did you start seeing them?

If "yes" for tastes, smells, or tactile sensations:

Please describe these sensations.

How often do you experience them?

If every day, how often each day?

What are you doing when you experience them?

When did you start having them?

For all hallucinations:

What do you think causes these experiences to occur?

Could there be any connection between these experiences and drug or alcohol use, or the use of medication?

Have you had any physical illness that could help account for these experiences?

- J1. Have you ever felt that people were spying on you, talking behind your back, or working against you in some other way?**
- J2. Have you ever felt you had some sort of a special mission in life—perhaps a divine purpose or higher calling?**
- J3. Have you had some other seemingly strange experience you couldn't explain or account for?**

[If patient needs additional information: Here are some examples of the sort of thing I mean:

Have you ever felt that people could hear your unspoken thoughts or read your mind?

Have you ever felt that someone on TV or the radio was sending messages that were meant for you alone?

Have you ever thought that someone from outside could put thoughts into your mind or take them out?

Have you ever felt that you've done something so awful that you deserve punishment for it?

Have you ever felt that you were someone famous, or that you had abilities or powers that other people don't have?]

If "yes" to any of the three J questions:

Specifically, what have you noticed?

How long have you had these experiences?

Who or what do you think has been responsible for these events?

How have you tried to combat them?

Has anyone close to you had similar experiences?

Could there be any connection between these experiences and drug or alcohol use?

## **SUBSTANCE MISUSE**

- K1. Have you ever used alcohol or street drugs?**
- K2. Have you ever taken prescription or over-the-counter medication in a way that was different from the recommendation or prescription?**
- K3. Have you ever felt you drank or used drugs to excess?**

**K4. Have other people ever expressed concern about your drinking or drug use?**

If “yes” to any of these:

Which substances?

How long have you used them?

Do you use them now?

Have you ever had withdrawal symptoms when coming off a specific substance?

Alcohol/sedatives/hypnotics/anxiolytics: sweating, rapid heartbeat, tremor, sleeplessness, nausea, vomiting, brief hallucinations or illusions, speeded-up activity, grand mal seizures, anxiety?

Cocaine/amphetamines: Sad or depressed mood, fatigue, vivid bad dreams, sleep increased or decreased, increased appetite, activity speeded up or slowed down?

Opioids: Sad or depressed mood, nausea, vomiting, aching muscles, tearing, runny nose, dilated pupils, erect hairs, sweating, diarrhea, yawning, fever, sleeplessness?

Have you ever found yourself having to use increasing amounts of the substance to get the same effect?

Have you ever found that you’ve used more of the substance than you meant to?

Have you tried to control your use of the substance, but found you couldn’t?

Does your substance use occupy a lot of your time—getting it, using it, or recovering from its effects?

Have you found that your substance use has caused you to abandon important work, social, or leisure activities such as home life or getting together with friends?

Has your substance use caused you distress or impaired your functioning?

If so, how?

Have you continued to use the substance, even though you knew that it was probably causing you to have physical or psychological problems?

Has substance use ever caused you not to fulfill major obligations, such as attending school, going to work, or taking care of children?

Have you used substances even when doing so was physically dangerous—such as driving a vehicle?

Has substance use caused you to have legal problems?

If so, how many, and when?

Has substance use ever caused you to have social or interpersonal problems?

If so, did you continue to use the substance anyway?

Do you find that you crave the substance?

## DIFFICULTY THINKING (COGNITIVE PROBLEMS)

**L1. How has your memory been? I'd like to test it, if that's OK.**

Repeat back to me [a name, a color, a street address].

What's the date today?

Who is the current president [prime minister]? Name the one just before this person . . . And now the three before that person.

Please subtract 7 from 100. Now 7 from that . . . Good, and keep going until you get below 60.

**L2. Have you ever had experiences or periods in your life that you couldn't remember later?**

If so, please tell me about it.

How often has this happened?

**L3. Did you ever find yourself in a strange location and couldn't remember how you got there?**

If so, please tell me about it.

How often has this happened?

