**GLAD Scoring for Depression and Anxiety Modules (DSM-5)**

Modules for the GLAD Study sign-up questionnaire include questionnaires adapted from the CIDI-SF (MDD and GAD) and the DSM-5 (anxiety subtypes) by the Australian Genetics of Depression Study team. We utilised responses to these questionnaires to provide a probable diagnosis for major depressive disorder and the specific anxiety disorders. This document outlines how that probable diagnosis is assessed within the GLAD questionnaire and how each question/response matches to a DSM-5 criterion for the disorder.

As an example:

|  |  |
| --- | --- |
| Do you have (or have you ever had) a strong fear of any of the following things: Animals (e.g. snakes, birds, rats, insects, dogs, or other animals)  **Yes Is Selected** | **Criterion A**  Marked fear or anxiety about a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood). |

On the left is the question presented in the questionnaire; in **bold text** is the qualifying response(s) from participants. On the right is the corresponding DSM-5 criterion required for diagnosis of that disorder. Participants who meet all criteria for the disorder presented below will be scored as having a probable diagnosis of the disorder.

For all disorders, we were unable to account for disturbances that are better explained by other disorders/conditions (a DSM-5 criterion included for all disorders), as this is not within the scope of an online questionnaire.

These diagnoses should not be interpreted as final.

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# **Major depressive disorder**

## DSM-5 Diagnostic criteria:

A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning: at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

Note: Do not include symptoms that are clearly attributable to another medical condition.

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful). (Note: In children and adolescents, can be irritable mood.)
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).
3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month) or decrease or increase in appetite nearly every day. (Note: In children, consider failure to make expected weight gain.)
4. Insomnia or hypersomnia nearly every day.
5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
6. Fatigue or loss of energy nearly every day.
7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

C. The episode is not attributable to the physiological effects of a substance or to another medical condition.

Note: Criteria A-C represent a major depressive episode.

D. The occurrence of the major depressive episode is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified and unspecified schizophrenia spectrum and other psychotic disorders.

E. There has never been a manic episode or a hypomanic episode.

Note: This exclusion does not apply if all of the manic-like or hypomanic-like episodes are substance-induced or are attributable to the physiological effects of another medical condition.

## Scoring algorithm

**IF (ONE OR MORE OF THE FOLLOWING)**

|  |  |
| --- | --- |
| Have you ever had a time in your life when you have felt sad, blue, or depressed for two weeks or more in a row?  **Yes Is Selected** | **Criterion A**  **Depressed mood** most of the day, nearly every day for a **2-week period**, as indicated by either subjective report or observation made by others. |
| *Easy name:*  **cidid.low\_mood –** Yes (1) |  |

*AND/OR*

|  |  |
| --- | --- |
| Have you ever had a time in your life lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?  **Yes is Selected** | **Criterion A**  **Markedly diminished interest or pleasure in all, or almost all, activities** most of the day, nearly every day for a **2-week period**, as indicated by either subjective account or observation. |
| *Easy name:*  **cidid.anhedonia** **–** Yes (1) | |

**AND**

|  |  |
| --- | --- |
| How much of the day did these feelings usually last?   * All day long **Is Selected**   **OR**   * Most of the day **Is Selected** | **Criterion A**  Depressed mood/markedly diminished interest in activities **most of the day,** nearly every day, as indicated by either subjective report or observation. |
| *Easy name:*  **cidid.how\_long** **–** All day long (4) **OR** Most of the day (3) | |

**AND**

|  |  |
| --- | --- |
| How often did you feel this way?   * Every day **Is Selected**   **OR**   * Almost every day **Is Selected** | **Criterion A**  Depressed mood/markedly diminished interest in activities most of the day**, nearly every day**, as indicated by either subjective report or observation. |
| *Easy name:*  **cidid.how\_often** – Every day (3) OR Almost every day (2) | |

**AND (FIVE OR MORE OF THE FOLLOWING)**

|  |  |
| --- | --- |
| Have you ever had a time in your life when you have felt sad, blue, or depressed for two weeks or more in a row?  **Yes Is Selected** | **Criterion A**  Depressed mood most of the day, nearly every day, as indicated by either subjective report or observation made by others. |
| *Easy name:*  **cidid.low\_mood** – Yes (1) | |

*Note: this criterion is also mentioned above because it’s one of the two cardinal symptoms, but is also included in the 5+ symptoms required for a diagnosis*

*AND/OR*

|  |  |
| --- | --- |
| Have you ever had a time in your life lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?  **Yes is Selected** | **Criterion A**  Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation). |
| *Easy name:*  **cidid.anhedonia** – Yes (1) | |

*Note: this criterion is also mentioned above because it’s one of the two cardinal symptoms, but is also included in the 5+ symptoms required for a diagnosis*

