

Interview for Mood and Anxiety Symptoms

Pilot Version

INSTRUCTIONS TO THE INTERVIEWERS

1. If a participant gives a response that you cannot confidently rate, ask for elaboration (e.g. “what do you mean?”, “can you tell me more about it?” etc). Often you may need to clarify frequency of the symptom (e.g. “how often was that”, “was it present more than half of the days”) or severity (“how bad was it”, “was it a problem”). Ask for elaboration to a question no more than twice.
2. You do not need to ask for elaboration if the participant gives a short but clear response (e.g. “yes” or “no”) unless you have doubts that he or she followed the instructions. If the participant appears to be confused or you have any doubts whether he or she understood the question remind the participant about the instructions (e.g. timeline), repeat the question, or verify understanding (“do you understand what I mean?”).
3. If a participant responds before you finish reading an item tell them that you need to say the whole question because the ending sometimes changes the meaning of the question and proceed with reading the rest.
4. Text in CAPS are the instructions for the interviewer, do not read them to participants. In the interview some words and phrases are highlighted. **Bold** font indicates that you should emphasize this to the participant, and an underline calls your attention to the phrase. § - marks indicate the beginning and end of a skip out. Please keep in mind that some skip outs are positioned in a module.
5. Most items are rated on a 3-point scale. Please follow these guidelines in making these ratings:

NR = refused to answer, says “don’t know”, or gives a response that is unclear even after elaboration and does not appear to reflect a clinical or subclinical problem

0 = symptom is clearly absent (e.g. says “no”, or the issue is minor)

1 = symptom is subclinical. The issue is a concern but not a serious problem. In other words, the participant is having more difficulties than most people but not at the pathological level.

symptom is subthreshold. It meets some criteria but not all and is not minor.
response is unclear but suggests clinical or subclinical severity

2 = symptom is clearly present (e.g. says “yes”, or clearly meets the criteria)

INSTRUCTIONS

I'm going to ask you some questions about how you have been feeling **during the past month**.

Please try to answer these questions **honestly and openly**. Also, remember that everything that you tell me will be confidential.

I have quite a few questions to ask, so please don't spend too much time on each one. I'll be happy to answer any questions that you may have at the end of the interview.

If you are uncomfortable answering a question, let me know, and we can skip it.

Please keep in mind that all of these questions are about your experiences **during the past month**.

Do you have any questions so far?

BACKGROUND

Before we begin I would like to ask you a few questions about your background.

1. What is your gender? (DON'T ASK IF OBVIOUS)
2. How old are you?
3. What is your ethnic background?

SCORING: 0 = European / Caucasian
1 = African American
2 = Hispanic
3 = Asian
4 = Other / Multiethnic

IF PARTICIPANT SHOWS HESITATION ON ANY OF THE FOLLOWING QUESTIONS SAY "You don't have to answer this question, do you want to move on?" IF SAYS YES GO TO NEXT SECTION

4. Can you tell me if you have ever seen a mental health professional, such as a psychologist or a psychiatrist?
IF SAYS NO GO TO THE NEXT SECTION
5. Can you tell me what psychological problems you have been seen for?
IF SAYS NO GO TO THE NEXT SECTION
6. Were you diagnosed with anything?
IF SAYS NO GO TO THE NEXT SECTION

IF ALLUDES TO CURRENT PSYCHOLOGICAL PROBLEMS ASK QUESTIONS 7 AND 8 AS CLARIFYING QUESTIONS, AND MODIFY THEM APPROPRIATELY

7. Can you tell me if you are currently getting counseling?
IF SAYS NO GO TO THE NEXT SECTION
8. Can you tell me what problems you're getting counseling for?
IF SAYS NO GO TO THE NEXT SECTION
9. What diagnoses do you **currently** have?

DEPRESSION

This first group of questions is about feelings of sadness or lack of interest. During **the past month** have you experienced any of the following:

- 01 Have you had a period of time lasting several days or longer when most of the day you felt sad, empty or depressed?
- 02 Have you had a period of time lasting several days or longer when most of the day you were very discouraged about how things were going in your life?
- 03 Have you had a period of time lasting several days or longer when you lost interest in most things you usually enjoy like work, hobbies, and personal relationships?

§ IF RECEIVED A SCORE OF 1 OR 2 ON AT LEAST ONE OF THE ABOVE ITEMS (1-3), ASK:

ASK ABOUT A STATE ENDORSED ABOVE, IF MULTIPLE STATES ARE ENDORSED USE "OR" (E.G. "SADNESS OR LACK OF INTEREST")

- 04 Were your feelings of (sadness / discouragement / lack of interest) usually worse in the morning than later in the day?
- 05 Episodes of this sort sometimes happen as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think your feelings of (sadness / discouragement / lack of interest) occurred as a result of such physical causes?

IF NO SCORE 0, IF YES ASK: How much of these feelings were due to these physical causes: (3) all of them, (2) most of them, (1) some of them?

ASK: Can you tell me what these physical causes were?

- 06 Overall, how many days during **the past month** have you felt (sad / discouraged / uninterested) **most of the day**: (4) three weeks or more, (3) about two weeks, (2) about one week, (1) a few days, or (0) a day or less?
- 07 When you were feeling (sad / discouraged / uninterested) did it **usually** last: (4) all day long, (3) most of the day, (2) about half the day, (1) a few hours, or (0) less than a few hours?

