

## ADULT/ADOLESCENT QUESTIONNAIRE

Name \_\_\_\_\_ Date \_\_\_\_\_

**Instructions: The following questions concern thoughts, feelings, and experiences that you may have had in the recent past. Please read each question carefully and circle the answer that most closely applies to you.**

1. In the past month, has there been a period of two weeks or longer when nearly everyday you felt sad, blue, or depressed? Yes No
2. In the last month, has there been a period of two weeks or longer when you were less interested in most things like work or hobbies or things you usually like to do for fun? Yes No
3. In the last month, has there been a period of two weeks or longer when your appetite was decreased or you lost a significant amount of weight without trying to? Yes No
4. In the last month, has there been at least two weeks when your appetite was increased or you ate so much that you gained a significant amount of weight? Yes No
5. In the last month, has there been two weeks or more when nearly every night you had trouble falling asleep, staying asleep, or trouble waking up too early? Yes No
6. In the last month, have you had two weeks or longer when nearly everyday you lacked energy or felt tired all the time even when you had not been working very hard? Yes No
7. In the last month, has there been a period lasting two weeks or more when nearly everyday you were sleeping much longer than normal for you? Yes No
8. In the last month, has there been two weeks or more when nearly everyday you were talking or moving more slowly than is normal for you? Yes No
9. In the last month, has there been two weeks or more when nearly everyday you had to be moving all the time—that is, you couldn't sit still and paced up and down? Yes No
10. In the last month, has there been two weeks or more when nearly everyday you felt worthless, sinful, or guilty about things you hadn't done? Yes No
11. In the last month, has there been two weeks or more when nearly everyday you had a lot more trouble concentrating than is normal for you or were unable to make up your mind about things you ordinarily have no trouble deciding about? Yes No
12. In the last month, has there been a period of two weeks or more when you thought a lot about death—either your own, someone else's or death in general or that you wanted to die? Yes No

13. In the last month, have you felt so low that you thought about committing suicide or you made a suicide attempt?	Yes	No
14. For the last <u>two years</u> , have you felt depressed or sad most days, even if you felt okay sometimes?	Yes	No
15. In the last month, have you had a spell or attack when all of a sudden you felt frightened, anxious or very uneasy in situations when most people would not be afraid or anxious?	Yes	No
16. In the last month, during one of your worst spells of suddenly feeling very frightened or very uneasy, did you notice that:		
a. you were short of breath or had trouble catching your breath?	Yes	No
b. Your heart pounded or raced?	Yes	No
c. You were dizzy or lightheaded?	Yes	No
d. You had tightness, pain or discomfort in your chest or stomach?	Yes	No
17. Some people have such an unreasonably strong fear of being in a crowd, leaving home alone, traveling on busses, cars, and trains, or crossing a bridge, that they get very upset in such a situation or avoid it altogether. In the last month, did you go through a period when the thought of being in such a situation made you anxious or you avoided such situations altogether?	Yes	No
18. In the last month, did you think you needed to lose weight even though people such as your friends said you had gotten too thin?	Yes	No
19. In the last month, have you had a period when your eating was out of control and you would eat abnormally large amounts of food within a few hours—that is, binge eating?	Yes	No
20. Have you been bothered by having certain unpleasant thoughts that kept entering your mind against your wishes? An example would be the persistent idea that your hands are dirty or have germs on them. In the last month, have you had any unpleasant thoughts like that when it really did not make sense to have them?	Yes	No
21. Some people have the unpleasant feeling that they have to do something over and over again even though they know it is really foolish, but they can't resist doing it—things like washing their hands again and again or going back several times to be sure they've locked a door or turned off the stove. In the last month, have you ever had to do something like that over and over?	Yes	No
22. During the last six months, or more, have you been anxious and worrying a lot about things for most of the time?	Yes	No
23. Does your doctor think that you worry too much about your physical health?	Yes	No

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| 24. In the last twelvemonths, was there a time when you had five or more drinks (been, wine, or liquor) on one occasion?   | Yes | No |
| 25. In the last twelve months, were there objections about your drinking from your family, doctor, or clergyman?   | Yes | No |
| 26. In the last twelve months:   |     |    |
| a. did your drinking cause you trouble at work or school?  | Yes | No |
| b. did you get into fights while drinking?   | Yes | No |
| c. have the police stopped or arrested you or taken you to a treatment center because of drinking?   | Yes | No |
| d. did your drinking cause a breakup between you and a family member?  | Yes | No |
| e. has the money you've spent on drinking caused you financial problems?   | Yes | No |
| 27. In the last twelve months, have you been drinking in situations in which it was dangerous to be drinking, like driving a car, operating machinery, climbing or swimming? | Yes | No |
| 28. In the last twelve months, has your drinking or being hung over kept you from working, going to school, or taking care of children?                                      | Yes | No |

The next six questions refer to the following list of drugs:

- 1 Marijuana, hashish, bhang, ganja
- 2 Stimulants, amphetamines, "speed," ritalin
- 3 Sedatives, tranquilizers, sleeping pills, barbiturates, seconal, valium Librim, Xanax, Quaaludes
- 4 Opioids, heroin, codeine, Demerol, Morphine, Percodan, Methadone, Darvon, opium, diluadid, "smack"
- 5 Cocaine, crack, coca leaves
- 6 PCP, "angel dust"
- 7 Psychedelics: LSD, mescaline, peyote, psilocybin, DMT, ecstasy

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| 29. In the last twelve months, has a doctor ever prescribed for you any of the drugs listed above to take everyday for two weeks or more?  | Yes | No |
| 30. In the last twelve months, did you use these medications in larger amounts than was prescribed or for a longer period than was prescribed?                                   | Yes | No |
| 31. In the last twelve months, have you taken any of the drugs listed above more than five times either to get high, relax, or make yourself feel better, more active, or alert? | Yes | No |

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| 32. In the last twelve months, have you often been under the influence of any medicines or drugs or have you suffered from their after-effects while at work, school, or taking care of children?   | Yes | No |
| 33. In the last twelve months, has your use of any of these medicines or drugs ever led to problems with your family, friends, work, school, or the police?   | Yes | No |
| 34. In the last twelve, months, have there been times when you were under the influence of a medicine or been suffering from its after-effects when that increased your chances of getting hurt—for instance, when riding a bicycle, driving a car or boat, or operating a machine? | Yes | No |
| 35. Has there ever been a period of at least four days when you were so happy or excited that you got into trouble, or your family or friends worried about it, or a doctor or therapist said you were manic?   | Yes | No |
| 36. Has there ever been a period of at least four days when you were so irritable that you threw or broke things, started arguments, shouted at people or hit someone?  | Yes | No |
| 37. Have you ever believed that people were spying on you?  | Yes | No |
| 38. Was there ever a time when you believed that people were following you?   | Yes | No |
| 39. Have your ever believed that someone was plotting against you or trying to hurt you or poison you?  | Yes | No |
| 40. Have your more than once had the experience of hearing things that other people couldn't hear, such as a voice or voices?   | Yes | No |
| 41. Have your ever had the experience of seeing something or someone that others who were present could not see—that is, had a vision when your were completely awake?  | Yes | No |
| 42. Have you ever had a occasion to talk to a doctor about problems with your memory?   | Yes | No |
| 43. Have you ever believed that on more than one occiasion you lost time  | Yes | No |
| 44. Have you ever had the experience of people calling you by a given name that is different from the one that you customarily use or people whom you don't know who seem to know you?  | Yes | No |

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

