

### QUESTIONNAIRE D'ÉVALUATION DU PROFIL SAISONNIER\*

	Pas de changement	Changement léger	Changement modéré	Changement prononcé	Changement très prononcé
A. Durée du sommeil	0	1	2	3	4
B. Activité sociale	0	1	2	3	4
C. Humeur (sensation de bien-être)	0	1	2	3	4
D. Poids	0	1	2	3	4
E. Appétit	0	1	2	3	4
F. Niveau d'énergie	0	1	2	3	4

12. Pour les questions suivantes, remplissez les cercles lorsque la condition s'applique pour les mois concernés. Cela peut être un seul mois O, un groupe de mois, i.e O O O, ou toute autre combinaison de mois.

	JAN	FEB	MAR	AVR	MAI	JUN	JUIL	AOUT	SEPT	OCT	NOV	DEC	Ou Pas de mois particulier
A quel moment de l'année ...													
A. Vous sentez-vous le mieux	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Prenez vous le plus de poids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Êtes-vous le plus sociable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Dormez-vous le moins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Mangez-vous le plus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Perdez-vous le plus de poids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Êtes-vous le moins sociable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Vous sentez-vous le moins bien	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Mangez-vous le moins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Dormez-vous le plus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. De combien votre poids fluctue t'il au cours de l'année ?

0-2 kg	1	6-8 kg	4
2-4 kg	2	8-10 kg	5
4-6 kg	3	> 10	6

14. Approximativement combien d'heures dormez-vous par journée de 24 heures pendant chaque saison ? (en incluant les siestes)

Hiver	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Plus de 18
Printemps	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Plus de 18
Été	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Plus de 18
Automne	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Plus de 18

15. Ressentez-vous une modification de vos préférences alimentaires selon les différentes saisons ?

Non	1	Oui	2	Si oui, précisez :
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16. Si vous ressentez des changements avec les saisons, estimez-vous qu'ils sont un problème pour vous ?

Non	1	Oui	2	Si oui, ce problème est : Léger	1
				Modéré	2
				Marqué	3
				Sévère	4
				Handicapant	5

## SEASONAL PATTERN ASSESSMENT QUESTIONNAIRE

1. Name \_\_\_\_\_ 2. Age \_\_\_\_\_

**3. Place of birth – City / Province (State) / Country** \_\_\_\_\_

4. Today's date      \_\_\_\_\_

Month                  Day                  Year

5. Current weight (in lbs.) \_\_\_\_\_

**6. Years of education**                      **Less than four years of high school**   **1**

High school only	2
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**1 – 3 years post high school** **3**

4 or more years post high school 4

**7. Sex**                      **Male**            **1**            **Female**            **2**

8. Marital Status	Single	1
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Married	2
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**Separated/Divorced 3**

Widowed	4
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**9. Occupation** \_\_\_\_\_

10. How many years have you lived in this climatic area? \_\_\_\_\_

## INSTRUCTIONS

**\* Please circle the number beside your choice**

**Example:**

Sex	Male	1	Female	2
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**The purpose of this for is to find out how your mood and behaviour change over time. Please fill in all the relevant circles. Note: We are interested in your experience; not others you may have observed**

**11. To what degree do the following change with the seasons?**

	No change	Slight change	Moderate change	Marked change	Extremely marked change
A. Sleep length	0	1	2	3	4
B. Social activity	0	1	2	3	4
C. Mood (overall feeling of wellbeing)	0	1	2	3	4
D. Weight	0	1	2	3	4
E. Appetite	0	1	2	3	4
F. Energy Level	0	1	2	3	4

12. In the following questions, fill in circles for all applicable months. This may be a single month, O, a cluster of months, e.g. O O, or any other grouping.

At what time of the year do you...

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	OR	No particular month stand out as extreme
A. Feel best	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
B. Gain most weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
C. Socialize most	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
D. Sleep least	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
E. Eat most	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
F. Lose most weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
G. Socialize least	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
H. Feel worst	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
I. Eat least	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
J. Sleep most	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>

13. How much does your weight fluctuate during the course of the year?

0-3 lbs	1	12-15 lbs	4
4-7 lbs	2	16-20 lbs	5
8-11 lbs	3	> 20 lbs	6

14. Approximately how many hours of each 24-hour day do you sleep during each season? (Include naps)

Winter	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Over 18
Spring	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Over 18
Summer	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Over 18
Fall	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Over 18

15. Do you notice a change in food preference during the different seasons?

No 1      Yes 2      If yes, please specify:

16. If you experience changes with the seasons, do you feel that these are a problem for you?

No 1      Yes 2      If yes, is this problem -

Mild	1
Moderate	2
Marked	3
Severe	4
Disabling	5