



Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

Symptom Checklist-90 (SCL-90)

Below is a list of problems and complaints that people sometimes have. Please read each one carefully. After you have done so, select one of the numbered descriptors that best describes HOW MUCH THAT PROBLEM HAS BOTHERED OR DISTRESSED YOU DURING THE PAST WEEK, INCLUDING TODAY.

Check the number in the space to the right of the problem and do not skip any items. Use the following key to guide how you respond:

Check 0 if your answer is NOT AT ALL

Check 1 if A LITTLE BIT

Check 2 if MODERATELY

Check 3 if QUITE A BIT

Check 4 if EXTREMELY

Please read the following example before beginning:

Example: In the previous week, how much were you bothered by:

	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
Backaches	[] 0	[] 1	[] 2	[] 3	[] 4

In this case, the respondent experienced backaches a little bit (1).

Please proceed with the questionnaire.

	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
HOW MUCH WERE YOU BOTHERED BY:					
1	Headaches	[] 0	[] 1	[] 2	[] 3
2	Nervousness or shakiness inside	[] 0	[] 1	[] 2	[] 3
3	Unwanted thoughts, words, or ideas that won't leave your mind	[] 0	[] 1	[] 2	[] 3
4	Faintness or dizziness	[] 0	[] 1	[] 2	[] 4
5	Loss of sexual interest or pleasure	[] 0	[] 1	[] 2	[] 3

6	Trouble remembering things	[] 0	[] 1	[] 2	[] 3	[] 4
7	Worried about sloppiness or carelessness	[] 0	[] 1	[] 2	[] 3	[] 4
8	Feeling easily annoyed or irritated	[] 0	[] 1	[] 2	[] 3	[] 4
9	Pains in heart or chest	[] 0	[] 1	[] 2	[] 3	[] 4
10	Feeling afraid in open spaces or on the streets	[] 0	[] 1	[] 2	[] 3	[] 4
11	Feeling low in energy or slowed down	[] 0	[] 1	[] 2	[] 3	[] 4
12	Thoughts of ending your life	[] 0	[] 1	[] 2	[] 3	[] 4
13	Trembling	[] 0	[] 1	[] 2	[] 3	[] 4
14	Poor appetite	[] 0	[] 1	[] 2	[] 3	[] 4
15	Crying easily	[] 0	[] 1	[] 2	[] 3	[] 4
16	Feeling of being trapped or caught	[] 0	[] 1	[] 2	[] 3	[] 4
17	Suddenly scared for no reason	[] 0	[] 1	[] 2	[] 3	[] 4
18	Temper outbursts that you could not control	[] 0	[] 1	[] 2	[] 3	[] 4
19	Feeling afraid to go out of your house alone	[] 0	[] 1	[] 2	[] 3	[] 4
20	Blaming yourself for things	[] 0	[] 1	[] 2	[] 3	[] 4
21	Pains in lower back	[] 0	[] 1	[] 2	[] 3	[] 4

22	Feeling blocked in getting things done	[] 0	[] 1	[] 2	[] 3	[] 4
23	Feeling lonely	[] 0	[] 1	[] 2	[] 3	[] 4
24	Feeling blue	[] 0	[] 1	[] 2	[] 3	[] 4
25	Worrying too much about things	[] 0	[] 1	[] 2	[] 3	[] 4
26	Feeling no interest in things	[] 0	[] 1	[] 2	[] 3	[] 4
27	Feeling fearful	[] 0	[] 1	[] 2	[] 3	[] 4
28	Having to do things very slowly to insure correctness	[] 0	[] 1	[] 2	[] 3	[] 4
29	Heart pounding or racing	[] 0	[] 1	[] 2	[] 3	[] 4
30	Nausea or upset stomach	[] 0	[] 1	[] 2	[] 3	[] 4
31	Soreness of your muscles	[] 0	[] 1	[] 2	[] 3	[] 4
32	Trouble falling asleep	[] 0	[] 1	[] 2	[] 3	[] 4
33	Having to check and double-check what you do	[] 0	[] 1	[] 2	[] 3	[] 4
34	Difficulty making decisions	[] 0	[] 1	[] 2	[] 3	[] 4
35	Feeling afraid to travel on buses, subways, trains	[] 0	[] 1	[] 2	[] 3	[] 4
36	Trouble getting your breath	[] 0	[] 1	[] 2	[] 3	[] 4
37	Hot or cold spells	[] 0	[] 1	[] 2	[] 3	[] 4

38	Having to avoid certain things, places, or activities because they frighten you	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
39	Your mind going blank	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
40	Numbness or tingling in parts of your body	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
41	A lump in your throat	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
42	Feeling hopeless about the future	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
43	Trouble concentrating	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
44	Feeling weak in parts of your body	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
45	Feeling tense or keyed up	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
46	Heavy feelings in your arms or legs	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
47	Thoughts of death or dying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
48	Overeating	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
49	Having urges to beat, injure, or harm someone	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
50	Awakening in the early morning	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
51	Having to repeat the same actions such as touching, counting, washing	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
52	Sleep that is restless or disturbed	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

53	Having urges to break or smash things	[] 0	[] 1	[] 2	[] 3	[] 4
54	Feeling uneasy in crowds, such as shopping or at a movie	[] 0	[] 1	[] 2	[] 3	[] 4
55	Feeling everything is an effort	[] 0	[] 1	[] 2	[] 3	[] 4
56	Spells of terror or panic	[] 0	[] 1	[] 2	[] 3	[] 4
57	Getting into frequent arguments	[] 0	[] 1	[] 2	[] 3	[] 4
58	Feeling nervous when you are left alone	[] 0	[] 1	[] 2	[] 3	[] 4
59	Feeling so restless you couldn't sit still	[] 0	[] 1	[] 2	[] 3	[] 4
60	Feelings of worthlessness	[] 0	[] 1	[] 2	[] 3	[] 4
61	Feeling that familiar things are strange or unreal					
62	Shouting or throwing things	[] 0	[] 1	[] 2	[] 3	[] 4
63	Feeling afraid you will faint in public	[] 0	[] 1	[] 2	[] 3	[] 4
64	Feeling pushed to get things done	[] 0	[] 1	[] 2	[] 3	[] 4
65	Feelings of guilt	[] 0	[] 1	[] 2	[] 3	[] 4

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Scoring Instructions

ITEM CODING

Each item is scored on a scale from 0 to 4 based on how much an individual was bothered by each item in the last week:

0 = Not at all

1 = A little bit

2 = Moderately

3 = Quite a bit

4 = Extremely

SCALES

Somatization: 1, 4, 9, 21, 30, 31, 36, 37, 40, 41, 44, and 46

Obsessive-compulsive: 3, 6, 7, 22, 28, 33, 34, 39, 43, and 51

Depression: 5, 11, 15, 28, 20, 23, 24, 25, 26, 42, 55, and 60

Anxiety: 13, 17, 27, 29, 45, 56, 59, 61, and 64

Anger-hostility: 8, 18, 49, 53, 57, and 62

Phobic-anxiety: 10, 19, 35, 38, 54, 58, and 63

Additional items: 14, 32, 47, 48, 50, and 65

Subscale scores for an individual are found by adding the scores given to the items of a given subscale divided into the number of items in the subscale. An increase in score indicates an increase of psychological symptom level. Scoring code can be obtained at: <https://arc.psych.wisc.edu/self-report/symptom-checklist-90-scl90/>

Protocol source: <https://www.phenxtoolkit.org/protocols/view/511701>