FORM 6	Date Completed *dtcomplete*							
	M	M	D	D	Y	Y	Y	Y

Assessment: 1 ☐ recruitment

PRIME-MD MOOD MODULE

INSTRUCTIONS: This questionnaire is to help me better understand how you have been feeling. Please give me your best answer to each of the questions that I am going to ask you.

Interviewer: Check the box that corresponds with the patients' answer. Do not skip any questions.

MAJOR DEPRESSION

Interviewer: "For the* last 2 weeks*, have you had any of the following problems nearly every day?"	**YES**	**NO**
1. Trouble falling or staying asleep, or sleeping too much? *depression_1*	1 ☐	0 ☐
2. Feeling tired or having little energy? *depression_2*	1 ☐	0 ☐
3. Poor appetite or overeating? *depression_3*	1 ☐	0 ☐
4. Little interest or pleasure in doing things? *depression_4*	1 ☐	0 ☐
5. Feeling down, depressed, or hopeless? *depression_5*	1 ☐	0 ☐
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down? *depression_6*	1 ☐	0 ☐
7. Trouble concentrating on things, such as reading the newspaper or watching television? *depression_7*	1 ☐	0 ☐
8. Being so fidgety or restless that you were moving around a lot more than usual? **If No:** What about the opposite, moving or speaking so slowly that other people have noticed? ***Code as "Yes" if yes to either question, or if psychomotor agitation or retardation observed during interview.*** *depression_8*	1 ☐	0 ☐
9. In the last 2 weeks, have you had thoughts that you would be better off dead or of hurting yourself in some way? *depression_9*	1 ☐	0 ☐

→ ***If "Yes"* launch suicide protocol. If ≥ moderate, then "Patient is not eligible."**

	YES	**NO**

FORM 6	Date Completed *dtcomplete* M M D D Y Y Y Y

Assessment: 1 ☐ recruitment

*10. Is #4 or #5 coded "yes", plus **four or more** of the Remaining items coded "Yes"? depression_10*	1 ☐ **Major Depressive Disorder** Go to #12	0 ☐
11. Have you ever had a time when you were either much more down or depressed or had even less interest or pleasure in doing things? *If "Yes":* At that time, did you have many of the problems I just asked you about, like trouble sleeping, concentrating, feeling tired, poor appetite, little interest in things? *depression_11_a* Code "Yes" if subject probably had five of symptoms #1 to #9 in the past, and acknowledges current depressed mood or little interest or pleasure. *depression_11_b*	1 ☐ **Partial Remission of Major Depressive Disorder**	0 ☐

DYSTHYMIA (Note: Time frame for Dysthymia is past two years)

	YES	**NO**
12. Over the last 2 years, have you felt often down or depressed, or had little interest or pleasure in doing things? *dysthymia_1* ***Code "Yes" only if it was** on more than half the days over the last 2 years?*	1 ☐	0 ☐ Go to#14
13. In the last 2 years, has your mood often made it hard for you to do your work, take care of things at home, or get along with other people? *dysthymia_2*	1 ☐ **Dysthymia** STOP	0 ☐

MINOR DEPRESSION

	YES	**NO**
14. Was Major Depression (including partial remission) diagnosed at #10 or #11? major_depression	1 ❑ STOP	0 ❑
15. Are answers to two or more of #1 to #9 Yes (one of which is #4 or #5)? *minor_depression*	1 ☐ **Minor Depressive Disorder**	0 ☐