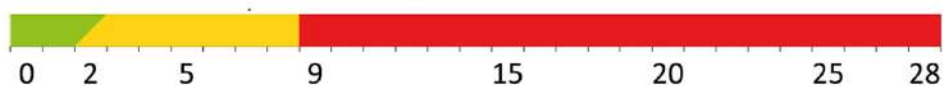
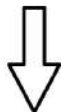


The Addictive Disorders Screen-7 (ADS-7)

Chemical Dependency (Alcohol)

Over the last six months:	Never	Once	Fewer than three times	Fewer than six times	Seven times or more
Have you thought you have a problem with alcohol?	0	1	2	3	4
Have you driven any kind of motor-powered vehicle under the influence of alcohol?	0	1	2	3	4
Have you started the day drinking to avoid feeling sick?	0	1	2	3	4
Have you lost time (e.g., blackouts) during a drinking episode?	0	1	2	3	4
Have you noticed it takes more alcohol to feel good?	0	1	2	3	4
Have peers personally or professionally expressed concern about your drinking?	0	1	2	3	4
Have you tried to stop drinking?	0	1	2	3	4

Total Score: 12
Serious Concern

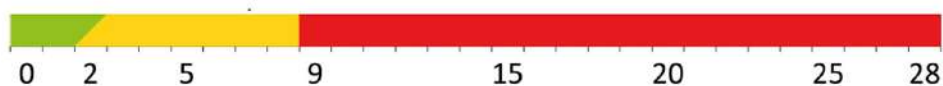
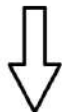


The Addictive Disorders Screen-7 (ADS-7)

Compulsive Buying

Over the last six months:	Never	Once	Fewer than three times	Fewer than six times	Seven times or more
Have you not bought groceries or paid bills because of your buying habits?	0	1	2	3	4
Have you felt depressed after a buying spree?	0	1	2	3	4
Have you lied about your buying habits?	0	1	2	3	4
Have you found yourself buying things knowing you cannot afford them?	0	1	2	3	4
Have your buying habits created money problems for you?	0	1	2	3	4
Have you attempted to keep your buying secretive?	0	1	2	3	4
Have you noticed buying helps you feel a sense of control?	0	1	2	3	4

Total Score: 7
Medium Concern

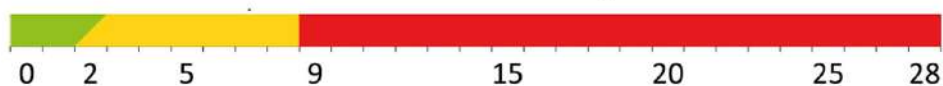
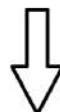


The Addictive Disorders Screen-7 (ADS-7)

Chemical Dependency (Drugs)

Over the last six months:	Never	Once	Fewer than three times	Fewer than six times	Seven times or more
Have family or peers expressed a concern about your drug use?	0	1	2	3	4
Have you lost interest in friends, hobbies, school, work, or other pursuits because of your drug use?	0	1	2	3	4
Have you ever committed a crime to obtain drugs (e.g., stealing)?	0	1	2	3	4
Have you chosen drugs over people or work?	0	1	2	3	4
Have you felt regret, guilt, or remorse over your drug use?	0	1	2	3	4
Have you experimented with different kinds of drugs to find a better high?	0	1	2	3	4
Have you spent the majority of a day obtaining drugs?	0	1	2	3	4

Total Score: 18
Serious Concern

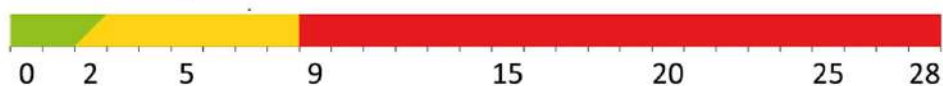
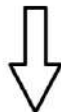


The Addictive Disorders Screen-7 (ADS-7)

Eating Disorders

Over the last six months:	Never	Once	Fewer than three times	Fewer than six times	Seven times or more
Have you worried about food and calories?	0	1	2	3	4
Have you purged food or used laxatives or diuretics as a strategy for maintaining body weight?	0	1	2	3	4
Have family or friends suggested you have an eating disorder (anorexia or bulimia)?	0	1	2	3	4
Have you acted on an internal drive to eat large amounts of food at one sitting?	0	1	2	3	4
Have you noticed that food seems to be a major source of pleasure for you?	0	1	2	3	4
Have you lied about your eating habits?	0	1	2	3	4
Have you attempted to control your eating habits and failed?	0	1	2	3	4

Total Score: 5
Medium Concern

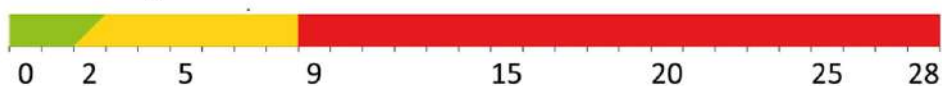
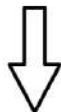


The Addictive Disorders Screen-7 (ADS-7)

Compulsive Gambling

Over the last six months:	Never	Once	Fewer than three times	Fewer than six times	Seven times or more
Have you tried to stop gambling and been unsuccessful?	0	1	2	3	4
Have you noticed a connection between your financial problems and gambling?	0	1	2	3	4
Have you noticed you gamble to escape or as a means of excitement?	0	1	2	3	4
Have you lied about your gambling?	0	1	2	3	4
Have noticed gambling is causing stress at home, but you continue to gamble?	0	1	2	3	4
Have you used a system to increase your chances of winning when you gamble?	0	1	2	3	4
Have you lost money gambling and felt OK?	0	1	2	3	4

Total Score: **4**
Medium Concern

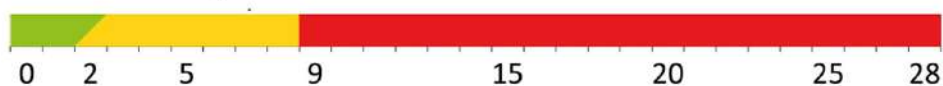
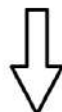


The Addictive Disorders Screen-7 (ADS-7)

Sex Addictions

Over the last six months:	Never	Once	Fewer than three times	Fewer than six times	Seven times or more
Have partners, peers, or family members expressed a concern about your sexual behavior?	0	1	2	3	4
Have you missed work or family functions because of your sexual behaviors (e.g., people or cyber sex)?	0	1	2	3	4
Have you used sex (people or cyber sex) as a way to get away from the stress of the world?	0	1	2	3	4
Have you lied about your sexual behaviors?	0	1	2	3	4
Have you used sex as a way to escape from the world?	0	1	2	3	4
Have you tried to control your sexual behavior (people or cyber sex) and failed?	0	1	2	3	4
Have you felt a deep sense of depression after sex (people or cyber sex)?	0	1	2	3	4

Total Score: 6
Medium Concern



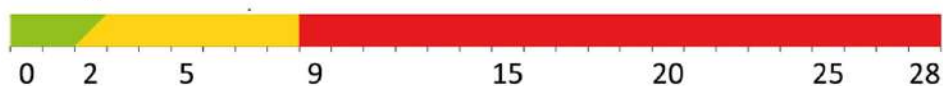
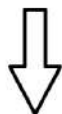
The Addictive Disorders Screen-7 (ADS-7)

Workoholism

Over the last six months:	Never	Once	Fewer than three times	Fewer than six times	Seven times or more
Have you noticed that during weekends you cannot relax unless you are working?	0	1	2	3	4
Have any relationships failed as a result of work?	0	1	2	3	4
Have peers or family expressed a concern over the amount of time you work?	0	1	2	3	4
Have you noticed that your sense of self-worth is directly related to your work?	0	1	2	3	4
Have you noticed that you feel most in control when you are working?	0	1	2	3	4
Have you lied to family or peers to stay at work longer?	0	1	2	3	4
Have you made projects more complex and time consuming than they need to be?	0	1	2	3	4

Total Score: 2

Subclinical/Medium Concern



The Addictive Disorders Screen–7 (ADS-7)

The Addictive Disorders Screen–7 (ADS-7)¹ is a self-report instrument designed to indicate whether an individual may have 1 (or more) of 7 addictive disorders. In developing the ADS-7, the author used 2 sources (DSM-IV-TR² and Handbook of Addictive Disorders³) for examining each of its questions to help ensure that they were “meaningful, accurate, and practical.”

