

Seasonal Affective Disorder (SAD)

SELF ANALYSIS QUESTIONNAIRE



For better
mental health

SECTION 1 Your SAD seasonal pattern

Please tick the applicable months in the table below. It may be a single month, a cluster of months or any other grouping.

At what time of year do you:

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
1 Feel best												
2 Tend to gain most weight												
3 Socialise most												
4 Sleep least												
5 Eat most												
6 Lose most weight												
7 Socialise least												
8 Feel worst												
9 Eat least												
10 Sleep most												

If you feel worst in December, January or February, you have a winter seasonal pattern.

If you feel worst in July or August, you have a summer seasonal pattern.

If you feel worst in winter and summer, you have a summer - winter pattern.

If there is no specific time of year when you feel best or worst, you have a non-seasonal pattern.

SECTION 2 Your SAD factor (the extent of your feelings)

Please indicate the extent of seasonal change by placing *one tick only* for each category (1 to 6).

Points	0	10	20	30	40
	No change	Slight change	Moderate change	Marked change	Extremely marked change
1 Sleep length					
2 Social activity					
3 Mood					
4 Weight					
5 Appetite					
6 Energy level					

The average total score ranges between 40 to 70 points. A score between 80 to 110 points would indicate a possibility of being affected by SAD, and a score above 110 points would mean that you are almost certainly suffering from SAD.

SECTION 3 Your symptoms in the darker season

Do you suffer in the darker season (October - March) from the following symptoms:

1 Sadness or despondency	<input type="checkbox"/>	5 Restlessness, or slowing down noticeable to others	<input type="checkbox"/>
2 Clear lack of interest or pleasure	<input type="checkbox"/>	6 Fatigue or loss of energy	<input type="checkbox"/>
3 Weight gain or craving for sweets/carbohydrates	<input type="checkbox"/>	7 Feelings of worthlessness or inappropriate guilt	<input type="checkbox"/>
4 Sleep disorder (increased sleeping)	<input type="checkbox"/>	8 Lack of concentration	<input type="checkbox"/>

If you have at least **five** of the above symptoms, and **symptoms 1 and 2** were among these, you are possibly suffering from SAD.

You should consult your GP for advice, taking this questionnaire with you.