| FORM 5 | Date Completed<br>*dtcomplete* | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | M | M | D | D | Y | Y | Y | Y |

*Assessment: 1 ☐ recruitment*

# PRIME-MD Anxiety Module

INSTRUCTIONS: This questionnaire will help me to better understand what your level of anxiousness has been.
*Interviewer*: Italic words are for your instruction and not need to be read aloud.

| **PANIC** | | **YES** | **NO** |
|---|---|---|---|
| 1. | *Was the answer to question # 1or #3 greater than >0 on the GAD-7?* | 1-❑ | 0-❑ |
| 2. | Have you had an anxiety attack (a sudden feeling of anxiety or panic that comes out of the blue and lasts at least 10 minutes) in the last 2 weeks? *anxiety_attack* | 1-❑ | 0-❑ |
| *If # 1 and 2 =0, then STOP. If only # 2 = □, then go to # 18* | | | |
| **"PANIC" in the Anxiety Module** | | | |
| 3. | You indicated that you had an anxiety attack recently. Has this ever happened before? *panic_1* | 1-❑ | 0-❑ *Go to # 18 if #1>0.* |
| 4. | Does the attack sometimes come suddenly out of the blue? **If unclear***:* In situations where you don't expect to be nervous or uncomfortable? *panic_2* | 1-❑ | 0-❑ *Go to # 18 if #1>0.* |
| 5. | Have you worried a lot about having another attack or worried that something was wrong with you? ***Count as Yes if ever present.*** *panic_3* | 1-❑ | 0-❑ *Go to # 18 if #1>0.* |
| **Think about your last really bad attack…….** | | **YES** | **NO** |
| 6. | Were you short of breath? *attack_1* | 1-❑ | 0-❑ |
| 7. | Did your heart race, pound, or skip? *attack_2* | 1-❑ | 0-❑ |
| 8. | Did you have chest pain or pressure? *attack_3* | 1-❑ | 0-❑ |
| 9. | Did you sweat? *attack_4* | 1-❑ | 0-❑ |
| 10. | Did you feel as if you were choking? *attack_5* | 1 ❑ | 0-❑ |
| 11. | Did you have hot flashes or chills? *attack_6* | 1-❑ | 0-❑ |
| 12. | Did you have nausea or an upset stomach, or the feeling that you were going to have diarrhea? *attack_7* | 1-❑ | 0-❑ |
| 13. | Did you feel dizzy, unsteady, or faint? *attack_8* | 1-❑ | 0-❑ |
| 14. | Did you have tingling or numbness in parts of your body? *attack_9* | 1-❑ | 0-❑ |
| 15. | Did you tremble or shake? *attack_10* | 1-❑ | 0-❑ |
| 16. | Were you afraid you were dying? *attack_11* | 1-❑ | 0-❑ |
| 17. | *Are four or more of # 6 to # 16 checked? is_PD* | 1-❑ **PD** | 0-❑ **AD NOS** *Go to #18 if #1 >0 Otherwise STOP* |

| FORM 5 | Date Completed<br>*dtcomplete* | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | M | M | D | D | Y | Y | Y | Y |

*Assessment: 1 ☐ recruitment*

| GENERALIZED ANXIETY | | YES | NO |
|---|---|---|---|
| 18. | Have you felt nervous, anxious or on edge <u>on more than half the days in the last month</u>? *anxiety* | 1-❑ | 0-❑ Stop |
| In the last month, have you <u>often</u> been bothered by any of these problems? | | | |
| 19. | Feeling restless so that it is hard to sit still? *anxiety_1* | 1-❑ | 0-❑ |
| 20. | Getting tired very easily? *anxiety_2* | 1-❑ | 0-❑ |
| 21. | Muscle tension, aches, or soreness? *anxiety_3* | 1-❑ | 0-❑ |
| 22. | Trouble falling asleep or staying asleep? *anxiety_4* | 1-❑ | 0-❑ |
| 23. | Trouble concentrating on things, such as reading a book or watching TV? *anxiety_5* | 1-❑ | 0-❑ |
| 24. | Becoming easily annoyed or irritated? *anxiety_6* | 1-❑ | 0-❑ |
| 25. | *Are three or more of # 19 to # 24 checked?* | 1-❑ | 0-❑ Stop |
| 26. | In the last month, have these problems made it hard for you to do your work, take care of things at home, or get along with other people? *more_anxiety_1* | 1-❑ | 0-❑ **AD NOS** *STOP* |
| 27. | In the last 6 months, have you been worrying <u>a great deal</u> about <u>different</u> things?<br>***Count as YES only if also YES to:*** Has this been on more than half the days in the last 6 months? *more_anxiety_2* | 1-❑ | 0-❑ **AD NOS** *STOP* |
| 28. | When you are worrying this way, do you find you can't stop? *more_anxiety_3* | 1-❑ **GAD** | 0-❑ **AD NOS** |

| ***FORM 5*** | **Date Completed** *dtcomplete* | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | M | M | D | D | Y | Y | Y | Y |

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