

Connecting Women To Care Study Introduction





Connecting Women to Care

(Introduction)

Welcome to Connecting Women to Care!

Thank you for your interest in the Connecting Women To Care (CWC) Study! As you learned during your phone screening, the CWC study is a research study comparing two treatments that address current difficulties commonly seen in individuals who have experienced trauma. These treatments are **Skills Training in Affective and Interpersonal Regulation (STAIR)** and **Present Centered Therapy (PCT)**. Both therapies are focused on present-day concerns and do not require processing of traumatic memories.

This study is being conducted with women Veterans who have experienced military sexual trauma. The therapy is being conducted entirely through **home-based video teleconferencing (HBVT)**.

In a moment, you will be completing surveys on the symptoms and difficulties you are experiencing at this time. All surveys and information collected will be kept strictly confidential. Today, you are completing these forms in person; following this meeting all future assessment packets will be mailed to you, and future assessments will be conducted over the phone.

Following completion of the assessment, a member of our staff will orient you to the technology you'll be using for the study, and answer any questions you may have.

When you are ready, please turn the page and complete the questionnaires. Do not skip any items. Let the staff member who is working with you today know when you are finished, as well as if you have any questions or concerns. Thank you, and welcome again!

BDI-II

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and pick out the **one statement** in each group that best describes the way you've been feeling during the **past two weeks, including today**. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) and Item 18 (Changes in Appetite).

Circle the number corresponding to the best answer for each group.		
1. Sadness	0	I do not feel sad.
	1	I feel sad much of the time.
	2	I am sad all the time.
	3	I am so sad or unhappy that I can't stand it.
2. Pessimism	0	I am not discouraged about my future.
	1	I feel more discouraged about my future than I used to be.
	2	I do not expect things to work out for me.
	3	I feel my future is hopeless and will only get worse.
3. Past Failure	0	I do not feel like a failure.
	1	I have failure more than I should have.
	2	As I look back, I see a lot of failures.
	3	I feel I am a total failure as a person.
4. Loss of Pleasure	0	I get as much pleasure as I ever did from the things I enjoy.
	1	I don't enjoy things as much as I used to.
	2	I get very little pleasure from the things I used to enjoy.
	3	I can't get any pleasure from the things I used to enjoy.
5. Guilty Feelings	0	I don't feel particularly guilty.
	1	I feel guilty over many things I have done or should have done.
	2	I feel quite guilty most of the time.
	3	I feel guilty all of the time.
6. Punishment Feelings	0	I don't feel I am being punished.
	1	I feel I may be punished.
	2	I expect to be punished.
	3	I feel I am being punished.
7. Self-Dislike	0	I feel the same about myself as ever.
	1	I have lost confidence in myself.
	2	I am disappointed in myself.
	3	I dislike myself.

BDI-II (cont.)

Circle the number corresponding to the best answer for each group.		
8. Self-Criticalness	0	I don't criticize or blame myself more than usual.
	1	I am more critical of myself than I used to be.
	2	I criticize myself for all of my faults.
	3	I blame myself for everything bad that happens.
9. Suicidal Thoughts or Wishes	0	I don't have any thoughts of killing myself.
	1	I have thoughts of killing myself, but I would not carry them out.
	2	I would like to kill myself.
	3	I would kill myself if I had the chance.
10. Crying	0	I don't cry anymore than I used to.
	1	I cry more than I used to.
	2	I cry over every little thing.
	3	I feel like crying, but I can't.
11. Agitation	0	I am no more restless or wound up than usual.
	1	I feel more restless or wound up than usual.
	2	I am so restless or agitated that it's hard to stay still.
	3	I am so restless or agitated that I have to keep moving or doing something.
12. Loss of Interest	0	I have not lost interest in other people or activities.
	1	I am less interested in other people or things than before.
	2	I have lost most of my interest in other people or things.
	3	It's hard to get interested in anything.
13. Indecisiveness	0	I make decisions about as well as ever.
	1	I find it more difficult to make decisions than usual.
	2	I have much greater difficulty in making decisions than I used to.
	3	I have trouble making any decisions.
14. Worthlessness	0	I do not feel I am worthless.
	1	I don't consider myself as worthwhile and useful as I used to.
	2	I feel more worthless as compared to other people.
	3	I feel utterly worthless.

BDI-II (cont.)

