

Baseline

Please complete the following surveys. Some questions may seem repeated but they are focused on slightly different domains. There are no right or wrong answers. Please answer them honestly. Thank you!

The questions below concern your demographic information

What is your Date of Birth?

What sex were you assigned at birth, on your original birth certificate?

- ☐ Male
- ☐ Female
- ☐ Prefer not to say

What is your current gender identity?

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Transgender Male
- ☐ Transgender Female
- ☐ Gender not listed here
- ☐ Prefer not to say

What is your marital status?

- ☐ Single
- ☐ Married
- ☐ In a relationship
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

Please specify your email (to receive your gift card/compensation).

Where did you hear about the study?

What race do you consider yourself to be? Please select all that apply.

- ☐ White
- ☐ Black/African American
- ☐ Asian
- ☐ Native American
- ☐ Alaska Native
- ☐ Pacific Islander
- ☐ Some other race
- ☐ Don't Know
- ☐ Prefer not to answer

Please specify.

- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian

Please specify.

- ☐ Native Hawaiian
- ☐ Guamanian
- ☐ Samoan
- ☐ Other Pacific Islander

Please specify other.

Do you consider yourself to be Hispanic or Latino? (Hispanic or Latino - A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino".)

- ☐ No
- ☐ Yes

What is your best estimate of your combined family income from all sources, before taxes, in the last calendar year?

- ☐ Less than \$10,000
- ☐ \$10,000 - \$19,999
- ☐ \$20,000 - \$39,999
- ☐ \$40,000 - \$59,999
- ☐ \$60,000 - \$99,999
- ☐ \$100,000+
- ☐ Don't know
- ☐ Prefer not to answer

What category best represents your total personal income, before taxes, from all sources?

- ☐ Less than \$10,000
- ☐ \$10,000 - \$19,999
- ☐ \$20,000 - \$39,999
- ☐ \$40,000 - \$59,999
- ☐ \$60,000 - \$99,999
- ☐ \$100,000+
- ☐ Don't know
- ☐ Prefer not to answer

We would like to know about what you do -- are you working now, looking for work, retired, keeping house, part time a student, or what?

- ☐ Unemployed not looking for work
- ☐ Unemployed looking for work
- ☐ Full-time employed
- ☐ Part-time employed
- ☐ Self-employed
- ☐ Retired
- ☐ Only temporarily laid off, sick leave or maternity leave
- ☐ Disabled, permanently or temporarily
- ☐ Keeping house
- ☐ Student
- ☐ Other

Please specify other.

Have you ever served in the military?

- ☐ No
- ☐ Yes

Which best describes the area in which you live?

- ☐ Large city
- ☐ Suburbs of a large city
- ☐ Small city
- ☐ Town or village
- ☐ Rural area

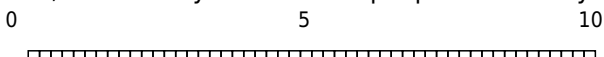
What is your country of residence?

Please enter your Zip code (of your current location).

What is the highest level of education that you have completed?

- ☐ Some grade school
- ☐ Some high school
- ☐ High school diploma or GED
- ☐ Some college or 2-year degree
- ☐ 4-year college graduate
- ☐ Some school beyond college
- ☐ Graduate or professional degree

Think of this ladder as representing where people stand in your state. At the right of the scale (10) are the people who are the best off - those who have the most money, the most education, and the most respected jobs. At the left of the scale (0) are the people who are the worst off - those who have the least money, least education, the least respected jobs, or no job. More right you are on this ladder, the closer you are to the people at the very top; more left you are, the closer you are to the people at the very bottom.



(Place a mark on the scale above)

How would you rate your overall physical health?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

The following is a list of common problems. Please indicate if you currently have the problem. If you do, you will be asked to indicate if you receive medications or some other type of treatment for the problem and if the problem limits any of your activities.

Do you have the problem?	No	Yes
Heart disease	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>
Lung disease	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>
Ulcer or stomach disease	<input type="radio"/>	<input type="radio"/>
Kidney disease	<input type="radio"/>	<input type="radio"/>
Liver disease	<input type="radio"/>	<input type="radio"/>
Anemia or other blood disease	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>
Seizure disorder (epilepsy)	<input type="radio"/>	<input type="radio"/>
Other neurological disease	<input type="radio"/>	<input type="radio"/>
Thyroid disease	<input type="radio"/>	<input type="radio"/>
Osteoarthritis, degenerative arthritis	<input type="radio"/>	<input type="radio"/>
Back pain	<input type="radio"/>	<input type="radio"/>
Rheumatoid arthritis	<input type="radio"/>	<input type="radio"/>

Please indicate other neurological diseases.

Do you receive treatment for it?

	No	Yes
Heart disease	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>
Lung disease	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>
Ulcer or stomach disease	<input type="radio"/>	<input type="radio"/>
Kidney disease	<input type="radio"/>	<input type="radio"/>
Liver disease	<input type="radio"/>	<input type="radio"/>
Anemia or other blood disease	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>
Seizure disorder (epilepsy)	<input type="radio"/>	<input type="radio"/>
Other neurological disease	<input type="radio"/>	<input type="radio"/>
Thyroid disease	<input type="radio"/>	<input type="radio"/>
Osteoarthritis, degenerative arthritis	<input type="radio"/>	<input type="radio"/>
Back pain	<input type="radio"/>	<input type="radio"/>
Rheumatoid arthritis	<input type="radio"/>	<input type="radio"/>

Does it limit your activities?

	No	Yes
Heart disease	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>
Lung disease	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>
Ulcer or stomach disease	<input type="radio"/>	<input type="radio"/>
Kidney disease	<input type="radio"/>	<input type="radio"/>
Liver disease	<input type="radio"/>	<input type="radio"/>
Anemia or other blood disease	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>
Seizure disorder (epilepsy)	<input type="radio"/>	<input type="radio"/>
Other neurological disease	<input type="radio"/>	<input type="radio"/>
Thyroid disease	<input type="radio"/>	<input type="radio"/>
Osteoarthritis, degenerative arthritis	<input type="radio"/>	<input type="radio"/>
Back pain	<input type="radio"/>	<input type="radio"/>
Rheumatoid arthritis	<input type="radio"/>	<input type="radio"/>

Comorbidity Load Score

How would you rate your overall Mental/Emotional health?

- ☐ Excellent
☐ Very Good
☐ Good
☐ Fair
☐ Poor

Have you ever been diagnosed with a psychiatric illness?

- ☐ No
- ☐ Yes
- ☐ Prefer not to say

How many times in your life have you experienced an episode of poor mental health?

0 29

(Place a mark on the scale above)

What age were you when you experienced your first episode of poor mental health?

I currently have a diagnosis of(Please select all that apply)

- ☐ Major Depressive Disorder
- ☐ Generalized Anxiety Disorder
- ☐ Panic Disorder
- ☐ Post-traumatic Stress Disorder
- ☐ Obsessive Compulsive Disorder
- ☐ Borderline Personality Disorder
- ☐ Schizophrenia
- ☐ Bipolar Disorder
- ☐ Substance Use Disorder
- ☐ Anorexia
- ☐ Bulimia
- ☐ Personality Disorder
- ☐ Attention Deficit Hyperactive Disorder
- ☐ Other
- ☐ None

Please specify other

Do you take any medication? Select all those that apply

- ☐ Stimulants (adderall, ritalin, methylphenidate, etc)
- ☐ Cognitive enhancers (donepezil, memantine, etc)
- ☐ Antiseizure medications (depakote, lamotrigine, etc)
- ☐ Antipsychotics (risperidone, olanzapine, etc)
- ☐ Antidepressants (fluoxetine, escitalopram, sertraline, etc)
- ☐ Antihistamines (benadryl, atarax, etc)
- ☐ Sedatives (gabapentin, baclofen, etc)
- ☐ Muscle relaxants (tizanidine, cyclobenaprine, etc)
- ☐ Other
- ☐ Not Sure
- ☐ None

Please specify other

Are you undergoing any psychological treatment? Select all those that apply

- ☐ Behavioural Therapy
- ☐ Cognitive Behavioral Therapy
- ☐ Counselling
- ☐ Cognitive Therapy
- ☐ Family Therapy
- ☐ Interpersonal Therapy
- ☐ Mindfulness
- ☐ Other
- ☐ Psychoanalytic
- ☐ Psychodynamic
- ☐ None
- ☐ Not sure

Please specify other

Would you like to be contacted for future studies? (You can opt out at any time)

- ☐ No
- ☐ Yes

In the PAST ONE WEEK:

On average what time did you go to bed on WEEKDAYS?

- ☐ Before 9 pm
- ☐ 9 pm-11 pm
- ☐ 11 pm-1 am
- ☐ After 1 am

On average, what time did you go to bed on WEEKENDS?

- ☐ Before 9 pm
- ☐ 9 pm-11 pm
- ☐ 11 pm-1 am
- ☐ After 1 am

On average, how many hours per night did you sleep on WEEKDAYS?

- ☐ < 6 hours
- ☐ 6-8 hours
- ☐ 8-10 hours
- ☐ > 10 hours

On average, how many hours per night did you sleep on WEEKENDS?

- ☐ < 6 hours
- ☐ 6-8 hours
- ☐ 8-10 hours
- ☐ > 10 hours

How many days per week did you exercise (e.g., increased heart rate, breathing for at least 30 minutes)?

- ☐ None
- ☐ 1-2 days
- ☐ 3-4 days
- ☐ 5-6 days
- ☐ Daily

How frequently did you use alcohol?

- ☐ Not at all
- ☐ Rarely
- ☐ Once a week
- ☐ Several times a week
- ☐ Once a day
- ☐ More than once a day

How frequently did you use vaping products?

- ☐ Not at all
- ☐ Rarely
- ☐ Once a week
- ☐ Several times a week
- ☐ Once a day
- ☐ More than once a day

How frequently did you use cigarettes or other tobacco products?

- ☐ Not at all
- ☐ Rarely
- ☐ Once a week
- ☐ Several times a week
- ☐ Once a day
- ☐ More than once a day

How frequently did you use marijuana/cannabis (e.g., joint, blunt, pipe, bong)?

- ☐ Not at all
- ☐ Rarely
- ☐ Once a week
- ☐ Several times a week
- ☐ Once a day
- ☐ More than once a day

How frequently did you use opiates, heroin, cocaine, crack, amphetamine, methamphetamine, hallucinogens or ecstasy?

- ☐ Not at all
- ☐ Rarely
- ☐ Once a week
- ☐ Several times a week
- ☐ Once a day
- ☐ More than once a day

This questionnaire is designed to measure your ability to experience pleasure in the last few days.

I would enjoy my favorite television or radio program.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Agree
- ☐ Definitely Agree

I would enjoy being with my family or close friends.

- ☐ Definitely Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

I would find pleasure in my hobbies and past-times.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Agree
- ☐ Definitely Agree

I would be able to enjoy my favorite meal.

- ☐ Definitely Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

I would enjoy a warm bath or refreshing shower.

- ☐ Definitely Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

I would find pleasure in the scent of flowers or the smell of a fresh sea breeze or freshly baked bread.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Agree
- ☐ Definitely Agree

I would enjoy seeing other people's smiling faces.

- ☐ Definitely Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

I would enjoy looking smart when I have made an effort with my appearance.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Agree
- ☐ Definitely Agree

I would enjoy reading a book, magazine, or newspaper.

- ☐ Definitely Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

I would enjoy a cup of tea or coffee or my favorite drink.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Agree
- ☐ Definitely Agree

I would find pleasure in small things, e.g. bright sunny day, a telephone call from a friend.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Agree
- ☐ Definitely Agree

I would be able to enjoy a beautiful landscape or view.

- ☐ Definitely Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

I would get pleasure from helping others.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Agree
- ☐ Definitely Agree

I would feel pleasure when I receive praise from other people.

- ☐ Definitely Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

The questions in this scale ask you about your feelings and thoughts DURING THE LAST MONTH. In each case, you will be asked to indicate HOW OFTEN you felt or thought a certain way.

In the last month, how often have you felt that you were unable to control the important things in your life?

- ☐ never
- ☐ almost never
- ☐ sometimes
- ☐ fairly often
- ☐ very often

In the last month, how often have you felt confident about your ability to handle your personal problems?

- ☐ never
- ☐ almost never
- ☐ sometimes
- ☐ fairly often
- ☐ very often

In the last month, how often have you felt that things were going your way?

- ☐ never
- ☐ almost never
- ☐ sometimes
- ☐ fairly often
- ☐ very often

In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

- ☐ never
- ☐ almost never
- ☐ sometimes
- ☐ fairly often
- ☐ very often

This scale consists of a number of words that describe different feelings and emotions. Indicate to what extent you GENERALLY feel this way, that is how you feel ON AVERAGE.

Interested

- ☐ Very Slightly or Not at All
☐ A Little
☐ Moderately
☐ Quite a Bit
☐ Extremely

Distressed

- ☐ Very Slightly or Not at All
☐ A Little
☐ Moderately
☐ Quite a Bit
☐ Extremely

Excited

- ☐ Very Slightly or Not at All
☐ A Little
☐ Moderately
☐ Quite a Bit
☐ Extremely

Upset

- ☐ Very Slightly or Not at All
☐ A Little
☐ Moderately
☐ Quite a Bit
☐ Extremely

Strong

- ☐ Very Slightly or Not at All
☐ A Little
☐ Moderately
☐ Quite a Bit
☐ Extremely

Guilty

- ☐ Very Slightly or Not at All
☐ A Little
☐ Moderately
☐ Quite a Bit
☐ Extremely

Scared

- ☐ Very Slightly or Not at All
☐ A Little
☐ Moderately
☐ Quite a Bit
☐ Extremely

Hostile

- ☐ Very Slightly or Not at All
- ☐ A Little
- ☐ Moderately
- ☐ Quite a Bit
- ☐ Extremely

Enthusiastic

- ☐ Very Slightly or Not at All
- ☐ A Little
- ☐ Moderately
- ☐ Quite a Bit
- ☐ Extremely

Proud

- ☐ Very Slightly or Not at All
- ☐ A Little
- ☐ Moderately
- ☐ Quite a Bit
- ☐ Extremely

Irritable

- ☐ Very Slightly or Not at All
- ☐ A Little
- ☐ Moderately
- ☐ Quite a Bit
- ☐ Extremely

