

SEASONAL PATTERN ASSESSMENT QUESTIONNAIRE (SPAQ)

Name _____ Date of Birth

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Date form completed

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 Sex Male Female

The purpose of this form is to find out how your mood and behaviour change over time

1. At what time during the year do you...? (please put X in box for each month that applies. This may be a single month X or a cluster of months XXX)

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC											
A. Feel best													<div style="display: flex; align-items: center; gap: 10px;"> <table border="1" style="border-collapse: collapse; width: 30px; height: 100px;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> or <p style="margin-left: 20px;">No particular month(s) stand out as extreme on a regular basis</p> </div>										
B. Gain most weight																							
C. Socialise most																							
D. Sleep least																							
E. Eat most																							
F. Lose most weight																							
G. Socialise least																							
H. Feel worst																							
I. Eat least																							
J. Sleep most																							

2. To what degree do the following change with the seasons?
(one square only per question)

	0	1	2	3	4
	no	slight	moderate	marked	extremely
	change	change	change	change	marked
					change

A. Sleep length					
B. Social activity					
C. Mood (feeling of well being)					
D. Weight					
E. Appetite					
F. Energy level					

3. If you experience changes with the seasons, do you feel that these are a problem for you?

no yes

If yes, is the problem...

mild	moderate	marked	severe	disabling
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PLEASE TURN OVER

4. By how much does your weight fluctuate during the course of the year?
(please tick only one box)

0 – 3 lbs
 4 – 7 lbs
 8 – 11 lbs

12 – 15 lbs
 16 – 20 lbs
 Over 20 lbs

5. Approximately how many hours of each 24 hour day do you sleep during each period of the year? (including naps)
(please circle one number for each row)

WINTER (Dec 21 – Mar 20)	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Over 18 hours <input type="checkbox"/>
SPRING (Mar 21 – June 20)	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	<input type="checkbox"/>
SUMMER (June 21 – Sept 20)	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	<input type="checkbox"/>
AUTUMN (Sept 21 – Dec 20)	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	<input type="checkbox"/>

6. Do you notice a change in food preference during the different seasons?

no yes Please specify: _____

7. If you suffer from any other changes in your wellbeing across the seasons of the year, please describe it in the space below.

THANK YOU FOR FILLING IN THIS QUESTIONNAIRE