The National Survey of American Life:

Coping with Stress in the 21st Century

MAIN ADULT INTERVIEW

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# NSAL Adult Questionnaire

## Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A:</td>
<td>Neighborhood</td>
<td>1</td>
</tr>
<tr>
<td>B1:</td>
<td>Religion</td>
<td>3</td>
</tr>
<tr>
<td>CG:</td>
<td>Digit Symbol</td>
<td>8</td>
</tr>
<tr>
<td>C1:</td>
<td>Psychological Resources</td>
<td>12</td>
</tr>
<tr>
<td>C2:</td>
<td>Health and Health Problems</td>
<td>16</td>
</tr>
<tr>
<td>D:</td>
<td>Employment</td>
<td>29</td>
</tr>
<tr>
<td>E:</td>
<td>Family and Friends</td>
<td>37</td>
</tr>
<tr>
<td>SC:</td>
<td>Screening</td>
<td>45</td>
</tr>
<tr>
<td>DP:</td>
<td>Depression</td>
<td>51</td>
</tr>
<tr>
<td>M:</td>
<td>Mania</td>
<td>75</td>
</tr>
<tr>
<td>PD:</td>
<td>Panic Disorder</td>
<td>87</td>
</tr>
<tr>
<td>SO:</td>
<td>Social Phobia</td>
<td>103</td>
</tr>
<tr>
<td>AG:</td>
<td>Agoraphobia</td>
<td>114</td>
</tr>
<tr>
<td>GA:</td>
<td>Generalized Anxiety Disorder</td>
<td>125</td>
</tr>
<tr>
<td>SD:</td>
<td>Suicidality</td>
<td>140</td>
</tr>
<tr>
<td>SU:</td>
<td>Substance Use</td>
<td>147</td>
</tr>
<tr>
<td>PH:</td>
<td>Pharmaco</td>
<td>167</td>
</tr>
<tr>
<td>PEA:</td>
<td>Personality</td>
<td>176</td>
</tr>
<tr>
<td>PT:</td>
<td>Post-Traumatic Stress Disorder</td>
<td>179</td>
</tr>
<tr>
<td>NSD:</td>
<td>30-Day Symptoms</td>
<td>211</td>
</tr>
<tr>
<td>TB:</td>
<td>Tobacco</td>
<td>213</td>
</tr>
<tr>
<td>EA:</td>
<td>Eating Disorders</td>
<td>214</td>
</tr>
<tr>
<td>PR:</td>
<td>Premenstrual Syndrome</td>
<td>227</td>
</tr>
<tr>
<td>O:</td>
<td>Obsessive Compulsive Disorder</td>
<td>231</td>
</tr>
<tr>
<td>PS:</td>
<td>Psychosis Screen</td>
<td>234</td>
</tr>
<tr>
<td>GM:</td>
<td>Gambling</td>
<td>241</td>
</tr>
<tr>
<td>FH:</td>
<td>Family History</td>
<td>243</td>
</tr>
<tr>
<td>AD:</td>
<td>Attention Deficit/Hyperactivity</td>
<td>247</td>
</tr>
<tr>
<td>OD:</td>
<td>Oppositional Defiant Disorder</td>
<td>262</td>
</tr>
<tr>
<td>CD:</td>
<td>Conduct Disorder</td>
<td>269</td>
</tr>
<tr>
<td>SA:</td>
<td>Separation Anxiety Disorder</td>
<td>276</td>
</tr>
<tr>
<td>SR:</td>
<td>Services</td>
<td>288</td>
</tr>
<tr>
<td>F:</td>
<td>Use of Help Resources</td>
<td>324</td>
</tr>
<tr>
<td>G1:</td>
<td>Group and Personal Identity</td>
<td>330</td>
</tr>
<tr>
<td>G2:</td>
<td>Discrimination</td>
<td>336</td>
</tr>
<tr>
<td>H1:</td>
<td>Personal Data</td>
<td>340</td>
</tr>
<tr>
<td>H2:</td>
<td>Politics and Government</td>
<td>350</td>
</tr>
<tr>
<td>H3:</td>
<td>Income</td>
<td>351</td>
</tr>
<tr>
<td>H4:</td>
<td>Housing</td>
<td>353</td>
</tr>
<tr>
<td>H5:</td>
<td>Detention</td>
<td>357</td>
</tr>
<tr>
<td>J:</td>
<td>Technology and Roots</td>
<td>358</td>
</tr>
<tr>
<td>IO:</td>
<td>Interviewer Observations</td>
<td>360</td>
</tr>
<tr>
<td>IO:</td>
<td>Interviewer Observations</td>
<td>363</td>
</tr>
</tbody>
</table>
Before we begin, I want to remind you that this interview is completely voluntary and confidential. If we should come to any questions you don’t want to answer, just let me know and we will go on to the next question.

In this interview, we are interested in the opinions and living conditions of different people throughout the United States. I will ask you questions about your neighborhood, family, work and other things.

I think you’ll find the questions interesting and you’ll want to give them careful thought.

**GO TO A1**
SECTION A: NEIGHBORHOOD

Life Satisfaction - NSBA
A1. (RB, PG 1) In general how satisfied are you with your life as a whole these days? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied?

1 - Very Satisfied
2 - Somewhat Satisfied
3 - Somewhat Dissatisfied
4 - Very Dissatisfied

Contact with Neighbors – NSBA I
A2. (RB, PG 2) How often do you get together with any of your neighbors, that is, either visiting at each other's homes or going places together? Would you say nearly every day, at least once a week, a few times a month, at least once a month, a few times a year or never.

1 - Nearly everyday -- 4 or more times a week
2 - At least once a week -- 1 to 3 times
3 - A few times a month -- 2 to 3 Times
4 - At least once a month
5 - A few times a year
6 - Never

Neighborhood Safety – NSBA I
A3. (RB, PG 3) How often are there problems with muggings, burglaries, assaults or anything else like that in your neighborhood? Would you say these things happen very often in your neighborhood, fairly often, not too often, hardly ever or never?

1 - Very often
2 - Fairly often
3 - Not too often
4 - Hardly ever
5 - Never

A4. (RB, PG 4) How much of a problem is the selling and use of drugs in your neighborhood? Would you say it is a very serious problem, fairly serious, not too serious, or not serious at all?

1 - Very serious
2 - Fairly serious
3 - Not Too serious
4 - Not Serious at all

Neighborhood Participation – NSBA I
A5. Are there any groups in this neighborhood such as block clubs, community associations, social clubs, helping groups and so forth?

1 - Yes
5 - No        GO TO A6
9 - Don't Know GO TO A6
A5a. Are you involved with any of these groups?

1 - Yes
5 - No

Neighborhood Proximity – Baltimore Health Study & DAS 1996

<table>
<thead>
<tr>
<th>A6. Do you have any of the following in this neighborhood?</th>
<th>Yes (1)</th>
<th>No (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) A Park, playground or open space</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>b) A big supermarket where you can buy food</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>c) A Medical clinic or health service</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>d) A Bank or credit union</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>e) A Check Cashing Outlet (Currency Exchange)</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>f) A Police Station or Sub-Station</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>g) A Public Library</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>
SECTION B1: RELIGION

Now I would like to ask a few questions about religion.

Religion/Denomination - NSBA I

B1. What is your current religion? (IF R SAYS PROTESTANT: What church or denomination is that?)

Organizational Participation - mostly NSBA

B2. Other than for weddings or funerals, have you attended services at a church or other place of worship since you were 18 years old?

1 - Yes
5 - No  GO TO B6

B3. (RB, PG 5) How often do you usually attend religious services? Would you say nearly everyday, at least once a week, a few times a month, a few times a year, or less than once a year?

1 - Nearly everyday - 4 or more times a week
2 - At least once a week - 1 to 3 times
3 - A few times a month - 1 to 3 times
4 - A few times a year
5 - Less than once a year  GO TO B6

B4. On a typical (Sunday/Saturday) how many hours are you at your church or place of worship? ________________ HOURS (0-24)

B5. Are you an official member of a church or other place of worship?

1 - Yes
5 - No

B6. (RB, PG 6) Besides regular service, how often do you take part in other activities at your church? Would you say nearly everyday, at least once a week, a few times a month, a few times a year, or never?

1 - Nearly everyday - 4 or more times a week
2 - At least once a week - 1 to 3 Times
3 - A few times a month - 1 to 3 Times
4 - A few times a year
5 - Never  GO TO B8
B7. Not including religious services how many hours per week are you at your place of worship? ________________ HOURS (0-97)

Support Network – NSBA

B8. (RB, PG 7) How often do you see, write, or talk on the telephone with members of your church (place of worship)? Would you say nearly every day, at least once a week, a few times a month, at least once a month, a few times a year or never?

1 - Nearly every day
2 - At least once a week
3 - A few times a month
4 - At least once a month
5 - A few times a year
6 - Never

B9. How many people in your church (place of worship) would help you out if you needed help? (PROBE: Could you give me a number?)

______________ NUMBER (0-97)

B10. How often do people in your church (place of worship) help you out? Would you say very often, fairly often, not too often, or never?

1 - Very often
2 - Fairly often
3 - Not too often
4 - Never
6 - (IF VOL:) Never needed help

B11. How often do you help out people in your church (place of worship)? Would you say very often, fairly often, not too often, or never?

1 - Very often
2 - Fairly often
3 - Not too often
4 - Never
6 - (IF VOL:) Never needed help

B12 is New

B12. How close are you to the people in your church? Would you say very close, fairly close, not too close, or not close at all?

1 - Very close
2 - Fairly close
3 - Not too close
4 - Not close at all
B13. How satisfied are you with the quality of the relationships you have with the people in your church (place of worship)? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

1 - Very satisfied  
2 - Somewhat satisfied  
3 - Somewhat dissatisfied  
4 - Very dissatisfied

**Received Emotional Support/Negative Interaction – Fetzer**

<table>
<thead>
<tr>
<th>B14. How often do the people in your church...</th>
<th>Very Often (1)</th>
<th>Fairly Often (2)</th>
<th>Not too Often (3)</th>
<th>Never (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) ...make you feel loved and cared for? Would you say very often, fairly often, not too often, or never?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) ...listen to you talk about your private problems and concerns?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) ...express interest and concern in your well-being?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B15.</th>
<th>Very Often (1)</th>
<th>Fairly Often (2)</th>
<th>Not too Often (3)</th>
<th>Never (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) ...make too many demands on you?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) ...criticize you and the things you do?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) ...try to take advantage of you?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
### Non-Organizational Private Participation – NSBA

**B16.** (RB, PG 7) How often do you … ?

<table>
<thead>
<tr>
<th></th>
<th>Nearly every day (1)</th>
<th>At least once a week (2)</th>
<th>A few times a month (3)</th>
<th>At least once a month (4)</th>
<th>A few times a year (5)</th>
<th>Never (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) … read religious books or other religious materials? Would you say nearly everyday, at least once a week, a few times a month, at least once a month, a few times a year or never?</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>b) … watch religious programs on TV?</td>
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<td>[ ]</td>
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<tr>
<td>c) … listen to religious programs on the radio?</td>
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<tr>
<td>d) … pray?</td>
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<td>[ ]</td>
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<td>[ ]</td>
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<td>[ ]</td>
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<tr>
<td>e) … ask someone to pray for you?</td>
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</table>

### Importance of Religion – a) and b) NSBA I

**B17.** How important have the following things been to you?

<table>
<thead>
<tr>
<th></th>
<th>Very Important (1)</th>
<th>Fairly Important (2)</th>
<th>Not too Important (3)</th>
<th>Not Important at all (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) How important was religion in your home while you were growing up? Was it very important, fairly important, not too important, or not important at all?</td>
<td>[ ]</td>
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<tr>
<td>b) How important is it for parents to send or take their children to religious services?</td>
<td>[ ]</td>
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<tr>
<td>c) How important is religion in your life?</td>
<td>[ ]</td>
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<tr>
<td>d) How important is spirituality in your life?</td>
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<tr>
<td>e) How important is prayer when you deal with stressful situations?</td>
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</tr>
</tbody>
</table>
**Overall Religiosity - NSBA**

B18. How religious would you say you are - very religious, fairly religious, not too religious, or not religious at all?

1 - Very religious  
2 - Fairly religious  
3 - Not too religious  
4 - Not religious at all

**Overall Spirituality - Adapted from Fetzer**

B19. How spiritual would you say you are – very spiritual, fairly spiritual, not too spiritual, or not spiritual at all?

1 - Very spiritual  
2 - Fairly spiritual  
3 - Not too spiritual  
4 - Not spiritual at all

**Commitment Question**

B20. (READ SLOWLY) Parts of the rest of this interview ask 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?

INTERVIEWER: PROBE NEGATIVE RESPONSES BY ASKING IF THERE IS A BETTER TIME TO COME BACK FOR THE INTERVIEW. REPEAT B20 AS NECESSARY. R MUST ANSWER AFFIRMATIVELY TO CONTINUE WITH THE INTERVIEW, IF R SAYS “NO” OR DOES NOT ANSWER AFFIRMATIVELY GO TO B20a.

1 - YES  
5 - NO  
9 - DON’T KNOW  
8 - REFUSED

B20a. Then let’s continue with some other types of questions.

GO TO SECTION D1 (Followed by Section E, then Sections G to end)
PICTURE–NUMBER MATCHING

Now we will be doing something that has never been done before in a National Survey, so we don’t know how people do.

Please look at this first sheet. (HAND R SHEET WITH EXAMPLE 1) In this exercise, a picture should be replaced by a number.

Look at the picture under Example 1. Please note that each square has one number in the lower part of the picture and a symbol in the upper part. Each number has a special sign.

In the last row of example 1, a 7 should go in the first square, an 8 in the second and a 4 in the third square.

What number should go in the remaining squares?

Example 1 (REFER TO SHEET)

INTERVIEWER: AFTER R FINISHES EXAMPLE 1, HAND HIM THE FIRST EXERCISE AND SAY:

Here is a sheet with empty squares. Please tell me what numbers should go in the squares. Do all of row A first going across, then continue with row B without skipping any and working as fast as possible. You will do this two times. You can begin now.

INTERVIEWER:
- SET THE TIMER FOR 45 SECONDS.
- WHEN TIME IS UP, GIVE THE RESPONDENT THE SECOND TEST, AND SET THE TIMER FOR 45 SECONDS.
- WHILE R IS DOING THE SECOND TEST, COUNT THE NUMBER OF CORRECT AND INCORRECT ANSWERS OF THE FIRST TEST AND ENTER INTO FIELDS CG50a AND CG50b. *NOTE: DO NOT COUNT BLANK BOXES; THEY ARE NEITHER CORRECT NOR INCORRECT.
- WHEN TIME IS UP, REPEAT PROCESS AND ENTER THE NUMBER OF CORRECT AND INCORRECT ANSWERS OF THE SECOND TEST INTO FIELDS CG50c AND CG50d.

NOTE: A 5th field, CG50e is created which adds up CG50a and CG50c to get the Total number of correct answers.
PICTURE–NUMBER MATCHING

Now we will be doing something that has never been done before in a National Survey, so we don’t know how people do.

In this exercise, a picture should be replaced by a number.

Please look at the picture below. Please note that each square has one number in the lower part of the picture and a symbol in the upper part. Each number has a special sign.

In the last row of example 1, a 7 should go in the first square, an 8 in the second and a 4 in the third square.

What number should go in the remaining squares?

Example 1:

Please tell me what numbers should go in the squares on the following pages. Do all of A first going across, then continue with B without skipping any and working as fast as possible. You will do this two times.
STOP HERE
<p>| | | | | | | | | |</p>
<table>
<thead>
<tr>
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<tr>
<td>A</td>
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</tbody>
</table>

STOP HERE
CG: SHORT PORTABLE MENTAL STATUS QUESTIONNAIRE (SPMSQ)

CG50. INTERVIEWER CHECKPOINT (SEE CG50e, TOTAL TESTS’ CORRECT SCORE)

☐ 1 - IF TEST SCORE IS LESS THAN 30 AND R IS 55 OR OVER ➔ GO TO CG51
☐ 2 - ALL OTHERS ➔ GO TO C1

Now we need to ask you some questions that may seem simple and obvious to you but we need to ask them anyway.

CG51. What is the date today? (IWER: ONLY ENTER 1 IF CORRECT)

______/______/______
MONTH DAY YEAR

CG52. What day of the week is it? (IWER: ONLY ENTER 1 IF CORRECT)

_____________________

CG53. What is your telephone number? (IWER: ONLY ENTER 1 IF R REMEMBERS)

_____________________

CG54. What is your street address?
(IWER: ONLY ENTER 1 IF CORRECT)

_____________________

CG55. How old are you? (IWER: ONLY ENTER 1 IF CORRECT)

_____________________

CG56. When were you born? (IWER: ONLY ENTER 1 IF SEEMS CORRECT)

_____________________

CG57. Who is the President of the U.S. now? (IWER: ONLY ENTER 1 IF CORRECT)

_____________________

CG58. Who was President just before him? (IWER: ONLY ENTER 1 IF CORRECT)

_____________________

CG59. What was your mother’s maiden name? (IWER: ONLY ENTER 1 IF R REMEMBERS)

_____________________

CG60. Subtract 3 from 20 and keep subtracting 3 from each new number, all the way down. (IWER: ONLY ENTER 1 IF CORRECT)

CG61. INTERVIEWER CHECKPOINT (SEE CG51 TO CG60)

☐ 1 - IF NUMBER CORRECT 4 OR MORE ➔ GO TO NEXT SECTION, C1
☐ 2 - ALL OTHERS ➔ GO TO J4
### SECTION C1: PSYCHOLOGICAL RESOURCES

*Rosenberg Self-Esteem (a to j); Hopelessness—Sue Everson (k,l) & DAS 95*

C1. Now I’d like to know how strongly you agree or disagree with these statements about yourself.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree (1)</th>
<th>Somewhat Agree (2)</th>
<th>Somewhat Disagree (3)</th>
<th>Strongly Disagree (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) I feel that I’m a person of worth, at least on an equal basis with others.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b) I feel that I have a number of good qualities.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c) All in all, I feel that I am a failure.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>d) I am able to do things as well as most other people.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>e) I feel I do not have much to be proud of.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>f) I take a positive (good) attitude toward myself.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>g) On the whole, I am satisfied with myself.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>h) I wish I could have more respect for myself.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>i) I certainly feel useless at times.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>j) At times I think I am no good at all.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>k) I feel that it is impossible to reach the goals I would like to strive for.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>l) The future seems hopeless to me and I can’t believe that things are changing for the better.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
### C2. Now I’d like to know how strongly you agree or disagree with these other statements about yourself.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree (1)</th>
<th>Somewhat Agree (2)</th>
<th>Somewhat Disagree (3)</th>
<th>Strongly Disagree (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) There is really no way I can solve some of the problems I have.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Sometimes I feel that I’m being pushed around in life.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) I have little control over the things that happen to me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) I can do just about anything I really set my mind to.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) I often feel helpless in dealing with the problems of life.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) What happens to me in the future mostly depends on me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) There is little I can do to change many of the important things in my life.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) I look to God for strength, support and guidance.</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Goal Striving Stress – NSBA Panel

C3. (RB, PG 8) Please look at the ladder on page 8 in your respondent booklet. The steps on the ladder stand for 10 possible steps in your life. The tenth step stands for the best possible way of life for you and the first step stands for the worst possible way of life for you. What step number best describes where you are now?

______  STEP NUMBER  IF 10 GO TO NEXT SECTION, C8

C4. (RB, PG 8) Will you please tell me the step number that best describes where you would like to be a few years from now?

______  STEP NUMBER  IF C4 IS EQUAL TO C3 GO TO NEXT SECTION, C8
C5. (RB, PG 9) How likely is it that you will actually reach this step (STEP # IN C4)? Would you say highly likely, somewhat likely, somewhat unlikely or highly unlikely?

1 – Highly likely
2 – Somewhat likely
3 – Somewhat unlikely
4 – Highly unlikely

C6. (RB, PG 10) How disappointed would you be if you found out that you could never reach (STEP # IN C4)? Would you be very disappointed, fairly disappointed, slightly disappointed, or not at all disappointed?

1 – Very disappointed
2 – Fairly disappointed
3 – Slightly disappointed
4 – Not at all disappointed

C7. (IWER: READ SLOWLY PAUSING AS NEEDED) Which of the following things do you feel might keep you from getting to step (STEP # IN C4)? As I read each one, please answer yes or no.

<table>
<thead>
<tr>
<th></th>
<th>Yes (1)</th>
<th>No (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Did lack of ability keep you from getting to step (STEP # IN C4)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) How about lack of opportunity?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) …lack of effort?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) …just bad luck?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) …your race?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) …your gender?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION C2: HEALTH AND HEALTH PROBLEMS

Now I have a few questions about health and other things that may affect you.

**Self-Reported Health – NSBA panel**

C8. (RB, PG 11) How would you rate your overall physical health at the present time? Would you say it is excellent, very good, good, fair or poor?

1 – Excellent
2 – Very good
3 – Good
4 – Fair
5 – Poor

**Self-Reported Dental – New**

C8a. (RB, PG 11) How would you rate the overall condition of your teeth, gums, and mouth at the present time?

1 – Excellent
2 – Very good
3 – Good
4 – Fair
5 – Poor

C8b. (RB, PG 11) How would you rate your overall mental health at the present time? Would you say it is excellent, very good, good, fair or poor?

1 – Excellent
2 – Very good
3 – Good
4 – Fair
5 – Poor

C9. (RB, PG 12) Compared to one year ago, would you rate your health in general now as much better than one year ago, somewhat better, somewhat worse, or much worse now than one year ago?

1 – Much better now
2 – Somewhat better now
3 – (IF VOL.) About the same
4 – Somewhat worse now
5 – Much worse now
### Health Problems – a) to m) NSBA; n) to v) New

C10. Here is a list of health problems. After each one, please indicate whether a doctor or health professional has ever told you that you have that problem.

<table>
<thead>
<tr>
<th>a) arthritis or rheumatism</th>
<th>5 - No 1 - Yes</th>
<th>A Great Deal (1)</th>
<th>Only A Little (2)</th>
<th>Not At All (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) ulcers</td>
<td>5 - No 1 - Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) cancer</td>
<td>5 - No 1 - Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) hypertension or “high blood pressure”</td>
<td>5 - No 1 - Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) diabetes or “sugar”</td>
<td>5 - No 1 - Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) a liver problem or “liver trouble”</td>
<td>5 - No 1 - Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) a kidney problem or “kidney trouble”</td>
<td>5 - No 1 - Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) stroke</td>
<td>5 - No 1 - Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) asthma</td>
<td>5 - No 1 - Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j) chronic lung disease</td>
<td>5 - No 1 - Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k) a blood circulation problem or “hardening of the arteries”</td>
<td>5 - No 1 - Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l) sickle cell disease</td>
<td>5 - No 1 - Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C11. Currently, how much does this health problem keep you from working or carrying out your daily tasks?

A Great Deal (1) | Only A Little (2) | Not At All (3)
| m) Heart trouble or heart attack | 5 - No  1 - Yes | ☐ | ☐ | ☐ |
| n) HIV/AIDS | 5 - No  1 - Yes | ☐ | ☐ | ☐ |
| o) glaucoma | 5 - No  1 - Yes | ☐ | ☐ | ☐ |
| p) tuberculosis or T.B. | 5 - No  1 - Yes | ☐ | ☐ | ☐ |
| q) fertility problems, that is, problems having a baby | 5 - No  1 - Yes | ☐ | ☐ | ☐ |
| r) osteoporosis | 5 - No  1 - Yes | ☐ | ☐ | ☐ |
| s), t), u), v) Ask Women Only; Men Go To C12 |  |
| s) fibroid tumors | 5 - No  1 - Yes | ☐ | ☐ | ☐ |
| t) anemia | 5 - No  1 - Yes | ☐ | ☐ | ☐ |
| u) anorexia, bulimia or any other eating disorder | 5 - No  1 - Yes | ☐ | ☐ | ☐ |
| v) going through menopause or the change | 5 - No  1 - Yes | ☐ | ☐ | ☐ |
C12. Here are some more health problems. Have you had any of these in the PAST 12 months?

<table>
<thead>
<tr>
<th>A Great Deal (1)</th>
<th>Only A Little (2)</th>
<th>Not At All (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Very bad headaches or migraines? 5 - No 1 - Yes</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>b) Serious hearing problems? 5 - No 1 - Yes</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>c) Serious vision problems? 5 - No 1 - Yes</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>d) Bad allergies or infections? 5 - No 1 - Yes</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>e) Serious back problems? 5 - No 1 - Yes</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**Exercise - ACL**

C14. The next questions are about activities you may do. Please tell me how often you typically do each of the following things.

<table>
<thead>
<tr>
<th>Often (1)</th>
<th>Sometimes (2)</th>
<th>Rarely (3)</th>
<th>Never (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) How often do you work in the garden or the yard? Would you say often, sometimes, rarely, or never?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>b) How often do you engage in active sports or exercise?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>c) How often do you take walks?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
**Weight – DAS ’95**

C15. How much do you weigh now? ___________ NUMBER OF POUNDS (50-997)

C16. How tall are you (What is your height)? _____ FEET _____INCHES

C17. INTERVIEWER CHECKPOINT (SEE R’S AGE)

- R IS 19 OR LESS  GO TO C19
- R IS OVER 19  GO TO C18

C18. About how much did you weigh at age 18?

____________________________ NUMBER OF POUNDS (50-997)

C19. Are you currently trying to lose weight?

1 – Yes
5 – No

C20. (RB, PG 13) Do you consider yourself very overweight, somewhat overweight, only a little overweight, just about right or underweight?

1 – Very overweight
2 – Somewhat overweight
3 – Only a little overweight
4 – Just about right
5 – Underweight

---

**Medical Help-Seeking – NSBA Panel**

Now I’m going to ask about who you go to for medical help.

C21. Is there one place or person you usually go to when you are sick or need medical advice?

1 – Yes
5 – No  GO TO C22

C21a. Where or who is that?

____________________________

OPEN ENDED CODE RESPONSES
1 – Doctor
2 – Clinic
3 – Health Center
4 – Hospital
5 – Other (SPECIFY:) __________________
**Alternative Health Help-Seeking – NSBA I**

C22. Here is a list of people one might go to for medical help. Please indicate if you have ever gone to any of the following people.

<table>
<thead>
<tr>
<th></th>
<th>Yes (1)</th>
<th>No (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) … a faith healer?</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b) ...a person who heals with roots or herbs or a person who reads tea leaves or palms?</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c) …a person who practices astrology, reads zodiac signs, or is a psychic?</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

---

**Health and Mental Health Insurance – HRS modified**

C23. Are you currently covered by any federal government health insurance programs, such as Medicare, Medicaid, or CHAMPUS, VA, or other military programs?

1 – Yes
5 – No  GO TO C24

C23a. Which program is that? __________________________

C23b. Does it cover treatment of problems with emotions, nerves or mental health?

1 – Yes
5 – No

C24. Are you covered by health insurance through your employer, or former employer or union, such as Blue Cross-Blue Shield or an HMO?

1 – Yes
5 – No  GO TO C24c
6 – Not employed  GO TO C24c

C24a. How many such health plans do you have? ______ NUMBER (1-5)

C24b. (Do any/Does it) cover treatment of problems with emotions, nerves or mental health?

1 – Yes
5 – No

GO TO C25
C24c. Are you covered by health insurance through your family’s employer, or former employer or union, such as Blue Cross-Blue Shield or an HMO? (By family I mean husband/wife/partner or parents.)

1 – Yes
5 – No         GO TO C25

C24d. Does it cover treatment of problems with emotions, nerves or mental health?

1 – Yes
5 – No

C25. Do you have any type of health insurance coverage, Medigap or other supplemental coverage, or long-term care insurance that is purchased directly from an insurance company or through a membership organization such as AARP (the American Association of Retired Persons)?

1 – Yes
5 – No

C26. When you see a doctor in his or her office or clinic, how much do you (or your family) have to pay out of your own pocket before you leave?

1 – None       GO TO C27
2 – All
3 – R Specifies Dollar Amount (SPECIFY) $___________
4 – R VOL “Doctor bills me later”

C26_IWR. INTERVIEWER CHECKPOINT (SEE C23, C24, C24c, C25)

☐ 1. ONE OR MORE RESPONSES CODED ‘1’ IN C23 OR C24 OR C24c OR C25         GO TO C26a
☐ 2. ALL OTHERS           GO TO C27

C26a. How much of this is reimbursed by your health insurance?

1 – None
2 – All
3 – R Specifies Dollar Amount (SPECIFY) $___________
### Chronic Stress – NSBA

**C27.** Next, I am going to read you a list of things that may have happened to you during the past month or so. Over the past month or so, have you...

<table>
<thead>
<tr>
<th>Event</th>
<th>A Great Deal (1)</th>
<th>Only a Little (2)</th>
<th>Not At All (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) ... had health problems?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 - No 1 - Yes</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b) ... had money problems?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 - No 1 - Yes</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c) ... had job problems?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 - No 1 - Yes</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>d1) Are you a parent?</td>
<td>1 - Yes 5 - No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GO TO C27e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) ... had problems with your children?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 - No 1 - Yes</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>e) ... had family or marriage problems?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 - No 1 - Yes</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>f) ... have you or your family been the victim of a crime?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 - No 1 - Yes</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>g) ... had problems with the police?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 - No 1 - Yes</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>h) ... had problems with your love life?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 - No 1 - Yes</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>i) ... have you or your family been treated badly because of your race?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 - No 1 - Yes</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>j) ... had difficulty with gambling?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 - No 1 - Yes</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
### 30-Day Impairment – WMH and modified by NSHS

C29_IWR. INTERVIEWER CHECKPOINT: (SEE C8, C8b, C9)

- 1. C8 EQUALS ‘1’ AND C8b EQUALS ‘1’ AND C9 EQUALS ‘1’, ‘2’, or ‘3’  
  **GO TO NEXT SECTION, D1**
- 2. ALL OTHERS  
  **GO TO C29**

<table>
<thead>
<tr>
<th>C29.</th>
<th>NUMBER OF DAYS (0-30)</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
</table>
| a) 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? | | | | | | **GO TO C29d**
| b) INTERVIEWER CHECKPOINT: (SEE C29a) | | | | | | **GO TO C29e**
| C29a EQUALS ‘0’ ... 1 | **GO TO C29e** | | | | | **GO TO C29e**
| C29a EQUALS ‘1’ ... 2 | **GO TO C29c** | | | | | **GO TO C29e**
| C29a EQUALS ‘2’ – ‘30’ | **GO TO C29d** | | | | | **GO TO C29e**
| c) Was that due to your emotions, nerves, mental health, or your use of alcohol or drugs? | | | | | | **GO TO C29e**
| | 1 | 5 | | | | **GO TO C29e**
| d) How many of these (NUMBER) days were due to your emotions, nerves, mental health, or your use of alcohol or drugs? | | | | | | **GO TO C29e**
| | | | | | | **GO TO C29e**
| e) How many days out of the past 30 did you stay in bed more than half the day because of problems with either your physical health, your mental health, or your use of alcohol or drugs? | | | | | | **GO TO C29e**
| | | | | | | **GO TO C29e**
| f) INTERVIEWER CHECKPOINT: (SEE C29a) | | | | | | **GO TO C30**
| C29a EQUALS ‘30’ ... 1 | **GO TO C30** | | | | | **GO TO C29e**
| ALL OTHERS ........ 2 | | | | | | **GO TO C29e**
| g) 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 not get as much done as usual? | | | | | | **GO TO C29j**
| | | | | | | **GO TO C29k**
| h) INTERVIEWER CHECKPOINT: (SEE C29g) | | | | | | **GO TO C29j**
| C29g EQUALS ‘0’ ... 1 | **GO TO C29k** | | | | | **GO TO C29j**
| C29g EQUALS ‘1’ ... 2 | **GO TO C29i** | | | | | **GO TO C29j**
| C29g EQUALS ‘2’ – ‘30’ | **GO TO C29j** | | | | | **GO TO C29j**
C29. | NUMBER OF DAYS (0-30) | YES (1) | NO (5) | DK (9) | RF (8) |
--- | --- | --- | --- | --- | --- |
i) Was that due to your emotions, nerves, mental health, or your use of alcohol or drugs? | | | | | GO TO C29k |
j) How many of these (NUMBER) days were due to your emotions, nerves, mental health, or your use of alcohol or drugs? | | | | | |
k) How many days out of the past 30 did you cut back on the quality of your work or how carefully you worked because of problems with either your physical health, your mental health, or your use of alcohol or drugs? | | | | | |
l) 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 because of problems with either your physical health, your mental health, or your use of alcohol or drugs? | | | 9 | GO TO C30 |
m) INTERVIEWER CHECKPOINT: (SEE C29l) |
C29l EQUALS ‘0’ ... 1  GO TO C30  C29l EQUALS ‘1’ ... 2  GO TO C29n  C29l EQUALS ‘2’ – ‘30’  3  GO TO C29o |
| | | | | |
n) Was that due to your emotions, nerves, mental health, or your use of alcohol or drugs? | | | | GO TO C30 |
o) How many of these (NUMBER) days were due to your emotions, nerves, mental health, or your use of alcohol or drugs? | | | | |

C30. Was there ever a time in the past 30 days when health-related problems caused difficulties with either (READ SLOWLY) your concentration, memory, understanding, or ability to think clearly?

1 - Yes  
5 - No  
9 - Don't Know  
8 - Refused  

C30a. How many days did you have these difficulties during the past 30 days?

_______ DAYS
**C31.** (RB, PG 14) During (that/those) day(s), how much difficulty did you have in each of the following areas? Would you say none, mild, moderate or severe?

<table>
<thead>
<tr>
<th></th>
<th>None (1)</th>
<th>Mild (2)</th>
<th>Mod (3)</th>
<th>Sev (4)</th>
<th>(IF VOL:) Can’t Do (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Concentrating on doing something for ten minutes – none, mild, moderate, or severe difficulty?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) Understanding what was going on around you?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) Remembering to do important things?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d) Learning a new task – for example, learning how to get to a new place?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**C32.** Was there ever a time in the past 30 days when health-related problems caused you difficulties with mobility, such as standing for long periods, moving around inside your home, or getting out of your home?

1 - Yes  
5 - No  
9 - Don't Know  
8 - Refused

**Go To C34**

**C32a.** How many days did you have these difficulties during the past 30 days?

________ DAYS

**C33.** (RB, PG 14) During (that/those) day(s), how much difficulty did you have in each of the following areas? (IF NEC: none, mild, moderate, or severe difficulty?)

<table>
<thead>
<tr>
<th></th>
<th>None (1)</th>
<th>Mild (2)</th>
<th>Mod (3)</th>
<th>Sev (4)</th>
<th>(IF VOL:) Can’t Do (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Standing for long periods, such as 30 minutes?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) Moving around inside your home?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) Walking a long distance such as (a kilometer/half a mile)?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
C34. Was there ever a time in the past 30 days when health-related problems caused you difficulties with self care, such as washing your whole body, getting dressed, or feeding yourself?

1 - Yes
5 - No  GO TO C36
9 - Don't Know  GO TO C36
8 - Refused  GO TO C36

C34a. How many days did you have these difficulties during the past 30 days?

________ DAYS

C35. (RB, PG 14) During (that/those NUMBER FROM C34a) day(s), how much difficulty did you have in each of the following areas? (IF NEC: none, mild, moderate, or severe difficulty?)

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Mild</th>
<th>Mod</th>
<th>Sev</th>
<th>(IF VOL:) Can't Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Washing your whole body?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) Getting dressed?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) Staying by yourself for a few days?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

C36. Was there ever a time in the past 30 days when health-related problems caused you difficulties either getting along with people, maintaining a normal social life, or participating in social activities?

1 - Yes
5 - No  GO TO C38
9 - Don't Know  GO TO C38
8 - Refused  GO TO C38

C36a. How many days did you have these difficulties during the past 30 days?

________ DAYS
<table>
<thead>
<tr>
<th>C37. (RB, PG 14) During (that/those NUMBER FROM C36a) day(s), how much difficulty did you have in each of the following areas? (IF NEC: none, mild, moderate, or severe difficulty?)</th>
<th>NONE (1)</th>
<th>MILD (2)</th>
<th>MOD (3)</th>
<th>SEV (4)</th>
<th>(IF VOL:) Can’t Do (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Starting and maintaining a conversation?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>b) Dealing with people you did not know well?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>c) Maintaining friendships?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>d) Making new friends?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>e) Controlling your emotions when you were around people?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

C38. INTERVIEWER CHECKPOINT: (SEE C31, C33, C35, C37)

- 1. TWO OR MORE RESPONSES CODED ‘3’ OR ‘4’ OR ‘5’ GO TO C39
- 2. ALL OTHERS GO TO NEXT SECTION, D1

C39. (RB, PG 15) How much did your health-related difficulties interfere with the life and activities of your close friends and family members during the past 30 days - not at all, a little, some, a lot, or extremely?

1 - None
2 - A Little
3 - Some
4 - A Lot
5 - Extremely
SECTION D: EMPLOYMENT

(NOTE: Only the Caribbean sample answer the questions with the added "_cb")

NSBA I and NSBA II

D1. (RB, PG 16) Are you working now full or part time, temporarily laid off, unemployed, retired, (a homemaker,) a student, are you permanently disabled, or something else? (CHECK ALL THAT APPLY)

1. Working Now Full Time
2. Working Now Part Time
3. Temporarily laid off
4. Maternity Leave
5. Illness/Sick Leave
6. Unemployed
7. Retired
8. Full-Time Homemaker/Housewife
9. Student
10. Permanently Disabled
11. Other (SPECIFY) _________

GO TO D3 \[ \text{GO TO D2 IF 1-5 NOT CHECKED} \]

D2. Are you doing any work for pay at the present time?

1 – Yes \hspace{1cm} 5 – No \hspace{1cm} \text{GO TO D21}

D3. Are you self-employed or do you work for someone else?

1. Self-employed
2. Work for someone else
3. Both Self-employed and Work for someone else

D4. What is your main occupation? (What sort of work do you do?) (IF NOT CLEAR: Tell me a little more about what you do.)

D5. What do they make or do at the place you work (or what kind of place is it)?

D6. About how many hours do you work on your job in an average week?

\[ \text{__________HOURS (1-97)} \]

D7. How much are you paid? \[ \text{__________ DOLLAR AMOUNT PER } \]

HOUR/WEEK/MONTH/YEAR
D8. Do you feel that you have skills and abilities for a better job than the one you have now?

1 - Yes 5 - No 6 - (IF VOL): Does not apply to me

D9. All in all, how satisfied are you with your job? Would you say ...?

1 - Very satisfied
2 - Somewhat satisfied
3 - Somewhat dissatisfied
4 - Very dissatisfied

D10. How would you feel if a (son/daughter SAME SEX as R) of yours had your job as a regular, permanent job? Would you say ...?

1 - Very satisfied
2 - Somewhat satisfied
3 - Somewhat dissatisfied
4 - Very dissatisfied

WHITE SAMPLE GO TO D17

When we started, you said you were from a country that is in the Caribbean area. The next question and some other questions will refer to people from the Caribbean area.

D11a_cb. In the place where you work, do people from the Caribbean area get better, worse, or the same jobs that white people get?

1 - Better
2 - Worse
3 - Same

D11b_cb. In the place where you work, do people from the Caribbean area get better, worse, or the same jobs that Black Americans get?

1 - Better
2 - Worse
3 - Same

D11. In the place where you work, do (BLACK PEOPLE/BLACK AMERICANS) get better, worse, or the same jobs that white people get?

1 - Better
2 - Worse
3 - Same

D12. Is your job one that Black people tend to get more than whites?

1 - Yes
5 - No
D13Cb. At your work place, are people from the Caribbean area treated unfairly or badly in any ways?

1 - Yes
5 - No

D13. At your work place, are (BLACK PEOPLE/BLACK AMERICANS) treated unfairly or badly in any ways?

1 - Yes
5 - No

Race of Supervisor - DAS '95

D14. (RB, PG 17) Is your work supervisor a Black male, white male, Black female or white female?

1 - Black Male
2 - White Male
3 - Black Female
4 - White Female
5 - No Supervisor
7 - Other (SPECIFY) ___________________

Workgroup Racial Composition - DAS '95

D15. Is there any group of people that you work with on the job - people who do the same kind of work you do and who are under the same supervisor?

1 - Yes
5 - No  GO TO D17

D16. (RB, PG 19) Is your work group all Black, mostly Black, about half Black, mostly white, all white except you or what?

1 - All Black
2 - Mostly Black
3 - About half Black
4 - Mostly white
5 - All white except you  GO TO D17
6 - (IF VOL): None of the above  GO TO D17
7 - Other (SPECIFY) ________________  GO TO D17
D16_cb. (RB, PG 18) Are the Black people in your work group mostly from the Caribbean area, about half from the Caribbean area, or mostly Black Americans?

1 - Mostly Caribbean
2 - Half Caribbean
3 - Mostly Black Americans

D17. Were you out of work or laid off at any time during the last six months?

1 - Yes  5 - No  ➔ GO TO D19

D18. How long were you out of work in the last six months?

_____DAYS  _____WEEKS  _____MONTHS

D19. Have you had to reduce your work hours or take a cut in pay at any time during the last six months?

1 - Yes  5 - No

D20. How worried are you about losing your job in the near future: a lot, somewhat, or not at all?

1 - A lot
2 - Somewhat
3 - Not at all

GO TO NEXT SECTION, E1

NSBA I and NSBA II

D21. Have you ever done any work for pay?

1 - Yes
5 - No  ➔ GO TO NEXT SECTION, E1

D22. Were you self-employed or did you work for someone else?

1 - Self-employed
2 - Worked for someone else
3 - Both Self-employed and Worked for someone else
D23. What was your main occupation? (What sort of work did you do?) (IF NOT CLEAR: Tell me a little more about what you did.)

D24. What did they make or do at the place you worked (or what kind of place is it)?

D25. About how many hours did you work on your last job in an average week?

__________HOURS (1-97)

D26. At your job as a (JOB MENTIONED IN D23), did you feel that you had skills and abilities for a better job than that one (the one you had then)?

1 - Yes
5 - No

D27. All in all, how satisfied were you with your job? Would you say…?

1 - Very satisfied
2 - Somewhat satisfied
3 - Somewhat dissatisfied
4 - Very dissatisfied

D28. How would you feel if a (son/daughter SAME SEX as R) of yours had that job as a regular, permanent job? Would you say…?

1 - Very satisfied
2 - Somewhat satisfied
3 - Somewhat dissatisfied
4 - Very dissatisfied

WHITE SAMPLE GO TO D35

When we started, you said you were from a country that is in the Caribbean area. The next question and some other questions will refer to people from the Caribbean area.

D29_cb. In the place where you worked, did people from the Caribbean area get better, worse, or the same jobs that white people got?

1 - Better
2 - Worse
3 - Same
D29b_cb. In the place where you worked did people from the Caribbean area get better, worse, or the same jobs that Black Americans got?

1 - Better
2 - Worse
3 - Same

D29. In the place where you worked, did (BLACK PEOPLE/BLACK AMERICANS) get better, worse, or the same jobs that white people got?

1 - Better
2 - Worse
3 - Same

D30. Was your job one that Black people tended to get more than whites?

1 - Yes
5 - No

D31_cb. At your work place, were people from the Caribbean area treated unfairly or badly in any ways?

1 - Yes
5 - No

D31. At your work place, were (BLACK PEOPLE/BLACK AMERICANS) treated unfairly or badly in any ways?

1 - Yes
5 - No

Race of Supervisor - DAS '95

D32. (RB, PG 20) Was your work supervisor a Black male, white male, Black female or white female?

1 - Black Male
2 - White Male
3 - Black Female
4 - White Female
5 - No Supervisor
7 - Other (SPECIFY) ______________
Workgroup Racial Composition – DAS ‘95

D33. Was there any group of people that you worked with on the job – people who did the same kind of work you did and who were under the same supervisor?

1 – Yes
5 – No GO TO D35

D34. (RB, PG 22) Was your work group all Black, mostly Black, about half Black, mostly white, all white except you or what?

1 - All Black
2 - Mostly Black
3 - About half Black
4 - Mostly white
5 - All white except you GO TO D35
6 - (IF VOL): None of the above GO TO D35
7 - Other (SPECIFY) _______________ GO TO D35

D34_cb. (RB, PG 21) Were the Black people in your work group mostly from the Caribbean area, about half from the Caribbean area, or mostly Black Americans?

1 – Mostly Caribbean
2 – Half Caribbean
3 – Mostly Black Americans

D35. In the last six months, did you do any work for pay?

1 – Yes 5 – No \(\Rightarrow\) GO TO D37

D36. How long have you been out of work?

______ DAYS ______ WEEKS ______ MONTHS

D37. Are you looking for work at the present time?

1 – Yes
5 – No

D38. Would you take a job if you were offered one?

1 – Yes 5 – No \(\Rightarrow\) GO TO NEXT SECTION, E1
D39. How worried are you about not being able to find a job in the near future? Would you say …?

1 - A lot
2 - Somewhat
3 - Not at all

D40. A lot of people would like to work but have lost hope that they can find a decent job. Do you feel that way?

1 - Yes
5 - No

GO TO NEXT SECTION, E1
SECTION E: FAMILY AND FRIENDS

Now, I’d like to ask you some questions about your family relationships and about your friends.

SOCIAL SUPPORT
Frequency of Support Received and Given - NSBA

E1. How often do people in your family -- including children, grandparents, aunts, uncles, in-laws and so on -- help you out? Would you say very often, fairly often, not too often, or never?

1 - Very often
2 - Fairly often
3 - Not too often
4 - Never
6 - (IF VOL:) Never needed help
7 - (IF VOL:) I have no family  GO TO E8

New

E2. How often do you help out people in your family -- including children, grandparents, aunts, uncles, in-laws and so on? Would you say very often, fairly often, not too often, or never?

1 - Very often
2 - Fairly often
3 - Not too often
4 - Never
6 - (IF VOL:) Never needed help

Family Network - NSBA

E3. (RB, PG 23) How often do you see, write or talk on the telephone with family or relatives who do not live with you? Would you say nearly everyday, at least once a week, a few times a month, at least once a month, a few times a year, hardly ever or never?

1 - Nearly everyday (4 or more times a week)
2 - At least once a week (1 to 3 times)
3 - A few times a month (2 to 3 times)
4 - At least once a month
5 - A few times a year
6 - Hardly ever
7 - Never

E4. How many people in your family would help you out if you needed help?
[PROBE: Could you give me a number?]

____________________ NUMBER (0-97)
**New**

E4a. How close do you feel towards your family members? Would you say very close, fairly close, not too close or not close at all?

1 - Very close  
2 - Fairly close  
3 - Not too close  
4 - Not close at all

E5. Would you say your family members are very close in their feelings toward each other, fairly close, not too close, or not close at all?

1 - Very close  
2 - Fairly close  
3 - Not too close  
4 - Not close at all

**Received Emotional Support – Fetzer adapted**

<table>
<thead>
<tr>
<th>E6. Other than your (spouse/partner), how often do your family members...</th>
<th>Very Often (1)</th>
<th>Fairly Often (2)</th>
<th>Not too Often (3)</th>
<th>Never (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) ...make you feel loved and cared for? Would you say very often, fairly often, not too often, or never?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) ...listen to you talk about your private problems and concerns?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) ...express interest and concern in your well-being?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Negative Interaction – Fetzer adapted**

<table>
<thead>
<tr>
<th>E7.</th>
<th>Very Often (1)</th>
<th>Fairly Often (2)</th>
<th>Not too Often (3)</th>
<th>Never (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) ...make too many demands on you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) ...criticize you and the things you do?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) ...try to take advantage of you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Friendship Network – NSBA

E8. (RB, PG 23) How often do you see, write or talk on the telephone with your friends? Would you say nearly everyday, at least once a week, a few times a month, at least once a month, a few times a year, hardly ever, or never?

1 - Nearly everyday (4 or more times a week)
2 - At least once a week (1 to 3 times)
3 - A few times a month (2 to 3 times)
4 - At least once a month
5 - A few times a year
6 - Hardly ever
7 - Never
8 - (IF VOL:) I have no friends  GO TO E12

E9. How often do your friends help you out? Would you say very often, fairly often, not too often, or never?

1 – Very often
2 - Fairly often
3 – Not too often
4 – Never
6 – (IF VOL:) Never needed help

New

E10. How often do you help out your friends? Would you say very often, fairly often, not too often, or never?

1 – Very often
2 - Fairly often
3 – Not too often
4 – Never
6 – (IF VOL:) Never needed help

New

E11. How close do you feel towards your friends? Would you say very close, fairly close, not too close or not close at all?

1 – Very close
2 - Fairly close
3 – Not too close
4 – Not close at all
Fictive Kin – NSBA I modified

E12. How many people are close to your family who are not really blood or marriage related but who are treated just like a relative?

___________ NUMBER ➔ IF NUMBER EQUALS ‘0’ ➔ GO TO E13

E12a. How often (does that person/do they) help you out?

1 - Very often
2 - Fairly often
3 - Not too often
4 - Never
6 - (IF VOL:) Never Needed Help
Marital Status - NSBA and HRS

E13. (RB, PG 24) Are you currently married, living with a partner, separated, divorced, widowed or have you never been married?


a. In what month & year were you married?

b. How long have you lived together? _____YRS_____MOS

g. In what month and year were you (separated/divorced/widowed)?

GO TO E14

c. Have you ever been married?

1. Yes 5. No

GO TO E16c

d. How many times have you been married?

NUMBER OF MARRIAGES

e. In what month and year did (that/your last) marriage begin?

MONTH/YEAR

GO TO E15

f. In what month and year did that marriage end?

MONTH/YEAR

GO TO E16c
E14. Is this your first marriage or have you been married before?

1 - First marriage  GO TO E18
2 - Married before

E14a. Altogether, how many times have you been married (including your current marriage)?

NUMBER OF MARRIAGES

GO TO E18

E15. Was that your first marriage or (have/had) you been married before?

1 - First marriage  GO TO E16
2 - Married before

E15a. Altogether, how many times have you been married?

NUMBER OF MARRIAGES

Main Romantic Involvement - NSBA

E16. Do you have a main romantic involvement at this time?

1 - Yes
\[ \downarrow \]
5 - No  GO TO E16b

E16a. How long have you been in that relationship?

\[ \underline{\text{MONTHS}} \quad \underline{\text{YEARS}} \quad \text{GO TO E16c} \]

E16b. Do you want a Main Romantic Involvement?

1 - Yes
5 - No

E16c. (RB, PG 25) What do you think the likelihood is that you will ever get married/remarried?

1 - Highly likely
2 - Somewhat likely
3 - Somewhat unlikely
4 - Highly unlikely

E17. INTERVIEWER CHECKPOINT (See E13, E16, E16a)

☐ R said No in E16  GO TO E22
☐ R said less than 1 year in E16a  GO TO E22
☐ R has a partner in E13  GO TO E18
E18. (RB, PG 26) Which do you feel best describes your (spouse’s/current partner’s) racial background? Black or African American, White, American Indian or Alaska Native, Asian, or Pacific Islander?

1 – Black or African American  
2 – White  
3 – American Indian or Alaska Native  
4 – Asian  
5 – Pacific Islander  
6 – Other (SPECIFY)_______________

Marital/Current Partner Satisfaction - NSFH and ACL

E19. (RB, PG 27) Taking things all together, how satisfied are you with your (marriage/current relationship)? Would you say that you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

1 – Very satisfied  
2 – Somewhat satisfied  
3 – Somewhat dissatisfied  
4 – Very dissatisfied

Step-Parent Relationships - Tolman/Wilson

E20. Does your (spouse/current partner) have any children from other relationships?

1 – Yes
2 – No

GO TO E22

E20a. How many children does your (spouse/current partner) have from other relationships?

_______________ NUMBER (IF E20a IS GREATER THAN ‘1’, GO TO E20b1)

E20b. Does this child live with you?

1 – Yes  
5 – No

GO TO E21

E20b1. How many of these children live with you?

_______________ NUMBER
E21. How well do you get along with your (spouse’s/current partner’s) child(ren)? Would you say that you get along very well, fairly well, not so well or not well at all?

1 – Very well
2 – Fairly well
3 – Not so well
4 – Not well at all

**Fertility # of Births – NSBA and DAS**

E22. How many children have you (given birth to/fathered)? Do not include stepchildren, adopted children, or foster children.

_________________________ NUMBER

**IF NONE GO TO E24.1**

E23. How many **living biological** children do you have?

_________________________ NUMBER

**IF NONE GO TO E24**

E23a. How many of these children are 13 years of age or older?

_________________________ NUMBER

E24. How old were you when your first child was born?

_________________________ AGE IN YEARS

E24.1 How many (other) living children do you have, **including** stepchildren, adopted children, and others you helped to raise for at least five years?

_________________________ NUMBER

**Happiness – NSBA**

E25. Taking all things together, how would you say things are these days -- would you say you are very happy, pretty happy, or not too happy these days?

1 – Very happy
2 – Pretty happy
3 – Not too happy
4 – (IF VOL): Not happy at all
Now some questions about your physical and emotional well-being.

<table>
<thead>
<tr>
<th>INTERVIEWER: READ FOLLOWING QUESTIONS SLOWLY</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SC20.</strong> Have you ever in your life had an attack of fear or panic when all of a sudden you felt very frightened, anxious, or uneasy?</td>
<td>1 GO TO <strong>SC20.1</strong></td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>SC20.1</strong> Have you ever in your life had attacks of anger when all of a sudden you lost control and broke or smashed something worth more than a few dollars?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>SC20.2.</strong> Have you ever had attacks of anger when all of a sudden you lost control and hit or tried to hurt someone?</td>
<td>1 GO TO <strong>SC21</strong></td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>SC20.3</strong> Have you ever had attacks of anger when all of a sudden you lost control and threatened to hit or hurt someone?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>SC21.</strong> Have you ever in your life had a period of time lasting several days or longer when most of the day you felt sad, empty, or depressed?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>SC22.</strong> Have you ever had a period of time lasting several days or longer when most of the day you were very discouraged about how things were going in your life?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>SC23.</strong> Have you ever had a period of time lasting several days or longer when you lost interest in most things you usually enjoy like work, hobbies, and personal relationships?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>SC24.</strong> Some people have periods of time lasting several days or longer when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are unusual for them, such as driving too fast or spending too much money. Have you ever had a period of time like this lasting several days or longer?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>SC25.</strong> Have you ever had a period of time lasting several days or longer when most of the time you were very irritable, grumpy, or in a bad mood?</td>
<td>1 GO TO <strong>SC26</strong></td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>SC25a.</strong> Have you ever had a period of time lasting several days or longer when most of the time you were so irritable that you either started arguments, shouted at people, or hit people?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>SC26.</strong> Did you ever have a time in your life when you were a “worrier” – that is, when you worried a lot more about things than other people with the same problems as you?</td>
<td>1 GO TO <strong>SC26.1</strong></td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>SC26a.</strong> Did you ever have a time in your life when you were much more nervous or anxious than most other people with the same problems as you?</td>
<td>1 GO TO <strong>SC26.1</strong></td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>SC26b.</strong> Did you ever have a period of time lasting one month or longer when you were anxious and worried most days?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>
**SC26.1** Did you ever have a time in your life when you smoked so much that your family or friends worried about your health?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**SC26.2** Did you ever use alcohol or drugs so much that your family or friends worried about you or repeatedly complained about your use?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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</tbody>
</table>

**GO TO **SC27

**SC26.3** Did you ever use alcohol or drugs so much that it caused repeated arguments or problems either with your family or friends, people at work or school, or with the police?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
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</tbody>
</table>

**GO TO **SC27

**SC26.4** Did you ever use alcohol or drugs so much that it often interfered with your responsibilities at work, at school, or at home?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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</tbody>
</table>

**INTERVIEWER: READ FOLLOWING QUESTIONS SLOWLY.**

**SC27.** (RB, PG 51) The next questions are about things that make some people afraid even though they know there is no real danger. Looking at page 51 in your booklet, was there ever a time in your life when you felt a lot more afraid then most people of any of the following things?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(5)</td>
<td>(9)</td>
<td>(8)</td>
</tr>
</tbody>
</table>

**SC27a.** First, bugs, snakes, dogs, or any other animals?

(KEY PHRASE: animals)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
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</tbody>
</table>

**SC27b.** Second, still water, like in a swimming pool or a lake, or weather events, like storms, thunder, or lightning?

(KEY PHRASE: water)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
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</tbody>
</table>

**SC27c.** Third, going to the dentist or doctor, getting a shot or injection, seeing blood or injury, or being in a hospital or doctor’s office?

(KEY PHRASE: blood, injury, or medical settings)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

**SC27d.** Fourth, closed spaces, like caves, tunnels, closets, or elevators?

(KEY PHRASE: closed spaces)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

**SC27e.** Fifth, high places like roofs, balconies, bridges, or staircases?

(KEY PHRASE: high places)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

**SC27f.** Sixth, fear of flying or of airplanes?

(KEY PHRASE: flying)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>
*SC27.1 INTERVIEWER CHECKPOINT (SEE *SC27 SERIES):

AT LEAST ONE RESPONSE CODED ‘1’ ..............1
ALL OTHERS.........................................................2  GO TO *SC29

*SC27.2. You feared (KEY PHRASE OF ENDORSED ITEMS IN *SC27a-SC27f SERIES). Was there ever a time in your life when you became very upset or nervous whenever you were faced with (this situation/one of these situations)?

YES.................................................1
NO .............................................5
DON’T KNOW..............................9
REFUSED .........................................8

*SC27.3. Did you ever stay away from (this situation/these situations) whenever you could because of your fear?

YES.................................................1
NO .............................................5
DON’T KNOW..............................9
REFUSED .........................................8

*SC27.4 Do you think your fear was ever much stronger than it should have been?

YES.................................................1
NO .............................................5
DON’T KNOW..............................9
REFUSED .........................................8


(*SC27.2 EQUALS ‘1’ OR *SC27.3 EQUALS ‘1’) AND *SC27.4 EQUALS ‘1’...... 1
ALL OTHERS................................................................................................................... 2

<table>
<thead>
<tr>
<th>INTERVIEWER: READ FOLLOWING QUESTIONS SLOWLY.</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>*SC29. (RB, PG 52) Looking at page 52 in your booklet, was there ever a time in your life when you felt very afraid or really, really shy with people, like meeting new people, going to parties, going on a date, or using a public bathroom?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SC29a. Was there ever a time in your life when you felt very afraid or uncomfortable when you had to do something in front of a group of people, like giving a speech or speaking in class?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*SC29.1. Was there ever a time in your life when you became very upset or nervous (IF *SC29 EQUALS ‘1’: whenever you were in a social situation/ ALL OTHERS: when you had to do something in front of a group)?

YES.................................................1
NO .............................................5
DON’T KNOW..............................9
REFUSED .........................................8
SC29.2. Did you ever stay away from (IF SC29 EQUALS ‘1’: social situations/ ALL OTHERS: situations where you had to do something in front of a group) whenever you could because of your fear?

YES....................................................1
NO .....................................................5
DON’T KNOW..............................................9
REFUSED ...............................................8

SC29.3. Do you think your fear was ever much stronger than it should have been?

YES....................................................1
NO .....................................................5
DON’T KNOW..............................................9
REFUSED ...............................................8

SC29.4. INTERVIEWER CHECKPOINT (SEE SC29.1, SC29.2, SC29.3):

(*SC29.1 EQUALS ‘1’ OR SC29.2 EQUALS ‘1’) AND SC29.3 EQUALS ‘1’..... 1
ALL OTHERS............................................................................ 2

SC30. (RB, PG 52) Looking at the bottom of page 52 in your booklet, was there ever a time in your life when you felt afraid of either being in crowds, going to public places, traveling by yourself, or traveling away from home?

YES.......................................................................... 1
NO ........................................................................... 5
DON’T KNOW....................................................... 9
REFUSED ............................................................... 8

SC30.1. Was there ever a time in your life when you became very upset or nervous whenever you were in crowds, public places, or traveling?

YES................................................................. 1
NO ........................................................................... 5
DON’T KNOW.................................................... 9
REFUSED ............................................................. 8

SC30.2. Did you ever stay away from these situations whenever you could because of your fear?

YES................................................................. 1
NO ........................................................................... 5
DON’T KNOW.................................................... 9
REFUSED ............................................................. 8

SC30.3. Do you think your fear was ever much stronger than it should have been?

YES....................................................1
NO....................................................5
DON’T KNOW..............................................9
REFUSED ...............................................8

(*SC30.1 = 1 OR *SC30.2 = 1) AND *SC30.3 = 1 …… 1
ALL OTHERS.......................................................... 2

*SC31. The next question is about concentration problems that usually start before the age of seven. These problems include not being able to keep your mind on what you were doing, losing interest very quickly in games or work, trouble finishing what you started without being distracted, and not listening when people spoke to you. During your first years at school—say between the ages of 5 and 7 -- was there ever a period lasting six months or longer when you had a lot more trouble with problems of this sort than most children?

YES................................................................. 1
NO ............................................................... 5
DON’T KNOW .................................................. 9
REFUSED ....................................................... 8

*SC32. Some young kids are very restless and fidgety and so impatient that they often interrupt people and have trouble waiting their turn. Did you ever have a time before the age of seven lasting six months or longer in your childhood when you were like that?

INTERVIEWER: IF ONLY IN THIRD GRADE OR LATER, CODE ‘NO’.

YES................................................................. 1
NO ............................................................... 5
DON’T KNOW .................................................. 9
REFUSED ....................................................... 8

*SC33. Did you ever have a period lasting six months or longer during your childhood or adolescence when you frequently did things that got you in trouble with adults such as losing your temper, arguing or talking back to adults, refusing to do what your teachers or parents asked you to do, annoying people on purpose, or being touchy or irritable?

YES................................................................. 1
NO ............................................................... 5
DON’T KNOW .................................................. 9
REFUSED ....................................................... 8

*SC33.1. Many children and teenagers go through periods when they do things adults don’t want them to do, like lying, stealing, or breaking rules. Did you ever go through a period during your childhood or teenage years when you did any of these things?

YES................................................................. 1  GO TO *SC34
NO ............................................................... 5
DON’T KNOW .................................................. 9
REFUSED ....................................................... 8

*SC33.2. Did you ever go through a period as a child or teenager when you either broke into cars, set fires, or destroyed property on purpose?

YES................................................................. 1  GO TO *SC34
NO ............................................................... 5
DON’T KNOW .................................................. 9
REFUSED ....................................................... 8
*SC33.3. When you were a child or a teenager, did you ever run away from home, or repeatedly play hooky from school, or often stay out much later at night than you were supposed to?

YES................................................................. 1
NO........................................................................ 5
DON’T KNOW.................................................... 9
REFUSED .......................................................... 8

*SC34. Some young kids get very upset when they are separated from their mother or the person who they are most attached to emotionally. Examples include getting very upset when they are away from these people, worrying a lot that something bad will happen to separate these people from them, or wanting to stay home from school or not go other places without them. Did you ever feel this way for a month or longer when you were more than five years old?

INTERVIEWER: IF ONLY WHEN 5 OR YOUNGER, CODE “NO”.

YES.......................................................................... 1
NO ........................................................................... 5
DON’T KNOW....................................................... 9
REFUSED ............................................................... 8

*SC35. Some adults have difficulties with separation from family members, romantic partners, or close friends. Examples include getting very upset when they are away from this person, worrying a lot that this person might leave them, and being too “clingy” or dependent. Did you ever have a period lasting one month or longer as an adult when you had problems like this?

YES.......................................................................... 1
NO ........................................................................... 5
DON’T KNOW....................................................... 9
REFUSED ............................................................... 8


FOLLOW SKIP FOR FIRST ENDORSED ITEM.

*SC21 EQUALS ‘1’.................................................................1 GO TO *D1, NEXT SECTION
*SC22 EQUALS ‘1’.................................................................2 GO TO *D2
*SC23 EQUALS ‘1’.................................................................3 GO TO *D9
*SC24 EQUALS ‘1’.................................................................4 GO TO *M1
*SC25a EQUALS ‘1’...............................................................5 GO TO *M5
*SC20 EQUALS ‘1’.................................................................6 GO TO *PD1 INTRO 1
*SC20a EQUALS ‘1’...............................................................7 GO TO *PD1 INTRO 2
*SC29.4 EQUALS ‘1’............................................................8 GO TO *SO1
*SC30.4 EQUALS ‘1’............................................................9 GO TO *AG1
*SC26 EQUALS ‘1’..............................................................10 GO TO *GA1 INTRO 1
*SC26a EQUALS ‘1’..............................................................11 GO TO *GA1 INTRO 2
*SC26b EQUALS ‘1’..............................................................12 GO TO *GA1 INTRO 3
ALL OTHERS..........................................................................13 GO TO *SD1
**DEPRESSION (D)**

*DP1. Earlier in the interview, you mentioned having periods of time that lasted several days or longer when you felt sad, empty, or depressed most of the day. During episodes of this sort, did you ever feel discouraged about how things were going in your life?

YES........................................1  
NO........................................5  GO TO *DP1b  
DON”T KNOW....................9  GO TO *DP1b  
REFUSED.........................8  GO TO *DP1b

*DP1a. During the episodes of being sad, empty, or depressed, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?

YES .........................1  GO TO *DP3  
NO .............................5  GO TO *DP4  
DON”T KNOW............9  GO TO *DP4  
REFUSED .................8  GO TO *DP4

*DP1b. During the episodes of being sad, empty, or depressed, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?

YES .........................1  GO TO *DP5  
NO .............................5  GO TO *DP6  
DON”T KNOW............9  GO TO *DP6  
REFUSED .................8  GO TO *DP6

*DP2. Earlier in the interview you mentioned having periods of time that lasted several days or longer when you felt discouraged about how things were going in your life. During episodes of this sort, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?

YES .........................1  GO TO *DP7  
NO .............................5  GO TO *DP8  
DON”T KNOW............9  GO TO *DP8  
REFUSED .................8  GO TO *DP8

*DP3. INTERVIEWER INSTRUCTION:

USE KEY PHRASE “SAD, DISCOURAGED, OR UNINTERESTED” THROUGHOUT THE SECTION  
GO TO *DP12

*DP4. INTERVIEWER INSTRUCTION:

USE KEY PHRASE “SAD OR DISCOURAGED” THROUGHOUT THE SECTION  
GO TO *DP12

51
*DP9. Earlier in the interview, you mentioned having periods of time that lasted several days or longer when you lost interest in most things like work, hobbies, and other things you usually enjoy. Did you ever have a period of time of this sort that lasted most of the day nearly every day for two weeks or longer?

YES .................................................... 1  GO TO *DP11
NO .................................................. 5
DON’T KNOW ............................. 9
REFUSED ...................................... 8

*DP9a. What is the longest period of days you ever had when you lost interest in most things you usually enjoy?

INTERVIEWER: “LESS THAN ONE DAY” CODE 0

_________ NUMBER

DON’T KNOW .......................999  GO TO *DP9a2
REFUSED .............................998  GO TO *DP88

*DP9a1. CIRCLE UNIT
OF TIME:  DAYS ....1  WEEKS ....2  MONTHS ....3  YEARS ....4

USE THE KEY PHRASE “UNINTERESTED” THROUGHOUT THE SECTION  GO TO *DP10

*DP9a2. PROBE DK: Was it three days or longer?

YES .................................................... 1
NO .................................................. 5
DON’T KNOW ............................. 9
REFUSED ...................................... 8

USE THE KEY PHRASE “UNINTERESTED” THROUGHOUT THE SECTION  GO TO *DP10

*DP10. INTERVIEWER CHECKPOINT: (SEE *DP9a and *DP9a2)

DURATION OF 3 DAYS OR LONGER ................................................ 1  GO TO *DP14
ALL OTHERS ................................................................. 2  GO TO *DP88
*DP11. INTERVIEWER INSTRUCTION: USE KEY PHRASE “UNINTERESTED” THROUGHOUT THE SECTION
GO TO *DP16

*DP12. Did you ever have a period of being (sad/or/discouraged/or/uninterested in things) that lasted most of the day nearly every day, for two weeks or longer?

YES................................................. 1  GO TO *DP16
NO ............................................. 5
DON’T KNOW .......................... 9
REFUSED ............................ 8

*DP12a. How long was the longest period of days you ever had when you were (sad/or/discouraged/or/uninterested) most of the day?
INTERVIEWER: “LESS THAN ONE DAY” CODE 0

_____________ DAYS

DON’T KNOW................. 999
REFUSED ..................... 998

*DP13. INTERVIEWER CHECKPOINT: (SEE *DP12a)

DURATION OF 3 DAYS OR LONGER.............................................. 1  GO TO *DP14
ALL OTHERS....................................................................................... 2  GO TO *DP88

*DP14. Did you ever have a year or more in your life when just about every month you had an episode of being (sad/or/discouraged/or/uninterested) each of which lasted several days or longer?

YES................................................. 1  GO TO *DP88
NO ............................................. 5  GO TO *DP88
DON’T KNOW .......................... 9  GO TO *DP88
REFUSED ............................ 8  GO TO *DP88

*DP15. Think of times lasting several days or longer when (this problem/these problems) with your mood (was/were) most severe and frequent. During those times, did your feelings of (sadness/or/discouragement/or/lack of interest) usually last less than one hour a day, between 1 and 3 hours, between 3 and 5 hours, or more than 5 hours?

LESS THAN 1 HOUR ................. 1  GO TO *DP88
BETWEEN 1 AND 3 HOURS .......... 2  (NOTE: Until version 6/27/01 GO TO *DP88; versions after 6/27/01, no skip)
BETWEEN 3 AND 5 HOURS .......... 3
MORE THAN 5 HOURS ............. 4
DON’T KNOW ......................... 9
REFUSED ............................ 8

INTERVIEWER: ASK ABOUT PERIODS LASTING “SEVERAL DAYS OR LONGER” FOR THE REMAINDER OF THE SECTION.

GO TO *DP17
*DP16. Think of times lasting two weeks or longer when (this problem/these problems) with your mood (was/were) most severe and frequent. During those times, did your feelings of (sadness/or/discouragement/or/lack of interest) usually last less than one hour a day, between 1 and 3 hours, between 3 and 5 hours, or more than 5 hours?

LESS THAN 1 HOUR ......................... 1  GO TO *DP88  
BETWEEN 1 AND 3 HOURS ................. 2  (NOTE: Until version 6/27/01 GO TO *DP88; versions after 6/27/01, no skip)  
BETWEEN 3 AND 5 HOURS ................. 3  
MORE THAN 5 HOURS ....................... 4  
DON’T KNOW ........................................... 9  
REFUSED .................................................... 8

INTERVIEWER: ASK ABOUT PERIODS LASTING "TWO WEEKS OR LONGER" FOR THE REMAINDER OF THE SECTION.

*DP17. How severe was your emotional distress during those times -- mild, moderate, severe, or very severe?

MILD .............................................. 1  
MODERATE .................................. 2  
SEVERE ......................................... 3  
VERY SEVERE ......................... 4  
DON’T KNOW ........................................... 9  
REFUSED .................................................... 8

*DP18. How often, during those times, was your emotional distress so severe that nothing could cheer you up -- often, sometimes, rarely, or never?

OFTEN ........................................... 1  
SOMETIMES ........................................... 2  
RARELY ........................................... 3  
NEVER ......................................................... 4  
DON’T KNOW ........................................... 9  
REFUSED .................................................... 8

*DP19. How often, during those times, was your emotional distress so severe that you could not carry out your daily activities -- often, sometimes, rarely, or never?

OFTEN ........................................... 1  
SOMETIMES ........................................... 2  
RARELY ........................................... 3  
NEVER ......................................................... 4  
DON’T KNOW ........................................... 9  
REFUSED .................................................... 8

*DP20. INTERVIEWER CHECKPOINT: (SEE *DP17, *DP18, *DP19)

*DP17 EQUALS ‘1’ AND *DP18 EQUALS ‘4’ AND *DP19 EQUAL ‘4’ 1 GO TO *DP88  
ALL OTHERS ........................................... 2
*DP21. People with episodes of being (sad/or/discouraged/or/uninterested) often have other problems at the same time. These include things like changes in sleep, appetite, energy, the ability to concentrate and remember, feelings of low self-worth, and other problems. Did you ever have any of these problems during one of your episodes of being sad/or/discouraged/or/uninterested)?

YES.......................................................... 1
NO.......................................................... 5   GO TO *DP88
DON'T KNOW................................. 9   GO TO *DP88
REFUSED........................................ 8   GO TO *DP88

*DP22. (READ SLOWLY) Please think of an episode of being (sad/or/discouraged/or/uninterested) lasting (several days/two weeks) or longer when you also had the largest number of these other problems at the same time. Is there one particular episode of this sort that stands out in your mind as the worst one you ever had?

YES.......................................................... 1
NO.......................................................... 5   GO TO *DP22c
DON'T KNOW................................. 9   GO TO *DP22c
REFUSED........................................ 8   GO TO *DP22c

*DP22a. How old were you when that worst episode started?

__________ YEARS OLD

DON'T KNOW ....................... 999
REFUSED .............................. 998

*DP22b. How long did that worst episode last?

__________ NUMBER   GO TO *DP24

CIRCLE UNIT OF TIME: DAYS ...... 1  WEEKS ...... 2  MONTHS ...... 3  YEARS ...... 4

DON'T KNOW ....................... 99   GO TO *DP24
REFUSED .............................. 98   GO TO *DP24

*DP22c. Then think of the last time you had a bad episode [of being (sad/or/discouraged/or/uninterested)] like this. How old were you when that last episode occurred?

__________ YEARS OLD

DON'T KNOW ....................... 999
REFUSED .............................. 998

*DP22d. How long did that episode last?

__________ NUMBER

CIRCLE UNIT OF TIME: DAYS ...... 1  WEEKS ...... 2  MONTHS ...... 3  YEARS ...... 4

DON'T KNOW ....................... 99
REFUSED .............................. 98
Look at page 53 in your booklet. In answering the next questions, think about the period of (several days/two weeks) or longer during that episode when your (sadness/and/discouragement/and/loss of interest) and other problems were most severe and frequent. During that period, which of the following problems did you have most of the day nearly every day:

<table>
<thead>
<tr>
<th>Question</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*DP24a. Did you feel sad, empty, or depressed most of the day nearly every day during that period of (several days/ two weeks)?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP24b. Did you feel so sad that nothing could cheer you up nearly every day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*DP24c. During that period of (several days/ two weeks), did you feel discouraged about how things were going in your life most of the day nearly every day?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP24d. Did you feel hopeless about the future nearly every day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*DP24e. During that period of (several days/ two weeks), did you lose interest in almost all things like work and hobbies and things you like to do for fun?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP24f. Did you feel like nothing was fun even when good things were happening?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*DP25. INTERVIEWER CHECKPOINT: (SEE *DP24a-*DP24f)

ONE OR MORE RESPONSES CODED ‘1’ .........................1
ALL OTHERS.................................................................2  GO TO *DP88
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>*DP26a. Did you have a much smaller appetite than usual nearly every day</td>
<td></td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>during that period of (several days/ two weeks)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GO TO</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*DP26b. Did you have a much <strong>larger</strong> appetite than usual nearly every</td>
<td></td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GO TO</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*DP26c. Did you gain weight without trying to during that period of (several</td>
<td></td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>days/ two weeks)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>**IF R REPORTS BEING PREGNANT OR GROWING, ENTER &quot;7&quot; **</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AND GO TO</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*DP26d. How much did you gain?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>_________ NUMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GO TO</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*DP26e. Did you lose weight without trying to?</td>
<td></td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>IF R REPORTS BEING ON A DIET OR PHYSICALLY ILL, CODE &quot;NO&quot; AND GO TO</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*DP26f. How much did you lose?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>_________ NUMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*DP26g. Did you have a lot more trouble than usual either falling asleep,</td>
<td></td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>staying asleep, or waking too early nearly every night during that period</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>of (several days/ two weeks)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GO TO</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*DP26h. Did you sleep a lot more than usual nearly every night during</td>
<td></td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>that period of (several days/ two weeks)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GO TO</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*DP26i. Did you sleep much less than usual and still not feel tired or</td>
<td></td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>sleepy?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>YES (1)</td>
<td>NO (5)</td>
<td>DK (9)</td>
<td>RF (8)</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>*DP26j. Did you feel tired or low in energy nearly every day during that period of (several days/ two weeks) even when you had not been working very hard?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP26k. Did you have a lot more energy than usual nearly every day during that period of (several days/ two weeks)?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP26l. Did you talk or move more slowly than is normal for you nearly every day?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP26m. Did anyone else notice that you were talking or moving slowly?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP26n. Were you so restless or jittery nearly every day that you paced up and down or couldn't sit still?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP26o. Did anyone else notice that you were restless?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP26p. Did your thoughts come much more slowly than usual or seem mixed up nearly every day during that period of (several days/ two weeks)?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP26q. Did your thoughts seem to jump from one thing to another or race through your head so fast you couldn't keep track of them?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP26r. Did you have a lot more trouble concentrating than is normal for you nearly every day?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP26s. Were you unable to make up your mind about things you ordinarily have no trouble deciding about?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP26t. Did you lose your self-confidence?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP26u. Did you feel that you were not as good as other people nearly every day?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP26v. Did you feel totally worthless nearly every day?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP26w. Did you feel guilty nearly every day?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Question</td>
<td>YES</td>
<td>NO</td>
<td>DK</td>
<td>RF</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>*DP26x. Did you feel irritable, grouchy, or in a bad mood nearly every day?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP26y. Did you feel nervous or anxious most days?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP26z. During that time, did you have any sudden attacks of intense fear or panic?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP26aa. Did you often think a lot about death, either your own, someone else’s, or death in general?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP26bb. During that period, did you ever think that it would be better if you were dead?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP26cc. Did you think about committing suicide?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP26dd. Did you make a suicide plan?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*DP26ee. Did you make a suicide attempt?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP26ff. Did you feel that you could not cope with your everyday responsibilities?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP26gg. Did you feel like you wanted to be alone rather than spend time with friends or relatives?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP26hh. Did you feel less talkative than usual?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP26ii. Were you often in tears?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

**DP27. INTERVIEWER CHECKPOINT: (SEE *DP24 - *DP26ii)**

PROGRAMMER: IF AT LEAST ONE ‘1’ RESPONSE IN DP24a – DP24d, INCREMENT COUNT BY ONE. IF AT LEAST ONE ‘1’ RESPONSE IN DP24e – DP24f, INCREMENT COUNT BY ONE. INCREMENT COUNT BY ONE FOR EACH ‘1’ RESPONSE IN DP26a – DP26ii.

