

Patient Name:	_____	Patient Number:	_____
Date of Birth:	_____	Time Interview Began:	_____
Interviewer's Name:	_____	Time Interview Ended:	_____
Date of Interview:	_____	Total Time:	_____

	MODULES	TIME FRAME	MEETS CRITERIA	DSM-IV-TR	ICD-10	PRIMARY DIAGNOSIS
A	MAJOR DEPRESSIVE EPISODE	Current (2 weeks) Past Recurrent	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	296.20-296.26 Single 296.20-296.26 Single 296.30-296.36 Recurrent	F32.x F32.x F33.x	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
B	SUICIDALITY	Current (Past Month) <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/>			
C	MANIC EPISODE	Current Past	<input type="checkbox"/> <input type="checkbox"/>	296.00-296.06	F30.x-F31.9	<input type="checkbox"/>
	HYPOMANIC EPISODE	Current Past	<input type="checkbox"/> <input type="checkbox"/>	296.80-296.89	F31.8-F31.9/F34.0	<input type="checkbox"/>
	BIPOLAR I DISORDER	Current Past	<input type="checkbox"/> <input type="checkbox"/>	296.0x-296.6x 296.0x-296.6x	F30.x-F31.9 F30.x-F31.9	<input type="checkbox"/> <input type="checkbox"/>
	BIPOLAR II DISORDER	Current Past	<input type="checkbox"/> <input type="checkbox"/>	296.89 296.89	F31.8 F31.8	<input type="checkbox"/> <input type="checkbox"/>
	BIPOLAR DISORDER NOS	Current Past	<input type="checkbox"/> <input type="checkbox"/>	296.80 296.80	F31.9 F31.9	<input type="checkbox"/> <input type="checkbox"/>
D	PANIC DISORDER	Current (Past Month) Lifetime	<input type="checkbox"/> <input type="checkbox"/>	300.01/300.21	F40.01-F41.0	<input type="checkbox"/>
E	AGORAPHOBIA	Current	<input type="checkbox"/>	300.22	F40.00	<input type="checkbox"/>
F	SOCIAL PHOBIA (Social Anxiety Disorder)	Current (Past Month) Generalized Non-Generalized	<input type="checkbox"/> <input type="checkbox"/>	300.23 300.23	F40.1 F40.1	<input type="checkbox"/> <input type="checkbox"/>
G	OBSESSIVE-COMPULSIVE DISORDER	Current (Past Month)	<input type="checkbox"/>	300.3	F42.8	<input type="checkbox"/>
H	POSTTRAUMATIC STRESS DISORDER	Current (Past Month)	<input type="checkbox"/>	309.81	F43.1	<input type="checkbox"/>
I	ALCOHOL DEPENDENCE	Past 12 Months	<input type="checkbox"/>	303.9	F10.2x	<input type="checkbox"/>
	ALCOHOL ABUSE	Past 12 Months	<input type="checkbox"/>	305.00	F10.1	<input type="checkbox"/>
J	SUBSTANCE DEPENDENCE (Non-alcohol)	Past 12 Months	<input type="checkbox"/>	304.00-.90/305.20-.90	F11.1-F19.1	<input type="checkbox"/>
	SUBSTANCE ABUSE (Non-alcohol)	Past 12 Months	<input type="checkbox"/>	304.00-.90/305.20-.90	F11.1-F19.1	<input type="checkbox"/>
K	PSYCHOTIC DISORDERS	Lifetime Current	<input type="checkbox"/> <input type="checkbox"/>	295.10-295.90/297.1/ 297.3/293.81/293.82/ 293.89/298.8/298.9	F20.xx-F29	<input type="checkbox"/>
	MOOD DISORDER WITH PSYCHOTIC FEATURES	Lifetime Current	<input type="checkbox"/> <input type="checkbox"/>	296.24/296.34/296.44 296.24/296.34/296.44	F32.3/F33.3/ F30.2/F31.2/F31.5 F31.8/F31.9/F39	<input type="checkbox"/> <input type="checkbox"/>
L	ANOREXIA NERVOSA	Current (Past 3 Months)	<input type="checkbox"/>	307.1	F50.0	<input type="checkbox"/>
M	BULIMIA NERVOSA	Current (Past 3 Months)	<input type="checkbox"/>	307.51	F50.2	<input type="checkbox"/>
	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	Current	<input type="checkbox"/>	307.1	F50.0	<input type="checkbox"/>
N	GENERALIZED ANXIETY DISORDER	Current (Past 6 Months)	<input type="checkbox"/>	300.02	F41.1	<input type="checkbox"/>
O	MEDICAL, ORGANIC, DRUG CAUSE RULED OUT		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Uncertain			
P	ANTISOCIAL PERSONALITY DISORDER	Lifetime	<input type="checkbox"/>	301.7	F60.2	<input type="checkbox"/>

IDENTIFY THE PRIMARY DIAGNOSIS BY CHECKING THE APPROPRIATE CHECK BOX.
(Which problem troubles you the most or dominates the others or came first in the natural history?) _____

The translation from DSM-IV-TR to ICD-10 coding is not always exact. For more information on this topic see Schulte-Markwort. Crosswalks ICD-10/DSM-IV-TR. Hogrefe & Huber Publishers 2006.

