

CIDI Primary Care Screening Tool (PCST) Patient Screening Survey

Thank you for taking the time to participate in this survey. It has been designed to provide doctors with information to improve their diagnoses and treatment.

Throughout the course of the survey, you will be required to answer questions in various ways including the following: selecting a number from a list, checking "yes" or "no," checking all that apply, choosing from a scale, or choosing one answer from many. In each case, please answer truthfully and thoroughly.

As you complete the questions on each page click the "Go to Next Page" button to advance. You may click the "Go Back" button to return to previous pages of the survey.

In order to protect your privacy, the application will automatically close if left unused for longer than two minutes.

You may click the "Go to Next Page" button to begin.

BACKGROUND CHARACTERISTICS

SD1. How old are you?

YEARS OLD (18-99)

SD2. Are you male or female?

- Male
- Female

SD3. What's the highest level of education you completed?

- None
- Some elementary school
- Elementary school graduate
- Some high school
- High school graduate (or GED)
- Some post-HS education
- College graduate
- Some post-BA degree graduate

SD4. What is your current marital status?

- Married **GO TO SD5**
- Separated
- Divorced
- Widowed
- Never Married

SD4.1 Are you currently living with someone in a marriage-like relationship?

- Yes
- No

SD5. What is your current employment status?

- Employed
- Retired
- Homemaker
- Student
- Disabled
- None of the above

SD6. Checkpoint

IF FEMALE1
IF MALE.....2 GO TO NEXT SECTION

SD7. Are you currently pregnant?

YES.....1
NO.....2

REASONS FOR YOUR VISIT

I1. Do you have any of the following health problems, whether or not you are seeing the doctor today for their treatment? CHECK ALL THAT APPLY

- Cancer (including skin cancer)
- A cardiovascular disorder (e.g., hypertension, a heart condition, history of heart attack or stroke)
- A digestive disorder (e.g., GERD, ulcer)
- An emotional disorder (e.g., anxiety, bipolar disorder, depression)
- An endocrine disorder (e.g., diabetes, pituitary or thyroid problems)
- A genitourinary disorder (e.g., kidney infection, urinary infection, renal failure)
- An hepatic disorder (e.g., gallbladder disease, hepatitis, other liver disease)
- An immunological disorder (e.g., chronic fatigue syndrome, fibromyalgia, rheumatoid arthritis)
- A musculoskeletal disorder (e.g., arthritis, chronic low back pain)
- A respiratory disorder (e.g., asthma, chronic bronchitis, COPD, seasonal allergies)

I2. What are the **main** reasons you came to see the doctor today? CHECK ALL THAT APPLY

- Routine check-up
- Headaches
- Any other kind of pain (e.g., back pain, joint pain, chest pain, stomach pain)
- Breathing problems (shortness of breath, difficulty breathing, or painful breathing)
- Sleep problems
- Low energy
- Indigestion, nausea, or gas
- Diarrhea or constipation
- Heart palpitations (too strong, too slow, too fast, or irregular heartbeats)
- Dizziness
- Faintness
- Menstrual problems
- Sexual problems
- Cold/flu symptoms (like stuffy nose, sore throat, fever, or achy muscles)
- Bronchitis
- A muscle strain or sprain
- A mental health problem
- Follow-up treatment of a chronic condition that the doctor is managing (e.g., asthma, diabetes, hypertension)
- Other (please briefly describe) _____

I3. How many times (not counting today) have you gone to see the doctor in the past 12 months? Your best estimate is fine.

_____ NUMBER OF TIMES

(0-100)

14. How often in the past 30 days have you had each of the following health problems?

	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. Pain in your back, arms, legs, or joints (knees, hips, etc.)	1	2	3	4	5
b. Headaches	1	2	3	4	5
c. Muscle tension	1	2	3	4	5
d. Feeling tired out or low in energy	1	2	3	4	5
e. Being easily fatigued	1	2	3	4	5
f. Poor appetite or overeating	1	2	3	4	5
g. Difficulty concentrating or your mind going blank	1	2	3	4	5
h. Irritability	1	2	3	4	5
i. Sleep problems (getting to sleep, staying asleep, waking too early, or sleeping too much)	1	2	3	4	5
j. Talking or moving more slowly than usual	1	2	3	4	5
k. Feeling restless, tense, wound up, or on edge	1	2	3	4	5

15. Have you <u>ever in your life</u> had any of the following emotional problems?	YES	NO
a. Depression	1	5
b. Problems with impulsivity or hyperactivity	1	5
c. Problems with irritability or anger	1	5
d. Manic-depression, mania, or bipolar disorder	1	5
e. Panic attacks	1	5
f. Other problems with anxiety (nerves, worries, fears, obsessions, compulsions)	1	5
g. Alcohol or drug problems	1	5
h. Any other emotional problems	1	5

16. CHECKPOINT (SEE **I5**)

ASK Qs IN I7 SERIES ONLY IF THEY WERE ENDORSED IN THE I5 SERIES..... 1 **CONTINUE**
 NONE OF THE SYNDROMES WAS ENDORSED IN THE I5 SERIES 2 **GO TO D1**

17. Are you currently in treatment for:	YES	NO
a. Depression	1	5
b. Problems with impulsivity or hyperactivity	1	5
c. Problems with irritability or anger	1	5
d. Manic-depression, mania, or bipolar disorder	1	5

e. Panic attacks	1	5
f. Other problems with anxiety (nerves, worries, fears, obsessions, compulsions)	1	5
g. Alcohol or drug problems	1	5
h. Any other emotional problems	1	5

FEELINGS OF SADNESS OR DEPRESSION

D1. CHECKPOINT: (SEE **I7a**)

I7a CODED '1'1 USE INTRO 1
 ALL OTHERS.....2 USE INTRO 2

INTRO 1: You mentioned being in treatment for depression. The next questions are about the severity of your depression it the past 2 weeks.

INTRO 2: The next questions are about feelings of sadness or depression in the past 2 weeks.

D2. How often in the <u>past 2 weeks</u> did you...	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. ...feel sad or depressed?	1	2	3	4	5
b. ...feel so sad or depressed that nothing could cheer you up?	1	2	3	4	5
c. ...feel down or discouraged about how things were going in your life?	1	2	3	4	5
d. ...take little or no interest or pleasure in things?	1	2	3	4	5
e. ...feel down on yourself, no good, or worthless?	1	2	3	4	5
f. ...have trouble making day-to-day decisions?	1	2	3	4	5
g. ...have trouble with your sleep (getting to sleep, staying asleep, waking too early, or sleeping too much)?	1	2	3	4	5
h. ...think a lot about death, either your own, someone else's, or death in general?	1	2	3	4	5
i. How often in the past 30 days did the problems in this list interfere with your work or personal life?	1	2	3	4	5

D3. CHECKPOINT (SEE **D2** SERIES)

IF (D2a or D2b or D2c or D2d = 1-2)

AND THE SUM OF THE FOLLOWING IS 4 OR MORE

D2a or D2b or D2c = 1- 2

D2d = 1-3

D2e = 1-2

D2f OR I4g = 1- 2

D2g OR I4i = 1- 2

D2h = 1-2

I4d or I4e = 1-2

I4f = 1- 2

I4j or I4k = 1-2..... 1

ALL OTHERS 2 **GO TO NEXT SECTION**

D4. About how long have these problems been going on?

- LESS THAN 2 WEEKS1
- 3-4 WEEKS2
- 2-4 MONTHS3
- 5-6 MONTHS4
- 7-12 MONTHS5
- MORE THAN 12 MONTHS6

D5. About how old were you the very first time you had problems like these that lasted at least two weeks?
Your best estimate is fine if you can't remember your exact age.

_____ YEARS OLD

D6. About how many different years in your life did you have problems like these that lasted at least two weeks? Your best estimate is fine if you can't remember the exact number.

_____ NUMBER OF YEARS

FEELINGS OF ANXIETY

*G1. CHECKPOINT: (SEE **I7f**)

I7f CODED '1' 1 USE INTRO 1
 ALL OTHERS..... 2 USE INTRO 2

INTRO 1: You mentioned being in treatment for anxiety. The next questions are about the severity of your anxiety in the past 30 days.

INTRO 2: The next questions are about feelings of anxiety or worry in the past 30 days.

