ADA

Instructions:

We realize what a difficult time this is for you. Nevertheless, we need more information so we can fully understand the extent of the problems you have been struggling with.

All questions in this questionnaire should be answered. These results are confidential. Do not skip any questions. Your cooperation in completing this questionnaire is appreciated.

When you understand these instructions you may begin.

Section 1

The statements in this section are to be answered true or false. If a statement is **true**, put an X under **T** for **True** on your answer sheet. If a statement is **false**, put an X under **F** for **False** on your answer sheet.

1. It bothers me when I am overlooked or ignored by someone I know.
2. My mood is depressed most of the day, nearly everyday.
3. Attending social functions (groups, crowds and public gatherings) almost always elicits fear and anxiety in me.
4. For several months I have been experiencing excessive anxiety and worry about a number of everyday events and/or activities in my life.
5. I am concerned that my social anxiety symptoms (e.g., sweating, blushing, dry mouth, stumbling over my words) will be seen by others as embarrassing, demeaning or humiliating.
6. I have intense fear and anxiety when exposed to particular objects (e.g., snakes, animals, etc.) or situations (e.g., heights, flying, seeing blood, or getting an injection).
7. There are times when I am really down, depressed and discouraged.
8. It is very difficult for me to control or reduce my worries and anxieties.
9. I typically experience intense fear and anxiety when using public transportation (e.g., buses, trains, cars, ships, planes).
10. I am depressed nearly everyday.
11. When I am alone (no companion) in open spaces like parking lots or fields, I experience distressing fear and anxiety.
12. I have been offended and hurt by what someone said about me.
13. I have been restless, keyed-up or on edge for several months.
14. Since my depression I have lost interest and pleasure in all, or almost all, of the activities I used to enjoy.
15. I have experienced fear and distressing anxiety when standing in line, with no companion, or when I am alone in a crowd.
16. There are times when I worry about what people think or say about me.
17. I avoid social situations whenever possible or endure them with a great deal of fear and anxiety.
18. Although I am not dieting I have lost (or gained) a lot of weight.
19. I experience apprehension, distressing fear and intense anxiety when I am alone (no companion) in enclosed spaces like elevators, the subway or movie theatres.
20. Whenever possible I avoid “specific phobias” (phobic objects or situations). When I must, I endure them with intense fear and anxiety.
21. I have lied to a family member or close friend to avoid a confrontation or argument.
22. I have a difficult time concentrating, staying focused or sustaining my attention. Sometimes it’s like my mind goes blank.

23. My “social anxieties,” apprehensions and fears are excessive to the actual threat posed by these situations.

24. Nearly every night I have difficulty falling asleep or staying asleep.

25. I fear and avoid agoraphobic situations like crowds, groups or public gatherings when I think escape might be difficult or help may not be available if needed.

26. There are times when I am concerned that others may not approve of me.

27. People close to me have been commenting on my irritability, touchiness or grouchiness.

28. Others have noticed my restless pacing and inability to sit still or relax.

29. My “specific phobic” fears and anxieties are excessive to the actual danger posed.

30. There have been times when I have strongly disliked someone.

31. Recently I have been having a lot of muscle tension and soreness.

32. My social anxiety (fear or avoidance of social situations) is persistent and lasts for some time.

33. I feel as if I am alone (emotionally isolated) and don’t fit in anymore.

34. I have experienced intense fear and anxiety when I was alone (no companion) outside my home (residence).

35. My “specific phobic” fears, anxieties and avoidance behaviors have lasted for several months.

36. There are times when I get very discouraged and unhappy.

37. The intensity and duration of my worries and anxieties are excessive (much more than would normally be expected).

38. My social anxieties and avoidance behaviors have noticeably damaged my social and recreational involvement, and to some extent my occupational functioning.

39. I am tired, fatigued, worn out and feel exhausted almost everyday.

40. My “specific phobic” fears, anxieties and avoidance behaviors have impaired my social, recreational and occupational functioning.

41. There have been times when I have lied to my parents, significant other or spouse.

42. My worries and anxieties are excessive and interfere with my personal and social life.

43. I am concerned that my social anxieties and avoidance behaviors will make me look weak, fearful, strange or weird, which turns people off and they then reject or turn away from me.

44. I need someone I can talk to about my problems and concerns.

45. I try to avoid agoraphobic situations (e.g., crowds or public gatherings) or have a companion with me. If I must endure such public gatherings alone, I do so with intense fear and distressing anxiety.

