



## UNC CFAR Social and Behavioral Science Research Core SABI Database

INSTRUMENT TITLE: Depression Screener for Primary Care (PC-SAD©)

SOURCE ARTICLE: Rogers, W.H., Wilson, I.B., Bungay, K.M., Cynn, D.J., Adler, D.A.. (2002). Assessing the Performance of a new depression screener for primary care (PC-SAD©). *Journal of Clinical Epidemiology*, 55:164-175.

RESPONSE OPTIONS: See response options in italics below

SURVEY ITEMS:

Mark the closest answer for question 1.

1. How long have you felt sad, empty, or depressed more often than not? (*response options: more than 5 years, 2-5 years, 1-2 years, 6 months-1 year, less than 6 months, no- I haven't felt that way recently*)
2. In the last month, did you have a period of the week or more when... (*response options: YES or NO*)
  - a. nearly everyday you felt sad, empty, or depressed for most of the day?
  - b. you lost interest in most things like work, hobbies, and other things you usually enjoyed?
3. If your answers to questions 1, 2a AND 2b were ALL NO, then STOP and return this questionnaire. Otherwise, please continue.

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks... (*response options: all of the time, most of the time, a good bit of the time, some of the time, a little of the time, none of the time*)

- a. Have you felt so down in the dumps that nothing could cheer you up?
- b. Did you have a lot of energy?
- c. Have you felt downhearted and blue?
- d. Have you been a happy person?
- e. Did you feel tired?

TERMS OF USE:

Individuals may use this information for research or educational purposes only and may not use this information for commercial purposes. When using this instrument, please cite:

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4. Over the PAST TWO YEARS, how much of the time have you... (*response options: all of the time, most of the time, about half of the time, a little of the time, none of the time*)
- Eaten less than usual for days at a time?
  - Eaten too much for days at a time?
  - Had trouble falling asleep or staying asleep?
  - Slept too much at night?
  - Gotten tired or fatigued?
  - Felt disappointed in yourself, lost self- confidence?
  - Been unable to concentrate or make decisions?
  - Felt hopeless?
5. During the PAST 4 WEEKS... (*response options: YES or NO*)
- Have you gained more than 7 pounds (3kg.)?
  - Have you lost more than 7 pounds (3kg.)?
  - Have you been on a weight loss diet?
6. How much of the time during the PAST 2 WEEKS did you... (*response options: all of the time, most of the time, some of the time, a little of the time, none of the time*)
- Feel guilty?
  - Take as much pleasure as usual in your activities?
  - Lose your appetite?
  - Sleep an hour or more too much?
  - Sleep less well than usual?
  - Feel more tired or have less energy than usual?
  - Feel like going to sleep and never waking up?
  - Think of ways to end your life?
  - Have a harder time than usual making decisions?
  - Feel worthless?
  - Take too long to fall asleep?
  - Take longer than usual to respond to questions?
7. Over the PAST 2 WEEKS typically have you... (*response options: not at all, a little bit, moderately, quite a bit, extremely*)
- Had more difficulty than usual paying attention?

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- b. Wanted to eat too much?
- c. Felt restless or fidgety?
- d. Felt discouraged about the future?
- e. Talked more slowly than usual?
- f. Had difficulty sitting still?

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