

DSM-5 Structured Interview

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Introduction

Below are standardized screening questions for major psychiatric disorders. They follow the DSM-5 criteria and were developed from my own experience with structured interviews and rating scales over two decades. Although it follows the DSM-5 closely, this instrument has not been validated on its own. I have not copyrighted so that others can use it in practice to improve their diagnostic accuracy.

Another good source for interview questions is the *Interview Guide for Evaluation of DSM-5 Psychiatric Disorders and the Mental Status Examination* by Mark Zimmerman (although this book is also not validated). Validated tools are available for a cost, like the Structured Clinical Interview for DSM (SCID) and the Mini-International Neuropsychiatric Interview (MINI).

How to Use It

Advise the patient “I’m going to ask a series of Yes/No questions. They may seem simple or close-ended, but these questions do a better job at finding the right treatment than brain imaging. Do your best to answer Yes or No for each.”

For each disorder, you only need to ask the stem questions. Ask the rest of the questions only if the stem is positive. You may also want to ask the full set of questions if they are at risk for the disorder (eg, if they have recurrent depression, ask all of the mania questions).

If they are unsure, clarify or rephrase the question and give examples of the symptom. Use your judgment to mark each as Yes or No. Follow the DSM-5 guidelines for each diagnosis to score them as positive or negative.

Computerized Version

I am creating a free computerized version at chrisaikenmd.com/dsm5. Currently the bipolar and ADHD sections are available there.

Depression

Stem Questions

Have you ever felt down, depressed, or hopeless nearly every day for at least two weeks?

Have you ever had low motivation or little pleasure in activities you once enjoyed, nearly every day for at least two weeks?

Additional Questions

During those two weeks... Was your appetite high or low most days? Did you gain or lose weight without trying?

Did you have trouble sleeping most days, such as oversleeping, waking too early, or difficulty falling or staying asleep?

Did you move or speak much slower usual, or were you restless or unable to sit still most days?

Were you tired or low on energy most days?

Did you feel worthless or guilty most days?

Did you have trouble concentrating or making decisions most days?

Were things so bad that you thought about dying? Did you think about suicide? Did you make plans or take any steps toward ending your life?

Did these symptoms bother you a lot? Did they cause serious problems at work, school, home, or in relationships?

How many times have you felt [depressed, or use patient's words] like this for at least two weeks (clarify that each episode was separated by at least two months of recovery)?

Mania

[also available at chrisaikenmd.com/dsm5]

Stem Questions

Have you ever felt more upbeat, driven, or energized than usual, even if it was an uncomfortable, wired, or anxious energy?

Have you ever been angry, irritable, or quick to argue for several days?

Additional Questions

If yes to either stem question, ask the following questions with the prompt "When you felt [elevated mood/energy/irritability in their words] did you also..."

Feel more confident, like you can achieve great things? Or more demanding, pushy, or self assured?

Sleep less than usual but still kept going the next day, even if you wished you could get more sleep?

Talk more than usual? Did people think you were loud or hard to interrupt?

Have racing thoughts, multiple trains of thought, or thoughts that moved too fast to keep up with them?

Get easily distracted by small things or by your own thoughts? Jump quickly from one activity to another?

Do a lot more than usual, like taking on extra projects or being more socially, sexually, or physically active? Felt more driven or restless even if you didn't know what to do with the drive? (Examples: More productive at work or school, excessive pacing, driving, organizing, cleaning, texting, or calling friends)

Jump into things without considering the consequences? Do things that others thought were extreme, impulsive, or out of character for you? (Examples: overspending, aggressive driving, sudden travel, breaking laws, breaking objects, or doing things that could harm your job, school, relationships or life)

Are you usually this way [use patient's words], or is this marked change from your usual self?

What was the biggest problem these symptoms caused? What is the most extreme thing you did?

Have you ever gone to the hospital, emergency room, or partial-hospital program because of these symptoms? (Note: Include hospitalizations for dysphoric manias, a common cause of suicide attempts. Patients may only recall the depressed features of dysphoric manias).

Did they cause major legal, financial, job, school, or relationship problems?

