

**Psychiatric University Hospital Zurich, Division of Clinical Psychiatry**

**SADS Syndrome Checklist**

**SSCL-SUPPLEMENT**

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<b>STUDY</b>	[ _ _ _ _ ]	1-4
<b>GROUP</b>	[ _ _ ]	5-6
<b>PATIENT</b>	[ _ _ _ ]	7-9
<b>RATING DAY</b>	[ _ _ _ ]	10-12
<b>CARD NUMBER</b>	[ _ _ ]	13-14
Sex (1=male, 2=female)	[ _ ]	15
Birthday (dd.mm.yyyy)	[ _ _ : _ _ : _ _ _ _ ]	16-23
Date of hospitalization (dd.mm.yyyy)	[ _ _ : _ _ : _ _ _ _ ]	24-31
First diagnosis	[ _ _ _ . _ _ ]	32-36
Second diagnosis	[ _ _ _ . _ _ ]	37-41
Diagnostic system (1=ICD9, 2=ICD10, 3=DSM3-R, 4=DSM4)	[ _ ]	42
Age at onset	[ _ _ ]	43-44
Course (1=first manifestation, 2=intermittent, 3=progreident, 4=chronic)	[ _ ]	45
Duration of Current Episode Prior to Hospitalization (days)	[ _ _ _ ]	46-48
Medication Prior to Hospitalization (0=none, 1=antidepr., 2=neuroleptics, 3=other)	[ _ ]	49
Current Medication (cf. list of codes)	[ _ _ _ ]	50-52
Educational level (1=remedial, 2=junior high, 3=high, 4=college)	[ _ ]	53
<b>DATE</b> (dd.mm.yyyy)	[ _ _ : _ _ : _ _ _ _ ]	54-61
<b>INTERVIEWER</b>	[ _ _ _ ]	62-64
<b>HOSPITAL</b>	[ _ _ ]	65-66
<b>PATIENT ID</b> (the hospital's internal PID)	[ _ _ _ _ _ _ _ _ _ _ ]	67-78

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1-12 dupl

**CARD NUMBER**

[ \_ \_ ] 13-14

**1. OVERALL LEVEL OF FUNCTIONING**

Overall level of functioning that was characteristic of subject for at least a few months during *the last 5 years*. This is a summary judgment which takes into account work adjustment, social conduct, symptomatology, and any other indices of impaired functioning:

**Malingering**

The essential feature is the voluntary production and presentation of false or grossly exaggerated physical or psychological symptoms. The symptoms are produced in pursuit of a goal that is obviously recognizable with an understanding of the individual's circumstances rather than of his or her individual psychology. Examples of such obviously understandable goals include to avoid military conscription or duty, to avoid work, to obtain financial compensation, to evade criminal prosecution, or to obtain drugs.

[ \_ ] 15

**Borderline Intellectual Functioning**

Has Borderline Intellectual Functioning, i.e., an IQ in the 71 – 84 range

[ \_ ] 16

**Adult Antisocial Behavior**

Showed an adult antisocial behavior that is apparently not due to a mental disorder. Examples include the behavior of some professional thieves, racketeers, or dealers in illegal substances.

[ \_ ] 17

**Childhood or Adolescent Antisocial Behavior**

Same as above. Examples include isolated antisocial acts of children or adolescents (not a pattern of antisocial behavior).

[ \_ ] 18

**Academic Problem**

Had an academic problem that is apparently not due to a mental disorder. An example is a pattern of failing grades or of significant underachievement in an individual with adequate intellectual capacity, in the absence of a Specific Developmental Disorder or any other mental disorder to account for the problem.

[ \_ ] 19

**Occupational Problem**

Had an occupational problem that is apparently not due to a mental disorder. Examples include job dissatisfaction and uncertainty about career choices.

[ \_ ] 20

**Noncompliance with Medical Treatment**

Showed noncompliance with medical treatment that is apparently not due to a mental disorder. Examples include failure to follow a prescribed diet because of religious beliefs or to take required medications because of a considered decision that the treatment is worse than the illness.

[ \_ ] 21

**Phase of Life Problem or Other Life Circumstance Problem**

Had a problem associated with a particular developmental phase or some other life circumstance that is apparently not due to a mental disorder. Examples include problems associated with going to school, separating from parental control, starting a new career, marriage, divorce, and retirement.

[ \_ ] 22

**Interpersonal Problem**

Had an interpersonal problem that is apparently not due to a mental disorder. Examples are difficulties with co-workers, marital conflicts, or sibling rivalry.

[ \_ ] 23

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## 2. SOCIAL RELATIONS

Best level of social relations during *the last 5 years* that lasted at least several months. Consider contact that has a pleasurable quality and is not merely for the purpose of completing some task or fulfilling a duty. May include family members not living in the same household.

