

Name: _____ Age: _____ ID #: _____

Date: _____ Gender: Male Female Education (Years Completed): _____

Ethnicity: Asian Black/African American Hispanic/Latino Native American Native Hawaiian/Other Pacific Islander White Other

This form asks you about emotions, moods, thoughts, and behaviors. For each question, check the box in the *Yes* column if it describes how you have been acting, feeling, or thinking. If the item does not apply to you, check the box in the *No* column. **Please answer every question.**

PDSQ™
TEST BOOKLET

Mark Zimmerman, M.D.



Yes No DURING THE PAST 2 WEEKS...

- Y N 1. ...did you feel sad or depressed?
- Y N 2. ...did you feel sad or depressed for most of the day, nearly every day?
- Y N 3. ...did you get less joy or pleasure from almost all of the things you normally enjoy?
- Y N 4. ...were you less interested in almost all of the activities you are usually interested in?
- Y N 5. ...was your appetite significantly *smaller* than usual nearly every day?
- Y N 6. ...was your appetite significantly *greater* than usual nearly every day?
- Y N 7. ...did you sleep at least 1 to 2 hours *less* than usual nearly every day?
- Y N 8. ...did you sleep at least 1 to 2 hours *more* than usual nearly every day?
- Y N 9. ...did you feel very jumpy and physically restless, and have a lot of trouble sitting calmly in a chair, nearly every day?
- Y N 10. ...did you feel tired out nearly every day?
- Y N 11. ...did you frequently feel guilty about things you have done?
- Y N 12. ...did you put yourself down and have negative thoughts about yourself nearly every day?
- Y N 13. ...did you feel like a failure nearly every day?
- Y N 14. ...did you have problems concentrating nearly every day?
- Y N 15. ...was decision making more difficult than normal nearly every day?
- Y N 16. ...did you frequently think of dying in passive ways like going to sleep and not waking up?
- Y N 17. ...did you wish you were dead?
- Y N 18. ...did you think you'd be better off dead?
- Y N 19. ...did you have thoughts of suicide, even though you would not really do it?
- Y N 20. ...did you seriously consider taking your life?
- Y N 21. ...did you think about a specific way to take your life?

- Y N 22. Have you *ever experienced* a traumatic event such as combat, rape, assault, sexual abuse, or any other extremely upsetting event?
- Y N 23. Have you *ever witnessed* a traumatic event such as rape, assault, someone dying in an accident, or any other extremely upsetting incident?

DURING THE PAST 2 WEEKS...

- Y N 24. ...did thoughts about a traumatic event frequently pop into your mind?
- Y N 25. ...did you frequently get upset because you were thinking about a traumatic event?
- Y N 26. ...were you frequently bothered by memories or dreams of a traumatic event?
- Y N 27. ...did reminders of a traumatic event cause you to feel intense distress?
- Y N 28. ...did you try to block out thoughts or feelings related to a traumatic event?
- Y N 29. ...did you try to avoid activities, places, or people that reminded you of a traumatic event?
- Y N 30. ...did you have flashbacks, where it felt like you were reliving a traumatic event?
- Y N 31. ...did reminders of a traumatic event make you shake, break out into a sweat, or have a racing heart?
- Y N 32. ...did you feel distant and cutoff from other people because of having experienced a traumatic event?
- Y N 33. ...did you feel emotionally numb because of having experienced a traumatic event?
- Y N 34. ...did you give up on goals for the future because of having experienced a traumatic event?
- Y N 35. ...did you keep your guard up because of having experienced a traumatic event?
- Y N 36. ...were you jumpy and easily startled because of having experienced a traumatic event?

Additional copies of this form (W-385A) may be purchased from WPS. Please contact us at **800.648.8857** or **www.wpspublish.com**.

Copyright © 2002 by Mark Zimmerman, M.D.

Not to be reproduced, adapted, and/or translated in whole or in part without prior written permission of WPS (rights@wpspublish.com).

All rights reserved. Printed in USA. 9 8 7 6 5

-
- | Yes | No | DURING THE PAST 2 WEEKS... |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 37. ...did you often go on eating binges (eating a <i>very large</i> amount of food very quickly over a short period of time)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 38. ...did you often feel you could not control how much you were eating during an eating binge? |
| <input type="checkbox"/> | <input type="checkbox"/> | 39. ...did you go on eating binges during which you ate so much that you felt uncomfortably full? |
| <input type="checkbox"/> | <input type="checkbox"/> | 40. ...did you go on eating binges during which you ate a large amount of food even when you didn't feel hungry? |
| <input type="checkbox"/> | <input type="checkbox"/> | 41. ...did you eat alone during an eating binge because you were embarrassed by how much you were eating? |
| <input type="checkbox"/> | <input type="checkbox"/> | 42. ...did you go on eating binges and then feel disgusted with yourself afterward? |
| <input type="checkbox"/> | <input type="checkbox"/> | 43. ...were you very upset with yourself because you were going on eating binges? |
| <input type="checkbox"/> | <input type="checkbox"/> | 44. ...to prevent gaining weight from an eating binge did you go on strict diets or exercise excessively? |
| <input type="checkbox"/> | <input type="checkbox"/> | 45. ...to prevent weight gain from an eating binge did you force yourself to vomit or use laxatives or water pills? |
| <input type="checkbox"/> | <input type="checkbox"/> | 46. ...was your weight, or the shape of your body, one of the most important things that affected your opinion of yourself? |
-

DURING THE PAST 2 WEEKS...