46. I usually go along with what my friends want.

47. My panic attacks are recurrent and unexpected. (If you have not had a panic attack answer false).

48. Sometimes I experience “anticipatory anxiety” which occurs in advance of an upcoming social event and involves excessive worry.

49. I am dissatisfied with my life.

50. I experience intense fear and anxiety when faced with three or more of the following situations (answer true or false on your answer sheet):
    a. Using public transportation.
    b. Being alone in open spaces.
    c. Being alone in enclosed places.
    d. Standing in line alone.
    e. Being outside my home - alone.
    f. Being alone in a crowd.

51. My panic attack symptoms may vary, but usually include some of the following: an accelerated (pounding) heart rate, shortness of breath, feeling light headed or faint, fear of losing my mind and a fear of dying.

52. Sometimes I get angry and upset at myself.

53. I am an anxious person.

54. I have felt inadequate and worthless almost everyday for sometime now.

55. My agoraphobic situations (e.g., lines, crowds or being alone outside) almost always trigger fear and anxiety in me.

56. Over the years I have been embarrassed, uncomfortable or uneasy about some of the things I have said or done.

57. My worries and anxieties are excessive and have greatly impaired or reduced my social, recreational and to some extent my occupational functioning.

58. My social anxiety reflects my fear of offending others or being rejected by them.

59. I feel like nobody really cares about me anymore.

60. I am depressed.

61. I have been diagnosed and/or treated for depression.

62. I have a persistent, upsetting and painful fear of having another panic attack.

63. My “specific phobic” reactions (fear and anxiety) are immediate, intense and severe.

64. I have wished I could go back in time and do some things over – but differently.

65. I worry excessively about a number of routine, everyday activities, like going to the store alone.

66. I have been diagnosed and/or treated for social anxiety.

67. People close to me have noticed my impaired or damaged ability to think, concentrate and make decisions.

68. It doesn’t help me to be told that my agoraphobic fears and anxieties are excessive.

69. I have a “specific phobia” (or phobias).

70. I do not always tell the whole truth when asked about my personal life (e.g., my relationships, sexual behavior or money).

71. People that know me tell me I have an anxiety problem.

72. I have a social anxiety disorder.

73. I have been diagnosed and/or treated for anxiety, or more specifically a “generalized anxiety disorder.”

74. My agoraphobic fears, anxieties and avoidance behaviors sometimes last several months.

75. My panic attacks begin with a sudden onset of intense fear and distressing anxiety.

76. I have never been influenced by a friend to do something I knew was wrong.

77. My agoraphobic reactions (fears, anxieties or avoidance) have caused significant impairments (damages) to my social, occupational and/or recreational functioning.

78. When I am anxious I often sweat excessively, tremble, have a dry mouth and may feel nauseous.

79. Three or more of the following apply to me (answer true or false on your answer sheet).
    a. Depressed mood.
    b. Feeling hopeless.
    c. Feeling worthless.
    d. Excessive guilt feelings.
    e. Undeserving of life.
    f. Diminished interest and pleasure in my everyday activities.

80. When in an agoraphobic situation (e.g., alone in a crowd or alone outside my home) I usually think something terrible is going to happen.

81. I have been diagnosed and/or treated for panic attacks.

82. I have multiple "specific phobias."

83. I regret some of the things I have said and done when I was angry or mad.

84. My worries and anxieties are accompanied by at least three of the following symptoms (answer true or false on your answer sheet):
    a. Restless or on edge.
    b. Easily fatigued or tired.
    c. Difficulty concentrating.
    d. Muscle tension and soreness.
    e. Irritability or touchiness.
    f. Disturbed sleep (insomnia).

85. My depression has greatly impaired my interpersonal, social and recreational functioning. It has also negatively affected my work.

86. I have no fun, enjoyment or joy in my life anymore.

87. There are times at home when I get really frustrated and angry.

88. Before and during a panic attack I fear I am going crazy.

89. My generalized anxiety disorder is characterized by excessive and intense anxiety, apprehension and/or fear.

90. I have recurrent suicidal thoughts about killing myself.

91. I am agoraphobic and depend on others for basic services (e.g., transportation, grocery shopping and/or delivery, or a companion when leaving my home).

