

## **DEPRESSION** & ANXIETY **DATA COLLECTION REFERENCE GUIDE**

Version 2.3.2 Revised: August 10th, 2018





We are thrilled that you are interested in measuring outcomes for your depression and anxiety patients according to ICHOM standards. It is our hope that this Reference Guide will facilitate the process of implementing our Standard Set and ensure collection of comparable data for global benchmarking and learning.

© 2018 ICHOM. All rights reserved. When using this set of outcomes, or quoting therefrom, in any way, we solely require that you always make a reference to ICHOM as the source so that this organization can continue its work to define more standard outcome sets.

### Introducing ICHOM and the Reference Guide

ICHOM brings together patient representatives, clinician leaders, and registry leaders from all over the world to develop Standard Sets, comprehensive yet parsimonious sets of outcomes and case-mix variables we recommend all providers track.

Each Standard Set focuses on patient-centered results, and provides an internationally-agreed upon method for measuring each of these outcomes. We do this because we believe that standardized outcomes measurement will open up new possibilities to compare performance globally, allow clinicians to learn from each other, and rapidly improve the care we provide our patients.

Our Standard Sets include initial conditions and risk factors to enable meaningful case-mix adjustment globally, ensuring that comparisons of outcomes will take into account the differences in patient populations across not just providers, but also countries and regions. We also include high-level treatment variables to allow stratification of outcomes by major treatment types. A comprehensive data dictionary, as well as scoring guides for patient-reported outcomes is included in the appendix.

## Working Group Members for Depression & Anxiety

The following individuals dedicated both time and expertise to develop the ICHOM Standard Set for Depression & Anxiety in partnership with ICHOM, under the leadership of Dr. Matthias Rose, Professor of Psychosomatic Medicine at the Charité University in Berlin.

<b>Australia</b> Maria Kangas	<b>Chile</b> Graciela Rojas	Japan Toshi A. Furukawa	United Kingdom David M. Clark
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Roberta Alvarenga Reis	Sandra Nolte	Edwin de Beurs	United States
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		Doris M. Mwesigire	, = = = = = = = = = = = = = = = = = = =

### **Supporting Organizations**

The Depression & Anxiety Standard Set is made possible only through the support of the following organizations.

Thank you.







# Conditions and Treatment Approaches Covered for Depression & Anxiety

For Depression & Anxiety, the following conditions and treatment approaches (or interventions) are covered by our Standard Set.

Conditions	Depression: Major Depressive Disorder   Dysthymia   Depressive Adaptive/Adjustment Disorder   Depressive Disorder - NOS Anxiety: Generalized Anxiety Disorder   Phobic Disorder   Agoraphobia   Post-Traumatic Stress Disorder   Panic Disorder   Obsessive-Compulsive Disorder
Treatment	Psychopharmacotherapy   Psychotherapy
Approaches	Lifestyle Interventions   Self-Guided Help   Other Forms of Therapy

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## ICHOM Standard Set for Depression & Anxiety

### Case-Mix Variables

Patient Population	Measure	Supporting Information	Timing	Data Source	
Demographic Factors	S				
	Age Sex	Date of birth Sex at birth	Baseline		
All nationts	Educational level	Level of schooling completed		Patient-reported	
All patients	Living status Work status	N/A N/A	Baseline;		
	Social support/Network	Tracked via MOS-SSS	Annually		
Health Status					
All patients	Patient's outcome expectancy	Scale of usefulness of therapy	Danalina		
	Comorbidities	Modified Self-administered Comorbidity Questionnaire SCQ)  Baseline; Annually		Patient-reported	
	Duration of symptoms	Measured in months			
	Prior episodes of depression	N/A	Baseline		
Prior Treatment					
All patients	Prior treatment	Medication, psychotherapy, other	Baseline	Patient-reported	
	Adherence of medication	Antidepressants	Baseline; Ongoing; Annually	Patient-reported	

### **Treatment Variables**

Patient Population	Measure	Supporting Information	Timing	Data Source
All patients	Ongoing treatment	Medication, psychotherapy, other	Baseline; Ongoing; Annually	Patient-reported

#### **Outcomes**

<b>Patient Population</b>	Measure	Supporting Information	Timing	Data Source
Symptom Burden				
All patients	Symptoms of depression	Tracked via PHQ-9	Baseline;  — Ongoing;	Patient-reported
All patients	Symptoms of general anxiety	Tracked via GAD-7	Annually	r atient-reported
Functioning				
	Physical functioning	Tracked via WHODAS 2.0		
All and Control	Manda Consultantan	Tracked via WHODAS 2.0;	Baseline;	D. C. at a control
All patients	Work functioning	work status; absenteeism	Annually	Patient-reported
	Social functioning	Tracked via WHODAS 2.0	_ ′	
Recovery Speed & Ho	ealth Sustainability			
	Time to recovery	Calculated from symptom questionnaires	Ongoing	
All patients	Overall success of treatment	Includes global assessment	<b>A</b>	Patient-reported
	Recurrence of depression	# of episodes	— Annually	
Other				
All patients	Medication side- effects	Includes type	Baseline; Ongoing; Annually	Patient-reported

#### Optional variables for patients with specific anxiety disorders

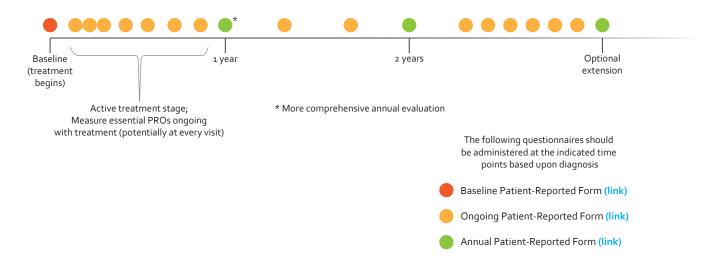
Note: Clinics may wish to compliment the Standard Set with additional questionnaires for those patients with specific anxiety disorders. We include here a list of examples as employed successfully in the Improving Access to Psychological Therapy (IAPT) program in the UK.

Symptom Burden				
Patients with social phobia	Symptoms of social phobia	Tracked via SPIN		
Patients with agoraphobia	Symptoms of agoraphobia	Tracked via MIA		
Patients with PTSD	Symptoms of post- traumatic stress disorder	Tracked via IESR	Baseline; Ongoing; Annually	Patient-reported
Patients with panic disorder	Symptoms of panic disorder	Tracked via PDSS-SR	Allitually	
Patients with OCD	Symptoms of obsessive-compulsive disorder	Tracked via OCI-R		

PHQ-9: Patient Health Questionnaire-9; GAD-7: Generalized Anxiety Disorder-7; SPIN: Social Phobia Inventory; MI: Mobility Inventory for Agoraphobia; IES-R: Impact of Event Scale – Revised for Post-traumatic Stress Disorder; PDSS-SR: Panic Disorder Severity Scale; OCI-R: Obsessive-Compulsive Inventory; WHODAS 2.0: World Health Organization Disability Assessment Schedule 2.0

### Follow-Up Timeline and Sample Questionnaires

The following timeline illustrates when Standard Set variables should be collected from patients. Links to the sample questionnaires may be found in the legend below.



## Collecting Case-Mix Variables and Outcomes

Survey(s) Used	Licensing Information	Scoring Guides
Patient Health Questionnaire (PHQ-9)		
Generalized Anxiety Disorder (GAD-7)		To fooilitate the assuing of these
World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0)- 12-item Instrument	All surveys used are free to use, and licenses are not needed.	To facilitate the scoring of these surveys, scoring instructions are provided in the Appendix beginning on page 9.
Medical Outcomes Study: Social Support Survey (MOS-SSS)		

Optional Survey(s) Used	Licensing Information	Scoring Guides
Social Phobia Inventory (SPIN)		
Mobility Inventory for Agoraphobia (MIA)		To facilitate the scoring of these
Impact of Event Scale - Revised for Post- traumatic Stress Disorder (IES-R)	All surveys used are free to use, and licenses are not needed.	surveys, scoring instructions are provided in the Appendix beginning on page 9.
Panic Disorder Severity Scale (PDSS-SR)		
Obsessive-Compulsive Inventory (OCI-R)		

## The Growing ICHOM Community

By implementing the ICHOM Standard Sets, you become part of an expanding, international community of innovative health care providers dedicated to improving value for patients. To learn more about how ICHOM can assist your organization in implementing outcome measurement, contact us at <a href="mailto:implement@ichom.org">implement@ichom.org</a>, or visit <a href="http://www.ichom.org/measure">http://www.ichom.org/measure</a>.

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Appendix

## Scoring Instructions for the Patient Health Questionnaire (PHQ-9)

Scoring: 0-3 Scale for each item; o Not at all; 3 Nearly every day

The nine item version of the Patient Health Questionnaire (PHQ-9) was designed to facilitate the recognition and diagnosis of depression in primary care patients. It can be used to monitor change in symptoms over time and provides a depression severity index score as follows:

0-4	None
5-9	Mild
10 – 14	Moderate
15 – 19	Moderately Severe
20 – 27	Severe

The recommended cut-off for the PHQ-9 severity index is a score of 9. Anyone who scores 10 or above can be considered to be suffering from clinically significant symptoms of depression. This is referred to as meeting "caseness".

## Scoring Instructions for the Generalized Anxiety Disorder (GAD-7)

Scoring: 0-3 Scale for each item; o Not at all; 3 Nearly every day

Though designed primarily as a screening and severity measure for generalized anxiety disorder, the GAD7 also has moderately good operating characteristics for three other common anxiety disorders – panic disorder, social anxiety disorder, and post-traumatic stress disorder. The index scores are as follows:

0-4	None
5-10	Mild Anxiety
11-15	Moderate Anxiety
15 – 21	Severe Anxiety

The recommended cut off for the GAD-7 severity index is a score of 7. Anyone who scores 8 or above can be considered to be suffering from clinically significant anxiety symptoms.

In order to facilitate comparison of the PHQ-9 and the GAD-7 scores with those from the PROMIS and other similar surveys, we have provided score conversion tables on the following page.

