THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Outpatient Screening Questionnaire

1. Have you been consistently depressed or down, most of the day, nearly every day, for the past 2 weeks?	YES NO
2. In the past 2 weeks, have you been less interested in most things or less able to enjoy the things you used to enjoy most of the time?	YES NO
3. Have you felt sad, low or depressed most of the time for the last two years?	YES NO
4. In the past month, did you think that you would be better off dead or wish you were dead?	YES NO
5. Have you ever had a period of time when you were feeling up, hyper or so full of energy or full of yourself that you got into trouble or that other people thought you were not your usual self? (Do not consider times when you were intoxicated on drugs or alcohol.)	YES NO
6. Have you ever been so irritable, grouchy or annoyed for several days, that you had arguments, verbal or physical fights, or shouted at people outside your family? Have you or others noticed that you have been more irritable or overreacted, compared to other people, even when you thought you were right to act this way?	YES NO
7. Note this question is in 2 parts. a. Have you had one or more occasions when you felt intensely anxious, frightened, uncomfortable or uneasy even when most people would not feel that way? b. If yes, did these intense feelings get to be their worst within 10 minutes? If the answer to BOTH a and b is YES, then circle YES. If the answer to either or both a and b is NO, then circle NO	YES NO YES NO YES NO
8. Do you feel anxious or uneasy in places or situations where you might have the panic-like symptoms we just spoke about? Or do you feel anxious or uneasy in situations where help might not be available or escape might be difficult? Examples include: ☐ Being in a crowd ☐ Standing in a line ☐ Being alone away from home or alone at home ☐ Crossing a bridge ☐ Traveling in a bus, train or car	YES NO
9. Have you worried excessively or been anxious about several things over the past 6 months? If no to Question 9, answer “no” to Question 10 and proceed to Question 11.	YES NO
10. Are these worries present most days?	YES NO
11. In the past month, were you afraid or embarrassed when others were watching you, or when you were the focus of attention? Were you afraid of being humiliated? Examples include: ☐ Speaking in public ☐ Eating in public or with others ☐ Writing while someone watches ☐ Being in social situations	YES NO

Name: Medical Record #: DOB:

12. In the past month, have you been bothered by thoughts, impulses, or images that you couldn't get rid of that were unwanted, distasteful, inappropriate, intrusive or distressing? Examples include: ☐ Were you afraid that you would act on some impulse that would be really shocking? ☐ Did you worry a lot about being dirty, contaminated or having germs? ☐ Did you worry a lot about contaminating others, or that you would harm someone even though you didn't want to? ☐ Did you have any fears or superstitions that you would be responsible for things going wrong? ☐ Were you obsessed with sexual thoughts, images or impulses? ☐ Did you hoard or collect lots of things? ☐ Did you have religious obsessions?	YES NO
13. In the past month, did you do something repeatedly without being able to resist doing it? Examples include: ☐ Washing or cleaning excessively ☐ Counting or checking things over and over ☐ Repeating, collecting, or arranging things ☐ Other superstitious rituals	YES NO
14. Have you ever experienced or witnessed or had to deal with an extremely traumatic event that included actual or threatened death or serious injury to you or someone else? Examples include: ☐ Serious accidents ☐ Sexual or physical assault ☐ Terrorist attack ☐ Being held hostage ☐ Kidnapping ☐ Fire ☐ Discovering a body ☐ Sudden death of someone close to you ☐ War ☐ Natural disaster	YES NO
15. Have you re-experienced the awful event in a distressing way in the past month? Examples include: ☐ Dreams ☐ Intense recollections ☐ Flashbacks ☐ Physical reactions	YES NO
16. Have you ever believed that people were spying on you, or that someone was plotting against you, or trying to hurt you?	YES NO
17. Have you ever believed that someone was reading your mind or could hear your thoughts, or that you could actually read someone's mind or hear what another person was thinking?	YES NO
18. Have you ever believed that someone or some force outside of yourself put thoughts in your mind that were not your own, or made you act in a way that was not your usual self? Or, have you ever felt that you were possessed?	YES NO
19. Have you ever believed that you were being sent special messages through the TV, radio, or newspaper? Did you believe that someone you did not personally know was particularly interested in you?	YES NO

20. Have your relatives or friends ever considered any of your beliefs strange or unusual?	YES NO
21. Have you ever heard things other people couldn't hear, such as voices?	YES NO
22. Have you ever had visions when you were awake or have you ever seen things other people couldn't see?	YES NO
23. Do you have a drink now and then?	YES NO
24. Have you ever felt you needed to cut down on your drinking?	YES NO
25. Have people annoyed you by criticizing your drinking?	YES NO
26. Have you ever felt guilty about drinking?	YES NO
27. Have you ever felt you needed a drink first thing in the morning (eye-opener) to steady your nerves or to get rid of a hangover?	YES NO
28. Was there ever a period in your life when you spent a lot of time thinking and worrying about gaining weight, becoming fat, or controlling your eating? For example, by repeatedly dieting or fasting, engaging in much exercise to compensate for binge eating, taking enemas, or forcing yourself to throw up?	YES NO