**Supplementary material**

THE BRIEF SCALE FOR ANXIETY (Tyrer et al.,1984)

1. *Inner tension*

Representing feelings of ill defined discomfort, edginess, inner turmoil, mental tension mounting to panic, dread and anguish. Rate according to intensity, frequency, duration and the extent of reassurance called for.

0 Placid. Only fleeting inner tension.

1

2 Occasional feelings of edginess and ill defined discomfort.

3

4 Continuous feelings of inner tension, or intermittent which the individual can only master with some difficulty.

5

6 Unrelenting dread or anguish.

2. *Hostile feelings*

Representing anger, hostility and aggressive feelings regardless of whether they are acted or not. Rate according to intensity, frequency and the amount of provocation tolerated.

0 Not easily angered.

1

2 Easily angered. Reports hostile feelings which are easily dissipated.

3

4 Reacts to provocation with excessive anger and hostility.

5

6 Persistent anger, rage or intense hatred which is difficult or impossible to control.

3. *Hypochondriasis*

Representing exaggerated preoccupation or unrealistic worrying about ill health or disease. Distinguish from worrying over trifles and aches and pains.

0 No particular preoccupation with ill health.

1

2 Reacting to minor bodily dysfunction with foreboding. Exaggerated fear of disease.

3

4 Convinced that there is some disease but can be reassured, if only briefly.

5

6 Incapacitating or absurd hypochondriacal convictions (body rotting away, bowels have not worked for months).

4. *Worrying about trifles*

Representing apprehension, and undue concern trifles, which is difficult to stop and out of proportion to the circumstances.

0 No particular worries.

1

2 Undue concern, worrying that can be shaken off.

3

4 Apprehensive and bothered about trifles or minor daily routines.

5

6 Unrelenting and often painful worrying. Reassurance is ineffective.

5. *Phobias*

Representing feelings of unreasonable fear in specific situations (such as buses, supermarkets, crowds, feeling enclosed, being alone) which are avoided if possible.

0 No phobias.

1

2 Feelings of vague discomfort in particular situations which can be mastered without help or by taking simple precautions like avoiding rush hours when possible.

3

4 Certain situations consistently provoke marked discomfort, and are avoided without impairing social performance.

5

6 Incapacitating phobias which severely restrict activities, for example completely unable to leave home.

6. *Reduced sleep*

Representing a subjective experience of reduced duration or depth of sleep compared to the subject’s own normal pattern when well.

0 Sleeps as usual.

1

2 Slight difficulty dropping off to sleep or slightly reduced, light or fitful sleep.

3

4 Sleep reduced or broken by at least 2 hours.

5

6 Less than two or three hours’ sleep.

7. *Autonomic disturbances (reported symptoms)*

Representing descriptions of palpitations, breathing difficulties, dizziness, increased sweating, cold hands and feet, dry mouth, indigestion, diarrhoea, frequent micturition. Distinguish from inner tension and aches and pains.

0 No autonomic disturbances.

1

2 Occasional autonomic symptoms which occur under emotional stress.

3

4 Frequent or intense autonomic disturbances which are experienced as discomforting or socially inconvenient.

5

6 Very frequent autonomic disturbances which interrupt other activities or are incapacitating.

8. *Aches and pains*

Representing reports of bodily discomfort, aches and pains. Rate according to intensity, frequency and duration, and also request for relief. Disregard any symptom of organic cause. Distinguish from hypochondriasis, autonomic disturbance, and muscular tension.

0 Absent or transient aches.

1

2 Occasional definite aches and pains.

3

4 Prolonged and inconvenient aches and pains. Requests for effective analgesic.

5

6 Severely interfering or crippling pains.

9. *Autonomic disturbances (observed signs)*

Representing signs of autonomic dysfunction, hyperventilation or frequent sighing, blushing, sweating, cold hands, enlarged pupils and dry mouth, fainting.

0 No observed autonomic disturbances.

1

2 Occasional or slight autonomic disturbances such as blushing or blanching, or sweating under stress.

3

4 Obvious autonomic disturbance on several occasions even when not under stress.

5

6 Autonomic disturbances which disrupt the interview.

10. *Muscular tension*

Representing observed muscular tension as shown in facial expression, posture, and movements.

0 Appears relaxed.

1

2 Slightly tense face and posture.

3

4 Moderately tense posture and face (easily seen in jaw and neck muscles). Does not seem to find a relaxed position when sitting. Stiff and awkward movements.

5

6 Strikingly tense. Often sits hunched and crouched, or tense and rigidly upright at the edge of the chair.

**Supplementary material**

SUICIDAL FEELINGS (Paykel, et al., 1974)

1. Have you ever felt that life was not worth living? *If the answer is yes, when was the last time?*

0 No

1 More than one year ago

2 During the last year

3 During the last month

4 During the last week

5 Do not wish to answer

6 Do not know

2. Have you ever wished you were dead? – For instance, that you could go to sleep and not wake up? *If the answer is yes, when was the last time?*

0 No

1 More than one year ago

2 During the last year

3 During the last month

4 During the last week

5 Do not wish to answer

6 Do not know

3. Have you ever thought of taking your life, even if you would not really do it? *If the answer is yes, when was the last time?*

0 No

1 More than one year ago

2 During the last year

3 During the last month

4 During the last week

5 Do not wish to answer

6 Do not know

4. Have you ever reached the point where you seriously considered taking your life, or perhaps made plans how you would go about doing it? *If the answer is yes, when was the last time?*

0 No

1 More than one year ago

2 During the last year

3 During the last month

4 During the last week

5 Do not wish to answer

6 Do not know

5. Have you ever made an attempt to take your life? *If the answer is yes, when was the last time?*

0 No

1 More than one year ago

2 During the last year

3 During the last month

4 During the last week

5 Do not wish to answer

6 Do not know