ICPSR 6693

National Comorbidity Survey: Baseline (NCS-1), 1990-1992

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Data Collection Instrument

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+)))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))),,
*	*		*
*	*	1. Interviewer's La	bel *
*	*		*
*	*		*
.))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))-
		* * *	*
2. SAMPLE ID #:		Your Iw No. ())2))2)) -
+)), +)), +)), +)), +)), +)), +)) * ** *_* *_* ** * .))))))))))))	*-* * 4.	Date of Iw	
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NATIONAL SURVEY OF HEALTH AND STRESS

PART I

STATEMENT OF CONFIDENTIALITY MUST BE READ TO RESPONDENT:

Before we start, I would like to assure you that this interview is confidential and completely voluntary. If we should come to any question which you do not want to answer, just let me know and we will go on to the next question.

+))))))))))))))))))))))))))))))))))))))))))))) , *
*		*
*SUPERVISOR:	(DATE)	*
*		*
*STUDY STAFF:	(DATE)	*
.))))))))))))))))))))))))))) –

SECTION A: ACTIVITIES OF DAILY LIFE

EXAC	CT TIME NOW:
A1.	The first few questions are about your health. How would you rate your overall physical health? Is it excellent , very good , good , fair , or poor ? +)))))))))))))))))))))))))))))))))) *1. EXCELLENT* *2. VERY GOOD* *3. GOOD* *4. FAIR* *5. POOR* .))))))))))))))))))))))))))))))))))))
A2.	How would you rate your overall mental health? Is it excellent , very good , good , fair , or poor? +)))))))))), +))))))), +)))))))))))))))
A3.	<pre>Would you say your overall health is better or worse than other people your age? +)))))))), +)))))))), +))))))), *1. BETTER* *3. ABOUT THE SAME* *5. WORSE* .)))))))))</pre>
A4.	QUESTION OMITTED
A5.	How often do you eat three balanced meals a dayalways, most of the time, sometimes, rarely, or never? +))))))), +))))))))), +)))))))), +)))))), +)))))), +))))))))
A6.	How many hours do you usually sleep in a 24-hour period?# HOURS
A7.	How often do you get physical exercise, either on your job or in a recreational activityregularly, occasionally, seldom, or never? +))))))))), +))))))), +))))))), +)))))), +))))), +)))))), +)))))), +)))))), +))))))), +))))))))

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A9.
     The next few questions are about your social life. Are you currently married,
     <u>separated</u>, <u>divorced</u>, <u>widowed</u> or <u>never married</u>?
    +))))))), +)))))), +))))))), +)))))), +)))))), +))))), +)))))
    *1. MARRIED* *2. SEPARATED* *3. DIVORCED* *4. WIDOWED* *5. NEVER * .))))0))))- .)))))))))) * MARRIED*
                                                  .))))))))-
                    *A9a. Are you currently living with someone in a steady
                   marriage-like relationship?
                   +))))),
                            +))))),
                   *1. YES*
                            *5. NO*--->TURN TO P. 4, A22
                            .)))))-
                   .)))))-
                  NEXT PAGE,
                     A10
              A9b. Does your (husband/wife) currently live here with you or does (he/she)
         live some place else?
         +)))))))))))))))));
*1. CURRENTLY LIVES HERE*
                                +))))))))))))))))),
                                *2. LIVES SOME PLACE ELSE*
                                .))))))))))))))))))))))))))))
         .)))0))))))))))))))))-
             *NEXT PAGE, A10*
             .))))))))))-
    *A9c. [Where does (he/she) live?]
                                  +), 3. JAIL/PRISON
             1. NURSING HOME/HOSPITAL
                                     4. BUSINESS ASSIGNMENT OUT OF TOWN
             2. ARMED FORCES
             7. OTHER (SPECIFY):
         How long has (he/she) lived there?
                           +)))), +)))), +)))), +)))),
                      # OF *DAYS* *WEEKS* *MONTHS* *YEARS*
                           .))))- .)))))- .)))))- .))))-
         How often are the two of you in contact with each other--most
         every day, a few times a week, a few times a month, once a month,
         or <u>less than once a month</u>?
    *+)))))), +)))))), +)))))), +)))))), +)))))), +)))))), +))))), +)))))), *
    **1. EVERY**2. FEW TIMES**3. FEW TIMES**4. ONCE A**5. LESS THAN**6. NEVER
    ** DAY ** A WEEK ** A MONTH ** MONTH **
                                                       ** [IF VOL.]**
                                               ONCE A
    *.)))))))))-*
                                                MONTH
                                             .)))))))))-
```

```
* NOT AT
                      A LOT
                          SOME
                             *A LITTLE*
                                  ALL
                      (1)
                          (2)
                                   (4)
*A10. How much does your (husband/wife/
  partner) really care about you--a lot,
  some, a little, or not at all?
*A11. How much does (he/she) understand the
  way you feel about things -- (a lot, some*
  a little, or not at all)?
*Al2. How much does (he/she) appreciate you? *
*A13. How much can you rely on (him/her)
  for help if you have a serious problem?*
*A14. How much can you open up to (him/her)
  if you need to talk about your worries?*
*A15. How much can you relax and be yourself *
  around (him/her)?
* SOME-*
                         OFTEN* TIMES*RARELY* NEVER*
                          (1) * (2) * (3) * (4) *
*A16. How often does your (husband/wife/partner)
  make too many demands on you--often,
  sometimes, rarely, or never?
^{\star}A17. How often does (he/she) make you feel tense-- ^{\star}
  (<u>often</u>, <u>sometimes</u>, <u>rarely</u>, or <u>never</u>)?
*A18. How often does (he/she) argue with you?
*A19. How often does (he/she) criticize you?
*A20. How often does (he/she) let you down when you
  are counting on (him/her)?
*A21. How often does (he/she) get on your nerves?
```

```
How often do you talk on the phone or get together with relatives who do not
   live with you--most every day, a few times a week, a few times a month, about
   once a month, or less than once a month?
   *1. EVERY**2. FEW TIMES**3. FEW TIMES**4. ONCE A**5. LESS THAN**6. NEVER
                A MONTH **
                       MONTH **
    DAY **
         A WEEK
                             ONCE A
   MONTH
                                  *.)))))))))-
                           .)))))))))-
NOT AT
                        A LOT *
                             SOME
                                      ALL
                         (1)
                             (2)
                                      (4)
                                 (3)
*A23. [Not including your (husband/wife/
   partner)] how much do your relatives
   really care about you--a lot, some,
   <u>a little</u>, or <u>not at all</u>?
*A24. How much do they understand the way
   you feel about things--(a lot, some,
   <u>a little</u>, or <u>not at all</u>)?
*A25. How much do they appreciate you?
*A26. How much can you rely on them
   for help if you have a serious problem? *
*A27. How much can you open up to them if
   you need to talk about your worries?
*A28. How much can you relax and be yourself
   around them?
* SOME-*
                           OFTEN* TIMES*RARELY* NEVER*
                            (1) * (2) * (3) * (4) *
*A29. [Not including your (husband/wife/partner)],
   how often do your relatives make too many
   demands on you--often, sometimes, rarely, or
*A30. How often do they make you feel tense--
   (<u>often</u>, <u>sometimes</u>, <u>rarely</u>, or <u>never</u>)?
*A31. How often do they argue with you?
*A32. How often do they criticize you?
*A33. How often do they let you down when you are
   counting on them?
*A34. How often do they get on your nerves?
```

```
How often do you talk on the phone or get together with friends--most every
  day, a few times a week, a few times a month, about once a month, or less than
  once a month?
  *1. EVERY**2. FEW TIMES**3. FEW TIMES**4. ONCE A**5. LESS THAN**6. NEVER
         A WEEK **
                A MONTH **
                      MONTH **
                            ONCE A
  MONTH
                                *.)))))))))-
                          . )))))))))-
NOT AT '
                       A LOT *
                           SOME
                              *A LITTLE*
                                    ALL
                            (2)
                                     (4)
                        (1)
                                (3)
*A36. How much do your friends really care
   about you--<u>a lot</u>, <u>some</u>, <u>a little</u>, or
   not at all?
How much do they understand the way
   you feel about things--(a lot, some,
   <u>a little</u>, or <u>not at all</u>)?
*A38. How much do they appreciate you?
*A39. How much can you rely on them for
   help if you have a serious problem?
*A40. How much can you open up to them if
   you need to talk about your worries?
*A41. How much can you relax and be yourself *
   around them?
* SOME-*
                          OFTEN* TIMES*RARELY* NEVER*
                           (1) *
                              (2) * (3) *
How often do your friends make too many
   demands on you--often, sometimes, rarely,
   or never?
How often do they make you feel tense--
   (<u>often</u>, <u>sometimes</u>, <u>rarely</u>, or <u>never</u>)?
*A44. How often do they argue with you?
*A45. How often do they criticize you?
*A46. How often do they let you down when you are
   counting on them?
*A47. How often do they get on your nerves?
```

```
A48.
    INTERVIEWER CHECKPOINT
    1. R CURRENTLY LIVING WITH SPOUSE/
                                       * 2. ALL OTHERS
                                     . 0) -
    *.0)-
           PARTNER
    ^{\star}\text{A48a.} Is there anyone who you can really ^{\star}\text{A48e.} Is there anyone who you
         open up to about your most private *
                                          can really open up to about *
          feelings without having to hold
                                          your most private feelings
         back?
                                          without having to hold back?*
         +))))),
                      +))))),
                                          +))))),
                                                   +))))),
         *1. YES*
                       *5. NO*-->GO TO
                                                   *5. NO*-->GO TO
                                          *1. YES*
         .)))))-
                      .)))))- A49
                                          .))0)))-
                                                   .)))))-
                                                          A50
    *A48b. Do you have that kind of relation-*A48f. With how many people do you
          ship with your (husband/wife/
                                          have that kind of relation-
          partner)?
                                          ship?
          +))))),
                       +))))),
          *1. YES*
                       *5. NO*
                       .))0))-
          .))0)))-
                                             # PEOPLE
            ♡
    *A48c. With how many
                      *A48d. With how
                                              *GO TO A50*
                                              .)))))))-
         people besides
                           many people
         your (spouse/
                           do you have
         partner) do you *
                           that kind
         have that kind
                           of relation-*
         of relationship?*
                           ship?
            PEOPLE
                             # PEOPLE
    .)))))))))))))-
    When you have a problem or worry, how often do you let your (husband/wife/
A49.
    partner) know about it -- always, most of the time, sometimes, rarely,
    or never?
    *1. ALWAYS**2. MOST OF THE TIME**3. SOMETIMES**4. RARELY**5. NEVER*
    . ))))))))-. ))))))))))))))))))-. ))))))-. )))))-. ))))))-. ))))))
    When you have a problem or worry, how often do you let someone (else) in your
A50.
    personal life know about it -- always, most of the time, sometimes, rarely,
    or never?
    *1. ALWAYS**2. MOST OF THE TIME**3. SOMETIMES**4. RARELY**5. NEVER*
    . ))))))))-. )))))))))))))))))))))-. ))))))),
```

A54. (READ SLOWLY) This interview asks about your physical and emotional well-being and about areas of your life that could affect your physical and emotional well-being. It is important for us to get accurate information. In order to do this, you will need to think carefully before answering the following questions.

SECTION B: LIFETIME MOODS AND HEALTH BEHAVIORS

```
INTERVIEWER: MARK INTERVIEWER REFERENCE CARD WITH B1—B7
                                           * YES * NO
Have you ever in your life had a spell or attack when <u>all of</u>
   a sudden you felt frightened, anxious or very uneasy in
   situations when most people would <u>not</u> be afraid or anxious?
Have you ever had a period of one month or more when most of
   the time you felt worried or anxious?
           *5. NO*--->*MARK B2b "NO", THEN GO TO B3*
   *1. YES*
What is the longest period you have had of feeling worried*
       or anxious?
               # MONTHS OR
                                # YEARS
5 WAS LONGEST PERIOD IN B2a SIX MONTHS OR LONGER? 5-----
   Have you ever had a continuous period lasting two years or more *
   when you felt depressed or sad most days, even if you felt O.K.
   sometimes?
           +))))),
                 +))))))))))))))))))))))))))
   *1. YES*
           ^*5. NO^*--->^*MARK B3a "NO", THEN GO TO B4^*
B3a. Did a period like that ever last two years without being *
       interrupted by your feeling O.K. for two months?
In your lifetime, have you ever had two weeks or more when
   nearly every day you felt sad, blue, or depressed?
                                           *GO TO*
                                           * B5
B4a. Have you ever had two weeks or more when nearly every
       day you felt down in the dumps, low, or gloomy?
*B5. Has there ever been two weeks or more when you lost interest
   in most things like work, hobbies, or things you usually liked
   to do for fun?
                                              * B6
B5a. Did you ever completely lose all interest in things like
       work or hobbies or things you usually liked to do for fun?*
^{st}B6. Has there ever been a period of at least two days when you were ^{\prime}
   so happy or excited that you got into trouble, or your family
   or friends worried about it, or a doctor said you were manic?
Has there ever been a period of several days when you were so
   irritable that you threw or broke things, started arguments,
   shouted at people, or hit someone?
```

PLACE INTERVIEWER REFERENCE CARD HERE AND RECORD B1-B7 RESPONSES IN "SCREENERS,"

9444448

.)))))-

```
в8.
    (RB, P. 1) Please look at List A on Page 1 of your booklet. Some people have
    such an unreasonably strong fear of things on this list like being in a crowd,
    leaving home alone, travelling on buses, cars and trains, or of crossing a bridge
    that they always get very upset in such a situation or avoid it altogether. Did
    you ever go through a period when being in any of these situations always
    frightened you badly?
    +))))),
             +)))),
                                     DEFINITION: "UNREASONABLY STRONG FEAR"
    *1. YES*
             *5. NO*--->TURN TO P. 16, B29
                                           MEANS A NON-THREATENING
                                           THING OR SITUATION WHERE
    .))0)))-
             .)))))-
                                           MOST PEOPLE WOULD NORMALLY
                                           NOT BE AFRAID.
      ♡
    * YES * NO
                                                  * (1) * (5) *
    * Did you have this <u>unreasonably</u> strong fear when...
    *B8a. ...you were in a crowd or standing in line?
    *B8b. ...leaving your home or being alone away from home?
    *B8c. ...you were in a public place?
    *B8d. ...riding in cars, trains or buses?
    *B8e. ...crossing a bridge?
    в9.
    INTERVIEWER CHECKPOINT
    *SEE B8
    *+)),
    ** *1. ONE OR MORE "YES" RESPONSES IN B8 SERIES
    *.0)-
    * * +)),
    * * * *2. ALL OTHERS--->TURN TO P. 16, B29
    * * .))-
    ₩
B10. (RB, STILL ON LIST A, P. 1) When you were in (this/these) situation(s) in
    List A, did you ever get dizzy, or sweaty, or tremble, or have a dry mouth, or
    feel your heart pound?
    64444447
             +))))),
             *5. NO*
    51. YES5
    94444448
             .)))))-
    In (this/these) situation(s) did you ever have: discomfort in your chest or
    stomach, difficulty breathing, a feeling that you were choking, or a feeling
    that you would lose control or go mad?
    64444447
             +))))),
             *5. NO*
    51. YES5
```

```
B12. (RB, STILL ON LIST A, P. 1) When you had (this/these) unreasonably strong
    fear(s) in List A, were you ever afraid of collapsing?
    64444447
              +))))),
    51. YES5
              *5. NO*
    944L4448
              .))0))-
                 ₩
              *B12a. In (this/these) situation(s), were you ever afraid of*
                    other incapacitating or embarrassing symptoms when
                    no help was available or no escape was possible?
                    64444447
                              +)))),
                    51. YES5
                              *5. NO*
                    94444448
                              .)))))-
              B13. Did you ever avoid (this/these) situation(s) because of your unreasonably strong
    fear(s)?
    64444447
              +))))),
    51. YES5
              *5. NO*
    94444448
              .)))))-
B14. INTERVIEWER CHECKPOINT
    *SEE B10-B13
                    64447
    *+)),
    ** *1. ONE OR MORE 5YES5 RESPONSES IN B10CB13
    *.0)-
                    94448
    * * +)),
        * *2. ALL OTHERS--->TURN TO P. 16, B29
    * * .))-
    ♡
  NEXT PAGE,
     B15
```

B15. (RB, STILL ON LIST A, P. 1) Did you ever tell a doctor other than a psychiatrist about your unreasonably strong fear(s) in List A? Doctor includes medical doctors, osteopaths, and students in training to be medical doctors or osteopaths.

```
DEFINITION: "TELL A DOCTOR" MEANS CONTACTED A DOCTOR DIRECTLY BY TELEPHONE OR IN PERSON.
64444447
                                       +))))),
51. YES5
                                       *5. NO*
944L4448
                                       .))0))-
   ₩
+))))))))))))))))))))))))))))))))))
*CHECK "DOCTOR" B15 BOX ON REFERENCE CARD, *
₩
Did you ever tell a mental health specialist about (it/them)? By mental health
specialist we mean psychiatrists, psychologists, or social workers.
64444447
            +))))),
51. YES5
            *5. NO*--->GO TO B17
944L4448
            .)))))-
+)))))))))))))))))))))))))))))))))))
*B16a. How old were you the first time [you told*
      a mental health specialist about (it/
      them)]?
                     YEARS OLD
Did you ever tell any other professional about (it/them)? Other professionals
include nurses, rabbis, priests, ministers and counselors.
64444447
            +))))),
51. YES5
            *5. NO*--->GO TO B18
944L4448
            .)))))-
+)))))))))))))))))))))))))))))))))))
*B17a. How old were you the first time [you told*
      any other professional about (it/them)]? *
                     YEARS OLD
(RB, STILL ON LIST A, P. 1) Did you ever
                                       DEFINITION: "MEDICATION" REFERS TO MEDICINE
take medication more than once because of
                                               OBTAINED ANYWHERE--OVER-THE-
                                               COUNTER, FROM A FRIEND,
(this/these) fear(s) in List A?
                                               PRESCRIBED BY A DOCTOR, OBTAINED
64444447
           +))))),
                                               ILLEGALLY, ETC.
            *5. NO*--->NEXT PAGE, B19
51. YES5
944L4448
           .)))))-
   ♡
*B18a. How old were you the first time you took
      medication more than once because of
      (this/these) fear(s)?
```

YEARS OLD

```
B19. (RB, STILL ON LIST A, P. 1) Were you ever unable to travel some place you wanted
    to go because of (this/these) fear(s) in List A?
    64444447
              +))))),
    51. YES5
              *5. NO*
    94444448
              .)))))-
B20. Were you ever unable to leave your home for an entire day because of (this/these)
    fear(s)?
    64444447
              +))))),
    51. YES5
              *5. NO*
    94444448
              .)))))-
B21. (RB, STILL ON LIST A, P. 1) How much did (this/these) fear(s) in List A ever
    interfere with your life or activities -- a lot, some, a little, or not at all?
    644444447 +)))))), +)))))), +)))))), +)))))),
    51. A LOT5 *2. SOME* *3. A LITTLE* *4. NOT AT ALL*
    944444448 .)))))))- .))))))))- .)))))))))))))
B22. How much did avoiding the situation(s) ever interfere with your life or
    activities--a lot, some, a little, or not at all?
    51. A LOT5 *2. SOME* *3. A LITTLE* *4. NOT AT ALL* *6. NEVER AVOIDED
    .)))))))))))))))))))))))))))
B23. INTERVIEWER CHECKPOINT
    +)))))))))))))))))))))))))))))))))
    *SEE B15-B22
    *+)),
                    64447
    ** *1. ONE OR MORE 5 5 RESPONSES IN B15CB22
    *.0)-
                    94448
    * * +)),
    * * * *2. ALL OTHERS--->TURN TO P. 16, B29
    * * . ))-
    5B23a. CHECK "QUALIFIERS" B23 BOX ON REFERENCE CARD5
```

```
(RB, STILL ON LIST A, P. 1) When was the first time you had (this/any of these)
    fear(s) in List A--in the past month, past six months, past year, or more than
    a year ago?
    *1. PAST MONTH* *2. PAST SIX MONTHS* *3. PAST YEAR* *4. MORE THAN A YEAR AGO*
    NEXT PAGE, B27
                         +))))))),
                     .))))1GO TO B26/)))-
                         .)))))))-
*B25. (RB, STILL ON LIST A, P. 1) Can you remember your exact age the first
     time you had (this/any of these) fear(s) in List A?
         +))))),
                                    +))))),
         *1. YES*
                                    *5. NO*
                                    .))0))-
         .))0)))-
                                      ₩
    *B25a. (How old were you?)
                           *B25b. About how old were you [the first
                                 time you had (this/any of these)
                  YEARS OLD
                                 fear(s)]?
    .))))))))))))))))))))))))))))))))))
                                 (ACCEPT A RANGE RESPONSE.)
                                             YEARS OLD
                           *B25c.
                                 What is the earliest age you can
                                 clearly remember having (this/
                                 any of these) fear(s)?
                                 (ACCEPT A RANGE RESPONSE.)
                                             YEARS OLD
                           (RB, STILL ON LIST A, P. 1) When was the <u>last</u> time you had (this/any of these)
    fear(s) in List A--in the past month, past six months, past year, or more than
    a year ago?
    +))))))))), +)))))))))))))))))))))))), +))))))), +))))))), +)))))))
    *1. PAST MONTH* *2. PAST SIX MONTHS* *3. PAST YEAR* *4. MORE THAN A YEAR AGO*
    .)))))))))- .)))))))))))))))))))))))))
                                    +)))))))))))))))))))))))))),
                                    *B26a. How old were you the last*
                                         time?
                                                 YEARS OLD
                                    . ))))))))))))))))))))))))))))))))
```

B27. (RB, STILL ON LIST A, P. 1) Did your fear(s) in List A ever occur at times in your life when you were drinking alcohol or using drugs more than usual?

DEFINITION: "DRUGS" INCLUDE PRESCRIPTION DRUGS USED WITHOUT A DOCTOR'S PRESCRIPTION OR MORE THAN PRESCRIBED, AS WELL AS ILLEGAL DRUGS.

```
+))))),
               +))))),
                                     +)))))))))))))),
     *1. YES*
               *5. NO*--->GO TO B28
                                     *6. NEVER DRINK OR USE*--->NEXT PAGE,
     .))0)))-
               .)))))-
                                         DRUGS [IF VOL.]
                                                               B29
                                     .))))))))))))))))))))))))))
       ₩
     Did the fear(s) always occur at times in your life when you were
           drinking or using drugs more than usual?
           +))))),
                      +)))),
           *1. YES*
                      *5. NO*
           .)))))-
                     .)))))-
     *B27b.
           Which one would start first--the fear(s) or the increase in drink-
           ing or drug use?
           +)))))))),
                         +))))))))),
                                         +))))))))),
                                                       +))))))))),
           *1. FEAR(S)*
                         *2. DRINKING/*
                                         *3. BOTH AT *
                                                       *4. IT VARIES*
                            DRUG USE *
                                                          [IF VOL.]* *
           . ))))))))-
                                            SAME TIME*
                         .)))))))))-
                                            [IF VOL.]*
                                                       .)))))))))- *
                                         .)))))))))-
     B28. Did you ever drink more than usual or use drugs not prescribed by a doctor or in
    greater amounts than prescribed to help you reduce the fear(s)?
     +))))),
               +))))),
               *5. NO*--->NEXT PAGE, B29
     *1. YES*
     .))0)))-
               .)))))-
       ₩
     Did this help you feel better?
     *B28a.
                      +))))),
           +))))),
                               +)))))))))))),,*
                      *5. NO*
           *1. YES*
                                *3. YES AT FIRST, BUT**
           .)))))-
                      .)))))-
                                   NOT LATER ON
```

[IF VOL.]

.))))))))))))))))-*

```
(RB, STILL ON P. 1) Now look at List B. Some people have such an unreasonably
B29.
   strong fear of doing things on this list that they avoid them altogether or feel
   extremely uncomfortable about doing them. Have you ever had such an unreasonably
   strong fear of...
   * YES * NO *
                                       * (1) * (5) *
   *B29a. ...speaking in public?
   *B29b. ...having to use the toilet when away from home?
   *B29c. ...eating or drinking in public?
   *B29d. ...talking to people because you might have nothing to
       say or might sound foolish?
   *B29e. ...writing while someone watches?
   *B29f. ...talking in front of a small group of people?
   B30.
   INTERVIEWER CHECKPOINT
   *SEE B29
   *+)),
   ** * 1. ONE OR MORE "YES" RESPONSES IN B29 SERIES
   *.0)-
       * 2. ALL OTHERS--->TURN TO P. 22, B49
      .))-
   ₩
   (RB, STILL ON LIST B, P. 1) Did (this/any of these) fear(s) in List B ever
в31.
   continue for months or even years?
   +))))),
            +))))),
   *1. YES*
            *5. NO*
   .)))))-
            .))0))-
  NEXT PAGE,
    B32
              ₩
            *B31a. Was this because you always avoided (this/these)
                situation(s)?
                +))))),
                       +))))),
                       *5. NO*
                *1. YES*
                .)))))-
                       .)))))-
```

B32. (RB, STILL ON LIST B, P. 1) Did you ever tell a doctor other than a psychiatrist about your unreasonably strong fear(s) in List B? (Doctor includes medical doctors, osteopaths, and students in training to be medical doctors or osteopaths.)

```
DEFINITION: "TELL A DOCTOR" MEANS CONTACTED A DOCTOR DIRECTLY BY TELEPHONE OR IN PERSON.
```

```
6444447
                                            +)))),
     51. YES5
                                            *5. NO*
     944L4448
                                            .))0))-
     +)))))))))))))))))))))))))))))))))
     *CHECK "DOCTOR" B32 BOX ON REFERENCE CARD
     в33.
     Did you ever tell a mental health specialist about (it/them)? (By mental health
     specialist we mean psychiatrists, psychologists, or social workers.)
     64444447
                 +))))),
     51. YES5
                 *5. NO*--->GO TO B34
     944L4448
                 .)))))-
     +))))))))))))))))))))))))))))))))))
     *B33a. How old were you the first time [you told*
           a mental health specialist about (it/
           them)]?
                          YEARS OLD
     в34.
     Did you ever tell any other professional about (it/them)? (Other professionals
     include nurses, rabbis, priests, ministers and counselors.)
     64444447
                 +))))),
     51. YES5
                 *5. NO*--->GO TO B35
     944L4448
                 .)))))-
     +))))))))))))))))))))))))))))))))))
     *B34a. How old were you the first time [you told*
           any other professional about (it/them)]? *
                           YEARS OLD
     B35. (RB, STILL ON LIST B, P. 1) Did you ever
                                            DEFINITION: "MEDICATION" REFERS TO MEDICINE
     take medication more than once because of
                                                    OBTAINED ANYWHERE--OVER-THE-
                                                    COUNTER, FROM A FRIEND,
     (this/these) fear(s) in List B?
                                                    PRESCRIBED BY A DOCTOR, OBTAINED
     64444447
                 +))))),
                                                    ILLEGALLY, ETC.
                 *5. NO*--->NEXT PAGE, B36
     51. YES5
     944L4448
                 .)))))-
     +)))))))))))))))))))))))))))))))))))
     *B35a. How old were you the first time [you took*
           medication more than once because of
            (this/these) fear(s)]?
                          YEARS OLD
```

```
B36. (RB, STILL ON LIST B, P. 1) Were you ever very upset with yourself for having
    (this/any of these) fear(s) in List B?
    64444447
                  +))))),
    51. YES5
                  *5. NO*
    94444448
                  .)))))-
B37. (RB, STILL ON LIST B, P. 1) How much did (this/these) fear(s) in List B ever
    interfere with your life or activities -- a lot, some, a little, or not at all?
    644444447 +)))))), +)))))), +)))))), +)))))),
    51. A LOT5 *2. SOME* *3. A LITTLE* *4. NOT AT ALL*
    B38. How much did avoiding the situation(s) ever interfere with your life or
    activities--<u>a lot</u>, <u>some</u>, <u>a little</u>, or <u>not at all</u>?
    51. A LOT5 *2. SOME* *3. A LITTLE* *4. NOT AT ALL* *6. NEVER AVOIDED
    944444448 . ))))))) - . )))))))) - . ))))))) - . ))))))) - *
                                                SITUATION(S) [IF VOL.] *
                                             .)))))))))))))))))))))))))))
B39. INTERVIEWER CHECKPOINT
    +))))))))))))))))))))))))))))))))))))
    *SEE B32-B38
    *+)),
                    64447
    ** *1. ONE OR MORE 5 5 RESPONSES IN B32-B38
    *.0)-
                    94448
    * * +)),
    * * * * *2. ALL OTHERS--->TURN TO P. 22, B49
    * * .))-
    5B39a. CHECK "QUALIFIERS" B39 BOX ON REFERENCE CARD5
```

```
B40. (RB, STILL ON LIST B, P. 1) When was the <u>first</u> time you had (this/any of these)
   fear(s) in List B--in the past month, past six months, past year, or more than
    *1. PAST MONTH* *2. PAST SIX MONTHS* *3. PAST YEAR* *4. MORE THAN A YEAR AGO*
   NEXT PAGE, B43
                      +))))))),
                   .))))1GO TO B42/))))-
                      .)))))))-
*B41. (RB, STILL ON LIST B, P. 1) Can you remember your {
m exact} age the first time {}^*
    [you had (any of) the fear(s) in List B]?
        +))))),
                                +))))),
                                *5. NO*
        *1. YES*
        .))0)))-
                                .))0))-
    *B41b. About how old were you [the first**
    *B41a. (How old were you?)
                               time you had (this/any of these)
                YEARS OLD
                               fear(s)]?
   (ACCEPT A RANGE RESPONSE.)
                                                     * *
                                          YEARS OLD
                                                     * *
                               What is the earliest age you can **
                               clearly remember having (this/
                               any of these) fear(s)?
                                                     * *
                               (ACCEPT A RANGE RESPONSE.)
                                                     * *
                                          YEARS OLD
                          (RB, STILL ON LIST B, P. 1) When was the <u>last</u> time you had (this/any of these)
B42.
    fear(s) in List B--in the past month, past six months, past year, or more than
    *1. PAST MONTH* *2. PAST SIX MONTHS* *3. PAST YEAR* *4. MORE THAN A YEAR AGO*
    +)))))))))))))))))))))))))),
                                 *B42a. How old were you the last*
                                     time?
                                            YEARS OLD
                                 . ))))))))))))))))))))))))))))))))
```

B43. (RB, STILL ON LIST B, P. 1) Did (this/these) unreasonable fear(s) in List B ever keep you from completing a task at home or work, taking on new responsibilities, or taking on a new job?

```
+)))))), +))))),
*1. YES* *5. NO*
.))))))- .)))))-
```

B44. Did (it/any of them) ever keep you from going to a party, social event or meeting?

```
+))))), +)))),
*1. YES* *5. NO*
.))))))- .)))))-
```

B45. When you were in (this/these) situation(s) or were thinking about (it/them), did it almost always make you extremely nervous or panicky, make you sweat, your heart pound, or make you short of breath?

```
+)))))), +))))),
*1. YES* *5. NO*
.))))))- .)))))-
```

B46. When you had to be in (this/these) situation(s), did you blush or shake, feel like vomiting, or were you afraid of doing something very embarrassing?

```
+)))))), +))))),
*1. YES* *5. NO*
.))))))- .)))))-
```

B47. (RB, STILL ON LIST B, P. 1) Did your fear(s) in List B ever occur at times in your life when you were drinking alcohol or using drugs more than usual?

DEFINITION: "DRUGS" INCLUDE PRESCRIPTION DRUGS USED WITHOUT A DOCTOR'S PRESCRIPTION OR MORE THAN PRESCRIBED, AS WELL AS ILLEGAL DRUGS.

```
+))))),
               +))))),
                                     +))))))))))))))),
               *5. NO*--->GO TO B48
    *1. YES*
                                     *6. NEVER DRINK OR USE*--->NEXT PAGE,
               .)))))-
    .))0)))-
                                         DRUGS [IF VOL.] *
                                     .)))))))))))))))))))))
       ♡
    Did the fear(s) always occur at times in your life when you were
           drinking or using drugs more than usual?
                     +))))),
           +))))),
           *1. YES*
                     *5. NO*
           .)))))-
                     .)))))-
           Which one would start first--the fear(s) or the increase in drink-
           ing or drug use?
           +)))))))),
                         +))))))))),
                                        +))))))))),
                                                       +))))))))),
           *1. FEAR(S)*
                         *2. DRINKING/*
                                        *3. BOTH AT *
                                                       *4. IT VARIES* *
                                                       * [IF VOL.]* *
           .))))))))-
                            DRUG USE *
                                           SAME TIME*
                         .)))))))))-
                                                       .)))))))))- *
                                           [IF VOL.]*
                                        .)))))))))-
    Did you ever drink more than usual or use drugs not prescribed by a doctor or in
В48.
    greater amounts than prescribed to help reduce the fear(s)?
               +))))),
    +))))),
               *5. NO*--->NEXT PAGE, B49
    *1. YES*
    .))0)))-
               .)))))-
    Did this help you feel better?
           +))))),
                     +))))),
                               +))))))))))))),, *
           *1. YES*
                      *5. NO*
                               *3. YES AT FIRST, BUT**
           .)))))-
                     .)))))-
                                  NOT LATER ON
                                   [IF VOL.]
                               . ))))))))))))))-*
```

```
в49.
  (RB, STILL ON P. 1) Please look at List C on Page 1. Here are other things that
  make some people so unreasonably afraid that they try to avoid them.
  * YES * NO *
                                 * (1) * (5) *
   ^{\star} Have you ever had an {
m unreasonably} strong fear of . . .
  *B49a. ...heights?
  *B49b. ...flying?
  *B49c. ...closed spaces?
  *B49d. ...being alone?
  B49e. INTERVIEWER CHECKPOINT
      *SEE B49a-B49d
      *+)),
      ** *1. ONE OR MORE "YES" RESPONSES IN B49aCB49d
      *.0)-
        +)),
      * * * *´*2. ALL OTHERS--->GO TO B49g
      * * .))-
      B49f. What is it about (this/these) situation(s) that frightened you?
  * YES * NO *
                                 * (1) * (5) *
  *B49g. Have you ever had an unreasonably strong fear of storms, *
      thunder, or lightning?
  *B49h. ...snakes, birds, rats, insects, or other animals?
  *B49i. ...seeing blood, getting a shot or injection, or seeing *
      a dentist?
  *B49j. ...being in water, like a swimming pool or lake?
  *B49k. Is there anything else that ever made you so unreasonably*
      afraid that you tried to avoid it?
                                    *GO TO*
                                    * B50 *
      B491. (What was that?)
                                 /)))))))))
```

```
B50. INTERVIEWER CHECKPOINT
    * SEE B49a-B49k
    *+)),
    ** *1. ONE OR MORE "YES" RESPONSES IN B49 SERIES
    *.0)-
    * * * * *2. ALL OTHERS-->TURN TO P. 28, B68
    * * . ))-
    B51.
    (RB, STILL ON P. 1) Did (this/any of these) fear(s) in List C ever continue for
    months or even years?
    +))))),
              +))))),
              *5. NO*
    *1. YES*
    .))0)))-
              .))0))-
              *B51a. Was this because you always avoided (this/these)*
                   situation(s)?
                   +))))),
                             +))))),
                    *1. YES*
                             *5. NO*
                    .)))))-
                             .)))))-
              B52. (RB, STILL ON P. 1) Did you ever tell a doctor other than a psychiatrist about
    your unreasonably strong fear(s) in List C? (Doctor includes medical doctors,
    osteopaths, and students in training to be medical doctors or osteopaths.)
    64444447
                                    +))))),
    51. YES5
                                    *5. NO*
    944L4448
                                    .))0))-
    +)))))))))))))))))))))))))))))))))
    *CHECK "DOCTOR" B52 BOX ON REFERENCE CARD*
    B53.
    Did you ever tell a mental health specialist about (it/them)? (By mental health
    specialist we mean psychiatrists, psychologists, or social workers.)
    64444447
              +))))),
              *5. NO*--->GO TO B54
    51. YES5
    944L4448
              .)))))-
    *B53a. How old were you the first time [you told
         a mental health specialist about (it/them)]? *
                      YEARS OLD
```

```
Did you ever tell any other professional about (it/them)? (Other professionals
     include nurses, rabbis, priests, ministers and counselors.)
     64444447
                 +))))),
                 *5. NO*--->GO TO B55
     51. YES5
     944L4448
                 .)))))-
     +)))))))))))))))))))))))))))))))))
     *B54a. How old were you the first time [you told*
            any other professional about (it/them)]? *
                           YEARS OLD
     B55. (RB, STILL ON P. 1) Did you ever take
                                             DEFINITION: "MEDICATION" REFERS TO MEDICINE
     medication more than once because of
                                                     OBTAINED ANYWHERE--OVER-THE-
                                                     COUNTER, FROM A FRIEND,
     (this/these) fear(s) in List C?
                                                     PRESCRIBED BY A DOCTOR, OBTAINED
     64444447
                 +))))),
                                                     ILLEGALLY, ETC.
     51. YES5
                 *5. NO*--->GO TO B56
     944L4448
                 .)))))-
     +)))))))))))))))))))))))))))))))))
     *B55a. How old were you the first time [you took*
            medication more than once because of
            (this/these) fear(s)]?
                           YEARS OLD
     B56.
     (RB, STILL ON P. 1)
                            Were you ever very upset with yourself for having
     (this/these) fear(s) in List C?
     64444447
                 +))))),
     51. YES5
                 *5. NO*
     94444448
                 .)))))-
B57. (RB, STILL ON P. 1) How much did (this/these) fear(s) in List C ever interfere
     with your life or activities -- a lot, some, a little, or not at all?
     644444447
                 +)))))),
                            +)))))))),
                                           +)))))))))),
                 *2. SOME*
                            *3. A LITTLE*
                                           *4. NOT AT ALL*
     51. A LOT5
     944444448
                 .))))))-
                            .)))))))))-
                                           .))))))))))-
B58. How much did avoiding the situation(s) ever interfere with your life or
     activities--a lot, some, a little, or not at all?
     644444447
                 +)))))),
                            +))))))))),
                                           +)))))))))),
                                                            +)))))))))))),
                                           *4. NOT AT ALL*
     51. A LOT5
                 *2. SOME*
                             *3. A LITTLE*
                                                            *6. NEVER AVOIDED*
                            .))))))))-
     944444448
                 .))))))-
                                           .))))))))))-
                                                                SITUATION(S) *
                                                                [IF VOL.]
                                                            .)))))))))))-
```

```
B60.
   (RB, STILL ON P. 1) When was the <u>first</u> time you had (this/any of these) fear(s)
    in List C--in the past month, past six months, past year, or more than a
    year ago?
    *1. PAST MONTH* *2. PAST SIX MONTHS* *3. PAST YEAR* *4. MORE THAN A YEAR AGO*
    NEXT PAGE, B63
                       +))))))),
                    .))))1GO TO B62/))))-
                       .)))))))-
(RB, STILL ON P. 1) Can you remember your exact age the first time [you
     had (any of) the fear(s) in List C]?
         +))))),
                                  +))))),
                                  *5. NO*
         *1. YES*
         .))0)))-
                                  .))0))-
                                    *
    About how old were you [the first**
    *B61a. (How old were you?)
                           *B61b.
                                 time you had (this/any of these)
                 YEARS OLD
                                 fear(s)]?
    (ACCEPT A RANGE RESPONSE.)
                                                        * *
                                            YEARS OLD
                                                        * *
                                 What is the earliest age you can **
                                 clearly remember having (this/
                                 any of these) fear(s)?
                                                        * *
                                 (ACCEPT A RANGE RESPONSE.)
                                                        * *
                                            YEARS OLD
                           .))))))))))))))))))))))))))))))))/
(RB, STILL ON P. 1) When was the <u>last</u> time you had (this/any of these) fear(s)
B62.
    in List C--in the past month, past six months, past year, or more than a
    *1. PAST MONTH* *2. PAST SIX MONTHS* *3. PAST YEAR* *4. MORE THAN A YEAR AGO*
    .)))))))))- .))))))))))))))))))))))))
                                  +)))))))))))))))))))))))))),
                                  *B62a. How old were you the last*
                                       time?
                                              YEARS OLD
                                  . ))))))))))))))))))))))))))))))))
```

```
Did (this/these) unreasonable fear(s) ever keep you from completing a task at
     home or work, taking on new responsibilities, or taking on a new job?
                 +))))),
     +))Q))),
     *1. YES*
                 *5. NO*
     .)))))-
                 .)))))-
     Did (it/any of them) ever keep you from going to a party, social event or
     meeting?
     +))))),
                 +))))),
     *1. YES*
                 *5. NO*
     .)))))-
                 .)))))-
B65.
     When you had to be in (this/these) situation(s) or were thinking about (it/them),
     did it almost always make you extremely nervous or panicky, make you sweat, your
     heart pound, or make you short of breath?
                 +))))),
     +))))),
                 *5. NO*
     *1. YES*
     .)))))-
                 .)))))-
B66.
     (RB, STILL ON P. 1) Did your fear(s) in List C ever occur at times in your life
     when you were drinking alcohol or using drugs more than usual?
      DEFINITION: "DRUGS" INCLUDE PRESCRIPTION DRUGS USED WITHOUT A DOCTOR'S PRESCRIPTION OR MORE THAN
              PRESCRIBED, AS WELL AS ILLEGAL DRUGS.
     +))))),
                 +))))),
                                          +))))))))))))))),
     *1. YES*
                 *5. NO*--->GO TO B67
                                          *6. NEVER DRINK OR USE*--->NEXT PAGE,
     .))0)))-
                                              DRUGS [IF VOL.]
                 .)))))-
                                          .)))))))))))))))-
     *B66a. Did the fear(s) always occur at times in your life when you were
            drinking or using drugs more than usual?
            +))))),
                        +))))),
                        *5. NO*
            *1. YES*
            .)))))-
                        .)))))-
     *B66b.
            Which one would start first--the fear(s) or the increase in drinking
            or drug use?
            +)))))))),
                            +))))))))),
                                             +))))))))),
                                                             +))))))))),
                                             *3. BOTH AT *
                                                              *4. IT VARIES* *
            *1. FEAR(S)*
                            *2. DRINKING/*
            .))))))))-
                               DRUG USE *
                                                 SAME TIME*
                                                                 [IF VOL.]* *
                                                             .)))))))))- *
                            . )))))))))-
                                                 [IF VOL.]*
                                             .)))))))))-
     Did you ever drink more than usual or use drugs not prescribed by a doctor or in
     greater amounts than prescribed to help you reduce the fear(s)?
     +))))),
                 +))))),
                 *5. NO*--->NEXT PAGE, B68
     *1. YES*
     .))0)))-
                 .)))))-
     *B67a. Did this help you feel better?
            +))))),
                        +))))),
                                   +))))))))))))),, *
            *1. YES*
                        *5. NO*
                                   *3. YES AT FIRST, BUT**
            .)))))-
                        .)))))-
                                      NOT LATER ON
```

[IF VOL.]

.))))))))))))))))-*

```
B68.
     INTERVIEWER CHECKPOINT
     *SEE REFERENCE CARD, "DOCTOR" B15, B32, B52
     ** * 1. ONE OR MORE B15, B32, B52 BOXES CHECKED
     *.0)-
           * * 2. ALL OTHERS--->NEXT PAGE, B69
           .))-
     ₩
 B68a. (RB, STILL ON P. 1) The next question is about all of the fears listed on
       Page 1. How old were you the first time you told a doctor other than a
       psychiatrist about any of these fears?
                ___ YEARS OLD
B68b. Did a doctor other than a
                                            DEFINITION: "PRESCRIBE" MEANS A DOCTOR'S
      psychiatrist ever prescribe
                                                     PRESCRIPTION NEEDS TO BE HANDED
                                                     TO A PHARMACIST TO OBTAIN THE
      medication for you because of
                                                     MEDICATION.
       (this/these) fear(s)?
      +))))),
                  +))))),
                  *5. NO*--->GO TO B68d
      *1. YES*
      .))0)))-
                  .)))))-
B68c. How old were you the first time [a doctor other than a psychiatrist
      prescribed medicine for you because of (this/these) fear(s)]?
             YEARS OLD
B68d. Did a doctor other than a psychiatrist ever advise you to see a mental
      health specialist (someone like a psychiatrist, psychologist or social
       worker) because of (this/these) fear(s)?
      +))))),
                  +))))),
      *1. YES*
                  *5. NO*--->NEXT PAGE, B69
      .)))))-
                  .)))))-
B68e. How old were you the first time (a doctor other than a psychiatrist advised
       you to see a mental health specialist)?
                   YEARS OLD
```

```
B69. INTERVIEWER CHECKPOINT
    *SEE REFERENCE CARD, "SCREENERS" B1-B7
    *+)),
    ** * 1. ONE OR MORE "YES" RESPONSES IN B1-B7
    *.0)-
       * * 2. ALL OTHERS--->TURN TO P. 95, SECTION F
        .))-
    *B69a. INTERVIEWER QUERY
         FIRST "YES" RESPONSE IN "SCREENERS" B1-B7 IS:
    *+)),
    ** * 1. B1--->NEXT PAGE, B70
    *.))-
    *+)),
    ** * 2. B2b--->TURN TO P. 44, B101
    *.))-
    *+)),
    ** * 3. B3a--->TURN TO P. 52, C1
    *.))-
    *+)),
    ** * 4. B4--->TURN TO P. 54, D1
    *.))-
    ** * 5. B4a--->TURN TO P. 54, D1
    *.))-
    *+)),
    ** * 6. B5--->TURN TO P. 54, D2
    *.))-
    *+)),
    ** * 7. B6--->TURN TO P. 81, E1
    *.))-
    *+)),
    ** * 8. B7--->TURN TO P. 82, E3
    *.))-
```

```
Earlier you mentioned having a spell or attack of suddenly feeling frightened or
   anxious in situations when most people would not be afraid. Did this happen in
   situations when you were not in danger or not the center of attention?
           +))))),
   +))))),
   *1. YES*
           *5. NO*--->TURN TO P. 43, B100
   .))0)))-
           .)))))-
     ₩
   Could you tell me about where you were and what was going on when
        you had one of these spells or attacks? (IF EXAMPLE IS OF A
        SITUATION WHERE R WAS IN DANGER OR THE CENTER OF ATTENTION, PROBE: *
        Could you tell me about an example when you were not in danger or
        not the center of attention?)
        FIRST EXAMPLE __
        SECOND EXAMPLE ____
   B71. Please think about one of your worst spells or attacks of suddenly feeling very
   frightened or very uneasy.
   * YES * NO *
                                         * (1) * (5) *
   *During that spell or attack...
   *B71a. ...were you short of breath or having trouble catching *
       your breath?
   *B71b. ...did your heart pound?
   *B71c. ...were you dizzy or lightheaded?
   *B71d. ...did you have tightness, pain or discomfort in your *
       chest or stomach?
   *B71e. ...did your fingers or feet tingle or feel numb?
   *B71f. ...did you feel like you were choking, or having
       difficulty swallowing?
   *B71g. ...did you feel faint?
```

```
* YES * NO *
*During that spell or attack...
                           * (1) * (5) *
*B71h. ...did you sweat?
*B71i. ...did you tremble or shake?
*B71j. ...did you have hot flashes or chills?
*B71k. ...did you, or things around you, seem unreal?
*B711. ...did it seem like time was passing much more quickly *
   or much more slowly than usual?
*B71m. ...were you afraid that you might die?
*B71n. ...were you afraid that you might act in a crazy way?
*B71o. ...did you have nausea?
*B71p. ...did you have stomach or belly pain?
*B71q. ...did you feel like you were smothering?
*B71r. ...did you have a dry mouth?
INTERVIEWER CHECKPOINT
*SEE B71
*+)),
** * 1. TWO OR MORE "YES" RESPONSES IN B71 SERIES--->NEXT PAGE, B73
*.))-
*+)),
** * 2. ALL OTHERS--->TURN TO P. 43, B100
*.))-
```

в72.

```
During several of your spells or attacks of feeling very frightened or very
в73.
    uneasy, did some of these things like (READ FIRST 2 "YES" RESPONSES FROM B71)
    begin suddenly and then get worse within the first few minutes of the attack?
    +))))),
              +))))),
              *5. NO*
    *1. YES*
    .)))))-
              .)))))-
    When was the first time you had a sudden spell or attack of feeling frightened
в74.
    or very uneasy and had at least two of these other things at the same time--in
    the past month, past six months, past year, or more than a year ago?
    +)))))))), +))))))), +)))))))))))), +)))))), +)))))), +)))))
    *1. PAST MONTH* *2. PAST SIX MONTHS* *3. PAST YEAR* *4. MORE THAN A YEAR AGO*
    * +))))))))), *
    NEXT PAGE, B77
                      .))1NEXT PAGE, B76/)-
                         .))))))))))-
*B75. Can you remember your <u>exact</u> age the first time (you had a sudden spell or
    attack of feeling frightened or very uneasy and had at least two of these
    other things at the same time)?
          +))))),
                                     +))))),
          *1. YES*
                                     *5. NO*
          .))0)))-
                                     .))0))-
            ♡
                                       ₩
    *B75a. (How old were you?)
                              *B75b. About how old were you (the first
                                   time you had one of these attacks)?**
                   YEARS OLD
                                    (ACCEPT A RANGE RESPONSE.)
    .))))))))))))))))))))))))))))))))))
                                                               * *
                                                YEARS OLD
                              *B75c. What is the earliest age you can
                                   clearly remember having an attack? **
                                    (ACCEPT A RANGE RESPONSE.)
                                                               * *
                                                               * *
                                                 YEARS OLD
```

в76.	When was the <u>last</u> time (you had a sp	ell or attack and had at lea	st two of these
	other things at the same timein the	e past month, past six months	s, <u>past year</u> , or
	more than a year ago)?		
	+))))))))),, +)))))))))))))))))))))	+)))))))))), +))))))))))))))))),
	1. PAST MONTH *2. PAST SIX MONTHS*		
	.)))))))))))))))))))))))))		
	.)))))))))))))))))))))))		,,,,,,,,,,,,,
	· ////////////////// * *	+))))))))))))))))	,,,,,,,,,,,,
	*	*B76a. How old were	
	*	* time?	you the last
	*	time:	*
	*	*	ENDG OID *
	*	Y	EARS OLD
	*	.))))))))))))))))))))))))-
	*		
	♥		
B77.	About how many spells or attacks of	suddenly feeling frightened	or very uneasy
	have you had in your lifetime? (ACC	CEPT A RANGE RESPONSE.)	
	# ATTACKS		
в78.	INTERVIEWER CHECKPOINT		
	+)))))))))))))))))))))))))))))))))))))))))))))))))))))))))),	
	*SEE B77	*	
	*+)),	*	
	** * 1. THREE OR FEWER ATTACKS IN E	377>TURN TO P. 35. B80 *	
	_ : _ : : : : : : : : : : : : : : : : :	10111 10 11 00, 100	

*.))-

*+)),
** * 2. ALL OTHERS--->NEXT PAGE, B79

```
Did you ever have four or more spells or attacks within a four-week period?
64444447
          +))))),
          *5. NO*--->NEXT PAGE, B80
51. YES5
944L4448
          .)))))-
  ♡
*B79a. Can you remember your exact age the first time you had four or more
     attacks in a four-week period?
         +))))),
                                   +)))),
         *1. YES*
                                   *5. NO*
         .))0)))-
                                   .))0))-
                                     ♡
     *B79b. (How old were you?)
                           *B79c. About how old were you (the
                                 first time you had four or more
                   YEARS OLD *
                                 attacks in a four-week period)?
                                                           * *
     .)))))))))))))))))))))))))))))))))
                                 (ACCEPT A RANGE RESPONSE.)
                                                           * *
                                             YEARS OLD
                           *B79d. What is the earliest age you
                                 can <u>clearly remember</u> having four
                                 or more attacks in a four-week
                                                           * *
                                 period? (ACCEPT A RANGE
                                 RESPONSE.)
                                                           * *
                                              YEARS OLD
                           .))))))))))))))))))))))))))))))))/
```

B80. After having a spell or attack, did you ever have a month or more when you were constantly afraid that you might have another attack? 64444447 +))))), 51. YES5 *5. NO*--->NEXT PAGE, B81 944L4448 .)))))-Can you remember your exact age the first time you had a month or more when you were constantly afraid of having another attack? +))))), +)))), *5. NO* *1. YES* .))0))-.))0)))-*B80b. (How old were you?) *B80c. About how old were you (the first** time you had a month or more when** YEARS OLD * you were constantly afraid of * * .)))))))))))))))))))))))))))))))))) of having another attack)? (ACCEPT A RANGE RESPONSE.) * * YEARS OLD * * *B80d. What is the earliest age you can clearly remember having a month or more when you were constantly ** afraid of having another attack? ** * * (ACCEPT A RANGE RESPONSE.) * * YEARS OLD .))))))))))))))))))))))))))))))))/

B81. INTERVIEWER CHECKPOINT

+))))),

1. YES

.))))))- .)))))-

+))))), *5. NO*

```
*SEE P. 34, B79
    *+)),
          64447
    ** * 1. 5YES5 RESPONSE IN B79--->GO TO B82
    *.))-
         94448
    *+)),
    ** * 2. ALL OTHERS
    *.0)-
    B81a. INTERVIEWER CHECKPOINT
        *SEE P. 35, B80
        *+)),
             64447
        ** * 1. 5YES5 RESPONSE IN B80--->NEXT PAGE, B83 *
        *.))-
             94448
        *+)),
        ** * 2. ALL OTHERS--->TURN TO P. 43, B100
        *.))-
        B82. Did you ever have a period of a month or more when you had at least four spells
   or attacks every week?
```

```
B83. Did you ever tell a doctor other than a
                                             DEFINITION: "TELL A DOCTOR" MEANS CONTACTED
     psychiatrist
                   about
                          your
                                spells
                                        or
                                                     A DOCTOR DIRECTLY BY TELEPHONE
                                                     OR IN PERSON.
     attacks?
                (Doctor
                         includes
                                   medical
     doctors,
              osteopaths, and students in
     training to be medical doctors or osteopaths.)
     64444447
                 +))))),
     51. YES5
                 *5. NO*--->NEXT PAGE, B86
     944L4448
                 .)))))-
     +)))))))))))))))))))))))))))))))))))
     *B83a. How old were you the first time (you told *
           a doctor other than a psychiatrist about
           your spells or attacks)?
                           YEARS OLD
     B84. Did a doctor other than a psychiatrist
                                             DEFINITION: "PRESCRIBE" MEANS A DOCTOR'S
     ever prescribe medication for you because
                                                     PRESCRIPTION NEEDS TO BE HANDED
                                                     TO A PHARMACIST TO OBTAIN THE
     of your spells or attacks?
                                                     MEDICATION.
     +))))),
                 +))))),
                 *5. NO*--->GO TO B85
     *1. YES*
     .))0)))-
                 .)))))-
     +)))))))))))))))))))))))))))))))))))
     *B84a. How old were you the first time (a doctor *
           other than a psychiatrist prescribed
           medication for you because of your spells
           or attacks)?
                           YEARS OLD
     B85. Did a doctor other than a psychiatrist ever advise you to see a mental health
     specialist (someone like a psychiatrist, psychologist or social worker) about
     your spells or attacks?
     +))))),
                 +))))),
     *1. YES*
                 *5. NO*--->NEXT PAGE, B86
     .))0)))-
                 .)))))-
        ₩
     +)))))))))))))))))))))))))))))))))))
     *B85a. How old were you the <u>first time</u> (a doctor
           other than a psychiatrist advised you to
            see a mental health specialist)?
                           YEARS OLD
```

```
Did you ever see a mental health specialist about your spells or attacks? (By
     mental health specialist we mean psychiatrists, psychologists, or social
     workers.)
     64444447
                +))))),
     51. YES5
                *5. NO*--->GO TO B87
     944L4448
                .)))))-
     +)))))))))))))))))))))))))))))))))
     *B86a. How old were you the first time (you saw
           a mental health specialist about your
           spells or attacks)?
                         YEARS OLD
     B87. Did you ever see any other professional about your spells or attacks? (Other
     professionals include nurses, rabbis, priests, ministers and counselors.)
     64444447
                +))))),
     51. YES5
                *5. NO*--->GO TO B88
     944L4448
                .)))))-
       ♡
     +))))))))))))))))))))))))))))))))))
     *B87a. How old were you the first time [you saw *
           any other professional about your spells *
           or attacks)?
                          YEARS OLD
     Did you ever take medication more than once because of your spells or attacks?
в88.
     +))))),
                +))))),
                                          DEFINITION: "MEDICATION" REFERS TO MEDICINE
     *1. YES*
                *5. NO*--->GO TO B89
                                                  OBTAINED ANYWHERE--OVER-THE-
     .))0)))-
                .)))))-
                                                  COUNTER, FROM A FRIEND,
                                                  PRESCRIBED BY A DOCTOR, OBTAINED
                                                  ILLEGALLY, ETC.
       ₩
     *B88a. How old were you the first time (you took*
           medication more than once because of your*
           spells or attacks)?
                         YEARS OLD
     в89.
    How much did your spells or attacks ever interfere with your life or activities--
     <u>a lot</u>, <u>some</u>, <u>a little</u>, or <u>not at all</u>?
                           +))))))))),
     +))))))),
                +)))))),
                                         +))))))))),
     *1. A LOT*
                *2. SOME*
                           *3. A LITTLE*
                                         *4. NOT AT ALL*
     .)))))))-
                .))))))- .))))))-
                                        . )))))))))))-
     5B89a. CHECK "QUALIFIERS" B89 BOX ON REFERENCE CARD5
```

B90a. What did the doctor or other professional say was causing the spells or attacks? (What was the diagnosis?) (IF R MENTIONS AN ILLNESS, PROBE FOR THE NAME OF THAT ILLNESS. IF "HYPERVENTILATION," PROBE: What did the doctor say was causing the hyperventilation? IF "NO DIAGNOSIS," PROBE: Did the doctor or other professional find anything abnormal when you were examined or tests were taken?)

```
B91. INTERVIEWER CHECKPOINT
    *SEE B90a:
    *MARK 1ST CHECKPOINT OPTION WHICH APPLIES
    ** * 1. R MENTIONS PANIC/ANXIETY--->TURN TO P. 41, B95
    *.))-
    *+)),
    ** * 2. R MENTIONS STRESS/NERVES/MENTAL ILLNESS--->TURN TO P. 41, B95 *
    *.))-
    ** * 3. R MENTIONS PHYSICAL ILLNESS OR INJURY--->NEXT PAGE, B93
    *.))-
    ** * 4. R MENTIONS MEDICATIONS/DRUGS/ALCOHOL--->NEXT PAGE, B94
    *.))-
    *+)),
    ** * 5. ALL OTHERS--->NEXT PAGE, B92
    *.))-
```

```
Were your spells or attacks ever due to physical illness or injury?
      +))))),
                  +))))),
                   *5. NO*--->GO TO B94
      *1. YES*
      .))0)))-
                  .)))))-
         ♡
      B92a. (IF NECESSARY, What was the illness or injury)?
B93. Were the spells or attacks <u>always</u> due to (ILLNESS/INJURY)?
      +))))),
                                    +)))),
      *1. YES*--->NEXT PAGE, B95
                                    *5. NO*
      .)))))-
                                    .))0))-
                                       ♡
B94. [When they were not due to (ILLNESS/INJURY)], were the spells or attacks always
      due to taking medications, drugs, or alcohol?
      +))))),
                  +))))),
      *1. YES*
                  *5. NO*
      .))))))- .)))))-
```

B95. Did your spells or attacks ever occur at times in your life when you were drinking alcohol or using drugs more than usual?

DEFINITION: "DRUGS" INCLUDE PRESCRIPTION DRUGS USED WITHOUT A DOCTOR'S PRESCRIPTION OR MORE THAN PRESCRIBED, AS WELL AS ILLEGAL DRUGS.

```
+))))),
          +))))),
                            +)))))))))))))),
          *5. NO*--->GO TO B96
*1. YES*
                            *6. NEVER DRINK OR USE*--->NEXT PAGE, B97
.))0)))-
          .)))))-
                                DRUGS [IF VOL.]
                            .)))))))))))))))))))))
  ♡
Did the spells or attacks always occur at times in your life when
      you were drinking or using drugs more than usual?
                +))))),
      +))))),
      *1. YES*
                *5. NO*
      .)))))-
                .)))))-
*B95b.
      Which one would start first--the spells or attacks or the increase
      in drinking or drug use?
      +)))))))),
                   +))))))))),
                                  +))))))))),
                                                 +))))))))),
      *1. SPELLS/*
                   *2. DRINKING/*
                                  *3. BOTH AT *
                                                 *4. IT VARIES*
         ATTACKS*
                      DRUG USE *
                                     SAME TIME*
                                                    [IF VOL.]* *
      .)))))))-
                   .)))))))))-
                                     [IF VOL.]*
                                                .)))))))))- *
                                  .)))))))))-
```

B96. Did you ever drink more than usual or use drugs not prescribed by a doctor or in greater amounts than prescribed to help you feel better during the spells or attacks?

