



MINI

Questionnaire

	<p>MINI, Questionnaire</p>	
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A. DEPRESSIVE EPISODES

A1	During the last two weeks have you continually felt sombre or depressed almost daily and for most of the day?	N / J
A2	During the last two weeks have you continually felt as if you couldn't be bothered or had no interest in things which would normally interest you?	N / J
*	<p>If the answer to A1 <u>and</u> A2 is no then go to section B If the answer to A1 <u>and/or</u> A2 is yes then go to section A3</p>	
A3	In the last two weeks when you felt sombre, depressed or had no interest:	
a	<p>Did your appetite change, or did you gain or lose weight without wanting to?</p> <p><i>(Answer "yes" if your weight went up or down by more than 5% -for example 3.5 kg in one month by someone weighing 70 kg.)</i></p>	N / J
b	Did you have a sleep problem almost every night (difficulty falling asleep, awake during the night or very early in the morning, or did you sleep too much)	N / J
c	Was your speech or movement slower than normal, or were you restless, agitated and had difficulty sitting still? Was this almost every day?	N / J
d	Did you feel tired or spiritless almost daily?	N / J
e	Did you feel worthless or guilty almost daily?	N / J
f	Had you almost daily problems with concentration or difficulty making decisions?	N / J
g	Have you considered self mutilation, wished that you were dead, or had suicidal ideas?	N / J
A4	<p>Have you answered yes more than 3 times in section A3 (or 4 times yes if the answer to A1 or A2 no was)</p> <p>If the answer is no then go to section B, otherwise go to A5.</p>	N / J

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A5. PAST DEPRESSIVE EPISODES


a	<p>Have you previously ever had such periods of two weeks or longer when you felt depressed or had no interest, and had the problems mentioned above?</p> <p>If not, go to E1, otherwise A5b</p>	N / J
b	<p>Have you ever had, previous to this depression or loss of interest, a period of two months when you felt good?</p> <p>Go to E1</p>	N / J

B. DYSTHYMIA

B1	<p>In the last two years have you felt sombre or depressed for most of the time?</p> <p>If not, go to section E</p>	N / J
B2	<p>During these periods, did you feel good for a period of at least two months?</p> <p>If yes, go to section E</p>	N / J
B3	During these sombre periods:	
a	Did your appetite change?	N / J
b	Did you have sleep problems or did you sleep too much?	N / J
c	Did you feel tired or did you have less energy?	N / J
d	Had you less self confidence?	N / J
e	Had you difficulty with concentration or making decisions?	N / J
f	Did you feel helpless?	N / J
*	<p>Have you answered yes more than 2 times in section B3</p> <p>If the answer is no then go to section E, otherwise go to B4.</p>	N / J
B4	Did these problems create inconvenience or limit you in your work, socially, or in your daily functioning?	N / J

E. PANIC DISORDERS

E1	<p>Have you, more than once, had attacks where you suddenly felt anxious, shocked, uncomfortable, or stressed in situations where other people would not have experienced this? Did such an attack reach its peak within 10 minutes?</p> <p><i>Register yes only if the peak was reached within 10 minutes.</i></p> <p>If E1 is no, circle no in E5 and go to section F</p>	N / J
E2	<p>Have you ever had an attack that was unexpected, without a reason or provocative factor?</p> <p>If E2 is no, circle no in E5 and go to section F</p>	N / J
E3	<p>After such an attack have you ever had a period of at least a month when you were frightened that it would repeat itself, or were worried over the possible consequences of such an attack?</p> <p>If E3 is no, circle no in E5 and go to section F</p>	N / J
E4	During the worst attacks can you remember:	
a	Did you have heart palpitations (heart skipping, fluttering or thumping)?	N / J
b	Were you sweating or had you damp sweaty hands?	N / J
c	Were you shaking or trembling?	N / J
d	Were you short of breath or had breathing problems?	N / J
e	Did you feel as if you suffocating or had a lump in your throat?	N / J
f	Had you pain or a heavy pressing feeling in your chest?	N / J
g	Did you feel sick, or had a problem with your stomach, or had sudden diarrhoea?	N / J
h	Did you feel dizzy, unsteady, light-headed, or felt as if you would faint?	N / J
i	Had you a feeling or being unreal as if you stood outside yourself?	N / J
j	Were you frightened of going mad or losing your self control?	N / J
k	Were you scared you were going to die?	N / J
l	Did you have a numb or tingling feeling?	N / J
m	Did you have hot flushes or cold shivers?	N / J
E5	<p>Have you answered yes more than 4 times in section E4?</p> <p>If the answer is no in E5 then go directly to section F, otherwise go to E6.</p>	N / J
E6	During the last month have you often had such attacks (2 or more) or after such an attack have you often felt anxious about the possibility of having another attack?	N / J


