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						urs/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 or 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 bother row.							ied, or on level of eiving care) x) one box
							Clinician Use
In the	e past SEVEN (7) DAYS						Item
		Never	Rarely	Sometimes	Often	Always	Score
1.	I felt fearful.	1	□ 2	□ 3	4	 5	
2.	I felt anxious.	1	□ 2	3	4	 5	
3.	I felt worried.	1	□ 2	3	4	1 5	
4.	I found it hard to focus on anything other than my anxiety.	1	2	3	4	 5	
5.	I felt nervous.	1	□ 2	3	4	 5	
6.	I felt uneasy.	1	□ 2	□ 3	4	 5	
7.	I felt tense.	1	□ 2	□ 3	4	 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)

Na	me: Age:	Sex: Male	☐ Femal	le 🗀 Date:		
	tructions: Over the <u>last 7 days</u> , how often have you been both ir answer)	ered by any c	of the follow	ving problem	ns? (Use "√"	to indicate
						Clinician Use
						Item score
				More	Nearly	
		Mark at all	Several	than half	every	
1	Little interest or plansure in doing things	Not at all	days	the days	day	
1.	Little interest or pleasure in doing things	0	1	2	3	
2.	Feeling down, depressed, or hopeless				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. Questionnaire completed on visit date \Box or specify date completed: Only the patient (subject) should enter information onto this questionnaire. PLEASE CHECKMARK THE ONE RESPONSE TO EACH ITEM THAT IS MOST APPROPRIATE TO HOW YOU HAVE BEEN FEELING OVER THE PAST 7 DAYS. 1. Falling asleep: □0 I never took longer than 30 minutes to fall asleep. □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). □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). □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). 2. Sleep during the night: □0 I didn't wake up at night. □1 I had a restless, light sleep, briefly waking up a few times each night. \square 2 I woke up at least once a night, but I got back to sleep easily. □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). 3. Waking up too early: Do Most of the time, I woke up no more than 30 minutes before my scheduled time. □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. □2 I almost always woke up at least one hour or so before my scheduled time, but I got back to sleep eventually. □3 I woke up at least one hour before my scheduled time, and couldn't get back to sleep. 4. Sleeping too much: □0 I slept no longer than 7-8 hours/night, without napping during the day. □1 I slept no longer than 10 hours in a 24-hour period including naps. \square 2 I slept no longer than 12 hours in a 24-hour period including naps. □3 I slept longer than 12 hours in a 24-hour period including naps. 5. Feeling sad: □0 I didn't feel sad. □1 I felt sad less than half the time (3 days or less out of the past 7 days).

 \square 2 I felt sad more than half the time (4 days or more out of the past 7 days).

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□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

HOW YOU HAVE BEEN FEELING OVER THE PAST 7 DAYS.				
Please complete <u>either</u> 6 <u>or</u> 7 (not both)				
6. Decreased appetite:	5. Decreased appetite: 7. Increased appetite:			
\square 0 There was no change in my usual appetite.	□0	There was no change in my usual appetite.		
☐1 I ate somewhat less often or smaller amounts of food than usual.	□1	I felt a need to eat more frequently than usual.		
☐2 I ate much less than usual and only by forcing myself to eat.	□2	I regularly ate more often and/or greater amounts of food than usual.		
☐3 I rarely ate within a 24-hour period, and only by really forcing myself to eat or when others persuaded me to eat.	□3	I felt driven to overeat both at mealtime and between meals.		
Please complete <u>eit</u>	<u>her</u> 8 <u>or</u>	9 (not both)		
8. Decreased weight (within the last 14 days):	9. Incre	eased weight (within the last 14 days):		
□0 My weight has not changed.	□0	My weight has not changed.		
\Box 1 I feel as if I've had a slight weight loss.	□1	I feel as if I've had a slight weight gain.		
\square 2 I've lost 2 pounds (about 1 kilo) or more.	□2	I've gained 2 pounds (about 1 kilo) or more.		
☐3 I've lost 5 pounds (about 2 kilos) or more.	□3	I've gained 5 pounds (about 2 kilos) or more.		
10. Concentration/decision-making:				
☐0 There was no change in my usual ability to con	centrate	or make decisions.		
\Box 1 I occasionally felt indecisive or found that my a	ttention	wandered.		
☐2 Most of the time, I found it hard to focus or to make decisions.				
☐3 I couldn't concentrate well enough to read or I couldn't make even minor decisions.				
11. Perception of myself:				
☐0 I saw myself as equally worthwhile and deservi	ng as oth	ner people.		
\Box 1 I put the blame on myself more than usual.				
\square 2 For the most part, I believed that I caused prob	lems for	others.		
□3 I thought almost constantly about major and minor defects in myself.				
12. Thoughts of my own death or suicide:				
□0 I didn't think of suicide or death.				
□1 I felt that life was empty or wondered if it was v	vorth livii	ng.		
\square_2 I thought of suicide or death several times for s	several n	ninutes over the past 7 days.		
□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.				