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 47. ...did you worry obsessively about dirt, germs, or chemicals? |
| <input type="checkbox"/> | <input type="checkbox"/> | 48. ...did you worry obsessively that something bad would happen because you forgot to do something important—like locking the door, turning off the stove, or pulling out the electrical cords of appliances? |
| <input type="checkbox"/> | <input type="checkbox"/> | 49. ...were there things you felt compelled to do over and over (for at least ½ hour per day) that you could not stop doing when you tried? |
| <input type="checkbox"/> | <input type="checkbox"/> | 50. ...were there things you felt compelled to do over and over even though they interfered with getting other things done? |
| <input type="checkbox"/> | <input type="checkbox"/> | 51. ...did you wash and clean yourself or things around you obsessively and excessively? |
| <input type="checkbox"/> | <input type="checkbox"/> | 52. ...did you obsessively and excessively check things or repeat actions over and over again? |
| <input type="checkbox"/> | <input type="checkbox"/> | 53. ...did you count things obsessively and excessively? |
-

DURING THE PAST 2 WEEKS...

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 54. ...did you get very scared because your heart was beating fast? |
| <input type="checkbox"/> | <input type="checkbox"/> | 55. ...did you get very scared because you were short of breath? |
| <input type="checkbox"/> | <input type="checkbox"/> | 56. ...did you get very scared because you were feeling shaky or faint? |
| <input type="checkbox"/> | <input type="checkbox"/> | 57. ...did you get sudden attacks of intense anxiety or fear that came on from out of the blue, for no reason at all? |
| <input type="checkbox"/> | <input type="checkbox"/> | 58. ...did you get sudden attacks of very intense anxiety or fear during which you thought something terrible might happen, such as your dying, going crazy, or losing control? |
| <input type="checkbox"/> | <input type="checkbox"/> | 59. ...did you have sudden, unexpected attacks of anxiety during which you had three or more of the following symptoms: heart racing or pounding, sweating, shakiness, shortness of breath, nausea, dizziness, or feeling faint? |
| <input type="checkbox"/> | <input type="checkbox"/> | 60. ...did you worry a lot about having unexpected anxiety attacks? |
| <input type="checkbox"/> | <input type="checkbox"/> | 61. ...did you have anxiety attacks that caused you to avoid certain situations or to change your behavior or normal routine? |
-

DURING THE PAST 2 WEEKS...

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 62. ...did things happen that you knew were true, but that other people told you were your imagination? |
| <input type="checkbox"/> | <input type="checkbox"/> | 63. ...were you convinced that other people were watching you, talking about you, or spying on you? |
| <input type="checkbox"/> | <input type="checkbox"/> | 64. ...did you think that you were in danger because someone was plotting to hurt you? |
| <input type="checkbox"/> | <input type="checkbox"/> | 65. ...did you think that you had special powers other people didn't have? |
| <input type="checkbox"/> | <input type="checkbox"/> | 66. ...did you think that some outside force or power was controlling your body or mind? |
| <input type="checkbox"/> | <input type="checkbox"/> | 67. ...did you hear voices that other people didn't hear, or see things that other people didn't see? |
-

NOTE: MOST OF THE FOLLOWING QUESTIONS REFER TO THE PAST 6 MONTHS.

Yes No DURING THE PAST 6 MONTHS...

68. ...did you regularly avoid any situations because you were afraid they'd cause you to have an anxiety attack?
69. ...did any of the following make you feel fearful, anxious, or nervous because you were afraid you'd have an anxiety attack in the situation?
- a. going outside far away from home
- b. being in crowded places
- c. standing in long lines
- d. being on a bridge or in a tunnel
- e. traveling in a bus, train, or plane
- f. driving or riding in a car
- g. being home alone
- h. being in wide-open spaces (like a park)
70. ...did you almost always get very anxious as soon as you were in any of the above situations?
71. ...did you avoid any of the above situations because they made you feel anxious or fearful?

DURING THE PAST 6 MONTHS...

