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**SEASONAL CHANGES IN AFFECTIVE STATES AND BEHAVIOR
WITHIN A RANDOMLY SELECTED POPULATION OF BLOOMINGTON-NORMAL**

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Within the last 5 years the interest in Seasonal Affective Disorder (SAD), a syndrome characterized by atypical depressive symptoms such as hypersomnia, overeating and carbohydrate cravings, has increased dramatically. Despite this interest, however, the prevalence of SAD within the general population is unknown. Recent studies indicate that a significant portion of the general population experience varying degrees of seasonal changes in mood with SAD at the extreme end of the spectrum. In an attempt to obtain further information on the patterns of affective seasonal changes and to determine whether SAD exists and follows a similar seasonal specificity in a midwestern city, we evaluated the occurrence of seasonal mood changes in Bloomington-Normal, Illinois using a telephone version of the Seasonal Pattern Assessment Questionnaire (SPAQ). Subjects were selected at random from the telephone book and initial interviews were conducted over the phone by trained volunteers. A total of 364 people were interviewed using the SPAQ. We found that 94% of the subjects reported seasonal changes in mood and behavior. Of these 66% reported changes in mood with 5% experiencing extremely marked changes. Fifteen percent of the sample indicated that seasonal variations posed a problem. Of the 364 respondents 4.6% meet the criteria for SAD; a finding that can be extrapolated to describe approximately 4600 people in the Bloomington-Normal community. The seasonal pattern of "feeling worst" revealed a discrete wintertime pattern in January and February before abating, dramatically in March. Although, overall there was no significant difference between men and women in their seasonality scores, a separate analysis by age group revealed that younger women (18-30) had a significantly higher seasonality score than men. Our preliminary results indicate widespread prevalence of seasonal changes in mood and behavior. Moreover, our findings of a 4.6% prevalence rate of SAD is similar to a recently published epidemiological study. Collectively this suggests perhaps that the prevalence rate of SAD within similar climates is approximately 4-5%. Clearly further epidemiological studies are required to establish the public health significance of SAD.