

CIS- R

A Somatic symptoms

A1 Have you had any sort of ache or pain in the past month?	
[1] Yes	
[2] No	A2 During the past month have you been troubled by any sort of discomfort, for example, headache or indigestion? [1] Yes [2] No, Go to section B

A3 Was this ache or pain/discomfort brought on or made worse because you were feeling low, anxious or stressed?	
If informant has more than one pain/discomfort, refer to ANY of them	
[1] Yes	[2] No, GO TO SECTION B
A4 In the past seven days, including last (DAY OF WEEK), on how many days have you noticed the ache or pain/discomfort?	
[1] 4 days or more [2] 1 to 3 days [3] None, GO TO SECTION B	
A5 In total, did the ache or pain/discomfort last for more than 3 hours on any day in the past week/on that day?	
[1] Yes	[2] No
A6 In the past week, has the ache or pain/discomfort been RUNNING PROMPT	
[1] muito desagradável [2] um pouco desagradável [3] ou No foi desagradável?	
A7 Has the ache or pain/discomfort bothered you when you were doing something interesting in the past week?	
[1] Yes	[2] No/ has not done anything interesting
A8 How long have you been feeling this ache or pain/discomfort as you have just described? SHOW CARD	
[1] Less than 2 weeks [2] 2 weeks but less than 6 months [3] 6 months but less than 1 year [4] 1 year but less than 2 years [5] 2 years or more	

B Fatigue

B1 Have you noticed that you've been getting tired in the past month?	
[1] Yes	
[2] No	B2 During the past month, have you felt you've been lacking in energy? [1] Yes [2] No, GO TO SECTION C

B3 Do you know why you have been feeling tired/lacking in energy?	
[2] No	
[1] Yes	(a) What is the main reason? Can you choose from this card? SHOW CARD [1] Problems with sleep [2] Medication [3] Physical illness [4] Working too hard (inc. housework, looking after baby) [5] Stress, worry or other psychological reason [6] Physical exercise, GO TO SECTION C [7] Other
B4 In the past seven days, including last (DAY OF WEEK) on how many days have you felt tired/lacking in energy?	
[1] 4 days or more [2] 1a 3 dias [3] None, GO TO SECTION C	
B5 Have you felt tired/lacking in energy for more than 3 hours in total on any day in the past week?	
Exclude time spent sleeping	
[1] Yes [2] No	
B6 Have you felt so tired/lacking in energy that you've had to push yourself to get things done during the past week?	
[1] Yes, on at least one occasion [2] No	
B7 Have you felt tired/lacking in energy when doing things that you enjoy during the past week?	
[1] Yes , at least once, GO TO B9 [2] No [3] Spontaneous , Does not enjoy anything	
B8 Have you in the past week felt tired/lacking in energy when doing things that you used to enjoy?	
[1] Yes [2] No	
B9 How long have you been feeling tired/lacking in energy in the way you have just described? SHOW CARD	
[1] Less than 2 weeks [2] 2 weeks but less than 6 months [3] 6 months but less than 1 year [4] 1 year but less than 2 years [5] 2 years or more	

C Concentration and forgetfulness

C1 In the past month, have you had any problems in concentrating on what you are doing?
[1] Yes, problems concentrating [2] No
C2 Have you noticed any problems with forgetting things in the past month?
[1] Yes [2] No

Se C1 e C2 = NO, PULE para a seção D
C4 Since last (DAY OF WEEK), on how many days have you noticed problems with your concentration/memory?
[1] 4 days or more [2] 1 to 3 days [3] None, GO TO SECTION D
SE C1 = YES In the past week could you concentrate on a TV programme, read a newspaper article or talk to someone without your mind wandering?
[2] Yes [1] No/ not always
SE C1 = YES C6 In the past week, have these problems with your concentration actually stopped you from getting on with things you used to do or would like to do?
[1] Yes [2] No
SE C2 = YES (Earlier you said you have been forgetting things.) Have you forgotten anything important in the past seven days?
[1] Yes [2] No
C8 How long have you been having the problems with your concentration/memory as you have described? SHOW CARD
[1] Less than 2 weeks [2] 2 weeks but less than 6 months [3] 6 months but less than 1 year [4] 1 year but less than 2 years [5] 2 years or more

D Sleep problems

D1 In the past month, have you been having problems with trying to get to sleep or with getting back to sleep if you woke up or were woken up?

