An Attempt to Validate an Inventory From the Criteria of DSM-III.

David Gilbert Perry
Louisiana State University and Agricultural & Mechanical College
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AN ATTEMPT TO VALIDATE AN INVENTORY FROM THE CRITERIA OF DSM-III

A Dissertation

Submitted to the Graduate Faculty of the Louisiana State University and Agricultural and Mechanical College in partial fulfillment of the requirements for the degree of Doctor of Philosophy in

The Department of Psychology

by

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Snarls were also directed at Carol Dole, my wife, during the final phase of this project, and I hereby register my gratitude that she put up with them.
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Abstract

The Development of Psychopathology Inventories from the Criteria of DSM-III

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Criteria of DSM-III were used as source material for items in a psychopathology inventory series. The inventories provided DSM-III diagnoses by reproducing the DSM-III decision process through diagnostic keys. The personality disorders inventory (ADI) was chosen as initial research instrument. Forty-seven voluntary clients from two sites served as clinical subjects and twenty-nine non-clinical volunteers, given special directions to avoid diagnosis, served as subjects for validity scales. Four clinical psychologists matched DSM-III criteria with ADI items in measurement of content validity. Results showed that the ADI was not a useful psychometric instrument in its present form. The ADI gave many false positive diagnoses, and also gave too many false negative diagnoses to serve usefully as a screening instrument. There were significant differences for sex, site, sex within site A and site within females. A framework of attribute quality and attribute quantity was suggested by data juxtaposition, and resultant instrument revisions were derived.
Introduction

The publication of the third edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-III) in 1980 offered a unique opportunity to psychometricians. For the first time, the dominant diagnostic system offered explicit criteria and invariant rules for diagnosis, with a descriptive mode supplanting earlier etiological and prognostic emphases as the basis of classification. While psychometric instruments for psychopathology had often had strong ties to the diagnostic system predominant at the time of the creation of the instrument, the tie between individual item and diagnosis was limited by the latitude given diagnosticians to interpret diagnostic description. This resulted in variability of diagnosis among individual diagnosticians and groups of diagnosticians (e.g., American versus British rates of diagnosis for schizophrenia) (Matarazzo, 1978). The specific diagnostic directions of DSM-III were intended to increase interrater reliability (Spitzer, 1980), with the result that psychometric items and diagnostic scoring could be derived that would be virtually duplicative of the DSM-III system. Because clinicians connected with federal and state agencies are required to diagnose in DSM-III terms for purposes of record keeping and payment, and virtually all insurance payments require a DSM-III
diagnosis, a psychometric instrument that produced accurate DSM-III diagnoses would be of great practical use, no matter what the possible shortcomings of the DSM-III diagnostic system. Indeed, a 1981 survey of psychologists practicing psychotherapy found that 86% of the sample used the DSM-III diagnostic system, but that 43% stated that the reason for their use of DSM-III was that they had no choice (Smith & Kraft, 1983).

The opportunity, then, existed for an improved form of diagnostic instrument, a self-report inventory in which the client would answer the questions most germane to the diagnostician, with a diagnosis, congruent with the dominant diagnostic system, resulting immediately through the instrument's scoring key. Direct diagnostic scoring was not a new idea; indeed, it had been the original intention of the creators of the Minnesota Multiphasic Personality Inventory (MMPI) (Hathaway & McKinley, 1967) to provide a direct link between score and diagnosis (Dahlstrom, 1969). Only the greatly augmented chance of success for such diagnostic scoring was new.

The question of interest to the experimenter in this research, then, was whether a psychopathology inventory directly derived from DSM-III diagnostic criteria would yield diagnoses equivalent to those of diagnosticians using the criteria directly. If so, a tremendous amount
of professional time could be saved. If not, the question would become, why not?

The predominant obstacle in answering the question of interest was that no such psychopathology instrument existed to be tested. While diagnosticians phrased their conclusions in terms of DSM-III criteria and diagnostic categories, and the occasional diagnostic instrument had modified its scoring to yield some DSM-III diagnoses (e.g., the Millon Clinical Multiaxial Inventory (MCMI) (Millon, 1977), no inventory was directly linked to the criteria (Hurt, Hyler, Frances, Clarkin & Brent, 1984). Before the hypothesis that such an instrument would be diagnostically valuable could be tested, the instrument would have to be created by the experimenter.

The guiding principle behind the creation of the resulting inventory was that, when at all practicable, the DSM-III criteria should be directly converted into inventory items and the DSM-III diagnostic directions should be directly converted into the inventory diagnostic scoring key. The researcher attempted to keep entirely out of the picture his own opinions for corrections or improvements in the diagnostic system. Objectivity of translation into inventory items and scoring directions was the first rule in constructing the inventory.

DSM-III was the first diagnostic system to be extensively
field-tested for reliability before being put into use, with over 800 clinicians involved in the field trials. This edition of the diagnostic manual took five years to develop, during which over 100 individuals selected for their expertise in particular areas of classification participated in the drafting and revision of the document (Spitzer, Williams & Skodol, 1980). DSM-III is more than three times the length of its predecessor, DSM-II (American Psychiatric Association, 1968). Much of the gain in volume has been occasioned, not by the five-fold multiplication of diagnostic axes—the description and commentary in DSM-III concerning axes III, IV and V totals six pages, and the diagnostic categories of axis II have correspondent categories in DSM-II—but by the shift to explicit diagnostic criteria and exact directions for diagnosis. Whatever the merits and deficits of DSM-III, an enormous amount of work by a great many eminent scientists and clinicians has gone into its construction.

While each professional may have his or her own particular evaluation of the points upon which DSM-III could be improved, the researcher considered his own opinions of the flaws and errors of DSM-III no more valuable or valid than the collective experience and effort that shaped the final draft of DSM-III. Beyond that, the goal of constructing the inventory was to make a self-report
instrument that would mirror the decision process manifested by the DSM-III criteria and rules for diagnosis. An attempt to "improve" on the criteria or rules would push the inventory diagnosis further from DSM-III diagnosis. As the inventory was intended to become a psychometric adjunct of the DSM-III system, there was no point in "improving" the inventory unless the researcher could arouse the American Psychiatric Association to make corresponding changes in DSM-III.

Besides the original lack of an instrument to test the question of interest, a second obstacle to the research also existed. DSM-III had been written for a highly trained audience, and some of the terms would be unknown or confusing for most people outside of the field of mental health. For an inventory derived from DSM-III criteria to succeed, it would have to be intelligible to the average person and, indeed, the below-average person.

A third obstacle, not manifest when the research was first proposed, became a major problem in carrying out the experimental design. DSM-III contains five axes. The first two of these are divided into hierarchies of diagnosis. Seventeen first-order divisions of disorders (example: Schizophrenic Disorders) are spelled out (as compared to ten divisions in DSM-II and three divisions in DSM-I). Second-order divisions (example: Major Affective
Disorders) number 33 (counting first-order divisions as one category when they are not subdivided). Two hundred twenty-three third-order diagnoses (example: Kleptomania) are listed. Finally, 349 fourth-order diagnoses (example: Dementia associated with alcoholism, severe) are cataloged in DSM-III, with criteria defined for almost all. So, counting the null set (no diagnosis on axes I and II), 350 possible diagnoses elucidated in over a thousand criteria must be covered to usefully parallel axes I and II. To these must be added diagnoses and criteria for axes IV and V. Although cross-referencing the DSM-III criteria proved, as expected, to be a major benefit in keying identical and very similar criteria into the same item, thus substantially reducing the number of items needed, a solid minority of criteria required two, three or more items to adequately represent their content in simple language with few modifying clauses. Thus, the gains of cross-referencing were greatly reduced, and it became clear that the originally-envisioned omnibus diagnostic instrument had better become a series of shorter, more specialized instruments. While the resulting multiplicity of inventories required the diagnostician to make a few gross judgments as to what would most likely be an area of focal interest (e.g., Infant Inventory versus Adolescent and Child Inventory versus Adult axis I Inventory), the
instruments could be used successively (Adult axes I, II, III, IV and V instruments) over a brief period of time without requiring the client either to fill out a thousand item inventory non-stop, or to break off an inventory in the middle and then start again at a later date. Testing nine instruments simultaneously seemed less practicable than selecting one of the inventories as representative for initial experimentation. The personality disorders were the most commonly diagnosed group of disorders in the DSM-III field trials (Williams & Spitzer, 1980), and there seemed no commonly accepted psychometric instrument for personality disorders. Thus, the personality disorders inventory was selected as the first of the newly-created inventories to be tested.

In the course of carrying out this study, a comparable instrument, the Personality Diagnostic Questionnaire (PDQ) (Hyler, Rieder, Spitzer & Williams, 1984), was discovered to be using the same generative principle of construction and covering the same diagnostic range as the personality disorder inventory herein researched. As has been mentioned earlier, at the time that the study at hand was proposed, there was no psychopathology instrument in existence that could test the hypothesis that a faithful transformation of DSM-III criteria and diagnostic rules into inventory items and diagnostic scoring key would result in accurate
DSM-III diagnoses. Construction of the original omnibus instrument was begun by Perry in 1981 and a first draft was completed by January 1983. Revision of this instrument in February 1983 resulted in several smaller instruments, and the final draft of the personality disorder inventory, the Axis II Diagnostic Inventory (ADI), was ready for research use by July 1984. It was at this time that it came to the researcher's attention that the PDQ was also in research use. The PDQ is a psychopathology inventory with items directly derived from the criteria of DSM-III and a scoring system keyed directly to the DSM-III diagnostic system. As Spitzer was the chairperson for the DSM-III taskforce and wrote its introduction, as well as being coauthor of DSM-II's guide for comparison with DSM-I (Spitzer & Wilson, 1968), and Williams was the DSM-III text editor, parallel evolution of the researcher's instrument with an inventory developed by a group including Spitzer and Williams seemed something of a validation of the soundness of the idea. As it has turned out, Spitzer and Williams are participating in the development of at least one other instrument based on DSM-III, the Structured Clinical Interview for the DSM-III (SCID), also currently being researched (J. B. W. Williams, personal communication, March, 1985).
A brief history of diagnostic systems.

As the Woodworth Personal Data Sheet, while not the first self-report inventory, was nevertheless the father of psychological diagnostic inventories, so Kraepelin's diagnostic categorization, which came after many other systems of psychopathology, nevertheless is the progenitor of the modern diagnostic system. Zubin (1978) states that clinical diagnosis dates back thirty-four centuries, but that systematic psychopathology began only around 1800, with Pinel and Esquirol. Kraepelin's psychiatric textbook, Lehrbuch, came out in its first edition in 1883 and was the psychiatric diagnostic standard for decades. Its ninth and last edition of 2,425 pages came out in 1927 (Wolman, 1978). Although many other diagnostic systems were contemporaneous with Kraepelin's (notably Freud's), none has proved more influential for diagnosticians.

Diagnostic systems in general can be classified according to their emphases on symptomatology, etiology, prognosis or treatment (Wolman, 1978). The categories are relative: Kraepelin's symptomatic descriptions were scrupulously detailed, his observational powers providing exact behavioral specifics of mental illness, but Kraepelin relied on prognosis for his diagnostic foundation stone. Freud, on the other hand, offered etiology as the single most important aspect of diagnostic classification. The
DSM-III places a determining emphasis on symptomatology in arriving at diagnostic classification. In a sense, treatment is the principal emphasis of behavioral diagnostics, in that reinforcement contingencies and their modification draw central attention in many behavioral systems.

Further diagnostic subdivisions occur: within etiology, Zubin delineates different psychopathological models: "(1) ecological, (2) developmental, (3) learning, (4) genetic, (5) internal environmental, and (6) neurophysiological. Each of these models is so broad in scope that entire schools of psychopathology can pass through its portals without touching." (Zubin, 1978) Zubin and Spring have proposed a second-order interactional model (Zubin & Spring, 1977).

For the past thirty-three years, the standard diagnostic manual in the United States has been the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders. In 1917 the American Medical Psychological Association prepared a statistical classification of mental diseases. The American Medical Association (AMA) reorganized its standard nomenclature in 1934, with psychiatry preparing the section on mental disorders. The AMA again revised this manual in 1942 (Kramer, 1968).

In 1952 the American Psychiatric Association published a radically revised mental disorders manual (Brill, 1967).
Earlier psychiatric nomenclatures were based almost entirely on casework from mental hospitals. The 1952 DSM attempted to include the diagnostic experience and needs of private practice and outpatient psychiatry and of short-term as well as long-term cases. The static-category Kraepelinian model, based in the causal connecting of general paresis with syphilis, pellagra with pellagra psychosis, disease entity with disturbance, had proven less than all-encompassing for many modern practitioners. Two schools heavily influenced the changes made from the 1942 AMA classification system to the 1952 DSM. Psychodynamic psychopathology was no longer the radical outsider in psychiatry that it had been earlier; it was now part of the orthodoxy. Childhood experience had become a recognized source of etiology in mental illness; etiological considerations had become the prime vehicle for diagnostic categorizing. Also, Adolf Meyer's "maladaptive habit" approach, with his emphasis on adaptation and reaction to environmental influence, had become an intrinsic part of the new nomenclature. Kraepelin's dependence on disease outcome for classifying mental illness was less tenable as treatment of psychosis became more successful after World War I (Mora, 1967). Somewhat related to Meyer's, the Sullivanian approach to mental disorder as the visible sign of problems in living also was at the height of its influence on psychiatry at
the midpoint in the century.

Brill (1967) lists six advantages of the 1952 DSM over its predecessors: (1) far wider acceptance and use; (2) a succinct, well-defined delineation of the mental disorders; (3) easy conversion to the terms of the World Health Organization classification system or that of the 1942 APA manual; (4) clear instructions facilitating data reporting; (5) terms not scattered throughout a "much larger, general medical classification"; and (6) simplification in a form suitable for statistical analysis. The 1952 DSM was the official manual for sixteen years.

Spitzer and Wilson (1968), in A Guide to the New Nomenclature, list several changes that were made in the 1968 DSM-II. The Meyerian term "reaction" was dropped from diagnostic labels as part of a general move to eliminate "etiological presumptions". The three Freudian-derived major divisions of the 1952 DSM, functional disorders, mental deficiency (idiopathic) and organic brain syndromes, became ten major divisions in DSM-II, largely through partitioning the functional disorders into six major headings. A division was also added for behavior disorders of childhood and adolescence, as well as a new division for conditions without manifest psychiatric disorder (the predecessor of the DSM-III V codes). Many other organizational changes were made. Multiple psychiatric
diagnoses were encouraged. New categories and subcategories were added. In general, an attempt was made to eliminate factionalism from diagnosis, and to bring the DSM closer to the international classification system of the World Health Organization (ICD-8).

This effort to unify international and American classifications continued with DSM-III. The remaining contributions of Freudian etiological presumption were eliminated by deleting the neuroses as a unified diagnostic division. This drew a tremendous amount of criticism, and a non-preferred set of "neurotic" terms was included in the final version of the manual. Although the fading out of neurosis as a division drew the most initial attention, this was not, as it turned out, the most significant difference between DSM-III and its predecessors. DSM-III, in its efforts to take an "atheoretical" (although still 100% medical model) approach to etiology (Spitzer, 1980), emphasized a descriptive approach to diagnostic classes. Explicit criteria are provided for nearly all diagnoses (exceptions include Schizoaffective Disorder, the V codes—conditions not attributable to a mental disorder—and Atypical Disorders, Disorders Not Elsewhere Classified, and Other Disorders, which are residual categories). Exact requirements are delineated for making a particular diagnosis, thus minimizing subjective decisions and
idiosyncratic "favorite" diagnoses by users of the manual. As a result, disagreements based on differing criteria for diagnosis are minimized. This is probably the most important accomplishment of DSM-III; it has certainly resulted in more reliable diagnoses across raters.

Other changes in the third revision of the Diagnostic and Statistical Manual also are quite noteworthy. There are five diagnostic axes, although two of them are optional and two others quite often have no diagnosis applied. Axis I is utilized for most of the traditional diagnoses. Because it was felt that personality disorders among adults and specific developmental disorders among children were often ignored in the face of more florid and ego-dystonic symptoms, axis II was assigned to include these two diagnostic categories. Similarly, axis III has been allocated to physical illnesses, often ignored in psychological treatment, that affect the axis I and axis II disorders. Axes IV and V are highly useful but optional diagnostic structures: axis IV presents a numerical approximation of the severity of psychosocial stressors under which the subject has been operating during the year previous to diagnosis, and axis V numerically estimates the highest level of adaptive functioning the subject has sustained for at least a few months of the previous year. These two axes are much more ill-defined in their presentation and definition than are
axes I and II. Specific criteria for categories are not given, although areas to be considered and examples of each adaptive level are presented. Unfortunately, the adult example for the superior level of adaptive functioning confounds functioning with psychosocial stressors, muddling the intent of having independent axes.

DSM-III contains a detailed section contrasting the new nomenclature with that of DSM-II. Deletions, additions and emendations are well-defined in this section. Schizoaffective Disorder is removed from the category of schizophrenic disorders. Borderline Personality Disorder is given its first official recognition, as is Narcissistic Personality Disorder, while the Asthenic and Inadequate Personalities of DSM-II vanish. Hysterical Neurosis splits into five separate disorders, and Hysterical Personality becomes Histrionic Personality Disorder. "Disorder" is used with a frequency in DSM-III equal to or greater than that of "Reaction" in DSM-I.

DSM-III has been the subject of relentless criticism since its inception. The American Psychological Association's 1977 report by the Task Force on Descriptive Behavioral Classification criticized the initial draft of DSM-III on six grounds: (1) the medical model was inappropriately applied to problems in living; (2) reliability remained uneven and, for many categories, unacceptably low; (3) the
diagnostic descriptions mixed symptom clusters, behaviors, theoretical considerations and developmental influences; (4) decisions on diagnostic categories were at times based on committee vote rather than data; (5) labeling was in general often misused and could be harmful to clients; and (6) the diagnostic categories were, as presented, neither relevant to selecting a treatment modality nor relevant to client prognosis. (Smith & Kraft, 1983)

From the other side, elements of psychiatry were equally critical of DSM-III, often for opposite reasons. Michels (1984) stated that DSM-III did what its makers intended very well but that the goals were wrong. Michels considered DSM-III to have placed far too much emphasis on reliability, to the exclusion of relevance. Methodology and nosology played too great a part, said Michels, and the result was a movement away from psychological determinants of psychiatric illness, a movement most clearly exemplified for Michels in the removal of neurosis as a major division of classification. Valliant (1984) raised several points, joining with Michels in decrying the sacrifice of validity for reliability's sake, and condemning DSM-III for ignoring etiology, course and outcome. Valliant considered DSM-III to illustrate a reductionistic, parochial view of mental illness.

On the other hand, DSM-III has also been highly praised,
sometimes for the very same features for which it has been attacked in other quarters. Klerman (1984) hailed DSM-III for embodying the concept of multiple disorders and for reaffirming psychiatry's acceptance of the modern medical model. Klerman also considered DSM-III to have advanced the progress of diagnostics through explicit operational criteria, and by adapting scientific methodology in field-testing diagnoses for reliability. Klerman also cited the multiaxial model as a form of recognition of the multifaceted nature of patients.

**Personality disorders.**

The personality disorders have achieved a special place in DSM-III, an axis to themselves (the specific developmental disorders, which are also diagnosed on axis II, are predominantly a focus of interest among children, whereas the personality disorders are an adult classification (Millon, 1983)). The personality disorders have been given this special place to emphasize their importance as a diagnostic group and their underutilization in earlier diagnostic systems. Because by definition personality disorders require a stable, pervasive and largely ego-syntonic symptomatology, they are seldom highlighted through the deterioration that accompanies psychosis or the severe personal discomfort that is often a presenting symptom of neurosis. In other words, personality disorders more
often look like the ground than the figure. Fewer persons for whom this diagnosis is applicable will present for treatment than for the other large diagnostic groups, and when such persons present for treatment they will often wish to focus treatment on the epiphenomena of the disorder. When an axis I disorder is also present, such a disorder will be comparatively highly visible and both in diagnosis and in treatment is likely to become focal, while the personality disorder is neglected. An accurate instrument for diagnosing personality disorders would be an especially useful tool for both inpatient and outpatient facilities, according to the Director of Psychology at a New York State mental hospital (G. M. Shultis, personal communication, October, 1982).

In addition to being less visible than other classes of disorders of comparable seriousness, personality disorders have the lowest reliability of classification of the major disorders. In his first publication on the kappa coefficient as a measure of reliability, Spitzer found that, using DSM-II criteria, the kappa coefficient for interrater reliability was .32 (Spitzer, Cohen, Fleiss & Endicott, 1967), lower than any other category of diagnosis. In the field trials for the DSM-III diagnostic system, the personality disorders were found to be common (over half of adult patients received a personality diagnosis) and
of comparatively low interrater reliability (kappa of approximately .60, lower than all categories except for a few with very small number of subjects) (Williams & Spitzer, 1980). Reliability for the individual personality disorders obtained in the DSM-III field trials is shown in Table 1. Despite the dramatic improvement in reliability attributable to the specificity of diagnostic criteria in DSM-III, many diagnosticians still considered the level of diagnostic agreement unsatisfactory (Frances, 1980).

