

Now I'm going to ask you some questions about your mood.

		DP1	
DP1	Have you ever had a period of time lasting two weeks or more when nearly every day you felt sad, depressed, or empty?	NO.....	1
		YES.....	5
<hr/>			
		DP2	
DP2	Have you ever had a period of time lasting two weeks or more when you lost interest or enjoyment in most things, or got no pleasure from things which usually made you happy?	NO.....	1
		YES.....	5
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		DP2a	
A.	Before you were 18 years old, did you have a period of time lasting two weeks or more when you were more irritable than usual?	NO.....	1
		YES.....	5

BOX DP2 IF DP1, DP2, and DP2A ALL CODED 1, SKIP TO SU1. OTHERS CONTINUE.

DP3 Think about the time in your life that stands out as the most severe period of feeling (depressed/uninterested in things/irritable) most of the day, nearly everyday. I'm interested in periods that lasted at least two weeks.

How old were you when this most severe period began?

___/___ AGE *t* DP3

1. **IF DK:** Did this most severe episode occur . . .
BEGINNING WITH "BEFORE YOU WERE 10 YEARS OLD," READ OPTIONS UNTIL R RESPONDS AFFIRMATIVELY.

DP3_1

BEFORE 10 YRS OLD.....1
BEFORE 20 YRS OLD.....2
BEFORE 30 YRS OLD.....3
BEFORE 40 YRS OLD.....4
BEFORE 50 YRS OLD.....5
BEFORE 60 YRS OLD.....6
BEFORE 70 YRS OLD.....7
BEFORE 80 YRS OLD.....8
BEFORE 90 YRS OLD.....9

A. How long did this episode last?

___ UNITS DP3aNum

CODE UNITS: DP3aUnit

DAYS.....1
WEEKS.....2
MONTHS.....3
YEARS.....4

1. **IF DK:** Was it two weeks or longer?

DP3a1

NO.....1
YES.....5

B. So you were ___ years old when this worst period ended?
CORRECT AGE REC IF R DOES NOT CONFIRM

AGE REC: ___/___ DP3b

BEGIN SCORING ASTERISKED ITEMS ON DEPRESSION TALLY SHEET.

During this most severe episode when you were ____ years old . . .		
(3B/4C) DEP4A1	DP4 A. Were you feeling depressed, sad, empty or blue most of the day, nearly every day, for 2 weeks or more?	DP4a NO..... 1 YES..... 5*
(3C/4D) DEP4A1	B. Did you feel irritable most of the day, nearly every day, for 2 weeks or more?	DP4b NO..... 1 YES..... 5*
DEP4A2	C. Did you lose interest or enjoyment in most things most of the day, nearly every day, for at least 2 weeks or more?	DP4c NO..... 1 YES..... 5*
BOX DP4 IF NO MOOD ENDORSED (DP4A, B, AND C=1), GO BACK TO DP3 AND CHECK FOR ANOTHER EPISODE. IF NO OTHER EPISODE, GO BACK TO DP1 AND/OR DP2 AND REVIEW ENDORSEMENTS.		
During this most severe episode when you were ____ years old . . .		
(9) DEP4A2	DP5 Were you much less interested in things or less able to enjoy sex or other pleasurable activities?	DP5 NO..... 1 YES..... 5*
(5) DEP4A3	DP6 A. Did you have a change in appetite?	DP6a NO.....(SKIP TO B) 1 YES..... 5*
	1. Was this an increase, a decrease or did you have both?	DP6a1 INCREASE..... 2 DECREASE..... 3 BOTH..... 4
DEP4A3	B. Did you gain or lose weight when you were not trying to?	DP6b NO..... (SKIP TO DP7) 1 YES..... 5*
	1. Did you gain weight, lose weight, or did you do both?	DP6b1 GAINED.....(SKIP TO C)..... 2 LOST.....(SKIP TO C)..... 3 BOTH..... 4
	IF BOTH, CODE THE MORE SIGNIFICANT CHANGE IN QUESTIONS THAT FOLLOW.	
	2. Which change was greater?	DP6b2 GAINED..... 2 LOST..... 3
	C. What was your weight before the (gain/loss)?	DP6c ____ LBS
	D. What was your weight after the (gain/loss)?	DP6d ____ LBS
	E. Over what period of time did you (gain/lose) this amount of weight?	____ UNITS DP6Num CODE UNITS: DP6Unit DAYS..... 1 WEEKS..... 2 MONTHS..... 3 YEARS..... 4

During this most severe episode when you were _____ years old . . .

