

SCID SCREENING MODULE (OPTIONAL)

Now I want to ask you some more specific questions about problems you may have had. We'll go into more detail about them later.

RESPOND TO POSITIVE RESPONSES WITH: We'll talk more about that later.

1. Has there been any time in your life when you had five or more drinks (beer, wine, or liquor) on one occasion?	1	2	3	S1
	CIRCLE "NO" ON E. 1	CIRCLE "YES" ON E. 1		
2. Have you ever used street drugs?	1	2	3	S2
3. Have you ever gotten "hooked" on a prescribed medicine or taken a lot more of it than you were supposed to?	1	2	3	S3
4. Have you ever had a panic attack, when you suddenly felt frightened or anxious or suddenly developed a lot of physical symptoms?	1	2	3	S4
	CIRCLE "NO" ON F. 1	CIRCLE "YES" ON F. 1		
5. Were you ever afraid of going out of the house alone, being in crowds, standing in a line, or traveling on buses or trains?	1	2	3	S5
	CIRCLE "NO" ON F. 7	CIRCLE "YES" ON F. 7		
6. Is there anything that you have been afraid to do or felt uncomfortable doing in front of other people, like speaking, eating or writing?	1	2	3	S6a
	CIRCLE "NO" ON TOP ITEM F. 11	CIRCLE "YES" ON TOP ITEM F. 11		
7. Have you been especially nervous or anxious in social situations that involve people that you don't know very well?	1	2	3	S6b
	CIRCLE "NO" ON 2 ND ITEM F. 11	CIRCLE "YES" ON 2 ND ITEM F. 11		

1=not present

2=unsure or equivocal

3=present

8. Are there any other things that you have been especially afraid of, like flying, seeing blood, getting a shot, heights, closed places, or certain kinds of animals or insects?

1	2	3	S7
CIRCLE "NO" ON F. 16	CIRCLE "YES" ON F. 16		

9. Have you ever been bothered by thoughts that didn't make any sense and kept coming back to you even when you tried not to have them?

IF NOT SURE WHAT IS MEANT: Thoughts like hurting someone even though you really didn't want to or being contaminated by germs or dirt.

1	2	3	S8
CIRCLE "NO" ON F. 20	CIRCLE "YES" ON F. 20		

10. Was there ever anything that you had to do over and over again and couldn't resist doing, like washing your hands again and again, counting up to a certain number, or checking something several times to make sure that you'd done it right?

1	2	3	S9
CIRCLE "NO" ON F. 21	CIRCLE "YES" ON F. 21		

11. In the last 6 months, have you been particularly nervous or anxious?

1	2	3	S10
CIRCLE "NO" ON F. 31	CIRCLE "YES" ON F. 31		

12. Have you ever had a time when you weighed much less than other people thought you ought to weigh?

1	2	3	S11
CIRCLE "NO" ON H. 1	CIRCLE "YES" ON H. 1		

13. Have you often had times when your eating was out of control?

1	2	3	S12
CIRCLE "NO" ON H. 4	CIRCLE "YES" ON H. 4		