3. Questions about anxiety.	**NO**	**YES**
a. In the last 4 weeks, have you had an anxiety attack — suddenly feeling fear or panic?	☐	☐
If you checked "NO", go to question #5.		
b. Has this ever happened before?	☐	☐
c. Do some of these attacks come suddenly out of the blue — that is, in situations where you don't expect to be nervous or uncomfortable?	☐	☐
d. Do these attacks bother you a lot or are you worried about having another attack?	☐	☐

4. Think about your last bad anxiety attack.	**NO**	**YES**
a. Were you short of breath?	☐	☐
b. Did your heart race, pound, or skip?	☐	☐
c. Did you have chest pain or pressure?	☐	☐
d. Did you sweat?	☐	☐
e. Did you feel as if you were choking?	☐	☐
f. Did you have hot flashes or chills?	☐	☐
g. Did you have nausea or an upset stomach, or the feeling that you were going to have diarrhea?	☐	☐
h. Did you feel dizzy, unsteady, or faint?	☐	☐
i. Did you have tingling or numbness in parts of your body?...	☐	☐
j. Did you tremble or shake?	☐	☐
k. Were you afraid you were dying?	☐	☐

5. Over the <u>last 4 weeks</u>, how often have you been bothered by any of the following problems?	**Not at all**	**Several days**	**More than half the days**
a. Feeling nervous, anxious, on edge, or worrying a lot about different things.	☐	☐	☐
If you checked "Not at all", go to question #6.			
b. Feeling restless so that it is hard to sit still.	☐	☐	☐
c. Getting tired very easily.	☐	☐	☐
d. Muscle tension, aches, or soreness.	☐	☐	☐
e. Trouble falling asleep or staying asleep.	☐	☐	☐
f. Trouble concentrating on things, such as reading a book or watching TV.	☐	☐	☐
g. Becoming easily annoyed or irritable.	☐	☐	☐

FOR OFFICE CODING: Pan Syn if all of #3a-d are 'YES' and four or more of #4a-k are 'YES'. Other Anx Syn if #5a and answers to three or more of #5b-g are "More than half the days".

6. Questions about eating.

		NO	YES
a.	Do you often feel that you can't control what or how much you eat?	☐	☐
b.	Do you often eat, within any 2-hour period, what most people would regard as an unusually large amount of food?	☐	☐

If you checked "NO" to either #a or #b, go to question #9.

		NO	YES
c.	Has this been as often, on average, as twice a week for the last 3 months?	☐	☐

7. In the last 3 months have you often done any of the following in order to avoid gaining weight?

		NO	YES
a.	Made yourself vomit?	☐	☐
b.	Took more than twice the recommended dose of laxatives?	☐	☐
c.	Fasted — not eaten anything at all for at least 24 hours?	☐	☐
d.	Exercised for more than an hour specifically to avoid gaining weight after binge eating?	☐	☐

	NO	YES
8. If you checked "YES" to any of these ways of avoiding gaining weight, were any as often, on average, as twice a week?	☐	☐
9. Do you ever drink alcohol (including beer or wine)?	☐	☐

If you checked "NO" go to question #11.

10. Have any of the following happened to you more than once in the last 6 months?

		NO	YES
a.	You drank alcohol even though a doctor suggested that you stop drinking because of a problem with your health.	☐	☐
b.	You drank alcohol, were high from alcohol, or hung over while you were working, going to school, or taking care of children or other responsibilities.	☐	☐
c.	You missed or were late for work, school, or other activities because you were drinking or hung over.	☐	☐
d.	You had a problem getting along with other people while you were drinking.	☐	☐
e.	You drove a car after having several drinks or after drinking too much.	☐	☐

11. If you checked off any problems on this questionnaire, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