(6)	DP7	Did you have more trouble sleeping than usual?	DP7	NO (SKIP TO F) 1
				YES 5
			DP7a	NO (SKIP TO C) 1
				YES 5
			DP7b	NO 1
				YES 5*
DEP4A4	B.	Was this for at least one hour?		
			DP7c	NO 1
				YES 5*
			DP7d	NO (SKIP TO F) 1
				YES 5
			DP7e	NO 1
DEP4A4	C.	Did you wake up in the middle of the night and have trouble going back to sleep?		
DEP4A4	D.	Did you wake up too early in the morning?		
DEP4A4	E.	Was this at least one hour earlier than usual?		
DEP4A4	F.	Did you sleep much more than usual?		
(7) DEP4A5	DP8	Were you so fidgety or restless that you had a hard time keeping still?	DP8	NO (SKIP TO DP9) 1
				YES 5
			DP8a	NO 1
				YES 5*
(8) DEP4A5	DP9	Did you talk or move much more slowly than is normal for you?	DP9	NO (SKIP TO DP10) 1
				YES 5
			DP9a	NO 1
				YES 5*
(10) DEP4A6	DP10	Did you feel a loss of energy or were you more tired than usual?	DP10	NO 1
				YES 5*
(11) DEP4A7	DP11	Did you feel guilty, that everything was your fault, or that you were a bad person?	DP11	NO 1
				YES 5*

During this most severe episode when you were _____ years old . . .			
(12) DEP4A7	DP12	Did you feel that you were a failure or worthless?	DP12 NO..... 1 YES..... 5*
(13) DEP4A8	DP13	Did you have more difficulty than usual thinking, or concentrating?	DP13 NO..... 1 YES..... 5*
(13) DEP4A8	DP14	Did you have problems making decisions?	DP14 NO..... 1 YES..... 5*
(14) DEP4A9	DP15	A. Did you have thoughts of death or dying, or wishing you were dead?	DP15a NO..... 1 YES..... 5*
DEP4A9		B. Did you have thoughts of taking your life?	DP15b NO.....(SKIP TO D)..... 1 YES..... 5*
DEP4A9		C. Did you make a plan for committing suicide?	DP15c NO..... 1 YES..... 5*
DEP4A9		D. Did you try to kill yourself?	DP15d NO..... 1 YES..... 5*
BOX DP15 COUNT THE BOXES MARKED ON DEPRESSION TALLY SHEET. IF FEWER THAN 5 BOXES, SKIP TO DP17. OTHERS CONTINUE.			
(16)	DP16	You told me you experienced the following (REVIEW SX). HAND R DEPRESSION TALLY SHEET.	
		A. Did you feel (depressed/uninterested/empty/ irritable) <u>and</u> have some of these problems nearly every day, for at least 2 weeks?	DP16a NO..... 1 YES..... 5
(19)	DP17	Were you treated by a doctor or other professional for this episode of depression?	DP17 NO..... 1 YES..... 5
(20)	DP18	During this episode, were you prescribed medicine for depression (or were you already taking medicine for depression)?	DP18 NO.....(SKIP TO DP19)..... 1 YES..... 5
		A. What medication(s)?	
		1. _____ DP18DRUG1	CODE: ____ ____ DP18Cd1
		2. _____ DP18DRUG2	CODE: ____ ____ DP18Cd2
		3. _____ DP18DRUG3	CODE: ____ ____ DP18Cd3

DP19 Did this episode of depression cause problems for you with:		<u>NO</u>	<u>YES</u>	<u>NA</u>
1. family.....		1	5	DP19_1
2. friends.....		1	5	DP19_2
3. work.....		1	5	7 DP19_3
4. school.....		1	5	7 DP19_4
5. other situations.....		1	5	DP19_5

CODE N/A IF NOT WORKING OR IN SCHOOL DURING EPISODE.

Sometimes people have episodes of depression that follow the death of a loved one, heavy drinking or drug use, a change in smoking behavior, a change in medication, or a serious illness (or childbirth).