92. I have been diagnosed and/or treated for a "specific phobia."

93. Sometimes I worry about myself and my happiness.

94. Some of my anxiety symptoms (or worries) have been present for several months.

95. There are times when I am troubled, worried or concerned that others may think badly of me.

96. Two or more of the following apply to me (answer true or false on your answer sheet). I:
    a. have suicidal thoughts.
    b. have a suicide plan.
    c. intend to kill myself.
    d. attempted suicide before.
    e. told another (others) about my suicidal intentions.
    f. None of the above.

97. I have been depressed for two or more years

98. At least three of the following symptoms have been experienced by me for two years or more. Symptom free intervals have lasted no longer than two months (answer true or false on your answer sheet).
    a. Poor appetite or overeating.
    b. Fatigue or low energy.
    c. Low self-esteem.
    d. Deprived or excessive sleeping.
    e. Hopelessness feelings.
    f. Depressed mood for two or more years.

99. There have been times, albeit brief moments, when I have daydreamed or thought about winning the lottery.

100. It is difficult for me to keep worrisome thoughts from interfering with my everyday duties, tasks and routine.

101. I have been diagnosed and/or treated for agoraphobia.

Section 2

Each of the following items contains a pair of opposite words (antonyms). Compare these opposite terms and decide which answer is most accurate for you.

If the word on the left side describes you better, choose "very often" or "often," which are numbered "1" and "2" on the left side of the page. However, if the word on the right side is more accurate, choose "often" or "very often," which are numbered "4" and "5" on the right side of the page. If you can't decide, select "3."

Each pair of terms is on the same line, located on the left and right side of the page. **Mark only one answer, on your answer sheet, for each item or pair of terms.** Put an X on your answer sheet under the number that represents your answer.

		VERY OFTEN	OFTEN	CAN'T DECIDE	OFTEN	VERY OFTEN	
		1	**2**	**3**	**4**	**5**	
102.	Boring	_____	_____	_____	_____	_____	Interesting
103.	Confident	_____	_____	_____	_____	_____	Unsure
104.	Liked	_____	_____	_____	_____	_____	Disliked
105.	Weak	_____	_____	_____	_____	_____	Strong
106.	Useless	_____	_____	_____	_____	_____	Useful
		1	**2**	**3**	**4**	**5**	
107.	Secure	_____	_____	_____	_____	_____	Insecure
108.	Hopeless	_____	_____	_____	_____	_____	Hopeful
109.	Happy	_____	_____	_____	_____	_____	Unhappy
110.	Dissatisfied	_____	_____	_____	_____	_____	Satisfied
111.	Accepted	_____	_____	_____	_____	_____	Rejected
		1	**2**	**3**	**4**	**5**	
112.	Unstable	_____	_____	_____	_____	_____	Stable
113.	Wanted	_____	_____	_____	_____	_____	Unwanted
114.	Valueless	_____	_____	_____	_____	_____	Valued
115.	Loved	_____	_____	_____	_____	_____	Unloved
116.	Successful	_____	_____	_____	_____	_____	Unsuccessful
		1	**2**	**3**	**4**	**5**	
117.	Tolerant	_____	_____	_____	_____	_____	Intolerant
118.	Worthy	_____	_____	_____	_____	_____	Worthless
119.	Insincere	_____	_____	_____	_____	_____	Sincere
120.	Positive	_____	_____	_____	_____	_____	Negative
121.	Unrealistic	_____	_____	_____	_____	_____	Realistic

Answer all items on your answer sheet

Section 3
Select the answer to each of the following statements that is accurate for you. Put an X under the number (1, 2, 3, 4, 5 or 6) that applies to you now.

122. How would you describe your fears, worries and anxieties?
    1. Not a problem.
    2. Some anxiety.
    3. Mild anxiety.
    4. Moderate anxiety.
    5. An anxiety problem.
    6. A severe anxiety problem.

123. Rate the severity of your generalized anxiety disorder on a ten-point scale. One represents "no anxiety" and ten represents "severe anxiety." I rate my anxiety as:
    1. No anxiety (rate 0 or 1).
    2. Some anxiety (rate 2 or 3).
    3. Mild anxiety (rate 4 or 5).
    4. Moderate anxiety (rate 6 or 7).
    5. An anxiety problem (rate 8 or 9).
    6. Severe anxiety (rate 10).

124. How would you describe your "social anxiety?"
    1. No social anxiety.
    2. Some social anxiety.
    3. Mild social anxiety.
    4. Moderate social anxiety.
    5. A social anxiety problem.
    6. Severe social anxiety.

