

Seasonal Pattern Assessment Questionnaire (SPAQ)

NAME: _____ **DATE:** _____

The purpose of this form is to find out how your mood and behavior change over time.
NOTE: We are interested in **your** experience; **not others** you may have observed.

1. At what time of the year do you...? (please select each month that applies. This may be a single month, or a cluster of months. If no particular month(s) stand out as extreme on a regular basis check None):

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	None
A. Feel best													
B. Gain most weight													
C. Socialize most													
D. Sleep least													
E. Eat most													
F. Lost most weight													
G. Socialize least													
H. Feel worst													
I. Eat least													
J. Sleep most													

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

	No change	Slight change	Moderate change	Marked change	Extremely marked change
	0	1	2	3	4
A. Sleep length					
B. Social activity					
C. Mood (feeling of wellbeing)					
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**

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

_____ **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 mark **one** number for each season)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18 +	
WINTER (Dec 21 - Mar 20)																			
SPRING (Mar 21 - Jun 20)																			
SUMMER (Jun 21 - Sep 20)																			
AUTUMN (Sep 21 - Dec 20)																			

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 below:

