

SCI-PAS

Structured Clinical Interview for Panic-Agoraphobic Spectrum

Version 3.0

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Date: _____

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INTRODUCTION: PANIC-AGORAPHOBIC SPECTRUM

Thank you for coming in to talk with me today. The interview we are going to do is focused on symptoms that you may or may not have experienced in your life. We want to identify whether you have had these symptoms at any time, even if it was a long time ago. We are interested in whether you had the symptoms at all, especially if having them bothered you or disturbed you. There are eight sections of the interview and it should take us about an hour to complete it. Do you have any questions before we start?

DOMAIN I. SEPARATION SENSITIVITY

A. Separation anxiety

Now I want to ask you about feelings you may have had at any time in your life, even as a child.

As a child or an adult, did you ever experience a lot of distress...

1.	...if you were separated or anticipated separation from home or loved ones (for example, if you went to stay with a relative or someplace else)?	Do Not Know	No	Yes
2.	...because of thoughts that you might lose someone close to you or some harm might come to them (for example, did you worry a lot when your parents quarreled or if one of them had an illness)?	Do Not Know	No	Yes
3.	Did you ever worry a lot that something bad would happen to you and lead to separation from someone close to you (for example, getting lost, being kidnapped)?	Do Not Know	No	Yes
4.	Did you ever have trouble going to school or work because of fear of separation?	Do Not Know	No	Yes
5.	Was it very difficult for you to be alone or without a loved one, either at home or in other places?	Do Not Know	No	Yes
6.	Did you ever have trouble going to sleep without someone nearby, or trouble sleeping away from home?	Do Not Know	No	Yes
7.	Did you ever feel nervous or uncomfortable, or did you ever put off or avoid going to bed, because you might have become ill or die while asleep?	Do Not Know	No	Yes
8.	Did you ever have repeated nightmares about being separated from your family (for example, nightmares about fires, murder or other catastrophes)?	Do Not Know	No	Yes

DOMAIN I. SEPARATION SENSITIVITY (*continued*)

9.	Did you often complain of physical symptoms when separated from someone close to you, or when you thought you might be separated from someone close to you (for example, headaches, stomach aches, nausea, vomiting)?	Do Not Know	No	Yes
10.	As a child or an adult, did you ever experience a lot of distress when separated from loved ones in bad weather (for example, when there were thunderstorms, snow storms, or when it was very windy)?	Do Not Know	No	Yes

Total Symptoms Endorsed (A) _____

B. Loss sensitivity

Now I want to ask you some questions about ending relationships.

11.	Have you ever had a relationship with a friend or lover that ended? [If YES] Would you say that you had more difficulty than the average person adjusting to the end of this relationship?	Do Not Know	No	Yes
12.	Have you ever stayed in a relationship even when it was not in your best interest, rather than risk being alone?	Do Not Know	No	Yes
13.	Have you ever been in psychotherapy? [If YES] Did you have any difficulties ending the therapy? Did you want to stay in psychotherapy even though the therapist thought it was time to stop? <i>Note: If patient has never ended psychotherapy, code "Do Not Know."</i>	Do Not Know	No	Yes
14.	Has anyone really close to you died? [If YES] Would you say that you had more difficulty than the average person adjusting to their death?	Do Not Know	No	Yes
15.	What about pets? Are you the type of person who gets very attached to your pets and gets very upset if the pet dies or is lost?	Do Not Know	No	Yes

Total Symptoms Endorsed (B) _____

Scoring for Domain I. Separation Sensitivity

Total Symptoms (A):

Total Symptoms (B):

If 4 or more symptoms are endorsed (A + B), regardless of severity, score 1.

If 2 or 3 symptoms are endorsed (A + B), ask if the distress associated with each was severe.

NOTE: "SEVERE" means great enough to cause intense subjective distress and/or marked impairment of psycho-social adjustment.

If 2 symptoms are severe, score 1. Otherwise, score 0.