BOX DP20 IF TB3=1, SKIP TO BOX DP21. OTHERS CONTINUE.

DP20 During the 6 weeks before this episode of feeling (depressed/uninterested/empty/irritable) began, did you quit or cut down on smoking?		DP20 NO.....1 YES.....5+
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BOX DP21 IF AL1a=1 OR AL6 < 3, SKIP TO BOX DP22

(31)	DP21 During the 6 weeks before this episode of feeling (depressed/uninterested/empty/irritable) began, how many days a week did you <u>typically</u> drink alcohol?	_____ DAYS DP21
		DP21_1
	1. IF DK: Did you typically drink alcohol at least 2 days a week?	NO..(SKIP TO BOX DP22)....1 YES.....5
		DP21_2
	2. IF YES: Did you typically drink alcohol at least 4 days a week?	NO.....1 YES.....5

BOX DP21A IF 0 OR 1 DAYS, SKIP TO BOX DP22. OTHERS CONTINUE.

	A. On the days you drank, how many drinks would you <u>typically</u> have in a day? HAND R CARD AL1.	_____ DRINKS DP21a
		DP21a1
	1. IF DK AND MALE: Would you typically have 5 or more drinks a day?	NO.....1 YES.....5
	IF DK AND FEMALE: Would you typically have 3 or more drinks a day?	

BOX DP21B CODE SILENTLY:
TYPICALLY 3+ (WOMEN) OR 5+ (MEN)
DRINKS FOR 4+ DAYS PER WEEK?

		NO.....1 YES.....5+
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	B. During the 6 weeks before this episode began, what was the <u>largest</u> number of drinks you had in one day?	_____ DRINKS DP21b
		DP21b1
	1. IF DK: Did you drink at least 5 drinks in a single day?	NO..(SKIP TO BOX DP22)....1 YES.....5

**BOX DP21C IF 4 DRINKS OR FEWER
(DP21b <5 OR DP21b1=1), SKIP TO BOX DP22.**

CODE SILENTLY:

TYPICALLY 5+ DRINKS AT LEAST TWICE A
WEEK? (DP21a ≥ 5 OR DP21a1=5)

NO.....1
YES..(SKIP TO BOX DP22).....5+

DEP4D

C. Did you drink at least 5 drinks 2 or more times a
week during the 6 weeks before this episode began?

DP21c

NO.....1
YES.....5+

E & F OMITTED

**BOX DP22 IF MJ1=1 AND ALL DR1=1, SKIP TO DP23.
OTHERS CONTINUE.**

(30)
DEP4D

HAND R CARD DP.

DP22 During the 6 weeks before this most severe episode of feeling
(depressed/ uninterested/empty/irritable) began, did you use
any of these street drugs or use any prescription drugs when
they were not prescribed or more than prescribed?

DP22

NO.....(SKIP TO DP23)1
YES.....(SPECIFY)5

CODE THE THREE USED MOST.