15. Loss of energy	0	I have as much energy as ever.
	1	I have less energy than I used to have.
	2	I don't have enough energy to do very much.
	3	I don't have enough energy to do anything.
16. Changes in Sleeping Pattern	0	I have not experienced any change in my sleeping pattern.
	1a	I sleep somewhat more than usual.
	1b	I sleep somewhat less than usual.
	2a	I sleep a lot more than usual.
	2b	I sleep a lot less than usual.
	3a	I sleep most of the day.
	3b	I wake up 1-2 hours early and can't get back to sleep.
17. Irritability	0	I am no more irritable than usual.
	1	I am more irritable than usual.
	2	I am much more irritable than usual.
	3	I am irritable all the time.
18. Changes in Appetite	0	I have not experienced any change in my appetite.
	1a	My appetite is somewhat less than usual.
	1b	My appetite is somewhat greater than usual.
	2a	My appetite is much less than before.
	2b	My appetite is much greater than before.
	3a	I have no appetite at all.
	3b	I crave food all the time.
19. Concentration Difficulty	0	I can concentrate as well as ever.
	1	I can't concentrate as well as usual.
	2	It's hard to keep my mind on anything for very long.
	3	I find I can't concentrate on anything.
20. Tiredness or Fatigue	0	I am no more tired or fatigued than usual.
	1	I get more tired or fatigued more easily than usual.
	2	I am too tired or fatigued to do a lot of the things I used to do.
	3	I am too tired or fatigued to do most of the things I used to do.
21. Loss of Interest In Sex	0	I have not noticed any recent change in my interest in sex.
	1	I am less interested in sex than I used to be.
	2	I am much less interested in sex now.
	3	I have lost interest in sex completely.

SIBC

Instructions: Circle one answer for each question.

In the past three months...	Never	Rarely (once or twice)	Sometimes	Often (at least once a week)	Very Often (almost every day)
1. How often have you thought about killing yourself?	0	1	2	3	4
2. How often have you harmed yourself with the intention of injuring, but not killing, yourself?	0	1	2	3	4

If you answered Question 1 with a score of 1 or more, please answer Question 3.

Otherwise, please skip to Question 4.

3. When you have had suicidal thoughts, how much do each of the following reasons help you not to act on them?	Not at All	A little	A lot	Greatly
3a. Concerns about my child (or children)	0	1	2	3
3b. Responsibility to my other family members or friends	0	1	2	3
3c. Connection with my therapist (or other treaters)	0	1	2	3
3d. Moral or religious reasons	0	1	2	3
3e. Fear of disapproval by others	0	1	2	3
3f. Fear of suicide	0	1	2	3
3g. My wish to survive	0	1	2	3

For the following questions, please consider the entire course of your life (not only the past 3 months).

4. Have you ever been hospitalized for suicidal thoughts or behavior, voluntarily or involuntarily?	Yes	No
5a. Have you ever attempted to commit suicide (i.e., self-harm with the intent to die as a result)?	Yes	No

If yes to 5a, please answer the following additional questions.

Regarding your history of suicide attempts...

5b. How many attempts have you had?	1	2	3	More than 3
5c. When was the most recent attempt?	3 months-1 year ago	1-5 years ago	5-10 years ago	More than 10 years ago
5d. Did you receive medical attention as a result of any attempt made?	Yes	No	Do not know/can't remember	

AUDIT-C

Instructions: Circle the most accurate response for your current alcohol use.

	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many standard drinks containing alcohol do you have on a typical day?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have 6 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

Sociodemographics Form

1. Age? _____
2. What is your relationship status?
 - Married/Partnered
 - Single
 - Divorced
 - Widowed
3. How many children do you have?
 - None
 - 1
 - 2-3
 - 4 or more
4. Are you currently a primary caregiver to others?
 - Yes
 - No (If No, skip to Q.10).
5. If yes, who are you a caregiver for? (Check all that apply)
 - Child/children under 18
 - Elderly relative(s)
 - Disabled spouse/partner
 - Other (please explain)

6. If you are a caregiver for a child/children under 18, does this take place inside or outside your home?
 - Primarily inside my home
 - Primarily outside my home
 - N/A
7. If you are a caregiver for elderly relative(s), does this take place inside or outside your home?
 - Primarily inside my home
 - Primarily outside my home
 - N/A
8. If you are a caregiver for disabled spouse/partner, does this take place inside or outside your home?
 - Primarily inside my home
 - Primarily outside my home
 - N/A
9. If you are a caregiver for others, does this take place inside or outside your home?
 - Primarily inside my home
 - Primarily outside my home
 - N/A
10. What is your Ethnic background?
 - Hispanic
 - Not Hispanic
11. What is your Racial background? (Check any that apply)
 - American Indian or Alaskan Native
 - Asian
 - Black or African-American
 - Native Hawaiian or other Pacific Islander
 - Latino(a)
 - White or Caucasian
 - Middle Eastern or North African
 - Other (please specify)

