Stress, Emotions and Affective State

Early Prediction and Prevention of Mood Disorders

Multinational Study Programme

Zurich Health Questionnaire (ZHQ)

St. Kuny and H. H. Stassen

STUDY	[_ _ _ _]	1-4
GROUP	[_ _]	5-6
PERSON	[_ _ _]	7-9
Sex (1= male, 2= female)	[_]	15
Date of Birth (year/month/day=01)	[_ _ _ _ : _ _ : 0 1]	16-21
Height (in inches)	[_ _ _]	22-24
Weight (in pounds)	[_ _ _]	25-27
Education (1= remedial, 2= junior high, 3= high, 4= college)	[_]	49
DATE (year/month/day)	[_ _ _ _ : _ _ : _ _]	50-57
INTERVIEWER	[_ _ _]	58-60
SITE	[_ _]	61-62

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Please read the questions below carefully before answering them. If you have the feeling that none of the given answers describes your demeanor adequately, please choose the one that comes closest to your attitude or behavior. ***All your personal information will be handled confidentially!***

1-12 dupl

Card number [_ _] 13-14

do not fill out this part

SMOKING

How much do you usually smoke **per day**?

1) Number of cigarettes

none ☐ (0)
1-3 ☐ (1)
4-10 ☐ (2)
11-20 ☐ (3)
more than 20 ☐ (4) [_] 15

2) Number of cigars

none ☐ (0)
1-3 ☐ (1)
4-10 ☐ (2)
11-20 ☐ (3)
more than 20 ☐ (4) [_] 16

3) Number of pipes

none ☐ (0)
1-3 ☐ (1)
4-10 ☐ (2)
11-20 ☐ (3)
more than 20 ☐ (4) [_] 17

ALCOHOL

How much do you usually drink **per week**?

1) Number of glasses of beer

none ☐ (0)
1-3 ☐ (1)
4-10 ☐ (2)
11-20 ☐ (3)
more than 20 ☐ (4) [_] 18

2) Number of glasses of wine

none ☐ (0)
1-3 ☐ (1)
4-10 ☐ (2)
11-20 ☐ (3)
more than 20 ☐ (4) [_] 19

3) Number of glasses of spirits (whiskey etc)

none ☐ (0)
1-3 ☐ (1)
4-10 ☐ (2)
11-20 ☐ (3)
more than 20 ☐ (4) [_] 20

Please read the questions below carefully before answering them. If you have the feeling that none of the given answers describes your demeanor adequately, please choose the one that comes closest to your attitude or behavior. ***All your personal information will be handled confidentially!***

MEDICATION

do not fill out this part

How often have you taken the following medications within the **last 3 months**?

1) *Sleeping pills*

never ☐ (0)
1-3 ☐ (1)
4-10 ☐ (2)
11-20 ☐ (3)
more than 20 ☐ (4)
within the last two weeks almost daily ☐ (5) [_] 21

2) *Painkillers (analgesics)*

never ☐ (0)
1-3 ☐ (1)
4-10 ☐ (2)
11-20 ☐ (3)
more than 20 ☐ (4)
within the last two weeks almost daily ☐ (5) [_] 22

3) *Tranquilizers (e.g., Valium, Librium)*

never ☐ (0)
1-3 ☐ (1)
4-10 ☐ (2)
11-20 ☐ (3)
more than 20 ☐ (4)
within the last two weeks almost daily ☐ (5) [_] 23

4) *Do you regularly take other medications?*

No ☐ (0)
Yes ☐ (1) [_] 24

If yes, which? (Do not fill in oral contraceptives)

....

5) *For women only: Do you take oral contraceptives?*

No ☐ (0)
Yes ☐ (1) [_] 25

If yes, which product?

....

DRUGS: *Please note that all information obtained is bound to professional secrecy and used only for the purpose of this study.*

do not fill out this part

DRUGS

How often have you taken illegal drugs within the **last 3 months?**

1) Cannabis/Marihuana

never ☐ (0)
1-3 ☐ (1)
4-10 ☐ (2)
11-20 ☐ (3)
more than 20 ☐ (4)
within the last two weeks almost daily ☐ (5) [_] 26

2) LSD, STP, Mescaline, "Magic Mushrooms"

never ☐ (0)
1-3 ☐ (1)
4-10 ☐ (2)
11-20 ☐ (3)
more than 20 ☐ (4)
within the last two weeks almost daily ☐ (5) [_] 27