1. _____ **DP22DRUG1**

CODE: _____ **DP22Cd1**

2. _____ **DP22DRUG2**

CODE: _____ **DP22Cd2**

3. _____ **DP22DRUG3**

CODE: _____ **DP22Cd3**

A. OMITTED

B. During that time, on average, how many days per
week did you take (DRUG)?

DRUG 1: _____ DAYS **DP22b1**
DRUG 2: _____ DAYS **DP22b2**
DRUG 3: _____ DAYS **DP22b3**

**BOX DP22B CODE SILENTLY
WAS ANY DRUG USED 4 OR MORE DAYS
PER WEEK ON AVERAGE?**

NO.....1
YES.....5+

C. What is the average number of times you used
(DRUG) on those days you used?

DRUG 1: _____ AVG **DP22c1**
DRUG 2: _____ AVG **DP22c2**
DRUG 3: _____ AVG **DP22c3**

D. During the 6 weeks before this episode began, what
was the largest number of times you used (DRUG) in
one day?

DRUG 1: _____ MAX **DP22d1**
DRUG 2: _____ MAX **DP22d2**
DRUG 3: _____ MAX **DP22d3**

E. On how many days during that 6-week period did you
use (DRUG) (# IN D) times in a day?
(6 WEEKS = 42 DAYS)

DRUG 1: _____ DAYS **DP22e1**
DRUG 2: _____ DAYS **DP22e2**
DRUG 3: _____ DAYS **DP22e3**

F & G OMITTED

(29) DEP4D	DP23	Did this episode of feeling (depressed/uninterested/empty/irritable) begin within 6 weeks of starting or changing the dose of a prescription medication, such as tranquilizers, pills for high blood pressure, heart medicines, or steroids?	DP23 NO.....(SKIP TO DP24) 1 YES.....(SPECIFY) 5+
		1. _____ DP23DRUG1	CODE: ____ ____ DP23Cd1
		2. _____ DP23DRUG2	CODE: ____ ____ DP23Cd2
	A & B OMITTED		
(28) DEP4E	DP24	Did this episode of feeling (depressed/uninterested/empty/irritable) begin within 6 months of learning about the death of someone close to you?	DP24 NO.....(SKIP TO DP25) 1 YES.....5+
	A.	What was this person's relationship to you? _____ DP24a	
	B & C OMITTED		
(26) DEP4D	DP25	Did this episode of feeling (depressed/uninterested/empty/irritable) begin within the 6 weeks that followed an episode of a serious physical illness, like thyroid disease, a stroke, multiple sclerosis, a brain tumor, or AIDS?	DP25 NO...(SKIP TO BOX DP26)..1 YES.....(SPECIFY) 5+
		SPECIFY: _____ DP25SPECIFY	CODE: ____ ____ DP25CODE
	A & B OMITTED		
BOX DP26 IF R IS MALE, SKIP TO DP27x. OTHERS CONTINUE.			
(27)	DP26	Did this episode of feeling (depressed/uninterested/empty/irritable) begin around the time of a childbirth, miscarriage, or abortion?	DP26 NO.....(SKIP TO DP27x) 1 YES.....5
	A.	Did it begin between the 2 weeks before to 6 weeks after the (birth/miscarriage/abortion)?	DP26a NO.....1 YES.....5+
	B & C OMITTED		

(32F/33F) DP27x How many episodes of depression lasting 2 weeks or longer (such as the one(s) we have been talking about) have you had over your lifetime, including the one(s) we already talked about? _____ NUMBER DP27x

IF ONLY 1 EPISODE AND R SAW A PROFESSIONAL (DP17=5), SKIP TO DP31C
IF ONLY 1 EPISODE AND R DID NOT SEE A PROFESSIONAL (DP17=1), SKIP TO DP34

(34) A. How old were you the (first/last) time you had an episode of depression lasting 2 weeks or longer? AGE ONS: ____/____ DPx_ao27
 AGE REC: ____/____ DPx_ar27
 REC: 1 5 DPx_r27

DP27x1
 1. **IF DK ONSET:** Did your first episode of depression which lasted at least 2 weeks occur . . .
BEGINNING WITH “BEFORE YOU WERE 10 YEARS OLD,” READ OPTIONS UNTIL R RESPONDS AFFIRMATIVELY.
 BEFORE 10 YRS OLD.....1
 BEFORE 20 YRS OLD.....2
 BEFORE 30 YRS OLD.....3
 BEFORE 40 YRS OLD.....4
 BEFORE 50 YRS OLD.....5
 BEFORE 60 YRS OLD.....6
 BEFORE 70 YRS OLD.....7
 BEFORE 80 YRS OLD.....8
 BEFORE 90 YRS OLD.....9

BOX DP27 IF ANY + IN DP20-DP26, CONTINUE.
OTHERS SKIP TO DP28.

(32) DP27 Did you ever have an episode of depression that did not follow the death of a loved one, did not follow daily (or almost daily) use of alcohol or drugs, did not occur when you quit or cut down on smoking, did not follow a serious physical illness, and did not follow a change in prescription medicines (**IF FEMALE:** and was not around the time of childbirth, miscarriage, or abortion)? Again, I’m interested in episodes which lasted at least 2 weeks.
IF MORE THAN ONE ADDITIONAL CLEAN EPISODE, HAVE R PICK THE MOST SEVERE ONE. 2 WEEK DURATION IS CRUCIAL.
DP27
 NO.....(SKIP TO DP28).....1
 YES.....5

