This questionnaire is designed to help determine the scope and timing of certain problems that many people have, and to help your clinician advise you about possible treatments, depending on your responses. This is not a method for self-diagnosis, but it does provide a quick way to identify personal problem areas that may deserve special attention. Circle your responses to the right of each question. Circle a 'yes' or 'no' response only if you are quite sure about it; if you are unsure, circle a question mark if it is given as an alternative. All information you provide is confidential.

PART 1. SOME QUESTIONS ABOUT DEPRESSION.

In the last year, have you had any single period of time — lasting at least two weeks — in which any of the following problems was present nearly every day? (Of course, you may also have had several such periods.)

Were there two weeks or more . . .

• when you had trouble falling asleep or staying asleep, or sleeping too much? YES NO ?
• when you were feeling tired or had little energy? YES NO ?
• when you experienced poor appetite or overeating? Or significant weight gain or loss, although you were not dieting? YES NO ?
• when you found little interest or little pleasure in doing things? YES NO ?
• when you were feeling down, depressed, or hopeless? YES NO ?
• when you were feeling bad about yourself — or that you were a failure — or that you were letting yourself or your family down? YES NO ?
• when you had trouble concentrating on things, like reading the newspaper or watching television? YES NO ?
• when you were so fidgety or restless that you were moving around a lot more than usual? Or the opposite — moving or speaking so slowly that other people could have noticed? YES NO ?
• when you found yourself thinking a lot about death or that you would be better off dead, or even of hurting yourself?

PART 2. HOW 'SEASONAL' A PERSON ARE YOU?

Circle one number on each line to indicate how much each of the following behaviors or feelings changes with the seasons. (For instance, you may find you sleep different hours in the winter than in the summer.)

(0 = no change, 1 = slight change, 2 = moderate change, 3 = marked change, 4 = extreme change.)

Change in your total sleep length (including nighttime sleep and naps) 0 1 2 3 4
Change in your level of social activity (including friends, family and co-workers) 0 1 2 3 4
Change in your general mood, or overall feeling of well-being 0 1 2 3 4
Change in your weight 0 1 2 3 4
Change in your appetite (both food cravings and the amount you eat) 0 1 2 3 4
Change in your energy level 0 1 2 3 4
### PART 3. WHICH MONTHS STAND OUT AS 'EXTREME' FOR YOU?

*For each of the following behaviors or feelings, draw a circle around all applicable months. If no particular month stands out for any item, circle "none". You should circle a month only if you recollect a distinct change in comparison to other months, occurring for several years. You may circle several months for each item.*

<table>
<thead>
<tr>
<th>COLUMN A</th>
<th>COLUMN B</th>
</tr>
</thead>
<tbody>
<tr>
<td>I tend to feel worst in</td>
<td>I tend to feel best in</td>
</tr>
<tr>
<td>I tend to eat most in</td>
<td>I tend to eat least in</td>
</tr>
<tr>
<td>I tend to gain most weight in</td>
<td>I tend to lose most weight in</td>
</tr>
<tr>
<td>I tend to sleep most in</td>
<td>I tend to sleep least in</td>
</tr>
<tr>
<td>I tend to have the least energy in</td>
<td>I tend to have the most energy in</td>
</tr>
<tr>
<td>I tend to have the lowest level of social activity in</td>
<td>I tend to have the highest level of social activity in</td>
</tr>
</tbody>
</table>

### PART 4. MORE ABOUT POSSIBLE WINTER SYMPTOMS . . .

*In comparison to other times of the year, during the winter months, which — if any — of the following symptoms tend to be present?*

- I tend to sleep longer hours (napping included).  
  - YES  
  - NO  
  - ?
- I tend to have trouble waking up in the morning.  
  - YES  
  - NO  
  - ?
- I tend to have low daytime energy, feeling tired most of the time.  
  - YES  
  - NO  
  - ?
- I tend to feel worse, overall, in the late evening than in the morning.  
  - YES  
  - NO  
  - ?
- I tend to have a distinct temporary slump in mood or energy in the afternoon.  
  - YES  
  - NO  
  - ?
- I tend to crave more sweets and starches.  
  - YES  
  - NO  
  - ?
- I tend to eat more sweets and starches, whether or not I crave them.  
  - YES  
  - NO  
  - ?
- I tend to crave sweets, but mostly in the afternoon and evening.  
  - YES  
  - NO  
  - ?
- I tend to gain more weight than in the summer.  
  - YES  
  - NO  
  - ?