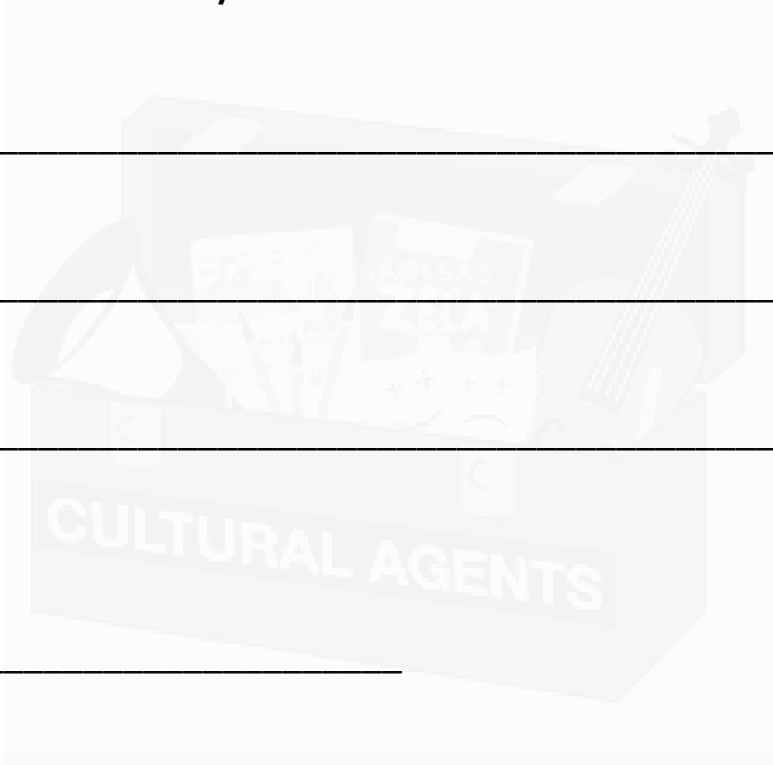


**PARTICIPANT INFORMATION / CODE**

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**DATE:** \_\_\_\_\_

**Type of Test:**

Before Pre-Texts (Baseline)

