COBRA
Behavioural Activation Trial

Cost and Outcome of BehaviouRal Activation:

A Randomised Controlled Trial of Behavioural Activation versus Cognitive Behaviour Therapy for Depression

BASELINE CASE REPORT FORM

Recruitment Number: ___ ___ ___ ___ ___ ___

Date of Birth: __ __ / __ __ / __ __ __ __   **Gender:** Male ☐   Female ☐

Consent

Has the participant given their consent?	Yes ☐ No ☐
Date of consent:	__ __ / __ __ / __ __ __ __

Exclusion Criteria

1. Is the participant 18 or over?	Yes ☐ No ☐
2. Is the participant currently receiving psychological treatment?	Yes ☐ No ☐

2.i) Has the participant been referred for treatment from any mental health specialist?   Yes ☐   No ☐

If Yes, which service were they referred to?

_____

2.ii) Is the participant currently awaiting treatment from IAPT services?   Yes ☐   No ☐

If 'Yes' to either 2.i) or 2.ii):
Ensure participant is aware that they cannot take part in COBRA whilst receiving psychological treatment elsewhere.
Does participant wish to take part in COBRA?   Yes ☐   No ☐

Exclusion Criteria: Mini-Cog

Administration

The test is administered as follows:

1. Instruct the participant to listen carefully to and remember the following three words, and then to repeat the words:

      APPLE   WATCH   PENNY

2. Instruct the participant to draw the face of a clock (on page 4), and then ask them to draw the hands of the clock to represent the time "forty five minutes past ten o'clock".

3. Ask the participant to repeat the three previously stated words.

Scoring

Please circle the scores given for each question below and then tick if the participant is or is not cognitively impaired.

Question
2. (circle one)   Abnormal   Normal

3. (circle one)   0   1   2 | 3 | | 0 | 1   2   3

                Cognitively impaired   **Not cognitively impaired**

(tick one)   ☐   ☐

Additional Scoring Information

- Q2 Clock Drawing Test (CDT) – score the CDT 'Normal' or 'Abnormal'. The CDT is considered normal if all numbers are present in the correct sequence and position, and the hands readably display the requested time.
- Q3 Word recall – give 1 point for each recalled word.

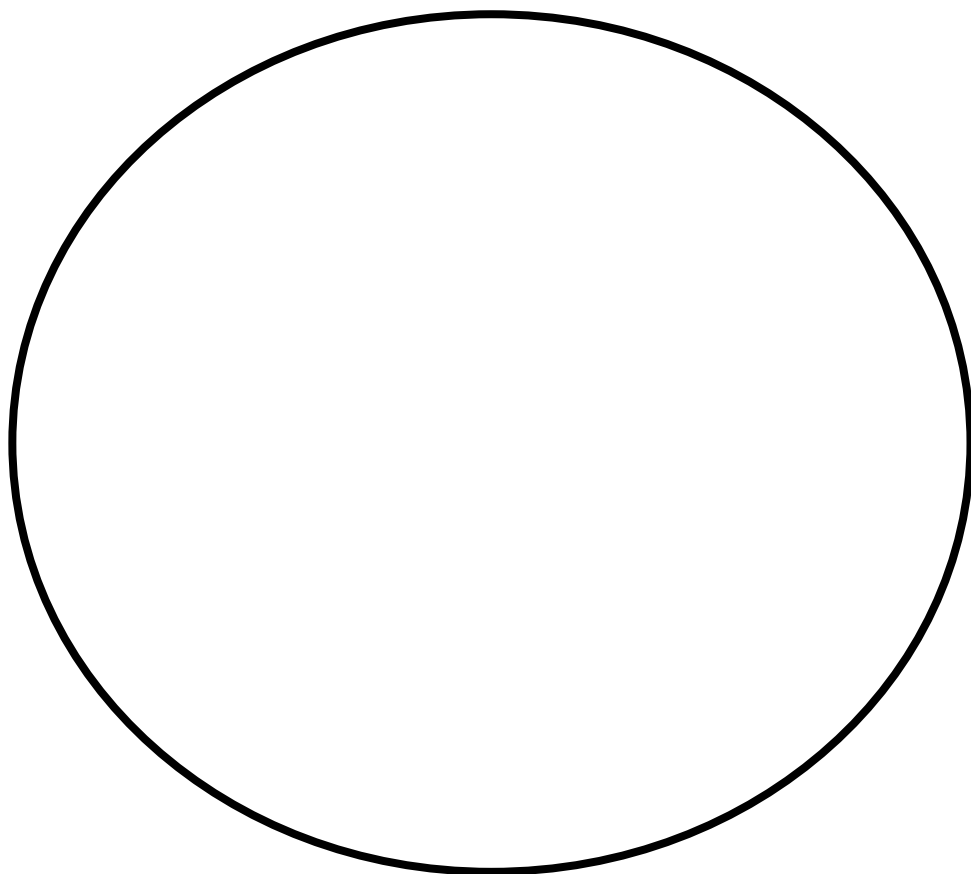|	
Q3 = 0 + any CDT	Cognitively impaired
Q3 = 1 or 2 + CDT Abnormal	Cognitively impaired
Q3 = 1 or 2 + CDT Normal	Not cognitively impaired
Q3 = 3 + any CDT	Not cognitively impaired

