

Section 4B - LOW MOOD II

<p>1. Some people have reported that they have low moods that last for 2 years or longer.</p> <p>Have you EVER had a time that lasted for at least 2 years when more days than not you were in a low mood?</p>	<p>1 <input type="checkbox"/> Yes N4BQ1 2 <input type="checkbox"/> No - <i>SKIP to Section 4C</i></p>	
<p>3a. During that time when your mood was at its lowest, did you OFTEN. . . (Repeat entire phrase frequently)</p>	<p>b.</p>	
<p>Lose your appetite?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box 1</i> 2 <input type="checkbox"/> No - <i>Go to next</i> N4BQ3A <i>experience</i></p>	<p>Box 1 <input type="checkbox"/></p>
<p>b. Find you wanted to eat a lot more than usual for no special reason?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box 1</i> 2 <input type="checkbox"/> No - <i>Go to next</i> N4BQ3B <i>experience</i></p>	
<p>c. Have trouble falling asleep, staying asleep or waking up too early?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box 2</i> 2 <input type="checkbox"/> No - <i>Go to next</i> N4BQ3C <i>experience</i></p>	<p>Box 2 <input type="checkbox"/></p>
<p>d. Sleep more than usual?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box 2</i> 2 <input type="checkbox"/> No - <i>Go to next</i> N4BQ3D <i>experience</i></p>	
<p>e. Feel tired or feel you didn't have much energy?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box 3</i> 2 <input type="checkbox"/> No - <i>Go to next</i> N4BQ3E <i>experience</i></p>	<p>Box 3 <input type="checkbox"/></p>
<p>f. Have trouble concentrating or keeping your mind on things?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box 4</i> 2 <input type="checkbox"/> No - <i>Go to next</i> N4BQ3F <i>experience</i></p>	<p>Box 4 <input type="checkbox"/></p>
<p>g. Find it harder than usual to make everyday decisions?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box 4</i> 2 <input type="checkbox"/> No - <i>Go to next</i> N4BQ3G <i>experience</i></p>	
<p>h. Feel that you weren't as good as other people?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box 5</i> 2 <input type="checkbox"/> No - <i>Go to next</i> N4BQ3H <i>experience</i></p>	<p>Box 5 <input type="checkbox"/></p>
<p>i. Feel down on yourself?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box 5</i> 2 <input type="checkbox"/> No - <i>Go to next</i> N4BQ3I <i>experience</i></p>	
<p>j. Feel that you were inadequate or a failure?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box 5</i> 2 <input type="checkbox"/> No - <i>Go to next</i> N4BQ3J <i>experience</i></p>	
<p>k. Feel like life would never work out the way you wanted?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box 6</i> 2 <input type="checkbox"/> No - <i>Go to next</i> N4BQ3K <i>experience</i></p>	<p>Box 6 <input type="checkbox"/></p>
<p>l. Feel that things were bad and would never get better?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box 6</i> 2 <input type="checkbox"/> No - <i>Go to next</i> N4BQ3L <i>experience</i></p>	
<p>m. Feel hopeless?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box 6</i> 2 <input type="checkbox"/> No - <i>Go to next</i> N4BQ3M <i>experience</i></p>	
<p>CHECK ITEM 4.23 Are at least 2 boxes marked Boxes 1-6, column b?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Go to Section 4C</i> N4BCK423</p>	

Section 4B - LOW MOOD II (Continued)