Mood Diagnosis

Mania: Symptoms lasted seven or more consecutive days and the problems were life-altering and difficult to reverse (eg, criminal charges, job loss, divorce, bankruptcy, physical injury). If they required hospital-level care or occurred with psychotic symptoms (see section X), the seven-day threshold can be overlooked.

Hypomania: Symptoms lasted four or more days. The problems were reversible, such as returnable purchases, resolvable conflicts, or traffic tickets. Over years, hypomanic episodes may lead to major problems like divorce or job loss, but the consequences of mania are more sudden.

Cyclothymic Disorder: Symptoms are recurrent, regardless of duration, and alternate with brief (less than two weeks) depressive states (mixed and anxious states are also common).

Affective temperaments: Patients who have continuous hypomanic symptoms that are not different from their usual self may have hyperthymic, cyclothymic, or irritable temperament.

Were you ever more or less this way [summarize the symptoms in patient's words] for at least four days in a row? For at least seven days in a row? [Manic symptoms tend to fluctuate throughout the day. Patients may underestimate their duration, thinking they were only angry or impulsive for a few hours, or normalizing the entire episode as an understandable reaction to external events. Clarify that you mean “more or less” this way for several consecutive days, regardless of external causes].

Panic Disorder

Stem Questions

Have you ever had a sudden anxiety attack, or sudden physical symptoms that didn't have a medical cause? (Note: Silent panic causes physical symptoms without anxiety. These patients usually seek medical rather than psychiatric care).

Did any of these attacks come out of the blue, when you wouldn't expect to feel that way? How many attacks like that have you had? (Notes: 1) Diagnosis requires more than one panic attack; 2) The attacks often become linked to external triggers over time, so focus on early attacks to check if any were untriggered).

Additional Questions

After the attack, did you worry a lot that it would happen again?

Did you do anything to prevent another attack, like staying home, not going out alone, or avoiding places where it could be embarrassing or hard to escape if you had an attack?

Did this worry and avoidance continue for at least a month? Have you felt that way the past month?

Think about your worst anxiety attack. During that attack did you have...

- Skipping, pounding, or racing heart?
- Chest pain or pressure?
- Shortness of breath or difficulty breathing?
- Feel like you were choking?
- Feel dizzy, lightheaded, or faint?
- Tingling or numbness?
- Shaking or trembling?
- Nausea or stomach problems?
- Hot flushes or chills?
- Sweats?
- Did you feel detached from your body, or like time was moving slowly or the world was unreal?
- Were you afraid you were losing control or losing your mind?
- Were you afraid you were dying?

Agoraphobia

Stem Questions

In the past 6 months, have you felt anxious about being in any of these situations...

1. Crowds
2. Closed spaces, like elevators, theaters, or stores
3. Open spaces, like bridges, parking lots, or malls
4. Leaving the home alone
5. Riding in buses, trains, planes, or cars

Additional Questions

Do you avoid those situations because it would be hard to get away or get help if you had an anxiety attack or embarrassing symptoms like falling, vomiting, or losing control of your bladder or bowels?

[Clarify that the fear is not related to real dangers like recent shooters at malls, “Do you think this fear out of proportion to the danger of the situation?”]

Do you almost always feel anxious in those situations?

Do you go out of your way to avoid those situations, or need someone with you for support?

Does this bother you a lot or affect your life in important ways?

Social Anxiety

Stem Question

In the past 6 months, have you felt very anxious in social situations, like meeting new people or starting a conversation? Have you felt very uncomfortable doing things in front of others, like speaking, eating, writing, or using a public restroom?

Additional Questions

In [feared situation], were you worried about being judged, rejected, or embarrassed, or offending others?

Does [feared situation] almost always cause anxiety?

Do you go out of your way to avoid [feared situation] or suffer through it?

Have you had this anxiety most days in the past 6 months? Do you think it is out of proportion to the danger?

Do these social anxieties bother you a lot or affect your life in important ways?

OCD

Obsession Stem Questions

Do unwanted thoughts keep intruding on your mind, even if they are embarrassing to talk about, like...

