



Idiosyncrasy of medical students at the University of Ribeirão Preto, about sexuality, sexual orientation, sexual behavior, gender identity and its repercussions on mental health

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ABSTRACT

The study aims to use reliable and real data, through the application of forms, to evaluate medical students about sex education, sexuality and gender identity and to understand in terms of identifying negative attitudes and limitations on the theme of sexuality and its variables. The objective of this study is to outline and understand the descriptive profile of the sample component of 10% of the students enrolled in the medical course at the University of Ribeirão Preto-Campus Ribeirão Preto, enrolled in the year 2023. Analyses of gender, age and their relationships regarding the understanding of the theme will be carried out. This study may be useful for universities and institutions that intend to plan educational interventions for the prevention of risky sexual behaviors and the promotion of preventive behaviors, as well as to encourage the self-knowledge necessary for a favorable mental quality and general well-being of students.

Keywords: Mental health, Sexuality, Gender identity.

1 INTRODUCTION

According to Foucault (1976/2006), French philosopher, professor, writer and psychologist, the existence of a Sexual Science, called "scientia sexualis" in his work: *Will to Knowledge, History of Sexuality*, produced a large repertoire of content and played a crucial role in guiding the various doctors, pedagogues and psychologists of the time. However, scientia sexualis also provided a kind of standardization, classification and determination of sexual practices in which they were accepted, in order to restrict the types of sexual behaviors, desires and orientations. Subsequently, she suffered a process of repression that fostered the creation of stigmas regarding sexuality, which were aggravated by silence and muteness. Thus, it goes beyond the religious sphere and takes on an educational and moralizing content about sexuality. Therefore, so-called peripheral sexualities are entitled as "moral madness", "genital neurosis", "degenderescence" and "psychic imbalance" as they were documented by the psychiatrists of the time in which records were analyzed by Foucault. Thus, the pathologization of gender was understood as an intrinsic disorder of the feminine and masculine, as a way of determining the character of individuals.

For Goffman (1982), stigma has the social function of differentiating and marginalizing, since individual or collective traits that are stigmatized and are used to reaffirm the normality of someone or group. Analogous to this statement is the problem in relation to the term "homosexuality", which was included in the chapter of Mental Disorders and in the category of Pathological Personalities and



subcategorized as Sexual Deviations in the sixth revision of the ICD-10 in 1948. The recognition of the pathologizing nature of the term, wrongly applied, was only changed in 1993, when the WHO excluded and renamed it "homosexuality", thus being internationally recognized in psychiatry and psychology that it is not a disease or pathological condition.

Therefore, it is possible to note the impact of history on sexuality and consequently its social ills that continue to reverberate even today and still generate consequences in a way that harms the formation and clarification of sexuality, sexual orientation, sexual behavior and gender identity. As reported in studies, the very increase in the migration of individuals whose sexuality is different from the majority of their community may encourage them to leave their cities, indicating the effort of these minorities in order to escape the stigmas in the areas of their current residence, evidencing the marginalization, inadequacy and difficulty in being and expressing themselves fully. It is also evidenced that these rates of internal migration peak during the transition from adolescence to adulthood. (Ueno., et al 2014). Thus, it becomes evident that usually the period of greatest instability regarding gender identity and sexual orientation is in the period of adolescence, in order to directly implicate the mental health of this population, which is still in the process of psychosocial development, thus being able to suffer social and moralizing pressures, in order to influence or at least impair the process of individual formation in the frustrated attempt to adapt to the standards said to be normal.

Unlike the sexual science that Foucault studied, modern sexology introduces concepts such as sexual fluidity to describe how gender and sexual orientation vary and have their flexibility; Thus, it is possible to better understand the diversity of behaviors, desires and attractions that go beyond the field of procreation and come to compose strands of varied groups and people. (VENTRIGLIO; BHUGRA, 2019)

In view of this, I propose the analysis, in the year 2023, of the undergraduate students of the medical course at the University of Ribeirão Preto - Campus Ribeirão Preto regarding the theme and the relevance whose theme impacts them on their formation as an individual and their social repercussion in the context that finds them. In order to exemplify their difficulties encountered in the process of personal knowledge, sexual orientation, sexual behaviors and gender identity, considering that the stigmas of *scientia sexualis* can still be used as a way to marginalize, reprimand, inferiorize, dehumanize, if there is not the cis-heteronormative conservatism still predicted by many today as the only normal orientation, even without scientific backing. Thus, paying attention to these greater difficulties and psychic, academic and social implications, in which the community of LGBTQIA+ medical students possibly encounters.