§ END OF THE SKIP OUT

Now I am going to ask you whether you experienced certain things for **at least several days during the past month**. Tell me only about experiences that lasted at least several days.

[IF YOU HAVE ANY DOUBTS THAT THE RESPONDENT DOES NOT FOLLOW THE TIME FRAME, REMIND THEM: “Just to remind you, I am only asking about experiences that lasted at least several days; they did not have to last the whole month” SAY IT NO MORE THAN TWICE]

THE FIRST TWO TIMES A PARTICIPANT GIVES A POSITIVE RESPONSE, PROBE: “And was this going on for at least several days during the past month?”

- 8 Did you feel so sad that nothing could cheer you up for at least several days?
- 9 Did you feel a lot less close to your friends and relatives for at least several days?
- 10 Did you lose the ability to take pleasure in having good things happen to you, like winning something or being praised or complimented?
- 11 Have you had a much smaller appetite than usual?
- 12 Did you eat a lot less than usual?
- 13 Have you slept much less than usual?
- 14 Did you have a lot of trouble falling asleep?
- 15 Was it difficult to stay asleep?
- 16 Were you waking up much earlier than you needed?
IF SAYS YES, PROBE: “Was it also much earlier than you wanted?”
IF RESPONDS NEGATIVELY TO EITHER QUESTION, SCORE ZERO
- 17 Did you sleep a lot more than usual?
IF SAYS YES, PROBE: “And did you sleep much more than you wanted?”
IF RESPONDS NEGATIVELY TO EITHER QUESTION, SCORE ZERO
- 18 Were you feeling drowsy almost all day long?
- 19 Have you felt very tired or low in energy even when you haven’t been working very hard?
- 20 Did it take you a lot of effort to do your everyday activities?
- 21 Did you stop many of your usual activities because you didn’t have the energy to do them?

- 22 Did you talk or move more slowly than is normal for you?
- 23 Has anyone noticed that you were talking or moving more slowly?
- 24 Did you feel the need to keep your hands occupied at all times?
- 25 Were you so restless or jittery that you paced up and down or couldn't sit still?
- 26 Has anyone noticed that you were restless?
- 27 Did your thoughts come much more slowly than usual?
- 28 Have you had a lot of trouble concentrating?
- 29 Did you feel that you could not make up your mind about things you ordinarily have no trouble deciding about?
- 30 Did you feel hopeless about the future?
- 31 Did you feel completely worthless?
- 32 Did you feel very guilty?
- 33 Was your self-esteem much lower than usual?
- 34 Did you feel that you had a lot more trouble coping with your everyday responsibilities?
- 35 Did you pay much less attention to your physical appearance?
- 36 Did you feel that you wanted to be alone rather than spend time with friends or relatives much more than usual?
- 37 Were you unable to enjoy the things you used to?
- 38 Did you feel a lot less talkative than usual?
- 39 Were you unable to laugh and see the funny side of things?
- 40 Were you much less interested in sex?
- 41 Were you much less interested in eating?
- 42 Have you felt desperate?
- 43 Were you often thinking about death; either your own, someone else's, or death in general?

Have you experienced any of the following in the past month; it did not have to last for several days

44 Have you thought that it would be better if you were dead?

45 Have you hurt yourself on purpose?

46 Have you seriously thought about committing suicide?

§ IF RECEIVED A SCORE OF 1 OR 2 ON AT LEAST ONE OF THE ABOVE ITEMS (8-41), ASK:

47. IF ONLY ONE QUESTION WAS ENDORSED:

In this section you mentioned a problem that has been bothering you. Overall, how much did this problem interfere with your life while you were having it: (4) extremely, (3) quite a bit, (2) somewhat, (1) a little, or (0) not at all?

IF TWO OR MORE QUESTIONS WERE ENDORSED:

In this section you mentioned some problems that have been bothering you. Overall, how much did these problems interfere with your life while you were having them: (4) extremely, (3) quite a bit, (2) somewhat, (1) a little, or (0) not at all?

P A N I C

This group of questions is about feeling afraid and experiencing certain bodily sensations.
During **the past month**:

- 01 Have you had an episode of fear or panic when all of a sudden you felt very frightened, anxious, or uneasy?
- 02 Have you had an episode when all of a sudden you became short of breath, dizzy, nauseous, or your heart pounded, (PAUSE) or you thought you might lose control, die, or go crazy?

§ IF RECEIVED A SCORE OF 1 OR 2 ON AT LEAST ONE OF THE ABOVE QUESTIONS:

- 3 Episodes of this sort can happen in three different situations. First, they can happen unexpectedly, or “out of the blue.” Second, they can happen when a person has a very strong fear. For example, some people have a terrible fear of bugs or of heights or of being in a crowd. Third, they can happen when a person is in real danger, like a car accident or a bank robbery.
Which of these situations describe your experiences the best – (2) did you have episodes that happened unexpectedly, (PAUSE) (1) happened in a situation that you strongly fear, (PAUSE) (0) or in a situation of real danger?
[RECORD THE HIGHEST SCORE THAT APPLIES]
- 4 Episodes like this sometimes happen as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. In the past month, do you think these episodes occurred as the result of such physical causes?
IF NO SCORE 0, IF YES ASK: How much of these feelings were due to these physical causes: (3) all of them, (2) most of them, (1) some of them?
ASK: Can you tell me what these physical causes were?
- 5 Did you often worry that you might have another episode?
- 6 Did you often worry that something terrible might happen because of the episode(s), like having a car accident, having a heart attack, or losing control?
- 7 Have you changed your everyday activities because of the episode(s)?
- 8 Did you avoid certain situations because of fear about having another episode(s)?
- 9 In the past month, how much did problems related to this episode(s) interfere with your life: (4) extremely, (3) quite a bit, (2) somewhat, (1) a little, or (0) not at all?

Think of a **typical** episode of this sort that you have had in the past month. (PAUSE)
During that time, which of the following experiences did you have? (BEGIN ASKING SYMPTOMS)

§ END OF THE SKIP OUT

IF RECEIVED A SCORE OF 0 ON BOTH 01 AND 02:

Think of a time during the past month when you were very nervous or scared. (PAUSE)
Can you think of such an occasion? * During that time, which of the following experiences did you have? (BEGIN ASKING SYMPTOMS)

*IF DENIES BEING “VERY NERVOUS OR SCARED,” SAY “Can you think of a time when you were the most nervous that you can remember, even if you were not very nervous? (PAUSE) During that time, which of the following experiences did you have?”

- 10 During that time did your heart pound heavily or race rapidly?
- 11 During that time were you short of breath?
- 12 Did you have nausea or discomfort in your stomach?
- 13 Did you feel dizzy or faint?
- 14 Did you sweat noticeably?
- 15 Did you tremble or shake?
- 16 Did you have a dry mouth?
- 17 Did you feel like you were choking?
- 18 Did you have pain or discomfort in your chest?
- 19 Were you afraid that you might lose control of yourself?
- 20 Were you afraid that you might go crazy?
- 21 Did you feel that you weren't real or that you were disconnected from your body?
- 22 Did you feel that things around you weren't real?
- 23 Were you afraid that you might die?
- 24 Did you have hot flashes or chills?
- 25 Did you have numbness or tingling sensations?
- 26 Did you fear that you might lose control of your bowels or bladder?
- 27 Did you fear that you might throw up?
- 28 Did you feel like you had a lump in your throat?

§ IF RECEIVED A SCORE OF 1 OR 2 ON AT LEAST ONE ABOVE ITEM (10-28), ASK:

- 29 How long did these feelings usually last: (4) a few hours or more, (3) about one hour, (2) about half an hour, (1) about 10 minutes, or (0) a few minutes or less?

S O C I A L P H O B I A

This group of questions is about experiences related to social situations. I am going to give you a list of situations and ask if you **strongly fear** them or find them **very uncomfortable**.

THE FIRST TWO TIMES A PARTICIPANT GIVES A POSITIVE RESPONSE, PROBE: “And do you strongly fear it or find it very uncomfortable?”

- 01 Do you strongly fear or find it very uncomfortable to meet new people?
- 02 Do you strongly fear or find it very uncomfortable to talk to people in authority?
- 03 Talk to people that you are attracted to?
- 04 Speak up in a meeting or class?
- 05 Act, perform, or give a talk in front of an audience?
- 06 Take an important exam or interview for a job, even though you are well prepared?
- 07 Work while someone watches?
- 08 Enter a room where others are already present?
- 09 Having your body exposed, for example when wearing tight clothes or a bathing suit?
- 10 Express disagreement to people you don't know very well?
- 11 Write, read, eat, or drink while someone watches?
- 12 Urinate in a public bathroom or use a bathroom away from home?

Now I am going to ask if you would **avoid** any of these situations **if it at all possible**?

IF SAYS “NO” TO ALL IN ADVANCE SAY “I understand, but I need to read the list to you because you might remember something new as you listen to it”

THE FIRST TWO TIMES A PARTICIPANT GIVES A POSITIVE RESPONSE, PROBE: “And would you avoid it if at all possible?”

- 13 Would you avoid meeting new people if at all possible?
- 14 Would you avoid talking to people in authority if at all possible?

- 15 Talking to people that you are attracted to?
- 16 Speaking up in a meeting or class?
- 17 Acting, performing, or giving a talk in front of an audience?
- 18 Taking an important exam or interviewing for a job, even though you are well prepared?
- 19 Working while someone watches?
- 20 Entering a room where others are already present?
- 21 Having your body exposed, for example when wearing tight clothes or a bathing suit?
- 22 Expressing disagreement to people you don't know very well?
- 23 Writing, reading, eating, or drinking while someone watches?
- 24 Urinating in a public bathroom or using a bathroom away from home?

§ IF RECEIVED A SCORE OF 1 OR 2 ON AT LEAST ONE ABOVE ITEM (01-24), ASK:

25 IF ONLY ONE QUESTION WAS ENDORSED:

In this section you mentioned that you have difficulties with a certain social situation. Do you think that your fear of this situation is much stronger than it should be?

IF TWO OR MORE QUESTIONS WERE ENDORSED:

In this section you mentioned that you have difficulties with certain social situations. Do you think that your fear of these situations is much stronger than it should be?

- 26 Are these difficulties related to embarrassment about having a physical or mental health problem or disability?
- 27 Overall, how much did these difficulties interfere with your life **in the past month**: (4) extremely, (3) quite a bit, (2) somewhat, (1) a little, or (0) not at all?

A G O R A P H O B I A

This group of questions is about experiences related to different types of situations. I am going to give you a list of situations and ask if you **strongly fear** them or find them **very uncomfortable**.

THE FIRST TWO TIMES A PARTICIPANT GIVES A POSITIVE RESPONSE, PROBE: “And do you strongly fear it or find it very uncomfortable?”

- 01 Do you strongly fear or find it very uncomfortable using public transportation?
- 02 Do you strongly fear or find it very uncomfortable being in crowds?
- 03 Standing in a line?
- 04 Traveling away from home?
- 05 Being in a department store, shopping mall, or supermarket?
- 06 Crossing a bridge?
- 07 Traveling in a car?
- 08 Being in a **closed space**, like a tunnel, a closet, or an elevator?
- 09 Being in an **open space outdoors**, like in a field or a wide street?
- 10 Being in an **open space indoors**, like in a movie theater, auditorium, or church?
- 11 Being in a **public place**, like a restaurant, classroom, or museum?

Now I am going to ask if you would **avoid** any of these situations **if it at all possible**?

THE FIRST TWO TIMES A PARTICIPANT GIVES A POSITIVE RESPONSE, PROBE: “And would you avoid it if at all possible?”

IF SAYS “NO” TO ALL IN ADVANCE SAY “I understand, but I need to read the list to you because you might remember something new as you listen to it”

- 12 Would you avoid using public transportation if at all possible?
- 13 Would you avoid being in crowds if at all possible?
- 14 Standing in a line?

- 15 Traveling away from home?
- 16 Being in a department store, shopping mall, or supermarket?
- 17 Crossing a bridge?
- 18 Traveling in a car?
- 19 Being in a **closed space**, like a tunnel, a closet, or an elevator?
- 20 Being in an **open space outdoors**, like in a field or a wide street?
- 21 Being in an **open space indoors**, like in a movie theater, auditorium, or church?
- 22 Being in a **public place**, like a restaurant, classroom, or museum?

§ IF RECEIVED A SCORE OF 1 OR 2 ON AT LEAST ONE ABOVE ITEM (01-22), ASK:

People with experiences like this may fear various things about these situations. Which of the following fears do you experience?

- 23 Fear that there is some real danger, like that you might be robbed or assaulted?
- 24 Fear that you might get sick to your stomach or have diarrhea?
- 25 Fear that you might have an episode of panic or strong fear?
- 26 Fear that you might have a heart attack or some other emergency?
- 27 Fear that you might become physically ill and be unable to get help?
- 28 Fear that it might be difficult to escape?
- 29 Fear that it might be embarrassing to escape?

30 IF ONLY ONE QUESTION WAS ENDORSED:

In this section you mentioned that you avoid a certain situation or find it very uncomfortable. Overall, how much does this interfere with your life: (4) extremely, (3) quite a bit, (2) somewhat, (1) a little, or (0) not at all?

IF TWO OR MORE QUESTIONS WERE ENDORSED:

In this section you mentioned that you avoid certain situations or find them very uncomfortable. Overall, how much does this interfere with your life: (4) extremely, (3) quite a bit, (2) somewhat, (1) a little, or (0) not at all?

GENERALIZED ANXIETY

This group of questions is about a type of worrying that takes up a lot of time or is hard to control. I am going to ask you whether you experienced certain things **more days than not during the past month**. In other words, this section is about experiences that you had for more than 15 days, but these days don't have to be consecutive. Tell me only about things that you experienced more days than not.

[IF YOU HAVE ANY DOUBTS THAT THE RESPONDENT DOES NOT FOLLOW THE TIME FRAME REMIND THEM: "Just to remind you, I am only asking about experiences that you had more days than not during the past month" SAY IT NO MORE THAN TWICE]

THE FIRST TWO TIMES A PARTICIPANT GIVES A POSITIVE RESPONSE, PROBE: "And did you experience this more days than not during the past month?"

- 1 Did you worry a lot more days than not?
- 2 Were you nervous or anxious more days than not?
- 3 Were you so nervous or worried that you couldn't think about anything else, no matter how hard you tried?
- 4 Was it very hard for you to control your worry or anxiety?

§ IF RECEIVED A SCORE OF 1 OR 2 ON AT LEAST ONE ABOVE ITEM (01-04), ASK:

- 5 Did you worry so much or so strongly about only one topic?
6. Do you think that during the past month your worry and anxiety was a lot stronger than it should have been?
- 7 Worry and anxiety sometimes happen as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think your worry and anxiety was due to such physical causes?
IF NO SCORE 0, IF YES ASK: How much of this worry and anxiety was due to these physical causes: (3) all of it, (2) most of it, (1) some of it?
ASK: Can you tell me what these physical causes were?
- 8 In the past month, how much did worry and anxiety interfere with your life: (4) extremely, (3) quite a bit, (2) somewhat, (1) a little, or (0) not at all?

Now let me ask you if in the past month you've had any of the following experiences **more days than not**:

§ END OF THE SKIP OUT

THE FIRST TWO TIMES A PARTICIPANT GIVES A POSITIVE RESPONSE, PROBE: “And did you experience this more days than not during the past month?”

9 Were you restless or fidgety?

10 Did you get tired very easily?

11 Were you very irritable?

12 Did you have difficulty concentrating or keeping your mind on what you were doing?

13 Were your muscles tense, sore, or aching?

14 Did you have trouble falling or staying asleep?

15 Have you felt tense or wound up most of the day?

16 Did you have a frightened feeling, as if something awful was going to happen?

O B S E S S I V E - C O M P U L S I V E

This group of questions is about repetitive thoughts and behaviors. During the past month, have you experienced any of the following:

THE FIRST TWO TIMES A PARTICIPANT GIVES A POSITIVE RESPONSE, PROBE ABOUT FREQUENCY, E.G. "Would you say that you did it often?"

- 01 Did you have thoughts about dirt, germs, or contamination that kept coming back?
- 02 Did you feel the need to wash your hands again and again?
- 03 Did you **repeatedly** avoid physical contact with people because you were concerned about getting dirty or contaminated?
- 04 Would you avoid handling things that were touched by others whenever possible?
- 05 Have you often wondered if everything was right even after you checked it multiple times?
- 06 Did you check things, such as turning off appliances or locking doors, again and again?
- 07 Have you **often** found yourself worrying whether you actually did something that you intended to do, such as turning off lights?
- 08 Were you checking what you were doing for mistakes over and over again (for example, while reading, writing, or using a calculator)?
- 09 Have you **often** experienced thoughts or images that were unpleasant or disturbing?
- 10 Have you **often** had unwanted thoughts or images that you **could not get out of your head**?
- 11 Did you have **repeated** thoughts that something terrible is going to happen, although you knew that it was not likely?
- 12 Did you have **recurring** thoughts involving aggression, injury, or violence?
- 13 Did you have unpleasant or disturbing thoughts involving sex that kept coming back?
- 14 Did you have **recurring** concerns about doing something sinful or evil?
- 15 Have you **often** felt compelled to line things up or arrange them so that they were neat and orderly?
- 16 Did you **repeatedly** feel the need to count objects, such as the books on a shelf, or floor tiles?

17 Did you **regularly** perform certain activities in a fixed, exactly defined order?

18 Were you repeating certain activities a lot more than you needed to?

19 Did you repeat certain **routine** activities to avoid some terrible consequences?

§ IF RECEIVED A SCORE OF 1 OR 2 ON AT LEAST ONE ABOVE ITEM (01-19), ASK:

20 In this section you mentioned that you have certain repetitive thoughts and behaviors. Overall, how much do these thoughts and behaviors interfere with your life: (4) extremely, (3) quite a bit, (2) somewhat, (1) a little, or (0) not at all?

P O S T-T R A U M A T I C S T R E S S

For this section I would like you to think of an **intensely stressful, scary, or traumatic experience** that happened to you in the past. This event could have happened at any time in your life, but I'll be asking how it was affecting you in the past month. Please choose an event that has been affecting you the most during the past month. (PAUSE) Do you have an event like that in mind or do you need more time?

IF THE RESPONDENT CANNOT REMEMBER ANY SUCH EVENT SAY: "Then please use the most stressful event that you can think of that was affecting you in the past month"

IF VOLUNTEERS MULTIPLE EVENTS SAY "Please tell me about the combined effect of these events." ALSO SAY "THESE EVENTS" INSTEAD OF "THE EVENT" FOR ALL ITEMS BELOW

01. In the past month, have you had disturbing thoughts or memories of the event that kept coming back?
02. In the past month, have you repeatedly had dreams or nightmares that reminded you of the event?
03. Were you frequently reminded of the event?
04. Did you usually become upset or distressed while thinking about the event?
05. Have you repeatedly felt as if the event was happening again?
06. Did you experience physical sensations, such as sweating, increased heart rate, or heavy breathing, when reminded of the event?
07. Have you made considerable efforts to avoid thoughts or feelings associated with the event?
08. Have you made considerable efforts to avoid conversations that reminded you of the event?
09. Have you made considerable efforts to avoid people, places, or activities that reminded you of the event?
10. Were you unable to recall important details of the event?
11. If you feel comfortable, can you tell me what event you were thinking about when answering these questions?

IF PARTICIPANT SHOWS HESITATION SAY "You don't have to answer this question, do you want to move on?"

§ IF RECEIVED A SCORE OF 1 OR 2 ON AT LEAST ONE ITEM (01-10), PROCEED TO THE SKIP OUT. FOR QUESTIONS 12 – 15 DON'T ASK IF THE ANSWER IS OBVIOUS.

IF PARTICIPANT RESPONDED TO 11, REPLACE “THE EVENT” WITH WHAT THEY REPORTED

12. Did the event involve you **witnessing actual or threatened death**?
13. Did the event involve you **personally experiencing actual or threatened death**?
14. Did the event involve you **witnessing actual or threatened serious injury**?
15. Did the event involve you **personally experiencing actual or threatened serious injury**?
16. To what extent did the event make you have feelings of intense fear, helplessness, or horror **when it first occurred**: (4) extremely, (3) quite a bit, (2) somewhat, (1) a little, or (0) not at all?
17. In this section you told me that in the past month you had certain reactions related to that stressful event. Overall, how long have the reactions been happening: (4) more than a year, (3) six months to one year, (2) three to six months, (1) one to three months, or (0) less than one month?
18. Overall, how much did these reactions interfere with your life in the **past month**: (4) extremely, (3) quite a bit, (2) somewhat, (1) a little, or (0) not at all?