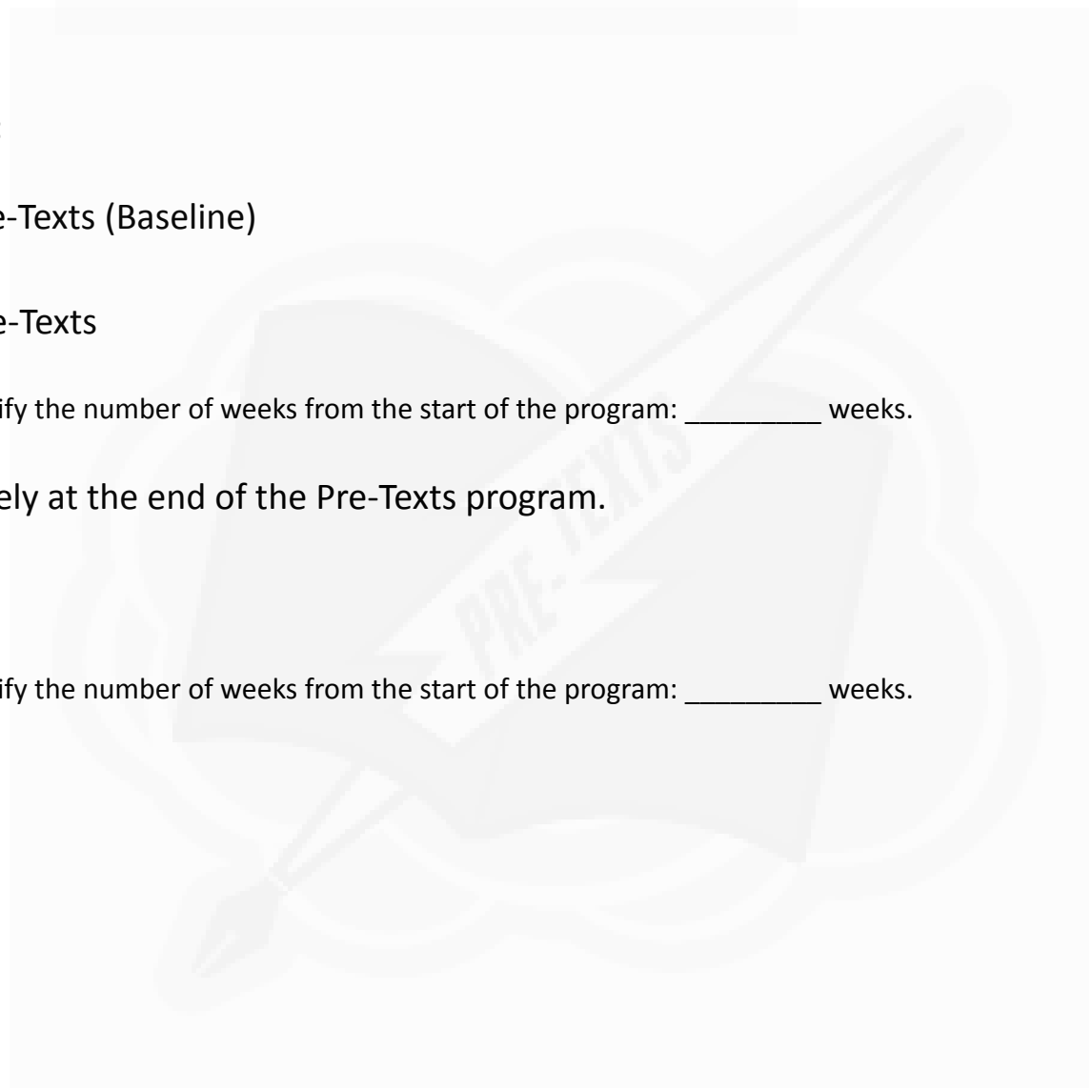
During Pre-Texts

- Specify the number of weeks from the start of the program: \_\_\_\_\_ weeks.

Immediately at the end of the Pre-Texts program.

Follow-up

- Specify the number of weeks from the start of the program: \_\_\_\_\_ weeks.



During the past TWO WEEKS, how often have you experienced... PTIF.AD.I - H1

		Never	Some days	More than half of the days	Almost every day
1	Feeling nervous, anxious, or tense	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2	Failure to stop worrying or keep worries under control	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3	Worrying too much about various things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4	Having difficulty relaxing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5	Being so restless that you have difficulty sitting still	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6	Getting annoyed or irritated easily	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7	Being afraid that something terrible might happen	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

During the past TWO WEEKS...

PTIF.AD.II – H2

		Never	Some days	More than half of the days	Almost every day
1	...felt little interest or pleasure in doing things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2	...felt downhearted, depressed, hopeless?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3	...Did you have trouble falling asleep, or did you oversleep?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4	...had fatigue or low energy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5	...had little appetite or ate too much?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6	...felt angry at himself, or that he was a failure, or that he had harmed himself or his family?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7	...had difficulty concentrating on anything, such as reading or watching TV?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8	...had movements or words so slow that they might have been noticed by others. Or, on the contrary, has he been so restless and tireless that he has moved much more than usual?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

<b>9</b>	...did he think it would be better to be dead, or to hurt himself in some way?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
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## PTIF.AD.III – FL

Answer the following statements on a scale of zero (0) to ten (10):

		<b>0 – 10</b>
<b>1</b>	Overall, how satisfied are you with life as a whole these days? (0 = not at all satisfied; 10 = completely satisfied)	—
<b>2</b>	In general, how happy or unhappy do you usually feel? (0 = extremely unhappy; 10 = extremely happy)	—
<b>3</b>	Overall, how would you rate your physical health? (0 = very bad; 10 = excellent)	—
<b>4</b>	How would you rate your mental health overall? (0 = very bad; 10 = excellent)	—
<b>5</b>	Overall, to what extent do you feel that the things you do in life are worthwhile? (0 = not worth it at all; 10 = completely worth it)	—
<b>6</b>	I understand my purpose in life. (0 = not at all agree; 10 = completely agree)	—
<b>7</b>	I always act to promote good in any circumstance, even in difficult and challenging situations. (0 = absolutely false for me; 10 = absolutely true for me)	—
<b>8</b>	I am always able to give up some happiness today for greater happiness later. (0 = absolutely false for me; 10 = absolutely true for me)	—
<b>9</b>	I am satisfied with my friendships and relationships. (0 = not at all agree; 10 = completely agree)	—
<b>10</b>	My relationships are as satisfactory as I would like them to be. (0 = not at all agree; 10 = completely agree)	—
<b>11</b>	How often do you worry about being able to meet normal monthly expenses? (0 = I worry about it constantly; 10 = I never have to worry about it)	—
<b>12</b>	How often do you worry about being able to ensure your safety, food, or shelter? (0 = I worry about it constantly; 10 = I never have to worry about it)	—