COUNT EQUALS TWO OR MORE...................................................... 1
ALL OTHERS......................................................................................... 2

GO TO *DP88
*DP28. You mentioned having (two of/a number of) the problems I just asked you about. How much did your [IF *D24a EQUALS ‘1’: sadness/ or/ IF *D24c EQUALS ‘1’: discouragement/ or/ IF *D24e EQUALS ‘1’: lack of interest] and these other problems interfere with either your work, your social life, or your personal relationships during that episode– not at all, a little, some, a lot, or extremely?

<table>
<thead>
<tr>
<th>Interference Level</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT AT ALL</td>
<td>1</td>
</tr>
<tr>
<td>A LITTLE</td>
<td>2</td>
</tr>
<tr>
<td>SOME</td>
<td>3</td>
</tr>
<tr>
<td>A LOT</td>
<td>4</td>
</tr>
<tr>
<td>EXTREMELY</td>
<td>5</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>9</td>
</tr>
<tr>
<td>REFUSED</td>
<td>8</td>
</tr>
</tbody>
</table>

*DP28a. How often during that episode were you unable to carry out your daily activities because of your [IF *D24a EQUALS ‘1’: sadness/ or/ IF *D24c EQUALS ‘1’: discouragement/ or/ IF *D24e EQUALS ‘1’: lack of interest] – often, sometimes, rarely, or never?

<table>
<thead>
<tr>
<th>Activity Interference Level</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFTEN</td>
<td>1</td>
</tr>
<tr>
<td>SOMETIMES</td>
<td>2</td>
</tr>
<tr>
<td>RARELY</td>
<td>3</td>
</tr>
<tr>
<td>NEVER</td>
<td>4</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>9</td>
</tr>
<tr>
<td>REFUSED</td>
<td>8</td>
</tr>
</tbody>
</table>

*DP29a. Episodes of this sort sometimes occur as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think your episodes of [IF *D24a EQUALS ‘1’: sadness/ or/ IF *D24c EQUALS ‘1’: discouragement/ or/ IF *D24e EQUALS ‘1’: lack of interest] ever occurred as the result of such physical causes?

<table>
<thead>
<tr>
<th>Occurrence</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>9</td>
</tr>
<tr>
<td>REFUSED</td>
<td>8</td>
</tr>
</tbody>
</table>

*DP29b. Do you think your episodes were always the result of physical causes?

<table>
<thead>
<tr>
<th>Occurrence</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>9</td>
</tr>
<tr>
<td>REFUSED</td>
<td>8</td>
</tr>
</tbody>
</table>

*DP29c. Briefly, what were the physical causes?"
*DP37. Think of the very first time in your life you had an episode lasting (several days or longer / two-weeks or longer) when most of the day nearly every day you felt (sad/or/discouraged/or/uninterested) and also had some of the other problems (you cited on pages 53-54/we just reviewed). Can you remember your exact age?

YES................................................. 1
NO ............................................. 5  GO TO *DP37b1
DON’T KNOW ...................... 9  GO TO *DP37b1
REFUSED ............................. 8  GO TO *DP37b1

*DP37a. (IF NEC: How old were you?)

__________  YEARS OLD  GO TO *DP37b.1
DON’T KNOW ................ 999  GO TO *DP37b.1
REFUSED ........................ 998  GO TO *DP37b.1

*DP37b1. About how old were you (the first time you had an episode of this sort)?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” CODE: DON’T KNOW

__________  YEARS OLD  GO TO *DP37b.1
DON’T KNOW ................ 999  GO TO *DP37b.1
REFUSED ........................ 998  GO TO *DP37b.1

*DP37b2. Was it before you first started school?

YES .................................... 1  GO TO *DP37b.1
NO...................................... 5
DON’T KNOW ................. 9
REFUSED.......................... 8

*DP37b3. Was it before you were a teenager?

YES .................................... 1
NO...................................... 5
DON’T KNOW ................. 9
REFUSED.......................... 8

THE FOLLOWING CODES WILL BE USED WHEN CREATING THE AGE OF ONSET MEASURE

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>BEFORE STARTED SCHOOL</td>
</tr>
<tr>
<td>12</td>
<td>BEFORE TEENAGER</td>
</tr>
<tr>
<td>13</td>
<td>NOT BEFORE TEENAGER</td>
</tr>
</tbody>
</table>

*DP37b.1. Was that episode brought on by some stressful experience? Or did it happen out of the blue?

BROUGHT ON BY STRESS ................. 1
OUT OF THE BLUE........................ 2
DON’T REMEMBER ........................ 5
DON’T KNOW ............................ 9
REFUSED ................................ 8

*DP37c. About how long did that episode go on?

__________  NUMBER

CIRCLE UNIT OF TIME:  DAYS ...... 1  WEEKS ...... 2  MONTHS ...... 3  YEARS ...... 4
DON’T KNOW ............................ 99
REFUSED ................................ 98
**DP38.** Did you have an episode of being (sad/or/discouraged/or/uninterested) with some of the other problems (on pages 53-54) lasting (several days or longer/two weeks or longer) at any time in the past 12 months?

YES......................................................... 1
NO............................................................ 5  GO TO *DP38c
DON’T KNOW ........................................... 9  GO TO *DP38c
REFUSED.................................................. 8  GO TO *DP38c

*DP38a. How recently – in the past month, two to six months ago, or more than six months ago?

PAST MONTH .............................................. 1
2-6 MONTHS AGO....................................... 2
MORE THAN 6 MONTHS AGO...................... 3
DON’T KNOW ........................................... 9
REFUSED.................................................. 8

*DP38a.1. When I use the word “episode” in the next questions, I mean a time lasting (several days/two weeks) or longer when nearly every day you were (sad/or/discouraged/or/uninterested) and also had some of the other problems (IF R CAN READ: on pages 53-54/IF R CANNOT READ: we just reviewed). The episode ends when you no longer have the problems for two weeks in a row. With this definition in mind, how many different episodes did you have in the past 12 months?

_____________ NUMBER

DON’T KNOW ........................................... 999
REFUSED.................................................. 998

*DP38a.2. INTERVIEWER CHECKPOINT: (SEE *DP38a.1)

*DP38a.1 EQUALS ‘1’ ................................................................. 1
ALL OTHERS .................................................. 2  GO TO *DP38a.7

*DP38a.3. In what month did that episode start?

/ ________
MONTH YEAR

DON’T KNOW ........................................... 999
REFUSED.................................................. 998

*DP38a.4. How long did that episode last (IF *DP38a EQUALS ‘1’: so far)?

____________ NUMBER

CIRCLE UNIT OF TIME:  DAYS .......... 1  WEEKS ...... 2  MONTHS .... 3  YEARS .... 4

DON’T KNOW ........................................... 999
REFUSED.................................................. 998

*DP38a.5. INTERVIEWER CHECKPOINT (SEE *DP38a):

*DP38a EQUALS ‘1’................................................................. 1
ALL OTHERS .................................................. 2  GO TO *DP39
*DP38a.6. Has this episode ended or is it still going on?

ENDED........................................................................................................... 1
STILL GOING ON.......................................................................................... 5
DON’T KNOW.............................................................................................. 9
REFUSED...................................................................................................... 8

GO TO *DP39

*DP38a.7. How long did the first of these (NUMBER FROM *DP38a.1) episodes last?

____________ NUMBER

CIRCLE UNIT OF TIME: DAYS ....1  WEEKS...... 2  MONTHS..... 3  YEARS ...... 4

DON’T KNOW ......................... 999
REFUSED................................. 998

*DP38a.8. INTERVIEWER CHECKPOINT (SEE *DP38a):

*DP38a EQUALS ‘1’ ...................................................................................... 1
ALL OTHERS............................................................................................... 2  GO TO *DP38b

*DP38a.9. Has the most recent episode ended or is it still going on?

ENDED........................................................................................................... 1
STILL GOING ON.......................................................................................... 5
DON’T KNOW.............................................................................................. 9
REFUSED...................................................................................................... 8

*DP38b. About how many days out of the last 365 were you in an episode?

___________ DAYS  GO TO *DP39

DON’T KNOW ......................... 999  GO TO *DP39
REFUSED................................. 998  GO TO *DP39

*DP38c. How old were you the last time you had one of these episodes?

___________ YEARS OLD

DON’T KNOW ......................... 999
REFUSED................................. 998

*DP39. What is the longest episode you ever had when you were (sad/or/discouraged/or/uninterested) and also had some of the other problems most of the day nearly every day?

___________ NUMBER

CIRCLE UNIT OF TIME: DAYS ....1  WEEKS...... 2  MONTHS..... 3  YEARS ...... 4

DON’T KNOW ......................... 99
REFUSED................................. 98
*DP40. INTERVIEWER CHECKPOINT: (SEE *DP39)

LONGEST EPISODE WAS LESS THAN 14 DAYS ...................... 1
ALL OTHERS................................................................. 2  GO TO *DP52

*DP41. Did you ever have at least one full year with episodes lasting several days or more just about every month?

YES..........................................1  GO TO *DP88
NO ........................................... 5  GO TO *DP88
DON'T KNOW ...................... 9  GO TO *DP88
REFUSED ......................... 8  GO TO *DP88

*DP42. How old were you the first time you had a year of this sort (when you had an episode just about every month)?

____________ YEARS OLD
DON'T KNOW ...................... 999
REFUSED ......................... 998

*DP42.1. How many of these episodes were brought on by some stressful experience - - all, most, some, or none?

ALL .................................................... 1
MOST................................................ 2
SOME................................................ 3
NONE................................................ 4
DON'T KNOW ...................... 9
REFUSED ......................... 8

*DP43. About how many different years in your life did you have an episode [of being (sad/or/discouraged/or/uninterested)] just about every month?

____________ YEARS
DON'T KNOW ...................... 999
REFUSED ......................... 998

*DP46. Did you ever have a full year or longer when you were in an episode most days?

YES ................................................... 1  GO TO *DP62.1
NO .......................................................... 5  GO TO *DP62.1
DON'T KNOW ...................... 9  GO TO *DP62.1
REFUSED ......................... 8  GO TO *DP62.1

*DP47. And how old were you the first time you had a year when you were in an episode most days?

____________ YEARS OLD
DON'T KNOW ...................... 999
REFUSED ......................... 998
*DP48. About how many different years in your life were you in an episode [of being (sad/or/discouraged/or/uninterested)] most days?

________________ YEARS

DON’T KNOW ......................... 999
REFUSED ................................. 998

*DP49. INTERVIEWER CHECKPOINT: (SEE *DP48)

*DP48 EQUALS ‘1’ ................................................................. 1  GO TO *DP62.1
ALL OTHERS ................................................................. 2

*DP50. What is the longest continuous number of years in a row in which you were in an episode most days?

_____________ YEARS  GO TO *DP62.1

DON’T KNOW ......................... 999  GO TO *DP62.1
REFUSED ................................. 998  GO TO *DP62.1

*DP52. How many episodes of feeling (sad/or/discouraged/or/uninterested) with some other problems lasting two weeks or longer have you ever had in your life?

______________ NUMBER

DON’T KNOW ......................... 999
REFUSED ................................. 998

*DP53. INTERVIEWER CHECKPOINT: (SEE *DP52)

*DP52 EQUALS ‘1’ ................................................................. 1  GO TO *DP62.1
ALL OTHERS ................................................................. 2

*DP53.1. How many of these episodes were brought on by some stressful experience?

______________ NUMBER

DON’T KNOW ......................... 999
REFUSED ................................. 998

*DP54. How many different years in your life did you have at least one episode?

______________ YEARS

DON’T KNOW ......................... 999
REFUSED ................................. 998

*DP55. INTERVIEWER CHECKPOINT: (SEE *DP54)

*DP54 EQUALS ‘1’ ................................................................. 1  GO TO *DP62.1
ALL OTHERS ................................................................. 2
*DP56. What is the longest continuous number of years in a row in which you had at least one episode per year?

_____________ YEARS

DON’T KNOW ......................... 999
REFUSED .................................. 998

*DP57. INTERVIEWER CHECKPOINT: (SEE *DP39)

*DP39 EQUALS ‘12’ MONTHS OR LONGER......................... 1  GO TO *DP59
ALL OTHERS.................................................. 2

*DP58. Did you ever have a period lasting a full year or longer when you were in an episode most days?

YES ................................................... 1
NO .................................................. 5  GO TO *DP62.1
DON’T KNOW ............................. 9  GO TO *DP62.1
REFUSED ......................... 8  GO TO *DP62.1

*DP59. About how many years in your life were you in an episode most days?

_____________ YEARS

DON’T KNOW ......................... 999
REFUSED .................................. 998

*DP59a. And how old were you the first time you had a year of this sort (when you were in an episode most days)?

_____________YEARS OLD

DON’T KNOW ......................... 999
REFUSED .................................. 998

*DP60. INTERVIEWER CHECKPOINT: (SEE *DP59)

*DP59 EQUALS ‘1’ .................................................. 1  GO TO *DP62.1
ALL OTHERS.................................................. 2

*DP61. What is the longest continuous number of years in a row in which you were in an episode most days?

_____________ YEARS

DON’T KNOW ......................... 999
REFUSED .................................. 998

*DP62.1. INTERVIEWER CHECKPOINT: (SEE *DP38)

*DP38 EQUALS ‘1’ .......................... 1  GO TO *DP69
ALL OTHERS.................................................. 2
*DP62.2. INTERVIEWER CHECKPOINT

R CAN READ .................................. 1
ALL OTHERS ............................... 2  GO TO *DP64

*DP62.3. (RB, PG 55) For the next questions I need you to think about the period of (several days/two weeks) or more during the past 12 months when your (sadness/or/discouragement/or/lack of interest) was most severe and frequent. Please read each of the nine sets of statements on page 55 in your booklet and circle the one response for each of the nine that best describes how you were during those (several days/two weeks). Let me know when you have finished.

GO TO *DP66

*DP64. (RB, PG 55-56) For the next questions I need you to think about the period of (several days/two weeks) or more during the past 12 months when your (sadness/or/discouragement/or/lack of interest) was most severe and frequent. I’m going to read nine series of statements. Please pick the one statement in each series that comes closest to your experience during that worst (several days/two weeks).

*DP64a. Here’s the first series, which deals with problems falling asleep:

One:  You never took longer than 30 minutes to fall asleep.
Two:  You took at least 30 minutes to fall asleep, less than half the time.
Three: You took at least 30 minutes to fall asleep, more than half the time.
Four: You took more than 60 minutes to fall asleep, more than half the time.

(IF NEC: Which of these four statements was most true of you during your worst (several days/two weeks) of being (sad/or/discouraged/or/uninterested) in the past 12 months?)

___________ NUMBER

DON’T KNOW ......................... 999
REFUSED ............................. 998

*DP64b. Here’s the next series, which deals with waking up at night:

One:  You did not wake up at night.
Two:  You had a restless, light sleep with few brief awakenings each night.
Three: You woke up at least once a night, but you got back to sleep easily.
Four: You woke up more than once a night and stayed awake for 20 minutes or more, more than half the time.

(IF NEC: Which of these four statements was most true of you during your worst (several days/two weeks) of being (sad/or/discouraged/or/uninterested) in the past 12 months?)

___________ NUMBER

DON’T KNOW ......................... 999
REFUSED ............................. 998
*DP64c. Here’s the next series, which deals with waking up too early in the morning:

One: Most of the time, you woke up no more than 30 minutes before you needed to get up.
Two: More than half the time, you woke up more than 30 minutes before you needed to get up.
Three: You almost always woke up at least one hour or so before you needed to, but you went back to sleep eventually.
Four: You woke up at least one hour before you needed to and couldn’t get back to sleep.

(IF NEC: Which of these four statements was most true of you during your worst (several days/two weeks) of being (sad/or/discouraged/or/uninterested) in the past 12 months?)

________ NUMBER

DON’T KNOW ......................... 999
REFUSED .............................. 998

*DP64d. Here’s the next series, which deals with the amount of sleep you got each night. Again, pick the one statement that’s closest to your experience.

One: You slept no longer than 7-8 hours/night, without napping during the day.
Two: You slept no longer than 10 hours in a 24-hour period including naps.
Three: You slept no longer than 12 hours in a 24-hour period including naps.
Four: You slept longer than 12 hours in a 24-hour period including naps.

(IF NEC: Which of these four statements was most true of you during your worst (several days/two weeks) of being (sad/or/discouraged/or/uninterested) in the past 12 months?)

________ NUMBER

DON’T KNOW ......................... 999
REFUSED .............................. 998

*DP64e. Here’s the next series, which deals with feeling sad:

One: You did not feel sad.
Two: You felt sad less than half the time.
Three: You felt sad more than half the time.
Four: You felt sad nearly all the time.

(IF NEC: Which of these four statements was most true of you during your worst (several days/two weeks) of being (sad/or/discouraged/or/uninterested) in the past 12 months?)

________ NUMBER

DON’T KNOW ......................... 999
REFUSED .............................. 998
*DP64f. Here’s the next series, which deals with your ability to concentrate and make decisions:

One: There was no change in your usual capacity to concentrate or make decisions.
Two: You occasionally felt indecisive or found that your attention wandered.
Three: Most of the time, you struggled to focus your attention or to make decisions.
Four: You couldn’t concentrate well enough to read or you couldn’t make even minor decisions.

(IF NEC: Which of these four statements was most true of you during your worst (several days/two weeks) of being (sad/or/discouraged/or/uninterested) in the past 12 months?

__________ NUMBER

DON’T KNOW ......................... 999
REFUSED ............................. 998

*DP64g. Here’s the next series, which deals with feeling down on yourself:

One: You saw yourself as equally worthwhile and deserving as other people.
Two: You were more self-blaming than usual.
Three: You largely believed that you caused problems for others.
Four: You thought almost constantly about major and minor defects in yourself.

(IF NEC: Which of these four statements was most true of you during your worst (several days/two weeks) of being (sad/or/discouraged/or/uninterested) in the past 12 months?

__________ NUMBER

DON’T KNOW ......................... 999
REFUSED ............................. 998

*DP64h. Here’s the next series, which deals with your interest in daily activities:

One: There was no change from usual in how interested you were in other people or activities.
Two: You noticed that you were less interested in people or activities.
Three: You found you had interest in only one or two of your formerly pursued activities.
Four: You had virtually no interest in formerly pursued activities.

(IF NEC: Which of these four statements was most true of you during your worst (several days/two weeks) of being (sad/or/discouraged/or/uninterested) in the past 12 months?

__________ NUMBER

DON’T KNOW ......................... 999
REFUSED ............................. 998

*DP64i. Here’s the next series, which deals with your energy:

One: There was no change in your usual level of activity.
Two: You got tired more easily than usual.
Three: You had to make a big effort to start or finish your usual daily activities (for example, shopping, homework, cooking, or going to work).
Four: You really couldn’t carry out most of your usual daily activities because you just didn’t have the energy.

(IF NEC: Which of these four statements was most true of you during your worst (several days/two weeks) of being (sad/or/discouraged/or/uninterested) in the past 12 months?

__________ NUMBER

DON’T KNOW ......................... 999
REFUSED ............................. 998
Think about the month or longer in the past 12 when your (sadness/or/discouragement/or/lack of interest) was most severe. Using the 0 to 10 scale on page 57 of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much your (sadness/or/discouragement/or/lack of interest) interfered with each of the following activities during that time?

(IF NEC: How much did your (sadness/or/discouragement/or/lack of interest) interfere with (ACTIVITY) during that time?)

(IF NEC: You can use any number between 0 and 10 to answer.)

NUMBER (0-10)

*DP66a. Your home management, like cleaning, shopping, and taking care of the (house/apartment)?

__________

DOES NOT APPLY ............97
DON'T KNOW ................99
REFUSED .....................98

*DP66b. Your ability to work?

__________

DOES NOT APPLY ............97
DON'T KNOW ................99
REFUSED .....................98

*DP66c. Your ability to form and maintain close relationships with other people?

__________

DOES NOT APPLY ............97
DON'T KNOW ................99
REFUSED .....................98

*DP66d. Your social life?

__________

DOES NOT APPLY ............97
DON'T KNOW ................99
REFUSED .....................98

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*DP67. INTERVIEWER CHECKPOINT: (SEE *DP66a - *DP66d)

ALL RESPONSES EQUAL ‘0’ OR ‘97’.................................1  GO TO *DP69
ALL OTHERS..........................................................2
*DP68. About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of your (sadness/or/discouragement/or/lack of interest)?

(IF NEC: You can use any number between 0 and 365 to answer.)

_________ NUMBER OF DAYS

DON’T KNOW ..................999
REFUSED .......................998

*DP69. Did you talk to a medical doctor or other professional about your (sadness/or/discouragement/or/lack or interest) in the past 12 months? By professional we mean psychiatrists, psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.

YES................................1  GO TO *DP70
NO..................................5
DON’T KNOW .................9
REFUSED .................8

*DP69a. Did you ever in your life talk to a medical doctor or other professional about your (sadness/or/discouragement/or/lack or interest)?

YES ..................................1  GO TO *DP71
NO ..................................5
DON’T KNOW .................9
REFUSED .................8

*DP69b. Did you ever try to get professional help for your (sadness/or/discouragement/or/lack or interest)?

YES ..................................1  GO TO *DP76
NO ..................................5
DON’T KNOW .................9  GO TO *DP76
REFUSED .................8  GO TO *DP76

*DP69c. What are the main reasons you did not get professional help? (CODE UP TO 2 RESPONSES)

Use this coding scheme:

1 - Thought problem would get better by itself.
2 - Felt (got) better.
3 - It didn’t really bother me that much.
4 - Wanted to solve problem on my own.
5 - Didn’t think it would help.
6 - Could not afford it; too expensive.
7 - Worried about what other people would think.
8 - Inconvenient/Transportation problems, etc.
9 - Didn’t know where to go for help.
10 - Was embarrassed to talk about problem.
11 - Talked to a friend/relative
97 - Other (SPECIFY) ____________________
99 - DON’T KNOW
98 - REFUSED

GO TO *DP76
*DP70. Was this the first time [you talked to a professional about your (sadness/or/discouragement/or/lack or interest)]?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
<tr>
<td>REFUSED</td>
<td>8</td>
</tr>
</tbody>
</table>

GO TO *DP72

*DP71. How old were you the first time [you talked to a professional about your (sadness/or/discouragement/or/lack or interest)]?

_________ YEARS OLD

DON'T KNOW .......... 999
REFUSED .............. 998

*DP72. Which of the following types of professionals did you ever talk to about your (sadness/or/discouragement/or/lack or interest)?

<table>
<thead>
<tr>
<th>Professional Type</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>*DP72a. A psychiatrist?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP72b. Any other mental health professional, such as a psychologist, psychotherapist, social worker, a mental health nurse or counselor?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP72c. A family doctor?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP72d. Any other medical doctor, like a cardiologist or (WOMEN: gynecologist / MEN: urologist)?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP72e. Any other health professional, like a nurse or physician’s assistant?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP72f. A religious or spiritual advisor like a minister, priest, or rabbi?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*DP72g. Any other healer, like an herbalist, chiropractor, or spiritualist?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*DP73. (Were any of these/Was this) professional(s) helpful to you?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
<tr>
<td>REFUSED</td>
<td>8</td>
</tr>
</tbody>
</table>

GO TO *DP74

IF R ONLY SAW 1 PROFESSIONAL IN *DP72  GO TO *DP74

*DP73a. Which ones? ____________________________
*DP74. What kind of treatment did you receive? (CHECK ALL THAT APPLY)

   NONE............................................................... 1
   INDIVIDUAL THERAPY.............................. 2
   GROUP THERAPY ........................................ 3
   MEDICATIONS/DRUGS ............................ 4
   OTHER......................................................... 5
   DON'T KNOW ............................................ 9
   REFUSED .................................................... 8

*DP75. Were you ever hospitalized overnight for your (sadness/or/discouragement/or/lack or interest)?

   YES.............................. 1
   NO ................................... 5     GO TO *DP76
   DON'T KNOW ................. 9     GO TO *DP76
   REFUSED ......................... 8     GO TO *DP76

   *DP75a. How old were you the first time you were hospitalized overnight for your
   (sadness/or/discouragement/or/lack or interest)?

   __________  YEARS OLD
   DON'T KNOW ................ 999
   REFUSED ...................... 998

   *DP75b. How many times have you ever been hospitalized for your (sadness/or/discouragement/or/lack of interest)?

   __________  NUMBER OF TIMES
   DON'T KNOW ................. 999
   REFUSED ...................... 998

*DP76. Did you ever in your life receive any help for your (sadness/or/discouragement/or/lack or interest) from family,
   friends, or other acquaintances?

   YES.............................. 1     GO TO *DP88
   NO ................................... 5
   DON'T KNOW ................. 9
   REFUSED ......................... 8

   *DP76a. Did you try to get help for your (sadness/or/discouragement/or/lack of interest) from family, friends, or other
   acquaintances?

   YES .................. 1
   NO ...................... 5
   DON'T KNOW ........... 9     GO TO *DP88
   REFUSED .................. 8     GO TO *DP88

   *DP76b. What are the main reasons you did not get help from family or friends? (ENTER UP TO TWO REASONS)

   ____________________________________________
   ____________________________________________

FOLLOW SKIP FOR FIRST ENDORSED ITEM.

*SC24 EQUALS ‘1’ .................................................................1  GO TO *M1, NEXT SECTION
*SC25a EQUALS ‘1’ ..............................................................2  GO TO *M5
*SC20 EQUALS ‘1’ ...............................................................4  GO TO *PD1 INTRO 1
*SC20a EQUALS ‘1’ .............................................................5  GO TO *PD1 INTRO 2
*SC29.4 EQUALS ‘1’ ............................................................7  GO TO *SO1
*SC30.4 EQUALS ‘1’ ............................................................8  GO TO *AG1
*SC26 EQUALS ‘1’ ..............................................................9  GO TO *GA1 INTRO 1
*SC26a EQUALS ‘1’ ............................................................10  GO TO *GA1 INTRO 2
*SC26b EQUALS ‘1’ ............................................................11  GO TO *GA1 INTRO 3
ALL OTHERS ........................................................................12  GO TO *SD1

END OF SECTION
MANIA (M)

*M1. Earlier in the interview you mentioned having periods of time lasting four days or longer when you felt much more excited and full of energy than usual and your mind went too fast. (READ SLOWLY) People who have times like this often have changes in their thinking and in the way they act, like being more talkative, needing very little sleep, being very restless, going on buying sprees, and acting in ways that are not normal for them. Did any of these changes happen to you during periods of time when you were excited and full of energy?

YES .................................................1
NO...................................................5  GO TO *M54
DON’T KNOW .................................9  GO TO *M54
REFUSED ..........................................8  GO TO *M54

*M3. Please think of periods of time of four days or more when you were very excited and full of energy and you had the largest number of changes in how you acted at the same time. Is there one time of this sort that stands out in your mind?

YES .................................................1
NO...................................................5  GO TO *M3c
DON’T KNOW .................................9  GO TO *M3c
REFUSED ..........................................8  GO TO *M3c

*M3a. How old were you when this happened?

__________ YEARS OLD

DON’T KNOW .......... 999
REFUSED ................. 998

*M3b. How long did it last?

__________ NUMBER  GO TO *M4

CIRCLE UNIT OF TIME: HOURS….1  DAYS .. 2  WEEKS…3  MONTHS….4  YEARS…5

DON’T KNOW ................. 999  GO TO *M4
REFUSED ...................... 998  GO TO *M4

*M3c. Now think of the most recent time something like this happened. How old were you?

__________ YEARS OLD

DON’T KNOW .......... 999
REFUSED ................. 998

*M3d. How long did it last?

__________ NUMBER

CIRCLE UNIT OF TIME: HOURS….1  DAYS .. 2  WEEKS…3  MONTHS….4  YEARS…5

DON’T KNOW ................. 999
REFUSED ...................... 998
*M4. During this last time, did any of the following happen? Were you so irritable or grouchy that you started arguments, shouted at people, or hit people?

YES .................................. 1
NO .................................... 5
DON’T KNOW ................ 9
REFUSED ......................... 8

INTERVIEWER INSTRUCTION: USE THE PHRASE “EXCITED AND FULL OF ENERGY” THROUGHOUT THIS SECTION

GO TO *M7a

*M5. Earlier in the interview you mentioned having periods of time lasting four days or longer when you became so irritable or grouchy that you started arguments, shouted at people, or hit people. (READ SLOWLY) People who have times like this often are more talkative, need very little sleep, are very restless, go on buying sprees and act in ways they would normally not act. Did you ever act like this while you were very irritable or grouchy?

YES .................................. 1
NO .................................... 5
DON’T KNOW ................ 9
REFUSED ......................... 8

GO TO *M54

*M6. Please think of the times of four days or more when you were very irritable or grouchy and you had the most changes like these in how you acted. Is there one time that stands out in your mind?

YES .................................. 1
NO .................................... 5
DON’T KNOW ................ 9
REFUSED ......................... 8

GO TO *M6c

*M6a. How old were you when this happened?

__________ YEARS OLD

DON’T KNOW .................. 999
REFUSED ......................... 998

*M6b. How long did it last?

__________ NUMBER  GO TO *M7

CIRCLE UNIT OF TIME: HOURS....1  DAYS.. 2  WEEKS....3  MONTHS....4  YEARS…5

DON’T KNOW .................. 999  GO TO *M7
REFUSED ......................... 998  GO TO *M7

INTERVIEWER INSTRUCTION: USE THE PHRASE “IRRITABLE OR GROUCHY” THROUGHOUT THIS SECTION
**M6c.** Now think of the most recent time this happened. How old were you?

_________ YEARS OLD

DON'T KNOW .................... 999
REFUSED .......................... 998

**M6d.** How long did it last?

_________ NUMBER

CIRCLE UNIT OF TIME:  
HOURS....1  DAYS..2  WEEKS....3  MONTHS....4  YEARS....5

DON'T KNOW .................... 999
REFUSED .......................... 998

INTERVIEWER INSTRUCTION: USE THE PHRASE “IRRITABLE OR GROUCHY” THROUGHOUT THIS SECTION

---

**M7.** During that time, how did you act differently?

<table>
<thead>
<tr>
<th>Question</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>M7a.</strong> Did you become so restless or fidgety that you walked back and forth or couldn’t stand still? (KEY PHRASE: being restless)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>M7b.</strong> Were you a lot more interested in sex than usual, or did you want to have sex with people you wouldn’t normally think about? (KEY PHRASE: having a lot more interest in sex than usual)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>M7c.</strong> Did you become overly friendly or outgoing with people?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>M7d.</strong> Did you do anything else that wasn’t usual for you – like talking about things you would normally keep private, or acting in ways that you’d usually find embarrassing? (KEY PHRASE: behaving inappropriately)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>M7e.</strong> Did you try to get things done, like lots of work that were not really possible? (KEY PHRASE: trying to accomplish unrealistic goals)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>M7f.</strong> Did you talk a lot more than usual or feel a need to keep talking all the time? (KEY PHRASE: talking a lot more than usual)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>M7g.</strong> Did you keep changing your plans or activities all the time? (KEY PHRASE: constantly changing plans)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>M7h.</strong> Did you find it hard to keep your mind on what you were doing? (KEY PHRASE: hard to keep your mind on things)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

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77
<table>
<thead>
<tr>
<th>Question</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*M7i. Did your thoughts seem to jump from one thing to another or race through your head so fast you couldn’t keep track of them? (KEY PHRASE: thoughts racing)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*M7j. Did you sleep a lot less than usual and still not get tired or sleepy? (KEY PHRASE: sleeping far less than usual)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*M7k. Did you get involved in very risky investments or schemes for making money? (KEY PHRASE: getting involved in foolish schemes)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*M7l. Did you spend a lot more money than usual that it caused you to have financial trouble? (KEY PHRASE: getting into financial trouble)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*M7m. Did you do risky things like driving too fast, staying out all night, or having casual or unsafe sex? (KEY PHRASE: doing risky things)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*M7n. Were you much more self-confident than usual or believe you could do things you really couldn’t do? (KEY PHRASE: having too much self-confidence)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*M7o. Did you think that you were actually someone else, or that you knew or had a special relationship with a famous person? (KEY PHRASE: believing you were someone else or somehow connected to a famous person)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*M8. INTERVIEWER CHECK POINT: (SEE *M7a-o)

THREE OR MORE RESPONSES CODED ‘1’ ..................... 1
ALL OTHERS ......................................................... 2  GO TO *M54

*M9. Now, you said you had times when you were very (excited and full of energy/irritable or grouchy) and also had some problems like (KEY PHRASE OF 3 “YES” RESPONSES IN *M7 SERIES). How much did these problems ever interfere with your work, your social life, or your personal relationships with other people – not at all, a little, some, a lot, or a great deal?

NOT AT ALL .............................................1  GO TO *M54
A LITTLE .............................................2  GO TO *M54
SOME.......................................................3
A LOT ....................................................4
GREAT DEAL .................................5
DON’T KNOW .................................9
REFUSED ............................................8
*M9a. How often during these times were you unable to carry out your normal daily activities – often, sometimes, rarely, or never?

  OFTEN............................................1
  SOMETIMES ......................................2
  RARELY ..........................................3
  NEVER ...........................................4
  DON’T KNOW ...............................9
  REFUSED ......................................8

*M9b. Did other people say anything or worry about the way you were acting?

  YES .................................1
  NO......................................5
  DON’T KNOW ......................9
  REFUSED .........................8

*M10a. The things that we have been talking about sometimes are caused by physical illness or injury or the use of medication, drugs, or alcohol. Do you think physical things like this caused you to sometimes act in these ways?

  YES .................................................1
  NO ...................................................5
  DON’T KNOW ......................9
  REFUSED .........................8
  GO TO *M18

*M10b. Were all the times you acted this way because of these physical reasons?

  YES .................................................1
  NO ...................................................5
  DON’T KNOW ......................9
  REFUSED .........................8

*M10c. Briefly, what were the physical causes?

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

*M18. Think of the very first time in your life you had a period of time lasting four days or longer when you became very (excited and full of energy/irritable or grouchy) and also had some of the behavior changes you just reported. Can you remember your exact age?

  YES .................................................1
  NO...................................................5
  DON’T KNOW ......................9
  REFUSED .........................8
  GO TO *M18b1

*M18a. (IF NEC: How old were you!?)

__________ YEARS OLD  GO TO *M18c

DON’T KNOW ................. 999  GO TO *M18c
REFUSED ....................... 998  GO TO *M18c
*M18b1. About how old were you the first time it happened?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” CODE: DON’T KNOW

_________ YEARS OLD          GO TO *M18c

DON’T KNOW...............999
REFUSED.......................998  GO TO *M18c

*M18b2. Was it before you first started school?

YES .................................... 1  GO TO *M18c
NO...................................... 5
DON’T KNOW .............. 9
REFUSED..................... 8

*M18b3. Was it before you were a teenager?

YES........................................ 1
NO...................................... 5
DON’T KNOW .................... 9
REFUSED..................... 8

THE FOLLOWING CODES WILL BE USED WHEN CREATING THE AGE OF ONSET MEASURE

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>BEFORE STARTED SCHOOL</td>
</tr>
<tr>
<td>12</td>
<td>BEFORE TEENAGER</td>
</tr>
<tr>
<td>13</td>
<td>NOT BEFORE TEENAGER</td>
</tr>
</tbody>
</table>

*M18c. Was it brought on by some stressful experience? Or did it happen out of the blue?

BROUGHT ON BY STRESS...................... 1
OUT OF THE BLUE.............................. 2
DON’T REMEMBER.............................. 5
DON’T KNOW................................. 999
REFUSED..................................... 998

*M18d. About how long did it go on?

_________ NUMBER

CIRCLE UNIT OF TIME: HOURS....1  DAYS..2  WEEKS....3  MONTHS....4  YEARS...5

DON’T KNOW.................................99
REFUSED.....................................98

*M19. Did you have one of these periods of time in the past 12 months?

YES........................................ 1
NO...................................... 5  GO TO *M19d
DON’T KNOW .................... 9  GO TO *M19d
REFUSED..................... 8  GO TO *M19d

*M19a. How recently – in the past month, two to six months ago, or more than six months ago?

PAST MONTH.................................1
2-6 MONTHS AGO ............................ 2
MORE THAN 6 MONTHS AGO ............. 3
DON’T KNOW.................................9
REFUSED.....................................8
*M19b. How many did you have in the past 12 months?

__________ NUMBER

DON’T KNOW ...............999
REFUSED ......................998

*M19c. How many weeks in the past 12 months were you in (this /one of these)

__________ NUMBER    GO TO *M20

DON’T KNOW ...............999    GO TO *M20
REFUSED ......................998    GO TO *M20

*M19d. How old were you the last time you had one of these?

__________ YEARS OLD

DON’T KNOW ...............999
REFUSED ......................998

*M20. How many lasting a full week or longer have you ever had in your life?

__________ NUMBER

DON’T KNOW ...............999
REFUSED ......................998

*M21. How many lasting less than one week have you ever had in your life?

__________ NUMBER

DON’T KNOW ...............999
REFUSED ......................998

*M21a. INTERVIEWER CHECKPOINT: (SEE *M20, *M21)

SUM OF EPISODES IN *M20 AND *M21 EQUALS ONE......................1    GO TO *M26
ALL OTHERS .......................................................... 2

*M21.1. How many of these lasting either more than a week or less than a month were brought on by some stressful experience?

__________ NUMBER

DON’T KNOW ...............999
REFUSED ......................998

*M22. How long was the longest one you ever had?

__________ NUMBER

CIRCLE UNIT OF TIME:     HOURS....1    DAYS .. 2    WEEKS....3    MONTHS....4    YEARS...5

DON’T KNOW ...............999
REFUSED ......................998
*M23. How many different years in your life did you have at least one?

____________ YEARS

DON’T KNOW .......... 999
REFUSED ............... 998

*M26. INTERVIEWER CHECKPOINT: (SEE *M19)

*M19 EQUALS ‘1’ ................................................................. 1
ALL OTHERS ............................................................................ 2  GO TO *M33

<table>
<thead>
<tr>
<th>No Interference</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Very Severe Interference</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*M27. (RB, PG 57) Think about the month or longer in the past 12 when your time(s) of being very (excited and full of energy/ irritable or grouchy) was/were most severe. Using the 0 to 10 scale on page 57 of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much your time(s) of being very (excited and full of energy/ irritable or grouchy) interfered with each of the following activities during that time?

(IF NEC: How much did your time(s) of being very (excited and full of energy/ irritable or grouchy) interfere with (ACTIVITY) during that time?)

(IF NEC: You can use any number between 0 and 10 to answer.)

NUMBER (0-10)

*M27a. Your home management, like cleaning, shopping, and taking care of the (house/ apartment)?

________________________

DOES NOT APPLY .......... 97
DON’T KNOW ............... 99
REFUSED .................. 98

*M27b. Your ability to work?

________________________

DOES NOT APPLY .......... 97
DON’T KNOW ............... 99
REFUSED .................. 98

*M27c. Your ability to form and maintain close relationships with other people?

________________________

DOES NOT APPLY .......... 97
DON’T KNOW ............... 99
REFUSED .................. 98

*M27d. Your social life?

________________________

DOES NOT APPLY .......... 97
DON’T KNOW ............... 99
REFUSED .................. 98

*M28. INTERVIEWER CHECKPOINT: (SEE *M27a - *M27d)

ALL RESPONSES EQUAL ‘0’ OR ‘97’ ................................................................. 1  GO TO *M33
ALL OTHERS ............................................................... 2
*M29. About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of your episode(s) of being very (excited and full of energy/irritable or grouchy)?

(IF NEC: You can use any number between 0 and 365 to answer.)

_________ NUMBER OF DAYS
DON’T KNOW ............ 999
REFUSED ..................... 998

*M33. Did you talk to a medical doctor or other professional about your time(s) of being very (excited and full of energy/irritable or grouchy) in the past 12 months? By professional we mean psychiatrists, psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.

YES .............................. 1  GO TO *M34
NO ................................ 5
DON’T KNOW ................. 9
REFUSED ....................... 8

*M33a. Did you ever in your life talk to a medical doctor or other professional [about your time(s) of being very (excited and full of energy/irritable or grouchy)]?

YES .............................. 1  GO TO *M35
NO ................................ 5
DON’T KNOW ................. 9
REFUSED ....................... 8

*M33b. Did you ever try to get professional help [for your time(s) of being very (excited and full of energy/irritable or grouchy)]?

YES .............................. 1  GO TO *M40
NO ................................ 5
DON’T KNOW ................. 9  GO TO *M40
REFUSED ....................... 8  GO TO *M40

*M33c. What are the main reasons you did not get professional help? (CODE UP TO 2 RESPONSES)

Use this coding scheme:

1 - Thought problem would get better by itself.
2 - Felt (got) better.
3 - It didn’t really bother me that much.
4 - Wanted to solve problem on my own.
5 - Didn’t think it would help.
6 - Could not afford it; too expensive.
7 - Worried about what other people would think.
8 - Inconvenient/Transportation problems, etc.
9 - Didn’t know where to go for help.
10 - Was embarrassed to talk about problem.
11 - Talked to a friend/relative
97 - Other (SPECIFY) ____________________
99 - DON’T KNOW
98 - REFUSED

GO TO *M40
**M34.** Was this the first time [you talked to a professional about your time(s) of being very (excited and full of energy/irritable or grouchy)]?

YES.................................. 1  GO TO *M36  
NO.................................... 5  
DON’T KNOW.............. 9  GO TO *M36  
REFUSED......................... 8  GO TO *M36

**M35.** How old were you the first time [you talked to a professional about your time(s) of being very (excited and full of energy/irritable or grouchy)]?

_________ YEARS OLD

DON’T KNOW.............. 999  
REFUSED......................... 998

**M36.** Which of the following types of professionals did you ever talk to [about your time(s) of being very (excited and full of energy/irritable or grouchy)]?

<table>
<thead>
<tr>
<th>Type of Professional</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) A psychiatrist?</td>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>b) Any other mental health professional, such as a psychologist, psychotherapist, social worker, a mental health nurse or counselor?</td>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>c) A family doctor?</td>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>d) Any other medical doctor, like a cardiologist or (WOMEN: gynecologist / MEN: urologist)?</td>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>e) Any other health professional, like a nurse or physician’s assistant?</td>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>f) A religious or spiritual advisor like a minister, priest, or rabbi?</td>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>g) Any other healer, like an herbalist, chiropractor, or spiritualist?</td>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
</tbody>
</table>

**M37.** (Were any of these/Was this) professional(s) helpful to you?

YES.................................. 1  
NO.................................... 5  GO TO *M38  
DON’T KNOW.............. 9  GO TO *M38  
REFUSED......................... 8  GO TO *M38

IF R ONLY SAW 1 PROFESSIONAL IN *M36  GO TO *M38

*M37a.** Which ones?  ___________________________________________

84
**M38.** What kind of treatment did you receive? (CHECK ALL THAT APPLY)

- NONE............................................................... 1
- INDIVIDUAL THERAPY........................................... 2
- GROUP THERAPY................................................ 3
- MEDICATIONS/DRUGS............................................ 4
- OTHER .............................................................. 5
- DON’T KNOW..................................................... 9
- REFUSED........................................................... 8

**M39.** Were you ever hospitalized overnight [for time(s) of being very (excited and full of energy/irritable or grouchy)]?

- YES.............................. 1
- NO................................. 5 GO TO *M40
- DON’T KNOW............... 9 GO TO *M40
- REFUSED......................... 8 GO TO *M40

**M39a.** How old were you the first time you were hospitalized overnight [for your time(s) of being very (excited and full of energy/irritable or grouchy)]?

__________ YEARS OLD

- DON’T KNOW...............999
- REFUSED.........................998

**M39b.** How many times have you ever been hospitalized [for your time(s) of being very (excited and full of energy/irritable or grouchy)]?

_________ NUMBER OF TIMES

- DON’T KNOW...............999
- REFUSED.........................998

**M40.** Did you ever in your life receive any help [for your time(s) of being very (excited and full of energy/irritable or grouchy)] from family, friends, or other acquaintances?

- YES............................. 1 GO TO *M54
- NO................................. 5
- DON’T KNOW............... 9
- REFUSED......................... 8

**M40a.** Did you try to get help [for your time(s) of being very (excited and full of energy/irritable or grouchy)] from family, friends, or other acquaintances?

- YES.............................1
- NO.................................5
- DON’T KNOW...............9 GO TO *M54
- REFUSED.........................8 GO TO *M54

**M40b.** What are the main reasons you did not get help from family or friends? (ENTER UP TO TWO REASONS)

FOLLOW SKIP FOR FIRST ENDORSED ITEM.

*SC20 EQUALS ‘1’...........................................................................1 GO TO *PD1 INTRO 1
*SC20a EQUALS ‘1’...........................................................................2 GO TO *PD1 INTRO 2
*SC29.4 EQUALS ‘1’.........................................................................4 GO TO *SO1
*SC30.4 EQUALS ‘1’........................................................................5 GO TO *AG1
*SC26 EQUALS ‘1’...........................................................................6 GO TO *G1 INTRO 1
*SC26a EQUALS ‘1’..........................................................................7 GO TO *G1 INTRO 2
*SC26b EQUALS ‘1’.........................................................................8 GO TO *G1 INTRO 3
ALL OTHERS........................................................................................9 GO TO *SD1

END OF SECTION
**PANIC DISORDER (PD)**

<table>
<thead>
<tr>
<th><strong>PD1. INTRO 1</strong></th>
<th><strong>PD1. INTRO 2</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Earlier you mentioned having attacks of fear or panic when all of a sudden you felt very frightened, anxious, or uneasy. Think of a bad attack like that. During that attack, which of the following problems did you have?</td>
<td>Earlier you mentioned having attacks when all of a sudden you had several problems like being short of breath, your heart pounding or feeling dizzy, and being afraid you would die or go crazy. Think of a bad attack like that. During that attack, which of the following problems did you have?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*<em>SKIP TO <em>PD2 AFTER FOUR “YES” RESPONSES</em></em></th>
<th><strong>YES (1)</strong></th>
<th><strong>NO (5)</strong></th>
<th><strong>DK (9)</strong></th>
<th><strong>RF (8)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PD1a.</strong> Did your heart pound or race? (KEY PHRASE: heart racing)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>PD1b.</strong> Were you short of breath? (KEY PHRASE: being short of breath)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>PD1c.</strong> Did you have nausea or discomfort in your stomach? (KEY PHRASE: having nausea)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>PD1d.</strong> Did you feel dizzy or faint? (KEY PHRASE: feeling dizzy)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>PD1e.</strong> Did you sweat? (KEY PHRASE: sweating)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>PD1f.</strong> Did you tremble or shake? (KEY PHRASE: trembling)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>PD1g.</strong> Did you have a dry mouth? (KEY PHRASE: having a dry mouth)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>PD1h.</strong> Did you feel like you were choking? (KEY PHRASE: choking)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>PD1i.</strong> Did you have pain or discomfort in your chest? (KEY PHRASE: having discomfort in your chest)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>PD1j.</strong> Were you afraid that you might lose control of yourself or go crazy? (KEY PHRASE: fearing that you might lose control of yourself)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>PD1k.</strong> Did you feel that you were “not really there”, like you were watching a movie of yourself? (KEY PHRASE: feeling unreal)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>GO TO PD1m</strong></td>
<td>5</td>
<td>9</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td><strong>PD1l.</strong> Did you feel that things around you were unreal or like a dream? (KEY PHRASE: feeling that things around you were unreal)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>PD1m.</strong> Were you afraid that you might pass out? (KEY PHRASE: fearing that you might pass out)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>PD1n.</strong> Were you afraid that you might die? (KEY PHRASE: fearing that you might die)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>PD1o.</strong> Did you have hot flushes or chills? (KEY PHRASE: having hot flushes)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>PD1p.</strong> Did you have numbness or tingling sensations? (KEY PHRASE: having numbness)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>
*PD2. INTERVIEWER CHECKPOINT: (SEE *PD1 SERIES)

ZERO TO THREE RESPONSES CODED ‘1’ .......................... 1  GO TO *PD6
ALL OTHERS.................................................................. 2

*PD3. During your attacks did the problems like (PARENTHEtical Phrase of First Three Yes Responses in *PD1 SERIES) begin suddenly and reach their peak within ten minutes after the attacks began?

(IF NEC: Did they begin within ten minutes after the start of the attack?)

YES................................................. 1
(IF VOL) SOMETIMES................. 3
NO .................................................. 5  GO TO *PD6
DON’T KNOW ......................... 9  GO TO *PD6
REFUSED .................................. 8  GO TO *PD6

*PD4. About how many of these sudden attacks have you had in your entire lifetime?

_________ NUMBER OF ATTACKS

IF R REPORTS MORE THAN 900................................. 900
IF R REPORTS “MORE THAN I CAN REMEMBER”.............. 995
DON’T KNOW ................................................. 999
REFUSED .................................................................. 998

*PD5. INTERVIEWER CHECKPOINT: (SEE *PD4)

*PD4 EQUALS ‘1’ .................................. 1  GO TO *PD

*PD6. When did the attack occur – in the past month, two to six months ago, seven to twelve months ago, or more than twelve months ago?

PAST MONTH............................................. 1  GO TO *PD8
TWO TO SIX MONTHS ......................... 2  GO TO *PD8
SEVEN TO TWELVE MONTHS ............... 3  GO TO *PD8
MORE THAN TWELVE MONTHS ............ 4
DON’T KNOW ........................................ 9
REFUSED ........................................... 8

*PD7. Can you remember your exact age when the attack occurred?

YES................................................. 1
NO .................................................. 5  GO TO *PD7b1
DON’T KNOW ......................... 9  GO TO *PD7b1
REFUSED ........................................... 8  GO TO *PD7b1
*PD7a. (IF NEC: How old were you?)

_______ YEARS OLD  GO TO *PD8

DON'T KNOW .............999  GO TO *PD8
REFUSED....................998  GO TO *PD8

*PD7b1. About how old were you?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” CODE: DON’T KNOW

_______ YEARS OLD  GO TO *PD8

DON'T KNOW .............999  GO TO *PD8
REFUSED ....................998  GO TO *PD8

*PD7b2. Was it before you first started school?

YES .............................1  GO TO *PD8
NO ..................................5
DON’T KNOW .................9
REFUSED .......................8

*PD7b3. Was it before you were a teenager?

YES .............................1
NO ..................................5
DON’T KNOW .................9
REFUSED .......................8

THE FOLLOWING CODES ARE USED IN CREATING THE AGE OF ONSET MEASURE, PD7b

<table>
<thead>
<tr>
<th>BEFORE STARTED SCHOOL</th>
<th>BEFORE TEENAGER</th>
<th>NOT BEFORE TEENAGER</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>12</td>
<td>13</td>
</tr>
</tbody>
</table>

*PD8. Attacks of this sort can occur in three different situations. The first are when the attacks occur unexpectedly “out of the blue.” The second are when a person has an unreasonably strong fear. For example, some people have a terrible fear of bugs or of heights or of being in a crowd. The third are when a person is in real danger, like a car accident or a bank robbery.

Which of these three describes your attack – did it occur unexpectedly “out of the blue,” in a situation that you strongly fear, or in a situation of real danger?

IF R THOUGHT THERE WAS REAL DANGER EVEN THOUGH IT TURNED OUT NOT TO BE DANGEROUS, CODE “REAL DANGER.”

OUT OF THE BLUE 1
STRONG FEAR 2
REAL DANGER 3
DON’T KNOW 9
REFUSED 8

GO TO *PD66
*PD9. Can you remember your exact age the very first time you had one of these attacks?

YES........................................ 1
NO........................................... 5  GO TO *PD9b1
DON’T KNOW.......................... 9  GO TO *PD9b1
REFUSED............................... 8  GO TO *PD9b1

*PD9a. (IF NEC: How old were you?)

_________ YEARS OLD  GO TO *PD10

DON’T KNOW....................... 999  GO TO *PD10
REFUSED............................. 998  GO TO *PD10

*PD9b1. About how old were you?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” CODE: DON’T KNOW

_________ YEARS OLD  GO TO *PD10

DON’T KNOW....................... 999
REFUSED............................. 998  GO TO *PD10

*PD9b2. Was it before you first started school?

YES........................................ 1  GO TO *PD10
NO........................................... 5
DON’T KNOW.......................... 9
REFUSED............................... 8

*PD9b3. Was it before you were a teenager?

YES........................................ 1
NO........................................... 5
DON’T KNOW.......................... 9
REFUSED............................... 8

THE FOLLOWING CODES ARE USED IN CREATING THE AGE OF ONSET MEASURE, PD9b

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>BEFORE STARTED SCHOOL</td>
</tr>
<tr>
<td>12</td>
<td>BEFORE TEENAGER</td>
</tr>
<tr>
<td>13</td>
<td>NOT BEFORE TEENAGER</td>
</tr>
</tbody>
</table>

*PD10. Did you have one of these attacks at any time in the past 12 months?

YES........................................ 1
NO........................................... 5  GO TO *PD10d
DON’T KNOW.......................... 9  GO TO *PD10d
REFUSED............................... 8  GO TO *PD11

*PD10a. How recently – in the past month, between two and six months ago, or more than six months ago?

PAST MONTH...................................... 1
BETWEEN TWO AND SIX MONTHS AGO ....... 2
MORE THAN SIX MONTHS AGO............... 3
DON’T KNOW..................................... 9
REFUSED....................................... 8
*PD10b. How many weeks in the past 12 months did you have at least one attack?

________ NUMBER

DON’T KNOW .......... 99
REFUSED................. 98

*PD10c. And how many attacks in all did you have in the past 12 months?

________ NUMBER      GO TO *PD11

DON’T KNOW .......... 99    GO TO *PD11
REFUSED ................. 98    GO TO *PD11

*PD10d. How old were you the last time you had one of these attacks?

______ YEARS OLD

DON’T KNOW .......... 999
REFUSED ................. 998

*PD11. What is the largest number of attacks you ever had in any single year of your life?

________ NUMBER OF ATTACKS

DON’T KNOW .......... 999
REFUSED ................. 998

*PD12. About how many separate years in your life did you have at least one attack?

______ YEARS

DON’T KNOW .......... 999
REFUSED ................. 998

*PD13. After having one of these attacks, did you ever have any of the following experiences:

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PD13a. A month or more when you often worried that you might have another attack?</td>
<td>1 GO TO *PD14</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>PD13b. A month or more when you worried that something terrible might happen because of the attacks, like having a car accident, having a heart attack, or losing control?</td>
<td>1 GO TO *PD14</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>PD13c. A month or more when you changed your everyday activities because of the attacks?</td>
<td>1 GO TO *PD14</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>PD13d. A month or more when you avoided certain situations because of fear about having another attack?</td>
<td>1 GO TO *PD14</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>
*PD14. INTERVIEWER CHECKPOINT: (SEE *PD13a-d)

AT LEAST ONE RESPONSE CODED ‘1’ ......................... 1
ALL OTHERS................................................................. 2    GO TO *PD17

*PD15. How old were you the first time you had a month when you either often worried, changed your everyday activities, or avoided certain situations because of the attacks?

_______ YEARS OLD

DON'T KNOW .................. 999
REFUSED ......................... 998

*PD16. Did you have a month of worry or change in activity like that in the past 12 months?

YES.............................. 1
NO................................. 5    GO TO *PD16e
DON'T KNOW.............. 9    GO TO *PD16e
REFUSED..................... 8    GO TO *PD16e

*PD16a. How recently – in the past month, between two and six months ago, or more than six months ago?

PAST MONTH.......................................................... 1
BETWEEN TWO AND SIX MONTHS ......................... 2
MORE THAN SIX MONTHS...................................... 3
DON'T KNOW......................................................... 9
REFUSED............................................................... 8

*PD16b. How many months of worry or change in activity did you have in the past 12 months?

______ NUMBER OF MONTHS

DON'T KNOW................. 99
REFUSED......................... 98

*PD16c. During the time in the past 12 months when your worry about having another attack was most frequent and severe, did you worry nearly all the time, most of the time, often, sometimes, or only rarely?

NEARLY ALL THE TIME ...................... 1
MOST OF THE TIME .............................. 2
OFTEN......................................................... 3
SOMETIMES............................................... 4
ONLY RARELY............................................. 5
DON'T KNOW................................. 9
REFUSED....................................................... 8
**PD16d.** And how severe was the worry during this time -- mild, moderate, severe, or so severe that you were unable to carry out important tasks?

MILD................................................................. 1
MODERATE ...................................................... 2
SEVERE ........................................................... 3
SO SEVERE ....................................................... 4
DON’T KNOW ................................................... 9
REFUSED ......................................................... 8

GO TO *PD17

**PD16e.** About how old were you the last time you had a month like this when you worried about having another attack?

_______ YEARS OLD

DON’T KNOW.......... 999
REFUSED............... 998

**PD17.** Attacks of this sort can occur in three different situations. The first is when the attacks occur unexpectedly “out of the blue.” The second is when a person has an unreasonably strong fear. For example, some people have a terrible fear of bugs or of heights or of being in a crowd. The third is when a person is in real danger, like a car accident or a bank robbery.

The next question is about how many of your attacks occurred in each of these three kinds of situations. Did you ever have an attack that occurred unexpectedly “out of the blue?”

YES......................................................... 1
NO ......................................................... 5  GO TO *PD18
DON’T KNOW ......................... 9  GO TO *PD18
REFUSED ................................. 8  GO TO *PD18

**PD17a.** About how many attacks in your lifetime occurred unexpectedly “out of the blue?”

_________ NUMBER OF ATTACKS

IF R REPORTS MORE THAN 900 .................. 900
IF R REPORTS “MORE THAN I CAN REMEMBER” .... 995
DON’T KNOW ........................................... 999
REFUSED .................................................. 998

**PD18.** About how many attacks in your lifetime occurred in situations where you were not in real danger, but where you had an unreasonably strong fear of the situations?

_________ NUMBER OF ATTACKS

IF R REPORTS MORE THAN 900 .................... 900
IF R REPORTS “MORE THAN I CAN REMEMBER” .... 995
DON’T KNOW ........................................... 999
REFUSED .................................................. 998
*PD19. About how many attacks in your lifetime occurred in situations where you were in real danger?

IF R THOUGHT THERE WAS REAL DANGER EVEN THOUGH IT TURNED OUT NOT TO BE DANGEROUS CODE "REAL DANGER."

_________ NUMBER OF ATTACKS

IF R REPORTS MORE THAN 900 ............................................. 900
IF R REPORTS "MORE THAN I CAN REMEMBER" ........ 995
DON'T KNOW ................................................................. 999
REFUSED ................................................................. 998

*PD20. INTERVIEWER CHECKPOINT: (SEE *PD17)

*PD17 EQUALS '1' .................. 1
ALL OTHERS ............... 2  GO TO *PD66

*PD20a. INTERVIEWER CHECKPOINT: (SEE *PD18 - *PD19)

*PD18 EQUALS '0' AND *PD19 EQUALS '0' .................. 1  GO TO *PD22
ALL OTHERS ................................................................. 2

*PD21b1. How old were you (when you had the attack/the first time you had an attack) “out of the blue” for no obvious reason?

IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," CODE: DON'T KNOW

_________ YEARS OLD  GO TO *PD22

DON'T KNOW ..................... 999
REFUSED .............................. 998  GO TO *PD22

*PD21b2. Was it before you first started school?

YES ......................................................... 1  GO TO *PD22
NO ................................................... 5
DON'T KNOW ......................... 9
REFUSED ...................................... 8

*PD21b3. Was it before you were a teenager?

YES ......................................................... 1
NO ................................................... 5
DON'T KNOW ......................... 9
REFUSED ...................................... 8

THE FOLLOWING CODES ARE USED IN CREATING THE AGE OF ONSET MEASURE, PD21

<table>
<thead>
<tr>
<th>CODE</th>
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<tbody>
<tr>
<td>BEFORE STARTED SCHOOL</td>
</tr>
<tr>
<td>BEFORE TEENAGER</td>
</tr>
<tr>
<td>NOT BEFORE TEENAGER</td>
</tr>
</tbody>
</table>
**PD22.** How much did (this/these) unexpected “out of the blue” attack(s) or worry about having another attack ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

NOT AT ALL ............................................... 1
A LITTLE ............................................... 2
SOME ..................................................... 3
A LOT ..................................................... 4
EXTREMELY ............................................... 5
DON’T KNOW ........................................... 9
REFUSED ............................................... 8

**PD23.** INTERVIEWER CHECKPOINT: (SEE **PD17a**)

**PD17a** EQUALS ‘1’ ...................................................... 1
ALL OTHERS ................................................................. 2    GO TO **PD24a**

**PD24.** Did this unexpected “out of the blue” attack occur while you were asleep?

YES ........................................ 1
NO ....................................... 5
DON’T KNOW ................... 9
REFUSED ......................... 8

GO TO **PD66**

**PD24a.** How many of your unexpected “out of the blue” attacks occurred while you were asleep?

_________ NUMBER

DON’T KNOW .............. 99
REFUSED ..................... 98

**PD25a.** Attacks of this sort sometimes occur as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think any of your attacks ever occurred as the result of such physical causes?

YES ........................................ 1
NO ....................................... 5    GO TO **PD33**
DON’T KNOW ................... 9    GO TO **PD33**
REFUSED ......................... 8    GO TO **PD33**

**PD25b.** Do you think all of your attacks were the result of physical causes?

YES ........................................ 1
NO ....................................... 5    GO TO **PD33**
DON’T KNOW ................... 9    GO TO **PD33**
REFUSED ......................... 8    GO TO **PD33**
*PD25c. Briefly, what were the physical causes?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

*PD33. INTERVIEWER CHECKPOINT: (SEE *PD20a)

*PD20a EQUALS ‘1’ ............... 1
ALL OTHERS....................... 2  GO TO *PD35

*PD34. INTERVIEWER CHECKPOINT: (SEE *PD10)

*PD10 EQUALS ‘1’ .................. 1  GO TO *PD40
ALL OTHERS....................... 2  GO TO *PD39

*PD35. INTERVIEWER CHECKPOINT: (SEE *PD10)

*PD10 EQUALS ‘1’ .................. 1
ALL OTHERS....................... 2  GO TO *PD39

*PD36. How many unexpected “out of the blue” attacks did you have in the past 12 months?

__________ NUMBER OF ATTACKS

DON’T KNOW ....................... 999
REFUSED .......................... 998

*PD37. INTERVIEWER CHECKPOINT: (SEE *PD36)

*PD36 EQUALS “0”.................. 1
*PD36 EQUALS “1”.................. 2  GO TO *PD38
ALL OTHERS....................... 3  GO TO *PD37b

*PD37a. How old were you the last time you had an unexpected “out of the blue” attack?

____________ YEARS OLD  GO TO *PD39

DON’T KNOW ..................... 99  GO TO *PD39
REFUSED ......................... 98  GO TO *PD39

*PD37b. About how many weeks in the past 12 months did you have at least one of these attacks?

____________ NUMBER

DON’T KNOW ..................... 99
REFUSED ......................... 98
*PD38. How recently – in the past month, between two and six months ago, or more than six months ago?

PAST MONTH............................................. 1  
BETWEEN TWO AND SIX MONTHS ...... 2  
MORE THAN SIX MONTHS ................. 3  
DON’T KNOW ......................................... 9  
REFUSED ............................................. 8

GO TO *PD40

*PD39. INTERVIEWER CHECKPOINT: (SEE *PD16)

*PD16 EQUALS ‘1’ ..................... 1  GO TO *PD41  
ALL OTHERS ............................... 2  GO TO *PD50

*PD40. When you had an attack in the past 12 months, how much emotional distress did it cause you during the attack itself -- none, mild, moderate, severe, or so severe that you were unable to concentrate and had to stop what you were doing?

NONE............................................. 1  
MILD ............................................. 2  
MODERATE .................................... 3  
SEVERE ........................................... 4  
SO SEVERE ..................................... 5  
DON’T KNOW ................................ 9  
REFUSED......................................... 8

*PD41. Sometimes people with attacks get upset by physical sensations that remind them of the attacks. Examples include being out of breath after physical exercise, feeling speeded up after drinking coffee or caffeinated beverages, feeling out of control after using alcohol or drugs, and feeling tingly while watching a scary motion picture or television show. In the past 12 months, did you ever get upset by any physical sensations that reminded you of your attacks?

YES ......................................... 1  
NO ......................................... 5  GO TO *PD44  
DON’T KNOW ............................... 9  GO TO *PD44  
REFUSED ..................................... 8  GO TO *PD44

*PD41a. How strong was your discomfort with any physical sensations like these in the past 12 months – mild, moderate, severe, or so severe that you became very worried that these sensations might cause you to have another attack?

MILD ............................................. 1  
MODERATE .................................... 2  
SEVERE ........................................... 3  
SO SEVERE ..................................... 4  
DON’T KNOW ................................ 9  
REFUSED ..................................... 8
**PD42.** How often did you avoid situations or activities that might cause these physical sensations in the past 12 months – all the time, most of the time, sometimes, rarely, or never?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL THE TIME</td>
<td>1</td>
</tr>
<tr>
<td>MOST OF THE TIME</td>
<td>2</td>
</tr>
<tr>
<td>SOMETIMES</td>
<td>3</td>
</tr>
<tr>
<td>RARELY</td>
<td>4</td>
</tr>
<tr>
<td>NEVER</td>
<td>5</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
<tr>
<td>REFUSED</td>
<td>8</td>
</tr>
</tbody>
</table>

**PD43.** How much did avoidance of these situations interfere with either your work, your social life, or your personal relationships over the past 12 months -- not at all, a little, some, a lot, or extremely?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT AT ALL</td>
<td>1</td>
</tr>
<tr>
<td>A LITTLE</td>
<td>2</td>
</tr>
<tr>
<td>SOME</td>
<td>3</td>
</tr>
<tr>
<td>A LOT</td>
<td>4</td>
</tr>
<tr>
<td>EXTREMELY</td>
<td>5</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
<tr>
<td>REFUSED</td>
<td>8</td>
</tr>
</tbody>
</table>
**PD44.** (RB, PG 57) Think about the month or longer in the past 12 when your attack(s) or worry about the attacks (was/were) most severe. Using the 0 to 10 scale on page 57 of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much the attack(s) or worry about the attacks interfered with each of the following activities during that time?

(If NEC: How much did the attacks interfere with (ACTIVITY) during that time?)
(If NEC: You can use any number between 0 and 10 to answer.)

**NUMBER (0-10)**

*PD44a. Your home management, like cleaning, shopping, and taking care of the (house/apartment)?

__________

Does not apply .......97
Don’t know .............99
Refused .................98

*PD44b. Your ability to work?

__________

Does not apply .......97
Don’t know .............99
Refused .................98

*PD44c. Your ability to form and maintain close relationships with other people?

__________

Does not apply .......97
Don’t know .............99
Refused .................98

*PD44d. Your social life?

__________

Does not apply .......97
Don’t know .............99
Refused .................98

**PD45.** INTERVIEWER CHECKPOINT: (See *PD44a - *PD44d)

All responses equal ‘0’ or ‘97’ .........................................................1  go to *PD50
All others .................................................................2

**PD46.** About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of your attacks or because of worry about the attacks?

(If NEC: You can use any number between 0 and 365 to answer)

__________ NUMBER OF DAYS

Don’t know ..............999
Refused .....................998
*PD50. Did you talk to a medical doctor or other professional about your attacks in the past 12 months? By professional we mean psychiatrists, psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.

YES..................................1  GO TO *PD51
NO ...................................5
DON’T KNOW ....................9
REFUSED ..........................8

*PD50a. Did you ever in your life talk to a medical doctor or other professional about your attacks?

YES ..................................1  GO TO *PD52
NO ...................................5
DON’T KNOW ....................9
REFUSED ..........................8

*PD50b. Did you ever try to get professional help for your attacks?

YES ..................................1  GO TO *PD57
NO ...................................5
DON’T KNOW ....................9  GO TO *PD57
REFUSED ..........................8  GO TO *PD57

*PD50c. What are the main reasons you did not get professional help? (CODE UP TO 2 RESPONSES)

_________________________________________________

Use this coding scheme:

1 - Thought problem would get better by itself.
2 - Felt (got) better.
3 - It didn’t really bother me that much.
4 - Wanted to solve problem on my own.
5 - Didn’t think it would help.
6 - Could not afford it; too expensive.
7 - Worried about what other people would think.
8 - Inconvenient/Transportation problems, etc.
9 - Didn’t know where to go for help.
10 - Was embarrassed to talk about problem.
11 - Talked to a friend/relative
97 - Other (SPECIFY) ____________________
99 - DON’T KNOW
98 - REFUSED

GO TO *PD57

*PD51. Was this the first time [you talked to a professional about your attacks]?

YES ......................1  GO TO *PD53
NO .......................5
DON’T KNOW ........9  GO TO *PD53
REFUSED ...........8  GO TO *PD53
*PD52. How old were you the first time you talked to a professional about your attacks?

_________ YEARS OLD

DON’T KNOW ...........999
REFUSED .................998

*PD53. Which of the following types of professionals did you ever talk to about your attacks?

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) A psychiatrist?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Any other mental health professional, such as a psychologist, psychotherapist, social worker, a mental health nurse or counselor?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>c) A family doctor?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Any other medical doctor, like a cardiologist or (WOMEN: gynecologist / MEN: urologist)?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>e) Any other health professional, like a nurse or physician’s assistant?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>f) A religious or spiritual advisor like a minister, priest, or rabbi?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>g) Any other healer, like an herbalist, chiropractor, or spiritualist?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*PD54. (Were any of these/Was this) professional(s) helpful to you?

YES..........................1
NO.............................5  GO TO *PD55
DON’T KNOW.................9  GO TO *PD55
REFUSED.....................8  GO TO *PD55

IF R ONLY SAW 1 PROFESSIONAL IN *PD53 GO TO *PD55

*PD54a. Which ones? __________________________________________

*PD55. What kind of treatment did you receive? (CHECK ALL THAT APPLY)

NONE.............................................1
INDIVIDUAL THERAPY..................2
GROUP THERAPY.........................3
MEDICATIONS/DRUGS.................4
OTHER.........................................5
DON’T KNOW...............................9
REFUSED.................................8
*PD56. Were you ever hospitalized overnight for your attacks?

YES.........................1
NO ......................... 5   GO TO *PD57
DON’T KNOW ............ 9   GO TO *PD57
REFUSED .................. 8   GO TO *PD57

*PD56a. How old were you the **first time** you were hospitalized overnight for your attacks?

________ YEARS OLD

DON’T KNOW ............. 999
REFUSED .................. 998

*PD56b. How many times have you ever been hospitalized for your attacks?

________ NUMBER OF TIMES

DON’T KNOW ............. 999
REFUSED .................. 998

*PD57. Did you ever in your life receive any help for your attacks from family, friends, or other acquaintances?

YES.........................1   GO TO *PD66
NO ......................... 5
DON’T KNOW ............ 9
REFUSED ................. 8

*PD57a. Did you **try** to get help for your attacks from family, friends, or other acquaintances?

YES ......................... 1
NO .......................... 5
DON’T KNOW ............9   GO TO *PD66
REFUSED ................. 8   GO TO *PD66

*PD57b. What are the main reasons you did not get help from family or friends? (ENTER UP TO TWO REASONS)

________________________________________

________________________________________


*SC29.4 EQUALS ‘1’.................................................................2   GO TO *SO1
*SC30.4 EQUALS ‘1’.............................................................3   GO TO *AG1
*SC26 EQUALS ‘1’..............................................................4   GO TO *GA1 INTRO 1
*SC26a EQUALS ‘1’............................................................5   GO TO *GA1 INTRO 2
*SC26b EQUALS ‘1’...........................................................6   GO TO *GA1 INTRO 3
ALL OTHERS .................................................................7   GO TO *SD1
INTERVIEWER INSTRUCTION: AFTER EACH “YES” RESPONSE, ASK R TO CHECK OFF CORRESPONDING SITUATION IN BOOKLET.

*SO1. (RB, PG 58) Earlier you mentioned having a time in your life when you felt very shy, afraid, or uncomfortable with other people or in social situations. Looking at page 58 in your booklet, was there ever a time in your life when you felt shy, afraid, or uncomfortable in the following situations?

<table>
<thead>
<tr>
<th>SITUATION</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>N/A (7)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*SO1a. Meeting new people?</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SO1b. Talking to people in authority?</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SO1c. Speaking up in a meeting or class?</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(KEY PHRASE: speaking up at a meeting)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*SO1d. Going to parties or other social gatherings?</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(KEY PHRASE: going to parties)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*SO1e. Acting, performing, or giving a talk in front of an audience?</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(KEY PHRASE: performing in front of an audience)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*SO1f. Taking an important exam or interviewing for a job, even though you were well prepared?</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(KEY PHRASE: taking an important exam)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*SO1g. Working while someone watches?</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SO1h. Entering a room when others are already present?</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SO1i. Talking with people you don’t know very well?</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SO1j. Expressing disagreement to people you didn’t know very well?</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(KEY PHRASE: disagreeing with people)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*SO1k. Writing or eating or drinking while someone watches?</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SO1l. Urinating in a public bathroom or using a bathroom away from home?</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(KEY PHRASE: using a public bathroom)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*SO1m. Being in a dating situation?</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(KEY PHRASE: dating)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*SO1n. Any other social or performance situation where you could be the center of attention or where something embarrassing might happen?</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*SO2. INTERVIEWER CHECKPOINT: (SEE *SO1a - *SO1n SERIES)

ZERO RESPONSES CODED ‘1’ ........................................................ 1  GO TO *SO40
ONE - THREE RESPONSES CODED ‘1’ ............................................. 2  GO TO *SO3 INTRO1
FOUR OR MORE RESPONSES CODED ‘1’ ......................................... 3  GO TO *SO3 INTRO2
<table>
<thead>
<tr>
<th><strong>SO3. INTRO1</strong></th>
<th><strong>SO3. INTRO2</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>You had a fear of (KEY PHRASE OF ALL “YES” RESPONSES IN *SO1 SERIES). Can you remember your <em>exact</em> age the <em>very first</em> time you had a fear of (this/any of these) situation(s)?</td>
<td>You had a fear of a number of social or performance situations on the list. Can you remember your <em>exact</em> age the <em>very first</em> time you had a fear of any of these situations?</td>
</tr>
<tr>
<td>YES ...........................................1</td>
<td>YES ...........................................1</td>
</tr>
<tr>
<td>NO ...........................................5</td>
<td>NO ...........................................5</td>
</tr>
<tr>
<td>DON’T KNOW .................................9</td>
<td>DON’T KNOW .................................9</td>
</tr>
<tr>
<td>REFUSED ....................................8</td>
<td>REFUSED ....................................8</td>
</tr>
</tbody>
</table>

*SO3a. (IF NEC: How old were you?)

