

Section 4A - LOW MOOD I



N4ASTL

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

<p>1a. In your ENTIRE LIFE, have you ever had a time when you felt sad, hopeless, depressed, or down nearly every day for at least 2 weeks?</p>	<p>1 <input type="checkbox"/> Yes N4AQ1A 2 <input type="checkbox"/> No</p>	
<p>b. In your ENTIRE LIFE, have you ever had a time when other people noticed that you were SO sad, hopeless, depressed, or down that you weren't your normal self or that they were concerned about you nearly every day for at least 2 weeks?</p>	<p>1 <input type="checkbox"/> Yes N4AQ1B 2 <input type="checkbox"/> No</p>	
<p>c. In your ENTIRE LIFE, have you ever had a time when you didn't care about the things that you usually cared about, or when you didn't enjoy the things you usually enjoyed nearly every day for at least 2 weeks?</p>	<p>1 <input type="checkbox"/> Yes N4AQ1C 2 <input type="checkbox"/> No</p>	
<p>d. In your ENTIRE LIFE, have you ever had a time when other people noticed that you no longer cared about things or enjoyed things nearly every day for at least 2 weeks?</p>	<p>1 <input type="checkbox"/> Yes N4AQ1D 2 <input type="checkbox"/> No</p>	
<p>CHECK ITEM 4.1</p>	<p>Is at least 1 item marked "Yes" in 1a-1d?</p>	<p>1 <input type="checkbox"/> Yes N4ACK41 2 <input type="checkbox"/> No - <i>SKIP to Section 4B</i></p>
<p>3a. The next few questions are about experiences many people have had when they felt sad, hopeless, depressed, or down or didn't care about things or enjoy things. During that time in your life when you weren't your normal self and (your mood was at its lowest/you enjoyed or cared the least about things), please tell me if you ALSO had ANY of the following experiences NEARLY EVERY DAY for at least 2 weeks.</p> <p><i>(Repeat entire phrase frequently)</i></p>		<p>b.</p>
<p>Did YOU FEEL or did others notice you were sad, hopeless, depressed or down?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box 1</i> 2 <input type="checkbox"/> No - <i>Go to next</i> N4AQ3A <i>experience</i></p>	<p>Box 1 <input type="checkbox"/></p>
<p>b. Did YOU FIND or did others notice that you didn't care about things that you usually cared about or you didn't enjoy the things you usually enjoyed?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box 2</i> 2 <input type="checkbox"/> No - <i>Go to next</i> N4AQ3B <i>experience</i></p>	<p>Box 2 <input type="checkbox"/></p>
<p>c. Did you 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?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box 3</i> 2 <input type="checkbox"/> No - <i>Go to next</i> N4AQ3C <i>experience</i></p>	<p>Box 3 <input type="checkbox"/></p>
<p>d. Did you lose your appetite?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box 3</i> 2 <input type="checkbox"/> No - <i>Go to next</i> N4AQ3D <i>experience</i></p>	
<p>e. Did you 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)?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box 3</i> 2 <input type="checkbox"/> No - <i>Go to next</i> N4AQ3E <i>experience</i></p>	
<p>f. Did you find that you wanted to eat a lot more than usual for no special reason, nearly every day for at least 2 weeks?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box 3</i> 2 <input type="checkbox"/> No - <i>Go to next</i> N4AQ3F <i>experience</i></p>	
<p>g. Did you have trouble falling asleep?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box 4</i> 2 <input type="checkbox"/> No - <i>Go to next</i> N4AQ3G <i>experience</i></p>	<p>Box 4 <input type="checkbox"/></p>
<p>h. Did you wake up too early nearly every day for at least 2 weeks?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box 4</i> 2 <input type="checkbox"/> No - <i>Go to next</i> N4AQ3H <i>experience</i></p>	
<p>i. Did you sleep more than usual nearly every day for at least 2 weeks?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box 4</i> 2 <input type="checkbox"/> No - <i>Go to next</i> N4AQ3I <i>experience</i></p>	
<p>j. Did you feel tired or get tired easily most days for at least 2 weeks, even though you weren't doing more than usual?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box 5</i> 2 <input type="checkbox"/> No - <i>Go to next</i> N4AQ3J <i>experience</i></p>	<p>Box 5 <input type="checkbox"/></p>
<p>k. Did you feel so tired that even small things took a lot of effort?</p>	<p>1 <input type="checkbox"/> Yes - <i>Mark Box 5</i> 2 <input type="checkbox"/> No - <i>Go to next</i> N4AQ3K <i>experience</i></p>	

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3I-1. During that time in your life when you weren't your normal self and (your mood was at its lowest/you enjoyed or cared the least about things), . . .		b.