125. How would you describe your agoraphobia?
    1. I don't have agoraphobia.
    2. Some agoraphobia.
    3. Mild agoraphobia
    4. Moderate agoraphobia.
    5. An agoraphobic problem.
    6. Severe agoraphobia.

126. I have reduced or given up important family, social, occupational and recreational activities because of my (select one of the following choices):
    1. Generalized anxiety.
    2. Social anxiety.
    3. Agoraphobia.
    4. Panic attacks.
    5. "Specific phobia(s)."
    6. None of the above.

127. My panic attack symptoms also include the following (check all that apply to you):
    1. Numbness or tingling sensations.
    2. Feelings of unreality.
    3. Fear of future attacks.
    4. Feeling detached from myself.
    5. Fear of dying.
    6. None of the above.

128. How many "abrupt surges" of intense fear, anxiety, and discomfort that peaks within minutes (i.e., panic attack) have you had?
    1. One or two.
    2. Three or four.
    3. Five or six.
    4. Seven or eight.
    5. Nine or more.
    6. None.

129. How would you describe your "specific phobia(s)?"
    1. No "specific phobia(s)."
    2. Some "specific phobias."
    3. Mild "specific phobias."
    4. Moderate "specific phobias."
    5. A specific "phobia problem."
    6. A severe "specific phobia."

130. Rate the severity of your depression on a ten-point scale. One represents "no depression" and ten represents "a severe depression." I rate my depression as:
    1. No depression (rate 0 or 1).
    2. Some depression (rate 2 or 3).
    3. Mild depression (rate 4 or 5).
    4. Moderate depression (rate 6 or 7).
    5. A depression problem (rate 8 or 9).
    6. A severe depression (rate 10).

131. How would you describe your self-esteem?
    1. Very positive self-esteem.
    2. Positive self-esteem.
    3. Acceptable self-esteem.
    4. Low self-esteem.
    5. Very poor self-esteem.
    6. Extremely low (poor) self-esteem.

132. How many times have you attempted to kill yourself, or commit suicide?
    1. Never attempted suicide.
    2. Attempted suicide once.
    3. Two or three attempts.
    4. Four or five attempts.
    5. Six or seven attempts.
    6. Eight or more attempts.

133. My depressed mood has been:
    1. Present for two or more years.
    2. Symptom free for no longer than two month intervals.
    3. Varies over time between problematic and severe depression.
    4. Felt hopeless and worthless throughout the two plus years.
    5. All of the above (1, 2, 3 and 4).
    6. None of the above.

134. Rate the severity of your social anxiety. One represents "no social anxiety" and ten represents "severe social anxiety." I rate my social anxiety as:
    1. No social anxiety (rate 0).
    2. Some social anxiety (rate 1 or 2).
    3. Mild social anxiety (rate 3 or 4).
    4. Moderate social anxiety (rate 5 or 6).
    5. A social anxiety problem (rate 7 or 8).
    6. Severe social anxiety (rate 9 or 10).

Section 4

Listed below are question where you can select more than one answer. Put an X in the box or boxes on your answer sheet that reflect your answers or selections

135. How many of the following apply to you (check all that apply):
    1. Suicidal thoughts.
    2. A suicide plan.
    3. Suicidal intentions.
    4. Have discussed my suicidal intention with my doctor, family member, close friend or confidant.
    5. All of the above.
    6. None of the above.

136. I have been diagnosed and/or treated for the following (check all that apply to you):
    1. Depression.
    2. Poor self-esteem.
    3. Suicidal intentions.
    4. Generalized anxiety.
    5. All of the above.
    6. None of the above.

137. During a panic attack I have experienced the following symptoms (check all that apply to you):
    1. Accelerated heart rate or pounding heart.
    2. Excessive sweating.
    3. Trembling or shaking.
    4. Shortness of breath / a smothering sensation.
    5. Choking sensations.
    6. None of the above.

138. My panic attack symptoms also include the following (check all that apply to you):
    1. Chest pain / discomfort.
    2. Nausea or vomiting.
    3. Unsteady / light headed / faint.
    4. Chills or heat sensations.
    5. Fear of losing control or going crazy.
    6. None of the above.

Thank you for your cooperation.
Please return your assessment materials.