_______ YEARS OLD  GO TO *SO6

DON’T KNOW .....................999  GO TO *SO6
REFUSED .........................998  GO TO *SO6

*ASO3b1. About how old were you?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” CODE: DON’T KNOW

_______ YEARS OLD  GO TO *SO6

DON’T KNOW .....................999  GO TO *SO6
REFUSED .........................998  GO TO *SO6

*ASO3b2. Was it before you first started school?

YES ...........................................1  | GO TO *SO6 |
NO ...........................................5 |
DON’T KNOW .................................9 |
REFUSED ....................................8 |

*ASO3b3. Was it before you were a teenager?

YES ...........................................1 |
NO ...........................................5 |
DON’T KNOW .................................9 |
REFUSED ....................................8 |

THE FOLLOWING CODES ARE USED IN CREATING THE AGE OF ONSET MEASURE

| BEFORE STARTED SCHOOL ..................4 |
| BEFORE TEENAGER ........................12 |
| NOT BEFORE TEENAGER .....................13 |

*SO6. INTERVIEWER CHECKPOINT: (SEE *SC29.2)

*SC29.2 EQUALS ‘1’ .....................1
ALL OTHERS .........................2  | GO TO *SO8 |
**SO6a.** Earlier in the interview you mentioned having times when you avoided social or performance situations because of your fear. How old were you when you first started this avoidance?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” CODE: DON’T KNOW

_________ YEARS OLD  **GO TO *SO8**

DON’T KNOW ..................999
REFUSED ......................998  **GO TO *SO8**

*ASO6b2. Was it before you first started school?*

YES.....................................1  **GO TO *SO8**
NO ......................................5
DON’T KNOW ..................9
REFUSED ......................8

*ASO6b3. Was it before you were a teenager?*

YES.....................................1
NO ......................................5
DON’T KNOW ..................9
REFUSED ......................8

THE FOLLOWING CODES ARE USED IN CREATING THE AGE OF ONSET MEASURE

BEFORE STARTED SCHOOL ......................4
BEFORE TEENAGER ..............................12
NOT BEFORE TEENAGER .......................13

*SO8.** Think of the time in your life when your fear (and avoidance) was most severe. When you were faced with (this situation/ these situations), or thought you would have to be, did you ever have any of the following experiences?

**GO TO *SO9 AFTER ONE “YES” IN *SO8a-*SO8c**

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SO8a.</strong> Did you ever blush or shake?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>SO8b.</strong> Did you ever fear that you might lose control of your bowels or bladder?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>SO8c.</strong> Did you ever fear that you might vomit?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>
*SO9. (RB, PG 59) When you were faced with (IF *SO2 EQUALS ‘2’ : KEY PHRASE/ ALL OTHERS : these situations), did you ever have two or more of the reactions on Page 59?

READ LIST BELOW STARTING WITH SO9a ONLY IF R PREFERS TO HAVE QUESTIONS READ

YES ..........................................................1  GO TO *SO10
NO.............................................................5  GO TO *SO10
R PREFERS TO HAVE LIST READ .7
DON’T KNOW ........................................9  GO TO *SO10
REFUSED ................................................8  GO TO *SO10

<table>
<thead>
<tr>
<th>GO TO *SO10 AFTER TWO “YES” RESPONSES</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*SO9a. Did your heart ever pound or race?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*SO9b. Did you sweat?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SO9c. Did you tremble?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SO9d. Did you feel sick to your stomach?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SO9e. Did you have a dry mouth?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SO9f. Did you have chills or hot flushes?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SO9g. Did you feel numbness or have tingling sensations?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SO9h. Did you have trouble breathing normally?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SO9i. Did you feel like you were choking?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SO9j. Did you have pain or discomfort in your chest?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SO9k. Did you feel dizzy or faint?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SO9l. Were you afraid that you might die?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SO9m. Did you ever fear that you might lose control, go crazy, or pass out?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SO9n. Did you feel like you were distant from the situation, “not really there”, or like you were watching yourself in a movie?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

GO TO *SO10
**SO10.** When you were in (IF *SO2* EQUALS ‘2’: this situation/ ALL OTHERS: these situations), were you ever afraid that you might have a panic attack?

- YES ............................. 1  
- NO ............................. 5  
- DON’T KNOW ................. 9  
-REFUSED .......................... 8  

*GO TO *SO11

**SO10a.** Did you ever have a panic attack in (this situation / one of these situations)?

- YES ............................. 1  
- NO ............................. 5  
- DON’T KNOW ................. 9  
- REFUSED .......................... 8

**SO11.** Were you afraid that you might be trapped or unable to escape?

- YES ............................. 1  
- NO ............................. 5  
- DON’T KNOW ................. 9  
- REFUSED .......................... 8

**SO12.** When you were in (IF *SO2* EQUALS ‘2’: this situation/ ALL OTHERS: these situations) were you afraid you might do something embarrassing or humiliating?

- YES ............................. 1  
- NO ............................. 5  
- DON’T KNOW ................. 9  
- REFUSED .......................... 8  

*GO TO *SO15

**SO12a.** Were you afraid that you might embarrass other people?

- YES ............................. 1  
- NO ............................. 5  
- DON’T KNOW ................. 9  
- REFUSED .......................... 8

**SO13.** Were you afraid that people might look at you, talk about you, or think negative things about you?

- YES ............................. 1  
- NO ............................. 5  
- DON’T KNOW ................. 9  
- REFUSED .......................... 8  

*GO TO *SO15
*SO14. Were you afraid that you might be the focus of attention?

YES ......................1 GO TO *SO15
NO ........................5
DON'T KNOW ............9
REFUSED ..................8

*SO14a. What was it you feared most about (IF *SO2 EQUALS ‘2’ : KEY PHRASE/ ALL OTHERS : these situations)?

REAL DANGER (SPECIFY BELOW) ............1
OTHER (SPECIFY BELOW): .....................5
DON'T KNOW ...........................................9
REFUSED .................................................8

_____________________________________
_____________________________________
_____________________________________

*SO15. Was your fear related to embarrassment about having a physical or mental health problem or disability?

YES......................1 GO TO *SO16
NO ........................5 GO TO *SO16
DON'T KNOW ............9 GO TO *SO16
REFUSED ..................8

*SO15a. Briefly, what was the health problem? INTERVIEWER: CIRCLE ALL THAT APPLY

MENTAL HEALTH PROBLEM..............................1
ALCOHOL OR DRUG PROBLEM..........................2
SPEECH, VISION, OR HEARING PROBLEM .............3
MOVEMENT OR COORDINATION PROBLEM .............4
FACIAL / BODY DISFIGUREMENT OR
WEIGHT / BODY IMAGE PROBLEM .....................5
BAD ODOR OR SWEATING ..................................6
PREGNANCY ..................................................7
OTHER PHYSICAL HEALTH PROBLEM ................8
DON’T KNOW .................................................99
REFUSED ................................................................98

*SO16. How much did your fear (or avoidance) ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

NOT AT ALL..............................1
A LITTLE ............................................2
SOME .............................................3
A LOT .............................................4
EXTREMELY .................................5
DON’T KNOW .........................9
REFUSED .........................................8
*SO17. Was there ever a time in your life when you felt very emotionally upset, worried, or disappointed with yourself because of your fear (or avoidance) of (IF *SO2 EQUALS '2' : this situation/ ALL OTHERS : this situation/ these situations)?

YES........................................1
NO...........................................5
DON'T KNOW............................9
REFUSED.....................................8

*SO18. When was the last time you either strongly feared or avoided (IF *SO2 EQUALS '2' : this situation/ any of these situations) – within the past month, between two and six months ago, between seven and twelve months ago, or more than twelve months ago?

WITHIN PAST MONTH .......................1  GO TO *SO19
2 AND 6 MONTHS .........................2  GO TO *SO19
7 AND 12 MONTHS .......................3  GO TO *SO19
MORE THAN 12 MONTHS ..................4
DON'T KNOW .............................9
REFUSED ....................................8

*SO18a. How old were you the last time [you either strongly feared or avoided (IF *SO2 EQUALS '2' : this situation/ any of these situations)]?

_________ YEARS OLD

DON'T KNOW .............................999
REFUSED .....................................998

*SO19. What if you were faced with (IF *SO2 EQUALS '2' : this situation/ ALL OTHERS : one of these situations) today: How strong would your fear be – not at all, mild, moderate, severe, or very severe?

(IF VOLUNTEERED “IT DEPENDS ON WHICH SITUATION,” PROBE: What if you were faced with the situation that scares you most: How strong would your fear be – not at all, mild, moderate, severe, or very severe?)

NOT AT ALL.................................1  GO TO *SO25
MILD...........................................2  GO TO *SO25
MODERATE.................................3
SEVERE.......................................4
VERY SEVERE.............................5
DON'T KNOW..............................9
REFUSED ....................................8

*SO20. During the past 12 months, how often did you avoid (IF *SO2 EQUALS '2' : KEY PHRASE/ ALL OTHERS : any of these situations) -- all the time, most of the time, sometimes, rarely, or never?

(IF VOL “IT DEPENDS ON WHICH THING,” PROBE: How about for the thing that you avoided most: Did you avoid it all the time, most of the time, sometimes, rarely, or never?)

ALL THE TIME .............................1
MOST OF THE TIME ........................2
SOMETIMES ..................................3
RARELY .....................................4
NEVER .......................................5
DON'T KNOW..............................9
REFUSED ....................................8

109
Think about the month or longer in the past 12 when your fear (or avoidance) of social or performance situations was most severe. Using the 0 to 10 scale on page 57 of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much your fear (or avoidance) of social or performance situations interfered with each of the following activities during that time?

[IF NEC: How much did the fear (or avoidance) interfere with (ACTIVITY) during that time?]  
[IF NEC: You can use any number between 0 and 10 to answer.]

NUMBER (0-10)

*SO21a. Your home management, like cleaning, shopping, and taking care of the (house/apartment)?

___________

DOES NOT APPLY ...... 97
DON’T KNOW.............. 99
REFUSED .................. 98

*SO21b. Your ability to work?

___________

DOES NOT APPLY ...... 97
DON’T KNOW.............. 99
REFUSED .................. 98

*SO21c. Your ability to form and maintain close relationships with other people?

___________

DOES NOT APPLY ...... 97
DON’T KNOW.............. 99
REFUSED .................. 98

*SO21d. Your social life?

___________

DOES NOT APPLY ...... 97
DON’T KNOW.............. 99
REFUSED .................. 98

*SO22. INTERVIEWER CHECKPOINT: (SEE *SO21a - *SO21d)

ALL RESPONSES EQUAL ‘0’ OR ‘97’ ........................................................................ 1 GO TO *SO25
ALL OTHERS........................................................................................................ 2

*SO23. About how many days in the past 12 months were you totally unable to work or carry out your normal activities because of your fear (or avoidance)?

(IF NEC: You may use any number between 0 and 365 to answer.)

___________ NUMBER OF DAYS
DON'T KNOW .................... 999
REFUSED ......................... 998

*SO25. Did you talk to a medical doctor or other professional about your fear (or avoidance) of these situations in the past 12 months? By professional we mean psychiatrists, psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.

YES ................................ 1 Go to *SO26
NO .................................... 5
DON'T KNOW .................... 9
REFUSED ......................... 8

*SO25a. Did you ever in your life talk to a medical doctor or other professional about your fear?

YES ................................ 1 Go to *SO27
NO .................................... 5
DON'T KNOW .................... 9
REFUSED ......................... 8

*SO25b. Did you ever try to get professional help for your fear?

YES ................................ 1 Go to *SO32
NO .................................... 5
DON'T KNOW .................... 9 Go to *SO32
REFUSED ......................... 8 Go to *SO32

*SO25c. What are the main reasons you did not get professional help? (Code up to 2 responses)

_________________________________________________
Use this coding scheme:

1 - Thought problem would get better by itself.
2 - Felt (got) better.
3 - It didn't really bother me that much.
4 - Wanted to solve problem on my own.
5 - Didn't think it would help.
6 - Could not afford it; too expensive.
7 - Worried about what other people would think.
8 - Inconvenient/Transportation problems, etc.
9 - Didn't know where to go for help.
10 - Was embarrassed to talk about problem.
11 - Talked to a friend/relative
97 - Other (specify) __________________
99 - DON'T KNOW
98 - REFUSED

Go to *SO32

*SO26. Was this the first time you talked to a professional about your fear?

YES ................................ 1 Go to *SO28
NO .................................... 5
DON'T KNOW .................... 9 Go to *SO28
REFUSED ......................... 8 Go to *SO28
**SO27.** How old were you the first time [you talked to a professional about your fear]?

_________ YEARS OLD

DON'T KNOW...999
REFUSED ..........998

**SO28.** Which of the following types of professionals did you ever talk to about your fear?

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) A psychiatrist?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>b) Any other mental health professional, such as a psychologist, psychotherapist, social worker, a mental health nurse or counselor?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>c) A family doctor?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>d) Any other medical doctor, like a cardiologist or (WOMEN: gynecologist / MEN: urologist)?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>e) Any other health professional, like a nurse or physician’s assistant?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>f) A religious or spiritual advisor like a minister, priest, or rabbi?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>g) Any other healer, like an herbalist, chiropractor, or spiritualist?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

**SO29.** (Were any of these/Was this) professional(s) helpful to you?

YES.................................1
NO .................................5    GO TO *SO30
DON'T KNOW ....................9  GO TO *SO30
REFUSED.........................8  GO TO *SO30

IF R ONLY SAW 1 PROFESSIONAL IN *SO28 GO TO *SO30

**SO29a.** Which ones? ___________________________________________

**SO30.** What kind of treatment did you receive? (CHECK ALL THAT APPLY)

NONE .........................................................1
INDIVIDUAL THERAPY .......................2
GROUP THERAPY ..............................3
MEDICATIONS/DRUGS .......................4
OTHER ................................................. 5
DON'T KNOW .................................9
REFUSED ...........................................8

112
*SO31. Were you ever hospitalized overnight for your fear?

YES.................................1
NO .....................................5  GO TO *SO32
DON’T KNOW ......................9  GO TO *SO32
REFUSED.........................8  GO TO *SO32

*SO31a. How old were you the first time you were hospitalized overnight for your fear?

__________ YEARS OLD

DON’T KNOW ...............999
REFUSED ....................998

*SO31b. How many times have you ever been hospitalized for your fear?

_________ NUMBER OF TIMES

DON’T KNOW ...............999
REFUSED ....................998

*SO32. Did you ever in your life receive any help for your fear from family, friends, or other acquaintances?

YES.................................1  GO TO *SO40
NO .....................................5
DON’T KNOW ......................9
REFUSED.........................8

*SO32a. Did you try to get help for your fear from family, friends, or other acquaintances?

YES ......................1
NO .................................5
DON’T KNOW ..............9  GO TO *SO40
REFUSED ....................8  GO TO *SO40

*SO32b. What are the main reasons you did not get help from family or friends? (ENTER UP TO TWO REASONS)

__________________________________________
__________________________________________

*SO40. INTERVIEWER CHECKPOINT (SEE *SC26, *SC26a, *SC26b, *SC30.4): FOLLOW SKIP FOR FIRST ENDORSED ITEM.

*SC30.4 EQUALS ‘1’.................................1  GO TO *AG1, NEXT SECTION
*SC26 EQUALS ‘1’.................................2  GO TO *GA1 INTRO 1
*SC26a EQUALS ‘1’.................................3  GO TO *GA1 INTRO 2
*SC26b EQUALS ‘1’.................................4  GO TO *GA1 INTRO 3
ALL OTHERS.................................5  GO TO *SD1
AGORAPHOBIA SECTION (AG)

INTERVIEWER INSTRUCTION: AFTER EACH “YES” RESPONSE, ASK R TO CHECK CORRESPONDING SITUATION IN BOOKLET.

*AG1. (RB, PG 60) Earlier you mentioned having a strong fear of things like crowds, public places, and traveling away from home. The next questions are about which of these things you feared. Looking at page 60 in your booklet, did you ever strongly fear any of the following situations:

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>N/A (7)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AG1a. Being home alone? (KEY PHRASE: being home alone)</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>AG1b. Being in crowds? (KEY PHRASE: being in crowds)</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>AG1c. Traveling away from home? (KEY PHRASE: traveling away from home)</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>AG1d. Traveling alone or being alone away from home? (KEY PHRASE: traveling alone)</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>AG1e. Using public transportation? (KEY PHRASE: using public transportation)</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>AG1f. Driving a car? (KEY PHRASE: driving a car)</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>AG1g. Standing in a line in a public place? (KEY PHRASE: standing in a line)</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>AG1h. Being in a department store, shopping mall, or supermarket? (KEY PHRASE: being in stores or malls)</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>AG1i. Being in a movie theater, auditorium, lecture hall, or church? (KEY PHRASE: being in large auditoriums)</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>AG1j. Being in a restaurant or any other public place? (KEY PHRASE: being in restaurants)</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>AG1k. Being in a wide, open field or street? (KEY PHRASE: being in open places)</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*AG2. INTERVIEWER CHECKPOINT: (SEE *AG1a - *AG1k SERIES)

ZERO - ONE RESPONSES CODED ‘1’ ....................................................1 GO TO *AG39
TWO - THREE RESPONSES CODED ‘1’ ..................................................2 GO TO *AG3 INTRO 1
FOUR OR MORE RESPONSES CODED ‘1’ ..............................................3 GO TO *AG3 INTRO 2
*AG3a.  (IF NEC: How old were you?)

__________ YEARS OLD  GO TO *AG4

DON’T KNOW ...............999  GO TO *AG4
REFUSED .....................998  GO TO *AG4

*AG3b1.  About how old were you?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” CODE: DON’T KNOW

__________ YEARS OLD  GO TO *AG4

DON’T KNOW ...............999
REFUSED .....................998  GO TO *AG4

*AG3b2.  Was it before you first started school?

YES.........................1  GO TO *AG4
NO .............................5
DON’T KNOW ...............9
REFUSED .....................8

*AG3b3.  Was it before you were a teenager?

YES.........................1
NO .............................5
DON’T KNOW ...............9
REFUSED .....................8

THE FOLLOWING CODES ARE USED IN CREATING THE AGE OF ONSET MEASURE

BEFORE STARTED SCHOOL..................4
BEFORE TEENAGER..........................12
NOT BEFORE TEENAGER ......................13
*AG4. People with fears like this differ in what it is they fear about the situations. Which of the following fears did you experience:

<table>
<thead>
<tr>
<th>Question</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*AG4a. Fear of being alone or of being separated from your loved ones?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*AG4b. Fear that there was some real danger, like that you might be robbed or assaulted?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*AG4c. Fear that you might get sick to your stomach or have diarrhea?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*AG4d. Fear that you might have a panic attack?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*AG4e. Fear that you might have a heart attack or some other emergency?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*AG4f. Fear that you might become physically ill and be unable to get help?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*AG4g. Fear that it might be difficult or embarrassing to escape?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*AG4h. Fear that some other terrible thing might happen?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*AG6. INTERVIEWER CHECKPOINT: (SEE *SC30.2)

*SC30.2 EQUALS ‘1’ .............. 1
ALL OTHERS ...................... 2 GO TO *AG8

*AG6a1. Earlier in the interview, you mentioned having times when you avoid these situations because of your fears. How old were you when you first avoided these situations?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” CODE: DON’T KNOW

_________ YEARS OLD .......... GO TO *AG8

DON’T KNOW ....................999
REFUSED ......................998 .......... GO TO *AG8

*AG6a2. Was it before you first started school?

YES .........................1 .......... GO TO *AG8
NO .........................5
DON’T KNOW ....................9
REFUSED ......................8

*AG6a3. Was it before you were a teenager?

YES .........................1
NO .........................5
DON’T KNOW ....................9
REFUSED ......................8

THE FOLLOWING CODES ARE USED IN CREATING THE AGE OF ONSET MEASURE

BEFORE STARTED SCHOOL ..................4
BEFORE TEENAGER ........................12
NOT BEFORE TEENAGER ....................13
**AG8.** Was there a particular incident or event that caused your fear of these situations to start the very first time?

YES ...........................................1
NO ...........................................5  GO TO *AG9
DON’T KNOW .........................9  GO TO *AG9
REFUSED ...............................8  GO TO *AG9

**AG8a.** Did you have a panic attack as a result of that incident or event?

YES...........................................1
NO ...........................................5
DON’T KNOW .........................9
REFUSED ...............................8

**AG9.** Think of the time in your life when your fear (and avoidance) was most severe and frequent. When you were faced with these situations, or thought you would have to be, did you ever have any of the following experiences?

<table>
<thead>
<tr>
<th>*AG9a. Did your heart ever pound or race?</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*AG9b. Did you ever sweat?</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*AG9c. Did you tremble or shake?</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*AG9d. Did you have a dry mouth?</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

**AG10.** INTERVIEWER INSTRUCTION: (SEE *AG9a-d)

 ZERO RESPONSES CODED ‘1’ ..................................................1  GO TO *AG13
 ONE RESPONSE CODED ‘1’ ....................................................2  GO TO *AG11
 ALL OTHERS..........................................................................3  GO TO *AG13
*AG11. (RB, PG 61) When you were faced with these situations, or thought you would have to be, did you ever have one or more of these reactions on Page 61?

READ LIST BELOW STARTING WITH AG11a ONLY IF R PREFERS TO HAVE QUESTIONS READ

YES ..........................................................1 Go to *AG13
NO.............................................................5 Go to *AG13
R PREFERS TO HAVE LIST READ .7
DON’T KNOW ........................................9 Go to *AG13
REFUSED ................................................8 Go to *AG13

<table>
<thead>
<tr>
<th>AG11a. Did you have trouble breathing normally?</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AG11b. Did you feel like you were choking?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AG11c. Did you have pain or discomfort in your chest?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AG11d. Did you feel sick to your stomach?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AG11e. Did you feel dizzy or faint?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AG11f. Did you ever fear that you might lose control, go crazy, or pass out?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AG11g. Were you afraid that you might die?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AG11h. Did you have chills or hot flushes?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AG11i. Did you feel numbness or have tingling sensations?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AG11j. Did you feel like you were “not really there”, like you were watching a movie of yourself?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AG11k. Did you feel that things around you were not real or like a dream?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

GO TO *AG13 AFTER ONE “YES” RESPONSE
*AG13. Were you ever unable to leave your home for an entire day because of your fear?

YES...............................1
NO ...............................5 GO TO *AG14
DON’T KNOW ................9 GO TO *AG14
REFUSED .......................8 GO TO *AG14

*AG13a. What is the longest period of days, weeks, months or years you were unable to leave your home?

____________ NUMBER

CIRCLE UNIT
OF TIME: DAYS ... 1 WEEKS ... 2 MONTHS ... 3 YEARS.... 4

DON’T KNOW ............... 999
REFUSED ................... 998

*AG14. Some people are unable to go out of their home unless they have someone they know with them, like a family member or friend. Was this ever true for you?

YES...............................1
NO ...............................5
DON’T KNOW ................9
REFUSED .......................8

*AG15. How much did your fear (or avoidance) of these situations ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

NOT AT ALL..........................1
A LITTLE.............................2
SOME ..................................3
A LOT ..................................4
EXTREMELY..........................5
DON’T KNOW .......................9
REFUSED ...........................8

*AG16. Was there ever a time in your life when you felt very emotionally upset, worried, or disappointed with yourself because of your fear (or avoidance)?

YES ...............................1
NO ...............................5
DON’T KNOW ................9
REFUSED .......................8
*AG17. Did you either strongly fear or avoid any of these situations at any time in the past 12 months?

YES ................................................................. 1
NO ............................................................... 5     GO TO *AG17b
DON'T KNOW ............................................. 9     GO TO *AG17b
REFUSED ..................................................... 8     GO TO *AG18

*AG17a. How recently -- in the past month, between two and six months ago, or more than six months ago?

PAST MONTH ............................................... 1
2-6 MONTHS AGO ......................................... 2
MORE THAN 6 MONTHS AGO ....................... 3
DON'T KNOW ............................................. 9
REFUSED ..................................................... 8

GO TO *AG18

*AG17b. How old were you the last time (you either strongly feared or avoided one of these situations)?

_________ YEARS OLD

DON'T KNOW ..................999
REFUSED .........................998

*AG18. What if you were faced with one of these situations today: How strong would your fear be -- not at all, mild, moderate, severe, or very severe?

(If Vol “It depends on which situation,” probe: What if you were faced with the situation that scares you most: How strong would your fear be -- not at all, mild, moderate, severe, or very severe?)

NOT AT ALL ............................................. 1     GO TO *AG24
MILD ....................................................... 2     GO TO *AG24
MODERATE ............................................. 3
SEVERE .................................................... 4
VERY SEVERE ......................................... 5
DON'T KNOW .................................999
REFUSED .................................998
*AG19. During the past 12 months, how often did you avoid these feared situations - - all the time, most of the time, sometimes, rarely, or never?

(IF VOL “IT DEPENDS ON WHICH THING,” PROBE: How about for the situation that you avoided most: Did you avoid it all the time, most of the time, sometimes, rarely, or never?)

  ALL THE TIME .............................................1
  MOST OF THE TIME ....................................2
  SOMETIMES ..................................................3
  RARELY .........................................................4
  NEVER ............................................................5
  DON’T KNOW ...............................................9
  REFUSED .......................................................8

*AG20. (RB, PG 57) Think about the month or longer in the past 12 when your fear (or avoidance) was most severe. Using the 0 to 10 scale on page 57 of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much your fear (or avoidance) interfered with each of the following activities during that time?

(IF NEC: How much did the fear (or avoidance) interfere with (ACTIVITY) during that time?)
(IF NEC: You can use any number between 0 and 10 to answer.)

NUMBER (0-10)

*AG20a. Your home management, like cleaning, shopping, and taking care of the (house/ apartment)?

  DOES NOT APPLY ...... 97
  DON’T KNOW.............. 99
  REFUSED ...................... 98

*AG20b. Your ability to work?

  DOES NOT APPLY ...... 97
  DON’T KNOW.............. 99
  REFUSED ...................... 98

*AG20c. Your ability to form and maintain close relationships with other people?

  DOES NOT APPLY ...... 97
  DON’T KNOW.............. 99
  REFUSED ...................... 98

*AG20d. Your social life?

  DOES NOT APPLY ...... 97
  DON’T KNOW.............. 99
  REFUSED ...................... 98

*AG21. INTERVIEWER CHECKPOINT: (SEE *AG20a - *AG20d)

  ALL RESPONSES EQUAL ‘0’ OR ‘97’..1
  GO TO *AG24
  ALL OTHERS.................................2
*AG22. About how many days in the past 12 months were you totally unable to work or carry out your normal activities because of your fear (or avoidance)?

(IF NEC: You may use any number between 0 and 365 to answer.)

_________ NUMBER OF DAYS

DON’T KNOW .................... 999
REFUSE ........................... 998

*AG24. Did you talk to a medical doctor or other professional about your fear (or avoidance) of these situation in the past 12 months? By professional we mean psychiatrists, psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.

YES...............................1 GO TO *AG25
NO ...............................5
DON’T KNOW .................9
REFUSED ......................8

*AG24a. Did you ever in your life talk to a medical doctor or other professional about your fear?

YES...............................1 GO TO *AG26
NO ...............................5
DON’T KNOW .................9
REFUSED ......................8

*AG24b. Did you ever try to get professional help for your fear?

YES...............................1
NO ...............................5
DON’T KNOW .................9 GO TO *AG31
REFUSED ......................8 GO TO *AG31

*AG24c. What are the main reasons you did not get professional help? (CODE UP TO 2 RESPONSES)

Use this coding scheme:

1 - Thought problem would get better by itself.
2 - Felt (got) better.
3 - It didn’t really bother me that much.
4 - Wanted to solve problem on my own.
5 - Didn’t think it would help.
6 - Could not afford it; too expensive.
7 - Worried about what other people would think.
8 - Inconvenient/Transportation problems, etc.
9 - Didn’t know where to go for help.
10 - Was embarrassed to talk about problem.
11 - Talked to a friend/relative
97 - Other (SPECIFY) ____________________
99 - DON’T KNOW
98 - REFUSED

GO TO *AG31
*AG25. Was this the first time [you talked to a professional about your fear]?

YES.................................1  GO TO *AG27
NO ....................................5
DON’T KNOW .................9  GO TO *AG27
REFUSED .........................8  GO TO *AG27

*AG26. How old were you the first time [you talked to a professional about your fear]?

_________ YEARS OLD

DON’T KNOW .................999
REFUSED .........................998

*AG27. Which of the following types of professionals did you ever talk to about your fear?

<table>
<thead>
<tr>
<th>Type of Professional</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) A psychiatrist?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>b) Any other mental health professional, such as a psychologist, psychotherapist, social worker, a mental health nurse or counselor?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>c) A family doctor?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>d) Any other medical doctor, like a cardiologist or (WOMEN: gynecologist / MEN: urologist)?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>e) Any other health professional, like a nurse or physician’s assistant?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>f) A religious or spiritual advisor like a minister, priest, or rabbi?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>g) Any other healer, like an herbalist, chiropractor, or spiritualist?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*AG28. (Were any of these/Was this) professional(s) helpful to you?

YES.................................1  GO TO *AG29
NO ....................................5  GO TO *AG29
DON’T KNOW .................9  GO TO *AG29
REFUSED .........................8  GO TO *AG29

IF R ONLY SAW 1 PROFESSIONAL IN *AG27 GO TO *AG29

*AG28a. Which ones? __________________________________________

*AG29. What kind of treatment did you receive? (CHECK ALL THAT APPLY)

NONE .................................................1
INDIVIDUAL THERAPY .....................2
GROUP THERAPY ..............................3
MEDICATIONS/DRUGS .....................4
OTHER .............................................5
DON’T KNOW ..............................9
REFUSED ........................................8
*AG30. Were you ever hospitalized overnight for your fear?

YES..........................1
NO ............................5  GO TO *AG31
DON’T KNOW ...............9  GO TO *AG31
REFUSED ....................8  GO TO *AG31

*AG30a. How old were you the first time you were hospitalized overnight for your fear?

******* YEARS OLD

DON’T KNOW ..................999
REFUSED ........................998

*AG30b. How many times have you ever been hospitalized for your fear?

******* NUMBER OF TIMES

DON’T KNOW ..................999
REFUSED ........................998

*AG31. Did you ever in your life receive any help for your fear from family, friends, or other acquaintances?

YES..........................1  GO TO *AG39
NO ............................5
DON’T KNOW ...............9
REFUSED ....................8

*AG31a. Did you try to get help for your fear from family, friends, or other acquaintances?

YES ............................1
NO ............................5
DON’T KNOW ...............9  GO TO *AG39
REFUSED ....................8  GO TO *AG39

*AG31b. What are the main reasons you did not get help from family or friends? (ENTER UP TO TWO REASONS)

__________________________________________
__________________________________________


*SC26 EQUALS ‘1’.................................1  GO TO *GA1 INTRO 1, NEXT SECTION
*SC26a EQUALS ‘1’..............................2  GO TO *GA1 INTRO 2, NEXT SECTION
*SC26b EQUALS ‘1’..............................3  GO TO *GA1 INTRO 3, NEXT SECTION
ALL OTHERS..............................4  GO TO *SD1
**GENERALIZED ANXIETY DISORDER SECTION (GA)**

<table>
<thead>
<tr>
<th>GA1 INTRO 1. (RB, PG 62-63)</th>
<th>GA1 INTRO 2. (RB, PG 62-63)</th>
<th>GA1 INTRO 3. (RB, PG 62-63)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earlier you mentioned having a time in your life when you were &quot;a worrier&quot;. The next questions are about that time. Looking at pages 62-63 in your booklet, what sorts of things were you worried or nervous or anxious about during that time?</td>
<td>Earlier you mentioned having a time in your life when you were much more nervous or anxious than most other people. The next questions are about that time. Looking at pages 62-63 in your booklet, what sorts of things were you nervous or anxious about during that time?</td>
<td>Earlier you mentioned having a period of time lasting one month or longer when you were anxious or worried most days. The next questions are about that time. Looking at pages 62-63 in your booklet, what sorts of things were you anxious or worried about during that time?</td>
</tr>
</tbody>
</table>

PROBE FOR UP TO THREE EXAMPLES: Anything else [that made you (worried or anxious/nervous or anxious/anxious or worried)]?

CIRCLE ALL MENTIONS.

**DIFFUSE WORRIES**

- EVERYTHING .......................................................................................................................................... 1
- NOTHING IN PARTICULAR ................................................................................................................... 2

**PERSONAL PROBLEMS**

- FINANCES .................................................................................................................................................. 3
- SUCCESS AT SCHOOL OR WORK ........................................................................................................ 4
- SOCIAL LIFE ............................................................................................................................................... 5
- LOVE LIFE .................................................................................................................................................. 6
- RELATIONSHIPS AT SCHOOL OR WORK ........................................................................................... 7
- RELATIONSHIPS WITH FAMILY ........................................................................................................ 8
- PHYSICAL APPEARANCE ...................................................................................................................... 9
- PHYSICAL HEALTH ................................................................................................................................ 10
- MENTAL HEALTH ...................................................................................................................................... 11
- SUBSTANCE USE ....................................................................................................................................... 12
- OTHER PERSONAL PROBLEMS (SPECIFY) ........................................................................................ 13

**PHOBIC AND OBSESSIVE-COMPULSIVE SITUATIONS**

- SOCIAL PHOBIAS (E.G., MEETING PEOPLE AFTER MOVING TO A NEW TOWN) ......................... 14
- AGORAPHOBIA (E.G., LEAVING HOME ALONE AFTER A DIVORCE) ........................................ 15
- SPECIFIC PHOBIAS (E.G., ELEVATORS AFTER MOVING TO A CITY) ............................................. 16
- OBSESSIONS (E.G., GERMS AFTER "MAD COW DISEASE" SCARE) ............................................. 17
- COMPULSIONS (E.G., REPETITIVE HANDWASHING) ........................................................................... 18

**NETWORK PROBLEMS**

- BEING AWAY FROM HOME OR APART FROM LOVED ONES .......................................................... 19
- THE HEALTH OR WELFARE OF LOVED ONES - FIRST MENTION ............................................... 20
- THE HEALTH OR WELFARE OF LOVED ONES - SECOND MENTION ......................................... 21
- THE HEALTH OR WELFARE OF LOVED ONES - THIRD MENTION ............................................... 22
- OTHER NETWORK PROBLEMS (SPECIFY) ........................................................................................ 23

**SOCIETAL PROBLEMS**

- CRIME / VIOLENCE .................................................................................................................................. 24
- THE ECONOMY ........................................................................................................................................... 25
- THE ENVIRONMENT (E.G., GLOBAL WARMING, POLLUTION) ........................................................... 26
- MORAL DECLINE OF SOCIETY (E.G., COMMERCIALISM, DECLINE OF THE FAMILY) ............ 27
- WAR / REVOLUTION .................................................................................................................................. 28
- OTHER SOCIETAL PROBLEMS (SPECIFY) .......................................................................................... 29

**OTHER PROBLEMS (SPECIFY)**

- FIRST (SPECIFY) ...................................................................................................................................... 30
- SECOND (SPECIFY) ............................................................................................................................. 31
- THIRD (SPECIFY) .................................................................................................................................... 32
*GA2. INTERVIEWER CHECKPOINT: (SEE *GA1)

WORRIED EXCLUSIVELY ABOUT ONE SPECIFIC THING.....1 GO TO *SD1, NEXT SECTION
MULTIPLE WORRIES.................................................................2

*GA3. Do you think your (worry or anxiety/nervousness or anxiety/anxiety or worry) was ever excessive or unreasonable or a lot stronger than it should have been?

YES .....................................1
NO ......................................5
DON’T KNOW ....................9
REFUSED ..........................8

*GA4. How often did you find it difficult to control your (worry or anxiety/nerves or anxiety/anxiety or worry) -- often, sometimes, rarely, or never?

OFTEN ..............................1
SOMETIMES ......................2
RARELY ..............................3
NEVER ............................4
DON’T KNOW ....................9
REFUSED ..........................8

*GA4a. How often were you so nervous or worried that you could not think about anything else, no matter how hard you tried -- often, sometimes, rarely, or never?

OFTEN ..............................1
SOMETIMES ......................2
RARELY ..............................3
NEVER ............................4
DON’T KNOW ....................9
REFUSED ..........................8

*GA4b. INTERVIEWER CHECKPOINT: (SEE *GA4, *GA4a)

*GA4 EQUALS ‘1’ OR ‘2’ OR *GA4a EQUALS ‘1’ OR ‘2’ .........1
ALL OTHERS .................................................................2 GO TO *SD1, NEXT SECTION

*GA5. What is the longest period of months or years in a row you ever had when you were (worried or anxious/nervous or anxious/anxious or worried) most days?

IF VOL “WHOLE LIFE” OR “AS LONG AS I CAN REMEMBER,” CODE 995 YEARS AND GO TO GA6

________________ NUMBER  GO TO *GA5a
DON’T KNOW ..............999  GO TO *GA5_1
REFUSED .....................998  GO TO *GA6

*GA5a. CIRCLE UNIT OF TIME: DAYS...1 WEEKS...2 MONTHS...3 YEARS...4

GO TO *GA6
*GA5_1. Did you ever have a period of time that lasted 6 months or longer?

YES .................................. 1 GO TO *GA6
NO .................................... 5
DON’T KNOW ............... 9
REFUSED ....................... 8 GO TO *GA6

*GA5_2. Did you ever have a period of time that lasted 1 month or longer?

YES .................................. 1
NO .................................... 5
DON’T KNOW ............... 9
REFUSED ....................... 8

*GA6. INTERVIEWER CHECKPOINT: (SEE *GA5 TO *GA5_2)

LESS THAN 1 MONTH OR RF IN *GA5 OR
*GA5_1 OR DK OR RF IN *GA5_2 .......... 1 GO TO *SD1, NEXT SECTION
1 TO 5 MONTHS ................................................. 2 GO TO *GA7
ALL OTHERS .................................................. 3 GO TO *GA8

*GA7. INTERVIEWER INSTRUCTION: ASK ABOUT “PERIODS LASTING ONE MONTH OR LONGER” FOR THE REMAINDER OF THE SECTION GO TO *GA9

*GA8. INTERVIEWER INSTRUCTION: ASK ABOUT “PERIODS LASTING SIX MONTHS OR LONGER” FOR THE REMAINDER OF THE SECTION GO TO *GA9
**GA9.** Think of your worst period of time lasting (one month / six months) or longer when you were (worried or anxious/nervous or anxious/anxious or worried): During that episode, did you often have any of the following associated problems:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
</table>

| *GA9a. Did you often feel restless, keyed up, or on edge? | 1 | 5 | 9 | 8 |
| *GA9b. Did you often get tired easily? | 1 | 5 | 9 | 8 |
| *GA9c. Were you often more irritable than usual? | 1 | 5 | 9 | 8 |
| *GA9d. Did you often have difficulty concentrating or keeping your mind on what you were doing? | 1 | 5 | 9 | 8 |
| *GA9e. Did you often have tense, sore, or aching muscles? | 1 | 5 | 9 | 8 |
| *GA9f. Did you often have trouble falling or staying asleep? | 1 | 5 | 9 | 8 |

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>*GA10.</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>*GA10a. Did your heart often pound or race?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*GA10b. Did you often sweat?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*GA10c. Did you often tremble or shake?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*GA10d. Did you often have a dry mouth?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*GA10e. Were you sad or depressed most of the time?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

**GA11.** INTERVIEWER CHECKPOINT: (SEE *GA9, *GA10)

- ZERO RESPONSES CODED ‘1’ IN *GA9 AND *GA10 SERIES...................... 1
- ZERO RESPONSES CODED ‘1’ IN *GA10 SERIES........................................ 2
- FOUR OR MORE RESPONSES CODED ‘1’ IN *GA9 AND *GA10 SERIES...... 3
- ALL OTHERS..................................................................................... 4

GO TO *SD1, NEXT SECTION
GO TO *GA12
GO TO *GA15
GO TO *GA13
**GA12. INTERVIEWER CHECKPOINT: (SEE *GA9a-g)**

TWO OR MORE RESPONSES CODED ‘1’ IN *GA9 SERIES ........1  
ALL OTHERS .......................................................................................2  
GO TO *GA15  
GO TO *SD1, NEXT SECTION

**GA13. INTERVIEWER QUERY: TOTAL NUMBER RESPONSES CODED ‘1’ IN *GA9 SERIES IS __________**

CODED ‘1’ IN *GA10 SERIES IS __________

GO TO *GA15 AS SOON AS FIVE RESPONSES CODED ‘1’ IN *GA9, *GA10, *GA13 SERIES

<table>
<thead>
<tr>
<th>*GA13a. Did you often feel dizzy or lightheaded?</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*GA13b. Were you often short of breath?</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>*GA13c. Did you often feel like you were choking?</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*GA13d. Did you often have pain or discomfort in your chest?</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>*GA13e. Did you often have pain or discomfort in your stomach?</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*GA13f. Did you often have nausea?</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>*GA13g. Did you often feel that you were unreal?</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*GA13h. Did you often feel that things around you were unreal?</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*GA13i. Were you often afraid that you might lose control or go crazy?</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*GA13j. Were you often afraid that you might pass out?</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*GA13k. Were you often afraid that you might die?</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*GA13l. Did you often have hot flushes or chills?</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*GA13m. Did you often have numbness or tingling sensations?</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*GA13n. Did you often feel like you had a lump in your throat?</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*GA13o. Were you easily startled?</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

TWO OR MORE RESPONSES CODED ‘1’ IN *GA9 SERIES ....................... 1
THREE OR MORE RESPONSES CODED ‘1’ IN *GA9, 10, 13 SERIES .......... 2
ALL OTHERS ......................................................................................... 3  GO TO *SD1, NEXT SECTION

**GA15.** How much emotional distress did you ever experience because of your (worry or anxiety/nervousness or anxiety/anxiety or worry) – no distress, mild distress, moderate distress, severe distress, or very severe distress?

NO .................................... 1
MILD .................................. 2
MODERATE ......................... 3
SEVERE ............................... 4
VERY SEVERE ...................... 5
DON’T KNOW ...................... 9
REFUSED ......................... 8

**GA17.** How much did your (worry or anxiety/nervousness or anxiety/anxiety or worry) ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

NOT AT ALL ..................... 1  GO TO *GA17.1
A LITTLE ......................... 2
SOME ............................... 3
A LOT ................................ 4
EXTREMELY ..................... 5
DON’T KNOW .................... 9
REFUSED ......................... 8

**GA17a.** How often were you unable to carry out your daily activities because of your (worry or anxiety/nervousness or anxiety/anxiety or worry) – often, sometimes, rarely, or never?

OFTEN ............................ 1
SOMETIMES ..................... 2
RARELY ........................... 3
NEVER ............................ 4
DON’T KNOW .................. 9
REFUSED ......................... 8

**GA17.1. INTERVIEWER CHECKPOINT: (SEE *GA15, *GA17)**

ALL OTHERS ......................................................................................... 2  GO TO *SD1, NEXT SECTION
*GA18a. (Worry and anxiety/Nervousness and anxiety/Anxiety and worry) sometimes occur as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think your (worry or anxiety/nervousness or anxiety/anxiety or worry) ever occurred as the result of such physical causes?

YES........................................................1
NO..........................................................5 GO TO *GA26
DON’T KNOW.................................................9 GO TO *GA26
REFUSED......................................................8 GO TO *GA26

*GA18b. Do you think your (worry and anxiety/nervousness and anxiety/anxiety and worry) were always the result of physical causes?

YES........................................................1
NO..........................................................5
DON’T KNOW.................................................9
REFUSED......................................................8

*GA26. Think of the very first time in your life you had an episode lasting (one month / six months) or longer when (you were worried or anxious most days/you were nervous or anxious most days/you were anxious or worried most days) and also had some of the other problems we just reviewed. Can you remember your exact age?

YES ................................................... 1
NO..................................................... 5 GO TO *GA26b1
DON’T KNOW ........................................ 9 GO TO *GA26b1
REFUSED................................................. 8

*GA26a. (IF NEC: How old were you?)

__________ AGE   GO TO *GA26c

DON’T KNOW .................999   GO TO *GA26c
REFUSED.........................998   GO TO *GA26c

*GA26b1. About how old were you?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” CODE: DON’T KNOW

__________ YEARS OLD   GO TO *GA26c

DON’T KNOW .................999
REFUSED.........................998

*GA26b2. Was it before you first started school?

YES .................................... 1   GO TO *GA26c
NO...................................... 5
DON’T KNOW ................. 9
REFUSED.......................... 8

*GA26b3. Was it before you were a teenager?

YES .................................... 1
NO...................................... 5
DON’T KNOW ................. 9
REFUSED.......................... 8
THE FOLLOWING CODES ARE USED IN CREATING THE AGE OF ONSET MEASURE

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>BEFORE STARTED SCHOOL</td>
</tr>
<tr>
<td>12</td>
<td>BEFORE TEENAGER</td>
</tr>
<tr>
<td>13</td>
<td>NOT BEFORE TEENAGER</td>
</tr>
</tbody>
</table>

*GA26c.* Was that episode brought on by some stressful experience? Or did it happen out of the blue?

- BROUGHT ON BY STRESS.............................. 1
- OUT OF THE BLUE........................................... 2
- DON’T REMEMBER........................................ 5
- DON’T KNOW............................................... 9
- REFUSED.................................................... 8

*GA27.* Did you have an episode of being (worried or anxious/nervous or anxious/anxious or worried), lasting at least one month or longer, in the past 12 months?

- YES........................................ 1
- NO.................................. 5  GO TO *GA27c
- DON’T KNOW .................... 9  GO TO *GA27c
- REFUSED........................ 8  GO TO *GA27c

*GA27a.* How recently – in the past month, two to six months ago, or more than six months ago?

- PAST MONTH................................................ 1
- 2-6 MONTHS AGO ........................................ 2
- MORE THAN 6 MONTHS ............................. 3
- DON’T KNOW ............................................... 9
- REFUSED........................................................ 8

*GA27a.1* When I use the word “episode” in the next questions, I mean a time lasting one month or longer when nearly every day you were (worried or anxious/nervous or anxious/anxious or worried) and also had some of the other problems we just reviewed. The episode ends when you no longer have these feelings for a full month. With this definition in mind, how many different episodes did you have in the past 12 months?

__________ NUMBER

- DON’T KNOW........................................ 999
- REFUSED........................................ 998

*GA27a.2.* INTERVIEWER CHECKPOINT: (SEE *GA27a.1)

- *GA27a.1* EQUALS ‘1’ ........................................ 1  GO TO *GA27a.3
- ALL OTHERS..................................................... 2  GO TO *GA27a.7

*GA27a.3.* In what month did that episode start?

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

- DON’T KNOW........................................ 999
- REFUSED........................................ 998
**GA27a.4.** How long did that episode last (IF *GA27a* EQUALS ‘1’ : so far)?

___________ NUMBER

CIRCLE UNIT OF TIME:      DAYS........1 WEEKS ......2 MONTHS......3 YEARS......4

DON’T KNOW .........................999
REFUSED ..............................998

**GA27a.5.** INTERVIEWER CHECKPOINT (SEE *GA27a)*:

*GA27a* EQUALS ‘1’ .................................................................................1
ALL OTHERS ..........................................................................................2   GO TO *GA28

**GA27a.6.** Has this episode ended or is it still going on?

ENDED .................................................................1
STILL GOING ON ..............................................................2
DON’T KNOW ...............................................................9
REFUSED ..............................................................8

  GO TO *GA28

**GA27a.7.** How long did the first of these (NUMBER FROM *GA27a.1*) episodes last?

___________ NUMBER

CIRCLE UNIT OF TIME:      DAYS........1 WEEKS ......2 MONTHS......3 YEARS......4

DON’T KNOW .........................999
REFUSED ..............................998

**GA27a.8.** INTERVIEWER CHECKPOINT (SEE *GA27a)*:

*GA27a* EQUALS ‘1’ .............................................................................1
ALL OTHERS .........................................................................................2   GO TO *GA27b

**GA27a.9.** Has the most recent episode ended or is it still going on?

ENDED .................................................................1
STILL GOING ON ..............................................................2
DON’T KNOW ...............................................................9
REFUSED ..............................................................8

**GA27b.** How many months in the past 12 months were you in an episode of this sort?

_____________ MONTHS

DON’T KNOW .........................99
REFUSED ..............................98

  GO TO *GA28
**GA27c.** How old were you the last time you had one of these episodes?

_____________ YEARS OLD

DON’T KNOW ......................... 999
REFUSED ................................. 998

**GA28.** How many episodes of (worry or anxiety/nervousness or anxiety/anxiety or worry) lasting one month or longer have you ever had in your life?

______________ NUMBER

DON’T KNOW ......................... 999
REFUSED ................................. 998

**GA29.** INTERVIEWER CHECKPOINT: (SEE **GA28**)

**GA28** EQUALS ‘1’ ................................. 1
ALL OTHERS ........................................... 2
GO TO **GA31**

**GA30.** How long did that episode last?

IF STILL GOING ON: How long did it last so far?

_____________ NUMBER  GO TO **GA35**

CIRCLE UNIT OF TIME:  DAYS....... 1  WEEKS ...... 2  MONTHS ...... 3  YEARS ...... 4

DON’T KNOW ......................... 99  GO TO **GA35**
REFUSED ................................. 98  GO TO **GA35**

**GA31.** How long did the longest of these episodes last?

_____________ NUMBER

CIRCLE UNIT OF TIME:  DAYS....... 1  WEEKS ...... 2  MONTHS ...... 3  YEARS ...... 4

DON’T KNOW ......................... 99
REFUSED ................................. 98

**GA31.1.** How many of these episodes were brought on by some stressful experience?

_____________ NUMBER

DON’T KNOW ......................... 999
REFUSED ................................. 998

**GA32.** How many different years in your life did you have at least one episode?

_____________ YEARS

DON’T KNOW ......................... 999
REFUSED ................................. 998
*GA33. INTERVIEWER CHECKPOINT: (SEE *GA32)

*GA32 EQUALS ‘1’................... 1 GO TO *GA35
ALL OTHERS ..................... 2

*GA34. What is the longest continuous number of years in a row in which you had at least one episode per year?

_________ YEARS

DON’T KNOW ......................... 999
REFUSED.............................. 998

*GA35. INTERVIEWER CHECKPOINT: (SEE *GA27)

*GA27 EQUALS ‘1’........... 1
ALL OTHERS ................... 2 GO TO *GA44

*GA36. For the next questions, think of the period of time lasting a month or longer in the past 12 months when your (worry or anxiety/nervousness or anxiety/anxiety or worry) was most severe and frequent. During that period, how often did you have each of the following feelings?

<table>
<thead>
<tr>
<th>(IF NEC: often, sometimes, occasionally, or never?)</th>
<th>OFTEN (1)</th>
<th>SOME (2)</th>
<th>OCCASION (3)</th>
<th>NEVER (4)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*GA36a. How often did you feel tense and wound up – often, sometimes, occasionally, or never?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*GA36b. How often during that period did you get a sort of frightened feeling like butterflies in the stomach?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*GA36c. How often did you feel restless as if you had to be on the move?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*GA36d. How often did you get sudden feelings of panic?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*GA36e. How often did you have worrying thoughts go through your mind?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*GA36f. How often could you sit at ease and feel relaxed?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*GA36g. How often did you get a frightened feeling as if something awful was about to happen?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>GO TO *GA38</td>
<td>GO TO *GA38</td>
</tr>
</tbody>
</table>

*GA37. Did this frightened feeling worry you badly, not badly, or not at all?

BADLY ....................... 1
NOT BADLY .................. 2
NOT AT ALL ................. 3
DON’T KNOW ............... 9
REFUSED ..................... 8
**GA38.** (RB, PG 57) Think about the month or longer in the past 12 when your (worry or anxiety/ nervousness or anxiety/ anxiety or worry) was most severe. Using the 0 to 10 scale on page 57 of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much your (worry or anxiety/ nervousness or anxiety/ anxiety or worry) interfered with each of the following activities during that time?

(IF NEC: How much did your (worry or anxiety/ nervousness or anxiety/ anxiety or worry) interfere with (ACTIVITY) during that time?)

(IF NEC: You can use any number between 0 and 10 to answer.)

**NUMBER (0-10)**

*GA38a. Your home management, like cleaning, shopping, and taking care of the (house/ apartment)?

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DO NOT APPLY</td>
<td>97</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>99</td>
</tr>
<tr>
<td>REFUSED</td>
<td>98</td>
</tr>
</tbody>
</table>

*GA38b. Your ability to work?

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DO NOT APPLY</td>
<td>97</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>99</td>
</tr>
<tr>
<td>REFUSED</td>
<td>98</td>
</tr>
</tbody>
</table>

*GA38c. Your ability to form and maintain close relationships with other people?

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DO NOT APPLY</td>
<td>97</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>99</td>
</tr>
<tr>
<td>REFUSED</td>
<td>98</td>
</tr>
</tbody>
</table>

*GA38d. Your social life?

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DO NOT APPLY</td>
<td>97</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>99</td>
</tr>
<tr>
<td>REFUSED</td>
<td>98</td>
</tr>
</tbody>
</table>

*GA39. INTERVIEWER CHECKPOINT: (SEE *GA38a - *GA38d)*

ALL RESPONSES EQUAL ‘0’ OR ‘97’ .....1 GO TO *GA44
ALL OTHERS ..............................................2
*GA40. About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of your (worry or anxiety/nervousness or anxiety/anxiety or worry)?

(If NEC: You can use any number between 0 and 365 to answer.)

_________ NUMBER OF DAYS

DON'T KNOW................. 999
REFUSED...................... 998

*GA44. Did you talk to a medical doctor or other professional about your (worry or anxiety/nervousness or anxiety/anxiety or worry) in the past 12 months? By professional we mean psychiatrists, psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.

YES ......................... 1  GO TO *GA45
NO ............................. 5
DON'T KNOW ............ 9
REFUSED .................... 8

*GA44a. Did you ever in your life talk to a medical doctor or other professional about your (worry or anxiety/nervousness or anxiety/anxiety or worry)?

YES ......................... 1  GO TO *GA46
NO ......................... 5
DON'T KNOW ............ 9
REFUSED .................... 8

*GA44b. Did you ever try to get professional help for your (worry or anxiety/nervousness or anxiety/anxiety or worry)?

YES ......................... 1  GO TO *GA51
NO ......................... 5
DON'T KNOW ............ 9  GO TO *GA51
REFUSED .................... 8  GO TO *GA51

*GA44c. What are the main reasons you did not get professional help? (Code up to 2 responses)

Use this coding scheme:

1 - Thought problem would get better by itself.
2 - Felt (got) better.
3 - It didn't really bother me that much.
4 - Wanted to solve problem on my own.
5 - Didn't think it would help.
6 - Could not afford it; too expensive.
7 - Worried about what other people would think.
8 - Inconvenient/Transportation problems, etc.
9 - Didn't know where to go for help.
10 - Was embarrassed to talk about problem.
11 - Talked to a friend/relative
97 - Other (specify) ____________________
99 - DON'T KNOW
98 - REFUSED

GO TO *GA51
*GA45. Was this the first time [you talked to a professional about your (worry or anxiety/nervousness or anxiety/anxiety or worry)]? 

YES .......................... 1  GO TO *GA47
NO ............................ 5
DON’T KNOW............... 9  GO TO *GA47
REFUSED.................... 8  GO TO *GA47

*GA46. How old were you the first time [you talked to a professional about your (worry or anxiety/nervousness or anxiety/anxiety or worry)]? 

_________ YEARS OLD

DON’T KNOW......... 999
REFUSED............. 998

*GA47. Which of the following types of professionals did you ever talk to about your (worry or anxiety/nervousness or anxiety/anxiety or worry)?

<table>
<thead>
<tr>
<th>Type of Professional</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) A psychiatrist?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>b) Any other mental health professional, such as a psychologist, psychotherapist, social worker, a mental health nurse or counselor?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>c) A family doctor?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>d) Any other medical doctor, like a cardiologist or (WOMEN: gynecologist / MEN: urologist)?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>e) Any other health professional, like a nurse or physician’s assistant?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>f) A religious or spiritual advisor like a minister, priest, or rabbi?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>g) Any other healer, like an herbalist, chiropractor, or spiritualist?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*GA48. (Were any of these/Was this) professional(s) helpful to you? 

YES .......................... 1
NO ............................ 5  GO TO *GA49
DON’T KNOW............... 9  GO TO *GA49
REFUSED.................... 8  GO TO *GA49

IF R ONLY SAW 1 PROFESSIONAL IN *GA47 GO TO *GA49

*GA48a. Which ones? _____________________________________________
*GA49. What kind of treatment did you receive? (CHECK ALL THAT APPLY)

- NONE............................................................... 1
- INDIVIDUAL THERAPY............................................ 2
- GROUP THERAPY .................................................. 3
- MEDICATIONS/DRUGS................................. 4
- OTHER ............................................................. 5
- DON’T KNOW.................................................. 9
- REFUSED ......................................................... 8

*GA50. Were you ever hospitalized overnight for your (worry or anxiety/nervousness or anxiety/ anxiety or worry)?

- YES ........................................... 1
- NO ....................................................... 5  GO TO *GA51
- DON’T KNOW ........................... 9  GO TO *GA51
- REFUSED .............................................. 8  GO TO *GA51

*GA50a. How old were you the first time you were hospitalized overnight for your (worry or anxiety/nervousness or anxiety/anxiety or worry)?

- _________ YEARS OLD
- DON’T KNOW .................. 999
- REFUSED ......................... 998

*GA50b. How many times have you ever been hospitalized for your (worry or anxiety/nervousness or anxiety/anxiety or worry)?

- _________ NUMBER OF TIMES
- DON’T KNOW .................. 999
- REFUSED ......................... 998

*GA51. Did you ever in your life receive any help for your (worry or anxiety/nervousness or anxiety/ anxiety or worry) from family, friends, or other acquaintances?

- YES ........................................... 1  GO TO *SD1, NEXT SECTION
- NO ....................................................... 5
- DON’T KNOW ........................... 9
- REFUSED .............................................. 8

*GA51a. Did you try to get help for your (worry or anxiety/nervousness or anxiety/anxiety or worry) from family, friends, or other acquaintances?

- YES ........................................... 1
- NO ....................................................... 5
- DON’T KNOW ........................... 9  GO TO *SD1, NEXT SECTION
- REFUSED .............................................. 8  GO TO *SD1, NEXT SECTION

*GA51b. What are the main reasons you did not get help from family or friends? (ENTER UP TO TWO REASONS)

__________________________________________
__________________________________________

GO TO *SD1, NEXT SECTION
SUICIDALITY (SD)

*SD0. INTERVIEWER CHECKPOINT (SEE RESPONDENT'S RACE):

RESPONDENT IS WHITE ........................................... 1  GO TO *FH1, SECTION FH
ALL OTHERS .............................................................. 2

*SD1. INTERVIEWER CHECKPOINT:

RESPONDENT IS ABLE TO READ ........................... 1
ALL OTHERS .............................................................. 2  GO TO *SD15

*SD2. (RB, PG 64) Three experiences are listed in your booklet on page 64 labeled A, B, and C. Did experience A ever happen to you?

INTERVIEWER: EXPERIENCE A IS ‘YOU SERIOUSLY THOUGHT ABOUT COMMITTING SUICIDE’

YES .................................... 1
NO ..................................... 5  GO TO *SU1, NEXT SECTION
DON'T KNOW ........................... 9  GO TO *SU1, NEXT SECTION
REFUSED .................................. 8  GO TO *SU1, NEXT SECTION

*SD2a. How old were you the first time this happened?

_________ YEARS OLD

DON’T KNOW ....................... 999
REFUSED .............................. 998

*SD3. Did Experience A happen to you at any time in the past 12 months?

YES .................................... 1  GO TO *SD4
NO ..................................... 5
DON'T KNOW ........................... 9
REFUSED .................................. 8

*SD3a. How old were you the last time this experience happened to you?

_________ YEARS OLD

DON’T KNOW ....................... 999
REFUSED .............................. 998

*SD4. (RB, PG 64) Now look at the second of the three experiences on the list, Experience B. Did experience B ever happen to you?

INTERVIEWER: EXPERIENCE B IS ‘YOU MADE A PLAN FOR COMMITTING SUICIDE’

YES .................................... 1
NO ..................................... 5  GO TO *SD6
DON'T KNOW ........................... 9  GO TO *SD6
REFUSED .................................. 8  GO TO *SD6
**SD4a.** How old were you the first time this happened?

________ YEARS OLD

DON'T KNOW .................... 999
REFUSED .......................... 998

**SD5.** Did Experience B happen to you at any time in the past 12 months?

YES .................................... 1  \(\text{GO TO *SD6}\)
NO ...................................... 5
DON'T KNOW ................... 9
REFUSED ......................... 8

**SD5a.** How old were you the last time this experience happened to you?

________ YEARS OLD

DON'T KNOW ..................... 999
REFUSED .......................... 998

**SD6.** (RB, PG 64) Now look at the third of the three experiences on the list, Experience C. Did experience C ever happen to you?

INTERVIEWER: EXPERIENCE C IS ‘YOU ATTEMPTED SUICIDE’

YES .................................... 1  \(\text{GO TO *SU1, NEXT SECTION}\)
NO ...................................... 5  \(\text{GO TO *SU1, NEXT SECTION}\)
DON'T KNOW ................... 9  \(\text{GO TO *SU1, NEXT SECTION}\)
REFUSED ......................... 8  \(\text{GO TO *SU1, NEXT SECTION}\)

**SD6a.** How many times did Experience C ever happen to you in your lifetime?

________ NUMBER OF TIMES

DON'T KNOW .................... 999
REFUSED .......................... 998

**SD7.** INTERVIEWER CHECKPOINT: (SEE *SD6a)

*SD6a\text{ EQUALS ‘1’} ............................................. 1  \(\text{GO TO *SD10}\)
ALL OTHERS ............................................. 2

**SD8.** How old were you the first time?

________ YEARS OLD

DON'T KNOW .................... 999
REFUSED .......................... 998
*SD9. (RB, PG 65) There are three statements numbered 1, 2, and 3 on page 65 in your booklet. Which of these three statements best describes your situation when Experience C happened to you the first time -- 1, 2, or 3?

I MADE A SERIOUS ATTEMPT TO KILL MYSELF AND IT WAS ONLY LUCK THAT I DID NOT SUCCEED.............................. 1
I TRIED TO KILL MYSELF, BUT KNEW THAT THE METHOD WAS NOT FOOL-PROOF .................................................................. 2
MY ATTEMPT WAS A CRY FOR HELP. I DID NOT INTEND TO DIE.............. 3
DON'T KNOW .................................................................................................................. 9
REFUSED.................................................................................................................. 8

*SD10. Did Experience C happen to you in the past 12 months?

YES ................................................... 1  \textbf{GO TO *SD11}
NO ..................................................... 5
DON'T KNOW ......................................... 9
REFUSED .................................................. 8

*SD10a. How old were you (when/the last time) experience C happened to you?

\_\_\_\_\_\_\_ YEARS OLD  \textbf{GO TO *SD14}
DON'T KNOW ................................. 999 \textbf{GO TO *SD14}
REFUSED ................................. 998 \textbf{GO TO *SD14}

*SD11. Did it result in an injury or poisoning?

YES ............................................. 1  \textbf{GO TO *SD14}
NO ............................................. 5  \textbf{GO TO *SD14}
DON'T KNOW ................................. 9  \textbf{GO TO *SD14}
REFUSED .................................................. 8  \textbf{GO TO *SD14}

*SD12. Did it require medical attention?

YES ............................................. 1  \textbf{GO TO *SD14}
NO ............................................. 5  \textbf{GO TO *SD14}
DON'T KNOW ................................. 9  \textbf{GO TO *SD14}
REFUSED .................................................. 8  \textbf{GO TO *SD14}

*SD13. Did it require overnight hospitalization?

YES ............................................. 1
NO ............................................. 5
DON'T KNOW ................................. 9
REFUSED .................................................. 8
*SD14. (RB, PG 65) Looking at page 65 in your booklet, which of the three statements best describes your situation when Experience C happened to you (the last time) – 1, 2, or 3?

I MADE A SERIOUS ATTEMPT TO KILL MYSELF AND IT WAS ONLY LUCK THAT I DID NOT SUCCEED............................................ 1

I TRIED TO KILL MYSELF, BUT KNEW THAT THE METHOD WAS NOT FOOL-PROOF ................................................................. 2

MY ATTEMPT WAS A CRY FOR HELP, I DID NOT INTEND TO DIE .......... 3

DON’T KNOW ........................................................................................................... 9

REFUSED .............................................................................................................. 8

*SD14.1. INTERVIEWER CHECKPOINT: (SEE *SD10)

*SD10 EQUALS ‘1’..........................1
ALL OTHERS..........................2
GO TO *SU1, NEXT SECTION

*SD14.2. (RB, PG 66) What method did you use? (Just give me the letter.)

A. GUN ..........................................................1
B. RAZOR, KNIFE OR OTHER SHARP INSTRUMENT ............................................ 2
C. OVERDOSE OF PRESCRIPTION MEDICATIONS ............................................... 3
D. OVERDOSE OF OVER-THE-COUNTER MEDICATIONS ...................................... 4
E. OVERDOSE OF OTHER DRUG (E.G. HEROIN, CRACK, ALCOHOL) ................. 5
F. POISONING (E.G. CARBON MONOXIDE, RAT POISON) ..................................... 6
G. HANGING, STRANGULATION, SUFFOCATION ................................................... 7
H. DROWNING ........................................................................................................ 8
I. JUMPING FROM HIGH PLACES ......................................................................... 9
J. MOTOR VEHICLE CRASH .................................................................................. 10
K. OTHER (PLEASE DESCRIBE) .......................................................................... 11

DON’T KNOW ....................................................................................................... 99

REFUSED .............................................................................................................. 98

GO TO *SU1, NEXT SECTION

*SD15. The next few questions are about thoughts of hurting yourself. Have you ever seriously thought about committing suicide?

YES.................................1

NO................................. 5

DON’T KNOW ...................... 9

REFUSED......................... 8

GO TO *SU1, NEXT SECTION

*SD15a. How old were you the first time this happened?

__________ YEARS OLD

DON’T KNOW ................. 999

REFUSED ......................... 998
*SD16. Have you seriously thought about committing suicide at any time in the past 12 months?

YES .................................... 1  GO TO *SD17
NO...................................... 5
DON’T KNOW .................. 9
REFUSED.......................... 8

*SD16a. How old were you the last time this experience happened to you?

_________ YEARS OLD

DON’T KNOW ......................... 999
REFUSED.............................. 998

*SD17. Have you ever made a plan for committing suicide?

YES.................................... 1
NO...................................... 5  GO TO *SD19
DON’T KNOW .................. 9  GO TO *SD19
REFUSED.......................... 8  GO TO *SD19

*SD17a. How old were you the first time this happened?

_________ YEARS OLD

DON’T KNOW ......................... 999
REFUSED.............................. 998

*SD18. Did you make a plan for committing suicide at any time in the past 12 months?

YES.................................... 1  GO TO *SD19
NO...................................... 5
DON’T KNOW .................. 9
REFUSED.......................... 8

*SD18a. How old were you the last time this experience happened to you?

_________ YEARS OLD

DON’T KNOW ......................... 999
REFUSED.............................. 998

*SD19. Have you ever attempted suicide?

YES.................................... 1
NO...................................... 5  GO TO *SU1, NEXT SECTION
DON’T KNOW .................. 9  GO TO *SU1, NEXT SECTION
REFUSED.......................... 8  GO TO *SU1, NEXT SECTION

*SD19a. How many times have you attempted suicide in your lifetime?

_________ NUMBER OF TIMES

DON’T KNOW ......................... 999
REFUSED.............................. 998
*SD20. INTERVIEWER CHECKPOINT (SEE *SD19a):

*SD19a EQUALS ‘1’.................................1 GO TO *SD23
ALL OTHERS ........................................2

*SD21. How old were you the first time?

________ YEARS OLD

DON’T KNOW .................999
REFUSED..........................998

*SD22. There are three statements I will read out loud. Please tell me which of these three statements best describes your situation when you attempted suicide the first time – one, two, or three?

“One, I made a serious attempt to kill myself and it was only luck that I did not succeed.”
“Two, I tried to kill myself, but knew that the method was not fool-proof.”
“Three, my attempt was a cry for help, I did not intend to die.”

I MADE A SERIOUS ATTEMPT TO KILL MYSELF AND IT WAS ONLY LUCK THAT I DID NOT SUCCEED............................................ 1
I TRIED TO KILL MYSELF, BUT KNEW THAT THE METHOD WAS NOT FOOL-PROOF ......................................................... 2
MY ATTEMPT WAS A CRY FOR HELP, I DID NOT INTEND TO DIE............ 3
DON’T KNOW .................................................................9
REFUSED.................................................................8

*SD23. Have you attempted suicide in the past 12 months?

YES ................................................... 1 GO TO *SD24
NO ...................................................... 5
DON’T KNOW .......................9
REFUSED.................................8

*SD23a. How old were you (when/the last time) you attempted suicide?

________ YEARS OLD GO TO *SD27

DON’T KNOW .................999 GO TO *SD27
REFUSED..........................998 GO TO *SD27

*SD24. Did it result in an injury or poisoning?

YES .................................1 GO TO *SD27
NO .................................5 GO TO *SD27
DON’T KNOW ..................9 GO TO *SD27
REFUSED..........................8 GO TO *SD27
**SD25.** Did it require medical attention?

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>9</td>
</tr>
<tr>
<td>REFUSED</td>
<td>8</td>
</tr>
</tbody>
</table>

GO TO **SD27**

**SD26.** Did it require overnight hospitalization?

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>9</td>
</tr>
<tr>
<td>REFUSED</td>
<td>8</td>
</tr>
</tbody>
</table>

**SD27.** There are three statements I will read out loud. Please tell me which of these three statements best describes your situation when you attempted suicide (the last time) – one, two, or three?

- “One, I made a serious attempt to kill myself and it was only luck that I did not succeed.”
- “Two, I tried to kill myself, but knew that the method was not fool-proof.”
- “Three, my attempt was a cry for help, I did not intend to die.”

<table>
<thead>
<tr>
<th>Statement</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>I MADE A SERIOUS ATTEMPT TO KILL MYSELF AND IT WAS ONLY LUCK THAT I DID NOT SUCCEED</td>
<td>1</td>
</tr>
<tr>
<td>I TRIED TO KILL MYSELF, BUT KNEW THAT THE METHOD WAS NOT FOOL-PROOF</td>
<td>2</td>
</tr>
<tr>
<td>MY ATTEMPT WAS A CRY FOR HELP. I DID NOT INTEND TO DIE</td>
<td>3</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>9</td>
</tr>
<tr>
<td>REFUSED</td>
<td>8</td>
</tr>
</tbody>
</table>

**SD28.** INTERVIEWER CHECKPOINT: (SEE **SD23**)

**SD23** EQUALS ‘1’ ............................................................................................................. 1
ALL OTHERS .................................................................................................................. 2

GO TO *SU1, NEXT SECTION*

**SD29.** (RB, PG 66) What method did you use? (Just give me the letter.)

<table>
<thead>
<tr>
<th>Method</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. GUN</td>
<td>1</td>
</tr>
<tr>
<td>B. RAZOR, KNIFE OR OTHER SHARP INSTRUMENT</td>
<td>2</td>
</tr>
<tr>
<td>C. OVERDOSE OF PRESCRIPTION MEDICATIONS</td>
<td>3</td>
</tr>
<tr>
<td>D. OVERDOSE OF OVER-THE-COUNTER MEDICATIONS</td>
<td>4</td>
</tr>
<tr>
<td>E. OVERDOSE OF OTHER DRUG (E.G. HEROIN, CRACK, ALCOHOL)</td>
<td>5</td>
</tr>
<tr>
<td>F. POISONING (E.G. CARBON MONOXIDE, RAT POISON)</td>
<td>6</td>
</tr>
<tr>
<td>G. HANGING, STRANGULATION, SUFFOCATION</td>
<td>7</td>
</tr>
<tr>
<td>H. DROWNING</td>
<td>8</td>
</tr>
<tr>
<td>I. JUMPING FROM HIGH PLACES</td>
<td>9</td>
</tr>
<tr>
<td>J. MOTOR VEHICLE CRASH</td>
<td>10</td>
</tr>
<tr>
<td>K. OTHER (PLEASE DESCRIBE)</td>
<td>11</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>99</td>
</tr>
<tr>
<td>REFUSED</td>
<td>98</td>
</tr>
</tbody>
</table>

GO TO *SU1, NEXT SECTION*
SUBSTANCE (SU)

*SU1. The next questions are about your use of alcohol. How old were you the very first time you ever drank an alcoholic beverage – including either beer, wine, a wine cooler, or hard liquor?

______ YEARS OLD

(IF VOL): "NEVER" ......................... 997 GO TO *SU41
DON’T KNOW .................................. 999
REFUSED ...................................... 998

*SU2a. IF R CAN READ: (RB, PG 67) Please use the table on page 67 in your booklet as a guide in answering the next questions. How old were you when you first started drinking at least 12 drinks in a year?

IF R CANNOT READ: When I use the word "drink" in the next questions, I mean either a glass of wine, a can or bottle of beer, or a shot or jigger of liquor either alone or in a mixed drink. How old were you when you first started drinking at least 12 drinks in a year?

IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," CODE: DON’T KNOW

______ YEARS OLD GO TO *SU3

(IF VOL): “NEVER” ......................... 997 GO TO *SU41
DON’T KNOW .................................. 999 GO TO *SU3
REFUSED ...................................... 998

*SU2b. Was it before your teens?

YES ............................................... 1 GO TO *SU3
NO ............................................... 5
DON’T KNOW .................................. 9
REFUSED ...................................... 8

*SU2c. Was it before your twenties?

YES ............................................... 1
NO ............................................... 5
DON’T KNOW .................................. 9
REFUSED ...................................... 8

THE FOLLOWING CODES ARE USED IN CREATING THE AGE OF ONSET MEASURE

BEFORE TEENS ............................................................. 12
BEFORE TWENTIES ..................................................... 19
NOT BEFORE TWENTIES ............................................... 20

*SU3. (RB, PG 67) (Look at page 67 in your booklet.) Think about the past 12 months. In the past 12 months, how often did you usually have at least one drink – nearly every day, three to four days a week, one to two days a week, one to three days a month, or less than once a month?

NEARLY EVERY DAY ............................................................ 1
3 - 4 DAYS PER WEEK ..................................................... 2
1 - 2 DAYS PER WEEK .................................................... 3
1 - 3 DAYS PER MONTH .................................................. 4
LESS THAN ONCE A MONTH ............................................. 5 GO TO *SU8
(IF VOL) DID NOT DRINK IN PAST 12 MONTHS ............... 6 GO TO *SU8
DON’T KNOW ......................................................... 9 GO TO *SU8
REFUSED ................................................................. 8 GO TO *SU8

147
*SU4. (RB, PG 67) (Looking at page 67 in your booklet,) On the days you drank in the past 12 months, about how many drinks did you usually have per day?

_______ NUMBER OF DRINKS PER DAY

DON’T KNOW .................. 999
REFUSED ..................... 998

*SU5. Was there ever a year in your life when you drank more than you did in the past 12 months?

YES ................................................... 1  GO TO *SU8
NO ................................................... 5
DON’T KNOW ............................. 9
REFUSED ..................................... 8

*SU6. INTERVIEWER CHECKPOINT: (SEE *SU3)

*SU3 EQUALS ‘4’................................................................................1
ALL OTHERS .......................................................................................2  GO TO *SU11.1

*SU7. INTERVIEWER CHECKPOINT: (SEE *SU4)

*SU4 IS EQUALS ‘3’ OR MORE .......................................................1  GO TO *SU11.1
ALL OTHERS .......................................................................................2  GO TO *SU41

*SU8. Think about the years in your life when you drank most. During those years, how often did you usually have at least one drink – nearly every day, three to four days a week, one to two days a week, one to three days a month, or less than once a month?

NEARLY EVERY DAY.............................. 1
3 - 4 DAYS PER WEEK............................. 2
1 - 2 DAYS PER WEEK............................. 3
1 - 3 DAYS PER MONTH............................ 4
LESS THAN ONCE A MONTH.................... 5  GO TO *SU41
DON’T KNOW .................................................. 9  GO TO *SU41
REFUSED .................................................. 8  GO TO *SU41

*SU9. And on the days you drank during those years, about how many drinks would you usually have per day?

_______ NUMBER OF DRINKS PER DAY

DON’T KNOW .................. 999
REFUSED ..................... 998

*SU10. INTERVIEWER CHECKPOINT: (SEE *SU8)

*SU8 EQUALS ‘4’................................................................. 1  GO TO *SU11.1
ALL OTHERS .......................................................................................2

*SU11. INTERVIEWER CHECKPOINT: (SEE *SU9)

*SU9 EQUALS ‘3’ OR MORE .......................................................1  GO TO *SU41
ALL OTHERS .......................................................................................2

*SC26.2 EQUALS ‘1’ OR *SC26.3 EQUALS ‘1’ OR
*SC26.4 EQUALS ‘1’................................................................. 1
ALL OTHERS............................................................................ 2  **GO TO *SU41**

**INTERVIEWER INSTRUCTION:** IF R PROTESTS OR REFUSES TWO QUESTIONS, CODE ALL UNANSWERED *SU12 SERIES QUESTIONS ‘9’ AND **GO TO *SU13.**

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*SU12. The next questions are about problems you may have had because of drinking. First, was there ever a time in your life when your drinking or being hung over frequently interfered with your work or responsibilities at school, on a job, or at home?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(KEY PHRASE: interfered with your work)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>*SU12a. Was there ever a time in your life when your drinking caused arguments or other serious or repeated problems with your family, friends, neighbors, or co-workers?</td>
<td>1</td>
<td>5</td>
<td>GO TO *SU12c</td>
<td>GO TO *SU12c</td>
</tr>
<tr>
<td>(KEY PHRASE: caused problems with family, friends or others)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*SU12b. Did you continue to drink even though it caused problems with these people?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(NO KEY PHRASE)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>*SU12c. Were there times in your life when you were often under the influence of alcohol in situations where you could get hurt, for example when riding a bicycle, driving, operating a machine, or anything else?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(KEY PHRASE: jeopardized your safety because you sometimes drank in situations where you could get hurt)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*SU12d. Were you more than once arrested or stopped by the police because of drunk driving or drunk behavior?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(KEY PHRASE: resulted in problems with the police)</td>
<td></td>
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</tr>
</tbody>
</table>

**SU13. INTERVIEWER CHECKPOINT:** (SEE *SU12 SERIES)

ZERO RESPONSES CODED ‘1’............................. 1  **GO TO *SU41**
ONE RESPONSE CODED ‘1’............................. 2  **GO TO *SU15 INTRO 1**
ALL OTHERS................................................. 3  **GO TO *SU15 INTRO 2**

**SU15 INTRO 1.**

You just reported that your drinking (KEY PHRASE FOR “YES” RESPONSE IN *SU12 SERIES). Can you remember your exact age the very first time you had this problem?

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DON’T KNOW (9)</th>
<th>REFUSED (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>8</td>
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</tr>
</tbody>
</table>

**SU15 INTRO 2.**

Your drinking (KEY PHRASES FOR ALL “YES” RESPONSES IN *SU12 SERIES). Can you remember your exact age the very first time you had (either/any) of these problems?

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DON’T KNOW (9)</th>
<th>REFUSED (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>8</td>
<td></td>
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<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>
*SU15a. (IF NEC: How old were you?)

__________ YEARS OLD GO TO *SU15.1

DON’T KNOW .............. 999 GO TO *SU15.1
REFUSED .................... 998 GO TO *SU15.1

*SU15b1. About how old were you (the first time you had [this problem/ (either/ any) of these problems] because of drinking)?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” CODE: DON’T KNOW

__________ YEARS OLD GO TO *SU15.1

DON’T KNOW .............. 999
REFUSED .................... 998

*SU15b2. Was it before your teens?

YES ....................... 1 GO TO *SU15.1
NO .......................... 5
DON’T KNOW .............. 9
REFUSED .................... 8

*SU15b3. Was it before your twenties?

YES ....................... 1
NO .......................... 5
DON’T KNOW .............. 9
REFUSED .................... 8

THE FOLLOWING CODES ARE USED IN CREATING THE AGE OF ONSET MEASURE

<table>
<thead>
<tr>
<th>Code Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEFORE TEENS</td>
<td>12</td>
</tr>
<tr>
<td>BEFORE TWENTIES</td>
<td>19</td>
</tr>
<tr>
<td>NOT BEFORE TWENTIES</td>
<td>20</td>
</tr>
</tbody>
</table>

*SU15. INTERVIEWER CHECKPOINT: (SEE *SU3)

*SU3 EQUALS ‘6’ ..................... 1 GO TO *SU17
ALL OTHERS ........................... 2

*SU16. How recently did you have [this problem/ (either/ any) of these problems] because of drinking – in the past month, 2 to 6 months ago, 7 to 12 months ago, or more than 12 months ago?

PAST MONTH .......................... 1 GO TO *SU18
2 TO 6 MONTHS AGO .................... 2 GO TO *SU18
7 TO 12 MONTHS AGO ................... 3 GO TO *SU18
MORE THAN 12 MONTHS AGO ............ 4
DON’T KNOW ........................... 9 GO TO *SU18
REFUSED ............................. 8 GO TO *SU18

*SU17. How old were you the last time (you had [this problem/ (either/ any) of these problems] because of drinking)?

__________ YEARS OLD

DON’T KNOW ........................... 999
REFUSED ............................. 998
*SU18. How many different years in your life did you ever have (this problem/these problems)?

__________ YEARS

DON’T KNOW.........................................999
REFUSED.................................................998

**INTERVIEWER INSTRUCTION: IF R PROTESTS OR REFUSES TWO QUESTIONS, CODE ALL UNANSWERED *SU19 SERIES QUESTIONS ‘9’ AND GO TO *SU20.**

<table>
<thead>
<tr>
<th>Question</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SU19.</strong> (The next questions are about some other problems you may have had because of drinking.) Was there ever a time in your life when you often had such a strong desire to drink that you couldn’t resist taking a drink or found it difficult to think of anything else?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>SU19a.</strong> Did you ever need to drink a larger amount of alcohol to get an effect, or did you ever find that you could no longer get a “buzz” or a high on the amount you used to drink?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>SU19b.</strong> People who cut down or stop drinking after drinking steadily for some time may not feel well. These feelings are more intense and can last longer than the usual hangover. Did you ever have times when you stopped, cut down, or went without drinking and then experienced symptoms like fatigue, headaches, diarrhea, the shakes, or emotional problems?</td>
<td>1</td>
<td></td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td><strong>SU19c.</strong> Did you ever have times when you took a drink to keep from having problems like these?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>SU19d.</strong> Did you have times when you started drinking even though you promised yourself you wouldn’t, or when you drank a lot more than you intended?</td>
<td>1</td>
<td></td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td><strong>SU19e.</strong> Were there ever times when you drank more frequently or for more days in a row than you intended?</td>
<td>1</td>
<td></td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td><strong>SU19f.</strong> Did you have times when you started drinking and became drunk when you didn’t want to?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>SU19g.</strong> Were there times when you tried to stop or cut down on your drinking and found that you were not able to do so?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>SU19h.</strong> Did you ever have periods of several days or more when you spent so much time drinking or recovering from the effects of alcohol that you had little time for anything else?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>SU19i.</strong> Did you ever have a period of a month or longer when you gave up or greatly reduced important activities because of your drinking – like sports, work, or seeing friends and family?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>SU19j.</strong> Did you ever continue to drink when you knew you had a serious physical or emotional problem that might have been caused by or made worse by drinking?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>
*SU20. INTERVIEWER CHECKPOINT: (SEE *SU19 SERIES)

ZERO TO TWO RESPONSES CODED ‘1’ ........................................1  GO TO *SU41
ALL OTHERS ..............................................................................2

*SU20.1 INTERVIWER CHECKPOINT: (SEE *SU3)

*SU3 EQUALS ‘6’ ..............................................................................1  GO TO *SU28
ALL OTHERS .....................................................................................2

*SU26. You reported having a number of alcohol problems. How recently did you have any of these problems – in the past month, 2 to 6 months ago, 7 to 12 months ago, or more than 12 months ago?

PAST MONTH..........................................1
2 TO 6 MONTHS AGO .........................2
7 TO 12 MONTHS AGO ......................3
MORE THAN 12 MONTHS AGO ..........4
DON’T KNOW .........................................9
REFUSED .................................................8

*SU28. (IF *SU20.1 EQUALS ‘1’: You reported having a number of alcohol problems.) About how many different years in your life did you ever have at least one of these problems?

__________ YEARS
DON’T KNOW ................. 999
REFUSED ......................... 998

*SU29. Did you ever have three or more of these problems in the same year?

YES ............................................................1  GO TO *SU32
NO ..............................................................2  GO TO *SU32
DON’T KNOW .........................................9  GO TO *SU32
REFUSED ..................................................8  GO TO *SU32

*SU30a. How old were you the first time you had three (or more) of these problems in the same year?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” CODE: DON’T KNOW

__________ YEARS OLD  GO TO *SU32
DON’T KNOW ......................... 999
REFUSED ............................................. 998

*SU30b. Was it before your teens?

YES .......................................................... 1  GO TO *SU32
NO ............................................................ 5
DON’T KNOW ...................... 9
REFUSED ............................................. 8
*SU30c. Was it before your twenties?

YES ................................................... 1
NO ................................................... 5
DON’T KNOW ...................................... 9
REFUSED .......................................... 8

THE FOLLOWING CODES ARE USED IN CREATING THE AGE OF ONSET MEASURE

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEFORE TEENS</td>
<td>12</td>
</tr>
<tr>
<td>BEFORE TWENTIES</td>
<td>19</td>
</tr>
<tr>
<td>NOT BEFORE TWENTIES</td>
<td>20</td>
</tr>
</tbody>
</table>

*SU32. Starting from the time you first began having any of these problems, how many different times did you ever make a serious attempt to quit drinking?

________ TIMES

DON’T KNOW ........... 999
REFUSED .................. 998

*SU33. INTERVIEWER CHECKPOINT: (SEE *SU32)

*SU32 EQUALS ‘1’ OR MORE ............................................. 1
ALL OTHERS ................................................................. 2 GO TO *SU37

*SU34. Since then, what is the longest period of time you have ever gone without drinking?

________ DURATION NUMBER

CIRCLE UNIT OF TIME: DAY……….1  MONTH………..2  YEAR……….3

DON’T KNOW ............ 999
REFUSED .................. 998

*SU35. INTERVIEWER CHECKPOINT: (SEE *SU32, *SU34)

*SU32 EQUALS ‘1’ ........................................................................ 1 GO TO *SU37
*SU32 EQUALS ‘2’ OR MORE AND *SU34 EQUALS ‘3’ MONTHS OR MORE ...... 2
ALL OTHERS .................................................................................... 3 GO TO *SU37

*SU36. How many different times have you gone without drinking for three months or longer?

________ TIMES

DON’T KNOW ............. 999
REFUSED .................. 998

*SU37. INTERVIEWER CHECKPOINT: (SEE *SU26)

*SU26 EQUALS ‘1’, ‘2’, OR ‘3’ ...................................................... 1
ALL OTHERS .................................................................................. 2 GO TO *SU41
During the past 12 months, how much have you had each of the following experiences because of your drinking:

<table>
<thead>
<tr>
<th>Question</th>
<th>A LOT (1)</th>
<th>SOME (2)</th>
<th>A LITTLE (3)</th>
<th>NOT AT ALL (4)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*SU38a. How much has your physical health been harmed by your drinking – a lot, some, a little, or not at all?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SU38b. How much has your family been hurt by your drinking (– a lot, some, a little, or not at all)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SU38c. How much have you done impulsive things that you regretted later because of your drinking (– a lot, some, a little, or not at all)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SU38d. How much have you failed to do what was expected of you because of your drinking (– a lot, some, a little, or not at all)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SU38e. How much have you been unhappy because of your drinking (– a lot, some, a little, or not at all)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>
WORK DOWN GRID ASKING *SU41 TO *SU44. THEN FOR EACH ITEM ENDORSED, ASK FOLLOW-UP QUESTIONS *SU45 TO *SU48.. IF NO ‘1’ RESPONSES IN *SU41 TO*SU44, GO TO *SU87.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SU41.</strong> The next questions are about medicines that are often used for any reason other than a health professional said you should use them. Have you ever used either marijuana or hashish, even once? (KEY PHRASE: marijuana or hashish)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>SU42.</strong> (RB, PG 68-69) Looking at Page 68-69 in your booklet, have you ever used cocaine in any form, including powder, crack, free base, coca leaves, or paste? (KEY PHRASE: cocaine)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>SU43.</strong> (RB, PG 68-69) Look at Pages 68-69 in your booklet. Have you ever used tranquilizers, stimulants, pain killers, or other prescription drugs either without the recommendation of a health professional, or for any reason other than a health professional said you should use them? (KEY PHRASE: prescription drugs without a doctor’s recommendation)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>SU44.</strong> (RB, PG 68-69) Looking at page 68-69 in your booklet, have you ever used any other drug – such as (those listed in your booklet/heroin, opium, glue, LSD, peyote, or any other drug? (KEY PHRASE: one or more of the drugs on page 68-69)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>SU44.5.</strong> INTERVIEWER CHECKPOINT: (SEE **SU41-**SU44) IF NO ‘YES’ RESPONSES IN **SU41-**SU44 ................................................................. 1 GO TO **SU87 ALL OTHERS ........................................................................................................................................ 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SU45.</strong> How old were you the first time (you used KEY PHRASE)?</td>
<td><strong>SU47.</strong> Did you use (KEY PHRASE) at any time in the past 12 months?</td>
<td><strong>SU48.</strong> How often (did you use KEY PHRASE in the past twelve months)—nearly every day, 3 to 4 days a week, 1 to 2 days a week, 1 to 3 days a month, or less than once a month?</td>
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<tr>
<td>---------------------</td>
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<td>---------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IF “AS LONG AS I CAN REMEMBER,” PROBE: Was it before your teens? IF NOT YES, PROBE: Was it before your twenties?</td>
<td>YES .... 1  GO TO <strong>SU48a</strong></td>
<td>NEARLY EVERY DAY ............... 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>...YEARS OLD BEFORE TEENS......12</td>
<td>NO ...... 5  GO TO NEXT MEDICINE</td>
<td>3-4 DAYS PER WEEK............... 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BEFORE 20s...........19</td>
<td>DK ...... 9  GO TO NEXT MEDICINE</td>
<td>1-2 DAYS PER WEEK............... 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW ..........999</td>
<td>RF ...... 8  GO TO NEXT MEDICINE</td>
<td>1-3 DAYS PER MONTH............. 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFUSED ...............998</td>
<td>...GO TO NEXT MEDICINE</td>
<td>LESS THAN ONCE A MONTH...... 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>**GO TO **SU47a</td>
<td></td>
<td><strong>SU48b.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SU45a.</strong></td>
<td><strong>SU47b.</strong></td>
<td><strong>SU48c.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>...YEARS OLD BEFORE TEENS......12</td>
<td>YES .... 1  GO TO <strong>SU48b</strong></td>
<td>NEARLY EVERY DAY ............... 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BEFORE 20s...........19</td>
<td>NO ...... 5  GO TO NEXT MEDICINE</td>
<td>3-4 DAYS PER WEEK............... 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW ..........999</td>
<td>DK ...... 9  GO TO NEXT MEDICINE</td>
<td>1-2 DAYS PER WEEK............... 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFUSED ...............998</td>
<td>RF ...... 8  GO TO NEXT MEDICINE</td>
<td>1-3 DAYS PER MONTH............. 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>**GO TO **SU47b</td>
<td></td>
<td>LESS THAN ONCE A MONTH...... 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SU45c.</strong></td>
<td><strong>SU47c.</strong></td>
<td><strong>SU48d.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>...YEARS OLD BEFORE TEENS......12</td>
<td>YES .... 1  GO TO <strong>SU48c</strong></td>
<td>NEARLY EVERY DAY ............... 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BEFORE 20s...........19</td>
<td>NO ...... 5  GO TO NEXT MEDICINE</td>
<td>3-4 DAYS PER WEEK............... 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW ..........999</td>
<td>DK ...... 9  GO TO NEXT MEDICINE</td>
<td>1-2 DAYS PER WEEK............... 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFUSED ...............998</td>
<td>RF ...... 8  GO TO NEXT MEDICINE</td>
<td>1-3 DAYS PER MONTH............. 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>**GO TO **SU47c</td>
<td></td>
<td>LESS THAN ONCE A MONTH...... 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SU45d.</strong></td>
<td><strong>SU47d.</strong></td>
<td><strong>SU48e.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>...YEARS OLD BEFORE TEENS......12</td>
<td>YES .... 1  GO TO <strong>SU48d</strong></td>
<td>NEARLY EVERY DAY ............... 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BEFORE 20s...........19</td>
<td>NO ...... 5  GO TO <strong>SU50</strong></td>
<td>3-4 DAYS PER WEEK............... 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW ..........999</td>
<td>DK ...... 9  GO TO <strong>SU50</strong></td>
<td>1-2 DAYS PER WEEK............... 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFUSED ...............998</td>
<td>RF ...... 8  GO TO <strong>SU50</strong></td>
<td>1-3 DAYS PER MONTH............. 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>**GO TO **SU47d</td>
<td></td>
<td>LESS THAN ONCE A MONTH...... 5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SU50**  INTERVIEWER CHECKPOINT: (SEE **SC26.2, SC26.3, SC26.4**)

**SC26.2** EQUALS ‘1’ OR **SC26.3** EQUALS ‘1’ OR **SC26.4** EQUALS ‘1’ ............. 1

ALL OTHERS .............................................................................................................. 2  GO TO **SU87**

**SU63**  INTERVIEWER CHECKPOINT: (SEE **SU41** - **SU44 SERIES**)

ONLY ONE RESPONSE CODED ‘1’ IN **SU41** - **SU44 SERIES ................ 1**  GO TO **SU64 INTRO 1**

MORE THAN ONE RESPONSE CODED ‘1’ IN **SU41** - **SU44 SERIES .......... 2**  GO TO **SU64 INTRO 2**

ALL OTHERS .............................................................................................................. 3  GO TO **SU87**
### *SU64 INTRO 1.

You reported using (IF *SU41* EQUALS ‘1’: marijuana or hashish/ IF *SU42* EQUALS ‘1’: cocaine/ IF *SU43* EQUALS ‘1’: one or more of the prescription drugs on page X / ALL OTHERS: one or more of the drugs on page Y). The next questions are about any problems you ever had because of your use.

### *SU64 INTRO 2.

Let me review. You reported that in your lifetime you have used (IF *SU41* EQUALS ‘1’: marijuana or hashish/ and/ IF *SU42* EQUALS ‘1’: cocaine/ and/ IF *SU43* EQUALS ‘1’: one or more of the prescription drugs on page X /and/ ALL OTHERS: one or more of the drugs on page Y). The next questions are about any problems you ever had because of your use.

---

#### INTERVIEWER INSTRUCTION: IF R PROTESTS OR REFUSES TWO QUESTIONS, CODE ALL UNANSWERED *SU65 SERIES QUESTIONS ‘9’ AND GO TO *SU66.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>*SU65. First, was there ever a time in your life when your use of (IF ONLY <em>SU41</em> EQUALS ‘1’: marijuana or hashish/ IF ONLY <em>SU42</em> EQUALS ‘1’: cocaine/ IF ONLY <em>SU41</em> EQUALS ‘1’ AND <em>SU42</em> EQUALS ‘1’: either marijuana or hashish or cocaine / ALL OTHERS: drugs) frequently interfered with your work or responsibilities at school, on a job, or at home?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(KEY PHRASE: interfered with your work)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*SU65a. Was there ever a time in your life when your use of (IF ONLY <em>SU41</em> EQUALS ‘1’: marijuana or hashish/ IF ONLY <em>SU42</em> EQUALS ‘1’: cocaine/ IF ONLY <em>SU41</em> EQUALS ‘1’ AND <em>SU42</em> EQUALS ‘1’: either marijuana or hashish or cocaine / ALL OTHERS: drugs) caused arguments or other serious or repeated problems with your family, friends, neighbors, or co-workers?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(KEY PHRASE: caused problems with family, friends or others)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*SU65b. Did you continue to use (it/ them) even though (it/ they) caused problems with these people?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(NO KEY PHRASE)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*SU65c. Were there times in your life when you were often under the influence of (IF ONLY <em>SU41</em> EQUALS ‘1’: marijuana or hashish/ IF ONLY <em>SU42</em> EQUALS ‘1’: cocaine/ IF ONLY <em>SU41</em> EQUALS ‘1’ AND <em>SU42</em> EQUALS ‘1’: either marijuana or hashish or cocaine / ALL OTHERS: drugs) in situations where you could get hurt, for example when riding a bicycle, driving, operating a machine, or anything else?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(KEY PHRASE: jeopardized your safety because you sometimes used in situations where you could get hurt)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*SU65d. Were you more than once arrested or stopped by the police because of driving under the influence of (IF ONLY <em>SU41</em>EQUALS ‘1’: marijuana or hashish/ IF ONLY <em>SU42</em> EQUALS ‘1’: cocaine/ IF ONLY <em>SU41</em> EQUALS ‘1’ AND <em>SU42</em> EQUALS ‘1’: either marijuana or hashish or cocaine / ALL OTHERS: drugs) or because of your behavior while you were high?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(KEY PHRASE: resulted in problems with the police)</td>
<td></td>
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</tbody>
</table>

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### *SU66. INTERVIEWER CHECKPOINT: (SEE *SU65 SERIES)

ZERO RESPONSES CODED ‘1’ .............................................. 1 GO TO *SU67

ONE RESPONSE CODED ‘1’ .............................................. 2 GO TO *SU68 INTRO 1

ALL OTHERS ................................................................. 3 GO TO *SU68 INTRO 2
**SU68 INTRO 1.**

You just reported that your drug use (KEY PHRASE FOR “YES” RESPONSE IN *SU65 SERIES). Can you remember your exact age the very first time you had this problem?

<table>
<thead>
<tr>
<th>Yes</th>
<th>Go to *SU68b1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Go to *SU68b1</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>Go to *SU68b1</td>
</tr>
<tr>
<td>Refused</td>
<td>Go to *SU68b1</td>
</tr>
</tbody>
</table>

**SU68 INTRO 2.**

Your drug use (KEY PHRASES FOR ALL “YES” RESPONSES IN *SU65 SERIES). Can you remember your exact age the very first time you had (either/any) of these problems?

<table>
<thead>
<tr>
<th>Yes</th>
<th>Go to *SU68b1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Go to *SU68b1</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>Go to *SU68b1</td>
</tr>
<tr>
<td>Refused</td>
<td>Go to *SU68b1</td>
</tr>
</tbody>
</table>

---

*SU68a. (If nec: How old were you?)

__________ YEARS OLD  

Don’t know 999  

Refused 998  

*SU68b1. About how old were you (the first time you had [this problem/ (either/ any) of these problems] because of using [drug/ (either/ any) of these substances]?)

If “all my life” or “as long as I can remember,” code: Don’t know

__________ YEARS OLD  

Don’t know 999  

Refused 998  

*SU68b2. Was it before your teens?

Yes 1  

No 5  

Don’t know 9  

Refused 8  

*SU68b3. Was it before your twenties?

Yes 1  

No 5  

Don’t know 9  

Refused 8  

The following codes are used in creating the age of onset measure

Before teens 12  

Before twenties 19  

Not before twenties 20  

---

*SU68c. Interviewer checkpoint: (see *SU47a, *SU47b, *SU47c, *SU47d)

If *SU47a equals ‘1’ or *SU47b equals ‘1’ or *SU47c equals ‘1’ or *SU47d equals ‘1’.. 1

All others 2  

Go to *SU70  

---

**SU69.** How recently did you have [this problem/ (either/ any) of these problems] because of using (drug/ drugs) – in the past month, 2 to 6 months ago, 7 to 12 months ago, or more than 12 months ago?

Past month 1  

2 to 6 months ago 2  

7 to 12 months ago 3  

More than 12 months ago 4  

Don’t know 9  

Refused 8  

158
SU70. How old were you the last time (you had [this problem/ (either/ any) of these problems] because of [DRUG/ (either/ any) of these substances])?

__________ YEARS OLD

DON’T KNOW.................................999
REFUSED.........................................998

SU71. How many different years in your life did you ever have (this problem/ these problems)?

__________ YEARS

DON’T KNOW.................................999
REFUSED.........................................998

INTERVIEWER INSTRUCTION: IF R PROTESTS OR REFUSES TWO QUESTIONS, CODE ALL UNANSWERED *SU72 SERIES QUESTIONS ‘9’ AND GO TO *SU73.

SU72. (The next questions are about some other problems you may have had because of using [IF ONLY *SU41EQUALS ‘1’: marijuana or hashish/ IF ONLY *SU42 EQUALS ‘1’: cocaine/ IF ONLY *SU41 EQUIALS ‘1’ AND *SU42 EQUALS ‘1’: either marijuana or hashish or cocaine / ALL OTHERS: drugs])

Was there ever a time in your life when you often had such a strong desire to use (IF ONLY *SU41EQUALS ‘1’: marijuana or hashish/ IF ONLY *SU42 EQUALS ‘1’: cocaine/ IF ONLY *SU41 EQUALS ‘1’ AND *SU42 EQUALS ‘1’: either marijuana or hashish or cocaine / ALL OTHERS: drugs) that you couldn’t resist (it/ them) or found it difficult to think of anything else?

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

SU72a. Did you ever need to use more than you used to in order to get high, or did you ever find that you could no longer get high on the amount you used to use?

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

SU72b. People who cut down their substance use or stop using them altogether may not feel well if they have been using them steadily for some time. These feelings are more intense and can last longer than the usual hangover.

Did you ever have times when you stopped, cut down, or went without (IF ONLY *SU41EQUALS ‘1’: marijuana or hashish/ IF ONLY *SU42 EQUALS ‘1’: cocaine/ IF ONLY *SU41 EQUALS ‘1’ AND *SU42 EQUALS ‘1’: either marijuana or hashish or cocaine / ALL OTHERS: drugs) and then experienced symptoms like fatigue, headaches, diarrhea, the shakes, or emotional problems?

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>GO TO *SU72d</td>
<td>5</td>
<td>9</td>
</tr>
</tbody>
</table>

SU72c. Did you ever have times when you used (IF ONLY *SU41EQUALS ‘1’: marijuana or hashish/ IF ONLY *SU42 EQUALS ‘1’: cocaine/ IF ONLY *SU41 EQUALS ‘1’ AND *SU42 EQUALS ‘1’: either marijuana or hashish or cocaine / ALL OTHERS: drugs) to keep from having problems like these?

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>5</td>
<td>9</td>
</tr>
</tbody>
</table>

SU72d. Did you have times when you used drugs even though you promised yourself you wouldn’t, or when you used a lot more than you intended?

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>GO TO *SU72f</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>INTERVIEWER INSTRUCTION: IF R PROTESTS OR REFUSES TWO QUESTIONS, CODE ALL UNANSWERED *SU72 SERIES QUESTIONS ‘9’ AND GO TO *SU73.</td>
<td>YES (1)</td>
<td>NO (5)</td>
<td>DK (9)</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>SU72e.</strong> Were there ever times when you used (IF ONLY *SU41 EQUALS ‘1’: marijuana or hashish/ IF ONLY *SU42 EQUALS ‘1’: cocaine/ IF ONLY *SU41 EQUALS ‘1’ AND *SU42 EQUALS ‘1’: either marijuana or hashish or cocaine / ALL OTHERS: drugs) more frequently or for more days in a row than you intended?</td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td><strong>SU72f.</strong> Were there times when you tried to stop or cut down on your use of (IF ONLY *SU41 EQUALS ‘1’: marijuana or hashish / IF ONLY *SU42 EQUALS ‘1’: cocaine / IF ONLY *SU41 EQUALS ‘1’ AND *SU42 EQUALS ‘1’: either marijuana or hashish or cocaine / ALL OTHERS: drugs) and found that you were not able to do so?</td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td><strong>SU72g.</strong> Did you ever have times of several days or more when you spent so much time using (IF ONLY *SU41 EQUALS ‘1’: marijuana or hashish/ IF ONLY *SU42 EQUALS ‘1’: cocaine/ IF ONLY *SU41 EQUALS ‘1’ AND *SU42 EQUALS ‘1’: either marijuana or hashish or cocaine / ALL OTHERS: drugs) or recovering from the effects of using that you had little time for anything else?</td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td><strong>SU72h.</strong> Did you ever have times lasting of a month or longer when you gave up or greatly reduced important activities because of your use – like sports, work, or seeing friends and family?</td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td><strong>SU72i.</strong> Did you ever continue to use (IF ONLY *SU41 EQUALS ‘1’: marijuana or hashish/ IF ONLY *SU42 EQUALS ‘1’: cocaine/ IF ONLY *SU41 EQUALS ‘1’ AND *SU42 EQUALS ‘1’: either marijuana or hashish or cocaine / ALL OTHERS: drugs) when you knew you had a serious physical or emotional problem that might have been caused by or made worse by your use?</td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
</tbody>
</table>

**SU73.** INTERVIEWER CHECKPOINT: (SEE *SU72 SERIES)

ZERO TO TWO RESPONSES CODED ‘1’................................. 1  GO TO *SU87
ALL OTHERS .............................................................. 2

**SU73.1 INTERVIEWER CHECKPOINT: (SEE *SU47a - *SU47d SERIES)

ONE OR MORE RESPONSES CODED ‘1’.............................. 1  GO TO *SU81
ALL OTHERS .............................................................. 2
*SU79. You reported having a number of problems related to drug use. How recently did you have any of these problems – in the past month, 2 to 6 months ago, 7 to 12 months ago, or more than 12 months ago?

- PAST MONTH .........................................1
- 2 TO 6 MONTHS AGO............................2
- 7 TO 12 MONTHS AGO.........................3
- MORE THAN 12 MONTHS AGO..............4
- DON’T KNOW .........................................9
- REFUSED .................................................8

*SU81. How many different years in your life did you have at least one of these problems?

- ________ YEARS
- DON’T KNOW ................. 999
- REFUSED ......................... 998

*SU82. Did you ever have three or more of these problems in the same year?

- YES............................................................1
- NO..............................................................5  GO TO *SU87
- DON’T KNOW .........................................9  GO TO *SU87
- REFUSED .................................................8  GO TO *SU87

*SU83a1. How old were you the first time you had three (or more) of these problems in the same year?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” CODE: DON’T KNOW

- ________ YEARS OLD
- DON’T KNOW ........................................ 999
- REFUSED ........................................ 998

*SU83a2. Was it before your teens?

- YES................................................... 1  GO TO *SU85
- NO..................................................... 5
- DON’T KNOW .........................................9
- REFUSED ............................................. 8

*SU83a3. Was it before your twenties?

- YES................................................... 1
- NO..................................................... 5
- DON’T KNOW .........................................9
- REFUSED ............................................. 8

THE FOLLOWING CODES ARE USED IN CREATING THE AGE OF ONSET MEASURE

- BEFORE TEENS ........................................ 12
- BEFORE TWENTIES .................................... 19
- NOT BEFORE TWENTIES .............................. 20

*SU85. INTERVIEWER CHECKPOINT: (SEE *SU79)

*SU79 EQUALS ‘1’, ‘2’, OR ‘3’ .................................................................1
ALL OTHERS .................................................................................. 2  GO TO *SU87
**SU86.** During the past 12 months, how much have you had each of the following experiences because of using [DRUG/ (either/ any) of these substances]):

<table>
<thead>
<tr>
<th></th>
<th>A LOT (1)</th>
<th>SOME (2)</th>
<th>A LITTLE (3)</th>
<th>NOT AT ALL (4)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SU86a.</strong> How much has your physical health been harmed by your use of [DRUG/ (either/ any) of these substances]) – a lot, some, a little, or not at all?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>SU86b.</strong> How much has your family been hurt by your use of [DRUG/ (either/ any) of these substances]) – a lot, some, a little, or not at all?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>SU86c.</strong> How much have you done impulsive things that you regretted later because of using [DRUG/ (either/ any) of these substances]) – a lot, some, a little, or not at all)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>SU86d.</strong> How much have you failed to do what was expected of you because of your use of [DRUG/ (either/ any) of these substances]) – a lot, some, a little, or not at all)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>SU86e.</strong> How much have you been unhappy because of using [DRUG/ (either/ any) of these substances]) – a lot, some, a little, or not at all)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

**SU87.** The next questions are about the first time you had an opportunity to drink alcohol or to use drugs, whether or not you used them. By “an opportunity to use” I mean someone either offered you alcohol or drugs, or you were present when others were using and you could have used if you wanted to. Please do not include times when a health care provider may have offered you free samples.

(Talking back over your entire lifetime,) About how old were you the very first time you had an opportunity to use (alcohol/drugs)?

INITIAL DK, PROBE:  Was it before your teens?
IF NO/DK, PROBE:  Was it before your twenties?

INTERVIEWER: GO DOWN THE **SU87 COLUMN FIRST, THEN ASK **SU88 SERIES.

<table>
<thead>
<tr>
<th></th>
<th><strong>SU87a.</strong></th>
<th><strong>SU87b.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALCOHOL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>_____ YEARS OLD</td>
<td>NEVER.......997 GO TO <strong>SU87b</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DK...........999</td>
<td></td>
</tr>
<tr>
<td></td>
<td>RF...........998</td>
<td></td>
</tr>
</tbody>
</table>

**SU88.** About how many different times did you have the opportunity to use (alcohol/drugs) before ever using (it/ them)?

INTERVIEWER: IF R NEVER USED (DRUG), PROBE:  Then about how many times did you have the opportunity to use (alcohol/drugs) in your lifetime?

INTERVIEWER INSTRUCTION: IF R SAYS “TOO MANY TIMES TO COUNT”, CODE ‘997’.

<table>
<thead>
<tr>
<th></th>
<th><strong>SU88a.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALCOHOL</strong></td>
<td></td>
</tr>
<tr>
<td>_____ TIMES</td>
<td>(13x)</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW ........999</td>
</tr>
<tr>
<td></td>
<td>REFUSED ...........998</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>SU88b.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DRUGS</strong></td>
<td></td>
</tr>
<tr>
<td>_____ YEARS OLD</td>
<td>NEVER.......997 GO TO <strong>SU88.1</strong></td>
</tr>
<tr>
<td></td>
<td>DK.........999</td>
</tr>
<tr>
<td></td>
<td>RF..........998</td>
</tr>
</tbody>
</table>

**SU88.** About how many different times did you have the opportunity to use (alcohol/drugs) before ever using (it/ them)?

INTERVIEWER: IF R NEVER USED (DRUG), PROBE:  Then about how many times did you have the opportunity to use (alcohol/drugs) in your lifetime?

INTERVIEWER INSTRUCTION: IF R SAYS “TOO MANY TIMES TO COUNT”, CODE ‘997’.

<table>
<thead>
<tr>
<th></th>
<th><strong>SU88b.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DRUGS</strong></td>
<td></td>
</tr>
<tr>
<td>_____ TIMES</td>
<td>(13x)</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW ........999</td>
</tr>
<tr>
<td></td>
<td>REFUSED ...........998</td>
</tr>
</tbody>
</table>
*SU88.1. INTERVIEWER CHECKPOINT: (SEE *SU13, *SU66)

*SU13 EQUALS ‘2’ – ‘3’ OR *SU66 EQUALS ‘2’ – ‘3’……………………………….. 1
ALL OTHERS……………………………………………………………………………2  GO TO *PH1, NEXT SECTION

*SU95. Did you talk to a medical doctor or other professional about your use of (alcohol/drugs/alcohol or drugs) in the past 12 months? By professional we mean psychiatrists, psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.

YES.................................1  GO TO *SU96
NO.................................5
DON’T KNOW ..................9
REFUSED.........................8

*SU95a. Did you ever in your life talk to a medical doctor or other professional about your use of (alcohol/drugs/alcohol or drugs)?

YES.................................1  GO TO *SU97
NO.................................5
DON’T KNOW ..................9
REFUSED.........................8

*SU95b. Did you ever try to get professional help for your use of (alcohol/drugs/alcohol or drugs)?

YES.................................1
NO.................................5
DON’T KNOW ..................9  GO TO *SU119.2
REFUSED.........................8  GO TO *SU119.2

*SU95c. What are the main reasons you did not get professional help? (CODE UP TO 2 RESPONSES)

_________________________________________________  
Use this coding scheme:

1 - Thought problem would get better by itself.
2 - Felt (got) better.
3 - It didn’t really bother me that much.
4 - Wanted to solve problem on my own.
5 - Didn’t think it would help.
6 - Could not afford it; too expensive.
7 - Worried about what other people would think.
8 - Inconvenient/Transportation problems, etc.
9 - Didn’t know where to go for help.
10 - Was embarrassed to talk about problem.
11 - Talked to a friend/relative
97 - Other (SPECIFY) ____________________
99 - DON’T KNOW
98 - REFUSED

GO TO *SU119.2

*SU96. Was this the first time [you talked to a professional about your use of (alcohol/drugs/alcohol or drugs)]?

YES.................................1  GO TO *SU98
NO.................................5
DON’T KNOW ..................9  GO TO *SU98
REFUSED.........................8  GO TO *SU98
**SU97.** How old were you the first time you talked to a professional about your use of (alcohol/drugs/alcohol or drugs)?

________ YEARS OLD

DON’T KNOW ................. 999
REFUSED ....................... 998

**SU98.** Which of the following types of professionals did you ever talk to about your use of (alcohol/drugs/alcohol or drugs)?

<table>
<thead>
<tr>
<th>Professional Type</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) A psychiatrist?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>b) Any other mental health professional, such as a psychologist, psychotherapist, social worker, a mental health nurse or counselor?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>c) A family doctor?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>d) Any other medical doctor, like a cardiologist or (WOMEN: gynecologist / MEN: urologist)?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>e) Any other health professional, like a nurse or physician’s assistant?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>f) A religious or spiritual advisor like a minister, priest, or rabbi?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>g) Any other healer, like an herbalist, chiropractor, or spiritualist?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

**SU99.** (Were any of these/Was this) professional(s) helpful to you?

YES........................................ 1
NO ...................................... 5 GO TO *SU100
DON’T KNOW ......................... 9 GO TO *SU100
REFUSED ............................. 8 GO TO *SU100

IF R ONLY SAW 1 PROFESSIONAL IN *SU98 GO TO *SU100

**SU100.** What kind of treatment did you receive? (CHECK ALL THAT APPLY)

NONE .................................................. 1
INDIVIDUAL THERAPY ..................... 2
GROUP THERAPY ............................. 3
MEDICATIONS/DRUGS ...................... 4
OTHER ............................................. 5
DON’T KNOW ................................. 9
REFUSED ........................................ 8

164
*SU101. Were you ever hospitalized overnight for your use of (alcohol/drugs/alcohol or drugs)?

YES........................................ 1  
NO........................................... 5  \text{GO TO *SU119.2}  
DON’T KNOW.................... 9  \text{GO TO *SU119.2}  
REFUSED......................... 8  \text{GO TO *SU119.2} 

*SU101a. How old were you the \textit{first time} you were hospitalized overnight for your use of (alcohol/drugs/alcohol or drugs)?

\hspace*{1cm} \underline{\text{YEARS OLD}}

DON’T KNOW .................. 999  
REFUSED ....................... 998  

*SU101b. How many times have you ever been hospitalized for your use of (alcohol/drugs/alcohol or drugs)?

\hspace*{1cm} \underline{\text{NUMBER OF TIMES}}

DON’T KNOW .................. 999  
REFUSED ....................... 998  

*SU119.2. Did you ever go to a self-help group like Alcohol Anonymous or Rational Recovery for help with your use of (alcohol/drugs/alcohol or drugs)?

YES ............................................. 1  
NO ........................................... 5  \text{GO TO *SU119.5}  
DON’T KNOW.................... 9  \text{GO TO *SU119.5}  
REFUSED......................... 8  \text{GO TO *SU119.5}  

*SU119.3. How old were you the first time (you went to a self-help group of this sort)?

\hspace*{1cm} \underline{\text{YEARS OLD}}

DON’T KNOW .................. 999  
REFUSED ....................... 998  

*SU119.4. How many meetings of such a group did you attend in the past 12 months?

\hspace*{1cm} \underline{\text{MEETINGS}}

MORE THAN ‘97’ .............................. 97  
DON’T KNOW................................. 99  
REFUSED................................. 98  

*SU119.5. How many of your close relatives -- including your biological parents, brothers and sisters, and children -- ever had problems with alcohol or drug use?

\hspace*{1cm} \underline{\text{NUMBER}}

DON’T KNOW............................. 99  
REFUSED................................. 98
**SU120.** Did you ever in your life receive any help for your use of (alcohol/drugs/alcohol or drugs) from family, friends, or other acquaintances?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>9</td>
</tr>
<tr>
<td>REFUSED</td>
<td>8</td>
</tr>
</tbody>
</table>

**SU120a.** Did you try to get help for your use of (alcohol/drugs/alcohol or drugs) from family, friends, or other acquaintances?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>9</td>
</tr>
<tr>
<td>REFUSED</td>
<td>8</td>
</tr>
</tbody>
</table>

**SU120b.** What are the main reasons you did not get help from family or friends? (ENTER UP TO TWO REASONS)

<table>
<thead>
<tr>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

GO TO *PH1, NEXT SECTION
The next questions are about your use of medicines. First, how many different kinds of prescription medicine have you taken during the past seven days?

(IF NEC: A “prescription medicine” is one that you can only obtain from a doctor or by giving a doctor’s written approval or “prescription” to a pharmacist.)

PROBE INITIAL ZERO/ DK: Please include any prescription medicines, even if you took them only once.

PRESCRIPTION MEDS

DON’T KNOW .........................999
REFUSED .................................998

How many different kinds of non-prescription medicine have you taken during the past seven days? Please include vitamins, supplements, and any other type of medicine you obtained without a prescription.

PROBE INITIAL ZERO/ DK: Please include any non-prescription medicines, even if you took them only once.

NON-PRESCRIPTION MEDS

IF “ZERO” MEDS, GO TO PH2.1

DON’T KNOW .........................999
REFUSED .................................998

How many tablets of vitamins, minerals, or nutritional supplements do you take on an average day?

VIT/MIN/SUPP

DON’T KNOW………999
REFUSED ...................998

(RB, PG 70) Please turn to Page 70 in the 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?

INTERVIEWER: READ EXAMPLES IN PARENTHESES ONLY IF R CANNOT READ

INTERVIEWER: (IF VOL) USE FOR PHYSICAL PROBLEM CODE 7

<table>
<thead>
<tr>
<th>*PH2.1a. Sleeping pills or other sedatives, (such as ambien or sonata)?</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>(IF VOL) FOR PHYS (7)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*PH2.1b. Anti-depressant medications, (such as prozac or zoloft)?</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>(IF VOL) FOR PHYS (7)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*PH2.1c. Tranquilizers, (such as xanax or ativan)?</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>(IF VOL) FOR PHYS (7)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*PH2.1d. Amphetamines or other stimulants, (such as ritalin or dextroamphetamine)?</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>(IF VOL) FOR PHYS (7)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*PH2.1e. Anti-psychotic medications, (such as haldol or risperdal)?</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>(IF VOL) FOR PHYS (7)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*PH2. INTERVIEWER CHECKPOINT: (SEE *PH2.1a – *PH2.1f)

AT LEAST ONE RESPONSE CODED ‘1’ OR ‘8’....... 1 GO TO *PH4 INTRO 1
ALL OTHERS................................................................. 2
**PH2.3.** Did you take any type of prescription medicine in the past 12 months for problems with your emotions, substance use, energy, concentration, sleep, or ability to cope with stress? Include medicines even if you took them only once.

<table>
<thead>
<tr>
<th>YES</th>
<th>GO TO *PH4 INTRO 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>GO TO *PEA1, NEXT SECTION</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>GO TO *PEA1, NEXT SECTION</td>
</tr>
<tr>
<td>REFUSED</td>
<td>GO TO *PEA1, NEXT SECTION</td>
</tr>
</tbody>
</table>

**PH4 INTRO 1.** (RB, PG 71-72) Which of the medicines on this list did you take in the past 12 months for any of the following problems: problems with your emotions, nerves, mental health, substance use, energy, concentration, sleep, or ability to cope with stress? Include medicines even if you took them only once.

PROBE: Any others?

**PH4 INTRO 2.** (RB, PG 71-72) Which of the medicines on this list did you take for any of those problems in the past 12 months? Include medicines even if you took them only once.

PROBE: Any others?

INTERVIEWER: IF NEC, ASK R TO CONSULT MEDICATION BOTTLES FOR NAMES. RECORD UP TO 20 MENTIONS. RECORD ID NUMBERS IF THE MEDICATIONS ARE LISTED ON THE NEXT PAGE. IF NOT LISTED, RECORD “998” AS THE ID NUMBER. TAKE CARE TO SPELL MED NAME CORRECTLY AND TO WRITE DISTINCTLY FOR MEDS NOT ON THE LIST.

<table>
<thead>
<tr>
<th>MEDICATION NAME</th>
<th>ID NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a. (MED #1)</td>
<td></td>
</tr>
<tr>
<td>4b. (MED #2)</td>
<td></td>
</tr>
<tr>
<td>4c. (MED #3)</td>
<td></td>
</tr>
<tr>
<td>4d. (MED #4)</td>
<td></td>
</tr>
<tr>
<td>4e. (MED #5)</td>
<td></td>
</tr>
<tr>
<td>4f. (MED #6)</td>
<td></td>
</tr>
<tr>
<td>4g. (MED #7)</td>
<td></td>
</tr>
<tr>
<td>4h. (MED #8)</td>
<td></td>
</tr>
<tr>
<td>4i. (MED #9)</td>
<td></td>
</tr>
<tr>
<td>4j. (MED #10)</td>
<td></td>
</tr>
<tr>
<td>4k. (MED #11)</td>
<td></td>
</tr>
<tr>
<td>4l. (MED #12)</td>
<td></td>
</tr>
<tr>
<td>4m. (MED #13)</td>
<td></td>
</tr>
<tr>
<td>4n. (MED #14)</td>
<td></td>
</tr>
<tr>
<td>4o. (MED #15)</td>
<td></td>
</tr>
<tr>
<td>4p. (MED #16)</td>
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<tr>
<td>4q. (MED #17)</td>
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<tr>
<td>4r. (MED #18)</td>
<td></td>
</tr>
<tr>
<td>4s. (MED #19)</td>
<td></td>
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<tr>
<td>4t. (MED #20)</td>
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<tr>
<td>ID#</td>
<td>MEDICINE</td>
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<tr>
<td>-----</td>
<td>----------------</td>
</tr>
<tr>
<td>1</td>
<td>Acetophenazine</td>
</tr>
<tr>
<td>2</td>
<td>Adapin</td>
</tr>
<tr>
<td>3</td>
<td>Adderall</td>
</tr>
<tr>
<td>4</td>
<td>Alprazolam</td>
</tr>
<tr>
<td>5</td>
<td>Amantadine</td>
</tr>
<tr>
<td>6</td>
<td>Ambien</td>
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<td>7</td>
<td>Amitriptyline</td>
</tr>
<tr>
<td>8</td>
<td>Amobarbital</td>
</tr>
<tr>
<td>9</td>
<td>Amoxapine</td>
</tr>
<tr>
<td>10</td>
<td>Amphetamines</td>
</tr>
<tr>
<td>11</td>
<td>Amytal</td>
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<tr>
<td>12</td>
<td>Anafranil</td>
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<tr>
<td>13</td>
<td>Antabuse</td>
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<tr>
<td>14</td>
<td>Antidepressant</td>
</tr>
<tr>
<td>15</td>
<td>Antipsychotic</td>
</tr>
<tr>
<td>16</td>
<td>Aquachloral</td>
</tr>
<tr>
<td>17</td>
<td>Artane</td>
</tr>
<tr>
<td>18</td>
<td>Asendin</td>
</tr>
<tr>
<td>19</td>
<td>Ativan</td>
</tr>
<tr>
<td>20</td>
<td>Aventyl</td>
</tr>
<tr>
<td>21</td>
<td>Benadryl</td>
</tr>
<tr>
<td>22</td>
<td>Benzotropine</td>
</tr>
<tr>
<td>23</td>
<td>Bupropropion</td>
</tr>
<tr>
<td>24</td>
<td>Buspar</td>
</tr>
<tr>
<td>25</td>
<td>Buspirone</td>
</tr>
<tr>
<td>26</td>
<td>Carbamazepine</td>
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<tr>
<td>27</td>
<td>Carbatrol</td>
</tr>
<tr>
<td>28</td>
<td>Catapres</td>
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<tr>
<td>29</td>
<td>Celexa</td>
</tr>
<tr>
<td>30</td>
<td>Chloral Hydrate</td>
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<tr>
<td>31</td>
<td>Chlordiazepoxide</td>
</tr>
<tr>
<td>32</td>
<td>Chlorpromazine</td>
</tr>
<tr>
<td>33</td>
<td>Citalopram</td>
</tr>
<tr>
<td>34</td>
<td>Clomipramine</td>
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<tr>
<td>35</td>
<td>Clonazepam</td>
</tr>
<tr>
<td>36</td>
<td>Clonidine</td>
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<tr>
<td>37</td>
<td>Clorazepate</td>
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<td>38</td>
<td>Clorazil</td>
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<td>Cloprothixene</td>
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<td>43</td>
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<td>Prolixin Depot</td>
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<td>157</td>
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<td>Prosim</td>
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<td>159</td>
<td>Protriptyline</td>
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<td>Prozac</td>
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<td>Quazepam</td>
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<td>Quetiapine</td>
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<td>163</td>
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</tr>
<tr>
<td>165</td>
<td>Restoril</td>
</tr>
<tr>
<td>166</td>
<td>Risperdal</td>
</tr>
</tbody>
</table>
PROGRAMMER: REPEAT *PH5.1 - *PH5.6 SERIES AS A SET FOR EACH MED UP TO 20. THEN GO TO *PH6

*PH5.1. About how many days out of the past 30 did you take (MED)?

_________ DAYS

DON'T KNOW .........................999
REFUSED ...............................998

*PH5.2. About how many days out of 365 in the past 12 months did you take (MED)?

_________ DAYS

DON'T KNOW .........................999
REFUSED ...............................998

*PH5.3. In the past 365 days, what's your best estimate of the month and day you took (MED) for the first time?

PROBE DON'T KNOWS FOR BEST ESTIMATE OF MONTH AND DAY

______ MONTH______DAY

TODAY .................................................997
DON'T KNOW .................................999
REFUSED .........................................998

*PH5.4. What's your best estimate of the month and day you took (MED) most recently?

PROBE DON'T KNOWS FOR BEST ESTIMATE OF MONTH AND DAY

______ MONTH______DAY

TODAY .................................................997
DON'T KNOW .................................999
REFUSED .........................................998

*PH5.5. How much (MED) did you usually take on the days you took it?

(PROBE: Was that a pill, injection, teaspoon, tablespoon, drops or doses by syringe?)

INTERVIEWER: CODE FRACTIONS AS DECIMALS:

1/4 = 0.25
1/3 = 0.33
1/2 = 0.50

_________ NUMBER

PILLS..............................................1
INJECTIONS.................................2
TEASPOONS.................................3
TABLESPOONS.............................4
DROPS...........................................5
DOSES BY SYRINGE.......................6

DON'T KNOW ...................................999
REFUSED ........................................998
PH5.6. How many milligrams of medicine were in each (pill/ injection/ teaspoon/ tablespoon/ drop/ dose by syringe)?

INTERVIEWER: IF NEC, ASK R TO CONSULT MEDICINE BOTTLE.

_________ MG

DON'T KNOW .................... 999
REFUSED .......................... 998

*PH6. INTERVIEWER CHECKPOINT: (SEE *PH4)

ONE TO THREE MEDICINES TAKEN ...................... 1 ASK *PH14.1 - *PH20b SERIES FOR EACH
FOUR OR MORE MEDICINES TAKEN ..................... 2 RANDOMLY SAMPLE THREE MEDICINES AND ASK *PH14.1 - *PH20b SERIES FOR EACH
<table>
<thead>
<tr>
<th>*PH14.1. (RB, PG 73) (Look at page 73 in your booklet.) You mentioned taking (MED). What problem(s) did you take the (MED) for?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(IF NEC: How did you think it would help you?)</td>
</tr>
<tr>
<td>INTERVIEWER: CIRCLE ALL THAT APPLY.</td>
</tr>
<tr>
<td>PROBE UNTIL NO MORE MENTIONS: Any other problem you took the (MED) for?</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>I. MOOD</td>
</tr>
<tr>
<td>SADNESS/ DEPRESSION/ CRYING ............. 1</td>
</tr>
<tr>
<td>MANIC MOOD .................................................. 17</td>
</tr>
<tr>
<td>ANGER OR IRRITABILITY .......................... 18</td>
</tr>
<tr>
<td>NERVES/ ANXIETY ........................................... 2</td>
</tr>
<tr>
<td>PANIC ........................................................... 3</td>
</tr>
<tr>
<td>SUICIDAL THOUGHTS ................................. 4</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>II. PHYSICAL SYMPTOMS</td>
</tr>
<tr>
<td>LOW ENERGY .................................................... 5</td>
</tr>
<tr>
<td>POOR APPETITE ................................................ 6</td>
</tr>
<tr>
<td>POOR SLEEP ....................................................... 7</td>
</tr>
<tr>
<td>PHYSICAL PAIN .................................................. 8</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>III. COGNITIVE SYMPTOMS</td>
</tr>
<tr>
<td>POOR CONCENTRATION ......................................... 9</td>
</tr>
<tr>
<td>POOR MEMORY .................................................... 10</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>IV. ROLE FUNCTIONING</td>
</tr>
<tr>
<td>LITTLE OR NO SEXUAL FUNCTIONING .... 11</td>
</tr>
<tr>
<td>MARITAL PROBLEMS ............................................. 12</td>
</tr>
<tr>
<td>NOT GETTING ALONG WITH OTHERS ...... 13</td>
</tr>
<tr>
<td>POOR WORK PERFORMANCE ...................... 14</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>V. OTHER</td>
</tr>
<tr>
<td>ALCOHOL/ DRUG PROBLEMS .................... 15</td>
</tr>
<tr>
<td>OTHER (SPECIFY) ............................................. 16</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>DON’T KNOW .................................................... 99</td>
</tr>
<tr>
<td>REFUSED .......................................................... 98</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>*PH14.2. Overall, how effective was (MED) in doing the things you expected it to do – very, somewhat, not very, or not at all effective?</td>
</tr>
<tr>
<td>IF VOL “EFFECTIVE IN SOME WAYS AND NOT OTHERS,” PROBE: Taking everything into consideration, how would you rate its overall effectiveness? (Was it very, somewhat, not very, or not at all effective?)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>*PH15. (Did you take/ Are you taking) (MED) under the supervision of a health professional? Or, (did you take/ are you taking) it on your own without the supervision of a health professional?</td>
</tr>
<tr>
<td>WITH SUPERVISION ................................. 1</td>
</tr>
<tr>
<td>ON OWN/WITHOUT SUPERVISION .... 2</td>
</tr>
<tr>
<td>DON’T KNOW .................................................... 9</td>
</tr>
<tr>
<td>REFUSED .......................................................... 8</td>
</tr>
</tbody>
</table>
**PH15.1. Who prescribed the (medication/ MED) – a psychiatrist, a general or family doctor, some other medical doctor, or some other health professional?**

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrist</td>
<td>1</td>
</tr>
<tr>
<td>General or family doctor</td>
<td>2</td>
</tr>
<tr>
<td>Some other doctor</td>
<td>3</td>
</tr>
<tr>
<td>Some other health professional</td>
<td>4</td>
</tr>
<tr>
<td>(IF VOL) No one prescribed the medication</td>
<td>5</td>
</tr>
<tr>
<td>(IF VOL) Other (specify)</td>
<td>6</td>
</tr>
<tr>
<td>Don’t know</td>
<td>9</td>
</tr>
<tr>
<td>Refused</td>
<td>8</td>
</tr>
</tbody>
</table>

**PH16. People do not always take their medicine as they are supposed to. Think of a typical month when you took (MED) in the past 12 months. How many days out of 30 did you typically either forget to take it or take less of it than you were supposed to take?**

<table>
<thead>
<tr>
<th>Number of Days</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>______ (0-30)</td>
<td>96</td>
</tr>
<tr>
<td>(IF VOL) Never took for full month</td>
<td>97</td>
</tr>
<tr>
<td>Don’t know</td>
<td>99</td>
</tr>
<tr>
<td>Refused</td>
<td>98</td>
</tr>
</tbody>
</table>

**PH17. Are you still taking (MED)?**

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
</tr>
<tr>
<td>Don’t know</td>
<td>9</td>
</tr>
<tr>
<td>Refused</td>
<td>8</td>
</tr>
</tbody>
</table>

**PH18. INTERVIEWER CHECKPOINT: (SEE *PH15)**

- If PH15 equals ‘1’ Go To *PH14.1 For Next MED or *PEA1
- All others Go To *PH20

**PH19. Did the health professional who supervised your use tell you to stop taking (MED)?**

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
</tr>
<tr>
<td>(IF VOL) I decided and professional agreed</td>
<td>7</td>
</tr>
<tr>
<td>Don’t know</td>
<td>9</td>
</tr>
<tr>
<td>Refused</td>
<td>8</td>
</tr>
</tbody>
</table>

**PH19a. Did the professional agree with your decision to stop?**

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
</tr>
<tr>
<td>(IF VOL) I never went back to the professional</td>
<td>7</td>
</tr>
<tr>
<td>Don’t know</td>
<td>9</td>
</tr>
<tr>
<td>Refused</td>
<td>8</td>
</tr>
</tbody>
</table>

**PH20. Did you stop taking (MED) because you felt so much better that you no longer needed it? Or did you stop for some other reason?**

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt better</td>
<td>1</td>
</tr>
<tr>
<td>Other reason</td>
<td>2</td>
</tr>
<tr>
<td>Don’t know</td>
<td>9</td>
</tr>
<tr>
<td>Refused</td>
<td>8</td>
</tr>
</tbody>
</table>
**PH20a.** (RB, PG 74) (Looking at page 74 in your booklet.) which of these are reasons why you stopped taking (MED):

PROBE UNTIL NO MORE MENTIONS: Any other reasons?

INTERVIEWER: CIRCLE ALL THAT APPLY. READ LIST ALOUD IF R CANNOT READ.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Circle</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE MEDICINE WAS NOT HELPING</td>
<td>1</td>
</tr>
<tr>
<td>YOU THOUGHT THE PROBLEM WOULD GET BETTER WITHOUT MORE MEDICINE</td>
<td>2</td>
</tr>
<tr>
<td>YOU COULDN’T AFFORD TO PAY FOR THE MEDICINE</td>
<td>3</td>
</tr>
<tr>
<td>YOU WERE TOO EMBARRASSED TO CONTINUE TAKING THE MEDICINE</td>
<td>4</td>
</tr>
<tr>
<td>YOU WANTED TO SOLVE THE PROBLEM WITHOUT MEDICATIONS</td>
<td>5</td>
</tr>
<tr>
<td>THE MEDICINE CAUSED SIDE-EFFECTS THAT MADE YOU STOP</td>
<td>6</td>
</tr>
<tr>
<td>YOU WERE AFRAID THAT YOU WOULD GET DEPENDENT ON THE MEDICATION</td>
<td>7</td>
</tr>
<tr>
<td>SOMEONE IN YOUR PERSONAL LIFE PRESSURED YOU TO STOP</td>
<td>8</td>
</tr>
<tr>
<td>ANY OTHER REASON FOR STOPPING (SPECIFY)</td>
<td>9</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>99</td>
</tr>
<tr>
<td>REFUSED</td>
<td>98</td>
</tr>
</tbody>
</table>

*PH20a.1. INTERVIEWER CHECKPOINT: (SEE *PH20a)*

- *PH20a* EQUALS ‘6’ ...................... 1
  - ALL OTHERS .............................. 2
  - GO TO *PH14.1 FOR NEXT MED OR *PEA1

**PH20b.** What were the side effects that made you stop taking (MED)?

PROBE: Any other side effects that made you stop taking (MED)?

<table>
<thead>
<tr>
<th>Side Effect</th>
<th>Circle</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLEEP DISTURBANCES</td>
<td>1</td>
</tr>
<tr>
<td>VISION DISTURBANCES</td>
<td>2</td>
</tr>
<tr>
<td>NAUSEA</td>
<td>3</td>
</tr>
<tr>
<td>VOMITING</td>
<td>4</td>
</tr>
<tr>
<td>DRY MOUTH</td>
<td>5</td>
</tr>
<tr>
<td>ANXIETY AND IRRITABILITY</td>
<td>6</td>
</tr>
<tr>
<td>AGITATION</td>
<td>7</td>
</tr>
<tr>
<td>LOSS OF SEXUAL DRIVE</td>
<td>8</td>
</tr>
<tr>
<td>PROBLEMS IN SEXUAL PERFORMANCE</td>
<td>9</td>
</tr>
<tr>
<td>LOSS OF CONCENTRATION</td>
<td>10</td>
</tr>
<tr>
<td>NOT FEELING WELL</td>
<td>11</td>
</tr>
<tr>
<td>TREMORS</td>
<td>12</td>
</tr>
<tr>
<td>LOSS OF CONTROL OVER MYSELF</td>
<td>13</td>
</tr>
<tr>
<td>FATIGUE AND LOW ENERGY</td>
<td>14</td>
</tr>
<tr>
<td>ANY OTHER SIDE EFFECT (SPECIFY)</td>
<td>15</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>99</td>
</tr>
<tr>
<td>REFUSED</td>
<td>98</td>
</tr>
</tbody>
</table>

GO TO *PEA1, NEXT SECTION
PERSONALITY (PEA)

*PEA1. Now I am going to read a series of statements that people use to describe themselves. Answer “true” or “false” for each statement. The best answer is usually the one that comes to your mind first, so don’t take too much time thinking before you answer. Here’s the first statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>TRUE</th>
<th>FALSE</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>*PEA40. I never met a person that I didn’t like.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PEA41. I have always told the truth.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PEA42. I always win at games.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PEA43. I have never been bored.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PEA44. I never get lost, even in unfamiliar places.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PEA45. I never get annoyed when people cut ahead of me in line.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PEA46. My table manners at home are as good as when I eat out in a restaurant.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PEA47. I have never lost anything.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PEA48. No matter how hot or cold it gets, I am always quite comfortable.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PEA49. It doesn’t bother me if someone takes advantage of me.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PEA50. I show my feelings for everyone to see.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PEA51. I get into very intense relationships that don’t last.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PEA52. I often feel “empty” inside.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PEA53. I’m very moody.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PEA54. Giving in to some of my urges gets me into trouble.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PEA55. I have tantrums or angry outbursts.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PEA56. When I’m under stress, things around me don’t seem real.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PEA57. I go to extremes to try to keep people from leaving me.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Statement</td>
<td>TRUE</td>
<td>FALSE</td>
<td>DK</td>
<td>RF</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>------</td>
<td>-------</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>*PEA58. I can’t decide what kind of person I want to be.</td>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>*PEA59. I’ve never been arrested.</td>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>*PEA60. At times I’ve done things that could get a person arrested.</td>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>*PEA61. I usually feel bad when I hurt or upset someone.</td>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>*PEA62. At times I’ve refused to hold a job, even when I was expected to.</td>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>*PEA63. I will lie or con someone if it serves my purpose.</td>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>*PEA64. I lose my temper and get into physical fights.</td>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>*PEA65. I take chances and do reckless things.</td>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>*PEA66. It’s hard for me to stay out of trouble.</td>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>*PEA67. At times I fail to meet my financial obligations.</td>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>*PEA68. At times I’ve intentionally damaged things that weren’t mine.</td>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>*PEA69. I will give false information about myself if it will help me get a job or impress someone.</td>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>*PEA70. I argue or fight when people try to stop me from doing what I want.</td>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>*PEA71. My feelings are like the weather, they’re always changing.</td>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>*PEA72. Sometimes I get so angry I break or smash things.</td>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>*PEA73. I let others make my big decisions for me.</td>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>*PEA74. I usually feel uncomfortable or helpless when I’m alone.</td>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>*PEA75. I often seek advice or reassurance about everyday decisions.</td>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
</tbody>
</table>
(IF NEC: Would you say this statement is true or false for you?)

<table>
<thead>
<tr>
<th>Statement</th>
<th>TRUE (1)</th>
<th>FALSE (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*PEA76. I keep to myself even when there are other people around.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PEA77. People think I’m too strict about rules and regulations.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PEA78. People think I’m too stiff or formal.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PEA79. I feel awkward or out of place in social situations.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PEA80. People often make fun of me behind my back.</td>
<td>1</td>
<td>5</td>
<td>9</td>
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</tr>
<tr>
<td>*PEA81. I prefer activities that I can do by myself.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PEA82. I’ve held grudges against people for years.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PEA83. I’m convinced there’s a conspiracy behind many things in the world.</td>
<td>1</td>
<td>5</td>
<td>9</td>
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</tr>
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</table>

END OF SECTION
**POST-TRAUMATIC STRESS DISORDER (PT)**

<table>
<thead>
<tr>
<th></th>
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<th>NO</th>
<th>DK</th>
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<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

*PT1. (RB, PG 75) In the next part of the interview, we ask about very stressful events that might have happened in your life. (Some of these events are listed on the card.) First, did you ever participate in **combat**, either as a member of a military, or as a member of an organized **non-military** group?  

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
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<tbody>
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</table>

*PT2. Did you ever serve as a **peacekeeper** or **relief worker** in a war zone or in a place where there was ongoing **terror** of people because of political, ethnic, religious or other conflicts?  

<table>
<thead>
<tr>
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<th>YES</th>
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<td>8</td>
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*PT3. Were you ever an unarmed civilian in a place where there was a war, revolution, military coup or invasion?  

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
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<td>8</td>
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</tbody>
</table>

*PT4. Did you ever live as a civilian in a place where there was ongoing terror of civilians for political, ethnic, religious or other reasons?  

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
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<td>8</td>
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</table>

*PT5. Were you ever a refugee – that is, did you ever flee from your home to a foreign country or place to escape danger or persecution?  

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
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<th>DK</th>
<th>RF</th>
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<td>8</td>
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</table>

*PT6. Were you ever kidnapped or held captive?  

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
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<td>5</td>
<td>9</td>
<td>8</td>
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</table>

*PT7. Were you ever exposed to a toxic chemical or substance that could cause you serious harm?  

<table>
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<tr>
<th></th>
<th>YES</th>
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<th>DK</th>
<th>RF</th>
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<td>GO TO *PT35 AND CODE “1”</td>
<td>5</td>
<td>9</td>
<td>8</td>
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</table>

*PT8. Were you ever involved in a life-threatening automobile accident?  

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
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<th>DK</th>
<th>RF</th>
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<td>GO TO *PT36 AND CODE “1”</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*PT9. Did you ever have any other life-threatening accident, including on your job?  

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
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</thead>
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<td>9</td>
<td>8</td>
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<tr>
<td></td>
<td>YES (1)</td>
<td>NO (5)</td>
<td>DK (9)</td>
<td>RF (8)</td>
</tr>
<tr>
<td>---</td>
<td>---------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>PT10. Were you ever involved in a major natural disaster, like a devastating flood, hurricane, or earthquake?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>PT11. Were you ever in a man-made disaster, like a fire started by a cigarette, or a bomb explosion?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>PT12. Did you ever have a life-threatening illness?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>PT13. As a child, were you ever badly beaten up by your parents or the people who raised you?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>PT14. Were you ever badly beaten up by a spouse or romantic partner?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>PT15. Were you ever badly beaten up by anyone else?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>PT16. Were you ever mugged, held up, or threatened with a weapon?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>PT17. The next two questions are about sexual assault. The first is about rape. We define this as someone either having sexual intercourse with you or penetrating your body with a finger or object when you did not want them to, either by threatening you or using force, or when you were so young that you didn’t know what was happening. Did this ever happen to you?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>PT18. Other than rape, were you ever sexually assaulted, where someone touched you inappropriately, or when you did not want them to?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>PT19. Has someone ever stalked you – that is, followed you or kept track of your activities in a way that made you feel you were in serious danger?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>
**PT20.** Did someone very close to you ever die unexpectedly; for example, they were killed in an accident, murdered, committed suicide, or had a fatal heart attack at a young age?

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
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<tr>
<td>1</td>
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</tbody>
</table>

GO TO *PT48 AND CODE “1”

**PT21.** Did you ever have a son or daughter who had a life-threatening illness or injury?

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</table>

GO TO *PT49

**PT22.** Did anyone very close to you ever have an extremely traumatic experience, like being kidnapped, tortured or raped?

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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</tbody>
</table>

GO TO *PT50 AND CODE “1”

**PT22.1.** When you were a child, did you ever witness serious physical fights at home, like when your father beat up your mother?

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
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<tbody>
<tr>
<td>1</td>
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</table>

GO TO *PT50.1 AND CODE “1”

**PT23.** Did you ever see someone being badly injured or killed, or unexpectedly see a dead body?

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

GO TO *PT51 AND CODE “1”

**PT24.** Did you ever do something that accidentally led to the serious injury or death of another person?

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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</tr>
</tbody>
</table>

GO TO *PT52 AND CODE “1”

**PT25.** Did you ever on purpose either seriously injure, torture, or kill another person?

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tbody>
</table>

GO TO *PT53 AND CODE “1”

**PT26.** Did you ever see atrocities or carnage such as mutilated bodies or mass killings?

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

GO TO *PT54 AND CODE “1”

**PT27.** Did you ever experience any other extremely traumatic or life-threatening event that I haven’t asked about yet?

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

GO TO *PT55 AND CODE “1”

**PT28.** Sometimes people have experiences they don’t want to talk about in interviews. I won’t ask you to describe anything like this, but, without telling me what it was, did you ever have a traumatic event that you didn’t tell me about because you didn’t want to talk about it?

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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GO TO *PT57 AND CODE “YES”

GO TO *NSD1, NEXT SECTION
INTERVIEWER: IF EVENT IS ENDORSED, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1 CHECK OFF EVENT ON REF. CARD</td>
<td>*PT29a.</td>
</tr>
</tbody>
</table>

*PT29. (KEY PHRASE: combat experience)

<table>
<thead>
<tr>
<th>AGE</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>How old were you when you had your first combat experience?</td>
<td>How long did you serve?</td>
</tr>
</tbody>
</table>

*PT29a.

YEARS
DK........999
RF.........998

*PT29b.

DAYS........1
WEEKS......2
MONTHS...3
YEARS......4
DK..........99
RF..........98

INTERVIEWER: IF RESPONDENT VOLUNTEERS INFORMATION ON MULTIPLE OCCURRENCES OF THIS EVENT TYPE, ENTER AGE AND DURATION FOR THE SECOND OCCURRENCE.

<table>
<thead>
<tr>
<th>YES (1)</th>
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<tbody>
<tr>
<td>1 CHECK OFF EVENT ON REF. CARD</td>
<td>*PT29c.</td>
</tr>
</tbody>
</table>

*PT29c.

YEARS
DK........999
RF.........998

*PT29d.

DAYS........1
WEEKS......2
MONTHS...3
YEARS......4
DK..........99
RF..........98
**INTERVIEWER:** IF EVENT IS ENDORSED, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>AGE</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>How old were you the first time you did this?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How long did you serve in that capacity?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PT30.** (KEY PHRASE: relief worker in war zone)

[Other than the time(s) you participated in combat,] Did you ever serve as a peacekeeper or relief worker in a war zone or in a place where there was ongoing terror of people because of political, ethnic, religious or other conflicts?

- **DK:** 9
- **RF:** 8

**INTERVIEWER:** IF RESPONDENT VOLSUNTERS INFORMATION ON MULTIPLE OCCURRENCES OF THIS EVENT TYPE, ENTER AGE AND DURATION FOR THE SECOND OCCURRENCE.
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<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES (1)</td>
<td>NO (5)</td>
</tr>
<tr>
<td>*PT31. (KEY PHRASE: civilian in war zone)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Other than when you served as a relief worker,) Were you ever an unarmed civilian in a place where there was a war, revolution, military coup or invasion?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>CHECK OFF EVENT ON REF. CARD</td>
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<tr>
<td>DK...........9</td>
<td>GO TO *PT32</td>
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</tr>
<tr>
<td>RF.............8</td>
<td>GO TO *PT32</td>
<td></td>
</tr>
<tr>
<td>(IF NEC: By this we mean a civilian not directly involved in the armed conflict.)</td>
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<tr>
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<tr>
<td>*PT31c.</td>
<td>*PT31d.</td>
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</table>
INTERVIEWER: IF EVENT IS ENDORSED, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.

<table>
<thead>
<tr>
<th>AGE</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOW OLD WERE YOU WHEN YOU WERE FIRST IN THIS SITUATION?</td>
<td></td>
</tr>
<tr>
<td>HOW LONG WERE YOU IN THIS SITUATION?</td>
<td></td>
</tr>
</tbody>
</table>

**PT32.** (KEY PHRASE: civilian in region of terror)

(Other than what you have already told me about,) Did you ever live as a civilian in a place where there was ongoing terror of civilians for political, ethnic, religious or other reasons?

<table>
<thead>
<tr>
<th>YES (1)</th>
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<th>*PT32a.</th>
<th>*PT32b.</th>
</tr>
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<tbody>
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<td>5 GO TO *PT33</td>
<td></td>
<td></td>
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</table>

**PT32a.**

---

**PT32b.**

- YEARS
- DAYS
- WEEKS
- MONTHS

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>*PT32c.</th>
<th>*PT32d.</th>
</tr>
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<tbody>
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<td>1 CHECK OFF EVENT ON REF. CARD</td>
<td>5 GO TO *PT33</td>
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</table>

**PT32c.**

---

**PT32d.**

- YEARS
- DAYS
- WEEKS
- MONTHS

INTERVIEWER: IF RESPONDENT VOLUNTEERS INFORMATION ON MULTIPLE OCCURRENCES OF THIS EVENT TYPE, ENTER AGE AND DURATION FOR THE SECOND OCCURRENCE.
**INTERVIEWER:** IF EVENT IS ENDORSED, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.

<table>
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<tr>
<th>AGE</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES (1)</td>
<td>NO (5)</td>
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</table>

**PT33.** (KEY PHRASE: refugee)

Were you ever a refugee – that is, did you ever flee from your own home to a foreign country or place to escape danger or persecution?

<table>
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<tbody>
<tr>
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<table>
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<th>RF</th>
<th>GO TO PT34</th>
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<tbody>
<tr>
<td>8</td>
<td>9</td>
<td>8</td>
<td>9</td>
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**INTERVIEWER:** IF RESPONDENT VOLUNTEERS INFORMATION ON MULTIPLE OCCURRENCES OF THIS EVENT TYPE, ENTER AGE AND DURATION FOR THE SECOND OCCURRENCE.

<table>
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<tr>
<th>AGE</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES (1)</td>
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</table>

**PT34.** (KEY PHRASE: kidnapped)

Were you ever kidnapped or held captive?

<table>
<thead>
<tr>
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</tr>
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<tbody>
<tr>
<td>CHECK OFF EVENT ON REF. CARD</td>
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<table>
<thead>
<tr>
<th>RF</th>
<th>GO TO PT35</th>
<th>RF</th>
<th>GO TO PT35</th>
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<tr>
<td>8</td>
<td>9</td>
<td>8</td>
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**INTERVIEWER:** IF RESPONDENT VOLUNTEERS INFORMATION ON MULTIPLE OCCURRENCES OF THIS EVENT TYPE, ENTER AGE AND DURATION FOR THE SECOND OCCURRENCE.
INTERVIEWER: IF EVENT IS ENDORSED, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.

