



Battery Header

What type of data are these?

Fake

Real

What is the study name?

What is the participant's Sub ID?

Who are the RAs today? (Enter last name of each RA and separate RAs with a semi-colon)

Demographics (DEM)

This set of questions asks you about your demographics. Please answer each question as accurately as possible.

What is your age (in years)?

What is your sex?

Female

Male

What is your race?

American Indian/Alaska Native

Asian

Native Hawaiian or Other Pacific Islander

Black/African American

White/Caucasian

Other/Multiracial

If Other/Multiracial, please specify**Are you of Hispanic, Latino, or Spanish origin?**

No, I am not of Hispanic, Latino, or Spanish origin

Yes, Mexican, Mexican American, Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, another Hispanic, Latino, or Spanish origin

If another Hispanic, Latino, or Spanish origin, please specify**What is your highest level of education completed?**

Less than high school or GED degree

High school or GED

Some college

2-Year degree

College degree

Advanced degree

What is your current employment status?

- Employed
 - Temporarily laid off, sick leave, or maternity leave
 - Unemployed
 - Retired
 - Disabled
 - Homemaker
 - Full-time student
 - Other, not otherwise specified
-

If employed, are you....

- Part-time
 - Full-time
-

Please indicate your approximate total personal gross income (prior to deducting taxes) in dollars per year. Do not include a dollar sign (\$).

What is your marital status?

- Married
 - Widowed
 - Divorced
 - Separated
 - Never Married
-

Demographics II (DEM2)

This set of questions asks about parents and children. Please answer each question as accurately as possible.

How many living parents do you have (include biological, adopted, or step-parents)?

How may deceased parents do you have (include biological, adopted, or step-parents)?

How many living children do you have (include biological, adopted, or step-children)?

How many deceased children do you have (include biological, adopted, or step-children)?

Alcohol Use History Question (AUH)

The next set of questions ask about your history of drinking alcohol. Many of the questions reference events that may have happened several years ago. Please answer each question to the best of your ability.

How old were you when you first tried alcohol without your family (i.e., alone or with friends only)?

At what age did you first begin drinking regularly-that is drinking at least once a week for 6 months or more?

How old were you when you first believed that you had a drinking problem?

How old were you when you first tried to quit drinking?

How many times have you tried to quit drinking alcohol?

**What types of programs or services have you used in the past to help you quit drinking?
Please select all that apply.**

Long-Term Residential Treatment (more than 6 months)

Short-Term Residential Treatment (less than 6 months)

Outpatient Treatment

Individual Counseling

Group Counseling

Alcoholics Anonymous/Narcotics Anonymous

Other

If you selected Other, please specify below:

Have you ever taken prescribed medication to help maintain abstinence from alcohol?

No

Yes

If yes, please list the name of all prescribed medications below.

Medication 1

Medication 2

Medication 3

Medication 4

What was the most recent date that you quit drinking alcohol? Please indicate the date after your last drink.

	Month	Day	Year
Please Select:	<input type="text"/>	<input type="text"/>	<input type="text"/>

In the six months prior to your most recent quit date, approximately how many days per week did you consume any alcohol?

In the six months prior to your most recent quit date, on average how many days per week did you consume 6 or more alcoholic drinks in one day?

(Note: one "drink"=one 12 ounce beer or one 5 once glass of wine or one 1.5 ounce shot of hard liquor, straight or with mixer.)

In the six months prior to your most recent quit date, on average how many alcoholic drinks per day did you consume on days when you drink? (Note: one "drink"=one 12 ounce beer or one 5 once glass of wine or one 1.5 ounce shot of hard liquor, straight or with mixer.)

In the six months when you drank at your heaviest in your life, approximately how many days per week did you consume any alcohol?

In the six months when you drank at your heaviest in your life, on average how many days per week did you consume 6 or more alcoholic drinks in one day?

(Note: one "drink"=one 12 ounce beer or one 5 ounce glass of wine or one 1.5 ounce shot of hard liquor, straight or with mixer.)

In the six months when you drank at your heaviest in your life, on average how many drinks per day did you consume on days when you drink?
(Note: one "drink"=one 12 ounce beer or one 5 ounce glass of wine or one 1.5 ounce shot of hard liquor, straight or with mixer.)

DSM-5 Checklist (DSM5)

The next set of questions ask about your alcohol use over a 12 month period. When answering each question please **think about the 12 months prior to your most recent quit attempt**. Please review each statement and select 'yes' for the statements that describe your drinking during the 12 months prior to your most recent quit attempt, and select 'no' for the statements that are not true for you.

When responding to the questions below please think about your drinking habits in the **12 months prior to your most recent quit attempt**.

I often used alcohol in large amounts over longer periods of time than I intended.

No

Yes

I often wanted or tried to cut down or control my alcohol use.

No

Yes

I spent a lot of time either (a) using alcohol, (b) in activities trying to obtain alcohol, or (c) recovering from the effects of my drinking alcohol.

No

Yes

I gave up or reduced my involvement in important social, occupational, or recreational activities because of my alcohol use.

No

Yes

I continued to use alcohol despite knowing that it likely caused or made worse psychological or physical problems I had (for example, continued drinking alcohol despite knowing it was making my ulcer or depression worse).