[1] Yes

[2] No

D2 Has sleeping more than you usually do been a problem for you in the past month?

[1] Yes

[2] No, **GO TO SECTION E**

D3 On how many of the past seven nights did you have problems with your sleep?

[1] 4 nights or more

[2] 1 to 3 nights

[3] None, **GO TO SECTION E**

D4 Do you know why you are having problems with your sleep?

[1] Yes

(a) Can you look at this card and tell me the **main** reason for these problems?

SHOW CARD

[1] Noise

[2] Shift work/too busy to sleep

[3] Illness/discomfort

[4] Worry/thinking

[5] Needing to go to the toilet

[6] Having to do something (e.g. look after baby)

[7] Tired

[8] Medication

[9] Other

[2] No

Se D1 = YES

Thinking about the night you had the least sleep in the past week, how long did you spend **trying** to get to sleep? (If you woke up or were woken up I want you to allow a quarter of an hour to get back to sleep).

Only include time spent trying to get to sleep.

[3] Less than 1/4 hr, **GO TO SECTION E**

[1] At least 1/4 hr but less than 1 hr

[2] At least 1 hr but less than 3 hrs

[2] 3 hrs or more

D6 In the past week, on how many nights did you spend 3 or more hours trying to get to sleep?

[1] 4 nights or more

[2] 1 to 3 nights

[3] None

D7 Do you wake more than two hours earlier than you need to and then find you can't get back to sleep?

[1] Yes, **GO TO D10**

[2] No, **GO TO D10**

Se D2 = YES

Thinking about the night you slept the longest in the past week, how much longer did you sleep compared with how long you normally sleep for?

[3] Less than 1/4 hr, **GO TO SECTION E**

[1] At least 1/4 hr but less than 1 hr	
[2] At least 1 hr but less than 3 hrs	
[2] 3 hrs or more	D9 In the past week, on how many nights did you sleep for more than 3 hours longer than you usually do? [1] 4 nights or more [2] 1 to 3 nights [3] None
D10 How long have you had these problems with your sleep as you have described? SHOW CARD	
[1] Less than 2 weeks [2] 2 weeks but less than 6 months [3] 6 months but less than 1 year [4] 1 year but less than 2 years [5] 2 years or more	

E Irritability

E1 Many people become irritable or short tempered at times, though they may not show it. Have you felt irritable or short tempered with those around you in the past month?	
[1] Yes/no more than usual	
[2] No	E2 During the past month did you get short tempered or angry over things which now seem trivial when you look back on them? [1] Yes [2] No, GO TO SECTION F

E3 Since last (DAY OF WEEK), on how many days have you felt irritable or short tempered/angry?		
[1] 4 days or more [2] 1 to 3 days [3] None, GO TO SECTION G		
E4 What sort of things made you irritable or short tempered/angry in the past week?		
R:		
E5 In total, have you felt irritable or short tempered/angry for more than one hour (on any day in the past week)?		
[1] Yes [2] No		
E6 During the past week, have you felt so irritable or short tempered/angry that you have wanted to shout at someone, even if you haven't actually shouted?		
[1] Yes [2] No		
E7 In the past seven days, have you had arguments, rows or quarrels or lost your temper with anyone?		
[1] Yes	(a) Did this happen once or more than once (in the past week)?	
	[1] Once	E8 Do you think this was justified? [2] Yes, justified [1] No, not justified
	[0] More than once	E9 Do you think this was justified on every occasion? [2] Yes [2] No, at least one was unjustified
[2] No		
E10 How long have you been feeling irritable or short tempered/angry as you have described ? SHOW CARD		
[1] Less than 2 weeks [2] 2 weeks but less than 6 months [3] 6 months but less than 1 year [4] 1 year but less than 2 years [5] 2 years or more		

F Worry about physical health

F1 Many people get concerned about their physical health. In the past month, have you been at all worried about your physical health?

Include women who are worried about their pregnancy

[1] Yes, worried

[2] No/concerned

During the past month, did you find yourself worrying that you might have a serious physical illness?

[1] Yes

[2] No, **GO TO SECTION G**

F3 Thinking about the past seven days, including last (DAY OF WEEK), on how many days have you found yourself worrying about your physical health/that you might have a serious physical illness?

[1] 4 days or more

[2] 1 to 3 days

[3] None, **GO TO SECTION G**

F4 In your opinion, have you been worrying too much in view of your actual health?

[1] Yes

[2] No

F5 In the past week, has this worrying been
RUNNING PROMPT

[1] very unpleasant

[2] a little unpleasant

[3] or not unpleasant?

F6 In the past week, have you been able to take your mind off your health worries at least once, by doing something else?

[2] Yes

[1] No, could not be distracted once

F7 How long have you been worrying about your physical health in the way you have described?
SHOW CARD

[1] Less than 2 weeks

[2] 2 weeks but less than 6 months

[3] 6 months but less than 1 year

[4] 1 year but less than 2 years

[5] 2 years or more

G Depression

G1 Almost everyone becomes sad, miserable or depressed at times.

Have you had a spell of feeling sad, miserable or depressed in the past month?

[1] Yes

G4 In the past **week** have you had a spell of feeling sad, miserable or depressed? **Use informant's own words if possible**

[1] Yes

[2] No

[2] No

G2 During the past month, have you been able to enjoy or take an interest in things as much as you usually do?

[1] Yes

[2] No/no enjoyment or interest

G5 - In the past **week** have you been able to enjoy or take an interest in things as much as usual?

Use informant's own words if possible

[2] Yes

[1] No/no enjoyment or interest

Se G1 = NO e G2 = YES, GO TO SECTION I

Se G4 = NO e G5 = YES, GO TO SECTION I

Since last (DAY OF WEEK) on how many days have you felt sad, miserable or depressed/unable to enjoy or take an interest in things?

[1] 4 days or more

[2] 1 to 3 days

[3] None

G7 Have you felt sad, miserable or depressed/unable to enjoy or take an interest in things for more than 3 hours in total (on any day in the past week)?

[1] Yes

[2] No

G8 (a) What sorts of things made you feel sad, miserable or depressed/unable to enjoy or take an interest in things in the past week? Can you choose from this card?

What was the main thing? **Ring code in column (b)**

SHOW CARD

	(a) Code all that apply	(b) Code one only
Members of the family	[01]	[01]
Relationship with spouse/partner	[02]	[02]
Relationships with friends	[03]	[03]
Housing	[04]	[04]
Money/bills	[05]	[05]
Own physical health (inc. pregnancy)	[06]	[06]

Own mental health	[07]	[07]
Work or lack of work (inc. student)	[08]	[08]
Legal difficulties	[09]	[09]
Political issues/the news	[10]	[10]
Other	[11]	[11]
Don't know/no main thing	[99]	[99]
G9 In the past week when you felt sad, miserable or depressed/unable to enjoy or take an interest in things, did you ever become happier when something nice happened, or when you were in company?		
[2] Yes, at least once [1] No		
G10 How long have you been feeling sad, miserable or depressed/unable to enjoy or take an interest in things as you have described? Show card		
[1] Less than 2 weeks [2] 2 weeks but less than 6 months [3] 6 months but less than 1 year [4] 1 year but less than 2 years [5] 2 years or more		

