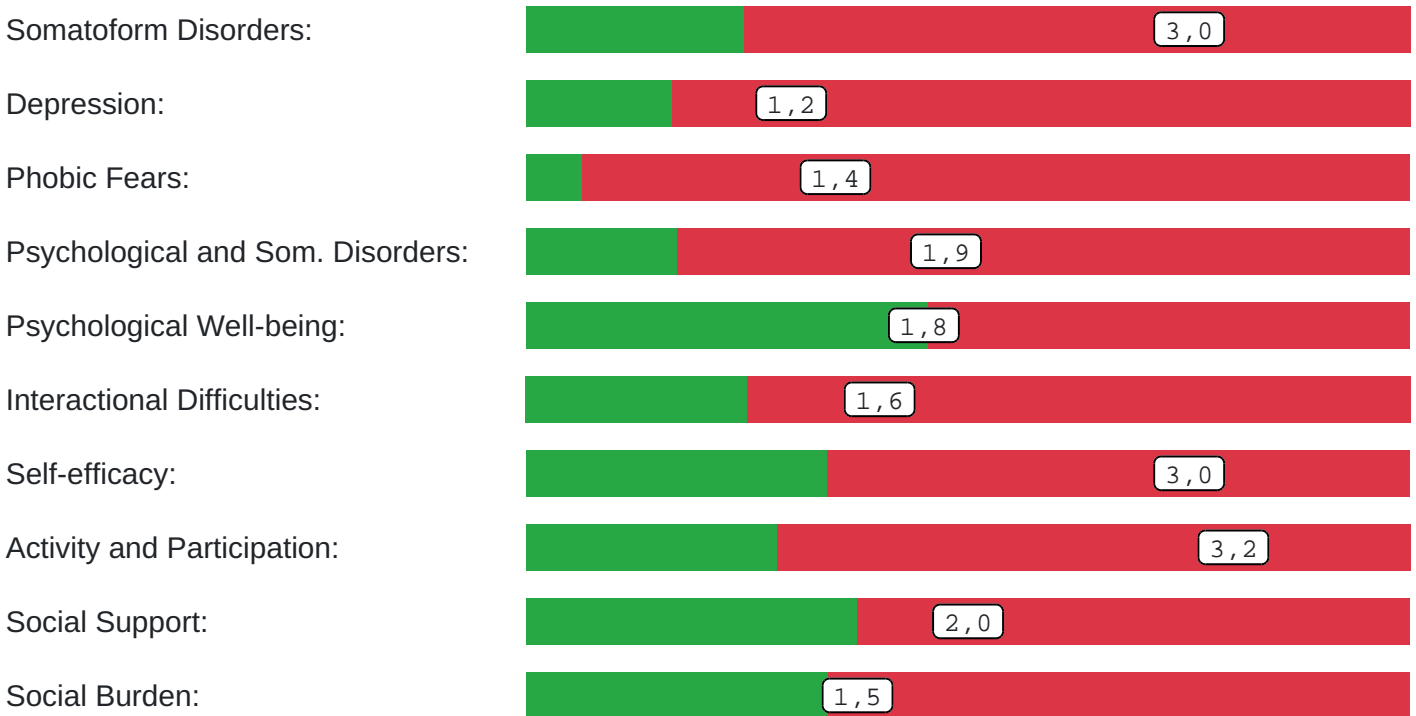


Scoring Hamburg Modules (E-HEALTH-49)

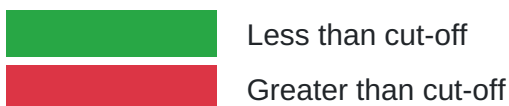
10.09.2023



Scores from 0 to 4.

The scales *Psychological Well-being*, *Self-efficacy*, and *Social Support* are formulated positively and are inverted so that a higher score always corresponds to a higher patient suffering.

Legend



Cut-offs from German sample.

Below you will find a list of **problems and symptoms**. Please read each question carefully and decide **how much you have been disturbed by or felt stress as a result of these symptoms in the last two weeks**. Place an X in just one box next to the answer that best describes your situation.

Please answer all of the questions.

In the past two weeks, how much have you suffered from ...?

anxiety or fear about leaving the house	somewhat
disheartenment or sadness	quite a lot
back pains	quite a lot
the feeling of being worthless	somewhat
anxiety or fear about joining larger groups of people	not at all

In the past two weeks, how much have you suffered from ...?

feelings of guilt or self-reproach	not at all
stomach pains or digestive problems	moderately
thoughts that you would rather be dead or would like to end your own life	quite a lot
a feeling of weakness in individual body parts	very much
anxiety or fear of being in open places or going out onto the street	quite a lot
lack of interest in and little enjoyment from your activities	not at all
a feeling of heaviness in your arms and legs	very much
pain in your muscles or joints	not at all
a feeling of hopelessness	not at all
headaches or face pains	very much
anxiety or fear of riding the bus, the tram, subway, or train	moderately
numbness or tingling in individual body parts	very much
anxiety or fear of closed spaces (such as the elevator, a tunnel, a movie theatre)	somewhat

In the following section you will find some statements that can be used to describe **how you feel**. Please indicate how often you have had feelings specified in the statements **in the past two weeks**.

I feel detached.	occasionally
I feel at ease.	occasionally
I am relaxed.	always
I feel rested.	seldom
I can enjoy things.	occasionally

Below you will find a list of **problems and difficulties** that a person may have **in contact with other people**.

Please read each question carefully and decide how much you have **felt under stress or impaired** by these problems in contact to other people (family, friends, strangers etc.) **in the past two weeks**. Place an X in just one box next to the answer that best describes your situation.

In the past two weeks, how much have you suffered from ...?

difficulties showing others your feelings	somewhat
lacking the ability to appear assertive to others when the need arises	not at all
difficulties in being assertive with others regarding things that are important to you	quite a lot
difficulties letting others know that you are angry	moderately
difficulties telling someone that they should stop bothering you	somewhat
letting others take advantage of you	very much
fear of saying or doing the wrong thing	not at all

In the following section you will find statements that refer to **how capable you feel of fulfilling your duties, dealing with stress, or doing things that are important to you** despite your physical or emotional discomfort.

Please indicate how accurately each statement applies to your situation **over the past two weeks**.

Despite my discomfort I am able to ...

deal well with my difficulties and problems.	not true
achieve the personal goals that I set for myself.	somewhat true
solve difficult problems.	moderately true
maintain my normal lifestyle.	not true
learn new skills and competencies.	moderately true

The following questions relate to your impairments within your job, housekeeping, recreation, or social relationships as the result of emotional or physical symptoms **in the last two weeks!**

How often have you had difficulties at work or in other daily activities and tasks?

I got less done than I wanted.	occasionally
I wasn't able to work as thoroughly as usual.	often
How much was your normal contact to family members, friends, neighbors, or acquaintances impaired?	very
How much were you impaired in being able to take care of yourself (such as shopping, washing, cooking)?	very

How often were you impaired in your recreational activity?

I wasn't able to pursue my leisure time activities and hobbies for as long as usual.	occasionally
I wasn't able to pursue my usual leisure time activities and hobbies.	always

Sometimes **other peoples' behavior** is very helpful, sometime less helpful, and sometimes it can be stressful.

Please state how frequently someone close to you ...

plays down your difficulties and problems.	seldom
is there for you when you need them.	always
appears to feel uncomfortable when he/she speaks with you about your problems.	seldom
discusses important decisions with you.	seldom
expects more from you than you can do.	never
cheers you up or consoles you.	occasionally
becomes annoyed when you don't take his/her advice.	always
sacrifices some of his/her time or energy to take care of something for you.	seldom