12. What is your self-identified gender (please check all that apply)
 - Man
 - Woman
 - Transgender – Male-to-Female
 - Transgender – Female-to-Male
 - Other gender (please specify)

13. What is your sexual orientation/identity?

- Straight/Heterosexual
- Mostly Straight/Heterosexual
- Bisexual
- Mostly Gay/Lesbian
- Gay/Lesbian
- Queer
- Uncertain/Questioning
- Other (please specify)

Decline to state

14. What is your highest level of education completed?

- Some high school
- Earned high school degree
- Some college/2-year degree
- Earned 4-year college degree
- Post graduate

15. What is your employment status?

- Full-time work
- Part-time work
- Volunteer/Not currently working for pay
- Retired
- Disabled/On Disability

16. How would you describe your housing situation?

- Renting/Own Home
- Staying with relatives/friends
- Shelter
- Homeless

17. In which branch(s) did you serve (select all that apply)?

- Army
- Navy
- Airforce
- Marines
- Coast Guard
- Reserves/National Guard

18. Were you ever deployed to a combat zone?

- Yes
- No

19. During which era(s)/conflict(s) did you serve (select all that apply)?

- World War II
- Korean War
- Vietnam War
- Persian Gulf War
- OEF/OIF/OND
- Other (please specify)

None/served during Peacetime.

20. Are you currently engaged in any other therapy or counseling?

- Yes
- No

21. What is your VA service-connected disability status? (Please select one only)

- Never applied/Not applicable
- Applied or under review
- Denied applied
- Approved (Please enter percent service connected): _____

22. What is your VA service-connected disability status for PTSD? (Please select one only)

- Never applied/Not applicable
- Applied or under review
- Denied applied
- Approved (Please enter percent service connected) _____

ACES

Instructions: Below are some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with some of these questions. Please keep in mind that you can opt to refuse to answer any question you do not want to answer. All questions refer to the time period before you were 18 years of age.

Now, looking back before you were 18 years of age...

	Yes	No	Don't Know/ Not Sure	Refuse to Answer
1. Did you live with anyone who was depressed, mentally ill, or suicidal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you live with anyone who was a problem drinker or alcoholic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you live with anyone who used illegal street drugs or who abused prescription medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Parents not married	Don't Know/ Not Sure	Refuse to Answer
5. Were your parents separated or divorced?	<input type="checkbox"/>				

ACES (cont.)

Again, looking back before you were 18 years of age...

	Never	Once	More Than Once	Don't Know/ Not Sure	Refuse to Answer
6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?	<input type="checkbox"/>				
7. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? (Do not include spanking).	<input type="checkbox"/>				
8. How often did a parent or adult in your home ever swear at you, insult you, or put you down?	<input type="checkbox"/>				
9. How often did anyone at least 5 years older than you or an adult, ever touch you sexually?	<input type="checkbox"/>				
10. How often did anyone at least 5 years older than you or an adult, try to make you touch sexually?	<input type="checkbox"/>				
11. How often did anyone at least 5 years older than you or an adult, force you to have sex?	<input type="checkbox"/>				

LEC-R Screener

Instructions: Listed below are other difficult or stressful things that sometimes happen to people. Mark the item for any single stressful event you have experienced. For events that might fit more than one item description, choose the one that fits best. **Be sure to consider your entire life** (growing up, as well as adulthood) as you go through the list of events. You do not need to answer any of these questions if doing so would be distressing.

	Happened to me	Does not apply/ Don't want to answer
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)	<input type="checkbox"/>	<input type="checkbox"/>
2. Fire or explosion	<input type="checkbox"/>	<input type="checkbox"/>
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)	<input type="checkbox"/>	<input type="checkbox"/>
4. Serious accident at work, home, or during recreational activity	<input type="checkbox"/>	<input type="checkbox"/>
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)	<input type="checkbox"/>	<input type="checkbox"/>
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)	<input type="checkbox"/>	<input type="checkbox"/>
6a. Childhood physical abuse (before the age of 18, being hit, punched or hurt by someone responsible for caregiving such as a parent, foster parent, teacher, or coach)	<input type="checkbox"/>	<input type="checkbox"/>
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)	<input type="checkbox"/>	<input type="checkbox"/>
8. Sexual assault not during military service (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)	<input type="checkbox"/>	<input type="checkbox"/>
8a. Childhood sexual abuse (before the age of 18, being touched sexually or being sexually assaulted by someone older and a caregiver such as a parent, foster parent, teacher, doctor, or coach)	<input type="checkbox"/>	<input type="checkbox"/>
10. Combat or exposure to a war-zone (in the military or as a civilian)	<input type="checkbox"/>	<input type="checkbox"/>
12. Life-threatening illness or injury	<input type="checkbox"/>	<input type="checkbox"/>
14. Sudden, violent death of someone close (for example, homicide; suicide)	<input type="checkbox"/>	<input type="checkbox"/>
15. Sudden, unexpected death of someone close to you	<input type="checkbox"/>	<input type="checkbox"/>
16. Serious injury, harm or death you caused to someone else	<input type="checkbox"/>	<input type="checkbox"/>
16a. Neglect (before the age of 18, not being properly clothed or fed or being left without care when ill by someone responsible for caregiving such as a parent, foster parent, or relative)	<input type="checkbox"/>	<input type="checkbox"/>
17. Military sexual trauma (e.g., sexual assault or repeated sexual harassment while in active duty service).	<input type="checkbox"/>	<input type="checkbox"/>