```
+))))),
        +)))),
        *5. NO*--->NEXT PAGE, B97
*1. YES*
.))0)))-
        .)))))-
*B96a. Did this help you feel better?
     +))))),
             +))))),
                     +)))))))))))),,*
     *1. YES*
             *5. NO*
                      *3. YES AT FIRST, BUT**
     .)))))-
             .)))))-
                        NOT LATER ON
                        [IF VOL.]
                      .)))))))))))))-*
```

```
в97.
   INTERVIEWER CHECKPOINT
   +)))))))))))))))))))))))))))))))))))
   *SEE REFERENCE CARD, "QUALIFIERS" B23
   *+)),
   ** * 1. B23 BOX CHECKED ON REFERENCE CARD
   *.0)-+)),
      * * 2. ALL OTHERS--->NEXT PAGE, B100
   * * .))-
   * YES * NO
                                        * (1) * (5) *
в98.
   * Did your spells or attacks ever occur when you were...
   *B98a. ...in a crowd or standing in line?
   *B98b. ...leaving your home or being alone away from home?
   *B98c. ...in a public place?
   *B98d. ...riding in cars, trains or buses?
   *B98e. ...crossing a bridge?
   INTERVIEWER CHECKPOINT
В99.
   +))))))))))))))))))))))))))))))))))
   * SEE B98
   *+)),
   ** *1. ONE OR MORE "YES" RESPONSES IN B98 SERIES *
   *.0)-
   * * +)),
   * * * *2. ALL OTHERS--->NEXT PAGE, B100
   * * .))-
   B99a. Did the spells or attacks occur every time you were in (this/these)
      situation(s)?
       +))))),
              +))))),
       *1. YES*
              *5. NO*
       .))0)))-
              .))0))-
              *B99b. Did they occur most of the times your were in
                  (this/these) situation(s)?
                  +))))),
                         +))))),
                  *1. YES*
                         *5. NO*
                  .)))))-
                         .)))))-
              B99c. Did the attacks ever occur other than in (this/these) situation(s)?
       +))))),
               +)))),
               *5. NO*
       *1. YES*
       .)))))-
               .)))))-
```

```
B100. INTERVIEWER CHECKPOINT
    *SEE REFERENCE CARD, "SCREENERS" B2b-B7
    *+)),
    ** * 1. ONE OR MORE "YES" RESPONSES IN B2b-B7
    *.0)-
       * * 2. ALL OTHERS--->TURN TO P. 95, SECTION F
        .))-
    *B100a. INTERVIEWER QUERY
         FIRST "YES" RESPONSE IN "SCREENERS" B2b-B7 IS:
    *+)),
    ** * 1. B2b--->NEXT PAGE, B101
    *.))-
    *+)),
    ** * 2. B3a--->TURN TO P. 52, C1
    *.))-
    *+)),
    ** * 3. B4--->TURN TO P. 54, D1
    *.))-
    *+)),
    ** * 4. B4a--->TURN TO P. 54, D1
    *.))-
    ** * 5. B5--->TURN TO P. 54, D2
    *.))-
    *+)),
    ** * 6. B6--->TURN TO P. 81, E1
    *.))-
    *+)),
    ** * 7. B7--->TURN TO P. 82, E3
    *.))-
```

```
B101. Earlier you mentioned you have had periods of six months or more of feeling
    worried or anxious. During one of those periods, did you worry about things that
    were not likely to happen?
    +))))),
             +))))),
    *1. YES*
             *5. NO*
    .))0)))-
             .))0))-
             *B101a. Did you worry a great deal over things that were not
                   really serious?
                   +))))),
                            +))))),
                   *1. YES*
                            *5. NO*
                   .)))))-
                            .)))))-
             B102. During any of those periods of worry or anxiety, did you ever have different
    worries on your mind at the same time?
    +))))),
             +))))),
             *5. NO*--->NEXT PAGE, B103
    *1. YES*
    .))0)))-
             .)))))-
    *B102a. Were any of your worries about what other people might do or what
         might happen to them?
         +))))),
          *1. YES*--->NEXT PAGE, B103
         .)))))-
         +))))),
          *5. NO *--->B102b. What sorts of things did you worry about?
         .)))))-
         *B102c. INTERVIEWER CHECKPOINT
         *+)),
         ** * 1. WORRIES IN B102b ARE ENTIRELY ABOUT ONE OR MORE OF THE
         *.))-
               FOLLOWING:
                - R's MENTAL HEALTH
                                   *--->TURN TO P. 51, B118
                - R's PHYSICAL HEALTH
                - R's WEIGHT PROBLEM
                                 S) -
         ** * 2. ALL OTHERS--->NEXT PAGE, B103
         *.))-
```

B103. The next few questions are about some reactions you might have had when you were worried or anxious -- reactions that could not be entirely explained by a physical * YES * NO *B103a. ...easily startled? * (#1) * *B103b. ...trembly or shaky? * *(#2*) * *B103c. ...restless? * *(#3)* * *B103d. ...bothered by tense, sore, or aching muscles? * **(#4)** * *B103e. ...keyed up or on edge? * *(#5*) * *B103f. ...particularly irritable? * *(#6)* * *B103g. ...aware of your heart pounding or racing? * *(#7)* * *B103h. ...short of breath or felt like you were *(#8)* * smothering? *B103i. ...easily tired? * *(#9*) * *Again, including only reactions that could not be entirely explained by *a physical illness or injury, when you were worried or anxious did *you have... *B103j. ...cold and clammy hands? **(#10*) * *B103k. ...a dry mouth? * *(#11)* * *B1031. ...nausea or diarrhea? **(#12*) * *B103m. ...difficulty concentrating because of worry? * *(#13)* * *B103n. ...hot flashes or chills? * (#14) * *B103o. ...trouble swallowing? **(#15*) * *B103p. ...trouble falling asleep or staying asleep? * (#16) * *B103q. ...discomfort or pain in the stomach? **(#17*) * *B103r. ...a lot of trouble keeping your mind on what * (#18) * you were doing? *B103s. Did you have to urinate too frequently? **(#19*) * *B103t. Did you feel dizzy or light-headed? * **(#20)** * *B103u. Did you feel faint or unreal? * **(#21)** * *B103v. Did you feel like you might lose control or **(#22*) *

```
B104. INTERVIEWER CHECKPOINT
    * SEE B103
    *+)),
    ** * 1. FOUR OR MORE "YES" RESPONSES IN B103 SERIES
    *.0)-
         * * 2. ALL OTHERS--->TURN TO P. 51, B118
         .))-
    ₩
    5B104a. CHECK "OUALIFIERS" B104 BOX ON REFERENCE CARD 5
    B105. Could any of these reactions like (READ ALOUD FIRST 2 "YES" RESPONSES FROM B103)
    have been due entirely to medications, drugs, or alcohol?
    +))))),
              +))))),
               *5. NO*--->NEXT PAGE, B106
    *1. YES*
    .))0)))-
              .)))))-
    *B105a. (RB, P. 2) Turn to Page 2 of the yellow booklet. Please circle
           the following numbers next to the reactions you just told me about.
           (READ ALOUD NUMBERS NEXT TO "YES" RESPONSES FROM B103.)
           Which of these reactions were always caused by medications, drugs,
           or alcohol during your periods of anxiety or worry? Just tell me
          the numbers. (Any others?) (CHECK ALL MENTIONS.)
           +)))),
                     +)))),
                               +)))),
                                                    +)))),
                                         +)))),
           * 01 *
                     * 02 *
                               * 03 *
                                          * 04 *
                                                    * 05 *
                               .))))-
                                         .))))-
           .))))-
                     .))))-
                                                    .))))-
           +)))),
                     +)))),
                               +)))),
                                         +)))),
                                                    +)))),
           * 06 *
                     * 07 *
                               * 08 *
                                          * 09 *
                                                    * 10 *
           .))))-
                                                    .))))-
                     .))))-
                               .))))-
                                         .))))-
           +)))),
                     +)))),
                               +)))),
                                         +)))),
                                                    +)))),
                                                    * 15 *
                     * 12 *
                                         * 14 *
           * 11 *
                               * 13 *
           .))))-
                     .))))-
                               .))))-
                                         .))))-
                                                    .))))-
           +)))),
                     +)))),
                               +)))),
                                         +)))),
                                                    +)))),
                               * 18 *
                                          * 19 *
                                                    * 20 *
           * 16 *
                     * 17 *
                     .))))-
           .))))-
                               .))))-
                                         .))))-
                                                    .))))-
           +)))),
                     +)))),
                               +)))),
           * 21 *
                     * 22 *
                               * 23 *
           .))))-
                               .))))-
                     .))))-
```

```
B106. When was the first time a period of this sort started, when you were worried or
    anxious or afraid most of the time for at least six months and had some of these
    reactions like (READ ALOUD FIRST 2 "YES" RESPONSES FROM B103)? Did this period
    start in the past six months, past year, or more than a year ago?
    *2. PAST SIX MONTHS* *3. PAST YEAR* *4. MORE THAN A YEAR AGO*
    .)))))))))))))))))))))))))))))))))))))
         * +)))))))))), *
         .)1NEXT PAGE, B108/)-
          .))))))))))-
*B107. Can you remember what your exact age was?
        +))))),
                                +)))),
        *1. YES*
                                *5. NO*
        .))0)))-
                                .))0))-
                                  ₩
    *B107a. (How old were you?)
                           *B107b. About how old were you the first
                                time a period of this sort started?**
                                                         * *
                                (ACCEPT A RANGE RESPONSE.)
                  YEARS OLD
    * *
                                           YEARS OLD
                           *B107c. What is the earliest age you can
                                                         * *
                                clearly remember having a period
                                of worry or anxiety lasting six
                                months or more?
                                (ACCEPT A RANGE RESPONSE.)
                                                         * *
                                            YEARS OLD
```

B108. When was the <u>last</u> time you were in a period of this sort (when you were worried or anxious or afraid most of the time for at least six months and had some of these reactions--in the past month, past six months, past year, or more than a year ago)? *1. PAST MONTH* *2. PAST SIX MONTHS* *3. PAST YEAR* *4. MORE THAN A YEAR AGO* .)))))))))- .))))))))))))))))))))))))) ±)))))))))))))))))))))))))))))))), *B108a. How old were you the last time? YEARS OLD .)))))))))))))))))))))))))))))))) B109. Did you ever tell a doctor other than a psychiatrist about being worried or anxious? (Doctor includes medical doctors, osteopaths, and students in training to be medical doctors or osteopaths.) +))))), +))))), *5. NO*--->NEXT PAGE, B112 *1. YES* .))0)))-.)))))-*B109a. How old were you the <u>first time</u> (you told a doctor other than a psychiatrist * about being worried or anxious)? YEARS OLD B110. Did a doctor other than a psychiatrist ever prescribe medication for you because you were worried or anxious? +))))), +))))), *1. YES* *5. NO*--->NEXT PAGE, B111 .))0)))-.)))))-+)))))))))))))))))))))))))))))))))) *B110a. How old were you the <u>first time</u> (a doctor other than a psychiatrist prescribed medication for you because you were worried or anxious)? YEARS OLD

```
B111. Did a doctor other than a psychiatrist ever advise you to see a mental health
     specialist (someone like a psychiatrist, psychologist or social worker) about
     your worry or anxiety?
                +))))),
     +))))),
                *5. NO*--->GO TO B112
     *1. YES*
     .))0)))-
                .)))))-
     +))))))))))))))))))))))))))))))))))))
     *B111a. How old were you the <u>first time</u>
            (a doctor other than a psychiatrist
            advised you to see a mental health
            specialist)?
                          YEARS OLD
     B112.
          Did you ever see a mental health specialist about your worry or anxiety?
          (By mental health specialist we mean psychiatrists, psychologists, or
          social workers.)
     +))))),
                +))))),
                *5. NO*--->GO TO B113
     *1. YES*
     .))0)))-
                .)))))-
     +))))))))))))))))))))))))))))))))))
     *B112a. How old were you the first time (you saw*
            a mental health specialist because you
            were worried or anxious)?
                          YEARS OLD
     B113. Did you ever see any other professional about being worried or anxious? (Other
     professionals include nurses, rabbis, priests, ministers and counselors.)
     +))))),
                +))))),
     *1. YES*
                *5. NO*--->NEXT PAGE, B114
     .))0)))-
                .)))))-
       ♡
     +))))))))))))))))))))))))))))))))))
     *B113a. How old were you the first time (you saw*
            any other professional because you were *
            worried or anxious)?
                          YEARS OLD
```

```
B114. Did you ever take medication more than once because you were worried or anxious?
     +))))),
                 +))))),
                                            DEFINITION: "MEDICATION" REFERS TO MEDICINE
                 *5. NO*--->GO TO B115
     *1. YES*
                                                    OBTAINED ANYWHERE--OVER-THE-
                                                    COUNTER, FROM A FRIEND,
     .))0)))-
                 .)))))-
                                                    PRESCRIBED BY A DOCTOR, OBTAINED
                                                    ILLEGALLY, ETC.
        ♡
     +)))))))))))))))))))))))))))))))))
     *B114a. How old were you the first time (you took*
            medication more than once because you
            were worried or anxious)?
                          YEARS OLD
     B115. How much did your worry or anxiety ever interfere with your life or activities--
     a lot, some, a little, or not at all?
     +)))))),
                 +)))))),
                           +))))))))),
                                          +)))))))))),
     *1. A LOT*
                 *2. SOME*
                            *3. A LITTLE*
                                          *4. NOT AT ALL*
     .)))))))-
                 .))))))-
                          .)))))))))- .)))))))-
B116. Did your worry or anxiety ever occur at times in your life when you were drinking
     alcohol or using drugs more than usual?
      DEFINITION: "DRUGS" INCLUDE PRESCRIPTION DRUGS USED WITHOUT A DOCTOR'S PRESCRIPTION OR MORE THAN
              PRESCRIBED, AS WELL AS ILLEGAL DRUGS.
     +))))),
                 +)))),
                                         +))))))))))))))),
     *1. YES*
                 *5. NO*--->GO TO B117
                                         *6. NEVER DRINK OR USE*--->NEXT PAGE,
     .))0)))-
                 .)))))-
                                              DRUGS [IF VOL.]
                                         . ))))))))))))))))))))))))))
     *B116a. Did the worry or anxiety always occur at times in your life when you
            were drinking or using drugs more than usual?
            +))))),
                        +))))),
            *1. YES*
                        *5. NO*
            .)))))-
                        .)))))-
     *B116b. Which one would start first--the worry or anxiety, or the increase in
            drinking or drug use?
            +))))))))),
                            +))))))))),
                                             +))))))))),
                                                             +))))))))),
            *1. WORRY OR*
                            *2. DRINKING/*
                                             *3. BOTH AT *
                                                             *4. IT VARIES*
                                                                 [IF VOL.]* *
                ANXIETY *
                               DRUG USE *
                                                SAME TIME*
            .))))))))-
                            .)))))))))-
                                                [IF VOL.]*
                                                             .)))))))))- *
                                             . ))))))))))-
     B117. Did you ever drink more than usual or use drugs not prescribed by a doctor or in
     greater amounts than prescribed to help you feel better during your periods of
     worry or anxiety?
                 +))))),
     +))))),
     *1. YES*
                 *5. NO*--->NEXT PAGE, B118
     .))0)))-
                 .)))))-
        ₩
     *B117a. Did this help you feel better?
            +))))),
                        +))))),
                                   +))))))))))))),, *
                                   *3. YES AT FIRST, BUT **
            *1. YES*
                        *5. NO*
            .)))))-
                        .)))))-
                                      NOT LATER ON
                                      [IF VOL.]
                                   .))))))))))))-*
```

```
B118. INTERVIEWER CHECKPOINT
    *SEE REFERENCE CARD, "SCREENERS" B3a-B7
    *+)),
    ** * 1. ONE OR MORE "YES" RESPONSES IN B3a-B7
    *.0)-
        +)),
        * * 2. ALL OTHERS--->TURN TO P. 95, SECTION F
        . ))-
    ♡
    *B118a. INTERVIEWER QUERY
         FIRST "YES" RESPONSE IN "SCREENERS" B3a-B7 IS:
    *+)),
    ** * 1. B3a--->NEXT PAGE, C1
    *.))-
    *+)),
    ** * 2. B4--->TURN TO P. 54, D1
    *.))-
    *+)),
    ** * 3. B4a--->TURN TO P. 54, D1
    *.))-
    *+)),
    ** * 4. B5--->TURN TO P. 54, D2
    *.))-
    *+)),
    ** * 5. B6--->TURN TO P. 81, E1
    *.))-
    *+)),
    ** * 6. B7--->TURN TO P. 82, E3
    *.))-
```

SECTION C: ONGOING SADNESS

	+)))))))), *CATEGORY #1* .)))))))))-	YES	NO
C1.	You mentioned earlier that you had periods lasting two years or longer when you felt depressed or sad most days, even if you felt O.K. sometimes. During one of these two year periods of feeling depressed or sad most days	(1)	(5)
Cla.	were you often in tears?		
Clbdid you frequently feel hopeless?			
Clcdid you often feel that you could not cope with your everyday life and responsibilities?			
Clddid you feel that your life had always been bad and was not going to get any better?			
	Cle. INTERVIEWER: IF ANY "YES" RESPONSE IN Cla-Cld, CHECK "SADNESS" CATEGORY #1 BOX ON REFERENCE CARD		

C2. Can you remember your <u>exact</u> age the first time you had a period lasting two years or longer when you felt depressed or sad most days?

+))))),	+))))),
1. YES	*5. NO*
.))0)))-	.))0))-
*	*
♡	♦

```
C3.
     Since that time, has the depression been a fairly constant thing in your life,
     something that comes and goes or something that only happened once?
     +))))))))))))),
                          +)))))))))))),
                                              +)))))))))))))),
     *1. FAIRLY CONSTANT*
                          *2. COMES AND GOES*
                                              *3. ONLY ONE PERIOD*
     .))))))))))))))-
                          .))))))))))))))-
                                              . )))))))))))))))-
                                                   GO TO C4
                          +)))))))))))))))))))))))))))))))))))
                          *C3a. How long do the periods of depression
                                usually last?
                                           +)))),+)))),+)))),+)))),
                                         # *DAYS**WEEKS**MONTHS**YEARS*
                                           .))))-.)))))-.)))))-.))))-.
                                How much time usually goes on between
                                the end of one period of depression and
                                the beginning of the next?
                                           +)))),+)))),+)))),+)))),
                                         # *DAYS**WEEKS**MONTHS**YEARS*
                                           .))))-.)))))-.)))))-.))))-.
                          C4.
     When was the <u>last</u> time you were in a period of depression lasting two years or
     longer -- in the past month, past six months, past year, or more than a year
     +)))))))), +))))))), +))))))))))), +)))))), +)))))), +))))))
     *1. PAST MONTH* *2. PAST SIX MONTHS* *3. PAST YEAR* *4. MORE THAN A YEAR AGO*
     *NEXT PAGE, D1*
                    .)))))))))-
                                               +)))))))))))))))))),
                                               *C4a. How old were you
                                                    the last time?
                                                             YEARS OLD*
                                               .))))))))))))))))))))))))
                                                    *NEXT PAGE, D1*
                                                    .)))))))))-
```

SECTION D: SADNESS

DEFINITION: "PERIOD OF TWO WEEKS OR MORE" MEANS MOST OF THE TWO-WEEK PERIOD; INTERRUPTIONS OF ONE OR TWO DAYS ARE OKAY IF THE TOTAL TIME IS TWO WEEKS OR MORE.

```
64444444444
              5CATEGORY #25
              94444444448
SEE REFERENCE CARD, "SCREENERS" B4, B4a
   IF "YES" RESPONSE IN B4 OR B4a,
   CHECK "SADNESS" CATEGORY #2 BOX ON REFERENCE CARD
644444444444
                                   * YES * NO *
              5CATEGORY #35
                                   * (1) * (5)
              944444444448
*D2. Has there ever been a period of 2 weeks or
   longer when you lost your appetite?
                                  *5
                                     5*GO TO*
                                *(#1) *94448* D4 *
During any of these periods did you completely
   lose your appetite?
                                * (#2) *
*D4. Have you ever lost weight without trying to C
                                   *64447*
   as much as 2 pounds a week for several weeks
                                   *5
                                     5*GO TO*
                                *(#3) *94448* D6 *
   or as much as 10 pounds altogether?
*D5.
   During any of these periods, how much weight
   did you lose?
             # POUNDS
*D6. Has there ever been at least 2 weeks when you
                                  *64447*
                                  *5
   had an increase in appetite, other than when
                                *(#4) *94448*
   you were growing (or pregnant)?
*D7. Have you ever had a period when your eating
                                  *64447*
                                  *5
                                     5*
   increased so much that you gained as much as
                                  *94448*GO TO*
   2 pounds a week for several weeks or 10 pounds
                                * (#5) *
                                     * D8a *
   altogether?
What is the most you ever gained in one of these
   periods?
             # POUNDS
64447
   D8a.
              IF ANY 5YES5 RESPONSE IN D2-D7,
      TNTERVIEWER:
                  94448
      CHECK "SADNESS" CATEGORY #3 BOX ON REFERENCE CARD.
```

```
644444444444
                                     (1) * (5) *
               5CATEGORY #45
               94444444448
*D9. Have you ever had 2 weeks or more when nearly
                                     *64447*
                                     *5
                                       5*
   every night you had trouble falling asleep?
                                     *94448*GO TO*
                                        * D11*
                                 * (#6) *
*D10. Have you ever had 2 weeks or more when nearly
   every night it took you at least 2 hours to
   fall asleep?
                                 * (#7) *
*D11. Have you ever had 2 weeks or more when nearly
                                     *64447*
                                     *5
   every night you had trouble staying asleep?
                                       5*GO TO*
                                 * (#8) *94448* D13 *
*D12. Did you ever have 2 weeks or more when nearly
   every night you lay awake more than one hour?
                                  (#9) *
*64447*
*D13. Have you ever had 2 weeks or more when nearly
                                     *5
   every morning you woke up too early?
                                       5*GO TO*
                                 *(#10) *94448* D15 *
*D14. Have you ever had 2 weeks or more when nearly
   every morning you would wake up at least 2 hours
   before you wanted to?
                                 *(#11) *
*D15. Have you ever had 2 weeks or longer when
                                     *64447*
                                     *5
   nearly every day you were sleeping too much?
                                       5*
                                 *(#12) *94448*
64447
   D15a. INTERVIEWER:
               IF ANY 5YES5 RESPONSE IN D9-D15,
                   94448
       CHECK "SADNESS" CATEGORY #4 BOX ON REFERENCE CARD.
```

```
6444444444447
                                     * YES * NO *
                                     * (1) * (5) *
               5CATEGORY #55
               944444444448
*D16. Has there ever been a period lasting 2 weeks
                                     *64447*
                                     *5 5*
    or more when you lacked energy or felt tired
    out all the time even when you had not been
                                     *94448*GO TO*
                                        * D18 *
                                 * (#13) *
    working very hard?
*D17. Have you ever been completely without energy
    for 2 weeks or more?
                                 * (#14) *
*D18. Did you ever have 2 weeks or more when you
                                     *64447*
                                       5*
                                     *5
    felt very bad when you got up, but felt better
                                 *(#15) *94448*
    later in the day?
64447
               IF ANY 5YES5 RESPONSE IN D16 OR D18,
   D18a. INTERVIEWER:
                   94448
       CHECK "SADNESS" CATEGORY #5 BOX ON REFERENCE CARD.
644444444447
                                     * YES * NO *
                                     * (1) * (5) *
               5CATEGORY #65
               94444444448
*D19. Has there ever been 2 weeks or more when
                                     *5
   nearly every day you talked or moved more
                                        5*GO TO*
                                 *(#16) *94448* D21 *
    slowly than is normal for you?
*D20. During (this/one of these) period(s) did any-
    one else notice that you were talking or moving
                                 * (#17) *
    more slowly?
Has there ever been 2 weeks or more when
                                     *64447*
                                     *5
                                       5*
    nearly every day you had to be moving all the
    time - that is, you could not sit still and
                                     *94448*
    paced up and down?
                                 * (#18) *
64447
    D21a. INTERVIEWER:
                IF ANY 5YES5 RESPONSE IN D19 OR D21,
                    94448
        CHECK "SADNESS" CATEGORY #6 BOX ON REFERENCE CARD.
```

+)))))))))))))))))))))))))))))))))))))))))))))0)))))0))))),
* 64444444447		* YES	* NO	*
* 5CATEGORY #75		* (1)	* (5)	*
* 9444444448		*	*	*
/)))))))))))))))))))))))))))))))))))))))0))))	(((3))3))))	1 (
*D22. SEE REFERENCE CARD, "SCREENERS" B5	*	*6444	7*	*
*	*	*5	5*	*
* INTERVIEWER: ENTER "YES" OR "NO" RESPONSE	*	*9444	8*GO TO	0*
* FROM "SCREENERS" B5 HERE	* (#19)	*	* D24	*
/)))))))))))))))))))))))))))))))))))))))3))))		
*D23. SEE REFERENCE CARD, "SCREENERS" B5a	*	*	*	*
*	*	*	*	*
* INTERVIEWER: ENTER "YES" OR "NO" RESPONSE	*	*	*	*
* FROM B5a HERE	* (#20)	*	*	*
/)))))))))))))))))))))))))))))))))))))	, ,	131111	131111,	1 (
*D24. Have you ever had 2 weeks or longer when you	*	*6444		/ · *
* lost the ability to enjoy having good things	*	*5	5*	*
* happen to you, like winning something or being	*	*9444	•	*
* praised or complimented?	* (#21)	*	*	*
/)))))))))))))))))))))))))))))))))))))	` ,	121111	131111.	١1
	ノ コ ノノノノ. ・*	رررررر 6444*)3))))) I *
*D25. Has there ever been a period of several weeks * when your interest in sex was a lot less than	*	*5	., 5*go to	^*
-	* (400)	•		-
* usual?	, ,		8* D26a	
<pre>/)))))))))))))))))))))))))))))))))))</pre> /** /** /** /* /* /* /* /* /* /* /* /*)3)))) *)3)))))3)))))
*D26. Did you ever completely lose your interest	*	· ·	· ·	· ·
* in sex?		^ .i.		^
*	* (#23)	*	*	*
/)))))))))))))))))))))))))))))))))))))))2)))))2)))))2))))) 1
* 64447				*
* D26a. INTERVIEWER: IF ANY 5YES5 RESPONSE IN D22-	D25			*
* 94448				*
* CHECK "SADNESS" CATEGORY #7 BOX ON REFERENC				*
.)))))))))))))))))))))))))))))))))))))))))))))))))))))))))) –

```
6444444444447
                                     * YES * NO *
                                     * (1) * (5) *
               5CATEGORY #85
               944444444448
*D27. Has there ever been 2 weeks or more when
                                     *64447*
                                     *5
   nearly every day you felt worthless?
                                        5*GO TO*
                                  *(#24) *94448* D29 *
*D28. Did you ever feel completely worthless for a
    week or more?
                                  * (#25) *
*D29. Has there ever been 2 weeks or more when
                                     *64447*
   nearly every day you felt sinful?
                                     *5
                                        5*
                                  *(#26) *94448*
*D30. Has there ever been 2 weeks or more when
                                     *64447*
                                     *5
                                        5*
   nearly every day you felt guilty?
                                  *(#27) *94448*
*D31. Has there ever been a period of two weeks or
                                     *64447*
                                     *5
                                        5*
    longer when you felt that you were not as
                                  *(#28) *94448*
    good as other people or inferior?
Has there ever been a period of two weeks or
                                     *64447*
    longer when you had so little self-confidence
                                     *5
                                        5*
                                     *94448*GO TO*
    that you would not try to have your say about
    anvthing?
                                  * (#29) *
                                        * D33a*
Did you ever have a period of 2 weeks or more
    when you entirely lost your self-confidence?
                                  * (#30) *
64447
   D33a.
        INTERVIEWER:
                IF ANY 5YES5 RESPONSE IN D27-D32,
                    94448
        CHECK "SADNESS" CATEGORY #8 BOX ON REFERENCE CARD.
```

```
644444444444
                                        * (1) * (5) *
                5CATEGORY #95
                94444444448
*D34. Has there ever been 2 weeks or more when
                                        *64447*
                                        *5
    nearly every day you had a lot more trouble
                                           5*GO TO*
    concentrating than is normal for you?
                                    *(#31) *94448* D36 *
Has there ever been 2 weeks or more when you
    were unable to read things that usually interest
    you or watch television or movies you usually
    like, because you could not pay attention
                                    * (#32) *
    to them?
Have you ever had 2 weeks or more when nearly
                                        *64447*
                                        *5
                                           5*
    every day your thoughts came much slower
    than usual or seemed mixed up?
                                    *(#33) *94448*
Have you ever had 2 weeks or more when nearly
                                        *64447*
                                        *5
                                           5*
    every day you were unable to make up your mind
    about things you ordinarily have no trouble
                                        *94448*GO TO*
                                    * (#34) *
    deciding about?
                                            * D38a*
Has there ever been a period when you were
    completely unable to make up your mind about
    things you ordinarily have no trouble deciding
                                    * (#35) *
64447
        INTERVIEWER:
                 IF ANY 5YES5 RESPONSE IN D34-D37,
                      94448
        CHECK "SADNESS" CATEGORY #9 BOX ON REFERENCE CARD.
```

```
D39.
   INTERVIEWER CHECKPOINT
   *SEE REFERENCE CARD, "SCREENERS" B3a
   *+)),
   ** * 1. "YES" RESPONSE IN B3a
   *.0)-
   * *
      +)),
     * * 2. ALL OTHERS--->NEXT PAGE, D41
      . ))-
   ♡
D40. INTERVIEWER CHECKPOINT
   *SEE REFERENCE CARD, "SADNESS"
              64447
   *+)),
   ** * 1. TWO OR MORE 5 5 BOXES CHECKED IN "SADNESS" ON REF. CARD
   *.0)-
             94448
      +)),
      * * 2. ALL OTHERS--->NEXT PAGE, D41
   * *
      . ))-
   ₩
   5D40a. CHECK "QUALIFIERS" D40 BOX ON REFERENCE CARD.5
```

```
6444444444444
                                          * (1) * (5) *
                   5CATEGORY #105
                   9444444444448
   *D41. Has there ever been a period of 2 weeks or
                                          *64447*
       more when you thought a lot about death--
                                          *5
                                             5*
       either your own, someone else's, or death
                                          *94448*
                                       * (#36) *
        in general?
   *D42. Has there ever been a period of 2 weeks or
                                          *64447*
       more when you felt like you wanted to die?
                                          *5
                                             5*
                                       *(#37) *94448*
   *D43. Have you ever felt so low you thought about
                                          *64447*
                                             5*
                                          *5
       committing suicide?
                                       *(#38) *94448*
   *D44. Have you ever attempted suicide?
                                          *64447*
                                          *5
                                             5*
                                       *(#39) *94448*
   64447
       D44a. INTERVIEWER:
                    IF ANY 5YES5 RESPONSE IN D41-D44,
                        94448
           CHECK "SADNESS" CATEGORY #10 BOX ON REFERENCE CARD.
   INTERVIEWER CHECKPOINT
D45.
   *SEE REFERENCE CARD, "SADNESS"
   *+)),
   ** * 1. THREE OR MORE CATEGORIES #3-#10 CHECKED IN "SADNESS" ON
         REF. CARD
   *.0)-
       +)),
       * * 2. ALL OTHERS--->TURN TO P. 80, D95
       . ))-
   ₩
   D45a. (RB, P. 3) Turn to Page 3 in the yellow booklet. Please circle the
       following numbers next to the problems you just told me about so that
       you can refer to them in the next questions.
       64447
       *INTERVIEWER: READ ALOUD NUMBERS IN PARENS FOR EACH 5YES5 AND EACH
                                       94448
                "YES" RESPONSE IN D2-D44, STARTING ON P. 54
       64444444444444444444444444444444
               5WHEN FINISHED, NEXT PAGE, D465
               94444444444444444444444444444
```

```
INTERVIEWER CHECKPOINT
    *SEE REFERENCE CARD, "SCREENERS" B3a, B4
                                       +)),
                                         * 2. ALL OTHERS
       * 1. "YES" RESPONSE IN
           B3a <u>OR</u> B4
                                       . 0) -
     *.0)-
    ♡
     INTERVIEWER CHECKPOINT
                                 D46b.
                                      INTERVIEWER CHECKPOINT
*SEE REFERENCE CARD, "SCREENERS" B5
                                **SEE REFERENCE CARD, "SCREENERS" B4a
                                **+)),
                   +)),
                                                   +)),
* * *1. "YES"
                  * *2. ALL OTHERS*** *1.
           RESPONSE
                                       "YES" RESPONSE
                                                     *2. ALL OTHERS
* .0)- IN B5
                   . 0) -
                                **.0)-
                                        IN B4a
                                                   . 0) -
.))))))))),
                                  ₩
                                 D46c. INTERVIEWER CHECKPOINT
                                 +))))))))))))))))))))),, *
                                 *SEE REFERENCE CARD, "SCREENERS" B5**
                                 ** *1. "YES"
                                              * *2. ALL
                                 *. 0) -
                                       RESPONSE . 0) -
                                                   OTHERS
                                 * *
                                       IN B5
                                 .)3))))))))))))))))))-*
*INTERVIEWER:
              **INTERVIEWER:
                             **INTERVIEWER:
                                            **INTERVIEWER:
                                                          **INTERVIEWER: *
*CHECK "KEY PHRASE**CHECK "KEY PHRASE**CHECK "KEY PHRASE**CHECK "KEY
                                                          **CHECK "KEY
*ONE", OPTION "A" **ONE", OPTION "B" **ONE", OPTION "C" **PHRASE ONE",
                                                          **PHRASE ONE",
              **ON REF. CARD,
                             **ON REF. CARD,
                                            **OPTION "D" ON
                                                          **OPTION "E"
*ON REF. CARD,
*AND USE "SAD,
              **AND USE "SAD OR
                             **AND USE "DOWN IN **REF. CARD, AND
                                                          **ON REF. CARD
*BLUE OR NO
              **BLUE"
                             **THE DUMPS OR NO **USE "DOWN IN THE**AND USE "NO
                             **INTEREST IN
                                            **DUMPS"
*INTEREST IN
                                                          **INTEREST IN
              *.)))))))))))))))))))))))))))
                                            *.))))))))))))))-*THINGS"
*THINGS"
.))))))))))))-
                             .))))))))))))-
                                                           .))))))))))-
D47.
    (RB, STILL ON P. 3) You said you had a period in your life when you felt (KEY
    PHRASE ONE) and also said you have had the other problems you just circled. Has
    there ever been a time when the period(s) of feeling (KEY PHRASE ONE) and some of
    these other problems circled on Page 3 occurred together -- that is, within the same
    month?
    +))))),
               +)))),
                        +)))))))))),
    *1. YES*
                        *8. DON'T KNOW*--->TURN TO P. 80, D95
               *5. NO*
    .)))))-
               .))0))-
                        .)))))))))-
   NEXT PAGE,
                 ♡
             D48
             *D47a. Let me make sure I am clear about this. There has never
                   been a period when you felt (KEY PHRASE ONE) at the same
                   time you were having some of these other problems on
                   Page 3. Is that correct?
                   +))))),
                                            +))))),
                   *1. YES*--->TURN TO P. 80, D95
                                            *5. NO*
                   .)))))-
                                            .)))))-
```

D48. Did you ever tell a doctor other than a **DEFINITION:** "TELL A DOCTOR" MEANS psychiatrist about your period(s) of CONTACTED A DOCTOR DIRECTLY BY TELEPHONE OR IN PERSON. feeling (KEY PHRASE ONE) and having some of these other problems circled on Page 3? (Doctor includes medical doctors, osteopaths, and students in training to be medical doctors or osteopaths.) 64444447 +))))), 51. YES5 *5. NO*--->NEXT PAGE, D51 944L4448 .)))))-+))))))))))))))))))))))))))))))))))) *D48a. How old were you the first time [you told a doctor other than a psychiatrist about your period(s) of feeling (KEY PHRASE ONE)]? YEARS OLD D49. Did a doctor other than a psychiatrist ever prescribe medication for you because of your period(s) of feeling (KEY PHRASE ONE)? 64444447 +))))), **DEFINITION:** "PRESCRIBE" MEANS A DOCTOR'S 51. YES5 *5. NO*--->GO TO D50 PRESCRIPTION NEEDS TO BE 944L4448 HANDED TO A PHARMACIST TO .)))))-OBTAIN THE MEDICATION. +))))))))))))))))))))))))))))))))))))) *D49a. How old were you the first time [a doctor other than a psychiatrist prescribed medication for you because of your period(s) of feeling (KEY PHRASE ONE)]? YEARS OLD D50. Did a doctor other than a psychiatrist ever advise you to see a mental health specialist (someone like a psychiatrist, psychologist or social worker) about your period(s) of feeling (KEY PHRASE ONE)? 64444447 +))))), 51. YES5 *5. NO*--->NEXT PAGE, D51 944L4448 .)))))-+)))))))))))))))))))))))))))))) *D50a. How old were you the first time (a doctor other than a psychiatrist

advised you to see a mental health

YEARS OLD

specialist)?

```
D51.
     Did you ever see a mental health specialist about your period(s) of feeling
     (KEY PHRASE ONE)? (By mental health specialist we mean psychiatrists,
     psychologists, or social workers.)
     64444447
                 +))))),
                 *5. NO*--->GO TO D52
     51. YES5
     944L4448
                 .)))))-
     +)))))))))))))))))))))))))))))))))))
     *D51a. How old were you the first time [you saw *
            a mental health specialist about your
           period(s) of feeling (KEY PHRASE ONE)]?
                           YEARS OLD
     D52. Did you ever see any other professional about your period(s) of feeling (KEY
     PHRASE ONE)? (Other professionals include nurses, rabbis, priests, ministers,
     and counselors.)
     64444447
                 +))))),
                 *5. NO*--->GO TO D53
     51. YES5
     944L4448
                 .)))))-
     +))))))))))))))))))))))))))))))))
     *D52a. How old were you the <u>first time</u> [you saw '
            any other professional because of your
           period(s) of feeling (KEY PHRASE ONE)]?
                           YEARS OLD
     D53. Did you ever take medication more than
                                             DEFINITION:
                                                        "MEDICATION" REFERS TO
     once because of your period(s) of
                                                        MEDICINE OBTAINED ANYWHERE--
                                                        OVER-THE-COUNTER, FROM A
     feeling (KEY PHRASE ONE)?
                                                        FRIEND, PRESCRIBED BY A
     64444447
                 +))))),
                                                        DOCTOR, OBTIANED ILLEGALLY,
     51. YES5
                 *5. NO*--->GO TO D54
                                                        ETC.
     944L4448
                 .)))))-
        ♡
     +)))))))))))))))))))))))))))))))))))
     *D53a. How old were you the <u>first time</u> [you took*
           medication more than once because of your*
           period(s) of feeling (KEY PHRASE ONE)]?
                           YEARS OLD
     D54. How much did your period(s) of feeling (KEY PHRASE ONE) ever interfere with
     your life or activities -- a lot, some, a little, or not at all?
     644444447
                 +)))))),
                            +))))))))),
                                           +)))))))))),
     51. A LOT5
                 *2. SOME*
                            *3. A LITTLE*
                                           *4. NOT AT ALL*
     944444448
                            .))))))))-
                                           .))))))))))-
                 .))))))-
```

```
working or from seeing friends or relatives?
    64444447
              +))))),
              *5. NO*
    51. YES5
    94444448
              .)))))-
D56. Were you ever hospitalized for your period(s) of feeling (KEY PHRASE ONE)?
    64444447 +)))),
              *5. NO*--->GO TO D57
    51. YES5
    944L4448
              .)))))-
    +))))))))))))))))))))))))))))))
    *D56a. How old were you the first time? *
                        YEARS OLD
    .)))))))))))))))))))))))))))))))))))
    INTERVIEWER CHECKPOINT
D57.
    64447
    ** * 1. ONE OR MORE 5 5 RESPONSES IN D48-D56
    *.0)-+)),
                     94448
         * * 2. ALL OTHERS--->TURN TO P. 80, D95
         .))-
    D58. (RB, STILL ON P. 3) In your lifetime, how many periods have you had that
    lasted two weeks or more when you felt (KEY PHRASE ONE) and also had some of
    the other problems circled on Page 3?
     DEFINITION:
              PERIODS SHOULD BE COUNTED SEPARATELY IF THE RECOVERY TIME BETWEEN THEM IS TWO
              MONTHS OR MORE.
    +))))))),
                +)))))),
                          +))))))))))))))))))))))))),
    *00. NONE*
                *01. ONE*
                          *MORE THAN ONE:
                                                   *--->TURN TO P. 67,
    .)))))))-
                .)))0)))-
                                          NUMBER
   TURN TO P. 80,
                          .)))))))))))))))))))))))))))))
      D95
D59.
    When did that period start--in the past month, past six months, past year, or
    more than a year ago?
    +)))))))))),
                  +))))))))), +))))),,
                                              +))))))))))))))))))),
                                *3. PAST YEAR*
                                             *4. MORE THAN A YEAR AGO*
    *1. PAST MONTH*
                  *2. SIX MONTHS*
                  .)))))))))- .))))))-
    .)))))))))-
                                              .)))))))))))))))))))))))))))
                  +))))))))))),
         .))))))))))-
*D60. Can you remember your <u>exact</u> age when this period started?
     +))))),
                                +)))),
     *1. YES*
                                 *5. NO*
     .))0)))-
                                 .))0))-
     *D60a. (How old were you?) * D60b. About how old were you (when *
                                      this period started)?
                                      (ACCEPT A RANGE RESPONSE.)
                                   YEARS OLD
```

D55. Was any period of feeling (KEY PHRASE ONE) so bad that it kept you from

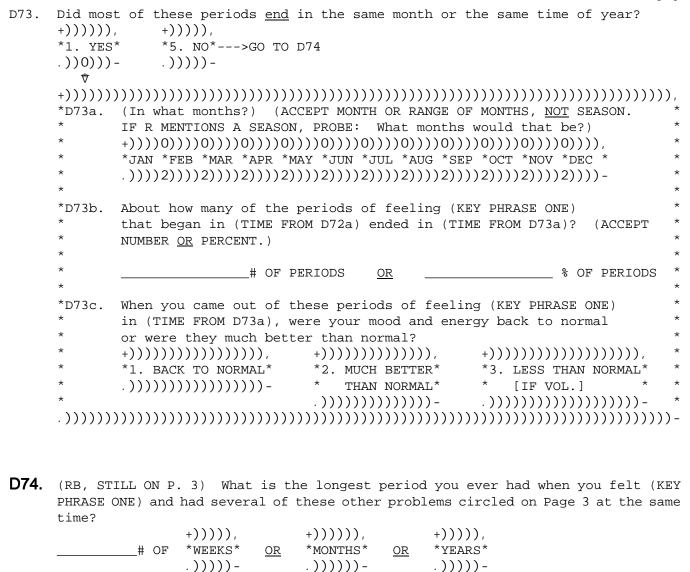
```
D61.
    Did that period of feeling (KEY PHRASE ONE) occur just after someone close to
    you died?
    +))))),
                     +)))))))))))))))))))))))))))))))))))
    *1. YES*
              *5. NO*--->*D61a. Was there anything else going on in your
    .))0)))-
             .)))))-
                           life at that time which might have caused you*
                           to feel (KEY PHRASE ONE)?
                           +))))),
                                     +))))),
                           *1. YES*
                                     *5. NO*--->GO TO D62
                           .)))))-
                                     . )))))-
                      *D61b. (Briefly, what was going on?)
                      (RB, STILL ON P. 3) Has that period of feeling (KEY PHRASE ONE) and having
D62.
    some of the other problems circled on Page 3 ended or is it still going on?
               +))))))))))))),
    +))))))),
    *1. ENDED*
               *2. STILL GOING ON*--->GO TO D63
               .)))))))))))))-
    .))))))-
D62a. When did it end (in the past month, past six months, past year, or more than a
    year ago)?
     +)))))))),
               +)))))))))),
                             +)))))))))),
                                         +))))))))))))))))))
                             *3. PAST YEAR*
     *1. PAST *
                *2. PAST *
                                          *4. MORE THAN A YEAR AGO*
        MONTH *
               * SIX MONTHS*
                                          .))))))))))))))))))))))
                              .)))))))))-
     .)))))))-
                .))))))))))-
                 +))))))))),
          .))))))))-
*D62b. Can you remember your exact age when it ended?
     +))))),
                               +))))),
      *1. YES*
                               *5. NO*
     .))0)))-
                               .))0))-
                                 ₩
     *D62c. (How old were you?) * D62d. About how old were you (when *
                                     this period ended)? *
                                  YEARS OLD
     D63. How long did this period last (before it ended/so far)?
                +)))),
                       +))))), +)))),
                                      +))))),
        # OF
                *DAYS*
                       *WEEKS*
                              *MONTHS*
                                      *YEARS*
                       .)))))- .)))))- .)))))-
                .))))-
                       +)))))))))))))),
                       *TURN TO P. 74, D81a*
                       .)))))))))))))-
```

```
D64.
    (RB, STILL ON P. 3) When was the first time you had a period of two weeks or
    more when you had some of these problems circled on Page 3 and also felt (KEY
    PHRASE ONE) -- in the past month, past six months, past year, or more than a
    *1. PAST MONTH**2. PAST SIX MONTHS**3. PAST YEAR**4. MORE THAN **5. NEVER
    NEXT PAGE, D67
                     * +))))))), *
                                      .))))))))))-.))))))--
                     .)1NEXT PAGE,/)-
                                                  TURN TO
                      * D66
                                                  P. 80, D95
                      .)))))))-
*D65. Can you remember your <u>exact</u> age the <u>first time</u> you had a period of <u>two weeks</u>
    or more when you had some of these problems circled on Page 3 and also felt
    (KEY PHRASE ONE)?
         +))))),
                                   +))))),
         *1. YES*
                                   *5. NO*
         .))0)))-
                                   .))0))-
           ₩
    *D65b. About how old were you (the first *
    *D65a. (How old were you?)
                                time you had a period of this
                 YEARS OLD
                                sort lasting <a href="two-weeks">two-weeks</a> or more)?
    (ACCEPT A RANGE RESPONSE)
                                           YEARS OLD
                                What is the earliest age you can
                                clearly remember having a period
                                of this sort lasting two weeks or
                                more?
                                (ACCEPT A RANGE RESPONSE)
                                           YEARS OLD
```

```
D66.
     (RB, STILL ON P. 3) When was the <u>last</u> time you had a period of <u>two weeks</u> or more
     when you had some of these problems circled on Page 3 and also felt (KEY PHRASE
     ONE) -- in the past month, past six months, past year, or more than a year ago?
     +)))))))), +))))))), +)))))))))))), +)))))), +)))))), +)))))
     *1. PAST MONTH* *2. PAST SIX MONTHS* *3. PAST YEAR* *4. MORE THAN A YEAR AGO*
     +))))))))))))))))))))))))))))))
                                            *D66a. How old were you the last*
                                                  time (you had a period of*
                                                  this sort)?
                                                           YEARS OLD
                                                      +)))))))),
                                            D68
                                                      .))))))))-
     How an periods of feeling (KEY PHRASE ONE) lasting two weeks or longer have you
     had in the past 12 months?
     +)))))),
                                         +))))))))))))))))))),
     *01. ONE*
                                             MORE THAN ONE:
     .))0)))-
                                                             NUMBER
                                         . ))))))))))))))))))))))))))))
       ♡
     *D67d. In what month and year did
     *D67a. In what month and year did
           this period start?
                                               the first of these (NUMBER
                                               FROM D67) periods start?
               MONTH/YEAR
                                                   MONTH/YEAR
     *D67b. Has this period of feeling (KEY
           PHRASE ONE) ended or is it still* *D67e. How long did this first
                                               period of feeling (KEY
           going on?
           +)))))), +))))))))))),
                                               PHRASE ONE) last?
           *1. ENDED* *2. STILL GOING ON*
           .)))))))- .))))))))))))))))
                                                         # OF
                                         * +)))),
                                                                   +))))), *
                                                  +))))),
                                                          +))))),
                                         * *DAYS*
     *D67c. How long did this period
                                                  *WEEKS*
                                                          *MONTHS*
                                                                   *YEARS**
                                         * .))))- .)))))- .)))))-
           last (so far)?
                                                                  .)))))-*
                                         .)))))))))))))))))))))))))))))))))))
       +)))),
               +)))),
                       +))))),
                               +))))),
       *DAYS*
               *WEEKS*
                       *MONTHS*
                               *YEARS*
        .))))-
              .)))))-
                       .)))))-
                               .)))))-
     .)))))))))))))))))))))))))))))))))))
```

```
D68.
    INTERVIEWER QUERY
    +)))))))))))))))))))))))))))))))))
    *SEE D58, P. 65
    *# OF PERIODS IN D58 IS
    You have had (NUMBER FROM D68) periods of feeling (KEY PHRASE ONE) in your
D69.
    lifetime. Between (any of) these periods were you feeling O.K. at least for some
    months?
    +))))),
              +)))),
              *5. NO*--->GO TO D70
    *1. YES*
    .))0)))-
              .)))))-
       ₩
   *D69a. Between (any of) these periods were you fully able to work
         and enjoy being with other people?
         +))))),
                   +))))),
         *1. YES*
                   *5. NO*--->GO TO D70
         .))0)))-
                   .)))))-
    *D69b. Did that "normal" period ever last at least 6 months?
                   +))))),
         +))))),
                   *5. NO*
         *1. YES*
         .))0)))-
                   .))0))-
                   D69c. Did it ever last at least 2 months?
                        +))))),
                                 +))))),
                                  *5. NO*
                        *1. YES*
                        .)))))-
                                  .)))))-
   ₩
D70. Did any of these periods of feeling (KEY PHRASE ONE) occur just after someone
    close to you died?
    +))))),
              +))))),
              *5. NO*--->NEXT PAGE, D72
    *1. YES*
    .))0)))-
              .)))))-
      ₩
    *D70a. (RB, STILL ON P. 3) Did you ever have a period of feeling
          (KEY PHRASE ONE) along with some of these other problems circled*
          on Page 3 at times when it was not just after a death?
          +))))),
                    +))))),
           *1. YES*
                    *5. NO*--->NEXT PAGE, D72
           .)))))-
                    .)))))-
```

```
D71.
    What about your most recent period of feeling (KEY PHRASE ONE)? Was that due to
    someone close to you dying?
              +))))),
    +))))),
    *1. YES*
              *5. NO*
    .)))))-
              .)))))-
    Did most of your periods of feeling (KEY PHRASE ONE) begin in the same month or
    the same time of year?
              +)))),
    +))))),
              *5. NO*--->NEXT PAGE, D74
    *1. YES*
    .))0)))-
              .)))))-
    *D72a. (In what months?) (ACCEPT MONTH OR RANGE OF MONTHS, NOT SEASON.
          IF R MENTIONS SEASON, PROBE: What months would that be?)
          *JAN *FEB *MAR *APR *MAY *JUN *JUL *AUG *SEP *OCT *NOV *DEC *
          *D72b.
          About how many of your (NUMBER FROM D68) periods of feeling (KEY
          PHRASE ONE) began in (TIME FROM D72a)? (ACCEPT NUMBER OR PERCENT)
                    ____# OF PERIODS
                                                % OF PERIODS
                                   OR
    *D72c. Did you ever have two years \underline{\text{in a row}} when a period of feeling (KEY
          PHRASE ONE) started in (TIME FROM D72a)?
          +))))),
                    +))))),
           *1. YES*
                     *5. NO*
          .)))))-
                    .)))))-
```



```
D75.
    INTERVIEWER CHECKPOINT
    *INTERVIEWER: MARK 1ST CHECKPOINT OPTION WHICH APPLIES
    ** * 1. "YES" IN "SCREENERS" B3a ON REFERENCE CARD--->NEXT PAGE, D78
    *.))-
    *+)),
    ** * 2. TWO YEARS OR LONGER IN D74
    *.0)-
        * * 3. ALL OTHERS--->NEXT PAGE, D78
        .))-
    ₩
D76. (RB, STILL ON P. 3) Can you remember your exact age the first time you had two
    years or more when you felt (KEY PHRASE ONE) and had some of the problems circled
    on Page 3 at the same time?
         +))))),
                                    +))))),
         *1. YES*
                                    *5. NO*
         .))0)))-
                                    .))0))-
    *D76a. How old were you when that*D76b. About how old were you the first
         period started?
                           * time a period of this sort started? *
                                 (ACCEPT A RANGE RESPONSE.)
                   YEARS OLD
    YEARS OLD
                            *D76c. What is the earliest age you can
                                 clearly remember having a period of *
                                 this sort? (ACCEPT A RANGE
                                 RESPONSE.)
                                             YEARS OLD
```

```
D77. (RB, STILL ON P. 3) What about the <u>last</u> time you had two years or more when you
    felt (KEY PHRASE ONE) and had some of these other problems circled on Page 3.
    Was this going on in the past month, past six months, past year, or more than a
    year ago?
    +))))))))), +))))))))))))))))))))))), +))))))), +))))))), +))))))
    *1. PAST MONTH* *2. PAST SIX MONTHS* *3. PAST YEAR* *4. MORE THAN A YEAR AGO*
    +))))2)))),
        .)))))))-
                                  +))))))))))))))))))))))))))),
                                  *D77a. How old were you the last*
                                      time (you had a period of*
                                      this sort lasting two
                                      years or longer)?
                                             YEARS OLD
                                  .)))))))))))))))))))))))))))))))
D78. (RB, STILL ON P. 3) How old were you when you felt (KEY PHRASE ONE) for at least
   two weeks and had the largest number of these other problems circled on Page 3
   at the same time?
                            +))))))))))))))))))))))))))))))))
   +))))))))))))))),
                            *95. "ALL SPELLS ALIKE" OR "NO ONE *
             YEARS OLD*--->GO TO D80 * SPELL WITH MOST" [IF VOL.]
    *D79. Can you think of a particularly bad one?
    +))))),
                         +))))),
                         *5. NO*
    *1. YES*
    .))0)))-
                         .))0))-
     ♡
    *D79a. (How old were you when *D79b. Then think of your most recent
         that period occurred?) * period. How old were you
                             (when it occurred)?
                              YEARS OLD
    D80.
   Was there anything going on in your life at that time which caused you to feel
    (KEY PHRASE ONE)?
    +))))),
          +))))),
    *1. YES*
            *5. NO*--->NEXT PAGE, D81
    .))0)))-
            .)))))-
    *D80a. (Briefly, what was going on?)
                         +)))))))))),
```

.))))))))))-

```
D81.
    INTERVIEWER QUERY
     *SEE P. 73, D78 or D79
     *AGE MARKED IN D78 OR D79 is
     D81b. (RB, STILL ON P. 3)
     D81a.
               (RB, STILL ON P. 3)
                                          Now, take your time to
               Now, take your time to
                                          carefully review the list of
               carefully review the
                                          problems you circled on Page
               list of problems you
                                          3, and tell me the numbers of
               circled on Page 3, and
                                          all the problems you had
               tell me the numbers of
                                          during that period of feeling
               all the problems you
                                          (KEY PHRASE ONE) when you
               had during that period
                                          were (AGE FROM D81). (PROBE:
               of feeling (KEY PHRASE
                                          Any others?) (CHECK ALL
               ONE). (PROBE: Any
                                          MENTIONS.)
               others?) (CHECK ALL
               MENTIONS.)
                 +)),
                      +)),
                           6447 +)),
                                     6447
                 *01*
                     *02*
                          5035 *04*
                                     5055
    CATEGORY #3:
                           9448 .))-
                     . ))-
                                     9448
                 . ))-
                           +)),
                               +)),
                                     +)),
                 +)),
                      +)),
                                          +)),
                                               +)),
     CATEGORY #4:
                 *06*
                      *07*
                           *08*
                               *09*
                                     *10*
                                          *11* *12*
                 . ))-
                     . ))-
                          . ))-
                               .))- .))- .))-
                 +)),
                      +)),
                           +)),
                     *14*
                 *13*
                           *15*
     CATEGORY #5:
                 . ))-
                     . ))-
                          . ))-
                 +)),
                      +)),
                           +)),
                 *16*
                      *17*
                           *18*
    CATEGORY #6:
                     .))-
                 . ))-
                           . ))-
                 +)),
                      +)),
                           +)),
                                +)),
                                     +)),
                          *21*
    CATEGORY #7:
                 *19*
                      *20*
                               *22*
                                     *23*
                          . ))-
                 . ))-
                     . ))-
                               .))- .))-
                 +)),
                      +)),
                           +)),
                                +)),
                                     +)),
                                          +)),
                                               +)),
                                          *29* *30*
                      *25*
                          *26*
                                *27*
                                     *28*
                 *24*
     CATEGORY #8:
                               . ))-
                 . ))-
                      . ))-
                           . ))-
                                     . ))-
                                          .))- .))-
                 +)),
                      +)),
                           +)),
                                +)),
                                     +)),
                     *32*
                          *33* *34*
                                    *35*
     CATEGORY #9:
                 *31*
                 .))-
                      . ))-
                          .))- .))- .))-
                 +)),
                      +)),
                           +)),
                                +)),
                 *36*
                      *37*
                          *38*
                                *39*
    CATEGORY #10:
                 .))-
                      . ))-
                          .))- .))-
D81c. INTERVIEWER CHECKPOINT
     *SEE D81a-D81b
     *+)),
     ** * 1. THREE OR MORE CATEGORIES HAVE
                                     * * 2. ALL OTHERS--->NEXT PAGE, D82*
            AT LEAST ONE BOX CHECKED
                                      .))-
     5D81d. CHECK "QUALIFIERS" D81 BOX ON REFERENCE CARD.5
```

```
D82.
    INTERVIEWER CHECKPOINT
    +))))))))))))))))))))))))))))))))))
     *SEE D81a-D81b
     *+)),
             6447
     ** * 1.
            5035 CHECKED IN D81a-D81b
     *.0)-
             9448
         +)),
            * 2. ALL OTHERS--->GO TO D83
         .))-
     *D82a. During this period of feeling (KEY PHRASE ONE) how
           much weight did you lose?
                        # POUNDS
     D83.
    INTERVIEWER CHECKPOINT
     +)))))))))))))))))))))))))))))))),
     *SEE D81a-D81b
            6447
     *+)),
     ** * 1.
            5055 CHECKED IN D81a-D81b
     *.0)-
            9448
          * * 2. ALL OTHERS--->GO TO D84
         .))-
     *D83a. During this period of feeling (KEY PHRASE ONE) how
           much weight did you gain?
                        # POUNDS
     D84.
    (RB, STILL ON P. 3) Could any of these problems circled on Page 3 have been due
    entirely to medications, drugs, alcohol, physical illness or injury?
     +))))),
               +))))),
     *1. YES*
               *5. NO*--->NEXT PAGE, D85
     .))0)))-
               .)))))-
     *D84a. (RB, STILL ON P. 3) Which of these problems circled on Page 3 were
          caused by medications, drugs, alcohol, physical illness or injury
          during period(s) of feeling (KEY PHRASE ONE)? Just tell me the
          numbers. (Any others?)
                              (CHECK ALL MENTIONS.)
          +)),
               +)),
                    +)),
                         +)),
                              +)),
                                   +)),
                                        +)),
                                            +)),
                                                 +)),
                                                      +)),
          *01*
               *02*
                    *03*
                         *04*
                              *05*
                                   *06*
                                        *07*
                                             *08*
                                                 *09*
                                                      *10*
               .))-
                    .))-
                         .))-
                                       .))-
                                            .))-
                                                 .))-
                                                      .))-
          . ))-
                              . ))-
                                   .))-
          +)),
               +)),
                    +)),
                         +)),
                              +)),
                                   +)),
                                        +)),
                                            +)),
                                                 +)),
                                                      +)),
          *11*
               *12*
                    *13*
                         *14*
                              *15*
                                   *16*
                                        *17*
                                            *18*
                                                 *19*
                                                      *20*
               .))-
          . ))-
                    .))-
                         . ))-
                              .))-
                                   . ))-
                                        . ))-
                                            . ))-
                                                 . ))-
                                                      . ))-
          +)),
                              +)),
               +)),
                    +)),
                         +)),
                                   +)),
                                        +)),
                                            +)),
                                                 +)),
                                                      +)),
          *21*
               *22*
                    *23*
                         *24*
                              *25*
                                   *26*
                                        *27*
                                             *28*
                                                 *29*
                                                      *30*
          . ))-
               .))-
                    .))-
                              .))-
                                   . ))-
                                        .))-
                                            . ))-
                                                 . ))-
                         . ))-
                                                      . ))-
          +)),
               +)),
                    +)),
                         +)),
                              +)),
                                   +)),
                                        +)),
                                            +)),
                                                 +)),
          *31*
               *32*
                    *33*
                         *34*
                              *35*
                                   *36*
                                            *38*
                                                 *39*
                                        *37*
          . ))-
               . ))-
                   .))- .))- .))-
                                  . ))-
                                       .))- .))- .))-
```

D86. (RB, STILL ON P. 3) Did your period of (KEY PHRASE ONE) and having some of the other problems circled on Page 3 occur at a time in your life when you were drinking alcohol or using drugs more than usual?

DEFINITION: "DRUGS" INCLUDE PRESCRIPTION DRUGS USED WITHOUT A DOCTOR'S PRESCRIPTION OR MORE THAN PRESCRIBED, AS WELL AS ILLEEGAL DRUGS.

```
+))))),
         +))))),
                       +))))))))))))))))))))),
                       *6. NEVER DRINK OR USE DRUGS*
*1. YES*
          *5. NO*
.))0)))-
         .)))))-
                       * [IF VOL.]
         GO TO D87
                       .))))))))))))))))))))))))))))
                             NEXT PAGE, D88
  ₩
Which started first--the period of feeling (KEY PHRASE ONE) or
      the increase in drinking or drug use?
      +))))))), +)))))), +))))))), +)))))), +)))))), +))))), +)))))
      *1. FEELING**2. DRINKING/**3. BOTH AT THE**4. IT VARIES*
      .)))))))))-* DRUG USE **
                            SAME TIME ** [IF VOL.]*
                            [IF VOL.] *.)))))))))-
               .)))))))))-*
                          .))))))))))-
```

D87. Did you drink more than usual or use drugs not prescribed by a doctor or in greater amounts than prescribed to help you feel better during your period of (KEY PHRASE ONE)?

```
+))))),
+))))),
*1. YES*
        *5. NO*--->NEXT PAGE, D88
.))0)))-
        .)))))-
*D87a. Did this help you feel better?
             +))))),
     +))))),
                     +)))))))))))))))),
     *1. YES*
             *5. NO*
                     *3. YES AT FIRST, BUT NOT *
     .)))))-
             .)))))-
                        LATER ON [IF VOL.]
                     .))))))))))))))))))))))))
```

```
INTERVIEWER CHECKPOINT
    *SEE REFERENCE CARD, "QUALIFIERS" B104
    * * * 1. B104 BOX CHECKED ON REFERENCE CARD
    * .0)-
          +)),
          * * 2. ALL OTHERS--->TURN TO P. 80, D95
          . ))-
    Earlier you told me that you had periods lasting six months or more when you were
D89.
    worried or anxious. Did one of these periods of worry occur during the time when
    you had a period of feeling (KEY PHRASE ONE)?
    +))))),
               +))))),
    *1. YES*
               *5. NO*--->TURN TO P. 80, D95
    .))0)))-
              .)))))-
       ♡
    Which one started first--the worry or the period of feeling
           (KEY PHRASE ONE)?
           +)))))), +)))))), +)))))), +)))))), +)))))), +))))), +)
           *1. WORRY**2. FEELING**3. BOTH AT THE**4. IT VARIES*
                               SAME TIME **
           .)))))))-.))))))-*
                                            [IF VOL.]*
                                [IF VOL.] *.)))))))))-
                            .))))))))))-
     *D89b. Which one went away first--[the worry or the period of feeling
           (KEY PHRASE ONE)]?
           +)))))), +)))))), +)))))), +)))))), +)))))), +))))), +)
           *1. WORRY**2. FEELING**3. BOTH AT THE**4. IT VARIES*
           .)))))))-.))))))-*
                               SAME TIME ** [IF VOL.]*
                                [IF VOL.] *.)))))))))-
                            .))))))))))-
    *TURN TO P. 80, D95*
                        .))))))))))))-
```

```
+))))))))))))))))))))))))))),
*MORE THAN ONE PERIOD IN LIFETIME*
.)))))))))))))))))))))))))))))))))))
```

D90. (RB, STILL ON P. 3) You told me you had more than one period of feeling (KEY PHRASE ONE). During any of your other periods, did you have as many of these problems circled on Page 3 as you did in the period you just described?
+))))),
1. YES *5. NO*
.)))))-

D91. (RB, STILL ON P. 3) Did your periods of feeling (KEY PHRASE ONE) and having some of the other problems circled on Page 3 ever occur at times in your life when you were drinking alcohol or using drugs more than usual?

DEFINITION: "DRUGS" INCLUDE PRESCRIPTION DRUGS USED WITHOUT A DOCTOR'S PRESCRIPTION OR MORE THAN PRESCRIBED, AS WELL AS ILLEGAL DRUGS.

```
+)))),
                            +))))))))))))))))))))))
+))))),
*1. YES*
          *5. NO*--->GO TO
                            *6. NEVER DRINK OR USE DRUGS*--->NEXT PAGE,
.))0)))-
          .)))))-
                   D92
                                      [IF VOL.]
                                                         D93
                            . ))))))))))))))))))))))))))))
  ♡
Did the periods of feeling (KEY PHRASE ONE) always occur at times
      in your life when you were drinking or using drugs more than usual?
      +))))),
                +))))),
      *1. YES*
                *5. NO*
                .)))))-
      .)))))-
*D91b.
      Which one would start first--the periods of feeling (KEY PHRASE
      ONE) or the increase in drinking or drug use?
      +))))))), +)))))), +))))))), +)))))), +)))))), +)))))
      *1. FEELING* *2. DRINKING/* *3. BOTH AT THE* *4. IT VARIES *
                   DRUG USE * *
                               SAME TIME * * [IF VOL.] *
      .))))))))- *
                .)))))))))- *
                               [IF VOL.] * .))))))))))-
                            .))))))))))-
```

D92. Did you ever drink more than usual or use drugs not prescribed by a doctor or in greater amounts than prescribed to help you feel better during your periods of feeling (KEY PHRASE ONE)?

```
+))))),
        +))))),
        *5. NO*--->NEXT PAGE, D93
*1. YES*
.))0)))-
        .)))))-
 ₩
*D92a.
     Did this help you feel better?
             +))))),
     +))))),
                     +)))))))))))))),, *
     *1. YES*
              *5. NO*
                     *3. YES AT FIRST, BUT NOT**
     .)))))-
             .)))))-
                       LATER ON [IF VOL.]
                     . ))))))))))))))))-*
```

```
D93.
    INTERVIEWER CHECKPOINT
    *SEE REFERENCE CARD, "QUALIFIERS" B104
    ** * 1. B104 BOX CHECKED ON REFERENCE CARD
    *.0)-
    * *
         * * 2. ALL OTHERS--->NEXT PAGE, D95
         . ))-
    Earlier you told me you had periods lasting six months or more when you were
D94.
    worried or anxious. Have these periods of worry ever occurred during a time when
    you were also having a period of feeling (KEY PHRASE ONE)?
    +))))),
             +))))),
             *5. NO*--->NEXT PAGE, D95
    *1. YES*
    .))0)))-
             .)))))-
       ♡
    *D94a. Did your periods of worry always occur during a time when you were
          also having a period of feeling (KEY PHRASE ONE)?
          +))))),
                   +))))),
          *1. YES*
                   *5. NO*
          .))))))-
                  .)))))-
    *D94b. During times you had both, which one would start first--the worry or
          the period of feeling (KEY PHRASE ONE)?
          +)))))), +)))))), +)))))), +)))))), +)
                                                 +))))))))),
          *1. WORRY* *2. FEELING*
                               *3. BOTH AT THE SAME*
                                                 *4. IT VARIES*
          .)))))))- .))))))-
                                  TIME
                                                    [IF VOL.]*
                                  [IF VOL.]
                                                 .)))))))))-
                               .))))))))))))-
    *D94c. Which would go away first--[the worry or the period of feeling
          (KEY PHRASE ONE)]?
          +))))))),
                   +)))))))),
                              +))))))))))))))),
                                                 +))))))))),
          *1. WORRY* *2. FEELING*
                               *3. BOTH AT THE SAME*
                                                 *4. IT VARIES*
          .)))))))- .))))))-
                                  TIME
                                                 * [IF VOL.]*
                                  [IF VOL.]
                                                 .)))))))))-
                               .))))))))))))-
```

```
D95.
   INTERVIEWER CHECKPOINT
   *SEE REFERENCE CARD, "SCREENERS" B6 AND B7
   ** * 1. "YES" RESPONSE IN B6 \overline{\text{OR}} B7
   *.0)-
   * *
      +)),
   * * * 2. ALL OTHERS--->TURN TO P. 95, SECTION F
   * * .))-
   *D95a. INTERVIEWER QUERY
        FIRST "YES" RESPONSE IN "SCREENERS" B6 AND B7 IS: *
        * * 1. B6--->NEXT PAGE, E1
        .))-
        +)),
        * * 2. B7--->TURN TO P. 82, E3
        .))-
```

SECTION E: MANIA

E1. Earlier you mentioned having a period of at least two days when you were so happy, excited or high that you got into trouble, or your family or friends worried about it, or a doctor said you were manic.

