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## Social experience, depression, and alcohol abuse in college age females

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SOCIAL EXPERIENCE, DEPRESSION, AND ALCOHOL ABUSE  
IN COLLEGE AGE FEMALES

by

ANN COOPER

A thesis submitted in partial fulfillment of the requirements  
for the Honors in the Major Program in Psychology  
in the College of Sciences  
and in the Burnett Honors College  
at the University of Central Florida  
Orlando, Florida

Fall Term 2012

Thesis Chair: Dr. Karen Mottarella

## **Abstract**

Past research has explored social experience in relation to depression among college females. Other studies have investigated the relationship between social experience and alcohol use among college students. However, there is a lack of research on the relationship among all the three variables, social experience, depression, and alcohol use, in female college students. In the present study, 132 traditional age female college students completed a Brief Social Experience Rating Scale, the Beck Depression Inventory (BDI), and the Alcohol Use Disorder Identification Test (AUDIT). The results did not show a relationship between AUDIT scores and social experience ratings, but individuals who provided dissatisfied ratings of their social experience had higher depression scores falling into the clinical depression range on the BDI.

## **Dedication**

For the young girls who are struggling to find their place in the world,

For my professors, thank you for guiding me through the research process,

For my friends, thank you for being understanding and supportive,

And especially, thank you to my parents, without you I would not have been able to do this.

## **ACKNOWLEDGEMENTS**

I would like to thank my professors, of whom there are too many to name, who inspired me along the way. Thank you to Dr. Karen Mottarella, my thesis chair, for seeing possibilities in my ideas and using your wisdom and expertise to guide me through the process. My committee members, Dr. Shannon Whitten and Professor Nancy Brasel, thank you for your advice and time throughout the process. Mom and dad, I would have never been able to this without you. Thank you for being my cheerleaders and your patience with my moods. Lastly, to my friends, thank you for your words of encouragement along this journey.

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## **Social Experience, Depression, and Alcohol Abuse in College Age Females**

Depression and alcohol abuse are common problems on today's college campuses. The start of the college career brings about many new experiences and situations, which in turn result in many new stressors facing the college student. Unfortunately, females are more likely to worry about what others think and to have external conditions of self-esteem (Nolen-Hoeksema, 2006). Depression and alcohol abuse may arise, and have been found to be particularly detrimental to the young female. Nolen-Hoeksema (2006) notes that the rates of health- and life-threatening moderate drinking among young women have spiked significantly in recent decades; there's also been a threefold increase in the number of college women who report having been drunk ten or more occasions in the previous month.

Compared to males, females report a significantly higher number of depressive episodes throughout adolescence and adulthood (Essau, Lewinsohn, Seeley, & Sasagawa, 2010). In particular, females have a more negative course of depression, such as longer durations and more depressive episodes (Essau et al., 2010). Nolen-Hoeksema, Stice, Wade, and Bohon (2007) found that ruminative coping, a common response to depression, predicts future increases in depressive symptoms. Girls who were more ruminative showed subsequent increase in substance abuse symptoms and were more likely to meet the diagnostic criteria for substance abuse over the next 4 years of the study (Nolen-Hoeksema et al., 2007). The unfortunate result of a poor or disappointing college social experience can be a cycle of continued negative social issues and depression. Depressive symptoms impact social functioning, which in turn, reinforces depressed mood, and can lead to full-blown depression over time (Vranceanu, Gallo, & Bogart, 2009).

“Mattering” is a concept that has been found to relate to depression in college students. As defined by Rosenberg and McCollough (1981), mattering is “the feeling that others depend upon us, are interested in us, are concerned with our fate, or experience us as an ego-extension” (p.165). In their study on mattering and self-esteem, Dixon and Kurpius (2008) found that mattering, self-esteem, and gender significantly related to depression, with women reporting greater depression. Because mattering to others was found to be important to college students, negative affect was exacerbated when peer relationships were lacking. Rice, Grealy, Javaid, and Serrano (2011) found that women suffering from unipolar depression perceived that other people were successfully living in a social world unattainable to them, one they could not understand. When experiencing unipolar depression, females expressed the need to wear a “social mask” in order to present an acceptable image when in public. Depressive symptoms and “social masks” may only contribute to further social problems. Vranceanu et al. (2009) found that a sad facial demeanor, negative attitudes, and avoidance behaviors result in negative interaction with others including rejection, disapproval, and conflict.

Emerging adulthood is a developmental period of increased alcohol use (Arnett, 2000). College generally initiates or exacerbates alcohol use by the young female college student. Heinz, Veilleux, and Kassel (2009) explored the cognitive structure and student problem drinking. They found that dysfunctional attitudes (i.e. depression) predicted problem drinking. It would appear that alcohol use is particularly problematic for students with elevated depression, and partly attributable to depression’s association with negative urgency, in addition, to its association with drinking to cope (Gonzalez, Reynolds, & Skewes, 2011). Nolen-Hoeksema et al. (2007) suggest that adolescent girls may commonly turn to escapist behaviors (i.e. drinking or

binge drinking) to quell self-consciousness. Drinking to cope is associated with apparent attempts to manage negative affect through alcohol (Gonzalez et al., 2011).

## **Problem**

Nolen-Hoeksema (2006) found that alcohol may be an especially attractive form of self-medicating for women who have spent their lives holding in their feelings and trying to conform to social pressures to be self-controlled and upbeat. Numerous studies explore individual effects of social experience in relation to depression among females (e.g. Cooley, Van Buren, & Cole, 2010; Dixon & Kurpius, 2008; Essau et al., 2010; Jackson & Goodman, 2011; Nolen-Hoeksema, 2006; Rice et al., 2011; Vranceanu et al., 2009). Other studies explore the relationship of social experience and alcohol use among college students (e.g. Arnett, 2000; Gonzalez et al., 2011; Gullette & Lyons, 2005; Heinz et al., 2009; Krahn, Kurth, Gomberg, & Drewnowski, 2004). The lack of information on the relationship among all three variables in female college-aged students leaves much to be discovered. For this reason, the present study investigates the relationship among satisfaction with college social experience, depression, and alcohol abuse in female college students. The hypothesis of this study is that female students with lower ratings of their social experience will have higher levels of depression and alcohol use.

## Method

### Participants

Participants were 132 (81 Caucasian, 20 Hispanic, 12 African American, 5 Asian, 2 Pacific Islander, 1 Native American, and 11 other,  $M_{age}=19.12$ ,  $SD=1.25$ ) female undergraduate students at the University of Central Florida. Surveys were completed by 138 participants with 5 removed for being above the age bracket of 18-22 and 1 for not completing.

### Procedure

Participants were recruited through the university's SONA research participation system and could receive extra credit in designated psychology courses. The study was completed entirely online. The Informed Consent Form can be found in Appendix A. After providing informed consent, participants rated their social experience on the scale provided, completed the Beck Depression Inventory (BDI: Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), the Alcohol Use Disorders Identification Test (AUDIT: Babor, Higgins, Biddle, Saunders, & Monteiro, 2001) and provided demographic information.

### Measures

*Social Experience Ratings.* Social experience was measured by a brief rating created for the project. Participants rated their own social experience from "1" *I am extremely dissatisfied with my social experience in college* to "6" *I am extremely satisfied with my social experience in college*. The Social Experience Brief Rating created for this study can be found in Appendix B.

*Beck Depression Inventory* (BDI: Beck et al., 1961). Levels of depression were measured by the Beck Depression Inventory (BDI). The BDI asks participants to rate items pertaining to depression and affective functioning such as "0" *I do not feel so sad* to "3" *I am so*

*unhappy that I can't stand it.* This inventory determines a self-rating and interviewer rating inventory that measures characteristics attitudes and symptoms of depression levels (Beck et al., 1961). Scores between 1 to 10 are considered normal ups and downs, where as scores between 21 to 30 are considered moderate depression. The BDI's internal consistency ranges from .73 to .92 with a mean of .86 (Beck, Steer, & Garbin, 1988).

*Alcohol Use Disorders Identification Test (AUDIT: Babor et al., 2001).* Alcohol use was measured by the Alcohol Use Disorders Identification Test (AUDIT), a globally recognized test created in partnership with the World Health Organization. The AUDIT consists of items such as: *how often do you drink?* Response options range from: "never" to "4 times or more per week". Aalto, Alho, Halme, and Seppä (2009) found that the AUDIT is valid for detecting heavy drinking in the general population. In another study, Conigliaro, Kelley, Kraemer, Maisto, and McNeil (2000) computed a Cronback's alpha and found that the reliability of the full AUDIT was .85.

## Results

The descriptive statistics for the Social Experience Brief Rating ( $M = 4.28$ ,  $SD = 1.26$ ), the BDI ( $M = 7.45$ ,  $SD = 7.72$ ), and the AUDIT ( $M = 4.86$ ,  $SD = 4.65$ ) are provided in Table 1. Table 2 shows that a two-tailed Pearson's correlation test did not find a significant correlation between the Social Experience Brief Rating and the AUDIT ( $p < .01$ ). Table 3 shows the comparison of the Social Experience Brief Rating and the BDI, in which the two-tailed Pearson's correlation test did find a significant negative correlation ( $r = -.45$ ,  $p < .001$ ). Table 4 shows that a two-tailed Pearson's correlation test did not find a significant correlation between the BDI and the AUDIT ( $p < .01$ ).

Table 1

<i>Descriptive Statistics</i>					
	N	Minimum	Maximum	Mean	Std. Deviation
SocialExperience	132	1.00	6.00	4.2803	1.25591
BDI	132	.00	42.00	7.4394	7.72451
AUDIT	132	.00	23.00	4.8636	4.65410
Valid N (listwise)	132				

Table 2

<i>Correlations</i>			
		AUDIT	SocialExperience
AUDIT	Pearson Correlation	1	.132
	Sig. (2-tailed)		.131
	N	132	132

Table 3

<i>Correlations</i>			
		SocialExperience	BDI
SocialExperience	Pearson Correlation	1	-.453**
	Sig. (2-tailed)		.000
	N	132	132

**\*\*.** Correlation is significant at the 0.01 level (2-tailed).

Table 4

<i>Correlations</i>			
		BDI	AUDIT
BDI	Pearson Correlation	1	.126
	Sig. (2-tailed)		.149
	N	132	132

The results of a regression analysis of the entire sample indicate that there is a significant negative linear relationship between social experience ratings and BDI scores, and a significant positive relationship between social experience ratings and AUDIT scores  $F(2,129) = 20.508, p < .001$   $R^2$  of .229, such that satisfactory social experience was associated with lower depression scores and higher substance use scores. The BDI had a coefficient of  $-.477$  which was significant at less than the .01 level. The AUDIT had a coefficient of  $.192$  which was significant at less than the .05 level.

To further investigate the relationship between ratings of social satisfaction and depression (BDI) and alcohol use (AUDIT), participants who rated their social experience as either “extremely dissatisfied” or “dissatisfied” were compared to those who rated their satisfaction with social experiences as “extremely satisfied” or “satisfied.” The two middle ratings of “somewhat satisfied” and “somewhat dissatisfied” were eliminated. A one-way, between subjects univariate analysis of variance was performed to examine differences among socially satisfied and dissatisfied in relation to BDI depression scores. A significant difference was found in depression scores between the solidly socially satisfied and dissatisfied groups,  $F(1,76) = 40.732, p < .001$ . An ANOVA on social experience and AUDIT scores was not statistically significant.

## Discussion

In general, participants rated their social experience closer to the *somewhat satisfied* option ( $M = 4.28$ ,  $SD = 1.26$ ), their depression levels in the range of *ups and downs that are considered normal* ( $M = 7.45$ ,  $SD = 7.72$ ), and their alcohol use below the 8+ score cutoff, considered *harmful or hazardous* ( $M = 4.86$ ,  $SD = 4.65$ ). Contrary to the study's hypothesis that lower ratings of social experience would correlate with higher levels of alcohol use/abuse, the results did not reveal such a correlation. However, a relationship was found between dissatisfied ratings of social experience and higher depression scores falling into the clinical depression range on the BDI. These findings are similar to the findings of previous research (e.g. Cooley, Van Buren, & Cole, 2010; Dixon & Kurpius, 2008; Essau et al., 2010; Jackson & Goodman, 2011; Nolen-Hoeksema, 2006; Rice et al., 2011; Vranceanu et al., 2009) linking social experience and depression.