A. How old were you then? ____/____ AGE DP27a
DP27a1
 1. **IF DK ONSET:** Did this most sever occur . . .
BEGINNING WITH “BEFORE YOU WERE 10 YEARS OLD,” READ OPTIONS UNTIL R RESPONDS AFFIRMATIVELY.
 BEFORE 10 YRS OLD.....1
 BEFORE 20 YRS OLD.....2
 BEFORE 30 YRS OLD.....3
 BEFORE 40 YRS OLD.....4
 BEFORE 50 YRS OLD.....5
 BEFORE 60 YRS OLD.....6
 BEFORE 70 YRS OLD.....7
 BEFORE 80 YRS OLD.....8
 BEFORE 90 YRS OLD.....9

B. During this episode when you were ____ years old: COUNT ONLY IF MORE THAN USUAL		
BOX A Depressed	1. Were you depressed?	DP27b1 NO.....1 YES.....5
	2. Were you irritable?	DP27b2 NO.....1 YES.....5
BOX B Loss of Interest	3. Did you lose interest in pleasurable activities?	DP27b3 NO.....1 YES.....5
BOX DP27B IF NO MOOD ENDORSED (DP27B1, B2, AND B3=1), GO BACK TO DP27A AND CHECK FOR ANOTHER EPISODE. IF NO OTHER EPISODE, GO BACK TO DP27 AND REVIEW ENDORSEMENT.		
During this episode when you were ____ years old:		
BOX C Appetite/ Weight	4. Did you have a change in your appetite?	DP27b4 NO.....(SKIP TO 5).....1 YES.....5
	A. Was this an increase, a decrease or did you have both?	DP27b4a INCREASE.....2 DECREASE.....3 BOTH.....4
	5. Did you gain or lose weight when you were not trying to?	DP27b5 NO.....(SKIP TO 6).....1 YES.....5
	A. Did you gain weight, lose weight, or did you do both?	DP27b5a GAINED.....(SKIP TO C).....2 LOST.....(SKIP TO C).....3 BOTH.....4
	B. Which change was greater? CODE GREATER CHANGE IN QUESTIONS THAT FOLLOW	DP27b5b GAINED.....2 LOST.....3
	C. What was your weight before the gain/loss?	____ ____ LBS DP27b5d
	D. What was your weight after the gain/loss?	____ ____ LBS DP27b5e
	E. Over what period of time did you gain/lose this amount of weight?	____ ____ UNITS DP27b5Num CODE UNITS: DP27b5Unit DAYS.....1 WEEKS.....2 MONTHS.....3 YEARS.....4
BOX D Sleeping	6. Did you have any trouble sleeping?	DP27b6 NO.....1 YES.....5
	7. Did you sleep too much?	DP27b7 NO.....1 YES.....5

BOX E Restless/ Slowed Down	8. Were you more restless?	DP27b8 NO.....1 YES.....5
	9. Were you more slowed down than usual?	DP27b9 NO.....1 YES.....5
	10. Did you have a loss of energy or were you more tired than usual?	DP27b10 NO.....1 YES.....5
	11. Did you feel guilty or bad about yourself?	DP27b11 NO.....1 YES.....5
BOX H Thinking	12. Did you have difficulty thinking or concentrating?	DP27b12 NO.....1 YES.....5
	13. Did you have thoughts of death or dying?	DP27b13 NO.....1 YES.....5
BOX I Thoughts of Dying	14. Did you have thoughts of committing suicide, or did you make a suicide plan, or did you attempt suicide?	DP27b14 NO.....1 YES.....5

BOX DP27B IF FIVE OR MORE BOXES CODED 5 IN DP27B.1-14, CONTINUE. OTHERS SKIP TO DP28.

C. You told me you experienced the following (**REVIEW SX**). Did you feel (depressed/uninterested/empty/ irritable) and have some of these problems nearly every day, for at least 2 weeks?

DP27c
NO.....1
YES.....5

D, E & F OMITTED

DP28 What is the longest episode you've ever had when, for 2 weeks or more, you felt depressed, uninterested, empty, or irritable and had a number of problems like losing interest in pleasurable activities, feeling restless or having sleep difficulties, and having difficulty thinking or concentrating?