2 LITERATURE REVIEW

It is necessary to have a broad understanding of the concept of sexuality and its components. It is necessary to include it as one of the factors that make up individuality, desires, attractions, psychic and



sexual behaviors. Therefore, sexual orientation is the way we express our interests in other individuals, and can establish different types of relationships that are present in sexual diversity. This recognition of one's own sexuality peaks during the transition from adolescence to adulthood, so it can cause insecurity when they are not properly supported to explore their sexuality or aggravated by the lack of concern about the subject. The fluidity of sexuality is soon evidenced, so that the change in sexual identity and sexual orientation is greater in this period of life. It is also reported that this change in sexual orientation is more present during adolescence in cisgender female individuals when compared to males (SRIVASTAVA et al., 2022). For VENTRIGLIO; BHUGRA (2019) sexual variations can also be driven by limiting religious or even political beliefs, so that discrimination motivates the censorship of sexual diversity, migration, and marginalization of minorities. Empirically demonstrating the relationship between sexual orientation and mental health, whose context gives space to stressful experiences that foster the highest rates of depressive symptoms, use of toxic substances, greater suicidal tendency of the LGBTQIA+ community when compared to individuals who affirm a consistent heterosexuality.

It is already well established in the scientific literature that prejudice, discrimination, and stigma are determinants of health for the LGBT population, acting basically in three ways: 1) establishing more accentuated vulnerabilities to suffering and mental illness, abusive use of alcohol and other drugs, and exposure to violence; 2) causing the omission of information on the sexual orientation of patients and preventing the generation of reliable data on this population group; and 3) constituting a symbolic barrier to access to quality services and care. (GUIMARÕES et al., 2021)

To this end, it is urgent to understand that sexuality overcomes cisheteronormative limits. Given this, we can see how there are psychosexual and somatosexual divergences (exemplified by intersex and transsexual developments). Homoffective individuals of both sexes are also present, and all these and other sexual orientations are observed to greater and lesser degrees, varying according to the social nucleus in which they are inserted.

Still with the premise of elucidating the components of sexology, we have the term: Gender identity, which is distinguished from sexual orientation, because it is the individual perception and own experience regarding the relationship of acceptance or not with one's own biological sex. Gender is usually determined at birth through anatomy, gonads, or even the evaluation of sex chromosomes (XX, XY). Thus, in most cases, the gender of the newborn is determined. However, some children, adolescents or adults may feel an incongruence with their biological sex so that they do not identify and may evolve as transgender people. Gender dysphoria has also acquired a new vocative that is no longer pathologizing, and cannot be referred to as "gender identity disorder" in order to combat social stigmas. Similarly to sexuality, minorities about gender identity also face greater conflicts with family, colleagues, and interpersonals, so they are more



likely to develop anxiety disorders, low self-esteem, and increased homicide rates than individuals who recognize and accept their gender expression. (GARG; ELSHIMY; MARWAHA, 2022).

There are theories that aim to justify transsexuality, such as the neurobiological theory about gender dysphoria. This proposes that during the intrauterine period in the second half of pregnancy, testosterone is responsible for masculinizing the male fetal brain, so that if the testosterone spike does not occur, it will result in a female brain. Given this and the previous differentiation of the genitals, these processes can lead to gender dysphoria. Thus, a combination of genetic, epigenetic, endocrine disruptors, immune responses, and self-organization factors can contribute to transsexuality. (SWAAB; WOLFF; BAO, 2021)

Paradoxically to this study, for ANNE FAUSTO-STERLING (2019), sexual dysphoria occurs due to the predominance of both physical influences, but are marked above all by the social component, as a predisposing factor for transsexuals.