G2. How often in the <u>past 30 days</u> did you...	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. ...feel anxious or nervous?	1	2	3	4	5
b. ...worry about a number of different things?	1	2	3	4	5
c. ...feel more anxious, nervous, or worried than other people in your same situation?	1	2	3	4	5
d. ...worry or feel anxious about things other people said you shouldn't worry about?	1	2	3	4	5
e. ...have trouble controlling your worry or anxiety?	1	2	3	4	5

G3. CHECKPOINT

If G2a or G2b or G2c or G2d = 1-2 1
 ALL OTHERS..... 2 GO TO NEXT SECTION

G4. How often in the <u>past 30 days</u> did you...	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
f. ...have trouble relaxing?	1	2	3	4	5
g. ...feel restless, fidgety, keyed up, or on edge?	1	2	3	4	5
h. ...have muscle aches or tension caused by anxiety or worry?	1	2	3	4	5
i. ...How often in the past 30 days did the problems in this list interfere with your work or personal life?	1	2	3	4	5

G5. CHECKPOINT

IF G3 CODED '1'
AND AT LEAST TWO OF THE FOLLOWING
 G4f OR G4g = 1-3
 I4d or I4e = 1-3
 I4g = 1-3
 I4h = 1-3

I4c OR G4h = 1-3

I4i = 1-3 1

ALL OTHERS 2 GO TO NEXT SECTION

G6. How long have these problems been going on?

LESS THAN A MONTH1

1-2 MONTHS2

3-4 MONTHS3

5-6 MONTHS4

7-12 MONTHS5

MORE THAN 12 MONTHS6

G7. About how old were you the very first time you had problems like these that lasted at least one month?

Your best estimate is fine if you can't remember your exact age.

_____ YEARS OLD

G8. About how many different years in your life did you have a time lasting one month or longer when you had problems like these? Your best estimate is fine if you can't remember your exact age.

_____ NUMBER OF YEARS

FEARFUL ATTACKS

P1. CHECKPOINT: (SEE **17e**)

17e CODED '1' 1 GO TO P2
 ALL OTHERS 2 GO TO P3

P2. You mentioned being in treatment for panic attacks. The next questions are about these attacks. About how many attacks of this sort have you had in your entire lifetime?

_____NUMBER
 (1-500)

P2a. About how many days in the past month (past 30 days) did you have an attack of this sort? Use any number between 0 and 30 to answer.

_____NUMBER OF DAYS

P2b. About how old were you the very first time you had one of these attacks? Your best estimate is fine if you can't remember your exact age.

_____ YEARS OLD

P2c. About how many different years in your life did you have at least one of these attacks? Your best estimate is fine.

_____ NUMBER OF YEARS

GO TO P5

	Yes	No
P3. Did you ever in your life have an attack of panic or anxiety when all of a sudden you felt very frightened or uneasy?	1	2 GO TO P4

P3a. About how many attacks of this sort have you had in your entire lifetime?

_____NUMBER
 (1-500)

P3b. About how many days in the past month (past 30 days) did you have an attack of this sort? Use any number between 0 and 30 to answer.

_____NUMBER OF DAYS

P3c. About how old were you the very first time you had one of these attacks? Your best estimate is fine if you can't remember your exact age.

_____ YEARS OLD

P3d. About how many different years in your life did you have at least one of these attacks? Your best estimate is fine.

_____ NUMBER OF YEARS

GO TO P5

	Yes	No
P4. Did you ever in your life have an attack of heart pounding or chest pain that came on very suddenly?	1	2 GO TO NEXT SECTION

P4a. About how many attacks of this sort have you had in your entire lifetime?

_____NUMBER
(1-500)

P4b. About how many days in the past month (past 30 days) did you have an attack of this sort? Use any number between 0 and 30 to answer.

_____NUMBER

P4c. About how old were you the very first time you had one of these attacks? Your best estimate is fine if you can't remember your exact age.

_____ YEARS OLD

P4d. About how many different years in your life did you have at least one of these attacks? Your best estimate is fine.

