

## Mobile Clinic

### Present State Examination

*The interviewer should introduce themselves shortly, describe the purpose of the interview and explain about all the equipment used to take notes.*

*Some definition of each symptom is given on the actual form, but the researcher should carefully familiarise themselves with the more detailed definitions in the glossary. The glossary also contains detailed instructions for classifying the answers and especially for distinguishing between (0) and (1) as well as (1) and (2).*

*(0) = The researcher is certain that the symptom has not been clinically significant in the last month.*

*(8) = The researcher is not certain if the symptom has occurred in the last month, even if the appropriate questions have been asked, and no confusion or evasiveness came up in the answer. The possibility of the symptom cannot be excluded.*

*(9) = Classification was not possible because the questions were not asked, the interviewee did not answer, or the answer was incomprehensible.*

*1 = completed*

*2 = inadequate, refused*

*3= inadequate, cannot or does not have the energy*

*4= inadequate for some other reason*

*5 = failed to arrive*

**AT FIRST I WOULD LIKE TO GET SOME IDEA OF HOW YOU HAVE BEEN FEELING IN THE LAST MONTH – WHAT YOUR GENERAL STATE OF HEALTH HAS BEEN LIKE AND HOW YOU HAVE FELT ABOUT THINGS. MOST PEOPLE HAVE DIFFERENT PROBLEMS AND WORRIES FROM TIME TO TIME. WHAT KIND OF WORRIES OR PROBLEMS DO YOU HAVE?**

Write down the main symptoms that the subject mentions spontaneously.

02. Classify the subject's spontaneous answer

0 = no worries or problems

1 = some worries

2 = "a worrier". Worried about everything.

**DO YOU HAVE ANY WORRIES OR CONCERNS RELATED TO THE FOLLOWING, IN PARTICULAR**

(assess: 0=does not have, 1=does have)

03 Money

04 Housing

05 Children

06 Work

07 Co-workers

08 Relationship with spouse (partner)

- 09 Relationships with relatives or friends
- 10 Neighbours
- 11 Own health, physical
- 12 Own health, nerves
- 13 Others health
- 14 other worries (please, pecify)

## **2. CONCERNS, WORRYING**

**WHAT IS IT LIKE WHEN YOU WORRY?**

**(WHAT SORT OF STATE OF MIND YOU GET INTO?)**

**(DO UNPLEASANT THOUGHTS CONSTANTLY GO ROUND AND ROUND IN YOUR MIND?)**

**(CAN YOU STOP THEM BY TURNING YOUR ATTENTION TO SOMETHING ELSE?)**

15. Classify worrying:

A vicious circle of painful thoughts from which you cannot break out and which takes on a disproportionate size compared to its original cause.

1= symptom has occurred clearly in the last month but has been moderate in strength or strong for less than one half of the time

2= clinically significant symptoms have occurred for more than half of the time over the last month

## **3. HEALTH, STRESS**

**Is your physical health good?**

**- Does your body function normally?**

**Do you feel you are physically ill in any way?**

**- What is that like? How serious is it?**

16. Classify the subject's subjective assessment of their current state of health (regardless of whether or not they have a physical illness)

0=feels very healthy physically

1=complains about a mild physical problem, does not describe themselves as completely healthy

2=feels ill, however not seriously ill or unable to work

3=feels physically seriously ill and unable to work

**DO YOU TEND TO WORRY OVER YOUR PHYSICAL HEALTH**

**Do you spend a lot of time observing your bodily functions?**

17. Classify a hypochondriac's excessive worries about the possibility of death, illness or disorder of bodily functions. Reassess at the end of the interview: does the subject constantly return to their imaginings in their thoughts?

Note the classifications of symptoms (1) and (3).

1=symptom has occurred in the last month, however not (2)

2=subject keeps returning to their imaginings during the interview

### **WHAT KINDS OF ILLNESSES OR PROBLEMS HAVE YOU BEEN DIAGNOSED WITH?**

**(Diagnosed where?) (By whom?)**

**(Have you seen a physician because of it?)**

**(Do you recently have had some physical illness, cold, influenza, etc.?)**

18. Assess the presence of a physical illness or injury, taking the results of recent examinations by a physician and physical health examinations into account

0=no physical illness or injury

1= mild but significant physical illness or injury (e.g. influenza or a limp)

2= moderately serious physical illness or injury which does not, however, result in incapacity to work or risk to life (e.g. deafness or duodenal ulcer)

3= physical illness or injury resulting in disability or risk to life (e.g. blindness or cancer)

Specify the illness or disability and their duration.