3) Opiates (Heroin, Morphine, Opium), Methadone

never ☐ (0)
1-3 ☐ (1)
4-10 ☐ (2)
11-20 ☐ (3)
more than 20 ☐ (4)
within the last two weeks almost daily ☐ (5) [_] 28

4) Cocaine, Crack, Free Base

never ☐ (0)
1-3 ☐ (1)
4-10 ☐ (2)
11-20 ☐ (3)
more than 20 ☐ (4)
within the last two weeks almost daily ☐ (5) [_] 29

5) Speed, MDMA (" Ecstasy"), MDE ("Eve")

never ☐ (0)
1-3 ☐ (1)
4-10 ☐ (2)
11-20 ☐ (3)
more than 20 ☐ (4)
within the last two weeks almost daily ☐ (5) [_] 30

6) Other drugs

never ☐ (0)
1-3 ☐ (1)
4-10 ☐ (2)
11-20 ☐ (3)
more than 20 ☐ (4)
within the last two weeks almost daily ☐ (5) [_] 31

***HEALTH:** Please note that all information obtained is bound to professional secrecy and used only for the purpose of this study.*

HEALTH

do not fill out this part

Have you ever suffered from one of the following disorders or diseases?

1)	*Liver diseases (hepatitis)*	no ☐	(0)	
		yes ☐	(1)	[_] 32
2)	*Kidney diseases*	no ☐	(0)	
		yes ☐	(1)	[_] 33
3)	*Diabetes*	no ☐	(0)	
		yes ☐	(1)	[_] 34
4)	*Other metabolic disorders*	no ☐	(0)	
		yes ☐	(1)	[_] 35
	If yes, please specify:			
5)	*Meningitis*	no ☐	(0)	
		yes ☐	(1)	[_] 36
6)	*Epileptic Seizures*	no ☐	(0)	
		yes ☐	(1)	[_] 37
7)	*Migraine, other headaches*	no ☐	(0)	
		yes ☐	(1)	[_] 38
8)	*Head injury, brain injury, concussion with loss of*	no ☐	(0)	
	consciousness, intracranial bleeding without injury	yes ☐	(1)	[_] 39
9)	*Allergies: Asthma, hay fever, eczema*	no ☐	(0)	
		yes ☐	(1)	[_] 40
10)	*Was your own birth a difficult one? (premature or*	no ☐	(0)	
	other complications)	yes ☐	(1)	
		I don't know ☐	(9)	[_] 41
11)	*How often do you go for a walk/hike?*	rarely ever ☐	(0)	
		occasionally ☐	(1)	
		regularly ☐	(2)	[_] 42
12)	*Do you ride a bicycle?*	no ☐	(0)	
		occasionally ☐	(1)	
		regularly ☐	(2)	[_] 43
13)	*Are you doing sport?*	no ☐	(0)	
		occasionally ☐	(1)	
		regularly ☐	(2)	[_] 44

HEALTH: *Please note that all information obtained is bound to professional secrecy and used only for the purpose of this study.*

Have you suffered from one of the following disorders within the **last 6 months**?

do not fill out this part

1) Headaches
- never ☐ (0)
- occasionally ☐ (1)
- frequently ☐ (2)
- currently under treatment ☐ (3)

[_] 45

2) Sleeping disorders
- never ☐ (0)
- occasionally ☐ (1)
- frequently ☐ (2)
- currently under treatment ☐ (3)

[_] 46

3) Concentration or memory problems
- never ☐ (0)
- occasionally ☐ (1)
- frequently ☐ (2)
- currently under treatment ☐ (3)

[_] 47

4) Rapidly decreasing vision
- never ☐ (0)
- occasionally ☐ (1)
- frequently ☐ (2)
- currently under treatment ☐ (3)

[_] 48

5) Disturbed vision (flickering, double vision, etc.)
- never ☐ (0)
- occasionally ☐ (1)
- frequently ☐ (2)
- currently under treatment ☐ (3)

[_] 49

6) Dizziness
- never ☐ (0)
- occasionally ☐ (1)
- frequently ☐ (2)
- currently under treatment ☐ (3)

[_] 50

7) Faints
- never ☐ (0)
- occasionally ☐ (1)
- frequently ☐ (2)
- currently under treatment ☐ (3)

[_] 51

8) Unilateral bodily weakness
- never ☐ (0)
- occasionally ☐ (1)
- frequently ☐ (2)
- currently under treatment ☐ (3)

