Measuring Functioning and Well-Being is a comprehensive account of a broad range of self-reported functioning and well-being measures developed for the Medical Outcomes Study, a large-scale study of how patients fare with health care in the United States. This book provides a set of ready-to-use generic measures that are applicable to all adults, including those well and chronically ill, as well as a methodological guide to collecting health data and constructing health measures. As demand increases for more practical methods to monitor the outcomes of health care, this volume offers a timely and These are unprecedented times. We need to work extra hard to manage our emotions well. Expect to have a lot of mixed feelings. Naturally we feel anxiety, and maybe waves of panic, particularly when seeing new headlines. It's easy to think about the worst outcomes, which are catastrophic, but that creates unnecessary stress arousal and suffering. It can be helpful to think of worst case, and then best case scenarios, and settle on something in between, according to University of Pennsylvania psychologist Martin E.P. Seligman, PhD. Creating short-term stress in the body, that we recover quickly from, can even be good. For example, not being able to be at a loved one's bedside when they fall ill from the virus can cause distress. 349 chronically depressed patients of the German LAC Depression Study completed the Childhood Trauma Questionnaire, a self-report measure of traumatic experiences in childhood. 75.6% of the chronically depressed patients reported clinically significant histories of childhood trauma. Chronicity was operationalized as a function of time: Major depressive episodes had to last for at least 12 months already at study intake (which extends the diagnostic minimum requirement of two weeks). Diagnoses of dysthymia or double depression indicate depressive symptoms of at least 24 months or longer at study intake. Homogeneity between patient and missing data was analyzed using chi-square and Mann-Whitney tests. Data are from 11,242 outpatients in three health care provision systems in three US sites. Patients with either current depressive disorder or depressive symptoms in the absence of disorder tended to have worse physical, social, and role functioning, worse perceived current health, and greater bodily pain than did patients with no chronic conditions. Abstract. We describe the functioning and well-being of patients with depression, relative to patients with chronic medical conditions or no chronic conditions. Data are from 11,242 outpatients in three health care provision systems in three US sites. Patients with either current depressive disorder or depressive symptoms in the absence of disorder tended to have worse physical, social, and role functioning, worse perceived current health, and greater bodily pain than did patients with no chronic conditions.