The ADS-7 is an addictive disorder screening tool to predict potential risk for seven addictive disorders: chemical dependency (alcohol), compulsive buying, chemical dependency (drugs), eating disorders, compulsive gambling, sex addictions and workaholism. The ADS-7 has been designed to assess new clients’ potential risk. This addictive disorder screening tool is for assessing risk in the assessment process; it is not a diagnostic tool.

The ADS-7 has 49 questions (7 questions per addictive disorder), which are to be answered with regard to behavior over the past six months, including today. Scoring is as follows for each question: *0=Never 1=Once 2=Fewer than three times 3=Fewer than six times 4=Seven times or more*. The client’s scores indicate potential risk in certain addictive disorders. The client is instructed to read each question carefully and select the response that best fits the present situation and behaviors.

The results of the ADS-7 of your client will be depicted on the following pages. Each page will depict the results of one addictive disorder. For each disorder, the results of each of the 7 questions will be color-coded as follows:

Over the last six months:	Never	Once	Fewer than three times	Fewer than six times	Seven times or more
Example question: Have you tried to stop drinking?					

Scoring Key

The results are summed and the total score represents the potential risk level of the client.

0-2* Subclinical. May not be a concern – however, it is still important to explore this area in more detail with the client.

2-8* Medium Concern: Has the potential to be a serious concern. It is recommended to do a more in-depth assessment in this area.

9-28 Serious Concern: This score indicates that the client is at risk and there is a need for a more in-depth clinical assessment.

*In the current scoring key, as printed in the source material, scoring a ‘2’ overlaps Subclinical and Medium Concern.

¹Howatt W.A. Addiction screening tool vs. addiction clinical measure. *Counselor, The Magazine for Addiction Professionals*, 7: 48-53, 2006

²Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision (DSM-IV-TR), Washington DC: American Psychiatric Association, 2000.

³Coombs, R.H. (Ed.). Handbook of Addictive Disorders: A Practical Guide to Diagnosis and Treatment, New York, NY: John Wiley & Sons, 2004

The 20-item Autism Quotient Questionnaire (AQ-20)

The following statements are about the kind of person that you are, and the way you prefer to do things.	Definitely Agree	Slightly Agree	Slightly Disagree	Definitely Disagree
1. I prefer to do things the same way over and over again.	1	1	0	0
2. I often notice small sounds when others do not.	1	1	0	0
3. Other people frequently tell me that what I've said is impolite, even though I think it is polite.	1	1	0	0
4. I am fascinated by dates.	1	1	0	0
5. I find social situations easy.	0	0	1	1
6. I tend to notice the details that others do not.	1	1	0	0
7. I would rather go to a party than a library.	0	0	1	1

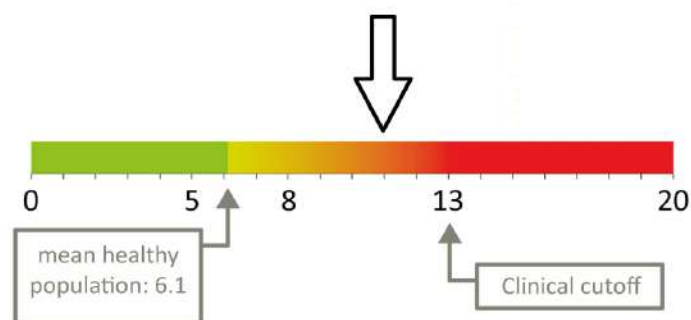
The 20-item Autism Quotient Questionnaire (AQ-20)

The following statements are about the kind of person that you are, and the way you prefer to do things.	Definitely Agree	Slightly Agree	Slightly Disagree	Definitely Disagree
8. I find myself drawn more strongly to people than to things.	0	0	1	1
9. When I talk, it isn't always easy for others to get a word in edgeways.	1	1	0	0
10. When I'm reading a story, I find it difficult to work out the characters intentions.	1	1	0	0
11. I particularly enjoy reading fiction.	0	0	1	1
12. I find it easy to make new friends.	0	0	1	1
13. I know how to tell if someone listening to me is getting bored.	0	0	1	1
14. I find it easy to do more than one thing at once.	0	0	1	1

The 20-item Autism Quotient Questionnaire (AQ-20)

The following statements are about the kind of person that you are, and the way you prefer to do things.	Definitely Agree	Slightly Agree	Slightly Disagree	Definitely Disagree
15. When I talk on the phone, I'm not sure when it's my turn to speak.	1	1	0	0
16. I find it easy to work out what someone is thinking or feeling just by looking at their face.	0	0	1	1
17. I like to collect information about categories of things (e.g. types of car, types of bird, types of train, types of plant, etc).	1	1	0	0
18. I like to plan any activities I participate in carefully.	1	1	0	0
19. I enjoy social occasions.	0	0	1	1
20. I am not very good at remembering people's date of birth.	0	0	1	1

Total Score: 11



The 20-item Autism Quotient Questionnaire (AQ-20)

The 20-item Autism Quotient Questionnaire (AQ-20), which was developed by Brugha et al. (2007¹), is a shortened version of the 50-item Autism Quotient Questionnaire (AQ-50), which was developed by Baron-Cohen et al. (2001²). The AQ-20 measures the expression of Autism-Spectrum traits.

The AQ-20 has 20 questions, which are to be answered with regard to the self-assessed traits of an individual. The scoring is as follows for each question: *Definitely Agree*, *Slightly Agree*, *Slightly Disagree*, *Definitely Disagree*. The score is either 0 or 1 for each question, depending and can either be attributed to *Definitely Agree* and *Slightly Agree* or to *Slightly Disagree* and *Definitely Disagree*, depending on the question. The results of each of the 20 questions will be color-coded as follows:

The following statements are about the kind of person that you are, and the way you prefer to do things.	Definitely Agree	Slightly Agree	Slightly Disagree	Definitely Disagree
1. I prefer to do things the same way over and over again.	1	1	0	0

Or:

5. I find social situations easy.	0	0	1	1
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Clinical cutoff

Since a clinical cutoff for the AQ-20 has not been established, the clinical cutoff of the AQ-50 is used (corrected for the number of questions). Ashwood et al. (2016³) showed that a clinical cutoff of 32 of the AQ-50 showed an optimal sensitivity and specificity, which translates to a cutoff of $32 * (20/50) = 13$ for the AQ-20. However, the authors note that using this relatively high cutoff score, there is a high chance of false negatives and while high scores on the AQ can also be caused by generalized anxiety disorder, leading to false positives. Therefore, the mean total score of the healthy population, as published by Ruzich et al. (2015⁴) is also depicted in the results.

¹Brugha, T., et al. (2007). Autism Spectrum Disorders in adults living in households throughout England. The *NIHS Information Centre*.

²Baron-Cohen, S., Wheelwright, S., Skinner, R., Martin, J., & Clubley, E. (2001). The autism-spectrum quotient (AQ): evidence from Asperger syndrome/high-functioning autism, males and females, scientists and mathematicians. *Journal of Autism and Developmental Disorders*, 31(1): 5-17.

³Ashwood, K.L., et al. (2016). Predicting the diagnosis of autism in adults using the Autism-Spectrum Quotient (AQ) questionnaire. *Psychological Medicine*, 46: 2595-2604.

