

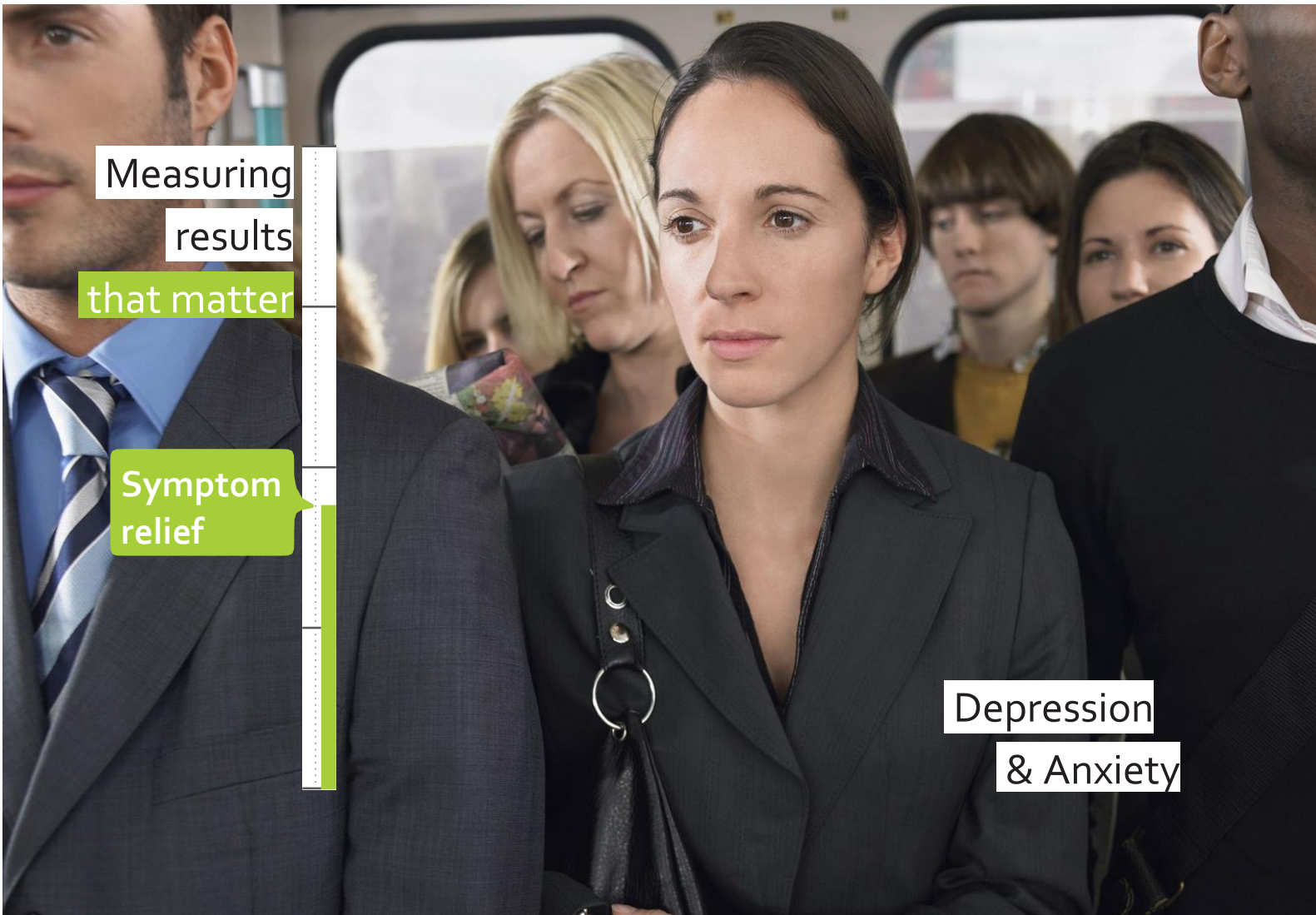


**ICHOM**

International Consortium for  
Health Outcomes Measurement

DEPRESSION  
& ANXIETY  
DATA COLLECTION  
REFERENCE GUIDE

Version 4.0.0  
Revised: January 24<sup>th</sup>, 2022



Measuring  
results  
that matter

Symptom  
relief

Depression  
& Anxiety



# ICHOM

## DEPRESSION & ANXIETY

We are thrilled that you are interested in measuring outcomes for your depression and anxiety patients. It is our hope that this Reference Guide will facilitate the process of implementing this Set of Patient-Centered Outcome Measures and ensure collection of comparable data for global benchmarking and learning.

© 2022 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 Sets of Patient-Centered Outcome Measures.

# Introducing ICHOM and the Reference Guide

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

Each 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 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. A comprehensive data dictionary, as well as scoring guides for patient-reported outcomes, is included in the appendix.

Our aim is to make these Sets freely accessible to healthcare institutions worldwide to begin measuring, and ultimately benchmark the outcomes they achieve. In order to have a guide from which we can benchmark outcomes, we require feedback from initial implementation efforts. As such, this Reference Guide may undergo revisions on a regular basis. If you have any suggestions or would like to provide feedback, please contact [info@ichom.org](mailto:info@ichom.org)

## Working Group Members for Depression & Anxiety

The following individuals dedicated both time and expertise to develop the ICHOM 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.

### **Australia**

Maria Kangas

### **Brazil**

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### **Canada**

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Lucie Langford  
Alain Lesage

### **Chile**

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### **Germany**

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### **Uganda**

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### **United Kingdom**

David M. Clark  
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### **United States**

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Kelly Woolaway-Bickel  
Paul A. Pilkonis  
Harold A. Pincus  
Cathy Sherbourne

## Supporting Organizations

The Depression & Anxiety 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 Set.

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

# ICHOM Set of Patient-Centered Outcome Measures for Depression & Anxiety

## Case-Mix Variables

Patient Population	Measure	Timing	Data Source	
<b>Demographic Factors</b>				
All patients	Year of Birth	Baseline	Clinical	
	Sex			
	Educational level	Baseline; Annually	Patient-reported	
	Living arrangements			
	Work status			
Social support/Network	<b>Health Status</b>			
All patients	Patient's outcome expectancy	Baseline	Patient-reported	
	Comorbidities	Baseline; Annually		
	Duration of symptoms	Baseline		
	Prior episodes of depression			
<b>Prior Treatment</b>				
All patients	Prior treatment	Baseline; Annually	Patient-reported	
	Adherence of medication	Baseline; Ongoing; Annually		

## Treatment Variables

Patient Population	Measure	Timing	Data Source
All patients	Ongoing treatment	Ongoing	Patient-reported

## Outcomes

Patient Population	Measure	Timing	Data Source
<b>Symptom Burden</b>			
All patients	Symptoms of depression	Baseline; Ongoing; Annually	Patient-Reported
	Symptoms of general anxiety		
<b>Functioning</b>			
All patients	Physical functioning	Baseline; Annually	Patient-reported
	Work functioning		
	Social functioning		
All patients	Time to recovery	Annually	Patient-reported
	Overall success of treatment		
	Recurrence of depression		
<b>Other</b>			
All patients	Medication side-effects	Baseline; Ongoing; Annually	Patient-reported

### Optional variables for patients with specific anxiety disorders

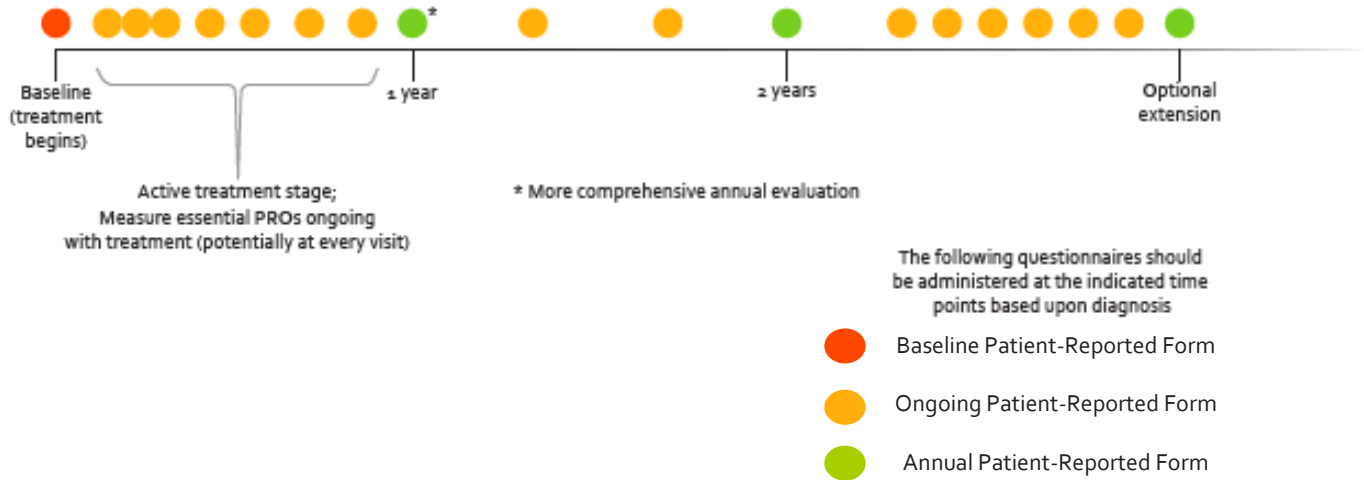
Note: Clinics may wish to compliment the Set of Patient-Centered Outcome Measures with additional questionnaires for those patients with specific anxiety disorders. We include here a list of examples as employed successfully in the Improving Access to Psychological Therapy (IAPT) program in the UK.

<b>Symptom Burden</b>			
Patients with social phobia	Symptoms of social phobia	Tracked via SPIN	
Patient 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 vis PDSS-SR	
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

The following timeline illustrates when the 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 Guide
Patient Health Questionnaire (PHQ-9)	The surveys are free to use, and licenses are not needed.	
Generalized Anxiety Disorder (GAD-7)	They may be found at: <a href="https://www.phqscreeners.com/">https://www.phqscreeners.com/</a>	
World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0)-12-item Instrument	A license is needed to use WHODAS 2.0 in systems for data capturing or electronic records. The request form is available at: <a href="https://www.who.int/about/who-we-are/publishing-policies/permissions">https://www.who.int/about/who-we-are/publishing-policies/permissions</a>	To facilitate the scoring of these surveys, scoring instructions are provided in the Appendix beginning on <a href="#">page 9</a> .
Medical Outcomes Study: Social Support Survey (MOS-SSS)	The MOS-SSS instrument is free to use, and a license is not needed. It may be found at: <a href="https://www.rand.org/health-care/surveys_tools/mos/social-support/survey-instrument.html">https://www.rand.org/health-care/surveys_tools/mos/social-support/survey-instrument.html</a>	
Modified Self-Administered Comorbidity Questionnaire (SCQ)	The SCQ is not copyrighted and a license is not needed. It may be found at: Sangha et al (2003) The self-administered comorbidity questionnaire: A new method to assess comorbidity for clinical and health services research. <i>Arthritis Care &amp; Research</i> 49(2): 156-163	See left
Social Phobia Inventory (SPIN)	A license is needed to use the SPIN. Please contact the copyright holder at <a href="mailto:mail@cd-risc.com">mail@cd-risc.com</a>	
Mobility Inventory for Agoraphobia (MIA)	Licensing information to be determined. Please contact the corresponding author at: <a href="mailto:dchamb@psych.upenn.edu">dchamb@psych.upenn.edu</a> (Dianne Chambless, PhD). It may be found at <a href="https://www.sciencedirect.com/science/article/abs/pii/S089970910005796785901408">https://www.sciencedirect.com/science/article/abs/pii/S089970910005796785901408</a>	To facilitate the scoring of these surveys, scoring instructions are provided in the Appendix beginning on <a href="#">page 9</a> .
Impact of Event Scale- Revise for Post-traumatic Stress Disorder (IES-R)	The instrument is copyrighted by the authors. Please contact the corresponding author at: <a href="mailto:Daniel.Weiss@ucsf.edu">Daniel.Weiss@ucsf.edu</a> (Daniel Weiss, PhD)	
Panic Disorder Severity Scale (PDSS-SR)	Permission is needed to use the PDSS-SR. Please contact the corresponding	



