

Core Symptom Index

<u>In the past 1 week</u> How often do you feel disturbed by the following symptoms Please use X on the number you agree the most	Not at all	little	some what	Quite much	most
1. A ringing or Buzzing in the ear(s)	0	1	2	3	4
2. Suicidal idea	0	1	2	3	4
3. Palpitation	0	1	2	3	4
4. crying	0	1	2	3	4
5. self-blaming	0	1	2	3	4
6. feeling lonely	0	1	2	3	4
7. depressed	0	1	2	3	4
8. Trouble catching your breath	0	1	2	3	4
9. Hot or cold spells	0	1	2	3	4
10. Feeling numb or tingling	0	1	2	3	4
11. A fullness in head or nose	0	1	2	3	4
12. Discomfort when in the crowd	0	1	2	3	4
13. Upset when being left alone	0	1	2	3	4
14. Feeling agitated	0	1	2	3	4
15. feeling urge to do things	0	1	2	3	4

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