### **HAVE YOU HAD HEADACHES, OR OTHER PAINS, DURING THE PAST MONTH? (WHAT KIND?)**

19. Only classify pain associated with tension, including 'a tight band around the head', 'a feeling of pressure', 'a feeling of tightness on top of the head', aches in the back or neck etc., no migraine

1=symptom has occurred clearly in the last month but has been moderate in strength or strong for less than one half of the time

2= clinically significant symptoms have occurred for more than half of the time over the last month

### **DO YOU EASILY GET TIRED DURING THE DAY ALSO WHEN YOU HAVE NOT DONE ANYTHING ESPECIALLY HARD?**

20. Classify tiredness or fatigue: ignore tiredness caused by influenza or some other similar cause.

1=tiredness is only moderate or strong (fatigue) for less than half of the time

2= symptom (fatigue) has been strong for more than half of the time over the last month

**HAVE YOU FELT DIFFICULTY IN RELAXING JOINT MUSCLES DURING THE PAST MONTH?  
(DO YOUR MUSCLES FEEL TENSED UP?)**

21. Classify muscle tension: Ignore subjective feelings of nervous tension which are classified later

1=symptom has occurred clearly in the last month but has been moderate in strength or strong for less than one half of the time

2= clinically significant symptoms have occurred for more than half of the time over the last month

**HAVE YOU FELT SO FIDGETY AND RESTLESS THAT YOU COULDN'T SIT STILL? (DO YOU HAVE TO KEEP PACING UP AND DOWN?)**

22. Classify restlessness

1= symptom has been moderate (nervous, restless) or strong (paces back and forth etc.) for less than half of the time

2=significant form of symptom (paces back and forth etc.) has occurred for more than half of the time over the last month

**DO YOU OFTEN FEEL NERVOUS OR MENTALLY STRAINED?**

**Are your nerves 'worn out'?**

**Do you feel overstrain?**

**Do you feel stressed out?**

23. Classify subjective "nervous tension":

Symptom can be classified as being present even if it has no autonomic secondary effects.

1= symptom has occurred clearly in the last month but has been moderate in strength or strong for less than half of the time

2=significant form of symptom has occurred for more than half of the time over the last month

**4. AUTONOMIC ANXIETY**

*Only subjective anxiety with its autonomic secondary symptoms are classified in this section, either anxiety occurring without a trigger or anxiety associated with a certain situation. Worrying or nervous tension, and also anxiety caused by paranoia, are not included in this class.*

Autonomic accompaniments:

Difficulty getting breath

Blushing

Sweating

Dry mouth

Dizziness  
Palpitation  
Butterflies  
Choking  
Giddiness  
Trembling

**HAVE THERE BEEN TIMES LATELY WHEN YOU HAVE BEEN VERY ANXIOUS OR FRIGHTENED?**

**(What was it like?)**

**(Did your heart beat fast?) Ask for other autonomic symptoms.**

**(How often in the past months?)**

24. Classify autonomic anxiety occurring without a trigger:

Ignore if caused by delusions or purely associated with a certain situation.

1=symptom and its autonomic secondary symptoms have occurred clearly in the last month but have been clinically moderate or significant for less than half of the time.

2=symptom is clinically significant for more than half of the time.

**HAVE YOU HAD THE FEELING THAT SOMETHING TERRIBLE MIGHT HAPPEN?**

**(That some disaster might occur but you are not sure what? Like illness or death?)**

**(What did it feel like?)**

**(Have you been anxious about getting up because you are anxious to face the day?)**

**(What did it feel like?)**

25. Classify restless presentiments associated with autonomic secondary symptoms

1=symptom and its autonomic secondary symptoms have occurred clearly in the last month but have been clinically moderate or significant for less than half of the time.

2=symptom is clinically significant for more than half of the time.

**DO CERTAIN SPECIFIC SITUATIONS MAKE YOU ANXIOUS?**

**HAVE YOU HAD TIMES WHEN YOU FELT SHAKY, OR YOUR HEART POUNDED, OR YOU FELT SWEATY AND YOU SIMPLY HAD TO DO SOMETHING ABOUT IT?**

**(What happened then?)**

**(What was it like?)**

**(How often during the past month?)**

26. List panic attacks associated with autonomic symptoms:

A panic attack is an intolerable feeling of anxiety that causes the individual to take action aiming to stop it, for example getting off the bus, calling your spouse at work, going to see a neighbour etc.

