

**Section 4A - LOW MOOD I**

**Statement L**

Now I'd like to ask you some questions about moods and related experiences that many people have had.

**1.** In your ENTIRE LIFE, have you ever had a time when you felt sad, blue, depressed, or down most of the time for at least 2 weeks?

- 1  Yes  
2  No

**2.** In your ENTIRE LIFE, have you ever had a time, lasting at least 2 weeks, when you didn't care about the things that you usually cared about, or when you didn't enjoy the things you usually enjoyed?

- 1  Yes  
2  No

**CHECK  
ITEM 4.1**

Is "Yes" marked in 1 OR 2?

- 1  Yes  
2  No - *SKIP to Section 4B, page 68*

**4a.** The next few questions are about experiences many people have had when they (felt sad, blue, depressed, or down/didn't care about things or enjoy things). During that time when (your mood was at it's lowest/you enjoyed or cared the least about things), did you . . .

*(Repeat entire phrase frequently)*

**b.**

**(1)** Lose at least 2 pounds a week for several weeks or at least 10 pounds altogether within a month, other than when you were physically ill or dieting?

- 1  Yes - *Mark Box C1*  
2  No - *Go to next experience*

**Box**  
1  C1

**(2)** Lose your appetite nearly every day for at least 2 weeks?

- 1  Yes - *Mark Box C1*  
2  No - *Go to next experience*

**(3)** Gain at least 2 pounds a week for several weeks or at least 10 pounds altogether within a month (other than when you were growing or pregnant)?

- 1  Yes - *Mark Box C1*  
2  No - *Go to next experience*

**(4)** Find that you wanted to eat a lot more than usual for no special reason, most days for at least 2 weeks?

- 1  Yes - *Mark Box C1*  
2  No - *Go to next experience*

**(5)** Have trouble falling asleep nearly every day for at least 2 weeks?

- 1  Yes - *Mark Box C2*  
2  No - *Go to next experience*

**Box**  
1  C2

**(6)** Wake up too early nearly every day for at least 2 weeks?

- 1  Yes - *Mark Box C2*  
2  No - *Go to next experience*

**(7)** Sleep more than usual nearly every day for at least 2 weeks?

- 1  Yes - *Mark Box C2*  
2  No - *Go to next experience*

**(8)** Feel tired nearly all the time or get tired easily most days for at least 2 weeks, even though you weren't doing more than usual?