OTHER STRESS-RELATED

Now let me ask you if you had any of the following experiences in the past month:

1. In the past month, did you sometimes feel that you could not experience strong emotions, such as excitement, sadness, or anger?
2. In the past month, did you often feel very disconnected or emotionally cut-off from other people?
3. Have you often sensed that your life would be cut short (for example, you don't expect a career, or to get married, or to live very long)?
4. Have you felt that the world or things around you were "not real?"
5. Have you felt as if you were disconnected from your body?
6. Have you suddenly feel as if you were "in a daze" or not completely aware of your surroundings?
7. Did you often feel "on guard" or extremely watchful of your surroundings?
8. Have you often felt overly attentive for signs of danger in your environment?
9. Have you been startled very easily?

§ IF RECEIVED A SCORE OF 1 OR 2 ON AT LEAST ONE OF THE ABOVE ITEMS (1-9), ASK:

10. IF ONLY ONE QUESTION WAS ENDORSED: In this section you mentioned a problem that has been bothering you. Problems like this sometimes happen as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think that the problem occurred as a result of such physical causes?

IF TWO OR MORE QUESTIONS WERE ENDORSED: In this section you mentioned that some problems have been bothering you. Problems like this sometimes happen as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think that any of these problems occurred as a result of such physical causes?

IF NO SCORE 0, IF YES ASK: How much of these problems were due to these physical causes: (3) all of them, (2) most of them, (1) some of them?

ASK: Can you tell me what these physical causes were?

SPECIFIC PHOBIA

Now I am going to ask you about strong fears of various animals, objects, and situations.

- 01 Would you almost always become very upset or nervous if you were faced with any kind of insect, such as spiders or cockroaches?
- 02 Would you avoid any of these insects whenever you could?
- 03 Would you almost always become very upset or nervous if you were faced with any kind of small animal, such as snakes, snails, or mice?
- 04 Would you avoid any of these animals whenever you could?
- 05 Would you almost always become very upset or nervous if you were faced with any kind of common large animal, such as dogs, cats, or farm animals?
IF SAYS YES PROBE "What kind of animals do you have in mind?"
CLEARLY DANGEROUS ANIMALS (E.G. FREE ROAMING BULL, RABID DOG) DO NOT COUNT
- 06 Would you avoid any of these animals whenever you could?
- 07 Would you almost always become very upset or nervous if you were faced with still water, like in a swimming pool or a lake?
- 08 Would you avoid still water whenever you could?
- 09 Would you almost always become very upset or nervous if you were getting a shot or injection?
- 10 Would you avoid getting a shot or injection whenever you could?
- 11 Would you almost always become very upset or nervous at a sight of blood?
CLEARLY GORY SCENES DO NOT COUNT
- 12 Would you avoid seeing blood whenever you could?
- 13 Would you almost always become very upset or nervous if you saw injury, even if there was no blood?
- 14 Would you avoid seeing injury whenever you could?
- 15 Would you almost always become very upset or nervous if you were at a high place, like roofs, balconies, bridges, or staircases?
- 16 Would you avoid high places whenever you could?

- 17 Would you almost always become very upset or nervous if you had to fly?
- 18 Would you avoid flying whenever you could?
- 19 Would you almost always become very upset or nervous if you were faced with weather events, like storms, thunder or lightning?
CLEARLY DANGEROUS WEATHER (E.G. TORNADO NEAR PERSON'S HOME) DOES NOT COUNT
- 20 Would you avoid such weather whenever you could?

§ IF RECEIVED A SCORE OF 1 OR 2 ON AT LEAST ONE ABOVE ITEM (01-20), ASK:

- 21 In this section you mentioned that you are afraid of certain things or avoid them. Do you think this fear or avoiding is much stronger than it should be?
- 22 Overall, how much does this fear and avoiding interfere with your life: (4) extremely, (3) quite a bit, (2) somewhat, (1) a little, or (0) not at all?

IRRITABILITY

This group of questions is about irritability and feelings of annoyance during the past month. I am going to ask you whether you experienced certain things for **at least several days during the past month**. Tell me only about experiences that lasted at least several days.

[IF YOU HAVE ANY DOUBT THAT THE RESPONDENT DOES NOT FOLLOW THE TIME FRAME, REMIND THEM: “Just to remind you, I am only asking about experiences that lasted at least several days; they did not have to last the whole month” SAY IT NO MORE THAN TWICE]

- 01 Were you very irritable or grumpy most of the day for at least several days?
- 02 Did you find that for at least several days nearly everyone got on your nerves?
- 03 Were you so irritable that you started arguments, shouted at people, or had outbursts of anger?
- 04 Did you find that even little setbacks were very frustrating?
- 05 Were there many things that made you furious?
- 06 Have you lost your temper a number of times during the past month?

§ IF RECEIVED A SCORE OF 1 OR 2 ON AT LEAST ONE ABOVE ITEM (1-6), ASK:

- 07 In this section you mentioned that in the past month you were irritable. Overall, how much did this irritability interfere with your life: (4) extremely, (3) quite a bit, (2) somewhat, (1) a little, or (0) not at all?

M A N I A

This group of questions is about feeling very happy or excited. I am going to ask you whether you experienced certain things for **at least several days during the past month**. Tell me only about experiences that lasted at least several days.

[IF YOU HAVE ANY DOUBT THAT THE RESPONDENT DOES NOT FOLLOW THE TIME FRAME, REMIND THEM: “Just to remind you, I am only asking about experiences that lasted at least several days; they did not have to last the whole month” SAY IT NO MORE THAN TWICE]

THE FIRST TWO TIMES A PARTICIPANT GIVES A POSITIVE RESPONSE, PROBE: “And was this going on for at least several days during the past month?”

- 01 Were you **extremely** and unusually self-confident or optimistic, **no matter what** was happening, for at least several days?
- 02 Did you feel a lot more hyper or over active than usual for at least several days?
- 03 Have you had a lot more energy than is usual for you?

§ IF RECEIVED A SCORE OF 1 OR 2 ON AT LEAST ONE ABOVE ITEM (1-03), ASK:

ASK ABOUT A STATE ENDORSED ABOVE, IF MULTIPLE STATES ARE ENDORSED USE “OR” (E.G. “CONFIDENT OR HYPER”).

- 04 How many days in the past month have you felt unusually (confident/hyper/energetic) for **most of the day**: (4) longer than two weeks, (3) between one and two weeks, (2) four to six days, (1) two to three days, or (0) one day or less?
- 05 When you were feeling unusually (confident/hyper/energetic) did it usually last: (4) all day long, (3) most of the day, (2) about half the day, (1) a few hours, or (0) less than a few hours?
- 06 Experiences of this sort sometimes happen as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think your unusual feelings of (confidence/over activeness/energy) occurred as a result of such physical causes?
IF NO SCORE 0, IF YES ASK: How much of these feelings were due to these physical causes: (3) all of them, (2) most of them, (1) some of them?
ASK: Can you tell me what these physical causes were?

Let me ask you a few more questions. Again tell me only about experiences that lasted **at least several days**.

§ END OF THE SKIP OUT

THE FIRST TWO TIMES A PARTICIPANT GIVES A POSITIVE RESPONSE, PROBE: “And was this going on for at least several days during the past month?”

- 07 Were you starting **many** new projects?
- 08 Did you sleep much less than usual and still not feel tired or sleepy?
- 09 Did you often talk a lot more than the situation required or talked so much that it was hard for other people to interrupt you?
- 10 Were you much more distracted by unimportant things?
- 11 Were your thoughts coming to you so quickly that you had trouble putting them into words?
- 12 Did your thoughts race through your head?
- 13 Did your thoughts keep jumping from one thing to another?
- 14 Did you believe that you could do many things you couldn't really do?
- 15 Have you done things that were very unusual for you and could have caused trouble for you or your family (for example: reckless spending, driving, or sexual behavior)?

§ IF RECEIVED A SCORE OF 1 OR 2 ON AT LEAST ONE ABOVE ITEM (1-15), ASK:

- 16 In this section you mentioned that in the past month you had some feelings and experiences that are not usual for you. How much did they interfere with your life: (4) extremely, (3) quite a bit, (2) somewhat, (1) a little, or (0) not at all?