- > Worries about dirt, germs, contamination, or medical illnesses?
- > Doubting whether you did routine things, or that you might cause harm to others?
- > Fears that you would accidentally do something dangerous, offensive, or immoral?
- > Superstitions like unlucky numbers or colors?
- > Disturbing sexual or violent thoughts?

Do not include:

- > Excessive worries about real life problems.
- > Obsessions directly related to hoarding, hair pulling, skin picking, body dysmorphic disorder, eating disorders, sexual deviations, pathological gambling, or alcohol or drug abuse.

Compulsion Stem Questions

Have you felt compelled to do things repeatedly, like

- > Counting, cleaning, or sorting?
- > Checking repeatedly to make sure you did something, like with locks or the stove?
- > Washing hands or other bathroom rituals?
- > Touching, tapping, or other rituals?
- > Having to get things perfect, lined up, or even?

Additional Questions

Do you do those rituals [name specific ones] to block out intrusive thoughts, reduce anxiety, or prevent bad things from happening?

Over the past month, have you spent at least an hour a day dealing with these worries, intrusive thoughts, or rituals?

Do they bother you a lot or affect your life in important ways?

PTSD

Stem Questions

Have you ever experienced or witnessed a life-threatening event, like an accident, assault, or military combat? Have you been sexually abused?

Clarify timing and severity. To diagnose PTSD, the trauma must have happened at least a month ago and involved a serious threat to life or bodily harm.

If they learned of the trauma without witnessing it, then the trauma must involve actual or threatened death of a close friend or family member through violence or an accident to qualify. First responders who experienced repeated exposure to traumatic details also qualify.

Additional Questions

Over the past month...

Do you still relive the trauma through distressing memories, nightmares, or flashbacks?

Do you get very upset or have physical reactions when reminded of the trauma (Example: Tremor, sweats, heart racing, or other stress-related symptoms)?

Do you try to block out thoughts or feelings about the trauma? (Examples: Distracting yourself with videogames, TV, staying busy, or using drugs or alcohol to numb feelings)

Do you avoid situations that remind you of the trauma? (Examples: Places, people, conversations, movies, and songs)

Do you have trouble recalling some aspects of the trauma? (Clarify that the amnesia is not caused by head injury, alcohol, or drugs)

After a trauma, some people view themselves or the world very negatively. Do you think that is true for you? Do you feel damaged, broken, or bad? Like you can't trust anyone or the world is a dangerous place?

Do you blame yourself a lot for [the trauma], like thinking it was your fault or you could have stopped it?

Do you have negative feelings most of the time, like feeling sad, afraid, angry, ashamed, or numb?

Have you been unable to feel positive feelings most of the time, like happiness, love, or satisfaction?

Are you much less interested in things you used to enjoy?

Have you felt distant or disconnected from others?

Do you get irritated easily or lose control of your anger?

Have you done reckless or self-destructive things? (Examples: Reckless driving, walking alone in dangerous areas, self-harm, excessive alcohol or drugs)

Have you been on guard or always aware of your surroundings?

Have you been easily startled? (Examples: Loud noises, other people entering the room)

Have you had difficulty concentrating?

Have you had difficulty sleeping?

Did all these problems start after the traumatic event and last for more than a month?

In the past month, have these symptoms bothered you a lot or affected your life in important ways?

Generalized Anxiety Disorder

Stem Question

Have you felt anxious or worried about everyday things, like work, money, health, deadlines, or family, even without a clear reason to worry?

Additional Questions

Have you felt this anxiety most days for the past six months?

Has it been difficult to stop worrying?

When you are worried or anxious do you also feel...

- Restless, keyed up, or on edge?
- Muscle tension?
- Trouble falling or staying asleep?
- Tired or weak?
- Irritable?
- Trouble concentrating or that your mind goes blank?

Does this anxiety bother you a lot or affect your life in important ways?

Psychosis

Ask All Questions

Have you ever felt someone was following you, plotting against you, or trying to harm you (other examples: spying, poisoning, or electronic surveillance)?

Have you ever felt that people can read your mind or that you could read other people's minds? (If yes, ask who is able to do it. Clarify if they mean intuitively reading facial expressions vs. actual mind-reading).

