

# SECTION TWO

ID NUMBER			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

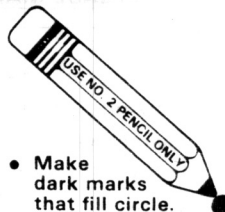
CLIN. NO.
0
1
2
3
4
5
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8
9

1. On what date were you born?		
	DAY	YEAR
JAN	<input type="radio"/>	<input type="radio"/>
FEB	<input type="radio"/>	<input type="radio"/>
MAR	<input type="radio"/>	<input type="radio"/>
APR	<input type="radio"/>	<input type="radio"/>
MAY	<input type="radio"/>	<input type="radio"/>
JUN	<input type="radio"/>	<input type="radio"/>
JUL	<input type="radio"/>	<input type="radio"/>
AUG	<input type="radio"/>	<input type="radio"/>
SEP	<input type="radio"/>	<input type="radio"/>
OCT	<input type="radio"/>	<input type="radio"/>
NOV	<input type="radio"/>	<input type="radio"/>
DEC	<input type="radio"/>	<input type="radio"/>

2. Which of the following best describes your racial background?

- White, non-Hispanic
- White, Hispanic
- Black, non-Hispanic
- Black, Hispanic
- American Indian or Alaskan Native
- Asian or Pacific Islander
- Other

(PLEASE DESCRIBE)

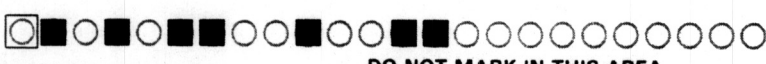


- Make dark marks that fill circle.
- Make clean erasures.
- Make no stray marks.
- Do NOT fold this form.

3. There is some evidence that people whose ancestors came from certain parts of the world are more likely to contract AIDS than others. Please tell us which of the following best describes your family's national origins or ethnic background. **DO NOT MARK MORE THAN 4 CHOICES.**

- Western European (including British, Irish, Dutch, French, Scandinavian, German, etc.)
- Eastern European Jewish (including Russian, Polish, Ukrainian, etc.)
- Eastern European Non-Jewish (including Russian, Polish, Ukrainian, etc.)
- Mediterranean (including Spanish, Greek, Italian, Moroccan, etc.)
- Middle Eastern (including Iraqi, Iranian, Turkish, etc.)
- Central or South American (including Mexican, Guatemalan, Brazilian, Argentine, etc.)
- Central or South Asian (including Indian and Pakistani)
- Southeastern Asian (including Indonesian, Malaysian, Vietnamese, etc.)
- Chinese
- Japanese
- Pacific Islander (including Samoan, etc.)
- Haitian
- Jamaican
- Cuban
- Other Caribbean
- East African (including Kenyan, Ugandan, etc.)
- Zairian
- Other African countries
- Some other national origin

(PLEASE DESCRIBE)



DO NOT MARK IN THIS AREA

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**4. What is your current employment status?**  
**PLEASE MARK ALL THAT APPLY TO YOU.**

- Working full-time (35 hours or more per week)
- Working part-time (less than 35 hours per week)
- Unemployed but seeking work
- Student (either full-time or part-time)
- Retired
- Other

\_\_\_\_\_ (PLEASE DESCRIBE)

**5. What was the highest grade or level of regular school or college that you finished and got credit for? Mark the circle that best describes the last year of school you completed.**

- 8th grade (or less)
- 9th, 10th or 11th grade
- 12th grade (high school graduate or a GED)
- at least one year of college but no degree
- four years of college and got a degree
- some graduate school
- a graduate program and got a post-graduate degree

**6. Please answer the following questions about your current or last regular job.**

This does not apply to me. I've never worked for pay.

**A. What kind of company or business (do/did) you work for?**  
 (What do they do or make there?)

\_\_\_\_\_  
 \_\_\_\_\_

**B. What (is/was) your job title?**

\_\_\_\_\_

**C. And what (are/were) your main duties? Please describe clearly.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**7. For how long (have you done/did you do) this kind of work?**

For about 

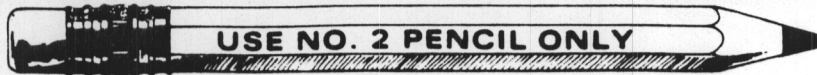
0	0
10	1
20	2
30	3
40	4
50	5
60	6
70	7
80	8
90	9

 years      OR      

0	0
10	1
20	2
30	3
40	4
50	5
60	6
70	7
80	8
90	9

 months

# SECTION THREE



- Make dark marks that fill the circle completely.
- Make clean erasures.
- Make NO stray marks.
- Do NOT fold this form.

1. For each of the following statements, mark the circle in the column that best describes how often you felt or behaved this way during <u>the past week</u> .	RARELY OR NONE OF THE TIME <small>(Less than 1 day)</small>	SOME OR A LITTLE OF THE TIME <small>(1-2 days)</small>	OCCASIONALLY OR A MODERATE AMOUNT OF TIME <small>(3-4 days)</small>	MOST OR ALL OF THE TIME <small>(5-7 days)</small>
a. I was bothered by things that usually don't bother me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I did not feel like eating, my appetite was poor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I felt that I could not shake off the blues even with help from my friends or family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I felt that I was just as good as other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I had trouble keeping my mind on what I was doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I felt depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I felt that everything I did was an effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
h. I felt hopeful about the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I thought my life had been a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I felt fearful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. My sleep was restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. I was happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. I talked less than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. I felt lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. People were unkind to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. I enjoyed life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. I had crying spells.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. I felt sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. I felt that people disliked me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. I could not get "going".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C1A  
C1B  
C1C

C4T

PLEASE ANSWER THE NEXT QUESTIONS TO THE BEST OF YOUR ABILITY.

**LIFEEL**

Overall, how do you feel about your life as a whole?

- Delighted
- Pleased
- Mostly satisfied
- Mixed (about equally satisfied and dissatisfied)
- Mostly dissatisfied
- Unhappy
- Terrible

**RESTED**

3. During the past month, how often have you been waking up fresh and rested?

- None of the time
- Rarely
- Less than half the time
- Fairly often
- Most every day
- Every day

**BIG PROB**

4. Some people feel they can run their lives much the way they want to. Others feel that the problems of life are sometimes too big for them. Which of these best describes you?

- I can run my own life
- The problems of life are too big

**OFWORTH**

5. When comparing yourself to others, would you agree that the statement, "I feel that I am a person of worth, at least as much as others" is:

- Always true
- Often true
- Sometimes true
- Rarely true
- Never true

**TALK TO**

6. Is there someone you can talk to about things that are important to you – someone you can count on for understanding and support?

- No, no one
- Yes, there's one person like that
- 2 or 3 people like that
- 4 or 5 people like that
- 6 or more people like that



DO NOT MARK IN THIS AREA

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