SEASONAL PATTERN ASSESSMENT QUESTIONNAIRE (SPAQ)

| Name | Date of Birth | | | |
|---------------------|-------------------|-----|------|--|
| Date form completed | Sex Male | Fer | nale | |

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*)

| | | | ~ | | 2 | ш | X | | <u> </u> | | | | | | | |
|---------------------|-----|-----|-----|-----|-----|------|------|-----|----------|-----|-----|-----|--|----------------|--|--|
| | JAN | FEB | MAR | APR | MAY | JUNE | JULY | AUG | SEPT | OCT | NOV | DEC | | | | |
| A. Feel best | | | | | | | | | | | | | | | | |
| B. Gain most weight | | | | | | | | | | | | | | or | | |
| C. Socialise most | | | | | | | | | | | | | | | | |
| D. Sleep least | | | | | | | | | | | | | | No particular | | |
| E. Eat most | | | | | | | | | | | | | | month(s) stand | | |
| F. Lose most weight | | | | | | | | | | | | | | out as | | |
| G. Socialise least | | | | | | | | | | | | | | extreme on a | | |
| H. Feel worst | | | | | | | | | | | | | | regular basis | | |
| I. Eat least | | | | | | | | | | | | | | | | |
| J. Sleep most | | | | | | | | | | | | | | | | |

2. To what degree do the following change with the seasons?

(one square only per question)

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

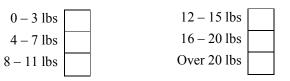
3. If you experience changes with the seasons, do you feel that these are a problem for you?

| no yes | | | | | |
|------------------------|------|----------|--------|--------|-----------|
| If yes, is the problem | mild | moderate | marked | severe | disabling |
| | | | | | |

PLEASE TURN OVER

4. By how much does your weight fluctuate during the course of the year?

(please tick only one box)



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)

Over 18 hours

| | | - |
|-------------------------------|--|-------|
| WINTER (Dec 21 – Mar 20) | 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 | |
| SPRING (Mar 21 – June 20) | 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 | |
| SUMMER (June 21 – Sept 20) | 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 | |
| AUTUMN (Sept 21 – Dec 20) | 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 | |

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

| no | yes | Please specify: | |
|----|-----|-----------------|--|
| | | 1 0 | |
| | | | |

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