No

Yes

I found I needed greater amounts of alcohol than I used to in order to feel intoxicated or to get a desired effect, OR I got much less of an effect by using the same amount of alcohol as in the past.

No

Yes

I experienced withdrawal symptoms when I tried to cut down or stop drinking alcohol, OR I drank alcohol to relieve or avoid withdrawal symptoms.

No

Yes

My alcohol use resulted in my not fulfilling major obligations at work, school, or home (for example, repeated absences or poor performances at work or school; neglecting my children at home).

No

Yes

I repeatedly used alcohol in situations that were physically hazardous (for example, driving a car or operating machinery).

No

Yes

I have experienced strong desires, urges, or cravings to use alcohol.

No

Yes

I continued to use alcohol despite having persistent or recurrent social or interpersonal problems caused or made worse by the effects of my drinking (for example, arguments with friends about my drinking or physical fights).

No

Yes

Young Adult Alcohol Problems Test (YAP)

The next set of questions ask about events that sometimes happen when people drink alcohol. For each question, select the best answer to indicate if you have ever experienced this event, or how frequently it has occurred in the past year.

Have you driven a car when you knew you had too much to drink to drive safely?

No, never

Yes, but not in the past year

1 time in the past year

2 times in the past year

3 times in the past year

4-6 times in the past year

7-11 times in the past year

12-20 times in the past year

21-39 times in the past year

40 or more times in the past year

Have you had a headache (hangover) in the morning after you had been drinking?

No, never

Yes, but not in the past year

1 time in the past year

2 times in the past year

3 times in the past year

4-6 times in the past year

7-11 times in the past year

12-20 times in the past year

21-39 times in the past year

40 or more times in the past year

Have you felt very sick to your stomach or thrown up after drinking?

No, never

Yes, but not in the past year

1 time in the past year

2 times in the past year

3 times in the past year

4-6 times in the past year

7-11 times in the past year

12-20 times in the past year

21-39 times in the past year

40 or more times in the past year

Have you showed up late for work or school because of drinking, a hangover, or an illness caused by drinking?

No, never

Yes, but not in the past year

1 time in the past year

2 times in the past year

- 3 times in the past year
 - 4-6 times in the past year
 - 7-11 times in the past year
 - 12-20 times in the past year
 - 21-39 times in the past year
 - 40 or more times in the past year
-

Have you not gone to work or missed classes at school because of drinking, a hangover, or an illness caused by drinking?

- No, never
 - Yes, but not in the past year
 - 1 time in the past year
 - 2 times in the past year
 - 3 times in the past year
 - 4-6 times in the past year
 - 7-11 times in the past year
 - 12-20 times in the past year
 - 21-39 times in the past year
 - 40 or more times in the past year
-

Have you gotten into physical fights when drinking?

- No, never
 - Yes, but not in the past year
 - 1 time in the past year
 - 2 times in the past year
 - 3 times in the past year
 - 4-6 times in the past year
 - 7-11 times in the past year
 - 12-20 times in the past year
 - 21-39 times in the past year
 - 40 or more times in the past year
-

Have you ever gotten into trouble at work or school because of drinking?

No, never

Yes, but not in the past year

1 time in the past year

2 times in the past year

3 times in the past year

4-6 times in the past year

7-11 times in the past year

12-20 times in the past year

21-39 times in the past year

40 or more times in the past year

Have you ever been fired from a job or suspended or expelled from school because of your drinking?

No, never

Yes, but not in the past year

1 time in the past year

2 times in the past year

3 times in the past year

4-6 times in the past year

7-11 times in the past year

12-20 times in the past year

21-39 times in the past year

40 or more times in the past year

Have you damaged property, set off a false alarm, or other things like that after you had been drinking?

No, never

Yes, but not in the past year

1 time in the past year

2 times in the past year

3 or more times in the past year

Has your boyfriend/girlfriend (or spouse), parent(s), or other near relative ever complained to you about your drinking?

No, never

Yes, but not in the past year

1 time in the past year

2 times in the past year

3 or more times in the past year

Has your drinking ever created problems between you and your boyfriend/girlfriend (or spouse) or another relative?

No, never

Yes, but not in the past year

1 time in the past year

2 times in the past year

3 or more times in the past year

Have you ever lost friends (including boyfriends or girlfriends) because of your drinking?

No, never

Yes, but not in the past year

1 time in the past year

2 times in the past year

3 or more times in the past year

Have you ever neglected your obligations, your family, your work, or school work for two or more days in a row because of your drinking?

No, never

Yes, but not in the past year

1 time in the past year

2 times in the past year

3 or more times in the past year

Has your drinking ever gotten you into sexual situations you later regretted?

No, never

Yes, but not in the past year

1 time in the past year

2 times in the past year

3 or more times in the past year

Have you ever received a lower grade on an exam or paper than you should have because of your drinking?

No, never

Yes, but not in the past year

1 time in the past year

2 times in the past year

3 or more times in the past year

Have you ever been arrested for drunk driving, driving while intoxicated, or driving under the influence of alcohol?

No, never

Yes, but not in the past year

1 time in the past year

2 times in the past year

3 or more times in the past year

Have you ever been arrested, even for a few hours, because of other drunken behaviors?