Now, go back over the events you identified above, and **circle the number** before the item that corresponds to the one that ***troubles you the most at this time.***

ITQ

Instructions: Below are a number of problems that people sometimes report in response to traumatic or stressful life events. Keeping these events in mind, please read each item carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Having upsetting dreams that replay part of the experience or are clearly related to the experience?	0	1	2	3	4
2. Having powerful images or memories that sometimes come into your mind in which you feel the experience is happening again in the here and now?	0	1	2	3	4
3. Avoiding internal reminders of the experience (for example, thoughts, feelings, or physical sensations)?	0	1	2	3	4
4. Avoiding external reminders of the experience (for example, people, places, conversations, objects, activities, or situations)?	0	1	2	3	4
5. Being “super-alert”, watchful, or on guard?	0	1	2	3	4
6. Feeling jumpy or easily startled?	0	1	2	3	4
7. Affected your relationships or social life?	0	1	2	3	4
8. Affected your work or ability to work?	0	1	2	3	4
9. Affected any other important part of your life such as parenting, or school or college work, or other important activities?	0	1	2	3	4

ITQ (cont.)

Below are problems or symptoms that *people who have had stressful or traumatic events sometimes experience*. The questions refer to ways you **typically** feel, ways you **typically** think about yourself, and ways you **typically** relate to others. Answer the following thinking about how true each statement is of you.

How true is this of you?	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. When I am upset, it takes me a long time to calm down.	0	1	2	3	4
2. I feel numb or emotionally shut down.	0	1	2	3	4
3. I feel like a failure.	0	1	2	3	4
4. I feel worthless.	0	1	2	3	4
5. I feel distant or cut off from people.	0	1	2	3	4
6. I find it hard to stay emotionally close to people.	0	1	2	3	4

In the past month, have the above problems in emotions, in beliefs about yourself, and in relationships:	Not at all	A little bit	Moderately	Quite a bit	Extremely
7. Created concern or distress about your relationships or social life?	0	1	2	3	4
8. Affected your work or ability to work?	0	1	2	3	4
9. Affected any other important parts of your life such as parenting, or school or college work, or other important activities?	0	1	2	3	4

PCL-5

Instructions: Below is a list of problems that people sometimes have in response to very stressful experiences. Keeping these events in mind, please read each problem carefully and then select one of the numbers to the right to indicate how much you have been bothered by that problem **in the past month**.

In the past month, how much were you bothered by:

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (<i>as if you were actually back there reliving it</i>)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (<i>for example, heart pounding, trouble breathing, sweating</i>)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (<i>for example, people, places, conversations, activities, objects, or situations</i>)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (<i>for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous</i>)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4

PCL-5 (cont.)

	Not at all	A little bit	Moderately	Quite a bit	Extremely
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "super alert" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

GAD-7

Instructions: Over the last 2 weeks, how often have you been bothered by the following problems?
(select a response for each question below)

Over the past 2 weeks how often were you bothered by:

	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

Treatment Preferences

We would like to learn more about your preferences for treatments and how you would like to receive your care. As you will be randomly assigned to a therapy condition, **your answers on this questionnaire will not affect the type of therapy you receive in this study** but will inform the study staff about veteran preferences.

Please read the following description about each treatment and then pick which treatment you would rather receive if you could choose.

Skills Training in Affective and Interpersonal Regulation (STAIR): STAIR is a 10-session program focused on learning and strengthening skills in emotion management and in social and relationship functioning. Your therapist will provide instruction and practice opportunities to improve social and emotion management skills. Each session has the same structure: review of your current concerns in relation to a specific problem area, information about skills that address the problem, skills demonstration and skills practice. There are daily practice exercises between sessions. In the first half of treatment, you will identify problems in emotion management and select emotion management strategies from a “toolkit” tailored to your needs and strengths. In the second half of treatment, you will identify goals for improving relationships as well as relationship patterns you would like to change. The program will provide training in assertiveness skills, communication skills, and strategies for increasing flexibility and compassion for yourself and others. This therapy does not include processing of traumatic memories.