An explanation of the comparatively low reliability of the personality disorders was offered by Pfohl, Stangl and Zimmerman (1983). They state that "the criteria for axis II differ from most axis I criteria in that they do not lend themselves to direct inquiry." Pfohl, Stangl and Zimmerman consider the personality disorder criteria less behavioral and more a matter of style than axis I criteria. Further, they consider client self-report for axis II criteria more prone to distortion and conclude that it is therefore important to gain information from a significant other as well as the client.

Most studies of interrater reliability for the personality disorders using DSM-III criteria have yielded lower kappas than did the DSM-III field trials (Mellsop, Varghese, Joshua & Hicks, 1982). Mellsop et al., using three diagnosticians rather than the pairs used in the
Table 1
Diagnostic Correlation Coefficients for Personality Disorders Obtained in the DSM-III Field Trials

<table>
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<tr>
<th>Personality Disorder</th>
<th>Kappa</th>
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<tr>
<td>Paranoid</td>
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<td>14</td>
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<tr>
<td>Schizoid</td>
<td>.61</td>
<td>26</td>
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<tr>
<td>Schizotypal</td>
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<td>18</td>
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<tr>
<td>Histrionic</td>
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<tr>
<td>Narcissistic</td>
<td>.41</td>
<td>19</td>
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<tr>
<td>Antisocial</td>
<td>.77</td>
<td>49</td>
</tr>
<tr>
<td>Borderline</td>
<td>.54</td>
<td>65</td>
</tr>
<tr>
<td>Avoidant</td>
<td>.34</td>
<td>37</td>
</tr>
<tr>
<td>Dependent</td>
<td>.51</td>
<td>71</td>
</tr>
<tr>
<td>Compulsive</td>
<td>.58</td>
<td>38</td>
</tr>
<tr>
<td>Passive-aggressive</td>
<td>.37</td>
<td>40</td>
</tr>
<tr>
<td>Atypical, Mixed, or Other</td>
<td>.22</td>
<td>54</td>
</tr>
</tbody>
</table>

Note. Unpublished data provided by J. B. Williams (personal communication, 2/21/85). N = number of subjects.
field trials, found an overall kappa of .41 in their study, with individual diagnoses ranging as low as kappas of .01 for Schizoid Personality Disorder and -.05 for Atypical/Mixed/Other Personality Disorders.

The variability of reliability for the individual personality disorders that Mellsop et al. found is typical of the findings of other studies. Almost invariably, the highest kappa is associated with Antisocial Personality Disorder, which has the most behaviorally explicit criteria among the personality disorders, and the lowest kappa is associated with Atypical, Mixed and Other Personality Disorders, for which no criteria are given. Most groupings of DSM-III diagnoses have one or more wastebasket category into which to fit the unfit; Atypical Personality Disorder partly fills this function for the personality disorders. Other Personality Disorders is a category that includes some traditional diagnoses, such as Immature Personality Disorder, for which no criteria have been agreed upon, and other personality disorders, such as Asthenic Personality Disorder, that have been dropped from the nomenclature for lack of use. Mixed Personality Disorder again is imprecisely described in DSM-III; it is a fusion of the features of more than one disorder; however, Mixed Personality Disorder is not intended to preclude multiple diagnoses on this axis.
Direct diagnostic inventories.

As has been mentioned earlier, other psychometric instruments have attempted to tie their scoring directly to the dominant diagnostic system of the day. When the MMPI was introduced in 1943, the first edition of the DSM was still nine years in the future. The American Medical Association had a standard nomenclature for which the American Psychiatric Association prepared the section on mental disorders, but the MMPI used Kraepelin's somewhat antiquated diagnostic categories to form its original eight scales (which still comprise the nucleus of the MMPI diagnostic scales (Graham, 1977). Rather than using diagnostic criteria as sources for items, the creators of the MMPI selected about a thousand items from earlier personality inventories and psychiatric texts. The items were checked for relative dissimilarity, and redundant items were omitted, leaving 504 fairly independent statements. Each statement was reworded into a brief sentence with a first person singular subject, written in simple English. Each item could be answered true, false or cannot say. The items were given to a standardization group and a comparison group, and items were included in a scale if there was a difference of at least two times the standard error of measurement between the scores of the clinical group and the comparison group. Items which were selected
by more than one diagnostic group were scored for both diagnostic groups (Graham, 1978).

There are parallels between the creation of the MMPI and the diagnostic inventories of the present research project. Most notably, each inventory attempts to achieve a direct diagnosis through its scoring system. However, despite the empirical methodology employed in keying items to diagnostic groups, it was not possible at the time the MMPI was composed, or indeed until 1980, for a psychopathology inventory to derive its items directly from the diagnostic system into which the inventory was to shape its results. The use of MMPI scales as direct diagnostic instruments was soon abandoned (Graham, 1977).

Also like the MMPI, the ADI on occasion keys items to more than one diagnosis, a practice for which the MMPI has been strongly criticized because of creating artificially high correlations between scales (Dahlstrom, Welsh & Dahlstrom, 1972). Answer categories similar to those of the MMPI are used in the ADI, though "cannot say" has been replaced by "not applicable." Also, a Lie Scale modeled after that of the MMPI has been added. As the MMPI has for decades remained the dominant instrument in objective testing of psychopathology, it seems a model worth emulating (Goldberg, 1971).

The rationale for the development of a series of
inventories, the items of which are directly derived from the criteria of DSM-III and the scoring system of which is directly tied to the diagnostic directions of the same manual, is that a literal, nonjudgmental (to the degree possible) rendering of such explicit, descriptively-based diagnoses would result in self-report by clients of a particularly cogent nature, self-report that would convert into accurate diagnosis with minimal cost in professional time. The means to test this hypothesis were comparison with independent diagnoses obtained through traditional diagnostic batteries, with an upper bound of possible correlation set by the interrater reliability obtained in the DSM-III field trials and a lower bound of random agreement. A comparison with the results obtained by a parallel instrument, the PDQ, also were made.

Three measures of validity were collected for the ADI, and cross-comparisons were made. Concurrent validity was measured by comparison of inventory diagnosis of clinical groups with independent diagnoses by clinicians obtained at the research sites. Content validity was obtained through matching of items with criteria by four clinical psychologist judges, and the degree of congruence between judgments and inventory scoring key served as an index of external validity. A safeguard against "faking good" was tested through the scores obtained by a nonclinical
Several problems were anticipated in this research. The first problem was to create an item pool directly mirroring the diagnostic system while avoiding such item transparency that scores would be easily manipulable by subjects. A second problem could arise not because of faking but because of misunderstanding. The more mentally disordered the client, the more likely she or he would be to become inattentive, transfixed with anxiety, or inaccurate in understanding an item or a direction.

Another common aspect of mental disorder is lack of insight into the disorder. Some persons have an exaggerated view of their pathology, while others do not seem to recognize its existence. In both cases, a person of good will, being as honest as she or he can, and understanding the wording of an item, could still answer the item in a direction opposite to that of an observer watching the subject's *in vivo* behavior.

Finally, the limiting factor for construct validity of an inventory derived from DSM-III is the construct validity of the DSM-III diagnostic system itself. Except for chance variation, such an inventory would receive lower reliability coefficients to the degree that the inventory items distort the DSM-III criteria or to the degree that the self-report process differs in results.
from the standard diagnostic process. To the extent that the personality inventory described herein faithfully reproduces the content and diagnostic scoring of the manual from which it was derived, its construct validity is similar to that of the DSM-III system of diagnosis.

Method

**Instrument Construction.**—The criteria of axes I and II of DSM-III were cross-referenced across diagnoses for identical and extremely similar content. One or more items were then generated from most criteria, with the items worded as similarly as possible to the criteria. Using a grade level word list (Thorndike & Lorge, 1944) as arbiter for inclusion, criterion language was simplified, when necessary, into statements readable at the sixth grade level. As many statements were generated as were needed to cover the meaning and wording of each criterion. Most criteria generated a single item, but a substantial minority of criteria required two or more items in order to avoid cumbersome, multi-claused items. Derivation of items from criteria was literal and nonjudgmental except in cross-referencing and deriving an item for criterion B5 of Conduct Disorder, Undersocialized, Aggressive, where a decision was made that an editing error had clearly been made in the printing of DSM-III. Some criteria generated directions for the criterion scoring key, rather than items; examples
would include a criterion excluding diagnosis of a disorder if a Schizophrenic Disorder were also diagnosed, and a criterion excluding diagnosis of a disorder for subjects under 18 years of age. For diagnostic categories without explicit criteria, including Schizotypal Disorder, the Adjustment Disorders, the V code diagnoses, and Other, Atypical and Mixed Disorders for several different diagnostic groups, criteria were developed from DSM-III text description and description in the Ninth Revision of the International Classification of Diseases (ICD-9) (Kramer, 1980). A scoring system was generated closely paralleling the diagnostic ordering of criteria in DSM-III. Rules for diagnosis were identical when possible to the diagnostic rules of DSM-III, substituting inventory items generated from DSM-III criteria for the criteria themselves. As with the derivation of items from criteria, derivation of inventory diagnostic scoring key rules from DSM-III diagnostic rules was literal and nonjudgmental. Male, Female and Significant Other forms of the inventory were differentiated. A fill-in form, an inventory and a checklist were composed for axes III, IV and V, respectively. A variety of adjunctive information-gathering sheets was developed for demographic and referral information, and separate directions were written for the significant other and first person forms. These are included in Appendix B.
Instrument Revision.—The inventory was reviewed by Seay, Dreger, Osborne, Siegel and Gottfried, professors of psychology at Louisiana State University, and was revised according to their suggestions, including the addition of new items and the deletion or modification of old items. Because of its length, the inventory was split into a series of shorter inventories, including an axis II diagnostic inventory for adults, a general adult inventory, a child and adolescent inventory, an infant inventory, a general sexual disorders inventory, a paraphilia inventory, an intoxication and withdrawal inventory, a stress inventory, and a highest functioning checklist, each of which could be administered independently as appropriate. The axis II inventory items were again partly rewritten by the researcher, the item order randomized, a lie scale added and five items randomly selected for repetition as the reliability scale. After further review by Seay, Dreger, Osborne, Siegel and Gottfried, 60 items were slightly reworded, the lie scale was entirely rewritten, and all items keyed to Other Personality Disorders were dropped. The scoring criterion key was modified by deletion of all scoring directions for Atypical, Mixed and Other Personality Disorders and for Adult Antisocial Behavior, a V code diagnosis initially included in the ADI for differential diagnosis from Antisocial Personality Disorder. The directions to subjects were halved in length and simplified in content. Directions for research use were written and
then modified, and a brief explanatory note for research centers was composed as a uniform measure. Additional directions for use of control group subjects only were composed. See Appendix A for copies of these documents.

Four licensed clinical psychologists served as judges in matching the inventory items with the personality disorder criteria from which the items were derived. Two of the psychologists were engaged predominantly in inpatient work and two were in private practice. Each psychologist was asked to match up the item-criterion relationships for at least 104 randomly selected ADI items, and as many of the other 91 personality disorder scale items as they were willing to do (see Appendix A for the text of the directions to judges).

Subjects.--Seventy-six individuals 18 years of age or older served as subjects. See Table 2 for the mean age and age range of subjects. Twenty-seven of these subjects were vocational rehabilitation clients being tested for mental disorders or intellectual handicaps by The Psychological Clinic of Baton Rouge, and were designated as the site A clinical subjects. Eleven of these site A subjects were male and 16 were female. Twenty subjects were student clients at the Louisiana State University Mental Health Clinic, undergoing testing routinely as a part of their diagnosis and treatment; these subjects
Table 2
Mean Age and Age Range of Subjects

<table>
<thead>
<tr>
<th>Subject Group</th>
<th>Age of Youngest Subject</th>
<th>Age of Oldest Subject</th>
<th>Mean Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Males</td>
<td>18</td>
<td>37</td>
<td>23.8</td>
</tr>
<tr>
<td>Males</td>
<td>18</td>
<td>45</td>
<td>26.7</td>
</tr>
<tr>
<td>Females</td>
<td>18</td>
<td>45</td>
<td>28.6</td>
</tr>
<tr>
<td>Control Males</td>
<td>22</td>
<td>54</td>
<td>30.1</td>
</tr>
<tr>
<td>Males</td>
<td>24</td>
<td>54</td>
<td>34.0</td>
</tr>
<tr>
<td>Females</td>
<td>22</td>
<td>38</td>
<td>28.6</td>
</tr>
<tr>
<td>Clinical Site A Males</td>
<td>18</td>
<td>37</td>
<td>24.8</td>
</tr>
<tr>
<td>Clinical Site A Females</td>
<td>18</td>
<td>45</td>
<td>27.7</td>
</tr>
<tr>
<td>Clinical Site B Males</td>
<td>20</td>
<td>24</td>
<td>22.1</td>
</tr>
<tr>
<td>Clinical Site B Females</td>
<td>20</td>
<td>38</td>
<td>27.2</td>
</tr>
</tbody>
</table>
were designated as the site B clinical subjects. Seven of the site B subjects were male and 13 were female. Twenty-nine non-clinical volunteers composed a control group and were not independently diagnosed. Eight control group subjects were male and 21 were female. The clinical subjects were all voluntary clients. Broad differences existed in educational and socioeconomic level, with site A subjects composed largely of high school graduates of limited financial means, site B subjects composed entirely of undergraduate and graduate university students, and control group subjects ranging from high school graduates to Ph.D.'s but averaging an M.A. and socioeconomically middle class to upper middle class. Control group subjects were not considered as a "normal" population but as a group of subjects endorsing what they considered "normal" responses. They served as a check on the transparency of pathognomonic items and as a check for lie scale items.

**Instruments.**—The 208 item ADI was filled out by each subject (see Appendix A for a copy of the ADI). For purposes of this research, Passive-Aggressive Personality Disorder was considered diagnosable irrespective of whether another personality disorder was present. The two clinical groups were administered a psychological test battery that included, for both sites, a clinical interview, MMPI, Rorschach Inkblot Test, Thematic Apperception Test (selected
cards) and Sentence Completion Blank, with site A also administering the Wechsler Adult Intelligence Scale-Revised and site B also requiring production of House-Tree-Person and self figure drawings. All three groups filled out the standard ADI answer sheet. The control group received additional directions which read: "Please fill this out as if your goal were to be classified as 'normal' (no diagnosis). Please feel completely free to lie. Thank you for your time and effort." The two research sites received two additional documents, one a set of directions for administering the ADI and for the site psychologists to provide the criterion diagnosis to the experimenter on the ADI answer sheet, the other a brief summary of the project. Copies of both documents are included in Appendix A.

Procedure.—The ADI was administered as part of the test battery at the two research sites. Control group subjects filled out only the ADI, at their homes. The experimenter had no direct contact with subjects in either clinical group, but did directly contact members of the control group, handing the ADI to control subjects or sending control subjects the ADI through the mail. The independent diagnoses of clinical subjects, derived by the site psychologists from the concurrently-administered site test battery, were added to the answer sheets by the site
psychologists. The answer sheets were then mailed to the experimenter, who alone had a copy of the scoring key. Control group answer sheets were handed or mailed to the experimenter by the subjects.

Design.—The study was originally planned as a 2X6X11 factorial design, with correlation of ADI and criterion diagnoses as dependent variable and with sex, site and personality diagnoses as the factors. However, few of the research sites that agreed to provide data actually did. As a result, only the personality diagnoses as a whole had a large enough number of subjects to use in sex by site comparisons, and as the site B male total was below 10, the between sites comparison for males, one of the sex comparisons within sites, and the interaction effect were invalidated. Nevertheless, a 2X2 sex by site design remained as the final design for the clinical subjects. Additionally, the correlation coefficients of the ADI and criterion diagnoses were calculated for the individual personality disorders, using the kappa statistic, and percentages of endorsement were calculated for clinical and control groups for items, criteria, and groups of criteria, and matched with the degree of content validity as measured by the criterion-item match-up of the judges.

Results

Table 3 shows the results for the Sex by Site design.
Table 3
Correlation of ADI with Criterion Diagnosis
in Sex by Site Design

<table>
<thead>
<tr>
<th>Correlation</th>
<th>kappa</th>
<th>n</th>
<th>diag</th>
<th>no diag</th>
<th>crit only</th>
<th>ADI only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Across disorders, Overall</td>
<td>.09</td>
<td>47</td>
<td>14</td>
<td>396</td>
<td>17</td>
<td>90</td>
</tr>
<tr>
<td>Site A</td>
<td>.09</td>
<td>27</td>
<td>11</td>
<td>214</td>
<td>10</td>
<td>62</td>
</tr>
<tr>
<td>Site B</td>
<td>.06</td>
<td>20</td>
<td>3</td>
<td>182</td>
<td>7</td>
<td>28</td>
</tr>
<tr>
<td>Males</td>
<td>.18</td>
<td>18</td>
<td>6</td>
<td>160</td>
<td>7</td>
<td>25</td>
</tr>
<tr>
<td>Females</td>
<td>.04</td>
<td>29</td>
<td>8</td>
<td>236</td>
<td>10</td>
<td>65</td>
</tr>
<tr>
<td>Males at Site A</td>
<td>.21</td>
<td>11</td>
<td>5</td>
<td>94</td>
<td>3</td>
<td>19</td>
</tr>
<tr>
<td>Females at Site A</td>
<td>.02</td>
<td>16</td>
<td>6</td>
<td>120</td>
<td>7</td>
<td>43</td>
</tr>
<tr>
<td>Males at Site B</td>
<td>.10</td>
<td>7</td>
<td>1</td>
<td>66</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Females at Site B</td>
<td>.04</td>
<td>13</td>
<td>2</td>
<td>116</td>
<td>3</td>
<td>22</td>
</tr>
<tr>
<td>Personality Disorder versus</td>
<td>.01</td>
<td>47</td>
<td>24</td>
<td>3</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>no Personality Disorder</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. "Across disorders" rows include diagnosis or lack of diagnosis for subjects for each of the 11 personality disorders. diag = diagnosis by both ADI and criterion; no diag = diagnosis by neither ADI nor criterion; crit = criterion.
The kappa statistic was calculated, using each of the 11 diagnostic categories for every client. In the case of personality disorder versus no personality disorder, there was a single category (personality disorder) per client.

The kappa statistics for the ADI correlation with the criterion diagnoses were .01 for personality disorder versus no personality disorder, .09 across disorders, .09 across disorders for site A, .06 across disorders for site B, .18 across disorders for males, .04 across disorders for females, .21 across disorders for males at site A, .02 across disorders for females at site A, and .04 across disorders for females at site B. The number of subjects for males at site B was too small for the kappa of .10 to be useful.

Although only the overall kappa had an n of 10 or greater, kappas for the 11 personality disorders are listed in Table 4 for discussion purposes. Kappas ranged from .20 for Antisocial Personality Disorder to -.14 for Borderline Personality Disorder, with eight of the 10 computable correlations negative and no computation possible for Schizoid Personality Disorder because all subjects were classified in the same cell.

Diagnostic frequency differed markedly between ADI and criterion, with multiple diagnoses nonexistent for the criterion and occurring for more than half of the
Table 4
Correlation of ADI with Criterion Diagnosis
for each Personality Disorder

<table>
<thead>
<tr>
<th>Personality Disorder</th>
<th>kappa</th>
<th>n</th>
<th>diag</th>
<th>no diag</th>
<th>crit diagn only</th>
<th>ADI diag only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antisocial</td>
<td>.20</td>
<td>7</td>
<td>2</td>
<td>36</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Avoidant</td>
<td>-.08</td>
<td>2</td>
<td>0</td>
<td>40</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Borderline</td>
<td>-.14</td>
<td>2</td>
<td>2</td>
<td>24</td>
<td>0</td>
<td>21</td>
</tr>
<tr>
<td>Compulsive</td>
<td>-.02</td>
<td>0</td>
<td>0</td>
<td>45</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Dependent</td>
<td>-.07</td>
<td>4</td>
<td>0</td>
<td>41</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Histrionic</td>
<td>-.11</td>
<td>7</td>
<td>4</td>
<td>20</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td>Narcissistic</td>
<td>.04</td>
<td>1</td>
<td>1</td>
<td>36</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Paranoid</td>
<td>-.06</td>
<td>2</td>
<td>0</td>
<td>42</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Passive-Aggressive</td>
<td>-.03</td>
<td>1</td>
<td>0</td>
<td>44</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Schizoid</td>
<td>not computable</td>
<td>0</td>
<td>0</td>
<td>47</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Schizotypal</td>
<td>-.01</td>
<td>5</td>
<td>5</td>
<td>21</td>
<td>0</td>
<td>21</td>
</tr>
<tr>
<td>Atypical</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mixed</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Personality Disorder a</td>
<td></td>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. diag = diagnosis by both ADI and criterion; no diag = diagnosis by neither ADI nor criterion; crit = criterion.
aIncludes subjects with personality trait diagnosis only.
clinical subjects with the ADI. See Table 5 for the tabulation of these results and the results for the control group. The overall diagnostic frequencies averaged .66 per subject for the criterion and 2.21 per subject for the ADI. There was a large difference in frequency between sexes, with the criterion averaging .72 diagnoses per male and the ADI averaging 1.72 per male, and with the criterion averaging .62 diagnoses per female and the ADI averaging 2.52 per female. As part of this difference was an artifact of lumping criterion diagnoses of Other, Atypical and Mixed Personality Diagnoses and personality trait diagnoses together in the No Diagnosis category, diagnostic frequencies were also computed for subjects who had received one of the 11 classified diagnoses. Criterion diagnosis per subject averaged 1.00 per male, female, and overall, while ADI diagnosis per subject averaged 2.21 for males, 3.17 for females and 2.81 overall.