Instructions:

Inside the circle please draw the face of a clock. Then place the hands of the clock to represent the time "forty five minutes past ten o'clock".

Exclusion Criteria

Is participant excluded from study?   Yes ☐   No ☐

If 'Yes', please specify reason for exclusion:

Under 18 ☐
Currently receiving psychological therapy ☐
Intends to commence therapy ☐
Cognitively impaired ☐
Acute risk *(please complete at end of interview)* ☐

SCID
A. MOOD EPISODES

Details of this structured interview can be accessed at www.scid4.org/index.html.

PHQ-9

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use ☑ to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	☐ 0	☐ 1	☐ 2	☐ 3
Feeling down, depressed, or hopeless	☐ 0	☐ 1	☐ 2	☐ 3
Trouble falling or staying asleep, or sleeping too much	☐ 0	☐ 1	☐ 2	☐ 3
Feeling tired or having little energy	☐ 0	☐ 1	☐ 2	☐ 3
Poor appetite or overeating	☐ 0	☐ 1	☐ 2	☐ 3
Feeling bad about yourself — or that you are a failure or have let yourself or your family down	☐ 0	☐ 1	☐ 2	☐ 3
Trouble concentrating on things, such as reading the newspaper or watching television	☐ 0	☐ 1	☐ 2	☐ 3
Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	☐ 0	☐ 1	☐ 2	☐ 3
Thoughts that you would be better off dead or of hurting yourself in some way	☐ 0	☐ 1	☐ 2	☐ 3

(*For office coding: Total Score _____ = Add columns ___   +   ___ +   ___)*

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

GAD-7

(*For office coding: Total Score _____ = Add columns ___ + ___ + ___)*

Over the last 2 weeks, how often have you been bothered by the following problems? *(Use ☑ to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	☐ 0	☐ 1	☐ 2	☐ 3
Not being able to stop or control worrying	☐ 0	☐ 1	☐ 2	☐ 3
Worrying too much about different things	☐ 0	☐ 1	☐ 2	☐ 3
Trouble relaxing	☐ 0	☐ 1	☐ 2	☐ 3
Being so restless that it is hard to sit still	☐ 0	☐ 1	☐ 2	☐ 3
Becoming easily annoyed or irritable	☐ 0	☐ 1	☐ 2	☐ 3
Feeling afraid as if something awful might happen	☐ 0	☐ 1	☐ 2	☐ 3

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

The GAD-7 was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

EQ-5D

Details of this measure can be accessed at https://euroqol.org.

HEALTH STATUS QUESTIONNAIRE (SF-36v2)

Details of this measure can be accessed at https://campaign.optum.com/content/optum/en/optum-outcomes/what-we-do/health-surveys/sf-36v2-health-survey.html.

Demographics

Marital Status:		Number of Children:	
Single	☐	0	☐
Cohabiting (but not married)	☐	1	☐
Civil partnership	☐	2	☐
Married	☐	3	☐
Divorced / Separated	☐	4+	☐
Widowed	☐		
Ethnicity:		**Level of Education:**	
White: British	☐	No qualifications	☐
White: Irish	☐	GCSEs/O-Levels	☐
White: Other White	☐	AS/A-Levels	☐
Mixed: White and Black Caribbean	☐	NVQ or other vocational qualification	☐
Mixed: White and Black African	☐	Undergraduate degree	☐
Mixed: White and Asian	☐	Postgraduate degree	☐
Mixed: Other Mixed	☐	Doctoral degree	☐
Asian: Indian	☐	Professional degree (e.g. MD)	☐
Asian: Pakistani	☐		
Asian: Bangladeshi	☐		
Other Asian	☐		
Black Caribbean	☐		
Black African	☐		
Other Black	☐		
Chinese	☐		
Other	☐		
Prefer not to say	☐		

Previous Treatment and Preferences

Is the participant currently being prescribed anti-depressant medication?   Yes ☐   No ☐

Has the participant received psychological therapy in the past?   Yes ☐   No ☐

    Number of courses of CBT: _____

    Number of courses of BA: _____

    Number of courses of other therapy: _____

Were the participant to have a choice of treatment, do they have a   Yes ☐   No ☐
strong preference for either BA or CBT?

    Preference?   BA ☐   CBT ☐

Cost and Outcome of Behavioural Activation (COBRA)

Adult Service Use Schedule

Instructions

This schedule should be completed in *interview* with the service user.

The schedule covers the respondent's use of all services, *excluding BAT and CBT*:

- At baseline, ask about use of services during the *six months* preceding the interview
    - At 6-month follow-up, ask about use of services *since the baseline interview*
    - At 12-month follow-up, ask about use of services *since the 6-month follow-up interview*
    - At 18-month follow-up, ask about use of services s*ince the 12-month follow-up interview*

If the respondent missed an earlier follow-up, this schedule can be used to cover the missing period(s) as well as the current interview period. Please note this clearly by ticking all relevant periods below.

Please tell the patient that you want to know about their use of all services *except* the trial interventions – Behavioural Activation or Cognitive Behaviour Therapy.

Use circles to select options from lists.

Numbers, zeros or missing data codes should be placed in every cell.

COBRA Trial ID	

Date of interview:	dd	mm	20 yy

Period(s) covered (tick all that apply)	
Baseline	
6-month	
12-month	
18-month	
If previous interviews missed, this schedule should cover the entire period from previous to current interview date. Please tick all periods that apply.	

Code missing data as follows:

555	Not applicable
666	Research worker unable to evaluate
999	Not completed

Section A: Hospital Services

A1 – Have you had a hospital admission *(if baseline)* **in the last six months /** *(if follow-up)* **since you were last interviewed approximately [X] months ago?**

1	Yes	Go to A2
0	No	Go to A3
666	*Research worker unable to evaluate*	Go to A3
999	*Not completed*	Go to A3

A2 – If yes, record details below

Hospital code	Speciality code	Details if hospital=other and/or speciality=other	Number of nights

A3 – Have you been to hospital for an outpatient/day patient appointment *(if baseline)* **in the last six months /** *(if follow-up)* **since you were last interviewed approximately [X] months ago?**

1	Yes	Go to A4
0	No	Go to A5
666	*Research worker unable to evaluate*	Go to A5
999	*Not completed*	Go to A5

A4 - If yes, record details below

Hospital code	Speciality code	Details if hospital=other and/or speciality=other	Number of appointments

A5 – Have you attended an accident and emergency (A&E) department *(if baseline)* **in the last six months /** *(if follow-up)* **since you were last interviewed approximately [X] months ago?**

1	Yes	Go to A6
0	No	Go to B1
666	*Research worker unable to evaluate*	Go to B1
999	*Not completed*	Go to B1

A6 - If yes, record details below

Hospital code	Details	Admitted	Ambulance	Number of contacts
		Yes/no	Yes/no	
		Yes/no	Yes/no	
		Yes/no	Yes/no	
		Yes/no	Yes/no	

Section B: Community-based health, social and complementary services

B - Which of the following community based professionals or services have you had contact with *(if baseline)* in the last six months / *(if follow-up)* since you were last interviewed approximately [X] months ago?

		Number of contacts	Average duration in minutes per contact
1	General practitioner – surgery		
2	General practitioner – home		
3	General practitioner – telephone		
4	Practice nurse (nurse in GP surgery)		
5	District nurse, health visitor, midwife		
6	Community psychiatric nurse in the community		
7	Psychiatrist in the community		
8	Occupational therapist in the community		
9	Art/drama/music therapy in the community		
10	Social worker		
11	Marriage counselling service e.g. Relate		
12	Advice service e.g. Citizen's Advice Bureau		
13	Helpline e.g. Samaritans, MIND		
14	Day centre/drop-in centre		
15	Chiropractor/osteopath		
16	Homeopathy		
17	Acupuncture		
18	Other – give details		
19	Other – give details		
20	Other – give details		

Section C: Psychotropic medication

C1 – Have you been prescribed any medication for mental health problems *(if baseline)* in the last six months / *(if follow-up)* since you were last interviewed approximately 6 months ago? Include e.g. medications for depression, anxiety, psychosis, and sleep problems.