```
Was this ever the result of taking medication, drugs or alcohol?
+))))),
        +))))),
*1. YES*
         *5. NO*--->NEXT PAGE, E2
.))0)))-
        .)))))-
*Ela. Was this period of being happy, excited, high or manic <u>always</u>
    the result of taking medication, drugs or alcohol?
    +))))),
             +))))),
    *1. YES*
             *5. NO*
    .))))))-
             .)))))-
```

.)))))-

.)))))-

```
E2.
    INTERVIEWER CHECKPOINT
    * SEE REFERENCE CARD, "SCREENERS" B7
    * +)),
    * * * 1. "YES" RESPONSE IN "SCREENERS" B7 ON REFERENCE CARD
     . 0) -
          * * 2. ALL OTHERS--->NEXT PAGE, E4
         .))-
    E3.
    (Earlier) you (also) mentioned you had a period of several days when you were
    so irritable that you threw or broke things, started arguments, shouted at
    people or hit someone.
    Was this ever the result of taking medication, drugs or alcohol?
             +))))),
    *1. YES*
             *5. NO*--->NEXT PAGE, E4
    .))0)))-
             .)))))-
   ^st E3a. Was this period of being so irritable <u>always</u> the result of taking
         medication, drugs or alcohol?
         +))))),
                  +))))),
         *1. YES*
                  *5. NO*
```

```
+))))))))),
                                            * YES * NO *
                                            * (1) * (5) *
Has there ever been a period when you were
                                            *64447*
   so much more active than usual that you or your
                                               5*GO TO*
                                        * (#1)
                                            *94448* E5
   family or friends were concerned about it?
Were you able to be that active without
        getting tired?
Has there ever been a period of several days when
                                            *64447*
   you could not sit still and paced up and down?
                                            *94448*
                                        * (#2)
Has there ever been a period when you went on spending
   sprees, spending so much money that it caused you or
                                            *5
                                              5*
                                            *94448*
   your family some financial trouble, or a period when you
   made foolish decisions about money?
Have you ever had a period when your interest in sex was *
                                            *64447*
                                            *5
   so much stronger than is typical for you that you wanted *
                                               5*
                                            *94448*
   to have sex a lot more frequently than is normal for you ^{\star}
   or with people you normally would not be interested in?
Has there ever been a period when you talked so
                                            *64447*
   fast that people said they could not understand you
                                            *5
   or you had to keep talking all of the time?
                                        * (#5)
                                            *94448*
Have you ever had a period when thoughts raced through
                                            *5
   your head so fast that you could not keep track of them? *
                                              5*
                                        * (#6)
                                            *94448*
*64447*
   Have you ever had a period when you felt that you had a
   special gift or special powers to do things others could ^{\star}
                                            *5
                                              5*GO TO*
                                        *(#7) *94448* E11 *
   not do or that you were an especially important person?
E10a. Please give me an example.
   *E10b.
        INTERVIEWER CHECKPOINT
        +)),
        .))- 1. EXAMPLE IS REALISTIC
        +)),
        .))- 2. EXAMPLE IS <u>NOT</u> REALISTIC
   Ell. Has there ever been a period when you hardly slept
                                            *64447*
                                            *5
   at all but still did not feel tired or sleepy?
                                        * (#8)
                                            *94448*
Was there ever a period when you were easily distracted
                                            *64447*
   so that any little interruption could get you off the
                                            *5
                                               5*
                                        * (#9)
                                           *94448*
```

```
E13.
   INTERVIEWER CHECKPOINT
   * SEE P. 83, E4-E12
   * +)),
                 64447
   * * ^{\star} * 1. TWO OR MORE 5YES5 RESPONSES IN E4-E12
   * .0)-
                 94448
        * * 2. ALL OTHERS--->TURN TO P. 95, SECTION F
       . ))-
   ♡
   E13a. (RB, P. 4) Turn to Page 4 in your yellow booklet. Please circle the
       following statement numbers next to the things you just told me about.
   64447
   *INTERVIEWER: READ ALOUD NUMBERS IN PARENS OF EACH 5YES5 RESPONSE IN*
                                   94448
            E4 C E12, PAGE 83.
```

644444444444444444444444445 5WHEN FINISHED, NEXT PAGE, E145 94444444444444444444444444444

```
E14.
    INTERVIEWER CHECKPOINT
    * SEE REFERENCE CARD, "SCREENERS" B6
    ** * 1. "YES" RESPONSE IN "SCREENERS B6 ON
                                                * * 2. ALL OTHERS*
    *.0)-
                                                . 0) -
           REFERENCE CARD
    ₩
    E14a.
         INTERVIEWER CHECKPOINT
         +))))))))))))))))))))))))))))))))))
          *SEE REFERENCE CARD. "SCREENERS" B7
          *+)),
                               +)),
                               * * 2. ALL
          ** * 1. "YES" RESPONSE
                IN B7 ON REF. CARD . 0)-
          *.0)-
                                    OTHERS
          ₩
                                ♡
                                                 ₩
      INTERVIEWER:
                          INTERVIEWER:
                                            INTERVIEWER:
      CHECK "KEY PHRASE
                          CHECK "KEY PHRASE
                                            CHECK "KEY PHRASE
      TWO", OPTION "F"
                          TWO", OPTION "G"
                                            TWO", OPTION "H"
                          ON REF. CARD
                                            ON REF. CARD
      ON REF. CARD
                                            AND USE
      AND USE "EXCITED,
                          AND USE "EXCITED
      MANIC OR IRRITABLE"
                          OR MANIC"
                                            "IRRITABLE"
```

(RB, STILL ON P. 4) You have had a spell of feeling (KEY PHRASE TWO) and you have had the things circled on Page 4. Has there ever been a period when the spell of feeling (KEY PHRASE TWO) and some of these other things occurred together? +))))), +))))), *1. YES* *5. NO* .))0)))-.))0))-*E15a. Let me make sure I am clear about this. There has never been a spell when you felt (KEY PHRASE TWO) at the same time you were having some of these other things on on Page 4. Is that correct? +))))), +))))), *1. YES*--->TURN TO P. 95, *5. NO* .)))))-SECTION F .)))))-♡ NEXT PAGE,

E16

```
E16. Did you ever tell a doctor other than a psychiatrist about your spell(s) of
     feeling (KEY PHRASE TWO)? (Doctor includes medical doctors, osteopaths, and
     students in training to be medical doctors or osteopaths.)
     64444447
                +))))),
                                          DEFINITION: "TELL A DOCTOR" MEANS CONTACTED
     51. YES5
                *5. NO*--->NEXT PAGE, E19
                                                  A DOCTOR DIRECTLY BY TELEPHONE
     944L4448
                .)))))-
                                                  OR IN PERSON.
     *E16a. How old were you the first time [you
           told a doctor other than a psychiatrist
           about your spell(s) of feeling (KEY
           PHRASE TWO)]?
                         YEARS OLD
     E17. Did a doctor other than a psychiatrist ever prescribe medication for you
     because of your spell(s) of feeling (KEY PHRASE TWO)?
     64444447
                +))))),
                                          DEFINITION: "PRESCRIBE" MEANS A DOCTOR'S
                *5. NO*--->GO TO E18
     51. YES5
                                                  PRESCRIPTION NEEDS TO BE HANDED
                                                  TO A PHARMACIST TO OBTAIN THE
     944L4448
                .)))))-
                                                  MEDICATION.
       ♡
     +))))))))))))))))))))))))))))))))))
     *E17a. How old were you the first time [a
           doctor other than a psychiatrist pre-
           scribed medication for you because
           of your spell(s) of feeling (KEY PHRASE
           TWO)]?
                          YEARS OLD
     E18. Did a doctor other than a psychiatrist ever advise you to see a mental health
     specialist (someone like a psychiatrist, psychologist or social worker) about
     your spell(s) of feeling (KEY PHRASE TWO)?
     64444447
                +))))),
                *5. NO*--->NEXT PAGE, E19
     51. YES5
     944L4448
                .)))))-
     *E18a. How old were you the first time (a
           doctor other than a psychiatrist
           advised you to see a mental health
           specialist)?
                         YEARS OLD
```

```
E19. Did you ever see a mental health specialist about your spell(s) of feeling
     (KEY PHRASE TWO)? (By mental health specialist we mean psychiatrists,
     psychologists, or social workers.)
                 +))))),
     64444447
     51. YES5
                 *5. NO*--->GO TO E20
     944L4448
                 .)))))-
     +))))))))))))))))))))))))))))))))
     *E19a. How old were you the <u>first time</u> [you saw
            a mental health specialist about your
            spell(s) of feeling (KEY PHRASE TWO)]?
                           YEARS OLD
     E20.
     Did you ever see any other professional about your spell(s) of feeling (KEY
     PHRASE TWO)? (Other professionals include nurses, rabbis, priests, ministers
     and counselors.)
                 +))))),
     64444447
     51. YES5
                 *5. NO*--->GO TO E21
     944L4448
                 .)))))-
        ♡
     +)))))))))))))))))))))))))))))))))
     *E20a. How old were you the first time [you saw *
            any other professional because of your
            spell(s) of feeling (KEY PHRASE TWO)]?
                           YEARS OLD
     E21. Did you ever take medication more than once because of your spells of feeling
     (KEY PHRASE TWO)?
     64444447
                 +))))),
                                             DEFINITION: "MEDICATION" REFERS TO MEDICINE
     51. YES5
                 *5. NO*--->GO TO E22
                                                     OBTAINED ANYWHERE--OVER-THE-
                                                     COUNTER, FROM A FRIEND,
     944L4448
                 .)))))-
                                                     PRESCRIBED BY A DOCTOR, OBTAINED
                                                     ILLEGALLY, ETC.
        *
     +))))))))))))))))))))))))))))))))))))
     *E21a. How old were you the first time [you took*
           medication more than once because your
            spell(s) of feeling (KEY PHRASE TWO)]?
                           YEARS OLD
     E22. How much did your spell(s) of feeling (KEY PHRASE TWO) ever interfere with
     your life or activities--a lot, some, a little, or not at all?
                                           +)))))))))),
     644444447
                 +)))))),
                            +))))))))),
     51. A LOT5
                 *2. SOME*
                            *3. A LITTLE*
                                           *4. NOT AT ALL*
```

944444448

.))))))-

.))))))))-

.)))))))))))-

```
E23.
    Were you ever hospitalized because of any spell of feeling (KEY PHRASE TWO)?
    64444447
             +))))),
             *5. NO*--->GO TO E24
    51. YES5
    944L4448
             .)))))-
    +)))))))))))))))))))))))))))))))
    *E23a. How old were you the first time?
                   YEARS OLD
    E24. INTERVIEWER CHECKPOINT
    * +)),
                   64447
        1. ONE OR MORE 5 5 RESPONSES IN E16-E23 SERIES
    * .0)-
                   94448
         * * 2. ALL OTHERS--->TURN TO P. 95, SECTION F
         .))-
    ♡
E25.
    (RB, STILL ON P. 4) When was the first time you had a spell of feeling (KEY
    PHRASE TWO) at the same time you had some of these other things circled on
    Page 4--in the past month, past six months, past year, or more than a year
    *1. PAST MONTH**2. PAST SIX MONTHS**3. PAST YEAR**4. MORE THAN *
    * +))))))))s, *
    NEXT PAGE, E28
                                      . )))))))))))-
                     .) 1NEXT PAGE /-
                      * E27
                      .)))))))-
*E26. (RB, STILL ON P. 4) Can you remember your exact age the first time you had
    a spell when you were (KEY PHRASE TWO) at the same time you had some of
    these other things on Page 4?
                                  +))))),
         +))))),
         *1. YES*
                                  *5. NO*
         .))0)))-
                                  .))0))-
    *E26a. (How old were you?)
                            *E26b. About how old were you (the first
                                  time you had a spell of this
                 YEARS OLD
                                  sort)?
    (ACCEPT A RANGE RESPONSE.)
                                             YEARS OLD
                            *E26c. What is the earliest age you can
                                  clearly remember having a spell
                                 of this sort?
                                  (ACCEPT A RANGE RESPONSE)
                                             YEARS OLD
```

```
E27. (RB, STILL ON P. 4) When was the last time you had a spell of two days or
    more when you were (KEY PHRASE TWO) and had some of these other things on
    Page 4 at the same time--in the past month, past six months, past year, or
    more than a year ago?
    +))))))))), +)))))))), +)))))))))))), +))))))), +))))))), +))))))
    *1. PAST MONTH* *2. PAST SIX MONTHS* *3. PAST YEAR* *4. MORE THAN A YEAR AGO*
    .))))))))))- .)))))))))))))))))))))))),
                                        +))))))))))))))))))))))))))))
                                        *E27a. How old were you the last*
                                             time?
                                                      YEARS OLD
                                        *GO TO E29*
                                                 .)))))))-
E28. (RB, STILL ON P. 4) How many spells of feeling (KEY PHRASE TWO) with some of
    these other things circled on Page 4 lasting two days or more have you had in
    the past 12 months?
    +)))))),
                              +))))))))))))))))))),
    *01. ONE*
                                MORE THAN ONE:
    .)))0)))-
                                              NUMBER
                              .)))))))))))))))))))))))))))))))))
                                        ♡
    +))))))))))))))))))))))))))))))
                                     +))))))))))))))))))))))))))))
    *E28a. In what month and year did
                                     *E28b. In what month and year did
          that spell start?
                                           the first of these (NUMBER
                                           FROM E28) spells start?
            MONTH/YEAR
    MONTH/YEAR
                                     . )))))))))))))))))))))))))))))))))
*E29. (RB, STILL ON P. 4) What is the <u>longest</u> spell you have ever had
     when you felt (KEY PHRASE TWO) and had several of these other things
     circled on Page 4?
                                       +))))),
                   +)))),
                            +)))),
                                                  +)))),
                                               OR *YEARS*
                   *DAYS*
                         OR *WEEKS*
                                      *MONTHS*
              # OF
                                   OR
                   .))))-
                            .)))))-
                                       .)))))-
                                                  .)))))-
5E29a. CHECK "OUALIFIERS" E29 BOX ON REFERENCE CARD5
```

```
E30.
    (RB, STILL ON P. 4) In your lifetime, how many spells have you had that
    lasted two days or more when you felt (KEY PHRASE TWO) and also had some of
    the other things circled on Page 4?
    +)))))),
               +)))))),
                         +))))))))))))))))))))),
               *02. TWO*
    *01. ONE*
                         *MORE THAN TWO: ___
    .))))))-
               .))))))-
                                        NUMBER
   NEXT PAGE,
               NEXT PAGE,
                         .)))0))))))))))))))))))))))))))))))
     E35
                 E33
E31. Did most of these spells begin in the same month or the same time of year?
             +))))),
    +))))),
    *1. YES*
             *5. NO*--->NEXT PAGE, E33
    .))0)))-
             .)))))-
    *E31a. (In what months?) (ACCEPT MONTH OR RANGE OF MONTHS. IF R NAMES
         SEASON, PROBE: What months would that be)?
          *JAN*FEB*MAR*APR*MAY*JUN*JUL*AUG*SEP*OCT*NOV*DEC*
          *E31b. About how many of your (NUMBER FROM E30) spells began in (MONTHS
         FROM E31a)? (ACCEPT NUMBER OR PERCENT.)
                 _____ # OF SPELLS
                                 OR
                                            % OF SPELLS
    *E31c. Did you ever have two years in a row when a spell of feeling (KEY
         PHRASE TWO) started in (MONTHS FROM E31a)?
         +))))),
                  +))))),
         *1. YES*
                  *5. NO*
         .)))))-
                  .)))))-
    E32. Did most of these spells when you felt (KEY PHRASE TWO) end in the same month
    or the same time of year?
    +))))),
             +))))),
             *5. NO*--->NEXT PAGE, E33
    *1. YES*
    .))0)))-
             .)))))-
    *E32a. (In what months?) (ACCEPT MONTH OR RANGE OF MONTHS. IF R NAMES
         SEASON, PROBE: What months would that be)?
          *JAN*FEB*MAR*APR*MAY*JUN*JUL*AUG*SEP*OCT*NOV*DEC*
          *E32b. About how many of your spells that began in (MONTHS FROM E31a)
         ended in (MONTH FROM E32a)? (ACCEPT NUMBER OR PERCENT.)
                                                 _ % OF SPELLS
                    # OF SPELLS
                                 OR
```

```
(RB, STILL ON P. 4) Please think about the time when you were (KEY
E33.
    PHRASE TWO) and had the largest number of other things circled on Page 4
    at the same time. How old were you at that time?
                            +)))))))))))))))))))))))))))))
    +))))))))))))))),
                            *95. "ALL SPELLS ALIKE" OR "NO ONE*
            YEARS OLD*--->GO TO E35 *
                                SPELL WITH MOST" [IF VOL.]
    .)))))))))))))))))
                            .))))))))))))))))))))))))))))))))))
*E34. Can you think of a particularly bad spell?
    +))))),
    *1. YES*
                          *5. NO*
    .))0)))-
                          .))0))-
    * E34a. (How old were you when* E34b. Then think of your most
         that spell occurred?) *
                              recent spell. About how old *
                              were you (when it occurred)? *
                            YEARS OLD
    Was there anything going on in your life at that time which caused you to
E35.
   become (KEY PHRASE TWO)?
   +))))), +)))),
   *1. YES*
           *5. NO*--->GO TO E36
   .))0)))-
           .)))))-
   *E35a. (Briefly, what was going on?)
   E36. (RB, STILL ON P. 4) Please go carefully through the list on Page 4 and tell
   me the numbers of all the things you had during that spell. (PROBE: Any
   others?) (CHECK ALL MENTIONS.)
   * 01 * * 02 * * 03 * * 04 * * 05 * * 06 * * 07 * * 08 * * 09 *
```

```
E37.
    (RB, STILL ON P. 4) Things such as these items circled on Page 4 can be
     caused by medications, drugs or alcohol. Could any of these things have been
     due entirely to these causes during the spell you just told me about?
     +))))),
              +))))),
              *5. NO*--->GO TO E38
     *1. YES*
     .))0)))-
              .)))))-
    *E37a. Which of the things on Page 4 were caused by medications, drugs or
         alcohol during the spell you just told me about? Just tell me the
         numbers. (PROBE: Any others?) (CHECK ALL MENTIONS.)
         +)))), +)))), +)))), +)))), +)))), +)))), +)))), +)))), +)))), *
         .)))))- .)))))- .)))))- .)))))- .)))))- .)))))- .)))))- .)))))- .)))))- .)))))- .)))))- .)))))- .)))))- .)))))- .)))))- .)))))
    E38. INTERVIEWER CHECKPOINT
     * SEE P. 90, E30
     * +)),
          1. "ONE" RESPONSE IN E30 (ONE SPELL IN LIFETIME)
     * .0)-
          * * 2. ALL OTHERS--->TURN TO P. 94, E41
          . ))-
     (RB, STILL ON P. 4) Did your spell of feeling (KEY PHRASE TWO) and having
E39.
    some of the other problems circled on Page 4 occur at a time in your life when
     you were drinking alcohol or using drugs more than usual?
     DEFINITION: "DRUGS" INCLUDE PRESCRIPTION DRUGS USED WITHOUT A DOCTOR'S PRESCRIPTION OR MORE THAN
            PRESCRIBED, AS WELL AS ILLEGAL DRUGS.
     +))))),
               +))))),
                              +))))))))))))))))))))),
     *1. YES*
               *5. NO*
                              *6. NEVER DRINK OR USE DRUGS *
     .))0)))-
               .)))))-
                                        [IF VOL.]
              NEXT PAGE,
                              E40
                                TURN TO P. 95, SECTION F
       *
       ₩
     Which started first--the spell of feeling (KEY PHRASE TWO) or
           the increase in drinking or drugs use?
           (+)))))))), +)))))))), +))))))), +)))))), +))))), +))))), +)))))
           *1. FEELING**2. DRINKING/**3. BOTH AT THE**4. IT VARIES*
                                   SAME TIME ** [IF VOL.]*
           .)))))))))-* DRUG USE **
                     .)))))))))-*
                                   [IF VOL.] *.)))))))))-
```

.))))))))))-

E40. Did you drink more than usual or use drugs not prescribed by a doctor or in greater amounts than prescribed to help you feel better during your spell of feeling (KEY PHRASE TWO)? +))))), +)))), *5. NO*--->TURN TO P. 95, SECTION F *1. YES* .))0)))-.)))))-₩ *E40a. Did this help you feel better? +))))), +)))), +))))))))))))))), *5. NO* *1. YES* *3. YES AT FIRST, BUT NOT* * .)))))-.)))))-LATER ON [IF VOL.] .)))))))))))))))))) - * *TURN TO P. 95, SECTION F*

.))))))))))))))))))))))

```
+)))))))))))))))))))))))))),
*MORE THAN ONE SPELL IN LIFETIME*
.)))))))))))))))))))))))))))))
```

E41. (RB, STILL ON P. 4) Did your spells of feeling (KEY PHRASE TWO) and having some of the other problems circled on Page 4 ever occur at times in your life when you were drinking alcohol or using drugs more than usual?

DEFINITION: "DRUGS" INCLUDE PRESCRIPTION DRUGS USED WITHOUT A DOCTOR'S PRESCRIPTION OR MORE THAN PRESCRIBED, AS WELL AS ILLEGAL DRUGS.

```
+))))),
          +))))),
                           +))))))))))))))))))))))
*1. YES*
          *5. NO*
                           *6. NEVER DRINK OR USE DRUGS*--->NEXT PAGE,
.))0)))-
          .)))))-
                                     [IF VOL.]
                                                     SECTION F
                           .)))))))))))))))))))))))))))))
         GO TO E42
  ₩
Did the spells of feeling (KEY PHRASE TWO) always occur at times
      in your life when you were drinking or using drugs more than usual?
                +))))),
      +))))),
      *1. YES*
                *5. NO*
      .))))))-
                .)))))-
      Which one would start first--the spells of feeling (KEY PHRASE
      TWO) or the increase in drinking or drug use?
      +))))))), +)))))), +))))))), +)))))), +)))))), +)))))
      *1. FEELING* *2. DRINKING/* *3. BOTH AT THE* *4. IT VARIES *
      .))))))))- *
                   DRUG USE * *
                               SAME TIME * * [IF VOL.] *
                .)))))))))- *
                               [IF VOL.] * .))))))))))-
                            .))))))))))-
```

E42. Did you ever drink more than usual or use drugs not prescribed by a doctor or in greater amounts than prescribed to help you feel better during your spells of feeling (KEY PHRASE TWO)?

```
+))))),
        +))))),
*1. YES*
        *5. NO*--->NEXT PAGE, SECTION F
.))0)))-
        .)))))-
 *E42a. Did this help you feel better?
      +))))),
               +))))),
                       +))))))))))))))),, *
      *1. YES*
               *5. NO*
                       *3. YES AT FIRST, BUT NOT
      .)))))-
                          LATER ON [IF VOL.]
               .)))))-
                       . ))))))))))))))))))))))))))))))))
```

SECTION F: ALCOHOL

F1.	you the <u>very first</u> time you +))))		<pre>coholic beverages. About how old were n just a sip of beer, wine or liquor? +)))))))), *96. NEVER*>TURN TO P. 99, .)))))))) - SECTION G</pre>
	♡	♡	
F2.	·	our entire lif	fe, did you have at least 12 drinks of ECTION G
	❖		
5F2a.	44444444444444444444444444444444444444	LCOHOL ON REFE	erence card side 25
F3.		any single day of the yellow	e past 12 months. What is the largest by during that period? Count drinks as booklet. +))))))), *00. ZERO*>TURN TO P. 97, F9 .)))))))-
F4.	<pre>INTERVIEWER CHECKPOINT +)))))))))))))))) *SEE F3 *+)),</pre>)))))))))))))))))))))))), * *
	** * 1. 1-4 DRINKS IN F3 - *.))- *+)),	>NEXT PAGE,	
	** * 2. 5-11 DRINKS IN F3- *.))- *+)),	>NEXT PAGE,	, F7 * * *
	** * 3. 12-19 DRINKS IN F: *.))- *+)),	3>NEXT PAGE	E, F6 * * *
	** * 4. 20 OR MORE DRINKS	IN F3>NEXT	T PAGE, F5 *
	*.))- .)))))))))))))))))))))))))))))))))		

```
5(RB, P. 5) RESPONSE OPTIONS FOR F5-F8 5
5
                              5
      A. NEARLY EVERY DAY (01)
5
      B. 3-4 TIMES A WEEK (02)
                              5
5
      C. 1-2 TIMES A WEEK (03)
                              5
5
      D. 1-3 TIMES A MONTH (04)
                              5
      E. 7-11 TIMES IN YEAR (05)
5
                              5
          3-6 TIMES IN YEAR (06)
5
         2 TIMES IN YEAR (07)
                              5
         1 TIME IN YEAR (08)
5
      J. NEVER (09)
```

F5. (RB, STILL ON P. 5) How often did you have <u>twenty or more</u> drinks in a single day during the past twelve months? Just give me the letter from the list on the bottom of Page 5.

F6. (RB, STILL ON P. 5) How often did you have <u>between twelve and nineteen</u> drinks in a single day during the past 12 months? (Just give me the letter from the list on the bottom of Page 5.)

F7. (RB, STILL ON P. 5) How often did you have <u>between five and eleven</u> drinks in a single day during the past 12 months? (Just give me the letter from the list on on the bottom of Page 5.)

*

₩

F8. (RB, STILL ON P. 5) How often did you have <u>between one and four</u> drinks in a single day during the past 12 months? (Just give me the letter from the list on the bottom of Page 5.)

F9. Was there ever a time in your life when you could have twenty drinks in a single day without it affecting your ability to function normally?

```
+))))), +)))),
*1. YES* *5. NO*
.))))))- .)))))-
```

F10. Has there ever been a period in your life when you drank more than you did during the past 12 months?

F11. Think about the period in your life when you were drinking most. How old were you when you first began that period?

```
YEARS OLD
```

F12. (RB, STILL ON P. 5) During that period when you were drinking most, how often did you have twenty or more drinks in a single day? (Just give me the letter from the list on the bottom of Page 5.)

```
+)))), +)))), +)))),
* E * * F * * G *
   +)))),
            +)))),
                   +)))),
                         +)))),
                                                   +)))),
                                                          +)))),
                                            * G *
   * A *
             * B *
                   * C *
                         * D *
                                * E *
                                                   * H *
            *(02)* *(03)* *(04)* *(05)* *(06)* *(07)* *(08)* *(09)*
   *(01)*
            .))0)- .)0))- .)0))- .)0))- .)0))- .)0))- .)0))-
   .))))-
              TURN TO P. 99,
 SECTION G
                                     ₩
```

F13. (RB, STILL ON P. 5) How often did you have between twelve and nineteen drinks in a single day (during that period when you were drinking most)? (Just give me the letter from the list on the bottom of Page 5.)

F14. (RB, STILL ON P. 5) How often did you have between five and eleven drinks in a single day (during that period when you were drinking most)? (Just give me the letter from the list on the bottom of Page 5.)

^ \$

F15. (RB, STILL ON P. 5) How often did you have between one and four drinks in a single day (during that period when you were drinking most)? (Just give me the letter from the list on the bottom of Page 5.)

SECTION G: MEDICATIONS AND DRUGS

GO. (RB, P. 6) The next questions are about prescription-type drugs. There will be separate questions about sedatives, tranquilizers, stimulants and analgesics. As you can see from Page 6, sedatives include barbiturates, sleeping pills, and Seconal; sedatives are sometimes referred to as "downers". Tranquilizers include antianxiety drugs like Librium, Valium, Ativan (A-TI-VAN), and Meprobamate (MEP-RO-BAM-ATE); tranquilizers are sometimes referred to as "nerve pills". Stimulants include amphetamines and Preludin (PRAY-LOOD-IN); stimulants are often called "uppers" or "speed". Analgesics include pain-killers like Darvon, Demerol, Percodan (PER-KO-DAN), and Tylenol with codeine.

Now, please read the information below the line on Page 6 while I say it aloud. This is a very important point about the next set of questions.

(PAUSE)

We are interested in the <u>nonmedical</u> use of these prescription-type drugs. <u>Nonmedical</u> use is any use <u>on your own</u>; that is, either:

One, without a doctor's prescription, or

Two, in greater amounts than prescribed, or

Three, more often than prescribed, or

<u>Four</u>, for any reasons <u>other</u> than a doctor said you should take them-such as for kicks, to get high, to feel good, or curiosity about the pill's effect.

```
G1.
     (RB, P. 7) The first question is about sedatives, including barbiturates and
     sleeping pills. They are sometimes called "downers". People sometimes take
     barbiturates and other sedatives to help them go to sleep or to stay calm
     during the day. On Page 7 of your booklet is a list of commonly used
     sedatives to help you remember if you might have used anything like this.
     Have you ever used a sedative on your own, or nonmedically (that is, either
     without a doctor's prescription or in greater amounts or more often than
     prescribed or for a reason other than a doctor said you should use them)?
     +))))),
               +))))),
                         +))))))))))))))))))))))))))))))))))))
     *1. YES*
                *5. NO*--->*Glg. Have you ever used a sedative that a
     .))0)))-
               .)))))-
                               doctor prescribed for you?
                               +))))), +)))),
                               *1. YES* *5. NO*--->NEXT PAGE, G2
                               .))0)))- .))))-
                         *Glh.
                               Was your use ever so regular that you
                               could not stop or felt dependent?
                               +))))), +)))),
                               *1. YES* *5. NO*--->NEXT PAGE, G2
                               .))0)))- .))))-
                         +)))))))))))))))))))))))),
                              +))))))))))))))))),
 *INCLUDE "NONMED" REASON CLAUSE*
                              *OMIT "NONMED" REASON CLAUSE*
          IN Gla-Gle
                                      IN Gla-Gle
                             . ))))))))))))))))))))))))))))
Gla. How old were you the first time you took a sedative (for any nonmedical
                       YEARS OLD
     Glb. (RB, STILL ON P. 7) Altogether, about how many times in your life have
          you taken sedatives (for any nonmedical reason)? Just tell me the
          letter from Part A on the bottom of the page.
          +)))), +))),
                         +)))), +)))), +)))), +)))), +))),
                         * C * * D * * E * * F * * G
          * A * * B *
          *(01)* *(02)*
                         *(03)* *(04)* *(05)* *(06)* *(07)*
                         .)0))-.)0))-.)0))-.)0))-.))0)-
          .)0))-.)0))-
           .))0)))-
                           .)))))))))))))))))))))))))))))
                   5G1c. CIRCLE "DRUGS" OPTION B. SEDATIVES ON REF. CARD SIDE 25
                   When was the last time you took any sedative (for nonmedical reasons)--
          in the past month, past six months, past year, or more than a year ago?
                      +)))))))),
                                      +)))))),
                                                 +)))))))))))),
          +))))))),
          *1. PAST *
                                                  *4. MORE THAN YEAR AGO*
                      *2. PAST SIX*
                                      *3. PAST*
             MONTH*
                          MONTHS *
                                         YEAR*
                                                 .))))))))))))))))))
          .)))0))))-
                      .))))))))-
                                      .)))0)))-
             .))))))))))))))))))))))))))))))
    *G1f. How old were
    *Gle. (RB, STILL ON P. 7) About how often in the
                                                  * *
          past 12 months did you take any sedative (for
                                                          you the last
          nonmedical reasons)? Just tell me the letter
                                                          time?
          from Part B on the bottom of the page.
          (IWER: VALID RESPONSES ARE R-Z.)
             LETTER
                                                            YEARS OLD
```

```
(RB, P. 8) Turn to Page 8. This is a list of commonly used tranquilizers.
G2.
     People sometimes take tranquilizers to help calm down or to relax their
     muscles or to relieve depression. They are sometimes called "nerve pills".
     Have you ever used a tranquilizer on your own, or nonmedically (that is,
     either without a doctor's prescription or in greater amounts or more often
     than prescribed or for a reason other than a doctor said you should use them)?
                         +))))))))))))))))))))))))))))))))))))
     +))))),
                +))))),
                *5. NO*--->*G2g. Have you ever used a tranquilizer that a
     *1. YES*
     .))0)))-
                .)))))-
                               doctor prescribed for you?
                               +))))), +)))),
                               *1. YES* *5. NO*--->NEXT PAGE, G3
                               .))0)))- .))))-
                                  奺
                         *G2h.
                               Was your use ever so regular that you
                               could not stop or felt dependent?
                               +))))), +)))),
                               *1. YES* *5. NO*--->NEXT PAGE, G3
                               .))0)))- .))))-
                         +)))))))))))))))))))))))))))
                              +))))))))))))))))))))))
 *INCLUDE "NONMED" REASON CLAUSE*
                              *OMIT "NONMED" REASON CLAUSE*
          IN G2a-G2e
                                       IN G2a-G2e
.))))))))))))))))))))))))))))))))
     G2a. How old were you the first time you took a tranquilizer (for any
          nonmedical reason)?
                  YEARS OLD
     G2b.
         (RB, STILL ON P. 8) Altogether, about how many times in your life have
          you taken tranquilizers (for any nonmedical reason)? Just tell me the
          letter from Part A on the bottom of the page.
          +)))), +))),
                         +)))), +)))), +)))), +)))), +))),
          * A * * B *
                         * C * * D * * E * * F * * G *
                         *(03)* *(04)* *(05)* *(06)* *(07)*
          *(01)* *(02)*
          .)0))-.)0))-
                         .)0))-.)0))-.)0))-.)0))-.))0)-
            .))0)))-
                           .)))))))))))))))))))))))))))))))
                       5G2c. CIRCLE "DRUGS" OPTION C. TRANQUILIZERS ON REF. 5
                             CARD, SIDE 2
                       G2d.
          When was the last time you took any tranquilizer (for nonmedical
          reasons)
          --in the past month, past six months, past year, or more than a year
          ago?
          +)))))),
                       +)))))))),
                                      +)))))),
                                                  +)))))))))))))),
          *1. PAST *
                       *2. PAST SIX*
                                      *3. PAST*
                                                  *4. MORE THAN YEAR AGO*
             MONTH*
                          MONTHS *
                                         YEAR*
                                                  .)))))))))))))))))))))))))
          .)))0)))-
                       .))))))))-
                                      .)))0)))-
             .))))))))))))))))))))))))))))))))
    * *G2f. How old were
    *G2e. (RB, STILL ON P. 8) About how often in the
          past 12 months did you take any tranquilizer
                                                          you the last
          (for nonmedical reasons)? Just tell me the
                                                          time?
          the letter from Part B. (IWER: VALID RESPONSES*
          ARE R-Z.)
             LETTER
                                                            YEARS OLD
```

```
G3.
     (RB, P. 9) Turn to Page 9. This is a list of commonly used amphetamines and
     other stimulants. People sometimes take stimulants to help them lose weight,
     stay awake, or to raise their spirits. They are sometimes called "uppers" or
     "speed". Have you ever used a stimulant on your own, or nonmedically (that
     is, either without a doctor's prescription or in greater amounts or more often
     than prescribed or for a reason other than a doctor said you should use them)?
               +))))),
                        +))))),
     *1. YES*
               *5. NO^*--->*G3g. Have you ever used a stimulant that a
     .))0)))-
               .)))))-
                              doctor prescribed for you?
                              +))))), +)))),
                               *1. YES* *5. NO*--->NEXT PAGE, G4
                               .))0)))- .))))-
                         *G3h.
                              Was your use ever so regular that you
                              could not stop or felt dependent?
                               +))))), +)))),
                               *1. YES* *5. NO*--->NEXT PAGE, G4
                               .))0)))- .)))))-
                         +)))))))))))))))))))))))),
                             +)))))))))))))))))),
 *INCLUDE "NONMED" REASON CLAUSE*
                              *OMIT "NONMED" REASON CLAUSE*
                                      IN G3a-G3e
         IN G3a-G3e
.)))))))))))))))))))))))))))))))))
     G3a. How old were you the first time you took an amphetamine or other
          stimulant (for any nonmedical reason)?
                ___ YEARS OLD
     G3b. (RB, STILL ON P. 9) Altogether, about how many times in your life have
         you taken amphetamines or other stimulants (for any nonmedical reason)?
          Just tell me the letter from Part A on the bottom of the page.
          +)))), +)))),
                        +)))), +)))), +)))), +)))), +))),
                         * C * * D * * E * * F * * G
          * A * * B *
          *(01)* *(02)*
                        *(03)* *(04)* *(05)* *(06)* *(07)*
                        .)0))-.)0))-.)0))-.)0))-.))0)-
          .)0))- .)0))-
           .))0)))-
                         .)))))))))))))))))))))))))))))
                5G3c. CIRCLE "DRUGS" OPTION D. STIMULANTS ON REF. CARD SIDE 25
                G3d. When was the last time you took any amphetamine or other stimulant (for
         nonmedical reasons) -- in the past month, past six months, past year, or
          more than a year ago?
          +))))))),
                      +)))))))),
                                     +)))))),
                                                 +))))))))))))))),
          *1. PAST *
                      *2. PAST SIX*
                                     *3. PAST*
                                                 *4. MORE THAN YEAR AGO*
             MONTH*
                                     * YEAR*
                         MONTHS *
                                                 .)))))))))))))))))))))
          .)))0))))-
                      .))))))))-
                                     .)))0)))-
             .)))))))))))))))))))))))))))))
    *G3e. (RB, STILL ON P. 9) About how often in the
                                                  * *G3f. How old were
                                                  * *
         past 12 months did you take any amphetamine
                                                         you the last
         or other stimulant (for non-medical reasons)?
                                                         time?
         Just tell me the letter from Part B.
          (IWER: VALID RESPONSE ARE R-Z.)
             LETTER
                                                           YEARS OLD
```

```
(RB, P. 10) Turn to Page 10. This is a list of commonly used analgesics.
G4.
     Analgesics are usually taken as painkillers, but people sometimes use them for
     other reasons. Have you ever used an analgesic on your own, or nonmedically
     (that is, either without a doctor's prescription or in greater amounts or more
     often than prescribed or for a reason other than a doctor said you should use
     them)?
                         +)))))))))))))))))))))))))))))))))))))
     +))))),
                +))))),
     *1. YES*
                *5. NO*--->*G4g. Have you ever used a analgesic that a
     .))0)))-
               .)))))-
                               doctor prescribed for you?
                               +))))), +)))),
                               *1. YES* *5. NO*--->NEXT PAGE, G5
                               .))0)))- .))))-
                                 奺
                         *G4h.
                               Was your use ever so regular that you
                               could not stop or felt dependent?
                               +))))), +)))),
                               *1. YES* *5. NO*--->NEXT PAGE, G5
                               .)))0))- .)))))-
                         +)))))))))))))))))))))))))))
                              +)))))))))))))))))))))))))
 *INCLUDE "NONMED" REASON CLAUSE*
                              *OMIT "NONMED" REASON CLAUSE*
          IN G4a-G4e
                                      IN G4a-G4e
.))))))))))))))))))))))))))))))))
     G4a. How old were you the first time you took an analgesic (for any
          nonmedical reason)?
                  YEARS OLD
         (RB, STILL ON P. 10) Altogether, about how many times in your life have
     G4b.
          you taken analgesics (for any nonmedical reason)? Just tell me the
          letter from Part A on the bottom of the page.
          +)))), +))),
                         +)))), +)))), +)))), +)))), +))),
          * A * * B *
                         * C * * D * * E * * F * * G *
                         *(03)* *(04)* *(05)* *(06)* *(07)*
          *(01)* *(02)*
                         .)0))-.)0))-.)0))-.)0))-.))0)-
          .)0))-.)0))-
           .))0)))-
                          .)))))))))))))))))))))))))))))))
                                      ₩
                  5G4c. CIRCLE "DRUGS" OPTION E. ANALGESICS ON REF. CARD SIDE 25
                  G4d.
         When was the last time you took an analgesic (for nonmedical reasons) --
          in the past month, past six months, past year, or more than a year ago?
          +))))))),
                      +)))))))),
                                      +)))))),
                                                 +))))))))))))),
          *1. PAST *
                      *2. PAST SIX*
                                      *3. PAST*
                                                 *4. MORE THAN YEAR AGO*
             MONTH*
                         MONTHS *
                                         YEAR*
                                                 .)))))))))))))-
          .)))0))))-
                      .))))))))-
                                     .)))0)))-
             .))))))))))))))))))))))))))))))))
    *G4e. (RB, STILL ON P. 10) About how often in the \, * *G4f. How old were
          past 12 months did you take any analgesic (for
                                                          you the last
          nonmedical reasons)? Just tell me the letter
                                                          time?
          from Part B. (IWER: VALID RESONSES ARE R-Z.)
             LETTER
                                                           YEARS OLD
```

peopl	P. 11) Turn to Page 11. This is a list of commonly used inhalants that e sniff or breathe in, to get high or to make them feel good. Have you sniffed or inhaled or "huffed" any of these inhalants for kicks or to get
+)))))), +)))), ES* *5. NO*>NEXT PAGE, G6
♡	
G5a.	How old were you the first time (you sniffed or inhaled or "huffed" an inhalant for kicks or to get high)?
	YEARS OLD
G5b.	(RB, STILL ON P. 11) About how many times in your life have you used an inhalant to get high or for kicks? Just tell me the letter from Part A on the bottom of the page.
	+)))), +)))), +)))), +)))), +)))), +)))), +)), +)(+))), +)(+))(+))), +))), +)(+))), +)(+))), +))), +))), +))), +)(+)))), +)(+))), +)(+)(+))(+)(+))(+)(+)(+)(+)(+)(+)(+)(+)
	(01) *(02)*
	.)0)))0)))0)))0)))0)))0))))0)- .))0))))))))))))))))))))))))))))
	* * *
	* 6444444444444444444444444444444444444
	* 5G5c. CIRCLE "DRUGS" OPTION F. INHALANTS ON REF. CARD SIDE 25
	* 9444444444444444444444444444444444444
G5d.	When was the last time (you used an inhalant - that is, sniffed or inhaled something to get high or for kicks)in the past month, past six
	months, past year, or more than a year ago?
	+))))))), +)))))))), +))))))), +))))))))
	* MONTH* * MONTHS * * YEAR* .))))))))))))))
	.)))0))))))))))))))))))- *
	.)))))))))))))))))))))))))))))))))))))
	♥
+))))))))))))))))))))))))))))))))))))))))))))
*G5e.	(RB, STILL ON P. 11) About how often in the * *G5f. How old were *
*	past 12 months did you sniff or inhale any sub- * * you the last *
*	stance to get high or for kicks? Just tell me * * time? *
*	me the letter from Part B. * * * * * * * * * * * * * * * * * *
*	* *
*	LETTER * * YEARS OLD *
11111))))))))))))))))))))))))))))))))))))))

The next question is about marijuana and hashish.

```
G6.
     Have you ever used either marijuana or hashish, even once?
     +))))),
                +))))),
     *1. YES*
                *5. NO*--->NEXT PAGE, G7
     .))0)))-
                .)))))-
     G6a. How old were you the first time (you used marijuana or hashish)?
               ___ YEARS OLD
          (RB, P. 12) About how many times in your life have you used marijuana
     G6b.
          or hashish? Just tell me the letter from Part A.
          +)))), +))),
                         +)))), +)))), +)))), +)))), +))),
          * A * * B *
                         * C * * D * * E * * F * * G *
          *(01)* *(02)*
                         *(03)* *(04)* *(05)* *(06)* *(07)*
                         .)0))-.)0))-.)0))-.)0))-.))0)-
          .)0))- .)0))-
            .))0)))-
                           .))))))))))))))))))))))))))))))
                                       ₩
                  5G6c. CIRCLE "DRUGS" OPTION G. MARIJUANA ON REF. CARD SIDE 25
                  When was the last time (you used marijuana or hashish) -- (in the past
     G6d.
          month, past six months, past year, or more than a year ago)?
          +))))))),
                       +)))))))),
                                      +)))))),
                                                  +))))))))))))))),
          *1. PAST *
                       *2. PAST SIX*
                                      *3. PAST*
                                                  *4. MORE THAN YEAR AGO*
             MONTH*
                          MONTHS *
                                         YEAR*
                                                  .))))))))))))))))))))))))))
          .)))0))))-
                       .))))))))-
                                      .)))0)))-
             .)))))))))))))))))))))))))))))))))
                                                            ₩
    * *G6f. How old were you *
    *G6e. (RB, STILL ON P. 12) On the average, how
          often in the past 12 months have you used
                                                        the last time?
          marijuana or hashish? Just tell me the
          letter from Part B.
                  LETTER
                                                          YEARS OLD
```

The next question is about cocaine, including all different forms of cocaine such as powder, crack, free base, and coca paste.

```
Have you ever used cocaine, in any form, even once?
G7.
     +))))),
                +))))),
     *1. YES*
                *5. NO*--->NEXT PAGE, G8
     .))0)))-
               .)))))-
     G7a. How old were you the first time (you used cocaine, crack, free base or
          coca paste)?
           _____YEARS OLD
     G7b.
         (RB, P. 13) About how many times have you used cocaine, crack, free
          base or coca paste in your life? Just tell me the letter from Part A.
                         +)))), +)))), +)))), +)))), +))),
          +)))), +))),
          * A * * B *
                         * C * * D * * E * * F * * G *
          *(01)* *(02)*
                         *(03)* *(04)* *(05)* *(06)* *(07)*
          .)0))- .)0))-
                         .)0))-.)0))-.)0))-.)0))-.))0)-
                          .))))))))))))))))))))))))))))))
           .))0)))-
                                      ♡
                     5G7c. CIRCLE "DRUGS" OPTION H. COCAINE ON REF. CARD SIDE 25
                     G7d. When was the last time (you used cocaine in any form)--(in the past
          month, past six months, past year, or more than a year ago)?
          +))))))),
                      +))))))))),
                                     +)))))),
                                                 +))))))))))))))),
          *1. PAST *
                      *2. PAST SIX*
                                      *3. PAST*
                                                 *4. MORE THAN YEAR AGO*
          * MONTH*
                      * MONTHS *
                                      * YEAR*
                                                 .)))))))))))))-
                      .))))))))-
                                     .)))0)))-
          .))))))-
             .)))))))))))))))))))))))))))))))))
                           ♡
    * *G7f. How old were you *
    *G7e. (RB, STILL ON P. 13) On the average, how
          often in the past 12 months have you used
                                                       the last time?
          cocaine? Just tell me the letter from
          Part B.
                  LETTER
                                                         YEARS OLD
```

```
G8.
    The next question is about LSD and other hallucinogens such as PCP or "angel
    dust", peyote (PAY-OH-TEE), and mescaline (MES-KA-LIN). Have you ever used a
    hallucinogen, even once?
               +))))),
     +))))),
     *1. YES*
               *5. NO*--->NEXT PAGE, G9
    .))0)))-
               .)))))-
       ₩
     G8a. How old were you the first time (you used a hallucinogen)?
              ____ YEARS OLD
         (RB, P. 14) How many times in your life have you used a hallucinogen?
    G8b.
         Use Part A on this page.
          +)))), +))),
                        +)))), +)))), +)))), +)))), +))),
                        * C * * D * * E * * F * * G *
          * A * * B *
          *(01)* *(02)*
                        *(03)* *(04)* *(05)* *(06)* *(07)*
                        .)0))-.)0))-.)0))-.)0))-.))0)-
          .)0))-.)0))-
           .))0)))-
                          .))))))))))))))))))))))))))))))
                                      ₩
                      5G8c. CIRCLE "DRUGS" OPTION I. HALLUCINOGENS ON REF.
                      5
                           CARD SIDE 2
                                                                    5
                      G8d. When was the last time (you used a hallucinogen -- in the past month,
         past six months, past year, or more than a year ago)?
                      +)))))))),
                                     +)))))),
                                                +))))))))))))))),
          +))))))),
          *1. PAST *
                                     *3. PAST*
                                                *4. MORE THAN YEAR AGO*
                      *2. PAST SIX*
                      * MONTHS *
                                     * YEAR*
            MONTH*
                                                .)))))))))))))))-
          .))))))-
                      .))))))))-
                                     .)))0)))-
             .)))))))))))))))))))))))))))))))))
                                                         ₩
    ^{\star} *G8f. How old were you ^{\star}
    *G8e. (RB, STILL ON P. 14) On the average, how
                                               * *
          often in the past 12 months have you used
                                                      the last time?
         a hallucinogen? Just tell me the letter
          from Part B.
                 LETTER
                                                        YEARS OLD
```

```
G9.
    Have you ever used heroin, even once?
    +))))),
              +))))),
              *5. NO*--->GO TO G10
    *1. YES*
              .)))))-
    .))0)))-
      ♡
    G9a. How old were you the first time (you used heroin)?
         _____YEARS OLD
    G9b.
        (RB P. 15) How many times in your life have you used heroin? Use Part A
         on page 15.
                      +)))), +)))), +)))), +)))), +))),
         +)))), +))),
         * A * * B *
                      * C * * D * * E * * F * * G
                      *(03)* *(04)* *(05)* *(06)* *(07)*
         *(01)* *(02)*
         .)0))-.)0))-
                      .)0))-.)0))-.)0))-.)0))-.))0)-
          .))0)))-
                        .))))))))))))))))))))))))))))))
               5G9c. CIRCLE "DRUGS" OPTION J. HEROIN ON REF. CARD SIDE 25
               G9d. When was the last time (you used heroin) -- (in the past month, past six
         months, past year, or more than a year ago)?
         +))))))),
                    +))))))))),
                                  +)))))),
                                            +)))))))))))))),
         *1. PAST *
                    *2. PAST SIX*
                                  *3. PAST*
                                            *4. MORE THAN YEAR AGO*
            MONTH*
                       MONTHS *
                                  * YEAR*
                                            .))))))))))))))))))))))
                    .))))))))-
         .)))0)))-
                                 .)))0)))-
            .)))))))))))))))))))))))))))))))))
    **G9f. How old were you *
    *G9e. (RB, STILL ON P. 15) On the average, how
                                           * *
         often in the past 12 months have you used
                                                 the last time?
                                            * *
         heroin? Just tell me the letter from
                                            * *
         Part B.
                                            * *
                                            **
                LETTER
                                                   YEARS OLD
    G10.
    INTERVIEWER CHECKPOINT
    *SEE REFERENCE CARD SIDE 2, "DRUGS" LIST
    *+)),
    ** *1. ONE OR MORE DRUGS CIRCLED ON "DRUGS" LIST ON
    *.0)-
          REFERENCE CARD.
         +)),
          * *2. ALL OTHERS--->TURN TO P. 137, SECTION H
          . ))-
    G10a. (RB, P. 16) Now turn to Page 16 in your booklet. Please circle the
         category letter(s) of the following substances.
         *INTERVIEWER: READ ALOUD CATEGORY LETTER(S) FOR ALL DRUGS*
                    CIRCLED ON REFERENCE CARD, SIDE 2.
         644444444444444444444444444444
                    5WHEN FINISHED, NEXT PAGE, G115
                    94444444444444444444444444444
```

TMTFI	RVIEWER: WHERE (DRUG) APPEARS IN QUESTION: USE NAM	ME OF DDIIC	NAME OF DRIC
TIVIE	CATEGORY OR CATEGORY LETTER.	ME OF DRUG,	NAME OF DRUG
		YES (1)	NO (5)
G11.	(RB, STILL ON P. 16) In answering the next questions, please think <u>only</u> about the substance(s) just circled. (PAUSE)		
	Have you often been under the effects of [alcohol/(or)/DRUG/any of the (other) substances circled] or suffering its after-effects while at work or school or taking care of children?	TURN TO P. 112, G30a	
G12.	Has your use of [alcohol/(or)/DRUG/any of the (other) substances circled] often kept you from working, going to school, or taking care of children?	TURN TO P. 113, G31a	
G13.	Did [alcohol/(or)/DRUG/any of the (other) substances circled] ever cause you considerable problems with your family, friends, at work, at school or with the police?	TURN TO P. 114, G32a	
G14.	Did your use of [alcohol/(or)/DRUG/any of the (other) substances circled] ever cause you to be expelled from school, or to be demoted or fired from work?	TURN TO P. 116, G33a	
G15.	Have you often been under the effects of [alcohol/(or)/DRUG/any of the (other) substances circled] or feeling its after-effects in a situation which increased your chances of getting hurt C like when driving a car or boat, using knives or guns or machinery, crossing against the traffic, climbing or swimming?	TURN TO P. 117, G34a	
G16.	Did you ever accidentally injure yourself when you have been under the influence of [alcohol/(or)/DRUG/any of the (other) substances circled] C like had a bad fall or cut yourself badly, been hurt in a traffic accident, or anything like that?	TURN TO P. 118, G36	
G17.	Have you ever had any health problems as a <u>result of using</u> [alcohol/(or)/DRUG/any of the (other) substances circled] C such as liver disease, stomach disease, pancreatitis, feet tingling, numbness, memory problems, an accidental overdose, a persistent cough, a seizure or fit, hepatitis, or abscesses?	TURN TO P. 119, G37a	

INTER	INTERVIEWER: WHERE (DRUG) APPEARS IN QUESTION: USE NAME OF DRUG, NAME OF DRUG CATEGORY OR CATEGORY LETTER.					
		YES (1)	NO (5)			
G18.	Have you ever had any emotional or psychological problems from using [alcohol/(or)/DRUG/any of the (other) substances circled] C such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?	TURN TO P. 120, G38a				
G19.	Did you ever continue to use [alcohol/(or)/DRUG/any of the (other) substances circled] while taking medication you knew was dangerous to mix with alcohol or drugs, or when you had a serious health problem that could be made worse by alcohol or drugs?	TURN TO P. 122, G41a				
G20.	Have you ever felt such a strong desire or urge to use [alcohol/(or)/DRUG/any of the (other) substances circled] that you could not resist it or could not think of anything else?	TURN TO P. 123, G42a				
	G20a. INTERVIEWER CHECKPOINT +))))))))))))))))))))))))))))))))))))					
G21.	Did your use of [alcohol/(or)/DRUG/any of the (other) substances circled] ever become so regular that you would not change when, or how much you took it, no matter what you were doing or where you were?	TURN TO P. 124, G43a				

INTER	INTERVIEWER: WHERE (DRUG) APPEARS IN QUESTION: USE NAME OF DRUG, NAME OF DRUG CATEGORY OR CATEGORY LETTER.				
		YES (1)	NO (5)		
G22.	Have you ever wanted or tried to stop or cut down on [alcohol/(or)/DRUG/any of the (other) substances circled] but found you could not?	TURN TO P. 125, G44a			
G23.	QUESTION OMITTED				
G24.	Did you ever have a period of a month or more when you spent a great deal of time using [alcohol/(or)/DRUG/any of the (other) substances circled], getting it, or getting over its effects?	TURN TO P. 127, G46a			
G25.	Did you often use <u>much larger amounts</u> of [alcohol/(or)/DRUG/any of the (other) substances circled] than you intended to when you began, or did you use (it/them) for a <u>longer period</u> of time than you intended to?	TURN TO P. 128, G47a			
G26.	Did you often start using [alcohol/(or)/DRUG/any of the (other) substances circled] and find it difficult to stop before you became completely intoxicated or high?	TURN TO P. 129, G48a			
G27.	Did you ever find that you had to use more <pre>[alcohol/(or)/DRUG/of any of the (other) substances circled] than usual to get the same effect or that the same amount had less effect on you than before?</pre>	TURN TO P. 130, G49a			
G28.	(RB, P. 17) Did stopping or cutting down on [alcohol/(or)/DRUG/any of the (other) substances circled] ever make you sick or cause you problems like those listed on Page 17?	TURN TO P. 131, G50a			
G29.	Have you ever given up or greatly reduced important activities in order to get, or to use [alcohol/(or)/DRUG/any of the (other) substances circled] C activities like sports, work, or seeing family and friends?	TURN TO P. 133, G52a	TURN TO P. 137, SECTION H		

[FROM G11]

G30. [Have you often been under the effects of [alcohol/(or)/DRUG/any of the (other) substances circled] or suffering its after-effects while at work or school or taking care of children?]

G30a. CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances did you use? (AO?) (CHECK ALL MENTIONS.)	G30b. How old were you the <u>first time</u> this happened because of using (alcohol/DRUG)?	G30c. When was the <u>last time</u> this happened because of using (alcohol/ DRUG)(in the <u>past</u> month, <u>past six months</u> , <u>past year</u> , or <u>more than</u> a year ago)?		
+)), * *A. ALCOHOL .))-	YRS	1. MONTH 3. YEAR	2. 6 MOS 4. MORE>	YRS
+)), * *B. SEDATIVES		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *C. TRANQUILIZERS		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *D. STIMULANTS		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *E. ANALGESICS		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *F. INHALANTS		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *G. MARIJUANA		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *H GOGNINE		1. MONTH	2. 6 MOS	
* *H. COCAINE .))-	YRS	3. YEAR	4. MORE>	YRS
+)), * ** HALLHGINGGING		1. MONTH	2. 6 MOS	
* *I. HALLUCINOGENS .))-	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *J. HEROIN .))-	YRS	3. YEAR	4. MORE>	YRS

INTERVIEWER: ASK G30b-G30d FOR EACH MENTION, THEN TURN TO P. 114, G32

[FROM G12]

EACH MENTION.

G31a. CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances did you use? (AO?) (CHECK ALL MENTIONS.)	G31b. How old were you the <u>first time</u> this happened because of using (alcohol/DRUG)?	this happe of using (DRUG)(in month, pas	the <u>past</u> t six months, or <u>more than</u>	
+)), * *A. ALCOHOL		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *B. SEDATIVES		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *C. TRANQUILIZERS		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *D CTIMILANTS		1. MONTH	2. 6 MOS	
* *D. STIMULANTS .))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *E. ANALGESICS		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *F. INHALANTS		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *G. MARIJUANA		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *H. COCAINE		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *I. HALLUCINOGENS		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *J. HEROIN		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
INTERVIEWER: ASK G31b-G31d FOR				

[FROM G13]

G32. Did [alcohol/(or)/DRUG/any of the (other) substances circled] ever cause you problems with your family, friends, at work, at school or with the police? +))))), +)))), *1. YES* *5. NO*--->TURN TO P. 117, G34 .))0)))- *

V	I			
G32a. CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances caused these problems? (AO?) (CHECK ALL MENTIONS.)	G32b. How old were you the <u>first time</u> this happened because of using (alcohol/DRUG)?	because of using (alcohol/ DRUG)(in the past month, past six months, past year,		
+)), * *A. ALCOHOL		1. MONTH 2. 6 MOS 3. YEAR 4. MORE>		
.))-	YRS	G O T O G32e>		
+)), * *B. SEDATIVES		1. MONTH 2. 6 MOS 3. YEAR 4. MORE>		
.))-	YRS	G O T O G32e>		
+)), * *C. TRANQUILIZERS		1. MONTH 2. 6 MOS 3. YEAR 4. MORE>		
.))-	YRS	G O T O G32e>		
+)), * *D. STIMULANTS		1. MONTH 2. 6 MOS 3. YEAR 4. MORE>		
.))-	YRS	G O T O G32e>		
+)), * *E. ANALGESICS		1. MONTH 2. 6 MOS 3. YEAR 4. MORE>		
.))-	YRS	G O T O G32e>		
+)), * *F. INHALANTS		1. MONTH 2. 6 MOS 3. YEAR 4. MORE>		
.))-	YRS	G O T O G32e>		
+)), * *G. MARIJUANA		1. MONTH 2. 6 MOS 3. YEAR 4. MORE>		
.))-	YRS	G O T O G32e>		
+)), * *H. COCAINE		1. MONTH 2. 6 MOS 3. YEAR 4. MORE>		
	YRS	G O T O G32e>		
+)), * *I. HALLUCINOGENS		1. MONTH 2. 6 MOS 3. YEAR 4. MORE>		
.))-	YRS	G O T O G32e>		
+)), * *J. HEROIN		1. MONTH 2. 6 MOS 3. YEAR 4. MORE>		
.))-	YRS	G O T O G32e>		
TMTEDVIEWED.				

INTERVIEWER:
ASK G32b-G32e FOR
EACH MENTION.

G32d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/DRUG]?	G32e. Did you continue to use (alcohol/DRUG) after you realized it was causing any of these problems?
YRS>	+)))))), +))))), *1. YES* *5. NO* .)))))))))))-
YRS>	+)))))), +)))), *1. YES* *5. NO* .))))))))))-
YRS>	+)))))), +)))), *1. YES* *5. NO* .)))))))))))-
YRS>	+)))))), +))))), *1. YES* *5. NO*
YRS>	.)))))))))))- +)))))), +))))), *1. YES* *5. NO*
YRS>	.)))))))))))- +)))))), +))))), *1. YES* *5. NO*
YRS>	.)))))))))))- +)))))), +))))), *1. YES* *5. NO* .)))))))))))-
YRS>	+)))))), +)))), *1. YES* *5. NO* .))))))))))-
YRS>	+)))))), +)))), *1. YES* *5. NO* .))))))))))-
YRS>	+)))))), +)))), *1. YES* *5. NO* .)))))))))))-

[FROM G14]

G33. Did your use of [alcohol/(or)/DRUG/any of the (other) substances circled] ever cause you to be expelled from school, or to be demoted or fired from work?

+))))), +)))),

.))0)))- .)))))-

♡

G33a. CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances did you use? (AO?) (CHECK ALL MENTIONS.)	the <u>first time</u> this happened because of using	When was the <u>last time</u> this happened because of using (alcohol/DRUG)(in the <u>past month</u> , <u>past six months</u> , <u>past year</u> , or <u>more than</u>			
+)),		1. MONTH	2. 6 MOS		
* *A. ALCOHOL .))-	YRS	3. YEAR	4. MORE>	YRS	
+)),		1. MONTH	2. 6 MOS		
* *B. SEDATIVES .))-	YRS	3. YEAR	4. MORE>	YRS	
+)),		1. MONTH	2. 6 MOS		
* *C. TRANQUILIZERS .))-	YRS	3. YEAR	4. MORE>	YRS	
+)),		1. MONTH	2. 6 MOS		
* *D. STIMULANTS .))-	YRS	3. YEAR	4. MORE>	YRS	
+)),		1. MONTH	2. 6 MOS		
* *E. ANALGESICS	YRS	3. YEAR	4. MORE>	YRS	
+)),		1. MONTH	2. 6 MOS		
* *F. INHALANTS	YRS	3. YEAR	4. MORE>	YRS	
+)),		1. MONTH	2. 6 MOS		
* *G. MARIJUANA	YRS	3. YEAR	4. MORE>	YRS	
+)),		1. MONTH	2. 6 MOS		
* *H. COCAINE .))-	YRS	3. YEAR	4. MORE>	YRS	
+)),		1. MONTH	2. 6 MOS		
* *I. HALLUCINOGENS .))-	YRS	3. YEAR	4. MORE>	YRS	
+)),		1. MONTH	2. 6 MOS		
* *J. HEROIN	YRS	3. YEAR	4. MORE>	YRS	

INTERVIEWER:

ASK G33b-G33d FOR EACH MENTION.

[FROM G15]

G34. Have you often been under the effects of [alcohol/(or)/DRUG/any of the (other) substances circled] or feeling its after-effects in a situation which increased your chances of getting hurt - like when driving a car or boat, using knives or guns or machinery, crossing against the traffic, climbing or swimming?

G34a. CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances were you using? (AO?) (CHECK ALL MENTIONS.)	G34b. How old were you the <u>first time</u> this happened because of using (alcohol/DRUG)?	this happen using (alco (in the <u>pas</u>	ed because of hol/ DRUG) t month, past past year,	G34d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/ DRUG)]?
+)), * *A. ALCOHOL		1. MONTH	2. 6 MOS	
.))- +)), * *B. SEDATIVES		3. YEAR 1. MONTH	4. MORE> 2. 6 MOS	YRS
+)), * *C. TRANQUILIZERS	YRS	3. YEAR 1. MONTH	4. MORE> 2. 6 MOS	YRS YRS
(.))- (+)),	YRS	3. YEAR 1. MONTH	4. MORE> 2. 6 MOS	YRS
* *D. STIMULANTS	YRS	3. YEAR	4. MORE>	YRS
+)), * *E. ANALGESICS .))-	YRS	1. MONTH 3. YEAR	2. 6 MOS 4. MORE>	YRS
+)), * *F. INHALANTS		1. MONTH	2. 6 MOS	
+)),	YRS	3. YEAR 1. MONTH	4. MORE> 2. 6 MOS	YRS
* *G. MARIJUANA	YRS	3. YEAR	4. MORE>	YRS
+)), * *H. COCAINE .))-	YRS	1. MONTH 3. YEAR	2. 6 MOS 4. MORE>	YRS
+)), * *I. HALLUCINOGENS		1. MONTH	2. 6 MOS	
.))- +)),	YRS	3. YEAR 1. MONTH	4. MORE> 2. 6 MOS	YRS
* *J. HEROIN .))-	YRS	3. YEAR	4. MORE>	YRS

INTERVIEWER:
ASK G34b-G34d FOR
EACH MENTION.

[FROM G16]

G35. Did you ever accidentally injure yourself when you have been under the influence of [alcohol/(or)/DRUG/any of the (other) substances circled]--like had a bad fall or cut yourself badly, been hurt in a traffic accident, or anything like that?

1. YES *5. NO*--->NEXT PAGE, G37

.))†)))
G36. Did you continue to use the substance after it caused the accident?

1. YES *5. NO*--->NEXT PAGE, G37

.))†)))
1. YES *5. NO*--->NEXT PAGE, G37

.))†))).)))))-

• /// • //// • ////	1		
G36a. CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances did you continue to use? (AO?) (CHECK ALL MENTIONS.)	G36b. How old were you the <u>first time</u> you continued to use (alcohol/DRUG) after an accident?	G36c. QUESTION OMITTED	G36d. QUESTION OMITTED
+)), * *A. ALCOHOL .))-	YRS		
+)), * *B. SEDATIVES .))-	YRS		
+)), * *C. TRANQUILIZERS .))-	YRS		
+)), * *D. STIMULANTS .))-	YRS		
+)), * *E. ANALGESICS .))-	YRS		
+)), * *F. INHALANTS .))-	YRS		
+)), * *G. MARIJUANA .))-	YRS		
+)), * *H. COCAINE .))-	YRS		
+)), * *I. HALLUCINOGENS .))-	YRS		
+)), * *J. HEROIN .))-	YRS		

INTERVIEWER:
ASK G36b FOR
EACH MENTION.

[FROM G17]

G37. Have you ever had any health problems as a result of using [alcohol/(or)/DRUG/any of the (other) substances circled] - such as liver disease, stomach disease, pancreatitis, feet tingling, numbness, memory problems, an accidental overdose, a persistent cough, a seizure or fit, hepatitis, or abscesses?

G37a. CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances caused these problems? (AO?) (CHECK ALL MENTIONS.)	G37b. How old were you the <u>first time</u> this happened because of using (alcohol/DRUG)?	this happen using (alco (in the pas	st month, past past year,	How old were you
+)), * *A. ALCOHOL		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *B. SEDATIVES		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *C. TRANQUILIZERS		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *D. STIMULANTS		1. MONTH	2. 6 MOS	
.)) -	YRS	3. YEAR	4. MORE>	YRS
+)), * *E. ANALGESICS		1. MONTH	2. 6 MOS	
.)) -	YRS	3. YEAR	4. MORE>	YRS
+)), * *F. INHALANTS		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *G. MARIJUANA		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *H. COCAINE		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *I. HALLUCINOGENS		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *J. HEROIN		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS

INTERVIEWER:
ASK G37b-G37d FOR
EACH MENTION.

[FROM G18]

G38. Have you ever had any emotional or psychological problems from using [alcohol/(or)/DRUG/any of the (other) substances circled]--such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?

G38a. CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances caused these problems? (AO?) (CHECK ALL MENTIONS.)	the <u>first time</u> this happened	this happen using (alco (in the pas	st month, past past year,	G38d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/ DRUG)]?
+)), * *A. ALCOHOL		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *B. SEDATIVES		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *C. TRANQUILIZERS		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *D. STIMULANTS		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *E. ANALGESICS		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *F. INHALANTS		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *G. MARIJUANA		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *H. COCAINE		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *I. HALLUCINOGENS		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *J. HEROIN		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS

INTERVIEWER:
ASK G38b-G38d FOR
EACH MENTION.

[FROM G19]

G41. Did you ever continue to use [alcohol/(or)/DRUG/any of the (other) substances circled] while taking medication you knew was dangerous to mix with alcohol or drugs, or when you had a serious health problem that could be made worse by alcohol or drugs?

