

Clinical Diagnostic Interview— Patient Version (CDI)

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General Principles

- This interview can be used for clinical or research purposes.¹ It should be conducted as a clinical interview, with probing as appropriate based on the interviewer’s clinical skill, empathy, and hypotheses that emerge over the course of the interview. As in clinical interviewing, if the patient says something with an ambiguous meaning, or that could lead to important information, the interviewer should ask about it (e.g., “What did you mean when you said that your husband is sometimes ‘off key?’”). **Questions in bold form the “skeleton” of the interview, i.e., the “script” around which the interviewer should improvise.** They are intended to standardize and systematize the interview but not to straightjacket the interviewer. As interviewers get comfortable with the interview, they should use the **Synopsis** at the end of this manual, which summarizes these questions, to guide research interviews.
- This is largely a narrative-based interview, which requires inferences based on what subjects say, the way they say it, and what they do not say that seems implicit. Thus, getting behind the “headlines”—the generic, explicit beliefs patients provide—to the “text” or narrative beneath it is essential to reliable and valid scoring. *When in doubt, ask for an example of a specific instance. Always inquire about unclear or unusual word choice.*
- If interview questions become redundant because the answers are clear from previous responses, do not ask them (e.g., do not ask about depression if patient has already told of a history of depression).
- The interviewer should inquire about *suicidality* or *psychosis* at any point in the interview if the patient’s symptoms, narratives, or presentation suggest that such questions are likely to be relevant (e.g., if the patient reports depression, or if the interviewer has any suspicion of suicidality, the interviewer should inquire about suicidal ideation, plans, and past suicidal behavior early in the interview). If at any point in the interview the patient seems disorganized, disoriented, manic, or shows subtle or frank signs of thought disorder or

¹ This interview can be used to assess both Axis I and Axis II syndromes by applying specific instruments to it (e.g., the SWAP-II or prototype ratings), although it cannot be used to apply DSM-IV diagnostic algorithms for each disorder, which require direct inquiry about the nature, length, and duration of hundreds of symptoms for disorders that may or may not be clinically relevant.

psychosis, the interviewer should immediately assess mental status (e.g., orientation to person, time, and place; memory; and comprehension of proverbs) and current or recent drug use, and should directly inquire about psychotic or manic symptoms (e.g., delusions, hallucinations, paranoia, racing thoughts). If the patient is psychotic or manic, the rest of the interview should be abbreviated, with a primary focus on questions necessary for making an appropriate clinical disposition.

- Particularly if the interview is being used for clinical purposes or for assessing Axis I symptoms as well as personality functioning, administration of a symptom checklist prior to interviewing can be useful to minimize the likelihood of missing symptoms the patient does not volunteer during the interview. The interviewer should interject questions about checklist responses during initial questioning about current symptoms or wherever else doing so appears appropriate.
- The interview should take about 2 1/2 hours (or for clinical purposes, three 45-50-minute sessions, including feedback to the patient at the end of the last interview). If it is taking longer with a subject, the interviewer should ask for fewer vignettes or less detail as the interview proceeds, once s/he has a good “feel” for the patient. The interviewer should use familiarity with the instrument(s) s/he will be applying to the data (e.g., the SWAP-II Q-sort, Affect Regulation and Experience Q-sort, Axis I prototypes) to guide clinical inquiry and probing.
- The interviewer should take notes during the interview on comments the subject makes of relevance to coding the interview or to which s/he wants to return for further inquiry. If Q-sorting or making ratings from this interview, *be sure to do so within 24 hours after the interview, and be sure to review your notes before doing so.* Memory for specific details fades remarkably quickly, both from the beginning of the interview to the end, and after 24 hours, particularly if any other clinical contact occurs in the interim. *Note:* If more than 24 hours elapses between watching a videotaped interview and scoring it, the scorer needs to watch the videotape a second time because the data will not otherwise be valid.
- This is the most generic version of the interview, designed for research and clinical practice with psychiatric patients. For forensic cases (e.g., risk assessment, custody evaluations), use the forensic version (CDI-F). For research subjects who are neither psychiatric patients nor forensic cases, use the non-patient version (CDI-NP).

