

# **STRUCTURED INTERVIEW OF SYMPTOMS AND CONCERNS**

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<p><b><u>SOCIAL CONNECTION</u></b></p> <p><i>Do you find that your illness is making you lonely or isolating you from your family and friends? (Are you losing a sense of closeness?) (Are you feeling left out or abandoned?) (Do you feel let down by any family members or friends?) (Is it a problem for you?) (Does it come and go, or do you feel that way all the time?) (How much does it bother you?)</i></p>	<p>0 <b>No Social Isolation</b></p> <p>1 <b>Minimal</b>, e.g. only occasionally feels some sense of loneliness, but it is not regarded as a particular problem.</p> <p>2 <b>Mild</b>, e.g. sometimes experiences low-grade worry about isolation, may occasionally (but infrequently) feel bothered by loneliness; occasionally regarded as a minor problem.</p> <p>3 <b>Moderate</b>, e.g. definite concerns about loneliness or isolation; usually feels “left out”; regarded as a significant problem.</p> <p>4 <b>Strong</b>, e.g. most of the time feels a clear sense of isolation; frequently feels lonely or left out; regarded as a prominent and ongoing problem.</p> <p>5 <b>Severe</b>, e.g. sense of isolation is almost always present; very frequently feels abandoned and isolated; regarded as a troubling, serious, and ongoing problem.</p> <p>6 <b>Extreme</b>, e.g. sense of isolation is virtually constant; almost always feels abandoned and isolated; regarded as a pervasive, consuming and constant problem.</p>
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<p><b><u>COMMUNICATION</u></b></p> <p><i>Are you able to talk openly to your family and friends about the things that are most important to you? (Are you able to share your feelings with the people you are closest to?) (Are you having difficulties talking with family members or friends because you or they are uncomfortable being completely open?) (Is it keeping you from talking about things you feel you need to talk about?) (Are things being left unsaid?) (Is it a problem for you?) (Does it come and go, or do you feel that way all the time?) (How much does it bother you?)</i></p>	<p>0 <b>No Communication Problem</b></p> <p>1 <b>Minimal</b>, e.g. only occasionally feels some difficulty communicating openly, but it is not regarded as a particular problem.</p> <p>2 <b>Mild</b>, e.g. sometime experiences low-grade worry about lack of important communication; may occasionally (but infrequently) feel bothered by trouble communicating with someone important; occasionally regarded as a minor problem.</p> <p>3 <b>Moderate</b>, e.g. definite concerns about lack of important communication; usually worries about things that are being left unsaid; regarded as a significant problem.</p> <p>4 <b>Strong</b>, e.g. most of the time feels a clear sense of frustration or concern about lack of important communication; frequently worries about things that are being left unsaid; regarded as a prominent and ongoing problem.</p> <p>5 <b>Severe</b>, e.g. sense of communication breakdown is almost always present; very frequently feels worried about things that are being left unsaid; regarded as a troubling, serious, and ongoing problem.</p> <p>6 <b>Extreme</b>, e.g. sense of communication breakdown is virtually constant; almost always worries about things that are being left unsaid; regarded as a pervasive, consuming and constant problem.</p>
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<p><b><u>SENSE OF BURDEN</u></b></p> <p><i>With your current illness, do you feel that you have become a physical or emotional burden for your family? (Do you think your illness makes things hard for other people?) (How strongly do you feel that way?) (Is it a problem for you?) (Does it come and go, or do you feel that way all the time?) (How much does it bother you?)</i></p>	<p>0 <b>No Sense of Burden</b></p> <p>1 <b>Minimal</b>, e.g. only occasionally feels like a burden to others, but it is not regarded as a particular problem.</p> <p>2 <b>Mild</b>, e.g. sometimes experiences low-grade sense of being a burden to others, occasionally regarded as a minor problem.