<table>
<thead>
<tr>
<th>Column</th>
<th>Format</th>
<th>Example</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>STUDY</td>
<td>[ _ _ _ ]</td>
<td>1-4</td>
<td></td>
</tr>
<tr>
<td>GROUP</td>
<td>[ _ _ ]</td>
<td>5-6</td>
<td></td>
</tr>
<tr>
<td>PATIENT</td>
<td>[ _ _ _ ]</td>
<td>7-9</td>
<td></td>
</tr>
<tr>
<td>RATING DAY</td>
<td>[ _ _ _ ]</td>
<td>10-12</td>
<td></td>
</tr>
<tr>
<td>CARD NUMBER</td>
<td>[ _ _ _ ]</td>
<td>13-14</td>
<td></td>
</tr>
<tr>
<td>Sex (1=male, 2=female)</td>
<td>[ _ _ ]</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Birthday (dd.mm.yy)</td>
<td>[ _ _ : _ _ : _ _ ]</td>
<td>16-21</td>
<td></td>
</tr>
<tr>
<td>Date of hospitalization (dd.mm.yy)</td>
<td>[ _ _ : _ _ : _ _ ]</td>
<td>22-27</td>
<td></td>
</tr>
<tr>
<td>First diagnosis</td>
<td>[ _ _ _ _ ]</td>
<td>28-32</td>
<td></td>
</tr>
<tr>
<td>Second diagnosis</td>
<td>[ _ _ _ _ ]</td>
<td>33-37</td>
<td></td>
</tr>
<tr>
<td>Diagnostic system (1=ICD9, 2=ICD10, 3=DSM3-R, 4=DSM4)</td>
<td>[ _ _ _ _ ]</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>Age at onset</td>
<td>[ _ _ _ _ ]</td>
<td>39-40</td>
<td></td>
</tr>
<tr>
<td>Course (1=first manifestation, 2=intermittent, 3=progredient, 4=chronic)</td>
<td>[ _ _ _ _ ]</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>Duration of Current Episode Prior to Hospitalization (days)</td>
<td>[ _ _ _ _ ]</td>
<td>42-44</td>
<td></td>
</tr>
<tr>
<td>Medication Prior to Hospitalization (0=none, 1=antinepr., 2=neuroleptics, 3=other)</td>
<td>[ _ _ _ _ ]</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Current Medication (cf. list of codes)</td>
<td>[ _ _ _ _ ]</td>
<td>46-48</td>
<td></td>
</tr>
<tr>
<td>Educational level (1=remedial, 2=junior high, 3=high, 4=college)</td>
<td>[ _ _ _ _ ]</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>DATE (dd.mm.yy)</td>
<td>[ _ _ : _ _ : _ _ ]</td>
<td>50-55</td>
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<tr>
<td>INTERVIEWER</td>
<td>[ _ _ _ ]</td>
<td>56-58</td>
<td></td>
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<tr>
<td>HOSPITAL</td>
<td>[ _ _ _ ]</td>
<td>59-60</td>
<td></td>
</tr>
<tr>
<td>PATIENT ID (the hospital’s internal PID)</td>
<td>[ _ _ _ _ _ _ _ _ _ _ _ _ ]</td>
<td>61-72</td>
<td></td>
</tr>
</tbody>
</table>
Attached is a list of problems and complaints that people have. Please read each one carefully. After you have done so, please fill in the number (0 to 4, see below) which best describes how much that problem has bothered or distressed you during the past 4 weeks including today. Choose only one number for each problem and do not skip any items. If you change your mind, erase your first answer and fill in the new one. All questionnaires will be treated confidentially!

0 = not at all; 1 = a little bit; 2 = moderately; 3 = quite a bit; 4 = extremely;

Please fill in the appropriate number within the brackets!

1-12 dupl

Card number [ _ _ ]

How much were you bothered or distressed over the past 4 weeks by

1  Headaches [ _ ]
2  Nervousness or shakiness inside [ _ ]
3  Unwanted thoughts or ideas that won’t leave your head [ _ ]
4  Faintness or dizziness [ _ ]
5  Loss of sexual interest or pleasure [ _ ]
6  Feeling critical of others [ _ ]
7  The idea that someone else can control your thoughts [ _ ]
8  Feeling others are to blame for most of your troubles [ _ ]
9  Trouble remembering things [ _ ]
10 Worried about sloppiness or carelessness [ _ ]
11 Feeling easily annoyed or irritated [ _ ]
12 Pains in heart or chest [ _ ]
13 Feeling afraid in open spaces or on the street [ _ ]
14 Feeling low in energy or slowed down [ _ ]
15 Thoughts of ending life [ _ ]
16 Hearing voices that other people do not hear [ _ ]
17 Trembling [ _ ]
18 Feeling that most people cannot be trusted [ _ ]
19 Poor appetite [ _ ]
20 Crying easily [ _ ]
21 Feeling shy or uneasy with the opposit sex [ _ ]
22 Feeling of being trapped or caught [ _ ]
23 Suddenly scared for no reason [ _ ]
24 Temper outbursts that you could not control [ _ ]
25 Feeling afraid to go out of your house alone
26 Blaming yourself for things
27 Pains in lower back
28 Feeling blocked in getting things done
29 Feeling lonely
30 Feeling blue
31 Worrying too much about things
32 Feeling no interest in things
33 Feeling fearful
34 Your feelings being easily hurt
35 Other people being aware of your private thoughts
36 Feeling others do not understand you or are unsympathetic
37 Feeling that people are unfriendly
38 Having to do things very slowly
39 Heart pounding or racing
40 Nausea or upset stomach
41 Feeling inferior to others
42 Soreness of your muscles
43 Feeling that you are watched or talked about by others
44 Trouble falling asleep
45 Having to check and double check what you do
46 Difficulty making decisions
47 Feeling afraid to travel on buses, subways or trains
48 Trouble getting your breath
49 Hot or cold spells
50 Having to avoid certain things, places or activities
51 Your mind going blank
52 Numbness or tingling in parts of your body
53 A lump in your throat
54 Feeling hopeless about the future
55 Trouble concentrating
56 Feeling weak in parts of your body
57 Feeling tense or keyed up
58 Heavy feelings in your arms or legs
59 Thoughts of death or dying
60 Overeating
61 Feeling uneasy when people are watching or talking about you
62 Having thoughts that are not your own
63 Having urges to beat, injure or harm someone
64 Awakening in the early morning
65 Having to repeat the same actions such as touching, counting, washing
66 Sleep that is restless or disturbed
67 Having urges to break or smash things
68 Having ideas or beliefs that others do not share
69 Feeling very self-conscious with others
70 Feeling uneasy in crowds such as shopping or at a movie
71 Feeling everything is an effort
72 Spells of terror or panic
73 Feeling uncomfortable about eating or drinking in public
74 Getting into frequent arguments
75 Feeling nervous when you are left alone
76 Others not giving you proper credit for your achievements
77 Feeling lonely even when you are with people
78 Feeling so restless you couldn’t sit still
79 Feeling of worthlessness
80 Feeling that familiar things are strange or unreal
81 Shouting or throwing things
82 Feeling afraid you will faint in public
83 Feeling that people will take advantage of you if you let them
84 Having thoughts about sex that bother you a lot
85 The idea that you should be punished for your sins
86 Feeling pushed to get things done
87 The idea that something serious is wrong with your body
88 Never feeling close to another PERSONAL
89 Feelings of guilt
90 The idea that something is wrong with your mind

Please go back and check that you have answered all questions.