What were those three items I asked you to repeat a few minutes ago?

## PHYSICAL COMPLAINTS

**M1. Has your general health always been good?**

**M2. Have you had much medical attention for different conditions?**

[Regardless of answers to screens:]

What illnesses have you had? Details?

Have you had other medical conditions?

Use of medications?

Then, if "no" to M1 or "yes" to M2:

Now I'd like to ask about some symptoms people sometimes experience.

Have you ever had:

*Pain symptoms*, such as these:\*\*

Head pain (other than headache)?

Abdominal pain?

Back pain?

Pain in your joints?

Pain in your arms or legs?

Chest pain?

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\*\*To count as positive, each symptom must have (1) not been fully explained by a general medical condition or substance use; *and* (2) caused impairment or caused the patient to seek treatment; *and* (3) exceeded the discomfort or impairment you'd expect for any medical condition that seems related.

Rectal pain?  
Pain with menstruation?  
Pain with sexual intercourse?  
Pain on urination?

*Gastrointestinal symptoms, such as these:\**

Nausea?  
Abdominal bloating?  
Vomiting (other than during pregnancy)?  
Diarrhea?  
Intolerance of several foods?

*Sexual and genitourinary symptoms, such as these:\**

Indifference to sex?  
Difficulties with erection or ejaculation?  
Irregular menses?  
Excessive menstrual bleeding?  
Vomiting throughout all 9 months of pregnancy?

*Neurological symptoms, such as these:\**

Impaired balance or coordination?  
Weak or paralyzed muscles?  
Lump in throat?  
Trouble swallowing?  
Loss of voice?  
Retention of urine?  
Hallucinations?  
Numbness (to touch or pain)?  
Double vision?  
Blindness?  
Deafness?  
Seizures?  
Amnesia?  
Other dissociative symptoms?  
Loss of consciousness (other than fainting)?

**N1. Have you ever felt fat when people said you were too thin?**

**N2. Did you ever make yourself throw up because you felt so full?**

If “yes” to either:

When was it?  
Is this still the case?  
What did you weigh then?  
How tall were you then?  
Were you afraid of gaining weight?  
Did you exercise a lot to lose weight?  
Did you ever use laxatives to lose weight?

At that time, how did your body look to you? Thin, fat, or about right?

How important was your body weight or shape to you then?

**N3. Do you ever go on eating binges, when you rapidly eat far more than normal?**

If “yes”:

How often does this occur?

At these times, do you feel you’ve lost control of your eating?

To keep from gaining weight, do you ever use laxatives? Use diuretics? Throw up? Fast? Exercise a lot?

**P1. Have you ever felt or feared that there was something terribly wrong with you physically—some serious condition that doctors couldn’t identify?**

If “yes”:

Please describe your symptoms.

How long have they lasted?

What disease or condition are you afraid of?

**Q1. Have you ever felt that there was something about your body or your appearance that wasn’t right—something that other people didn’t seem to recognize?**

If “yes”:

Do you spend a lot of time thinking about this problem, or trying to deal with it?

What steps have you taken to remedy it?

## IMPULSE-CONTROL DISORDERS

**R1. Do you easily become angry?**

If “yes”:

In what sorts of situations do you become so angry?

Do you become so angry that you lose control?

As a result, do you ever destroy property? If so, how often?

As a result, do you ever assault another person? If so, how often?

**S1. Do you ever behave impulsively?**

**S2. Do you ever do things like pull out strands of your hair . . . or become destructively aggressive . . . or steal from stores . . . or set fires?**

**[Pause for response between symptoms.]**

If “yes” to any:

Do you feel a sort of tension just before performing any of these activities?

Do you feel gratification, pleasure, or relief during or after the activity?

**T1. Do you gamble?**

If “yes”:

How often?

Have you ever felt that you gambled excessively—that it was out of control?

Do you find that gambling preoccupies you—that you spend a lot of time figuring out how to get money to gamble, or reliving your past gambling experiences, or planning new gambling ventures?

