**Document 2: Modified Mini Interview Questions**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Q1:** At any point, in regard to the surgery, did you respond with intense fear, helplessness or horror?  | No | Yes |  |  |  |
| **If no, skip to Q2.**  | ➀ | ➁ |  |  |  |
| **IF YES:**I’m going to ask you to rate your emotional reaction, where 1 is not at all and 5 is very much so:To what extent did you feel: | Not at All |  |  |  | Very Much So |
| Intense fear? | ➀ | ➁ | ➂ | ➃ | ➄ |
| Helplessness?  | ➀ | ➁ | ➂ | ➃ | ➄ |
| Horror? | ➀ | ➁ | ➂ | ➃ | ➄ |
| **Q2:** During the past month, have you re-experienced events surrounding your surgery in a distressing way? **If no**: this includes things such as: dreams, intense recollections, flashbacks or physical reactions. | No | Yes |  |  |  |
| **If still no, skip to Q3.** | ➀ | ➁ |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **IF YES:**I’m going to ask you how frequently you’ve experienced these kinds of symptoms in the past month, where 1 is not at all and 5 is very often. | Not at All |  |  |  | Very Much So |
| Dreams? | ➀ | ➁ | ➂ | ➃ | ➄ |
| Intense recollections? | ➀ | ➁ | ➂ | ➃ | ➄ |
| Flashbacks? | ➀ | ➁ | ➂ | ➃ | ➄ |
| Physical reactions when you are reminded of the event? (if needed: *like sweating or feeling your heart pound in response to memories)* | ➀ | ➁ | ➂ | ➃ | ➄ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Q3:** The next group of items all refer to the past month. *(for each, mark “1” if no, and if yes ask “how often have you experienced that in the past month where 1 is not at all and 5 is very often?”)* | No (Not at All) |  |  |  | Very Often |
| In the past month, have you avoided thinking about or talking about events surrounding your surgery ?  | ➀ | ➁ | ➂ | ➃ | ➄ |
| Again, in the past month, have you avoided activities, places or people that remind you of the events surrounding your surgery?  | ➀ | ➁ | ➂ | ➃ | ➄ |
| (*Repeat “in the last month” if you have any doubt that the person understands this timeframe.)*Have you had trouble recalling some important part of what happened?  | ➀ | ➁ | ➂ | ➃ | ➄ |
| Have you become much less interested in hobbies or social activities?  | ➀ | ➁ | ➂ | ➃ | ➄ |
|  | No (Not at All) |  |  |  | Very Often |
|  |  |  |  |  |  |
| Have you felt detached or estranged from others?  | ➀ | ➁ | ➂ | ➃ | ➄ |
| Have you noticed that your feelings are numbed?  | ➀ | ➁ | ➂ | ➃ | ➄ |
| Have you felt that your life will be shortened or that you will die sooner than other people? *(if unsure, clarify “I mean a feeling you have, based on what happened surrounding your surgery, not because of something you learned about your health or something your doctor said”)* | ➀ | ➁ | ➂ | ➃ | ➄ |
| **Q3.5:** Have you had difficulty sleeping? | ➀ | ➁ | ➂ | ➃ | ➄ |
|  |  |  |  |  |  |
| Were you especially irritable or did you have outbursts of anger? | ➀ | ➁ | ➂ | ➃ | ➄ |
| Have you had difficulty concentrating? | ➀ | ➁ | ➂ | ➃ | ➄ |
|  |  |  |  |  |  |
| Were you nervous or constantly on your guard? | ➀ | ➁ | ➂ | ➃ | ➄ |
| Were you easily startled? | ➀ | ➁ | ➂ | ➃ | ➄ |
| **Q4:** We just went through a long list of symptoms. During the past month, have these problems significantly interfered with your work or social activities, or caused significant distress? | No | Yes |  |  |  |
| **If no, go to Q5;**  | ➀ | ➁ |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **IF YES:** | Not at All |  |  |  | Very Much So |
| How much have they interfered, where 1 is not at all and 5 is very much so? | ➀ | ➁ | ➂ | ➃ | ➄ |
| OK, give me just a moment while I look over what we’ve talked about so far.***If Q1 is YES, Q2 is YES, Q3has 3 or more items marked above 0; Q3.5 has 2 or more items marked above 0 and Q4 is yes: SKIP to Q5.*** ***Otherwise ask:*** |  |  |  |  |  |
| **Q4.5:** Was there ever a time after your surgery when you experienced more of the kinds of symptoms we just talked about? **If NO, skip to Q5; if yes:** | No | Yes |  |  |  |
| Did those symptoms last a month or more?  | ➀ | ➁ |  |  |  |
| Did you re-experience the event at that time?  | ➀ | ➁ |  |  |  |
| Did you try to avoid the memories quite a bit, or feel numb or detached? | ➀ | ➁ |  |  |  |
