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| **Anxiety Disorders Screener - Adult** | |
| **Protocol Id:** | 120202 |
| **Description of Protocol** | This protocol is divided into two separate parts. The first part contains the subsections of the Composite International Diagnostic Interview - Short Form (CIDI-SF) that screen for the presence or absence of generalized anxiety disorder, specific phobia, social phobia, agoraphobia and panic attack. The second part contains specific questions from the Symptom Check List 90 (SCL-90) that provide a more quantitative measure of anxiety symptom severity. |
| **Specific Instructions** | The Psychiatric Working Group has recommended that the portions of the Composite International Diagnostic Interview - Short Form (CIDI-SF) be used separately to screen for specific disorders in the PhenX Toolkit. Specifically, the entire instrument is included as the PhenX Measure General Psychiatric Assessment, section A is included as a protocol for the PhenX Measure of Depression, section I is included as a protocol for the PhenX Measure of Obsessive Compulsive Disorders, and sections B, C, D, E and F are included as a protocol Anxiety Disorders. Therefore, selecting the General Psychiatric Assessment measure in combination with Depression, Obsessive Compulsive Disorder and / or Anxiety Disorders will result in selecting the same protocol multiple times.  The Symptom Checklist 90 (SCL-90) is a proprietary, fee-based instrument that is available from Pearson Education, Inc. |
| **Protocol:** | Part I: Anxiety Screener from the Composite International Diagnostic Interview - Short Form  Generalized Anxiety Disorder Section  1. Have you ever had a period lasting one month or longer when most of the time you felt worried, tense, or anxious? (B1)  1 [ ] Yes [go to 2]  2 [ ] No  -1 [ ] Refused  -2 [ ] Not Asked  1a. People differ a lot in how much they worry about things. Did you ever have a time when you worried a lot more than most people would in your situation? (B1a)  1 [ ] Yes  2 [ ] No [go to Specific Phobia]  -1 [ ] Refused  -2 [ ] Not Asked  [if 1a=1]  2. What is the longest period of time that this kind of worrying has ever continued? (B2)  \_\_\_\_\_\_\_\_\_\_ years and \_\_\_\_\_\_\_\_\_\_ months  or \_\_\_\_\_\_\_\_\_\_ all of my life/as long as I can remember  [if 2 is less than 6 months, go to Specific Phobia]  Please think of the period in your life when you have felt worried, tense, anxious, or more worried than most people would in your situation. This could be in the past, or it could be continuing now.  3. During that period, was your worry stronger than in other people? (B4)  1 [ ] Yes  2 [ ] No  -1 [ ] Refused  -2 [ ] Not Asked  4. Did you worry most days? (B5)  1 [ ] Yes  2 [ ] No  -1 [ ] Refused  -2 [ ] Not Asked  5. Did you usually worry about one particular thing, such as your job security or the failing health of a loved one, or more than one thing? (B6)  1 [ ] One thing  2 [ ] More than one thing  -1 [ ] Refused  -2 [ ] Not Asked  6. Did you find it difficult to stop worrying? (B7)  1 [ ] Yes  2 [ ] No  -1 [ ] Refused  -2 [ ] Not Asked  7. Did you ever have different worries on your mind at the same time? (B8)  1 [ ] Yes  2 [ ] No  -1 [ ] Refused  -2 [ ] Not Asked  8. How often was your worry so strong that you couldn’t put it out of your mind no matter how hard you tried? (B9)  1 [ ] Often  2 [ ] Sometimes  3 [ ] Rarely  4 [ ] Never  -1 [ ] Refused  -2 [ ] Not Asked  9. How often did you find it difficult to control your worry? (B10)  1 [ ] Often  2 [ ] Sometimes  3 [ ] Rarely  4 [ ] Never  -1 [ ] Refused  -2 [ ] Not Asked  10. When you were worried or anxious, were you also: (B12)   |  |  |  | | --- | --- | --- | | 10a. Restless? (B12a) | q 1=Yes | q 2=No | | 10b. Keyed up or on edge? (B12b) | q 1=Yes | q 2=No | | 10c. Easily tired? (B12c) | q 1=Yes | q 2=No | | 10d. Having difficulty keeping your mind on what you were doing? (B12d) | q 1=Yes | q 2=No | | 10e More irritable than usual? (B12e) | q 1=Yes | q 2=No | | 10f. Having tense, sore, or aching muscles? (B12f) | q 1=Yes | q 2=No | | 10g. Often having trouble falling or staying asleep? (B12g) | q 1=Yes | q 2=No | |  | -1=Refused | | |  | -2=Not Asked | |   11. Did you ever tell a professional about these problems (medical doctor, psychologist, social worker, counselor, nurse, clergy, or other helping professional)? (B14)  1 [ ] Yes  2 [ ] No  -1 [ ] Refused  -2 [ ] Not Asked  12. Did you take medication or use drugs or alcohol more than once for the worry or the problems it was causing? (B15)  1 [ ] Yes  2 [ ] No  -1 [ ] Refused  -2 [ ] Not Asked  13. How much did the worry or anxiety interfere with your life or activities? (B16)  1 [ ] A lot  2 [ ] Some  3 [ ] A little  4 [ ] Not at all  -1 [ ] Refused  -2 [ ] Not Asked  Specific Phobia Section  14. The next questions are about things that make some people so afraid that they avoid them, even when there is no real danger. (C1)  Do you have an unreasonably strong fear or avoid any of the following things:   |  |  |  | | --- | --- | --- | | 14a. Heights, storms, thunder, lightning, or being in still water, like a swimming pool or lakes? (C1a) | q 1=Yes | q 2=No | | 14b. Being in a closed space like a cave, tunnel, elevator, or airplane? (C1b) | q 1=Yes | q 2=No | | 14c. Snakes, birds, rats, bugs, or other animals? (C1c) | q 1=Yes | q 2=No | | 14d. Seeing blood, getting a shot or injection, seeing a dentist, or going to a hospital? (C1d) | q 1=Yes | q 2=No | |  | -1=Refused | | |  | -2=Not Asked | |   **[If 0 Yes responses to 14 series, go to Social Phobia Section]**  **[repeat the following statement for the rest of Specific Phobia Section]**  Please think of the situations that you fear such as:  15. How often do you get upset when you are in that situation? (C2)  1 [ ] Every time  2 [ ] Most of the time  3 [ ] Some of the time [go to Social Phobia Section]  4 [ ] Only one or two times ever [go to Social Phobia Section]  5 [ ] Never [go to Social Phobia Section]  -1 [ ] Refused  -2 [ ] Not Asked  16. How long have you had any of these fears? (C4)  1 [ ] Less than 1 year (\_\_\_\_\_\_\_\_\_\_\_\_# of months)  2 [ ] Between 1 and 5 years  3 [ ] More than 5 years  -1 [ ] Refused  -2 [ ] Not Asked  17. How much have any of these fears ever interfered with your life or activities? (C5)  1 [ ] A lot  2 [ ] Some  3 [ ] A little  4 [ ] Not at all  -1 [ ] Refused  -2 [ ] Not Asked  18. Have you ever been very upset with yourself for having any of these fears? (C6)  1 [ ] Yes  2 [ ] No  -1 [ ] Refused  -2 [ ] Not Asked  19. Is your fear unreasonable - that is, much stronger than it should be? (C7)  1 [ ] Yes  2 [ ] No  -1 [ ] Refused  -2 [ ] Not Asked  20. Is your fear much stronger than in other people? (C8)  1 [ ] Yes  2 [ ] No  -1 [ ] Refused  -2 [ ] Not Asked  Social Phobia Section  21. Here’s another list of situations that can cause unreasonably strong fears. They involve doing things in front of other people or being the center of attention. Do you have an unreasonably strong fear or avoid any of the following situations: (D1)   |  |  |  | | --- | --- | --- | | 21a. Giving a speech or speaking in public? (D1a) | q 1=Yes | q 2=No | | 21b. Eating or drinking where someone could watch you? (D1b) | q 1=Yes | q 2=No | | 21c. Talking to people because you might have nothing to say or might sound foolish? (D1c) | q 1=Yes | q 2=No | | 21d. Writing