Score:	No	Yes
	0	1

DOMAIN II. PANIC-LIKE SYMPTOMS

A. Typical symptoms

Now I want to ask you some questions about symptoms you may have experienced. I am interested in symptoms that come on suddenly and unexpectedly even when you're asleep. (FOR WOMEN) I am interested in these symptoms even if they only occurred before your period or after you had a baby.

Note: Do not consider symptoms that represent normal physiological responses (such as heart beating fast while running, or when suddenly frightened by a definable stimulus) or symptoms of a well-defined pathological condition, such as heart palpitations in someone with a known cardiac arrhythmia. For women, symptoms may occur only during premenstrual or postpartum periods, and these should be rated.

For each question, panic spectrum symptoms occur suddenly, unexpectedly, with no apparent reason (and can also begin while sleeping).

Have you ever suddenly and unexpectedly experienced...

16.	...your heart pounding, racing or skipping?	Do Not Know	No	Yes
17.	...sweating?	Do Not Know	No	Yes
18.	...trembling or shaking?	Do Not Know	No	Yes
19.	...feeling short of breath?	Do Not Know	No	Yes
20.	...feeling that you are choking?	Do Not Know	No	Yes
21.	...feeling chest pain or pressure?	Do Not Know	No	Yes
22.	...feeling nauseated, having an upset stomach, or diarrhea?	Do Not Know	No	Yes
23.	...feeling dizzy, unsteady, or faint?	Do Not Know	No	Yes
24.	...feeling that things around you were no longer familiar, but were unreal and strange?	Do Not Know	No	Yes
25.	...feeling cut-off from yourself or from parts of your body?	Do Not Know	No	Yes

DOMAIN II. PANIC-LIKE SYMPTOMS (*continued*)

Have you ever suddenly and unexpectedly experienced...

26.	...feeling afraid that you might lose control or go crazy?	Do Not Know	No	Yes
27.	...feeling afraid that you might die?	Do Not Know	No	Yes
28.	...tingling or numbness in parts of your body?	Do Not Know	No	Yes
29.	...having flushes or chills?	Do Not Know	No	Yes

Total Symptoms Endorsed (A) _____

B. Atypical symptoms

Now I want to ask you about some other symptoms you may have experienced.

Note: These symptoms and signs may have either abrupt onset and short duration or long duration; may appear before, during or immediately after a panic attack; or in other cases, they may themselves constitute an atypical panic attack. Furthermore, these symptoms and signs become a specific feature of panic spectrum when they are enduring, or associated with, panic-related anticipatory anxiety or avoidance.

Have you ever felt...

30.	...confused or numb?	Do Not Know	No	Yes
31.	...disoriented, as if you have lost your bearings?	Do Not Know	No	Yes
32.	...as if you were walking on foam rubber or had the sensation that your legs were jelly?	Do Not Know	No	Yes
33.	...that you were walking awkwardly, or like your legs were made of wood?	Do Not Know	No	Yes
34.	...that you could not control your bladder or bowels?	Do Not Know	No	Yes
35.	...that you were about to lose control of your behavior?	Do Not Know	No	Yes

DOMAIN II. PANIC-LIKE SYMPTOMS (*continued*)

Have you ever felt...

36.	...nervous, uncomfortable, or as though you were about to suffocate, because of hot, stale or humid air, or because of perfume, or other smells, even if they weren't that strong?	Do Not Know	No	Yes
37.	...nervous or uncomfortable because of the dark?	Do Not Know	No	Yes
38.	...nervous or uncomfortable because of noises, even when the noise was not loud?	Do Not Know	No	Yes
39.	...nervous or uncomfortable because of a blurred perspective such as fog, open sea or snowy landscape?	Do Not Know	No	Yes
40.	...as if something had broken in your brain or body?	Do Not Know	No	Yes
41.	...that you had lost, for a few seconds, your sight or hearing?	Do Not Know	No	Yes
42.	Have you ever awakened in a panic for no reason?	Do Not Know	No	Yes

Total Symptoms Endorsed (B) _____

Scoring for Domain II. Panic-Like Symptoms

Total Symptoms
(A):

Total Symptoms (B):

If 4 or more symptoms are endorsed (A + B), regardless of severity, score 1.