Have you ever needed to put more money into play to achieve the same excitement?

Have you tried to control your gambling and couldn’t?

If so, how?

How many times has this happened?

Have you felt restless or irritable when trying to control your gambling?

Do you ever gamble as an escape from your problems or to cope with depressed or anxious moods?

Have you ever gambled to try to recoup your losses?

Have you ever lied to conceal how much you’ve lost gambling?

Have you ever had to rely on other people for money to cover your gambling debts?

Have you ever used money that wasn’t yours to gamble with?

Has gambling ever jeopardized a job, an important relationship, or a chance for your career or education?

## **FAMILY HISTORY**

**U1. Has any blood relative—by which I mean a parent, brother, sister, grandparent, child, aunt, uncle, cousin, niece, or nephew—ever had symptoms like yours?**

**U2. Has any of these relatives had any mental illness, including depression . . . mania . . . psychosis . . . schizophrenia . . . nervousness . . . severe anxiety . . . mental hospitalization . . . suicide or suicide attempt . . . substance misuse or alcoholism . . . or a history of criminal behavior? [Pause for response between illnesses.]**

For any positive response:

What were this person’s symptoms?

How old was the person at the time?

Do you know what treatment was given?

What happened to this person? [Possibilities might include recovery, continued illness but functioning in society, inability to work, repeated or chronic hospitalization.]

## **CHILDHOOD THROUGH ADULT LIFE**

### **Childhood**

- Where were you born?
- How many brothers and sisters did you have?
- Were you the oldest, youngest—which number in the list?
- Were you reared by both parents?
- How did your parents get along?
  - If they fought, what about?
  - If they divorced or separated, how old were you then?
- With whom did you live?
- If you were adopted, how old were you at the time?
  - Do you know what the circumstances behind the adoption were?
- How was your health as a child?
- How far did you go in school?
  - Were you ever held back in school?
  - Any behavior or disciplinary problems in school?
  - Any truancy?
  - Were you ever suspended or expelled?
- Did you have many friends as a child?
- What interests and hobbies did you have as a child?
- Outside of school, did you have legal or disciplinary problems?
  - If so, did you ever steal things?
  - Set fires?
  - Deliberately destroy the property of others?
  - Behave cruelly toward people or animals?
  - Run away from home overnight?

### **Adult Life**

- Are you married?
  - If so, number of times, and your age each time?
  - How did early marriage(s) end—divorce, death of spouse?
- With whom do you live now?
- Number of children, ages?
- Do you have any stepchildren?
  - If so, how many?
  - How is your relationship with them?
- What is your current occupation?
- Number of jobs lifetime?
  - Reasons for job changes?
  - Were you ever fired? Why?
- If you are not working now, what is your current means of support?

- Any military service?
  - If so, which branch?
  - Number of years?
  - Highest rank attained?
  - Combat experience?
  - Disciplinary problems in military?
- How important is religion to you now?
  - What is your current religious affiliation?
  - Is it different from the religion of your childhood?
  - If so, what made you change?
- What are your current leisure activities?
  - Clubs, organizations?
  - Hobbies, interests?
- When did you first learn about sex?
- What were the circumstances?
- How old were you when you began dating?
- How old were you at your first sexual experience?
  - What was its nature?
  - How did you feel about it?
- Can you tell me about your current sexual interests?
- Have there ever been sexual practices or experiences that troubled you?
- Were you ever abused as a child?
  - Sexually?
  - Physically?
- As an adult, were you ever raped or sexually abused? If so, details?

## **SOCIAL AND PERSONALITY PROBLEMS**

The following questions will elicit information about how patients view themselves and interact with others. In most cases, the answers will not allow you to make a firm diagnosis; you will need to obtain further information from other resources.

- What sort of a person do you think you are?
- What do you like most about yourself?
- What do you like least about yourself?
- Do you have many friends, or are you more of a loner?
- How well do you get along with your [husband/wife/partner]?
- Do you have any problems in getting along with members of your family?
- Do you avoid any of your relatives because of difficulties getting along?
- Any difficulties with friends?