⁴Ruzich, E., et al. (2015). Measuring autistic traits in the general population: a systematic review of the Autism-Spectrum Quotient (AQ) in a nonclinical population sample of 6,900 typical adult males and females. *Molecular Autism*, 6: 2.

The Adult Reading History Questionnaire (ARHQ)

1. Which of the following most nearly describes <i>your</i> attitude toward school when you were a child?	0 (Loved School; favorite activity)	1	2	3	4 (Hated school; tried to get out of going)
2. How much difficulty did <i>you</i> have <i>learning to read</i> in elementary school?	0 (None)	1	2	3	4 (A great deal)
3. How much extra help did you need when learning to read in elementary school?	0 (Help from: No Help)	1 (Friends)	2 (Teachers/ parents)	3 (Tutors or special class. 1 year)	4 (Tutors or special class. 2 or more years)
4. Did you ever reverse the order of letters or numbers when you were a child?	0 (No)	1	2	3	4 (A great deal)
5. Did you have difficulty learning letter and/or color names when you were a child?	0 (No)	1	2	3	4 (A great deal)
6. How would you compare your reading skill to that of others in your elementary classes?	0 (Above average)	1	2 (Average)	3	4 (Below average)
7. All students struggle from time to time in school. In comparison to others in your classes, how much did you struggle to complete your work?	0 (Not at all)	1 (Less than most)	2 (About the same)	3 (More than most)	4 (Much more than most)
8. Did you experience difficulty in high school or college English classes?	0 (No; enjoyed and did well)	1	2 (Some)	3	4 (A great deal; did poorly)

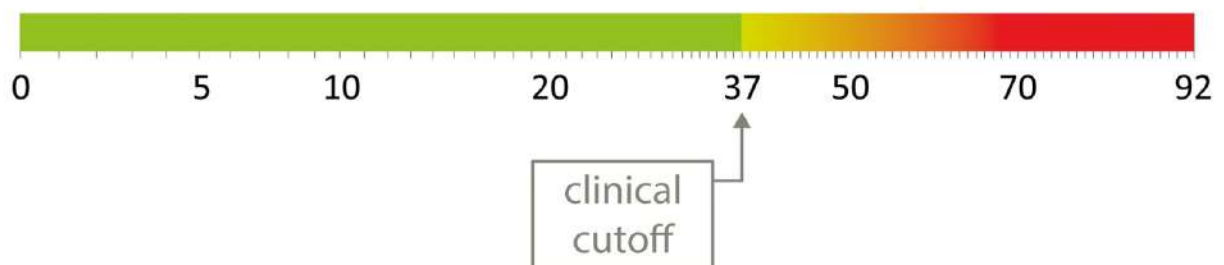
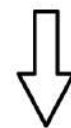
The Adult Reading History Questionnaire (ARHQ)

9. What is your current attitude toward reading?	0 (Very positive)	1	2	3	4 (Very negative)
10. How much reading do you do for pleasure?	0 (A great deal)	1	2 (Some)	3	4 (None)
11. How would you compare your current reading speed to that of others of the same age and education?	0 (Above average)	1	2 (Average)	3	4 (Below average)
12. How much reading do you do in conjunction with your work? (If retired or not working, how much did you read when you were working?)	0 (A great deal)	1	2 (Some)	3	4 (None)
13. How much difficulty did you have <i>learning to spell</i> in elementary school?	0 (None)	1	2 (Some)	3	4 (A great deal)
14. How would you compare your current spelling to that of others of the same age and education?	0 (Above average)	1	2 (Average)	3	4 (Below average)
15. Did your parents ever consider having you repeat any grades in school due to academic failure (not illness)?	0 (No)	1 (Talked about it, but didn't do it)	2 (Repeated 1 grade)	3 (Repeated 2 grades)	4 (Dropped out)
16. Do you ever have difficulty remembering people's names or names of places?	0 (No)	1	2	3	4 (A great deal)

The Adult Reading History Questionnaire (ARHQ)

17. Do you have difficulty remembering addresses, phone numbers, or dates?	0 (No)	1	2	3	4 (A great deal)
18. Do you have difficulty remembering complex verbal instructions?	0 (No)	1	2	3	4 (A great deal)
19. Do you currently reverse the order of letters or numbers when you read or write?	0 (No)	1	2	3	4 (A great deal)
20. How many books do you read for pleasure each year?	0 (More than 10)	1 (6-10)	2 (2-5)	3 (1-2)	4 (None)
21. How many magazines do you read for pleasure each month?	0 (5 or more)	1 (3-4 regularly)	2 (1-2 regularly)	3 (1-2 irregularly)	4 (None)
22. Do you read daily (Monday-Friday) newspapers?	0 (Every day)	1 (Once a week)	2 (Once in a while)	3 (Rarely)	4 (Never)
23. Do you read a newspaper on Sunday?	0 (Completely every Sunday)	1 (Scan each week)	2 (Once in a while)	3 (Rarely)	4 (Never)

Total Score: **43**



The Adult Reading History Questionnaire (ARHQ)

The Adult Reading History Questionnaire (ARHQ) was originally developed by Finucci et al. (1982¹) and later updated by Lefly & Pennington (2000²). The ARHQ measures attitudes and experiences related to reading behaviors.

The ADHQ has 23 questions, with different Likert scales for each question. Subjects are instructed to select the number (0-4) which most nearly describes his/her attitude or experience for each question. The results of each of the 23 questions will be color-coded as follows:

1. Which of the following most nearly describes <i>your</i> attitude toward school when you were a child?	0 (Loved School; favorite activity)	1	2	3	4 (Hated school; tried to get out of going)
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Clinical cutoff

The clinical cutoff for the total score are based on the proposed cutoffs by Lefly & Pennington (2000²). The clinical cutoff for the total score is 37.

¹Finucci, J.M., Isaacs, S.D., Whitehouse, C.C., & Childs, B. (1982). Derivation and validation of a quantitative definition of specific reading disability for adults. *Developmental Medicine and Child Neurology*, 26: 143-153.

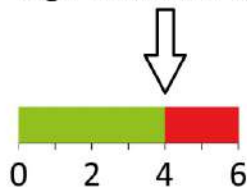
²Lefly, D.L. & Pennington, B.F. (2000). Reliability and validity of the Adult Reading History Questionnaire. *Journal of Learning Disabilities*, 33(3): 286-296.

The Adult ADHD Self-Report Scale (ASRS-v1.1)

Part A







Over the last six months:	Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?	0	0	1	1	1
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?	0	0	1	1	1
3. How often do you have problems remembering appointments or obligations?	0	0	1	1	1
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?	0	0	0	1	1
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?	0	0	0	1	1
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?	0	0	0	1	1

Total Score Part A: **4**
High chance of ADHD



The Adult ADHD Self-Report Scale (ASRS-v1.1)

Part B

Over the last six months:	Never	Rarely	Sometimes	Often	Very Often
7. How often do you make careless mistakes when you have to work on a boring or difficult project?					
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?					
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?					
10. How often do you misplace or have difficulty finding things at home or at work?					
11. How often are you distracted by activity or noise around you?					
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?					
13. How often do you feel restless or fidgety?					

The Adult ADHD Self-Report Scale (ASRS-v1.1)

Part B (continued)

Over the last six months:	Never	Rarely	Sometimes	Often	Very Often
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?					
15. How often do you find yourself talking too much when you are in social situations?					
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?					
17. How often do you have difficulty waiting your turn in situations when turn taking is required?					
18. How often do you interrupt others when they are busy?					

The Adult ADHD Self-Report Scale (ASRS-v1.1)

The Adult ADHD Self-Report Scale (ASRS-V1.1) was developed by the 'Workgroup on Adult ADHD', in conjunction with the World Health Organization (WHO).