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author and copyright holder at:  
[ks2394@columbia.edu](mailto:ks2394@columbia.edu) (Katherine  
Shear, MD)

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Obsessive-Compulsive Inventory (OCI-R) Licensing information to be  
determined. Please contact the  
corresponding author at:  
[foa@mail.med.upenn.edu](mailto:foa@mail.med.upenn.edu) (Edna Foa,  
PhD). It may be found at  
[https://psycnet.apa.org/record/1998-  
10845-002](https://psycnet.apa.org/record/1998-10845-002)

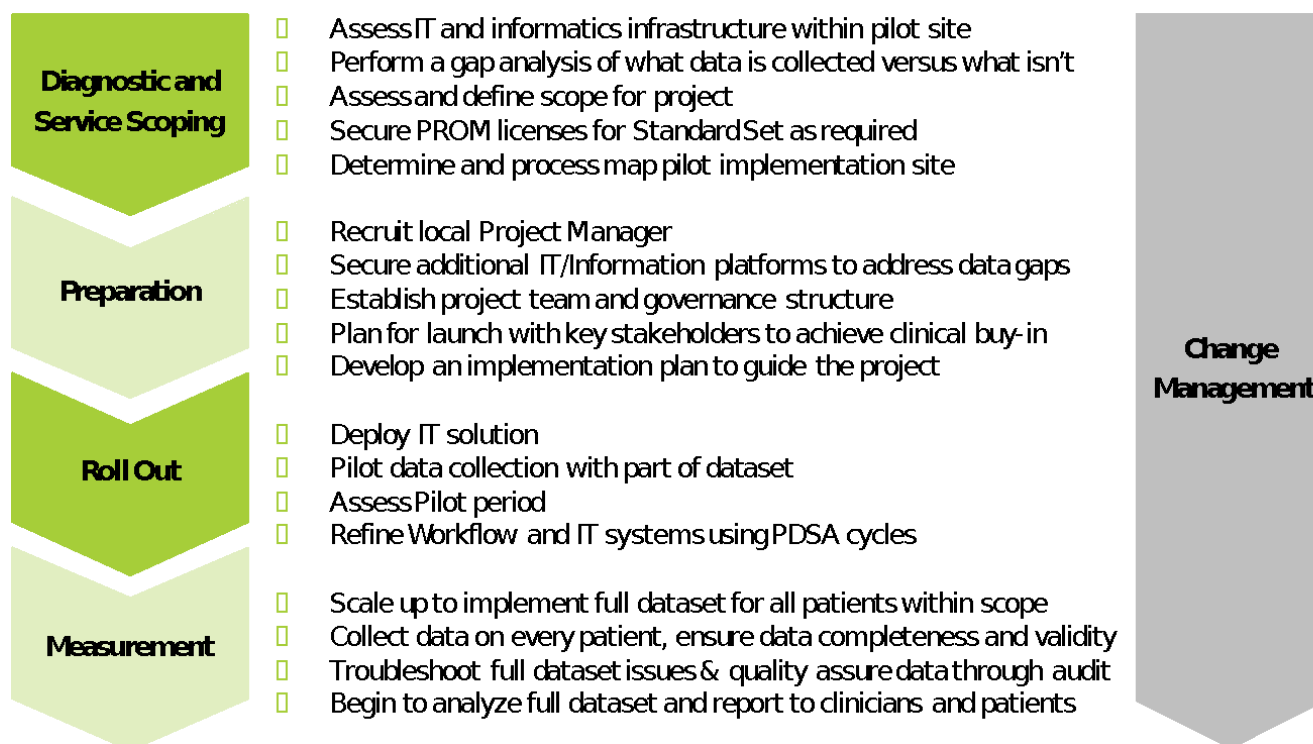
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# The Growing ICHOM Community

There is a growing community of healthcare providers implementing the Set. To support your organization in implementing the set and the measurement of outcomes data, we have outlined a framework to guide the implementation and reporting of patient-centered outcomes. All materials can be downloaded for free from ICHOM Connect, for further information or to enquire about implementation support offered by ICHOM Partners, please contact us: [info@ichom.org](mailto:info@ichom.org).

## Implementation framework:

The framework below, outlines the structured process to guide the implementation of an ICHOM Set at your organization. Typically, an implementation project takes 9 months to complete.



## Implementation Study:

We are keen to find out if you have implemented or are implementing our Set. Please fill in this survey: [bit.ly/InitialImp](https://bit.ly/InitialImp) or contact [info@ichom.org](mailto:info@ichom.org) for more information.

## Translating the Set Tools:

PROMs within the ICHOM Sets are available in a number of languages. To check the availability of translations, we advise contacting the Tool authors directly to obtain and translate the PROM surveys into your desired language. To independently translate PROM surveys, if permitted by its license, we recommend following the 10 steps outlined below:<sup>\*1</sup>

<b>Step 1</b>	Preparation	Initial work carried out before the translation work begins
<b>Step 2</b>	Forward Translation	Translation of the original language, also called source, version of the instrument into another language, often called the target language
<b>Step 3</b>	Reconciliation	Comparing and merging more than one forward translation into a single forward translation
<b>Step 4</b>	Back Translation	Translation of the new language version back into the original language
<b>Step 5</b>	Back Translation Review	Comparison of the back-translated versions of the instrument with the original to highlight and investigate discrepancies between the original and the reconciled translation, which is then revised in the process of resolving the issues
<b>Step 6</b>	Harmonization	Comparison of back translations of multiple language versions with each other and the original instrument to highlight discrepancies between the original and its derivative translations, as well as to achieve a consistent approach to translation problems
<b>Step 7</b>	Cognitive Debriefing	Testing the instrument on a small group of relevant patients or lay people in order to test alternative wording and to check understandability, interpretation, and cultural relevance of the translation
<b>Step 8</b>	Review of Cognitive Debriefing Results and Finalization	Comparison of the patients' or lay persons' interpretation of the translation with the original version to highlight and amend discrepancies
<b>Step 9</b>	Proofreading	Final review of the translation to highlight and correct any typographic, grammatical or other errors
<b>Step 10</b>	Final Report	Report written at the end of the process documenting the development of each translation

\*These ten steps follow the ISPOR Principles of Good Practice: The Cross-Cultural Adaptation Process for Patient-Reported Outcome Measures<sup>1</sup> Wild, D., Grove, A., Martin, M., Eremenco, S., McElroy, S., Verjee-Lorenz, A., et al. (2005).

Principles of good practice for the translation and cultural adaptation process for patient-reported outcomes (PRO) measures: Report of the ISPOR task force for translation and cultural adaptation. *Value in Health*, 8(2), 94–104. doi:10.1111/j.1524-4733.2005.04054.x.

# Appendix

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

**Scoring:** 0-3 Scale for each item; 0 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; 0 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

PROMIS Depression T			PROMIS Depression T		
PHQ-9 Score	Score	SE	PHQ-9 Score	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	68.0	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

PROMIS Depression T			PROMIS Depression T		
GAD-7 Score	Score	SE	GAD-7 Score	Score	SE
0	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

## 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; 0 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; 0 Not at all; 4 Extremely

Patients select numbers from 0 (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 0 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 sub-scales 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 sub-scale 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 Ill	Moderately Ill	Markedly Ill
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:** 0-4 Item Scale; 0=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:** 0-4 Item Scale; 0=None; 4=Extreme or cannot do

The scores assigned to each of the items – “none” (0), “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 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. **For technical use an Excel version of this data dictionary is also available for download on ICHOM Connect. Excel data dictionary is the most up-to-date version and it is the recommended document to plan data collection.**

Please timestamp all variables. Some 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

<b>Variable ID:</b>	N/A
<b>Variable:</b>	Patient ID
<b>Definition:</b>	Indicate the patient's medical record number
<b>Supporting Definition:</b>	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
<b>Displayed Value:</b>	None
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	On all forms
<b>Data Source:</b>	Clinical
<b>Type:</b>	Numerical
<b>Value Domain:</b>	None
<b>Response Options:</b>	According to institution

## Demographic Factors

<b>Variable ID:</b>	YearOfBirth
<b>Variable:</b>	Year of Birth
<b>Definition:</b>	Year of birth
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	In what year were you born?
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Clinical
<b>Type:</b>	Date by DD/MM/YYYY
<b>Value Domain:</b>	date
<b>Response Options:</b>	YYYY
<b>Variable ID:</b>	Sex
<b>Variable:</b>	Sex
<b>Definition:</b>	The patient's sex at birth

<b>Supporting Definition:</b>	For statistical purposes, the following category codes, labels and definitions are preferred: CODE 1 Male: Persons who have male or predominantly masculine biological characteristics, or male sex assigned at birth. CODE 2 Female: Persons who have female or predominantly feminine biological characteristics, or female sex assigned at birth. CODE 3 Other: Persons who have mixed or non-binary biological characteristics (if known), or a non-binary sex assigned at birth The value meaning of 'Other' has been assigned to Code 3 for this value domain, which replaces 'Intersex or indeterminate' for the superseded value domain Sex code N. Terms such as 'indeterminate,' 'intersex', 'non-binary', and 'unspecified' are variously used to describe the 'Other' category of sex. The label 'Other' is used because a more descriptive term has not been widely agreed within the general community. Sex refers to the chromosomal, gonadal and anatomical characteristics associated with biological sex. Where there is an inconsistency between anatomical and chromosomal characteristics, sex is based on anatomical characteristics.
<b>Displayed Value:</b>	Please indicate your sex at birth.
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Clinical
<b>Type:</b>	Single answer
<b>Value Domain:</b>	code
<b>Response Options:</b>	1 = Male 2 = Female 3 = Other 999 = Undisclosed
<b>Variable ID:</b>	EducationLevel
<b>Variable:</b>	Level of education
<b>Definition:</b>	Highest level of education completed based on local standard definitions of education levels
<b>Supporting Definition:</b>	This measure may vary based on local standards for education levels so please consult the International Standard Classification to select what level most closely relates to your education experience. Please follow this link here: <a href="http://uis.unesco.org/sites/default/files/documents/international-standard-classification-of-education-isced-2011-en.pdf">http://uis.unesco.org/sites/default/files/documents/international-standard-classification-of-education-isced-2011-en.pdf</a>
<b>Displayed Value:</b>	Please indicate your highest level of schooling.
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0= None 1= Primary 2= Secondary 3= Tertiary
<b>Variable ID:</b>	LivingArrangements
<b>Variable:</b>	Living arrangements
<b>Definition:</b>	The living arrangements of the person
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	None
<b>Inclusion Criteria:</b>	All patients

<b>Timing:</b>	Baseline Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Lives alone 1 = Lives with others 2 = Lives in supported home (i.e. assisted living, congregate care, skilled nursing home, etc.) 3 = Homeless
<b>Variable ID:</b>	WORK
<b>Variable:</b>	Work status
<b>Definition:</b>	What is your work status?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	None
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Unemployed 1 = Part-time employment 2 = Full-time employment 3 = Retired
<b>Variable ID:</b>	MOSSSS_Q01
<b>Variable:</b>	Question 1 of MOSSSS
<b>Definition:</b>	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? Circle one number on each line: Emotional/informational support: Someone to share your most private worries and fears with
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	None
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	1 = None of the time 2 = A little of the time 3 = Some of the time 4 = Most of the time 5 = All of the time
<b>Variable ID:</b>	MOSSSS_Q02
<b>Variable:</b>	Question 2 of MOSSSS
<b>Definition:</b>	Someone to turn to for suggestions about how to deal with a personal problem
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	None
<b>Inclusion Criteria:</b>	All patients

<b>Timing:</b>	Baseline Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	1 = None of the time 2 = A little of the time 3 = Some of the time 4 = Most of the time 5 = All of the time
<b>Variable ID:</b>	MOSSSS_Q03
<b>Variable:</b>	Question 3 of MOSSSS
<b>Definition:</b>	Someone to love and make you feel wanted
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	None
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	1 = None of the time 2 = A little of the time 3 = Some of the time 4 = Most of the time 5 = All of the time
<b>Variable ID:</b>	MOSSSS_Q04
<b>Variable:</b>	Question 4 of MOSSSS
<b>Definition:</b>	Someone to do something enjoyable with
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	None
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	1 = None of the time 2 = A little of the time 3 = Some of the time 4 = Most of the time 5 = All of the time

## Health Status

<b>Variable ID:</b>	OUTEXPEC
<b>Variable:</b>	Patient's outcome expectancy
<b>Definition:</b>	How successful do you think your current therapy will be in reducing your symptoms?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	None
<b>Inclusion Criteria:</b>	All patients

<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all successful 1 = Somewhat successful 2 = Moderately successful 3 = Very successful
<b>Variable ID:</b>	COMORB_DEPRANX
<b>Variable:</b>	Depression and Anxiety Comorbidities
<b>Definition:</b>	Have you been told by a doctor that you have any of the following?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	None
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Multiple answer Separate multiple entries with ";"
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = I have no other diseases 1 = Disease of the nervous system (For example Parkinson's disease or Multiple Sclerosis) 2 = Substance abuse (For example alcohol or drugs) 3 = Somatoform disorder (unexplained medical symptoms) 4 = Personality disorder 5 = Chronic pain disorder 6 = Schizophrenic disorder
<b>Variable ID:</b>	ComorbiditiesSACQ
<b>Variable:</b>	SACQ Comorbidities
<b>Definition:</b>	Indicate whether the patient has a documented history of any of the following comorbidities
<b>Supporting Definition:</b>	Based upon the Self-administered Comorbidity Questionnaire (Sangha et al, 2003). Phrased as a patient-reported measure, but information can be abstracted by other means if patient is unable to answer.
<b>Displayed Value:</b>	Have you been told by a doctor that you have any of the following?
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Multiple answer Separate multiple entries with ";"
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = I have no other diseases 1 = Heart disease (For example, angina, heart attack, or heart failure) 2 = High blood pressure 3 = Lung disease (For example, asthma, chronic bronchitis, or emphysema) 4 = Diabetes 5 = Ulcer or stomach disease 6 = Kidney disease 7 = Liver disease 8 = Anemia or other blood disease 9 = Cancer/Other cancer (within the last 5 years)

	10 = Depression 11 = Osteoarthritis, degenerative arthritis 12 = Back pain 13= Rheumatoid arthritis 14= Other medical problems
<b>Variable ID:</b>	ComorbiditiesSACQ_HeartDiseaseFU1
<b>Variable:</b>	SACQ comorbidities: Heart Disease: Follow-Up Question 1
<b>Definition:</b>	Please indicate if the patient receives treatment for Heart disease (For example, angina, heart attack, or heart failure)
<b>Supporting Definition:</b>	Based upon the Self-administered Comorbidity Questionnaire (Sangha et al, 2003). Phrased as a patient-reported measure, but information can be abstracted by other means if patient is unable to answer.
<b>Displayed Value:</b>	Do you receive treatment for heart disease (For example, angina, heart failure, or heart attack)?
<b>Inclusion Criteria:</b>	If answered 1= Heart disease to ComorbiditiesSACQ
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0= No 1= Yes
<b>Variable ID:</b>	ComorbiditiesSACQ_HeartDiseaseFU2
<b>Variable:</b>	SACQ comorbidities: Heart Disease: Follow-Up Question 2
<b>Definition:</b>	Please indicate if the patient's heart disease limits their function
<b>Supporting Definition:</b>	Based upon the Self-administered Comorbidity Questionnaire (Sangha et al, 2003). Phrased as a patient-reported measure, but information can be abstracted by other means if patient is unable to answer.
<b>Displayed Value:</b>	Does your heart disease limit your activities?
<b>Inclusion Criteria:</b>	If answered 1= Heart disease to ComorbiditiesSACQ
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0= No 1= Yes
<b>Variable ID:</b>	ComorbiditiesSACQ_HighBloodPressureFU1
<b>Variable:</b>	SACQ comorbidities: High Blood Pressure: Follow-Up Question 1
<b>Definition:</b>	Please indicate if the patient receives treatment for high blood pressure
<b>Supporting Definition:</b>	Based upon the Self-administered Comorbidity Questionnaire (Sangha et al, 2003). Phrased as a patient-reported measure, but information can be abstracted by other means if patient is unable to answer.
<b>Displayed Value:</b>	Do you receive treatment for high blood pressure?
<b>Inclusion Criteria:</b>	If answered 2= High blood pressure to ComorbiditiesSACQ
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0= No 1= Yes
<b>Variable ID:</b>	ComorbiditiesSACQ_HighBloodPressureFU2
<b>Variable:</b>	SACQ comorbidities: High Blood Pressure: Follow-Up Question 2
<b>Definition:</b>	Please indicate if the patient's high blood pressure limits their function

<b>Supporting Definition:</b>	Based upon the Self-administered Comorbidity Questionnaire (Sangha et al, 2003). Phrased as a patient-reported measure, but information can be abstracted by other means if patient is unable to answer.
<b>Displayed Value:</b>	Does your high blood pressure limit your activities?
<b>Inclusion Criteria:</b>	If answered 2= High blood pressure to ComorbiditiesSACQ
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0= No 1= Yes
<b>Variable ID:</b>	ComorbiditiesSACQ_LungDiseaseFU1
<b>Variable:</b>	SACQ comorbidities: Lung Disease: Follow-Up Question 1
<b>Definition:</b>	Please indicate if the patient receives treatment for lung disease
<b>Supporting Definition:</b>	Based upon the Self-administered Comorbidity Questionnaire (Sangha et al, 2003). Phrased as a patient-reported measure, but information can be abstracted by other means if patient is unable to answer.
<b>Displayed Value:</b>	Do you receive treatment for lung disease?
<b>Inclusion Criteria:</b>	If answered 3= Lung disease to ComorbiditiesSACQ
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0= No 1= Yes
<b>Variable ID:</b>	ComorbiditiesSACQ_LungDiseaseFU2
<b>Variable:</b>	SACQ comorbidities: Lung Disease: Follow-Up Question 2
<b>Definition:</b>	Please indicate if the patient's lung disease limits their function
<b>Supporting Definition:</b>	Based upon the Self-administered Comorbidity Questionnaire (Sangha et al, 2003). Phrased as a patient-reported measure, but information can be abstracted by other means if patient is unable to answer.
<b>Displayed Value:</b>	Does your lung disease limit your activities?
<b>Inclusion Criteria:</b>	If answered 3= Lung disease to ComorbiditiesSACQ
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0= No 1= Yes
<b>Variable ID:</b>	ComorbiditiesSACQ_DiabetesFU1
<b>Variable:</b>	SACQ comorbidities: Diabetes: Follow-Up Question 1
<b>Definition:</b>	Please indicate if the patient receives treatment for diabetes
<b>Supporting Definition:</b>	Based upon the Self-administered Comorbidity Questionnaire (Sangha et al, 2003). Phrased as a patient-reported measure, but information can be abstracted by other means if patient is unable to answer.
<b>Displayed Value:</b>	Do you receive treatment for diabetes?
<b>Inclusion Criteria:</b>	If answered 4= Diabetes to ComorbiditiesSACQ
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0= No 1= Yes
<b>Variable ID:</b>	ComorbiditiesSACQ_DiabetesFU2
<b>Variable:</b>	SACQ comorbidities: Diabetes: Follow-Up Question 2



<b>Definition:</b>	Please indicate if the patient's diabetes limits their function
<b>Supporting Definition:</b>	Based upon the Self-administered Comorbidity Questionnaire (Sangha et al, 2003). Phrased as a patient-reported measure, but information can be abstracted by other means if patient is unable to answer.
<b>Displayed Value:</b>	Does your diabetes limit your activities?
<b>Inclusion Criteria:</b>	If answered 4= Diabetes to ComorbiditiesSACQ
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0= No 1= Yes
<b>Variable ID:</b>	ComorbiditiesSACQ_StomachDiseaseFU1
<b>Variable:</b>	SACQ comorbidities: Stomach Disease: Follow-Up Question 1
<b>Definition:</b>	Please indicate if the patient receives treatment for an ulcer or stomach disease
<b>Supporting Definition:</b>	Based upon the Self-administered Comorbidity Questionnaire (Sangha et al, 2003). Phrased as a patient-reported measure, but information can be abstracted by other means if patient is unable to answer.
<b>Displayed Value:</b>	Do you receive treatment for an ulcer or stomach disease?
<b>Inclusion Criteria:</b>	If answered 5= Ulcer or stomach disease to ComorbiditiesSACQ
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0= No 1= Yes
<b>Variable ID:</b>	ComorbiditiesSACQ_StomachDiseaseFU2
<b>Variable:</b>	SACQ comorbidities: Stomach Disease: Follow-Up Question 2
<b>Definition:</b>	Please indicate if the patient's ulcer or stomach disease limits their function
<b>Supporting Definition:</b>	Based upon the Self-administered Comorbidity Questionnaire (Sangha et al, 2003). Phrased as a patient-reported measure, but information can be abstracted by other means if patient is unable to answer.
<b>Displayed Value:</b>	Does your ulcer or stomach disease limit your activities?
<b>Inclusion Criteria:</b>	If answered 5= Ulcer or stomach disease to ComorbiditiesSACQ
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0= No 1= Yes
<b>Variable ID:</b>	ComorbiditiesSACQ_KidneyDiseaseFU1
<b>Variable:</b>	SACQ comorbidities: Kidney Disease: Follow-Up Question 1
<b>Definition:</b>	Please indicate if the patient receives treatment for kidney disease
<b>Supporting Definition:</b>	Based upon the Self-administered Comorbidity Questionnaire (Sangha et al, 2003). Phrased as a patient-reported measure, but information can be abstracted by other means if patient is unable to answer.
<b>Displayed Value:</b>	Do you receive treatment for kidney disease?
<b>Inclusion Criteria:</b>	If answered 6= Kidney disease to ComorbiditiesSACQ
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0= No 1= Yes
<b>Variable ID:</b>	ComorbiditiesSACQ_KidneyDiseaseFU2

<b>Variable:</b>	SACQ comorbidities: Kidney Disease: Follow-Up Question 2
<b>Definition:</b>	Please indicate if the patient's kidney disease limits their function
<b>Supporting Definition:</b>	Based upon the Self-administered Comorbidity Questionnaire (Sangha et al, 2003). Phrased as a patient-reported measure, but information can be abstracted by other means if patient is unable to answer.
<b>Displayed Value:</b>	Does your kidney disease limit your activities?
<b>Inclusion Criteria:</b>	If answered 6= Kidney disease to ComorbiditiesSACQ
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0= No 1= Yes
<b>Variable ID:</b>	ComorbiditiesSACQ_LiverDiseaseFU1
<b>Variable:</b>	SACQ comorbidities: Liver Disease: Follow-Up Question 1
<b>Definition:</b>	Please indicate if the patient receives treatment for liver disease
<b>Supporting Definition:</b>	Based upon the Self-administered Comorbidity Questionnaire (Sangha et al, 2003). Phrased as a patient-reported measure, but information can be abstracted by other means if patient is unable to answer.
<b>Displayed Value:</b>	Do you receive treatment for liver disease?
<b>Inclusion Criteria:</b>	If answered 7= Liver disease to ComorbiditiesSACQ
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0= No 1= Yes
<b>Variable ID:</b>	ComorbiditiesSACQ_LiverDiseaseFU2
<b>Variable:</b>	SACQ comorbidities: Liver Disease: Follow-Up Question 2
<b>Definition:</b>	Please indicate if the patient's liver disease limits their function
<b>Supporting Definition:</b>	Based upon the Self-administered Comorbidity Questionnaire (Sangha et al, 2003). Phrased as a patient-reported measure, but information can be abstracted by other means if patient is unable to answer.
<b>Displayed Value:</b>	Does your liver disease limit your activities?
<b>Inclusion Criteria:</b>	If answered 7= Liver disease to ComorbiditiesSACQ
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0= No 1= Yes
<b>Variable ID:</b>	ComorbiditiesSACQ_BloodDiseaseFU1
<b>Variable:</b>	SACQ comorbidities: Blood Disease: Follow-Up Question 1
<b>Definition:</b>	Please indicate if the patient receives treatment for anemia or other blood disease
<b>Supporting Definition:</b>	Based upon the Self-administered Comorbidity Questionnaire (Sangha et al, 2003). Phrased as a patient-reported measure, but information can be abstracted by other means if patient is unable to answer.
<b>Displayed Value:</b>	Do you receive treatment for anemia or other blood disease?
<b>Inclusion Criteria:</b>	If answered 8= Anemia or other blood disease to ComorbiditiesSACQ
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code