9) I am aware of where I intend to go	<p style="text-align: center;">①②③④⑤⑥⑦⑧⑨</p> <p>1 = Disagree                      5 = Neither agree nor disagree                      9 =Agree</p>
10) I can direct the thoughts in my head.	<p style="text-align: center;">①②③④⑤⑥⑦⑧⑨</p> <p>1 = Disagree                      5 = Neither agree nor disagree                      9 =Agree</p>
11) Interacting with technology would make me feel detached from reality	<p style="text-align: center;">①②③④⑤⑥⑦⑧⑨</p> <p>1 = Disagree                      5 = Neither agree nor disagree                      9 =Agree</p>
12) I feel that I am the master of my actions	<p style="text-align: center;">①②③④⑤⑥⑦⑧⑨</p> <p>1 = Disagree                      5 = Neither agree nor disagree                      9 =Agree</p>
13) I have a clear idea of how I appear to others	<p style="text-align: center;">①②③④⑤⑥⑦⑧⑨</p> <p>1 = Disagree                      5 = Neither agree nor disagree                      9 =Agree</p>
14) I feel I have control over the way I express my emotions	<p style="text-align: center;">①②③④⑤⑥⑦⑧⑨</p> <p>1 = Disagree                      5 = Neither agree nor disagree                      9 =Agree</p>
15) I have a feeling that the emotions I might feel are not real	<p style="text-align: center;">①②③④⑤⑥⑦⑧⑨</p> <p>1 = Disagree                      5 = Neither agree nor disagree                      9 =Agree</p>
16) I am not controlling my thoughts	<p style="text-align: center;">①②③④⑤⑥⑦⑧⑨</p> <p>1 = Disagree                      5 = Neither agree nor disagree                      9 =Agree</p>
17)When I use electronic devices, I perform actions without control	<p style="text-align: center;">①②③④⑤⑥⑦⑧⑨</p> <p>1 = Disagree                      5 = Neither agree nor disagree                      9 =Agree</p>

Complete the following questionnaire.

		Never	Rarely	Sometimes	Often
<b>1</b>	How often do you feel without company?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>2</b>	How often do you feel excluded?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>3</b>	How often do you feel isolated from others?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Complete the following questionnaire.

		Never	Rarely	Sometimes	Often
<b>4</b>	How often do you feel you have a lot in common with the people around you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>5</b>	How often do you feel that no one really knows you well?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>6</b>	How often do you feel that there are people who really understand you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>7</b>	How often do you think people are around you but not with you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>8</b>	How often do you feel you have people you can talk to?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>9</b>	How often do you feel you have people you can turn to?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Please respond to each statement.

		NEVER TRUE	ALMOST NEVER TRUE	SOMETIMES TRUE	OFTEN TRUE	VERY OFTEN TRUE
1	I don't read much because I have trouble finding books.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2	I don't have much time to read.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3	I avoid reading because I have a hard time understanding or focusing on the text.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4	I don't read often because I find most of the books and stories uninteresting or irrelevant to my interests.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5	I feel out of place or embarrassed to read in my social community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6	I do not read because there are not many books available that capture my attention and culture.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

PTIF.AD.VI – CO1B

Please respond to each statement.

		IN TOTAL DISAGREEMENT	IN DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	IN TOTAL AGREEMENT
1	I read because books and stories are often fascinating.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2	I read for better results in work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3	I read because I know that the people I hang out with also read a lot.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4	I read because it is important for me to understand things better than others.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

<b>5</b>	I read because sometimes it allows me to forget everything around me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>6</b>	I read because it is exciting to see what happens to the main character in a story.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>7</b>	I read because I like it when other people think I am a good reader.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>8</b>	I read because the people I hang out with think it is important for me to read.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>9</b>	If the people I hang out with discussed something interesting, I could read more about it.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>10</b>	I read because it is important for me to always be the best at reading.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>11</b>	I read because other people say it is good for me to read a lot.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>12</b>	I read because it is fun to get lost in a story.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5



Negli ultimi **SETTE** giorni...

		NEVER	ALMOST NEVER (1 time)	SOMETIMES (2-3 times)	OFTEN (every day)	VERY OFTEN (several times a day)
1	I had to read something several times to understand it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2	I felt like my thinking was slow	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3	I had to try really hard to pay attention or I would have made a mistake	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4	I had a hard time concentrating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

How much **DIFFICULTY** do you find at the moment...

		Not at all	A little	Neither a little nor a lot	Very	Very Much
5	In reading and following complex instructions (e.g., directions for a new medicine)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6	in planning and keeping appointments that are not part of your weekly routine, (for example, a medical appointment, or a meeting with friends or family)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7	In managing your time to carry out most of your daily activities?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8	In understanding new tasks or instructions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5