The ASRS-V1.1 has 18 questions, which are based on the DSM-IV criteria of ADHD. The questions need to be answered with regard to the frequency of experienced problems related to ADHD during the last 6 months. The questionnaire consists of two parts. The first part (Part A) consists of questions 1-6 and the second part (Part B) consists of questions 7-18. Research has shown that Part A can be used as an ADHD screening instrument, while Part B provides additional information about the patient's symptoms¹. The scoring for Part A is zero for 'Never' and 'Rarely' and 1 for 'Sometimes', 'Often' and 'Very Often' for questions 1-3. For questions 4-6, the scoring is zero for 'Never', 'Rarely' and 'Sometimes' and one for 'Often' and 'Very Often'. The results of the questions in both Part A and Part B will be color-coded as follows:

Over the last six months:	Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?			1	1	1

Clinical cutoff

The clinical cutoff for the total score of Part A is based on the proposed cutoff by Daigre et al. (2009²). The clinical cutoff for the total score for Part A is 4.

¹Kessler, R.C., et al. (2005). The World Health Organization Adult ADHD Self-Report Scale (ASRS): a short screening scale for use in the general population. *Psychological Medicine*, 35(2): 245-256.

²Daigre, C., et al. (2009). Adult ADHD Self-Report Scale (ASRS-v1.1) symptom checklist in patients with substance use disorders. *Actas Españolas de Psiquiatría*, 37(6): 299-305.

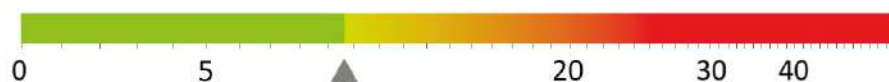
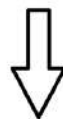
The Everyday Memory Questionnaire - Revised (EMQ-R)

In the past month, did you experience any of the following?	Once or less in the last month	More than once a month but less than once a week	About once a week	More than once a week or less than once a day	Once or more in a day
1. Having to check whether you have done something that you should have done.	0	1	2	3	4
2. Forgetting when it was that something happened; for example, whether it was yesterday or last week.	0	1	2	3	4
3. Forgetting that you were told something yesterday or a few days ago, and maybe having to remember about it.	0	1	2	3	4
4. Starting to read something (a book or an article in a newspaper, or a magazine) without realizing you have already read it before.	0	1	2	3	4
5. Finding that a word is 'on the tip of your tongue'. You know what it is but cannot quite find it.	0	1	2	3	4
6. Completely forgetting to do things you said you would do, and things you planned to do.	0	1	2	3	4
7. Forgetting important details of what you did or what happened to you the day before.	0	1	2	3	4

The Everyday Memory Questionnaire - Revised (EMQ-R)

In the past month, did you experience any of the following?	Once or less in the last month	More than once a month but less than once a week	About once a week	More than once a week or less than once a day	Once or more in a day
8. When talking to someone, forgetting what you have just said. Maybe saying 'what was I talking about?'	0	1	2	3	4
9. When reading a newspaper or magazine, being unable to follow the thread of a story; losing track of what it is about.	0	1	2	3	4
10. Forgetting to tell somebody something important, perhaps forgetting to pass on a message or remind someone of something.	0	1	2	3	4
11. Getting the details of what someone was told you mixed up and confused.	0	1	2	3	4
12. Forgetting where things are normally kept or looking for them in the wrong place.	0	1	2	3	4
13. Repeating to someone what you have just told them or asking someone the same question twice.	0	1	2	3	4

Total Score: **20**



total score healthy population: 9.75

The Everyday Memory Questionnaire - Revised (EMQ-R)

The Everyday Memory Questionnaire - Revised (EMQ-R) is a shorter version of the EMQ and was developed by Royle and Lincoln (2008¹). The EMQ-R measures memory failure in everyday life.

The EMQ-R has 13 questions, which are to be answered with regard to the frequency of a particular memory failure in everyday life. The frequency scoring is as follows for each question: 0=*Not at all* 1=*A Little* 2=*Moderately* 3=*A lot* 4=*Strongly agree*. The results of each of the 13 questions will be color-coded as follows:

In the past month, did you experience any of the following?	Once or less in the last month	More than once a month but less than once a week	About once a week	More than once a week or less than once a day	Once or more in a day
1. Having to check whether you have done something that you should have done.	0	1	2	3	4

Scoring

A clinical cutoff has not been published for the EMQ-R. However, Royle and Lincoln (2008¹) showed that the average total score on the EMQ-R for a group of 98 healthy subjects (average age: 43) was 9.75. A group of 160 patients with Multiple Sclerosis (MS; average age: 43) showed an average total score of 14.4 and a group of 90 stroke patients (average age: 68) showed an average total score of 19.6.

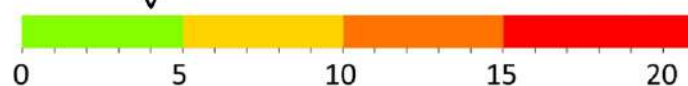
¹Royle, J. & Lincoln, N.B. (2008). The everyday memory questionnaire – revised: development of a 13-item scale. *Disability and Rehabilitation*, 30(2): 114-121.

The 7-item Generalized Anxiety Disorder scale (GAD-7)

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge.	0	1	2	3
2. Not being able to stop or control worrying.	0	1	2	3
3. Worrying too much about different things.	0	1	2	3
4. Trouble relaxing.	0	1	2	3
5. Being so restless that it is hard to sit still.	0	1	2	3
6. Becoming easily annoyed or irritable.	0	1	2	3
7. Feeling afraid as if something awful might happen.	0	1	2	3

Total Score: **4**

Minimal



The 7-item Generalized Anxiety Disorder scale (GAD-7)

The Generalized Anxiety Disorder - 7 (GAD-7) was developed by Spitzer et al. (2006¹). The GAD-7 measures depression severity using 7 questions which are based on the DSM-IV criteria for generalized anxiety disorder.

The GAD-7 has 7 questions, which are to be answered with regard to the frequency of experienced problems related to anxiety during the last 2 weeks. The scoring is as follows for each question: 0=*Not at all* 1=*Several days* 2=*More than half of the days* 3=*Nearly every day*. The results of each of the 7 questions will be color-coded as follows:

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge.	0	1	2	3

Scoring Key

The scoring is based on the proposed scoring key by Spitzer et al. (2006¹), which is based on the sum of the scores of all the 7 items:

0-4 Minimal.

5-9 Mild.

10-14 Moderate.

>14 Severe.

¹Spitzer, R.L, Kroenke, K., Williams, J.B.W., & Löwe, B. (2006). A Brief Measure for Assessing Generalized Anxiety Disorder. *Archives of Internal Medicine*, 166(10): 1092-1097.

The Obsessive-Compulsive Inventory – Revised (OCI-R)

The following statements refer to experiences that many people have in their everyday lives. Tick the box that best describes HOW MUCH that experience has DISTRESSED or BOTHERED you during the PAST MONTH.	Not at all	A little	Moderately	A lot	Extremely
1. I have saved up so many things that they get in the way.	0	1	2	3	4
2. I check things more often than necessary.	0	1	2	3	4
3. I get upset if objects are not arranged properly.	0	1	2	3	4
4. I feel compelled to count while I am doing things.	0	1	2	3	4
5. I find it difficult to touch an object when I know it has been touched by strangers or certain people.	0	1	2	3	4
6. I find it difficult to control my own thoughts.	0	1	2	3	4
7. I collect things I don't need.	0	1	2	3	4

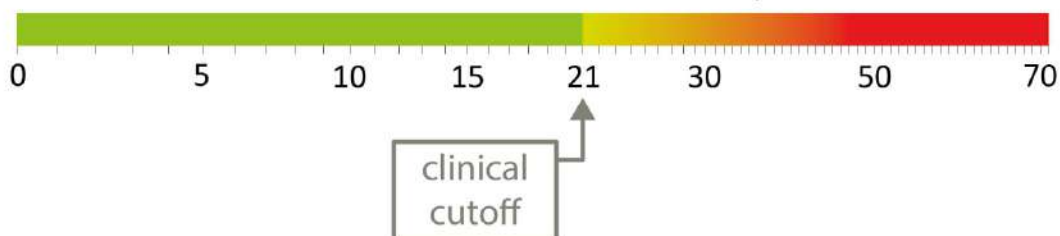
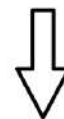
The Obsessive-Compulsive Inventory – Revised (OCI-R)