| Did you feel tense or jumpy much of the time? | ➀ | ➁ |  |  |  |
| Did the symptoms cause problems in your life? | ➀ | ➁ |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Q5:** I don’t need to know the details here, but prior to the surgery, did you ever have these kinds of symptoms about another event? This could be in your adult life or in childhood. **If no, go to Q6;** if yes, specify: Did you re-experience the event in a distressing way, try to avoid thinking about the event, and feel tense or jumpy, all for a month or more? | No | Yes |  |  |  |
| **If no, go to Q6;** | ➀ | ➁ |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **IF YES:** | Not at All Severe |  |  |  | Very Much So (Very Severe) |
| How severe were your symptoms regarding that past event, where 1 is not at all and 5 is very much so? | ➀ | ➁ | ➂ | ➃ | ➄ |
| **Q6:** I have just a few more questions about the surgery itself.  |  |  |  |  |  |
| *For each, mark 1 if the answer is “no” and if the answer is yes, ask, “how much so, where 1 is not at all and 5 is very much so”?* | No (Not at All) |  |  |  | Very Much So |
| Did you believe your life was threatened during the surgery? | ➀ | ➁ | ➂ | ➃ | ➄ |
| Thinking back to the worst parts of the experience, to what extent did you feel numbed or dazed?  | ➀ | ➁ | ➂ | ➃ | ➄ |
| To what extent did you feel like you or the things around you weren’t real? | ➀ | ➁ | ➂ | ➃ | ➄ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Q7:** The next several questions are about how much you feel supported by people. By support, I mean how close you feel to them, how much you feel you can rely on them emotionally, as well as how helpful they are to you in working on problems. |  |  |  |  |  |
| We’ll use a rating of 1 to 5 again, where 1 is none and 5 is a great deal. Keeping that in mind: | None |  |  |  | A Great Deal |
| How much support are you currently receiving from your friends? | ➀ | ➁ | ➂ | ➃ | ➄ |
| How much support are you currently receiving from a spouse, significant other, or romantic partner?  | ➀ | ➁ | ➂ | ➃ | ➄ |
|  | No | Yes |  |  |  |
| *(If other than none, mark yes; if none: do you have a romantic partner at this time?)* | ➀ | ➁ |  |  |  |
|  | None |  |  |  | A Great Deal |
| How much support are you currently receiving from your family, aside from your spouse or romantic partner? | ➀ | ➁ | ➂ | ➃ | ➄ |
| **Q8:** I’m not going to ask you any details about the next several questions. I would just appreciate it if you could give a yes or no answer. | No | Yes |  |  |  |
| Have you ever been told that you have a mental disorder, mental illness, or psychological or psychiatric disorder? | ➀ | ➁ |  |  |  |
| Have you ever been treated by a psychiatrist? | ➀ | ➁ |  |  |  |
|  | No | Yes |  |  |  |
| Have you ever been treated by a psychologist, counselor, therapist, or seen a social worker for therapy? | ➀ | ➁ |  |  |  |
| **Q9:** I’d also like to ask about your mood over the past week. We’ll be using a different scale here. The scale is from 0, did not apply to me at all, to 3, applied to me very much, or most of the time. You can use any number between 0 and 3. | Did not Apply to Me at All |  |  | Applied to Me Very Much or Most of the Time |  |
| I couldn’t seem to experience any positive feeling at all. | 🄋 | ➀ | ➁ | ➂ |  |
| I felt that I had nothing to look forward to. | 🄋 | ➀ | ➁ | ➂ |  |
| I felt I wasn’t worth much as a person. | 🄋 | ➀ | ➁ | ➂ |  |
| I felt downhearted and blue. | 🄋 | ➀ | ➁ | ➂ |  |
| I was unable to become enthusiastic about anything. | 🄋 | ➀ | ➁ | ➂ |  |
| I felt that life was meaningless. | 🄋 | ➀ | ➁ | ➂ |  |
| I found it difficult to work up the initiative to do things. | 🄋 | ➀ | ➁ | ➂ |  |
|  |  |  |  |  |  |
|  | No | Yes |  |  |  |
| ***(FOR THE INTERVIEWER – ANSWER NOW: Based on what you know so far, do you believe the participant was awake during surgery?)***  | ➀ | ➁ |  |  |  |
|  |  |  |  |  |  |
| **Q10:** Can you try to sum up for me what it was about events surrounding your surgery that most bothered you? Or, if there wasn’t anything, you can say so.*Record this statement verbatim in the adjacent space:* |  |  |  |  |  |
|  |  |  |  |  |  |