

## PAS-SR – Last Week

Subject ID: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

### Instructions

**The following questions refer to situations that you may have experienced in the past week. Please answer each of the questions by circling “YES” or “NO.” Please note that not all the questions refer to symptoms of an illness.**

#### **In the past week, did you experience a lot of distress...**

1.	...if you were separated or anticipated separation from home or loved ones (for example, if you stayed away from home, went on a trip or someone in your family went on a trip without you)?	Yes	No
2.	...because of thoughts that you might lose someone close to you or some harm might come to them (for example, did you worry a lot if your family members or close friends argued, or if they did risky things or had an illness)?	Yes	No
3.	Did you worry a lot that something bad would happen to you and lead to separation from someone close to you (for example, getting lost, being unable to get home from a trip, getting kidnapped or arrested, or being hospitalized)?	Yes	No
4.	Did you have trouble going to school or work because of fear of separation?	Yes	No
5.	Has it been very difficult for you to be alone or without a loved one, either at home or in other places?	Yes	No
6.	Did you have trouble going to sleep without someone nearby, or trouble sleeping away from home?	Yes	No
7.	Did you feel nervous or uncomfortable, or did you put off or avoid going to bed, because you might become ill or die while asleep?	Yes	No
8.	Did you have repeated nightmares about being separated from your family (for example, nightmares about fires, murder, or other catastrophes)?	Yes	No
9.	Did you often complain of physical symptoms when separated from someone close to you, or when you thought you might be separated from someone close to you (for example, headaches, stomach aches, nausea, vomiting)?	Yes	No
10.	Did you experience a lot of distress when separated from loved ones in bad weather (for example, when there were thunderstorms, snow storms, or when it was very windy)?	Yes	No

***The following questions refer to how you coped with ending relationships in the past week.***

11.	If you had a relationship with a friend or lover that ended, did you have more difficulty than the average person adjusting to the end of this relationship?  <input type="checkbox"/> <i>I did not have a relationship that ended in the past week.</i>	Yes	No
12.	Did you stay in a relationship even when it was not in your best interest, rather than risk being alone?	Yes	No
13.	If you were in psychotherapy, did you have any difficulties ending the therapy or did you want to stay in psychotherapy even though the therapist thought it was time to stop?  <input type="checkbox"/> <i>I was not in psychotherapy in the past week.</i>	Yes	No
14.	If anyone really close to you died, did you have more difficulty than the average person adjusting to their death?  <input type="checkbox"/> <i>Nobody close to me died in the past week.</i>	Yes	No
15.	What about pets? Are you the type of person who gets very attached to your pets and gets very upset if the pet dies or is lost?  <input type="checkbox"/> <i>I did not have pets in the past week.</i>	Yes	No

***The following questions refer to symptoms you may have experienced in the past week, symptoms that come on suddenly and unexpectedly. These may even be symptoms that come on while you are asleep.***

***For women: Answer “YES” even if you have only had these symptoms before your periods or after you had a baby.***

***Note: Do NOT count symptoms that are expected physical responses (for example, when your heart beats fast while running). Also, do NOT count symptoms of a medical condition, such as heart palpitations if you know you have a cardiac arrhythmia, or sweating if you have a fever.***

***In the past week, have you ever SUDDENLY AND UNEXPECTEDLY experienced...***

16.	...your heart pounding, racing, or skipping?	Yes	No
17.	...sweating?	Yes	No
18.	...trembling or shaking?	Yes	No
19.	...feeling short of breath?	Yes	No
20.	...feeling that you are choking?	Yes	No
21.	...feeling chest pain or pressure?	Yes	No
22.	...feeling nauseated, having an upset stomach, or diarrhea?	Yes	No

**In the past week, have you ever SUDDENLY AND UNEXPECTEDLY experienced...**

23.	...feeling dizzy, unsteady, or faint?	Yes	No
24.	...feeling that things around you were no longer familiar, but were unreal and strange?	Yes	No
25.	...feeling cut-off from yourself or from parts of your body?	Yes	No
26.	...feeling afraid that you might lose control or go crazy?	Yes	No
27.	...feeling afraid that you might die?	Yes	No
28.	...tingling or numbness in parts of your body?	Yes	No
29.	...having flushes or chills?	Yes	No

*The following questions refer to symptoms you may have experienced in the past week.*