72. ...did you worry a lot about embarrassing yourself in front of others?
73. ...did you worry a lot that you might do something to make people think that you were stupid or foolish?
74. ...did you feel very nervous in situations where people might pay attention to you?
75. ...were you extremely nervous in social situations?
76. ...did you regularly avoid any situations because you were afraid you'd do or say something to embarrass yourself?
77. ...did you worry a lot about doing or saying something to embarrass yourself in any of the following situations?
- a. public speaking
- b. eating in front of other people
- c. using public restrooms
- d. writing in front of others
- e. saying something stupid when you were with a group of people
- f. asking a question when in a group of people
- g. business meetings
- h. parties or other social gatherings
78. ...did you almost always get very anxious as soon as you were in any of the above situations?
79. ...did you avoid any of the above situations because they made you feel anxious or fearful?

DURING THE PAST 6 MONTHS...

80. ...did you think that you were drinking too much?
81. ...did anyone in your family think or say that you were drinking too much, or that you had an alcohol problem?
82. ...did friends, a doctor, or anyone else think or say that you were drinking too much?
83. ...did you think about cutting down or limiting your drinking?
84. ...did you think that you had an alcohol problem?
85. ...because of your drinking did you have problems in your marriage; at your job; with your friends or family; doing household chores; or in any other important area of your life?

-
- | Yes | No | | DURING THE PAST 6 MONTHS... |
|--------------------------|--------------------------|-----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 86. | ...did you think that you were using drugs too much? |
| <input type="checkbox"/> | <input type="checkbox"/> | 87. | ...did anyone in your family think or say that you were using drugs too much, or that you had a drug problem? |
| <input type="checkbox"/> | <input type="checkbox"/> | 88. | ...did friends, a doctor, or anyone else think or say that you were using drugs too much? |
| <input type="checkbox"/> | <input type="checkbox"/> | 89. | ...did you think about cutting down or limiting your drug use? |
| <input type="checkbox"/> | <input type="checkbox"/> | 90. | ...did you think you had a drug problem? |
| <input type="checkbox"/> | <input type="checkbox"/> | 91. | ...because of your drug use did you have problems in your marriage; at your job; with your friends or family; doing household chores; or in any other important area of your life? |
-

- DURING THE PAST 6 MONTHS...**
- | | | | |
|--------------------------|--------------------------|------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 92. | ...were you a nervous person on most days? |
| <input type="checkbox"/> | <input type="checkbox"/> | 93. | ...did you worry a lot that bad things might happen to you or someone close to you? |
| <input type="checkbox"/> | <input type="checkbox"/> | 94. | ...did you worry about things that other people said you shouldn't worry about? |
| <input type="checkbox"/> | <input type="checkbox"/> | 95. | ...were you worried or anxious about a number of things in your daily life on most days? |
| <input type="checkbox"/> | <input type="checkbox"/> | 96. | ...did you often feel restless or on edge because you were worrying? |
| <input type="checkbox"/> | <input type="checkbox"/> | 97. | ...did you often have problems falling asleep because you were worrying about things? |
| <input type="checkbox"/> | <input type="checkbox"/> | 98. | ...did you often feel tension in your muscles because of anxiety or stress? |
| <input type="checkbox"/> | <input type="checkbox"/> | 99. | ...did you often have difficulty concentrating because your mind was on your worries? |
| <input type="checkbox"/> | <input type="checkbox"/> | 100. | ...were you often snappy or irritable because you were worrying or feeling stressed out? |
| <input type="checkbox"/> | <input type="checkbox"/> | 101. | ...was it hard for you to control or stop your worrying on most days? |
-

- DURING THE PAST 6 MONTHS...**
- | | | | |
|--------------------------|--------------------------|------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 102. | ...have you had a lot of stomach and intestinal problems such as nausea, vomiting, excessive gas, stomach bloating, or diarrhea? |
| <input type="checkbox"/> | <input type="checkbox"/> | 103. | ...have you been bothered by aches and pains in many different parts of your body? |
| <input type="checkbox"/> | <input type="checkbox"/> | 104. | Do you get sick more than most people? |
| <input type="checkbox"/> | <input type="checkbox"/> | 105. | Has your physical health been poor <i>most of your life</i> ? |
| <input type="checkbox"/> | <input type="checkbox"/> | 106. | Are your doctors <i>usually</i> unable to find a physical cause for your physical symptoms? |
-

- DURING THE PAST 6 MONTHS...**
- | | | | |
|--------------------------|--------------------------|------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 107. | ...did you often worry that you might have a serious physical illness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 108. | ...was it hard to stop worrying that you have a serious physical illness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 109. | ...did your doctor say you didn't have a serious illness but it was still hard to stop thinking about it? |
| <input type="checkbox"/> | <input type="checkbox"/> | 110. | ...did you worry so much about having a serious illness that it interfered with your activities or it caused you problems? |
| <input type="checkbox"/> | <input type="checkbox"/> | 111. | ...did you visit the doctor a lot because you were worried that you had a serious physical illness? |
-