1	Yes	Go to C2
0	No	Go to C8
666	*Research worker unable to evaluate*	Go to C8
999	*Not completed*	Go to C8

C2 – If yes, record details below

Name of the medication (use code)	Details if code='other'	Date Started	Dose *	Units (use code)	Frequency (use code)	Date Stopped	Continuing at interview?
e.g. 5		*01/04/2007*	*80*	*1*	*2*	*555 - NA*	*Yes*
							Yes/no
							Yes/no
							Yes/no

* For current medication ask for current dose; for medication no longer taken ask for final dose.

Section D: Employment and time off work

D1 – What is your current occupational status?

1	Full-time employment (30+ hours per week)	Go to D3	7	Voluntary worker	Go to D2
2	Part-time employment (<30 hours per week)	Go to D3	8	Unemployed & looking for work	Go to D2
3	Employed & currently unable to work	Go to D3	9	Unemployed & not looking for work (e.g. housewife)	Go to D2
4	Part-time employment & part-time student	Go to D3	10	Unemployed & unable to work for medical reasons	Go to D2
5	Full-time student	Go to D2	11	Medically retired	Go to D2
6	Part-time student	Go to D2	12	Retired	Go to D2
666	*Research worker unable to evaluate*	Go to D2			
999	*Not completed*	Go to D2			

D2 – Have you been in paid employment *(if baseline)* in the last six months / *(if follow-up)* since you were last interviewed approximately [X] months ago?

0	No	END
1	Yes	Go to D3
666	*Research worker unable to evaluate*	
999	*Not completed*	

D3 – What is your approximate gross pay per year (before tax) for your current or most recent employment?

1	Under £5,000	8	£35,001-£40,000
2	£5,001-£10,000	9	£40,001-£45,000
3	£10,001-£15,000	10	£45,001-£50,000
4	£15,001-£20,000	11	£50,001-£75,000
5	£20,001-£25,000	12	£75,001-£100,000
6	£25,001-£30,000	13	£100,001 +
7	£30,001-£35,000		
666	*Research worker unable to evaluate*		
999	*Not completed*		

D4 – How many DAYS have you been absent from work due to illness *(if baseline)* **in the last six months /** *(if follow-up)* **since you were last interviewed approximately [X] months ago?**

1	Days	Number of days
666	*Research worker unable to evaluate*	
999	*Not completed*	

D5 – How many HOURS does/did your employer expect you to work in a typical 7-day week for your current or most recent employment? If it varies, estimate the average. If more than 97, enter 97.

1	Hours	Number of hours
666	*Research worker unable to evaluate*	
999	*Not completed*	

D6 – Have you been in paid employment in the last four weeks?

0	No	END
1	Yes	Go to D7
666	*Research worker unable to evaluate*	
999	*Not completed*	

D7 – Please think about your work experiences over the past 4 weeks (28 days). In the past 4 weeks (28 days), how many days did you…

1	miss an entire work day because of problems with your physical or mental health? Please include only days missed for your own health.	Number of days
2	miss an entire work day for any other reason (including holiday)?	Number of days
3	miss part of a work day because of problems with your physical or mental health? Please include only days missed for your own health.	Number of days
4	miss part of a of a work day for any other reason (including holiday)?	Number of days
666	Research worker unable to evaluate	
999	Not completed	

D8 – About how many HOURS altogether did you work in the past 4 weeks (28 days)? See examples for calculating hours worked below

1	Hours	Number of hours
666	Research worker unable to evaluate	
999	Not completed	

D9 – On a scale from 0 to 10 where 0 is the worst job performance anyone could have at your job and 10 is the performance of a top worker, how would you rate the usual performance of most workers in a job similar to yours? Place a ✓ in the circle below the number that best describes this.

Worst performance   *Top performance*

0	1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○	○

D10 – Using the same 0-to-10 scale, how would you rate your usual job performance over the past year or two? Place a ✓ in the circle below the number that best describes this.

