



# Major Depressive Episode Form

FORM CODE: MDE  
VERSION A 01/27/2009

ID NUMBER:

CONTACT YEAR:  9

LAST NAME:

INITIALS:

**INSTRUCTIONS:** This form should be completed during the participant's clinic visit. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

## A. DEPRESSION

1. Have you been consistently depressed or down, most of the day, nearly everyday, for the past two weeks? .....

Yes	1	Go to Item 4
No	2	
Don't Know	7	
Refused	8	
Missing	9	

1. In the past two weeks, have you been much less interested in most things or much less able to enjoy the things you used to enjoy most of the time? .....

Yes	1	Go to Item 4
No	2	
Don't Know	7	
Refused	8	
Missing	9	

3. Over the past two weeks, when you felt depressed or uninterested:

	Yes	No	Don't Know	Refused	Missing
3a. Was your appetite decreased or increased nearly every day? Did your weight decrease or increase without trying intentionally (i.e., by $\pm 5\%$ of body weight or $\pm 3.5\%$ kgs., for a 160 lb./70 kg. person in a month)?	1	2	7	8	9
<b>IF YES TO EITHER CODE YES</b>					
3b. Did you have trouble sleeping nearly every night (difficulty falling asleep, waking up in the middle of the night, early morning wakening or sleeping excessively)?	1	2	7	8	9
3c. Did you talk or move more slowly than normal or were you fidgety, restless or having trouble sitting still almost every day?	1	2	7	8	9
3d. Did you feel tired or without energy almost every day?	1	2	7	8	9
3e. Did you feel worthless or guilty almost every day?	1	2	7	8	9
3f. Did you have difficulty concentrating or making decisions almost every day?	1	2	7	8	9
3g. Did you repeatedly consider hurting yourself, feel suicidal, or wish that you were dead?	1	2	7	8	9

**ARE 5 OR MORE ANSWERS (A1-A3) CODED YES?**

**IF PATIENT HAS CURRENT MAJOR DEPRESSIVE EPISODE CONTINUE TO A4, OTHERWISE MOVE TO DYSTHYMIA**

4. During your life time, did you have other periods of two weeks or more when you felt depressed or uninterested in most things, and had most of the problems we just talked about?.....	Yes	1	Go to Item 6
	No	2	
	Don't Know	7	
	Refused	8	
	Missing	9	
5. Did you ever have an interval of at least 2 months without any depression and any loss of interest between 2 episodes of depression? .....	Yes	1	
	No	2	
	Don't Know	7	
	Refused	8	
	Missing	9	

**B. DYSTHYMIA**

**IF PATIENT'S SYMPTOMS CURRENTLY MEET CRITERIA FOR MAJOR DEPRESSIVE EPISODE, DO NOT EXPLORE THIS MODULE.**

	Yes	No	Don't Know	Refused	Missing
6. Have you felt sad, low or depressed most of the time for the last two years?	1	2	7	8	9
<b>IF NO GO TO ITEM 9</b>					
6a. Was this period interrupted by your feelings OK for two months or more?	1	2	7	8	9
7. During this period of feeling depressed most of the time:					
7a. Did your appetite change significantly?	1	2	7	8	9
7b. Did you have trouble sleeping or sleep excessively?	1	2	7	8	9
7c. Did you feel tired or without energy?	1	2	7	8	9
7d. Did you lose your self-confidence?	1	2	7	8	9
7e. Did you have trouble concentrating or making decisions?	1	2	7	8	9
7f. Did you feel hopeless?	1	2	7	8	9
8. Did the symptoms of depression cause you significant distress or impair your ability to function at work, socially, or in some other important way?	1	2	7	8	9

**ARE 2 OR MORE ANSWERS CODED YES?**

**ADMINISTRATIVE INFORMATION**

9. Date of data collection: ..... 

		/			/				
m	m		d	d		y	y	y	y

10. Method of data collection: ..... Computer 1  
 Paper form 2

11. Code number of person completing this form: ..... 

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