

**Structured Clinical Interview for Maladaptive Daydreaming (SCID-MD)**

Interviewer:

Participant:

Date:

INSTRUCTIONS TO INTERVIEWERS: Each item should be asked exactly as written. Clarification can be provided if the interviewee appears not to understand the question. Follow-up each item with further exploration or additional clarification of symptoms until you have enough information to rate the item confidently.

Please read out loud the following definition:

“For the purposes of this interview, we define daydreaming as fantastical mental images and stories that are not currently part of your life. With fantastical we mean that the content of the experience is wishful or unrealistic in some way. For example, imagining hanging out with a favorite celebrity, winning a gold medal in the Olympics (unless you are an Olympic level athlete), having a romantic affair with an attractive co-worker, who is not interested in you, living in a parallel fantasy world, imagining violent, scary or tragic events that had never happened to you, engaging in heroic or rescue actions, or any daydreams involving either fictional characters or real people in scenarios that wouldn’t happen in real life.

In contrast, we are not interested in general mind wandering - things like thinking about what to eat for dinner later, mentally rehearsing a conversation that you are going to have, thinking about your mental “to do” list, or reminiscing about past events. These sorts of thoughts are not what we mean by daydreaming right now.”

A. Please indicate if any of the following applies to you:

1. During the last 6 months have you experienced vivid fantasies with detailed storylines?

Yes = 1, No = 2, Yes, but less than 6 months = 3 [    ]

2. If yes, has this fantasy activity been persistent or recurrent? That is, do you fantasize often or for long periods?

Yes = 1, No = 2, Yes, but less than 6 months = 3 [    ]

B. Please indicate if any of the following applies to you:

1. While daydreaming, have you experienced an intense sense of immersion (being completely absorbed), that includes visual, auditory (sound) or affective (feelings and emotional) properties?

Yes = 1, No = 2 [    ]

2. Is your daydreaming triggered, maintained or enhanced with exposure to music?

Yes = 1, No = 2 [    ]

3. Is your daydreaming triggered, maintained or enhanced with exposure to repetitive movement (e.g., pacing, rocking, hand movements)?

Yes = 1, No = 2 [    ]

4. Do you often daydream when feeling distressed, or bored?

Yes = 1, No = 2 [    ]

5. Does the length or intensity of your daydreaming increase in the absence of others?

Yes = 1, No = 2 [      ]

6. Are you annoyed when you are unable to daydream or when your daydreaming is interrupted, curbed?

Yes = 1, N = 2 [      ]

7. Would you rather daydream than engage in daily chores, social, academic or professional activities?

Yes = 1, No = 2 [      ]

8. Have you made repeated unsuccessful efforts to control or stop your daydreaming?

Yes = 1, No = 2 [      ]

C. Does your daydreaming cause significant distress or does it impair your social, academic, occupational, or other important areas of functioning?

Yes = 1, No = 2 [      ]

D. Indicate if the disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

\*Interviewer, ascertain that MD is not better explained by Autism Spectrum Disorders, Attention-Deficit/Hyperactivity Disorder, Dementia, Schizophrenia Spectrum Disorders, Bipolar Disorder, Obsessive-Compulsive and Related Disorders, Dissociative Identity Disorder, Substance-Related and Addictive Disorders, an Organic Disorder or Medical Condition.

Yes = 1, No = 2 [      ]

***\*Sample, probing questions for a differential diagnosis***

*ADHD: Do you have trouble paying attention to tasks in general? Are you forgetful? Is this because of your daydreaming, or does your attention wander even if you are not daydreaming?*

*Schizophrenia/psychosis: Are you producing the daydreams or are they appearing/inserted into your mind? Are the sounds in the daydream happening inside your head or are they coming from the outside? Do you ever feel that you have a special purpose? Do you ever feel that you are being watched or someone is trying to get you?*

*OCD: Other than your daydreams, do you often repeat thoughts over and over? Do you need to repeat an action until you get it right? Do you need to check things over and over?*

*DID: Do your characters or other versions of your ever take over your body? Do you have memory of what happens when these characters take over?*

*PSTD: [if they report a certain time of when the daydreams started] Did something happen at that time? Are your daydreams always centered around something that has happened in your real life?*

*Substance: Are you on any medication? Do you use recreational substances? Do you only experience daydreaming when you are intoxicated?*

*Other conditions: Have you been diagnosed with any other psychiatric or medical conditions?*

The respondent is positive for Maladaptive Daydreaming Disorder if the answers were (1) 'Yes' to both A1 and A2; (2) positive for one other B criterion; (3) positive for C; and (4) positive for D.

If individual meets criteria for MD, rate if mild, moderate or severe.

Mild: Experiences mainly distress, no obvious functional impairment.

Moderate: One area of functioning is affected (e.g., work).

Severe: More than one area of functioning is affected (e.g., work, school or social life).

Absent = 1; Present, mild = 2; Present, moderate = 3; Present, severe = 4

Rate if Unspecified MD[\*]

Yes = 1, No = 2 [      ]

[\*] Unspecified MD = A form of Maladaptive Daydreaming which does not meet the full criteria for Maladaptive Daydreaming Disorder. This is the case when Criterion A is 3 (less than 6 months in duration) yet all other criteria are met.