## Conversion Table for the Patient Health Questionnaire (PHQ-9)

Raw score to T Score Conversion Table (IRT Fixed-Parameter Calibration Linking) for PHQ-9 to PROMIS Depression

PHQ-9 Score	PROMIS Depression T Score	SE	PHQ-9 Score	PROMIS Depression T Score	SE
0	37.4	6.4	14	64.7	3.2
1	42.7	5.3	15	65.8	3.2
2	45.9	4.8	16	66.9	3.2
3	48.3	4.7	17	68.o	3.1
4	50.5	4.3	18	69.2	3.2
5	52.5	4.0	19	70.3	3.2
6	54.2	3.8	20	71.5	3.2
7	55.8	3.7	21	72.7	3.3
8	57.2	3.6	22	74.0	3.4
9	58.6	3.5	23	75⋅3	3.5
10	59.9	3.4	24	76.7	3.6
11	61.1	3.3	25	78.3	3.7
12	62.3	3.3	26	80.0	3.8
13	63.5	3.2	27	82.3	3.8

IRT: item response theory; PROMIS Depression: Depression subscale of the Patient-Reported Outcomes Measurement Information System

## Scoring Instructions for the Generalized Anxiety Disorder (GAD-7)

Raw score to T Score Conversion Table (IRT Fixed-Parameter Calibration Linking) for GAD-7 to PROMIS Anxiety

GAD-7 Score	PROMIS Depression T Score	SE	GAD-7 Score	PROMIS Depression T Score	SE
О	38.5	6.1	11	63.7	3.2
1	44.5	4.6	12	65.0	3.1
2	47.9	4.0	13	66.4	3.1
3	50.4	3.7	14	67.7	3.1
4	52.6	3.5	15	69.0	3.1
5	54.6	3.4	16	70.4	3.2
6	56.3	3.3	17	71.9	3.3
7	57.9	3.3	18	73.5	3.4
8	59.4	3.3	19	75⋅3	3.6
9	60.9	3.2	20	77.2	3.7
10	62.3	3.2	21	80.1	4.1

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## Scoring Instructions for the Social Phobia Inventory (SPIN)

The Social Phobia Inventory (SPIN) has 17 items and a cut-off score of 19 or above. It is recommended where the provisional diagnosis is Social Phobia.

Scoring: 0-4 Scale for each item; o Not at all; 4 Extremely

For each item, patients select a number to indicate how bothered they have been by the item during the past week. The total score provides a measure of the severity of social phobia.

## Scoring Instructions for the Mobility Inventory for Agoraphobia (MI)

The Mobility Inventory for Agoraphobia (MI) has 27 items. It is recommended where the provisional diagnosis is Agoraphobia.

Scoring: 1-5 item scale: 1 Never avoid, 2 Rarely avoid, 3 Avoid about half the time, 4 Avoid most of the time, 5 Always avoid.

Patients select numbers to indicate the degree to which they would avoid particular places or situations because of discomfort or anxiety. The total score provides a measure of the severity of agoraphobia.

Each situation is rated twice to reflect the degree that the situation is avoided by the agoraphobic participant when he or she is alone, and when he or she is accompanied. Participants may skip items that are irrelevant to their lifestyles; however, Chambless et al. (1985) recommend that the scale be considered invalid for individuals who skip more than five items (20%). The MI is scored by calculating the average avoidance rating across all situations for the 'When alone' and 'When accompanied' scales. For the measure related to 'When alone' a cut-off score above an item average of 2.3 should be applied.

## Scoring Instructions for the Impact of Events Scale - Revised for Post-traumatic Stress Disorder (IES-R)

The Impact of Events Scale Revised (IES-R) has 22 items and a cut-off score of 33 or above. It is recommended where the provisional diagnosis is Post Traumatic Stress Disorder (PTSD).

Scoring: 0-4 Scale for each item; o Not at all; 4 Extremely

Patients select numbers from o (not at all) to 4 (extremely) to indicate how frequently particular comments have been true during the past seven days. The total score, which ranges from o to 88, provides a measure of the severity of PTSD. When some items are missing, clinicians should calculate the mean of the items that have been endorsed and then multiply it by 22 to arrive at the total score (pro-rating).

As well as providing a total score, the IES-R also contains sub-scales for avoidance, intrusions and hyperarousal. The item numbers for each sub-scale are as follows:

Avoidance Subscale: Items 5, 7, 8, 11, 12, 13, 17, 22.

Intrusions Subscale: Items 1, 2, 3, 6, 9, 14, 16, 20.

Hyperarousal Subscale: Items 4, 10, 15, 18, 19, 21.

The total score is part of the IAPT minimum dataset and is included in the IAPT Data Standard however the subscales are not included. Some clinicians may find the sub-scales useful for identifying particular clinical targets and for tracking patterns of change. As the sub-scales vary in the total number of items, it is recommended that individuals who wish to use them in this way should use the mean of non-missing items when calculating subscale scores.

## Scoring Instructions for the Panic Disorder Severity Scale (PDSS-SR)

The Panic Disorder Severity Scale (PDSS-SR) has 7 items and a cut-off score of 8.

Scoring: 0-4 Scale for each item; Response unique to each question

The PDSS is a simple, reliable instrument for use in Panic Disorder studies. A cut-score of 8 may be useful as a tool to screen patients in settings such as primary care, for diagnosis-level symptoms (Shear, M. K., P. Rucci, et al. (2001)).

	Normal	Borderline	Slightly III	Moderately III	Markedly III
Without agoraphobia	0-1	2-5	6-9	10-13	> or = 14
With agoraphobia	0-2	3-7	8-10	11-15	> or = 16

## Scoring Instructions for the Obsessive-Compulsive Inventory (OCI-R)

The Obsessive Compulsive Inventory (OCI-R) has 42 Items and a cut-off score of 40 and above. It is recommended where the provisional diagnosis is Obsessive Compulsive Disorder.

Scoring: o-4 Item Scale; o=Not at all; 4=Extremely

This measure provides an obsessive compulsive disorder severity score from ratings of the extent to which particular experiences have distressed or bothered the patient in the last month.

## Scoring Instructions for the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0)

Scoring: o-4 Item Scale; o=None; 4=Extreme or cannot do

The scores assigned to each of the items – "none" (o), "mild" (1) "moderate" (2), "severe" (3) and "extreme" (4) – are summed. This summed score is divided by 48 and multiplied by 100 in order to give a final percentage. Functioning level ranges from 0% (full function) to 100% (no function).

Scoring Templates may be downloaded here: http://www.who.int/classifications/icf/whodasii/en/

### Introduction to the Data Dictionary

This data dictionary is designed to help you measure the ICHOM Depression & Anxiety Standard Set as consistently as possible to the Working Group recommendation. ICHOM is actively preparing for benchmarking efforts based on this data, and all data submitted for comparisons will need to be transformed into the following data structure if not already structured as such. We are happy to provide an Excel version of this data dictionary for technical use.

Please timestamp all variables. Some Standard Set variables are collected at multiple timepoints, and we will ask you to submit these variables in a concatenated VARIABLEID\_TIMESTAMP form for future analyses. For example, VARIABLEID\_BASE (baseline); VARIABLEID\_6MO (6 month follow-up); VARIABLEID\_1YR (1 year follow-up), etc.

### Case-Mix Variables

CASE-MIX VARIABLES

Variable ID: N/A
Variable: Patient ID

**Definition:** Indicate the patient's medical record number

**Supporting Definition:** This number will not be shared with ICHOM. In the case patient-level data is

submitted to ICHOM for benchmarking or research purposes, a separate ICHOM Patient Identifier will be created and cross-linking between the ICHOM Patient Identifier and the medical record number will only be known at the treating

institution

Inclusion Criteria: All patients

**Timing:** On all forms

Reporting Source: Administrative or clinical

Type: Numerical

Response Options: According to institution

### **Demographic Factors**

Variable ID: AGE
Variable: Age

**Definition:** What is your date of birth?

Supporting Definition: N/A

Inclusion Criteria: All patients

Timing: Baseline

Reporting Source: Patient-reported

Type: Date by DD/MM/YYYY

Response Options: DD/MM/YYYY

Variable ID: SEX
Variable: Sex

**Definition:** Please indicate your sex at birth

Supporting Definition: N/A

Inclusion Criteria: All patients

Timing: Baseline

Reporting Source: Patient-reported

Type: Single answer

Response Options: 1 = Male

2 = Female

999 = Do not want to answer

Variable ID: EDUCATION

Variable: Educational level

**Definition:** Please indicate highest level of schooling completed

Supporting Definition: The level of schooling is defined in each country as per ISCED [International

Standard Classification]

**Inclusion Criteria:** All patients

Timing: Baseline

**Reporting Source:** Patient-reported

Type: Single answer

**Response Options:** o = None

1 = Primary 2 = Secondary 3 = Tertiary

Variable ID: LIVING

Variable: Living status

**Definition:** Which statement best describes your living arrangements?

Supporting Definition: N/A

Inclusion Criteria: All patients
Timing: Baseline

Annually

**Reporting Source:** Patient-reported

Type: Single answer

Response Options: 1 = I live with partner/spouse/family/friends

2 = I live alone

3 = I live in a nursing home, hospital or other long term care home

888 = Other

Variable ID: WORK
Variable: Work status

**Definition:** What is your work status?

Supporting Definition: N/A

**Inclusion Criteria:** All patients

**Timing:** Baseline Annually

**Reporting Source:** Patient-reported

Type: Single answer

**Response Options:** o = Unable to work due to a condition other than depression or anxiety

1 = Unable to work due to depression or anxiety

2 = Not working by choice (student, retired, homemaker)

3 = Seeking employment (I consider myself able to work but cannot find a job)

4 = Working part-time 5 = Working full-time

Variable ID: MOSSSS\_Qo1

Variable: Question 1 of MOSSSS

**Definition:** People sometimes look to others for companionship, assistance, or other types of

support. How often is each of the following kinds of support available to you if you

need it?

