

# Seek, Test, Treat and Retain for Vulnerable Populations: Data Harmonization Measure

## MENTAL HEALTH

### Center for Epidemiologic Studies Depression Scale (CES-D)

#### Reference:

Radloff, L.S. (1977). The CES-D Scale: a self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1:385-401.

## Center for Epidemiologic Studies Depression Scale (CES-D Scale)

*Instructions: Please read each question carefully, then **circle** one of the numbers to the right to indicate how you felt or behaved **during the past week**, including today.*

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)
During the past week:	0	1	2	3
1) I was bothered by things that usually don't bother me	0	1	2	3
2) I did not feel like eating; my appetite was poor	0	1	2	3
3) I felt that I could not shake off the blues even with help from my family and friends	0	1	2	3
4) I felt that I was just as good as other people	0	1	2	3
5) I had trouble keeping my mind on what I was doing	0	1	2	3
6) I felt depressed	0	1	2	3
7) I felt that everything I did was an effort	0	1	2	3
8) I felt hopeful about the future	0	1	2	3
9) I thought my life had been a failure	0	1	2	3
10) I felt fearful	0	1	2	3
11) My sleep was restless	0	1	2	3
12) I was happy	0	1	2	3
13) I talked less than usual	0	1	2	3
14) I felt lonely	0	1	2	3
15) People were unfriendly	0	1	2	3
16) I enjoyed life	0	1	2	3
17) I had crying spells	0	1	2	3
18) I felt sad	0	1	2	3
19) I felt that people disliked me	0	1	2	3
20) I could not get "going"	0	1	2	3

### CES-D Scoring

In scoring the CES-D, a value of 0, 1, 2 or 3 is assigned to a response depending upon whether the item is worded positively or negatively.

For items 1-3, 5-7, 9-11, 13-15, 17-20 the scoring is:

- Rarely or none of the time (less than one day) = 0
- Some or a little of the time (1-2 days) = 1
- Occasionally or a moderate amount of time (3-4 days) = 2
- Most or all of the time (5-7 days) = 3

Items 4, 8, 12, 16 are reverse scored as follows:

- Most or all of the time (5-7 days) = 0
- Occasionally or a moderate amount of time (3-4 days) = 1
- Some or a little of the time (1-2 days) = 2
- Rarely or none of the time (less than 1 day) = 3

Possible range of scores is 0 to 60, with the higher scores indicating the presence of more symptomatology.

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## MENTAL HEALTH

### Composite International Diagnostic Interview – Short Form (CIDI)

#### Reference:

Kessler, R. C., Andrews, G., Mroczek, D., Ustun, T. B., & Wittchen, H-U. (1998). The World Health Organization Composite International Diagnostic Interview Short Form (CIDI-SF). *International Journal of Methods in Psychiatric Research*, 7(4), 171-185. (Sections B, C, D, E, F).

For detailed scoring instructions, please visit:

[http://www.hcp.med.harvard.edu/ncs/ftpd/cidif\\_readme.pdf](http://www.hcp.med.harvard.edu/ncs/ftpd/cidif_readme.pdf)

## Anxiety Screener from the Composite International Diagnostic Interview – Short Form

*Note: Question numbers have been altered. Original question numbers are found in parentheses at the end of each question.*

### Generalized Anxiety Disorder Section

1. Have you ever had a period lasting one month or longer when most of the time you felt worried, tense, or anxious? (B1)

- 1  Yes **[go to 2]**
- 2  No
- 1  Refused
- 2  Not Asked

1a. People differ a lot in how much they worry about things. Did you ever have a time when you worried a lot more than most people would in your situation? (B1a)

- 1  Yes
- 2  No **[go to Specific Phobia]**
- 1  Refused
- 2  Not Asked

**[if 1a=1]**

2. What is the longest period of time that this kind of worrying has ever continued? (B2)

\_\_\_\_\_ years and \_\_\_\_\_ months

or \_\_\_\_\_ all of my life/as long as I can remember

**[if 2 is less than 6 months, go to Specific Phobia]**

Please think of the period in your life when you have felt worried, tense, anxious, or more worried than most people would in your situation. This could be in the past, or it could be continuing now.

