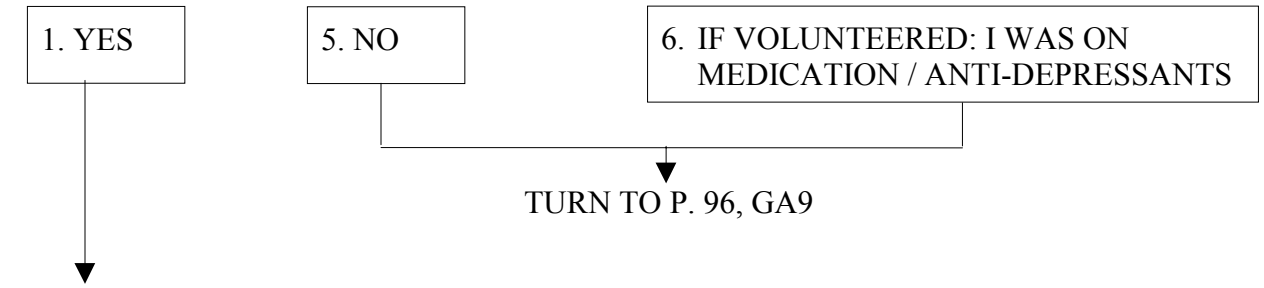
SECTION GA: DEPRESSION

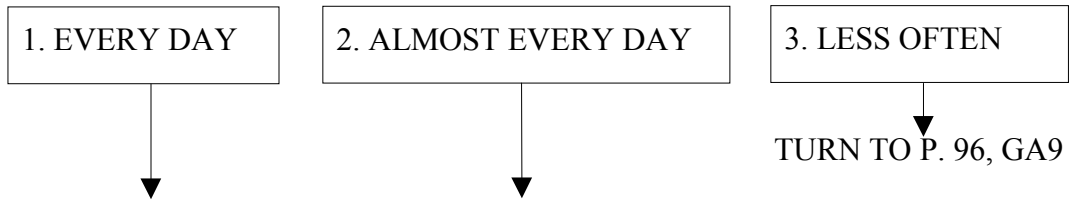
GA1. During the past 12 months, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row?



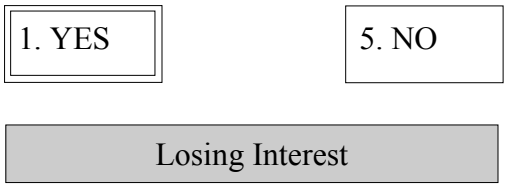
GA1a. For the next few questions, please think of the two-week period during the past 12 months when these feelings were worst. During that time did the feelings of being sad, blue, or depressed usually last all day long, most of the day, about half the day, or less than half the day?



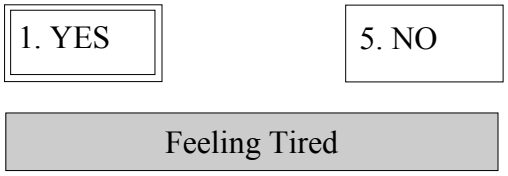
GA1b. During those two weeks, did you feel this way every day, almost every day, or less often?