_____ NUMBER OF YEARS

P5. During the past 30 days, about how often	All or almost all of the time	Most of the time	Some of the time	A little of the time	None of the time
a. ...did you worry about having another attack?	1	2	3	4	5
b. ...did you avoid going certain places or doing certain things because you might have another attack?	1	2	3	4	5
c. ...did you change your everyday activities to avoid having another attack?	1	2	3	4	5
d. ...did the attacks or worry about having another attack interfere with your work or personal life?	1	2	3	4	5

P6. CHECKPOINT

(P1 = 1 AND P2a GT 0) or (P3 = 1 AND P3b GT 0) or (P4 = 1 AND P4b GT 0)

OR P5a = 1-2 OR P5b = 1-2 OR P5c = 1-2..... 1

ALL OTHERS 2 GO TO NEXT SECTION

P7. When you have these attacks, which of the following problems do you have?

	Yes	No
a. Pounding or racing heart?	1	2
b. Sweating?	1	2
c. Trembling or shaking?	1	2
d. Numbness or tingling sensations?	1	2
e. Shortness of breath?	1	2
f. Chills or hot flushes?	1	2
g. Choking?	1	2
h. Pain or discomfort in your chest?	1	2
i. Nausea or discomfort in your stomach?	1	2
j. Feeling dizzy or faint?	1	2
k. Feeling like things around you are not real, like you're in a dream?	1	2
l. Feeling like you're outside of yourself, watching yourself?	1	2
m. Feeling that you might lose control or go crazy?	1	2
n. Feeling like you might suddenly die?	1	2

P8. CHECKPOINT (SEE P7 SERIES)

AT LEAST THREE "Yes" RESPONSES CODED IN THE P7 SERIES.....1

ALL OTHERS.....2 GO TO NEXT SECTION

P9. How long does it usually take these physical reactions to reach their peak intensity after your attack starts?

- Less than 1 minute
- 1-5 minutes
- 6-10 minutes
- 11-20 minutes
- 20 minutes or longer

EPIISODES OF BEING HYPER

*M1. CHECKPOINT: (SEE I7d)

I5d CODED '5'	1	GO TO INTRO 3
I7d CODED '1'	2	GO to INTRO1 and Continue WITH INTRO2
I7d CODED '5'	3	
ALL OTHERS	4	GO TO INTRO3

M0. You mentioned you are not currently in treatment for manic-depression, mania, or bipolar disorder. Have you ever in the past received treatment for this disorder?

- Yes Go to INTRO2
- No Go to INTRO3

INTRO 1: You mentioned being in treatment for manic-depression or bipolar disorder.

INTRO 2: The next questions are about your experiences with this disorder. Think about a typical intense episode of being manic or hyper lasting two days or longer. How much of the time during that episode did you have each of the following experiences?

How much of the time during that episode ... GO TO M5a

INTRO 3: The next question is about whether you ever in your life had an episode lasting two days or longer when your mood was much higher than usual and you were much more excitable or hyper than usual. We don't mean an expected reaction to something that was fun or exciting, but an episode when you were really different from usual in terms of your reactions to things. Please carefully read the following description of these episodes:

I. These episodes usually go on for between two days and several weeks. During these episodes, people feel one or more of the following experiences:

- Much more excited, hyper, or full of energy than usual
- Much more talkative, open, and outgoing than usual
- Or much more irritable, grumpy, or quick-tempered than usual

II. During these episodes, people often have one or more of the following experiences:

- Racing thoughts
- Trouble sitting still
- Trouble concentrating

III. People sometimes do things that are unusual for them during these episodes, such as one or more of the following:

- Driving too fast
- Spending too much money on things they don't need
- Getting into relationships they would not usually get into
- Doing other things they would normally be too embarrassed to do.

CLICK HERE AFTER YOU HAVE READ THE ABOVE DESCRIPTION CAREFULLY

M2. CHECKPOINT (TIMING OF SCREEN FOR M1)

R CLICKED THE SKIP AT THE BOTTOM OF THE PREVIOUS SCREEN

LESS THAN 5 SECONDS AFTER THE SCREEN FIRST APPEARED	1	GO TO M3
ALL OTHERS	2	GO TO M4

M3. You jumped over that description very quickly. It's important that you read the description carefully.

SHOW THE SAME DESCRIPTION AS ON THE PREVIOUS SCREEN

CLICK HERE AFTER YOU HAVE READ THE ABOVE DESCRIPTION CAREFULLY

M4. With this definition in mind, do you think you ever in your life had an episode of this sort?

Yes

No GO TO NEXT SECTION

M5. For the next questions, think about a typical intense episode of this sort you had that lasted two days or longer. How much of the time during that episode did you have each of the following experiences?

M5. How much of the time during that episode...	All or almost all the time	Most of the time	Some of the time	A little of the time	None of the time
a. was your mood much higher than usual?	1	2	3	4	5
b. were you much happier than usual?	1	2	3	4	5
c. were you much more irritable or grumpy than usual?	1	2	3	4	5
d. were you a lot more self-confident or optimistic than usual?	1	2	3	4	5
e. did you sleep much less than usual and still did not get tired or sleepy?	1	2	3	4	5
f. did you talk so much that other people couldn't get their say?	1	2	3	4	5
g. did thoughts race through your mind so fast you could hardly keep track of them?	1	2	3	4	5
h. did you have a hard time concentrating on what you were doing?	1	2	3	4	5
i. were you much more excited, hyper, or restless than usual?	1	2	3	4	5
j. did you do things unusual for you - like talking about things you would normally keep private, or acting in ways that you'd usually find embarrassing?	1	2	3	4	5
k. did you make bad decisions that could have caused problems for you?	1	2	3	4	5
l. How often did the problems in this list interfere with your work or personal life during these episodes?	1	2	3	4	5

M6. CHECKPOINT

At least 3 in the M5 series coded 1-3 1
 ALL OTHERS 2 GO TO NEXT SECTION

M7. About how old were you the very first time you had an episode of being high like this that lasted several days or longer? Your best estimate is fine if you can't remember the exact age.

_____ YEARS OLD

M8. About how many different episodes of this sort did you ever have in your life that lasted several days or longer? Your best estimate is fine.

_____ NUMBER
 (1-500)

M9. About how many different years in your life did you have an episode of this sort that lasted several days or longer? Your best estimate is fine.

_____ NUMBER OF YEARS

M10. How long was the longest episode you ever had in your life?

- 2-3 days
- 4-6 days
- 1-2 weeks
- 3-4 weeks
- More than 4 weeks

M11. Were you ever hospitalized for one of these episodes?

- Yes
- No

M12. About how many days in the past month (past 30 days) did you have an episode of this sort? Your best estimate is fine.

_____ NUMBER OF DAYS

M13. About how many days during the past year (past 365 days) did you have an episode of this sort? Your best estimate is fine.

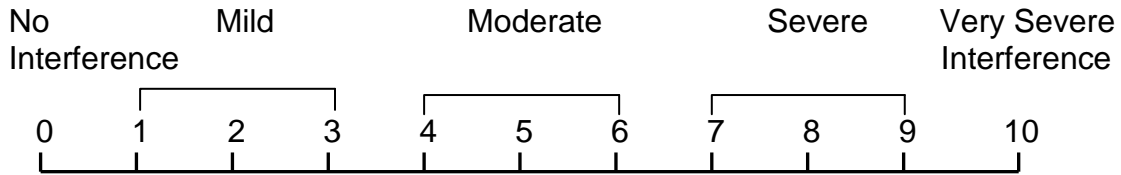
_____ NUMBER OF DAYS

ROLE FUNCTIONING

RF1. About how many days out of 30 in the past month were you totally unable to work or carry out your other usual daily activities because of problems with your emotional health? You can use any number between 0 and 30 to answer.

_____ NUMBER (0-30)

RF2. Using the 0-10 scale where 0 means no interference and 10 means very severe interference, how much did problems with your emotional health interfere with each of the following areas of your life during the past 30 days?



How much did problems with your emotional health interfere with each of the following areas of your life during the past 30 days?	Amount of interference (0-10)
RF3a. Your home management, like cleaning, shopping, and working around the house, apartment or yard?	
RF3b. Your ability to work as well as most other people?	
RF3c. Your ability to form and maintain close relationships with other people?	
RF3d. Your social life?	

That's the last question. Thank you for completing this assessment