*AND/OR*

|  |  |
| --- | --- |
| Did your weight change? | **Criterion A**  Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (Note: In children, consider failure to make expected weight gain.) |
| * Gained weight **Is Selected**   **OR** |
| * Lost weight **Is Selected**   **OR**   * Both gained and lost some weight during the episode **Is Selected**   AND (optional, not currently included)  Did your weight change by about 10lbs (4kg) or more?  **Yes Is Selected**  ***AND/OR***  Did you experience a change in your appetite?   * Increased appetite **Is Selected**   **OR**   * Decreased appetite **Is Selected**   **OR**   * Experienced both increased and decreased appetite during the same depression episode **Is Selected** |
| *Easy name:*  **cidid.weight\_change** – Gained weight (1) **OR** Lost weight (2) **OR** Both (3) **AND (optional) cidid.weight\_change\_4kg** – Yes (1)  ***AND/OR* cidid.appetite\_change –** Increased appetite (1) **OR** Decreased appetite (2) **OR** Both increased and decreased appetite (3) | |

*AND/OR*

|  |  |
| --- | --- |
| Did your sleep change?  **Yes Is selected** | **Criterion A**  Insomnia or hypersomnia nearly every day. |
| *Easy name:*  **cidid.sleep\_change** – Yes (1) | |

*AND/OR*

|  |  |
| --- | --- |
| [NOT MEASURED]  .. **Is Selected** | **Criterion A**  Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down). |

*AND/OR*

|  |  |
| --- | --- |
| Did you feel more tired out or low on energy than is usual for you?  **Yes Is Selected** | **Criterion A**  Fatigue or loss of energy nearly every day. |
| *Easy name:*  **cidid.fatigue** – Yes (1) | |

*AND/OR*

|  |  |
| --- | --- |
| People sometimes feel down on themselves, no good, worthless. Did you feel this way?  **Yes Is Selected** | **Criterion A**  Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick). |
| *Easy name:*  **cidid.worthlessness** – Yes (1) | |

*AND/OR*

|  |  |
| --- | --- |
| Did you have a lot more trouble concentrating than usual?  **Yes Is Selected** | **Criterion A**  Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others). |
| *Easy name:*  **cidid.trouble\_concentrating** – Yes (1) | |

*AND/OR*

|  |  |
| --- | --- |
| Did you think a lot about death - either your own, someone else's, or death in general?  **Yes Is Selected** | **Criterion A**  Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide. |
| *Easy name:*  **cidid.thoughts\_of\_death** – Yes (1) | |

**AND**

|  |  |
| --- | --- |
| Think about your roles at the time of this episode, including study/employment, childcare and housework, leisure pursuits. How much did these problems interfere with your life or activities?   * **A lot Is Selected**   **OR**   * **Some Is Selected** | **Criterion B**  The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. |
| *Easy name:*  **cidid.functioning** – A lot (3) or Some (2) | |

*(The options for this question include: ‘a lot,’ ‘some,’ ‘a little’ or ‘none.’ We have drawn the line of clinically significant distress at ‘some’ or ‘a lot.’)*

***OPTIONAL EXTRAS (the following criteria have not previously been included, but would create more stringent diagnostic criteria)***

**AND (OPTIONAL EXTRA)**

|  |  |
| --- | --- |
| Did any of these episodes occur following a significant or traumatic event such as death/serious illness of a close relative or friend, or following a distressing event or illness that happened to you?   * **More than once Is Selected**   **OR**   * **Once Is selected**   **OR**   * **Not at all Is Selected** | **Criteria C/D**  C: The symptoms are not due to the direct physiological effects of a substance or a general medical condition.  D: The symptoms are not better accounted for by bereavement. |
| *Easy name:*  **cidid.adverse\_life\_event** – More than once (2) **OR** Once (1) **OR** Not at all (0) | |

**AND (OPTIONAL EXTRA)**

|  |  |
| --- | --- |
| Participant does not meet mania criteria on MDQ | **Criterion E**  There has never been a manic episode or a hypomanic episode |
| *Easy name:*  **mdq.diagnosis\_mania** – Yes (1) | |

# Atypical depression (incomplete)

**(NOT CODED, haven’t yet mapped to GLAD variables)**

**IF**

|  |  |
| --- | --- |
| Criterion above are met (check exact overlap) |  |

**AND**

|  |  |
| --- | --- |
| Did your mood brighten in response to positive events?  **‘Yes’ Is Selected** | **Criterion A**  Mood reactivity (i.e., mood brightens in response to actual or potential positive events) |

**AND (TWO OR MORE OF THE FOLLOWING)**

|  |  |
| --- | --- |
| Did your weight change by about 10lbs (4kg) or more? | **Criterion B**  Significant weight gain or increase in appetite. |
| **‘Yes’ is selected** |
|  |