Only 12 participants rated their social experience in the dissatisfied or very dissatisfied ranges. The lower number of participants reporting dissatisfaction with their social experience may account for why no relationship with the AUDIT scores was detected. Future research could find ways to include more participants who were dissatisfied with their social experience in order to investigate the relationship between social dissatisfaction and drinking. Similarly, 80% of participants' scores on the AUDIT were in the non-drinking or non-problematic drinking ranges, and 75% of participants scored in the normal (without any signs of mood disturbance) range on the depression inventory. Interestingly, 20 participants who comprised nearly 15% of the sample rated themselves such that they obtained a 0 on the BDI. A score of 0 on the BDI indicates that the participants believed themselves to have no issues, even those considered to be

*ups and downs that are considered normal.* Overall, the BDI scores were quite low indicating that the sample did not contain many participants who reported experiencing depressive symptoms. Depression and even more often substance abuse involve underreporting or degrees of dishonesty. This study's relatively small number of participants indicating mood disturbance and problematic drinking suggests the possibility that some participants may have been in denial about emotional and alcohol problems (Aalto et al., 2009). Future research may target students who have already been identified as having issues related to depression or alcohol in order to explore in more detail the relationship between depression, alcohol use and ratings of satisfaction with college social experience. Bonin, McCreary, and Sadava (2000) found that coping, loneliness, and depression were significantly related to problematic drinking. Knowing that an individual is already suffering from a form of depression and/or problematic alcohol use would allow for a focus on exploring social components of the experience of these college females. An interesting finding in the regression suggested that increased social satisfaction scores were linked with increased AUDIT scores. If future research confirms such a relationship, this finding would be alarming to mental health professionals as it suggests that social satisfaction among traditional college females is linked with increased and not decreased alcohol consumption. Do our young female college students perceive that increased alcohol consumption, including surpassing healthy consumption behaviors, is a necessary part of their desired college social experience?

Lastly, another possible weakness could be the sample size. While 132 participants is a sizeable amount, additional findings may emerge with larger sample sizes. Thus, a larger number of participants including individuals who have already indicated having issues related to

alcohol or depression may help reveal more about the relationship between social experience, depression and alcohol use.

The results of this study are likely generalizable to other traditional age, female college students. College students may have different determinates for what is considered a “good” social experience. Many college students do not have the same pressures or have different pressures than those in the general population. Therefore, while the results of this study may be very helpful in understanding the experience of female traditional age college students, they may not apply to the general population. Those in the general or regular population may not be in the same environment as a college student and therefore may not find themselves in these same situations.

### **Future Research**

There are many possible areas for future research involving this study. Choosing to use specific groups, such as those in social sororities and clubs, first generation students, only students living on campus, or students in more academic clubs could be insightful. Surveying young females who are in that age group, but not in a college environment might produce different information and provide an interesting comparison.

Surveying women who are over the “traditional” college age, including those who are married and/or have children, could also produce different and interesting results. Future researchers might also investigate social issues and social experience satisfaction in more detail and obtain more information involving the personal life: “have the goals and aspirations set for your social and personal life come to fruition?” or “has your social and personal life been in alignment with that of your peers?”

The connection between perceived social experience and alcohol use in female college students is an important area of exploration. The results did not follow the study's hypothesis of lower social experience ratings correlating with higher alcohol use. The study does reveal that there is still a need for information and preventative measures in regards to depression and alcohol use levels among college students. Many future areas of research have been identified in this study and certainly all could be promising in terms of understanding and supporting the well being of young female college students.

## **Appendix A: Informed Consent**

## Appendix A



### Social Experience, Depression, and Alcohol Abuse in College Age Females

#### Explanation of Research

Principal Investigator(s):	Karen Mottarella, Psy.D.
Co-Investigator(s):	Ann Cooper, Shannon Whitten, Ph.D.
Investigational Site(s):	Psychology Department University of Central Florida, Palm Bay Campus

**Introduction:** Many topics of research are studied at the University of Central Florida (UCF). To complete this research we need the help of people who agree to take part in studies. You are being asked to be take part in a research study which will include approximately 100 people at UCF. You have been asked because you are an undergraduate student at UCF. You must be female and between the ages of 18 and 22.

The persons doing this research are Dr. Karen Mottarella, a UCF Psychology Department faculty member and Ann Cooper, an undergraduate student in the Psychology department completing an Honors in the Major. The research is being conducted as a part of the requirements for the Honors in the Major Program in Psychology. Dr. Shannon Whitten is also involved in the research.

#### What you should know about a research study:

- A research study is something you volunteer for.
- Whether or not you take part is up to you.
- You should take part in this study only because you want to.
- You can choose not to take part in the research study.
- You can agree to take part now and later change your mind.
- Whatever you decide it will not be held against you.
- Feel free to ask all the questions you want before you decide.