The following statements refer to experiences that many people have in their everyday lives. Tick the box that best describes HOW MUCH that experience has DISTRESSED or BOTHERED you during the PAST MONTH.	Not at all	A little	Moderately	A lot	Extremely
8. I repeatedly check doors, windows, drawers, etc.	0	1	2	3	4
9. I get upset if others change the way I have arranged things.	0	1	2	3	4
10. I feel I have to repeat certain numbers.	0	1	2	3	4
11. I sometimes have to wash or clean myself simply because I feel contaminated.	0	1	2	3	4
12. I am upset by unpleasant thoughts that come into my mind against my will.	0	1	2	3	4
13. I avoid throwing things away because I am afraid I might need them later.	0	1	2	3	4
14. I repeatedly check gas and water taps and light switches after turning them off.	0	1	2	3	4

The Obsessive-Compulsive Inventory – Revised (OCI-R)

The following statements refer to experiences that many people have in their everyday lives. Tick the box that best describes HOW MUCH that experience has DISTRESSED or BOTHERED you during the PAST MONTH.	Not at all	A little	Moderately	A lot	Extremely
15. I need things to be arranged in a particular way.	0	1	2	3	4
16. I feel that there are good and bad numbers.	0	1	2	3	4
17. I wash my hands more often and longer than necessary.	0	1	2	3	4
18. I frequently get nasty thoughts and have difficulty in getting rid of them.	0	1	2	3	4

Total Score: **36**



The Obsessive-Compulsive Inventory – Revised (OCI-R)

The Obsessive-Compulsive Inventory – Revised (OCI-R), which was developed by Foa et al. (2002¹) is a shorter version of the OCI, which was developed by Foa et al. (1998²). The OCI-R measures the severity of symptoms of Obsessive-Compulsive Disorder (OCD).

The OCI-R has 18 questions, which are to be answered with regard to the degree of distress a symptom has caused in the past month. The distress scoring is as follows for each question: 0=*Not at all* 1=*A little* 2=*Moderately* 3=*A lot* 4=*Strongly agree*. The results of each of the 18 questions will be color-coded as follows:

The following statements refer to experiences that many people have in their everyday lives. Tick the box that best describes HOW MUCH that experience has DISTRESSED or BOTHERED you during the PAST MONTH.	Not at all	A little	Moderately	A lot	Extremely
1. I have saved up so many things that they get in the way.	0	1	2	3	4

Clinical cutoff

The clinical cutoff for the total score are based on the proposed cutoffs by Foa et al. (2002¹). The clinical cutoff for the total score is 21.

¹Foa, E.B., et al. (2002). The Obsessive-Compulsive Inventory: Development and validation of a short version. *Psychological Assessment*, 14: 485-496.

²Foa, E.B., Kozak, M.J., Salkovskis, P.M., Coles, M.E., and Amir, N. (1998). The validation of a new obsessive-compulsive disorder scale: The Obsessive-Compulsive Inventory. *Psychological Assessment*, 10(3): 206-214.

The Ottman Epilepsy Screening Instrument (OESI)

	No	Yes	Possible	Don't Know
1. Did anyone ever tell you that you had a seizure or convulsion caused by a high fever when you were a child?				
2. [Other than the seizure[s] you had because of a high fever] Have you ever had, or has anyone ever told you that you had, a seizure disorder or epilepsy? *				
[Other than the seizure[s] you had because of a high fever] Have you ever had, or has anyone ever told you that you had, any of the following...				
3. A seizure, convulsion, fit or spell under any circumstances?				
4. Uncontrolled movements of part or all of your body such as twitching, jerking, shaking or going limp?				
5. An unexplained change in your mental state or level of awareness; or an episode of "spacing out" that you could not control?				
6. Did anyone ever tell you that when you were a small child, you would daydream or stare into space more than other children?				
7. Have you ever noticed any unusual body movements or feelings when exposed to strobe lights, video games, flickering lights, or sun glare?				
8. Shortly after waking up, either in the morning or after a nap, have you ever noticed uncontrollable jerking or clumsiness, such as dropping things or things suddenly 'flying' from your hands?				
9. Have you ever had any other type of repeated unusual spells?				

*Phrase "Other than the seizure[s] you had because of a high fever" added only if subject responded "yes" or "possible" to question 1.

The Ottman Epilepsy Screening Instrument (OESI)

The Ottman Epilepsy Screening Instrument (OESI) is a questionnaire that has been developed by Ottman et al. (2010¹). The OESI can be used as a short screening tool for identifying people with epilepsy. It has been shown that the sensitivity of the OESI is very high, which makes it suitable for the first stage in a screening procedure for epilepsy.

The OESI has 9 questions, which measure the presence or absence of phenomena that are associated with epilepsy. Questions 3-9 are skipped when the subject answers 'yes' to question 2 (*Have you ever had, or has anyone ever told you that you had, a seizure disorder or epilepsy?*)*. The following answer categories are used: *No*, *Yes*, *Possible* and *Don't Know*. The results of each of the 9 questions will be color-coded as follows:

[Other than the seizure[s] you had because of a high fever] Have you ever had, or has anyone ever told you that you had, any of the following...				
3. A seizure, convulsion, fit or spell under any circumstances?				

Scoring

A clinical cutoff score has not been published for the OESI. Instead, Ottmann et al. (2010¹) showed that the OESI has the highest sensitivity when a positive answer ('Yes', or 'Possible') on one or more of the questions 2-9 is regarded as a 'positive screen'.

¹Ottman, R., Barker-Cummings, C., Leibson, C.L., Vasoli, V.M., Hauser, A., and Buchhalter, J.R. (2010). Validation of a brief screening instrument for the ascertainment of epilepsy. *Epilepsia*, 51(2): 191-197.

*This is slightly different from the criterion that was used by Ottman et al. (2010¹), where questions 3-9 were skipped when the subject answered 'yes', 'possible' or 'don't know' to question 2.

The 9-item Personal Health Questionnaire (PHQ-9)

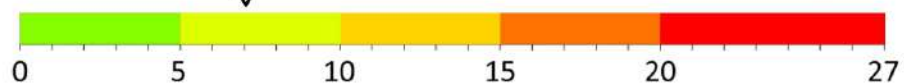
Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things.	0	1	2	3
2. Feeling down, depressed, or hopeless.	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much.	0	1	2	3
4. Feeling tired or having little energy.	0	1	2	3
5. Poor appetite or overeating.	0	1	2	3
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down.	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television.	0	1	2	3

The 9-item Personal Health Questionnaire (PHQ-9)

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way.	0	1	2	3

Total Score: **7**

Mild



The 9-item Personal Health Questionnaire (PHQ-9)

The Patient Health Questionnaire - 9 (PHQ-9) was developed by Spitzer et al. (1994¹;1999²). The PHQ-9 measures depression severity using 9 questions which are based on the DSM-IV criteria for depression.

The PHQ-9 has 9 questions, which are to be answered with regard to the frequency of experienced problems related to depression during the last 2 weeks. The scoring is as follows for each question: 0=*Not at all* 1=*Several days* 2=*More than half of the days* 3=*Nearly every day*. The results of each of the 9 questions will be color-coded as follows:

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things.	0	1	2	3

Scoring Key

The scoring is based on the proposed scoring key by Kroenke et al. (2001³), which is based on the sum of the scores of all the 9 items:

0-4 Minimal.

5-9 Mild.

10-14 Moderate.

15-19 Moderately Severe.

>19 Severe.