H Depressive Ideas

Informants who scored 1 or more at section G, Depression, GO TO SECTION I
I would now like to ask you about when you have been feeling sad, miserable or depressed/unable to enjoy or take an interest in things. In the past week, was this worse in the morning or in the evening, or did this make no difference? Prompt as necessary
[1] in the morning [2] in the evening [3] no difference/other
H2 Many people find that feeling sad, miserable or depressed/unable to enjoy or take an interest in things can affect their interest in sex. Over the past month, do you think your interest in sex has : RUNNING PROMPT
[1] increased [2] decreased [3] or has it stayed the same? [4] Spontaneous Not applicable
H3 When you have felt sad, miserable or depressed/unable to enjoy or take an interest in things in the past seven days, a...have you been so restless that you couldn't sit still?
[1] Yes [2] No
H3b – have you been doing things more slowly, for example, walking more slowly?
[1] Yes [2] No
H3c - have you been less talkative than normal?
[1] Yes [2] No
H4 Now, thinking about the past seven days have you on at least one occasion felt guilty or blamed yourself when things went wrong when it hasn't been your fault?
[1] Yes, at least once [2] No
H5 During the past week, have you been feeling you are not as good as other people?
[1] Yes [2] No
H6 Have you felt hopeless at all during the past seven days, for instance about your future?
[1] Yes [2] No
H7 – Interviewer check : Se H4 = No e H5 = No e H6 = No, GO TO SECTION I Se H4 = Yes ou H5 = Yes ou H6 = Yes
H8 – In the past week have you felt that life isn't worth living?
[1] Yes [2] Spontaneous : Yes, but not in the past week [3] No, GO TO H10
H9 In the past week, have you thought of killing yourself?
[1] Yes [2] Spontaneous : Yes, but not in the past week [3] No, GO TO H10

(a) Have you talked to your doctor about these thoughts (of killing yourself)? [1] Yes	
[2] Spontaneous: No, but has talked to other people [3] No	(b) (You have said that you are thinking about committing suicide.) Since this is a very serious matter it is important that you talk to your doctor about these thoughts.
READ H10 (Thank you for answering those questions on how you have been feeling. I would now like to ask you a few questions about worrying.)	

I Worry

I 1 (The next few questions are about worrying.)

In the past month, did you find yourself worrying more than you needed to about things?

[1] Yes, worrying

[2] No/concerned

I 2 Have you had any worries at all in the past month?

[1] Yes

[2] No, **GO TO SECTION J**

I 3 (a) Can you look at this card and tell me what sorts of things you worried about in the past month?

(b) What was the main thing you worried about?

	(a) Code all that apply	(b) Code one only
Members of the family	[01]	[01]
Relationship with spouse/partner	[02]	[02]
Relationships with friends	[03]	[03]
Housing	[04]	[04]
Money/bills	[05]	[05]
Own physical health (inc. pregnancy) GO TO SECTION J	[06]	[06]
Own mental health	[07]	[07]
Work or lack of work (inc. student)	[08]	[08]
Legal difficulties	[09]	[09]
Political issues/the news	[10]	[10]
Other	[11]	[11]
Don't know/no main thing	[99]	[99]

For the next few questions, I want you to think about the worries you have had **other** than those about your physical health.

I 6 On how many of the past seven days have you been worrying about things (other than your physical health)?

[1] 4 days or more

[2] 1 to 3 days

[3] None, **PULE P. SEÇÃO J**

I 7 In your opinion, have you been worrying too much in view of your circumstances?

Refer to worries other than those about physical health

[1] Yes

[2] No

I 8 In the past week, has this worrying been: **RUNNING PROMPT**

Refer to worries other than those about physical health

[1] very unpleasant

[2] a little unpleasant

[3] or not unpleasant?

I 9 Have you worried for more than 3 hours in total on any one of the past seven days?

Refer to worries other than those about physical health

[1] Yes [2] No

I 10 How long have you been worrying about things in the way that you have described?
SHOW CARD

- [1] Less than 2 weeks
- [2] 2 weeks but less than 6 months
- [3] 6 months but less than 1 year
- [4] 1 year but less than 2 years
- [5] 2 years or more

J Anxiety

J1 Have you been feeling anxious or nervous in the past month?	
[1] Yes, anxious or nervous	
[2] No	J2 In the past month, did you ever find your muscles felt tense or that you couldn't relax?
	[1] Yes [2] No
J3 Some people have phobias; they get nervous or uncomfortable about specific things or situations when there is no real danger. For instance they may get nervous when speaking or eating in front of strangers, when they are far from home or in crowded rooms, or they may have a fear of heights. Others become nervous at the sight of things like blood or spiders.	
In the past month have you felt anxious, nervous or tense about any specific things or situations when there was no real danger?	
[1] Yes	[2] No