Worst performance   *Top performance*

0	1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○	○

D11 – Using the same 0-to-10 scale, how would you rate your overall job performance on the days you worked during the past 4 weeks (28 days)? Place a ✓ in the circle below the number that best describes this.

Worst performance   *Top performance*

0	1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○	○

Examples for Calculating Hours Worked in the Past 4 weeks
40 hours per week for 4 weeks = 160 hours
35 hours per week for 4 weeks = 140 hours
40 hours per week for 4 weeks with 2 8-hour days missed = 144 hours
40 hours per week for 4 weeks with 3 4-hour partial days missed = 148 hours
35 hours per week for 4 weeks with 2 8-hour days missed and 3 4-hour partial days missed = 112 hours
Employment and time off work section taken from the WHO Health Productivity Questionnaire (HPQ), questions B5-B11.

End of interview.

Cost and Outcome of Behavioural Activation (COBRA)

Adult Service Use Schedule CODES

Code missing data as follows:

555	Not applicable
666	Research worker unable to evaluate
999	Not completed

Hospital speciality codes for sections A2 and A4

1	Mental health	22	Infectious Diseases
2	Asthma clinic	23	Maxillo-Facial Surgery
3	Audiological Medicine	24	Nephrology
4	Blood Transfusion	25	Neurology
5	Cardiac Surgery	26	Neurosurgery
6	Cardiology	27	Obstetrics
7	Clinical Haematology	28	Occupational Therapy
8	Colorectal Surgery	29	Oncology
9	Dental Medicine	30	Ophthalmology
10	Dermatology	31	Oral Surgery
11	Diabetic Medicine	32	Orthopaedics
12	Dietetics	33	Pain Management
13	Endocrinology	34	Physiotherapy
14	ENT	35	Plastic Surgery
15	Family Planning Clinic	36	Podiatry
16	Gastroenterology	37	Rheumatology
17	General Medicine	38	Sleep Studies
18	General Surgery	39	Speech therapy
19	Genito-Urinary Medicine	40	Thoracic Medicine/Surgery
20	Gynaecology	41	Urology
21	Hepatology	42	Other – please give details

Hospital codes for sections A2, A4 and A6

Hospital codes for sections A2, A4 and A6 contd.

	Devon		Durham
1	Bovey Tracey Hospital	19	Bensham Hospital
2	Budleigh Salterton Hospital	20	Bishop Auckland Hospital
3	Crediton Hospital	21	BMI Woodlands Hospital
4	Exmouth Hospital	22	Cherry Knowle Hospital
5	Heavitree Hospital	23	Chester Le Street Hospital
6	Honiton Hospital	24	Cobalt NHS Treatment Centre
7	Moretonhampstead Hospital	25	Darlington Memorial Hospital
8	Nuffield Health, Exeter Hospital	26	Dunston Hill Hospital
9	Ottery St Mary Hospital	27	Freeman Hospital
10	Paignton Hospital	28	Great North Children's Hospital
11	Royal Devon and Exeter Hospital	29	Hundens Lane Day Hospital
12	Seaton Hospital	30	North Tyneside General Hospital
13	Sidmouth Hospital	31	Northern centre for cancer
14	Tiverton and District Hospital	32	Nuffield Health, Newcastle-upon-Tyne
15	Torbay Hospital	33	Nuffield Health, Tees Hospital
16	Victoria Hospital	34	Palmer Community Hospital
17	Whipton Hospital	35	Peterlee Community Hospital
18	Other Devon (please specify)	36	Primrose Hill Hospital
		37	Priory Hospital Middleton St George
		38	Prudhoe Hospital Site
		39	Queen Elizabeth Hospital
		40	Ryhope General Hospital
		41	Sedgefield Community Hospital
		42	Shotley Bridge Hospital
		43	Sir G B Hunter Memorial Hospital
		44	South Tyneside District Hospital
		45	Spire Washington Hospital
		46	St Nicholas Hospital (Newcastle Upon Tyne)
		47	Sunderland Royal Hospital
		48	The Royal Victoria Infirmary
		49	Tyneside Surgical Services
		50	University Hospital of Durham
		51	University Hospital Of Hartlepool
		52	University Hospital Of North Durham
		53	University Hospital Of North Tees
		54	Weardale Hospital
		55	West Lane Hospital
		56	West Park Hospital
		57	Other Durham (please specify)

Hospital codes for section A2, A4 and A6 (contd)