If 2 or 3 symptoms are endorsed (A + B), ask if the distress associated with each was severe.
NOTE: "SEVERE" means great enough to cause intense subjective distress and/or marked impairment of psycho-social adjustment.

If 2 symptoms are severe, score 1. Otherwise, score 0.

Score:	No 0	Yes 1
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DOMAIN III. STRESS SENSITIVITY

Sometimes people have more symptoms when they are under stress. Now I would like to ask you if you have had some of the symptoms we have been discussing.

Note: "Symptom" refers to typical and atypical panic-like symptoms.

Have you ever noticed that these symptoms (symptoms endorsed in Domain II) came on...

43.	...very easily when you're in a stressful situation, even when it was not that severe (for example, overworking, family problems, disruption of sleep or routine)?	Do Not Know	No	Yes
44.	...right after a stressful situation was over (for example, after you've solved a difficult problem or endured a difficult situation, like right after driving on the highway or being in a crowded room)?	Do Not Know	No	Yes

Total Symptoms Endorsed _____

Scoring for Domain III. Stress Sensitivity

Total Symptoms:

If only 2 symptoms are endorsed, ask if the distress associated with each was severe.

NOTE: "SEVERE" means great enough to cause intense subjective distress and/or marked impairment of psychosocial adjustment.

If both symptoms are endorsed and both are severe, score 1. Otherwise, score 0.

Score:	No 0	Yes 1
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DOMAIN IV. SUBSTANCE AND MEDICATION SENSITIVITY

A. Substance sensitivity

Now I'd like to ask you if you've ever experienced symptoms when you've used substances. The symptoms I am referring to are the physical symptoms we discussed a few minutes ago.

Did you ever experience these symptoms when you used...

45.	...coffee, tea or other caffeinated beverages?	Do Not Know	No	Yes
46.	...cold medicine, nasal sprays, thyroid, sleep or antidepressant medications? <i>Note: This refers only to taking thyroid medication, not to having a panic attack while hyperthyroid.</i>	Do Not Know	No	Yes
47.	...cocaine, amphetamines (for example, ecstasy), or other uppers?	Do Not Know	No	Yes
48.	...any other drugs or substances?	Do Not Know	No	Yes

Total Symptoms Endorsed (A) _____

B. Medication phobia

Now I'd like to ask you about your reactions to taking prescribed medication.

Have you ever been afraid of or did you ever avoid...

49.	...taking prescribed medications because you thought they might harm you or that you were overly sensitive to side effects or "allergic?"	Do Not Know	No	Yes
50.	...taking prescribed medication because it might cause you to lose control or might change your personality?	Do Not Know	No	Yes
51.	...taking a prescribed medication because it might cause you permanent brain damage?	Do Not Know	No	Yes
52.	...having anesthesia or taking sleeping pills because you might feel sick or even die while going to sleep?	Do Not Know	No	Yes
53.	Do you read the package insert more carefully than most other people because of feeling nervous or uncomfortable about taking medication?	Do Not Know	No	Yes

Total Symptoms Endorsed (B) _____

DOMAIN IV. SUBSTANCE AND MEDICATION SENSITIVITY (*continued*)

Scoring for Domain IV. Substance and Medication Sensitivity

Total Symptoms
(A):

Total Symptoms
(B):

If 4 or more symptoms are endorsed (A + B), regardless of severity, score 1.

If 2 or 3 symptoms are endorsed (A + B), ask if the distress associated with each was severe.

NOTE: "SEVERE" means great enough to cause intense subjective distress and/or marked impairment of psychosocial adjustment.

If 2 symptoms are severe, score 1. Otherwise, score 0.

Score:	No	Yes
	0	1

DOMAIN V. ANXIOUS EXPECTATION

A. Anticipatory anxiety

54.	Have you ever worried a lot about having any of the symptoms we have been talking about? [If NO] Were you worried about what having them might mean regarding your physical or mental health?	Do Not Know	No	Yes
55.	Did you ever feel nervous or uncomfortable when you were confronted with situations similar to those in which you experienced the symptoms we've just been discussing? [If NO] What about when you imagined confronting such situations?	Do Not Know	No	Yes

Total Symptoms Endorsed (A) _____

B. Alarm state

56.	Have you ever worried a lot that there might be something terribly wrong that you cannot define, some type of nameless dread, something that you would be powerless to defend yourself from?	Do Not Know	No	Yes
57.	Have you ever worried a lot that there might be something wrong with you physically, as if, for instance, you were about to have a heart attack, stroke, suffocate, or die?	Do Not Know	No	Yes
58.	Have you ever worried a lot that there might be something terribly wrong with you mentally, like losing your mind or losing control?	Do Not Know	No	Yes

Total Symptoms Endorsed (B) _____

Scoring for Domain V. Anxious Expectation

Total Symptoms
(A):

Total Symptoms
(B):

If 4 or more symptoms are endorsed (A + B), regardless of severity, score 1.

If 2 or 3 symptoms are endorsed (A + B), ask if the distress associated with each was severe.
NOTE: "SEVERE" means great enough to cause intense subjective distress and/or marked impairment of psychosocial adjustment.

If 2 symptoms are severe, score 1. Otherwise, score 0.

Score:	No 0	Yes 1
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DOMAIN VI. AGORAPHOBIA

A. Typical agoraphobia

Now I want to ask you some questions about places or situations in which you might have felt nervous or uncomfortable, or that you avoided.

Note: Be sure to score positive if there is either discomfort or avoidance. Ask about the avoidance even in the absence of a clear-cut phobia.

Did you ever feel nervous or uncomfortable...

59.	...when you were alone outside your home or somewhere far from home?	Do Not Know	No	Yes
60.	...when home alone?	Do Not Know	No	Yes

Did you ever feel nervous, uncomfortable or trapped...

61.	...when you were in a crowded place?	Do Not Know	No	Yes
62.	...when on a bridge or in a ski gondola?	Do Not Know	No	Yes
63.	...when you were in closed places (such as tunnels, subways, under ground, or in a theater)?	Do Not Know	No	Yes
64.	...when you were in an elevator?	Do Not Know	No	Yes

Did you ever feel nervous or uncomfortable or avoid...

65.	...driving a car other than on a highway?	Do Not Know	No	Yes
66.	...driving a car on the highway?	Do Not Know	No	Yes
67.	...being in an open place like a town square or a wide street?	Do Not Know	No	Yes
68.	...traveling as a passenger by car, bus, train or plane? <i>Note: Not because of fear of crashing.</i>	Do Not Know	No	Yes
69.	...standing in line?	Do Not Know	No	Yes

DOMAIN VI. AGORAPHOBIA (*continued*)

Did you ever feel nervous or uncomfortable or avoid...

70.	...situations or places in which you thought you might be embarrassed by the symptoms we were just talking about?	Do Not Know	No	Yes
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Total Symptoms Endorsed (A) _____

B. Atypical agoraphobic symptoms

Now I want to ask you some questions about places or situations in which you might have felt nervous or uncomfortable, or that you might have avoided.

Note: Be sure to score positive if there is either discomfort or avoidance. Ask about the avoidance even in the absence of a clear-cut phobia.

Did you ever feel nervous or uncomfortable, or avoid...

