



58518

PID#

RPN# * * * * *

Site: 2 1 0 0 0 2 . 0 1

Demographic, Psychiatric, Medical and Criminal Justice History

Interviewer:

Date / /

Referral Source:

- 701 Pratt St.
- PRP
- Carter Center
- NAMI
- VA Martinsburg
- VA Baltimore
- VA Perry Point
- VA Washington
- Shepard Pratt: Columbia
- Towson
- Westminster
- CMHC
- Physician referral
- Self-referral
- Other (specify)

Sources of Information:

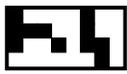
- Subject interview
- Friend/Relative interview
- Hospital records
- Research records
- Therapist(s)
- Austin database
- Other, specify:

Personal History

1. **SSI or disability benefits:** Yes No Missing
2. **Current Maryland Driver's License** Yes No Missing
3. **Handedness** Left Right Missing
4. How many **children** does subject have including adopted and stepchildren?

Occupation of Subject

5. Currently employed Yes No Missing
6. Subject's highest occupation level sustained for one year (subject's response, if available)
7. Subject's Highest Occupation Level Sustained for One Year (Hollingshead Categories--Interviewer's evaluation)
 - High executive, major professional, owner of large business
 - Administrative personnel, minor professional, owner of small business
 - Clerical, sales, technician, farmer
 - Skilled manual worker
 - Unskilled manual worker
 - Student
 - Homemaker
 - Unemployed
 - Missing



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Education/Occupation of Subject's Mother (Up to age 16)

8. Special Education Yes No Missing

9. Mother's Highest Grade Achieved in Years

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 (GED = 12 yrs.; missing = 99)

10. Mother's Highest Occupation Level Sustained for One Year (Subject's response, if available)

11. Mother's Highest Occupation Level Sustained for One Year (Hollingshead Categories--Interviewer's evaluation)

- High executive, major professional, owner of large business
- Administrative personnel, minor professional, owner of small business
- Clerical, sales, technician, farmer
- Skilled manual worker
- Unskilled manual worker
- Student
- Homemaker
- Unemployed
- Missing

Education/Occupation of Subject's Father (Up to age 16)

12. Special Education Yes No Missing

13. Father's Highest Grade Achieved in Years

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 (GED = 12yrs.; missing = 99)

14. Father's Highest Occupation Level Sustained for One Year (Subject's response, if available)

15. Father's Highest Occupation Level Sustained for One Year (Hollingshead Categories--Interviewer's evaluation)

- High executive, major professional, owner of large business
- Administrative personnel, minor professional, owner of small business
- Clerical, sales, technician, farmer
- Skilled manual worker
- Unskilled manual worker
- Student
- Homemaker
- Unemployed
- Missing

Psychiatric History

Onset of Illness

1. How old was the subject at the first onset of any psychiatric illness?

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 missing = 99

2. Specify probable DSM-IV diagnosis (if possible)

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 missing = 999.99

3. Specify treatment at onset, if any:



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□ □ □ □ □ □

- 4. Has subject ever had a psychotic episode? Yes No
- 5. How old was the subject at the beginning of first psychotic symptoms? □ □
- 6. Specify probable DSM-IV diagnosis (if possible) □ □ □ □ . □ □
- 7. Has subject ever received antipsychotic medication? Yes No
- 8. How old was the subject at the time of first antipsychotic treatment? □ □
- 9. Specify probable DSM-IV diagnosis (if possible) □ □ □ □ . □ □
- 10. Has subject ever had a psychiatric hospitalization? Yes No
- 11. How old was the subject at the time of first psychiatric hospitalization? □ □
- 12. Specify probable DSM-IV diagnosis (if possible) □ □ □ □ . □ □

KEY
missing = 99
missing = 999.99
NA = 99

Psychiatric Events

- 13. How many times has the subject been hospitalized for psychiatric illness? □ □
- 14. Has subject ever attempted suicide? Yes No Missing

Family History

- 15. Has any member of subject's family ever been hospitalized for a psychiatric problem or a "nervous breakdown"? Yes No Missing
- 16. Has any member of family taken medicines to treat a psychiatric problem? Yes No Missing
- 17. Has any member of family lived in a group home or supervised housing? Yes No Missing
- 18. Does any member of family receive SSI or disability benefits? Yes No Missing

Drug/Alcohol Abuse

- 1. If Subject's response is available: "Have you ever felt a strong desire or urge to drink alcohol or take drugs?"
 - Alcohol Yes No Missing
 - Drugs Yes No Missing
- 2. "Has anyone ever said that you have a drug or alcohol problem?"
 - Alcohol Yes No Missing
 - Drugs Yes No Missing



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Five empty boxes for entering the PID number.

Medication/ECT History

Determine subject's medication history for the time period **one year** prior to intake/interview. Use any available sources of information including, but not limited to, subject, family members, and hospital records.

1. Antipsychotic medication Yes No

- Haldol Yes No Clozaril Yes No
- Prolixin Yes No Risperdal Yes No
- Mellaril Yes No Seroquel Yes No
- Geodon Yes No Zyprexa Yes No

Other, specify Yes No

Empty box for specifying other antipsychotic medications.

2. Antidepressants Yes No

- Elavil Yes No Luvox Yes No Desyrel Yes No Wellbutrin Yes No
- Sinequan Yes No Paxil Yes No Effexor Yes No Other, specify Yes No
- Tofranil Yes No Prozac Yes No Remeron Yes No
- Nardil Yes No Zoloft Yes No Serzone Yes No
- Parnate Yes No Celexa Yes No Vestra Yes No

Empty box for specifying other antidepressant medications.

3. Lithium Yes No

4. Antianxiety agents Yes No

- Ativan Yes No Librium Yes No
- Buspar Yes No Valium Yes No
- Klonopin Yes No Xanax Yes No

Other, specify Yes No

Empty box for specifying other antianxiety agents.

5. Sedatives/hypnotics Yes No

- Ambien Yes No Halcion Yes No
- Chloral Hydrate Yes No Sonata Yes No

Other, specify Yes No

Empty box for specifying other sedatives/hypnotics.

6. Stimulants Yes No

- Amphetamines Yes No Cylert Yes No
- Ritalin Yes No

Other, specify Yes No

Empty box for specifying other stimulants.

7. Antiseizure medications Yes No

- Dilantin Yes No Tegretol Yes No Depakote Yes No
- Lamictal Yes No Gabitril Yes No Depakene Yes No
- Neurontin Yes No Topamax Yes No

Other, specify Yes No

Empty box for specifying other antiseizure medications.

8. Are any antiseizure medications being prescribed as "mood stabilizers"? Yes No Missing

9. Has the subject ever received a trial of Clozaril? Yes No Missing



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10. If subject's response is available: "Thinking about the medications we just talked about, would you say:
- you always take your medicine as prescribed?"
 - you have missed a few times?"
 - you have missed many times?"
 - you have stopped altogether?"
 - Missing

11. Has the subject ever received ECT Yes No Missing

Medical Problems

1. Has the subject ever had any of the following? (If subject's response is available: "Has a doctor **ever** told you that you have any of the following?")
- Yes No Asthma, emphysema, or chronic bronchitis or chronic obstructive pulmonary disease
 - Yes No Hypertension or high blood pressure
 - Yes No Diabetes
 - Yes No Arthritis (including rheumatoid or osteoarthritis)
 - Yes No Myocardial infarction, heart attack, or heart problems including angina
 - Yes No Epilepsy or seizures
 - Yes No Head injury with loss of consciousness
 - missing

Criminal Justice History

1. Has subject ever been convicted of a criminal offense? Yes No Missing

2. If yes, how many times?

For the most recent convictions, answer questions 3 and 4:

3. Year of most recent conviction

4. Criminal offense:

- | | | | | | |
|---------------------------|--------------------------|-------------------------------|---------------------------|--------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> No | Violent non-sex offense | <input type="radio"/> Yes | <input type="radio"/> No | Property crime- fraud |
| <input type="radio"/> Yes | <input type="radio"/> No | Violent sex offense | <input type="radio"/> Yes | <input type="radio"/> No | Procedural violation (e.g. failure to appear in court, etc) |
| <input type="radio"/> Yes | <input type="radio"/> No | Other crime against person | <input type="radio"/> Yes | <input type="radio"/> No | Minor violation |
| <input type="radio"/> Yes | <input type="radio"/> No | Drug crime - sale/manufacture | <input type="radio"/> Yes | <input type="radio"/> No | Public disorder offense |
| <input type="radio"/> Yes | <input type="radio"/> No | Drug crime - possession | <input type="radio"/> Yes | <input type="radio"/> No | DUI/DWI |
| <input type="radio"/> Yes | <input type="radio"/> No | Property crime-direct theft | | | |