</p> <p>3 <b>Moderate</b>, e.g. definite concerns about being a burden to others; usually worries about their welfare; regarded as a significant problem.</p> <p>4 <b>Strong</b>, e.g. most of the time has a definite sense of being a heavy burden to others; is very concerned about their welfare; regarded as a prominent and ongoing problem.</p> <p>5 <b>Severe</b>, e.g. sense of being a burden to others is almost always present; deeply worried about the health and welfare of family members; regarded as a troubling, serious, and ongoing problem.</p> <p>6 <b>Extreme</b>, e.g. sense of being a burden to others is virtually constant and always on one’s mind; pervasive sense of being a heavy burden; is extremely concerned about being the cause of deterioration in the health or welfare of loved ones; regarded as a pervasive, consuming and constant problem.</p>
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<p><b><u>FINANCIAL CONCERNS</u></b></p> <p><i>Have you or your family got any financial worries?</i>  <i>(Are there any problems with money that are on your mind?)</i>  <i>(How big a source of stress is that?)</i>  <i>(Do you worry about it a lot?)</i>  <i>(Is it a problem for you?)</i>  <i>(Does it come and go, or do you feel that way all the time?)</i>  <i>(How much does it bother you?)</i></p>	<p>0 <b>No Financial Concerns</b></p> <p>1 <b>Minimal</b>, e.g. participant or family have some minor financial concerns but they are not regarded as a particular problem.</p> <p>2 <b>Mild</b>, e.g. sometimes experiences a low-grade sense of worry over financial matters; occasionally regarded as a minor problem.</p> <p>3 <b>Moderate</b>, e.g. definite concerns about financial matters; usually worries about financial difficulty; regarded as a significant problem.</p> <p>4 <b>Strong</b>, e.g. most of the time feels very worried about financial matters; worry about financial difficulty is regarded as a prominent and ongoing problem.</p> <p>5 <b>Severe</b>, e.g. almost always feels deeply worried about financial matters; regarded as a troubling, serious, and ongoing problem.</p> <p>6 <b>Extreme</b>, e.g. intense worry about financial difficulty is virtually constant and always on one's mind; regarded as a pervasive, consuming and constant problem.</p>
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<p><b><u>SPIRITUAL WELL-BEING</u></b></p> <p><i>Do you consider yourself to be a spiritual person?</i>  <i>(Not necessarily religious, but concerned about your spiritual place in the universe?)</i>  <i>Do you feel comfortable and at peace in a spiritual sense?</i>  <i>(Are you struggling with any spiritual crises?)</i>  <i>(Are you having trouble remaining firm in your faith or beliefs?)</i>  <i>(Is it a problem for you?)</i>  <i>(Does it come and go, or do you feel that way all the time?)</i>  <i>(How much does it bother you?)</i></p>	<p>0 <b>No Loss of Spiritual Well-Being</b></p> <p>1 <b>Minimal</b>, e.g. only occasionally feels some distress around spiritual well-being; not regarded as a particular problem.</p> <p>2 <b>Mild</b>, e.g. sometimes experiences low-grade distress around spiritual well-being, but not frequently; occasionally regarded as a minor problem.</p> <p>3 <b>Moderate</b>, e.g. definite concern about loss of spiritual well-being; usually feels at least some level of distress around spiritual well-being; may often be questioning spiritual beliefs; regarded as a significant problem.</p> <p>4 <b>Strong</b>, e.g. most of the time feels a clear loss of spiritual well-being; frequently distressed around spiritual issues; may often struggle with ability to maintain faith or beliefs; regarded as a prominent and ongoing problem.</p> <p>5 <b>Severe</b>, e.g. distress around spiritual well-being is almost always present; very frequently bothered by spiritual issues; is having great difficulty maintaining faith or beliefs; regarded as a troubling, serious and ongoing problem.</p> <p>6 <b>Extreme</b>, e.g. severe distress around spiritual issues is virtually constant; complete collapse of faith or belief system; regarded as a pervasive, consuming and constant problem.</p>
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<p><b><u>ACCEPTANCE</u></b></p> <p><i>Do you feel that you can accept your situation and come to terms with all that is happening?</i>  <i>(Are you having trouble accepting what is happening with your health?)</i>  <i>(Are you struggling a lot, or are you letting go?)</i>  <i>(Is it a problem for you?)</i>  <i>(Does it come and go, or do you feel that way all the time?)</i>  <i>(How much does it bother you?)</i></p>	<p>0 <b>Full Acceptance or Transcendence</b></p> <p>1 <b>Minimal</b>, e.g. only occasionally has some trouble accepting the situation; not regarded as a particular problem.</p> <p>2 <b>Mild</b>, e.g. sometimes experiences a struggle with acceptance, but not frequently; occasionally regarded as a minor problem.</p> <p>3 <b>Moderate</b>, e.g. definite concerns about struggle with acceptance; usually focussed on negative aspects of one's experience; generally regarded as a significant problem.</p> <p>4 <b>Strong</b>, e.g. most of the time feels in a struggle with acceptance; frequently focussed on negative aspects of experience; regarded as a prominent and ongoing problem.</p> <p>5 <b>Severe</b>, e.g. struggle with acceptance is almost always present; very frequently focussed on negative aspects of experience; regarded as a troubling, serious, and ongoing problem.</p> <p>6 <b>Extreme</b>, e.g. struggle with acceptance is virtually constant; almost always focussed on negative aspects of experience; regarded as a pervasive, consuming and constant problem.</p>
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<p><b><u>GENERAL SATISFACTION</u></b></p> <p><i>When you think about your entire life up until now, do you have a basic sense of satisfaction and fulfillment? (Do you feel disappointed or disillusioned in any way?) (Would you say that, generally, your life has been full and satisfying?) (Do you have a lot of regrets?) (Has your life overall been less than ideal?) (Do you feel cheated?) (Is it a problem for you?) (Does it come and go, or do you feel that way all the time?) (How much does it bother you?)</i></p>	<p>0 <b>No General Dissatisfaction</b></p> <p>1 <b>Minimal</b>, e.g. only occasionally feels some dissatisfaction or disillusionment; not regarded as a particular problem.</p> <p>2 <b>Mild</b>, e.g. sometimes experiences low-grade sense of dissatisfaction or disillusionment, but not frequently; occasionally regarded as a minor problem.</p> <p>3 <b>Moderate</b>, e.g. definite sense of dissatisfaction; usually has at least some sense of general dissatisfaction with life; may often feel somewhat regretful, or that life has not worked out as one would have wanted; regarded as a significant problem.</p> <p>4 <b>Strong</b>, e.g., most of the time feels a clear sense of general dissatisfaction or disillusionment; often feels regretful or that one has been cheated, or that one's life has been wasted; regarded as a prominent, and ongoing problem.</p> <p>5 <b>Severe</b>, e.g. sense of general dissatisfaction is almost always present; very frequently feels regretful, or that one has been cheated, or that one's life has been wasted; regarded as a troubling, serious, and ongoing problem.</p> <p>6 <b>Extreme</b>, e.g. sense of general dissatisfaction is virtually constant; almost always feels regretful, cheated, or that one's life has been wasted; regarded as a pervasive, consuming and constant problem.</p>
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<p><b><u>GENERAL MALAISE</u></b></p> <p><i>Do you feel generally sick or unwell? (How bad does it get?) (Does it interfere with activities you would like to do?) (Is it a problem for you?) (Does it come and go, or do you feel that way all the time?) (How much does it bother you?)</i></p>	<p>0 <b>No General Malaise</b></p> <p>1 <b>Minimal</b>, e.g. occasional but infrequent episodes; feels generally unwell; does not interfere with activities; not regarded as a particular problem.</p> <p>2 <b>Mild</b>, e.g. low level of feeling generally unwell; may on occasion interfere with some activities; occasionally regarded as a minor problem.