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F. AGORAPHOBIA

F1	<p>Do you feel very uncomfortable in a place or situation where it would be difficult or embarrassing to get away from, or where there is no help available if you should have a panic attack: for example in a crowd, a queue, alone along way from home, on a bridge, in a bus, train or car?</p> <p>If F1 is no, circle no in F2 and go to section G, otherwise go to F2</p>	N / J
F2	<p>Is your fear of these places or situations so great that you avoid them, only go accompanied or endure them with great difficulty?</p>	N / J

G. SOCIAL PHOBIA/ SOCIAL ANXIETY

G1	<p>During the last month have you been anxious if you were the centre of attention or were you frightened that you would be humiliated? For example when you had to speak in public, eating in company, writing while others were observing or in other social situations?</p> <p>If G1 is no, go to section O, otherwise go to G2</p>	N / J
G2	<p>Do you think that this anxiety is exaggerated or unreasonable?</p> <p>If G2 is no, go to section O, otherwise go to G3</p>	N / J
G3	<p>Have you such anxiety in these situations that you avoid or endure them under duress?</p> <p>If G3 is no, go to section O, otherwise go to G4</p>	N / J
G4	<p>Does this anxiety disturb your normal work patterns, social activities or is it the cause or serious inconvenience?</p>	N / J

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O. GENERAL ANXIETY DISORDER

O1 a	In the last six months have you been worried out of all proportions about problems in your daily life, concerning work, home, or in your surroundings? If not, go to section P	N / J
O1 b	Are you anxious almost every day? If not, go to section P	N / J
O2	Did you find it difficult to keep this anxiety under control, or does it impede your concentration? If not, go to section P	N / J
O3	During these periods of worry, anxiety or unrest, does it often happen that:	
a	You feel restless, weighed down, or nervous?	N / J
b	You feel stressed?	N / J
c	You feel tired, weak, or quickly exhausted?	N / J
d	You have difficulty concentrating or suddenly feel as if you suddenly can't cope anymore?	N / J
e	Are you very irritated?	N / J
f	Do you have sleep problems? (difficulty falling asleep, awake during the night or very early in the morning, or did you sleep too much)	N / J

DISABILITY DAYS*

Functioning in the last 30 days

The following questions are about how you function as a result of your physical and mental health or health problems. By health problems we mean limitations and diseases, both long and short term, such as injuries, emotional problems, and alcohol or drug related problems.

Please answer all questions

1 If you think back from yesterday over the last 30 days, how many days were you absolutely not in any state to work or carry out your normal activities, as a result of your physical or mental health?

Give an answer between 0 and 30: ____

2 In the last 30 days how many days have you stayed in bed for more than half of the day due to problems with your physical or mental health?

Give an answer between 0 and 30: ____

3 In the last 30 days how many days were you capable of working or carrying out your normal activities, but had to take it easy and do less than normal due to problems with your physical or mental health?

Give an answer between 0 and 30: ____

4 In the last 30 days how many days were there when the quality and precision of your work was less than normal due to problems with your physical or mental health? (NB for people who do not work then replace 'work' with 'daily tasks and activities'.)

Give an answer between 0 and 30: ____

* This section is not an official part of the MINI