Present Centered Therapy (PCT): PCT is a 10-session program focused on exploring problems you are currently experiencing. In PCT, your therapist will help you identify your daily stresses, and will discuss these experiences with you. Your therapist will help you clarify your problems and will provide support as you decide how want to solve your problems. Between session work is comprised of writing thoughts down about daily experiences. You will be provided education about PTSD symptoms, discuss and review general difficulties in your life, and receive support from your therapist. Like STAIR, this therapy does not include processing of traumatic memories.

1a. Select which therapy you would rather receive (select one):

- Skills Training in Affective and Interpersonal Regulation
- Present Centered Therapy

1b. How strongly do you prefer this treatment? (circle one)

0 Not at all	1 A little bit	2 Moderately	3 Quite a bit	4 Extremely
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1c. Please describe your reasons for choosing this treatment: _____

Please read the following description about each *delivery method* and then pick which you would rather receive if you could choose. **Please note, regardless of your preference, all treatment in this study will be conducted through home-based telehealth.**

Traditional Office-Based Care: You travel to a VA clinic and meet with your therapist face-to-face in his/her office.

Clinic-to-Clinic Telehealth: You travel to the VA clinic to which you are assigned or which is closest to you and connect to your provider for this program who is located at a *different* VA clinic, through secure videoconferencing software provided by VA. You would be able to hear and see your therapist.

Home-Based Telehealth: You log into a secure videoconferencing website, similar to FaceTime or Skype and meet your therapist through videoconferencing software. Your therapist is at the VA clinic and you are in your home. You would be able to hear and see your therapist.

2a. Select which *delivery method* you would prefer to receive for treatment (select one):

- Traditional Office-Based Care
- Clinic-to-Clinic Telehealth
- Home-Based Telehealth

2b. How strongly do you prefer this *delivery method* for treatment? (circle one)

0 Not at all	1 A little bit	2 Moderately	3 Quite a bit	4 Extremely
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2c. Please describe your reasons for choosing this *delivery method*: _____

DERS

Instructions: Please indicate how often these items apply to you using the following scale:

	Almost Never (0-10%)	Sometimes (11-35%)	About half the time (36-65%)	Most of the time (66-90%)	Almost Always (91-100%)
1. I am clear about my feelings.	1	2	3	4	5
2. I pay attention to how I feel.	1	2	3	4	5
3. I experience my emotions as overwhelming and out of control.	1	2	3	4	5
4. I have no idea how I am feeling.	1	2	3	4	5
5. I have difficulty making sense out of my feelings.	1	2	3	4	5
6. I am attentive to my feelings.	1	2	3	4	5
7. I know exactly how I am feeling.	1	2	3	4	5
8. I care about what I am feeling.	1	2	3	4	5
9. I am confused about how I feel.	1	2	3	4	5
10. When I'm upset, I acknowledge my emotions.	1	2	3	4	5
11. When I'm upset, I become angry with myself for feeling that way.	1	2	3	4	5
12. When I'm upset, I become embarrassed for feeling that way.	1	2	3	4	5
13. When I'm upset, I have difficulty getting work done.	1	2	3	4	5
14. When I'm upset, I become out of control.	1	2	3	4	5
15. When I'm upset, I believe that I will remain that way for a long time.	1	2	3	4	5
16. When I'm upset, I believe that I'll end up feeling very depressed.	1	2	3	4	5
17. When I'm upset, I believe that my feelings are valid and important.	1	2	3	4	5
18. When I'm upset, I have difficulty focusing on other things.	1	2	3	4	5
19. When I'm upset, I feel out of control.	1	2	3	4	5
20. When I'm upset, I can still get things done.	1	2	3	4	5
21. When I'm upset, I feel ashamed with myself for feeling that way.	1	2	3	4	5
22. When I'm upset, I know that I can find a way to eventually feel better.	1	2	3	4	5
23. When I'm upset, I feel like I am weak.	1	2	3	4	5
24. When I'm upset, I feel like I can remain in control of my behaviors.	1	2	3	4	5

DERS cont.