In order to elucidate and exemplify sexual science today, a study was carried out through digital platforms internationally, whose sample number of respondents was 670 medical students from 33 different German universities. Through this study, a large portion of the students assumed a lack of preparation to deal with patients from the LGBTQIA+ community, which was justified by the absence or minimal approach by professors regarding the sexuality, sexual orientation and sexual behavior of this group. It was noted that there was a better performance among women regarding the theme when compared to men, and it also showed greater mastery and preparation among the community members who obtained the best performances. (BRANDT et al., 2019). Thus, it highlights the relevance of dissemination, dissemination and knowledge about sexual minorities, with the purpose of bringing students closer to the real needs of care and rights of the various population types. As well as making the difficulties encountered palpable, at least, through the recognition of institutional failures or moralizing discourses, the occurrences of flawed or incomplete treatments, marginalization, prejudice or neglect of the community said to be still peripheral.

3 OBJECTIVES

3.1 GENERAL

The general objective is to analyze whether or not the sexual orientation of students can generate implications on the mental health of these students, as well as if so, what are the types of effects resulting from them and their occurrences according to the diversity of sexual orientations.

3.2 SPECIFIC

The aim of this study is to estimate the prevalence of different sexualities in the medical school of the University of Ribeirão Preto, Ribeirão Preto Campus. It also identifies possible discomfort or unpreparedness of the student body regarding sexual orientation. It also aims to elucidate typical signs and



symptoms of depressive, stressor and anxiety disorders in research participants, related to their respective sexualities. As well as to determine the relationship between anguish and the social relations prevailing in the academic world.

4 HYPOTHESES AND JUSTIFICATIONS

Human sexuality becomes complex when it implies in the formation of the individual in the various areas that compose him, helping in the process of individuality in the creation of a unique being, as well as including him, as part of a whole, having in the various communities that share something in common. Therefore, sexuality, sexual orientation and gender identity serve as an instrument to approach, create and establish various types of relationships, whether social, political or self-knowledge. Therefore, the lack of knowledge, estrangement and oppression about the theme impairs individuals in acceptance, knowledge and possibly affects the various areas that are influenced by sexuality, thus also reverberating in mental health.

5 MAIN SCIENTIFIC CONTRIBUTIONS

5.1 MATERIALS AND METHODS

A 12-month experimental, cross-sectional, qualitative and analytical study will be carried out. The evaluation instruments used during the study were four self-administered questionnaires, contained in the appendices, to medical students of the University of Ribeirão Preto for data collection at that institution.

Whose sample number comprises about 5% of the students enrolled in the course. To draw the descriptive profile of the students and their

knowledge about sexuality, items about sexuality, sex education, sexual orientation, and gender identity were elaborated. All students voluntarily participated in filling out the questionnaires. And subsequently, the development and knowledge of such students on the subject will be evaluated. In addition, information and research platforms will be used, such as PubMed, Journals

CAPES, Scielo, and were selected according to their relevance, as well as by means of keywords such as: "Sexuality", "sexual orientation", "mental health", "sexual behavior". Subsequently, they underwent a thorough evaluation in order to exclude articles that contained bias or inappropriate content. Readings will be taken active in the various articles during the scientific initiation, in addition to supervised meetings at the request of the advisor, instructing about the best paths to be followed.

5.2 DELIMITATION

Cross-sectional study



5.3 RUNTIME

It will take 12 months to collect, analyze, prepare and complete this project

5.4 SAMPLE NUMBER

The corresponding to 5% of the students of the medical course - Ribeirão Preto Campus of the University of Ribeirão Preto, who will be enrolled during the 2023 academic year, will be collected.

