

## Emotional Distress – Depression – Short Form 8a

Please respond to each question or statement by marking one box per row.

In the past 7 days...

|         |                                                   | Never                         | Rarely                        | Sometimes                     | Often                         | Always                        |
|---------|---------------------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| EDDEP04 | I felt worthless .....                            | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 |
| EDDEP06 | I felt helpless .....                             | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 |
| EDDEP29 | I felt depressed .....                            | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 |
| EDDEP41 | I felt hopeless .....                             | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 |
| EDDEP22 | I felt like a failure .....                       | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 |
| EDDEP36 | I felt unhappy .....                              | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 |
| EDDEP05 | I felt that I had nothing to look forward to..... | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 |
| EDDEP09 | I felt that nothing could cheer me up.....        | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 |