

ANSWERS SHOULD REFLECT MOOD FOR LAST TWO WEEKS

ELEVATED MOOD

- I have much more energy than usual 0__ 1__ 2__ 3__ 4__
 - I feel extremely happy or confident 0__ 1__ 2__ 3__ 4__
 - I am irritable and short tempered 0__ 1__ 2__ 3__ 4__
 - I have heightened interest in sex 0__ 1__ 2__ 3__ 4__
 - My thoughts are racing 0__ 1__ 2__ 3__ 4__
- T____/20

DEPRESSED MOOD

- I feel down, depressed, or sad 0__ 1__ 2__ 3__ 4__
 - I have feelings of helplessness 0__ 1__ 2__ 3__ 4__
 - I have crying spells (or feel like it) 0__ 1__ 2__ 3__ 4__
 - I feel hopeless about the future 0__ 1__ 2__ 3__ 4__
 - I've lost interest or pleasure in things 0__ 1__ 2__ 3__ 4__
 - I'm tired or have low energy 0__ 1__ 2__ 3__ 4__
 - I feel guilty or worthless 0__ 1__ 2__ 3__ 4__
 - I have a poor appetite, or I overeat 0__ 1__ 2__ 3__ 4__
 - My memory has gotten bad 0__ 1__ 2__ 3__ 4__
 - It's hard to concentrate 0__ 1__ 2__ 3__ 4__
- T____/40

OBSESSIVE FEATURES

- I tend to worry excessively 0__ 1__ 2__ 3__ 4__
 - I tend to be a perfectionist 0__ 1__ 2__ 3__ 4__
 - I do tasks slowly to ensure accuracy 0__ 1__ 2__ 3__ 4__
 - I worry about germs or contamination 0__ 1__ 2__ 3__ 4__
 - It is often hard to make decisions 0__ 1__ 2__ 3__ 4__
- T____/20

COMPULSIVE FEATURES

- I tend to check and recheck things 0__ 1__ 2__ 3__ 4__
 - I bite my nails or pull at my hair 0__ 1__ 2__ 3__ 4__
 - I wash my hands or bathe excessively 0__ 1__ 2__ 3__ 4__
 - I need to count things repeatedly 0__ 1__ 2__ 3__ 4__
 - I must keep things neat and clean 0__ 1__ 2__ 3__ 4__
- T____/20

AGITATED FEATURES

- I pace, fidget, or am unable to sit still 0__ 1__ 2__ 3__ 4__
 - I feel more impatient when driving 0__ 1__ 2__ 3__ 4__
 - I yell at or argue with family/friends 0__ 1__ 2__ 3__ 4__
 - I am having outbursts of anger 0__ 1__ 2__ 3__ 4__
 - I have thoughts of harming others 0__ 1__ 2__ 3__ 4__
- T____/20

ATYPICAL THOUGHTS

- People are watching/talking about me 0__ 1__ 2__ 3__ 4__
 - Others can read my private thoughts 0__ 1__ 2__ 3__ 4__
 - I hear voices that others do not hear 0__ 1__ 2__ 3__ 4__
 - I see things that aren't really there 0__ 1__ 2__ 3__ 4__
 - Someone can control my thoughts 0__ 1__ 2__ 3__ 4__
- T____/20

0 = NOT AT ALL

4 = EXTREMELY

VEGETATIVE FEATURES

- I sleep too much 0__ 1__ 2__ 3__ 4__
 - I am often in bed or on the couch 0__ 1__ 2__ 3__ 4__
 - My housekeeping has deteriorated 0__ 1__ 2__ 3__ 4__
 - I spend most of my time alone 0__ 1__ 2__ 3__ 4__
 - My personal hygiene has fallen off 0__ 1__ 2__ 3__ 4__
- T____/20

SOCIAL ANXIETY

- I'm uncomfortable in social situations 0__ 1__ 2__ 3__ 4__
 - I'm intimidated by people in authority 0__ 1__ 2__ 3__ 4__
 - I fear embarrassing myself in public 0__ 1__ 2__ 3__ 4__
 - I get panicky in social situations 0__ 1__ 2__ 3__ 4__
 - I avoid going to parties 0__ 1__ 2__ 3__ 4__
 - I avoid being the center of attention 0__ 1__ 2__ 3__ 4__
 - Being criticized scares or angers me 0__ 1__ 2__ 3__ 4__
 - I avoid having to give speeches 0__ 1__ 2__ 3__ 4__
 - I'd do anything to avoid criticism 0__ 1__ 2__ 3__ 4__
 - Talking to strangers scares me 0__ 1__ 2__ 3__ 4__
- T____/40

PANIC ANXIETY

- I have episodes of intense fear 0__ 1__ 2__ 3__ 4__
 - During these episodes I have the following:
 - Palpitations, pounding/fast heart rate 0__ 1__ 2__ 3__ 4__
 - Sweating, trembling or shaking 0__ 1__ 2__ 3__ 4__
 - Shortness of breath/smothered feeling 0__ 1__ 2__ 3__ 4__
 - Chest pain or discomfort 0__ 1__ 2__ 3__ 4__
 - Feeling dizzy, lightheaded or faint 0__ 1__ 2__ 3__ 4__
 - Fear of losing control or of dying 0__ 1__ 2__ 3__ 4__
 - Numbness/tingling/feeling of unreality 0__ 1__ 2__ 3__ 4__
 - Chills, hot flashes or nausea 0__ 1__ 2__ 3__ 4__
 - Persistent concern about more attacks 0__ 1__ 2__ 3__ 4__
- T____/40

THOUGHTS OF SUICIDE

- I often wish I were dead 0__ 1__ 2__ 3__ 4__
 - Others would be better off without me 0__ 1__ 2__ 3__ 4__
 - I think about ways to end my life 0__ 1__ 2__ 3__ 4__
 - I have a specific plan for suicide 0__ 1__ 2__ 3__ 4__
 - I have decided to commit suicide 0__ 1__ 2__ 3__ 4__
- T____/20

DIFFICULTY SLEEPING

- I have trouble getting to sleep 0__ 1__ 2__ 3__ 4__
 - I wake repeatedly during the night 0__ 1__ 2__ 3__ 4__
 - I awaken too early in the morning 0__ 1__ 2__ 3__ 4__
 - I've gone for days with nearly no sleep 0__ 1__ 2__ 3__ 4__
 - I sleep more than 8 hours each night 0__ 1__ 2__ 3__ 4__
- T____/20