

# Interview for Mood and Anxiety Symptoms – Revised

# IMAS-R

## INTERVIEWER INSTRUCTIONS

- 1 If a participant gives a response that you cannot confidently rate, ask for elaboration (e.g., “what do you mean?,” “can you tell me more about it?,” etc.). Often you may need to clarify frequency of the symptom (e.g., “how often was that?,” “was it present more than half of the days?”) or severity (“how bad was it?,” “was it a problem?”). Ask for elaboration to a question no more than twice.
- 2 You do not need to ask for elaboration if the participant gives a short but clear response (e.g., “yes” or “no”) unless you have doubts that he or she followed the instructions. If the participant appears to be confused or you have any doubts whether he or she understood the question, remind the participant about the instructions (e.g., timeline), repeat the question, or verify understanding (“do you understand what I mean?”).
- 3 If a participant responds before you finish reading an item, tell them that you need to ask the entire question because the ending sometimes changes the meaning of the question. Then proceed by reading the rest of the question.
- 4 Text in **CAPS** are the instructions for the interviewer; do not read them to participants. In the interview some words and phrases are highlighted. **Bold** font indicates that you should emphasize this to the participant, and an underline calls your attention to the phrase. § - marks indicate the beginning and end of a skip out. Please keep in mind that some skip outs are positioned in a module.
- 5 Most items are rated on a 3-point scale. Please follow these guidelines in making these ratings:

NR	<u>Refused to answer</u> , says “ <u>don’t know</u> ,” or gives a <u>response that is unclear</u> even after elaboration and does not appear to reflect a clinical or subclinical problem.
0	Symptom is <u>clearly absent</u> (e.g. says “no,” or the issue is minor).
1	Symptom is <u>subclinical</u> . The issue is a concern but not a serious problem. In other words, the participant is having more difficulties than most people but not at the pathological level. Symptom is <u>subthreshold</u> . It meets some criteria but not all and is not minor. Response is <u>unclear but suggests clinical or subclinical severity</u> .
2	Symptom is <u>clearly present</u> (e.g., says “yes,” or clearly meets the criteria).

## PARTICIPANT INSTRUCTIONS

I'm going to ask you some questions about how you have been feeling **during the past month**.

Please try to answer these questions **honestly and openly**. Also, remember that everything that you tell me will be confidential.

I have quite a few questions to ask, so please don't spend too much time on each one. I'll be happy to answer any questions that you may have at the end of the interview.

If you are uncomfortable answering a question, let me know, and we can skip it.

Please keep in mind that all of these questions are about your experiences **during the past month**.

Do you have any questions so far?

Before we begin, I would like to ask you a few questions about your background.

- 1 What is your gender? [DON'T ASK IF OBVIOUS]
- 2 How old are you?
- 3 What is your ethnic background?
  - (0) European/Caucasian
  - (1) African American
  - (2) Hispanic
  - (3) Asian
  - (4) Other/Multiethnic

IF PARTICIPANT SHOWS HESITATION ON ANY OF THE FOLLOWING QUESTIONS SAY: You don't have to answer this question, do you want to move on? IF SAYS YES, GO TO NEXT SECTION

- 4 Can you tell me if you have ever seen a mental health professional, such as a psychologist or a psychiatrist?

§ IF SAYS YES TO ABOVE ITEM (4), ASK:

- 5 Can you tell me what psychological problems you have been seen for?  
IF SAYS NO, GO TO THE NEXT SECTION

- 6 Were you diagnosed with anything?  
IF SAYS NO, GO TO THE NEXT SECTION

IF ALLUDES TO CURRENT PSYCHOLOGICAL PROBLEMS, ASK QUESTIONS 7 AND 8 AS CLARIFYING QUESTIONS AND MODIFY THEM APPROPRIATELY

- 7 Can you tell me if you are currently getting counseling?  
IF SAYS NO GO TO THE NEXT SECTION

- 8 Can you tell me what problems you're getting counseling for?  
IF SAYS NO GO TO THE NEXT SECTION

- 9 What diagnoses do you **currently** have?

§ END OF SKIP OUT

This first group of questions is about feelings of sadness or lack of interest. During **the past month** have you experienced any of the following:

- 1 Have you had a period of time lasting several days or longer when most of the day you felt sad, empty, or depressed?
- 2 Have you had a period of time lasting several days or longer when most of the day you were very discouraged about how things were going in your life?
- 3 Have you had a period of time lasting several days or longer when you lost interest in most things you usually enjoy like work, hobbies, and personal relationships?

§ IF RECEIVED A SCORE OF (1) OR (2) ON AT LEAST ONE OF THE ABOVE ITEMS (1-3), ASK:

ASK ABOUT A STATE ENDORSED ABOVE; IF MULTIPLE STATES ARE ENDORSED, USE "OR" (E.G., "SADNESS OR LACK OF INTEREST")

- 4 Were your feelings of [ sadness /discouragement /lack of interest ] usually worse in the morning than later in the day?
- 5 Episodes of this sort sometimes happen as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think your feelings of [ sadness /discouragement /lack of interest ] occurred as a result of such physical causes?

IF NO, SCORE (0) ; IF YES, ASK: How much of these feelings were due to these physical causes: (3) all of them, (2) most of them, or (1) some of them?

ASK: Can you tell me what these physical causes were?

- 6 Overall, how many days during **the past month** have you felt [ sad /discouraged /uninterested ] **most of the day**: (4) three weeks or more, (3) about two weeks, (2) about one week, (1) a few days, or (0) a day or less?
- 7 When you were feeling [ sad /discouraged /uninterested ] did it **usually** last: (4) all day long, (3) most of the day, (2) about half the day, (1) a few hours, or (0) less than a few hours?

§ END OF SKIP OUT

Now I am going to ask you whether you experienced certain things for **at least several days during the past month**. Tell me only about experiences that lasted at least several days.

IF YOU HAVE ANY DOUBTS THAT THE RESPONDENT DOES NOT FOLLOW THE TIME FRAME, REMIND THEM: Just to remind you, I am only asking about experiences that lasted at least several days; they did not have to last the whole month. SAY THIS NO MORE THAN TWICE

THE FIRST TWO TIMES A PARTICIPANT GIVES A POSITIVE RESPONSE, PROBE: And was this going on for at least several days during the past month?

- 8 Did you feel a lot less close to your friends and relatives for at least several days?
- 9 Have you had a much smaller appetite than usual?
- 10 Have you slept much less than usual?
- 11 Did you have a lot of trouble falling asleep?
- 12 Was it difficult to stay asleep?
- 13 Were you waking up much earlier than you needed?  
IF SAYS YES, PROBE: Was it also much earlier than you wanted?  
IF RESPONDS NEGATIVELY TO EITHER QUESTION, SCORE (0)
- 14 Did you sleep a lot more than usual?  
IF SAYS YES, PROBE: And did you sleep much more than you wanted?  
IF RESPONDS NEGATIVELY TO EITHER QUESTION, SCORE (0)
- 15 Were you feeling drowsy almost all day long?
- 16 Have you felt very tired or low in energy even when you haven't been working very hard?
- 17 Did it take you a lot of effort to do your everyday activities?
- 18 Did you stop many of your usual activities because you didn't have the energy to do them?
- 19 Did you talk more slowly than usual?
- 20 Did you move more slowly than is normal for you?
- 21 Has anyone noticed that you were talking or moving more slowly?
- 22 Did you feel like you were moving in slow motion?
- 23 Was it unusually difficult for you to get moving?
- 24 Did you feel the need to keep your hands occupied at all times?
- 25 Were you fidgeting much more than usual?
- 26 Did you have a lot of trouble sitting still?
- 27 Did you feel a lot more restless and agitated than usual?
- 28 Has anyone noticed that you were restless?
- 29 Did your thoughts come much more slowly than usual?
- 30 Have you had a lot of trouble concentrating?

- 31 Did you feel that you could not make up your mind about things you ordinarily have no trouble deciding about?
- 32 Did you feel hopeless about the future?
- 33 Did you feel completely worthless?
- 34 Did you feel very guilty?
- 35 Was your self-esteem much lower than usual?
- 36 Did you feel that you wanted to be alone rather than spend time with friends or relatives much more than usual?
- 37 Were you unable to enjoy the things you used to?
- 38 Did you feel a lot less talkative than usual?
- 39 Were you unable to laugh and see the funny side of things?
- 40 Were you much less interested in sex?
- 41 Were you much less interested in eating?
- 42 Did you often skip meals and not feel hungry?
- 43 Have you felt desperate?
- 44 Were you often thinking about death; either your own, someone else's, or death in general?

Have you experienced any of the following in the past month; it did not have to last for several days:

- 45 Have you thought that it would be better if you were dead?
- 46 Have you hurt yourself on purpose?
- 47 Have you seriously thought about committing suicide?

§ IF RECEIVED A SCORE OF 1 OR 2 ON AT LEAST ONE OF THE ABOVE ITEMS (8-47), ASK:

**48 IF ONLY ONE QUESTION WAS ENDORSED:**

In this section you mentioned a problem that has been bothering you. Overall, how much did this problem interfere with your life while you were having it: (4) extremely, (3) quite a bit, (2) somewhat, (1) a little, or (0) not at all?

**IF TWO OR MORE QUESTIONS WERE ENDORSED:**

In this section you mentioned some problems that have been bothering you. Overall, how much did these problems interfere with your life while you were having them: (4) extremely, (3) quite a bit, (2) somewhat, (1) a little, or (0) not at all?

§ END OF SKIP OUT

This group of questions is about feeling afraid and experiencing certain bodily sensations. During **the past month**:

- 1 Have you had an episode of fear or panic when all of a sudden you felt very frightened, anxious, or uneasy?
- 2 Have you had an episode when all of a sudden you became short of breath, dizzy, nauseous, or your heart pounded, [PAUSE] or you thought you might lose control, die, or go crazy?

§ IF RECEIVED A SCORE OF (1) OR (2) ON AT LEAST ONE ABOVE ITEM (1-2):

- 3 Episodes of this sort can happen in three different situations. First, they can happen unexpectedly, or “out of the blue.” Second, they can happen when a person has a very strong fear. For example, some people have a terrible fear of bugs or of heights or of being in a crowd. Third, they can happen when a person is in real danger, like a car accident or a bank robbery. Which of these situations describe your experiences the best – (2) did you have episodes that happened unexpectedly, [PAUSE] (1) happened in a situation that you strongly fear, [PAUSE] (0) or in a situation of real danger?

RECORD THE HIGHEST SCORE THAT APPLIES

- 4 Episodes like this sometimes happen as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. In the past month, do you think these episodes occurred as the result of such physical causes?

IF NO, SCORE (0); IF YES, ASK: How much of these feelings were due to these physical causes: (3) all of them, (2) most of them, or (1) some of them?

ASK: Can you tell me what these physical causes were?

Think of a **typical** episode of this sort that you have had in the past month. [PAUSE] During that time, which of the following experiences did you have? BEGIN ASKING SYMPTOMS

§ END OF SKIP OUT

IF RECEIVED A SCORE OF (0) ON BOTH ITEMS 1 AND 2:

Think of a time during the past month when you were very nervous or scared. [PAUSE] Can you think of such an occasion? During that time, which of the following experiences did you have? BEGIN ASKING SYMPTOMS

IF DENIES BEING “VERY NERVOUS OR SCARED,” SAY: Can you think of a time when you were the most nervous that you can remember, even if you were not very nervous? [PAUSE] During that time, which of the following experiences did you have?

- 5 During that time did your heart pound heavily or race rapidly?
- 6 During that time were you short of breath?
- 7 Did you have nausea or discomfort in your stomach?
- 8 Did you feel faint or dizzy?
- 9 Did you sweat noticeably?
- 10 Did you tremble or shake?
- 11 Did you feel like you were choking?
- 12 Did you have pain or discomfort in your chest?
- 13 Were you afraid that you might lose control of yourself?
- 14 Were you afraid that you might go crazy?
- 15 Did you feel that you weren't real or that you were disconnected from your body?
- 16 Did you feel that things around you weren't real?
- 17 Were you afraid that you might die?
- 18 Did you have hot flashes or chills?
- 19 Did you have numbness or tingling sensations?
- 20 Did you feel like you had a lump in your throat?

Now I am going to ask you a few questions about how you felt afterwards:

- 21 During the past month, did you often worry that you might get anxious like that again?
- 22 Did you often worry that something terrible might happen because of these feelings, like having a car accident, having a heart attack, or losing control?
- 23 Did you avoid certain situations because of fear about experiencing any of these feelings?
- 24 Have you changed your everyday activities because of these feelings?

§ IF RECEIVED A SCORE OF (1) OR (2) ON AT LEAST ONE ABOVE ITEM (5-24), ASK:

- 25 In the past month, how much did these feelings interfere with your life: (4) extremely, (3) quite a bit, (2) somewhat, (1) a little, or (0) not at all?
- 26 How long did these feelings usually last when you had an episode like that: (4) a few hours or more, (3) about one hour, (2) about half an hour, (1) about 10 minutes, or (0) a few minutes or less?

§ END OF SKIP OUT

This group of questions is about experiences related to social situations. I am going to give you a list of situations and ask if you **strongly fear** them or find them **very uncomfortable**.

THE FIRST TWO TIMES A PARTICIPANT GIVES A POSITIVE RESPONSE, PROBE: And do you strongly fear it or find it very uncomfortable?

- 1 Do you strongly fear or find it very uncomfortable to meet new people?
- 2 Do you strongly fear or find it very uncomfortable to talk to people in authority?
- 3 Talk to people that you are attracted to?
- 4 Speak up in a meeting or class?
- 5 Give a talk in front of an audience?
- 6 Take an important exam or interview for a job, even though you are well prepared?
- 7 Work while someone watches?
- 8 Enter a room where others are already present?
- 9 Having your body exposed, for example when wearing tight clothes or a bathing suit?
- 10 Write, read, eat, or drink while someone watches?
- 11 Being evaluated by others?
- 12 Performing while others watch you?

§ IF RECEIVED A SCORE OF (1) OR (2) ON AT LEAST ONE ABOVE ITEM (1-12), ASK:

**13** IF ONLY ONE QUESTION WAS ENDORSED:

In this section you mentioned that you have difficulties with a certain social situation. Do you think that your fear of this situation is much stronger than it should be?

IF TWO OR MORE QUESTIONS WERE ENDORSED:

In this section you mentioned that you have difficulties with certain social situations. Do you think that your fear of these situations is much stronger than it should be?

- 14 Are these difficulties related to embarrassment about having a physical or mental health problem or disability?
- 15 Overall, how much did these difficulties interfere with your life **in the past month**: (4) extremely, (3) quite a bit, (2) somewhat, (1) a little, or (0) not at all?

§ END OF SKIP OUT

This group of questions is about experiences related to different types of situations. I am going to give you a list of situations and ask if you **strongly fear** them or find them **very uncomfortable**.

THE FIRST TWO TIMES A PARTICIPANT GIVES A POSITIVE RESPONSE, PROBE: And do you strongly fear it or find it very uncomfortable?

- 1 Do you strongly fear or find it very uncomfortable using public transportation?
- 2 Do you strongly fear or find it very uncomfortable being in crowds?
- 3 Standing in a line?
- 4 Traveling away from home?
- 5 Being in a department store, shopping mall, or supermarket?
- 6 Crossing a bridge?
- 7 Being in an elevator?
- 8 Going through a tunnel?
- 9 Being in a locked room?
- 10 Being in a closed space, like a closet, a cellar, or a cave?
- 11 Being in a **large public space**, like a stadium, auditorium, or festival?
- 12 Being in a **small public place**, like a restaurant, classroom, or museum?
- 13 Do you have a strong fear of being stuck or trapped somewhere?

§ IF RECEIVED A SCORE OF (1) OR (2) ON AT LEAST ONE ABOVE ITEM (1-13), ASK:

People with experiences like this may fear various things about these situations. Which of the following fears do you experience?

- 14 Fear that there is some real danger, like that you might be robbed or assaulted?
- 15 Fear that you might get sick to your stomach or have diarrhea?
- 16 Fear that you might have an episode of panic or strong fear?
- 17 Fear that you might have a heart attack or some other emergency?
- 18 Fear that you might become physically ill and be unable to get help?
- 19 Fear that it might be difficult to escape?
- 20 Fear that it might be embarrassing to escape?

**21** IF ONLY ONE QUESTION WAS ENDORSED:

In this section you mentioned that you avoid a certain situation or find it very uncomfortable. Overall, how much does this interfere with your life: (4) extremely, (3) quite a bit, (2) somewhat, (1) a little, or (0) not at all?

IF TWO OR MORE QUESTIONS WERE ENDORSED:

In this section you mentioned that you avoid certain situations or find them very uncomfortable. Overall, how much does this interfere with your life: (4) extremely, (3) quite a bit, (2) somewhat, (1) a little, or (0) not at all?

§ END OF SKIP OUT

This group of questions is about a type of worrying that takes up a lot of time or is hard to control. I am going to ask you whether you experienced certain things **more days than not during the past month**. In other words, this section is about experiences that you had for more than 15 days, but these days don't have to be consecutive. Tell me only about things that you experienced more days than not.

IF YOU HAVE ANY DOUBTS THAT THE RESPONDENT DOES NOT FOLLOW THE TIME FRAME REMIND THEM: Just to remind you, I am only asking about experiences that you had more days than not during the past month. SAY THIS NO MORE THAN TWICE

THE FIRST TWO TIMES A PARTICIPANT GIVES A POSITIVE RESPONSE, PROBE: And did you experience this more days than not during the past month?

- 1 Did you worry a lot more days than not?
- 2 Were you nervous or anxious more days than not?
- 3 Were you so nervous or worried that you couldn't think about anything else, no matter how hard you tried?
- 4 Was it very hard for you to control your worry or anxiety?

§ IF RECEIVED A SCORE OF (1) OR (2) ON AT LEAST ONE ABOVE ITEM (1-4), ASK:

- 5 Did you worry so much or so strongly about only one topic?
- 6 Do you think that during the past month your worry and anxiety was a lot stronger than it should have been?
- 7 Worry and anxiety sometimes happen as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think your worry and anxiety was due to such physical causes?

IF NO, SCORE (0); IF YES, ASK: How much of this worry and anxiety was due to these physical causes: (3) all of it, (2) most of it, or (1) some of it?

ASK: Can you tell me what these physical causes were?

- 8 In the past month, how much did worry and anxiety interfere with your life: (4) extremely, (3) quite a bit, (2) somewhat, (1) a little, or (0) not at all?

Now let me ask you if in the past month you've had any of the following experiences **more days than not**: THE FIRST TWO TIMES A PARTICIPANT GIVES A POSITIVE RESPONSE, PROBE: And did you experience this more days than not during the past month?

§ END OF SKIP OUT

- 9** Were you restless or fidgety?
- 10** Did you get tired very easily?
- 11** Were you very irritable?
- 12** Did you have difficulty concentrating or keeping your mind on what you were doing?
- 13** Were your muscles tense, sore, or aching?
- 14** Did you have trouble falling or staying asleep?
- 15** Have you felt tense or wound up most of the day?
- 16** Did you have a frightened feeling, as if something awful was going to happen?

This group of questions is about repetitive thoughts and behaviors. During the past month, have you experienced any of the following:

THE FIRST TWO TIMES A PARTICIPANT GIVES A POSITIVE RESPONSE, PROBE ABOUT FREQUENCY; FOR EXAMPLE: Would you say that you did it often?

- 1 Did you have thoughts about dirt, germs, or contamination that kept coming back?
- 2 Did you feel the need to wash your hands again and again?
- 3 Did you **repeatedly** avoid physical contact with people because you were concerned about getting dirty or contaminated?
- 4 Would you avoid handling things that were touched by others whenever possible?
- 5 Did you still feel dirty after washing your hands or taking a shower?
- 6 Have you often wondered if everything was right even after you checked it multiple times?
- 7 Did you check things, such as turning off appliances or locking doors, again and again?
- 8 Have you **often** found yourself worrying whether you actually did something that you intended to do, such as turning off lights?
- 9 Were you checking what you were doing for mistakes over and over again (for example, while reading, writing, or using a calculator)?
- 10 Have you **often** experienced thoughts or images that were unpleasant or disturbing?
- 11 Have you **often** had unwanted thoughts or images that you **could not get out of your head**?
- 12 Did you have **repeated** thoughts that something terrible was going to happen, although you knew that it was not likely?
- 13 Did you have **recurring** thoughts involving aggression, injury, or violence?
- 14 Did you have unpleasant or disturbing thoughts involving sex that kept coming back?
- 15 Did you have **recurring** concerns about doing something sinful or evil?
- 16 Did you **repeatedly** feel the need to count objects, such as the books on a shelf, or floor tiles?
- 17 Did you **regularly** perform certain activities in a fixed, exactly defined order?
- 18 Did you repeat certain **routine** activities to avoid some terrible consequences?
- 19 Did you feel that certain activities needed to be done an exact number of times?
- 20 Have you been following certain rituals (for example, arranging or touching things a specific way)?
- 21 Did you **repeatedly** feel the need to start over when some part of your daily routine was interrupted?

§ IF RECEIVED A SCORE OF (1) OR (2) ON AT LEAST ONE ABOVE ITEM (1-21), ASK:

**22** In this section you mentioned that you have certain repetitive thoughts and behaviors. Overall, how much do these thoughts and behaviors interfere with your life: (4) extremely, (3) quite a bit, (2) somewhat, (1) a little, or (0) not at all?

§ END OF SKIP OUT

## POSTTRAUMATIC STRESS

For this section I would like you to think of an **intensely stressful, scary, or traumatic experience** that happened to you in the past. This event could have happened at any time in your life, but I'll be asking how it was affecting you in the past month. Please choose an event that has been affecting you the most during the past month. [PAUSE] Do you have an event like that in mind or do you need more time?

IF THE RESPONDENT CANNOT REMEMBER ANY SUCH EVENT, SAY: Then please use the most stressful event that you can think of that was affecting you in the past month.

IF VOLUNTEERS MULTIPLE EVENTS, SAY: Please tell me about the combined effect of these events. ALSO, SAY: "THESE EVENTS" INSTEAD OF "THE EVENT" FOR ALL ITEMS BELOW

- 1 In the past month, have you had disturbing thoughts or memories of the event that kept coming back?
- 2 In the past month, have you repeatedly had dreams or nightmares that reminded you of the event?
- 3 Were you frequently reminded of the event?
- 4 Did you usually become upset or distressed while thinking about the event?
- 5 Did you experience physical sensations such as sweating, increased heart rate, or heavy breathing, when reminded of the event?
- 6 Have you made considerable efforts to avoid thoughts or feelings associated with the event?
- 7 Have you made considerable efforts to avoid conversations that reminded you of the event?
- 8 Have you made considerable efforts to avoid people, places, or activities that reminded you of the event?
- 9 Were you unable to recall important details of the event?
- 10 If you feel comfortable, can you tell me what event you were thinking about when answering these questions?

