

Level 1-P, Draft - February 8, 2010

Self or Informant Ratings	None	Slight	Mild	Moderate	Severe	Level 2
During the past 2 weeks, how much have you been bothered by the following problems:	Not at all	Rare, less than a day or two	Several days	More than half the days	Nearly every day	<i>PROMIS™ Short Form</i>
Little interest or pleasure in doing things	0	1	2	3	4	<i>Depression</i>
Feeling down, depressed, or hopeless	0	1	2	3	4	<i>Depression</i>
Feeling irritated, grouchy, angry						<i>Anger</i>
Feeling nervous, anxious, frightened, scared, or on edge	0	1	2	3	4	<i>Anxiety</i>
Unable to stop or control worrying	0	1	2	3	4	<i>Anxiety</i>
Avoiding situations that caused you worry, more than other people with similar worries would	0	1	2	3	4	<i>Anxiety</i>
Unexplained aches and pains (e.g. head, back, joints, abdomen, legs)	0	1	2	3	4	
Feeling that your illnesses are not being taken seriously enough	0	1	2	3	4	
Thoughts of actually hurting yourself	0	1	2	3	4	<i>Depression</i>
Hearing things other people couldn't hear, such as voices even when no one was around	0	1	2	3	4	
Feeling that someone could hear your thoughts, or that you could hear what another person was thinking	0	1	2	3	4	
Feeling such a strong desire for alcohol or another substance that you could not manage without it, or could not stop thinking about obtaining it	0	1	2	3	4	
Problems with sleep that affected your sleep quality over all	0	1	2	3	4	<i>Sleep Disturbance</i>
Problems with memory (e.g., learning new information), or with location (e.g., finding your way home)	0	1	2	3	4	
(Continued on next page)						

	Not at all	Once a month	2 to 3 times a month	Once a week	2 days a week or more	
During the past 30 days, about how often did you drink at least 4 drinks of any kind of alcohol in a single day?	0	1	2	3	4	
During the past 30 days, about how often did you smoke any cigarettes, a cigar, or pipe or use snuff or chewing tobacco?	0	1	2	3	4	
During the past 30 days, about how often did you use any of the following medicines ON YOUR OWN, that is, without a doctor's prescription, in greater amounts or longer than prescribed? Painkillers (like Vicodin) Stimulants (like Ritalin, Adderall) Sedatives or tranquilizers (like sleeping pills or Valium) or Drugs like Marijuana Cocaine or crack Club drugs (like ecstasy) Hallucinogens (like LSD) Heroin Inhalants or solvents (like glue) Methamphetamine (like speed)	0	1	2	3	4	

Clinician Ratings						<i>Reference</i>
	Not present	Equivocal	Present but mild	Present, moderate	Present, severe	
Psychosis: Manifested over the last 2 weeks, by delusions, hallucinations, or disorganized speech	0	1	2	3	4	<i>Workgroup</i>
Suicide Risk*						
	Risk rating based on sum of items coded as present, 0 to 7					<i>Workgroup on Suicide</i>

*** Suicide Risk Rating Scale (rev. 11/19/09)**

- Any history of suicide attempt
- Long-standing tendency to lose temper or become aggressive with little provocation
- Living alone, chronic severe pain, or recent (within 3 months) significant loss
- Recent psychiatric admission/discharge or first diagnosis of MDD, bipolar disorder, or schizophrenia
- Recent increase in alcohol abuse or worsening of depressive symptoms
- Current (within last week) preoccupation with, or plans for suicide
- Current psychomotor agitation, marked anxiety or prominent feelings of hopelessness

Level of concern about potential suicidal behavior (scores based on sum of items coded as present)

- 0 = Lowest
- 1 – 2 = Some concern
- 3 – 4 = Increased concern
- 5-7 = High concern