Attachment D13

Beck Depression

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Form Approved OMB No. 0920-xxxx Exp. Date xx/xx/20xx

1. Sadness

(0) I do not feel sad

 \Box (1) I feel sad much of the time

burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (XXXX).

IV. This next section consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks, including today**. Check the box with the number beside the statement you have picked. If several statements in the group seem to apply equally well, check the box with the highest number for that group. **Be sure that you do not choose more than one statement for any group, including Item 16 (changes in sleeping pattern) and Item 18 (changes in appetite).**

(2) I am sad all the time (3) I am so sad or unhappy that I can't stand it	
2. Pessimism (i) I am not discouraged about my future (ii) I feel more discouraged about my future than I used to be (ii) I do not expect things to work out for me (iii) I feel my future is hopeless and will only get worse	
3. Past Failure (a) I do not feel like a failure (a) I have failed more than I should have (a) As I look back, I see a lot of failures (a) I feel I am a total failure as a person	
4. Loss of Pleasure (a) I get as much pleasure as I ever did from the things I enjoy (b) I don't enjoy things as much as I used to (c) I get very little pleasure from the things I used to enjoy (3) I can't get any pleasure from the things I used to enjoy	
5. Guilty Feelings (a) I don't feel particularly guilty (b) I feel guilty over many things I have done or should have done (c) I feel quilty most of the time (c) I feel guilty all of the time	
Public reporting burden of this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering an maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this	atior

6.	Punishment Feelings (a) I don't feel I am being punished (b) I feel I may be punished (c) I expect to be punished (d) I feel I am being punished (e) I feel I am being punished
7.	Self-Dislike (i) I feel the same about myself as ever (i) I have lost confidence in myself (ii) I am disappointed in myself (iii) I dislike myself
8.	Self-Criticalness (a) I don't criticize or blame myself more than usual (b) I am more critical of myself than I used to be (c) I criticize myself for all of my faults (d) I blame myself for everything bad that happens
10.	Crying (o) I don't cry any more than I used to (1) I cry more than I used to (2) I cry over every little thing (3) I feel like crying, but I can't
11.	Agitation (o) I am no more restless or wound up than usual (1) I feel more restless or wound up than usual (2) I am so restless or agitated that it's hard to stay still (3) I am so restless or agitated that I have to keep moving or doing something

12. Loss of Interest (i) I have not lost interest in other people or activities (ii) I am less interested in other people or things than before (iii) I have lost most of my interest in other people or things (iii) I have lost most of my interest in other people or things (iii) It's hard to get interested in anything
13. Indecisiveness
14. Worthlessness (i) I do not feel I am worthless (ii) I don't consider myself as worthwhile and useful as I used to (iii) I feel more worthless as compared to other people (iii) I feel utterly worthless
15. Loss of Energy (a) I have as much energy as ever (b) I have less energy than I used to have (c) I don't have enough energy to do very much (3) I don't have enough energy to do anything
16. Changes in Sleeping Pattern <i>(Choose only one answer)</i> (a) I have not experienced any change in my sleeping pattern
(1a) I sleep somewhat more than usual (1b) I sleep somewhat less than usual
(2a) I sleep a lot more than usual (2b) I sleep a lot less than usual
(3a) I sleep most of the day (3b) I wake up 1-2 hours early and can't get back to sleep

17. Irritability (0) (0)
18. Changes in Appetite <i>(Choose only one answer)</i> (a) I have not experienced any change in my appetite
(1a) My appetite is somewhat less than usual (1b) My appetite is somewhat greater than usual
(2a) My appetite is much less than before (2b) My appetite is much greater than usual
(3a) I have no appetite at all (3b) I crave food all the time
19. Concentration Difficulty (a) I can concentrate as well as ever (b) I can't concentrate as well as usual (c) It's very hard to keep my mind on anything for very long (3) I find I can't concentrate on anything
20. Tiredness or Fatigue (o) I am no more tired or fatigued than usual (1) I get more tired or fatigued more easily than usual (2) I am too tired or fatigued to do a lot of the things I used to do (3) I am too tired or fatigued to do most of the things I used to do
21. Loss of Interest in Sex (0) I have not noticed any recent change in my interest in sex (1) I am less interested in sex than I used to be (2) I am much less interested in sex now (3) I have lost interest in sex completely