

File No: _____

Anxiety and Mood Program

Initial Questionnaire

A Joint Partnership of the
Department of Psychiatry
University of Saskatchewan
&
Mental Health & Addiction Services
Saskatoon Health Region

Mental Health & Addiction Services
Saskatoon Health Region
655-7950

Department of Psychiatry
University of Saskatchewan
966-8232

Personal Information

Name: _____
 Address: _____ Postal Code: _____
 Home Phone: (_____) _____ Work Phone: (_____) _____
 Date of Birth (dd-mm-yyy): ____/____/____ Health #: _____ Sex: M ^①
 F ^②

Referral: Family Doctor: _____
 Psychiatrist: _____
 Date Completed: _____

Purpose of Questionnaire

We are interested in your progress and are working to make your treatment as effective as possible. Answering this questionnaire will enable us to help you better.
Kindly return it within 1 week.

When completing this questionnaire, completely fill in the circle as in the example below:

Like this: Not like this:

I. Current Living Situation:

A. Please select the highest level of education that you have completed (**darken one only**):

- | | |
|--|--|
| <input type="radio"/> ① Elementary school (grades 1-8) | <input type="radio"/> ③ Technical school/some university |
| <input type="radio"/> ② High school (grades 9-12) | <input type="radio"/> ④ Completed university |

B. Please select the response(s) that describes your present living arrangements (**darken all that apply**):

- | | |
|---|---|
| <input type="radio"/> ① Live alone | <input type="radio"/> ③ With spouse / partner |
| <input type="radio"/> ② With relatives (children / parents) | <input type="radio"/> ④ With others (roommates) |

C. Please select the employment situations that describe you (**darken all that apply**):

- | | |
|---|---|
| <input type="radio"/> ① Full-time employed or self-employed | <input type="radio"/> ⑤ On sick leave or disability |
| <input type="radio"/> ② Part-time employed or self-employed | <input type="radio"/> ⑥ Unemployed |
| <input type="radio"/> ③ Full-time student | <input type="radio"/> ⑦ Homemaker |
| <input type="radio"/> ④ Part-time student | <input type="radio"/> ⑧ Retired |

If you have worked, what is (was) your specific occupation? _____

If you are married or living with someone, what is your spouse's or partner's occupation?
 (please be specific) _____

A. Fill in the number that best describes how typical or characteristic each item is of you. (Worry Questionnaire)

- | ① | ② | ③ | ④ | ⑤ |
|--------------------|---|------------------|---|--------------|
| Not at all typical | | Somewhat typical | | Very Typical |
| 1. | | | | |
| | | | | ① ② ③ ④ ⑤ |
| 2. | | | | |
| | | | | ① ② ③ ④ ⑤ |
| 3. | | | | |
| | | | | ① ② ③ ④ ⑤ |
| 4. | | | | |
| | | | | ① ② ③ ④ ⑤ |
| 5. | | | | |
| | | | | ① ② ③ ④ ⑤ |
| 6. | | | | |
| | | | | ① ② ③ ④ ⑤ |
| 7. | | | | |
| | | | | ① ② ③ ④ ⑤ |
| 8. | | | | |
| | | | | ① ② ③ ④ ⑤ |
| 9. | | | | |
| | | | | ① ② ③ ④ ⑤ |
| 10. | | | | |
| | | | | ① ② ③ ④ ⑤ |
| 11. | | | | |
| | | | | ① ② ③ ④ ⑤ |
| 12. | | | | |
| | | | | ① ② ③ ④ ⑤ |
| 13. | | | | |
| | | | | ① ② ③ ④ ⑤ |
| 14. | | | | |
| | | | | ① ② ③ ④ ⑤ |
| 15. | | | | |
| | | | | ① ② ③ ④ ⑤ |
| 16. | | | | |
| | | | | ① ② ③ ④ ⑤ |

- | | | | | |
|----|--|--|--|-----------|
| 1. | | | | |
| | | | | ① ② ③ ④ ⑤ |

B. Please fill in the correct response:

In the past month, did you:

- | ① Very Little | ② A Little | ③ Some | ④ Much | ⑤ Very Much |
|--|------------|--------|--------|-------------|
| 1. Think you would be better off dead or wish you were dead? | | | | |
| | | | | ① ② ③ ④ ⑤ |
| 2. Want to harm yourself? | | | | |
| | | | | ① ② ③ ④ ⑤ |
| 3. Think about suicide? | | | | |
| | | | | ① ② ③ ④ ⑤ |
| 4. Have a suicide plan? | | | | |
| | Y | N | | |
| 5. Attempt suicide? | Y | N | | |

In your lifetime, did you:

- | | | |
|---------------------------------|---|---|
| 6. Ever make a suicide attempt? | | |
| | Y | N |

C. We are interested in your mood. Fill in your answer and please answer each question as best you can: (Mood Disorder Questionnaire)

Has there ever been a period of time when:

1. Y N You were not your usual self and you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?
2. Y N You were so irritable that you shouted at people or started fights or arguments?
3. Y N You felt much more self-confident than usual?
4. Y N You got much less sleep than usual and found you didn't really miss it?
5. Y N You were more talkative or spoke much faster than usual?
6. Y N Thoughts raced through your head or you couldn't slow your mind down?
7. Y N You were easily distracted by things around you that you had trouble concentrating or staying on track?
8. Y N You had much more energy than usual?
9. Y N You were much more active or did many more things than usual?
10. Y N You were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?
11. Y N You were much more interested in sex than usual?
12. Y N You did things that were unusual for you or that other people might have thought were excessive, foolish or risky?
13. Y N Spending money got you or your family into trouble?
14. Y N If you replied YES to more than one of the above, have several of these ever happened during the same period of time?
15. How much of a problem did any of these cause you - like being unable to work; having family, money, or legal troubles; getting into arguments or fights?

A
No Problem

B
Minor Problem

C
Moderate Problem

D
Serious Problem

Fill the number in that best represents the extent to which you agree with the item.

1
Very Little

2
A Little

3
Some

4
Much

5
Very Much

1. Do you have frequent ups and downs in moods? 1 2 3 4 5
2. Do you have mood swings that occur for no reason? 1 2 3 4 5

D. Please rate the next group of sentences according to the following scale during the last week: (Mood Swings Questionnaire)

- | ① Not at all like me
(Very Undescriptive) | ② Not really like me
(Rather Undescriptive) | ③ Somewhat like me
(Rather Descriptive) | ④ Exactly like me
(Very Descriptive) | |
|--|--|--|---|---|
| 1. At times I feel just as relaxed as everyone else and then within minutes I become so nervous that I feel light-headed and dizzy. | ① | ② | ③ | ④ |
| 2. There are times when I have very little energy and then just afterwards I have about the same energy level as most people. | ① | ② | ③ | ④ |
| 3. One minute I can be feeling OK and then the next minute I'm tense, jittery, and nervous. | ① | ② | ③ | ④ |
| 4. I frequently switch from being able to control my temper very well to not being able to control it very well at all. | ① | ② | ③ | ④ |
| 5. Many times I feel nervous and tense and then I suddenly feel very sad and down. | ① | ② | ③ | ④ |
| 6. Sometimes I go from feeling extremely anxious about something to feeling very down about it. | ① | ② | ③ | ④ |
| 7. I shift back and forth from feeling perfectly calm to feeling uptight and nervous. | ① | ② | ③ | ④ |
| 8. There are times when I feel perfectly calm one minute and then the next minute the least little thing makes me furious. | ① | ② | ③ | ④ |
| 9. Frequently, I will be feeling OK but then I suddenly get so mad that I could hit something. | ① | ② | ③ | ④ |
| 10. Sometimes I can think clearly and concentrate well one minute and then the next minute I have a great deal of difficulty concentrating and thinking clearly. | ① | ② | ③ | ④ |
| 11. There are times when I am so mad that I can barely stop yelling and other times shortly afterwards when I wouldn't think of yelling at all. | ① | ② | ③ | ④ |
| 12. I switch back and forth between being extremely energetic and having so little energy that it's a huge effort just to get where I am going. | ① | ② | ③ | ④ |
| 13. There are times when I feel absolutely wonderful about myself but soon afterwards I often feel that I am just about the same as everyone else. | ① | ② | ③ | ④ |
| 14. There are times when I'm so mad that my heart starts pounding and/or I start shaking and then shortly afterwards I feel quite relaxed. | ① | ② | ③ | ④ |
| 15. I shift back and forth between being very unproductive and being just as productive as everyone else. | ① | ② | ③ | ④ |
| 16. Sometimes I feel extremely energetic one minute and then the next minute I might have so little energy that I can barely do a thing. | ① | ② | ③ | ④ |
| 17. There are times when I have more energy than usual and more than most people and then soon afterwards I have about the same energy level as everyone else. | ① | ② | ③ | ④ |
| 18. At times I feel that I'm doing everything at a very slow pace but then soon afterwards I feel that I'm no more slowed down than anyone else. | ① | ② | ③ | ④ |