Alert

- ☐ Very Slightly or Not at All
- ☐ A Little
- ☐ Moderately
- ☐ Quite a Bit
- ☐ Extremely

Ashamed

- ☐ Very Slightly or Not at All
- ☐ A Little
- ☐ Moderately
- ☐ Quite a Bit
- ☐ Extremely

Inspired

- ☐ Very Slightly or Not at All
- ☐ A Little
- ☐ Moderately
- ☐ Quite a Bit
- ☐ Extremely

Nervous

- ☐ Very Slightly or Not at All
 - ☐ A Little
 - ☐ Moderately
 - ☐ Quite a Bit
 - ☐ Extremely
-

Determined

- ☐ Very Slightly or Not at All
 - ☐ A Little
 - ☐ Moderately
 - ☐ Quite a Bit
 - ☐ Extremely
-

Attentive

- ☐ Very Slightly or Not at All
 - ☐ A Little
 - ☐ Moderately
 - ☐ Quite a Bit
 - ☐ Extremely
-

Jittery

- ☐ Very Slightly or Not at All
 - ☐ A Little
 - ☐ Moderately
 - ☐ Quite a Bit
 - ☐ Extremely
-

Active

- ☐ Very Slightly or Not at All
 - ☐ A Little
 - ☐ Moderately
 - ☐ Quite a Bit
 - ☐ Extremely
-

Afraid

- ☐ Very Slightly or Not at All
- ☐ A Little
- ☐ Moderately
- ☐ Quite a Bit
- ☐ Extremely

People differ in the ways they act and think in different situations. This is a test to measure some of the ways in which you act and think. Do not spend too much time on any statement. Answer quickly and honestly.

I plan tasks carefully.

- ☐ Rarely/Never
- ☐ Occasionally
- ☐ Often
- ☐ Almost Always/Always

I do things without thinking.

- ☐ Rarely/Never
- ☐ Occasionally
- ☐ Often
- ☐ Almost Always/Always

I make up my mind quickly.

- ☐ Rarely/Never
- ☐ Occasionally
- ☐ Often
- ☐ Almost Always/Always

I am happy-go-lucky.

- ☐ Rarely/Never
- ☐ Occasionally
- ☐ Often
- ☐ Almost Always/Always

I don't "pay attention".

- ☐ Rarely/Never
- ☐ Occasionally
- ☐ Often
- ☐ Almost Always/Always

I have "racing" thoughts.

- ☐ Rarely/Never
- ☐ Occasionally
- ☐ Often
- ☐ Almost Always/Always

I plan trips well ahead of time.

- ☐ Rarely/Never
- ☐ Occasionally
- ☐ Often
- ☐ Almost Always/Always

I am self-controlled.

- ☐ Rarely/Never
☐ Occasionally
☐ Often
☐ Almost Always/Always

I concentrate easily.

- ☐ Rarely/Never
☐ Occasionally
☐ Often
☐ Almost Always/Always

I save regularly.

- ☐ Rarely/Never
☐ Occasionally
☐ Often
☐ Almost Always/Always

I "squirm" at plays or lectures.

- ☐ Rarely/Never
☐ Occasionally
☐ Often
☐ Almost Always/Always

I am a careful thinker.

- ☐ Rarely/Never
☐ Occasionally
☐ Often
☐ Almost Always/Always

I plan for job security.

- ☐ Rarely/Never
☐ Occasionally
☐ Often
☐ Almost Always/Always

I say things without thinking.

- ☐ Rarely/Never
☐ Occasionally
☐ Often
☐ Almost Always/Always

I like to think about complex problems.

- ☐ Rarely/Never
☐ Occasionally
☐ Often
☐ Almost Always/Always

I change jobs.

- ☐ Rarely/Never
☐ Occasionally
☐ Often
☐ Almost Always/Always
-

I act "on impulse".

- ☐ Rarely/Never
☐ Occasionally
☐ Often
☐ Almost Always/Always
-

I get easily bored when solving thought problems.

- ☐ Rarely/Never
☐ Occasionally
☐ Often
☐ Almost Always/Always
-

I act on the spur of the moment.

- ☐ Rarely/Never
☐ Occasionally
☐ Often
☐ Almost Always/Always
-

I am a steady thinker.

- ☐ Rarely/Never
☐ Occasionally
☐ Often
☐ Almost Always/Always
-

I change residences.

- ☐ Rarely/Never
☐ Occasionally
☐ Often
☐ Almost Always/Always
-

I buy things on impulse.

- ☐ Rarely/Never
☐ Occasionally
☐ Often
☐ Almost Always/Always
-

I can only think about one problem at a time.

- ☐ Rarely/Never
☐ Occasionally
☐ Often
☐ Almost Always/Always

I change hobbies.

- ☐ Rarely/Never
- ☐ Occasionally
- ☐ Often
- ☐ Almost Always/Always

I spend or charge more than I earn.

- ☐ Rarely/Never
- ☐ Occasionally
- ☐ Often
- ☐ Almost Always/Always

I often have extraneous thoughts when thinking.

- ☐ Rarely/Never
- ☐ Occasionally
- ☐ Often
- ☐ Almost Always/Always

I am more interested in the present than the future.

- ☐ Rarely/Never
- ☐ Occasionally
- ☐ Often
- ☐ Almost Always/Always

I am restless at the theater or lectures.

- ☐ Rarely/Never
- ☐ Occasionally
- ☐ Often
- ☐ Almost Always/Always

I like puzzles.

- ☐ Rarely/Never
- ☐ Occasionally
- ☐ Often
- ☐ Almost Always/Always

I am future-oriented.

- ☐ Rarely/Never
- ☐ Occasionally
- ☐ Often
- ☐ Almost Always/Always

You will find below a list of things which people might do or think when they feel sad, low or in a depressed mood. Please indicate if you never, sometimes, often or always react in these ways when you feel sad or in a depressed mood. Please indicate what you generally do, not what you think you ought to do.

Think about how alone you feel.

- ☐ Never
☐ Sometimes
☐ Often
☐ Always

Think "I won't be able to do my job if I don't snap out of this".

- ☐ Never
☐ Sometimes
☐ Often
☐ Always

Think about your feelings of fatigue and achiness.

- ☐ Never
☐ Sometimes
☐ Often
☐ Always

Think about how hard it is to concentrate.

- ☐ Never
☐ Sometimes
☐ Often
☐ Always

Think "what am I doing to deserve this?"

- ☐ Never
☐ Sometimes
☐ Often
☐ Always

Think about how passive and unmotivated you feel.

- ☐ Never
☐ Sometimes
☐ Often
☐ Always

Analyse recent events to try to understand why you are depressed.

- ☐ Never
☐ Sometimes
☐ Often
☐ Always

Think about how you don't seem to feel anything anymore.

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

Think "why can't I get going?"

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

Think "why do I always react this way?"

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

Go away by yourself and think about why you feel this way.

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

Write down what you are thinking and analyse it.

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

Think about a recent situation wishing it had gone better.

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

Think "I won't be able to concentrate if I keep feeling this way"

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

Think "why do I have problems other people don't have?"

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

Think "why can't I handle things better?"

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

Think about how sad you feel.

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

Think about all your shortcomings, failings, faults and mistakes.

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

Think about how you don't feel up to doing anything.

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

Analyse your personality to try to understand your feelings.

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

Go somewhere alone to think about your feelings.