3. During that period, was your worry stronger than in other people? (B4)

- 1  Yes
- 2  No
- 1  Refused
- 2  Not Asked

**4. Did you worry most days? (B5)**

- 1  Yes
- 2  No
- 1  Refused
- 2  Not Asked

**5. Did you usually worry about one particular thing, such as your job security or the failing health of a loved one, or more than one thing? (B6)**

- 1  One thing
- 2  More than one thing
- 1  Refused
- 2  Not Asked

**6. Did you find it difficult to stop worrying? (B7)**

- 1  Yes
- 2  No
- 1  Refused
- 2  Not Asked

**7. Did you ever have different worries on your mind at the same time? (B8)**

- 1  Yes
- 2  No
- 1  Refused
- 2  Not Asked

**8. How often was your worry so strong that you couldn't put it out of your mind no matter how hard you tried? (B9)**

- 1  Often
- 2  Sometimes
- 3  Rarely
- 4  Never
- 1  Refused
- 2  Not Asked

**9. How often did you find it difficult to control your worry? (B10)**

- 1  Often
- 2  Sometimes
- 3  Rarely
- 4  Never
- 1  Refused
- 2  Not Asked

**10. When you were worried or anxious, were you also: (B12)**

<b>10a.</b> Restless? (B12a)	q 1=Yes	q 2=No
<b>10b.</b> Keyed up or on edge? (B12b)	q 1=Yes	q 2=No
<b>10c.</b> Easily tired? (B12c)	q 1=Yes	q 2=No
<b>10d.</b> Having difficulty keeping your mind on what you were doing? (B12d)	q 1=Yes	q 2=No
<b>10e.</b> More irritable than usual? (B12e)	q 1=Yes	q 2=No
<b>10f.</b> Having tense, sore, or aching muscles? (B12f)	q 1=Yes	q 2=No
<b>10g.</b> Often having trouble falling or staying asleep? (B12g)	q 1=Yes	q 2=No
	-1=Refused	
	-2=Not Asked	

**11. Did you ever tell a professional about these problems (medical doctor, psychologist, social worker, counselor, nurse, clergy, or other helping professional)? (B14)**

- 1  Yes
- 2  No
- 1  Refused
- 2  Not Asked

**12. Did you take medication or use drugs or alcohol more than once for the worry or the problems it was causing? (B15)**

- 1  Yes
- 2  No
- 1  Refused
- 2  Not Asked

**13. How much did the worry or anxiety interfere with your life or activities? (B16)**

- 1  A lot
- 2  Some
- 3  A little
- 4  Not at all
- 1  Refused
- 2  Not Asked

## Specific Phobia Section

**14.** The next questions are about things that make some people so afraid that they avoid them, even when there is no real danger. (C1)

Do you have an unreasonably strong fear or avoid any of the following things:

<b>14a.</b> Heights, storms, thunder, lightning, or being in still water, like a swimming pool or lakes? (C1a)	q 1=Yes	q 2=No
<b>14b.</b> Being in a closed space like a cave, tunnel, elevator, or airplane? (C1b)	q 1=Yes	q 2=No
<b>14c.</b> Snakes, birds, rats, bugs, or other animals? (C1c)	q 1=Yes	q 2=No
<b>14d.</b> Seeing blood, getting a shot or injection, seeing a dentist, or going to a hospital? (C1d)	q 1=Yes	q 2=No
	-1=Refused	
	-2=Not Asked	

**[If 0 Yes responses to 14 series, go to Social Phobia Section]**

**[repeat the following statement for the rest of Specific Phobia Section]**

Please think of the situations that you fear such as:

**15.** How often do you get upset when you are in that situation? (C2)

- 1  Every time
- 2  Most of the time
- 3  Some of the time **[go to Social Phobia Section]**
- 4  Only one or two times ever **[go to Social Phobia Section]**
- 5  Never **[go to Social Phobia Section]**
- 1  Refused
- 2  Not Asked

