

Patient-rated Level 1 Cross-cutting Measure

Note: The following questions inquire about how you have been feeling over the past **TWO (2) WEEKS**.

Please respond to each item by choosing one option per question.	None	Slight	Mild	Moderate	Severe
During the past TWO (2) WEEKS , how much have you been bothered by the following problems:	Not at all	Rare, less than a day or two	Several days	More than half the days	Nearly every day
1. No interest or pleasure in doing things?	0	1	2	3	4
2. Feeling down, depressed, or hopeless?	0	1	2	3	4
3. Feeling irritated, grouchy, angry?	0	1	2	3	4
4. Sleeping less but still have a lot of energy?	0	1	2	3	4
5. Starting lots of projects or doing more risky things?	0	1	2	3	4
6. Feeling nervous, anxious, frightened, worried, or on edge?	0	1	2	3	4
7. Feeling panic or being frightened?	0	1	2	3	4
8. Avoiding situations that make you anxious?	0	1	2	3	4
9. Unexplained aches and pains (e.g. head, back, joints, abdomen, legs)?	0	1	2	3	4
10. Feeling that your illnesses are not being taken seriously enough?	0	1	2	3	4
11. Thoughts of actually hurting yourself?	0	1	2	3	4
12. Hearing things other people couldn't hear, such as voices even when no one was around?	0	1	2	3	4
13. Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?	0	1	2	3	4
14. Problems with sleep that affected your sleep quality over all?	0	1	2	3	4
15. Problems with memory (e.g., learning new information), or with location (e.g., finding your way home)?	0	1	2	3	4
16. Unpleasant thoughts, urges, or images that repeatedly enter your mind?	0	1	2	3	4
17. Feeling driven to perform certain behaviors or mental acts over and	0	1	2	3	4

over again?					
18. Feeling detached or distant from myself, my body, my physical surroundings, or my memories?	0	1	2	3	4
19. Not knowing who you really are or what you want out of life?	0	1	2	3	4
20. Not feeling close to other people or enjoying your relationships with them?	0	1	2	3	4
21. Drink at least 4 drinks of any kind of alcohol in a single day?	0	1	2	3	4
22. Smoke any cigarettes, a cigar, or pipe or use snuff or chewing tobacco?	0	1	2	3	4
23. Use any of the following medicines ON YOUR OWN, that is, without a doctor's prescription, in greater amounts or longer than prescribed [e.g., Painkillers (like Vicodin), Stimulants (like Ritalin or Adderall), Sedatives or tranquilizers (like sleeping pills or Valium), or drugs like Marijuana, Cocaine or crack, Club drugs (like ecstasy), Hallucinogens (like LSD), Heroin, Inhalants or solvents (like glue), or Methamphetamine (like speed)]?	0	1	2	3	4