**In the past week, did you feel...**

30.	...confused or numb?	Yes	No
31.	...disoriented, as if you have lost your bearings?	Yes	No
32.	...as if you were walking on foam rubber or had the sensation that your legs were jelly?	Yes	No
33.	...that you were walking awkwardly, or like your legs were made of wood?	Yes	No
34.	...that you could not control your bladder or bowels?	Yes	No
35.	...that you were about to lose control of your behavior?	Yes	No
36.	...nervous, uncomfortable, or as though you were about to suffocate, because of hot, stale, or humid air, or because of perfume, or other smells, even if they weren't that strong?	Yes	No
37.	...nervous or uncomfortable because of the dark?	Yes	No
38.	...nervous or uncomfortable because of noises, even when the noise was not loud?	Yes	No
39.	...nervous or uncomfortable because of a blurred perspective such as fog, open sea, or snowy landscape?	Yes	No
40.	...as if something had broken in your brain or body?	Yes	No
41.	...that you had lost, for a few seconds, your sight or hearing?	Yes	No
42.	Did you awaken in a panic for no reason?	Yes	No

*The next set of questions refer to the symptoms listed below.*

<b>Heart pounding</b>	<b>Chest Pain</b>	<b>Tingling</b>	<b>Loss of bladder control</b>
<b>Sweating</b>	<b>Nausea</b>	<b>Numbness</b>	<b>Loss of bowel control</b>
<b>Trembling</b>	<b>Diarrhea</b>	<b>Flushes</b>	<b>Loss of control</b>
<b>Shaking</b>	<b>Dizziness</b>	<b>Chills</b>	
<b>Shortness of breath</b>	<b>Faintness</b>	<b>Confused</b>	
<b>Choking</b>	<b>Suffocating</b>	<b>Disoriented</b>	

**In the past week, have you noticed that any of the above symptoms come on...**

43.	...very easily when you're in a stressful situation, even when it was not that severe (for example, overworking, family problems, disruption of sleep or routine)?	Yes	No
44.	...right after a stressful situation is over (for example, after you've solved a difficult problem or endured a difficult situation, like right after driving on the highway or being in a crowded room)?	Yes	No

**In the past week, did you experience any of the above symptoms when you used...**

45.	...coffee, tea or other caffeinated beverages?	Yes	No
46.	...cold medicine, nasal sprays, thyroid, sleep, or antidepressant medications?	Yes	No
47.	...cocaine, amphetamines (for example, ecstasy), or other uppers?	Yes	No
48.	...any other drugs or substances?	Yes	No

**In the past week, have you been afraid of or did you avoid...**

49.	...taking prescribed medications because you thought they might harm you or that you were overly sensitive to side effects or "allergic"?	Yes	No
50.	...taking a prescribed medication because it might cause you to lose control or might change your personality?	Yes	No
51.	...taking a prescribed medication because it might cause you permanent brain damage?	Yes	No
52.	...having anesthesia or taking sleeping pills because you might feel sick or even die while going to sleep?	Yes	No
53.	Do you read the package insert more carefully than most other people because of feeling nervous or uncomfortable about taking medication?	Yes	No

**In the past week ...**

54.	...have you worried a lot about having any of the symptoms listed previously, or were you worried about what having them might mean regarding your physical or mental health?	Yes	No
55.	...did you ever feel nervous or uncomfortable when you were confronted with, or imagined, situations similar to those in which you experienced the symptoms you noted previously?	Yes	No

**In the past week, have you worried a lot that there might be something terribly wrong...**

56.	...that you cannot define, some type of nameless dread, something that you would be powerless to defend yourself from?	Yes	No
57.	...with you physically, as if, for instance you were about to have a heart attack, stroke, suffocate, or die?	Yes	No
58.	...with you mentally, like losing your mind or losing control?	Yes	No

*The following questions refer to places or situations in which you have felt nervous or uncomfortable, or that you avoided.*

**In the past week, did you avoid, feel nervous or uncomfortable...**

59.	...when you were alone outside your home or somewhere far from home?	Yes	No
60.	...when home alone?	Yes	No
61.	...when you were in a crowded place?	Yes	No
62.	...when on a bridge or in a ski gondola?	Yes	No
63.	...when you were in closed places (such as tunnels, subways, underground, or in a theater)?	Yes	No
64.	...when you were in an elevator?	Yes	No
65.	...driving a car other than on a highway?	Yes	No
66.	...driving a car on the highway?	Yes	No
67.	...being in an open place like a town square or a wide street?	Yes	No
68.	...traveling as a passenger by car, bus, train or plane? <i>Note: Not because of fear of crashing.</i>	Yes	No
69.	...standing in line?	Yes	No
70.	...in situations or places in which you thought you might be embarrassed by the symptoms previously described?	Yes	No
71.	...going to the dentist, because you felt trapped or suffocated in the chair? <i>Note: Not for fear of pain, or anesthesia, or contamination.</i>	Yes	No

