

If you these questions make you feel any pain, trauma, mental anguish, or discomfort, you may stop the survey and seek help by any of the following methods:

**Depression & Anxiety. PHQ-4**

1. Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious, or on edge?
  - a. Not at all
  - b. Several days
  - c. More than half the days
  - d. Nearly every day
2. Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying?
  - a. Not at all
  - b. Several days
  - c. More than half the days
  - d. Nearly every day
3. Over the last 2 weeks, how often have you been bothered by little interest or pleasure in doing things?
  - a. Not at all
  - b. Several days
  - c. More than half the days
  - d. Nearly every day
4. Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?
  - a. Not at all
  - b. Several days
  - c. More than half the days
  - d. Nearly every day

**Global Health. PROMIS v. 1.2.**

1. In general, would you say your health is:
  - a. Excellent
  - b. Very good
  - c. Good
  - d. Fair
  - e. Poor
2. In general, would you say your quality of life is:
  - a. Excellent
  - b. Very good

- c. Good
  - d. Fair
  - e. Poor
3. In general, how would you rate your physical health?
- a. Excellent
  - b. Very good
  - c. Good
  - d. Fair
  - e. Poor
4. In general, how would you rate your mental health, including your mood and your ability to think?
- a. Excellent
  - b. Very good
  - c. Good
  - d. Fair
  - e. Poor
5. In general, how would you rate your satisfaction with your social activities and relationships?
- a. Excellent
  - b. Very good
  - c. Good
  - d. Fair
  - e. Poor
6. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)
- a. Excellent
  - b. Very good
  - c. Good
  - d. Fair
  - e. Poor
7. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?
- a. Completely
  - b. Mostly
  - c. Moderately
  - d. A little
  - e. Not at all
8. In the past 7 days, how often have you been bothered by emotional problems, such as feeling anxious, depressed, or irritable?
- a. Never
  - b. Rarely
  - c. Sometimes
  - d. Often
  - e. Always

9. In the past 7 days, how would you rate your fatigue on average?
  - a. Never
  - b. Rarely
  - c. Sometimes
  - d. Often
  - e. Always
10. In the past 7 days, how would you rate your pain on average?
  - a. Never
  - b. Rarely
  - c. Sometimes
  - d. Often
  - e. Always

**PTSD. PCL-C**

How much have you been bothered by the following problems in the last month?

1. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?
  - a. Not at all
  - b. A little bit
  - c. Moderately
  - d. Quite a bit
  - e. Extremely
2. Repeated, disturbing dreams of a stressful experience from the past?
  - a. Not at all
  - b. A little bit
  - c. Moderately
  - d. Quite a bit
  - e. Extremely
3. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?
  - a. Not at all
  - b. A little bit
  - c. Moderately
  - d. Quite a bit
  - e. Extremely
4. Feeling very upset when something reminded you of a stressful experience from the past?
  - a. Not at all
  - b. A little bit
  - c. Moderately
  - d. Quite a bit
  - e. Extremely
5. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past?
  - a. Not at all
  - b. A little bit

- c. Moderately
  - d. Quite a bit
  - e. Extremely
6. Avoiding thinking about or talking about a stressful experience from the past or avoiding having feelings related to it?
- a. Not at all
  - b. A little bit
  - c. Moderately
  - d. Quite a bit
  - e. Extremely
7. Avoiding activities or situations because they reminded you of a stressful experience from the past?
- a. Not at all
  - b. A little bit
  - c. Moderately
  - d. Quite a bit
  - e. Extremely
8. Trouble remembering important parts of a stressful experience from the past?
- a. Not at all
  - b. A little bit
  - c. Moderately
  - d. Quite a bit
  - e. Extremely
9. Loss of interest in activities that you used to enjoy?
- a. Not at all
  - b. A little bit
  - c. Moderately
  - d. Quite a bit
  - e. Extremely
10. Feeling distant or cut off from other people?
- a. Not at all
  - b. A little bit
  - c. Moderately
  - d. Quite a bit
  - e. Extremely
11. Feeling emotionally numb or being unable to have loving feelings for those close to you?
- a. Not at all
  - b. A little bit
  - c. Moderately
  - d. Quite a bit
  - e. Extremely
12. Feeling as if your future will somehow be cut short?
- a. Not at all
  - b. A little bit

- c. Moderately
  - d. Quite a bit
  - e. Extremely
13. Trouble falling or staying asleep?
- a. Not at all
  - b. A little bit
  - c. Moderately
  - d. Quite a bit
  - e. Extremely
14. Feeling irritable or having angry outbursts?
- a. Not at all
  - b. A little bit
  - c. Moderately
  - d. Quite a bit
  - e. Extremely
15. Having difficulty concentrating?
- a. Not at all
  - b. A little bit
  - c. Moderately
  - d. Quite a bit
  - e. Extremely
16. Being “super-alert” or watchful or on guard?
- a. Not at all
  - b. A little bit
  - c. Moderately
  - d. Quite a bit
  - e. Extremely
17. Feeling jumpy or easily startled?
- a. Not at all
  - b. A little bit
  - c. Moderately
  - d. Quite a bit
  - e. Extremely

If you these questions make you feel any pain, trauma, mental anguish, or discomfort, you may stop the survey and seek help by any of the following methods: