

Section 4C - LOW MOOD II

1. Some people have reported that they have low moods that last for 2 years or longer.

Have you ever had a time that lasted for at least 2 years when your mood was low, sad or depressed most of the day, more than half of the time?

- 1 Yes
 2 No - *SKIP to Section 5, page 76*

3a. During that time when your mood was at its lowest, did you **OFTEN**. . .
 (Repeat entire phrase frequently)

b.

(1) Lose your appetite?

- 1 Yes - *Mark Box D1*
 2 No - *Go to next experience*

Box
 1 D1

(2) Find you wanted to eat a lot more than usual for no special reason?

- 1 Yes - *Mark Box D1*
 2 No - *Go to next experience*

(3) Have trouble falling asleep, staying asleep or waking up too early?

- 1 Yes - *Mark Box D2*
 2 No - *Go to next experience*

Box
 1 D2

(4) Sleep more than usual?

- 1 Yes - *Mark Box D2*
 2 No - *Go to next experience*

(5) Feel tired or feel you didn't have much energy?

- 1 Yes - *Mark Box D3*
 2 No - *Go to next experience*

Box
 1 D3

(6) Have trouble concentrating or keeping your mind on things?

- 1 Yes - *Mark Box D4*
 2 No - *Go to next experience*

Box
 1 D4

(7) Find it harder to make decisions?

- 1 Yes - *Mark Box D4*
 2 No - *Go to next experience*

(8) Feel that you weren't as good as other people?

- 1 Yes - *Mark Box D5*
 2 No - *Go to next experience*

Box
 1 D5

(9) Feel down on yourself?

- 1 Yes - *Mark Box D5*
 2 No - *Go to next experience*

(10) Feel that things were bad and would never get better?

- 1 Yes - *Mark Box D6*
 2 No - *Go to next experience*

Box
 1 D6

(11) Feel hopeless?

- 1 Yes - *Mark Box D6*
 2 No - *Go to Check Item 4.23*

CHECK ITEM 4.23

Are at least 2 boxes marked for D1 - D6, column b?

- 1 Yes
 2 No - *Go to Section 5, page 76*

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<p>4. 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>(1) Feel uncomfortable or upset by your low mood or any of those other experiences?</p> <hr/> <p>(2) Wish you could get better?</p> <hr/> <p>(3) Have arguments or friction with family, friends, people at work or anyone else?</p> <hr/> <p>(4) Have difficulty doing the things you were supposed to do - like working, doing your schoolwork or taking care of your home or family?</p> <hr/> <p>(5) Dwell on the past or brood about the past?</p> <hr/> <p>(6) Find that you did a lot less than usual or were less active?</p> <hr/> <p>(7) Spend more time by yourself because you didn't want to be around people?</p> <hr/> <p>(8) Ask people for help so much that it caused problems getting along with them?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <hr/> <p>1 <input type="checkbox"/> Yes 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 often had some of the other experiences you just mentioned?</p> <p><i>Refer to other experiences marked "Yes" in 3a(1)-(11) and 4(1)-(8), pages 70 - 71, if necessary.</i></p>	<p>_____ Age</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</p>
<p>CHECK ITEM 4.24A Is number entered in 6, 2 or more or unknown?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8b, page 72</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</p>
<p>b. For how many years did this MOST RECENT time last? <i>(Must be at least 2 years.)</i></p>	<p>_____ Years</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 2 <input type="checkbox"/> No - <i>SKIP to 8a, page 72</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 2 <input type="checkbox"/> No</p>

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<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="center">_____ Years - <i>SKIP to Check Item 4.25</i></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="center">_____ Years</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 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 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 4.25 Refer to Check Item 2.0, Section 2A, page 9.</p> <p>Is respondent a lifetime abstainer of alcohol?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 11</i> 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 AFTER 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 11</i></p>
<p>10. Did (that time/ANY of those times) when your mood was low for at least 2 years BEGIN to happen DURING 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>11. Did (that time/ANY of those times) when your mood was low for at least 2 years BEGIN to happen AFTER using a medicine or drug?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.26</i></p>
<p>12. Did (that time/ANY of those times) when your mood was low for at least 2 years 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>CHECK ITEM 4.26 Is at least 1 item marked "Yes" in 9, 10, 11 OR 12?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 14, page 73</i></p>
<p>CHECK ITEM 4.27 Is number in 6a, 2 or more or unknown?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 13c</i> 2 <input type="checkbox"/> No</p>
<p>13a. 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 14, page 73</i></p>
<p>b. Did you CONTINUE to have a low mood 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 } <i>SKIP to 14, page 73</i> 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 (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 4.28, page 73</i></p>
<p>d. During that MOST RECENT 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 Check Item 4.28, page 73</i></p>
<p>e. Did you CONTINUE to have a low mood 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</p>