Have you ever felt that something outside you was controlling your thoughts or actions? Have you ever felt possessed? (Ask for examples, clarify that they are not referring to other people giving them advice)

Have you ever felt people were talking about you? That something in the media was sending a special message just for you, such as on TV, radio, newspapers, magazines, or social media posts? (If yes, ask for details)

Do you have beliefs your friends or family don't agree with? Have your friends or family ever said that your beliefs were odd or unusual? (Examples: religious, death, disease or somatic delusions, delusions of grandiosity, jealousy or guilt, or of failure, inadequacy, ruin, or destitution, or nihilistic delusions).

Have you ever heard or seen things that other people couldn't, such as visions, noises, voices, or your name being called? (If yes, ask for details. Exclude any that are culturally appropriate or occur only while falling asleep (hypnogogic) or waking up (hypnopompic))

Earlier we talked about times when you felt [depressed/high/persistently irritable]. Did the [describe psychotic symptoms] only occur when you were feeling that way? (Code NO if they had at least 2 weeks of psychosis without prominent mood symptoms).

Objective features for the interviewer to rate:

Incoherence, disorganized or derailed speech, or loose associations?

Disorganized or catatonic behavior?

Negative symptoms of schizophrenia, such as affective flattening, poverty of speech (alogia) or an inability to initiate or persist in goal-directed activities (avolition)?

Anorexia

Stem Question

What is the lowest weight you've had in the past 3 months? (Calculate BMI for that weight. If it is ≤ 17 kg/m², go on to next question)

Additional Questions

When you weighed [LOWEST WEIGHT], were you trying not to gain weight?

Were you worried about getting fat?

Did you feel too fat or that part of your body had too much fat?

Does your weight or shape strongly affect how you felt about yourself?

Bulimia

Stem Question

Do you ever binge eat, consuming a large amount of food quickly, within 2 hours or less?

Additional Questions

During those binges, did you feel you couldn't control your eating?

To prevent weight gain from a binge, have you ever done things like vomited, fasted, exercised excessively, or used laxatives, enemas, diuretics (fluid pills), or other medications?

How often do you binge and [Compensatory Behavior]? Have you ever done those at least once a week for three months?

Does your body weight or shape affect how you feel about yourself?

Binge Eating Disorder

Use same stem question for Bulimia, if positive ask... When you binge on food, do you...

Eat faster than usual?

Eat until you feel uncomfortably full?

Eat a lot even when you're not hungry?

Eat alone because you felt embarrassed about how much you were eating?

Feel guilty, depressed, or self-disgusted after bingeing?

Are you very bothered by the binge eating?

Adult ADHD

[also available at chrisaikenmd.com/dsm5]

“ADHD begins in childhood,” according to DSM. Some studies have claimed to identify “adult onset ADHD,” but over 90% of those cases either had some evidence of childhood symptoms or another cause of cognitive symptoms, such as substance use, sleep, or other psychiatric disorders (Aiken C, Psychiatric Times March 2021, Vol 38, Issue 3).

DSM-IV required an onset before age 7, but DSM-5 raised that to age 12. The change was made to accommodate the difficulty that adults have in recalling early symptoms, not to validate a later onset. Throughout this interview, assess childhood onset, either pausing to ask at each symptom or after a cluster of similar symptoms.

The diagnosis also requires that “several” symptoms occur in at least two settings. This helps rule out the kind of inattention we all have when faced with tasks beyond our abilities or interest. Ask for specific examples during the interview to reduce false positives.

Stem Question

Have you been easily distracted, disorganized, restless, or felt like you were driven by a motor for the past few years?

If YES, consider both recent months and your childhood as you answer these questions...

Inattentive Symptoms

Do you often overlook details or make careless mistakes? How was that in your childhood? (Examples: Their work has errors, or they need extra time to prevent errors)

Is it often hard to stay focused while working, reading, or in lectures and meetings? How was that in your childhood? (Examples: Easily bored unless really interested in the subject, can't sit through a long movie or book, needs external structure or frequent feedback to stay on task).