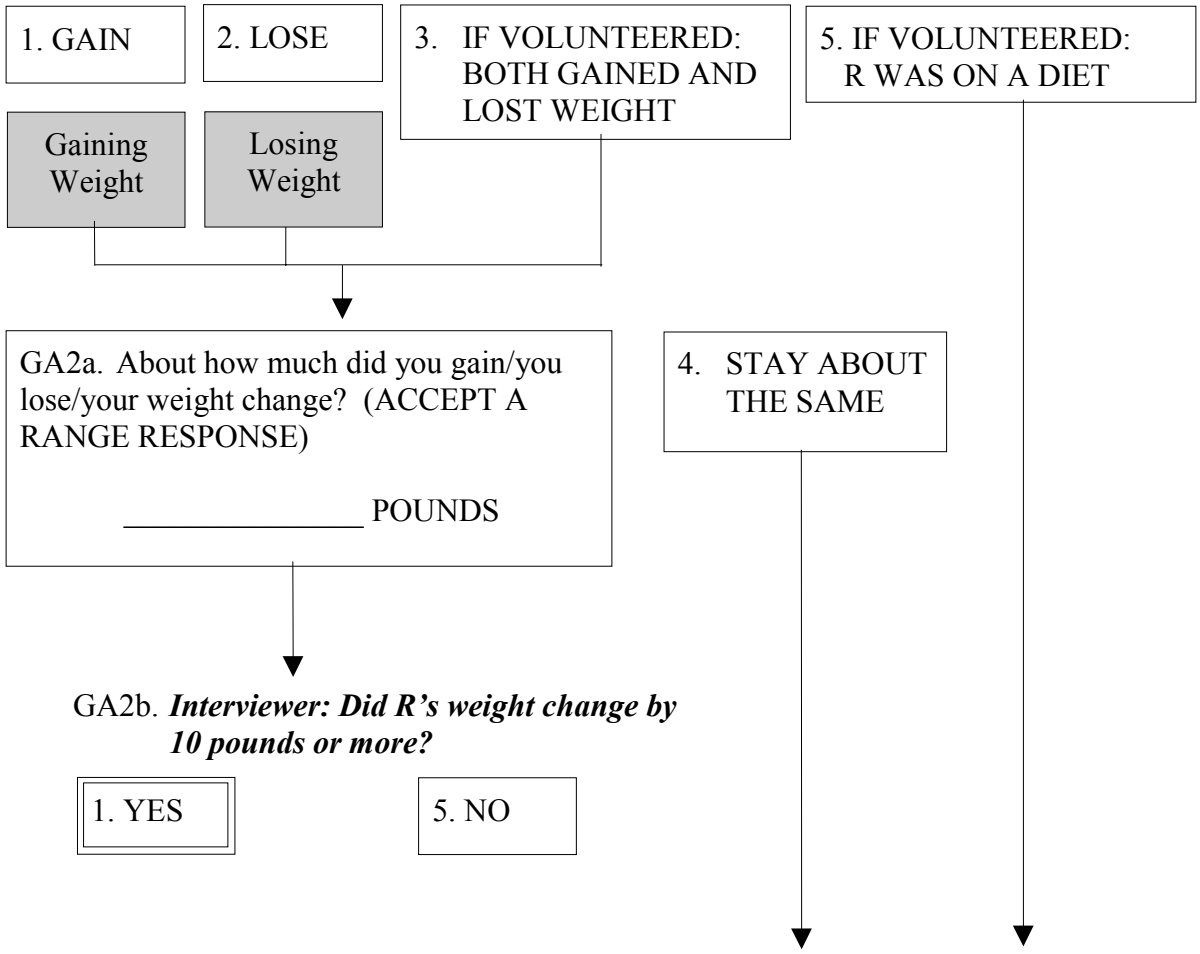
GA1c. During those two weeks did you lose interest in most things like hobbies, work, or activities that usually give you pleasure?



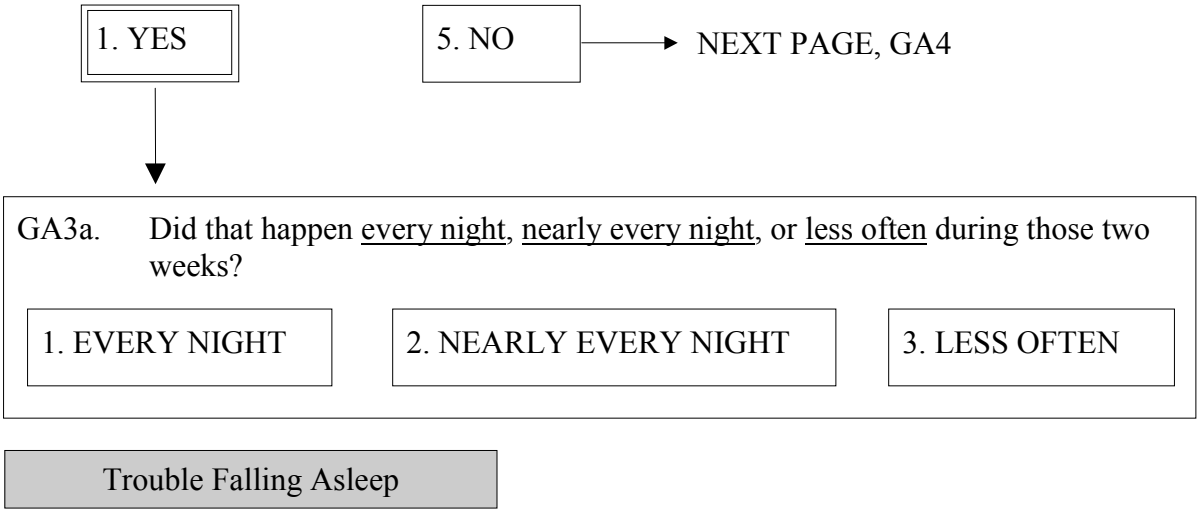
GA1d. Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?