I M A S RECORD FORM

BACKGROUND

01 NR M F

02 Age: _____

03 0 1 2 3 4

04 Yes No
05 Problems

06 Diagnosis

07 Yes No

08 Problems

09 Diagnosis

DEPRESSION	26 NR 0 1 2	03 NR 0 1 2	29 0 1 2 3 4	25 NR 0 1 2
01 NR 0 1 2	27 NR 0 1 2	04 0 1 2 3		26 NR 0 1 2
02 NR 0 1 2	28 NR 0 1 2		SOCIAL PHOBIA	27 0 1 2 3 4
03 NR 0 1 2	29 NR 0 1 2	05 NR 0 1 2	01 NR 0 1 2	
04 NR 0 1 2	30 NR 0 1 2	06 NR 0 1 2	02 NR 0 1 2	AGORAPHOBIA
05 0 1 2 3	31 NR 0 1 2	07 NR 0 1 2	03 NR 0 1 2	01 NR 0 1 2
	32 NR 0 1 2	08 NR 0 1 2	04 NR 0 1 2	02 NR 0 1 2
06 0 1 2 3 4	33 NR 0 1 2	09 0 1 2 3 4	05 NR 0 1 2	03 NR 0 1 2
07 0 1 2 3 4	34 NR 0 1 2		06 NR 0 1 2	04 NR 0 1 2
	35 NR 0 1 2	10 NR 0 1 2	07 NR 0 1 2	05 NR 0 1 2
08 NR 0 1 2	36 NR 0 1 2	11 NR 0 1 2	08 NR 0 1 2	06 NR 0 1 2
09 NR 0 1 2	37 NR 0 1 2	12 NR 0 1 2	09 NR 0 1 2	07 NR 0 1 2
10 NR 0 1 2	38 NR 0 1 2	13 NR 0 1 2	10 NR 0 1 2	08 NR 0 1 2
11 NR 0 1 2	39 NR 0 1 2	14 NR 0 1 2	11 NR 0 1 2	09 NR 0 1 2
12 NR 0 1 2	40 NR 0 1 2	15 NR 0 1 2	12 NR 0 1 2	10 NR 0 1 2
13 NR 0 1 2	41 NR 0 1 2	16 NR 0 1 2	13 NR 0 1 2	11 NR 0 1 2
14 NR 0 1 2	42 NR 0 1 2	17 NR 0 1 2	14 NR 0 1 2	12 NR 0 1 2
15 NR 0 1 2	43 NR 0 1 2	18 NR 0 1 2	15 NR 0 1 2	13 NR 0 1 2
16 NR 0 1 2	44 NR 0 1 2	19 NR 0 1 2	16 NR 0 1 2	14 NR 0 1 2
17 NR 0 1 2	45 NR 0 1 2	20 NR 0 1 2	17 NR 0 1 2	15 NR 0 1 2
18 NR 0 1 2	46 NR 0 1 2	21 NR 0 1 2	18 NR 0 1 2	16 NR 0 1 2
19 NR 0 1 2	47 0 1 2 3 4	22 NR 0 1 2	19 NR 0 1 2	17 NR 0 1 2
20 NR 0 1 2		23 NR 0 1 2	20 NR 0 1 2	18 NR 0 1 2
21 NR 0 1 2		24 NR 0 1 2	21 NR 0 1 2	19 NR 0 1 2
22 NR 0 1 2	PANIC	25 NR 0 1 2	22 NR 0 1 2	20 NR 0 1 2
23 NR 0 1 2	01 NR 0 1 2	26 NR 0 1 2	23 NR 0 1 2	21 NR 0 1 2
24 NR 0 1 2	02 NR 0 1 2	27 NR 0 1 2	24 NR 0 1 2	22 NR 0 1 2
25 NR 0 1 2		28 NR 0 1 2		

23 NR 0 1 2	OBSESSIVE- COMPULSIVE	04 NR 0 1 2	07 NR 0 1 2	21 NR 0 1 2	14 NR 0 1 2	
24 NR 0 1 2		01 NR 0 1 2	05 NR 0 1 2	08 NR 0 1 2	22 0 1 2 3 4	15 NR 0 1 2
25 NR 0 1 2		02 NR 0 1 2	06 NR 0 1 2	09 NR 0 1 2		16 0 1 2 3 4
26 NR 0 1 2		03 NR 0 1 2	07 NR 0 1 2	10 0 1 2 3	IRRITABILITY	
27 NR 0 1 2		04 NR 0 1 2	08 NR 0 1 2			01 NR 0 1 2
28 NR 0 1 2		05 NR 0 1 2	09 NR 0 1 2			02 NR 0 1 2
29 NR 0 1 2		06 NR 0 1 2	10 NR 0 1 2	SPEC. PHOBIA		03 NR 0 1 2
30 0 1 2 3 4		07 NR 0 1 2	11	01 NR 0 1 2		04 NR 0 1 2
		08 NR 0 1 2		02 NR 0 1 2		05 NR 0 1 2
GEN.ANXIETY		09 NR 0 1 2		03 NR 0 1 2		06 NR 0 1 2
01 NR 0 1 2	10 NR 0 1 2		04 NR 0 1 2	07 0 1 2 3 4		
02 NR 0 1 2	11 NR 0 1 2		05 NR 0 1 2			
03 NR 0 1 2	12 NR 0 1 2	12 NR 0 1 2	06 NR 0 1 2	MANIA		
04 NR 0 1 2	13 NR 0 1 2	13 NR 0 1 2	07 NR 0 1 2	01 NR 0 1 2		
05 NR 0 1 2	14 NR 0 1 2	14 NR 0 1 2	08 NR 0 1 2	02 NR 0 1 2		
06 NR 0 1 2	15 NR 0 1 2	15 NR 0 1 2	09 NR 0 1 2	03 NR 0 1 2		
07 0 1 2 3	16 NR 0 1 2	16 0 1 2 3 4	10 NR 0 1 2	04 0 1 2 3 4		
08 0 1 2 3 4	17 NR 0 1 2	17 0 1 2 3 4	11 NR 0 1 2	05 0 1 2 3 4		
09 NR 0 1 2	18 NR 0 1 2	18 0 1 2 3 4	12 NR 0 1 2	06 0 1 2 3		
10 NR 0 1 2	19 NR 0 1 2		13 NR 0 1 2			
11 NR 0 1 2	20 0 1 2 3 4	OTHER STRESS- RELATED	14 NR 0 1 2	07 NR 0 1 2		
12 NR 0 1 2		01 NR 0 1 2	15 NR 0 1 2	08 NR 0 1 2		
13 NR 0 1 2	POST- TRAUMATIC STRESS	02 NR 0 1 2	16 NR 0 1 2	09 NR 0 1 2		
14 NR 0 1 2	01 NR 0 1 2	03 NR 0 1 2	17 NR 0 1 2	10 NR 0 1 2		
15 NR 0 1 2	02 NR 0 1 2	04 NR 0 1 2	18 NR 0 1 2	11 NR 0 1 2		
16 NR 0 1 2	03 NR 0 1 2	05 NR 0 1 2	19 NR 0 1 2	12 NR 0 1 2		
		06 NR 0 1 2	20 NR 0 1 2	13 NR 0 1 2		