E. Over the last 2 weeks, how often have you been bothered by any of the following problems: (Depression Questionnaire)

- | | ①
Not at all | ②
Several days | ③
More than half
the days | ④
Nearly every day |
|--|-----------------|-------------------|---------------------------------|-----------------------|
| 1. Little interest or pleasure in doing things? | ① | ② | ③ | ④ |
| 2. Feeling down, depressed, or hopeless? | ① | ② | ③ | ④ |
| 3. Trouble falling or staying asleep, or sleeping too much? | ① | ② | ③ | ④ |
| 4. Feeling tired or having little energy? | ① | ② | ③ | ④ |
| 5. Poor appetite or overeating? | ① | ② | ③ | ④ |
| 6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down? | ① | ② | ③ | ④ |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television? | ① | ② | ③ | ④ |
| 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? | ① | ② | ③ | ④ |
| 9. Thoughts that you would be better off dead, or of hurting yourself in some way? | ① | ② | ③ | ④ |

F. Please answer the following questions regarding your health:

- | | ① Very Poor | ② Poor | ③ Fair | ④ Good | ⑤ Very Good |
|--|-------------|--------|--------|--------|-------------|
| 1. In general, how would you say your health is | ① | ② | ③ | ④ | ⑤ |
| 2. In general, how would you say your mental health is | ① | ② | ③ | ④ | ⑤ |

G. This section asks about your alcohol use. Please select the number that best describes your answer to each questions using the scale.

- | | ① Never | ② Less than monthly | ③ Monthly | ④ Weekly | ⑤ Daily or almost daily |
|---|---------|---------------------|-----------|----------|-------------------------|
| 1. How often do you have a drink containing alcohol? | ① | ② | ③ | ④ | ⑤ |
| 2. How often do you have six or more drinks on one occasion? | ① | ② | ③ | ④ | ⑤ |
| 3. How many drinks containing alcohol do you have on a typical day when you are drinking? | ① | ② | ③ | ④ | ⑤ |
| | 1 or 2 | 3 or 4 | 5 or 6 | 7 to 9 | 10 or more |

H. These questions ask about your religious / spiritual values

1. How often do you attend church, synagogue or other religious meetings?

(darken one only)

- | | |
|---|---|
| <input type="radio"/> (A) More than once a week | <input type="radio"/> (D) A few times a year |
| <input type="radio"/> (B) Once a week | <input type="radio"/> (E) Once a year or less |
| <input type="radio"/> (C) A few times a month | <input type="radio"/> (F) Never |

Indicate how you feel about each statement below by filling in the appropriate number using the following scale:

(Please answer the question based on your view, i.e., God, higher power, divine force, etc.)