On diagnosis versus no diagnosis, 13 out of 18 clinical male subjects, 18 of 29 clinical female subjects and 31 of 47 clinical subjects overall received a criterion diagnosis of one of the 11 major personality disorders, as compared with one or more such ADI diagnoses for 14 of 18 males, 23 of 29 females and 37 of 47 subjects overall in the clinical groups and two of eight males, three of 21 females and five of 29 subjects overall in the control
Table 5
Frequency of Diagnosis

<table>
<thead>
<tr>
<th>Quantity of diagnoses (a)</th>
<th>Criterion males</th>
<th>females</th>
<th>ADI males</th>
<th>females</th>
<th>Control--ADI males</th>
<th>females</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>5</td>
<td>11</td>
<td>4</td>
<td>6</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td>1</td>
<td>13</td>
<td>18</td>
<td>7</td>
<td>5</td>
<td>1</td>
<td>2</td>
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<tr>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>6</td>
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<td>5</td>
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</tr>
<tr>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>29</td>
<td>18</td>
<td>29</td>
<td>8</td>
<td>21</td>
</tr>
</tbody>
</table>

per subject average 0.72 0.62 1.72 2.52 0.50 0.19 0.66 2.21 0.28 overall

\(a\)Other, Atypical and Mixed Personality Disorders are here merged with No Diagnosis. If they were not, criterion per subject average would be 0.89 for males, 0.76 for females and 0.81 overall.

\(b\)For subjects receiving one or more diagnoses, per subject averages were 1.00 for both males and females on the criterion, 2.21 for males, 3.17 for females and 2.81 overall on the ADI and 2.00 for males, 1.33 for females and 1.60 overall for ADI control group subjects.
There were differences between sites both as to whether a diagnosis was made and as to what diagnosis was made, though the small numbers of subjects reduced the fruitfulness of analysis. All nine clinical subjects with a criterion diagnosis of no personality disorder came from site B. All seven subjects with a criterion diagnosis of Antisocial Personality Disorder came from site A. Differences between sexes were less dramatic.

Table 6 lists complete details of all comparisons of factors in the Site by Sex design. Chi squares for the Site by Sex design were calculated for comparisons with 10 subjects or more in a comparison group, resulting in significant differences ($\alpha = .05$, 1 df) between sexes, between sites, between sites for females and between sexes at site A. The chi squares were calculated by collapsing kappa categories into a table of criterion-ADI agreement or disagreement. The between sites comparison for males and comparison by sex within site B were negated by the small number of male subjects at site B.

Percentages of endorsement were calculated for each item and each criterion for clinical and control groups. Control group subjects had higher percentages of significant endorsement for five of eight Lie Scale items and 15 of 200 non-Lie Scale items. However, of the seven non-Lie
### Table 6

**Significance of Factors in Sex by Site Design**

<table>
<thead>
<tr>
<th>Factor</th>
<th>n</th>
<th>chi square</th>
<th>criterion &amp; ADI agreement</th>
<th>criterion &amp; ADI disagreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex M</td>
<td>18</td>
<td>4.021*</td>
<td>166</td>
<td>32</td>
</tr>
<tr>
<td>Sex F</td>
<td>29</td>
<td></td>
<td>244</td>
<td>75</td>
</tr>
<tr>
<td>Site A</td>
<td>27</td>
<td>5.349*</td>
<td>225</td>
<td>72</td>
</tr>
<tr>
<td>Site B</td>
<td>20</td>
<td></td>
<td>185</td>
<td>35</td>
</tr>
<tr>
<td>Females A</td>
<td>16</td>
<td>5.238*</td>
<td>126</td>
<td>50</td>
</tr>
<tr>
<td>by site B</td>
<td>13</td>
<td></td>
<td>118</td>
<td>25</td>
</tr>
<tr>
<td>Males A</td>
<td>11</td>
<td>.937</td>
<td>99</td>
<td>22</td>
</tr>
<tr>
<td>by site B</td>
<td>7</td>
<td></td>
<td>67</td>
<td>10</td>
</tr>
<tr>
<td>Site A M</td>
<td>11</td>
<td>4.084*</td>
<td>99</td>
<td>22</td>
</tr>
<tr>
<td>by sex F</td>
<td>16</td>
<td></td>
<td>126</td>
<td>50</td>
</tr>
<tr>
<td>Site B M</td>
<td>7</td>
<td>.756</td>
<td>67</td>
<td>10</td>
</tr>
<tr>
<td>by sex F</td>
<td>13</td>
<td></td>
<td>118</td>
<td>25</td>
</tr>
</tbody>
</table>

Note. * = p < .05. 1 df for all comparisons. M = males, F = females, A = site A, B = site B.
Scale items with significant endorsement occurring in a negative direction, control group subjects had higher percentages of endorsement for three.

Thirty-one specific items were endorsed by half or more of the clinical group in the direction of significance, with four of these items endorsed by more than four-fifths of the clinical subjects. These same four items were the only items endorsed in a significant direction by over half of the control group subjects. Two of the items were identical, numbers 32 and 143, "I have some very special abilities." This item keys into the Reliability Scale and Narcissistic Personality Disorder Criterion A, "Grandiose sense of self-importance or uniqueness, e.g., exaggeration of achievements and talents, focus on the special nature of one's problems." The item was intended to refer to "exaggeration of . . . talents". Nearly everyone in both clinical and control groups endorsed item 53, "I want very much to have close friends." This item was derived from Avoidant Personality Disorder Criterion D, "Desire for affection and acceptance," which was also the source for the final item so frequently endorsed, item 194, "I want very much to be loved and accepted."

Diagnostic criteria included 33 that were scored positive for at least half of the clinical subjects, with six of these criteria scoring positive for at least four-fifths
of the clinical subjects. These included the above-mentioned Avoidant Personality Disorder Criterion D and Narcissistic Personality Disorder Criterion A, plus Narcissistic Personality Disorder Criterion B, "Preoccupation with fantasies of unlimited success, power, brilliance, beauty, or ideal love," and Narcissistic Personality Disorder Criterion D, "Cool indifference or marked feelings of rage, inferiority, shame, humiliation, or emptiness in response to criticism, indifference of others, or defeat"; also, Schizotypal Personality Disorder Criterion A1, "magical thinking, e.g., superstitiousness, clairvoyance, telepathy, '6th sense,' others can feel my feelings (in children and adolescents, bizarre fantasies or preoccupations)," and Antisocial Personality Disorder Criterion C1, inability to sustain consistent work behavior, as indicated by any of the following: (a) too frequent job changes (e.g., three or more jobs in five years not accounted for by nature of job or economic or seasonal fluctuation), (b) significant unemployment (e.g., six months or more in five years when expected to work), (c) serious absenteeism from work (e.g., average three days or more of lateness or absence per month), (d) walking off several jobs without other jobs in sight (Note: similar behavior in an academic setting during the last few years of school
may substitute for this criterion in individuals who by reason of their age or circumstances have not had an opportunity to demonstrate occupational adjustment). Tabulations of percentages of endorsement of items and of criteria may be found in Appendix A.

A detailed summation of the results of the matching of criteria with items by the judges can be found in Table 7. Concordance of the ADI criterion key with item-criterion match-ups by four judges resulted in the selection of one or more significant items per criterion in 90.5, 93.8, 80.2 and 47.0 percent of the criteria by the four judges. As each judge matched different amounts of items and there were some items keyed to more than one criterion and some criteria that generated more than one item, percentages of agreement were chosen as the descriptive statistic.

On an item-by-item basis, the percentage of items correctly assigned by judges to a criterion so designated in the scoring key was 86.1% for Judge A, 88.7% for Judge B, 75.9% for Judge C and 51.8% for Judge D. 95.4% of the items were selected by at least one judge for a correct criterion. Because the judges made different numbers of responses per item, the chances differed for correct random assignment, with the mean chance score being 1.3% for Judge A, 1.4% for Judge B and 1.1% for Judges C and D. The mean number of correct items that would be obtained
Table 7
Concordance of Judges with ADI Diagnostic Key

<table>
<thead>
<tr>
<th>Judge</th>
<th>% of criteria with one or more correct items selected</th>
<th>% of criteria with every correct item selected</th>
<th>total number of criteria judged</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>90.5</td>
<td>72.6</td>
<td>95</td>
</tr>
<tr>
<td>B</td>
<td>93.8</td>
<td>75.3</td>
<td>97</td>
</tr>
<tr>
<td>C</td>
<td>80.2</td>
<td>67.4</td>
<td>86</td>
</tr>
<tr>
<td>D</td>
<td>47.0</td>
<td>31.3</td>
<td>83</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Judge</th>
<th>% of items correctly assigned</th>
<th>% of assigned items with no incorrect assignments</th>
<th>total number of items assigned</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>86.1</td>
<td>67.4</td>
<td>187</td>
</tr>
<tr>
<td>B</td>
<td>88.7</td>
<td>70.6</td>
<td>194</td>
</tr>
<tr>
<td>C</td>
<td>75.9</td>
<td>72.2</td>
<td>133</td>
</tr>
<tr>
<td>D</td>
<td>51.8</td>
<td>48.2</td>
<td>110</td>
</tr>
</tbody>
</table>

Note. A "correct" item is an item selected by a judge as derived from a criterion when that item is listed on the ADI criterion key for that particular criterion. An "incorrect" item is one assigned by a judge but not listed on the ADI criterion key for the matched criterion. All of the 195 items that were on the personality disorder score key were assigned, 104 by four judges, 29 by three judges, 58 by two judges and five by one judge. Of the 97 criteria, 75 received item assignments from four judges, 17 from three judges and five from two judges.
by chance for each judge was calculated by dividing the number of items selected by the number of criteria scored, and then multiplying by the number of responses per item. The mean chance score per item is obtainable by dividing the mean number of correct items obtainable by chance by the number of items selected.

Judge A averaged 1.26 responses per item, Judge B averaged 1.32, Judge C averaged 1.05 and Judge D averaged 1.06, while the ADI scoring key averaged 1.17 responses per item. In items per criterion, Judge A averaged 2.48, Judge B averaged 2.64, Judge C averaged 1.62, Judge D averaged 1.41, and the ADI scoring key averaged 2.35 items per criterion.

Discussion

This study employed the criterion diagnosis, derived independently of the ADI by research site clinicians, as the operational definition of "truth." The fallibility of human diagnosticians using human diagnostic constructs is a given; nevertheless, such diagnosticians achieved a reliability coefficient of about .60 on the kappa statistic in the DSM-III field trials, and that reliability was considered as the upper bound of possibility for the ADI. The ADI was not attempting to plumb a more valid diagnostic truth, but to replicate the diagnostic process of DSM-III used by human diagnosticians, in order to provide an
identical service with minimal professional time spent. Thus, in this study, success or failure in terms of similarity to criterion diagnosis was more germane than the ultimate validity of the DSM-III system or the accuracy of its application by human diagnosticians. With this in mind, the results of this study provide incontrovertible evidence that the ADI is not a useful instrument for psychological testing in its present form. The results also showed that the instrument was operationally more accurate by far for male subjects than for female subjects, although it was not sufficiently accurate for either. Both the low kappas for the ADI across diagnoses and for females in particular may be traced to the same source.

The ADI generated an extremely high number of false positive diagnoses. The best example of the effect of the false positive diagnoses on correlation is diagrammed in Table 4, where the kappa correlation for Schizotypal Personality Disorder is listed as -.01. There were five criterion diagnoses by site psychologists of Schizotypal Personality Disorder among the clinical subjects, and the ADI diagnosed all five with the same disorder, a correlation of 1.00. Unfortunately, there were 42 clinical subjects without a criterion diagnosis of Schizotypal Personality Disorder, and the ADI diagnosed half of them as having the disorder, resulting in the reduction of a perfect
correlation to that of chance level. For eight of the 10 personality disorders where any diagnosis was made, the ADI diagnosed more disorders than did the criterion.

This difference in diagnostic frequency is markedly greater for female clinical subjects than for male clinical subjects. The criterion diagnosed a personality disorder of any kind .89 times per male subject, while the ADI diagnosed a personality disorder 1.72 times per male subject, a ratio of just under two ADI diagnoses for each criterion diagnosis. The criterion diagnosed some kind of personality disorder .76 times per female subject, while the ADI diagnosed a personality disorder 2.52 times per female subject, a ratio of about three and a third ADI diagnoses for each criterion diagnosis. Clearly the problem of false positive diagnoses affected females more severely than it affected males. In point of fact the problem for both sexes was more severe than it appears in the above discussion since Other, Atypical and Mixed Personality Disorders from the criterion diagnosis were for scoring purposes equivalent to no diagnosis for the ADI.

The especially low kappa correlation for female subjects as compared to male subjects was not accounted for by frequency of subjects receiving any diagnosis. Nearly four-fifths of female subjects received a personality
disorder diagnosis in the clinical group on the ADI, but so did nearly four-fifths of male clinical subjects. The difference in ratio of diagnosis to subjects was accounted for between sexes by the frequency and magnitude of multiple diagnoses on the ADI, with 18 of 29 female clinical subjects receiving two or more personality disorder diagnoses on the ADI and 11 of 29 female clinical subjects receiving four or more such diagnoses. Considering that there was never more than one criterion diagnosis per subject, even if the 11 female subjects who received four or more ADI diagnoses had all received an ADI diagnosis identical to the criterion diagnosis, 41 false positive diagnoses still would have been generated by these 11 subjects (in point of fact only five received a concordant diagnosis, and thus 47 false positive diagnoses were generated).

Among male clinical subjects, seven of 18 received two or more ADI diagnoses, about the same percentage as female clinical subjects receiving four or more ADI diagnoses. Furthermore, no male subjects received five or six such diagnoses, whereas five female subjects did.

The false positive diagnoses did not spread themselves evenly among the 11 personality disorder diagnoses. As has been mentioned previously, Schizotypal Personality Disorder received 21 false positive diagnoses, and Borderline Personality Disorder (which, like Schizotypal Personality
Disorder, was successfully diagnosed on the ADI in each instance for which it was diagnosed on the criterion) also received 21 false positive diagnoses, resulting in the most negative kappa coefficient of any of the disorders. On the other end, Schizoid Personality Disorder received no false positive diagnoses (or diagnoses of any kind), and three disorders (Compulsive, Dependent and Passive-Aggressive) had only two false positive diagnoses.

This is not to argue that the ADI was a good diagnostic instrument if one discounted its predilection for false positive diagnoses. If it were, the ADI might make a useful initial screening instrument. The fact is that the ADI was concordant with the criterion diagnosis for the 11 major personality disorders in only 14 of 31 cases. Although the 17 false negative diagnoses have a less dramatic appearance than the 90 false positive diagnoses, it is the false negative diagnoses in particular that essentially prove the worthlessness of the ADI as a diagnostic tool in its present form.

The ADI failed at two different sites with two apparently different subject selection procedures and some subject differences both in demographic data and in personality disorder diagnosis. As all of the subjects from site A had received a criterion diagnosis of a personality disorder, it seems likely that at site A the ADI was administered
only to subjects for whom personality disorder was a suspected diagnosis. On the other hand, site B had a 55% rate of personality disorder diagnosis in its subjects, which is about the base rate for personality disorder among clinical subjects obtained in the DSM-III field trials. It appears that at site B the ADI was administered routinely with the test battery. It is notable that the test batteries of the two sites are almost identical, yet there are a few clear differences in diagnostic frequencies, with all seven criterion diagnoses of Antisocial Personality Disorder being derived at site A, where the clinical subjects were poorer and less educated. As one of the symptoms of Antisocial Personality Disorder is scholastic under-achievement, it is not surprising that no such subjects showed up in a university setting. As Antisocial Personality Disorder had by far the most positive correlation coefficient of any of the disorders, the fact that all of the cases occurred at site A might provide a partial explanation for the significantly higher correlation of criterion with ADI diagnosis among site A subjects. An important element in the significantly higher correlation of site B females as compared to site A females appears to be the same element that was of major importance in the higher correlation of male clinical subjects over female clinical subjects in this study, namely multiple diagnoses. Three-quarters of
the female subjects at site A received multiple diagnoses as compared to fewer than half at site B, and all five of the female subjects with as many as five or six diagnoses were site A subjects. As noted above, multiple diagnoses are a reliable indicator in this study of a high number of false positive diagnoses and a correspondingly lowered or negative kappa coefficient. That females at site A were especially prone to multiple diagnosis also led in part to the significantly lower within-site correlation coefficient of females at site A compared to males at site A.

The success or failure of the validity scales in this study remains questionable. The many uncontrolled demographic differences of control group subjects compared with clinical subjects makes one cautious about drawing conclusions from score differences between groups. It is apparent that control group subjects endorsed clinical scale items at a lower rate than did clinical subjects (higher endorsement by clinical subjects for 92.5% of clinical scale items) and that control group subjects endorsed lie scale items at a higher rate (higher endorsement by control group subjects for five out of eight lie scale items). The problem in drawing conclusions from this is that almost all clinical scale items are significant given an answer of "true," and that all lie scale items are
significant given an answer of "false". Of the seven clinical scale items for which the significant answer is "false," control group subjects had a higher rate of significant endorsement for three of them. Thus, response set is a plausible alternate explanation for the higher rate of significance for control group subjects on the lie scale items.

As for the reliability scale, the five repeated items proved too few. Making a raw score of two significant seemed to be a criterion too open to false positive scoring, and only one subject scored as high as three (equivalent to a reliability score of 40%) on the scale. The subject who did score three seemed to have a genuinely invalid test, appearing to have shifted to pattern answering partway through the inventory (the subject was a male from site A with a predictable criterion diagnosis of Antisocial Personality Disorder). As no other subject appeared to have given pattern answers, the reliability scale did prove of use, but only marginally.

There are mitigating factors for the low correlation of ADI and criterion diagnoses. DSM-III is still a comparatively new diagnostic system, and many clinicians, including those doing the testing at site A and the supervision and training at site B, received their formative diagnostic training with earlier versions of DSM. Until clinicians
have been trained with the DSM-III system, there will be an appreciable amount of negative transfer for those accustomed to the less rigid diagnostic categories and different diagnostic emphases of DSM-II. Further, while DSM-II did explicitly encourage multiple diagnoses and DSM-III does the same, there is, in practice, a reluctance to use multiple diagnoses, especially with regard to the personality disorders. It is striking that, in the within study, not once did a criterion diagnosis include two personality disorders. The elements of diagnostic interference discussed herein appreciably lowered reliability, and made discussion of validity a much more uncertain enterprise than it otherwise would have been.

The criteria of the personality disorders in DSM-III were designated to differentiate the symptoms specific to each disorder. Although there is a commonality of "associated features" across diagnostic categories, the high incidence of personality disorder diagnoses in the ADI cannot be caused by this commonality because the ADI includes only items based on "crucial features" of DSM-III diagnosis. While some persons without a particular personality disorder would nevertheless have one or more hallmarks of the disorder, in few cases would a symptom specifically designated for a single disorder be common to half or more of the clinical population. Avoidant criterion D, "Desire for affection
and acceptance," is an example of a criterion that most subjects would meet, and like most such heavily endorsed criteria, criterion D differentiates a normal aspect of a disorder from the pathology of another disorder with many of the same behavioral symptoms (in this case, a Schizoidial attitude toward people). Nevertheless, many of the approximately 15% of clinical scale items for which half or more of the clinical subjects gave significant answers do not accurately reflect the diagnostic intent of DSM-III, and contribute to the overdiagnosing tendency of the ADI.

This general principle seems equally true at the criterion level of the ADI. Thirty-four percent of ADI criteria received endorsement in a significant direction from at least half of the clinical subjects. This seems a clear indicator that most of these criteria were too open to endorsement.

One may conceive of the translation of DSM-III criteria into ADI items along two orthogonal dimensions, quality and quantity. The quality of the item is the attribute or meaning; the quantity is the degree of strength of the attribute. In general, the greater the degree of strength of the attribute, the fewer endorsements the item will receive. The success of the quality of the item as a reflection of the DSM-III criterion may be measured by
the ability of professionals to judge item and criterion to be related, or the content validity. The ability of nonprofessionals to decipher the underlying intent of the item is related to both the degree of face validity and, often, the degree to which subjects can manipulate test results. Some items may reflect attributes which are uncommon and thus be rarely endorsed even with a moderate quantity. Many attributes are common in small quantity and rare in large. An example would be sadism: many people would endorse an item such as "I sometimes enjoy making some people uncomfortable," but few would endorse "I kill for pleasure."