```
+))))), +)))),
*1. YES* *5. NO*--->NEXT PAGE, G42
.))0)))- ;)))))
```

G41a. CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances did you continue using? (AO?) (CHECK ALL MENTIONS.)	use (alcohol/	[you conting (alcohol/DR situation]-month, past	nued to use PUG) in such a re-(in the past six months, or more than	G41d. IF MORE THAN A YEAR AGO: How old were you the last time [you continued to use (alcohol/DRUG) in such a situation]?
+)), * *A. ALCOHOL .))-	VDC	1. MONTH 3. YEAR	2. 6 MOS 4. MORE>	YRS
+)), * *B. SEDATIVES		1. MONTH 3. YEAR	2. 6 MOS 4. MORE>	
+)), * *C. TRANQUILIZERS		1. MONTH 3. YEAR	2. 6 MOS 4. MORE>	YRS YRS
+)), * *D. STIMULANTS .))-		1. MONTH 3. YEAR	2. 6 MOS 4. MORE>	YRS
+)), * *E. ANALGESICS .))-	YRS	1. MONTH	2. 6 MOS 4. MORE>	YRS
+)), * *F. INHALANTS		1. MONTH 3. YEAR	2. 6 MOS 4. MORE>	YRS
+)), * *G. MARIJUANA		1. MONTH 3. YEAR	2. 6 MOS 4. MORE>	YRS
+)), * *H. COCAINE		1. MONTH 3. YEAR	2. 6 MOS 4. MORE>	
+)), * *I. HALLUCINOGENS		1. MONTH	2. 6 MOS	YRS
+)), * *J. HEROIN	YRS	3. YEAR 1. MONTH	4. MORE> 2. 6 MOS	YRS
.)) -	YRS	3. YEAR	4. MORE>	YRS

INTERVIEWER:
ASK G41b-G41d FOR
EACH MENTION.

[FROM G20]

G42. Have you ever felt such a strong desire or urge to use [alcohol/(or)/DRUG/any of the (other) substances circled] that you could not resist it or could not think of anything else?

+))))), +)))), *1. YES* *5. NO*--->NEXT PAGE, G43 .))0)))- ;)))))-

	ī	Ī		,
G42a. CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances caused this strong urge? (AO?) (CHECK ALL MENTIONS.)	G42b. How old were you the <u>first time</u> this happened because of using (alcohol/DRUG)?	this happer using (alco (in the pas	st month, past past year,	G42d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/ DRUG)]?
+)), * *A. ALCOHOL	VD G	1. MONTH	2. 6 MOS	VD C
.))- +)), * *B. SEDATIVES	YRS	1. MONTH	4. MORE> 2. 6 MOS	YRS
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *C. TRANQUILIZERS .))-		1. MONTH 3. YEAR	2. 6 MOS 4. MORE>	YRS
+)), * *D. STIMULANTS	TRS	1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *E. ANALGESICS		1. MONTH	2. 6 MOS	
()) - (+)) ,	YRS	3. YEAR 1. MONTH	4. MORE> 2. 6 MOS	YRS
* *F. INHALANTS	YRS		4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *G. MARIJUANA	YRS	3. YEAR	4. MORE>	YRS
+)), * *H. COCAINE		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *I. HALLUCINOGENS		1. MONTH	2. 6 MOS	
+)),	YRS	3. YEAR 1. MONTH	4. MORE> 2. 6 MOS	YRS
* *J. HEROIN .))-	YRS	3. YEAR	4. MORE>	YRS
TNTERVIEWER:				

INTERVIEWER:
ASK G42b-G42d FOR
EACH MENTION.

[FROM G21]

G43. Did your use of [alcohol/(or)/DRUG/any of the (other) substances circled] ever become so regular that you would not change when, or how much you took it, no matter what you were doing or where you were?

G43a. CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances? (AO?) (CHECK ALL MENTIONS.)	G43b. How old were you the <u>first time</u> this happened because of using (alcohol/DRUG)?	this happene using (alcob the <u>past mor</u>	ed because of nol/ DRUG)(in nth, past six tyear, or more	G43d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/ DRUG)]?
+)), * *A. ALCOHOL		1. MONTH	2. 6 MOS	
.)) -	YRS	3. YEAR	4. MORE>	YRS
+)), * *B. SEDATIVES		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *C. TRANQUILIZERS		1. MONTH	2. 6 MOS	
.))-		3. YEAR	4. MORE>	YRS
+)), * *D. STIMULANTS		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *E. ANALGESICS		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *F. INHALANTS		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *G. MARIJUANA		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *H. COCAINE		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *I. HALLUCINOGENS		1. MONTH	2. 6 MOS	
.))-		3. YEAR	4. MORE>	YRS
+)), * *J. HEROIN		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
INITED\/IE\VED.	ĺ			

INTERVIEWER: ASK G43b-G43d FOR EACH MENTION.

[FROM G22]

G44. Have you ever wanted or tried to stop or cut down on [alcohol/(or)/DRUG/any of the (other) substances circled] but found you could not?

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+))))), +)))), *1. YES* *5. NO*--->TURN TO P. 127, G46
.))0)))- **
```

+)), 1. MONTH 2. 6 MOS	
* *A. ALCOHOL	
.)) YRS 3. YEAR 4. MORE>	YRS
+)), * *B. SEDATIVES	
.))- YRS 3. YEAR 4. MORE>	YRS
+)),	
* *C. TRANQUILIZERS .))- YRS 3. YEAR 4. MORE>	YRS
+)), 1. MONTH 2. 6 MOS	
* *D. STIMULANTS .))- YRS 3. YEAR 4. MORE>	YRS
+)), 1. MONTH 2. 6 MOS	
* *E. ANALGESICS .))- YRS 3. YEAR 4. MORE>	YRS
+)), 1. MONTH 2. 6 MOS	
* *F. INHALANTS .))- YRS 3. YEAR 4. MORE>	YRS
+)), 1. MONTH 2. 6 MOS	
* *G. MARIJUANA .))- YRS 3. YEAR 4. MORE>	YRS
+)), 1. MONTH 2. 6 MOS	
* *H. COCAINE .))- YRS 3. YEAR 4. MORE>	YRS
+)), 1. MONTH 2. 6 MOS	
* *I. HALLUCINOGENS .))- YRS 3. YEAR 4. MORE>	YRS
+)),	
* *J. HEROIN YRS 3. YEAR 4. MORE>	YRS

INTERVIEWER:
ASK G44b-G44d FOR
EACH MENTION, THEN
TURN TO P. 127, G46.

126 [FROM G23]

G45. QUESTION OMITTED

[FROM G24]

G46. Did you ever have a period of a month or more when you spent a great deal of time using [alcohol/(or)/DRUG/any of the (other) substances circled], getting it, or getting over its effects?

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+))))), +)))),
*1. YES* *5. NO*--->NEXT PAGE, G47
.))0)))- ;
```

G46a. CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances? (AO?) (CHECK ALL MENTIONS.)	G46b. How old were you the <u>first time</u> this happened because of using (alcohol/DRUG)?	this happene using (alcob the <u>past mor</u>	ed because of nol/ DRUG)(in nth, past six t year, or more	G46d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/ DRUG)]?
+)), * *A. ALCOHOL		1. MONTH	2. 6 MOS	
(,)) - (+)),	YRS	1. MONTH	4. MORE> 2. 6 MOS	YRS
* *B. SEDATIVES	YRS	3. YEAR	4. MORE>	YRS
+)), * *C. TRANQUILIZERS		1. MONTH	2. 6 MOS	
.))-		3. YEAR	4. MORE>	YRS
+)), * *D. STIMULANTS	YRS	1. MONTH 3. YEAR	2. 6 MOS 4. MORE>	VDQ
(a))- (b)),	IRS	1. MONTH	2. 6 MOS	YRS
* *E. ANALGESICS	YRS	3. YEAR	4. MORE>	YRS
+)), * *f. INHALANTS		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *G. MARIJUANA		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *H. COCAINE		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *I. HALLUCINOGENS		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *J. HEROIN	_	1. MONTH	2. 6 MOS	
.))- INTERVIEWER:	YRS	3. YEAR	4. MORE>	YRS

INTERVIEWER:
ASK G46b-G46d FOR
EACH MENTION.

[FROM G25]

G47. Did you often use much larger amounts of [alcohol/(or)/DRUG/any of the (other) substances circled] than you intended to when you began, or did you use (it/them) for a longer period of time than you intended to? +)))))), +))))), *1. YES* *5. NO*--->NEXT PAGE, G48 .))0)))- .)))))

G47a. CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances? (AO?) (CHECK ALL MENTIONS.)	(alcohol/DRUG)?	this happene using (alcoh the <u>past mor</u>	ed because of nol/ DRUG)(in nth, past six t year, or more	G47d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/ DRUG)]?
+)), * *A. ALCOHOL		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *B. SEDATIVES	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *C. TRANQUILIZERS .))-	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *D. STIMULANTS .))-	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *E. ANALGESICS .))-	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *F. INHALANTS	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *G. MARIJUANA	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *H. COCAINE .))-	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *I. HALLUCINOGENS .))-	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *J. HEROIN .))-	YRS	3. YEAR	4. MORE>	YRS

INTERVIEWER: ASK G47b-G47d FOR EACH MENTION, THEN TURN TO P. 130, G49.

[FROM G26]

G48. Did you often start using [alcohol/(or)/DRUG/any of the (other) substances circled] and find it difficult to stop before you became completely intoxicated or high?
+))))),
1. YES *5. NO*--->NEXT PAGE, G49
.))0)))*

G48a. CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances? (AO?) CHECK ALL MENTIONS.)	G48b. How old were you the <u>first time</u> this happened because of using (alcohol/DRUG)?	this happene using (alcoh the <u>past mor</u>	ed because of nol/ DRUG)(in nth, past six t year, or more	G48d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/ DRUG)]?
+)), * *A. ALCOHOL		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *B. SEDATIVES		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *C. TRANQUILIZERS		3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *D. STIMULANTS	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *E. ANALGESICS	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *F. INHALANTS	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *G. MARIJUANA	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *H. COCAINE	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *I. HALLUCINOGENS		3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	1105
* *J. HEROIN	PAV	3. YEAR	4. MORE>	YRS
. , , ,	105	1-,	1	105

INTERVIEWER:
ASK G48b-G48d FOR
EACH MENTION.

[FROM G27]

G49. Did you ever find that you had to use more [alcohol/(or)/DRUG/of any of the (other) substances circled] than usual to get the same effect or that the same amount had less effect on you than before?

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+))))), +)))),
*1. YES* *5. NO*--->NEXT PAGE, G50
.))0)))- ;
```

G49a. CHECK CATEGORY <u>OR</u> IF MORE THAN ONE CATEGORY ASK: Which substances? (AO?) (CHECK ALL MENTIONS.)	G49b. How old were you the <u>first time</u> this happened because of using (alcohol/DRUG)?	this happene using (alcoh the <u>past mor</u>	ed because of nol/ DRUG)(in nth, past six tyear, or more	G49d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/ DRUG)]?
+)), * *A. ALCOHOL		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)), * *B. SEDATIVES		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *C. TRANQUILIZERS .))-	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *D. STIMULANTS .))-	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *E. ANALGESICS .))-	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *F. INHALANTS	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *G. MARIJUANA .))-	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *H. COCAINE .))-	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *I. HALLUCINOGENS .))-	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *J. HEROIN .))-	YRS	3. YEAR	4. MORE>	YRS
	l			

INTERVIEWER:
ASK G49b-G49d FOR
EACH MENTION.

[FROM G28]

+)), * *B. SEDATIVES .))- +)), * *C. TRANQUILIZERS .))- +)), * *D. STIMULANTS .))- +)), * *E. ANALGESICS .))- +)), * *F. INHALANTS 1. MONTH	E50a. CHECK CATEGORY OR F MORE THAN ONE CATEGORY ASK: Chich substances made cou sick? (AO?) CHECK ALL MENTIONS.)	G50b. How old were you the <u>first time</u> this happened because of using (alcohol/DRUG)?	this happene using (alcoh the <u>past mon</u>	ed because of nol/ DRUG)(in nth, past six year, or more	G50d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/ DRUG)]?
YRS 3. YEAR 4. MORE>			1. MONTH	2. 6 MOS	
* *B. SEDATIVES .))- *YRS 3. YEAR 4. MORE> +)), * *C. TRANQUILIZERS .))- *YRS 3. YEAR 4. MORE> +)), * *D. STIMULANTS .))- *YRS 3. YEAR 4. MORE> +)), * *E. ANALGESICS .))- *YRS 3. YEAR 4. MORE> 1. MONTH 2. 6 MOS *YRS 3. YEAR 4. MORE> +)), * *F. INHALANTS .))- *YRS 3. YEAR 4. MORE> 1. MONTH 2. 6 MOS * *F. INHALANTS .))- *YRS 3. YEAR 4. MORE> 1. MONTH 2. 6 MOS		YRS	3. YEAR	4. MORE>	YRS
.))- YRS 3. YEAR 4. MORE> +)), * *C. TRANQUILIZERS .))- YRS 3. YEAR 4. MORE> +)), * *D. STIMULANTS .))- YRS 3. YEAR 4. MORE> +)), * *E. ANALGESICS .))- YRS 3. YEAR 4. MORE> +)), * *E. ANALGESICS .))- YRS 3. YEAR 4. MORE> +)), * *F. INHALANTS .))- YRS 3. YEAR 4. MORE> +)), * *F. INHALANTS .))- YRS 3. YEAR 4. MORE> +)), * *F. INHALANTS .))- YRS 3. YEAR 4. MORE> +)), * *I. MONTH 2. 6 MOS			1. MONTH	2. 6 MOS	
* *C. TRANQUILIZERS .))-		YRS	3. YEAR	4. MORE>	YRS
.))- YRS 3. YEAR 4. MORE> +)), * *D. STIMULANTS .))- YRS 3. YEAR 4. MORE> +)), * *E. ANALGESICS .))- YRS 3. YEAR 4. MORE> +)), * *F. INHALANTS .))- YRS 3. YEAR 4. MORE> +)), * *F. INHALANTS .))- YRS 3. YEAR 4. MORE> +)), 1. MONTH 2. 6 MOS 1. MONTH 2. 6 MOS			1. MONTH	2. 6 MOS	
* *D. STIMULANTS .))-		YRS	3. YEAR	4. MORE>	YRS
.))- YRS 3. YEAR 4. MORE> +)), * *E. ANALGESICS .))- YRS 3. YEAR 4. MORE> +)), * *F. INHALANTS .))- YRS 3. YEAR 4. MORE> +)), 1. MONTH 2. 6 MOS * *F. INHALANTS .))- YRS 3. YEAR 4. MORE> +)),			1. MONTH	2. 6 MOS	
* *E. ANALGESICS .))- YRS 3. YEAR 4. MORE> +)), * *F. INHALANTS .))- YRS 3. YEAR 4. MORE> +)), 1. MONTH 2. 6 MOS		YRS	3. YEAR	4. MORE>	YRS
.))- YRS 3. YEAR 4. MORE>			1. MONTH	2. 6 MOS	
* *F. INHALANTS .))- YRS 3. YEAR 4. MORE>		YRS	3. YEAR	4. MORE>	YRS
.))- YRS 3. YEAR 4. MORE>			1. MONTH	2. 6 MOS	
		YRS	3. YEAR	4. MORE>	YRS
* *G. MARIJUANA			1. MONTH	2. 6 MOS	
		YRS	3. YEAR	4. MORE>	YRS
+)), 1. MONTH 2. 6 MOS			1. MONTH	2. 6 MOS	
* *H. COCAINE .))- YRS 3. YEAR 4. MORE>		YRS	3. YEAR	4. MORE>	YRS
+)),			1. MONTH	2. 6 MOS	
* *I. HALLUCINOGENS .))- YRS 3. YEAR 4. MORE>		YRS	3. YEAR	4. MORE>	YRS
+)),			1. MONTH	2. 6 MOS	
* *J. HEROIN	*J. HEROIN	YRS			YRS

INTERVIEWER:
ASK G50b-G50d FOR
EACH MENTION.

G51. Did you ever use [alcohol/(or)/DRUG/any of the (other) substances circled] to make these withdrawal symptoms go away or to keep from having them?

```
G51a.
CHECK CATEGORY <u>OR</u>
IF MORE THAN ONE
CATEGORY ASK:
Which substances did
you use? (AO?) (CHECK
ALL MENTIONS.)
+)),
* *A. ALCOHOL
* *B. SEDATIVES
* *C. TRANQUILIZERS
))-
+)),
* *D. STIMULANTS
))-
+)),
 *E. ANALGESICS
))-
 *F. INHALANTS
 ))-
* *G. MARIJUANA
 ))-
+)),
* *H. COCAINE
+)),
* *I. HALLUCINOGENS
```

+)),

* *J. HEROIN

[FROM G29]

G52. Have you ever given up or greatly reduced important activities in order to get, or to use [alcohol/(or)/DRUG/any of the (other) substances circled]--activities like sports, work, or seeing family and friends?
+)))))),
1. YES *5. NO*--->NEXT PAGE, G53
.))0)))*

G52a. CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances? (AO?) (CHECK ALL MENTIONS.)	G52b. How old were you the <u>first time</u> this happened because of using (alcohol/DRUG)?	this happened using (alcohold) the past more	ed because of nol/ DRUG)(in nth, past six year, or more	G52d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/ DRUG)]?
+)), * *A. ALCOHOL		1. MONTH	2. 6 MOS	
.))-	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *B. SEDATIVES	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *C. TRANQUILIZERS	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *D. STIMULANTS	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *E. ANALGESICS	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *F. INHALANTS	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *G. MARIJUANA	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *H. COCAINE .))-	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *I. HALLUCINOGENS .))-	YRS	3. YEAR	4. MORE>	YRS
+)),		1. MONTH	2. 6 MOS	
* *J. HEROIN	YRS	3. YEAR	4. MORE>	YRS
		-	-	

INTERVIEWER:
ASK G52b-G52d FOR
EACH MENTION.

```
G53. Did you ever tell a doctor other than a
                                              DEFINITION: "TELL A DOCTOR" MEANS CONTACTED
     psychiatrist about your substance use?
                                                      A DOCTOR DIRECTLY BY TELEPHONE
                                                      OR IN PERSON.
     (Doctor includes medical doctors,
     osteopaths, and students in training to
     be medical doctors or osteopaths.)
     +))))),
                 +))))),
                  *5. NO*--->NEXT PAGE, G57
     *1. YES*
     .))0)))-
                 .)))))-
        ♡
     +))))))))))))))))))))))))))))))))))))
     *G53a. How old were you the first time (you told*
            a doctor other than a psychiatrist about *
            your substance use)?
                            YEARS OLD
     G54.
     Did a doctor other than a psychiatrist
                                              DEFINITION: "PRESCRIBE" MEANS A DOCTOR'S
     ever prescribe medication for you
                                                      PRESCRIPTION NEEDS TO BE HANDED
                                                      TO A PHARMACIST TO OBTAIN THE
     because of your substance use?
                                                      MEDICATION.
     +))))),
                 +))))),
                 *5. NO*--->GO TO G55
     *1. YES*
     .))0)))-
                 .)))))-
     +)))))))))))))))))))))))))))))))))))
     *G54a. How old were you the first time (a
            doctor other than a psychiatrist
            prescribed medication for you because
            of your substance use)?
                            YEARS OLD
     G55. Did a doctor other than a psychiatrist ever advise you to see a mental health
     specialist (someone like a psychiatrist, psychologist or social worker) about
     your substance use?
     +))))),
                 +))))),
     *1. YES*
                  *5. NO*--->NEXT PAGE, G56
     .))0)))-
                 .)))))-
     +)))))))))))))))))))))))))))))))
     *G55a. How old were you the first time (a
            doctor other than a psychiatrist
            advised you to see a mental health
            specialist)?
                           YEARS OLD
```

```
G56. Did a doctor other than a psychiatrist ever refer you to a treatment program
     for alcohol or drug problems?
                +))))),
     +))))),
                *5. NO*--->GO TO G57
     *1. YES*
     .))0)))-
                .)))))-
     *G56a. How old were you the first time (a
           doctor other than a psychiatrist
           advised you to seek treatment at a sub-
           stance abuse program)?
                         YEARS OLD
     G57. Did you ever take medication more than once because of your substance use?
     +))))),
                +))))),
                                          DEFINITION: "MEDICATION" REFERS TO MEDICINE
                *5. NO*--->GO TO G58
     *1. YES*
                                                  OBTAINED ANYWHERE--OVER-THE-
                                                  COUNTER, FROM A FRIEND,
     .))0)))-
                .)))))-
                                                  PRESCRIBED BY A DOCTOR, OBTAINED
                                                  ILLEGALLY, ETC.
       ₩
     +))))))))))))))))))))))))))))))))))
     *G57a. How old were you the first time (you took*
           medication more than once because of
           your substance use)?
                         YEARS OLD
     G58. Did you ever see a mental health specialist about your substance use? (By
     mental health specialists we mean psychiatrists, psychologists, or social
     workers.)
     +))))),
                +))))),
     *1. YES*
                *5. NO*--->NEXT PAGE, G59
     .))0)))-
                .)))))-
     +)))))))))))))))))))))))))))))))))))))
     *G58a. How old were you the first time (you
            saw a mental health specialist because
            of your substance use)?
                         YRS OLD
```

```
G59. Did you ever see any other professional about your substance use? (Other
    professionals include nurses, rabbis, priests, ministers, and counselors.)
    +))))), +)))),
            *5. NO*--->GO TO G60
    *1. YES*
            .)))))-
    .))0)))-
    +)))))))))))))))))))))))))))))))))))
    *G59a. How old were you the first time (you saw *
        any other professional because of your
        substance use)?
                   YEARS OLD
    G60. Did you ever go to a self-help group like Alcoholics Anonymous or Narcotics
   Anonymous because of your substance use?
    +))))),
            *5. NO*--->5G60b. CHECK "QUALIFIERS" G60 BOX ON REFERENCE CARD5
    *1. YES*
    .))0)))-
            +)))))))))))))))))))))))))))))))))
    *G60a. How old were you the <u>first time</u>?
                    YEARS OLD
    ₩
    5G60b. CHECK "OUALIFIERS" G60 BOX ON REFERENCE CARD5
```

SECTION H: PROBLEM BEHAVIORS

но.	(TEAR OUT AND HAND R TALLY SHEET) The next questions ask about things you might have done before you turned 15. As I read the questions you will keep track of your answers on this Tally Sheet. The Tally Sheet is divided into three sections: top, middle and bottom. We will use the top section for the first set of questions. Whenever I read a behavior that you did put an "X" on the yes side of the top section, and when I read something you did not do put an "X" on the no side of the top section. Do you have any questions about these instructions?
	+)))))))))))))))))))))))))))))))))))))
н1.	First, did you play hooky (skip school) a lot from school before the age of 15? Do not tell me your answer C just put an "X" in the yes or no column in the top section of the Tally Sheet.
Н2.	Did you run away from home overnight $\underline{\text{more than once}}$ before the age of 15? (Again, do not tell me C just put the "X" on the Tally Sheet.)
н3.	Did you tell <u>a lot of lies</u> before the age of 15?
н4.	Did you <u>more than once</u> steal things from a store or from someone you knew?
н5.	Before the age of 15, did you ever deliberately start a fire?
н6.	Did you ever deliberately destroy someone else's property other than by setting a fire?
н7.	Before the age of 15, did you physically hurt animals on a number of occasions?

нв.	Now, please count the X's on the <u>Yes</u> side of the <u>top section</u> of your sheet and tell me the number. 64444444444447 5 5 # OF YES RESPONSES 94444444444448
н9.	(STILL USING TALLY SHEET) Next, I want you to keep a second tally in the $\underline{\text{middle}}$ $\underline{\text{section}}$ of your sheet.
	Did you often start physical fights before the age of 15?
Н9а.	Did you use a weapon in a fight more than once before the age of 15?
н10.	Before the age of 15, did you physically hurt other people a number of times?
н11.	Before the age of 15, did you ever rob or mug someone?
н12.	Before the age of 15, did you ever force someone to have sex with you?
н13.	Please count the X's on the $\underline{\text{Yes}}$ side of the $\underline{\text{middle section}}$ of your sheet and tell me the number. 6444444444447 5 5 $\#$ OF YES RESPONSES 9444444444448
н14.	<pre>INTERVIEWER QUERY +))))))))))))))))))))))))))))))))))))</pre>
	RECORD NUMBER OF "YES" RESPONSES FROM H8 HERE> (A)
	RECORD NUMBER OF "YES" RESPONSES FROM H13 HERE> + (B)
	ADD (A) AND (B) AND ENTER SUM HERE> = (C) .)))))))))))))))))))))))))))))))))))
н15.	<pre>INTERVIEWER CHECKPOINT +))))))))))))))))))))))))))))))))))))</pre>
	.)))))))))))))))))))))))))))))))))))))

н16.	Now, not using the Tally Sheet, of the twelve behaviors just reviewed, you were involved in (SUM FROM H14). Were these behaviors ever caused by your use of alcohol or drugs? +))))), *1. YES*
	<pre> † +)))))))))))))))))))))))))))))))))))</pre>
Н17.	(STILL USING TALLY SHEET) For the next questions, please use the $\underline{\text{bottom section}}$ of your Tally Sheet. These questions ask about when you were older C $\underline{\text{since}}$ turning 15 years of age.
	Have you repeatedly failed to meet financial obligations such as debts, or failed to provide support for children or other dependents on a regular basis <u>since</u> <u>turning 15</u> ?
Н18.	Since turning 15, was there ever a time when you got into a number of physical fights?
Н19.	Since turning 15, did you ever participate in illegal activities, like stealing or destroying property?
н20.	Was there ever a period when you drifted around or had no regular place to live?
н21.	Since turning 15, was there a time when you <u>lied a lot</u> or used a false name?
н22.	Was there a time when you were <u>unreliable</u> on your job, <u>could not hold</u> a job, <u>quit</u> several jobs without having another one lined up, or simply decided not to work when you were expected to be working?
н23.	Have you ever had a time when you did bad things to other people <u>without feeling</u> <u>guilty</u> ?
н24.	Since turning 15, have you had a time in your life when you did <u>reckless things</u> like driving while drinking or speeding a lot?

```
H25. Was there ever a time when you were an irresponsible parent C for example, your
    child was not given adequate food or clothing, or was not kept clean, or did not
    get medical care, or was left home alone at an early age, or had to get food or
    shelter from other people?
н26.
    Now, please count the X's in the bottom section of the Yes side of your sheet and
    tell me the number.
    +)))))), +))))), +))))), +)))),
                                    +)))))))))))))))))))))))))))
    *00. ZERO* *01. ONE* *02. TWO*
                                       MORE THAN TWO (SPECIFY):
    .)))0))))- .)))0)))- .)))0)))-
       .))0))))))))))))))-
                                                  NUMBER
          *NEXT PAGE, H30*
                                    .)))))))))))))))))))))))))))))))))
          .))))))))))-
                                                 ₩
                                    5H26a. CHECK "QUALIFIERS" H26 BOX ON 5
                                          REFERENCE CARD
                                    H27.
    Were these (SUM FROM H26) behaviors ever caused by your use of alcohol or drugs?
    +))))),
             +))))),
               *5. NO*--->GO TO H28
    *1. YES*
    .))0)))-
              .)))))-
      ♡
    +)))))))))))))))))))))))))))))))))))
    *H27a. Were they <u>always</u> due to alcohol or drugs?
          +))))),
                    +))))),
          *1. YES*
                    *5. NO*
          .)))))-
                    .)))))-
    H28. INTERVIEWER CHECKPOINT
   * SEE REFERENCE CARD, "QUALIFIERS" E29
    * * * 1. E29 BOX CHECKED IN "QUALIFIERS" ON REFERENCE CARD*
    * .0)-
         * * 2. ALL OTHERS--->NEXT PAGE, H30
         . ))-
    H29. You told me awhile ago that you have had spells of being very excited or manic
    or irritable. Have the problem behaviors we just tallied ever occurred during
    one of these spells?
    +))))),
              +))))),
    *1. YES*
               *5. NO*--->NEXT PAGE, H30
    .))0)))-
               .)))))-
    *H29a. Did the problem behaviors we just tallied always occur during a
           spell of being excited or manic or irritable?
           +))))),
                   +))))),
           *1. YES*
                   *5. NO*
           .)))))-
                   .)))))-
```

```
H30. INTERVIEWER CHECKPOINT
   * * ^{\star} * 1. R'S AGE IS 15-24--->TURN TO P. 201, SECTION K
   * .))-
   * +)),
   * * * 2. ALL OTHERS
   * .0)-
   ₩
H31. INTERVIEWER CHECKPOINT
   * SEE REFERENCE CARD, "QUALIFIERS"
   ^{\star} ^{\star} 1. ONE OR MORE BOXES CHECKED IN "QUALIFIERS"
   * .))- (B23-H26)--->TURN TO P. 201, SECTION K
   * +)),
   * * * 2. ALL OTHERS
   * .0)-
   ₩
H32. INTERVIEWER CHECKPOINT
   * SEE COVERSHEET LABEL, SAMPLE SYMBOL
   * +)),
   * * * 1. FORM TYPE IS "2" OR "3"--->TURN TO P. 201,
   * .))-
                            SECTION K
   * +)),
   * * * 2. ALL OTHERS--->NEXT PAGE, SECTION J
   * .))-
```

SECTION J: DEMOGRAPHICS

```
The final questions are about your background and personal characteristics.
J1.
     We are interested in your current work situation--are you working now for pay,
     looking for work, retired, a homemaker, a student, or something else? (CHECK
     ALL MENTIONS.)
     +))))))))))))),
                             +)))))))))),
                                               +))))))))),
     *A. WORKING NOW
                                               *G. STUDENT
                             *D. RETIRED
     .)))))))))))))))-
                             .)))))))))-
                                               .)))))))))-
     +)))))))))))))),
                             +)))))))))),
                                               +)))))))))))))))),
                             *E. PERMANENTLY*
                                               *H. OTHER (SPECIFY):
     *B. TEMPORARILY LAID *
         OFF; MATERNITY
                                DISABLED
         OR SICK LEAVE
                             .))))))))))-
     .))))))))))))))))-
                             +))))))))))),
     +))))))))))))))),
                             *F. HOMEMAKER *
     *C. LOOKING FOR WORK; *
                             .))))))))))-
                                               .)))))))))))))))))))))))
        UNEMPLOYED
     .))))))))))))-
J2.
     INTERVIEWER CHECKPOINT
     +)))))))))))))))))))))))))))))))))))
     *SEE A8, A9a, A9b, P. 2
     ** * 1. R CURRENTLY LIVING WITH SPOUSE/PARTNER
     *.0)-+)),
           * * 2. ALL OTHERS--->NEXT PAGE, J5
          . ))-
     We are also interested in the current work situation of your (husband/wife/
J3.
     partner) -- is (he/she) working now for pay, looking for work, retired,
     a homemaker, a student or doing something else? (CHECK ALL MENTIONS.)
                             +)))))))))),
     +)))))))))))))),
                                               +))))))))),
     *A. WORKING NOW
                             *D. RETIRED
                                               *G. STUDENT *
     .)))))))))))))))-
                             .)))))))))-
                                               .)))))))))-
     +)))))))))))))),
                             +)))))))))),
                                               +)))))))))))))))))),
     *B. TEMPORARILY LAID *
                             *E. PERMANENTLY*
                                               *H. OTHER (SPECIFY):
        OFF; MATERNITY
                                DISABLED
         OR SICK LEAVE
                             .))))))))))-
     . )))))))))))))))-
                             +))))))))))),
     +))))))))))))),
                             *F. HOMEMAKER *
     *C. LOOKING FOR WORK; *
                             .))))))))))-
                                               .)))))))))))))))))))))
        UNEMPLOYED
     .))))))))))))))))-
```

J5. (RB, P. 20) Turn to Page 20 in the Yellow Booklet. Please look at this page and tell me which letter represents your (family's) total income before taxes last year, including salaries, wages, social security, welfare, and any other income? Just give me the letter.

```
+)))))))))))))))))),
                                  +)))))))))))))))))),
*A. NO INCOME
                       (96)*
                                  *N. $11,000-12,499
                                                         (12)*
.)))))))))))))))))))))))))))
                                  . )))))))))))))))))))))))))))))))
+))))))))))))))))))),
                                  +))))))))))))))))))),
*B. LESS THAN $1,000
                                  *P. $12,500-14,999
                       (01)*
                                                         (13)*
.))))))))))))))))))))))))))))
                                  .))))))))))))))))))))))))))))
+)))))))))))))))))),
                                  +))))))))))))))))))))))))))
                       (02)*
*C. $1,000-1,999
                                  *Q. $15,000-17,499
                                                         (14)*
.))))))))))))))))))))))))))))
                                  .))))))))))))))))))))))))))))
+))))))))))))))))))),
                                  +))))))))))))))))))))))
*D. $2,000-2,999
                                  *R. $17,500-19,999
                       (03)*
.))))))))))))))))))))))))))))
                                  .))))))))))))))))))))))))))))
+))))))))))))))))))))))))
                                  +))))))))))))))))))))))))))
                       (04)*
                                                         (16)*
*E. $3,000-3,999
                                  *S. $20,000-24,999
.))))))))))))))))))))))))))))
                                  .))))))))))))))))))))))))))))))))))
                                  +))))))))))))))))))))))
+))))))))))))))))))))),
*F. $4,000-4,999
                       (05)*
                                  *T. $25,000-34,999
                                                         (17)*
. ))))))))))))))))))))))))))))))
                                  . ))))))))))))))))))))))))))))))
+))))))))))))))))))),
                                  +)))))))))))))))))),
*G. $5,000-5,999
                       (06)*
                                  *U. $35,000-49,999
.))))))))))))))))))))))))))))
                                  .))))))))))))))))))))))))))))
                                  +))))))))))))))))))))))
+)))))))))))))))))))))
*H. $6,000-6,999
                       (07)*
                                  *V. $50,000-69,999
.))))))))))))))))))))))))))))
                                  .))))))))))))))))))))))))))))
+)))))))))))))))))),
                                  +)))))))))))))))))),
*J. $7,000-7,999
                       (08)*
                                  *W. $70,000-99,999
                                                         (20)*
.))))))))))))))))))))))))))))
                                  .))))))))))))))))))))))))))))
+))))))))))))))))))))),
                                  +))))))))))))))))))))),
*K. $8,000-8,999
                       (09)*
                                  *X. $100,000-149,999
                                                         (21)*
.))))))))))))))))))))))))))))
                                  .))))))))))))))))))))))))))))
+))))))))))))))))))),
                                  +))))))))))))))))))))))
*L. $9,000-9,999
                                  *Y. $150,000 AND OVER
                       (10)*
.))))))))))))))))))))))))))))
                                  .))))))))))))))))))))))))))))
+))))))))))))))))))))),
*M. $10,000-10,999
                       (11)*
.))))))))))))))))))))))))))))
```

```
J6.
    What is your religious preference C Protestant, Roman Catholic, Jewish, or
    something else?
    PROTESTANT**51. ROMAN **71. JEWISH**90. NONE, NO ** OTHER (SPECIFY):*
    PREFERENCE**
                .)))))))))-
                                    .))))))))))-*
                                                 .))))))))))))))-
    +))))))))))))))))))))))))))))))
                                          +)))))))))))))))))))))
    *J6a. What denomination
                                          *J6b. Is that a Christian *
         is that?
                                               religion?
                                               +))))),
                                                         +))))),
                                               *1. YES*
                                                         *5. NO* *
                                               .)))))-
                                                         .)))))- *
    .)))))))))))))))))))))))))))))))
                                          .))))))))))))))))))))))))))))
    The final questions are about your racial and ethnic background. Are you of
J7.
    Spanish or Hispanic descent, that is, Mexican, Mexican American, Chicano,
    Puerto Rican, Cuban or Spanish? (IF NECESSARY, Which one?)
+))))))))))))))))),
*00. NOT SPANISH / HISPANIC*
.))))))))))))))))))))))))))))
*01. MEXICAN**02. MEXICAN **03. CHICANO**04. PUERTO**05. CUBAN**97. OTHER SPANISH
              AMERICAN*.)))))))))))))))))))))))))))))))))))
.)))))))))-*
          .)))))))))-
                               .))))))))-
                                                 .))))))))))))))-
```

```
J8.
    (RB, P. 21) In addition to being American (and MENTION FROM J7), what are
    your (other) main ethnic origins? (Please tell me the letter that describes
    your main ethnic group.) (CHECK ALL MENTIONS.)
       A. AFRICAN (01)
                                        K. ITALIAN (09)
    +), B. AMERICAN INDIAN (02)
                                     +),
.)-
    +), C. ASIAN (03) (SPECIFY:)
                                     +), M. NEAR EASTERN (11) (SPECIFY:)
                                     +),
.)-
       D. CZECHOSLOVAKIAN (04)
       E. DUTCH (16)
                                        P. RUSSIAN (13)
                                        Q. SCANDINAVIAN (14) (SPECIFY:)
       F. ENGLISH (05)
                                     +), R. SCOTTISH (15)
       G. FRENCH (06)
                                        S. OTHER (97) (SPECIFY:)
       H. GERMAN (07)
    +),
)- J. IRISH (08)
                                        T. NONE (96)
J9.
    Are you white, black, American Indian, Asian, or another race? (CHECK ALL
    MENTIONS.) (PROBE BEFORE ACCEPTING REFUSAL.)
    *A. WHITE**B. BLACK**C. AMERICAN**D. ASIAN**E. OTHER (SPECIFY): **F. REFUSED*
    .))))))))-* INDIAN *.))))))-*
                                                        *.))))))))-
                    .))))))))-
                                                        * NEXT PAGE,
                                                            J10
                                       .)))))))))))))))))))))
    J9a. INTERVIEWER CHECKPOINT
         * * * 1. MULTIPLE BOXES CHECKED AT J9
            * * * * 2. ALL OTHERS--->NEXT PAGE, J10 *
         J9b. Which do you feel best describes your race?
    *1. WHITE**2. BLACK**3. AMERICAN**4. ASIAN**7. OTHER (SPECIFY): **8. DON'T*
    .)))))))-.)))))))-* INDIAN *.)))))))-*
                    .))))))))-
                                                        *.))))))-
```

J10.	<pre>What is the highest grade of school or year of college you completed? +))))))))))))))))))))))))))))))))))))</pre>
J11.	What is the month, day, and year of your birth? MONTH / DAY / YEAR
J12.	This completes the interview. Thank you for answering these questions.
J13.	EXACT TIME NOW:

+)))))))))))))))))), * * *		Project 29(462747 1990 C 1992
* For Office Use Only * .)))))))))))))))-		
+))))))))))))))))))))))))))))))))))))))))0)))))))))))))))))))))))))))))))))))))))),
*	*	*
*	* 1. Interviewer's Label	*
*	*	*
*	*	*
.)))))))))))))))))))))))))))))))2))))))))))))))))))))))))))))))))))))))-
	* * * *	
2. SAMPLE ID #: +)),+)),+)),+)),+)),+)),	3. Your Iw No))2))2))-	
* * * * * * * * * * * * * * * * * * * *	4. Date of Iw	
2a. Rotation #:	_	

NATIONAL SURVEY OF HEALTH AND STRESS

PART II

K0. EXACT TIME NOW:

```
YES
                                           (1)
                                                (5)
The next questions ask about some beliefs and experiences
   you may have had. Have you ever believed that people were
                                         *P. 202,
   spying on you or following you?
                                         * K14a
Have you ever believed that you were being secretly tested
   or experimented on, that someone was plotting against you,
                                         *P. 203,
   or that someone was trying to poison you or hurt you?
                                         * K15a
Have you ever believed that someone was reading your mind?
                                         *P. 204,*
*K4. Have you ever believed that others could hear your thoughts?*P. 205,*
*K5. Have you ever believed you could actually hear what another *P. 206,*
                                         * K18a
   person was thinking, even though that person was not
   speaking?
Have you ever been convinced that you were under the control*
   of some power or force, so that your actions and thoughts
                                         *P. 207,*
                                         * K19a
   were not your own?
*K7. Have you ever been convinced that strange thoughts, or
   thoughts that were not your own, were being put directly
   into your mind, or that someone or something could steal
                                         *P. 208,*
                                         * K20a
   your thoughts out of your mind?
*K8. Have you ever believed that you were being sent special
   messages through television or the radio, or that a program *P. 209,*
   had been arranged just for you alone?
                                         * K21a
Have you ever felt strange forces working on you, as if you
   were being hypnotized or magic was being performed on you,
                                         *P. 210,*
   or you were being hit by laser beams or x-rays?
                                         * K22a
*K10. Have you ever had the experience of seeing something or
   someone that others present could not see--that is, had a
                                         *P. 211,*
                                         * K23a
   vision when you were wide awake?
*P. 212,*
*K11. Have you ever had the experience of hearing things that
   other people could not hear, such as noises or a voice?
                                         * K24a
*K12. Have you ever been bothered by strange smells around you
   that nobody else was able to smell, perhaps even odors
                                         *P. 214,*
   coming from your own body?
                                         * K33a
*K13. Have you ever had unusual feelings inside or on your body,
   like being touched when nothing was there or feeling
                                              *TURN TO*
   something moving inside your body?
                                         *P. 215, *P. 228, *
                                         * K34a
```

K14. (Have you ever believed that people were spying on you or following you?)

[BEING	S SPIED ON OR FOLLOWED FROM K1]
K14a.	How did you know this was happening? (Please give me an example.) (IF FIRST EXAMPLE IS REALISTIC, PROBE: AO.)
+))))))))))))))))))))))))))))))))))))))))))))
*K14b.	<pre>INTERVIEWER QUERY *))))))))))))))))))))))))))))))))))</pre>
* * *	* * 1. ALL EXAMPLES IN K14a ARE REALISTIC>NEXT PAGE, K15 * .))- +)), *
* * *	* * 2. ONE OR MORE EXAMPLES <u>NOT</u> REALISTIC * .0)- *
* * * .)))))	64444444444444444444444444444444444444

K15. Have you ever believed that you were being secretly tested or experimented on, that someone was plotting against you, or that someone was trying to poison you or hurt you?

V	
[SECR	ETLY TESTED OR PLOTTED AGAINST FROM K2]
K15a.	How did you know this was happening? (Please give me an example.) (IF FIRST EXAMPLE IS REALISTIC, PROBE: AO.)
	<pre>INTERVIEWER QUERY * 0))))))))))))))))))))))))))))))))))</pre>
*	+)), * * 1. ALL EXAMPLES IN K15a ARE REALISTIC>NEXT PAGE, K16 * .))-
*	+)), * * 2. ONE OR MORE EXAMPLES NOT REALISTIC *
*	. 0) -
*	64444444444444444444444444444444444444
*	944444444444444444444444444444444444444

♡ [READING MIND FROM K3] K16a. Did they actually know what you thought or were they just guessing from knowing you a long time or from the look on your face? +))))))))))), +))))))))), *2. GUESSING*--->NEXT PAGE, K17 *1. KNEW THOUGHTS* .)))))))))- .)))))))-K16b. How did you know they were reading your mind? (Please give me an example.) (IF FIRST EXAMPLE IS REALISTIC, PROBE: AO.) *K16c. INTERVIEWER QUERY * * 1. ALL EXAMPLES IN K16b ARE REALISTIC--->NEXT PAGE, K17 .))-+)), * * 2. ONE OR MORE EXAMPLES NOT REALISTIC .0)-5k16d. CHECK "SECTION K" K16 BOX ON REFERENCE CARD, SIDE 25

♥		
[HEAR	RING THOUGHTS FROM K4]	
K17a.	How did they do that? (Please give me an example.) (IF FIRST EXAMPLE IS REALISTIC, PROBE: A0.)	
)))))))))))))))))))))))))))))))))))))))),
	<pre>INTERVIEWER QUERY))))))))))))))))))))))))))))))))))))</pre>))1
*	* * 1. ALL EXAMPLES IN K17a ARE REALISTIC>NEXT PAGE, K18 .))-	*
* * *	+)), * * 2. ONE OR MORE EXAMPLES <u>NOT</u> REALISTIC	* *
*	.0)- \$ 644444444444444444444444444444444444	*
*	5K17c. CHECK "SECTION K" K17 BOX ON REFERENCE CARD, SIDE 25 9444444444444444444444444444444444444	*
.)))))))))))))))))))))))))))))))))))))))))))))

K18. Have you ever believed you could actually hear what another person was
 thinking, even though that person was not speaking?
+))))),
1. YES *5. NO*--->NEXT PAGE, K19
.))0))) *
*// The state of the state o

♡		
[HEAR	WHAT ANOTHER PERSON WAS THINKING FROM K5]	
K18a.	How was it possible for you to hear what a person thought if that person did not say anything? (IF FIRST EXAMPLE IS REALISTIC, PROBE: AO.)	
		
))))))))))))))))))))))))))))))))))))))), *
)))))))))))))))))))))))))))))))))))))))1
*	+)), * * 1. ALL EXAMPLES IN K18a ARE REALISTIC>NEXT PAGE, K19	*
*	.))- +)),	*
*	* * 2. ONE OR MORE EXAMPLES <u>NOT</u> REALISTIC	*
*	. 0) -	*
*	v 6444444444444444444444444444444444444	*
*	5K18c. CHECK "SECTION K" K18 BOX ON REFERENCE CARD, SIDE 25	*
.)))))	944444444444444444444444444444444444444) -

<u> </u>		
[UNDE	R CONTROL OF POWER/FORCE FROM K6]	
K19a.	What power or force controlled you? (IF FIRST EXAMPLE IS REALISTIC, PROBE: AO.)	
)))))))))))))))))))))))))))))))))))))))	`
	INTERVIEWER QUERY) , *
))))))))))))))))))))))))))))))))))))))))1
*	+)),	*
*	* * 1. ALL EXAMPLES IN K19a ARE REALISTIC>NEXT PAGE, K20	*
*	.))- +)),	*
*	* * 2. ONE OR MORE EXAMPLES <u>NOT</u> REALISTIC	*
*	. 0) -	*
*	♥	*
*	64444444444444444444444444444444444444	*
*	5K19c. CHECK "SECTION K" K19 BOX ON REFERENCE CARD, SIDE 25 9444444444444444444444444444444444444	*
.)))))))))))))))))))))))))))))))))))))))) -

[STR/	ANGE THOUGHTS PUT INTO MIND FROM K7]	
K20a.	How did they do that? (Please give me an example.) (IF FIRST EXAMPLE IF REALISTIC, PROBE: AO.)	
+))))`	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,)))
*K20b	. INTERVIEWER QUERY	7
/))))) *)))))))))))))))))))))))))))))))))))))))))
*	* * 1. ALL EXAMPLES IN K20a ARE REALISTIC>NEXT PAGE, K21	,
*	.))-	,
*	+)), * * 2 ONE OF MORE EVANDIES NOT BEALISTIC	
*	* * 2. ONE OR MORE EXAMPLES <u>NOT</u> REALISTIC .0)-	
*	· O) =	,
*	644444444444444444444444444444444444444	,
*	5K20c. CHECK "SECTION K" K20 BOX ON REFERENCE CARD, SIDE 25	
*	944444444444444444444444444444444444444	
.))))	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,)))

K21. Have you ever believed that you were being sent special messages through
 television or the radio, or that a program had been arranged just for you
 alone?
 +)))))),
 1. YES *5. NO*--->NEXT PAGE, K22
 .))0)))- .)))))-

♡		
[BEING	G SENT SPECIAL MESSAGES FROM K8]	
K21a.	How did they do that? (Please tell me about a time when that happened.) (IF FIRST EXAMPLE IS REALISTIC, PROBE: AO.)	
		_
		_
		_
		_
		_
		_
		_
*K21b.))))))))))))))))))))))))))))))))))))))	*
* * *	+)), * * 1. ALL EXAMPLES IN K21a ARE REALISTIC>NEXT PAGE, K22	! * *
*	.))- +)),	k *
* *	* * 2. ONE OR MORE EXAMPLES <u>NOT</u> REALISTIC .0)-	k * *
*	64444444444444444444444444444444444444	*
* .)))))	944444444444444444444444444444444444444	<i>k</i>

♡		
[STRA	NGE FORCES WORKING ON YOU FROM K9]	
K22a.	What kind of force was it? (Please give me an example.) (IF FIRST EXAMPLE IS REALISTIC, PROBE: AO.)	
		_
		_
		_
		_
		_
		_
		_
		_
+))))))))))))))))))))))))))))))))))))))))))))	
*K22b.	INTERVIEWER QUERY))))))))))))))))))))))))))))))))))))	*
*	1. ALL EXAMPLES IN K22a ARE REALISTIC>NEXT PAGE, K23	*
*	·))- +)),	* *
*	* * 2. ONE OR MORE EXAMPLES <u>NOT</u> REALISTIC .0)- †	*
*	644444444444444444444444444444444444444	*
* .)))))	944444444444444444444444444444444444444	*

♡				
[SEEING A VISION FROM K10]				
K23a.	What did you see? (IF FIRST EXAMPLE IS REALISTIC, PROBE: AO.)			
))))))))))))))))))))))))))))))))))))))			
/)))))))))))))))))))))))))))))))))))))))))))			
*	* * 1. ALL EXAMPLES IN K23a ARE REALISTIC, (INCLUDING VISIONS * .))- OF DEAD LOVED ONE SHORTLY AFTER THEIR DEATH AND VISIONS * OF CHRIST/GOD)>NEXT PAGE, K24 *			
*	+)), * * 2. ONE OR MORE EXAMPLES NOT REALISTIC *			
*	. 0) -			
*	64444444444444444444444444444444444444			
.)))))	944444444444444444444444444444444444444			

K24. Have you ever had the experience of hearing things that other people could not
hear, such as noises or a voice?
+)))))),
1. YES *5. NO*--->TURN TO P. 214, K33
.))0)))- .)))))-

[HEARING A NOISE/VOICE FROM K11]				
K24a. What did you hear and how do you explain hearing things that othe people could not hear? (IF FIRST EXAMPLE IS REALISTIC, PROBE: A	r .O.)			
K24b. Did you ever hear (MENTION FROM K24a) for more than just a few minutes?				
+)))))), +))))), *1. YES*				
.))))))- +))))))))))))))))))))))))))))))))).			
*K24c. INTERVIEWER QUERY /))))))))))))))))))))))))))))))))))))	*			
* +)),	* *			
* * 1. ALL EXAMPLES IN K24a ARE REALISTIC>NEXT PAGE, K25 * .))-	*			
* +)), * * 2. ONE OR MORE EXAMPLES <u>NOT</u> REALISTIC	*			
* . 0) - * ♥	*			
* 6444444444444444444444444444444444444	*			
* 9444444444444444444444444444444444444	*)))-			

```
K25.
  INTERVIEWER CHECKPOINT
  *+)),
  ** * 1. VOICE(S) MENTIONED IN K24a--->GO TO K27
  *.))-
  *+)),
  ** * 2. ALL OTHERS
  *.0)-
  * YES * NO *
                                 * (1) * (5) *
*K26. Did you ever hear voices others could not hear?
                                    *GO TO*
                                    * K33 *
*K27. Did this voice come from some part of your body?
*K28. Did you ever hear voices that other people could not hear that ^{\star}
   were commenting on what you were doing or thinking?
*K29. Did you ever hear two or more voices talking to each other
   that other people could not hear?
                                    * K31 *
*K30. Were these voices discussing you?
*K31. Did you ever carry on a two-way conversation with the voices
   just as though someone was there with you?
                                    *GO TO*
                                    * K33 *
*K32. Did you ever actually see who you were talking to when you
   carried on a conversation with the voices?
```

(STRANGE SMELLS FROM K12)				
K33a.	What did you smell and where did the strange smells come from? (IF FIRST EXAMPLE IS REALISTIC, PROBE: AO.)			
))))))))))))))))))))))))))))))))))))))			
)))))))))))))))))))))))))))))))))))))))			
*	+)), * * 1. ALL EXAMPLES IN K33a ARE REALISTIC>NEXT PAGE, K34 *			
*	·))- +)),			
*	* * 2. ONE OR MORE EXAMPLES <u>NOT</u> REALISTIC *			
*	. 0) -			
*	64444444444444444444444444444444444444			
*	944444444444444444444444444444444444444			
.))))))))))))))))))))))))))))))))))))))))))))			

♡					
[UNUSUAL FEELINGS ON YOUR BODY FROM K13]					
K34a.	What did you feel? (IF FIRST EXAMPLE IS REALISTIC, PROBE: AO.)				
	··				
*K34b.))))))))))))))))))))))))))))))))))))))				
/))))) *))))))))))))))))))))))))))))))))))))))				
*	* * 1. ALL EXAMPLES IN K34a ARE REALISTIC>NEXT PAGE, K35 * .))-				
*	+)), * * 2. ONE OR MORE EXAMPLES NOT REALISTIC * .0)-				
*	* 6444444444444444444444444444444444444				
* * .)))))	5K34c. CHECK "SECTION K" K34 BOX ON REFERENCE CARD, SIDE 25 * 944444444444444444444444444444444444				

```
INTERVIEWER CHECKPOINT
     *SEE REFERENCE CARD SIDE 2, "SECTION K"
     ** * 1. ONE OR MORE BOXES CHECKED IN "SECTION K", K14-K34 *
     *.0)-
          * * 2. ALL OTHERS--->TURN TO P. 228, SECTION L
          .))-
     K36. Let me review the last few questions to make sure of the beliefs and
     experiences you have had.
*INTERVIEWER: SEE REFERENCE CARD SIDE 2, "IDENTIFYING WORDS", THEN READ ALOUD
            UP TO 3 OF THE EXAMPLE(S) FROM K14-K34 TO R.
Did you ever tell a doctor other than a psychiatrist about (this/any of these)
     belief(s) or experience(s)? (Doctor includes medical doctors, osteopaths, and
     students in training to be medical doctors or osteopaths.)
     64444447
                +))))),
                                          DEFINITION: "TELL A DOCTOR" MEANS CONTACTED
     51. YES5
                *5. NO*--->NEXT PAGE, K36f
                                                  A DOCTOR DIRECTLY BY TELEPHONE
                                                  OR IN PERSON.
     944L4448
                .)))))-
     K36a. How old were you the first time [you told a doctor other than a
          psychiatrist about your belief(s) or experience(s)]?
                  YEARS OLD
     K36b. Did a doctor other than a psychiatrist ever prescribe medication for you
          because of your belief(s) or experience(s)?
          64444447 +)))),
                                          DEFINITION: "PRESCRIBE" MEANS A DOCTOR'S
          51. YES5
                    *5. NO*--->GO TO K36d
                                                  PRESCRIPTION NEEDS TO BE HANDED
                                                  TO A PHARMACIST TO OBTAIN THE
          944L4448 .))))-
                                                  MEDICATION.
             ₩
     K36c. How old were you the first time [a doctor other than a psychiatrist
          prescribed medication for you because of your belief(s) or
          experience(s)]?
                        YEARS OLD
     K36d. Did a doctor other than a psychiatrist ever advise you to see a mental
          health specialist (someone like a psychiatrist, psychologist or social
          worker) because of your belief(s) or experience(s)?
          64444447
                   +))))),
          51. YES5
                   *5. NO*--->NEXT PAGE, K36f
          944L4448 .))))-
       NEXT PAGE, K36e
```

	advised you to see a mental health specialist)?			
	YEARS OLD			
K36f.	Did you ever <u>see</u> a mental health specia experience(s)? (By mental health speci psychologists, or social workers.) 64444447 +))))), 51. YES5 *5. NO*>GO TO K36h 94444448 .)))))-			
K36g.	How old were you the <u>first time</u> [you sa about your belief(s) or experience(s)]?			
	YEARS OLD			
K36h.	Did you ever <u>see</u> any other professional experience(s)? Other professionals inc ministers and counselors. 64444447 +))))), 51. YES5 *5. NO*>GO TO K36k 944L4448 .)))))-			
к36ј.				
	YEARS OLD			
K36k.	Did you ever take medication more than once because of your belief(s) or experience(s)? 64444447 +)))),	DEFINITION: "MEDICATION" REFERS TO MEDICINE OBTAINED ANYWHERE-OVER-THE-COUNTER, FROM A FRIEND, PRESCRIBED BY A DOCTOR, OBTAINED ILLEGALLY,		
	51. YES5 *5. NO*>NEXT PAGE, K36n	ETC.		
	944L4448 .)))))- *			
	❖			
K361.	How old were you the $\underline{\text{first}}$ time [you to because of your belief(s) or experience			
	YEARS OLD			

K36e. How old were you the $\underline{\text{first time}}$ (a doctor other than a psychiatrist

```
K36m. (RB, P. 18) On Page 18 of the Yellow Booklet is a list of medications
     commonly taken by people with (this/these) belief(s) or experience(s).
     Which ones have you ever taken? Just tell me the letter(s). (PROBE:
     Any others?) (CHECK ALL MENTIONS.)
      * * A. CLOZARIL
                                   * * L. PROLIXIN (PILLS OR INJECTION)
     .))-
                                   .))-
      * * B. DAXOLIN
                                   * * M. SERENTIL
      .))-
                                   . ))-
      +)),
                                   +)),
      * * C. ETRAFON
                                   * * N. STELAZINE
      .))-
                                   . ))-
      +)),
                                   +)),
      * * D. HALDOL
                                   * * O. TARACTAN
      . ))-
                                   .))-
      +)),
                                   +)),
      * * E. LIDONE
                                   * * P. THORAZINE
      .))-
                                   .))-
      +)),
                                   +)),
      * * F. LOXITANE
                                   * * R. TRILAFON
      .))-
                                   .))-
      +)),
                                   +)),
                                   * * S. VESPRIN
      * * G. MELLARIL
      . ))-
                                   .))-
      +)),
                                   +)),
      * * H. MOBAN
                                   * * T. OTHER (SPECIFY:)
      .))-
                                   .))-
      * * I. NAVANE
      .))-
      +)),
      * * J. ORAP
      .))-
                                   +)),
      +)),
      * * K. PERMITIL
                                   * * Z. NONE
      . ))-
                                   . ))-
K36n. Were you ever hospitalized because of (this/these) belief(s) or
      experience(s)?
      64444447 +)))),
                   *5. NO*--->GO TO K36q
       51. YES5
       944L4448
                  .)))))-
K36p. How old were you the first time?
              _____ YEARS OLD
K36q. How much did (this/any of these) belief(s) or experience(s) ever
      interfere with your life or activities -- a lot, some, a little, or
     not at all?
     644444447 +)))))), +)))))), +)))))), +)))))),
      51. A LOT5 *2. SOME* *3. A LITTLE* *4. NOT AT ALL*
```

944444448 .)))))))- .))))))))- .)))))))))))

```
K37. INTERVIEWER CHECKPOINT
     *SEE PGS. 216-218, K36-K36q
                     64447
     ** * 1. ONE OR MORE 5 5 RESPONSES IN K36-K36q
     *.0)-
                     94448
        * * 2. ALL OTHERS--->TURN TO P. 228, SECTION L
          . ))-
     ₩
K38. INTERVIEWER CHECKPOINT
    *SEE PGS. 216-217, K36 AND K36f AND K36h
    *+)), 64447
    ** * 1. 5YES5 RESPONSE IN K36 \underline{OR} K36f \underline{OR} K36h
    *. 0) - 94448
        * * 2. ALL OTHERS--->NEXT PAGE, K41
         . ))-
    ♡
K39. What did the doctor or other professional say was causing the belief(s) or
    experience(s)? (What was the doctor's diagnosis?) (IF R MENTIONS AN ILLNESS,
    PROBE FOR THE NAME OF THE ILLNESS. IF "NO DIAGNOSIS", PROBE: Did the doctor
    or other professional find anything abnormal when you were examined or tests
    were taken?)
```

```
K40. INTERVIEWER CHECKPOINT
    *SEE P. 219, K39
    *INTERVIEWER: MARK FIRST CHECKPOINT OPTION WHICH APPLIES
    ** * 1. R MENTIONED SCHIZOPHRENIA--->NEXT PAGE, K44
    *.))-
    ** * 2. R MENTIONED BRAIN ILLNESS/NEUROCHEMICAL IMBALANCE--->NEXT PAGE, K44
    *.))-
    *+)),
    ** * 3. R MENTIONED STRESS/NERVES/MENTAL ILLNESS--->NEXT PAGE, K44
    *.))-
    ** * 4. R MENTIONED PHYSICAL ILLNESS OR INJURY--->GO TO K42
    *.))-
    *+)),
    ** * 5. R MENTIONED MEDICATIONS/DRUGS/ALCOHOL--->GO TO K43
    *.))-
    *+)),
    ** * 6. ALL OTHERS
    *.0)-
    \mathsf{K41}. (Was/Were) the belief(s) or experience(s) ever due to physical illness or
    injury?
    +))))),
             +))))),
    *1. YES*
              *5. NO*--->GO TO K43
              .)))))-
    .))0)))-
    *K41a. (IF NECESSARY, PROBE: What was the illness or injury?)
    . 1))))))
K42. (Was it/Were they) always due to (ILLNESS/INJURY)?
    +))))),
                           +))))),
    *1. YES*--->NEXT PAGE, K44
                           *5. NO*
    .)))))-
                           .))0))-
                             ₩
K43. [When (it was/they were) not due to (ILLNESS/INJURY)], (was it/were they)
    always due to taking medications, drugs or alcohol?
    +))))),
            +))))),
    *1. YES*
              *5. NO*
    .)))))-
              .)))))-
```

```
When was the first time you had (this/any of these) belief(s) or experience(s)
    --in the past month, past six months, past year, or more than a year ago?
    +)))))), +)))))), +))))))), +))))), +))))), +))))))
    *1. PAST * *2. PAST SIX * *3. PAST* *4. MORE THAN A YEAR AGO*
      MONTH* * MONTHS * * YEAR* .)))))))))))))))))
    .)))0))))- .)))))))))))- .))))))- .)))))
               +)))))))),
        .)))))))))))))))))))))))))))))))))))
               .)))))))-
Can you remember your exact age the first time you had (this/any of
     these) belief(s) or experience(s)?
     +))))),
                             +))))),
     *1. YES*
                             *5. NO*
                             .))0))-
     .))0)))-
                                ₩
     +)))))))))))))))))))))),, +))))))),, *
     *K45a. (How old were you?) **K45b. About how old were you [the first time
                                 you had (this/any of these) belief(s) or**
                   YEARS OLD **
                                 experience(s)]?
                                                                 * *
     .)))))))))))))))))))-*
                                 (ACCEPT A RANGE RESPONSE.)
                                                                 * *
                                        YEARS OLD
                                                                 * *
                            *K45c. What is the earliest age you can clearly**
                                 remember having (this/any of these)
                                 belief(s) or experience(s)?
                                 (ACCEPT A RANGE RESPONSE.)
                                                                 * *
                                         YEARS OLD
                            Think about the six months before you had (this/one of these) belief(s) or
    experience(s) the very first time. During those six months, were you able to
    do your regular activities like school or work almost all of the time?
    +))))),
               +))))),
    *1. YES*
               *5. NO*
    .))0)))-
               .))0))-
               *K46a. Was that entirely due to physical illness or injury?
                    +))))),
                               +))))),
                    *1. YES*
                               *5. NO*
                    .)))))-
                               .)))))-
               K47. During that same period of six months, did you go out and see friends
    regularly?
    +))))),
               +))))),
    *1. YES*
               *5. NO*
    .)))))-
               .)))))-
```

```
K48.
     When was the <u>last</u> time you had (this/any of these) belief(s) or
     experience(s)--in the past month, past six months, past year, or more than a
     year ago?
     +)))))), +)))))), +))))))), +))))), +))))), +))))))
     *1. PAST * *2. PAST SIX * *3. PAST* *4. MORE A THAN YEAR AGO*

* MONTH* * MONTHS * * YEAR* .)))))))))))))))))
         MONTH* * MONTHS
                                  YEAR* .)))))))))))))))))))))))))))))))))
     .)))(0))))- .))))))))))- .)))))- .)))))-
                 +))))2)))),
         .))))))))))))))))))))))))))))))))
                 .)))))))-
                                        +))))))))))))))))))))))))))))))
                                        *K48a. How old were you the last time *
                                              you had (this/any of these)
                                              belief(s) or experience(s)?
                                                          YEARS OLD
                                        .)))))))))))))))))))))))))))))))))))))
     Did you have (this/any of these) belief(s) or experience(s) for a period of
     six months or more?
     +))))),
                +)))),
                 *5. NO*
     *1. YES*
     .))0)))-
                .))0))-
                *K49a. How much time went by from the first time to the last
                       time--was it less than one week, between one and
                       two weeks, between two and four weeks, between four and
                       twelve weeks, or more than twelve weeks?
                       +))))))))), +)))))),, +)))))),
                                                       +))))))))))),
                       *1. LESS THAN *
                                       *2. BETWEEN
                                                       *3. BETWEEN TWO *
                          ONE WEEK * *
                                           ONE AND
                                                           AND FOUR
                 *
                                          TWO WEEKS * *
                       .)))))))))- *
                                                           WEEKS
                                       .)))))))))- .))))))- .))))))))-
                       +))))))))))),
                                         +)))))))))),
                       *4. BETWEEN FOUR*
                                         *5. MORE THAN*
                          AND TWELVE *
                                            TWELVE
                           WEEKS
                                            WEEKS
                       .)))))))))))- .))))))-
                NEXT PAGE,
       K50
```

K50. At the time you were having (this/these) belief(s) or experience(s), were you your normal self otherwise, or were you feeling nervous, upset, unable to work, unable to go places, or unable to enjoy yourself? +)))))))))), +))))))))))), *5. NOT NORMAL* *1. NORMAL SELF* .))))))))))-.))))))))))-+)))))))))))))))))))))))))))))))))))) *K50a. Did that period of not feeling or acting as usual ever last six months or more? +))))), +))))), *1. YES* *5. NO* .))0)))-.))0))-+)))))))))))))))))))), *K50b. Did it ever last as * long as two weeks? +))))), +))))), *1. YES* *5. NO* .))0)))-.))0))-.0))))))))-*GO TO K51* .)))))))-.)))))))))))))))))))))))))))) During that period of not feeling or acting as usual, did you have trouble working or going to school? +))))), +))))), *5. NO* *1. YES* .)))))-.)))))-*K50d. (During that period) did you have trouble getting along with people? +))))), +))))), *1. YES* *5. NO* .)))))-.)))))-*K50e. (During that period) did you have trouble taking care of your daily needs such as shopping, cooking or keeping yourself clean? +))))), +))))), *1. YES* *5. NO* .)))))-.)))))-Later, after you had (this/these) belief(s) or experience(s), were you less able to do your work well than before (it/they) began? +))))), +))))), *1. YES* *5. NO* .)))))-.)))))-After you had (this/these) belief(s) or experience(s), were you less able to K52. make friends or enjoy social relationships than before (it/they) began?