<i>(Repeat entire phrase frequently)</i>		
Did you move or talk MUCH more slowly than usual most days for at least 2 weeks?	1 <input type="checkbox"/> Yes - Mark Box 6 2 <input type="checkbox"/> No - Go to next N4AQ3L1 experience	Box 6 <input type="checkbox"/>
I-2. Did other people notice that you moved or talked MUCH more slowly than usual?	1 <input type="checkbox"/> Yes - Mark Box 6 2 <input type="checkbox"/> No - Go to next N4AQ3L2 experience	
m. Did you become so restless that you fidgeted or paced most of the time?	1 <input type="checkbox"/> Yes - Mark Box 6 2 <input type="checkbox"/> No - Go to next N4AQ3M experience	
n. Did other people notice that you were so restless that you fidgeted or paced most of the time?	1 <input type="checkbox"/> Yes - Mark Box 6 2 <input type="checkbox"/> No - Go to next N4AQ3N experience	
o. Did you become so restless that you felt uncomfortable?	1 <input type="checkbox"/> Yes - Mark Box 6 2 <input type="checkbox"/> No - Go to next N4AQ3O experience	
p. Did other people notice that you were so restless that you seemed uncomfortable?	1 <input type="checkbox"/> Yes - Mark Box 6 2 <input type="checkbox"/> No - Go to next N4AQ3P experience	
q. Did you feel worthless nearly every day for at least 2 weeks?	1 <input type="checkbox"/> Yes - Mark Box 7 2 <input type="checkbox"/> No - Go to next N4AQ3Q experience	Box 7 <input type="checkbox"/>
r. Did you feel guilty about things you normally wouldn't feel guilty about nearly every day for at least 2 weeks?	1 <input type="checkbox"/> Yes - Mark Box 7 2 <input type="checkbox"/> No - Go to next N4AQ3R experience	
s. Did you feel useless or good for nothing nearly every day for at least 2 weeks?	1 <input type="checkbox"/> Yes - Mark Box 7 2 <input type="checkbox"/> No - Go to next N4AQ3S experience	
t. Did you have trouble concentrating or keeping your mind on things most days for at least 2 weeks?	1 <input type="checkbox"/> Yes - Mark Box 8 2 <input type="checkbox"/> No - Go to next N4AQ3T experience	
u. Did other people notice that you were having trouble concentrating or keeping your mind on things?	1 <input type="checkbox"/> Yes - Mark Box 8 2 <input type="checkbox"/> No - Go to next N4AQ3U experience	Box 8 <input type="checkbox"/>
v. Did you find it harder than usual to make decisions most of the time for at least 2 weeks?	1 <input type="checkbox"/> Yes - Mark Box 8 2 <input type="checkbox"/> No - Go to next N4AQ3V experience	
w. Did other people notice that you found it harder than usual to make decisions?	1 <input type="checkbox"/> Yes - Mark Box 8 2 <input type="checkbox"/> No - Go to next N4AQ3W experience	
x. Did you attempt suicide or try to kill yourself?	1 <input type="checkbox"/> Yes - Mark Box 9 2 <input type="checkbox"/> No - Go to next N4AQ3X experience	
y. Did you think about committing suicide or killing yourself?	1 <input type="checkbox"/> Yes - Mark Box 9 2 <input type="checkbox"/> No - Go to next N4AQ3Y experience	Box 9 <input type="checkbox"/>
z. Did you feel like you wanted to die?	1 <input type="checkbox"/> Yes - Mark Box 9 2 <input type="checkbox"/> No - Go to next N4AQ3Z experience	
aa. Did you think a lot about your own death?	1 <input type="checkbox"/> Yes - Mark Box 9 2 <input type="checkbox"/> No - Go to Check N4AQ3AA Item 4.3	

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CHECK ITEM 4.3	Is Box 1 or 2 marked "Yes" and is the sum of boxes 1-9 equal to 5 or more?	1 <input type="checkbox"/> Yes – <i>SKIP to 4a</i> N4ACK43 2 <input type="checkbox"/> No
CHECK ITEM 4.3A	Is Box 1 or 2 marked "Yes" and is the sum of boxes 1-9 equal to 3 or 4?	1 <input type="checkbox"/> Yes N4ACK43A 2 <input type="checkbox"/> No – <i>SKIP to Section 4B</i>
<p>4a. Now I'd like to know about some OTHER experiences that may have happened for at least 2 weeks when your mood was at its lowest or you enjoyed or cared the least about things.</p> <p>During ANY of those times, did you ...</p> <p>Feel keyed up or tense?</p>		<p>1 <input type="checkbox"/> Yes N4AQ4A 2 <input type="checkbox"/> No</p>
<p>b. Spend a lot of time worrying about unpleasant things?</p>		<p>1 <input type="checkbox"/> Yes N4AQ4B 2 <input type="checkbox"/> No</p>