Do others say that you don't seem to listen in conversation? How was that in your childhood? (Examples: Daydreaming, mind wanders, forgets what people said)

Do you often struggle to complete tasks? How was that in your childhood? (Examples: Fails to turn in schoolwork or complete projects; starts tasks but gives up once the novelty wears off)

Do you often struggle to organize tasks or manage time? How was that in your childhood? (Examples: Messy room or desk, late for appointments, procrastinating on complex tasks, unable to stick with calendars or to-do lists, poor sense of time)

Do you often procrastinate on tasks that require a lot of concentration or attention? How was that in your childhood? (Examples: Preparing reports, writing papers, boring or monotonous tasks).

Do you often lose things like your wallet, keys, or phone? How was that in your childhood? (Examples: Glasses, tools, school supplies, spends a lot of time searching for things)

Are you often easily distracted by little things, like noises or people talking? How was that in your childhood? (Examples: Stares outside the window in class, needs complete silence to work).

Do you often forget routine tasks like returning calls, paying bills, or keeping appointments? How was that in your childhood? (Examples: Forgets homework, deadlines, or activities of daily living like brushing teeth)

Did several of these symptoms start before age 12? (Ask if you did not assess for childhood symptoms throughout the interview).

Hyperactive Symptoms

Do you often fidget, squirm, or tap when you have to sit for a long time? How was that in your childhood? (Examples: Tapping a pen, playing with something, fiddling with hair or biting nails)

Do you often stand when should stay seated? How was that in your childhood? (Examples: Religious services, movie theaters, classrooms, meetings)

Are you often physically restless? How was that in your childhood? (Examples: Feels compelled to stay active and has difficulty relaxing. As child, often ran, climbed, or jumped on things).

Do others say you are loud or talk too much during quiet activities? How was that in your childhood? (Examples: Loud in public, talks during movies or reading)

Do you often feel "driven by a motor" or always on the go? How was that in your childhood? (Examples: High energy, always busy, exhausting to others)

Do people say you talk too much? How was that in your childhood? (Examples: Finds it difficult to stop talking; teachers or parents had to ask them to be quiet).

Do you often finish other's sentences or blurt out answers before they've finished the question? How was that in your childhood? (Examples: Interrupts conversation, speaks without thinking)

Is it often hard to wait your turn, like when standing in line or stuck in traffic? How was that in your childhood? (Examples: Rushes through tasks or gives up because of impatience, waiting for bill at restaurant, waiting on hold in conversation)

Do you often interrupt others when they are talking or busy? How was that in your childhood? (Examples: Not respecting boundaries; taking over other people's tasks; jumping into other's games as a child)

What problems have these symptoms caused at work, school, or home? With family or friends? (Examples: Written up at work, disciplined by parents, teachers complained, behavior noted in

report cards, sent to the principal's office, held back in school, impulsively leaves relationships or jobs, works below educational level failed to reach potential)

Did several of these symptoms start before age 12? (Ask if you did not assess for childhood symptoms throughout the interview).

ADHD Rule Outs

Many disorders cause cognitive problems similar to ADHD. The overlap is too large to be reliably distinguished by psychological tests. Look instead to the course of illness. Cognitive problems often persist even after the core disorder is treated, such as sleep apnea or mood and substance use disorders. If the symptoms were present from an early age, before the onset of the other disorder, it may be ADHD. A family history of ADHD and a sustained response to stimulants offer more reassurance.

Schizophrenia is an exception where the cognitive symptoms often precede the onset of the psychotic symptoms. Most cognitive problems in schizophrenia result from negative symptoms, disease progression, and medical problems. Stimulants are contraindicated in psychotic disorders because they worsen psychosis at high rates (30-70%) without improving cognition.

Rule out common causes of cognitive symptoms:

- Chronic psychiatric disorders (including schizophrenia, autism, OCD and mood, anxiety personality, and substance use disorders)
- Traumatic brain injury
- Sleep apnea (present in 20-60% of children and adolescents with ADHD)
- Sleep deprivation
- Learning disorders (although these are often comorbid with ADHD)
- Intellectual disability
- Medication effects (eg, anticholinergics, sedatives, opioids, anticonvulsants)
- Thyroid disorder
- Menopause
- Inflammatory illnesses
- Small vessel ischemic disease
- Neurodegenerative disease and structural brain lesions
- Recent chemotherapy
- Toxin exposure
- Prenatal cocaine exposure.