5.5 ICF

5.5.1 Term of clarification

PROJECT TITLE:

**Idiosyncrasy of medical students at the University of
Ribeirão Preto, about sexuality, sexual orientation, sexual behavior, gender identity and its repercussions on mental
health.**

You are being invited to participate in this research project. Please read all the following information carefully. Ask us to explain any words or terms that are unclear to you. We are at your disposal to answer any questions or concerns you may have about this survey. Do not sign this consent form until you understand all the information contained in it and clarify all your doubts. After all the clarifications, if you decide to participate in this study, you will be asked to sign this term. You will receive a signed copy of this agreement and must keep your copy. I declare that I have become aware, that I have been enlightened and that I have no doubts as to my participation in this research. In accordance with the terms listed below, I have been informed that:

- 1) The objectives of this study include: to analyze the descriptive profile of medical students at the University of Ribeirão Preto about their own sexuality, gender identity and to understand the relevance of the theme for mental health.
- 2) The project is being carried out by the medical course at UNAERP on a voluntary basis and its participation is not mandatory. It will contribute to the scientific community new discussions on the subjects studied.
- 3) Benefits: Provide material and data for analysis of the repercussion of sexuality and its aspects and its impacts on the constitution of the individual.
- 4) This study will not expose you to life, as they will be simple questions for you to answer in a few minutes. If there is emotional discomfort in answering a question (e.g., embarrassment, shyness), we will be available to help you by clarifying any doubts that may arise. If you prefer, you can leave the answer to the question blank, or you are free not to participate in this study.)



5) Their participation is voluntary and will also allow the benefit of contributing to the development of the learning of teachers and students, in addition to the execution of this research.

As it is voluntary, no payment will be offered for participation in this research.

6) You will be assured that all expenses necessary to carry out the research will not be your responsibility.

7) You will have the guarantee of secrecy (secrecy) of the information regarding the identification of the name and documents.

8) Thus: I authorize, for due purposes, the information in the questionnaires, the dissemination and publication in scientific journals of the data obtained in this research, provided that my name is not identified. I have, on the part of the researchers, the guarantee of secrecy (secrecy) that guarantees my privacy.

This Informed Consent Form is ONLY to authorize the use of the data collected in this study. I am aware that I am free to ask for further clarification before and during the development of the research. If you have any questions, you can contact the teacher in charge of the study or ask to leave the study.

(front)

FREE CONSENT FORM, AFTER CLARIFICATION.

I, _____ li

and/or I listened to the clarification about the project

_____ and understood what the study is for, and what procedure(s) I will be subjected to. The explanation I received sheds light on the risks and benefits of the study. I understood that I am free to discontinue my participation at any time without justifying my decision and that it will not harm me. I know that my name will not be published, that I will have no expenses, and that I will not receive money for participating in the study. Given this understanding, I agree to participate in the study.

Ribeirão Preto,/...../.....

Signature of the volunteer or his/her legal guardian

Identity document: No

Principal Investigator



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For notification of any situation of abnormality that cannot be resolved by the professors, I may contact the Research Center of the Medical Course of the University of Ribeirão Preto – UNAERP by calling 3603. 7714 or at the Local Ethics Committee – 3603.6895.

6 INCLUSION AND EXCLUSION CRITERIA

Articles published more than 7 years ago, as well as articles containing bias, will be excluded.

The best articles and questionnaires will be selected, up-to-date and free of bias

7 RISK AND BENEFIT

There will be no risk to life in the development of the project. As this is a study involving human beings, some type of discomfort may occur to the participants during the application of the questionnaires, but we will minimize these chances through ethical conduct and prioritizing the integrity of the participants. I also reinforce their protection, so that there is no loss of confidentiality:

Privacy was maintained regarding the identification of volunteers through the use of acronyms and numbers during the analysis of the questionnaires. The benefits of research are: the aid in knowledge in areas still emerging in research, the development of a professional critical sense, as well as the development of a professional critical sense as the teaching-learning benefit and understanding of sexuality, sexual orientation, sexual behavior in an integral way and their roles in the psychosocial composition of individuals.

8 SURVEY LOCATION

The infrastructure used for the development of the scientific project will be the Ribeirão Preto Campus of the University of Ribeirão Preto. In which it has a computerized library with cataloged bibliographic databases and Wi-Fi internet networks that offer access to information from digital research platforms such as PubMed, CAPES Journals and SciELO.