GA2. Did you gain or lose weight without trying, or did you stay about the same?
(Interviewer: If R asks: "Are we still talking about the same two weeks?" answer "Yes.")



GA3. During those two weeks, did you have more trouble falling asleep than you usually do?



GA4. During those two weeks, did you have a lot more trouble concentrating than usual?
(Interviewer: If R asks: "Are we still talking about the same two weeks?" answer "Yes.")

1. YES

5. NO

Trouble Concentrating

GA5. People sometimes feel down on themselves, no good, or worthless. During that two week period, did you feel this way?
(Interviewer: If R asks: "Are we still talking about the same two weeks?" answer "Yes.")

1. YES

5. NO

Feeling Down on Yourself

GA6. Did you think a lot about death—either your own, someone else's, or death in general during those two weeks?
(Interviewer: If R asks: "Are we still talking about the same two weeks?" answer "Yes.")

1. YES

5. NO

Thoughts About Death

GA7. INTERVIEWER CHECKPOINT—(COUNT YES RESPONSES IN GA1c - GA6)

☐ 1. ZERO YES RESPONSES → TURN TO P. 100, SECTION GB

☐ 2. ONE OR MORE YES RESPONSES

NEXT PAGE, GA8

GA8. To review, you had two weeks in a row during the past 12 months when you were sad, blue, or depressed and also had some other feelings or problems like (READ UP TO THE FIRST THREE SHADED BOX "YES" RESPONSES TO GA1c - GA6).

About how many weeks altogether did you feel this way during the past 12 months?

_____ # OF WKS **OR** 52. IF VOL. ENTIRE YEAR →GO TO GA8b

GA8a. Think about this most recent time when you had two weeks in a row when you felt this way. In what month and year was this?

_____ MONTH _____ YEAR

GA8b. Did you tell a doctor about these problems? (By "doctor" I mean either a medical doctor or osteopath, or a student in training to be either a medical doctor or osteopath.)

1. YES 5. NO

GA8c. Did you tell any other professional (such as a psychologist, social worker, counselor, nurse, clergy, or other helping professional)?

1. YES 5. NO

GA8d. Did you take medication or use drugs or alcohol more than once for these problems?

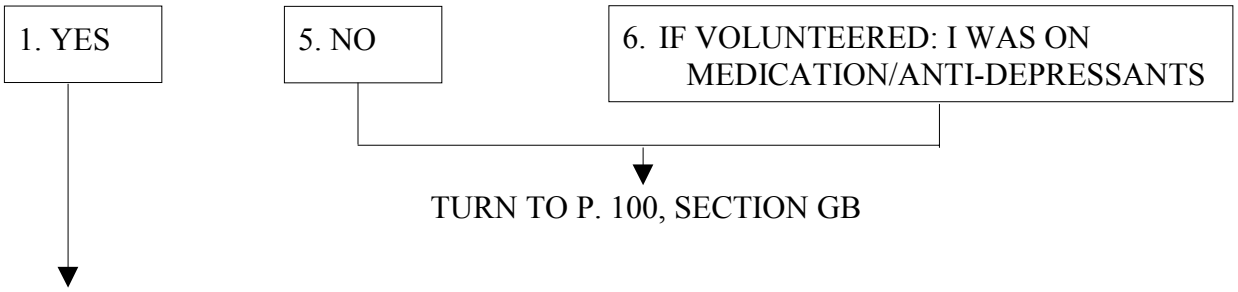
1. YES 5. NO

GA8e. How much did these problems interfere with your life or activities—a lot, some, a little, or not at all?