No, never

Yes, but not in the past year

1 time in the past year

2 times in the past year

3 or more times in the past year

Have you awakened the morning after a good bit of drinking and found that you could not remember a part of the evening before?

No, never

Yes, but not in the past year

1 time in the past year

2 times in the past year

3 or more times in the past year

Have you ever had “the shakes” after stopping or cutting down on drinking (for example, your hands shake so that your coffee cup rattles in the saucer or you have trouble lighting a cigarette)?

No, never

Yes, but not in the past year

1 time in the past year

2 times in the past year

3 or more times in the past year

Have you ever felt like you needed a drink just after you’d gotten up (that is, before breakfast)?

No, never

Yes, but not in the past year

1 time in the past year

2 times in the past year

3 or more times in the past year

Have you ever found you needed larger amounts of alcohol to feel any effect, or that you could no longer get high or drunk on the amount that used to get you high or drunk?

No, never

Yes, but not in the past year

Yes, in the past year

Have you ever felt that you needed alcohol or were dependent on alcohol?

No, never

Yes, but not in the past year

Yes, in the past year

Have you ever felt guilty about your drinking?

No, never

Yes, but not in the past year

Yes, in the past year

Has a doctor ever told you that your drinking was harming your health?

No, never

Yes, but not in the past year

Yes, in the past year

Have you ever gone to anyone for help to control your drinking?

No, never

Yes, but not in the past year

Yes, in the past year

Have you ever attended a meeting of Alcoholics Anonymous because of concern about your drinking?

No, never

Yes, but not in the past year

Yes, in the past year

Have you ever sought professional help for your drinking (for example, spoken to a physician, psychologist, psychiatrist, alcoholism counselor, clergyman about your drinking)?

No, never

Yes, but not in the past year

Yes, in the past year

WHO-ASSIST V3.0

The next set of questions ask about tobacco products and other drugs. The questions ask about your experience using these substances across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills.

Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). Please do not report on your use of any substances that are used as prescribed by your doctor. However, if you have taken such medications for reasons other than prescription, or taken them more frequently or at higher doses than prescribed, please be sure to report on the use of these substances.

Please be assured that the information you share on this questionnaire will be treated as strictly confidential.

In your life, which of the following substances have you ever used? (Non-Medical Use Only)

	No	Yes
Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	<input type="radio"/>	<input type="radio"/>
Cannabis (marijuana, pot, grass, hash, etc.)	<input type="radio"/>	<input type="radio"/>
Cocaine (coke, crack, etc.)	<input type="radio"/>	<input type="radio"/>
Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	<input type="radio"/>	<input type="radio"/>
Inhalants (nitrous, glue, petrol, paint thinner, etc.)	<input type="radio"/>	<input type="radio"/>
Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	<input type="radio"/>	<input type="radio"/>

	No	Yes
Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	<input type="radio"/>	<input type="radio"/>
Opioids (heroin, morphine, methadone, codeine, etc.)	<input type="radio"/>	<input type="radio"/>

In the past three months, how often have you used any of the substances below?

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
» Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Cannabis (marijuana, pot, grass, hash, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Cocaine (coke, crack, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Inhalants (nitrous, glue, petrol, paint thinner, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Opioids (heroin, morphine, methadone, codeine, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past three months, how often have you had a strong desire or urge to use any of the substances below ?

Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
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» Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Cannabis (marijuana, pot, grass, hash, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Cocaine (coke, crack, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Inhalants (nitrous, glue, petrol, paint thinner, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Opioids (heroin, morphine, methadone, codeine, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past three months, how often has your use of any of the substances below led to health, social, legal or financial problems?

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
» Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Cannabis (marijuana, pot, grass, hash, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Cocaine (coke, crack, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Inhalants (nitrous, glue, petrol, paint thinner, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
» Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Opioids (heroin, morphine, methadone, codeine, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past three months, how often have you failed to do what was normally expected of you because of your use of any of the substances below?

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
» Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Cannabis (marijuana, pot, grass, hash, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Cocaine (coke, crack, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Inhalants (nitrous, glue, petrol, paint thinner, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Opioids (heroin, morphine, methadone, codeine, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has a friend or relative or anyone else ever expressed concern about your use of any of the substances below?

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
» Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Cannabis (marijuana, pot, grass, hash, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Cocaine (coke, crack, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Inhalants (nitrous, glue, petrol, paint thinner, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Opioids (heroin, morphine, methadone, codeine, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you ever tried and failed to control, cut down or stop using any of the substances below.

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
» Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Cannabis (marijuana, pot, grass, hash, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Cocaine (coke, crack, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
» Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Inhalants (nitrous, glue, petrol, paint thinner, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Opioids (heroin, morphine, methadone, codeine, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you ever used any drug by injection? (Non-Medical Use Only)?

No, never

Yes, in the past 3 months

Yes, but not in the past 3 months

Symptom Checklist-90(SCL90)

The next set of questions contains a list of problems and complaints that people sometimes have. For each item on the list, select the answer that best describes how much you were bothered or distressed by that problem during the past month.