+))))),

5. NO

.)))))-

+))))), *1. YES*

.)))))-

K53. Did your belief(s) or experience(s) ever occur at times in your life when you were drinking alcohol or using drugs more than usual?

DEFINITION: "DRUGS" INCLUDE PRESCRIPTION DRUGS USED WITHOUT A DOCTOR'S PRESCRIPTION OR MORE THAN PRESCRIBED, AS WELL AS ILLEGAL DRUGS.

```
+))))),
        +))))),
                +)))))))))))))))))),
*1. YES*
        *5. NO*
                *6. NEVER DRINK OR USE DRUGS*--->NEXT PAGE, K55
                * [IF VOL.]
.))0)))-
        .)))))-
                .)))))))))))))))))))))))))))
         GO TO
          K54
  ₩
Did the belief(s) or experience(s) always occur at times in your
      life when you were drinking more than usual or using drugs?
      +))))),
              +))))),
      *1. YES*
               *5. NO*
      .)))))-
              .)))))-
      Which one would start first--the belief(s) or experience(s)
*K53b.
      or the increase in drinking or drug use?
      +)))))))))),
                     +))))))))),
                                  +))))))))),
                                               +))))))))),
                     *2. DRINKING/*
                                  *3. BOTH AT *
      *1. BELIEFS/
                                               *4. IT VARIES*
                                               * [IF VOL.]* *
         EXPERIENCES*
                        DRUG USE *
                                     SAME TIME*
      .))))))))))-
                     .)))))))))-
                                     [IF VOL.]*
                                               .)))))))))- *
                                  .)))))))))-
```

K54. Did you ever drink more than usual or use drugs not prescribed by a doctor or in greater amounts than prescribed to help you feel better when you had (this/these) belief(s) or experience(s)?

```
+))))),
+))))),
*1. YES*
      *5. NO*--->NEXT PAGE, K55
.))0)))-
      .)))))-
*K54a. Did this help you feel better?
           +))))),
     +))))),
                  +)))))))))))))))),
     *1. YES*
           *5. NO*
                  *3. YES AT FIRST, BUT NOT *
     .)))))-
           .)))))-
                     LATER ON [IF VOL.]
                  . ))))))))))))))))))))))))))))
```

```
INTERVIEWER CHECKPOINT
    *SEE REFERENCE CARD, SIDE 1 "QUALIFIERS" B104
    ** * 1. B104 BOX CHECKED IN "QUALIFIERS" ON REFERENCE CARD
    *.0)-
         * * 2. ALL OTHERS--->NEXT PAGE, K57
         . ))-
    Earlier you mentioned periods lasting six months or more when you were worried
K56.
    or anxious about things. Did these periods of worry ever occur during a time
    when you were having (this/these) belief(s) or experience(s)?
    +))))),
           +))))),
              *5. NO*--->NEXT PAGE, K57
    *1. YES*
              .)))))-
    .))0)))-
      ₩
    K56a. Did your periods of worry always occur during a time when you were
         having (this/these) belief(s) or experience(s)?
         +))))),
                  +))))),
         *1. YES*
                  *5. NO*
         .)))))-
                  .)))))-
    K56b. Which one would start first during times you had both--the worry or the
         belief(s) or experience(s)?
         +)))))), +)))))))), +)))))))))), +)))))), +)))))), +)))))
         *1. WORRY* *2. BELIEF(S)/ * *3. BOTH AT THE SAME * *4. IT VARIES*
         .))))))) - * EXPERIENCE(S)* * TIME [IF VOL] * * [IF VOL.]*
                 K56c. Which one would go away first -- the worry or the belief(s) or
         experience(s)?
         +))))))), +))))))))))))))), +)))))), +))))), +))))
         *1. WORRY* *2. BELIEF(S)/ * *3. BOTH AT THE SAME * *4. IT VARIES*
```

```
INTERVIEWER CHECKPOINT
*SEE REFERENCE CARD, SIDE 1 "QUALIFIERS" D40 and D81 and E29
** *1. D40 OR D81 BOX CHECKED ON
                                 * *2. ALL OTHERS
*.0)- REF. CARD
                                 .0)-
₩
                                  ₩
K57a.
                                 K57b.
**+)),
                   +)),
                   * *2. ALL OTHERS*** *1. E29 BOX CHECKED
** *1. E29 BOX CHECKED
                                **.0)- ON REF. CARD
*.0)- ON REF. CARD
                   . 0) -
* * * * *2. ALL OTHERS-->TURN TO
                                    . ))-
                                                   P. 228,
                                                   SECTION L*
                                . )3))))))))))))))))))))))))))))))))))
 ♡
                                  ♡
+))))))))))),
                 +)))))))))),
                                +))))))))))),
*INTERVIEWER:
                 *INTERVIEWER: *
                                *INTERVIEWER: *
*SEE REF. CARD, *
                 *SEE REF. CARD,*
                                *SEE REF. CARD, *
*IN K58 AND K59 *
                 *IN K58 AND K59*
                                *IN K58 AND K59*
                                *USE KEY PHRASE*
*USE KEY PHRASES*
                 *USE KEY PHRASE*
*ONE AND TWO
                 *ONE
                                *TWO
.))))))))))))-
                 .))))))))))-
                                .)))))))))))))-
SEE REFERENCE CARD, SIDE 2. USE "IDENTIFYING WORDS"
   FOR EXAMPLES FROM K14-K34.
You told me earlier that you have had periods of feeling (KEY PHRASE). Can
you tell me which started at an earlier age--these periods of feeling (KEY
PHRASE) or the belief(s) and experience(s) like [READ ALOUD (UP TO 3 OF) THE
EXAMPLE(S) FROM K14-K34 TO R.]
+))))))))),
             +)))))))))),
                            +)))))))))),
                                          +))))))),
              *2. BELIEFS/ *
*1. FEELINGS *
                            *3. BOTH AT THE*
                                          *8. DON'T*
   CAME FIRST*
                EXPERIENCES*
                               SAME TIME
                                             KNOW *
                               [IF VOL.] *
.)))))))))-
                CAME FIRST *
                                          .)))))))-
```

.))))))))))-

.))))))))))-

```
K59. Were the periods of feeling (KEY PHRASE) ever present at the same time you
    were having the belief(s) or experience(s)?
               +))))),
     +))))),
               *5. NO*--->NEXT PAGE, SECTION L
     *1. YES*
               .)))))-
     .))0)))-
       ♡
     *K59a. Were they present at the same time for at least two weeks?
          +))))),
                     +)))),
                     *5. NO*
          *1. YES*
          .)))))-
                     .)))))-
     *K59b. Which would go away first--the belief(s) or experience(s) or the
          periods of feeling (KEY PHRASE)?
          +)))))))))),
                          +))))))))),
                                       +)))))))))),
                                                       +)))))))))),
          *1. BELIEFS/ *
                          *2. FEELINGS*
                                       *3. BOTH AT THE*
                                                       *4. IT VARIES/*
             EXPERIENCES*
                          .))))))))-
                                          SAME TIME *
                                                          DEPENDS
                                          [IF VOL.] *
          .))))))))))-
                                                          [IF VOL.] * *
                                       .))))))))))-
                                                       .)))))))))) *
     *K59c. Did you ever have the belief(s) or experience(s) for two weeks or more*
          when you were not feeling (KEY PHRASE)?
          +))))),
                     +)))),
          *1. YES*
                     *5. NO*
          .)))))-
                     .)))))-
```

SECTION L: PERSONALITY

LO. (RB, PGS. 22-24) Now look at Pages 22, 23 and 24 of the yellow booklet. Please circle the answer category that indicates how true the following statements are as they apply to you. Do not spend too much time on any one statement. Please let me know when you have finished--remember to continue until you get to the Stop sign on Page 24. (If you prefer, I can read the statements to you.)

```
*+)),
** * 1. R READS AND MARKS RB ALONE--->TURN TO P. 232, SECTION M
*.))-
** * 2. IWER READS AND MARKS ANSWERS TO L1-L46 IN QUESTIONNAIRE
*.0)-
* * * * 3. IWER READS ALOUD BUT R MARKS L1-L46 IN RB
* * .0)-
     BY HIM/HERSELF
VERY
                        * SOMEWHAT*A LITTLE*NOT TRUE*
                      TRUE
                           TRUE
                               TRUE
                       (1)
                           (2)
                               (3)
*L1. My life is determined by my own actions.*
*L2. When I make plans, I almost always
  make them work.
*L3. When I get what I want, it is usually
  because I worked hard for it.
*L4. I am usually able to protect my own
  interests.
*L5. When I get what I want, it is usually
  because I am lucky.
*L6. Often, there is no way I can protect
  myself from bad luck.
It is not always wise for me to plan too*
  far ahead because many things turn out
  to be a matter of good or bad fortune.
I believe that chance or luck plays an *
  important role in my life.
```

```
VERY
                     * SOMEWHAT*A LITTLE*NOT TRUE*
                   TRUE
                       TRUE
                          TRUE
                             * AT ALL
                              (4)
                   (1)
                       (2)
                           (3)
I feel like what happens in my life is '
  mostly determined by powerful people.
My life is chiefly controlled by
*L10.
  powerful others.
*L11. The idea of losing a close friend is
  terrifying to me.
Disapproval by someone I care about is *
  very painful to me.
I would be completely lost if I did not*
  have someone special.
I would feel helpless if deserted by
  someone I love.
*L15. I must have one person who is very
  special to me.
What people think of me does not affect*
*L16.
  how I feel.
What other people say does not
  bother me.
*L18. I find it difficult to say "no" to
  people.
*L19.
  I do not need other people to make me
  feel good.
*L20. I am quick to agree with the opinions
  expressed by others.
I would rather be a follower than a
  leader.
*L22. In an argument, I give in easily.
I have a lot of trouble making
  decisions by myself.
I am not confident about my own
  judgment.
I often find that I do not live up to
  my own standards or ideals.
```

```
VERY
                      * SOMEWHAT*A LITTLE*NOT TRUE*
                           TRUE
                              * AT ALL
                        TRUE
                    TRUE
                    (1)
                        (2)
                            (3)
*L26. Many times I feel helpless.
There is a considerable difference
*L27.
  between how I am now and how I would
  like to be.
I dwell on my mistakes more than I
  should.
*L29. Sometimes I think that I have an
  inferiority complex.
On the whole I am satisfied with
  myself.
*L31. At times I think I am no good at all.
*L32. I wish I could have more respect for
  myself.
^{\star}L33. All in all, I am inclined to feel that ^{\star}
  I am a failure.
I feel I am a person of worth, at least*
  equal with others.
I like doing things that other people
  thought could not be done.
When things don't go the way I want
  them to, that just makes me work even
  harder.
Sometimes I feel that if anything is
  to be done right, I have to do it
  myself.
*L38. My hard work usually pays off.
In the past, even when things got
  really tough, I never lost sight of
  my goals.
```

```
VERY
                       * SOMEWHAT*A LITTLE*NOT TRUE*
                         TRUE *
                             TRUE * AT ALL *
                    TRUE
                     (1)
                         (2)
                             (3)
                                 (4)
It is important for me to be able to do*
   things the way I want to do them rather*
   than the way other people want me to
   do them.
Hard work has really helped me to get
   ahead in life.
People die when it is their time to die*
   and nothing can change that.
*L43. If bad things happen, it is because
   they were meant to be.
*L44. Everything that happens has a purpose.
*L45. By and large, people deserve what
   they get.
People who meet with misfortune have
   often brought it on themselves.
```

IWER: CONTINUE WITH PART II, SECTION M

SECTION M: MARRIAGE

```
M1.
     INTERVIEWER CHECKPOINT
     *SEE P. 2, A9
     *+)),
     ** * 1. R NEVER MARRIED
     *.0)-
          * * 2. ALL OTHERS--->NEXT PAGE, M6
          .))-
     ♡
М2.
     INTERVIEWER CHECKPOINT
     +)))))))))))))))))))))))))))))))))))
     * SEE P. 2, A9a and A9b
     *+)),
     ** * 1. R CURRENTLY LIVING IN MARRIAGE-LIKE
     *.0)-
           RELATIONSHIP
          +)),
          * * 2. ALL OTHERS--->TURN TO P. 244, M41
          . ))-
     м3.
     A major goal of this survey is to learn which areas of life are sources of
     satisfaction or stress for most Americans. The rest of the survey deals with
     these questions.
     The first question is about dating. Have you ever had an exclusive
     relationship with someone that lasted at least one year?
     +))))),
              +))))),
     *1. YES*
                *5. NO*
               .)))))-
     .)))))-
M4.
     You mentioned earlier that you are living with someone in a marriage-like
     relationship. How long have you been living together?
                        +))))),
                                +))))),
                                         +))))),
                                                 +))))),
                        * DAYS * *WEEKS *
                                         *MONTHS*
                                                  *YEARS *
                 # OF
                        .))))))- .)))))-
                                         .))))))- .)))))-
    All in all, how satisfied are you with this relationship--very satisfied,
М5.
     somewhat, not very, or not at all satisfied?
     +))))))))), +))))),,
                                +))))))))),
                                              +))))))))),
                  *2. SOMEWHAT * *3. NOT VERY * *4. NOT AT ALL*
     *1. VERY
                                    SATISFIED* *
        SATISFIED* *
                      SATISFIED* *
                                                 SATISFIED *
     .)))))))))- .))))))))- .)))))))- .)))))))- .))))))
                      +)))))))))))))),
                      *TURN TO P. 239, M25 *
                      .)))))))))))))-
```

M6. A major goal of this survey is to learn which areas of life are sources of satisfaction or stress for most Americans. The rest of the survey deals with these questions.

The first questions are about your family situation. How many times have you been married in your lifetime?
+))))))), +))))))))))))))))))))))))

M9. Before you began dating your (first) (husband/wife), did you ever have an
 exclusive relationship with someone else that lasted at least one year?
 +))))),
 1. YES *5. NO*
 .)))))- .)))))-

```
M10. INTERVIEWER CHECKPOINT
   *SEE P. 233, M6
   *+)),
   ** *1. R MARRIED ONLY ONCE
   *.0)-+)),
   * * * *2. ALL OTHERS--->NEXT PAGE, M12
   * * .))-
    ♡
M11. INTERVIEWER CHECKPOINT
   *SEE P. 2, A9
   *+)),
   ** *1. R CURRENTLY MARRIED--->TURN TO P. 236, M17
    *.))-
   *+)),
   ** *2. R CURRENTLY SEPARATED--->TURN TO P. 237, M18
    *.))-
   ** *3. R CURRENTLY DIVORCED/ANNULLED--->TURN TO P. 237, M20
    *.))-
   *+)),
   ** *4. R CURRENTLY WIDOWED--->TURN TO P. 238, M22
    *.))-
```

```
+)))))))))))))))),
*R MARRIED MORE THAN ONCE*
.))))))))))))))))))-
M12. In what year did your first marriage end?
     +)))),+)))),+)))),
                            +)))))))))))),
     *1992**1991**1990*
                            *OTHER
                                              *--->GO TO M13
     .)0))-.)0))-.)0))-
                            *YEAR:
       .)))))))-
                            .))))))))))))))-
             ♡
     +)))))))))))))))))))))))))))
     *M12a. In what month was that?
            (IF "DON'T KNOW", PROBE FOR*
            SEASON OR HALF OF YEAR.)
                MONTH
     .))))))))))))))))))))))))))))))
M13. How did the marriage end--were you divorced or widowed?
     +))))))))))))),
                                +)))))))),
     *1. DIVORCED;
                                *2. WIDOWED*
         MARRIAGE ANNULLED*
                                .))))))))-
     .))))))))))))-
M14. Since that time, have you ever had an exclusive relationship with someone that
     lasted at least one year?
     +))))),
                  +))))),
     *1. YES*
                  *5. NO*
     .)))))-
                 .)))))-
```

```
M15. INTERVIEWER CHECKPOINT
    *SEE P. 2. A9
    *+)),
    ** *1. R CURRENTLY MARRIED--->GO TO M16
    *.))-
    ** *2. R CURRENTLY SEPARATED--->NEXT PAGE, M18
    *.))-
    *+)),
    ** *3. R CURRENTLY DIVORCED/ANNULLED--->NEXT PAGE, M20
    *.))-
    *+)),
    ** *4. R CURRENTLY WIDOWED--->TURN TO P. 238, M22
    *.))-
    M16. You mentioned earlier that you are remarried. In what year did you marry your
    current spouse?
                     +)))))))))))))),
    +)))),+))),+))),
    *1992**1991**1990*
                      *OTHER
                                       *--->GO TO M17
    .)0))-.)0))-.)0))-
                       *YEAR:
      .)))))))-
                       .))))))))))))))))-
           ₩
    +)))))))))))))))))))))))))))
    *M16a. In what month was that?
         (IF "DON'T KNOW", PROBE FOR*
          SEASON OR HALF OF YEAR.)
            MONTH
    .))))))))))))))))))))))))))))))))
M17. (The next questions are about your marriage.) All in all, how satisfied are
    you with your marriage--very satisfied, somewhat, not very, or not at all
    <u>satisfied</u>?
    * SATISFIED* * SATISFIED* * SATISFIED *
    .)))))))))- .)))))))- .)))))))- .)))))))- .))))))
                     +)))))))))))))),
                     *TURN TO P. 239, M25*
                     .))))))))))))-
```

```
+))))))))))))))))),
*R CURRENTLY SEPARATED*
.))))))))))))))-
     You mentioned earlier in the interview that you are currently separated (from
     your most recent spouse). In what year did you separate for the most recent
     time?
     +)))),+)))),+)))),
                                +))))))))))))),
     *1992**1991**1990*
                                                  -->GO TO M19
                                *OTHER
     .)0))-.)0))-.)0))-
                                *YEAR:
      .)))))))-
                                .)))))))))))))-
     +))))))))))))))))))))))))),
     *M18a. In what month was that?
           (IF "DON'T KNOW", PROBE FOR*
           SEASON OR HALF OF YEAR.)
               MONTH
     M19.
     Whose decision was it to separate--yours or (his/hers)?
     +))))))))))),, +)))))),, +)))))),, +)))))),, +))))),, +))))
     *1. RESPONDENT'S**2. SPOUSE'S**3. JOINT/BOTH*
     .)))))))))))-.)))))-*
                                  [IF VOL.]*
                 +)))))))))))))))))))))))
           .))))))1NEXT PAGE, M23/)))))-
                 .))))))))))-
+)))))))))))))))))))))))))))))))
*R CURRENTLY DIVORCED/MARRIAGE ANNULLED*
M20. You mentioned earlier in the interview that you are currently divorced (from
     your most recent spouse). In what year did your divorce become official?
     +)))),+)))),+)))),
                                +))))))))))))),
     *1992**1991**1990*
                                *OTHER
                                                  --->GO TO M21
     .)0))-.)0))-.)0))-
                                *YEAR:
      .)))))))-
                                .))))))))))))))))))
     +))))))))))))))))))))))))))))
     *M20a. In what month was that?
           (IF "DON'T KNOW", PROBE FOR*
           SEASON OR HALF OF YEAR.)
               MONTH
     . )))))))))))))))))))))))))))))))))
M21.
     Whose decision was it to get (divorced/your marriage annulled) -- yours or
     (his/hers)?
     *1. RESPONDENT'S**5. SPOUSE'S**3. JOINT/BOTH*
     .)))))))))))-
                 +)))))))))),
           .))))))1NEXT PAGE, M23/))))))-
                 .))))))))))-
```

```
+))))))))))))),
*R CURRENTLY WIDOWED*
.))))))))))))))))-
    You mentioned earlier in the interview that you are currently widowed. In
     what year were you widowed (most recently)?
     +)))),+)))),+))),
                              +))))))))))))))),
     *1992**1991**1990*
                                *OTHER
                                                 *--->GO TO M23
     .)0))-.)0))-.)0))-
                                *YEAR:
      .)))))))-
                                .))))))))))))))-
     *M22a. In what month was that?
          (IF "DON'T KNOW", PROBE FOR*
           SEASON OR HALF OF YEAR.)
               MONTH
     . )))))))))))))))))))))))))))))))
M23. INTERVIEWER CHECKPOINT
     +))))))))))))))))))))))))))))))))))
     *SEE P. 2, A9a
     ** *1. R CURRENTLY LIVING IN MARRIAGE-LIKE
     *.0)- RELATIONSHIP
     * * +)),
     * * * *2. ALL OTHERS--->TURN TO P. 243, M34
     * * .))-
     You mentioned earlier that you are living with someone in a steady marriage-
     like relationship. All in all, how satisfied are you with that relationship--
     very satisfied, somewhat, not very or not at all satisfied?
     +)))))))), +)))))), +))))))), +)))))), +)))))),
              * *2. SOMEWHAT * *3. NOT VERY * *4. NOT AT ALL*
     *1. VERY
        SATISFIED* *
                      SATISFIED* *
                                    SATISFIED* *
                                                  SATISFIED *
     .)))))))))- .)))))))- ..)))))))- .))))))- .))))))- .))))))
```

```
M25.
   Overall, would you rate your (marriage/relationship) as excellent, good, fair,
   or poor?
   +))))))))),
            +)))))),
                   +)))))),
                          +)))))),
                   *3. FAIR*
   *1. EXCELLENT*
            *2. GOOD*
                          *4. POOR*
   .)))))))))-
            .))))))-
                   .))))))-
                          .))))))-
M26.
   (RB, P. 25) Please turn to Page 25 of the Yellow Booklet and circle the
   answer category that best describes how often your (husband/wife/partner)
   behaves in the ways listed. Let me know when you finish. (If you prefer,
   I can read the statements to you.)
** * 1. R READS RB AND MARKS ALONE--->NEXT PAGE, M27
*.))-
*+)),
 * 2. IWER READS AND MARKS ANSWERS TO M26a-M26i IN OUESTIONNAIRE
*.0)-
* * +)),
* * * * 3. IWER READS ALOUD BUT R MARKS M26a-M26i IN RB
      BY HIM/HERSELF
* SOME-*
                              *OFTEN* TIMES*RARELY* NEVER*
                              * (1) * (2) * (3) * (4)
*M26a. My (husband/wife/partner) drinks or uses drugs*
    too much. Does this happen often, sometimes, *
    rarely or never?
*M26b. (He/She) wastes money the family needs for
   other things.
*M26c. (He/She) has extramarital affairs.
*M26d. (He/She) has times when (he/she) is so
   depressed that it interferes with (his/her)
   normal activities.
*M26e. (He/She) is very disagreeable.
*M26f. (He/She) threatens to end our relationship
   or leave me.
*M26g. (He/She) is away from home overnight.
*M26h. (He/She) comes home late or stays away from
*M26i. (He/She) has temper tantrums.
```

```
M27. (READ SLOWLY) When it comes to making major decisions, who has the final
    say--you or your (husband/wife/partner)?
    +)))))))),
                +))))))))))))))))),
                                      +))))))))))),
    *RESPONDENT*
                *4. BOTH EQUAL [IF VOL.]*
                                      *SPOUSE/PARTNER*
    .)))))))-
                .))))))))))))))))))))-
                                     .)))))))))))-
                    NEXT PAGE, M28
+))))))))))))))))))))))))))))))
                               +)))))))))))))))))))))))))))))))))
*M27a. Do you have <u>a lot</u> more say,
                               *M27b. Does (he/she) have <u>a lot</u> more
      somewhat, or only a little
                                      say, <u>somewhat</u>, or only <u>a little</u>
      more than your (husband/wife/ *
                                     more than you?
      partner)?
* +)))))), +)))))), *)
                               * +)))))), +)))))), +)))))), +))))),
* .)))))))-.)))))))-.))))))-.
                               * .)))))))-.))))))))))))))))
```

```
5 (RB, P. 26, LIST A) LIST FOR M28 C M29
                                                           5
                 5
                                                           5
                 5 *
                                                           5
                     Insult or swear
                 5 *
                                                           5
                     Sulk or refuse to talk
                 5 *
                                                           5
                     Stomp out of the room
                 5 *
                     Do or say something to spite
                                                           5
                 5 *
                                                           5
                     Threaten to hit
                     Smash or kick something in anger
                 M28. (RB, P. 26) People handle disagreements in many different ways. Looking at
     List A on Page 26, when you have a disagreement with your (spouse/partner),
     how often do you do any of the things on this list--often, sometimes, rarely,
     or never?
     +)))))),
                  +))))))))),
                                   +))))))),
                                                 +))))))),
                  *2. SOMETIMES*
     *1. OFTEN*
                                   *3. RARELY*
                                                 *4. NEVER*
     .))))))-
                  .)))))))))-
                                  .)))))))-
                                                .)))))))-
     (RB, STILL ON P. 26) How often does (he/she) do any of these things in List A
M29.
     to you--(<u>often</u>, <u>sometimes</u>, <u>rarely</u>, or <u>never</u>)?
     +))))))),
                  +))))))))),
                                   +))))))),
                                                 +))))))),
     *1. OFTEN*
                  *2. SOMETIMES*
                                   *3. RARELY*
                                                 *4. NEVER*
                  .)))))))))-
     .)))))))-
                                  .)))))))-
                                                .)))))))-
                    5 (RB, P. 26, LIST B) LIST FOR M30 C M31 5
                                                           5
                                                           5
                    5 * Push, grab, or shove
                                                           5
                    5 * Throw something
                    5 *
                                                           5
                         Slap or spank
                    M30. (RB, STILL ON P. 26) Now looking at List B on Page 26, when you have a
     disagreement with your (spouse/partner) how often do you do any of the things
     on this list to (him/her)--often, sometimes, rarely, or never?
                  +))))))))),
                                  +))))))),
                                                 +))))))),
     +))))))),
                                   *3. RARELY*
     *1. OFTEN*
                  *2. SOMETIMES*
                                                 *4. NEVER*
                                   .)))))))-
     .)))))))-
                  .)))))))))-
                                                 .))))))-
     (RB, STILL ON P. 26) How often does (he/she) do any of these things in List B
M31.
     to you--(often, sometimes, rarely, or never)?
     +))))))),
                  +))))))))),
                                   +))))))),
                                                 +))))))),
                                   *3. RARELY*
                                                 *4. NEVER*
     *1. OFTEN*
                  *2. SOMETIMES*
     .))))))-
                  .)))))))))-
                                   .)))))))-
                                                .)))))))-
```

```
5 (RB, P. 26, LIST C) LIST FOR M32 - M33
                             5
5
                             5
5 * Kick, bite or hit with a fist
                             5
5 * Hit or try to hit with something
                             5
                             5
5 *
   Beat up
                             5
5 * Choke
5 * Burn or scald
                             5
```

M32. (RB, STILL ON P. 26) Looking at List C on Page 26, when you have a
 disagreement with your (spouse/partner), how often do you do any of the things
 in List C to (him/her)--(often, sometimes, rarely, or never)?
 +))))))), +))))))), +))))))), +)))))),
1. OFTEN *2. SOMETIMES* *3. RARELY* *4. NEVER*
 .)))))))) - .))))))))))))

```
M34. INTERVIEWER CHECKPOINT
     +))))))))))))))))))))))))))))))))))))
     *SEE P. 233, M6a OR P. 234, M11
     *+)),
     ** * 1. R HAS BEEN DIVORCED
     *.0)-
          * * 2. ALL OTHERS--->TURN TO P. 245, SECTION N
          .))-
     5 (RB, P. 26, LIST A) LIST FOR M35 C M36
                                                            5
                  5
                  5 *
                      Insult or swear
                                                            5
                  5 *
                                                            5
                      Sulk or refuse to talk
                  5 *
                                                            5
                      Stomp out of the room
                                                            5
                  5 * Do or say something to spite
                                                            5
                  5 * Threaten to hit
                  5 * Smash or kick something in anger
                                                            5
                  ₩
     (RB, STILL ON P. 26) The next few questions are about your (first) marriage
M35.
     that ended in divorce. Look back at List A on Page 26. Thinking about the
     time when you and your former spouse were living together, when you had a
     disagreement, how often did you do any of the things in List A to (him/her) --
     often, sometimes, rarely, or never?
     +))))))),
                 +)))))))))),
                                 +)))))))),
                                               +))))))),
     *1. OFTEN*
                 *2. SOMETIMES*
                                 *3. RARELY*
                                               *4. NEVER*
     .))))))-
                 .)))))))))-
                                 .)))))))-
                                               .)))))))-
M36.
     (RB, STILL ON P. 26) How often did (he/she) do any of these things in List A
     to you--(<u>often</u>, <u>sometimes</u>, <u>rarely</u>, or <u>never</u>)?
     +))))))),
                 +))))))))),
                                 +)))))))),
                                               +))))))),
                                               *4. NEVER*
     *1. OFTEN*
                  *2. SOMETIMES*
                                 *3. RARELY*
                                 .)))))))-
     .))))))-
                 .)))))))))-
                                               .)))))))-
                  5 (RB, P. 26, LIST B) LIST FOR M37 C M38
                                                            5
                  5
                                                            5
                  5 * Push, grab, or shove
                                                            5
                                                            5
                  5 * Throw something
                  5 *
                      Slap or spank
                  M37. (RB, STILL ON P. 26) Now looking at List B on Page 26. How often did you do
     any of the things in List B to your former spouse--(often, sometimes, rarely,
     or never)?
     +))))))),
                 +))))))))),
                                 +))))))),
                                               +))))))),
     *1. OFTEN*
                 *2. SOMETIMES*
                                 *3. RARELY*
                                               *4. NEVER*
     .)))))))-
                 .)))))))))-
                                 .)))))))-
                                              .)))))))-
M38. (RB, STILL ON P. 26) How often did (he/she) do any of these things in List B
     to you--(<u>often</u>, <u>sometimes</u>, <u>rarely</u>, or <u>never</u>)?
                 +))))))))),
                                 +))))))),
                                               +))))))),
     +))))))),
                                 *3. RARELY*
                                               *4. NEVER*
     *1. OFTEN*
                  *2. SOMETIMES*
     .)))))))-
                 .)))))))))-
                                 .)))))))-
                                               .)))))))-
```

```
5 (RB, P. 26, LIST C) LIST FOR M39 - M40
               5
                                                    5
               5 * Kick, bite or hit with a fist
                                                    5
               5 * Hit or try to hit with something
                                                    5
                                                    5
               5 * Beat up
               5 * Choke
                                                    5
                                                    5
               5 * Burn or scald
               M39. (RB, STILL ON P. 26) Look at List C on Page 26. How often did you do any of
    the things in List C to your former spouse -- (often, sometimes, rarely, or
                +))))))))),
    +))))))),
                              +))))))),
                                           +))))))),
    *1. OFTEN*
                *2. SOMETIMES*
                              *3. RARELY*
                                           *4. NEVER*
    .)))))))-
                .)))))))))-
                              .)))))))-
                                           .)))))))-
```

(RB, STILL ON P. 26) How often did (he/she) do any of these things in List C M40. to you--(often, sometimes, rarely, or never)? +))))))))), +))))))), +))))))), +))))))), *1. OFTEN* *2. SOMETIMES* *3. RARELY* *4. NEVER* .))))))-.)))))))))-.))))))))-.)))))))-+))))))))))))))), *NEXT PAGE, SECTION N* .))))))))))))))))-

M41. A major goal of this survey is to learn which areas of life are sources of satisfaction or stress for most Americans. The rest of the survey deals with these questions.

The first question is about dating. Have you ever had an exclusive relationship with someone that lasted at least one year? +))))), +))))), *1. YES* *5. NO*

.)))))-.)))))-

never)?

M42. Are you currently dating anyone on a steady basis? +))))), +))))), *1. YES* *5. NO* .)))))-.)))))-

SECTION N: EMPLOYMENT

```
N1.
     INTERVIEWER CHECKPOINT
     +)))))))))))))))))))))))))))))))))))
     *+)),
     ** *1. R IS 15-17 YEARS OLD
     *.0)-
     * * * *2. ALL OTHERS--->GO TO N2
     * * .))-
     ₩
     N1a. Are you currently enrolled in school as a full-time student?
          +))))),
                         +))))),
          *1. YES*
                          *5. NO*
          .)))))-
                         .))0))-
          TURN TO
        P. 252, N25
N2.
     Next, we are interested in your current work situation -- are you working now
     for pay, looking for work, retired, a homemaker, a student, or something else?
     (CHECK ALL MENTIONS.)
     +)))))))))),
                            +))))))))))))))),
                                                       +)))))))))))))),
     *A. WORKING NOW/)))))))), *C. LOOKING FOR WORK; /),
                                                       *H. OTHER (SPECIFY):
                           ** UNEMPLOYED
     .)))))))))-
                           *.)))))))))))))) *
                           *+)))))))))))), *
     +)))))))))),
     *B. TEMPORARILY*
                           **D. RETIRED
                           *.)))))))))))))))) *
        LAID OFF;
                           *+))))))))))))), *
        MATERNITY
                           **E. PERMANENTLY DISABLED/)1
        OR SICK
        TEAVE
                           *.)))))))))))))))))) *
                                                       .))))))))))))))))))-
                           *+))))))))))))), *
     .))))))))))-
                           **F. HOMEMAKER
                           *.)))))))))))))))) *
                           *+))))))))))))), *
                           **G. STUDENT
                           *.)))))))))))))))) *
                                                   .)))0))))))))-
                                                       ♡
     +))))))))))))),, *
                                              +)))))))))))))))))))))))))
     *N3. In what month and **
                                              *N4. Are you doing <u>any</u> work
         year (were you laid**
                                                  for pay at the present
                                                  time?
         off/did you go on
         leave)?
                                                  +))))), +)))),
                                                  *1. YES* *5. NO*->TURN TO*
                                                   .))))))- .)))))- P. 249,*
            MONTH/YEAR
                                                                  N14
     .))))))))))))))-*
                                              .)))))))))))))))))))))))))))))
     How many hours do you work on your main job in an average week?
N5.
```

_____ HOURS PER WEEK

t kind of work do you do? What are your most important activities duties?
at kind of business or industry is that in? What do they make or do when work?

```
In the past 12 months, were you fired or did you lose your business?
           +))))),
*1. YES*---->*N10a. In what month and year did you first learn this
.)))))-
                was going to happen?
+)))),
*5. NO*
                   MONTH/YEAR
.))0))-
           *N10b.
                In what month and year did you get another job?
                                    +)))))))))))))),
                                    *9996. STILL UNEMPLOYED*
                                OR
                                    .)))))))))))))))))-
                   MONTH/YEAR
           *NEXT PAGE, N12*
                            .))))))))))-
In the past 12 months, did you have a scare that you might lose your job or
business?
+))))),
           *1. YES*---->*N11a. In what month and year did you first think this might
.)))))-
                happen?
+))))),
                  MONTH/YEAR
*5. NO*
.)))))-
           *N11b.
                Is it still a serious possibility?
NEXT PAGE,
                +))))),
                        +))))),
  N12
                *1. YES*
                         *5. NO*
                .)))))-
                        .))0))-
                NEXT PAGE,
                  N12
                        +)))))))))))))))))))))))))),, *
                         *N11c. In what month and year did you first**
                              realize this was not a serious
                                                        * *
                              possibility?
                                                        * *
                                                        * *
                                MONTH/YEAR
```

```
N12. In the past 12 months, did you have any serious ongoing problems getting along
    with someone at work?
    +))))),
               *1. YES*---->*N12a. Did this start in the past 12 months?
                     +))))),
                                +)))),
    .)))))-
                      *1. YES*
                                *5. NO*--->GO TO N13
    +)))),
                     .))0)))-
                                .)))))-
    *5. NO*
                        ₩
    .))0))-
               *N12b. In what month and year did the problems start?
                        MONTH/YEAR
               ₩
N13. Have you had any other serious ongoing stress at work C things like
    consistently extreme work demands, major changes, or uncertainties that most
    people would consider highly stressful?
    +))))),
                +))))),
                 *5. NO*--->TURN TO P. 251, N20
    *1. YES*
    .))0)))-
                 .)))))-
       ♡
    Did this <u>start</u> in the past 12 months?
          +))))),
                       +))))),
                        *5. NO*--->TURN TO P. 251, N20
           *1. YES*
          .))0)))-
                        .)))))-
    *N13b. In what month and year did the problem start?
             MONTH/YEAR
    *TURN TO P. 251, N20*
                  .))))))))))))-
```

```
N14.
    INTERVIEWER CHECKPOINT
    *SEE P. 245, N2
    *+)),
                                 +)),
    ** * 1. "RETIRED" CHECKED AT N2
                                 * * 2. ALL OTHERS
    *.0)-
                                 .0) -
    *N14c. Have you ever had a regular
    *N14a. (You mentioned that you are
        retired.) In what year did
                                     job for pay?
        you retire from your <u>last</u>
                                     +))))), +)))),
                                     *1. YES* *5. NO*--->TURN TO
        regular job?
                                     .))0)))- .))))-
         +)))),+)))),+)))),+))))),
                                                   P. 251,
         *1992**1991**1990**OTHER YEAR:
                                                    N20
         .)0))-.)0))-.)0))-*
          .)))))))-
                                       ₩
                     .)))))))))))))-* *N14d. In what year did you stop
                     NEXT PAGE, N16 * *
                                     working at that last regular'
                                     iob?
                                     +)))),+)))),+)))),
                                     *1992**1991**1990**OTHER
    *N14b. In what month was that? (IF
                                     .)0))-.)0))-.))0)-*YEAR:
         "DON'T KNOW", PROBE FOR SEASON
        OR HALF OF YEAR.)
                                       .))))))))-
                                                  .))))))-*
            MONTH
                                                  GO TO N15*
    *NEXT PAGE, N16*
                                 *N14e. In what month was that?
           .))))))))))-
                                     (IF "DON'T KNOW", PROBE FOR
                                     SEASON OR HALF OF YEAR.)
                                        MONTH
                                 What happened-Cwere you fired, laid-off, did you retire, or what?
N15.
    *01. FIRED
    .)))))))))))- .))))))- .)))))))- .)))))))- .)))))))
    *05. PLANT CLOSED** 06. WORK FORCE**97. OTHER (SPECIFY):
    .))))))))))-*
                    REDUCTION **
                .)))))))))))-*
                            . ))))))))))))))))))))))))))))))))
```

What kind of work did you do on that last job? What were your most imporactivities or duties?	rt
What kind of business or industry was that in? What did they make or do you worked?	W
	W
	W

```
N20.
    INTERVIEWER CHECKPOINT
    ** *1. R CURRENTLY LIVING WITH SPOUSE/PARTNER
    *.0)-
    * * +)),
    * * * *2. ALL OTHERS--->NEXT PAGE, N24
    N21.
    We are interested in the current work situation of your (husband/wife/
    partner) -- is (he/she) working now for pay, looking for work, retired, a
    homemaker, a student or doing something else? (CHECK ALL MENTIONS.)
    +)))))))))),
                          +)))))))))))))))),
                                                  +)))))))))))))),
    *A. WORKING NOW/),
                          *C. LOOKING FOR WORK;
                                                  *H. OTHER (SPECIFY):
    .))))))))))- *
                             UNEMPLOYED
                          .))))))))))))))))) *
    +)))))))))),
                          +))))))))))))),, *
    *B. TEMPORARILY* *
                          *D. RETIRED
       LAID OFF; * *
                          .))))))))))))))))) *
                          +)))))))))))))), *
        MATERNITY
                /)1
                          *E. PERMANENTLY DISABLED/)1
        OR SICK
       LEAVE
                          .))))))))))))))))) *
    .))))))))))) *
                          +))))))))))))), *
                                                  .))))))))))))))))))-
                          *F. HOMEMAKER
                          .)))))))))))))))))) *
                          +)))))))))))))), *
                          *G. STUDENT
                          .)))))))))))))))))))))))))))))
                                +)))))))))))))))))))))))))))))))))
                                *N21a. Is (he/she) doing any work for pay
                                      at the present time?
                                      +))))),
                                                +))))),
                                                 *5. NO*--->NEXT PAGE,
                                      *1. YES*
                                                .)))))-
                                      .))0)))-
                                                            N23
                                How many hours does (he/she) work on (his/her) main job in an average week?
M22
                _ HOURS PER WEEK
```

```
N23. What is the highest grade of school or year of college (he/she) completed?
    GRADE OF SCHOOL
                                           YEARS OF COLLEGE
    **00**01**02**03**04**05**06**07**08**09**10**11**12*** *13**14**15**16**17+**
    N24.
   INTERVIEWER CHECKPOINT
    +))))))))))))))))))))))))))))))))))
    *SEE P. 245, N2
    *+)),
    ** *1. "STUDENT" CHECKED AT N2
    *.0)-
         +)),
         * *2. ALL OTHERS--->NEXT PAGE, N26
         .))-
    {\sf N25.} Who provides your major financial support? (CHECK ALL MENTIONS.)
    +)))))))))),
    *A. RESPONDENT*
    .))))))))))-
    +))))))))))))),
    *B. SPOUSE/PARTNER*
    .)))))))))))))-
    +))))))))),
    *C. PARENT(S)*
    .)))))))))-
    +)))))))))))),
    *D. OTHER PERSON*
    .)))))))))))-
    +))))))))))))))))))))))))),
    *E. LOANS, SCHOLARSHIPS, GRANTS*
    .)))))))))))))))))))))))))))))))
    +)))))))))))))))))))))))))))
    *F. OTHER (SPECIFY:)
    .)))))))))))))))))))))))))))))
```

```
N26. INTERVIEWER CHECKPOINT
    *+)),
       *1. R IS FEMALE
    *.0)-
        +)),
        * *2. R IS MALE CURRENTLY LIVING WITH A
        . )) –
             SPOUSE/PARTNER--->GO TO N30
        * *3. ALL OTHER MALES--->NEXT PAGE, SECTION P
        .))-
    N27.
    (Once you finish school,) If you were free to do whatever you wanted and
    money was no object, would you have a full-time job, a part-time job, or be a
    full-time homemaker?
    +)))))))))))),
                       +)))))))))))),
                                         +))))))))),
    *1. FULL-TIME JOB*
                       *2. PART-TIME JOB*
                                         *3. HOMEMAKER*
    . ))))))))))))-
                       .))))))))))))-
                                         .)))))))))-
N28.
    INTERVIEWER CHECKPOINT
    +))))))))))))))))))))))))))))))))))))
    *+)),
    ** *1. R CURRENTLY LIVING WITH SPOUSE/PARTNER
    *.0)-
    * * * *2. ALL OTHERS--->NEXT PAGE, SECTION P
    * * .))-
    *N29. And if money was no object, what do you think your (husband/partner) would
     prefer that you do now--work full-time, part-time, or be a full-time
     homemaker?
     +))))))))),
                   +))))))))),
                                +))))))))),
                                              +))))))))))))))),
     *1. WORK
                   *2. WORK
                                *3. HOMEMAKER*
                                              *4. "NO PREFERENCE";
        FULL-TIME*
                      PART-TIME*
                                .)))))))))-
                                                 "DOESN'T CARE"; OR*
     .)))))))))-
                   .)))))))))-
                                                 "WHATEVER I WANT" *
                                                 [IF VOL.]
                                              . ))))))))))))))))))))-
*NEXT PAGE, SECTION P*
                       .))))))))))))-
N30. If you could choose, and money was no object, would you like your
    (wife/partner) to work <u>full-time</u>, <u>part-time</u>, or be a <u>full-time homemaker</u>?
    +))))))))),
                  +))))))))),
                               +))))))))),
                                             +)))))))))))))))))),
                  *2. WORK
                               *3. HOMEMAKER*
    *1. WORK
                                             *4. "NO PREFERENCE";
       FULL-TIME*
                     PART-TIME*
                               .)))))))))-
                                                "DOESN'T CARE"; OR
                  .)))))))))-
    .)))))))))-
                                                "WHATEVER SHE WANTS"*
                                                [IF VOL.]
                                             .))))))))))))))))))-
```

SECTION P: HOME AND WORK

P2. You mentioned that you are currently working for pay.

		OFTEN	SOMETIMES (2)	RARELY (3)	[IF VOL.] NEVER (4)
P2a.	How often do things going on at home make you tense and irritable on the <u>joboften</u> , <u>sometimes</u> , or <u>rarely</u> ?				
P2b.	How often do things going on at work make you tense and irritable <u>at home</u> (<u>often</u> , <u>sometimes</u> , or <u>rarely</u>)?				
P2c.	How often do the demands of your family interfere with your work <u>on</u> the job?				
P2d.	How often do the demands of your job interfere with your <u>family life</u> ?				
P2e.	When you are at work, how often do you think about things going on <u>at home</u> ?				
P2f.	When you are at home, how often do you think about things going on <u>at work</u> ?				
P2g.	How often do you feel that you do not have enough time to do a good job both at home and at work?				

```
Р3.
     INTERVIEWER CHECKPOINT
     ** * 1. R CURRENTLY LIVING WITH SPOUSE/PARTNER
     *.0)-
     * *
          +)),
          * * 2. ALL OTHERS--->NEXT PAGE, P6
          . ))-
     P4.
     How willing is your (husband/wife/partner) to help you at home when you are tired
     after a demanding day? Is (he/she) very willing, somewhat, not very, or not at
     all willing?
                                               +)))))))))),
     +)))))))),
                  +)))))))),
                                 +)))))))),
     *1. VERY
                  *2. SOMEWHAT*
                                 *3. NOT VERY*
                                               *4. NOT AT ALL*
     * WILLING*
                  * WILLING *
                                 * WILLING *
                                               * WILLING
                                               .))))))))))-
                  .))))))))-
                                 .))))))))-
     .)))))))-
P5.
     Who spends more time taking care of responsibilities at home--you or your
     (husband/wife/partner)?
     +))))),
               +))))))))))))))),
                                        +)))))))))))))),
     *R MORE*
               *4. BOTH EQUAL [IF VOL.]*
                                        *SPOUSE/PARTNER MORE*
     .))0)))-
               .))))0)))))))))))))))))
                                        .)))))))))))))-
                   *NEXT PAGE, P6*
        *
                   .))))))))))-
        ♡
                                                 ₩
      P5a.
           Do you spend <u>a lot</u> more time
                                           P5b.
                                                Does (he/she) spend a lot
           than your (husband/wife/
                                                more time than you, somewhat
           partner), <u>somewhat</u> more, or
                                                more, or only <u>a little</u> more?
           only <u>a little</u> more?
                                                +))))),+))))),+))))),
                                                *7. A **6. SOME-**5. A
           +))))),+))))),+))))),
                                                * LOT** WHAT ** LITTLE*
           *1. A **2. SOME-**3. A
              LOT**
                      WHAT **
                                                .))))))-.))))))-.))))))-.
                               LITTLE*
           .))))))-.))))))-.))))))-.
```

P6. How much do you agree with each of the following statements about family life? First, \dots

		A LOT (1)	SOME (2)	LITTLE (3)	NOT AT ALL (4)
P6a.	"It is much better for everyone if the man is the achiever outside the home and the woman takes care of home and family." Do you agree a lot, some, a little, or not at all?				
P6b.	Next, "It is more important for a wife to help her husband's career than to have one herself." (Do you agree <u>a lot</u> , <u>some</u> , <u>a little</u> , or <u>not at all</u> ?)				
P6c.	"Most of the important decisions for the family should be made by the man of the house."				
P6d.	"A married woman should be able to have a job even if it is not convenient for her family."				
P6e.	"Husbands and wives should share the responsibility for earning a living."				
P6f.	"Husbands and wives should <u>evenly</u> divide household chores like cooking and cleaning."				

SECTION Q: CHILDREN

```
01.
    INTERVIEWER CHECKPOINT
    * +)),
                                 +)),
                                 * * 2. R IS MALE *
    * * * 1. R IS FEMALE
    * .0)-
                                 . 0) -
    +))))))))))))))))))))))))))))))))))
                             *Qla. * *1. R CURRENTLY LIVING WITH
                                 . 0) -
                                        SPOUSE/PARTNER
                                  * +)),
                                  * * *2. ALL OTHERS--->TURN TO
                                  * .))-
                                                    P. 260, Q4
                            ♡
   +)))))))))))))))))))))))))),
                               +))))))))))))))))))))))))))))))))))
    *Q1b. The next questions are *
                               * 01d.
                                     The next questions are about
                                     children. First, is your (wife/
         about children. First,
         are you pregnant?
                                     partner) pregnant?
         +))))),
                 +))))),
                                     +))))),
                                               +))))),
         *1. YES*
                                     *1. YES*
                                               *5. NO*
                   *5. NO*
                   .)))))-
         .))0)))-
                                     .))0)))-
                                               .)))))-
                  NEXT PAGE,
                                               TURN TO
                                              P. 260, Q4
                     Q2
                               * Qle.
    *Qlc. In what month and year
                                     In what month and year is the baby
         is the baby due?
                                     due?
           MONTH/YEAR
                                       MONTH/YEAR
                              .))))))))))))))))))))))))))))
         *NEXT PAGE, Q2*
                                         *TURN TO P. 260, Q4*
         .))))))))))-
                                         .))))))))))))-
```

```
Q2.
    Have you ever had a miscarriage or stillbirth?
    +))))),
              +))))),
    *1. YES*
              *5. NO*--->NEXT PAGE, 03
    .))0)))-
              .)))))-
       ₩
    How many (have you had)?
          +)))))),
                                      +))))))))))))))))))))),
          *01. ONE*
          .)))0)))-
                                        MORE THAN ONE:
                                                      NUMBER
                                      . )))0))))))))))))))))))))))))))))))
    *+))))))))))))))))))))))))))))))
                                      +)))))))))))))))))))))))))))))
    **Q2b. In what year did this happen?
                                      *Q2d. How old were you the first
                                                                  * *
                                          time?
                                                                  * *
    ** +)))), +)))), +)))), +)))),
       *1992**1991**1990* *OTHER YEAR:
                                                   YEARS OLD
                                  * *
       .)0))-.)0))-.)0))- *
         .)))))))-
                                      *Q2e. In what year did it happen
    * *
                                                                  * *
                      .))))))))))-*
                                          most recently?
                                      * +)))), +)))), +)))), +))))), **
                       NEXT PAGE, 03
                                      * *1992**1991**1990**OTHER YEAR:
             ₩
                                                                 * * *
    **Q2c. In what month was that?
                                      * .)0))-.))0)-.))0)-*
          (IF "DON'T KNOW", PROBE FOR
                                         .)))))))-
    * *
                                                      .)))))))))))-**
          SEASON OR HALF OF YEAR.)
                                                      NEXT PAGE, 03
     * *
                                                                  * *
               MONTH
                                      *O2f. In what month was that?
                                           (IF "DON'T KNOW", PROBE FOR
                                                                  * *
                                          SEASON OR HALF OF YEAR.)
    * *
                                                                  * *
                                                                  * *
                                                MONTH
```

```
Q3.
    Have you ever had an abortion?
    +))))),
              +))))),
    *1. YES*
              *5. NO*--->NEXT PAGE, 04
    .))0)))-
              .)))))-
       ₩
    How many (have you had)?
                                      +)))))))))))))))))))))))),
          +)))))),
          *01. ONE*
          .)))0)))-
                                        MORE THAN ONE:
                                                      NUMBER
                                      . )))0))))))))))))))))))))))))))))))
    *+))))))))))))))))))))))))))))))
                                      +)))))))))))))))))))))))))))))
    **Q3b. In what year did this happen?
                                      *Q3d. How old were you the first
                                                                  * *
                                          time?
                                                                  * *
    ** +)))), +)))), +)))), +)))),
       *1992**1991**1990* *OTHER YEAR:
                                                   YEARS OLD
                                  * *
       .)0))-.)0))-.)0))- *
        .)))))))-
                                      *Q3e. In what year did it happen
    * *
                                                                  * *
                      .))))))))))-*
                                          most recently?
                                      * +)))), +)))), +)))), +))))), **
                       NEXT PAGE, 04
                                      * *1992**1991**1990**OTHER YEAR:
             ₩
                                                                 ***
    **Q3c. In what month was that?
                                      * .)0))-.)0))-.))0)-*
          (IF "DON'T KNOW", PROBE FOR
                                         .))))))))-
    * *
          SEASON OR HALF OF YEAR.)
                                                      .)))))))))))-**
                                                      NEXT PAGE, 04
    * *
                                      *03f. In what month was that?
                                                                  * *
               MONTH
                                          (IF "DON'T KNOW", PROBE FOR
                                                                  * *
                                          SEASON OR HALF OF YEAR.)
    * *
                                                                  * *
                                                                  * *
                                                MONTH
```

Q4.	(The next	quest	cions are	abo	ut chil	dren.) Но	w many	children	do	you	have,
	including	step	children	and	others	you	helpe	ed to ra	aise?			
							+)))))))),				
			_# CHILDR	EN			*96.	NONE *	>NEXT P	AGE	, Q5	
							.))))))))-				

CHILD		rting with	Q4b. How old is		Q4c. Is (he/she) your natural child?			
NUMBER	oldes that	st), is child a or female?		e/she)?	YES (1)	NO (5)		
#1	1. MALE	2. FEMALE						
#2	1. MALE	2. FEMALE						
#3	1. MALE	2. FEMALE						
#4	1. MALE	2. FEMALE						
#5	1. MALE	2. FEMALE						
#6	1. MALE	2. FEMALE						
#7	1. MALE	2. FEMALE						
#8	1. MALE	2. FEMALE						

```
Has any child of yours ever died?
Q5.
    +))))),
              +))))),
    *1. YES*
              *5. NO*--->GO TO Q6
    .))0)))-
              .)))))-
    How many of your children have died?
          +)))))),
                                     +)))))))))))))))))))),, *
          *01. ONE*
          .)))0)))-
                                        MORE THAN ONE:
                                                                 * *
                                                       NUMBER
                                     奺
                                     +)))))))))))))))))))))),,,,*
    *+))))))))))))))))))))))))))))))))))
    **Q5b. In what year did this happen?
                                     *Q5d. How old were you the <u>first</u>
    * *
                                                                 * *
                                          time?
    ** +)))), +)))), +)))), +)))),
       *1992**1991**1990* *OTHER YEAR:
                                                                 * *
                                                  YEARS OLD
                                  * *
                                                                 * *
       .)0))-.)0))-.)0))-
        .)))))))-
                                     *Q5e. In what year did it happen
    * *
                      .))))))))))-*
                                                                 * *
                                         most recently?
    * *
                                     * +)))), +)))), +)))), +))))), **
                         GO TO Q6
    * *
                                      *1992**1991**1990**OTHER YEAR:
                                                                * * *
    **Q5c. In what month was that?
                                      . )0))-. )0))-. )0))-*
          (IF "DON'T KNOW", PROBE FOR
                                        .)))))))-
    * *
          SEASON OR HALF OF YEAR.)
                                                     .))))))))))))))
                                                        GO TO Q6
    * *
                                                                 * *
                                             ₩
                                                                 * *
              MONTH
                                     *O5f. In what month was that?
                                          (IF "DON'T KNOW", PROBE FOR
                                                                 * *
                                          SEASON OR HALF OF YEAR.)
    * *
                                                                 * *
                                               MONTH
    Q6.
    INTERVIEWER CHECKPOINT
    * SEE P. 260, Q4
    *+)),
    * *
       * 1. ONE OR MORE CHILDREN LISTED IN Q4
    *.0)-
         * * 2. ALL OTHERS--->TURN TO P. 264, SECTION R
         . ))-
    07.
    Overall, is your relationship with your child(ren) excellent, good, fair,
    or poor?
    +))))))))),
                           +)))))),
                  +)))))),
                                     +)))))),
                                              +))))))))))))))),
                  *2. GOOD*
                                     *4. POOR*
    *1. EXCELLENT*
                           *3. FAIR*
                                              *6. NO RELATIONSHIP WITH *
    .)))))))))-
                  .))))))-
                           .))))))-
                                     .))))))-
                                                 CHILD(REN); NEVER
                                                 SEE [IF VOL.]
                                              .))))))))))))))))))))))))))))
                                              TURN TO P. 264, SECTION R
```

Q8. (RB, P. 27) Please think about your relationship with your child(ren) since (he or she was/they were) first born. During all that time, how often have you done any of the things in List A to your child(ren)--often, sometimes, rarely, or never?

Q9. (RB, STILL ON P. 27) Now look at List B. Since your child(ren) (was/were) first born, how often have you done any of these things in List B to (him or her/them)
--(often, sometimes, rarely, or never)?
+))))))) +)))))))))

Q10. (RB, STILL ON P. 27) Now look at List C. Since your child(ren) (was/were) first born, how often have you done any of these things in List C to (him or her/them)
--(often, sometimes, rarely, or never)?
+))))))), +))))))), +))))))), +)))))),
1. OFTEN *2. SOMETIMES* *3. RARELY* *4. NEVER*
.))))))), .))))))), .)))))))

SECTION R: SELF DESCRIPTION

R0. (RB, P. 28-29) On Pages 28 and 29 of your Yellow Booklet, there are four lists of words people use to describe themselves. Indicate how well each word or phrase describes the way you generally are by circling the appropriate answer category. For example, the first word is "outgoing". If you see yourself as very outgoing, circle "VE" in the first column. If you see yourself as somewhat or a Little outgoing, circle "SW" in the second or "LI" in the third column. If you are not at all outgoing, circle "NA" in the last column.

Please work quickly. The best answer is usually the one that comes to your mind first. Let me know when you finish. (If you prefer, I can read the items to you.)