The content validity of the ADI, as measured by concordance of professional judgments of the matching of items with criteria, was good, with over 95% of the items matched correctly by at least one judge and 98% of the criteria with one or more significant items selected by at least one judge. The degree of concordance also served as a measure of the external validity of the ADI. Two judges chose to match almost all of the criteria and items, and two judges did a few items additional to the required item sample for the task. Three of the judges generally performed well and one judge, the one who assigned the fewest items, was correct far less of the time. All four are accredited professionals; the researcher for this
project has personal knowledge that the judge with the
dighest percentages of concordance is an excellent diagnostician
whose principal task as a clinical psychologist at an
inpatient facility is initial interview and diagnostic
testing with new patients. The fact that the judge who,
by appearance, spent the least time and energy on the
matching task got markedly lower percentages of concordance
than did the three judges who voluntarily did more work
on the task is suggestive evidence that the content validity
of the ADI is higher than the face validity. If the face
validity had been high, a judge familiar with the diagnostic
criteria would have been likely to match item with criterion
without much forethought. The fact that the task was
possible is attested to by the high percentages of concordance
of the other three judges. That the fourth judge had a
poor level of concordance despite excellent diagnostic
skills attests to the possibility of a lack of transparency
in the ADI which, if true, would make the ADI less manipulable.

Putting together the evidence provided by the clinical
subjects with that provided by the professional judges,
it appears that in general the items of the ADI reflected
the attributes central to the DSM-III criteria from which
the items were derived, but that a substantial minority
of the items had insufficient quantity of the attribute
to prevent endorsement by subjects who did not belong to
the diagnostic category of interest. The fact that the ADI had undergone considerable review and revision would make it surprising if there were a large amount of attribute distortion, but the quantity ideal for an item is only deducible by empirical means. On an item by item level, the juxtaposition of test results with professional judgment provides a basis for deciding what items are in need of revision or replacement, and whether the revision need include a change in the quality of the item's statement or only in the strength of the statement.

At this point it would be useful to compare the results of the ADI with those obtained from the PDQ, the personality disorder inventory evolved by the Spitzer group at the New York Psychiatric Institute. First published results of research with the instrument appeared in the October 1984 issue of the American Journal of Psychiatry (Hurt, Hyler, Frances, Clarkin & Brent, 1984). Forty clinical subjects with a criterion diagnosis of one or more of the personality disorders were administered the PDQ on two occasions. The study focused on subjects with a criterion diagnosis of Borderline Personality Disorder, but all diagnoses except Antisocial Personality Disorder were represented in the criterion diagnoses. Kappa coefficients are only listed for reliability of the PDQ test-retest results, but enough information is given to deduce quite
a bit about the individual personality disorder kappas. The kappa for Borderline Personality Disorder would have been derivable if the data supplied had been accurate, but it appears that the numbers given do not add up. However, enough information is given to show, as Hurt et al. attest, that the PDQ yields many false positive diagnoses. Indeed, according to the article, 70% of the subjects in this study received a PDQ diagnosis of Schizotypal Personality Disorder although only 7% received that diagnosis on the criterion. The PDQ overdiagnosed for eight of the 11 personality disorders. As only percentages of diagnosis were given in the article, it was impossible to deduce how much concordance of PDQ and criterion diagnosis there was. There were five times as many PDQ diagnoses for Schizoid Personality Disorder as there were criterion diagnoses, four times as many for Paranoid Personality Disorder, three times as many for Histrionic Personality Disorder. Even if the PDQ were quite accurate in concordance for subjects where the criterion diagnosed a particular disorder, the large number of false positive diagnoses would, as has been shown with the ADI, reduce the kappa coefficient toward chance correlation. The more detailed data given for Borderline Personality Disorder indicate that the number of diagnoses of the PDQ when the criterion also diagnosed that disorder was about twice the number
of false negative diagnoses.

The similarity of ADI and PDQ problems for false positive diagnoses in general, and especially with regard to Schizotypal Personality Disorder, may be coincidental or part of a problem common to many psychometric instruments, but it may also reflect issues specific to the common derivation of the two instruments. Three issues, besides inaccuracies of the instruments themselves, come to mind.

The first issue is that of base rates for diagnosis. Axis II was added to the diagnostic system largely out of a felt need to emphasize the personality disorders because they were being underdiagnosed. Indeed, when the researcher was recruiting clinical subjects for this study, one county mental health clinic provisionally accepted participation in the study and then withdrew when it was found that axis II diagnoses simply were not made at that clinic.

Aside from the traditional underrepresentation of the personality disorders in diagnosis, there is the more general issue of how many diagnoses a clinician is likely to make. In the DSM-III field trials the mean number of diagnoses by clinicians using a new and radically-changed manual was 1.3 per client. In the PDQ study, using a structured interview, the criterion rate of diagnosis was also 1.3 per client. The criterion diagnosticians in the
study at hand never gave more than one diagnosis of personality disorder. In another study of DSM-III personality disorders, Mellsop et al. (1982) found 1.6 personality disorders per subject for those subjects with an axis II diagnosis.

The researcher would speculate that multiple diagnoses are generally more common in research settings, where close attention is being paid to the criteria of several disorders, than in ordinary clinical diagnosis, where the clinician is likely to have made an informed choice as to what diagnosis is applicable, checked the diagnostic criteria for that diagnosis, and closed the diagnostic manual without checking the criteria for all the other disorders in the category. The researcher would also speculate that the more florid personality disorders, including Antisocial, Borderline, Histrionic and Schizotypal Personality Disorders, tend to overshadow the more trait-like personality disorders, including Dependent, Avoidant, Compulsive and Passive-Aggressive Personality Disorders, when both are present. Indeed, DSM-III makes part of this hierarchy explicit when it rules out Passive-Aggressive Personality Disorder as a diagnosis when another personality disorder is present.

In DSM-II, the diagnosis corresponding to Dependent Personality Disorder is a subset of Passive-Aggressive Personality called Passive Aggressive Personality, Dependent Type. Not only are some personality disorders, such as Borderline
Personality Disorder, more visible than other personality disorders, such as Avoidant Personality Disorder, but there is an implicit hierarchy of disorders which leads to the nondiagnosis of the less dramatic disorder when the more dramatic is present.

If two disorders are equally noticeable, Mixed Personality Disorder is often the diagnosis, rather than both disorders being diagnosed. At times the more trait-like disorders may be subsumed, as "with Compulsive traits," for example.

To the degree that the above speculation is true, the problem of lowered coefficients of correlation for diagnostic instruments is exacerbated for those instruments that tend to make many diagnoses. The PDQ averaged 2.4 diagnoses per subject and the ADI 2.2, and both instruments would thus have lowered kappa coefficients.

A second issue of moment as a possible source of overdiagnosis in the ADI and PDQ is the scoring system of each. Both instruments attempt to mirror the decision process for diagnosis to be found in DSM-III. In developing ADI scoring, the researcher decided early on that, as with the inventory items, the ADI diagnostic scoring system would attempt a complete reflection of the DSM-III diagnostic rules even when the rules appeared unconsidered. The worst result of this decision is evident in the ADI scoring corresponding to Schizoid criterion D, "No eccentricities
of speech, behavior, or thought characteristic of Schizotypal Personality Disorder." There are 19 items in the ADI that pertain to eccentricities of speech, behavior and thought characteristic of Schizotypal Personality Disorder, and all 19 of them have to receive a negative endorsement in order for a subject to be scored positive for this criterion (unreasonably strict as that sounds, four clinical subjects and seven control group subjects did score positive for the criterion). It has been the view of the creator of the ADI that some eccentricities of a not especially noticeable nature are in point of fact common among Schizoidal as well as Schizotypal Personality Disorders, but this opinion has not been inflicted on the scoring system because it would have been antithetical to the generating principle of the inventory. The PDQ gets around the issue by omitting the criterion altogether, rather than attempting to modify it.

The problem of Schizoid criterion D described above limits the number of people who would receive this diagnosis (in the research at hand, no subject did). The problem with Borderline criteria A1 and A7 is that A7 is a subset of A1. Criterion A1 reads "impulsivity or unpredictability in at least two areas that are potentially self-damaging, e.g., spending, sex, gambling, substance use, shoplifting, overeating, physically self-damaging acts," while criterion
A7 reads "physically self-damaging acts, e.g., suicidal gestures, self-mutilation, recurrent accidents or physical fights." The result, both in the DSM-III criteria for this diagnosis and in the ADI diagnostic key, is that "physically self-damaging acts" are scored twice under this diagnosis. The seemingly sensible thing to do would be to score such acts only under criterion A7 and to remove them from A1, but to do so would be to attempt to improve upon rather than to reflect the DSM-III. The PDQ creators apparently decided to be sensible rather than puristic, for there are no overlapping items for criteria A1 and A7.

Aside from these specific problems, it is simply easier to be diagnosed as having some personality disorders than others. Some disorders, such as Schizoid Personality Disorder, are strictly defined, having a series of independent (but not necessarily orthogonal) criteria, each of which must be met in order for a subject to receive the diagnosis; Avoidant, Dependent and Narcissistic Personality Disorders fall generally into this class; except for Narcissistic Personality Disorder, relatively few diagnoses were made on the ADI for these disorders.

Other personality disorders, including Schizotypal, Borderline and Compulsive Personality Disorders, are diagnosed in DSM-III through a form of cluster definition. Several subcriteria are listed for the disorder, no one
of which is necessary; as long as the subject fulfills enough of the subcriteria, he or she is diagnosable. Schizotypal is the loosest in requirement of these disorders. It is possible for two subjects to qualify for this diagnosis with no overlap in subcriterion scoring on the ADI. Borderline Personality Disorder is the next loosest in terms of cluster scoring, although any two subjects with this diagnosis must have at least one subcriterion in common. Compulsive Personality Disorder, while following the same principle, is pretty tight in definition (a subject must score significance for at least four of the five subcriteria to receive this diagnosis). It is almost certainly not accidental that Schizotypal Personality Disorder, with the loosest requirements of definition, generated the most false positive diagnoses on both the ADI and the PDQ and that Borderline Personality Disorder generated as many false positive diagnoses as Schizotypal Personality Disorder on the ADI.

The principle of scoring the other four personality disorders lies between the more strictly-defined personality disorders and the more loosely-defined personality disorders described above, with subcriteria being grouped into classes and each class being necessary to score positive for the diagnosis. Histrionic Personality Disorder comes closest to the cluster definition; it is falsely diagnosed on the
ADI about as frequently as Schizotypal and Borderline Personality Disorders; Passive-Aggressive Personality Disorder is closest to the specific definition group and is seldom diagnosed by the ADI; Paranoid and Antisocial Personality Disorders fall in between on the scoring system.

The point of this description of the scoring system is that the variance of form of the DSM-III criteria rules for diagnosing a personality disorder is mirrored by the ADI scoring, and to some degree shapes the likelihood of ADI diagnosis.

But if the ADI is more likely to diagnose some personality disorders than others and if it is reflecting DSM-III, why do not diagnosticians using the same system tend to diagnose great numbers of Schizotypal, Borderline and Histrionic Personality Disorders and small numbers of Schizoid, Avoidant and Dependent Personality Disorders? Perhaps in part the reason is that the diagnosticians do not follow the DSM-III criteria as faithfully as the ADI scoring system does. The dissertation research of J. Hansche, Director of the Tulane Counseling Center, compared a computerized diagnostic program classifying children for special education with the independent classifications of clinicians, and found that the human diagnosticians did not follow the classification rules in about 60% of the cases (J. Hansche, personal communication, March 23, 1985).
What is probably an even larger factor is that personality diagnoses that have looser requirements for meeting the criteria require correspondingly closer attention to ensuring sufficient magnitude of item attribute to limit the number of subject endorsements. Fewer subject endorsements would result in fewer diagnoses.

Most criteria (52 out of 97) are specific and delimited enough to be covered in substance by one ADI item apiece. However, some criteria require many items to cover the possible manifestations enumerated in the criteria. Twenty-five of the 97 criteria require three or more items to complete coverage, and nine of these criteria require six or more items. With the exception of two cases where the criteria require linked, multiple item endorsement for significance (the above-mentioned Schizoid criterion D, and Compulsive criterion 1, "restricted ability to express warm and tender emotions, e.g., the individual is unduly conventional, serious and formal, and stingy"), these nine criteria have endorsement rates in the direction of significance by at least 23 of the 47 clinical subjects in this research. As with the more loosely defined personality disorders, the more loosely defined criteria appear to require higher degrees of magnitude per item to satisfactorily exclude nondiagnosable subjects from the disorders to which the criteria belong.
The third issue is that of the DSM-III criteria themselves. The generative principle of the ADI has been to translate these criteria into items as directly as possible, taking into account simplicity of language and, in some instances, item transparency. It appears that the rendering of the objective, somewhat matter-of-fact language of the DSM-III into items has generally been successful in communicating the substance of the criteria (as attested to by the concordance ratings of the judges), but less than successful in conveying the magnitude of the attribute intended for endorsement in the direction of significance. Rather than writing items that attempt to mirror DSM-III criteria, perhaps amplification as well as simplification of language would result in empirical accuracy of meaning, as shown by diagnosis. This would be a direction worth testing.

One of the results of the PDQ study described in the Hurt et al. (1984) article was a revision of the PDQ into the current version, with much of the change occurring among items designated to tap into Schizotypal Personality Disorder. Similar revision is planned for the ADI. Aside from the items earmarked for reexamination and possible change because of high rates of endorsement, there are nine items that were not assigned to the criterion designated on the diagnostic key by any of the professional judges
and nine more items that were correctly designated by a minority of the judges. Such items are apparently insufficiently tapping into the attributes central to the criteria from which they were derived. A reanalysis on an item-by-item and criterion-by-criterion basis, taking into account the advisability of increased magnitude of an attribute for items that are part of multiple-item criteria and/or comparatively loosely defined categories of personality disorder, will be central to revising the inventory.

As was mentioned in the Introduction, one of the ways in which the ADI resembles the MMPI is in the use by both instruments of significance on more than one clinical scale for some items. The MMPI has been unanimously criticized for this practice. The reason for the use of such a psychometrically unsound scoring practice in the ADI had to do with its derivation from the originally envisioned omnibus inventory that was to cover all aspects of DSM-III diagnosis. Since there was a great deal of overlap among diagnoses and subdiagnoses and clearly too many items to use a one-to-one basis of derivation for items from criteria, the emerging omnibus inventory adapted the psychometrically-monstrous MMPI practice. When the original inventory was split into its many progeny, the intent of reducing the number of items per inventory remained
an issue, and the strategy of multiple diagnoses per item was to some extent continued. On the ADI, with the exception of the above-discussed diagnostic key problems raised by DSM-III Schizoid criterion D and Borderline criteria A1 and A7, where DSM-III specifically refers to another diagnosis in the one case and uses identical language for two criteria in the other case, there are only 11 items for which more than one criterion is affected (in each case, two criteria). It would seem preferable to add 11 items to the revised version of the ADI and thus render moot the psychometric conflict rather than to have a diagnostic inventory a few items shorter. As for the items related to Schizoid criterion D and Borderline criteria A1 and A7, it is probably best to follow the example of the PDQ and change the scoring, in the first instance by making a diagnosis of Schizoid Personality Disorder contingent upon the absence of a diagnosis of Schizotypal Personality Disorder, and in the second instance by removing items keyed to criterion A7 from the key for criterion A1.

As a demonstration of the power of the inventories derived from DSM-III criteria, this research has shown that empirical testing and revision of a fairly drastic nature may be necessary for each of the inventories before norming or non-research use would be viable. Many of the results of this research could not have been (and were not)
derived from a rational examination of the inventory ahead of time. The inventory had been carefully constructed and undergone two extensive revisions before being put into use. The surprising degree of inaccuracy of the ADI despite such careful construction substantiates the need for further refinement, reconstruction and testing of the instrument.

A factor analytic study of the revised ADI is one necessity for the future. Such a study should be on a large scale, with at least three subjects for every item.

Another possibility for further research would be an attempt to recruit subjects with specific personality disorders, so that a smaller number of subjects might yield results of greater validity. The study herein was hampered by having no more than seven subjects in any diagnostic category. Recruiting for particular categories (through site location—for instance, a forensic study—or through the wording of calls for volunteers) might yield a less diffuse result.

It would also be of interest to study the revised ADI against criterion diagnosis by a DSM-III computer program, parallel to Hansche's dissertation research. This would eliminate sources of diagnostic variance such as training under DSM-II. A great advantage to such research would be that the computer would follow the diagnostic
rules 100% of the time. In that sense, such studies would provide the greatest possible reliability, and allow full concentration on issues of validity.
References


### Appendix A

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DIRECTIONS FOR AXIS II DIAGNOSTIC INVENTORY

The purpose of this inventory is for you to describe your feelings, thoughts and actions over the past several years. Please use the answer sheet to record your answers. If a statement is generally true or if you generally agree, put a checkmark in column A. If you generally disagree or the statement is generally untrue, put a checkmark in column B. If the statement does not apply (for instance, if the statement is about your children, and you've never had children), put a checkmark in column C. If you're not sure but have a feeling leaning toward agreement or disagreement, please answer in the direction of your feeling. Your answers will be entirely confidential. Take as much time as you need, and if possible answer every statement.
Axis II Diagnostic Inventory

1. I won't take the blame for something that I did if I can find a way out of it.
2. People think I'm rather distant or cold.
3. I often daydream about being extremely attractive.
4. I am kind of helpless.
5. Before I was fifteen I lied a lot.
6. I often got drunk or high on drugs before I was fifteen.
7. Much of the value of friends is in how much they admire you.
8. Sometimes it's more satisfying to get back at somebody than to get ahead myself.
9. When I lose I feel ashamed or humiliated.
10. It's important to me that things get done my way.
11. I am rather stupid.
12. I try not to get too friendly with people unless they prove to me that they care about me and accept me.
13. In the last five years I've had three or more jobs.
14. I've been told that I demand a lot from people.
15. When people weren't treating me right, I've tried several times to kill myself.
16. I don't have much patience with the troubles of my friends.
17. Sometimes nothing seems real to me.
18. I often see or hear things that are actually something else, like hearing voices when leaves rustle or seeing faces in shadows.
19. Sometimes I've bet a week's salary or more in one day, just because I felt like it, while other times I don't care about gambling at all.
20. If I have to make up a story to get people to give me what I want, I'll do it.
21. I love to be the center of attention.
22. Even when I could get what I want directly, I'd rather do it indirectly.
23. I often daydream about being tremendously successful, powerful or admired.
24. I try to have everything neat and in order down to the smallest detail.
25. There are times when I get very angry.
26. I've been in at least a couple of physical fights in the last year.
27. Not counting my last year in school, I played hooky (skipped school) at least five days a year for two years or more before I was fifteen.
28. I don't have much confidence in myself.
29. Other people can feel my feelings.
30. Mostly I don't plan things out ahead of time, I just do what I feel like, when I want to.
31. I show my emotions a lot more than most people do.
32. I have some very special abilities.
33. If I see someone as a threat, I get my own attack ready.
34. Most of the time I know what's going to be happening before I go into something; then I try to prove that I am right.
35. Not counting when I was in school, in the last five years I've been unemployed less than six months.
36. When someone criticizes me it makes me furious.
37. Sometimes when I get upset I threaten to kill myself.
38. If people don't want to do what I want them to, I'm usually not interested in spending time with them.
39. When someone criticizes me I feel ashamed or humiliated.
40. Before I was fifteen, I sometimes used to enjoy breaking things like street lights or store windows or school property.
41. I lie pretty often.
42. Much of the value of friends is in what they can do for you.
Axis II Diagnostic Inventory