Someone to share your most private worries and fears with

Supporting Definition: N/A

Inclusion Criteria: All patients
Timing: Baseline

Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = None of the time

1 = A little of the time2 = Some of the time3 = Most of the time

4 = All of the time

Variable ID: MOSSSS\_Qo2

Variable: Question 2 of MOSSSS

**Definition:** Someone to turn to for suggestions about how to deal with a personal problem

Supporting Definition: N/A

Inclusion Criteria: All patients

Timing: Baseline

Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = None of the time

1 = A little of the time2 = Some of the time3 = Most of the time4 = All of the time

Variable ID: MOSSSS\_Qo3

Variable: Question 3 of MOSSSS

**Definition:** Someone to do something enjoyable with

Supporting Definition: N/A

**Inclusion Criteria:** All patients

Timing: Baseline

Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = None of the time

1 = A little of the time2 = Some of the time3 = Most of the time4 = All of the time

Variable ID: MOSSSS\_Qo4

Variable: Question 4 of MOSSSS

**Definition:** Someone to love and make you feel wanted

Supporting Definition: N/A

Inclusion Criteria: All patients

Timing: Baseline

Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = None of the time

1 = A little of the time2 = Some of the time3 = Most of the time4 = All of the time

### **Health Status**

Variable ID: OUTEXPEC

Variable: Patient's outcome expectancy

**Definition:** How successful do you think your current therapy will be in reducing your

symptoms?

Supporting Definition: N/A

**Inclusion Criteria:** All patients

Timing: Baseline

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all successful

1 = Somewhat successful2 = Moderately successful

3 = Very successful

Variable ID: COMORB
Variable: Comorbidities

**Definition:** Have you been told by a doctor that you have any of the following?

**Supporting Definition:** Based upon the Self-administered Comorbidity Questionnaire (Sangha et al, 2003)

**Inclusion Criteria:** All patients

**Timing:** Baseline Annually

Reporting Source: Patient-reported

**Type:** Multiple answer

Separate multiple entries with ";"

**Response Options:** o = I have no other diseases

1 = Heart disease (For example angina, heart attack, or heart failure)

2 = High blood pressure

3 = Leg pain when walking due to poor circulation

4 = Lung disease (For example asthma, chronic bronchitis, or emphysema)

5 = Diabetes 6 = Kidney disease 7 = Liver disease

8 = Problems caused by stroke

9 = Disease of the nervous system (For example Parkinson's disease or Multiple

Sclerosis)

10 = Cancer (within the last 5 years)

11 = Depression
12 = Arthritis

13 = Substance abuse (For example alcohol or drugs)

14 = Somatoform disorder (unexplained medical symptoms)

15 = Personality disorder
16 = Chronic pain disorder
17 = Schizophrenic disorder

Variable ID: SYMPDUR

Variable: Duration of symptoms

**Definition:** How many months have you been experiencing [specific condition] symptoms?

**Supporting Definition:** Specific conditions include:

Depression

Generalized anxiety disorder

Social phobia Agoraphobia

Post-traumatic stress disorder

Panic disorder

Obsessive-compulsive disorder

Inclusion Criteria: All patients
Timing: Baseline

Reporting Source: Patient-reported

Type: Numerical value

Response Options: Numerical value of number of months

Variable ID: PRIOREPI

Variable: Prior episodes of depression

**Definition:** Have you ever experienced similar episodes of depression?

Supporting Definition: N/A

**Inclusion Criteria:** All patients

Timing: Baseline

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** 1 = This is my first episode

2 = I had one similar episode before the current one

3 = I had several similar episodes before the current one

#### **Prior Treatment**

Variable ID: TXMED

Variable: Prior treatments: Medication

**Definition:** During the last year, did you receive any of the following treatments for [specific

condition]? Medication

**Supporting Definition:** Specific conditions include:

Depression

Generalized anxiety disorder

Social phobia Agoraphobia

Post-traumatic stress disorder

Panic disorder

Obsessive-compulsive disorder

Inclusion Criteria: All patients

Timing: Baseline

Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = No

1 = Yes, 1-3 months 2 = Yes, 3-6 months

3 = Yes, more than 6 months

Variable ID: TXPSY

**Variable:** Prior treatments:

Psychotherapy

**Definition:** Psychotherapy

Supporting Definition: N/A

Inclusion Criteria: All patients

Timing: Baseline

Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = No

1 = Yes, 1-3 months 2 = Yes, 3-6 months

3 = Yes, more than 6 months

Variable ID: TXOTHER

Variable: Prior treatments: Other

**Definition:** Other **Supporting Definition:** N/A

Inclusion Criteria: All patients

Timing: Baseline

Annually

**Reporting Source:** Patient-reported

**Type:** Single answer

Response Options: o = No

1 = Yes, 1-3 months 2 = Yes, 3-6 months

3 = Yes, more than 6 months

Variable ID: MEDADHER

Variable: Adherence to medication

**Definition:** If you took any medication for [specific condition], did you take your medication as

prescribed?

**Supporting Definition:** Specific conditions include:

Depression

Generalized anxiety disorder

Social phobia Agoraphobia

Post-traumatic stress disorder

Panic disorder

Obsessive-compulsive disorder

Inclusion Criteria: All patients

If answered 'yes' to taking medication (TXMED)

Timing: Baseline

**Reporting Source:** Patient-reported

**Type:** Single answer

Response Options: o = No

1 = Mostly 2 = Yes

Variable ID: MEDADHERON

Variable: Adherence to medication

**Definition:** If you took any medication for [specific condition], did you take your medication as

prescribed?

**Supporting Definition:** Specific conditions include:

Depression

Generalized anxiety disorder

Social phobia Agoraphobia

Post-traumatic stress disorder

Panic disorder

Obsessive-compulsive disorder

**Inclusion Criteria:** All patients

If answered 'yes' to taking medication (TXMED)

Timing: Ongoing

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = No

1 = Mostly 2 = Yes

Variable ID: MEDADHERANN

Variable: Adherence to medication

**Definition:** If you took any medication for [specific condition], did you take your medication as

prescribed?

**Supporting Definition:** Specific conditions include:

Depression

Generalized anxiety disorder

Social phobia Agoraphobia

Post-traumatic stress disorder

Panic disorder

Obsessive-compulsive disorder

Inclusion Criteria: All patients

If answered 'yes' to taking medication (TXMED)

Timing: Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = No

1 = Mostly 2 = Yes Variable ID: TXMEDON

Variable: Treatments: Medication

**Definition:** During the last two weeks, did you receive any of the following treatments for

[specific condition]?

Medication

**Supporting Definition:** Specific conditions include:

Depression

Generalized anxiety disorder

Social phobia Agoraphobia

Post-traumatic stress disorder

Panic disorder

Obsessive-compulsive disorder

**Inclusion Criteria:** All patients

Timing: Ongoing

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = No

1 = Yes

Variable ID: TXPSYON

Variable: Treatments: Psychotherapy

**Definition:** Psychotherapy

Supporting Definition: N/A

Inclusion Criteria: All patients

Timing: Ongoing

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = No

1 = Yes

Variable ID: TXOTHERON

Variable: Treatments: Other

**Definition:** Other **Supporting Definition:** N/A

Inclusion Criteria: All patients

Timing: Ongoing

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = No

1 = Yes

Variable ID: MEDADHERON

Variable: Adherence to ongoing medication

**Definition:** If you took any medication for [specific condition], did you take your medication as

prescribed?

**Supporting Definition:** Specific conditions include:

Depression

Generalized anxiety disorder

Social phobia Agoraphobia

Post-traumatic stress disorder

Panic disorder

Obsessive-compulsive disorder

**Inclusion Criteria:** All patients

If answered 'yes' to taking medication (DEPTXMEDON)

Timing: Ongoing

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = No

1 = Mostly

2 = Yes

#### **Outcomes**

### **Symptom Burden**

Variable ID: PHQ9\_Q01

Variable: Question 1 of PHQ9

**Definition:** Over the last 2 weeks, how often have you been bothered by any of the following

problems?

1: Little interest or pleasure in doing things

Supporting Definition: N/A

**Inclusion Criteria:** All patients

Timing: Baseline

Ongoing Annually

**Reporting Source:** Patient-reported

Type: Single answer

**Response Options:** o = Not at all

1 = Several days

2 = More than half the days

3 = Nearly every day

Variable ID: PHQ9\_Q02

Variable: Question 2 of PHQ9

**Definition:** 2: Feeling down, depressed, or hopeless

Supporting Definition: N/A

**Inclusion Criteria:** All patients

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

Type: Single answer

Response Options: o = Not at all

1 = Several days

2 = More than half the days

3 = Nearly every day

Variable ID: PHQ9 Q03

Variable: Question 3 of PHQ9

**Definition:** 3: Trouble falling or staying asleep, or sleeping too much

Supporting Definition: N/A

Inclusion Criteria: All patients

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

Type: Single answer

Response Options: o = Not at all

1 = Several days

2 = More than half the days

3 = Nearly every day

Variable ID: PHQ9\_Q04

Variable: Question 4 of PHQ9

**Definition:** 4: Feeling tired or having little energy

Supporting Definition: N/A

**Inclusion Criteria:** All patients

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

2 = More than half the days

3 = Nearly every day

Variable ID: PHQ9\_Q05

**Variable:** Question 5 of PHQ9

**Definition:** 5: Poor appetite or overeating

Supporting Definition: N/A

Inclusion Criteria: All patients
Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

Type: Single answer

Response Options: o = Not at all

1 = Several days

2 = More than half the days

3 = Nearly every day

Variable ID: PHQ9\_Qo6

Variable: Question 6 of PHQ9

**Definition:** 6: Feeling bad about yourself — or that you are a failure or have let yourself or your

family down

Supporting Definition: N/A

Inclusion Criteria: All patients

**Timing:** Baseline Ongoing

Annually

**Reporting Source:** Patient-reported

**Type:** Single answer

Response Options: o = Not at all

1 = Several days

2 = More than half the days

3 = Nearly every day

Variable ID: PHQ9\_Q07

Variable: Question 7 of PHQ9

**Definition:** 7: Trouble concentrating on things, such as reading the newspaper or watching

television

Supporting Definition: N/A

**Inclusion Criteria:** All patients

**Timing:** Baseline Ongoing

Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = Not at all

1 = Several days

2 = More than half the days

3 = Nearly every day

Variable ID: PHQ9\_Q08

Variable: Question 8 of PHQ9

**Definition:** 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

Supporting Definition: N/A

Inclusion Criteria: All patients

**Timing:** Baseline

Ongoing Annually **Reporting Source:** Patient-reported

Type: Single answer

**Response Options:** o = Not at all

1 = Several days

2 = More than half the days

3 = Nearly every day

Variable ID: PHQ9\_Qo9

Variable: Question 9 of PHQ9

**Definition:** 9: Thoughts that you would be better off dead or of hurting yourself in some way

Supporting Definition: N/A

Inclusion Criteria: All patients

**Timing:** Baseline Ongoing

Annually

**Reporting Source:** Patient-reported

Type: Single answer

Response Options: o = Not at all

1 = Several days

2 = More than half the days

3 = Nearly every day

Variable ID: PHQ9\_Q10

Variable: Question 10 of PHQ9

**Definition:** If you checked off any problems, how difficult have these problems made it for you

to do your work, take care of things at home, or get along with other people?

