

WELLBEING

Enter the participant number assigned by the study staff. It should have 5 characters, a hyphen, and four digits (e.g. Y0401-0001) _____	Date of Birth: [_D][_D]/[_M][_M]/[_Y][_Y][_Y][_Y]
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ASSESSMENT
DATE OF ASSESSMENT [_D][_D]/[_M][_M]/[_Y][_Y][_Y][_Y]

Wellbeing questions	
Over the last two weeks, how often have you been bothered by little interest or pleasure in doing things?	<input type="radio"/> Not at all <input type="radio"/> Several days <input type="radio"/> More than half the days <input type="radio"/> Nearly every day
Over the last two weeks, how often have you been bothered by feeling down, depressed, or hopeless?	<input type="radio"/> Not at all <input type="radio"/> Several days <input type="radio"/> More than half the days <input type="radio"/> Nearly every day
Over the last two weeks, how often have you been bothered by feeling nervous, anxious, or on edge?	<input type="radio"/> Not at all <input type="radio"/> Several days <input type="radio"/> More than half the days <input type="radio"/> Nearly every day
Over the last two weeks, how often have you been bothered by not being able to stop or control worrying?	<input type="radio"/> Not at all <input type="radio"/> Several days <input type="radio"/> More than half the days <input type="radio"/> Nearly every day