while someone watches? (D1d) | q 1=Yes | q 2=No | | 21e. Taking part or speaking in a meeting or class? (D1e) | q 1=Yes | q 2=No | | 21f. Going to a party or other social outing? (D1f) | q 1=Yes | q 2=No | |  | -1=Refused | | |  | -2=Not Asked | |   **[if 0 Yes responses to 21 series, go to Agoraphobia Section]**  **[repeat the following statement for the rest of Social Section]**  Please think only of the situation(s) that cause you unreasonably strong fears such as:  22. How often do you get very upset when you are in this situation? (D2)  1 [ ] Every time  2 [ ] Most of the time  3 [ ] Some of the time [go to Agoraphobia Section]  4 [ ] Only one or two times ever [go to Agoraphobia Section]  5 [ ] Never [go to Agoraphobia Section]  -1 [ ] Refused  -2 [ ] Not Asked  23. How long have you had any of these fears? (D3)  1 [ ] Less than 1 year (\_\_\_\_\_\_\_\_\_\_# of months)  2 [ ] Between 1 and 5 years  3 [ ] More than 5 years  -1 [ ] Refused  -2 [ ] Not Asked  24. How much have any of these fears ever interfered with your life or activities? (D4)  1 [ ] A lot  2 [ ] Some  3 [ ] A little  4 [ ] Not at all  -1 [ ] Refused  -2 [ ] Not Asked  25. Have you ever been very upset with yourself for having any of these fears? (D5)  1 [ ] Yes  2 [ ] No  -1 [ ] Refused  -2 [ ] Not Asked  26. Is your fear unreasonable - that is, much stronger than it should be? (D6)  1 [ ] Yes  2 [ ] No  -1 [ ] Refused  -2 [ ] Not Asked  27. Is your fear much stronger than in other people? (D7)  1 [ ] Yes  2 [ ] No  -1 [ ] Refused  -2 [ ] Not Asked  Agoraphobia Section  28. Here’s a final list of situations that can cause unreasonably strong fears. Do you have an unreasonably strong fear for or avoid any of the following: (E1)   |  |  |  | | --- | --- | --- | | 28a. Being in a crowd or standing in line? (E1a) | q 1=Yes | q 2=No | | 28b. Being away from home alone? (E1b) | q 1=Yes | q 2=No | | 28c. Travelling alone? | q 1=Yes | q 2=No | | 28d. Traveling in a bus, train, or car? (E1d) | q 1=Yes | q 2=No | | 28e. Being in a public place like a department store? (E1e) | q 1=Yes | q 2=No | |  | -1=Refused | | |  | -2=Not Asked | |   **[if 0 Yes responses to 28 series, go to Panic Attack Section]**  **[repeat the following statement between 29-34]**  Please think only of the situation(s) that cause you to have unreasonably strong fears, such as:  29. How often do you get very upset in the situation? (E2)  1 [ ] Every time  2 [ ] Most of the time  3 [ ] Some of the time [go to Panic Attack Section]  4 [ ] Only one or two times ever [go to Panic Attack Section]  5 [ ] Never [go to Panic Attack Section]  -1 [ ] Refused  -2 [ ] Not Asked  30. How long have you had any of these fears? (E4)  1 [ ] Less than 1 year (\_\_\_\_\_\_\_\_\_\_# of months)  2 [ ] Between 1 and 5 years  3 [ ] More than 5 years  -1 [ ] Refused  -2 [ ] Not Asked  31. Were you ever afraid that you might faint, lose control, or embarrass yourself in other ways? (E5)  1 [ ] Yes  2 [ ] No  -1 [ ] Refused  -2 [ ] Not Asked  32. Do you worry that you might be trapped without any way to escape? (E6)  1 [ ] Yes  2 [ ] No  -1 [ ] Refused  -2 [ ] Not Asked  33. Do you worry that help might not be available if you needed it? (E7)  1 [ ] Yes  2 [ ] No  -1 [ ] Refused  -2 [ ] Not Asked  34. How much did any of these fears ever interfere with your life or activities? (E8)  1 [ ] A lot  2 [ ] Some  3 [ ] A little  4 [ ] Not at all  -1 [ ] Refused  -2 [ ] Not Asked  Panic Attack Section  35. Did you ever have a spell or an attack when all of a sudden you felt frightened, anxious, or very uneasy? (F1)  1 [ ] Yes  2 [ ] No [Part I is complete]  -1 [ ] Refused  -2 [ ] Not Asked  35a. Did any of these attacks occur when you were in a life-threatening situation? (F1a)  1 [ ] Yes  2 [ ] No [go to 36]  -1 [ ] Refused  -2 [ ] Not Asked  [if skip, go to 35b]  35b. Did any of these attacks occur when you were not in a life-threatening situation? (F1b)  1 [ ] Yes  2 [ ] No [Part I is complete]  -1 [ ] Refused  -2 [ ] Not Asked  36. About how many attacks have you had in your life? (F2)  Please enter the number of attacks you have had in your life in the box below.  \_\_\_\_\_\_\_\_\_\_  -1 [ ] Refused  -2 [ ] Not Asked  37. How long ago did you have the most recent attack? (F3)  \_\_\_\_\_\_\_\_\_\_ months ago (enter 0 if you had one in the past month)  -1 [ ] Refused  -2 [ ] Not Asked  38. Did some of your attacks happen in a situation when you were not in danger or not the center of attention? (F4)  1 [ ] Yes  2 [ ] No [Part I is complete]  -1 [ ] Refused  -2 [ ] Not Asked  39. We already asked about specific situations that cause unreasonably strong fears (heights, elevators, snakes, etc.).  When you have sudden anxiety attacks, do they usually occur in specific situations that cause you unreasonably strong fear? (F5)  1 [ ] Yes  2 [ ] No [go to 40]  -1 [ ] Refused  -2 [ ] Not Asked  39a. Did you ever have an attack when you were not in a situation that usually causes you to have unreasonably strong fears? (F5a)  1 [ ] Yes  2 [ ] No [Part I is complete]  -1 [ ] Refused  -2 [ ] Not Asked  40. When you have attacks: (F6)   |  |  |  | | --- | --- | --- | | 40a. Does your heart pound or race? (F6a) | q 1=Yes | q 2=No | | 40b. Do you have tightness, pain, or discomfort in your chest or stomach? (F6b) | q 1=Yes | q 2=No | | 40c. Do you sweat? (F6c) | q 1=Yes | q 2=No | | 40d. Do you tremble or shake? (F6d) | q 1=Yes | q 2=No | | 40e. Do you have hot flashes or chills? (F6e) | q 1=Yes | q 2=No | | 40f. Do you, or things around you, seem unreal? (F6f) | q 1=Yes | q 2=No | |  | -1=Refused | | |  | -2=Not Asked | | |
| **Selection Rationale** | The Composite International Diagnostic Interview - Short Form (CIDI-SF) was selected to screen a general population for the presence of multiple Anxiety Disorders. It has been used on thousands of subjects in the US and around the world, is available in multiple formats, is easily administered by trained non-clinician interviewers, is well validated and provides screening criteria consistent with the International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) and Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV).  The Symptom Check List 90 was selected to provide a quantitative measure of anxiety symptoms rather than simply categorical diagnoses. The Symptom Check List 90 was vetted against several other dimensional measures of Anxiety Disorders and ultimately selected because it is easily administered as a self-reported instrument and captures general symptoms of anxiety. |
| **Source** | Composite International Diagnostic Index - Short Form:  Kessler, R. C., Andrews, G., Mroczek, D., Ustun, T. B., & Wittchen, H-U. (1998). The World Health Organization Composite International Diagnostic Interview Short Form (CIDI-SF). *International Journal of Methods in Psychiatric Research*, *7*(4), 171-185. (Sections B, C, D, E, F)  Symptom Check List 90:  Derogatis, L. R, Lipman, R. S., & Covi, L. (1973). SCL-90: an outpatient psychiatric rating scale--preliminary report. *Psychopharmacology Bulletin*, *9*(1), 13-28.  The Symptom Check List 90 is published and distributed exclusively by NCS Pearson, Inc and can be obtained through:  Pearson Attn: Customer Service P.O. Box 599700 San Antonio, TX 78259  Telephone: 800.627.7271  Email: [clinicalcustomersupport@pearson.com](mailto:clinicalcustomersupport@pearson.com) |