**Purpose of the research:** The purpose of this study is to examine the correlation between social experience, whether satisfactory or unsatisfactory, and depression and alcohol abuse in college age females.

**What you will be asked to do in the study:** Participants will be asked to rate their social experience on a scale (1-6) created for the purpose of this study. They will then be asked to complete the Beck Depression Inventory (BDI) to assess levels of depression and the Alcohol Use Identification Test (AUDIT) to assess levels of alcohol abuse.

**Location:** The study can be completed entirely online and from any location with internet access.

**Time required:** We expect the study will last no more than 30 minutes.

**Risks:** There should be no more than minimal risks to participation.

The following resources are available to all UCF students:

**UCF Counseling Center**

(407) 823-2811

Email: [councntr@ucf.edu](mailto:councntr@ucf.edu)

Website: <http://counseling.sdes.ucf.edu>

**UCF Alcohol and Other Drug Prevention Programming**

(407) 823-0493

Email: [therealproject@ucf.edu](mailto:therealproject@ucf.edu)

Website: <http://aod.sdes.ucf.edu>

**UCF Victim Services**

(407) 823-2425

Confidential 24-hour Hotline: (407) 823-1200

Email: [askanadvocate@mail.ucf.edu](mailto:askanadvocate@mail.ucf.edu)

Website: <http://victimservices.ucf.edu/home.html>

**UCF Police Department**

4000 Central Florida Boulevard, #150

Orlando, Florida 32816

Non-Emergency Phone: (407) 823-5555

Emergency: 911

Website: <http://police.ucf.edu/>

**Compensation or payment:** There is no direct compensation for taking part in this study. However, it is possible that extra credit may be offered, but this is the decision of your instructor.

**Anonymous research:** This study is anonymous. Anonymous means that no one, not even the research team, will know that you provided the information.

**Study contact for questions about the study or to report a problem:** For any questions, concerns, and/or complaints, or if you feel that the research has caused harm, contact Ann Cooper, undergraduate student, Psychology Department, College of Science, [cooperann@knights.ucf.edu](mailto:cooperann@knights.ucf.edu) or Dr. Mottarella, faculty supervisor, Department of Psychology, College of Science, [Karen.Mottarella@ucf.edu](mailto:Karen.Mottarella@ucf.edu).

**IRB contact about your rights in the study or to report a complaint:** Research at the University of Central Florida involving human participants is overseen by the Institutional Review Board (UCF IRB). This research has been reviewed and approved by the IRB. For information about the rights of people who take part in research, contact: Institutional Review Board, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826 or by telephone at (407) 823-2901.

**Withdrawing from the study:** You may leave the study at any time. If you decide to leave you will not receive any credit for participation and will not be included in the analysis of data.

## **Appendix B: IRB Approval Letter**

## **Appendix B**

### **Approval of Exempt Human Research**

**From: UCF Institutional Review Board #1**

**FWA00000351, IRB00001138**

**To: Karen E. Mottarella and Co-PIs: Ann E. Cooper, Shannon N. Whitten**

**Date: October 03, 2012**

Dear Researcher:

On 10/3/2012, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review: Exempt Determination

Project Title: Social Experience, Depression, and Alcohol Abuse in College

Age Females

Investigator: Karen E Mottarella

IRB Number: SBE-12-08705

Funding Agency:

Grant Title:

Research ID: N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the

exempt status of the human research, please contact the IRB. When you have completed your research,

please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Sophia Dziegielewska, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

Signature applied by Joanne Muratori on 10/03/2012 08:56:21 AM EDT

IRB Coordinator

University of Central Florida Institutional Review Board

Office of Research & Commercialization

12201 Research Parkway, Suite 501

Orlando, Florida 32826-3246

Telephone: 407-823-2901 or 407-882-2276

[www.research.ucf.edu/compliance/irb.html](http://www.research.ucf.edu/compliance/irb.html)

## **Appendix C: Measures**

## Appendix C

### Participant Background Questionnaire

Please answer the following questions:

1. Age: \_\_\_\_\_years
2. Sex:
  - a. Male
  - b. Female
3. Date of birth: \_\_\_\_-\_\_\_\_-\_\_\_\_\_
4. What is your ethnicity?
  - a. African American
  - b. Asian
  - c. Caucasian
  - d. Hispanic
  - e. Native American/Eskimo
  - f. Pacific Islander
  - e. Other
4. What is your academic standing?
  - a. Freshman
  - b. Sophomore
  - c. Junior
  - d. Senior
  - e. Second-degree seeking (already have one Bachelor's)
  - f. Non-matriculated/non-degree seeking
  - g. Other
5. What is your major?
  - a. Biology
  - b. Business
  - c. Communications
  - d. Communicative Disorders
  - e. Computer Science
  - f. Education