43. Sometimes I sense the presence of a force or of a person not physically present.
44. A lot of the time I don't send the money I'm supposed to for support payments.
45. Sometimes I suddenly feel like spending a lot of money on something, so I do.
46. Sometimes, for no reason, I'll gobble up tremendous amounts of food, until I hurt from eating.
47. Before I was fifteen I often had sex with people I hardly knew.
48. When someone criticizes me I feel empty.
49. In the past five years I've gotten two or more speeding tickets.
50. Sometimes when I'm alone I do things I'd never do in public.
51. I'll push people around if I have to to get what I want.
52. People seem to feel that when I talk I'm often so vague that they don't know what I mean.
53. I want very much to have close friends.
54. My problems aren't much like other people's problems.
55. I try to postpone or avoid making decisions.
56. I've never left a child of mine home alone if the child was under six.
57. Since I was eighteen I've gone under different names besides my legal name.
58. People seem to feel that when I talk I give so many details that they lose what I'm trying to say.
59. When people pay no attention to me I feel ashamed or humiliated.
60. A lot of times I'm suspicious of what people want with me.
61. I get angry a lot.
62. I don't really care how people feel about what I do.
63. I'm suspicious that my wife, husband or lover is deceiving me.
64. You always have to be careful with people; maybe they're loyal, maybe not.
65. I am superstitious.
66. I show my emotions a lot more than most people do.
67. I need someone around to help me and tell me I'm doing well.
68. People I do things with must go along with the way I want things done.
69. There are people interested in harming or humiliating me.
70. I'm proud of being logical and not swayed by emotion.
71. I would rather be mistreated at home than be out on my own.
72. I'm an extraordinary person.
73. I'm kind of stingy.
74. Some times I'll spend money on something I like when the money is supposed to go for rent or food or clothes or bills.
75. At times I've put off doing something that it would have been better to do immediately.
76. In the past I've hit my wife, husband or child hard enough to leave a mark the next day.
77. Before I was fifteen I often had sex with people I hardly knew.
78. I find it quite hard to relax.
79. I've had an accident in the past year where I've had to see a doctor.
80. When people pay no attention to me it makes me angry.
81. When I lose I feel empty.
82. Sometimes I'll do things wrong or very slowly just to get someone's goat or get on his or her nerves.
83. It takes me longer than most people to make a decision.
84. I've never been able or wanted to stick for years with any one person I was having sex with.
85. I've stolen things more than once since I was eighteen.
86. People seem to think I talk in circles.
87. At times I drive when I'm high on alcohol or drugs.
88. I'm not thought of as having much of a sense of humor.
89. During the past five years I've gotten arrested for driving while intoxicated (DWI).
90. I'm more sensitive than most people about how I'm treated.
91. Since I turned eighteen I've been arrested more than once (not counting DWIs).
92. My thoughts are just like most people's.
93. I'm usually rather serious.
94. I broke the rules a lot at school before I was fifteen.
95. I often see or hear things in ways that other people seem to find unusual.
96. It's best to keep things to yourself.
97. Wherever I go, everything going on seems to have something to do with me.
98. Someone has said that my child has gotten sick because my place wasn't clean enough.
99. Sometimes, without planning it, I'll steal something from a store.
100. I don't like it when people take advantage of me.
101. Some people say I make a big deal out of nothing.
102. I spend a lot of time by myself.
103. I don't do things that are out of the ordinary.
104. I get very nervous about being with people.
105. I often daydream about a perfect love.
106. Sometimes on the spur of the moment I've hurt myself physically on purpose.
107. I believe reading people's minds is fairly common.
108. I travel around with no particular address sometimes for a month or more, just because I feel like it.
109. Some people see me as warm and charming, other people say I'm shallow and false.
110. I've split up with more than one old lady or wife or old man or husband.
111. I'd rather go very slowly when I'm doing a job than get it done fast.
112. I'm always on the lookout for trouble.
113. A lot of times I'm suspicious of what people want with me.
114. Some people say I'm very inconsiderate.
115. I'm usually looking for action and excitement.
116. Fairly often I get touchy, anxious or depressed over something unimportant, and the feeling lasts for hours or days.
117. I am a very unusual and important person.
118. I'm not sure who I really am.
119. Most of the time I try to have people pay attention to me and admire me.
120. Including my family, there are at least three people I feel very close to.
121. Since I was fifteen there's never been five straight years where I didn't get into fights, steal something, not pay my debts, or something else like that.
122. I've left my wife or husband for a week or longer without saying ahead of time that I was going and without arranging some way for my family to get along.
123. Almost always I do whatever I want to.
124. People offend me pretty often.
125. There have been times when I've lied.
126. When people push me to get things done, I get back at them one way or another.
127. There have been times when my child has slept over with neighbors or relatives because the child had no place to stay and I hadn't made any plans for the child.
128. When I lose I get furious.
129. I do have a very bad temper.
130. When someone criticizes me I feel ashamed or humiliated.
131. Sometimes I do illegal things to support myself.
132. I've been in several fistfights or fights with weapons since I was eighteen.
133. I was arrested or sent to juvenile court before I was fifteen.
134. People seem to think that the way I talk about things is odd.
135. I broke the rules a lot at home before I was fifteen.
136. I've dropped out of school more than once because I couldn't stand any more of it, even though I didn't know what I'd do next.
137. When I drive, I like to speed.
138. I don't have any friends I can really talk to.
139. It's more important to look at the whole picture than to check the details or the individual rules.
140. If I lose, it doesn't matter to me.
141. Sometimes I feel like I'm not any more real than a movie or a picture.
142. There are several bills I've had over the years that I've never paid or only paid with a bad check.
143. I have some very special abilities.
144. I ran away from home overnight or longer more than once before I was fifteen.
145. People have told me they thought I could do much better than I do.
146. I've tried to kill myself at least once in the last five years.
147. On the average I don't miss more than two days a month of work.
148. I hate being alone, and I avoid it when I can.
149. I've cut myself or hurt myself on purpose in the last year.
150. I don't always keep up to date with everything happening in politics.
151. I started a lot of fistfights before I was fifteen.
152. I don't really care much about what people think of me.
153. Sometimes I think the person I'm close to is just wonderful, other times no good—my feelings swing back and forth.
154. Most of the time I try to keep my distance from people.
155. I am a very sensitive person and I have strong feelings about things most people would shrug off.
156. I have an unusual power to feel what's going on even when I have no way of knowing.
157. If people pay no attention to me I don't care one way or the other.
158. I've never accomplished anything really worthwhile.
159. It makes me angry and surprised when people won't do what I want them to.
160. I'm a tender-hearted person.
161. I've always taken my child to a doctor when the child was very sick.
162. I put off doing things fairly often.
163. It seems to me that people should do what I want them to do.
164. There have been times when my child has been fed by a neighbor or relative because I wasn't around and hadn't made any plans for the child to be fed.
165. My work or schooling is so important to me that I don't take time off to have fun and I don't care much about seeing people socially.
166. I can sense other people's thoughts.
167. I make sure people notice me.
168. I often feel bored or empty.
169. I don't like to be around people with troubles.
170. It's hard to tell very far ahead of time who I'm going to have sex with.
171. I get into very intense relationships with people.
172. I am not often affectionate.
173. I've been told by a doctor, nurse or social worker that my child wasn't eating well enough.
174. I feel awful when I make even a small mistake.
175. At times I feel bad when I lose a game.
176. I'm usually on the lookout for people saying something nasty about me.
177. Sometimes when I get a job I start off well, but I always get bored and stop doing good work.
178. It's best to stay on your guard.
179. I was convicted of a felony when I was eighteen or older.
180. People seem to feel that when I talk I use comparisons that are hard to follow.
181. I don't have any close friends.
182. I often forget things people ask me to do.
183. Sometimes I quit jobs because I'm tired of them, even if I don't have another job lined up.
184. I was suspended or expelled from school at least once before I was fifteen.
185. People sometimes tell me I seem cold and unfeeling.
186. It doesn't matter what's true so much as it matters what will get me what I want.
187. Sometimes I seem to be listening to myself from a distance, or watching myself from outside of me.
188. My faults make me terribly ashamed of myself.
189. Sometimes, for no reason, I want to have sex with someone I don't know very well, so I do.
190. A lot of times I get furious at what goes on around me.
191. At some time since I was eighteen I've had sex with ten people or more during one year.
192. Sometimes I'll suddenly feel like getting drunk or high, so I will.
193. I stole things more than once before I was fifteen.
194. I want very much to be loved and accepted.
195. I don't really care when people tell me I did something well or badly.
196. You can usually expect that there's someone trying to trick or hurt you.
197. I prefer to work at jobs where I'm alone rather than with other people.
198. People have told me that I don't seem to notice how people feel when I want things done my way.
199. Sometimes I know when something has happened, even when I have no way of knowing that it happened.
200. There have been times when I've been mad at a member of my family.
201. When people pay no attention to me I feel empty.
202. I'm not sure what is right or wrong.
203. Before I was fifteen I was told by teachers that I could do a lot better in school than I did.
204. I'm always on the lookout for people's hidden reasons or the hidden meaning of what they do or say.
205. People seem to think I don't stay on the subject when I talk.
206. People have told me I'm stubborn.
207. Sometimes a thing that seems unimportant to other people makes me so angry that I shout and tell people off.
208. I usually allow people who care about me, such as my parents, wife or husband or a friend, to make decisions such as what type of work I should do or where I should live.
ANSWER SHEET FOR AXIS II DIAGNOSTIC INVENTORY

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Axis II Diagnostic Inventory

Diagnostic Key

Paranoid Personality Disorder

A. At least 3 of:
   1) 196
   2) 112
   3) 96 and/or 178
   4) 1
   5) 64
   6) 34
   7) 204
   8) 63

PLUS

B. At least 2 of:
   1) 90 and/or 124
   2) 101
   3) 33
   4) 78

PLUS

C. At least 2 of:
   1) 185
   2) 70
   3) 88
   4) 160 FALSE

PLUS

D. If client has an Axis I diagnosis of Schizophrenia, Paranoid Disorder, Bipolar Disorder or one of the Psychotic Disorders Not Elsewhere Classified, Paranoid Personality Disorder is ruled out.

Schizoid Personality Disorder

A: 2

PLUS

B: 152 and/or 195

PLUS

C: 120 FALSE and/or 138 and/or 181

PLUS

D: Not true (but not necessary to score false) for ALL of the following:
   17 and 18 and 29 and
   43 and 52 and 58 and
   65 and 86 and 95 and
   97 and 107 and 134
   and 141 and 156 and
   166 and 180 and 187
   and 199 and 205

PLUS

E: If client has an Axis I diagnosis of Schizophrenia, Paranoid Disorder, Bipolar Disorder or one of the Psychotic Disorders Not Elsewhere Classified, Schizoid Personality Disorder is ruled out.
Schizotypal Personality Disorder

A. At least 4 of:
   1) 29 and/or 65 and/or 107 and/or 156 and/or 166 and/or 199
   2) 97
   3) 138 and/or 154 and/or 181
   4) 17 and/or 18 and/or 43 and/or 95 and/or 141 and/or 187
   5) 52 and/or 58 and/or 86 and/or 134 and/or 180 and/or 205
   6) 2
   7) 60 and/or 69 and/or 113
   8) 36 and/or 39 and/or 48 and/or 104 and/or 130

PLUS

B. If client has an Axis I diagnosis of Schizophrenia, Schizotypal Personality Disorder is ruled out.

Narcissistic Personality Disorder

A: 32 and/or 54 and/or 72 and/or 117 and/or 143

PLUS

B: 3 and/or 23 and/or 105

PLUS

C: 119

PLUS

Histrionic Personality Disorder

A. At least 3 of:
   1) 31 and/or 66
   2) 21 and/or 167
   3) 115
   4) 155
   5) 207

PLUS

B. At least 2 of:
   1) 109
   2) 38 and/or 114 and/or 123
   3) 14 and/or 72
   4) 67
   5) 15 and/or 37

Dependent Personality Disorder

A: 208

PLUS

B: 71

PLUS

C: 4 and/or 11 and/or 28
Borderline Personality Disorder

A. At least 5 of:
   1) 19 and/or 26 and/or 45 and/or 46 and/or 79 and/or 99 and/or 106 and/or 146 and/or 149 and/or 170 and/or 189 and/or 192
   2) 153 and 171
   3) 129 and/or 190
   4) 118 and/or 202
   5) 116
   6) 148
   7) 26 and/or 79 and/or 146 and/or 149
   8) 168

Avoidant Personality Disorder

A: 176

PLUS

B: 12

PLUS

C: 102 and/or 154 and/or 197

PLUS

D: 53 and/or 194

PLUS

E: 158 and/or 188

Compulsive Personality Disorder

At least 4 of:
   1) 73 and 92 and/or 103 and 93 and 160 FALSE and/or 172
   2) 24 and 139 FALSE
   3) 10 and/or 68 and/or 198
   4) 165
   5) 55 and/or 83 and/or 174

Passive-Aggressive Personality Disorder

A: 126

PLUS

B. At least 2 of:
   1) 162
   2) 111
   3) 206
   4) 82
   5) 182

PLUS

C: 8 and/or 145

PLUS

D: 22

PLUS

E. If client has an Axis II diagnosis of any other personality disorder, Passive-Aggressive Personality Disorder is ruled out.
Antisocial Personality Disorder

A. Automatic for Inventory population—18 or older

PLUS

B. At least 3 of:
1) 27
2) 184
3) 133
4) 144
5) 5
6) 47 and/or 77
7) 6
8) 193
9) 40
10) 203
11) 94 and/or 135
12) 151

PLUS

C. At least 4 of:
1) 13 and/or 35 FALSE and/or 136 and/or 147 FALSE and/or 177 and/or 183
2) 56 FALSE and/or 74 and/or 98 and/or 127 and/or 161 FALSE and/or 164 and/or 173
3) 85 and/or 91 and/or 131 and/or 179
4) 84 and/or 110 and/or 122 and/or 191
5) 51 and/or 61 and/or 76 and/or 132
6) 44 and/or 142
7) 30 and/or 108
8) 20 and/or 41 and/or 57 and/or 186
9) 49 and/or 87 and/or 89 and/or 137

PLUS

D: 121

PLUS

E. If client has an Axis I diagnosis of Severe Mental Retardation, Schizophrenia or manic episodes, Antisocial Personality Disorder is ruled out.

Validity Scales

Lie Scale

At least 3 of:
25
50
75
100
125
150
175
200

Reliability Scale

Score when one, and only one, item in a pair of items is endorsed TRUE.

At least 3 of:
31 or 66
32 or 143
39 or 130
47 or 77
60 or 113
Please fill this out as if your goal were to be classified as "normal" (no diagnosis). Please feel completely free to lie.

Thank you for your time and effort.
Please have the client fill out the answer sheet for the Axis II Diagnostic Inventory. When the answer sheet has been completed, please fill in the DSM-III diagnosis of the agency on the two lines provided. Send answer sheets to:

David Perry
22A Gaslight Village
Ithaca, NY 14850

and I will send money to cover postage. Thank you again for your cooperation in this study.
Enclosed is a copy of the Axis II Diagnostic Inventory and a list of the criteria from which the Inventory was derived. Please write the item number(s) from the Inventory that correspond to each criterion on the line following each criterion. This will provide a measure of the face validity of the items as translations of the original criteria.

10% of the items have been randomly selected for this validity check and these item numbers have been underlined. Please write those numbers on the line following the criterion or criteria to which the item correspond(s). If it is convenient, it would be very useful if you would also indicate the item-criterion relationships of the other 91 items whose numbers have been left blank. There are 13 other items for which the item number has been crossed out. Eight of these items compose the Lie Scale and the other five are repeated items; therefore, there is no reason to find corresponding criteria.

Most items correspond to a single criterion and most criteria have been translated into single items. However, some criteria necessitated the use of more than one item and some items are used as correspondents of more than one criterion. There is at least one item for every criterion, and each item corresponds to at least one criterion.

Thank you very much for volunteering for this rather unexciting task. It is vital for my research and for my doctoral dissertation, and I am grateful for your participation.
Table A-1
Percentages of Endorsement of Items
by Clinical and Control Groups

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Note. Unanswered items and items answered twice are omitted. "Endorsement" is defined as answering the item in the direction of diagnostic significance.
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Note. Unanswered items and items answered twice are omitted. "Endorsement" is defined as answering the item in the direction of diagnostic significance.
THE AXIS II DIAGNOSTIC INVENTORY is a Personality Disorder diagnostic instrument with all except Lie Scale items derived directly from the criteria of DSM-III. The Inventory yields a DSM-III diagnosis for Personality Disorders with almost no professional time spent administering the instrument.

Current research use of the Inventory centers on comparing the instrument diagnosis with the independent diagnosis of the administering center. Approximately five minutes of staff time and forty minutes of client time would be required for administration. The client fills out all parts of the answer sheet except for the two line-marked "examiner use only", where the independent diagnosis of the administering center is to be entered. Client confidentiality is ensured, as the client's identity is not at any point entered on the form; this identification isn't necessary because the administering center's diagnosis is to be entered directly on the answer sheet itself following completion of the form by the client. Scoring occurs after forms are collected and returned.

Thank you very much for your participation in this research project.
Appendix B

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DIRECTIONS

Please indicate on the answer sheet your responses to the following statements. Some statements relate to facts; for instance, "I have received a speeding ticket in the past five years." If you have received a speeding ticket, mark column A, "Generally Agree or Generally True"; if you have not received a speeding ticket, mark column B, "Generally Disagree or Generally Untrue." Some statements may not apply to you; for instance, if you have no children and the statement reads "I often slap my children," mark column C, "Does Not Apply," or if a statement reads "I no longer steal from stores," and you've never stolen from stores, mark column C.

Some statements refer to opinions or feelings; for instance, "It's best not to call attention to yourself." With such statements, please mark the column that states your immediate feeling of generally agreeing or generally disagreeing.

Some statements refer to overall impressions you have; for instance, "I am often sad." "Often" means something different to each person; please answer from your immediate feeling.

Please answer all the statements if possible, using columns A, B and C as needed. If you're not sure of your answer but you have a feeling leaning toward agreement or disagreement, put that feeling as your answer.
DIRECTIONS

Please indicate on the answer sheet your responses to the following statements. Some statements relate to facts; for instance, "He has received a speeding ticket in the past five years." If to the best of your knowledge he has received a speeding ticket, mark column A, "Generally Agree or Generally True"; if to the best of your knowledge he has not received a speeding ticket, mark column B, "Generally Disagree or Generally Untrue." Some statements may not apply to him; for instance, if he has no children and the statement reads "He often slaps his children," mark column C, "Does Not Apply," or if a statement reads "He no longer steals from stores," and to the best of your knowledge he never stole from stores, mark column C.

Some statements refer to opinions or feelings; for instance, "He feels it's best not to call attention to himself." With such statements, please mark the column that states your immediate feeling of generally agreeing or generally disagreeing.

Some statements refer to overall impressions you have; for instance, "He is often sad." "Often" means something different to each person; we are asking for your immediate feeling. If you feel that he is often sad, mark column A; if you feel that he is not often sad, mark column B.

Please answer all the statements if possible, using columns A, B and C as needed. If you're not sure of your answer but you have a feeling leaning toward agreement or disagreement, put that feeling as your answer.
For what agency, hospital, psychologist, doctor or social worker are you filling out this form? ________________________________

Your name _______________________________________

Month, day and year _______________________________ Day of week __________

City and state ____________________________________

Name of person you're filling the form out about _________________

_________________________________________________________________

Their Height ____ How much schooling did they complete? ________

Weight ____ Are they single, married, divorced? ______

Age ____ How many children, and about how old? ____

Sex ____ What relationship do you have to the person you're filling the form out about? ______

_________________________________________________________________
The person who gives this test should fill out this item:

The subject has been cooperative in the diagnostic evaluation. yes, or mostly so no, or mostly not

If the subject has taken an individually-administered intelligence test and the results are available, please indicate the name of the test and the scores, along with the approximate date of administration: __________________________

_____________________________
General Adult Diagnostic Inventory

1. I hear voices or sounds that no one else seems to hear.
2. I see things that other people don't seem to see.
3. I smell odors that no one else seems to smell.
4. I feel things crawling on me that no one can find.
5. I show very little emotion, far less than most people.
6. I've been told that often my emotions don't seem to fit what I'm saying or what's happening, like laughing when I talk about something sad, looking angry when I say how happy I am, or something else like that.
7. I often act silly when I talk about something serious.
8. People often seem to think that what I say doesn't make sense.
9. People have said that I change from one subject to another so that it's hard to understand me.
10. I'm logical in my thinking.
11. People have told me that I use so many words, or repeat myself so much, or am so vague, they don't understand me.
12. I used to do all right at school but lately I haven't been able to concentrate.
13. I used to do all right at school but lately I haven't been able to do my papers or reports.
14. I used to do all right at school but lately I've "frozen" when I had to take tests.
15. I used to do all right at work but lately I haven't been able to concentrate on what I'm doing.
16. I used to do all right at work but lately I haven't been finishing my work on time.
17. Lately I've fallen behind on my support payments or alimony.
18. Lately I haven't paid my parking or traffic tickets.
19. I haven't been keeping up my loan payments lately.
20. I've been careless or reckless in my driving lately.

21. I don't feel there's any hope that things will get better for me.

22. I've felt the way I feel now more than once when things have gone badly.

23. I've taken the change in my life very hard, perhaps worse than most others would in the same circumstances.

24. Something very bad happened to me in the past year, and within three months of its happening I began having a very hard time.

25. Lately things have been going badly at work, or at school, or in my social life, or with my family.

26. Once I got so angry that I hurt someone physically very badly.

27. Once I got so angry that I destroyed someone's house, apartment, business or automobile.

28. More than once I got so angry that I destroyed someone's house, apartment, business or automobile.

29. More than once I got so angry that I hurt someone physically very badly.

30. When I've gotten so angry that I hurt people badly or destroyed their property, what set me off was something that most people wouldn't care much about or that would make them a lot less angry than it made me.