<p>d. Fear something awful might happen?</p>		<p>1 <input type="checkbox"/> Yes N4AQ4D 2 <input type="checkbox"/> No</p>
<p>e. Find it difficult to sit still or find yourself fidgeting or pacing?</p>		<p>1 <input type="checkbox"/> Yes N4AQ4E 2 <input type="checkbox"/> No</p>
<p>f. Worry a lot about things even though you knew it was unreasonable?</p>		<p>1 <input type="checkbox"/> Yes N4AQ4F 2 <input type="checkbox"/> No</p>
<p>g. Find it difficult to stop or control your worrying?</p>		<p>1 <input type="checkbox"/> Yes N4AQ4G 2 <input type="checkbox"/> No</p>
<p>h. Have trouble concentrating or keeping your mind on things because of worry?</p>		<p>1 <input type="checkbox"/> Yes N4AQ4H 2 <input type="checkbox"/> No</p>
<p>i. Feel you might lose control of yourself?</p>		<p>1 <input type="checkbox"/> Yes N4AQ4I 2 <input type="checkbox"/> No</p>
CHECK ITEM 4.3A1	Is Check Item 4.3 marked "Yes"?	1 <input type="checkbox"/> Yes – <i>SKIP to 5a</i> N4ACK43A1 2 <input type="checkbox"/> No
CHECK ITEM 4.3B	Are at least 2 items marked "Yes" in 4a-4i?	1 <input type="checkbox"/> Yes N4ACK43B 2 <input type="checkbox"/> No – <i>SKIP to Section 4B</i>
<p>5a. 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>During that time...</p> <p>Were you very upset by your low mood or any of these OTHER experiences?</p>		<p>1 <input type="checkbox"/> Yes N4AQ5A 2 <input type="checkbox"/> No</p>
<p>b. Did you have arguments or friction with friends, family, people at work or anyone else?</p>		<p>1 <input type="checkbox"/> Yes N4AQ5B 2 <input type="checkbox"/> No</p>
<p>c. 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 N4AQ5C 2 <input type="checkbox"/> No</p>
<p>d. 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?</p>		<p>1 <input type="checkbox"/> Yes N4AQ5D 2 <input type="checkbox"/> No</p>
<p>e. Did you spend more time than usual by yourself, because you didn't want to be around people as much as usual?</p>		<p>1 <input type="checkbox"/> Yes N4AQ5E 2 <input type="checkbox"/> No</p>
<p>f. Did you find you couldn't do the things you usually did or wanted to do?</p>		<p>1 <input type="checkbox"/> Yes N4AQ5F 2 <input type="checkbox"/> No</p>
<p>g. Did you find you did a lot less or were less active than usual?</p>		<p>1 <input type="checkbox"/> Yes N4AQ5G 2 <input type="checkbox"/> No</p>
<p>h. Did you depend a lot more on people to take care of everyday things for you or to give you a lot of attention or comfort?</p>		<p>1 <input type="checkbox"/> Yes N4AQ5H 2 <input type="checkbox"/> No</p>

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<p>6a. About how old were you the FIRST time (you/others noticed you) BEGAN to (feel/be sad, hopeless, depressed or down/not care about things or enjoy things) for at least 2 weeks and when you also had SOME of the other experiences you mentioned?</p>	<p align="center">_____ Age N4AQ6A</p>
<p>CHECK ITEM 4.4 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 N4ACK44 2 <input type="checkbox"/> No - <i>SKIP to 7</i></p>
<p>6b. Did this FIRST time BEGIN to happen during the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes N4AQ6B 2 <input type="checkbox"/> No</p>
<p>7. In your ENTIRE LIFE, how many SEPARATE times lasting at least 2 weeks were there when (you/others noticed you) (felt/were sad, hopeless, 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.</p>	<p align="center">_____ Number N4AQ7</p>
<p>CHECK ITEM 4.5 Is number entered in 7, 2 or more or unknown?</p>	<p>1 <input type="checkbox"/> Yes N4ACK45 2 <input type="checkbox"/> No - <i>SKIP to 9e</i></p>
<p>8a. How old were you the MOST RECENT time (you/others noticed you) BEGAN to (feel/be sad, hopeless, depressed or down/not care about things or enjoy things) for at least 2 weeks and when you also had SOME of these other experiences?</p>	<p align="center">_____ Age N4AQ8A</p>
<p>CHECK ITEM 4.6A 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 N4ACK46A 2 <input type="checkbox"/> No - <i>SKIP to 9a</i></p>
<p>8b. Did this MOST RECENT time BEGIN to happen during the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes N4AQ8B 2 <input type="checkbox"/> No</p>