How bothered or distressed were you during the past month by

	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervousness or shakiness inside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unwanted thoughts, words, or ideas that won't leave your mind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faintness or dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of sexual interest or pleasure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
Feeling critical of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The idea that someone else can control your thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling others are to blame for most of your troubles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble remembering things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
Worried about sloppiness or carelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling easily annoyed or irritated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pains in heart or chest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid in open spaces or on the streets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling low in energy or slowed down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts of ending your life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing voices that other people do not hear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trembling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling that most people cannot be trusted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
Poor appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crying easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling shy or uneasy with the opposite sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling of being trapped or caught	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suddenly scared for no reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temper outbursts that you could not control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid to go out of your house alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blaming yourself for things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pains in lower back	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
Feeling blocked in getting things done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling no interest in things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your feelings being easily hurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people being aware of your private thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling others do not understand you or are unsympathetic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
Feeling that people are unfriendly or dislike you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having to do things very slowly to insure correctness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart pounding or racing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea or upset stomach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling inferior to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soreness of your muscles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling that you are watched or talked about by others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having to check and double-check what you do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
Difficulty making decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid to travel on buses, subways, trains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble getting your breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot or cold spells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
Having to avoid certain things, places, or activities because they frighten you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your mind going blank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Numbness or tingling in parts of your body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A lump in your throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling hopeless about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
Trouble concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling weak in parts of your body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tense or keyed up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heavy feelings in your arms or legs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts of death or dying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling uneasy when people are watching or talking about you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having thoughts that are not your own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having urges to beat, injure, or harm someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
Awakening in the early morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having to repeat the same actions such as touching, counting, washing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep that is restless or disturbed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having urges to break or smash things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having ideas or beliefs that others do not share	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling very self-conscious with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling uneasy in crowds, such as shopping or at a movie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling everything is an effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
Spells of terror or panic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
Feeling uncomfortable about eating or drinking in public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting into frequent arguments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling nervous when you are left alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others not giving you proper credit for your achievements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling lonely even when you are with people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling so restless you couldn't sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feelings of worthlessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling that familiar things are strange or unreal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shouting or throwing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
Feeling afraid you will faint in public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling that people will take advantage of you if you let them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having thoughts about sex that bother you a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The idea that you should be punished for your sins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling pushed to get things done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The idea that something serious is wrong with your body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Never feeling close to another person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feelings of guilt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The idea that something is wrong with your mind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Intolerance of Uncertainty Scale (IUS)

In the next set of questions, you will find a series of statements which describe how people may react to the uncertainties of life. Please use the rating scale provided to indicate how well each statement describes you generally.

	Very untrue of me	Somewhat untrue of me	Neutral	Somewhat true of me	Very true of me
Uncertainty stops me from having a firm opinion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being uncertain means that a person is disorganized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncertainty makes life intolerable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's unfair not having any guarantees in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My mind can't be relaxed if I don't know what will happen tomorrow.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncertainty makes me uneasy, anxious, or stressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unforeseen events upset me greatly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very untrue of me	Somewhat untrue of me	Neutral	Somewhat true of me	Very true of me
It frustrates me not having all the information I need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncertainty keeps me from living a full life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One should always look ahead so as to avoid surprises.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A small unforeseen event can spoil everything, even with the best of planning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very untrue of me	Somewhat untrue of me	Neutral	Somewhat true of me	Very true of me
When it's time to act uncertainty paralyzes me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being uncertain means that I am not first rate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am uncertain, I can't go forward.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very untrue of me	Somewhat untrue of me	Neutral	Somewhat true of me	Very true of me
When I am uncertain I can't function very well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unlike me, others always seem to know where they are going with their lives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncertainty makes me vulnerable, unhappy, or sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I always want to know what the future has in store for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can't stand being taken by surprise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The smallest doubt can stop me from acting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I should be able to organize everything in advance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very untrue of me	Somewhat untrue of me	Neutral	Somewhat true of me	Very true of me
Being uncertain means that I lack confidence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think it's unfair that other people seem sure about their future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncertainty keeps me from sleeping soundly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very untrue of me	Somewhat untrue of me	Neutral	Somewhat true of me	Very true of me
I must get away from all uncertain situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ambiguities in life stress me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can't stand being undecided about my future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Anxiety Sensitivity Index-3 (ASI3)

In the next set of questions please read each statement and decide how well it describes you generally.

	Very untrue of me	Somewhat untrue of me	Neutral	Somewhat true of me	Very true of me
It is important not to appear nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I cannot keep my mind on a task, I worry that I might be going crazy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It scares me when my heart beats rapidly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When my stomach is upset, I worry that I might be seriously ill.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It scares me when I am unable to keep my mind on a task.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I tremble in the presence of others, I fear what people might think of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very untrue of me	Somewhat untrue of me	Neutral	Somewhat true of me	Very true of me
When my chest feels tight, I get scared that I won't be able to breathe properly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel pain in my chest, I worry that I'm going to have a heart attack.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry that other people will notice my anxiety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel "spacey" or spaced out I worry that I may be mentally ill.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It scares me when I blush in front of people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I notice my heart skipping a beat, I worry that there is something seriously wrong with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very untrue of me	Somewhat untrue of me	Neutral	Somewhat true of me	Very true of me
When I begin to sweat in a social situation, I fear people will think negatively of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When my thoughts seem to speed up, I worry that I might be going crazy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When my throat feels tight, I worry that I could choke to death.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I have trouble thinking clearly, I worry that there is something wrong with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think it would be horrible for me to faint in public.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

When my mind goes blank, I worry there is something terribly wrong with me.