Alcohol Use Disorder

Stem Question

In the past year... have you drank 3 or more alcoholic drinks within a 3 hour period on at least 3 occasions?

Additional Questions

Ask the following with "In the past year..."

When you drank, did you drink more than you planned?

Did you want to reduce your drinking? Did you try to cut back but couldn't?

On days that you drank, did you spend a lot of time getting alcohol, drinking, or recovering from hangovers?

Have you had cravings or a strong desire to drink?

Did you miss work or school, not perform as well, or not take care of responsibilities because of drinking? (Examples: Being reprimanded at work, arriving late, canceling engagements, missing bill payments, neglecting chores or childcare).

Did your drinking cause conflicts with family, friends or coworkers? Did you keep drinking anyway?

Have you had a few drinks before driving, using machinery, boating, or other activities that require coordination? How many times in the past year (positive if more than once)?

Has alcohol caused any physical or mental problems like trouble sleeping, depression, memory problems, stomach ulcers, heart or liver problems, pancreatitis, or falls? Did you keep drinking anyway?

Have you spent less time at work, school, or with family or friends because of drinking or being hung over?

Do you need to drink a lot more to get the same effect you got when you first started drinking?

When you cut down after heavy or prolonged drinking did you experience any of the following:

- Sweating or racing heart?
- Shaking?
- Trouble sleeping?
- Nausea or vomiting?
- Seeing or hearing things that others cannot, or unusual sensations in your skin?
- Feeling agitated?
- Anxiety?
- Seizures?

Substance Use Disorders

Stem Questions

Have you taken any of these drugs in the past year? Did you take them more than once?

- Stimulants: amphetamines, speed, crystal meth, crank, Dexedrine, Ritalin, diet pills.
- Cocaine: snorting, IV, freebase, crack, speedball.
- Opiates: heroin, morphine, fentanyl, Xylazine, Dilaudid, opium, Demerol, methadone, Darvon, codeine, Percodan, Vicodin, OxyContin, Percocet.
- Hallucinogens: LSD (acid), mescaline, peyote, psilocybin, STP, mushrooms, ecstasy, MDA, MDMA.
- Psychedelics and Dissociative Drugs: PCP, Angel Dust, Peace Pill, Hog, ketamine (Special K), dextromethorphan (cough medicines), mescaline, mushrooms, psilocybin.
- Inhalants: glue, ethyl chloride, rush, nitrous oxide (laughing gas), amyl or butyl nitrate (poppers).
- Cannabis: marijuana, pot, THC, K2, wax, spice, hash, delta-8, grass, weed, reefer.
- Sedatives: Valium, Xanax, Librium, Ativan, Ambien, Lunesta, Etizolam, Dalmane, Halcion, barbiturates, Miltown, GHB, Roofinol, Roofies, Quaalude, Seconal (reds).
- Other: Bath salts, Kratom, Soma, steroids, nonprescription sleep or diet pills.

Any others I missed?

Additional Questions

Ask the following with "In the past year..."

Did you use more [DRUG] than you planned to?

Did you want to reduce your use? Did you try to cut back but couldn't?

On days that you used [DRUG], did you spend a lot of time obtaining it, using it, or recovering from its effects?

Have you had cravings or a strong desire for [DRUG]?

Did you miss work or school, not perform as well, or not take care of responsibilities because of using [DRUG]? (Examples: Being reprimanded at work, arriving late, canceling engagements, missing bill payments, neglecting chores or childcare).

Did your use cause conflicts with family, friends or coworkers? Did you keep using anyway?

Have you used [DRUG] before driving, using machinery, boating, or other activities that require coordination? How many times in the past year (positive if more than once)?

Has [DRUG] caused any physical, medical, or mental problems? Did you keep using anyway?

Have you spent less time at work, school, or with family or friends because of using [DRUG] or recovering from its effects?

Do you need to use a lot more to get the same effect you got when you first started using?

When you cut down after heavy or prolonged use did you have any of the following:

[ask about withdrawal symptoms for the specific DRUG]