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PLEASE CHECKMARK THE ONE RESPONSE TO EACH ITEM THAT IS MOST APPROPRIATE TO HOW YOU HAVE BEEN FEELING OVER THE PAST 7 DAYS. 13. General interest: 10 There was no change from usual in how interested I was in other people or activities. 11 I noticed that I was less interested in other people or activities. 12 I found I had interest in only one or two of the activities I used to do. 13 I had virtually no interest in the activities I used to do. 14. Energy level: 15 O There was no change in my usual level of energy. 16 I got tired more easily than usual. 17 I had to make a big effort to start or finish my usual daily activities (for example: shopping, homework, cooking or going to work). 18 I really couldn't carry out most of my usual daily activities because I just didn't have the energy.

☐2 I had sudden urges to move about and was quite restless.					
☐3 At times, I was unable to stay seated and needed to pace around.					
Rush et a	EPI0905.QIDSSR				
I confirm this information is accurate.	Patient's/Subject's initials:	Date:			

□1 I found that my thinking was more sluggish than usual or my voice sounded dull or flat.

□1 I was often fidgety, wringing my hands, or needed to change my sitting position.

□2 It took me several seconds to respond to most questions and I was sure my thinking was more

15. Feeling more sluggish than usual:

sluggish than usual.

□0 I didn't feel restless.

 \square 0 I thought, spoke, and moved at my usual pace.

16. Feeling restless (agitated, not relaxed, fidgety):

□3 I was often unable to respond to questions without forcing myself.

LEVEL 2—Anger—Adult^{*}

*PROMIS Emotional Distress—Anger—Short Form

Name:		Age: _	Se	ex: 🗆 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? hou						ours/week	
Instructions: On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that <i>during the past 2 weeks</i> 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 <u>during the past 7 days.</u> Please respond to each item by marking (✓ or x) one box per row.							
							Clinician Use
In t	he past SEVEN (7) DAYS						Item
		Never	Rarely	Sometimes	Often	Always	Score
1.	I was irritated more than people knew.	1	□ 2	3	4	□ 5	
	T						
2.	I felt angry.	1	1 2	3	4	□ 5	
3.	I felt like I was ready to explode.	1	 2	3	4	 5	
		T	T			ı I	
4.	I was grouchy.	1	□ 2	□ 3	4	□ 5	
		T	T			T	
5.	I felt annoyed.	1	□ 2	□ 3	4	□ 5	
					Total/Partia	l 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.

600 0	Site ID	Mal	е 🗌
Core	Client ID Therapist ID numbers only numbers only numbers only (1) numbers only (2)	Age Ferror Stage Completed S Screening R Referral A Assessment F First Therapy Session	Stage
OUTCOME MEASURE	Sub codes D D M M Y Y Y Y Date form given	P Pre-therapy (unspecified) D During Therapy L Last Therapy Session X Follow up 1 Y Follow up 2	Episode

IMPORTANT - PLEASE READ THIS FIRST

This form has 34 statements about how you have been OVER THE LAST WEEK.

Please read each statement and think how often you felt that way last week.

Then tick the box which is closest to this.

Please use a dark pen (not pencil) and tick clearly within the boxes.