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

Think about how angry you are with yourself.

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

The following statements refer to experiences that many people have in their everyday lives. Select the option that best describes HOW MUCH that experience has DISTRESSED or BOTHERED you..

I have saved up so many things that they get in the way.

- ☐ Not at all
- ☐ A little
- ☐ Moderately
- ☐ A lot
- ☐ Extremely

I check things more often than necessary.

- ☐ Not at all
- ☐ A little
- ☐ Moderately
- ☐ A lot
- ☐ Extremely

I get upset if objects are not arranged properly.

- ☐ Not at all
- ☐ A little
- ☐ Moderately
- ☐ A lot
- ☐ Extremely

I feel compelled to count while I am doing things.

- ☐ Not at all
- ☐ A little
- ☐ Moderately
- ☐ A lot
- ☐ Extremely

I find it difficult to touch an object when I know it has been touched by strangers or certain people.

- ☐ Not at all
- ☐ A little
- ☐ Moderately
- ☐ A lot
- ☐ Extremely

I find it difficult to control my own thoughts.

- ☐ Not at all
- ☐ A little
- ☐ Moderately
- ☐ A lot
- ☐ Extremely

I collect things I don't need.

- ☐ Not at all
- ☐ A little
- ☐ Moderately
- ☐ A lot
- ☐ Extremely

I repeatedly check doors, windows, drawers, etc.

- ☐ Not at all
☐ A little
☐ Moderately
☐ A lot
☐ Extremely

I get upset if others change the way I have arranged things.

- ☐ Not at all
☐ A little
☐ Moderately
☐ A lot
☐ Extremely

I feel I have to repeat certain numbers.

- ☐ Not at all
☐ A little
☐ Moderately
☐ A lot
☐ Extremely

I sometimes have to wash or clean myself simply because I feel contaminated.

- ☐ Not at all
☐ A little
☐ Moderately
☐ A lot
☐ Extremely

I am upset by unpleasant thoughts that come into my mind against my will.

- ☐ Not at all
☐ A little
☐ Moderately
☐ A lot
☐ Extremely

I avoid throwing things away because I am afraid I might need them later.

- ☐ Not at all
☐ A little
☐ Moderately
☐ A lot
☐ Extremely

I repeatedly check gas and water taps and light switches after turning them off.

- ☐ Not at all
☐ A little
☐ Moderately
☐ A lot
☐ Extremely

I need things to be arranged in a particular order.

- ☐ Not at all
- ☐ A little
- ☐ Moderately
- ☐ A lot
- ☐ Extremely

I feel that there are good and bad numbers.

- ☐ Not at all
- ☐ A little
- ☐ Moderately
- ☐ A lot
- ☐ Extremely

I wash my hands more often and longer than necessary.

- ☐ Not at all
- ☐ A little
- ☐ Moderately
- ☐ A lot
- ☐ Extremely

I frequently get nasty thoughts and have difficulty in getting rid of them.

- ☐ Not at all
- ☐ A little
- ☐ Moderately
- ☐ A lot
- ☐ Extremely

Each statement below asks you to think about your life over the last 2 weeks. For each statement, select how appropriately it describes your life right now.

I feel sad or upset when I hear bad news.

- ☐ Completely untrue
- ☐ Mostly untrue
- ☐ Neither true nor untrue
- ☐ Quite true
- ☐ Completely true

I start conversations with random people.

- ☐ Completely untrue
- ☐ Mostly untrue
- ☐ Neither true nor untrue
- ☐ Quite true
- ☐ Completely true

I enjoy doing things with people I have just met.

- ☐ Completely untrue
- ☐ Mostly untrue
- ☐ Neither true nor untrue
- ☐ Quite true
- ☐ Completely true

I suggest activities for me and my friends to do.

- ☐ Completely untrue
- ☐ Mostly untrue
- ☐ Neither true nor untrue
- ☐ Quite true
- ☐ Completely true

I make decisions firmly and without hesitation.

- ☐ Completely untrue
- ☐ Mostly untrue
- ☐ Neither true nor untrue
- ☐ Quite true
- ☐ Completely true

After making a decision, I will wonder if I have made the wrong choice.

- ☐ Completely untrue
- ☐ Mostly untrue
- ☐ Neither true nor untrue
- ☐ Quite true
- ☐ Completely true

Based on the last two weeks, I would say I care deeply about how my loved ones think of me.

- ☐ Completely untrue
- ☐ Mostly untrue
- ☐ Neither true nor untrue
- ☐ Quite true
- ☐ Completely true

I go out with friends on a weekly basis.

- ☐ Completely untrue
- ☐ Mostly untrue
- ☐ Neither true nor untrue
- ☐ Quite true
- ☐ Completely true

When I decide to do something, I am able to make an effort easily.

- ☐ Completely untrue
- ☐ Mostly untrue
- ☐ Neither true nor untrue
- ☐ Quite true
- ☐ Completely true

I don't like to laze around.

- ☐ Completely untrue
- ☐ Mostly untrue
- ☐ Neither true nor untrue
- ☐ Quite true
- ☐ Completely true

I get things done when they need to be done, without requiring reminders from others.

- ☐ Completely untrue
- ☐ Mostly untrue
- ☐ Neither true nor untrue
- ☐ Quite true
- ☐ Completely true

When I decide to do something, I am motivated to see it through to the end.

- ☐ Completely untrue
- ☐ Mostly untrue
- ☐ Neither true nor untrue
- ☐ Quite true
- ☐ Completely true

I feel awful if I say something insensitive.

- ☐ Completely untrue
- ☐ Mostly untrue
- ☐ Neither true nor untrue
- ☐ Quite true
- ☐ Completely true

I start conversations without being prompted.

- ☐ Completely untrue
- ☐ Mostly untrue
- ☐ Neither true nor untrue
- ☐ Quite true
- ☐ Completely true

When I have something I need to do, I do it straightaway so it is out of the way.

- ☐ Completely untrue
- ☐ Mostly untrue
- ☐ Neither true nor untrue
- ☐ Quite true
- ☐ Completely true

I feel bad when I hear an acquaintance has an accident or illness.

- ☐ Completely untrue
- ☐ Mostly untrue
- ☐ Neither true nor untrue
- ☐ Quite true
- ☐ Completely true

I enjoy choosing what to do from a range of activities.

- ☐ Completely untrue
- ☐ Mostly untrue
- ☐ Neither true nor untrue
- ☐ Quite true
- ☐ Completely true

If I realize I have been unpleasant to someone, I will feel terribly guilty afterwards.

- ☐ Completely untrue
- ☐ Mostly untrue
- ☐ Neither true nor untrue
- ☐ Quite true
- ☐ Completely true

All of the questions below pertain to alcohol use. For each question below please choose the best answer that describes your habits

How often do you have a drink containing alcohol?

- ☐ Never
- ☐ Monthly or less
- ☐ 2 to 4 times a month
- ☐ 2 to 3 times a week
- ☐ 4 or more times a week

How many drinks containing alcohol do you have on a typical day when you are drinking?

- ☐ 1 or 2
- ☐ 3 or 4
- ☐ 5 or 6
- ☐ 7 to 9
- ☐ 10 or more
- ☐ Not applicable

How often do you have 5 or more drinks on one occasion?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily

How often during the last year have you found that you were not able to stop drinking once you started?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily

How often during the last year have you failed to do what was normally expected of you because of drinking?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily

How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily

How often during the last year have you had a feeling of guilt or remorse after drinking?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily

How often during the last year have you been unable to remember what happened the night before because of drinking?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily

Have you or someone else been injured because of your drinking?