31. Most of the time I'm pretty mild-mannered and don't give anyone trouble.

32. My physical problem began when I was under great stress or excitement.

33. I have a physical problem for which I see a doctor.

34. My physical problem gets worse when certain kinds of things happen in my life.

35. I often blush.

36. Sometimes I eat things that aren't food, such as paint chips, wood or dirt, and I started doing this over a month ago.
Several times I'v e eaten a tremendous amount of food very fast, and kept eating for half an hour or more at this rate.

When I eat a lot I prefer soft desserts or sweets.

When I go on a food binge I try not to let people see how much I'm eating.

Sometimes I eat until I can't stand the pain of being so full.

Sometimes I eat until I get so full I fall asleep.

Sometimes when I'm full I make myself throw up so I can eat some more.

Sometimes I won't stop eating until someone phones or comes over.

I've gone on a lot of very strict diets.

I've tried vomiting after I eat to keep my weight down.

I've taken water pills to lose weight.

I've taken medicine to lose weight that makes me go to the toilet more often.

I keep losing and gaining weight (more than ten pounds).

I know I eat more than is normal.

I'm afraid that I can't stop myself from eating so much.

Sometimes after I stuff myself with food I get depressed and think how awful I am.

I'm currently involved in a lawsuit.

I'm thinking about suing somebody.

I've been sent by a lawyer to be tested psychologically.

I know what my goals are in the long run.

I know what kind of work I want for a career.

I know what kind of relationship I want with my friends.
58. Underneath it all I can't tell if I feel more like a man or like a woman.

59. I'm not sure whether I'm more sexually attracted to women or to men.

60. I'm very unhappy about the problems I've been having with religious faith.

61. I get confused about what group I really fit in with.

62. I do what my therapist tells me to do if I feel like it, but not if I don't feel like it.

63. If this test shows there's something wrong with me, it will help with my lawsuit, get me out of work, keep me out of the armed services or jail, help me get drugs I like, or get me some other definite thing I'd like.

64. I'm a lot more disabled and distressed than the tests have shown so far.

65. Some people think I'm exaggerating what's wrong with me.

66. Some people think I'm making up what's wrong with me.

67. Someone I loved has died during the last fifteen months.

68. I began feeling depressed when someone I loved died, or within three months after they died.

69. I feel worthless.

70. I know it's normal to feel the way I do after my loss.

71. Most of the time I feel like things will turn out badly.

72. I keep having bad or senseless thoughts or urges, and they keep coming back even though I try to ignore them or think about something else, and they get in the way of my living the way I want to.

73. I keep feeling that I have to do something in a very particular way so that something bad won't happen, even though it doesn't really make sense to me that the thing that I do will help, even though I don't enjoy doing it (except I might stop being tense when I do it), and even though it gets in the way of my work, my family life or my social life (examples of such behavior include constant washing or showering, constant counting of things in the room, cleaning all the time, or touching all the edges of things).
74. I often suddenly remember the terrible thing that happened, sometimes making me lose track of what I'm doing.

75. I've dreamt several times about a terrible that did actually happen while I was there.

76. Sometimes something will remind me of the terrible thing that happened and I'll feel like it's about to happen again.

77. I'm not as involved with the things in my life (work, family, friends, hobbies or interests) as I was before the terrible thing happened.

78. I don't care any more about something that used to be very important to me before the terrible thing happened.

79. I've been feeling very different than people I used to be close to, or cut off from them by my feelings, so that I feel they can't really understand me any more.

80. Ever since the terrible thing happened I really jump when something startles me.

81. I'm always on the lookout, always ready for something, since the terrible thing happened.

82. I've been having trouble with my sleep (either getting too much sleep or not enough) although I didn't have this trouble before the terrible thing happened.

83. I feel guilty that I lived and others died in the terrible time.

84. I feel guilty about what I did to stay alive during the terrible time.

85. I forget a lot of things, even though my memory was all right before the terrible time.

86. I've had trouble concentrating ever since the terrible time, although I could concentrate all right before then.

87. I avoid things that remind me of the terrible time.

88. My problems get worse when I see or hear something that reminds me of the terrible time.
89. I've felt like I wasn't real, and this feeling got in the way of my work or my relations with people.

90. I've felt like I was watching or listening to myself from outside myself, and this has interfered with my work or my relations with people.

91. I've been a prisoner of war or a prisoner of terrorists who tried to brainwash me, and I still haven't fully recovered.

92. At some time or times, all of a sudden I've been unable to remember important personal things such as my name or where I worked or whether I was married, or other very important personal things most people wouldn't forget, and this has lasted for days or longer.

93. I'm always thinking that there's something very bad about the way I look, even though other people don't see anything wrong or think it's minor.

94. My main problem is a loss of physical ability of some kind.

95. My physical problem gets worse when anything related to it comes up (for instance, terrible stomach pains when I know I have to have lunch with my boss).

96. Even though I don't get sick on purpose, when I do get sick I don't have to do something that bothers me (like hand cramps that keep me from doing dishes or a paralyzed leg that keeps me from active army duty).

97. When I'm sick I get more sympathy or attention than I do when I'm well.

98. I can't control whether or not I'm going to be sick.

99. Doctors haven't been able to agree on the reason for my problem.

100. My physical problem consists entirely of terrible pain.

101. My physical problem is a sexual problem.

102. There is often something physically wrong with me that seems like a sign of a very bad disease, so that much of the time I think of having a terrible illness.
Doctors have not yet been able to agree that I have any serious illness.

Although doctors have tried to reassure me, all the worrying and thinking I've done about what's wrong with me has gotten in the way of my work or my relations with people.

I've suddenly found myself travelling, or somewhere that people didn't know me, and I couldn't remember who I was.

I've made up a name to call myself and begun a new life.

I'm two or more entirely different people in the same body and sometimes one is in control, sometimes another.

I act like whichever of my personalities is controlling me at the time.

Each of my personalities is a whole person separate from the rest of me, doing different things than the others do.

I've lost a lot of weight lately.

I've been waking up at least two hours before I normally do.

I'm most depressed in the morning.

I've been feeling terribly guilty even though other people think that what happened wasn't my fault or that what I did wasn't so bad.

My depression seems different from the way most people seem to feel when someone they love dies.

I'm afraid of being alone and avoid it.

I'm afraid of being in crowds and avoid them.

I'm afraid of bridges and avoid them.

I'm afraid of tunnels and avoid them.

I'm afraid of public transportation and avoid it.

I'm afraid of and avoid places where I might not be able to get help if I suddenly needed it.
121. As my fears grow worse, I do fewer and fewer of the things I used to do.

122. I am afraid of situations where people pay a lot of attention to me and I avoid those situations.

123. I'm afraid that I might do something that would be embarrassing or humiliating.

124. I'm afraid of speaking in public and I avoid it.

125. I'm afraid of talking in classes or meetings and I avoid it.

126. My fear bothers me a lot even though I know that I'm more afraid than it makes sense to be.

127. I'm afraid of certain animals and I avoid them (for instance, snakes, dogs or spiders).

128. I'm afraid of heights and I avoid them (for instance, mountains, airplanes, cliffs, upper floors of tall buildings or some other height).

129. I'm afraid of and avoid small closed places such as phone booths or small, windowless rooms.

130. I'm afraid of some particular things and avoid them (for instance, pins, knives, glass).

131. I'm afraid of a particular situation and avoid it (for instance, being in or near water, at a cemetery or hospital, or close to a fireplace).

132. At least three times within three weeks I've become tremendously frightened without knowing why, at times when there wasn't special danger and I hadn't been exercising or physically working.

133. I've been very impatient lately.

134. I've been having a lot of trouble falling asleep.

135. I've been feeling edgy most of the time.

136. I'm so alert to what's going on around me that I lose track of what I'm doing.

137. I'm always checking to make sure nothing's about to happen.
138. I keep going over things again and again in my mind.
139. I worry a lot.
140. I'm very fearful.
141. I usually feel uneasy or tense.
142. I show no emotion.
143. I often get an uncomfortable feeling in the pit of my stomach.
144. I get a lot of upset stomachs or diarrhea.
145. People have told me that the way I talk about things is odd.
146. People have told me that I don't stay on the subject when I talk.
147. People have said that when I talk I give so many details that it's hard to follow what I mean.
148. People have said that I use words in ways that are hard to understand.
149. Sometimes I sense the presence of a person or a force that isn't physically there.
150. I see things or hear things in ways that other people often seem to find unusual.
151. I often see or hear things that turn out to be something else (for example, seeing a lamp in the shadows as someone hiding or hearing voices in rustling leaves).
152. I am superstitious about a lot of things.
153. Sometimes I feel that I know when something's happened even if I wasn't there, as if I had visions.
154. I can sense other people's thoughts or auras.
155. Some people can read my mind.
156. I've got a "sixth sense".
157. Events in the world seem to be aimed as messages for me.
158. Other people can feel my feelings.
159. I have very important ideas that most people would think were very strange.
160. I can control things with my mind.
161. People have told me I don't keep clean enough physically.
162. Most of the time my hair is combed.
163. People say I'm extremely sloppy in the way I dress.
164. I have a lot of trouble holding a job.
165. I have a lot of trouble with school.
166. I have a lot of trouble doing the housework.
167. I talk to myself in public.
168. I collect old newspapers or magazines, or old clothes or other things many people would throw out.
169. I keep food around even when most people would think it was spoiled.
170. Many people seem to think I'm strange.
171. I have a close friend I can really talk to.
172. I only see people when I shop or other times when I have to see them.
173. I've pulled away from people almost entirely, so that I'm almost always by myself now.
174. I hear a voice or voices that other people can't hear, saying more than a word or two.
175. I hear a voice or voices that other people can't hear, and I hear it not just when I'm depressed or angry, but no matter how I feel.
176. I hear a voice or voices that other people can't hear that comments on what I say.
177. I hear two or more voices talking to each other that other people can't hear.
178. The voice I hear tells me how important, good or powerful I am.

179. The voice I hear says bad things about me or tells me that other people are saying bad things about me or are trying to hurt me, or the voice tells me to hurt myself or someone else.

180. Sometimes I go on buying sprees without thinking about the consequences.

181. Sometimes I drive very fast or recklessly without worrying about what might happen.

182. I've put money into get-rich-quick schemes without worrying that I might lose the money.

183. I often do things to have a good time without worrying about the danger if things went wrong.

184. At times I get involved in casual sex that would hurt me if it became known or went wrong, but I don't worry about it at the time.

185. I can't concentrate as well as I used to.

186. I can't think as well as I used to.

187. My thinking has gotten slow.

188. I can't make decisions any more.

189. People can't seem to figure out what I mean a lot of times.

190. My mind keeps wandering from one thing to another so that I can't think anything through.

191. I can't or won't speak.

192. I won't do anything I'm asked to do, and either I do the opposite or I hold myself rigid and won't move.

193. Sometimes I stay in very unusual positions for hours at a time without moving.

194. I look like I'm not aware of what's going on around me and hardly move at all.

195. I stay in the same position and resist efforts to move me.
196. I move around in an excited way that doesn't seem to serve any clear purpose or have anything to do with what's going on around me, to anyone watching.

197. I stay in one position and if someone moves my arm or leg or any part of my body, I stay in the position I've been moved to.

198. I've had definite periods of time during my difficulties when I was in a very irritable mood for quite a while.

199. I've had definite periods of time during my difficulties when I was in a very outgoing mood for quite a while, quite interested in other people and in what was going on around me.

200. I've had definite periods of time during my difficulties when I was in a very cheerful mood for quite a while.

201. I've been feeling a lot better for quite a while, but recently I've begun to lose touch with things again.

202. I feel sad or low.

203. I feel blue or down in the dumps.

204. I've lost interest in almost all of my usual pastimes.

205. I no longer enjoy doing the things I usually do.

206. I'm reacting to things much more slowly than I used to.

207. I move and talk much more slowly than I used to.

208. I've been unable to sit still.

209. I've been pacing a lot.

210. I've been wringing my hands.

211. I've been pulling at my clothes or hair.

212. I'm tense and restless.

213. I've been complaining loudly or shouting a lot.

214. I don't enjoy things anymore.
215. Even when something good happens, I don't feel better even for a moment.

216. I don't enjoy sex anymore.

217. I'm not interested in sex anymore.

218. I feel a lot less interested in sex than I used to.

219. I'm always tired.

220. I never have any energy.

221. I feel very badly about something I did or something I should have done.

222. I feel extremely guilty about things I've thought or done, or should have done but didn't.

223. I've been hospitalized for my current mental or emotional difficulties.

224. The worst thing wrong is my depression.

225. The worst thing wrong is that I've lost touch with reality.

226. My mental problems, from the first difficulties, have lasted more or less continuously for more than six months.

227. My mental problems, from the first difficulties, have lasted more or less continuously for more than two years.

228. At some point my mental problems interfered with my usual way of living for six months or more.

229. I felt fine until the terrible thing happened.

230. A terrible thing happened in which I was involved that would have been awful for anyone to go through.

231. I began to act very strangely after the terrible thing happened, because it affected my mind.

232. I feel fine now, but I still take medicine for a very bad depression or for manic-depression.
233. I feel much better, but I still haven't completely gotten over my depression.

234. I'm in therapy as a result of having been extremely depressed or extremely over-energetic.

235. It's been over a year since I stopped taking medicine for depression or for manic-depression.

236. It's been over a year since I stopped being in therapy for depression or for manic-depression.

237. I've been having a tremendous amount of sex with lots of people and I'm having a great time.

238. I've been very, very friendly lately.

239. I've been sharp and creative in my thinking lately.

240. I no longer enjoy the things that used to give me pleasure.

241. I'm no longer interested in the things I used to enjoy.

242. I've been accomplishing a great deal at work lately.

243. I've been working long hours because I want to.

244. I've been getting less work done lately or not doing it as well as usual.

245. I have more energy than I usually do.

246. I've been very happy, cheerful or optimistic lately.

247. I've been very outgoing lately.

248. I've been very irritable lately.

249. I've been very down on myself lately.

250. I don't feel as good about myself as I usually do.

251. I don't feel I can do the things I need to do to live the life I want for myself.

252. I've been more talkative than usual lately.

253. I feel a pressure to keep talking lately.
254. I feel much better about myself than usual lately.
255. I've been thinking a lot about suicide.
256. I've been thinking a lot about death.
257. I used to do better at work.
258. I used to take care of myself better than I do now.
259. I used to have better relations with people than I do now.
260. Lately I've been speaking very fast and continuously, changing from one topic to another as they come to my mind.
261. I hear voices or see things that have to do with a special relationship I have with a famous person, or that have to do with me being a famous person.
262. I have a special relationship with a famous person or I am a famous person.
263. I hear voices or see things that have to do with a special relationship I have with God or a god or goddess, or that have to do with my being God, a god or goddess.
264. I have a special relationship with God, a god or goddess, or I am God, a god or goddess.
265. I have tremendous power, knowledge or worth.
266. I hear voices or see things that have to do with my tremendous power, knowledge or worth.
267. I know that something is true even though everyone else thinks I'm wrong and they think they can prove that I'm wrong.
268. I can't tell what is real and what isn't.
269. I do things that other people think are totally weird (not just odd).
270. I'm depressed or very irritable or very sad.
271. My actions and feelings have changed because of my being spied on or persecuted, so that I'm suspicious or negative.
272. The first change in me was a change in emotions to depression or extremely high energy, and the change in my thinking came afterwards.

273. My emotional turmoil lasted for a shorter time than the change in my thinking.

274. I only act in a way that people think extremely odd when I get very depressed or elated.

275. When I'm very depressed or very happy or energetic, I think a lot about ideas that other people seem to think aren't true.

276. I hear voices or see things that are about death, disease, my guilt, or how I deserve punishment.

277. I hear voices or see things that are about disorder or how things are falling apart, or how I'm not good enough to get along on my own.

278. I keep thinking about death, disease or my guilt, or that I deserve to be punished, and I know something about this that other people wouldn't agree with or would think was impossible.

279. I keep thinking about not being able to do well enough or about how things are falling apart, and I know something about this that most other people would think wasn't true.

280. Sometimes I enjoy talking with people or doing things with people.

281. When I get anxious my heart beats very fast.

282. There are times when, for at least 24 hours, I get depressed to the point where I can't work or take care of my routine.

283. I can't seem to calm down; I'm always tense.

284. I've been in treatment for my mental or emotional problems at some time during the past year.

285. I've taken medicine for my mental or emotional problems at some time during the past year.

286. I've been hospitalized for my mental or emotional problems at some time during the last ten years.
287. I know that something is true that almost everyone thinks is absurd and has no chance of being true.

288. My feelings, urges or actions aren't really mine, and are controlled by someone else or something else.

289. My thoughts are broadcast out of my head like a radio program and other people can hear them.

290. Someone is putting thoughts in my mind.

291. Someone is taking thoughts out of my mind.

292. I often think that my wife, husband or sex partner is unfaithful or would like to be unfaithful, although she or he says it isn't true, and there's no evidence that other people would accept.

293. I'm one of the most powerful people in the world.

294. I know more than nearly anyone about business, science, art, psychology, or another such subject.

295. I'm a tremendously important person.

296. I'm the most important, or one of the most important, living religious figures.

297. I have the strength of an ox.

298. There is a plot to get me, or I am being persecuted.

299. I am being cheated or harassed.

300. I am under attack.

301. For six months or longer I've felt cheated, harassed, under attack, persecuted or plotted against.

302. I have a central idea that ties together my feelings of being special, important or persecuted, and I can explain the reason why I'm having a difficult time.

303. When I get uneasy or anxious I sometimes get chest pains or aches.

304. I am pregnant.

305. A part of me or of the world no longer exists (such as my brain, California or the fifth floor).
306. Part of my body has become rotten or decayed or been taken over by someone else, or has had something else equally unusual happen to it.

307. At times I feel like I'm choking with fear.

308. At times I feel like I'm smothering with fear.

309. At times I get so anxious I get dizzy.

310. At times I get so anxious I feel unsteady and have to lean against something or sit down.

311. At times I get so anxious or nervous I feel faint.

312. When I get anxious sometimes I feel like I can't get enough air.

313. Sometimes when I get anxious I get very hot or very cold.

314. Sometimes when I get anxious my hands or feet tingle.

315. Sometimes when I get anxious I sweat a lot.

316. Sometimes when I get anxious I tremble or shake, or my hands shake.

317. It's been hard for me to get used to being on my own.

318. It's been hard for me, being away from home.

319. I haven't been able to get used to retirement.

320. It's been hard for me to get used to being married.

321. It's been a real problem for me to get used to being separated or divorced.

322. Starting all over again has been a real problem for me.

323. Living away from my parents has been very hard for me to get used to.

324. I've been having a lot of trouble with someone I work with.

325. I've been having a lot of trouble with a neighbor.
326. I've been having a lot of trouble with someone I'm going out with.

327. I've been having a lot of trouble with a friend.

328. I've been having a lot of trouble with a grandparent, grandchild, brother or sister.

329. I've been having a lot of trouble with my mother or father.

330. I've been having a lot of trouble with one or more of my children.

331. I've hit my child hard enough for a mark to show the next day.

332. I've been hit hard enough by my mother or father for a mark to show the next day.

333. I've been having a lot of trouble in my marriage.

334. I've been having a lot of trouble with my divorce.

335. I've been having a lot of trouble separating from my husband or wife.

336. I've hit my husband or wife hard enough to leave a mark the next day.

337. My heart often feels like it's racing or like it's pounding harder than normal.

338. I often feel light-headed.

339. I often feel like I've got a lump in my throat.

340. Even when I'm resting I breathe fast.

341. Even when I'm resting my pulse is fast.

342. My hands are often cold and sweaty.

343. Often my mouth feels dry.

344. Often I get dizzy.

345. I urinate more often than most people.

346. Sometimes I get very pale, as if the blood drained out of my face, from emotion.
I've been having a lot of headaches.
I've often been feeling sleepy lately.
I often feel restless and want to move around.
When I hear a noise I really jump.
My muscles often feel tense.
I fidget a lot.
I've been told my face often looks strained.
I frown a lot.
My eyelid often twitches.
I just can't relax.
I tire easily.
My muscles often ache.
Much of the time I feel tense.
I'm jittery.
I often feel jumpy.
I'm very afraid of getting fat.
Even when I'm told I'm thin I feel fat.
I've lost a fourth or more of how much I used to weigh (for instance, if I used to weigh 120 pounds I now weigh 90 or less, if I used to weigh 160 I now weigh 120 or less, if I used to weigh 200 I now weigh 150 or less).
People think I should gain weight but I don't want to.
I don't seem to get along in school or at work nearly as well as most other people.
I can't seem to learn the things I need to in order to get along socially the way other people my age do.
I've tried to quit smoking but I get so irritable or anxious or restless that I start smoking again.
369. I've tried to quit smoking but I want a cigarette so much I start smoking again.

370. I've tried to quit smoking but I get stomach trouble or headaches or trouble concentrating on anything or I'm always sleepy, until I start smoking again.

