

Supplementary information – Teo AR, Horie K, Kurahara K, Kato TA. The Hikikomori Diagnostic Evaluation (HiDE): a proposal for a structured assessment of pathological social withdrawal. Letter to the Editor in press in *World Psychiatry*

HiDE was originally produced by Takahiro A. Kato and his lab members in the Hikikomori-Research Lab at Kyushu University. *World Psychiatry's* Introduction letter of HiDE was first written by Takahiro A. Kato and considerably re-written by Alan R. Teo.

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Hikikomori Diagnostic Evaluation
Interview Form (HiDE-I)

Initials : _____

Gender: Male • Female _____ Age _____

Test subject ID: _____

Testing facility ID: _____ (Outpatient • Inpatient • Other)

Interviewer: _____

Date and start time of interviews: YYYY/MM/DD at XX:XX _____

Interview type (Check one) : _____ In person By telephone

In this interview, I will ask you questions about your life in the past month.
If there is anything that you do not understand, please do not hesitate to ask questions.
I will now begin with the interview.

1. Living alone or with others

During the past month, who have you been living with?

(Check all that apply.)

<input type="checkbox"/> Live alone			
<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Siblings (Specify: _____))
<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Other relatives (Specify: _____))
<input type="checkbox"/> Boyfriend/girlfriend	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child(ren) (Specify: _____))
<input type="checkbox"/> Other (Specify: _____))

Describe any significant points related to the respondent's family structure (genogram), their life history, living situation, occupation, or other relevant factors.

2. Physical withdrawal

I will now ask you about the time you spent outside of your home during the past month.

a. Frequency of activities outside home

<p>During the past month, how many days per week did you spend <u>an hour or more</u> going outside your home to do something, including going to work or school, or things like going shopping?</p> <p><i>Activities and chores like taking out the garbage, short walks, and late night trips to a nearby convenience store are not included</i></p>	<input type="checkbox"/> 0 4 or more days <input type="checkbox"/> 1 2–3 days <input type="checkbox"/> 2 1 day or less <input type="checkbox"/> 3 None <input type="checkbox"/> 9 ??
<p><i>This question is only for respondents living with others. If living alone, skip this question and proceed to b.</i></p> <p>During the past month, did you spend most of your time keeping to yourself in your room?</p>	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 9 ??

b. Time spent outside home

<p>During the past month, on average, how much time per day did you spend outside your home?</p>	<input type="checkbox"/> 0 4 or more hours <input type="checkbox"/> 1 Between 2–4 hours <input type="checkbox"/> 2 Between 1–2 hours <input type="checkbox"/> 3 Between 30 minutes–1 hour <input type="checkbox"/> 4 Less than 30 minutes <input type="checkbox"/> 5 None <input type="checkbox"/> 9 ??
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c. Time at workplace

<p>During the past month, how many days per week did you go to work?</p> <p><i>Here, “work” includes part-time jobs. If you were on vacation from your job, check “3: None”. If you are not working (e.g., you are unemployed or a student, check “4: Not working”.</i></p>	<input type="checkbox"/> 0 4 or more days <input type="checkbox"/> 1 2–3 days <input type="checkbox"/> 2 1 day or less <input type="checkbox"/> 3 None <input type="checkbox"/> 4 Not working <input type="checkbox"/> 9 ??
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d. Time at school

<p>During the past month, how many days per week did you go to school?</p> <p><i>If you are not a student, check “4: Not a student”.</i></p>	<input type="checkbox"/> 0 4 or more days <input type="checkbox"/> 1 2–3 days <input type="checkbox"/> 2 1 day or less <input type="checkbox"/> 3 None <input type="checkbox"/> 4 Not a student <input type="checkbox"/> 9 ??
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- If the response for frequency of activities outside the home in 2a was “4 or more days a week,” **proceed to Section 3. Social participation.**
- Otherwise, continue with 2e–j.

e. Physical withdrawal duration

<p>For how long has this situation been going on for with you rarely leaving the house? When did it start, specifically?</p>	<p>Specify:</p>	<p><input type="checkbox"/>₀ NA</p> <p><input type="checkbox"/>₁ Less than 3 months</p> <p><input type="checkbox"/>₂ Between 3–6 months</p> <p><input type="checkbox"/>₃ 6 months or more</p> <p><input type="checkbox"/>₉ ??</p>
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f. Reasons for physical withdrawal