**16.** How long have you had any of these fears? (C4)

- 1  Less than 1 year (\_\_\_\_\_ # of months)
- 2  Between 1 and 5 years
- 3  More than 5 years
- 1  Refused
- 2  Not Asked

**17.** How much have any of these fears ever interfered with your life or activities? (C5)

- 1  A lot
- 2  Some
- 3  A little
- 4  Not at all
- 1  Refused
- 2  Not Asked

**18.** Have you ever been very upset with yourself for having any of these fears? (C6)

- 1  Yes
- 2  No
- 1  Refused
- 2  Not Asked

**19.** Is your fear unreasonable - that is, much stronger than it should be? (C7)

- 1  Yes
- 2  No
- 1  Refused
- 2  Not Asked

**20.** Is your fear much stronger than in other people? (C8)

- 1  Yes
- 2  No
- 1  Refused
- 2  Not Asked

## Social Phobia Section

**21.** Here's another list of situations that can cause unreasonably strong fears. They involve doing things in front of other people or being the center of attention. Do you have an unreasonably strong fear or avoid any of the following situations: (D1)

<b>21a.</b> Giving a speech or speaking in public? (D1a)	q 1=Yes	q 2=No
<b>21b.</b> Eating or drinking where someone could watch you? (D1b)	q 1=Yes	q 2=No
<b>21c.</b> Talking to people because you might have nothing to say or might sound foolish? (D1c)	q 1=Yes	q 2=No
<b>21d.</b> Writing while someone watches? (D1d)	q 1=Yes	q 2=No
<b>21e.</b> Taking part or speaking in a meeting or class? (D1e)	q 1=Yes	q 2=No
<b>21f.</b> Going to a party or other social outing? (D1f)	q 1=Yes	q 2=No
	-1=Refused	
	-2=Not Asked	

**[if 0 Yes responses to 21 series, go to Agoraphobia Section]**

**[repeat the following statement for the rest of Social Section]**

Please think only of the situation(s) that cause you unreasonably strong fears such as:

**22.** How often do you get very upset when you are in this situation? (D2)

- 1  Every time
- 2  Most of the time
- 3  Some of the time **[go to Agoraphobia Section]**
- 4  Only one or two times ever **[go to Agoraphobia Section]**
- 5  Never **[go to Agoraphobia Section]**
- 1  Refused
- 2  Not Asked

**23.** How long have you had any of these fears? (D3)

- 1  Less than 1 year (\_\_\_\_\_# of months)
- 2  Between 1 and 5 years

- 3  More than 5 years
- 1  Refused
- 2  Not Asked

**24.** How much have any of these fears ever interfered with your life or activities? (D4)

- 1  A lot
- 2  Some
- 3  A little
- 4  Not at all
- 1  Refused
- 2  Not Asked

**25.** Have you ever been very upset with yourself for having any of these fears? (D5)

- 1  Yes
- 2  No
- 1  Refused
- 2  Not Asked

**26.** Is your fear unreasonable - that is, much stronger than it should be? (D6)

- 1  Yes
- 2  No
- 1  Refused
- 2  Not Asked

**27.** Is your fear much stronger than in other people? (D7)

- 1  Yes
- 2  No
- 1  Refused
- 2  Not Asked

## Agoraphobia Section

**28.** Here's a final list of situations that can cause unreasonably strong fears. Do you have an unreasonably strong fear for or avoid any of the following: (E1)

<b>28a.</b> Being in a crowd or standing in line? (E1a)	q 1=Yes	q 2=No
<b>28b.</b> Being away from home alone? (E1b)	q 1=Yes	q 2=No
<b>28c.</b> Travelling alone?	q 1=Yes	q 2=No
<b>28d.</b> Traveling in a bus, train, or car? (E1d)	q 1=Yes	q 2=No
<b>28e.</b> Being in a public place like a department store? (E1e)	q 1=Yes	q 2=No
	-1=Refused	
	-2=Not Asked	