ADA Assessment Answer Sheet

FIRST NAME: MIDDILE INITIAL: LAST NAME	
LAST FOR DIGITS OF SSN:	AGE;
SEX:	MARITAL STATUS:
ETHNICITY (Race):	EDUCATION (Highest Grade Completed):
DATE OF BIRTH:	TODAY'S DATE:

Section 1. If a statement is **True** or **Mostly True** make a mark under **T** for **True.** If a statement is **False** or **Mostly False** make a mark under **F** for **False**.

	T	F		T	F		T	F		T	F
1.	____	____	26.	____	____	51.	____	____	76.	____	____
2.	____	____	27.	____	____	52.	____	____	77.	____	____
3.	____	____	28.	____	____	53.	____	____	78.	____	____
4.	____	____	29.	____	____	54.	____	____	79.	____	____
5.	____	____	30.	____	____	55.	____	____	80.	____	____
6.	____	____	31.	____	____	56.	____	____	81.	____	____
7.	____	____	32.	____	____	57.	____	____	82.	____	____
8.	____	____	33.	____	____	58.	____	____	83.	____	____
9.	____	____	34.	____	____	59.	____	____	84.	____	____
10.	____	____	35.	____	____	60.	____	____	85.	____	____
11.	____	____	36.	____	____	61.	____	____	86.	____	____
12.	____	____	37.	____	____	62.	____	____	87.	____	____
13.	____	____	38.	____	____	63.	____	____	88.	____	____
14.	____	____	39.	____	____	64.	____	____	89.	____	____
15.	____	____	40.	____	____	65.	____	____	90.	____	____
16.	____	____	41.	____	____	66.	____	____	91.	____	____
17.	____	____	42.	____	____	67.	____	____	92.	____	____
18.	____	____	43.	____	____	68.	____	____	93.	____	____
19.	____	____	44.	____	____	69.	____	____	94.	____	____
20.	____	____	45.	____	____	70.	____	____	95.	____	____
21.	____	____	46.	____	____	71.	____	____	96.	____	____
22.	____	____	47.	____	____	72.	____	____	97.	____	____
23.	____	____	48.	____	____	73.	____	____	98.	____	____
24.	____	____	49.	____	____	74.	____	____	99.	____	____
25.	____	____	50.	____	____	75.	____	____	100.	____	____
									101.	____	____

Section 2

Put an **X** under the number (**1, 2, 3, 4** or **5**) that applies to you now. Your answers should represent your **self-rating**.

	Very Often	Often	Can't Decide	Often	Very Often
	1	**2**	**3**	**4**	**5**
102.					
103.					
104.					
105.					
106.					
107.					
108.					
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111.					
112.					
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115.					
116.					
117.					
118.					
119.					
120.					
121.					

Section 3

Select the answer to each of the following statements that is accurate for you. Put an **X** under the number (**1, 2, 3, 4, 5** or **6**) that applies to you **now**.

	1	**2**	**3**	**4**	**5**	**6**
122.						
123.						
124.						
125.						
126.						
127.						
128.						
129.						
130.						
131.						
132.						
133.						
134.						

Section 4

Listed below are question where you can select more than one answer. Put an X in the box or boxes that reflect your answers or selections

135. How many of the following apply to you (check all that apply):
    1. ☐ Suicidal ideation (thoughts).
    2. ☐ A suicide plan.
    3. ☐ Suicidal intentions.
    4. ☐ Have discussed my suicidal intention with my doctor, family member, close friend or confidant.
    5. ☐ All of the above.
    6. ☐ None of the above.

136. I have been diagnosed and/or treated for the following (check all that apply to you):
    1. ☐ Depression.
    2. ☐ Poor self-esteem.
    3. ☐ Suicidal intentions.
    4. ☐ Generalized Anxiety.
    5. ☐ All of the above.
    6. ☐ None of the above.

137. During a panic attack I have experienced the following symptoms (check all that apply to you):
    1. ☐ Accelerated heart rate or pounding heart.
    2. ☐ Excessive sweating.
    3. ☐ Trembling or shaking.
    4. ☐ Shortness of breath / a smothering sensation.
    5. ☐ Choking sensations.
    6. ☐ None of the above.

138. My panic attack symptoms also include the following (check all that apply to you):
    1. ☐ Chest pain / discomfort.
    2. ☐ Nausea or vomiting.
    3. ☐ Unsteady / light headed / faint.
    4. ☐ Chills or heat sensations
    5. ☐ Fear of losing control or going crazy.
    6. ☐ None of the above.