	Leeds	77	The Mount Hospital, Leeds
58	Airedale General Hospital	78	Mount Vernon Hospital, Barnsley
59	Barnsley Hospital	79	Nuffield Health, Leeds Hospital
60	BMI The Duchy Hospital	80	Pinderfields Hospital
61	BMI The Huddersfield Hospital	81	Pontefract Hospital
62	Bradford Royal Infirmary	82	Seacroft Hospital
63	Calderdale Royal Hospital	83	Shipley Hospital
64	Castleford and Normanton District Hospital	84	Spire Elland Hospital
65	Chapel Allerton Hospital	85	Spire Leeds Hospital
66	Clayton Hospital	86	Spire Longlands Consulting Rooms
67	Dewsbury and District Hospital	87	Spire Methley Park Hospital
68	Eccleshill Community Hospital	88	St James's Hospital
69	Harrogate District Hospital	89	St Lukes Hospital
70	Huddersfield Medical Services HQ	90	St Mary's Hospital
71	Huddersfield Royal Infirmary	91	The New Selby War Memorial Hospital
72	Keresforth Centre	92	The Yorkshire Clinic
73	Lascelles Younger Disabled Unit	93	Westbourne Green Community Hospital
74	Leeds General Infirmary	94	Westwood Park Diagnostic Treatment Centre
75	Leeds Road Community Hospital	95	Wharfedale Hospital
76	Lynfield Mount Hospital	96	Other Leeds (please specify)
			Other
		97	Other unknown (please specify)

Medication codes for section C

Name

#	Antidepressants	#	Antipsychotics (cont'd)
1	Agomelatine/valdoxan	41	Benperidol/Anquil
2	Amitriptyline/Triptafen	42	Chlorpromazine hydrochloride/Largactil
3	Amoxapine/Asendis	43	Clozapine/Clozaril/Denzapine/Zaponex
4	Citalopram/Cipramil	44	Flupentixol/Depixol/Fluanxol
5	Clomipramine	45	Haloperidol/Dozic/Haldol/Serenace
6	Dosulepin/Dothiepin/Prothiaden	46	Levomepromazine/Nozinan
7	Doxepin/Sinequan/Sinepin	47	Olanzapine/Zyprexa
8	Duloxetine/Cymbalta/Yentreve	48	Paliperidone/Invega
9	Escitalopram/Cipralex	49	Pericyazine
10	Fluoxetine/Prozac	50	Perphenazine/Fentazin
11	Flupentixol/Fluanxol/Depixol	51	Pimozide/Orap
12	Fluvoxamine/Faverin	52	Prochlorperazine
13	Imipramine/Tofranil/Triptafen	53	Promazine
14	Isocarboxazid	54	Qeutiapine/Seroquel
15	Lofepramine/Gamanil/Feprapax/Lomont	55	Resperidone/Risperdal
16	Maprotiline/Ludiomil	56	Sulpiride/Dolmatil/Sulpol
17	Mianserin	57	Trifluoperazine/Stelazine
18	Mirtazepine/Zispin	58	Zuclopenthixol acetate/Clopixol acuphase
19	Moclobemide/Manerix	59	Zuclopenthixol/Clopixol
20	Nortriptyline/Allegron/Motival	60	Other antipsychotic (please specify)
21	Paroxetine/Seroxat		**Sleeping tablets/medication for anxiety**
22	Phenelzine/Nardil	61	Alprazolam
23	Reboxetine/Edronax	62	Buspirone/Buspar
24	Sertraline/Lustral	63	Chloral hydrate/welldorm
25	Tranylcypromine	64	Chlorazepate/Tranxene
26	Trazodone/Molipaxin	65	Chlordiazepoxide
27	Trimipramine/Surmontil	66	Clomethiazole/Heminevrin
28	Tryptophan/optimax	67	Diazepam
29	Venlafaxine	68	Flurazepam/Dalmane
30	Venlafaxine XR	69	Loprazolam
31	Other antidepressant (please specify)	70	Lorazepam
	Mood stabilizers	71	Lormetazepam
32	Carbamazepine/Tegretol	72	Meprobamate
33	Lamotrigine/Lamictal	73	Nitrazepam
34	Lithium carbonate/Comcolit, Liskonum	74	Oxazepam
35	Lithium citrate/Li-Liquid, Priadel	75	Temazepam
36	Valproate/Depakote, Convulex	76	Triclofos sodium
37	*Other mood stabilizer (please specify)*	77	Zaleplon/Sonata
	Antipsychotics	78	Zolpidem/Stilnoct
38	Aripiprazole/Abilify	79	Zopiclone/Zimovane
39	Amisulpride/Solian	80	Other sleeping tablet/medication for anxiety (please specify)

