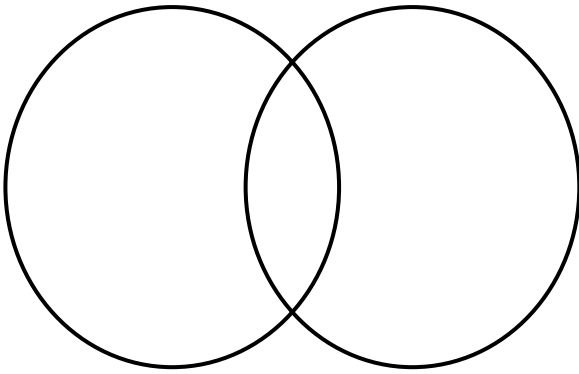
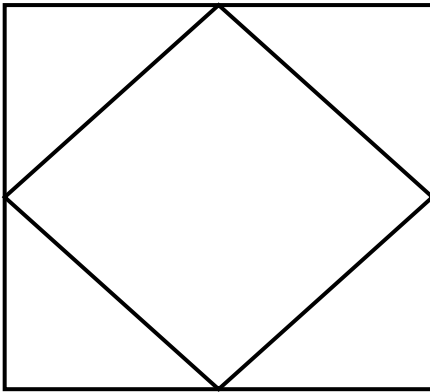


# **Response Booklet**



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**Page C**

**WHICH PROBLEMS DID YOU HAVE MOST OF THE DAY NEARLY EVERY DAY?**

*(TICK "YES" RESPONSES IN BOXES ✓)*

- Sad, empty, or depressed
- So sad that nothing could cheer you up
- Discouraged about your life
- Hopeless about the future
- Lost interest in almost all things
- Nothing was fun
- Much smaller appetite than usual
- Much larger appetite than usual
- Gain weight without trying to
- Lost weight without trying to
- A lot more trouble than usual falling asleep
- Slept a lot more than usual
- Slept much less than usual
- Tired or low in energy
- A lot more energy than usual
- Talked or moved more slowly than is normal for you
- Anyone else noticed that you were talking or moving slowly
- So restless or jittery that you paced up and down

**Page D**

**WHICH PROBLEMS DID YOU HAVE MOST OF THE DAY NEARLY EVERY DAY**

*(TICK "YES" RESPONSES IN BOXES ✓)*

- Anyone else noticed that you were restless
- Thoughts came much more slowly than usual
- Thoughts seemed to jump from one thing to another
- A lot more trouble concentrating than is normal for you
- Unable to make up your mind about things
- Lost self-confidence
- Not as good as other people
- Totally worthless
- Guilty
- Irritable, grouchy, or in a bad mood
- Nervous or anxious
- Sudden attacks of intense fear or panic
- Thought a lot about death
- Thought it would be better if you were dead
- Thought about committing suicide
- Made a suicide plan
- Made a suicide attempt
- Could not cope with everyday responsibilities
- Wanted to be alone rather than spend time with friends or relatives
- Less talkative than usual
- Often in tears

**Page E1**

**WHICH STATEMENT IN EACH SERIES COMES CLOSEST TO YOUR EXPERIENCE?**

*Circle the number of the statement that comes closest to your experience.*

**Problems falling asleep**

1. You never took longer than 30 minutes to fall asleep.
2. You took at least 30 minutes to fall asleep, less than half the time.
3. You took at least 30 minutes to fall asleep, more than half the time.
4. You took more than 60 minutes to fall asleep, more than half the time.

**Waking up at night**

1. You did not wake up at night.
2. You had a restless, light sleep with few brief awakenings each night.
3. You woke up at least once a night, but you got back to sleep easily.
4. You woke up more than once a night and stayed awake for 20 minutes or more, more than half the time.

**Waking up too early**

1. Most of the time, you woke up no more than 30 minutes before you needed to get up.
2. More than half the time, you woke up more than 30 minutes before you needed to get up.
3. You almost always woke up at least one hour or so before you needed to, but you went back to sleep eventually.
4. You woke up at least one hour before you needed to and couldn't get back to sleep.

**The amount of sleep you got each night**

1. You slept no longer than 7-8 hours/night, without napping during the day.
2. You slept no longer than 10 hours in a 24-hour period including naps.
3. You slept no longer than 12 hours in a 24-hour period including naps.
4. You slept longer than 12 hours in a 24-hour period including naps.

CONTINUE ON NEXT PAGE

**Sadness**

1. You did not feel sad.
2. You felt sad less than half the time.
3. You felt sad more than half the time.
4. You felt sad nearly all the time.

**Concentrating and making decisions**

1. There was no change in your usual capacity to concentrate or make decisions.
2. You occasionally felt indecisive or found that your attention wandered.
3. Most of the time, you struggled to focus your attention or to make decisions.
4. You couldn't concentrate well enough to read or you couldn't make even minor decisions.

**Feeling down on yourself**

1. You saw yourself as equally worthwhile and deserving as other people.
2. You were more self-blaming than usual.
3. You largely believed that you caused problems for others.
4. You thought almost constantly about major and minor defects in yourself.

**Interest in your daily activities**

1. There was no change from usual in how interested you were in other people or activities.
2. You noticed that you were less interested in people or activities.
3. You found you had interest in only one or two of your formerly pursued activities.
4. You had virtually no interest in formerly pursued activities.