<p>9a. How long did (this/your) MOST RECENT time last when (you/others noticed you) (felt/were sad, hopeless, depressed or down/didn't care about things or enjoy things)? <i>(Must be at least 2 weeks.)</i></p>	<p align="center">_____ Week(s) N4AQ9ACONT, N4AQ9AUNIT OR _____ Month(s) OR _____ Year(s)</p>
<p>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?</p>	<p>1 <input type="checkbox"/> Yes N4AQ9B 2 <input type="checkbox"/> No - <i>SKIP to 9d</i></p>
<p>CHECK ITEM 4.6B Is "Yes" marked in 8b?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 9d</i> N4ACK46B 2 <input type="checkbox"/> No</p>
<p>9c. 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 N4AQ9C 2 <input type="checkbox"/> No</p>
<p>d. In your ENTIRE LIFE, what was the LONGEST time you had when (you/others noticed you) (felt/were sad, hopeless, depressed, or down/didn't care about things or enjoy things)? <i>(Must be at least 2 weeks.)</i></p>	<p align="center">_____ Week(s) } N4AQ9DCONT, N4AQ9DUNIT OR _____ Month(s) } <i>SKIP to Check Item 4.8A</i> OR _____ Year(s) }</p>
<p>e. How long did that time last when (you/others noticed you) (felt/were sad, hopeless, depressed or down/didn't care about things or enjoy things)? <i>(Must be at least 2 weeks.)</i></p>	<p align="center">_____ Week(s) N4AQ9ECONT, N4AQ9EUNIT OR _____ Month(s) OR _____ Year(s)</p>
<p>f. Since that time BEGAN, have there been 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>1 <input type="checkbox"/> Yes N4AQ9F 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.8</i></p>
<p>CHECK ITEM 4.7 Is "Yes" marked in 6b?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 4.8</i> N4ACK47 2 <input type="checkbox"/> No</p>

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<p>9g. Did this time when your mood was much improved or back to normal BEGIN to happen in the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes N4AQ9G 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 4.8 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> N4ACK48 2 <input type="checkbox"/> No</p>
<p>10a. Did that time when (you/others noticed you) (felt/were sad, hopeless, depressed or down/didn't care about things or enjoy things) BEGIN 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> N4AQ10A</p>
<p>CHECK ITEM 4.8A Is number in 9a or 9d, less than 2 months or is Follow-up probe 9ap or 9dp coded "No"?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 4.9A</i> N4ACK48A 2 <input type="checkbox"/> No</p>
<p>10b. Did ALL of those times when (you/others noticed you) (felt/were sad, hopeless, 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> N4AQ10B 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 4.9A Is 6b marked "Yes" or 8b marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes N4ACK49A 2 <input type="checkbox"/> No - <i>SKIP to 10d</i></p>
<p>10c. Think about the times in the last 12 months when (you/others noticed you) (felt/were sad, hopeless, depressed or down/didn't care about things or enjoy things) for LESS than 2 months. Did ALL of those times BEGIN to happen just after someone close to you died?</p>	<p>1 <input type="checkbox"/> Yes N4AQ10C 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 4.9B Is 6b marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 4.10</i> N4ACK49B 2 <input type="checkbox"/> No</p>
<p>10d. Think about the times BEFORE 12 months ago when (you/others noticed you) (felt/were sad, hopeless, depressed or down/didn't care about things or enjoy things) for LESS than 2 months. Did ALL of those times BEGIN to happen just after someone close to you died?</p>	<p>1 <input type="checkbox"/> Yes N4AQ10D 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 4.10 Refer to Check Item 2.1, Section 2A. Is the respondent a lifetime abstainer of alcohol?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 13</i> N4ACK410 2 <input type="checkbox"/> No</p>
<p>11. Did (that time/ANY of those times) when (you/others noticed you) (felt/were sad, hopeless, depressed or down/didn't care about things or enjoy things) BEGIN to happen DURING or within 1 month AFTER drinking heavily or a lot more than usual?</p>	<p>1 <input type="checkbox"/> Yes N4AQ11 2 <input type="checkbox"/> No</p>