① A great deal ② Quite a bit ③ somewhat ④ Not at all

- | | | | | | |
|-----|---|---|---|---|---|
| 1. | I think how my life is part of a larger spiritual force | ① | ② | ③ | ④ |
| 2. | I work together with God as partners to get through hard times | ① | ② | ③ | ④ |
| 3. | I look to God for strength, support, and guidance in crisis | ① | ② | ③ | ④ |
| 4. | I try to find the lesson from God in crisis | ① | ② | ③ | ④ |
| 5. | I confess my sins and ask for God's forgiveness | ① | ② | ③ | ④ |
| 6. | I feel that stressful situations are God's way of punishing me for my sins and lack of spirituality | ① | ② | ③ | ④ |
| 7. | I wonder whether God has abandoned me | ① | ② | ③ | ④ |
| 8. | I try to make sense of the situation and decide what to do without relying on God. | ① | ② | ③ | ④ |
| 9. | I question whether God really exists | ① | ② | ③ | ④ |
| 10. | I express anger at God for letting terrible things happen | ① | ② | ③ | ④ |

I. Taking everything into consideration, during the past week how satisfied have you been with your: (Quality of Life Measure)

① Very Poor ② Poor ③ Fair ④ Good ⑤ Very Good

- | | | | | | | |
|-----|---|---|---|---|---|---|
| 1. | ... physical health? | ① | ② | ③ | ④ | ⑤ |
| 2. | ... mood? | ① | ② | ③ | ④ | ⑤ |
| 3. | ... work? | ① | ② | ③ | ④ | ⑤ |
| 4. | ... household activities? | ① | ② | ③ | ④ | ⑤ |
| 5. | ... social relationships? | ① | ② | ③ | ④ | ⑤ |
| 6. | ... family relationships? | ① | ② | ③ | ④ | ⑤ |
| 7. | ... leisure time activities? | ① | ② | ③ | ④ | ⑤ |
| 8. | ... ability to function in daily life? | ① | ② | ③ | ④ | ⑤ |
| 9. | ... sexual drive, interest and/or performance? | ① | ② | ③ | ④ | ⑤ |
| 10. | ... economic status? | ① | ② | ③ | ④ | ⑤ |
| 11. | ... living/housing situation? | ① | ② | ③ | ④ | ⑤ |
| 12. | ... ability to get around physically without feeling dizzy, unsteady, or falling? | ① | ② | ③ | ④ | ⑤ |
| 13. | ... your vision in terms of ability to do work or hobbies? | ① | ② | ③ | ④ | ⑤ |
| 14. | ... overall sense of well-being? | ① | ② | ③ | ④ | ⑤ |
| 15. | ... medication? | ① | ② | ③ | ④ | ⑤ |
| | If not taking medication, darken this circle only. | ① | | | | |

① Very Poor ② Poor ③ Fair ④ Good ⑤ Very Good

16. How would you rate your overall life satisfaction and contentment during the past week? ① ② ③ ④ ⑤

J. We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement during the past week.

① Very Strongly Disagree ② Strongly Disagree ③ Mildly Disagree ④ Neutral
⑤ Mildly Agree ⑥ Strongly Agree ⑦ Very Strongly Agree

1. There is a special person with whom I can share my joys and sorrows. ① ② ③ ④ ⑤ ⑥ ⑦
2. My family/friends really try to help me. ① ② ③ ④ ⑤ ⑥ ⑦

K. For the following questions, answer each item that is relevant. Be as honest as you can. Each question refers to any event that you may have experienced prior to the age of 17. (Adverse Events Scale)