J4 – Interviewer check: Se J1 = YES ou J2 = YES e J3 = YES, go to J5 Se J1 = YES ou J2 = YES e J3 =NO go to J6 Se J1 = NO e J3 = NO, GO TO SECTION K	
J5 In the past month, when you felt anxious/nervous/tense, was this always brought on by the phobia about some specific situation or thing or did you sometimes feel generally anxious/nervous/tense?	
[1] Always brought on by phobia, GO TO SECTION K [2] Sometimes felt generally anxious	
J6 The next questions are concerned with general anxiety/nervousness/tension only . I will ask you about the anxiety which is brought on by the phobia about specific things or situations later.	
On how many of the past seven days have you felt generally anxious/nervous/tense?	
[1] 4 days or more [2] 1 to 3 days [3] None, GO TO SECTION K	
J8 In the past week, has your anxiety/nervousness/tension been: RUNNING PROMPT	
[1] very unpleasant [2] a little unpleasant [3] or not unpleasant?	
J9 In the past week, when you've been anxious/nervous/tense, have you had any of the symptoms shown on this card? SHOW CARD	
[1] Yes	(a) Which of these symptoms did you have when you felt anxious/nervous/tense? Code all that apply [1] Heart racing or pounding [2] Hands sweating or shaking [3] Feeling dizzy tontura [4] Difficulty getting your breath [5] Butterflies in stomach [6] Dry mouth

	[7] Nausea or feeling as though you wanted to vomit
[2] No	
J10 Have you felt anxious/nervous/tense for more than 3 hours in total on any one of the past seven days?	
[1] Yes [2] No	
J11 How long have you had these feelings of general anxiety/nervousness/tension as you described? SHOW CARD	
[1] Less than 2 weeks [2] 2 weeks but less than 6 months [3] 6 months but less than 1 year [4] 1 year but less than 2 years [5] 2 years or more	

CIS-R - SEÇÃO K – FOBIAS

Se J3 =No

K2 Sometimes people avoid a specific situation or thing because they have a phobia about it. For instance, some people avoid eating in public or avoid going to busy places because it would make them feel nervous or anxious.

In the past month, have you avoided any situation or thing because it would have made you feel nervous or anxious, even though there was no real danger?

[1] Yes

[2] No, **GO TO SECTION L**

Se J3 = YES

K3(a) Can you look at this card and tell me which of the situations or things listed made you the **most** anxious/nervous/tense in the past month? **SHOW CARD**

K2 = Yes

(b) Can you look at this card and tell me, which of these situations or things did you avoid the most in the past month? **SHOW CARD**

[1] Crowds or public places, including travelling alone or being far from home

[2] Enclosed spaces

[3] Social situations, including eating or speaking in public, being watched or stared at

[4] The sight of blood or injury

[5] Any specific single cause including insects, spiders and heights

[6] Other **(specify)**: _____

K4 - In the past seven days, how many times have you **felt** nervous or anxious about (SITUATION/THING)?

[1] 4 times or more

[2] 1 a 3 times

[3] None, **PULAR P. K6**

K5 In the past week, on those occasions when you felt anxious/nervous/tense did you have any of the symptoms on this card?

SHOW CARD

[1] Yes

(a) Which of these symptoms did you have when you felt anxious/nervous/tense?

Code all that apply

[1] Heart racing or pounding

[2] Hands sweating or shaking

[3] Feeling dizzy tontura

[4] Difficulty getting your breath

[5] Butterflies in stomach

[6] Dry mouth

[7] Nausea or feeling as though you wanted to vomit

[2] No

K6 In the past week, have you **avoided** any situation or thing because it would have made you feel

anxious/nervous/tense even though there was no real danger?	
[1] Yes	K7 How many times have you avoided such situations or things in the past seven days? [1] 1 a 3 times [2] 4 times or more [3] None
[2] No	
K8 How long have you been having these feelings about these situations/things as you have just described? SHOW CARD	
[1] Less than 2 weeks [2] 2 weeks but less than 6 months [3] 6 months but less than 1 year [4] 1 year but less than 2 years [5] 2 years or more	