<p>12. Did (that time/ANY of those times) when (you/others noticed you) (felt/were sad, hopeless, depressed or down/didn't care about things or enjoy things) BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of drinking?</p>	<p>1 <input type="checkbox"/> Yes N4AQ12 2 <input type="checkbox"/> No</p>
<p>13. Did (that time/ANY of those times) when (you/others noticed you) (felt/were sad, hopeless, depressed or down/didn't care about things or enjoy things) BEGIN to happen DURING or within 1 month AFTER using a medicine or drug?</p>	<p>1 <input type="checkbox"/> Yes N4AQ13 2 <input type="checkbox"/> No</p>
<p>14. Did (that time/ANY of those times) when (you/others notice you) (felt/were sad, hopeless, depressed or down/didn't care about things or enjoy things) BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of a medicine or drug?</p>	<p>1 <input type="checkbox"/> Yes N4AQ14 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 4.11 Is at least 1 item marked "Yes" in 11, 12, 13 OR 14?</p>	<p>1 <input type="checkbox"/> Yes N4ACK411 2 <input type="checkbox"/> No - <i>SKIP to 16a</i></p>
<p>CHECK ITEM 4.12 Is Check Item 4.5 marked "No"?</p>	<p>1 <input type="checkbox"/> Yes N4ACK412 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.13A</i></p>

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<p>15a. During that time, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?</p>	<p>1 <input type="checkbox"/> Yes N4AQ15A 2 <input type="checkbox"/> No - <i>SKIP to 16a</i></p>
<p>b. Did (you CONTINUE/others notice you CONTINUED) (to feel/be sad, hopeless, depressed or down/not to care about things or enjoy things) for at least 1 month AFTER you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?</p>	<p>1 <input type="checkbox"/> Yes } <i>SKIP to 16a</i> N4AQ15B 2 <input type="checkbox"/> No }</p>
<p>CHECK ITEM 4.13A Is 6b marked "Yes" or 8b marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes N4ACK413A 2 <input type="checkbox"/> No - <i>SKIP to 15g</i></p>
<p>15c. Did ALL of the times when (you/others noticed you) (felt/were sad, hopeless, depressed or down/didn't care about things or enjoy things) in the last 12 months ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?</p>	<p>1 <input type="checkbox"/> Yes N4AQ15C 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.13B</i></p>
<p>d. During ANY of those times in the last 12 months when (you/others noticed you) (felt/were sad, hopeless, depressed or down/didn't care about things or enjoy things) after (drinking heavily/using any medicine or drugs), did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?</p>	<p>1 <input type="checkbox"/> Yes N4AQ15D 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.13B</i></p>
<p>e. During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?</p>	<p>1 <input type="checkbox"/> Yes N4AQ15E 2 <input type="checkbox"/> No</p>
<p>f. Did (you CONTINUE/others notice you CONTINUED) (to feel/be sad, hopeless, 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 medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?</p>	<p>1 <input type="checkbox"/> Yes N4AQ15F 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 4.13B Is 6b marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 16a</i> N4ACK413B 2 <input type="checkbox"/> No</p>
<p>15g. Did ALL of the times when (you/others noticed you) (felt/were sad, hopeless, depressed or down/didn't care about things or enjoy things) BEFORE 12 months ago ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?</p>	<p>1 <input type="checkbox"/> Yes N4AQ15G 2 <input type="checkbox"/> No - <i>SKIP to 16a</i></p>
<p>h. During ANY of those times BEFORE 12 months ago when (you/others noticed you) (felt/were sad, hopeless, depressed or down/didn't care about things or enjoy things) after (drinking heavily/using any medicines or drugs), did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?</p>	<p>1 <input type="checkbox"/> Yes N4AQ15H 2 <input type="checkbox"/> No - <i>SKIP to 16a</i></p>
<p>i. During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?</p>	<p>1 <input type="checkbox"/> Yes N4AQ15I 2 <input type="checkbox"/> No</p>
