

First Name:..... Last Name..... Date of Birth:.....

ID. No:.....

ICD-10-Symptom-Rating (ISR)

(Version 2.0)

Below you will find a list of symptoms which people can experience. Currently you may be affected by some of them. To ensure we don't overlook any afflictions, we would like you to look at a range of symptoms.

Please indicate if you have personally been affected from any one of the following symptoms within the past two weeks (with exception of question 28, which relates to the past few years). We would also like to know to what extent you have been affected by each symptom.

Please rate how each of the following statements applies to you without thinking much about it.

Select 0 = "does not apply", if you do not suffer from this symptom at all

Select 1 = "applies a little", if you suffer from this symptom a little

Select 2 = "applies quite a bit", if you suffer from this symptom quite a bit

Select 3 = "applies to a great extent", if you suffer from this symptom to a great extent

Select 4 = "applies extremely", if you suffer from this symptom extremely

	does not apply	applies a little	applies quite a bit	applies to a great extent	applies extremely
(1) I feel down and depressed.	0	1	2	3	4
(2) I no longer enjoy doing things I used to enjoy.	0	1	2	3	4
(3) When I want to do something I lack energy and get tired quickly.	0	1	2	3	4
(4) I lack self-esteem and self-confidence.	0	1	2	3	4
(5) I suffer from inexplicable anxiety attacks or fear situations that seem harmless to others.	0	1	2	3	4
(6) Feeling intense anxiety in such harmless situation, I suffer physically from problems, such as rapid heartbeat, shortness of breath, dizziness, chest pains, choking sensations, trembling, inner restlessness, or tension.	0	1	2	3	4
(7) I try to avoid these harmless frightening situations.	0	1	2	3	4
(8) Just thinking about a possible anxiety attack scares me.	0	1	2	3	4

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	does not apply	applies a little	applies quite a bit	applies to a great extent	applies extremely
(9) I suffer from recurring, seemingly senseless thoughts or actions which I cannot stop (such as excessive hand washing).	0	1	2	3	4
(10) I try to resist recurring, seemingly senseless thoughts and actions, but often don't succeed.	0	1	2	3	4
(11) I suffer from upsetting, seemingly pointless thoughts and actions that interfere with my everyday life.	0	1	2	3	4
(12) I feel the need to see a doctor about inexplicable physical problems.	0	1	2	3	4
(13) I worry about having a serious physical illness.	0	1	2	3	4
(14) Several doctors have assured me that I'm not seriously ill, but I have a hard time believing them.	0	1	2	3	4
(15) I control my weight with low-calorie foods, by vomiting, with drugs (such as laxatives), or through extensive exercise.	0	1	2	3	4
(16) I think a lot about food and worry constantly about gaining weight.	0	1	2	3	4
(17) I spend a lot of time thinking of ways to lose weight.	0	1	2	3	4
(18) I have a difficult time concentrating.	0	1	2	3	4
(19) I think about committing suicide.	0	1	2	3	4
(20) I have problems sleeping.	0	1	2	3	4
(21) My appetite is diminished.	0	1	2	3	4
(22) I keep forgetting things.	0	1	2	3	4

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	does not apply	applies a little	applies quite a bit	applies to a great extent	applies extremely
(23) I suffer from recurring dreams or flashbacks of horrible events.	0	1	2	3	4
(24) I experience mental difficulties due to intense stress (such as being seriously ill, losing my job, or separating from my partner).	0	1	2	3	4
(25) I no longer perceive my feelings and experiences as my own.	0	1	2	3	4
(26) The people and environment around me appear unreal, distant, and lifeless to me.	0	1	2	3	4
(27) I have difficulties engaging in sexual activities.	0	1	2	3	4
(28) I've changed significantly over the past years after having experienced an extremely stressful event (such as a head injury, a wartime experience or abuse).	0	1	2	3	4
(29) I have a problem with my sexual preferences.	0	1	2	3	4

Thank you for your cooperation!

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The scales consist of :

Depression scale: 4 items

Anxiety scale: 4 items

Compulsion scale: 3 items

Somatization scale: 3 items

Eating disorder scale: 3 items

Supplementary items: 12 items

Sum: 29 items**Assigning items to scales:**

The numbering of the items corresponds with following scales:

Item No.	*	Scale
1	D01	Depression
2	D02	Depression
3	D03	Depression
4	D05	Depression
5	A01	Anxiety
6	A02	Anxiety
7	A03	Anxiety
8	A04	Anxiety
9	Z01	Compulsion
10	Z02	Compulsion
11	Z03	Compulsion
12	S01	Somatization
13	S02	Somatization
14	S03	Somatization
15	E01	Eating disorder
16	E02	Eating disorder
17	E03	Eating disorder
18	D04	Supplementary
19	D10	Supplementary
20	D11	Supplementary
21	D12	Supplementary
22	W01	Supplementary
23	W02	Supplementary
24	W03	Supplementary
25	W05	Supplementary
26	W06	Supplementary
27	W07	Supplementary
28	W08	Supplementary
29	W09	Supplementary

* = for internal IQP-Data-Coding: SPSS-Variable-Name

For instructions on how to calculate the ISR-scales download at:

www.iqp-online.de/index.php?page=downloadKarin Tritt, Friedrich von Heymann, Michael Zaudig, Siobhan Lynch, Thomas Probst,
Wolfgang Söllner, Thomas Loew & Markus Bühner (2013) ISR: Brief Description.