GENERAL INSTRUCTIONS

The M.I.N.I. was designed as a brief structured interview for the major Axis I psychiatric disorders in DSM-IV and ICD-10. Validation and reliability studies have been done comparing the M.I.N.I. to the SCID-P for DSM-III-R and the CIDI (a structured interview developed by the World Health Organization). The results of these studies show that the M.I.N.I. has similar reliability and validity properties, but can be administered in a much shorter period of time (mean 18.7 ± 11.6 minutes, median 15 minutes) than the above referenced instruments. It can be used by clinicians, after a brief training session. Lay interviewers require more extensive training.

INTERVIEW:

In order to keep the interview as brief as possible, inform the patient that you will conduct a clinical interview that is more structured than usual, with very precise questions about psychological problems which require a yes or no answer.

GENERAL FORMAT:

The M.I.N.I. is divided into **modules** identified by letters, each corresponding to a diagnostic category.

- At the beginning of each diagnostic module (except for psychotic disorders module), screening question(s) corresponding to the main criteria of the disorder are presented in a **gray box**.
- At the end of each module, diagnostic box(es) permit the clinician to indicate whether diagnostic criteria are met.

CONVENTIONS:

Sentences written in « normal font » should be read exactly as written to the patient in order to standardize the assessment of diagnostic criteria.

Sentences written in « CAPITALS » should not be read to the patient. They are instructions for the interviewer to assist in the scoring of the diagnostic algorithms.

Sentences written in « bold » indicate the time frame being investigated. The interviewer should read them as often as necessary. Only symptoms occurring during the time frame indicated should be considered in scoring the responses.

Answers with an arrow above them (➡) indicate that one of the criteria necessary for the diagnosis(es) is not met. In this case, the interviewer should go to the end of the module, circle « **NO** » in all the diagnostic boxes and move to the next module.

When terms are separated by a *slash (/)* the interviewer should read only those symptoms known to be present in the patient (for example, question G6).

Phrases in (parentheses) are clinical examples of the symptom. These may be read to the patient to clarify the question.

RATING INSTRUCTIONS:

All questions must be rated. The rating is done at the right of each question by circling either Yes or No. Clinical judgment by the rater should be used in coding the responses. Interviewers need to be sensitive to the diversity of cultural beliefs in their administration of questions and rating of responses. The rater should ask for examples when necessary, to ensure accurate coding. The patient should be encouraged to ask for clarification on any question that is not absolutely clear.

The clinician should be sure that each dimension of the question is taken into account by the patient (for example, time frame, frequency, severity, and/or alternatives).

Symptoms better accounted for by an organic cause or by the use of alcohol or drugs should not be coded positive in the M.I.N.I. The M.I.N.I. Plus has questions that investigate these issues.

For any questions, suggestions, need for a training session or information about updates of the M.I.N.I., please contact:

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C. MANIC AND HYPOMANIC EPISODES

(➔ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN MANIC AND HYPOMANIC DIAGNOSTIC BOXES, AND MOVE TO NEXT MODULE)

Do you have any family history of manic depressive illness or bipolar disorder, or any family member who had mood swings treated with a medication like lithium, sodium valproate (Depakote) or lamotrigine (Lamictal)? NO YES

THIS QUESTION IS NOT A CRITERION FOR BIPOLAR DISORDER, BUT IS ASKED TO INCREASE THE CLINICIAN'S VIGILANCE ABOUT THE RISK FOR BIPOLAR DISORDER .

IF YES, PLEASE SPECIFY WHO: _____

C1	a	Have you ever had a period of time when you were feeling 'up' or 'high' or 'hyper' or so full of energy or full of yourself that you got into trouble, - or that other people thought you were not your usual self? (Do not consider times when you were intoxicated on drugs or alcohol.)	NO	YES
IF PATIENT IS PUZZLED OR UNCLEAR ABOUT WHAT YOU MEAN BY 'UP' OR 'HIGH' OR 'HYPER', CLARIFY AS FOLLOWS: By 'up' or 'high' or 'hyper' I mean: having elated mood; increased energy; needing less sleep; having rapid thoughts; being full of ideas; having an increase in productivity, motivation, creativity, or impulsive behavior; phoning or working excessively or spending more money.				
IF NO, CODE NO TO C1b : IF YES ASK:				
	b	Are you currently feeling 'up' or 'high' or 'hyper' or full of energy?	NO	YES
C2	a	Have you ever been persistently irritable, for several days, so that you had arguments or verbal or physical fights, or shouted at people outside your family? Have you or others noticed that you have been more irritable or over reacted, compared to other people, even in situations that you felt were justified?	NO	YES
IF NO, CODE NO TO C2b : IF YES ASK:				
	b	Are you currently feeling persistently irritable?	NO	YES
		IS C1a OR C2a CODED YES?	➔ NO	YES