<p>j. Did (you CONTINUE/others notice you CONTINUED) (to feel/be sad, hopeless, 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 medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?</p>	<p>1 <input type="checkbox"/> Yes N4AQ15J 2 <input type="checkbox"/> No</p>

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<p>16a. Did you EVER talk to any health professional like a psychiatrist, other medical doctor, psychologist, social worker or any other kind of counselor or therapist to help improve your mood?</p>	<p>1 <input type="checkbox"/> Yes N4AQ16A 2 <input type="checkbox"/> No</p>
<p>b. Did you EVER go to a self-help or support group, use a hotline or visit an internet chat room for help to improve your mood?</p>	<p>1 <input type="checkbox"/> Yes N4AQ16B 2 <input type="checkbox"/> No</p>
<p>17a. Were you EVER a patient in any kind of hospital overnight or longer because (you/others noticed you) (felt/were sad, hopeless, depressed or down/didn't care about things or enjoy things)?</p>	<p>1 <input type="checkbox"/> Yes N4AQ17A 2 <input type="checkbox"/> No</p>
<p>b. Did you EVER go to an emergency room for help during any time when (you/others noticed you) (felt/were sad, hopeless, depressed or down/didn't care about things or enjoy things)?</p>	<p>1 <input type="checkbox"/> Yes N4AQ17B 2 <input type="checkbox"/> No</p>
<p>18. Did a doctor EVER prescribe any medicines or drugs to improve your mood?</p>	<p>1 <input type="checkbox"/> Yes N4AQ18 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 4.14 Is at least 1 item marked "Yes" in 16a-18? Did respondent ever seek help for their low mood?</p>	<p>1 <input type="checkbox"/> Yes N4ACK414 2 <input type="checkbox"/> No - SKIP to Check Item 4.16</p>
<p>19. About how old were you the FIRST time you went anywhere or talked to anyone to get help for (feeling sad, hopeless, depressed or down/not caring about things or enjoying things)?</p>	<p>_____ Age N4AQ19</p>
<p>CHECK ITEM 4.15 Is age in 19 equal to respondent's current age?</p>	<p>1 <input type="checkbox"/> Yes - SKIP to Check Item 4.16 N4ACK415 2 <input type="checkbox"/> No</p>
<p>20. Did you go anywhere or talk to anyone in the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes N4AQ20 2 <input type="checkbox"/> No - SKIP to Check Item 4.16</p>
<p>CHECK ITEM 4.15A Is age in 19 at least 2 years less than respondent's current age?</p>	<p>1 <input type="checkbox"/> Yes - SKIP to Check Item 4.16 N4ACK415A 2 <input type="checkbox"/> No</p>
<p>21. Did you go anywhere or talk to anyone before 12 months ago, that is, BEFORE last (Month one year ago)?</p>	<p>1 <input type="checkbox"/> Yes N4AQ21 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 4.16 Is Check Item 4.5 marked "No"?</p>	<p>1 <input type="checkbox"/> Yes N4ACK416 2 <input type="checkbox"/> No - SKIP to Check Item 4.17</p>
<p>22a. Did that time when (you/others noticed you) (felt/were sad, hopeless, 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 N4AQ22A 2 <input type="checkbox"/> No - SKIP to Check Item 4.18A</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 } 2 <input type="checkbox"/> No } SKIP to Check Item 4.18A N4AQ22B</p>
<p>CHECK ITEM 4.17 Is 6b marked "Yes" or 8b marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes N4ACK417 2 <input type="checkbox"/> No - SKIP to 22e</p>
<p>22c. Did ALL of those times when (you/others noticed you) (felt/were sad, hopeless, 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 N4AQ22C 2 <input type="checkbox"/> No - SKIP to Check Item 4.18</p>
<p>d. 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 N4AQ22D 2 <input type="checkbox"/> No</p>

Section 4A - LOW MOOD I (Continued)

CHECK ITEM 4.18	Is 6b marked "Yes"?	1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 4.18A</i> N4ACK418 2 <input type="checkbox"/> No		
22e.	Did ALL of those times BEFORE 12 months ago when (you/others noticed you) (felt/were sad, hopeless, 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?	1 <input type="checkbox"/> Yes N4AQ22E 2 <input type="checkbox"/> No - <i>SKIP to Check Item 4.18A</i>		