Number of panic attacks=0-7 (N.B. 7=7 or more)

Unsure=8

Does not know=9

**WHAT KIND OF SITUATIONS MAKE YOU NERVOUS?**

**(What situations? How often during the past month?)**

If necessary, this can be shown on a separate card, classifying each one separately.)

Crowds (shop, street, theatre, cinema, church)

Going out alone

Being at home alone

Enclosed spaces (hairdresser, phone booth, elevator, tunnel)

Open spaces, bridges, square

Travelling (busses, cars, trains)

27. Classify autonomic anxiety associated with certain places:

1=has not encountered these situations in the last month but knows that anxiety would have occurred if they had had to face one of the cited situations

2=situation has occurred in the last month and caused anxiety in the subject

**AND ARE YOU NERVOUS ABOUT MEETING PEOPLE E.G. GOING INTO A CROWDED ROOM, MAKING CONVERSATION?  
(Speaking to an audience, eating, drinking or writing in front of other people, parties)**

28. Classify autonomic anxiety associated with meeting people;

1=has not encountered these situations in the last month but knows that anxiety would have occurred if they had had to face one of the cited situations

2=situation has occurred in the last month and caused anxiety in the subject

**WHICH OF THE FOLLOWING ARE YOU AFRAID OF?  
(Heights, thunderstorms, darkness, animals or insects, dentists, injections, blood, injury)**

29. Only list particular phobias rather than general anxiety associated with a certain situation:

1=has not encountered these situations in the last month but knows that anxiety would have occurred if they had had to face one of the cited situations

2=situation has occurred in the last month and caused anxiety in the subject

(Itemise as you find appropriate)

**DO YOU AVOID ANY OF THESE SITUATIONS BECAUSE YOU KNOW YOU WILL GET ANXIOUS?  
(How much does it affect your life?)**

30. Classification:

1=subject attempts to avoid these situations whenever possible

2=avoidance has become significantly more prevalent in the last month, for example the subject has not dared leave their house, or has only gone out when accompanied by another person.

**5. THINKING, CONCENTRATION, ETC.**

**CAN YOU THINK CLEARLY OR IS THERE ANY INFERENCE WITH YOUR THOUGHTS?**

**(Do confused thoughts interfere with your daily activities?)**

**(Can you decide simple matters easily?)**

**(Make decisions concerning daily matters?)**

31. Classify subjective difficulty of thinking clearly:  
(if caused by thoughts experienced as alien invading the subject's mind, class 0)

1= symptom has occurred clearly in the last month but has been moderate in strength or strong for less than half of the time

2= clinically significant symptoms have occurred for more than half of the time over the last month

32. Are you in full control of your thoughts?

33. Can people read your mind?

34. Is anything like hypnotism, or telepathy going on?

35. Are thoughts put in your mind, which are not your own?

36. Do you feel under the control of some force or power other than yourself?

**WHAT HAS YOUR CONCENTRATION BEEN LIKE RECENTLY?**

**(Can you read an article in the paper or watch a TV program right through?)**

**(Do your thoughts drift so you don't take things in?)**

**WHEN YOU ARE TALKING TO ANOTHER PERSON, CAN YOU CONCENTRATE ON WHAT THEY ARE SAYING TO YOU?**

37. Classify poor ability to concentrate:

1=only moderate form of the symptom has occurred in the last month (e.g. is able to read a short article, is able to concentrate by making a strenuous effort); or the strong form has occurred for less than half the time over the last month

2=symptom is clinically significant (unable to read or concentrate), has occurred more than half the time over the last month.

**WHAT ARE YOU USUALLY INTERESTED IN?**

**WHAT DO YOU LIKE DOING?**

**(Have you lost your interest in doing these things?)**

**(Have you given up looking after your appearance?)**

**(Have there been changes in these things?)**

38. ASSESS LACK OF INTEREST that has continued for the last month.

1= symptom has occurred clearly in the last month but has been moderate in strength or strong for less than one half of the time

2= symptom has occurred in a clinically significant form for more than half of the time over the last month

## **6. DEPRESSED MOOD**

### **DO YOU KEEP REASONABLY CHEERFUL OR HAVE YOU BEEN VERY DEPRESSED OR LOW-SPRITED RECENTLY?**

**(When did you last really enjoy doing anything, what did you do?)**

39. Classify low mood: Especially note the following: When you assess the clinical degree of depression, remember that extremely depressed persons do not necessarily cry. See the glossary for a definition.