<p>4a. Now I'd like to ask you about some other things that might have happened to you during that time when your mood was at its lowest for at least 2 years and you had some of the other experiences you mentioned around the same time.</p> <p>During those years, did you. . . <i>(Repeat phrase frequently)</i></p> <p>Feel very upset by your low mood or any of those other experiences?</p>	<p>1 <input type="checkbox"/> Yes N4BQ4A 2 <input type="checkbox"/> No</p>
<p>b. Wish you could get better?</p>	<p>1 <input type="checkbox"/> Yes N4BQ4B 2 <input type="checkbox"/> No</p>
<p>c. Have arguments or friction with family, friends, people at work or anyone else?</p>	<p>1 <input type="checkbox"/> Yes N4BQ4C 2 <input type="checkbox"/> No</p>
<p>d. Have difficulty doing the things you were supposed to do - like working, doing your schoolwork or taking care of your home or family?</p>	<p>1 <input type="checkbox"/> Yes N4BQ4D 2 <input type="checkbox"/> No</p>
<p>e. Dwell on the past or brood about the past?</p>	<p>1 <input type="checkbox"/> Yes N4BQ4E 2 <input type="checkbox"/> No</p>
<p>f. Find that you did a lot less or were less active than usual?</p>	<p>1 <input type="checkbox"/> Yes N4BQ4F 2 <input type="checkbox"/> No</p>
<p>g. Spend more time by yourself because you didn't want to be around people?</p>	<p>1 <input type="checkbox"/> Yes N4BQ4G 2 <input type="checkbox"/> No</p>
<p>h. Ask people for help so much that it caused problems getting along with them?</p>	<p>1 <input type="checkbox"/> Yes N4BQ4H 2 <input type="checkbox"/> No</p>
<p>5. About how old were you the FIRST time you BEGAN to have a low mood that lasted for at least 2 years and you also had SOME of the other experiences you mentioned?</p> <p><i>Refer to other experiences marked "Yes" in 3a - 4h, if necessary.</i></p>	<p>_____ Age N4BQ5</p>
<p>6. In your ENTIRE LIFE, how many SEPARATE times lasting at least 2 years were there when your mood was low and you often had SOME of the other experiences you mentioned?</p> <p>By separate times, I mean times separated by at least 2 months when your mood was much improved or back to normal AND you didn't have ANY of the OTHER experiences you mentioned.</p>	<p>_____ Number N4BQ6</p>
<p>CHECK ITEM 4.24A Is number entered in 6, 2 or more or unknown?</p>	<p>1 <input type="checkbox"/> Yes N4BCK424A 2 <input type="checkbox"/> No - <i>SKIP to 8b</i></p>
<p>7a. How old were you the MOST RECENT time you BEGAN to have a low mood that lasted for at least 2 years and you often had SOME of the other experiences you mentioned?</p>	<p>_____ Age N4BQ7A</p>
<p>b. For how many years did this MOST RECENT time last? <i>(Must be at least 2 years.)</i></p>	<p>_____ Years N4BQ7B</p>
<p>c. Since this MOST RECENT time BEGAN, has there been a time lasting at least 2 months when your mood was much improved or back to normal AND you DIDN'T have ANY of those OTHER experiences?</p>	<p>1 <input type="checkbox"/> Yes N4BQ7C 2 <input type="checkbox"/> No - <i>SKIP to 8a</i></p>
<p>d. Did this MOST RECENT time when your mood was much improved BEGIN to happen in the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes N4BQ7D 2 <input type="checkbox"/> No</p>

Section 4B - LOW MOOD II (Continued)