- 1  Yes - *Mark Box C3*  
2  No - *Go to next experience, page 62*

**Box**  
1  C3

**Section 4A - LOW MOOD I (Continued)**

<p><b>4a.</b> During that time when (your mood was at it's lowest/you enjoyed or cared the least about things), did you . . .</p> <p><i>(Repeat entire phrase frequently)</i></p>	<p><b>b.</b></p>	
<p><b>(9)</b> Move or talk MUCH more slowly than usual, most days for at least 2 weeks?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box C4</i>                  2 <input type="checkbox"/> No - <i>Go to next experience</i></p>	<p align="center"><b>Box</b> 1 <input type="checkbox"/> C4</p>
<p><b>(10)</b> Become so restless that you fidgeted or paced most of the time for at least 2 weeks?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box C4</i>                  2 <input type="checkbox"/> No - <i>Go to next experience</i></p>	
<p><b>(11)</b> Become so restless that you felt uncomfortable for at least 2 weeks?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box C4</i>                  2 <input type="checkbox"/> No - <i>Go to next experience</i></p>	
<p><b>(12)</b> Feel worthless nearly all the time for at least 2 weeks?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box C5</i>                  2 <input type="checkbox"/> No - <i>Go to next experience</i></p>	<p align="center"><b>Box</b> 1 <input type="checkbox"/> C5</p>
<p><b>(13)</b> Feel guilty about things you normally wouldn't feel guilty about, most of the time for at least 2 weeks?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box C5</i>                  2 <input type="checkbox"/> No - <i>Go to next experience</i></p>	
<p><b>(14)</b> Have trouble concentrating or keeping your mind on things, most days for at least 2 weeks?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box C6</i>                  2 <input type="checkbox"/> No - <i>Go to next experience</i></p>	<p align="center"><b>Box</b> 1 <input type="checkbox"/> C6</p>
<p><b>(15)</b> Find it harder than usual to make decisions, most of the time for at least 2 weeks?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box C6</i>                  2 <input type="checkbox"/> No - <i>Go to next experience</i></p>	
<p><b>(16)</b> Attempt suicide?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box C7</i>                  2 <input type="checkbox"/> No - <i>Go to next experience</i></p>	<p align="center"><b>Box</b> 1 <input type="checkbox"/> C7</p>
<p><b>(17)</b> Think about committing suicide?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box C7</i>                  2 <input type="checkbox"/> No - <i>Go to next experience</i></p>	
<p><b>(18)</b> Feel like you wanted to die?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box C7</i>                  2 <input type="checkbox"/> No - <i>Go to next experience</i></p>	
<p><b>(19)</b> Think a lot about your own death?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box C7</i>                  2 <input type="checkbox"/> No - <i>Go to Check Item 4.3</i></p>	
<p><b>CHECK ITEM 4.3</b> Are at least 4 Boxes marked for C1-C7 in column b, pages 61 - 62?</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - <i>SKIP to Section 4B, page 68</i></p>	
<p><b>5.</b> 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/you enjoyed or cared the least about things) for at least 2 weeks and you had some of the other experiences you mentioned at the same time.</p> <p><b>During that time...</b></p> <p><b>(1)</b> Were you uncomfortable or upset by your low mood or any of these other experiences?</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>	
<p><b>(2)</b> Did you have arguments or friction with friends, family, people at work or anyone else?</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>	
<p><b>(3)</b> Were you very troubled because of the way you felt at that time or did you often wish you could get better?</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>	

**Section 4A - LOW MOOD I (Continued)**

<p><b>5. During that time when (your mood was at its lowest/you enjoyed or cared the least about things)...</b></p> <p><b>(4) Did you have any trouble doing things you were supposed to do - like working, doing your schoolwork, or taking care of your home or family?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>(5) During that time, did you spend more time than usual by yourself, because you didn't want to be around people as much as usual?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>(6) Did you find you couldn't do the things you usually did or wanted to do?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>(7) Did you find you did a lot less than usual or were less active?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>(8) Did you depend a lot more on people to take care of every day things for you or to give you a lot of reassurance or attention?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>6a. About how old were you the FIRST time you BEGAN (to feel sad, blue, depressed or down/not to care about things or enjoy things) for at least 2 weeks and when you also had some of the other experiences you just mentioned?</b></p> <p><i>Refer to other experiences marked "Yes" in 4a(1)-(19) and 5(1)-(8), pages 61 - 63, if necessary.</i></p>	<p>_____ Age</p>
<p><b>CHECK ITEM 4.4</b> Is respondent's age in 6a within 1 year of his/her present age or is present age or 6a unknown?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 7</i></p>
<p><b>6b. Did this FIRST time BEGIN to happen during the last 12 months?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>7. In you ENTIRE LIFE, how many SEPARATE times lasting at least 2 weeks were there when you (felt sad, blue, depressed, or down/didn't care about things or enjoy things) and when you also had some of the other experiences you mentioned? 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.</b></p>	<p>_____ Number</p>
<p><b>CHECK ITEM 4.5</b> Is number entered in 7, 2 or more or unknown?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 9e, page 64</i></p>
<p><b>8a. How old were you the MOST RECENT time you BEGAN (to feel sad, blue, depressed or down/not to care about things or enjoy things) for at least 2 weeks and when you also had some of these other experiences?</b></p>	<p>_____ Age</p>
<p><b>CHECK ITEM 4.6A</b> Is respondent's age in 8a within 1 year of his/her present age or is present age or 8a unknown?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 9a</i></p>
<p><b>8b. Did this MOST RECENT time BEGIN to happen during the last 12 months?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>9a. How long did this MOST RECENT time last when you (felt sad, blue, depressed or down/didn't care about things or enjoy things)?</b></p> <p><i>(Must be at least 2 weeks.)</i></p>	<p>_____ Week(s) OR _____ Month(s) OR _____ Year(s)</p>
<p><b>b. Since this MOST RECENT time BEGAN, have there been at least 2 months when your mood was much improved or back to normal AND when you DIDN'T have ANY of the OTHER experiences you mentioned?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP 9d</i></p>
<p><b>CHECK ITEM 4.6B</b> Is "Yes" marked in 8b?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 9d</i> 2 <input type="checkbox"/> No</p>
<p><b>9c. Did this MOST RECENT time when your mood was much improved BEGIN to happen in the last 12 months?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>d. In your ENTIRE LIFE, what was the LONGEST time that you've had when you (felt sad, blue, depressed, or down/didn't care about things or enjoy things)?</b></p> <p><i>(Must be at least 2 weeks.)</i></p>	<p>_____ Week(s) OR _____ Month(s) OR _____ Year(s) } <i>SKIP to Check Item 4.7, page 64</i></p>

**Section 4A - LOW MOOD I (Continued)**

<p><b>9e.</b> How long did that time last when you (felt sad, blue, depressed or down/didn't care about things or enjoy things)?</p> <p><i>(Must be at least 2 weeks.)</i></p>	<p>_____ Week(s) OR _____ Month(s) OR _____ Year(s)</p>
<p><b>f.</b> Since that time <b>BEGAN</b>, have there been at least 2 months when your mood was much improved or back to normal <b>AND</b> you <b>DIDN'T</b> have <b>ANY</b> of the <b>OTHER</b> experiences you mentioned?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.7</i></p>
<p><b>CHECK ITEM 4.6C</b> Is "Yes" marked in 6b?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 4.7</i> 2 <input type="checkbox"/> No</p>
<p><b>9g.</b> Did this time when your mood was much improved <b>BEGIN</b> to happen in the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM 4.7</b> Is Check Item 4.5 marked "No"?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.8A</i></p>
<p><b>CHECK ITEM 4.8</b> Is number marked in 9e, 2 months or more or is Follow-up probe 9ep coded "Yes"?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 4.10</i> 2 <input type="checkbox"/> No</p>
<p><b>10a.</b> Did that time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) <b>BEGIN</b> to happen just after someone close to you died?</p>	<p>1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } <i>SKIP to Check Item 4.10</i></p>
<p><b>CHECK ITEM 4.8A</b> Is number in 9d, less than 2 months or is Follow-up probe 9dp coded "No"?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 4.9A</i> 2 <input type="checkbox"/> No</p>
<p><b>10b.</b> Did <b>ALL</b> of those times when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) last for at least 2 months?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 4.10</i> 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM 4.9A</b> Is 6b marked "Yes" or 8b marked "Yes" or 9c marked "Yes" or 9b marked "No"?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.9B</i></p>
<p><b>10c.</b> Think about the times in the last 12 months when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) for <b>LESS</b> than 2 months. Did <b>ANY</b> of those times <b>BEGIN</b> to happen just after someone close to you died?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.9B</i> 0 <input type="checkbox"/> No times lasting less than 2 months in the past 12 months - <i>SKIP to Check Item 4.9B</i></p>
<p><b>d.</b> Did <b>ALL</b> of those times <b>ONLY BEGIN</b> to happen just after someone close to you died?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM 4.9B</b> Is 6b marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 4.10</i> 2 <input type="checkbox"/> No</p>
<p><b>10e.</b> Think about the times <b>BEFORE</b> 12 months ago when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) for <b>LESS</b> than 2 months. Did <b>ANY</b> of those times <b>BEGIN</b> to happen just after someone close to you died?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.10</i> 0 <input type="checkbox"/> No times lasting less than 2 months before 12 months ago - <i>SKIP to Check Item 4.10</i></p>
<p><b>f.</b> Did <b>ALL</b> of those times <b>ONLY BEGIN</b> to happen just after someone close to you died?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM 4.10</b> Refer to Check Item 2.0, Section 2A, page 9. Is the respondent a lifetime abstainer of alcohol?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 13</i> 2 <input type="checkbox"/> No</p>
<p><b>11.</b> Did (that time/<b>ANY</b> of those times) when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) <b>BEGIN</b> to happen <b>AFTER</b> you were drinking heavily or a lot more than usual?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 13</i></p>
<p><b>12.</b> Did (that time/<b>ANY</b> of those times) when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) <b>BEGIN</b> to happen <b>DURING</b> a period when you were experiencing the bad aftereffects of drinking?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>13.</b> Did (that time/<b>ANY</b> of those times) when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) <b>BEGIN</b> to happen <b>AFTER</b> using a medicine or drug?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.11, page 65</i></p>

**Section 4A - LOW MOOD I (Continued)**

<p><b>14.</b> Did (that time/ANY of those times) when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) BEGIN to happen DURING a period when you were experiencing the bad aftereffects of a medicine or drug?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM 4.11</b> Is at least 1 item marked "Yes" in 11, 12, 13 OR 14?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 16, page 66</i></p>
<p><b>CHECK ITEM 4.12</b> Is Check Item 4.5 marked "No"?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.13A</i></p>
<p><b>15a.</b> During that time, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 16, page 66</i></p>
<p><b>b.</b> Did you CONTINUE (to feel sad, blue, depressed or down/not to care about things or enjoy things) for at least 1 month AFTER you STOPPED (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?</p>	<p>1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } <i>SKIP to 16, page 66</i></p>
<p><b>CHECK ITEM 4.13A</b> Is 6b marked "Yes" or 8b marked "Yes" or 9c marked "Yes" or 9b marked "No"?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.13B</i></p>
<p><b>15c.</b> Did ANY of the times when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) in the last 12 months BEGIN to happen (after drinking heavily/using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.13B</i></p>
<p><b>d.</b> Did they ALL BEGIN to happen (after drinking heavily/using a medicine or drug/when your were experiencing the bad aftereffects of drinking/medicines or drugs)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>e.</b> During ANY of those times in the last 12 months when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) (after drinking heavily/using a medicine or drug), did you STOP (drinking heavily/using any medicines or drugs/ experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.13B</i></p>
<p><b>f.</b> During ALL of those times, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>g.</b> Did you CONTINUE (to feel sad, blue, depressed or down/not to care about things or enjoy things) for at least 1 month AFTER ANY of those times in the last 12 months when you STOPPED (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.13B</i></p>
<p><b>h.</b> Did you CONTINUE (to feel sad, blue, depressed or down/not to care about things or enjoy things) for at least 1 month AFTER ALL of those times?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM 4.13B</b> Is 6b marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 16, page 66</i> 2 <input type="checkbox"/> No</p>
<p><b>15i.</b> Did ANY of the times when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) BEFORE 12 months ago BEGIN to happen (after drinking heavily/using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 16, page 66</i></p>
<p><b>j.</b> Did they ALL BEGIN to happen (after drinking heavily/using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>k.</b> During ANY of those times BEFORE 12 months ago when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) (after drinking heavily/using a medicine or drug) did you STOP (drinking heavily/ using any medicines or drugs/ experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 16, page 66</i></p>