<p>Why do you think you started to rarely leave the house? Was there a reason or something that brought it about?</p>	<p>Specify:</p>	<p>(Check all that apply)</p> <p><input type="checkbox"/>₁ Physical factors, such as injury or disease</p> <p><input type="checkbox"/>₂ Psychological factors such as anxiety or phobias</p> <p><input type="checkbox"/>₃ Social factors such as unemployment or dropping out of school</p> <p><input type="checkbox"/>₄ To avoid infection (e.g., COVID)</p> <p><input type="checkbox"/>₅ Other ()</p> <p><input type="checkbox"/>₉ ??</p>
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g. Insight regarding social withdrawal symptom status (potentially hikikomori syndrome)

<p>Do you know about the social withdrawal syndrome called “hikikomori.”</p> <p>If yes, ask the following questions:</p> <p>Do you think your current situation could be considered an episode of “hikikomori”?</p> <p>Do you think you had such an hikikomori episode in the past?</p> <p>What makes you think so?</p>	<p>Specify:</p>	<p>Know or not</p> <p><input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes <input type="checkbox"/>₉ ??</p> <p>Currently</p> <p><input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes <input type="checkbox"/>₉ ??</p> <p>In the past</p> <p><input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes <input type="checkbox"/>₉ ??</p>
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h. Distress resulting from physical withdrawal

<p>During the past month, have you felt distressed or lonely because you were rarely going out?</p> <p><i>If "1: Yes" was the response to either question, check "1: Yes" for Feelings of distress/loneliness.</i></p>	<p>Felt distressed <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes <input type="checkbox"/>₉ ??</p> <p>Felt lonely <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes <input type="checkbox"/>₉ ??</p> <p>→ Feelings of distress/loneliness <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes <input type="checkbox"/>₉ ??</p>
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i. Familial expression of concern/seeking counseling as a result of the subject's withdrawal

<p>During the past month, have your family or people around you shown concern about you not going out frequently? Have they gone anywhere for counseling?</p> <p><i>If interviewing a child along with a family member or other household member, you could say, for example, Do you have concerns about how infrequently your child gets out of the house? Have you gone anywhere for counseling?</i></p> <p><i>If either response is "yes", check "1: Yes" for Family concerns/counseling.</i></p>	<p>Family showing concern <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes <input type="checkbox"/>₉ ??</p> <p>Counseling <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes <input type="checkbox"/>₉ ??</p> <p>→ Family showing concern or going for counseling <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes <input type="checkbox"/>₉ ??</p>
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j Functional impairment resulting from physical withdrawal

<p>During the past month has getting out infrequently had any negative effects on your life?</p> <p>For example, perverse effects such as not making progress in your work or studies, inability to do housework, worsening relationships with your family, or meeting friends less often.</p> <p><i>To be evaluated based on the evaluator's judgement taking into consideration situations that can be considered objectively and family members' accounts. If any of the responses is "yes", then check "1: Yes" for Functional impairment.</i></p>	<p>Work (School) <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes <input type="checkbox"/>₉ ??</p> <p>Home life <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes <input type="checkbox"/>₉ ??</p> <p>Friendships <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes <input type="checkbox"/>₉ ??</p> <p>→ Functional impairment <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes <input type="checkbox"/>₉ ??</p>
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3.Social participation

Now, I would like to ask about your attendance at work or school, and your other social activities during the last month.

a. Going to work

<p>During the past month, how many days per week did you go to work?</p> <p><i>This means they went to work at their workplace.</i></p>	<input type="checkbox"/> 0 4 or more days <input type="checkbox"/> 1 2–3 days <input type="checkbox"/> 2 1 day or less <input type="checkbox"/> 3 None <input type="checkbox"/> 9 ??
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b. Working from home

<p>During the past month, how many days a week did you telework from home?</p> <p><i>“Telework” indicates working from a place other than one’s workplace. This includes working from home.</i></p>	<input type="checkbox"/> 0 4 or more days <input type="checkbox"/> 1 2–3 days <input type="checkbox"/> 2 1 day or less <input type="checkbox"/> 3 None <input type="checkbox"/> 9 ??
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c. Going to school