Please indicate how often these items apply to you using the following scale:	Almost Never (0-10%)	Sometimes (11-35%)	About half the time (36-65%)	Most of the time (66-90%)	Almost Always (91-100%)
25. When I'm upset, I feel guilty for feeling that way.	1	2	3	4	5
26. When I'm upset, I have difficulty concentrating.	1	2	3	4	5
27. When I'm upset, I have difficulty controlling my behaviors.	1	2	3	4	5
28. When I'm upset, I believe that there is nothing I can do to make myself feel better.	1	2	3	4	5
29. When I'm upset, I become irritated with myself for feeling that way.	1	2	3	4	5
30. When I'm upset, I start to feel very bad about myself.	1	2	3	4	5
31. When I'm upset, I believe that wallowing in it is all I can do.	1	2	3	4	5
32. When I'm upset, I lose control over my behaviors.	1	2	3	4	5
33. When I'm upset, I have difficulty thinking about anything else.	1	2	3	4	5
34. When I'm upset, I take time to figure out what I'm really feeling.	1	2	3	4	5
35. When I'm upset, it takes me a long time to feel better.	1	2	3	4	5
36. When I'm upset, my emotions feel overwhelming.	1	2	3	4	5

TSI-Dissociation

Instructions: Below is a list of problems and complaints that people sometimes have. Please read each problem carefully. Then, indicate how much of a problem this is for you by circling a number that best describes how much discomfort this problem caused you in the past week, including today. Circle only one number and do not skip any problems.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Feeling outside your body	0	1	2	3	4
2. Forgetfulness	0	1	2	3	4
3. Not feeling like your real self	0	1	2	3	4
4. "Spacing out"	0	1	2	3	4
5. Watching yourself from far away	0	1	2	3	4
6. Your mind goes blank	0	1	2	3	4
7. Things feeling unreal	0	1	2	3	4
8. Feeling disconnected from yourself	0	1	2	3	4
9. Daydreaming	0	1	2	3	4
10. Periods of memory loss	0	1	2	3	4
11. Feeling like you are two or more people.	0	1	2	3	4
12. Absent-mindedness	0	1	2	3	4
13. Losing touch with reality	0	1	2	3	4
14. A feeling of being far away	0	1	2	3	4

State Shame-Guilt Scale

Instructions: The following are some statements, which may or may not describe how you are feeling right now. Please rate each statement using the 5-point scale below. Remember to rate each statement based on how you are feeling *right at this moment*.

	Not feeling this way at all		Feeling this way somewhat		Feeling this way very strongly
1. I want to sink into the floor and disappear.	1	2	3	4	5
2. I feel remorse regret.	1	2	3	4	5
3. I feel small.	1	2	3	4	5
4. I feel tension about something I have done.	1	2	3	4	5
5. I have difficulty making sense out of my feelings.	1	2	3	4	5
6. I feel that I am a bad person.	1	2	3	4	5
7. I cannot stop thinking about something bad I have done.	1	2	3	4	5
8. I feel humiliated, disgraced.	1	2	3	4	5
9. I feel like apologizing, confessing.	1	2	3	4	5
10. When I'm upset, I acknowledge my emotions.	1	2	3	4	5
11. I feel worthless, powerless.	1	2	3	4	5
12. I feel bad about something I have done.	1	2	3	4	5

IIP-32

Instructions: People have reported the following problems in relating to other people. Please read the list below, and for each item, consider whether it has been a problem for you with respect to any significant person in your life. Then circle the number that describes how distressing that problem has been.

It is hard for me to...

	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
1. Join in on groups.	0	1	2	3	4
2. Be assertive with another person.	0	1	2	3	4
3. Make friends.	0	1	2	3	4
4. Disagree with other people.	0	1	2	3	4
5. Make a long-term commitment to another person.	0	1	2	3	4
6. Be aggressive towards other people when the situation calls for it.	0	1	2	3	4
7. Socialize with other people.	0	1	2	3	4
8. Show affection to people.	0	1	2	3	4
9. Feel comfortable around other people.	0	1	2	3	4
10. Tell personal things to other people.	0	1	2	3	4
11. Be firm when I need to be.	0	1	2	3	4
12. Experience a feeling of love for another person.	0	1	2	3	4
13. Be supportive of another person's goals in life.	0	1	2	3	4
14. Really care about other people's problems.	0	1	2	3	4
15. Put somebody else's needs before my own.	0	1	2	3	4
16. Take instructions from people who have authority over me.	0	1	2	3	4
17. Open up and tell my feelings to another person.	0	1	2	3	4
18. Attend to my own welfare when somebody else is needy.	0	1	2	3	4
19. Be involved with another person without feeling trapped.	0	1	2	3	4
20. I fight with other people too much.	0	1	2	3	4
21. I get irritated or annoyed too easily.	0	1	2	3	4
22. I want people to admire me too much.	0	1	2	3	4
23. I am too dependent on other people.	0	1	2	3	4
24. I open up to people too much.	0	1	2	3	4
25. I put other people's needs before my own too much.	0	1	2	3	4

IIP-32 (cont.)

