## SEASONAL PATTERN ASSESSMENT QUESTIONNAIRE

1. Name			_ 2. Aç	ge	
3. Place of birth - City	/ Province	(State) / Country			
4. Today's date	Month	 Day	 Year		
5. Current weight (in I	bs.)	<del> </del>			
6. Years of education	Les	ss than four years o	of high school	1	INSTRUCTIONS
	Hig	h school only		2	* Please circle the number
	1-3	years post high so	chool	3	beside your choice.
	4 o	r more years post	high school	4	Example: Sex Male 1 Female 2
7. Sex -	Male 1	Female 2			Sex Ividie i Female 2
8. Marital Status -	Single	1			
	Married	2	_		
	Sep./Divord	ed 3			
	Widowed	4	4		
9. Occupation	<del> </del>		<del></del>		
10. How many years h	ave you live	d in this climatic	area?		_

The purpose of this form is to find out how your mood and behaviour change over time. Please fill in all the relevant circles. Note: We are interested in your experience; <u>not others</u> you may have observed.

## 11. To what degree do the following change with the seasons?

	No Change	Slight Change	Moderate Change	e Marked Change	Extremely Marked Change
A. Sleep length	0	1	2	3	4
B. Social activity	0	1	2	3	4
C. Mood (overall feeling of well being)	0	1	2	3	4
D. Weight	0	1	2	3	4
E. Appetite	0	1	2	3	4
F. Energy level	0	1	2	3	4

12. In the following questions, fill in circles for all applicable months. This may be a single month O, a cluster of months, e.g. O O O, or any other grouping.									
At what time of year do you									
A. Feel best B. Gain most weight C. Socialize most D. Sleep least E. Eat most F. Lose most weight G. Socialize least H. Feel worst I. Eat least J. Sleep most	_	F	A M P a y O O O O O O O O O O O O O O O O O O		J A u 1 g O O O O O O O O O O O O O O O O O O	e c p t		OR stai	particular month(s) nd out as extreme a regular basis  O O O O O O O O O O O O O O O O O O
14. How much does your weight fluctuate during the course of the year?									
0-3 lbs 4-7 lbs	1 2		12-15 16-20		4 5				
8-11 lbs	3		Over 2		6				
15. Approximately how	w man	y hours	of each	24-hour	r day do y	ou sleep	during ea	ach seas	son? (Include naps)
Winter	0 1	2 3	4 5 6	7 8 9	9 10 11	12 13	14 15	16 17	18 Over18
Spring	0 1	2 3	4 5 6	7 8 9	9 10 11	12 13	14 15	16 17	18 Over18
Summer	0 1	2 3	4 5 6	7 8 9	9 10 11	12 13	14 15	16 17	18 Over18
Fall	0 1	2 3	4 5 6	7 8 9	9 10 11	12 13	14 15	16 17	18 Over18
16. Do you notice a change in food preference during the different seasons?									
No 1	Yes	2	If yes,	please	specify:				
17. If you experience changes with the seasons, do you feel that these are a problems for you?									
No 1	Yes	2	If yes,	is this p	oroblem -	mild	1		
						moderate			
			marked severe		3 4				
						disabling	5		
Thank you for completing this questionnaire.									

<sup>\*</sup> Raymond W. Lam 1998 (modified from Rosenthal, Bradt and Wehr 1987).