Units

1	Milligrams (mg)	6	Inhalers
2	Microgram (mcg)	7	Bottles
3	Grams (g)	8	Packs
4	Millilitres (ml)	9	Other – give details
5	Tubs/tubes		

Frequency

1	Once daily	7	As needed, about three times a week
2	Twice daily	8	As needed, about twice a week
3	Three times daily	9	As needed, about once a week
4	Four times daily	10	As needed, about once a fortnight
5	Once weekly	11	As needed, about once a month
6	Once per fortnight	12	Other – give details

Behavioral Activation Scale

Please read each statement carefully and then circle the number which best describes how much the statement was true for you DURING THE PAST WEEK, INCLUDING TODAY.

0 = Not at all 1 2 = A little 3 4 = A lot 5 6 = Completely	0	1	2	3	4	5	6	AC	AR	WS	SI	T
1. I stayed in bed for too long even though I had things to do.	O	O	O	O	O	O	O			_		R
2. There were certain things I needed to do that I didn't do.	O	O	O	O	O	O	O			_		R
3. I am content with the amount and types of things I did.	O	O	O	O	O	O	O	_				_
4. I engaged in a wide and diverse array of activities.	O	O	O	O	O	O	O	_				_
5. I made good decisions about what type of activities and/or situations I put myself in.	O	O	O	O	O	O	O	_				_
6. I was active, but did not accomplish any of my goals for the day.	O	O	O	O	O	O	O			_		R
7. I was an active person and accomplished the goals I set out to do.	O	O	O	O	O	O	O	_				_
8. Most of what I did was to escape from or avoid something unpleasant.	O	O	O	O	O	O	O		_			R
9. I did things to avoid feeling sadness or other painful emotions.	O	O	O	O	O	O	O		_			R
10. I tried not to think about certain things.	O	O	O	O	O	O	O		_			R
11. I did things even though they were hard because they fit in with my long-term goals for myself.	O	O	O	O	O	O	O	_				_
12. I did something that was hard to do but it was worth it.	O	O	O	O	O	O	O	_				_
13. I spent a long time thinking over and over about my problems.	O	O	O	O	O	O	O		_			R

For Scoring Purposes only

0 = Not at all 1 = 2 = little 3 = 4 = A lot 5 = 6 = Completely	0	1	2	3	4	5	6	AC	AR	WS	SI	T
14. I kept trying to think of ways to solve a problem but never tried any of the solutions.	O	O	O	O	O	O	O		_			R
15. I frequently spent time thinking about my past, people who have hurt me, mistakes I've made, and other bad things in my history.	O	O	O	O	O	O	O		_			R
16. I did not see any of my friends.	O	O	O	O	O	O	O				_	R
17. I was withdrawn and quiet, even around people I know well.	O	O	O	O	O	O	O				_	R
18. I was not social, even though I had opportunities to be.	O	O	O	O	O	O	O				_	R
19. I pushed people away with my negativity.	O	O	O	O	O	O	O				_	R
20. I did things to cut myself off from other people.	O	O	O	O	O	O	O				_	R
21. I took time off of work/school/chores/responsibilities simply because I was too tired or didn't feel like going in.	O	O	O	O	O	O	O			_		R
22. My work/schoolwork/chores/ responsibilities suffered because I was not as active as I needed to be.	O	O	O	O	O	O	O			_		R
23. I structured my day's activities.	O	O	O	O	O	O	O	_				_
24. I only engaged in activities that would distract me from feeling bad.	O	O	O	O	O	O	O			_		R
25. I began to feel badly when others around me expressed negative feelings or experiences.	O	O	O	O	O	O	O			_		R

For Scoring Purposes only

Subscale Totals: __ __ __ __

BAS Total: __

DAS - A

Details of this measure can be accessed at http://repository.upenn.edu/cgi/viewcontent.cgi?article=2994&context=edissertations.

Responses to Depression (RRS)

People think and do many different things when they feel down, sad or depressed. Please read each of the items below and indicate whether you never, sometimes, often, or always think or do each one when you feel down, sad or depressed. Please indicate what you *generally* do, not what you think you should do.

