

Instructions: The following questions are about depression and related problems. Please read them carefully and answer by ticking the appropriate box.

If you would like to comment on the questions, or to clarify your answers, please write this down at the end of the questionnaire or near the appropriate question.

Question 1.

In the last month, has there been a period of at least 2 weeks when you were feeling sad almost continuously?

- ☐ No
- ☐ Yes
- ☐ Yes, but less than 2 weeks, namely:

Question 2.

In the last month, has there been a period of at least 2 weeks when you lost all interest, or did not enjoy things that you usually enjoy?

- ☐ No
- ☐ Yes
- ☐ Yes, but less than 2 weeks, namely:

→ If you have answered both question 1 and 2 with 'no', go to question 9.

Question 3.

If you have answered question 1 or question 2 with 'yes', do (or did) you also have one or more of the following phenomena during the same period? (Please tick the symptoms that you have (or had) nearly every day during this period)

- ☐ significant gain of weight (unintended, due to increased appetite)
- ☐ significant loss of weight (unintended, due to reduced appetite)
- ☐ trouble sleeping (at least 2 hours less sleep than usual)
- ☐ too much sleep (at least 2 hours more sleep than usual)
- ☐ restlessness, not being able to sit still (observable by others)
- ☐ slowness, not being able to get things going (observable by others)
- ☐ fatigue, loss of energy
- ☐ heavy, leaden feeling in arms or legs
- ☐ feelings of worthlessness or strong or inappropriate guilt
- ☐ diminished ability to think and concentrate, or indecisiveness
- ☐ recurrent thoughts of death.

Question 4.

If you have answered question 1 or question 2 with 'yes', is your mood worse in the mornings or in the evenings?

- ☐ worse in the mornings
- ☐ worse in the evenings
- ☐ no clear pattern over the day

Question 5.

If you have answered question 1 or question 2 with 'yes', is (or was) it harder for you to do your work, take care of things at home, or get along with other people?

- ☐ No, little or no impact
- ☐ Yes, a number of things cost me much more effort
- ☐ Yes, I have not been able to do a number things or had to leave them to others

Question 6.

If you have answered question 4 with 'yes', did this period begin after someone close to you died?

- ☐ No
- ☐ Yes

Question 7.

During the last 3 months, have you been using any medications, or have you been drinking or using drugs?

- ☐ No
- ☐ Yes

Please write down any medication and drugs (including alcohol) you have taken regularly during the last 3 months:

<u>Name of the medicine/drug</u>	<u>Dosage</u>	<u>since</u> _____ <u>until</u>
.....
.....
.....

Question 8.

If you have answered question 1 or question 2 with 'yes', can you tell, as accurately as possible, when that period began and ended?

Begin:

End:

The following questions do not refer to the last month anymore:

Question 9.

Has there ever been a time before when you were feeling sad almost continuously over a period of at least 2 weeks?

- ☐ No
- ☐ Yes
- ☐ Yes, but less than 2 weeks, namely:

Question 10.

Has there ever been a time before when you lost all interest, or did not enjoy things that you usually enjoy, over a period of at least 2 weeks?

- ☐ No
- ☐ Yes
- ☐ Yes, but less than 2 weeks, namely:

→ Question 9 and question 10 both 'no'? End of the questionnaire. Thanks.

Question 11.

If you have answered question 9 or question 10 with 'yes', did you also have one or more of the following phenomena during the same period? (Please tick the symptoms that you had nearly every day during that period) (If you have experienced more than one period, refer to the worst of these, please).

- ☐ significant gain of weight (unintended, due to increased appetite)
- ☐ significant loss of weight (unintended, due to reduced appetite)
- ☐ trouble sleeping (at least 2 hours less sleep than usual)
- ☐ too much sleep (at least 2 hours more sleep than usual)
- ☐ restlessness, not being able to sit still (observable by others)
- ☐ slowness, not being able to get things going (observable by others)
- ☐ fatigue, loss of energy
- ☐ heavy, leaden feeling in arms or legs
- ☐ feelings of worthlessness or strong or inappropriate guilt
- ☐ diminished ability to think and concentrate, or indecisiveness
- ☐ recurrent thoughts of death.

Question 12.

If you have answered question 9 or question 10 with 'yes', was your mood worse in the mornings or in the evenings?

- ☐ worse in the mornings
- ☐ worse in the evenings
- ☐ no clear pattern over the day

Question 13.

Has the period, to which you referred in question 11, made it harder for you to do your work, take care of things at home, or get along with other people?

- ☐ No, little or no impact (→ ***End of the questionnaire. Thanks.***)
- ☐ Yes, a number of things cost me much more effort
- ☐ Yes, I have not been able to do a number of things, or had to leave them to others

Question 14.

If you have answered question 13 with 'yes', did this period begin after someone close to you died?

- ☐ No
- ☐ Yes

Question 15.

If you have answered question 13 with 'yes', can you tell, as accurately as possible, when that period began and ended?

Begin:

End:

Question 16.

If you have answered question 13 with 'yes', how many separate times in your life have you experienced a comparable episode? This refers to a period of sadness and/or loss of pleasure, which lasted at least 2 weeks and which had an impact on your daily functioning.

..... times.

Question 17.

If you have answered question 13 with 'yes', how old were you when you first experienced such an episode? This refers to a period of sadness and/or loss of interest, which lasted at least 2 weeks and which had an impact on your daily functioning.

..... years

Question 18.

When was the last time that you experienced such an episode? This refers to a period of sadness and/or loss of interest, which lasted at least 2 weeks and which had an impact on your daily functioning.

Last period began:

ended:

End of the questionnaire. Thank you.

If you would like to comment on the questions, or to clarify your answers, please write this down below or near the appropriate question.