

Name: _____
 Date: _____
 Assessor: _____

v7 12-04-2019

Diagnostic Assessment Research Tool (DART) Questionnaire

Please answer each item below. When selecting your response, please note the time frame asked in each question (e.g. currently versus ever).

- | | | |
|-----|--|-----------|
| 1a. | Have you <u>ever</u> been bothered by significant low and depressed mood that persisted for most of the day, nearly every day, for at <i>least 2 weeks</i> in a row? | Yes No |
| 1b. | Have you <u>ever</u> noticed a sharp decline in your enjoyment of, or interest in, activities that persisted for most of the day, nearly every day, for at <i>least 2 weeks</i> in a row? | Yes No |
| 1c. | Over the <u>past 2 years</u> , have you been bothered by significant low mood that persisted for most of the day, more days than not? | Yes No |
| 2. | Have you <u>ever</u> had a panic attack, where you experienced an abrupt rush of physical symptoms or extreme fear that reached a peak within minutes? | Yes No |
| 3. | Do you <u>currently</u> fear or avoid any situations because you might not be able to escape or get help if you were to have panic, incapacitating, or embarrassing symptoms? | Yes No |
| 4. | <u>Currently</u> , are you excessively anxious and worried about multiple areas of your life (e.g., work, school, relationships, health)? | Yes No |
| 5. | Do you <u>currently</u> experience a lot of anxiety or fear in social situations (e.g., going to parties, talking on the phone, participating in meetings)? | Yes No |
| 6. | Do you <u>currently</u> have any excessive fears or phobias (e.g., dogs, heights, flying, vomiting) that bother you or cause a lot of distress or interference in your life on a regular basis? | Yes No |
| 7a. | Do you <u>currently</u> have frequent, repetitive thoughts, urges, or images that are unwanted or intrusive and cause you significant anxiety or distress (e.g., doubts about whether you've done things properly, thoughts about being dirty or contaminated, or unwanted disturbing images or thoughts)? | Yes No |
| 7b. | Do you <u>currently</u> engage in any repetitive behaviours (e.g., checking, cleaning) or mental rituals (e.g., repeating phrases) that you can't resist doing and that are in response to upsetting thoughts or because of rules that you must follow? | Yes No |
| 8a. | At <u>any time in your life</u> , have you been exposed to or experienced a traumatic event such as sexual or physical assault or abuse, a serious accident, natural disaster, war, or learning that someone that you're close to has experienced one of these events? | Yes No |
| 8b. | IF YES: In the <u>past month</u> , have you repeatedly re-experienced this event in the form of upsetting memories or dreams, feeling or acting as though the event is happening again, or becoming emotionally or physically upset when reminded of the event? | Yes No |

- 9a. Has there ever been a period of time when you were consuming alcohol excessively and your drinking caused you problems or was upsetting for you? Yes No
- 9b. IF YES: Please specify your period of problematic drinking:
☐ Current (in the past year)
☐ Past (Over 1 year ago)
- 10a. Has there ever been a period of time when you were using recreational drugs or medication to get high or to change how you were feeling and your use of drugs caused you problems or was upsetting for you? Yes No
- 10b. IF YES: Please specify your period of substance use:
☐ Current (in the past year)
☐ Past (over 1 year ago)
11. Currently, are you excessively preoccupied with having or developing a serious illness to the point that it causes you a lot of distress or interference in your life (e.g., multiple visits to the doctor or fear to seek medical attention)? Yes No
12. Have you ever experienced abnormally elevated mood (e.g., feeling very high, hyper, excitable), or excessively irritable mood, that lasted most of the day, for several days? Yes No
13. In the past 6 months, have you been convinced that:
- a. People were spying on you, plotting against you, or going out of their way to harm or harass you? Yes No
- b. You were being sent special messages (e.g., from TV, songs that you've heard, things that you've read)? Yes No
- c. Someone else could read your mind or hear your thoughts, or have you felt that you could read another person's mind or hear their thoughts? Yes No
- d. You had special powers or that you could do things that most people could not do? Yes No
- e. You might be someone who is famous or powerful? Yes No
- f. There is something very wrong with your bodily functions or sensations, or the way your body looks? Yes No
- g. Someone of special importance was in love with you? Yes No
- h. Your partner was being unfaithful to you even though there was no evidence to suggest this? Yes No