

# Mental health

Are you currently living with any of the following medically diagnosed difficulties? \*

- ☐ Addiction (e.g., Alcohol, Drugs, Gambling, ...)
- ☐ Attention Deficit Hyperactivity Disorder (ADHD)
- ☐ Autism
- ☐ Bipolar Disorder
- ☐ Borderline Personality Disorder (BPD)
- ☐ Generalized Anxiety Disorder (GAD)
- ☐ Major Depressive Disorder (MDD)
- ☐ Obsessive-Compulsive Disorder (OCD)
- ☐ Panic Disorder
- ☐ Post-Traumatic Stress Disorder (PTSD)
- ☐ Schizophrenia
- ☐ Social Anxiety Disorder (Social Phobia)
- ☐ Specific Phobias
- ☐ Eating Disorders (e.g., Anorexia, Bulimia, ...)
- ☐ None
- ☐ Other

Are you currently undergoing any of the following treatments \*

- ☐ Antidepressant Medication (e.g., PROZAC, ZOLOFT, EFFEXOR...)
- ☐ Anxiolytic Medication (e.g., XANAX, VALIUM, ...)
- ☐ Psychotherapy/Counseling (e.g., CBT, ACT, ...)
- ☐ Mood Stabilizers (e.g., LITHIUM, LAMICTAL, ...)
- ☐ Antipsychotic Medication (e.g., RISPERDAL, SEROQUEL, ...)
- ☐ Lifestyle Changes (e.g., diet, exercise, ...)
- ☐ Mindfulness and Stress Management Techniques
- ☐ Alternative Therapies (e.g., acupuncture, herbal remedies, ...)
- ☐ None
- ☐ Other

Continue

# Medical and somatic difficulties

Are you currently living with any of the following medically diagnosed conditions?

## Musculoskeletal and pain \*

- ☐ Hypermobility Syndrome (e.g., Ehlers-Danlos Syndrome)
- ☐ Fibromyalgia
- ☐ Chronic Fatigue Syndrome
- ☐ Chronic Pain Syndrome
- ☐ Back Pain
- ☐ Muscle Tension
- ☐ None
- ☐ Other

## Dermatological and skin \*

- ☐ Skin Rashes
- ☐ Eczema
- ☐ Psoriasis
- ☐ Sjogren's Syndrome
- ☐ None
- ☐ Other

#### Cardiovascular \*

- ☐ Chest Pain
- ☐ Cardiac Arrhythmia (palpitations)
- ☐ Hypertension (High Blood Pressure)
- ☐ Hypotension (Low Blood Pressure)
- ☐ None
- ☐ Other

#### Gastrointestinal \*

- ☐ Irritable Bowel Syndrome (IBS)
- ☐ Gastroesophageal Reflux Disease (GERD)
- ☐ Crohn's Disease
- ☐ Ulcerative Colitis
- ☐ Celiac Disease
- ☐ Gluten Intolerance
- ☐ Lactose Intolerance
- ☐ None
- ☐ Other

### Respiratory \*

- ☐ Shortness of Breath
- ☐ Asthma
- ☐ Chronic Obstructive Pulmonary Disease (COPD)
- ☐ Sleep Apnea
- ☐ Chronic Bronchitis
- ☐ None
- ☐ Other

### Neurological \*

- ☐ Nausea/Vomiting
- ☐ Dizziness/Lightheadedness
- ☐ Migraine
- ☐ Neuropathy
- ☐ Epilepsy
- ☐ Multiple Sclerosis (MS)
- ☐ None
- ☐ Other

**Genitourinary \***

- ☐ Frequent Urination
- ☐ Endometriosis
- ☐ Interstitial Cystitis
- ☐ Chronic Pelvic Pain Syndrome
- ☐ None
- ☐ Other

**Continue**

# About your mood

All things considered, how satisfied are you with your life as a whole? \*

No satisfaction at all

0

1

2

3

4

5

6

7

8

9

10

Completely satisfied

Next

## About your mood

Over the **last 2 weeks**, how often have you been bothered by the following problems?