In general, how much are you						
LIST A						
	1. VERY	2. SOMEWHAT	3. A LITTLE	4. NOT AT ALL		
R1. outgoing						
R2. self-confident						
R3. talkative						
R4. lively						
R5. sociable						
R6. private						
R7. passive						
R8. shy						
R9. quiet						
R10. easily embarrassed						

	_	LIST B		
	1. VERY	2. SOMEWHAT	3. A LITTLE	4. NOT AT ALL
R11. tense				
R12. nervous				
R13. temperamental				
R14. irritable				
R15. envious				
R16. unstable				
R17. discontented				
R18. insecure				
R19. emotional				
R20. high-strung				
		LIST C		
	1. VERY	2. SOMEWHAT	3. A LITTLE	4. NOT AT ALL
R21. curious				
R22. creative				
R23. open-minded				
R24. imaginative				
R25. artistic				
R26. clever				
R27. thoughtful				
R28. logical				
R29. perceptive				
	•	LIST D	1	1
	1. VERY	2. SOMEWHAT	3. A LITTLE	4. NOT AT ALL
R30. hyperactive				
R31. restless				
R32. fidgety				
R33. energetic				

SECTION S: HEALTH

```
S1.
    (RB, P. 30) The next questions are about your physical health. Looking at
     the list on Page 30 of your Yellow Booklet, have you experienced any of these
     health problems during the past 12 months?
     +))))),
             +))))),
     *1. YES*
               *5. NO*--->NEXT PAGE, S2
     .))0)))-
                .)))))-
     *Sla. Which ones? Just tell me the letter. (PROBE: Any others?)
           (CHECK ALL MENTIONS.)
           * *A. SEVERE ARTHRITIS, RHEUMATISM, OR OTHER BONE OR JOINT DISEASES
           .))-
           +)),
           * *B. SEVERE ASTHMA, BRONCHITIS, EMPHYSEMA, TUBERCULOSIS, OR OTHER
           .))- LUNG PROBLEMS
           +)),
           * *C. AIDS
           . ))-
           +)),
           * *D. BLINDNESS, DEAFNESS, OR SEVERE VISUAL OR HEARING IMPAIRMENT
           +)),
           * *E. HIGH BLOOD PRESSURE OR HYPERTENSION
           . ))-
           * *F. DIABETES OR HIGH BLOOD SUGAR
           .))-
           +)),
           * *G. HEART ATTACK OR OTHER SERIOUS HEART TROUBLE
           . ))-
           * *H. SEVERE HERNIA OR RUPTURE
           . ))-
           * *I. SEVERE KIDNEY OR LIVER DISEASE
           .))-
           * *J. LUPUS, THYROID DISEASE, OR OTHER AUTOIMMUNE DISORDERS
           . ))-
           +)),
           * *K. MULTIPLE SCLEROSIS, EPILEPSY, OR OTHER NEUROLOGICAL DISORDERS
           .))-
           +)),
           * *L. CHRONIC STOMACH OR GALL BLADDER TROUBLE
           .))-
           * *M. STROKE
           .))-
           +)),
           * *N. ULCER
           . ))-
```

_	you had cancer or a malignant tumor of any kind during the past 12
months +)))))	
+///// *1. YE	
.))0))	
*	
♡	
+)))))	
*S2a.	What kind of cancer or malignant tumor did you have?
*	(In what part of your body?)
*	*
*	
*	,
*	
*	,
)))))	
_	g the past 12 months, did you have any other major health problems?
+)))))	
*1. YE	- , -
.))0))))))))-
^	
•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(What was that?) (PROBE FOR CLARITY ONLY.)
*	(What was that,) (IRODE FOR CERRITI ONEI.)
*	,
*	
*	,
*	,
*	
.)))))	.
,,,,,	

```
S4.
    INTERVIEWER CHECKPOINT
    *SEE PGS. 266-267, S1-S3
    *+)),
    ** * 1. ONE OR MORE "YES" RESPONSES IN S1-S3
    *.0)-
         * * 2. ALL OTHERS--->TURN TO P. 270, S8
         . ))-
    S5.
    How much do your health problems <u>limit you</u> in doing things that <u>most</u> people
    your age are able to do -- a lot, some, a little, or not at all?
    +))))))), +)))),
                     +))))))))),
                                    +)))))))))),
                     *3. A LITTLE*
                                    *4. NOT AT ALL*
    *1. A LOT*
             *2. SOME*
    .)))0)))-
             .)))0)))-
                      .))))))))-
                                    .))))))))))-
                       +)))2)))),
                .)))))))-
       ₩
    *S5a. Did this limitation begin in the past 12 months?
         +))))),
                      +))))),
                      *5. NO*--->GO TO S6
         *1. YES*
         .))0)))-
                      .)))))-
    *S5b.
         In what month and year (did the limitation begin)?*
           MONTH/YEAR
    S6.
    How much pain do you experience as a result of your health problems -- a lot,
    some, a little, or none at all?
                      +))))))))),
    +)))))), +)))),
                                    +)))))))))),
    *1. A LOT*
             *2. SOME*
                                    *4 NONE AT ALL*
                      *3. A LITTLE*
    .)))0))))- .)))0)))-
                      .))))))))-
                                    .)))))))))-
                       +)))2))))),
                S7
                        .)))))))-
      +)))))))))))))))))))))))))))))))))))
      *S6a.
           Did this pain begin in the past 12 months?
            +))))),
                        +))))),
            *1. YES*
                        *5. NO*--->NEXT PAGE, S7
            .))0)))-
                        .)))))-
              ₩
           In what month and year (did the pain begin)?*
              MONTH/YEAR
```

```
S7.
    How much do health problems put you at risk of early death compared to other
    people your age -- <u>a lot</u>, <u>some</u>, <u>a little</u>, or <u>not at all</u>?
     +))))))),
               +)))))),
                         +))))))))),
                                       +))))))))),
     *1. A LOT*
                *2. SOME*
                          *3. A LITTLE*
                                       *4 NOT AT ALL*
               .)))0)))-
     .)))0)))-
                          .))))))))-
                                       .)))))))))-
                         +)))))))))),
                   .))))))1NEXT PAGE, S8/))))))-
        ₩
                         .))))))))))-
     *S7a. Did you first learn of this risk in the past 12 months?*
          +))))),
                         +))))),
          *1. YES*
                         *5. NO*--->NEXT PAGE, S8
                         .)))))-
          .))0)))-
             ♡
     *S7b.
          In what month and year (did you first learn you were
          at risk of early death)?
             MONTH/YEAR
```

```
S8.
    INTERVIEWER CHECKPOINT
    +)))))))))))))))))))))))))))))))))
    *SEE P. 266, S1a
    *+)),
    ** * 1. "C. AIDS" CHECKED AT Sla--->GO TO S11
    *.))-
    *+)),
    ** * 2. ALL OTHERS
    *.0)-
    S9.
    As you may know, there is a blood test that tells you whether or not you have
    the AIDS virus. Have you ever had this test done?
    +))))),
              +))))),
    *1. YES*
              *5. NO*---> GO TO S10
    .))0)))-
              .)))))-
    *S9a. (RB, P. 31) Please turn to Page 31 in the Yellow Booklet and circle
         the response that describes the results of your most recent test.
            5RB, P. 31, RESPONSE OPTIONS FOR S9a
                                                     5
            51. The blood test showed that I have the AIDS
                                                     5
                                                     5
                virus (positive for antibodies).
                                                     5
            52. The blood test showed that I do not have the
                                                     5
            5
                                                     5
                AIDS virus (negative for antibodies).
                                                     5
            5
            53. The test results were inconclusive.
                                                     5
            5
                                                     5
            54. I do not know the test results.
                                                     5
            Many people have expressed personal worry and concern about getting AIDS. How
    much do you worry that you might get AIDS--a great deal, some, a little, or
    not at all?
    +))))))))))),
                   +)))))),
                           +))))))))),
                                       +)))))))))),
    *1. A GREAT DEAL* *2. SOME* *3. A LITTLE* *4. NOT AT ALL*
    .)))))))))))- .))))))- .))))))- .))))))- .))))))-
```

S11.	In the <u>past five years</u> , did you engage in any of the following activities:	YES (1)	NO (5)
	Slla. First, did you share needles used to inject vitamins or drugs?		
	S11b. Were you exposed to blood or blood products as part of your job?		
	S11c. Did you receive a blood transfusion any time between 1978 and 1985?		
	S11d. Did you receive a blood transfusion since 1985?		

S13. In the past 12 months did you have an accident, injury, or poisoning that required medical attention?

```
+))))), +)))),
*1. YES* *5. NO*--->TURN TO P. 273, S19
.))))))- .)))))-
```

S14. How many accidents, injuries, or poisonings did you have in the past 12 months that required medical attention?

_# ACCIDENTS/INJURIES/POISONINGS

- S15. (Beginning with the most recent accident or injury) in what month and year did (that/the one before that) occur?
- S16. (RB, P. 32) Turn to Page
 32 in the Yellow Booklet.
 Which of the conditions on this list or any other
 conditions resulted from that accident or injury?
 Just give me the number.
 (PROBE: Any others?)
 (CHECK ALL MENTIONS.)
- S17. (RB, P. 33) Looking at Page 33 in the Yellow Booklet, where did that happen? (CHECK ONLY ONE BOX.)

MENTION #1		MENTION #2		MENTION #3		
	H/YEAR	MENTION #2 MONTH/YEAR				
01	02	01	02	01	02	
03	04	03	04	03	04	
05	06	05	06	05	06	
07	08	07	08	07	08	
97	98	97	98	97	98	
00.	NONE	00. NONE		00. NONE		
01	02	01	02	01	02	
03	04	03	04	03	04	
05	06	05	06	05	06	
07	98	07	98	07	98	
97 SPECIFY:		97 SPECIFY:		97 SPEC	IFY:	

	What caused the accident, injury, or poisoning? For example were you hit by car while riding a bike, or burned by hot liquid or did you swallow an object or pills? MENTION #1:						
		+))))))))))))))))))))))))))))))))					
		*IWER: +)), *	*				
		* .))-	*				
		* +)), * * * ALL OTHERS, GO BACK TO S15,	*				
		* .))- MENTION #2 .))))))))))))))))))))))))))))))))))))	*				
.8b.	What caused	that second accident, injury, or poisoning?					
		, 3 1. I					
	MENTION #2.						
		+))))))))))))))))))))))))))))))))))))),				
		*IWER: +)), *	*				
		* .))-	*				
		* +)),	*				
		*	*				
		.)))))))))))))))))))))))))))))))))))))))-				
.8c.	And, what c	aused that third accident, injury, or poisoning	1 ?				
	MENTION #3:						

```
S19. Are you covered by a health insurance plan other than Medicaid?
                             +))))))))),
    +))))),
                 +)))),
                             *8. DON'T KNOW*--->NEXT PAGE, S24
                 *5. NO*
    *1. YES*
                             .))))))))))-
    .)))0))-
                 .))0))-
                   ♡
               *S19a. Are you covered by Medicaid, welfare, or any other
                    public assistance that pays for part of your medical*
                    care?
                     +))))),
                             +))))),
                     *1. YES*
                             *5. NO*--->NEXT PAGE, S24
                    .))))))-
                            .)))))-
```

		ALL (1)	PART	NONE	DON'T KNOW (8)
S20.	Does this (plan/program) cover <u>all</u> , <u>part</u> , or <u>none</u> of the costs of a hospital stay for a general medical illness?				
S21.	Does this (plan/program) cover <u>all</u> , <u>part</u> , or <u>none</u> of the costs of staying in a hospital for a mental health, drug, or alcohol problem?				
S22.	Does this (plan/program) cover <u>all</u> , <u>part</u> , or <u>none</u> of the costs for care in a doctor's office for a general medical illness?				
S23.	Does this (plan/program) cover <u>all</u> , <u>part</u> , or <u>none</u> of the costs for mental health, drug or alcohol care <u>outside</u> of a hospital?				

S24. People differ a lot in their feelings about professional help for emotional problems. If you had a serious emotional problem, would you definitely go for professional help, probably go, probably not go, or definitely not go for professional help? +)))))))), +)))))), +)))))), +)))))), +)))))), +)))))), + NOT GO * * S25. How comfortable would you feel talking about personal problems with a professional--very comfortable, somewhat, not very, or not at all comfortable? +)))))), +))))))), +)))))), +)))))), +))))), + *1. VERY* *2. SOMEWHAT* *3. NOT VERY* *4. NOT AT ALL* .)))))))- .))))))))- .)))))))- .)))))))- .))))))) S26. How embarrassed would you be if your friends knew you were getting professional help for an emotional problem--very embarrassed, somewhat, not very, or not at all embarrassed? *1. VERY* *2. SOMEWHAT* *3. NOT VERY* *4. NOT AT ALL* .)))))))- .)))))))))- .)))))))- .)))))))- .)))))) S27. Of the people who see a professional for serious emotional problems, what percent do you think are helped? S28. Of those who do not get professional help, what percent do you think get better even without it?

S29. You may have already told me some of this information in earlier questions, but now we need to put it all together.

Have you ever in your lifetime been admitted for an overnight stay in a hospital or other facility to receive help for problems with your emotions, nerves, mental health, or your use of alcohol or drugs? +)))), +))))), *1. YES* *5. NO*--->TURN TO P. 278, S42 .))0)))-.)))))-₩ S30. How many different times in your lifetime has this occurred? +)))))), +))))))))))))))))))))))))))))) +)))))))))))))), *98. DON'T KNOW; *01. ONE* *MORE THAN ONE .))0)))-*(SPECIFY): CAN'T REMEMBER* .)))))))))))))))))))))))))))))))))) .))))))))))))-NEXT PAGE, S31 NEXT PAGE, S31 ♡ *S30a. Was this in the <u>past month</u>, <u>past six months</u>, <u>past year</u>, or more than a year ago? +))))))), +)))))))), +)))))), +))))))))))), *2. PAST SIX* *3. PAST* *1. PAST * *4. MORE THAN A* MONTH* * MONTHS * YEAR* YEAR AGO .))))))-.))))))))-.)))0)))-.))))0)))))))-.)))))))))))))))))))))))))))) *GO TO S30c* +)))))))))))))))))),, * *S30b. How old were you at the time** .)))))))of this admission? YEARS OLD *GO TO S30d* .))))))))-*S30c. How many days did you stay in the hospital during this admission? +)))), +)))), +)))), # *DAYS* *WEEKS* *MONTHS* .))))- .)))))- .)))))-*S30d. At that time, were you having problems +))))), +))))), with your emotions, nerves, or mental health? *1. YES* *5. NO* .)))))-.)))))-*S30e. (At that time,) were you having problems +))))), +))))), *1. YES* *5. NO* with your use of alcohol?)))))-.)))))-*S30f. (At that time,) were you having problems +))))), +))))), with your use of drugs? *1. YES* *5. NO* .)))))-.)))))-*TURN TO P. 278, S42*

.)))))))))))))-

S31. How old were you at the time of your first admission? YEARS OLD S32. At that time, were you having problems +))))), +))))), with your emotions, nerves, or mental health? *1. YES* *5. NO* .)))))-.)))))-+))))), S33. (At that time,) were you having problems +))))), with your use of alcohol? *1. YES* *5. NO* .)))))-.)))))-S34. (At that time,) were you having problems +))))), +))))), with your use of drugs? *1. YES* *5. NO* .)))))-.)))))-S35. In the past 12 months, have you been admitted for an overnight stay for problems with your emotions, nerves, mental health, or your use of alcohol or drugs? +))))), +))))), *5. NO* *1. YES* .)))))-.))0))-GO TO S36 ₩ *S35a. How old were you at the time of your most recent admission for any of these problems? YEARS OLD *S35b. At that time, were you having problems +))))), +))))), with your emotions, nerves, or mental health? *1. YES* *5. NO* .)))))-.)))))-*S35c. (At that time,) were you having problems +))))), +))))), with your use of alcohol? *1. YES* *5. NO* .)))))-.)))))-*S35d. (At that time,) were you having problems +))))), +)))), with your use of drugs? *1. YES* *5. NO* .)))))-.)))))-*TURN TO P. 278, S42* .))))))))))))-S36. How many different times were you admitted for any of these problems in the past 12 months? # TIMES S37. How many days (altogether) did you stay in the hospital during (this/these) admission(s)? +)))), +))))), +))))), _# OF *DAYS* *WEEKS* *MONTHS*

.))))-

.)))))- .)))))-

```
S38. When was (this/your <u>last</u>) admission--in the <u>past month</u>, <u>past six months</u>, or
                       more than six months ago?
                       ** MONTH* * MONTHS * MONTHS AGO *

**.)))))) - .))))))) - .)))))))))));

*** MONTH* * MONTHS * * MONTHS AGO *

.))))))) - .)))))))));

*** MONTH* * MONTHS * * MONTHS AGO *

.))))))));

*** MONTHS AGO *

.)))))));

*** MONTHS AGO *

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*** MONTHS AGO *

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*** MONTHS AGO *

.));

*** MONTHS AGO *

** MONTHS AGO *

*** MONTHS AGO *

                                                                                                                                                                                                                                                                                                  +))))),
S39. At that time, were you having problems
                                                                                                                                                                                                                                          +))))),
                       with your emotions, nerves, or mental health? . . . . *1. YES*
                                                                                                                                                                                                                                                                                                   *5. NO*
                                                                                                                                                                                                                                              .))))))-
                                                                                                                                                                                                                                                                                                   .)))))-
S40. (At that time,) were you having problems
                                                                                                                                                                                                                                            +)))))),
                                                                                                                                                                                                                                                                                                   +))))),
                      *5. NO*
                                                                                                                                                                                                                                                                                                   .)))))-
                                                                                                                                                                                                                                                                                                   +))))),
S41. (At that time,) were you having problems
                                                                                                                                                                                                                                              +))))),
                                                                                                                                                                                                                                                                                                   *5. NO*
                       .))))))-
                                                                                                                                                                                                                                                                                                  .)))))-
```

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The next few questions are about services you may have used. Did you ever go
    to a self-help group for problems with your emotions or nerves or your use of
    alcohol or drugs?
    +))))),
              +))))),
              *5. NO*--->GO TO S43
    *1. YES*
    .))0)))-
              .)))))-
    *S42a. How old were you the <u>first</u> time (you went to a self-help group for
          any of these problems)?
                   YEARS OLD
    *S42b. When was the <u>last</u> time--in the <u>past month</u>, <u>past six months</u>, <u>past</u>
          year, or more than a year ago?
          +)))))), +))))))), +))))))), +))))), +))))), +))))), +
          SIX MONTHS* *
                                  YEAR* * YEAR AGO
             MONTH* *
          .))))))))))))))))))))
                                        GO TO S43
    *S42c. In the past 12 months, how many times did you go to a self-help
          group meeting?
                      # OF TIMES
    Did you ever use a hotline for problems with your emotions or nerves or your
S43.
    use of alcohol or drugs?
    +))))),
              +))))),
              *5. NO*--->NEXT PAGE, S44
    *1. YES*
    .))0)))-
              .)))))-
    *S43a. How old were you the first time (you used a hotline for any of
          these problems)?
                     YEARS OLD
    *S43b. When was the <u>last</u> time--in the <u>past month</u>, <u>past six months</u>, <u>past</u>
          year, or more than a year ago?
          +)))))), +))))))), +))))))), +)))))), +))))), +)))))
          *1. PAST * *2. PAST
                             * *3. PAST* *4. MORE THAN A*
                     SIX MONTHS* *
                                  YEAR* * YEAR AGO
          .)))))))))))))))))))))
                                       NEXT PAGE, S44
    *S43c. In the past 12 months, how many times did you use a hotline?
                      # OF TIMES
```

			•
the letter. (Any others?) (CHECK ALL MENTIONS.)	How old were you the <u>first</u> time you saw a (PERSON) for problems with your	timein the <u>past</u>	S44d. IF IN PAST 1, 6, OR 12 MONTHS: In the past 12 months, how many times did you see a (PERSON) about problems with your emotions or nerves or your use of alcohol or drugs?
+)), * *A. MINISTER, PRIEST, .))- RABBI	YRS OLD	+))))))), *1. MONTH *> /))))))))1 *2. 6 MOS *> /)))))))))1 *3. YEAR *> /)))))))))1 *4. MORE * .))))))))-	# TIME(S)
+)), * *B. GEN. PRACTITIONER, .))- FAMILY PHYSICIAN	YRS OLD	+))))))), *1. MONTH *> /))))))))1 *2. 6 MOS *> /)))))))))1 *3. YEAR *> /)))))))))1 *4. MORE * .))))))))	
+)), * *C. PSYCHIATRIST .))-	YRS OLD	+))))))), *1. MONTH *> /))))))))) *2. 6 MOS *> /)))))))))) *3. YEAR *> /)))))))))) *4. MORE * .))))))))-	# TIME(S)
+)), * *D. CARDIOLOGIST, .))- GYNECOLOGIST, OR OTHER PHYSICIAN	YRS OLD	+))))))), *1. MONTH *> /))))))))) *2. 6 MOS *> /)))))))))) *3. YEAR *> /)))))))))) *4. MORE * .))))))))-	# TIME(S)
+)), * *E. PSYCHOLOGIST .))-	YRS OLD	+))))))), *1. MONTH *> /))))))))1 *2. 6 MOS *> /))))))))) *3. YEAR *> /)))))))))) *4. MORE * .))))))))	

	How old were you the <u>first</u> time you saw a (PERSON) for problems with your emotions or nerves	When was the <u>last</u> timein the <u>past</u> month, <u>past six</u> months, past year, or more	S44d. IF IN PAST 1, 6, OR 12 MONTHS: In the past 12 months, how many times did you see a (PERSON) about problems with your emotions or nerves or your use of alcohol or drugs?
+)), * *f. social worker .))-	YRS OLD	+))))))), *1. MONTH *> /))))))))1 *2. 6 MOS *> /)))))))))1 *3. YEAR *> /)))))))))1 *4. MORE * .))))))))-	# TIME(S)
+)), * *G. COUNSELOR .))-	YRS OLD	+))))))), *1. MONTH *> /))))))))1 *2.6 MOS *> /)))))))))1 *3. YEAR *> /)))))))))1 *4. MORE * .))))))))	 # TIME(S)
+)), * *H. NURSE, .))- OCC. THERAPIST, OR OTHER HEALTH PROF.	YRS OLD	+))))))), *1. MONTH *> /))))))))1 *2. 6 MOS *> /)))))))))1 *3. YEAR *> /)))))))))1 *4. MORE * .))))))))-	# TIME(S)
+)), * *I. SPIRITUALIST, .))- HERBALIST, NATURAL THERAPIST, OR FAITH HEALER	YRS OLD	+))))))), *1. MONTH *> /))))))))1 *2. 6 MOS *> /)))))))))1 *3. YEAR *> /)))))))))1 *4. MORE * .))))))))-	# TIME(S)
+)), * *J. OTHER PROFESSIONAL .))- (SPECIFY:) ————	YRS OLD	+))))))), *1. MONTH *> /))))))))1 *2. 6 MOS *> /))))))))) *3. YEAR *> /))))))))) *4. MORE * .))))))))-	# TIME(S)
		<u>'</u>	(2)

ASK S44b-S44d FOR EACH MENTION.

S45. (RB, P. 35) The last questions asked about <u>types of people</u> you saw. The next question asks about the <u>places</u> you went to for this help. Turning to Page 35, which of these places have you ever gone to for professional help with your emotions or nerves or your use of alcohol or drugs? (AO?) (CHECK ALL MENTIONS.)

	S45a.	S45b.	S45c.
+)))))), *J. NONE* .))))))- TURN TO P. 283, S46	How old were you the <u>first</u> time you (went to/used) (PLACE) for problems with your emotions or nerves or your use of alcohol or drugs?		IF IN PAST 1, 6, OR 12 MONTHS: In the past 12 months, how many times did you go to (PLACE) for problems with your emotions or nerves or your use of alcohol or drugs?
+)), * *A. HOSPITAL EMERGENCY .))- DEPARTMENT	YRS OLD	+))))))))) *1. MONTH *> /)))))))))1 *2. 6 MOS *> /)))))))))1 *3. YEAR *> /)))))))))1 *4. MORE * .))))O))))-	 # TIME(S)
+)), * *B. PSYCHIATRIC OUTPATIENT .))- CLINIC	YRS OLD	+)))))))), *1. MONTH *> /))))))))1 *2. 6 MOS *> /)))))))))1 *3. YEAR *> /)))))))))1 *4. MORE * .))))))))-	 # TIME(S)
+)), * *C. DRUG OR ALCOHOL OUT))- PATIENT CLINIC	YRS OLD	+)))))))), *1. MONTH *> /)))))))))1 *2. 6 MOS *> /)))))))))1 *3. YEAR *> /)))))))))1 *4. MORE * .))))))))-	 # TIME(S)
+)), * *D. DOCTOR'S PRIVATE .))- OFFICE	YRS OLD	+))))))), *1. MONTH *> /))))))))1 *2.6 MOS *> /)))))))))1 *3. YEAR *> /)))))))))1 *4. MORE * .))))))))-	# TIME(S)

	S45a. How old were you the <u>first</u> time you (went to/used) (PLACE) for problems with your emotions or nerves or your use of alcohol or drugs?	S45b. When was the last timein the past month, past six months, past year, or more than a year ago?	S45c. IF IN PAST 1, 6, OR 12 MONTHS: In the past 12 months, how many times did you go to (PLACE) for problems with your emotions or nerves or your use of alcohol or drugs?
+)), * *E. SOCIAL SERVICE AGENCY .))- OR DEPARTMENT	YRS OLD	+))))))), *1. MONTH *> /)))))))))1 *2.6 MOS *> /)))))))))1 *3. YEAR *> /)))))))))1 *4. MORE * .))))))))-	 # TIME(S)
+)), * *F. PROGRAM IN JAIL OR .))- PRISON	YRS OLD	+))))))), *1. MONTH *> /))))))))1 *2.6 MOS *> /)))))))))1 *3. YEAR *> /)))))))))1 *4. MORE * .))))))))	# TIME(S)
+)), * *G. DROP-IN CENTER OR .))- PROGRAM FOR PEOPLE WITH EMOTIONAL PROBLEMS WITH ALCOHOL/ DRUGS	YRS OLD	+))))))), *1. MONTH *> /))))))))1 *2.6 MOS *> /)))))))))1 *3. YEAR *> /)))))))))1 *4. MORE * .))))))))	# TIME(S)
+)), * *H. OTHER (SPECIFY:) .))-	YRS OLD	+))))))), *1. MONTH *> /))))))))1 *2.6 MOS *> /))))))))) *3. YEAR *> /))))))))) *4. MORE * .)))))))-	# TIME(S)
INTERVIEWER: ASK S45a-S45c FOR EACH MENTION.		-	

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S46. INTERVIEWER CHECKPOINT
     * SEE PGS. 279-280, S44c
     *+)),
     ** ^* 1. R SAW ONE OR MORE PROFESSIONALS IN THE PAST 1, 6,
     *.0)- OR 12 MONTHS
         +)),
          * * 2. ALL OTHERS--->TURN TO P. 285, S51
          .))-
     $47. You saw a professional about your emotions or nerves or use of alcohol or
     drugs in the past year. Was this something you wanted to do, or did you go
     only because someone else was putting pressure on you?
     +))))))), +)))))), +)))))))))))))), +))))))), +))
     *1. R WANTED* *5. SOMEONE ELSE PUTTING* *3. BOTH
     * TO DO IT* * PRESSURE ON R
                                           [IF VOL.]*
     S48. Are you currently seeing any professional about your problems?
     +))))),
                             +))))),
     *1. YES*--->NEXT PAGE, S50
                             *5. NO*
     .))))))-
                            .)))))-
S49.
    (RB, P. 36) On Page 36 of your Yellow Booklet are some reasons for stopping
    use of professional help. Please circle the "Yes" answer category for those
     that apply to you and the "No" answer category for those that do not apply.
     Tell me when you have finished.
     ** * 1. R READS AND MARKS RB ALONE--->NEXT PAGE, S50
     *.))-
     *+)),
     ** * 2. IWER READS AND MARKS ANSWERS S49a-S49j IN QUESTIONNAIRE
     *.0)-
     * * +)),
     * * * * * 3. IWER READS ALOUD BUT R MARKS S49a-S49j IN RB BY HIM/
     * * .0)-
              HERSELF
     YES
                                                                  NO
                                                            (1)
                                                                 (5)
     S49a. I got well enough that I did not need treatment any more.
     S49b. My health insurance would not cover any more treatment.
     S49c. The treatment was not helping.
     S49d. I thought the problem would get better by itself.
     S49e. It was too expensive.
     S49f. I was concerned about what others might think.
     S49g. It took too much time or was inconvenient.
     S49h. I wanted to solve the problem on my own.
     S49i. There was a language problem.
     S49j. I was scared about being put into a hospital against
```

my will.

S50. (RB, P. 37) Please turn to Page 37 in the Yellow Booklet. In the past 12 months, did you take any of the following types of prescription medications under the supervision of a doctor, for your emotions or nerves or your use of alcohol or drugs?

S50a. Which ones? (AO?) (CHECK ALL MENTIONS.)	S50b. Where did you get the (MENTION FROM S50a)from a general practitioner or family doctor, from a psychiatrist, or from some other medical doctor?
+)), * * A. SLEEPING PILLS OR .))- OTHER SEDATIVES (HALCION, DALMANE)	+), .)- 1. G.P./FAMILY DOCTOR +), .)- 2. PSYCHIATRIST +), .)- 3. OTHER MEDICAL DOCTOR
+)), * * B. ANTI-DEPRESSANT .))- MEDICATIONS (PROZAC, ELAVIL)	+), .)- 1. G.P./FAMILY DOCTOR +), .)- 2. PSYCHIATRIST +), .)- 3. OTHER MEDICAL DOCTOR
+)), * * C. OTHER TRANQUILIZERS .))- (LIBRIUM, VALIUM)	+), 1. G.P./FAMILY DOCTOR +), 2. PSYCHIATRIST +), 3. OTHER MEDICAL DOCTOR
+)), * * D. AMPHETAMINES OR .))- OTHER STIMULANTS	+), .)- 1. G.P./FAMILY DOCTOR +), .)- 2. PSYCHIATRIST +), .)- 3. OTHER MEDICAL DOCTOR
+)), * * E. ANALGESICS OR .))- PAINKILLERS (TYLENOL WITH CODEINE, DARVON)	+), 1. G.P./FAMILY DOCTOR +), 2. PSYCHIATRIST +), 3. OTHER MEDICAL DOCTOR
+)), * * F. ANTI-PSYCHOTIC .))- MEDICATIONS (HALDOL, MELLARIL, PROLIXIN)	+), .)- 1. G.P./FAMILY DOCTOR +), .)- 2. PSYCHIATRIST +), .)- 3. OTHER MEDICAL DOCTOR

^{+)))))))))))))),} *TURN TO P. 286, S53* .)))))))))))))))

S51. Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your emotions or nerves or your use of alcohol or drugs?

```
+))))), +)))),
*1. YES* *5. NO*--->NEXT PAGE, S53
.))0)))- .)))))-
*
*
```

S52. (RB, P. 38) On Page 38 of your Yellow Booklet are some reasons people have for not seeking help even when they think they might need it. Please read each statement and circle the "Yes" answer category for those that apply to why you did not see a professional and the "No" answer category for those that do not apply to you. Please tell me when you have finished.

	YES	NO (5)
S52a. My health insurance would not cover this type of treatment.	(= /	()
S52b. The problem went away by itself, and I did not really need help.		
S52c. I thought the problem would get better by itself.		
S52d. It was too expensive.		
S52e. I was unsure about where to go for help.		
S52f. Help probably would not do any good.		
S52g. I was concerned about what others might think.		
S52h. It would take too much time or be inconvenient.		
S52i. I wanted to solve the problem on my own.		
S52j. There was a language problem.		
S52k. I could not get an appointment.		
S521. I was scared about being put into a hospital against my will.		
S52m. I was not satisfied with available services.		
S52n. I went in the past but it did not help.		

```
The next questions ask about all the things you normally do on a day-to-day
    basis, including your work and leisure activities. Beginning yesterday and
    going back 30 days, how many days out of the past 30 were you totally unable
     to work or carry out your normal activities?
                                     +)))))))))))))))))))))))))))))))
     +)))))),
                     +)))))),
     *00. ZERO*
                     *01. ONE*
                                     *MORE THAN ONE:
     .)))))))-
                     .)))0)))-
                                                        NUMBER
                                     .))))))))))))))))))))))))))))))))))))
                        ₩
            *S53a. Was this due to your
                                      **S53b. How many of these (NUMBER)*
                                      * *
                  emotions, nerves, men-
                                              days were due to your em-
                   tal health, or your use
                                              otions, nerves, mental
                  of alcohol or drugs?
                                      * *
                                              health, or your use of
                                      * *
                   +))))),
                             +))))),
                                              alcohol or drugs?
                   *1. YES*
                             *5. NO*
                   .)))))-
                             .)))))-
                                                       # OF DAYS
            S54.
    How many days out of the past 30 were you able to work and carry out your
    normal activities, but had to cut down on what you did or did not get as much
     done as usual?
                     +)))))),
                                     +)))))))))))))))))))))))))))))
     +))))))),
     *00. ZERO*
                     *01. ONE*
                                     *MORE THAN ONE:
     .)))))))-
                     .)))0)))-
                                                        NUMBER
                                     .))))))))))))))))))))))))))))))))))))
            *S54a. Was this due to your
                                      **S54b. How many of these (NUMBER)*
                   emotions, nerves, men-
                                              days were due to your em-
                  tal health, or your use **
                                              otions, nerves, mental
                  of alcohol or drugs?
                                              health, or your use of
                                      * *
                  +))))),
                             +))))),
                                              alcohol or drugs?
                   *1. YES*
                             *5. NO*
                   .)))))-
                             .)))))-
                                                       # OF DAYS
            S55.
    How many days out of the past 30 did it take an extreme effort to perform up
     to your usual level at work or at your other normal daily activities?
                                     +))))))))))))))))))))))))))))))
    +)))))),
                     +)))))),
     *00. ZERO*
                     *01. ONE*
                                     *MORE THAN ONE:
     .))))))-
                     .)))0)))-
                                                        NUMBER
    NEXT PAGE,
                                     S56
                        ₩
            *S55a. Was this due to your
                                      **S55b. How many of these (NUMBER)*
                   emotions, nerves, men-
                                              days were due to your em-
                   tal health, or your use
                                              otions, nerves, mental
                                      * *
                   of alcohol or drugs?
                                              health, or your use of
                                      * *
                   +))))),
                                              alcohol or drugs?
                             +))))),
                   *1. YES*
                             *5. NO*
                             .)))))-
                                      * *
                  .)))))-
                                                       # OF DAYS
```

S56. <u>During the past 30 days</u> how often did you . . .

	OFTEN (1)	SOME- TIMES (2)	RARELY (3)	NEVER
S56afeel "trapped" or "caught" <u>often</u> , sometimes, rarely, or never?				
S56bfeel suddenly scared for no reason <u>often</u> , <u>sometimes</u> , <u>rarely</u> , or <u>never</u> ?				
S56cblame yourself for things?				
S56dfeel lonely?				
S56efeel blue?				
S56fworry too much about things?				
S56gfeel no interest in things?				
S56hfeel frightened?				
S56jfeel hopeless about the future?				
S56khave trouble concentrating?				
S56mfeel tense or keyed up?				
S56nfeel everything was an effort?				
S56pfeel worthless?				
S56qfeel exhausted for no good reason?				

S57a. Is that <u>a lot</u> more, <u>somewhat</u> , or only a little more than	S57b. Is that <u>a lot</u> less, <u>somewhat</u> , or only <u>a little</u> less than				
usual?	usual?				
+))))))), +)))))),	+))))))), +)))))),				
1. A LOT *2. SOMEWHAT*	*7. A LOT* *6. SOMEWHAT*				
.))))))))))))))-	.))))))))))))))-				
+)))))))),	+))))))))),				
3. A LITTLE	*5. A LITTLE*				
.)))))))))-	.)))))))))-				

```
S58. INTERVIEWER CHECKPOINT
    +)))))))))))))))))))))))))))))))))))
    ** * 1. R IS 15-24 YEARS OLD
    *.0)-
    * *
        * * 2. ALL OTHERS--->NEXT PAGE, S64 *
        . ))-
    ♡
   During the past 30 days, how many times have you been in a car or other
    vehicle driven by someone who had been drinking alcohol--zero times, one time,
    two or three times, four or five times, or more than five times?
    +)))))), +))))), +))))))), +))))))), +)))))), +))))),
    TIMES* * TIME* * THREE TIMES* * FIVE TIMES* * FIVE TIMES*
    During the past 30 days, how many times did you drive a car or other vehicle
S60.
    when you had been drinking alcohol--(zero times, one time, two or three times,
    four or five times, or more than five times)?
    +)))))), +))))), +))))))), +))))))), +)))))), +)))))), +)))))
    TIMES* * TIME* * THREE TIMES* * FIVE TIMES* * FIVE TIMES*
    S61.
   During the past 30 days, how many times did you carry a weapon such as a gun,
   knife, or club?
    +)))))), +))))), +))))))), +))))))), +)))))), +))))),
    * TIMES* * TIME* * THREE TIMES* * FIVE TIMES* * FIVE TIMES*
    During the past 12 months, how many times have you been in a physical fight in
    which you or someone else was injured and had to be treated by a doctor or a
    +)))))), +))))), +))))))), +))))))), +)))))), +))))),
    * TIMES* * TIME* * THREE TIMES* * FIVE TIMES* * FIVE TIMES*
    S63.
   When you ride in a car or truck, either as the driver or as a passenger, how
    often do you wear a seat belt--always, most of the time, sometimes, rarely or
    never?
    *1. ALWAYS**2. MOST OF **3. SOMETIMES**4. RARELY**5. NEVER**6. DOES NOT
    .))))))))-* THE TIME*.)))))))))-.)))))-.))))))-*
                                              DRIVE NOR *
           .))))))))-
                                              RIDE IN CAR*
                                              [IF VOL.] *
                                            .))))))))))-
```

The next few questions are about AIDS. Imagine that a young person asked your advice about how to avoid contact with the AIDS virus. How confident are you that you could give him or her accurate information--very confident, somewhat, not very, or not at all confident? +))))))))), +))))),, +)))))), +))))))))), +)))))))))), *1. VERY * *2. SOMEWHAT * *3. NOT VERY * *4. NOT AT ALL* CONFIDENT* * CONFIDENT* * CONFIDENT* CONFIDENT * .)))))))))- .)))))))- .)))))))- .))))))) .))))))))))-Have you ever personally known someone diagnosed with AIDS? S65. +))))), +))))), *5. NO*--->GO TO S66 *1. YES* .))0)))-.)))))-₩ *S65a. Do you have a close friend, lover or relative with AIDS or who has recently died of AIDS? +))))), +)))), *5. NO* *1. YES* .)))))-.)))))-S66. (RB, PGS. 40-41) As you may know, AIDS can be transmitted through sexual activity. The next questions are about your sexual activity. Please complete

the questions on Page 40 and Page 41 of your Yellow Booklet and tell me when you are done.

```
*+)),
** * 1. R READS AND MARKS RB ALONE--->TURN TO P. 292,
*.))-
                         SECTION T
*+)),
** * 2. IWER READS AND MARKS ANSWERS TO S67-S70 IN
*.))-
      QUESTIONNAIRE
*+)),
      IWER READS ALOUD BUT R MARKS S67-S70 IN RB
*.))-
      BY HIM/HERSELF
```

RB, PGS. 40-41, SEXUAL ACTIVITY QUESTIONS

S67.	In the past (Circle one	_	how	many	<u>men</u>	have	you	had	sexual	intercourse	with?
	NONE						1				
	ONE						2				
	TWO - FIVE						3				
	SIX - TEN .						4				
	MORE THAN TE	N		• •	• •		5				
S68.	In the past (Circle one	_	how	many	wome	<u>en</u> ha	ve y	ou ha	ad sexua	al intercours	se with?
	NONE						1				
	ONE						2				
	TWO - FIVE						3				
	SIX - TEN .						4				
	MORE THAN TE	N					5				
S69.	How many peo	_					_			l intercourse	
	NONE			• •	• •		1	II*<- JT*	F NONE, JRN TO	STOP HERE! P. 292, SECTI	* ON T *
	ONE						2S)				
	TWO - FIVE						3	* * >	NEXT D	AGE, S70	
	SIX - TEN .						4	* *	- IVE ZY I PA	AGE, 570	
	MODE TILVE TE	NT.					EC)				

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S70.	During the past 12 months, how often did you or your sexual partner(s) wear a condom ("rubber") while having sex? (Circle one category)
	ALWAYS
	MOST OF THE TIME 2
	SOMETIMES
	RARELY 4
	NEVER 5

S71-S72. QUESTIONS OMITTED

SECTION T: FINANCES

```
T1.
    Next, a few questions about your finances. In general, would you say (you
    have/your family living here has) more money than you need, just enough for your
    needs, or <u>not enough</u> to meet your needs?
    +)))))))))))),
                     +))))))))))),
                                    +)))))))))),
    *1. MORE THAN NEED*
                    *2. JUST ENOUGH*
                                    *3. NOT ENOUGH*
                     .)))))))))))-
    . ))))))))))))-
                                    .)))))))))-
т2.
    How difficult is it for (you/your family living here) to pay (your/its) monthly
    bills--very difficult, somewhat, not very, or not at all difficult?
    +))))))))), +)))))), +)))))), +)))))), +)))))), +)))))), +)))))
    *1. VERY DIFFICULT* *2. SOMEWHAT * *3. NOT VERY * *4. NOT AT ALL* *8. DON'T*
    .)))))))))))))))))))))))))))))
                                          GO TO T3
    *T2a. Did this difficulty start in the past 12 months?*
         +))))),
                   +)))),
          *1. YES*
                   *5. NO*
         .)))))-
                   .)))))-
    Т3.
    In the past 12 months, did (you/your family living here) have any major ongoing
    expenses that most people do not have?
    +))))),
             +))))),
                                    +))))))),
    *1. YES*
              *5. NO*--->NEXT PAGE, T4
                                    *8. DON'T*--->NEXT PAGE, T4
              .)))))-
                                       KNOW *
    .))0)))-
                                    .))))))-
      ₩
    *T3a. Did (this major expense/any of these major expenses) start during
         the past 12 months?
         +))))),
                   +))))),
                                         +))))))),
                   *5. NO*--->NEXT PAGE, T4
          *1. YES*
                                         *8. DON'T*--->NEXT PAGE, T4
         .))0)))-
                                            KNOW *
                   .)))))-
                                         .))))))-
    *T3b.
         In what month and year did it start?
           MONTH/YEAR
```

T4. In the past 12 months, did (you/anyone in your family living here) have a job loss or other situation that caused a <u>major reduction</u> in your total (family) income?

```
+))))),
         +))))),
                               +))))))),
                               *8. DON'T*--->NEXT PAGE, T5
*1. YES*
         *5. NO *--->NEXT PAGE, T5
                                  KNOW *
.))0)))-
         .)))))-
                               .)))))))-
  ₩
*T4a. In what month and year did the reduction in income start? *
       MONTH/YEAR
*T4b.
    (Are you/Is your family) still on reduced income?
     +))))),
              +)))),
                       +))))))),
     *1. YES*
              *5. NO*
                       *8. DON'T*--->NEXT PAGE, T5
                       * KNOW *
              .))0))-
    .)))))-
    NEXT PAGE,
                       .)))))))-
       Т5
              +))))))))))))))))))))))))))))))))))
              *T4c. In what month and year did it go *
                   back up?
                     MONTH/YEAR
```

T5. (RB, P. 42) Turn to Page 42 in the Yellow Booklet. Please look at this page and tell me which letter represents your (family's) total income before taxes last year, including salaries, wages, social security, welfare, and any other income. Just give me the letter.

```
+)))))))))))))))))),
*A. NO INCOME
                      (96)*
. )))))))))))))))))))))))))))
+))))))))))))))))))),
*B. LESS THAN $1,000
                      (01)*
.))))))))))))))))))))))))))))
+)))))))))))))))))),
*C. $1,000-1,999
                      (02)*
. )))))))))))))))))))))))))))
+))))))))))))))))),
*D. $2,000-2,999
                      (03)*
.))))))))))))))))))))))))))))
+))))))))))))))))))))))
*E. $3,000-3,999
                      (04)*
. ))))))))))))))))))))))))))))
+)))))))))))))))))),
*F. $4,000-4,999
.))))))))))))))))))))))))))))
+)))))))))))))))))))))
*G. $5,000-5,999
                      (06)*
.)))))))))))))))))))))))))))
+))))))))))))))))),
*H. $6,000-6,999
                      (07)*
. )))))))))))))))))))))))))))))))
+)))))))))))))))))),
*J. $7,000-7,999
                      (08)*
. )))))))))))))))))))))))))))
+))))))))))))))))))),
*K. $8,000-8,999
                      (09)*
. )))))))))))))))))))))))))))
+))))))))))))))))))),
*L. $9,000-9,999
                      (10)*
. )))))))))))))))))))))))))))
+)))))))))))))))))))))
*M. $10,000-10,999
                      (11)*
.))))))))))))))))))))))))))))
```

```
+))))))))))))))))))),
*N. $11,000-12,499
                       (12)*
. )))))))))))))))))))))))))))
+))))))))))))))))))),
*P. $12,500-14,999
                       (13)*
. )))))))))))))))))))))))))))
+))))))))))))))))))))),
*Q. $15,000-17,499
                       (14)*
.)))))))))))))))))))))))))))))))))
+))))))))))))))))),
*R. $17,500-19,999
.))))))))))))))))))))))))))))
+))))))))))))))))))))))
*S. $20,000-24,999
. ))))))))))))))))))))))))))))
+))))))))))))))))))),
*T. $25,000-34,999
.))))))))))))))))))))))))))))
+)))))))))))))))))))))
*U. $35,000-49,999
.)))))))))))))))))))))))))))
+))))))))))))))))),
*V. $50,000-69,999
                       (19)*
. )))))))))))))))))))))))))))))))
+))))))))))))))))))))))
*W. $70,000-99,999
                       (20)*
. ))))))))))))))))))))))))))))
+))))))))))))))))))),
*X. $100,000-149,999
                       (21)*
.))))))))))))))))))))))))))))
+))))))))))))))))))),
*Y. $150,000 AND OVER
                      (22)*
. ))))))))))))))))))))))))))))
```

```
T6.
    INTERVIEWER CHECKPOINT
     +)))))))))))))))))))))))))))))
     ** * 1. R LIVES ALONE--->GO TO T10
     *.))-
     *+)),
     ** * 2. ALL OTHERS
     *.0)-
     т7.
     (RB, STILL ON P. 42) How much of this total family income was earned or brought
     in by you personally? Again, just tell me the letter.
              ___ LETTER
    INTERVIEWER CHECKPOINT:
Τ8.
     *+)),
                                +)),
     ** * 1. CURRENTLY LIVING WITH
                                ^{\star} ^{\star} 2. ALL OTHERS--->GO TO T10 ^{\star}
                                .))-
     *.0)-
            SPOUSE OR PARTNER
     *T9. How much was earned or brought in by your
     (husband/wife/partner)? (Just tell me the letter).
         LETTER
T10. (RB, P. 43) Turn to Page 43 in the Yellow Booklet. Suppose you needed money,
     and you [and your (husband/wife/partner)] cashed in all your checking and savings
     accounts, stocks and bonds, real estate, sold your home and paid off your
    mortgage. If you added up what you got, about how much would this amount to?
     Just give me the letter from the list.
     +))))))))))))))))),
                                  +))))))))))))))))))),
     *A. LESS THAN $10,000
                       (01)*
                                  *E. $100,000-199,999 (05)*
     .))))))))))))))))))))))))))))
                                  .))))))))))))))))))))))))))))
     +))))))))))))))))))))))
                                  +))))))))))))))))))))))
                                  *F. $200,000-499,999
     *B. $10,000-19,999
    .))))))))))))))))))))))))))))
                                  .)))))))))))))))))))))))))))))
                                  +)))))))))))))))))))))))
     +))))))))))))))))),
     *C. $20,000-49,999
                       (03)*
                                  *G. $500,000 OR MORE
                                                     (07)*
     .))))))))))))))))))))))))))))
                                  . )))))))))))))))))))))))))))))
     +))))))))))))))))))))))
     *D. $50,000-99,999
                     (04)*
     .))))))))))))))))))))))))))))
```

SECTION U: LIFE EVENT HISTORY

U0. (RB, P. 44) The next questions are about events that may have happened in your lifetime. For these questions please give me your answer and then circle the question number if the event has happened to you. Please turn to Page 44 in the Yellow Booklet.

U1. (RB, P. 44) Did <u>Event #1</u> ever happen to you [YOU HAD DIRECT COMBAT EXPERIENCE IN A WAR]?
64444447 +))))),
51. YES5 *5. NO*
94444448 .)))))-

U2. (RB, STILL ON P. 44) Did <u>Event #2</u> ever happen to you [YOU WERE INVOLVED IN A LIFE THREATENING ACCIDENT]?
64444447 +))))),
51. YES5 *5. NO*--->NEXT PAGE, U3
944L4448 .)))))-

```
(RB. STILL ON P. 44) (How about) Event #3, [YOU WERE INVOLVED IN A FIRE, FLOOD,
U3.
    OR NATURAL DISASTER]? (Did this ever happen to you?)
                 +))))),
*5. NO*--->GO TO U4
    51. YES5
    944L4448
                 .)))))-
    *U3a. How old were you the first time (it happened)?
                 ____ YEARS OLD
    *U3b. Did Event 3 happen in the past 12 months?
         +))))),
                      +))))),
                      *5. NO*--->GO TO U4
         *1. YES*
         .))0)))-
                       .)))))-
           *
         +)))))))))))))))))))))))))))))))),
         *U3c. In what month and year did it
             happen most recently?
                 MONTH/YEAR
         .)))))))))))))))))))))))))))))))))
    (RB, STILL ON P. 44) (Did) Event #4 (ever happen to you)? [YOU WITNESSED
U4.
    SOMEONE BEING BADLY INJURED OR KILLED]
    64444447 +)))),
                  *5. NO*--->NEXT PAGE, U5
    51. YES5
    944L4448
                 .)))))-
   *U4a. How old were you the <u>first</u> time (it happened)?
            _____YEARS OLD
   *U4b. Did Event 4 happen in the past 12 months?
         +)))))), +)))),
         *1. YES*
                     *5. NO*--->NEXT PAGE, U5
                     .)))))-
         .)))0)))-
         +)))))))))))))))))))))))))))))))))
         *U4c. In what month and year did it
              happen most recently?
                MONTH/YEAR
         .))))))))))))))))))))))))))))))))))
```

```
U5.
     (RB, STILL ON P. 44) (Did) Event #5 (ever happen to you)? [YOU WERE RAPED]
     64444447
                    +))))),
     51. YES5
                     *5. NO*--->NEXT PAGE, U6
                     .)))))-
     944L4448
     *U5a. How old were you the <u>first</u> time (it happened)?
                      YEARS OLD
     *U5b. Did Event 5 happen in the past 12 months?
           +))))),
                          +))))),
                           *5. NO*--->GO TO U5d
           *1. YES*
           .))))))-
                           .)))))-
             ₩
           +)))))))))))))))))))))))))))))),
           *U5c. In what month and year did it
                 happen most recently?
                  MONTH/YEAR
           *U5d. When you were (AGE IN U5a) and Event 5 happened, was it
          an <u>isolated event</u> that happened only on one day or
          something that <u>continued</u> over several days, weeks,
          months, or years?
          +))))))))))),
                               +))))))))))))))),
                               *2. CONTINUED HAPPENING*
          *1. ISOLATED EVENT*
          .)))))))))))))-
                               .)))))))))))))-
                               +))))))))))))))))))))))),
                                *U5e. How long did it continue?*
                                           __# OF
                                     +)))), +))), +))), *
                                    *DAYS* *WKS* *MOS* *YRS* *
.))))- .)))- .)))- .)))- *
                               . )))))))))))))))))))))))))))))
     *U5f. Look at the question at the bottom of Page 44. Thinking
          about when you were (AGE IN U5a) and Event 5 happened,
          read the question and tell me the letter of the answer.
          (CHECK ALL MENTIONS.)
                  +)))))))))))))))))))))))))),
                   *RB, P. 44 QUESTION FOR U5f
                   *Who did this to you?
                      A. RELATIVE
                   *.)-
                      B. STEP-RELATIVE
                      C. SOMEONE ELSE YOU KNEW
                      D. STRANGER
```

```
U6.
     (RB, STILL ON P. 44) Aside from Event 5, did Event #6 ever happen to you? [YOU
     WERE SEXUALLY MOLESTED]
     64444447
                     +))))),
     51. YES5
                     *5. NO*--->NEXT PAGE, U7
     944L4448
                     .)))))-
     *U6a. How old were you the <u>first</u> time (it happened)?
                        YEARS OLD
           Did Event 6 happen in the past 12 months?
                           +))))),
           +))))),
           *1. YES*
                            *5. NO*--->GO TO U6d
                           .)))))-
           .))0)))-
           +))))))))))))))))))))))))))))))))
           *U6c. In what month and year did it
                 happen most recently?
                    MONTH/YEAR
           *U6d.
           When you were (AGE IN U6a) and Event 6 happened, was it an*
           isolated event that happened only on one day or something *
           that <u>continued</u> over several days, weeks, months, or years?*
           +)))))))))))),, +))))))),, +))))))))),
           *1. ISOLATED EVENT*
                                *2. CONTINUED HAPPENING*
           +)))))))))))))))))))))),
                                *U6e. How long did it continue?* *
                                             # OF
                                      +)))), +))), +))), * *
                                      *DAYS* *WKS* *MOS* *YRS* * * .))))- .)))- .)))- .)))- * *
                                .))))))))))))))))))))))))))))
     *U6f. Look at the question at the bottom of Page 44. Thinking
          about when you were (AGE IN U6a) and Event 6 happened,
          read the question and tell me the letter of the answer.
          (CHECK ALL MENTIONS.)
                   +)))))))))))))))))))))))))),
                   *RB, P. 44 QUESTION FOR U6f
                   *Who did this to you?
                       A. RELATIVE
                   *.)-
                       B. STEP-RELATIVE
                       C. SOMEONE ELSE YOU KNEW
                   *.)-
                       D. STRANGER
```

```
U7.
    (RB, STILL ON P. 44) (Aside from any event you have already reported, did)
    Event #7 (ever happen to you)? [YOU WERE SERIOUSLY PHYSICALLY ATTACKED OR
    ASSAULTED]
     64444447
                    +))))),
     51. YES5
                    *5. NO*--->GO TO U8
     944L4448
                    .)))))-
     *U7a. How old were you the first time (it happened)?
                _____YEARS OLD
          Did Event 7 happen to you in the past 12 months?
          +))))), +)))),
           *1. YES*
                          *5. NO*--->GO TO U8
          .))0)))-
                          .)))))-
            ♡
          +)))))))))))))))))))))))))))))))))
           *U7c. In what month and year did it
                happen most recently?
                    MONTH/YEAR
          .))))))))))))))))))))))))))))))))))
     (RB, STILL ON P. 44) (Aside from any event you have already reported, did)
U8.
     Event #8 (ever happen to you)? [YOU WERE PHYSICALLY ABUSED AS A CHILD]
     64444447
                    +))))),
     51. YES5
                    *5. NO*
     94444448
                    .)))))-
    (RB, STILL ON P. 44) (Did) Event #9 (ever happen to you)? [YOU WERE SERIOUSLY
U9.
    NEGLECTED AS A CHILD]
     64444447
                    +))))),
     51. YES5
                    *5. NO*
     9444448
                    .)))))-
```

```
U10. (RB, STILL ON P. 44) (Aside from any event you have already reported, did) Event
    #10 (ever happen to you)? [YOU WERE THREATENED WITH A WEAPON, HELD CAPTIVE, OR
    KIDNAPPED]
     64444447
                    +))))),
     51. YES5
                    *5. NO*--->NEXT PAGE, U11
     944L4448
                    .)))))-
       ₩
     *U10a. How old were you the first time (it happened)?
               YEARS OLD
     *U10b. Did Event 10 happen in the past 12 months?
          +))))),
                    +))))),
           *1. YES*
                          *5. NO*--->NEXT PAGE, U11
          .))0)))-
                         .)))))-
             ♡
           +))))))))))))))))))))))))))))))))
           *U10c. In what month and year did it
                happen most recently?
                   MONTH/YEAR
          .)))))))))))))))))))))))))))))))))))
```

))))))))))))))))))))))))))))))))))))))
* * * * * * * * *	Could you briefly tell me something about this?
* * * *	
* * * *	
* *	
*	
*	
*	
*	
*	
	How old were you when this (first) happened?
*	now old were you when this (<u>lifst</u>) happehed:
*	YEARS OLD
*	
*	
	Have you ever had any <u>other</u> terrible experience?
	+))))), +)))),
	1. YES
*	.))0))))))))-
*	♥
*U11d.	v Could you briefly tell me something about this?
*	could fou bifelif cell me bomeening about enib.
*	
*	
*	
*	
*	
*	
*	

```
U12. (RB, STILL ON P. 44) Did <u>Event #12</u> ever happen to you? [YOU SUFFERED A GREAT
    SHOCK BECAUSE ONE OF THE EVENTS ON THIS LIST HAPPENED TO SOMEONE CLOSE TO YOU]
    64444447
                  +))))),
                  *5. NO*-->NEXT PAGE, U13
    51. YES5
    944L4448
                  .)))))-
      ♡
    *U12a. Think of the worst time and tell me the number of the
          event.
          +))))))))),
          .)))))))))-
             EVENT #
    *U12b. Who did it happen to?
              RELATIONSHIP TO R
    *U12c. How old were you when you learned of this?
                       YEARS OLD
```

```
U13. INTERVIEWER CHECKPOINT
    *SEE PGS. 296-303, U1-U12
    *+)),
                  64447
    ** * 1. \underline{\text{ONLY}} ONE 5YES5 RESPONSE IN U1-U12--->NEXT PAGE, U15a
    *.))-
                  94448
    *+)),
                     64447
    ** * 2. TWO OR MORE 5YES5 RESPONSES IN U1-U12
    *.0)-
                   94448
        +)),
    * * * * 3. ALL OTHERS--->TURN TO P. 309, U39
         . ))-
    *U14. (RB, STILL ON P. 44) Of the experiences on Page 44 which one was most
     upsetting for you? (You can just tell me the number.)
     +)),
     * * 01. COMBAT EXPERIENCE
     .))-
     +)),
     * * 02. LIFE-THREATENING ACCIDENT
     .))-
     +)),
     * * 03. FIRE, FLOOD, NATURAL DISASTER
     .))-
     +)),
     * * 04. WITNESSED BAD INJURY/DEATH
     .))-
     +)),
     * * 05. RAPED
     .))-
     * * 06. SEXUALLY MOLESTED
     .))-
     +)),
     * * 07. PHYSICAL ATTACK/ASSAULT
     .))-
     * * 08. PHYSICALLY ABUSED AS A CHILD
     .))-
     +)),
     * * 09. SERIOUSLY NEGLECTED AS A CHILD
     . ))-
     +)),
     * * 10. THREATENED WITH A WEAPON, HELD CAPTIVE, OR KIDNAPPED
     .))-
     +)),
     * * 11. OTHER(S)
     .))-
     +)),
     * * 12. SUFFERED GREAT SHOCK
     . )) –
*NEXT PAGE, U15b*
                         .))))))))))-
```

```
You experienced one of the
                       *U15b.
                            The next few questions are
       events on the list. The next
                            about how you felt after
       few questions are about how
                            that experience.
       you felt after that experience.*
   * YES * NO *DON'T KNOW*
                              * (1) * (5) *
                                       (8)
   *U16. First, did you keep remembering the event
                              *64447*
                               5*
                              *5
      when you did not want to?
                              *94448*
   *64447*
   *U17. Did you keep having dreams or nightmares
                              *5
                                5*
      about it afterwards?
                              *94448*
   Did you ever suddenly act or feel as though *64447*
      the event was happening again, even though
                                5*
      it wasn't?
                              *94448*
   *U19. Did you ever get very upset when you were
                              *64447*
                              *5
      in a situation that reminded you of it?
                                5*
                              *94448*
   INTERVIEWER CHECKPOINT
U20.
   64447
   *+)),
   ** * 1. ONE OR MORE 5YES5 RESPONSES IN U16-U19--->NEXT PAGE, U21
   *.))-
              94448
   *+)),
   ** * 2. ALL OTHERS--->TURN TO P. 309, U39
   *.))-
```

```
* YES * NO *DON'T KNOW*
                           * (1) * (5) *
                                    (8)
*64447*
*U21. After the experience, did you find you no
                           *5
                             5*
   longer had loving or warm feelings toward
   anyone?
                           *94448*
Did you go out of your way to avoid
                           *64447*
                           *5
                             5*
   situations that might remind you of
   the event?
                           *94448*
*U23. Did you try hard not to think about it?
                           *64447*
                           *5
                             5*
                           *94448*
Did you develop a memory blank so that you
                           *64447*
                           *5
   could not remember certain things about the
                             5*
                           *94448*
Did you feel isolated or distant from other
                           *64447*
                           *5
                              5*
   people afterwards?
                           *94448*
*64447*
*U26. Did you begin to feel that there was no
                           *5
   point in thinking about the future?
                             5*
                           *94448*
*U27. Did you lose interest in doing things that
                           *64447*
                           *5
                             5*
   used to be important to you?
                           *94448*
1128.
   INTERVIEWER CHECKPOINT
   64447
   *+)),
   ** * 1. THREE OR MORE 5YES5 RESPONSES IN U21-U27--->NEXT PAGE, U29
   *.))-
               94448
   *+)),
   ** * 2. ALL OTHERS--->TURN TO P. 309, U39
```

```
* YES * NO *DON'T KNOW*
                          * (1) * (5) *
                                   (8)
*64447*
*U29. After the experience, did you have more
   trouble concentrating than is usual for you?*5
                          *94448*
Did you act unusually irritable or lose your*64447*
   temper a lot?
                          *94448*
*U31. Did you have more trouble sleeping than
                          *64447*
                          *5
                            5*
   is usual for you?
                          *94448*
*64447*
*U32. Did you become overly concerned about
                          *5 5*
   danger or overly careful?
                          *94448*
*U33. Did you become jumpy or easily startled
                          *64447*
   by ordinary noises or movements?
                          *5
                             5*
                          *94448*
*U34. Did you sweat or did your heart beat fast,
                          *64447*
                          *5 5*
   or did you tremble when reminded of the
   upsetting experience?
                          *94448*
U35.
   INTERVIEWER CHECKPOINT
   64447
   ** * 1. TWO OR MORE 5YES5 RESPONSES IN U29-U34--->NEXT PAGE, U36
   *.))-
              94448
   *+)),
   ** * 2. ALL OTHERS--->TURN TO P. 309, U39
   *.))-
```

```
U36. How soon after the upsetting experience did you start to have any of these
     reactions?
                        +)))), +)))), +)))), +)))),
                                                         +))))))))))),
                    # OF *DAYS* *WEEKS* *MONTHS* *YEARS*
                                                         *96. SAME DAY/ *
                        .))))- .)))))- .)))))- .)))))-
                                                              IMMEDIATELY*
                                                         .)))))))))))-
U37. How long did you continue to have any of these reactions at least a few times a
     week?
                        *DAYS* *WEEKS* *MONTHS* *YEARS* *96. NEVER STOPPED*
                       .))))- .)))))- .)))))- .* STILL HAVE
                                                     .))))))))))))-
U38. When was the <u>last time</u> you had any of these reactions--in the
     past month, past six months, past year, or more than a year ago?
                                      +)))))),
     +))))))),
                     +)))))))),
                                                     +))))))))))),
     *1. PAST *
                     *2. PAST SIX*
                                      *3. PAST*
                                                     *4. MORE THAN A*
         MONTH*
                        MONTHS *
                                                        YEAR AGO
                                          YEAR*
     .)))0))))-
                     .))))))))-
                                      .)))0)))-
                                                     .))))))))))-
         .)))))))))))))))))))))))))))))))))))
                   *NEXT PAGE, U39*
                                                            ₩
                   .))))))))))-
                                                     +)))))))))))))),
                                                     *U38a. How old were *
                                                            you the last *
                                                            time?
                                                              YEARS OLD
                                                     .)))))))))))))))-
```

```
U39. (RB, P. 45) Now looking at Page 45 in your Yellow Booklet, did Event #13 ever
    happen to you? [YOU SERIOUSLY THOUGHT ABOUT COMMITTING SUICIDE]
    +))))),
                      +)))),
                      *5. NO*-->GO TO U40
    *1. YES*
    .))0)))-
                      .)))))-
      ♡
    *U39a. How old were you the first time (it happened)?
                    YEARS OLD
          When was the <u>last</u> time (Event 13 happened) -- in the <u>past</u>
          month, past 6 months, past year, or more than a year ago?
          +))))))), +))))),
                              +)))))),
                                       +)))))))))),
          *1. PAST *
                   *2. PAST *
                              *3. PAST*
                                       *4. MORE THAN *
             MONTH* * SIX *
                              * YEAR*
                                          A YEAR AGO*
                   * MONTHS*
          .)))0))))-
                              .)0))))-
                                       .0)))))))))-
                   .)))))))-
             *GO TO U40*
                                *U39c. How old were you the
                   .)))))))-
                                     last time Event 13
                                                       * *
                                      happened?
                                              YEARS OLD **
                                .)))))))))))))))))))))))))))/*
    U40.
    (RB, STILL ON P. 45) Did Event #14 ever happen to you? [YOU MADE A PLAN FOR
    COMMITTING SUICIDE]
    +))))),
                      +)))),
                     *5. NO*-->NEXT PAGE, U41
    *1. YES*
    .))0)))-
                      .)))))-
    *U40a. How old were you the first time (it happened)?
                    YEARS OLD
    *U40b. When was the last time (Event 14 happened) -- in the past
          month, past 6 months, past year, or more than a year ago?
          +)))))), +)))))), +)))))), +)))))), +)))))),
          *1. PAST * *2. PAST *
                              *3. PAST*
                                       *4. MORE THAN *
             MONTH* *
                      SIX
                              * YEAR*
                                          A YEAR AGO*
                      MONTHS*
                              .)0))))-
          .)))0)))-
                                       .0)))))))))-
                   .)))))))-
             *NEXT PAGE, U41* *U40c. How old were you the **
                 .)))))))))))-
                                      last time Event 14
                                                      * *
                                      happened?
                                              YEARS OLD **
                                .))))))))))))))))))))))))))))*
```

```
U41. (RB, STILL ON P. 45) Did Event #15 ever happen to you? [YOU ATTEMPTED SUICIDE]
     +))))),
                    +))))),
     *1. YES*
                       *5. NO*-->TURN TO P. 312, SECTION V
                       .)))))-
     .))0)))-
     *U41a. How many times has Event 15 happened to you in your
           lifetime?
                            +))))))))))))))))),
           +)))))),
           *01. ONE*
                             MORE THAN ONE:___
                                            NUMBER *
           .))))))-
           GO TO U41d
                            .)0)))))))))))))))))))))))))))
     *U41b. How old were you the <u>first time</u>?
                  _____YEARS OLD
     *U41c. (RB, P. 45) There are three statements lettered A, B,
           and C under Event 15. Which of these statements best
           describes your situation when you were (AGE IN U41b) years
           old and Event 15 happened--A, B, or C?
            * *1. (A) I MADE A SERIOUS ATTEMPT TO KILL MYSELF AND IT
           .))- WAS ONLY LUCK THAT I DID NOT SUCCEED
            +)),
            * *2. (B) I TRIED TO KILL MYSELF, BUT I KNEW
           . ))-
                  THE METHOD WAS NOT FOOL-PROOF
            * *3. (C) MY ATTEMPT WAS A CRY FOR HELP, I DID NOT WANT
           . )) –
                    TO DIE
     *U41d. When (did/was the <u>last time</u>) Event 15 happen(ed)--in the
           past month, past six months, past year, or more than a
           year ago?
           +))))))), +))))),
                                +)))))),
                                           +)))))))))),
            *1. PAST * *2. PAST * *3. PAST* *4. MORE THAN *
            * MONTH* * SIX *
                                 * YEAR*
                                            * A YEAR AGO*
           . 0))))))))))-
                     .)))))))-
                                            ♡
               .)))0))))))))))))))))))
                  *NEXT PAGE, U41f* +))))))))))))))))), *
                  last time (Event 15
                                                             **
                                          happened)]?
                                                   ___ YEARS OLD**
                                   .))))))))))))))))))))))))))))))))*
                                          *NEXT PAGE, U41;
                                          .)))))))))))-
```

```
+----
*U41f. Did this result in an injury or poisoning (the <u>last</u> time
      it happened)?
              *5. NO*--->GO TO U41j
      +))))),
      *1. YES*
      .))0)))-
         ₩
*U41q. Did it require medical attention?
      +))))), +)))),
              *5. NO*--->GO TO U41j
      *1. YES*
      .))0)))-
*U41h. Did it require overnight hospitalization?
      +))))), +)))),
      *1. YES*
                *5. NO*
      .)))))-
                .)))))-
*U41j. (RB, P. 45) Which of the three statements under Event
      15 in your booklet best describes your situation (when/the *
      last time) Event 15 happened--A, B, or C?
      +)),
      * * 1. (A) I MADE A SERIOUS ATTEMPT TO KILL MYSELF AND IT *
      . ))-
               WAS ONLY LUCK THAT I DID NOT SUCCEED
      +)),
      * * 2. (B) I TRIED TO KILL MYSELF, BUT I KNEW THE METHOD
      . ))-
                WAS NOT FOOL-PROOF
      +)),
      * * 3. (C) MY ATTEMPT WAS A CRY FOR HELP, I DID NOT WANT *
                TO DIE
      . ))-
```