<p>8a. In your ENTIRE LIFE, what was the LONGEST period you had when your mood was low and you had SOME of those other experiences?</p> <p><i>(Must be at least 2 years.)</i></p>	<p align="right">_____ Years - <i>SKIP to Check Item 4.25</i> N4BQ8A</p>
<p>b. For how many years did that time last when your mood was low and you had SOME of the other experiences you mentioned?</p> <p><i>(Must be at least 2 years.)</i></p>	<p align="right">_____ Years N4BQ8B</p>
<p>c. Since that time BEGAN, has there been a time lasting at least 2 months when your mood was much improved or back to normal AND you DIDN'T have ANY of those OTHER experiences?</p>	<p>1 <input type="checkbox"/> Yes N4BQ8C 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.25</i></p>
<p>d. Did this time when your mood was much improved BEGIN to happen in the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes N4BQ8D 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 4.25 <i>Refer to Check Item 2.1, Section 2A.</i></p> <p>Is respondent a lifetime abstainer of alcohol?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 11</i> N4BCK425 2 <input type="checkbox"/> No</p>
<p>9. Did (that time/ANY of those times) when your mood was low for at least 2 years BEGIN to happen DURING or within 1 month AFTER drinking heavily or a lot more than usual?</p>	<p>1 <input type="checkbox"/> Yes N4BQ9 2 <input type="checkbox"/> No</p>
<p>10. Did (that time/ANY of those times) when your mood was low for at least 2 years BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of drinking?</p>	<p>1 <input type="checkbox"/> Yes N4BQ10 2 <input type="checkbox"/> No</p>
<p>11. Did (that time/ANY of those times) when your mood was low for at least 2 years BEGIN to happen DURING or within 1 month AFTER using a medicine or drug?</p>	<p>1 <input type="checkbox"/> Yes N4BQ11 2 <input type="checkbox"/> No</p>
<p>12. Did (that time/ANY of those times) when your mood was low for at least 2 years BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of a medicine or drug?</p>	<p>1 <input type="checkbox"/> Yes N4BQ12 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 4.26 Is at least 1 item marked "Yes" in 9, 10, 11 OR 12?</p>	<p>1 <input type="checkbox"/> Yes N4BCK426 2 <input type="checkbox"/> No - <i>SKIP to 14a</i></p>
<p>CHECK ITEM 4.27 Is number in 6, 2 or more or unknown?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 13c</i> N4BCK427 2 <input type="checkbox"/> No</p>
<p>13a. During that time, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?</p>	<p>1 <input type="checkbox"/> Yes N4BQ13A 2 <input type="checkbox"/> No - <i>SKIP to 14a</i></p>
<p>b. Did you CONTINUE to have a low mood for at least 1 month AFTER you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?</p>	<p>1 <input type="checkbox"/> Yes } <i>SKIP to 14a</i> N4BQ13B 2 <input type="checkbox"/> No }</p>
<p>c. Did the MOST RECENT time when your mood was low for at least 2 years BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?</p>	<p>1 <input type="checkbox"/> Yes N4BQ13C 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.28</i></p>
<p>d. During that MOST RECENT time, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?</p>	<p>1 <input type="checkbox"/> Yes N4BQ13D 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.28</i></p>
<p>e. Did you CONTINUE to have a low mood for at least 1 month AFTER you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?</p>	<p>1 <input type="checkbox"/> Yes N4BQ13E 2 <input type="checkbox"/> No</p>

Section 4B - LOW MOOD II (Continued)

CHECK ITEM 4.28	Is number entered in 6, 3 or more or D or R?	1 <input type="checkbox"/> Yes - <i>SKIP to 13i</i> N4BCK428 2 <input type="checkbox"/> No
13f. Did the earlier time when your mood was low for at least 2 years BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/ experiencing the bad aftereffects of drinking/medicines or drugs)?	1 <input type="checkbox"/> Yes N4BQ13F 2 <input type="checkbox"/> No - <i>SKIP to 14a</i>	
g. During that earlier time, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?	1 <input type="checkbox"/> Yes N4BQ13G 2 <input type="checkbox"/> No - <i>SKIP to 14a</i>	
h. Did you CONTINUE to have a low mood for at least 1 month AFTER the earlier time when you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?	1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } <i>SKIP to 14a</i> N4BQ13H	
i. Did ALL of the earlier times when your mood was low for at least 2 years ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?	1 <input type="checkbox"/> Yes N4BQ13I 2 <input type="checkbox"/> No - <i>SKIP to 14a</i>	
j. During ANY of those earlier times when your mood was low for at least 2 years after (drinking heavily/using any medicines or drugs), did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?	1 <input type="checkbox"/> Yes N4BQ13J 2 <input type="checkbox"/> No - <i>SKIP to 14a</i>	
k. During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?	1 <input type="checkbox"/> Yes N4BQ13K 2 <input type="checkbox"/> No	
l. Did you CONTINUE to have a low mood for at least 1 month AFTER ANY of those earlier times when you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?	1 <input type="checkbox"/> Yes N4BQ13L 2 <input type="checkbox"/> No	
14a. DURING (that time/ ANY of those times) when your mood was low for at least 2 years, did you EVER talk to any health professional like a psychiatrist, other medical doctor, psychologist, social worker or any other kind of counselor or therapist to help improve your mood?	1 <input type="checkbox"/> Yes N4BQ14A 2 <input type="checkbox"/> No	
b. DURING (that time/ ANY of those times) when your mood was low for at least 2 years, did you EVER go to a self-help or support group, use a hotline, or visit an internet chat room for help to improve your mood?	1 <input type="checkbox"/> Yes N4BQ14B 2 <input type="checkbox"/> No	
15a. DURING (that time/ ANY of those times) when your mood was low for at least 2 years, were you EVER a patient in a hospital for at least 1 night because of your low mood?	1 <input type="checkbox"/> Yes N4BQ15A 2 <input type="checkbox"/> No	
b. Did you EVER go to an emergency room for help during (that time/ ANY of those times) when you felt low?	1 <input type="checkbox"/> Yes N4BQ15B 2 <input type="checkbox"/> No	
16. DURING (that time/ ANY of those times) when your mood was low for at least 2 years, did a doctor EVER prescribe any medicines or drugs to improve your mood or to make you feel better?	1 <input type="checkbox"/> Yes N4BQ16 2 <input type="checkbox"/> No	