371. Within a day of my quitting or cutting back on smoking I get irritable, anxious or restless.

372. Within a day of my quitting or cutting back on smoking I get a strong desire for a cigarette.

373. Within a day of my quitting or cutting back on smoking I get a headache or stomach trouble, or I can't concentrate on anything, or I'm always sleepy.

374. I've been hospitalized because of how I was acting or thinking.

375. It's been less than two weeks since the terrible thing happened.

376. Less than six months after the terrible thing happened, I began to act or feel very differently from how I did before it happened.

377. I've been unable to keep up with my bills.

378. I keep up with the payments I have to make.

379. I've run out on some bills.

380. I've had to declare bankruptcy.

381. I've been arrested for forgery, fraud, embezzlement or income tax evasion.

382. My gambling has caused fights in my family.

383. My gambling has damaged my career.

384. My gambling has messed up my personal life.

385. I've never stopped gambling for very long.

386. My gambling has caused me fights with my wife or family.

387. I've borrowed money from loan sharks.
388. I can't say where all the money goes.

389. I've won big at gambling, although I don't have the money now.

390. I've been fired or laid off for missing too many days at work.

391. Sometimes I have to borrow money from my friends or my family so I can keep up with the rent or the bills and get something to eat.

392. Sometimes I steal things just for the thrill of stealing.

393. I usually steal by myself and on the spur of the moment.

394. Before I steal I get more and more nervous or uneasy.

395. Before I set a fire I get more and more nervous or uneasy.

396. When I steal I feel pleasure, or a sudden release from tension or uneasiness.

397. When I set a fire I feel a great pleasure, or I feel a release from pressure and tension.

398. I've set several fires.

399. I gain something (like money or property) from setting fires.

400. I set fires for a political cause, or to get revenge.

401. My main problem is that I'm in terrible pain.

402. My doctors have found a definite reason for my pain.

403. My doctors say my pain fits in with the way nerves work in a body.

404. Although the doctors have found something wrong with me, they're surprised that my pain is as bad as it is.

405. I make what's wrong with me come or go when I want to.

406. My depression is way out of the ordinary for me.

407. During the past year I've sometimes felt all right for two months or more at a time.
408. During the past two years I've felt all right for three months or longer at a time.

409. When people say good things about me or reward me for what I've done, I'm pleased.

410. I've been very irritable.

411. I've been getting too angry when bad things happen.

412. I've been doing less than usual.

413. I can't seem to get my mind to relax—I'm always feeling restless.

414. I've been feeling sorry for myself.

415. I often think about the bad things that have happened.

416. It looks to me like things are going to stay bad.

417. I've been crying a lot lately.

418. Lately I can't seem to think clearly.

419. Lately I can't seem to keep my mind on things I'm doing.

420. Lately I don't seem to pay attention to what I'm doing.

421. I've been talking less than usual.

422. I've been feeling slowed down.

423. I've been in a very emotional state much of the time lately.

424. I feel guilty about things I've done.

425. Since I've been feeling bad, I've done a lot less of the things I used to enjoy.

426. I joke around and laugh at times most people think I ought to be serious.

427. I've done great things and I'm going to do more great things.

428. Even though things may not have worked out before, this time I've got it licked and I'm going to do great.
429. Some people think I exaggerate my physical problems, or make the problems up, or cause the problems.

430. I've been admitted to hospitals more than once.

431. I would gain something by being a patient, such as money or a disability pension or freedom from prison or discharge from the army or evidence for a lawsuit.

432. There's something very attractive to me about being a patient.

433. My weight loss was caused by a physical illness.

434. While I'm asleep I get up and walk around for up to half an hour, beginning between half an hour and three and a half hours after I've gone to bed.

435. Although sometimes I'm confused when I first wake up from sleepwalking, in a few minutes I'm fully awake and acting normally.

436. I remember what I did and where I went while I sleepwalked.

437. While I sleepwalk I'm hard to wake up and I don't follow directions, and I'm told I stare with no expression.

438. Doctors have told me that I have unusual brainwaves when I sleep.

439. The doctor has never been able to fully explain why I have so much pain and sickness.

440. Sometimes I go into a trance or something like a trance.

441. Sometimes nothing around me seems real, even though I still feel real to myself.

442. I often urinate when I don't mean to, resulting in wetting my bed or my pants.

443. I sometimes defecate (shit) in my pants or on the floor or in other places besides the toilet or other acceptable (such as when camping out) areas.

444. I stutter or stammer fairly often; that is, I repeat words or parts of words, or pause or hesitate while trying to get a word out, or draw words out so that a sound in them will go on for a long time.
I've seen a doctor, taken medicine (besides aspirin) or changed my lifestyle because of:

445. dizziness.
446. chest pain.
447. my heart beating rapidly or fluttering.
448. shortness of breath (not enough air) or painful breathing.
449. going blind.
450. being sickly for much of my life.
451. trouble swallowing.
452. losing my voice.
453. not hearing well.
454. seeing double.
455. blurry vision.
456. fainting or becoming unconscious.
457. losing my memory.
458. convulsions, seizures or fits.
459. trouble walking.
460. muscle weakness or paralysis.
461. trouble urinating, or not urinating often enough.
462. pain in my stomach, gut, intestines or abdomen.
463. often feeling like I'm going to throw up.
464. spells of throwing up.
465. feeling bloated or gassy.
466. getting sick from eating several kinds of foods.
I've seen a doctor, taken medicine (besides aspirin) or changed my lifestyle because of:

467. diarrhea.
468. feeling indifferent about sex.
469. not getting any pleasure out of sexual intercourse.
470. it hurting when I have sexual intercourse.
471. back pain.
472. pain in my joints (such as elbow, knee, hip, ankle, wrist or shoulder).
473. pain when urinating.
474. pain in my hands or feet.
475. pain in my penis or testicles (balls).
476. unusually painful menstruation (periods).
477. unusually irregular menstruation (periods).
478. unusually heavy or frequent menstrual bleeding.
479. throwing up more often or more heavily when pregnant than most pregnant women do.
480. pain other than pains already mentioned above.
481. I get tics; that is, a muscle or muscles twitches quickly for a long time for no reason, without my being able to control it.
482. If I concentrate I can stop my muscle twitches for a while, but they always come back after a few minutes or a few hours.
483. I often make sounds without meaning to, such as repeatedly clearing my throat, saying swear words without meaning to, or making noises.
484. My muscle twitches or noises stay about the same in how often and how strongly they happen over the weeks and months, rather than having some good weeks or months and some bad.
485. I suddenly quit smoking (or using tobacco), or suddenly cut way back on my smoking (or using tobacco).

486. I smoked half a pack a day or more for several weeks or longer, or used a similar amount of some other kind of tobacco.

487. I've tried to quit smoking several times, but I still smoke.

488. I've tried to cut way down on my smoking but it never lasts.

489. I've used tobacco every day for a month or more.

490. I've been just itching to have a cigarette (or some other tobacco).

491. I have no trouble getting along with people or doing my work.

492. I know that something is true that most people would think couldn't be true (such as that I have a special power to steal people's thoughts, or that invaders from outer space are slowly colonizing Earth disguised as human beings).

493. Someone I'm close to feels persecuted or harassed or plotted against or cheated or attacked, and although other people don't believe that this is true, I know that it's true.

494. During the week before my period (menstruation) or during my period, my moods change so much that at times I can't trust myself to know what's really going on.

495. When I'm very depressed or very happy or energetic, I see or hear things that other people don't see or hear.

496. I bang my head against the floor or wall or chair.

497. I bite or hit myself (not counting fingernail biting).

498. I cut or bruise or rip at or stab at myself.

499. I don't find women very sexually exciting, and this gets in the way when I want to have a relationship with a woman.
500. I don't find men very sexually exciting, and this gets in the way when I want to have a relationship with a man.

501. Much of the time, without any special reason, I feel nervous or uneasy or tense.

502. I get very frightened for a while and then become okay again.

503. When I get frightened, I often get very scared that I'll die, go crazy or do something I can't control.

504. When I get frightened, I sometimes feel like what's happening isn't real.

505. I don't have any desire to be around people.

506. I wish I were dead.

507. I've tried to kill myself.

508. I've been having trouble sleeping.

509. I've been sleeping a lot more than usual.

510. I haven't been hungry.

511. I've lost more than ten pounds even though I haven't been sick or on a diet.

512. I've been very hungry often lately.

513. I've gained more than ten pounds lately.

514. I feel like my thoughts are racing.

515. My mind has been moving quickly from one idea to the next and then on to another.

516. I've been very physically restless.

517. I've been doing a lot more lately, at work, socially or sexually.

518. Often lately I get distracted by something unimportant or not related to what I'm doing.

519. I've needed a lot less sleep lately.
520. I've felt much better about myself lately.

521. Lately I've come to realize that I'm a very important person with great powers.

522. People around me often talk about me.

523. I often worry that something terrible will happen to me or someone I care about.

524. I often get into fights.

525. If I want something, I take it.

526. I yell a lot.

527. I could think well until I was 18 or older, but then I became very slow.

528. I never stayed back and repeated a grade in school, and I graduated from high school in the regular academic program with a C average or better.

529. I'm unhappy with my work.

530. I can't decide what career I want.

531. I haven't been taking my medicine because of the side effects.

532. I've thought it over and decided not to go through with my medical treatment because the treatment is worse than the illness.

533. My religious beliefs forbid me to go along with my medical treatment.

534. I'm not going to go along with my medical treatment.

535. My main problem is that I see or hear things that other people can't see or hear.

536. My main problem is that I feel things touch me or I smell things that other people can't find or smell.

537. I've lost most of my memory of what happened in the past.

538. I don't remember most things I used to know.
539. I keep forgetting what happened a little while ago.
540. I can't copy designs or patterns.
541. When I see something, most often I'm not sure what it is.
542. I can't seem to follow directions to physically do things, even though I am able to move well enough and I understand the directions.
543. I have a very difficult time talking without putting my words in the wrong order or saying some wrong words.
544. I have a very difficult time understanding what anyone means to say because I keep forgetting how language works.
545. The main thing wrong seems to be that I know that something is true that other people don't believe, and they can't convince me that they're right.
546. I've been very upset for a while about something that happened.
547. I often have stomach aches, headaches, nausea, or other aches and pains, and the doctor can't find out why.
548. I'm often sleepy in the daytime.
549. I used to trust people but lately I've been very suspicious.
550. Recently I've realized that people are trying to hurt me in some way.
551. I used to be interested in some things but now I don't care about anything.
552. I used to get along fine, but lately I've done things that caused me trouble, such as stealing, having sex or trying to have sex with the wrong people, or saying things that others find embarrassing or very unusual.
553. I used to get along fine, but lately I've been very emotional, getting angry and telling people off one minute, crying or laughing the next minute.
There are many ways I don't think clearly anymore, and doctors haven't found an illness or medicine side effect that is causing this.

My personality has changed a lot recently, and that's causing problems.

Doctors have found a physical reason for my mental problems.

My mental problems developed in less than a week, and the problems often get a lot better and a lot worse all within one day.

I can't think well enough to do the work I used to do.

I can't think well enough to get along with people the way I used to.

I've had trouble with words recently, in knowing exactly what a word or an idea means, or explaining anything, or knowing what things are alike and what things are different.

I don't know what's going on around me.

I can't pay attention to anything for long.

I feel like I'm only half-awake or less than half-awake.

I keep misunderstanding things I see or hear, and I mistake them for something else.

The worst thing that's wrong with me is my forgetting things.

I can't seem to make the right decisions anymore.

I can't seem to learn anything new.

Doctors have said that strokes have caused many of my mental problems.

I have some physical problems, such as trouble walking, or weakness in one of my arms or legs, or shaking, or exaggerated reflexes.

My mental problems have gotten worse in steps, rather than evenly and smoothly, and at the beginning there were many things I did as well as ever, because at first only some kinds of actions were affected.
571. Things have gotten worse smoothly and gradually rather than step by step.

572. My mental problems are connected to my physical illness or handicap, or to the effects of medicine for my physical illness or handicap.

573. I've been sleeping a lot more than usual.

574. The main thing wrong with me is the change in my moods.

575. I'm affected less than I used to be by the same amount of the drug or alcohol I've been using.

576. If I want to get the feeling I'm looking for from the drug or alcohol I've been using, I have to take more than I used to.

577. I've had arguments or trouble with my friends or family over my use of drugs or alcohol.

578. I've been arrested more than once for selling, buying or possessing a drug.

579. I've gotten arrested for the way I was acting when I was high or for having an accident while I was high.

580. I was fired from work during the past year.

581. I miss work sometimes because of my using drugs or alcohol (including missing work because of hangover).

582. I've lost many of my old friends in the last year.

583. I've gotten into fights or beaten people up while I was high.

584. I'm not very interested in the things I used to like to do.

585. I've messed up at work because of my drug or alcohol use.

586. I've messed up with friends because of my drug or alcohol use.

587. Sometimes I drink vanilla extract, sterno, rubbing alcohol or something else like that.
588. I've gotten so high on cocaine that I started hearing or seeing things.

589. I know that alcohol or drugs are bad for my illness, but that doesn't stop me from using them or drinking.

590. Sometimes I can't remember what I did when I was high or drunk.

591. I've been using a drug (non-prescribed) nearly every day for a month or longer.

592. At least once in a while I drink a fifth of liquor or more in one day, or a gallon of wine, or three sixpacks of beer.

593. Sometimes I get drunk or high early in the morning and stay high until I go to sleep that night.

594. Sometimes I stay drunk or high for a couple of days or more.

595. I've tried more than once to go on the wagon but it's never lasted.

596. I've tried to drink only at certain times of day, such as only in the evening, but it hasn't worked.

597. I've tried to cut down on my drinking but it doesn't last.

598. I've tried to cut down on my drug use but it doesn't last.

599. I can't do well enough at work, or in getting along with people, if I don't drink every day.

600. I've been drinking or using a drug regularly for over six months.

601. I've had times where I drank a lot or used drugs a lot for a while, and then quit for a while, going back and forth more than once between quitting and using.

602. I've been dreaming a lot.

603. My sleep has been so restless that I wake up tired, or I wake up in the middle of the night.
604. I'm usually in an angry mood and ready to fight.
605. It's hard to know what I'm going to do next.
606. I'm taking medication because of my drug or alcohol use.
607. I'm in treatment because of my drug or alcohol use.
608. Sometime in the last year I've taken medication or been in therapy, or both, for my drug or alcohol use.
609. It's been over two years since I stopped using drugs and alcohol.
610. I drank heavily for years.
611. I've taken overdoses of drugs where I've passed out and almost stopped breathing, or did stop breathing and had to be revived.
Intoxication and Withdrawal Inventory

1. I've been feeling weak or unwell.
2. I think I have a fever.
3. I've been sweating a lot.
4. A doctor or nurse has said that right now my blood pressure is high.
5. When I stand up I feel faint.
6. My hands, eyelids and tongue are trembling.
7. I've been yawning a lot.
8. The hair has been bristling on the back of my neck.
9. The black part in the center of my eye (the iris) is larger than usual right now.
10. My nose has been running.
11. My eyes have been teary or running.
12. I used to drink a lot of alcohol, but within the last three weeks I quit drinking or cut way down.
13. I recently stopped taking, or take much less of, something I used to take often to get high.
14. I've taken drugs or alcohol in the last few hours.
15. Although I only had one or two drinks, I became completely different in how I acted—pushing people around or starting fights or being abusive.
16. I've been acting in a way that's been getting me in trouble (such as making bad decisions or starting fights).
17. I usually don't act the way I've been acting, except perhaps at other times when I'm drunk or high.
18. My pulse is very fast.
19. I'm very frightened or nervous or worried.
20. My mouth is very dry.
21. I am or have recently been very hungry.
22. My eyes are bloodshot.
23. My hearing, sight, taste or touch have become very intense and sensitive.
24. Time feels like it is going by very slowly.
25. I feel wonderful or have recently felt wonderful.
26. After using a drug I knew that something was true that other people didn't believe, and no one could persuade me I was wrong.
27. I've been bursting with energy.
28. My heartbeat feels irregular.
29. My thoughts are rambling from one subject to another, and I've been talking a lot about these different things.
30. I've been having a muscle twitch.
31. I've been having an upset stomach or heartburn.
32. I've been urinating a lot.
33. I've been unable to sleep.
34. I'm excited.
35. I feel nervous.
36. I feel restless.
37. I'm trembling.
38. My vision is blurry.
39. My heart is beating fast or feels like it's fluttering.
40. My skin feels numb, or I feel pain less intensely than usual.
41. My muscle coordination's not good right now.
42. I'm having trouble pronouncing words.

43. I feel like I can see sounds, or hear things that I'm smelling, or taste sounds, or something else like this.

44. I've been throwing up or feeling like I'm going to throw up.

45. I've drunk a dozen or more cups of coffee in the last 24 hours.

46. I've got chills.

47. I keep watching everything to make sure nothing happens to me.

48. I feel very important, powerful or talented.

49. I'm sleepy.

50. I can't sit still, or I've been pacing, or wringing my hands, or picking at my clothes, or something else like this.

51. I've been moving and talking very slowly, and reacting slowly to things.

52. I don't care what's going on around me.

53. The black part in the center of my eye (the iris) is the size of a pinhole right now.

54. I can't remember some of what happened since I got high.

55. I can't seem to keep my mind on any one thing.

56. I've been talking a lot.

57. It's easy to annoy me right now.

58. My face is full of color right now.

59. My mood keeps changing so that sometimes I'm happy, or sad, or angry, or suspicious, but no one mood for long.

60. My eyeballs are moving rapidly from side to side or up and down.
61. I can't walk straight right now.
62. I'm slurring my words.
63. I'm acting clumsy.
64. I've been more sexually aggressive or more ready to argue or fight than usual.
65. I'm feeling very suspicious.
66. Someone is out to harm or humiliate me or take something from me.
67. I've been making bad choices in the past few hours.
68. I've just made a mess of things at work or with friends or family.
69. I've been in a fight in the last day.
70. I've missed an appointment or did something I wasn't supposed to do during the last 24 hours.
71. I'm afraid I'm going crazy.
72. Everything that's happening seems somehow to be about me.
73. I'm very depressed.
74. I feel like people are talking about me.
75. Things don't seem real to me.
76. I don't feel real, but more like I'm watching or listening to myself from a distance.
77. I'm feeling fully awake and alert.
78. I'm seeing, hearing, smelling or feeling things that other people can't sense.
79. I started feeling the way I do now less than two days and more than 12 hours after I stopped drinking alcohol.
80. This is the first time I've ever had an experience like this.
81. I keep mistaking things for something else, like that trees outside are people, or that the sounds of machines are voices, or something else like that.

82. My emotions keep changing with the kinds of things I'm seeing or hearing that other people can't see or hear; for instance, I get scared when the voices threaten me or when I see something terrible, or I feel good when I hear something beautiful.
Infant Inventory

1. The baby has lost weight or has gained much less than he or she should.

2. The baby keeps spitting up most of his or her food even though he or she doesn't seem nauseated or to have an upset stomach.

3. The baby seems to be getting better since he or she was hospitalized.

4. The baby is definitely underweight for his or her age and head size.

5. The baby barely responds to the breast or bottle; he or she does not turn toward it.

6. The baby seems limp and without strength.

7. The baby moves his or her arms and legs a lot less than most other babies.

8. The baby seems interested in what goes on around him or her.

9. The baby sleeps almost all of the time.

10. The baby has a weaker cry than most babies.

11. The baby plays with or seems interested in the person taking care of him or her.

12. The baby reaches out to be held when he or she is about to be picked up.

13. The baby reaches for his or her mother or main caretaker when the baby sees the mother or main caretaker.

14. The baby turns toward the mother's or main caretaker's voice.

15. The baby looks alert when he or she hears the mother's voice or main caretaker's voice.

16. The baby avoids looking in the mother's or main caretaker's eyes.

17. The baby "talks" with the mother or main caretaker by making sounds or gurgles after the mother or main caretaker does.
18. The baby smiles when an adult makes faces at him or her from close by.

19. The baby follows people's faces with his or her eyes when the people move nearer or further away, or keeps looking at their eyes when the people move.

20. On most days, nobody has played with the baby.

21. The baby has been in an institution of some kind most of the time since birth.

22. The baby has been left alone most of the time, or has been paid very little attention except for feeding and changing.

23. Please write the baby's age in months. __________ months

24. If the baby was premature, please write the number of weeks premature. __________ weeks

25. Please write the age of the baby the last time he or she seemed well. __________ months
Adolescent and Child Inventory

1. Often my emotions don't fit what I'm saying or what's happening, like laughing when I talk about something sad, looking angry when I say how happy I am, or something else like that.