- ☐ No
- ☐ Yes, but not in the last year
- ☐ Yes during the last year

Has a relative friend, doctor or other health care worker been concerned about your drinking or suggested you cut down?

- ☐ No
- ☐ Yes, but not in the last year
- ☐ Yes during the last year

"Drug use" refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs. The classes of drugs include cannabis, solvents, tranquilizers, barbiturates, cocaine, stimulants, hallucinogens or narcotics. NOT ALCOHOL. Answer these questions as it pertains to the LAST 12 MONTHS.

Have you used drugs other than those required for medical reasons?

- ☐ No
☐ Yes

Do you use more than one drug at a time?

- ☐ No
☐ Yes
☐ Not applicable

Are you always able to stop using drugs when you want to?

- ☐ No
☐ Yes
☐ Not applicable

Have you had "blackouts" or "flashbacks" as a result of drug use?

- ☐ No
☐ Yes
☐ Not applicable

Do you ever feel bad or guilty about your drug use?

- ☐ No
☐ Yes
☐ Not applicable

Does your partner (or parents) ever complain about your involvement with drugs?

- ☐ No
☐ Yes
☐ Not applicable

Have you ever neglected your family because of your use of drugs?

- ☐ No
☐ Yes
☐ Not applicable

Have you engaged in illegal activities in order to obtain drugs?

- ☐ No
☐ Yes
☐ Not applicable

Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?

- ☐ No
☐ Yes
☐ Not applicable

Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?

- ☐ No
- ☐ Yes
- ☐ Not applicable

The questions below ask about things that might have bothered you. For each question, pick the answer that best describes how much (or how often) you have been bothered by each problem during the PAST TWO (2) WEEKS.

Little interest or pleasure in doing things?

- ☐ Not at All
- ☐ Slightly
- ☐ Mildly
- ☐ Moderately
- ☐ Severely

Feeling down, depressed, or hopeless?

- ☐ Not at All
- ☐ Slightly
- ☐ Mildly
- ☐ Moderately
- ☐ Severely

Feeling more irritated, grouchy, or angry than usual?

- ☐ Not at All
- ☐ Slightly
- ☐ Mildly
- ☐ Moderately
- ☐ Severely

Sleeping less than usual, but still have a lot of energy?

- ☐ Not at All
- ☐ Slightly
- ☐ Mildly
- ☐ Moderately
- ☐ Severely

Starting lots more projects than usual or doing more risky things than usual?

- ☐ Not at All
- ☐ Slightly
- ☐ Mildly
- ☐ Moderately
- ☐ Severely

Feeling nervous, anxious, frightened, worried, or on edge?

- ☐ Not at All
- ☐ Slightly
- ☐ Mildly
- ☐ Moderately
- ☐ Severely

Feeling panic or being frightened?

- ☐ Not at All
- ☐ Slightly
- ☐ Mildly
- ☐ Moderately
- ☐ Severely

Avoiding situations that make you anxious?

- ☐ Not at All
- ☐ Slightly
- ☐ Mildly
- ☐ Moderately
- ☐ Severely

Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)?

- ☐ Not at All
- ☐ Slightly
- ☐ Mildly
- ☐ Moderately
- ☐ Severely

Feeling that your illnesses are not being taken seriously enough?

- ☐ Not at All
- ☐ Slightly
- ☐ Mildly
- ☐ Moderately
- ☐ Severely

Thoughts of actually hurting yourself?

- ☐ Not at All
- ☐ Slightly
- ☐ Mildly
- ☐ Moderately
- ☐ Severely

Hearing things other people couldn't hear, such as voices even when no one was around?

- ☐ Not at All
- ☐ Slightly
- ☐ Mildly
- ☐ Moderately
- ☐ Severely

Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?

- ☐ Not at All
- ☐ Slightly
- ☐ Mildly
- ☐ Moderately
- ☐ Severely

Problems with sleep that affected your sleep quality over all?

- ☐ Not at All
- ☐ Slightly
- ☐ Mildly
- ☐ Moderately
- ☐ Severely

Problems with memory (e.g., learning new information) or with location (e.g., finding your way home)?

- ☐ Not at All
- ☐ Slightly
- ☐ Mildly
- ☐ Moderately
- ☐ Severely

Unpleasant thoughts, urges, or images that repeatedly enter your mind?

- ☐ Not at All
- ☐ Slightly
- ☐ Mildly
- ☐ Moderately
- ☐ Severely

Feeling driven to perform certain behaviors or mental acts over and over?

- ☐ Not at All
- ☐ Slightly
- ☐ Mildly
- ☐ Moderately
- ☐ Severely

Feeling detached or distant from yourself, your body, your physical surroundings or your memories?

- ☐ Not at All
- ☐ Slightly
- ☐ Mildly
- ☐ Moderately
- ☐ Severely

Not knowing who you really are or what you want out of life?

- ☐ Not at All
- ☐ Slightly
- ☐ Mildly
- ☐ Moderately
- ☐ Severely

Not feeling close to other people or enjoying your relationships with them?

- ☐ Not at All
- ☐ Slightly
- ☐ Mildly
- ☐ Moderately
- ☐ Severely

Drinking at least 4 drinks of any kind of alcohol in a single day?

- ☐ Not at All
- ☐ Slightly
- ☐ Mildly
- ☐ Moderately
- ☐ Severely

Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco?

- ☐ Not at All
- ☐ Slightly
- ☐ Mildly
- ☐ Moderately
- ☐ Severely

Using any of the following medicines ON YOUR OWN, that is, without a doctor's prescription in greater amounts or longer than prescribed [e.g., painkillers, stimulants, sedatives or tranquilizers, or do drugs like marijuana, cocaine or crack, club drugs, hallucinogens, heroin, inhalants or solvents, or methamphetamine?

- ☐ Not at All
- ☐ Slightly
- ☐ Mildly
- ☐ Moderately
- ☐ Severely

Please respond to each question or statement by choosing how you felt in the past 7 DAYS.

Are you able to do chores such as vacuuming or yard work?

- ☐ Without any difficulty
 - ☐ With a little difficulty
 - ☐ With some difficulty
 - ☐ with much difficulty
 - ☐ Unable to do
-

Are you able to go up and down stairs at a normal pace?

- ☐ Without any difficulty
 - ☐ With a little difficulty
 - ☐ With some difficulty
 - ☐ with much difficulty
 - ☐ Unable to do
-

Are you able to go for a walk for at least 15 minutes?

- ☐ Without any difficulty
 - ☐ With a little difficulty
 - ☐ With some difficulty
 - ☐ with much difficulty
 - ☐ Unable to do
-

Are you able to run errands and shop?

- ☐ Without any difficulty
- ☐ With a little difficulty
- ☐ With some difficulty
- ☐ with much difficulty
- ☐ Unable to do

In the past 7 days

I felt fearful.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I found it hard to focus on anything other than my anxiety.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

My worries overwhelmed me.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I felt uneasy.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I felt nervous.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I felt like I needed help for my anxiety.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I felt anxious.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I felt tense.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I felt worthless.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I felt helpless.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I felt depressed.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I felt hopeless.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I felt like a failure.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I felt unhappy.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I felt that I had nothing to look forward to.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I felt that nothing could cheer me up.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

During the past 7 days...