**[if 0 Yes responses to 28 series, go to Panic Attack Section]**

**[repeat the following statement between 29-34]**

Please think only of the situation(s) that cause you to have unreasonably strong fears, such as:

**29.** How often do you get very upset in the situation? (E2)

- 1  Every time
- 2  Most of the time
- 3  Some of the time **[go to Panic Attack Section]**
- 4  Only one or two times ever **[go to Panic Attack Section]**
- 5  Never **[go to Panic Attack Section]**
- 1  Refused
- 2  Not Asked

**30.** How long have you had any of these fears? (E4)

- 1  Less than 1 year (\_\_\_\_\_ # of months)
- 2  Between 1 and 5 years
- 3  More than 5 years
- 1  Refused
- 2  Not Asked

**31.** Were you ever afraid that you might faint, lose control, or embarrass yourself in other ways? (E5)

- 1  Yes

- 2  No
- 1  Refused
- 2  Not Asked

**32.** Do you worry that you might be trapped without any way to escape? (E6)

- 1  Yes
- 2  No
- 1  Refused
- 2  Not Asked

**33.** Do you worry that help might not be available if you needed it? (E7)

- 1  Yes
- 2  No
- 1  Refused
- 2  Not Asked

**34.** How much did any of these fears ever interfere with your life or activities? (E8)

- 1  A lot
- 2  Some
- 3  A little
- 4  Not at all
- 1  Refused
- 2  Not Asked

## Panic Attack Section

**35.** Did you ever have a spell or an attack when all of a sudden you felt frightened, anxious, or very uneasy? (F1)

- 1  Yes
- 2  No **[Part I is complete]**
- 1  Refused
- 2  Not Asked

**35a.** Did any of these attacks occur when you were in a life-threatening situation? (F1a)

- 1  Yes
- 2  No **[go to 36]**
- 1  Refused
- 2  Not Asked

**[if skip, go to 35b]**

**35b.** Did any of these attacks occur when you were not in a life-threatening situation? (F1b)

- 1  Yes
- 2  No **[Part I is complete]**
- 1  Refused
- 2  Not Asked

**36.** About how many attacks have you had in your life? (F2)

Please enter the number of attacks you have had in your life in the box below.

\_\_\_\_\_

- 1  Refused
- 2  Not Asked

**37.** How long ago did you have the most recent attack? (F3)

\_\_\_\_\_ months ago (enter 0 if you had one in the past month)

- 1  Refused
- 2  Not Asked

**38.** Did some of your attacks happen in a situation when you were not in danger or not the center of attention? (F4)

- 1  Yes
- 2  No **[Part I is complete]**

- 1  Refused
- 2  Not Asked

**39.** We already asked about specific situations that cause unreasonably strong fears (heights, elevators, snakes, etc.).

When you have sudden anxiety attacks, do they usually occur in specific situations that cause you unreasonably strong fear? (F5)

- 1  Yes
- 2  No **[go to 40]**
- 1  Refused
- 2  Not Asked

**39a.** Did you ever have an attack when you were not in a situation that usually causes you to have unreasonably strong fears? (F5a)

- 1  Yes
- 2  No **[Part I is complete]**
- 1  Refused
- 2  Not Asked

**40.** When you have attacks: (F6)

<b>40a.</b> Does your heart pound or race? (F6a)	q 1=Yes	q 2=No
<b>40b.</b> Do you have tightness, pain, or discomfort in your chest or stomach? (F6b)	q 1=Yes	q 2=No
<b>40c.</b> Do you sweat? (F6c)	q 1=Yes	q 2=No
<b>40d.</b> Do you tremble or shake? (F6d)	q 1=Yes	q 2=No
<b>40e.</b> Do you have hot flashes or chills? (F6e)	q 1=Yes	q 2=No
<b>40f.</b> Do you, or things around you, seem unreal? (F6f)	q 1=Yes	q 2=No
	-1=Refused	
	-2=Not Asked	