*AND/OR*

|  |  |
| --- | --- |
| How many hours per day did you sleep on average during the depression episode, including nighttime sleep and daytime naps?  **MINUS**  How many hours per day did you used to sleep on average when you were not depressed?  **Sleep when depressed is +2 hours > sleep when not depressed** | **Criterion B**  Hypersomnia. |

*AND/OR*

|  |  |
| --- | --- |
| Did you experience heavy feelings in your arms or legs? (Did your arms or legs feel “heavy”?)  **‘Yes’ is selected** | **Criterion B**  Leaden paralysis (i.e., heavy, leaden feelings in arms or legs). |

*AND/OR*

|  |  |
| --- | --- |
| Where you overly sensitive to interpersonal rejection?  **‘Yes, and this significantly impaired your social or work relationships’ is selected** | **Criterion B**  A long-standing pattern of interpersonal rejection sensitivity (not limited to episodes of mood disturbance) that results in significant social or occupational impairment. |

# Generalised anxiety disorder

## DSM-5 Diagnostic criteria

A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).

B. The individual finds it difficult to control the worry.

C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months)

1. Restlessness or feeling keyed up or on edge.
2. Being easily fatigued.
3. Difficulty concentrating or mind going blank.
4. Irritability.
5. Muscle tension.
6. Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).

D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

E. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).

F. The disturbance is not better explained by another mental disorder

## Scoring algorithm

**IF (ONE OR MORE OF THE FOLLOWING)**

|  |  |
| --- | --- |
| Have you ever had a period lasting one month or longer when most of the time you felt worried, tense, or anxious?  **Yes Is Selected**  **AND/OR**  People differ a lot in how much they worry about things. Did you ever have a time when you worried a lot more than most people would in your situation?  **Yes Is Selected** | **Criterion A**  Excessive anxiety and worry occurring more days than not for at least 6 months, about a number of events or activities. |
| *Easy name:*  **cidia.felt\_worried** – Yes (1) **AND/OR** **cidia.felt\_worried\_more** – Yes (1) | |

*(Note: There is another variable in the questionnaire that asks: “During that period, was your worry stronger than in other people?” (variable name: cidia.worry\_stronger\_than\_others). It is not included in the algorithm because the other two variables are screening variables. Participants are not shown the remaining questions if they respond ‘No’ to both, so this additional variable has no utility.)*

**AND**

|  |  |
| --- | --- |
| What is the longest period of time that this kind of worrying has ever continued?   * Between 6 and 12 months **Is Selected**   **OR**   * Between 1 and 5 years **Is Selected**   **OR**   * More than 5 years **Is Selected**   **OR**   * All my life / as long as I can remember **Is Selected** | **Criterion A**  Excessive anxiety and worry occurring more days than not forat least 6 months, about a number of events or activities. |
| *Easy name:*  **cidia.longest\_period\_worry\_categorical**\* – Between 6 and 12 months (2) **OR** Between 1 and 5 years (3) **OR** More than 5 years (4) **OR** All my life / as long as I can remember (5) | |

\*Note: at the start of GLAD, the longest period variable consisted of 2 free text fields that will need to be converted to assess >6 months duration [Qualtrics variable: CIDIA.SYM.3.0\_1 (years) & CIDIA.SYM.3.0\_2 (months); New (renamed variable): CIDIA.SYM.3.0 (years) & CIDIA.SYM.4.0 (months); Easy name: cidia.longest\_period\_worry\_years & cidia. longest\_period\_worry\_months]

**AND**

|  |  |
| --- | --- |
| Did you worry most days?  **Yes Is Selected** | **Criterion A**  Excessive anxiety and worry occurring **more days than not** for at least 6 months, about a number of events or activities. |
| *Easy name:*  **cidia.most\_days** – Yes (1) | |

**AND**

|  |  |
| --- | --- |
| Did you usually worry about one particular thing, such as your job security or the failing health of a loved one, or more than one thing?  **More than one thing Is Selected**  **AND/OR**  Did you ever have different worries on your mind at the same time?  **Yes Is Selected** | **Criterion A**  Excessive anxiety and worry occurring more days than not for at least 6 months, about a **number of events or activities.** |
| *Easy names:*  **cidia.more\_than\_one\_thing** – More than one thing (1) **AND/OR cidia.different\_worries** – Yes (1) | |

**AND**

|  |  |
| --- | --- |
| Did you find it difficult to stop worrying?  **Yes Is Selected**  **AND/OR**  How often was your worry so strong that you couldn't put it out of your mind no matter how hard you tried?  **Often Is selected**  **AND/OR**  How often did you find it difficult to control your worry?  **Often Is selected** | **Criterion B**  The person finds it difficult to control the worry. |
| *Easy names:*  **cidia.difficult\_to\_stop –** Yes (1) **AND/OR cidia.couldnt\_stop** – Often (3) **AND/OR cidia.difficult\_to\_control –** Often (3) | |