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CHECK ITEM 4.28	Is number entered in 6a, 3 or more or D or R?	1 <input type="checkbox"/> Yes - <i>SKIP to 13i</i> 2 <input type="checkbox"/> No
13f.	Did the earlier time when your mood was low for at least 2 years BEGIN to happen (after drinking heavily/using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 14</i>
g.	During that earlier time, did you STOP (drinking heavily/using any medicine or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 14</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 any medicines or drugs/ experiencing the bad aftereffects of drinking/medicines or drugs)?	1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } <i>SKIP to 14</i>
i.	Did ANY of the earlier times when your mood was low for at least 2 years BEGIN to happen (after drinking heavily/using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 14</i>
j.	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)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
k.	During ANY of those earlier times when your mood was low for at least 2 years (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?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 14</i>
l.	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?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
m.	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 any medicines or drugs/experiencing the bad aftereffects of drinking/ medicines or drugs)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 14</i>
n.	Did you CONTINUE to have a low mood for at least 1 month after ALL of those times?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
14.	DURING (that time/ANY of those times) when your mood was low for at least 2 years, 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?	1 <input type="checkbox"/> Yes 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 a patient in a hospital for at least 1 night because of your low mood?	1 <input type="checkbox"/> Yes 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 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 prescribe any medicines or drugs to improve your mood or to make you feel better?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM 4.29	Is at least 1 item marked "Yes" in 14 - 16? Did respondent ever seek help for their persistent low mood?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.30, page 74</i>

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<p>17a. About how old were you the FIRST time you went anywhere or saw anyone to get help for your low mood that lasted for at least 2 years?</p>	<p align="center">_____ Age</p>
<p>b. How old were you the MOST RECENT time you went anywhere or saw anyone to get help for your low mood that lasted at least 2 years?</p>	<p align="center">_____ Age OR 0 <input type="checkbox"/> Happened only once</p>
<p>CHECK ITEM 4.30 <i>Refer to Check Item 2.0, Section 2A, page 9.</i></p> <p>Is the respondent a lifetime abstainer of alcohol?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 4.30A</i> 2 <input type="checkbox"/> No</p>
<p>18a. DURING (that time/ANY of those times) when your mood was low for at least 2 years did you OFTEN drink alcohol to improve your mood or to make yourself feel better?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.30A</i></p>
<p>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 4.30A</i></p>
<p>c. 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>CHECK ITEM 4.30A <i>Refer to Check Item 3.10, Section 3B, page 39.</i></p> <p>Is the respondent a lifetime non-drug user?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 4.31</i> 2 <input type="checkbox"/> No</p>
<p>19a. DURING (that time/ANY of those times) when your mood was low for at least 2 years, did you 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?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.31</i></p>
<p>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 4.31</i></p>
<p>c. 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>CHECK ITEM 4.31 Is number in 6a, 2 or more or unknown?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 20c</i> 2 <input type="checkbox"/> No</p>
<p>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?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Section 5, page 76</i></p>
<p>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 } <i>SKIP to Section 5, page 76</i> 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 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 4.32</i></p>
<p>d. Did a doctor or other health professional tell you that this MOST RECENT time was related to your physical illness or medical condition?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 4.32 Is number entered in 6a, 3 or more or D or R?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 20g</i> 2 <input type="checkbox"/> No</p>
<p>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?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Section 5, page 76</i></p>
<p>f. Did a doctor or other health professional tell you this EARLIER time was related to your physical illness or medical condition?</p>	<p>1 <input type="checkbox"/> Yes } <i>SKIP to Section 5, page 76</i> 2 <input type="checkbox"/> No }</p>
<p>g. Did ANY of the EARLIER times 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?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Section 5, page 76</i></p>

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20h. 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 Yes
- 2 No - *SKIP to 20j*

i. 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 Yes - *SKIP to Section 5, page 76*
- 2 No

j. Did a doctor or other health professional tell you that ANY of the EARLIER times like this were related to your physical illness or medical condition?

- 1 Yes
 - 2 No
- } *Go to Section 5, page 76*