I feel fatigued.

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much

I have trouble starting things because I am tired.

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much

In the past 7 days...

How run-down do you feel on an average day?

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much

How fatigued were you on average?

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much

In the past 7 days...

My sleep quality was

- ☐ Very poor
- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very good

My sleep was refreshing.

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much

I had a problem with my sleep.

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much

I had difficulty falling asleep.

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much

I had a hard time getting things done because I was sleepy.

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much

I had problems during the day because of poor sleep.

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much

I had a hard time concentrating because of poor sleep.

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much

I was sleepy during the daytime.

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much

In the past 7 days...

I have trouble doing all of my regular leisure activities with others.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I have trouble doing all of the family activities that I want to do.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I have trouble doing all of my usual work (including work at home).

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

I have trouble doing all of the activities with my friends that I want to do.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

My thinking has been slow.

- ☐ Never
- ☐ Rarely (once)
- ☐ Sometimes (two or three times)
- ☐ Often (about once a day)
- ☐ Always (several times a day)

It has seemed like my brain was not working as well as usual.

- ☐ Never
- ☐ Rarely (once)
- ☐ Sometimes (two or three times)
- ☐ Often (about once a day)
- ☐ Always (several times a day)

I have had to work harder than usual to keep track of what I was doing.

- ☐ Never
- ☐ Rarely (once)
- ☐ Sometimes (two or three times)
- ☐ Often (about once a day)
- ☐ Always (several times a day)

I have had trouble shifting back and forth between different activities that require thinking.

- ☐ Never
- ☐ Rarely (once)
- ☐ Sometimes (two or three times)
- ☐ Often (about once a day)
- ☐ Always (several times a day)

Indicate how much you agree or disagree

In my most ways, my life is close to perfect.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Slightly disagree
- ☐ Neither agree nor disagree
- ☐ Slightly agree
- ☐ Agree
- ☐ Strongly agree

If I could live my life over, I would change almost nothing.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Slightly disagree
- ☐ Neither agree nor disagree
- ☐ Slightly agree
- ☐ Agree
- ☐ Strongly agree

I am satisfied with my life.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Slightly disagree
- ☐ Neither agree nor disagree
- ☐ Slightly agree
- ☐ Agree
- ☐ Strongly agree

So far I have gotten the important things I want in life.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Slightly disagree
- ☐ Neither agree nor disagree
- ☐ Slightly agree
- ☐ Agree
- ☐ Strongly agree

My life situation is excellent.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Slightly disagree
- ☐ Neither agree nor disagree
- ☐ Slightly agree
- ☐ Agree
- ☐ Strongly agree

Please respond to each item by selecting one choice per question.

I feel left out.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ usually
- ☐ Always

I feel that people barely know me.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ usually
- ☐ Always

I feel isolated from others.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ usually
- ☐ Always

I feel that people are around me but not with me.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ usually
- ☐ Always

In the past 7 days...

How much did pain interfere with your day to day activities?

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much

How much did pain interfere with work around the home?

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much

How much did pain interfere with your ability to participate in social activities?

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much

How much did pain interfere with your household chores?

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much

How would you rate your pain on average on a scale of 1-10, 10 being the worst pain imaginable?

Rate each item as it pertains to you.

If I do not have enough time to do everything, I do not worry about it.

- ☐ Not at all typical of me
- ☐ Not typical of me
- ☐ Neutral
- ☐ Typical of me
- ☐ Very typical of me

My worries overwhelm me.

- ☐ Not at all typical of me
- ☐ Not typical of me
- ☐ Neutral
- ☐ Typical of me
- ☐ Very typical of me

I do not tend to worry about things.

- ☐ Not at all typical of me
- ☐ Not typical of me
- ☐ Neutral
- ☐ Typical of me
- ☐ Very typical of me

Many situations make me worry.

- ☐ Not at all typical of me
- ☐ Not typical of me
- ☐ Neutral
- ☐ Typical of me
- ☐ Very typical of me

I know I should not worry about things, but I just cannot help it.

- ☐ Not at all typical of me
- ☐ Not typical of me
- ☐ Neutral
- ☐ Typical of me
- ☐ Very typical of me

When I am under pressure, I worry a lot.

- ☐ Not at all typical of me
- ☐ Not typical of me
- ☐ Neutral
- ☐ Typical of me
- ☐ Very typical of me

I am always worrying about something.

- ☐ Not at all typical of me
- ☐ Not typical of me
- ☐ Neutral
- ☐ Typical of me
- ☐ Very typical of me

I find it easy to dismiss worrisome thoughts.

- ☐ Not at all typical of me
- ☐ Not typical of me
- ☐ Neutral
- ☐ Typical of me
- ☐ Very typical of me

As soon as I finish one task, I start to worry about everything else I have to do.

- ☐ Not at all typical of me
- ☐ Not typical of me
- ☐ Neutral
- ☐ Typical of me
- ☐ Very typical of me

I never worry about anything.

- ☐ Not at all typical of me
- ☐ Not typical of me
- ☐ Neutral
- ☐ Typical of me
- ☐ Very typical of me

When there is nothing more I can do about a concern, I do not worry about it any more.

- ☐ Not at all typical of me
- ☐ Not typical of me
- ☐ Neutral
- ☐ Typical of me
- ☐ Very typical of me

I have been a worrier all my life.

- ☐ Not at all typical of me
- ☐ Not typical of me
- ☐ Neutral
- ☐ Typical of me
- ☐ Very typical of me

I notice that I have been worrying about things.

- ☐ Not at all typical of me
- ☐ Not typical of me
- ☐ Neutral
- ☐ Typical of me
- ☐ Very typical of me

Once I start worrying, I can stop.

- ☐ Not at all typical of me
- ☐ Not typical of me
- ☐ Neutral
- ☐ Typical of me
- ☐ Very typical of me

I worry all the time.

- ☐ Not at all typical of me
 - ☐ Not typical of me
 - ☐ Neutral
 - ☐ Typical of me
 - ☐ Very typical of me
-

I worry about projects until they're done.

- ☐ Not at all typical of me
- ☐ Not typical of me
- ☐ Neutral
- ☐ Typical of me
- ☐ Very typical of me

This measure assesses the way that social anxiety plays a role in your life across a variety of situations. Read each situation carefully and answer two questions about that situation. The first set of questions asks how anxious or fearful you feel in the situation. The second set of questions asks how often you avoid the situation.

If you come across a situation that you ordinarily do not experience, we ask that you imagine "what if you were faced with that situation," and then rate the degree to which you would fear this hypothetical situation and how often you would tend to avoid it. Please base your ratings on the way that the situations have affected you in the last week.

Select the item that represents how FEARFUL or ANXIOUS you would feel in each situation.

Participating in small groups.

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe

Eating in public places.

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe

Drinking with others in public places.

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe

Urinating in public bathrooms.

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe

Entering a room when others are already seated.

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe

Being the center of attention.

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe

Looking at people you do not know very well in the eyes.

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe

Try to pick up someone.

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe

Returning goods to a store.

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe

Hosting a party.

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe

Resisting a high pressure salesperson.

