

General Mental Health Concerns – CF

Version 1.0

Instructions: Please answer all of the questions. There are no right or wrong answers. If you are not sure how to answer, choose the response that seems closest to your situation.

If you answer yes in the blue column, respond to the other two questions. If you answer no in the blue column, proceed to the next question in the blue column.

	Have you ever experienced these concerns?	<u>If yes</u> , how often has this been happening?					<u>If yes</u> , how much has this been bothering you lately?			
		Yes	No	Never	Sometimes	Often	Very Often	Not at all	A little	Some
1. Trouble falling asleep										
2. Having poor quality sleep										
3. Upset about my weight										
4. Upset with how CF has affected the way I look										
5. Struggling with my body image										
6. Feeling anxious about having PICC lines or IVs put in										
7. Feeling anxious about doing PFTs										
8. Experiencing trauma resulting from medical procedures										
9. Experiencing feelings of grief										
10. Experiencing stressful life events (e.g., abuse, neglect)										
11. Trouble focusing my attention										
12. Having trouble with memory										
13. Feeling restless										
14. Feeling more irritable										
15. Experiencing mood swings										
16. Having obsessive thoughts										
17. Having panicky feelings										
18. Using Cannabis to help with my CF										
19. Misusing drugs										
20. Using alcohol to cope										
21. Feeling uncertain about the future due to CF										
22. Feeling stressed about living with CF										
SCORING	Total:	Total:	Total:				Total:			
	/22	/22								

Scoring Instructions:

Exposure = Sum the “yes” responses for each domain

Impact = Sum the frequency and bother ratings and divide by the number of “yes” items in that domain

Sleep: 1,2 **Body Image:** 3,4,5 **Medical Traumatic Stress/Procedural Anxiety:** 6,7,8,9,10 **ADHD:** 11,12,13

Mood/Anxiety: 14, 15, 16,17 **Substance Misuse:** 18, 19, 20 **Stress of CF:** 21, 22

To obtain GEMS-CF email: aquittner0202@gmail.com

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GEMS-CF: Side-Effects Related to Modulators

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	Have you ever experienced these concerns?		<u>If yes</u> , how often has this been happening?				<u>If yes</u> , how much has this been bothering you lately?			
	Yes	No	Never	Sometimes	Often	Very Often	Not at all	A little	Some	A lot
1. Having difficulty falling asleep										
2. Having trouble staying asleep										
3. Having racing thoughts while falling asleep										
4. Worrying about weight changes										
5. Feeling upset about my body image										
6. Having brain fog										
7. Struggling to stay focused										
8. Having trouble remembering things										
9. Feeling agitated										
10. Feeling easily angered										
11. New or worsening depression										
12. New or worsening anxiety										
13. Having mood swings										
14. Having trouble adjusting to how my life has changed										
SCORING	Total:	Total:	Total:				Total:			
	/14	/14								

Scoring Instructions:

Exposure = sum the “yes” responses for each domain

Impact = Sum the frequency and bother ratings and divide by the number of “yes” items in that domain
 Sleep: 1,2,3 Body Image: 4,5 Cognitive Concerns: 6,7,8 Mood/Anxiety: 9,10,11,12,13 Adjustment: 14

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