Section 4B - LOW MOOD II (Continued)

CHECK ITEM 4.29	Is at least 1 item marked "Yes" in 14a - 16?	
	Did respondent ever seek help for their persistent low mood?	1 <input type="checkbox"/> Yes N4BCK429 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.31</i>
17.	About how old were you the FIRST time you went anywhere or talked to anyone to get help for your low mood that lasted for at least 2 years?	_____ Age N4BQ17
CHECK ITEM 4.30	Is age in 17 equal to respondent's current age?	1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 4.31</i> N4BCK430 2 <input type="checkbox"/> No
18.	Did you go anywhere or talk to anyone in the last 12 months?	1 <input type="checkbox"/> Yes N4BQ18 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.31</i>
CHECK ITEM 4.30A	Is age in 17 at least 2 years less than respondent's current age?	1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 4.31</i> N4BCK430A 2 <input type="checkbox"/> No
19.	Did you go anywhere or talk to anyone BEFORE the last 12 months, that is, BEFORE last (Month one year ago)?	1 <input type="checkbox"/> Yes N4BQ19 2 <input type="checkbox"/> No
CHECK ITEM 4.31	Is number in 6, 2 or more or unknown?	1 <input type="checkbox"/> Yes - <i>SKIP to 20c</i> N4BCK431 2 <input type="checkbox"/> No
20a.	Did that time when your mood was low for at least 2 years BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?	1 <input type="checkbox"/> Yes N4BQ20A 2 <input type="checkbox"/> No - <i>SKIP to Section 4C</i>
b.	Did a doctor or other health professional tell you that this time was related to your physical illness or medical condition?	1 <input type="checkbox"/> Yes } <i>SKIP to Section 4C</i> N4BQ20B 2 <input type="checkbox"/> No }
c.	Did the MOST RECENT time when your mood was low for at least 2 years BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?	1 <input type="checkbox"/> Yes N4BQ20C 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.32</i>
d.	Did a doctor or other health professional tell you that this MOST RECENT time was related to your physical illness or medical condition?	1 <input type="checkbox"/> Yes N4BQ20D 2 <input type="checkbox"/> No
CHECK ITEM 4.32	Is number entered in 6, 3 or more or D or R?	1 <input type="checkbox"/> Yes - <i>SKIP to 20g</i> N4BCK432 2 <input type="checkbox"/> No
20e.	Did the EARLIER time when your mood was low for at least 2 years BEGIN to happen DURING a time you were physically ill or getting over being physically ill?	1 <input type="checkbox"/> Yes N4BQ20E 2 <input type="checkbox"/> No - <i>SKIP to Section 4C</i>
f.	Did a doctor or other health professional tell you this EARLIER time was related to your physical illness or medical condition?	1 <input type="checkbox"/> Yes } <i>SKIP to Section 4C</i> N4BQ20F 2 <input type="checkbox"/> No }
g.	Did ALL of those EARLIER times when your mood was low for at least 2 years ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?	1 <input type="checkbox"/> Yes N4BQ20G 2 <input type="checkbox"/> No - <i>SKIP to Section 4C</i>
h.	Did a doctor or other health professional tell you that ALL of the EARLIER times like this were related to your physical illness or medical condition?	1 <input type="checkbox"/> Yes } <i>Go to Section 4C</i> N4BQ20H 2 <input type="checkbox"/> No }