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- Have you had any interpersonal problems at work?
- Do you tend to be suspicious of people's motives, or are you more a trusting sort of person?
- Do you like being the center of attention, or are you more comfortable staying in the background?
- Are you usually comfortable being by yourself, or do you find you need the presence of other people?
- Have you ever done something that turned out to be poor judgment? If so, what was it?
- Have you ever had some sort of legal difficulty? If so, give details.
- Have you ever been arrested? Spent time in jail? If so, give details.
- Have you ever done something that could have gotten you into legal difficulties, but you were never found out?
- When you do [these behaviors], do you tend to feel sorry afterward?
- Do you feel that other people would like to deceive, exploit, or harm you?
- If so, give examples.
- Do you feel that your friends or acquaintances are disloyal to you? If so, give examples.
- Do you tend to bear grudges? If so, give examples.
- Do you prefer to do things by yourself? If so, give examples.
- Does criticism or praise affect you much? If so, give examples.
- Are you a superstitious person? If so, give examples.
- Do you believe in the supernatural, such as telepathy, black magic, mind reading? If so, give examples.
- Are your relationships with other people usually long-lasting? If so, give examples.
- Does your mood tend to be pretty stable, or are you more of an up-and-down sort of person? If so, give examples.
- Do you tend to describe yourself as feeling "empty"? If so, give examples.
- Do you feel angry much of the time or frequently lose your temper or get into fights? If so, give examples.
- Do you like being the center of attention? If so, give examples.
- Do you feel that you are easily influenced by the opinions of other people? If so, give examples.
- Do you often have fantasies about yourself as achieving vast success, ideal love, power, brilliance? If so, give examples.
- Do you often feel that you deserve special treatment or consideration? If so, give examples.
- Is it hard for you to identify with the feelings of other people? If so, give examples.
- Do you fear embarrassment or disapproval so much that you avoid new activities or interactions with other people? If so, give examples.

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In new relationships, do you often feel inadequate? If so, give examples.

Do you feel you need a lot of advice and reassurance when making everyday decisions? If so, give examples.

Does the fear that you'll lose support make it hard for you to disagree with others? If so, give examples.

Do you get so preoccupied with details that you sometimes lose sight of the purpose of what you are doing? If so, give examples.

Do you regard yourself as being especially stubborn? If so, give examples.

Would you say that you are a perfectionist? If so, give examples.

## APPENDIX E

# Assessing Your Interview

All patients, and therefore all interviews, are different. Instructors also vary in the emphasis they place on the several aspects of the initial interview. However, there are many aspects that most clinicians agree are crucial for the typical interview. These aspects include factual material, as well as items that contribute to the process of obtaining information. They are listed in this appendix, where a rough numerical value is assigned to each.

You can score your own interview from an audio or video recording, or have a colleague do it for you while you are interviewing. The overall score and subsection scores should help you plan where to expend additional effort. The scoring system used has been based on, and extended from, articles by Maguire and associates (see Appendix F).

For each section of this assessment, score 0 if the rated behavior or item of data was not observed or covered at all. Score the maximum number of points if the item was covered completely (as judged from the patient's case notes in the chart), or for desired behavior that was consistently present. Give proportional credit for partial answers or behaviors.

The maximum score is 200 points. For a beginner, any score above 140 may be considered acceptable, though advanced interviewers should average much higher.

Mental status data are not included in this self-assessment, which was designed to evaluate only the historical and interactive portions of the initial interview.