- Had many special friends that he/she saw regularly and frequently and was close to. [ \_ ] 24
- Had 1 or 2 special friends that he/she saw from time to time and was fairly close to. [ \_ ] 25
- Social contacts were limited to friends or acquaintances that he/she was not very close to emotionally. [ \_ ] 26
- Had practically no social contact. [ \_ ] 27
- Characteristic during most of his/her life. [ \_ ] 28
- Apparently the results of deterioration of functioning. [ \_ ] 29

## 3. SOCIAL FUNCTIONING

This section covers the details of a subject's social functioning characterized by a failure to conform to social norms in many areas, always beginning before the age of 15 and persisting into adulthood, in the absence of severe mental retardation.

If the subject has had a serious alcohol or drug problem, score as present only those manifestations of Antisocial Personality which cannot be clearly attributed to the alcohol or drug problem. Do not count symptoms limited to a period of Manic Disorder, a depressive disorder, any other episodic disorder, or physical illness.

Inability to sustain consistent work behavior, as indicated by any of the following: (1) too frequent job changes (e.g., three or more jobs in five years not accounted for by nature of job or economic or seasonal fluctuation), (2) significant unemployment (e.g., six months or more in five years when expected to work), (3) serious absenteeism from work (e.g., average three days or more of lateness or absence per month), (4) walking off several jobs without other jobs in sight (Note: Similar behavior in an academic setting during the last few years of school may substitute for this criterion in individuals who by reason of their age or circumstances have not had a opportunity to demonstrate occupational adjustment.) [ \_ ] 30

Lack of ability to function as a responsible parent as evidenced by one or more of the following: (1) child's malnutrition, (2) child's illness resulting from lack of minimal hygiene standards, (3) failure to obtain medical care for a seriously ill child, (4) child's dependence on neighbors or nonresident relatives for food or shelter, (5) failure to arrange for a caretaker for a child under six when parents is away from home, (6) repeated squandering, on personal items, of money required for household necessities. [ \_ ] 31

Failure to accept social norms with respect to lawful behavior, as indicated by any of the following: repeated thefts, illegal occupation (pimping, prostitution, fencing, selling drugs), multiple arrests, a felony conviction. [ \_ ] 32

Inability to maintain enduring attachment to a sexual partner as indicated by two or more divorces and/or separations (whether legally married or not), desertion of spouse, promiscuity (ten or more sexual partners within one year). [ \_ ] 33

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Irritability and aggressiveness as indicated by repeated physical fights or assault (not required by one's job or to defend someone or oneself), including spouse or child beating.	[ _ ] 34
Failure to honor financial obligations, as indicated by repeated defaulting on debts, failure to provide child support, failure to support other dependents on a regular basis.	[ _ ] 35
Failure to plan ahead, or impulsivity, as indicated by traveling from place to place without a prearranged job or clear goal for the period of travel or clear idea about when the travel would terminate, or lack of a fixed address for a month or more.	[ _ ] 36
Disregard for the truth as indicated by repeated lying, use of aliases, "conning" others for personal profit.	[ _ ] 37
Recklessness as indicated by driving while intoxicated or recurrent speeding.	[ _ ] 38

#### 4. AFFECTIVE LABILITY

This section covers the details of a subject's affective lability that has been typical for most of adult life, i.e., abrupt shifts from normal mood to one or more dysphoric affective states. The most common are depression, irritability, anger, and anxiety.

Impulsivity or unpredictability in at least two areas that are potentially self-damaging, e.g., spending, sex, gambling, substance use, shoplifting, overeating, physically self-damaging acts.	[ _ ] 39
A pattern of unstable and intense interpersonal relationships, e.g., marked shifts of attitude, idealization, devaluation, manipulation (consistently using others for one's own ends).	[ _ ] 40
Inappropriate, intense anger or lack of control of anger, e.g., frequent displays of temper, constant anger.	[ _ ] 41
Identity disturbance manifested by uncertainty about several issues relating to identity such as self-image, gender identity, long-term goals or career choice, friendship patterns, values, and loyalties, e.g., "Who am I", "I feel I am my sister when I am good".	[ _ ] 42
Affective instability: marked shifts from normal mood to depression, irritability, or anxiety, usually lasting a few hours and only rarely more than a few days, with a return to normal mood.	[ _ ] 43
Intolerance of being alone, e.g., frantic efforts to avoid being alone, depressed when alone.	[ _ ] 44
Physically self-damaging acts, e.g., suicidal gestures, self-mutilation, recurrent accidents or physical fights.	[ _ ] 45
Chronic feelings of emptiness or boredom	[ _ ] 46
Passively allows others to assume responsibility for major areas of life because of inability to function independently (e.g., lets spouse decide what kind of job he or she should have).	[ _ ] 47

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## 5. PERSONALITY TRAITS

This section covers details of a subject's personality that has been typical for most of adult life.