71.	...going to the dentist, because you felt trapped or suffocated in the chair? <i>Note: Not only for fear of pain, of anesthesia, of contamination.</i>	Do Not Know	No	Yes
72.	...going to the barber or hairdresser because you felt trapped or suffocated in the chair?	Do Not Know	No	Yes
73.	...being in places or situations where you thought you might get lost, even when it was not reasonable to think that? <i>Note: Not only in unfamiliar places.</i>	Do Not Know	No	Yes
74.	...receiving medical diagnostic procedures, such as EEG, CT Scan, or MRI, because you felt trapped?	Do Not Know	No	Yes
75.	...wearing seatbelts because you felt trapped?	Do Not Know	No	Yes
76.	...wearing rings or necklaces because they made you feel trapped?	Do Not Know	No	Yes
77.	...wearing high-necked shirts, ties, or tight fitting clothes because they made you feel trapped?	Do Not Know	No	Yes
78.	...swallowing or vomiting because you were afraid you might choke? <i>Note: Include avoiding eating solid or peculiar food, or swallowing pills.</i>	Do Not Know	No	Yes
79.	...being physically intimate because you felt trapped?	Do Not Know	No	Yes

DOMAIN VI. AGORAPHOBIA (*continued*)

Did you ever feel nervous or uncomfortable, or avoid...

80.	...swimming or learning how to swim under water?	Do Not Know	No	Yes
81.	...being in places or situations where you thought you might be buried alive even when it was not reasonable to think that? <i>Note: Include avoiding situations where it seems like being buried alive is a possibility, however remote, for example, by an avalanche.</i>	Do Not Know	No	Yes
82.	...going to places when you were not sure there was a bathroom available?	Do Not Know	No	Yes
83.	...being in other situations in which you worried about feeling trapped or becoming ill and having no help available?	Do Not Know	No	Yes

Total Symptoms Endorsed (B) _____

Scoring for Domain VI. Agoraphobia

Total Symptoms
(A):

Total Symptoms
(B):

If 4 or more symptoms are endorsed (A + B), regardless of severity, score 1.

If 2 or 3 symptoms are endorsed (A + B), ask if the distress associated with each was severe.
NOTE: "SEVERE" means great enough to cause intense subjective distress and/or marked impairment of psychosocial adjustment.

If 2 symptoms are severe, score 1. Otherwise, score 0.

Score:	No	Yes
	0	1

DOMAIN VII. ILLNESS-RELATED PHOBIAS AND HYPOCHONDRIASIS

Now I am going to ask you about your reactions to hearing about or thinking about illness.

Did you ever worry about...

84.	...having a severe <u>physical</u> illness, when you heard about someone else who had it? <i>Note: For example, heart disease, brain disease, lung disease</i>	Do Not Know	No	Yes
85.	...having a severe <u>mental</u> illness when you heard about someone else who had it?	Do Not Know	No	Yes
86.	...reading medical articles or hearing someone talk about medical topics?	Do Not Know	No	Yes
87.	...getting results of lab tests or having your pulse or blood pressure checked?	Do Not Know	No	Yes
88.	...seeing medical tools or being in medical settings (for example, hospital, emergency room)?	Do Not Know	No	Yes

Total Symptoms Endorsed _____

Scoring for Domain VII. Illness-Related Phobias and Hypochondriasis

Total Symptoms:

If 4 or more symptoms are endorsed, regardless of severity, score 1.

If 2 or 3 symptoms are endorsed, ask if the distress associated with each was severe.

NOTE: "SEVERE" means great enough to cause intense subjective distress and/or marked impairment of psychosocial adjustment.

If 2 symptoms are severe, score 1. Otherwise, score 0.

Score:	No 0	Yes 1
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DOMAIN VIII. REASSURANCE ORIENTATION

A. Help seeking behavior

Note: These questions refer to the need for reassurance about typical or atypical panic symptoms.

Now I want to ask you about how you have coped with the symptoms we have been discussing.