Supporting Definition: N/A

**Inclusion Criteria:** All patients

Timing: Baseline Ongoing

Annually

**Reporting Source:** Patient-reported

**Type:** Single answer

**Response Options:** o = Not difficult at all

1 = Somewhat difficult2 = Very difficult3 = Extremely difficult

Variable ID: GAD7\_Q1

Variable: Question 1 of GAD7

**Definition:** Over the last 2 weeks, how often have you been bothered by the following

problems?

1: Feeling nervous, anxious, or on edge

Supporting Definition: N/A

Inclusion Criteria: Patients with generalized anxiety disorder

**Timing:** Baseline Ongoing

Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = Not at all sure

1 = Several days2 = Over half the days3 = Nearly every day

Variable ID: GAD7\_Q2

Variable: Question 2 of GAD7

**Definition:** 2: Not being able to stop or control worrying

Supporting Definition: N/A

Inclusion Criteria: Patients with generalized anxiety disorder

Timing: Baseline

Ongoing Annually

**Reporting Source:** Patient-reported

Type: Single answer

**Response Options:** o = Not at all sure

1 = Several days2 = Over half the days3 = Nearly every day

Variable ID: GAD7\_Q3

Variable: Question 3 of GAD7

**Definition:** 3: Worrying too much about different things

Supporting Definition: N/A

Inclusion Criteria: Patients with generalized anxiety disorder

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all sure

1 = Several days 2 = Over half the days 3 = Nearly every day

Variable ID: GAD7\_Q4

**Variable:** Question 4 of GAD7 **Definition:** 4: Trouble relaxing

Supporting Definition: N/A

**Inclusion Criteria:** Patients with generalized anxiety disorder

**Timing:** Baseline

Ongoing Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = Not at all sure

1 = Several days2 = Over half the days3 = Nearly every day

Variable ID: GAD7\_Q5

Variable: Question 5 of GAD7

**Definition:** 5: Being so restless that it's hard to sit still

Supporting Definition: N/A

Inclusion Criteria: Patients with generalized anxiety disorder

**Timing:** Baseline Ongoing

**Reporting Source:** Patient-reported

**Type:** Single answer

Annually

**Response Options:** o = Not at all sure

1 = Several days2 = Over half the days3 = Nearly every day

Variable ID: GAD7\_Q6

Variable: Question 6 of GAD7

**Definition:** 6: Becoming easily annoyed or irritable

Supporting Definition: N/A

Inclusion Criteria: Patients with generalized anxiety disorder

Timing: Baseline

Ongoing

Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all sure

1 = Several days2 = Over half the days3 = Nearly every day

Variable ID: GAD7\_Q7

Variable: Question 7 of GAD7

**Definition:** 7: Feeling afraid as if something awful might happen

Supporting Definition: N/A

Inclusion Criteria: Patients with generalized anxiety disorder

**Timing:** Baseline Ongoing

Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all sure

1 = Several days 2 = Over half the days 3 = Nearly every day

Variable ID: GAD7\_Q8

Variable: Question 8 of GAD7

**Definition:** If you checked off any problems, how difficult have these problems made it for you

to do your work, take care of things at home, or get along with other people?

Supporting Definition: N/A

Inclusion Criteria: Patients with generalized anxiety disorder

If answered 'yes' that any of the previous problems have been bothering patient on

anxiety (GAD7\_Q1 to GAD7\_O7)

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not difficult at all

1 = Somewhat difficult 2 = Very difficult 3 = Extremely difficult

#### **Functioning**

Variable ID: WHODAS\_Qo1

Variable: Question 1 of WHODAS 2.0

**Definition:** 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. In the past 30 days, how much difficulty did you have in:

S1: Standing for long periods such as 30 minutes?

Supporting Definition: N/A

Inclusion Criteria: All patients

**Timing:** Baseline

Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = None

1 = Mild 2 = Moderate 3 = Severe

4 = Extreme or cannot do

Variable ID: WHODAS\_Qo2

Variable: Question 2 of WHODAS 2.0

**Definition:** S2: Taking care of your household responsibilities?

**Supporting Definition:** N/A

Inclusion Criteria: All patients

Timing: Baseline

Annually

**Reporting Source:** Patient-reported

**Type:** Single answer

Response Options: o = None

1 = Mild 2 = Moderate 3 = Severe

4 = Extreme or cannot do

Variable ID: WHODAS\_Qo3

Variable: Question 3 of WHODAS 2.0

**Definition:** S3: Learning a new task, for example, learning how to get to a new place?

Supporting Definition: N/A

**Inclusion Criteria:** All patients

Timing: Baseline

Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = None

1 = Mild 2 = Moderate 3 = Severe

4 = Extreme or cannot do

Variable ID: WHODAS Qo4

Variable: Question 4 of WHODAS 2.0

**Definition:** S4: Joining in community activities (for example, festivities, religious, or other

activities) in the same way as anyone else can?

Supporting Definition: N/A

Inclusion Criteria: All patients

Timing: Baseline

Annually

**Reporting Source:** Patient-reported

**Type:** Single answer

**Response Options:** o = None

1 = Mild 2 = Moderate 3 = Severe

4 = Extreme or cannot do

Variable ID: WHODAS\_Qo5

Variable: Question 5 of WHODAS 2.0

**Definition:** S5: How much have you been emotionally affected by your health problems?

Supporting Definition: N/A

Inclusion Criteria: All patients

Timing: Baseline

Annually

Reporting Source: Patient-reported

Single answer Type:

Response Options: o = None

1 = Mild 2 = Moderate 3 = Severe

4 = Extreme or cannot do

Variable ID: WHODAS\_Qo6

Variable: Question 6 of WHODAS 2.0

**Definition:** S6: Concentrating on doing something for ten minutes?

Supporting Definition:

Inclusion Criteria: All patients

Timing: Baseline

Annually

Reporting Source: Patient-reported

> Type: Single answer

Response Options: o = None

> 1 = Mild 2 = Moderate 3 = Severe

4 = Extreme or cannot do

Variable ID: WHODAS\_Qo7

Variable: Question 7 of WHODAS 2.0

**Definition:** S7: Walking a long distance such as a kilometer [or equivalent]?

Supporting Definition: N/A

> **Inclusion Criteria:** All patients Timing:

Baseline

Annually

Reporting Source: Patient-reported

> Single answer Type:

Response Options: o = None

1 = Mild 2 = Moderate 3 = Severe

4 = Extreme or cannot do

Variable ID: WHODAS Qo8

Variable: Question 8 of WHODAS 2.0 Definition: S8: Washing your whole body?

Supporting Definition: N/A

> Inclusion Criteria: All patients Timing: Baseline

Annually

Patient-reported Reporting Source:

> Type: Single answer

**Response Options:** o = None

1 = Mild 2 = Moderate 3 = Severe

4 = Extreme or cannot do

Variable ID: WHODAS Qoo

Question 9 of WHODAS 2.0 Variable:

**Definition:** S9: Getting dressed?

Supporting Definition: N/A

> **Inclusion Criteria:** All patients

> > Timing: Baseline

Annually

Reporting Source: Patient-reported

> Single answer Type:

**Response Options:** o = None

1 = Mild 2 = Moderate 3 = Severe

4 = Extreme or cannot do

Variable ID: WHODAS\_Q10

Variable: Question 10 of WHODAS 2.0

**Definition:** S10: Dealing with people you do not know?

Supporting Definition: N/A

**Inclusion Criteria:** All patients

**Timing:** Baseline

Annually

**Reporting Source:** Patient-reported

Type: Single answer

**Response Options:** o = None

1 = Mild 2 = Moderate 3 = Severe

4 = Extreme or cannot do

Variable ID: WHODAS\_Q11

**Variable:** Question 11 of WHODAS 2.0 **Definition:** S11: Maintaining a friendship

Supporting Definition: N/A

**Inclusion Criteria:** All patients

Timing: Baseline

Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = None

1 = Mild 2 = Moderate 3 = Severe

4 = Extreme or cannot do

Variable ID: WHODAS Q12

Variable: Question 12 of WHODAS 2.0 **Definition:** S12: Your day-to-day work?

Supporting Definition: N/A

Inclusion Criteria: All patients

Timing: Baseline

Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = None

1 = Mild 2 = Moderate 3 = Severe

4 = Extreme or cannot do

Variable ID: GLOBASSESS

Variable: Global assessment

**Definition:** Compared with how you were doing one year ago, would you say that now you are

\_\_\_\_:

Supporting Definition: N/A

**Inclusion Criteria:** All patients

Timing: Annually

Reporting Source: Patient-reported

**Type:** Single answer **Response Options:** 1 = Much worse

2 = A little worse
3 = About the same
4 = A little better
5 = Much better

### Recovery Speed & Health Sustainability

Variable ID: ABSENT

Variable: Disease-related absenteeism

**Definition:** How many working days have you missed within the last month due to illness?

Supporting Definition: N/A

Inclusion Criteria: All patients
Timing: Baseline

Annually

**Reporting Source:** Patient-reported

Type: Numerical value

Response Options: Numerical value of number of days

Variable ID: TREATWORK

Variable: Overall success of treatment

**Definition:** Has the treatment of your depression or anxiety over the last year been successful?

Supporting Definition: N/A

Inclusion Criteria: All patients

Timing: Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = No

1 = Yes

Variable ID: EPIANN

Variable: Recurrence of depression

**Definition:** Have you experienced any episodes of depression within the last year?

Supporting Definition: N/A

Inclusion Criteria: All patients

Timing: Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = I experienced no episodes

1 = I had one episode2 = I had several episodes

3 = My symptoms of depression do not occur in episodes

Variable ID: OUTEXPECANN

Variable: Patient's outcome expectancy

**Definition:** If you are currently undergoing therapy, how successful do you think your current

therapy will be in reducing your symptoms in the future?