SECTION V: RECENT LIFE EVENTS

```
The next questions have to do with
                               +))))),
                                       +))))))))))))), *
                               *1. YES*--->*V1a. In what month and**
    events during the past 12 months.
   First, in the past 12 months did you
                               .)))))-
                                           year did that
   have a close friendship break up?
                               +)))),
                                           happen?
                               *5. NO*
                               .)))))-
                                             MONTH/YEAR
                                       . ))))))))))))-*
(In the <u>past 12 months</u>, did you have)
                               +))))),
                                       +)))))))))))),, *
    a long separation from a loved one?
                               *1. YES*--->*V2a. In what month and**
                               .)))))-
                                           year did that
                               +))))),
                                           start?
                               *5. NO*
                               .)))))-
                                             MONTH/YEAR
                                       .))))))))))))))-*
+))))),
                                       +))))))))))))),,*
   In the past 12 months, were you
                               *1. YES*--->*V3a. In what month and**
   robbed or burglarized?
                               .)))))-
                                           year did that
                               +))))),
                                           happen?
                               *5. NO*
                               .)))))-
                                             MONTH/YEAR
                                       .)))))))))))))))-*
*V4. In the past 12 months, was your
                               +))))),
                                       +))))))))))))), *
   driver's license suspended?
                               *1. YES*--->*V4a. In what month and**
                               .)))))-
                                           year did that
                               +)))),
                                           happen?
                               *5. NO*
                               .)))))-
                                             MONTH/YEAR
                                       .)))))))))))))))-*
```

```
+)))))))))))))),, *
*V5a. In the past 12 months, did you sue
                              +))))),
    someone?
                              *1. YES*--->*V6a. In what month and**
                              .)))))-
                                         year did that
                              +)))),
                                         happen?
                              *5. NO*
                              .)))))-
                                                     * *
                                           MONTH/YEAR
                                      .))))))))))))))-*
*V5b. (In the past 12 months) were you sued
                              +))))),
                                      +))))))))))))),, *
                              *1. YES*--->*V6b. In what month and**
   by someone?
                              .)))))-
                                         year did that
                              +)))),
                                         happen?
                              *5. NO*
                              .)))))-
                                                     * *
                                           MONTH/YEAR
                                      .))))))))))))))-*
*V5c. (In the <u>past 12 months</u>) did you have
                              +))))),
                                      +))))))))))))),, *
   serious trouble with the police or the
                             *1. YES*--->*V6c. In what month and**
*
                              .)))))-
    law?
                                         year did that
                              +)))),
                                         happen?
                              *5. NO*
                              .)))))-
                                           MONTH/YEAR
                                      .)))))))))))))))-*
```

(RB, P. 46) Using Page 46 in the Yellow Booklet, did you have serious, V7. ongoing tensions, conflicts, or arguments with any of these people in the past 12 months? +))))), +))))), *5. NO*--->NEXT PAGE, V11 *1. YES* .))0)))-.)))))-What was their relationship *V9. Did your conflicts with (RELATION-(LIST FIRST FOUR SHIP) begin in the past 12 months? to you? (REPEAT V9 FOR EACH LISTED MENTION MENTIONS.) IN V8.) +))))), +))))))))))))),, * V9a. *1. YES*--->*V10a. In what month ** .)))))and year (did +))))), they begin)? *5. NO* (a) .)))))-RELATIONSHIP TO R MONTH/YEAR .))))))))))))))-* +))))), +))))))))))))),, * *1. YES* >*V10b. In what month ** V9b. .)))))and year (did +))))), they begin)? *5. NO* (b) .)))))-RELATIONSHIP TO R MONTH/YEAR .))))))))))))))-* +)))))))))))), * +))))), *1. YES*--->*V10c. In what month **V9c. .)))))and year (did +))))), they begin)? *5. NO* (C) RELATIONSHIP TO R .)))))-MONTH/YEAR .)))))))))))))))-* +)))))))))))),, * +))))), *1. YES*--->*V10d. In what month ** V9d. and year (did ** .)))))-+))))), they begin)? (d) *5. NO* .)))))-RELATIONSHIP TO R MONTH/YEAR .)))))))))))))-*

V12.	What was their relationship to you? (PROBE: Any other close friend or close relative who died in the past 12 months?) (LIST FIRST FOUR MENTIONS.)	V13.	In what month and year did (RELATIONSHIP) die? (REPEAT V13 FOR EACH LISTED MENTION IN V12.)	V14. At the time of death, was (RELATIONSHIP) someone with whom you had a confiding relationship? (REPEAT V14 FOR EACH LISTED MENTION IN V12.)
(a) <u>-</u>	RELATIONSHIP TO R	(a)	 MONTH/YEAR	+))))), +)))), (a) *1. YES* *5. NO* .)))))))))))-
(b) <u>-</u>	RELATIONSHIP TO R	(b)	 MONTH/YEAR	+))))), +)))), (b) *1. YES* *5. NO* .)))))))))))-
(c) <u>-</u>	RELATIONSHIP TO R	(c)	 MONTH/YEAR	+))))), +)))), (c) *1. YES* *5. NO* .)))))))))))-
(d) <u>-</u>	RELATIONSHIP TO R	(d)	MONTH/YEAR	+))))), +)))), (d) *1. YES* *5. NO* .)))))))))))-

```
V15.
   (RB, P. 47) In the past 12 months, did any of the people listed on Page 47 of
    the Yellow Booklet have a major life crisis like a problem with the law, life-
    threatening illness, or other crisis that could affect them for years to come?
             +))))),
    +))))),
             *5. NO*--->NEXT PAGE, V18
    *1. YES*
    .))0)))-
             .)))))-
      ₩
    *V15a. Which of these people had a
                              *V16. Did your (RELATIONSHIP)'s life
                                   crisis begin in the past 12 months?*
         life crisis? (PROBE: Did
         any of the other people on
                                   (REPEAT V16 FOR EACH LISTED MENTION*
         the list have a life crisis?
                                   IN V15a.)
         (LIST FIRST FOUR MENTIONS.)
    +))))),
                                            +)))))))))))),, *
                               *V16a. *1. YES*--->*V17a. In what month **
                                                            * *
                                    .)))))-
                                                  and year (did
                                    +))))),
                                                  it begin)?
                                    *5. NO*
                                    .)))))-
      (a)
             RELATIONSHIP TO R
                                                   MONTH/YEAR
                                             . ))))))))))))))))-*
    +))))),
                                            +))))))))))))),, *
                               *V16b. *1. YES*
                                            >*V17b. In what month
                                    .)))))-
                                                  and year (did **
                                    +))))),
                                                  it begin)?
                                    *5. NO*
                                    .)))))-
      (b)
             RELATIONSHIP TO R
                                                   MONTH/YEAR
                                             . )))))))))))))))-*
    +)))))))))))), *
                                    +))))),
                               *V16c. *1. YES*--->*V17c. In what month **
                                    .)))))-
                                                  and year (did
                                    +))))),
                                                  it begin)?
                                    *5. NO*
                                    .)))))-
      (C)
             RELATIONSHIP TO R
                                                   MONTH/YEAR
                                             .)))))))))))))))-*
    +))))),
                                            +)))))))))))),,*
                               *V16d. *1. YES*--->*V17d. In what month **
                                                  and year (did **
                                    .)))))-
                                    +)))),
                                                  it begin)?
                                    *5. NO*
                                    .)))))-
      (d)
             RELATIONSHIP TO R
                                                   MONTH/YEAR
                                             .)))))))))))))-*
```

```
V18. Other than the things we have already covered did any other major stressful
    event happen to you in the past 12 months?
    +))))),
             +))))),
    *1. YES*
              *5. NO*--->NEXT PAGE, SECTION X
            .)))))-
    .))0)))-
    ^*V18a. Could you tell me something about this? (PROBE: Why was that a ^*
           stressful experience for you?)
    V19.
    INTERVIEWER CHECKPOINT
    +))))))))))))))))))))))))))))))))))
    *SEE V18a
    * +)),
    ^{\star} ^{\star} ^{\star} 1. R MENTIONS ONGOING SITUATION
    * .0)-
          * * 2. ALL OTHERS--->GO TO V19b
          . ))-
    ₩
    V19a. Did (this start/you first learn about this) in the past 12 months?
         +))))),
                   +))))),
                   *5. NO*--->NEXT PAGE, SECTION X
         *1. YES*
         .)))0))-
                   .)))))-
    V19b. In what month and year (did this start/did this happen/did you first
         learn about it)?
           MONTH/YEAR
```

SECTION X: FAMILY HISTORY

```
Now some questions about your <u>natural father</u>. First, is he still alive?
X1.
     +))))),
                              +))))),
                                         +)))))))))),
     *1. YES*
                               *5. NO*
                                         *8. DON'T KNOW*--->GO TO X2
     .)))0))-
                               .))0))-
                                         .))))))))))-
                                 ₩
     +)))))))))))))))),
                               +))))))))))))))))))))))))))))))))
                               *X1b. How old was he when he died?
     *X1a. How old is he?
                YEARS OLD*
                                       __ YEARS OLD
     .)))))))))))))))))))))))))
                               *X1c. How old were you (when he died)? *
                                            YEARS OLD
                               X2.
     Did your natural father ever have periods lasting two weeks or more when he
```

was depressed, down in the dumps, or blue most of the time? +))))), +))))))))))))), +)))))))))), +))))), *5. NO* *6. NO KNOWLEDGE ABOUT* *8. DON'T KNOW* *1. YES* .))))))-.)))))-* FATHER [IF VOL.] * .))))))))))-NEXT PAGE, TURN TO .)))))))))))))))-TURN TO P. 320, X7 P. 320, X7 TURN TO P. 324, X27 Х3

```
Think of the time when his depression was at its worst. During that time, did
х3.
  your father...
  *DON'T*
                          * YES * NO *KNOW *
                          * (1) * (5) * (8) *
  *X3a. ...lose interest in things?
  *X3b. Did he lose his energy or pep?
  *X3c. Did his appetite or weight change?
  *X3d. Did his sleep habits change?
  *X3e. Did he move more slowly than usual?
  *X3f. Was he fidgety or restless?
  *X3g. Did he seem guilty about things?
  *X3h. Did he have trouble concentrating?
  *X3j. Did he talk about or attempt to harm himself in
     any way?
  X4.
  INTERVIEWER CHECKPOINT
  *+)),
  ** *1. TWO OR MORE "YES" RESPONSES IN X3a-X3j--->NEXT PAGE, X5
  *.))-
  *+)),
  ** *2. ALL OTHERS--->NEXT PAGE, X7
```

```
Did he ever get professional treatment for his depression?
X5.
   +))))),
              +))))),
                       +))))))))),
              *5. NO*
   *1. YES*
                       *8. DON'T KNOW*
   .))0)))-
             .))0))-
                       .)))))))))-
               .)))))))))))))-
                  GO TO X6
     ₩
   +)))))))))))))))))))))))))))))))))))))
   *X5a. Was he ever hospitalized for his depression?*
        +))))),
               +))))),
                     +)))))))))),
                      *8. DON'T KNOW*
        *1. YES*
               *5. NO*
        .)))))-
               .)))))-
                     .))))))))))-
   Χб.
   Did his depression ever interfere a lot with his life or activities?
   +))))),
              +))))),
                       +)))))))))),
   *1. YES*
              *5. NO*
                       *8. DON'T KNOW*
             . )))))-
   .)))))-
                       .))))))))))-
X7.
   Did your natural father have periods of a month or more when he was constantly
   nervous, edgy, or anxious?
   +))))),
              +))))),
                        +)))))))))),
   *1. YES*
              *5. NO*
                        *8. DON'T KNOW*
   .)))0))-
             .))0))-
                        .))))))))))-
               .)))))))))))))-
                  NEXT PAGE, X12
X8.
   Think of the time when his nervousness was at its worst. During that time,
   did your father ...
   *DON'T*
                                      * YES *
                                           NO *KNOW *
                                      * (1) * (5) * (8) *
   *X8a. ... have difficulty falling asleep?
   *X8b. Was he restless?
   *X8c. Did he blush or sweat more than usual?
   *X8d. Was he irritable?
   *X8e. Did he worry a lot about the future?
   *X8f. Was he keyed up or nervous most of the time?
   X9.
   INTERVIEWER CHECKPOINT
   *+)),
   ** *1. ONE OR MORE "YES" RESPONSES IN X8a-X8f--->NEXT PAGE, X10
   *.))-
   *+)),
   ** *2. ALL OTHERS--->NEXT PAGE, X12
   *.))-
```

```
X10. Did he ever get professional treatment for his nervousness?
     +))))),
                  +))))),
                                +))))))))))),
     *1. YES*
                   *5. NO*
                                *8. DON'T KNOW*
     .))0)))-
                   .))0))-
                                .))))))))))-
                     .))))))))))))))-
                         GO TO X11
       ₩
     Was he ever hospitalized for his nervousness?*
                     +))))),
                              +)))))))))),
           +))))),
           *1. YES*
                              *8. DON'T KNOW*
                     *5. NO*
           .)))))-
                     .)))))-
                              .)))))))))-
     X11. Did his nervousness ever interfere a lot with his life or activities?
                  +))))),
                                +))))))))))),
     +))))),
     *1. YES*
                   *5. NO*
                                *8. DON'T KNOW*
     .)))))-
                   .)))))-
                                .))))))))))-
X12. Did your natural father ever have a problem with drinking?
     64444447
                   +))))),
                                +)))))))))),
     51. YES5
                   *5. NO*
                                *8. DON'T KNOW*
     94444448
                   .)))))-
                                .))))))))))-
X13. Did he ever abuse prescription drugs such as valium, sleeping pills, or
    diet pills?
     64444447
                   +))))),
                                +))))))))),
     51. YES5
                   *5. NO*
                                *8. DON'T KNOW*
     94444448
                   .)))))-
                                .))))))))))-
X14. Did he ever have a problem with <u>illegal</u> drugs?
     64444447
                   +))))),
                                +)))))))))),
     51. YES5
                   *5. NO*
                                *8. DON'T KNOW*
                   .)))))-
                                .))))))))))-
     94444448
    INTERVIEWER CHECKPOINT
X15.
     64447
     ** * 1. 5YES5 IN X12 <u>OR</u> X13 <u>OR</u> X14--->NEXT PAGE, X16 *
     *.))-
            94448
     *+)),
     ** * 2. ALL OTHERS--->TURN TO P. 323, X20
     *.))-
```

```
Think of the time when his [drinking/(or)/drug] problems were at their worst.
   During this time, did your natural father have...
   *DON'T*
                                      * YES *
                                           NO * KNOW*
                                      (1) * (5) * (8) *
   *X16a. ...legal problems associated with his
       [drinking/(or)/drug use] like being arrested
       or losing his driver's license?
   *X16b. Did he have health problems associated
       with his [drinking/(or)/drug use] like
       blackouts or cirrhosis?
   *X16c. Did he have marital or family problems
       associated with his [drinking/(or)/
       drug usel?
   *X16d. Did he have social problems from his
       [drinking/(or)/drug use] like fighting
       or losing friends?
   *X16e. Did he have problems at work or loss of work
       associated with [drinking/(or)/drug use]?
   X17.
   INTERVIEWER CHECKPOINT
   *+)),
   ** *1. ONE OR MORE "YES" RESPONSES IN X16a-X16e
   *.0)-
   * * * *2. ALL OTHERS--->NEXT PAGE, X20
   * * .))-
   Did he ever get professional treatment for his [drinking/(or)/drug] problem?
X18.
                       +)))))))))),
   +))))),
             +))))),
             *5. NO*
   *1. YES*
                       *8. DON'T KNOW*
             .))0))-
   .))0)))-
                       .)))))))))-
               .))))))))))))-
                  NEXT PAGE, X19
   *X18a.
        Was he ever hospitalized for his [drinking/(or)/drug use]? *
        +))))),
                  +))))),
                            +)))))))))),
        *1. YES*
                  *5. NO*
                            *8. DON'T KNOW*
        .)))))-
                  .)))))-
                            .))))))))))-
```

```
X19. Did his [drinking/(or)/drug use] ever interfere a lot with his life or
   activities?
   +))))),
             +))))),
                      +)))))))))),
   *1. YES*
             *5. NO*
                      *8. DON'T KNOW*
   .)))))-
             .)))))-
                      .))))))))))-
* YES * NO * KNOW*
                                    * (1) * (5) * (8)*
*X20. Did your natural father ever have trouble holding a job? *
*X21. Did he lie a lot?
*X22. Did he often get into physical fights?
*X23. Was he ever involved in criminal activities like burglary*
    or selling stolen property?
*X24. Was he ever arrested or sent to prison?
*X25. Did he ever run around with other women or desert his
    family?
Did your natural father ever attempt to commit suicide?
X26.
   +))))),
             +))))),
                      +)))))))))),
   *1. YES*
             *5. NO*
                      *8. DON'T KNOW*
   .))0)))-
             .))0))-
                      .))))))))))-
               .))))))))))))-
                NEXT PAGE, X27
     ₩
   +))))))))))))))))))))))))))))
   *X26a. Did he die from the attempt?*
       +))))),
              +))))),
       *1. YES*
               *5. NO*
       .)))))-
              .)))))-
   .)))))))))))))))))))))))))))))))))
```

```
X27.
     The next questions are about your <u>natural mother</u>. First, is she still alive?
                                            +)))))))))),
     +))))),
                                 +))))),
                                            *8. DON'T KNOW*--->GO TO X28
     *1. YES*
                                 *5. NO*
     .))))))-
                                 .))0))-
                                            .))))))))))-
         ₩
     +)))))))))))))))),
                                 +))))))))))))))))))))))))))))
     *X27a. How old is she?
                                 *X27b. How old was she when she died? *
                                        _____YEARS OLD
                    YEARS OLD*
     .))))))))))))))))))-
                                 *X27c. How old were you when she died?*
                                            YEARS OLD
                                 .))))))))))))))))))))))))))))))))))
```

X28. Did your natural mother ever have periods lasting two weeks or more when she was depressed, blue, or down in the dumps most of the time?

```
+))))),
            +))))),
                       +)))))))))))))),
                                                 +))))))))))),
*1. YES*
            *5. NO*
                        *6. NO KNOWLEDGE ABOUT*
                                                 *8. DON'T KNOW*
.)))))-
            .)))))-
                           MOTHER [IF VOL.] *
                                                 .))))))))))-
                       .)))))))))))))))-
                                                 TURN TO P. 326,
NEXT PAGE,
            TURN TO
  X29
          P. 326, X33
                        TURN TO P. 330, X53
                                                       X33
```

```
Think of the time when her depression was at its worst. During that time, did
  your mother...
  *DON'T*
                          * YES * NO *KNOW *
                           (1) * (5) * (8) *
  *X29a. ...lose interest in things?
  *X29b. Did she lose her energy or pep?
  *X29c. Did her appetite or weight change?
  *X29d. Did her sleep habits change?
  *X29e. Did she move more slowly than usual?
  *X29f. Was she fidgety or restless?
  *X29g. Did she seem guilty about things?
  *X29h. Did she have trouble concentrating?
  *X29j. Did she talk about or attempt to harm herself in
     any way?
  X30.
  INTERVIEWER CHECKPOINT
  *+)),
  ** *1. TWO OR MORE "YES" RESPONSES IN X29a-X29j--->NEXT PAGE, X31
  *.))-
  *+)),
  ** *2. ALL OTHERS--->NEXT PAGE, X33
```

```
Did she ever get professional treatment for her depression?
X31.
   +))))),
             +))))),
                       +)))))))))),
                       *8. DON'T KNOW*
   *1. YES*
             *5. NO*
   .))0)))-
             .))0))-
                       .)))))))))-
               .)))))))))))))-
     *
                  GO TO X32
     ♡
   Was she ever hospitalized for her depression?*
               +))))),
        +))))),
                    +)))))))))),
        *1. YES*
               *5. NO*
                     *8. DON'T KNOW*
        .)))))-
               .)))))-
                    . )))))))))))-
   X32.
   Did her depression ever interfere a lot with her life or activities?
   +))))),
             +))))),
                       +)))))))))),
   *1. YES*
             *5. NO*
                       *8. DON'T KNOW*
   .)))))-
             .)))))-
                       .))))))))))-
X33. Did your natural mother have periods of a month or more when she was
   constantly nervous, edgy, or anxious?
   +))))),
             +))))),
                       +)))))))))),
   *1. YES*
             *5. NO*
                       *8. DON'T KNOW*
   .))0)))-
             .))0))-
                      .)))))))))))-
               .))))))))))))-
                 NEXT PAGE, X38
   Now think of the time when her nervousness was at its worst. During that
   time, did your mother ...
   *DON'T*
                                     * YES * NO
                                            * KNOW*
                                     * (1) * (5) * (8) *
   *X34a. ... have difficulty falling asleep?
   *X34b. Was she restless?
   *X34c. Did she blush or sweat more than usual?
   *X34d. Was she irritable?
   *X34e. Did she worry a lot about the future?
   *X34f. Was she keyed up or nervous most of the time?
   X35.
   INTERVIEWER CHECKPOINT
   ** *1. ONE OR MORE "YES" RESPONSES IN X34a-X34f--->NEXT PAGE, X36
   *.))-
   *+)),
   ** *2. ALL OTHERS--->NEXT PAGE, X38
   *.))-
```

```
X36. Did she ever get professional treatment for her nervousness?
     +))))),
                   +))))),
                                 +)))))))))),
     *1. YES*
                   *5. NO*
                                 *8. DON'T KNOW*
                                 .)))))))))-
     .))0)))-
                   .))0))-
                      .)))))))))))))-
       *
                          GO TO X37
       ♡
     Was she ever hospitalized for her nervousness?*
           +))))),
                      +))))),
                               +)))))))))),
                      *5. NO*
            *1. YES*
                               *8. DON'T KNOW*
           .)))))-
                      .)))))-
                               .)))))))))-
     Did her nervousness ever interfere a lot with her life or activities?
     +))))),
                   +))))),
                                +)))))))))),
                   *5. NO*
                                 *8. DON'T KNOW*
     *1. YES*
     .)))))-
                   .)))))-
                                 .))))))))))-
X38. Did your natural mother ever have a problem with drinking?
     64444447
                   +)))),
                                 +)))))))))),
     51. YES5
                   *5. NO*
                                 *8. DON'T KNOW*
     94444448
                   .)))))-
                                 .))))))))))-
X39. Did she ever abuse prescription drugs such as valium, sleeping pills, or
     diet pills?
     64444447
                   +)))),
                                 +)))))))))),
     51. YES5
                   *5. NO*
                                 *8. DON'T KNOW*
     94444448
                   .)))))-
                                 .))))))))))-
    Did she ever have a problem with <u>illegal</u> drugs?
     64444447
                   +))))),
                                +)))))))))),
     51. YES5
                   *5. NO*
                                 *8. DON'T KNOW*
                   .)))))-
                                 .))))))))))-
     9444448
    INTERVIEWER CHECKPOINT
     *+)),
            64447
     ** * 1. 5YES5 IN X38 \underline{OR} X39 \underline{OR} X40--->NEXT PAGE, X42 *
     *.))-
            94448
     *+)),
     ** * 2. ALL OTHERS--->TURN TO P. 329, X46
     *.))-
```

```
X42. Please think of the time when her [drinking/or/drug] problems were at their
   worst. During this time, did your natural mother have...
   *DON'T*
                                        * YES* NO*KNOW *
                                        * (1)* (5)* (8) *
   *X42a. ...legal problems associated with her [drinking/(or)/*
       drug use] like being arrested or losing her driver's *
       license?
   *X42b. Did she have health problems associated with her
       [drinking/(or)/drug use] like blackouts or cirrhosis?*
   *X42c. Did she have marital or family problems associated
       with her [drinking/(or)/drug use]?
   *X42d. Did she have social problems from her [drinking/(or)/*
       drug use] like fighting or losing friends?
   *X42e. Did she have problems at work or loss of work
       associated with [drinking/(or)/drug use]?
   INTERVIEWER CHECKPOINT
X43.
   ** *1. ONE OR MORE "YES" RESPONSES IN X42a-X42e
   *.0)-
   * * +)),
   * * * *2. ALL OTHERS--->NEXT PAGE, X46
   * * .))-
   Did she ever get professional treatment for her [drinking/(or)/drug] problem?
X44.
   +))))),
             +))))),
                       +)))))))))),
   *1. YES*
                       *8. DON'T KNOW*
             *5. NO*
                       .)))))))))-
   .))0)))-
             .))0))-
               .))))))))))))-
     *
                 NEXT PAGE, X45
   *X44a. Was she ever hospitalized for her [drinking/(or)/drug use]?*
       +))))),
              +))))),
                    +)))))))))),
       *1. YES*
              *5. NO*
                    *8. DON'T KNOW*
       .)))))-
              .)))))-
                   .))))))))))-
```

```
Did her [drinking/(or)/drug use] ever interfere a lot with her life or
X45.
   activities?
   +))))),
             +)))),
                      +)))))))))),
   *1. YES*
             *5. NO*
                      *8. DON'T KNOW*
   .)))))-
             .)))))-
                      .)))))))))-
YES *
                                         NO * KNOW*
                                    * (1) * (5) * (8) *
*X46. Did your natural mother ever have trouble holding a job? *
*X47. Did she lie a lot?
*X48. Did she often get into physical fights?
*X49. Was she ever involved in criminal activities like
    burglary or selling stolen property?
*X50. Was she ever arrested or sent to prison?
*X51. Did she ever run around with other men or desert
   her family?
Did your natural mother ever attempt to commit suicide?
X52.
   +))))),
             +))))),
                      +)))))))))),
   *1. YES*
             *5. NO*
                      *8. DON'T KNOW*
   .))0)))-
             .))0))-
                      .)))))))))-
              .))))))))))))-
                NEXT PAGE, X53
     ₩
   +)))))))))))))))))))))))))))))
   *X52a. Did she die from the attempt?*
       +))))),
              +))))),
       *1. YES*
              *5. NO*
       .)))))-
              .)))))-
   .))))))))))))))))))))))))))))))))))
```

```
The next questions are about your childhood. First, did you live with both
    your natural parents up to the age of 15?
    +))))),
             +))))))))))))),
                                      +))))),
             *3. ADOPTED AT BIRTH*
                                     *5. NO*
    *1. YES*
                                    .)))0)-
    .))0)))-
                [IF VOL.]
             .)))))))))))))-
                                         ₩
         +)))))))),
                                     Were you adopted at birth?
                                X53a.
       .)))1GO TO X54/)))-
                                     +))))),
                                                +))))),
          .)))))))-
                                      *1. YES*
                                                *5. NO*--->TURN TO
                                      .)))0))-
                                                .)))))- P. 333, X57
X54. Before you turned 15, was your (adoptive) father ever away from home for six
    months or longer--either in the armed forces, in a hospital, in a prison, or
    elsewhere?
               +))))),
    +))))),
    *1. YES*
               *5. NO*--->NEXT PAGE, X55
    .))0)))-
               .)))))-
       ₩
    Where did he go? (CHECK ALL MENTIONS.)
           +)))))))))))))))))))))))))),
           *A. ARMED FORCES/WORK ASSIGNMENT*
           .))))))))))))))))))))))))))))))
           +))))))))),
           *B. HOSPITAL*
           .))))))))-
           +))))))))))),
           *C. JAIL/PRISON*
           .))))))))))-
           +))))))))))))))))))))))))),
           *D. MARITAL SEPARATION/DESERTION*
           . ))))))))))))))))))))))))))))))))
           *E. OTHER (SPECIFY:)
           *X54b. How old were you (when he/the first time he) went away?
                     YEARS OLD
     *X54c. Altogether, how many months or years was your father away from
           home during the first 15 years of your life?
                                   +))))),
                                             +))))),
                                   *MONTHS*
                     __ # OF
                                             *YEARS*
                                   .)))))-
                                             .)))))-
```

```
Before you turned 15, was your (adoptive) mother ever away from home for six
months or longer?
+))))),
          +))))),
*1. YES*
          *5. NO*--->NEXT PAGE, X56
         .)))))-
.)0)))-
Where did she go? (CHECK ALL MENTIONS.)
      +))))))))))))))))))))))))))),
      *A. ARMED FORCES/WORK ASSIGNMENT*
      .)))))))))))))))))))))))))))))
      +))))))))),
      *B. HOSPITAL*
      .))))))))-
      +)))))))))),
      *C. JAIL/PRISON*
      .))))))))))-
      +)))))))))))))))))))))))))),
      *D. MARITAL SEPARATION/DESERTION*
      .))))))))))))))))))))))))))))))
      +))))))))))))))))))))))))))))))))))))
      *E. OTHER (SPECIFY:)
      *X55b. How old were you (when she/the first time she) went away?
               ____ YEARS OLD
*X55c. Altogether, how many months or years was your mother away from
      home during the first 15 years of your life?
                             +))))),
                                      +)))),
            _____ # OF
                             *MONTHS*
                                      *YEARS*
                             .)))))-
                                      .)))))-
```

```
X56. Before the age of 15, were you ever away from home for six months or longer--
    either living with other relatives, in a boarding school, hospital, juvenile
    detention center, or elsewhere?
             +))))),
    +))))),
    *1. YES*
              *5. NO*--->TURN TO P. 334, X60
    .))0)))-
              .)))))-
      ₩
    Were did you go? (CHECK ALL MENTIONS.)
          +)))))))))))))))))))))))),
          *A. LIVING WITH OTHER RELATIVES*
          .)))))))))))))))))))))))))))))))
          +))))))))))))),
          *B. BOARDING SCHOOL*
          .)))))))))))))-
          +)))))))),
          *C. HOSPITAL*
          .))))))))-
          +)))))))))))))))))))),
          *D. JUVENILE DETENTION CENTER*
          .)))))))))))))))))))))))))))))
          *E. OTHER (SPECIFY:)
          How old were you (the first time you/when you) went away?
                _____YEARS OLD
    *X56c. Altogether, how many months or years were you away from home
          during the first 15 years of your life?
                                +))))),
                                         +))))),
              ____ # OF
                                *MONTHS*
                                         *YEARS*
                                .)))))-
                                         .)))))-
    +))))))))))))))),
                       *TURN TO P. 334, X60*
                       .))))))))))))-
```

```
+)))))))))))))))))))))))))))))))))))
*R DID NOT LIVE WITH BOTH PARENTS UP TO AGE 15*
X57. Why didn't you live with both your parents up to the age of 15? (CHECK ALL
    MENTIONS.)
    +)))))))))))),
    *01. MOTHER DIED*
    .))))))))))-
    +))))))))))),
    *02. FATHER DIED*
    .)))))))))))-
    +))))))))))))))),
    *03. BOTH PARENTS DIED*
    .))))))))))))))))-
    +)))))))))))))))))))))))))))
    *04. PARENTS SEPARATED/DIVORCED*
    .))))))))))))))))))))))))))))
    +)))))))))))))))))))))))))))))))
    *05. R WENT TO LIVE WITH OTHER RELATIVES*
    +)))))))))))))))))))))))))))
    *06. R LEFT HOME (TO LIVE ON OWN)*
    .))))))))))))))))))))))))))))))))))
    *97. OTHER (SPECIFY): _____
    X57a. (MORE THAN ONE MENTION IN X57) Which one happened first?
X58. How old were you when (this/EVENT IN X57a) happened?
                                     +)))))))))))))))),
            _____YEARS OLD
                                     *96. OCCURRED AT BIRTH*
                               OR
                                     .))))))))))))))))))-
```

X60.	Who was the <u>major</u> financial support of your household up to the time you turned 15 years of age?						
	+))))))), +)))))), +)))))), +))))), +))))), +)) *1. NATURAL* *2. NATURAL* *3. OTHER* *4. OTHER * *7. * FATHER * * MOTHER * * MALE * * FEMALE* *						
	.)))))))))))))))))))))))))))))))))))	* * *					
	* .)); * * *))))))))))))))))))))))))))))))))))))))					
X61.	What was (his/her) occupation on (his/her) main job?	+))))))))))))), *996. NOT WORKING* .)))))))))))))) NEXT PAGE, X63					
X61a.	What kind of work did (he/she) do? What were (his/he activities or duties?	er) most important					
X62.	What kind of business or industry was that in? What (he/she) worked?	did they make or do where					
	(IIC, DIIC, WOLLEGE.						

```
What was the highest grade of school or year of college your (MAJOR FINANCIAL
    SUPPORT) completed?
    GRADES OF SCHOOL
                                            YEARS OF COLLEGE *
    .))))))))))))))))))))))))))))))))))
    +))))))))))),
                                  *GO TO X64*
                                 .)))))))-
    *98. DON'T KNOW*
    .))))))))))-
    X63a. What would be your best guess?
X64. Compared with the average family in your community at the time you were
    growing up, were you better off financially, about average, or worse off
    during most of your childhood?
    +)))))))))),
                +))))))))))),
                                 +))))))))),
    *1. BETTER OFF*
                *2. ABOUT AVERAGE*
                                 *3. WORSE OFF*
    .)))))))))-
                .)))))))))))))-
                                 .)))))))))-
                           +))))))))))))))))))))))))))))))
                           *X64a. Was that <u>a lot</u> worse off, <u>some</u>-
                                what, or just a little worse off?*
                                +))))),+))))),+))))),
                                *1. A **2. SOME-* *3. A
                                   LOT**
                                        WHAT * *
                                                LITTLE*
                                .))))))-.))))))- .))))))- .))))))-
                           ₩
   Before you turned 15, did you work to help support the family?
X65.
    +))))),
            +))))),
```

5. NO

.)))))-

1. YES
.)))))-

```
young people did not have?
     +))))),
               +))))),
               *5. NO^*--->GO TO X67
     *1. YES*
     .)0)))-
               .)))))-
     * X66a. What kinds of responsibilities?
     X67.
    Overall, how would you rate (your parents' marriage/the marriage of the people
     who raised you) while you were growing up--excellent, good, fair, or poor?
                           +)))))), +)))),
                  +)))))),
                                              +))))))))),
     +))))))))),
     *1. EXCELLENT* *2. GOOD* *3. FAIR* *4. POOR* *5. NO COUPLE*
     .)))))))))) - .))))))) - .))))))) - .))))))) - * [IF VOL.]*
                                              .)))))))))-
X68. How much conflict and tension was there in your household while you were
    growing up--a lot, some, a little, or none?
     +))))))),
                +)))))),
                           +)))))))),
                                          +)))))),
                           *3. A LITTLE*
                                          *4. NONE*
     *1. A LOT*
                *2. SOME*
     .)))))))-
                .))))))-
                          .)))))))))-
                                         .))))))-
X69. Did you have a close and confiding relationship with (either/any) of (your
     parents/the people who raised you) during most of your childhood?
     +))))),
               +))))),
     *1. YES*
               *5. NO*
     .))))))-
    Did you have a close and confiding relationship with any other adult during
     most of your childhood?
     +))))),
              +))))),
     *1. YES*
               *5. NO*
     .)))))-
              .)))))-
```

X66. Before you turned 15, did you have any other adult responsibilities that most

```
X71. (RB, P. 48) Please look at List A on Page 48. When you were growing up, how
    often did someone in your household do any of the things in List A to you--
    often, sometimes, rarely, or never?
    .))))0)))- .))))))))- .))))))- .))))))- .))))))-
        .))))))))))))))))))))))))))))
    *X71a. (RB, STILL ON P. 48) Who did this to you?
          (Give me the letter from the list at the
          bottom of the page.) (PROBE: Anyone else?)
          (CHECK ALL MENTIONS.)
          * * A. NATURAL FATHER
          . ))-
          +)),
          * * B. STEP FATHER
          .))-
          +)),
          * * C. NATURAL MOTHER
          . ))-
          * * D. STEP MOTHER
         .))-
          +)),
          * * E. BROTHER/SISTER
          .))-
          +)),
          * * F. OTHER PERSON
          .))-
```

```
X73. (RB, STILL ON P. 48) Now look at List B on Page 48. When you were growing
     up, how often did someone in your household do any of the things in List B
     to you--(often, sometimes, rarely, or never)?
     +)))))), +)))))), +)))))), +))))), +))))), +))))
     *1. OFTEN* *2. SOMETIMES* *3. RARELY* *4. NEVER*--->GO TO X74
     .)))))))- .)))))))- .))))))- .))))))- .))))))- .))))))
          .)))))))))))))))))))))))))))
     +)))))))))))))))))))))))))))))))))))))
     *X73a. (RB, STILL ON P. 48) Who did this
            to you? (Just give me the letter from
           the list at the bottom of the page.)
            (PROBE: Anyone else?)
            (CHECK ALL MENTIONS.)
            +)),
            * * A. NATURAL FATHER
           .))-
            * * B. STEP FATHER
            . ))-
            * * C. NATURAL MOTHER
            .))-
            * * D. STEP MOTHER
            .))-
            +)),
            * * E. BROTHER/SISTER
            .))-
            +)),
            * * F. OTHER PERSON
           . ))-
```

```
X75. (RB, STILL ON P. 48) Look at List C on Page 48. When you were growing up,
     how often did someone in your household do any of the things in List C \underline{\text{to you}}
     --(<u>often</u>, <u>sometimes</u>, <u>rarely</u>, or <u>never</u>)?
     +))))))),
     .)))))))- .)))))))- .))))))- .)))))- .))))))-
         .))))))))))))))))))))))))))))
     +))))))))))))))))))))))))))))))))))
     *X75a. (RB, STILL ON P. 48) Who did this
           to you? (Just give me the letter from
           the list at the bottom of the page.)
           (PROBE: Anyone else?) (CHECK ALL
           MENTIONS.)
           * * A. NATURAL FATHER
           . ))-
           +)),
           * * B. STEP FATHER
           . ))-
           +)),
           * * C. NATURAL MOTHER
           .))-
           * * D. STEP MOTHER
           . ))-
           +)),
           * * E. BROTHER/SISTER
           .))-
           +)),
           * * F. OTHER
           .))-
```

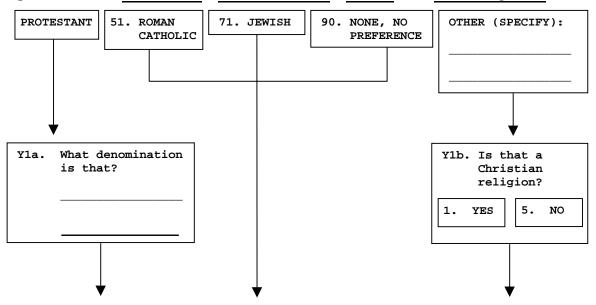
```
I know we touched on this before, but were you raised by your natural mother?
X77.
   +))))),
         +))))),
   *1. YES*
         *5. NO*
   .))))))-
         .))0))-
         *X77a. What woman spent the most time raising you?
                                        +))))))),
                                        *96. NO
                                          WOMAN* *
                                        .)))))))- *
                     RELATIONSHIP TO R
                                      NEXT PAGE, X87*
         ₩
X78.
   Now I would like you to think about the relationship you had with your
   (mother/MENTION FROM X77a) when you were growing up. Overall, was your
   relationship with her <u>excellent</u>, <u>good</u>, <u>fair</u>, or <u>poor</u>?
   +))))))))),
            +)))))),
                  +)))))),
                        +)))))),
   *1. EXCELLENT*
            *2. GOOD*
                  *3. FAIR*
                         *4. POOR*
   .)))))))))- .)))))-
                  .))))))-
                         .))))))-
A *
                                           *NOT AT*
                                        A
                               * LOT *SOME * LITTLE*
                                            ALL *
                               * (1) * (2) * (3)
*X79. How much did she understand your problems and
    worries--a lot, some, a little, or not at all?
How much could you confide in her about things
    that were bothering you--(a lot, some,
    a little, or not at all)?
*X81. How overprotective was she?
*X82. How much did she <u>baby</u> you?
How much effort did she put into watching over
    you and making sure you had a good upbringing?
*X84. How much did she stop you from doing things
    that other kids your age were allowed to do?
*X85. How strict was she with her rules for you?
*X86. How <u>consistent</u> was she about the rules?
```

```
X87.
   Were you raised by your natural father?
   +))))),
         +)))),
   *1. YES*
          *5. NO*
   .))))))-
         .))0))-
          *X87a. What man spent the most time raising you?
                                        +)))))))), *
                                        *96. NO MAN**
                                        .))))))))-*
                      RELATIONSHIP TO R
                                       NEXT PAGE, X97*
         ₩
X88.
   Now I would like you to think about the relationship you had with your
   (father/MENTION FROM X87a) when you were growing up. Overall, was your
   relationship with him <u>excellent</u>, <u>good</u>, <u>fair</u>, or <u>poor</u>?
   +))))))))),
            +)))))),
                   +)))))),
                        +)))))),
   *1. EXCELLENT*
            *2. GOOD*
                   *3. FAIR*
                         *4. POOR*
   .)))))))))- .)))))-
                   .))))))-
                         .))))))-
* A
                                 A *
                                           *NOT AT*
                                * LOT *SOME * LITTLE*
                                             ALL *
                                             (4) *
                                * (1) * (2) * (3)
*X89. How much did he understand your problems and
    worries--<u>a lot</u>, <u>some</u>, a <u>little</u>, or <u>not at all</u>?
How much could you confide in him about things
    that were bothering you--(a lot, some,
    <u>a little</u>, or <u>not at all</u>)?
*X91. How <u>overprotective</u> was he?
*X92. How much did he baby you?
How much effort did he put into watching over
    you and making sure you had a good upbringing?
How much did he stop you from doing things
    that other kids your age were allowed to do?
*X95. How strict was he with his rules for you?
*X96. How <u>consistent</u> was he about the rules?
```

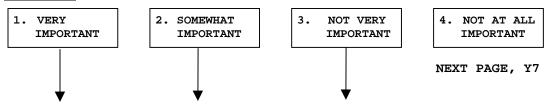
```
X97. When you were growing up, how popular were you with other children--very
     popular, somewhat, not very, or not at all popular?
     +))))))))), +)))))), +)))))), +)))))), +)))))), +)))))), +))))))
     *1. VERY POPULAR* *2. SOMEWHAT* *3. NOT VERY* *4. NOT AT ALL POPULAR*
     .))))))))))- .)))))))- .)))))))- .)))))))- .))))))
    Did you have <u>a lot</u> of friends, a <u>few</u> friends, or <u>no friends at all</u>?
X98.
     +)))))), +))))), +)))))),
     *1. A LOT* *2. FEW* *3. NO FRIENDS*--->GO TO X101
     .)))))))- .))))))- .)))))))- .
X99. When you were growing up, how much could you count on your friends when things
     went wrong--<u>a lot</u>, <u>some</u>, <u>a little</u>, or <u>not at all</u>?
     +)))))), +))))), +)))))), +)))))), +))))),
     *1. A LOT* *2. SOME* *3. A LITTLE* *4. NOT AT ALL*
     X100. How much could you open up to your friends about your problems -- a lot, some,
     a little, or not at all?
     +)))))), +))))), +)))))), +)))))), +))))), +
     *1. A LOT* *2. SOME* *3. A LITTLE* *4. NOT AT ALL*
     .)))))))- .))))))- .))))))- .))))))- .))))))- .))))))
X101. When you were growing up, how shy were you around other children you did not
     know well--very shy, somewhat shy, not very shy, or not at all shy?
     +)))))))), +))))))))), +)))))))), +)))))), +)))))),
     *1. VERY SHY* *2. SOMEWHAT SHY* *3. NOT VERY SHY* *4. NOT AT ALL SHY*
     X102. How easily were your feelings hurt by things that other children said about
     you or did to you--very easily, somewhat, not very, or not at all easily?
     +))))))))), +)))))), +))))))), +)))))), +)))))),
     *1. VERY EASILY* *2. SOMEWHAT* *3. NOT VERY* *4. NOT AT ALL EASILY*
     .)))))))))- .))))))-
```

SECTION Y: RELIGION

Y1. The next several questions are about religion. Is you religious preference-- Protestant, Roman Catholic, Jewish, or something else?



Y2. In general, how important are religious or spiritual beliefs in your daily life-- Very important, somewhat, not very or not at all important?



Y3. INTERVIEWER CHECKPOINT

Y1, Y1b	
│	R IS JEWISH → NEXT PAGE, Y7
	R IS OTHER NON-CHRISTIAN ("NO" AT Y1b) → NEXT PAGE, Y7
3.	All OTHERS → NEXT PAGE, Y4

Y4.	Have you been "born again," that is, had a turning point in your life when you committed yourself to Jesus Christ?
	1. YES 5. NO
Y5.	Do you ever try to encourage people to believe in Jesus and to accept Him as their Savior?
	1. YES 5. NO
Y6.	Please tell me whether you agree or disagree with the following statement: "The Bible is the actual Word of God and is to be taken literally, word for word."
	1. AGREE 5. DISAGREE
Y7.	How often do you attend religious services more than once a week, about once a week, 1 to 3 times a month, less than once a month, or never?
	1. MORE THAN 2. ABOUT 3. 1 TO 3 4. LESS THAN 5. NEVER
	ONCE A ONCE A TIMES A ONCE A MONTH MONTH
Y8.	When you have problems or difficulties in your family, work, or
10.	personal life, how often do you seek spiritual comfort almost always, often, sometimes, rarely, or never?
	1. ALMOST 2. OFTEN 3. SOMETIMES 4. RARELY 5. NEVER
Y9.	When you have decisions to make in your daily life, how often do you
	ask yourself what God would want you to do (almost always, often, sometimes, rarely or never)?
	1. ALMOST ALWAYS 2. OFTEN 3. SOMETIMES 4. RARELY 5. NEVER

SECTION Z: DEMOGRAPHICS

The final questions are about your racial and ethnic background.

```
Are you of Spanish or Hispanic descent, that is, Mexican, Mexican American,
7.1
     Chicano, Puerto Rican, Cuban or Spanish? (IF NECESSARY, Which one?)
+))))))))))))))))),
*00. NOT SPANISH / HISPANIC*
.)))))))))))))))))))))))))))
*01. MEXICAN**02. MEXICAN **03. CHICANO**04. PUERTO**05. CUBAN**97. OTHER SPANISH *
             AMERICAN*.)))))))))))-* RICAN *.))))))))-*
.))))))))-*
                                  .))))))))-
           . ))))))))))-
                                                       . ))))))))))))))))-
Z2.
    (RB, P. 49) In addition to being American (and MENTION FROM Z1), what are
     your (other) main ethnic origins? (Please tell me the letter that describes
     your main ethnic group.) (CHECK ALL MENTIONS.)
                                        +), K. ITALIAN (09)
        A. AFRICAN (01)
     +), B. AMERICAN INDIAN (02)
                                        +),
.)-
     +), C. ASIAN (03) (SPECIFY:)
                                        +), M. NEAR EASTERN (11) (SPECIFY:)
                                        +),
.)-
        D. CZECHOSLOVAKIAN (04)
                                        +),
.)-
        E. DUTCH (16)
        F. ENGLISH (05)
                                           Q. SCANDINAVIAN (14) (SPECIFY:)
     +), G. FRENCH (06)
                                           R. SCOTTISH (15)
     +), H. GERMAN (07)
                                           S. OTHER (97) (SPECIFY:)
     +),
)- J. IRISH (08)
                                        +), T. NONE (96)
```

MENTIONS IN Z1-Z2)?

Z3a. Which one do you feel best describes your ethnic background--(REPEAT ALL

Z4. How close are your ideas and feelings about things to people of (MENTION FROM Z3a/Z2/Z1) descent--very close, somewhat close, not very close, or not close at all?

```
Are you white, black, American Indian, Asian, or another race? (CHECK ALL
Z5.
    MENTIONS.) (PROBE BEFORE ACCEPTING REFUSAL.)
    +)))))), +)))))), +))))))), +))))))), +)))))), +)))))), +))))),
    *A. WHITE**B. BLACK**C. AMERICAN**D. ASIAN**E. OTHER (SPECIFY): **F. REFUSED*
    .)))))))-.))))))-* INDIAN *.))))))-*
                                                    *.))))))))-
                   .))))))))-
                                                    NEXT PAGE,
                                                        Z6
                                    .))))))))))))))))))-
                                         ₩
                                ♡
    INTERVIEWER CHECKPOINT
    * * * 1. MULTIPLE BOXES CHECKED AT Z5
     . 0) -
        * * 2. "WHITE" IS ONLY BOX CHECKED AT Z5--->NEXT PAGE, Z6
        .))-
        +)),
        * * 3. ALL OTHERS--->GO TO Z5c
        . ))-
    Z5b. Which do you feel best describes your race?
    *1. WHITE**2. BLACK**3. AMERICAN**4. ASIAN**7. OTHER (SPECIFY): **8. DON'T*
    .)))))))-.))))))-* INDIAN *.))))))-*
                                                       KNOW *
                   .))))))))-
                                                    *.))))))-
                                                    * NEXT PAGE,
                                                        Z6
                                    . ))))))))))))))))))))
    How close are your ideas and feelings about things to people of the *
         (MENTION FROM Z5b/Z5) race--very close, somewhat close, not very, or*
         not close at all?
         +))))))),
                  +))))))))),
                             +))))))))),
                                        +))))))))),
         *1. VERY *
                  *2. SOMEWHAT*
                             *3. NOT VERY*
                                        *4. NOT CLOSE*
            CLOSE*
                     CLOSE
                                CLOSE
                                           AT ALL
         .)))))))- .)))))))- .))))))- .))))))- .))))))- .))))))-
```

```
Z6.
     Were you born in the United States?
     +))))),
               +)))),
               *5. NO*
     *1. YES*
     .))))))-
               .))0))-
                  ♡
               *Z6a. How old were you when you first came to the *
                     United States?
                              YEARS OLD
               ₩
Z7.
    How many of your parents were born in the United States?
     +))))))), \quad +)))))), \quad +)))))), \quad +))))))),
     *0. NONE* *1. ONE* *2. TWO* *8. DON'T KNOW*
     .)))))))- .))))))- .))))))- .))))))-
    Did you speak a language other than English at home when you were a child?
Z8.
     +))))),
               +))))),
     *1. YES*
               *5. NO*--->GO TO Z10
     .))))))-
             .)))))-
     Did you also speak English at home?
Z9.
     +))))),
             +))))),
               *5. NO*
     *1. YES*
     .)))))- .))))-
Z10.
    How many brothers and sisters did you have while you were growing up,
     including both natural and step or half brothers or sisters, if any?
     +))))))),
     *96. NONE*
                      # BROTHERS/SISTERS
     .)))))))-
     GO TO Z12
Z11. How many were older than you?
           ____# OLDER
```

```
Z12. Was the area where you were raised during most of your childhood <u>rural</u>, a
    small town, a medium-sized town, a suburb, or a city?
    +)))))), +))))),, +)))))),, +))))))), +)))))),
    *1. RURAL**2. SMALL**3. MEDIUM**4. SUBURB**5. CITY**6. MOVED AROUND
    .)))))))-* TOWN ** TOWN *.))))))))-* A LOT [IF VOL.] *
                                      .))))))))))))))-
          .)))))))-.)))))-
Z13. How many times during your childhood did you move to a totally new
   neighborhood or town?
           # TIMES
Z14. How many years have you lived in this state?
                         +))))))),
                         *97. WHOLE*--->GO TO Z15
                # YEARS <u>OR</u>
                            LIFE *
                         .)))))))-
    *Z14a. How many years have you lived in this part of the country?*
                      # YEARS
    Z15. About how many miles do you currently live from the place where you were
    raised during most of your childhood?
                           +)))))))))))))),
                           *9996. MOVED AROUND
             # MILES OR
                                A LOT [IF VOL.] *
                           .))))))))))))))-
Z16. What is the highest grade of school or year of college you completed?
    GRADES OF SCHOOL
                                       * YEARS OF COLLEGE *
    **00**01**02**03**04**05**06**07**08**09**10**11**12***13**14**15**16**17+**
```

Z17.	what is the month, day, and ye	ear of your birth?
	MONTH / DAY / YEAR	
Z18.	This completes the interview.	Thank you for answering these questions.

Z19.	EXACT TIME NOW:
<i></i>	Divici illuid ito w.

SECTION AA: INTERVIEWER'S OBSERVATIONS

HOUSEHOLD RESIDENTS

11000111012		
(a) RELATIONSHIP TO RESPONDENT	(b) SEX	(c) AGE
1. RESPONDENT		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

AA3. Was anyone else present during any portion of the interview?
+))))),
+)))),
1. YES
5. NO--->GO TO AA7
.))))).))))-

```
AA4. Who was present? (CHECK ALL THAT APPLY.)
     +)),
     * *A. PARENT(S)
     .))-
     +)),
     * *B. SPOUSE/PARTNER
     .))-
     +)),
     * *C. CHILD(REN) UNDER AGE 6
     .))-
     +)),
     * *D. PERSON(S) AGE 6-17
     .))-
     +)),
     * *E. OTHER ADULT(S)
     .))-
AA5. During how much of the interview was one of these persons present?
     +))))), +))))), +))))))), +))))))), +)))))), +)))))),
     *1. ALL* *2. MOST* *3. ABOUT HALF* *4. ABOUT ONE* *5. LESS THAN *
     .)))))))))- .)))))))-
AA6. How much was R distracted by (this person/these persons)?
     +)))))), +))))), +))))), +))))), +)))),
     *1. A LOT* *2. SOME* *3. LITTLE* *4. NONE*
     .)))))))- .))))))- .))))))- .))))))-
AA7. How was R's understanding of the questions?
     .)))))))))- .))))))- .))))))- .))))))- .))))))-
AA8.
    How was R's cooperation during the interview?
     +)))))))), +))))), +))))), +))))), +))))), +))))
     *1. EXCELLENT* *2. GOOD* *3. FAIR* *4. POOR*
     .)))))))))- .))))))- .))))))- .))))))- .))))))-
    How much did R seem to enjoy the interview?
AA9.
     +)))))), +))))), +)))))), +)))))), +))))))
     *1. A LOT* *2. SOME* *3. A LITTLE* *4. NOT AT ALL*
     .)))))))- .))))))- .))))))- .))))))- .))))))- .))))))-
AA10. How much effort did R put into answering the questions?
     +)))))), +))))), +)))))), +)))))), +))))), +))))
     *1. A LOT* *2. SOME* *3. VERY LITTLE* *4. NONE*
     .)))))))- .))))))- .))))))- .))))))- .))))))-
```

```
AA11. Did R use made up or meaningless words?
+))))), +)))),
*1. YES* *5. NO*
.)))))- .))))-
```

AA12. Did R answer some questions in ways that made no sense or that seemed totally unrelated to the questions asked?

```
+)))))), +))))),
*1. YES* *5. NO*
.))))))- .)))))-
```

AA13. Did R have a total lack of emotional responsiveness or facial expression that persisted throughout the interview?

```
+)))))), +))))),
*1. YES* *5. NO*
.))))))- .)))))-
```

AA14. Did R behave as if he/she was hallucinating? (e.g., as if hearing voices or seeing visions, lips move soundlessly, giggles to self--not just from embarrassment or shyness, glances over shoulder, as if distracted by a voice.)

```
+)))))), +))))),
*1. YES* *5. NO*
.))))))- .)))))-
```

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AA15. T	HUMBNAIL SKETCH		
-		 	
·		 	
-		 	

AA16. BE SURE TO THOROUGHLY EDIT THIS INTERVIEW AND COVERSHEET BEFORE MAILING THEM.

SECTION BB: INTERVIEWER'S OBSERVATIONS

BB1. INTERVIEWER: RECORD HOUSEHOLD LISTING FROM COVERSHEET BY RELATIONSHIP TO R.

HOUSEHOLD RESIDENTS

(a) RELATIONSHIP TO RESPONDENT	(b) SEX	(c) AGE
1. RESPONDENT		
2.		
3.		
4.		
5.		
6.		
7		
8.		
9.		
10.		
11.		
12.		

BB2.	Weather	at	time	of	interview:

1. RAINY;	2.	. OVERCAST	3.	HAZY;	4.	PARTLY	5.	CLEAR
SNOWY				MOSTLY		CLOUDY		SKIES
				CIOUDY				

BB3. Was anyone else present during any portion of the interview?

	1.	YES		5.	NO	→	GO	то	BB8	
--	----	-----	--	----	----	----------	----	----	-----	--

BB4.	Who was presen	nt? (CHECK AL	L THAT APPLY.)		
	☐ A. PAR	ENT(S)			
	☐ B. SPO	USE/PARTNER			
	C. CHI	LD(REN) UNDER	AGE 6		
	D. PER	SON(S) AGE 6-1	17		
	E. OTH	ER ADULTS			
BB5.	During which present?	portion of the	e interview was	one of these	e persons
	1. PART ONE	2. PART T	3. BO	TH PARTS	
BB6.	During how muc	ch of the inte	erview was one	of these pers	ons present?
	1. ALL	2. MOST	3. ABOUT HALF	4. ABOUT ONE OHARTER	5. LESS THAN ONE OHATTER
BB7.	How much was 1	R distracted b	y (this person	/these person	ıs)?
	1. A LOT	2. SOME	3. A LITTLE	4. NONE	
BB8.	How was R's u	nderstanding c	of the question	s?	
	1. EXCELLENT	2. GOOD	3. FAIR	4. POOR	
вв9.	How was R's co	ooperation dur	ing the interv	iew?	
	1. EXCELLENT	2. GOOD	3. FAIR	4. POOR	
BB10.	How much did	R seem to enjo	y the intervie	w?	
	1. A LOT	2. SOME	3. A LITTLE	4. NOT AT ALL	
BB11.	How much effor	rt did R put i	.nto answering	the questions	;?
	1. A LOT	2.SOME	4. VERY LITTLE	5. NONE	

		e questions in ways that made no sense or that nrelated to the questions asked?
1.	YES	5. NO
expres	sion that	al lack of emotional responsiveness or facial persisted throughout the interview?
1.	YES	5. NO
voices just f	or seeing	if he/she was hallucinating? (e.g., as if hearing visions, lips move soundlessly, giggles to self assment or shyness, glances over shoulder, as if voice.) [5. NO]
INTERV	TIEWER CHEC	KPOINT
SEE	REFERENCE	CARD, "SECTION K" K14 - K34
	ONE OR	MORE "SECTION K" BOXES CHECKED ON REFERENCE DE 2
	☐ 2. AI	L OTHERS → NEXT PAGE, BB20
\		
nid R	continual	y look down or away from you?
1.	YES	5. NO
Did R	continual	y stare at you?
1.	YES	5. NO
struck laughe have e	you as veed at odd texpected;	ther type of behavioral or emotional responses try inappropriate or very unusual? (For example, imes; became angry or fearful at times you would alked to him/herself; acted overly familiar; act
hostil	,	

BB12. Did R use made up or meaningless words?

5.

NO

1. YES

вв20.	THUMBNAIL SKETCH			
_				
_				
-				
_				
_				
_				
_				
_				
-				
<u>-</u>				
-				
_				
•				
•				

BB21. BE SURE TO THOROUGHLY EDIT THIS INTERVIEW AND COVERSHEET BEFORE MAILING THEM.

CONTINUE ON NEXT PAGE IF NECESSARY.

SUBSTANCE USE

ADMINISTER SUBSTANCE QUESTIONS.

IMPAIRMENT PROBES

ADMINISTER IMPAIRMENT QUESTIONS.

Impairment Probes

How did this (SYMPTOM) affect your life?

Did you change your activities in any way because of it?

Was it on your mind alot? Did it worry you alot?

Did you talk with anybody about it?

Did anyone notice a change in your behavior?

Did anyone worry about you at that time?

Did your personality change?

Were you thinking clearly at the time?

Did you experience any difficulty in your thinking?

Were you able to concentrate on things that you needed to do for the day or the important things that were happening in your life at that time?

Were you able to carry on your normal daily routines? Could you eat, bathe, etc.?