<table>
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<th></th>
<th>AGE</th>
<th>#TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES (1)</td>
<td>NO (5)</td>
</tr>
<tr>
<td></td>
<td>How old were you when you first found out about (this exposure/ one of these exposures)?</td>
<td>How many times (did that happen in your life)?</td>
</tr>
<tr>
<td>*PT35.</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Were you ever exposed to a toxic chemical or substance that could cause you serious harm?</td>
<td>CHECK OFF EVENT ON REF. CARD</td>
<td>YEARS</td>
</tr>
<tr>
<td>DK ............9</td>
<td>GO TO *PT36</td>
<td>DK ............999</td>
</tr>
<tr>
<td>RF ............8</td>
<td>GO TO *PT36</td>
<td>RF .............998</td>
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<td>IF VOL “MAYBE, NOT SURE,” CODE DK.</td>
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<td>TIMES</td>
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<td></td>
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<td>DK ............999</td>
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<td></td>
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<td>RF .............998</td>
</tr>
</tbody>
</table>
INTERVIEWER: FOR EACH ENDORED EVENT, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.

<table>
<thead>
<tr>
<th>*PT36. (KEY PHRASE: automobile accident)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INTERVIEWER: FOR EACH ENDORED EVENT, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.</strong></td>
</tr>
<tr>
<td>AGE</td>
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<tr>
<td>YES (1)</td>
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<td>1</td>
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<tr>
<td>1 CHECK OFF EVENT ON REF. CARD</td>
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<tr>
<td><strong>INTERVIEWER: DO NOT RECORD TOXIC CHEMICAL EXPOSURE.</strong></td>
</tr>
<tr>
<td>*PT36a.</td>
</tr>
<tr>
<td>YEARS</td>
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<td>DK ..........999</td>
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<td>DK ..........999</td>
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<thead>
<tr>
<th>*PT37. (KEY PHRASE: life-threatening accident)</th>
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<tbody>
<tr>
<td><strong>INTERVIEWER: FOR EACH ENDORED EVENT, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.</strong></td>
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<td>AGE</td>
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<tr>
<td>YES (1)</td>
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<tr>
<td>1 CHECK OFF EVENT ON REF. CARD</td>
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<tr>
<td><strong>INTERVIEWER: DO NOT RECORD TOXIC CHEMICAL EXPOSURE.</strong></td>
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<tr>
<td>*PT37a.</td>
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<td>YEARS</td>
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<td>DK ..........999</td>
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<td>DK ..........999</td>
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<thead>
<tr>
<th>*PT38. (KEY PHRASE: natural disaster)</th>
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<tbody>
<tr>
<td><strong>INTERVIEWER: FOR EACH ENDORED EVENT, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.</strong></td>
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<tr>
<td>AGE</td>
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<tr>
<td>YES (1)</td>
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<tr>
<td>1 CHECK OFF EVENT ON REF. CARD</td>
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<td><strong>INTERVIEWER: DO NOT RECORD TOXIC CHEMICAL EXPOSURE.</strong></td>
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<tr>
<td>*PT38a.</td>
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<tr>
<td>YEARS</td>
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<td>DK ..........999</td>
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<thead>
<tr>
<th>*PT39. (KEY PHRASE: man-made disaster)</th>
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<tbody>
<tr>
<td><strong>INTERVIEWER: FOR EACH ENDORED EVENT, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.</strong></td>
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<tr>
<td>AGE</td>
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<tr>
<td>YES (1)</td>
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<tr>
<td>1 CHECK OFF EVENT ON REF. CARD</td>
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<tr>
<td><strong>INTERVIEWER: DO NOT RECORD TOXIC CHEMICAL EXPOSURE.</strong></td>
</tr>
<tr>
<td>YEARS</td>
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<tr>
<td>DK ..........999</td>
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<tr>
<td>DK ..........999</td>
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<table>
<thead>
<tr>
<th>*PT40. (KEY PHRASE: life-threatening illness)</th>
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<tbody>
<tr>
<td><strong>INTERVIEWER: FOR EACH ENDORED EVENT, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.</strong></td>
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<tr>
<td>AGE</td>
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<tr>
<td>YES (1)</td>
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<td>1</td>
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<tr>
<td>1 CHECK OFF EVENT ON REF. CARD</td>
</tr>
<tr>
<td><strong>INTERVIEWER: DO NOT RECORD TOXIC CHEMICAL EXPOSURE.</strong></td>
</tr>
<tr>
<td>*PT40a.</td>
</tr>
<tr>
<td>YEARS</td>
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<td>DK ..........999</td>
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<td>DK ..........999</td>
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</table>
INTERVIEWER: FOR EACH ENDORED EVENT, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.

<table>
<thead>
<tr>
<th>AGE</th>
<th># TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>How old were you the first time?</td>
<td>How many times (did that happen in your life)?</td>
</tr>
<tr>
<td>IF “ONGOING” FOR A PERIOD IN R’S LIFE, CODE 995.</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>1</td>
<td>5</td>
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</table>

**PT41.** (KEY PHRASE: beaten up as a child by caregiver)
As a child, were you ever badly beaten up by your parents or the people who raised you?

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<thead>
<tr>
<th>CHECK OFF EVENT ON REF. CARD</th>
<th>YEARS</th>
<th>TIMES</th>
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<tbody>
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<tr>
<th>DK</th>
<th>RF</th>
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<tbody>
<tr>
<td>9</td>
<td>8</td>
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</table>

GO TO *PT42

**PT42.** (KEY PHRASE: beaten up by a spouse or romantic partner)
Were you ever badly beaten up by a spouse or romantic partner?

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<tr>
<th>CHECK OFF EVENT ON REF. CARD</th>
<th>YEARS</th>
<th>TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<tr>
<td>5</td>
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</table>

<table>
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<tr>
<th>DK</th>
<th>RF</th>
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</thead>
<tbody>
<tr>
<td>9</td>
<td>8</td>
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</tbody>
</table>

GO TO *PT43

**PT43.** (KEY PHRASE: beaten by somebody else)
Were you ever badly beaten up by anyone else?

<table>
<thead>
<tr>
<th>CHECK OFF EVENT ON REF. CARD</th>
<th>YEARS</th>
<th>TIMES</th>
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<tbody>
<tr>
<td>1</td>
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<td>5</td>
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</table>

<table>
<thead>
<tr>
<th>DK</th>
<th>RF</th>
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</thead>
<tbody>
<tr>
<td>9</td>
<td>8</td>
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</table>

GO TO *PT44

**PT44.** (KEY PHRASE: mugged or threatened with a weapon)
Were you ever mugged, held up, or threatened with a weapon?

<table>
<thead>
<tr>
<th>CHECK OFF EVENT ON REF. CARD</th>
<th>YEARS</th>
<th>TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<tr>
<td>5</td>
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</table>

<table>
<thead>
<tr>
<th>DK</th>
<th>RF</th>
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</thead>
<tbody>
<tr>
<td>9</td>
<td>8</td>
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</tbody>
</table>

GO TO *PT45

**PT45.** (KEY PHRASE: raped)
The next two questions are about sexual assault. The first is about rape. We define this as someone either having sexual intercourse with you or penetrating your body with a finger or object when you did not want them to, either by threatening you or using force, or when you were so young that you didn’t know what was happening. Did this ever happen to you?

<table>
<thead>
<tr>
<th>CHECK OFF EVENT ON REF. CARD</th>
<th>YEARS</th>
<th>TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>5</td>
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<table>
<thead>
<tr>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>8</td>
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</table>

GO TO *PT46

**PT46.** (KEY PHRASE: raped)
INTERVIEWER: FOR EACH ENDORSED EVENT, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.

<table>
<thead>
<tr>
<th>AGE</th>
<th># TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>How old were you the first time?</td>
<td>How many times (did that happen in your life)?</td>
</tr>
<tr>
<td>IF “ONGOING” FOR A PERIOD IN R’S LIFE, CODE 995.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
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<table>
<thead>
<tr>
<th>*PT46. (KEY PHRASE: sexually assaulted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other than rape, were you ever sexually assaulted, where someone touched you inappropriately, or when you did not want them to?</td>
</tr>
<tr>
<td>DK ............9  GO TO *PT47</td>
</tr>
<tr>
<td>RF .............8  GO TO *PT47</td>
</tr>
</tbody>
</table>

| 1 | 5 |
| CHECK OFF EVENT ON REF. CARD | GO TO *PT47 |

<table>
<thead>
<tr>
<th>*PT46a.</th>
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<tbody>
<tr>
<td>__________</td>
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<table>
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<tr>
<th>YEARS</th>
<th>TIMES</th>
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<tbody>
<tr>
<td>DK .........999</td>
<td>DK .........999</td>
</tr>
<tr>
<td>RF .........998</td>
<td>RF .........998</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>*PT47. (KEY PHRASE: stalked)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has someone ever stalked you – that is, followed you or kept track of your activities in a way that made you feel you were in serious danger?</td>
</tr>
<tr>
<td>DK ............9  GO TO *PT48</td>
</tr>
<tr>
<td>RF .............8  GO TO *PT48</td>
</tr>
</tbody>
</table>

| 1 | 5 |
| CHECK OFF EVENT ON REF. CARD | GO TO *PT48 |

<table>
<thead>
<tr>
<th>*PT47a.</th>
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<tbody>
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<td>__________</td>
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<tr>
<th>YEARS</th>
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<tr>
<td>DK .........999</td>
<td>DK .........999</td>
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<tr>
<td>RF .........998</td>
<td>RF .........998</td>
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</tbody>
</table>
INTERVIEWER: FOR EACH ENDORSED EVENT, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.

<table>
<thead>
<tr>
<th>AGE</th>
<th># TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>How old were you the first time?</td>
<td>How many times (has that happened in your life)?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EVENT</th>
<th>YES (1)</th>
<th>NO (5)</th>
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</thead>
<tbody>
<tr>
<td>*PT48. (KEY PHRASE: unexpected death of a loved one)</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Did someone very close to you ever die unexpectedly; for example, they were killed in an accident, murdered, committed suicide, or had a fatal heart attack at a young age?</td>
<td>CHECK OFF EVENT ON REF. CARD</td>
<td>GO TO *PT49</td>
</tr>
<tr>
<td>DK............9</td>
<td>RF............8</td>
<td></td>
</tr>
<tr>
<td>GO TO *PT49</td>
<td>GO TO *PT49</td>
<td></td>
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</tbody>
</table>

| *PT49. (KEY PHRASE: child’s serious illness) | 1 | 5 |
| Did you ever have a son or daughter who had a life-threatening illness or injury? | CHECK OFF EVENT ON REF. CARD | GO TO *PT50 |
| DK............9 | RF............8 |
| GO TO *PT50 | GO TO *PT50 |

| *PT50. (KEY PHRASE: traumatic event to loved one) | 1 | 5 |
| Did anyone very close to you ever have an extremely traumatic experience, like being kidnapped, tortured or raped? | CHECK OFF EVENT ON REF. CARD | GO TO *PT50.1 |
| DK............9 | RF............8 |
| GO TO *PT50.1 | GO TO *PT50.1 |

| *PT50.1. (KEY PHRASE: witnessed physical fights at home) | 1 | 5 |
| When you were a child, did you ever witness serious physical fights at home, like when your father beat up your mother? | CHECK OFF EVENT ON REF. CARD | GO TO *PT51 |
| DK............9 | RF............8 |
| GO TO *PT51 | GO TO *PT51 |

| *PT51. (KEY PHRASE: witnessed death or dead body or saw someone seriously hurt) | 1 | 5 |
| Did you ever see someone being badly injured or killed, or unexpectedly see a dead body? | CHECK OFF EVENT ON REF. CARD | GO TO *PT52 |
| DK............9 | RF............8 |
| GO TO *PT52 | GO TO *PT52 |

*PT50.1a. | | |
| YEARS | TIMES |
| DK...........999 | RF...........998 |

*PT51a. | | |
| YEARS | TIMES |
| DK...........999 | RF...........998 |

*PT50.1b. | | |
| YEARS | TIMES |
| DK...........999 | RF...........998 |

*PT51b. | | |
| YEARS | TIMES |
| DK...........999 | RF...........998 |

*PT50a. | | |
| YEARS | TIMES |
| DK...........999 | RF...........998 |

*PT51a. | | |
| YEARS | TIMES |
| DK...........999 | RF...........998 |

*PT50b. | | |
| YEARS | TIMES |
| DK...........999 | RF...........998 |
INTERVIEWER: FOR EACH ENDORSED EVENT, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.

<table>
<thead>
<tr>
<th>AGE</th>
<th># TIMES</th>
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<tbody>
<tr>
<td>How old were you the first time?</td>
<td>How many times (has that happened in your life)?</td>
</tr>
<tr>
<td>YES (1)</td>
<td>NO (5)</td>
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**PT52.** (KEY PHRASE: accidentally caused serious injury or death)

Did you ever do something that accidentally led to the serious injury or death of another person?

IF VOL “MAYBE, NOT SURE,” CODE NO.

DK.........9  GO TO *PT53
RF.........8  GO TO *PT53

**PT52a.**

CHECK OFF EVENT ON REF. CARD

<table>
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<th>YEARS</th>
<th>TIMES</th>
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**PT52b.**

**PT53.** (KEY PHRASE: purposely injured, tortured or killed someone)

(Other than what you already told me about.) Did you ever on purpose either seriously injure, torture, or kill another person?

DK.........9  GO TO *PT54
RF.........8  GO TO *PT54

**PT53a.**

CHECK OFF EVENT ON REF. CARD

<table>
<thead>
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<th>YEARS</th>
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**PT53b.**

**PT54.** (KEY PHRASE: saw atrocities)

Did you ever see atrocities or carnage such as mutilated bodies or mass killings?

DK.........9  GO TO *PT55
RF.........8  GO TO *PT55

**PT54a.**

CHECK OFF EVENT ON REF. CARD

<table>
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<th>YEARS</th>
<th>TIMES</th>
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**PT54b.**

*PT55.**

*PT55a.**

CHECK OFF EVENT ON REF. CARD

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<th>YEARS</th>
<th>TIMES</th>
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**PT55b.**

*PT52a.*

*PT52b.*

*PT53a.*

*PT53b.*

*PT54a.*

*PT54b.*
*PT55. Did you ever experience any other extreme traumatic or life-threatening event that I haven’t asked about yet?

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<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
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<td>5</td>
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DK ............ 9  GO TO *PT57
RF ............ 8  GO TO *PT57

*PT55a. Briefly, what was the one most traumatic event that you have not told me about?

REFUSED ...................... 8  GO TO *PT57

RECORD BRIEF DESCRIPTION OF EVENT:

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

*PT55b. (IF NEC: Was this a one-time event or was it ongoing over a period of days, weeks, months, or even years?)

ONE-TIME EVENT ...... 1  GO TO *PT55c
ONGOING EVENT ...... 2  GO TO *PT55d
DON’T KNOW .......... 9
REFUSED .............. 8

*PT55c. [IF NEC: How old were you when (EVENT IN *PT55a / this happened)?]
(IF NEC: How old were you when you first learned about it?)

_____________ YEARS OLD  GO TO *PT56

DON’T KNOW ............ 999  GO TO *PT56
REFUSED .................... 998  GO TO *PT56

*PT55d. (IF NEC: For how long were you in this situation / For how long did this continue)?

_____________ DURATION NUMBER

CIRCLE UNIT
OF TIME: DAYS ............ 1  WEEKS... 2  MONTHS ... 3  YEARS ... 4

DON’T KNOW .......... 99
REFUSED .................... 98
**PT56.** INTERVIEWER QUERY: (SEE *PT55a*) DID EVENT IN *PT55a INVOLVE THREAT OF DEATH OR SERIOUS INJURY TO R OR TO A CLOSE LOVED ONE?

(If NEC, PROBE: Did this event involve threat of death or serious injury to you or to a close loved one?)

YES................................................. 1
NO .................................................. 5
DON’T KNOW .............................. 9
REFUSED ................................. 8

**PT57.** Sometimes people have experiences they don’t want to talk about in interviews. I won’t ask you to describe anything like this, but, without telling me what it was, did you ever have a traumatic event that you didn’t tell me about because you didn’t want to talk about it?

YES............................................... 1
NO................................................. 5
DON’T KNOW ............................ 9
REFUSED ..................................... 8

**PT57a.** How old were you when your most upsetting event like this happened? Or, if it was an ongoing event, how old were you when it started?

If I ask you any further questions about this event, I will refer to it as your “private event.”

__________ YEARS OLD

**PT57a1.2.** IWR: DID R REPORT AN ONGOING EVENT?

YES.............................................. 1
NO............................................. 5  GO TO *PT61

**PT57a2.** For how long have you been in this situation?

__________ DURATION NUMBER FOR ONGOING EVENTS

CIRCLE UNIT OF TIME:

DAYS ...... 1  WEEKS ...... 2  MONTHS ...... 3  YEARS ...... 4

DON’T KNOW ....... 99
REFUSED .............. 98

**PT61.** INTERVIEWER CHECKPOINT: (SEE *PT1 - *PT57a)

R REPORTED ONLY ONE EVENT TYPE, AND THAT EVENT OCCURRED ONLY ONCE................................. 1  GO TO *PT62 INTRO 1

R REPORTED ONLY ONE EVENT TYPE, AND THAT EVENT OCCURRED MORE THAN ONCE................................. 2  GO TO *PT62 INTRO 2

R REPORTED TWO OR THREE DIFFERENT EVENT TYPES...... 3  GO TO *PT62 INTRO 3

ALL OTHERS ........................................................................................................ 4  GO TO *PT62 INTRO 4
Let me review. You experienced (KEY PHRASE OF EVENT TYPE). After an experience like this, people sometimes have problems like upsetting memories or dreams, feeling emotionally distant or depressed, trouble sleeping or concentrating, and feeling jumpy or easily startled. Did you have any of these reactions after this experience?

INTERVIEWER: THIS EVENT WILL NOW BE REFERRED TO AS “WORST EVENT”

Let me review. You experienced (NUMBER) (KEY PHRASE OF EVENT TYPE). After an experience like this, people sometimes have problems like upsetting memories or dreams, feeling emotionally distant or depressed, trouble sleeping or concentrating, and feeling jumpy or easily startled. Did you have any of these reactions after any of these experiences?

Let me review. You had (two/three) different types of traumatic events: [KEY PHRASES OF ALL EVENT TYPES] (and a private event). After experiences like these, people sometimes have problems like upsetting memories or dreams, feeling emotionally distant or depressed, trouble sleeping or concentrating, and feeling jumpy or easily startled. Did you have any of these reactions after any of the traumatic experiences you have gone through?

Let me review. You had quite a few different traumatic experiences, like: [KEY PHRASES OF 3 EVENT TYPES] (and a private event). After experiences like these, people sometimes have problems like upsetting memories or dreams, feeling emotionally distant from or depressed, trouble sleeping or concentrating, and feeling jumpy or easily startled. Did you have any of these reactions after any of the traumatic experiences you have gone through?

*PT62.1. Did these reactions (ever) last for 30 days or longer?

(If NEC: Did you have reactions like this at least once a week for 30 days or longer?)

YES ................................................. 1  GO TO *PT63.5
NO ................................................... 5
DON’T KNOW .............................. 9  GO TO *PT63
REFUSED ................................. 8  GO TO *PT63

*RPT63. INTERVIEWER CHECKPOINT: (SEE R’S ID NUMBER)

R’S ID NUMBER IS XX-YY ......................... 1  (30%)
ALL OTHERS ......................................... 2  (70%) ** GO TO *NSD1, NEXT SECTION
*PT63.5  INTERVIEWER CHECKPOINT (SEE *PT61)

R REPORTED ONLY ONE EVENT
TYPE, AND THAT OCCURRED ONLY ONCE ............... 1   GO TO *PT67
ALL OTHERS ................................................................ 2

*PT63.6  INTERVIEWER CHECKPOINT (SEE *PT62INTRO2, *PT62INTRO3, *PT62INTRO4)

R SAID YES IN *PT62INTRO2 OR
*PT62INTRO3 OR *PT62INTRO4 ................................. 1   GO TO *PT64
ALL OTHERS ................................................................ 2

*PT63.7.  Of the [experiences you reported/ (NUMBER) times this happened] was one of them more stressful or upsetting than the others?

IF NEC: REVIEW ENDORSED EVENTS.

(IF “DON’T KNOW,” PROBE: Which of these very upsetting events happened most recently?)

DON’T KNOW ......................... 999
REFUSED ................................. 998

RECORD WORST EVENT: ____________ NUMBER OF EVENT

GO TO *PT64a

*PT64.  Of the [experiences you reported/ (NUMBER) times this happened] which one caused you the most problems like that?

IF NEC: REVIEW ENDORSED EVENTS.
IF NEC: REVIEW “PROBLEMS” LISTED IN *PT62

(IF “DON’T KNOW,” PROBE: Which of these very upsetting events happened most recently?)

DON’T KNOW ......................... 999
REFUSED ................................. 998

RECORD WORST EVENT: ____________ NUMBER OF EVENT
PT64a. NOTE AGE AT TIME OF WORST EVENT:
[IF NEC: How old were you when that (happened/started)?]

____________ YEARS OLD

DON’T KNOW ............... 999
REFUSED..................... 998

PT64b. [IF NEC: Which occurrence was this (-- the first time, the second time…)?]

NOTE OCCURRENCE (E.G., “FIRST TIME,” “ONLY TIME,” “ONGOING,” ETC.):

OCCURRENCE: ____________________

INTERVIEWER: THIS EVENT WILL NOW BE REFERRED TO AS “WORST EVENT.”
INTERVIEWER: SEE *PT64, THEN PROBE:

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>*PT67a. Did you feel helpless?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PT67b. Did you feel shocked or horrified?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PT67c. Did you feel numb?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

**PT67. [FOR “ONGOING” EVENTS: During the period of time when (WORST EVENT) was happening repeatedly, did you ever feel terrified or very frightened?]

[ALL OTHERS: Were you terrified or very frightened at the time (WORST EVENT)?]
**PT68.** (RB, PG 76): (Look at Group 1 on Page 76 in your booklet.)

In the weeks, months, or years after (the event/this experience ended/ WORST EVENT), did you try not to think about (it/what happened)?

(IF YES: Please make a checkmark by reaction 1.)

(KEY PHRASE: tried not to think about it)

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
</tbody>
</table>

**PT69.** Did you purposely stay away from places, people or activities that reminded you of (it/ the event/this experience/ WORST EVENT)?

(IF YES: Please make a checkmark by reaction 2.)

(KEY PHRASE: stayed away from reminders of it)

|         | 1      | 5      | 9      | 8      |

**PT70.** Were you ever unable to remember some important parts of what happened?

(IF YES: Please make a checkmark by reaction 3.)

(KEY PHRASE: were unable to remember part(s) of it)

|         | 1      | 5      | 9      | 8      |

**PT71.** Did you lose interest in doing things you used to enjoy?

(IF YES: Please make a checkmark by reaction 4.)

(KEY PHRASE: lost interest in things you used to enjoy)

|         | 1      | 5      | 9      | 8      |

**PT72.** Did you feel emotionally distant or cut-off from other people?

(IF YES: Please make a checkmark by reaction 5.)

(KEY PHRASE: felt distant from other people)

|         | 1      | 5      | 9      | 8      |

**PT73.** Did you have trouble feeling normal feelings like love, happiness, or warmth toward other people?

(IF YES: Please make a checkmark by reaction 6.)

(KEY PHRASE: had trouble feeling normal feelings)

|         | 1      | 5      | 9      | 8      |

**PT74.** Did you feel you had no reason to plan for the future because you thought it would be cut short?

(IF YES: Please make a checkmark by reaction 7.)

(KEY PHRASE: felt you had no reason to plan for the future)

|         | 1      | 5      | 9      | 8      |

**PT75.** INTERVIEWER CHECKPOINT: (SEE *PT68 - *PT74)

ZERO “YES” RESPONSES IN *PT68 - *PT74........................................... 1

GO TO *NSD1, NEXT SECTION

ALL OTHERS........................................................................... 2
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PT86.</strong> (RB, PG 41) (Look at Group 2 on page 41 in your booklet.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you ever have repeated unwanted memories of (it/ the event/ this experience/ WORST EVENT) – that is, you kept remembering it even when you didn’t want to?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(IF YES: Please make a checkmark by reaction 8 in the booklet.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(KEY PHRASE: had unwanted memories)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PT87.</strong> Did you ever have repeated unpleasant dreams about (it/ the event/ this experience/ WORST EVENT)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(IF YES: Please make a checkmark by reaction 9 in the booklet.)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(KEY PHRASE: had unpleasant dreams)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PT88.</strong> Did you have flashbacks – that is, suddenly act or feel as if (it/ the event/ this experience/ WORST EVENT) were happening all over again?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(IF YES: Please make a checkmark by reaction 10 in the booklet.)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(KEY PHRASE: had flashbacks)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PT89.</strong> Did you get very upset when you were reminded of (it/ the event/ this experience/ WORST EVENT)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(IF YES: Please make a checkmark by reaction 11 in the booklet.)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(KEY PHRASE: got really upset when reminded of it)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PT90.</strong> When you were reminded of (it/ the event/ this experience/ WORST EVENT), did you ever have physical reactions like sweating, your heart racing, or feeling shaky?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(IF YES: Please make a checkmark by reaction 12 in the booklet.)</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(KEY PHRASE: had physical reactions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PT91.** INTERVIEWER CHECKPOINT: (SEE **PT86 - PT90**)

ZERO “YES” RESPONSES IN **PT86 - PT90........................................... 1  
GO TO **NSD1, NEXT SECTION**

ALL OTHERS .............................................................................. 2
| PT102 | (RB, PG 76) (Look at Group 3 on Page 76 in your booklet.)  
|-------|-------------------------------------------------------------|
|       | During the time (this event/this experience/WORST EVENT) affected you most, did you have trouble falling or staying asleep?  
| YES  | NO  | DK  | RF  |
| 1    | 5   | 9   | 8   |
| (IF YES: Please make a checkmark by reaction 13.)  
| (KEY PHRASE: had sleep problems) |

| PT103 | Were you more irritable or short-tempered than you usually are?  
|-------|------------------------------------------------------------------|
|       | (IF YES: Please make a checkmark by reaction 14.)  
| YES  | NO  | DK  | RF  |
| 1    | 5   | 9   | 8   |
| (KEY PHRASE: were irritable) |

| PT104 | Did you have more trouble concentrating or keeping your mind on what you were doing?  
|-------|---------------------------------------------------------------------------------|
|       | (IF YES: Please make a checkmark by reaction 15.)  
| YES  | NO  | DK  | RF  |
| 1    | 5   | 9   | 8   |
| (KEY PHRASE: had trouble concentrating) |

| PT105 | Were you much more alert or watchful, even when there was no real need to be?  
|-------|--------------------------------------------------------------------------------|
|       | (IF YES: Please make a checkmark by reaction 16.)  
| YES  | NO  | DK  | RF  |
| 1    | 5   | 9   | 8   |
| (KEY PHRASE: were more alert or watchful) |

| PT106 | Were you more jumpy or easily startled by ordinary noises?  
|-------|----------------------------------------------------------|
|       | (IF YES: Please make a checkmark by reaction 17.)  
| YES  | NO  | DK  | RF  |
| 1    | 5   | 9   | 8   |
| (KEY PHRASE: were jumpy or easily startled) |

| PT107 | INTERVIEWER CHECKPOINT: (SEE PT102 - PT106)  
|-------|------------------------------------------------|
|       | ZERO “YES” RESPONSES IN PT102 – PT106................. 1  
|       | GO TO *NSD1, NEXT SECTION  
| ALL OTHERS..................................................... 2 |

| PT110a | You had quite a few reactions, such as (FIRST KEY PHRASE FOR EACH OF THE 3 SETS OF REACTIONS REPORTED IN PT68 - PT74, PT86 - PT90, PT102 - PT106). For about how many days, weeks, months, or years did you continue to have any of these reactions?  
|-------|----------------------------------------------------------------------------------------------------------------|
|       | (IF VOL “IT’S STILL GOING ON,” PROBE: How long has it been so far?)  
|       | __________  DURATION NUMBER  
| DON’T KNOW ............................................. 999  
| REFUSED ................................................ 998  
| Go to PT110c |

| PT110b | CIRCLE UNIT OF TIME:  
|-------|------------------------------------------------------------------|
|       | DAYS.......1  
|       | WEEKS.......2  
|       | MONTHS.......3  
|       | YEARS.......4  
| GO TO *PT111 |
**PT110c.** Was it at least a month?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>9</td>
</tr>
<tr>
<td>REFUSED</td>
<td>8</td>
</tr>
</tbody>
</table>

---

**PT111. INTERVIEWER CHECKPOINT: (SEE *PT110)**

- **LESS THAN ONE MONTH (30 DAYS) OF REACTIONS IN *PT110**
  - 1
  - **GO TO *NSD1, NEXT SECTION**
- **ALL OTHERS**
  - 2

---

**PT113.** Think of the time when these reactions were most frequent and intense. How often did they occur – less than once a month, one to two times a month, three to five times a month, six to ten times a month, or more than ten times a month?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>LESS THAN ONCE A MONTH</td>
<td>1</td>
</tr>
<tr>
<td>*<em>GO TO <em>NSD1, NEXT SECTION</em></em></td>
<td></td>
</tr>
<tr>
<td>ONE TO TWO TIMES A MONTH</td>
<td>2</td>
</tr>
<tr>
<td>THREE TO FIVE TIMES A MONTH</td>
<td>3</td>
</tr>
<tr>
<td>SIX TO TEN TIMES A MONTH</td>
<td>4</td>
</tr>
<tr>
<td>MORE THAN TEN TIMES A MONTH</td>
<td>5</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>9</td>
</tr>
<tr>
<td>REFUSED</td>
<td>8</td>
</tr>
</tbody>
</table>

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**PT114.** How much distress did these reactions cause you – none, mild, moderate, severe, or very severe distress?

<table>
<thead>
<tr>
<th>Distress Level</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td>1</td>
</tr>
<tr>
<td>MILD</td>
<td>2</td>
</tr>
<tr>
<td>MODERATE</td>
<td>3</td>
</tr>
<tr>
<td>SEVERE</td>
<td>4</td>
</tr>
<tr>
<td>VERY SEVERE</td>
<td>5</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>9</td>
</tr>
<tr>
<td>REFUSED</td>
<td>8</td>
</tr>
</tbody>
</table>

---

**PT115.** How much did these reactions disrupt or interfere with your normal, daily life – not at all, a little, some, a lot, or extremely?

<table>
<thead>
<tr>
<th>Interference Level</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT AT ALL</td>
<td>1</td>
</tr>
<tr>
<td>A LITTLE</td>
<td>2</td>
</tr>
<tr>
<td>SOME</td>
<td>3</td>
</tr>
<tr>
<td>A LOT</td>
<td>4</td>
</tr>
<tr>
<td>EXTREMELY</td>
<td>5</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>9</td>
</tr>
<tr>
<td>REFUSED</td>
<td>8</td>
</tr>
</tbody>
</table>

---

**PT116. INTERVIEWER CHECKPOINT: (SEE *PT114 *PT115)**

- RESPONSES CODED “1” OR “2” IN *PT114 AND “1” OR “2” IN *PT115
  - 1
  - **GO TO *NSD1, NEXT SECTION**
- **ALL OTHERS**
  - 2
*PT246. Did you talk to a medical doctor or other professional about your reactions to [WORST EVENT] in the past 12 months? By professional we mean psychiatrists, psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.

YES.............................1  GO TO *PT247
NO..............................5
DON’T KNOW..............9
REFUSED...................8

*PT246a. Did you ever in your life talk to a medical doctor or other professional about your reactions to [WORST EVENT]?

YES.............................1  GO TO *PT248
NO..............................5
DON’T KNOW..............9
REFUSED...................8

*PT246b. Did you ever try to get professional help for your reactions to [WORST EVENT]?

YES.............................1
NO..............................5
DON’T KNOW..............9  GO TO *PT253
REFUSED...................8  GO TO *PT253

*PT246c. What are the main reasons you did not get professional help? (CODE UP TO 2 RESPONSES)

_________________________________________________
Use this coding scheme:

1 - Thought problem would get better by itself.
2 - Felt (got) better.
3 - It didn’t really bother me that much.
4 - Wanted to solve problem on my own.
5 - Didn’t think it would help.
6 - Could not afford it; too expensive.
7 - Worried about what other people would think.
8 - Inconvenient/Transportation problems, etc.
9 - Didn’t know where to go for help.
10 - Was embarrassed to talk about problem.
11 - Talked to a friend/relative
97 - Other (SPECIFY) ____________________
99 - DON’T KNOW
98 - REFUSED

GO TO *PT253
*PT247.  Was this the first time [you talked to a professional about your reactions to [WORST EVENT]]?
    YES............................... 1  GO TO *PT249
    NO............................... 5
    DON’T KNOW............. 9  GO TO *PT249
    REFUSED..................... 8  GO TO *PT249

*PT248.  How old were you the first time [you talked to a professional about your reactions to [WORST EVENT]]?

    ________ YEARS OLD

    DON’T KNOW............. 999
    REFUSED..................... 998

*PT249.  Which of the following types of professionals did you ever talk to about your reactions to [WORST EVENT]?

<table>
<thead>
<tr>
<th>Type of Professional</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*PT249a. A psychiatrist?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PT249b. Any other mental health professional, such as a psychologist, psychotherapist, social worker, a mental health nurse or counselor?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PT249c. A family doctor?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PT249d. Any other medical doctor, like a cardiologist or (WOMEN: gynecologist / MEN: urologist)?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PT249e. Any other health professional, like a nurse or physician’s assistant?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PT249f. A religious or spiritual advisor like a minister, priest, or rabbi?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*PT249g. Any other healer, like an herbalist, chiropractor, or spiritualist?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*PT250.  (Were any of these/Was this) professional(s) helpful to you?

    YES ......................... 1
    NO ......................... 5  GO TO *PT251
    DON’T KNOW .......... 9  GO TO *PT251
    REFUSED .............. 8  GO TO *PT251

IF R ONLY SAW 1 PROFESSIONAL IN *PT249  GO TO *PT251

*PT250a.  Which ones?  ___________________________________________
*PT251. What kind of treatment did you receive? (CHECK ALL THAT APPLY)

NONE......................................................... 1
INDIVIDUAL THERAPY ......................... 2
GROUP THERAPY .................................. 3
MEDICATIONS/DRUGS.......................... 4
OTHER ................................................... 5
DON’T KNOW ...................................... 9
REFUSED ............................................. 8

*PT252. Were you ever hospitalized overnight for your reactions to [WORST EVENT]?

YES ...................... 1
NO ...................... 5 Go To *PT253
DON’T KNOW .......... 9 Go To *PT253
REFUSED .............. 8 Go To *PT253

*PT252a. How old were you the first time you were hospitalized overnight for your reactions to [WORST EVENT]?

_________ YEARS OLD
DON’T KNOW ......... 999
REFUSED ............ 998

*PT252b. How many times have you ever been hospitalized for your reactions to [WORST EVENT]?

_________ NUMBER OF TIMES
DON’T KNOW ...... 999
REFUSED ............ 998

*PT253. Did you ever in your life receive any help for your reactions to [WORST EVENT] from family, friends, or other acquaintances?

YES................................. 1 Go To *PT261
NO .................................. 5
DON’T KNOW ............. 9
REFUSED ............... 8

*PT253a. Did you try to get help for your reactions to [WORST EVENT] from family, friends, or other acquaintances?

YES......................... 1
NO .......................... 5
DON’T KNOW .... 9 Go To *PT261
REFUSED ........... 8 Go To *PT261

*PT253b. What are the main reasons you did not get help from family or friends? (ENTER UP TO TWO REASONS)

__________________________________________
__________________________________________
*PT261. (RB, PG 76) (Look at all the reactions on PG 76 in your booklet.) The next question is about whether in the past 12 months you had three or more reactions like these associated with any traumatic event that ever happened to you in your entire life. Did you have any reactions of this sort over the past 12 months?

YES.................................1
NO.................................5  GO TO *NSD1, NEXT SECTION
DON’T KNOW .....................9  GO TO *NSD1, NEXT SECTION
REFUSED............................8  GO TO *NSD1, NEXT SECTION

*PT262. When was the last time you had any of these reactions – within the past month, between 2 and 6 months ago, or more than 6 months ago?

PAST MONTH........................................... 1
TWO TO SIX MONTHS AGO ............. 2
MORE THAN SIX MONTHS AGO........ 3
DON’T KNOW ........................................ 9
REFUSED.............................................. 8

*PT263. About how many weeks altogether in the past 12 months did you have any of these reactions? (You can use any number between 0 and 52.)

__________ NUMBER OF WEEKS

DON’T KNOW ........................................ 99
REFUSED................................................ 98

*PT264. INTERVIEWER CHECKPOINT: (SEE *PT263)

ZERO TO THREE WEEKS IN *PT263....1  GO TO *NSD1, NEXT SECTION
ALL OTHERS........................................ 2
*PT265. What were the traumatic events that caused these recent reactions?

(PROBE UNTIL NO MORE MENTIONS: Any other traumatic events that caused these reactions during the past 12 months?)

INTERVIEWER: CIRCLE ALL THAT APPLY.

<table>
<thead>
<tr>
<th>Event</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMBAT EXPERIENCE</td>
<td>1</td>
</tr>
<tr>
<td>RELIEF WORKER IN WAR ZONE</td>
<td>2</td>
</tr>
<tr>
<td>CIVILIAN IN WAR ZONE</td>
<td>3</td>
</tr>
<tr>
<td>CIVILIAN IN REGION OF TERROR</td>
<td>4</td>
</tr>
<tr>
<td>REFUGEE</td>
<td>5</td>
</tr>
<tr>
<td>KIDNAPPED</td>
<td>6</td>
</tr>
<tr>
<td>TOXIC CHEMICAL EXPOSURE</td>
<td>7</td>
</tr>
<tr>
<td>AUTOMOBILE ACCIDENT</td>
<td>8</td>
</tr>
<tr>
<td>OTHER LIFE THREATENING ACCIDENT</td>
<td>9</td>
</tr>
<tr>
<td>NATURAL DISASTER</td>
<td>10</td>
</tr>
<tr>
<td>MAN-MADE DISASTER</td>
<td>11</td>
</tr>
<tr>
<td>LIFE-THREATENING ILLNESS</td>
<td>12</td>
</tr>
<tr>
<td>BEATEN UP BY CAREGIVER</td>
<td>13</td>
</tr>
<tr>
<td>BEATEN UP BY SPOUSE OR ROMANTIC PARTNER</td>
<td>14</td>
</tr>
<tr>
<td>BEATEN UP BY SOMEONE ELSE</td>
<td>15</td>
</tr>
<tr>
<td>MUGGED OR THREATENED WITH A WEAPON</td>
<td>16</td>
</tr>
<tr>
<td>RAPED</td>
<td>17</td>
</tr>
<tr>
<td>SEXUALLY ASSAULTED</td>
<td>18</td>
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<tr>
<td>STALKED</td>
<td>19</td>
</tr>
<tr>
<td>UNEXPECTED DEATH OF LOVED ONE</td>
<td>20</td>
</tr>
<tr>
<td>CHILD WITH SERIOUS ILLNESS</td>
<td>21</td>
</tr>
<tr>
<td>WITNESSED PHYSICAL FIGHT AT HOME</td>
<td>29</td>
</tr>
<tr>
<td>TRAUMATIC EVENT TO LOVED ONE</td>
<td>22</td>
</tr>
<tr>
<td>WITNESSED DEATH OR DEAD BODY, OR SAW SOMEONE SERIOUSLY HURT</td>
<td>23</td>
</tr>
<tr>
<td>ACCIDENTALLY CAUSED SERIOUS INJURY OR DEATH</td>
<td>24</td>
</tr>
<tr>
<td>PURPOSELY INJURED, TORTURED, OR KILLED SOMEONE</td>
<td>25</td>
</tr>
<tr>
<td>SAW ATROCITIES</td>
<td>26</td>
</tr>
<tr>
<td>SOME OTHER EVENT (SPECIFY)</td>
<td>27</td>
</tr>
<tr>
<td>PRIVATE EVENT</td>
<td>28</td>
</tr>
</tbody>
</table>

DON'T KNOW ........................................................................................................... 99 GO TO *PT269

REFUSED .................................................................................................................... 98 GO TO *PT269
*PT266. INTERVIEWER CHECKPOINT: (SEE *PT265)

R GAVE ONLY ONE EVENT IN *PT265 ..............................................1 GO TO *PT269
R GAVE MORE THAN ONE EVENT IN *PT265 .................................2

*PT267. Of these events, was there one that caused you the most upsetting reactions during the past 12 months?

YES..............................................1
NO .............................................5 GO TO *PT269
DON'T KNOW .........................9 GO TO *PT269
REFUSED ...............................8 GO TO *PT269

*PT268. (IF NEC: Which one?)

INTERVIEWER: RECORD NUMBER OF MOST UPSETTING EVENT REPORTED IN *PT265.

__________ NUMBER

INTERVIEWER: THIS EVENT WILL NOW BE REFERRED TO AS “WORST 12-MONTH EVENT.”

DON'T KNOW .................................9
REFUSED ......................................8

*PT269. Please think of the 30-day period in the past 12 months when your reactions to [(WORST 12-MONTH EVENT)/ these events/ these experiences] were most frequent and intense. During that month, did you lose interest in doing things you used to enjoy?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*PT270. Did you feel emotionally distant or cut off from other people during that month?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*PT271. Did you have trouble feeling normal feelings like love, happiness, or warmth toward other people?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*PT272. Did you feel you had no reason to plan for the future because you thought it would be cut short?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*PT273. Did you have any trouble falling or staying asleep during that month?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*PT274. Were you more jumpy or more easily startled by ordinary noises?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*PT275. Did you purposely stay away from places, people or activities that reminded you of [(WORST 12-MONTH EVENT)/ these events]?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*PT277. INTERVIEWER CHECKPOINT: (SEE *PT269-*PT275)

ZERO “YES” RESPONSES IN *PT269-*PT275 ..............1 GO TO *NSD1, NEXT SECTION
ALL OTHERS ..................................................................2
*PT278. (RB, PG 57) Think about the month or longer in the past 12 when your reactions to (WORST 12-MONTH EVENT/ these events) were most severe. Using a 0 to 10 scale on page 57 of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much your reactions to (WORST 12-MONTH EVENT/ these events) interfered with each of the following activities during that time?

(IF NEC: How much did your reactions interfere with (ACTIVITY) during that time?)
(IF NEC: You can use any number between 0 and 10 to answer.)

<table>
<thead>
<tr>
<th>Number (0-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

*PT278a. Your home management, like cleaning, shopping, and taking care of the (house/apartment)?

<table>
<thead>
<tr>
<th>Number (0-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

*PT278b. Your ability to work?

<table>
<thead>
<tr>
<th>Number (0-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

*PT278c. Your ability to form and maintain close relationships with other people?

<table>
<thead>
<tr>
<th>Number (0-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

*PT278d. Your social life?

<table>
<thead>
<tr>
<th>Number (0-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

*PT279. INTERVIEWER CHECKPOINT: (SEE *PT278a - *PT278d)

ALL FOUR RESPONSES TO *PT278a - *PT278d SERIES EQUAL ‘0’ OR ‘97’ .......................................................1 GO TO *PT281

ALL OTHERS ....................................................................................................2
*PT280. About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of your reactions [to (WORST 12-MONTH EVENT/ these events)]?  

(IF NEC: You can use any number between 0 and 365 to answer.)  

_________ NUMBER OF DAYS  

DON’T KNOW ............... 999  
REFUSED .................... 998  

---  

*PT281. Did you receive any professional treatment for your reactions to (WORST 12-MONTH EVENT/ these events) in the 12 months prior to this interview?  

YES ............................ 1  
NO ............................... 5  
DON’T KNOW .................... 9  
REFUSED ......................... 8  

---  

GO TO *NSD1, NEXT SECTION
### CESD-12

**30-DAY SYMPTOMS (NSD)**

Now let’s talk about something else. I would like to ask you about ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Rarely or none of the time (less than 1 day)</th>
<th>Some or a little of the time (1-2 days)</th>
<th>Occasionally or a moderate amount of the time (3-4 days)</th>
<th>Most or all of the time (5-7 days)</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) I felt that I was just as good as other people.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>b) I had trouble keeping my mind on what I was doing.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>c) I felt depressed.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>d) I felt that everything I did was an effort.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>e) I felt hopeful about the future.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>f) My sleep was restless.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>g) I was happy.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>h) People were unfriendly.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>i) I enjoyed life.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>j) I had crying spells.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>k) I felt that people disliked me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>l) I could not get “going”.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>
Six item Distress Scale plus 1 more similar to other CES-D - NCS

NSD2. (RB, PG 78) In the past 30 days, about how often did you feel…?

(IF NEC: all of the time, most of the time, some of the time, a little of the time, or none of the time?)

<table>
<thead>
<tr>
<th></th>
<th>ALL (1)</th>
<th>MOST (2)</th>
<th>SOME (3)</th>
<th>A LITTLE (4)</th>
<th>NONE (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) … so sad nothing could cheer you up – all of the time, most of the time, some of the time, a little of the time, or none of the time?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>b) … nervous?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>c) … restless or fidgety?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>d) … hopeless?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>e) … that everything was an effort?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>f) … worthless?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>g) … blue?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

END OF SECTION
TOBACCO USE (TB)

*TB1. The next questions are about smoking. Have you ever smoked more than 100 cigarettes in your lifetime?

YES .................... 1
NO .................... 5  
GO TO EA1, NEXT SECTION

*TB2. How old were you when you began smoking?

__________ AGE

*TB3. Do you currently smoke?

YES .................... 1  
GO TO *TB5

NO .................... 5

*TB4. How old were you when you stopped smoking?

__________ AGE

GO TO *TB8

*TB5. How many cigarettes per day do you smoke?

__________ # CIGARETTES PER DAY  OR  _________ # PACKS PER DAY

*TB6. How soon after you wake do you smoke your first cigarette?

__________ HOURS  ____________ MINUTES

*TB7. Do you find it difficult to refrain from smoking in places where it is forbidden (such as in church, at the library, at the movies, or at work)?

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

*TB8. Think about the time when you smoked most frequently. How many cigarettes did you smoke per day during the period when you were smoking the most?

__________ # CIGARETTES PER DAY  OR  _________ # PACKS PER DAY

GO TO EA1, NEXT SECTION
EATING DISORDERS (EA)

*EA1. This part of the interview is about problems you might have had either with eating or with your weight. Was there ever a time in your life when you had a great deal of concern about or strongly feared being too fat or overweight?

YES........................................................ 1
NO ........................................................ 5  GO TO *EA16
DON’T KNOW ........................................... 9  GO TO *EA16
REFUSED.................................................. 8  GO TO *EA16

*EA1a. Did you ever have this strong worry or fear at a time when you really weighed less than most other people?

YES.......................................................... 1
NO ........................................................... 5  GO TO *EA16
DON’T KNOW ............................................. 9  GO TO *EA16
REFUSED................................................... 8  GO TO *EA16

*EA2. What was the lowest body weight you ever purposefully had after the age of twelve?

_________ BODY WEIGHT (POUNDS)

DON’T KNOW ........................................... 999
REFUSED.................................................. 998

*EA3. How tall were you at that time?

_________ BODY HEIGHT (FEET/ INCHES)

DON’T KNOW ........................................... 999
REFUSED.................................................. 998

*EA4. INTERVIEWER CHECKPOINT: (SEE *EA2, *EA3 AND MINIMUM WEIGHT TABLE, BELOW)

WEIGHT RECORDED IN *EA2 IS LESS THAN MINIMUM WEIGHT IN TABLE FOR HEIGHT RECORDED IN *EA3 ..............................................................1
ALL OTHERS ..................................................................................................................2  GO TO *EA16
Until Blaise version date 8/6/01, the following table was used for EA4:

<table>
<thead>
<tr>
<th>Height (feet)</th>
<th>Weight (lbs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5'0&quot; or less</td>
<td>102</td>
</tr>
<tr>
<td>5'1&quot;</td>
<td>106</td>
</tr>
<tr>
<td>5'2&quot;</td>
<td>109</td>
</tr>
<tr>
<td>5'3&quot;</td>
<td>113</td>
</tr>
<tr>
<td>5'4&quot;</td>
<td>116</td>
</tr>
<tr>
<td>5'5&quot;</td>
<td>120</td>
</tr>
<tr>
<td>5'6&quot;</td>
<td>124</td>
</tr>
<tr>
<td>5'7&quot;</td>
<td>128</td>
</tr>
<tr>
<td>5'8&quot;</td>
<td>132</td>
</tr>
<tr>
<td>5'9&quot;</td>
<td>135</td>
</tr>
<tr>
<td>5'10&quot;</td>
<td>139</td>
</tr>
<tr>
<td>5'11&quot;</td>
<td>143</td>
</tr>
<tr>
<td>6'0&quot;</td>
<td>147</td>
</tr>
<tr>
<td>6'1&quot;</td>
<td>152</td>
</tr>
<tr>
<td>6'2&quot;</td>
<td>156</td>
</tr>
<tr>
<td>6'3&quot;</td>
<td>160</td>
</tr>
<tr>
<td>6'4&quot; or more</td>
<td>164</td>
</tr>
<tr>
<td>6'5&quot;</td>
<td>168</td>
</tr>
<tr>
<td>6'6&quot; or more</td>
<td>175</td>
</tr>
</tbody>
</table>

MINIMUM WEIGHTS

<table>
<thead>
<tr>
<th>Height (meters)</th>
<th>Weight (kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.40 or less</td>
<td>39</td>
</tr>
<tr>
<td>1.41-1.42</td>
<td>40</td>
</tr>
<tr>
<td>1.43-1.44</td>
<td>41</td>
</tr>
<tr>
<td>1.45</td>
<td>42</td>
</tr>
<tr>
<td>1.46-1.47</td>
<td>43</td>
</tr>
<tr>
<td>1.48-1.49</td>
<td>44</td>
</tr>
<tr>
<td>1.50</td>
<td>45</td>
</tr>
<tr>
<td>1.51-1.52</td>
<td>46</td>
</tr>
<tr>
<td>1.53-1.54</td>
<td>47</td>
</tr>
<tr>
<td>1.55</td>
<td>48</td>
</tr>
<tr>
<td>1.56-1.57</td>
<td>49</td>
</tr>
<tr>
<td>1.58</td>
<td>50</td>
</tr>
<tr>
<td>1.59-1.60</td>
<td>51</td>
</tr>
<tr>
<td>1.61-1.62</td>
<td>52</td>
</tr>
<tr>
<td>1.63</td>
<td>53</td>
</tr>
<tr>
<td>1.64-1.65</td>
<td>54</td>
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<tr>
<td>1.66</td>
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</tr>
<tr>
<td>1.67-1.68</td>
<td>56</td>
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<tr>
<td>1.69</td>
<td>57</td>
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<tr>
<td>1.70-1.71</td>
<td>58</td>
</tr>
<tr>
<td>1.72</td>
<td>59</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Height (meters)</th>
<th>Weight (kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.73</td>
<td>60</td>
</tr>
<tr>
<td>1.74-1.75</td>
<td>61</td>
</tr>
<tr>
<td>1.76</td>
<td>62</td>
</tr>
<tr>
<td>1.77-1.78</td>
<td>63</td>
</tr>
<tr>
<td>1.79</td>
<td>64</td>
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<td>1.80</td>
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<td>1.81-1.82</td>
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</tr>
<tr>
<td>1.86</td>
<td>69</td>
</tr>
<tr>
<td>1.87</td>
<td>70</td>
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<td>1.88-1.89</td>
<td>71</td>
</tr>
<tr>
<td>1.90</td>
<td>72</td>
</tr>
<tr>
<td>1.91</td>
<td>73</td>
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<tr>
<td>1.92-1.93</td>
<td>74</td>
</tr>
<tr>
<td>1.94</td>
<td>75</td>
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<td>1.95</td>
<td>76</td>
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<tr>
<td>1.96</td>
<td>77</td>
</tr>
<tr>
<td>1.97-1.98</td>
<td>78</td>
</tr>
<tr>
<td>1.99</td>
<td>79</td>
</tr>
<tr>
<td>2.00 or more</td>
<td>80</td>
</tr>
</tbody>
</table>

Versions after 8/6/01, used the following table:

<table>
<thead>
<tr>
<th>Height (feet)</th>
<th>Weight (lbs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4'10&quot; or less</td>
<td>111</td>
</tr>
<tr>
<td>4'11&quot;</td>
<td>114</td>
</tr>
<tr>
<td>5'0&quot;</td>
<td>116</td>
</tr>
<tr>
<td>5'1&quot;</td>
<td>119</td>
</tr>
<tr>
<td>5'2&quot;</td>
<td>122</td>
</tr>
<tr>
<td>5'3&quot;</td>
<td>125</td>
</tr>
<tr>
<td>5'4&quot;</td>
<td>128</td>
</tr>
<tr>
<td>5'5&quot;</td>
<td>132</td>
</tr>
<tr>
<td>5'6&quot;</td>
<td>135</td>
</tr>
<tr>
<td>5'7&quot;</td>
<td>139</td>
</tr>
<tr>
<td>5'8&quot;</td>
<td>142</td>
</tr>
<tr>
<td>5'9&quot;</td>
<td>145</td>
</tr>
<tr>
<td>5'10&quot;</td>
<td>147</td>
</tr>
<tr>
<td>5'11&quot;</td>
<td>150</td>
</tr>
<tr>
<td>6'0&quot; or more</td>
<td>152</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Height (feet)</th>
<th>Weight (lbs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5'2&quot; or less</td>
<td>128</td>
</tr>
<tr>
<td>5'3&quot;</td>
<td>130</td>
</tr>
<tr>
<td>5'4&quot;</td>
<td>133</td>
</tr>
<tr>
<td>5'5&quot;</td>
<td>136</td>
</tr>
<tr>
<td>5'6&quot;</td>
<td>139</td>
</tr>
<tr>
<td>5'7&quot;</td>
<td>143</td>
</tr>
<tr>
<td>5'8&quot;</td>
<td>146</td>
</tr>
<tr>
<td>5'9&quot;</td>
<td>150</td>
</tr>
<tr>
<td>5'10&quot;</td>
<td>153</td>
</tr>
<tr>
<td>5'11&quot;</td>
<td>156</td>
</tr>
<tr>
<td>6'0&quot;</td>
<td>160</td>
</tr>
<tr>
<td>6'1&quot;</td>
<td>163</td>
</tr>
<tr>
<td>6'2&quot;</td>
<td>167</td>
</tr>
<tr>
<td>6'3&quot; or more</td>
<td>172</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Height (feet)</th>
<th>Weight (lbs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6'4&quot; or more</td>
<td>176</td>
</tr>
</tbody>
</table>
**EA6.** At the time you weighed (WEIGHT REPORTED IN *EA2) were you very afraid that you might gain weight?

- YES .................................................. 1
- NO .................................................... 5 (GO TO *EA16)
- DON’T KNOW ..................................... 9 (GO TO *EA16)
- REFUSED ........................................... 8 (GO TO *EA16)

**EA7.** Did you do things to keep your weight low, such as dieting or exercising?

- YES .................................................. 1
- NO .................................................... 5 (GO TO *EA16) **(17b)**
- DON’T KNOW ..................................... 9 (GO TO *EA16) **
- REFUSED ........................................... 8 (GO TO *EA16) **

**EA8.** INTERVIEWER CHECKPOINT: (R’S GENDER)

- R IS MALE ........................................... 1 (GO TO *EA10)
- R IS FEMALE ...................................... 2

**EA9.** Around the time you weighed (WEIGHT REPORTED IN *EA2) did you ever have three months or more in a row when you stopped having your menstrual periods?

- YES .................................................. 1
- NO .................................................... 5 (GO TO *EA16) **(17c)**
- DON’T KNOW ..................................... 9 (GO TO *EA16) **
- REFUSED ........................................... 8 (GO TO *EA16) **

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(5)</td>
<td>(9)</td>
<td>(8)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>EA10.</strong> Did you feel like you were heavier than you should have been or heavier than you wanted to be?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(KEY PHRASE: feeling you were too heavy)</td>
</tr>
<tr>
<td>1 5 9 8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>EA10b.</strong> Did you think that some parts of your body were too fat?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(KEY PHRASE: thinking that parts of your body were too fat)</td>
</tr>
<tr>
<td>1 5 9 8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>EA10c.</strong> Did you feel like your self-esteem or confidence depended on your ability to stay thin or to lose even more weight?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(KEY PHRASE: feeling like your self-esteem depended on being thin)</td>
</tr>
<tr>
<td>1 5 9 8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>EA10d.</strong> Did anyone tell you that your low weight was bad for your health?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(KEY PHRASE: hearing from others that your low weight was bad for your health)</td>
</tr>
<tr>
<td>1 5 9 8</td>
</tr>
</tbody>
</table>

**EA11.** INTERVIEWER CHECKPOINT: (SEE *EA10, *EA10b, *EA10c, *EA10d) (17e)

AT LEAST ONE “YES” RESPONSE IN *EA10, *EA10b, *EA10c, OR *EA10d ................. 1
ALL OTHERS ........................................................................................................................................ 2 (GO TO *EA16)
*EA12. Think of the very first time in your life you weighed around (WEIGHT REPORTED IN *EA2) and you had problems like (KEY PHRASES FROM “YES” RESPONSES IN *EA10 SERIES). Can you remember your exact age?

YES........................................1
NO .......................................5  GO TO *EA12b1
DON’T KNOW ..................9  GO TO *EA12b1
REFUSED .........................8  GO TO *EA12b1

*EA12a. (IF NEC: How old were you?)

__________ YEARS OLD  GO TO *EA13

DON’T KNOW ...............999  GO TO *EA13
REFUSED ......................998  GO TO *EA13

*EA12b1. About how old were you the first time?

__________ YEARS OLD  GO TO *EA13

DON’T KNOW ...............999  GO TO *EA13
REFUSED ......................998  GO TO *EA13

*EA12b2. Was it before your twenties?

YES.....................................1
NO ......................................5
DON’T KNOW ..................9
REFUSED .........................8

THE FOLLOWING CODE WILL BE USED IN CREATING THE AGE OF ONSET MEASURE

BEFORE TWENTIES.............................19
NOT BEFORE TWENTIES.......................20

*EA13. About how many different years in your life did you weigh around (WEIGHT REPORTED IN *EA2) and have problems like the ones we just reviewed?

__________ YEARS

DON’T KNOW ...............999
REFUSED ......................998

*EA14. INTERVIEWER CHECKPOINT: (SEE *EA13)

*EA13 IS CODED 1 YEAR OR LESS ................1  GO TO *EA16
ALL OTHERS..............................2

*EA15. How recently did you weigh around (WEIGHT REPORTED IN *EA2) and have problems like the ones we just reviewed – in the past month, two to six months ago, seven to twelve months ago, or more than twelve months ago?

PAST MONTH .......................................1  GO TO *EA16
2-6 MONTHS AGO..............................2  GO TO *EA16
7-12 MONTHS AGO.........................3  GO TO *EA16
MORE THAN 12 MONTHS AGO ............4
DON’T KNOW ....................................9
REFUSED .........................................8
*EA15a.  How old were you the last time?

__________ YEARS OLD

DON'T KNOW ............999
REFUSED ......................998

*EA16. The next question is about “eating binges” where a person eats a large amount of food during a short period like two hours. By “a large amount” I mean eating so much food that it would be like eating two or more entire meals in one sitting, or eating so much of one particular food -- like candy or ice cream -- that it would make most people feel sick. With that definition in mind, did you ever have a time in your life when you went on eating binges (READ SLOWLY) at least twice a week for several months or longer?

YES..............................1
NO ...............................5 GO TO *EA30
DON'T KNOW .............9  GO TO *EA30
REFUSED....................8 GO TO *EA30

*EA17. During the binges did you usually eat much more quickly than usual?

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*EA17a. Did you usually eat until you felt uncomfortably full?

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
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<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
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</table>

*EA17b. Did you usually continue to eat even when you didn’t feel hungry?

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
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<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
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</table>

*EA17c. Did you usually eat alone because you were embarrassed by how much you ate?

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
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<tbody>
<tr>
<td>1</td>
<td>5</td>
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</table>

*EA17d. Did you feel guilty, very upset with yourself, or depressed after you binged?

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
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<td>1</td>
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<td>8</td>
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*EA17e. Around the time you were binge eating, were you very afraid that you would gain weight?

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
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<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
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</table>

*EA17f. Did you feel like your self-esteem and confidence depended on your weight or body shape?

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
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<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
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</table>

*EA17g. Did you worry about the long term effects of binging on your health, on your weight, or on your body shape?

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
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</table>

*EA17h. Did you often get upset both during and after the binges that your eating was out of your control?

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
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</table>

*EA18. INTERVIEWER CHECKPOINT: (SEE *EA17 SERIES)

AT LEAST ONE “YES” RESPONSE IN *EA17 SERIES ..................1
ALL OTHERS ...........................................................................2 GO TO *EA23
**EA19.** Can you remember your exact age the very first time in your life you began binging at least two times a week for three months or longer?

YES.................................1
NO....................................5  GO TO *EA19b1
DON’T KNOW .................9  GO TO *EA19b1
REFUSED..............................8  GO TO *EA19b1

*EA19a. (IF NEC: How old were you?)

_______ YEARS OLD  GO TO *EA20

DON’T KNOW ...............999  GO TO *EA20
REFUSED .........................998  GO TO *EA20

*EA19b1. About how old were you the first time?

_______ YEARS OLD  GO TO *EA20

DON’T KNOW ...............999  GO TO *EA20
REFUSED .........................998  GO TO *EA20

*EA19b2. Was it before your twenties?

YES.................................1
NO....................................5
DON’T KNOW .................9
REFUSED .........................8

THE FOLLOWING CODE WILL BE USED IN CREATING THE AGE OF ONSET MEASURE

BEFORE TWENTIES.................................19
NOT BEFORE TWENTIES............................20

---

**EA20.** About how many different years in your life did you go through periods when you binged at least two times a week for three months or longer?

_______ YEARS

DON’T KNOW ...............999
REFUSED .........................998

---

**EA21.** INTERVIEWER CHECKPOINT: (SEE *EA20)

*EA20 IS CODED 1 YEAR OR LESS..............................1  GO TO *EA23a
ALL OTHERS....................................................2

---

**EA22.** How recently did you binge at least two times a week – in the past month, two to six months ago, seven to twelve months ago, or more than twelve months ago?

PAST MONTH ..............................................1  GO TO *EA23a
2-6 MONTHS AGO .................................2  GO TO *EA23a
7-12 MONTHS AGO ...............................3  GO TO *EA23a
MORE THAN 12 MONTHS AGO .....................4
DON’T KNOW .................................9
REFUSED ................................................8
**EA22a.** How old were you the last time?

<table>
<thead>
<tr>
<th>YEARS OLD</th>
<th>GO TO <strong>EA23a</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>999</td>
</tr>
<tr>
<td>REFUSED</td>
<td>998</td>
</tr>
</tbody>
</table>

**EA23.** Did you ever do any of the following things regularly in order to control your weight:

- Did you fast by not eating at all or only taking liquids for 8 hours or longer?

  **KEY PHRASE:** fasted or took only a liquid diet

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

**EA23a.** Did you ever do any of the following things regularly after binging in order to control your weight:

- Did you fast by not eating at all or only taking liquids for 8 hours or longer?

  **KEY PHRASE:** fasted or took only a liquid diet

| 1 | 5 | 9 | 8 |

**EA23b.** Did you take water pills, diuretics, or weight control medicines?

  **KEY PHRASE:** took weight loss medicine or pills

| 1 | 5 | 9 | 8 |

**EA23c.** Did you make yourself vomit?

  **KEY PHRASE:** vomited

| 1 | 5 | 9 | 8 |

**EA23d.** Did you take laxatives or enemas?

  **KEY PHRASE:** took laxatives or enemas

| 1 | 5 | 9 | 8 |

**EA23e.** Did you exercise excessively?

  **KEY PHRASE:** exercised excessively

| 1 | 5 | 9 | 8 |

**EA23f.** Did you chew and then spit out your food?

  **KEY PHRASE:** spit out your food

| 1 | 5 | 9 | 8 |

**EA24. INTERVIEWER CHECKPOINT:** (SEE **EA23 SERIES**)

- AT LEAST ONE “YES” RESPONSE IN **EA23 SERIES**..........................1
- ALL OTHERS.........................................................................................2

**EA25.** You (**KEY PHRASES FROM “YES” RESPONSES IN **EA23 SERIES**). Did you ever do (this/ either of these things/ any of these things) at least two times a week for three months or longer?

| YES .................1 |                   |
| NO ..................5 | GO TO **EA30**    |
| DON'T KNOW ........9 | GO TO **EA30**    |
| REFUSED ............8 | GO TO **EA30**    |
*EA26. Can you remember your exact age the very first time you used (this/ any of these) weight control (strategy/ strategies) at least two times a week for three months?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>9</td>
</tr>
<tr>
<td>REFUSED</td>
<td>8</td>
</tr>
</tbody>
</table>

GO TO *EA26b1

*EA26a. (IF NEC: How old were you?)

<table>
<thead>
<tr>
<th>Years Old</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DON’T KNOW ........................................... 999
REFUSED .................................................. 998

GO TO *EA27

*EA26b1. About how old were you the first time?

<table>
<thead>
<tr>
<th>Years Old</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

DON’T KNOW ........................................... 999
REFUSED .................................................. 998

GO TO *EA27

*EA26b2. Was it before your twenties?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>9</td>
</tr>
<tr>
<td>REFUSED</td>
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THE FOLLOWING CODE WILL BE USED IN CREATING THE AGE OF ONSET MEASURE

<table>
<thead>
<tr>
<th>Code</th>
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<tbody>
<tr>
<td>BEFORE TWENTIES</td>
</tr>
<tr>
<td>NOT BEFORE TWENTIES</td>
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</tbody>
</table>

19
20

*EA27. About how many different years in your life did you do any of these things at least twice a week for three months or longer?

<table>
<thead>
<tr>
<th>Years</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

DON’T KNOW ........................................... 999
REFUSED .................................................. 998

*EA28. INTERVIEWER CHECKPOINT: (SEE *EA27)

*EA27 IS CODED 1 YEAR OR LESS ........................................... 1
ALL OTHERS .................................................. 2

*EA29. How recently did you use (this strategy/these strategies) this often – in the past month, two to six months ago, seven to twelve months ago, or more than twelve months ago?

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAST MONTH</td>
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</tr>
<tr>
<td>2-6 MONTHS AGO</td>
<td>2</td>
</tr>
<tr>
<td>7-12 MONTHS AGO</td>
<td>3</td>
</tr>
<tr>
<td>MORE THAN 12 MONTHS AGO</td>
<td>4</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>9</td>
</tr>
<tr>
<td>REFUSED</td>
<td>8</td>
</tr>
</tbody>
</table>

GO TO *EA30
*EA29a. How old were you the last time?

__________ YEARS OLD
DON'T KNOW .......... 999
REFUSED .............. 998

*EA30. INTERVIEWER CHECKPOINT: (SEE *EA11, *EA18, *EA24)

RESPONSE CODED “1,” IN AT LEAST ONE OF THE
FOLLOWING: *EA11, *EA18 OR *EA24 .................................................. 1
ALL OTHERS...................................................................................... 2  GO TO *EA43

*EA31. INTERVIEWER CHECKPOINT: (SEE *EA15, *EA22, *EA29)

RESPONSE CODED “1,” “2,” OR “3” IN AT LEAST ONE OF THE
FOLLOWING: *EA15, *EA22 OR *EA29 .................................................. 1
ALL OTHERS...................................................................................... 2  GO TO *EA35
**EA32.** (RB, PG 57) Think about the month or longer in the past 12 when your problems with your eating or weight were most severe. Using a 0 to 10 scale on page 57 of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much problems with your eating or weight interfered with each of the following activities during that time?

(IF NEC: How much did problems with your eating or weight interfere with (ACTIVITY) during that time?)

(IF NEC: You can use any number between 0 and 10 to answer.)

**NUMBER (0-10)**

*EA32a. Your home management, like cleaning, shopping, and taking care of the (house/ apartment)?

________

DOES NOT APPLY............ 97
DON’T KNOW................. 99
REFUSED...................... 98

*EA32b. Your ability to work?

________

DOES NOT APPLY............ 97
DON’T KNOW................. 99
REFUSED...................... 98

*EA32c. Your ability to form and maintain close relationships with other people?

________

DOES NOT APPLY............ 97
DON’T KNOW................. 99
REFUSED...................... 98

*EA32d. Your social life?

________

DOES NOT APPLY............ 97
DON’T KNOW................. 99
REFUSED...................... 98

**EA33. INTERVIEWER CHECKPOINT: (SEE **EA32 SERIES**)

ALL FOUR RESPONSES TO **EA32 SERIES** EQUAL ‘0’ OR ‘97’ ........ 1 GO TO **EA35**
ALL OTHERS........................................... 2

*EA34. About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of problems with your eating or weight?

(IF NEC: You can use any number between 0 and 365 to answer.)

________ NUMBER OF DAYS

DON’T KNOW .................999
REFUSED......................998
*EA35. Did you talk to a medical doctor or other professional about your problems with eating or weight in the past 12 months? By professional we mean psychiatrists, psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.

YES...............................1    GO TO *EA36
NO.................................5
DON’T KNOW .....................9
REFUSED.........................8

*EA35a. Did you ever in your life talk to a medical doctor or other professional about your problems with eating or weight?

YES...............................1    GO TO *EA37
NO.................................5
DON’T KNOW .....................9
REFUSED.........................8

*EA35b. Did you ever try to get professional help for your problems with eating or weight?

YES...............................1
NO.................................5
DON’T KNOW .....................9    GO TO *EA42
REFUSED.........................8    GO TO *EA42

*EA35c. What are the main reasons you did not get professional help? (CODE UP TO 2 RESPONSES)

______________________________________________________________

Use this coding scheme:

1 - Thought problem would get better by itself.
2 - Felt (got) better.
3 - It didn’t really bother me that much.
4 - Wanted to solve problem on my own.
5 - Didn’t think it would help.
6 - Could not afford it; too expensive.
7 - Worried about what other people would think.
8 - Inconvenient/Transportation problems, etc.
9 - Didn’t know where to go for help.
10 - Was embarrassed to talk about problem.
11 - Talked to a friend/relative
97 - Other (SPECIFY) ____________________
99 - DON’T KNOW
98 - REFUSED

GO TO *EA42

*EA36. Was this the first time [you talked to a professional about your problems with eating or weight]?

YES............................1    GO TO *EA38
NO...............................5
DON’T KNOW .....................9    GO TO *EA38
REFUSED.........................8    GO TO *EA38

*EA37. How old were you the first time [you talked to a professional about your problems with eating or weight]?

_________ YEARS OLD

DON’T KNOW .................999
REFUSED .....................998
**EA38.** Which of the following types of professionals did you ever talk to about your problems with eating or weight?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
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<tr>
<td>a)</td>
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*EA39. (Were any of these/Was this) professional(s) helpful to you?

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**EA40.** What kind of treatment did you receive? (CHECK ALL THAT APPLY)

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<tr>
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<td>INDIVIDUAL THERAPY</td>
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<td>MEDICATIONS/DRUGS</td>
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<td>OTHER</td>
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<td>DON’T KNOW</td>
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*EA41. Were you ever hospitalized overnight for your problems with eating or weight?

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<td>NO</td>
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<td>DON’T KNOW</td>
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<td>REFUSED</td>
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</table>
*EA41a. How old were you the first time you were hospitalized overnight for your problems with eating or weight?

_________ YEARS OLD

DON’T KNOW .......... 999
REFUSED .............. 998

*EA41b. How many times have you ever been hospitalized for your problems with eating or weight?

_________ NUMBER OF TIMES

DON’T KNOW .......... 999
REFUSED .............. 998

*EA42. Did you ever in your life receive any help for your problems with eating or weight from family, friends, or other acquaintances?

YES ......................... 1    GO TO *EA43
NO .......................... 5
DON’T KNOW ............. 9
REFUSED ................... 8

*EA42a. Did you try to get help for your problems with eating or weight from family, friends, or other acquaintances?

YES ......................... 1
NO .......................... 5
DON’T KNOW ............. 9    GO TO *EA43
REFUSED ................... 8    GO TO *EA43

*EA42b. What are the main reasons you did not get help from family or friends?(ENTER UP TO TWO REASONS)

________________________________________________________________________

________________________________________________________________________

*EA43. INTERVIEWER CHECKPOINT (SEE RESPONDENT’S GENDER)

FEMALE................................. 1    GO TO *PR2, NEXT SECTION
MALE .................................... 2    GO TO *O1

END OF SECTION
PRE-MENSTRUAL DYSPHORIC DISORDER SCREEN (PR)

*PR1. INTERVIEWER CHECKPOINT: (SEE RESPONDENT'S GENDER)

R IS FEMALE ......................... 1
R IS MALE ................. 2 GO TO *O1, NEXT SECTION

*PR2. This part of the interview is about women’s health issues. How old were you when you had your first menstrual period?

_________ YEARS OLD

NEVER HAD A MENSTRUAL PERIOD ................. 997 GO TO *O1, NEXT SECTION
DON’T KNOW ........................................................... 999
REFUSED .......................................................... 998

*PR3. Did you have your first menstrual period earlier, later, or at about the same time as other girls you knew?

EARLIER .............................................. 1
LATER .................................................. 2
ABOUT THE SAME TIME ................. 3 GO TO *PR4
DON’T KNOW ........................................ 9 GO TO *PR4
REFUSED .............................................. 8 GO TO *PR4

*PR3a. A lot (earlier/ later), somewhat, or only a little (earlier/ later)?

A LOT ........................................ 1
SOMETHING .......... 2
A LITTLE ................. 3
DON’T KNOW ................. 9
REFUSED ................. 8

*PR4. Have you ever taken birth control pills?

YES ........................................................ 1
NO ......................................................... 5 GO TO *PR5
DON’T KNOW ........................................ 9 GO TO *PR5
REFUSED .............................................. 8 GO TO *PR5

*PR4a. How old were you when you started taking birth control pills?

_________ YEARS

DON’T KNOW ................. 999
REFUSED ...................... 998

*PR4b. Do you still take them now?

YES ........................................ 1 GO TO *PR5
NO ......................................................... 5
DON’T KNOW ....................... 9 GO TO *PR5
REFUSED ...................... 8 GO TO *PR5
*PR4c. How old were you when you stopped taking them?

__________ YEARS
DONT’ KNOW................. 999
REFUSED ...................... 998

*PR5. Have you ever had an operation to remove either your ovaries or your uterus?

YES.................................... 1
NO................................. 5  GO TO *PR6
DONT’ KNOW................... 9  GO TO *PR6
REFUSED.......................... 8  GO TO *PR6

*PR5a. How old were you when you had that operation?

__________ YEARS
DONT’ KNOW................. 999
REFUSED ...................... 998

*PR6. Do you still have menstrual periods, have you stopped having periods temporarily, or have you stopped having periods permanently?

STILL HAVE PERIODS............. 1  GO TO *PR13
STOPPED TEMPORARILY .......... 2  GO TO *PR12
STOPPED PERMANENTLY ......... 3
DONT’ KNOW .................... 9  GO TO *PR13
REFUSED.......................... 8  GO TO *PR13

*PR7. How old were you when you had your last menstrual period?

__________ YEARS
DONT’ KNOW ............... 999
REFUSED ..................... 998

*PR8. Did you ever take hormone replacement pills for menopausal symptoms?

YES................................... 1
NO................................. 5  GO TO *PR13
DONT’ KNOW.................... 9  GO TO *PR13
REFUSED.......................... 8  GO TO *PR13

*PR9. How old were you when you started taking hormone replacement pills?