Supporting Definition: N/A

Inclusion Criteria: All patients

Timing: Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all successful

1 = Somewhat successful2 = Moderately successful

3 = Very successful

#### Other

Variable ID: MEDSE Qo1

**Variable:** Medication side-effects

**Definition:** Did you experience any side-effects from the medication?

Supporting Definition: N/A

Inclusion Criteria: All patients

Timing: Baseline

Reporting Source: Patient-reported

Type: Single answer

Response Options: o = No

1 = Yes

Variable ID: MEDSE Qo2

Type of medication side-effects Variable:

**Definition:** If yes, please indicate which side-effects you experienced

Supporting Definition: N/A

> All patients Inclusion Criteria:

> > If answered 'yes' on medication side-effects (MEDSE\_Qo1)

Timing: Baseline

Reporting Source: Patient-reported

**Type:** Multiple answer

Select all that apply

In the case that more than one side-effect is selected, split each response with a ';'

**Response Options:** 1 = Weight gain

> 2 = Sexual dysfunction 3 = Sleep disturbances

4 = Dry mouth

5 = Drowsiness/sedation

6 = Cardiovascular side-effects (For example palpitations)

7 = Gastrointestinal side-effects (For example diarrhea, nausea, vomiting)

888 = Other (indicate what kind of side-effect)

Variable ID: MEDSE Qo2OTHER

Variable: Type of medication side-effect other than those explicitly listed

**Definition:** Please indicate the side-effect you have experienced

Supporting Definition: N/A

> Inclusion Criteria: All patients

> > If answered 'Other' on type of medication side-effects (MEDSE\_Qo<sub>2</sub>)

Timing: Baseline

Reporting Source: Patient-reported

Type: Free text

**Response Options:** Medication side-effect

Variable ID: MEDSE Qo1ON Variable: Medication side-effects

**Definition:** Did you experience any side-effects from the medication during the last two

weeks?

Supporting Definition: N/A

> **Inclusion Criteria:** All patients Timing: Ongoing

Reporting Source: Patient-reported

Single answer Type:

**Response Options:** o = No

1 = Yes

Variable ID: MEDSE\_Qo2ON

Variable: Type of medication side-effects

Definition: If yes, please indicate which side-effects you experienced during the last two

weeks

Supporting Definition: N/A

> Inclusion Criteria: All patients

> > If answered 'yes' on medication side-effects (MEDSE Qo1)

Timing: Ongoing

Reporting Source: Patient-reported

> Type: Multiple answer

Select all that apply

In the case that more than one side-effect is selected, split each response with a ';'

Response Options: 1 = Weight gain

2 = Sexual dysfunction 3 = Sleep disturbances 4 = Dry mouth

4 = Dry 11100th

5 = Drowsiness/sedation

6 = Cardiovascular side-effects (For example palpitations)

7 = Gastrointestinal side-effects (For example diarrhea, nausea, vomiting)

888 = Other (indicate what kind of side-effect)

Variable ID: MEDSE\_Qo2OTHERON

Variable: Type of medication side-effect other than those explicitly listed

**Definition:** Please indicate the side-effect you have experienced during the last two weeks

Supporting Definition: N/A

Inclusion Criteria: All patients

If answered 'Other' on type of medication side-effects (MEDSE\_Qo2)

Timing: Ongoing

Reporting Source: Patient-reported

Type: Free text

**Response Options:** Medication side-effect

Variable ID: MEDSE\_Qo1ANN
Variable: Medication side-effects

**Definition:** Did you experience any side-effects from the medication over the last year?

Supporting Definition: N/A

Inclusion Criteria: All patients
Timing: Annually

**Reporting Source:** Patient-reported

Type: Single answer

**Response Options:** o = No

ı = Yes

Variable ID: MEDSE\_Qo2ANN

Variable: Type of medication side-effects

**Definition:** If yes, please indicate which side-effects you experienced over the last year

Supporting Definition: N/A

**Inclusion Criteria:** All patients

If answered 'yes' on medication side-effects (MEDSE\_Qo1)

Timing: Annually

Reporting Source: Patient-reported

**Type:** Multiple answer Select all that apply

In the case that more than one side-effect is selected, split each response with a ';'

Response Options: 1 = Weight gain

2 = Sexual dysfunction3 = Sleep disturbances

4 = Dry mouth

5 = Drowsiness/sedation

6 = Cardiovascular side-effects (For example palpitations)

7 = Gastrointestinal side-effects (For example diarrhea, nausea, vomiting)

888 = Other (indicate what kind of side-effect)

Variable ID: MEDSE Qo2OTHERANN

**Variable:** Type of medication side-effect other than those explicitly listed **Definition:** Please indicate the side-effect you have experienced over the last year

Supporting Definition: N/A

**Inclusion Criteria:** All patients

If answered 'Other' on type of medication side-effects (MEDSE\_Qo2)

Timing: Annually

Reporting Source: Patient-reported

**Type:** Free text

Response Options: Medication side-effect

### Optional variables for patients with specific anxiety disorders

Variable ID: SPIN\_Q01

Variable: Question 1 of SPIN

**Definition:** Please indicate how much the following problems have bothered you during the

past week:

1: I am afraid of people in authority

Supporting Definition: N/A

Inclusion Criteria: Patients with social phobia

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little 2 = Somewhat 3 = Very much 4 = Extremely

Variable ID: SPIN\_Qo2

Variable: Question 2 of SPIN

**Definition:** 2: I am bothered by blushing in front of people

Supporting Definition: N/A

Inclusion Criteria: Patients with social phobia

Timing: Baseline

Ongoing Annually

**Reporting Source:** Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little 2 = Somewhat 3 = Very much 4 = Extremely

Variable ID: SPIN\_Qo3

Variable: Question 3 of SPIN

**Definition:** 3: Parties and social events scare me

Supporting Definition: N/A

Inclusion Criteria: Patients with social phobia

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little 2 = Somewhat 3 = Very much 4 = Extremely

Variable ID: SPIN\_Q04

Variable: Question 4 of SPIN

**Definition:** 4: I avoid talking to people I don't know

**Supporting Definition:** N/A

Inclusion Criteria: Patients with social phobia

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little 2 = Somewhat 3 = Very much 4 = Extremely

Variable ID: SPIN\_Qo5

Variable: Question 5 of SPIN

**Definition:** 5: Being criticized scares me a lot

Supporting Definition: N/A

Inclusion Criteria: Patients with social phobia

**Timing:** Baseline Ongoing

Annually

**Reporting Source:** Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little 2 = Somewhat 3 = Very much 4 = Extremely

Variable ID: SPIN Qo6

Variable: Question 6 of SPIN

**Definition:** 6: Fear of embarrassment causes me to avoid doing things or speaking to people

Supporting Definition: N/A

Inclusion Criteria: Patients with social phobia

**Timing:** Baseline Ongoing

Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little 2 = Somewhat 3 = Very much 4 = Extremely

Variable ID: SPIN Qo7

Variable: Question 7 of SPIN

**Definition:** 7: Sweating in front of people causes me distress

Supporting Definition: N/A

Inclusion Criteria: Patients with social phobia

**Timing:** Baseline Ongoing

Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = Not at all

1 = A little 2 = Somewhat 3 = Very much 4 = Extremely

Variable ID: SPIN\_Qo8

Variable: Question 8 of SPIN

**Definition:** 8: I avoid going to parties

Supporting Definition: N/A

Inclusion Criteria: Patients with social phobia

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = Not at all

1 = A little 2 = Somewhat 3 = Very much 4 = Extremely

Variable ID: SPIN\_Qo9

Variable: Question 9 of SPIN

**Definition:** 9: I avoid activities in which I am the center of attention

Supporting Definition: N/A

Inclusion Criteria: Patients with social phobia

**Timing:** Baseline Ongoing

Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little 2 = Somewhat 3 = Very much 4 = Extremely

Variable ID: SPIN Q10

Variable: Question 10 of SPIN

**Definition:** 10: Talking to strangers scares me

Supporting Definition: N/A

Inclusion Criteria: Patients with social phobia

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = Not at all

1 = A little 2 = Somewhat 3 = Very much 4 = Extremely

Variable ID: SPIN\_Q11

Variable: Question 11 of SPIN

**Definition:** 11: I avoid having to give speeches

Supporting Definition: N/A

Inclusion Criteria: Patients with social phobia

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

**Type:** Single answer

Response Options: o = Not at all

1 = A little 2 = Somewhat 3 = Very much 4 = Extremely

Variable ID: SPIN\_Q12

Variable: Question 12 of SPIN

**Definition:** 12: I would do anything to avoid being criticized

Supporting Definition: N/A

Inclusion Criteria: Patients with social phobia

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = Not at all

1 = A little 2 = Somewhat 3 = Very much 4 = Extremely

Variable ID: SPIN\_Q13

Variable: Question 13 of SPIN

**Definition:** 13: Heart palpitations bother me when I am around people

Supporting Definition: N/A

Inclusion Criteria: Patients with social phobia

**Timing:** Baseline Ongoing Annually

**Reporting Source:** Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little 2 = Somewhat 3 = Very much 4 = Extremely

Variable ID: SPIN\_Q14

Variable: Question 14 of SPIN

**Definition:** 14: I am afraid of doing things when people might be watching

Supporting Definition: N/A

Inclusion Criteria: Patients with social phobia

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = Not at all

1 = A little 2 = Somewhat 3 = Very much 4 = Extremely

Variable ID: SPIN\_Q15

Variable: Question 15 of SPIN

**Definition:** 15: Being embarrassed or looking stupid is among my worst fears

Supporting Definition: N/A

Inclusion Criteria: Patients with social phobia

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little

2 = Somewhat

3 = Very much

4 = Extremely

Variable ID: SPIN\_Q16

Variable: Question 16 of SPIN

**Definition:** 16: I avoid speaking to anyone in authority

Supporting Definition: N/A

Inclusion Criteria: Patients with social phobia

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

Type: Single answer

Response Options: o = Not at all

1 = A little 2 = Somewhat 3 = Very much 4 = Extremely

Variable ID: SPIN\_Q17

Variable: Question 17 of SPIN

**Definition:** 17: Trembling or shaking in front of others is distressing to me

Supporting Definition: N/A

Inclusion Criteria: Patients with social phobia

**Timing:** Baseline Ongoing

Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = Not at all

1 = A little 2 = Somewhat 3 = Very much 4 = Extremely

Variable ID: MI Qo1

Variable: Question 1 of MI

**Definition:** 1: Please indicate the degree to which you avoid the following places or situations

because of discomfort or anxiety. Rate your amount of avoidance when you are with a trusted companion and when you are alone. Do this by using the following

scale.

