

# 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/Counselling (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