Q1 . Is it for the first time you are having low mood related problems ?

Yes . I had similar problems in past

No. First time

Q2. Has there been a time for more than a week when you were more energetic, more happy or angry, more talkative or more confident than usual in the past

Yes .

No.

Q3 have you ever felt you are being followed , or people are plotting against you or talking foul about you

Yes.

NO

Q4 . Do you ever hear voices which no one else does hear

Yes

No

Q5

(a) Do you take any substance like alcohol, cannabis, cigarette , heroine etc

Yes

No

If yes

(b) do you get intense desire to take the said substance when you don’t take it or you get some problems when you stop it or cant limit the amount taken when you try to reduce it

Yes

No

Q6. Do you wash your hands often and more than usual, or keep checking doors, handles etc repeatedly

Yes

No

Q7 Do you have unwanted , unintentional thoughts which you try to stop but they don’t go

Yes

No

Q8 Do you have sudden severe attacks of anxiety in which you feel you are likely to die or go crazy

Yes

No

Q9. Do you get anxious in situations like in crowd or at places from where you can not get out

Yes

NO