1. Never avoid

2. Rarely avoid

3. Avoid about half the time

4. Avoid most of the time

5. Always avoid

Select the number for each situation or place under both conditions: when accompanied and when alone. Leave blank those situations that do not apply to you.

### **PLACES**

- Theaters
- Supermarkets
- Shopping malls
- Classrooms
- Department stores
- Restaurants

- Museums
- Elevators
- Auditoriums/stadiums
- Garages
- High Places

Please tell how high

Enclosed spaces

### **OPEN SPACES**

- Outside (for example: fields, wide streets, courtyards)
- Inside (for example: large rooms, lobbies)

#### **RIDING IN**

- Buses
- Trains
- Subways
- Airplanes
- Boats

#### DRIVING OR RIDING IN A CAR

- At anytime
- On expressways

## SITUATIONS:

- Standing in lines
- Crossing bridges
- Parties or social gatherings
- Walking on the street
- Staying home alone
- Being far away from home
- Other (specify):

**Supporting Definition:** Each item corresponds to a separate VaraibleID.

Inclusion Criteria: Patients with agoraphobia

Timing: Baseline

Ongoing

Annually

**Reporting Source:** Patient-reported

**Type:** Single answer

**Response Options:** o = Not applicable (blank)

1 = Never avoid 2 = Rarely avoid

3 = Avoid about half of the time 4 = Avoid most of the time

5 = Always avoid

Variable ID: MI\_Qo1HIGH

**Variable:** Free text response to height of high places

**Definition:** Tell how high

Supporting Definition: N/A

Inclusion Criteria: Patients with agoraphobia

**Timing:** Baseline Ongoing

Annually

Reporting Source: Patient-reported

**Type:** Free text

**Response Options:** Numerical value of height in meters

Variable ID: MI\_Qo1OTHER

Variable: Free text response to other place or situation avoided due to discomfort or anxiety

**Definition:** Specify other place or situation avoided due to discomfort or anxiety

Supporting Definition: N/A

Inclusion Criteria: Patients with agoraphobia

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

Type: Free text

**Response Options:** Other place or situation avoided due to discomfort or anxiety

Variable ID: MI\_Qo2

Variable: Question 2 of MI

**Definition:** 2: After completing the first step, indicate the 5 items with which you are most

concerned. Of the items listed, these are the five situations or places where

avoidance/anxiety most affects your life in a negative way

**Supporting Definition:** If Other is selected, specify with free text

Select all that apply

Split each response with a ';'

**Inclusion Criteria:** Patients with agoraphobia

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

Type: Multiple answer

Response Options: 1 = Theaters

2 = Supermarkets3 = Shopping malls4 = Classrooms

5 = Department stores

6 = Restaurants 7 = Museums 8 = Elevators

9 = Auditoriums/stadiums

10 = Garages 11 = High Places 12 = Enclosed spaces

13 = Outside (for example: fields, wide streets, courtyards)

14 = Inside (for example: large rooms, lobbies)

15 = Buses 16 = Trains 17 = Subways 18 = Airplanes 19 = Boats

20 = Driving or riding in a car at anytime

21 = Driving or riding in a car on expressways

22 = Standing in lines 23 = Crossing bridges

24 = Parties or social gatherings
25 = Walking on the street
26 = Staying home alone
27 = Being far away from home

888 = Other

Variable ID: MI\_Qo3a

Variable: Question 3a of MI **Definition:** PANIC ATTACKS

3: We define a panic attack as a high level of anxiety accompanied by strong body reactions (heart palpitations, sweating, muscle tremors, dizziness, nausea) with the temporary loss of the ability to plan, think, or reason and the intense desire to escape or flee the situation (Note: this is different from high anxiety or fear alone). Please indicate the number of panic attacks you have had in the past 7 days.

Supporting Definition: N/A

Inclusion Criteria: Patients with agoraphobia

**Timing:** Baseline Ongoing

Annually

**Reporting Source:** Patient-reported

Type: Numerical value

Response Options: Numerical value of number of panic attacks

Variable ID: MI\_Qo3b

Variable: Question 3b of MI

**Definition:** How severe or intense have the panic attacks been?

Supporting Definition: N/A

Inclusion Criteria: Patients with agoraphobia

**Timing:** Baseline Ongoing

Annually

Reporting Source: Patient-reported

**Type:** Single answer

Response Options: 1 = Very mild

2 = Mild 3 = Moderately 4 = Very 5 = Extremely

Variable ID: MI\_Qo4a

Variable: Question 4a of MI

**Definition:** 4: Many people are able to travel alone freely in the area (usually around their

home) called their safety zone. Do you have such a zone? If yes, please describe:

a. Its location

Supporting Definition: N/A

Inclusion Criteria: Patients with agoraphobia

If answered 'yes' on symptoms of agoraphobia (MI Qo5)

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

Type: Free text

**Response Options:** Description of location with free text

Variable ID: MI\_Qo4b

Variable: Question 4b of MI

**Definition:** b. Its size (e.g. radius from home)

Supporting Definition: N/A

Inclusion Criteria: Patients with agoraphobia

If answered 'yes' on symptoms of agoraphobia (MI\_Qo5)

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

Type: Numerical value

**Response Options:** Numerical value of size

Variable ID: IESR Qo1

Variable: Question 1 of IESR

**Definition:** Below is a list of difficulties people sometimes have after stressful life events. Please

read each item, and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to the event you experienced. How

much were you distressed or bothered by these difficulties?