Clinical Diagnostic Interview: Probe Questions and Instructions

1. Could you tell me a little bit about yourself and what brought you here?

- If the patient asks what the interviewer means by “tell me about yourself,” clarify, “Like who you are, what you do, what you're like as a person, and who the important people in your life are.” The goal is to get a sense of who the person is, how s/he views him/herself, current adaptive functioning, and his/her broader social context. Note that the goal here is also to help the patient feel comfortable with the interview and interviewer.
- In following up on symptoms, the interviewer should inquire about both *current complaints* and *history of psychiatric problems*. For each problem (e.g., depression, anxiety, eating disorder, substance abuse), the interviewer should assess (a) subjective distress; (b) severity, including, where appropriate, impact on adaptive functioning and relationships; (c) vegetative signs or medical complications (e.g., trouble sleeping, rapid weight loss or weight gain, cessation of menstruation); (d) precipitants and duration of most recent episode or exacerbation or of recent examples (e.g., recent binge-purge episodes); and (e) history and course of the disorder, including precipitants, if known, of the original episode. The interviewer should feel confident s/he knows or has asked why the patient presented for treatment *now* in particular. The interviewer should also ask about other current or past mental health problems, e.g., “Are there other things you’ve struggled with, like problems with depression?” If the patient has completed a self-report screening inventory, the interviewer should inquire here about any items endorsed and their history.
- Where appropriate, the interviewer should ask, “Have you ever gotten in trouble with the law, either as a kid or as an adult?”
- If the interview is being used for clinical purposes, the interviewer should also inquire here about *treatment history* and *family history of psychiatric disorders*, beginning with a simple probe such as, “Has anyone in your family—mother, father, aunts, uncles—ever had psychological problems?”

2. Can you tell me about your childhood--what was it like growing up?

- Probe for specific milestones and significant experiences, including *losses, major illnesses, family moves, parental discipline, abuse, parental criminality or poverty where appropriate, etc.*
- Be sure to get a general impression about both childhood and adolescence and of the “cast of characters” in the person’s life as a child.

3. Can you tell me about your relationship with your mother? What was (is) she like as a person, and what was she like as a parent?

- If patient asks for clarification, inquire about the history of the relationship as both a child and an adult.
- **Now I'd like you to describe a specific encounter with your mother, something that stands out. It can be an incident that's typical of your relationship, really meaningful, really good, really bad—whatever comes to mind.**
- Probe if subject leaves out any of the following: *what led up to the event, what both people were thinking and feeling, and the outcome*. If subject has trouble with the task, give these probes at the beginning and repeat once or twice as necessary.
- Inquire about *one or two more events*; probe incomplete, ambiguous, or incoherent narratives.

4. Could you tell me about your relationship with your father? What was (is) he like as a person, and what was he like as a parent? Ask for two vignettes.

5. Do you have brothers and sisters? Could you tell me a little bit about them and your relationships with them?

- **Can you describe a specific encounter with one of your brothers or sisters?**
- *Ask for one or two more vignettes*; if more than one sibling, ask for an encounter with a different sibling than described in the first vignette.
- **Was there anyone else who was really important to you as a child or teenager?** If so, probe for *one specific incident*.

6. What was school like for you? Probe for success or failures, difficulties, peer rejection or neglect, etc. Ask for specific incidents.

7. What were your friendships like when you were a kid, and what are they like now? Probe friendship history.

- **Who are your closest friends now? Could you tell me about your relationship with one of them--what is it like?**
- *Ask for two specific incidents*, either with one friend or different friends if the subject prefers.

8. Can you tell me about your romantic relationships--what have they been like?

- Get history of adult relationships.

