<table>
<thead>
<tr>
<th>Field</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>STUDY</td>
<td>[ _ _ _ ]</td>
</tr>
<tr>
<td>GROUP</td>
<td>[ _ _ ]</td>
</tr>
<tr>
<td>PATIENT</td>
<td>[ _ _ _ ]</td>
</tr>
<tr>
<td>RATING DAY</td>
<td>[ _ _ _ ]</td>
</tr>
<tr>
<td>CARD NUMBER</td>
<td>[ _ _ ]</td>
</tr>
<tr>
<td>Sex (1=male, 2=female)</td>
<td>[ _ ]</td>
</tr>
<tr>
<td>Birthday (dd.mm.yyyy)</td>
<td>[ _ _ : _ _ : _ _ _ _ ]</td>
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<tr>
<td>Date of hospitalization (dd.mm.yyyy)</td>
<td>[ _ _ : _ _ : _ _ _ _ ]</td>
</tr>
<tr>
<td>First diagnosis</td>
<td>[ _ _ : _ _ ]</td>
</tr>
<tr>
<td>Second diagnosis</td>
<td>[ _ _ : _ _ ]</td>
</tr>
<tr>
<td>Diagnostic system (1=ICD9, 2=ICD10, 3=DSM3-R, 4=DSM4)</td>
<td>[ _ ]</td>
</tr>
<tr>
<td>Age at onset</td>
<td>[ _ _ ]</td>
</tr>
<tr>
<td>Course (1=first manifestation, 2=intermittent, 3=progreident, 4=chronic)</td>
<td>[ _ ]</td>
</tr>
<tr>
<td>Duration of Current Episode Prior to Hospitalization (days)</td>
<td>[ _ _ ]</td>
</tr>
<tr>
<td>Medication Prior to Hospitalization (0=none, 1=antidepr., 2=neuroleptics, 3=other)</td>
<td>[ _ ]</td>
</tr>
<tr>
<td>Current Medication (cf. list of codes)</td>
<td>[ _ _ ]</td>
</tr>
<tr>
<td>Educational level (1=remedial, 2=junior high, 3=high, 4=college)</td>
<td>[ _ _ ]</td>
</tr>
<tr>
<td>DATE (dd.mm.yyyy)</td>
<td>[ _ _ : _ _ : _ _ _ _ ]</td>
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<tr>
<td>INTERVIEWER</td>
<td>[ _ _ ]</td>
</tr>
<tr>
<td>HOSPITAL</td>
<td>[ _ _ ]</td>
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<tr>
<td>PATIENT ID (the hospital’s internal PID)</td>
<td>[ _ _ _ _ _ _ _ _ _ _ _ _ ]</td>
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</tbody>
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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!

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

1. Headaches [__] 15
2. Nervousness or shakiness inside [__] 16
3. Unwanted thoughts or ideas that won’t leave your head [__] 17
4. Faintness or dizziness [__] 18
5. Loss of sexual interest or pleasure [__] 19
6. Feeling critical of others [__] 20
7. The idea that someone else can control your thoughts [__] 21
8. Feeling others are to blame for most of your troubles [__] 22
9. Trouble remembering things [__] 23
10. Worried about sloppiness or carelessness [__] 24
11. Feeling easily annoyed or irritated [__] 25
12. Pains in heart or chest [__] 26
13. Feeling afraid in open spaces or on the street [__] 27
14. Feeling low in energy or slowed down [__] 28
15. Thoughts of ending life [__] 29
16. Hearing voices that other people do not hear [__] 30
17. Trembling [__] 31
18. Feeling that most people cannot be trusted [__] 32
19. Poor appetite [__] 33
20. Crying easily [__] 34
21. Feeling shy or uneasy with the opposite sex [__] 35
22. Feeling of being trapped or caught [__] 36
23. Suddenly scared for no reason [__] 37
24. Temper outbursts that you could not control [__] 38
25 Feeling afraid to go out of your house alone [___] 39
26 Blaming yourself for things [___] 40
27 Pains in lower back [___] 41
28 Feeling blocked in getting things done [___] 42
29 Feeling lonely [___] 43
30 Feeling blue [___] 44
31 Worrying too much about things [___] 45
32 Feeling no interest in things [___] 46
33 Feeling fearful [___] 47
34 Your feelings being easily hurt [___] 48
35 Other people being aware of your private thoughts [___] 49
36 Feeling others do not understand you or are unsympathetic [___] 50
37 Feeling that people are unfriendly [___] 51
38 Having to do things very slowly [___] 52
39 Heart pounding or racing [___] 53
40 Nausea or upset stomach [___] 54
41 Feeling inferior to others [___] 55
42 Soreness of your muscles [___] 56
43 Feeling that you are watched or talked about by others [___] 57
44 Trouble falling asleep [___] 58
45 Having to check and double check what you do [___] 59
46 Difficulty making decisions [___] 60
47 Feeling afraid to travel on buses, subways or trains [___] 61
48 Trouble getting your breath [___] 62
49 Hot or cold spells [___] 63
50 Having to avoid certain things, places or activities [___] 64
51 Your mind going blank [___] 65
52 Numbness or tingling in parts of your body [___] 66
53 A lump in your throat [___] 67
54 Feeling hopeless about the future [___] 68
55 Trouble concentrating [___] 69
56 Feeling weak in parts of your body [___] 70
57 Feeling tense or keyed up [___] 71
58 Heavy feelings in your arms or legs [___] 72
Card number

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.