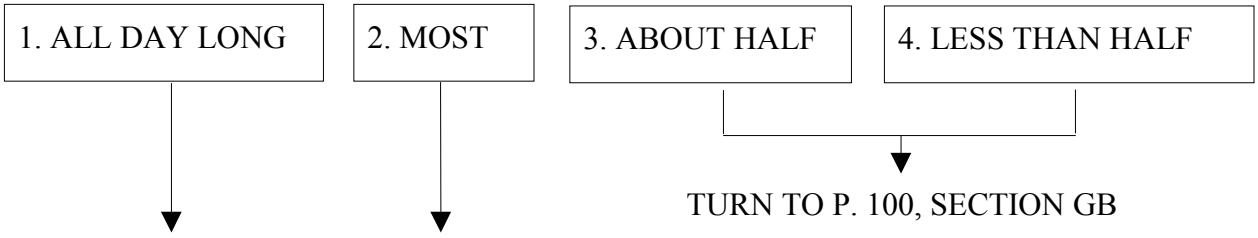
1. A LOT 2. SOME 3. A LITTLE 4. NOT AT ALL

TURN TO P. 100, SECTION GB

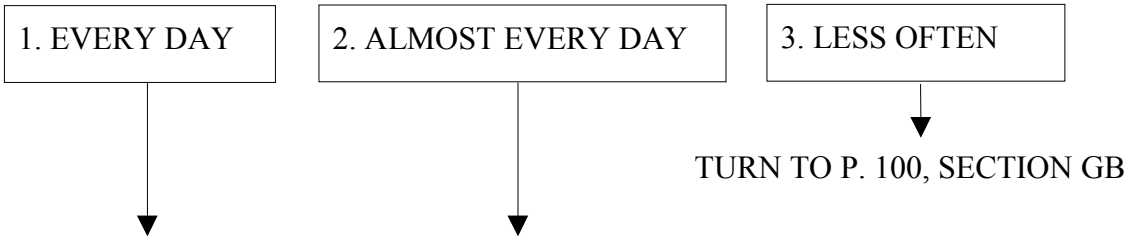
GA9. During the past 12 months, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?



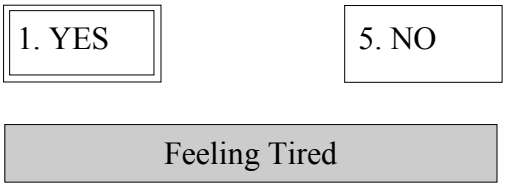
GA9a. For the next few questions, please think of the two-week period during the past 12 months when you had the most complete loss of interest in things. During that two-week period, did the loss of interest usually last all day long, most of the day, about half the day, or less than half the day?



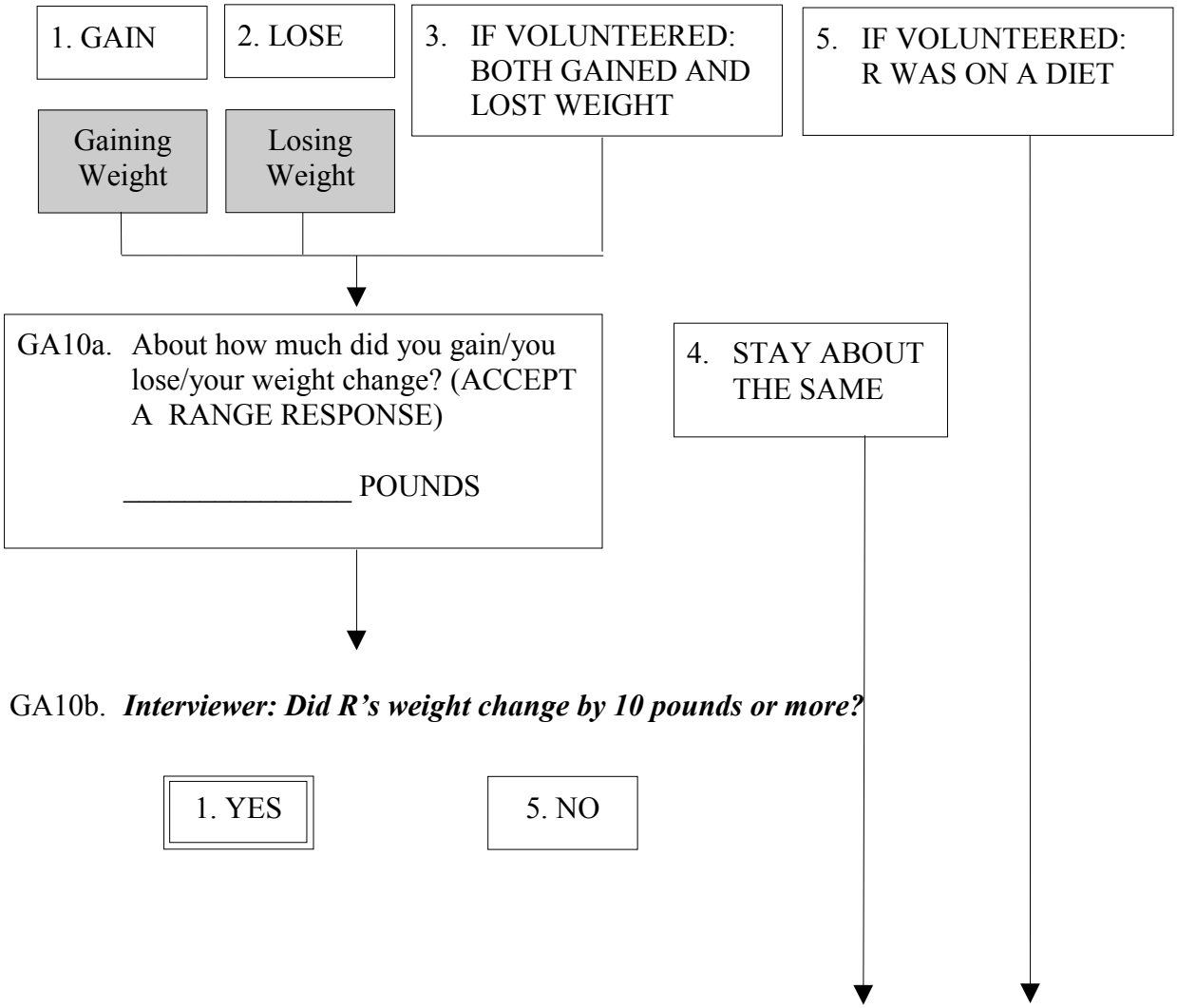
GA9b. Did you feel this way every day, almost every day, or less often during the two weeks?



