

LEVEL 2—Anxiety—Adult*

*PROMIS Emotional Distress—Anxiety—Short Form

Name: _____ Age: _____ Sex: Male Female Date: _____

If the measure is being completed by an informant, what is your relationship with the individual? _____

In a typical week, approximately how much time do you spend with the individual? _____ hours/week

Instructions to patient: On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* you (individual receiving care) have been bothered by “feeling nervous, anxious, frightened, worried, or on edge”, “feeling panic or being frightened”, and/or “avoiding situations that make you anxious” at a mild or greater level of severity. The questions below ask about these feelings in more detail and especially how often you (individual receiving care) have been bothered by a list of symptoms **during the past 7 days**. Please respond to each item by marking (✓ or x) one box per row.

							Clinician Use
In the past SEVEN (7) DAYS....							Item Score
		Never	Rarely	Sometimes	Often	Always	
1.	I felt fearful.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
2.	I felt anxious.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
3.	I felt worried.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
4.	I found it hard to focus on anything other than my anxiety.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
5.	I felt nervous.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
6.	I felt uneasy.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
7.	I felt tense.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Total/Partial Raw Score:							
Prorated Total Raw Score:							
T-Score:							

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Severity Measure for Depression—Adult*

* Adapted from the Patient Health Questionnaire—9 (PHQ-9)

Name: _____ Age: _____ Sex: Male Female Date: _____

Instructions: Over the **last 7 days**, how often have you been bothered by any of the following problems? (Use “✓” to indicate your answer)

						Clinician Use
						Item score
		Not at all	Several days	More than half the days	Nearly every day	
1.	Little interest or pleasure in doing things	0	1	2	3	
2.	Feeling down, depressed, or hopeless	0	1	2	3	
3.	Trouble falling or staying asleep, or sleeping too much	0	1	2	3	
4.	Feeling tired or having little energy	0	1	2	3	
5.	Poor appetite or overeating	0	1	2	3	
6.	Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3	
7.	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3	
8.	Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3	
9.	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3	
Total/Partial Raw Score:						
Prorated Total Raw Score: (if 1-2 items left unanswered)						

Adapted from Patient Health Questionnaire—9 (PHQ-9) for research and evaluation purposes.

QUICK INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (SELF-REPORT)
THIS SECTION FOR USE BY STUDY PERSONNEL ONLY.
<p>Questionnaire completed on visit date <input type="checkbox"/> or specify date completed: _____</p> <p style="text-align: right; font-size: small;">DD-Mon-YYYY</p>
Only the patient (subject) should enter information onto this questionnaire.
<p>PLEASE CHECKMARK THE ONE RESPONSE TO EACH ITEM THAT IS MOST APPROPRIATE TO HOW YOU HAVE BEEN FEELING OVER THE PAST 7 DAYS.</p> <p>1. Falling asleep:</p> <ul style="list-style-type: none"> <input type="checkbox"/>0 I never took longer than 30 minutes to fall asleep. <input type="checkbox"/>1 I took at least 30 minutes to fall asleep, less than half the time (3 days or less out of the past 7 days). <input type="checkbox"/>2 I took at least 30 minutes to fall asleep, more than half the time (4 days or more out of the past 7 days). <input type="checkbox"/>3 I took more than 60 minutes to fall asleep, more than half the time (4 days or more out of the past 7 days). <p>2. Sleep during the night:</p> <ul style="list-style-type: none"> <input type="checkbox"/>0 I didn't wake up at night. <input type="checkbox"/>1 I had a restless, light sleep, briefly waking up a few times each night. <input type="checkbox"/>2 I woke up at least once a night, but I got back to sleep easily. <input type="checkbox"/>3 I woke up more than once a night and stayed awake for 20 minutes or more, more than half the time (4 days or more out of the past 7 days). <p>3. Waking up too early:</p> <ul style="list-style-type: none"> <input type="checkbox"/>0 Most of the time, I woke up no more than 30 minutes before my scheduled time. <input type="checkbox"/>1 More than half the time (4 days or more out of the past 7 days), I woke up more than 30 minutes before my scheduled time. <input type="checkbox"/>2 I almost always woke up at least one hour or so before my scheduled time, but I got back to sleep eventually. <input type="checkbox"/>3 I woke up at least one hour before my scheduled time, and couldn't get back to sleep. <p>4. Sleeping too much:</p> <ul style="list-style-type: none"> <input type="checkbox"/>0 I slept no longer than 7-8 hours/night, without napping during the day. <input type="checkbox"/>1 I slept no longer than 10 hours in a 24-hour period including naps. <input type="checkbox"/>2 I slept no longer than 12 hours in a 24-hour period including naps. <input type="checkbox"/>3 I slept longer than 12 hours in a 24-hour period including naps. <p>5. Feeling sad:</p> <ul style="list-style-type: none"> <input type="checkbox"/>0 I didn't feel sad. <input type="checkbox"/>1 I felt sad less than half the time (3 days or less out of the past 7 days). <input type="checkbox"/>2 I felt sad more than half the time (4 days or more out of the past 7 days). <input type="checkbox"/>3 I felt sad nearly all of the time.