__________ YEARS
DONT’ KNOW ............... 999
REFUSED ..................... 998
**PR10.** Are you still taking them?

YES ...................... 1  \hspace{1cm} \text{GO TO *PR13}

NO ............................ 5

DON’T KNOW ...................... 9  \hspace{1cm} \text{GO TO *PR13}

REFUSED .............................. 8  \hspace{1cm} \text{GO TO *PR13}

---

**PR11.** How old were you when you stopped taking them?

\hspace{1cm} \text{YEARS}  \hspace{1cm} \text{GO TO *PR13}

DON’T KNOW .............................. 999  \hspace{1cm} \text{GO TO *PR13}

REFUSED .............................. 998  \hspace{1cm} \text{GO TO *PR13}

---

**PR12.** Why have your periods stopped?

INTERVIEWER: CIRCLE ALL THAT APPLY. DO NOT PROBE.

PREGNANCY ..................................................... 1

DIETING .............................................................. 2

HEAVY EXERCISE .................................................. 3

BIRTH CONTROL PILLS ........................................ 4

POSSIBLE BEGINNING OF MENOPAUSE ....... 5

OTHER (SPECIFY) .................................................... 6

DON’T KNOW ...................................................... 9

REFUSED ......................................................... 8

---

**PR13.** Many women find that their mood becomes much worse in the week before their menstrual period and then returns to normal within a few days after their period starts. The changes in mood usually involve things like feeling sad, depressed, sensitive, anxious, tense or irritable. Did you ever have a time in your life like this when your mood became much worse in the week before your menstrual period?

YES .......................................................... 1

NO .............................................................. 5  \hspace{1cm} \text{GO TO *O1, NEXT SECTION}

DON’T KNOW ...................................................... 9  \hspace{1cm} \text{GO TO *O1, NEXT SECTION}

REFUSED ......................................................... 8  \hspace{1cm} \text{GO TO *O1, NEXT SECTION}

---

**PR14.** During the time in your life when these mood changes were frequent and severe about how many months out of 12 each year were your moods much worse during the week before your period? (You can use any number between 1 and 12).

\hspace{1cm} \text{MONTHS}

DON’T KNOW ...................................................... 999

REFUSED ......................................................... 998

---

**PR15.** INTERVIEWER CHECKPOINT: (SEE *PR14)

*PR14 EQUALS ‘7’ OR MORE .............................................. 1

ALL OTHERS ............................................................... 2  \hspace{1cm} \text{GO TO *O1, NEXT SECTION}
**PR16.** During the week before your period in a typical month when you had mood changes, was your mood much worse than normal all the time, most of the time, some of the time, or only a little of the time?

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<td>ALL THE TIME</td>
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<td>MOST OF THE TIME</td>
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<tr>
<td>SOME OF THE TIME</td>
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<tr>
<td>A LITTLE OF THE TIME</td>
<td>4</td>
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<td>DON’T KNOW</td>
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<td>REFUSED</td>
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*PR16a. Did you usually also have any other problems at the same time, such as difficulty concentrating, tiredness, change in appetite, or change in sleep?*

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<th>Option</th>
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<tr>
<td>YES</td>
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<tr>
<td>NO</td>
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<td>DON’T KNOW</td>
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<td>REFUSED</td>
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**PR19.** How much did these problems with your mood ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot or extremely?

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<th>Option</th>
<th>Code</th>
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<tr>
<td>NOT AT ALL</td>
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<td>A LITTLE</td>
<td>2</td>
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<td>SOME</td>
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<td>A LOT</td>
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<td>EXTREMELY</td>
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<td>DON’T KNOW</td>
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<td>REFUSED</td>
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*PR19a. How often were you unable to carry out your daily activities because of the problems that occurred during the week before your menstrual period – often, sometimes, rarely, or never?*

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<tr>
<td>SOMETIMES</td>
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<td>RARELY</td>
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<td>NEVER</td>
<td>4</td>
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<td>DON’T KNOW</td>
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<td>REFUSED</td>
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END OF SECTION
OBSESSIVE-COMPULSIVE DISORDER (O)

*O1. I want to ask you next about whether you have ever been bothered by having certain unpleasant thoughts that kept entering your mind against your wishes. An example would be the persistent idea that your hands are dirty or have germs on them. Have you ever had any unpleasant thoughts like that?

YES .................................... 1
NO ..................................... 5
DON'T KNOW ..................... 9
REFUSED ......................... 8

*O2. Another example of an unpleasant thought would be the persistent idea that you might harm someone, even though you really didn’t want to. Or you might have had thought you were ashamed of, but couldn’t keep them out of your mind. Have you ever had any unpleasant and persistent thought like that?

YES .................................... 1
NO ..................................... 5
DON’T KNOW ..................... 9
REFUSED ......................... 8

*O3. INTERVIEWER CHECKPOINT

EITHER *O1 OR *O2 CODED 1 .......... .............. CONTINUE
BOTH *O1 AND *O2 CODED 5 ............... .......... GO TO *O9

*O4. Did some of these thoughts you did have seem to be unreasonable?

YES .................................... 1
NO ..................................... 5
DON’T KNOW ..................... 9
REFUSED ......................... 8

*O5. Did these thoughts keep coming back again and again into your mind no matter how hard you tried to resist, ignore or get rid of them?

YES .................................... 1
NO ..................................... 5
DON’T KNOW ..................... 9
REFUSED ......................... 8

*O6. Did you tell a doctor or other professional person about these thoughts?

YES .................................... 1
NO ..................................... 5
DON’T KNOW ..................... 9
REFUSED ......................... 8
*O7. Did thinking about these ideas keep you from living or working normally, or cause you difficulty with your relatives or friends, or upset you a great deal?

YES .................................... 1
NO ..................................... 5
DON'T KNOW ........................... 9
REFUSED ............................... 8

*O8. (RB, PG 79) ONS/REC: When was the (first/last) time you were unable to put an unpleasant thought like that out of your mind?

O8. ONSET:
Within Last 2 Weeks ......................... 1 GO TO 09
2 Weeks To Less Than 1 Month Ago ... 2 GO TO 09
1 Month To Less Than 6 Months Ago .. 3 GO TO 09
6 Months To Less Than 1 Year Ago..... 4 GO TO 09
In Last Twelve Months DK WHEN ...... 5 GO TO 09
More Than 1 Year Ago ..................... 6
IF 6: GO TO ONS/AGE

O8. RECENT:
Within Last 2 Weeks ......................... 1 GO TO 09
2 Weeks To Less Than 1 Month Ago ... 2 GO TO 09
1 Month To Less Than 6 Months Ago .. 3 GO TO 09
6 Months To Less Than 1 Year Ago..... 4 GO TO 09
In Last Twelve Months DK WHEN ...... 5 GO TO 09
More Than 1 Year Ago ..................... 6
IF 6: GO TO REC/AGE

O8a. ONS/AGE:
How old were you the first time you had (SX)?
_______ ONS/AGE

O8b. RECENT:
How old were you the last time you had (SX)?
_______ REC/AGE

*O9. Some people have the unpleasant feeling that they have to do something over and over again even though they know it is really foolish, but they can’t resist doing it – things like washing their hands again and again or going back several times to be sure they’ve locked a door or turned off the stove. Have you ever had to do something like that over and over?

YES ......................... 1
NO ............................... 5
DON'T KNOW ................ 9
REFUSED ...................... 8

*O10. Was there ever a time when you felt you had to do something in a certain order, like putting your clothes on in a certain way, and had to start all over again if you did it in the wrong order?

YES ......................... 1
NO ............................... 5
DON'T KNOW ................ 9
REFUSED ...................... 8

*O11. Has there ever been a period of time of several weeks when you felt you had to count something, like the squares in a tile floor, and couldn’t resist doing it even when you tried to?

YES ......................... 1
NO ............................... 5
DON'T KNOW ................ 9
REFUSED ...................... 8
*O12. Did you ever have a period of time when you had to say certain words over and over, either aloud or to yourself?

YES.....................................1
NO ....................................5
DON‘T KNOW .........................9
REFUSED .................................8

*O13. INTERVIEWER CHECKPOINT

ANY OF *O9 TO *O12 CODED 1 .................. CONTINUE
ALL OF *O9 TO *O12 CODED 5 .................. GO TO GM1, NEXT SECTION

*O14. You mentioned that you had to (SX CODED 1 IN *O9 - *O12). Did you think that this was unnecessary or that you overdid it?

YES.....................................1
NO ....................................5
DON‘T KNOW .........................9
REFUSED .................................8

*O15. Did you tell a doctor or other professional person about having to (SX CODED 1 IN *O9 - *O12)?

YES.....................................1
NO ....................................5
DON‘T KNOW .........................9
REFUSED .................................8

*O16. Did having to (SX CODED 1 IN *O9 - *O12) keep you from living or working normally, or cause you difficulty with your relatives or friends, or upset you a great deal?

YES.....................................1
NO ....................................5
DON‘T KNOW .........................9
REFUSED .................................8

*O17. (RB, PG 79) ONS/REC: When was the (first/last) time you had to do (this/any of these things)?

**O17. ONSET:**
Within Last 2 Weeks .........................1 GO TO PSI
2 Weeks To Less Than 1 Month Ago ... 2 GO TO PSI
1 Month To Less Than 6 Months Ago .. 3 GO TO PSI
6 Months To Less Than 1 Year Ago..... 4 GO TO PSI
In Last Twelve Months DK WHEN ..... 5 GO TO PSI
More Than 1 Year Ago ..................... 6
**IF 6: GO TO ONS/AGE**

**O17a. ONS/AGE:**
How old were you the first time you had (SX)?

__________ ONS/AGE

**O17b. RECENT:**
Within Last 2 Weeks .........................1 GO TO PSI
2 Weeks To Less Than 1 Month Ago ... 2 GO TO PSI
1 Month To Less Than 6 Months Ago .. 3 GO TO PSI
6 Months To Less Than 1 Year Ago..... 4 GO TO PSI
In Last Twelve Months DK WHEN ..... 5 GO TO PSI
More Than 1 Year Ago ..................... 6
**IF 6: GO TO REC/AGE**

**O17b1. REC/AGE:**
How old were you the last time you had (SX)?

__________ REC/AGE

END OF SECTION
**PSYCHOSIS SCREEN (PS)**

*PS1.* The next questions are about unusual things, like seeing visions or hearing voices. We believe that these things may be quite common, but we don't know for sure because previous research has not done a good job asking about them. So please take your time and think carefully before answering.

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<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
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*PS1a.* The first thing is seeing a vision -- that is, seeing something that other people who were there could not see. Did you ever see a vision that other people could not see?

(KEY PHRASE: saw a vision)

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*PS1a.1. Did this every happen when you were not dreaming, not half-asleep, and not under the influence of alcohol or drugs?

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*PS1a.2. About how many times in your life did this ever happen (when you saw a vision when you were not dreaming, not half-asleep, and not under the influence of alcohol or drugs)?

TIMES

DON'T KNOW.........................999
REFUSED..............................998

*PS1a.3. Could you give me a brief example of a time when this happened?

_________________________________________________________________________
_________________________________________________________________________

*PS1a.4. What do you think caused this to happen?

_________________________________________________________________________
_________________________________________________________________________

*PS1b.* The second thing is hearing voices that other people could not hear. I don't mean having good hearing, but rather hearing things that other people said did not exist, like strange voices coming from inside your head talking to you or about you, or voices coming out of the air when there was no one around. Did you ever hear voices in this way?

(KEY PHRASE: heard voices)

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</table>

*PS1b.1. Did this every happen when you were not dreaming, not half-asleep, and not under the influence of alcohol or drugs?

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<th>RF</th>
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<td>9</td>
<td>8</td>
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<td>YES</td>
<td>NO</td>
<td>DK</td>
<td>RF</td>
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<td>(8)</td>
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</table>

*PS1b.2. About how many times in your life did this ever happen (when you heard voices when you were not dreaming, not half-asleep, and not under the influence of alcohol or drugs)?

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<tr>
<th>TIMES</th>
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<tbody>
<tr>
<td>DON’T KNOW ............................................999</td>
</tr>
<tr>
<td>REFUSED ....................................................998</td>
</tr>
</tbody>
</table>

*PS1b.3. Could you give me a brief example of a time when this happened?

______________________________

______________________________

______________________________

______________________________

*PS1b.4. What do you think caused this to happen?

______________________________

______________________________

______________________________

______________________________

*PS1c. The third thing is really two. One is believing that some mysterious force was inserting many different strange thoughts -- that were definitely not your own thoughts -- directly into your head by means of x-rays or laser beams or other methods. The other is believing that your own thoughts were being stolen out of your mind by some strange force. Did you ever have either of these mind control experiences?

(KEY PHRASE: experienced mind control)

*PS1c.1. Did this every happen when you were not dreaming, not half-asleep, and not under the influence of alcohol or drugs?

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<th>1</th>
<th>5</th>
<th>9</th>
<th>8</th>
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<tr>
<td></td>
<td>GO TO</td>
<td>GO TO</td>
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<tr>
<td>*PS1d</td>
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*PS1c.2. About how many times in your life did this ever happen (when you experienced mind control when you were not dreaming, not half-asleep, and not under the influence of alcohol or drugs)?

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<tr>
<th>TIMES</th>
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<tbody>
<tr>
<td>DON’T KNOW ............................................999</td>
</tr>
<tr>
<td>REFUSED ....................................................998</td>
</tr>
</tbody>
</table>
*PS1c.3. Could you give me a brief example of a time when this happened?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

*PS1c.4. What do you think caused this to happen?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

PS1d. The fourth unusual thing is feeling that your mind was being taken over by strange forces with laser beams or other methods that were making you do things you did not choose to do. Did you ever have a time when you felt that your mind was being taken over by strange forces?

(KEY PHRASE: felt that your mind was being taken over by strange forces)

*PS1d.1. Did this every happen when you were not dreaming, not half-asleep, and not under the influence of alcohol or drugs?

1  5  9  8
  GO TO  GO TO  GO TO
  *PS1e  *PS1e  *PS1e

*PS1d.2. About how many times in your life did this ever happen (when you felt that your mind was being taken over by strange forces when you were not dreaming, not half-asleep, and not under the influence of alcohol or drugs)?

TIMES

DON’T KNOW ...........................................999
REFUSED ..................................................998

*PS1d.3. Could you give me a brief example of a time when this happened?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**PS1d.4.** What do you think caused this to happen?

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<th>YES (1)</th>
<th>NO (5)</th>
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**PS1e.** The fifth thing is believing that some strange force was trying to communicate directly with you by sending special signs or signals that you could understand but that no one else could understand. Sometimes this happens by special signs coming through the radio or television. Did you ever experience these kinds of attempts at communication from strange forces?

(KEY PHRASE: experienced attempts at communication from strange forces)

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<th>1</th>
<th>5</th>
<th>9</th>
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<tbody>
<tr>
<td><strong>GO TO</strong></td>
<td><strong>GO TO</strong></td>
<td><strong>GO TO</strong></td>
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<tr>
<td><em>PS1f</em></td>
<td><em>PS1f</em></td>
<td><em>PS1f</em></td>
<td><em>PS1f</em></td>
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</tbody>
</table>

**PS1e.1.** Did this every happen when you were not dreaming, not half-asleep, and not under the influence of alcohol or drugs?

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<thead>
<tr>
<th>1</th>
<th>5</th>
<th>9</th>
<th>8</th>
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<tbody>
<tr>
<td><strong>GO TO</strong></td>
<td><strong>GO TO</strong></td>
<td><strong>GO TO</strong></td>
<td><strong>GO TO</strong></td>
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<tr>
<td><em>PS1f</em></td>
<td><em>PS1f</em></td>
<td><em>PS1f</em></td>
<td><em>PS1f</em></td>
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</tbody>
</table>

**PS1e.2.** About how many times in your life did this ever happen (when you experienced attempts at communication from strange forces when you were not dreaming, not half-asleep, and not under the influence of alcohol or drugs)?

- TIMES
- DON’T KNOW ...................... 999
- REFUSED .............................. 998

**PS1e.3.** Could you give me a brief example of a time when this happened?

<p>| |</p>
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**PS1e.4.** What do you think caused this to happen?

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</table>
Sixth, did you ever believe that there was an unjust plot going on to harm you or to have people follow you that your family and friends did not believe was true? (KEY PHRASE: believed there was a plot to harm you)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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<td>8</td>
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</tbody>
</table>

*PS1.f. Did this every happen when you were not dreaming, not half-asleep, and not under the influence of alcohol or drugs?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*PS1.f.1. About how many times in your life did this ever happen (when you believed there was a plot to harm you when you were not dreaming, not half-asleep, and not under the influence of alcohol or drugs)?

- DON'T KNOW ............................................999
- REFUSED ....................................................998

*PS1.f.2. Could you give me a brief example of a time when this happened?

- 

*PS1.f.3. What do you think caused this to happen?

- 

*PS2. INTERVIEWER CHECKPOINT: (SEE *PS1a.1, *PS1b.1, *PS1c.1, *PS1d.1, *PS1e.1, *PS1f.1)

ONE OR MORE RESPONSES CODED ‘1’ IN *PS1a.1, *PS1b.1, *PS1c.1, *PS1d.1, *PS1e.1, *PS1f.1 ...................................................................................................................... 1
ALL OTHERS ........................................................................................................................................ 2 GO TO *GM1, NEXT SECTION

*PS3. Let me review. You (KEY PHRASE FOR ALL YES MENTIONS IN *PS1a - *PS1f). How old were you the very first time (this/either of these things/any of these things) happened to you?

________ YEARS OLD

- DON’T KNOW ................. 999
- REFUSED ....................... 998
*PS4. (Has/Have) (this/either of these things/any of these things) happened to you at any time in the past 12 months?

YES .................................... 1
NO .................................. 5  GO TO *PS6
DON'T KNOW .................. 9  GO TO *PS6
REFUSED ..................... 8  GO TO *PS6

*PS5. About how many different days did (this/either of these things/any of these things) happen to you in the past 12 months?

__________ NUMBER OF TIMES

DON'T KNOW ............... 999
REFUSED ..................... 998

*PS6. About how many different times have you had (this/either of these things/any of these things) happen to you in your entire life?

__________ NUMBER OF TIMES

DON'T KNOW ............... 999
REFUSED ..................... 998

*PS7. Did you ever talk to a doctor or mental health professional for help in dealing with (this/these) experience(s)?

YES .................................... 1
NO .................................. 5  GO TO *GM1, NEXT SECTION
DON'T KNOW .................. 9  GO TO *GM1, NEXT SECTION
REFUSED ..................... 8  GO TO *GM1, NEXT SECTION

*PS8. What did the doctor say was causing (this/these) experience(s)?

INTERVIEWER: CIRCLE ALL MENTIONS

SCHIZOPHRENIA/PSYCHOSIS ........................................ 1
MANIC-DEPRESSION/MANIA ........................................ 2
EMOTIONS/NERVES/MENTAL HEALTH ...................... 3
PHYSICAL ILLNESS/INJURY ........................................ 4
MEDICATION/DRUGS/ALCOHOL .............................. 5
OTHER (SPECIFY) ................................. 6

DON'T KNOW .................................................. 9
REFUSED .................................................... 8
*PS9. Were you ever hospitalized because of (this/these) experience(s)?

YES .................................... 1  
NO .................................... 5  
DON'T KNOW ................. 9  
REFUSED ...................... 8

*PS10. (RB, PG 89) This is a list of medications commonly taken by people who have experiences like the (one/ones) you had. Did you ever take any of these medications?

YES .................................... 1  
NO .................................... 5   GO TO *GMI, NEXT SECTION  
DON'T KNOW ................. 9   GO TO *GMI, NEXT SECTION  
REFUSED ...................... 8   GO TO *GMI, NEXT SECTION

*PS10a. Did you take any of these medications in the past 12 months?

YES .................................... 1  
NO .................................... 5  
DON'T KNOW ................. 9  
REFUSED ...................... 8

GO TO *GMI, NEXT SECTION
GAMBLING

*GM1. (RB, PG 80) The next questions are about how often you have ever bet or gambled for money. In answering, think about all the times you ever made a bet of any sort -- (COMPLEX SENTENCE, READ CAREFULLY) from betting on sports in an office pool to playing cards with friends, buying lottery tickets, playing bingo, speculating on high risk stocks, playing pool or golf for money, playing slot machines, betting on horse races, and any other kind of betting or gambling. Taking all these things together, what's your best estimate of how many times you ever made a bet of any kind in your entire life?

NEVER........................................................ 1 GO TO *FH1, NEXT SECTION
1-10 TIMES ................................................ 2
11-50 TIMES ........................................... 3
51-100 TIMES ......................................... 4
101-500 TIMES ....................................... 5
501-1000 TIMES .................................... 6
MORE THAN 1000 ................................. 7
DON’T KNOW ........................................ 9
REFUSED................................................ 8

*GM2. How old were you the very first time you placed a bet or gambled for money?

_________ YEARS OLD

DON’T KNOW................................. 999
REFUSED................................. 998

*GM3. INTERVIEWER CHECKPOINT (SEE *GM1)

*GM1 EQUALS ‘4’ – ‘9’................................. 1
ALL OTHERS .............................................. 2 GO TO *GM6

*GM4. Did you ever have a time in your life when you placed a bet or gambled at least once every week for six month or more in a row?

YES .............................................. 1 GO TO *GM6
NO ................................................. 5
DON’T KNOW .............................. 9 GO TO *GM6
REFUSED .............................. 8 GO TO *GM6

*GM5. About how old were you when you first started to bet or gamble at least once a week for six months in a row?

_________ YEARS OLD

DON’T KNOW................................. 999
REFUSED................................. 998

241
*GM6. Taking all your wins and losses over a full year together, what is the largest amount of money you ever lost in a single year?

CODE "NO LOSS" OR "LOSS LESS THAN $1" AS '0'.

GO TO *FH1, NEXT SECTION
FAMILY HISTORY (FH)

Now we would like to learn about your relatives and family members.

FH1. How many brothers and sisters do you have who have the same biological Mother and biological Father as you do? Do NOT include half brothers and sisters or adopted brothers and sisters. ___________ # OF BIOLOGICAL SIBLINGS

Considering those siblings together with your two parents (and your [NUMBER IN E23a] biological children 13 years of age or older) makes a total of [X] relatives.

[PROGRAMMER’S NOTE2: SEE E23a FOR NUMBER OF CHILDREN OVER 12. IF R HAS NO CHILDREN, DO NOT SAY WHAT IS IN PARENTHESES]

[PROGRAMMER’S NOTE1: [X] IS CALCULATED AS: PARENTS (2) + NUMBER IN FH1 + NUMBER IN E23a]

FH2. Among those [N] relatives, are there any you know nothing about?

1 – Yes
5 – No  GO TO FH3

FH2a. How many do you not know anything about? ____ NUMBER (1-15)

[PROGRAMMER’S NOTE: CALCULATE NUMBER OF RELATIVES ON THIS LIST TO USE IN SUBSEQUENT QUESTIONS: [X] minus those about which nothing is known = [N] ]
FH3. The rest of this section will be about these [N] relatives that you know something about.

<table>
<thead>
<tr>
<th>FH3. How many of these [N] relatives have had problems with…</th>
<th>FH4. How many had [this problem] bad enough to disturb and interfere with their lives at times?</th>
<th>FH5. How many of them received professional treatment for this?</th>
<th>FH6. How many were hospitalized for this?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) depression, that is, periods lasting two weeks or longer when they felt sad, blue or depressed?</td>
<td>______ ➔</td>
<td>______ ➔</td>
<td>______ ≥ 0 ➔</td>
</tr>
<tr>
<td>b) episodes lasting four days or longer when they became so happy or excited and irritable that it was clearly not normal?</td>
<td>______ ➔</td>
<td>______ ➔</td>
<td>______ ➔</td>
</tr>
<tr>
<td>c) sudden attacks of fear or panic that came on for no reason?</td>
<td>______ ➔</td>
<td>______ ➔</td>
<td>______ ➔</td>
</tr>
<tr>
<td>d) fears of being in public places like shopping malls, or traveling away from home?</td>
<td>______ ➔</td>
<td>______ ➔</td>
<td>______ ➔</td>
</tr>
<tr>
<td>e) chronic long lasting severe nervousness or being worried or anxious most of the time?</td>
<td>______ ➔</td>
<td>______ ➔</td>
<td>______ ➔</td>
</tr>
<tr>
<td>f) extreme or serious fear of public speaking?</td>
<td>______ ➔</td>
<td>______ ➔</td>
<td>______ ➔</td>
</tr>
<tr>
<td>g) the use of tobacco or smoking?</td>
<td>______ ➔</td>
<td>______ ➔</td>
<td>______ ➔</td>
</tr>
<tr>
<td>h) extreme fears of specific things like heights or animals?</td>
<td>______ ➔</td>
<td>______ ➔</td>
<td>______ ➔</td>
</tr>
<tr>
<td>FH3. How many of these [N] relatives have had problems with…</td>
<td>FH4. How many had [this problem] bad enough to disturb and interfere with their lives at times?</td>
<td>FH5. How many of them received professional treatment for this?</td>
<td>FH6. How many were hospitalized for this?</td>
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<td>-------------------------------------------------------------</td>
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<tr>
<td>i) problems from the use of alcohol?</td>
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<tr>
<td>&gt;0 ➔</td>
<td>=0 ➔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>=0 ➔ F3j</td>
<td></td>
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<tr>
<td>j) problems from the use of drugs?</td>
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<tr>
<td>&gt;0 ➔</td>
<td>=0 ➔</td>
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<tr>
<td>=0 ➔ F3k</td>
<td></td>
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<tr>
<td>k) had a problem like schizophrenia, such as hearing voices that other people could not hear, or having false beliefs that people were plotting against them?</td>
<td></td>
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</tr>
<tr>
<td>&gt;0 ➔</td>
<td>=0 ➔</td>
<td></td>
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<tr>
<td>=0 ➔ F3l</td>
<td></td>
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<tr>
<td>l) How many of these [N] relatives have ever tried to commit suicide?</td>
<td>How many of them actually committed suicide?</td>
<td></td>
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<tr>
<td>&gt;0 ➔</td>
<td>=0 ➔</td>
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<tr>
<td>=0 ➔ F7</td>
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</table>

GO TO FH7
*FH36. INTERVIEWER CHECKPOINT: (SEE RESPONDENT'S RACE)

RESPONDENT IS WHITE................................................................. 1 GO TO *F1, SECTION F
ALL OTHERS ................................................................................... 2

*FH37. INTERVIEWER CHECKPOINT: (SEE RESPONDENT'S AGE)

R IS 44 YEARS OLD OR YOUNGER.................................................. 1 GO TO *FH38
*SC34 EQUALS ‘1’ ............................................................................. 2 GO TO *SA1
*SC35 EQUALS ‘1’ ............................................................................. 3 GO TO *SA11, INTRO2
ALL OTHERS ................................................................................... 4 GO TO *SR1

*FH38. INTERVIEWER CHECKPOINT: (SEE *SC31, *SC32)

FOLLOW SKIP FOR THE FIRST ENDORSED ITEM:

*SC31 IS CODED ‘1’ ............................................................................. 1 GO TO *AD1, NEXT SECTION
*SC32 IS CODED ‘1’ ............................................................................. 2 GO TO *AD30, NEXT SECTION
ALL OTHERS ................................................................................... 3


FOLLOW SKIP FOR THE FIRST ENDORSED ITEM:

*SC33 IS CODED ‘1’ ............................................................................. 1 GO TO *OD1
*SC33.1 IS CODED ‘1’, OR *SC33.2 IS CODED ‘1’,
OR *SC33.3 IS CODED ‘1’ ................................................................ 2 GO TO *CD1
ALL OTHERS ................................................................................... 3 GO TO *CD16
**ATTENTION-DEFICIT / HYPERACTIVITY DISORDER (AD)**

*AD1.* Earlier in the interview you mentioned that there was a period of time that began before the age of seven when you had a lot more trouble than most children with concentration or attention. The next questions are about that period of time. Which of the following difficulties did you have during that time:

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<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
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*AD1a.* Did you frequently lose things like assignments or books or other things you needed?
(Key Phrase: frequently losing things)

*AD1b.* Did you often have trouble paying attention to details, or did you make a lot of careless mistakes?
(Key Phrase: making lots of careless mistakes)

*AD1c.* Did you often forget what you were supposed to be doing or what you had planned to do?
(Key Phrase: being forgetful)

*AD1d.* Did people often say that you did not seem to be listening when they spoke to you?
(Key Phrase: being told by others that you didn’t seem to listen to them)

*AD1d.1.* INTERVIEWER CHECKPOINT: (SEE *AD1a - AD1d*)

ONE TO FOUR RESPONSES CODED ‘1’ ..........................1   
ALL OTHERS ..........................................................2   GO TO *AD29

*AD1e.* Did you quickly lose interest in games you were playing or in work you were doing at home or at school?
(Key Phrase: quickly losing interest in activities)

*AD1e.1.* INTERVIEWER CHECKPOINT: (SEE *AD1a - AD1e*)

TWO TO FIVE RESPONSES CODED ‘1’ ..........................1   
ALL OTHERS ..........................................................2   GO TO *AD29

*AD1f.* Were you unable to keep your mind on what you were doing if things were going on nearby?
(Key Phrase: being easily distracted)

*AD1f.1.* INTERVIEWER CHECKPOINT: (SEE *AD1a - AD1f*)

THREE TO FIVE RESPONSES CODED ‘1’ ..........................1   
SIX RESPONSES CODED ‘1’ ........................................2   GO TO *AD3   
ALL OTHERS ..........................................................3   GO TO *AD29

*AD1g.* Did you dislike, avoid, or put off doing things that required a lot of concentration?
(Key Phrase: disliking, avoiding, or putting off doing things that required a lot of concentration)

*AD1g.1.* INTERVIEWER CHECKPOINT: (SEE *AD1a - AD1g*)

FOUR TO FIVE RESPONSES CODED ‘1’ ..........................1   
SIX RESPONSES CODED ‘1’ ........................................2   GO TO *AD3   
ALL OTHERS ..........................................................3   GO TO *AD29
*AD1h. Did you get confused when you had to make plans or decide the order in which to do things?  
(KEY PHRASE: getting confused when you had to make plans)  

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<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
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</table>

*AD1h.1. INTERVIEWER CHECKPOINT: (SEE *AD1a - *AD1h)  

FIVE RESPONSES CODED ‘1’ ................................................... 1  
SIX RESPONSES CODED ‘1’ ..................................................... 2  
ALL OTHERS ................................................................. 3  
GO TO *AD3  
GO TO *AD29

*AD1i. Did you often leave chores, homework or other work unfinished even when you meant to get them done, and understood how to do them?  
(KEY PHRASE: leaving important jobs or homework undone)  

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<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
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</table>

*AD2. INTERVIEWER CHECKPOINT: (SEE *AD1a-i)  

SIX OR MORE “YES” RESPONSES IN *AD1a-i ............................ 1  
ALL OTHERS ................................................................. 2  
GO TO *AD29

*AD3. You had several concentration and attention difficulties, such as (KEY PHRASES FOR FIRST 3 ITEMS ENDORSED IN *AD1a-i). Can you remember your exact age the very first time in your life when you had any of these difficulties for a period of six months or longer?  

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
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<th>DK (9)</th>
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</table>

*AD3a. (IF NEC: How old were you?)  

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<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
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*AD3b1. About how old were you the first time (you had any of these difficulties)?  

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” CODE: DON’T KNOW  

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<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
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<td>1</td>
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*AD3b2. Was it before you were seven?  

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
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<td>8</td>
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</table>

*AD3b3. Was it before you were a teenager?  

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>
*AD3b4. Was it before your twenties?

YES .................................... 1
NO...................................... 5
DON’T KNOW ................. 9
REFUSED......................... 8

THE FOLLOWING CODES ARE USED IN CREATING THE AGE OF ONSET MEASURE

<table>
<thead>
<tr>
<th>Code</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEFORE SEVEN YEARS OLD</td>
<td>6</td>
</tr>
<tr>
<td>BEFORE TEENAGER</td>
<td>8</td>
</tr>
<tr>
<td>BEFORE TWENTIES</td>
<td>19</td>
</tr>
<tr>
<td>NOT BEFORE TWENTIES</td>
<td>20</td>
</tr>
</tbody>
</table>

*AD4. Did you still have a lot of difficulty with concentration and attention during the past 12 months?

YES ................................................... 1  GO TO *AD5
NO..................................................... 5
DON’T KNOW ................................. 9
REFUSED......................................... 8

*AD4a. How old were you the last time you had a period of six months or longer when you had a lot of difficulty with concentration or attention?

________ YEARS OLD

DON’T KNOW ............... 999
REFUSED....................... 998

*AD5. About how many years altogether (did you have/ have you had) these difficulties?

________ NUMBER OF YEARS

DON’T KNOW ................. 999
REFUSED........................... 998

*AD6. Did these concentration and attention difficulties ever cause you problems...

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*AD6a. …at school?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*AD6b. …at home?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*AD6c. …at work?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*AD6d. …in your personal relationships or social life?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*AD7. INTERVIEWER CHECKPOINT: (SEE *AD6a-d)

TWO OR MORE “YES” RESPONSES IN *AD6a-d................................. 1
ALL OTHERS ........................................................................ 2  GO TO *AD29
**AD9. INTERVIEWER CHECKPOINT: (SEE *AD4)**

*AD4 EQUALS “YES” .................... 1
ALL OTHERS .......................... 2  **GO TO *AD13.1**

---

<table>
<thead>
<tr>
<th>No Interference</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Very Severe Interference</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**AD10. (RB, PG 57) Think about the month or longer in the past 12 months when these concentration and attention difficulties were most severe. Using a 0 to 10 scale on page 57 of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much these concentration and attention difficulties interfered with each of the following activities during that time?

(IF NEC: How much did these difficulties interfere with (ACTIVITY) during that time?)

(IF NEC: You can use any number between 0 and 10 to answer.)

**NUMBER (0-10)**

*AD10a. Your home management, like cleaning, shopping, and taking care of the (house/ apartment)?

__________

DOES NOT APPLY ............ 97
DON’T KNOW .................. 99
REFUSED ..................... 98

*AD10b. Your ability to work?

__________

DOES NOT APPLY ............ 97
DON’T KNOW .................. 99
REFUSED ..................... 98

*AD10c. Your ability to form and maintain close relationships with other people?

__________

DOES NOT APPLY ............ 97
DON’T KNOW .................. 99
REFUSED ..................... 98

*AD10d. Your social life?

__________

DOES NOT APPLY ............ 97
DON’T KNOW .................. 99
REFUSED ..................... 98

---

**AD11. INTERVIEWER CHECKPOINT: (SEE *AD10a - *AD10d)**

ALL FOUR RESPONSES TO *AD10a - *AD10d SERIES EQUAL ‘0’ OR ‘97’ ............ 1  **GO TO *AD13.1**
ALL OTHERS .......................... 2
*AD12. About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of these difficulties?

(IF NEC: You can use any number between 0 and 365 to answer.)

________ NUMBER OF DAYS

DON’T KNOW ............... 999
REFUSED .................. 998

*AD13.1. INTERVIEWER CHECKPOINT: (SEE *SC32)

*SC32 EQUALS ‘1’ ........................................................ 1
ALL OTHERS ............................................................. 2

*AD14. Did you talk to a medical doctor or other professional about your concentration and attention difficulties in the past 12 months? By professional we mean psychiatrists, psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.

YES ............................ 1 GO TO *AD15
NO .................................. 5
DON’T KNOW .............. 9
REFUSED .................. 8

*AD14a. Did you ever in your life talk to a medical doctor or other professional about these difficulties?

YES ............................. 1 GO TO *AD16
NO .................................. 5
DON’T KNOW .............. 9
REFUSED .................. 8

*AD14b. Did you ever try to get professional help (for these difficulties)?

YES ............................. 1 GO TO *AD21
NO .................................. 5
DON’T KNOW .............. 9 GO TO *AD21
REFUSED .................. 8 GO TO *AD21

*AD14c. What are the main reasons you did not get professional help? (CODE UP TO 2 RESPONSES)

Use this coding scheme:

1 - Thought problem would get better by itself.
2 - Felt (got) better.
3 - It didn’t really bother me that much.
4 - Wanted to solve problem on my own.
5 - Didn’t think it would help.
6 - Could not afford it; too expensive.
7 - Worried about what other people would think.
8 - Inconvenient/Transportation problems, etc.
9 - Didn’t know where to go for help.
10 - Was embarrassed to talk about problem.
11 - Talked to a friend/relative
97 - Other (SPECIFY) ____________________
99 - DON’T KNOW
98 - REFUSED

GO TO *AD21
*AD15. Was this the first time you talked to a professional about these difficulties?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>REFUSED</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

*AD16. How old were you the first time (you talked to a professional about these difficulties)?

_______ YEARS OLD

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>999</td>
<td>999</td>
<td>999</td>
<td>999</td>
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<tr>
<td>REFUSED</td>
<td>998</td>
<td>998</td>
<td>998</td>
<td>998</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) A psychiatrist?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>b) Any other mental health professional, such as a psychologist, psychotherapist, social worker, a mental health nurse or counselor?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>c) A family doctor?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>d) Any other medical doctor, like a cardiologist or (WOMEN: gynecologist / MEN: urologist)?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>e) Any other health professional, like a nurse or physician's assistant?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>f) A religious or spiritual advisor like a minister, priest, or rabbi?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>g) Any other healer, like an herbalist, chiropractor, or spiritualist?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*AD17a. Which ones? ___________________________________________
*AD19. What kind of treatment did you receive? (CHECK ALL THAT APPLY)

- NONE............................................................... 1
- INDIVIDUAL THERAPY.............................. 2
- GROUP THERAPY ........................................ 3
- MEDICATIONS/DRUGS............................. 4
- OTHER ............................................................ 5
- DON’T KNOW................................................... 9
- REFUSED........................................................ 8

*AD20. Were you ever hospitalized overnight for your difficulties with concentration and attention?

- YES............................................. 1
- NO............................................... 5   GO TO *AD21
- DON’T KNOW........................... 9  GO TO *AD21
- REFUSED................................. 8   GO TO *AD21

*AD20a. How old were you the first time (you were hospitalized overnight because of these difficulties)?

__________ YEARS OLD

- DON’T KNOW..............................999
- REFUSED.................................................998

*AD20b. How many times have you ever been hospitalized (for these difficulties)?

_________ NUMBER OF TIMES

- DON’T KNOW..............................999
- REFUSED.................................................998

*AD21. Did you ever in your life receive any help for your difficulties with concentration and attention from family, friends, or other acquaintances?

- YES............................................. 1   GO TO *AD29
- NO............................................... 5
- DON’T KNOW........................... 9
- REFUSED................................. 8

*AD21a. Did you try to get help (for these difficulties) from family, friends, or other acquaintances?

- YES............................................. 1
- NO............................................... 5
- DON’T KNOW........................... 9   GO TO *AD29
- REFUSED................................. 8   GO TO *AD29

*AD21b. What are the main reasons you did not get help from family or friends? (ENTER UP TO TWO REASONS)

___________________________________________

*AD29. INTERVIEWER CHECKPOINT: (SEE *SC32)

*SC32 EQUALS ‘1’..............1
- ALL OTHERS...............2   GO TO *AD51
*AD30. (IF *SC31 EQUALS ‘1’: You also mentioned earlier in the interview/ IF *SC32 EQUALS ‘1’: Earlier in the interview you mentioned) that there was a period of time that began before the age of seven when you had a lot more trouble than most children with being very restless, fidgety, or impatient. Which of the following difficulties did you have during that time.

<table>
<thead>
<tr>
<th>Question</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*AD30a. Were you often very active even when you were not supposed to be – for example, climbing on things or running around – even after being asked to keep still?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(KEY PHRASE: being very active when you were not supposed to be)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*AD30b. Did you often feel very restless?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(KEY PHRASE: often feeling very restless)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*AD30c. Were you often “on the go,” usually taking very little time to rest?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(KEY PHRASE: being “on the go” without taking time to rest)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*AD30d. Did you have trouble playing quietly or doing quiet activities like reading or being read to for more than a few minutes at a time?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(KEY PHRASE: having trouble playing quietly)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>*AD30e. Did you usually fidget or squirm a great deal when you were sitting down?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(KEY PHRASE: fidgeting or squirming a lot)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>*AD30f. Did you often get up from your seat when you were not supposed to – like at dinner, at school or at religious services?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(KEY PHRASE: getting up from your seat when you were not supposed to)</td>
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<tr>
<td>*AD30f.1. INTERVIEWER CHECKPOINT: (SEE *AD30a - *AD30f)</td>
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<tr>
<td>ONE TO FIVE RESPONSES CODED ‘1’ ........................................1</td>
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<tr>
<td>SIX RESPONSES CODED ‘1’......................................................2</td>
<td>GO TO *AD32</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALL OTHERS .................................................................3</td>
<td>GO TO *AD51</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*AD30g. Were you often extremely talkative?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(KEY PHRASE: being very talkative)</td>
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<tr>
<td>*AD30g.1. INTERVIEWER CHECKPOINT: (SEE *AD30a - *AD30g)</td>
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<tr>
<td>TWO TO FIVE RESPONSES CODED ‘1’ ..............................1</td>
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<td></td>
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<tr>
<td>SIX RESPONSES CODED ‘1’......................................................2</td>
<td>GO TO *AD32</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>ALL OTHERS .................................................................3</td>
<td>GO TO *AD51</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*AD30h. Did you often blurt out answers to other people’s questions even before they finished speaking?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(KEY PHRASE: interrupting people by blurtting out answers to their questions before they were done speaking)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*AD30h.1. INTERVIEWER CHECKPOINT: (SEE *AD30a - *AD30h)</td>
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<td></td>
</tr>
<tr>
<td>THREE TO FIVE RESPONSES CODED ‘1’ ..............................1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SIX RESPONSES CODED ‘1’......................................................2</td>
<td>GO TO *AD32</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALL OTHERS .................................................................3</td>
<td>GO TO *AD51</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*AD30i. Did you often interrupt people or abruptly join other people’s conversations without being asked to do so?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>------------------------------------------------------------</td>
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<td>---</td>
<td>---</td>
</tr>
<tr>
<td><em>(KEY PHRASE: interrupting conversations)</em></td>
<td></td>
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<tr>
<td>*AD30i.1. INTERVIEWER CHECKPOINT: (SEE *AD30a - <em>AD30i)</em></td>
<td></td>
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<tr>
<td>FOUR TO FIVE RESPONSES CODED ‘1’ ................................1</td>
<td></td>
<td></td>
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<tr>
<td>SIX RESPONSES CODED ‘1’ ...........................................2</td>
<td>GO TO *AD32</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALL OTHERS ...............................................................3</td>
<td>GO TO *AD51</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*AD30j. Did you often try to break into games or interrupt other activities that were already underway?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><em>(KEY PHRASE: interrupting games or other activities)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*AD30j.1. INTERVIEWER CHECKPOINT: (SEE *AD30a - <em>AD30j)</em></td>
<td></td>
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<td>FIVE RESPONSES CODED ‘1’ ...........................................1</td>
<td></td>
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<td></td>
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<tr>
<td>SIX RESPONSES CODED ‘1’ ...........................................2</td>
<td>GO TO *AD32</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALL OTHERS ...............................................................3</td>
<td>GO TO *AD51</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*AD30k. Did you have a lot of trouble waiting your turn – for example, was it very hard for you to wait in a line or to wait for a teacher to call on you in class before you spoke out loud?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><em>(KEY PHRASE: having trouble waiting your turn)</em></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>*AD31. INTERVIEWER CHECKPOINT: (SEE <em>AD30a-k)</em></td>
<td></td>
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<tr>
<td>(SIX) OR MORE “YES” RESPONSES IN *AD30a-k........................1</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>ALL OTHERS ...................................................................2</td>
<td>GO TO *AD51</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
*AD32. You mentioned several difficulties with restlessness and impatience, such as (KEY PHRASES FOR 3 ITEMS ENDORSED IN *AD30a-k). Can you remember your exact age the very first time in your life when you had any of these difficulties for a period of six months or longer?

YES .................................... 1
NO ..................................... 5 GO TO *AD32b1
DON’T KNOW ..................... 9 GO TO *AD32b1
REFUSED .......................... 8 GO TO *AD32b1

*AD32a. (IF NEC: How old were you?)

__________ YEARS OLD GO TO *AD33
DON’T KNOW ...............999 GO TO *AD33
REFUSED .....................998 GO TO *AD33

*AD32b1. About how old were you the first time (you had any of these difficulties)?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” CODE: DON’T KNOW

__________ YEARS OLD GO TO *AD33
DON’T KNOW ...............999 GO TO *AD33
REFUSED .....................998 GO TO *AD33

*AD32b2. Was it before you were seven?

YES .................................... 1 GO TO *AD33
NO ..................................... 5
DON’T KNOW ..................... 9
REFUSED .......................... 8

*AD32b3. Was it before you were a teenager?

YES .................................... 1 GO TO *AD33
NO ..................................... 5
DON’T KNOW ..................... 9
REFUSED .......................... 8

*AD32b4. Was it before your twenties?

YES .................................... 1
NO ..................................... 5
DON’T KNOW ..................... 9
REFUSED .......................... 8

THE FOLLOWING CODES ARE USED IN CREATING THE AGE OF ONSET MEASURE

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEFORE SEVEN YEARS OLD</td>
<td>6</td>
</tr>
<tr>
<td>BEFORE TEENAGER</td>
<td>8</td>
</tr>
<tr>
<td>BEFORE TWENTIES</td>
<td>19</td>
</tr>
<tr>
<td>NOT BEFORE TWENTIES</td>
<td>20</td>
</tr>
</tbody>
</table>
*AD33. Did you still have a lot of difficulty with restlessness or impatience during the past 12 months?

YES ................................................... 1   GO TO *AD34
NO .................................................... 5
DON'T KNOW ....................................... 9
REFUSED .............................................. 8

*AD33a. How old were you the last time you had a period of six months or longer when you had these difficulties?

________ YEARS OLD

DON’T KNOW .............. 999
REFUSED ..................... 998

*AD34. About how many years altogether (did you have/ have you had) these difficulties?

_______ NUMBER OF YEARS

DON’T KNOW .............. 999
REFUSED ..................... 998

*AD35. Did these difficulties with restlessness or impatience ever cause you problems...

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*AD35a.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*AD35b.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*AD35c.</td>
<td>1</td>
<td>5</td>
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<td>8</td>
</tr>
<tr>
<td>*AD35d.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
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</tbody>
</table>

*AD36. INTERVIEWER CHECKPOINT: (SEE *AD35a-d)

TWO OR MORE “YES” RESPONSES IN *AD35a-d ....................... 1
ALL OTHERS .................................................. 2   GO TO *AD51

*AD38. INTERVIEWER CHECKPOINT: (SEE *AD4, *AD33)

*AD4 EQUALS ‘1’ .......................... 1   GO TO *AD42
*AD33 EQUALS ‘1’ ........................ 2   GO TO *AD42
ALL OTHERS .............................. 3   GO TO *AD42
*AD39. (RB, PG 57) Think about the month or longer in the past 12 when these difficulties with restlessness or impatience were most severe. Using a 0 to 10 scale on page 57 of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much these difficulties with restlessness or impatience interfered with each of the following activities during that time?

IF NEC: How much did these difficulties with restlessness or impatience interfere with (ACTIVITY) during that time?

(IF NEC: You can use any number between 0 and 10 to answer.)

NUMBER (0-10)

*AD39a. Your home management, like cleaning, shopping, and taking care of the (house/ apartment)?

*AD39b. Your ability to work?

*AD39c. Your ability to form and maintain close relationships with other people?

*AD39d. Your social life?

*AD40. INTERVIEWER CHECKPOINT: (SEE *AD39a - *AD39d)

ALL FOUR RESPONSES TO *AD39a - *AD39d SERIES EQUAL ‘0’ OR ‘97’ ............ 1 GO TO *AD42
ALL OTHERS ..................................................................................................................... 2

*AD41. About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of these difficulties?

(IF NEC: You can use any number between 0 and 365 to answer.)

_________ NUMBER OF DAYS

DON’T KNOW ............. 999
REFUSED ..................... 998
**AD42. INTERVIEWER CHECKPOINT (*AD13.1)**

*AD13.1 EQUALS 1 ......................1
ALL OTHERS .........................2

**AD43.** Did you talk to a medical doctor or other professional about your problems with being restless or impatient in the past 12 months? By professional we mean psychiatrists, psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.

YES .................................. 1 GO TO *AD44
NO .................................... 5
DON’T KNOW .................. 9
REFUSED .......................... 8

**AD43a.** Did you ever in your life talk to a medical doctor or other professional about these difficulties?

YES .................................... 1 GO TO *AD45
NO ...................................... 5
DON’T KNOW .................. 9
REFUSED .......................... 8

**AD43b.** Did you ever try to get professional help (for these difficulties)?

YES .................................... 1
NO ...................................... 5
DON’T KNOW .................. 9 GO TO *AD50
REFUSED .......................... 8 GO TO *AD50

**AD43c.** What are the main reasons you did not get professional help? (CODE UP TO 2 RESPONSES)

*Use this coding scheme:*

1 - Thought problem would get better by itself.
2 - Felt (got) better.
3 - It didn’t really bother me that much.
4 - Wanted to solve problem on my own.
5 - Didn’t think it would help.
6 - Could not afford it; too expensive.
7 - Worried about what other people would think.
8 - Inconvenient/Transportation problems, etc.
9 - Didn’t know where to go for help.
10 - Was embarrassed to talk about problem.
11 - Talked to a friend/relative
97 - Other (SPECIFY) ____________________
99 - DON’T KNOW
98 - REFUSED

GO TO *AD50

**AD44.** Was this the first time you talked to a professional about these difficulties?

YES ..................................... 1 GO TO *AD46
NO ...................................... 5
DON’T KNOW .................. 9 GO TO *AD46
REFUSED .......................... 8 GO TO *AD46
**AD45.** How old were you the first time (you talked to a professional about these difficulties)?

_________ YEARS OLD

DON’T KNOW .................. 999
REFUSED ....................... 998

<table>
<thead>
<tr>
<th>*AD46. Which of the following types of professionals did you ever talk to about these difficulties?</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) A psychiatrist?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>b) Any other mental health professional, such as a psychologist, psychotherapist, social worker, a mental health nurse or counselor?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>c) A family doctor?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>d) Any other medical doctor, like a cardiologist or (WOMEN: gynecologist / MEN: urologist)?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>e) Any other health professional, like a nurse or physician’s assistant?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>f) A religious or spiritual advisor like a minister, priest, or rabbi?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>g) Any other healer, like an herbalist, chiropractor, or spiritualist?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*AD47. (Were any of these/Was this) professional(s) helpful to you?

YES ......................... 1
NO ......................... 5  GO TO *AD48
DON’T KNOW .............. 9  GO TO *AD48
REFUSED ................... 8  GO TO *AD48

IF R ONLY SAW 1 PROFESSIONAL IN *AD46  GO TO *AD48

*AD47a. Which ones? ___________________________________________________
*AD48. What kind of treatment did you receive? (CHECK ALL THAT APPLY)

- NONE............................................................... 1
- INDIVIDUAL THERAPY.............................. 2
- GROUP THERAPY ........................................ 3
- MEDICATIONS/DRUGS.............................4
- OTHER.........................................................5
- DON’T KNOW.............................................9
- REFUSED.....................................................8

*AD49. Were you ever hospitalized overnight for these difficulties?

- YES........................................ 1
- NO.............................................. 5   GO TO *AD50
- DON’T KNOW.............. 9   GO TO *AD50
- REFUSED.............................. 8   GO TO *AD50

*AD49a. How old were you the first time (you were hospitalized overnight because of these difficulties)?

________ YEARS OLD

- DON’T KNOW.................999
- REFUSED.........................998

*AD49b. How many times have you ever been hospitalized (for these difficulties)?

________ NUMBER OF TIMES

- DON’T KNOW.................999
- REFUSED.........................998

*AD50. Did you ever in your life receive any help for these difficulties from family, friends, or other acquaintances?

- YES ........................................ 1   GO TO *AD51
- NO.............................................. 5
- DON’T KNOW.............. 9
- REFUSED.............................. 8

*AD50a. Did you try to get help (for these difficulties) from family, friends, or other acquaintances?

- YES..............................................1
- NO.............................................. 5
- DON’T KNOW.............. 9   GO TO *AD51
- REFUSED.............................. 8   GO TO *AD51

*AD50b. What are the main reasons you did not get help from family or friends? (ENTER UP TO TWO REASONS)

______________________________

*AD51. INTERVIEWER CHECKPOINT: (SEE *SC33, *SC33.1, *SC33.2, *SC33.3)

FOLLOW SKIP FOR THE FIRST ENDORSED ITEM:

- *SC33 IS CODED ‘1’..............................................................................................1   GO TO *OD1, NEXT SECTION
- *SC33.1 IS CODED ‘1’, OR *SC33.2 IS CODED ‘1’, OR *SC33.3 IS CODED ‘1’..................................................................................2   GO TO *CD1
- ALL OTHERS ....................................................................................................3   GO TO *CD16, PAGE X
**OPPOSITIONAL DEFiant DISORDER (OD)**

*OD1.* (The next questions are about your childhood.) Earlier in the interview you mentioned a period of time of six months or longer in your childhood or adolescence when you often did things that got you in trouble with adults. Which of the following things did you do during that time:

<table>
<thead>
<tr>
<th>Question</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*OD1a. Did you frequently lose your temper?</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td><em>(KEY PHRASE: frequently lost your temper)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*OD1b. Did you often argue with or “talk back” to adults?</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td><em>(KEY PHRASE: often argued with adults)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*OD1c. Did you frequently disobey rules at home, school, or work?</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td><em>(KEY PHRASE: often disobeyed rules)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*OD1d. Did you often refuse to follow directions from adults like your parents, teacher, or boss?</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td><em>(KEY PHRASE: refused to follow directions)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*INTERVIEWER CHECKPOINT: (SEE *OD1a - *OD1d)*

FOUR RESPONSES CODED ‘1’ ...................................................1 GO TO *OD3
ALL OTHERS .................................................................................2

*OD1e. Were you angry a lot of the time?                                  | ______  | ______ | ______ | ______ |
| *(KEY PHRASE: were angry a lot)*                                        |         |        |        |        |

*INTERVIEWER CHECKPOINT: (SEE *OD1a - *OD1e)*

FOUR RESPONSES CODED ‘1’ ...................................................1 GO TO *OD3
ALL OTHERS .................................................................................2

*OD1f. Did you often feel you were being taken advantage of or treated unfairly? | ______  | ______ | ______ | ______ |
| *(KEY PHRASE: felt like you were being treated unfairly)*                |         |        |        |        |

*INTERVIEWER CHECKPOINT: (SEE *OD1a - *OD1f)*

FOUR RESPONSES CODED ‘1’ ...................................................1 GO TO *OD3
ZERO RESPONSES CODED ‘1’ ...................................................2 GO TO *OD27
ALL OTHERS .................................................................................3

*OD1g. Did you annoy people on purpose by doing or saying things just to bother them? | ______  | ______ | ______ | ______ |
| *(KEY PHRASE: annoyed people on purpose)*                               |         |        |        |        |

*INTERVIEWER CHECKPOINT: (SEE *OD1a - *OD1g)*

FOUR RESPONSES CODED ‘1’ ...................................................1 GO TO *OD3
ALL OTHERS .................................................................................2
*OD1h. Did you blame others for your mistakes or bad behavior?

(KEY PHRASE: blamed others for your mistakes or bad behavior)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*OD1i. Did you do mean things to “pay people back” for things they did that you didn’t like?

(KEY PHRASE: did mean things to get back at people)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*OD1j. Did you easily take offense at the way people treated you?

(KEY PHRASE: easily took offense)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*OD2. INTERVIEWER CHECKPOINT: (SEE *OD1a - *OD1k)

** FOUR OR MORE “YES” RESPONSES IN *OD1a-k..............................1
ALL OTHERS....................................2 GO TO *OD27

*OD3. You mentioned several things – such as, you (KEY PHRASES FOR 3 ITEMS ENDORSED IN *OD1a-k). Think of the very first time in your life you had a period of six months or longer of feeling or acting like this. Can you remember your exact age?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*OD3a. (IF NEC: How old were you?)

_______ YEARS OLD GO TO *OD4

<table>
<thead>
<tr>
<th>DON’T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>999</td>
<td>998</td>
</tr>
</tbody>
</table>
*OD3b1. About how old were you (the first time you had a period of this sort)?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” CODE: DON’T KNOW

________ YEARS OLD GO TO *OD4

DON’T KNOW.............999
REFUSED..................998 GO TO *OD4

*OD3b2. Was it before you first started school?

YES .................................... 1 GO TO *OD4
NO ................................. 5
DON’T KNOW ..................... 9
REFUSED ......................... 8

*OD3b3. Was it before you were a teenager?

YES .................................... 1
NO ................................. 5
DON’T KNOW ..................... 9
REFUSED ......................... 8

THE FOLLOWING CODES ARE USED IN CREATING THE AGE OF ONSET MEASURE

<table>
<thead>
<tr>
<th>Before Started School</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Before Teenager</td>
<td>12</td>
</tr>
<tr>
<td>Not Before Teenager</td>
<td>13</td>
</tr>
</tbody>
</table>

*OD4. Did you still feel or behave like this during the past 12 months?

YES ........................................ 1 GO TO *OD5
NO ........................................ 5
DON’T KNOW ...................... 9
REFUSED ......................... 8

*OD4a. How old were you the last time you had a period of six months or longer when you felt or behaved like this?

________ YEARS OLD

DON’T KNOW ..............999
REFUSED .................998

*OD5. How many years altogether did you frequently behave like this?

________ NUMBER OF YEARS

DON’T KNOW .............999
REFUSED ................ 998
*OD6. How much did these behaviors ever interfere with either your school or work, your social life, or your personal relationships – not at all, a little, some, a lot or extremely?

NOT AT ALL .................................................. 1  
A LITTLE ................................................... 2  
SOME ....................................................... 3  
A LOT ........................................................ 4  
EXTREMELY ............................................. 5  
DON'T KNOW ............................................. 9  
REFUSED ............................................... 8  

*OD7. INTERVIEWER CHECKPOINT: (SEE *OD4)

*OD4 EQUALS “YES” ......................... 1  
ALL OTHERS ............................................. 2  

<table>
<thead>
<tr>
<th>No Interference</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Very Severe Interference</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*OD8. (RB, PG 57) Think about the month or longer in the past 12 when these behaviors were most severe. Using a 0 to 10 scale on page 57 of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much these behaviors interfered with each of the following activities during that time?

(IF NEC: How much did these behaviors interfere with (ACTIVITY) during that time?)

(IF NEC: You can use any number between 0 and 10 to answer.)

NUMBER (0-10)

*OD8a. Your home management, like cleaning, shopping, and taking care of the (house/ apartment)? ____________

DOES NOT APPLY ..............97
DON’T KNOW .....................99
REFUSED .........................98

*OD8b. Your ability to work? ____________

DOES NOT APPLY ..............97
DON’T KNOW .....................99
REFUSED .........................98

*OD8c. Your ability to form and maintain close relationships with other people? ____________

DOES NOT APPLY ..............97
DON’T KNOW .....................99
REFUSED .........................98

*OD8d. Your social life? ____________

DOES NOT APPLY ..............97
DON’T KNOW .....................99
REFUSED .........................98
**OD9.** INTERVIEWER CHECKPOINT: (SEE **OD8a - OD8d**)

ALL FOUR RESPONSES TO **OD8a - OD8d** SERIES EQUAL ‘0’ OR ‘97’.............. 1  GO TO **OD12**
ALL OTHERS ................................................................................................................... 2

**OD10.** About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of these behaviors?

(IF NEC: You can use any number between 0 and 365 to answer.)

_________ NUMBER OF DAYS

DON’T KNOW ............... 999
REFUSED ...................... 998

**OD12.** Did you talk to a medical doctor or other professional about these behaviors in the past 12 months? By professional we mean psychiatrists, psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.

YES .................................. 1  GO TO **OD13**
NO .................................... 5
DON’T KNOW .................... 9
REFUSED ......................... 8

**OD12a.** Did you ever in your life talk to a medical doctor or other professional about these behaviors?

YES .................................... 1  GO TO **OD14**
NO ...................................... 5
DON’T KNOW ..................... 9
REFUSED ......................... 8

**OD12b.** Did you ever try to get professional help for these behaviors?

YES ...................................... 1  GO TO **OD19**
NO ....................................... 5
DON’T KNOW ...................... 9  GO TO **OD19**
REFUSED ......................... 8  GO TO **OD19**

**OD12c.** What are the main reasons you did not get professional help? (CODE UP TO 2 RESPONSES)

---

Use this coding scheme:

1 - Thought problem would get better by itself.
2 - Felt (got) better.
3 - It didn’t really bother me that much.
4 - Wanted to solve problem on my own.
5 - Didn’t think it would help.
6 - Could not afford it; too expensive.
7 - Worried about what other people would think.
8 - Inconvenient/Transportation problems, etc.
9 - Didn’t know where to go for help.
10 - Was embarrassed to talk about problem.
11 - Talked to a friend/relative
97 - Other (SPECIFY) ____________________
99 - DON’T KNOW
98 - REFUSED

GO TO **OD19**
*OD13. Was this the first time you talked to a professional about these behaviors?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

GO TO *OD15

*OD14. How old were you the first time you talked to a professional about these behaviors?

_________ YEARS OLD

DON'T KNOW ................. 999
REFUSED....................... 998

*OD15. Which of the following types of professionals did you ever talk to about these behaviors?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*OD15a. A psychiatrist?

*OD15b. Any other mental health professional, such as a psychologist, psychotherapist, social worker, a mental health nurse or counselor?

*OD15c. A family doctor?

*OD15d. Any other medical doctor, like a cardiologist or (WOMEN: gynecologist / MEN: urologist)?

*OD15e. Any other health professional, like a nurse or physician’s assistant?

*OD15f. A religious or spiritual advisor like a minister, priest, or rabbi?

*OD15g. Any other healer, like an herbalist, chiropractor, or spiritualist?

*OD16. (Were any of these/Was this) professional(s) helpful to you?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

IF R ONLY SAW 1 PROFESSIONAL IN *OD15 GO TO *OD17

*OD16a. Which ones? ___________________________________________
*OD17. What kind of treatment did you receive? (CHECK ALL THAT APPLY)

NONE............................................................... 1
INDIVIDUAL THERAPY............................... 2
GROUP THERAPY........................................ 3
MEDICATIONS/DRUGS.............................4
OTHER ......................................................... 5
DON’T KNOW............................................. 9
REFUSED..................................................... 8

*OD18. Were you ever hospitalized overnight for these behaviors?

YES................................................. 1
NO................................. 5   GO TO *OD19
DON’T KNOW............. 9   GO TO *OD19
REFUSED.................... 8   GO TO *OD19

*OD18a. How old were you the first time you were hospitalized overnight for these behaviors?

__________ YEARS OLD

DON’T KNOW.................999
REFUSED.........................998

*OD18b. How many times have you ever been hospitalized for these behaviors?

_________ NUMBER OF TIMES

DON’T KNOW.................999
REFUSED.........................998

*OD19. Did you ever in your life receive any help for these behaviors from family, friends, or other acquaintances?

YES ......................................... 1   GO TO *OD27
NO............................................ 5
DON’T KNOW .......... 9   GO TO *OD27
REFUSED................. 8   GO TO *OD27

*OD19a. Did you try to get help for these behaviors from family, friends, or other acquaintances?

YES............................................ 1
NO.......................................... 5
DON’T KNOW ........... 9   GO TO *OD27
REFUSED.................... 8   GO TO *OD27

*OD19b. What are the main reasons you did not get help from family or friends? (ENTER UP TO TWO REASONS)

__________________________________________
__________________________________________

*OD27. INTERVIEWER CHECKPOINT: (SEE *SC33.1, *SC33.2, *SC33.3)

*SC33.1 IS CODED ‘1’, OR *SC33.2 IS CODED ‘1’,
OR *SC33.3 IS CODED ‘1’.................................................................1   GO TO *CD1, NEXT SECTION
ALL OTHERS ..................................................................................2   GO TO *CD16, PAGE X
CONDUCT DISORDER (CD)

INTERVIEWER: CHECK THE SKIP IN THE PREVIOUS SECTION.

*CD1. You mentioned earlier that there were times in your childhood or teenage years when you did things adults don’t like kids to do. The next questions are about those things. Was there ever a time… (IF *SC33.1 EQUALS ‘1’ GO TO *CD1a/ IF *SC33.2 EQUALS ‘1’ GO TO *CD1c/ IF *SC33.3 EQUALS ‘1’ GO TO *CD1h)

(If nec: As a child or teenager, …)

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (2)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*CD1a. As a child or teenager, did you often tell lies to trick people into giving you things or doing what you wanted them to do?</td>
<td>1 GO TO *CD1c</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*CD1b. …did you often get out of doing things you were supposed to do by fooling people or lying to them?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*CD1c. … did you ever shoplift or steal something worth at least $10?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*CD1d. … did you ever steal money or other things from your parents or the other people you lived with?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*CD1e. … did you ever break into someone’s locked car, or a locked home or building?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*CD1f. … did you ever set a fire to try to cause serious damage?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*CD1g. (Other than by setting fires,) …did you ever deliberately damage someone’s property by doing something like breaking windows, slashing tires, vandalizing, or writing graffiti on buildings?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*CD1h. … did you often stay out much later at night than your parents wanted?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*CD1i. … did you often skip school without permission?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*CD1j. … did you ever run away from home and stay away for at least four days?</td>
<td>1 GO TO *CD3</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*CD1k. … did you run away from home overnight more than once?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

*CD3. INTERVIEWER CHECKPOINT: (SEE *CD1a – *CD1k)

ONE OR MORE RESPONSES CODED ‘1’……………………………………1
ALL OTHERS ………………………………………………………………2  GO TO *CD16a
You answered “yes” to (NUMBER OF “YES” RESPONSES IN *CD1 SERIES) of the questions I just asked about childhood behaviors. Think of the very first time in your life you engaged in (that type of behavior/ either of those behaviors/ any of those behaviors]. Can you remember your exact age?

YES....................................................1
NO...................................................5      GO TO *CD7b
DON’T KNOW.................................9   GO TO *CD7b
REFUSED.................................8      GO TO *CD7b

*CD7a. (IF NEC: How old were you?)

__________ YEARS OLD       GO TO *CD9
DON’T KNOW.........................999      GO TO *CD9
REFUSED.........................998       GO TO *CD9

*CD7b. About how old were you the first time [you engaged in (that type of behavior/ either of those behaviors/ any of those behaviors)]?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” CODE: DON’T KNOW

__________ YEARS OLD       GO TO *CD9
DON’T KNOW.........................999      GO TO *CD9
REFUSED.........................998       GO TO *CD9

*CD7b1. Was it before you first started school?

YES....................................................1      GO TO *CD9
NO...................................................5
DON’T KNOW.................................9
REFUSED.................................8

*CD7b2. Was it before you were a teenager?

YES....................................................1
NO...................................................5
DON’T KNOW.................................9
REFUSED.................................8

THE FOLLOWING CODES ARE USED IN CREATING THE AGE OF ONSET MEASURE

BEFORE STARTED SCHOOL ................. 4
BEFORE TEENAGER .............................. 12
NOT BEFORE TEENAGER ...................... 13
*CD9. Did you engage in (that type of behavior/ either of those behaviors/ any of those behaviors) during the past 12 months?

YES....................................................1   GO TO *CD10
NO .....................................................5
DON'T KNOW ........................................9
REFUSED ...........................................8

*CD9a. How old were you the last time you engaged in (that type of behavior/ either of those behaviors/ any of those behaviors)?

_____________ YEARS OLD
DON'T KNOW................. 999
REFUSED ...................... 998

*CD10. About how many years altogether [did you engage in (that type of behavior/ either of those behaviors/ any of those behaviors)/ have you engaged in (that type of behavior/ either of those behaviors/ any of those behaviors)]?

____________ NUMBER OF YEARS
DON'T KNOW............... 999
REFUSED ..................... 998

*CD11. How much did (this behavior/ these behaviors) ever interfere with either your school, work, social life, or personal relationships – a little, some, a lot, or extremely?

(IF VOL: “NOT AT ALL”) .................1
A LITTLE ...........................................2
SOME ................................................3
A LOT ..............................................4
EXTREMELY ....................................5
DON'T KNOW .............................9
REFUSED ................................. 8

GO TO *CD16a

*CD16. The next questions are about things adults don’t like children to do. We want to know if these are things you did during your childhood or teenage years. Did you have a period of time as a child or teenager when you often “bullied,” threatened, or frightened people, including smaller or younger children?

YES....................................................1   GO TO *CD16b
NO.................................................. 5   GO TO *CD16b
DON'T KNOW .............................. 9   GO TO *CD16b
REFUSED ................................. 8

*CD16a. Here is another set of questions about things adults don’t like children to do. These questions all involve aggressive behavior. Again, we only want to know if these are things you did during your childhood or teenage years. Did you have a period of time as a child or teenager when you often “bullied,” threatened, or frightened people, including smaller or younger children?

YES....................................................1
NO..................................................5
DON'T KNOW .............................. 9
REFUSED ................................. 8
(IF NEC:  As a child or teenager, …)

<table>
<thead>
<tr>
<th>Question</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*CD16b. …did you repeatedly get involved in physical fights?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*CD16c. …did you ever use a weapon on another person, like a baseball bat, glass bottle, knife, gun, or brick?</td>
<td>1</td>
<td>5</td>
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<td>8</td>
</tr>
<tr>
<td>*CD16d. … were you ever physically cruel to an animal and hurt it on purpose? (IF NEC: This does not include hunting or getting rid of pests like rodents or insects.)</td>
<td>1</td>
<td>5</td>
<td>9</td>
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</tr>
<tr>
<td>*CD16e. …were you ever physically cruel to a person and hurt them on purpose?</td>
<td>1</td>
<td>5</td>
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<td>8</td>
</tr>
<tr>
<td>*CD16f. …did you ever force someone to give you something like money, jewelry, or clothing by threatening them or causing them injury?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*CD16g. …did you ever steal someone’s purse, wallet, luggage, package or bag by grabbing it from them? (IF NEC: This does not include stealing from someone who wasn’t aware of the theft, such as stealing a piece of luggage when the owner wasn’t watching.)</td>
<td>1</td>
<td>5</td>
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<td>8</td>
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<tr>
<td>*CD16h. …did you ever make anyone do something sexual by either forcing, intimidating, or threatening them?</td>
<td>1</td>
<td>5</td>
<td>9</td>
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</tbody>
</table>

*CD17.1. INTERVIEWER CHECKPOINT: (SEE *CD16 – *CD16h)

ONE OR MORE RESPONSES CODED ‘1’ ............................................ 1

GO TO *CD24

*CD18. You answered “yes” to (NUMBER OF “YES” RESPONSES IN *CD16 SERIES) type(s) of aggressive behavior in your childhood and teenage years. Think of the very first time in your life when you engaged in (that type of aggressive behavior/ either of those aggressive behaviors / any of those aggressive behaviors). Can you remember your exact age?

YES..............................................1
NO..................................................5 GO TO *ACD18c1
DON’T KNOW ................................9 GO TO *ACD18c1
REFUSED ......................................8 GO TO *ACD18c1

*CD18b. (IF NEC: How old were you?)

_________ YEARS OLD  GO TO *CD20

DON’T KNOW .........................999 GO TO *CD20
REFUSED ...............................998 GO TO *CD20
*ACD18c1. About how old were you the first time [you engaged in (that type of aggressive behavior/ either of those aggressive behaviors/ any of those aggressive behaviors)]?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” CODE: DON’T KNOW

_________ YEARS OLD     GO TO *CD20

DON’T KNOW.............. 999
REFUSED.................. 998     GO TO *CD20

*ACD18c2. Was it before you first started school?

YES..............................1     GO TO *CD20
NO.............................. 5
DON’T KNOW............... 9
REFUSED...................... 8

*ACD18c3. Was it before you were a teenager?

YES..............................1
NO.............................. 5
DON’T KNOW............... 9
REFUSED...................... 8

THE FOLLOWING CODES ARE USED IN CREATING THE AGE OF ONSET MEASURE

BEFORE STARTED SCHOOL ................. 4
BEFORE TEENAGER.......................... 12
NOT BEFORE TEENAGER...................... 13

*CD20. Did you engage in (that type of aggressive behavior/ either of those aggressive behaviors/ any of those aggressive behaviors) during the past 12 months?

YES..............................................1     GO TO *CD21
NO.......................................... 5
DON’T KNOW......................... 9
REFUSED............................... 8

*CD20a. How old were you the last time you engaged in (that type of aggressive behavior/ either of those aggressive behaviors/ any of those aggressive behaviors)?

_________ YEARS OLD

DON’T KNOW.............. 999
REFUSED.................. 998

*CD21. About how many years altogether [did you engage in (that type of aggressive behavior/ either of those aggressive behaviors/ any of those aggressive behaviors)/ have you engaged in (that type of aggressive behavior/ either of those aggressive behaviors/ any of those aggressive behaviors)]?

_________ NUMBER OF YEARS

DON’T KNOW.............. 999
REFUSED.................. 998
*CD22. How much did (this behavior/ these behaviors) ever interfere with either your school, work, social life, or personal relationships – a little, some, a lot, or extremely?

(IF VOL: “NOT AT ALL”) ........... 1
A LITTLE ..................................... 2
SOME....................................... 3
A LOT....................................... 4
EXTREMELY.............................. 5
DON’T KNOW ............................ 9
REFUSED ................................. 8

GO TO *CD32

*CD24. INTERVIEWER CHECKPOINT: (SEE *CD3)

RESPONSE CODED “1” IN *CD3......................... 1
ALL OTHERS ..................................... 2  GO TO *CD40

*CD32. As a child or teenager, were you ever suspended or expelled from school as a result of your behavior?

YES........................................... 1
NO ............................................. 5
DON’T KNOW ............................. 9
REFUSED ................................. 8

*CD33. As a child or teenager, were you ever fired from a job because of your behavior?

YES........................................... 1
NO ............................................. 5
DON’T KNOW ............................. 9
REFUSED ................................. 8

*CD37. As a child or teenager, were you ever in trouble with the police as a result of your behavior?

YES........................................... 1
NO ............................................. 5  GO TO *CD40
DON’T KNOW ............................. 9  GO TO *CD40
REFUSED ................................. 8  GO TO *CD40

*CD37a. How old were you the first time (you got into trouble with the police as a result of your behavior)?

______________ YEARS OLD
DON’T KNOW .......... 999
REFUSED .......... 998

*CD38. Were you ever actually arrested as a child (because of your behavior)?

YES........................................... 1
NO ............................................. 5  GO TO *CD40
DON’T KNOW ............................. 9  GO TO *CD40
REFUSED ................................. 8  GO TO *CD40
*CD39. Were you ever sent to jail, prison, or a juvenile correction facility because of your behavior?

YES..................................................1
NO ...................................................5  GO TO *CD40
DON’T KNOW ...............................9  GO TO *CD40
REFUSED .................................8  GO TO *CD40

*CD39a. How old were you the first time (you were sent to jail, prison, or a juvenile correction facility for your behavior)?

______________ YEARS OLD

DON’T KNOW ........... 999
REFUSED ................... 998

*CD39b2. How long did you stay in any of these facilities altogether?

______________ DURATION NUMBER

*CD39b1. CIRCLE UNIT
OF TIME:  DAYS ......1  WEEKS ...... 2  MONTHS .... 3  YEARS ...... 4

DON’T KNOW ....................999
REFUSED ................................. 998

*CD40. INTERVIEWER CHECKPOINT: (SEE *SC34, *SC35)

FOLLOW SKIP FOR THE FIRST ENDORSED ITEM.

IF *SC34 EQUALS ‘1’ ...................................... 1  GO TO *SA1, NEXT SECTION
IF *SC35 EQUALS ‘1’ ...................................... 2  GO TO *SA11, INTRO 2, NEXT SECTION
ALL OTHERS .................................................... 3  GO TO *SR1
**SEPARATION ANXIETY (SA)**

*SA1.* Earlier in the interview you mentioned having a time after the age of five when you got very upset by separation from your mother or the person you were closest to emotionally. These next questions are about that period. Think of the period lasting one month or longer, after the age of five, when these difficulties were most severe and frequent. During that period, which of the following problems did you have:

IF R MAKES GENDER OF PERSON KNOWN, USE GENDER-SPECIFIC TERMS "HIM/ HE" OR "HER/ SHE."