	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
26. I am overly generous to other people.	0	1	2	3	4
27. I worry too much about other people's reactions to me.	0	1	2	3	4
28. I lose my temper too easily.	0	1	2	3	4
29. I tell personal things to other people too much.	0	1	2	3	4
30. I argue with other people too much.	0	1	2	3	4
31. I am too envious and jealous of other people.	0	1	2	3	4
32. I am affected by another person's misery too much.	0	1	2	3	4

SAM

Instructions: Please answer the following questions for each type of activity.

Over the past week, did you spend time or engage in social activities with/in...		0	1	2	3	4
1. Friends or acquaintances? <input type="checkbox"/> Yes (please answer the questions to the right.) <input type="checkbox"/> No (please skip to Question 2.)	1a. How many times?		Once	Two-Three	Four or more	
	1b. For how long?		1-15 minutes	About 30 minutes	30 minutes – 1 hour	More than 1 hour
	1c. On average, how satisfying or pleasurable were these activities?	Not at all	Mild	Moderate	Strong	
	1d. Example of what you did, if applicable?					
2. Your immediate family? <input type="checkbox"/> Yes (please answer the questions to the right.) <input type="checkbox"/> No (please skip to Question 3.)	2a. How many times?		Once	Two-Three	Four or more	
	2b. For how long?		1-15 minutes	About 30 minutes	30 minutes – 1 hour	More than 1 hour
	2c. On average, how satisfying or pleasurable were these activities?	Not at all	Mild	Moderate	Strong	
	2d. Example of what you did, if applicable?					
3. Your community? <input type="checkbox"/> Yes (please answer the questions to the right.) <input type="checkbox"/> No (please skip to Question 4.)	3a. How many times?		Once	Two-Three	Four or more	
	3b. For how long?		1-15 minutes	About 30 minutes	30 minutes – 1 hour	More than 1 hour
	3c. On average, how satisfying or pleasurable were these activities?	Not at all	Mild	Moderate	Strong	
	3d. Example of what you did, if applicable?					

Over the past week, did you spend time or engage in social activities with/in...		0	1	2	3	4
4. Events at work or with coworkers? <input type="checkbox"/> Yes (please answer the questions to the right.) <input type="checkbox"/> No (please skip to Question 5.)	4a. How many times?		Once	Two-Three	Four or more	
	4b. For how long?		1-15 minutes	About 30 minutes	30 minutes – 1 hour	More than 1 hour
	4c. On average, how satisfying or pleasurable were these activities?	Not at all	Mild	Moderate	Strong	
	4d. Example of what you did, if applicable?					
5. Meeting new people? <input type="checkbox"/> Yes (please answer the questions to the right.) <input type="checkbox"/> No (skip remaining questions.)	5a. How many times?		Once	Two-Three	Four or more	
	5b. For how long?		1-15 minutes	About 30 minutes	30 minutes – 1 hour	More than 1 hour
	5c. On average, how satisfying or pleasurable were these activities?	Not at all	Mild	Moderate	Strong	
	5d. Example of what you did, if applicable?					

WHODAS Short

Instructions: This questionnaire asks about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs. **Think back over the past 30 days** and answer these questions, thinking about how much difficulty you had doing the following activities. For each question, please select only one response.

<i>In the past 30 days, how much difficulty did you have in:</i>	None	Mild	Moderate	Severe	Extreme or cannot do
<u>Getting along with people:</u>					
1. Dealing with people you do not know?	0	1	2	3	4
2. Maintaining a friendship?	0	1	2	3	4
3. Getting along with people who are close to you?	0	1	2	3	4
4. Making new friends?	0	1	2	3	4
5. Sexual activities?	0	1	2	3	4
<u>Life activities:</u>					
6. Taking care of your household responsibilities?	0	1	2	3	4
7. Doing most important household tasks well?	0	1	2	3	4
8. Getting all the household work done that you needed to do?	0	1	2	3	4
9. Getting your household work done as quickly as needed?	0	1	2	3	4
10. Your day-to-day work/school?	0	1	2	3	4
11. Doing your most important work/tasks well?	0	1	2	3	4
12. Getting all the work done that you needed to do?	0	1	2	3	4
13. Getting your work done as quickly as needed?	0	1	2	3	4
<u>Participation in society:</u> <i>In the past 30 days...</i>					
14. How much of a problem did you have in joining community activities (for example, festivities, religious, or other activities) in the same way as anyone else can?	0	1	2	3	4
15. How much of a problem did you have because of barriers or hindrances in the world around you?	0	1	2	3	4