- g. Engineering
- h. Interdisciplinary Studies
- i. Legal Studies/Criminology
- j. Nursing
- k. Political Science
- l. Psychology
- m. Sociology
- n. Women's Studies
- o. Other

6. UCF GPA: \_\_\_\_\_

7. Are you a transfer student?

- a. Yes
- b. No

8. Are you currently attending school full-time or part-time?

- a. full-time
- b. part-time

9. Which do you consider yourself to be?

- a. traditional student
- b. non-traditional student

10. What campus are the MAJORITY of your UCF courses from?

- a. Orlando
- b. Palm Bay
- c. Cocoa
- d. Ocala
- e. Daytona Beach
- f. Leesburg
- g. Sanford/Lake Mary
- h. South Lake
- i. South Orlando
- j. Valencia Osceola
- k. Valencia West

11. What mode of instruction have the MAJORITY of your UCF classes been taught in?

- a. face to face

- b. web
- c. about equal

12. What is your preferred mode of instruction?

- a. face to face
- b. web
- c. about equal

13. Are you a first generation student (parents and grandparents did not attend college)?

- a. Yes
- b. No

13. Are you a parent?

- a. Yes
- b. No

14. CHECK ALL THAT APPLY TO YOUR CURRENT LIVINT SITUATION

- a. I live on campus with friends
- b. I live on campus with assigned roommates (not previously known)
- c. I live off campus with friends who are also college students
- d. I live off campus with friends who are not in college with me
- e. I live off campus with roommates in order to split expenses
- f. I live off campus by myself
- g. I commute to UCF and live at home with parent(s)/grandparent(s)
- h. I live with my boyfriend/girlfriend
- i. I live with husband/wife
- j. I live with my child(ren)

15. How many UCF clubs are you actively involved in (meaning how many clubs do you regularly attend meetings and events for)? \_\_\_\_\_

16. How many close friends do you have who also attend UCF? \_\_\_\_\_

17. How many close friends have you made/met at UCF? \_\_\_\_\_

18. What is the average number of UCF events or activities that you attend per semester? \_\_\_\_\_

### **Brief Social Experience Rating**

Please Select a number (1-6) for which you think best rates your social experience in college.

1: I am extremely dissatisfied with my social experience in college.

2: I am dissatisfied with my social experience in college.

3: I am somewhat dissatisfied with my social experience in college.

4: I am somewhat satisfied with my social experience in college.

5: I am satisfied with my social experience in college.

6: I am extremely satisfied with my social experience in college.

## Beck Depression Inventory (BDI)

1. 0 I do not feel sad.  
1 I feel sad.  
2 I am sad all the time and I can't snap out of it.  
3 I am so sad and unhappy that I can't stand it.
2. 0 I am not particularly discouraged about the future.  
1 I feel discouraged about the future.  
2 I feel I have nothing to look forward to.  
3 I feel the future is hopeless and that things cannot improve.
3. 0 I do not feel like a failure.  
1 I feel like I have failed more than the average person.  
2 As I look back on my life, all I can see is a lot of failures.  
3 I feel I am a complete failure as a person.
4. 0 I get as much satisfaction out of things as I used to.  
1 I don't enjoy things the way I used to.  
2 I don't get real satisfaction out of anything anymore.  
3 I am dissatisfied or bored with everything.
5. 0 I don't feel particularly guilty.  
1 I feel guilty a good part of the time.  
2 I feel quite guilty most of the time.  
3 I feel guilty all of the time.
6. 0 I don't feel I am being punished.  
1 I feel I am being punished.  
2 I expect to be punished.  
3 I feel I am being punished.
7. 0 I don't feel disappointed in myself.  
1 I am disappointed in myself.  
2 I disgusted with myself.  
3 I hate myself.
8. 0 I don't feel I am any worse than anybody else.  
1 I am critical of myself for my weaknesses  
2 I blame myself all the time for my faults.  
3 I blame myself for everything bad that happens.
9. 0 I don't have any thoughts of killing myself.  
1 I have thoughts of killing myself, but I would not carry them out.  
2 I would like to kill myself.  
3 I would kill myself if I had the chance.
10. 0 I don't cry any more than usual.  
1 I cry more than I used to now.  
2 I cry all the time now.  
3 I used to be able to cry, but now I can't cry even though I want to.
11. 0 I am no more irritated by things than I ever was.  
1 I am slightly more irritated now than usual.