f.	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?	1 <input type="checkbox"/> Yes N4AQ22F 2 <input type="checkbox"/> No		
CHECK ITEM 4.18A	Is Check Item 4.3 marked "Yes"?	1 <input type="checkbox"/> Yes N4ACK418A 2 <input type="checkbox"/> No - <i>SKIP to Section 4B</i>		
23a. Now I'd like to know about some OTHER experiences that may have happened during (that time/ANY of those times) when you weren't your normal self and (you/others noticed you) (felt/were sad, hopeless, depressed or down/didn't care about things or enjoy things). During (that time/ANY of these times), please tell me if you or others noticed you had ANY of the following experiences nearly every day. Did you... (Repeat phrase frequently.)		b. Did this happen during ANY of those times when (you/others noticed you) (felt/were sad, hopeless, depressed or down/didn't care about things or enjoy things) that BEGAN in the last 12 months?	c. Did this happen during ANY of those times that BEGAN BEFORE 12 months ago?	
(1) Feel extremely excited or elated?	1 <input type="checkbox"/> Yes N4AQ23A1 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes N4AQ23B1 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes N4AQ23C1 2 <input type="checkbox"/> No	
(2) Feel very irritable or easily annoyed?	1 <input type="checkbox"/> Yes N4AQ23A2 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes N4AQ23B2 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes N4AQ23C2 2 <input type="checkbox"/> No	
(3) Feel extremely revved up or energetic?	1 <input type="checkbox"/> Yes N4AQ23A3 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes N4AQ23B3 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes N4AQ23C3 2 <input type="checkbox"/> No	
(4) Need much less sleep than usual?	1 <input type="checkbox"/> Yes N4AQ23A4 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes N4AQ23B4 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes N4AQ23C4 2 <input type="checkbox"/> No	
(5) Feel rested after getting much less sleep than usual?	1 <input type="checkbox"/> Yes N4AQ23A5 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes N4AQ23B5 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes N4AQ23C5 2 <input type="checkbox"/> No	
(6) Find you were more talkative than usual?	1 <input type="checkbox"/> Yes N4AQ23A6 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes N4AQ23B6 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes N4AQ23C6 2 <input type="checkbox"/> No	
(7) Feel pressure to keep talking?	1 <input type="checkbox"/> Yes N4AQ23A7 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes N4AQ23B7 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes N4AQ23C7 2 <input type="checkbox"/> No	
(8) Talk so fast that people had trouble understanding you or couldn't get a word in edgewise?	1 <input type="checkbox"/> Yes N4AQ23A8 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes N4AQ23B8 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes N4AQ23C8 2 <input type="checkbox"/> No	
(9) Find your thoughts racing so fast that you couldn't keep track of them?	1 <input type="checkbox"/> Yes N4AQ23A9 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes N4AQ23B9 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes N4AQ23C9 2 <input type="checkbox"/> No	
(10) Find your thoughts racing so fast that it was hard to follow them?	1 <input type="checkbox"/> Yes N4AQ23A10 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes N4AQ23B10 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes N4AQ23C10 2 <input type="checkbox"/> No	
(11) Become much more active than usual at work, at home, or in pursuing other interests?	1 <input type="checkbox"/> Yes N4AQ23A11 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes N4AQ23B11 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes N4AQ23C11 2 <input type="checkbox"/> No	

Section 4A - LOW MOOD I (Continued)

23a. During (that time/ANY of those times), did you...	b. Did this happen during ANY of those times when (you/others noticed you) (felt/were sad, hopeless, depressed or down/didn't care about things or enjoy things) that BEGAN in the last 12 months?	c. Did this happen during ANY of those times that BEGAN BEFORE 12 months ago?	