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<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
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<tbody>
<tr>
<td><em>SA1a.</em> Did you get very sad, worried, or upset whenever you had to be apart from (PERSON/this person)?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
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<tr>
<td><em>SA1b.</em> Did you often fear that (PERSON/this person) might be seriously injured in an accident or that some other terrible thing might happen to them?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
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<tr>
<td><em>SA1c.</em> Did you often worry that something bad was going to happen to you, like getting lost or kidnapped, that would separate you from (PERSON/this person)?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><em>SA1d.</em> Did you often worry that something else might happen to keep you from ever seeing (PERSON/this person) again?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
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<tr>
<td><em>SA1e.</em> Did you often want to stay home from school or not go other places so that you could stay near (PERSON/this person)?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
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*SA1e.1. INTERVIEWER CHECKPOINT: (SEE *SA1a - *SA1e*)

ZERO RESPONSES CODED ‘1’ .............................................................. 1
ALL OTHERS .......................................................... 2

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<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
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<tr>
<td><em>SA1f.</em> Did going places without (PERSON/this person) bother you so much that you would often refuse to go?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><em>SA1g.</em> Did you sometimes plead with (PERSON/this person) to stay with you or to take you along with them when they needed to leave you for even a short period of time?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><em>SA1h.</em> Did you often get sick to your stomach or have headaches when you heard (PERSON/this person) was going out or that you would have to be away from them?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><em>SA1i.</em> After the age of five, was there a month or longer when you did not want to go to sleep at night unless (PERSON/this person) was near you?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><em>SA1j.</em> Did you refuse to sleep away from home?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><em>SA1k.</em> Did you often have bad dreams about (PERSON/this person) being harmed or about something happening that would separate you from one another?</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
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</tbody>
</table>

*SA2. INTERVIEWER CHECKPOINT: (SEE *SA1 SERIES*)

ZERO TO TWO “YES” RESPONSES IN *SA1 SERIES......................1
ALL OTHERS.......................................................... 2

GO TO *SA4
*SA3. INTERVIEWER CHECKPOINT: (SEE *SC35)

“YES” RESPONSE IN *SC35 ....................1  GO TO *SA11 INTRO 2
ALL OTHERS .................................2  GO TO *SR1, NEXT SECTION

*SA4. You mentioned several separation difficulties. Think of times lasting one month or longer during your childhood or adolescence when these difficulties were most frequent and severe. During those times, did you have concerns about separation just about every day, most days, about half the days, or less than half the days?

JUST ABOUT EVERY DAY ......1
MOST DAYS ..........................2
ABOUT HALF THE DAYS ..........3
LESS THAN HALF ..................4
DON’T KNOW .........................9
REFUSED .............................8

*SA5. How severe was the emotional distress created by these concerns -- mild, moderate, severe, or very severe?

MILD ..............................1
MODERATE .......................2
SEVERE .........................3
VERY SEVERE ....................4
DON’T KNOW ....................9
REFUSED ..........................8

*SA6. How often was this emotional distress about separation from (PERSON/this person) so severe that nothing could cheer you up or calm you down -- often, sometimes, rarely, or never?

OFTEN .........................1
SOMETIMES .....................2
RARELY .........................3
NEVER ............................4
DON’T KNOW ....................9
REFUSED ..........................8

*SA7. How much did your concerns about separation from (PERSON/this person) ever interfere either with your school, work, social life, or personal relationships – not at all, a little, some, a lot, or extremely?

NOT AT ALL .....................1  GO TO *SA7a.1
A LITTLE .......................2
SOME .........................3
A LOT .........................4
EXTREMELY ...................5
DON’T KNOW ..................9
REFUSED ..........................8

*SA7a. How often was your emotional distress so severe that you could not carry out your daily activities -- often, sometimes, rarely, or never?

OFTEN .........................1
SOMETIMES .....................2
RARELY .........................3
NEVER .........................4
DON’T KNOW ..................9
REFUSED ..........................8
**SA7a.1. INTERVIEWER CHECKPOINT: (SEE *SA5 - *SA7a) **

*SA5 IS CODED “2”-“4” OR *SA6 IS CODED “1”-“3” OR *SA7 IS CODED “3”-“5” OR *SA7a IS CODED “1”-“3” ...............................1

ALL OTHERS ......................................2 GO TO *SA10

*SA8. Can you remember your exact age the very first time in your life you had a period lasting one month or longer when you had frequent concerns about separation from (PERSON/this person)?

YES ........................................1

NO ........................................5 GO TO *SA8b1

DON’T KNOW .........................9  GO TO *SA8b1

REFUSED .........................8  GO TO *SA8b1

*SA8a. (IF NEC: How old were you?)

__________ YEARS OLD  GO TO *SA9

DON’T KNOW .........................999  GO TO *SA9

REFUSED .........................998  GO TO *SA9

*SA8b1. About how old were you (the first time you had a period of this sort)?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” CODE: DON’T KNOW

__________ YEARS OLD  GO TO *SA9

DON’T KNOW .........................999  GO TO *SA9

REFUSED .........................998  GO TO *SA9

*SA8b2. Was it before you first started school?

YES .................................... 1  GO TO *SA9

NO ...................................... 5

DON’T KNOW .........................9

REFUSED .........................8

*SA8b3. Was it before you were a teenager?

YES .................................... 1

NO ...................................... 5

DON’T KNOW .........................9

REFUSED .........................8

THE FOLLOWING CODES ARE USED IN CREATING THE AGE OF ONSET MEASURE

BEFORE STARTED SCHOOL ......................4
BEFORE TEENAGER ..............................12
NOT BEFORE TEENAGER .............................13

*SA9. How many different years did you have concerns of this sort for a month or longer?

__________ YEARS

DON’T KNOW .........................999

REFUSED .........................998
In addition to your childhood separation difficulties, you also mentioned earlier in the interview that at another time in your life you had a period of difficulties with separation from a family member, romantic partner, or close friend. Think of the time lasting one month or longer when these difficulties were most severe and frequent. During that time, which of the following problems did you have:

**SA11 INTRO 1.**

Earlier in the interview you mentioned a period when you had difficulties with separation from a family member, romantic partner, or close friend. The next questions are about that period. Think of a time lasting one month or longer when these difficulties were most severe and frequent. During that time, which of the following problems did you have:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
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**SA11a.** Did you get very sad, worried, or upset whenever you had to be apart from (PERSON/this person)?

**SA11b.** When you had to be away from (PERSON/this person), did you feel like you couldn’t care about anything because you were apart?

**SA11c.** Did you often fear that (PERSON/this person) might be seriously injured in an accident or die or that some other terrible thing might happen to them?

**SA11d.** Did you ever worry a lot that they might leave you if you quarreled, or that something else might happen that would make (PERSON/this person) leave?

**SA11e.** Did you often worry that something bad was going to happen to you that would separate you from (PERSON/this person)?

**SA11e.1.** INTERVIEWER CHECKPOINT: (SEE *SA11a - *SA11e)

ZERO RESPONSES CODED ‘1’ ................................. 1  
ALL OTHERS...................................................... 2  

**SA11f.** Did you worry that something else might happen to prevent you from ever seeing (PERSON/this person) again?

**SA11g.** Did you often want to stay home or not go places so that you could stay near (PERSON/this person)?

**SA11h.** Did going places without (PERSON/this person) bother you so much that you would often decide not to go?

**SA11i.** Did you sometimes plead with (PERSON/this person) to stay with you or to take you along with them when they needed to leave you for even a short period of time?

**SA11j.** Did you sometimes worry that (PERSON/this person) thought you were “clingy” or too dependent?
*SA11k. Did you often get sick to your stomach, have headaches, or have other physical symptoms when you had to be apart from (PERSON/this person)?

<table>
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<tr>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
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<td>1</td>
<td>5</td>
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*SA11l. Did you feel like you could not go to sleep at night unless they were near you?

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<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
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<td>1</td>
<td>GO TO *SA11n</td>
<td>5</td>
<td>9</td>
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*SA11m. Did you refuse to sleep away from (PERSON/this person)?

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<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
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*SA11n. Did you have repeated nightmares about (PERSON/this person) being harmed or about something happening that would separate you from one another?

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<th>YES (1)</th>
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<th>RF (8)</th>
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*SA12. INTERVIEWER CHECKPOINT: (SEE *SA11 SERIES)

ZERO TO TWO “YES” RESPONSES IN *SA11 SERIES ............1

ALL OTHERS ..................................................................................2

GO TO *SA14

*SA13. INTERVIEWER CHECKPOINT: (SEE *SA2)

RESPONSE CODED “2” IN *SA2 ..................... 1

GO TO *SA29

ALL OTHERS ............................................................ 2

GO TO *SR1, NEXT SECTION

*SA14. You mentioned several separation difficulties. Think of the period lasting one month or longer when these difficulties were most severe and frequent. During that time did you have concerns about separation from (PERSON/this person) just about every day, most days, about half the days, or less than half the days?

JUST ABOUT EVERY DAY .................... 1
MOST DAY ............................................ 2
ABOUT HALF THE DAYS .................. 3
LESS THAN HALF THE DAYS .......... 4
DON’T KNOW .................................. 9
REFUSED .................................... 8

*SA15. How severe was the emotional distress created by these concerns – mild, moderate, severe, or very severe?

MILD ..................... 1
MODERATE .............. 2
SEVERE ................... 3
VERY SEVERE ......... 4
DON’T KNOW .......... 9
REFUSED ............. 8

*SA16. How often was this emotional distress about separation from (PERSON/this person) so severe that nothing could cheer you up or calm you down—often, sometimes, rarely, or never?

OFTEN ..................... 1
SOMETIMES .............. 2
RARELY .................. 3
NEVER ...................... 4
DON’T KNOW .......... 9
REFUSED ............. 8
*SA17. How much did your concerns about separation from (PERSON/this person) ever interfere with either your school, work, social life, or personal relationships—not at all, a little, some, a lot, or extremely?

NOT AT ALL .................. 1  GO TO *SA18.5
A LITTLE ................... 2
SOME......................... 3
A LOT .......................... 4
EXTREMELY............... 5
DON’T KNOW............. 9
REFUSED.................... 8

*SA18. How often was your emotional distress so severe that you could not carry out your daily activities—often, sometimes, rarely, or never?

OFTEN......................... 1
SOMETIMES.................. 2
RARELY....................... 3
NEVER ........................ 4
DON’T KNOW.............. 9
REFUSED.................. 8

*SA18.5. INTERVIEWER CHECKPOINT: (SEE *SA15 - *SA18)  ** (40c)

*SA15 IS CODED “2”-“4” OR *SA16 IS CODED “1”-“3” OR
*SA17 IS CODED “3”-“5” OR *SA18 IS CODED “1”-“3”......................... 1
ALL OTHERS ................................................................. 2  GO TO *SR1,
NEXT SECTION

*SA19. Can you remember your exact age the very first time in your life you had a period lasting one month or longer when you had frequent concerns about separation from a family member, romantic partner, or close friend?

YES ....................... 1
NO ......................... 5  GO TO *SA19b1
DON’T KNOW........... 9  GO TO *SA19b1
REFUSED................. 8  GO TO *SA19b1

*SA19a. (IF NEC: How old were you?)

__________ YEARS OLD  GO TO *SA20
DON’T KNOW ............... 999  GO TO *SA20
REFUSED.................. 998  GO TO *SA20

*SA19b1. About how old were you (the first time you had a period of this sort)?

IF “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER,” CODE: DON’T KNOW

__________ YEARS OLD  GO TO *SA20
DON’T KNOW............. 999  GO TO *SA20
REFUSED.................. 998  GO TO *SA20

*SA19b2. Was it before you first started school?

YES ....................... 1  GO TO *SA20
NO ......................... 5
DON’T KNOW........... 9
REFUSED................. 8
**SA19b3.** Was it before you were a teenager?

YES .................................... 1
NO ...................................... 5
DON’T KNOW ............ 9
REFUSED ......................... 8

THE FOLLOWING CODES ARE USED IN CREATING THE AGE OF ONSET MEASURE

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>BEFORE STARTED SCHOOL</td>
</tr>
<tr>
<td>12</td>
<td>BEFORE TEENAGER</td>
</tr>
<tr>
<td>13</td>
<td>NOT BEFORE TEENAGER</td>
</tr>
</tbody>
</table>

*SA20. Did you have concerns about separation from (PERSON/this person) for one month or longer in the past 12 months?

YES .................................. 1
NO .................................... 5  GO TO *SA20c
DON’T KNOW .................. 9  GO TO *SA20c
REFUSED ......................... 8  GO TO *SA20c

*SA20a. How recently – in the past month, two to six months ago, or more than six months ago?

PAST MONTH .................. 1
2-6 MONTHS AGO .............. 2
MORE THAN 6 MONTHS AGO . . . 3
DON’T KNOW .................. 9
REFUSED ......................... 8

*SA20b. How many weeks in the past 12 months did you have any of these concerns?

______ WEEKS  GO TO *SA21

DON’T KNOW .................. 999  GO TO *SA21
REFUSED ......................... 998  GO TO *SA21

*SA20c. How old were you the last time you had a period lasting one month or longer when you had these concerns?

______ YEARS OLD

DON’T KNOW .................. 999
REFUSED ......................... 998

*SA21. How many different years in your life did you have concerns of this sort for a month or longer?

______ YEARS

DON’T KNOW .................. 999
REFUSED ......................... 998

*SA22. INTERVIEWER CHECKPOINT: (SEE *SA21)

RESPONSE IN *SA21 EQUAL TO ONE YEAR OR LESS ....... 1  GO TO *SA24
ALL OTHERS .............................................. 2
*SA23. What is the longest continuous number of years in a row when you had concerns of this sort for a month or longer?

__________ YEARS

DON’T KNOW ......................... 999
REFUSED ......................... 998

*SA24. INTERVIEWER CHECKPOINT: (SEE *SA20)

“YES” RESPONSE IN *SA20 ......................... 1
ALL OTHERS .......................................................... 2  GO TO *SA28

<table>
<thead>
<tr>
<th>Interference</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Very Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

*SA25. (RB, PG 57) Think about the month or longer in the past 12 when your frequent concerns about separation from (PERSON/this person) were most severe. Using a 0 to 10 scale on page 57 of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much your frequent concerns about separation from (PERSON/this person) interfered with each of the following activities during that time?

(IF NEC: How much did your concerns about separation from (PERSON/this person) interfere with (ACTIVITY) during that time?)
(IF NEC: You can use any number between 0 and 10 to answer.)

NUMBER (0-10)

*SA25a. Your home management, like cleaning, shopping, and taking care of the (house/ apartment)?

________________

DOES NOT APPLY ............. 97
DON’T KNOW .................. 99
REFUSED ....................... 98

*SA25b. Your ability to work?

________________

DOES NOT APPLY ............. 97
DON’T KNOW .................. 99
REFUSED ....................... 98

*SA25c. Your ability to form and maintain close relationships with other people?

________________

DOES NOT APPLY ............. 97
DON’T KNOW .................. 99
REFUSED ....................... 98

*SA25d. Your social life?

________________

DOES NOT APPLY ............. 97
DON’T KNOW .................. 99
REFUSED ....................... 98
*SA26. INTERVIEWER CHECKPOINT: (SEE *SA25a - *SA25d)

ALL FOUR RESPONSES TO *SA25a - *SA25d SERIES EQUAL ‘0’ OR ‘97’ ............ 1  GO TO *SA28
ALL OTHERS ..................................................................................................................... .. 2

*SA27. About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of your concerns about separation from (PERSON/this person)?

(IF NEC: You can use any number between 0 and 365 to answer.)

_________ (0-365) DAYS

DON’T KNOW .............. 999
REFUSED .................. 998

*SA28. INTERVIEWER CHECKPOINT: (SEE *SA2)

R IS ‘45’ OR OLDER ....................... 1  GO TO *SA31
RESPONSE CODED “2” IN *SA2 ....... 2  GO TO *SA30
ALL OTHERS ......................... 3  GO TO *SA31

*SA29. INTERVIEWER INSTRUCTION: FOR REST OF SECTION, USE THE PHRASE: “SEPARATION FROM A PARENT OR FAMILY MEMBER.” GO TO *SA43

*SA30. INTERVIEWER INSTRUCTION: FOR REST OF SECTION, USE THE PHRASE: “SEPARATION FROM A PARENT, FAMILY MEMBER, ROMANTIC PARTNER, OR CLOSE FRIEND.” GO TO *SA43

*SA31. INTERVIEWER INSTRUCTION: FOR REST OF SECTION, USE THE PHRASE: “SEPARATION FROM A FAMILY MEMBER, ROMANTIC PARTNER, OR CLOSE FRIEND.”

*SA43. Did you talk to a medical doctor or other professional about your concerns of separation (from a [parent or family member/ parent, family member, romantic partner, or close friend/ family member, romantic partner, or close friend])? By professional we mean psychiatrists, psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.

YES .................................. 1  GO TO *SA44
NO ................................... 5
DON’T KNOW ............... 9
REFUSED ..................... 8

*SA43a. Did you ever in your life talk to a medical doctor or other professional about your concerns of separation (from a [parent or family member/ parent, family member, romantic partner, or close friend/ family member, romantic partner, or close friend])?

YES ..................................... 1  GO TO *SA45
NO .................................... 5
DON’T KNOW ............. 9
REFUSED ................. 8
*SA43b. Did you ever try to get professional help for your concerns of separation (from a [parent or family member/parent, family member, romantic partner, or close friend/family member, romantic partner, or close friend])?

YES .................................... 1
NO ..................................... 5
DON'T KNOW ...................... 9  GO TO *SA50
REFUSED .......................... 8  GO TO *SA50

*SA43c. What are the main reasons you did not get professional help? (CODE UP TO 2 RESPONSES)

_________________________________________________

Use this coding scheme:

1 - Thought problem would get better by itself.
2 - Felt (got) better.
3 - It didn’t really bother me that much.
4 - Wanted to solve problem on my own.
5 - Didn’t think it would help.
6 - Could not afford it; too expensive.
7 - Worried about what other people would think.
8 - Inconvenient/Transportation problems, etc.
9 - Didn’t know where to go for help.
10 - Was embarrassed to talk about problem.
11 - Talked to a friend/relative
97 - Other (SPECIFY) ____________________
99 - DON’T KNOW
98 - REFUSED

GO TO *SA50

*SA44. Was this the first time [you talked to a professional about your concerns of separation (from a [parent or family member/parent, family member, romantic partner, or close friend/family member, romantic partner, or close friend])?]

YES .................................... 1  GO TO *SA46
NO ..................................... 5
DON'T KNOW ........................ 9  GO TO *SA46
REFUSED .......................... 8  GO TO *SA46

*SA45. How old were you the first time you talked to a professional about your concerns of separation (from a [parent or family member/parent, family member, romantic partner, or close friend/family member, romantic partner, or close friend])?

_________ YEARS OLD

DON'T KNOW ..................... 999
REFUSED .......................... 998
**SA46. Which of the following types of professionals did you ever talk to about your concerns of separation (from a [parent or family member/ parent, family member, romantic partner, or close friend/ family member, romantic partner, or close friend])?**

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*SA46a. A psychiatrist?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*SA46b. Any other mental health professional, such as a psychologist, psychotherapist, social worker, a mental health nurse or counselor?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*SA46c. A family doctor?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*SA46d. Any other medical doctor, like a cardiologist or (WOMEN: gynecologist / MEN: urologist)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*SA46e. Any other health professional, like a nurse or physician’s assistant?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*SA46f. A religious or spiritual advisor like a minister, priest, or rabbi?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*SA46g. Any other healer, like an herbalist, chiropractor, or spiritualist?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SA47. (Were any of these/Was this) professional(s) helpful to you?**

- YES................................. 1
- NO................................. 5 **GO TO *SA48**
- DON’T KNOW ................. 9 **GO TO *SA48**
- REFUSED......................... 8 **GO TO *SA48**

**IF R ONLY SAW 1 PROFESSIONAL IN *SA46 GO TO *SA48**

*SA47a. Which ones? ________________________________

**SA48. What kind of treatment did you receive? (CHECK ALL THAT APPLY)**

- NONE............................................................... 1
- INDIVIDUAL THERAPY.............................. 2
- GROUP THERAPY ........................................ 3
- MEDICATIONS/DRUGS.............................4
- OTHER .........................................................5
- DON’T KNOW .............................................9
- REFUSED.....................................................8

**SA49. Were you ever hospitalized overnight for your concerns of separation (from a [parent or family member/ parent, family member, romantic partner, or close friend/ family member, romantic partner, or close friend])?**

- YES........................................ 1
- NO......................................... 5 **GO TO *SA50**
- DON’T KNOW ................. 9 **GO TO *SA50**
- REFUSED......................... 8 **GO TO *SA50**
*SA49a. How old were you the first time you were hospitalized overnight for your concerns of separation (from a parent or family member/parent, family member, romantic partner, or close friend/family member, romantic partner, or close friend)?

__________ YEARS OLD

DON’T KNOW.................999
REFUSED.......................998

*SA49b. How many times have you ever been hospitalized for your concerns of separation (from a parent or family member/parent, family member, romantic partner, or close friend/family member, romantic partner, or close friend)?

_________ NUMBER OF TIMES

DON’T KNOW.................999
REFUSED.......................998

*SA50. Did you ever in your life receive any help for your concerns of separation (from a parent or family member/parent, family member, romantic partner, or close friend/family member, romantic partner, or close friend) from family, friends, or other acquaintances?

YES.............................1 GO TO *SR1, NEXT SECTION
NO..................................5
DON’T KNOW.................9
REFUSED.......................8

*SA50a. Did you try to get help for your concerns of separation (from a parent or family member/parent, family member, romantic partner, or close friend/family member, romantic partner, or close friend) from family, friends, or other acquaintances?

YES.............................1
NO..................................5
DON’T KNOW.................9 GO TO SR1, NEXT SECTION
REFUSED.......................8 GO TO SR1, NEXT SECTION

*SA50b. What are the main reasons you did not get help from family or friends? (ENTER UP TO TWO REASONS)

__________________________________________

__________________________________________

GO TO SR1, NEXT SECTION
SERVICES (SR)


*DP75 EQUALS ‘1’ OR *M39 EQUALS ‘1’ OR *PD56 EQUALS ‘1’ OR *SO31 EQUALS ‘1’ OR *AG30 EQUALS ‘1’ OR *GA50 EQUALS ‘1’ OR *SD13 EQUALS ‘1’ OR *SD26 EQUALS ‘1’ OR *SU101 EQUALS ‘1’ OR *PT252 EQUALS ‘1’ OR *EA41 EQUALS ‘1’ OR *AD20 EQUALS ‘1’ OR *AD49 EQUALS ‘1’ OR *OD18 EQUALS ‘1’ OR *SA49 EQUALS ‘1’ ..................................................................................................................1 GO TO *SR3

ALL OTHERS .............................................................................2

*SR2. 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?

YES .............................................................. 1
NO .......................................................... 5 GO TO *SR9.1
DON’T KNOW ...................................... 9 GO TO *SR9.1
REFUSED .................................................. 8 GO TO *SR9.1

*SR3. [IF *SR1 EQUALS ‘1’: Earlier in the interview you mentioned being hospitalized for problems with your emotions, nerves or mental health (IF *SU101 EQUALS ‘1’: or substance use).] How many times in your lifetime has this occurred?

_________ TIMES

DON’T KNOW .................................. 999
REFUSED ........................................... 998

*SR4. INTERVIEWER CHECKPOINT (SEE *SR3)

*SR3 EQUALS ‘1’ .......................................................... 1
ALL OTHERS .......................................................................... 2 GO TO *SR6

*SR5a. Was this in the past month, past six months, past year, or more than a year ago?

PAST MONTH .............................................. 1 GO TO *SR5c
PAST SIX MONTHS .................................... 2 GO TO *SR5c
PAST YEAR ............................................... 3 GO TO *SR5c
MORE THAN A YEAR AGO .................. 4
DON’T KNOW ......................................... 9
REFUSED ................................................. 8

.....................................................................................................................................

*SR5b. How old were you at the time of this admission?

_________ YEARS OLD

DON’T KNOW ......................................... 999
REFUSED ............................................... 998
**SR5c.** How much time did you stay in the hospital during this admission?

<table>
<thead>
<tr>
<th>DURATION NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIRCLE UNIT OF TIME:</td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>DON'T KNOW</td>
</tr>
<tr>
<td>REFUSED</td>
</tr>
</tbody>
</table>

**GO TO **SR9.1

**SR6.** How much time did you spend in the hospital [altogether on those (NUMBER FROM *SR3) occasions]?

<table>
<thead>
<tr>
<th>DURATION NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIRCLE UNIT OF TIME:</td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>DON'T KNOW</td>
</tr>
<tr>
<td>REFUSED</td>
</tr>
</tbody>
</table>

**SR7.** How old were you at the time of your first admission?

<table>
<thead>
<tr>
<th>YEARS OLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>DON'T KNOW</td>
</tr>
<tr>
<td>REFUSED</td>
</tr>
</tbody>
</table>

**SR8.** In the past 12 months, have you been admitted for an overnight stay for problems with your emotions, nerves, mental health, (IF *SC26.2 EQUALS ‘1’ OR *SC26.3 EQUALS ‘1’ OR *SC26.4 EQUALS ‘1’: or your use of alcohol or drugs)?

<table>
<thead>
<tr>
<th>YES ..................</th>
<th>1</th>
<th>**GO TO **SR9</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

**SR8a.** How old were you at the time of your most recent admission for any of these problems?

<table>
<thead>
<tr>
<th>YEARS OLD</th>
<th>**GO TO **SR9.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>DON'T KNOW</td>
<td>999</td>
</tr>
<tr>
<td>REFUSED</td>
<td>998</td>
</tr>
</tbody>
</table>

**SR9.** How many days did you stay in the hospital for these problems in the past 12 months?

<table>
<thead>
<tr>
<th>DURATION NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIRCLE UNIT OF TIME:</td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>DON'T KNOW</td>
</tr>
<tr>
<td>REFUSED</td>
</tr>
</tbody>
</table>
*SR9.1 Did you ever use an internet support group or chat room to get help for problems with your emotions or nerves?

YES........................................1
NO ............................................5  GO TO *SR10
DON’T KNOW ..........................9  GO TO *SR10
REFUSED ..................................8  GO TO *SR10

*SR9.1a. When was the last time – in the past month, past six months, past year, or more than a year ago?

PAST MONTH ......................................1
PAST SIX MONTHS .............................2
PAST YEAR .......................................3
MORE THAN A YEAR AGO .................4  GO TO *SR10
DON’T KNOW ..................................9  GO TO *SR10
REFUSED .......................................8  GO TO *SR10

*SR9.1b. In the past 12 months, how many times did you use an internet support group or chat room for problems with your emotions or nerves?

_________ TIMES

DON’T KNOW ....................................999
REFUSED .......................................998

*SR10. (IF SR9.1 EQUALS ‘1’: Not counting the internet support group,) Did you ever in your life go to a self-help group for help with your emotions or nerves?

YES........................................1
NO ............................................5  GO TO *SR11
DON’T KNOW ..........................9  GO TO *SR11
REFUSED ..................................8  GO TO *SR11

*SR10a. How old were you the first time (you went to a self-help group for any of these problems)?

_________ YEARS OLD

DON’T KNOW ....................................999
REFUSED .......................................998

*SR10b. When was the last time – in the past month, past six months, past year, or more than a year ago?

PAST MONTH ......................................1
PAST SIX MONTHS .............................2
PAST YEAR .......................................3
MORE THAN A YEAR AGO .................4  GO TO *SR11
DON’T KNOW ..................................9  GO TO *SR11
REFUSED .......................................8  GO TO *SR11

*SR10c. In the past 12 months, how many times did you go to a self-help group meeting?

_________ TIMES

DON’T KNOW ....................................999
REFUSED .......................................998
*SR11. Did you ever use a hotline for problems with your emotions or nerves?  

YES.............................................1  
NO .............................................5  GO TO *SR12  
DON’T KNOW .........................9  GO TO *SR12  
REFUSED ...............................8  GO TO *SR12

*SR11a. How old were you the first time (you used a hotline for any of these problems)?  

_________ YEARS OLD  

DON’T KNOW ....................................999  
REFUSED ...........................................998

*SR11b. When was the last time – in the past month, past six months, past year, or more than a year ago?  

PAST MONTH.................................1  
PAST SIX MONTHS............................2  
PAST YEAR .....................................3  
MORE THAN A YEAR AGO ..............4  GO TO *SR12  
DON’T KNOW ...............................9  GO TO *SR12  
REFUSED ......................................8  GO TO *SR12

*SR11c. In the past 12 months, how many times did you use a hotline?  

_________ TIMES  

DON’T KNOW ....................................999  
REFUSED ...........................................998

*SR12. Did you ever in your life have a session of psychological counseling or therapy that lasted 30 minutes or longer with any type of professional?  

YES.............................................1  
NO .............................................5  GO TO *SR13  
DON’T KNOW .........................9  GO TO *SR13  
REFUSED .................................8  GO TO *SR13

*SR12a. How old were you the first time (you had a session of psychological counseling or therapy)?  

_________ YEARS OLD  

DON’T KNOW ....................................999  
REFUSED ...........................................998

*SR13. Did you ever get a prescription or medicine for your emotion, nerves or mental health (IF *SC26.2 EQUALS ‘1’ OR *SC26.3 EQUALS ‘1’ OR *SC26.4 EQUALS ‘1’: or substance use) from any type of professional?  

YES ......................................................1  
NO .....................................................5  GO TO *SR14  
DON’T KNOW .................................9  GO TO *SR14  
REFUSED ..........................................8  GO TO *SR14

*SR13a. How old were you the first time (you were given this sort of prescription or medicine)?  

_________ YEARS OLD  

DON’T KNOW ....................................999  
REFUSED ...........................................998

*DP69 EQUALS ‘1’ OR *DP69a EQUALS ‘1’ OR *M33 EQUALS ‘1’ OR *M33a EQUALS ‘1’ OR
*PD50 EQUALS ‘1’ OR *PD50a EQUALS ‘1’ OR *SO25 EQUALS ‘1’ OR *SO25a EQUALS ‘1’ OR
*AG24 EQUALS ‘1’ OR *AG24a EQUALS ‘1’ OR *GA44 EQUALS ‘1’ OR *GA44a EQUALS ‘1’
OR *SD12 EQUALS ‘1’ OR *SD25 EQUALS ‘1’ OR *SU95 EQUALS ‘1’ OR *SU95a EQUALS ‘1’
OR *PT246 EQUALS ‘1’ OR *PT246a EQUALS ‘1’ OR *EA35 EQUALS ‘1’ OR *EA35a EQUALS
‘1’ OR *AD14 EQUALS ‘1’ OR *AD14a EQUALS ‘1’ OR *AD43 EQUALS ‘1’ OR *AD43a
EQUALS ‘1’ OR *OD12 EQUALS ‘1’ OR *OD12a EQUALS ‘1’ OR *SA43 EQUALS ‘1’ OR
*SA43a EQUALS ‘1’................................................................................................................. 1
ALL OTHERS.................................................................................................................... 2

*SR15. INTERVIEWER CHECKPOINT (SEE *SR1, *SR14, *SR12, *SR13)

*SR1 EQUALS ‘1’ OR *SR14 EQUALS ‘1’ OR *SR12 EQUALS ‘1’ OR
*SR13 EQUALS ‘1’............................................................................................................. 1  GO TO *SR17
ALL OTHERS.................................................................................................................... 2

*SR16. (RB, PG 81) Did you ever in your lifetime go to see any of the professionals on this list for problems with your emotions, nerves, or your use of alcohol or drugs?

YES........................................................ 1
NO ..................................................... 5  GO TO *SR122
DON’T KNOW................................. 9  GO TO *SR122
REFUSED......................................... 8  GO TO *SR122
*SR17: (IF *SR16 EQUALS ‘1’; Which ones? Just give me the letters. PROBE: Any other? / ALL OTHERS: (RB, PG 81) which of the following types of professionals did you ever see about problems with your emotions or nerves or your use of alcohol or drugs? Just give me the letters? (PROBE: Any others?)

RECORD ALL MENTIONS
A. PSYCHIATRIST .............................................................................................................. .............. 1
B. GENERAL PRACTITIONER OR FAMILY DOCTOR................................................................. 2
C. ANY OTHER MEDICAL DOCTOR, LIKE A CARDIOLOGIST OR (WOMEN: GYNECOLOGIST / MEN: UROLOGIST) ................................................................. 3
D. PSYCHOLOGIST .............................................................................................................. ............ 4
E. SOCIAL WORKER ............................................................................................................. ........... 5
F. COUNSELOR ............................................................................................................... ............... 6
G. ANY OTHER MENTAL HEALTH PROFESSIONAL, SUCH AS A PSYCHOTHERAPIST OR MENTAL HEALTH NURSE .................................................................................................. 7
H. A NURSE, OCCUPATIONAL THERAPIST, OR OTHER HEALTH PROFESSIONAL ........... 8
I. A RELIGIOUS OR SPIRITUAL ADVISOR LIKE A MINISTER, PRIEST, OR RABBI .......... 9
J. ANY OTHER HEALER, LIKE AN HERBALIST, CHIROPRACTOR, OR SPIRITUALIST .... 10
K. DON’T KNOW .................................................................................................................. ............. 99
L. REFUSED ..................................................................................................................... .................. 98

*SR18. INTERVIEWER CHECKPOINT: (SEE *SR17)

*SR17 EQUALS ‘1’ .............................................................................................................. .............. 1
*SR17 EQUALS ‘2’ OR *SR17 EQUALS ‘3’ ...................................................................................... 2 GO TO *SR27
*SR17 EQUALS ‘4’ .............................................................................................................. .............. 3 GO TO *SR40
*SR17 EQUALS ‘5’ .............................................................................................................. .............. 4 GO TO *SR48
*SR17 EQUALS ‘6’ .............................................................................................................. .............. 5 GO TO *SR57
*SR17 EQUALS ‘7’ .............................................................................................................. .............. 6 GO TO *SR66
*SR17 EQUALS ‘8’ .............................................................................................................. .............. 7 GO TO *SR74
*SR17 EQUALS ‘9’ .............................................................................................................. .............. 8 GO TO *SR87
*SR17 EQUALS ‘10’ .............................................................................................................. .............. 9 GO TO *SR100
ALL OTHERS ................................................................................................................................. 10 GO TO *SR128

*SR19. How old were you the first time you talked to a psychiatrist about your emotions, nerves, or mental health (IF *SC26.2 EQUALS ‘1’ OR *SC26.3 EQUALS ‘1’ OR *SC26.4 EQUALS ‘1’: or your use of alcohol or drugs)?

______ YEARS OLD
DON’T KNOW .............. 999
REFUSED .............. 998

*SR20. When was the last time – in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

PAST MONTH ................................................................................................................................. 1 GO TO *SR22
TWO – SIX MONTHS AGO ........................................................................................................... 2 GO TO *SR22
SEVEN – 12 MONTHS AGO ......................................................................................................... 3 GO TO *SR22
MORE THAN 12 MONTHS AGO .................................................................................................... 4
DON’T KNOW .......................................................................................................................... 9 GO TO *SR26
REFUSED ................................................................................................................................. 8 GO TO *SR26
*SR21. How old were you the last time [you talked to a psychiatrist about your emotions (IF *SC26.2 EQUALS ‘1’ OR *SC26.3 EQUALS ‘1’ OR *SC26.4 EQUALS ‘1’: or substance use)]?

_______ YEARS OLD
DON’T KNOW ........999
REFUSED ...............998

GO TO *SR26

*SR22. How many visits did you make to a psychiatrist in the past 12 months?

_______ VISIT (S)
DON’T KNOW ...................... 999   GO TO *SR23
REFUSED ............................ 998   GO TO *SR23

*SR22a. How many minutes did (this visit last/ these visits last on average)?

_______ MINUTES
DON’T KNOW ...................... 999
REFUSED ......................... 998

*SR23. In general, how satisfied are you with the treatments and services you received from the psychiatrist in the past 12 months – very satisfied, satisfied, neither satisfied or dissatisfied, dissatisfied, or very dissatisfied?

INTERVIEWER: IF MORE THAN ONE PSYCHIATRIST SEEN: ASK ABOUT THE ONE R WAS MOST SATISFIED WITH

VERY SATISFIED .........................1
SATISFIED .......................................2
NEITHER SATISFIED OR DISSATISFIED ..3
DISSATISFIED .................................4
VERY DISSATISFIED .......................5
DON’T KNOW ..............................9
REFUSED ......................................8

*SR24. Did the psychiatrist help you a lot, some, a little, or not at all?

A LOT .............................................1
SOME ...........................................2
A LITTLE ....................................3
NOT AT ALL ..............................4
DON’T KNOW ..............................9
REFUSED ......................................8

*SR25. Have you stopped seeing the psychiatrist or are you still in treatment?

STOPPED ............................................1
(IF VOL) STOPPED SEEING ONE PSYCHIATRIST
AND IN TREATMENT WITH ANOTHER .......2   GO TO *SR26
STILL IN TREATMENT ..........................3   GO TO *SR26
DON’T KNOW .....................................9   GO TO *SR26
REFUSED .......................................8   GO TO *SR26
*SR25a. Did you complete the full recommended course of treatment? Or did you quit before the psychiatrist wanted you to stop?

- COMPLETED TREATMENT ............1
- QUIT .............................................5
- DON’T KNOW ............................9
- REFUSED .................................8

*SR26. INTERVIEWER CHECKPOINT: (SEE *SR17)

*SR17 EQUALS ‘2’ OR *SR17 EQUALS ‘3’ ...........................................1
*SR17 EQUALS ‘4’ ..................................................2  GO TO *SR40
*SR17 EQUALS ‘5’ ..................................................3  GO TO *SR48
*SR17 EQUALS ‘6’ ..................................................4  GO TO *SR57
*SR17 EQUALS ‘7’ ..................................................5  GO TO *SR66
*SR17 EQUALS ‘8’ ..................................................6  GO TO *SR74
*SR17 EQUALS ‘9’ ..................................................7  GO TO *SR87
*SR17 EQUALS ‘10’ ............................................... 8  GO TO *SR100
ALL OTHERS ...................................................... 9  GO TO *SR109

*SR27. How old were you the first time you talked to (IF *SR17 EQUALS ‘1’: any other type of medical doctor/ ALL OTHERS: a medical doctor) about your emotions, nerves, or mental health (IF *SC26.2 EQUALS ‘1’ OR *SC26.3 EQUALS ‘1’ OR *SC26.4 EQUALS ‘1’: or your use of alcohol or drugs)?

_______ YEARS OLD
- DON’T KNOW .............. 999
- REFUSED ...................... 998

*SR28. When was the last time – in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

- PAST MONTH ............................................. 1  GO TO *SR30
- TWO – SIX MONTHS AGO ............... 2  GO TO *SR30
- SEVEN – 12 MONTHS AGO ............ 3  GO TO *SR30
- MORE THAN 12 MONTHS AGO ....... 4
- DON’T KNOW ........................................ 9  GO TO *SR39
- REFUSED ............................................. 8  GO TO *SR39

*SR29. How old were you the last time [you talked to a medical doctor (IF *SR17 EQUALS ‘1’: other than a psychiatrist) about your emotions (IF *SC26.2 EQUALS ‘1’ OR *SC26.3 EQUALS ‘1’ OR *SC26.4 EQUALS ‘1’: or substance use)]?

_______ YEARS OLD
- DON’T KNOW ..............  999
- REFUSED ......................  998

*SR30. Did a medical doctor (IF *SR17 EQUALS ‘1’: other than a psychiatrist) ever recommend that you go to a mental health specialist, clinic or program?

- YES ............................................... 1  GO TO *SR34
- NO .................................................. 5  GO TO *SR34
- DON’T KNOW .............................. 9  GO TO *SR34
- REFUSED ................................. 8  GO TO *SR34
**SR31.** How old were you the first time [a medical doctor (IF *SR17 EQUALS ‘1’: other than a psychiatrist) ever referred you to a mental health specialist, clinic or program]?

_____ YEARS OLD
DON’T KNOW .................. 999
REFUSED .......................... 998

**SR32.** INTERVIEWER CHECKPOINT: (SEE *SR28)

*SR28 EQUALS ‘1’ – ‘3’ .......................................................... 1
ALL OTHERS .............................................................. 2 
GO TO *SR39

**SR33.** Did a medical doctor recommend that you go to a mental health specialist, clinic, or program in the past 12 months?

YES ............................................................................... 1
NO ................................................................................... 5
DON’T KNOW ..................................................... 9
REFUSED .......................................................... 8

GO TO *SR35

**SR34.** INTERVIEWER CHECKPOINT: (SEE *SR17)

*SR28 EQUALS ‘1’ – ‘3’ .......................................................... 1
ALL OTHERS .............................................................. 2 
GO TO *SR39

**SR35.** How many visits did you make in the past 12 months to a medical doctor (IF *SR17 EQUALS ‘1’: other than a psychiatrist) where you talked about your emotions (IF *SC26.2 EQUALS ‘1’ OR *SC26.3 EQUALS ‘1’ OR *SC26.4 EQUALS ‘1’: or substance use)?

_______ VISIT(S)
DON’T KNOW .................................................. 999 
REFUSED .......................................................... 998

GO TO *SR36

**SR35a.** How many minutes did (this visit last/ these visits last on average)?

_______ MINUTES
DON’T KNOW .................................................. 999 
REFUSED .......................................................... 998

**SR36.** In general, how satisfied are you with the treatments and services you received from the medical doctor in the past 12 months – very satisfied, satisfied, neither satisfied or dissatisfied, dissatisfied, or very dissatisfied?

INTERVIEWER: IF MORE THAN ONE MEDICAL DOCTOR SEEN: ASK ABOUT THE ONE R WAS MOST SATISFIED WITH

VERY SATISFIED .................................................. 1
SATISFIED .......................................................... 2
NEITHER SATISFIED OR DISSATISFIED .......... 3
DISSATISFIED .................................................. 4
VERY DISSATISFIED ........................................ 5
DON’T KNOW .................................................. 9
REFUSED .......................................................... 8
*SR37. Did the medical doctor help you a lot, some, a little, or not at all?

A LOT ................................................................. 1
SOME ................................................................. 2
A LITTLE .............................................................. 3
NOT AT ALL ......................................................... 4
DON'T KNOW ......................................................... 9
REFUSED ............................................................ 8

*SR38. Have you stopped seeing the medical doctor about your emotional (if *SC26.2 equals ‘1’ or *SC26.3 equals ‘1’ or *SC26.4 equals ‘1’: or substance) problems or are you still in treatment?

STOPPED ................................................................ 1
(IF VOL) STOPPED SEEING ONE DOCTOR AND IN TREATMENT WITH ANOTHER .......... 2
STILL IN TREATMENT ............................................. 3
DON'T KNOW ......................................................... 9
REFUSED .............................................................. 8

*SR38a. Did you complete the full recommended course of treatment? Or did you quit before the medical doctor wanted you to stop?

COMPLETED TREATMENT ...................................... 1
QUIT ........................................................................ 5
DON'T KNOW ......................................................... 9
REFUSED .............................................................. 8

*SR39. INTERVIEWER CHECKPOINT (SEE *SR17)

*SR17 equals ‘4’ .................................................. 1
*SR17 equals ‘5’ .................................................. 2
*SR17 equals ‘6’ .................................................. 3
*SR17 equals ‘7’ .................................................. 4
*SR17 equals ‘8’ .................................................. 5
*SR17 equals ‘9’ .................................................. 6
*SR17 equals ‘10’ ............................................... 7
ALL OTHERS .................................................. 8

*SR40. How old were you the first time you talked to a psychologist about your emotions, nerves, or mental health (if *SC26.2 equals ‘1’ or *SC26.3 equals ‘1’ or *SC26.4 equals ‘1’: or your use of alcohol or drugs)?

______ YEARS OLD
DON'T KNOW .......... 999
REFUSED ................. 998

*SR41. When was the last time – in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

PAST MONTH ...................................................... 1
TWO – SIX MONTHS AGO ................................. 2
SEVEN – 12 MONTHS AGO .................................. 3
MORE THAN 12 MONTHS AGO ......................... 4
DON'T KNOW ......................................................... 9
REFUSED .............................................................. 8
*SR42. How old were you the last time [you talked to a psychologist about your emotions (IF *SC26.2_EQUALS ‘1’ OR *SC26.3_EQUALS ‘1’ OR *SC26.4_EQUALS ‘1’: or substance use)]?

______ YEARS OLD
DON’T KNOW ........... 999
REFUSED ................. 998

GO TO *SR47

*SR43. How many visits did you make to a psychologist in the past 12 months?

_______ VISIT(S)
DON’T KNOW ..................... 999  GO TO *SR44
REFUSED ............................. 998  GO TO *SR44

*SR43a. How many minutes did (this visit last/ these visits last on average)?

______ MINUTES
DON’T KNOW ......................... 999
REFUSED ............................... 998

*SR44. In general, how satisfied are you with the treatments and services you received from the psychologist in the past 12 months – very satisfied, satisfied, neither satisfied or dissatisfied, dissatisfied, or very dissatisfied?

INTERVIEWER: IF MORE THAN ONE PSYCHOLOGIST SEEN: ASK ABOUT THE ONE R WAS MOST SATISFIED WITH

VERY SATISFIED ........................................... 1
SATISFIED ................................................. 2
NEITHER SATISFIED OR DISSATISFIED .... 3
DISSATISFIED ............................................. 4
VERY DISSATISFIED .................................. 5
DON’T KNOW ............................................. 9
REFUSED .................................................... 8

*SR45. Did the psychologist help you a lot, some, a little, or not at all?

A LOT ....................................................... 1
SOME ...................................................... 2
A LITTLE ..................................................... 3
NOT AT ALL ............................................. 4
DON’T KNOW ............................................. 9
REFUSED .................................................... 8

*SR46a. Have you stopped seeing the psychologist or are you still in treatment?

STOPPED .............................................................. 1
(IF VOL) STOPPED SEEING ONE PSYCHOLOGIST AND IN TREATMENT WITH ANOTHER .......... 2  GO TO *SR47
STILL IN TREATMENT ........................................... 3  GO TO *SR47
DON’T KNOW .................................................... 9  GO TO *SR47
REFUSED ......................................................... 8  GO TO *SR47
*SR46b. Did you complete the full recommended course of treatment? Or did you quit before the psychologist wanted you to stop?

COMPLETED TREATMENT .............. 1  
QUIT ........................................... 5  
DON'T KNOW ............................. 9  
REFUSED .................................. 8

*SR47. INTERVIEWER CHECKPOINT: (SEE *SR17)

*SR17 EQUALS ‘5’............................. 1
*SR17 EQUALS ‘6’............................. 2  GO TO *SR57
*SR17 EQUALS ‘7’............................. 3  GO TO *SR66
*SR17 EQUALS ‘8’............................. 4  GO TO *SR74
*SR17 EQUALS ‘9’............................. 5  GO TO *SR87
*SR17 EQUALS ‘10’........................... 6  GO TO *SR100
ALL OTHERS............................... 7  GO TO *SR109

*SR48. How old were you the first time you talked to a social worker about your emotions, nerves, or mental health (IF *SC26.2 EQUALS ‘1’ OR *SC26.3 EQUALS ‘1’ OR *SC26.4 EQUALS ‘1’: or your use of alcohol or drugs)?

______ YEARS OLD
DON'T KNOW .................. 999
REFUSED ..................... 998

*SR49. When was the last time – in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

PAST MONTH.............................. 1  GO TO *SR51
TWO – SIX MONTHS AGO ............ 2  GO TO *SR51
SEVEN – 12 MONTHS AGO .......... 3  GO TO *SR51
MORE THAN 12 MONTHS AGO ...... 4
DON'T KNOW ......................... 9  GO TO *SR56
REFUSED ......................... 98  GO TO *SR56

*SR50. How old were you the last time [you talked to a social worker about your emotions (IF *SC26.2 EQUALS ‘1’ OR *SC26.3 EQUALS ‘1’ OR *SC26.4 EQUALS ‘1’: or your use of alcohol or drugs)]?

______ YEARS OLD
DON'T KNOW .................. 999
REFUSED ..................... 998

GO TO *SR56

*SR51. How many visits did you make to the social worker in the past 12 months?

______ VISIT(S)
DON'T KNOW ......................... 999  GO TO *SR52
REFUSED ......................... 998  GO TO *SR52
**SR51a.** How many minutes did (this visit last/ these visits last on average)?

_________  MINUTES

DON’T KNOW ................................. 999
REFUSED........................................ 998

**SR52.** (RB, PG 82) In which of these locations did you see the social worker?

RECORD ALL MENTIONS

A. HOSPITAL EMERGENCY DEPARTMENT ......................................................... 1
B. PSYCHIATRIC OUTPATIENT CLINIC ............................................................ 2
C. DRUG OR ALCOHOL OUTPATIENT CLINIC .................................................. 3
D. PRIVATE OFFICE ........................................................................................... 4
E. SOCIAL SERVICE AGENCY OR DEPARTMENT ............................................ 5
F. PROGRAM IN JAIL OR PRISON ................................................................. 6
G. DROP-IN CENTER OR PROGRAM FOR PEOPLE WITH EMOTIONAL PROBLEMS WITH ALCOHOL OR DRUGS ..................................................... 7
H. CHURCH OR OTHER RELIGIOUS BUILDING ............................................. 8
I. OTHER (SPECIFY) ..................................................................................... 9

DON’T KNOW .............................................................................................. 99
REFUSED ...................................................................................................... 98

**SR53.** In general, how satisfied are you with the treatments and services you received from the social worker in the past 12 months – very satisfied, satisfied, neither satisfied or dissatisfied, dissatisfied, or very dissatisfied?

INTERVIEWER: IF MORE THAN ONE SOCIAL WORKER SEEN: ASK ABOUT THE ONE R WAS MOST SATISFIED WITH

VERY SATISFIED ..............................................1
SATISFIED ................................................... 2
NEITHER SATISFIED OR DISSATISFIED ...... 3
DISSATISFIED ............................................. 4
VERY DISSATISFIED ..................................... 5
DON’T KNOW ............................................. 9
REFUSED .................................................... 8

**SR54.** Did the social worker help you a lot, some, a little, or not at all?

A LOT ............................................................ 1
SOME ........................................................................ 2
A LITTLE .......................................................... 3
NOT AT ALL .................................................. 4
DON’T KNOW ............................................. 9
REFUSED .................................................... 8

**SR55.** Have you stopped seeing the social worker or are you still in treatment?

STOPPED ................................................................................................. 1
(IF VOL) STOPPED SEEING ONE SOCIAL WORKER AND IN TREATMENT WITH ANOTHER .................................................. 2  GO TO *SR56
STILL IN TREATMENT ............................................................................. 3  GO TO *SR56
DON’T KNOW .................................................. 9  GO TO *SR56
REFUSED .................................................... 8  GO TO *SR56
*SR55a. Did you complete the full recommended course of treatment? Or did you quit before the social worker wanted you to stop?

COMPLETED TREATMENT ............... 1
QUIT ...................................................... 5
DON’T KNOW ....................................... 9
REFUSED ............................................. 8

*SR56. INTERVIEWER CHECKPOINT: (SEE *SR17)

*SR17 EQUALS ‘6’ .................................. 1
*SR17 EQUALS ‘7’ .................................. 2 GO TO *SR66
*SR17 EQUALS ‘8’ .................................. 3 GO TO *SR74
*SR17 EQUALS ‘9’ .................................. 4 GO TO *SR87
*SR17 EQUALS ‘10’ ............................... 5 GO TO *SR100
ALL OTHERS ........................................... 6 GO TO *SR109

*SR57. How old were you the first time you talked to a counselor about your emotions, nerves, or mental health (IF *SC26.2 EQUALS ‘1’ OR *SC26.3 EQUALS ‘1’ OR *SC26.4 EQUALS ‘1’: or your use of alcohol or drugs)?

______ YEARS OLD
DON’T KNOW .................. 999
REFUSED ..................... 998

*SR58. When was the last time – in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

PAST MONTH................................. 1 GO TO *SR60
TWO – SIX MONTHS AGO .............. 2 GO TO *SR60
SEVEN – 12 MONTHS AGO .............. 3 GO TO *SR60
MORE THAN 12 MONTHS AGO ........... 4
DON’T KNOW .................................. 9 GO TO *SR65
REFUSED ...................................... 998

*SR59. How old were you the last time [you talked to a counselor about your emotions (IF *SC26.2 EQUALS ‘1’ OR *SC26.3 EQUALS ‘1’ OR *SC26.4 EQUALS ‘1’: or substance use)]?

______ YEARS OLD
DON’T KNOW ......................... 999
REFUSED ............................. 998

GO TO *SR65

*SR60. How many visits did you make to a counselor in the past 12 months?

______ VISIT(S)
DON’T KNOW ............................... 999 GO TO *SR61
REFUSED ......................................... 998 GO TO *SR61

*SR60a. How many minutes did (this visit last/ these visits last on average)?

______ MINUTES
DON’T KNOW .............................. 999
REFUSED .................................... 998
*SR61. (RB, PG 82) In which of these locations did you see the counselor?

RECORD ALL MENTIONS

A. HOSPITAL EMERGENCY DEPARTMENT ................................................................. 1
B. PSYCHIATRIC OUTPATIENT CLINIC ............................................................... 2
C. DRUG OR ALCOHOL OUTPATIENT CLINIC .................................................. 3
D. PRIVATE OFFICE ........................................................................................... 4
E. SOCIAL SERVICE AGENCY OR DEPARTMENT .............................................. 5
F. PROGRAM IN JAIL OR PRISON ...................................................................... 6
H. DROP-IN CENTER OR PROGRAM FOR PEOPLE WITH EMOTIONAL PROBLEMS WITH ALCOHOL OR DRUGS ......................................................... 7
I. CHURCH OR OTHER RELIGIOUS BUILDING ............................................... 8
I. OTHER (SPECIFY) ......................................................................................... 9

DON’T KNOW ................................................................................................... 99
REFUSED ......................................................................................................... 98

*SR62. In general, how satisfied are you with the treatments and services you received from the counselor in the past 12 months – very satisfied, satisfied, neither satisfied or dissatisfied, dissatisfied, or very dissatisfied?

INTERVIEWER: IF MORE THAN ONE COUNSELOR SEEN: ASK ABOUT THE ONE R WAS MOST SATISFIED WITH

VERY SATISFIED ............................................................ 1
SATISFIED ................................................................. 2
NEITHER SATISFIED OR DISSATISFIED .... 3
DISSATISFIED .......................................................... 4
VERY DISSATISFIED ................................................ 5
DON’T KNOW ........................................................... 9
REFUSED ....................................................................................... 8

*SR63. Did the counselor help you a lot, some, a little, or not at all?

A LOT ................................................................. 1
SOME ............................................................................. 2
A LITTLE .............................................................. 3
NOT AT ALL .......................................................... 4
DON’T KNOW ........................................................... 9
REFUSED ....................................................................................... 8

*SR64. Have you stopped seeing a counselor or are you still in treatment?

STOPPED ................................................................................................. 1
(IF VOL) STOPPED SEEING ONE COUNSELOR AND IN TREATMENT WITH ANOTHER ......................................................... 2  GO TO *SR65
STILL IN TREATMENT ............................................................................... 3  GO TO *SR65
DON’T KNOW .......................................................................................... 9  GO TO *SR65
REFUSED ................................................................................................. 8  GO TO *SR65

*SR64a. Did you complete the full recommended course of treatment? Or did you quit before the counselor wanted you to stop?

COMPLETED TREATMENT ............. 1
QUIT ................................................................. 5
DON’T KNOW ........................................................... 9
REFUSED ....................................................................................... 8
*SR65. INTERVIEWER CHECKPOINT (SEE *SR17)

*SR17 EQUALS ‘7’ ..................................... 1
*SR17 EQUALS ‘8’ ..................................... 2 GO TO *SR74
*SR17 EQUALS ‘9’ ..................................... 3 GO TO *SR87
*SR17 EQUALS ‘10’ ............................... 4 GO TO *SR100
ALL OTHERS .............................................. 5 GO TO *SR109

*SR66. How old were you the first time you talked to (IF *SR17 EQUALS ‘1’ OR ‘4’ OR ‘5’ OR ‘6’: any other type of mental health professional, like a psychotherapist or mental health nurse/ ALL OTHERS: a mental health professional) about your emotions, nerves, or mental health (IF *SC26.2 EQUALS ‘1’ OR *SC26.3 EQUALS ‘1’ OR *SC26.4 EQUALS ‘1’: or your use of alcohol or drugs)?

_______ YEARS OLD
DON’T KNOW .................. 999
REFUSED ....................... 998

*SR67. When was the last time – in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

PAST MONTH ............................................. 1 GO TO *SR69
TWO – SIX MONTHS AGO ................. 2 GO TO *SR69
SEVEN – 12 MONTHS AGO ............... 3 GO TO *SR69
MORE THAN 12 MONTHS AGO ........... 4
DON’T KNOW. .............................. 9 GO TO *SR73
REFUSED ............................................. 8 GO TO *SR73

*SR68. How old were you the last time?

_______ YEARS OLD
DON’T KNOW .................. 999
REFUSED ....................... 998

GO TO *SR73

*SR69. How many visits did you make to this professional in the past 12 months?

_______ VISIT(S)
DON’T KNOW .................. 999 GO TO *SR70
REFUSED ....................... 998 GO TO *SR70

*SR69a. How many minutes did (this visit last/ these visits last on average)?

_______ MINUTES
DON’T KNOW .................. 999
REFUSED ....................... 998
**SR70.** In general, how satisfied are you with the treatments and services you received from this professional in the past 12 months – very satisfied, satisfied, neither satisfied or dissatisfied, dissatisfied, or very dissatisfied?

  INTERVIEWER: IF MORE THAN ONE PROFESSIONAL SEEN: ASK ABOUT THE ONE R WAS MOST SATISFIED WITH

  VERY SATISFIED ............................................. 1
  SATISFIED ........................................................ 2
  NEITHER SATISFIED OR DISSATISFIED .... 3
  DISSATISFIED.................................................. 4
  VERY DISSATISFIED ...................................... 5
  DON’T KNOW .................................................... 9
  REFUSED .......................................................... 8

**SR71.** Did this professional help you a lot, some, a little, or not at all?

  A LOT .............................................................. 1
  SOME ............................................................. 2
  A LITTLE .......................................................... 3
  NOT AT ALL ...................................................... 4
  DON’T KNOW .................................................... 9
  REFUSED .......................................................... 8

**SR72.** Have you stopped seeing this mental health professional or are you still in treatment?

  STOPPED ................................................................................ 1
  (IF VOL) STOPPED SEEING ONE MENTAL HEALTH
  PROFESSIONAL AND IN TREATMENT WITH
  ANOTHER .......................................................... 2  GO TO *SR73
  STILL IN TREATMENT ............................................ 2  GO TO *SR73
  DON’T KNOW .................................................... 9  GO TO *SR73
  REFUSED .......................................................... 8  GO TO *SR73

  *SR72a. Did you complete the full recommended course of treatment? Or did you quit before the mental health professional wanted you to stop?

  COMPLETED TREATMENT ................. 1
  QUIT ............................................................. 5
  DON’T KNOW .................................................... 9
  REFUSED .......................................................... 8

**SR73.** INTERVIEWER CHECKPOINT: (SEE *SR17)

  *SR17 EQUALS ‘8’................................. 1
  *SR17 EQUALS ‘9’ ..................................... 2  GO TO *SR87
  *SR17 EQUALS ‘10’ ................................. 3  GO TO *SR100
  ALL OTHERS ............................................. 4  GO TO *SR109

**SR74.** How old were you the first time you talked to a nurse, occupational therapist, or other non-MD health professional about your emotions, nerves, or mental health (IF *SC26.2 EQUALS ‘1’ OR *SC26.3 EQUALS ‘1’ OR *SC26.4 EQUALS ‘1’: or your use of alcohol or drugs)?

  ________ YEARS OLD
  DON’T KNOW ...................... 999
  REFUSED ............................. 998
*SR75. When was the last time – in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

PAST MONTH................................. 1   GO TO *SR77
TWO – SIX MONTHS AGO............. 2   GO TO *SR77
SEVEN – 12 MONTHS AGO............. 3   GO TO *SR77
MORE THAN 12 MONTHS AGO......... 4
DON'T KNOW ............................. 9   GO TO *SR86
REFUSED...................................... 8   GO TO *SR86

*SR76. How old were you the last time?

______ YEARS OLD
DON'T KNOW .................. 999
REFUSED......................... 998

*SR77. Did a nurse, occupational therapist, or other non-MD health professional ever recommend that you go to a mental health specialist, clinic or program?

YES........................................ 1
NO......................................... 5   GO TO *SR81
DON'T KNOW ......................... 9   GO TO *SR81
REFUSED............................... 8   GO TO *SR81

*SR78. How old were you the first time (a nurse, occupational therapist, or other non-MD health professional ever recommend that you go to a mental health specialist, clinic or program)?

______ YEARS OLD
DON'T KNOW .................. 999
REFUSED......................... 998

*SR79. INTERVIEWER CHECKPOINT: (SEE *SR75)

*SR75 EQUALS ‘1’ – ‘3’............................................ 1   GO TO *SR86
ALL OTHERS....................................................... 2

*SR80. Did a nurse, occupational therapist, or other non-MD health professional recommend that you go to a mental health specialist, clinic, or program in the past 12 months?

YES........................................ 1
NO......................................... 5
DON'T KNOW ......................... 9
REFUSED............................... 8

GO TO *SR82

*SR81. INTERVIEWER CHECKPOINT: (SEE *SR75)

*SR75 EQUALS ‘1’ – ‘3’............................................ 1   GO TO *SR86
ALL OTHERS....................................................... 2
**SR82.** How many visits did you make to a non-MD health professional in the past 12 months?

______ VISIT(S)

DON’T KNOW .................................. 999  GO TO *SR83
REFUSED ........................................ 998  GO TO *SR83

**SR82a.** How many minutes did (this visit last/ these visits last on average)?

______ MINUTES

DON’T KNOW .................................. 999
REFUSED ........................................ 998

**SR83.** In general, how satisfied are you with the treatments and services you received from this professional in the past 12 months – very satisfied, satisfied, neither satisfied or dissatisfied, dissatisfied, or very dissatisfied?

INTERVIEWER: IF MORE THAN ONE PROFESSIONAL SEEN: ASK ABOUT THE ONE R WAS MOST SATISFIED WITH

VERY SATISFIED ......................................................... 1
SATISFIED ............................................................. 2
NEITHER SATISFIED OR DISSATISFIED ....................... 3
DISSATISFIED ......................................................... 4
VERY DISSATISFIED ................................................ 5
DON’T KNOW ....................................................... 9
REFUSED ............................................................ 8

**SR84.** Did this professional help you a lot, some, a little, or not at all?

A LOT ................................................................. 1
SOME ................................................................. 2
A LITTLE ............................................................. 3
NOT AT ALL ......................................................... 4
DON’T KNOW ....................................................... 9
REFUSED ........................................................... 8

**SR85.** Have you stopped seeing this professional or are you still in treatment?

STOPPED ................................................................. 1
(IF VOL) STOPPED SEEING ONE NON-MD HEALTH PROFESSIONAL AND IN TREATMENT WITH ANOTHER .......... 2  GO TO *SR86
STILL IN TREATMENT ...................................................... 3  GO TO *SR86
DON’T KNOW ........................................................... 9  GO TO *SR86
REFUSED ............................................................... 8  GO TO *SR86

**SR85a.** Did you complete the full recommended course of treatment? Or did you quit before the health professional wanted you to stop?

COMPLETED TREATMENT ........................................ 1
QUIT ................................................................. 5
DON’T KNOW ....................................................... 9
REFUSED .............................................................. 8
*SR86. INTERVIEWER CHECKPOINT: (SEE *SR17)

*SR17 EQUALS ‘9’................................. 1
*SR17 EQUALS ‘10’.............................. 2 GO TO *SR100
ALL OTHERS................................. 3 GO TO *SR109

*SR87. How old were you the first time you talked to a religious or spiritual advisor like a minister, priest, or rabbi about your emotions, nerves, or mental health (IF *SC26.2 EQUALS ‘1’ OR *SC26.3 EQUALS ‘1’ OR *SC26.4 EQUALS ‘1’: or your use of alcohol or drugs)?

______ YEARS OLD
DON’T KNOW .................. 999
REFUSED............................. 998

*SR88. When was the last time – in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

PAST MONTH................................. 1 GO TO *SR90
TWO – SIX MONTHS AGO. .......... 2 GO TO *SR90
SEVEN – 12 MONTHS AGO .......... 3 GO TO *SR90
MORE THAN 12 MONTHS AGO ...... 4
DON’T KNOW ......................... 9 GO TO *SR99
REFUSED................................. 8 GO TO *SR99

*SR89. How old were you the last time [you talked to a spiritual advisor about your emotions (IF *SC26.2 EQUALS ‘1’ OR *SC26.3 EQUALS ‘1’ OR *SC26.4 EQUALS ‘1’: or substance use)]?

______ YEARS OLD
DON’T KNOW .................. 999
REFUSED............................. 998

*SR90. Did a spiritual advisor ever recommend that you go to a mental health specialist, clinic or program?

YES ........................................ 1
NO ..................................... 5 GO TO *SR94
DON’T KNOW ......................... 9 GO TO *SR94
REFUSED................................. 8 GO TO *SR94

*SR91. How old were you the first time (a spiritual advisor ever referred you to a mental health specialist, clinic or program)?

______ YEARS OLD
DON’T KNOW .................. 999
REFUSED............................. 998

*SR92. INTERVIEWER CHECKPOINT: (SEE *SR88)

*SR88 EQUALS ‘1’ – ‘3’ ............................ 1
ALL OTHERS ................................. 2 GO TO *SR99
*SR93. Did a spiritual advisor recommend that you go to a mental health specialist, clinic, or program in the past 12 months?

YES.................................................................1
NO .................................................................5
DON’T KNOW .................................................9
REFUSED ......................................................8

GO TO *SR95

*SR94. INTERVIEWER CHECKPOINT: (SEE *SR88)

*SR88 EQUALS ‘1’ – ‘3’..............................................1
ALL OTHERS.........................................................2

GO TO *SR99

*SR95. How many visits did you make to a spiritual advisor about these problems in the past 12 months?

_______ VISIT(S)

DON’T KNOW ..................................................999
REFUSED ........................................................998

GO TO *SR96

*SR95a. How many minutes did (this visit last/ these visits last on average)?

_______ MINUTES

DON’T KNOW ..................................................999
REFUSED ........................................................998

GO TO *SR96

*SR96. In general, how satisfied are you with the treatments and services you received from the spiritual advisor in the past 12 months – very satisfied, satisfied, neither satisfied or dissatisfied, dissatisfied, or very dissatisfied?

INTERVIEWER: IF MORE THAN ONE SPIRITUAL ADVISOR SEEN: ASK ABOUT THE ONE R WAS MOST SATISFIED WITH

VERY SATISFIED ..................................................1
SATISFIED .......................................................2
NEITHER SATISFIED OR DISSATISFIED .................3
DISSATISFIED ..................................................4
VERY DISSATISFIED ..........................................5
DON’T KNOW ..................................................9
REFUSED ........................................................8

*SR97. Did the spiritual advisor help you a lot, some, a little, or not at all?

A LOT .............................................................1
SOME ............................................................2
A LITTLE .......................................................3
NOT AT ALL ..................................................4
DON’T KNOW ..................................................9
REFUSED ........................................................8
*SR98. Have you stopped seeing the spiritual advisor or are you still in treatment?

STOPPED ........................................................................1
(IF VOL) STOPPED SEEING ONE SPIRITUAL ADVISOR
AND IN TREATMENT WITH ANOTHER ..................2 GO TO *SR99
STILL IN TREATMENT ........................................3 GO TO *SR99
DON’T KNOW ......................................................9 GO TO *SR99
REFUSED ...........................................................8 GO TO *SR99

*SR98a. Did you complete the full recommended course of treatment? Or did you quit before the spiritual advisor wanted you to stop?

COMPLETED TREATMENT ..................................1
QUIT .....................................................................5
DON’T KNOW ..................................................9
REFUSED ..........................................................8

*SR99. INTERVIEWER CHECKPOINT: (SEE *SR17)

*SR17 EQUALS ‘10’ ..............................................1
ALL OTHERS ..................................................2 GO TO *SR109

*SR100. How old were you the first time you talked to a healer – such as an herbalist or chiropractor or spiritualist – about your emotions, nerves, or mental health (IF *SC26.2 EQUALS ‘1’ OR *SC26.3 EQUALS ‘1’ OR *SC26.4 EQUALS ‘1’: or your use of alcohol or drugs)?

______ YEARS OLD
DON’T KNOW .................................................999
REFUSED .........................................................998

*SR101. When was the last time – in the past month, 2-6 months ago, 7-12 months ago, or more than 12 months ago?

PAST MONTH ..................................................1 GO TO *SR103
TWO – SIX MONTHS AGO ..................................2 GO TO *SR103
SEVEN – 12 MONTHS AGO .............................3 GO TO *SR103
MORE THAN 12 MONTHS AGO .......................4
DON’T KNOW ..................................................9 GO TO *SR109
REFUSED .........................................................8 GO TO *SR109

*SR102. How old were you the last time?

______ YEARS OLD
DON’T KNOW .................................................999
REFUSED .........................................................998

GO TO *SR109
*SR103. How many visits did you make to a healer in the past 12 months?

_________ VISIT(S)

DON’T KNOW ......................... 999   GO TO *SR105
REFUSED.............................. 998   GO TO *SR105

*SR104. How many minutes did (this visit last/ these visits last on average)?

_________ MINUTES

DON’T KNOW ......................... 999
REFUSED.............................. 998

*SR105. What kind of healer did you see?

(PROBE: Any others?)

RECORD ALL MENTIONS

ACUPUNCTURIST................................................................. 1
BIOFEEDBACK SPECIALIST............................................... 2
CHIROPRACTOR................................................................. 3
ENERGY HEALING SPECIALIST......................................... 4
EXERCISE OR MOVEMENT THERAPIST............................. 5
HERBALIST.......................................................................... 6
HOMEOPATH....................................................................... 7
HYPNOTIST......................................................................... 8
GUIDED IMAGERY SPECIALIST........................................... 9
MASSEUSE.......................................................................... 10
SPIRITUALIST/PSYCHIC..................................................... 11
YOGA, RELAXATION OR MEDITATION EXPERT.................. 12
DIETICIAN.......................................................................... 13
OTHER (SPECIFY)............................................................. 14

DON’T KNOW ..................................................................... 99
REFUSED........................................................................... 98

*SR106. In general, how satisfied are you with the treatments and services you received from the [TYPE OF HEALER(s)/healer(s)] in the past 12 months – very satisfied, satisfied, neither satisfied or dissatisfied, dissatisfied, or very dissatisfied?

INTERVIEWER: IF MORE THAN ONE HEALER SEEN: ASK ABOUT THE ONE R WAS MOST SATISFIED WITH

VERY SATISFIED..................................................1
SATISFIED .........................................................2
NEITHER SATISFIED OR DISSATISFIED ............3
DISSATISFIED...................................................4
VERY DISSATISFIED ........................................5
DON’T KNOW ...................................................9
REFUSED.............................................................8
*SR107. Did the [TYPE OF HEALER(s)/healer(s)] help you a lot, some, a little, or not at all?

A LOT ................................................................ 1
SOME ................................................................ 2
A LITTLE .......................................................... 3
NOT AT ALL .................................................... 4
DON’T KNOW................................................... 9
REFUSED.......................................................... 8

*SR108. Have you stopped seeing the [TYPE OF HEALER(s)/healer(s)] or are you still in treatment?

STOPPED ............................................................................................ 1
(IF VOL) STOPPED SEEING ONE HEALER
AND IN TREATMENT WITH ANOTHER ............................................. 2
STILL IN TREATMENT ................................................................. 3
DON’T KNOW.................................................................................... 9
REFUSED............................................................................................ 8

*SR108a. Did you complete the full recommended course of treatment? Or did you quit before the
[TYPE OF HEALER(s)/healer(s)] wanted you to stop?

COMPLETED TREATMENT.................................. 1
QUIT ......................................................................... 5
DON’T KNOW ......................................................... 9
REFUSED ................................................................. 8

GO TO *SR110


  *SR5a EQUALS ‘1’–’3’ OR  *SR8 EQUALS ‘1’ OR  *SR20 EQUALS ‘1’ – ‘3’ OR 
  *SR28 EQUALS ‘1’ – ‘3’ OR  *SR41 EQUALS ‘1’ – ‘3’ OR  *SR49 EQUALS ‘1’ – ‘3’
  OR  *SR58 EQUALS ‘1’ – ‘3’ OR  *SR67 EQUALS ‘1’ – ‘3’ OR  *SR75 EQUALS ‘1’ – ‘3’
  OR  *SR88 EQUALS ‘1’ – ‘3’ OR  *SR101 EQUALS ‘1’ – ‘3’ ............................................. 1
  ALL OTHERS ................................................................................................. 2

GO TO *SR122

*SR110. The next question is about the money you spent over the past 12 months on treatment of problems with
your emotions (IF *SC26.2 EQUALS ‘1’ OR *SC26.3 EQUALS ‘1’ OR *SC26.4 EQUALS ‘1’: or
substance use). This includes all the money you and your family members paid “out-of-pocket” for visits,
medications, tests, and services associated with your treatment. Not including any costs that were
reimbursed or that will be reimbursed by insurance, about how much money have you (and your family)
spent on treatment of emotional (IF *SC26.2 EQUALS ‘1’ OR *SC26.3 EQUALS ‘1’ OR *SC26.4
EQUALS ‘1’: or substance) problems in the past 12 months?

(CODE “NONE” AS ZERO DOLLARS)

_____________ DOLLARS

DON’T KNOW..........999
REFUSED..............998
*SR111. When you went to see a professional about your emotions (IF *SC26.2 EQUALS ‘1’ OR *SC26.3 EQUALS ‘1’ OR *SC26.4 EQUALS ‘1’: or substance use) in the past year, was this something you wanted to do, or did you go only because someone else was putting pressure on you?

R WANTED TO DO IT ...........................................................................................................1  GO TO *SR113
SOMEONE ELSE PUTTING PRESSURE ON R ..................................................................2
(IF VOL) BOTH ..............................................................................................................3  GO TO *SR114
DON’T KNOW .............................................................................................................9  GO TO *SR119
REFUSED ..................................................................................................................8  GO TO *SR119

*SR112. (RB, PG 83) Which of these three statements best describes why you didn’t want to see a professional:

You didn’t think you had a problem? You had a problem, but you thought you could handle it on your own? Or you thought that you needed help, but didn’t believe professional treatment would be helpful?

R DIDN’T THINK HE/SHE HAD A PROBLEM .................................................................1
R HAD A PROBLEM, BUT THOUGHT HE/SHE COULD HANDLE IT ON HIS/HER OWN .................................................................2
R THOUGHT THAT HE/SHE NEEDED HELP BUT DIDN’T BELIEVE PROFESSIONAL TREATMENT WOULD BE HELPFUL .........................................................3
OTHER (SPECIFY) .........................................................................................................4

DON’T KNOW .............................................................................................................9
REFUSED ..................................................................................................................8

GO TO *SR119

*SR113. Did anyone encourage you or put pressure on you to see a professional about your emotions (IF *SC26.2 EQUALS ‘1’ OR *SC26.3 EQUALS ‘1’ OR *SC26.4 EQUALS ‘1’: or substance use)?

YES .................................................................................................................................1
NO ....................................................................................................................................5
DON’T KNOW .............................................................................................................9
REFUSED ..................................................................................................................8

*SR114. How long had you been thinking that you needed to see a professional before you started treatment?

____________ DURATION NUMBER
CIRCLE UNIT OF TIME:
     DAYS ... 1      WEEKS ... 2      MONTHS ... 3      YEARS ... 4
DON’T KNOW .......................................................... 999
REFUSED .......................................................... 998
**SR115. INTERVIEWER CHECKPOINT:** (SEE **SR114**)

**SR114** EQUALS AT LEAST FOUR WEEKS ...........................................1
ALL OTHERS...............................................................................................2  **GO TO **SR118

**SR116.** I’m going to read a list of reasons for delaying help-seeking and ask you to say “yes” or “no” for whether each one was a reason for why you didn’t get professional help more quickly than you did?