QUICK INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (SELF-REPORT)	
PLEASE CHECKMARK THE ONE RESPONSE TO EACH ITEM THAT IS MOST APPROPRIATE TO HOW YOU HAVE BEEN FEELING OVER THE PAST 7 DAYS.	
Please complete <u>either 6 or 7</u> (not both)	
<p>6. Decreased appetite:</p> <p><input type="checkbox"/>0 There was no change in my usual appetite.</p> <p><input type="checkbox"/>1 I ate somewhat less often or smaller amounts of food than usual.</p> <p><input type="checkbox"/>2 I ate much less than usual and only by forcing myself to eat.</p> <p><input type="checkbox"/>3 I rarely ate within a 24-hour period, and only by really forcing myself to eat or when others persuaded me to eat.</p>	<p>7. Increased appetite:</p> <p><input type="checkbox"/>0 There was no change in my usual appetite.</p> <p><input type="checkbox"/>1 I felt a need to eat more frequently than usual.</p> <p><input type="checkbox"/>2 I regularly ate more often and/or greater amounts of food than usual.</p> <p><input type="checkbox"/>3 I felt driven to overeat both at mealtime and between meals.</p>
Please complete <u>either 8 or 9</u> (not both)	
<p>8. Decreased weight (within the last 14 days):</p> <p><input type="checkbox"/>0 My weight has not changed.</p> <p><input type="checkbox"/>1 I feel as if I've had a slight weight loss.</p> <p><input type="checkbox"/>2 I've lost 2 pounds (about 1 kilo) or more.</p> <p><input type="checkbox"/>3 I've lost 5 pounds (about 2 kilos) or more.</p>	<p>9. Increased weight (within the last 14 days):</p> <p><input type="checkbox"/>0 My weight has not changed.</p> <p><input type="checkbox"/>1 I feel as if I've had a slight weight gain.</p> <p><input type="checkbox"/>2 I've gained 2 pounds (about 1 kilo) or more.</p> <p><input type="checkbox"/>3 I've gained 5 pounds (about 2 kilos) or more.</p>
<p>10. Concentration/decision-making:</p> <p><input type="checkbox"/>0 There was no change in my usual ability to concentrate or make decisions.</p> <p><input type="checkbox"/>1 I occasionally felt indecisive or found that my attention wandered.</p> <p><input type="checkbox"/>2 Most of the time, I found it hard to focus or to make decisions.</p> <p><input type="checkbox"/>3 I couldn't concentrate well enough to read or I couldn't make even minor decisions.</p>	
<p>11. Perception of myself:</p> <p><input type="checkbox"/>0 I saw myself as equally worthwhile and deserving as other people.</p> <p><input type="checkbox"/>1 I put the blame on myself more than usual.</p> <p><input type="checkbox"/>2 For the most part, I believed that I caused problems for others.</p> <p><input type="checkbox"/>3 I thought almost constantly about major and minor defects in myself.</p>	
<p>12. Thoughts of my own death or suicide:</p> <p><input type="checkbox"/>0 I didn't think of suicide or death.</p> <p><input type="checkbox"/>1 I felt that life was empty or wondered if it was worth living.</p> <p><input type="checkbox"/>2 I thought of suicide or death several times for several minutes over the past 7 days.</p> <p><input type="checkbox"/>3 I thought of suicide or death several times a day in some detail, or I made specific plans for suicide or actually tried to take my life.</p>	

QUICK INVENTORY OF DEPRESSIVE SYMPTOMATOLOGY (SELF-REPORT)		
<p>PLEASE CHECKMARK THE ONE RESPONSE TO EACH ITEM THAT IS MOST APPROPRIATE TO HOW YOU HAVE BEEN FEELING OVER THE PAST 7 DAYS.</p> <p>13. General interest:</p> <p><input type="checkbox"/>0 There was no change from usual in how interested I was in other people or activities.</p> <p><input type="checkbox"/>1 I noticed that I was less interested in other people or activities.</p> <p><input type="checkbox"/>2 I found I had interest in only one or two of the activities I used to do.</p> <p><input type="checkbox"/>3 I had virtually no interest in the activities I used to do.</p> <p>14. Energy level:</p> <p><input type="checkbox"/>0 There was no change in my usual level of energy.</p> <p><input type="checkbox"/>1 I got tired more easily than usual.</p> <p><input type="checkbox"/>2 I had to make a big effort to start or finish my usual daily activities (for example: shopping, homework, cooking or going to work).</p> <p><input type="checkbox"/>3 I really couldn't carry out most of my usual daily activities because I just didn't have the energy.</p> <p>15. Feeling more sluggish than usual:</p> <p><input type="checkbox"/>0 I thought, spoke, and moved at my usual pace.</p> <p><input type="checkbox"/>1 I found that my thinking was more sluggish than usual or my voice sounded dull or flat.</p> <p><input type="checkbox"/>2 It took me several seconds to respond to most questions and I was sure my thinking was more sluggish than usual.</p> <p><input type="checkbox"/>3 I was often unable to respond to questions without forcing myself.</p> <p>16. Feeling restless (agitated, not relaxed, fidgety):</p> <p><input type="checkbox"/>0 I didn't feel restless.</p> <p><input type="checkbox"/>1 I was often fidgety, wringing my hands, or needed to change my sitting position.</p> <p><input type="checkbox"/>2 I had sudden urges to move about and was quite restless.</p> <p><input type="checkbox"/>3 At times, I was unable to stay seated and needed to pace around.</p> <p style="text-align: right; font-size: small;">EPI0905.QIDSSR</p>		
<p><i>I confirm this information is accurate.</i></p>	<p>Patient's/Subject's initials:</p>	<p>Date:</p>

Rush et al, Biol Psychiatry (2003) 54: 573-83.

LEVEL 2—Anger—Adult*

*PROMIS Emotional Distress—Anger—Short Form

Name: _____ Age: _____ Sex: Male Female Date: _____

If the measure is being completed by an informant, what is your relationship with the individual receiving care? _____

In a typical week, approximately how much time do you spend with the individual receiving care? _____ hours/week

Instructions: On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* you (the individual receiving care) have been bothered by “feeling irritated, grouchy, or angry” at a mild or greater level of severity. The questions below ask about these feelings in more detail and especially how often you (the individual receiving care) have been bothered by a list of symptoms **during the past 7 days**. **Please respond to each item by marking (✓ or x) one box per row.**

							Clinician Use
In the past SEVEN (7) DAYS....							Item Score
		Never	Rarely	Sometimes	Often	Always	
1.	I was irritated more than people knew.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
2.	I felt angry.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
3.	I felt like I was ready to explode.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
4.	I was grouchy.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
5.	I felt annoyed.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Total/Partial Raw Score:							
Prorated Total Raw Score:							
T-Score:							

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The Positive and Negative Affect Schedule

This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent you have felt this way during the past week. Use the following scale to record your answers.

1	2	3	4	5
very slightly or not at all	a little	moderately	quite a bit	extremely

- | | |
|-----------------------|----------------------|
| _____ 1. Interested | _____ 11. Irritable |
| _____ 2. Distressed | _____ 12. Alert |
| _____ 3. Excited | _____ 13. Ashamed |
| _____ 4. Upset | _____ 14. Inspired |
| _____ 5. Strong | _____ 15. Nervous |
| _____ 6. Guilty | _____ 16. Determined |
| _____ 7. Scared | _____ 17. Attentive |
| _____ 8. Hostile | _____ 18. Jittery |
| _____ 9. Enthusiastic | _____ 19. Active |
| _____ 10. Proud | _____ 20. Afraid |

From "Development and validation of brief measures of positive and negative affect: The PANAS scales," D. Watson, L. A. Clark, and A. Tellegen, 1988, Journal of Personality and Social Psychology, 54, 1063-1070. Copyright © 1988 by the American Psychological Association. Reproduced with permission.

Over the last week

	Not at all	Only Occasionally	Sometimes	Often	Most or all the time	OFFICE USE ONLY
15 I have felt panic or terror	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
16 I made plans to end my life	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> R
17 I have felt overwhelmed by my problems	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> W
18 I have had difficulty getting to sleep or staying asleep	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
19 I have felt warmth or affection for someone	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> F
20 My problems have been impossible to put to one side	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
21 I have been able to do most things I needed to	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> F
22 I have threatened or intimidated another person	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> R
23 I have felt despairing or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
24 I have thought it would be better if I were dead	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> R
25 I have felt criticised by other people	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> F
26 I have thought I have no friends	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> F
27 I have felt unhappy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
28 Unwanted images or memories have been distressing me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
29 I have been irritable when with other people	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> F
30 I have thought I am to blame for my problems and difficulties	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
31 I have felt optimistic about my future	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> W
32 I have achieved the things I wanted to	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> F
33 I have felt humiliated or shamed by other people	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> F
34 I have hurt myself physically or taken dangerous risks with my health	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> R

THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE

Total Scores	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	↓	↓	↓	↓	↓	↓
Mean Scores	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Total score for each dimension divided by number of items completed in that dimension)	(W)	(P)	(F)	(R)	All items	All minus R

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