IF PARTICIPANT SHOWS HESITATION, SAY: You don't have to answer this question. Do you want to move on?

§ IF RECEIVED A SCORE OF (1) OR (2) ON AT LEAST ONE ITEM (1-10), PROCEED TO THE SKIP OUT FOR QUESTIONS 11-14, DON'T ASK IF THE ANSWER IS OBVIOUS

IF PARTICIPANT RESPONDED TO ITEM 10, REPLACE "THE EVENT" WITH WHAT THEY REPORTED

- 11 Did the event involve you **witnessing actual or threatened death**?
- 12 Did the event involve you **experiencing a threat of death**?

- 13** Did the event involve you **witnessing actual or threatened serious injury**?
- 14** Did the event involve you **personally experiencing actual or threatened serious injury**?
- 15** To what extent did the event make you have feelings of intense fear, helplessness, or horror **when it first occurred**: (4) extremely, (3) quite a bit, (2) somewhat, (1) a little, or (0) not at all?
- 16** In this section you told me that in the past month you had certain reactions related to that stressful event. Overall, how long have the reactions been happening: (4) more than a year, (3) six months to one year, (2) three to six months, (1) one to three months, or (0) less than one month?
- 17** Overall, how much did these reactions interfere with your life in the **past month**: (4) extremely, (3) quite a bit, (2) somewhat, (1) a little, or (0) not at all?

§ END OF SKIP OUT

Now let me ask you if you had any of the following experiences in the past month:

- 1 In the past month, did you sometimes feel that you could not experience strong emotions, such as excitement, sadness, or anger?
- 2 Did you often feel emotionally numb?
- 3 In the past month, did you often feel very disconnected or emotionally cut-off from other people?
- 4 Have you often sensed that your life would be cut short (for example, you don't expect a career, or to get married, or to live very long)?
- 5 Have you felt that the world or things around you were "not real?"
- 6 Have you felt as if you were disconnected from your body?
- 7 Have you suddenly felt as if you were "in a daze" or not completely aware of your surroundings?
- 8 Did you often feel "on guard" or on edge?
- 9 Did you often feel extremely watchful of your surroundings?
- 10 Have you often felt overly attentive for signs of danger in your environment?
- 11 Have you been startled very easily?
- 12 Did you often feel jumpy or wound-up?
- 13 Did you often feel that something dangerous was about to happen?

§ IF RECEIVED A SCORE OF (1) OR (2) ON AT LEAST ONE OF THE ABOVE ITEMS (1-13), ASK:

**14** IF ONLY ONE QUESTION WAS ENDORSED: In this section you mentioned a problem that has been bothering you. Problems like this sometimes happen as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think that the problem occurred as a result of such physical causes?

IF TWO OR MORE QUESTIONS WERE ENDORSED: In this section you mentioned that some problems have been bothering you. Problems like this sometimes happen as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think that any of these problems occurred as a result of such physical causes?

IF NO, SCORE (0) ; IF YES, ASK: How much of these problems were due to these physical causes: (3) all of them, (2) most of them, or (1) some of them?

ASK: Can you tell me what these physical causes were?

§ END OF SKIP OUT

This group of questions is about experiences related to various animals, objects, and situations. I am going to give you a list of situations and ask if they would make you **very upset** or **nervous**.

THE FIRST TWO TIMES A PARTICIPANT GIVES A POSITIVE RESPONSE, PROBE: And would you almost always become very upset or nervous?

- 1 Would you almost always become very upset or nervous if you were faced with any kind of insect, such as spiders or cockroaches?
- 2 Would you almost always become very upset or nervous if you were faced with any kind of reptile, like a harmless snake or a lizard?
- 3 If you were faced with a slimy animal, like a worm or a snail?
- 4 If you saw a rat, a mouse, or a bat?
- 5 If you had to be in a dark place, like a poorly lit street or a room with the lights off?
- 6 If you were getting a shot or injection?
- 7 If you saw blood?  
CLEARLY GORY LIVE SCENES DO NOT COUNT
- 8 If you saw injury, even if there was no blood?
- 9 If you saw a gory or gruesome scene in a film or magazine?
- 10 If you were at a high place, like a roof, balcony, bridge, or staircase?
- 11 If you had to fly?
- 12 If you were faced with weather events, like storms, thunder or lightning?  
CLEARLY DANGEROUS WEATHER (E.G., TORNADO NEAR PERSON'S HOME) DOES NOT COUNT

§ IF RECEIVED A SCORE OF (1) OR (2) ON AT LEAST ONE ABOVE ITEM (1-12), ASK:

- 13 In this section you mentioned that you are afraid of certain things. Do you think this fear is much stronger than it should be?
- 14 Overall, how much does this fear interfere with your life: (4) extremely, (3) quite a bit, (2) somewhat, (1) a little, or (0) not at all?