[_] 52

9) Shaking, disturbance of gait (other signs of withdrawal)
- never ☐ (0)
- occasionally ☐ (1)
- frequently ☐ (2)
- currently under treatment ☐ (3)

[_] 53

10) Numb or prickly sensation in parts of the body
- never ☐ (0)
- occasionally ☐ (1)
- frequently ☐ (2)
- currently under treatment ☐ (3)

[_] 54

HEALTH: *Please note that all information obtained is bound to professional secrecy and used only for the purpose of this study.*

Have you suffered from one of the following disorders within the **last 6 months**?

do not fill out this part

11) Loss of appetite, swallowing problems

never ☐ (0)
occasionally ☐ (1)
frequently ☐ (2)
currently under treatment ☐ (3)

[_] 55

12) Heartburn, stomach ache

never ☐ (0)
occasionally ☐ (1)
frequently ☐ (2)
currently under treatment ☐ (3)

[_] 56

13) Ulcer (stomach or duodenum)

never ☐ (0)
occasionally ☐ (1)
frequently ☐ (2)
currently under treatment ☐ (3)

[_] 57

14) Constipation, diarrhea, abdominal pain

never ☐ (0)
occasionally ☐ (1)
frequently ☐ (2)
currently under treatment ☐ (3)

[_] 58

15) Conspicuous weight change (loss or gain)

never ☐ (0)
occasionally ☐ (1)
frequently ☐ (2)
currently under treatment ☐ (3)

[_] 59

16) Skin allergies, hay fever

never ☐ (0)
occasionally ☐ (1)
frequently ☐ (2)
currently under treatment ☐ (3)

[_] 60

17) Asthma

never ☐ (0)
occasionally ☐ (1)
frequently ☐ (2)
currently under treatment ☐ (3)

[_] 61

18) Back problems

never ☐ (0)
occasionally ☐ (1)
frequently ☐ (2)
currently under treatment ☐ (3)

[_] 62

19) Cardiac problems

never ☐ (0)
occasionally ☐ (1)
frequently ☐ (2)
currently under treatment ☐ (3)

[_] 63

20) For women only:
Menstrual pain and/or irritability,

never ☐ (0)
occasionally ☐ (1)
frequently ☐ (2)
currently under treatment ☐ (3)

[_] 64

PSYCHIATRY: *Please note that all information obtained is bound to professional secrecy and used only for the purpose of this study.*

PSYCHIATRY

do not fill out this part

Have you ever suffered from one of the following symptoms?

1)	*Unwarranted anxiety about certain situations (large crowds, animals, etc.)*	never ☐	(0)		
		occasionally ☐	(1)		
		frequently ☐	(2)		
		currently under treatment ☐	(3)	[_]	65
2)	*Panic attacks without any clear reason*	never ☐	(0)		
		occasionally ☐	(1)		
		frequently ☐	(2)		
		currently under treatment ☐	(3)	[_]	66
3)	*Nervous disorders*	never ☐	(0)		
		occasionally ☐	(1)		
		frequently ☐	(2)		
		currently under treatment ☐	(3)	[_]	67
4)	*Severely depressed mood*	never ☐	(0)		
		occasionally ☐	(1)		
		frequently ☐	(2)		
		currently under treatment ☐	(3)	[_]	68
5)	*Thoughts about committing suicide*	never ☐	(0)		
		occasionally ☐	(1)		
		frequently ☐	(2)		
		currently under treatment ☐	(3)	[_]	69
6)	*Compulsive actions (to feel a strong necessity to carry out certain actions over and over again; e.g. to wash, to check on something)*	never ☐	(0)		
		occasionally ☐	(1)		
		frequently ☐	(2)		
		currently under treatment ☐	(3)	[_]	70
7)	*Have you ever undergone psychiatric or psychological treatment?*	no ☐	(0)		
		yes ☐	(1)	[_]	71
8)	*Has a member of your family ever undergone psychiatric or psychological treatment?*	no ☐	(0)		
		yes ☐	(1)		
	If yes,	father ☐	(2)		
		mother ☐	(3)		
		brothers or sisters ☐	(4)	[_]	72
9)	*Has a member of your family committed suicide?*	no ☐	(0)		
		yes ☐	(1)		
	If yes,	father ☐	(2)		
		mother ☐	(3)		
		brothers or sisters ☐	(4)	[_]	73