

GSM-V

Subject ID: _____

Date: ___/___/___

Instructions

The following questions refer to experiences that you may have had in the past or that you may be having currently. Please answer each of the questions by circling “YES” or “NO.” Please note that not all the questions refer to symptoms of an illness.

In the course of your life, including when you were a child...

1.	...have you ever felt confused or numb?	Yes	No
2.	...have you ever felt disoriented, as if you had lost your bearings?	Yes	No
3.	...have you ever felt nervous, uncomfortable, or as though you were about to suffocate, because of hot, stale or humid air, or because of perfume or other smells, even if they weren't that strong?	Yes	No
4.	...have you ever felt as if something had broken in your brain or body?	Yes	No
5.	...have you ever felt that you had lost, for a few seconds, your sight or hearing?	Yes	No
6.	...have you ever worried that you might suddenly have a panic attack? Or have heart palpitations, shortness of breath, dizziness, or other physical symptoms? Or were you worried about what having panic or physical symptoms might mean about your physical or mental health?	Yes	No
7.	...have you ever worried a lot that there might be something terribly wrong with you physically, as if, for instance, you were about to have a heart attack, stroke, suffocate or die?	Yes	No
8.	...did you ever feel nervous or uncomfortable or avoid going to the dentist, because you felt trapped or suffocated in the chair?	Yes	No
9.	...did you ever feel nervous or trapped when you were in a crowded place?	Yes	No

In the course of your life, including when you were a child, have you ever had periods of at least 3-5 days in which...

10.	...you felt physically “slowed down,” as if every movement was in slow motion?	Yes	No
11.	...you felt fatigued, weak, or tired or as though the smallest task (for instance, washing your face or filling the sugar bowl) was an effort and required a great deal of energy?	Yes	No
12.	...you felt very bored?	Yes	No

In the course of your life, including when you were a child, have you ever had periods of at least 3-5 days in which...

13.	...you were deeply annoyed with everything?	Yes	No
14.	...you felt purposeless, as if everything had lost its significance?	Yes	No
15.	...you lost interest in how you looked?	Yes	No
16.	...you lost interest or pleasure in all or almost all the things you usually enjoyed?	Yes	No
17.	...you were disappointed in yourself, you felt useless, as if you were without any talent and you couldn't do anything right?	Yes	No
18.	...you had difficulty making even minor decisions (such as what clothes to wear, what household task to do first)?	Yes	No

Have you had periods of at least several days in which...

19.	...you were the kind of person to whom others were attracted because of your confidence, enthusiasm and energy?	Yes	No
20.	...you (or others) thought you were very artistic and creative?	Yes	No
21.	...your housework, child care, or your performance at school, work, sports or hobbies improved <u>a lot</u> ?	Yes	No
22.	...you felt really good about how you looked?	Yes	No
23.	...you felt that you were mentally very sharp, brilliant and clever?	Yes	No

These questions have to do with experiences you may have had for periods of at least several days.

24.	Have you ever worried that others considered you foolish, awkward or ridiculous?	Yes	No
25.	Have you ever worried about disapproval or hostility from others?	Yes	No
26.	Have you often felt particularly embarrassed or uncomfortable meeting a new person?	Yes	No
27.	Have you often avoided, if possible, disagreeing with or expressing disapproval to others?	Yes	No
28.	When talking on the phone, have you sometimes felt embarrassed to talk when other people were present?	Yes	No
29.	When working in front of other people, have you often felt afraid of making a mistake that someone might notice?	Yes	No
30.	Have you often avoided, or wished you could avoid whenever possible, performing in public or taking an oral examination because you were embarrassed or uncomfortable, or you worried that you might stammer, that your voice might tremble or that you might black out?	Yes	No

These questions have to do with experiences you may have had for periods of at least several days.

31.	Did you ever drop out of school or interrupt your education for these reasons?	Yes	No
32.	When encountering strangers or people you didn't know well, have you often felt embarrassed or worried?	Yes	No
33.	When attending a party or meeting friends, have you often felt afraid of being judged?	Yes	No
34.	Have you often felt embarrassed or uncomfortable when you had to ask someone you liked to come to your house or apartment?	Yes	No

These questions have to do with experiences you may have had for periods of at least several days.

35.	As a child or an adolescent, do you remember (or have you ever been told) that you were always in search of the perfect friend or that you were disappointed with the ones you had?	Yes	No
36.	Have you often had difficulty choosing something, without asking someone else's advice (for example, what clothes to wear, what to order at a restaurant, what to buy, whether to accept an invitation, etc.)?	Yes	No
37.	Have you often been reluctant to make changes in your daily routine?	Yes	No
38.	Have you often been reluctant to do something because you thought there was a chance it wouldn't work out well?	Yes	No
39.	Have you often felt compelled to check to be sure the door is locked or that the gas or the lights have been turned off?	Yes	No
40.	Have you ever considered yourself or has anybody told you that you wasted time and energy on insignificant details, treating them as much more important than they were?	Yes	No
41.	Have you often considered yourself a person who wasn't good at seeing the overall picture at work or school, because you got bogged down in the details?	Yes	No
42.	Have you ever felt compelled to repeat something until you did it just right (for example, locking and unlocking a door, turning the light on and off, getting in and out of a parking space with the car)?	Yes	No
43.	Have you ever felt preoccupied with unwanted and intrusive thoughts about time passing and being unable to relive the seconds, minutes, hours?	Yes	No

Have you ever had extended periods of time when...

44.	...you felt distressed, weak or guilty if you were not able to follow your diet?	Yes	No
45.	...any comments about physical appearance made you uncomfortable, annoyed or distressed?	Yes	No
46.	...you felt overweight, even if other people disagreed?	Yes	No
47.	...you felt compelled to compare your body to others'?	Yes	No
48.	...you were afraid of becoming fat, even when you were at or below your normal weight?	Yes	No
49.	...you would get an unbearable sense of fullness in your stomach after eating?	Yes	No
50.	...you felt badly or avoided wearing close-fitting clothes because you were not satisfied with your body?	Yes	No
51.	...you felt the need to check your body dimensions by how tight your clothes fit?	Yes	No
52.	...you ate with a feeling of lack of control?	Yes	No
53.	...you ate large amounts of food when not feeling physically hungry?	Yes	No
54.	...you ate and then felt disgusted with yourself, depressed, or very guilty right after overeating?	Yes	No