§ END OF SKIP OUT

This group of questions is about irritability and feelings of annoyance during the past month. I am going to ask you whether you experienced certain things for **at least several days during the past month**. Tell me only about experiences that lasted at least several days.

IF YOU HAVE ANY DOUBT THAT THE RESPONDENT DOES NOT FOLLOW THE TIME FRAME, REMIND THEM: Just to remind you, I am only asking about experiences that lasted at least several days; they did not have to last the whole month. SAY THIS NO MORE THAN TWICE

- 1 Were you very irritable or grumpy most of the day for at least several days?
- 2 Did you find that for at least several days nearly everyone got on your nerves?
- 3 Were you so irritable that you started arguments, shouted at people, or had outbursts of anger?
- 4 Did you find that even little setbacks were very frustrating?
- 5 Were there many things that made you furious?
- 6 Have you lost your temper a number of times during the past month?

§ IF RECEIVED A SCORE OF (1) OR (2) ON AT LEAST ONE ABOVE ITEM (1-6), ASK:

- 7 In this section you mentioned that in the past month you were irritable. Overall, how much did this irritability interfere with your life: (4) extremely, (3) quite a bit, (2) somewhat, (1) a little, or (0) not at all?

§ END OF SKIP OUT

This group of questions is about feeling very happy or excited. I am going to ask you whether you experienced certain things for **at least several days during the past month**. Tell me only about experiences that lasted at least several days.

IF YOU HAVE ANY DOUBT THAT THE RESPONDENT DOES NOT FOLLOW THE TIME FRAME, REMIND THEM: Just to remind you, I am only asking about experiences that lasted at least several days; they did not have to last the whole month. SAY THIS NO MORE THAN TWICE

THE FIRST TWO TIMES A PARTICIPANT GIVES A POSITIVE RESPONSE, PROBE: And was this going on for at least several days during the past month?

- 1 Were you **extremely** and unusually self-confident or optimistic, **no matter what** was happening, for at least several days?
- 2 Did you feel a lot more hyper or overactive than usual for at least several days?
- 3 Have you had a lot more energy than is usual for you?

§ IF RECEIVED A SCORE OF (1) OR (2) ON AT LEAST ONE ABOVE ITEM (1-3), ASK:

ASK ABOUT A STATE ENDORSED ABOVE; IF MULTIPLE STATES ARE ENDORSED, USE "OR" (FOR EXAMPLE, "CONFIDENT OR HYPER").

- 4 How many days in the past month have you felt unusually [ confident /hyper /energetic ] for **most of the day**: (4) longer than two weeks, (3) between one and two weeks, (2) four to six days, (1) two to three days, or (0) one day or less?
- 5 When you were feeling unusually [ confident /hyper /energetic ] did it usually last: (4) all day long, (3) most of the day, (2) about half the day, (1) a few hours, or (0) less than a few hours?
- 6 Experiences of this sort sometimes happen as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think your unusual feelings of [ confidence /hyperactivity /energy ] occurred as a result of such physical causes?

IF NO, SCORE (0) ; IF YES, ASK: How much of these feelings were due to these physical causes: (3) all of them, (2) most of them, or (1) some of them?

ASK: Can you tell me what these physical causes were?

Let me ask you a few more questions. Again, tell me only about experiences that lasted **at least several days**.

THE FIRST TWO TIMES A PARTICIPANT GIVES A POSITIVE RESPONSE, PROBE: And was this going on for at least several days during the past month?

§ END OF SKIP OUT

- 7 Did others notice that you were unusually giddy or happy?
- 8 Did you have so much energy that others couldn't keep up with you?
- 9 Were you so confident in yourself that you became reckless?
- 10 Were you much more interested in sex?
- 11 Were you starting **many** new projects?
- 12 Did you sleep much less than usual and still not feel tired or sleepy?
- 13 Did you often talk a lot more than the situation required or talk so much that it was hard for other people to interrupt you?
- 14 Were you much more distracted by unimportant things?
- 15 Were your thoughts coming to you so quickly that you had trouble putting them into words?
- 16 Did your thoughts race through your head?
- 17 Did your thoughts keep jumping from one thing to another?
- 18 Did you believe that you could do many things you couldn't really do?
- 19 Did you feel invincible, like nothing could hurt you?
- 20 Have you done things that were very unusual for you and could have caused trouble for you or your family (for example: reckless spending, driving, or sexual behavior)?