____ UNITS DP28Num
CODE UNITS: DP28UNIT
DAYS.....1
WEEKS.....2
MONTHS..... 3
YEARS.....4

BOX DP30 ASK DP30. 1-5 ONLY IF DP19. 1-5 CODED NO.

DP30 Have any of your depressive episodes ever caused problems for you with:

	NO	YES	NA	
1. family.....	1	5		DP30_1
2. friends.....	1	5		DP30_2
3. work.....	1	5	7	DP30_3
4. school.....	1	5	7	DP30_4
5. other situations.....	1	5		DP30_5

CODE N/A IF NOT WORKING OR IN SCHOOL DURING ANY OF DEPRESSIVE EPISODES.

BOX DP31 IF DP17=5, SKIP TO DP31C.

		DP31
DP31	Has there ever been a time when you wanted to talk to a doctor or other health professional about your depression?	NO.....(SKIP TO DP32)1 YES.....5
		DP31a
A.	Did you do it?	NO.....(SKIP TO DP32)1 YES.....5
B.	Did you talk to a:	NO YES
	1. Medical Doctor/Psychiatrist.....	1 5 DP31b1
	2. Psychologist/Social Worker/Counselor.....	1 5 DP31b2
	3. Nurse Practitioner.....	1 5 DP31b3
	4. Member of the clergy.....	1 5 DP31b4
	5. Another professional:	1 5 DP31b5
C.	How old were you the (first/last) time you talked to a health professional about your depression?	AGE ONS: ____/____ DP_ao31
	IF ONLY 1 EPISODE (DP27x=1), SKIP TO DP34.	AGE REC: ____/____ DP_ar31
	IF DP17=5, SKIP TO BOX DP33	REC: 1 5 DP_r31
	OTHERS CONTINUE.	

		DP32
DP32	Were you ever treated by a doctor, or other professional for depression?	NO....(SKIP TO DP34)1 YES.....5

BOX DP33 IF DP18=5, SKIP TO DP34.

		DP33
DP33	Were you ever prescribed medicine for depression?	NO....(SKIP TO DP34)1 YES.....5
A.	What medication(s)?	
	1. _____ DP33DRUG1	CODE: ____ ____ ____ DP33Cd1
	2. _____ DP33DRUG2	CODE: ____ ____ ____ DP33Cd2
	3. _____ DP33DRUG3	CODE: ____ ____ ____ DP33Cd3

		DP34
DP34	Were you ever hospitalized for depression?	NO.....(SKIP TO SU1)1 YES.....5
A.	For how long?	____ UNITS DP34Num
		CODE UNITS: DP34Unit
		DAYS.....1
		WEEKS.....2
		MONTHS..... 3
		YEARS4

DEPRESSION TALLY SHEET

ITEM	SYMPTOM	BOX
DP4A DP4aCL DP4B DP4bCL	Felt depressed for 2+weeks Felt irritable for 2+ weeks	BOX A: DEPRESSED
DP4C DP4cCL DP5 DP5CL	Lost interest in most things for 2+ weeks Less able to enjoy sex or other pleasurable activities	BOX B: LOSS OF INTEREST
DP6A DP6aCL DP6B DP6bCL	Had a change in appetite Gained or lost weight	BOX C: APPETITE/ WEIGHT
DP7B DP7bCL DP7C DP7cCL DP7E DP7eCL DP7F DP7fCL	Unable to fall asleep for at least one hour Trouble sleeping through the night Waking up at least an hour earlier than usual Slept more than usual	BOX D: SLEEPING
DP8A DP8aCL DP9A DP9aCL	So fidgety or restless that other people noticed Moved or talked so slowly that other people noticed	BOX E: RESTLESS/ SLOWED DOWN
DP10 DP10CL	Felt a loss of energy or more tired than usual	BOX F: TIRED
DP11 DP11CL DP12 DP12CL	Felt excessively guilty or bad about self Felt like a failure or worthless	BOX G: GUILT
DP13 DP13CL DP14 DP14CL	Had more difficulty than usual thinking or concentrating Difficulty making decisions	BOX H: THINKING
DP15A DP15aCL DP15B DP15bCL DP15C DP15cCL DP15D DP15dCL	Thoughts of death, dying or wishing was dead Thoughts of taking your own life Made a suicide plan Attempted suicide	BOX I: THOUGHTS OF DYING