<i>(Repeat phrase frequently.)</i>			
(12) Become more sexually active than usual?	1 <input type="checkbox"/> Yes N4AQ23A12 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes N4AQ23B12 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes N4AQ23C12 2 <input type="checkbox"/> No
(13) Have sex with people you normally wouldn't be interested in?	1 <input type="checkbox"/> Yes N4AQ23A13 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes N4AQ23B13 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes N4AQ23C13 2 <input type="checkbox"/> No
(14) Do anything unusual that could have gotten you into trouble - like buying things you couldn't afford or didn't need, making foolish decisions about money, or driving recklessly?	1 <input type="checkbox"/> Yes N4AQ23A14 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes N4AQ23B14 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes N4AQ23C14 2 <input type="checkbox"/> No
(15) Do anything that you later regretted - like spending time with people you normally wouldn't be interested in?	1 <input type="checkbox"/> Yes N4AQ23A15 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes N4AQ23B15 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes N4AQ23C15 2 <input type="checkbox"/> No
(16) Feel that you were an unusually important person or that you had special gifts, powers, or abilities to do things that most other people couldn't do?	1 <input type="checkbox"/> Yes N4AQ23A16 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes N4AQ23B16 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes N4AQ23C16 2 <input type="checkbox"/> No
(17) Have trouble concentrating because little things going on around you got you easily off track?	1 <input type="checkbox"/> Yes N4AQ23A17 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes N4AQ23B17 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes N4AQ23C17 2 <input type="checkbox"/> No
(18) Feel so restless that you fidgeted, paced, or couldn't sit still?	1 <input type="checkbox"/> Yes N4AQ23A18 2 <input type="checkbox"/> No - Go to Check Item 4.18B	1 <input type="checkbox"/> Yes N4AQ23B18 2 <input type="checkbox"/> No - Go to Check Item 4.18B	1 <input type="checkbox"/> Yes N4AQ23C18 2 <input type="checkbox"/> No
CHECK ITEM 4.18B	Is "Yes" marked in Check Item 4.5?		1 <input type="checkbox"/> Yes N4ACK418B 2 <input type="checkbox"/> No - Skip to Section 4B
CHECK ITEM 4.19	Are at least 2 Boxes marked "Yes" in 23 column b?		1 <input type="checkbox"/> Yes N4ACK419 2 <input type="checkbox"/> No - SKIP to Check Item 4.20
25. Did SOME of these experiences we just talked about happen nearly every day during ANY of those times in the last 12 months when (you/others noticed you) (felt/were sad, hopeless, depressed or down/didn't care about things or enjoy things)?	1 <input type="checkbox"/> Yes N4AQ25 2 <input type="checkbox"/> No - SKIP to Check Item 4.20		
26. Did SOME of these experiences happen nearly every day during ALL of those times in the last 12 months when (you/others noticed you) (felt/were sad, hopeless, depressed or down/didn't care about things or enjoy things)?	1 <input type="checkbox"/> Yes N4AQ26 2 <input type="checkbox"/> No		
CHECK ITEM 4.20	Are at least 2 Boxes marked "Yes" in 23, column c?		1 <input type="checkbox"/> Yes N4ACK420 2 <input type="checkbox"/> No - SKIP to Section 4B
27. Did SOME of these experiences we just talked about happen nearly every day during ANY of those times BEFORE 12 months ago when (you/others noticed you) (felt/were sad, hopeless, depressed or down/didn't care about things or enjoy things)?	1 <input type="checkbox"/> Yes N4AQ27 2 <input type="checkbox"/> No - SKIP to Section 4B		
28. Did SOME of these experiences happen nearly every day during ALL of those times BEFORE 12 months ago when (you/others noticed you) (felt/were sad, hopeless, depressed or down/didn't care about things or enjoy things)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Go to Section 4B N4AQ28		