9 DATA ANALYSIS

9.1 BUDGET

Own financing

10 EXECUTION SCHEDULE

Activities /months	01/02	03	04	05	06	07	08	09	10	11/12
Survey of literature	X									
Elaboration of the project		X								
Data collection, application of questionnaires			X	X	X	X				
Data Evaluation				X	X	X	X			
Development and conclusion[edit]						X	X	X		
Presentation at scientific events									X	
Finalization and reporting										X

11 OUTCOMES AND STAGES



<u>PRIMARY OUTCOME</u>	<ul style="list-style-type: none">• Elaboration of the project• Planning of activities,
<u>SECONDARY OUTCOME</u>	<p>Deepen the literature review</p>
	<ul style="list-style-type: none">• Implementation of the project: application of questionnaires, analysis of the results, elaboration of scientific abstracts for Submission to conferences• Conclusion, preparation of final report and forecast for the preparation of a scientific article



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APPENDIX

APPENDIX A – DEMOGRAPHIC QUESTIONNAIRE

1. What is your biological gender?

- a) Male
- b) Female

2. How old are you?

- a) 18-25 years old
- b) 26-35 years old
- c) 36-45 years old
- d) 46-55 years old
- e) Over 55 years of age

3. What is your race?

- a) White
- b) Brown
- c) Black
- d) Yellow
- e) Indigenous

4. What is your religion?

- a) Catholic
- b) Evangelical
- c) Spiritist
- d) Jew
- e) Buddhist
- f) Muslim
- g) Religion of African origin
- h) Agnostic
- i) No religious practices
- j) Atheist
- (k) Other



5. What year of college are you in?

- a) 1st year
- b) 2nd year
- c) 3rd year
- d) 4th year
- e) 5th year
- f) 6th grade

6. What is your sexual orientation?

- (a) Heterosexual
- b) Homosexual
- c) Bisexual
- d) Asexual
- e) Pansexual

7. According to the Kinsey Scale, which category of sexual orientation would you classify yourself into?

- a) Exclusively heterosexual
- b) Predominantly heterosexual,
only occasionally homosexual
- c) Predominantly heterosexual,
although homosexual often
- d) Bisexual
- e) Predominantly homosexual, although often heterosexual
- f) Predominantly homosexual, only occasionally heterosexual
- g) Exclusively homosexual
- h) Asexual



APPENDIX B – ENVIRONMENTAL ASSESSMENT SCALE

ACADEMIC IN THE FACE OF THE NEEDS OF THE LGBT POPULATION

This questionnaire is anonymous and you do not need to identify yourself.

Inclusion of LGBT Policies

1. Does your campus prohibit discrimination based on sexual orientation?

- a) Yes
- (b) No
- c) I don't know

2. Does your campus include sexual orientation in public written statements about diversity and multiculturalism?

- a) Yes
- (b) No
- c) I don't know

3. Does your campus prohibit discrimination based on gender identity?

- a) Yes
- (b) No
- c) I don't know

4. Does your campus provide training for health center staff to increase their sensitivity to the special health needs of LGBT individuals?

- a) Yes
- (b) No
- c) I don't know

5. Does your campus have an office or resource center for LGBT students (i.e., an institutionally funded space for sex education and support services for the LGBT community)?

- a) Yes
- (b) No
- c) I don't know



6. Does your campus integrate LGBT issues into debates where appropriate?

- a) Yes
- (b) No
- c) I don't know

7. Does your campus have a significant number of books and journals on sexual orientation topics in its library(s)?

- a) Yes
- (b) No
- c) I don't know

8. Does your campus regularly offer activities and events to raise awareness of the experiences and concerns of lesbian, gay, bisexual, transgender people?

- a) Yes
- (b) No
- c) I don't know

9. Does your campus regularly hold social events specifically for LGBT students?

- a) Yes
- (b) No
- c) I don't know

10. Does your campus have a recognized university organization for LGBT students and sympathizers?

- a) Yes
- (b) No
- c) I don't know

11. Does your campus have any academic organizations for LGBT students?

- a) Yes
- (b) No
- c) I don't know

12. Does your campus offer support groups for LGBT individuals in the process of coming out publicly?

- a) Yes



- (b) No
- c) I don't know

13. Does your campus provide training for health center staff to increase their sensitivity to the special health needs of LGBT individuals?