1: Any reminder brought back feelings about it

Supporting Definition: N/A

Inclusion Criteria: Patients with post-traumatic stress disorder

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

Type: Single answer

Response Options: o = Not at all

1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

Variable ID: IESR Qo2

Variable: Question 2 of IESR

**Definition:** 2: I had trouble staying asleep

Supporting Definition: N/A

Inclusion Criteria: Patients with post-traumatic stress disorder

**Timing:** Baseline Ongoing

Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

Variable ID: IESR\_Qo3

Variable: Question 3 of IESR

**Definition:** 3: Other things kept making me think about it

Supporting Definition: N/A

Inclusion Criteria: Patients with post-traumatic stress disorder

**Timing:** Baseline Ongoing

Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = Not at all

1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

Variable ID: IESR\_Qo4

Variable: Question 4 of IESR

**Definition:** 4: I felt irritable and angry

Supporting Definition: N/A

Inclusion Criteria: Patients with post-traumatic stress disorder

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

Type: Single answer

Response Options: o = Not at all

1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

Variable ID: IESR\_Qo5

Variable: Question 5 of IESR

**Definition:** 5: I avoided letting myself get upset when I thought about it or was reminded of it

Supporting Definition: N/A

Inclusion Criteria: Patients with post-traumatic stress disorder

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = Not at all

1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

Variable ID: IESR\_Qo6

Variable: Question 6 of IESR

**Definition:** 6: I thought about it when I didn't mean to

Supporting Definition: N/A

Inclusion Criteria: Patients with post-traumatic stress disorder

**Timing:** Baseline

Ongoing Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

Variable ID: IESR\_Qo7

Variable: Question 7 of IESR

**Definition:** 7: I felt as if it hadn't happened or wasn't real

Supporting Definition: N/A

Inclusion Criteria: Patients with post-traumatic stress disorder

**Timing:** Baseline

Ongoing Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

Variable ID: IESR\_Qo8

Variable: Question 8 of IESR

**Definition:** 8: I stayed away from reminders about it

Supporting Definition: N/A

Inclusion Criteria: Patients with post-traumatic stress disorder

**Timing:** Baseline Ongoing

Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = Not at all

1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

Variable ID: IESR\_Qo9

Variable: Question 9 of IESR

**Definition:** 9: Images of it popped into my mind

Supporting Definition: N/A

Inclusion Criteria: Patients with post-traumatic stress disorder

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

**Type:** Single answer

Response Options: o = Not at all

1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

Variable ID: IESR\_Q10

Variable: Question 10 of IESR

**Definition:** 10: I was jumpy and easily startled

Supporting Definition: N/A

Inclusion Criteria: Patients with post-traumatic stress disorder

**Timing:** Baseline Ongoing

Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = Not at all

1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

Variable ID: IESR\_Q11

Variable: Question 11 of IESR

**Definition:** 11: I tried not to think about it

Supporting Definition: N/A

Inclusion Criteria: Patients with post-traumatic stress disorder

Timing: Baseline

Ongoing Annually

**Reporting Source:** Patient-reported

Type: Single answer

**Response Options:** o = Not at all

1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

Variable ID: IESR\_Q12

Variable: Question 12 of IESR

**Definition:** 12: I was aware that I still had a lot of feelings about it, but I didn't deal with them

Supporting Definition: N/A

Inclusion Criteria: Patients with post-traumatic stress disorder

**Timing:** Baseline Ongoing Annually

**Reporting Source:** Patient-reported

Type: Single answer

Response Options: o = Not at all

1 = A little bit 2 = Moderately 3 = Quite a bit

4 = Extremely

Variable ID: IESR\_Q13

Variable: Question 13 of IESR

**Definition:** 13: My feelings about it were kind of number

Supporting Definition: N/A

Inclusion Criteria: Patients with post-traumatic stress disorder

**Timing:** Baseline Ongoing

Annually

Reporting Source: Patient-reported

Type: Single answer

Response Options: o = Not at all

1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

Variable ID: IESR\_Q14

Variable: Question 14 of IESR

**Definition:** 14: I found myself acting or feeling as though I was back at that time

Supporting Definition: N/A

Inclusion Criteria: Patients with post-traumatic stress disorder

**Timing:** Baseline Ongoing

Annually

**Reporting Source:** Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

Variable ID: IESR\_Q15

Variable: Question 15 of IESR

**Definition:** 15: I had trouble falling asleep

Supporting Definition: N/A

Inclusion Criteria: Patients with post-traumatic stress disorder

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = Not at all

1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

Variable ID: IESR\_Q16

Variable: Question 16 of IESR

**Definition:** 16: I had waves of strong feelings about it

Supporting Definition: N/A

Inclusion Criteria: Patients with post-traumatic stress disorder

**Timing:** Baseline Ongoing

Ongoing Annually **Reporting Source:** Patient-reported

Type: Single answer

**Response Options:** o = Not at all

1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

Variable ID: IESR\_Q17

Variable: Question 17 of IESR

**Definition:** 17: I tried to remove it from my memory

Supporting Definition: N/A

Inclusion Criteria: Patients with post-traumatic stress disorder

**Timing:** Baseline Ongoing

Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

Variable ID: IESR\_Q18

Variable: Question 18 of IESR

**Definition:** 18: I had trouble concentrating

Supporting Definition: N/A

Inclusion Criteria: Patients with post-traumatic stress disorder

**Timing:** Baseline

Ongoing Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

Variable ID: IESR\_Q19

Variable: Question 19 of IESR

**Definition:** 19: Reminders of the event caused physical reactions such as sweating, difficulty in

breathing, nausea, or palpitations

**Supporting Definition:** N/A

Inclusion Criteria: Patients with post-traumatic stress disorder

**Timing:** Baseline Ongoing

Annually

**Reporting Source:** Patient-reported

Type: Single answer

**Response Options:** o = Not at all

1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

Variable ID: IESR Q20

Variable: Question 20 of IESR

Definition: 20: I had dreams about it

Supporting Definition: N/A

Inclusion Criteria: Patients with post-traumatic stress disorder

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

Variable ID: IESR\_Q21

Variable: Question 21 of IESR

**Definition:** 21: I felt watchful or on-guard

Supporting Definition: N/A

Inclusion Criteria: Patients with post-traumatic stress disorder

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = Not at all

1 = A little bit2 = Moderately3 = Quite a bit4 = Extremely

Variable ID: IESR\_Q22

Variable: Question 22 of IESR

**Definition:** 22: I tried not to talk about it

Supporting Definition: N/A

Inclusion Criteria: Patients with post-traumatic stress disorder

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little bit2 = Moderately3 = Quite a bit4 = Extremely

Variable ID: PDSSSR Qo1

Variable: Question 1 of PDSSSR

**Definition:** Several of the following questions refer to panic attacks and limited symptom

attacks. For this questionnaire we define a panic attack as a sudden rush of fear or discomfort accompanied by at least 4 of the symptoms listed below. In order to qualify as a sudden rush, the symptoms must peak within 10 minutes. Episodes like panic attacks but having fewer than 4 of the listed symptoms are called limited symptom attacks. Here are the symptoms to count: Rapid or pounding heartbeat, sweating, trembling or shaking, breathlessness, feeling of choking, chest pain or discomfort, nausea, dizziness or faintness, feelings of unreality, numbness or tingling, chills or hot flushes, fear of losing control or going crazy, and fear of dying. 1: How many panic and limited symptoms attacks did you have during the week?

Supporting Definition: N/A

Inclusion Criteria: Patients with panic disorder

**Timing:** Baseline Ongoing

Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = No panic or limited symptom episodes

1 = Mild: no full panic attacks and no more than 1 limited symptom attack/day
 2 = Moderate: 1 or 2 full panic attacks and/or multiple limited symptom attacks/day

3 = Severe: more than 2 full attacks but not more than 1/day on average

4 = Extreme: full panic attacks occurred more than once a day, more days than not

Variable ID: PDSSSR\_Q02

Variable: Question 2 of PDSSSR

**Definition:** 2: If you had any panic attacks during the past week, how distressing

(uncomfortable, frightening) were they while they were happening? (If you had more than one, give an average rating. If you didn't have any panic attacks but did

have limited symptom attacks, answer for the limited symptom attacks)

Supporting Definition: N/A

**Inclusion Criteria:** Patients with panic disorder

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = Not at all distressing, or no panic or limited symptom attacks during the past

week

1 = Mildly distressing (not too intense)

2 = Moderately distressing (intense, but still manageable)

3 = Severely distressing (very intense)

4 = Extremely distressing (extreme distress during all attacks)

Variable ID: PDSSSR\_Qo3

Variable: Question 3 of PDSSSR

**Definition:** 3: During the past week, how much have you worried or felt anxious about when

your next panic attack would occur or about fears related to the attacks (for example, that they could mean you have physical or mental health problems or

could cause you social embarrassment)?

Supporting Definition: N/A

**Inclusion Criteria:** Patients with panic disorder

Timing: Baseline

Ongoing

Annually

**Reporting Source:** Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = Occasionally or only mildly2 = Frequently or moderately

3 = Very often or to a very disturbing degree 4 = Nearly constantly and to a disabling extent

Variable ID: PDSSSR\_Qo4

Variable: Question 4 of PDSSSR

**Definition:** 4: During the past week were there any places or situations (e.g., public

transportation, movie theatres, crowds, bridges, tunnels, shopping malls, being alone) you avoided, or felt afraid of (uncomfortable in, wanted to avoid or leave), because of fear of having a panic attack? Are there any other situations that you would have avoided or been afraid of if they had come up during the week, for the same reason? If yes to either question, please rate your level of fear and avoidance

this past week

Supporting Definition: N/A

Inclusion Criteria: Patients with panic disorder

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = None: no fear or avoidance

1 = Mild: occasional fear and/or avoidance but I could usually confront or endure the

situation. There was little or no modification of my lifestyle due to this

2 = Moderate: noticeable fear and/or avoidance but still manageable. I avoided some situations, but I could confront them with a companion. There was some modification of my lifestyle because of this, but my overall functioning was not

impaired

 $_3$  = Severe: extensive avoidance. Substantial modification of my lifestyle was required to accommodate the avoidance making it difficult to manage usual  $\dots$ 

activities

4 = Extreme: pervasive disabling fear and/or avoidance. Extensive modification in my lifestyle was required such that important tasks were not performed

Variable ID: PDSSSR\_Qo5

Variable: Question 5 of PDSSSR

**Definition:** 5: During the past week, were there any activities (e.g., physical exertion, sexual

relations, taking a hot shower or bath, drinking coffee, watching an exciting or scary movie) that you avoided, or felt afraid of (uncomfortable doing, wanted to avoid or stop), because they caused physical sensations like those you feel during panic attacks or that you were afraid might trigger a panic attack? Are there any other activities that you would have avoided or been afraid of if they had come up during the week for that reason? If yes to either question, please rate your level of fear and

avoidance of those activities this past week

Supporting Definition: N/A

Inclusion Criteria: Patients with panic disorder

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = No fear or avoidance of situations or activities because of distressing physical

sensations

1 = Mild: occasional fear and/or avoidance, but usually I could confront or endure with little distress activities that cause physical sensations. There was little

modification of my lifestyle due to this

2 = Moderate: noticeable avoidance but still manageable. There was definite, but limited, modification of my lifestyle such that my overall functioning was not impaired

3 = Severe: extensive avoidance. There was substantial modification of my lifestyle or interference in my functioning

4 = Extreme: pervasive and disabling avoidance. There was extensive modification in my lifestyle due to this such that important tasks or activities were not performed

Variable ID: PDSSSR\_Qo6

Variable: Question 6 of PDSSSR

**Definition:** 6: During the past week, how much did the above symptoms altogether (panic and

limited symptom attacks, worry about attacks, and fear of situations and activities

because of attacks) interfere with your ability to work or carry out your

responsibilities at home? (If your work or home responsibilities were less than usual this past week, answer how you think you would have done if the responsibilities

had been usual)

Supporting Definition: N/A

Inclusion Criteria: Patients with panic disorder

**Timing:** Baseline Ongoing

Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = No interference with work or home responsibilities

1 = Slight interference with work or home responsibilities, but I could do nearly

everything I could if I didn't have these problems

2 = Significant interference with work or home responsibilities, but I still could

manage to do the things I needed to do

3 = Substantial impairment in work or home responsibilities; there were many

important things I couldn't do because of these problems

4 = Extreme, incapacitating impairment such that I was essentially unable to

manage any work or home responsibilities

Variable ID: PDSSSR\_Qo7

Variable: Question 7 of PDSSSR

**Definition:** 7: During the past week, how much did panic and limited symptom attacks, worry

about attacks and fear of situations and activities because of attacks interfere with your social life? (If you didn't have many opportunities to socialize this past week,

answer how you think you would have done if you did have opportunities)

Supporting Definition: N/A

Inclusion Criteria: Patients with panic disorder

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = No interference

1 = Slight interference with social activities, but I could do nearly everything I could

if I didn't have these problems

2 = Significant interference with social activities but I could manage to do most

things if I made the effort

3 = Substantial impairment in social activities; there are many social things I

couldn't do because of these problems

4 = Extreme, incapacitating impairment, such that there was hardly anything social I

could do

Variable ID: OCI Qo1

Variable: Question 1 of OCI

**Definition:** Please read each statement and select a number 0, 1, 2, 3 or 4 that best describes

how much that experience has distressed or bothered you during the past month. There are no right or wrong answers. Do not spend too much time on any one statement. This assessment is not intended to be a diagnosis. If you are concerned

about your results in any way, please speak with a health professional.