1=only moderately depressed for the last month, or severely depressed for less than half of the time, and the degree of depression has varied.

2=severely depressed for more than half of time for the last month, and the depression appears stable.

### **HOW DO YOU SEE THE FUTURE CURRENTLY?**

**(Has life seemed quite hopeless?)**

**(Can you see any future?)**

**(Have you given up or does there still seem some reason for trying?)**

40. Classify hopelessness according to the subject's current view:  
(assess based on what the subject says)

1=moderately hopeless but continues to have some hope for the future (regardless of duration over the last month)

2=severe form of symptom (the subject no longer believes in anything).

### **HAVE YOU EVER FELT THAT LIFE WASN'T WORTH LIVING?**

**(Did you ever feel like ending it all?)**

**(What did you think you might do?)**

**(Did you actually try?)**

41. Classify suicidal plans and acts:

1=actually considered suicide (not only passing thoughts) but has not made an attempt

2=suicide attempt in which, however, the subject's life was only at risk by accident at most

3= suicide attempt that was apparently planned to result in death (in other words, was rescued accidentally or the method was inadequate)

*N.B. The researcher must carry out a clinical assessment of whether actual suicidal intent was associated with the attempt or not. If you are unsure, presume that it was not.*

### **IF BOTH DEPRESSION AND ANXIETY ARE PRESENT**

42. Classify anxiety or depression as primary.

*If the subject suffers from both anxiety and depression and both are present at the moment, try to decide which one is primary. Which appears worse, the depression or the anxiety? (Use the subject's own terms.)*

0=anxiety is primary.

1=anxiety and depression are both present.

2=depression is primary.

### **IS YOUR DEPRESSION WORSE AT A CERTAIN TIME OF THE DAY OR NIGHT?**

43. Classify depression that occurs in the morning (especially upon waking up)

0=no depression

1=not particularly significant in the morning

2=particularly significant in the morning

## **7. SELF AND OTHERS**

### **HAVE YOU WANTED TO STAY AWAY FROM OTHER PEOPLE?**

**(Why?)**

**(Have you been suspicious of their intentions? Of actual harm?)**

44. Classify social withdrawal:

1=only a passive form of symptom, e.g. the subject will not look for company but does not turn it down if offered. Or if active withdrawal from company, it has occurred for less than half the time over the last month.

2=actively avoids company (refuses offers). Has actively withdrawn in this manner for more than half the time over the last month.

### **WHAT IS YOUR OPINION ABOUT YOUR SELF COMPARED TO OTHER PEOPLE?**

**(Do you feel better, or not as good, or about the same as most?)**

**(Do you even feel inferior or even worthless?)**

45. Classify self-depreciation:

1=some feelings of inferiority but no feelings of worthlessness. If the subject considers themselves worthless, a severe form of this symptoms has occurred for less than half the time.

2=the subject feels completely worthless. The symptom has occurred for more than half the time.

### **HOW CONFIDENT YOU FEEL IN YOURSELF?**

**(For example in talking to others or managing your relations with other people?)**

46. Classify lack of self-confidence in relationships with other people:

(Only include ability to have social relationships and not ability for mechanical work etc.)

1=moderate lack of self-confidence, or significant lack for less than half the time over the last month.

2=significant lack of self-confidence for more than half the time over the last month.

### **ARE YOU SELF-CONSCIOUS IN PUBLIC?**

**(Do they seem to laugh at you or talk about you critically?)**

**(Do you consider people really are looking at you, or is it perhaps the way you feel about it?)**

47. Classify simple suspicions of being followed (no delusion):

1=significant suspicions (regardless of duration over the last month)

2=feels that people criticise them or laugh at them but can be convinced of having made a mistake.

### **DO YOU HAVE THE FEELING THAT YOU ARE BEING BLAMED FOR SOMETHING, OR EVEN ACCUSED?**

**(What about?)**

48. Classify experienced thoughts of being accused:

Ignore actual criticism or accusations. Ignore delusions of guilt.

1=the subject feels they have been criticised but not accused (regardless of duration)

2=the subject feels they have been accused of a mistake or violation. Not a delusional experience.

### **DO YOU TEND TO BLAME YOUR SELF AT ALL?**

**(If people are critical do you think you deserve it?)**

49. Only classify a pathological feeling of guilt:

1=feels unreasonably guilty for a minor violation (regardless of duration.)