☐☐☐☐☐

Distress Tolerance Scale(DTS)

In the next set of questions, you will find a series of statements which describe how people may feel about being distressed or upset. Please use the rating scale provided to describe how well each statement describes you generally.

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

Feeling distressed or upset is unbearable to me.

☐☐☐☐☐

When I feel distressed or upset, all I can think about is how bad I feel.

☐☐☐☐☐

I can't handle feeling distressed or upset.

☐☐☐☐☐

My feelings of distress are so intense that they completely take over.

☐☐☐☐☐

There's nothing worse than feeling distressed or upset.

☐☐☐☐☐

Very untrue of me Somewhat untrue of me Neutral Somewhat true of me Very true of me

I can tolerate being distressed or upset as well as most people.

☐☐☐☐☐

My feelings of distress or being upset are not acceptable

☐☐☐☐☐

I'll do anything to avoid feeling distressed or upset.

☐☐☐☐☐

	Very untrue of me	Somewhat untrue of me	Neutral	Somewhat true of me	Very true of me
Other people seem to be able to tolerate feeling distressed or upset better than I can.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being distressed or upset is always a major ordeal for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very untrue of me	Somewhat untrue of me	Neutral	Somewhat true of me	Very true of me
I am ashamed of myself when I feel distressed or upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My feelings of distress or being upset scare me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'll do anything to stop feeling distressed or upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel distressed or upset, I must do something about it immediately.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel distressed or upset, I cannot help but concentrate on how bad the distress actually feels.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

McMaster Family Assessment Device (FAD)

The next set of questions contains a number of statements about families. Please read each statement carefully, and decide how well it describes your own family generally.

	Strongly Disagree	Disagree	Agree	Strongly Agree
Planning family activities is difficult because we misunderstand each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Agree	Strongly Agree
We resolve most everyday problems around the house.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When someone is upset the others know why.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When you ask someone to do something, you have to check that they did it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When someone is in trouble, the others become too involved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In time of crisis we can turn to each other for support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We don't know what to do when an emergency comes up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We sometimes run out of things that we need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We are reluctant to show affection for each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Disagree	Agree	Strongly Agree
We make sure members meet their family responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We cannot talk to each other about the sadness we feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We usually act on our decisions regarding problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You only get the interest of others when something is important to them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You can't tell how a person is feeling from what they are saying.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Agree	Strongly Agree
Family tasks don't get spread around enough.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals are accepted for what they are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You can easily get away with breaking the rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People come right out and say things instead of hinting at them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Disagree	Agree	Strongly Agree
Some of us just don't respond emotionally.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We know what to do in an emergency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We avoid discussing our fears and concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is difficult to talk to each other about tender feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We have trouble meeting our bills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After our family tries to solve a problem, we usually discuss whether it worked or not.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We are too self-centered.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We can express feelings to each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We have no clear expectations about toilet habits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Disagree	Agree	Strongly Agree
We do not show our love to each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Agree	Strongly Agree
We talk to people directly rather than through go-betweens.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Each of us has particular duties and responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are lots of bad feelings in the family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We have rules about hitting people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We get involved with each other only when something interests us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There's little time to explore personal interests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We often don't say what we mean.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We feel accepted for what we are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Disagree	Agree	Strongly Agree
We show interest in each other when we can get something out of it personally.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We resolve most emotional upsets that come up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tenderness takes second place to other things in our family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We discuss who is to do household jobs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making decisions is a problem for our family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our family shows interest in each other only when they can get something out of it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We are frank with each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Agree	Strongly Agree
We don't hold to any rules or standards.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If people are asked to do something, they need reminding.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Disagree	Agree	Strongly Agree
We are able to make decisions about how to solve problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If the rules are broken, we don't know what to expect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anything goes in our family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We express tenderness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We confront problems involving feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We don't get along well together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We don't talk to each other when we are angry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We are generally dissatisfied with the family duties assigned to us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Even though we mean well, we intrude too much into each others lives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Disagree	Agree	Strongly Agree
There are rules about dangerous situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We confide in each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We cry openly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We don't have reasonable transport.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Agree	Strongly Agree
When we don't like what someone has done, we tell them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We try to think of different ways to solve problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Multidimensional Personality Questionnaire Brief Form (MPS)

In the next set of questions you will find a series of statements a person might use to describe her/his attitudes, opinions, interests, and other characteristics.

For each statement select if it is generally true or false for you. Please select an answer for every statement even if you are not completely sure which answer is right for you. Read each statement carefully, but don't spend too much time deciding on the answer.