<b>Response Options:</b>	0= No 1= Yes
<b>Variable ID:</b>	ComorbiditiesSACQ_BloodDiseaseFU2
<b>Variable:</b>	SACQ comorbidities: Blood Disease: Follow-Up Question 2
<b>Definition:</b>	Please indicate if the patient's anemia or other blood disease limits their function
<b>Supporting Definition:</b>	Based upon the Self-administered Comorbidity Questionnaire (Sangha et al, 2003). Phrased as a patient-reported measure, but information can be abstracted by other means if patient is unable to answer.
<b>Displayed Value:</b>	Does your anemia or other blood disease limit your activities?
<b>Inclusion Criteria:</b>	If answered 8= Anemia or other blood disease to ComorbiditiesSACQ
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0= No 1= Yes
<b>Variable ID:</b>	ComorbiditiesSACQ_CancerFU1
<b>Variable:</b>	SACQ comorbidities: Cancer: Follow-Up Question 1
<b>Definition:</b>	Please indicate if the patient receives treatment for cancer/another cancer
<b>Supporting Definition:</b>	Based upon the Self-administered Comorbidity Questionnaire (Sangha et al, 2003). Phrased as a patient-reported measure, but information can be abstracted by other means if patient is unable to answer.
<b>Displayed Value:</b>	Do you receive treatment for cancer/another cancer?
<b>Inclusion Criteria:</b>	If answered 9= Cancer/Other cancer to ComorbiditiesSACQ
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0= No 1= Yes
<b>Variable ID:</b>	ComorbiditiesSACQ_CancerFU2
<b>Variable:</b>	SACQ comorbidities: Cancer: Follow-Up Question 2
<b>Definition:</b>	Please indicate if the patient's cancer/other cancer limits their function
<b>Supporting Definition:</b>	Based upon the Self-administered Comorbidity Questionnaire (Sangha et al, 2003). Phrased as a patient-reported measure, but information can be abstracted by other means if patient is unable to answer.
<b>Displayed Value:</b>	Does your cancer/other cancer limit your activities?
<b>Inclusion Criteria:</b>	If answered 9= Cancer/Other cancer to ComorbiditiesSACQ
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0= No 1= Yes
<b>Variable ID:</b>	ComorbiditiesSACQ_DepressionFU1
<b>Variable:</b>	SACQ comorbidities: Depression: Follow-Up Question 1
<b>Definition:</b>	Please indicate if the patient receives treatment for depression
<b>Supporting Definition:</b>	Based upon the Self-administered Comorbidity Questionnaire (Sangha et al, 2003). Phrased as a patient-reported measure, but information can be abstracted by other means if patient is unable to answer.
<b>Displayed Value:</b>	Do you receive treatment for depression?
<b>Inclusion Criteria:</b>	If answered 10= Depression to ComorbiditiesSACQ
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer

<b>Value Domain:</b>	Code
<b>Response Options:</b>	0= No 1= Yes
<b>Variable ID:</b>	ComorbiditiesSACQ_DepressionFU2
<b>Variable:</b>	SACQ comorbidities: Depression: Follow-Up Question 2
<b>Definition:</b>	Please indicate if the patient's depression limits their function
<b>Supporting Definition:</b>	Based upon the Self-administered Comorbidity Questionnaire (Sangha et al, 2003). Phrased as a patient-reported measure, but information can be abstracted by other means if patient is unable to answer.
<b>Displayed Value:</b>	Does your depression limit your activities?
<b>Inclusion Criteria:</b>	If answered 10= Depression to ComorbiditiesSACQ
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0= No 1= Yes
<b>Variable ID:</b>	ComorbiditiesSACQ_OsteoarthritisFU1
<b>Variable:</b>	SACQ comorbidities: Osteoarthritis: Follow-Up Question 1
<b>Definition:</b>	Please indicate if the patient receives treatment for osteoarthritis/degenerative arthritis
<b>Supporting Definition:</b>	Based upon the Self-administered Comorbidity Questionnaire (Sangha et al, 2003). Phrased as a patient-reported measure, but information can be abstracted by other means if patient is unable to answer.
<b>Displayed Value:</b>	Do you receive treatment for osteoarthritis/degenerative arthritis?
<b>Inclusion Criteria:</b>	If answered 11= Osteoarthritis, degenerative arthritis to ComorbiditiesSACQ
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0= No 1= Yes
<b>Variable ID:</b>	ComorbiditiesSACQ_OsteoarthritisFU2
<b>Variable:</b>	SACQ comorbidities: Osteoarthritis: Follow-Up Question 2
<b>Definition:</b>	Please indicate if the patient's osteoarthritis/degenerative arthritis limits their function
<b>Supporting Definition:</b>	Based upon the Self-administered Comorbidity Questionnaire (Sangha et al, 2003). Phrased as a patient-reported measure, but information can be abstracted by other means if patient is unable to answer.
<b>Displayed Value:</b>	Does your osteoarthritis/degenerative arthritis limit your activities?
<b>Inclusion Criteria:</b>	If answered 11= Osteoarthritis, degenerative arthritis to ComorbiditiesSACQ
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0= No 1= Yes
<b>Variable ID:</b>	ComorbiditiesSACQ_BackPainFU1
<b>Variable:</b>	SACQ comorbidities: Back Pain: Follow-Up Question 1
<b>Definition:</b>	Please indicate if the patient receives treatment for back pain
<b>Supporting Definition:</b>	Based upon the Self-administered Comorbidity Questionnaire (Sangha et al, 2003). Phrased as a patient-reported measure, but information can be abstracted by other means if patient is unable to answer.
<b>Displayed Value:</b>	Do you receive treatment for back pain?
<b>Inclusion Criteria:</b>	If answered 12= Back pain to ComorbiditiesSACQ

<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0= No 1= Yes
<b>Variable ID:</b>	ComorbiditiesSACQ_BackPainFU2
<b>Variable:</b>	SACQ comorbidities: Back Pain: Follow-Up Question 2
<b>Definition:</b>	Please indicate if the patient's back pain limits their function
<b>Supporting Definition:</b>	Based upon the Self-administered Comorbidity Questionnaire (Sangha et al, 2003). Phrased as a patient-reported measure, but information can be abstracted by other means if patient is unable to answer.
<b>Displayed Value:</b>	Does your back pain limit your activities?
<b>Inclusion Criteria:</b>	If answered 12= Back pain to ComorbiditiesSACQ
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0= No 1= Yes
<b>Variable ID:</b>	ComorbiditiesSACQ_RheumatoidArthritisFU1
<b>Variable:</b>	SACQ comorbidities: Rheumatoid Arthritis: Follow-Up Question 1
<b>Definition:</b>	Please indicate if the patient receives treatment for rheumatoid arthritis
<b>Supporting Definition:</b>	Based upon the Self-administered Comorbidity Questionnaire (Sangha et al, 2003). Phrased as a patient-reported measure, but information can be abstracted by other means if patient is unable to answer.
<b>Displayed Value:</b>	Do you receive treatment for rheumatoid arthritis?
<b>Inclusion Criteria:</b>	If answered 13= Rheumatoid arthritis to ComorbiditiesSACQ
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0= No 1= Yes
<b>Variable ID:</b>	ComorbiditiesSACQ_RheumatoidArthritisFU2
<b>Variable:</b>	SACQ comorbidities: Rheumatoid Arthritis: Follow-Up Question 2
<b>Definition:</b>	Please indicate if the patient's rheumatoid arthritis limits their function
<b>Supporting Definition:</b>	Based upon the Self-administered Comorbidity Questionnaire (Sangha et al, 2003). Phrased as a patient-reported measure, but information can be abstracted by other means if patient is unable to answer.
<b>Displayed Value:</b>	Does your rheumatoid arthritis limit your activities?
<b>Inclusion Criteria:</b>	If answered 13= Rheumatoid arthritis to ComorbiditiesSACQ
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0= No 1= Yes
<b>Variable ID:</b>	ComorbiditiesSACQ_Other
<b>Variable:</b>	SACQ comorbidities: Other Medical Problems
<b>Definition:</b>	Please indicate what other medical problems the patient is experiencing
<b>Supporting Definition:</b>	Based upon the Self-administered Comorbidity Questionnaire (Sangha et al, 2003). Phrased as a patient-reported measure, but information can be abstracted by other means if patient is unable to answer.
<b>Displayed Value:</b>	What other medical problems are you experiencing?

<b>Inclusion Criteria:</b>	If answered 14= Other medical problems to ComorbiditiesSACQ
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	String
<b>Response Options:</b>	None
<b>Variable ID:</b>	ComorbiditiesSACQ_Score
<b>Variable:</b>	Score of the SACQ comorbidities questionnaire
<b>Definition:</b>	Please indicate the summed score for all of the patient's comorbidities
<b>Supporting Definition:</b>	An individual can receive a max of 3 points for each medical condition: 1 point for the presence of the problem, another point if he/she receives treatment for it, and an additional point if the problem causes a limitation in function. The Max score a patient can receive is 45 points
<b>Displayed Value:</b>	What is the total summed score of the patient's SACQ responses?
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Clinical
<b>Type:</b>	Numerical value
<b>Value Domain:</b>	Quantity
<b>Response Options:</b>	Total summed score
<b>Variable ID:</b>	SYMPDUR
<b>Variable:</b>	Duration of symptoms
<b>Definition:</b>	How many months have you been experiencing [specific condition] symptoms?
<b>Supporting Definition:</b>	Specific conditions include: Depression Generalized anxiety disorder Social phobia Agoraphobia Post-traumatic stress disorder Panic disorder Obsessive-compulsive disorder
<b>Displayed Value:</b>	None
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Numerical value
<b>Value Domain:</b>	Quantity
<b>Response Options:</b>	Numerical value of number of months
<b>Variable ID:</b>	PRIOREPI
<b>Variable:</b>	Prior episodes of depression
<b>Definition:</b>	Have you ever experienced similar episodes of depression?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	None
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	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 4 = My symptoms of depression do not occur in episodes
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## Prior Treatment

<b>Variable ID:</b>	TXMED
<b>Variable:</b>	Prior treatments: Medication
<b>Definition:</b>	During the last year, did you receive any of the following treatments for [specific condition]? Medication
<b>Supporting Definition:</b>	Specific conditions include: Depression Generalized anxiety disorder Social phobia Agoraphobia Post-traumatic stress disorder Panic disorder Obsessive-compulsive disorder
<b>Displayed Value:</b>	None
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = No 1 = Yes, 1-3 months 2 = Yes, 3-6 months 3 = Yes, more than 6 months
<b>Variable ID:</b>	TXPSY
<b>Variable:</b>	Prior treatments: Psychotherapy
<b>Definition:</b>	Has the person been treated with psychotherapy in the past?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	None
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = No 1 = Yes, 1-3 months 2 = Yes, 3-6 months 3 = Yes, more than 6 months
<b>Variable ID:</b>	TXOTHER
<b>Variable:</b>	Prior treatments: Other
<b>Definition:</b>	Other
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	None
<b>Inclusion Criteria:</b>	All patients

<b>Timing:</b>	Baseline Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = No 1 = Yes, 1-3 months 2 = Yes, 3-6 months 3 = Yes, more than 6 months
<b>Variable ID:</b>	MEDADHER
<b>Variable:</b>	Adherence to medication
<b>Definition:</b>	Did you take your medication as prescribed?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	None
<b>Inclusion Criteria:</b>	All patients If answered '1-3' on TXMED
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	code
<b>Response Options:</b>	0 = No 1 = Mostly 2 = Yes
<b>Variable ID:</b>	MEDADHERON_DEPRANX
<b>Variable:</b>	Adherence to medication
<b>Definition:</b>	Did you take your medication as prescribed <u>over the last two weeks?</u>
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	None
<b>Inclusion Criteria:</b>	All patients If answered '1-3' on TXMED
<b>Timing:</b>	Ongoing
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = No 1 = Mostly 2 = Yes
<b>Variable ID:</b>	MEDADHERANN
<b>Variable:</b>	Adherence to medication
<b>Definition:</b>	Did you take your medication as prescribed <u>over the last year?</u>
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	None
<b>Inclusion Criteria:</b>	All patients If answered '1-3' on TXMED
<b>Timing:</b>	Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = No 1 = Mostly 2 = Yes



## Treatment Variables

<b>Variable ID:</b>	TXMEDON
<b>Variable:</b>	Treatments: Medication
<b>Definition:</b>	During the last two weeks, did you receive any of the following treatments for [specific condition]? Medication
<b>Supporting Definition:</b>	Specific conditions include: Depression Generalized anxiety disorder Social phobia Agoraphobia Post-traumatic stress disorder Panic disorder Obsessive-compulsive disorder
<b>Displayed Value:</b>	None
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Ongoing
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = No 1 = Yes
<b>Variable ID:</b>	TXPSYON
<b>Variable:</b>	Treatments: Psychotherapy
<b>Definition:</b>	Is the person currently undergoing treatment with psychotherapy?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	None
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Ongoing
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = No 1 = Yes
<b>Variable ID:</b>	TXOTHERON
<b>Variable:</b>	Treatments: Other
<b>Definition:</b>	Other
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	None
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Ongoing
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = No 1 = Yes
<b>Variable ID:</b>	MEDADHERON
<b>Variable:</b>	Adherence to ongoing medication
<b>Definition:</b>	If you took any medication for [specific condition], did you take your medication as prescribed?