**AND (THREE OR MORE OF THE FOLLOWING)**

|  |  |
| --- | --- |
| Restless?  **Yes Is Selected**  **AND/OR**  Keyed up or on edge?  **Yes Is Selected** | **Criterion C**  Restlessness or feeling keyed up or on edge |
| *Easy names:*  **cidia.restless AND/OR cidia.on\_edge** – Yes (1) | |

*AND/OR*

|  |  |
| --- | --- |
| Easily tired?  **Yes Is selected** | **Criterion C**  Being easily fatigued |
| *Easy name:*  **cidia.tired** – Yes (1) | |

*AND/OR*

|  |  |
| --- | --- |
| Having difficulty keeping your mind on what you were doing?  **Yes Is selected** | **Criterion C**  Difficulty concentrating or mind going blank |
| *Easy name:*  **cidia.difficulty\_concentrating** – Yes (1) | |

*AND/OR*

|  |  |
| --- | --- |
| More irritable than usual?  **Yes Is Selected** | **Criterion C**  Irritabiity |
| *Easy name:*  **cidia.irritable** – Yes (1) | |

*AND/OR*

|  |  |
| --- | --- |
| Having tense, sore, or aching muscles?  **Yes Is Selected** | **Criterion C**  Muscle tension |
| *Easy name:*  **cidia.tense\_muscles** – Yes (1) | |

*AND/OR*

|  |  |
| --- | --- |
| Often having trouble falling or staying asleep?  **Yes Is Selected** | **Criterion C**  Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep) |
| *Easy name:*  **cidia.trouble\_sleeping** – Yes (1) | |

**AND**

|  |  |
| --- | --- |
| Regarding times in your life when you have felt worried, tense or anxious:  Think about your roles at the time of this episode, including study/employment, childcare and housework, leisure pursuits. How much did these problems interfere with your life or activities?  **Some Is Selected**  **OR**  **A lot is selected** | **Criterion E**  The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. |
| *Easy name:*  **cidia.functioning –** Some (2) **OR** A lot (3) | |

*(The options for this question include: ‘a lot,’ ‘some,’ ‘a little’ or ‘none.’ We have drawn the line of clinically significant distress at ‘some’ or ‘a lot.’)*

# Specific phobia

## DSM-5 Diagnostic criteria:

A. Marked fear or anxiety about a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood).

B. The phobic object or situation almost always provokes immediate fear or anxiety.

C. The phobic object or situation is actively avoided or endured with intense fear or anxiety.

D. The fear or anxiety is out of proportion to the actual danger posed by the specific objector situation and to the sociocultural context.

E. The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.

F. The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

G. The disturbance is not better explained by the symptoms of another mental disorder, including fear, anxiety, and avoidance of situations associated with panic-like symptoms or other incapacitating symptoms (as in agoraphobia): objects or situations related to obsessions (as in obsessive-compulsive disorder); reminders of traumatic events (as in posttraumatic stress disorder); separation from home or attachment figures (as in sep­aration anxiety disorder); or social situations (as in social anxiety disorder).

## Scoring algorithm

**IF**

|  |  |
| --- | --- |
| Do you have (or have you ever had) a strong fear of any of the following things:   * Animals (e.g. snakes, birds, rats, insects, dogs, or other animals)   **Yes Is Selected**  **AND/OR**   * Environment (e.g. heights, storms, thunder, lightning, or being in still water, like a swimming pool or lake)   **Yes Is Selected**  **AND/OR**   * Blood, injections or injury (e.g. blood, needles, medical procedures) -   **Yes Is Selected**  **AND/OR**   * Situations (e.g. being in an airplane, elevator, or a closed space like a cave or tunnel)   **Yes Is Selected**  **AND/OR**   * Other (e.g. situations that may lead to choking or vomiting)   **Yes Is Selected** | **Criterion A**  Marked fear or anxiety about a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood). |
| *Easy name:*  **spec.environment\_phobia** – Yes (1) **OR** **spec.situation\_phobia** – Yes (1) **OR spec.animal\_phobia** – Yes (1) **OR** **spec.blood\_injection\_phobia** – Yes (1) **OR spec.other\_phobia** – Yes (1) | |

**AND**

|  |  |
| --- | --- |
| How often do (or did) these situations cause immediate fear or anxiety for you?   * **Almost always Is Selected**   **OR**   * **Always is selected** | **Criterion B**  The phobic object or situation almost always provokes immediate fear or anxiety. |
| *Easy name:*  **spec.phobia\_frequency** – Almost always (3) **OR** Always (4) | |