§ IF RECEIVED A SCORE OF (1) OR (2) ON AT LEAST ONE ABOVE ITEM (1-20), ASK:

- 21 In this section you mentioned that in the past month you had some feelings and experiences that are not usual for you. How much did they interfere with your life: (4) extremely, (3) quite a bit, (2) somewhat, (1) a little, or (0) not at all?

§ END OF SKIP OUT







# IMAS-R SCORING

## DSM-5 SCORING

Add all non-skip out items for each module to create a total for each module. The totals contain all symptoms specified for each disorder in DSM-5.

## HIERARCHICAL STRUCTURE SCORING

The empirically derived, hierarchical scoring is described in Waszczuk, Kotov, Ruggero, Gamez, & Watson (in submission)<sup>1</sup>. This allows for the scoring of 31 homogenous components, 8 syndromes, 3 subfactors and 1 higher-order internalizing factor. Note that not all items/components are used in this scoring. PTSD components constitute items from *Posttraumatic Stress* and *Other Stress-Related* modules.

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<sup>1</sup>Waszczuk, M. A., Kotov, R., Ruggero, C. J., Gamez, W., & Watson, D. (submitted for publication). *Hierarchical structure of internalizing psychopathology: From individual symptoms to the spectrum.*

## IMAS-R COMPONENT SCORING

MODULE	COMPONENT	ITEMS
Depression	Dysphoria	32, 33, 34, 35, 43
	Anhedonia	8, 36, 37, 38, 39, 40
	Lassitude	15, 16, 17, 18, 23
	Suicidality	44, 45, 46, 47
	Agitation	24, 25, 26, 27, 28
	Retardation	19, 20, 21, 22, 29
	Appetite loss	9, 41, 42
	Insomnia	10, 11, 12, 13
Panic	Physical	5, 6, 8, 9, 10, 12, 18, 19, 20
	Psychological	13, 14, 15, 16, 17, 21, 22, 23, 24
Social Anxiety	Interactive	1, 3, 8
	Performance	6, 7, 9, 10, 11, 12
Agoraphobia	Public	1, 2, 3, 5, 11, 12
	Enclosure	6, 7, 8, 9, 10, 13
Generalized Anxiety	Total	3, 4, 9, 10, 12, 13, 14, 15, 16
Obsessive-Compulsive	Cleaning	1, 2, 3, 4, 5
	Ritual	16, 17, 18, 19, 20, 21
	Checking	6, 7, 8, 9
	Obsessions	10, 11, 12, 13, 14, 15
Posttraumatic Stress and Other Stress-Related	Intrusions	PTS items: 1, 2, 3, 4
	Avoidance	PTS items: 6, 7, 8
	Hyperarousal	OSR items: 8, 9, 10, 11, 12, 13
	Numbing	OSR items: 1, 2, 3
Specific Phobia	Dissociation	OSR items: 5, 6, 7
	Animal	2, 3, 4
	Situational	5, 10, 11
	Blood	6, 7, 8, 9
Irritability	Total	1, 2, 3, 4, 5, 6
Mania	Euphoric activation	1, 2, 3, 7, 8, 10
	Hyperactive cognition	14, 15, 16, 17
	Reckless overconfidence	9, 18, 19, 20

## IMAS-R SYNDROME SCORING

SYNDROME	COMPONENTS
Cognitive Depression	Dysphoria, Suicidality
Vegetative Depression	Lassitude, Retardation, Appetite Loss, Insomnia, GAD total
PTSD	Intrusions, Avoidance
Panic	Dissociation, Panic Psychological
Social Anxiety	Interactive, Performance, Public
Phobia	Enclosed, Animal, Situational
OCD	Cleaning, Ritual, Checking
Mania	Euphoric Activation, Hyperactive Cognition, Reckless Overconfidence

## IMAS-R SUBFACTOR SCORING

SUBFACTOR	COMPONENTS
Distress	Dysphoria, Anhedonia, Lassitude, Suicidality, Retardation, Appetite Loss, Insomnia, GAD total, Avoidance, Numbing, Panic Physical, Irritability total
Fear	Interactive, Performance, Public, Enclosed, Animal, Situational, Blood
OCD/Mania	Cleaning, Ritual, Checking, Obsessions, Euphoric Activation, Hyperactive Cognition, Reckless Overconfidence

**IMAS-R SINGLE INTERNALIZING FACTOR SCORING** = Sum all 31 components