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe

Select the item that represents how much you would wish to AVOID each situation.

Eating in public places.

- ☐ Never
- ☐ Occasionally
- ☐ Often
- ☐ Usually

Talking to people in authority.

- ☐ Never
- ☐ Occasionally
- ☐ Often
- ☐ Usually

Acting, performing or giving a talk in front of an audience.

- ☐ Never
- ☐ Occasionally
- ☐ Often
- ☐ Usually

Going to a party.

- ☐ Never
- ☐ Occasionally
- ☐ Often
- ☐ Usually

Working while being observed.

- ☐ Never
- ☐ Occasionally
- ☐ Often
- ☐ Usually

Talking to people you do not know very well.

- ☐ Never
- ☐ Occasionally
- ☐ Often
- ☐ Usually

Being the center of attention.

- ☐ Never
- ☐ Occasionally
- ☐ Often
- ☐ Usually

Speaking up at a meeting.

- ☐ Never
- ☐ Occasionally
- ☐ Often
- ☐ Usually

Trying to pick up someone.

- ☐ Never
- ☐ Occasionally
- ☐ Often
- ☐ Usually

Returning goods to a store.

- ☐ Never
- ☐ Occasionally
- ☐ Often
- ☐ Usually

Resisting a high pressure salesperson.

- ☐ Never
- ☐ Occasionally
- ☐ Often
- ☐ Usually

A number of statements which people have used to describe themselves are given below. Read each statement and select the appropriate statement to indicate how you generally feel. There are no right or wrong answers. Do not spend too much time on any one statement but give the answers which describe how you generally feel.

I feel pleasant.

- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

I feel satisfied with myself.

- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

I feel like a failure.

- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

I feel difficulties are piling up so I cannot overcome them.

- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

I worry too much over something that really does not matter.

- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

I am happy.

- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

I lack self-confidence.

- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

I feel secured.

- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

I am content.

- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

I am a steady person.

- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

I get in a state of tension or turmoil as I think over my recent concerns and interests.

- ☐ Almost never
- ☐ Sometimes
- ☐ Often
- ☐ Almost always

Please select the answer that best corresponds to how much you agree with each item.

Unforeseen event upsets me greatly.

- ☐ Not at all characteristic of me
- ☐ A little characteristic of me
- ☐ Somewhat characteristic of me
- ☐ Very characteristic of me
- ☐ Entirely characteristic of me

It frustrates me not having all the information I need.

- ☐ Not at all characteristic of me
- ☐ A little characteristic of me
- ☐ Somewhat characteristic of me
- ☐ Very characteristic of me
- ☐ Entirely characteristic of me

Uncertainty keeps me from having a full life.

- ☐ Not at all characteristic of me
- ☐ A little characteristic of me
- ☐ Somewhat characteristic of me
- ☐ Very characteristic of me
- ☐ Entirely characteristic of me

One should always look ahead to avoid surprises.

- ☐ Not at all characteristic of me
- ☐ A little characteristic of me
- ☐ Somewhat characteristic of me
- ☐ Very characteristic of me
- ☐ Entirely characteristic of me

A small unforeseen event can spoil everything, even with the best planning.

- ☐ Not at all characteristic of me
- ☐ A little characteristic of me
- ☐ Somewhat characteristic of me
- ☐ Very characteristic of me
- ☐ Entirely characteristic of me

When it is time to act, uncertainty paralyzes me.

- ☐ Not at all characteristic of me
- ☐ A little characteristic of me
- ☐ Somewhat characteristic of me
- ☐ Very characteristic of me
- ☐ Entirely characteristic of me

When I am uncertain, I cannot function very well.

- ☐ Not at all characteristic of me
- ☐ A little characteristic of me
- ☐ Somewhat characteristic of me
- ☐ Very characteristic of me
- ☐ Entirely characteristic of me

I always want to know what the future has in store for me.

- ☐ Not at all characteristic of me
 - ☐ A little characteristic of me
 - ☐ Somewhat characteristic of me
 - ☐ Very characteristic of me
 - ☐ Entirely characteristic of me
-

I cannot stand being taken by surprises.

- ☐ Not at all characteristic of me
 - ☐ A little characteristic of me
 - ☐ Somewhat characteristic of me
 - ☐ Very characteristic of me
 - ☐ Entirely characteristic of me
-

The smallest doubt can stop me from acting.

- ☐ Not at all characteristic of me
 - ☐ A little characteristic of me
 - ☐ Somewhat characteristic of me
 - ☐ Very characteristic of me
 - ☐ Entirely characteristic of me
-

I should be able to organize everything in advance.

- ☐ Not at all characteristic of me
 - ☐ A little characteristic of me
 - ☐ Somewhat characteristic of me
 - ☐ Very characteristic of me
 - ☐ Entirely characteristic of me
-

I must get away from all uncertain situations.

- ☐ Not at all characteristic of me
- ☐ A little characteristic of me
- ☐ Somewhat characteristic of me
- ☐ Very characteristic of me
- ☐ Entirely characteristic of me

Please indicate to what extent these statements describe your responses over the last week, including today.

Did you NOT have this experience? No problem. Please indicate how you would have responded if you had experienced the situation over the last week.

Please consider only the aspect of the situation that is described, paying particular attention to the underlined text. For example, if the statement says, "I wanted to meet new people," rate how much you wanted or would have wanted to meet new people over the last two weeks, assuming that the opportunity presented itself. Do not consider what the situation would have required of you or whether it would have been possible for you to meet people.

I savored my first bite of food after feeling hungry

- ☐ Extremely untrue of me
- ☐ Very untrue of me
- ☐ Moderately untrue of me
- ☐ Slightly untrue of me
- ☐ Neutral
- ☐ Slightly true of me
- ☐ Moderately true of me
- ☐ Very true of me
- ☐ Extremely true of me

I put energy into activities I enjoy

- ☐ Extremely untrue of me
- ☐ Very untrue of me
- ☐ Moderately untrue of me
- ☐ Slightly untrue of me
- ☐ Neutral
- ☐ Slightly true of me
- ☐ Moderately true of me
- ☐ Very true of me
- ☐ Extremely true of me

I was delighted to catch a breath of fresh air outdoors

- ☐ Extremely untrue of me
- ☐ Very untrue of me
- ☐ Moderately untrue of me
- ☐ Slightly untrue of me
- ☐ Neutral
- ☐ Slightly true of me
- ☐ Moderately true of me
- ☐ Very true of me
- ☐ Extremely true of me

I wanted to spend time with people I know

- ☐ Extremely untrue of me
- ☐ Very untrue of me
- ☐ Moderately untrue of me
- ☐ Slightly untrue of me
- ☐ Neutral
- ☐ Slightly true of me
- ☐ Moderately true of me
- ☐ Very true of me
- ☐ Extremely true of me

A fun activity during the weekend sustained my good mood throughout the new week

- ☐ Extremely untrue of me
- ☐ Very untrue of me
- ☐ Moderately untrue of me
- ☐ Slightly untrue of me
- ☐ Neutral
- ☐ Slightly true of me
- ☐ Moderately true of me
- ☐ Very true of me
- ☐ Extremely true of me

It felt good to have physical contact with someone I felt close to

- ☐ Extremely untrue of me
- ☐ Very untrue of me
- ☐ Moderately untrue of me
- ☐ Slightly untrue of me
- ☐ Neutral
- ☐ Slightly true of me
- ☐ Moderately true of me
- ☐ Very true of me
- ☐ Extremely true of me