- 2 I am quite annoyed or irritated a good deal of the time.
- 3 I feel irritated all the time.
- 12. 0 I have not lost interest in other people.
  - 1 I am less interested in other people than I used to be.
  - 2 I have lost most of my interest in other people.
  - 3 I have lost all of my interest in other people.
- 13. 0 I make decisions about as well as I ever could.
  - 1 I put off making decisions more than I used to.
  - 2 I have greater difficulty in making decisions more than I used to.
  - 3 I can't make decisions at all anymore.
- 14. 0 I don't feel that I look any worse than I used to.
  - 1 I am worried that I am looking old or unattractive.
  - 2 I feel there are permanent changes in my appearance that make me look unattractive.
  - 3 I believe that I look ugly.
- 15. 0 I can work about as well as before.
  - 1 It takes an extra effort to get started at doing something.
  - 2 I have to push myself very hard to do anything.
  - 3 I can't do any work at all.
- 16. 0 I can sleep as well as usual.
  - 1 I don't sleep as well as I used to.
  - 2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
  - 3 I wake up several hours earlier than I used to and cannot get back to sleep.
- 17. 0 I don't get more tired than usual.
  - 1 I get tired more easily than I used to.
  - 2 I get tired from doing almost anything.
  - 3 I am too tired to do anything.
- 18. 0 My appetite is no worse than usual.
  - 1 My appetite is not as good as it used to be.
  - 2 My appetite is much worse now.
  - 3 I have no appetite at all anymore.
- 19. 0 I haven't lost much weight.
  - 1 I have lost more than five pounds.
  - 2 I have lost more than ten pounds.
  - 3 I have lost more than fifteen pounds.
- 20. 0 I am nor more worried about my health than usual.
  - 1 I am worried about physical problems like aches, pains, upset stomach, or constipation.
  - 2 I am very worried about physical problems and it's hard to think of much else.
  - 3 I am so worried about my physical problems that I cannot think of anything else.
- 21. 0 I have not noticed any recent change in my interest in sex.
  - 1 I am less interested in sex than I used to be.
  - 2 I have almost no interest in sex.
  - 3 I have lost interest in sex completely.

1-10: These ups and downs are considered normal

11-16: Mild mood disturbance  
17-20: Borderline clinical depression  
21-30: Moderate depression  
31-40: Severe depression  
40 and over: Extreme depression

### Alcohol Use Disorder Test (AUDIT)

<b>Please circle the answer that is correct for you.</b>				
1. How often do you have a drink containing alcohol?				
Never	Monthly or less	Two to four times a month	Two to three times per week	Four or more times per week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?				
1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have six or more drinks on one occasion?				
Never	Less than monthly	Monthly	Two to three times per week	Four or more times per week
4. How often during the last year have you found that you were not able to stop drinking once you had started?				
Never	Less than monthly	Monthly	Two to three times per week	Four or more times per week
5. How often during the last year have you failed to do what was normally expected from you because of drinking?				
Never	Less than monthly	Monthly	Two to three times per week	Four or more times per week
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?				
Never	Less than monthly	Monthly	Two to three times per week	Four or more times per week
7. How often during the last year have you had a feeling of guilt or remorse after drinking?				

Never	Less than monthly	Monthly	Two to three times per week	Four or more times per week
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?				
Never	Less than monthly	Monthly	Two to three times per week	Four or more times per week
9. Have you or someone else been injured as a result of your drinking?				
No	Yes, but not in the last year		Yes, during the last year	
10. Has a relative or friend, or a doctor or other health worker, been concerned about your drinking or suggested you cut down?				
No	Yes, but not in the last year		Yes, during the last year	
The Alcohol Use Disorders Identification Test (AUDIT) can detect alcohol problems experienced in the last year. A score of 8+ on the AUDIT generally indicates harmful or hazardous drinking. Questions 1–8 = 0, 1, 2, 3, or 4 points. Questions 9 and 10 are scored 0, 2, or 4 only.				

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