**AND**

|  |  |
| --- | --- |
| Do you (or did you) | **Criterion C**  The phobic object or situation is actively avoided or endured with intense fear or anxiety. |
| * Avoid these situations?   **Yes is selected**  **AND/OR** |
| * Endure them with intense anxiety?   **Yes Is selected** |
| *Easy name:*  **spec.avoid\_phobias** – Yes (1) **OR spec.endure\_phobias\_with\_anxiety** – Yes (1) | |

**AND**

|  |  |
| --- | --- |
| Are (or were) any of these fears out of proportion to the actual danger involved?  **Yes Is selected** | **Criterion D**  The fear or anxiety is out of proportion to the actual danger posed by the specific object or situation and  to the sociocultural context. |
| *Easy name:*  **spec.phobia\_out\_of\_proportion** – Yes (1) | |

**AND**

|  |  |
| --- | --- |
| How long was the longest time any of these fears lasted?   * Between 6 and 12 months **Is Selected**   **OR**   * Between 1 and 5 years **Is Selected**   **OR**   * More than 5 years **Is Selected**   **OR**   * All my life / as long as I can remember **Is Selected** | **Criterion E**  The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more. |
| *Easy name:*  **spec.phobia\_lasted** – 6-12 months (2) **OR** 1-5 years (3) **OR** 5+ years (4) **OR** All of my life (5) | |

**AND**

|  |  |
| --- | --- |
| How much have any of these fears ever interfered with your life or activities?   * **Some Is Selected**   **OR**   * **A lot is selected** | **Criterion F**  The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. |
| *Easy name:*  **spec.phobia\_interfered –** Some (2) **OR** A lot (3) | |

*(The options for this question include: ‘a lot,’ ‘some,’ ‘a little’ or ‘none.’ We have drawn the line of clinically significant distress at ‘some’ or ‘a lot.’)*

# Social anxiety disorder (social phobia)

## DSM-5 Diagnostic criteria

A. Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others. Examples include social interactions (e.g., having a conversation, meeting unfamiliar people), being observed (e.g., eating or drink­ing), and performing in front of others (e.g., giving a speech).

B. The individual fears that he or she will act in a way or show anxiety symptoms that will be negatively evaluated (i.e., will be humiliating or embarrassing: will lead to rejection or offend others).

C. The social situations almost always provoke fear or anxiety.

D. The social situations are avoided or endured with intense fear or anxiety.

E. The fear or anxiety is out of proportion to the actual threat posed by the social situation and to the sociocultural context.

F. The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.

G. The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

H. The fear, anxiety, or avoidance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.

I. The fear, anxiety, or avoidance is not better explained by the symptoms of another mental disorder, such as panic disorder, body dysmorphic disorder, or autism spectrum disorder.

J. If another medical condition (e.g., Parkinson’s disease, obesity, disfigurement from burns or injury) is present, the fear, anxiety, or avoidance is clearly unrelated or is excessive.

Specify if:

Performance only: If the fear is restricted to speaking or performing in public.

## Scoring algorithm

**IF**

|  |  |
| --- | --- |
| Do you have (or have you ever had) a strong fear of, or are (were) you extremely anxious about any of the following situations…   * Being in social situations (e.g. talking with and meeting unfamiliar people)   **Yes** **Is Selected**  **AND/OR**   * Being observed (e.g. eating or drinking while others are watching, talking in front of others)   **Yes** **Is Selected** | **Criterion A**  Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others. Examples include social interactions, being observed, and performing in front of others. |
| *Easy name:*  **socp.anx\_social\_situations** – Yes (1) **AND/OR** **socp.anx\_being\_observed –** Yes (1) | |

**AND**

|  |  |
| --- | --- |
| Are/were you worried about what other people will think in these social situations?  **Yes Is Selected** | **Criterion B**  The individual fears that he or she will act in a way or show anxiety symptoms that will be negatively evaluated. |
| *Easy name:*  **socp.anx\_others\_think** – Yes (1) | |

**AND**

|  |  |
| --- | --- |
| How often do/did these social situations cause fear or anxiety for you?   * **Almost always is selected**   **OR**   * **Always is selected** | **Criterion C**  The social situations almost always provoke fear or anxiety. |
| *Easy name:*  **socp.anx\_social\_situation\_frequency** – Almost always (3) **OR** Always (4) | |

**AND**

|  |  |
| --- | --- |
| Do you (or did you) …   * Avoid social situations?   **Yes is selected**  **AND/OR**   * Endure them with intense anxiety?   **Yes is selected** | **Criterion D**  The social situations are avoided or endured with intense fear or anxiety. |
| *Easy name:*  **socp.avoid\_social\_situations** – Yes (1) **AND/OR socp.endure\_social\_situations** – Yes (1) | |

**AND**

|  |  |
| --- | --- |
| Is/was your fear or anxiety in social situations out of proportion to the actual threat posed by the situations?  **Yes Is Selected** | **Criterion E**  The fear or anxiety is out of proportion to the actual threat posed by the social situation and to the sociocultural context. |
| *Easy name:*  **socp.anx\_irrational** – Yes (1) | |