</p> <p>3 <b>Moderate</b>, e.g. definite periods of feeling generally sick or unwell; usually feels at least somewhat unwell; interferes with some activities; generally regarded as a significant problem.</p> <p>4 <b>Strong</b>, e.g. most of the time experiences pervasive episodes of feeling generally sick or unwell; most of the time feels quite ill; interferes with many activities; regarded as a prominent and ongoing problem.</p> <p>5 <b>Severe</b>, e.g. almost always feels generally sick or unwell; interferes with almost all activities; regarded as a troubling, serious and ongoing problem.</p> <p>6 <b>Extreme</b>, e.g. constantly feels generally sick or unwell; interferes with all activities; regarded as a pervasive, consuming and constant problem.</p>
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<p><b><u>PAIN</u></b></p> <p><i>Do you have any pain? (How bad does it get?) (Does it interfere with activities you would like to do?) (Is it a problem for you?) (Does it come and go, or do you feel that way all the time?) (How much does it bother you?) (Does medication help?)</i></p>	<p>0 <b>No Pain</b></p> <p>1 <b>Minimal</b>, e.g. occasional but infrequent experience of pain-related discomfort or background pain at a very low level; does not interfere with activities; not regarded as a particular problem.</p> <p>2 <b>Mild</b>, e.g. sometimes experiences a low level of pain-related discomfort; may on occasion interfere with some activities; generally controlled with medication; occasionally regarded as a minor problem.</p> <p>3 <b>Moderate</b>, e.g. definite periods of pain - related discomfort; interferes with some activities; helped, but not always completely controlled with medication; regarded as a significant problem.</p> <p>4 <b>Strong</b>, e.g. regularly experiences pain-related discomfort, sometimes quite severely; interferes with many activities; helped but not well-controlled with medication; regarded as a prominent and ongoing problem.</p> <p>5 <b>Severe</b>, e.g. pain is almost always present and often severe; interferes with almost all activities; medication provides little relief; regarded as a troubling, serious ongoing problem.</p> <p>6 <b>Extreme</b>, e.g. pain is constant and severe; interferes with all activities; medication provides minimal relief; regarded as a pervasive, consuming and constant problem.</p>
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<p><b><u>DROWSINESS</u></b></p> <p><i>Do you feel drowsy or sleepy? (How strong does it get?) (Does it interfere with activities you would like to do?) (Is it a problem for you?) (Does it come and go, or do you feel that way all the time?) (How much does it bother you?)</i></p>	<p>0 <b>No Drowsiness</b></p> <p>1 <b>Minimal</b>, e.g. occasional but infrequent episodes of drowsiness or background drowsiness at a very low level; does not interfere with activities; not regarded as a particular problem.</p> <p>2 <b>Mild</b>, e.g. sometimes experiences a low level of drowsiness; may on occasion interfere with some activities; occasionally regarded as a minor problem.</p> <p>3 <b>Moderate</b>, e.g. definite periods of clear drowsiness; interferes with some activities; regarded as a significant problem.</p> <p>4 <b>Strong</b>, e.g. regularly experiences pervasive episodes of drowsiness, sometimes to the point of having difficulty remaining awake; interferes with many activities; regarded as a prominent and ongoing problem.</p> <p>5 <b>Severe</b>, e.g. drowsiness is almost always present, often to the point of having difficulty remaining awake; interferes with almost all activities; regarded as a troubling, serious ongoing problem.</p> <p>6 <b>Extreme</b>, e.g. constantly drowsy and can barely remain alert; interferes with all activities; regarded as a pervasive, consuming and constant problem.</p>
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<p><b><u>NAUSEA</u></b></p> <p><i>Do you get nauseous, or feeling like you could throw up? (How bad does it get?) (Does it interfere with activities you would like to do?) (Is it a problem for you?) (Does it come and go, or do you feel that way all the time?) (How much does it bother you?)</i></p>	<p>0 <b>No Nausea</b></p> <p>1 <b>Minimal</b>, e.g. occasional but infrequent episodes of nausea, or background nausea at a very low level; does not interfere with activities; not regarded as a particular problem.</p> <p>2 <b>Mild</b>, e.g. sometimes experiences a low level of nausea; may on occasion interfere with some activities; occasionally regarded as a minor problem.</p> <p>3 <b>Moderate</b>, e.g. definite periods of clear nausea; interferes with some activities; regarded as a significant problem.</p> <p>4 <b>Strong</b>, e.g. regularly experiences strong episodes of nausea; interferes with many activities; regarded as a prominent and ongoing problem.</p> <p>5 <b>Severe</b>, e.g. nausea is almost always present; interferes with almost all activities; regarded as a serious ongoing problem.</p> <p>6 <b>Extreme</b>, e.g. constantly nauseous and almost always feels like vomiting; interferes with all activities; regarded as a pervasive, consuming and constant problem.</p>
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<p><b><u>WEAKNESS</u></b></p> <p><i>Do you feel weak? (How bad does it get?) (Does it interfere with activities you would like to do?) (Is it a problem for you?) (Does it come and go, or do you feel that way all the time?) (How much does it bother you?)</i></p>	<p>0 <b>No Weakness</b></p> <p>1 <b>Minimal</b>, e.g. occasional but infrequent episodes of generalized weakness or background weakness at a very low level; does not interfere with activities; not regarded as a particular problem.</p> <p>2 <b>Mild</b>, e.g. low level of weakness; may on occasion interfere with some activities; occasionally regarded as a minor problem.</p> <p>3 <b>Moderate</b>, e.g. definite periods of clear weakness; interferes with some activities; regarded as a significant problem.</p> <p>4 <b>Strong</b>, e.g. regularly experiences pervasive episodes of weakness, sometimes to the point of being unable to get out of bed; interferes with many activities; regarded as a significant and ongoing problem.</p> <p>5 <b>Severe</b>, e.g. weakness is almost always present, and often to the point of being unable to get out of bed; interferes with almost all activities; regarded as a troubling, serious ongoing problem.</p> <p>6 <b>Extreme</b>, e.g. constantly very weak and unable to get out of bed; interferes with all activities.</p>
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<p><b><u>BREATHLESSNESS</u></b></p> <p><i>Do you feel breathless, or have trouble breathing? (How bad does it get?) (Does it interfere with activities you would like to do?) (Is it a problem for you?) (Does it come and go, or do you feel that way all the time?) (How much does it bother you?)</i></p>	<p>0 <b>No Breathlessness</b></p> <p>1 <b>Minimal</b>, e.g. occasional but infrequent episodes of breathlessness, or background breathlessness at a very low level; does not interfere with activities; not regarded as a particular problem.</p> <p>2 <b>Mild</b>, e.g. sometimes experiences a low level of breathlessness; may on occasion interfere with some activities; occasionally regarded as a minor problem.</p> <p>3 <b>Moderate</b>, e.g. definite periods of clear breathlessness; interferes with some activities; regarded as a significant problem.</p> <p>4 <b>Strong</b>, e.g., regularly experiences pervasive episodes of breathlessness; sometimes to the point of being unable to get out of bed; interferes with many activities; regarded as a prominent and ongoing problem.</p> <p>5 <b>Severe</b>, e.g. breathlessness is almost constant and often to the point of being unable to get out of bed; interferes with almost all activities; regarded as a troubling serious ongoing problem.</p> <p>6 <b>Extreme</b>, e.g. constantly breathless and unable to get out of bed; interferes with all activities; regarded as a pervasive, consuming and constant problem.</p>
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<p><b><u>RESILIENCE</u></b></p> <p><i>With these different problems you have, do you still basically feel that you are coping and that you can handle the situation? (Even though you are not feeling well, can you still tolerate things?) (Do you feel like you are managing to cope?) (Do you tend to get overwhelmed to the point that you feel like you are losing the ability to cope?) (Is it a problem for you?) (Does it come and go, or do you feel that way all the time?) (How much does it bother you?)</i></p>	<p>0 <b>No Loss of Resilience</b></p> <p>1 <b>Minimal</b>, e.g. only occasionally feels some sense of loss of resilience, but it is not regarded as a particular problem</p> <p>2 <b>Mild</b>, e.g. sometimes experiences low-grade worry about the possibility of not being able to cope; may occasionally (but infrequently) feel somewhat overwhelmed; occasionally regarded as a minor problem.</p> <p>3 <b>Moderate</b>, e.g. definite concerns about loss of resilience or not being able to cope; may often feel overwhelmed; regarded as a significant problem.</p> <p>4 <b>Strong</b>, e.g. most of the time feels on the edge of not being able to cope; often feels overwhelmed; regarded as a prominent and ongoing problem.</p> <p>5 <b>Severe</b>, e.g. sense of not being able to cope is almost always present; frequently feels overwhelmed; regarded as a troubling, serious and ongoing problem.</p> <p>6 <b>Extreme</b>, e.g., sense of not being able to cope is virtually constant; experiences a basic breakdown of the capacity to cope; very frequently overwhelmed; regarded as a pervasive, consuming, and constant problem.</p>
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<p><b><u>DIGNITY</u></b></p> <p><i>Do you feel that you are able to maintain your dignity and self-respect? (Even though you may need help with some things, is your sense of dignity basically intact?) (Do your medical problems make you feel ashamed, degraded, or embarrassed?) (Do you feel devalued as a person?) (Is it a problem for you?) (Does it come and go, or do you feel that way all the time?) (How much does it bother you?)</i></p>	<p>0 <b>No Loss of Dignity</b></p> <p>1 <b>Minimal</b>, e.g. only occasionally feels some loss of dignity; not regarded as a particular problem.</p> <p>2 <b>Mild</b>, e.g. sometimes experiences low-grade worry about loss of dignity; may occasionally (but infrequently) feel somewhat ashamed or degraded; occasionally regarded as a minor problem.</p> <p>3 <b>Moderate</b>, e.g. definite concerns about loss of dignity; may often feel somewhat degraded, ashamed, or embarrassed; generally regarded as a significant problem.</p> <p>4 <b>Strong</b>, e.g. most of the time feels a clear sense of loss of dignity; frequently feels degraded, ashamed, or embarrassed; regarded as a prominent and ongoing problem.</p> <p>5 <b>Severe</b>, e.g. sense of loss of dignity is almost always present; very frequently feels degraded, ashamed, or embarrassed; regarded as a troubling, serious, and ongoing problem.</p> <p>6 <b>Extreme</b>, e.g., sense of loss of dignity is virtually constant; almost always feels degraded, ashamed, or embarrassed; regarded as a pervasive, consuming and constant problem.</p>
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<p><b><u>CONTROL</u></b></p> <p><i>Do you feel that you are managing to maintain control over what is going on in your daily life? (For example, do you feel that your wishes and choices are respected, that you are getting the information you need, and that you are in charge of how things are being done?) (Is a lack of control a problem for you?) (Do you feel that you have very little input into what's going on?) (Do you feel that other people are making too many decisions for you?) (Is it a problem for you?) (Does it come and go, or do you feel that way all the time?) (How much does it bother you?)</i></p>	<p>0 <b>No Loss of Control</b></p> <p>1 <b>Minimal</b>, e.g. only occasionally feels some sense of loss of control; not regarded as a particular problem.</p> <p>2 <b>Mild</b>, e.g. sometimes experiences low-grade worry about loss of control; may occasionally (but infrequently) feel that one is not able to exert control; occasionally regarded as a minor problem.</p> <p>3 <b>Moderate</b>, e.g. definite concerns about loss of control; usually feels somewhat upset that others are directing most important decisions; regarded as a significant problem.