<b>Supporting Definition:</b>	Specific conditions include: Depression Generalized anxiety disorder Social phobia Agoraphobia Post-traumatic stress disorder Panic disorder Obsessive-compulsive disorder
<b>Displayed Value:</b>	None
<b>Inclusion Criteria:</b>	All patients If answered '1-3' on TXMED
<b>Timing:</b>	Ongoing
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = No 1 = Mostly 2 = Yes

## Symptom Burden

<b>Variable ID:</b>	PHQ9_Q01
<b>Variable:</b>	Question 1 of PHQ9
<b>Definition:</b>	Over the last 2 weeks, how often have you been bothered by any of the following: A. Little interest or pleasure in doing things?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	Over the last 2 weeks, how often have you been bothered by any of the following: A. Little interest or pleasure in doing things?
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day

<b>Variable ID:</b>	PHQ9_Q02
<b>Variable:</b>	Question 2 of PHQ9
<b>Definition:</b>	Over the last 2 weeks, how often have you been bothered by any of the following: B. Feeling down, depressed, or hopeless
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	Over the last 2 weeks, how often have you been bothered by any of the following: B. Feeling down, depressed, or hopeless
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer

<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day
<b>Variable ID:</b>	PHQ9_Q03
<b>Variable:</b>	Question 3 of PHQ9
<b>Definition:</b>	Over the last 2 weeks, how often have you been bothered by any of the following: C. Trouble falling or staying asleep, or sleeping too much?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	Over the last 2 weeks, how often have you been bothered by any of the following: C. Trouble falling or staying asleep, or sleeping too much?
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day
<b>Variable ID:</b>	PHQ9_Q04
<b>Variable:</b>	Question 4 of PHQ9
<b>Definition:</b>	Over the last 2 weeks, how often have you been bothered by any of the following: D. Feeling tired or having little energy?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	Over the last 2 weeks, how often have you been bothered by any of the following: D. Feeling tired or having little energy?
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day
<b>Variable ID:</b>	PHQ9_Q05
<b>Variable:</b>	Question 5 of PHQ9
<b>Definition:</b>	Over the last 2 weeks, how often have you been bothered by any of the following: E. Poor appetite or overeating?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	Over the last 2 weeks, how often have you been bothered by any of the following: E. Poor appetite or overeating?
<b>Inclusion Criteria:</b>	All patients

<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day
<b>Variable ID:</b>	PHQ9_Qo6
<b>Variable:</b>	Question 6 of PHQ9
<b>Definition:</b>	Over the last 2 weeks, how often have you been bothered by any of the following: F. Feeling bad about yourself - or that you are a failure or have let yourself or your family down?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	Over the last 2 weeks, how often have you been bothered by any of the following: F. Feeling bad about yourself - or that you are a failure or have let yourself or your family down?
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day
<b>Variable ID:</b>	PHQ9_Qo7
<b>Variable:</b>	Question 7 of PHQ9
<b>Definition:</b>	Over the last 2 weeks, how often have you been bothered by any of the following: G. Trouble concentrating on things, such as reading the newspaper or watching television?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	Over the last 2 weeks, how often have you been bothered by any of the following: G. Trouble concentrating on things, such as reading the newspaper or watching television?
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day
<b>Variable ID:</b>	PHQ9_Qo8

<b>Variable:</b>	Question 8 of PHQ9
<b>Definition:</b>	Over the last 2 weeks, how often have you been bothered by any of the following: H. 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?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	Over the last 2 weeks, how often have you been bothered by any of the following: H. 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?
<b>Inclusion Criteria:</b>	<b>All patients</b>
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day
<b>Variable ID:</b>	PHQ9_Q09
<b>Variable:</b>	Question 9 of PHQ9
<b>Definition:</b>	Over the last 2 weeks, how often have you been bothered by any of the following: I. Thoughts that you would be better off dead or of hurting yourself in some way?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	Over the last 2 weeks, how often have you been bothered by any of the following: I. Thoughts that you would be better off dead or of hurting yourself in some way?
<b>Inclusion Criteria:</b>	<b>All patients</b>
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day
<b>Variable ID:</b>	PHQ9_Q10
<b>Variable:</b>	Question 10 of PHQ9
<b>Definition:</b>	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?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	None
<b>Inclusion Criteria:</b>	<b>All patients</b>
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer

<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not difficult at all 1 = Somewhat difficult 2 = Very difficult 3 = Extremely difficult
<b>Variable ID:</b>	GAD7_Q1
<b>Variable:</b>	Question 1 of GAD7
<b>Definition:</b>	Over the last 2 weeks, how often have you been bothered by the following problems? 1: Feeling nervous, anxious, or on edge
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	Over the last 2 weeks, how often have you been bothered by the following problems? 1: Feeling nervous, anxious, or on edge
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all sure 1 = Several days 2 = Over half the days 3 = Nearly every day
<b>Variable ID:</b>	GAD7_Q2
<b>Variable:</b>	Question 2 of GAD7
<b>Definition:</b>	2: Not being able to stop or control worrying
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	2: Not being able to stop or control worrying
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all sure 1 = Several days 2 = Over half the days 3 = Nearly every day
<b>Variable ID:</b>	GAD7_Q3
<b>Variable:</b>	Question 3 of GAD7
<b>Definition:</b>	3: Worrying too much about different things
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	3: Worrying too much about different things
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported

<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all sure 1 = Several days 2 = Over half the days 3 = Nearly every day
<b>Variable ID:</b>	GAD7_Q4
<b>Variable:</b>	Question 4 of GAD7
<b>Definition:</b>	4: Trouble relaxing
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	4: Trouble relaxing
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all sure 1 = Several days 2 = Over half the days 3 = Nearly every day
<b>Variable ID:</b>	GAD7_Q5
<b>Variable:</b>	Question 5 of GAD7
<b>Definition:</b>	5: Being so restless that it's hard to sit still
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	5: Being so restless that it's hard to sit still
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all sure 1 = Several days 2 = Over half the days 3 = Nearly every day
<b>Variable ID:</b>	GAD7_Q6
<b>Variable:</b>	Question 6 of GAD7
<b>Definition:</b>	6: Becoming easily annoyed or irritable
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	6: Becoming easily annoyed or irritable
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code

<b>Response Options:</b>	0 = Not at all sure 1 = Several days 2 = Over half the days 3 = Nearly every day
<b>Variable ID:</b>	GAD7_Q7
<b>Variable:</b>	Question 7 of GAD7
<b>Definition:</b>	7: Feeling afraid as if something awful might happen
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	7: Feeling afraid as if something awful might happen
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all sure 1 = Several days 2 = Over half the days 3 = Nearly every day
<b>Variable ID:</b>	GAD7_Q8
<b>Variable:</b>	Question 8 of GAD7
<b>Definition:</b>	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?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	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?
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not difficult at all 1 = Somewhat difficult 2 = Very difficult 3 = Extremely difficult
<b>Variable ID:</b>	SPIN_Q01
<b>Variable:</b>	Question 1 of SPIN
<b>Definition:</b>	Please indicate how much the following problems have bothered you during the past week: 1: I am afraid of people in authority
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	Please indicate how much the following problems have bothered you during the past week: 1: I am afraid of people in authority
<b>Inclusion Criteria:</b>	Patients with social phobia
<b>Timing:</b>	Baseline Ongoing Annually



<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Somewhat 3 = Very much 4 = Extremely
<b>Variable ID:</b>	SPIN_Qo2
<b>Variable:</b>	Question 2 of SPIN
<b>Definition:</b>	2: I am bothered by blushing in front of people
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	2: I am bothered by blushing in front of people
<b>Inclusion Criteria:</b>	Patients with social phobia
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Somewhat 3 = Very much 4 = Extremely
<b>Variable ID:</b>	SPIN_Qo3
<b>Variable:</b>	Question 3 of SPIN
<b>Definition:</b>	3: Parties and social events scare me
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	3: Parties and social events scare me
<b>Inclusion Criteria:</b>	Patients with social phobia
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Somewhat 3 = Very much 4 = Extremely
<b>Variable ID:</b>	SPIN_Qo4
<b>Variable:</b>	Question 4 of SPIN
<b>Definition:</b>	4: I avoid talking to people I don't know
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	4: I avoid talking to people I don't know
<b>Inclusion Criteria:</b>	Patients with social phobia
<b>Timing:</b>	Baseline Ongoing Annually

<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Somewhat 3 = Very much 4 = Extremely
<b>Variable ID:</b>	SPIN_Qo5
<b>Variable:</b>	Question 5 of SPIN
<b>Definition:</b>	5: Being criticized scares me a lot
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	5: Being criticized scares me a lot
<b>Inclusion Criteria:</b>	Patients with social phobia
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Somewhat 3 = Very much 4 = Extremely
<b>Variable ID:</b>	SPIN_Qo6
<b>Variable:</b>	Question 6 of SPIN
<b>Definition:</b>	6: Fear of embarrassment causes me to avoid doing things or speaking to people
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	6: Fear of embarrassment causes me to avoid doing things or speaking to people
<b>Inclusion Criteria:</b>	Patients with social phobia
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Somewhat 3 = Very much 4 = Extremely
<b>Variable ID:</b>	SPIN_Qo7
<b>Variable:</b>	Question 7 of SPIN
<b>Definition:</b>	7: Sweating in front of people causes me distress
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	7: Sweating in front of people causes me distress
<b>Inclusion Criteria:</b>	Patients with social phobia
<b>Timing:</b>	Baseline Ongoing Annually

<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Somewhat 3 = Very much 4 = Extremely
<b>Variable ID:</b>	SPIN_Qo8
<b>Variable:</b>	Question 8 of SPIN
<b>Definition:</b>	8: I avoid going to parties
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	8: I avoid going to parties
<b>Inclusion Criteria:</b>	Patients with social phobia
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Somewhat 3 = Very much 4 = Extremely
<b>Variable ID:</b>	SPIN_Qo9
<b>Variable:</b>	Question 9 of SPIN
<b>Definition:</b>	9: I avoid activities in which I am the center of attention
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	9: I avoid activities in which I am the center of attention
<b>Inclusion Criteria:</b>	Patients with social phobia
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Somewhat 3 = Very much 4 = Extremely
<b>Variable ID:</b>	SPIN_Q10
<b>Variable:</b>	Question 10 of SPIN
<b>Definition:</b>	10: Talking to strangers scares me
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	10: Talking to strangers scares me
<b>Inclusion Criteria:</b>	Patients with social phobia
<b>Timing:</b>	Baseline Ongoing Annually

<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Somewhat 3 = Very much 4 = Extremely
<b>Variable ID:</b>	SPIN_Q11
<b>Variable:</b>	Question 11 of SPIN
<b>Definition:</b>	11: I avoid having to give speeches
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	11: I avoid having to give speeches
<b>Inclusion Criteria:</b>	Patients with social phobia
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Somewhat 3 = Very much 4 = Extremely
<b>Variable ID:</b>	SPIN_Q12
<b>Variable:</b>	Question 12 of SPIN
<b>Definition:</b>	12: I would do anything to avoid being criticized
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	12: I would do anything to avoid being criticized
<b>Inclusion Criteria:</b>	Patients with social phobia
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Somewhat 3 = Very much 4 = Extremely
<b>Variable ID:</b>	SPIN_Q13
<b>Variable:</b>	Question 13 of SPIN
<b>Definition:</b>	13: Heart palpitations bother me when I am around people
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	13: Heart palpitations bother me when I am around people
<b>Inclusion Criteria:</b>	Patients with social phobia
<b>Timing:</b>	Baseline Ongoing Annually

<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Somewhat 3 = Very much 4 = Extremely
<b>Variable ID:</b>	SPIN_Q14
<b>Variable:</b>	Question 14 of SPIN
<b>Definition:</b>	14: I am afraid of doing things when people might be watching
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	14: I am afraid of doing things when people might be watching
<b>Inclusion Criteria:</b>	Patients with social phobia
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Somewhat 3 = Very much 4 = Extremely
<b>Variable ID:</b>	SPIN_Q15
<b>Variable:</b>	Question 15 of SPIN
<b>Definition:</b>	15: Being embarrassed or looking stupid are among my worst fears
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	15: Being embarrassed or looking stupid are among my worst fears
<b>Inclusion Criteria:</b>	Patients with social phobia
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Somewhat 3 = Very much 4 = Extremely
<b>Variable ID:</b>	SPIN_Q16
<b>Variable:</b>	Question 16 of SPIN
<b>Definition:</b>	16: I avoid speaking to anyone in authority
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	16: I avoid speaking to anyone in authority
<b>Inclusion Criteria:</b>	Patients with social phobia
<b>Timing:</b>	Baseline Ongoing Annually

<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Somewhat 3 = Very much 4 = Extremely
<b>Variable ID:</b>	SPIN_Q17
<b>Variable:</b>	Question 17 of SPIN
<b>Definition:</b>	17: Trembling or shaking in front of others is distressing to me
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	17: Trembling or shaking in front of others is distressing to me
<b>Inclusion Criteria:</b>	Patients with social phobia
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Somewhat 3 = Very much 4 = Extremely
<b>Variable ID:</b>	MI_Q01
<b>Variable:</b>	Question 1 of MI
<b>Definition:</b>	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 VariableID.

**Displayed Value:**

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

	<p>OPEN SPACES</p> <ul style="list-style-type: none"> <li>- Outside (for example: fields, wide streets, courtyards)</li> <li>- Inside (for example: large rooms, lobbies)</li> </ul> <p>RIDING IN</p> <ul style="list-style-type: none"> <li>- Buses</li> <li>- Trains</li> <li>- Subways</li> <li>- Airplanes</li> <li>- Boats</li> </ul> <p>DRIVING OR RIDING IN A CAR</p> <ul style="list-style-type: none"> <li>- At anytime</li> <li>- On expressways</li> </ul> <p>SITUATIONS:</p> <ul style="list-style-type: none"> <li>- Standing in lines</li> <li>- Crossing bridges</li> <li>- Parties or social gatherings</li> <li>- Walking on the street</li> <li>- Staying home alone</li> <li>- Being far away from home</li> <li>- Other (specify):</li> </ul>
<b>Inclusion Criteria:</b>	Patients with agoraphobia
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = 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
<b>Variable ID:</b>	MI_Q01HIGH
<b>Variable:</b>	Free text response to height of high places
<b>Definition:</b>	Tell how high
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	Tell how high
<b>Inclusion Criteria:</b>	Patients with agoraphobia
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Free text
<b>Value Domain:</b>	Quantity
<b>Response Options:</b>	Numerical value of height in meters
<b>Variable ID:</b>	MI_Q01OTHER
<b>Variable:</b>	Free text response to other place or situation avoided due to discomfort or anxiety
<b>Definition:</b>	Specify other place or situation avoided due to discomfort or anxiety
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	Specify other place or situation avoided due to discomfort or anxiety
<b>Inclusion Criteria:</b>	Patients with agoraphobia



<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Free text
<b>Value Domain:</b>	String
<b>Response Options:</b>	Other place or situation avoided due to discomfort or anxiety
<b>Variable ID:</b>	MI_Q02
<b>Variable:</b>	Question 2 of MI
<b>Definition:</b>	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
<b>Supporting Definition:</b>	If Other is selected, specify with free text Select all that apply Split each response with a ','
<b>Displayed Value:</b>	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
<b>Inclusion Criteria:</b>	Patients with agoraphobia
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Multiple answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	1 = Theaters 2 = Supermarkets 3 = Shopping malls 4 = 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
<b>Variable ID:</b>	MI_Qo3a
<b>Variable:</b>	Question 3a of MI
<b>Definition:</b>	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.
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	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.
<b>Inclusion Criteria:</b>	Patients with agoraphobia
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Numerical value
<b>Value Domain:</b>	Quantity
<b>Response Options:</b>	Numerical value of number of panic attacks
<b>Variable ID:</b>	MI_Qo3b
<b>Variable:</b>	Question 3b of MI
<b>Definition:</b>	How severe or intense have the panic attacks been?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	How severe or intense have the panic attacks been?
<b>Inclusion Criteria:</b>	Patients with agoraphobia
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	1 = Very mild 2 = Mild 3 = Moderately 4 = Very 5 = Extremely
<b>Variable ID:</b>	MI_Qo4a
<b>Variable:</b>	Question 4a of MI
<b>Definition:</b>	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
<b>Supporting Definition:</b>	None

<b>Displayed Value:</b>	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
<b>Inclusion Criteria:</b>	Patients with agoraphobia If answered 'yes' on symptoms of agoraphobia (MI_Q05)
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Free text
<b>Value Domain:</b>	String
<b>Response Options:</b>	Description of location with free text
<b>Variable ID:</b>	MI_Q04b
<b>Variable:</b>	Question 4b of MI
<b>Definition:</b>	b. Its size (e.g. radius from home)
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	b. Its size (e.g. radius from home)
<b>Inclusion Criteria:</b>	Patients with agoraphobia If answered 'yes' on symptoms of agoraphobia (MI_Q05)
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Numerical value
<b>Value Domain:</b>	Quantity
<b>Response Options:</b>	Numerical value of size
<b>Variable ID:</b>	IESR_Q01
<b>Variable:</b>	Question 1 of IESR
<b>Definition:</b>	Below is a list of comments made by people after stressful life events. Please check each item, indicating how frequently these comments were true for you DURING THE PAST SEVEN DAYS: 1. Any reminder brought back feelings about it
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	Below is a list of comments made by people after stressful life events. Please check each item, indicating how frequently these comments were true for you DURING THE PAST SEVEN DAYS: 1. Any reminder brought back feelings about it
<b>Inclusion Criteria:</b>	Patients with post-traumatic stress disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
<b>Variable ID:</b>	IESR_Q02
<b>Variable:</b>	Question 2 of IESR
<b>Definition:</b>	2: I had trouble staying asleep
<b>Supporting Definition:</b>	None

<b>Displayed Value:</b>	2: I had trouble staying asleep
<b>Inclusion Criteria:</b>	Patients with post-traumatic stress disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
<b>Variable ID:</b>	IESR_Q03
<b>Variable:</b>	Question 3 of IESR
<b>Definition:</b>	3: Other things kept making me think about it
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	3: Other things kept making me think about it
<b>Inclusion Criteria:</b>	Patients with post-traumatic stress disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
<b>Variable ID:</b>	IESR_Q04
<b>Variable:</b>	Question 4 of IESR
<b>Definition:</b>	4: I felt irritable and angry
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	4: I felt irritable and angry
<b>Inclusion Criteria:</b>	Patients with post-traumatic stress disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
<b>Variable ID:</b>	IESR_Q05
<b>Variable:</b>	Question 5 of IESR
<b>Definition:</b>	5: I avoided letting myself get upset when I thought about it or was reminded of it
<b>Supporting Definition:</b>	None

<b>Displayed Value:</b>	5: I avoided letting myself get upset when I thought about it or was reminded of it
<b>Inclusion Criteria:</b>	Patients with post-traumatic stress disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
<b>Variable ID:</b>	IESR_Qo6
<b>Variable:</b>	Question 6 of IESR
<b>Definition:</b>	6: I thought about it when I didn't mean to
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	6: I thought about it when I didn't mean to
<b>Inclusion Criteria:</b>	Patients with post-traumatic stress disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
<b>Variable ID:</b>	IESR_Qo7
<b>Variable:</b>	Question 7 of IESR
<b>Definition:</b>	7: I felt as if it hadn't happened or wasn't real
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	7: I felt as if it hadn't happened or wasn't real
<b>Inclusion Criteria:</b>	Patients with post-traumatic stress disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
<b>Variable ID:</b>	IESR_Qo8
<b>Variable:</b>	Question 8 of IESR
<b>Definition:</b>	8: I stayed away from reminders about it
<b>Supporting Definition:</b>	None

<b>Displayed Value:</b>	8: I stayed away from reminders about it
<b>Inclusion Criteria:</b>	Patients with post-traumatic stress disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
<b>Variable ID:</b>	IESR_Q09
<b>Variable:</b>	Question 9 of IESR
<b>Definition:</b>	9: Images of it popped into my mind
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	9: Images of it popped into my mind
<b>Inclusion Criteria:</b>	Patients with post-traumatic stress disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
<b>Variable ID:</b>	IESR_Q10
<b>Variable:</b>	Question 10 of IESR
<b>Definition:</b>	10: I was jumpy and easily startled
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	10: I was jumpy and easily startled
<b>Inclusion Criteria:</b>	Patients with post-traumatic stress disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
<b>Variable ID:</b>	IESR_Q11
<b>Variable:</b>	Question 11 of IESR
<b>Definition:</b>	11: I tried not to think about it
<b>Supporting Definition:</b>	None

<b>Displayed Value:</b>	11: I tried not to think about it
<b>Inclusion Criteria:</b>	Patients with post-traumatic stress disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
<b>Variable ID:</b>	IESR_Q12
<b>Variable:</b>	Question 12 of IESR
<b>Definition:</b>	12: I was aware that I still had a lot of feelings about it, but I didn't deal with them
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	12: I was aware that I still had a lot of feelings about it, but I didn't deal with them
<b>Inclusion Criteria:</b>	Patients with post-traumatic stress disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
<b>Variable ID:</b>	IESR_Q13
<b>Variable:</b>	Question 13 of IESR
<b>Definition:</b>	13: My feelings about it were kind of numb
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	13: My feelings about it were kind of numb
<b>Inclusion Criteria:</b>	Patients with post-traumatic stress disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
<b>Variable ID:</b>	IESR_Q14
<b>Variable:</b>	Question 14 of IESR
<b>Definition:</b>	14: I found myself acting or feeling as though I was back at that time
<b>Supporting Definition:</b>	None

<b>Displayed Value:</b>	14: I found myself acting or feeling as though I was back at that time
<b>Inclusion Criteria:</b>	Patients with post-traumatic stress disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
<b>Variable ID:</b>	IESR_Q15
<b>Variable:</b>	Question 15 of IESR
<b>Definition:</b>	15: I had trouble falling asleep
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	15: I had trouble falling asleep
<b>Inclusion Criteria:</b>	Patients with post-traumatic stress disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
<b>Variable ID:</b>	IESR_Q16
<b>Variable:</b>	Question 16 of IESR
<b>Definition:</b>	16: I had waves of strong feelings about it
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	16: I had waves of strong feelings about it
<b>Inclusion Criteria:</b>	Patients with post-traumatic stress disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
<b>Variable ID:</b>	IESR_Q17
<b>Variable:</b>	Question 17 of IESR
<b>Definition:</b>	17: I tried to remove it from my memory
<b>Supporting Definition:</b>	None