C3 IF **C1b** OR **C2b** = YES: EXPLORE THE **CURRENT** AND THE MOST SYMPTOMATIC **PAST** EPISODE, OTHERWISE IF **C1b** AND **C2b** = NO: EXPLORE ONLY THE MOST SYMPTOMATIC **PAST** EPISODE

During the times when you felt high, full of energy, or irritable did you:

	<u>Current Episode</u>		<u>Past Episode</u>		
a	Feel that you could do things others couldn't do, or that you were an especially important person? IF YES, ASK FOR EXAMPLES. <small>THE EXAMPLES ARE CONSISTENT WITH A DELUSIONAL IDEA. Current Episode <input type="checkbox"/> No <input type="checkbox"/> Yes Past Episode <input type="checkbox"/> No <input type="checkbox"/> Yes</small>	NO	YES	NO	YES
b	Need less sleep (for example, feel rested after only a few hours sleep)?	NO	YES	NO	YES
c	Talk too much without stopping, or so fast that people had difficulty understanding?	NO	YES	NO	YES
d	Have racing thoughts?	NO	YES	NO	YES

	<u>Current Episode</u>		<u>Past Episode</u>	
e Become easily distracted so that any little interruption could distract you?	NO	YES	NO	YES
f Have a significant increase in your activity or drive, at work, at school, socially or sexually or did you become physically or mentally restless?	NO	YES	NO	YES
g Want so much to engage in pleasurable activities that you ignored the risks or consequences (for example, spending sprees, reckless driving, or sexual indiscretions)?	NO	YES	NO	YES
C3 SUMMARY: WHEN RATING CURRENT EPISODE: IF C1b IS NO, ARE 4 OR MORE C3 ANSWERS CODED YES? IF C1b IS YES, ARE 3 OR MORE C3 ANSWERS CODED YES?	NO	YES	NO	YES
WHEN RATING PAST EPISODE: IF C1a IS NO, ARE 4 OR MORE C3 ANSWERS CODED YES? IF C1a IS YES, ARE 3 OR MORE C3 ANSWERS CODED YES?				
CODE YES ONLY IF THE ABOVE 3 OR 4 SYMPTOMS OCCURRED DURING THE SAME TIME PERIOD.				
RULE: ELATION/EXPANSIVENESS REQUIRES ONLY THREE C3 SYMPTOMS, WHILE IRRITABLE MOOD ALONE REQUIRES 4 OF THE C3 SYMPTOMS.				
C4 What is the longest time these symptoms lasted?				
a) 3 days or less		<input type="checkbox"/>		<input type="checkbox"/>
b) 4 to 6 days		<input type="checkbox"/>		<input type="checkbox"/>
c) 7 days or more		<input type="checkbox"/>		<input type="checkbox"/>
C5 Were you hospitalized for these problems?	NO	YES	NO	YES
IF YES, STOP HERE AND CIRCLE YES IN MANIC EPISODE FOR THAT TIME FRAME.				
C6 Did these symptoms cause significant problems at home, at work, socially in your relationships with others, at school or in some other important way?	NO	YES	NO	YES

ARE **C3** SUMMARY AND **C5** AND **C6** CODED **YES** AND EITHER **C4a** or **b** or **c** CODED **YES**?

OR

ARE **C3** SUMMARY AND **C4c** AND **C6** CODED **YES** AND IS **C5** CODED **NO**?

SPECIFY IF THE EPISODE IS CURRENT AND / OR PAST.

NO	YES
MANIC EPISODE	
CURRENT	<input type="checkbox"/>
PAST	<input type="checkbox"/>

ARE **C3** SUMMARY AND **C5** AND **C6** CODED **NO** AND EITHER **C4b** OR **C4c** CODED **YES**?

OR

ARE **C3** SUMMARY AND **C4b** AND **C6** CODED **YES** AND IS **C5** CODED **NO**?

SPECIFY IF THE EPISODE IS CURRENT AND / OR PAST.

NO	YES
HYPOMANIC EPISODE	
CURRENT	<input type="checkbox"/>
PAST	<input type="checkbox"/>

ARE **C3** SUMMARY AND **C4a** CODED **YES** AND IS **C5** CODED **NO**?

NO

YES

HYPOMANIC SYMPTOMS

SPECIFY IF THE EPISODE IS CURRENT AND / OR PAST.

CURRENT

PAST

- C7
- a) IF MANIC EPISODE IS POSITIVE FOR EITHER CURRENT OR PAST ASK:
Did you have 2 or more manic episodes (**C4c**) in your lifetime (including the current episode if present)?
- | | |
|----|-----|
| NO | YES |
|----|-----|
- b) IF HYPOMANIC EPISODE IS POSITIVE FOR EITHER CURRENT OR PAST ASK:
Did you have 2 or more hypomanic EPISODES (**C4b**) in your lifetime (including the current episode)?
- | | |
|----|-----|
| NO | YES |
|----|-----|
- c) IF PAST "HYPOMANIC SYMPTOMS" IS CODED POSITIVE ASK:
Did you have 2 or more episodes of hypomanic SYMPTOMS (**C4a**) in your lifetime (including the current episode if present)?
- | | |
|----|-----|
| NO | YES |
|----|-----|