**Section 4A - LOW MOOD I (Continued)**

<p><b>15l.</b> During ALL of those times, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>m.</b> Did you CONTINUE (to feel sad, blue, depressed or down/not to care about things or enjoy things) for at least 1 month AFTER ANY of those times BEFORE 12 months ago when you STOPPED (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 16</i></p>
<p><b>n.</b> Did you CONTINUE (to feel sad, blue, depressed or down/not to care about things or enjoy things) for at least 1 month AFTER ALL of those times?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>16.</b> Did you EVER go to any kind of counselor, therapist, doctor, psychologist or any person like that to help improve your mood or make you feel better?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>17a.</b> Were you a patient in a hospital for at least one night because you (felt sad, blue, depressed or down/didn't care about things or enjoy things)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>b.</b> Did you EVER go to an emergency room for help during any time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>18.</b> Did a doctor EVER prescribe any medicines or drugs to improve your mood or to make you feel better?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM 4.14</b> Is at least 1 item marked "Yes" in 16-18?  Did respondent ever seek help for their low mood?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.14A</i></p>
<p><b>19a.</b> About how old were you the FIRST TIME you went anywhere or saw anyone to get help for (feeling sad, blue, depressed or down/not caring about things or enjoying things)?</p>	<p>_____ Age</p>
<p><b>b.</b> How old were you the MOST RECENT time you went anywhere or saw anyone to get help for (feeling sad, blue, depressed or down/not caring about things or enjoying things)?</p>	<p>_____ Age OR 0 <input type="checkbox"/> Happened only once</p>
<p><b>CHECK ITEM 4.14A</b> Refer to Check Item 2.0, Section 2A, page 9.  Is respondent a lifetime abstainer of alcohol?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 4.14B</i> 2 <input type="checkbox"/> No</p>
<p><b>20a.</b> Did you EVER drink alcohol to improve your mood or to make yourself feel better when you (felt sad, blue, depressed, or down/didn't care about things or enjoy things) for at least two weeks?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.14B</i></p>
<p><b>b.</b> Did this happen during the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.14B</i></p>
<p><b>c.</b> Did this happen before 12 months ago, that is, before last (Month one year ago)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM 4.14B</b> Refer to Check Item 3.10, Section 3B, page 39.  Is respondent a lifetime non-drug user?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 4.15, page 67</i> 2 <input type="checkbox"/> No</p>
<p><b>21a.</b> Did you EVER take any medicines or drugs ON YOUR OWN, that is, without a prescription, in greater amounts or more often or longer than prescribed to help improve your mood or to make yourself feel better when you (felt sad, blue, depressed, or down/didn't care about things or enjoy things)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.15, page 67</i></p>
<p><b>b.</b> Did this happen during the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.15, page 67</i></p>

**Section 4A - LOW MOOD I (Continued)**

<p><b>21c.</b> Did this happen before 12 months ago, that is, before last (<i>Month one year ago</i>)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM 4.15</b> Is Check Item 4.5 marked “No”?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.16A</i></p>
<p><b>22a.</b> Did that time when you (felt sad, blue, depressed or down/didn’t care about things or enjoy things) BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Section 4B, page 68</i></p>
<p><b>b.</b> Did a doctor or other health professional tell you that this time was related to your physical illness or medical condition?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to Section 4B, page 68</i></p>
<p><b>CHECK ITEM 4.16A</b> Is 6b marked “Yes” or 8b marked “Yes” or 9c marked “Yes” or 9b marked “No”?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.16B</i></p>
<p><b>22c.</b> Did ANY of the times when you (felt sad, blue, depressed or down/didn’t care about things or enjoy things) in the last 12 months BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.16B</i></p>
<p><b>d.</b> Did ALL of those times when you (felt sad, blue, depressed or down/didn’t care about things or enjoy things) in the last 12 months ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 22f</i></p>
<p><b>e.</b> Did a doctor or other health professional tell you that ALL the times like this were related to your physical illness or medical condition?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 4.16B</i> 2 <input type="checkbox"/> No</p>
<p><b>f.</b> Did a doctor or other health professional tell you that ANY of the times like this were related to your physical illness or medical condition?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM 4.16B</b> Is 6b marked “Yes”?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Section 4B, page 68</i> 2 <input type="checkbox"/> No</p>
<p><b>22g.</b> Did ANY of the times BEFORE 12 months ago when you (felt sad, blue, depressed or down/didn’t care about things or enjoy things) BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Section 4B, page 68</i></p>
<p><b>h.</b> Did ALL of those times BEFORE 12 months ago when you (felt sad, blue, depressed or down/didn’t care about things or enjoy things) ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 22j</i></p>
<p><b>i.</b> Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Section 4B, page 68</i> 2 <input type="checkbox"/> No</p>
<p><b>j.</b> Did a doctor or other health professional tell you that ANY of the times like this were related to your physical illness or medical condition?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>Go to Section 4B, page 68</i></p>