

Depressive Symptoms

These next questions are about social activities, your family, your health, and things that may affect your health. First I'm going to ask you some questions about your general attitudes. For each question, please indicate whether the situation happens "often", "sometimes", "rarely" or "never."

	<u>Often</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>	<u>RF</u>	<u>DK</u>
1. During the past <u>12 months</u> , how often have you . . .						
1a. felt too tired to do things? Would you say	1	2	3	4	-7	-8
1b. had trouble going to sleep or staying asleep?	1	2	3	4	-7	-8
1c. felt unhappy, sad, or depressed?	1	2	3	4	-7	-8
1d. felt hopeless about the future?	1	2	3	4	-7	-8
1e. felt nervous or tense?	1	2	3	4	-7	-8
1f. worried too much about things?.....	1	2	3	4	-7	-8