	False	True
It is easy for me to become enthusiastic about things I am doing.	<input type="radio"/>	<input type="radio"/>
I am quite effective at talking people into things.	<input type="radio"/>	<input type="radio"/>
Some people say that I put my work ahead of too many other things.	<input type="radio"/>	<input type="radio"/>
I have occasionally felt discouraged about something.	<input type="radio"/>	<input type="radio"/>
I usually like to spend my free time with friends rather than alone.	<input type="radio"/>	<input type="radio"/>
Often I get irritated at little annoyances.	<input type="radio"/>	<input type="radio"/>
	False	True
Many people try to push me around.	<input type="radio"/>	<input type="radio"/>
Often when I get angry I am ready to hit someone.	<input type="radio"/>	<input type="radio"/>
I like to stop and think things over before I do them.	<input type="radio"/>	<input type="radio"/>

	False	True
I am often nervous for no reason.	<input type="radio"/>	<input type="radio"/>
I might enjoy riding in an open elevator to the top of a tall building under construction.	<input type="radio"/>	<input type="radio"/>
I don't like to see religious authority overturned by so-called progress and logical reasoning.	<input type="radio"/>	<input type="radio"/>
	False	True
I can be deeply moved by a sunset.	<input type="radio"/>	<input type="radio"/>
My table manners are not always perfect.	<input type="radio"/>	<input type="radio"/>
I enjoy being in the spotlight.	<input type="radio"/>	<input type="radio"/>
I set very high standards for myself in my work.	<input type="radio"/>	<input type="radio"/>

When I am unhappy about something,

I tend to seek the company of a friend.

I prefer to be alone.

	False	True
My mood often goes up and down.	<input type="radio"/>	<input type="radio"/>
I know that certain people would enjoy if I got hurt.	<input type="radio"/>	<input type="radio"/>
When someone hurts me, I try to get even.	<input type="radio"/>	<input type="radio"/>
I am more likely to be fast and careless than to be slow and plodding.	<input type="radio"/>	<input type="radio"/>
It might be fun and exciting to be in an earthquake.	<input type="radio"/>	<input type="radio"/>
Strict discipline in the home would prevent much of the crime in our society.	<input type="radio"/>	<input type="radio"/>
	False	True
When listening to organ music or other powerful music, I sometimes feel as if I am being lifted into the air.	<input type="radio"/>	<input type="radio"/>
I have always been extremely courageous in facing difficult situations.	<input type="radio"/>	<input type="radio"/>
I often feel happy and satisfied for no particular reason.	<input type="radio"/>	<input type="radio"/>

	False	True
I often keep working on a problem even if I am very tired.	<input type="radio"/>	<input type="radio"/>
I am usually happier when I am alone.	<input type="radio"/>	<input type="radio"/>
I suffer from nervousness.	<input type="radio"/>	<input type="radio"/>
	False	True
People often try to take advantage of me.	<input type="radio"/>	<input type="radio"/>
I admit that I sometimes enjoy hurting someone physically.	<input type="radio"/>	<input type="radio"/>
Basically I am a happy person.	<input type="radio"/>	<input type="radio"/>
I often prefer to "play things by ear" rather than to plan ahead.	<input type="radio"/>	<input type="radio"/>

Of these two situations, I would dislike more:

Having a pilot announce that the plane has engine trouble and it may be necessary to make an emergency landing.

Working in the fields digging potatoes.

	False	True
The best way to achieve a peaceful world is to improve people's morals.	<input type="radio"/>	<input type="radio"/>
Sometimes thoughts and images come to me without any effort on my part.	<input type="radio"/>	<input type="radio"/>
At times I have been envious of someone.	<input type="radio"/>	<input type="radio"/>
I live a very interesting life.	<input type="radio"/>	<input type="radio"/>
People find me forceful.	<input type="radio"/>	<input type="radio"/>
I am a warm person rather than cool and distant.	<input type="radio"/>	<input type="radio"/>
	False	True
I often find myself worrying about something.	<input type="radio"/>	<input type="radio"/>
People often say mean things about me.	<input type="radio"/>	<input type="radio"/>
I see nothing wrong with stepping on people's toes a little if it is to my advantage.	<input type="radio"/>	<input type="radio"/>
When faced with a decision I usually take time to consider and weigh all possibilities.	<input type="radio"/>	<input type="radio"/>
I usually do not like to be a "follower."	<input type="radio"/>	<input type="radio"/>

	False	True
I would enjoy trying to cross the ocean in a small but seaworthy sailboat.	<input type="radio"/>	<input type="radio"/>
I am opposed to more censorship of books and movies because it would go against free speech.	<input type="radio"/>	<input type="radio"/>
If I wish I can imagine (or daydream) some things so vividly that it's like watching a good movie or hearing a good story.	<input type="radio"/>	<input type="radio"/>
My opinions are always completely reasonable.	<input type="radio"/>	<input type="radio"/>
Every day I do some things that are fun.	<input type="radio"/>	<input type="radio"/>
When I work with others I like to take charge.	<input type="radio"/>	<input type="radio"/>
People say that I drive myself hard.	<input type="radio"/>	<input type="radio"/>
	False	True
I am too sensitive for my own good.	<input type="radio"/>	<input type="radio"/>
My "friends" have often betrayed me.	<input type="radio"/>	<input type="radio"/>
I enjoy a good brawl.	<input type="radio"/>	<input type="radio"/>
I am very level-headed and usually have both feet on the ground.	<input type="radio"/>	<input type="radio"/>

Of these two situations I would dislike more:

Having to walk around all day on a blistered foot,
 Sleeping out on a camping trip in an area where there are rattlesnakes.