**In the past week, did you avoid, feel nervous or uncomfortable...**

72.	...going to the barber or hairdresser because you felt trapped or suffocated in the chair?	Yes	No
73.	...being in places or situations where you thought you might get lost, even when it was not reasonable to think that? <i>Note: Not only in unfamiliar places.</i>	Yes	No
74.	...receiving medical diagnostic procedures, such as EEG, CT scan, or MRI, because you felt trapped?	Yes	No
75.	...wearing seatbelts because you felt trapped?	Yes	No
76.	...wearing rings or necklaces because they made you feel trapped?	Yes	No
77.	...wearing high-necked shirts, ties, or tight fitting clothes because they made you feel trapped?	Yes	No
78.	...swallowing or vomiting because you were afraid you might choke?	Yes	No
79.	...being physically intimate because you felt trapped?	Yes	No
80.	...swimming or learning how to swim or swimming under water?	Yes	No
81.	...being in places or situations where you thought you might be buried alive even when it was not reasonable to think that?	Yes	No
82.	...going to places when you were not sure there was a bathroom available?	Yes	No
83.	...being in other situations in which you worried about feeling trapped or becoming ill and having no help available?	Yes	No

***The following questions refer to worries and reactions to hearing about or thinking about illness.***

**In the past week, did you worry about...**

84.	...having a serious <u>physical</u> illness, when you heard about someone else who had it?	Yes	No
85.	...having a serious <u>mental</u> illness when you heard about someone else who had it?	Yes	No
86.	reading medical articles or hearing someone talk about medical topics?	Yes	No
87.	...getting results of lab tests or having your pulse or blood pressure checked?	Yes	No
88.	...seeing medical tools or being in medical settings (for example, hospital, emergency room)?	Yes	No

*The following questions refer to how you coped with the symptoms listed below.*

<b>Heart pounding</b>	<b>Chest Pain</b>	<b>Tingling</b>	<b>Loss of bladder control</b>
<b>Sweating</b>	<b>Nausea</b>	<b>Numbness</b>	<b>Loss of bowel control</b>
<b>Trembling</b>	<b>Diarrhea</b>	<b>Flushes</b>	<b>Loss of control</b>
<b>Shaking</b>	<b>Dizziness</b>	<b>Chills</b>	
<b>Shortness of breath</b>	<b>Faintness</b>	<b>Confused</b>	
<b>Choking</b>	<b>Suffocating</b>	<b>Disoriented</b>	

**In the past week ...**

89.	...did you feel that you needed to be comforted and reassured by your friends and family?	Yes	No
90.	...did you seek help from your parents, spouse, friends, or neighbors because of these symptoms?	Yes	No
91.	...when you sought comfort or help, were you easily reassured?	Yes	No
92.	...did you use emergency services or call a doctor at home because you needed reassurance?	Yes	No
93.	...did you request admission to a hospital in order to be protected or reassured even though your doctor felt this was unnecessary?	Yes	No
94.	...did you have your pulse or blood pressure checked repeatedly, even though your doctor didn't recommend it?	Yes	No
95.	...did you make repeated requests for special diagnostic procedures (for example, an angiogram or gastroscopy) even though your doctor didn't recommend it?	Yes	No
96.	...did you ask for medical lab tests even when your doctor didn't recommend them?	Yes	No
97.	...did you need to check whether there was a doctor or emergency service nearby when you were going someplace new?	Yes	No

**In order to cope with the symptoms listed on the previous page in the past week, did you need to...**

98.	...have someone with you most of the time?	Yes	No
99.	...sit near the exit at the movies, theater, church or similar places?	Yes	No
100.	...take a cellular phone with you or check for the availability of a public telephone in the place where you are going?	Yes	No
101.	...be sure you had tranquilizers in your pocket or purse, although your doctor hadn't prescribed them, or prescribed them in the past, but thought they weren't necessary anymore?	Yes	No

**In order to cope with the symptoms listed on the previous page in the past week, did you need to...**

102.	...take a bottle of water or another beverage with you when you went somewhere?	Yes	No
103.	...take a walking stick or umbrella with you?	Yes	No
104.	...take your dog with you?	Yes	No
105.	...wear a hat when you went out?	Yes	No
106.	...take candy or gum with you when you went out?	Yes	No
107.	...take a good luck charm with you?	Yes	No
108.	...wear sunglasses, even in a dark environment?	Yes	No
109.	...use alcohol or sedatives?	Yes	No
110.	...have a special relationship with doctors to be sure they would take good care of you?	Yes	No
111.	...keep a light on in the bedroom in order to fall asleep?	Yes	No

*The following questions refer to how you have communicated your distress to others.*

**In the past week ...**

112.	...did you feel like you had to exaggerate your symptoms in order to be certain that others fully understood your suffering?	Yes	No
113.	...did you feel like you had to exaggerate your symptoms in order to get the reassurance or help you needed?	Yes	No
114.	...did you feel that you were not authentic, but instead were acting out a role to get the reassurance or help you needed?	Yes	No