¹Spitzer, R.L., Williams, J.B.W., Kroenke, K., Linzer, M., DeGruy, F.V., Hahn, S.R., Brody, D., Johnson, J.G. (1994). Utility of a new procedure for diagnosing mental disorders in primary care: ThePRIME-MD 1000 study. *Journal of the American Medical Association*, 272: 1749-1756.

²Spitzer, R.L., Kroenke, K., Williams, J.B.W. (1999). Validation and utility of a self-report version of PRIME-MD: the PHQ Primary Care Study. *Journal of the American Medical Association*, 282: 1737-1744.

³Kroenke, K., Spitzer, R.L., Williams, J.B.W. (2001). The PHQ-9, validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16(9): 606-613.

The Promodal Questionnaire - Brief (PQ-B)

<p>Please indicate whether you have had the following thoughts, feelings and experiences in the past month by checking "yes" or "no" for each item. Do not include experiences that occur only while under the influence of alcohol, drugs or medications that were not prescribed to you. If you answer "YES" to an item, also indicate how distressing that experience has been for you.</p>	<p>If "Yes": When this happens, I feel frightened, concerned, or it causes problems for me:</p>						
	Yes	No	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1. Do familiar surroundings sometimes seem strange, confusing, threatening or unreal to you?	1	0	1	2	3	4	5
2. Have you heard unusual sounds like banging, clicking, hissing, clapping or ringing in your ears?	1	0	1	2	3	4	5
3. Do things that you see appear different from the way they usually do (brighter or duller, larger or smaller, or changed in some other way)?	1	0	1	2	3	4	5
4. Have you had experiences with telepathy, psychic forces, or fortune telling?	1	0	1	2	3	4	5
5. Have you felt that you are not in control of your own ideas or thoughts?	1	0	1	2	3	4	5
6. Do you have difficulty getting your point across, because you ramble or go off the track a lot when you talk?	1	0	1	2	3	4	5
7. Do you have strong feelings or beliefs about being unusually gifted or talented in some way?	1	0	1	2	3	4	5

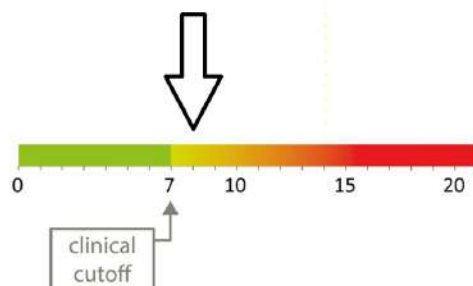
The Promodal Questionnaire - Brief (PQ-B)

<p>Please indicate whether you have had the following thoughts, feelings and experiences in the past month by checking “yes” or “no” for each item. Do not include experiences that occur only while under the influence of alcohol, drugs or medications that were not prescribed to you. If you answer “YES” to an item, also indicate how distressing that experience has been for you.</p>	<p>If "Yes": When this happens, I feel frightened, concerned, or it causes problems for me:</p>						
	Yes	No	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
8. Do you feel that other people are watching you or talking about you?	1	0	1	2	3	4	5
9. Do you sometimes get strange feelings on or just beneath your skin, like bugs crawling?	1	0	1	2	3	4	5
10. Do you sometimes feel suddenly distracted by distant sounds that you are not normally aware of?	1	0	1	2	3	4	5
11. Have you had the sense that some person or force is around you, although you couldn't see anyone?	1	0	1	2	3	4	5
12. Do you worry at times that something may be wrong with your mind?	1	0	1	2	3	4	5
13. Have you ever felt that you don't exist, the world does not exist, or that you are dead?	1	0	1	2	3	4	5
14. Have you been confused at times whether something you experienced was real or imaginary?	1	0	1	2	3	4	5

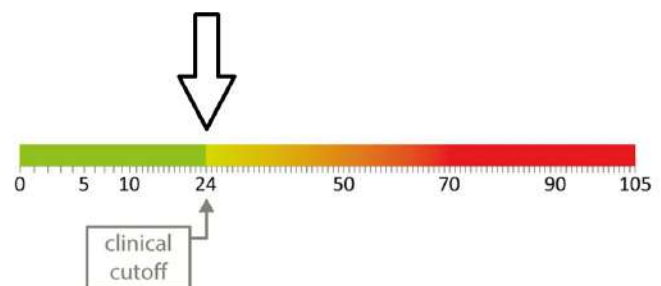
The Promodal Questionnaire - Brief (PQ-B)

Please indicate whether you have had the following thoughts, feelings and experiences in the past month by checking "yes" or "no" for each item. Do not include experiences that occur only while under the influence of alcohol, drugs or medications that were not prescribed to you. If you answer "YES" to an item, also indicate how distressing that experience has been for you.	If "Yes": When this happens, I feel frightened, concerned, or it causes problems for me:						
	Yes	No	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
15. Do you hold beliefs that other people would find unusual or bizarre?	1	0	1	2	3	4	5
16. Do you feel that parts of your body have changed in some way, or that parts of your body are working differently?	1	0	1	2	3	4	5
17. Are your thoughts sometimes so strong that you can almost hear them?	1	0	1	2	3	4	5
18. Do you find yourself feeling mistrustful or suspicious of other people?	1	0	1	2	3	4	5
19. Have you seen unusual things like flashes, flames, blinding light, or geometric figures?	1	0	1	2	3	4	5
20. Have you seen things that other people can't see or don't seem to see?	1	0	1	2	3	4	5
21. Do people sometimes find it hard to understand what you are saying?	1	0	1	2	3	4	5

Total Score: 8



Distress Score: 24



The Promodal Questionnaire - Brief (PQ-B)

It has been shown that 73% of patients with schizophrenia have suffered from a prodromal phase that lasts 5 years on average and precedes the development of a full psychotic disorder. During this phase, symptoms that characterize a psychotic disorder are already present, but the severity is less than during an active psychotic disorder. With the Promodal Questionnaire – Brief (PQ-B), the clinical risk for developing psychosis can be assessed. However, as stated by Loewy et al. (2012¹): “PQ-B users should be careful not to equate a high score with prodromal psychosis or unavoidable development of schizophrenia”. The PQ-B should be used as a first step in a diagnostic procedure and a diagnosis can only be obtained after a thorough clinical interview.

The PQ-B has 21 questions, which are to be answered with regard to the presence or absence of symptoms and whether the presence of a symptom generates distress. The distress scoring is as follows for each question: 1=Strongly disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly agree. The results of each of the 21 questions will be color-coded as follows:

Please indicate whether you have had the following thoughts, feelings and experiences in the past month by checking “yes” or “no” for each item. Do not include experiences that occur only while under the influence of alcohol, drugs or medications that were not prescribed to you. If you answer “YES” to an item, also indicate how distressing that experience has been for you.			If “Yes”: When this happens, I feel frightened, concerned, or it causes problems for me:				
	Yes	No	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1. Do familiar surroundings sometimes seem strange, confusing, threatening or unreal to you?	1	0	1	2	3	4	5

Clinical cutoffs

The clinical cutoffs for the total score (based on the ‘Yes/No’ part of each question) and the distress score (based on the 5-point Likert scale regarding distress) are based on the proposed cutoffs by Xu et al. (2016²). The clinical cutoff for the total score is 4 and the clinical cutoff for the distress score is 24.

¹Loewy, R.L., Pearson, R., Vinogradov, S. Bearden, C.E., & Cannon, T.D. (2011). Psychosis risk screening with the Promodal Questionnaire – Brief version (PQ-B). *Schizophrenia Research*, 129(1): 42-46.

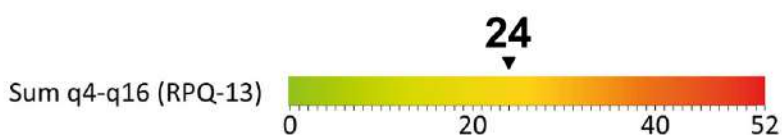
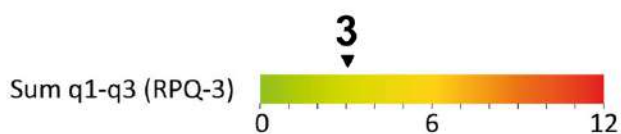
²Xu, L., et al. (2016). Psychometric properties of Promodal Questionnaire – Brief version among Chinese help-seeking individuals. *PLOS One*, 11(2).