Emotional coldness and aloofness, and absence of warm, tender feelings for others.	[ _ ] 48
Indifference to praise or criticism or to the feelings of others.	[ _ ] 49
Magical thinking, e.g., superstitiousness, clairvoyance, telepathy, "6 <sup>th</sup> sense", "others can feel my feelings" (in children and adolescents, bizarre fantasies or preoccupations).	[ _ ] 50
Ideas of reference.	[ _ ] 51
Recurrent illusions, sensing the presence of a force or a person not actually present ("I felt as if my dead mother were in the room"), depersonalization, or derealization not associated with panic attacks.	[ _ ] 52
Odd speech (without loosening of associations or incoherence), e.g., speech that is disgressive, vague, overelaborate, circumstantial, metaphorical.	[ _ ] 53
Inadequate rapport in face-to-face interaction due to inappropriate affect, e.g., aloof, cold.	[ _ ] 54
Suspiciousness or paranoid ideation.	[ _ ] 55
Undue social anxiety or hypersensitivity to real or imagined criticism.	[ _ ] 56
Persistent irrational fear of, and compelling desire to avoid, a situation in which the individual is exposed to possible scrutiny by others and fears that he or she may act in a way that will be humiliating or embarrassing.	[ _ ] 57
Significant distress because of the disturbance, and recognition by the individual that his or her fear is excessive or unreasonable.	[ _ ] 58
Motor tension: shakiness, jitteriness, jumpiness, trembling, tension, muscles aches, fatigability, inability to relax, eyelid twitch, furrowed brow, strained face, fidgeting, restlessness, easy startle.	[ _ ] 59
Autonomic hyperactivity: sweating, heart pounding or racing, cold clammy hands, dry mouth, dizziness, light-headedness, paresthesias (tingling in hands or feet), upset stomach, hot or cold spells, frequent urination, diarrhea, discomfort in the pit of the stomach, lump in the throat, flushing, pallor, high resting pulse and respiration rate.	[ _ ] 60
Apprehensive expectation: anxiety, worry, fear, rumination, and anticipation of misfortune to self or others.	[ _ ] 61
Vigilance and scanning: hyperattentiveness resulting in distractibility, difficulty in concentrating, insomnia, feeling "on edge", irritability, impatience.	[ _ ] 62
Disturbance of body image, e.g., claiming to "feel fat" even when emaciated (Include dysmorphobia concerning body shape or physiomy, sex).	[ _ ] 63
Weight loss of at least 25% of original body weight or, if under 18 years of age, weight loss from original body weight plus projected weight gain expected from growth charts.	[ _ ] 64
Recurrent episodes of binge eating (rapid consumption of a large amount of food in a discrete period of time, usually less than 2 hours).	[ _ ] 65

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**6. SOMATIZATION**

This section covers multiple somatic complaints not explained by known medical illness. While most people have various aches and pains and other physical complaints not explained by known medical illness, they will rarely mention them in a psychiatric interview. An essential feature of somatization is the readiness with which subjects with this condition will mention such symptoms.

In the judgement of the rater, the subject has had a dramatic, vague, or complicated medical history with onset prior to age 25.

[ \_ ] 15

Believes that he/she has been sick for most or a good part of life.

[ \_ ] 16

**7. ALCOHOL ABUSE AND DEPENDENCE**

This section covers the alcohol use *up to the present*. The subject should be reminded of this.

Has had a period in life when he/she drank too much.

[ \_ ] 17

Has had a period in life when he/she frequently had a drink before breakfast.

[ \_ ] 18

Has had a period in life when he/she couldn't stop drinking even if he/she wanted to.

[ \_ ] 19

Has had a period in life when, because of drinking, often missed work, had trouble on the job, or was unable to take care of household responsibilities (e.g., getting meals prepared, doing shopping).

[ \_ ] 20

Had lost a job because of drinking.

[ \_ ] 21

Had often difficulties with family, friends or acquaintances because of drinking.

[ \_ ] 22

Had been physically violent while drinking (must have occurred on at least 2 occasions).

[ \_ ] 23

Had traffic difficulties because of drinking, like reckless driving, accidents, or speeding.

[ \_ ] 24

Has had blackouts (memory loss for events that occurred while conscious during a drinking episode).

[ \_ ] 25

Has developed a physical complication of alcoholism (e.g. gastritis, pancreatitis, cirrhosis, neuritis).

[ \_ ] 26

Has currently a problem with alcohol.

[ \_ ] 27

Has signs of dependence or withdrawal.