GA9c. During those two weeks, did you feel tired out or low on energy all the time?



GA10. Did you gain or lose weight without trying, or did you stay about the same?
(Interviewer: If R asks: "Are we still talking about the same two weeks?" answer "Yes.")



GA10b. ***Interviewer: Did R's weight change by 10 pounds or more?***

1. YES

5. NO

GA11. During those two weeks, did you have more trouble falling asleep than you usually do?

1. YES

5. NO → NEXT PAGE, GA12

GA11a. Did that happen every night, nearly every night, or less often during those two weeks?

1. EVERY NIGHT

2. NEARLY EVERY NIGHT

3. LESS OFTEN

Trouble Falling Asleep

GA12. During those two weeks, did you have a lot more trouble concentrating than usual?
(Interviewer: If R asks: "Are we still talking about the same two weeks?" answer "Yes.")

1. YES	5. NO

Trouble Concentrating

GA13. People sometimes feel down on themselves, no good, or worthless. Did you feel that way during that two week period?
(Interviewer: If R asks: "Are we still talking about the same two weeks?" answer "Yes.")

1. YES	5. NO

Feeling Down on Yourself

GA14. Did you think a lot about death – either your own, someone else's, or death in general during those two weeks?
(Interviewer: If R asks: "Are we still talking about the same two weeks?" answer "Yes.")

1. YES	5. NO

Thoughts About Death

GA15. INTERVIEWER CHECKPOINT—(COUNT YES RESPONSES IN GA9c-GA14)

☐ 1. ZERO YES RESPONSES → TURN TO P. 100, SECTION GB

☐ 2. ONE OR MORE YES RESPONSES

NEXT PAGE, GA16

GA16. To review, you had two weeks in a row during the past 12 months when you lost interest in most things and also had some other things like (READ UP TO THE FIRST 3 SHADED BOX "YES" RESPONSES TO GA9c - GA14).

About how many weeks altogether did you feel this way during the past 12 months?

_____ # OF WKS **OR** | 52. IF VOL. ENTIRE YEAR | → GO TO GA16b

GA16a. Think about this most recent time when you had two weeks in a row when you felt this way. In what month and year was this?

_____ MONTH _____ YEAR

GA16b. Did you tell a doctor about these problems? (By "doctor" I mean either a medical doctor or osteopath, or a student in training to be either a medical doctor or osteopath.)

1. YES	5. NO

GA16c. Did you tell any other professional (such as a psychologist, social worker, counselor, nurse, clergy, or other helping professional)?

1. YES	5. NO

GA16d. Did you take medication or use drugs or alcohol more than once for these problems?

1. YES	5. NO

GA16e. How much did these problems interfere with your life or activities—a lot, some, a little, or not at all?

1. A LOT	2. SOME	3. A LITTLE	4. NOT AT ALL