1. Prior to the age of 17, did you experience a death of a very close friend or family member? (Y) (N)
If yes, how old were you? _____
2. Prior to the age of 17, was there a major upheaval between your parents (such as divorce, separation)? (Y) (N)
If yes, how old were you? _____
3. Prior to the age of 17, did you have a traumatic sexual experience (raped, molested, etc.)? (Y) (N)
If yes, how old were you? _____
4. Prior to the age of 17, were you the victim of violence (child abuse, mugged or assaulted --other than sexual)? (Y) (N)
If yes, how old were you? _____
5. Prior to the age of 17, were you extremely ill or injured? (Y) (N)
If yes, how old were you? _____
6. Prior to the age of 17, did you experience any other major upheaval that you think may have shaped your life or personality significantly? (Y) (N)
If yes, how old were you? _____
If yes, what was the event? _____
7. If any of the above occurred, how much did you confide in others at the time? (1= not at all, 7 = a great deal) ① ② ③ ④ ⑤ ⑥ ⑦

A. Health History Questionnaire

List any medical problems that other doctors have diagnosed

Year	Diagnosis	Treatment

Surgeries

Year	Reason	Hospital

List your prescribed drugs and over-the-counter drugs, such as vitamins and inhalers

Name of Drug or Prescription	Dose or Strength	Frequency Taken

Is there anything else that you feel is important about your health that has not been described any where else? Explain.

B. Following your progress.

We are interested in following your progress and success in managing your mental health. Would you be willing to give the name of a relative or close friend who would be a contact that is always informed of your change in address?

Name: _____
 Address: _____ Postal Code: _____
 Home Phone: (_____) _____ Work Phone: (_____) _____
 Relationship to you: _____

Your Signature: _____ Date: _____

CONSENT FORM A– Research Study Copy

This confidential medical information has been collected to help in the assessment and treatment of your mood and/or anxiety problem. Apart from your treatment, you are invited to participate in an ongoing program of research on anxiety and mood problems. Please read this form carefully, and feel free to ask questions you might have.

Researchers: Dr. R. Bowen or Dr. M. Baetz, Department of Psychiatry, Ellis Hall, 306-966-8232.

Purpose and Procedure: From time to time we do studies on anxiety and mood problems. We would like to invite you to participate in research by allowing us to use the information you have provided in future studies.

Potential Risks: There are no known risks to participating.

Potential Benefits: Although there are no direct benefits, the studies help to improve knowledge and treatment of these conditions. These studies may be presented to researchers or published to help further the knowledge of mood and anxiety problems.

Storage of Data: This questionnaire will remain in your confidential clinical file. The research data will not bear your name and will be identified only by a number and accessed only by the researchers. The research data will be stored separately on a password protected computer in a locked office for a minimum of 5 years.

Confidentiality: You will not be identified by name in the research data and no individual can be identified in any reports to come out of the research. All data will be reported in aggregate. Clinical and research information will remain as confidential as the law allows.

Right to Withdraw: You have the right to refuse to participate in research or not to have your information used for research at any time, and this will in no way affect the clinical service that you receive. If you wish to withdraw, your data will not be used for research. If there are certain questions that you do not wish to answer, you are under no obligation to complete these.

Questions: If you have any questions you can contact Dr. R. Bowen or Dr. M. Baetz in the Department of Psychiatry, Ellis Hall, 306-966-8232. This program of research received operational approval by the Saskatoon Health Region on April 11, 2007 and was also approved by the University of Saskatchewan Research Ethics Board on April 23, 2007. Any questions regarding your rights as a participant may be addressed to that committee through the Ethics Office (306-966-2084). Out of town participants may call collect.

Consent to Participate:

Would you be willing to allow the information that you have provided to be used for the purpose of research? Y N

I have read and understood the description provided above; I have been provided with an opportunity to ask questions and my questions have been answered satisfactorily. I consent to participate in the research described above, understanding that I may withdraw this consent at any time.

(Name of Participant)

(Date)

(Signature of Participant)

(Signature of Researcher)

CONSENT FORM A – Participant Copy

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I have read and understood the description provided above; I have been provided with an opportunity to ask questions and my questions have been answered satisfactorily. I consent to participate in the research described above, understanding that I may withdraw this consent at any time. **I have kept a copy of this consent form for my records.**

(Name of Participant)

(Date)

(Signature of Participant)

(Signature of Researcher)