L Panic

Informants who felt anxious in the past month

Thinking about the past month, did your anxiety or tension ever get so bad that you got in a panic, for instance make you feel that you might collapse or lose control unless you did something about it?
[1] Yes [2] No, GO TO SECTION M
L2 How often has this happened in the past week?
[1] Once [2] More than once [3] Not at all, GO TO SECTION M
L3 In the past week, have these feelings of panic been: RUNNING PROMPT
[2] a little uncomfortable or unpleasant [1] or have they been very unpleasant or unbearable?
L4 Did this panic/the worst of these panics last for longer than 10 minutes?
[1] Yes [2] No
L5 Are you relatively free of anxiety between these panics?
[1] Yes [2] No
L6 – Is this panic always brought on by (SITUATION/THING)? Refer to situation/thing at K3.
[1] Yes [2] No
L7 How long have you been having these feelings of panic as you have described? SHOW CARD
[1] Less than 2 weeks [2] 2 weeks but less than 6 months [3] 6 months but less than 1 year [4] 1 year but less than 2 years [5] 2 years or more

M Compulsions

M1 In the past month, did you find that you kept on doing things over and over again when you knew you had already done them, for instance checking things like taps or washing yourself when you had already done so?

[1] Yes

[2] No, **GO TO SECTION N**

M2 On how many days in the past week did you find yourself doing things over again that you had already done?

[1] 4 days or more

[2] 1 to 3 days

[3] None , **GO TO SECTION N**

M3 Since last (DAY OF WEEK) what sorts of things have you done over and over again?

R:

M4 During the past week, have you tried to stop yourself repeating (BEHAVIOUR)/doing any of these things over again?

[1] Yes

[2] No

M5 Has repeating (BEHAVIOUR)/doing any of these things over again made you upset or annoyed with yourself in the past week?

[1] Yes, upset or annoyed

[2] No, not at all

M6 If more than one thing is repeated at M3

Thinking about the past week, which of the things you mentioned did you repeat the **most** times?

M7 Since last (DAY OF WEEK), how many times did you repeat (BEHAVIOUR) when you had already done it?

Refer to BEHAVIOUR at M6, if applicable

[1] 3 or more repeats

[2] 2 repeats

[3] 1 repeat

M8 How long have you been repeating (BEHAVIOUR)/any of the things you mentioned in the way which you have described?

SHOW CARD

[1] Less than 2 weeks

[2] 2 weeks but less than 6 months

[3] 6 months but less than 1 year

[4] 1 year but less than 2 years

[5] 2 years or more

N Obsessions

N1 In the past month did you have any thoughts or ideas over and over again that you found unpleasant and would prefer not to think about, that still kept on coming into your mind?

[1] Yes

[2] No, **GO TO SECTION O**

N2 Can I check, is this the **same** thought or idea over and over again or are you worrying about something in general?

[1] Same thought

[2] Worrying in general, **GO TO SECTION O**

N3 What are these unpleasant thoughts or ideas that keep coming into your mind?

Do not probe Do not press for answer

R:

N4 Since last (DAY OF WEEK), on how many days have you had these unpleasant thoughts?

[1] 4 days or more

[2] 1 to 3 days

[3] None , **GO TO SECTION O**

N5 During the past week, have you tried to stop yourself thinking any of these thoughts?

[1] Yes

[2] No

N6 Have you become upset or annoyed with yourself when you have had these thoughts in the past week?

[1] Yes, upset or annoyed

[2] No

N7 In the past week, was the longest episode of having such thoughts :

RUNNING PROMPT

[1] a quarter of an hour or longer

[2] or was it less than this?

N8 How long have you been having these thoughts in the way which you have just described?

SHOW CARD

[1] Less than 2 weeks

[2] 2 weeks but less than 6 months

[3] 6 months but less than 1 year

[4] 1 year but less than 2 years

[5] 2 years or more

O Overall effects

Informants who scored 2 or more on any section, A to N.

Now I would like to ask you how all of these things that you have told me about have affected you overall.

In the past week, has the way you have been feeling ever actually **stopped** you from getting on with things you used to do or would like to do?

[1] Yes	<p>(a) In the past week, has the way you have been feeling stopped you doing things once or more than once?</p> <p>[1] Once</p> <p>[2] More than once</p>
[2] No	<p>(b) Has the way you have been feeling made things more difficult even though you have got everything done?</p> <p>[1] Yes</p> <p>[2] No</p>