- a) Yes
- (b) No
- c) I don't know



APPENDIX C – SUPPORTIVE PERCEPTION SCALE SOCIAL

This questionnaire is anonymous and you do not need to identify yourself.

1. The people around me let me know that they care about me.

- a) I completely disagree
- b) Partially disagree
- c) Neutral
- d) Partially agree
- e) I completely agree

2. I have someone whose opinions I trust.

- a) I completely disagree
- b) Partially disagree
- c) Neutral
- d) Partially agree
- e) I completely agree

3. I have someone I feel I can trust completely.

- a) I completely disagree
- b) Partially disagree
- c) Neutral
- d) Partially agree
- e) I completely agree

4. I have people around me who will help me keep my spirits up.

- a) I completely disagree
- b) Partially disagree
- c) Neutral
- d) Partially agree
- e) I completely agree

5. There are people in my life who make me feel good about who I am.

- a) I completely disagree



- b) Partially disagree
- c) Neutral
- d) Partially agree
- (e) I completely agree

6. I have at least one friend or relative I want to be with when I'm feeling discouraged.

- a) I completely disagree
- b) Partially disagree
- c) Neutral
- (d) By agreement
- (e) I completely agree



APPENDIX D – EADS-21

Please read each of the statements below and mark 0, 1, 2 or 3 to indicate how much each statement applied to you during the past week.

There are no right or wrong answers. Don't take too long to state your answer in each statement.

The classification is as follows:

- 0- Nothing was applied to me
- 1-Applied to me a few times
- 2- It has applied to me many times
- 3- The greatest art of times was applied to me



EADS-21 - Nome _____

Data ____/____/____

Por favor leia cada uma das afirmações abaixo e assinale 0, 1, 2 ou 3 para indicar quanto cada afirmação se aplicou a si *durante a semana passada*. Não há respostas certas ou erradas. Não leve muito tempo a indicar a sua resposta em cada afirmação.

A classificação é a seguinte:

- 0- não se aplicou nada a mim
- 1- aplicou-se a mim algumas vezes
- 2- aplicou-se a mim de muitas vezes
- 3- aplicou-se a mim a maior parte das vezes

1	Tive dificuldades em me acalmar	0	1	2	3
2	Senti a minha boca seca	0	1	2	3
3	Não consegui sentir nenhum sentimento positivo	0	1	2	3
4	Senti dificuldades em respirar	0	1	2	3
5	Tive dificuldade em tomar iniciativa para fazer coisas	0	1	2	3
6	Tive tendência a reagir em demasia em determinadas situações	0	1	2	3
7	Senti tremores (por ex., nas mãos)	0	1	2	3
8	Senti que estava a utilizar muita energia nervosa	0	1	2	3
9	Preocupei-me com situações em que podia entrar em pânico e fazer figura ridícula	0	1	2	3
10	Senti que não tinha nada a esperar do futuro	0	1	2	3
11	Dei por mim a ficar agitado	0	1	2	3
12	Senti dificuldade em me relaxar	0	1	2	3
13	Senti-me desanimado e melancólico	0	1	2	3
14	Estive intolerante em relação a qualquer coisa que me impedisse de terminar aquilo que estava a fazer	0	1	2	3
15	Senti-me quase a entrar em pânico	0	1	2	3
16	Não fui capaz de ter entusiasmo por nada	0	1	2	3
17	Senti que não tinha muito valor como pessoa	0	1	2	3
18	Senti que por vezes estava sensível	0	1	2	3
19	Senti alterações no meu coração sem fazer exercício físico	0	1	2	3
20	Senti-me assustado sem ter tido uma boa razão para isso	0	1	2	3
21	Senti que a vida não tinha sentido	0	1	2	3

OBRIGADO PELA SUA PARTICIPAÇÃO