| **Language** | English, Arabic, Mandarin Chinese, Dutch, Spanish, French |
| **Participant** | Composite International Diagnostic Index - Short Form:  An individual age 18 or older.  Symptom Check List 90:  An individual age 13 and older with a 6th grade reading level. |
| **Personnel and Training Required** | Composite International Diagnostic Index - Short Form:  The interviewer must be trained to conduct personal interviews with individuals from the general population. The interviewer must be trained and found to be competent (i.e., tested by an expert) at the completion of personal interviews\*. The interviewer should be trained to prompt respondents further if a "don't know" response is provided.  \* There are multiple modes to administer this question (e.g., pencil and paper and computer-assisted interviews).  Symptom Check List 90:  No training or personnel required for self-administered questionnaire. |
| **Equipment Needs** | Composite International Diagnostic Index - Short Form:  While the source protocol was developed to be administered by a computer-assisted instrument, the PhenX Working Group acknowledges these questions can be administered in a non-computerized format (i.e. pencil and paper instrument). Computer software is necessary to develop computer-assisted instruments. The interviewer will require a laptop computer/handheld computer to administer a computer-assisted questionnaire.  Symptom Check List 90:  No equipment needed for self-administered questionnaire. |
| **Standards:** | |  |  |  |  | | --- | --- | --- | --- | | **Standard** | **Name** | **ID** | **Source** | | Common Data Element (CDE) | Adult Anxiety Disorder Assessment Score | 3075412 | [CDE Browser](https://cdebrowser.nci.nih.gov/CDEBrowser/search?elementDetails=9&FirstTimer=0&PageId=ElementDetailsGroup&publicId=3075412&version=1.0) | | Logical Observation Identifiers Names and Codes (LOINC) | Anx disorders screener adult proto | 62716-6 | [LOINC](http://s.details.loinc.org/LOINC/62716-6.html?sections=Web) | |
| **General references** | American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders: DSM-IV-TR*. Washington, DC: Author.  Costello, E. J., Angold, A., Burns, B. J., Stangl, D. K., Tweed, D. L., Erkanli, A., & Worthman, C. M. (1996). The Great Smoky Mountains Study of Youth. Goals, design, methods, and the prevalence of DSM-III-R disorders. *Archives of General Psychiatry, 53*, 1129-1136.  Kessler, R. C., Chiu, W. T., Demler, O., & Walters, E. E. (2005). Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*, *62*(6), 617-27.  Nelson, C. B., Kessler, R. C., & Mroczek, D. (Aug 2001). Scoring the World Health Organization's Composite International Diagnostic Interview Short Form. (CIDI -SF V1.0 Nov 1998). |
| **Protocol Type** | Self-administered or interviewer-administered questionnaire |
| **Derived Variables** | None |
| **Requirements** | |  |  | | --- | --- | | **Requirement Category** | **Required** | | Major equipment  This measure requires a specialized measurement device that may not be readily available in every setting where genome wide association studies are being conducted. Examples of specialized equipment are DEXA, Echocardiography, and Spirometry | No | | Specialized training  This measure requires staff training in the protocol methodology and/or in the conduct of the data analysis. | No | | Specialized requirements for biospecimen collection  This protocol requires that blood, urine, etc. be collected from the study participants. | No | | Average time of greater than 15 minutes in an unaffected individual  Average time of greater than 15 minutes in an unaffected individual | No | |
| **Process and Review:** | The Expert Review Panel has not reviewed this measure yet. |