Diagnostic Criteria for Psychosomatic Research Structured Interview (DCPR-SI)

NOTE: The interview concerns the past 6 or 12 months. It requires the knowledge of medical diagnoses and the chronology of the disorder’s manifestations in the patient. The interviewer has to be familiar with the literature on DCPR. Psychiatric assessment is suggested jointly to the DCPR-SI. Italicized items are not direct questions to the patient but require an answer from the interviewer.

### Health Anxiety

**A** 1. Are you worried that you may have a serious illness?

   - YES □
   - NO □

   2. If you are suffering from common symptoms (e.g. bleeding nose, a cold, headache etc.) do you fear (e.g. become alarmed, consult your local doctor, request medical examinations, go to the hospital emergency department, consult a medical book etc.) they may develop into a serious illness?

   - YES □
   - NO □

   ———— (If No, skip to "Disease Phobia")

**B** If the physician gives you an appropriate medical reassurance explaining that you don’t have any illness and you are healthy, do you trust him?

   - YES □
   - NO □

**C** Have you experienced these fears for the past 6 months?

   - YES □
   - NO □

**Diagnosis: A1 and/or A2=yes + B=yes + C=yes**

### Disease Phobia

**A** Have you ever experienced severe anxiety, or a panic attack, as a result of being scared of having developed a bad disease?

   - YES □
   - NO □

   ———— (If No, skip to "Thanatophobia")

**B** Even though your doctor and the laboratory examinations have excluded any specific medical illness, are you afraid of suffering from a bad disease (e.g., AIDS, cancer)?

   - YES □
   - NO □

**C** Does your fear of a bad illness exceed 6 months?

   - YES □
   - NO □

**Diagnosis: A=yes + B=yes + C=yes**

### Thanatophobia
A Have you ever had the sense of impending death and/or conviction of dying soon, without being in a threatening situation or in real danger?

YES □  NO □

⇒⇒⇒⇒ (If No, skip to "Illness Denial")

B Are you afraid of news that reminds you of death (e.g., funerals, obituary notices)?

YES □  NO □

C Do you avoid any situation that reminds you of death (changing the TV channel, interrupting a conversation if it concerns dead people, disasters or accidents)?

YES □  NO □

Diagnosis: A=yes + B=yes + C=yes

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Illness Denial

A 1 Have you ever neglected to bring to your physician’s attention serious symptoms or ignored your physician’s diagnosis and recommendations?

YES □  NO □

2 If the physician tells you that you have a disorder and prescribes you drugs, a suitable diet or an appropriate physical activity, do you follow the medical advice?

YES □  NO □

If A1=no and A2=yes, ⇒⇒⇒⇒ skip to "Functional Somatic Symptoms Secondary to a Psychiatric Disorder"

B Did the physician tell you that you have a medical disorder and provide a clear explanation of the medical situation and management to be followed?

YES □  NO □

Diagnosis: (A1=yes and/or A2=no; or A1=yes and/or A2=yes; or A1=no and/or A2=no) + B=yes

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Functional Somatic Symptoms Secondary To A Psychiatric Disorder

A Have you ever suffered from troublesome symptoms (e.g., palpitations, sweating, tremor, becoming flushed, gastrointestinal symptoms, dizziness, muscular pains, persistent tiredness) that interfered with your life causing repeated medical treatment?

YES □  NO □

⇒⇒⇒⇒ (If No, skip to "Persistent Somatization")

B Did the physician tell you that your physical symptoms are not due to a specific medical cause?

YES □  NO □

C The interviewer has to note if there is a psychiatric disorder
**Persistent Somatization**

**A**  Have you ever suffered for more than 6 months from one of the disorders I’m going to list to you and, as a consequence of them, have you sort medical treatment, or has your quality of life become worse?

- Muscular pain and tingling
- Persistent tiredness
- Stomach pain with burning or bloating, or slow digestion
- Constipation or diarrhea
- Palpitations
- Breathing difficulties
- Other

**Diagnosis:** A=yes + B=no + C1

**Conversion Symptoms**
A Have you ever suffered from one of the following physical disorders: balance problems, localized paralysis or weakness, loss of voice, eating difficulty, double vision or loss of sight?

YES □  NO □

⇒⇒⇒⇒ (If No, skip to "Anniversary Reaction")

B Did the physician find a specific medical cause or a specific factor to explain your symptoms?

YES □  NO □

C 1 Did any specific event occur before the manifestation of these symptoms?

YES □  NO □

If yes, do you believe the symptoms are linked to this event?

YES □  NO □

2 Have you ever had the same symptoms in the past?

YES □  NO □

Or have you observed the same symptoms in someone else close to you?

