

SCID Assessment

Participant Information

Name:

Date of Birth:

Date of Assessment:

Assessor Name:

Informed Consent

I, _____, hereby consent to the SCID Assessment by _____ . I understand the purpose, risks, and benefits involved, as explained to me. I have had the opportunity to ask questions and have received satisfactory answers. I am aware that I have the right to withdraw my consent at any time.

By providing my consent, I acknowledge that I am voluntarily participating and accept any associated risks.

Name:

Signature:

Date:

Disclaimer

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 Others:

Impact on health/functioning:

Module F: Anxiety Disorders

Disorders Identified

Panic Agoraphobia Social Anxiety Others:

Symptoms and triggers:

Module G: Obsessive-Compulsive and Related Disorders

Disorders Identified

OCD Body Dysmorphic Hoarding Others:

Describe compulsions/obsessions:

Module H: Trauma- and Stressor-Related Disorders

Disorders Identified

PTSD Acute Stress Others:

Traumatic events and symptoms:

Module I: Somatic Symptom and Related Disorders

Disorders Identified

Somatic Symptom Illness Anxiety Others:

Symptoms and thoughts:

Module J: Feeding and Eating Disorders

Disorders Identified

Anorexia Bulimia Binge-Eating Others:

Eating habits and body image:

Module K: Personality Disorders

Cluster Identified

A B C None

Specific disorder:

Summary and Recommendations

Diagnosis:

Treatment Recommendations:

Signature

Signature of Assessor:

Date:

License Number:

Reference

This template is adapted from the SCID-5-CV, as outlined by the American Psychiatric Association.

First, M. B., Williams, J. B., Karg, R. S., & Spitzer, R. L. (2015). Structured Clinical Interview for DSM-5 Disorders, Clinician Version (SCID-5-CV). American Psychiatric Association.