<b>Displayed Value:</b>	17: I tried to remove it from my memory
<b>Inclusion Criteria:</b>	Patients with post-traumatic stress disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
<b>Variable ID:</b>	IESR_Q18
<b>Variable:</b>	Question 18 of IESR
<b>Definition:</b>	18: I had trouble concentrating
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	18: I had trouble concentrating
<b>Inclusion Criteria:</b>	Patients with post-traumatic stress disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
<b>Variable ID:</b>	IESR_Q19
<b>Variable:</b>	Question 19 of IESR
<b>Definition:</b>	19: Reminders of the event caused physical reactions such as sweating, difficulty in breathing, nausea, or palpitations
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	19: Reminders of the event caused physical reactions such as sweating, difficulty in breathing, nausea, or palpitations
<b>Inclusion Criteria:</b>	Patients with post-traumatic stress disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
<b>Variable ID:</b>	IESR_Q20
<b>Variable:</b>	Question 20 of IESR

<b>Definition:</b>	20: I had dreams about it
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	20: I had dreams about it
<b>Inclusion Criteria:</b>	Patients with post-traumatic stress disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
<b>Variable ID:</b>	IESR_Q21
<b>Variable:</b>	Question 21 of IESR
<b>Definition:</b>	21: I felt watchful and on-guard
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	21: I felt watchful and on-guard
<b>Inclusion Criteria:</b>	Patients with post-traumatic stress disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
<b>Variable ID:</b>	IESR_Q22
<b>Variable:</b>	Question 22 of IESR
<b>Definition:</b>	22: I tried not to talk about it
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	22: I tried not to talk about it
<b>Inclusion Criteria:</b>	Patients with post-traumatic stress disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
<b>Variable ID:</b>	PDSSSR_Q01
<b>Variable:</b>	Question 1 of PDSSSR

<b>Definition:</b>	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?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	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?
<b>Inclusion Criteria:</b>	Patients with panic disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = 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
<b>Variable ID:</b>	PDSSSR_Qo2
<b>Variable:</b>	Question 2 of PDSSSR
<b>Definition:</b>	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)
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	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)
<b>Inclusion Criteria:</b>	Patients with panic disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer

<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = 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)
<b>Variable ID:</b>	PDSSSR_Qo3
<b>Variable:</b>	Question 3 of PDSSSR
<b>Definition:</b>	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)?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	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)?
<b>Inclusion Criteria:</b>	Patients with panic disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = Occasionally or only mildly 2 = Frequently or moderately 3 = Very often or to a very disturbing degree 4 = Nearly constantly and to a disabling extent
<b>Variable ID:</b>	PDSSSR_Qo4
<b>Variable:</b>	Question 4 of PDSSSR
<b>Definition:</b>	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
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	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
<b>Inclusion Criteria:</b>	Patients with panic disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported

<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	<p>0 = None: no fear or avoidance</p> <p>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</p> <p>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</p> <p>3 = Severe: extensive avoidance. Substantial modification of my lifestyle was required to accommodate the avoidance making it difficult to manage usual activities</p> <p>4 = Extreme: pervasive disabling fear and/or avoidance. Extensive modification in my lifestyle was required such that important tasks were not performed</p>
<b>Variable ID:</b>	PDSSSR_Q05
<b>Variable:</b>	Question 5 of PDSSSR
<b>Definition:</b>	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
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	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
<b>Inclusion Criteria:</b>	Patients with panic disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	<p>0 = No fear or avoidance of situations or activities because of distressing physical sensations</p> <p>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</p> <p>2 = Moderate: noticeable avoidance but still manageable. There was definite, but limited, modification of my lifestyle such that my overall functioning was not impaired</p> <p>3 = Severe: extensive avoidance. There was substantial modification of my lifestyle or interference in my functioning</p> <p>4 = Extreme: pervasive and disabling avoidance. There was extensive modification</p>

	in my lifestyle due to this such that important tasks or activities were not performed
<b>Variable ID:</b>	PDSSSR_Qo6
<b>Variable:</b>	Question 6 of PDSSSR
<b>Definition:</b>	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)
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	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)
<b>Inclusion Criteria:</b>	Patients with panic disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = 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
<b>Variable ID:</b>	PDSSSR_Qo7
<b>Variable:</b>	Question 7 of PDSSSR
<b>Definition:</b>	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)
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	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)
<b>Inclusion Criteria:</b>	Patients with panic disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code

<b>Response Options:</b>	<p>0 = No interference</p> <p>1 = Slight interference with social activities, but I could do nearly everything I could if I didn't have these problems</p> <p>2 = Significant interference with social activities but I could manage to do most things if I made the effort</p> <p>3 = Substantial impairment in social activities; there are many social things I couldn't do because of these problems</p> <p>4 = Extreme, incapacitating impairment, such that there was hardly anything social I could do</p>
<b>Variable ID:</b>	OCI_Qo1
<b>Variable:</b>	Question 1 of OCI
<b>Definition:</b>	The following statements refer to experiences which many people have in their everyday lives. Please CIRCLE the number that best describes HOW MUCH that experience has DISTRESSED or BOTHERED YOU DURING THE PAST MONTH: 1. Unpleasant thoughts come into my mind against my will and I cannot get rid of them.
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	The following statements refer to experiences which many people have in their everyday lives. Please CIRCLE the number that best describes HOW MUCH that experience has DISTRESSED or BOTHERED YOU DURING THE PAST MONTH: 1. Unpleasant thoughts come into my mind against my will and I cannot get rid of them.
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	<p>0 = Not at all</p> <p>1 = A little</p> <p>2 = Moderately</p> <p>3 = A lot</p> <p>4 = Extremely</p>
<b>Variable ID:</b>	OCI_Qo2
<b>Variable:</b>	Question 2 of OCI
<b>Definition:</b>	2: I think contact with bodily secretions (sweat, saliva, blood, urine, etc.) may contaminate my clothes or somehow harm me
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	2: I think contact with bodily secretions (sweat, saliva, blood, urine, etc.) may contaminate my clothes or somehow harm me
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	<p>0 = Not at all</p> <p>1 = A little</p> <p>2 = Moderately</p>

	3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Qo3
<b>Variable:</b>	Question 3 of OCI
<b>Definition:</b>	3: I ask people to repeat things to me several times, even though I understood them the first time
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	3: I ask people to repeat things to me several times, even though I understood them the first time
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Qo4
<b>Variable:</b>	Question 4 of OCI
<b>Definition:</b>	4: I wash and clean obsessively
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	4: I wash and clean obsessively
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Qo5
<b>Variable:</b>	Question 5 of OCI
<b>Definition:</b>	5: I have to review mentally past events, conversations and actions to make sure that I didn't do something wrong
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	5: I have to review mentally past events, conversations and actions to make sure that I didn't do something wrong
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer



<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Qo6
<b>Variable:</b>	Question 6 of OCI
<b>Definition:</b>	6: I have saved up so many things that they get in the way
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	6: I have saved up so many things that they get in the way
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Qo7
<b>Variable:</b>	Question 7 of OCI
<b>Definition:</b>	7: I check things more often than necessary
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	7: I check things more often than necessary
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Qo8
<b>Variable:</b>	Question 8 of OCI
<b>Definition:</b>	8: I avoid using public toilets because I am afraid of disease or contamination
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	8: I avoid using public toilets because I am afraid of disease or contamination
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer

<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q09
<b>Variable:</b>	Question 9 of OCI
<b>Definition:</b>	9: I repeatedly check doors, windows, drawers etc.
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	9: I repeatedly check doors, windows, drawers etc.
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q10
<b>Variable:</b>	Question 10 of OCI
<b>Definition:</b>	10: I repeatedly check gas/water taps/light switches after turning them off
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	10: I repeatedly check gas/water taps/light switches after turning them off
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q11
<b>Variable:</b>	Question 11 of OCI
<b>Definition:</b>	11: I collect things I don't need
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	11: I collect things I don't need
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer

<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q12
<b>Variable:</b>	Question 12 of OCI
<b>Definition:</b>	12: I have thoughts of having hurt someone without knowing it
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	12: I have thoughts of having hurt someone without knowing it
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q13
<b>Variable:</b>	Question 13 of OCI
<b>Definition:</b>	13: I have thoughts that I might want to harm myself or others
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	13: I have thoughts that I might want to harm myself or others
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q14
<b>Variable:</b>	Question 14 of OCI
<b>Definition:</b>	14: I get upset if objects are not arranged properly
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	14: I get upset if objects are not arranged properly
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer

<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q15
<b>Variable:</b>	Question 15 of OCI
<b>Definition:</b>	15: I feel obliged to follow a particular order in dressing, undressing and washing myself
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	15: I feel obliged to follow a particular order in dressing, undressing and washing myself
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q16
<b>Variable:</b>	Question 16 of OCI
<b>Definition:</b>	16: I feel compelled to count while I'm doing thing
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	16: I feel compelled to count while I'm doing thing
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q17
<b>Variable:</b>	Question 17 of OCI
<b>Definition:</b>	17: I am afraid of impulsively doing embarrassing or harmful things
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	17: I am afraid of impulsively doing embarrassing or harmful things
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually

<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q18
<b>Variable:</b>	Question 18 of OCI
<b>Definition:</b>	18: I need to pray to cancel bad thoughts or feelings
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	18: I need to pray to cancel bad thoughts or feelings
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q19
<b>Variable:</b>	Question 19 of OCI
<b>Definition:</b>	19: I keep on checking forms or other things I have written
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	19: I keep on checking forms or other things I have written
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q20
<b>Variable:</b>	Question 20 of OCI
<b>Definition:</b>	20: I get upset at the sight of knives, scissors or other sharp objects in case I lose control with them
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	20: I get upset at the sight of knives, scissors or other sharp objects in case I lose control with them
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder

<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q21
<b>Variable:</b>	Question 21 of OCI
<b>Definition:</b>	21: I am obsessively concerned about cleanliness
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	21: I am obsessively concerned about cleanliness
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q22
<b>Variable:</b>	Question 22 of OCI
<b>Definition:</b>	22: I find it difficult to touch an object when I know it has been touched by strangers or certain people
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	22: I find it difficult to touch an object when I know it has been touched by strangers or certain people
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q23
<b>Variable:</b>	Question 23 of OCI
<b>Definition:</b>	23: I need things to be arranged in a particular order
<b>Supporting Definition:</b>	None

<b>Displayed Value:</b>	23: I need things to be arranged in a particular order
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q24
<b>Variable:</b>	Question 24 of OCI
<b>Definition:</b>	24: I get behind in my work because I repeat things over and over again
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	24: I get behind in my work because I repeat things over and over again
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q25
<b>Variable:</b>	Question 25 of OCI
<b>Definition:</b>	25: I feel I have to repeat certain numbers
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	25: I feel I have to repeat certain numbers
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q26
<b>Variable:</b>	Question 26 of OCI
<b>Definition:</b>	26: After doing something carefully, I still have the impression I have not finished it
<b>Supporting Definition:</b>	None

<b>Displayed Value:</b>	26: After doing something carefully, I still have the impression I have not finished it
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q27
<b>Variable:</b>	Question 27 of OCI
<b>Definition:</b>	27: I find it difficult to touch rubbish or dirty things
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	27: I find it difficult to touch rubbish or dirty things
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q28
<b>Variable:</b>	Question 28 of OCI
<b>Definition:</b>	28: I find it difficult to control my own thoughts
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	28: I find it difficult to control my own thoughts
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q29
<b>Variable:</b>	Question 29 of OCI
<b>Definition:</b>	29: I have to do things over and over again until it feels right
<b>Supporting Definition:</b>	None



<b>Displayed Value:</b>	29: I have to do things over and over again until it feels right
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q30
<b>Variable:</b>	Question 30 of OCI
<b>Definition:</b>	30: I am upset by unpleasant thoughts that come into my mind against my will
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	30: I am upset by unpleasant thoughts that come into my mind against my will
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q31
<b>Variable:</b>	Question 31 of OCI
<b>Definition:</b>	31: Before going to sleep I have to do certain things in a certain way
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	31: Before going to sleep I have to do certain things in a certain way
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q32
<b>Variable:</b>	Question 32 of OCI
<b>Definition:</b>	32: I go back to places to make sure that I have not harmed anyone
<b>Supporting Definition:</b>	None

<b>Displayed Value:</b>	32: I go back to places to make sure that I have not harmed anyone
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q33
<b>Variable:</b>	Question 33 of OCI
<b>Definition:</b>	33: I frequently get nasty thoughts and have difficulty getting rid of them
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	33: I frequently get nasty thoughts and have difficulty getting rid of them
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q34
<b>Variable:</b>	Question 34 of OCI
<b>Definition:</b>	34: I avoid throwing things away because I am afraid I might need them later
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	34: I avoid throwing things away because I am afraid I might need them later
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q35
<b>Variable:</b>	Question 35 of OCI
<b>Definition:</b>	35: I get upset if others have changed the way I have arranged my things
<b>Supporting Definition:</b>	None

