

COMBINE PSYCHIATRIC HISTORY (PSY ver. A)

Center	Participant #	Participant Initials	Week	Sequence
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Date		Staff ID		
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mo.		da.		yr.

Instructions: Ask the participant each question and check (T) the appropriate box(es). Probe carefully, responses of participant may exclude them from randomization.

1. Have you ever been diagnosed as having:
 - a. Schizophrenia or other psychosis?
 Yes No
If yes, are you currently on medication for this disorder?
 Yes No *A Yes response excludes patient from participating in this study*
If yes, specify: _____
 - b. Mood disorder, like depression or mania?
 Yes No
If yes, are you currently on medication for this disorder?
 Yes No *A Yes response excludes patient from participating in this study*
If yes, specify: _____
 - c. Obsessive-compulsive disorder?
 Yes No
If yes, are you currently on medication for this disorder?
 Yes No *A Yes response excludes patient from participating in this study*
If yes, specify: _____
 - d. Severe anxiety, panic attacks, post-traumatic stress disorder (PTSD) or serious phobias?
 Yes No
If yes, are you currently on medication for this disorder?
 Yes No *A Yes response excludes patient from participating in this study*
If yes, specify: _____
2. Have you been hospitalized for a mental illness or emotional problem unrelated to alcoholism:
 - a. -at any time in the past? Yes No If yes, specify: _____
 - b. -within the past year? Yes No If yes, specify: _____

*A yes response **may** exclude patient from participating in this study.*
3. Have you tried to commit suicide?
 - a. -at any time in the past? Yes No If yes, specify: _____
 - b. -within the past year? Yes No If yes, specify: _____

*A yes response **may** exclude patient from participating in this study.*
4. Have you been diagnosed as having anorexia nervosa or bulimia with vomiting or purging?
 - a. -at any time in the past? Yes No If yes, specify: _____
 - b. -within the past year? Yes No If yes, specify: _____

*A yes response **may** exclude patient from participating in this study.*