</p> <p>4 <b>Strong</b>, e.g. most of the time feels quite upset about loss of control; feels that others have taken over inappropriately in directing decisions; regarded as a prominent and ongoing problem.</p> <p>5 <b>Severe</b>, e.g. almost always feels very upset about loss of control; feels that behaviour of others in taking control is bordering on abuse; regarded as a troubling, serious and ongoing problem.</p> <p>6 <b>Extreme</b>, e.g. deeply upset about loss of control that is felt virtually constantly; clearly feels that others are being abusive in taking over control; regarded as a pervasive, consuming and constant problem.</p>
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<p><b><u>SUFFERING</u></b></p> <p><i>In an overall, general sense, do you feel that you are suffering? (When all of the different problems and concerns are factored in together, how much would you say that you are suffering?) (How bad does it get?) (Is it a problem for you?) (Does it come and go, or do you feel that way all the time?) (How much does it bother you?)</i></p>	<p>0 <b>No Sense of Suffering</b></p> <p>1 <b>Minimal</b>, e.g. only occasionally feels some sense of suffering, but it is not regarded as a particular problem.</p> <p>2 <b>Mild</b>, e.g. sometimes experiences low-grade sense of suffering, but not excessively and not most of the time; occasionally regarded as a minor problem.</p> <p>3 <b>Moderate</b>, e.g. definite concerns about suffering; usually has at least some sense of suffering; regarded as a significant problem.</p> <p>4 <b>Strong</b>, e.g. most of the time feels a clear sense of suffering; regarded as a prominent and ongoing problem.</p> <p>5 <b>Severe</b>, e.g. sense of suffering is almost always present; regarded as a troubling, serious and ongoing problem.</p> <p>6 <b>Extreme</b>, e.g. constant unrelieved feelings of severe suffering; regarded as a pervasive, consuming and constant problem.</p>
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<p><b><u>ANXIETY</u></b></p> <p><i>Have you been feeling nervous, tense or anxious? (How bad does it get?) (Is it a problem for you?) (Does it come and go, or do you feel that way all the time?) (How much does it bother you?)</i></p>	<p>0 <b>No Anxiety</b></p> <p>1 <b>Minimal</b>, e.g. only occasionally has feelings of anxiety at a low level; not regarded as a particular problem.</p> <p>2 <b>Mild</b>, e.g. sometimes feels somewhat nervous or anxious, but not excessively and not most of the time; occasionally regarded as a minor problem.</p> <p>3 <b>Moderate</b>, e.g. definite periods of uncomfortable anxiety; usually feels at least somewhat nervous or anxious; regarded as a significant problem.</p> <p>4 <b>Strong</b>, e.g. most of the time feels uncomfortably anxious; anxiety is regarded as a prominent and ongoing problem.</p> <p>5 <b>Severe</b>, e.g. almost all of the time feels very anxious; regarded as a troubling, serious, and ongoing problem.</p> <p>6 <b>Extreme</b>, e.g. constant, unrelieved feelings of severe anxiety; regarded as a pervasive, consuming and constant problem.</p>
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<p><b><u>DEPRESSION</u></b></p> <p><i>Have you been feeling “down” or depressed? (How bad does it get?) (Is it a problem for you?) (Does it come and go, or do you feel that way all the time?) (How much does it bother you?)</i></p>	<p>0 <b>No Depression</b></p> <p>1 <b>Minimal</b>, e.g. only occasionally has feelings of being “down” or depressed at a low level; not regarded as a particular problem.</p> <p>2 <b>Mild</b>, e.g. sometimes experiences periods of being “down” or depressed, but not excessively and not most of the time; occasionally regarded as a minor problem.</p> <p>3 <b>Moderate</b>, e.g. Definite periods of feeling “down” or depressed; usually feels at least somewhat depressed; regarded as a significant problem.</p> <p>4 <b>Strong</b>, e.g. most of the time feels quite depressed; regarded as a prominent and ongoing problem.</p> <p>5 <b>Severe</b>, e.g. almost all of the time feels very depressed; depression is regarded as a troubling, serious and ongoing problem.</p> <p>6 <b>Extreme</b>, e.g. constant unrelieved feelings of severe depression; regarded as a pervasive, consuming and constant problem.</p>
