

Web Screening Questionnaire for Common Mental Disorders (WSQ) (simple version)

Q	Web Screening Questionnaire for common mental disorders (WSQ)	Sub-scale
1	Circle a number from the scale below to show how much you are troubled by feeling miserable or depressed: Hardly at all Slightly disturbed/ not really disabled Definitely disturbed/ disabled Markedly disturbed/ disabled Very severely disturbed/ disabled (0) (1) (2) (3) (4) (5) (6) (7) (8)	Depres.
2	Have you lost interest and/or pleasure in most things, like work, hobbies and other things you usually enjoy? Yes (1) No (0)	Depres.
3	During the past two weeks, how often have you been bothered by having trouble relaxing? Not at all Several days More than half the days Nearly every day (0) (1) (2) (3)	GAD
4	A panic is sudden intense fear with at least four of the following: heart pounding, sweating/clammy hands, trembling/shaking, shortness of breath, choking sensation, chest pain, nausea/stomach problems/sudden diarrhea, dizzy, unsteady, lightheaded, faint, feeling strange, unreal, detached, fear of losing control or going crazy or dying, tingling, numbness, flashes or chills. If you have had one or more panics in the past week, how distressed were you <u>at that moment</u> ? Not distressed at all / no panic Slightly distressed Distressed Very distressed Extremely distressed (0) (1) (2) (3) (4)	Panic
5	Do you fear or avoid public places from which quick escape may be difficult (such as public transport, shops/town centers, queues, cinema, unfamiliar buildings, being far from home)? Yes (1) No (0)	AGO
6	Do you fear or avoid certain things more than most people do? Yes (1) No (0)	Specific Phobia
7	Are you scared of: <u>animals</u> (e.g. dogs, spiders, snakes, cats, birds, mice, insects) or <u>medical issues</u> (e.g. blood, dentist, injection, surgery, hospital, doctor) or <u>specific situations</u> (e.g. bus, crowded shop, tunnel elevator, airplane, bridge or car driving) Yes (1) No (0)	Specific Phobia
8	Do you fear or avoid social situations where you might be watched (such as speaking or eating in public, writing while someone watches). Yes (1) No (0)	Soc Phobia
9	Did your fear start after an extremely traumatic threat to you or someone else e.g. serious accident, assault, natural disaster? Yes (1) No (0)	PTSD
10	In the past week, how much time did you spend on obsessions - recurrent thoughts, impulses or images that are unwanted, distasteful, inappropriate, intrusive or distressing e.g. the idea of hurting your children though you know you never want to do that? 0 hr/day or no obsessions 0-1 hr/day 1-3 hr/day 3-8 hr/day >8 hr/day (0) (1) (2) (3) (4)	OCD
11	How many drinks containing alcohol do you have on a typical day when you are drinking? None 1-2 3-4 5-6 7-9 10 or more (0) (1) (2) (3) (4) (5)	Alcohol
12	How often do you have six or more drinks on one occasion? Never Less than monthly Monthly Weekly Daily or nearly daily (0) (1) (2) (3) (4)	Alcohol
13	Has the idea of harming yourself or taking your own life, recently come into your mind? Definitely not Has crossed my mind but I would not do it I seriously considered it but I stopped myself I would do it given the opportunity (0) (1) (2) (3)	Suicide

*WSQ cut-off scores: Depression: Q1≥ 5 & Q2=1; GAD: Q3≥2; Panic: Q4 ≥1; Panic with Ago Q4 ≥1 & Q5=1; Ago: Q5=1; Specific phobia: Q6 or Q7=1; Social phobia: Q8=1; PTSD: Q9=1; OCD: Q10≥1; Alcohol addiction : Q11≥2 & Q12≥3 ; Suicide : Q13≥3 (exclusion)