[ \_ ] 28

Age started drinking heavily.

[ \_ \_ ] 29-30

Age stopped drinking heavily.

[ \_ \_ ] 31-32

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## 8. DRUG ABUSE AND DEPENDENCE

This section covers the details of drug use *up to the present*. The subject should be reminded of this. The rater should rate the degree to which the use of some non-alcoholic substance is excessive or compulsive, causes physical symptoms or an alteration in mood or behavior, or interferes with performance of expected daily routines or duties. Medically prescribed drugs are excluded as long as the drug is medically indicated and the intake is proportionate to the medical need.

If there is any suggestion of Drug Abuse or Dependence inquire to determine information in the following areas: frequency of intake and duration; tolerance (need to increase dose to get same effect); signs of dependence or withdrawal; physical effects (e.g., coma); psychiatric symptoms (e.g.; ideas of reference, persecutory delusions, aggressive behavior, loss of interest in usual activities); failure to meet responsibilities, such as work or with family; change in associations from predominantly non-using to predominantly drug using friends.

Has ever used anything on his/her own for sleeping, or mood.	[ _ ] 33
Has ever used anything on his/her own to lose weight.	[ _ ] 34
Has ever used anything to stay awake.	[ _ ] 35
Has ever used marijuana, narcotics, LSD, etc. to get high.	[ _ ] 36
Wanted to stop taking drugs but couldn't.	[ _ ] 37
<b>Currently has a problem with drugs:</b>	
• Clinically insignificant, e.g., occasional use of marijuana, or amphetamines to stay awake.	[ _ ] 38
• Some minor interference with normal functioning or cannot feel good without use of drug.	[ _ ] 39
• Drug use results in major modifications in life (e.g., outpatient or hospitalized because of drugs).	[ _ ] 40
• Drug use results in major disruption in life (e.g., major activities revolve around getting drugs).	[ _ ] 41
Has signs of dependence or withdrawal.	[ _ ] 42
Age at first experience with drugs.	[ _ _ ] 43-44
Age stopped using drugs heavily.	[ _ _ ] 45-46

## 9. SMOKING

This section covers the tobacco use *up to the present*. The subject should be reminded of this.

Average number of cigarettes per day.	[ _ _ ] 47-48
Average number of cigars/cigarillos per day.	[ _ _ ] 49-50
Age at first experience with tobacco.	[ _ _ ] 51-52
Age stopped smoking.	[ _ _ ] 53-54

<b>GLOBAL ASSESSMENT SCALE (GAS)</b>
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Rate subject's average level of functioning during *the last 5 years* according to the criteria: [ \_ \_ \_ ] 55-57

**Superior functioning** in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his warmth and integrity. No symptoms. 90-100

**Good functioning** in all areas, many interests, socially effective, generally satisfied with life. There may or may not be transient symptoms and "everyday" worries that only occasionally get out of hand. 81- 90

No more than **slight impairment** in functioning, varying degrees of "everyday" worries and problems that sometimes get out of hand. Minimal symptoms may or may not be present. 71- 80

Some **mild symptoms** (e.g., depressive mood and mild insomnia) or some difficulty in several areas of functioning, but generally functioning pretty well, has some meaningful interpersonal relationships and most untrained people would not consider him "sick". 61- 70

**Moderate symptoms** or generally functioning with some difficulty (e.g., few friends and flat affect, depressed mood and pathological self-doubt, euphoric mood and pressure of speech), moderately severe antisocial behavior. 51- 60

Any **serious symptomatology** or impairment in functioning that most clinicians would think obviously requires treatment or attention (e.g., suicidal preoccupation or gesture, severe obsessional rituals, frequent anxiety attacks, serious antisocial behavior, compulsive drinking, mild but definite manic syndrome). 41- 50

**Major impairment** in several areas, such as work, family relations, judgment, thinking or mood (e.g., depressed woman avoids friends, neglects family, unable to do housework), or some impairment in reality testing or communication (e.g., speech is at times obscure, illogical, or irrelevant) or single suicide attempt. 31- 40

**Unable to function** in almost all areas (e.g., stays in bed all day) or behavior is considerably influenced by either delusions or hallucinations or serious impairment in communication (e.g., sometimes incoherent or unresponsive) or judgment (e.g., acts grossly inappropriate). 21- 30

Needs **some supervision** to prevent hurting himself or others, or to maintain minimal personal hygiene (e.g., repeated suicide attempts, frequently violent, manic excitement, smears feces), OR gross impairment in communication (e.g., largely incoherent or mute). 11- 20

Needs **constant supervision** for several days to prevent hurting self or others or makes no attempt to maintain minimal personal hygiene or serious suicide act with clear intent and expectation of death. 1- 10