

Entered: __ / __ / 20__

Initials: _____

Verified: __ / __ / 20__

Initials: _____

For office use only.**LABS 3 Modified ICD-SCID SCORE SHEET (ICD3) – Version 8/8/2013 ICD3DAT**Patient ID _____ - **ID** _____ - _____Date ICD3 administered __ / __ / 20__
mm dd yyAssessor Certification **CERT** _____Visit: **VISIT** _____

Instructions: Before initiating interview determine whether this form was previously completed for a participant (and if applicable, the date). Do not assess “since last assessment” if this is the **initial** assessment (i.e. first time this form is completed). Do not assess “prior to surgery” and “since surgery” if this is a **subsequent** assessment (i.e., this form has been completed previously). “Since last assessment” is defined as the last time that this score sheet was completed for a participant.

Date ICD3 was last completed: __ / __ / 20__
mm dd yy

Prevalence			
Inadequate info	Absent	Sub-threshold	Threshold

Kleptomania

KLEPPS	Prior to surgery:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KLEPSS	Since surgery:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KLEPSLA	Since last assessment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KLEPP30	In past 30 days:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pathological Gambling

GAMBPS	Prior to surgery:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GAMBSS	Since surgery:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GAMBSLA	Since last assessment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GAMP30	In past 30 days:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tri-chorillomania

CHOTPS	Prior to surgery:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHOTSS	Since surgery:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHOTSLA	Since last assessment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHOTP30	In past 30 days:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impulsive-Compulsive Buying

BUYIPS	Prior to surgery:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUYISS	Since surgery:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUYISLA	Since last assessment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUYIP30	In past 30 days:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impulsive-Compulsive Non-paraphilic Sexual Behavior

SEXBPS	Prior to surgery:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEXBSS	Since surgery:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEXBSLA	Since last assessment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEXP30	In past 30 days:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impulsive-Compulsive Internet Use

NETUPS	Prior to surgery:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NETUSS	Since surgery:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NETUSLA	Since last assessment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NETUP30	In past 30 days:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exercise Dependence

EXERPS	Prior to surgery:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXERSS	Since surgery:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXERSLA	Since last assessment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXERP30	In past 30 days:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>