

PATIENT'S QUESTIONNAIRE	Baseline visit	Participant UTIN	Visit date
	NDDI-E SCREENING TOOL	__/____	DD / MMM / YYYY

**EPILEPSY FOUNDATION NEUROLOGICAL DISORDER DEPRESSION INVENTORY FOR
EPILEPSY (NDDI-E) SCREENING TOOL**

For each item listed below please circle the answer that best describes you (the mother) within the last 2 weeks, including today. If a particular feelings occurred **'always'** or **'often'** circle **4**. If it occurred sometimes circle 3 and so on. Please be sure to answer every item.

	Always or often	Sometimes	Rarely	Never
1. Everything is a struggle	4	3	2	1
2. Nothing I do is right	4	3	2	1
3. Feel guilty	4	3	2	1
4. I'd be better off dead	4	3	2	1
5. Frustrated	4	3	2	1
6. Difficulty finding pleasure	4	3	2	1