**AND**

|  |  |
| --- | --- |
| How long was the longest time any of these fears lasted?   * Between 6 and 12 months **Is Selected**   **OR**   * Between 1 and 5 years **Is Selected**   **OR**   * More than 5 years **Is Selected**   **OR**   * All my life / as long as I can remember **Is Selected** | **Criterion F**  The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more. |
| *Easy name:*  **socp.longest\_episode** – 6-12 months (2) **OR** 1-5 years (3) **OR** 5+ years (4) **OR** All of my life (5) | |

**AND**

|  |  |
| --- | --- |
| How much does /did your fear, anxiety or avoidance of social situations interfere with your ability to do your job, have a social life, or interfere with any other important area of your life?   * A lot **is selected**   OR   * Some **is selected** | **Criterion G**  The fear, anxiety, or avoidance causes clinically significant **distress** or **impairment** in social, occupational, or other important areas of functioning. |
| *Easy name:*  **socp.interference\_with\_life** – Some (2) **OR** A lot (3) | |

*(The options for these questions include: ‘a lot,’ ‘some,’ ‘a little’ or ‘none.’ We have drawn the line*

*of clinically significant distress at ‘some’ or ‘a lot.’)*

# Panic Disorder

## DSM-5 Diagnostic criteria

A. Recurrent unexpected panic attacks. A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes, and during which time four (or more) of the following symptoms occur; Note: The abrupt surge can occur from a calm state or an anxious state.

1. Palpitations, pounding heart, or accelerated heart rate.
2. Sweating.
3. Trembling or shaking.
4. Sensations of shortness of breath or smothering.
5. Feelings of choking.
6. Chest pain or discomfort.
7. Nausea or abdominal distress.
8. Feeling dizzy, unsteady, light-headed, or faint.
9. Chills or heat sensations.
10. Paresthesias (numbness or tingling sensations).
11. Derealization (feelings of unreality) or depersonalization (being detached from one­self).
12. Fear of losing control or “going crazy.”
13. Fear of dying.

Note: Culture-specific symptoms (e.g., tinnitus, neck soreness, headache, uncontrol­lable screaming or crying) may be seen. Such symptoms should not count as one of the four required symptoms.

B. At least one of the attacks has been followed by 1 month (or more) of one or both of the following:

1. Persistent concern or worry about additional panic attacks or their consequences (e.g., losing control, having a heart attack, “going crazy”).
2. A significant maladaptive change in behavior related to the attacks (e.g., behaviors designed to avoid having panic attacks, such as avoidance of exercise or unfamiliar situations).

C. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism, car­diopulmonary disorders).

D. The disturbance is not better explained by another mental disorder (e.g., the panic at­tacks do not occur only in response to feared social situations, as in social anxiety dis­order: in response to circumscribed phobic objects or situations, as in specific phobia: in response to obsessions, as in obsessive-compulsive disorder: in response to re­minders of traumatic events, as in posttraumatic stress disorder: or in response to sep­aration from attachment figures, as in separation anxiety disorder)

## Scoring algorithm

**IF**

|  |  |
| --- | --- |
| Have you ever had a sudden, unexpected surge of intense fear or intense discomfort (panic attack) during which you experienced any of the following symptoms…   * Your heart was pounding or racing * You were sweating * You were trembling or shaking * You felt short of breath, or like you were being smothered * You felt like you were choking * You had pain or discomfort in your chest * You were nauseous or felt sick in the stomach * You felt dizzy, unsteady, light-headed or faint * You felt hot or cold * You felt numbness or tingling sensations * It felt like things weren't real, or you felt detached from yourself * You were afraid you were going to lose control or "go crazy" * You were afraid you were going to die * No, I have never had this happen to me   **At least four symptoms are selected** | **Criterion A**  Recurrent unexpected panic attacks. A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes, and during which time four (or more) of the following symptoms occur: |
| *Easy name:*  **At least four of the following:**  **pad.heart\_pounding –** Yes (1) *AND/OR* **pad.sweating –** Yes (1) *AND/OR* **pad.trembling –** Yes (1)  *AND/OR* **pad.short\_of\_breath –** Yes (1) *AND/OR* **pad.choking –** Yes (1) *AND/OR*  **pad.chest\_pain –** Yes (1) *AND/OR* **pad.nauseous –** Yes (1) *AND/OR* **pad.dizzy –** Yes (1)  *AND/OR* **pad.hot\_cold –** Yes (1) *AND/OR* **pad.numbness –** Yes (1) *AND/OR*  **pad.detached –** Yes (1) *AND/OR* **pad.lose\_control –** Yes (1) *AND/OR* **pad.going\_to\_die –** Yes (1) | |