2=appears to blame themselves for anything that has failed, even if it was not their fault, however not delusional.

## **8. APPETITE, SLEEP, RETARDATION, LIBIDO**

### **WHAT HAS YOUR APPETITE BEEN LIKE RECENTLY?**

**(Have you lost any weight during the past three months?)**

50. Weight loss caused by poor appetite:

Ignore changes caused by physical illness or conscious dieting.

Weight loss in kilograms.

NOTE:

Unsure=88

Does not know=99

### **HAVE YOU HAD ANY TRABLE GETTING OFF TO SLEEP DURING THE PAST MONTH?**

**(How long do you lie awake?)**

**(What happens if you take sleeping tablets?)**

**(How often does it happen?)**

51. Classify difficulties falling asleep:

1=stays awake for 1-2 hours (despite taking a sleeping pill)

2=stays awake for 2 hours or more (despite taking a sleeping pill)

(In both cases 10 nights or more a month)

**DO YOU SEEM TO BE SLOWED DOWN IN YOUR MOVEMENTS OR TO HAVE TOO LITTLE ENERGY RECENTLY? HOW MUCH HAS IT AFFECTED YOU? (Do things seem to be moving too fast for you?)**

52. Classify subjective lack of energy and sluggishness:

1=considerable subjective tiredness and lack of energy

2=considerably sluggishness and reduction in activity (regardless of duration over the last month)

**DO YOU WAKE EARLY IN THE MORNING?**

53. Classify waking up early (hours earlier than usual)

1=1-2 hours earlier than usual.

2=more than 2 hours earlier than usual.

(In both cases 10 nights or more a month)

**HAS THERE BEEN ANY CHANGE IN YOUR INTEREST IN SEX?**

54. Classify reduced libido associated with the current episode of illness if it has lasted for at least one month:

1=considerable reduction in sexual interest and activities

2=almost complete lack of libido

**DOES THE DEPRESSION OR TENSION GET WORST JUST BEFORE THE START OF THE MONTHLY PERIOD?**

55. Classify deterioration in premenstrual state:

1=no clear deterioration

2=clear deterioration

## **9. IRRITABILITY**

**HAVE YOU BEEN VERY MUCH MORE IRRITABLE THAN USUAL RECENTLY? (Do you keep it to yourself, or shout, or even hit people?)**

56. Classify irritability:

1=contains their irritable moods

2=acts out by shouting or quarrelling

3=acts out by throwing or breaking objects or hitting others

*These symptoms are usually experienced as occurring despite conscious resistance (see definition in the glossary).*

## **10. EXPANSIVE MOOD AND IDEATION**

**HAVE YOU SOMETIMES FELT PARTICULARLY CHEERFUL AND ON THE TOP OF THE WORLD, WITHOUT ANY REASON?**

**(Too cheerful to be healthy?)**

**(How long does it last?)**

**(0, 1)**

**HAVE YOU FELT PARTICULARLY FULL OF ENERGY LATELY, OR FULL OF EXCITING IDEAS?**

**(Do things seem to go too slowly for you?)**

**(Do you need less sleep than usual?)**

**(Do you find yourself extremely active but not getting tired?)**

**(Have you developed any new interest lately?)**

**(0, 1)**

## **11. OBSESSIONS**

**DO YOU FIND THAT YOU HAVE TO KEEP ON CHECKING THINGS THAT YOU KNOW YOU HAVE ALREADY DONE?**

**(Like gas taps, doors, switches, etc.)**

**(Do you have to touch or count things many times or repeat the same action over and over again?)**

**(What happens when you try to stop?)**

57. Classify obsessive need to check and repeat:

1=moderately strong symptom or, if strong, has occurred for less than half of the time

2=strong symptom has occurred for half of the time over the last month

**DO YOU SPEND A LOT OF TIME ON PERSONAL CLEANLINESS, LIKE WASHING OVER AND OVER EVEN THOUGH YOU KNOW YOU ARE CLEAN?**

**(Is cleanliness particularly important for you?)**

**(Do you have any other rituals?)**

**(Do you get worried by contamination with germs?)**

**(What happens when you try to stop?)**

58. Classify obsessive need for cleanliness and similar rituals:

1=moderately strong symptom or, if strong, has occurred for less than half of the time

2=strong symptom has occurred for half of the time over the last month

**DO FRIGHTENING THOUGHTS ARE TRYING TO COME IN YOUR MIND ALTHOUGH YOU TRY TO HINDER THEM?**

**(Do you regularly have to ask yourself the meaning of the universe?)**

59. Classify obsessive ideas and thoughts:

1=moderately strong symptom or, if strong, has occurred for less than half of the time

2=strong symptom has occurred for half of the time over the last month

## **12. DEREALISATION JA DEPERSONALISATION**

**HAVE YOU HAD THE FEELING RECENTLY THAT THINGS AROUND YOU WERE UNREAL?**

**(As though everything was an imitation of reality, like a stage set, with people acting instead of being themselves?)**

**(What is it like? How do you explain it?)**

**HAVE YOU YOURSELF FELT UNREAL, THAT YOU WERE NOT A PERSON NOT IN THE LIVING WORLD?**

**(Or that you were outside yourself, looking at yourself from outside?)**

**(Or that you look unreal in the mirror?)**

**(Or that some part of your body did not belong to you?)**

**(How do you explain it?)**

## **13. OTHER PERCEPTUAL DISORDERS**

*The following questions are intended for investigating rare disturbances of awareness. Ask all the questions if possible but consider the need for additional questions (on a separate form). Tick the box if additional assessment is needed.*

**WHAT ABOUT YOUR IMAGINATION, HAVE YOU NOTICED ANYTHING DIFFERENT?**

**DO YOU EVER GET THE FEELING THAT SOMETHING ODD IS GOING ON WHICH YOU CAN'T EXPLAIN?**

**IS THERE ANYTHING UNUSUAL ABOUT THE WAYS THINGS LOOK OR SOUND, OR SMELL OR TASTE?**

**DO YOU EVER SEEM TO HEAR NOICES OR VOICES WHEN THERE IS NO ONE ABOUT?**

**HAVE YOU EVER HAD VISIONS, OR SEEN THINGS OTHER PEOPLE COULDN'T SEE?**

## **14. OBSERVATION AND FACTORS AFFECTING IT**

**HAVE YOU SUFFERED ANY LAPSES OF MEMORY LATELY?**

**(Have you experienced periods during which you have no recollection of what happened?)**

**(When was it?)**

**(How do you explain it?)**

60. Classify absence seizures, temporary memory loss and memory losses that last over an hour regardless of aetiology

1 = Less than 12 hours

2 = 12-24 hours

3 more than 24 hours

**WHAT MEDICATIONS ARE YOU USING?**

**(Do you use any sedatives or stimulants?)**

**(Make a list of the medications)**

**(Prescribed by whom?)**

**(Have you used any narcotics?)**

61. Classify drug abuse in the last month:

Only one class, see instructions.

1=Cannabis

2=Barbiturates, benzodiazepines, painkillers

3=LSD, amphetamine, etc.

4=Cocaine, heroin, etc.

**HOW MUCH ALCOHOL DO YOU DRINK WEEKLY OR DAILY?**

**(Have you any problems with alcohol? What type of problems?)**

*(Tick the list: Show a card if necessary.)*

**Have you, within the past month ever:**

**Had family problems because of your drinking?**

**Had to miss work because of your drinking?**

**Had a bad hangover or other alcohol withdrawal symptoms?**

**Had memory loss lasting for several hours?**

**Heard voices or seen hallucinations?**

62. Classify alcohol abuse in the last month:

1=admits to alcohol having been a problem but not to 2.

2=one of the symptoms on the list fits

**IF MEMORY IMPAIRMENT OR DISORIENTATION IS SUSPECTED:**

**I would like to ask you a few routine questions that we ask everyone.**

**How old are you?**

**Can you tell me what year and month it is?**

**What is our current prime minister called?**

63. Classify memory impairment:

1=mild

2=moderate

3=severe

**TO WHAT EXTENT DO THE PROBLEMS THAT YOU TOLD ME ABOUT EARLIER AFFECT YOUR WORK OR YOUR RELATIONSHIPS WITH OTHER PEOPLE?**

**(Have you missed work or been unable to do housework, go shopping or travel etc. in the last month?)**

**(Have the symptoms affected your functional capacity in some other way?)**

64. Classify the type of the disorder:

0=no disorder

1=neurotic disorder

2=borderline personality disorder

3=psychotic disorder

8=researcher is unsure

9=unknown

65. Classify the severity of the disorder

0=no disorder

1=symptoms are present but impairment in the subject's functional capacity is mild or disruption to daily activities is slight

2=the symptoms impair the subject's functional capacity moderately but do not cause functional incapacity, for example the subject neglects their housework or cannot enjoy free time activities or social relationships, or the subject finds their work ability is lowered because of worrying, tension, irritability, anxiety etc. However, the subject has not completely stopped working or doing housework.

