

= Visit Number

ID NUMBER

MACSID

| | | | |
|-----|-----|-----|-----|
| (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 |

VISIT NO.

VISIT_##

| | |
|-----|-----|
| (0) | (0) |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |

1. On what date were you born?

| | | | |
|------|-----------------------|-----|----------|
| JAN | <input type="radio"/> | DAY | YEAR |
| FEB | <input type="radio"/> | | |
| MAR | <input type="radio"/> | | |
| APR | <input type="radio"/> | | |
| MAY | <input type="radio"/> | | |
| JUN | <input type="radio"/> | | |
| JUL | <input type="radio"/> | | |
| AUG | <input type="radio"/> | (5) | (50) (5) |
| SEPT | <input type="radio"/> | (6) | (60) (6) |
| OCT | <input type="radio"/> | (7) | (70) (7) |
| NOV | <input type="radio"/> | (8) | (80) (8) |
| DEC | <input type="radio"/> | (9) | (90) (9) |

BORNM_##
BORND_##
BORNY_##

2. TODAY'S DATE

| | | | |
|------|-----------------------|-----|------|
| JAN | <input type="radio"/> | DAY | YEAR |
| FEB | <input type="radio"/> | | |
| MAR | <input type="radio"/> | | |
| APR | <input type="radio"/> | | |
| MAY | <input type="radio"/> | | |
| JUN | <input type="radio"/> | | |
| JUL | <input type="radio"/> | (4) | (04) |
| AUG | <input type="radio"/> | (5) | (05) |
| SEPT | <input type="radio"/> | (6) | (06) |
| OCT | <input type="radio"/> | (7) | (07) |
| NOV | <input type="radio"/> | (8) | (08) |
| DEC | <input type="radio"/> | (9) | (09) |

DAT2M_##
DAT2D_##
DAT2Y_##

3. 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
- Unemployed, not seeking work
- Student (either full-time or part-time)
- Retired
- Disability

FTIME_##
PTIME_##
UNEMP_##
UNENO_##
STUDT_##
RETIR_##
EMDIS_##

4. Are you self-employed?

No Yes

EMSEL_##



PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

FOLLOW-UP VISIT

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 | SOME OR A LITTLE OF THE TIME | OCCASIONALLY OR A MODERATE AMOUNT OF TIME | MOST OR ALL OF THE TIME |
|---|----------|----------------------------|------------------------------|---|-------------------------|
| | | (Less than 1 day) | (1-2 days) | (3-4 days) | (5-7 days) |
| a. I was bothered by things that usually don't bother me. | S3C1A_## | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I did not feel like eating, my appetite was poor. | S3C1B_## | <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. | S3C1C_## | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. I felt that I was just as good as other people. | S3C1D_## | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. I had trouble keeping my mind on what I was doing. | S3C1E_## | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. I felt depressed. | S3C1F_## | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. I felt that everything I did was an effort. | S3C1G_## | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. I felt hopeful about the future. | S3C1H_## | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. I thought my life had been a failure. | S3C1I_## | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. I felt fearful. | S3C1J_## | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. My sleep was restless. | S3C1K_## | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. I was happy. | S3C1L_## | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. I talked less than usual. | S3C1M_## | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| n. I felt lonely. | S3C1N_## | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| o. People were unfriendly. | S3C1O_## | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| p. I enjoyed life. | S3C1P_## | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| q. I had crying spells. | S3C1Q_## | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| r. I felt sad. | S3C1R_## | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| s. I felt that people disliked me. | S3C1S_## | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| t. I could not get "going." | S3C1T_## | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

2. Overall, how do you feel about your life as a whole? LIFE_##

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

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

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

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? BPROB_##

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

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: WORTH_##

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

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

- 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



PLEASE DO NOT WRITE IN THIS AREA

SERIAL #