**AND**

|  |  |
| --- | --- |
| After any of your attacks of fear or panic, did you ever…   * Feel anxious, worried or nervous about having more panic attacks? **Yes is selected**   *AND/OR*   * Feel worried about losing control, having a heart attack, going crazy, or other bad things happening because of panic attacks? **Yes is selected**   *AND/OR*   * Avoid situations in which panic attacks might occur? **Yes is selected** | **Criterion B**  At least one of the attacks has been followed by 1 month (or more) of one or both of the following:   1. Persistent concern or worry about additional panic attacks or their consequences (e.g., losing control, having a heart attack, “going crazy”). 2. A significant maladaptive change in behavior related to the attacks (e.g., behaviors designed to avoid having panic attacks, such as avoidance of exercise or unfamiliar situations). |
| *Easy name:*  **pad.anx\_future\_panic\_attacks** – Yes (1) *AND/OR* **pad.worried\_future\_panic\_attacks** –Yes (1) *AND/OR* **pad.avoid\_situation\_panic\_attacks** – Yes (1) | |

**AND**

|  |  |
| --- | --- |
| How long did you continue to worry about panic attacks or their consequences, or avoid situations in which panic attacks might occur?   * Between 1 and 6 months **Is Selected**   **OR**   * Between 6 and 12 months **Is Selected**   **OR**   * More than 12 months **Is Selected**   **OR**   * Between 1 and 5 years **Is Selected**   **OR**   * More than 5 years **Is Selected**   **OR**   * All of my life/as long as I can remember **Is Selected** | **Criterion B**  At least one of the attacks has been followed by **1 month (or more)** of one or both of the following:   1. Persistent concern or worry about additional panic attacks or their consequences (e.g., losing control, having a heart attack, “going crazy”). 2. A significant maladaptive change in behavior related to the attacks (e.g., behaviors designed to avoid having panic attacks, such as avoidance of exercise or unfamiliar situations). |
| *Easy name:*  **pad.duration** – 1-6 months (2) **OR** 6-12 months (3) **OR** 1-5 years (4) **OR** 5+ years (5) **OR**  All of my life – (6) **OR** 12+ months – (7)\* | |

\**12+ months response option was replaced partway through data collection with options 4-6 to collect more detailed information about symptom duration*

**AND**

|  |  |
| --- | --- |
| Were these attacks or sudden periods of physical discomfort ever the result of a medical condition (e.g. a heart attack) or from using medication, drugs or alcohol?   * **‘No, never’ is selected**   **OR**   * **Yes, some of them is selected** | **Criterion C**  The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism, cardiopulmonary disorders). |
| *Easy name:*  **pad.physical\_cause** – No, never (0) **OR** Yes, some of them (1) | |

**AND**

|  |  |
| --- | --- |
| We already asked about specific situations that cause strong fears (heights, elevators, snakes etc). When you have sudden anxiety attacks, do they **usually** occur in specific situations that cause you strong fear?  **No is selected**  **AND/OR**  Did you ever have an attack when you were **not** in a situation that usually causes you to have strong fears?  **Yes is selected** | **Criterion D**  The disturbance is not better explained by another mental disorder (e.g., the panic attacks do not occur only in response to feared social situations, as in social anxiety disorder; in response to circumscribed phobic objects or situations, as in specific phobia; in response to obsessions, as in obsessive-compulsive disorder; in response to reminders of traumatic events, as in posttraumatic stress disorder; or in response to separation from attachment figures, as in separation anxiety disorder). |
| *Easy name:*  **pad.heights** – No (0) **AND/OR pad.random** – Yes (1) | |

# Agoraphobia

## DSM-5 Diagnostic criteria

## A. Marked fear or anxiety about two (or more) of the following five situations:

## Using public transportation (e.g., automobiles, buses, trains, ships, planes).

## Being in open spaces (e.g., parking lots, marketplaces, bridges).

## Being in enclosed places (e.g., shops, theaters, cinemas).

## Standing in line or being in a crowd.

## Being outside of the home alone.

## B. The individual fears or avoids these situations because of thoughts that escape might be difficult or help might not be available in the event of developing panic-like symp­toms or other incapacitating or embarrassing symptoms (e.g., fear of falling in the el­derly; fear of incontinence).

## C. The agoraphobic situations almost always provoke fear or anxiety.

## D. The agoraphobic situations are actively avoided, require the presence of a companion, or are endured with intense fear or anxiety.

## E. The fear or anxiety is out of proportion to the actual danger posed by the agoraphobic situations and to the sociocultural context.

## F. The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.

## G. The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

## H. If another medical condition (e.g., inflammatory bowel disease, Parkinson’s disease) is present, the fear, anxiety, or avoidance is clearly excessive.