- **Are you currently married or involved with someone? Could you tell me about the relationship?**
- Ask for *two to three specific encounters* in current and past romantic relationships.
- **How is your sex life?** Probe for enjoyment, conflicts, and specific dysfunctions. Probe for *sexual history*, including first sexual experiences. If the patient describes no problems in his/her sex life, ask if things have always been that way.
- **Are there things that make you uncomfortable sexually, or have led to friction in your relationships? Is there anything about your sexual attitudes or behavior that other people might consider unusual?** *The interviewer should be certain that if s/he chooses not to ask certain questions about sex this is because of particular cultural constraints, not his/her own discomfort in asking the questions.*

9. Could you tell me about your work history? What do you do now, and what have you done before?

- Probe if necessary: “Do you tend to stay with jobs for a long time or move around a lot?” “Do you sometimes get into conflicts with coworkers or bosses, or leave one job before you’ve found another one?”
- Ask for *one or two specific encounters* at current or previous jobs.
- Probe for signs of obsessionality, passive aggression, or trouble committing to an occupation where appropriate. Probe attitude toward money if interviewer suspects over- or under-control. Probe for the extent to which work is satisfying or a central aspect of identity.
- If a homemaker, get a sense of the extent to which the person feels fulfilled at what s/he is doing and any conflicts at home regarding the way s/he fulfills responsibilities.

10. Do you have children? Can you tell me a little bit about them, and about your relationships with them?

- Ask for *two or three incidents*; if subject has more than one child, solicit information on different children.
- If not already clear how the subject deals with dependency issues, particularly if the subject does not have children, ask any or all of the following: “Are there situations in which you take care of people or other people take care of you?” “How do you feel about being taken care of—do you like it? Does it bother you?” “Can you give me an example of a time someone took care of you that stands out in your mind as typical, meaningful, or problematic?”

11. Now I'd like you to think of a really difficult, stressful, or upsetting time in the last year or two, and tell me about it. It can be an argument with someone important to you, a problem at work, a financial problem--anything you found really stressful.

- Probe precisely how the person responded to the experience, including conscious coping strategies (e.g., "Are there things you told yourself to try to help you get through it?").
- **Now tell me about another incident or situation that was difficult, stressful, or upsetting in the last year or two.** Use same probes as above. Do not ask this question if you have already heard of several recent events and have a clear sense of how the subject tends to deal with pressure and regulate emotions.

12. Can you tell me about your relationship with your therapist? If patient has a therapist, elicit treatment history, including present treatment, and ask for *one or two vignettes* of current and past therapists.

13. Now I'd like to finish up with a few more questions about your mental and physical health, and the ways you feel, think, and see yourself. Do not ask any questions that are redundant or already clear based on the patient's prior responses.

- **Do you often feel sad? Anxious? Ashamed or embarrassed? Guilty? Angry?** (Probe for panic and where appropriate.) **How about positive feelings, like happiness or pride?** (Probe for manic symptoms where appropriate, e.g., "Do you ever get so happy or feel so on top of the world that it's unrealistic—like you think you can do anything?")
- **Do you ever get overwhelmed by your feelings?**
- **Are there times when you try to shut off your feelings entirely, or when you just feel numb?**
- **Have you ever had trouble with alcohol or drugs?** If unclear, ask if anyone close to him/her has complained about his/her drinking or drug use. Take a complete drug and alcohol history where appropriate, beginning with first use.
- **How does your body hold up under stress? Do you often get sick or have headaches, stomach problems, backaches, etc.? How is your health in general?** Probe hypochondriasis and somatization. Ask about eating problems or other symptoms if doing so seems clinically indicated based on prior material, appearance, etc.
- **How do you usually feel about yourself?** If the person has a traumatic history, inquire into self-blame and feelings of badness, shamefulness, or self-loathing. **Do your feelings about yourself change a lot? What do you most like and dislike about yourself?**