<p>During the past month, how many days a week did you go to school?</p> <p><i>This refers to attending classes, school events, going to see the school nurse or to see a counselor. While this includes alternative schools such as free schools, privately funded education, such as cram schools, tutors, and college entrance preparatory schools, is asked about on the next page (Doing things for personal satisfaction).</i></p>	<input type="checkbox"/> 0 4 or more days <input type="checkbox"/> 1 2–3 days <input type="checkbox"/> 2 1 day or less <input type="checkbox"/> 3 None <input type="checkbox"/> 9 ??
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d. Attending school online

<p>During the past month how many days a week did you attend classes online?</p> <p><i>This refers to studies performed at home such as online classes, correspondence courses, and home schooling.</i></p>	<input type="checkbox"/> 0 4 or more days <input type="checkbox"/> 1 2–3 days <input type="checkbox"/> 2 1 day or less <input type="checkbox"/> 3 None <input type="checkbox"/> 9 ??
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<p>Total number of days per week from a–d when the subject worked or studied</p>	<input type="checkbox"/> 0 4 or more days <input type="checkbox"/> 1 2–3 days <input type="checkbox"/> 2 1 day or less <input type="checkbox"/> 3 None <input type="checkbox"/> 9 ??
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e. Doing things for one's personal life

<p>During the past month, how many days per week did you go out and do something for your personal life? For example, taking a lesson, to go shopping with someone from your household, to eat out with a friend, attend a community gathering, or to volunteer somewhere.</p>	<p><input type="checkbox"/>0 4 or more days <input type="checkbox"/>1 2–3 days <input type="checkbox"/>2 1 day or less <input type="checkbox"/>3 None <input type="checkbox"/>9 ??</p>
<p>What kinds of things did you go do?</p>	<p>Specify:</p> <p>(Check all that apply)</p> <p><input type="checkbox"/>1 Self-education (attended a cram school or college entrance prep school, or took a class)</p> <p><input type="checkbox"/>2 Went out with another household member (to eat, shop, etc.)</p> <p><input type="checkbox"/>3 Went out with others for fun (meals out with friends, hobby-related gatherings, etc.)</p> <p><input type="checkbox"/>4 Attended community group events (neighborhood association meetings, church services, etc.)</p> <p><input type="checkbox"/>5 Volunteering</p> <p><input type="checkbox"/>6 Other ()</p> <p><input type="checkbox"/>7 Nothing</p> <p><input type="checkbox"/>9 ??</p>

f. Using medical/counseling center services

<p>During the past month, how many days per week did you go to a medical or counseling center? For example, for outpatient care, daycare, counseling, employment transition support, vocational training or to get advice on welfare services available.</p>	<p><input type="checkbox"/>0 4 or more days <input type="checkbox"/>1 2–3 days <input type="checkbox"/>2 1 day or less <input type="checkbox"/>3 None <input type="checkbox"/>9 ??</p>
<p>What kinds of services did you use?</p>	<p>Specify:</p> <p>(Check all that apply)</p> <p><input type="checkbox"/>1 Medical center (for outpatient care, daycare, counseling, etc.)</p> <p><input type="checkbox"/>2 Counseling center (for employment transition support, vocational training, advice on welfare services available)</p> <p><input type="checkbox"/>3 Other ()</p> <p><input type="checkbox"/>4 None</p> <p><input type="checkbox"/>9 ??</p>

4. Social interaction

Next, I would like to ask you about your social interactions over the past month.

a. Interacting in person with others

<p>During the last month, how many days per week did you have a conversation with someone other than members of your household in person (such as a friend, boyfriend/girlfriend, a person at work or at school)?</p> <p><i>“Interacting in person” consists of a conversation. That does not include simple exchanges of greetings.</i></p>	<input type="checkbox"/> 0 4 or more days <input type="checkbox"/> 1 2–3 days <input type="checkbox"/> 2 1 day or less <input type="checkbox"/> 3 None <input type="checkbox"/> 9 ??
<p><i>Ask this question only when the respondent lives with others. If the person lives alone, skip this question and proceed to b.</i></p> <p><u>How many days per week did you interact with other members of your household in person?</u></p>	<input type="checkbox"/> 0 4 or more days <input type="checkbox"/> 1 2–3 days <input type="checkbox"/> 2 1 day or less <input type="checkbox"/> 3 None <input type="checkbox"/> 9 ??

b. Avoiding interactions with others in person (as perceived by respondent)