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<p><b><u>LOSS OF INTEREST OR PLEASURE</u></b></p> <p><i>Do you find that you have little interest or pleasure in doing things? (How bad does it get?) (Have you lost interest in almost <u>all</u> activities, or only a few?) (I’m not thinking so much about your <u>ability</u> to do things as about your <u>interest</u> in them.) (Even activities that don’t require much physical effort, like enjoying your family, friends, reading, watching T.V.?) (Is it a problem for you?) (Does it come and go, or do you feel that way all the time?) (How much does it bother you?)</i></p>	<p>0 <b>No Loss of Interest or Pleasure</b></p> <p>1 <b>Minimal</b>, e.g. only occasionally experiences loss of interest or pleasure at a low level; not regarded as a particular problem.</p> <p>2 <b>Mild</b>, e.g. sometimes experiences a loss of interest or pleasure in some activities but retains interest in others; occasionally regarded as a minor problem.</p> <p>3 <b>Moderate</b>, e.g. definite loss of interest or pleasure in many activities; regarded as a significant problem.</p> <p>4 <b>Strong</b>, e.g. most of the time feels a markedly diminished interest or pleasure in almost all activities; regarded as a prominent and ongoing problem</p> <p>5 <b>Severe</b>, e.g. almost all of the time feels no interest or pleasure in any activities; regarded as a troubling, serious and ongoing problem.</p> <p>6 <b>Extreme</b>, e.g. complete inability to experience any interest or pleasure in any activities, virtually all the time; regarded as a pervasive, consuming and constant problem.</p>
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<p><b><u>HOPELESSNESS</u></b></p> <p><i>Do you get discouraged, to the point of feeling hopeless? (Does the future, even over the short term, hold no hope for you of any kind?) (Are you overcome with a sense of despair about your situation?) (How bad does it get?) (Is it a problem for you?) (Does it come and go, or do you feel that way all the time?) (How much does it bother you?)</i></p>	<p>0 <b>No Hopelessness</b></p> <p>1 <b>Minimal</b>, e.g. only occasionally experiences discouragement at a low level; not regarded as a particular problem.</p> <p>2 <b>Mild</b>, e.g. sometimes experiences discouragement at a low level, but not excessively and not most of the time; occasionally regarded as a minor problem.</p> <p>3 <b>Moderate</b>, e.g. usually feels at least some sense of discouragement, sometimes to the point feeling hopeless; regarded as a significant problem.</p> <p>4 <b>Strong</b>, e.g. most of the time feels quite discouraged and hopeless; regarded as a prominent and ongoing problem.</p> <p>5 <b>Severe</b>, e.g. almost all of the time feels very hopeless; regarded as a troubling, serious, and ongoing problem.</p> <p>6 <b>Extreme</b>, e.g. constant unrelieved feelings of extreme hopelessness; regarded as a pervasive, consuming and constant problem.</p>
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**DESIRE FOR DEATH**

*Do you ever wish that your illness would progress more quickly so that your suffering could be over sooner?*

*(Do you ever wish for death?)*

*(How often do you feel this way?)*

*(Is it quite constant or are there times when you don't feel that way?)*

*(Do you pray for death to come soon?)*

0 **No Desire for Death**

1 **Minimal**, e.g. only occasionally has fleeting thoughts;

2 **Mild**, e.g. sometimes feels he/she would like an early death, but not always

3 **Moderate**, e.g. has a genuine desire for early death that is reported to be consistent over time, but is not consumed with the prospect.

4 **Strong**, e.g. most of the time feels a pervasive wish for death to come soon.

5 **Severe**, e.g. almost all of the time has a strong desire for death to come; prays for death.

6 **Extreme**, e.g. constant strong desire for death to come soon; thinks of little else; often prays for death.