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1. *Initiating the interview* (10 points)

Interviewer	No	Yes
a. Greets the patient	0	1
b. Shakes hands	0	1
c. Mentions patient's name	0	1
d. Mentions own name	0	1
e. Explains status (training?)	0	1
f. Indicates where to sit	0	1
g. Explains purpose of interview	0	1
h. Mentions time available	0	1
i. Mentions note taking	0	1
j. Asks whether patient is comfortable	0	1

2. *History of present illness* (58 points)

Interviewer asks about . . .	No								Yes
a. Main complaint(s)	0	1	2	3	4	5	6	7	8
b. Onset of problems	0	1	2	3	4				
c. Stressors	0	1	2	3	4				
d. Key events in course of illness	0	1	2	3	4				
e. Current medications									
1. Names or descriptions	0		1		2				
2. Doses	0		1		2				
3. Wanted effects obtained	0		1		2				
4. Side effects noted	0		1		2				
5. Duration of effects	0		1		2				
f. History of previous episodes									
1. Type	0	1	2	3	4				
2. Similarity to present episode	0	1	2	3	4				

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3. Previous treatment	0	1	2	3	4
4. Outcome of treatment	0	1	2	3	4
g. Effects of illness on work	0	1	2	3	4
h. Effects of illness on family	0	1	2	3	4
i. Patient's feelings about problems	0	1	2	3	4
3. <i>Medical history</i> (10 points)					
Interviewer asks about . . .	No				Yes
a. Relevant data on physical illnesses	0		1		2
b. Allergies to medications	0		1		2
c. Operations	0		1		2
d. Previous hospitalizations	0		1		2
e. Relevant review of systems	0		1		2
4. <i>Personal and social history</i> (20 points)					
Interviewer asks about . . .	No				Yes
a. Details of family of origin	0		1		2
b. Education	0		1		2
c. Marital history	0		1		2
d. Military history	0		1		2
e. Work history	0		1		2
f. Sexual preference and adjustment	0		1		2
g. Legal problems	0		1		2
h. Current living situation	0		1		2
i. Leisure activities	0		1		2
j. Source of support	0		1		2
5. <i>Family history of mental disorder</i> (6 points)					
Interviewer asks about . . .	No				Yes
a. Symptoms to make diagnosis	0		1		2
b. Response to treatment	0		1		2
c. All first-degree relatives	0		1		2

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6. *Screening questions* (26 points)

Interviewer screens for . . .	No				Yes
a. Depression	0	1	2	3	4
b. Panic attacks	0	1	2	3	4
c. Phobias	0	1	2	3	4
d. Obsessions and compulsions	0	1	2	3	4
e. Mania	0	1	2	3	4
f. Psychosis	0	1	2	3	4
g. Childhood abuse	0	1	2	3	4
h. Substance misuse (including medications)	0	1	2	3	4
i. Suicidal ideas/attempts	0	1	2	3	4
j. History of violence	0	1	2	3	4

7. *Establishing rapport* (18 points)

Interviewer	No				Yes
a. Smiles, nods at appropriate times	0	1	2	3	4
b. Uses language patient understands	0	1	2	3	4
c. Responds with feeling, empathy	0	1	2	3	4
d. Maintains eye contact	0	1	2	3	4
e. Maintains appropriate distance	0	1	2	3	4
f. Appears self-assured and relaxed	0	1	2	3	4

8. *Use of interview techniques* (44 points)

Interviewer . . .	Poor				Good
a. Explores verbal leads to new material	0	1	2	3	4
b. Controls flow of interview while allowing patient scope for response	0	1	2	3	4
c. Clarifies uncertainties to obtain complete information	0	1	2	3	4
d. Makes smooth transitions; if abrupt, they are pointed out	0	1	2	3	4
e. Avoids use of jargon	0	1	2	3	4

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f. Asks brief, single questions	0	1	2	3	4
g. Does not repeat questions already asked	0	1	2	3	4
h. Uses open, nondirective questions	0	1	2	3	4
i. Facilitates patient's replies verbally and nonverbally	0	1	2	3	4
j. Encourages precise answers (dates, numbers where appropriate)	0	1	2	3	4
k. Seeks out and sensitively handles emotionally loaded material	0	1	2	3	4

9. *Ending the interview* (8 points)

Interviewer . . .	No		Yes
a. Warns that interview is nearly over	0	1	2
b. Gives brief, accurate summary	0	1	2
c. Solicits questions from patient	0	1	2
d. Makes a concluding statement of appreciation, interest	0	1	2