	False	True
It is a pretty unfeeling person who does not feel love and gratitude toward her/his parents.	<input type="radio"/>	<input type="radio"/>
Sometimes I can change noise into music by the way I listen to it.	<input type="radio"/>	<input type="radio"/>
If I have a humiliating experience I get over it very quickly.	<input type="radio"/>	<input type="radio"/>
I have at times eaten too much.	<input type="radio"/>	<input type="radio"/>
	False	True
I usually find ways to liven up my day.	<input type="radio"/>	<input type="radio"/>

	False	True
In most social situations I like to have someone else take the lead.	<input type="radio"/>	<input type="radio"/>
I am not a terribly ambitious person.	<input type="radio"/>	<input type="radio"/>
I am more of a "loner" than most people.	<input type="radio"/>	<input type="radio"/>
	False	True
I would be more successful if people did not make things difficult for me.	<input type="radio"/>	<input type="radio"/>
Sometimes I hit people who have done something to deserve it.	<input type="radio"/>	<input type="radio"/>
I almost never do anything reckless.	<input type="radio"/>	<input type="radio"/>

Of these two situations I would dislike more:

Being out on a sailboat during a great storm at sea,
 Having to stay home every night for two weeks with a sick relative.

I would prefer to see:

Stricter observance of major religious holidays
 Greater acceptance of nontraditional families, like single-parent families

	False	True
I can often somehow sense the presence of another person before I actually see or hear her/him	<input type="radio"/>	<input type="radio"/>
I have always been completely fair to others.	<input type="radio"/>	<input type="radio"/>
People rarely try to take advantage of me.	<input type="radio"/>	<input type="radio"/>
Most mornings the day ahead looks bright to me.	<input type="radio"/>	<input type="radio"/>
I am very good at influencing people.	<input type="radio"/>	<input type="radio"/>
	False	True
I enjoy putting in long hours.	<input type="radio"/>	<input type="radio"/>
For me one of the best experiences is the warm feeling of being in a group of good friends.	<input type="radio"/>	<input type="radio"/>

	False	True
Occasionally I have strong feelings (like anxiety or anger) without really knowing why.	<input type="radio"/>	<input type="radio"/>
I would rather turn the other cheek than get even when someone treats me badly.	<input type="radio"/>	<input type="radio"/>
I often act on the spur of the moment.	<input type="radio"/>	<input type="radio"/>

Of these two situations, I would dislike more:

Being at the circus when two lions suddenly get loose down in the ring,

Bringing my whole family to the circus and then not being able to get in because a clerk sold me tickets for the wrong night.

	False	True
Higher standards of conduct are what this country needs most.	<input type="radio"/>	<input type="radio"/>
The sound of a voice can be so fascinating to me that I can just go on listening to it.	<input type="radio"/>	<input type="radio"/>
I have at times been angry with someone.	<input type="radio"/>	<input type="radio"/>
Most days I have moments of real fun or joy.	<input type="radio"/>	<input type="radio"/>

	False	True
I often act without thinking.	<input type="radio"/>	<input type="radio"/>
When it is time to make decisions, others usually turn to me.	<input type="radio"/>	<input type="radio"/>
I often keep working on a problem long after others would have given up.	<input type="radio"/>	<input type="radio"/>
I prefer to work alone.	<input type="radio"/>	<input type="radio"/>

	False	True
Minor setbacks sometimes irritate me too much.	<input type="radio"/>	<input type="radio"/>
People often just use me instead of treating me as a person.	<input type="radio"/>	<input type="radio"/>
I don't like to start a project until I know exactly how to do it.	<input type="radio"/>	<input type="radio"/>

Of these two situations I would dislike more:

Riding a long stretch of rapids in a canoe,
Waiting for someone who's late.

	False	True
I am disgusted by dirty language.	<input type="radio"/>	<input type="radio"/>
Some music reminds me of pictures or changing patterns of color.	<input type="radio"/>	<input type="radio"/>
I always tell the entire truth.	<input type="radio"/>	<input type="radio"/>
I often feel sort of lucky for no special reason.	<input type="radio"/>	<input type="radio"/>
	False	True
I do not like to be the center of attention on social occasions.	<input type="radio"/>	<input type="radio"/>
I work just hard enough to get by without overdoing it.	<input type="radio"/>	<input type="radio"/>
I have few or no close friends.	<input type="radio"/>	<input type="radio"/>
I sometimes get very upset and tense as I think of the day's events.	<input type="radio"/>	<input type="radio"/>
	False	True
Some people are against me for no good reason.	<input type="radio"/>	<input type="radio"/>
I can't help but enjoy it when someone I dislike makes a fool of herself/himself.	<input type="radio"/>	<input type="radio"/>
I seldom feel really happy	<input type="radio"/>	<input type="radio"/>

Of these two situations I would dislike more:

Being chosen as the "target" for a knife-throwing act,
Being sick to my stomach for 24 hours.