	None	Mild	Moderate	Severe	Extreme or cannot do
16. How much of a problem did you have living with dignity because of the attitudes and actions of others?	0	1	2	3	4
17. How much time did you spend on your health condition, or its consequences?	0	1	2	3	4
18. How much have you been emotionally affected by your health condition?	0	1	2	3	4
19. How much has your health been a drain on the financial resources of you and your family?	0	1	2	3	4
20. How much of a problem did your family have because of your health problems?	0	1	2	3	4
21. How much of a problem did you have in doing things by yourself for relaxation or pleasure?	0	1	2	3	4

ISEL

Instructions: This scale is made up of a list of statements each of which may or may not be true about you. For each statement choose “definitely true” if you are sure it is true about you, and “probably true” if you think it is true but are not absolutely certain. Similarly, you should choose “definitely false” if you are sure the statement is false and “probably false” if you think it is false but are not absolutely certain.

Circle the number that corresponds to your answer:	Definitely False	Probably False	Probably True	Definitely True
1. There are several people that I trust to help solve my problems.	0	1	2	3
2. If I needed help fixing an appliance or repairing my car, there is someone who would help me.	0	1	2	3
3. Most of my friends are more interesting than I am.	0	1	2	3
4. There is someone who takes pride in my accomplishments.	0	1	2	3
5. When I feel lonely, there are several people I can talk to.	0	1	2	3
6. There is no one that I feel comfortable talking to about intimate personal problems.	0	1	2	3
7. I often meet or talk with family or friends.	0	1	2	3
8. Most people I know think highly of me.	0	1	2	3
9. If I needed a ride to the airport very early in the morning, I would have a hard time finding someone to take me.	0	1	2	3
10. I feel like I’m not always included by my circle of friends.	0	1	2	3
11. There really is no one who can give me an objective view of how I’m handling my problems.	0	1	2	3
12. There are several different people I enjoy spending time with.	0	1	2	3
13. I think that my friends feel that I’m not very good at helping them solve their problems.	0	1	2	3
14. If I were sick and needed someone (friend, family member, or acquaintance) to take me to the doctor, I would have trouble finding someone.	0	1	2	3
15. If I wanted to go on a trip for a day (e.g. to the mountains, beach, or country), I would have a hard time finding someone to go with me.	0	1	2	3

Circle the number that corresponds to your answer:	Definitely False	Probably False	Probably True	Definitely True
16. If I needed a place to stay for a week because of an emergency (for example, water or electricity out in my apartment or house), I could easily find someone who would put me up.	0	1	2	3
17. I feel that there is no one I can share my most private worries and fears with.	0	1	2	3
18. If I were sick, I could easily find someone to help me out with my daily chores.	0	1	2	3
19. There is someone I can turn to for advice about handling problems with my family.	0	1	2	3
20. I am as good at doing things as most other people are.	0	1	2	3
21. If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me.	0	1	2	3
22. When I need suggestions on how to deal with a personal problem, I know someone I can turn to.	0	1	2	3
23. If I needed an emergency loan of \$1000, there is someone (friend, relative, or acquaintance) I could get it from.	0	1	2	3
24. In general, people do not have much confidence in me.	0	1	2	3
25. Most people I know do not enjoy the same things that I do.	0	1	2	3
26. There is someone I could turn to for advice about making career plans or changing my job.	0	1	2	3
27. I don't often get invited to do things with others.	0	1	2	3
28. Most of my friends are more successful at making changes in their lives than I am.	0	1	2	3
29. If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden, etc.).	0	1	2	3
30. There really is no one I can trust to give me good financial advice.	0	1	2	3
31. If I wanted to have lunch with someone, I could easily find someone to join me.	0	1	2	3
32. I am more satisfied with my life than most people are with theirs.	0	1	2	3

Circle the number that corresponds to your answer.	Definitely False	Probably False	Probably True	Definitely True
33. If I was stranded 10 miles from home, there is someone I could call who would come and get me.	0	1	2	3
34. No one I know would throw a birthday party for me.	0	1	2	3
35. It would be difficult to find someone who would lend me their car for a few hours.	0	1	2	3
36. If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it.	0	1	2	3
37. I am closer to my friends than most other people are to theirs.	0	1	2	3
38. There is at least one person I know whose advice I really trust.	0	1	2	3
39. If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me.	0	1	2	3
40. I have a hard time keeping pace with my friends.	0	1	2	3