<p>During the past month, did you avoid talking with or interacting with others in person? If yes, why?</p>	<p>Specify:</p>	<input type="checkbox"/> 0 Never <input type="checkbox"/> 1 Rarely (Less than 30% of the time) <input type="checkbox"/> 2 Sometimes (around 50% of the time) <input type="checkbox"/> 3 Always (70% or more of the time) <input type="checkbox"/> 9 ??
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c. Indirect interaction with others

<p>During this past month, how many days per week did you indirectly interact with someone other than members of your household (such as a friend, boyfriend/girlfriend, a person at work or at school)? To “interact indirectly” refers to dealings that took place via telephone or email, or via the internet, for example, using a social networking system.</p>	<input type="checkbox"/> 0 4 or more days <input type="checkbox"/> 1 2–3 days <input type="checkbox"/> 2 1 day or less <input type="checkbox"/> 3 None <input type="checkbox"/> 9 ??
<p><i>Ask this question only when the respondent lives with others. If the person lives alone, skip this question and proceed to d.</i> How many days per week did you interact indirectly with other members of your household?</p>	<input type="checkbox"/> 0 4 or more days <input type="checkbox"/> 1 2–3 days <input type="checkbox"/> 2 1 day or less <input type="checkbox"/> 3 None <input type="checkbox"/> 9 ??

d. Media used for indirect interaction

<p>During the past month, what media did you use to interact indirectly with others?</p>	<p>Specify:</p>	<p>(Check all that apply)</p> <input type="checkbox"/> 1 Interacted via video (Skype, Zoom, videotelephone, etc.) <input type="checkbox"/> 2 Interacted via audio alone (telephone, voice chat, etc.). <input type="checkbox"/> 3 Interacted using written words alone, (via email, SMS, chat applications, or letters). <input type="checkbox"/> 4 None <input type="checkbox"/> 9 ??
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【Summary】

1	Living alone or with others	<input type="checkbox"/> ₀ Lives alone	<input type="checkbox"/> ₁ Lives with others			
2a	Frequency of activities outside the home	<input type="checkbox"/> ₀ 4 or more days/week	<input type="checkbox"/> ₁ 2-3 days/week	<input type="checkbox"/> ₂ 1 day or less/week	<input type="checkbox"/> ₃ None	<input type="checkbox"/> ₉ ??
	Physical withdrawal (to one's room)	<input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes			<input type="checkbox"/> ₉ ??
2b	Time spent outside the home	<input type="checkbox"/> ₀ 4 or more hours	<input type="checkbox"/> ₁ 2-4 hours	<input type="checkbox"/> ₂ 1-2 hours	<input type="checkbox"/> ₃ 30 min-1 hour	<input type="checkbox"/> ₉ ??
		<input type="checkbox"/> ₄ Less than 30 min.	<input type="checkbox"/> ₅ None			
2c	Time at workplace	<input type="checkbox"/> ₀ 4 or more days/week	<input type="checkbox"/> ₁ 2-3 days/week	<input type="checkbox"/> ₂ 1 day/week or less	<input type="checkbox"/> ₃ None	<input type="checkbox"/> ₉ ??
		<input type="checkbox"/> ₄ Not working				
2d	Time at school	<input type="checkbox"/> ₀ 4 or more days/week	<input type="checkbox"/> ₁ 2-3 days/week	<input type="checkbox"/> ₂ 1 day/week or less	<input type="checkbox"/> ₃ None	<input type="checkbox"/> ₉ ??
		<input type="checkbox"/> ₄ Not a student				
2e	Physical withdrawal duration	<input type="checkbox"/> ₀ NA	<input type="checkbox"/> ₁ Less than 3 months	<input type="checkbox"/> ₂ Between 3-6 months	<input type="checkbox"/> ₃ 6 months or more	<input type="checkbox"/> ₉ ??
2f	Reasons for the physical withdrawal	<input type="checkbox"/> ₁ Physical factors	<input type="checkbox"/> ₂ Psychological factors	<input type="checkbox"/> ₃ Social factors	<input type="checkbox"/> ₄ Infection control	<input type="checkbox"/> ₉ ??
		<input type="checkbox"/> ₅ Other				
2g	Insight regarding hikikomori status (Current)	<input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes			<input type="checkbox"/> ₉ ??
	Insight regarding hikikomori status (Past)	<input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes			<input type="checkbox"/> ₉ ??
2h	Feeling distressed	<input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes			<input type="checkbox"/> ₉ ??
2i	Familial concern/counseling	<input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes			<input type="checkbox"/> ₉ ??
2j	Functional impairment	<input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes			<input type="checkbox"/> ₉ ??
3	Work/school attendance	<input type="checkbox"/> ₀ 4 or more days/week	<input type="checkbox"/> ₁ 2-3 days/week	<input type="checkbox"/> ₂ 1 day/week or less	<input type="checkbox"/> ₃ None	<input type="checkbox"/> ₉ ??
	Doing things for one's personal life	<input type="checkbox"/> ₀ 4 or more days/week	<input type="checkbox"/> ₁ 2-3 days/week	<input type="checkbox"/> ₂ 1 day/week or less	<input type="checkbox"/> ₃ None	<input type="checkbox"/> ₉ ??
4a	Using medical/counseling center services	<input type="checkbox"/> ₀ 4 or more days/week	<input type="checkbox"/> ₁ 2-3 days/week	<input type="checkbox"/> ₂ 1 day/week or less	<input type="checkbox"/> ₃ None	<input type="checkbox"/> ₉ ??
	Interacting in person with others (Not from same household)	<input type="checkbox"/> ₀ 4 or more days/week	<input type="checkbox"/> ₁ 2-3 days/week	<input type="checkbox"/> ₂ 1 day/week or less	<input type="checkbox"/> ₃ None	<input type="checkbox"/> ₉ ??
	Interacting indirectly with others (Same household)	<input type="checkbox"/> ₀ 4 or more days/week	<input type="checkbox"/> ₁ 2-3 days/week	<input type="checkbox"/> ₂ 1 day/week or less	<input type="checkbox"/> ₃ None	<input type="checkbox"/> ₉ ??
4b	Avoiding interaction with others in person (Self-assessed)	<input type="checkbox"/> ₀ Never	<input type="checkbox"/> ₁ Rarely	<input type="checkbox"/> ₂ Sometimes	<input type="checkbox"/> ₃ All the time	<input type="checkbox"/> ₉ ??

