



Hassles and Moods B

FORM CODE: CES
VERSION A 08/08/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

Circle the number for each statement which best describes how often you felt this way during the past week.

Rarely or None of the Time (Less than 1 day)	Some or a Little of the Time (1-2 days)	Occasionally or a Moderate Amount of the Time (3-4 days)	Most or All of the Time (5-7 days)
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|--|---|---|---|---|
| 1. I was bothered by things that usually don't bother me..... | 1 | 2 | 3 | 4 |
| 2. I did not feel like eating; my appetite was poor..... | 1 | 2 | 3 | 4 |
| 3. I felt that I could not shake off the blues even with help from my friends..... | 1 | 2 | 3 | 4 |

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4. I felt that I was just as good as other people.....	1	2	3	4
5. I had trouble keeping my mind on what I was doing.....	1	2	3	4
6. I felt depressed.....	1	2	3	4
7. I felt that everything I did was an effort.....	1	2	3	4
8. I felt hopeful about the future.....	1	2	3	4
9. I thought my life had been a failure.....	1	2	3	4

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10. I felt fearful.....	1	2	3	4
11. My sleep was restless.....	1	2	3	4
12. I was happy.....	1	2	3	4
13. I talked less than usual.....	1	2	3	4
14. I felt lonely.....	1	2	3	4
15. People were unfriendly.....	1	2	3	4
16. I enjoyed life.....	1	2	3	4

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17. I had crying spells..... 1 2 3 4
18. I felt sad..... 1 2 3 4
19. I felt that people disliked me..... 1 2 3 4
20. I could not get "going"..... 1 2 3 4

FOR ADMINISTRATIVE USE ONLY

21. Date:

		/			/				
m	m		d	d		y	y	y	y

22. Administration (A,B,C,D)

23. Code

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