

ICPSR 6693

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

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Data Collection Instrument

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+))))))))))))))))))))))))))
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* *
* For Office Use Only *
.))))))))))))))))))))))))-

Project 29 (462747)
1990 C 1992

+))))))))))))))))))))))))))0))))))))))))))))))))))))))))))
* * *
* * *
* * 1. Interviewer's Label *
* * *
* * *
.))))))))))))))))))))))))2))))))))))))))))))))))))))))-

2. SAMPLE ID #:
+)),+)),+)),+)),+)),+)),+)),+)),+)),
* ** *_* ** *_* ** ** *_* *
.))-))-))-))-))-))-))-))-))-))-
2a. Rotation #: _____

* * * *
3. Your Iw No. .))2))2))-
4. Date of Iw _____
5. Length of Iw _____ minutes
6. Length of Edit _____ minutes

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.

+))))))))))))))))))))))))))
*REVIEWED BY: *
* *
*SUPERVISOR: _____(DATE) *
* *
* *
*STUDY STAFF: _____(DATE) *
.))))))))))))))))))))))))-

SECTION A: ACTIVITIES OF DAILY LIFE

EXACT 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?
 +))))))))) , +))))))))) , +)))))) , +)))))) , +)))))) ,
 1. EXCELLENT *2. VERY GOOD* *3. GOOD* *4. FAIR* *5. POOR*
 .)))))))))- .)))))))))- .))))))- .))))))- .))))))-

A3. Would you say your overall health is better or worse than other people your age?
 +)))))) , +))))))))) , +)))))) ,
 1. BETTER *3. ABOUT THE SAME* *5. WORSE*
 .))))))- * [IF VOL.] * .))))))-
 .)))))))))- .)))))))))- .))))))- .))))))- .))))))-

A4. QUESTION OMITTED

A5. How often do you eat three balanced meals a day--always, most of the time, sometimes, rarely, or never?
 +)))))) , +))))))))) , +)))))) , +)))))) , +)))))) ,
 1. ALWAYS *2. MOST OF THE TIME* *3. SOMETIMES* *4. RARELY* *5. 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 activity--regularly, occasionally, seldom, or never?
 +)))))) , +)))))) , +)))))) , +)))))) ,
 1. REGULARLY *2. OCCASIONALLY* *3. SELDOM* *4. NEVER*
 .))))))- .))))))- .))))))- .))))))-

```

*+))))))))) , +))))))))) , +))))))))) , +))))))))) , +))))))))) , +))))))))) , *
**1. EVERY**2. FEW TIMES**3. FEW TIMES**4. ONCE A**5. LESS THAN**6. NEVER **
** DAY ** A WEEK ** A MONTH ** MONTH ** ONCE A ** [ IF VOL. ]**
*. ))))))) -. ))))))))) -. ))))))))) -. ))))))) - * MONTH *. ))))))))) - *
* . ))))))))) -
. ))))))))) -

```


	1	2	3	4
A10. How much does your (husband/wife/partner) really care about you-- <u>a lot</u> , <u>some</u> , <u>a little</u> , or <u>not at all</u> ?				
A11. How much does (he/she) understand the way you feel about things--(<u>a lot</u> , <u>some</u> <u>a little</u> , or <u>not at all</u>)?				
A12. 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)	3))))))	3))))))	3))))))	3))))))1
*	make too many demands on you-- <u>often</u> ,	*	*	*	*
*	<u>sometimes</u> , <u>rarely</u> , or <u>never</u> ?	*	*	*	*
/)))))))))))))					
*A17.	How often does (he/she) make you feel tense--	3))))))	3))))))	3))))))	3))))))1
*	(<u>often</u> , <u>sometimes</u> , <u>rarely</u> , or <u>never</u>)?	*	*	*	*
/)))))))))))))					
*A18.	How often does (he/she) argue with you?	3))))))	3))))))	3))))))	3))))))1
/)))))))))))))					
*A19.	How often does (he/she) criticize you?	3))))))	3))))))	3))))))	3))))))1
/)))))))))))))					
*A20.	How often does (he/she) let you down when you	3))))))	3))))))	3))))))	3))))))1
*	are counting on (him/her)?	*	*	*	*
/)))))))))))))					
*A21.	How often does (he/she) get on your nerves?	3))))))	3))))))	3))))))	3))))))1
.)))))))))))))	2))))))	2))))))	2))))))	2))))))-

A22. 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 *
 * DAY ** A WEEK ** A MONTH ** MONTH ** ONCE A ** [IF VOL.] *
 .))))))) - .))))))) - .))))))) - .))))))) - * MONTH * .))))))) -
 .))))))) -

+))))))))) ,
 * * * * * NOT AT *
 * * * * * ALL *
 * * (1) * (2) * (3) * (4) *

/))))))))) 3))))))))) 3))))))))) 3))))))))) 3))))))))) 1
 *A23. [Not including your (husband/wife/
 * partner)] how much do your relatives * * * * *
 * really care about you--a lot, some, * * * * *
 * a little, or not at all? * * * * *

/))))))))) 3))))))))) 3))))))))) 3))))))))) 3))))))))) 1
 *A24. How much do they understand the way * * * * *
 * you feel about things--(a lot, some, * * * * *
 * a little, or not at all)? * * * * *

/))))))))) 3))))))))) 3))))))))) 3))))))))) 3))))))))) 1
 *A25. How much do they appreciate you? * * * * *

/))))))))) 3))))))))) 3))))))))) 3))))))))) 3))))))))) 1
 *A26. How much can you rely on them * * * * *
 * for help if you have a serious problem? * * * * *

/))))))))) 3))))))))) 3))))))))) 3))))))))) 3))))))))) 1
 *A27. How much can you open up to them if * * * * *
 * you need to talk about your worries? * * * * *

/))))))))) 3))))))))) 3))))))))) 3))))))))) 3))))))))) 1
 *A28. How much can you relax and be yourself * * * * *
 * around them? * * * * *

.))))))) 2))))))))) 2))))))))) 2))))))))) 2))))))))) -

+))))))))) ,
 * * * * * SOME- * * * * *
 * * * * * TIMES * RARELY * NEVER *
 * * (1) * (2) * (3) * (4) *

/))))))))) 3))))))))) 3))))))))) 3))))))))) 3))))))))) 1
 *A29. [Not including your (husband/wife/partner)], * * * * *
 * how often do your relatives make too many * * * * *
 * demands on you--often, sometimes, rarely, or * * * * *
 * never? * * * * *

/))))))))) 3))))))))) 3))))))))) 3))))))))) 3))))))))) 1
 *A30. How often do they make you feel tense-- * * * * *
 * (often, sometimes, rarely, or never)? * * * * *

/))))))))) 3))))))))) 3))))))))) 3))))))))) 3))))))))) 1
 *A31. How often do they argue with you? * * * * *

/))))))))) 3))))))))) 3))))))))) 3))))))))) 3))))))))) 1
 *A32. How often do they criticize you? * * * * *

/))))))))) 3))))))))) 3))))))))) 3))))))))) 3))))))))) 1
 *A33. How often do they let you down when you are * * * * *
 * counting on them? * * * * *

/))))))))) 3))))))))) 3))))))))) 3))))))))) 3))))))))) 1
 *A34. How often do they get on your nerves? * * * * *

.))))))) 2))))))))) 2))))))))) 2))))))))) 2))))))))) -

A35. 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 *
 * DAY ** A WEEK ** A MONTH ** MONTH ** ONCE A ** [IF VOL.] *
 .))))))) - .))))))) - .))))))) - .))))))) - * MONTH * .))))))) -
 .))))))) -

+))))))))) ,
 * * * * * NOT AT *
 * * A LOT * SOME * A LITTLE * ALL *
 * * (1) * (2) * (3) * (4) *
 /))))))))) 3)))))) 3)))))) 3)))))) 3)))))) 3)))))) 1
 *A36. How much do your friends really care * * * * *
 * about you--a lot, some, a little, or * * * * *
 * not at all? * * * * *
 /))))))))) 3)))))) 3)))))) 3)))))) 3)))))) 3)))))) 1
 *A37. How much do they understand the way * * * * *
 * you feel about things--(a lot, some, * * * * *
 * a little, or not at all)? * * * * *
 /))))))))) 3)))))) 3)))))) 3)))))) 3)))))) 3)))))) 1
 *A38. How much do they appreciate you? * * * * *
 /))))))))) 3)))))) 3)))))) 3)))))) 3)))))) 3)))))) 1
 *A39. How much can you rely on them for * * * * *
 * help if you have a serious problem? * * * * *
 /))))))))) 3)))))) 3)))))) 3)))))) 3)))))) 3)))))) 1
 *A40. How much can you open up to them if * * * * *
 * you need to talk about your worries? * * * * *
 /))))))))) 3)))))) 3)))))) 3)))))) 3)))))) 3)))))) 1
 *A41. How much can you relax and be yourself * * * * *
 * around them? * * * * *
 .))))))) 2)))))) 2)))))) 2)))))) 2)))))) 2)))))) -

+))))))))) ,
 * * * * * SOME- * * * * *
 * * * * * TIMES * RARELY * NEVER *
 * * (1) * (2) * (3) * (4) *
 /))))))))) 3)))))) 3)))))) 3)))))) 3)))))) 3)))))) 1
 *A42. How often do your friends make too many * * * * *
 * demands on you--often, sometimes, rarely, * * * * *
 * or never? * * * * *
 /))))))))) 3)))))) 3)))))) 3)))))) 3)))))) 3)))))) 1
 *A43. How often do they make you feel tense-- * * * * *
 * (often, sometimes, rarely, or never)? * * * * *
 /))))))))) 3)))))) 3)))))) 3)))))) 3)))))) 3)))))) 1
 *A44. How often do they argue with you? * * * * *
 /))))))))) 3)))))) 3)))))) 3)))))) 3)))))) 3)))))) 1
 *A45. How often do they criticize you? * * * * *
 /))))))))) 3)))))) 3)))))) 3)))))) 3)))))) 3)))))) 1
 *A46. How often do they let you down when you are * * * * *
 * counting on them? * * * * *
 /))))))))) 3)))))) 3)))))) 3)))))) 3)))))) 3)))))) 1
 *A47. How often do they get on your nerves? * * * * *
 .))))))) 2)))))) 2)))))) 2)))))) 2)))))) 2)))))) -

A48. INTERVIEWER CHECKPOINT

<p>1. R CURRENTLY LIVING WITH SPOUSE/ PARTNER</p>		<p>2. ALL OTHERS</p>	
<p>Is there anyone who you can really open up to about your most private feelings without having to hold back?</p>		<p>Is there anyone who you can really open up to about your most private feelings without having to hold back?</p>	
<p>1. YES*</p>	<p>5. NO*-->GO TO A49</p>	<p>1. YES*</p>	<p>5. NO*-->GO TO A50</p>
<p>Do you have that kind of relationship with your (husband/wife/partner)?</p>		<p>With how many people do you have that kind of relationship?</p>	
<p>1. YES*</p>	<p>5. NO*</p>	<p># PEOPLE</p>	
<p>With how many people besides your (spouse/partner) do you have that kind of relationship?</p>		<p>*GO TO A50*</p>	
<p># PEOPLE</p>	<p># PEOPLE</p>		

A49. When you have a problem or worry, how often do you let your (husband/wife/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*
 .))))))))) - .))))))))) - .))))))))) - .))))))))) - .))))))))) -

A50. When you have a problem or worry, how often do you let someone (else) in your 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*
 .))))))))) - .))))))))) - .))))))))) - .))))))))) - .))))))))) -

A51. Next, I will read three statements and ask how much each one sounds like you. First, "I find it relatively easy to get close to other people. I am comfortable depending on others and having them depend on me. I don't worry about being abandoned or about someone getting too close to me." How much does this sound like you -- a lot, some, a little, or not at all?

+))))))))) , +))))))))) , +))))))))))) , +))))))))))) ,
 1. A LOT *2. SOME* *3. A LITTLE* *4. NOT AT ALL*
 .))))))))) - .))))))))) - .))))))))))) - .))))))))))) -

A52. Here is the next statement. "I am somewhat uncomfortable being close to others; I find it difficult to trust them completely and difficult to depend on them. I am nervous when anyone gets too close to me." How much does this sound like you -- a lot, some, a little, or not at all?

+))))))))) , +))))))))) , +))))))))))) , +))))))))))) ,
 1. A LOT *2. SOME* *3. A LITTLE* *4. NOT AT ALL*
 .))))))))) - .))))))))) - .))))))))))) - .))))))))))) -

A53. Now the third statement. "I find that others are reluctant to get as close as I would like. I often worry that people who I care about do not love me or won't want to stay with me. I want to merge completely with another person, and this desire sometimes scares people away." How much does this sound like you -- a lot, some, a little, or not at all?

+))))))))) , +))))))))) , +))))))))))) , +))))))))))) ,
 1. A LOT *2. SOME* *3. A LITTLE* *4. NOT AT ALL*
 .))))))))) - .))))))))) - .))))))))))) - .))))))))))) -

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.

Are you willing to do this?

+)))))) , +)))) ,
 1. YES *5. NO*--->TURN TO P. 142, SECTION J
 .))0))) - .))))) - USE RESULT CODE 55

*

▼

NEXT PAGE,
 SECTION B

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

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

*

* * .))) -

*

.)3))-)

*

*

NEXT PAGE,

B15

B24. (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*
 .)))))))))))))- .))))))0)))))))))- .))))0))))))- .))))))))))0)))))))))-
 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))) - *
 * ▽ ▽ *

+))))))))))))))))))))))))))))))))0)) , *
 * *B25a. (How old were you?) *B25b. About how old were you [the first * *
 * * time you had (this/any of these) * *
 * * fear(s)]? * *
 * .))))))))))))))))))))))))))))))))1 (ACCEPT A RANGE RESPONSE.) * *
 * * * * *

* * * * *
 * * * * *
 * * * * *

* *B25c. What is the earliest age you can * *
 * clearly remember having (this/ * *
 * any of these) fear(s)? * *
 * (ACCEPT A RANGE RESPONSE.) * *
 * * * * *

* * * * *
 * * * * *
 * * * * *
 * * * * *
 * * * * *

B26. (RB, STILL ON LIST A, P. 1) When was the last 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*
 .)))))))))))))- .))))))0)))))))))- .))))0))))))- .))0))))))0)))))))))-
 * * * * *

▽

+)))))))))))))))))))))))))))))))))) ,
 *B26a. How old were you the last *
 * time? *
 * * * * *
 * * * * *
 * * * * *

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
*
*
▽
+))))))))))))))))))))))))))))))))))))))))))))))))))))))))),
*B27a. 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 *      * SAME TIME*      * [IF VOL.]* *
*      .))))) -    * [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)?

```

+))))),      +))))),
*1. YES*      *5. NO*--->NEXT PAGE, B29
.))0))) -    .))))) -
*
*
▽
+))))))))))))))))))))))))))))))))))))))))))))))))))))))))),
*B28a. Did this help you feel better? *
* +))))),      +))))),      +))))))))))))))))), *
* *1. YES*      *5. NO*      *3. YES AT FIRST, BUT**
* .))))) -    .))))) -    * NOT LATER ON **
*      * [IF VOL.] **
*      .))))) - *
.))))) -

```

B29. (RB, STILL ON P. 1) Now look at List B. Some people have such an unreasonably 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...

```
+))))))))))0))))0)))  
*                                     * YES * NO *  
*                                     * (1) * (5) *  
/))))))))))3))))3))))1  
*B29a. ...speaking in public?          *      *      *  
/))))))))))3))))3))))1  
*B29b. ...having to use the toilet when away from home?    *      *      *  
/))))))))))3))))3))))1  
*B29c. ...eating or drinking in public?        *      *      *  
/))))))))))3))))3))))1  
*B29d. ...talking to people because you might have nothing to *      *      *  
*       say or might sound foolish?           *      *      *  
/))))))))))3))))3))))1  
*B29e. ...writing while someone watches?         *      *      *  
/))))))))))3))))3))))1  
*B29f. ...talking in front of a small group of people?     *      *      *  
.))))))))))2))))2))))-
```

B30. INTERVIEWER CHECKPOINT

```
+)))))))))) ,
*SEE B29 *
*+)), *
** * 1. ONE OR MORE "YES" RESPONSES IN B29 SERIES *
*.0)- *
* * +)), *
* * * * 2. ALL OTHERS--->TURN TO P. 22, B49 *
* * .))- *
.)3))))))))) -
*
*
```

B31. (RB, STILL ON LIST B, P. 1) Did (this/any of these) fear(s) in List B ever continue for months or even years?

[illegible]

- 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.

64444447 +)))))
51. YES5 *5. NO*
944L4448 .))0))-

▽
+)))))
*CHECK "DOCTOR" B32 BOX ON REFERENCE CARD *
.))0)))-
▽

- B33. 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 *
.)))))-

- B34. 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 take medication more than once because of (this/these) fear(s) in List B?

64444447 +)))))
51. YES5 *5. NO*--->NEXT PAGE, B36
944L4448 .)))))-

DEFINITION: "MEDICATION" REFERS TO MEDICINE OBTAINED ANYWHERE--OVER-THE-COUNTER, FROM A FRIEND, PRESCRIBED BY A DOCTOR, OBTAINED ILLEGALLY, ETC.

*
▽
+)))))
B35a. How old were you the first time [you took
* medication more than once because of *
* (this/these) fear(s)]? *
* *
* _____ YEARS OLD *
.)))))-

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?
6444444447 +)))))) , +))))))))) , +))))))))) ,
51. A LOT5 *2. SOME* *3. A LITTLE* *4. NOT AT ALL*
9444444448 .)))))) - .))))))))) - .))))))))) -

B38. How much did avoiding the situation(s) ever interfere with your life or activities--a lot, some, a little, or not at all?
6444444447 +)))))) , +))))))))) , +))))))))) , +))))))))) ,
51. A LOT5 *2. SOME* *3. A LITTLE* *4. NOT AT ALL* *6. NEVER AVOIDED *
9444444448 .)))))) - .))))))))) - .))))))))) - * SITUATION(S) [IF VOL.] *
.))))))))) -

[illegible]

B40. (RB, STILL ON LIST B, P. 1) When was the first time you had (this/any of these) fear(s) in List B--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*
 .)))))))))))))- .))))))0)))))))))- .))))0))))- .))))))))))0)))))))))-
 NEXT PAGE, B43 * +)))))))))) , * *
 .))))1GO TO B42/)))))- *
 .)))))))))- *
 *

▽

+)) ,

*B41. (RB, STILL ON LIST B, P. 1) Can you remember your exact age the first time *
 * [you had (any of) the fear(s) in List B]? *

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

▽

▽

+))))))))))))))))))))))))))))))))0)) , *

*B41a. (How old were you?) *B41b. About how old were you [the first**
 * time you had (this/any of these) **

* * YEARS OLD * fear(s)]? **
 * .))))))))))))))))))))))))))))))))1 (ACCEPT A RANGE RESPONSE.) **

* * * *

* * YEARS OLD **

* * * *

* * YEARS OLD **

*B41c. What is the earliest age you can **

* clearly remember having (this/ **

* any of these) fear(s)? **

* (ACCEPT A RANGE RESPONSE.) **

* * * *

* * YEARS OLD **

* .))- *

.))- *

B42. (RB, STILL ON LIST B, P. 1) When was the last time you had (this/any of these) fear(s) in List B--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*
 .)))))))))))))- .))))))0)))))))))- .))))0))))- .))))))))))0)))))))))-
 *

▽

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

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.

```

+))))),      +))))),      +))))))))))))))))))))),
*1. YES*      *5. NO*--->GO TO B48      *6. NEVER DRINK OR USE*--->NEXT PAGE,
.))0))) -    .))))) -          * DRUGS [IF VOL.] *      B49
*
*
▽
+))))))))))))))))))))))))))))))))))))))))))))))))))))))))),
*B47a. 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* *
* .))))) -    .))))) - *
*
*B47b. 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 *      * SAME TIME*      * [IF VOL.]* *
*          .))))) -          * [IF VOL.]*      .))))) - *
*          .))))) -          *
* .))))) -          *
.))))) -

```

B48. Did you ever drink more than usual or use drugs not prescribed by a doctor or in greater amounts than prescribed to help reduce the fear(s)?

```

+))))),      +))))),
*1. YES*      *5. NO*--->NEXT PAGE, B49
.))0))) -    .))))) -
*
*
▽
+))))))))))))))))))))))))))))))))))))))))))))))))))))))))),
*B48a. Did this help you feel better? *
* +))))),      +))))),      +))))))))))))))))))))), *
* *1. YES*      *5. NO*      *3. YES AT FIRST, BUT**
* .))))) -    .))))) -      * NOT LATER ON **
*          * [IF VOL.] **
*          .))))) - *
* .))))) -

```

B49e. INTERVIEWER CHECKPOINT

B49f. What is it about (this/these) situation(s) that frightened you?

+)))))))))))))
* YES * NO *
* (1) * (5) *
)))))))3))))3))))1
*B49g. Have you ever had an unreasonably strong fear of storms,
* thunder, or lightning? * * *
)))))))3))))3))))1
*B49h. ...snakes, birds, rats, insects, or other animals? * * *
)))))))3))))3))))1
*B49i. ...seeing blood, getting a shot or injection, or seeing
* a dentist? * * *
)))))))3))))3))))1
*B49j. ...being in water, like a swimming pool or lake? * * *
)))))))3))))3))))1
*B49k. Is there anything else that ever made you so unreasonably
* afraid that you tried to avoid it? * *GO TO*
* * B50 *
* B49l. (What was that?) /))))2))))1
* * *
* _____ * *
* _____ * *
* _____ * *

.))))))2))))))

B50. INTERVIEWER CHECKPOINT

```

+)))))))))))))))))))))))))))))))))))))))))))))))))))))))))),
* SEE B49a-B49k
*
*+) ),
*
** *1. ONE OR MORE "YES" RESPONSES IN B49 SERIES
*
*. 0) -
*
* * +) ),
*
* * * *2. ALL OTHERS-->TURN TO P. 28, B68
*
* * .) ) -
*
.) 3)))))))))))))))))))))))))))))))))))))))))))))))))))))))-
*

```

B51. (RB, STILL ON P. 1) Did (this/any of these) fear(s) in List C ever continue for months or even years?

```

+))))),
*1. YES*
.)0)))-
*
*
*
+))))),
*5. NO*
.)0)))-
*
*
*
+))))),
*B51a. Was this because you always avoided (this/these)*
*
*      situation(s)?
*
*      +))))),      +))))),
*      *1. YES*      *5. NO*
*      .)0)))-      .)0)))-
*
*      .)0)))-
*
*      .)0)))-

```

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.)

644444447 +))))),
51. YES5 *5. NO*
944L4448 .))0))-

```

+)))))))))))))))))))))))))))))))))))))))))))*,
*CHECK "DOCTOR" B52 BOX ON REFERENCE CARD*
.)0))))))))))))))))))))))))))))))))))))))-
      *

```

B53. 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 B54
944L4448      . )))))-
```

+))),
 *B53a. How old were you the first time [you told
 * a mental health specialist about (it/them)]? *
 *
 *
 * _____ YEARS OLD *
 .))-

B54. 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 B55
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 medication more than once because of (this/these) fear(s) in List C?

64444447 +)))))
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 *
.)))))-

DEFINITION: "MEDICATION" REFERS TO MEDICINE OBTAINED ANYWHERE--OVER-THE-COUNTER, FROM A FRIEND, PRESCRIBED BY A DOCTOR, OBTAINED ILLEGALLY, ETC.

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 +))))) , +))))) , +)))))
51. A LOT5 *2. SOME* *3. A LITTLE* *4. NOT AT ALL*
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?

6444444447 +))))) , +))))) , +))))) , +)))))
51. A LOT5 *2. SOME* *3. A LITTLE* *4. NOT AT ALL* *6. NEVER AVOIDED*
9444444448 .))))) - .))))) - .))))) - * SITUATION(S) *
* [IF VOL.] *
.))))) -

[illegible]

B60. (RB, STILL ON P. 1) When was the first 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*
 .)))))))))))))- .))))))0)))))))))- .))))0))))- .))))))))))0)))))))))-
 NEXT PAGE, B63 * +)))))))))) , * *
 .))))1GO TO B62/)))))- *
 .)))))))))- *
 *

▽

+))))))))))))) ,
 *B61. (RB, STILL ON P. 1) Can you remember your exact age the first time [you *
 * had (any of) the fear(s) in List C]? *

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

▽

▽

+)))))))))))))0))))))))))))) , *
 *B61a. (How old were you?) *B61b. About how old were you [the first**
 * * time you had (this/any of these) **
 * * fear(s)]? **
 * * _____ YEARS OLD * (ACCEPT A RANGE RESPONSE.) **
 * .)))))))))))))1 * **
 * * *
 * * _____ YEARS OLD **
 * * *
 * *B61c. What is the earliest age you can **
 * * clearly remember having (this/ **
 * * any of these) fear(s)? **
 * * (ACCEPT A RANGE RESPONSE.) **
 * * *
 * * _____ YEARS OLD **
 * * .)))))))))))))- *
 * .)))))))))))))- *

B62. (RB, STILL ON P. 1) When was the last 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*
 .)))))))))))))- .)))))))))))))- .))))))))))- .))0)))))))))-
 *

▽

+))))))))))))) ,
 B62a. How old were you the last
 * time? *
 * *
 * * _____ YEARS OLD *
 * .)))))))))))))- *

B63. 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*
 .))))) - .))))) -

B64. 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?

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

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.] * B68
 * .))))) , +))))) -

▽

+))))) , +))))) , +))))) , +))))) ,
 *B66a. 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* *
 * .))))) - .))))) - *
 *
 *B66b. Which one would start first--the fear(s) or the increase in drinking *
 * or drug use? *
 * +))))) , +))))) , +))))) , +))))) , *
 * *1. FEAR(S)* *2. DRINKING/* *3. BOTH AT * *4. IT VARIES* *
 * .))))) - * DRUG USE * SAME TIME* [IF VOL.]* *
 * .))))) - * [IF VOL.]* .))))) - *
 * .))))) - *
 .))))) -

B67. 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)?

+))))) , +))))) ,
 1. YES *5. NO*--->NEXT PAGE, B68
 .))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 *
 * * .)))- *
 .)3))-
 *
 *
 ▼

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 psychiatrist ever prescribe medication for you because of (this/these) fear(s)?

DEFINITION: "PRESCRIBE" MEANS A DOCTOR'S PRESCRIPTION NEEDS TO BE HANDED TO A PHARMACIST TO OBTAIN THE MEDICATION.

+))))), +))))),
 1. YES *5. NO*--->GO TO B68d
 .))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
* * .)))-
.3))-
*
V
+))),
*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
*.))-
.))


```

+))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))
*SEE B71
*+)),
** * 1. TWO OR MORE "YES" RESPONSES IN B71 SERIES--->NEXT PAGE, B73
*.))-
*+)),
** * 2. ALL OTHERS--->TURN TO P. 43, B100
*.))-
.)))))

```

B73. During several of your spells or attacks of feeling very frightened or very 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?

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

B74. When was 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--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*
 .))))))))) - .))))))0)))))) - .))))0)))) - .))))))0)))))) -
 NEXT PAGE, B77 * +))))))))) , *
 .))1NEXT PAGE, B76/- *
 .))))))))) - *

▽

+))))))))) ,
 *B75. Can you remember your exact 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)) -
 * * *

▽

▽

+)))))))))0))))))))) , *

*B75a. (How old were you?) *B75b. About how old were you (the first
 * time you had one of these attacks)?**
 * (ACCEPT A RANGE RESPONSE.) **

* _____ YEARS OLD *
 * .)))))))))1 **

* _____ YEARS OLD **

*B75c. What is the earliest age you can
 * clearly remember having an attack? **
 * (ACCEPT A RANGE RESPONSE.) **

* _____ YEARS OLD **

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

B79. Did you ever have four or more spells or attacks within a four-week period?
64444447 +))))),
51. YES5 *5. NO*--->NEXT PAGE, B80
944L4448 .)))))-

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 .))))) -

+)))))))))))))

*B80a. Can you remember your exact age the first time you had a month or *
* more when you were constantly afraid of having another attack? *

$$\begin{array}{ccccccc} * & & +))))) & , & & +))))) & , & * \end{array}$$

*	*1. YES*	*5. NO*	*
---	----------	---------	---

$$* \quad .))0))) - \quad .))0))) - \quad *$$

* *

* +))))))))))))))))))))))))))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 **

```
*      ,)))))))))1          of having another attack)?    **
```

* (ACCEPT A RANGE RESPONSE.) **

* * *

* <table border="1"> <thead> <tr> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> <th>7</th> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17</th> <th>18</th> <th>19</th> <th>20</th> <th>21</th> <th>22</th> <th>23</th> <th>24</th> <th>25</th> <th>26</th> <th>27</th> <th>28</th> <th>29</th> <th>30</th> <th>31</th> <th>32</th> <th>33</th> <th>34</th> <th>35</th> <th>36</th> <th>37</th> <th>38</th> <th>39</th> <th>40</th> <th>41</th> <th>42</th> <th>43</th> <th>44</th> <th>45</th> <th>46</th> <th>47</th> <th>48</th> <th>49</th> <th>50</th> <th>51</th> <th>52</th> <th>53</th> <th>54</th> <th>55</th> <th>56</th> <th>57</th> <th>58</th> <th>59</th> <th>60</th> <th>61</th> <th>62</th> <th>63</th> <th>64</th> <th>65</th> <th>66</th> <th>67</th> <th>68</th> <th>69</th> <th>70</th> <th>71</th> <th>72</th> <th>73</th> <th>74</th> <th>75</th> <th>76</th> <th>77</th> <th>78</th> <th>79</th> <th>80</th> <th>81</th> <th>82</th> <th>83</th> <th>84</th> <th>85</th> <th>86</th> <th>87</th> <th>88</th> <th>89</th> <th>90</th> <th>91</th> <th>92</th> <th>93</th> <th>94</th> <th>95</th> <th>96</th> <th>97</th> <th>98</th> <th>99</th> <th>100</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> <td>13</td> <td>14</td> <td>15</td> <td>16</td> <td>17</td> <td>18</td> <td>19</td> <td>20</td> <td>21</td> <td>22</td> <td>23</td> <td>24</td> <td>25</td> <td>26</td> <td>27</td> <td>28</td> <td>29</td> <td>30</td> <td>31</td> <td>32</td> <td>33</td> <td>34</td> <td>35</td> <td>36</td> <td>37</td> <td>38</td> <td>39</td> <td>40</td> <td>41</td> <td>42</td> <td>43</td> <td>44</td> <td>45</td> <td>46</td> <td>47</td> <td>48</td> <td>49</td> <td>50</td> <td>51</td> <td>52</td> <td>53</td> <td>54</td> <td>55</td> <td>56</td> <td>57</td> <td>58</td> <td>59</td> <td>60</td> <td>61</td> <td>62</td> 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* * * * *

*B80d. What is the earliest age you can **

* clearly remember having a month **

* * * clearly remember having a mother or more when you were constantly **

* * * * *

* or more when you were constantly afraid of having another attack? **

* * * * *

```
(ACCEPT A RANGE RESPONSE.)
```

```
*                                     *
```

* *	* *	YEARS OLD	** **
--------	--------	-----------	----------

* _____ YEARS OLD
)))))))))-*

))-
))

.....-

B81. INTERVIEWER CHECKPOINT
 +))),
 *SEE P. 34, B79 *
 *+)), 64447 *
 ** * 1. 5YES5 RESPONSE IN B79--->GO TO B82 *
 *.))- 94448 *
 *+)), *
 ** * 2. ALL OTHERS *
 *.0)- *
 .)3))-
 *

▼

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

B83. Did you ever tell a doctor other than a psychiatrist about your spells or attacks? (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*--->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 ever prescribe medication for you because of your spells or attacks?

DEFINITION: "PRESCRIBE" MEANS A DOCTOR'S PRESCRIPTION NEEDS TO BE HANDED TO A PHARMACIST TO OBTAIN THE MEDICATION.

+))))) +)))))
1. YES *5. NO*--->GO TO B85
.))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 first time (a doctor *
* other than a psychiatrist advised you to *
* see a mental health specialist)? *
* *
* _____ YEARS OLD *
.)))))-

B90. INTERVIEWER CHECKPOINT
+)))))))))
* **SEE P. 37, B83 and P. 38, B86 and B87**
* +)), 64447
** * 1. 5YES5 RESPONSE IN B83 OR B86 OR B87
* . 0) - 94448
* * +)),
* * * * 2. ALL OTHERS--->NEXT PAGE, B92
* * .) -
.)3)))))))-
▽

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

B92. Were your spells or attacks ever due to physical illness or injury?

+))))), +))))),
1. YES *5. NO*--->GO TO B94
.))0)))- .)))))-
*
▽

B92a. (IF NECESSARY, What was the illness or injury)?

B93. Were the spells or attacks always due to (ILLNESS/INJURY)?

+))))), +))))),
1. YES--->NEXT PAGE, B95 *5. NO*
.))0)))- .))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*
.))0)))- .))0)))-
*
▽

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.

```

+))))),      +))))),      +))))))))))))))))))))),
*1. YES*      *5. NO*--->GO TO B96  *6. NEVER DRINK OR USE*--->NEXT PAGE, B97
.))0))) -    .))))) -      *   DRUGS [IF VOL.]   *
*                                     .)))))))))))))))))) -
*
*
+))))))))))))))))))))))))))))))))))))))))))))))))))))))))),
*B95a. 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?

```

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

```

B97. INTERVIEWER CHECKPOINT

+))),
 * **SEE REFERENCE CARD, "QUALIFIERS" B23** *
 *+)), *
 ** * 1. B23 BOX CHECKED ON REFERENCE CARD *
 *. 0)- +)), *
 * * * 2. ALL OTHERS--->NEXT PAGE, B100 *
 * * .)))- *
 .)3))-
 ▽

+))0))))0))))),
 * * YES * NO *

B98. * Did your spells or attacks ever occur when you were... * (1) * (5) *
 /))3))))3))))1
 *B98a. ...in a crowd or standing in line? * * *
 /))3))))3))))1
 *B98b. ...leaving your home or being alone away from home? * * *
 /))3))))3))))1
 *B98c. ...in a public place? * * *
 /))3))))3))))1
 *B98d. ...riding in cars, trains or buses? * * *
 /))3))))3))))1
 *B98e. ...crossing a bridge? * * *
 .)))2))))2))))-
 ▽

B99. INTERVIEWER CHECKPOINT

+))),
 * **SEE B98** *
 *+)), *
 ** *1. ONE OR MORE "YES" RESPONSES IN B98 SERIES *
 *. 0)- *
 * * +)), *
 * * * 2. ALL OTHERS--->NEXT PAGE, B100 *
 * * .)))- *
 .)3))-
 ▽

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 you were in *

*

(this/these) situation(s)? *

*

+))))), +))))), *

*

1. YES *5. NO* *

*

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

*

.)))-
 ▽

▽

B99c. Did the attacks ever occur other than in (this/these) situation(s)?

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

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*
.))0))-
*
*
*
+))))),
*B101a. Did you worry a great deal over things that were not
*
* really serious?
*
* +))))), +))))),
*
* *1. YES* *5. NO*
*
* .))))) - .))))) -
*
*
*
.))))) -
*
*

```

Bl02. During any of those periods of worry or anxiety, did you ever have different worries on your mind at the same time?

```

+))))), +))))),
*1. YES* *5. NO*--->NEXT PAGE, B103
.)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      S),
*       - R's PHYSICAL HEALTH     *--->TURN TO P. 51, B118
*       - 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 illness or injury.

*	YES	* NO	*				
*When you were worried or anxious, were you also							
/))))))	3)))	(#1)	5)))				
*							
*B103a. ...easily startled?	(#1)	*	*				
/))))))	3)))	3)))	3)))				
*							
*B103b. ...trembly or shaky?	(#2)	*	*				
/))))))	3)))	3)))	3)))				
*							
*B103c. ...restless?	(#3)	*	*				
/))))))	3)))	3)))	3)))				
*							
*B103d. ...bothered by tense, sore, or aching muscles?	(#4)	*	*				
/))))))	3)))	3)))	3)))				
*							
*B103e. ...keyed up or on edge?	(#5)	*	*				
/))))))	3)))	3)))	3)))				
*							
*B103f. ...particularly irritable?	(#6)	*	*				
/))))))	3)))	3)))	3)))				
*							
*B103g. ...aware of your heart pounding or racing?	(#7)	*	*				
/))))))	3)))	3)))	3)))				
*							
*B103h. ...short of breath or felt like you were smothering?	(#8)	*	*				
/))))))	3)))	3)))	3)))				
*							
*B103i. ...easily tired?	(#9)	*	*				
/))))))	2)))	2)))	2)))				
*							
*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...							
/))))))	0)))	0)))	0)))				
*							
*B103j. ...cold and clammy hands?	(#10)	*	*				
/))))))	3)))	3)))	3)))				
*							
*B103k. ...a dry mouth?	(#11)	*	*				
/))))))	SS)3)))	3)))	3)))				
*							
*B103l. ...nausea or diarrhea?	(#12)	*	*				
/))))))	3)))	3)))	3)))				
*							
*B103m. ...difficulty concentrating because of worry?	(#13)	*	*				
/))))))	3)))	3)))	3)))				
*							
*B103n. ...hot flashes or chills?	(#14)	*	*				
/))))))	3)))	3)))	3)))				
*							
*B103o. ...trouble swallowing?	(#15)	*	*				
/))))))	3)))	3)))	3)))				
*							
*B103p. ...trouble falling asleep or staying asleep?	(#16)	*	*				
/))))))	3)))	3)))	3)))				
*							
*B103q. ...discomfort or pain in the stomach?	(#17)	*	*				
/))))))	3)))	3)))	3)))				
*							
*B103r. ...a lot of trouble keeping your mind on what you were doing?	(#18)	*	*				
/))))))	3)))	3)))	3)))				
*							
*B103s. Did you have to urinate too frequently?	(#19)	*	*				
/))))))	3)))	3)))	3)))				
*							
*B103t. Did you feel dizzy or light-headed?	(#20)	*	*				
/))))))	3)))	3)))	3)))				
*							
*B103u. Did you feel faint or unreal?	(#21)	*	*				
/))))))	3)))	3)))	3)))				
*							
*B103v. Did you feel like you might lose control or go mad?	(#22)	*	*				
/))))))	3)))	3)))	3)))				
*							
*B103w. Did you sweat a lot?	(#23)	*	*				
/))))))	2)))	2)))	2)))				
*							

+)))))))))
*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 *
.))))-	.))))-	.))))-	.))))-	.))))-
+)))),	+)))),	+)))),	+)))),	+)))),
* 11 *	* 12 *	* 13 *	* 14 *	* 15 *
.))))-	.))))-	.))))-	.))))-	.))))-
+)))),	+)))),	+)))),	+)))),	+)))),
* 16 *	* 17 *	* 18 *	* 19 *	* 20 *
.))))-	.))))-	.))))-	.))))-	.))))-
+)))),	+)))),	+)))),		
* 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*
 .))))))O)))))))- .))))))O)))))- .))))))))))O)))))))-
 * +))))))))))))))))), *
 .)1NEXT PAGE, B108/)- *
 .)))))))))))))))- *

$$+)))))))))\dots))))),$$

*B107. Can you remember what your exact age was? *

$$* \quad +))))) , \quad +))))) , \quad *$$

1. YES	*5. NO*	*
----------	---------	---

* ,))) - ,))) - *

$$\begin{array}{ccccccc} & & \nearrow & \searrow & \nearrow & \searrow \\ * & & & & & & * \\ & & \nwarrow & \swarrow & \nwarrow & \swarrow & \end{array}$$
$$* \qquad \qquad \qquad \nabla \qquad \qquad \qquad \nabla \qquad \qquad \qquad *$$

* +))))))))))0)))))))*

* B107a. (How old were you?) *B107b. About how old were you the first **

* * * * *

Q. Now, how old were you and this time a period of this sort started? **

* * YEARS OLD * (ACCEPT A RANGE RESPONSE) **

```

*          YEARS OLD          (ACCEL 1 - RINSE RESPONSE.)
*          ))))))))1
*

```

* * *

* 1960	* 1961	YEARS OLD	** 1962
-----------	-----------	-----------	------------

* * * * *

* *B107c What is the earliest age you can **

* clearly remember having a period **

* * * * *

	OR WORRY OR ANXIETY LASTING SIX MONTHS OR MORE?	
*	*	**

		MONTHS OR MORE?	
*	*	(ACCEPT A RANGE RESPONSE)	**

```
(ACCEPT A RANGE RESPONSE.)
```

* * *

*	*	YEARS OLD	**
---	---	-----------	----

* _____ YEARS OLD

))=

))

.)))))))))

B108. When was the last 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*
 .)))0)))- .)))0)))- .)))0)))- .)))0)))-

▼

+))))))))) ,
 *B108a. How old were you the *
 * last time? *
 * *
 * _____ YEARS OLD *
 .)))0)))-

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.)

+))))), +))))),
 1. YES *5. NO*--->NEXT PAGE, B112
 .)))0)))- .)))0)))-

▼

+))))))))) ,
 *B109a. How old were you the first time (you *
 * told a doctor other than a psychiatrist *
 * about being worried or anxious)? *
 * *
 * _____ YEARS OLD *
 .)))0)))-

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

▼

+))))))))) ,
 *B110a. How old were you the first time *
 * (a doctor other than a psychiatrist *
 * prescribed medication for you because *
 * you were worried or anxious)? *
 * *
 * _____ YEARS OLD *
 .)))0)))-

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?

```

+)))))),      +))))),
*1. YES*      *5. NO*--->GO TO B112
.)0))) -      .))))) -
  ▽
+)))))))))) ,
*B111a. How old were you the first time *
*      (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.)

```

+)))))),
*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.)

[illegible]

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)
C1a. ...were you often in tears?		
C1b. ...did you frequently feel hopeless?		
C1c. ...did you often feel that you could not cope with your everyday life and responsibilities?		
C1d. ...did you feel that your life had always been bad and was not going to get any better?		
C1e. INTERVIEWER: IF ANY "YES" RESPONSE IN C1a-C1d, CHECK "SADNESS" CATEGORY #1 BOX ON REFERENCE CARD		

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

+))))))
1. YES
.))0)))-
*
▽

+))))))
5. NO
.))0)))-
*
▽

C2a. How old were you when that period started? _____ YEARS OLD	C2b. <u>About</u> how old were you the first time a period of this sort started? (ACCEPT A RANGE RESPONSE.) _____ YEARS OLD
	C2c. What is the earliest age you can <u>clearly remember</u> having a period of this sort? (ACCEPT A RANGE RESPONSE) _____ YEARS OLD

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

```

      GO TO C4
+))))))))))))))))))))))))))))))))))))))))))))))))))))))
*C3a.  How long do the periods of depression
      usually last?
      +))))),+))))),+))))),+))))),
      _____ # *DAYS**WEEKS**MONTHS**YEARS*
      .))))-.)))))-.)))))-.)))))-
      *C3b.  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 last 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 ago?

```

+))))))))))))) , +)))))))))))))))))) , +)))))))))) , +)))))))))))))))))) ,
*1. PAST MONTH* *2. PAST SIX MONTHS* *3. PAST YEAR* *4. MORE THAN A YEAR AGO*
.)))))0))))) - .)))))0))))) - .)))))0))))) - .)))))0))))) -
* * * *
.)))))0)))))2)))))0))))) - *
*NEXT PAGE, D1* *
.)))))0))))) - *
```

+))))))))))))))))))))))))))))) ,
 *C4a. How old were you *
 * the last time? *
 *
 * _____ YEARS OLD *
 .)))))0))))))))))))))0))))-
 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.

```

+))))))))))644444444447*))))))
*
*5CATEGORY #25*
*944444444448*
/)))))))1
*D1. SEE REFERENCE CARD, "SCREENERS" B4, B4a
*
* IF "YES" RESPONSE IN B4 OR B4a,
* CHECK "SADNESS" CATEGORY #2 BOX ON REFERENCE CARD
.)))))))2))))))
+)))))))0))))0)))
*644444444447* YES * NO *
*5CATEGORY #35* (1) * (5) *
*944444444448*
/)))))))0)))3))))3))))1
*D2. Has there ever been a period of 2 weeks or
* longer when you lost your appetite?
*
* (#1) *94448* D4 *
/)))))))3))))3))))1
*D3. During any of these periods did you completely
* lose your appetite?
*
* (#2) *
/)))))))3))))3))))1
*D4. Have you ever lost weight without trying to C
* as much as 2 pounds a week for several weeks
* or as much as 10 pounds altogether?
* (#3) *94448* D6 *
/)))))))3))))3))))2))))1
|
*D5. During any of these periods, how much weight
* did you lose?
*
* _____ # POUNDS
/)))))))3))))3))))0))))1
*D6. Has there ever been at least 2 weeks when you
* had an increase in appetite, other than when
* you were growing (or pregnant)?
* (#4) *94448*
/)))))))3))))3))))3))))1
*D7. Have you ever had a period when your eating
* increased so much that you gained as much as
* 2 pounds a week for several weeks or 10 pounds
* altogether?
* (#5) *
/)))))))3))))3))))2))))1
*D8. What is the most you ever gained in one of these
* periods?
*
* _____ # POUNDS
/)))))))2))))2))))))1
*64447
*D8a. INTERVIEWER: IF ANY 5YES5 RESPONSE IN D2-D7,
*
*94448
*
* CHECK "SADNESS" CATEGORY #3 BOX ON REFERENCE CARD.
.)))))))-

```



```
+)))))))))644444444447* YES * NO *
*          5CATEGORY #55      * (1) * (5) *
*          944444444448      *    *    *
/))))))))))0))))3))))3))))1
*D16. Has there ever been a period lasting 2 weeks * *64447* *
* or more when you lacked energy or felt tired * *5 5* *
* out all the time even when you had not been * *94448*GO TO*
* working very hard? * (#13) * D18 *
/))))))))))3))))3))))3))))1
*D17. Have you ever been completely without energy * * * *
* for 2 weeks or more? * * * *
* * (#14) * * *
/))))))))))3))))3))))3))))1
*D18. Did you ever have 2 weeks or more when you * *64447* *
* felt very bad when you got up, but felt better * *5 5* *
* later in the day? * (#15) *94448* *
/))))))))))2))))2))))2))))1
* 64447 *
* D18a. INTERVIEWER: IF ANY 5YES5 RESPONSE IN D16 OR D18, *
* 94448 *
* CHECK "SADNESS" CATEGORY #5 BOX ON REFERENCE CARD. *
.))))))))))-
```

```
+))))))))))0))))0)))  
* 644444444447 * YES * NO *  
* 5CATEGORY #65 * (1) * (5) *  
* 944444444448 * * *  
/))))))))0))))3))))3))))1  
*D19. Has there ever been 2 weeks or more when * *64447* *  
* nearly every day you talked or moved more * *5 5*GO TO*  
* slowly than is normal for you? * (#16) *94448* D21 *  
/))))))))3))))3))))3))))1  
*D20. During (this/one of these) period(s) did any- * * * *  
* one else notice that you were talking or moving * * * *  
* more slowly? * (#17) * * *  
/))))))))3))))3))))3))))1  
*D21. Has there ever been 2 weeks or more when * *64447* *  
* nearly every day you had to be moving all the * *5 5* *  
* time - that is, you could not sit still and * *94448* *  
* paced up and down? * (#18) * * *  
/))))))))2))))2))))2))))1  
* 64447 *  
* D21a. INTERVIEWER: IF ANY 5YES5 RESPONSE IN D19 OR D21, *  
* 94448 *  
* CHECK "SADNESS" CATEGORY #6 BOX ON REFERENCE CARD. *  
.))))))))-
```


		YES		NO	
6444444444447		YES		NO	
5CATEGORY #85		(1)		(5)	
9444444444448					
D27. Has there ever been 2 weeks or more when nearly every day you felt worthless?		64447		5	GO TO 3
		(#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 nearly every day you felt sinful?		64447		5	
		(#26)	94448		
D30. Has there ever been 2 weeks or more when nearly every day you felt guilty?		64447		5	
		(#27)	94448		
D31. Has there ever been a period of two weeks or longer when you felt that you were not as good as other people or inferior?		64447		5	
		(#28)	94448		
D32. Has there ever been a period of two weeks or longer when you had so little self-confidence that you would not try to have your say about anything?		64447		5	GO TO 3
		(#29)			D33a
D33. Did you ever have a period of 2 weeks or more when you entirely lost your self-confidence?					
		(#30)			
D33a. INTERVIEWER: IF ANY 5YES5 RESPONSE IN D27-D32,		64447		2	
CHECK "SADNESS" CATEGORY #8 BOX ON REFERENCE CARD.					


```
D39. INTERVIEWER CHECKPOINT  
+))))))))))))) ,  
*SEE REFERENCE CARD, "SCREENERS" B3a *  
*+) , *  
** * 1. "YES" RESPONSE IN B3a *  
.0)- *  
* * +) ) , *  
* * * * 2. ALL OTHERS--->NEXT PAGE, D41 *  
* * .) ) - *  
.3))))))))))))) -  
*  
*  
V
```

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
* *.))-
.)3)))))))-
*
*
V

[illegible]

```
+)))))))))))))0))))),
*                               6444444444447 * YES * NO *
*                               5CATEGORY #105 * (1) * (5) *
*                               9444444444448 *      *      *
/)))))))))))))0))))3))))3))))1
*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* *
* in general? * (#36) * *
/)))))))))))))3))))3))))3))))1
*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* *
/)))))))))))))3))))3))))3))))1
*D43. Have you ever felt so low you thought about * *64447* *
* committing suicide? * *5 5* *
* * (#38) *94448* *
/)))))))))))))3))))3))))3))))1
*D44. Have you ever attempted suicide? * *64447* *
* * *5 5* *
* * (#39) *94448* *
/)))))))))))))2))))2))))2))))1
*                               64447 *
* D44a. INTERVIEWER: IF ANY 5YES5 RESPONSE IN D41-D44, *
*                               94448 *
* CHECK "SADNESS" CATEGORY #10 BOX ON REFERENCE CARD. *
.)))))))))))))) -
```

D45. INTERVIEWER CHECKPOINT

```

+)))))))))) ,
*SEE REFERENCE CARD, "SADNESS" *
*+) , *
** * 1. THREE OR MORE CATEGORIES #3-#10 CHECKED IN "SADNESS" ON *
*.0)- REF. CARD *
* * +)) , *
* * * * 2. ALL OTHERS--->TURN TO P. 80, D95 *
* * .)) - *
.)3)))))))))

```

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
94444444444444444444444444444448

D46. INTERVIEWER CHECKPOINT

+))),
 *SEE REFERENCE CARD, "SCREENERS" B3a, B4 *
 *+)), +)), *
 ** * 1. "YES" RESPONSE IN * * 2. ALL OTHERS *
 *. 0)- B3a OR B4 . 0)- *
 .)3))3))))))))))))))))))))))))-
 * *
 ♡ ♡

D46a. INTERVIEWER CHECKPOINT

+))),
 *SEE REFERENCE CARD, "SCREENERS" B5 **SEE REFERENCE CARD, "SCREENERS" B4a *
 * +)), +)), **+)), +)), *
 * * *1. "YES" RESPONSE * *2. ALL OTHERS*** *1. "YES" RESPONSE * *2. ALL OTHERS *
 *. 0)- IN B5 . 0)- ** . 0)- IN B4a . 0)- *
 .)3))))))))))))))))))))3))))))))))))))))- .)3))))))))))))))))3))))))))))))))))-
 * *
 * *
 * *
 * *
 * *
 * *
 * *
 * *
 * *
 * *
 ♡ ♡

D46b. INTERVIEWER CHECKPOINT

+))),
 *SEE REFERENCE CARD, "SCREENERS" B5** *
 * +)), +)), **+)), +)), *
 * * *1. "YES" * *2. ALL *
 *. 0)- RESPONSE . 0)- OTHERS **
 * * IN B5 * **
 .)3))))))))))))))))3))))))))))))))))- *
 * *
 ♡ ♡

D46c. INTERVIEWER CHECKPOINT

+))),
 *SEE REFERENCE CARD, "SCREENERS" B5** *
 * +)), +)), **+)), +)), *
 * * *1. "YES" * *2. ALL *
 *. 0)- RESPONSE . 0)- OTHERS **
 * * IN B5 * **
 .)3))))))))))))))))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, **ON REF. CARD, **OPTION "D" ON **OPTION "E" *
 *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 ** **INTEREST IN **DUMPS" **INTEREST IN *
 *THINGS" *.))))))))))))))))-*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 *5. NO* *8. DON'T KNOW*--->TURN TO P. 80, D95
 .))))))- .) 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 psychiatrist about your period(s) of feeling (KEY PHRASE ONE) and having some of these other problems circled on Page 3? (Doctor includes medical doctors, osteopaths, or osteopaths.)

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

```
644444447      +))))),
51. YES5        *5. NO*--->NEXT PAGE, D51
944L4448        .)))))-
```

v

+)))*
*D48a. How old were you the first time [you *
* told a doctor other than a psychi- *
* atrist 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      +))))),
51. YES5      *5. NO*--->GO TO D50
944L4448      .)))))-
```

DEFINITION: "PRESCRIBE" MEANS A DOCTOR'S PRESCRIPTION NEEDS TO BE 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)?

```
644444447      +))))),
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 *
* specialist)? *

* _____ YEARS OLD *

.)))-

- 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 +))))),

51. YES5 *5. NO*--->GO TO D52

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 +))))),

51. YES5 *5. NO*--->GO TO D53

944L4448 .)))))-

▼

+))),

*D52a. How old were you the first time [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 once because of your period(s) of feeling (KEY PHRASE ONE)?

64444447 +))))),

51. YES5 *5. NO*--->GO TO D54

944L4448 .)))))-

*

▼

+))),

*D53a. How old were you the first time [you took *
* medication more than once because of your *
* period(s) of feeling (KEY PHRASE ONE)]? *

* * *

* _____ YEARS OLD *

.)))))))-

DEFINITION:

"MEDICATION" REFERS TO MEDICINE OBTAINED ANYWHERE-- OVER-THE-COUNTER, FROM A FRIEND, PRESCRIBED BY A DOCTOR, OBTAINED ILLEGALLY, ETC.

- 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?

6444444447 +)))))), +)))))))))), +))))))))))))),

51. A LOT5 *2. SOME* *3. A LITTLE* *4. NOT AT ALL*

9444444448 .))))) - .))))) - .))))) - .))))) -

D55. Was any period of feeling (KEY PHRASE ONE) so bad that it kept you from working or from seeing friends or relatives?

64444447 +)))))
51. YES5 *5. NO*
94444448 .)))))-

D56. Were you ever hospitalized for your period(s) of feeling (KEY PHRASE ONE)?

64444447 +)))))
51. YES5 *5. NO*--->GO TO D57
944L4448 .)))))-

▼

+)))))
*D56a. How old were you the first time? *

* *
* * YEARS OLD *

.)))))

D57. INTERVIEWER CHECKPOINT

+)))))

*+)), 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 * D64

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?

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

1. PAST MONTH *2. SIX MONTHS* *3. PAST YEAR* *4. MORE THAN A YEAR AGO*

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

* +))2)) , *

.))1NEXT PAGE, D61/)) - *

.)) - ▼

+)))))

*D60. Can you remember your exact age when this period started? *

* +)) , *

* *1. YES* *5. NO* *

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

* ▼ ▼ *

* +))0)) , *

* *D60a. (How old were you?) * D60b. About how old were you (when *

* * this period started)? *

* * (ACCEPT A RANGE RESPONSE.) *

* /-----2-----1 *

* * *

* * YEARS OLD *

* .)) - *

.)) -

D61. Did that period of feeling (KEY PHRASE ONE) occur just after someone close to you died?

[illegible]

D62. (RB, STILL ON P. 3) Has that period of feeling (KEY PHRASE ONE) and having 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
.))))0))) -       .))))))))) ) ) ) ) ) ) ) ) ) ) -

```

D62a. When did it end (in the past month, past six months, past year, or more than a year ago)?

```

+))))))))) ,      +))))))))) ,      +))))))))) ,      +))))))))) ,
*1. PAST *          *2. PAST *          *3. PAST YEAR*      *4. MORE THAN A YEAR AGO*
* MONTH *          * SIX MONTHS*      .))))O))))-      .))))O))))-
.))))O))))-      .))))O))))-      *      *
*      +))))2)))) ,      *      *
.))))))1 GO TO D63 /)))))))-      *

```


+)))))))))

*D62b. Can you remember your exact age when it ended?

<p>* +))))),</p> <p>* *1. YES*</p> <p>* .))0))) -</p>	<p>+))))),</p> <p>*5. NO*</p> <p>.))0))) -</p>
--	---



* +)))))))))0)))))))))

* D62c. (How old were you?) * D62d. About how old were you (when *
* * this period ended)? *

* /-----2-----1

* * *

* * *	YEARS OLD	*
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
11	11	11
12	12	12
13	13	13
14	14	14
15	15	15
16	16	16
17	17	17
18	18	18
19	19	19
20	20	20
21	21	21
22	22	22
23	23	23
24	24	24
25	25	25
26	26	26
27	27	27
28	28	28
29	29	29
30	30	30
31	31	31
32	32	32
33	33	33
34	34	34
35	35	35
36	36	36
37	37	37
38	38	38
39	39	39
40	40	40
41	41	41
42	42	42
43	43	43
44	44	44
45	45	45
46	46	46
47	47	47
48	48	48
49	49	49
50	50	50
51	51	51
52	52	52
53	53	53
54	54	54
55	55	55
56	56	56
57	57	57
58	58	58
59	59	59
60	60	60
61	61	61
62	62	62
63	63	63
64	64	64
65	65	65
66	66	66
67	67	67
68	68	68
69	69	69
70	70	70
71	71	71
72	72	72
73	73	73
74	74	74
75	75	75
76	76	76
77	77	77
78	78	78
79	79	79
80	80	80
81	81	81
82	82	82
83	83	83
84	84	84
85	85	85
86	86	86
87	87	87
88	88	88
89	89	89
90	90	90
91	91	91
92	92	92
93	93	93
94	94	94
95	95	95
96	96	96
97	97	97
98	98	98
99	99	99
100	100	100

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

.)))))))))

D63. How long did this period last (before it ended/so far)?

```

_____# OF      +)))) ,      +))))) ,      +))))) ,      +))))) ,
                  *DAYS*       *WEEKS*       *MONTHS*       *YEARS*
                  .)))-        .)))-         .)))-         .)))-
                  +))))))))) ,
                  *TURN TO P. 74, D81a*
                  .)))-

```


[MORE THAN ONE PERIOD OF DEPRESSION IN LIFETIME]

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 year ago?

+))))))))))))) , +))))))))))))) , +))))))))))))) , +))))))))))))) , +))))))))))))) ,
 *1. PAST MONTH**2. PAST SIX MONTHS**3. PAST YEAR**4. MORE THAN **5. NEVER *
 .))))))))))) - .))))))))O)))))) - .))O)))))) - * A YEAR AGO** [IF VOL.]*
 NEXT PAGE, D67 * +)))))))))) , * .))))))))O)))))) - .))))))))))) -
 .)1NEXT PAGE, /) - * TURN TO
 * D66 * * P. 80, D95
 .))))))))))) - *

```
*))))))))) ,
```

```
*D65. Can you remember your exact age 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)?
```

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

```
*1. YES * *5. NO*
```

```
. ))O))- . ))O))-
```

```
* *
```

```
▽ ▽
```

```
+))))))0))))),
```

```
*D65a. (How old were you?) *D65b. About how old were you (the first time you had a period of this sort lasting two weeks or more)? (ACCEPT A RANGE RESPONSE)
```

```
* YEARS OLD * YEARS OLD
```

```
. )))))1
```

```
*
```

```
* D65c. 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
```

```
. )))))-
```

```
. )))))-
```

D67. How an periods of feeling (KEY PHRASE ONE) lasting two weeks or longer have you had in the past 12 months?

```
+))))))),(
*01. ONE*
.)0)))-
*
▽
+)))))))(
*D67a. In what month and year did
*   this period start?
*
* _____
*      MONTH/YEAR
*
*D67b. Has this period of feeling (KEY
* PHRASE ONE) ended or is it still
* going on?
* +))))))),( +)))))))(
* *1. ENDED* *2. STILL GOING ON*
* .)))))))- .)))))))(
*
*D67c. How long did this period
* last (so far)?
*
* _____ # OF
* +))),( +))),( +))),( +))),(
* *DAYS* *WEEKS* *MONTHS* *YEARS*
* .)))- .)))- .)))- .)))-
* .)))))))(
+)))))))(
* MORE THAN ONE: _____
* NUMBER
* .)))))))(
▽
+)))))))(
*D67d. In what month and year did
* *the first of these (NUMBER
* FROM D67) periods start?
*
* _____
*      MONTH/YEAR
*
*D67e. How long did this first
* period of feeling (KEY
* PHRASE ONE) last?
*
* _____ # OF
* +))),( +))),( +))),( +))),(
* *DAYS* *WEEKS* *MONTHS* *YEARS*
* .)))- .)))- .)))- .)))-
* .)))))))(
+)))))))(
* *DAYS* *WEEKS* *MONTHS* *YEARS*
```

D68. INTERVIEWER QUERY

+)))))))))
 *SEE D58, P. 65
 *
 *# OF PERIODS IN D58 IS _____.
 .)))))))))-

D69. You have had (NUMBER FROM D68) periods of feeling (KEY PHRASE ONE) in your lifetime. Between (any of) these periods were you feeling O.K. at least for some months?

+))))), +))))),
 1. YES *5. NO*--->GO TO D70
 .))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?
 * +))))), +))))),
 * *1. YES* *5. NO*
 * .))0))) - .))0))) -
 *

▽

* D69c. Did it ever last at least 2 months?
 * +))))), +))))),
 * *1. YES* *5. NO*
 * .))0))) - .))))) -
 .))))))3)))))))))-

▽

D70. Did any of these periods of feeling (KEY PHRASE ONE) occur just after someone close to you died?

+))))), +))))),
 1. YES *5. NO*--->NEXT PAGE, D72
 .))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
 * .))0))) - .))))) -
 .)))))))))-

D72. Did most of your periods of feeling (KEY PHRASE ONE) begin in the same month or the same time of year?

+))))), +))))),
1. YES *5. NO*-->NEXT PAGE, D74
.))0))) - .))))) -

```

V
+))))))))) ,
*D72a. (In what months?) (ACCEPT MONTH OR RANGE OF MONTHS, NOT SEASON.
* IF R MENTIONS SEASON, PROBE: What months would that be?
* +)))0)))0)))0)))0)))0)))0)))0)))0)))0)))0)))0)))0))),
* *JAN *FEB *MAR *APR *MAY *JUN *JUL *AUG *SEP *OCT *NOV *DEC *
* .)))2)))2)))2)))2)))2)))2)))2)))2)))2)))2)))2)))2)))-
*
*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 OR _____ % OF PERIODS
*
*D72c. Did you ever have two years in a row when a period of feeling (KEY
* PHRASE ONE) started in (TIME FROM D72a)?
* +))))), +))))),
* *1. YES* *5. NO*
* .)))))- .)))))-
.)))))))-

```

D73. Did most of these periods end in the same month or the same time of year?
 +))))), +))))),
 1. YES *5. NO*--->GO TO D74
 .))0))) - .))))) -

[illegible]

D74. (RB, STILL ON P. 3) What is the longest period you ever had when you felt (KEY PHRASE ONE) and had several of these other problems circled on Page 3 at the same time?

_____# OF +))))) , +))))) , +))))) ,
 WEEKS OR *MONTHS* OR *YEARS*
 .)))))) - .))))) - .))))) -

D77. (RB, STILL ON P. 3) What about the last 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*
.)))))0))))- .))))0))))- .))))0))))- .))0)))))))-
      *          +)))2))) ,          *          *
      .))))))1GO TO D78/)))))))-          ♡
      .))))))-          +)))))))))) ,
                        *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.] *
.))))))))))))))))))))))) -      .)))))))))))))))))))0)))))))))))))))) -

```

```
+)))))))))))))
*D79. Can you think of a particularly bad one?
*
* +))))), +))))),
* *1. YES* *5. NO*
* .))0))- .))0))-
*   ▽       ▽
* +))))))))))0)))))))))))))
* *D79a. (How old were you when *D79b. Then think of your most recent
*      that period occurred?) *      period. How old were you
*      R      (when it occurred)?
* /-----2-----1
*
*          _____ 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?) *
* *
* _____ *
* _____ *
* _____ *
* *
*                      +))))))))) ,
.))))))))))1NEXT PAGE, D81/))))))))) -
.))))))))) -

```


D82. INTERVIEWER CHECKPOINT

+))),
 *SEE D81a-D81b *
 *+)), 6447 *
 ** * 1. 5035 CHECKED IN D81a-D81b *
 *.0)- 9448 *
 * * +)), *
 * * * 2. ALL OTHERS--->GO TO D83 *
 * * .))- *
 .)3))-
 ▽
 +))),
 *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 *
 * * .))- *
 .)3))-
 ▽
 +))),
 *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* *37* *38* *39* *
 * .))- .))- .))- .))- .))- .))- .))- .))- .))- .))- *
 .)))-

D85. INTERVIEWER CHECKPOINT

```
+)))))))))
*SEE P. 65, D58
* +)),
* * * 1. "ONE" RESPONSE IN D58 (ONE PERIOD IN LIFETIME)
* .0)-
* * +)),
* * * * 2. ALL OTHERS--->TURN TO P. 78, D90
* * .))-
.))3)))))))-
*
*
▽
```

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 ILLEGAL DRUGS.

```
+))))), +))))), +)))))))))
*1. YES* *5. NO* *6. NEVER DRINK OR USE DRUGS*
.))0)))-.)))))-* [IF VOL.]
* GO TO D87 .)))))--
* NEXT PAGE, D88
*
▽
```

```
+)))))))))
*D86a. 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.] *
* .)))))--
.)))))--
```


+)))))))))
 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
 * .)))))))))

▽

+)))))))))
 *D91a. 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)?

+))))), +))))),
 1. YES *5. NO*--->NEXT PAGE, D93
 .))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 *
 * * .))- *
 .)3))-
 *
 *

▼

D94. Earlier you told me you had periods lasting six months or more when you were 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)?

+)))))), +))))),
 1. YES *5. NO*--->NEXT PAGE, D95
 .))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.] * .))))) - *
 * .))))) - *
 .))))) -

E2.
INTERVIEWER CHECKPOINT
+)))))))))
* SEE REFERENCE CARD, "SCREENERS" B7 *
* +)), *
* * * 1. "YES" RESPONSE IN "SCREENERS" B7 ON REFERENCE CARD *
* .0)- *
* * +)), *
* * * * 2. ALL OTHERS--->NEXT PAGE, E4 *
* * .))- *
* * *
.)3)))))))))
*
▽

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
)()()()()- .)()()()()-
*
▽

```
+))))))))))))))))))))))))))))))))))))))))))))))))))))))))))-,
* E3a. Was this period of being so irritable always the result of taking *
* medication, drugs or alcohol? *
* +))))), +))))), *
* *1. YES* *5. NO* *
* .)))))- .)))))- *
```


DEFINITION: "PERIOD" MEANS TWO DAYS OR MORE.

+))))))0))))),
 * YES * NO *
 * (1) * (5) *
))))))))0))))3))))3))))1
 E4. Has there ever been a period when you were * *64447* *
 so much more active than usual that you or your * *5 5*GO TO*
 family or friends were concerned about it? * (#1) *94448* E5 *
))))))))3))))3))))3))))1
 E4a. Were you able to be that active without * * * *
 getting tired? * * * *
))))))))3))))3))))3))))1
 E5. Has there ever been a period of several days when * *64447* *
 you could not sit still and paced up and down? * *5 5* *
 * (#2) *94448* *
))))))))3))))3))))3))))1
 E6. Has there ever been a period when you went on spending * *64447* *
 sprees, spending so much money that it caused you or * *5 5* *
 your family some financial trouble, or a period when you * *94448* *
 made foolish decisions about money? * (#3) * * *
))))))))3))))3))))3))))1
 E7. Have you ever had a period when your interest in sex was * *64447* *
 so much stronger than is typical for you that you wanted * *5 5* *
 to have sex a lot more frequently than is normal for you * *94448* *
 or with people you normally would not be interested in? * (#4) * * *
))))))))3))))3))))3))))1
 E8. Has there ever been a period when you talked so * *64447* *
 fast that people said they could not understand you * *5 5* *
 or you had to keep talking all of the time? * (#5) *94448* *
))))))))3))))3))))3))))1
 E9. Have you ever had a period when thoughts raced through * *64447* *
 your head so fast that you could not keep track of them? * *5 5* *
 * (#6) *94448* *
))))))))3))))3))))3))))1
 E10. Have you ever had a period when you felt that you had a * *64447* *
 special gift or special powers to do things others could * *5 5*GO TO*
 not do or that you were an especially important person? * (#7) *94448* E11 *
))))))))2))))3))))2))))1
 E10a. Please give me an example. * * * *
 * * * *
 * * * *
 +))))))3))))))1
 *E10b. INTERVIEWER CHECKPOINT * *
 * +)), * *
 * .))- 1. EXAMPLE IS REALISTIC * *
 * +)), * *
 * .))- 2. EXAMPLE IS NOT REALISTIC * *
 .))))))0))))3))))0))))1
 E11. Has there ever been a period when you hardly slept * *64447* *
 at all but still did not feel tired or sleepy? * *5 5* *
 * (#8) *94448* *
))))))))3))))3))))3))))1
 E12. Was there ever a period when you were easily distracted * *64447* *
 so that any little interruption could get you off the * *5 5* *
 track? * (#9) *94448* *
))))))))2))))2))))2))))-

+)))))))))))))
* 64447 *
* INTERVIEWER: READ ALOUD NUMBERS IN PARENS OF EACH 5YES5 RESPONSE IN*
* 94448 *
* E4 C E12, PAGE 83. *
.)))))))))))))

```
64444444444444444444444444444447
5WHEN FINISHED, NEXT PAGE, E145
94444444444444444444444444444448
```


- 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 +))))) ,
 51. YES5 *5. NO*--->NEXT PAGE, E19
 944L4448 .))))) -

DEFINITION: "TELL A DOCTOR" MEANS CONTACTED A DOCTOR DIRECTLY BY TELEPHONE 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 +))))) ,
 51. YES5 *5. NO*--->GO TO E18
 944L4448 .))))) -

DEFINITION: "PRESCRIBE" MEANS A DOCTOR'S PRESCRIPTION NEEDS TO BE HANDED TO A PHARMACIST TO OBTAIN THE 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 +))))) ,
 51. YES5 *5. NO*--->NEXT PAGE, E19
 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 first time [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 +))))),
51. YES5 *5. NO*--->GO TO E22
944L4448 .)))))-

DEFINITION: "MEDICATION" REFERS TO MEDICINE OBTAINED ANYWHERE--OVER-THE-COUNTER, FROM A FRIEND, 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?

6444444447 +)))))), +)))))), +)))))),
51. A LOT5 *2. SOME* *3. A LITTLE* *4. NOT AT ALL*
9444444448 .))))))- .))))))- .))))))-

E33. (RB, STILL ON P. 4) Please think about the time when you were (KEY 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?

+)))))))))
 * *
 * _____ YEARS OLD*--->GO TO E35
 .)))))))))

+)))))))))
 *95. "ALL SPELLS ALIKE" OR "NO ONE"
 * 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)? *
 * /-----2-----1 *

* *
 * _____ YEARS OLD *
 * .)))))))))

.)))))))))

E35. Was there anything going on in your life at that time which caused you to become (KEY PHRASE TWO)?

+))))), +))))),
 1. YES *5. NO*--->GO TO E36
 .))0)))- .))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 *
 .)))))- .)))))- .)))))- .)))))- .)))))- .)))))- .)))))- .)))))- .)))))-

*

E38. INTERVIEWER CHECKPOINT

*

*

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

```
+))))))))) ,
*E39a. 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*
* .)))))))))- * DRUG USE ** SAME TIME ** [IF VOL.] *
* .)))))))))- * [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)?

+))))), +))))),
 1. YES *5. NO*--->TURN TO P. 95, SECTION F
 .))0))) - .))))) -

*

▼

+))),
 *E40a. Did this help you feel better? *
 * +))))), +))))), +))))))))))))))))))))))))), *
 * *1. YES* *5. NO* *3. YES AT FIRST, BUT NOT* *
 * .))))) - .))))) - * LATER ON [IF VOL.] * *
 * .))))))))))))))))))))))))))))) - *
 .)))))))))))))0))))))))))))))0)))))) -
 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	.)))))))))-

▼

+)))))))))
 *E41a. 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* *
 * .))))) - .))))) - *
 *
 *E41b. 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.] **
 * .))))) - *
 .)))))))))-

+)))),	+)))),	+)))),	+)))),	+)))),	+)))),	+)))),	+)))),
* A *	* B *	* C *	* D *	* E *	* F *	* G *	* H *
(01)	*(02)*	*(03)*	*(04)*	*(05)*	*(06)*	*(07)*	*(08)*
.)))-	.)0)-	.)0)-	.)0)-	.)0)-	.)0)-	.)0)-	.)0)-
NEXT PAGE,	.)))))2)))))2)))))2))0))2)))))2)))))-						
F9				*			

[illegible][illegible][illegible]

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?

+))))), +))))),
 1. YES *5. NO*
 .)))))- .))0))-
 GO TO F11 *

▼

+))),
 *F10a. How old were you when you first began to drink as much as you did *
 * during the past 12 months? *
 * *
 * _____ YEARS OLD *
 .))))))))))))))))))))0))))))))))))))))0))))))))))))))))))))-
 TURN TO P. 99, SECTION G
 .))))))))))))))))))))-

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.)

+))))), +))))), +))))), +))))), +))))), +))))), +))))), +))))), +))))),
 * A * * B * * C * * D * * E * * F * * G * * H * * J *
 (01) *(02)* *(03)* *(04)* *(05)* *(06)* *(07)* *(08)* *(09)*
 .)))))- .))0)- .)0))- .)0))- .)0))- .)0))- .)0))- .)0))- .)0))-
 TURN TO P. 99, .))))))2))))))2))))))2))))0))))2))))2))))2))))2))))-
 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.)

+))))), +))))), +))))), +))))), +))))), +))))), +))))), +))))), +))))),
 * A * * B * * C * * D * * E * * F * * G * * H * * J *
 (01) *(02)* *(03)* *(04)* *(05)* *(06)* *(07)* *(08)* *(09)*
 .)))))- .))0)- .)0))- .)0))- .)0))- .)0))- .)0))- .)0))- .)0))-
 TURN TO P. 99, .))))))2))))))2))))))2))))))2))))2))))2))))2))))2))))-
 SECTION G NEXT PAGE, F14

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.)

[illegible]

*

*

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.)

[illegible]

SECTION G: MEDICATIONS AND DRUGS

- G0. (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 Meproamate (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 nonmedical use of these prescription-type drugs. Nonmedical use is any use on your own; that is, either:

One, without a doctor's prescription, or

Two, in greater amounts than prescribed, or

Three, more often than prescribed, or

Four, for any reasons 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.

_____ YEARS OLD

[illegible]

+))))))))) ,	+))))))))))))) ,	+))))))) ,	+))))))))))))))))))))))) ,
*1. PAST *	*2. PAST SIX*	*3. PAST*	*4. MORE THAN YEAR AGO*
* MONTH*	* MONTHS *	* YEAR*	.))))))))0)))))))-
.)))0)))-	.)))))0)))-	.)))0)))-	*
.))))))))))))))))3))))))))))-			*
▽			▽

+))))))))))	+))))))))))
*Gle. (RB, STILL ON P. 7) About how often in the	* *GlF. How old were
* <u>past 12 months</u> 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
.))))))))))-	.))))))))))-

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

```

+))))))))))))))))))))))))))))))))), +))))))))))))))))))))))))))))))))),
*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)?

```

G4b. (RB, STILL ON P. 10) Altogether, about how many times in your life have you taken analgesics (for any nonmedical reason)? Just tell me the letter from Part A on the bottom of the page.

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?

+))))))))))	+))))))))))
*G4e. (RB, STILL ON P. 10) About how often in the	* *G4f. How old were
* <u>past 12 months</u> 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
.))))))))))	.))))))))))

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)?

G6b. (RB, P. 12) About how many times in your life have you used marijuana or hashish? Just tell me the letter from Part A.

[illegible]

G6d. When was the last time (you used marijuana or hashish)--(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))) -	.))))0))) -	.))0))) -	*
.))))))))3)))))) -			*
	⚠		⚠

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

*G6e. (RB, STILL ON P. 12) On the average, how * *G6f. How old were you *

* 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 *

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

YEARS OLD

*

*

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

*G8e. (RB, STILL ON P. 14) On the average, how * *G8f. How old were you *

* 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 *

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

+))
 INTERVIEWER: READ ALOUD CATEGORY LETTER(S) FOR ALL DRUGS
 * CIRCLED ON REFERENCE CARD, SIDE 2. *
 .))-
 644444444444444444444444444444444447
 5WHEN FINISHED, NEXT PAGE, G115
 944444444444444444444444444444444448

INTERVIEWER: WHERE (DRUG) APPEARS IN QUESTION: USE NAME OF DRUG, NAME OF DRUG CATEGORY OR CATEGORY LETTER.		
	YES (1)	NO (5)
<p>G11. (RB, STILL ON P. 16) In answering the next questions, please think <u>only</u> about the substance(s) just circled. (PAUSE)</p> <p>Have you <u>often</u> 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?</p>	TURN TO P. 112, G30a	
<p>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?</p>	TURN TO P. 113, G31a	
<p>G13. Did [alcohol/(or)/DRUG/any of the (other) substances circled] ever cause you <u>considerable</u> problems with your family, friends, at work, at school or with the police?</p>	TURN TO P. 114, G32a	
<p>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?</p>	TURN TO P. 116, G33a	
<p>G15. Have you <u>often</u> been under the effects of [alcohol/(or)/DRUG/any of the (other) substances circled] or feeling its after-effects in a situation which <u>increased your chances of getting hurt</u> C like when driving a car or boat, using knives or guns or machinery, crossing against the traffic, climbing or swimming?</p>	TURN TO P. 117, G34a	
<p>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?</p>	TURN TO P. 118, G36	
<p>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?</p>	TURN TO P. 119, G37a	

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	
<p>G20a. INTERVIEWER CHECKPOINT +)) *SEE REFERENCE CARD SIDE 2, "DRUGS" LIST * *+)), * ** *1. ALCOHOL ONLY DRUG CIRCLED ON * *.0)- "DRUGS" LIST * * * +)), * * * * *2. ALL OTHERS--->GO TO G21 * * * .)))- * .)3)))- * ▽</p> <p>G20b. INTERVIEWER CHECKPOINT +)) *SEE COVERSHEET * * * * *+)), * ** *1. FORM TYPE IS "2" * *.0)- * * * +)), * * * * *2. ALL OTHERS--->TURN TO P. 137,* * * .)))- SECTION H * .)3)))- * * ▽</p>		
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	

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 <u>more</u> [alcohol/(or)/DRUG/of any of the (other) substances circled] than usual to get the <u>same effect</u> or that the same amount had <u>less effect</u> on you than before?	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 <u>OR</u> 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> <u>month, past six months,</u> <u>past year, or more than</u> <u>a year ago</u>)?		G30d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/ DRUG)]?
+)), * *A. ALCOHOL .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *B. SEDATIVES .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *C. TRANQUILIZERS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *D. STIMULANTS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *E. ANALGESICS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *F. INHALANTS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *G. MARIJUANA .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *H. COCAINE .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *I. HALLUCINOGENS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *J. HEROIN .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
INTERVIEWER: ASK G30b-G30d FOR EACH MENTION, THEN TURN TO P. 114, G32				

[FROM G12]

G31. 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?

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

1. YES *5. NO*--->NEXT PAGE, G32

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



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)?	G31c. When was the <u>last time</u> this happened because of using (alcohol/ DRUG)--(in the <u>past</u> <u>month</u> , <u>past six months</u> , <u>past year</u> , or <u>more than</u> <u>a year ago</u>)?		G31d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/ DRUG)]?
+)), * *A. ALCOHOL .)))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *B. SEDATIVES .)))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *C. TRANQUILIZERS .)))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *D. STIMULANTS .)))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *E. ANALGESICS .)))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *F. INHALANTS .)))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *G. MARIJUANA .)))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *H. COCAINE .)))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *I. HALLUCINOGENS .)))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *J. HEROIN .)))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
INTERVIEWER: ASK G31b-G31d FOR EACH MENTION.				

[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

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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)?	G32c. 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 a year ago</u>)?			
+)), * *A. ALCOHOL .))-	_____ YRS	1. MONTH	2. 6 MOS	3. YEAR	4. MORE---->
		G O T O G32e			----->
+)), * *B. SEDATIVES .))-	_____ YRS	1. MONTH	2. 6 MOS	3. YEAR	4. MORE---->
		G O T O G32e			----->
+)), * *C. TRANQUILIZERS .))-	_____ YRS	1. MONTH	2. 6 MOS	3. YEAR	4. MORE---->
		G O T O G32e			----->
+)), * *D. STIMULANTS .))-	_____ YRS	1. MONTH	2. 6 MOS	3. YEAR	4. MORE---->
		G O T O G32e			----->
+)), * *E. ANALGESICS .))-	_____ YRS	1. MONTH	2. 6 MOS	3. YEAR	4. MORE---->
		G O T O G32e			----->
+)), * *F. INHALANTS .))-	_____ YRS	1. MONTH	2. 6 MOS	3. YEAR	4. MORE---->
		G O T O G32e			----->
+)), * *G. MARIJUANA .))-	_____ YRS	1. MONTH	2. 6 MOS	3. YEAR	4. MORE---->
		G O T O G32e			----->
+)), * *H. COCAINE .))-	_____ YRS	1. MONTH	2. 6 MOS	3. YEAR	4. MORE---->
		G O T O G32e			----->
+)), * *I. HALLUCINOGENS .))-	_____ YRS	1. MONTH	2. 6 MOS	3. YEAR	4. MORE---->
		G O T O G32e			----->
+)), * *J. HEROIN .))-	_____ YRS	1. MONTH	2. 6 MOS	3. YEAR	4. MORE---->
		G O T O G32e			----->
INTERVIEWER: ASK G32b-G32e FOR EACH MENTION.					

[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?

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

1. YES *5. NO*--->NEXT PAGE, G34

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



G33a. CHECK CATEGORY <u>OR</u> IF MORE THAN ONE CATEGORY ASK: Which substances did you use? (AO?) (CHECK ALL MENTIONS.)	G33b. How old were you the <u>first time</u> this happened because of using (alcohol/DRUG)?	G33c. When was the <u>last time</u> this happened because of using (alcohol/ DRUG)--(in the <u>past</u> <u>month</u> , <u>past six months</u> , <u>past year</u> , or <u>more than</u> <u>a year ago</u>)?		G33d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/ DRUG)]?
+)), * *A. ALCOHOL .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE---->	
+)), * *B. SEDATIVES .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE---->	
+)), * *C. TRANQUILIZERS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE---->	
+)), * *D. STIMULANTS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE---->	
+)), * *E. ANALGESICS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE---->	
+)), * *F. INHALANTS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE---->	
+)), * *G. MARIJUANA .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE---->	
+)), * *H. COCAINE .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE---->	
+)), * *I. HALLUCINOGENS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE---->	
+)), * *J. HEROIN .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE---->	
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?

+))))), +))))),
 1. YES *5. NO*--->NEXT PAGE, G35
 .))0))) - .))))) -



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)?	G34c. When was the <u>last time</u> this happened because of using (alcohol/ DRUG)-- (in the <u>past month</u> , <u>past</u> <u>six months</u> , <u>past year</u> , or <u>more than a year</u> <u>ago</u>)?		G34d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/ DRUG)]?
+)), * *A. ALCOHOL .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE---->	
+)), * *B. SEDATIVES .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE---->	
+)), * *C. TRANQUILIZERS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE---->	
+)), * *D. STIMULANTS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE---->	
+)), * *E. ANALGESICS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE---->	
+)), * *F. INHALANTS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE---->	
+)), * *G. MARIJUANA .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE---->	
+)), * *H. COCAINE .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE---->	
+)), * *I. HALLUCINOGENS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE---->	
+)), * *J. HEROIN .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE---->	
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

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

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?

+))))),

+))))),

1. YES

5. NO--->NEXT PAGE, G38

.))0)))-

.)))))-



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)?	G37c. When was the <u>last time</u> this happened because of using (alcohol/ DRUG)-- (in the <u>past month</u> , <u>past</u> <u>six months</u> , <u>past year</u> , or <u>more than a year</u> <u>ago</u>)?		G37d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/ DRUG)]?
+)), * *A. ALCOHOL .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *B. SEDATIVES .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *C. TRANQUILIZERS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *D. STIMULANTS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *E. ANALGESICS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *F. INHALANTS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *G. MARIJUANA .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *H. COCAINE .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *I. HALLUCINOGENS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *J. HEROIN .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
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?

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

1. YES *5. NO*--->TURN TO P. 122, G41

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



G38a. CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances caused these problems? (AO?) (CHECK ALL MENTIONS.)	G38b. How old were you the <u>first time</u> this happened because of using (alcohol/DRUG)?	G38c. When was the <u>last time</u> this happened because of using (alcohol/ DRUG)-- (in the <u>past month</u> , <u>past</u> <u>six months</u> , <u>past year</u> , or <u>more than a year</u> <u>ago</u>)?		G38d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/ DRUG)]?
+)), * *A. ALCOHOL .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *B. SEDATIVES .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *C. TRANQUILIZERS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *D. STIMULANTS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *E. ANALGESICS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *F. INHALANTS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *G. MARIJUANA .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *H. COCAINE .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *I. HALLUCINOGENS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *J. HEROIN .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
INTERVIEWER: ASK G38b-G38d FOR EACH MENTION.				

G39-G40

QUESTIONS OMITTED

[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))) - .))))) -

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G41a. CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances did you continue using? (AO?) (CHECK ALL MENTIONS.)	G41b. How old were you the <u>first time</u> you continued to use (alcohol/ DRUG) in such a situation?	G41c. When was the <u>last time</u> [you continued to use (alcohol/DRUG) in such a situation]--(in the <u>past</u> <u>month</u> , <u>past six months</u> , <u>past year</u> , or <u>more than</u> <u>a year ago</u>)?		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 .)) -	_____ YRS	1. MONTH 3. YEAR	2. 6 MOS 4. MORE----->	_____ YRS
+)), * *B. SEDATIVES .)) -	_____ YRS	1. MONTH 3. YEAR	2. 6 MOS 4. MORE----->	_____ YRS
+)), * *C. TRANQUILIZERS .)) -	_____ YRS	1. MONTH 3. YEAR	2. 6 MOS 4. MORE----->	_____ YRS
+)), * *D. STIMULANTS .)) -	_____ YRS	1. MONTH 3. YEAR	2. 6 MOS 4. MORE----->	_____ YRS
+)), * *E. ANALGESICS .)) -	_____ YRS	1. MONTH 3. YEAR	2. 6 MOS 4. MORE----->	_____ YRS
+)), * *F. INHALANTS .)) -	_____ YRS	1. MONTH 3. YEAR	2. 6 MOS 4. MORE----->	_____ YRS
+)), * *G. MARIJUANA .)) -	_____ YRS	1. MONTH 3. YEAR	2. 6 MOS 4. MORE----->	_____ YRS
+)), * *H. COCAINE .)) -	_____ YRS	1. MONTH 3. YEAR	2. 6 MOS 4. MORE----->	_____ YRS
+)), * *I. HALLUCINOGENS .)) -	_____ YRS	1. MONTH 3. YEAR	2. 6 MOS 4. MORE----->	_____ YRS
+)), * *J. HEROIN .)) -	_____ YRS	1. MONTH 3. YEAR	2. 6 MOS 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))) - .))))) -



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)?	G42c. When was the <u>last time</u> this happened because of using (alcohol/ DRUG)-- (in the <u>past month</u> , <u>past</u> <u>six months</u> , <u>past year</u> , or <u>more than a year</u> <u>ago</u>)?		G42d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/ DRUG)]?
+)), * *A. ALCOHOL .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *B. SEDATIVES .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *C. TRANQUILIZERS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *D. STIMULANTS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *E. ANALGESICS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *F. INHALANTS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *G. MARIJUANA .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *H. COCAINE .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *I. HALLUCINOGENS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *J. HEROIN .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
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?

+))))),

+))))),

1. YES

5. NO--->NEXT PAGE, G44

.))0)))-

.)))))-



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)?	G43c. When was the <u>last time</u> this happened because of using (alcohol/ DRUG)--(in the <u>past month</u> , <u>past six</u> <u>months</u> , <u>past year</u> , or <u>more</u> <u>than a year ago</u>)?		G43d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/ DRUG)]?
+)), * *A. ALCOHOL .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *B. SEDATIVES .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *C. TRANQUILIZERS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *D. STIMULANTS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *E. ANALGESICS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *F. INHALANTS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *G. MARIJUANA .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *H. COCAINE .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *I. HALLUCINOGENS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *J. HEROIN .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
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?

+))))),

+))))),

1. YES

5. NO--->TURN TO P. 127, G46

.))0)))-

.)))))-



G44a. CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances? (AO?) (CHECK ALL MENTIONS.)	G44b. How old were you the <u>first time</u> this happened because of using (alcohol/DRUG)?	G44c. When was the <u>last time</u> this happened because of using (alcohol/ DRUG)--(in the <u>past month</u> , <u>past six</u> <u>months</u> , <u>past year</u> , or <u>more</u> <u>than a year ago</u>)?		G44d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/ DRUG)]?
+)), * *A. ALCOHOL .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *B. SEDATIVES .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *C. TRANQUILIZERS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *D. STIMULANTS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *E. ANALGESICS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *F. INHALANTS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *G. MARIJUANA .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *H. COCAINE .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *I. HALLUCINOGENS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *J. HEROIN .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
INTERVIEWER: ASK G44b-G44d FOR EACH MENTION, THEN TURN TO P. 127, G46.				

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[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?

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

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)?	G46c. When was the <u>last time</u> this happened because of using (alcohol/ DRUG)--(in the <u>past month</u> , <u>past six</u> <u>months</u> , <u>past year</u> , or <u>more</u> <u>than a year ago</u>)?		G46d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/ DRUG)]?
+)), * *A. ALCOHOL .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *B. SEDATIVES .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *C. TRANQUILIZERS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *D. STIMULANTS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *E. ANALGESICS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *F. INHALANTS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *G. MARIJUANA .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *H. COCAINE .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *I. HALLUCINOGENS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *J. HEROIN .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
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.)	G47b. How old were you the <u>first time</u> this happened because of using (alcohol/DRUG)?	G47c. When was the <u>last time</u> this happened because of using (alcohol/ DRUG)--(in the <u>past month</u> , <u>past six</u> <u>months</u> , <u>past year</u> , or <u>more</u> <u>than a year ago</u>)?		G47d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/ DRUG)]?
+)), * *A. ALCOHOL .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *B. SEDATIVES .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *C. TRANQUILIZERS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *D. STIMULANTS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *E. ANALGESICS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *F. INHALANTS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *G. MARIJUANA .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *H. COCAINE .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *I. HALLUCINOGENS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *J. HEROIN .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
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)?	G48c. When was the <u>last time</u> this happened because of using (alcohol/ DRUG)--(in the <u>past month</u> , <u>past six</u> <u>months</u> , <u>past year</u> , or <u>more</u> <u>than a year ago</u>)?		G48d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/ DRUG)]?
+)), * *A. ALCOHOL .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *B. SEDATIVES .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *C. TRANQUILIZERS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *D. STIMULANTS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *E. ANALGESICS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *F. INHALANTS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *G. MARIJUANA .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *H. COCAINE .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *I. HALLUCINOGENS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *J. HEROIN .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
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?

+))))),

+))))),

1. YES

5. NO--->NEXT PAGE, G50

.))0)))-

.)))))-

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G49a. CHECK CATEGORY OR 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)?	G49c. When was the <u>last time</u> this happened because of using (alcohol/ DRUG)--(in the <u>past month</u> , <u>past six</u> <u>months</u> , <u>past year</u> , or <u>more</u> <u>than a year ago</u>)?		G49d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/ DRUG)]?
+)), * *A. ALCOHOL .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *B. SEDATIVES .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *C. TRANQUILIZERS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *D. STIMULANTS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *E. ANALGESICS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *F. INHALANTS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *G. MARIJUANA .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *H. COCAINE .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *I. HALLUCINOGENS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *J. HEROIN .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
INTERVIEWER: ASK G49b-G49d FOR EACH MENTION.				

[FROM G28]

G50. (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?

+))))),

+))))),

1. YES

5. NO--->TURN TO P. 133, G52

.))0)))-

.)))))-



G50a. CHECK CATEGORY OR IF MORE THAN ONE CATEGORY ASK: Which substances made you sick? (AO?) (CHECK ALL MENTIONS.)	G50b. How old were you the <u>first time</u> this happened because of using (alcohol/DRUG)?	G50c. When was the <u>last time</u> this happened because of using (alcohol/ DRUG)--(in the <u>past month</u> , <u>past six</u> <u>months</u> , <u>past year</u> , or <u>more</u> <u>than a year ago</u>)?		G50d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/ DRUG)]?
+)), * *A. ALCOHOL .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *B. SEDATIVES .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *C. TRANQUILIZERS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *D. STIMULANTS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *E. ANALGESICS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *F. INHALANTS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *G. MARIJUANA .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *H. COCAINE .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *I. HALLUCINOGENS .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *J. HEROIN .))-	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
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?

+))))), +))))),
 1. YES *5. NO*--->NEXT PAGE, G52
 .))0)))- .))))) -
 ▼

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)?	G52c. When was the <u>last time</u> this happened because of using (alcohol/ DRUG)--(in the <u>past month</u> , <u>past six</u> <u>months</u> , <u>past year</u> , or <u>more</u> <u>than a year ago</u>)?		G52d. IF MORE THAN A YEAR AGO: How old were you the last time this happened [because of using (alcohol/ DRUG)]?
+)), * *A. ALCOHOL .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *B. SEDATIVES .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *C. TRANQUILIZERS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *D. STIMULANTS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *E. ANALGESICS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *F. INHALANTS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *G. MARIJUANA .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *H. COCAINE .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *I. HALLUCINOGENS .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
+)), * *J. HEROIN .)) -	_____ YRS	1. MONTH	2. 6 MOS	_____ YRS
		3. YEAR	4. MORE----->	
INTERVIEWER: ASK G52b-G52d FOR EACH MENTION.				

G56. Did a doctor other than a psychiatrist ever refer you to a treatment program for alcohol or drug problems?

+))))), +))))),
 1. YES *5. NO*--->GO TO G57
 .))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?

+))))), +))))),
 1. YES *5. NO*--->GO TO G58
 .))0))) - .))))) -

*

*

▼

+))),
 G57a. How old were you the first time (you took
 * medication more than once because of *
 * your substance use)? *
 * *
 * _____ YEARS OLD *
 .)) -

DEFINITION: "MEDICATION" REFERS TO MEDICINE OBTAINED ANYWHERE--OVER-THE-COUNTER, FROM A FRIEND, PRESCRIBED BY A DOCTOR, OBTAINED ILLEGALLY, ETC.

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 *
 .)) -

H16. 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 *5. NO*--->GO TO H17
 .))0))) - .))))) -
 *

▼

+))),
 *H16a. Were they always due to alcohol or drugs? *
 * +))))), +))))), *
 * *1. YES* *5. NO* *
 * .))))) - .))))) - *
 .))))))) -

H17. (STILL USING TALLY SHEET) For the next questions, please use the bottom section of your Tally Sheet. These questions ask about when you were older C 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 since turning 15? _____

H18. Since turning 15, was there ever a time when you got into a number of physical fights? _____

H19. Since turning 15, did you ever participate in illegal activities, like stealing or destroying property? _____

H20. Was there ever a period when you drifted around or had no regular place to live?

H21. Since turning 15, was there a time when you lied a lot or used a false name?

H22. Was there a time when you were unreliable on your job, could not hold a job, quit several jobs without having another one lined up, or simply decided not to work when you were expected to be working? _____

H23. Have you ever had a time when you did bad things to other people without feeling guilty? _____

H24. Since turning 15, have you had a time in your life when you did reckless things like driving while drinking or speeding a lot? _____

SECTION J: DEMOGRAPHICS

- J1. The final questions are about your background and personal characteristics. 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 *	*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 *		
.))))))))))))))))-)		

- J2. INTERVIEWER CHECKPOINT

+))

*SEE A8, A9a, A9b, P. 2 *

*+)), *

** * 1. R CURRENTLY LIVING WITH SPOUSE/PARTNER *

*.0)- +)), *

* * * 2. ALL OTHERS--->NEXT PAGE, J5 *

* * .))- *

.)3))-)

*

*

▽

- J3. We are also 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 *	*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 *		
.))))))))))))))))-)		

```
J4.      What is the highest grade of school or year of college (he/she) has 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** **
*. )- . )- . )- . )- . )- . )- . )- . )- . )- . )- . )- . )- * *. )- . )- . )- . )- . )- . )- *
. ))))))) - . )))))))
```

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 (01)	*P. \$12,500-14,999 (13)*
.)))))))))))))))))))))))))))))))-	.)))))))))))))))))))))))))))))))-
+)))))))))))))))))))))))))))))))	+)))))))))))))))))))))))))))))))
C. \$1,000-1,999 (02)	*Q. \$15,000-17,499 (14)*
.)))))))))))))))))))))))))))))))-	.)))))))))))))))))))))))))))))))-
+)))))))))))))))))))))))))))))))	+)))))))))))))))))))))))))))))))
D. \$2,000-2,999 (03)	*R. \$17,500-19,999 (15)*
.)))))))))))))))))))))))))))))))-	.)))))))))))))))))))))))))))))))-
+)))))))))))))))))))))))))))))))	+)))))))))))))))))))))))))))))))
E. \$3,000-3,999 (04)	*S. \$20,000-24,999 (16)*
.)))))))))))))))))))))))))))))))-	.)))))))))))))))))))))))))))))))-
+)))))))))))))))))))))))))))))))	+)))))))))))))))))))))))))))))))
F. \$4,000-4,999 (05)	*T. \$25,000-34,999 (17)*
.)))))))))))))))))))))))))))))))-	.)))))))))))))))))))))))))))))))-
+)))))))))))))))))))))))))))))))	+)))))))))))))))))))))))))))))))
G. \$5,000-5,999 (06)	*U. \$35,000-49,999 (18)*
.)))))))))))))))))))))))))))))))-	.)))))))))))))))))))))))))))))))-
+)))))))))))))))))))))))))))))))	+)))))))))))))))))))))))))))))))
H. \$6,000-6,999 (07)	*V. \$50,000-69,999 (19)*
.)))))))))))))))))))))))))))))))-	.)))))))))))))))))))))))))))))))-
+)))))))))))))))))))))))))))))))	+)))))))))))))))))))))))))))))))
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 (10)	*Y. \$150,000 AND OVER (22)*
.)))))))))))))))))))))))))))))))-	.)))))))))))))))))))))))))))))))-
+)))))))))))))))))))))))))))))))	
M. \$10,000-10,999 (11)	
.)))))))))))))))))))))))))))))))-	

```

+))))))))))))))))))))))))),
*00. NOT SPANISH / HISPANIC*
.))))))))))))))))))))))))-
+)))))))))),+)))))))))),+))))))))),+))))))))),+))))))))),+))))))))))))))))),
*01. MEXICAN**02. MEXICAN **03. CHICANO**04. PUERTO**05. CUBAN**97. OTHER SPANISH *
.))))))))))-*      AMERICAN*.))))))))))-*      RICAN *.))))))))))-*      (SPECIFY): *
      .))))))))))-      .))))))))-      *
      *      _____ *
      *      _____ *
      *
      .))))))))))))))))))-

```

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)	+) ,	L. MEXICAN (10)
) -) -	
+) ,	C. ASIAN (03) (SPECIFY:)	+) ,	M. NEAR EASTERN (11) (SPECIFY:)
) -) -	

+) ,	D. CZECHOSLOVAKIAN (04)	+) ,	N. POLISH (12)
) -) -	
+) ,	E. DUTCH (16)	+) ,	P. RUSSIAN (13)
) -) -	
+) ,	F. ENGLISH (05)	+) ,	Q. SCANDINAVIAN (14) (SPECIFY:)
) -) -	

+) ,	G. FRENCH (06)	+) ,	R. SCOTTISH (15)
) -) -	
+) ,	H. GERMAN (07)	+) ,	S. OTHER (97) (SPECIFY:)
) -) -	

$\left.\begin{array}{l}+) \\)-\end{array}\right\}$ J. IRISH (08) $\left.\begin{array}{l}+) \\)-\end{array}\right\}$ 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*
 .))))O))) - .))))O))) - * INDIAN *.))))O))) - * .))))))))) -
 * * .))))O)))) - * * _____ * NEXT PAGE,
 * * * * * J10
 * * * * *
 * * * * * .))))O))))))))) -
 ☐ ☐ ☐ ☐ ☐

J9a. INTERVIEWER CHECKPOINT

```

+)))))))))))))))))))))))))))))))))))))))))))))))))))))))
* +)) ,
* * * 1. MULTIPLE BOXES CHECKED AT J9
* .0)-
* * +)) ,
* * * * 2. ALL OTHERS--->NEXT PAGE, J10
* * .)) -
.)3)))))))))))))))))))))))))))))))))))))))))))))))))))-
*

```

J9b. Which do you feel best describes your race?

+))))))))) , +))))))))) , +))))))))))) , +))))))))) , +))))))))))) , +))))))))) , +))))))))) ,
 *1. WHITE**2. BLACK**3. AMERICAN**4. ASIAN**7. OTHER (SPECIFY): **8. DON'T*
 .)))))))))-.)))))))))-* INDIAN *.)))))))))-* ** KNOW *
 .)))))))))))- * _____ * .)))))))))-
 * _____ *
 * _____ *
 .)))))))))-

MONTH / DAY / YEAR

J12. This completes the interview. Thank you for answering these questions.

64447
5INTERVIEWER: TURN TO COVERSHEET P. 4, R1 AND 5
5 ASK RECONTACT INFORMATION 5
9448

K0. EXACT TIME NOW:

	YES	NO
1. The next questions ask about some beliefs and experiences you may have had. Have you ever believed that people were spying on you or following you?	P. 202, K14a	
2. 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?	P. 203, K15a	
3. Have you ever believed that someone was reading your mind?	P. 204, K16a	
4. Have you ever believed that others could hear your thoughts?	P. 205, K17a	
5. Have you ever believed you could actually hear what another person was thinking, even though that person was not speaking?	P. 206, K18a	
6. Have you ever been convinced that you were under the control of some power or force, so that your actions and thoughts were not your own?	P. 207, K19a	
7. 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 your thoughts out of your mind?	P. 208, K20a	
8. 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?	P. 209, K21a	
9. 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?	P. 210, K22a	
10. 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?	P. 211, K23a	
11. Have you ever had the experience of hearing things that other people could not hear, such as noises or a voice?	P. 212, K24a	
12. Have you ever been bothered by strange smells around you that nobody else was able to smell, perhaps even odors coming from your own body?	P. 214, K33a	
13. 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?	P. 215, K34a	P. 228, SECT. L

K14a. How did you know this was happening? (Please give me an example.)
(IF FIRST EXAMPLE IS REALISTIC, PROBE: AO.)

[illegible][illegible]

NEXT PAGE, K15

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?

```

+))))),      +))))),
*1. YES*      *5. NO*--->NEXT PAGE, K16
.))O))) -    .))))) -

```

✱

✱

[SECRETLY 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.)

[illegible][illegible]

NEXT PAGE, K16

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?

*

[illegible]

NEXT PAGE, K17

K17. Have you ever believed that others could hear your thoughts?

+))))), +))))),
1. YES *5. NO*--->NEXT PAGE, K18
.))0)))- .)))))-

[HEARING THOUGHTS FROM K4]

K17a. How did they do that? (Please give me an example.)

(IF FIRST EXAMPLE IS REALISTIC, PROBE: A0.)

[illegible][illegible]

NEXT PAGE, K18

*
▽

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.)

[illegible]

```

+))))))))))))))))))))))))))))))))))))))))))))))))))))))))),
*K18b. INTERVIEWER QUERY
/))))))))))))))))))))))))))))))))))))))))))))))))))))))))))1
*      +)) ,
*      * * 1. ALL EXAMPLES IN K18a ARE REALISTIC--->NEXT PAGE, K19
*      . )) -
*      +)) ,
*      * * 2. ONE OR MORE EXAMPLES NOT REALISTIC
*      . 0) -
*      ♡
*      644444444444444444444444444444444444444444444444444444444447
*      5K18c. CHECK "SECTION K" K18 BOX ON REFERENCE CARD, SIDE 25
*      94444444444444444444444444444444444444444444444444444444448
.))))))))))))))))))))))))))))))))))))))))))))))))))))))))))-

```

NEXT PAGE, K19

K19. Have you ever been convinced that you were under the control of some power or force, so that your actions and thoughts were not your own?

```

+))))),      +))))),
*1. YES*      *5. NO*--->NEXT PAGE, K20
.)0))) -      .))))) -

```

*
▽

[UNDER CONTROL OF POWER/FORCE FROM K6]

K19a. What power or force controlled you?
(IF FIRST EXAMPLE IS REALISTIC, PROBE: AO.)

[illegible][illegible]

NEXT PAGE, K20

```

+))))),      +))))),
*1. YES*      *5. NO*--->NEXT PAGE, K21
.)0))) -      .))))) -

```

✱
✱

K20a. How did they do that? (Please give me an example.)
(IF FIRST EXAMPLE IF REALISTIC, PROBE: AO.)

[illegible][illegible]

NEXT PAGE, K21

```

+))))),      +))))),
*1. YES*      *5. NO*--->NEXT PAGE, K22
.)0))) -      .))))) -

```

*
▽

K21a. How did they do that? (Please tell me about a time when that happened.) (IF FIRST EXAMPLE IS REALISTIC, PROBE: AO.)

[illegible][illegible]

NEXT PAGE, K22

```

+))))),      +))))),
*1. YES*      *5. NO*--->NEXT PAGE, K23
.)0))) -      .))))) -

```

*

K22a. What kind of force was it? (Please give me an example.)
(IF FIRST EXAMPLE IS REALISTIC, PROBE: AO.)

[illegible][illegible]

NEXT PAGE, K23

K23. 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?

```

+))))),      +))))),
*1. YES*      *5. NO*--->NEXT PAGE, K24
.)0))) -      .))))) -

```

*
▽

[SEEING A VISION FROM K10]

K23a. What did you see?
(IF FIRST EXAMPLE IS REALISTIC, PROBE: AO.)

[illegible][illegible]

NEXT PAGE, K24

K25. INTERVIEWER CHECKPOINT

```

+)))))))))))))))))))))))))))))))))))))))))))))))))))))),
*+)),
** * 1. VOICE(S) MENTIONED IN K24a--->GO TO K27
*.))-
*+)),
** * 2. ALL OTHERS
*.0)-
.)3))))))))))))))))))))))))))))))))))))))))))))))))))))-
*
*

```

+))							
*						* YES *	* NO *
*						(1)	(5)
/))	3))))	3))))	1				
*K26.	Did you ever hear voices others could not hear?	*		*			
*		*			*GO TO*		
*		*		K33	*		
/))	3))))	3))))	1				
*K27.	Did this voice come from some part of your body?	*		*			
*		*		*			
/))	3))))	3))))	1				
*K28.	Did you ever hear voices that other people could not hear that	*		*			
*	were commenting on what you were doing or thinking?	*		*			
/))	3))))	3))))	1				
*K29.	Did you ever hear two or more voices talking to each other	*		*			
*	that other people could not hear?	*			*GO TO*		
*		*		K31	*		
/))	3))))	3))))	1				
*K30.	Were these voices discussing you?	*		*			
*		*		*			
/))	3))))	3))))	1				
*K31.	Did you ever carry on a two-way conversation with the voices	*		*			
*	just as though someone was there with you?	*			*GO TO*		
*		*		K33	*		
/))	3))))	3))))	1				
*K32.	Did you ever actually see who you were talking to when you	*		*			
*	carried on a conversation with the voices?	*		*			
.))	2))))	2))))					

*
▽

K33a. What did you smell and where did the strange smells come from?
(IF FIRST EXAMPLE IS REALISTIC, PROBE: AO.)

[illegible][illegible]

NEXT PAGE, K34

+)++++), +)++++),
1. YES *5. NO*--->NEXT PAGE, K35
.))0))) - .)++++) -

*
▽

K34a. What did you feel?
(IF FIRST EXAMPLE IS REALISTIC, PROBE: AO.)

[illegible]

```

+))))))))))))))))))))))))))))))))))))))))))))))))))))))))),
*K34b. INTERVIEWER QUERY
/))))))))))))))))))))))))))))))))))))))))))))))))))))))))1
*      +)) ,
*      *      1. ALL EXAMPLES IN K34a ARE REALISTIC--->NEXT PAGE, K35
*      . )) -
*      +)) ,
*      *      2. ONE OR MORE EXAMPLES NOT REALISTIC
*      . 0) -
*      ∇
*      644444444444444444444444444444444444444444444444444444447
*      5K34c. CHECK "SECTION K" K34 BOX ON REFERENCE CARD, SIDE 25
*      94444444444444444444444444444444444444444444444444444448
.))))))))))))))))))))))))))))))))))))))))))))))))))))))))))

```

NEXT PAGE, K35

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      +))))),
51. YES5      *5. NO*--->NEXT PAGE, K36f
944L4448      .)))))-
```

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

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      +))))),
51. YES5      *5. NO*--->GO TO K36d
944L4448      .)))))-
```

DEFINITION: "PRESCRIBE" MEANS A DOCTOR'S PRESCRIPTION NEEDS TO BE HANDED TO A PHARMACIST TO OBTAIN THE 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

K36e. How old were you the first time (a doctor other than a psychiatrist advised you to see a mental health specialist)?

_____ YEARS OLD

K36f. Did you ever see a mental health specialist about your belief(s) or experience(s)? (By mental health specialist we mean psychiatrists, psychologists, or social workers.)

64444447 +))))),
51. YES5 *5. NO*--->GO TO K36h
94444448 .)))))-

K36g. How old were you the first time [you saw a mental health specialist about your belief(s) or experience(s)]?

_____ YEARS OLD

K36h. Did you ever see any other professional about your belief(s) or experience(s)? Other professionals include nurses, rabbis, priests, ministers and counselors.

64444447 +))))),
51. YES5 *5. NO*--->GO TO K36k
944L4448 .)))))-

*

▼

K36j. How old were you the first time [you saw any other professional about your belief(s) or experience(s)]?

_____ YEARS OLD

K36k. Did you ever take medication more than once because of your belief(s) or experience(s)?

64444447 +))))),
51. YES5 *5. NO*--->NEXT PAGE, K36n
944L4448 .)))))-

*

▼

K36l. How old were you the first time [you took medication more than once because of your belief(s) or experience(s)]?

_____ YEARS OLD

DEFINITION: "MEDICATION" REFERS TO MEDICINE OBTAINED ANYWHERE-- OVER-THE-COUNTER, FROM A FRIEND, PRESCRIBED BY A DOCTOR, OBTAINED ILLEGALLY, ETC.

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
.)) -	.)) -
+)),	+)),
* * G. MELLARIL	* * S. VESPRIN
.)) -	.)) -
+)),	+)),
* * 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 +))))) ,
 51. YES5 *5. NO* ---> GO TO K36q
 94444448 .))))) -

▽

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?

6444444447	+)))))) ,	+)))))))) ,	+))))))))) ,
51. A LOT5	*2. SOME*	*3. A LITTLE*	*4. NOT AT ALL*
9444444448	.)))))) -	.)))))))) -	.))))))))) -

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
* * .))-
.)3))))))))))))))))))))))))))))))))))))))))))))))))))))))))-
*
*
▽

```

K38. INTERVIEWER CHECKPOINT

```

+))))))))))))))))))))))))))))))))))))))))))))))))))))))))),
*SEE PGS. 216-217, K36 AND K36f AND K36h
*+)), 64447
** * 1. 5YES5 RESPONSE IN K36 OR K36f OR K36h
*. 0)- 94448
* * +)),
* * * * 2. ALL OTHERS--->NEXT PAGE, K41
* * .))-
.)3))))))))))))))))))))))))))))))))))))))))))))))))))))))))-
*
*
▽

```

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))-
.)3))))))))))))))))))))))))))))))))))))))))))))))))))))))))-
*
*
▽

```

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

```

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

```

K44. 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))))))))) -
.)))0))) - .))))0)))) - .)))0))) -
* * * * *
* +))))2)))) , * * * * *
.))))))1GO TO K46/)))))) -
* * * * *
* * * * *

▽

+))))))))) ,

*K45. 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 **

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

.))))))))) -

K46. 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* *

*

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

*

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

*

*

▽

▽

K47. During that same period of six months, did you go out and see friends
regularly?

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

1. YES *5. NO*

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

K48. When was the last 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* .))))))0))))))-
.)))0)))- .))))0))))- .)))0)))-
* * * *
* +)))2))) , * *
* .))))))1GO TO K49/))))))-
* *
* .))))))-
*
+)))))) ,
*K48a. How old were you the last time *
* you had (this/any of these) *
* belief(s) or experience(s)? *
* *
* _____ YEARS OLD *
.))))))-

```

K49. Did you have (this/any of these) belief(s) or experience(s) for a period of six months or more?

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


```
+))))), +))))), +))))))))) ) ) ) ) ) ) ) ) ) ) ,
*1. YES* *5. NO* *6. NEVER DRINK OR USE DRUGS*--->NEXT PAGE, K55
.)0)))- .)))- * [IF VOL.] *
* GO TO .))))) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) -
* K54
```

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)?

[illegible]

K59. Were the periods of feeling (KEY PHRASE) ever present at the same time you were having the belief(s) or experience(s)?

+))))), +))))),
1. YES *5. NO*--->NEXT PAGE, SECTION L
.))0))) - .))))) -

*

+)))))))))

*K59a. Were they present at the same time for at least two weeks?

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

*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

L10. (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 **  
)3)3))))))))-  
* *  
  
V V  
+)))))))0) ))))0) ))))0) ))))0) )))),  
* VERY * SOMEWHAT*A LITTLE*NOT TRUE*  
* TRUE * TRUE * TRUE * AT ALL *  
* (1) * (2) * (3) * (4) *  
/) ))))3) ))))3) ))))3) ))))3) ))))1  
*L1. My life is determined by my own actions.* * * * *  
*) * * * * *  
/) ))))3) ))))3) ))))3) ))))3) ))))1  
*L2. When I make plans, I almost always * * * * *  
* make them work. * * * * *  
/) ))))3) ))))3) ))))3) ))))3) ))))1  
*L3. When I get what I want, it is usually * * * * *  
* because I worked hard for it. * * * * *  
/) ))))3) ))))3) ))))3) ))))3) ))))1  
*L4. I am usually able to protect my own * * * * *  
* interests. * * * * *  
/) ))))3) ))))3) ))))3) ))))3) ))))1  
*L5. When I get what I want, it is usually * * * * *  
* because I am lucky. * * * * *  
/) ))))3) ))))3) ))))3) ))))3) ))))1  
*L6. Often, there is no way I can protect * * * * *  
* myself from bad luck. * * * * *  
/) ))))3) ))))3) ))))3) ))))3) ))))1  
*L7. 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. * * * * *  
/) ))))3) ))))3) ))))3) ))))3) ))))1  
*L8. I believe that chance or luck plays an * * * * *  
* important role in my life. * * * * *  
) ))))2) ))))2) ))))2) ))))2) ))))-
```

[illegible]

```

+))))))))))))))))))))))))))))))))))))))))))))))))))))0))))))))0))))))))0))))))))0))))))),
*
*          *   VERY   *  SOMEWHAT *  A LITTLE *  NOT TRUE *
*          *   TRUE   *    TRUE    *    TRUE    *   AT ALL   *
*          *   (1)   *    (2)    *    (3)    *    (4)    *
/))))))))))))))))))))))))))))))))))))))))))))))))))))3))))))))3))))))))3))))))))3))))))))1
*L26.  Many times I feel helpless.
*
/))))))))))))))))))))))))))))))))))))))))))))))))))))3))))))))3))))))))3))))))))3))))))))1
*L27.  There is a considerable difference
*      between how I am now and how I would
*      like to be.
/))))))))))))))))))))))))))))))))))))))))))))))))))))3))))))))3))))))))3))))))))3))))))))1
*L28.  I dwell on my mistakes more than I
*      should.
/))))))))))))))))))))))))))))))))))))))))))))))))))))3))))))))3))))))))3))))))))3))))))))1
*L29.  Sometimes I think that I have an
*      inferiority complex.
/))))))))))))))))))))))))))))))))))))))))))))))))))))3))))))))3))))))))3))))))))3))))))))1
*L30.  On the whole I am satisfied with
*      myself.
/))))))))))))))))))))))))))))))))))))))))))))))))))))3))))))))3))))))))3))))))))3))))))))1
*L31.  At times I think I am no good at all.
*
/))))))))))))))))))))))))))))))))))))))))))))))))))))3))))))))3))))))))3))))))))3))))))))1
*L32.  I wish I could have more respect for
*      myself.
/))))))))))))))))))))))))))))))))))))))))))))))))))))3))))))))3))))))))3))))))))3))))))))1
*L33.  All in all, I am inclined to feel that
*      I am a failure.
/))))))))))))))))))))))))))))))))))))))))))))))))))))3))))))))3))))))))3))))))))3))))))))1
*L34.  I feel I am a person of worth, at least
*      equal with others.
/))))))))))))))))))))))))))))))))))))))))))))))))))))3))))))))3))))))))3))))))))3))))))))1
*L35.  I like doing things that other people
*      thought could not be done.
/))))))))))))))))))))))))))))))))))))))))))))))))))))3))))))))3))))))))3))))))))3))))))))1
*L36.  When things don't go the way I want
*      them to, that just makes me work even
*      harder.
/))))))))))))))))))))))))))))))))))))))))))))))))))))3))))))))3))))))))3))))))))3))))))))1
*L37.  Sometimes I feel that if anything is
*      to be done right, I have to do it
*      myself.
/))))))))))))))))))))))))))))))))))))))))))))))))))))3))))))))3))))))))3))))))))3))))))))1
*L38.  My hard work usually pays off.
*
/))))))))))))))))))))))))))))))))))))))))))))))))))))3))))))))3))))))))3))))))))3))))))))1
*L39.  In the past, even when things got
*      really tough, I never lost sight of
*      my goals.
.))))))))))))))))))))))))))))))))))))))))))))))))))))2))))))))2))))))))2))))))))2))))))))-

```



```

+))))))))))))))))))))))))))))))))))))))))))))))))))))0))))))))0))))))))0))))))))0))))))),
*
*          *   VERY   *  SOMEWHAT *  A LITTLE *  NOT TRUE *
*          *   TRUE   *    TRUE    *    TRUE   *   AT ALL  *
*          *   (1)   *    (2)    *    (3)   *    (4)   *
/))))))))))))))))))))))))))))))))))))))))))))))))))))3))))))))3))))))))3))))))))3))))))))1
*L40.  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.                             *
/))))))))))))))))))))))))))))))))))))))))))))))))))))3))))))))3))))))))3))))))))3))))))))1
*L41.  Hard work has really helped me to get *
*      ahead in life.                       *
/))))))))))))))))))))))))))))))))))))))))))))))))))))3))))))))3))))))))3))))))))3))))))))1
*L42.  People die when it is their time to die*
*      and nothing can change that.         *
/))))))))))))))))))))))))))))))))))))))))))))))))))))3))))))))3))))))))3))))))))3))))))))1
*L43.  If bad things happen, it is because  *
*      they were meant to be.               *
/))))))))))))))))))))))))))))))))))))))))))))))))))))3))))))))3))))))))3))))))))3))))))))1
*L44.  Everything that happens has a purpose.*
*                                           *
/))))))))))))))))))))))))))))))))))))))))))))))))))))3))))))))3))))))))3))))))))3))))))))1
*L45.  By and large, people deserve what  *
*      they get.                           *
/))))))))))))))))))))))))))))))))))))))))))))))))))))3))))))))3))))))))3))))))))3))))))))1
*L46.  People who meet with misfortune have *
*      often brought it on themselves.     *
.))))))))))))))))))))))))))))))))))))))))))))))))))))2))))))))2))))))))2))))))))2)))))))-

```

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 *
 * * .))- *
 .)3))-
 *
 ▽
- M2. 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 *
 * * .))- *
 .)3))-
 *
 ▽
- M3. 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?
- _____ # OF +))))), +))))), +))))), +))))),
 * DAYS * *WEEKS * *MONTHS* *YEARS *
 .)))))- .)))))- .)))))- .)))))-
- M5. All in all, how satisfied are you with this relationship--very satisfied, somewhat, not very, or not at all satisfied?
- +)))))))))), +)))))))))), +)))))))))), +)))))))))),
 *1. VERY * *2. SOMEWHAT * *3. NOT VERY * *4. NOT AT ALL*
 * SATISFIED* * SATISFIED* * SATISFIED* * SATISFIED *
 .)))))))))- .)))))))))- .)))))))))- .)))))))))-
 +))))))))))))))))))))),
 *TURN TO P. 239, M25 *
 .)))))))))))))))))))))-)

+))))))))))))))))))))))))))
 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: _____*
 .))))3))))- .))))))))))))))))))))))-

▽

+))))))))))))))))))))))))))))))))))))))
 *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: _____*
.)))))3))))) - .)))))3))))) -
*

```

▽

```

+))))))))))))))))))))))))))))))))))))))))))))),
*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 satisfied?

```

+))))))))))))), +))))))))))))), +))))))))))))), +))))))))))))),
*1. VERY          *2. SOMEWHAT *3. NOT VERY *4. NOT AT ALL*
* SATISFIED*      * SATISFIED* * SATISFIED* * SATISFIED*
.)))))))))))))- .)))))))))))))- .)))))))))))))- .)))))))))))))-
+))))))))))))))))),
*TURN TO P. 239, M25*
.)))))))))))))))))-

```

+))))))))))))))))))))))
 R CURRENTLY SEPARATED
 .))))))))))))))))))))))-

M18. 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*	*OTHER *--->GO TO M19
.)0))-.)0))-.)0))-	*YEAR: _____*
.)))))3))))-	.)))))))))))))))))))-

▼

+))))))))))))))))))))))))))))))))))))))
 *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*
 .)))))0))))))-.))))0))))))-* [IF VOL.]*
 * +))))))2))))), .)))))0))))))-
 .)))))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: _____*
.)))))3))))-	.)))))))))))))))))))-

▼

+))))))))))))))))))))))))))))))))))))))
 *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*
 .)))))0))))))-.))))0))))))-* [IF VOL.]*
 * +))))))2))))), *
 .)))))1NEXT PAGE, M23/)))))--
 .)))))))))))))))-

+))))))))))))))))))
 R CURRENTLY WIDOWED
 .))))))))))))))))))-

M22. 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: _____*
 .))))3))))- .))))))))))))))))))-

▽

+))))))))))))))))))))))))))))))))))))S,
 *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 *
 * * .))- *
 .)3))-
 *
 *

▽

M24. 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?

+))))))))))))), +))))))))))))), +))))))))))))), +))))))))))))),
 *1. VERY * *2. SOMEWHAT * *3. NOT VERY * *4. NOT AT ALL*
 * SATISFIED* * SATISFIED* * SATISFIED* * SATISFIED*
 .))))))))))))- .))))))))))))- .))))))))))))- .))))))))))))-

M25. Overall, would you rate your (marriage/relationship) as excellent, good, fair, or poor?

+))))))))) , +)))))) , +)))))) , +)))))) ,
 1. EXCELLENT *2. GOOD* *3. FAIR* *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 QUESTIONNAIRE *
 *.0)- *
 * * +)), *
 * * * 3. IWER READS ALOUD BUT R MARKS M26a-M26i IN RB *
 * * .0)- BY HIM/HERSELF *
 .)3))3))))))))) -
 * *

▽ ▽

+))))))))) ,
 * * * SOME- * * *
 * * *OFTEN* TIMES* RARELY* NEVER*
 * * (1) * (2) * (3) * (4) *
 /)))))))))3))))3))))3))))3))))1
 *M26a. My (husband/wife/partner) drinks or uses drugs * * * * *
 * too much. Does this happen often, sometimes, * * * * *
 * rarely or never? * * * * *
 /)))))))))3))))3))))3))))3))))1
 *M26b. (He/She) wastes money the family needs for * * * * *
 * other things. * * * * *
 /)))))))))3))))3))))3))))3))))1
 *M26c. (He/She) has extramarital affairs. * * * * *
 * * * * *
 /)))))))))3))))3))))3))))3))))1
 *M26d. (He/She) has times when (he/she) is so * * * * *
 * depressed that it interferes with (his/her) * * * * *
 * normal activities. * * * * *
 /)))))))))3))))3))))3))))3))))1
 *M26e. (He/She) is very disagreeable. * * * * *
 * * * * *
 /)))))))))3))))3))))3))))3))))1
 *M26f. (He/She) threatens to end our relationship * * * * *
 * or leave me. * * * * *
 /)))))))))3))))3))))3))))3))))1
 *M26g. (He/She) is away from home overnight. * * * * *
 * * * * *
 /)))))))))3))))3))))3))))3))))1
 *M26h. (He/She) comes home late or stays away from * * * * *
 * home. * * * * *
 /)))))))))3))))3))))3))))3))))1
 *M26i. (He/She) has temper tantrums. * * * * *
 * * * * *
 .)))))))))2))))2))))2))))2))))-

SECTION N: EMPLOYMENT

N1. INTERVIEWER CHECKPOINT

+))),
 *+)), *
 ** *1. R IS 15-17 YEARS OLD *
 *.0)- *
 * * +)), *
 * * * *2. ALL OTHERS--->GO TO N2 *
 * * .))- *
 .)3))-
 *

▼

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	*+))), *	* _____ *
* LAID OFF; *	**D. RETIRED /)1	* _____ *
* MATERNITY *	*.))- *	* _____ *
* OR SICK *	*+))), *	* _____ *
* LEAVE *	**E. PERMANENTLY DISABLED/))1	* _____ *
.))))))))))0))))- *	*.))- *	.))))))))))0))- *
*	*+))), *	* _____ *
*	**F. HOMEMAKER /)1	* _____ *
*	*.))- *	* _____ *
*	*+))), *	* _____ *
*	**G. STUDENT /)1	* _____ *
*	*.))- *	* _____ *
*	*	.))))0))- *

▼

▼

▼

+))), *
 *N3. In what month and **
 * year (were you laid**
 * off/did you go on **
 * leave)? **
 * **
 * _____ **
 * MONTH/YEAR **
 .))))))))))0))- *

▼

▼

▼

+))), *
 *N4. Are you doing any work *
 * for pay at the present *
 * time? *
 * +)))))), +))))), *
 * *1. YES* *5. NO*-->TURN TO*
 * .))0))- .)))- P. 249, *
 * * N14 *
 .))))))))3))- *

N5. How many hours do you work on your main job in an average week?

_____ HOURS PER WEEK

N6. What is your occupation on your main job?

N7. What kind of work do you do? What are your most important activities or duties?

N8. What kind of business or industry is that in? What do they make or do where you work?

N9. Do you have an employer on your main job or are you self-employed?

+))))))))))))))	+))))))))))))))
1. HAVE EMPLOYER	*2. SELF-EMPLOYED*
.))))))))))))))-	.))))))))))))))-

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 *
          *          .))0))))))))))))))))))))))))))))))))))))))))))))))))))))-
          *          *
          *          *
          ▼          ▼

```

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?

```

+))))),          +))))),
*1. YES*          *5. NO*--->TURN TO P. 251, N20
.))0))) -          .))))) -
          *
          ▼
+))))))))))))))))))))))))))))))))))))))))))))))))))))))))),
*N13a. Did this start in the past 12 months? *
          *          +))))),          +))))), *
          *          *1. YES*          *5. NO*--->TURN TO P. 251, N20 *
          *          .))0))) -          .))))) - *
          *          * * *
          *          ▼ *
          *          *N13b. In what month and year did the problem start? *
          *          * * *
          *          *          MONTH/YEAR *
          *          .))0))))))))))))))))))))))))))))))))))))))))))))))))-
          *          *TURN TO P. 251, N20*
          *          .))0))))))))))))))))))))))))))))))))))))))))))))))))-

```


N16. Think about the last regular job (from which you retired). What was your occupation on that job?

N17. What kind of work did you do on that last job? What were your most important activities or duties?

N18. What kind of business or industry was that in? What did they make or do where you worked?

N19. Did you have an employer on this job or were you self-employed?

+)())())())())())())(),	+)())())())())())())(),
1. HAD EMPLOYER	*2. SELF-EMPLOYED*
.)())())())())())())()-	.)())())())())())())()-

N20. INTERVIEWER CHECKPOINT

```

+))))))))))))))))))))))))))))))))))))))))))))))))))))))))),
*+)),
** *1. R CURRENTLY LIVING WITH SPOUSE/PARTNER
*.0)-
* * +)),
* * * *2. ALL OTHERS--->NEXT PAGE, N24
* * .)))-
.)3))))))))))))))))))))))))))))))))))))))))))))))))))))))))-
*
*
▽

```

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 /)1 *
* LAID OFF; * * .)))))-- *
* MATERNITY /)1 +))))))))))))))))), *
* OR SICK * * *E. PERMANENTLY DISABLED/1 *
* LEAVE * * .)))))-- *
.)))))-- * +))))))))))))))))), * .)))))0)))))))-
* * *F. HOMEMAKER /)1 *
* * .)))))-- *
* * +))))))))))))))))), *
* * *G. STUDENT /)1 *
* * .)))))-- .)))))0)))))))-
* *
*
▽

```

```

+))))))))))))))))))))))))))))))))))))))))))))))))))))))))),
*N21a. Is (he/she) doing any work for pay *
* at the present time? *
* +))))), +))))), *
* *1. YES* *5. NO*--->NEXT PAGE, *
* .)0)))- .)))- N23 *
.)))))3)))))))))))))))))))))))))))))))))))))))))))-
*
*
▽

```

N22. How many hours does (he/she) work on (his/her) main job in an average week?

_____ HOURS PER WEEK

[illegible]

N24. INTERVIEWER CHECKPOINT
+))))))))) ,
*SEE P. 245, N2 *
*+) , *
** *1. "STUDENT" CHECKED AT N2 *
*.0) - *
* * +)) , *
* * * *2. ALL OTHERS--->NEXT PAGE, N26 *
* * .)) - *
.)3)))))))-
*
V

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:)

* * *

* _____ *

* _____ *

* _____ *

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

SECTION P: HOME AND WORK

P1. INTERVIEWER CHECKPOINT

+))))))))))
* SEE P. 245, N2 AND N4
*+)),
** * 1. R CURRENTLY WORKING FOR PAY, TEMPORARILY LAID OFF, ON
.0)- MATERNITY OR SICK LEAVE
* * +)),
* * * * 2. ALL OTHERS--->NEXT PAGE, P3
* * .))-
.)3))))))))))-

*

*

▼

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

	OFTEN (1)	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>job--often, sometimes, or rarely?</u>				
P2b. How often do things going on at work make you tense and irritable <u>at home</u> (<u>often, sometimes, or rarely</u>)?				
P2c. How often do the demands of your family interfere with your work <u>on the job?</u>				
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?				

P3. INTERVIEWER CHECKPOINT

```
+))))))))))))))))))))))))))))))))))))))))))))))))))))))))),
*+)),
** * 1. R CURRENTLY LIVING WITH SPOUSE/PARTNER *
*.0)-
* * +)),
* * * 2. ALL OTHERS--->NEXT PAGE, P6 *
* * .))-
.)3))))))))))))))))))))))))))))))))))))))))))))))))))))))))-
*
*
▽
```

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))))))))))))0)))- .))))))0)))))))-
* *NEXT PAGE, P6*
* .))))))))))))-
*
▽
```

P5a. Do you spend a lot more time than your (husband/wife/partner), somewhat more, or only a little more?

```
+))))),+))))))))),+))))))))),
*1. A **2. SOME-**3. A *
* LOT** WHAT ** LITTLE*
.)))))-.)))))-.)))))-)
```

P5b. Does (he/she) spend a lot more time than you, somewhat more, or only a little more?

```
+))))),+))))))))),+))))))))),
*7. A **6. SOME-**5. A *
* LOT** WHAT ** LITTLE*
.)))))-.)))))-.)))))-)
```

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

	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 <u>a lot</u> , <u>some</u> , <u>a little</u> , or <u>not at all</u> ?				
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

Q1. INTERVIEWER CHECKPOINT

```

+))))))))))))))))))))))))))))))))))))))))))))))))))))))))),
* +)),
* * * 1. R IS FEMALE * * 2. R IS MALE *
* .0)- .0)-
.))3))))))))))))))))))))))))))))))))3))))))))))))-
*
*
*
*
+))))))))))))))))))))))))))))))))))))))))))))))))))))))))),
* +)),
* Q1a. * * 1. R CURRENTLY LIVING WITH *
* .0)- SPOUSE/PARTNER *
* * +)),
* * * 2. ALL OTHERS--->TURN TO *
* * .))- P. 260, Q4 *
.))3))))))))))))))))))))))))))))))))3))))))))))))-
*
*
+))))))))))))))))))))))))))))))))))))))))))))))))))))))))),
* Q1b. The next questions are * * Q1d. The next questions are about *
* about children. First, * * children. First, is your (wife/ *
* are you pregnant? * * partner) pregnant? *
* +))))), +))))), * * +))))), +))))), *
* *1. YES* *5. NO* * * *1. YES* *5. NO* *
* .))0))- .))0))- * * .))0))- .))0))- *
* * NEXT PAGE, * * * TURN TO *
* * Q2 * * * P. 260, Q4 *
* * *
* Q1c. In what month and year * * Q1e. In what month and year is the baby *
* is the baby due? * * due? *
* * *
* * *
* MONTH/YEAR * * MONTH/YEAR *
.))0))))))))))))0))))))))- .))0))))))))))))0))))))))-
*NEXT PAGE, Q2* *TURN TO P. 260, Q4*
.))0))))))))- .))0))))))))-

```


[illegible]

Q4. (The next questions are about children.) How many children do you have, including step children and others you helped to raise?

_____# CHILDREN

+))))))))) ,

96. NONE--->NEXT PAGE, Q5

.))))))))) -

CHILD NUMBER	Q4a. (Starting with the oldest/and the next oldest), is that child a male or female?		Q4b. How old is (he/she)?	Q4c. Is (he/she) your natural child?	
				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			

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.)

```

+))))))))))))))))))))))))))))))))))))))))))))))))))))))))),
* +)),
* * * 1. R READS AND MARKS RB ALONE--->TURN TO P. 266, SECTION S *
* .))-
* +)),
* * * 2. IWER READS AND MARKS ANSWERS TO R1-R33 IN QUESTIONNAIRE *
* .0)-
* * +)),
* * * * 3. IWER READS ALOUD BUT R MARKS R1-R33 IN RB BY *
* * .0)- HIMSELF/HERSELF *
.))3)))3)))))))))))))))))))))))))))))))))))))))))))))))))))-
* *
V V

```

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. VERY	2. SOMEWHAT	3. A LITTLE	4. NOT AT ALL
R30. hyperactive				
R31. restless				
R32. fidgety				
R33. energetic				

*

*

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 *
 * * .))- *
 .)3)))-

▼

S5. How much do your health problems limit you in doing things that most people your age are able to do -- a lot, some, a little, or not at all?

+))))))))) , +))))))))) , +))))))))))) , +))))))))))) ,
 1. A LOT *2. SOME* *3. A LITTLE* *4. NOT AT ALL*
 .)))0)))- .)))0)))- .))))0)))- .))))0)))-
 * * +)))2))) , *
 * .))))0)))1GO TO S6/)))))))))-
 ▼

+))
 *S5a. Did this limitation begin in the past 12 months? *
 * +)))))) , +)))) , *
 * *1. YES* *5. NO*--->GO TO S6 *
 * .))0)))- .))))- *
 * ▼ *

S5b. In what month and year (did the limitation begin)?
 *
 *
 * _____ *
 * MONTH/YEAR *
 .))))0)))- .))))0)))- .))))0)))- .))))0)))-
 * * +)))2))) , *

* .))))0)))1NEXT PAGE,/)))))))))-
 * * S7 *
 ▼ .))))0)))-
 +))
 *S6a. Did this pain begin in the past 12 months? *
 * +)))))) , +)))) , *
 * *1. YES* *5. NO*--->NEXT PAGE, S7 *
 * .))0)))- .))))- *
 * ▼ *

S6b. In what month and year (did the pain begin)?
 *
 *
 * _____ *
 * MONTH/YEAR *
 .))))0)))- .))))0)))- .))))0)))- .))))0)))-
 * * +)))2))) , *

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* *3. A LITTLE* *4. NONE AT ALL*
 .)))0)))- .)))0)))- .))))0)))- .))))0)))-
 * * +)))2))) , *

* .))))0)))1NEXT PAGE,/)))))))))-
 * * S7 *
 ▼ .))))0)))-
 +))
 *S6a. Did this pain begin in the past 12 months? *
 * +)))))) , +)))) , *
 * *1. YES* *5. NO*--->NEXT PAGE, S7 *
 * .))0)))- .))))- *
 * ▼ *

S6b. In what month and year (did the pain begin)?
 *
 *
 * _____ *
 * MONTH/YEAR *
 .))))0)))- .))))0)))- .))))0)))- .))))0)))-
 * * +)))2))) , *

S7. How much do health problems put you at risk of early death compared to other people your age -- a lot, some, a little, or not at all?

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

1. A LOT *2. SOME* *3. A LITTLE* *4 NOT AT ALL*

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

* +))))2)))) , *

* .))))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 *

.)))))))))-

S12. INTERVIEWER CHECKPOINT

+))
 *+)), *
 ** * 1. R IS 15-24 YEARS OLD *
 *.0)- *
 * * +)), *
 * * * 2. ALL OTHERS -->TURN TO P. 273, S19 *
 * * .)))- *
 .)3))-
 *
 ▼

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

	MENTION #1		MENTION #2		MENTION #3	
S15. (Beginning with the most recent accident or injury) in what month and year did (that/the one before that) occur?	MONTH/YEAR		MONTH/YEAR		MONTH/YEAR	
S16. (RB, P. 32) Turn to Page 32 in the Yellow Booklet. Which of the conditions on this list <u>or any other conditions</u> resulted from that accident or injury? Just give me the number. (PROBE: Any others?) (CHECK ALL MENTIONS.)	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	
S17. (RB, P. 33) Looking at Page 33 in the Yellow Booklet, where did that happen? (CHECK ONLY ONE BOX.)	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 SPECIFY: _____ _____	
	NEXT PAGE, S18a		NEXT PAGE, S18b		NEXT PAGE, S18c	

S18a. What caused the accident, injury, or poisoning? For example were you hit by a car while riding a bike, or burned by hot liquid or did you swallow an object or pills?

MENTION #1:

```

+))))))))))))))))))))))))))))))))))))))))))))))))))))))))),
*IWER:  +)), *
*      * * "ONE" AT S14--->NEXT PAGE, S19 *
*      . ))- *
*      +)), *
*      * * ALL OTHERS, GO BACK TO S15, *
*      . ))- MENTION #2 *
.))))))))))))))))))))))))))))))))))))))))))))))))))))))))-

```

S18b. What caused that second accident, injury, or poisoning?

MENTION #2:

```

+))))))))))))))))))))))))))))))))))))))))))))))))))))))))),
*IWER:  +)), *
*      * * "TWO" AT S14--->NEXT PAGE, S19 *
*      . ))- *
*      +)), *
*      * * ALL OTHERS, GO BACK TO S15, *
*      . ))- MENTION #3 *
.))))))))))))))))))))))))))))))))))))))))))))))))))))))))-

```

S18c. And, what caused that third accident, injury, or poisoning?

MENTION #3:

S19. Are you covered by a health insurance plan other than Medicaid?

+))))), +))))), +)))))))))
 1. YES *5. NO* *8. DON'T KNOW*--->NEXT PAGE, S24
 .)))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 (2)	NONE (3)	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?

+))))))))) , +))))))))) , +))))))))) , +))))))))) ,
 1. DEFINITELY *2. PROBABLY* *3. PROBABLY* *4. DEFINITELY*
 * GO * * GO * * NOT GO * * 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?

+))))), +))), +))))))))))))))))),
 01. ONE *MORE THAN ONE* *98. DON'T KNOW;*
 .)))0))) - *(SPECIFY): _____ * CAN'T REMEMBER*
 * .))- .))))))))))))))))-
 * NEXT PAGE, S31 NEXT PAGE, S31

▽

+))),
 *S30a. Was this 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 * YEAR AGO *
 .)))0))) - .)))0))) - .)))0))) - .)))0)))))) -
 * .))))))0))))2)))0)))))) -

GO TO S30c +))))))))))))))))))))))))))))))))))))),
 .)))))) - *S30b. How old were you at the time**

* of this admission? **

* YEARS OLD **
 .))))))))))0))))))0)))))) -

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 +))))), +))))),
 * with your use of alcohol? *1. YES* *5. NO*
 .)))) - .))) -

*S30f. (At that time,) were you having problems +))))), +))))),
 * with your use of drugs? *1. YES* *5. NO*
 .)))) - .))) -

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

```

+))))),      +))))),
*1. YES*      *5. NO*
.))))) -      .))0)) -
GO TO S36      *

```

GO TO S36

*

+)))))))))

*S35a. How old were you at the time of your most recent admission for *
* any of these problems? *

* YEARS OLD *
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
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30
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71
72
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75
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79
80
81
82
83
84
85
86
87
88
89
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99
100

*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* *

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

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

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 last) admission--in the past month, past six months, or more than six months ago?

+))))))	+))))))	+))))))
*1. PAST *	*2. PAST SIX*	*4. MORE THAN SIX*
* MONTH*	* MONTHS *	* 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 with your use of alcohol?

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

S41. (At that time,) were you having problems with your use of drugs?

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

S42. 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?

+))))), +))))),
 1. YES *5. NO*--->GO TO S43
 .))0))) - .))))) -

*

▽

+))),
 *S42a. How old were you the first time (you went to a self-help group for
 * any of these problems)? *

*
 * _____ YEARS OLD *

*S42b. When was the last time--in the past month, past six months, past
 * year, or more than a year ago? *

+))))))))), +))))))))))))), +))))), +))))))))))))),
 *1. PAST * 2. PAST * 3. PAST* 4. MORE THAN A*
 * MONTH* * SIX MONTHS* * YEAR* * YEAR AGO *
 .))0))) - .))00)))))) - .))0))) - .))00)))))) -
 .))00))))))3)))))) - GO TO S43

*
 *

*S42c. In the past 12 months, how many times did you go to a self-help
 * group meeting? *

*
 * _____ # OF TIMES *

.))00)))))) -

S43. Did you ever use a hotline for problems with your emotions or nerves or your use of alcohol or drugs?

+))))), +))))),
 1. YES *5. NO*--->NEXT PAGE, S44
 .))0))) - .))))) -

*

▽

+))),
 *S43a. How old were you the first time (you used a hotline for any of
 * these problems)? *

*
 * _____ YEARS OLD *

*S43b. When was the last time--in the past month, past six months, past
 * year, or more than a year ago? *

+))))))))), +))))))))))))), +))))), +))))))))))))),
 *1. PAST * 2. PAST * 3. PAST* 4. MORE THAN A*
 * MONTH* * SIX MONTHS* * YEAR* * YEAR AGO *
 .))0))) - .))00)))))) - .))0))) - .))00)))))) -
 .))00))))))3)))))) - NEXT PAGE, S44

*
 *

*S43c. In the past 12 months, how many times did you use a hotline?

*
 * _____ # OF TIMES *

.))00)))))) -

S44. (RB, P. 34) Now, turn to Page 34 in the Yellow Booklet. The next few questions ask about the people you may have gone to for help with various problems. (Not counting the times you were an overnight patient in the hospital,) did you ever in your lifetime go to see any of the professionals on this list for problems with your emotions or nerves or your use of alcohol or drugs?

+))))), +))))),
 1. YES *5. NO*--->TURN TO P. 285, S51
 .))0))) - .))))) -

▽

S44a. Which ones? Just give me the letter. (Any others?) (CHECK ALL MENTIONS.)	S44b. How old were you the <u>first</u> time you saw a (PERSON) for problems with your emotions or nerves or your use of alcohol or drugs?	S44c. When was the <u>last</u> time--in the <u>past</u> <u>month</u> , <u>past six months</u> , <u>past year</u> , or <u>more than a year ago</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 * .))0))) - ▽	_____ # TIME(S)
+)), * *B. GEN. PRACTITIONER, .))- FAMILY PHYSICIAN	_____ YRS OLD	+))))))))) *1. MONTH *---> /)))))))))1 *2. 6 MOS *---> /)))))))))1 *3. YEAR *---> /)))))))))1 *4. MORE * .))0))) - ▽	_____ # TIME(S)
+)), * *C. PSYCHIATRIST .))-	_____ YRS OLD	+))))))))) *1. MONTH *---> /)))))))))1 *2. 6 MOS *---> /)))))))))1 *3. YEAR *---> /)))))))))1 *4. MORE * .))0))) - ▽	_____ # TIME(S)
+)), * *D. CARDIOLOGIST, .))- GYNECOLOGIST, OR OTHER PHYSICIAN	_____ YRS OLD	+))))))))) *1. MONTH *---> /)))))))))1 *2. 6 MOS *---> /)))))))))1 *3. YEAR *---> /)))))))))1 *4. MORE * .))0))) - ▽	_____ # TIME(S)
+)), * *E. PSYCHOLOGIST .))-	_____ YRS OLD	+))))))))) *1. MONTH *---> /)))))))))1 *2. 6 MOS *---> /)))))))))1 *3. YEAR *---> /)))))))))1 *4. MORE * .))0))) - ▽	_____ # TIME(S)

	S44b. How old were you the <u>first</u> time you saw a (PERSON) for problems with your emotions or nerves or your use of alcohol or drugs?	S44c. When was the <u>last</u> time--in the <u>past</u> <u>month</u> , <u>past six months</u> , <u>past year</u> , or <u>more than a year ago</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?
+)), * *F. SOCIAL WORKER .))-	_____ YRS OLD	+))))))))) *1. MONTH *---> /)))))))))1 *2. 6 MOS *---> /)))))))))1 *3. YEAR *---> /)))))))))1 *4. MORE * .)))))0)))- ▽	_____ # TIME(S)
+)), * *G. COUNSELOR .))-	_____ YRS OLD	+))))))))) *1. MONTH *---> /)))))))))1 *2. 6 MOS *---> /)))))))))1 *3. YEAR *---> /)))))))))1 *4. MORE * .)))))0)))- ▽	_____ # TIME(S)
+)), * *H. NURSE, .))- OCC. THERAPIST, OR OTHER HEALTH PROF.	_____ YRS OLD	+))))))))) *1. MONTH *---> /)))))))))1 *2. 6 MOS *---> /)))))))))1 *3. YEAR *---> /)))))))))1 *4. MORE * .)))))0)))- ▽	_____ # TIME(S)
+)), * *I. SPIRITUALIST, .))- HERBALIST, NATURAL THERAPIST, OR FAITH HEALER	_____ YRS OLD	+))))))))) *1. MONTH *---> /)))))))))1 *2. 6 MOS *---> /)))))))))1 *3. YEAR *---> /)))))))))1 *4. MORE * .)))))0)))- ▽	_____ # TIME(S)
+)), * *J. OTHER PROFESSIONAL .))- (SPECIFY:) _____	_____ YRS OLD	+))))))))) *1. MONTH *---> /)))))))))1 *2. 6 MOS *---> /)))))))))1 *3. YEAR *---> /)))))))))1 *4. MORE * .)))))0)))- ▽	_____ # TIME(S)
ASK S44b-S44d FOR EACH MENTION.			

S45. (RB, P. 35) The last questions asked about types of people you saw. The next question asks about the places 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.)

<p>+)))))) *J. NONE* .))))))- TURN TO P. 283, S46</p>	<p>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?</p>	<p>S45b. When was the last time--in the time--in the <u>past month, past</u> <u>six months, past</u> <u>year, or more</u> <u>than a year ago?</u></p>	<p>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?</p>
<p>+)), * *A. HOSPITAL EMERGENCY .))- DEPARTMENT</p>	<p>_____ YRS OLD</p>	<p>+)))))) *1. MONTH *---> /))))))1 *2. 6 MOS *---> /))))))1 *3. YEAR *---> /))))))1 *4. MORE * .))))0)))- ▽</p>	<p>_____</p> <p># TIME(S)</p>
<p>+)), * *B. PSYCHIATRIC OUTPATIENT .))- CLINIC</p>	<p>_____ YRS OLD</p>	<p>+)))))) *1. MONTH *---> /))))))1 *2. 6 MOS *---> /))))))1 *3. YEAR *---> /))))))1 *4. MORE * .))))0)))- ▽</p>	<p>_____</p> <p># TIME(S)</p>
<p>+)), * *C. DRUG OR ALCOHOL OUT- .))- PATIENT CLINIC</p>	<p>_____ YRS OLD</p>	<p>+)))))) *1. MONTH *---> /))))))1 *2. 6 MOS *---> /))))))1 *3. YEAR *---> /))))))1 *4. MORE * .))))0)))- ▽</p>	<p>_____</p> <p># TIME(S)</p>
<p>+)), * *D. DOCTOR'S PRIVATE .))- OFFICE</p>	<p>_____ YRS OLD</p>	<p>+)))))) *1. MONTH *---> /))))))1 *2. 6 MOS *---> /))))))1 *3. YEAR *---> /))))))1 *4. MORE * .))))0)))- ▽</p>	<p>_____</p> <p># TIME(S)</p>

	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 time--in the <u>past month, past six months, past year, or more than a year ago?</u>	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 * .))))0)))- ▼	_____ # TIME(S)
+)), * *F. PROGRAM IN JAIL OR .))- PRISON	_____ YRS OLD	+))))))))) *1. MONTH *---> /)))))))))1 *2. 6 MOS *---> /)))))))))1 *3. YEAR *---> /)))))))))1 *4. MORE * .))))0)))- ▼	_____ # 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 * .))))0)))- ▼	_____ # TIME(S)
+)), * *H. OTHER (SPECIFY:) .))- _____	_____ YRS OLD	+))))))))) *1. MONTH *---> /)))))))))1 *2. 6 MOS *---> /)))))))))1 *3. YEAR *---> /)))))))))1 *4. MORE * .))))0)))- ▼	_____ # TIME(S)
INTERVIEWER: ASK S45a-S45c FOR EACH MENTION.			

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
* * .))-
.)3)))))))-

▽

S47. 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. 16) 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 *

.)3)))3)))))))))

	YES (1)	NO (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?

+))))), +))))),
 1. YES *5. NO*--->TURN TO P. 286, S53
 .))0))) - .))))) -

▼

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 (RITALIN, DEXTROAMPHETAMINE)	+), 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
 .)))))))))))))))) -

	YES (1)	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.		
S52l. 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.		

S53. 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)))-	.))))0)))-	* NUMBER *
*	*	.))))))))))))))))0))))))))))))))))-
▽		▽
+))))))))))))))))))))))))))))))))))))), +))))))))))))))))))))))))))))))))))))),		
*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)))-	.))))0)))-	* NUMBER *
*	*	.))))))))))))))))0))))))))))))))))-
▽		▽
+))))))))))))))))))))))))))))))))))))), +))))))))))))))))))))))))))))))))))))),		
*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)))-	.))))0)))-	* NUMBER *
*	*	.))))))))))))))))0))))))))))))))))-
▽		▽
+))))))))))))))))))))))))))))))))))))), +))))))))))))))))))))))))))))))))))))),		
*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 *
.))))))))))))))))))))))))))))))))))))-.))))))))))))))))))))))))))))))))))))-		

NEXT PAGE,

S56

S56. During the past 30 days how often did you . . .

	OFTEN (1)	SOME- TIMES (2)	RARELY (3)	NEVER (4)
S56a. ...feel "trapped" or "caught"-- <u>often</u> , <u>sometimes</u> , <u>rarely</u> , or <u>never</u> ?				
S56b. ...feel suddenly scared for no reason-- <u>often</u> , <u>sometimes</u> , <u>rarely</u> , or <u>never</u> ?				
S56c. ...blame yourself for things?				
S56d. ...feel lonely?				
S56e. ...feel blue?				
S56f. ...worry too much about things?				
S56g. ...feel no interest in things?				
S56h. ...feel frightened?				
S56j. ...feel hopeless about the future?				
S56k. ...have trouble concentrating?				
S56m. ...feel tense or keyed up?				
S56n. ...feel everything was an effort?				
S56p. ...feel worthless?				
S56q. ...feel exhausted for no good reason?				

S57. In the past 30 days did you have more, or less, of these feelings than usual?

```

+)))))) , +))))))))) , +))))))))) , +)))))) ,
* MORE * * 4. ABOUT SAME * * 0. NEVER HAVE HAD * * LESS *
.))))0)))- * [IF VOL.] * * ANY [IF VOL.] * * *
* .))))0)))))))- .)))))))))0)))))))- .))))0)))-
* * +))))))))) , *
* .)))1NEXT PAGE, S58/)))- *
* .)))))))))- *
⚠ ⚠

```

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

S58. INTERVIEWER CHECKPOINT

+))
 *+)), *
 ** * 1. R IS 15-24 YEARS OLD *
 *.0)- *
 * * +)), *
 * * * 2. ALL OTHERS--->NEXT PAGE, S64 *
 * * .))- *
 .)3))-
 *

▼

S59. 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?

+))))))))) , +))))))))) , +)))))))))))))) , +)))))))))))))) , +)))))))))))))) ,
 *0. ZERO * *1. ONE * *2. TWO OR * *3. FOUR OR * *4. MORE THAN *
 * TIMES* * TIME* * THREE TIMES* * FIVE TIMES* * FIVE TIMES*
 .))))))))) - .))))))))) - .)))))))))))))) - .)))))))))))))) - .)))))))))))))) -

S60. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol--(zero times, one time, two or three times, four or five times, or more than five times)?

+))))))))) , +))))))))) , +)))))))))))))) , +)))))))))))))) , +)))))))))))))) ,
 *0. ZERO * *1. ONE * *2. TWO OR * *3. FOUR OR * *4. MORE THAN *
 * 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?

+))))))))) , +))))))))) , +)))))))))))))) , +)))))))))))))) , +)))))))))))))) ,
 *0. ZERO * *1. ONE * *2. TWO OR * *3. FOUR OR * *4. MORE THAN *
 * TIMES* * TIME* * THREE TIMES* * FIVE TIMES* * FIVE TIMES*
 .))))))))) - .))))))))) - .)))))))))))))) - .)))))))))))))) - .)))))))))))))) -

S62. 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 nurse?

+))))))))) , +))))))))) , +)))))))))))))) , +)))))))))))))) , +)))))))))))))) ,
 *0. ZERO * *1. ONE * *2. TWO OR * *3. FOUR OR * *4. MORE THAN *
 * 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.] *
 .))))))))) -

S64. 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*
 .)))))))))- .)))))))))- .)))))))))- .)))))))))-

S65. Have you ever personally known someone diagnosed with AIDS?

+)))) , +)))) ,
 1. YES *5. NO*--->GO TO S66
 .))0)))- .)))))-

▼
 +))))))))) ,
 *S65a. Do you have a close friend, lover or relative with AIDS or *
 * who has recently died of AIDS? *
 * +)))) , +)))) , *
 * *1. YES* *5. NO* *
 * .)))))- .)))))- *
 .)))))))))- .)))))))))-

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 *
 * *
 *+)) , *
 ** * 3. IWER READS ALOUD BUT R MARKS S67-S70 IN RB *
 *.))- BY HIM/HERSELF *
 .)))))))))-

RB, PGS. 40-41, SEXUAL ACTIVITY QUESTIONS

S67. In the past five years, how many men have you had sexual intercourse with?
(Circle one category)

NONE 1
ONE 2
TWO - FIVE 3
SIX - TEN 4
MORE THAN TEN 5

S68. In the past five years, how many women have you had sexual intercourse with?
(Circle one category)

NONE 1
ONE 2
TWO - FIVE 3
SIX - TEN 4
MORE THAN TEN 5

S69. How many people (either men or women) have you had sexual intercourse with in
the past 12 months? (Circle one category)

NONE 1--->+))))))))))))))))))))))))))))),
*IF NONE, STOP HERE! *
*TURN TO P. 292, SECTION T *
.))))))))))))))))))))))))))))))--
ONE 2S) *
TWO - FIVE 3 *
SIX - TEN 4 *
*--->NEXT PAGE, S70
*
MORE THAN TEN 5S)--

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 1

MOST OF THE TIME 2

SOMETIMES 3

RARELY 4

NEVER 5

S71-S72. QUESTIONS OMITTED

[illegible]

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 (05)
 .))-
 +))),
 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 (15)
 .))-
 +))),
 S. \$20,000-24,999 (16)
 .))-
 +))),
 T. \$25,000-34,999 (17)
 .))-
 +))),
 U. \$35,000-49,999 (18)
 .))-
 +))),
 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)-
.)3))))))))))))))))))))))))))))))))))))))))-
*
*
▽
```

T7. (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

T8. INTERVIEWER CHECKPOINT:

```
+))))))))))))))))))))))))))))))))))))))))),
*+)),
** * 1. CURRENTLY LIVING WITH * * 2. ALL OTHERS--->GO TO T10
*.0)- SPOUSE OR PARTNER .))-
.)3))))))))))))))))))))))))))))))))))))))))-
*
*
*
▽
```

```
+))))))))))))))))))))))))))))))))))))))))),
*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)*
.)))))))))))))))))))))))-
+)))))))))))))))))))))),
*B. $10,000-19,999 (02)*
.)))))))))))))))))))))))-
+)))))))))))))))))))))),
*C. $20,000-49,999 (03)*
.)))))))))))))))))))))))-
+)))))))))))))))))))))),
*D. $50,000-99,999 (04)*
.)))))))))))))))))))))))-
+)))))))))))))))))))))),
*E. $100,000-199,999 (05)*
.)))))))))))))))))))))))-
+)))))))))))))))))))))),
*F. $200,000-499,999 (06)*
.)))))))))))))))))))))))-
+)))))))))))))))))))))),
*G. $500,000 OR MORE (07)*
.)))))))))))))))))))))))-
```


U3. (RB. STILL ON P. 44) (How about) Event #3, [YOU WERE INVOLVED IN A FIRE, FLOOD, OR NATURAL DISASTER]? (Did this ever happen to you?)

64444447 +)))))
51. YES5 *5. NO*--->GO TO U4
944L4448 .)))))-

*

▽

+)))))
*U3a. How old were you the first time (it happened)? *

* *

* _____ YEARS OLD *

* *

* *

* *

*U3b. Did Event 3 happen in the past 12 months? *

* +))))) , +))))) , *

* *1. YES* *5. NO*--->GO TO U4 *

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

* *

* *

* +)))))
*U3c. In what month and year did it *

* * happen most recently? *

* * *

* * *

* * _____ *

* * MONTH/YEAR *

* .))))) - *

.))))) -

U4. (RB, STILL ON P. 44) (Did) Event #4 (ever happen to you)? [YOU WITNESSED SOMEONE BEING BADLY INJURED OR KILLED]

64444447 +)))))
51. YES5 *5. NO*--->NEXT PAGE, U5
944L4448 .)))))-

*

▽

+)))))
*U4a. How old were you the first 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 first time (it happened)? *
*
* _____ YEARS OLD *
*
*U5b. Did Event 5 happen in the past 12 months? *
* +))))) +))))) *
* *1. YES* *5. NO*--->GO TO U5d *
* .)))0))- .))))) *
* ▽ *
* +))))) *
* *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 isolated event that happened only on one day or *
* something that continued over several days, weeks, *
* months, or years? *
* +))))) +))))) *
* *1. ISOLATED EVENT* *2. CONTINUED HAPPENING* *
* .)))))0)))- .)))))0)))- *
* * ▽ *
* * +))))) *
* * *U5e. How long did it continue?* *
* * *
* * _____ # OF *
* * +))), +)), +)), +)), *
* * *DAYS* *WKS* *MOS* *YRS* *
* * .)))- .)))- .)))- .)))- *
* * .)))))0)))- *
* * ▽ *
* *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 *
* * .) *
* .))))) *
* .)))))

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 *
 *
 *
 *
 *U7b. 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 *
 * .))))) *
 * .)))))-

U8. (RB, STILL ON P. 44) (Aside from any event you have already reported, did) Event #8 (ever happen to you)? [YOU WERE PHYSICALLY ABUSED AS A CHILD]

64444447 +)))))
 51. YES5 *5. NO*
 94444448 .)))))-

U9. (RB, STILL ON P. 44) (Did) Event #9 (ever happen to you)? [YOU WERE SERIOUSLY NEGLECTED AS A CHILD]

64444447 +)))))
 51. YES5 *5. NO*
 94444448 .)))))-

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

U11. (RB. STILL ON P. 44) Have you ever had any other terrible experience that most people never go through?

644444447 +))))),
51. YES5 *5. NO*--->NEXT PAGE, U12
944L4448 .)))))-

+))))))))) ,

*Ulla. Could you briefly tell me something about this?

*

*U11b. How old were you when this (first) happened?

*

* * *	YEARS OLD	* * *
-------	-----------	-------

* _____ YEARS OLD *

*U11c. Have you ever had any other terrible experience?

* +))))), +))))), *

```
*          *1  YES*          *5  NO*--->NEXT PAGE  II 2          *
```

1. YES 5. NO --->NEXT PAGE, 012

* *
)))))))

[illegible]

* * *

$$* \qquad \qquad \qquad \nabla \qquad \qquad \qquad *$$

*U11d. Could you briefly tell me something about this?

*

*U11e. How old were you when this (first) happened?

*

* YEARS OLD *

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

▽

+))>,

*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
.))-

```
*)))))))))  
**SEE PGS. 296-303, U1-U12  
*)**,          64447  
**) *   1. ONLY ONE YES RESPONSE IN U1-U12--->NEXT PAGE, U15a  
.))-      94448  
*)**,          64447  
**) *   2. TWO OR MORE YES RESPONSES IN U1-U12  
.O)-        94448  
* *    +)),  
* *    *   3. ALL OTHERS--->TURN TO P. 309, U39  
* *     )))-  
)3))))))-----  
V  
+)))))))))  
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  
.))-  
)())))))))0))))))0))))))-----  
*NEXT PAGE, U15b*  
)())))))))
```


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?

_____ # OF +)))) , +)))) , +)))) , +)))) , +)))))))))))))) ,
 _____ *DAYS* *WEEKS* *MONTHS* *YEARS* *96. NEVER STOPPED*
 .))))- .))))- .))))- .))))- * STILL HAVE *
 .))))))))))))))-

U38. When was the last time 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* * YEAR AGO *
.))))0))- .))))0)))- .))))0))- .)))))0)))-
.)))))))0)))))2)))))0))))) -
      *NEXT PAGE, U39*
.))))))))-
      V
+)))))) ,
*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]

```
+))))),      +))))),
*1. YES*      *5. NO*-->GO TO U40
.)0))) -      .))))) -
```

+))
 *U39a. How old were you the first time (it happened)?
 *
 *
 * _____ YEARS OLD
 *
 *
 *U39b. When was the last time (Event 13 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*
 * .))O)))- * MONTHS* .)O)))- .O)))))))-
 * * .))O)))- *
 * .)))))O)))2)))O)))-+)))))))))))))))))))))))))) ,
 * *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]

+))))),	+))))),
1. YES	*5. NO*-->NEXT PAGE, U41
.))O))-	.)))))-

v

+)))))))))
*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*
* .)))0)))- * MONTHS* .)0))) - .0))))))))) -
* * .)))0))) - * v
* .)))0))))2))))0))) -+)))))))))
* *NEXT PAGE, U41* *U40c. How old were you the
* .))))))))) - * last time Event 14
* * happened?
* *
* * _____ YEARS OLD
* .))))))))) - *
* .)))))))))


```

+-----,
*U41f. Did this result in an injury or poisoning (the last time
* it happened)?
* +))))), +))))),
* *1. YES* *5. NO*--->GO TO U41j
* .))0)))- .)))))-
* *
*
*
*U41g. Did it require medical attention?
* +))))), +))))),
* *1. YES* *5. NO*--->GO TO U41j
* .))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

V7. (RB, P. 46) Using Page 46 in the Yellow Booklet, did you have serious, ongoing tensions, conflicts, or arguments with any of these people in the past 12 months?

+))))), +))))),
 1. YES *5. NO*--->NEXT PAGE, V11
 .))0))) - .))))) -

*

*

▽

+))))))))))))))))))))))))))))))))))))0))),
 *V8. What was their relationship *V9. Did your conflicts with (RELATION- *
 * to you? (LIST FIRST FOUR * SHIP) begin in the past 12 months? *
 * MENTIONS.) * (REPEAT V9 FOR EACH LISTED MENTION *
 * IN V8.) *
 /))))))))))))))))))))))))))))))))))))3))))))))))))))))))))))))))))))))))))1
 * +))))), +))))))))))))))))))))))))), *
 * V9a. *1. YES*--->*V10a. In what month **
 * .))))) - * and year (did **
 * +))))), * they begin)? **
 * (a) *5. NO* * **
 * .))))) - * **
 * MONTH/YEAR **
 * .))))) - *
 /))))))))))))))))))))))))))))))))))))3))))))))))))))))))))))))))))))))))))1
 * +))))), +))))))))))))))))))))))))), *
 * V9b. *1. YES*--->*V10b. In what month **
 * .))))) - * and year (did **
 * +))))), * they begin)? **
 * (b) *5. NO* * **
 * .))))) - * **
 * MONTH/YEAR **
 * .))))) - *
 /))))))))))))))))))))))))))))))))))))3))))))))))))))))))))))))))))))))))))1
 * +))))), +))))))))))))))))))))))))), *
 * V9c. *1. YES*--->*V10c. In what month **
 * .))))) - * and year (did **
 * +))))), * they begin)? **
 * (c) *5. NO* * **
 * .))))) - * **
 * MONTH/YEAR **
 * .))))) - *
 /))))))))))))))))))))))))))))))))))))3))))))))))))))))))))))))))))))))))))1
 * +))))), +))))))))))))))))))))))))), *
 * V9d. *1. YES*--->*V10d. In what month **
 * .))))) - * and year (did **
 * +))))), * they begin)? **
 * (d) *5. NO* * **
 * .))))) - * **
 * MONTH/YEAR **
 * .))))) - *
 .))))) - 2)))))))))))))))))))))))))))))))))))))) -

V11. You may have mentioned this before, but in the past 12 months, did any close friend or close relative die (other than your spouse or your child)?

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

1. YES *5. NO*--->NEXT PAGE, V15

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

*

*

▼

<p>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.)</p>	<p>V13. In what month and year did (RELATIONSHIP) die? (REPEAT V13 FOR EACH LISTED MENTION IN V12.)</p>	<p>V14. At the time of death, was (RELATIONSHIP) someone with whom you had a confiding relationship? (REPEAT V14 FOR EACH LISTED MENTION IN V12.)</p>
<p>(a) _____ RELATIONSHIP TO R</p>	<p>(a) _____ MONTH/YEAR</p>	<p>+))))), +))))), (a) *1. YES* *5. NO* .))0))) - .))))) -</p>
<p>(b) _____ RELATIONSHIP TO R</p>	<p>(b) _____ MONTH/YEAR</p>	<p>+))))), +))))), (b) *1. YES* *5. NO* .))0))) - .))))) -</p>
<p>(c) _____ RELATIONSHIP TO R</p>	<p>(c) _____ MONTH/YEAR</p>	<p>+))))), +))))), (c) *1. YES* *5. NO* .))0))) - .))))) -</p>
<p>(d) _____ RELATIONSHIP TO R</p>	<p>(d) _____ MONTH/YEAR</p>	<p>+))))), +))))), (d) *1. YES* *5. NO* .))0))) - .))))) -</p>

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?

+))))), +))))),
1. YES *5. NO*--->NEXT PAGE, V18
.))0)))- .)))))-

V15a. Which of these people had a life crisis? (PROBE: Did any of the other people on the list have a life crisis? (LIST FIRST FOUR MENTIONS.)		V16. Did your (RELATIONSHIP)'s life crisis begin in the past 12 months? (REPEAT V16 FOR EACH LISTED MENTION IN V15a.)	
(a) _____	RELATIONSHIP TO R	V16a. *1. YES* .))))) - +))))) , *5. NO* .))))) -	V17a. In what month and year (did it begin)? _____ MONTH/YEAR
(b) _____	RELATIONSHIP TO R	V16b. *1. YES* .))))) - +))))) , *5. NO* .))))) -	V17b. In what month and year (did it begin)? _____ MONTH/YEAR
(c) _____	RELATIONSHIP TO R	V16c. *1. YES* .))))) - +))))) , *5. NO* .))))) -	V17c. In what month and year (did it begin)? _____ MONTH/YEAR
(d) _____	RELATIONSHIP TO R	V16d. *1. YES* .))))) - +))))) , *5. NO* .))))) -	V17d. In what month and year (did it begin)? _____ MONTH/YEAR

MONTH / YEAR

SECTION X: FAMILY HISTORY

X1. Now some questions about your natural father. First, is he still alive?

+))))),	+))))),	+)))))))))))))
1. YES	*5. NO*	*8. DON'T KNOW*--->GO TO X2
.)))0))-	.)))0))-	.)))))))))))))-
▼	▼	
+))))))))))))))))))))))	+))))))))))))))))))))))))	
*X1a. How old is he? *	*X1b. How old was he when he died? *	
* *	* *	
* _____ YEARS OLD*	* _____ YEARS OLD	
.))))))))))))))))))))))-		
	*X1c. How old were <u>you</u> (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?

+))))),	+))))),	+)))))))))))))	+)))))))))))))
1. YES	*5. NO*	*6. NO KNOWLEDGE ABOUT*	*8. DON'T KNOW*
.))))))-	.))))))-	* FATHER [IF VOL.] *	.)))))))))))))-
NEXT PAGE,	TURN TO	.))))))))))))))))))-	TURN TO P. 320, X7
X3	P. 320, X7	TURN TO P. 324, X27	

X10. Did he ever get professional treatment for his nervousness?

```
+))))),          +))))),          +)))))))))
*1. YES*          *5. NO*          *8. DON'T KNOW*
.)0)))-          .)0))-          .)))))0)))-
*                  .)))))0)))-
*                  GO TO X11
```

▼

```
+)))))))))
*X10a. Was he ever hospitalized for his nervousness?*
*          +))))),          +))))),          +)))))))))          *
*          *1. YES*          *5. NO*          *8. DON'T KNOW*          *
*          .)))))-          .))))-          .)))))0)))-          *
.))))))0)))-
```

X11. Did his nervousness ever interfere a lot with his life or activities?

```
+))))),          +))))),          +)))))))))
*1. YES*          *5. NO*          *8. DON'T KNOW*
.))))))-          .))))-          .)))))0)))-
```

X12. Did your natural father ever have a problem with drinking?

```
64444447          +))))),          +)))))))))
51. YES5          *5. NO*          *8. DON'T KNOW*
94444448          .)))))-          .)))))0)))-
```

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

X14. Did he ever have a problem with illegal drugs?

```
64444447          +))))),          +)))))))))
51. YES5          *5. NO*          *8. DON'T KNOW*
94444448          .)))))-          .)))))0)))-
```

X15. INTERVIEWER CHECKPOINT

```
+)))))))))
*+)),          64447          *
** * 1. 5YES5 IN X12 OR X13 OR X14--->NEXT PAGE, X16 *
*.))-          94448          *
*+)),          *
** * 2. ALL OTHERS--->TURN TO P. 323, X20 *
*.))-          *
.))))))0)))-
```

X16. 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 use]?				
/)))))))))))))					
*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
* *      .)) -
.)3))))))))))))))))))))))))))))))))))))))))))))))))))))))))-

```

X18. Did he ever get professional treatment for his [drinking/(or)/drug] problem?

+)))))) ,	+)))))) ,	+))))))))))))) ,
1. YES	*5. NO*	*8. DON'T KNOW*
.))O))) -	.))O))) -	.)))))O))))) -
*	.	.)))))O))))) -

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

+)))))))))	0))))0))))0))))
*	* * *DON'T*
*	* YES * NO * KNOW*
*	* (1) * (5) * (8)*
/)))))))))	3))))3))))3))))1
*X20. Did your natural father ever have trouble holding a job?	* * *
/)))))))))	3))))3))))3))))1
*X21. Did he lie a lot?	* * *
/)))))))))	3))))3))))3))))1
*X22. Did he often get into physical fights?	* * *
/)))))))))	3))))3))))3))))1
X23. Was he ever involved in criminal activities like burglary	* * *
* or selling stolen property?	* * *
/)))))))))	3))))3))))3))))1
*X24. Was he ever arrested or sent to prison?	* * *
/)))))))))	3))))3))))3))))1
*X25. Did he ever run around with other women or desert his	* * *
* family?	* * *
.)))))	2))))2))))2))))-

X26. Did your natural father ever attempt to commit suicide?

+))))),	+))))),	+)))))))))
1. YES	*5. NO*	*8. DON'T KNOW*
.))0))-	.))0))-	.)))))0))))-
*	.)))))	

NEXT PAGE, X27

▼

+)))))))))
X26a. Did he die from the attempt?
* +))))), +))))), *
* *1. YES* *5. NO* *
* .))))) - .))))) *
.)))))

X27. The next questions are about your natural mother. First, is she still alive?

+))))),	+))))),	+)))))))))))))
1. YES	*5. NO*	*8. DON'T KNOW*-->GO TO X28
.)))0))-	.)))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.] *	.))))))))))-
NEXT PAGE,	TURN TO	.))))))))))))))))))-	TURN TO P. 326,
X29	P. 326, X33	TURN TO P. 330, X53	X33

X31. Did she ever get professional treatment for her depression?

```
+))))),          +))))),          +)))))))))
*1. YES*          *5. NO*          *8. DON'T KNOW*
.)0)))-          .)0)))-          .)))))0)))-
*
*
GO TO X32
```

```
+)))))))))
*X31a. Was she ever hospitalized for her depression?*
*
+))))),          +))))),          +)))))))))
*1. YES*          *5. NO*          *8. DON'T KNOW*
.)0)))-          .)0)))-          .)))))0)))-
.))))))))))
```

X32. Did her depression ever interfere a lot with her life or activities?

```
+))))),          +))))),          +)))))))))
*1. YES*          *5. NO*          *8. DON'T KNOW*
.)0)))-          .)0)))-          .)))))0)))-
```

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)))-          .)))))0)))-
*
*
NEXT PAGE, X38
```

X34. Now think of the time when her nervousness was at its worst. During that time, did your mother ...

```
+)))))))))0)))))0)))))0)))))
*
*
* DON'T
* YES * NO * KNOW
* (1) * (5) * (8)
/)))))))))3)))))3)))))3)))))1
*X34a. ... have difficulty falling asleep?
/)))))))))3)))))3)))))3)))))1
*X34b. Was she restless?
/)))))))))3)))))3)))))3)))))1
*X34c. Did she blush or sweat more than usual?
/)))))))))3)))))3)))))3)))))1
*X34d. Was she irritable?
/)))))))))3)))))3)))))3)))))1
*X34e. Did she worry a lot about the future?
/)))))))))3)))))3)))))3)))))1
*X34f. Was she keyed up or nervous most of the time?
.)))))))2)))))2)))))2)))))-
```

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))-          .)))))0)))-
  *              .)))))0)))-
  *              GO TO X37
  ♡
```

```
+)))))))))
*X36a. Was she ever hospitalized for her nervousness?*
*      +))))),      +))))),      +)))))))))      *
*      *1. YES*      *5. NO*      *8. DON'T KNOW*      *
*      .))))) -      .))))) -      .)))))0)))-      *
.)))))0)))-
```

X37. Did her nervousness ever interfere a lot with her life or activities?

```
+))))),          +))))),          +)))))))))
*1. YES*          *5. NO*          *8. DON'T KNOW*
.))))) -          .))))) -          .)))))0)))-
```

X38. Did your natural mother ever have a problem with drinking?

```
64444447          +))))),          +)))))))))
51. YES5          *5. NO*          *8. DON'T KNOW*
94444448          .))))) -          .)))))0)))-
```

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

X40. Did she ever have a problem with illegal drugs?

```
64444447          +))))),          +)))))))))
51. YES5          *5. NO*          *8. DON'T KNOW*
94444448          .))))) -          .)))))0)))-
```

X41. INTERVIEWER CHECKPOINT

```
+)))))))))
*+)),      64447      *
** * 1. 5YES5 IN X38 OR X39 OR X40--->NEXT PAGE, X42 *
*.))-      94448      *
*+)),      *
** * 2. ALL OTHERS--->TURN TO P. 329, X46      *
*.))-      *
.)))))0)))-
```

```
X42. Please think of the time when her [drinking/or/drug] problems were at their  
worst. During this time, did your natural mother have...  
+))))))0)))0)))0))),  
* * *DON'T*  
* YES* NO*KNOW*  
* (1)* (5)* (8)*  
/)3)))3)))3)))1  
*X42a. ...legal problems associated with her [drinking/(or)/ * * * *  
* drug use] like being arrested or losing her driver's * * * *  
* license? * * * *  
/)3)))3)))3)))1  
*X42b. Did she have health problems associated with her * * * *  
* [drinking/(or)/drug use] like blackouts or cirrhosis?* * * *  
/)3)))3)))3)))1  
*X42c. Did she have marital or family problems associated * * * *  
* with her [drinking/(or)/drug use]? * * * *  
/)3)))3)))3)))1  
*X42d. Did she have social problems from her [drinking/(or)/ * * * *  
* drug use] like fighting or losing friends? * * * *  
/)3)))3)))3)))1  
*X42e. Did she have problems at work or loss of work * * * *  
* associated with [drinking/(or)/drug use]? * * * *  
.))2)))2)))2)))
```

X43. INTERVIEWER CHECKPOINT

```

+))))))))))))))))))))))))))))))))))))))))))))))))))))))))*
*+)),
**  *1. ONE OR MORE "YES" RESPONSES IN X42a-X42e
*
*.0)-
*  *  +)),
*  *  *  *2. ALL OTHERS--->NEXT PAGE, X46
*  *  .))-
.)3)))))))))))))))))))))))))))))))))))))))))))))))))))-
*

```


X44. Did she ever get professional treatment for her [drinking/(or)/drug] problem?

+))))), +))))), +)))))))))
 1. YES *5. NO* *8. DON'T KNOW*
 .)0)))- .)0))- .)0))0)))-
 * .)0))0))0)))-
 * NEXT PAGE, X45



```
+)))))))))
*X44a. Was she ever hospitalized for her [drinking/(or)/drug use]?*
*      +))))),      +))))),      +)))))))))
*      *1. YES*      *5. NO*      *8. DON'T KNOW*
*      .)))))-      .)))))-      .)))))))))
.))))))))))
```

X45. Did her [drinking/(or)/drug use] ever interfere a lot with her life or activities?

+))))),	+))))),	+)))))))))
1. YES	*5. NO*	*8. DON'T KNOW*
.)))))-	.)))))-	.)))))0)))-

+)))))))))	0))))0))))0))))
*	* * *DON'T*
*	* YES * NO * KNOW*
*	* (1) * (5) * (8) *
/)))))))))	3))))3))))3))))1
*X46. Did your natural mother ever have trouble holding a job?	* * *
/)))))))))	3))))3))))3))))1
*X47. Did she lie a lot?	* * *
/)))))))))	3))))3))))3))))1
*X48. Did she often get into physical fights?	* * *
/)))))))))	3))))3))))3))))1
*X49. Was she ever involved in criminal activities like	* * *
* burglary or selling stolen property?	* * *
/)))))))))	3))))3))))3))))1
*X50. Was she ever arrested or sent to prison?	* * *
/)))))))))	3))))3))))3))))1
*X51. Did she ever run around with other men or desert	* * *
* her family?	* * *
.)))))	2))))2))))2))))-

X52. Did your natural mother ever attempt to commit suicide?

+))))),	+))))),	+)))))))))
1. YES	*5. NO*	*8. DON'T KNOW*
.))0)))-	.))0)))-	.)))))0)))-
*	.)))))0)))-	
*	NEXT PAGE, X53	

▽

+)))))))))	
X52a. Did she die from the attempt?	
* +))))),	* +))))),
* *1. YES*	* *5. NO*
* .)))))-	* .)))))-
.)))))	

+))))), +))))))))))))))))), +))))),
1 YES *3 ADOPTED AT BIRTH* *5 NO*

.))) 0))) - * [IF VOL.] * .))) 0) -
* .))))))))) 0))))))))) - *

```
*      +))))))))) ,      *
. )))1GO TO X54/))) -
. ))))))) -
```

X53a. Were you adopted at birth?

+))))), +))))),
 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))) -      .))))) -

```

+)))))))))))))
*x54a. 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

*
*x54a altogether, how many months or years was your father away

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))) -        .))))) -

```

*

+))),
*X56a. Were did you go? (CHECK ALL MENTIONS.) *

* +))))))))))))))))))))))))))))))))))))), *

A. LIVING WITH OTHER RELATIVES

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

$$+)))))))))))))))))) , \quad *$$

* B. BOARDING SCHOOL *

* ,)))))))))))))))))) - *

* +))))))))))))) , *

C. HOSPITAL

* ,)))))))))) - *

$$+)))))))))))))))))))))))))))))))))) ,$$

D. JUVENILE DETENTION CENTER

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

$$+))))))))) , \quad *$$

*E. OTHER (SPECIFY:)

* * * * *

* * * * *

* * * * *

* * * * *

[illegible]

*X56b. 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 OR +))))))))))))))))),
 96. OCCURRED AT BIRTH
 .))))))))))))))))-

X59. QUESTION OMITTED

X60. Who was the major financial support of your household up to the time you turned 15 years of age?

```

+))))))))) , +))))))))) , +))))))))) , +))))))))) , +))))))))) ,
*1. NATURAL* *2. NATURAL* *3. OTHER* *4. OTHER * *7. OTHER (SPECIFY): *
* FATHER * * MOTHER * * MALE * * FEMALE* * *
.))))0)))- .)))0)))- .)))0)))- .)))0)))- *
.)))))2)))0)))2)))))))- *
* *
* *
* .))))) -
* NEXT PAGE, X64

```

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/her) most important activities or duties?

X62. What kind of business or industry was that in? What did they make or do where (he/she) worked?

X66. Before you turned 15, did you have any other adult responsibilities that most young people did not have?

```

+))))),      +))))),
*1. YES*      *5. NO*--->GO TO X67
.)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?

+))))))) ,	+)))))) ,	+))))))))) ,	+)))))) ,
1. A LOT	*2. SOME*	*3. A LITTLE*	*4. NONE*
.))))))) -	.)))))) -	.)))))))) -	.)))))) -

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

X70. Did you have a close and confiding relationship with any other adult during most of your childhood?

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

X77. I know we touched on this before, but were you raised by your natural mother?

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

*
+)))))))))
*X77a. What woman spent the most time raising you? +)))))), *
*96. NO *
WOMAN*

RELATIONSHIP TO R .)))))))- *
NEXT PAGE, X87*
.))))))O)))))))-
*
*
*

*
*
*

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 excellent, good, fair, or poor?

+)))))))))) ,	+)))))) ,	+)))))) ,	+)))))) ,
1. EXCELLENT	*2. GOOD*	*3. FAIR*	*4. POOR*
.)))))))))) -	.)))))) -	.)))))) -	.)))))) -

						0))))0))))0))))0))))0))))					
+						*	A	*	*	A	*NOT AT*
*						*	LOT	*SOME	*	LITTLE*	ALL *
*						*	(1)	*	(2)	*	(3) * (4) *
/))))))))))						3))))3))))3))))3))))1					
*X79. How much did she understand your problems and						*	*	*	*	*	
* worries-- <u>a lot</u> , <u>some</u> , a <u>little</u> , or <u>not at all</u> ?						*	*	*	*	*	
/))))))))))						3))))3))))3))))3))))1					
*X80. How much could you confide in her about things						*	*	*	*	*	
* that were bothering you--(<u>a lot</u> , <u>some</u> ,						*	*	*	*	*	
* <u>a little</u> , or <u>not at all</u>)?						*	*	*	*	*	
/))))))))))						3))))3))))3))))3))))1					
*X81. How <u>overprotective</u> was she?						*	*	*	*	*	
/))))))))))						3))))3))))3))))3))))1					
*X82. How much did she <u>baby</u> you?						*	*	*	*	*	
/))))))))))						3))))3))))3))))3))))1					
*X83. How much effort did she put into watching over						*	*	*	*	*	
* you and making sure you had a good upbringing?						*	*	*	*	*	
/))))))))))						3))))3))))3))))3))))1					
*X84. How much did she stop you from doing things						*	*	*	*	*	
* that other kids your age were allowed to do?						*	*	*	*	*	
/))))))))))						3))))3))))3))))3))))1					
*X85. How strict was she with her rules for you?						*	*	*	*	*	
/))))))))))						3))))3))))3))))3))))1					
*X86. How <u>consistent</u> was she about the rules?						*	*	*	*	*	
.)))))))))))						2))))2))))2))))2))))1					

	0)	0)	0)	0)	0)
	A	A	A	NOT AT	
	LOT	SOME	LITTLE	ALL	
	(1)	(2)	(3)	(4)	
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> ?	3)	3)	3)	3)	1
X90. How much could you confide in him about things that were bothering you--(<u>a lot</u> , <u>some</u> , <u>a little</u> , or <u>not at all</u>)?	3)	3)	3)	3)	1
X91. How <u>overprotective</u> was he?	3)	3)	3)	3)	1
X92. How much did he <u>baby</u> you?	3)	3)	3)	3)	1
X93. How much effort did he put into watching over you and making sure you had a good upbringing?	3)	3)	3)	3)	1
X94. How much did he stop you from doing things that other kids your age were allowed to do?	3)	3)	3)	3)	1
X95. How strict was he with his rules for you?	3)	3)	3)	3)	1
X96. How <u>consistent</u> was he about the rules?	2)	2)	2)	2)	-

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

X98. Did you have a lot of friends, a few friends, or no friends at all?

+))))))))) , +))))))))) , +))))))))) ,
 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--a lot, some, a little, or not at all?

+))))))))) , +))))))))) , +))))))))) , +))))))))) ,
 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*
 .)))))))))- * EASILY * * EASILY * .)))))))))-
 .)))))))))- .)))))))))-

SECTION Y: RELIGION

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

PROTESTANT	51. ROMAN CATHOLIC	71. JEWISH	90. NONE, NO PREFERENCE	OTHER (SPECIFY): _____ _____
------------	-----------------------	------------	----------------------------	------------------------------------

Y1a. What denomination is that?

Y1b. Is that a Christian religion?

1. YES

5. NO

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

1. VERY IMPORTANT	2. SOMEWHAT IMPORTANT	3. NOT VERY IMPORTANT	4. NOT AT ALL IMPORTANT
----------------------	--------------------------	--------------------------	----------------------------

NEXT PAGE, Y7

Y3. INTERVIEWER CHECKPOINT

Y1, Y1b

☐ 1. R IS JEWISH → NEXT PAGE, Y7

☐ 2. 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
ONCE A
WEEK

2. ABOUT
ONCE A
WEEK

3. 1 TO 3
TIMES A
MONTH

4. LESS THAN
ONCE A
MONTH

5. NEVER

- Y8. When you have problems or difficulties in your family, work, or personal life, how often do you seek spiritual comfort - - almost always, often, sometimes, rarely, or never?

1. ALMOST
ALWAYS

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.

Z1. Are you of 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*.))))))))))-* RICAN *.))))))))))-* (SPECIFY): *
 .)))))))))))- .)))))))))))- *
 *
 *
 *
 *
 *
 .)))))))))))))))))))))))-

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.)

+), A. AFRICAN (01)	+), K. ITALIAN (09)
.)-	.)-
+), B. AMERICAN INDIAN (02)	+), L. MEXICAN (10)
.)-	.)-
+), C. ASIAN (03) (SPECIFY:)	+), M. NEAR EASTERN (11) (SPECIFY:)
.)-	.)-
<hr/>	
+), D. CZECHOSLOVAKIAN (04)	+), N. POLISH (12)
.)-	.)-
+), E. DUTCH (16)	+), P. RUSSIAN (13)
.)-	.)-
+), F. ENGLISH (05)	+), Q. SCANDINAVIAN (14) (SPECIFY:)
.)-	.)-
<hr/>	
+), G. FRENCH (06)	+), R. SCOTTISH (15)
.)-	.)-
+), H. GERMAN (07)	+), S. OTHER (97) (SPECIFY:)
.)-	.)-
<hr/>	
+), J. IRISH (08)	+), T. NONE (96)
.)-	.)-

```

Z3. INTERVIEWER CHECKPOINT
+))))))))))))))))))))))))))))))))))))))))))))))))))))))))),
* +)),
* * * 1. NO GROUP MENTIONED IN Z1 OR Z2--->NEXT PAGE, Z5
* .)) -
* +)),
* * * 2. ONLY ONE GROUP MENTIONED IN Z1-Z2--->GO TO Z4
* .)) -
* +)),
* * * 3. ALL OTHERS
* .0) -
.))3))))))))))))))))))))))))))))))))))))))))))))))))))))))))-
*

```

Z3a. Which one do you feel best describes your ethnic background--(REPEAT ALL MENTIONS IN Z1-Z2)?

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?

+))))))	+))))))	+))))))	+))))))
*1. VERY *	*2. SOMEWHAT*	*3. NOT VERY*	*4. NOT CLOSE*
* CLOSE*	* CLOSE *	* CLOSE *	* AT ALL *
.))))))-	.))))))-	.))))))-	.))))))-

Z5. 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*

.))))O)))-.))))O)))-* INDIAN *.))))O)))-* *.)))))))))-

* * * * *

* * * * * .))))O))))- * * * * * NEXT PAGE,

* * * * * * * * * * * Z6

* * * * * * * * * * *

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

* * * * * * * * * * *

▽ ▽ ▽ ▽ ▽

Z5a. INTERVIEWER CHECKPOINT

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

* +)) , *

* * * 1. MULTIPLE BOXES CHECKED AT Z5 *

* .O)- *

* * +)) , *

* * * 2. "WHITE" IS ONLY BOX CHECKED AT Z5-->NEXT PAGE, Z6 *

* * .))- *

* * +)) , *

* * * 3. ALL OTHERS--->GO TO Z5c *

* * .))- *

.))3)))))))))-

*

▽

Z5b. Which do you feel best describes your race?

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

*1. WHITE**2. BLACK**3. AMERICAN**4. ASIAN**7. OTHER (SPECIFY): **8. DON'T*

.))))O)))-.))))O)))-* INDIAN *.))))O)))-* ** KNOW *

* * * * *

* * * * * .))))O))))- * * * * * NEXT PAGE,

* * * * * * * * * * * Z6

* * * * * * * * * * *

* * * * * * * * * * *

▽ ▽ ▽ ▽ ▽

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

*Z5c. 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?

```

+))))),      +))))),
*1. YES*      *5. NO*
.)))0))-     .)))0))-
  *           *
  *           ▽
  *           +))))))))))))))))))))))))))))))))))))))))),
  *           *Z6a. How old were you when you first came to the *
  *           * United States? *
  *           * *
  *           * YEARS OLD *
  *           .))))))0))))))))))))))))))))))))))))))))))))-
  *           *
  *           *
  ▽           ▽

```

Z7. How many of your parents were born in the United States?

```

+))))),      +))))),      +))))),      +))))))))))))),
*0. NONE*    *1. ONE*    *2. TWO*    *8. DON'T KNOW*
.)))))))-   .)))))))-   .)))))))-   .)))))))))))))-

```

Z8. Did you speak a language other than English at home when you were a child?

```

+))))),      +))))),
*1. YES*      *5. NO*--->GO TO Z10
.)))0))-     .)))))-
  *
  ▽

```

Z9. Did you also speak English at home?

```

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

```

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 rural, 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?

_____# YEARS OR +))))))))) ,
 * *97. WHOLE*--->GO TO Z15
 * 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?

_____# MILES OR +))))))))))))))))))))))
 *9996. MOVED AROUND *
 * A LOT [IF VOL.] *
 .))))))))))))))))))))))-

Z16. What is the highest grade of school or year of college you completed?

[illegible]

SECTION AA: INTERVIEWER'S OBSERVATIONS

[illegible]

HOUSEHOLD RESIDENTS

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

AA2. Weather at time of interview:
+))))))))) , +))))))))) , +))))))))) , +))))))))) , +))))))))) ,
1. RAINY; *2. OVERCAST* *3. HAZY;* *4. PARTLY* *5. CLEAR*
* SNOWY * .))))))))) - * MOSTLY* * CLOUDY* * SKIES*
.))))))))) - * CLOUDY* .))))))))) - .))))))))) -
.))))))))) -

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 *
 .))))- .))))- .)))))))))- * QUARTER * * ONE QUARTER*
 .)))))))))- .)))))))))-

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?

+))))))))) , +))))), +))))), +))))),
 1. EXCELLENT *2. GOOD* *3. FAIR* *4. POOR*
 .)))))))))- .))))- .))))- .))))-

AA8. How was R's cooperation during the interview?

+))))))))) , +))))), +))))), +))))),
 1. EXCELLENT *2. GOOD* *3. FAIR* *4. POOR*
 .)))))))))- .))))- .))))- .))))-

AA9. How much did R seem to enjoy the interview?

+))))), +))))), +))))))))) , +))))))))) ,
 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* |
| .))))))- | .))))))- |

AA15. THUMBNAIL SKETCH

[illegible]

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;
SNOWY

2. OVERCAST

3. HAZY;
MOSTLY
CLOUDY4. PARTLY
CLOUDY5. CLEAR
SKIES

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

1. YES

5. NO

→ GO TO BB8

BB4. 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 ADULTS

BB5. During which portion of the interview was one of these persons present?

1. PART ONE

2. PART TWO

3. BOTH PARTS

BB6. During how much of the interview was one of these persons present?

1. ALL

2. MOST

3. ABOUT
HALF

4. ABOUT
ONE
QUARTER

5. LESS THAN
ONE
QUARTER

BB7. How much was R distracted by (this person/these persons)?

1. A LOT

2. SOME

3. A LITTLE

4. NONE

BB8. How was R's understanding of the questions?

1. EXCELLENT

2. GOOD

3. FAIR

4. POOR

BB9. How was R's cooperation during the interview?

1. EXCELLENT

2. GOOD

3. FAIR

4. POOR

BB10. How much did R seem to enjoy the interview?

1. A LOT

2. SOME

3. A LITTLE

4. NOT AT
ALL

BB11. How much effort did R put into answering the questions?

1. A LOT

2. SOME

4. VERY
LITTLE

5. NONE

BB12. Did R use made up or meaningless words?

1. YES

5. NO

BB13. Did R answer some questions in ways that made no sense or that seemed totally unrelated to the questions asked?

1. YES

5. NO

BB14. Did R have a total lack of emotional responsiveness or facial expression that persisted throughout the interview?

1. YES

5. NO

BB15. 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

BB16. INTERVIEWER CHECKPOINT

SEE REFERENCE CARD, "SECTION K" K14 - K34

☐ 1. ONE OR MORE "SECTION K" BOXES CHECKED ON REFERENCE CARD SIDE 2

☐ 2. ALL OTHERS → NEXT PAGE, BB20



BB17. Did R continually look down or away from you?

1. YES

5. NO

BB18. Did R continually stare at you?

1. YES

5. NO

BB19. Did R have any other type of behavioral or emotional responses that struck you as very inappropriate or very unusual? (For example, laughed at odd times; became angry or fearful at times you would not have expected; talked to him/herself; acted overly familiar; acted hostile.)

1. YES

5. NO

BB20. THUMBNAIL SKETCH

[illegible]

CONTINUE ON NEXT PAGE IF NECESSARY.

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

SUBSTANCE USE

ADMINISTER SUBSTANCE QUESTIONS.

IMPAIRMENT PROBES

ADMINISTER IMPAIRMENT QUESTIONS.

IF EXAMPLES ARE ALL NORMAL, CHECK HERE T T AND DO NOT ADMINISTER PROBE FLOW
CHART. R R

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 weren't 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.
p.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 you?

(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. *
.))-

| | YES | NO |
|--|--------------|----|
| IMPAIRMENT PROBES | +))))0)))) | |
| 14. Did you tell a doctor about (Sx)? | ./))))3))))1 | |
| 15. Did you tell any other professional about (Sx)? | ./))))3))))1 | |
| 16. Did you take medication more than once for (Sx)? | ./))))3))))1 | |
| 17. Did (Sx) interfere with your life or activities a lot? | ..))))2))))- | |

ADD OTHER IMPAIRMENT PROBES AS NECESSARY

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

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"

| | | | | |
|---------------|---------------|---------------|-------------------|---------|
| +)))))))))) , | +)))))))))) , | +)))))))))) , | +)))))))))))))) , | +)))) , |
| * DEFINITE * | * PROBABLE * | * POSSIBLE * | * ODD BUT NOT * | * NO * |
| * * | * * | * * | * PSYCHOTIC * | * * |
| .)))))))))) - | .)))))))))) - | .)))))))))) - | .)))))))))))))) - | .)))) - |

| | | | |
|---------------|---------------|---------------|-----------------|
| +)))))))))) , | +)))))))))) , | +)))))))))) , | +)))))))))))) , |
| * DEFINITE * | * PROBABLE * | * POSSIBLE * | * NO * |
| * * | * * | * * | * * |
| .)))))))))) - | .)))))))))) - | .)))))))))) - | .)))))))))))) - |

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?

PROBES FOR EXAMPLE

- ### PROBES FOR OTHER TIMES

- ## ADDITIONAL PROBES

- ## DURATION PROBES

- ```
+)))))))))))))
* IF NORMAL, PUT AN "X" HERE () AND SKIP TO NEXT SYMPTOM. *
.))))))))))))))
```

ADD OTHER IMPAIRMENT PROBES AS NECESSARY

PROBE FLOW CHART RATING:

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

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* DEFINITE |
|          | . ) -                         | . ) - PSYCHOTIC            | . ) -        | . ) -        | . ) -        |
|          | +) ,                          | +) ,                       |              |              |              |
|          | *F* SUBSTANCE USE RELATED,    | *G* SUBSTANCE USE RELATED, |              |              |              |
|          | . ) - DO NOT EXPECT PSYCHOSIS | . ) - SUSPECT PSYCHOSIS    |              |              |              |

K 3/16 Have you ever believed that someone was reading your mind?

(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?)

+))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))  
\* IF NORMAL, PUT AN "X" HERE ( ) AND SKIP TO NEXT SYMPTOM. \*  
.))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))-

IMPAIRMENT PROBES

14. Did you tell a doctor about (Sx)? . . . . . /))))3))))1
15. Did you tell any other professional about (Sx)? . . . . . /))))3))))1
16. Did you take medication more than once for (Sx)? . . . . . /))))3))))1
17. Did (Sx) interfere with your life or activities a lot? . . . ))))2))))-

ADD OTHER IMPAIRMENT PROBES AS NECESSARY

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

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"



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|          |                               |                  |                            |              |              |
|----------|-------------------------------|------------------|----------------------------|--------------|--------------|
| RATE THE | +) ,                          | +) ,             | +) ,                       | +) ,         | +) ,         |
| SYMPTOM: | *A* NORMAL                    | *B* ODD, BUT NOT | *C* POSSIBLE               | *D* PROBABLE | *E* DEFINITE |
|          | . ) -                         | . ) - PSYCHOTIC  | . ) -                      | . ) -        | . ) -        |
|          | +) ,                          |                  | +) ,                       |              |              |
|          | *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.
12. 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

15. 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 a year?)

```
+)))*
* IF NORMAL, PUT AN "X" HERE () AND SKIP TO NEXT SYMPTOM.*
.))-
```

## IMPAIRMENT PROBES

16. Did you tell a doctor about (Sx)? . . . . . /))))3))))1  
17. Did you tell any other professional about (Sx)? . . . . . /))))3))))1  
18. Did you take medication more than once for (Sx)? . . . . . /))))3))))1  
19. Did (Sx) interfere with your life or activities a lot? . . . ))))2))))-

ADD OTHER IMPAIRMENT PROBES AS NECESSARY

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

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"

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|          |                               |                  |                            |              |              |
|----------|-------------------------------|------------------|----------------------------|--------------|--------------|
| RATE THE | +) ,                          | +) ,             | +) ,                       | +) ,         | +) ,         |
| SYMPTOM: | *A* NORMAL                    | *B* ODD, BUT NOT | *C* POSSIBLE               | *D* PROBABLE | *E* DEFINITE |
|          | . ) -                         | . ) - PSYCHOTIC  | . ) -                      | . ) -        | . ) -        |
|          | +) ,                          |                  | +) ,                       |              |              |
|          | *F* SUBSTANCE USE RELATED,    |                  | *G* SUBSTANCE USE RELATED, |              |              |
|          | . ) - DO NOT EXPECT PSYCHOSIS |                  | . ) - SUSPECT PSYCHOSIS    |              |              |

Have you ever believed you could actually hear what another person was thinking, even though that person was not speaking?

## PROBES FOR EXAMPLE

- ### PROBES FOR OTHER TIMES

- ## ADDITIONAL PROBES

- ## DURATION PROBES

- ```
+)))))))))))))))))))))))))))))))))))))))))))))))))))))))))))*
*      IF NORMAL, PUT AN "X" HERE (    ) AND SKIP TO NEXT SYMPTOM.*
.))))))))))))))))))))))))))))))))))))))))))))))))))))))))))-
```

ADD OTHER IMPAIRMENT PROBES AS NECESSARY

PROBE FLOW CHART RATING:

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

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* DEFINITE |
| | .) - | .) - PSYCHOTIC | .) - | .) - | .) - |
| | | +) , | +) , | | |
| | | *F* SUBSTANCE USE RELATED, | *G* SUBSTANCE USE RELATED, | | |
| | | .) - DO NOT EXPECT PSYCHOSIS | .) - SUSPECT PSYCHOSIS | | |

Have you ever been convinced that you were under the control of some power or force, so that your actions and thoughts were not your own?

PROBES FOR EXAMPLE

- ## PROBES FOR OTHER TIMES

- ## ADDITIONAL PROBES

- ## DURATION PROBES

- ```

+))
* IF NORMAL, PUT AN "X" HERE () AND SKIP TO NEXT SYMPTOM.
.))
 YES NO

```

17. Did you tell a doctor about (Sx)? . . . . . /))))3))))1  
18. Did you tell any other professional about (Sx)? . . . . . /))))3))))1  
19. Did you take medication more than once for (Sx)? . . . . . /))))3))))1  
20. Did (Sx) interfere with your life or activities a lot? . . . . . )))))2))))-

|                          |        |        |                |
|--------------------------|--------|--------|----------------|
|                          | +))) , | +))) , | +))) ,         |
| IMPAIRMENT RATING: * 1 * | NONE   | * 2 *  | MODERATE       |
|                          | +))) - | +))) - | +))) -         |
|                          |        |        | INCAPACITATING |

|        |        |        |
|--------|--------|--------|
| +))) , | +))) , | +))) , |
| * 1 *  | * 2 *  | * 3 *  |
| . )0)- | . )0)- | . )0)- |
| R      | R      | R      |
| SX     | MED    | ILL    |

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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|          |                               |                  |                            |              |              |
|----------|-------------------------------|------------------|----------------------------|--------------|--------------|
| RATE THE | +) ,                          | +) ,             | +) ,                       | +) ,         | +) ,         |
| SYMPTOM: | *A* NORMAL                    | *B* ODD, BUT NOT | *C* POSSIBLE               | *D* PROBABLE | *E* DEFINITE |
|          | . ) -                         | . ) - PSYCHOTIC  | . ) -                      | . ) -        | . ) -        |
|          | +) ,                          |                  | +) ,                       |              |              |
|          | *F* SUBSTANCE USE RELATED,    |                  | *G* SUBSTANCE USE RELATED, |              |              |
|          | . ) - DO NOT EXPECT PSYCHOSIS |                  | . ) - SUSPECT PSYCHOSIS    |              |              |

K 20a. Can you give me an example of a time when this happened?

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



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|          |                               |                  |                            |              |              |
|----------|-------------------------------|------------------|----------------------------|--------------|--------------|
| RATE THE | +) ,                          | +) ,             | +) ,                       | +) ,         | +) ,         |
| SYMPTOM: | *A* NORMAL                    | *B* ODD, BUT NOT | *C* POSSIBLE               | *D* PROBABLE | *E* DEFINITE |
|          | . ) -                         | . ) - PSYCHOTIC  | . ) -                      | . ) -        | . ) -        |
|          | +) ,                          |                  | +) ,                       |              |              |
|          | *F* SUBSTANCE USE RELATED,    |                  | *G* SUBSTANCE USE RELATED, |              |              |
|          | . ) - DO NOT EXPECT PSYCHOSIS |                  | . ) - SUSPECT PSYCHOSIS    |              |              |



## DIAGNOSTIC NOTES

|     |                          |                                                       |
|-----|--------------------------|-------------------------------------------------------|
| PRB | +))))<br>* 1. *          | Symptom does not meet flow chart impairment criteria. |
|     | .))))<br>+))))<br>* 5. * | Symptom meets flow chart impairment criteria.         |
|     | .))))<br>+))))<br>* 9. * | Symptom was not probed.                               |
|     | .))))<br>+))))<br>* 9. * | Symptom was not probed.                               |

|                   |                                    |                          |                                    |                      |                      |
|-------------------|------------------------------------|--------------------------|------------------------------------|----------------------|----------------------|
| RATE THE SYMPTOM: | +) ,<br>*A* NORMAL                 | +) ,<br>*B* ODD, BUT NOT | +) ,<br>*C* POSSIBLE               | +) ,<br>*D* PROBABLE | +) ,<br>*E* DEFINITE |
|                   | .) -                               | .) - PSYCHOTIC           | .) -                               | .) -                 | .) -                 |
|                   | +) ,<br>*F* SUBSTANCE USE RELATED, |                          | +) ,<br>*G* SUBSTANCE USE RELATED, |                      |                      |
|                   | .) - DO NOT EXPECT PSYCHOSIS       |                          | .) - SUSPECT PSYCHOSIS             |                      |                      |

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?

PROBES FOR EXAMPLE

- ## PROBES FOR OTHER TIMES

- ## ADDITIONAL 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. *
))

```

15. Did you tell a doctor about (Sx)? . . . . . /))))3))))1  
16. Did you tell any other professional about (Sx)? . . . . . /))))3))))1  
17. Did you take medication more than one for (Sx)? . . . . . /))))3))))1  
18. Did (Sx) interfere with your life or activities a lot? . . . . . ))))))2))))-

IMPAIRMENT RATING: \* 1 \* NONE \* 2 \* MODERATE \* 3 \* INCAPACITATING  
 . ))) - . ))) - . ))) -

|                    |                    |                    |
|--------------------|--------------------|--------------------|
| +)))) <sub>1</sub> | +)))) <sub>2</sub> | +)))) <sub>3</sub> |
| * 1 *              | * 2 *              | * 3 *              |
| .)0)-              | .)0)-              | .)0)-              |
| R                  | R                  | R                  |
| SX                 | MED                | ILL                |

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

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|                   |                                                   |                                             |                    |                    |                    |
|-------------------|---------------------------------------------------|---------------------------------------------|--------------------|--------------------|--------------------|
| RATE THE SYMPTOM: | +) ,<br>*A*<br>) -                                | +) ,<br>*B*<br>) -                          | +) ,<br>*C*<br>) - | +) ,<br>*D*<br>) - | +) ,<br>*E*<br>) - |
|                   | NORMAL                                            | ODD, BUT NOT PSYCHOTIC                      | POSSIBLE           | PROBABLE           | DEFINITE           |
|                   | +) ,<br>*F*<br>) -                                | +) ,<br>*G*<br>) -                          |                    |                    |                    |
|                   | SUBSTANCE USE RELATED,<br>DO NOT EXPECT PSYCHOSIS | SUBSTANCE USE RELATED,<br>SUSPECT PSYCHOSIS |                    |                    |                    |

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.  
 .)))))  
 +)))))  
 \* 9. \* Symptom was not probed.  
 .)))))

|          |            |                              |                            |              |              |
|----------|------------|------------------------------|----------------------------|--------------|--------------|
| RATE THE | +),        | +),                          | +),                        | +),          | +),          |
| SYMPTOM: | *A* NORMAL | *B* ODD, BUT NOT             | *C* POSSIBLE               | *D* PROBABLE | *E* DEFINITE |
|          | . )-       | . )- PSYCHOTIC               | . )-                       | . )-         | . )-         |
|          |            | +),                          | +),                        |              |              |
|          |            | *F* SUBSTANCE USE RELATED,   | *G* SUBSTANCE USE RELATED, |              |              |
|          |            | . )- DO NOT EXPECT PSYCHOSIS | . )- SUSPECT PSYCHOSIS     |              |              |

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?)

#### PROBES FOR EXAMPLE

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

#### PROBES FOR OTHER TIMES

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

#### ADDITIONAL PROBES

16. 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?
17. What did you think about what you saw?
18. Have you ever had a vision of anything so unusual that other people didn't believe it?
19. Do you dream so vividly that you are not sure if it is a dream or real?
20. Do you have/experience visions now?

#### DURATION PROBES

21. 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?)

+))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))  
\* IF NORMAL, PUT AN "X" HERE ( ) AND SKIP TO NEXT SYMPTOM. \*  
.))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))))-

#### IMPAIRMENT PROBES

22. Did you tell a doctor about (Sx)? . . . . . +))))0))))  
23. Did you tell any other professional about (Sx)? . . . . . /))))3))))1  
24. Did you take medication more than once for (Sx)? . . . . . /))))3))))1  
25. Did (Sx) interfere with your life or activities a lot? . . . . . ))))2))))-

#### ADD OTHER IMPAIRMENT PROBES AS NECESSARY

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

#### 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"



## 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* DEFINITE |
|          | . ) -      | . ) - PSYCHOTIC               | . ) -                      | . ) -        | . ) -        |
|          |            | +),                           | +),                        |              |              |
|          |            | *F* SUBSTANCE USE RELATED,    | *G* SUBSTANCE USE RELATED, |              |              |
|          |            | . ) - DO NOT EXPECT PSYCHOSIS | . ) - SUSPECT PSYCHOSIS    |              |              |

### PROBES FOR EXAMPLE

- ## PROBES FOR OTHER TIMES

- ## ADDITIONAL PROBES

- ## DURATION PROBES

- ```
+))))))more than a year?))))))*,
*      IF NORMAL, PUT AN "X" HERE (    ) AND SKIP TO NEXT SYMPTOM.*
.)))))))-
                                     YES   NO
```

IMPAIRMENT PROBES

- ADD OTHER IMPAIRMENT PROBES AS NECESSARY

PROBE FLOW CHART RATING:

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

| | | | | | |
|----------|-------------------------------|------------------|----------------------------|--------------|--------------|
| RATE THE | +) , | +) , | +) , | +) , | +) , |
| SYMPTOM: | *A* NORMAL | *B* ODD, BUT NOT | *C* POSSIBLE | *D* PROBABLE | *E* DEFINITE |
| | .) - | .) - PSYCHOTIC | .) - | .) - | .) - |
| | +) , | | +) , | | |
| | *F* SUBSTANCE USE RELATED, | | *G* SUBSTANCE USE RELATED, | | |
| | .) - DO NOT EXPECT PSYCHOSIS | | .) - SUSPECT PSYCHOSIS | | |

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* DEFINITE |
| | .) - | .) - PSYCHOTIC | .) - | .) - | .) - |
| | | +) , | +) , | | |
| | | *F* SUBSTANCE USE RELATED, | *G* SUBSTANCE USE RELATED, | | |
| | | .) - DO NOT EXPECT PSYCHOSIS | .) - SUSPECT PSYCHOSIS | | |

K 34a. (Can you give me an example of a time when this happened?)

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

| | | | | | |
|----------|-------------------------------|------------------|----------------------------|--------------|--------------|
| RATE THE | +) , | +) , | +) , | +) , | +) , |
| SYMPTOM: | *A* NORMAL | *B* ODD, BUT NOT | *C* POSSIBLE | *D* PROBABLE | *E* DEFINITE |
| | .) - | .) - PSYCHOTIC | .) - | .) - | .) - |
| | +) , | | +) , | | |
| | *F* SUBSTANCE USE RELATED, | | *G* SUBSTANCE USE RELATED, | | |
| | .) - DO NOT EXPECT PSYCHOSIS | | .) - SUSPECT PSYCHOSIS | | |

**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 ...

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

12 DRINKS EQUAL ...

... 12 cans or bottles of beer
... 4 1/4 quarts of beer
... 2 regular-size bottles of wine
... 1/2 gallon of wine
... 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

**PART B
NUMBER OF TIMES USED IN
THE PAST 12 MONTHS**

- 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 | Meproamate |

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

PART B NUMBER OF TIMES USED IN THE PAST 12 MONTHS

- 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 AMPHETAMINES AND OTHER STIMULANTS
("UPPERS", "SPEED")**

| | |
|------------------------|---------------------|
| Dexedrine ("dexies") | Fastin |
| Dexamyl | Pondomin |
| Eskatrol | Voranyl |
| 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

**PART B
NUMBER OF TIMES USED IN THE
PAST 12 MONTHS**

- 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 | Talwin |
| Dolene | Talwin NX |
| SK-65 | Talacen |
| Wygesic | Propoxyphene |
| Levo-Dromoran | Codeine |
| Percodan | Anileridine |
| Demerol | Morphine |
| Dilaudid | Methadone |
| Tylenol with codeine | Stadol |
| Phenaphen with codeine | |

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

PART B NUMBER OF TIMES USED IN THE PAST 12 MONTHS

- 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

PART B NUMBER OF TIMES USED IN THE PAST 12 MONTHS

- 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

**PART B
NUMBER OF TIMES USED IN THE
PAST 12 MONTHS**

- 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

**PART B
NUMBER OF TIMES USED IN THE
PAST 12 MONTHS**

- 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

PART B
NUMBER OF TIMES USED IN THE
PAST 12 MONTHS

- 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

**PART B
NUMBER OF TIMES USED IN THE
PAST 12 MONTHS**

- 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

| | |
|------------------------|--------------------------|
| 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 | |

**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?

Very true
Somewhat true
A little true
Not at all true

| | | |
|-----|---|-------------|
| 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

Very true
Somewhat true
A little true
Not at all true

| | | |
|-----|---|-------------|
| 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

Very true
Somewhat true
A little true
Not at all true

| | | |
|-----|--|-------------|
| 31. | At times I think I am no good at all | VT ST LT NT |
| 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?**

*Sometimes
Often Rarely Never*

| | | |
|----|---|-------------|
| 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
fist | ... Beat up |
| ... Hit or try to hit with
something | ... Choke |
| | ... Burn or scald |

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 fist | ... Beat up |
| ... Hit or try to hit with something | ... Choke |
| | ... Burn or scald |

IN GENERAL, HOW MUCH ARE YOU ...

Very *Somewhat* *Little* *Not at all*

| | |
|----------------------------|-------------|
| 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 |
| 12. ... nervous | VE SW LI NA |
| 13. ... temperamental | VE SW LI NA |
| 14. ... irritable | VE SW LI NA |
| 15. ... envious | VE SW LI NA |
| 16. ... unstable | VE SW LI NA |
| 17. ... discontented | VE SW LI NA |
| 18. ... insecure | VE SW LI NA |
| 19. ... emotional | VE SW LI NA |
| 20. ... high-strung | VE SW LI NA |

PLEASE CONTINUE ON NEXT PAGE

Very *Somewhat* *Little* *Not at all*

| | | |
|-----|-----------------|-------------|
| 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
- 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

RESULTS OF TEST

1. Blood test showed I have the AIDS virus (positive for antibodies).
2. Blood test showed I do not 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
- H. 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 |
| B. | 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 |
| H. | 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 |
| B. | 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 |
| H. | 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..... 1
 ONE..... 2
 TWO - FIVE..... 3
 SIX - TEN..... 4
 MORE THAN TEN..... 5

S68. In the past five years, how many **women** have you had sex with?

(Circle one category)

NONE..... 1
 ONE..... 2
 TWO - FIVE..... 3
 SIX - TEN..... 4
 MORE THAN TEN..... 5

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

If NONE, stop here and
 tell interviewer you have
 finished

PLEASE CONTINUE ON NEXT PAGE

- S70. During the past 12 months, with how many of these sexual partners did you or your partner **always** wear a condom (“rubber”) while having sex?

(Circle one category)

NONE..... 1
 ONE..... 2
 TWO - FIVE..... 3
 SIX - TEN..... 4
 MORE THAN TEN..... 5

- S71. During the past 12 months, with how many of these sexual partners did you or your partner **sometimes** wear a condom (“rubber”) while having sex?

(Circle one category)

NONE..... 1
 ONE..... 2
 TWO - FIVE..... 3
 SIX - TEN..... 4
 MORE THAN TEN..... 5

- S72. During the past 12 months, with how many of these sexual partners did you or your partner **never** wear a condom (“rubber”) while having sex?

(Circle one category)

NONE..... 1
 ONE..... 2
 TWO - FIVE..... 3
 SIX - TEN..... 4
 MORE THAN TEN..... 5

STOP HERE

TELL INTERVIEWER YOU HAVE FINISHED

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 fist | ... Beat up |
| ... Hit or try to hit with something | ... Choke |
| | ... Burn or scald |

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

| | |
|--|--|
| | |
| | |
| | |