1 I have felt terribly alone and isolated	Over the last week	Lot of the Charles of the Art of
3 I have felt I have someone to turn to for support when needed 4 3 2 1 0 F 4 I have felt OK about myself 5 I have felt totally lacking in energy and enthusiasm 6 I have been physically violent to others 7 I have felt able to cope when things go wrong 8 I have been troubled by aches, pains or other physical problems 9 I have thought of hurting myself 10 Talking to people has felt too much for me 11 Tension and anxiety have prevented me doing important things 10 1 2 3 4 P 11 Tension and anxiety have prevented me doing important things 11 I have been disturbed by unwanted thoughts and feelings 12 I have been disturbed by unwanted thoughts and feelings	1 I have felt terribly alone and isolated	
I have felt OK about myself I have felt totally lacking in energy and enthusiasm I have been physically violent to others I have felt able to cope when things go wrong I have been troubled by aches, pains or other physical problems I have thought of hurting myself I Tension and anxiety have prevented me doing important things I have been disturbed by unwanted thoughts and feelings I have been disturbed by unwanted thoughts and feelings	2 I have felt tense, anxious or nervous	0 1 2 3 4 P
5 I have felt totally lacking in energy and enthusiasm 0 1 2 3 4 P 6 I have been physically violent to others 0 1 2 3 4 R 7 I have felt able to cope when things go wrong 4 3 2 1 0 F 8 I have been troubled by aches, pains or other physical problems 0 1 2 3 4 P 9 I have thought of hurting myself 0 1 2 3 4 R 10 Talking to people has felt too much for me 0 1 2 3 4 F 11 Tension and anxiety have prevented me doing important things 0 1 2 3 4 P 12 I have been happy with the things I have done 13 I have been disturbed by unwanted thoughts and feelings 0 1 2 3 4 P	3 I have felt I have someone to turn to for support when needed	43210F
6 I have been physically violent to others 1 I have felt able to cope when things go wrong 2 I have been troubled by aches, pains or other physical problems 3 I have thought of hurting myself 4 I Tension and anxiety have prevented me doing important things 6 I have been troubled to others 1 I have been troubled by aches, pains or other physical problems 1 I have thought of hurting myself 1 I Tension and anxiety have prevented me doing important things 1 I have been happy with the things I have done 1 I have been disturbed by unwanted thoughts and feelings 1 I have been disturbed by unwanted thoughts and feelings	4 I have felt OK about myself	4 3 2 1 0 W
7 I have felt able to cope when things go wrong \[\begin{array}{cccccccccccccccccccccccccccccccccccc	5 I have felt totally lacking in energy and enthusiasm	0 1 2 3 4 P
8 I have been troubled by aches, pains or other physical problems 0 1 2 3 4 P 9 I have thought of hurting myself 10 Talking to people has felt too much for me 11 Tension and anxiety have prevented me doing important things 12 I have been happy with the things I have done 13 I have been disturbed by unwanted thoughts and feelings 10 1 2 3 4 F 11 Tension and anxiety have prevented me doing important things 10 1 2 3 4 P 11 Tension and anxiety have prevented me doing important things 10 1 2 3 4 P 11 Tension and anxiety have prevented me doing important things 10 1 2 3 4 P	6 I have been physically violent to others	0 1 2 3 4 R
9 I have thought of hurting myself 10 Talking to people has felt too much for me 11 Tension and anxiety have prevented me doing important things 12 I have been happy with the things I have done 13 I have been disturbed by unwanted thoughts and feelings 10 I I I I I I I I I I I I I I I I I I I	7 I have felt able to cope when things go wrong	4 3 2 1 0 F
10 Talking to people has felt too much for me \[\begin{array}{cccccccccccccccccccccccccccccccccccc	8 I have been troubled by aches, pains or other physical problems	0 1 2 3 4 P
11 Tension and anxiety have prevented me doing important things	9 I have thought of hurting myself	0 1 2 3 4 R
12 I have been happy with the things I have done 13 I have been disturbed by unwanted thoughts and feelings 14	10 Talking to people has felt too much for me	0 1 2 3 4 F
13 I have been disturbed by unwanted thoughts and feelings 0 1 2 3 4 P	11 Tension and anxiety have prevented me doing important things	0 1 2 3 4 P
	12 I have been happy with the things I have done	43210F
14 I have felt like crying 0 1 2 3 4 W	13 I have been disturbed by unwanted thoughts and feelings	0 1 2 3 4 P
	14 I have felt like crying	0 1 2 3 4 W
Please turn over	Please turn over	

Over the last week	To you was to the wife the state of the stat
15 I have felt panic or terror	0 1 2 3 4 P
16 I made plans to end my life	0 1 2 3 4 R
17 I have felt overwhelmed by my problems	0 1 2 3 4 W
18 I have had difficulty getting to sleep or staying asleep	0 1 2 3 4 P
19 I have felt warmth or affection for someone	4 3 2 1 0 F
20 My problems have been impossible to put to one side	0 1 2 3 4 P
21 I have been able to do most things I needed to	4 3 2 1 0 F
22 I have threatened or intimidated another person	0 1 2 3 4 R
23 I have felt despairing or hopeless	0 1 2 3 4 P
24 I have thought it would be better if I were dead	0 1 2 3 4 R
25 I have felt criticised by other people	0 1 2 3 4 F
26 I have thought I have no friends	0 1 2 3 4 F
27 I have felt unhappy	0 1 2 3 4 P
28 Unwanted images or memories have been distressing me	0 1 2 3 4 P
29 I have been irritable when with other people	0 1 2 3 4 F
30 I have thought I am to blame for my problems and difficulties	0 1 2 3 4 P
31 I have felt optimistic about my future	4 3 2 1 0 W
32 I have achieved the things I wanted to	4 3 2 1 0 F
33 I have felt humiliated or shamed by other people	0 1 2 3 4 F
34 I have hurt myself physically or taken dangerous risks with my health	0 1 2 3 4 R
THANK YOU FOR YOUR TIME IN COMPLETING	THIS QUESTIONNAIRE
Total Scores Mean Scores	
(Total score for each dimension divided by number of items completed in that dimension) (W) (P) (F)	(R) All items All minus R