Almost Never	Sometimes	Often	Almost Always	
☐	☐	☐	☐	1. Think about how alone you feel.
☐	☐	☐	☐	2. Think "I won't be able to do my job/work because I feel so bad"
☐	☐	☐	☐	3. Think about your feelings of fatigue and achiness
☐	☐	☐	☐	4. Think about how hard it is to concentrate
☐	☐	☐	☐	5. Think about how passive and unmotivated you feel
☐	☐	☐	☐	6. Analyse recent events to try and understand why you are depressed.
☐	☐	☐	☐	7. Think about how you don't seem to feel anything anymore
☐	☐	☐	☐	8. Think "Why can't I get going?"
☐	☐	☐	☐	9. Think "Why do I always react this way?"
☐	☐	☐	☐	10. Go away by yourself and think about why you feel this way
☐	☐	☐	☐	11. Write down what you are thinking about and analyse it
☐	☐	☐	☐	12. Think about a recent situation, wishing it would have gone better
☐	☐	☐	☐	13. Think "Why do I have problems other people don't have?"

Please turn over

Almost Never	Sometimes	Often	Almost Always	
☐	☐	☐	☐	14. Think about how sad you feel
☐	☐	☐	☐	15. Think about all your shortcomings, failings, faults and mistakes
☐	☐	☐	☐	16. Think about how you don't feel up to doing anything
☐	☐	☐	☐	17. Analyse your personality to try and understand why you are depressed
☐	☐	☐	☐	18. Go someplace alone to think about your feelings
☐	☐	☐	☐	19. Think about how angry you are with yourself
☐	☐	☐	☐	20. Listen to sad music
☐	☐	☐	☐	21. Isolate yourself and think about the reasons why you feel sad
☐	☐	☐	☐	22. Try to understand yourself by focusing on your depressed mood

SHAPS

This questionnaire is designed to measure your ability to experience pleasure *in the last few days.* It is important to read each statement very carefully. Tick *one* of the boxes to indicate how much you agree or disagree with each statement.

1.   **I would enjoy my favourite television or radio programme:**
Strongly disagree ☐
Disagree ☐
Agree ☐
Strongly agree ☐

2.   **I would enjoy being with my family or close friends:**
Definitely agree ☐
Agree ☐
Disagree ☐
Strongly disagree ☐

3.   **I would find pleasure in my hobbies and past-times:**
Strongly disagree ☐
Disagree ☐
Agree ☐
Strongly agree ☐

4.   **I would be able to enjoy my favourite meal:**
Definitely agree ☐
Agree ☐
Disagree ☐
Strongly disagree ☐

5.   **I would enjoy a warm bath or refreshing shower:**
Definitely agree ☐
Agree ☐
Disagree ☐
Strongly disagree ☐

6.   **I would find pleasure in the scent of fresh flowers or the smell of a fresh sea breeze or freshly baked bread:**
Strongly disagree ☐
Disagree ☐
Agree ☐
Strongly agree ☐

7.   **I would enjoy seeing other people's smiling faces:**
Definitely agree ☐
Agree ☐
Disagree ☐
Strongly disagree ☐

8. **I would enjoy looking smart when I have made an effort with my appearance:**

Strongly disagree ☐
Disagree ☐
Agree ☐
Strongly agree ☐

9. **I would enjoy reading a book, magazine or newspaper:**

Definitely agree ☐
Agree ☐
Disagree ☐
Strongly disagree ☐

10. **I would enjoy a cup of tea or coffee or my favourite drink:**

Strongly disagree ☐
Disagree ☐
Agree ☐
Strongly agree ☐

11. **I would find pleasure in small things, e.g. bright sunny day, a telephone call from a friend:**

Strongly disagree ☐
Disagree ☐
Agree ☐
Strongly agree ☐

12. **I would be able to enjoy a beautiful landscape or view:**

Definitely agree ☐
Agree ☐
Disagree ☐
Strongly disagree ☐

13. **I would get pleasure from helping others:**

Strongly disagree ☐
Disagree ☐
Agree ☐
Strongly agree ☐

14. **I would feel pleasure when I receive praise from other people:**

Definitely agree ☐
Agree ☐
Disagree ☐
Strongly disagree ☐

FOR RESEARCHERS ONLY	
Researcher Name:	
Researcher Signature:	
Date:	