I expected to enjoy a brief moment outdoors

- ☐ Extremely untrue of me
- ☐ Very untrue of me
- ☐ Moderately untrue of me
- ☐ Slightly untrue of me
- ☐ Neutral
- ☐ Slightly true of me
- ☐ Moderately true of me
- ☐ Very true of me
- ☐ Extremely true of me

I looked forward to hearing feedback on my work

- ☐ Extremely untrue of me
- ☐ Very untrue of me
- ☐ Moderately untrue of me
- ☐ Slightly untrue of me
- ☐ Neutral
- ☐ Slightly true of me
- ☐ Moderately true of me
- ☐ Very true of me
- ☐ Extremely true of me

I expected to enjoy my meals

- ☐ Extremely untrue of me
- ☐ Very untrue of me
- ☐ Moderately untrue of me
- ☐ Slightly untrue of me
- ☐ Neutral
- ☐ Slightly true of me
- ☐ Moderately true of me
- ☐ Very true of me
- ☐ Extremely true of me

Receiving praise about my work made me feel pleased for the rest of the day

- ☐ Extremely untrue of me
- ☐ Very untrue of me
- ☐ Moderately untrue of me
- ☐ Slightly untrue of me
- ☐ Neutral
- ☐ Slightly true of me
- ☐ Moderately true of me
- ☐ Very true of me
- ☐ Extremely true of me

I looked forward to spending time with others

- ☐ Extremely untrue of me
- ☐ Very untrue of me
- ☐ Moderately untrue of me
- ☐ Slightly untrue of me
- ☐ Neutral
- ☐ Slightly true of me
- ☐ Moderately true of me
- ☐ Very true of me
- ☐ Extremely true of me

I wanted to accomplish goals I set for myself

- ☐ Extremely untrue of me
- ☐ Very untrue of me
- ☐ Moderately untrue of me
- ☐ Slightly untrue of me
- ☐ Neutral
- ☐ Slightly true of me
- ☐ Moderately true of me
- ☐ Very true of me
- ☐ Extremely true of me

I expected to enjoy being hugged by someone I love

- ☐ Extremely untrue of me
- ☐ Very untrue of me
- ☐ Moderately untrue of me
- ☐ Slightly untrue of me
- ☐ Neutral
- ☐ Slightly true of me
- ☐ Moderately true of me
- ☐ Very true of me
- ☐ Extremely true of me

I wanted to participate in a fun activity with friends

- ☐ Extremely untrue of me
- ☐ Very untrue of me
- ☐ Moderately untrue of me
- ☐ Slightly untrue of me
- ☐ Neutral
- ☐ Slightly true of me
- ☐ Moderately true of me
- ☐ Very true of me
- ☐ Extremely true of me

I worked hard to earn positive feedback on my projects

- ☐ Extremely untrue of me
- ☐ Very untrue of me
- ☐ Moderately untrue of me
- ☐ Slightly untrue of me
- ☐ Neutral
- ☐ Slightly true of me
- ☐ Moderately true of me
- ☐ Very true of me
- ☐ Extremely true of me

I looked forward to an upcoming meal

- ☐ Extremely untrue of me
- ☐ Very untrue of me
- ☐ Moderately untrue of me
- ☐ Slightly untrue of me
- ☐ Neutral
- ☐ Slightly true of me
- ☐ Moderately true of me
- ☐ Very true of me
- ☐ Extremely true of me

I felt pleased when I reached a goal I set for myself

- ☐ Extremely untrue of me
- ☐ Very untrue of me
- ☐ Moderately untrue of me
- ☐ Slightly untrue of me
- ☐ Neutral
- ☐ Slightly true of me
- ☐ Moderately true of me
- ☐ Very true of me
- ☐ Extremely true of me

Getting a hug from someone close to me made me happy even after we parted

- ☐ Extremely untrue of me
- ☐ Very untrue of me
- ☐ Moderately untrue of me
- ☐ Slightly untrue of me
- ☐ Neutral
- ☐ Slightly true of me
- ☐ Moderately true of me
- ☐ Very true of me
- ☐ Extremely true of me

I expected to master the tasks I undertook

- ☐ Extremely untrue of me
- ☐ Very untrue of me
- ☐ Moderately untrue of me
- ☐ Slightly untrue of me
- ☐ Neutral
- ☐ Slightly true of me
- ☐ Moderately true of me
- ☐ Very true of me
- ☐ Extremely true of me

I actively pursued activities I thought would be fun

- ☐ Extremely untrue of me
- ☐ Very untrue of me
- ☐ Moderately untrue of me
- ☐ Slightly untrue of me
- ☐ Neutral
- ☐ Slightly true of me
- ☐ Moderately true of me
- ☐ Very true of me
- ☐ Extremely true of me

I went out of my way to admire the beauty around me

- ☐ Extremely untrue of me
- ☐ Very untrue of me
- ☐ Moderately untrue of me
- ☐ Slightly untrue of me
- ☐ Neutral
- ☐ Slightly true of me
- ☐ Moderately true of me
- ☐ Very true of me
- ☐ Extremely true of me

Today's Date:

PVSS Total Score
(Average of all items)

PVSS Food Subscale Score

PVSS Physical Touch Subscale Score	<div></div>
PVSS Outdoors Subscale Score	<div></div>
PVSS Positive Feedback Subscale Score	<div></div>
PVSS Hobbies Subscale Score	<div></div>
PVSS Social Interactions Subscale Score	<div></div>
PVSS Goals Subscale Score	<div></div>
PVSS Reward Valuation Domain Score	<div></div>
PVSS Reward Expectancy Domain Score	<div></div>
PVSS Effort Valuation Domain Score	<div></div>
PVSS Reward Anticipation Domain Score	<div></div>
PVSS Initial Responsiveness Domain Score	<div></div>
PVSS Reward Satiation Domain Score	<div></div>

Mental health can affect one's ability to do certain day-to-day tasks in their lives. Please read each item below and respond based on how much your mental health impairs your ability to carry out the activity.

	Not at All '0'	'1'	Slightly '2'	'3'	Definitel y '4'	'5'	Markedl y '6'	'7'	Very Severely '8'
Because of my mental health my ability to work is impaired. '0' means 'not at all impaired' and '8' means very severely impaired to the point I can't work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because of my mental health my home management (cleaning, tidying, shopping, cooking, looking after home or children, paying bills) is impaired.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because of my mental health my social leisure activities (with other people e.g. parties, bars, clubs, outings, visits, dating, home entertaining) are impaired.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because of my mental health, my private leisure activities (done alone, such as reading, gardening, collecting, sewing, walking alone) are impaired.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Because of my mental health, my ability to form and maintain close relationships with others, including those I live with, is impaired.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks. Notice that higher numbers mean better well-being.

Example: If you have felt cheerful and in good spirits more than half of the time during the last two weeks, select the answer "3."

	5 - All the time	4 - Most of the time	3 - More than half of the time	2 - Less than half of the time	1 - Some of the time	0 - At no time
I have felt cheerful and in good spirits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt calm and relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt active and vigorous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I woke up feeling fresh and rested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My daily life has been filled with things that interest me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Date:

(Click "Now" button.)