Feeling down, depressed, or hopeless \*

Not at all

Once or twice

Several days

More than half the days

Nearly every day

Little interest or pleasure in doing things \*

Not at all

Once or twice

Several days

More than half the days

Nearly every day

Feeling nervous, anxious or on edge \*

Not at all

Once or twice

Several days

More than half the days

Nearly every day

Not being able to stop or control worrying \*

Not at all

Once or twice

Several days

More than half the days

Nearly every day

Previous

Complete

# About how you feel

Please indicate how often each of the statements below is descriptive of you

**It is difficult for me to make friends \***

I never feel this way

I rarely feel this way

I sometimes feel this way

I often feel this way

**I feel completely alone \***

I never feel this way

I rarely feel this way

I sometimes feel this way

I often feel this way

**There is no one I can turn to \***

I never feel this way

I rarely feel this way

I sometimes feel this way

I often feel this way

**My social relationships are superficial \***

I never feel this way

I rarely feel this way

I sometimes feel this way

I often feel this way

**I am no longer close to anyone \***

I never feel this way

I rarely feel this way

I sometimes feel this way

I often feel this way

**I feel starved for company \***

I never feel this way

I rarely feel this way

I sometimes feel this way

I often feel this way

**I have nobody to talk to \***

I never feel this way

I rarely feel this way

I sometimes feel this way

I often feel this way

**I feel shut out and excluded by others \***

I never feel this way

I rarely feel this way

I sometimes feel this way

I often feel this way

**I feel left out \***

I never feel this way

I rarely feel this way

I sometimes feel this way

I often feel this way

**I am unhappy doing so many things alone \***

I never feel this way

I rarely feel this way

I sometimes feel this way

I often feel this way

**I am unhappy being so withdrawn \***

I never feel this way

I rarely feel this way

I sometimes feel this way

I often feel this way

**No one really knows me well \***

I never feel this way

I rarely feel this way

I sometimes feel this way

I often feel this way

**People are around me but not with me \***

I never feel this way

I rarely feel this way

I sometimes feel this way

I often feel this way

**I cannot tolerate being so alone \***

I never feel this way

I rarely feel this way

I sometimes feel this way

I often feel this way

**I lack companionship \***

I never feel this way

I rarely feel this way

I sometimes feel this way

I often feel this way

**I find myself waiting for people to call or write \***

I never feel this way

I rarely feel this way

I sometimes feel this way

I often feel this way

**I feel as if nobody really understands me \***

I never feel this way

I rarely feel this way

I sometimes feel this way

I often feel this way

**I am unable to reach out and communicate with those around me \***

I never feel this way

I rarely feel this way

I sometimes feel this way

I often feel this way

**I feel isolated from others \***

I never feel this way

I rarely feel this way

I sometimes feel this way

I often feel this way

**My interest and ideas are not shared by those around me \***

I never feel this way

I rarely feel this way

I sometimes feel this way

I often feel this way

**Complete**

## About how you feel

Consider how you feel now. For each of the statements, please indicate the extent to which they apply to your situation.

**There are many people I can trust completely \***

None of the time

Rarely

Some of the time

Often

All of the time

**I miss the pleasure of the company of others \***

None of the time

Rarely

Some of the time

Often

All of the time

**I miss having people around me \***

None of the time

Rarely

Some of the time

Often

All of the time

**I find my circle of friends and acquaintances too limited \***

None of the time

Rarely

Some of the time

Often

All of the time

**I experience a general sense of emptiness \***

None of the time

Rarely

Some of the time

Often

All of the time

**There are enough people I feel close to \***

None of the time

Rarely

Some of the time

Often

All of the time

**I can call on my friends whenever I need them \***

None of the time

Rarely

Some of the time

Often

All of the time

**There is always someone I can talk to about my day-to-day problems \***

None of the time

Rarely

Some of the time

Often

All of the time

**I miss having a really close friend \***

None of the time

Rarely

Some of the time

Often

All of the time

**There are plenty of people I can lean on when I have problems \***

None of the time

Rarely

Some of the time

Often

All of the time

**I often feel rejected \***

None of the time

Rarely

Some of the time

Often

All of the time

Complete