- **Have you ever hurt yourself, tried to kill yourself, or thought seriously about suicide?**
If so, probe frequency, intensity, and at least one specific incident.
- **Do you ever feel like you don't know who you are, or like the different sides of you don't fit together?**
- **Do you ever feel like you're outside your body, or that you're somehow separate from the things around you, like you're looking at them through a pane of glass?**
- If interviewee's sense of identity or ability to find meaning in life is not clear, ask, "Are there times when you feel empty inside, or like you're a different person depending on who you're with?"
- Where appropriate, probe religious or spiritual beliefs that are particularly meaningful to the person, appear to hold identity together, or reveal loose thinking. *Do not ask unless the patient has given you reason to believe that spirituality is an important aspect of his/her life, or unless this is normative for his/her culture or ethnicity.*
- **Are you a superstitious person? Do you have any beliefs that other people would find unusual?**
- **Do you believe in ESP, or believe that people can read other people's minds? Do you ever have strange thoughts or feelings that come into your head, like sensing that another person is in the room, or suddenly seeing images or hearing voices?** *Do not ask these questions if they seem inappropriate or the answers are obvious at this point.*
Follow up with direct questions about frank thought disorder if appropriate.

I've asked you a lot of questions. How has this been? Is there anything we haven't covered that's really important in understanding you as a person? Is there anything else you'd like to add, or anything you'd like to ask?

For both patients and research participants, it is useful to provide feedback to the person about what you've seen, including both things s/he is concerned about and his/her potential strengths.

Synopsis of Clinical Diagnostic Interview Questions

1. Could you tell me about yourself and what brought you here?
2. Can you tell me about your childhood--what was it like growing up?
3. Can you tell me about your relationship with your mother? What was (is) she like as a person, and what was she like as a parent? Now I'd like you to describe a specific encounter with your mother, something that stands out. It can be an incident that's typical of your relationship, really meaningful, really good, really bad—whatever comes to mind.
4. Could you tell me about your relationship with your father?
5. Do you have brothers and sisters? Could you tell me a little bit about them and your relationships with them? Was there anyone else who was really important to you as a child or teenager?
6. What was school like for you?
7. What were your friendships like when you were a kid, and what are they like now? Who are your closest friends now? Could you tell me about your relationship with one of them--what is it like?
8. Can you tell me about your romantic relationships--what have they been like? Are you currently married or involved with someone? Could you tell me about the relationship? How is your sex life? Are there things that make you uncomfortable sexually, or have led to friction in your relationships? Is there anything about your sexual attitudes or behavior that other people might consider unusual?
9. Could you tell me about your work history? What do you do now, and what have you done before?
10. Do you have children? Can you tell me a little bit about them, and about your relationships with them?
11. Now I'd like you to think of a really difficult, stressful, or upsetting time in the last year or two, and tell me about it.
12. Can you tell me about your relationship with your therapist?
13. Now I'd like to finish up with a few more questions about your mental and physical health, and the ways you feel, think, and see yourself. A) Do you often feel sad? Anxious? Ashamed or embarrassed? Guilty? Angry? B) How about positive feelings, like happiness or pride? C) Do you ever get overwhelmed by your feelings? D) Are there times when you try to shut off your feelings entirely, or when you just feel numb? E) Have you ever had trouble with alcohol or drugs? F) How does your body hold up under stress? Do you often get sick or have headaches, stomach problems, backaches, etc.? How is your health in general? G) How do you usually feel about yourself? Do your feelings about yourself change a lot? What do you most like and dislike about yourself? H) Have you ever hurt yourself, tried to kill yourself, or thought seriously about suicide? I) Do you ever feel like you don't know who you are, or like the different sides of you don't fit together? J) Do you ever feel like you're outside your body, or that you're somehow separate from the things around you,

like you're looking at them through a pane of glass? K) Are you a superstitious person? Do you have any beliefs that other people would find unusual? Do you believe in ESP, or believe that people can read other people's minds? Do you ever have strange thoughts or feelings that come into your head, like sensing that another person is in the room, or suddenly seeing images or hearing voices?

15. I've asked you a lot of questions. How has this been? Is there anything we haven't covered that's really important in understanding you as a person? Is there anything else you'd like to add, or anything you'd like to ask?