2. I'm much more sensitive to sounds than most people.

3. I'm much more sensitive to light than most people.

4. I'm much more sensitive to smells than most people.

5. I don't pay attention to sudden, loud noises.

6. I don't pay attention to bright lights in my eyes.

7. My voice is monotonous; it doesn't change pitch or tone as I speak, the way most people's voices do.

8. I've been told my way of speaking isn't normal.

9. I've been told that I always sound as if I were asking a question.

10. I often walk on tiptoe.

11. I often shake my hands back and forth or make motions with my fingers or hands.

12. I've been told I often stand or sit in very odd positions.

13. I've been told I often move my body in strange ways.

14. I always want to do things in the same way and in the same order.

15. I get upset if anything changes, like if furniture is moved or if I don't get to eat at the usual time.

16. When I get upset nobody can make me feel better.

17. I understand words, even though I've never spoken them.

18. I understand the purpose and use of household objects.

19. I have a hard time saying some sounds (including more than one of the following: r, sh, th, f, z, l, ch) so that people have trouble understanding me.
20. I've been failing some classes at school.

21. Teachers have said I could do a lot better in school than I'm doing.

22. My reading ability is a lot worse than it should be, given how smart I am, and a lot worse than how well I do in other subjects.

23. My arithmetic ability is a lot worse than it should be, given how smart I am, and a lot worse than how well I do in other subjects.

24. I'm very bad in some subject other than reading or arithmetic, even though I try hard, and I'm much worse in that than in other subjects.

25. Given how smart I am, and how hard I try, I do much worse in two or more subjects than I do in all the other subjects I take.

26. I often have stomach aches, headaches, nausea, or other aches and pains, although the doctor can't find the reason why.

27. I worry so much that I often need people to reassure me.

28. I'm always worrying about being good enough in school or sports and being popular enough with other kids.

29. I think about things that happened and worry about whether I did the right thing.

30. I worry that something terrible will happen to me or someone I care about.

31. I prefer to stay away from people who aren't in my family, especially children my own age.

32. I don't know what to do with other children or with adults.

33. I've been told I have an odd way of speaking.

34. I don't have any desire to be around other people.

35. I don't feel close to or similar to other people and I don't care about them.
36. I suddenly become very fearful or tense for no reason I can explain.

37. I often become wildly emotional with fear, anger or sadness over simple everyday events such as having to do something I don't want to do, not getting what I want, or someone going home whom I want to stay.

38. I go into a panic without any clear reason.

39. I sometimes wake up with my hair bristling in fright.

40. I sometimes wake up breathing fast in fright.

41. I sometimes wake so frightened that no one can comfort me.

42. I sometimes wake up frightened and confused.

43. I sometimes wake up frightened and not sure where I am.

44. When I wake up frightened I make motions over and over, such as picking at my blankets or pillow, or moving my arms or legs back and forth.

45. I have a close friend my age.

46. My only close friend my age is a relative.

47. My only close friend my age is very much like me.

48. I like to play with other children.

49. I like to spend time with other children.

50. I don't talk at school even to answer questions.

51. I only talk when I'm with my family.

52. I can talk, when I choose to.

53. I am always "on the go" or act as if "driven by a motor".

54. I am a very restless sleeper, always tossing about.

55. I am so active that I don't sit down for long, even when I'm supposed to.

56. I can't sit still and am often fidgety.
57. I'm always running around or climbing on things.

58. When I play games I have trouble waiting until it's my turn.

59. When I'm in a group I have trouble waiting if someone else is getting the attention.

60. I often say something in class without being called on.

61. I need to be watched most of the time because I'm so active that I get myself or others into trouble.

62. Even though I'm smart enough, I have a lot of trouble organizing my work.

63. I'm always dropping one activity and starting something else, then stopping that and beginning another activity.

64. Most of the time I act before I think about what I'm doing or the consequences.

65. I have a hard time playing a game to the end—I usually lose interest or get interested in something else.

66. It's easy to get my mind off what I'm doing.

67. I don't seem to listen to what people tell me.

68. I usually finish what I start.

69. I have a hard time doing my schoolwork or anything else I really have to think about.

70. I worry that my parents or others I love will go away and never come back.

71. I worry that my parents or others I love will get hurt or killed.

72. I often worry that I will get lost, kidnapped, hurt or killed, or something else like that.

73. I won't go to school, or often try to stay home, so I can stay with my mother or father or other loved one.

74. I don't like to fall asleep unless my mother or father is next to me.
75. I don't like to sleep away from home.
76. I avoid being home alone.
77. I follow my mother, father or other loved one around the house and get upset if I'm not allowed to do so.
78. Several times I've had nightmares about being separated from my parents or other loved ones.
79. On school days I often complain in the morning of feeling sick, stomach aches, headaches, nausea, throwing up or similar problems.
80. When I have to leave my mother or father or other loved one, I get panicky.
81. When I have to leave my mother or father or other loved one, I often plead with them not to go, or cry, or have a temper tantrum.
82. My mood swings quickly back and forth—I cry, scream, laugh, all in a short space of time.
83. I fly into a rage without any clear reason.
84. I'm not afraid of dangerous or hurtful things.
85. I'm stubborn with parents, teachers and other authorities.
86. I do things that I know will anger my parents, teachers and other authorities.
87. I argue a lot with my parents, teachers and other authorities.
88. I fly into a rage with my parents, teachers and other authorities.
89. I break a lot of the little rules I know I'm supposed to follow.
90. Most often I do the little things I'm supposed to, like keeping my room clean or washing the dishes.
91. Half an hour to three and a half hours after falling asleep, I wake up, often screaming, for one to ten minutes.
92. I've been very upset for a while about something that happened.
93. I'm so shy that it gets in the way of my getting along with other children.

94. I have a good, warm relationship with my family and other very familiar people.

95. I want affection and acceptance.

96. I avoid strangers and won't spend any time with them if I can help it.

97. I get very sad when I'm not with my mother, father or a similarly loved person.

98. I can't keep my mind on what I'm doing when I'm not with my mother, father or a similarly loved person.

99. I want to be by myself and won't play or talk with other children or adults when I'm not with my mother, father or another loved person.

100. I don't care about anything and don't pay attention to anything when I'm not with my mother, father or another loved person.

101. I often say "you" when I mean myself and "I" when I mean the person I'm talking to.

102. I often repeat words or sounds that I've heard, in a parroting kind of way, without any attention to meaning.

103. I use strange language so that it's very hard or impossible to know what I mean.

104. I cling to people at times or places where it is embarrassing or inappropriate.

105. I don't respond to affection with affection, or to playfulness with playfulness, or otherwise show the emotions people expect from me.

106. I don't act with people the way you'd expect from a child my age; I don't know how to do things with people, or I am very, very immature in how I act with people.

107. I don't react to people; I ignore them or act as if they were things.
108. I get tremendously attached to odd things (such as spoons or boxes) or tremendously interested in them, hate anything being moved from its regular place, or any other changes, and respond very strangely to the things around me.

109. I bang my head, or rock back and forth, or move my hands in quick rhythmic circles, or flap my arms, seemingly because I want to.

110. I've been stealing things when nobody's around or nobody's looking.

111. I've been lying about a lot of things.

112. I've run away from home overnight or longer more than once.

113. I've been breaking the rules at home, like not coming home when I'm supposed to, or using drugs or alcohol around the house.

114. I've been breaking the rules at school, like playing hooky or skipping classes or using drugs or alcohol at school.

115. I try to help when my friends have troubles or problems.

116. I steal, sell drugs, run numbers, am a prostitute or do something else illegal for money.

117. I've been arrested more than once.

118. I have a lot of money to spend.

119. I would blame my friends in order to stay out of trouble.

120. I feel guilty or sorry when I do something bad, even when nobody catches me.

121. I help people out even if it doesn't get me anything.

122. I have a good friend about my age that I've been friends with for over six months.

123. I've been snatching purses, holding people up or making store owners pay me protection money.

124. I repeated a grade in school.
125. I've been breaking into stores, setting fires, beating people up, vandalizing places, or other things of that type.

126. It bothers me a lot that I don't know what I want to be when I grow up.

127. It bothers me a lot that I don't know what kind of work I want for a career, or if I want a career.

128. It bothers me a lot that I don't know what kind of friendships I want.

129. It bothers me a lot that I'm not sure whether I'm more sexually attracted to men or to women.

130. It bothers me a lot that I'm not sure how I want to behave sexually.

131. I'm very unhappy about the problems I've been having with religious faith.

132. It bothers me a lot that I can't decide what group I really fit in with.

133. I don't care about doing anything or going anywhere.

134. I've been a lot less active than usual lately.

135. I'm very sad most of the time lately.

136. I don't want to make friends.

137. I often feel embarrassed or humiliated.

138. I'm always worrying about whether I'm doing the wrong thing.

139. I'm always worrying about whether what I'm doing will make me look bad.

140. I enjoy playing with or spending time with other children.

141. I can't speak, or can hardly speak at all, or only repeat words and noises in meaningless ways.

142. Doctors have said that I show unusual brain waves while sleeping.
143. Just before I wake up frightened, someone watching me could see my eyes moving quickly back and forth under my eyelids.

144. It bothers me a lot that I'm not sure what the right moral values are for me.

145. Most of the time I show less emotion than other children.

146. I bang my head against the floor or wall or chair.

147. I bite or hit myself.

148. I cut or bruise or rip or stab myself.

149. I get very frightened for a while and then become okay again.

150. When I get frightened, I often get very scared I'll die, go crazy or do something I can't control.

151. When I get frightened I often feel like what's happening isn't real.

152. I hear voices or sounds that other people can't hear.

153. I see things that other people can't see.

154. I smell things that other people can't smell.

155. I feel things crawling on me that no one else can find.

156. A lot of times people can't understand what I'm talking about.

157. When I talk I change from one subject to another to the point where it's hard for people to understand what I mean.

158. I know that something is true even though everyone else believes that I'm wrong and think they have proof that I'm wrong.

159. Sometimes when I wake up frightened I'm sweating.

160. Sometimes when I wake up frightened my heart is beating very fast.
161. Sometimes when I wake up frightened, the black part in the center of my eye (the iris) is larger than usual.

Items 162-169 should be filled out only by girls, and items 170-175 should be filled out only by boys.

162. Since before I was twelve, I've wanted to be a boy or felt I was a boy.

163. I wish I were a boy.

164. I'm really a boy.

165. I've got a penis, or I'm going to grow one.

166. I won't grow breasts.

167. I don't have a vagina.

168. I will grow up to be a man.

169. I will never physically be able to get pregnant.

170. My penis is disgusting to me.

171. My penis is going to disappear.

172. I'd much rather not have a penis or balls.

173. I like to dress up as a girl.

174. I'd much rather play with girls than with boys.

175. My favorite games are playing with makeup, playing house, playing with dolls or cooking.
Sexuality Inventory - F

1. Doctors have found that my sexual problem is entirely caused by something physical.

2. My sexual problem is a side effect of my medication.

3. I just don't want to have sex—I have no desire for it (although I might wish I felt differently).

4. Most of the time (or all of the time) I don't get physically excited during sexual activity.

5. A lot of times I can't get excited enough to stay wet while I'm having sex, or during sex I'll lose my excitement and get dry.

6. I've been told by a doctor or other expert that my sexual activity is usually long enough and intense enough.

7. I've been told by a doctor or other expert that my sexual activity is usually not long enough or intense enough.

8. Even though I get excited sexually, most of the time I either don't come (have an orgasm) or it takes so long that I get tired and uncomfortable.

9. When I have sexual intercourse I almost always have vaginal pain.

10. If I'm too dry in the vaginal area to have sexual intercourse comfortably, I moisten myself with a cream or jelly.

11. When I try to have sex, the muscles around my vagina tighten up so that intercourse is very difficult or impossible.

12. I don't ever get sexually excited even a little bit.

13. I've never wanted to be attracted to women but I find them sexually exciting, and this bothers me a lot.

14. One of my main problems is that I don't feel feminine enough.

15. I'm no good as a sex partner.
16. My vagina is ugly to me.
17. My body is very unattractive.
18. It bothers me that I sleep with so many people and yet none of them mean much to me.
19. I'm confused about whether I prefer sex with men or with women.
20. I don't find men very sexually exciting, and this gets in the way when I want to have a relationship with a man.
21. I just don't feel right, that I'm a woman.
22. I wish I could change my sex and live as a man.
23. Most of my life I've been more strongly sexually attracted to women than to men.
24. I've had an active sex life, mostly or entirely with males.
25. My past sex life has mostly involved something other than people (such as animals or clothes).
26. Physically I'm normal in my sex parts and as far as I know I have regular sex genes.
27. The last period of a week or more when I didn't feel that, down deep, I was the opposite sex from my physical sex was over two years ago.
28. Something bothers me a lot sexually that hasn't been talked about in this group of statements.
Sexuality Inventory - M

1. Doctors have found that my sexual problem is entirely caused by something physical.

2. My sexual problem is a side effect of my medication.

3. I just don't want to have sex--I have no desire for it (although I might wish I felt differently).

4. Most of the time (or all of the time) I don't get physically excited during sexual activity.

5. A lot of times I can't get an erection when I'm trying to have sex, or I only get a part-erection and have trouble getting or staying inside.

6. A lot of times I lose my erection when I'm trying to have sex, so that I have trouble getting or staying inside.

7. I've been told by a doctor that my sexual activity is usually long enough and intense enough.

8. I've been told by a doctor that my sexual activity is usually not long enough or intense enough.

9. Most of the time when I have sex I either can't come (ejaculate) or it takes so long that I get tired and uncomfortable.

10. When I have sex I almost always come too quickly.

11. When I have sexual intercourse I almost always have pain in my penis or testicles.

12. If my partner is too dry in the vaginal area to have sex comfortably I moisten myself with a cream or jelly.

13. I don't ever get sexually excited even a little bit.

14. I've never wanted to be attracted to men but I find them sexually exciting, and this bothers me a lot.

15. One of my main problems is that I don't feel masculine enough.

16. I'm no good as a sex partner.
17. My penis is too small.
18. My penis is ugly.
19. My body is very unattractive.
20. It bothers me that I sleep with so many people and yet none of them mean much to me.
21. I'm confused about whether I prefer sex with men or with women.
22. I don't find women very exciting sexually, and this gets in the way when I want to have a relationship with a woman.
23. I've often dressed in women's clothes.
24. When I began wearing women's clothes I found it a sexually exciting thing to do.
25. When I'm going to put on women's clothes and something comes up so that I can't, I find it terribly frustrating.
26. I just don't feel right, that I'm a man.
27. I wish I could change my sex and live as a woman.
28. I've never had strong sexual feelings.
29. Most of my life I've been more strongly sexually attracted to men than to women.
30. I've had an active sex life, mostly or entirely with females.
31. My past sex life has mostly involved something other than people (such as animals or clothes).
32. Physically I'm normal in my sex parts and as far as I know I have regular sex genes.
33. The last period of a week or more when I didn't feel that, down deep, I was the opposite sex from my physical sex was over two years ago.
34. Something bothers me a lot sexually that hasn't been talked about in this group of statements.
Paraphilia Inventory

What excites me most sexually, either to think about, or to do, or both, is:

1. rubbing against someone or having him or her rub against me.

2. giving someone an enema or having him or her give me one.

3. having sex with someone who's dead.

4. making obscene phone calls.

5. something involving excrement (shit).

6. something involving urine.

7. having sex with an animal (for instance, a cow, sheep or dog).

8. having sex with a child younger than adolescent.

9. watching someone naked, or undressing, who doesn't know I'm watching, without my trying to have sex directly with the person.

10. watching people have sex who don't know I'm watching them, without my trying to have sex with either or both people.

11. to be tied up, or beaten, or called bad names, or humiliated, or made to suffer some other way.

12. to have sex with someone who hasn't washed in a long time, or is very dirty, or to be very dirty myself, or to have sex while in dirt or mud.

13. something few people seem to find sexually exciting and which is not mentioned in the previous items.

14. I've hurt someone quite badly because I found it sexually exciting to do.

15. Sometimes I've put myself in a position on purpose where I was physically harmed or had my life threatened, because it was exciting sexually.
16. What I find most sexually exciting are clothes that smell like someone's body, or I find most sexually exciting some other nonliving thing, such as perfume or leather or rubber or silk (but not including vibrators or other specifically sexual equipment).

17. What excites me the most sexually, with someone who wants to do it, is to humiliate someone and hurt him or her a bit.

18. Sometimes it gets me sexually excited to grab someone who doesn't expect it and hurt that person or make him or her suffer, and I've done this more than once with people who didn't want it to happen.

19. What I find most sexually exciting is showing my penis to someone I don't know, and I've done this, without ever trying to have sex with the person I show it to.
If you have a physical illness or a physical handicap, please list it or them in the space provided.

If you have no physical illness or physical handicap, put a check here.
Event Inventory

Which, if any, of the following have died in the last year?

1. Mother
2. Father
3. Sister
4. Brother
5. Wife or husband
6. Daughter
7. Son
8. Other close relative
9. Sex-partner
10. Very close friend
11. Pet cat or dog

Which, if any, of the following have been extremely ill in the past year?

12. I myself
13. Mother
14. Father
15. Sister
16. Brother
17. Wife or husband
18. Daughter
19. Son
20. Other close relative
21. Sex-partner
22. Very close friend
23. Pet cat or dog

Which, if any, of the following have you had a lot of trouble with in the past year?

24. Mother
25. Father
26. Sister or brother
27. Wife or husband
28. Daughter or son
29. Other close relative
30. Sex-partner
31. Very close friend
32. Pet of any kind
33. Boss, supervisor or teacher
34. Co-worker or fellow-student
35. Neighbor
36. Other work problem
37. Other school problem
38. Severe financial problem

Please indicate which of the following statements have been true much of the time during the past year:

39. I have not had any important problems or stresses during the past year.
40. I took out a bank loan.
41. I got a speeding or parking ticket.
42. I began a new career.
43. I retired.
44. I moved away from relatives or close friends.
45. I went bankrupt.
46. I lost my job.
47. I moved to the United States (or wherever you are filling this out).
48. I changed to a different time-shift at work.
49. I became 30 years old.
50. I became 40 years old.
51. I became 50 years old.
52. I became 21 years old.
53. I graduated from school.
54. I got my first permanent full-time job.
55. I started menopause.
56. I was in a fire, flood, major earthquake or other disaster.
57. I had an abortion.
58. I had a child.
59. I got engaged.
60. I got married.
61. I moved in with a sex-partner.
62. I separated from my husband, wife or sex-partner.
63. I got divorced.
64. I split up with a long-time romance.
65. I got a promotion.
66. I got pregnant.
67. I was arrested for a felony (a serious crime).
68. I was arrested for a misdemeanor.
69. I was in jail.
70. I was sentenced to prison.
71. I was threatened with physical injury.
72. I was badly injured.
73. I was seriously assaulted.
74. I was raped.
75. I was robbed.
76. I was in an accident.
77. I was sued.
78. I have not had any important problems or stresses during the past year.
79. My parents were cold and unloving with each other.
80. My parents were angry with each other and fought a lot.
81. My parents were separated.
82. My parents were divorced.
83. One of my parents had a mental problem.
84. One of my parents had a drug or alcohol problem.
85. Both of my parents had a mental, drug or alcohol problem.
86. I was often beaten by my mother or father.
87. I was sexually abused by my mother or father.
88. One of my parents was very cold or distant toward me.
89. One of my parents was almost always angry with me.
90. My parents didn't care what I did.
91. You couldn't tell whether my parents would care about what I did or not.
92. I didn't see people or do anything much besides eat and sleep.
93. I lived with one parent.
94. I lived with a foster family.
95. I lived in an institution, such as an orphanage, training school or hospital.
On this sheet of paper, please rate how things have gone for you in these different areas of your life:

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Vita

David Gilbert Perry was born in Hartford, Connecticut on April 10, 1945. He attended elementary, junior high and high schools in West Hartford, Connecticut until enrolling in undergraduate studies at Bard College in Annandale-On-Hudson, New York in 1963. He left Bard College after two years in 1965 and worked at the Center for Continuing Legal Education at the University of Michigan in Ann Arbor, Michigan. In 1966 he enrolled at San Francisco State College and he received a Bachelor of Arts degree in 1969. From 1970 to 1971 and again from 1972 to 1977, he worked as a proofreader, supervisor and paralegal for the Manhattan law firm of Simpson Thacher & Bartlett. From 1971 to 1972 he worked at Columbia Teachers College and he received a Master of Arts degree from that institution in 1976. In 1977 he enrolled in the Graduate School at Louisiana State University in the Department of Psychology and in 1980 he received a Master of Arts degree in Clinical Psychology. From 1981 to 1982 he was a Clinical Psychology Intern at Syracuse Veterans Administration Medical Center in Syracuse, New York. Since 1983 he has been an Alcoholism Counselor at the Alcoholism Council of Tompkins County in Ithaca, New York.
DOCTORAL EXAMINATION AND DISSERTATION REPORT

Candidate: David Gilbert Perry

Major Field: Psychology

Title of Dissertation: An Attempt to Validate an Inventory from the Criteria of DSM-III

Approved:

[Signatures of Major Professor and Chairman, Dean of the Graduate School]

EXAMINING COMMITTEE:

[Signatures of committee members]

Date of Examination:

April 26, 1985