Were you able to perform a task from start to finish? Did you know what day it was?

Did you try to alter your appearance as a result of (SYMPTOM)?

Overall, if you had to rate how much this experience affected your life at that time, would you say:

alot some a little not at all

Did that experience continue to affect (or interfere) with your life?

Substance Use Probes

(Did you ever have a problem with alcohol or drugs?)

Were you (ever)/(always) under the influence when you (symptom?)

(Could that have caused it?)

(Was there ever a time when you <u>weren't</u> drinking or using drugs when this happened?

Would (Sx) go away totally when you stopped using MED/DRUG/ALC?

Section K Telephone Reinterview

National Survey of Health and Stress

11/91

Interviewer:			_	
Case ID:		-		
Date:		-		
Time at start of interview:		a.m.		
Time at end of interview:		a.m. p.m.		
Length of interview:	(minutes)	-		
Edited by:			Date:	

K 1/14 Have you ever believed that people were spying on you or following

(Could you give me an example of a time when this happened?)

PROBES FOR EXAMPLE

- 1. Can you tell me more about what happened?
- 2. How did you know this was happening?
- 3. Who was spying on you or following you? (A lot of people, a few people, or only one person?) (Someone you knew or a stranger?)
- 4. Why were they spying on or following you? (Why you?)
- 5. What did they hope to see or find out?
- 6. Where did this occur? At work, at home, out in public?
- 7. Were video cameras or microphones or other electronic equipment used?
- 8. When did this occur?
- 9. Was it a one time occurrence? (Did it happen repeatedly?)

PROBES FOR OTHER TIMES

- 10. Was there another time in your life when you thought you were spied on or followed? IF YES, REPEAT THE QUESTIONS ABOVE.
- 11. How often have you believed (Sx)?

ADDITIONAL PROBES

12. If you were going out to a public place tomorrow, do you think you would be spied on or followed?

DURATION PROBES

13. How long did this experience of people spying on you last? (Did it last a minute, a few minutes, an hour, a day, several days, a week, several weeks, more than six months, a year, or more than a year?)

```
IF NORMAL, PUT AN "X" HERE ( ) AND SKIP TO NEXT SYMPTOM.
IMPAIRMENT PROBES
                                            +)))))))))),
15. Did you tell any other professional about (Sx)? . . . . . . . /)))))3))))
16. Did you take medication more than once for (Sx)? . . . . ./)))))))))
17. Did (Sx) interfere with your life or activities a lot?...)))))))
ADD OTHER IMPAIRMENT PROBES AS NECESSARY
                                      +))),
```

```
+))),
                  +))),
```

```
* 3 * INCAPACITATING
IMPAIRMENT RATING: * 1 * NONE
                                 * 2 * MODERATE
                  .)))-
                                 . )))-
                                                      . )))-
                                                +))),
                                                           +))),
                                                                      +))),
```

PROBE FLOW CHART RATING:

```
* 1 *
           * 2 *
                       * 3 *
            .)0)-
. )0)-
                       . )0)-
 R
             R
                        R
SX
             MED
                        ILL
```

SUBSTANCE USE PROBES: AS NECESSARY TO CLARIFY "ALWAYS THE RESULT OF"

.))))))))- .)))))))- .)))))))- .)))))))- .)))))))

K 2/15 Have you ever <u>believed that you were being secretly tested or experimented on</u>, that someone was plotting against you, or <u>that someone was trying to poison you or hurt you?</u>

(Could you give me an example of a time when this happened?)

PROBES FOR EXAMPLE

- 1. Can you tell me more about what happened?
- 2. How did you know this was happening?
- 3. Who was (testing/experimenting/plotting/trying to hurt) you? (A lot of people, a few people, or only one person?) (Someone you knew or a stranger?)
- 4. Why were they trying to (Sx) you? (Why you?)
- 5. What did they hope to accomplish? (Or what were they trying to do?)
- 6. Where did this occur? At work, at home, out in public?
- 7. Were video cameras or microphones or other electronic equipment used?
- 8. When did this occur?
- 9. Was it a one time occurrence? (Did it happen repeatedly?)

PROBES FOR OTHER TIMES

- 10. Was there another time in your life when you thought (Sx)? IF YES, REPEAT THE QUESTIONS ABOVE.
- 11. How often have you (Sx)?

ADDITIONAL PROBES

- 12. Has anyone been making life hard, or deliberately causing you trouble, or trying to hurt you? (Is there some group involved?)
- 13. Has anybody been against you, been giving you a hard time, or accusing you of things? Are people too critical of you?
- 14. Do you feel you have to be on guard with people?
- 15. Have you felt that people were talking about you behind your back, or taking special notice of you, or laughing at you?
- 16. Have you felt distrustful of others or afraid that you would be taken advantage of?

DURATION PROBES

21. Did (Sx) interfere with your life or activities a lot?...)))))))ADD OTHER IMPAIRMENT PROBES AS NECESSARY

PROBE FLOW CHART RATING:

* 1 * 2 * * 3 *

.)0)
R

R

SX

MED

ILL

K 2/15 NOTES
DIAGNOSTIC NOTES
+)))),
PRB * 1. * Symptom does not meet flow chart impairment criteria. .))))- +)))), * 5. * Symptom meets flow chart impairment criteria.
.))))-
+)))), * 9. * Symptom was not probed))))-
RATE THE +), +), +), +), +), +), +), +), +), SYMPTOM: *A* NORMAL *B* ODD, BUT NOT *C* POSSIBLE *D* PROBABLE *E* DEFINIT .))))-
+), *F* SUBSTANCE USE RELATED, *G* SUBSTANCE USE RELATED, .)- DO NOT EXPECT PSYCHOSIS .)- SUSPECT PSYCHOSIS

- K 3/16 Have you ever <u>believed that someone was reading your mind</u>?
 - (Could you give me an example of a time when this happened?)
- K 16a. Did they actually know what you thought or were they just guessing from knowing you a long time or from the look on your face?)

PROBES FOR EXAMPLE

- 1. Can you tell me more about what happened?
- 2. How did you know they were reading your mind?
- 3. Who was reading your mind? (A lot of people, a few people, or only one person?) (Someone you knew or a stranger?)
- 4. Why were they reading your mind? (Why was this happening?) (Why you?)
- 5. What did they hope to learn by reading your mind?
- 6. Where did this occur? At work, at home, out in public?
- 7. Were video cameras or microphones or other electronic equipment used?
- 8. When did this occur?
- 9. Was it a one time occurrence? (Did it happen repeatedly?)

PROBES FOR OTHER TIMES

- 10. Was there another time in your life when you thought someone was reading your mind? IF YES, REPEAT THE QUESTIONS ABOVE.
- 11. How often have you had the belief that someone was reading your mind?

ADDITIONAL PROBES

12. Can you tell me what you think was happening?

DURATION PROBES

13. How long did this experience of someone reading your mind last? (Did it last a minute, a few minutes, an hour, a day, several days, a week, several weeks, more than six months, a year, or more than a year?)

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IF NORMAL, PUT AN "X" HERE ( ) AND SKIP TO NEXT SYMPTOM.
YES NO
IMPAIRMENT PROBES
                                         +)))))))))),
   Did you tell any other professional about (Sx)? . . . . . ./)))))))))
   16.
   Did (Sx) interfere with your life or activities a lot?. . ..))))))))
17.
ADD OTHER IMPAIRMENT PROBES AS NECESSARY
            +))),
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                                    * 3 * INCAPACITATING
IMPAIRMENT RATING: * 1 * NONE
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SUBSTANCE USE PROBES: AS NECESSARY TO CLARIFY "ALWAYS THE RESULT OF"
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K 3/16 NO	TES
DIAGNOSTI	C NOTES
.)))) +))))	* Symptom does not meet flow chart impairment criteria. - * Symptom meets flow chart impairment criteria.
+))))	* Symptom was not probed.
RATE THE SYMPTOM:	+), +), +), +), +), +), +), +), *A* NORMAL *B* ODD, BUT NOT *C* POSSIBLE *D* PROBABLE *E* DEFINITE .))))- +), +), *F* SUBSTANCE USE RELATED, *G* SUBSTANCE USE RELATED,
	.)- DO NOT EXPECT PSYCHOSIS .)- SUSPECT PSYCHOSIS

(Could you give me an example of a time when this happened?)

PROBES FOR EXAMPLE

- 1. Can you tell me more about what happened?
- 2. How did you know this was happening? How do you think they were able to do this?
- 3. Who was able to hear your thoughts? (A lot of people, just a few people, or only one person?) (Someone you knew or a stranger?)
- 4. Why were they able to hear your thoughts? (Why you?)
- 5. What were they able to hear or find out from your thoughts?
- 6. Where did this occur? At work, at home, out in public?
- 7. Was there special equipment used
- to hear your thoughts?
- 8. When did this occur?
- 9. Was it a one time occurrence? (Did it happen repeatedly?)
- 10. Did it happen repeatedly over a certain period of time?

PROBES FOR OTHER TIMES

- 11. Was there another time in your life when you thought that others could hear your thoughts? IF YES, REPEAT THE QUESTIONS AGAIN.
- How often have you had the belief that others could hear your thoughts?

ADDITIONAL PROBES

- 13. Have you ever felt that your thoughts were being broadcast out loud so that other people knew what you were thinking?
- 14. Did you feel that your thoughts actually left your head and could be heard by others, or was it just that people who knew you well could tell what you were thinking?

DURATION PROBES

How long did this experience of others being able to hear your thoughts last? (Did it last a minute, a few minutes, an hour, a day, several days, a week, several weeks, more than six months, a year, or more than IF NORMAL, PUT AN "X" HERE () AND SKIP TO NEXT SYMPTOM. YES NO IMPAIRMENT PROBES +)))))))), 17. Did you tell any other professional about (Sx)?/)))))3)))) 18. Did you take medication more than once for (Sx)?/)))))3))))) 19. Did (Sx) interfere with your life or activities a lot?...))))))))) ADD OTHER IMPAIRMENT PROBES AS NECESSARY +))), +))), +))), IMPAIRMENT RATING: * 1 * NONE * 2 * * 3 * INCAPACITATING MODERATE .)))-.)))-.)))-+))), +))), +))), * 1 * * 2 * * 3 * PROBE FLOW CHART RATING: .)0)-.)0)-.)0)-R R R

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SUBSTANCE USE PROBES: AS NECESSARY TO CLARIFY "ALWAYS THE RESULT OF"

(Could you give me an example of a time when this happened?)

PROBES FOR EXAMPLE

- 1. Can you tell me more about what happened?
- 2. How did you know you were hearing another person's thoughts?
- 3. Whose thoughts were you hearing?
- 4. Did you hear a lot of people's thoughts, just a few people's thoughts, or only one other person's thoughts?
- 5. Was it someone you knew or a stranger?
- * 6. Do you know why you were able to hear the other person's thoughts?
- * 7. Do you know why this happened?
 - 8. Where did this occur? At work, at home, out in public?
 - 9. Were the other person's thoughts being conveyed electronically or broadcast into your head?
- 10. When did this occur?
- 11. Was it a one time occurrence? (Did it happen repeatedly?)

PROBES FOR OTHER TIMES

- 12. Was there ever another time in your life when you (Sx)? IF YES, REPEAT THE QUESTIONS ABOVE.
- 13. How often have you (Sx)?

ADDITIONAL PROBES

- 14. How was it possible for you to hear what a person thought if that person did not say anything?
- 15. Did it seem like you could actually hear what that person was thinking?

DURATION PROBES 16. How long did this experience of being able to hear what another person was thinking last? (Did it last a minute, a few minutes, an hour, a day, several days, a week, several weeks, more than six months, a year, or more than a year?) IF NORMAL, PUT AN "X" HERE () AND SKIP TO NEXT SYMPTOM. YES NO IMPAIRMENT PROBES +)))))))), 18. Did you tell any other professional about (Sx)?/)))))3)))) 19. Did you take medication more than once for (Sx)?/)))))))) 20. Did (Sx) interfere with your life or activities a lot?...))))))))) ADD OTHER IMPAIRMENT PROBES AS NECESSARY +))), +))), +))), * 2 * MODERATE IMPAIRMENT RATING: * 1 * NONE * 3 * INCAPACITATING .)))-.)))-.)))-+))), +))), +))), * 2 * * 3 * PROBE FLOW CHART RATING: * 1 * .)0)-.)0)-.)0)-R R R

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SUBSTANCE USE PROBES: AS NECESSARY TO CLARIFY "ALWAYS THE RESULT OF"

K 6/19 Have you ever been convinced that you were <u>under the control of</u> some power or force, so that your actions and thoughts were not

(Could you give me an example of a time when this happened?)

PROBES FOR EXAMPLE

- 1. Can you tell me more about what happened?
- 2. How did you know this was happening?
- 3. What power or force controlled you? Was that power or force able to control anyone else?
- 4. Why was this happening to you? (Why you?)
- 5. Where did this occur? At work, at home, out in public?
- 7. Were video cameras or microphones or other electronic equipment used?
- 8. When did this occur?
- 9. Was it a one time occurrence? (Did it happen repeatedly?)

PROBES FOR OTHER TIMES

- 10. Was there ever another time in your life when you thought (Sx)? IF YES, REPEAT THE QUESTIONS ABOVE.
- 11. How often have you been convinced that you (Sx)?

ADDITIONAL PROBES

- 12. Did you believe or have the experience that your feelings (impulses, thoughts or actions) were not your own and were imposed on you by some external force?
- 13. Can you help me understand what you mean when you say you were controlled by some external force?
- 14. Have you ever had the feeling you were being controlled by some force or power outside yourself? (As though you were a robot without a will of your own?) (Or that you were forced to make movements or say things without your willing it?) (Or think things or have impulses that were not your own?)
- 15. Have you ever felt that someone or something outside yourself was controlling your thoughts against your will? Were your thoughts actually being controlled (or was it just someone trying to influence your opinion about something?)

DURATION PROBES How long did this experience of feeling as you were under the control of some power or force last? (Did it last a minute, a few minutes, an hour, a day, several days, a week, several weeks, more than six months, a year, or more than a year?) IF NORMAL, PUT AN "X" HERE () AND SKIP TO NEXT SYMPTOM. YES IMPAIRMENT PROBES +))))))))), 17. Did you tell a doctor about (Sx)? /)))))3))))) 18. Did you tell any other professional about (Sx)? /)))))3)))) 19. Did you take medication more than once for (Sx)?/))))))))) 20. Did (Sx) interfere with your life or activities a lot?...))))))))) ADD OTHER IMPAIRMENT PROBES AS NECESSARY +))), +))), +))), * 3 * INCAPACITATING * 2 * MODERATE IMPAIRMENT RATING: * 1 * NONE .)))-.)))-.)))-+))), +))), +))), * 1 * * 2 * * 3 * PROBE FLOW CHART RATING: .)0)-.)0)-.)0)-R R R

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SUBSTANCE K 6/19 NOT	USE PROBE FES	<u>s</u> : As	NECESSARY	TO CL	ARIFY	"ALWAYS	THE	RESULT	OF"
DIAGNOSTIC	C NOTES								
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.)))); +)))),				: impai	rment (criteri	.a.		
* 9. · .))))·	* Symptom	was no	t probed.						
RATE THE SYMPTOM:	*A* NORMA	.) –	PSYCHOTIC	.).	* POSS	IBLE *I)* PR(OBABLE	+), *E* DEFINITE .)-
	F .)-	SUBST	ANCE USE F	RELATED PSYCHOS:	, *G	* SUBST - SUSPE	CANCE ECT P	USE RE	LATED, S

- K 7/20 Have you ever been convinced that strange thoughts, or thoughts that were not your own, were being put directly into your mind, or that <u>someone</u> or something could <u>steal your thoughts</u> out of your mind?
- K 20a. Can you give me an example of a time when this happened?

- 1. Can you tell me more about what happened?
- 2. How did you know this was happening?
- Who was putting thoughts into or stealing thoughts out of your mind? (Someone you knew or a stranger?)
- 4.) do this just to you or also to other people?
- 5. Why were they (Sx)? Why you?
- Where did this occur? At work, at home, out in public? 6.
- 7. Were video cameras or microphones or other electronic equipment used?
- 8. When did this occur?
- Was it a one time occurrence? (Did it happen repeatedly?)

PROBES FOR OTHER TIMES

- 10. Was there ever another time in your life when you thought (Sx)? IF YES, REPEAT THE OUESTIONS ABOVE.
- How often have you (Sx)? 11.

ADDITIONAL PROBES

- 12. Did you definitely have the feeling that these were not your own thoughts, (or was it just someone trying to persuade you about something)?
- 13. Did you think that somebody else actually put these thoughts directly into your mind? (or took them out)?
- 14. How were they able to do this?
- 15. Can anyone else put thoughts directly into your mind? (or steal thoughts out of your mind)?
- 16. What sorts of thoughts?
- 17. Have thoughts ever been taken out of your head? Were your thoughts actually removed from your mind, (or was it just that you lost your train of thought)?
- Have you had any other occasions when you felt strange thoughts were put 18. directly into your mind or that someone could steal your thoughts out of your mind?

DURATION PROBES 19. How long did this experience of having thoughts put into your mind or stolen out of your mind last? (Did it last a minute, a few minutes, an hour, a day, several days, a week, several weeks, more than six months, YES NO +))))))))), ./))))3))))1 IMPAIRMENT PROBES 20. Did you tell a doctor about (Sx)? . . . 21. Did you tell any other professional about (Sx)? . Did you take medication more than once for (Sx)? 3) Did (Sx) interfere with your life or activities a lot?. ADD OTHER IMPAIRMENT PROBES AS NECESSARY +))),
IMPAIRMENT RATING: * 1 * +))), NONE MODERATE INCAPACITATING .)))-.)))-PROBE FLOW CHART RATING: .)0)-.)0)-.)0)-R R

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K 7/20 NO	NOTES	
DIAGNOSTI	TIC NOTES	
.)))) +))))	* Symptom does not meet flow chart impairment criteria.))-)), * Symptom meets flow chart impairment criteria.	
+))))), * Symptom was not probed.	
RATE THE SYMPTOM:	E +), +), +), +), +), +), +), +), +), +),	
	.) - DO NOT EXPECT PSYCHOSIS .) - SUSPECT PSYCHOSIS	,

- K 8/21 Have you ever <u>believed that you were being sent special messages</u> through television or the radio or that a program had been arranged just for you alone?
- K 21a. Can you give me an example of a time when this happened?

- 1. Can you tell me more about what happened?
- 2. How did you know this was happening?
- 3. Who was sending you special massages through the television or the radio? Who had arranged the program just for you?
- 4. Were a lot of people sending you messages? Were many messages being sent or just one? What was in the message?
- 5. What did the messages say? Was the person sending you the messages someone you knew or a stranger?
- 6. Why were you being sent special messages through the television or radio? or why was the program arranged just for you? (Why you?)
- 7. Where did this occur? At work, at home, out in public?
- 8. Were video cameras or microphones or other electronic equipment used?
- 9. When did this occur?
- 10. Was it a one time occurrence? (Did it happen repeatedly?)

PROBES FOR OTHER TIMES

- 11. Was there ever another time in your life when you thought you were being sent special messages through television or radio or that a program had been arranged just for you alone? IF YES, ASK THE ABOVE QUESTIONS AGAIN.
- 12. How often have you had the feeling that you were being sent special messages through television or the radio or that a program had been arranged just for you alone?

ADDITIONAL PROBES

- 13. Was the program put on to specifically tell you something?
- 14. Was the program put on just for you?
- 15. Did you (Have you ever) had the feeling that the television or radio broadcaster knew you were listening to him?
- 16. Did it ever seem that you received special messages from the way things were arranged? (For example: on a table, color of clothing, birds flying by?)

DURATION PROBES

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How long did this belief of being sent special messages last? (Did it
      last a minute, a few minutes, an hour, a day, several days, a week,
YES
                                                                 +)))))0)))))
IMPAIRMENT PROBES
18. Did you tell a doctor about (Sx)? . . . . . . . . . . . 19. Did you tell any other professional about (Sx)? .
                                                                      3)))
     Did you take medication more than one for (Sx)? . . .
     Did (Sx) interfere with your life or activities a lot?.
ADD OTHER IMPAIRMENT PROBES AS NECESSARY
                   +))),
                                    +))),
                                                               INCAPACITATING
IMPAIRMENT RATING:
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Have you ever felt strange forces working on you, as if you were being hypnotized or magic was being performed on you, or you were being hit by laser beams or x-rays?

(Can you give me an example of a time when this happened?)

PROBES FOR EXAMPLE

- 1. Can you tell me more about what happened? What were the strange forces?
- How did you know this was happening?
- $\underline{\text{Who}}$ hypnotized or performed magic on you? Where were the laser beams
- coming from? Who or what was sending the laser beams or x-rays? Were you the only person being worked on, performed magic on or hypnotized? Were you the only person hit by these laser beams?
- Why was this happening? Why you?
- What did you do while you were hypnotized? What did the strange forces make you do?
- Why were the strange forces working on you? Why were you being hypnotized or having magic performed on you? Why were you being hit by laser beams or x-rays?
- Where did this occur? At work, at home, out in public?
- Were video cameras or microphones or other electronic equipment used? When did this occur?
- Do you think strange forces will be working on you in the future? Do you think you will be hypnotized or have magic performed on you or that you will be hit by laser beams?
- Did it happen repeatedly over a certain period of time?

PROBES FOR OTHER TIMES

- Was there ever another time in your life when you felt strange force working on you? IF YES, ASK THE ABOVE QUESTIONS AGAIN.
- How often have you felt strange force working on you?

ADDITIONAL PROBES

DURATION PROBES						
14. How long did this feeling of having strange forces working on you last?						
(Did it last a minute, a few minutes, an hour, a day, several days, a						
week, several weeks, more than six months, a year, or more than a year?)						
+))))))))))))))))))))))))))))))))))))))						
* IF NORMAL, PUT AN "X" HERE () AND SKIP TO NEXT SYMPTOM.	ć					
.	-					
YES NO						
IMPAIRMENT PROBES +)))))0)))),						
15. Did you tell a doctor about (Sx) ?	l					
16. Did you tell any other professional about (Sx)? /))))))))	l					
17. Did you take medication more than one for (Sx) ?	l					
18. Did (Sx) interfere with your life or activities a lot?)))))))	-					
ADD OTHER IMPAIRMENT PROBES AS NECESSARY						
+))), +))), +))), +))), +))), impairment rating: * 1 * none						
IMPAIRMENT RATING: * 1 * NONE						
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.))))))))))))- +))), +))), +))), +))), +))), +))), +))), +)), +))), +)), +))), +)), +)), +)), +)), +)), +)), +)), +)), +)), +))), +)), +))), +)), +))), +)), +))), +)), +)), +))), +))), +))), +))), +))), +)), +))), +)), +)), +)), +)), +))), +)), +))), +)), +))), +)), +))), +))), +))), +))), +))), +))), +))), +))), +))), +))), +)), +)(), +)(), +())(), +()(), +()(), +()(), +()(), +()(), +()(), +()(), +()(), +()(), +()(), +()(), +()(), +()(), +()()(), +()()()(), +()()()()(), +()()()()()()()()()()()()()()()()()()()						
PROBE FLOW CHART RATING: * 1 * 2 * * 3 *	r					
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SX MED ILL						

SUBSTANCE USE PROBES: AS NECESSARY TO CLARIFY "ALWAYS THE RESULT OF"

19. Would (Sx) go away totally when you stopped using MED/DRUG/ALC?

This space is to use if the Respondent volunteers any delusions which do not fit K $1/14\,$ - K 9/22.

NOTES
DIAGNOSTIC NOTES
+)))), PRB * 1. * Symptom does not meet flow chart impairment criteria\\\\-
* 5. * Symptom meets flow chart impairment criteria. ())))- (* 5. * Symptom meets flow chart impairment criteria. ())))-
+)))), * 9. * Symptom was not probed))))-
RATE THE +), +), +), +), +), +), +), +), SYMPTOM: *A* NORMAL *B* ODD, BUT NOT *C* POSSIBLE *D* PROBABLE *E* DEFINITE .)))))- +), +), +), +), +), +), +), +), +), +),

- K 10/23 Have you ever had the experience of seeing something or someone that others present could not see -- that is, had a vision when you were wide awake?
- K 23a. (What did you see?)

- Can you tell me more about what happened?
- How did you know this was happening?
- Who or what did you see?
- 4. Was your vision a place without people in it? Can you describe it?
- Was the vision a familiar or unfamiliar scene?
- Why do you think you had this vision? (What caused this vision?)
- Did this vision give you special information?
- What were the circumstances before and after the vision? Were you with anyone else?
- Do you know why this happened to you? Where did this occur? At work, at home, out in public? 10.
- Were video cameras or microphones or other electronic equipment 11. used?
- When did this occur? Were you about to fall asleep when you had the 12. vision?
- 13. Was it a one time occurrence? (Did it happen repeatedly?)

PROBES FOR OTHER TIMES

- Was there another time in your life when you thought you had a vision when you were wide awae? IF YES, REPEAT THE QUESTIONS ABOVE.
- How often have you had a vision when you were wide awake?

ADDITIONAL PROBES

- If the vision was of a deceased loved one: How long ago did the person die? Were you feeling depressed at the time you had the vision?
- What did you think about what you saw? 17.
- Have you ever had a vision of anything so unusual that other people didn't believe it?
- Do you dream so vividly that you are not sure if it is a dream or real?
- Do you have/experience visions now?

DURATION PROBES

How long did the vision last? (Did it last a minute, a few minutes, an hour, a day, several days, a week, several weeks, more than six months, a year, or more than a year?)

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YES
                                                  NO
                                           +)))))0)))),
./))))3))))1
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IMPAIRMENT PROBES
24. Did you take medication more than once for (Sx)?
   Did (Sx) interfere with your life or activities a lot?.
ADD OTHER IMPAIRMENT PROBES AS NECESSARY
             +))),
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IMPAIRMENT RATING:
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- K 11/24 Have you ever had the experience of <u>hearing</u> things that other people could not hear, such as noises or a voice?
- people could not hear, such as noises or a voice?
 K 24a. (What did you hear and how do you explain hearing things that other people could not hear?)

- 1. Can you tell me more about what (you heard) happened?
- 2. How did you know this was happening? Can you tell me more about the circumstances when you heard the voices/noises?
- 3. Who's voice did you hear? A man's, a woman's? How old were they? Did you hear voices of a lot of people, a few people, or only one person? Were the voices of people you knew or strangers?
- 4. Do you ever hear two or more voices talking to each other that other people could not hear?
- 5. Were these voices talking to you?
- 6. Did you ever carry on a conversation with the voice(s) just as though someone was there with you?
- 7. Did you ever actually see who you were talking to when you carried on a conversation with the voices?
- 8. What kind of noises did you hear? Were they loud noises or soft noises?
- 9. Could you recognize the noises as familiar sounds?
- 10. Why were you hearing these things?
- 11. Where was the noise/voice coming from?
- 12. Did the voices/noises come from inside or outside your head?
- 13. Where did this occur? At work, at home, out in public?
- 14. Was there special equipment involved with hearing the voices/noises?
- 15. When did this occur? How long did it last?
- 16. Was it a one time occurrence? (Did it happen repeatedly?)

PROBES FOR OTHER TIMES

- 17. Was there another time in your life when you (Sx)? IF YES, REPEAT THE QUESTIONS ABOVE.
- 18. How often have you felt that you could hear things that other people could not hear?

ADDITIONAL PROBES

- 19. Can you help me understand more about how you were able to hear things that other people could not hear?
- 20. Are you currently able to hear things that other people cannot hear?

DURATION PROBES

21. How long did this experience of hearing things that others present could not hear last? (Did it last a minute, a few minutes, an hour, a day, several days, a week, several weeks, more than six months, a year, or

- 23. Did you tell any other professional about (Sx)?/))))))))
- 24. Did you take medication more than once for (Sx)?...../)))))3)))))
- 25. Did (Sx) interfere with your life or activities a lot?...)))))))ADD OTHER IMPAIRMENT PROBES AS NECESSARY

- Have you ever been bothered by strange smells around you that K 12/33 nobody else was able to smell, perhaps even odors coming from your own body?
- (What did you smell and where did the strange smells come from?) K 33a.

- 1. Can you tell me more about what happened?
- 2. How did you know this was happening?
- 3. What was the smell like?
- 4. Where did the smell come from?
- 5. Who or what caused the strange smells?
- 6. Why do you think you were bothered by the smell and no one else was?
- 7. Do you know why this happened to you?
- 8. Where did this occur? At work, at home, out in public?
- 9. When did this occur? How long did it last?
- 10. Was it a one time occurrence? (Did it happen repeatedly?)

PROBES FOR OTHER TIMES

11. Was there ever another time in your life when you were bothered by strange smells that nobody else was able to smell? IF YES, REPEAT THE QUESTIONS ABOVE.

ADDITIONAL PROBES

12. Are you currently bothered by strange smells that nobody else can smell?

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DURATION PROBES
13. How long did this experience of being bothered by strange smells last?
    (Did it last a minute, a few minutes, an hour, a day, several days, a
    week, several weeks, more than six months, a year, or more than a year?)
IF NORMAL, PUT AN "X" HERE ( ) AND SKIP TO NEXT SYMPTOM.
YES NO
IMPAIRMENT PROBES
                                                 +)))))))),
15. Did you tell any other professional about (Sx)? . . . . . ./)))))3)))))
16. Did you take medication more than once for (Sx)?...../)))))3))))
17. Did (Sx) interfere with your life or activities a lot?...)))))))))
ADD OTHER IMPAIRMENT PROBES AS NECESSARY
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IMPAIRMENT RATING: * 1 *
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- K 13/34 Have you ever had unusual feelings inside or on your body, like being touched when nothing was there or feeling something moving inside your body?
- K 34a. (Can you give me an example of a time when this happened?)

- 1. Can you tell me more about what happened? What did it feel like?
- 2. What did you think was moving inside or on your body?
- 3. Did it feel like someone or something was touching you? Did you have a sense of who or what that was?
- 4. Why was this happening? (Why you?)
- 5. Where did this occur? At work, at home, out in public?
- 6. When did this occur?
- 7. Was it a one time occurrence? (Did it happen repeatedly?)

PROBES FOR OTHER TIMES

- 8. Was there another time in your life when (Sx)? IF YES, REPEAT THE OUESTIONS ABOVE.
- 9. How often have you had unusual feelings inside or on your body?

ADDITIONAL PROBES

10. What part of your body did it effect?

DURATION PROBES

```
11. How long did these unusual feelings inside or on your body last? (Did
    it last a minute, a few minutes, an hour, a day, several days, a week,
    several weeks, more than six months, a year, or more than a year?)
IF NORMAL, PUT AN "X" HERE ( ) AND SKIP TO NEXT SYMPTOM.
YES NO
IMPAIRMENT PROBES
                                                +))))))))),
13. Did you tell any other professional about (Sx)? . . . . . ./)))))3))))1
14. Did you take medication more than one for (Sx)? . . . . . . . /)))))3))))
15. Did (Sx) interfere with your life or activities a lot?...))))))))
ADD OTHER IMPAIRMENT PROBES AS NECESSARY
              +))),
                          +))),
                                          +))),
                         * 2 * MODERATE
                                         * 3 * INCAPACITATING
IMPAIRMENT RATING: * 1 * NONE
              .)))-
                          . )))-
                                          .)))-
                                     +))),
                                              +))),
                                                      +))),
                                     * 1 *
                                              * 2 *
                                                      * 3 *
PROBE FLOW CHART RATING:
                                     .)0)-
                                              . )0)-
                                                      .)0)-
                                      R
                                               R
                                                       R
                                                       ILL
                                      SX
                                               MED
```

HAVE YOU EVER HAD ANY OF THESE UNREASONABLY STRONG FEARS?

LIST A Unreasonably strong fear when...

- ... in a crowd or standing in line
- ... leaving your home or being alone away from home
- ... in a public place
- ... riding in cars, trains or buses
- ... crossing a bridge

LIST B Unreasonably strong fear of ...

- ... speaking in public
- ... having to use the toilet when away from home
- ... eating or drinking in public
- ... talking to people because you might have nothing to say or might sound foolish
- ... writing while someone watches
- ... talking in front of a small group of people

LIST C Unreasonably strong fear of ...

- ... heights
- ... flying
- ... closed spaces
- ... being alone
- ... storms, thunder or lightening
- ... snakes, birds, rats, insects or other animals
- ... seeing blood, getting a shot or injection, or seeing a dentist
- ... being in water, like a swimming pool or lake
- ... something else

REACTIONS WHEN YOU WERE WORRIED OR ANXIOUS

- 1. Easily startled
- 2. Trembly or shaky
- 3. Restless
- 4. Bothered by tense, sore, or aching muscles
- 5. Keyed up or on edge
- 6. Particularly irritable
- 7. Heart pounding or racing
- 8. Short of breath or feeling like you were smothering
- 9. Easily tired
- 10. Cold and clammy hands
- 11. Dry mouth
- 12. Nausea or diarrhea
- 13. Difficulty concentrating
- 14. Hot flashes or chills
- 15. Trouble swallowing
- 16. Trouble falling or staying asleep
- 17. Discomfort or pain in the stomach
- 18. Trouble keeping your mind on what you were doing
- 19. Had to urinate frequently
- 20. Felt dizzy or light-headed
- 21. Felt faint or unreal
- 22. Felt like you might lose control, or go mad
- 23. Sweated a lot

YOU HAD A PERIOD OF TWO WEEKS OR MORE WHEN YOU ...

- 1. Lost your appetite
- 2. Completely lost your appetite
- 3. Lost weight without trying
- 4. Had an increase in appetite
- 5. Gained weight without trying
- 6. Had trouble falling asleep
- 7. Took at least 2 hours to fall asleep
- 8. Had trouble staying asleep
- 9. Lay awake for more than 1 hour
- 10. Woke up too early
- 11. Woke up 2 hours too early
- 12. Slept too much
- 13. Lacked energy or felt tired out
- 14. **Completely** lost energy
- 15. Felt very bad when you got up, but felt better later in the day
- 16. Talked or moved more slowly
- 17. Someone else noticed you talking or moving slowly
- 18. Had to be moving all of the time
- 19. Lost interest in most things
- 20. **Completely** lost interest

- 21. Lost the ability to enjoy having good things happen
- 22. Had a lot less interest in sex
- 23. **Completely** lost interest in sex
- 24. Felt worthless
- 25. Felt **completely** worthless
- 26. Felt sinful
- 27. Felt guilty
- 28. Felt not as good as other people
- 29. Had little self-confidence
- 30. **Entirely** lost your self-confidence
- 31. Had a lot of trouble concentrating
- 32. Could not read things that usually interest you or watch TV
- 33. Thought more slowly than usual
- 34. Were unable to make up your mind
- 35. Were **completely** unable to make up your mind
- 36. Thought a lot about death
- 37. Felt like you wanted to die
- 38. Thought about committing suicide
- 39. Attempted suicide

YOU HAD A PERIOD WHEN YOU(R) ...

- 1. Were so much more active than usual that you or your family or friends were concerned about it
- 2. Were unable to sit still and paced up and down
- 3. Went on spending sprees, spending so much money that it caused you or your family some financial trouble, or a period when you made foolish decisions about money
- 4. Interest in sex was so much stronger than is typical for you that you wanted to have sex a lot more frequently than is normal for you, or with people you would not normally be interested in
- 5. Talked so fast people could not understand you or you had to keep talking all of the time
- 6. Thoughts raced through your head so fast you could not keep track of them
- 7. Felt that you had a special gift or special powers to do things others could not do or that you were an especially important person
- 8. Hardly slept but still did not feel tired or sleepy
- 9. Were easily distracted so that any little interruption could get you off the track

DRINK EQUIVALENCE LIST

ONE DRINK EQUALS ...

12 DRINKS EQUAL ...

- ... 1 12oz. can or bottle of beer
- ... 1 12oz. bottle of wine cooler
- ... 1 4oz. glass of wine
- ... 1 shot of liquor

- ... 12 cans or bottles of beer
- ... 4 1/4 quarts of beer
- ... 2 regular-size bottles of wine
- ... 1/2 gallon of wine
- \dots 1/2 of a fifth of liquor
- ... 3/4 of a pint of liquor

5 DRINKS EQUAL ...

- ... 5 cans or bottles of beer
- ... 1 3/4 quarts of beer
- ... 3/4 of a bottle of wine
- ... 1/5 of a fifth of liquor
- ... 1/3 of a pint of liquor

20 DRINKS EQUAL ...

- ... 20 cans or bottles of beer
- ... 7 quarts of beer
- ... 3 regular-size bottles of wine
- ... 4/5 of a fifth of liquor

FREQUENCY OF DRINKING

- A. Nearly every day
- B. 3-4 times a week
- C. 1-2 times a week
- D. 1-3 times a month
- E. 7-11 times in a year
- F. 3-6 times in a year
- G. 2 times in a year
- H. 1 time in a year
- I. Never

PRESCRIPTION-TYPE DRUGS INCLUDE ...

SEDATIVES - Barbiturates, Sleeping Pills, Seconal ("Downers")

TRANQUILIZERS - Antianxiety drugs like Librium, Valium, Ativan, and

Meprobamate ("Nerve Pills")

STIMULANTS - Amphetamines, Preludin, ("Uppers" or "Speed")

ANALGESICS - Painkillers like Darvon, Demerol, Percodan, and

Tylenol with codeine

We are interested in the **non-medical** use of these prescription-type drugs. Non-medical use of these drugs is use **on your own**; that is either:

- 1. Without a doctor's prescription, OR
- 2. In greater amounts than prescribed, OR
- 3. More often than prescribed, OR
- 4. For any reason **other** than a doctor said you should take them, such as for kicks, to get high, to feel good, or curiosity about the pill's effect.

LIST OF SLEEPING PILLS, BARBITURATES, AND OTHER SEDATIVES ("DOWNERS")

Barbiturate Tuinal

Butisol Dalmane

Buticap Restoril

Amytal Halcion

Mebaral Amobarbital

Placidyl Phenobarbital

Doriden Methaqualone (Including

Sopor, Quaalude)

Noludar Chloral Hydrate

Nembutal Pentobarbital

Seconal Secobarbital

Or any other sedatives not on the list or whose name you do not know

PART A NUMBER OF TIMES USED IN LIFE

- A. 1 or 2 times
- B. 3 to 5 times
- C. 6 to 10 times
- D. 11 to 49 times
- E. 50 to 99 times
- F. 100 to 199 times
- G. 200 or more times

- A. Daily
- B. Almost daily (3 to 6 times a week
- C. 1 or 2 days a week
- D. Several times a month (25 to 51 days a year)
- E. 1 to 2 times a month (12 to 24 days a year)
- F. Every other month or so (6 to 11 days a year)
- G. 3 to 5 days in past 12 months
- H. 1 or 2 days in past 12 months

LIST OF TRANQUILIZERS ("NERVE PILLS")

Valium Buspar

Librium Miltown

Limbitrol Equanil

Menrium Deprol

Serax Vistaril

Tranxene Atarax

Ativan Durax

Centrax Diazepam

Xanax Sk-Lygen

Paxipam Meprobamate

Or any other sedatives not on the list or whose name you do not know

PART A NUMBER OF TIMES USED IN LIFE

- A. 1 or 2 times
- B. 3 to 5 times
- C. 6 to 10 times
- D. 11 to 49 times
- E. 50 to 99 times
- F. 100 to 199 times
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- D. Several times a month (25 to 51 days a year)
- E. 1 to 2 times a month (12 to 24 days a year)
- F. Every other month or so (6 to 11 days a year)
- G. 3 to 5 days in past 12 months
- H. 1 or 2 days in past 12 months

LIST OF AMPHETAMINES AND OTHER STIMULANTS ("UPPERS", "SPEED")

Dexedrine ("dexies") **Fastin** Dexamyl Pondomin Eskatrol Voranil Benzedrine ("bennies") Sanorex Biphetamine Mazanor Desoxyn Ritalin Tenuate Cylert

Tepanil Dextroamphetamine Didrex

Methedrine

Plegine Methamphetamine Preludin (Speed, Ice, Crank) Ionamin Obedrin-L.A.

Or any other stimulant not on the list or whose name you do not know

PART A NUMBER OF TIMES USED IN LIFE

- A. 1 or 2 times
- B. 3 to 5 times
- C. 6 to 10 times
- D. 11 to 49 times
- E. 50 to 99 times
- F. 100 to 199 times
- G. 200 or more times

- A. Daily
- B. Almost daily (3 to 6 times a week)
- C. 1 or 2 days a week
- D. Several times a month (25 to 51 days a year)
- E. 1 to 2 times a month (12 to 24 days a year)
- F. Every other month or so (6 to 11 days a year)
- G. 3 to 5 days in past 12 months
- H. 1 or 2 days in past 12 months

LIST OF ANALGESICS ("PAINKILLERS")

Darvon Dolene SK-65 Wygesic Levo-Dromoran

Percodan Demerol Dilaudid

Tylenol with codeine

Phenaphen with codeine

Talwin Talwin NX Talacen

Propoxyphene Codeine Anileridine Morphine Methadone Stadol

Or any other analgesic not on the list or whose name you do not know

PART A NUMBER OF TIMES USED IN LIFE

- A. 1 or 2 times
- B. 3 to 5 times
- C. 6 to 10 times
- D. 11 to 49 times
- E. 50 to 99 times
- F. 100 to 199 times
- G. 200 or more times

- A. Daily
- B. Almost daily (3 to 6 times a week)
- C. 1 or 2 days a week
- D. Several times a month (25 to 51 days a year)
- E. 1 to 2 times a month (12 to 24 days a year)
- F. Every other month or so (6 to 11 days a year)
- G. 3 to 5 days in past 12 months
- H. 1 or 2 days in past 12 months

LIST OF INHALANTS

Freon
Gasoline or lighter fluid
Spray Paints
Other Aerosol sprays
Shoeshine liquid, glue, or toluene
Lacquer thinner or other paint

Amylnitrate, "Poppers"
Locker Room Odorizer, "Rush"
Halothane, Ether, or other Anesthetics
Nitrous Oxide, "Whippets"
Correction Fluids, Degreasers
Cleaning fluids

Or any other inhalant not on the list or whose name you do not know

PART A NUMBER OF TIMES USED IN LIFE

- A. 1 or 2 times
- B. 3 to 5 times
- C. 6 to 10 times
- D. 11 to 49 times
- E. 50 to 99 times
- F. 100 to 199 times
- G. 200 or more times

- A. Daily
- B. Almost daily (3 to 6 times a week)
- C. 1 or 2 days a week
- D. Several times a month (25 to 51 days a year)
- E. 1 to 2 times a month (12 to 24 days a year)
- F. Every other month or so (6 to 11 days a year)
- G. 3 to 5 days in past 12 months
- H. 1 or 2 days in past 12 months

MARIJUANA AND HASHISH

PART A NUMBER OF TIMES USED IN LIFE

- A. 1 or 2 times
- B. 3 to 5 times
- C. 6 to 10 times
- D. 11 to 49 times
- E. 50 to 99 times
- F. 100 to 199 times
- G. 200 or more times

- A. Daily
- B. Almost daily (3 to 6 times a week)
- C. 1 or 2 days a week
- D. Several times a month (25 to 51 days a year)
- E. 1 to 2 times a month (12 to 24 days a year)
- F. Every other month or so (6 to 11 days a year)
- G. 3 to 5 days in past 12 months
- H. 1 or 2 days in past 12 months

COCAINE

PART A NUMBER OF TIMES USED IN LIFE

- A. 1 or 2 times
- B. 3 to 5 times
- C. 6 to 10 times
- D. 11 to 49 times
- E. 50 to 99 times
- F. 100 to 199 times
- G. 200 or more times

- A. Daily
- B. Almost daily (3 to 6 times a week)
- C. 1 or 2 days a week
- D. Several times a month (25 to 51 days a year)
- E. 1 to 2 times a month (12 to 24 days a year)
- F. Every other month or so (6 to 11 days a year)
- G. 3 to 5 days in past 12 months
- H. 1 or 2 days in past 12 months

LIST OF HALLUCINOGENS

LSD (Acid, White Lightning) Peyote Mescaline

Psilocybin (Mushrooms) PCP (Angel Dust, Phencyclidine) Ecstasy (MDMA)

Or any other hallucinogen not on the list or whose name you do not know

PART A NUMBER OF TIMES USED IN LIFE

- A. 1 or 2 times
- B. 3 to 5 times
- C. 6 to 10 times
- D. 11 to 49 times
- E. 50 to 99 times
- F. 100 to 199 times
- G. 200 or more times

- A. Daily
- B. Almost daily (3 to 6 times a week)
- C. 1 or 2 days a week
- D. Several times a month (25 to 51 days a year)
- E. 1 to 2 times a month (12 to 24 days a year)
- F. Every other month or so (6 to 11 days a year)
- G. 3 to 5 days in past 12 months
- H. 1 or 2 days in past 12 months

HEROIN

PART A NUMBER OF TIMES USED IN LIFE

- A. 1 or 2 times
- B. 3 to 5 times
- C. 6 to 10 times
- D. 11 to 49 times
- E. 50 to 99 times
- F. 100 to 199 times
- G. 200 or more times

- A. Daily
- B. Almost daily (3 to 6 times a week)
- C. 1 or 2 days a week
- D. Several times a month (25 to 51 days a year)
- E. 1 to 2 times a month (12 to 24 days a year)
- F. Every other month or so (6 to 11 days a year)
- G. 3 to 5 days in past 12 months
- H. 1 or 2 days in past 12 months

CATEGORIES OF ALCOHOL, MEDICINES AND DRUGS

- A. Alcohol
- B. Sedatives ("downers")
- C. Tranquilizers ("nerve pills")
- D. Stimulants ("uppers" or "speed")
- E. Analgesics ("painkillers")
- F. Inhalants
- G. Marijuana
- H. Cocaine
- I. Hallucinogens
- J. Heroin

PROBLEMS CAUSED BY CUTTING DOWN OR STOPPING

Fatigue or exhaustion Headache

Sweating Muscle aches or cramps

Fever Weakness

Diarrhea Nausea or vomiting

Feeling anxious or depressed Fits or seizures

Feeling irritable or restless Runny eyes or nose

Trouble sleeping Yawning

Change in appetite Intense craving

The shakes (hands tremble) Seeing or hearing things that were

not really there

Stomachache

Heart beating fast

WHICH ONES HAVE YOU EVER TAKEN?

A. Clozaril K. Permitil

B. Daxolin L. Prolixin (pills or injection)

C. Etrafon M. Serentil

D. Haldol N. Stelazine

E. Lidone O. Taractan

F. Loxitane P. Thorazine

G. Mellaril R. Trilafon

H. Moban S. Vesprin

I. Navane T. Other Drug

J. Orap

TOTAL INCOME BEFORE TAXES LAST YEAR

۸	No	Income
Α.	INO	ıncome

N. \$11,000 - \$12,499

B. Less than \$1,000

P. \$12,500 - \$14,999

C. \$1,000-\$1,999

Q. \$15,000 - \$17,499

D. \$2,000 - \$2,999

R. \$17,500 - \$19,999

E. \$3,000 - \$3,999

S. \$20,000 - \$24,999

F. \$4,000 - \$4,999

T. \$25,000 - \$34,999

G. \$5,000 - \$5,999

U. \$35,000 - \$49,999

H. \$6,000 - \$6,999

V. \$50,000 - \$69,999

J. \$7,000 - \$7,999

W. \$70,000 - \$99,999

K. \$8,000 - \$8,999

X. \$100,000 - \$149,999

L. \$9,000 -\$9,999

Y. \$150,000 AND OVER

M.\$10,000 - \$10,999

IN ADDITION TO BEING AMERICAN, WHAT ARE YOUR MAIN ETHNIC ORIGINS?

- A. African
- B. American Indian
- C. Asian (specify)
- D. Czechoslovakian
- E. Dutch
- F. English
- G. French
- H. German
- I. Irish
- J. Italian
- K. Mexican
- L. Near Eastern (specify)
- M. Polish
- N. Russian
- O. Scandinavian (specify)
- P. Scottish
- Q. Other (specify)
- R. None

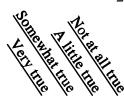
HOW TRUE ARE THESE STATEMENTS ABOUT YOU?

1.	My life is determined by my own actions	VT ST LT NT
2.	When I make plans, I almost always make them work	VT ST LT NT
3.	When I get what I want, it is usually because I worked hard for it	VT ST LT NT
4.	I am usually able to protect my own interests	VT ST LT NT
5.	When I get what I want, it is usually because I am lucky	VT ST LT NT
6.	Often, there is no way I can protect myself from bad luck	VT ST LT NT
7.	It is not always wise for me to plan too far ahead because many things turn out to be a matter of good or bad fortune	VT ST LT NT
8.	I believe that chance or luck plays an important role in my life	VT ST LT NT
9.	I feel like what happens in my life is mostly determined by powerful people	VT ST LT NT
10.	My life is chiefly controlled by powerful others	VT ST LT NT
11.	The idea of losing a close friend is terrifying to me	VT ST LT NT
12.	Disapproval by someone I care about is very painful to me	VT ST LT NT
13.	I would be completely lost if I did not have someone special	VT ST LT NT
14.	I would feel helpless if I were deserted by someone I love	VT ST LT NT
15.	I must have one person who is very special to me	VT ST LT NT

PLEASE CONTINUE ON NEXT PAGE

16. What other people think of me does not affect how I feel	VT ST LT NT
17. What other people say does not bother me	VT ST LT NT
18. I find it difficult to say "no" to people	VT ST LT NT
19. I do not need other people to make me feel good	VT ST LT NT
20. I am quick to agree with the opinions expressed by others	VT ST LT NT
21. I would rather be a follower than a leader	VT ST LT NT
22. In an argument, I give in easily	VT ST LT NT
23. I have a lot of trouble making decisions by myself	VT ST LT NT
24. I am not confident about my own judgement	VT ST LT NT
25. I often find that I do not live up to my own standards or ideals	VT ST LT NT
26. Many times I feel helpless	VT ST LT NT
27. There is considerable difference between how I am now and how I would like to be	VT ST LT NT
28. I dwell on my mistakes more than I should	VT ST LT NT
29. Sometimes I think that I have an inferiority complex	VT ST LT NT
30. On the whole I am satisfied with myself	VT ST LT NT

PLEASE CONTINUE ON NEXT PAGE



31.	31. At times I think I am no good at all	
32.	I wish I could have more respect for myself	VT ST LT NT
33.	All in all, I am inclined to feel that I am a failure	VT ST LT NT
34.	I feel I am a person of worth, at least equal with others	VT ST LT NT
35.	I like doing things that other people thought could not be done	VT ST LT NT
36.	When things do not go the way I want them to, that just makes me work even harder	VT ST LT NT
37.	Sometimes I feel that if anything is to be done right, I have to do it myself	VT ST LT NT
38.	My hard work usually pays off	VT ST LT NT
39.	In the past, even when things got really tough, I never lost sight of my goals	VT ST LT NT
40.	It is important for me to be able to do things the way I want to do them rather than the way other people want me to do them	VT ST LT NT
41.	Hard work has really helped me to get ahead in life	VT ST LT NT
42.	People die when it is their time to die and nothing can change that	VT ST LT NT
43.	If bad things happen, it is because they were meant to be	VT ST LT NT
44.	Everything that happens has a purpose	VT ST LT NT
45.	By and large, people deserve what they get	VT ST LT NT
46.	People who meet with misfortune have often brought it on themselves	VT ST LT NT

STOP HERE

TELL INTERVIEWER YOU HAVE FINISHED

HOW OFTEN DOES YOUR SPOUSE OR PARTNER BEHAVE IN THESE WAYS?



1.	My (husband/wife/partner) drinks or uses drugs too much.	
	Does this happen often, sometimes, rarely, or never?	OF ST RA NE
2.	(He/She) wastes money the family needs for other things	OF ST RA NE
3.	(He/She) has extramarital affairs	OF ST RA NE
4.	(He/She) has times when (he/she) is so depressed that it interferes with (his/her) normal activities	OF ST RA NE
5.	(He/She) is very disagreeable	OF ST RA NE
6.	(He/She) threatens to end our relationship or leave me	OF ST RA NE
7.	(He/She) is away from home overnight	OF ST RA NE
8.	(He/She) comes home late or stays away from home	OF ST RA NE
9.	(He/She) has temper tantrums	OF ST RA NE

STOP HERE

TELL INTERVIEWER YOU HAVE FINISHED

SOME WAYS OF HANDLING DISAGREEMENTS

LIST A

... Insult or swear ... Do or say something to spite

... Sulk or refuse to talk ... Threaten to hit

... Stomp out of the room ... Smash or kick something in anger

LIST B

... Push, grab or shove ... Slap or spank

... Throw something

LIST C

... Kick, bite or hit with a ... Beat up fist ... Choke

... Hit or try to hit with ... Burn or scald

something

SOME WAYS OF HANDLING CHILDREN

LIST A

... Insult or swear ... Do or say something to spite

... Sulk or refuse to talk ... Threaten to hit

... Stomp out of the room ... Smash or kick something in anger

LIST B

... Push, grab or shove ... Slap or spank

... Throw something

LIST C

... Kick, bite or hit with a ... Beat up fist ... Choke

... Hit or try to hit with ... Burn or scald something

IN GENERAL, HOW MUCH ARE YOU ...



1.	outgoing	VE SW LI NA
2.	self-confident	VE SW LI NA
3.	talkative	VE SW LI NA
4.	lively	VE SW LI NA
5.	sociable	VE SW LI NA
6.	private	VE SW LI NA
7.	passive	VE SW LI NA
8.	shy	VE SW LI NA
9.	quiet	VE SW LI NA
10.	easily embarrassed	VE SW LI NA
11.	tense	VE SW LI NA
11. 12.		VE SW LI NA VE SW LI NA
	nervous	
12.	nervous temperamental	VE SW LI NA
12. 13.	nervous temperamental irritable	VE SW LI NA VE SW LI NA
12. 13. 14.	nervous temperamental irritable envious	VE SW LI NA VE SW LI NA VE SW LI NA
12. 13. 14. 15.	nervous temperamental irritable envious unstable	VE SW LI NA VE SW LI NA VE SW LI NA VE SW LI NA
12. 13. 14. 15. 16.	nervous temperamental irritable envious unstable discontented	VE SW LI NA
12. 13. 14. 15. 16.	nervous temperamental irritable envious unstable discontented insecure	VE SW LI NA
12. 13. 14. 15. 16. 17.	nervous temperamental irritable envious unstable discontented insecure emotional	VE SW LI NA



21.	curious	VE SW LI NA
22.	creative	VE SW LI NA
23.	open-minded	VE SW LI NA
24.	imaginative	VE SW LI NA
25.	artistic	VE SW LI NA
26.	clever	VE SW LI NA
27.	thoughtful	VE SW LI NA
28.	logical	VE SW LI NA
29.	perceptive	VE SW LI NA
30.	hyperactive	VE SW LI NA
31.	restless	VE SW LI NA
32.	fidgety	VE SW LI NA
33.	energetic	VE SW LI NA

STOP HERE

PLEASE CONTINUE ON NEXT PAGE

HAVE YOU EXPERIENCED ANY OF THESE HEALTH PROBLEMS DURING THE PAST 12 MONTHS?

A. Severe Arthritis, Rheumatism, or other Bone or Joint diseases

B.	Severe Asthma, Bronchitis, Emphysema, Tuberculosis, or other Lung problems
C.	AIDS
D.	Blindness, Deafness, or Severe Visual or Hearing impairment
Е	High Blood Pressure or Hypertension
F.	Diabetes or High Blood Sugar
G.	Heart Attack or other Serious Heart trouble
H.	Severe Hernia or Rupture
I.	Severe Kidney or Liver disease
J.	Lupus, Thyroid disease, or other Autoimmune disorders
K.	Multiple Sclerosis, Epilepsy, or other Neurological disorders
L.	Chronic Stomach or Gall Bladder trouble
M.	Stroke
N.	Ulcer

RESULTS OF TEST

- 1. Blood test showed I have the AIDS virus (positive for antibodies).
- 2. Blood test showed I do <u>not</u> have the AIDS virus (negative for antibodies).
- 3. Test results were inconclusive.
- 4. I do not know my test results.

WHICH OF THESE CONDITIONS RESULTED FROM THE ACCIDENT, INJURY, OR POISONING?

1.	Broken or dislocated bones
2.	Sprain, strain, or pulled muscle
3.	Cuts, scrapes, or puncture wounds
4.	Head injury, concussion
5.	Bruise, contusion, or internal bleeding
6.	Burn, scald
7.	Poisoning from chemicals, medicines, or drugs
8.	Respiratory problem such as breathing, cough, pneumonia
97.	Other
98.	Don't know type of condition
00.	None

WHERE DID IT HAPPEN?

1.	Your home
2.	Someone else's home
3.	School (including grounds and athletic areas)
4.	Street or highway
5.	Public building or space (other than street or school)
6.	Farm or agricultural area, except farm home
7.	Place of recreation or sports, except at school
97.	Other (specify)

98. Don't know

DID YOU EVER SEE ANY OF THE PROFESSIONALS ON THIS LIST?

A.	Minister, Priest, or Rabbi
B.	General Practitioner or Family Physician
C.	Psychiatrist
D.	Cardiologist, Gynecologist, or Other Physician
E.	Psychologist
F.	Social Worker
G.	Counselor
Н.	Nurse, Occupational Therapist, or Other Health Professional
I.	Spiritualist, Herbalist, Natural Therapist, or Faith Healer

J. Other Professional (specify)

WHICH OF THESE PLACES HAVE YOU EVER GONE TO?

- A. A hospital emergency department
- B. A psychiatric outpatient clinic
- C. A drug or alcohol outpatient clinic
- D. A doctor's private office
- E. A social service agency or department
- F. A program in jail or prison
- G. A drop-in center or program for people with emotional problems with alcohol/drugs
- H. Other (specify)

REASONS FOR STOPPING USE OF PROFESSIONAL HELP

A.	Got well enough that I did not need treatment any more	YES	NO
В.	Insurance would not cover any more treatment	YES	NO
C.	Treatment was not helping	YES	NO
D.	Thought problem would get better by itself	YES	NO
E.	Too expensive	YES	NO
F.	Concerned about what others might think	YES	NO
G.	Took too much time or inconvenient	YES	NO
Н.	Wanted to solve problem on my own	YES	NO
I.	Language problem	YES	NO
J.	Scared about being put into hospital against my will	YES	NO

PRESCRIPTION DRUGS

A. Sleeping Pills or Other Sedatives (for example, Halcion or Dalmane)
B. Anti-Depressant Medications (for example, Prozac or Elavil)
C. Other Tranquilizers (for example, Librium or Valium)
D. Amphetamines or Other Stimulants (for example, Ritalin or Dextroamphetamine)
E. Analgesics or Painkillers (for example, Tylenol with codeine or Darvon)

F. Anti-Psychotic Medications (for example, Haldol, Mellaril or Prolixin)

REASONS FOR NOT SEEKING HELP

A.	Insurance would not cover this type of treatment	YES	NO
В.	Problem went away by itself and I did not really need help	YES	NO
C.	Thought problem would get better by itself	YES	NO
D.	It was too expensive	YES	NO
E.	Unsure about where to go for help	YES	NO
F.	Help probably would not do any good	YES	NO
G.	Concerned about what others might think	YES	NO
Н.	It would take too much time or be inconvenient	YES	NO
I.	Wanted to solve my problem on my own	YES	NO
J.	Language problem	YES	NO
K.	Could not get an appointment	YES	NO
L.	Was scared about being put into a hospital against my will	YES	NO
M.	Was not satisfied with available services	YES	NO
N.	I went in the past, but it did not help	YES	NO

CONFIDENTIAL QUESTIONS ABOUT SEXUAL BEHAIOR

S67.	In the past five years, how many men have you had sex with?		
	(Circle one category)		
	NONE		
S68.	In the past five years, how many women have you had sex with?		
	(Circle one category)		
	NONE		
S69.	How many people (either men or women) have you had sex with in the past 12 months?		
	(Circle one category)		
	NONE. 1 ONE. 2 TWO - FIVE 3 SIX - TEN 4 MORE THAN TEN 5		

PLEASE CONTINUE ON NEXT PAGE

S70.	During the past 12 months, with how many of these sexual partners did you or you r partner always wear a condom ("rubber") while having sex?	
	(Circle one category) NONE	
S71.	During the past 12 months, with how many of these sexual partners did you or you r partner sometimes wear a condom ("rubber") while having sex?	
	(Circle one category) NONE	
S72.	During the past 12 months, with how many of these sexual partners did you or you r partner never wear a condom ("rubber") while having sex?	
	(Circle one category) NONE	

TELL INTERVIEWER YOU HAVE FINISHED

STOP HERE

TOTAL INCOME BEFORE TAXES LAST YEAR

A. No Income

N. \$11,000 - \$12,499

B. Less than \$1,000

P. \$12,500 - \$14,999

C. \$1,000-\$1,999

Q. \$15,000 - \$17,499

D. \$2,000 - \$2,999

R. \$17,500 - \$19,999

E. \$3,000 - \$3,999

S. \$20,000 - \$24,999

F. \$4,000 - \$4,999

T. \$25,000 - \$34,999

G. \$5,000 - \$5,999

U. \$35,000 - \$49,999

H. \$6,000 - \$6,999

V. \$50,000 - \$69,999

J. \$7,000 - \$7,999

W. \$70,000 - \$99,999

K. \$8,000 - \$8,999

X. \$100,000 - \$149,999

L. \$9,000 -\$9,999

Y. \$150,000 AND OVER

M. \$10,000 - \$10,999

NET WORTH

- A. Less than \$10,000
- B. \$10,000 \$19,999
- C. \$20,000 \$49,999
- D. \$50,000 \$99,999
- E. \$100,000 \$199,999
- F. \$200,000 \$499,999
- G. \$500,000 or More

DID ANY OF THESE EVENTS EVER HAPPEN TO YOU?

- 1. You had direct combat experience in a war
- 2. You were involved in a life-threatening accident
- 3. You were involved in a fire, flood, or natural disaster
- 4. You witnessed someone being badly injured or killed
- 5. You were raped (Someone had sexual intercourse with you when you did not want to by threatening you or using some degree of force)
- 6. You were sexually molested (Someone touched or felt your genitals when you did not want them to)
- 7. You were seriously physically attacked or assaulted
- 8. You were physically abused as a child
- 9. You were seriously neglected as a child
- 10. You were threatened with a weapon, held captive, or kidnapped
- 11. Other
- 12. You suffered a great shock because one of the events on this list happened to someone close to you

WHO DID THIS TO YOU?

- A. Relative
- B. Step-relative
- C. Someone else you knew
- D. Stranger

DID ANY OF THESE EVENTS EVER HAPPEN TO YOU?

- 13. You seriously thought about committing suicide
- 14. You made a plan for committing suicide
- 15. You attempted suicide

WHICH OF THESE STATEMENTS BEST DESCRIBES YOUR SITUATION

- A. I made a serious attempt to kill myself and it was only luck that I did not succeed
- B. I tried to kill myself but I knew the method was not fool-proof
- C. My attempt was a cry for help, I did not want to die

DID YOU HAVE SERIOUS ONGOING TENSIONS, CONFLICTS, OR ARGUMENTS

Parent
Child
Brother or sister
In-law
Other relative
Friend
Neighbor
Landlord
Someone at school

DID ANY OF THESE PEOPLE HAVE A MAJOR LIFE CRISIS IN THE PAST 12 MONTHS?

Husband, wife, partner

Child
Parent
Very close friend or relative

WHEN YOU WERE GROWING UP, HOW OFTEN DID SOMEONE ...

LIST A

... Insult or swear ... Do or say something to spite

... Sulk or refuse to talk ... Threaten to hit

... Stomp out of the room ... Smash or kick something in anger

LIST B

... Push, grab or shove ... Slap or spank

... Throw something

LIST C

... Kick, bite or hit with a ... Beat up fist ... Choke

... Hit or try to hit with ... Burn or scald

something

WHO DID THIS TO YOU?

- A. Natural Father
- B. Step-Father
- C. Natural Mother
- D. Step-Mother
- E. Brother/Sister
- F. Other

IN ADDITION TO BEING AMERICAN, WHAT ARE YOUR MAIN ETHNIC ORIGINS?

- A. African
- B. American Indian
- C. Asian (specify)
- D. Czechoslovakian
- E. Dutch
- F. English
- G. French
- H. German
- I. Irish
- J. Italian
- K. Mexican
- L. Near Eastern (specify)
- M. Polish
- N. Russian
- O. Scandinavian (specify)
- P. Scottish
- Q. Other (specify)
- R. None

TALLY SHEET

YES	NO