89.	Did you ever feel that you needed to be comforted and reassured by your friends and family?	Do Not Know	No	Yes
90.	Did you ever seek help from your parents, spouse, friends, or neighbors because of these symptoms?	Do Not Know	No	Yes
91.	When you sought comfort or help, were you easily reassured?	Do Not Know	No	Yes
92.	Have you ever used emergency services or called a doctor at home because you needed reassurance?	Do Not Know	No	Yes
93.	Have you ever requested admission to a hospital in order to be protected or reassured even though your doctor felt this was unnecessary?	Do Not Know	No	Yes
94.	Have you ever had your pulse or blood pressure checked repeatedly, even though your doctor didn't recommend it?	Do Not Know	No	Yes
95.	Have you ever made repeated requests for special diagnostic procedures (for example, an angiogram or gastroscopy) even though your doctor didn't recommend it?	Do Not Know	No	Yes
96.	Have you ever asked for medical lab tests even when your doctor didn't recommend them?	Do Not Know	No	Yes

Total Symptoms Endorsed (A) _____

DOMAIN VIII. REASSURANCE ORIENTATION (*continued*)

B. Counterphobic measures

I want to ask you about some other possible ways you have coped with these symptoms.

Did you ever need to...

97.	...check whether there was a doctor or emergency service nearby when you were going someplace new?	Do Not Know	No	Yes
98.	...have someone with you most of the time?	Do Not Know	No	Yes
99.	...sit near the exit at the movies, theater, church or similar places?	Do Not Know	No	Yes
100.	...take a cellular phone with you or check for the availability of a public telephone in the place where you were going?	Do Not Know	No	Yes
101.	...be sure you had tranquilizers in your pocket or purse, although your doctor hadn't prescribed them, or prescribed them in the past, but thought they weren't necessary anymore?	Do Not Know	No	Yes
102.	...take a bottle of water or another beverage with you when you went somewhere?	Do Not Know	No	Yes
103.	...take a walking stick or umbrella with you?	Do Not Know	No	Yes
104.	...take your dog with you?	Do Not Know	No	Yes
105.	...wear a hat when you went out?	Do Not Know	No	Yes
106.	...take candy or gum with you when you went out?	Do Not Know	No	Yes
107.	...take a good luck charm with you?	Do Not Know	No	Yes
108.	...wear sunglasses, even in a dark environment?	Do Not Know	No	Yes
109.	...use alcohol or sedatives?	Do Not Know	No	Yes

DOMAIN VIII. REASSURANCE ORIENTATION (*continued*)

Did you ever need to...

110.	...have a special relationship with doctors to be sure they would take good care of you?	Do Not Know	No	Yes
111.	...keep a light on in the bedroom in order to fall asleep?	Do Not Know	No	Yes

Total Symptoms Endorsed (B) _____

C. Dramatization

Now I want to ask you some questions about how you communicate your distress to others.

112.	Did you ever feel like you had to exaggerate your symptoms in order to be certain that others fully understood your suffering?	Do Not Know	No	Yes
113.	Did you ever feel like you had to exaggerate your symptoms in order to get the reassurance or help you needed?	Do Not Know	No	Yes
114.	Did you ever feel that you were not authentic, but instead were acting out a role to get the reassurance or help you needed?	Do Not Know	No	Yes

Total Symptoms Endorsed (C) _____

Scoring for Domain VIII. Reassurance Orientation

Total Symptoms
(A):

Total Symptoms
(B):

Total Symptom
(C):

If 4 or more symptoms are endorsed (A + B + C), regardless of severity, score 1.

If 2 or 3 symptoms are endorsed (A + B + C), ask if the distress associated with each was severe.

NOTE: "SEVERE" means great enough to cause intense subjective distress and/or marked impairment of psychosocial adjustment.

If 2 symptoms are severe, score 1. Otherwise, score 0.

Score:	No 0	Yes 1
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Note to Interviewer: Please go back and check that you have rated the distress level where indicated.