o = Not at all 1 = A little 2 = Moderately 3 = A lot

4 = Extremely

1: Unpleasant thoughts come into my mind against my will and I cannot get rid of

them

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all 1 = A little

2 = Moderately

3 = A lot

4 = Extremely

Variable ID: OCI Q02

Variable: Question 2 of OCI

**Definition:** 2: I think contact with bodily secretions (sweat, saliva, blood, urine, etc.) may

contaminate my clothes or somehow harm me

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

Timing: Baseline

Ongoing Annually

**Reporting Source:** Patient-reported

**Type:** Single answer

Response Options: o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely

Variable ID: OCI\_Qo3

Variable: Question 3 of OCI

**Definition:** 3: I ask people to repeat things to me several times, even though I understood them

the first time

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

**Timing:** Baseline Ongoing

Annually

Reporting Source: Patient-reported

**Type:** Single answer

Response Options: o = Not at all

1 = A little2 = Moderately3 = A lot4 = Extremely

Variable ID: OCI\_Qo4

Variable: Question 4 of OCI

**Definition:** 4: I wash and clean obsessively

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

**Timing:** Baseline Ongoing

Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely

Variable ID: OCI\_Qo5

Variable: Question 5 of OCI

**Definition:** 5: I have to review mentally past events, conversations and actions to make sure

that I didn't do something wrong

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot

4 = Extremely

Variable ID: OCI\_Qo6

Variable: Question 6 of OCI

**Definition:** 6: I have saved up so many things that they get in the way

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely

Variable ID: OCI\_Qo7

Variable: Question 7 of OCI

**Definition:** 7: I check things more often than necessary

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

**Timing:** Baseline Ongoing Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely

Variable ID: OCI\_Qo8

Variable: Question 8 of OCI

**Definition:** 8: I avoid using public toilets because I am afraid of disease or contamination

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

**Timing:** Baseline Ongoing Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely

Variable ID: OCI\_Qo9

Variable: Question 9 of OCI

**Definition:** 9: I repeatedly check doors, windows, drawers etc.

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely

Variable ID: OCI\_Q10

Variable: Question 10 of OCI

**Definition:** 10: I repeatedly check gas/water taps/light switches after turning them off

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot

4 = Extremely

Variable ID: OCI\_Q11

Variable: Question 11 of OCI

**Definition:** 11: I collect things I don't need

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

**Timing:** Baseline Ongoing

Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot

4 = Extremely

Variable ID: OCI\_Q12

Variable: Question 12 of OCI

**Definition:** 12: I have thoughts of having hurt someone without knowing it

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

**Timing:** Baseline Ongoing

Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely Variable ID: OCI\_Q13

Variable: Question 13 of OCI

**Definition:** 13: I have thoughts that I might want to harm myself or others

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely

Variable ID: OCI\_Q14

Variable: Question 14 of OCI

**Definition:** 14: I get upset if objects are not arranged properly

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

**Timing:** Baseline Ongoing

Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely

Variable ID: OCI\_Q15

Variable: Question 15 of OCI

**Definition:** 15: I feel obliged to follow a particular order in dressing, undressing and washing

myself

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

**Timing:** Baseline

Ongoing Annually

**Reporting Source:** Patient-reported

Type: Single answer

**Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely

Variable ID: OCI\_Q16

Variable: Question 16 of OCI

**Definition:** 16: I feel compelled to count while I'm doing thing

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

**Timing:** Baseline Ongoing

Annually

**Reporting Source:** Patient-reported

**Type:** Single answer **Response Options:** o = Not at all

1 = A little

2 = Moderately

3 = A lot

4 = Extremely

Variable ID: OCI\_Q17

Variable: Question 17 of OCI

**Definition:** 17: I am afraid of impulsively doing embarrassing or harmful things

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

**Timing:** Baseline

Ongoing Annually

**Reporting Source:** Patient-reported

Type: Single answer

**Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely

Variable ID: OCI\_Q18

Variable: Question 18 of OCI

**Definition:** 18: I need to pray to cancel bad thoughts or feelings

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

**Timing:** Baseline Ongoing Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely

Variable ID: OCI\_Q19

Variable: Question 19 of OCI

**Definition:** 19: I keep on checking forms or other things I have written

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

Timing: Baseline

Ongoing Annually

**Reporting Source:** Patient-reported

Type: Single answer

**Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely

Variable ID: OCI\_Q20

Variable: Question 20 of OCI

**Definition:** 20: I get upset at the sight of knives, scissors or other sharp objects in case I lose

control with them

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

**Timing:** Baseline Ongoing

Annually

Patient-reported Reporting Source:

> Type: Single answer

Response Options: o = Not at all

1 = A little 2 = Moderately 3 = A lot4 = Extremely

Variable ID: OCI\_Q21

Variable: Question 21 of OCI

**Definition:** 21: I am obsessively concerned about cleanliness

Supporting Definition:

Inclusion Criteria: Patients with obsessive-compulsive disorder

> Timing: Baseline Ongoing

Annually

Reporting Source: Patient-reported

Single answer Type:

Response Options: o = Not at all

1 = A little 2 = Moderately 3 = A lot4 = Extremely

Variable ID: OCI\_Q22

Variable: Question 22 of OCI

Definition: 22: I find it difficult to touch an object when I know it has been touched by strangers

or certain people

Supporting Definition: N/A

> Inclusion Criteria: Patients with obsessive-compulsive disorder

> > Timing: Baseline Ongoing

> > > Annually

Reporting Source: Patient-reported

> Type: Single answer

Response Options: o = Not at all

> 1 = A little 2 = Moderately 3 = A lot4 = Extremely

Variable ID: OCI\_Q23

> Variable: Question 23 of OCI

**Definition:** 23: I need things to be arranged in a particular order

Supporting Definition: N/A

> Patients with obsessive-compulsive disorder Inclusion Criteria:

> > Timing: Baseline Ongoing

> > > Annually

Reporting Source: Patient-reported

> Type: Single answer

Response Options: o = Not at all

1 = A little 2 = Moderately 3 = A lot4 = Extremely

Variable ID: OCI\_Q24

> Variable: Question 24 of OCI

24: I get behind in my work because I repeat things over and over again Definition:

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

**Type:** Single answer

Response Options: o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely

Variable ID: OCI\_Q25

Variable: Question 25 of OCI

**Definition:** 25: I feel I have to repeat certain numbers

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

**Type:** Single answer

Response Options: o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely

Variable ID: OCI\_Q26

Variable: Question 26 of OCI

**Definition:** 26: After doing something carefully, I still have the impression I haven't finished it

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

**Timing:** Baseline Ongoing

Annually

Reporting Source: Patient-reported

**Type:** Single answer **Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely

Variable ID: OCI\_Q27

Variable: Question 27 of OCI

**Definition:** 27: I find it difficult to touch rubbish or dirty things

**Supporting Definition:** N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

**Timing:** Baseline Ongoing Annually

**Reporting Source:** Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely Variable ID: OCI\_Q28

Variable: Question 28 of OCI

**Definition:** 28: I find it difficult to control my thoughts

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely

Variable ID: OCI\_Q29

Variable: Question 29 of OCI

**Definition:** 29: I have to do things over and over again until it feels right

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

**Timing:** Baseline Ongoing Annually

Reporting Source: Patient-reported

Type: Single answer

Response Options: o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely

Variable ID: OCI\_Q30

Variable: Question 30 of OCI

**Definition:** 30: I am upset by unpleasant thoughts that come into my mind against my will

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

**Timing:** Baseline Ongoing

Annually

**Reporting Source:** Patient-reported

**Type:** Single answer **Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely

Variable ID: OCI\_Q31

Variable: Question 31 of OCI

**Definition:** 31: Before going to sleep I have to do certain things in a certain way

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all 1 = A little 2 = Moderately

3 = A lot

4 = Extremely

Variable ID: OCI\_Q32

Variable: Question 32 of OCI

**Definition:** 32: I go back to places to make sure that I have not harmed anyone

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely

Variable ID: OCI\_Q33

Variable: Question 33 of OCI

**Definition:** 33: I frequently get nasty thoughts and have difficulty getting rid of them

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

**Timing:** Baseline Ongoing

Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely

Variable ID: OCI Q34

Variable: Question 34 of OCI

**Definition:** 34: I avoid throwing things away because I am afraid I might need them later

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

**Timing:** Baseline Ongoing Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely

Variable ID: OCI\_Q35

Variable: Question 35 of OCI

**Definition:** 35: I get upset if others have changed the way I have arranged my things

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

**Timing:** Baseline Ongoing

Ongoing Annually

Reporting Source: Patient-reported

Type: Single answer

**Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely

Variable ID: OCI\_Q36

Variable: Question 36 of OCI

**Definition:** 36: I feel that I must repeat certain words or phrases in my mind I order to wipe out

bad thoughts, feelings or actions

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

**Timing:** Baseline Ongoing

Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely

Variable ID: OCI\_Q37

Variable: Question 37 of OCI

**Definition:** 37: After I have done things, I have persistent doubts about whether I really did

them

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

Timing: Baseline

Ongoing Annually

**Reporting Source:** Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely

Variable ID: OCI\_Q38

Variable: Question 38 of OCI

**Definition:** 38: I sometimes have to wash or clean myself simply because I feel contaminated

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

**Timing:** Baseline Ongoing

Annually

**Reporting Source:** Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely

Variable ID: OCI\_Q39

Variable: Question 39 of OCI

**Definition:** 39: I feel that there are good and bad numbers

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

Timing: Baseline

Ongoing Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely

Variable ID: OCI\_Q40

Variable: Question 40 of OCI

**Definition:** 40: I repeatedly check anything that might cause a fire

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

**Timing:** Baseline Ongoing Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely

Variable ID: OCI\_Q41

Variable: Question 41 of OCI

**Definition:** 41: Even when I do something very carefully I feel that it is not quite right

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

Timing: Baseline

Ongoing Annually

Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely

Variable ID: OCI\_Q42

Variable: Question 42 of OCI

**Definition:** 42: I wash my hands more often, or for longer than necessary

Supporting Definition: N/A

Inclusion Criteria: Patients with obsessive-compulsive disorder

**Timing:** Baseline Ongoing

Annually

Reporting Source: Patient-reported

**Type:** Single answer

**Response Options:** o = Not at all

1 = A little 2 = Moderately 3 = A lot 4 = Extremely

# **ICHOM Contact Information**

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# Reference Guide Revisions

Reference Guide Version	Location within Reference Guide	Content Change
2.1	Case-Mix Variables Table	Removed additional explanatory information
2.2	Collecting Case-Mix Variables and Outcomes	Removed information about the Credibility and Expectancy Questionnaire (CEQ)
2.3	Outcomes Table and Data Dictionary	SPIN, MIA, IESR, PDSS-SR and OCI-R surveys made optional for patients with specific anxiety disorders
2.3.1	Contact Information	Removed inactive email address: ichomteam@ichom.org
2.3.2	Collecting Case-Mix Variables and Outcomes	Specified to use the 12-item Instrument for WHODAS 2.0.

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