	False	True
No decent person could ever think of hurting a close friend or relative.	<input type="radio"/>	<input type="radio"/>

	False	True
I can so completely wander off into my own thoughts while doing a routine task that I actually forget that I am doing the task and then find a few minutes later that I have finished it.	<input type="radio"/>	<input type="radio"/>
Sometimes I'm a bit lazy.	<input type="radio"/>	<input type="radio"/>
Every day interesting and exciting things happen to me.	<input type="radio"/>	<input type="radio"/>
I am quite good at convincing others to see things my way.	<input type="radio"/>	<input type="radio"/>
I push myself to my limits.	<input type="radio"/>	<input type="radio"/>
	False	True
I am happiest when I am with people most of the time.	<input type="radio"/>	<input type="radio"/>
I am often troubled by guilt feelings.	<input type="radio"/>	<input type="radio"/>
I know that people have spread false rumors about me on purpose.	<input type="radio"/>	<input type="radio"/>
I like to watch a good, vicious fight.	<input type="radio"/>	<input type="radio"/>
Before I get into a new situation I like to find out what to expect from it.	<input type="radio"/>	<input type="radio"/>
I perform for an audience whenever I can.	<input type="radio"/>	<input type="radio"/>
	False	True
I am not at all sorry to see many of the traditional values change.	<input type="radio"/>	<input type="radio"/>
I can sometimes recall certain past experiences in my life so clearly and vividly that it is like living them again, or almost so.	<input type="radio"/>	<input type="radio"/>
Never in my whole life have I taken advantage of anyone.	<input type="radio"/>	<input type="radio"/>
In my spare time I usually find something interesting to do.	<input type="radio"/>	<input type="radio"/>
In social situations I usually allow others to dominate the conversation.	<input type="radio"/>	<input type="radio"/>
I like to try difficult things.	<input type="radio"/>	<input type="radio"/>
	False	True
I prefer not to "open up" too much, not even to friends.	<input type="radio"/>	<input type="radio"/>
My mood sometimes changes from happy to sad, or sad to happy, without good reason.	<input type="radio"/>	<input type="radio"/>
I have often been lied to.	<input type="radio"/>	<input type="radio"/>

	False	True
Sometimes I just like to hit someone.	<input type="radio"/>	<input type="radio"/>
I am a cautious person.	<input type="radio"/>	<input type="radio"/>

Of these two situations I would dislike more:

Being in a flood

Carrying a ton of bricks from the backyard into the basement

	False	True
At times I somehow feel the presence of someone who is not physically there.	<input type="radio"/>	<input type="radio"/>
I have sometimes felt slightly hesitant about helping someone who asked me to.	<input type="radio"/>	<input type="radio"/>
My feelings are hurt rather easily.	<input type="radio"/>	<input type="radio"/>
For me life is a great adventure.	<input type="radio"/>	<input type="radio"/>
I do not like to organize other people's activities.	<input type="radio"/>	<input type="radio"/>
I find it really hard to give up on a project when it proves too difficult.	<input type="radio"/>	<input type="radio"/>
I often prefer not to have people around me.	<input type="radio"/>	<input type="radio"/>
I often lose sleep over my worries.	<input type="radio"/>	<input type="radio"/>
When people are friendly they usually want something from me.	<input type="radio"/>	<input type="radio"/>
When people insult me, I try to get even.	<input type="radio"/>	<input type="radio"/>
I usually make up my mind through careful reasoning.	<input type="radio"/>	<input type="radio"/>

Of these two situations I would dislike more:

Being seasick every day for a week while on an ocean voyage

Having to stand on the window ledge of the 25th floor of a hotel because there's a fire in my room

	False	True
People should obey moral laws more strictly than they do.	<input type="radio"/>	<input type="radio"/>
I have never felt that I was better than someone else.	<input type="radio"/>	<input type="radio"/>
I always seem to have something exciting to look forward to.	<input type="radio"/>	<input type="radio"/>
I don't enjoy trying to convince people of something.	<input type="radio"/>	<input type="radio"/>
I like hard work.	<input type="radio"/>	<input type="radio"/>
Never in my whole life have I wished for anything that I was not entitled to.	<input type="radio"/>	<input type="radio"/>
I am rather aloof and maintain distance between myself and others.	<input type="radio"/>	<input type="radio"/>
There are days when I'm "on edge" all of the time.	<input type="radio"/>	<input type="radio"/>
I have had a lot of bad luck.	<input type="radio"/>	<input type="radio"/>
Sometimes I seem to enjoy hurting people by saying mean things.	<input type="radio"/>	<input type="radio"/>
I generally do not like to have detailed plans.	<input type="radio"/>	<input type="radio"/>
It might be fun learning to walk a tightrope.	<input type="radio"/>	<input type="radio"/>
High moral standards are the most important thing parents can teach their children.	<input type="radio"/>	<input type="radio"/>
Sometimes I am so immersed in nature or in art that I feel as if my whole state of consciousness has somehow been temporarily changed.	<input type="radio"/>	<input type="radio"/>

End of Survey Block

Thank you for completing this survey. Please hand the iPad to the study staff.

Please hand the iPad to the study staff.

Eligibility block

DSM5 score is \${e://Field/DSM5_score}

The participant is **Eligible**

DSM5 score is \${e://Field/DSM5_score}

The participant is **Ineligible**

SCL90 Psy is \${e://Field/psychosis} . 2.24 is cut score for further evaluation

SCL90 Par is \${e://Field/paranoia}. 2.82 is cut score for further evaluation

The participant DID endorse one or both of these questions:

Thoughts of ending your life: \${q://QID261/ChoiceGroup/SelectedAnswers/15}

Thoughts of death or dying: \${q://QID261/ChoiceGroup/SelectedAnswers/59}

Please administer the clinic intervention protocol.

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