

**PSYCHOSOCIAL - DEPRESSIVE SYMPTOMS**

Participant is unable or unwilling to complete this section.

No

Yes

0

1

*If "Yes", specify reasons and skip this page.**Below is a list of the ways you might have felt or behaved.**Please indicate how often you have felt this way during the past week.*

<i>Would you say in the last week</i>	Rarely or none of time (less than 1 day)	Some or little of the time (1 - 2 days)	Occasionally or a moderate amount of the time (3 - 4 days)	Most of the time	Don't know or refused
1. I was bothered by things that usually don't bother me.	0	1	2	3	9
2. I did not feel like eating, my appetite was poor.	0	1	2	3	9
3. I had trouble keeping my mind on what I was doing.	0	1	2	3	9
4. I felt that everything I did was an effort.	0	1	2	3	9
5. I felt depressed	0	1	2	3	9
6. I felt hopeful about the future.	0	1	2	3	9
7. I felt fearful.	0	1	2	3	9
8. My sleep was restless.	0	1	2	3	9
9. I was happy.	0	1	2	3	9
10. I felt lonely.	0	1	2	3	9
11. I could not get going.	0	1	2	3	9