YES □  NO

3 The interviewer has to assess if the patient shows ambivalence as to the symptom

YES □  NO □

4 The interviewer has to assess the characteristics of histrionic personality ((exhibitionist or inappropriately seductive behavior, seeking of reassurance or approval, exaggerated displays of emotions, high sensitivity to criticism or disapproval, excessive concern with physical appearance, a need to be the center of attention, low tolerance for frustration or delayed gratification, rapid shifting of emotional states, making rash decisions, self-centeredness))

YES □  NO □

Diagnosis: A= yes + B= no + C (at least 2 of the 4 characteristics) = yes

Anniversary Reaction

A If you have suffered from one or more of the symptoms I listed to you before (e.g. palpitations, sweating, tremor, becoming flushed, gastrointestinal symptoms, dizziness, muscular pains, persistent tiredness, balance problems, localized paralysis or weakness, loss of voice, eating difficulty, double vision or loss of sight) and the physician didn’t find any specific medical cause, do you remember a specific time that preceded the occurrence of the symptoms?

YES □  NO □

⇒⇒⇒⇒ (If No, skip to "Type A Behavior")
**B 1** Do you remember if they occurred at the same time as an important date for you, or at the same age that a family member developed a life-threatening illness?

- **YES □**
- **NO □**

  If yes, do you believe the symptoms are linked to this event?

- **YES □**
- **NO □**

**2** Have any of your family members had serious health problems or died at the same age as you are now?

- **YES □**
- **NO □**

**Diagnosis:**  
A = yes + B1 and/or B2 = yes

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**Type A Behavior**

**A 1** Do you often stay at work after your normal shift to finish some activities subject to deadlines, where you feel particularly responsible?

- **YES □**
- **NO □**

**2** Do you often have a strong sense of time urgency to finish activities (either at work or not) you have started?

- **YES □**
- **NO □**

**3** Does the patient have a rapid and explosive speech, abrupt body movements, hand gestures, and tensing of facial muscles?

- **YES □**
- **NO □**

**4** When you feel a strong sense of time urgency, do you become aggressive with the people around you?

- **YES □**
- **NO □**

**5** Do you often feel irritable?

- **YES □**
- **NO □**

**6** Are you inclined to walk, move, act, and gesticulate quite fast?

- **YES □**
- **NO □**

**7** Do you feel you have many ideas and thoughts at the same time?

- **YES □**
- **NO □**

**8** Do you feel you are very ambitious at work, desiring for achievements and more recognition than other people?

- **YES □**
- **NO □**

**9** Do you feel in competition with your colleagues?

- **YES □**
- **NO □**

*(If less than 5 = yes, skip to "Irritable Mood")*

**B** Do you have physical symptoms, such as palpitations, sweating, muscular and stomach pains, intestinal disorders, and/or breathing fast?

- **YES □**
- **NO □**
**Diagnosis:** A (at least 5 characteristics) = yes + B=yes

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**Irritable Mood**

A 1 When you sometimes feel irritable (either brief or prolonged episodes, occasionally or persistent), do you need to make an increased effort to control your temper?

- YES □  NO □

2 Or do you have uncontrollable verbal or behavioral outbursts (e.g. shout, slamming the door, banging your fists on the table)?

- YES □  NO □

⇒⇒⇒⇒ (If No, skip to "Demoralization")

B After that, do you still feel bad?

- YES □  NO □

C When you are irritable, do you feel your heart beating fast and other symptoms coming on?

- YES □  NO □

**Diagnosis:** A1 and/or A2 and/or A3=yes + B=yes + C=yes

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**Demoralization**

A 1 Do you feel you have failed to meet your expectations or those of other people (concerning your work, family, social and/or economic status)?

- YES □  NO □

2 Is there an urgent problem you feel unable to cope with?

- YES □  NO □

3 Do you experience, feelings of helplessness, hopelessness, and/or giving up?

- YES □  NO □

⇒⇒⇒⇒ (If No, skip to "Alexithymia")

B Does your state of feeling exceed one month?

- YES □  NO □

C Did this feeling occur before the manifestation of a physical disorders or exacerbate it?

- YES □  NO □

**Diagnosis:** A1 and/or A2 and/or A3=yes + B=yes + C=yes

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**Alexithymia**

The interviewer should assess the overall content of the interview and non verbal behavior, in addition to the following questions:

A 1 When you experience something good or bad, are you able to describe your emotions (delight, joy, worry, sadness, anger)?
2. When you experience either good or bad events, do you talk about what has happened and what you feel inside of you?

3. Do you often day-dream and let your imagination run away?

4. Do your thoughts concern more often your internal emotions and feelings?

5. When you experience a strong emotion, do you also feel physical reactions? (e.g. sick to stomach etc?)

6. Have you ever had occasional but violent outbursts of anger, crying, or joy, that are inappropriate either in relationship with what was happening or your usual behavior?