4c	Interacting indirectly with others (Not the same household)	<input type="checkbox"/> ₀ 4 or more days/week	<input type="checkbox"/> ₁ 2–3 days/week	<input type="checkbox"/> ₂ 1 day/week or less	<input type="checkbox"/> ₃ None	<input type="checkbox"/> ₉ ??
	Interacting in person with others (same household)	<input type="checkbox"/> ₀ 4 or more days/week	<input type="checkbox"/> ₁ 2–3 days/week	<input type="checkbox"/> ₂ 1 day/week or less	<input type="checkbox"/> ₃ None	<input type="checkbox"/> ₉ ??
4d	Media used for indirect interaction	<input type="checkbox"/> ₁ Video	<input type="checkbox"/> ₂ Audio	<input type="checkbox"/> ₃ In writing	<input type="checkbox"/> ₄ None	<input type="checkbox"/> ₉ ??

【Hikikomori Diagnosis】

I Subject is physically withdrawn (Refer to frequency of outside activities in 2a)

During the last month, the subject spent 3 days or less per week engaged in an activity outside the home for at least an hour.	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> ??
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II Presence of functional impairment and distress due to the subject's physical withdrawal (Refer to 2h. Feeling distressed; 2i. Familial concern/counseling, 2j. Functional impairment)

If the answer to I is "Yes" during the past month, because of I (the subject was physically withdrawn), are the subject and their family distressed and is the subject's social and professional (or academic) functioning impaired?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> ??
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III Physical withdrawal duration (Refer to 2e. Physical withdrawal duration)

If the answers to I and II are "Yes", select the duration of I (physical isolation).	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Less than 3 months <input type="checkbox"/> 3–6 months <input type="checkbox"/> 6 or more months <input type="checkbox"/> ??
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<input type="checkbox"/> Not a case of hikikomori	I not met
<input type="checkbox"/> Case may resemble hikikomori, but is not a case of pathological hikikomori	I met, but not II
<input type="checkbox"/> Subject is at risk of developing a case of pathological hikikomori	I and II met, but III is less than 3 months
<input type="checkbox"/> Prepathological hikikomori	I and II met, and III is between 3–6 months
<input type="checkbox"/> Pathological hikikomori	I and II met, and III is 6 months or more
<input type="checkbox"/> ??	If I, II or III is ??

