

Below is a list of feelings, sensations, problems, and experiences that people sometimes have. Read each item and then fill in the blank with the number that best describes how much you have felt or experienced things this way during the past week, including today. Use this scale when answering::

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## Mood and Anxiety Symptom Questionnaire Scoring Key

### 26-item version (Mini-MASQ)

To score scales, sum the subject's responses for each positively keyed scale item. For each negatively keyed item, add 6 and then subtract the subject's response. All items are positively keyed unless otherwise noted.

General Distress: (GD, 8 items): 2, 3, 7, 12, 13, 17, 20, 21

Anxious Arousal (AA, 10 items): 4, 6, 8, 10, 14, 16, 18, 22, 24, 26

Anhedonic Depression (AD, 8 items)

Positively keyed items: 5, 11

Negative keyed items: 1, 9, 15, 19, 23, 25

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Abstract. The Mini Mood and Anxiety Symptom Questionnaire (Mini-MASQ) is a short form of the MASQ which measures anxiety and depression symptoms following Clark and Watson's tripartite model. Results from two samples indicate that the Mini-MASQ holds promise as a quick, reliable, and valid measure of anxiety and depression symptoms.

Problem or Major Purpose. Anxiety and depressive syndromes are highly comorbid and many measures of depression and anxiety have poor discriminant validity. Clark and Watson (1991) examined the evidence related to these syndromes and developed a tripartite model that explains the overlap as due to a general (nonspecific) distress factor, with each syndrome separately identifiable by specific factors: anxious arousal (specific anxiety) and anhedonia (specific depression), respectively. The original (90-item) Mood and Anxiety Symptom Questionnaire (MASQ) was developed by Watson and Clark (1991) to test the tripartite model. Tests of the MASQ in a variety of samples (student, adult, and patient) met with reasonable success (Watson, Weber, Assenheimer, Clark, Strauss, & McCormick, 1995). However, the MASQ is too long for certain purposes and a shorter measure with good validity and reliability is desirable. The Mini-MASQ is an abbreviated (26-item) form developed to address this problem.

Procedure. The Mini-MASQ was administered to two samples: (a) a set of mostly African-American adults ( $N = 896$ ; mean age = 38.1; range = 23 to 80 years) from the Family and Community Health Study (FACHS; Cutrona, 1997) in an interview format, and (b) a set of college students ( $N = 509$ ; mean age = 19; range = 17 to 22 years) as a self-report questionnaire. Participants indicated to what extent they had experienced each symptom (1 = not at all, 5 = extremely) "during the past week, including today." In addition, the FACHS sample was administered the Brief Temperament Survey (BTS; Clark, 1995), a short-form of the General Temperament Survey (Clark & Watson, 1991), which measures the broad domains of negative temperament, positive temperament, and disinhibition.

Results. A principal factors analysis with varimax rotation was performed on each sample. Three factors emerged: general distress, anxious arousal, and anhedonia; together these factors accounted for over 90% of the variance in each sample. Correlational analyses yielded good convergent validity between the nonspecific and specific scales, as well as evidence of discriminant validity between the specific scales. Alphas for each of the scales were in the mid .80s.

Conclusions and Implications. The results of these analyses are consistent with the tripartite model proposed by Clark and Watson (1991). Of particular note is the fact that the results were similar despite differences in population samples and mode of administration, indicating that the symptom structure is consistent across samples. Although inspection of individual item loadings suggested some refinements to the measure, the Mini-MASQ holds promise as a quick, reliable, and valid measure of anxiety and depression symptoms of utility in a variety of settings.

## MINI-MASQ Descriptive statistics

Sample 1. Primarily African-American, rural, low-income community-dwelling adults in Georgia and Iowa

<u>SCALE</u>	<u>M</u>	<u>SD</u>
overall (N=890)		
ANHEDONIC DEPRESSION	18.1	6.5
ANXIOUS AROUSAL	12.6	4.8
GENERAL DISTRESS	13.6	5.8
women (N=829)		
ANHEDONIC DEPRESSION	18.2	6.5
ANXIOUS AROUSAL	12.6	4.9
GENERAL DISTRESS	13.7	5.9
men (N=61)		
ANHEDONIC DEPRESSION	16.9	6.5
ANXIOUS AROUSAL	11.6	3.1
GENERAL DISTRESS	12.1	4.4
<u>Internal consistency (coefficient alpha):</u>		
ANHEDONIC DEPRESSION (8 items)	.85	
ANXIOUS AROUSAL (10 items)	.84	
GENERAL DISTRESS (8 items)	.85	
<u>Scale intercorrelations:</u>		
AD-AR	.27	
GD-AD	.51	
GD-AR	.48	

Sample 2. University of Iowa college students

<u>SCALE</u>	<u>M</u>	<u>SD</u>
overall (N=509)		
ANHEDONIC DEPRESSION	20.0	6.2
ANXIOUS AROUSAL	15.8	5.9
GENERAL DISTRESS	16.5	5.9
<u>Internal consistency (coefficient alpha):</u>		
ANHEDONIC DEPRESSION (8 items)	.88	
ANXIOUS AROUSAL (10 items)	.83	
GENERAL DISTRESS (8 items)	.87	
<u>Scale intercorrelations:</u>		
AD-AR	.19	
GD-AD	.52	
GD-AR	.40	