The Rivermead Post Concussion Symptoms Questionnaire (RPCSQ)

Compared with before the accident, do you now (i.e., over the last 24 hours) suffer from:	Not Experienced	No More of a Problem	Mild Problem	Moderate Problem	Severe Problem
1. Headaches	0	1	2	3	4
2. Feelings of dizziness	0	1	2	3	4
3. Nausea and/or vomiting	0	1	2	3	4
4. Noise sensitivity (easily upset by loud noise)	0	1	2	3	4
5. Sleep disturbance	0	1	2	3	4
6. Fatigue, tiring more easily	0	1	2	3	4
7. Being irritable, easily angered	0	1	2	3	4
8. Feeling depressed or tearful	0	1	2	3	4
9. Feeling frustrated or impatient	0	1	2	3	4

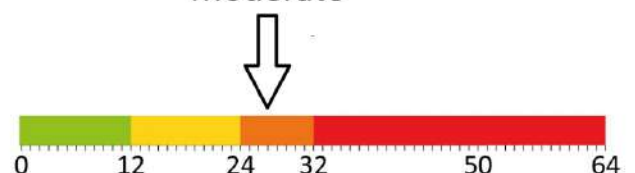
The Rivermead Post Concussion Symptoms Questionnaire (RPCSQ)

Compared with before the accident, do you now (i.e., over the last 24 hours) suffer from:	Not Experienced	No More of a Problem	Mild Problem	Moderate Problem	Severe Problem
10. Forgetfulness, poor memory	0	1	2	3	4
11. Poor concentration	0	1	2	3	4
12. Taking longer to think	0	1	2	3	4
13. Blurred vision	0	1	2	3	4
14. Light sensitivity (easily upset by bright light)	0	1	2	3	4
15. Double Vision	0	1	2	3	4
16. Restlessness	0	1	2	3	4



Total Score: **27**

Moderate



The Rivermead Post Concussion Symptoms Questionnaire (RPCSQ)

The Rivermead Post Concussion Symptoms Questionnaire (RPQ) was developed by King et al. (1995¹) and measures the presence and severity of post concussive symptoms. Post concussive symptoms can be the results of traumatic brain injury, but may not necessarily be a direct cause of them. The RPQ was originally developed as a measure of the severity of symptoms following mild traumatic brain injury (MTBI). The RPQ is not a screening instrument. This means that it cannot be used to assess whether traumatic brain injury has occurred. Instead, it can be used to assess the symptoms *after* a traumatic brain injury (or injuries) has occurred. It can also be used to track changes in symptoms over time.

The RPQ has 16 questions, which are to be answered with regard to experienced symptoms that were not present before the accident. Scoring is as follows for each question: *0=Not Experienced 1=No More of a Problem 2=Mild Problem 3=Moderate Problem 4=Severe Problem*. The results of each of the 16 questions will be color-coded as follows:

Compared with before the accident, do you now (i.e., over the last 24 hours) suffer from:	Not Experienced	No More of a Problem	Mild Problem	Moderate Problem	Severe Problem
1. Headaches	0	1	2	3	4

Scoring Key

The scoring is based on the proposed scoring key by Potter et al. (2006²), which is based on the sum of the scores of all the 16 items:

0-12 Minimal.

13-24 Mild.

25-32 Moderate.

>33 Severe.

However, a study by Eyres et al. (2005³) showed that the first three items of the RPQ reflect a different construct than items 4-16. More specifically, the first three items (RPQ-3) tap into predominantly physical symptoms, while items 4-16 (RPQ-13) tap into psychological symptoms and better reflect the impact on lifestyle. For this reason, the sum of the RPQ-3 and the RPQ-13 are depicted separately.

RPQ-3: Predominantly Physical Symptoms
RPQ-13: Predominantly Psychological Symptoms

¹King, N.S., Crawford, S., Wenden, F.J., Moss, N.E., & Wade, D.T. (1995). The Rivermead Post Concussion Symptoms Questionnaire: A measure of symptoms commonly experienced after head injury and its reliability. *Journal of Neurology*, 242 (9): 587–92.

²Potter, S., Leigh, E., Wade, D., & Fleminger S. (2006). The Rivermead Post Concussion Symptoms Questionnaire, A Confirmatory Factor Analysis. *Journal of Neurology*, 253: 1603-1614.

³Eyres, S., Carey, A., Gilworth, G., Neumann, V., & Tennant, A. (2005). Construct validity and reliability of the Rivermead Post Concussion Symptoms Questionnaire. *Clinical Rehabilitation*, 19: 878-887.

The Short Pittsburgh Sleep Quality Index (Short-PSQI)

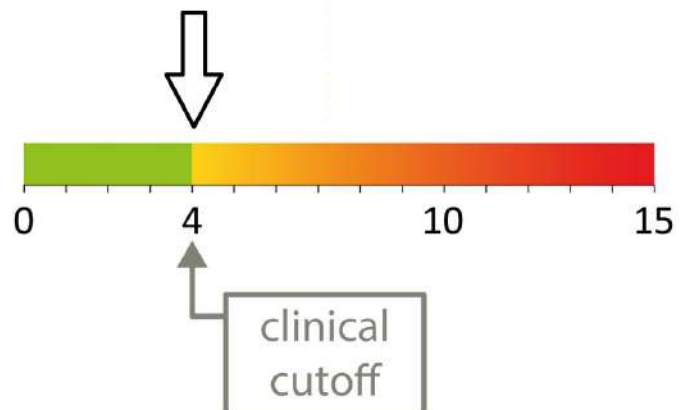
1. During the past month, when have you usually gone to bed?	Between 22:30h and 23:00h			
2. During the past month, how long (in minutes) has it taken you to fall asleep each night?	Between 15 and 30 minutes			
3. During the past month, when have you usually gotten up in the morning?	Between 07:00h and 07:30h			
4. During the past month, how many actual hours of sleep did you get at night? (This may be different than the number of hours you spend in bed.)	Between 7 and 7.5 hours			
	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
5. During the past month, how often have you had trouble sleeping because you cannot get to sleep within 30 minutes?	0	1	2	3
6. During the past month, how often have you had trouble sleeping because you wake up in the middle of the night or early morning?	0	1	2	3
7. During the past month, how often have you had trouble sleeping because you cannot breathe comfortably?	0	1	2	3

The Short Pittsburgh Sleep Quality Index (Short-PSQI)

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
8. During the past month, how often have you had trouble sleeping because you cough or snore loudly?	0	1	2	3
9. During the past month, how often have you had trouble sleeping because you feel too hot?	0	1	2	3
10. During the past month, how often have you had trouble sleeping because you have bad dreams?	0	1	2	3
11. During the past month, how often have you had trouble sleeping because you have pain?	0	1	2	3
12. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?	0	1	2	3
13. During the past month, how much of a problem has it been for you to keep up enthusiasm to get things done?	0	1	2	3

Sleep Latency: 2
Sleep Duration: 0
Sleep Efficiency: 0
Sleep Disturbances: 0
Daytime Dysfunction: 2

Total Score: 4



The Short Pittsburgh Sleep Quality Index (Short-PSQI)

The Short Pittsburgh Sleep Quality Index (Short-PSQI) is a Shortened version of the Pittsburgh Sleep Quality Index (PSQI). The original PSQI was developed by Buysse et al. (1989) and contains 19 questions. The Short-PSQI contains 13 questions and has been shown to have high validity compared with the original PSQI (Famodu et al. 2018). The Short-PSQI measures both sleep quantity and sleep quality.

Questions 1-4 address the sleep quantity directly (e.g. question 1: “During the past month, when have you usually gone to bed?”). Questions 5-13 address possible reasons for impaired sleep quality. Scoring for question 5-14 is as follows for each question: *0=Not during the past month 1=Less than once a week 2=Once or twice a week 3=Three or more times a week*. The results of each of the 25 questions will be color-coded as follows:

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
8. During the past month, how often have you had trouble sleeping because you cough or snore loudly?	0	1	2	3

Scoring Key

The scoring is based on the proposed scoring key by Famodu et al. (2018²). Separate scores are calculated for four separate components (sleep latency, sleep duration, sleep efficiency, sleep disturbances). The scores can range between 0 and 3. For a detailed description of the formulas used to calculate these scores, the reader is referred to the publication by Famodu et al. (2018²; page 8). The scores of these four components are added to generate a global score. The clinical cutoff for the global score is 4, meaning that scoring 4 or higher is indicative for poor sleep quality.

¹Buyse, D.J., Reynolds, C.F., Monk, T.H., Berman, S.R., & Kupfer, D.J. (1989). The Pittsburgh Sleep Quality Index: a new instrument for psychiatric practice and research. *Psychiatry Research*, 28(2): 193-213.

²Famodu, O.A., et al. (2018). Shortening of the Pittsburgh Sleep Quality Index Survey Using Factor Analysis. *Sleep Disorders*, 2018.

Substance Use

1. Do you use stimulant medication (e.g. Methylphenidate)?	No	Low dose	Normal Dose	High Dose	
2. Do you use stimulant drugs (e.g. cocaine, methamphetamine)?	No	About once a month	About once every two weeks	About once a week	Daily
3. Do you use antidepressants?	No	Low dose	Normal Dose	High Dose	
4. Do you use anxiolytics or sedatives (e.g. Xanax, Valium)?	No	About once a month	About once every two weeks	About once a week	Daily
5. Do you use antipsychotics (e.g. Haldol, Risperdal)?	No	Low dose	Normal Dose	High Dose	None
6. Do you use anticonvulsants / antiepileptic drugs (e.g. Tegretol, Carbatrol)?	No	Low dose	Normal Dose	High Dose	
7. How many units of alcohol do you use per week (on average)?	None	Between 1 and 3	Between 4 and 6	Between 7 and 14	More than 14
8. Do you use cannabis/marijuana?	No	About once a month	About once every two weeks	About once a week	Daily
9. Do you use opiates (e.g. heroine, morphine, codeine)?	No	About once a month	About once every two weeks	About once a week	Daily

The Tinnitus Handicap Questionnaire (THI)

The purpose of this questionnaire is to identify difficulties that you may be experiencing because of your tinnitus. Please answer every question. Please do not skip any questions.	Yes	Sometimes	No
1. Because of your tinnitus, is it difficult for you to concentrate?	4	2	0
2. Does the loudness of your tinnitus make it difficult for you to hear people?	4	2	0
3. Does your tinnitus make you angry?	4	2	0
4. Does your tinnitus make you feel confused?	4	2	0
5. Because of your tinnitus, do you feel desperate?	4	2	0
6. Do you complain a great deal about your tinnitus?	4	2	0
7. Because of your tinnitus, do you have trouble falling to sleep at night?	4	2	0
8. Do you feel as though you cannot escape your tinnitus?	4	2	0
9. Does your tinnitus interfere with your ability to enjoy your social activities (such as going out to dinner, to the movies)?	4	2	0

The Tinnitus Handicap Questionnaire (THI)

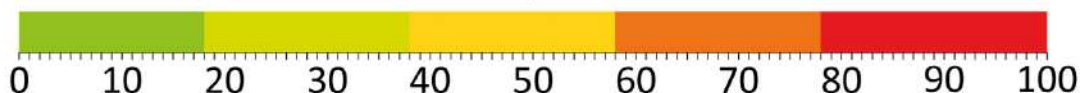
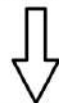
The purpose of this questionnaire is to identify difficulties that you may be experiencing because of your tinnitus. Please answer every question. Please do not skip any questions.	Yes	Sometimes	No
10. Because of your tinnitus, do you feel frustrated?	4	2	0
11. Because of your tinnitus, do you feel that you have a terrible disease?	4	2	0
12. Does your tinnitus make it difficult for you to enjoy life?	4	2	0
13. Does your tinnitus interfere with your job or household responsibilities?	4	2	0
14. Because of your tinnitus, do you find that you are often irritable?	4	2	0
15. Because of your tinnitus, is it difficult for you to read?	4	2	0
16. Does your tinnitus make you upset?	4	2	0
17. Do you feel that your tinnitus problem has placed stress on your relationships with members of your family and friends?	4	2	0
18. Do you find it difficult to focus your attention away from your tinnitus and on other things?	4	2	0

The Tinnitus Handicap Questionnaire (THI)

The purpose of this questionnaire is to identify difficulties that you may be experiencing because of your tinnitus. Please answer every question. Please do not skip any questions.	Yes	Sometimes	No
19. Do you feel that you have no control over your tinnitus?	4	2	0
20. Because of your tinnitus, do you often feel tired?	4	2	0
21. Because of your tinnitus, do you feel depressed?	4	2	0
22. Does your tinnitus make you feel anxious?	4	2	0
23. Do you feel that you can no longer cope with your tinnitus?	4	2	0
24. Does your tinnitus get worse when you are under stress?	4	2	0
25. Does your tinnitus make you feel insecure?	4	2	0
26. On which side is your tinnitus most dominant?	Left	Right	Equal

Total Score: 50

Moderate



The Tinnitus Handicap Questionnaire (THI)

The Tinnitus Handicap Inventory (THI) was developed by Newman et al. (1996¹) and measures the severity of tinnitus and the impact of tinnitus on daily life.

The THI has 25 questions, which address the presence or absence of difficulties resulting from tinnitus. Scoring is as follows for each question: 4=Yes 2=Sometimes 0=No.

The results of the THI of your client will be depicted on the following pages. The results of each of the 25 questions will be color-coded as follows:

The purpose of this questionnaire is to identify difficulties that you may be experiencing because of your tinnitus. Please answer every question. Please do not skip any questions.	Yes	Sometimes	No
1. Because of your tinnitus, is it difficult for you to concentrate?	4	2	0

In addition to the original THI, the current THI questionnaire has the following question at the end of the questionnaire: “On which side is your tinnitus most dominant?”. Which can be answered with “Left”, “Right”, or “Equal”. The additional question does not contribute to the total score.

Scoring Key

The scoring is based on the proposed scoring key by McCombe et al. (2001²), which is based on the sum of the scores of all the 25 items:

0-16 Slight (Grade 1): Only heard in quiet environment, very easily masked. No interference with sleep or daily activities.

18-36 Mild (Grade 2): Easily masked by environmental sounds and easily forgotten with activities. May occasionally interfere with sleep but not daily activities.

38-56 Moderate (Grade 3): May be noticed, even in the presence of background or environmental noise, although daily activities may still be performed.

58-76 Severe (Grade 4): Almost always heard, rarely, if ever, masked. Leads to disturbed sleep pattern and can interfere with ability to carry out normal daily activities. Quiet activities affected adversely.

78-100 Catastrophic (Grade 5): Always heard, disturbed sleep patterns, difficulty with any activity.

¹Newman, C. W., Jacobson, G. P., & Spitzer, J. B. (1996). Development of the Tinnitus Handicap Inventory. *Archives of Otolaryngology - Head and Neck Surgery*, 122(2): 143–148.

²McCombe, A., Baguley, D., Coles, R., McKenna, L., McKinney, C., & Windle-Taylor, P. (2001). Guidelines for the grading of tinnitus severity: the results of a working group commissioned by the British Association of Otolaryngologists, Head and Neck Surgeons, 1999. *Clinical Otolaryngology & Allied Sciences*, 26(5): 388-393.