Supplemental Item A Social participation (See 3. Social participation)

During the past month, social participation frequency was 3 days or less per week. Social participation includes total time spent at work, at school, on one's personal life, and at health care and counseling centers.	<input type="checkbox"/> ₀ No (Social participation was adequate)	<input type="checkbox"/> ₁ Yes (There was too little social participation)	<input type="checkbox"/> ₉ ??
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Supplemental item B In-person interactions (See 4a. Interacting with others in person)

Frequencies of in-person interactions with people other than members of the same household with severity ratings.	<input type="checkbox"/> ₀ NA : 4 or more days/week <input type="checkbox"/> ₁ Mild : 2–3 days/week <input type="checkbox"/> ₂ Moderate : 1 day/week or less <input type="checkbox"/> ₃ Severe : Also has almost no direct interaction with household members	<input type="checkbox"/> ₉ ??
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Supplemental item C Indirect interactions (See 4c. Interacting indirectly with others)

During the past month, the frequency of indirect interactions with people other than members of the same household was 3 days or less per week.	<input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₉ ??
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Supplemental item D Loneliness (See 2h. Feeling lonely)

During the past month, the subject felt lonely as a result of their being physically withdrawn.	<input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₉ ??
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Supplemental item E Comorbid disorders (from the DSM-5)

<input type="checkbox"/> ₀ None <input type="checkbox"/> ₁ Intellectual disabilities <input type="checkbox"/> ₂ Autism spectrum disorder <input type="checkbox"/> ₃ Schizophrenia <input type="checkbox"/> ₄ Depression <input type="checkbox"/> ₅ Social anxiety disorder <input type="checkbox"/> ₆ PTSD <input type="checkbox"/> ₇ Avoidant personality disorder <input type="checkbox"/> ₈ Other psychiatric disorders (Specify: _____) <input type="checkbox"/> ₉ Physical illnesses (Specify: _____) <input type="checkbox"/> ₁₀ ??
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Supplemental item F: Age at onset

Note the subject's age at hikikomori onset,	Specify:	<input type="checkbox"/> ₉ ??
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【Past Episodes of Hikikomori】

Have there been periods of time in the past when you hardly ever went out? For example, has there been a time when you almost never left your home, even to go to work, school, or shopping? Has there been a time when you completely stopped participating in any kind of social activity? Has there been a time when you stopped meeting up and socializing with people close to you, such as family, friends, or a romantic partner?

- ₀ No (No past episodes of hikikomori)
₁ Yes (Past episodes are possible)

Around when did that happen? (Confirm the number of times and durations)

Number of episodes : _____

Episode durations: Around _____ to _____
 Around _____ to _____
 Around _____ to _____

How long did the longest episode last?

- ₀ NA
₁ Less than 3 months
₂ Between 3–6 months
₃ 6 or more months
₉ ??

Please tell me more about that time.

Remarks:

< Indicate when past episodes of social withdrawal (hikikomori) occurred >

(Example)

Ages 10-19: Incidence of social withdrawal (hikikomori) as school refusal during middle school.

10	11	12	13 (1 st year of middle school in Japan)	14	15	16 (1 st year of high school in Japan)	17	18	19
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Ages 0-9

0	1	2	3	4	5	6	7 (1 st year of elementary school in Japan)	8	9
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Ages 10-19

10	11	12	13 (1 st year of middle school in Japan)	14	15	16 (1 st year of high school in Japan)	17	18	19
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Age 20-29

20	21	22	23	24	25	26	27	28	29
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Ages 30-39

30	31	32	33	34	35	36	37	38	39
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Ages 40-49

40	41	42	43	44	45	46	47	48	49
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Ages 50-59

50	51	52	53	54	55	56	57	58	59
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Remarks:

【Hikikomori severity stage classification for the previous month】

<input type="checkbox"/> Living with others	<input type="checkbox"/> Living alone
【Stage 0X】¹ <input type="checkbox"/> Went out 4 or more days/week <input type="checkbox"/> Interacted with people other than other household members in person 4 or more days/week	【Stage 0Y】² <input type="checkbox"/> Went out 4 or more days/week <input type="checkbox"/> Interacted in person with others 4 or more days/week
【Stage 1X】³ <input type="checkbox"/> Went out 2–3 days/week <input type="checkbox"/> Interacted with people other than other household members in person 2–3 days/week	【Stage 1Y】⁴ <input type="checkbox"/> Went out 2–3 days/week <input type="checkbox"/> Interacted in person with others 2–3 days/week
【Stage 2X】⁵ <input type="checkbox"/> Went out 1 day/week or less <input type="checkbox"/> Interacted with people other than other household members in person 1 day/week or less	【Stage 2Y】⁶ <input type="checkbox"/> Went out 1 day/week or less <input type="checkbox"/> Interacted in person with others 1 day/week or less
【Stage 3X】⁷ <input type="checkbox"/> Went out 1 day/week or less and almost never left their room <input type="checkbox"/> Interacted with people other than other household members in person 1 day/week or less and almost never interacted with other household members in person	

- | |
|--|
| <input type="checkbox"/> ₁ The subject had 2-way indirect interactions with others via the Internet and telephone |
| <input type="checkbox"/> ₀ The subject had almost no 2-way indirect interactions with anyone via the Internet or telephone. |

※When the boxes checked belong to different stages, the stage with the higher number is to be used for classification.

Example: For a case in which both Stage 2X “Went out 1 day/week or less” and Stage 3X “Interacted with people other than other household members in person 1 day/week or less and almost never interacted with other household members in person” apply, the case should be classified as Stage 3X.

Indicate which stage applies to this case

【Stage _____】()

**Thank you for your time.
Before finishing, please verify that there have been no omissions.**

Hikikomori Diagnostic Evaluation

Screening Form (HiDE-S)

[These questions ask about your lifestyle. Please select the appropriate answer for each question below.]

1. During the past one month, about how many days a week did you go out briefly, such as to take out the trash or visit a convenience store?
<input type="checkbox"/> ₀ Four or more days/week <input type="checkbox"/> ₁ Two or three days/week <input type="checkbox"/> ₂ One day or less/week <input type="checkbox"/> ₃ None
2. Setting aside times when you went out briefly as in #1 above, during the past one month, about how many days a week did you go out for an hour or more, including going out for work, school, shopping, and so on?
<input type="checkbox"/> ₀ Four or more days/week <input type="checkbox"/> ₁ Two or three days/week <input type="checkbox"/> ₂ One day or less/week <input type="checkbox"/> ₃ None
3. If you answered “four or more days/week” for #2, please select “None” here. If you answered anything else, about how long has it been that you have been going out at that frequency?
<input type="checkbox"/> ₀ None <input type="checkbox"/> ₁ Less than three months <input type="checkbox"/> ₂ Between at least 3 months and less than 6 months <input type="checkbox"/> ₃ 6 months or more (Specify: _____)
4. During the past one month, how often do you feel you have gone out?
<input type="checkbox"/> ₀ Very often <input type="checkbox"/> ₁ Often <input type="checkbox"/> ₂ Somewhat often <input type="checkbox"/> ₃ Not often <input type="checkbox"/> ₄ Very seldom
5. Does the frequency of how often you have gone out in the past one month bother you?
<input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes
6. Does the frequency of how often you have gone out in the past one month make you feel isolated or lonely?
<input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes
7. Has your family or people around you sought seemed to worry about the frequency of how often you have gone out in the past one month?
<input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes
8. Has your family or people around you sought help because of the frequency of how often you have gone out in the past one month?
<input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes
9. Has the frequency of how often you have gone out in the past one month disrupted your work or job search?
<input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes
10. Has the frequency of how often you have gone out in the past one month disrupted your relationships with family members?
<input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes
11. Has the frequency of how often you have gone out in the past one month disrupted your relationships with friends?
<input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes
12. Please select the choice that best fits your current situation. Multiple answers are allowed. If none apply, select “None.”
<input type="checkbox"/> ₁ I’m a student. <input type="checkbox"/> ₂ I work. <input type="checkbox"/> ₃ I’m on a long vacation. <input type="checkbox"/> ₄ I’m taking a leave of absence from school or work. <input type="checkbox"/> ₅ I’m preparing for college or employment. <input type="checkbox"/> ₆ I’m a homemaker. <input type="checkbox"/> ₇ I’m a domestic helper. <input type="checkbox"/> ₈ I’m unemployed. <input type="checkbox"/> ₉ I’m retired (after age limit). <input type="checkbox"/> ₀ None

This is the end of the questionnaire. Please submit after verifying that you have answered all questions. Thank you for your time.