## I. The fear, anxiety, or avoidance is not better explained by the symptoms of another men­tal disorder—for example, the symptoms are not confined to specific phobia, situational type; do not involve only social situations (as in social anxiety disorder): and are not re­lated exclusively to obsessions (as in obsessive-compulsive disorder), perceived defects or flaws in physical appearance (as in body dysmorphic disorder), reminders of traumatic events (as in posttraumatic stress disorder), or fear of separation (as in separation anx­iety disorder).

## Note: Agoraphobia is diagnosed irrespective of the presence of panic disorder. If an indi­vidual’s presentation meets criteria for panic disorder and agoraphobia, both diagnoses should be assigned

## Scoring algorithm

**IF**

|  |  |
| --- | --- |
| Do you have (or have you ever had) a strong fear of, or are (were) you extremely anxious about, any of the following situations…  **At least two situations are selected**   * Using public transportation (e.g. cars, buses, trains, ships, planes) * Being in open spaces (e.g. parking lots, marketplaces, bridges) * Being in enclosed spaces (e.g. shops, theatres, cinemas) * Standing in line or being in a crowd * Being outside of the home alone | **Criterion A**  Marked fear or anxiety about two (or more) of the following five situations: |
| *Easy name:*  **At least two of the following:**  **agp.public\_transport\_phobia –** Yes (1) *AND/OR* **agp.open\_spaces\_phobia –** Yes (1) *AND/OR*  **agp.enclosed\_spaces\_phobia –** Yes (1) *AND/OR* **agp.queue\_or\_crowd\_phobia –** Yes (1) *AND/OR*  **agp.outside\_home\_alone\_phobia –** Yes (1) | |

**AND**

|  |  |
| --- | --- |
| * In one or more of these situations, are/were you ever afraid that you might faint, lose control, or embarrass yourself in other ways?   **Yes is selected**  *AND/OR*   * Are/were you afraid that escape might be difficult if that happened?   **Yes is selected**  *AND/OR*   * Are/were you afraid that help might not be available if you needed it?   **Yes is selected** | **Criterion B**  The individual fears or avoids these situations because of thoughts that escape might be difficult or help might not be available in the event of developing panic-like symptoms or other incapacitating or embarrassing symptoms (e.g., fear of falling in the elderly; fear of incontinence). |
| *Easy name:*  **agp.afraid\_faint** – Yes (1) **AND/OR agp.afraid\_escape\_difficult** – Yes (1) **AND/OR**  **agp.afraid\_help\_not\_available** – Yes (1) | |

**AND**

|  |  |
| --- | --- |
| How often do/did these situations cause fear or anxiety for you?   * **Almost always is selected**   **OR**   * **Always is selected** | **Criterion C**  The agoraphobic situations almost always provoke fear or anxiety. |
| *Easy name:*  **agp.phobia\_frequency** – Almost always (3) **OR** Always (4) | |

**AND**

|  |  |
| --- | --- |
| Do you (or did you) …   * Avoid these situations? **Yes is selected**   **AND/OR**   * Endure them with intense anxiety? **Yes is selected**   **AND/OR**   * Require the presence of a companion? **Yes** **is selected** | **Criterion D**  The agoraphobic situations are actively avoided, require the presence of a companion, or are endured with intense fear or anxiety. |
| *Easy name:*  **agp.avoid\_phobia** – Yes (1) *AND/OR* **agp.endure\_phobia\_with\_anxiety** – Yes (1) *AND/OR* **agp.require\_companion** – Yes (1) | |

**AND**

|  |  |
| --- | --- |
| Are (or were) any of these fears out of proportion to the actual danger involved?  **Yes is selected** | **Criterion E**  The fear or anxiety is out of proportion to the actual danger posed by the agoraphobic situations and to the sociocultural context. |
| *Easy name:*  **agp.phobia\_out\_of\_proportion** – Yes (1) | |

**AND**

|  |  |
| --- | --- |
| How long was the longest time any of these fears lasted?   * Between 6 and 12 months **Is Selected**   **OR**   * Between 1 and 5 years **Is Selected**   **OR**   * All of my life / As long as I can remember **Is Selected** | **Criterion F**  The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more. |
| *Easy name:*  **agp.phobia\_lasted** – 6-12 months (2) **OR** 1-5 years (3) **OR** 5+ years (4) **OR** All of my life (5) | |

**AND**

|  |  |
| --- | --- |
| How much have any of these fears ever interfered with your life or activities?   * **A lot Is Selected**   **OR**   * **Some Is Selected** | **Criterion G**  The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. |
| *Easy name:*  **agp.phobia\_interfered** – Some (2) **OR** A lot (3) | |

*(The options for these questions include: ‘a lot,’ ‘some,’ ‘a little’ or ‘none.’ We have drawn the line*

*of clinically significant distress at ‘some’ or ‘a lot.’)*