<b>Displayed Value:</b>	35: I get upset if others have changed the way I have arranged my things
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q36
<b>Variable:</b>	Question 36 of OCI
<b>Definition:</b>	36: I feel that I must repeat certain words or phrases in my mind I order to wipe out bad thoughts, feelings or actions
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	36: I feel that I must repeat certain words or phrases in my mind I order to wipe out bad thoughts, feelings or actions
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q37
<b>Variable:</b>	Question 37 of OCI
<b>Definition:</b>	37: After I have done things, I have persistent doubts about whether I really did them
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	37: After I have done things, I have persistent doubts about whether I really did them
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely

<b>Variable ID:</b>	OCI_Q38
<b>Variable:</b>	Question 38 of OCI
<b>Definition:</b>	38: I sometimes have to wash or clean myself simply because I feel contaminated
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	38: I sometimes have to wash or clean myself simply because I feel contaminated
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q39
<b>Variable:</b>	Question 39 of OCI
<b>Definition:</b>	39: I feel that there are good and bad numbers
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	39: I feel that there are good and bad numbers
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q40
<b>Variable:</b>	Question 40 of OCI
<b>Definition:</b>	40: I repeatedly check anything that might cause a fire
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	40: I repeatedly check anything that might cause a fire
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely

<b>Variable ID:</b>	OCI_Q41
<b>Variable:</b>	Question 41 of OCI
<b>Definition:</b>	41: Even when I do something very carefully I feel that it is not quite right
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	41: Even when I do something very carefully I feel that it is not quite right
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely
<b>Variable ID:</b>	OCI_Q42
<b>Variable:</b>	Question 42 of OCI
<b>Definition:</b>	42: I wash my hands more often, or for longer than necessary
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	42: I wash my hands more often, or for longer than necessary
<b>Inclusion Criteria:</b>	Patients with obsessive-compulsive disorder
<b>Timing:</b>	Baseline Ongoing Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all 1 = A little 2 = Moderately 3 = A lot 4 = Extremely

## Functioning

<b>Variable ID:</b>	WHODAS_Qo1
<b>Variable:</b>	Question 1 of WHODAS 2.0
<b>Definition:</b>	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?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	This questionnaire asks about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or

	<p>long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs.</p> <p>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:</p> <p>S1: Standing for long periods such as 30 minutes?</p>
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme or cannot do
<b>Variable ID:</b>	WHODAS_Q02
<b>Variable:</b>	Question 2 of WHODAS 2.0
<b>Definition:</b>	S2: Taking care of your household responsibilities?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	S2: Taking care of your household responsibilities?
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme or cannot do
<b>Variable ID:</b>	WHODAS_Q03
<b>Variable:</b>	Question 3 of WHODAS 2.0
<b>Definition:</b>	S3: Learning a new task, for example, learning how to get to a new place?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	S3: Learning a new task, for example, learning how to get to a new place?
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme or cannot do

<b>Variable ID:</b>	WHODAS_Qo4
<b>Variable:</b>	Question 4 of WHODAS 2.0
<b>Definition:</b>	S4: How much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	S4: How much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme or cannot do
<b>Variable ID:</b>	WHODAS_Qo5
<b>Variable:</b>	Question 5 of WHODAS 2.0
<b>Definition:</b>	S5: How much have you been emotionally affected by your health problems?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	S5: How much have you been emotionally affected by your health problems?
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme or cannot do
<b>Variable ID:</b>	WHODAS_Qo6
<b>Variable:</b>	Question 6 of WHODAS 2.0
<b>Definition:</b>	S6: Concentrating on doing something for ten minutes?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	S6: Concentrating on doing something for ten minutes?
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = None 1 = Mild 2 = Moderate

	3 = Severe 4 = Extreme or cannot do
<b>Variable ID:</b>	WHODAS_Qo7
<b>Variable:</b>	Question 7 of WHODAS 2.0
<b>Definition:</b>	S7: Walking a long distance such as a kilometer [or equivalent]?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	S7: Walking a long distance such as a kilometer [or equivalent]?
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme or cannot do
<b>Variable ID:</b>	WHODAS_Qo8
<b>Variable:</b>	Question 8 of WHODAS 2.0
<b>Definition:</b>	S8: Washing your whole body?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	S8: Washing your whole body?
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme or cannot do
<b>Variable ID:</b>	WHODAS_Qo9
<b>Variable:</b>	Question 9 of WHODAS 2.0
<b>Definition:</b>	S9: Getting dressed?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	S9: Getting dressed?
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme or cannot do
<b>Variable ID:</b>	WHODAS_Q10



<b>Variable:</b>	Question 10 of WHODAS 2.0
<b>Definition:</b>	S10: Dealing with people you do not know?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	S10: Dealing with people you do not know?
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme or cannot do
<b>Variable ID:</b>	WHODAS_Q11
<b>Variable:</b>	Question 11 of WHODAS 2.0
<b>Definition:</b>	S11: Maintaining a friendship
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	S11: Maintaining a friendship
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme or cannot do
<b>Variable ID:</b>	WHODAS_Q12
<b>Variable:</b>	Question 12 of WHODAS 2.0
<b>Definition:</b>	S12: Your day-to-day work?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	S12: Your day-to-day work?
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme or cannot do
<b>Variable ID:</b>	GLOBASSESS
<b>Variable:</b>	Global assessment
<b>Definition:</b>	Compared with how you were doing one year ago, would you say that now you are _____?

<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	Compared with how you were doing one year ago, would you say that now you are _____?
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	1 = Much worse 2 = A little worse 3 = About the same 4 = A little better 5 = Much better

## Recovery Speed & Health Sustainability

<b>Variable ID:</b>	ABSENT
<b>Variable:</b>	Disease-related absenteeism
<b>Definition:</b>	How many working days have you missed within the last month due to illness?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	How many working days have you missed within the last month due to illness?
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Numerical value
<b>Value Domain:</b>	Quantity
<b>Response Options:</b>	Numerical value of number of days
<b>Variable ID:</b>	TREATWORK
<b>Variable:</b>	Overall success of treatment
<b>Definition:</b>	Has the treatment of your depression or anxiety over the last year been successful?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	Has the treatment of your depression or anxiety over the last year been successful?
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all successful 1 = Somewhat successful 2 = Moderately successful 3 = Very successful
<b>Variable ID:</b>	EPIANN
<b>Variable:</b>	Recurrence of depression
<b>Definition:</b>	Have you experienced any episodes of depression within the last year?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	Have you experienced any episodes of depression within the last year?
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code

<b>Response Options:</b>	0 = I experienced no episodes 1 = I had one episode 2 = I had several episodes 3 = My symptoms of depression do not occur in episodes
<b>Variable ID:</b>	OUTEXPECANN
<b>Variable:</b>	Patient's outcome expectancy
<b>Definition:</b>	If you are currently undergoing therapy, how successful do you think your current therapy will be in reducing your symptoms in the future?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	If you are currently undergoing therapy, how successful do you think your current therapy will be in reducing your symptoms in the future?
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = Not at all successful 1 = Somewhat successful 2 = Moderately successful 3 = Very successful

## Other

<b>Variable ID:</b>	MEDSE_Q01
<b>Variable:</b>	Medication side-effects
<b>Definition:</b>	Did you experience any side-effects from the medication?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	Did you experience any side-effects from the medication?
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = No 1 = Yes
<b>Variable ID:</b>	MEDSE_Q02
<b>Variable:</b>	Type of medication side-effects
<b>Definition:</b>	If yes, please indicate which side-effects you experienced
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	If yes, please indicate which side-effects you experienced
<b>Inclusion Criteria:</b>	All patients If answered "1= Yes" to MEDSE_Q01
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Multiple answer Select all that apply In the case that more than one side-effect is selected, split each response with a ';'.
<b>Value Domain:</b>	Code
<b>Response Options:</b>	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)
<b>Variable ID:</b>	MEDSE_Qo2OTHER
<b>Variable:</b>	Type of medication side-effect other than those explicitly listed
<b>Definition:</b>	Please indicate the side-effect you have experienced
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	Please indicate the side-effect you have experienced
<b>Inclusion Criteria:</b>	All patients If answered "888= Other" to MEDSE_Qo2
<b>Timing:</b>	Baseline
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Free text
<b>Value Domain:</b>	String
<b>Response Options:</b>	Medication side-effect
<b>Variable ID:</b>	MEDSE_Qo1ON
<b>Variable:</b>	Medication side-effects
<b>Definition:</b>	Did you experience any side-effects from the medication during the last two weeks?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	Did you experience any side-effects from the medication during the last two weeks?
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Ongoing
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = No 1 = Yes
<b>Variable ID:</b>	MEDSE_Qo2ON
<b>Variable:</b>	Type of medication side-effects
<b>Definition:</b>	If yes, please indicate which side-effects you experienced during the last two weeks
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	If yes, please indicate which side-effects you experienced during the last two weeks
<b>Inclusion Criteria:</b>	All patients If answered "1= Yes" to MEDSE_Qo1
<b>Timing:</b>	Ongoing
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Multiple answer Select all that apply In the case that more than one side-effect is selected, split each response with a ';'.
<b>Value Domain:</b>	Code
<b>Response Options:</b>	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)
<b>Variable ID:</b>	MEDSE_Qo2OTHERON
<b>Variable:</b>	Type of medication side-effect other than those explicitly listed
<b>Definition:</b>	Please indicate the side-effect you have experienced during the last two weeks
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	Please indicate the side-effect you have experienced during the last two weeks
<b>Inclusion Criteria:</b>	All patients If answered "888= Other" to MEDSE_Qo2
<b>Timing:</b>	Ongoing
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Free text
<b>Value Domain:</b>	String
<b>Response Options:</b>	Medication side-effect
<b>Variable ID:</b>	MEDSE_Qo1ANN
<b>Variable:</b>	Medication side-effects
<b>Definition:</b>	Did you experience any side-effects from the medication over the last year?
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	Did you experience any side-effects from the medication over the last year?
<b>Inclusion Criteria:</b>	All patients
<b>Timing:</b>	Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Single answer
<b>Value Domain:</b>	Code
<b>Response Options:</b>	0 = No 1 = Yes
<b>Variable ID:</b>	MEDSE_Qo2ANN
<b>Variable:</b>	Type of medication side-effects
<b>Definition:</b>	If yes, please indicate which side-effects you experienced over the last year
<b>Supporting Definition:</b>	None
<b>Displayed Value:</b>	If yes, please indicate which side-effects you experienced over the last year
<b>Inclusion Criteria:</b>	All patients If answered "1= Yes" to MEDSE_Qo1
<b>Timing:</b>	Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Multiple answer Select all that apply In the case that more than one side-effect is selected, split each response with a ','
<b>Value Domain:</b>	Code
<b>Response Options:</b>	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)
<b>Variable ID:</b>	MEDSE_Qo2OTHERANN
<b>Variable:</b>	Type of medication side-effect other than those explicitly listed
<b>Definition:</b>	Please indicate the side-effect you have experienced over the last year
<b>Supporting Definition:</b>	None

<b>Displayed Value:</b>	Please indicate the side-effect you have experienced over the last year
<b>Inclusion Criteria:</b>	All patients If answered "888= Other" to MEDSE_Q02
<b>Timing:</b>	Annually
<b>Data Source:</b>	Patient-reported
<b>Type:</b>	Free text
<b>Value Domain:</b>	String
<b>Response Options:</b>	Medication side-effect

# ICHOM Contact Information

<b>Website</b>	<a href="http://www.ichom.org">http://www.ichom.org</a>
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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: <a href="mailto:ichomteam@ichom.org">ichomteam@ichom.org</a>
2.3.2	Collecting Case-Mix Variables and Outcomes	Specified to use the 12-item Instrument for WHODAS 2.0
4.0.0	Data Dictionary, Appendix	Harmonisation updates
4.0.0	Whole Document	Wording change. Replacing 'Standard Sets' to 'Sets of Patient-Centered Outcome Measures'



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