<table>
<thead>
<tr>
<th>Reason</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*SR116a. My health insurance would not cover treatment.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR116b. I thought the problem would get better by itself.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR116c. The problem didn’t bother me very much at first.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR116d. I wanted to handle the problem on my own.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR116e. I didn’t think treatment would work.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR116f. I received treatment before and it didn’t work.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR116g. I was concerned about how much money it would cost.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR116h. I was concerned about what people would think if they found out I was in treatment.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR116i. I had problems with things like transportation or scheduling that made it hard to get to treatment.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR116j. I was unsure about where to go or who to see.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR116k. I thought it thought it would take too much time or be inconvenient.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR116l. I could not get an appointment.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR116m. I was scared about being put in a hospital against my will.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR116n. I was not satisfied with available services.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>
*SR117. Were there any other important reasons for your delay that I didn’t ask about?

YES ........................................ 1
NO ........................................ 5  GO TO *SR118
DON’T KNOW ......................... 9  GO TO *SR118
REFUSED .............................. 8  GO TO *SR118

*SR117a. (IF NEC: Briefly, what were they?)

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

*SR118. (RB, PG 84) Here is a list of things people often say they hope to get from treatment. Which of these were the main things you were hoping to get from treatment when you saw a professional in the past 12 months? (You can just give me the letters.)

(PROBE: Any other important reasons that are not on the list?)

PROBE UNTIL NONPRODUCTIVE

A. TO HELP WITH YOUR EMOTIONS (e.g., SADNESS, ANGER)......................................................... 1
B. TO CONTROL PROBLEM BEHAVIORS (e.g., DRINKING PROBLEMS, GAMBLING):................. 2
C. TO DEAL WITH GENERAL BODY COMPLAINTS (e.g., TIREDNESS, HEADACHES) ..................... 3
D. TO HELP MAKE A LIFE DECISION (e.g., TO GET MARRIED OR CHANGE JOBS) ...................... 4
E. TO COPE WITH ONGOING STRESS (e.g., JOB STRESS, MARITAL PROBLEMS)......................... 5
F. TO COPE WITH RECENT STRESSFUL EVENTS (e.g., DIVORCE, DEATH OF A LOVED ONE).. 6
G. TO COME TO TERMS WITH YOUR PAST (e.g., FEELINGS ABOUT YOUR CHILDHOOD) .......... 7
H. OTHER REASONS (PLEASE DESCRIBE)............................................................................................ .. 8

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

DON’T KNOW ........................................................................................................................................... 99
REFUSED.................................................................................................................................................. 98


*SR25a EQUALS ‘5’ OR *SR38a EQUALS ‘5’ OR *SR46b EQUALS ‘5’ OR
*SR55a EQUALS ‘5’ OR *SR64a EQUALS ‘5’ OR *SR72a EQUALS ‘5’ OR
*SR85a EQUALS ‘5’ OR *SR98a EQUALS ‘5’ OR *SR108a EQUALS ‘5’.............................. 1
ALL OTHERS........................................................................................................................................... 2  GO TO *SR128
You mentioned quitting. I’m going to read a list of reasons for quitting and ask you to say “yes” or “no” for whether each one was a reason you quit.

<table>
<thead>
<tr>
<th>Reason</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*SR120a. You got better.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR120b. You didn’t need help anymore.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>(IF NEC: Was that one of your reasons for quitting?)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*SR120c. You were not getting better.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR120d. You wanted to handle the problem on your own.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR120e. You had bad experiences with the treatment providers.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR120f. You were concerned about what people would think if they found out you were in treatment.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR120g. You were treated badly or unfairly.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR120h. The therapist or counselor left or moved away.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR120i. You felt out of place.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR120j. The policies were a hassle.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR120k. There were problems with lack of time, schedule change, or lack of transportation.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR120l. You moved.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR120m. Treatment was too expensive.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR120n. Your health insurance would not pay for more treatment.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR120o. Your family wanted you to stop.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>
*SR121. Were there any other important reasons for quitting that I didn't ask about?

YES ....................................1
NO .................................5  GO TO *SR128
DON'T KNOW.................9  GO TO *SR128
REFUSED.........................8  GO TO *SR128

*SR121a. (IF NEC: Briefly, what were they?)


GO TO *SR128


*SR122. Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your emotions or nerves (IF *SC26.2 EQUALS '1' OR *SC26.3 EQUALS '1' OR *SC26.4 EQUALS '1': or your use of alcohol or drugs)?

YES ....................................1
NO .................................5  GO TO *SR123
DON'T KNOW.................9  GO TO *SR123
REFUSED.........................8  GO TO *SR123

*SR122a. How many months or years have you been thinking that you might need professional help?

IF VOL: “ONLY OCCASIONALLY,” PROBE: How long has it been that you had this thought from time to time?
IF VOL: “ONLY ONCE,” CODE “1 DAY.”

___   DURATION NUMBER

CIRCLE UNIT OF TIME:  DAYS ....1  WEEKS ....2  MONTHS.....3  YEARS......4

DON'T KNOW....................999
REFUSED..........................998

GO TO *SR124
*SR123. (RB, PG 83) Which of these three statements best describes why you didn’t want to see a professional:

You didn’t think you had a problem? You had a problem, but you thought you could handle it on your own? Or you thought that you needed help but didn’t believe professional treatment would be helpful?

R DIDN’T THINK HE/SHE HAD A PROBLEM ........................................................................1
R HAD A PROBLEM, BUT THOUGHT HE/SHE COULD HANDLE IT ON HIS/HER OWN ..........................................................................................................2
R THOUGHT THAT HE/SHE NEEDED HELP BUT DIDN’T BELIEVE PROFESSIONAL TREATMENT WOULD BE HELPFUL ............................................3
OTHER (SPECIFY) ............................................................................................................4

DON’T KNOW ..................................................................................................................9
REFUSED ..........................................................................................................................8

*SR124. Was there ever a time in the past 12 months when someone encouraged you or put pressure on you to see a professional about your emotions or mental health (IF *SC26.2 EQUALS ‘1’ OR *SC26.3 EQUALS ‘1’ OR *SC26.4 EQUALS ‘1’: or your use of alcohol or drugs)?

YES ........................................................................ 1
NO ........................................................................ 5
DON’T KNOW ........................................ 9
REFUSED .................................................. 8

*SR125. INTERVIEWER CHECKPOINT (SEE *SR122a)

*SR122a EQUALS AT LEAST ‘4’ WEEKS ............. 1
ALL OTHERS .................................................. 2  GO TO *SR128
Here are some reasons people have for not seeking help even when they think they might need it. Just tell me “yes” or “no” whether each statement applies to why you did not see a professional.

<table>
<thead>
<tr>
<th>(IF NEC: Is this one of your reasons?)</th>
<th>YES (1)</th>
<th>NO (5)</th>
<th>DK (9)</th>
<th>RF (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*SR126a. My health insurance would not cover this type of treatment</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR126b. The problem went away by itself, and I did not really need help.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR126c. I thought the problem would get better by itself</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR126d. I was concerned about how much money it would cost.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR126e. I was unsure about where to go or who to see.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR126f. I didn’t think treatment would work.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR126g. I was concerned about what others might think if they found out I was in treatment.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR126h. I thought it would take too much time or be inconvenient.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR126i. I wanted to handle the problem on my own.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR126j. I could not get an appointment.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR126k. I was scared about being put into a hospital against my will.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR126l. I was not satisfied with available services.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR126m. I received treatment before and it did not work.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR126n. The problem didn’t bother me very much.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>*SR126o. I had problems with things like transportation, childcare, or scheduling that would have made it hard to get to treatment.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

Are there any other important reasons why you didn’t seek professional help?

| YES ................................. 1 |
| NO................................. 5  | **GO TO *SR128** |
| DON’T KNOW ............... 9  | **GO TO *SR128** |
| REFUSED ................. 8  | **GO TO *SR128** |
**SR127a.** (IF NEC: Briefly, what were they?)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

---

**SR128.** (RB, PG 85) The list on Page 85 of your booklet describes commonly used alternative therapies. Did you use any of these therapies in the past 12 months for problems with your emotions or nerves (IF *SC26.2 EQUALS ‘1’ OR *SC26.3 EQUALS ‘1’ OR *SC26.4 EQUALS ‘1’: or your use of alcohol or drugs)?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
</tbody>
</table>

**SR128a:** Which ones did you use?

(PROBE: Any others?)

RECORD ALL MENTIONS

- ACUPUNCTURE ................................................................. 1
- BIOFEEDBACK ........................................................................ 2
- CHIROPRACTIC ............................................................... 3
- ENERGY HEALING .............................................................. 4
- EXERCISE OR MOVEMENT THERAPY .................................. 5
- HERBAL THERAPY (e.g., ST. JOHN’S WORT, CHAMOMILE) .... 6
- HIGH DOSE MEGA-VITAMINS .............................................. 7
- HOMEOPATHY ..................................................................... 8
- HYPNOSIS .......................................................................... 9
- IMAGERY TECHNIQUES ...................................................... 10
- MASSAGE THERAPY ............................................................ 11
- PRAYER OR OTHER SPIRITUAL PRACTICES ......................... 12
- RELAXATION OR MEDITATION TECHNIQUES ...................... 13
- SPECIAL DIETS ............................................................... 14
- SPIRITUAL HEALING BY OTHERS ..................................... 15
- ANY OTHER NON-TRADITIONAL REMEDY OR THERAPY (SPECIFY) .... 16

---

**SR129.** INTERVIEWER CHECKPOINT: (SEE *SR128a)

*SR128a EQUALS ‘6’ ............................................................ 1
ALL OTHERS ................................................................. 2  GO TO *SR131
*SR130. (RB, PG 86) What types of herbal medicines did you use for your emotions or nerves or mental health (IF *SC26.2 EQUALS ‘1’ OR *SC26.3 EQUALS ‘1’ OR *SC26.4 EQUALS ‘1’: or your use of alcohol or drugs)?

(PROBE: Any other?)

RECORD ALL MENTIONS

CHAMOMILE.............................. 1
KAVA......................................... 2
LAVENDER................................. 3
ST. JOHN’S WORT..................... 4
VALERIAN................................. 5
CHASTEBERRY............................ 6
BLACK COHOSH......................... 7
OTHER (SPECIFY)........................ 8

DON’T KNOW ............................. 99
REFUSED ................................. 98

*SR130a. About how many days out of 365 in the past 12 months did you use (HERBAL MED/ any of these herbal medicines)?

_____________ DAYS

DON’T KNOW ............999
REFUSED .................998

*SR130b. Did a professional advise you to use (HERBAL MED/ any of these herbal medicines)?

YES ........................................... 1
NO ............................................. 5  GO TO *SR131
DON’T KNOW ......................... 9  GO TO *SR131
REFUSED ................................. 8  GO TO *SR131
*SR130c. What kind of professional?

RECORD ALL MENTIONS

PSYCHIATRIST ................................................................................................................... 1
FAMILY DOCTOR ................................................................................................................ 2
OTHER MEDICAL DOCTOR (e.g., CARDIOLOGIST, GYNECOLOGIST) .......................... 3
PSYCHOLOGIST ................................................................................................................ 4
SOCIAL WORKER .......................................................................................................... 5
COUNSELOR .................................................................................................................. 6
OTHER MENTAL HEALTH PROFESSIONAL (e.g., PSYCHIATRIC NURSE, PSYCHOTHERAPIST) .............................................................................................................. 7
OTHER HEALTH PROFESSIONAL (e.g., PHYSICIAN ASSISTANT) .............................. 8
RELIGIOUS OR SPIRITUAL ADVISOR (e.g., MINISTER, PRIEST, RABBI) ...................... 9
HERBALIST ..................................................................................................................... 10
OTHER ALTERNATIVE PROVIDER (e.g., SPIRITUALIST, NATIVE HEALER, ENERGY HEALER) ................................................................................................................ 11
OTHER (SPECIFY) ....................................................................................................... 12

DON'T KNOW ............................................................................................................... 99
REFUSED ....................................................................................................................... 98

*SR131. Did you talk to a telephone psychic at any time in the past 12 months?

YES ........................................ 1
NO ...................................... 5  GO TO *SR132
DON'T KNOW .................. 9  GO TO *SR132
REFUSED ......................... 8  GO TO *SR132

*SR131a. About how many times (did you talk to a telephone psychic in the past 12 months)?

_____________ TIMES

DON'T KNOW ............................ 999
REFUSED .................................... 998

*SR131b. About how long did (this call last/ these calls last on average)?

_____________ MINUTES

DON'T KNOW ............................ 999
REFUSED .................................... 998
*SR131c. What were the main things you talked about during (this call/ these calls)?

RECORD ALL MENTIONS

LOVE LIFE............................................................................................1
FINANCES.............................................................................................2
OTHER STRESS....................................................................................3
R’S MENTAL HEALTH.......................................................................4
OTHER (SPECIFY) ...............................................................................5

DON’T KNOW ......................................................................................9
REFUSED ..............................................................................................8

*SR132. INTERVIEWER CHECKPOINT: (SEE *SR10b)

*SR10b EQUALS ‘1’ – ‘3’ ............................................ 1
ALL OTHERS................................................................ 2  GO TO *F1, NEXT SECTION

*SR133. (RB, PG 87) You mentioned going to a self-group in the past 12 months. What kind of self-help group did you go to? Just give me the letter.

(PROBE: Any other?)

CIRCLE ALL MENTIONS

A. GROUPS FOR PEOPLE WITH SUBSTANCE PROBLEMS (SUCH AS ALCOHOLICS ANONYMOUS OR RATIONAL RECOVERY) .................................................................................................1
B. GROUPS FOR PEOPLE WITH EMOTIONAL PROBLEMS (SUCH AS GROW, THE MANIC DEPRESSIVE ASSOCIATION, OR EMOTIONS ANONYMOUS) ........................................................................2
C. GROUPS FOR PEOPLE WITH EATING PROBLEMS..............................................................................3
D. GROUPS FOR DEALING WITH THE DEATH OF A LOVED ONE (SUCH AS THE COMPASSIONATE FRIENDS OR WIDOW TO WIDOW) ....................................................................................4
E. GROUPS FOR PEOPLE MAKING OTHER LIFE TRANSITIONS (SUCH AS PARENTS WITHOUT PARTNERS OR EMPTY NESTERS) .........................................................................................................5
F. GROUPS FOR SURVIVORS (SUCH AS ADULT CHILDREN OF ALCOHOLICS OR SURVIVORS OF CHILDHOOD SEXUAL ABUSE) .................................................................................6
G. GROUPS FOR PEOPLE WITH PHYSICAL DISABILITIES OR ILLNESSES (SUCH AS LIVING WITH CANCER OR LIVING WITH AIDS) ............................................................................................... 7
H. PARENT SUPPORT GROUPS (SUCH AS TOUGHLOVE OR PARENTS ANONYMOUS) ..................8
I. GROUPS FOR THE FAMILIES OF PEOPLE WITH A PHYSICAL ILLNESS (SUCH AS THE CANDLELIGHTERS OR FAMILIES OF CHILDREN WITH CANCER).................................................9
J. GROUPS FOR THE FAMILIES OF PEOPLE WITH EMOTIONAL OR SUBSTANCE PROBLEMS (SUCH AS THE NATIONAL ALLIANCE FOR THE MENTALLY ILL OR AL ANON) ....................10
K. ANY OTHER SELF-HELP GROUP, MUTUAL HELP GROUP, OR SUPPORT GROUP [SPECIFY] ...11

DON’T KNOW ....................................................................................................................................................99
REFUSED ........................................................................................................................ ....................................98

*SR20 EQUALS ‘1’ – ‘3’ OR *SR28 EQUALS ‘1’ – ‘3’ OR *SR41 EQUALS ‘1’ – ‘3’ OR
*SR49 EQUALS ‘1’ – ‘3’ OR *SR58 EQUALS ‘1’ – ‘3’ OR *SR67 EQUALS ‘1’ – ‘3’ OR
*SR75 EQUALS ‘1’ – ‘3’ OR *SR88 EQUALS ‘1’ – ‘3’ OR
*SR101 EQUALS ‘1’ – ‘3’ ........................................................................................................1
ALL OTHERS.....................................................................................................................................2  GO TO *F1, NEXT SECTION

*SR135. (RB, PG 88) Which of the following statements best describes the relationship between your participation in
the self-help group and your seeing a professional about problems with your emotions, nerves, or mental
health (IF *SC26.2 EQUALS ‘1’ OR *SC26.3 EQUALS ‘1’ OR *SC26.4 EQUALS ‘1’: or substance use)?
Just give me the number.

A PROFESSIONAL RAN THE GROUP ........................................................................................................1
A PROFESSIONAL ASKED YOU TO ATTEND THE GROUP AS PART OF YOUR TREATMENT, BUT
THE GROUP WAS NOT RUN BY A PROFESSIONAL ..................................................................................2
YOU ATTENDED THE SELF-HELP GROUP AT THE SAME TIME YOU SAW A PROFESSIONAL,
BUT THE TWO WERE NOT RELATED ...................................................................................................3
YOU ATTENDED THE SELF-HELP GROUP AT A DIFFERENT TIME THAN WHEN YOU SAW A
PROFESSIONAL .......................................................................................................................................4
OTHER (SPECIFY) ......................................................................................................................................5

________________________________________________________________________________________

DON’T KNOW ...........................................................................................................................................9
REFUSED ....................................................................................................................................................8

GO TO *F1, NEXT SECTION
SECTION F: USE OF HELP RESOURCES

Problem Identification - NSBA

F1. Problems often come up in life. Sometimes they are personal problems. When problems like this have come up, has there ever been a time when you felt you were about at the point of a nervous breakdown?

1 - Yes \hspace{1cm} \text{GO TO F5}
5 - No

F2. Has there ever been a time when you had a personal problem where you felt so nervous you couldn't do much of anything?

1 - Yes \hspace{1cm} \text{GO TO F5}
5 - No

F3. Has there ever been a time when you felt down and depressed, so low that you felt like you just couldn't get going?

1 - Yes \hspace{1cm} \text{GO TO F5}
5 - No

F4. Everybody faces personal problems in life. What is the most serious personal problem you have had to face in your life? (IF R OBJECTS TO QUESTION AS TOO PERSONAL: You don’t have to go into any great detail, I’d just like some general idea of what the problem was about.) (IF R GIVES ONLY A ONE WORD OR BRIEF ANSWER: Can you tell me a little more about that?)

1 - R offered problem \hspace{1cm} \text{GO TO F4s}
2 - R has no serious problem \hspace{1cm} \text{GO TO NEXT SECTION, G1}
9 - Don’t Know \hspace{1cm} \text{GO TO NEXT SECTION, G1}
8 - Refused (after probes) \hspace{1cm} \text{GO TO NEXT SECTION, G1}

F4s. (PROBLEM SPECIFIED):

GO TO F6

F5. Thinking about the time you felt this way, what was this problem about? (IF R OBJECTS TO QUESTION AS TOO PERSONAL: You don’t have to go into any great detail, I’d just like some general idea of what the problem was about.) (IF R GIVES ONLY A ONE WORD OR BRIEF ANSWER: Can you tell me a little more about that?)

GO TO F6
F6. Is this happening now (or an ongoing problem)?

1 - Yes        GO TO F6c
5 - No

F6a. About how long ago did that happen? (MOST RECENT TIME WANTED.)

______ WEEKS AGO ______ MONTHS AGO ______ YEARS AGO

F6b. (RB, PG 28) How long was this a problem for you? Would you say less than a month, a month or so, two or three months, four to six months, seven months to a year or more than a year?

1 - Less than a month
2 - A month or so
3 - Two or three months
4 - Four to six months
5 - Seven months to a year
6 - More than a year

GO TO F7

F6c. (RB, PG 28) How long has this been a problem for you? Would you say less than a month, a month or so, two or three months, four to six months, seven months to a year or more than a year?

1 - Less than a month
2 - A month or so
3 - Two or three months
4 - Four to six months
5 - Seven months to a year
6 - More than a year
**Coding Scheme for F7a:**
1 - Husband/Wife/Partner
2 - Son
3 - Daughter
4 - Father
5 - Mother
6 - Brother
7 - Sister
8 - Other Relative
9 - Friend
10 - R Didn’t Talk to Anyone (Else)

**F7a. (RB, PG 29) From the list, please tell me all the people you may have talked to about your problem. Please tell me one person at a time.**

<table>
<thead>
<tr>
<th>F7b. ASK ONLY IF F7a IS 8-9.</th>
<th>F7c. Please tell me his/her race/ethnicity?</th>
</tr>
</thead>
</table>
| Is this person Male or Female? | 1 - White  
2 - Black  
3 - Hispanic  
4 - Asian  
5 - American Indian  
6 - Other______________ |

1. __________________________

(1-7) GO TO F7c  
(8-9) GO TO F7b  
(10) GO TO F8

2. __________________________

(1-7) GO TO F7c  
(8-9) GO TO F7b  
(10) GO TO F8

3. __________________________

(1-7) GO TO F7c  
(8-9) GO TO F7b  
(10) GO TO F8

4. __________________________

(1-7) GO TO F7c  
(8-9) GO TO F7b  
(10) GO TO F8

5. __________________________

(1-7) GO TO F7c  
(8-9) GO TO F7b  
(10) GO TO F8
F8. The next few questions ask about other people you may have gone to for help with your problem. Please tell me all of the people on this list you talked to about your problem.

<table>
<thead>
<tr>
<th>F8a. Did you talk to:</th>
<th>F8b. (RB, PG 30) Where did you see that person? (What kind of place or building?) Was it at a:</th>
<th>F8c. Can you please tell me his/her race/ethnicity?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 - Hospital</td>
<td>1 - White</td>
</tr>
<tr>
<td></td>
<td>2 - Outpatient Clinic</td>
<td>2 - Black</td>
</tr>
<tr>
<td></td>
<td>3 - Private Office</td>
<td>3 - Hispanic</td>
</tr>
<tr>
<td></td>
<td>4 - Social Service Agency</td>
<td>4 - Asian</td>
</tr>
<tr>
<td></td>
<td>5 - Jail/Prison</td>
<td>5 - American Indian</td>
</tr>
<tr>
<td></td>
<td>6 - Church</td>
<td>6 - Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) ...psychiatrist?</td>
<td>1 - Yes ➔</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 - No</td>
<td></td>
</tr>
<tr>
<td>b) ...other mental health professionals, such as a psychologist, psychotherapist, social worker, a mental health nurse or counselor?</td>
<td>1 - Yes ➔</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 - No</td>
<td></td>
</tr>
<tr>
<td>c) ...family doctor?</td>
<td>1 - Yes ➔</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 - No</td>
<td></td>
</tr>
<tr>
<td>d) ...any other doctor, like a cardiologist or (WOMEN: gynecologist/MEN: urologist)?</td>
<td>1 - Yes ➔</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 - No</td>
<td></td>
</tr>
<tr>
<td>e) ...any other health professional, like a nurse, physician’s assistant or chiropractor?</td>
<td>1 - Yes ➔</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 - No</td>
<td></td>
</tr>
<tr>
<td>F8a. Did you talk to:</td>
<td>F8b. (RB, PG 30) Where did you see that person? (What kind of place or building?) Was it at a:</td>
<td>F8c. Can you please tell me his/her race/ethnicity?</td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td></td>
<td>1 - Hospital</td>
<td>1 - White</td>
</tr>
<tr>
<td></td>
<td>2 - Outpatient Clinic</td>
<td>2 - Black</td>
</tr>
<tr>
<td></td>
<td>3 - Private Office</td>
<td>3 - Hispanic</td>
</tr>
<tr>
<td></td>
<td>4 - Social Service Agency</td>
<td>4 - Asian</td>
</tr>
<tr>
<td></td>
<td>5 - Jail/Prison</td>
<td>5 - American Indian</td>
</tr>
<tr>
<td></td>
<td>6 - Church</td>
<td>6 - Other</td>
</tr>
<tr>
<td></td>
<td>7 - Other</td>
<td></td>
</tr>
</tbody>
</table>

| f) … a religious or spiritual advisor like a Minister, Priest, Rabbi or Pastor? | 1 - Yes | 1 - Yes |
|                                                                              | 5 - No   | 5 - No   |

| g) …any other healer like an herbalist, spiritualist, naturalist or faith healer? | 1 - Yes | 1 - Yes |
|                                                                                   | 5 - No   | 5 - No   |

| h) Gone to a self-help group, mutual help group, or support group? | 1 - Yes | 1 - Yes |
|                                                                   | 5 - No   | 5 - No   |

| i) …Any other professional (SPECIFY)__________ | 1 - Yes | 1 - Yes |
|                                                | 5 - No   | 5 - No   |

F9. INTERVIEWER CHECKPOINT

- ☐ 1. R SAW ONE OR MORE PROFESSIONAL HELPERS  **GO TO NEXT SECTION, G1**
- ☐ 2. ALL OTHERS  **GO TO F10**

328
F10. Why didn’t you ever go for professional help for that problem?
(PROBE IF NECESSARY: Any other reason?) (CODE 2 RESPONSES)

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

**Use this coding scheme for F10:**

1 - Thought problem would get better by itself.
2 - Felt (got) better.
3 - It didn’t really bother me that much.
4 - Wanted to solve problem on my own.
5 - Didn’t think it would help.
6 - Could not afford it; too expensive.
7 - Worried about what other people would think.
8 - Inconvenient/Transportation problems, etc.
9 - Didn’t know where to go for help.
10 - Was embarrassed to talk about problem.
11 - Talked to a friend/relative
97 - Other (SPECIFY) ____________________
99 - DON’T KNOW
98 - REFUSED
SECTION G1: GROUP AND PERSONAL IDENTITY

(NOTE: Only the Caribbean sample answer the questions with the added “_cb”)

WHITE SAMPLE GO TO G3

Now, I would like to ask you some general questions about racial issues.

NSBA I

G1. People use different words to refer to people whose original ancestors came from Africa. What word best describes what you like to be called?

_____________________________________________________

Use this coding scheme:

1 – Black
2 – Black American
3 – Negro
4 – African-American
5 – Afro-American
6 – Colored
7 – Nigga
8 – West Indian
9 – Haitian
10 – Jamaican
97 – Other (SPECIFY) ___________

NSBA

G2. Which would you say is more important to you -- being (RESPONSE IN G1 IF EQUALS ‘1’ TO ‘10’; “Black” ALL OTHERS) or being American, or are both equally important to you?

1 – (“BLACK” or G1 RESPONSE)
2 – American
3 – Both equally
4 – (IF VOL): Neither; just a person/human being
7 – Other (SPECIFY): _____________________
**Closeness to groups - NSBA**

G3. Now I am going to ask you some questions about how close you feel in your ideas and feelings about things to different groups of people. For each one, please tell me if you feel very close, fairly close, not too close, or not close at all.

<table>
<thead>
<tr>
<th>Question</th>
<th>Very Close (1)</th>
<th>Fairly Close (2)</th>
<th>Not Too Close (3)</th>
<th>Not Close At All (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) How close do you feel in your ideas and feelings about things to Black people in this country?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) How close do you feel in your ideas and feelings about things to White people in this country?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) How about Spanish-speaking groups in this country like Puerto Ricans, Cubans or Mexican-Americans?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d) How about American Indians?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e) How about Asian Americans -- like Chinese or Japanese in this country?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f) How about Black people from the Caribbean, like people from Jamaica, Bermuda or Haiti?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g) How about Black people in Africa?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

WHITE SAMPLE GO TO G5
### Differential Closeness – NSBA

G4. Now I’m going to read you a list of different kinds of Black people. For each one, tell me how close you feel to them in your ideas and feelings about things.

<table>
<thead>
<tr>
<th></th>
<th>Very Close (1)</th>
<th>Fairly Close (2)</th>
<th>Not Too Close (3)</th>
<th>Not Close at all (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) How close do you feel in your ideas and feelings about things to Black people who are poor? (Do you feel very close, fairly close, not too close, or not close at all?)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) Religious church-going Black people?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) Young Black people?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d) Upper class Black people?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e) Working class Black people?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f) Older Black people?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g) Black elected officials?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>h) Black doctors, lawyers and other Black professional people?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### Stereotypes – NSBA I

G5. Many different words have been used to describe (Black people/Black Americans) in general. Some of these words describe good points and some of these words describe bad points. How true do you think each of these words is in describing most (Black people/Black Americans)? How true do you think it is, that most (Black people/Black Americans)...

<table>
<thead>
<tr>
<th></th>
<th>Very True (1)</th>
<th>Somewhat True (2)</th>
<th>A Little True (3)</th>
<th>Not True At All (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) are intelligent?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) are lazy?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) are hardworking?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d) give up easily?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e) are proud of themselves?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f) are violent?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
WHITE SAMPLE GO TO G6

G5_cb. Now about people from the Caribbean area, how true do you think each of these words is in describing most people from the Caribbean area? How true do you think it is that most people from the Caribbean area...

<table>
<thead>
<tr>
<th></th>
<th>Very True (1)</th>
<th>Somewhat True (2)</th>
<th>A Little True (3)</th>
<th>Not True At All (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) ...are intelligent?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) ...are lazy?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) ...are hardworking?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) ...give up easily?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) ...are proud of themselves?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) ...are violent?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CARIBBEAN SAMPLE GO TO G6a_cb

Better Break – NSBA

G6. On the whole, do you think most white people want to see Blacks get a better break, or do they want to keep Blacks down or don't they care one way or the other?

1 - Blacks get a better break  
2 - Keep Blacks down  
3 - Whites don't care one way or the other

ASK WHITES ONLY:

G6a_wh. What about you, do you want to see Blacks get a better break, or do you want to keep Blacks down, or don't you care one way or the other?

1 - Blacks get a better break  
2 - Keep Blacks down  
3 - Don't care one way or the other

WHITE SAMPLE GO TO G11_wh

G6a_cb. On the whole, do you think most white people want to see Black Americans get a better break, or do they want to keep Black Americans down or don't they care one way or the other?

1 - Black Americans get a better break  
2 - Keep Black Americans down  
3 - Whites don't care one way or the other
G6b_cb. On the whole, do you think most white people want to see people from the Caribbean area get a better break, or do they want to keep people from the Caribbean area down or don't they care one way or the other?

1 - Get a better break
2 - Keep them down
3 - Whites don't care one way or the other

G6c_cb. On the whole, do you think most Black Americans want to see people from the Caribbean area get a better break, or do they want to keep people from the Caribbean area down or don't they care one way or the other?

1 - Get a better break
2 - Keep them down
3 - Black Americans don't care one way or the other

Shade of Skin Color – DAS '95

G7. (RB, PG 31) Compared to most Black people, what shade of skin color do you have? Would you say very dark brown, dark brown, medium brown, light brown or very light brown?

1 – Very dark brown
2 – Dark brown
3 – Medium brown
4 – Light brown
5 – Very light brown

G8. INTERVIEWER CHECKPOINT (See E18)

☐ 1. E18 IS EQUAL TO ‘1’ GO TO G9
☐ 2. ALL OTHERS GO TO G10

G9. (RB, PG 31) Compared to most Black people, what shade of skin color does your spouse/partner have? (Would you say very dark brown, dark brown, medium brown, light brown or very light brown?)

1 – Very dark brown
2 – Dark brown
3 – Medium brown
4 – Light brown
5 – Very light brown
Shade of Skin Color treatment - Kendrick Brown

G10. How often would you say...

<table>
<thead>
<tr>
<th>Very Often (1)</th>
<th>Fairly Often (2)</th>
<th>Not Too Often (3)</th>
<th>Hardly Ever (4)</th>
<th>Never (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) ...that whites treat you badly because of the shade of your skin color? Would you say very often, fairly often, not too often, hardly ever or never?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b) ...that Blacks treat you badly because of the shade of your skin color?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c) ...(men/women SAY OPPOSITE SEX OF R) find you attractive because of the shade of your skin color?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Common Fate - NSBA panel

G11. Do you think what happens generally to Black people in this country will have something to do with what happens in your life?

1 - Yes
5 - No GO TO G12
9 - Don’t Know GO TO G12

G11a. Will it affect you a lot, some, or not very much?

1 - A lot
2 - Some
3 - Not very much

GO TO G12

G11_wh. Do you think what happens generally to White people in this country will have something to do with what happens in your life?

1 - Yes
5 - No GO TO G12
9 - Don’t Know GO TO G12

G11a_wh. Will it affect you a lot, some, or not very much?

1 - A lot
2 - Some
3 - Not very much
**SECTION G2: DISCRIMINATION**

*Major Experiences of Discrimination – YES Health and DAS '95*

G12. In the following questions, we are interested in the way other people have treated you or your **beliefs** about how other people have treated you. Can you tell me if **any** of the following has ever happened to you:

<table>
<thead>
<tr>
<th>G13. What do you think was the main reason for this experience?</th>
<th>G14. When was the last time this happened?</th>
<th>G15. How many times has this happened during your lifetime?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Your Ancestry or National Origins</td>
<td>1 - Within the last week</td>
<td>NUMBER OF TIMES (1-97)</td>
</tr>
<tr>
<td>2 - Your Gender</td>
<td>2 - Within the last month</td>
<td></td>
</tr>
<tr>
<td>3 - Your Race</td>
<td>3 - Within the last year</td>
<td></td>
</tr>
<tr>
<td>4 - Your Age</td>
<td>4 - More than a year</td>
<td></td>
</tr>
<tr>
<td>5 - Your Height or Weight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 - Your shade of skin color</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 - Other (SPECIFY)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**a) At any time in your life, have you ever been unfairly fired?**

<table>
<thead>
<tr>
<th>1 - Yes</th>
<th>5 - No</th>
<th>7 - NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 11</td>
<td>1 2 3 4</td>
<td>NUMBER OF TIMES (1-97)</td>
</tr>
</tbody>
</table>

**b) For unfair reasons, have you ever not been hired for a job?**

<table>
<thead>
<tr>
<th>1 - Yes</th>
<th>5 - No</th>
<th>7 - NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 11</td>
<td>1 2 3 4</td>
<td>NUMBER OF TIMES (1-97)</td>
</tr>
</tbody>
</table>

**c) Have you ever been unfairly denied a promotion?**

<table>
<thead>
<tr>
<th>1 - Yes</th>
<th>5 - No</th>
<th>7 - NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 11</td>
<td>1 2 3 4</td>
<td>NUMBER OF TIMES (1-97)</td>
</tr>
</tbody>
</table>

**d) Have you ever been unfairly stopped, searched, questioned, physically threatened or abused by the police?**

<table>
<thead>
<tr>
<th>1 - Yes</th>
<th>5 - No</th>
<th>7 - NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 11</td>
<td>1 2 3 4</td>
<td>NUMBER OF TIMES (1-97)</td>
</tr>
<tr>
<td><strong>G12.</strong></td>
<td><strong>G13. (RB, PG 33) What do you think was the main reason for this experience?</strong></td>
<td><strong>G14. (RB PG 32) When was the last time this happened?</strong></td>
</tr>
<tr>
<td>----------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>e) Have you ever been unfairly discouraged by a teacher or advisor from continuing your education?</td>
<td>1 2 3 4 5 6 11</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>f) Have you ever been unfairly prevented from moving into a neighborhood because the landlord or a realtor refused to sell or rent you a house or apartment?</td>
<td>1 2 3 4 5 6 11</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>g) Have you ever moved into a neighborhood where neighbors made life difficult for you or your family?</td>
<td>1 2 3 4 5 6 11</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>h) Have you ever been unfairly denied a bank loan?</td>
<td>1 2 3 4 5 6 11</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>i) Have you ever received service from someone such as a plumber or car mechanic that was worse than what other people get?</td>
<td>1 2 3 4 5 6 11</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>
**Every Day Discrimination – DAS ’95**

G18. (RB, PG 34) In your day-to-day life how often have any of the following things happened to you? (Would you say almost everyday, at least once a week, a few times a month, a few times a year or less than once a year?)

<table>
<thead>
<tr>
<th></th>
<th>Almost everyday (1)</th>
<th>At least once a week (2)</th>
<th>A few times a month (3)</th>
<th>A few times a year (4)</th>
<th>Less than once a year (5)</th>
<th>(IF VOL:) Never (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) You are treated with less courtesy than other people.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) You are treated with less respect than other people.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) You receive poorer service than other people at restaurants or stores.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d) People act as if they think you are not smart.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e) People act as if they are afraid of you.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f) People act as if they think you are dishonest.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g) People act as if they’re better than you are.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>h) You are called names or insulted.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>i) You are threatened or harassed.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>j) You are followed around in stores.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
G19. INTERVIEWER CHECKPOINT (SEE G18)

☐ 1. IF R ANSWERED LESS THAN ONCE A YEAR (5) OR NEVER (6) TO ALL OF G18 GO TO NEXT SECTION, H1

☐ 2. ALL OTHERS GO TO G20

G20. (RB, PG 33) What do you think was the main reason for this/these experience(s)? Would you say…?

1 - Your Ancestry or National Origins
2 - Your Gender
3 - Your Race
4 - Your Age
5 - Your Height or Weight
6 - Your shade of skin color
11 - Other (SPECIFY) ____________________

_Coping - YES Health; Krieger & McNeilly et al adapted_

<table>
<thead>
<tr>
<th>G21. How did you respond to this/these experience(s)? Please tell me if you did each of the following things.</th>
<th>YES (1)</th>
<th>NO (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Tried to do something about it.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) Accepted it as a fact of life.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) Worked harder to prove them wrong.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d) Realized that you brought it on yourself.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e) Talked to someone about how you were feeling.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f) Expressed anger or got mad.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g) Prayed about the situation.</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
SECTION H1: PERSONAL DATA

Early Life

NSBA
Now, we’d like to ask you a few questions about yourself.

H1. First, what is your date of birth?

________________________/________________________/____________
MONTH       DAY          YEAR

H2. Where were you born? (In what country)?

1 – In U.S.A.              GO TO H2a
2 – Outside U.S.A.         GO TO H2b

H2a. In what state?        H2b. In what country?

___________________________ ______________________________
STATE                   COUNTRY

H3. And where did you mostly live while you were growing up? (IF R
MENTSIONS MORE THAN ONE PLACE, PROBE FOR PLACE LIVED MOST BETWEEN
AGES 6-16).

1 – In U.S.A.              GO TO H3a
2 – Outside U.S.A.         GO TO H3b

H3a. In what state?        H3b. In what country?

___________________________ ______________________________
STATE                   COUNTRY

H3a. (RB, PG 36) Was that in a rural or country area, a small town,
a small city, a suburb of a city, a large city or a military
base or reservation?

0 – IF R VOL: Moved around a lot
1 – Rural or country area
2 – Small town
3 – Small city
4 – Suburb or a city
5 – Large city
6 – Military Base or Reservation
7 – (IF VOL:) Other (SPECIFY) __________
**H4, H5, H6 NEW**

H4. Did you speak a language other than English at home when you were growing up?

1 - Yes
5 - No

H5. (RB, PG 37) Up to age 16 what man mostly raised you?

1 - Biological Father
2 - Step Father
3 - Grandfather
4 - Uncle
5 - Other (SPECIFY)____________________
6 - (IF VOL:) No Man raised me

H6. (RB, PG 38) Up to age 16, what woman mostly raised you?

1 - Biological Mother
2 - Step Mother
3 - Grandmother
4 - Aunt
5 - Other (SPECIFY)____________________
6 - (IF VOL:) No Woman raised me

**IF H5 EQUALS ‘6’, NO MAN RAISED R, GO TO H10**

**NSBA**

H7. How many years of school did (your father/man who raised you) complete? (IF NOT SURE, OBTAIN BEST GUESS.) _______________ YEARS

00 TO 12 - grades in school
13 TO 16 - years of college
17 - 17 years or more college
97 - Other (SPECIFY)____________________

H7a. Did (your father/man who raised you) ever work for pay while you were growing up?

1 - Yes
5 - No  **GO TO H10**

H8. When you were growing up, what was the main job of (your father/man who raised you)? (PROBE TO FIND OUT JOB TITLE AND SPECIFICS OF WHAT FATHER/MAN (DOES/DID) IN JOB.)

__________________________

341
H9. What kind of business/industry (is/was) that? (FIND OUT WHAT COMPANY DOES AT LOCATION WHERE FATHER/MAN (WORKS/WORKED). PROBE IF UNCLEAR WHETHER EMPLOYER (IS/WAS) MANUFACTURER, WHOLESALER, RETAILER.)

IF H6 EQUALS ‘6’, NO WOMAN RAISED R, GO TO H12

H10. How many years of school did (your mother/woman who raised you) complete? (IF NOT SURE, OBTAIN BEST GUESS.) ___________ YEARS

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00 TO 12</td>
<td>grades in school</td>
</tr>
<tr>
<td>13 TO 16</td>
<td>years of college</td>
</tr>
<tr>
<td>17</td>
<td>17 years or more college</td>
</tr>
<tr>
<td>97</td>
<td>Other (SPECIFY)</td>
</tr>
</tbody>
</table>

H11. Did (your mother/woman who raised you) ever work for pay while you were growing up?

1 - Yes
5 - No  GO TO H12

H11a. What was her main occupation or job while you were growing up? (PROBE TO FIND OUT JOB TITLE AND SPECIFICS OF WHAT MOTHER (DOES/DID) IN JOB.)

H11b. What kind of business or industry (is/was) that? (PROBE TO FIND OUT WHAT COMPANY DOES AT LOCATION WHERE MOTHER (WORKS/WORKED). PROBE IF UNCLEAR WHETHER EMPLOYER (IS/WAS) MANUFACTURER, WHOLESALER, RETAILER.)

Early Life Health - NEW

H12. Would you say that your health as a child, when you were growing up through age 16, was excellent, very good, good, fair or poor.

1 - Excellent
2 - Very good
3 - Good
4 - Fair
5 - Poor
Current Life - NSBA
Now I’d like to ask you about your education and current life situations.

H13. How many years of school did you finish? ___________ YEARS

<table>
<thead>
<tr>
<th>GRADES OF SCHOOL</th>
<th>COLLEGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>00 TO 12 YEARS</td>
<td>13 TO 17 YEARS OR MORE</td>
</tr>
<tr>
<td>IF “HIGH SCHOOL GRADUATE”, ENTER ‘12’</td>
<td>IF “COLLEGE GRADUATE”, ENTER ‘16’</td>
</tr>
</tbody>
</table>

H13a. Did you get a high school graduation diploma or pass a high school equivalency test?
1 - Yes 5 - No  GO TO H13g

H13b. Did you graduate or receive your GED from a Private, Parochial, or Public High School?
1 - Private 2 - Parochial 3 - Public  GO TO H13g

H13c. Did you graduate or receive your GED from a Private, Parochial, or Public High School?
1 - Private 2 - Parochial 3 - Public

H13d. What college did you mostly attend?

H13e. Do you have a college degree or certificate?
1 - Yes 5 - No  GO TO H13g

H13f. What degree or certificate is that?

H13g. Have you had any other schooling?
1 - Yes 5 - No  GO TO H14

H13h. What kind? ________________________________

H14. Have you ever been in the military service?
1 - Yes 5 - No  GO TO H15

H14a. What year did you go in? ____________________ YEAR

H14b. What year did you come out? ____________________ YEAR
H15. INTERVIEWER CHECKPOINT (See E13)

☐ 1. R IS MARRIED OR HAS A PARTNER GO TO H16
☐ 2. R HAS NO SPOUSE OR PARTNER GO TO H18

H16. How many years of school did your (husband/wife/partner) finish? (YEARS)

GRADES OF SCHOOL

00 TO 12 YEARS
IF "HIGH SCHOOL GRADUATE", ENTER '12'

H16a. Did (he/she) get a high school graduation diploma or pass a high school equivalency test?

1 – Yes
5 – No

COLLEGE

13 TO 17 YEARS OR MORE
IF "COLLEGE GRADUATE", ENTER '16'

H16b. Does (he/she) have a college degree or certificate?

1 – Yes
5 – No

H17. Is your (husband/wife/partner) presently working for pay?

1 – Yes
5 – No

H17a. What kind of work does (he/she) do?

H17c. Did your (husband/wife/partner) ever work for pay?

1 – Yes
5 – No GO TO H18

H17b. What kind of business or industry is that? (Find out what company does where person works. PROBE if unclear whether employer is manufacturer, wholesaler, or retailer.)

H17d. What kind of work did (he/she) do in (his/her) last job?

H17e. What kind of business or industry is that? (Find out what company does where person works. PROBE if unclear whether employer is manufacturer, wholesaler, or retailer.)

GO TO H18

GO TO H18
**Experiencing Material Hardship – CPS 1995 modified**

**H18. In the past 12 months, was there a time when you ...**

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) ...didn’t meet basic expenses (food, clothing, shelter)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b) ...didn’t pay full rent or mortgage?</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c) ...were evicted for non-payment?</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>d) ...didn’t pay full gas, electric, oil?</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>e) ...had gas, electric, oil disconnected?</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>f) ...had telephone disconnected?</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>g) ...couldn’t afford day care or babysitting?</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>h) ...couldn’t afford leisure activities?</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

**Ethnicity and Race – ACL I modified**

**H19. INTERVIEWER CHECKPOINT (REFER TO SAMPLE R BELONGS TO)**

1. R IS WHITE OR BLACK \n   \n   GO TO H20

2. R IS CARIBBEAN
   \n   GO TO H23a_cb

**H20. In addition to being American, what do you think of as your ethnic background or origins? (ENTER ALL MENTIONS)**

NONE, DK, OR REFUSED \n\nGO TO H24

**H21. INTERVIEWER CHECKPOINT (SEE H20)**

1. ONLY ONE GROUP MENTIONED AT H20 \n   \n   GO TO H23

2. MORE THAN ONE GROUP MENTIONED AT H20 \n   \n   GO TO H22

**H22. Which do you feel best describes your ethnic background or origins?**

---

345
H23. How close do you feel in your ideas and feelings about things to people of (GROUP NAMED IN H20 OR H22) descent? Would you say very close, fairly close, not too close or not close at all?

1 - Very close
2 - Fairly close
3 - Not too close
4 - Not close at all?

H23a_cb. Can you please tell me what is your ancestry or country of origin? (FIRST OR ONLY MENTION) (LOOK-UP LIST FOR CARIBBEAN COUNTRIES)

H23b_IW. INTERVIEWER CHECKPOINT (SEE H23a_cb)

☐ 1. R OFFERED MORE THAN ONE COUNTRY AT H23a_cb GO TO H23b_cb
☐ 2. R OFFERED ONLY ONE COUNTRY AT H23a_cb GO TO H23c_cb

H23b_cb. Can you please tell me what is your ancestry or country of origin? (SECOND MENTION) (LOOK-UP LIST FOR CARIBBEAN COUNTRIES)

H23c_cb1. Which of these two do you feel best describes your ancestry or country of origin? (LOOK-UP LIST FOR CARIBBEAN COUNTRIES)

H23c_cb. Which would you say is more important to you -- being Black or being from (COUNTRY IN H23a_cb IF ONE COUNTRY GIVEN, OTHERWISE, COUNTRY IN H23c_cb1), or are both equally important to you?

1 - Black
2 - (COUNTRY)
3 - Both equally
4 - (IF VOL:) Neither; just a person/human being
7 - Other (SPECIFY)___________________

H24. (RB, PG 40) Which do you feel best describes your racial background? Black or African American, White, American Indian or Alaska Native, Asian, or Pacific Islander? RECORD ALL MENTIONS. PROBE BEFORE ACCEPTING REFUSAL.

1 - Black or African American
2 - White
3 - American Indian or Alaska Native
4 - Asian
5 - Pacific Islander
7 - Other (SPECIFY)___________________
9 - Don’t Know GO TO H25
8 - Refused GO TO H27
H24a. INTERVIEWER CHECKPOINT: (SEE H24)

☐ 1. MULTIPLE RESPONSES AT H24  GO TO H24b
☐ 2. ALL OTHERS  GO TO H25

H24b. Which one best describes your race?

1 - Black or African American
2 - White
3 - American Indian or Alaska Native
4 - Asian
5 - Pacific Islander
7 - Other (SPECIFY) ____________________________
9 - Don’t Know
8 - Refused  GO TO H27

H25. (RB, PG 40) Which do you feel best describes your biological Father’s racial background? (Black or African American, White, American Indian or Alaska Native, Asian, or Pacific Islander?)

1 - Black or African American
2 - White
3 - American Indian or Alaska Native
4 - Asian
5 - Pacific Islander
7 - Other (SPECIFY) ____________________________
9 - Don’t Know
8 - Refused  GO TO H27

H26. (RB, PG 40) Which do you feel best describes your biological Mother’s racial background? (Black or African American, White, American Indian or Alaska Native, Asian, or Pacific Islander?)

1 - Black or African American
2 - White
3 - American Indian or Alaska Native
4 - Asian
5 - Pacific Islander
7 - Other (SPECIFY) ____________________________
H27. In what state or country was...

<table>
<thead>
<tr>
<th></th>
<th>STATE</th>
<th>COUNTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) ...your biological father born?</td>
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<td></td>
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<tr>
<td>b) ...your father’s mother (your grandmother) born?</td>
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<td></td>
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<tr>
<td>c) ...your father’s father (your grandfather) born?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) ...your biological mother born?</td>
<td></td>
<td></td>
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<tr>
<td>e) ...your mother’s mother (your grandmother) born?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) ...your mother’s father (your grandfather) born?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Immigration - New**

H28. INTERVIEWER CHECKPOINT (SEE H2)

☐ 1. R BORN IN U.S.  **GO TO NEXT SECTION, H35**
☐ 2. ALL OTHERS  **GO TO H29**

H29. How old were you when you came to live in the United States?

__________________________ YEARS OLD  **IF LESS THAN 16, GO TO H30**

IF R CAME TO UNITED STATES AT 16 OR OLDER:

H29a. Why did you come to the United States?__________________________

POSSIBLE CODES: 1 - Work  
2 - To be with Family  
3 - Education  
4 - Political Oppression  
7 - Other (SPECIFY) _____

H29b. (RB, PG 41) Do you think your social & economic situation has improved a great deal, improved a little, stayed the same, worsened a little, or worsened a great deal since you arrived in the United States?

1 - Improved a great deal  
2 - Improved a little  
3 - Stayed the Same  
4 - Worsened a little  
5 - Worsened a great deal
H29c. (RB, PG 42) How well do you feel that you speak English? Would you say not at all, a little, somewhat, well, very well?

1 - Not at all
2 - A little
3 - Somewhat
4 - Well
5 - Very well

H30. Where did you receive most of your education, in the United States, or outside the United States?

1 - In the United States
2 - Outside the United States

H31. Now we would like to ask you some questions about your visa situation. Remember this information will not be given to anyone. Are you now a citizen of the U.S.A.?

1 - Yes \hspace{1cm} \textbf{GO TO H33}
5 - No

H32. Which of the following things best describes your situation? You currently have a green card (IF NEC: Are a permanent resident of the United States?) OR Your paper work for a green card is being processed?

1 - Currently has green card
2 - Paper work for green card is being processed \hspace{1cm} \textbf{GO TO H34}
3 - (IF VOL:) Neither or Other response \hspace{1cm} \textbf{GO TO H34}

H33. How long have you been a citizen/resident of the U.S.A?

\hspace{1cm} \underline{\text{NUMBER OF YEARS}}

H34. (RB, PG 43) When you first came to this country, what kind of visa did you have?

1 - Permanent or Green Card
2 - Visitors
3 - Student
4 - Work/Working
7 - Other (SPECIFY) \underline{\hspace{1cm}}
SECTION H2: POLITICS AND GOVERNMENT

**Liberal/conservative scales - DAS '95**

H35. (RB, PG 44) We hear a lot of talk these days about liberals and conservatives. Here is a 7-point scale on which the political views that people might hold are arranged from extremely liberal to extremely conservative. Where would you place yourself on this scale? (DO NOT PROBE)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXTREMELY LIBERAL</td>
<td>LIBERAL</td>
<td>SLIGHTLY LIBERAL</td>
<td>MODERATE</td>
<td>SLIGHTLY CONSERVATIVE</td>
<td>CONSERVATIVE</td>
<td>EXTREMELY CONSERVATIVE</td>
</tr>
</tbody>
</table>

9. DON’T KNOW  0. R VOL: HAVEN’T THOUGHT ABOUT IT

H37. (RB, PG 44) What about your views on social and economic issues like help for the poor? Where would you place yourself on this scale? (DO NOT PROBE)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXTREMELY LIBERAL</td>
<td>LIBERAL</td>
<td>SLIGHTLY LIBERAL</td>
<td>MODERATE</td>
<td>SLIGHTLY CONSERVATIVE</td>
<td>CONSERVATIVE</td>
<td>EXTREMELY CONSERVATIVE</td>
</tr>
</tbody>
</table>

9. DON’T KNOW  0. R VOL: HAVEN’T THOUGHT ABOUT IT

H38. Do you belong to any national groups or organizations that are working to improve the conditions of Black people in America?

1 - Yes  5 - No
Now I have a few questions for you about your feelings regarding the terrorist attacks on New York and Washington, DC on September 11. It’s important to find out how people are coping with these attacks, and we’ve found that many people appreciate the opportunity to talk about how they feel. However, if I ask you a question that you don’t want to answer, let me know and we’ll go on to the next question.

TR1. How did you first learn about the attacks?

INTERVIEWER: DO NOT READ CODE LIST

1. Saw it on television (GO TO TR2)
2. Heard about it from someone (A friend, co-worker, or family member) (GO TO TR2)
3. Saw the story on the internet (GO TO TR2)
4. Received a telephone call (GO TO TR2)
5. Heard it on the radio (GO TO TR2)
6. Read about it in the newspaper (GO TO TR2)
7. Witnessed attack from location outside of building (GO TO TR1b)
8. Was in one of the buildings when attacked (GO TO TR1b)
9. Other (SPECIFY: TR1a. ____________________)

TR1b. Were you injured?

1. Yes
5. No
9. Don’t Know
8. Refused

TR2. Did someone close to you witness the attack in New York, Washington, or Pennsylvania, first hand? That is, not on television, but in person.

1. Yes
5. No (GO TO TR3)
9. Don’t Know (GO TO TR3)
8. Refused (GO TO TR3)

TR2a. Who was that?

1. Parent (GO TO TR2c)
2. Sibling (GO TO TR2c)
3. Child (GO TO TR2c)
4. Spouse (GO TO TR2c)
5. Second Degree Relative (e.g., Cousin, Nephew, Aunt) (GO TO TR2c)
6. Other Relative (GO TO TR2c)
7. Romantic Partner (GO TO TR2c)
8. Friend (GO TO TR2c)
9. Neighbor (GO TO TR2c)
10. Coworker (GO TO TR2c)
11. Acquaintance (GO TO TR2c)
12. Other (SPECIFY: TR2b____)
99. Don’t Know (GO TO TR2c)
98. Refused (GO TO TR2c)
TR2c. (Was this person/Were these people) injured?

1. Yes
5. No
9. Don’t Know
8. Refused

TR3. Was someone close to you in any of the buildings when they were attacked?

1. Yes
5. No (GO TO TR4)
9. Don’t Know (GO TO TR4)
8. Refused (GO TO TR4)

TR3a. Who was that?

1. Parent (GO TO TR3c)
2. Sibling (GO TO TR3c)
3. Child (GO TO TR3c)
4. Spouse (GO TO TR3c)
5. Second Degree Relative (GO TO TR3c)
   (e.g., Cousin, Nephew, Aunt) (GO TO TR3c)
6. Other Relative (GO TO TR3c)
7. Romantic Partner (GO TO TR3c)
8. Friend (GO TO TR3c)
9. Neighbor (GO TO TR3c)
10. Coworker (GO TO TR3c)
11. Acquaintance (GO TO TR3c)
12. Other (SPECIFY: TR3b_______)
99. Don’t Know (GO TO TR3c)
98. Refused (GO TO TR3c)

TR3c. Do you know what happened to (this person/these people)?

INTERVIEWER: DO NOT READ CODE LIST

1. Died (GO TO TR4)
2. Missing (GO TO TR4)
3. Injured (GO TO TR4)
4. Escaped Without Harm (GO TO TR4)
5. Other (SPECIFY: TR3d___________)
9. Don’t Know (GO TO TR4)
8. Refused (GO TO TR4)

TR4. How much—if any—has the attack shaken your own personal sense of safety and security? Has it shaken that a great deal, a good amount, not too much or not at all?

IF R IS UNSURE, PROBE: How much, if any, has the attack made you feel unsafe?

1. A Great Deal
2. A Good Amount
3. Not Too Much
4. Not At All
9. Don’t Know
8. Refused
SECTION H3: INCOME

Subjective Financial Assessment

NSBA
Now we would like to know a little bit about your financial and housing situation.

H39. Do you think you are better off financially, about the same, or worse off now, than you were 10 years ago?

1 - Better
2 - Same
3 - Worse

ACL
H40. (RB, PG 45) How difficult is it for (you/your family) to meet the monthly payments on your (family’s) bills? Would you say extremely difficult, very difficult, somewhat difficult, slightly difficult or not difficult at all?

1 – Extremely difficult
2 – Very difficult
3 – Somewhat difficult
4 – Slightly difficult
5 – Not difficult at all

Food Insufficiency – Census Bureau CPS
H41. In the past 12 months, in your household was there enough to eat, sometimes not enough to eat, or often not enough to eat?

1 – Enough to eat
2 – Sometimes not enough to eat
3 – Often not enough to eat

NSBA
H42. How much do you worry that your total (family) income will not be enough to meet your (family's) expenses and bills? Would you say you worry a great deal, a lot, a little, or not at all?

1 – A Great Deal
2 – A Lot
3 – A Little
4 – Not at All
H42.5. In the past year, have you or any member of your family living here received any income from the following sources?

<table>
<thead>
<tr>
<th>Source</th>
<th>Yes (1)</th>
<th>No (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Social security?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) Worker’s compensation?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) Unemployment compensation?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d) Food stamps?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e) Supplemental security income (SSI)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f) Earned income tax credit?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g) Child support payments?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

NSBA and DAS '95

H43. To get a picture of people's financial situation we need to know the general range of income of all people we interview. Now, thinking about your own personal income, what was your total income from all sources (including your job) in the year 2000 (2001 IF INTERVIEWED IN 2002) before taxes?

DOLLAR AMOUNT
GO TO H45

DON’T KNOW OR REFUSED

H44. (RB, PG 46) (IF R DOES NOT GIVE AN INCOME, ASK:) Would you mind giving the letter from page 46 in your booklet, which comes closest to the total income you had in 2000 (2001 IF INTERVIEWED IN 2002) before taxes?

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Less than $0 (Loss)</td>
<td>$0 (None)</td>
<td>$1 – $999</td>
<td>$1,000 – $1,999</td>
<td>$2,000 – $2,999</td>
<td>$3,000 – $3,999</td>
<td>$4,000 – $4,999</td>
<td>$5,000 – $5,999</td>
<td>$6,000 – $6,999</td>
<td>$7,000 – $7,999</td>
<td>$8,000 – $8,999</td>
<td>$9,000 – $9,999</td>
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<td>$10,000 – $10,999</td>
<td>$11,000 – $11,999</td>
<td>$12,000 – $12,999</td>
<td>$13,000 – $13,999</td>
<td>$14,000 – $14,999</td>
<td>$15,000 – $15,999</td>
<td>$16,000 – $16,999</td>
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<td>$18,000 – $18,999</td>
<td>$19,000 – $19,999</td>
<td>$20,000 – $24,999</td>
<td>$25,000 – $29,999</td>
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<tr>
<td>Y)</td>
<td>Z)</td>
<td>AA)</td>
<td>BB)</td>
<td>CC)</td>
<td>DD)</td>
<td>EE)</td>
<td>FF)</td>
<td>GG)</td>
<td>HH)</td>
<td>II)</td>
<td>JJ)</td>
</tr>
<tr>
<td>$30,000 – $34,999</td>
<td>$35,000 – $39,999</td>
<td>$40,000 – $44,999</td>
<td>$45,000 – $49,999</td>
<td>$50,000 – $74,999</td>
<td>$75,000 – $99,999</td>
<td>$100,000 – $149,000</td>
<td>$150,000 – $199,999</td>
<td>$200,000 – $299,999</td>
<td>$300,000 – $499,999</td>
<td>$500,000 – $999,999</td>
<td>$1,000,000 or more</td>
</tr>
</tbody>
</table>
H45. Now, thinking about your (and your family's) total income from all sources, how much did you (and all the members of your family living here) receive in the year 2000 (2001 IF INTERVIEWED IN 2002) before taxes?

DOLLAR AMOUNT DON'T KNOW OR REFUSED

GO TO H47

H46. (RB, PG 46) (IF R DOES NOT GIVE AN INCOME, ASK:) Would you mind giving the letter from page 46 in your booklet, which comes closest to the total income you (and your family) had in 2000 (2001 IF INTERVIEWED IN 2002) before taxes?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A)</td>
<td>Less than $0 (Loss)</td>
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<tr>
<td>B)</td>
<td>$0 (None)</td>
</tr>
<tr>
<td>C)</td>
<td>$1 – $999</td>
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<tr>
<td>D)</td>
<td>$1,000 – $1,999</td>
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<td>E)</td>
<td>$2,000 – $2,999</td>
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<td>F)</td>
<td>$3,000 – $3,999</td>
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<td>$4,000 – $4,999</td>
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<td>H)</td>
<td>$5,000 – $5,999</td>
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<td>I)</td>
<td>$6,000 – $6,999</td>
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<td>J)</td>
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<td>K)</td>
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<td>AA)</td>
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<td>BB)</td>
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<td>GG)</td>
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<td>HH)</td>
<td>$300,000 – $499,999</td>
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<td>II)</td>
<td>$500,000 – $999,999</td>
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<tr>
<td>JJ)</td>
<td>$1,000,000 or more</td>
</tr>
</tbody>
</table>

NSBA

H47. How many people in your household including yourself give money to support your household? We don't need their names, just the number.

ENTER NUMBER (1-7)

Welfare - Danziger

H49. Have you ever received public assistance or welfare since turning age 18? By public assistance or welfare we mean Aid to Families with Dependent Children or General Assistance or Temporary Assistance for Needy Families.

1 – Yes
5 – No

GO TO H50

H49a. In how many years total have you received public assistance since you turned 18?

ENTER NUMBER OF YEARS
H49b. Are you (your family) currently receiving public assistance?

1 - Yes  GO TO H50
5 - No

H49c. What was the last year in which you (your family) received public assistance? _______ YEAR

H50. Did your family ever receive public assistance when you were growing up?

1 - Yes
5 - No  GO TO H52

H50a. (RB, PG 47) About how much of the time before you turned 18 did your family receive public assistance? Would you say just briefly, less than half the time, about half the time, most of the time, or almost all of the time?

1 - Just briefly
2 - Less than half the time
3 - About half the time
4 - Most of the time
5 - Almost all of the time
SECTION H4: HOUSING

NSBA and PSID modified

H52. Do you (or your family living here) own your home, are you buying it, do you pay rent or what?

1 - Own home or buying it
2 - Paying rent \(\text{GO TO H55}\)
3 - (R VOL:) Neither owns nor rents \(\text{GO TO H55}\)
7 - Other (SPECIFY)_______________ \(\text{GO TO H55}\)

H52a. What is (your/your family’s) home worth? (INTERVIEWER, PROBE QUALIFIED ANSWER, RANGE, OR DK:) What's your best estimate? 
_________________ DOLLAR AMOUNT

H53. (Do you/Does your family) have a mortgage or loan on this property?

DEFINITION: A LOAN OF PROPERTY IS MONEY AGAINST THE EQUITY IN THE HOME, THAT IS, THE HOME ITSELF IS USED AS COLLATERAL. INCLUDE ONLY MORTGAGE/LOAN ON THIS MAIN RESIDENCE.

1 - Yes (Mortgage, Land Contract, Home Equity Loan, etc.)
5 - No \(\text{GO TO NEXT SECTION, H57}\)

H54. About how much is the remaining principal on this (loan/mortgage)? (INTERVIEWER: PROBE QUALIFIED ANSWER, RANGE, OR DK:)
What's your best estimate? _________________ DOLLAR AMOUNT

\(\text{GO TO NEXT SECTION, H57}\)

H55. Is this (home/apartment) in a public housing facility, that is, is it owned by a local housing authority or other public agency?

1 - Yes
5 - No

H56. (Are you/Is your family) paying (LOWER/NO) rent because the Federal, State or local government is paying (PART OF THE COST/ALL OF IT)?

1 - Yes
5 - No
SECTION H5: DETENTION

Now I’d like to ask you some questions about any time you may have spent in jail or a detention center. Please remember that all answers to your questions will remain completely confidential.

H57. (In your lifetime) Have you ever been arrested?

1 - Yes  
5 – No  GO TO H59

H58. Are you currently on parole?

1 - Yes  
5 – No

H59. (RB, PG 48) Have you ever spent time in a reform school, detention center, jail, or prison? (CHECK ALL THAT APPLY)

1 – Reform School  
2 – Detention Center  
3 – Jail  
4 – Prison  
5 – None of the above

H60. INTERVIEWER CHECKPOINT (SEE H59)

☐ 1. R SAID JAIL OR PRISON AT H59 GO TO H61  
☐ 2. ALL OTHERS GO TO H62

H61.

a) In all, how many times have you served time in a jail or prison? (RECORD NUMBER OF TIMES)

<table>
<thead>
<tr>
<th>NUMBER OF TIMES</th>
</tr>
</thead>
</table>

b) How much time, altogether, have you served in a jail or prison? (RECORD NUMBER OF YEARS/MONTHS/WEEKS/DAYS)

<table>
<thead>
<tr>
<th>YEARS</th>
<th>MONTHS</th>
<th>WEEKS</th>
<th>DAYS</th>
</tr>
</thead>
</table>
c) (IF \textbf{H61b} IS LESS THAN 30 DAYS GO TO H62)
   When was the first time you went to jail or prison for a month or more?
   (RECORD MONTH AND YEAR)
   
   d) When were you released that time (from jail or prison)?
   (RECORD MONTH AND YEAR)

e) (IF R SAID ONLY 1 TIME IN \textbf{H61a} GO TO H62)
   When was the last time you entered jail or prison for a month or more?
   (RECORD MONTH AND YEAR)

f) When were you released that time (from jail or prison)?
   (RECORD MONTH AND YEAR)

---

\textbf{H62.} Now, I’d like to ask you a few questions about your family members who live away from home. Do you have any family members -- husband/wife, children, mother, father, brother, or sister -- who are away at any of the following?

\begin{tabular}{|l|l|}
\hline
\textbf{H63. How many?} & \\
\hline
\textbf{a) School or College?} & \textbf{\textcolor{gray}{\textbf{\underline{\hspace{10cm}}} NUMBER (1-97)}} \\
5 - No & 1 - Yes \rightarrow \\
\hline
\textbf{b) The Military?} & \textbf{\textcolor{gray}{\textbf{\underline{\hspace{10cm}}} NUMBER (1-97)}} \\
5 - No & 1 - Yes \rightarrow \\
\hline
\textbf{c) A long term care facility or a nursing home?} & \textbf{\textcolor{gray}{\textbf{\underline{\hspace{10cm}}} NUMBER (1-97)}} \\
5 - No & 1 - Yes \rightarrow \\
\hline
\textbf{d) Jail or Prison?} & \textbf{\textcolor{gray}{\textbf{\underline{\hspace{10cm}}} NUMBER (1-97)}} \\
5 - No & 1 - Yes \rightarrow \\
\hline
\end{tabular}

\textbf{H64.} Is any member of your household now homeless?

1 - Yes
5 - No
SECTION J: TECHNOLOGY & ROOTS

Computer, Internet, E-mail Access and Usage

<table>
<thead>
<tr>
<th>J1.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Do you have a home computer?</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b) Do you have access to e-mail?</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c) Do you have access to the internet?</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

IF NO TO BOTH IN J1b AND J1c GO TO J4

J2. (RB, PG 49) How often do you use the internet or send e-mail? Would you say every day, 2 to 3 times a week, weekly, or occasionally?

1 - Every Day
2 - 2 to 3 Times a Week
3 - Weekly
4 - Occasionally

J3. (RB, PG 50) Where do you use the internet or send e-mail? At work, school, home, or the library or community center? Please tell me all the places you use the internet. (CHECK ALL THAT APPLY)

1 - Office (work)
2 - School
3 - Home
4 - Library/ Community Center

Roots - NSBA I

J4. Have you or anyone in your family ever tried to trace your family’s roots?

1 - Yes
5 - No

Now I’d like to ask about the number of people in your family.

J5. How many brothers and sisters did you have while you were growing up? Please include step, adopted, half, or foster brothers and sisters?

# BROTHERS __________
# SISTERS __________

80 - R IS ONLY CHILD

GO TO J6
J5a. Were you the first born, second born, third born or what?

BIRTH ORDER # __________

Three Generational Family determination - NSBA I

J6.

| a) (ASK ONLY “REASONABLE”, i.e., R IS 50 YEARS OLD OR YOUNGER): How many living great-grandparents do you have? | NUMBER |
| b) How many living grandparents do you have? | NUMBER |
| c) How many living parents do you have? | NUMBER |
| d) How many children do you have that are 13 years old or older? | NUMBER |
| e) (ASK ONLY IF R HAS CHILDREN 13 YEARS OLD OR OLDER): How many grandchildren 13 years or older do you have? | NUMBER |
| f) (ASK ONLY “REASONABLE”, i.e., R IS 55 YEARS OLD OR OLDER): How many great-grandchildren do you have? | NUMBER |

J7. INTERVIEWER CHECKPOINT (SEE J6)

☐ 1. IF J6b IS GREATER THAN ‘0’ AND J6c IS EQUAL TO ‘1’  GO TO J8
☐ 2. ALL OTHERS  GO TO J10

J8. Is it your mother or your father who is alive?

1 - Mother
2 - Father

J9. Is at least one of the parents of your (MOTHER/FATHER IN J8) alive?

1 - Yes
5 - No

J10. INTERVIEWER CHECKPOINT (SEE CG61)

☐ 1. CG61 IS ‘2’ (FAILED COGNITIVE TEST)  GO TO END STATEMENT 1
☐ 2. ALL OTHERS  GO TO RC1
END STATEMENT 1 (for those who failed the SPMSQ):

“Thank you very much for this interview. It ended up being shorter than I thought it would be. One of our supervisors may also be calling or writing to verify this interview. For this reason, I would like to verify your name, your address, and your telephone number.”

GO TO RC1_Phone (RESPONDENT CONTACT)
SECTION IO: INTERVIEWER OBSERVATIONS

IO1. Was R suspicious about the study before the interview?

1 - Yes, very suspicious
3 - Yes, somewhat suspicious
5 - No, not at all suspicious

IO2. The respondent's attitude at the beginning of the interview was:

1 - Cooperative, helpful
2 - Neutral, relaxed
3 - Nervous, uncertain
4 - Antagonistic

IO3. The respondent's attitude at the end of the interview was:

1 - No change from the beginning of the interview
2 - More cooperative, more helpful
3 - Less cooperative, less helpful

IO4. Did R seem to rush (his/her) answers, hurrying to get the interview over?

1 - Yes
5 - No

IO5. During the interview, did R ever ask how much longer the interview would take?

1 - Yes
5 - No

IO6. Did the respondent seem to want to talk a lot during and after the interview?

1 - Yes
5 - No

IO7. Approximately how many interruptions, at least a minute or so long, were there?

___________ NUMBER OF INTERRUPTIONS IF NONE GO TO IO8
IO7a. Approximately how many minutes were taken up by interruptions?

1 - 1-10
2 - 11-20
3 - 21-30
4 - 31-60
5 - 61-120
6 - 121 or more

IO8. Which persons, 13 years old or older, were present during the interview? (SELECT ALL THAT APPLY)

1 - R’s spouse/partner
2 - Child(ren) 13 years or older
3 - Friend(s)
4 - Other
5 - None   GO TO IO10

IO9. Did this affect the interview in any important ways?

1 - Yes
5 - No   GO TO IO10

IO9a. How?
______________________________
______________________________

IO10. How many children 12 years old or younger were present during the interview?

___________ NUMBER OF CHILDREN  IF NONE GO TO IO11

IO10a. Did this affect the interview in any important way?

1 - Yes
5 - No   GO TO IO11

IO10b. How?
______________________________
______________________________
IO11. Did R seem to want reassurance that (his/her) answers were adequate or correct or "good" ones?

1 - Often
2 - Occasionally
3 - Hardly ever
4 - Never

IO12. In general, the respondent's understanding of the questions was:

1 - Excellent
2 - Good
3 - Fair
4 - Poor

IO13. Did the respondent have any difficulties with any of the wording used in the interview?

1 - Yes
5 - No

IO14. How much trouble did the respondent have in expressing (himself/herself)?

1 - A great deal of trouble
2 - A lot of trouble
3 - Not too much trouble
4 - No trouble at all

IO15. How much trouble did the respondent have in reading the Respondent Booklet or other materials?

1 - A great deal of trouble
2 - A lot of trouble
3 - Not too much trouble
4 - No trouble at all

IO15a. Did you read the respondent booklet for the respondent?

1 - Yes
5 - No
IO15b. Did R have any of the following? Check all that apply.

- 1. Hearing problems
- 2. Vision problems: blindness, unusually thick lenses
- 3. Physical impairments: missing limbs, artificial limbs, facial scars, etc.
- 4. None

IO16. Did the respondent seem uncomfortable with any of the questions in the following sections?

<table>
<thead>
<tr>
<th>Section</th>
<th>Yes (1)</th>
<th>No (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Neighborhood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Health and Problems</td>
<td></td>
<td></td>
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<tr>
<td>d) Employment</td>
<td></td>
<td></td>
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<tr>
<td>e) Family and Friends</td>
<td></td>
<td></td>
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<tr>
<td>f) Use of Help</td>
<td></td>
<td></td>
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<tr>
<td>g) Identity</td>
<td></td>
<td></td>
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<tr>
<td>h) Personal Data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) Technology &amp; Roots</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j) Any of the Disorders</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IO19. Where would you place the respondent along the following scales? Please enter a number 1 to 7 with 4 being Neutral.

Neutral

- a. Bored 1 2 3 4 5 6 7 Interested
- b. Hostile 1 2 3 4 5 6 7 Friendly
- c. Suspicious 1 2 3 4 5 6 7 Open
- d. Businesslike 1 2 3 4 5 6 7 Social
e. Physically Attractive 1 2 3 4 5 6 7 Physically Unattractive
f. Underweight 1 2 3 4 5 6 7 Overweight

Overall, how much did you like the Respondent?
g. Liked R A Great Deal 1 2 3 4 5 6 7 Did not Like R At All

Overall, how much did you like the interview?
h. A Great Deal 1 2 3 4 5 6 7 Not At All

IO20. Please check all of the following that you noticed in the household. ENTER ALL THAT APPLY.

☐ 1 – Black literature -- like books, magazines and newspapers.
☐ 2 – Black art -- like paintings of blacks, African artifacts, weavings, sculpture, etc.
☐ 3 – Religious painting or other religious items.
☐ 4 – African or non-European type clothing like dashikis, headdress, robes, etc.
☐ 5 – Any other Decorations (paintings, posters, framed photographs, plants, figurines etc.)
☐ 6 – Shelves with books.
☐ 7 – Rooms are relatively clear with exits freely accessible.
☐ 8 – Rooms are overcrowded with furniture or objects, leaving very little free floor space.
☐ 9 – All visible rooms are clean and minimally cluttered.
☐ 10 – The house/apartment is free of potentially dangerous structural/health defects (falling plaster, rodents, cockroaches, board missing on stairs or on floor, presence of cleaning fluids within child’s easy reach).
☐ 11 – None

IO21. The R's skin color is:

1 – Very dark
2 – Dark
3 – Somewhat dark
4 – Medium
5 – Somewhat light
6 – Light (light skinned)
7 – Very light (very light skinned)
IO22. The R's spouse’s or partner’s skin color is:
1 - Very dark
2 - Dark
3 - Somewhat dark
4 - Medium
5 - Somewhat light
6 - Light (light skinned)
7 - Very light (very light skinned)
8 - Did not see or observe spouse/partner
9 - R has no spouse/partner

IO25. How would you describe the respondent’s accent?

1 - No noticeable accent
2 - Heavy accent

IO26. 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

IO27. Did R have any other type of behavioral or emotional responses that struck you as very inappropriate or very unusual? (e.g., 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

IO29. Thumbnail Sketch
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________