SCID Assessment

PARTICIPANT INFORMATION

Name: _____ Date of Birth: _____ dd / mm / yyyy

Date of Assessment: _____ dd / mm / yyyy Assessor Name: _____

INFORMED CONSENT

Consent:

Name: _____

Signature:
Date: _____ dd / mm / yyyy

This SCID Assessment is a tool designed for use by mental health professionals. It is not a substitute for a comprehensive clinical evaluation and should be used in conjunction with other diagnostic approaches. The results are to assist in clinical judgment and are not definitive diagnoses on their own.

MODULE A: MOOD EPISODES

Major Depressive Episode

Symptoms present?

◯ Yes ◯ No

If yes, describe:

Duration: _____ Impact on functioning: _____

Manic Episode

Elevated mood?

◯ Yes ◯ No

Increased activity / energy?

◯ Yes ◯ No

Other symptoms:

Hypomanic Episode

Criteria met?

◯ Yes ◯ No

Describe:

MODULE B: PSYCHOTIC SYMPTOMS

Screening Positive?

◯ Yes ◯ No

If yes, specify symptoms:

MODULE C: PSYCHOTIC DISORDERS

Schizophrenia

Duration and symptoms:

Functional decline?

◯ Yes ◯ No

Schizoaffective Disorder

Mood episode present?

◯ Yes ◯ No

Psychotic symptoms?

◯ Yes ◯ No

Delusional Disorder

Type of delusions:

MODULE D: MOOD DISORDERS

Major Depressive Disorder

Number of episodes: _____

Severity:

Bipolar I and II Disorders

Type:

◯ I ◯ II

Episodes described:

MODULE E: SUBSTANCE USE DISORDERS

Substances used:

- [ ] Alcohol
- [ ] Cannabis
- [ ] Opioids
- [ ] Stimulants
- [ ] Other

Impact on health / functioning:

MODULE F: ANXIETY DISORDERS

Disorders identified:

- [ ] Panic
- [ ] Agoraphobia
- [ ] Social Anxiety
- [ ] Other

Symptoms and triggers:

MODULE G: OBSESSIVE-COMPULSIVE AND RELATED DISORDERS

Disorders identified:

- [ ] OCD
- [ ] Body Dysmorphic
- [ ] Hoarding
- [ ] Other

Describe compulsions / obsessions:

MODULE H: TRAUMA AND STRESSOR-RELATED DISORDERS

Disorders identified:

- [ ] PTSD
- [ ] Acute Stress
- [ ] Other

Traumatic events and symptoms:

MODULE I: SOMATIC SYMPTOM AND RELATED DISORDERS

Disorders identified:

- [ ] Somatic Symptom
- [ ] Illness Anxiety
- [ ] Other

Symptoms and thoughts:

MODULE J: FEEDING AND EATING DISORDERS

Disorders identified:

- [ ] Anorexia
- [ ] Bulimia
- [ ] Binge-Eating
- [ ] Other

Eating habits and body image:

MODULE K: PERSONALITY DISORDERS

Cluster identified:

◯ A ◯ B ◯ C ◯ None

Specific disorder:

SUMMARY AND RECOMMENDATIONS

Diagnosis:

Treatment Recommendations:

Signature of Assessor:

Date: _____ dd / mm / yyyy License Number: _____