Diagnosis: A1=no; A2=no; A3=no; A4=no; A5=no; A6=yes
(at least 3 characteristics)
Name _____________________

Sex _____ Age __________

Education ___________

Diagnosis (main disorder) __________________________

Illness duration __________

Other illnesses (last 10 years) __________________________

Psychiatric diagnoses (reported in last 10 years) __________________________

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Characteristics</th>
</tr>
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<tbody>
<tr>
<td><strong>Health Anxiety</strong></td>
<td>□ A1 Illness concerns</td>
</tr>
<tr>
<td></td>
<td>□ A2 Fear of disease</td>
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<td></td>
<td>□ B Medical reassurance</td>
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<tr>
<td></td>
<td>□ C &lt;6-month duration</td>
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<tr>
<td><strong>Disease Phobia</strong></td>
<td>□ A Anxiety of severe disease</td>
</tr>
<tr>
<td></td>
<td>□ B Fear of severe disease</td>
</tr>
<tr>
<td></td>
<td>□ C &gt;6-month duration</td>
</tr>
<tr>
<td><strong>Thanatophobia</strong></td>
<td>□ A Sense/conviction of impending death</td>
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<tr>
<td></td>
<td>□ B Death-related anxiety</td>
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<tr>
<td></td>
<td>□ C Death-related avoidant behavior</td>
</tr>
<tr>
<td><strong>Illness Denial</strong></td>
<td>□ A1 Failure to report symptoms to the physician</td>
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<tr>
<td></td>
<td>□ A2 Lack of confidence in the physician’s advices</td>
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<tr>
<td></td>
<td>□ B Medical explanations provided</td>
</tr>
<tr>
<td><strong>Functional Somatic Symptoms Secondary to a Psychiatric Disorder</strong></td>
<td>□ A Common somatic symptoms</td>
</tr>
<tr>
<td></td>
<td>□ B Lack of medical explanations</td>
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<tr>
<td></td>
<td>□ C Co-occurent psychiatric disorder</td>
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<tr>
<td></td>
<td>□ D Psychopathology preceding somatic symptoms</td>
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<tr>
<td><strong>Persistent Somatization</strong></td>
<td>□ A Somatic symptoms</td>
</tr>
<tr>
<td></td>
<td>□ B Lack of medical explanations</td>
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<tr>
<td></td>
<td>□ C1 Drug-related exaggerated side effects</td>
</tr>
<tr>
<td></td>
<td>□ C2 Symptom worsening after medication</td>
</tr>
<tr>
<td></td>
<td>□ C3 Additional somatic problems</td>
</tr>
<tr>
<td><strong>Conversion Symptoms</strong></td>
<td>□ A Sensory-motor symptoms</td>
</tr>
<tr>
<td></td>
<td>□ B Lack of medical explanations</td>
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<td></td>
<td>□ C1 Prior stressful events</td>
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<tr>
<td></td>
<td>□ C2 Past experiences with the same symptoms</td>
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<td></td>
<td>□ C3 Ambivalence in symptom reporting</td>
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<tr>
<td></td>
<td>□ C4 Histrionic personality</td>
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<tr>
<td><strong>Anniversary Reaction</strong></td>
<td>□ A Specific events prior to symptoms</td>
</tr>
<tr>
<td></td>
<td>□ B1 Co-occurrence with significant date/event</td>
</tr>
<tr>
<td></td>
<td>□ B2 Severe problems in family members</td>
</tr>
<tr>
<td><strong>Type A Behavior</strong></td>
<td>□ A1 Commitment to work</td>
</tr>
<tr>
<td></td>
<td>□ A2 Time urgency</td>
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<tr>
<td></td>
<td>□ A3 Rapid speech and movements</td>
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<td></td>
<td>□ A4 Hostility</td>
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<td></td>
<td>□ A5 Irritability</td>
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<td>□ A6 Fast bodily behavior</td>
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<td>□ A7 Sense of crowded thinking</td>
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<td></td>
<td>□ A8 Need for achievement</td>
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<tr>
<td></td>
<td>□ A9 Competitiveness</td>
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<tr>
<td></td>
<td>□ B Somatic symptoms</td>
</tr>
<tr>
<td><strong>Irritable Mood</strong></td>
<td>□ A1 Increased control efforts</td>
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<tr>
<td></td>
<td>□ A2 Verbal or behavioral outbursts</td>
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<td></td>
<td>□ B Sense of uneasiness</td>
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<tr>
<td></td>
<td>□ C Somatic symptoms</td>
</tr>
<tr>
<td><strong>Demoralization</strong></td>
<td>□ A1 Sense of personal failure</td>
</tr>
<tr>
<td></td>
<td>□ A2 Subjective incompetence</td>
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<td></td>
<td>□ A3 Helplessness/hopelessness</td>
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<tr>
<td></td>
<td>□ B &gt;1-month duration</td>
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<tr>
<td></td>
<td>□ C Subsequent somatic disorder</td>
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<tr>
<td><strong>Alexithymia</strong></td>
<td>□ A1 Difficulty describing feelings</td>
</tr>
<tr>
<td></td>
<td>□ A2 Difficulty communicating feelings</td>
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<tr>
<td></td>
<td>□ A3 Lack of day-dreaming</td>
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<tr>
<td></td>
<td>□ A4 External-related thinking</td>
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<td></td>
<td>□ A5 Emotion-related somatic symptoms</td>
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<td></td>
<td>□ A6 Occasional emotional outbursts</td>
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**NOTE:** / indicates and/or