3=subject has severe functional incapacity because of neurotic symptoms: has had to miss work for at least a week during the last month; has been unable to go outside their home for more than a week; withdrawn on their own initiative from all social relationships etc. Functional incapacity need not have lasted for an entire month for this classification to be made, but the loss of functional capacity must be severe.

8=researcher is unsure

9=unknown

**HAS THERE BEEN SOMETHING ELSE RECENTLY THAT I HAVE NOT DISCUSSED. Specify in detail.**

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*Write down all aspects associated with the subject or the interviewee that appear important or unusual and that have not been discussed previously. Describe deviations in behaviour, emotional state or speech that have come up during the interview (e.g. agitation, hyperactivity, excessive talking, abnormal slowness, hostility, confusion, odd behaviour etc. and different disturbances in speech and communication).*

*Check the form to see that all necessary questions have been asked.*

## **PSYCHIATRIC CARE**

### **HAVE YOU EVER RECEIVED TREATMENT BECAUSE OF A MENTAL HEALTH DISORDER, OR YOUR NERVES?**

**(Have you seen a physician because of one of the problems we discussed earlier?)**

**(Have you ever visited a mental health clinic?)**

### **ARE YOU RECEIVING THIS TYPE OF TREATMENT CURRENTLY?**

66. Classify psychiatric treatment provided for subject (including treatment by a general practitioner)

0=no treatment

1=was treated earlier, treatment completed

2=in treatment currently

Describe the place or places of care in detail.

### **HOW LONG DID THE TREATMENT LAST/HOW LONG HAS IT LASTED?**

### **HOW MANY TIMES DID YOU VISIT/HAVE YOU VISITED THE CLINIC?**

*Ask for more details if this is necessary for classification purposes.*

67. Classify the nature of outpatient care in more detail

A. Treatment duration less than 6 months, 2-6 visits

0=no treatment

1=was treated earlier, treatment completed

2=in treatment currently

B. Treatment duration less than 6 months, more than 6 visits

0=no treatment

1=was treated earlier, treatment completed

2=in treatment currently

C. Treatment duration 6 months or over, visits no more than twice a month

0=no treatment  
1=was treated earlier, treatment completed  
2=in treatment currently

D. Treatment duration 6 months or over, regular visits at least every second week

0=no treatment  
1=was treated earlier, treatment completed  
2=in treatment currently

**DO YOU FIND THAT THE OUTPATIENT TREATMENT YOU RECEIVED  
(described above) WAS SUFFICIENT?**

68. Classify the sufficiency of outpatient treatment

0=no outpatient treatment  
1=insufficient  
2=sufficient

**HAVE YOU EVER BEEN ADMITTED TO A MENTAL HOSPITAL OR A  
PSYCHIATRIC HOSPITAL?**

69. Classify psychiatric hospital admissions:

0=no treatment  
1=was treated earlier, treatment completed  
2=in treatment currently

**FOR HOW LONG DID YOU SPEND AT THE HOSPITAL IN TOTAL?**

**HOW MANY TIMES HAVE YOU BEEN ADMITTED TO A MENTAL HOSPITAL IN  
TOTAL?**

**DID YOU FIND THE INPATIENT TREATMENT YOU RECEIVED SUFFICIENT?**

70. Classify the subjective sufficiency of inpatient treatment:

0=no treatment  
1=insufficient  
2=sufficient

**NEED FOR TREATMENT**

**DO YOU FEEL YOU NEED TREATMENT OR OTHER ASSISTANCE BECAUSE  
OF A MENTAL HEALTH PROBLEM (discussed above) AT THE MOMENT?**

71. Classify based on the subject's answers:

0=does not feel any need for treatment  
1=believes that treatment could be useful

2=clearly feels a need for treatment

72. Classify the subject's current need for psychiatric treatment  
(regardless of subjective assessment and current treatment)

0=no need for treatment

1=treatment or attention could be useful

2=clearly needs treatment

73. Classify the degree of certainty of the previous answer

1=very likely

2=likely

3=uncertain

4=very uncertain