**Energy**

1. There was no change in your usual level of activity.
2. You got tired more easily than usual.
3. You had to make a big effort to start or finish your usual daily activities (for example, shopping, homework, cooking, or going to work).
4. You really couldn't carry out most of your usual daily activities because you just didn't have the energy.

**Page F**

**DID YOU EVER HAVE ANY OF THESE STRESSFUL EXPERIENCES?**

*(TICK "YES" RESPONSES IN BOXES ✓)*

**GROUP 1: Traumatic Personal Experiences**

- Combat experience
- Peacekeeper or relief worker in war zone
- Civilian in war zone
- Civilian in region of terror
- Refugee
- Kidnapped
- Toxic chemical exposure
- Vehicle accident
- Other life-threatening accident
- Natural disaster
- Man-made disaster
- Life-threatening illness



**Page G**

**DID YOU EVER HAVE ANY OF THESE STRESSFUL EXPERIENCES?**

*(TICK "YES" RESPONSES IN BOXES ✓)*

**GROUP 2: Personal Violence**

- Beaten up as a child by parent or someone who brought you up
- Beaten up by a spouse or romantic partner
- Beaten up by someone else
- Mugged or threatened with a weapon
- Raped
- Sexually assaulted
- Stalked

## **Page H**

### **DID YOU EVER HAVE ANY OF THESE STRESSFUL EXPERIENCES?**

*(TICK "YES" RESPONSES IN BOXES ✓)*

#### **GROUP 3: Events Affecting Others**

- Unexpected death of a loved one
- Child's serious illness
- Traumatic event to loved one
- Witnessed as a child serious physical fights at home
- Witnessed death or dead body or saw someone badly injured
- Accidentally caused serious injury or death
- Saw atrocities
- Any other traumatic or life-threatening event

**Page 1**

**DID YOU HAVE ANY OF THESE REACTIONS?**

*(TICK "YES" RESPONSES IN BOXES ✓)*

**REACTIONS SET 1**

- 1  Trying not to think about it
- 2  Staying away from reminders of it
- 3  Being unable to remember parts of it
- 4  Losing interest in things you used to enjoy
- 5  Feeling emotionally distant from other people
- 6  Trouble feeling normal feelings
- 7  Feeling you have no reason to plan for the future

**REACTIONS SET 2**

- 8  Unwanted memories
- 9  Unpleasant dreams
- 10  Flashbacks
- 11  Getting very upset when reminded of it
- 12  Physical reactions

**Page J**

**DID YOU HAVE ANY OF THESE REACTIONS?**

*(TICK "YES" RESPONSES IN BOXES ✓)*

**REACTIONS SET 3**

- 13  Sleep problems
- 14  Irritability
- 15  Trouble concentrating
- 16  Being more alert or watchful
- 17  Being jumpy or easily startled

**INCOME SUPPORT**

*(TICK "YES" RESPONSES IN BOXES ✓)*

- New Zealand superannuation
- Family support
- Unemployment benefit
- Domestic purposes benefit
- Sickness or invalid benefit
- Student allowance
- Other government benefits (disability allowance, war pension, etc)
- None of the above

**Page L**

***DID YOU EVER STRONGLY FEAR...***  
*(TICK "YES" RESPONSES IN BOXES ✓)*

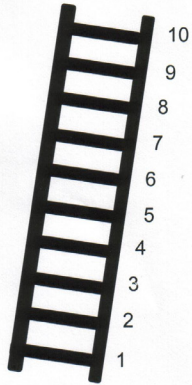
- Meeting new people
- Talking to people in authority
- Speaking up in a meeting or class
- Going to parties or other social gatherings
- Acting, performing, or giving a talk in front of an audience
- Taking an important exam or interviewing for a job
- Working while someone watches
- Entering a room when others are already present
- Talking with people you don't know very well
- Expressing disagreement to people you don't know very well
- Writing or eating or drinking while someone watches
- Urinating in a public toilet or using a toilet away from home
- Being in a dating situation
- Any other social or performance situation where you could be the centre of attention or where something embarrassing might happen

**DID YOU EVER STRONGLY FEAR...**

*(TICK "YES" RESPONSES IN BOXES 1)*

- Being home alone
- Being in crowds
- Travelling away from home
- Travelling alone or being alone away from home
- Using public transport
- Driving a car
- Standing in a queue in a public place
- Being in a department store, shopping mall, or supermarket
- Being in a movie theatre, large hall, lecture hall, or church
- Being in a restaurant or any other public place
- Being in a wide, open field or street

**WHERE DO YOU STAND COMPARED TO OTHER PEOPLE IN NEW ZEALAND?**

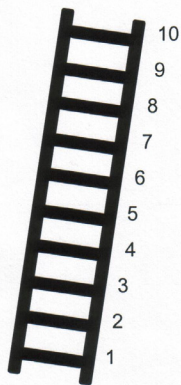


10 = The people who are the best off – those who have the most money, the most education and the most respected jobs.

1 = The people who are the worst off – those who have the least money, least education, and the least respected jobs or no job.

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**WHERE DO YOU STAND RELATIVE TO OTHER PEOPLE IN YOUR COMMUNITY?**



10 = The people who have the highest standing in your community.

1 = The people who have the lowest standing in your community.