

C-SSAGA-A-II

RESPONDENT'S I.D.: ___ ___ ___ ___ ___ ___ ___ ___

SITE I.D.: (Choose one)

- CONNECTICUT.....1
- INDIANA.....2
- IOWA.....3
- NEW YORK.....4
- ST. LOUIS.....5
- SAN DIEGO.....6

INTERVIEWER'S I.D.: ___ ___

DATE OF INTERVIEW: ___ ___ / ___ ___ / ___ ___ ___ ___
 MONTH DAY YEAR

TIME STARTED: ___ ___ : ___ ___

(USE 24-HOUR CLOCK)

TIME ENDED: ___ ___ : ___ ___

TYPE OF INTERVIEW: (Choose one)

- PERSONAL INTERVIEW.....1
- TELEPHONE INTERVIEW.....2

DATE EDITED: ___ ___ / ___ ___ / ___ ___ ___ ___
 MONTH DAY YEAR

DATE ENTERED: ___ ___ / ___ ___ / ___ ___ ___ ___
 MONTH DAY YEAR

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SARAH

SUBJECT COMMENTS

INTERVIEWER OBSERVATIONS

INTERVIEWER NARRATIVE

I am going to ask you some questions about yourself. A lot of the questions ask about what you like to do and how you feel. I'd also like to ask you some questions about your family, your friends, and your school.

If I ask you a question that you don't wish to answer, just say so, and we'll skip to the next one. If you don't understand a question, please let me know and I will explain it to you. It is also important for you to remember that I won't tell anyone what you tell me - not even your parent(s), unless I find out that you or somebody might be getting seriously hurt.

IF YOU HAVE ALREADY CODED INFORMATION FOR A1-A16A FROM PHONE CONTACT WITH PARENT; SKIP TO B1, P.7. OTHERWISE, CONTINUE.

A1. Gender (OBSERVED) DM1 MALE 1
FEMALE 2

A2A. How tall are you? DM2A_1 DM2A_2
_____ - _____
FT. INCHES

B. How much do you weigh? DM2B _____ LBS.

(A3) A3A. How old are you? DM3A _____ AGE

VERIFY THAT THIS IS R'S CURRENT AGE,
NOT AGE AT NEXT BIRTHDAY.

(A4) B. When is your birthday? DM3B_1 DM3B_2 DM3B_3
____ / ____ / ____
MONTH DAY YEAR

IF CHILD DOES NOT KNOW YEAR OF BIRTH,
USE A3A TO CALCULATE

INTERVIEWER GO TO CARD A.

(A2) **HAND CARD A-1.** DM4_1

A4. This card has the names of some racial and ethnic groups. Which groups do your grandparents belong to? Let's start with your mother's mother. MOTHER'S MOTHER: _____
DM4_2
MOTHER'S FATHER: _____
DM4_3
FATHER'S MOTHER: _____
DM4_4
FATHER'S FATHER: _____

If CODED 08, SPECIFY:

A5A. What grade are you in? DM5A ____ GRADE

CODE CURRENT GRADE AND SKIP TO BOX A6.
IF SUMMER, CODE LAST GRADE COMPLETED AND SKIP TO BOX A6.
IF NOT IN SCHOOL, CODE -1 AND CONTINUE.

- B. Why aren't you in school? DM5B
- | | | |
|----------------|-----------------------------|---|
| | DROPPED OUT | 1 |
| | EXPELLED | 2 |
| SPECIFY: _____ | ILLNESS | 3 |
| _____ | GRADUATED (SKIP TO BOX A6) | 4 |
| | OTHER . . . (SPECIFY) . . . | 5 |
1. How old were you when you (left/dropped out of/were expelled from) school? DM5B_1
_____ AGE
2. What was the last grade you completed? DM5B_2
_____ GRADE
3. Are you working on or have you completed a GED? DM5B_3
- | | | |
|--------------|------------------|---|
| NO | | 1 |
| | WORKING ON . . . | 2 |
| | COMPLETED . . . | 3 |

BOX A6: BOYS, SKIP TO A7A.

- A6A. How many times have you been pregnant? DM6A ____ TIMES
IF NEVER, SKIP TO A7A
- B. Are you currently pregnant? DM6B
- | | | |
|--------------|---------------|---|
| NO | | 1 |
| | YES | 5 |
- C. How many stillbirths and miscarriages have you had? DM6C
_____ NUMBER
- D. How many children do you have? DM6D
_____ CHILDREN

DO NOT COUNT CHILDREN WHO ARE ADOPTED, WHO ARE STEPCHILDREN, OR WHO WERE STILLBORN.

RECORD SEX AND DOB.

<u>SEX</u>	<u>MONTH</u>	<u>YEAR</u>
DM6E_A1	DM6E_B1	DM6E_C1
M F	____/____	____
DM6E_A2	DM6E_B2	DM6E_C2
M F	____/____	____
DM6E_A3	DM6E_B3	DM6E_C3
M F	____/____	____

(A7) A7A. Tell me who lives in your home and how old they are.

RECORD RELATIONSHIP TO CHILD: I.E., SELF, MOM, STEPDAD, BROTHER, OWN CHILD; NOT NAMES.

<u>RELATIONSHIP</u>	<u>AGE</u>	<u>CODE</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>CODE</u>
_____	DM7A_A1	DM7A_B1	_____	DM7A_A2	DM7A_B2
_____	DM7A_A3	DM7A_B3	_____	DM7A_A4	DM7A_B4
_____	DM7A_A5	DM7A_B5	_____	DM7A_A6	DM7A_B6
_____	DM7A_A7	DM7A_B7	_____	DM7A_A8	DM7A_B8

(A8) B. Do you have any brothers or sisters who do not live with you? NO (SKIP TO A8A) . 1
YES . (SPECIFY) . . 5
 DM7B

SPECIFY RELATIONSHIPS: _____

C. How many? DM7C ____ SIBS

(A9) A8A. Is your real (biological) father living with you? NO 1
YES (SKIP TO A10A) . 5
 DM8A

B. Why isn't your real (biological) father living with you now? **READ OPTIONS:**
SEPARATED 1t
DIVORCED 2t
DIED . . (SKIP TO A10A) . 3t
PARENTS NEVER MARRIED . . 4
OTHER . . . (SPECIFY) . . 5
 DM8B
 SPECIFY OTHER: _____

(A10) A9A. How often do you see your real (biological) father?
NEVER (SKIP TO A10A) . 0
COUPLE OF TIMES A WEEK . . . (SKIP TO A10A) . 1
ONCE A WEEK (SKIP TO A10A) . 2
DM9A EVERY TWO WEEKS (SKIP TO A10A) . 3
ONCE A MONTH (SKIP TO A10A) . 4
ONCE A YEAR (SKIP TO A10A) . 5
LESS THAN ONCE A YEAR (SKIP TO A10A) . 6
VACATIONS/SCHOOL BREAKS ONLY . . (CONTINUE) . . 7

B. About how many days a year do you get to see him? DM9B
_____ DAYS

(A11) A10A. Is your real (biological) mother living with you? NO 1
 YES (SKIP TO A12) 5
 DM10A

B. Why isn't your real (biological) mother living with you now? **DM10B** **READ OPTIONS:**
 SEPARATED 1t
 DIVORCED 2t
 SPECIFY OTHER: _____ DIED . . (SKIP TO A12) . 3t
 _____ PARENTS NEVER MARRIED . . 4
 OTHER . . . (SPECIFY) . . 5

(A12) A11A. How often do you see your real (biological) mother?
 NEVER (SKIP TO A12) . . 0
 COUPLE OF TIMES A WEEK . . . (SKIP TO A12) . . 1
 ONCE A WEEK (SKIP TO A12) . . 2
DM11A EVERY TWO WEEKS (SKIP TO A12) . . 3
 ONCE A MONTH (SKIP TO A12) . . 4
 ONCE A YEAR (SKIP TO A12) . . 5
 LESS THAN ONCE A YEAR (SKIP TO A12) . . 6
 VACATIONS/SCHOOL BREAKS ONLY . . (CONTINUE) . . 7

B. About how many days a year do you get to see her? **DM11B**
 _____ DAYS

(A13) A12. Now I'd like to ask you some questions about your health.

BOYS, SKIP TO A12B.

A. Have you started your menstrual (monthly) period? NO . . (SKIP TO B) . . 1
 YES 5
 DM12A

1. How old were you when you had your first menstrual (monthly) period? **DM12A_1** _____ AGE

B. Have there been times when you had lots of headaches or stomachaches? **DM12B**
 NO 1
 HEADACHES 2
 STOMACHACHES 3
 BOTH 4

C. Have you made a lot of visits to the doctor? **DM12C**
 NO . (SKIP TO A13) . 1
 YES 5

D. What kinds of things did you go to the doctor for?
 (Did you go to the doctor for the headaches or stomachaches?)

Now I'd like to know about times when you might have been sick for a very long time or had a very serious illness.

A13. Did a doctor ever talk to you or your parents about your having . . .

		<u>NO</u>	<u>YES</u>
DM13_1	1. Allergies?	1	5
DM13_2	2. Asthma?	1	5
DM13_3	3. Bronchitis?	1	5
DM13_4	4. Cancer/Leukemia?	1	5
DM13_5	5. Diabetes?	1	5
DM13_6	6. Epilepsy/Seizures?	1	5
DM13_7	7. Very bad headaches?	1	5
DM13_8	8. Been knocked out or unconscious?	1	5
DM13_9	9. Heart disease?	1	5
DM13_10	10. Kidney disease?	1	5
DM13_11	11. Lead Poisoning?	1	5
DM13_12	12. Sickle Cell Anemia?	1	5
DM13_13	13. An operation? (SPECIFY)	1	5
DM13_14	14. Any other serious illness? . . (SPECIFY)	1	5

SPECIFY: _____ DM13_15 CODE: ____ ____ ____
 _____ DM13_16 CODE: ____ ____ ____

A14A. Have you ever gone to the emergency room? NO . . . (SKIP TO B) . . . 1
 YES . . . (SPECIFY) . . . 5
DM14A

SPECIFY: _____

1. How many times in your life have you gone to the emergency room? _____ TIMES
DM14B

B. Have you ever stayed in the hospital overnight or longer? NO . . (SKIP TO BOX A15) . . 1
 YES . . . (SPECIFY) . . . 5

<u>AGE</u>	<u>PROBLEM</u>	<u>HOSPITAL</u>	<u>NO. DAYS IN HOSPITAL</u>
DM14B1_1	_____	_____	DM14B2_1 ____ _t
DM14B1_2	_____	_____	DM14B2_2 ____ _t
DM14B1_3	_____	_____	DM14B2_3 ____ _t
DM14B1_4	_____	_____	DM14B2_4 ____ _t
____ _	_____	_____	____ _t

**BOX A15:
IF NO POSITIVES IN A13-A14, SKIP TO A15B.**

- A15A. Have you ever had to take any medicine for (NAME CONDITIONS IN A13-A14)? NO 1
YES 5
DM15A
- B. Have you ever had to take any (other) medicine that a doctor gave you (besides aspirin, Tylenol, or cough syrup, etc.)? NO 1
YES 5
DM15B

IF YES TO A OR B, ASK C.

- C. Do you remember the name of the medicine(s) or what it was for? NO 1
YES . . (SPECIFY) . . 5
DM15C

SPECIFY: _____ DM15C_1 CODE: ___ ___ ___
 _____ DM15C_2 CODE: ___ ___ ___
 _____ DM15C_3 CODE: ___ ___ ___

- A16. Has there ever been a time when you were having troubles or problems and went to talk to someone about them? For example, a school counselor, someone at your church/temple, a doctor, or anyone else outside the family? NO (SKIP TO B1, P.7) 1
YES . .(SPECIFY) . . 5
DM16

DO NOT COUNT ROUTINE VISITS TO THE SCHOOL COUNSELOR TO SCHEDULE CLASSES OR PLAN NEXT YEAR'S COURSES.

IF YES, ASK WHO WAS SEEN, AGE, AND WHY.

AGE	PERSON SEEN	PROBLEM	
DM16_A1	DM16_B1	_____	t
DM16_A2	DM16_B2	_____	t
DM16_A3	DM16_B3	_____	t

- PERSON SEEN:**
- SCHOOL COUNSELOR/SCHOOL PSYCHOLOGIST 1
 - MINISTER/PRIEST/RABBI 2
 - PSYCHIATRIST/PSYCHOLOGIST 3
 - PERSON AT HEALTH CLINIC 4
 - SOCIAL WORKER 5
 - OTHER (SPECIFY) 6

SPECIFY OTHER: _____

Now I'd like to ask you about how you get along at school and what you do when you're not in school.

B1. I'd like to know what your grades (are/were) like in school. Are/Were they ...

- BETTER THAN MOST OF THE CLASS? 1
- SC1 SAME AS MOST OF THE CLASS? 2
- WORSE THAN MOST OF THE CLASS? 3

B2A. Have your grades always been that way? SC2A NO 1
(Were your grades always that way?) YES . .(SKIP TO B5A) . 5

- B. Were they higher or lower than they are now?
- MOSTLY HIGHER 1
 - SC2B MOSTLY LOWER(SKIP TO B4) . 2
 - SOME YEARS HIGHER/OTHER YEARS LOWER 3

B3. In which grade did you get your best grades?

(PROBE: FOR POSSIBLE REASON, BUT DON'T SPEND MUCH TIME IF ANSWER IS NOT OBVIOUS OR FORTHCOMING.) 1ST GRADE OF HIGH MARKS

SPECIFY REASON(S): _____ SC3_1

_____ 2ND GRADE OF HIGH MARKS

_____ SC3_2

_____ 3RD GRADE OF HIGH MARKS

_____ SC3_3

IF GRADES WERE EQUALLY HIGH FOR SEVERAL YEARS, CODE THE MOST RECENT 3 GRADES. IF ONE GRADE WAS HIGHEST, JUST CODE ONE GRADE.

IF B2B IS CODED 1, SKIP TO B5A.
IF B2B IS CODED 3, CONTINUE.

B4. In which grade did you get your worst grades?

(PROBE: FOR POSSIBLE REASON, BUT DON'T SPEND MUCH TIME IF ANSWER IS NOT OBVIOUS OR FORTHCOMING.) 1ST GRADE OF LOW MARKS

SPECIFY REASON(S): _____ SC4_1

_____ 2ND GRADE OF LOW MARKS

_____ SC4_1

_____ 3RD GRADE OF LOW MARKS

_____ SC4_1

IF GRADES WERE EQUALLY LOW FOR SEVERAL YEARS, CODE THE MOST RECENT 3 GRADES. IF ONE GRADE WAS LOWEST, JUST CODE ONE GRADE.

(B6) B5A. Have you ever skipped a grade? SC5A NO . (SKIP TO C) 1
 YES 5

B. Which grade(s) did you skip? SC5B_1___ GRADEt
SC5B_2___ GRADEt
SC5B_3___ GRADEt

(B7) C. Have you ever been in a special group for kids who are doing very well in school - the top reading group, or math class, or some kind of gifted program? NO 1
 YES . (SPECIFY) . 5 SC5C
 SPECIFY:_____

(B5) B6A. Did you ever repeat a grade in school? NO . (SKIP TO C) 1
CODE NO IF ONLY DUE TO ILLNESS YES . (SPECIFY) . 5 SC6A
 SPECIFY WHY:_____

B. Which grade(s) did you repeat? SC6B_1___ GRADEt
SC6B_2___ GRADEt
SC6B_3___ GRADEt

IF CHILD REPEATED THE SAME GRADE TWICE, CODE THE GRADE TWICE

C. Have you ever been in a special group for kids who were not doing well in their schoolwork? NO 1
 YES . (SPECIFY) . 5 SC6C
 SPECIFY:_____

(B8) B7A. Do you play any sports just for fun, like hockey, baseball, basketball, or soccer? Do you skate or swim? Anything else? NO 1
 YES . (SPECIFY) . 5 SC7A

ALL KINDS OF EXERCISE COUNT; THAT IS, AEROBICS, BIKING, ETC.

SPECIFY:_____

B. Have you ever been on a sports team, or are you on a team now? NO .(SKIP TO B8A) 1
 YES . (SPECIFY) . 5 SC7B
 SPECIFY TEAMS:_____

C. What was the last grade in which you were on a sports team? SC7C ___ GRADE

D. How many hours a week do/did you spend on team practice and games? SC7D 1-4 HOURS 1
 5-9 HOURS 2
 10+ HOURS 3

(**PROBE:** FOR NUMBER OF DAYS PER WEEK, WEEKENDS, SATURDAY MORNINGS, ETC.)

(B9) B8A. Do you go to any other activities such as music lessons, choir, scouts, religious programs, weekend classes, or anything else like that? NO .(SKIP TO B9A) 1
 YES . (SPECIFY) . 5 SC8A
 SPECIFY ACTIVITIES:_____

- B. How many hours a week do you spend in after-school or weekend activities? 1-4 HOURS 1
SC8B 5-9 HOURS 2
10+ HOURS 3

(**PROBE:** FOR NUMBER OF DAYS PER WEEK, WEEKENDS, SATURDAY MORNINGS, ETC.)

- (B10) B9A. In the past year, have you had a part-time job, like doing yard work, babysitting, or working in a store? NO .(SKIP TO B11) 1
YES . (SPECIFY) . 5
SC9A

SPECIFY: _____

- B. How many hours a week do/did you spend working during the school year? SC9B
_____ HOURS

(**PROBE:** FOR NUMBER OF DAYS PER WEEK, WEEKENDS, SATURDAY MORNINGS, ETC.)

- C. How many hours a week do/did you spend working during the summer? SC9C
_____ HOURS

B10. BLANK

- (B12) B11. How often do you find that you're bored? NEVER? 1
SC11 ONLY OCCASIONALLY? . . . 2
SOME OF THE TIME? . . . 3
MOST OF THE TIME? . . . 4
- Is it . . .

- B12A. Have you ever been left at home alone all night until the next morning? NO (SKIP TO B13A) 1
YES 5

B. OMITTED SC12A

- C. What was the reason? _____ **PARENT'S**
_____ SC12C WORK SCHEDULE 1
RECREATION 2
OTHER RESPONSIBILITIES 3
_____ UNKNOWN 4
OTHER 5

- D. Did this happen ... SC12D A LITTLE 1
SOMETIMES 2
A LOT 3

(B14) B13A. Have you ever won a contest or received a prize or an award for anything? NO (SKIP TO C1A, P.11) 1
 SC13A YES 5

DO NOT COUNT PRIZES WON BY CHANCE; I.E., RAFFLES

B. Tell me about it.

<u>EVENT</u>	<u>AGE</u>
_____	SC13B_1 ___ t
_____	SC13B_2 ___ t
_____	SC13B_3 ___ t
_____	SC13B_4 ___ t
_____	SC13B_5 ___ t

C. Were these very important for you, not a big deal, or somewhere in between? VERY IMPORTANT 1
 SC13C NO BIG DEAL 2
 IN BETWEEN 3

In this section I'll ask you about how you get along with your family and friends and what school has been like for you. Some of these things may have happened when you were younger. I'd like you to think about your whole life, including now.

ADHD4A1a ICDG1-1 C1A. Have you had a really hard time doing your schoolwork or homework, because you had so much trouble remembering all the details you had to do? NO 1 YES 5 AT1A

B. Have you made a lot of careless mistakes in your schoolwork or homework? NO 1 YES 5 AT1B

(C7A) ADHD3RA7 ADHD4A1b ICDG1-2 C2A. Have you spent a lot of time daydreaming or thinking about something else when you should have been keeping your mind on schoolwork, homework, or anything you're doing? NO 1 YES 5 AT2A

(EXAMPLE: HAS THE TEACHER TOLD YOU THAT YOU WEREN'T PAYING ATTENTION TO YOUR WORK?)

(C7B) ADHD3RA7 ADHD4A1b ICDG1-2 B. When playing games (or participating in sports) have you had a lot of trouble paying attention to the rules or remembering whose turn it was? NO 1 YES 5 AT2B

(EXAMPLE: DID OTHER KIDS GET ANGRY WITH YOU BECAUSE YOU HAD TROUBLE PAYING ATTENTION TO WHAT WAS GOING ON?)

(C12) ADHD3RA12 ADHD4A1c ICDG1-3 C3. Have your parents or teachers often told you that you didn't seem to be listening to them, even when they were talking directly to you? NO 1 YES 5 AT3

(C6) ADHD3RA6 ADHD4A1d ICDG1-4 C4. Have you had a lot of problems understanding what you were supposed to do, even after the teacher or your parents explained it to you? NO 1 YES 5 AT4

(EXAMPLE: DID YOUR PARENTS OR TEACHERS SAY THAT YOU QUICKLY FORGOT WHAT YOU WERE SUPPOSED TO DO?)

ADHD4A1e ICDG1-5 C5. When getting ready to do homework or another activity, have you found that you were never organized, or that you never had all the things you needed? NO 1 YES 5 AT5

ADHD4A1f ICDG1-6 C6. Have you really disliked doing schoolwork or homework, because it has been so hard to sit still and pay attention? NO 1 YES 5 AT6

IF NO 5'S IN C1A-C6, SKIP TO C11.
OTHERS, CONTINUE.

(C13) C7. Have you lost things a lot, like pencils, NO 1
 ADHD3RA13 notebooks, or papers from school? YES . . (SPECIFY) . . 5
 ADHD4A1g ICDG1-7 AT7

OTHER EXAMPLES MIGHT BE LOSING THE KEYS TO THE HOUSE OR LOSING YOUR HOMEWORK.

SPECIFY: _____

(C3) C8. Have you often been distracted from schoolwork or NO 1
 ADHD3RA3 other things that require concentration when YES . . (SPECIFY) . . 5
 ADHD4A1h something else was going on around you? AT8
 ICDG1-8

(**EXAMPLE:** EVEN WHEN SOMETHING LITTLE WAS GOING ON AROUND YOU, HAVE YOU OFTEN STOPPED WHAT YOU WERE DOING AND PAID ATTENTION TO IT?)

SPECIFY: _____

ADHD4A1i C9. Have you often forgotten to do things that you NO 1
 ICDG1-9 were supposed to do? For example, have you YES . . (SPECIFY) . . 5
 forgotten appointments or things your parents or AT9
 friends asked you to do?

SPECIFY: _____

(C8) C10. Have you often started doing one thing and then NO 1
 ADHD3RA8 changed to something else without finishing the YES . . (SPECIFY) . . 5
 first thing? AT10

(**EXAMPLE:** HAVE YOU LEFT THINGS UNFINISHED A LOT OF THE TIME, LIKE GAMES OR PUZZLES?)

SPECIFY: _____

(C5) C11. Have your teachers or parents often said that you NO 1
 ADHD3RA5 started answering a question before they could YES 5
 ADHD4A2g finish asking it? AT11
 ICDG3-1

(C4) C12. Has it been really hard for you to wait your turn NO 1
 ADHD3RA4 when standing in line or when playing a game? YES 5
 ADHD4A2h AT12
 ICDG3-2

(**EXAMPLE:** HAVE YOU GOTTEN BORED AND STARTED CLOWNING AROUND OR PUSHING AHEAD IN LINE? HAVE YOU HAD TROUBLE LINING UP TO SEE A MOVIE, OR LINING UP FOR CLASS?)

(C11) C13. Have adults often said that you jump in and start NO 1
 ADHD3RA11 talking when you shouldn't, or have your friends YES 5
 ADHD4A2i ICDG3-3 often said that you butt into their games or AT13
 activities, without being asked?

ADHD3RA14 C14. Have you often done careless things, like running NO 1
 into the street without looking, running into YES . . (SPECIFY) . . 5
 things because you didn't look where you were AT14
 going, or climbing up on things that were
 dangerous?

(EXAMPLE: HAVE YOUR PARENTS OR TEACHERS OFTEN SAID THAT YOU SHOULD BE MORE CAREFUL?)

SPECIFY: _____

**IF YES, ASK "DID YOU DO THESE THINGS BECAUSE YOU DIDN'T THINK ABOUT WHAT MIGHT HAPPEN OR BECAUSE YOU THOUGHT IT WAS EXCITING?"
 CODE 5 ONLY IF RESPONDENT DIDN'T THINK ABOUT WHAT MIGHT HAPPEN.**

(C1) C15. Have you often been fidgety or restless? That is, NO 1
 ADHD3RA1 fiddling with your hands, jiggling your feet, or YES 5
 ADHD4A2a twisting around in your seat? AT15
 ICDG2-1

(C2) C16. Have you had a lot of trouble staying in your seat NO 1
 ADHD3RA2 at school or home? YES 5
 ADHD4A2b AT16
 ICDG2-2

(EXAMPLE: HAVE YOU OFTEN BEEN TOLD TO STAY IN YOUR SEAT, OR TO STOP GETTING UP FROM THE DINNER TABLE AT HOME?)

ADHD4A2c C17. Have you often felt like you had to be active; NO 1
 ICDG2-3 that is, moving around and doing things? YES 5
 AT17

**IF NO 5'S IN C11-C17, SKIP TO BOX C20.
 OTHERS, CONTINUE.**

(C9) C18. Has it been really hard for you to do anything NO 1
 ADHD3RA9 quietly by yourself or with your friends? YES 5
 ADHD4A2d AT18
 ICDG2-4

(EXAMPLE: HAS IT BEEN HARD FOR YOU TO SIT AND READ A BOOK OR LISTEN TO MUSIC?)

ADHD4A2e C19. Have people often said that you just couldn't slow NO 1
 ICDG2-5 down; that you were always moving around or on the YES 5
 go? AT19

ADHD3RA10 C20. Have people told you that you talked all the time NO 1
 ADHD4A2f or that you never stopped talking? YES 5
 ICDG3-4 AT20

**BOX C20:
 IF 3 OR FEWER BOXES IN C1-C20 HAVE A 5 CODED; SKIP TO D1, P.16.
 OTHERS, CONTINUE.**

(C15A) C21A. How old were you when things like (NAME 5'S IN C1A- AT21A_1 AGE ONS: ___ ___
 ADHD3RB C20) started happening? AT21A_2 ONS: 1 2 3 4 5
 ADHD4B
 ICDG4

(PROBE: WERE YOU LIKE THAT IN KINDERGARTEN OR FIRST GRADE? WERE YOU LIKE THAT IN NURSERY SCHOOL?)

IF 3 YEARS OLD OR YOUNGER OR IF ALWAYS, CODE 03.

B. How old were you the last time? AT21B_1 AGE REC: ___ ___
 AT21B_2 REC: 1 2 3 4 5

(C15E) C. Did these things last for six months or longer? NO 1
 ADHD3RA YES 5
 ADHD4A AT21C
 ICDG1

(C15D) D. Did most of these things happen around the same NO 1
 ADHD3RA time (for example, in the same grade)? YES 5
 AT21D

FOR EACH 5 IN COL. I, ASK
 "Did this happen (1) a little, (2) somewhat, or (3) a lot?"
 AND CODE IN COL. II.

		<u>COL. I</u>		<u>COL. II</u>
		NO	YES	
ADHD4D	C22A. Because of (NAME POSITIVES IN C1A-C20) did any of these ever happen? (CODE IN COL. I)			
	1. Did your parents get really angry with you?	1	5	1 2 3
			AT22A_1A	AT22A_1B
	2. Were your parents very worried about you?	1	5	1 2 3
			AT22A_2A	AT22A_2B
	3. Did other kids not want you around?	1	5	1 2 3
			AT22A_3A	AT22A_3B
	4. Did the teacher tell your parent(s) you were having problems in school?	1	5	1 2 3
			AT22A_4A	AT22A_4B
		1	5	1 2 3
	5. Did you get low grades in school?		AT22A_5A	AT22A_5B

C23A. Did your parents ever take you to anyone like a doctor, a social worker, or another professional because you were having problems like the ones we've been talking about? NO (SKIP TO D1, P.16) 1
 YES 5
 AT23A

B. Did you see: NO YES

1. a psychiatrist or psychologist? AT23B_1 1 5
 2. another medical doctor? AT23B_2 1 5
 3. a school counselor or social worker? AT23B_3 1 5
 4. someone like a minister, priest, or rabbi? AT23B_4 1 5
 5. another professional?. . .(SPECIFY) AT23B_5 1 5

SPECIFY: _____

C. Did talking with (PERSON CHILD SAW) help you with your problem(s)? NO 1
 YES 5
 AT23C

D. Did (PERSON CHILD SAW) give you any tests to find out more about the problem(s) you were having? NO 1
 YES 5
 AT23D

E. Did you ever receive any medicine for the problem(s) you were having? NO (SKIP TO D1, P.16) 1
 YES 5
 AT23E

F. Do you know the name of the medicine(s)? NO 1
 YES . . (SPECIFY) . . 5
 AT23F
 AT23F_1 CODE: __ __ __
 AT23F_2 CODE: __ __ __
 AT23F_3 CODE: __ __ __

G. Are you still taking the medicine(s)? NO 1
 YES . .(SKIP TO I) . . 5
 AT23G

H. How old were you when you stopped taking the medicine(s)? AT23H ____ AGE

I. After you started taking the medicine, did these problems start to get better? NO 1
 YES 5
 AT23I

Now I'm going to ask you some more questions about the way some young people behave. I want to know if you behave this way more than most people your age. Think about people your age in general and not just about your close friends. Some of these things may have happened when you were younger. I'd like you to think about your whole life, including now.

STANDARD PROBE: FOR EVERY "YES" ASK, "Has it been more than most people your age?"

ODD3RA1 D1. Have you often lost your temper with adults NO 1
ODD4A1 like your parents, or with your friends? YES 5
ODDICDG1-1 OP1

(EXAMPLE: WOULD YOU OFTEN YELL, SCREAM OR TALK BACK TO THEM?)

ODD3RA2 D2A. Have you argued a lot with your parents, your NO (SKIP TO D3A) . 1
ODD4A2 teachers, or other adults? YES 5
ODDICDG1-2 OP2A

B. With whom do you argue a lot?

ODD3RA3 D3A. Have you often just refused to do things that NO .(SKIP TO D4) . 1
ODD4A3 your parents, teachers, or other adults have YES 5
ODDICDG1-3 OP3A

(EXAMPLE: IF YOUR MOM ASKS YOU TO TAKE OUT THE GARBAGE, RUN AN ERRAND OR PICK UP YOUR JACKET, WOULD YOU JUST SAY "NO" IF YOU DIDN'T FEEL LIKE DOING IT? HAVE YOU GOTTEN IN TROUBLE A LOT AT HOME OR SCHOOL FOR NOT FOLLOWING RULES OR NOT DOING WHAT YOU WERE TOLD?)

B. What kinds of things have you refused to do?

ODD3RA4 D4. Have other people said that you were always NO 1
ODD4A4 doing things on purpose to annoy or bother YES 5
ODDICDG1-4 OP4

DO NOT COUNT SIBLINGS.

ODD3RA5 D5. **NO STANDARD PROBE FOR D5.** When you have been caught doing something **READ OPTIONS:**
ODD4A5 wrong or when something bad has happened to YOURSELF? 1
ODDICDG1-5 you, have you usually blamed . . . OTHERS? 2
NOBODY? 4
OP5

(EXAMPLE: DO PEOPLE SAY THAT YOU MAKE TOO MANY EXCUSES?)

DO NOT COUNT SIBLINGS.

IF ANY 5'S IN D1-D4 OR IF D5 IS CODED 2, CONTINUE. OTHERS; SKIP TO E1A, P.19.

**STANDARD PROBE: FOR EVERY "YES" ASK,
"Has it been more than most people your age?"**

ODD3RA6 D6. Have you often felt that people bug you or NO 1
ODD4A6 get on your nerves a lot? YES 5
ODDICDG1-6 OP6

(EXAMPLE: ARE PEOPLE ALWAYS SAYING OR DOING THINGS THAT ANNOY YOU?)

DO NOT COUNT SIBLINGS.

ODD3RA7 D7. Have you often gotten angry and resentful NO 1
ODD4A7 with your parents, teachers, or friends, YES 5
ODDICDG1-7 because you feel that they are being mean or OP7
unfair to you?

(EXAMPLE: HAVE YOU OFTEN FELT LIKE PEOPLE ARE ALWAYS DOING SOMETHING TO MAKE YOU ANGRY, OR TREATING YOU UNFAIRLY?)

DO NOT COUNT SIBLINGS.

ODD3RA8 D8A. When someone has done something unfair to NO .(SKIP TO D9) . 1
ODD4A8 you, have you often tried to get back at them YES . (SPECIFY) . . 5
ODDICDG1-8 in some mean way? OP8A

(EXAMPLE: WOULD YOU TELL OTHER PEOPLE THINGS ABOUT THEM THAT WEREN'T TRUE? WOULD YOU TRY TO GET THEM IN TROUBLE WITH PARENTS OR TEACHERS ON PURPOSE?)

DO NOT COUNT SIBLINGS.

B. What kind of things would you do?

ODD3RA9 D9. Have you used a lot of dirty words or curse NO 1
words at times when you shouldn't? YES 5
OP9

ODD3RA D10A. How old were you the (first/last) time things OP10A_1 AGE ONS: ___ ___
ODD4A like (NAME POSITIVES IN D1-D9) happened? OP10A_2 ONS: 1 2 3 4 5
(PROBE: DO YOU REMEMBER WHAT GRADE YOU WERE OP10A_3 AGE REC: ___ ___
IN?) OP10A_4 REC: 1 2 3 4 5

ODD3RA B. Did (NAME POSITIVES) last for 6 months or NO 1
ODD4A longer? YES 5
ODDICDD OP10B

IF ONLY 1 POSITIVE SYMPTOM CODED IN D1-D9; SKIP TO E1A, P.19. OTHERS, CONTINUE.

ODD3RA C. Did most of the things like (NAME POSITIVES) NO 1
ODD4A happen around the same time (for example, in YES 5
ODDICDB the same grade)? OP10C

FOR EACH 5 IN COL. I, ASK
 "Did this happen (1) a little, (2) somewhat, or (3) a lot?"
AND CODE IN COL. II

ODD4B

	<u>COL. I</u>	<u>COL. II</u>
	NO YES	
D11A. Because of (NAME POSITIVES IN D1-D9), have any of the following things happened? (CODE IN COL. I)		
1. Did your grades go down?	1 5 OP11A_1A	1 2 3 OP11A_1B
2. Did your teachers get angry with you or tell you that you had a bad attitude?	1 5 OP11A_2A	1 2 3 OP11A_2B
3. Did you feel very sad or lonely?	1 5 OP11A_3A	1 2 3 OP11A_3B
4. Did you lose friends?	1 5 OP11A_4A	1 2 3 OP11A_4B
5. Did your parents get really angry with you?	1 5 OP11A_5A	1 2 3 OP11A_5B
6. Were you grounded or not allowed to do something you really wanted to do?	1 5 OP11A_6A	1 2 3 OP11A_6B
B. Were you sent somewhere else to live?	NO 1 YES 5 OP11B	
C. Were you sent to see a counselor or any other professional?	NO 1 YES . (SPECIFY) . . 5 OP11C	
SPECIFY: _____		

D. Were you sent to juvenile court?	NO 1 YES . (SPECIFY) . . 5 OP11D	
SPECIFY: _____		

E. Anything else?	NO 1 YES . (SPECIFY) . . 5 OP11E	
SPECIFY: _____		

- E1A. Have you ever had a chance to try smoking a cigarette or chewing tobacco? Maybe you didn't try it, but you could have if you wanted to? NO(SKIP TO F1A, P.25)1
 YES 5
 TD1A
- B. How old were you the first time you had a chance to try smoking a cigarette, or chewing tobacco? TD1B_1AGE ONS: ___ ___
 TD1B_2ONS: 1 2 3 4 5
- C. Did you ever try smoking a cigarette? NO 1
 YES 5
 TD1C
- D. Did you ever try chewing tobacco? NO 1
 YES 5
 TD1D
- IF YES TO C OR D, SKIP TO F. OTHERS, CONTINUE.
- E. Why didn't you try cigarettes (or chewing tobacco)?

SKIP TO F1A, P.25.

- F. How old were you the first time you actually tried smoking a cigarette (or chewing tobacco)? TD1F_1 AGE ONS: ___ ___
 TD1F_2 ONS: 1 2 3 4 5
- G. How old were you the last time you smoked a cigarette (or chewed tobacco)? TD1F_3 AGE REC: ___ ___
 TD1F_4 REC: 1 2 3 4 5
- H. Who first gave you a cigarette (or some chewing tobacco)? SELF 1
 FRIEND/PEER 2
 MINOR FAMILY 3
 ADULT FAMILY 4
 PARENT 5
 OTHER . (SPECIFY) 6
 TD1H
- SPECIFY OTHER: _____
- I. Who (usually) gets cigarettes (or chewing tobacco) for you? SELF 1
 FRIEND/PEER 2
 MINOR FAMILY 3
 ADULT FAMILY 4
 PARENT 5
 OTHER . (SPECIFY) 6
 TD1I
- SPECIFY OTHER: _____
- J. Did you enjoy your first experience with using tobacco... A LOT? 1
 SOME? 2
 A LITTLE? 3
 NOT AT ALL? 4
 TD1J

E2. OMITTED.

- E3. The first few times you used tobacco, did you... NO YES
1. cough? TD3_1 1 5
2. feel dizzy or light-headed? TD3_2 1 5
3. get a headache? TD3_3 1 5
4. feel your heart racing? TD3_4 1 5
5. feel nauseated, like vomiting? TD3_5 1 5
6. experience anything else, either good or bad? (IF YES, SPECIFY) 1 5
- TD3_6
- SPECIFY POSITIVE EFFECT: _____ TD3_6_1 1 5
- SPECIFY NEGATIVE EFFECT: _____ TD3_6_2 1 5

E4. Over your lifetime, have you (smoked 5 or more packs of cigarettes or used 30 pinches or more of snuff or tobacco)?

NO . (SKIP TO F1A, P.25)	1
YES	5
TD4	

FOR EACH 5 CODED IN E1C-D ASK:

E5A. When you were using tobacco the most, how many days per week did you (smoke cigarettes/use snuff or chewing tobacco)?

	<u>CIGS</u>	<u>CHEW</u>
	TD5A_1	TD5A_2
	DAYS: ___	___

IF NOT AS OFTEN AS ONCE A WEEK, CODE 0 AND SKIP TO F1A, P.25.

B. How many (cigarettes/pinches) did you usually (smoke/use) in a day?

	TD5B_1	TD5B_2
	UNITS: ___	___
	TD5C_1	TD5C_2

C. For how long did you use this many?

	MONTHS: ___	___
	TD5D_1_1	TD5D_2_1

D. How old were you the (first/last) time you used (cigarettes/pinches) at that rate?

	AGE ONS: ___	___
	TD5A_1_2	TD5A_2_2
	ONS: 1 2 3 4 5	1 2 3 4 5
	TD5D_1_3	TD5D_2_3
	AGE REC: ___	___
	TD5D_1_4	TD5D_2_4
	REC: 1 2 3 4 5	1 2 3 4 5

E6A. Since you began using tobacco, what is the longest amount of time you have gone without using any tobacco?

	___	___	___	UNITS
	TD6A_1			

IF NEVER: CODE 000, CIRCLE DAYS, AND SKIP TO E7.

CODE UNITS:

DAYS	1
WEEKS	2
MONTHS	3
YEARS	4
TD6A_2	

B. How old were you when the longest time (began/ended)?

	AGE ONS: ___	___
	TD6B_1	
	ONS: 1 2 3 4 5	
	TD6B_2	
	AGE REC: ___	___
	TD6B_3	
	REC: 1 2 3 4 5	
	TD6B_4	

Think about the time lasting a month or more when you were using tobacco the most.

E7. During this month, when you were using tobacco the most, about how soon after you woke up did you (smoke/use) your first (cigarette/pinch)?

	___	___	___	MINUTES
	TD7			

IF DK, ASK A.

A. **IF DK,** Was it usually . . .

WITHIN 5 MINUTES?	1
WITHIN 6-30 MINUTES?	2
WITHIN 31-60 MINUTES?	3
MORE THAN ONE HOUR?	4
TD7A	

E8. During the time you were using tobacco the most, did you usually smoke more often in the first few hours of the day, than during the rest of the day?

FIRST FEW HOURS	1
REST OF DAY	5
TD8	

E9. During the time when you were using tobacco the most, was it hard to keep from (smoking/using) in places where it was not allowed? For example, at school, in movie theaters, or when someone asked you not to?

NO	1
YES	5
TD9	

E10.	During the time when you were using tobacco the most,	NO	1
	were there times you used tobacco even when you were so	YES	5
	sick that you had to be in bed most of the day?	TD10	

BEGIN SCORING *'S ON TOBACCO TALLY SHEET FOR SECTION E.

Now I'd like to ask you some questions about experiences people sometimes have with using tobacco.

IF QUIT, SAY: Since you don't use tobacco now, I'd like you to answer for when you used to use tobacco.

E11. Have you ever chain smoked cigarettes; that is, where you smoked one right after another? NO . (SKIP TO B) . 1
YES 5
TD11

ND4-5 A. How many cigarettes have you smoked in a row? **IF DK, ASK A1.** TD11A ___ ___*
* MARK TALLY IF: 3 OR MORE

1. **IF DK,** Was it at least 3 in a row? NO 1
YES 5*
TD11A_1

ND4-5 B. Have you spent a lot of time using tobacco? NO 1
YES 5*
TD1AB

E12A. Have you ever stopped doing things with any of your good friends because of your tobacco use? NO 1
YES 5
TD12A

B. Have you missed activities, club meetings, or sports practices you usually participated in because of your tobacco use? NO 1
YES 5
TD12B

IF BOTH A & B ARE NO, SKIP TO E13.

ND4-6 C. Did (5'S IN A & B) happen 3 or more times, or did it last a month or longer? NO 1
YES 5*
TD12C

ND4-3 E13. Have you often used tobacco a lot more than you meant to or for more days in a row than you meant to? For example, smoking half a pack or more when trying to only smoke 1 or 2 cigarettes? NO 1
YES .(SKIP TO E14) 5*
TD13

ND4-3 A. Have there been a lot of times when you ran out of tobacco sooner than you meant to? NO 1
YES 5*
TD13A

E14. Have you smoked in places where it was dangerous to smoke? For example, when in bed, or around things like gasoline, paint thinners, or cleaning fluids? NO .(SKIP TO E15) . 1
YES 5
TD14

A. Has this happened 3 or more times? NO 1
YES 5
TD14A

B. Have you smoked in a situation where it was dangerous more than once in any 12-month period? NO 1
YES 5
TD14B

ND4-4 E15. Have you often wanted to quit or cut down on using tobacco? NO 1
 YES . (SPECIFY) . . 5*
 TD15

SPECIFY REASON (DON'T COUNT PREGNANCY):

A. Have you ever tried to quit or cut down on using tobacco? NO .(SKIP TO E16A) 1
 YES 5
 TD15A

ND4-4 B. Have you always been able to stop or cut down when you wanted to? NO 1
 YES . (SKIP TO C) . 5
 TD15B

1. Have you more than once found you were unable to stop or cut down on using tobacco in any 12-month period? NO, ONLY ONCE . . . 1
 YES, MORE THAN ONCE 5*

C. How old were you the (first/last) time you tried to quit or cut down? TD15C_1 AGE ONS: ___ ___
 TD15C_2 ONS: 1 2 3 4 5

TD15C_3 AGE REC: ___ ___
 TD15C_4 REC: 1 2 3 4 5

D. Have you ever tried to stop or cut down on using tobacco by going to a class, using medication, or anything else? NO 1
 YES 5
 TD15D

E. Why did you try to quit or cut down on using tobacco? BAD FOR HEALTH . . 1
 NO MONEY 2
 DIDN'T LIKE IT . . 3
 NOT COOL 4
 OTHER . (SPECIFY) . 5
 TD15E

SPECIFY OTHER: _____

F. Have you ever smoked to keep your weight down? NO 1
 YES 5
 TD15F

E16A. I'm going to ask you about some problems that you might have had after you stopped or cut down on using tobacco. Think about the time when you had the most problems after you stopped or cut down on using tobacco.
(CODE IN COLUMN I.)

	<u>COL. I</u>		<u>COL. II</u>		<u>COL. III</u>	
	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
During that time. . .						
	TD16A_1		TD16B_1		TD16C_1	
1. Were you irritable, angry, or frustrated?	1	5	1	5	1	5
2. Were you nervous or anxious?	1	5	1	5	1	5
3. Were you restless?	1	5	1	5	1	5
4. Did you have trouble concentrating? . . .	1	5	1	5	1	5
5. Did your heart slow down?	1	5	1	5	1	5
6. Did you feel sad or depressed?	1	5	1	5	1	5
7. Did you want tobacco so badly that you couldn't think of anything else?	1	5	1	5	1	5
8. Did you feel hungrier or gain weight? . .	1	5	1	5	TD16C_7	
9. Did you have trouble sleeping?	1	5	1	5		
	TD16A_9		TD16B_9			

BOX E16:
HOW MANY 5'S ARE CODED IN COL. I?

NONE (SKIP TO E17A)	1
1-3 (SKIP TO C)	2
4 OR MORE . (CONTINUE)	3

ND4-2A B. Did at least four of these (SX CODED 5) occur together in the first 24 hours after you stopped or cut down? NO . (SKIP TO C) . 1
 YES 5*
TD16B

1. Which ones? **(CODE IN COL. II.)**
2. How old were you the (first/last) time? TD16B2_1 AGE ONS: _ _
 TD16B2_2 ONS:1 2 3 4 5
- TD16B2_3 AGE REC: _ _
 TD16B2_4 REC:1 2 3 4 5

FOR EACH 5 CODED IN E16A.1-7 IN COL. I, ASK C.

- C. Did (SX) last for at least 24 hours? **(CODE IN COL. III.)**
- D. Have any of the problems you had after quitting or cutting down on tobacco often interfered with how you got along at home, school (work), or in other activities? NO 1
 YES 5
TD16D
- ND4-2B E. Did you keep using tobacco or go back to using it to make these problems go away, or to avoid having them again? NO 1
 YES 5*
TD16E

E17A. Has using tobacco ever made you nervous or shaky or caused you any emotional problems? NO (SKIP TO E18A) . 1
 YES 5
 TD17A

B. Has this ever kept you from doing the things you normally do? NO (SKIP TO E18A) . 1
 YES . (SPECIFY) . . 5
 TD17B

SPECIFY: _____

ND4-7

C. Did you keep on using tobacco after you knew it caused you problems like that? TD17C
 NO 1
 YES 5*

E18A. Has using tobacco caused you any health problems such as a problem with your heart, lung trouble, a cough that wouldn't go away, or any other health problem? NO .(SKIP TO E19) . 1
 YES . .(SPECIFY) . 5
 TD18A

ND4-7

SPECIFY ILLNESS:_____ CODE: ____ _

TD18A_1

B. Did you keep using tobacco after you knew it caused you (this/these) health problem(s)? NO 1
 YES 5*
 TD18B

ND4-7 E19. Have you used tobacco when you already had a serious illness that you knew was made worse by your tobacco use, such as asthma, bronchitis, etc.? NO (SKIP TO E20A) . 1
 YES . (SPECIFY) . . 5*
 TD19

SPECIFY ILLNESS:_____ CODE: ____ _

TD19_1

E20A. After you had been (smoking/using tobacco) for awhile, did you start to need more (cigarettes/chews) each day? NO . (SKIP TO C) . 1
 YES 5*
 TD20A

ND4-1A

B. Was this a big increase? For example, if you used to smoke 10 cigarettes a day, did you increase to 15, or maybe you went from 20 to 30 cigarettes? NO 1
 YES(SKIP TO BOX E21)5
 TD20B

ND4-1B

C. After you had been using tobacco for awhile, did you find tobacco had less effect on you than before? NO 1
 YES 5*
 TD20C

**BOX E21: CHECK TALLY SHEET.
 IF 3 OR MORE BOXES CHECKED, SHOW R TALLY SHEET AND ASK E21.
 OTHERS; SKIP TO F1A, P.25.**

I'd like to review the experiences you've told me you had with using tobacco. You've said that: (READ SX ON TALLY SHEET).

ND4 E21. Did you ever have 3 or more of these experiences in any 12-month period? NO(SKIP TO F1A, P.25)1
 YES 5
 (NOTE: MUST BE FROM 3 DIFFERENT GROUPS.)
 TD21

A. How old were you the first time you had 3 or more of these experiences in any 12-month period? TD21A_1 AGE ONS: ____
 TD21A_2 ONS: 1 2 3 4 5

B. How old were you when the last 12-month period like that ended? TD21A_3 AGE REC: ____
 TD21A_4 REC: 1 2 3 4 5

Now I'm going to ask you some questions about your experiences with alcohol. Because this is a study about alcohol, it is very important that you answer the questions as best as you can.

- F1A. Have you ever had a chance to try alcohol? NO (SKIP TO G1A, P.48) 1
 Maybe you didn't try it, but you could have if YES 5
 you wanted to? **AL1A**
- B. How old were you the first time you had a **AL1B_1** AGE ONS: ___ ___
 chance to try alcohol? **AL1B_2** ONS: 1 2 3 4 5
- C. Did you ever try it? NO . . (SKIP TO E) . 1
 1. OMITTED YES 5
AL1C
- D. How old were you the first time you actually **AL1D_1** AGE ONS: ___ ___
 tried alcohol? **AL1D_2** ONS: 1 2 3 4 5

SKIP TO F.

E. Why didn't you try it?

SKIP TO G1A, P.48

- (F1) F. Have you ever had a whole drink, like a can of NO 1
 beer, a glass of wine, a wine cooler, a shot of YES . .(SKIP TO F3A) 5
 hard liquor (like gin, scotch or vodka) or any **AL1F**
 other kind of drink with alcohol in it?
- (F2) G. So you've never had one whole drink of alcohol? NEVER HAD A DRINK
 (SKIP TO G1A, P.48) 1
 HAD A DRINK 5
AL1G

F2. OMITTED

(F3) F3A. How old were you when you had your very first whole drink? AL3A_1 AGE ONS: ____ t
AL3A_2 ONS: 1 2 3 4 5

B. How old were you the last time you had a whole drink? AL3B_1 AGE REC: ____ t
AL3B_1 REC: 1 2 3 4 5

C. Who gave you your first whole drink of alcohol? SELF 1
FRIEND/PEER 2
MINOR FAMILY 3
ADULT FAMILY 4
PARENT 5
OTHER . . (SPECIFY) . 6
 SPECIFY OTHER: _____

AL3C

D. Who (usually) gets alcohol for you? SELF 1
FRIEND/PEER 2
MINOR FAMILY 3
ADULT FAMILY 4
PARENT 5
OTHER . . (SPECIFY) . 6
 SPECIFY OTHER: _____

AL3D

IS E4 CODED 5? NO . . (SKIP TO F4C) . .1
YES5

F4A. When you drink, do you almost always smoke at the same time? NO 1
YES 5
AL4A

B. OMITTED

C. Once you (started/tried) drinking, did you find that you were invited to more parties and activities, or to hang out with friends more often? NO 1
YES 5
AL4C

D. Has drinking (usually) made you feel less shy or more relaxed with people? NO 1
YES 5
AL4D

E. Has drinking helped you find people to date? NO 1
YES 5
AL4E

F. Has drinking helped you in any (other) way? NO 1
YES . . (SPECIFY) . . 5
 SPECIFY: _____

AL4F

(F4) F5A. While drinking, has one or two drinks of alcohol ever made you:
 (CODE IN COL. A)
 DO NOT COUNT IF ONLY ONE TYPE OF ALCOHOL CAUSES REACTION.

	<u>COL. A</u>		<u>COL. B</u>	
	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
1. flush or blush that is, when your face and hands felt hot and your face turned red?	1	5	1	5
	AL5A_1		AL5B_1	
IF F5A1 = 5, ASK:				
a. Did you flush or blush a few minutes after only one drink?	1	5		
	AL5A_1A			
2. break out into a rash?	1	5	1	5
	AL5A_2		AL5B_2	
3. feel very sleepy?	1	5	1	5
	AL5A_3		AL5B_3	
4. feel sick to your stomach?	1	5	1	5
	AL5A_4		AL5B_4	
5. have headaches, or head pounding or throbbing? . .	1	5	1	5
	AL5A_5		AL5B_5	
6. feel your heart beating hard inside your chest? . .	1	5	1	5
	AL5A_6		AL5B_6	

**FOR EACH 5 IN COL. A, ASK B.
 OTHERS, SKIP TO F6A.**

B. Did (Sx) ever keep you from drinking alcohol? (CODE IN COL. B)

(F8) F6A. Let's talk about the last week. Did you drink anything with alcohol in it during the last 7 days? NO . . . (SKIP TO F7A) . 1
 YES 5
 AL6A

B. I'd like to know about the alcoholic drinks you have had each day in the last week. Today is _____. Let's begin with yesterday.

How many drinks of (KIND OF ALCOHOL) did you have on (DAY OF WEEK)?

**SEE CARD F FOR THE DEFINITION OF A STANDARD DRINK.
 IF OTHER, RECORD SPECIFIC DRINK NAME.**

	<u>Beer/Lite Beer</u>	<u>Wine</u>	<u>Liquor</u>	<u>Other</u>	<u>Specify Drink</u>
	# Dr	# Dr	# Dr	# Dr	
AL6B_1A-AL6B_1D	M _____	_____	_____	_____	_____
AL6B_2A-AL6B_2D	Tu _____	_____	_____	_____	_____
AL6B_3A-AL6B_3D	W _____	_____	_____	_____	_____
AL6B_4A-AL6B_4D	Th _____	_____	_____	_____	_____
AL6B_5A-AL6B_5D	F _____	_____	_____	_____	_____
AL6B_6A-AL6B_6D	Sa _____	_____	_____	_____	_____
AL6B_7A-AL6B_7D	Su _____	_____	_____	_____	_____

F7A. Think about your use of alcohol over the past 6 months (**SUGGEST TIME MARKER.**) Did you drink anything with alcohol in it during the last 6 months? (So you (have/have not) had a drink with alcohol in it during the last 6 months?)

NO . . (SKIP TO C) . . . 1
 YES, HAD A DRINK . . . 5
 AL7A

(F9) B. I'd like to know about the alcoholic drinks that you would usually have in a typical week when you drank alcohol. Think about a week since (**REPEAT TIME MARKER**) that is an example of the way you usually drank. Let's start on the weekend. On a usual Friday night when you drank, how many (beers, coolers, etc.) would you have?

IF R VOLUNTEERS THAT DRINKING IN THE LAST WEEK WAS TYPICAL, CONFIRM AND RE-CODE AMOUNTS FROM F6 CHART.

**SEE CARD F FOR THE DEFINITION OF A STANDARD DRINK.
 IF OTHER, RECORD SPECIFIC DRINK NAME.**

How many drinks of (KIND OF ALCOHOL) did you have on (DAY OF WEEK)?

		<u>Beer/Lite Beer</u>	<u>Wine</u>	<u>Liquor</u>	<u>Other</u>	<u>Specify Drink</u>
		# Dr	# Dr	# Dr	# Dr	
AL7B_1A-AL7B_1D	M	_____	_____	_____	_____	_____
AL7B_2A-AL7B_2D	Tu	_____	_____	_____	_____	_____
AL7B_3A-AL7B_3D	W	_____	_____	_____	_____	_____
AL7B_4A-AL7B_4D	Th	_____	_____	_____	_____	_____
AL7B_5A-AL7B_5D	F	_____	_____	_____	_____	_____
AL7B_6A-AL7B_6D	Sa	_____	_____	_____	_____	_____
AL7B_7A-AL7B_7D	Su	_____	_____	_____	_____	_____

(F4C) C. How many drinks of alcohol have you had in your life? **IF DK, ASK C1.** AL7C _____ DRINKS

1. **IF DK, Was it . . .** 6 OR FEWER 0
PROBE ALL OPTIONS AND CODE THE LAST POSITIVE RESPONSE 7 OR MORE 1
 11 OR MORE 2
 20 OR MORE 3
 40 OR MORE 4
 AL7C_1

(F5) F8A. Have you ever gotten drunk, where you couldn't talk clearly and it was hard to keep your balance? NO . . (SKIP TO F9A) . . . 1
 YES 5
 AL8A

B. How old were you the very (first/last) time you got drunk, where you couldn't talk clearly and it was hard to keep your balance?

AL8B_1 AGE ONS: _____
 AL8B_2 ONS: 1 2 3 4 5
 AL8B_3 AGE REC: _____
 AL8B_4 REC: 1 2 3 4 5

You said that you were (AGE IN F3A) years old when you first drank alcohol.

- F9A. Was this during the summer, or was it during the school year?
 year? SUMMER 1
 SCHOOL YR (SKIP TO C) 5
 AL9A
- B. What grade would you have just completed? AL9B ___ ___ GRADE

SKIP TO D

- C. What grade would you have been in? AL9C ___ ___ GRADE
- D. I'm going to ask you some questions about your past alcohol use. I will refer to how old you were and what grade you would have been in. I would like your answer to include the time during the school year and the summer afterwards.

HAND R CARD F-1.

For some of the questions, I want you to choose from these answers. I will tell you which questions to use them with. Let's start with (NAME GRADE IN B/C) grade.

(In the/through the) ___ grade and the summer afterwards, (REPEAT QUESTIONS 1-8 FOR EACH GRADE UP TO THE PRESENT TIME).

RECORD FOR EACH GRADE:	6 & earlier	7	8	9	10	11	12
Age when entered: AL9D_0A-AL9D_0G	--	--	-	--	--	--	--
1. How often did you usually drink alcohol? (REPEAT FREQUENCY OPTIONS) AL9D_1A-AL9D_1G	--	--	-	--	--	--	--
2. <u>On average</u> , how many drinks did you usually have each time you drank? (USE "STANDARD" DRINK AND RECORD NUMBER) AL9D_2A-AL9D_2G	--	--	-	--	--	--	--
3. What was the <u>most</u> that you ever drank at one time in the ___ grade? (USE "STANDARD" DRINK AND RECORD NUMBER) AL9D_3A-AL9D_3G	--	--	-	--	--	--	--
4. How often did you drink this amount? REFER TO NUMBER OF DRINKS ABOVE. (REPEAT FREQUENCY OPTIONS) AL9D_4A-AL9D_4G	--	--	-	--	--	--	--
5. What is the <u>least</u> number of drinks you ever drank when you were drinking in the ___ grade? (USE "STANDARD" DRINK AND RECORD NUMBER) AL9D_5A-AL9D_5G	--	--	-	--	--	--	--
6. About how often did you drink enough to get a <u>little buzzed</u> ? (REPEAT FREQUENCY OPTIONS) AL9D_6A-AL9D_6G	--	--	-	--	--	--	--
7. About how often did you drink enough to get <u>drunk</u> ? (REPEAT FREQUENCY OPTIONS) AL9D_7A-AL9D_7G	--	--	-	--	--	--	--
8. How often did you drink enough to stay drunk for at least a whole day or longer? (REPEAT FREQUENCY OPTIONS) AL9D_8A-AL9D_8G	--	--	-	--	--	--	--

FREQUENCY CODES (For Questions 1, 4, 6, 7, 8):

Daily	01	3-4 times/month	04	1-3 times ever	07
4+ times/week	02	1-2 times/month	05	NEVER	08
2-3 times/week	03	Once every 2-4 months	06	NA/DK	-9

F10. How old were you when you started drinking regularly, that is, you drank at least once a month for 6 months or longer? AL10 AGE: ___ __t
IF NEVER, CODE 00

F11A. What is the largest number of drinks you have ever had in a 24-hour period? I mean whole drinks, like a can of beer or a shot of hard liquor, not just sips. AL11A
___ __ DRINKS

IF LESS THAN 3, SKIP TO G1A, P.48.

B. How many times have you had at least 3 drinks in a 24-hour period? AL11B
___ __ TIMES

IF LESS THAN 2, SKIP TO G1A, P.48.

C. How old were you the (first/last) time you had 3 or more drinks in a 24-hour period? AL11C_1 AGE ONS: ___ __
AL11C_2 ONS: 1 2 3 4 5

AL11C_3 AGE REC: ___ __
AL11C_4 REC: 1 2 3 4 5

BEGIN SCORING ALCOHOL TALLY SHEETS.

Now I'm going to ask you about how things may have changed for you since you started drinking.

(F19) F12A. Have you ever needed to drink a lot more alcohol than you used to in order to get a little buzzed or get drunk? For example, did you once need 2 beers to feel "buzzed", but later needed to drink 3 beers to feel the same way? NO . . .(SKIP TO F) . 1
 YES 5
 AL12A

B. When you first started drinking, how many drinks did it take for you to get "buzzed"? AL12B ___ DRINKS

C. How many drinks did you increase to? AL12C ___ DRINKS

**D. WAS INCREASE TO 4 DRINKS OR MORE? NO...(SKIP TO F)...1
 YES.....5
 E. WAS INCREASE 50% OR MORE? NO.....1
 YES..(SKIP TO G) ..5 A,B,C**

AD3RA7
AD4-1a
ADICDA4

F. Have you ever found that you couldn't get an effect when you drank the same amount you used to? NO .(SKIP TO F13A) 1
 YES 5
 AL12F

AD3RA7
AD4-1b
ADICDA4

1. When you first started drinking, how many drinks did it take for you to get an effect? AL12F1 ___ DRINKS

2. How many drinks did you increase to? AL12F2 ___ DRINKS

**3. WAS INCREASE TO 4 DRINKS OR MORE? NO..(SKIP TO F13A)..1 AL12F3
 YES.....5
 4. WAS INCREASE 50% OR MORE? NO..(SKIP TO F13A)..1 AL12F4
 YES.....5 A,B,C**

G. How old were you the (first/last) time? AL12G_1 AGE ONS: ___
 AL12G_2 ONS: 1 2 3 4 5

AL12G_3 AGE REC: ___
 AL12G_4 REC: 1 2 3 4 5

(F20)
AD3RA2/B
ADICD2
AD4-4

F13A. Have you often wanted to stop or cut down on
how much you drank?

B. How old were you the (first/last) time?

NO .(SKIP TO C) . 1
YES 5**A,B,C**
AL13A
AL13B_1 AGE ONS: ____
AL13B_2 ONS: 1 2 3 4 5

AL13B_3 AGE REC: ____
AL13B_4 REC: 1 2 3 4 5

AD3RA2
FGNALCB1

C. Have you ever tried to stop or cut down on
drinking?

NO (SKIP TO F14A) 1
YES 5
AL13C

1. Were you always able to stop or cut down
on drinking?

NO, UNABLE 1**A**
YES (SKIP TO F14A) 5

AD4-4
ADICDA2

2. Have you been unable to stop or cut down on
drinking 3 or more times?

AL13C_1
NO 1
YES 5**B,C**

3. How old were you the (first/last) time?

AL13C_2
AL13C3_1 AGE ONS: ____
AL13C3_2 ONS: 1 2 3 4 5

AL13C3_3 AGE REC: ____
AL13C3_4 REC: 1 2 3 4 5

FGNALCB2

F14A. Some people try to control their drinking by
making rules like "not drinking before 5
o'clock" or "never drinking alone". Have you
ever made any rules to control your drinking?

NO (SKIP TO F15A) 1
YES . (SPECIFY) . 5
AL14A

SPECIFY: _____

B. How old were you the (first/last) time?

AL14B_1 AGE ONS: ____
AL14B_2 ONS: 1 2 3 4 5

AL14B_3 AGE REC: ____
AL14B_4 REC: 1 2 3 4 5

(F21)
FGNALCB1

F15A. Have you ever drank much more than you really
meant to?

NO (SKIP TO F16A) 1
YES 5
AL15A

B. How old were you the (first/last) time?

AL15B_1 AGE ONS: ____
AL15B_2 ONS: 1 2 3 4 5

AD3RA1/B
AD4-3
ADICDA2

C. Did this happen 3 or more times?

AL15B_3 AGE REC: ____
AL15B_4 REC: 1 2 3 4 5

NO 1
YES 5**A,B,C**
AL15C

(F22) F16A. Have you ever started drinking one or two drinks and then ended up drinking for a longer time than you really wanted to? NO (SKIP TO F17A) 1
 YES 5
 AL16A

(PROBE: DID YOU MEAN TO STOP AFTER AWHILE, BUT YOU KEPT ON DRINKING?)

B. How old were you the (first/last) time? AL16B_1 AGE ONS: ____
 AL16B_2 ONS: 1 2 3 4 5

AL16B_3 AGE REC: ____
 AL16B_4 REC: 1 2 3 4 5

AD3RA1/B
 AD4-3
 ADICDA2

C. Did this happen 3 or more times? NO 1
 YES 5A,B,C
 AL16C

(F23) F17A. Have you ever needed to take a drink before going out -- say to a party, or going to drink with your friends? NO (SKIP TO F18A) 1
 YES 5
 AL17A

B. Did this happen 3 or more times? NO 1
 YES 5
 AL17B

(F28) F18A. Have you ever spent a lot of time getting alcohol, drinking alcohol, or trying to feel better after drinking alcohol? NO (SKIP TO F19A) 1
 YES 5
 AL18A

AD3RA3
 AD4-5
 ADICDA5

B. Did this period last for a month or more, or did you have 3 or more periods like that? NO (SKIP TO F19A) 1
 YES 5A,B,C
 AL18B

C. How old were you the (first/last) time? AL18C_1 AGE ONS: ____
 AL18C_2 ONS: 1 2 3 4 5

AL18C_3 AGE REC: ____
 AL18C_4 REC: 1 2 3 4 5

(F18) F19A. Have you ever stopped doing things with any of your good friends because of your drinking? NO 1
 YES 5
 AL19A

B. Have you missed activities, club meetings, or sports practices you usually participated in because you were drinking, drunk, or hung over? NO 1
 YES 5
 AL19B

IF BOTH A & B ARE NO, SKIP TO F20A.

C. How old were you the (first/last) time (NAME 5'S IN F19A & B) happened? AL19C_1 AGE ONS: ____
 AL19C_2 ONS: 1 2 3 4 5

AL19C_3 AGE REC: ____
 AL19C_4 REC: 1 2 3 4 5

AD3RA5/B
 AD4-6
 ADICDA5

D. Did this happen 3 or more times or for a month or more? NO 1
 YES 5A,B,C
 AL19D

(F17) F20A. Have you ever been drunk for 2 days or more without sobering up, except for when you were sleeping? NO (SKIP TO F21A) 1
YES 5
AL20A

B. Did this keep you from doing schoolwork, homework, chores, or other things you were supposed to do? NO (SKIP TO F21A) 1
YES 5
AL20B

C. How old were you the (first/last) time? AL20C_1 AGE ONS: ____ ____
AL20C_2 ONS: 1 2 3 4 5

AD3RA4/B
ADICDA5
FGNALCA4

AA4A1 D. Did this happen 3 or more times? NO (SKIP TO F21A) 1
YES 5A,C
AL20D

E. Did this happen 3 or more times in any 12-month period? NO 1
YES 5
AL20E

F21A. Have you ever passed out from drinking? NO 1
YES 5
AL21A

FGNALCA3 B. Have you ever had blackouts? That is, you did not pass out while drinking, but you drank enough so that the next day you couldn't remember things you had said or done? NO (SKIP TO F22A) 1
YES 5
AL21B

C. How old were you the (first/last) time? AL21C_1 AGE ONS: ____ ____
AL21C_2 ONS: 1 2 3 4 5

FGNALCA3 AL21C_3 AGE REC: ____ ____
AL21C_4 REC: 1 2 3 4 5

D. Did this happen 3 or more times? NO 1
YES 5
AL21D

FGNALCB3 F22A. Have you ever taken a drink just after you had gotten up? NO (SKIP TO F23A) 1
YES 5
AL22A

B. How old were you the (first/last) time? AL22B_1 AGE ONS: ____ ____
AL22B_2 ONS: 1 2 3 4 5

AL22B_3 AGE REC: ____ ____
AL22B_4 REC: 1 2 3 4 5

C. Did this happen 3 or more times? NO 1
YES 5
AL22C

ADICDA1 F23A. At times when you couldn't drink, did you ever want to drink so badly that you couldn't think of anything else? NO (SKIP TO F24A) 1
YES 5C
AL23A

B. How old were you the (first/last) time? AL23B_1 AGE ONS: ____ ____
AL23B_2 ONS: 1 2 3 4 5

AL23B_3 AGE REC: ____ ____
AL23B_4 REC: 1 2 3 4 5

FGNALCB4 F24A. Have you ever drank unusual things such as mouthwash or cough syrup (like Nyquil) to get an effect, "buzzed", or drunk? NO (SKIP TO F25A) 1
 YES .(SPECIFY) . 5
 AL24A

SPECIFY: _____

B. How old were you the (first/last) time? AL24B_1 AGE ONS: _____
 AL24B_2 ONS: 1 2 3 4 5
 AL24B_3 AGE REC: _____
 AL24B_4 REC: 1 2 3 4 5

(F14C) F25A. Have you ever drunk alcohol while taking medicines or other drugs you knew were clearly dangerous to mix with alcohol? NO (SKIP TO F26A) 1
 YES .(SPECIFY) . 5
 AL25A

SPECIFY MED/DRUG(S): _____ CODE: __ __ AL25A_1
 _____ CODE: __ __ AL25A_2
 _____ CODE: __ __ AL25A_3

AD3RA4/B
 AA3RA2

B. Did this happen 3 or more times? NO (SKIP TO F26A) 1
 YES 5A
 AL25B

AA4A2

C. How old were you the (first/last) time that happened? AL25C_1 AGE ONS: _____
 AL25C_2 ONS: 1 2 3 4 5

ADICDA6

D. Did this happen 3 or more times in any 12-month period? AL25C_3 AGE REC: _____
 AL25C_4 REC: 1 2 3 4 5

E. Did you have any negative effects from mixing alcohol and (DRUG)? NO 1
 YES 5
 AL25D
 SPECIFY EFFECT(S): _____ NO 1
 _____ YES . (SPECIFY) . 5C
 _____ AL25E

(F26) F26A. Have you ever driven a car when you had been drinking? NO . (SKIP TO D) . 1
 YES 5
 FGNALCC2 AL26A
 B. Have you ever been stopped or arrested for drunk driving? NO 1
 YES 5
 FGNALCC2 AL26B
 C. Has your drinking and driving ever resulted in you damaging a car or having an accident? NO 1
 YES 5
 AL26C
 D. When you've been drinking, have you ever ridden in a car when the driver had been drinking or using drugs? NO 1
 YES 5
 AL26D

IF NO 5'S IN F26A-D, SKIP TO G. OTHERS, CONTINUE.

E. How old were you the (first/last) time (NAME 5'S IN F26A-D) happened? AL26E_1 AGE ONS:___ __
 AL26E_2 ONS:1 2 3 4 5

AD3RA4/B
 AA3RA2/B
 AL26E_3 AGE REC:___ __
 AL26E_4 REC:1 2 3 4 5

AA4A2 F. Did you (NAME 5'S IN F26A-D) 3 or more times in your lifetime? NO . (SKIP TO G) . 1
 YES 5A
 AL26F

1. Did this happen 3 or more times in any 12-month period? NO 1
 YES 5
 AL26F_1

G. When you have been under the influence of alcohol, have you ever done anything else that might have gotten you hurt; for example, riding your bike or skateboard, rollerblading, crossing against traffic, swimming, or anything else that might be dangerous? NO (SKIP TO F28A) . 1
 YES . (SPECIFY) . . 5
 AL26G

SPECIFY: _____

AD3RA4/B
 AD3RA2/B
 AA4A2 H. How old were you the (first/last) time? AL26H_1 AGE ONS:___ __
 AL26H_2 ONS:1 2 3 4 5

AL26H_3 AGE REC:___ __
 AL26H_4 REC 1 2 3 4 5

I. Did things like this happen 3 or more times? NO . (SKIP TO J) . 1
 YES 5A
 AL26I

1. Did this happen 3 or more times in any 12-month period? NO 1
 YES 5
 AL26I_1

J. Have you ever handled a gun while drinking? NO (SKIP TO F28A) . 1
 YES 5
 AL26J

K. How many times? AL26K _____ TIMES

F27. BLANK

F28A. Have you ever skipped school (work) or cut class so you could drink? NO (SKIP TO F29A) . 1
 YES 5
 AL28A
 B. How old were you the (first/last) time? AL28B_1 AGE ONS:___ ___
 AL28B_2 ONS:1 2 3 4 5
 AL28B_3 AGE REC:___ ___
 AL28B_4 REC:1 2 3 4 5
 C. Did this happen 3 or more times? NO 1
 YES 5

F29A. Have you ever gone to school (or to work) when drunk or hung over? NO (SKIP TO F30A) . 1
 YES 5
 AL29A
 B. How old were you the (first/last) time? AL29B_1 AGE ONS:___ ___
 AL29B_2 ONS:1 2 3 4 5
 AL29B_3 AGE REC:___ ___
 AL29B_4 REC:1 2 3 4 5
 C. Did this happen 3 or more times? NO 1
 YES 5
 AL29C

F30A. Have you ever had a drink or gotten drunk at school (or at work)? NO (SKIP TO F31A) . 1
 YES 5
 AL30A
 B. How old were you the (first/last) time? AL30B_1 AGE ONS:___ ___
 AL30B_2 ONS:1 2 3 4 5
 AL30B_3 AGE REC:___ ___
 AL30B_4 REC:1 2 3 4 5
 C. Did this happen 3 or more times? NO 1
 YES 5
 AL30C

- (F15) F31A. Have you ever missed any school (or work) because you were drunk or hung over? NO 1
YES 5
- (F16) B. Have your grades gone down when you were drinking, drunk, or hung over? AL31A
NO 1
YES 5
- (F18) C. Have you ever dropped out of school (or quit a job) because of drinking? AL31B
NO 1
YES 5
- (F15) D. Have you had any other problems at school (or at work) because you were drinking, drunk, or hung over? AL31C
NO 1
YES 5
- E. Have you had any problems at home with getting your chores done because of your drinking? AL31D
NO 1
YES 5

**IF NO 5'S IN F31A-E, SKIP TO F32A.
OTHERS, CONTINUE.**

- F. How old were you the (first/last) time (NAME 5'S IN F31A-E) happened? AL31F_1 AGE ONS: __ __
AL31F_2 ONS:1 2 3 4 5
- AD3RA4/B AL31F_3 AGE REC: __ __
AL31F_4 REC:1 2 3 4 5

AD3RA4/B

- AA4A1 G. Have you (NAME 5'S IN F31A-E) 3 or more times in your lifetime? NO .(SKIP TO F32A) . 1
YES 5A
AL31G
- 1. Did this happen 3 or more times in any 12-month period? NO 1
YES 5
AL31G_1

-
- FGNALCD2 F32A. Has anyone in your family told you they thought you were drinking too much? NO .(SKIP TO F33A) . 1
YES . (SPECIFY) . . . 5
AL32A

AD3RA6
AA3RA1/B

- SPECIFY PERSON(S): _____
 - B. Was this because of your age, the amount you were drinking, or because (PERSON) is against anyone drinking alcohol? AGE 1A
AMOUNT OF DRINKING . 2A
AGAINST ALL DRINKING 3
OTHER . (SPECIFY) . . 4
AL32B
 - SPECIFY: _____

-

FOR EACH 5 CODED IN F33A-E, GET AGE ONSET, THEN ASK, "Did this happen 3 or more times?", AND CODE IN COL. II.

(F10)
FGNALCD4
AD3RA6
AA3RA1/B

F33A. Have your friends or anyone outside your family told you they thought you were drinking too much? (IF YES, SPECIFY)

SPECIFY PERSON(S): _____

COL. I		COL. II
<u>NO</u> <u>YES</u>	<u>AGE</u> <u>ONS</u>	<u>NO</u> <u>YES</u>

AL33A_1	AL33A_2	AL33A_3
1 5	___ ___	1 5A

AD3RA6
AA3RA1/B
FGNALCC4

B. When you've been drinking, have there been times when you've gotten really angry at someone and shouted or yelled at them?

AL33B_1	AL33B_2	AL33B_3
1 5	___ ___	1 5

FGNALCD3
AD3RA6
AA3RA1/B

C. Have you gotten into fights where you shoved or hit someone when you were drinking?

AL33C_1	AL33C_2	AL33C_3
1 5	___ ___	1 5A

AD3RA6
AA3RA1/B

D. Has anyone ever stopped being friends with you because of your drinking?

AL33D_1	AL33D_2	AL33D_3
1 5	___ ___	1 5A

E. Have there been times when you stayed away from everyone and just drank by yourself? (IF YES, SPECIFY)

SPECIFY WHAT HAPPENED: _____

AL33E_1	AL33E_2	AL33E_3
1 5	___ ___	1 5A

IF NO 5'S IN F33A-E COL. I, SKIP TO F34A. OTHERS, CONTINUE.

AD3RA6
AA3RA1

F. How old were you the last time any of these happened? (REVIEW SX CODED 5 IN COL. I)

AL33F_1	AGE REC: ___ ___
AL33F_2	REC: 1 2 3 4 5

AA4RA4

G. Did you think that drinking had anything to do with these problems?

NO . . . (SKIP TO I) . . .	1
YES	5

H. Did you continue to drink anyway?

NO	1
YES	5

I. Did any of these things happen 3 or more separate times in any 12-month period?

AL33G	
AL33H	
NO	1
YES	5
AL33I	

FGNALCC1 F34A. Have you ever been arrested or held by the police, even for a short time, because of drinking (other than for drunk driving)? NO . (SKIP TO F35A) 1
 YES 5
 AL34A

B. How old were you the (first/last) time? AL34B_1 AGE ONS:___ __
 AL34B_2 ONS:1 2 3 4 5

AD3RA6
 AA3RA1/B AL34B_3 AGE REC:___ __
 AL34B_4 REC:1 2 3 4 5

AA4A3 C. Did this happen 3 or more times? NO . (SKIP TO F35A) 1
 YES 5A
 AL34C

1. Did this happen 3 or more times in any 12-month period? NO 1
 YES 5
 AL34C_1

(F27) F35A. Have you ever accidentally been seriously hurt when you were drinking? For example, have you ever had a bad fall, burned yourself, or gotten hurt in a traffic accident? NO . (SKIP TO F36A) 1
 YES 5
 AL35A

B. How old were you the (first/last) time? AL35B_1 AGE ONS:___ __
 AL35B_2 ONS:1 2 3 4 5

AD3RA4/B
 AA3RA2/B AL35B_3 AGE REC:___ __
 ADICDA6 AL35B_4 REC:1 2 3 4 5
 AHUICD-10

AA4A2 C. Did this happen 3 or more times? NO . . (SKIP TO E) . 1
 YES 5A,C
 AL35C

AHUICD-10 D. Did this happen 3 or more times in any 12-month period? NO 1
 YES 5
 AL35D

E. Did you go to an emergency room or see a doctor because of the accident(s)? NO . (SKIP TO F36A) 1
 YES 5
 AL35E

F. How old were you the (first/last) time? AL35F_1 AGE ONS:___ __
 AL35F_2 ONS:1 2 3 4 5

AL35F_3 AGE REC:___ __
 AL35F_4 REC:1 2 3 4 5

(F14A) F36A. Have there been times when you drank even though you knew that you had an illness or problem with your health that might be made worse by drinking? NO . (SKIP TO F37A) 1
 YES . . (SPECIFY) . 5A,B,C
 AL36A

SPECIFY ILLNESS: _____ AL36A_1 CODE: ___ __ __
 _____ AL36A_2 CODE: ___ __ __
 _____ AL36A_3 CODE: ___ __ __

B. How old were you the (first/last) time this happened? AL36B_1 AGE ONS:___ __
 AL36B_2 ONS:1 2 3 4 5

AL36B_3 AGE REC:___ __
 AL36B_4 REC:1 2 3 4 5

C. Did drinking make your illness or problem worse? NO 1
 YES 5
 AL36C

(F13) When you have been drinking alcohol, have any of the following things happened to you?

F37A. Did you feel really depressed or not interested in things for more than a day (24 hours)? NO 1 YES 5 AL37A

B. Did you have trouble concentrating on things or thinking clearly for more than a day (24 hours)? NO 1 YES 5 AL37B

C. Did you see or hear things that weren't really there for more than a day (24 hours)? NO 1 YES 5 AL37C

IF NO 5'S IN F37A-C, SKIP TO F38. OTHERS, CONTINUE.

D. Did you think that drinking had anything to do with problems like (NAME 5's in F37A-C)? NO . (SKIP TO F38) 1 YES . (SPECIFY) . 5 AL37D

SPECIFY: _____

AD3RA6
AD4-7
ADICDA6
AA3RA1

E. Did you continue to drink anyway? NO 1 YES 5A,B,C AL37E

F. How old were you the (first/last) time? AL37F_1 AGE ONS: __ __ AL37F_2 ONS:1 2 3 4 5

AL37F_3 AGE REC: __ __ AL37F_4 REC:1 2 3 4 5

(F11) F38. Have there been times when most of your friends were kids who drank a lot? NO 1
 YES 5
 AL38

(F12) F39A. Have you ever thought that you were drinking too much? NO . (SKIP TO F40A) . 1
 FGNALCD1 YES 5
 AL39A
 B. How old were you the first time you thought that? AL39B_1 AGE ONS: ____ ____
 AL39B_2 ONS: 1 2 3 4 5

FGNALCD5 F40A. Have you ever felt guilty about drinking? NO . (SKIP TO F41) . 1
 YES 5
 AL40A
 B. How old were you the first time you felt that way? AL40B_1 AGE ONS: ____ ____
 AL40B_1 ONS: 1 2 3 4 5

Sometimes when people drink, things happen that otherwise might not have.

F41. When you have been drinking, have you ever had sex when you otherwise would not? NO 1
 YES 5
 AL41

F42. When you have been drinking, have you ever pressured someone to have sex with you? NO . (SKIP TO F43) . 1
 YES 5
 AL42
 A. Would you have done this if you had not been drinking? NO 1
 YES 5
 AL42A

F43. Has drinking ever made you careless about sex so that you didn't protect yourself or your partner against pregnancy or sexually transmitted diseases (like HIV)? NO 1
 YES 5
 AL43

F44. When you have been drinking, have you taken any other risks that you wouldn't have otherwise? NO 1
 YES . . (SPECIFY) . . 5
 AL44
For example, did you walk outside late at night or go into dangerous area?
 SPECIFY: _____

F45. Have you ever physically hurt someone else when you were drinking? NO 1
 YES . . (SPECIFY) . . 5
 AL45
 SPECIFY: _____

BOX F45:
CHECK TALLY A, B, AND C. IF NO MARKS, SKIP TO G1A, P.48.

Some people who are used to drinking a large amount of alcohol may get sick or feel a lot worse when they cut down or stop drinking for awhile. This is different from a hangover since it lasts for several days.

(F24) F46. After you had stopped or cut down on drinking, did any of the following things happen most of the day for 2 days or longer? REPEAT STEM OFTEN. CODE IN COL. I (NO = 1, YES = 5)

FGNALCA1

II- AD3R
III- AD4
IV- AICD

FOR TWO DAYS OR LONGER:

I II III IV
(DSM3R) (DSM4) (ICD)

- A. Did you have the shakes? For example, your hands trembled and it was hard to hold anything without dropping it?
AL46A_1 AL46A_2 AL46A_3 AL46A_4
1 5 1 5 1 5 1 5
AL46B_1 AL46B_2 AL46B_3 AL46B_4
- B. Did you have trouble sleeping?
1 5 1 5 1 5 1 5
AL46C_1 AL46C_2
- C. Did you feel irritated or depressed?
1 5 1 5
AL46D_1 AL46D_2 AL46D_3 AL46D_4
- D. Did you begin to sweat?
1 5 1 5 1 5 1 5
AL46E_1 AL46E_2 AL46E_3 AL46E_4
- E. Did your heart beat faster?
1 5 1 5 1 5 1 5
- F. Did you see or hear things that weren't really there?
AL46F_1 AL46F_2 AL46F_3 AL46F_4
1 5 1 5 1 5 1 5
- G. Did you feel sick to your stomach or did you throw up sometime after you'd been drinking, but when you were no longer drunk?
AL46G_1 AL46G_2 AL46G_3 AL46G_4
1 5 1 5 1 5 1 5
AL46H_1 AL46H_2 AL46H_4
- H. Did your body feel weak?
1 5 1 5 1 5
AL46I_1 AL46I_2 AL46I_4
- I. Did you have headaches?
1 5 1 5 1 5
AL46J_1 AL46J_2 AL46J_3
- J. Did you feel anxious?
1 5 1 5 1 5
- K. Did you feel jittery and unable to sit still?
AL46K_1 AL46K_3 AL46K_4
1 5 1 5 1 5
- L. During this time, did you have a seizure where you lost consciousness, fell to the floor, and had difficulty remembering what happened?
AL46L_1 AL46L_3 AL46L_4
1 5 1 5 1 5
AL46M_1 AL46M_2 AL46M_3 AL46M_4
- M. Did anything (else) happen to you?
1 5 1 5 1 5 1 5
SPECIFY:

IF NO 5'S IN COL. I, SKIP TO BOX F47. OTHERS, CONTINUE.

AD3RB

N. What was the longest time (this/any of these) problems lasted? _____ DAYS
AL46N

IF ONLY ONE 5 IN COL. I, SKIP TO R. OTHERS, CONTINUE.

(F25) 0. Has there ever been a time when two or more of these problems occurred together? NO .(SKIP TO R) . 1
 YES 5
 AL46O

AD3RA8 P. Which ones? (CODE IN COLS. II, III, & IV: NO = 1, YES = 5) AL46P_A A
 AD42A IF SHAKES + 1 SX IN COL. II, CHECK TALLY A AL46P_B B
 ADICDA3 IF 2+ SX IN COL. III, CHECK TALLY B. AL46P_C C
 IF 3+ SX IN COL. IV, CHECK TALLY C.

F46Q. How old were you the (first/last) time these problems occurred together? AL46Q_1 AGE ONS:___ __
 AL46Q_2 ONS:1 2 3 4 5

AD3RB AL46Q_3 AGE REC:___ __
 AL46Q_4 REC:1 2 3 4 5

1. Did these problems occur together 3 or more times? NO 1
 YES 5
 AL46Q1

R. Have you ever taken a drink to keep from having any of these problems or to make them go away? NO(SKIP TO BOX F47) 1
 YES 5
 AL46R

AD3RA9/B S. How old were you the (first/last) time? AL46S_1 AGE ONS:___ __
 AD42B AL46S_2 ONS:1 2 3 4 5
 ADICDA3

AL46S_3 AGE REC:___ __
 AL46S_4 REC:1 2 3 4 5

T. Did this happen 3 or more times? NO 1
 YES 5A,B,C
 AL46T

(F30)
 DSMIIIR

BOX F47:
IF 3 OR MORE BOXES MARKED ON TALLY SHEET A, CONTINUE.
OTHERS, SKIP TO BOX F48.

HAND R ALCOHOL TALLY A.

Look at this sheet of paper. You told me that you (**NAME SYMPTOMS**).

AD3RB F47A. Did you ever have experiences from 3 different boxes happen around the same time? NO . (SKIP TO C) . 1
 YES 5
 IF YES: Tell me which ones. CIRCLE SYMPTOMS AL47A
 DO NOT COUNT SYMPTOMS WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.

B. Did these experiences last a month or longer? NO 1
 YES . (SKIP TO E) . 5
 AL47B

C. Did you ever have experiences from 2 different boxes happen around the same time? NO(SKIP TO BOX F48) 1
 YES 5
 IF YES: Which ones. CIRCLE SYMPTOMS AL47C
 DO NOT COUNT SYMPTOMS WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.

D. Did these experiences last a month or longer? NO(SKIP TO BOX F48) 1
 YES 5
 AL47D

E. How old were you the (first/last) time you had experiences from 3(2) boxes happen within a period lasting a month or more? AL47E_1 AGE ONS:___ __t
 AL47E_2 ONS:1 2 3 4 5

AL47E_3 AGE REC:___ __t
 AL47E_4 REC:1 2 3 4 5

DSMIV

BOX F48:
IF 3 OR MORE BOXES MARKED ON TALLY SHEET B, CONTINUE.
OTHERS, SKIP TO BOX F49.

HAND R ALCOHOL TALLY B.

This is a different sheet with some of the same information, but in different boxes. You told me that you (**NAME SYMPTOMS**).

- F48A. Did you ever have experiences from 3 different boxes happen in the same 12-month period? NO (SKIP TO BOX F49) 1
YES 5
IF YES: Which ones. **CIRCLE SYMPTOMS**
DO NOT COUNT SYMPTOMS WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT. AL48A
- B. How old were you the (first/last) time you had experiences from 3 or more boxes in any 12-month period? AL48B_1 AGE ONS: __ __
AL48B_2 AGE REC: __ __

ICD-10

BOX F49:
IF 3 OR MORE BOXES MARKED ON TALLY SHEET C, CONTINUE.
OTHERS, SKIP TO BOX F50.

HAND R ALCOHOL TALLY C.

This is a another sheet with the experiences you told me about. You told me that you (**NAME SYMPTOMS**).

- F49A. Did you ever have experiences from 3 different boxes happen around the same time? NO . (SKIP TO C) . 1
YES 5
IF YES: Which ones. **CIRCLE SYMPTOMS**
DO NOT COUNT SYMPTOMS WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT. AL49A
- B. Did they last a month or longer? NO 1
YES . (SKIP TO D) . 5
AL49B
- C. Have experiences from 3 boxes ever happened together repeatedly in any 12-month period? NO (SKIP TO BOX F50) 1
YES 5
IF YES: Which ones. **CIRCLE SYMPTOMS**
DO NOT COUNT SYMPTOMS WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT. AL49C
- D. How old were you the (first/last) time? AL49D_1 AGE ONS: __ __
AL49D_2 AGE REC: __ __

BOX F50:
IF 2+ BOXES MARKED ON TALLY SHEET A, CONTINUE. OTHERS, SKIP TO F51.

F50A. Since (AGE OF DRINKING IN F10), what is the longest time you went without drinking any alcohol? _____ MONTHS
 AL50A

IF LESS THAN 3 MONTHS, SKIP TO F51.

C. How many times have you gone without drinking for 3 months or more? _____ TIMES
 AL50C

D. When did these times happen?

Period 1	AL50D_1A ____ / ____ MONTH	AL50D_1B YEAR	TO	AL50D_1C ____ / ____ MONTH	AL50D_1D ____ / ____ YEAR	t
Period 2	AL50D_2A ____ / ____ MONTH	AL50D_2B YEAR	TO	AL50D_2C ____ / ____ MONTH	AL50D_2D ____ / ____ YEAR	t
Period 3	AL50D_3A ____ / ____ MONTH	AL50D_3B YEAR	TO	AL50D_3C ____ / ____ MONTH	AL50D_3D ____ / ____ YEAR	t
Period 4	AL50D_4A ____ / ____ MONTH	AL50D_4B YEAR	TO	AL50D_4C ____ / ____ MONTH	AL50D_4D ____ / ____ YEAR	t

(F31) F51. Have you ever talked about your drinking with a doctor or counselor? NO (SKIP TO F52A) 1
 YES 5
 AL51

A. Did you talk with: NO YES

1. a psychiatrist or psychologist? AL51A_1 1 5
 2. another medical doctor? AL51A_2 1 5
 3. a school counselor or social worker? AL51A_3 1 5
 4. someone like a minister, priest, or rabbi? . . . AL51A_4 1 5
 5. another professional (SPECIFY)? AL51A_5 1 5

SPECIFY: _____

(F32) F52A. Have you ever been in treatment for your drinking? NO(SKIP TO G1A, P.48)1
 YES . .(SPECIFY) . 5
 AL52A

SPECIFY: _____

B. Were you treated in a hospital, in a doctor's office, or in a clinic?

HOSPITAL 1
 DOCTOR'S OFFICE, CLINIC, AA, OR OUTPATIENT FACILITY (SKIP TO E) 2
 BOTH 3
 OTHER 4

AL52B

C. How many times have you started treatment as a hospital patient? AL52C ___ ___ TIMES

D. How old were you the (first/last) time? AL52D_1 AGE ONS:___ ___
 AL52D_2 ONS:1 2 3 4 5

**IF F52B = 1; SKIP TO G1A, P48.
 IF F52B = 3 OR 4, CONTINUE**

AL52D_3 AGE REC:___ ___
 AL52D_4 REC:1 2 3 4 5

E. How many times have you started treatment with (NAME PLACE IN B, not including hospital treatment)? AL52E ___ ___ TIMES

F. How old were you the (first/last) time? AL52F_1 AGE ONS:___ ___
 AL52F_2 ONS:1 2 3 4 5

AL52F_3 AGE REC:___ ___
 AL52F_4 REC:1 2 3 4 5

G1A. Have you ever had a chance to try marijuana? NO (SKIP TO H1A, P.62) 1
 Maybe you didn't try it, but you could have if YES 5
 you wanted to? MJ1A

B. How old were you the first time you had a MJ1B_1 AGE ONS: ____ ____
 chance to try marijuana? MJ1B_2 ONS: 1 2 3 4 5

(H1) C. Have you ever actually tried it? NO 1
 1. OMITTED YES . . (SKIP TO E) . 5
 MJ1C

D. Why didn't you try it?

SKIP TO H1A, P.62.

E. How old were you the first time you tried MJ1E_1 AGE ONS: ____ ____t
 marijuana? MJ1E_2 ONS: 1 2 3 4 5

F. How old were you the last time you used MJ1E_3 AGE REC: ____ ____t
 marijuana? MJ1E_4 REC: 1 2 3 4 5

G2A. Who first gave you marijuana? SELF 1
 FRIEND/PEER 2
 SPECIFY OTHER: _____ MINOR FAMILY 3
 _____ ADULT FAMILY 4
 PARENT 5
 DEALER 6
 OTHER . . (SPECIFY) . 7
 MJ2A

B. Who (usually) gets marijuana for you? SELF 1
 FRIEND/PEER 2
 SPECIFY OTHER: _____ MINOR FAMILY 3
 _____ ADULT FAMILY 4
 PARENT 5
 DEALER 6
 OTHER . . (SPECIFY) . 7
 MJ2B

G3. OMITTED

G4A. Once you (started/tried) using marijuana, did NO 1
 you find that you were invited to more parties YES 5
 and activities, or to hang out with friends MJ4A
 more often?

B. Has using marijuana (usually) made you feel NO 1
 less shy or more relaxed with people? YES 5
 MJ4B

C. Has using marijuana helped you find people to NO 1
 date? YES 5
 MJ4C

D. Has using marijuana helped you in any (other) NO 1
 way? YES . . (SPECIFY) . . 5
 MJ4D

SPECIFY: _____

You said that you were (AGE IN G1E) years old when you first used marijuana.

G5A. Was this during the summer, or was it during the school year? SUMMER 1
 SCHOOL YR (SKIP TO C) 5
 MJ5A

B. What grade would you have just completed? MJ5B ___ GRADE

SKIP TO D

C. What grade would you have been in? MJ5C ___ GRADE

D. I'm going to ask you some questions about your past marijuana use. I will refer to how old you were and what grade you would have been in. I would like your answer to include the time during the school year and the summer afterwards.

HAND R CARD F-1.

For some of the questions, I want you to choose from these answers. I will tell you which questions to use them with.

Let's start with (NAME GRADE IN B/C) grade.

(In the/through the) ___ grade and the summer afterwards,
 (REPEAT QUESTIONS 1-3 FOR EACH GRADE UP TO THE PRESENT TIME).

RECORD FOR EACH GRADE:	6 & earlier	7	8	9	10	11	12
Age when entered: MJ5D_0A-MJ5D_0G	--	--	-	--	--	--	--
1. How often did you usually use marijuana? (REPEAT FREQUENCY OPTIONS) MJ5D_1A-MJ5D_1G	--	--	-	--	--	--	--
2. <u>On average</u> , how many times a day did you use marijuana? (RECORD NUMBER OF TIMES) MJ5D_2A-MJ5D_2G	--	--	-	--	--	--	--
3. How often did you use enough to stay high for at least a whole day or longer? (REPEAT FREQUENCY OPTIONS) MJ5D_3A-MJ5D_3G	--	--	-	--	--	--	--

FREQUENCY CODES (For Questions 1 and 3):

Daily	01	3-4 times/month	04	1-3 times ever	07
4+ times/week	02	1-2 times/month	05	NEVER	08
2-3 times/week	03	Once every 2-4 months	06	NA/DK	-9

G6. BLANK

(H1E) G7A. How many times have you used marijuana? **MJ7A**
IF DK, ASK B. _____ TIMES

**IF G7A = 20 OR FEWER; SKIP TO H1A, P.62.
= 21 OR MORE, SKIP TO G8A.**

B. IF DK, Have you used marijuana . . . 20 OR FEWER TIMES?
(SKIP TO H1A, P.62) . . 0
PROBE ALL OPTIONS AND CODE THE LAST POSITIVE RESPONSE 21 OR MORE TIMES? . . 1
40 OR MORE TIMES? . . 2
60 OR MORE TIMES? . . 3
80 OR MORE TIMES? . . 4
MJ7B

BEGIN SCORING MARIJUANA TALLY SHEETS

(H4) G8A. Have you ever needed to use more and more marijuana to get high? For example, did you once need 2 hits to feel high, but later you needed 3 hits to feel the same way? NO 1
YES 5**A,B,C**
MJ8A

DD3RA7 DD4-1a DDICDA4
DD3RA7 DD4-1b DDICDA4
B. Have you ever found that you couldn't get high when you used the same amount of marijuana that you used to? NO 1
YES 5**A,B,C**
MJ8B

(H8) G9A. Have you often wanted to stop or cut down on your marijuana use? NO (SKIP TO C) . 1
YES 5
MJ9A

DD3RA2/B DDICDA2 DD4-4
B. Did this happen 3 or more times? NO 1
YES 5**A,B,C**
MJ9B

DD3RA2
C. Have you ever tried to stop or cut down on marijuana and couldn't do it? NO (SKIP TO G10A) 1
YES 5**A**
MJ9C

DD4-4 DDICDA2
D. Have you been unable to stop or cut down on your use of marijuana 3 or more times? NO 1
YES 5**B,C**
MJ9D

(H6) G10A. Have you ever used much more marijuana than you really meant to? NO (SKIP TO C) . 1
YES 5
MJ10A

DD3RA1/B DD4-3 DDICDA2
B. Did this happen 3 or more times? NO 1
YES 5**A,B,C**
MJ10B

(H7) C. Have you ever started using marijuana and then ended up using it for a longer time than you really wanted to? NO (SKIP TO G11) 1
YES 5
MJ10C

(**PROBE: DID YOU MEAN TO STOP AFTER AWHILE, BUT YOU KEPT ON USING IT?**)

DD3RA1/B DD4-3 DDICDA2
D. Did this happen 3 or more times? NO 1
YES 5**A,B,C**
MJ10D

(H20) DD3RA3 DD4-5 DDICDA5	G11. Have you ever spent <u>a lot</u> of time getting marijuana, using marijuana, or trying to feel better after using marijuana?	NO 1 YES 5 A,B,C MJ11
-------------------------------------	---	--

(H9)	G12A. Have you ever stopped doing things with any of your good friends because of your marijuana use?	NO 1 YES 5 MJ12A
	B. Have you missed activities, club meetings, or sports practices you usually participated in because of your marijuana use?	NO 1 YES 5 MJ12B

IF BOTH A & B ARE NO, SKIP TO G13A.

DD3RA5/B DD4-6 DDICDA5	C. Did (5's in A & B) happen 3 or more times, or for a month or longer?	NO 1 YES 5 A,B,C MJ12C
------------------------------	---	---

DDICDA1	G13A. At times when you couldn't use marijuana, have you ever wanted to use marijuana so badly that you couldn't think of anything else?	NO (SKIP TO G14) 1 YES 5 C MJ13A
	B. How old were you the (first/last) time?	MJ13B_1 AGE ONS: __ __ MJ13B_2 ONS:1 2 3 4 5 MJ13B_3 AGE REC: __ __ MJ13B_4 REC:1 2 3 4 5

G14.	Have you ever used marijuana together with alcohol or any other drug?	NO (SKIP TO G15A) 1 ALCOHOL ONLY . . 3 YES .(SPECIFY) . 5 MJ14
	IF YES, Which ones?	
	1. _____	MJ14_1 CODE: __ __ __
	2. _____	MJ14_2 CODE: __ __ __
	3. _____	MJ14_3 CODE: __ __ __
	4. _____	MJ14_4 CODE: __ __ __

(H16)	G15A. Have you ever driven a car when you had been using marijuana?	NO . (SKIP TO C) . 1 YES 5 MJ15A
	B. Has your marijuana use ever resulted in your damaging a car or having an accident?	NO 1 YES 5 MJ15B
	C. When you've been high from using marijuana, have you ever ridden in a car when the driver had been using alcohol or drugs?	NO 1 YES 5 MJ15C

IF NO 5'S IN G15A-C, SKIP TO E. OTHERS, CONTINUE.

DD3RA4/B DA3RA2/B	D. Did you (NAME 5'S IN G15A-C) 3 or more times in your lifetime?	NO . (SKIP TO E) . 1 YES 5A MJ15D
DA4A2	1. Did this happen 3 or more times in any 12-month period?	NO 1 YES 5 MJ15D_1
	E. When you have been high from using marijuana, have you ever done anything else that might have gotten you hurt; for example, riding your bike or skateboard, rollerblading, crossing against traffic, swimming, or anything else that might be dangerous?	NO .(SKIP TO G17A) 1 YES . (SPECIFY) . . 5 MJ15E

DD3RA4/B
DD3RA2/B

SPECIFY: _____

DA4A2

	F. Did things like this happen 3 or more times?	NO . (SKIP TO G) . 1 YES 5A MJ15F
	1. Did this happen 3 or more times in any 12-month period?	NO 1 YES 5 MJ15F_1
	G. Have you ever handled a gun while using marijuana?	NO .(SKIP TO G17A) 1 YES 5 MJ15G
	H. How many times?	MJ15H ___ ___ TIMES

G16. OMITTED

	G17A. Have you ever skipped school (work) or cut class so you could use marijuana?	NO .(SKIP TO G18A) 1 YES 5 MJ17A
	B. Did this happen 3 or more times?	NO 1 YES 5 MJ17B

G18A. Have you ever gone to school (or to work) when your were high from using marijuana? NO . (SKIP TO G19A) . 1
 YES 5
 MJ18A
 B. Did this happen 3 or more times? NO 1
 YES 5
 MJ18B

G19A. Have you ever used marijuana at school (or at work)? NO . (SKIP TO G20A) . 1
 YES 5
 MJ19A
 B. Did this happen 3 or more times? NO 1
 YES 5
 MJ19B

(H14) G20A. Have you ever missed any school (or work) because you were high from using marijuana? NO 1
 YES 5
 MJ20A
 (H15) B. Have your grades gone down when you were using marijuana? NO 1
 YES 5
 MJ20B
 C. Have you ever dropped out of school (or quit a job) because of using marijuana? NO 1
 YES 5
 MJ20C
 D. Have you had any other problems at school (or at work) because of your marijuana use? NO 1
 YES 5
 MJ20D
 E. Have you had any problems at home with getting your chores done because of your marijuana use? NO 1
 YES 5
 MJ20E

**IF NO 5'S IN G20A-E, SKIP TO G21A.
 OTHERS, CONTINUE.**

DD3RA4/B F. Have you (NAME 5'S IN G20A-E) 3 or more times in your lifetime? NO . (SKIP TO G21A) . 1
 YES 5A
 MJ20F
 DA4A1 G. Did this happen 3 or more times in any 12-month period? NO 1
 YES 5
 MJ20G

FOR EACH 5 CODED IN G21A-C, GET AGE ONSET, THEN ASK, "Did this happen 3 or more times?", AND CODE IN COL. II.

		COL. I		COL. II
		<u>NO</u> <u>YES</u>	<u>AGE</u> <u>ONS</u>	<u>NO</u> <u>YES</u>
(H10) DD3RA6 DA3RA1/B	G21A. Have your friends, family, or anyone outside your family told you they thought you shouldn't be using marijuana? (IF YES, SPECIFY)	MJ21A_1 1 5	MJ21A_2 ___ ___	MJ21A_3 1 5A
	SPECIFY PERSON(S): _____ _____			
DD3RA6 DA3RA1/B	B. Has anyone ever stopped being friends with you because of your marijuana use?	MJ21B_1 1 5	MJ21B_2 ___ ___	MJ21B_3 1 5A
DD3RA6 DA3RA1/B	C. Have there been times when you stayed away from everyone and just used marijuana by yourself? (IF YES, SPECIFY)	MJ21C_1 1 5	MJ21C_2 ___ ___	MJ21C_3 1 5A
	SPECIFY WHAT HAPPENED: _____ _____			

IF NO 5'S IN G21A-C COL. I, SKIP TO G22A. OTHERS, CONTINUE.

DD3RA6 DA3RA1	D. Did you think that using marijuana had anything to do with these problems? (REVIEW SX CODED 5 IN COL. I)	NO . . . (SKIP TO F) . . . 1 YES 5 MJ21D
DA4A4	E. Did you continue to use marijuana anyway?	NO 1 YES 5 MJ21E
	F. Did any of these things happen 3 or more separate times in any 12-month period?	NO 1 YES 5 MJ21F

G22A. Have you ever been arrested or had any other problems with the police because of your marijuana use? NO .(SKIP TO G23A) 1
 YES 5
 MJ22A

DD3RA6
DA3RA1/B

B. Did this happen 3 or more times? NO .(SKIP TO G23A) 1
 YES 5A
 MJ22B

DA4A3

1. Did this happen 3 or more times in any 12-month period? NO 1
 YES 5
 MJ22B_1

(H17) G23A. Have you ever accidentally been seriously hurt when you were using marijuana? For example, have you ever had a bad fall, burned yourself, or gotten hurt in a traffic accident? NO .(SKIP TO G24A) 1
 YES 5
 MJ23A

DD3RA4/B
DA3RA2/B
DDICDA6
DHUICD-10

B. Did this happen 3 or more times? NO . (SKIP TO D) . 1
 YES 5A,C
 MJ23B

DA4A2

DHUICD-10 C. Did this happen 3 or more times in any 12-month period? NO 1
 YES 5
 MJ23C

D. Did you go to an emergency room or see a doctor because of the accident(s)? NO 1
 YES 5
 MJ23D

(H12) When you have been using marijuana, have any of the following things happened to you?

G24A. Did you feel really depressed or not interested in things for more than a day (24 hours)? NO 1
 YES 5
 MJ24A

B. Did you have trouble concentrating on things or thinking clearly for more than a day (24 hours)? NO 1
 YES 5
 MJ24B

C. Did you see or hear things that weren't really there for more than a day (24 hours)? NO 1
 YES 5
 MJ24C

**IF NO 5'S IN G24A-C, SKIP TO G25.
 OTHERS, CONTINUE.**

D. Did you think that using marijuana had anything to do with problems like (NAME 5's in G24A-C)? NO . (SKIP TO G25) 1
 YES . (SPECIFY) . 5
 MJ24D

SPECIFY: _____

DD3RA6
DD4-7
DDICDA6
DA3RA1

E. Did you continue to use marijuana anyway? NO 1
 YES 5A,B,C
 MJ24E

(H11) G25. Have there been times when most of your friends were kids who used marijuana a lot? NO 1
 YES 5
 MJ25

G26. Have you ever thought that you were using marijuana too much? NO 1
 YES 5
 MJ26

Sometimes when people get high, things happen that otherwise might not have.

G27A. When you have been using marijuana, have you ever had sex when you otherwise would not have? NO 1
 YES 5
 MJ27A

B. When you have been using marijuana, have you ever pressured someone to have sex with you? NO . . (SKIP TO C) . . 1
 YES 5
 MJ27B

1. Would you have done this if you had not been using marijuana? NO 1
 YES 5
 MJ27B_1

C. Has using marijuana ever made you careless about sex so that you didn't protect yourself or your partner against pregnancy or sexually transmitted diseases (like HIV)? NO 1
 YES 5
 MJ27C

G28. When you have been using marijuana, have you taken any other risks that you wouldn't have otherwise? **For example**, did you walk outside late at night or go into dangerous area? NO 1
 YES . . (SPECIFY) . . 5
 MJ28

SPECIFY: _____

(H18) G29A. After you had stopped or cut down on using marijuana, did any of the following things happen most of the day for 2 days or longer?

	COL. I		COL. II	
	NO	YES	NO	YES
REPEAT STEM OFTEN. CODE IN COL. I				
Did you . . .				
1. feel nervous, tense, restless or irritable?	1	5	1	5
	MJ29A1_1		MJ29A1_2	
2. have trouble sleeping?	1	5	1	5
	MJ29A2_1		MJ29A2_2	
3. tremble or twitch?	1	5	1	5
	MJ29A3_1		MJ29A3_2	
4. sweat or have a fever?	1	5	1	5
	MJ29A4_1		MJ29A4_2	
5. feel sick to your stomach or did you throw up? . . .	1	5	1	5
	MJ29A5_1		MJ29A5_2	
6. have diarrhea or stomachaches?	1	5	1	5
	MJ29A6_1		MJ29A6_2	
7. have a change in your appetite; that is, getting hungrier or <u>losing</u> your appetite?	1	5	1	5
	MJ29A7_1		MJ29A7_2	

IF NO 5'S IN COL. I, SKIP TO BOX G30. OTHERS, CONTINUE.

- B. Have you ever used marijuana to keep from having any of these problems or to make them go away? NO(SKIP TO BOX G29D) 1
 YES 5
 MJ29B
- C. Did this happen 3 or more times? NO 1
 YES 5A,B,C
 MJ29C

DD3RA9/B
 DD42B
 DDICDA3

**BOX G29D:
 IF ONLY ONE 5 IN COL. I, SKIP TO BOX G30. OTHERS, CONTINUE.**

- (H19) D. Did these problems ever occur together? NO (SKIP TO BOX G30) 1
 DD3RA8 YES 5A,B,C
 DD42A
 DDICDA3 E. Which ones? CODE IN COL. II MJ29D
- DD3RB F. How many times did you have problems like
 DA3RA that (when they occurred together)? MJ29F ___ ___ TIMES
- DD3RB G. What was the longest time these problems
 occurred together? MJ29G ___ ___ DAYS

DSMIIR

BOX G30:
IF 1 OR MORE BOXES MARKED ON TALLY SHEET A, CONTINUE.
OTHERS, SKIP TO BOX G31.

HAND R MARIJUANA TALLY A.

G30. I have checked on this sheet the experiences with marijuana that you have told me about. You told me (**REVIEW SX**). When was the (first/last) time that you had any of these experiences?

MJ30_1 AGE ONS: __ __
 MJ30_2 ONS:1 2 3 4 5
 MJ30_3 AGE REC: __ __
 MJ30_4 REC:1 2 3 4 5

BOX G30A:
IF 3 OR MORE BOXES MARKED ON TALLY SHEET A, CONTINUE.
OTHERS, SKIP TO BOX G31.

DD3RB

- A. Did you ever have experiences from 3 different boxes happen around the same time? NO . (SKIP TO C) . 1
 YES 5
IF YES: Tell me which ones. **CIRCLE SYMPTOMS**
DO NOT COUNT SYMPTOMS WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.
 MJ30A
- B. Did these experiences last a month or longer? NO 1
 YES . (SKIP TO E) . 5
 MJ30B
- C. Did you ever have experiences from 2 different boxes happen around the same time? NO (SKIP TO BOX G31) 1
 YES 5
IF YES: Which ones. **CIRCLE SYMPTOMS**
DO NOT COUNT SYMPTOMS WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.
 MJ30C
- D. Did these experiences last a month or longer? NO (SKIP TO BOX G31) 1
 YES 5
 MJ30D
- E. How old were you the (first/last) time you had experiences from 3(2) boxes happen within a period lasting a month or more?
 MJ30E_1 AGE ONS: __ __t
 MJ30E_2 ONS:1 2 3 4 5
 MJ30E_3 AGE REC: __ __t
 MJ30E_4 REC:1 2 3 4 5

DSM-IV

BOX G31:
IF 3 OR MORE BOXES MARKED ON TALLY SHEET B, CONTINUE.
OTHERS, SKIP TO BOX G32.

HAND R MARIJUANA TALLY B.

This is a different sheet with some of the same information, but in different boxes. You told me that you (**NAME SYMPTOMS**).

- DD4 G31A. Did you ever have experiences from 3 different boxes happen in the same 12-month period? NO (SKIP TO BOX G32) 1
 YES 5
IF YES: Which ones. **CIRCLE SYMPTOMS** MJ31A
DO NOT COUNT SYMPTOMS WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.
- B. How old were you the (first/last) time you had experiences from 3 or more boxes in any 12-month period? MJ31B_1 AGE ONS: __ __
 MJ31B_2 AGE REC: __ __

ICD-10

BOX G32:
IF 3 OR MORE BOXES MARKED ON TALLY SHEET C, CONTINUE.
OTHERS, SKIP TO BOX G33.

HAND R MARIJUANA TALLY C.

This is a another sheet with the experiences you told me about. You told me that you (**NAME SYMPTOMS**).

- G32A. Did you ever have experiences from 3 different boxes happen around the same time? NO . (SKIP TO C) . 1
 YES 5
IF YES: Which ones. **CIRCLE SYMPTOMS** MJ32A
DO NOT COUNT SYMPTOMS WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.
- B. Did they last a month or longer? NO 1
 YES . (SKIP TO D) . 5
 MJ32B
- C. Have experiences from 3 boxes ever happened together repeatedly in any 12-month period? NO (SKIP TO BOX G33) 1
 YES 5
IF YES: Which ones. **CIRCLE SYMPTOMS** MJ32C
DO NOT COUNT SYMPTOMS WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.
- D. How old were you the (first/last) time? MJ32D_1 AGE ONS: __ __
 MJ32D_2 AGE REC: __ __

BOX G33: IF 2+ BOXES MARKED ON TALLY SHEET A, CONTINUE. OTHERS, SKIP TO G34.

G33A. Since (AGE IN G1E), what is the longest time you've gone without using marijuana?

___ MONTHS
MJ33A

IF LESS THAN 3 MONTHS, SKIP TO G34.
--

B. How many times have you gone without using marijuana for 3 months or more?

___ TIMES
MJ33B

C. When did these times happen?

Period 1	___/___	___	TO	___/___	___	t
	MO	YEAR		MO	YEAR	
	MJ33C_1A	MJ33C_1B		MJ33C_1C	MJ33C_1D	
Period 2	___/___	___	TO	___/___	___	t
	MO	YEAR		MO	YEAR	
	MJ33C_2A	MJ33C_2B		MJ33C_2C	MJ33C_2D	
Period 3	___/___	___	TO	___/___	___	t
	MO	YEAR		MO	YEAR	
	MJ33C_3A	MJ33C_3B		MJ33C_3C	MJ33C_3D	
Period 4	___/___	___	TO	___/___	___	t
	MO	YEAR		MO	YEAR	
	MJ33C_4A	MJ33C_4B		MJ33C_4C	MJ33C_4D	

G34. Have you ever talked about your marijuana use with a doctor or counselor? NO (SKIP TO G35A) 1
 YES 5
 MJ34

A. Did you talk with: NO YES

1. a psychiatrist or psychologist?	MJ34A_1	1	5
2. another medical doctor?	MJ34A_2	1	5
3. a school counselor or social worker?	MJ34A_3	1	5
4. someone like a minister, priest, or rabbi?	MJ34A_4	1	5
5. another professional (SPECIFY)?	MJ34A_5	1	5

SPECIFY: _____

G35A. Have you ever been in treatment for your marijuana use? NO(SKIP TO H1A, P.62) 1
 YES . . (SPECIFY) . . 5
 MJ35A

SPECIFY: _____

B. Were you treated in a hospital, in a doctor's office, or in a clinic?

HOSPITAL	1
DOCTOR'S OFFICE, CLINIC, AA, OR OUTPATIENT FACILITY (SKIP TO E)	2
BOTH	3
OTHER	4

MJ35B

C. How many times have you started treatment as a hospital patient? MJ35C ___ TIMES

D. How old were you the (first/last) time? MJ35D_1 AGE ONS: ___
 MJ35D_2 ONS:1 2 3 4 5

IF G35B = 1; SKIP TO H1A, P.62. IF G35B = 3 OR 4, CONTINUE

MJ35D_3 AGE REC: ___
 MJ35D_4 REC:1 2 3 4 5

E. How many times have you started treatment with (NAME PLACE IN B, not including hospital treatment)? MJ35E ___ TIMES

F. How old were you the (first/last) time? MJ35F_1 AGE ONS: ___
 MJ35F_2 ONS: 1 2 3 4 5
 MJ35F_3 AGE REC: ___
 MJ35F_4 REC: 1 2 3 4 5

HAND R CARD H.

Sometimes people use drugs like these to feel good or high.

- H1A. Have you ever had a chance to try any of these drugs to feel good or high? Drugs like . . .
- | | | | |
|----|--|-----------|------------|
| | | <u>NO</u> | <u>YES</u> |
| 1. | Cocaine or crack? | 1 | 5 |
| | | DR1A_1 | |
| 2. | Uppers, like speed, Ritalin, Dexedrine, crystal meth, diet pills, or any other amphetamines? | 1 | 5 |
| | | DR1A_2 | |
| 3. | Heroin, Codeine, Morphine, or any other opiates? | 1 | 5 |
| | | DR1A_3 | |
| 4. | Hallucinogens, like LSD (Acid), Mushrooms (Psilocybin), or PCP (Angel Dust)? | 1 | 5 |
| | | DR1A_4 | |
| 5. | Downers, like sleeping pills, tranquilizers, Valium, Seconal, or any other sedatives? | 1 | 5 |
| | | DR1A_5 | |
| 6. | Anything else, like glue, gasoline, paint thinner, or anything else I haven't mentioned? (IF YES, SPECIFY) | 1 | 5 |
| | | DR1A_6 | |
- (IF DRUG NAMED BELONGS IN H1A.1-5, CODE APPROPRIATELY AND CONTINUE.)

SPECIFY: _____

- B. Have you ever had a chance to use prescription medicines either your own or someone else's, in order to get high? (IF YES, SPECIFY)
- | | | | |
|--|--|------|---|
| | | 1 | 5 |
| | | DR1B | |
- SPECIFY: _____
- C. Have you ever had a chance to use any medicines you can buy without a prescription in order to get high; for example, Dexatrim, or cough syrup? (IF YES, SPECIFY)
- | | | | |
|--|--|------|---|
| | | 1 | 5 |
| | | DR1C | |
- SPECIFY: _____

IF NO 5'S IN H1A-C, SKIP TO I1A, P. 78. OTHERS, CONTINUE.

- D. How old were you the first time you had a chance to try any of these drugs? DR1D_1 AGE ONS: __ __
DR1D_2 ONS: 1 2 3 4 5
- (I1) E. Did you ever actually try any of these drugs? NO . (SKIP TO G) . 1
YES 5
DR1E

		1	2	3	4	5	6
		<u>COC</u>	<u>AMP</u>	<u>OP</u>	<u>HAL</u>	<u>BAR</u>	<u>OTH</u>
1.	Which ones? (CODE AND SKIP TO H)	NO 1	1	1	1	1	1
		YES 5	5	5	5	5	5
		DR1E1_1-DR1E1_6					

- F. OMITTED
- G. Why didn't you try them?
SPECIFY: _____

SKIP TO I1A, P. 78.

	1	2	3	4	5	6
	<u>COC</u>	<u>AMP</u>	<u>OP</u>	<u>HAL</u>	<u>BAR</u>	<u>OTH</u>

(I5) H. How old were you the (first/last) time you used (DRUG)?

AGE ONS	___	___	___	___	___	___	___	t
DR1HA_1-DR1HA_6								
ONS	___	___	___	___	___	___	___	
DR1HB_1-DR1HB_6								
AGE REC	___	___	___	___	___	___	___	t
DR1HC_1-DR1HC_6								
REC	___	___	___	___	___	___	___	
DR1HD_1-DR1HD_6								

H2A. Who first gave you drugs?

SELF	. . . . .	1
FRIEND/PEER	. . . . .	2
MINOR FAMILY	. . . . .	3
ADULT FAMILY	. . . . .	4
PARENT	. . . . .	5
DEALER	. . . . .	6
OTHER . (SPECIFY)	. . . . .	7

SPECIFY OTHER: _____

B. Who (usually) gets drugs for you?

SELF	. . . . .	1
FRIEND/PEER	. . . . .	2
MINOR FAMILY	. . . . .	3
ADULT FAMILY	. . . . .	4
PARENT	. . . . .	5
DEALER	. . . . .	6
OTHER . (SPECIFY)	. . . . .	7

SPECIFY OTHER: _____

DR2A

DR1B

H3. OMITTED

H4A. Once you (started/tried) using drugs, did you find that you were invited to more parties and activities, or to hang out with friends more often?

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

DR4A

B. Has using drugs (usually) made you feel less shy or more relaxed with people?

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

DR4B

C. Has using drugs helped you find people to date?

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

DR4C

D. Has using drugs helped you in any (other) way?

NO	. . . . .	1
YES . . (SPECIFY)	. . . . .	5

SPECIFY: _____

DR4D

		1	2	3	4	5	6
		COC	AMP	OP	HAL	BAR	OTH

(I6) H5A. How many times have you used (DRUG)?

IF DK, ASK A1.

TIMES

DR5A_1-DR5A_6

1. **IF DK,** Have you used (DRUG). . .

6 OR FEWER TIMES?	0	0	0	0	0	0
7 OR MORE TIMES? .	1	1	1	1	1	1
11 OR MORE TIMES? .	2	2	2	2	2	2
20 OR MORE TIMES? .	3	3	3	3	3	3
40 OR MORE TIMES? .	4	4	4	4	4	4

DR5A1_1-DR5A1_6

PROBE ALL OPTIONS AND CODE THE LAST POSITIVE RESPONSE

IF NO DRUG USED 7 OR MORE TIMES; SKIP TO IIA, P. 78.
FOR ANY DRUG USED 7 OR MORE TIMES, CONTINUE.

		1	2	3	4	5	6
		COC	AMP	OP	HAL	BAR	OTH
H6A. Have you ever used (DRUG) at least <u>once or twice a week</u> for 2 months or more? For example, on the weekends?	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5
		(IF YES, SKIP TO C)					
	DR6A_1-DR6A_6						
B. So you have <u>NEVER</u> used (DRUG), for example, every Friday or Saturday for 2 months or more?	NEVER USED	1	1	1	1	1	1
	HAS USED	5	5	5	5	5	5
		(IF NEVER USED, SKIP TO H7A)					
	DR6B_1-DR6B_6						
C. How old were you the (first/last) time you used (DRUG) once or twice a week for at least 2 months?	AGE ONS	___	___	___	___	___	___
	DR6CA_1-DR6CA_6						
	ONS	___	___	___	___	___	___
	DR6CB_1-DR6CB_6						
	AGE REC	___	___	___	___	___	___
	DR6CC_1-DR6CC_6						
D. How long did this period last?	REC	___	___	___	___	___	___
	DR6CD_1-DR6CD_6						
	WEEKS	___	___	___	___	___	___
	DR6D_1-DR6D_6						
H7A. Think about the time when you were using (DRUG) the most. During that time, did you use (DRUG) <u>every</u> day, or nearly <u>every</u> day for 1 week or more?	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5
	DR7A_1-DR7A_6						
B. On the days that you used (DRUG), how many times a day did you use (DRUG)?	TIMES	___	___	___	___	___	___
	DR7B_1-DR7B_6						
C. When you used (DRUG) this much, were you able to do your schoolwork or get along with people as well as when you were not using (DRUG)?	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5
	DR7C_1-DR7C_6						
D. How old were you the (first/last) time you used (DRUG) the most?	AGE ONS	___	___	___	___	___	___
	DR7DA_1-DR7DA_6						
	ONS	___	___	___	___	___	___
	DR7DB_1-DR7DB_6						
	AGE REC	___	___	___	___	___	___
E. What was the longest amount of time that you used (DRUG) this much?	DR7DC_1-DR7DC_6						
	REC	___	___	___	___	___	___
	DR7DD_1-DR7DD_6						
	WEEKS	___	___	___	___	___	___
	DR7E_1-DR7E_6						
H8A. Have you ever stayed high from using (DRUG) for a whole day (or night)?	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5
		(IF NO, SKIP TO H11A)					
	DR8A_1-DR8A_6						
B. How old were you the (first/last) time you stayed high from using (DRUG) for a whole day (or night)?	AGE ONS	___	___	___	___	___	___
	DR8BA_1-DR8BA_6						
	ONS	___	___	___	___	___	___
	DR8BB_1-DR8BB_6						
	AGE REC	___	___	___	___	___	___
	DR8BC_1-DR8BC_6						
	REC	___	___	___	___	___	___
	DR8BD_1-DR8BD_6						
H9. BLANK							

H10. BLANK

BEGIN SCORING DRUG TALLY SHEETS.

		1	2	3	4	5	6
		COC	AMP	OP	HAL	BAR	OTH
(I8) DD3RA7 DD4-1a DDICDA4	H11A. Have you ever needed to use more and more (DRUG) to feel an effect?	NO	1	1	1	1	1
		YES	5	5	5	5	5A,B,C
		DR11A_1-DR11A_6					
DD3RA7 DD4-1b DDICDA4	B. Have you ever found that you couldn't get high when you used the same amount of (DRUG) that you used to?	NO	1	1	1	1	1
		YES	5	5	5	5	5A,B,C
		DR11B_1-DR11B_6					
DD3RA2/B DDICDA2 DD4-4	H12A. Have you often wanted to stop or cut down on using (DRUG)?	NO	1	1	1	1	1
		YES	5	5	5	5	5A,B,C
		DR12A_1-DR12A_6					
DD3RA2	B. Have you ever tried to stop or cut down on using (DRUG) and couldn't do it?	NO	1	1	1	1	1
		YES	5	5	5	5	5A
		(IF NO, SKIP TO H13A)					
		DR12B_1-DR12B_6					
DD4-4 DDICDA2	C. Have you been unable to stop or cut down on your use of (DRUG) 3 or more times?	NO	1	1	1	1	1
		YES	5	5	5	5	5B,C
		DR12C_1-DR12C_6					
(I12)	H13A. Have you ever used <u>much more</u> (DRUG) than you really meant to?	NO	1	1	1	1	1
		YES	5	5	5	5	5
		(IF NO, SKIP TO C)					
		DR13A_1-DR13A_6					
DD3RA1/B DD4-3 DDICDA2	B. Did this happen 3 or more times?	NO	1	1	1	1	1
		YES	5	5	5	5	5A,B,C
		DR13B_1-DR13B_6					
(I13)	C. Have you ever started using (DRUG) and then ended up using it for a <u>longer time</u> than you really wanted to?	NO	1	1	1	1	1
		YES	5	5	5	5	5
		(IF NO, SKIP TO H14)					
		DR13C_1-DR13C_6					
DD3RA1/B DD4-4 DDICDA2	D. Did this happen 3 or more times?	NO	1	1	1	1	1
		YES	5	5	5	5	5A,B,C
		DR13D_1-DR13D_6					
(I11)	H14. Have you ever spent a lot of time getting (DRUG), using (DRUG), or trying to feel better after using (DRUG)?	NO	1	1	1	1	1
		YES	5	5	5	5	5A,B,C
		DR14_1-DR14_6					

1 2 3 4 5 6
COC AMP OP HAL BAR OTH

(I10) H15A. Have you ever stopped doing things with any of your good friends because of your (DRUG) use? NO 1 1 1 1 1 1
 YES 5 5 5 5 5 5
 DR15A_1-DR15A_6

B. Have you missed activities, club meetings, or sports practices you usually participated in because of your (DRUG) use? NO 1 1 1 1 1 1
 YES 5 5 5 5 5 5
 DR15B_1-DR15B_6

IF BOTH A & B ARE NO, SKIP TO H16A.

DD3RA5/B DD4-6 DDICDA5 C. Did (NAME 5'S IN H15A-B) happen 3 or more times, or for a month or more? NO 1 1 1 1 1 1
 YES 5 5 5 5 5 5
 DR15C_1-DR15C_6 5A,B,C

DDICDA1 H16A. At times when you couldn't use (DRUG), did you ever want to use (DRUG) so badly that you couldn't think of anything else? NO 1 1 1 1 1 1
 YES 5 5 5 5 5 5
 DR16A_1-DR16A_6 (IF NO, SKIP TO H17)

B. How old were you the (first/last) time? AGE ONS ___ ___ ___ ___ ___ ___
 DR16BA_1-DR16BA_6
 ONS ___ ___ ___ ___ ___ ___
 DR16BB_1-DR16BB_6
 AGE REC ___ ___ ___ ___ ___ ___
 DR16BC_1-DR16BC_6
 REC ___ ___ ___ ___ ___ ___
 DR16BD_1-DR16BD_6

H17. Have you ever used 2 or more drugs together? NO 1
 YES .(SPECIFY) . . 5

IF YES: Which Ones?

1. _____ w/ _____ CODE: ___ ___ ___ w/ ___ ___ ___
 2. _____ w/ _____ DR17_1_1 DR17_1_2
 3. _____ w/ _____ CODE: ___ ___ ___ w/ ___ ___ ___
 4. _____ w/ _____ DR17_2_1 DR17_2_2
 CODE: ___ ___ ___ w/ ___ ___ ___
 DR17_3_1 DR17_3_2
 CODE: ___ ___ ___ w/ ___ ___ ___
 DR17_4_1 DR17_4_2

1 2 3 4 5 6
COC AMP OP HAL BAR OTH

(I16)	H18A. Have you ever driven a car when you had been using (DRUG)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			(IF NO, SKIP TO C)					
			DR18A_1-DR18A_6					
	B. Has your (DRUG) use ever resulted in your damaging a car or having an accident?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			DR18B_1-DR18B_6					
	C. When you've been high from using (DRUG), have you ever ridden in a car when the driver had been using alcohol or drugs?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			DR18C_1-DR18C_6					

IF NO 5'S IN H18A-C, SKIP TO E. OTHERS, CONTINUE.

DD3RA4/B DA3RA2/B	D. Did you (NAME 5'S IN H18A-C) 3 or more times in your lifetime?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5A
			(IF NO, SKIP TO E)					
			DR18D_1-DR18D_6					
DA4A2	1. Did this happen 3 or more times in any 12-month period?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			DR18D1_1-DR18D1_6					
	E. When you have been high from using (DRUG), have you ever done anything else that might have gotten you hurt; for example, riding your bike or skateboard, rollerblading, crossing against traffic, swimming, or anything else that might be dangerous?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			(IF NO, SKIP TO H19A; IF YES, SPECIFY)					
			DR18E_1-DR18E_6					

SPECIFY: _____

DD3RA4/B DA3RA2/B	F. Did things like this happen 3 or more times?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5A
			(IF NO, SKIP TO H19A)					
			DR18F_1-DR18F_6					
DA4A2	1. Did this happen 3 or more times in any 12-month period?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			DR18F1_1-DR18F1_6					

H19A. Have you ever handled a gun while using (DRUG)?	NO	1	1	1	1	1	1	1
	YES	5	5	5	5	5	5	5
			(IF NO, SKIP TO H21A)					
			DR19A_1-DR19A_6					
B. How many times?	TIMES	_____	_____	_____	_____	_____	_____	_____
			DR19B_1-DR19B_6					

H20. OMITTED

			1	2	3	4	5	6
			COC	AMP	OP	HAL	BAR	OTH
	H21A. Have you ever skipped school (work) or cut class so you could use (DRUG)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			(IF NO, SKIP TO H22A)					
			DR21A_1-DR21A_6					
	B. Did this happen 3 or more times?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			DR21B_1-DR21B_6					
	H22A. Have you ever gone to school (or to work) when you were high from using (DRUG)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			(IF NO, SKIP TO H23A)					
			DR22A_1-DR22A_6					
	B. Did this happen 3 or more times?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			DR22B_1-DR22B_6					
	H23A. Have you ever used (DRUG) at school (or at work)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			(IF NO, SKIP TO H24A)					
			DR23A_1-DR23A_6					
	B. Did this happen 3 or more times?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			DR23B_1-DR23B_6					
(I14)	H24A. Have you ever missed any school (or work) because you were high from using (DRUG)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			DR24A_1-DR24A_6					
(I15)	B. Have your grades gone down when you were using (DRUG)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			DR24B_1-DR24B_6					
(I10)	C. Have you ever dropped out of school (or quit a job) because of using (DRUG)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			DR24C_1-DR24C_6					
	D. Have you had any other problems at school (or at work) because of your (DRUG) use?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			DR24D_1-DR24D_6					
	E. Have you had any problems at home with getting your chores done because of your (DRUG) use?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			DR24E_1-DR24E_6					
IF NO 5'S IN H24A-E, SKIP TO H25A. OTHERS, CONTINUE.								
DD3RA4/B	F. Have you (NAME 5'S IN H24A-E) 3 or more times in your lifetime?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5A
			(IF NO, SKIP TO H25A)					
			DR24F_1-DR24F_6					
DA4A1	G. Did this happen 3 or more times in any 12-month period?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			DR24G_1-DR24G_6					

			1	2	3	4	5	6
			COC	AMP	OP	HAL	BAR	OTH
(I18) DD3RA6 DA3RA1	H25A. Have your friends, family, or anyone outside your family told you they thought you shouldn't be using (DRUG)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			(IF YES, SPECIFY)					
			DR25A_1-DR25A_6					
		SPECIFY PERSON(S): _____						

DD3RA6 DA3RA1	B. Has anyone ever stopped being friends with you because of your (DRUG) use?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			DR25B_1-DR25B_6					
DD3RA6 DA3RA1	C. Have there been times when you stayed away from everyone and just used (DRUG) by yourself?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			(IF YES, SPECIFY)					
			DR25C_1-DR25C_6					
		SPECIFY WHAT HAPPENED: _____						

IF NO 5'S IN H25A-C, SKIP TO H26A. OTHERS, CONTINUE.								
	D. Did you think that using (DRUG) had anything to do with problems like (NAME 5'S IN H25A-C)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			(IF NO, SKIP TO F)					
			DR25D_1-DR25D_6					
DD3RA6 DA3RA1	E. Did you continue to use (DRUG) after you realized it was causing you a problem(s)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5A
			DR25E_1-DR25E_6					
DA4A4	F. Did any of these things like (NAME 5'S IN H25A-C) happen 3 or more times in any 12-month period?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			DR25F_1-DR25F_6					
<hr/>								
	H26A. Have you ever been arrested or had any other problems with the police because of your (DRUG) use?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			(IF NO, SKIP TO H27A)					
			DR26A_1-DR26A_6					
DD3RA6 DA3RA1	B. Did this happen 3 or more times?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5A
			(IF NO, SKIP TO H27A)					
			DR26B_1-DR26B_6					
DA4A3	1. Did this happen 3 or more times in any 12-month period?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			DR26B1_1-DR26B1_6					

1 2 3 4 5 6
COC AMP OP HAL BAR OTH

(I17)	H27A. Have you ever accidentally been seriously hurt when you were using (DRUG)? For example, have you ever had a bad fall, burned yourself, or gotten hurt in a traffic accident?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			(IF NO, SKIP TO H28)					
			DR27A_1-DR27A_6					
DD3RA4/B DA3RA2/B DDICDA6 DHUICD-10	B. Did this happen 3 or more times?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5A,C
			(IF NO, SKIP TO D)					
			DR27B_1-DR27B_6					
DA4A2	C. Did this happen 3 or more times in any 12-month period?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			DR27C_1-DR27C_6					
DHUICD-10	D. Did you go to an emergency room or see a doctor because of the accident(s)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			DR27D_1-DR27D_6					

(I20)	H28. When you have been using (DRUG), have any of the following things happened to you?							
	A. Did you feel really depressed or not interested in things for more than a day (24 hours)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			DR28A_1-DR28A_6					
	B. Did you have trouble concentrating on things or thinking clearly for more than a day (24 hours)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			DR28B_1-DR28B_6					
	C. Did you see or hear things that weren't really there for more than a day (24 hours)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			DR28C_1-DR28C_6					

**IF NO 5'S IN H28A-C, SKIP TO H29.
 OTHERS, CONTINUE.**

	D. Did you think that using (DRUG) had anything to do with problems like (NAME 5's in H28A-C)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			(IF NO, SKIP TO H29; IF YES, SPECIFY)					
	SPECIFY: _____		DR28D_1-DR28D_6					

DD3RA6 DD4-7 DDICDA6 DA3RA1	E. Did you continue to use (DRUG) anyway?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5A,B,C
			DR28E_1-DR28E_6					

			1	2	3	4	5	6	
			COC	AMP	OP	HAL	BAR	OTH	
(I19)	H29.	Have there been times when most of your friends were kids who also used (DRUG)?	NO	1	1	1	1	1	
			YES	5	5	5	5	5	
				DR29_1-DR29_6					
	H30.	Have you ever thought that you were using (DRUG) too much?	NO	1	1	1	1	1	
			YES	5	5	5	5	5	
				DR30_1-DR30_6					

Sometimes when people get high, things happen that otherwise might not have.

H31A.	When you have been using drugs, have you ever had sex when you otherwise would not have?	NO	. . . . .	1
		YES	. . . . .	5
			DR31A	
B.	When you have been using drugs, have you ever pressured someone to have sex with you?	NO	..(SKIP TO C)	1
		YES	. . . . .	5
			DR31B	
1.	Would you have done this if you had not been using drugs?	NO	. . . . .	1
		YES	. . . . .	5
			DR31B1	
C.	Has using drugs ever made you careless about sex so that you didn't protect yourself or your partner against pregnancy or sexually transmitted diseases (like HIV)?	NO	. . . . .	1
		YES	. . . . .	5
			DR31C	

H32.	When you have been using drugs, have you taken any other risks that you wouldn't have otherwise? For example , did you walk outside late at night or go into dangerous area?	NO	. . . . .	1
		YES	..(SPECIFY)	5
			DR32	

SPECIFY: _____

(I22) H33. People who stop, cut down, or go without drugs after using drugs for awhile may not feel well. These feelings are stronger and can last longer than the usual hangover.

After you had stopped, cut down, or went without using (DRUG), did any of the following things happen most of the day for 2 days or longer?

NO = 1, YES = 5
ASK H33A-D ONE COLUMN AT A TIME.
REPEAT STEM OFTEN.

		1	2	3	4	5	6
		COC	AMP	OP	HAL	BAR	OTH
A. 1.	Did you feel sad, depressed? DR3301_1-6	1 5	1 5	1 5	1 5	1 5	1 5
2.	Did you feel restless? . . . DR3302_1-6	1 5	1 5		1 5	1 5	1 5
3.	Did you feel tired, sleepy, or weak? DR3303_1,2,4-6	1 5	1 5		1 5	1 5	1 5
4.	Did you have trouble sleeping? DR3304_1-6	1 5	1 5	1 5	1 5	1 5	1 5
5.	Did you sleep too much? DR3305_1,2,4-6	1 5	1 5		1 5	1 5	1 5
6.	Did you have a strong desire or craving for (DRUG)? . . . DR3306_1-4,6	1 5	1 5	1 5	1 5		1 5
7.	Did you feel slowed down, like you could hardly move? . . . DR3307_1,2,4,6	1 5	1 5		1 5		1 5
8.	Did you have an increase in appetite? DR3308_1,2,4,6	1 5	1 5		1 5		1 5
9.	Did you have nightmares? DR3309_1,2,4,6	1 5	1 5		1 5		1 5
10.	Did you have diarrhea? DR3310_3,4,6	1 5		1 5	1 5		1 5
11.	Did you have stomachaches or stomach cramps? DR3311_3,4,6	1 5	1 5		1 5		1 5
12.	Did your eyes run? DR3312_3,4,6	1 5	1 5		1 5		1 5
13.	Did your nose run? DR3313_3,4,6	1 5	1 5		1 5		1 5
14.	Did you have muscle pains? DR3314_3,4,6	1 5	1 5		1 5		1 5
15.	Did you yawn? DR3315_3,4,6	1 5	1 5		1 5		1 5
16.	Were your pupils dilated or were your eyes sensitive to the light? . . . DR3316_3,4,6	1 5	1 5		1 5		1 5
17.	Did you have gooseflesh, goose bumps, or did you get the chills? DR3317_3,4,6	1 5	1 5		1 5		1 5
18.	Did your heart race? DR3318_3-6	1 5	1 5	1 5	1 5	1 5	1 5
19.	Did you sweat? DR3319_3-6	1 5	1 5	1 5	1 5	1 5	1 5
20.	Did you have a fever? DR3320_3-6	1 5	1 5	1 5	1 5	1 5	1 5
21.	Did you feel sick to your stomach or did you vomit? DR3321_3-6	1 5	1 5	1 5	1 5	1 5	1 5
22.	Did you have headaches? DR3322_3-6	1 5	1 5	1 5	1 5	1 5	1 5
23.	Did you feel nervous, tense, or irritable? . . . DR3323_5-6	1 5			1 5	1 5	1 5
24.	Did your hands shake? DR3324_4-6	1 5	1 5		1 5	1 5	1 5
25.	Did you tremble or twitch? DR3325_4-6	1 5	1 5		1 5	1 5	1 5
26.	Did you feel dizzy? DR3326_4-6	1 5	1 5		1 5	1 5	1 5
27.	Did you have seizures? DR3327_4-6	1 5	1 5		1 5	1 5	1 5
28.	Did you see, hear, or feel things that weren't really there? DR3328_4-6	1 5	1 5		1 5	1 5	1 5
29.	Did you think that people were plotting to harm you? DR3329_4-6	1 5	1 5		1 5	1 5	1 5

CONTINUE ASKING ONE COLUMN AT A TIME.
FOR EACH DRUG COLUMN:
IF ALL CODED 1, GO TO NEXT DRUG COLUMN.
IF ONLY ONE CODED 5, SKIP TO D.
IF TWO OR MORE 5'S CODED, CONTINUE.

1 2 3 4 5 6
 COC AMP OP HAL BAR OTH

DD3RA8
 DD42A
 DDICDA3

H33B. Was there ever a time when 2 or more of these problems occurred together after stopping, cutting down, or going without (DRUG)?
REVIEW SX AS NEEDED.

NO 1 1 1 1 1 1
 YES 5 5 5 5 5 5A,B,C
 (IF NO, SKIP TO C)
 DR33B_DR33B_6

1. **IF YES:** Did these problems occur together for 2 days or longer?

NO 1 1 1 1 1 1
 YES 5 5 5 5 5 5
 (IF NO, SKIP TO C)
 DR33B1_DR33B1_6

2. **IF YES:** How old were you the (first/last) time?

AGE ONS _____
 DR33B2A1-DR33B2A6
 ONS _____
 DR33B2B1-DR33B2B6
 AGE REC _____
 DR33B2C1-DR33B2C6
 REC _____
 DR33B2D1-DR33B2D6

DD3RB

C. Did you have any of these problems 3 or more times?

NO 1 1 1 1 1 1
 YES 5 5 5 5 5 5
 DR33C_1-DR33C_6

D. Have you ever used (DRUG) to keep from having any of these problems (or to make them go away)?

NO 1 1 1 1 1 1
 YES 5 5 5 5 5 5
 (IF NO, SKIP TO NEXT DRUG.
 IF NO DRUG, SKIP TO BOX H34.)
 DR33D_1-DR33D_6

1. **IF YES:** How old were you the (first/last) time?

AGE ONS _____
 DR33D1A1-DR33D1A6
 ONS _____
 DR33D1B1-DR33D1B6
 AGE REC _____
 DR33D1C1-DR33D1C6
 REC _____
 DR33D1D1-DR33D1D6

DD3RA9/B
 DD42B
 DDICDA3

2. Did you do that 3 or more times?

NO 1 1 1 1 1 1
 YES 5 5 5 5 5 5A,B,C
 DR33D2_1-DR33D2_6

DSMIIR

BOX H34:
IF ONE OR MORE BOXES MARKED ON TALLY SHEET A, CONTINUE.
OTHERS, SKIP TO BOX H35.

1	2	3	4	5	6
COC	AMP	OP	HAL	BAR	OTH

HAND R (DRUG) TALLY A.

H34. I have checked on this sheet the experiences with (DRUG) that you have told me about. You told me (REVIEW SX). When was the (first/last) time that you had any of these experiences?

AGE ONS	___	___	___	___	___	___
DR34_1_1-DR34_1_6	___	___	___	___	___	___
ONS	___	___	___	___	___	___
DR34_2_1-DR34_2_6	___	___	___	___	___	___
AGE REC	___	___	___	___	___	___
DR34_3_1-DR34_3_6	___	___	___	___	___	___
REC	___	___	___	___	___	___
DR34_4_1-DR34_4_6	___	___	___	___	___	___

BOX H34A:
IF 3 OR MORE BOXES MARKED ON TALLY A, CONTINUE.
OTHERS, SKIP TO BOX H35.

DD3RB

<p>A. Did you ever have experiences from 3 different boxes happen around the same time? IF YES: Tell me which ones. CIRCLE SYMPTOMS. DO NOT COUNT SX WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>NO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> <tr> <td>YES</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> </tr> </table> <p style="text-align: right;">(IF NO, SKIP TO C)</p> <p>DR34A_1-DR34A_6</p>	NO	1	1	1	1	1	1	YES	5	5	5	5	5	5																																																		
NO	1	1	1	1	1	1																																																											
YES	5	5	5	5	5	5																																																											
<p>B. Did these experiences last a month or longer?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>NO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> <tr> <td>YES</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> </tr> </table> <p style="text-align: right;">(IF YES, SKIP TO E)</p> <p>DR34B_1-DR34B_6</p>	NO	1	1	1	1	1	1	YES	5	5	5	5	5	5																																																		
NO	1	1	1	1	1	1																																																											
YES	5	5	5	5	5	5																																																											
<p>C. Did you ever have experiences from 2 different boxes happen around the same time? IF YES: Which ones. CIRCLE SYMPTOMS. DO NOT COUNT SX WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>NO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> <tr> <td>YES</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> </tr> </table> <p style="text-align: right;">(IF NO, SKIP TO BOX H35)</p> <p>DR34C_1-DR34C_6</p>	NO	1	1	1	1	1	1	YES	5	5	5	5	5	5																																																		
NO	1	1	1	1	1	1																																																											
YES	5	5	5	5	5	5																																																											
<p>D. Did these experiences last a month or longer?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>NO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> <tr> <td>YES</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> </tr> </table> <p style="text-align: right;">(IF NO, SKIP TO BOX H35)</p> <p>DR34D_1-DR34D_6</p>	NO	1	1	1	1	1	1	YES	5	5	5	5	5	5																																																		
NO	1	1	1	1	1	1																																																											
YES	5	5	5	5	5	5																																																											
<p>E. How old were you the (first/last) time you had experiences from 3(2) boxes happen within a period lasting a month or more?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>AGE ONS</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: right;">t</td> </tr> <tr> <td>DR34EA_1-DR34EA_6</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: right;">t</td> </tr> <tr> <td>ONS</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: right;">t</td> </tr> <tr> <td>DR34EB_1-DR34EB_6</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: right;">t</td> </tr> <tr> <td>AGE REC</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: right;">t</td> </tr> <tr> <td>DR34EC_1-DR34EC_6</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: right;">t</td> </tr> <tr> <td>REC</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: right;">t</td> </tr> <tr> <td>DR34ED_1-DR34ED_6</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td style="text-align: right;">t</td> </tr> </table>	AGE ONS	___	___	___	___	___	___	t	DR34EA_1-DR34EA_6	___	___	___	___	___	___	t	ONS	___	___	___	___	___	___	t	DR34EB_1-DR34EB_6	___	___	___	___	___	___	t	AGE REC	___	___	___	___	___	___	t	DR34EC_1-DR34EC_6	___	___	___	___	___	___	t	REC	___	___	___	___	___	___	t	DR34ED_1-DR34ED_6	___	___	___	___	___	___	t
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DSMIV

BOX H35:
IF 3 OR MORE BOXES MARKED ON TALLY SHEET B, CONTINUE.
OTHERS, SKIP TO BOX H36.

HAND R DRUG TALLY B.

This is a different sheet with some of the same information, but in different boxes.
 You told me that you (**NAME SYMPTOMS**).

1	2	3	4	5	6
<u>COC</u>	<u>AMP</u>	<u>OP</u>	<u>HAL</u>	<u>BAR</u>	<u>OTH</u>

DD4 H35A. Did you ever have experiences from 3 different boxes happen in the same 12-month period? NO 1 1 1 1 1 1
YES 5 5 5 5 5 5
 (IF NO, SKIP TO BOX H36)
IF YES: Which ones? CIRCLE SYMPTOMS. DR35A_1-DR35A_6
DO NOT COUNT SYMPTOMS WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.

B. How old were you the (first/last) time you had experiences from 3 or more boxes in any 12-month period?
 AGE ONS _____ DR35B1_1-DR35B1_6
 AGE REC _____ DR35B2_1-DR35B2_6

ICD-10

BOX H36:
IF 3 OR MORE BOXES MARKED ON TALLY SHEET C, CONTINUE.
OTHERS, SKIP TO BOX H37.

HAND R DRUG TALLY C.

This is a another sheet with the experiences you told me about.
 You told me that you (**NAME SYMPTOMS**).

DDICD H36A. Did you ever have experiences from 3 different boxes happen around the same time? NO 1 1 1 1 1 1
YES 5 5 5 5 5 5
 (IF NO, SKIP TO C)
CIRCLE SYMPTOMS. DO NOT COUNT SYMPTOMS WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT. DR36A_1-DR36A_6

B. Did they last a month or longer? NO 1 1 1 1 1 1
YES 5 5 5 5 5 5
 (IF YES, SKIP TO D)
DR36B_1-DR36B_6

C. Have experiences from 3 boxes ever happened together repeatedly in any 12-month period? NO 1 1 1 1 1 1
YES 5 5 5 5 5 5
 (IF NO, SKIP TO BOX H37)
CIRCLE SYMPTOMS. DO NOT COUNT SYMPTOMS WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT. DR36C_1-DR36C_6

DDICD D. How old were you the (first/last) time?
 AGE ONS _____ DR36D1_1-DR36D1_6
 AGE REC _____ DR36D2_1-DR36D2_6

**BOX H37:
IF 2+ BOXES MARKED ON TALLY SHEET A, CONTINUE.
OTHERS, SKIP TO H38.**

		1	2	3	4	5	6
		COC	AMP	OP	HAL	BAR	OTH
H37A. Since the age of (ONS), has there ever	NO	1	1	1	1	1	1
been a period of time lasting 3 months	YES	5	5	5	5	5	5
or longer when you did not use (DRUG)	DR37A_1-DR37A_6						
at all?							

**FOR EACH 5, ASK B.
OTHERS, SKIP TO H38.**

B. When did that/these occur?

	<u>MONTH</u>	<u>YEAR</u>		<u>MONTH</u>	<u>YEAR</u>
COCAINE:	___	___	TO	___	___
	DR37B1A1	DR37B1B1		DR37B1C1	DR37B1D1
	___	___	TO	___	___
	DR37B1A2	DR37B1B2		DR37B1C2	DR37B1D2
AMPHETAMINES:	___	___	TO	___	___
	DR37B2A1	DR37B2B1		DR37B2C1	DR37B2D1
	___	___	TO	___	___
	DR37B2A2	DR37B2B2		DR37B2C2	DR37B2D2
OPIATES:	___	___	TO	___	___
	DR37B3A1	DR37B3B1		DR37B3C1	DR37B3D1
	___	___	TO	___	___
	DR37B3A2	DR37B3B2		DR37B3C2	DR37B3D2
HALLUCINOGENS:	___	___	TO	___	___
	DR37B4A1	DR37B4B1		DR37B4C1	DR37B4D1
	___	___	TO	___	___
	DR37B4A2	DR37B4B2		DR37B4C2	DR37B4D2
BARBITURATES:	___	___	TO	___	___
	DR37B5A1	DR37B5B1		DR37B5C1	DR37B5D1
	___	___	TO	___	___
	DR37B5A2	DR37B5B2		DR37B5C2	DR37B5D2
OTHER:	___	___	TO	___	___
	DR37B6A1	DR37B6B1		DR37B6C1	DR37B6D1
	___	___	TO	___	___
	DR37B6A2	DR37B6B2		DR37B6C2	DR37B6D2

H38. Have you ever talked about your drug use with a doctor or counselor? NO . (SKIP TO H39A) 1
 YES 5
 DR38

A. Did you talk with: NO YES

1. a psychiatrist or psychologist?	DR38A_1	1	5
2. another medical doctor?	DR38A_2	1	5
3. a school counselor or social worker?	DR38A_3	1	5
4. someone like a minister, priest, or rabbi?	DR38A_4	1	5
5. another professional (SPECIFY)?	DR38A_5	1	5

SPECIFY: _____

H39A. Have you ever been in treatment for your drug use? NO(SKIP TO I1A, P.78)1
 YES . .(SPECIFY) . 5
 DR39A

SPECIFY: _____

B. Were you treated in a hospital, in a doctor's office, or in a clinic?

HOSPITAL		1
DOCTOR'S OFFICE, CLINIC, AA, OR OUTPATIENT FACILITY (SKIP TO E)		2
BOTH		3
OTHER		4

DR39B

C. How many times have you started treatment as a hospital patient? DR39C ___ TIMES

D. How old were you the (first/last) time? DR39D_1 AGE ONS: ___
 DR39D_2 ONS:1 2 3 4 5

IF H39B = 1; SKIP TO I1A, P. 78.
 IF H39B = 3 OR 4, CONTINUE

DR39D_3 AGE REC: ___
 DR39D_4 REC:1 2 3 4 5

E. How many times have you started treatment with (NAME PLACE IN B, not including hospital treatment)? DR39E ___ TIMES

F. How old were you the (first/last) time? DR39F_1 AGE ONS: ___
 DR39F_2 ONS: 1 2 3 4 5

DR39F_3 AGE REC: ___
 DR39F_4 REC: 1 2 3 4 5

I1. Many kids do things that can get them into trouble with their parents or teachers. I am going to ask you about different ways of getting into trouble.

- (E1)
- A. Have you ever been suspended from school? **(IN-SCHOOL SUSPENSIONS COUNT)**

NO . . . (SKIP TO I2A)	. 1
ALC/DRUG ONLY	3
YES	5
 - B. How many times have you been suspended from school? **IF DK, ASK B1.**

CD1A		
CD1B	___	___ TIMES

 - 1. **IF DK, Was it . . .**

1 TIME	1
2 TIMES	2
3-5 TIMES	3
6-10 TIMES	4
11+ TIMES	5
 - C. How old were you the (first/last) time you were suspended from school?

CD1C_1									
CD1C_2	AGE ONS:	___	___	___	___	___	___	___	___
	ONS:	1	2	3	4	5			
CD1C_3	AGE REC:	___	___	___	___	___	___	___	___
CD1C_4	REC:	1	2	3	4	5			
 - D. Why were you suspended?

- (E2)
- I2A. Have you ever been expelled from school (kicked out for the rest of the year)?

NO . . . (SKIP TO I3A)	. 1
ALC/DRUG ONLY	3
YES	5
 - B. How many times have you been expelled from school? **IF DK, ASK B1.**

CD2A		
CD2B	___	___ TIMES

 - 1. **IF DK, Was it . . .**

1 TIME	1
2 TIMES	2
3-5 TIMES	3
6-10 TIMES	4
11+ TIMES	5
 - C. How old were you the (first/last) time you were expelled from school?

CD2C_1									
CD2C_2	AGE ONS:	___	___	___	___	___	___	___	___
	ONS:	1	2	3	4	5			
CD2C_3	AGE REC:	___	___	___	___	___	___	___	___
CD2C_4	REC:	1	2	3	4	5			
 - D. Why were you expelled?

BEGIN SCORING *'s ON TALLY SHEET I.

(E7)	I3A. Have you ever skipped school (played hooky/taken a day off from school)?	NO . . (SKIP TO I4A) . 1 ALC/DRUG ONLY 3 YES 5
CD3RA5	B. How many times have you skipped school? IF DK, ASK B1.	CD3A CD3B ___ ___ TIMES
	1. IF DK, Was it	1 TIME 1 2 TIMES 2 3-5 TIMES 3 6-10 TIMES 4 11+ TIMES 5
CD4A15 CDICDG1-18	C. How old were you the (first/last) time you skipped school?	CD3B1 CD3C_1 AGE ONS: ___ ___* CD3C_2 ONS: 1 2 3 4 5
		CD3C_3 AGE REC: ___ ___* CD3C_4 REC: 1 2 3 4 5

*** MARK TALLY IF: 3 OR MORE TIMES AND AGE ONSET BEFORE AGE 13**

(E8)	I4A. Have you ever cut classes?	NO . . (SKIP TO I5A) . 1 ALC/DRUG ONLY 3 YES 5
------	---------------------------------	--

CUTTING CLASSES MEANS THAT THE CHILD WAS AT SCHOOL BUT, JUST DIDN'T GO TO CERTAIN CLASSES OR LEFT SCHOOL WITHOUT PERMISSION.

CD3RA5	B. How many different days have you cut classes? IF DK, ASK B1.	CD4B ___ ___ DAYS
	1. IF DK, Was it	1 DAY 1 2 DAYS 2 3 OR MORE DAYS 3
CD4A15 CDICDG1-18	C. How old were you the (first/last) time you cut classes?	CD4B1 CD4C_1 AGE ONS: ___ ___* CD4C_2 ONS: 1 2 3 4 5
		CD4C_3 AGE REC: ___ ___ CD4C_4 REC: 1 2 3 4 5

*** MARK TALLY IF:
3 OR MORE TIMES AND AGE ONSET BEFORE 13; OR
IF I3B & I4B = 3 OR MORE TIMES AND
ONE OF AGE OF ONSETS IN I3C AND I4C = BEFORE 13.**

I5A. Did you ever sneak out of the house when your parents told you that you couldn't go out, or when they thought you were in bed or at home? NO . . (SKIP TO I6A) . 1
 ALC/DRUG ONLY 3
 YES 5
CD5A

B. How many times have you done that? **CD5B** _____ TIMES
IF DK, ASK B1.

1. **IF DK, Was it** 1 TIME 1
 2 TIMES 2
 3-5 TIMES 3
 6-10 TIMES 4
 11+ TIMES 5

CD4A13
CDICDG1-12

C. How old were you the (first/last) time that happened? **CD5B1**
CD5C_1 AGE ONS: _____*
CD5C_2 ONS: 1 2 3 4 5

CD5C_3 AGE REC: _____
CD5C_4 REC: 1 2 3 4 5

*** MARK TALLY IF: 3 OR MORE TIMES AND AGE ONSET BEFORE 13.**

I6A. Have you ever stayed out late at night without permission (either after your curfew or all night long)? NO . . (SKIP TO I7A) . 1
 ALC/DRUG ONLY 3
 YES 5
CD6A

B. When you have stayed out past curfew, how late would you usually stay out? **USE 24-HOUR CLOCK:**
 TIME _____ : _____
CD6B_1 CD6B_2

C. What time were you supposed to be home? TIME _____ : _____
CD6C_1 CD6C_2

D. How many times have you stayed out that much later than you were supposed to? **IF DK, ASK D1.** **CD6D** _____ TIMES

1. **IF DK, Was it** 1 TIME 1
 2 TIMES 2
 3-5 TIMES 3
 6-10 TIMES 4
 11+ TIMES 5

CD4A13
CDICDG1-12

E. How old were you the (first/last) time you stayed out later than you were supposed to? **CD6D1**
CD6E_1 AGE ONS: _____*
CD6E_2 ONS: 1 2 3 4 5

CD6E_3 AGE REC: _____
CD6E_4 REC: 1 2 3 4 5

*** MARK TALLY IF:
 STAYED OUT 2(+) HOURS PAST CURFEW 3 OR MORE TIMES AND AGE ONSET BEFORE 13.**

(E4) I7A. Have you ever run away from home overnight or longer? NO . . (SKIP TO I8A) . . 1
 ALC/DRUG ONLY 3
 YES 5
 CD7A

MUST HAVE RUN AWAY FROM PARENTAL OR PARENT-SURROGATE'S HOME WITHOUT LETTING PARENT KNOW HIS/HER WHEREABOUTS.

B. Why did you run away? **CODE SILENTLY:**
 _____ SEXUAL ABUSE 1
 _____ PHYSICAL ABUSE 2
 _____ OTHER 3
 CD7B

CD3RA2
 CD4A14
 CDICDG1-19

C. How many times have you run away? **CD7C** _____ TIMES*
IF DK, ASK C1. * **MARK TALLY IF: MORE THAN ONCE & NOT RELATED TO SEXUAL/PHYSICAL ABUSE**

**IF C = 01, SKIP TO D.
 IF C = 02 OR MORE, SKIP TO F.**

1. **IF DK,** Was it 1 TIME (SKIP TO D) . . 1
 2 TIMES (SKIP TO F) . . 2*
 3-5 TIMES (SKIP TO F) . . 3*
 6-10 TIMES (SKIP TO F) . . 4*
 11+ TIMES (SKIP TO F) . . 5*
 CD7C1

CD4A14
 CDICDG1-19

D. When you ran away, how long did you stay away from home? **CD7D** _____ DAYS*
 * **MARK TALLY IF: 7 OR MORE DAYS & NOT RELATED TO SEXUAL/PHYSICAL ABUSE**

E. How old were you? **CD7E_1** AGE ONS: _____
CD7E_2 ONS: 1 2 3 4 5

SKIP TO I8A.

F. How old were you the (first/last) time you ran away? **CD7F_1** AGE ONS: _____
CD7F_2 ONS: 1 2 3 4 5
CD7F_3 AGE REC: _____
CD7F_4 REC: 1 2 3 4 5

(E5) I8A. Of course everybody tells lies or makes up stories once in awhile. Do you lie or make up stories a lot? NO 1
 ALC/DRUG ONLY 3
 YES . . (SKIP TO C) . . . 5*
 CD8A

(**EXAMPLE:** LIKE TELLING THE TEACHER YOU LOST A HOMEWORK ASSIGNMENT WHEN YOU JUST DIDN'T DO IT, OR TELLING YOUR PARENTS YOU WERE ONE PLACE WHEN YOU WERE REALLY SOMEPLACE ELSE.)

B. Do you get into trouble a lot because people say you are lying? (Do your teachers, friends, or parents get upset with you because they say you are lying?) NO . . (SKIP TO I9A) . . 1
 ALC/DRUG ONLY 3
 YES 5*
 CD8B

CD3RA3
 CD4A11
 CDICDG1-9

C. Do you lie because ... (When people say you are lying, do they think it is because ...)

		<u>NO</u>	<u>YES</u>
1. it's fun?	CD8C_1	1	5
2. it gets you out of trouble?	CD8C_2	1	5
3. you want others to think you're special?	CD8C_3	1	5
4. of any other reason? (SPECIFY)	CD8C_4	1	5

SPECIFY: _____

D. How old were you the (first/last) time you told lies a lot, or people said you were lying?

	CD8D_1	AGE	ONS:	___	___
	CD8D_2	ONS:		1	2 3 4 5
	CD8D_3	AGE	REC:	___	___
	CD8D_4	REC:		1	2 3 4 5

I9A. Have you ever deceived someone into giving you something you wanted or getting them to do something for you? NO . . (SKIP TO I10A) . 1
 ALC/DRUG ONLY 3
 YES 5
 CD9A

(EXAMPLE: LIKE TELLING YOUR PARENTS YOU NEED EXTRA MONEY FOR A SCHOOL PROJECT OR ELSE YOU'LL GET AN "F", WHEN YOU REALLY WANT THE MONEY TO BUY SOMETHING ELSE?)

CD3RA3
 CD4A11
 CDICDG1-9

B. How many times have you done something like that? IF DK, ASK B1. CD9B ___ TIMES*
 * MARK TALLY IF: 3 OR MORE TIMES

1. IF DK, Was it 1 TIME 1
 2 TIMES 2
 3-5 TIMES 3*
 6-10 TIMES 4*
 11+ TIMES 5*
 CD9B1

C. How old were you the (first/last) time that happened? CD9C_1 AGE ONS: ___
 CD9C_2 ONS: 1 2 3 4 5
 CD9C_3 AGE REC: ___
 CD9C_4 REC: 1 2 3 4 5

CD3RA3
 CD4A11
 CDICDG1-9

I10A. Have people often said you cheated on schoolwork, on tests, or in games? NO . . (SKIP TO I11A) . 1
 ALC/DRUG ONLY 3
 YES 5*
 CD10A

B. How old were you the (first/last) time you got blamed for cheating a lot? CD10B_1 AGE ONS: ___
 CD10B_2 ONS: 1 2 3 4 5
 CD10B_3 AGE REC: ___
 CD10B_4 REC: 1 2 3 4 5

CDICDG1-1

I11A. Have you often gotten so angry that you've thrown things, broken things, or laid on the ground and screamed? NO . (SKIP TO BOX I11) 1
 ALC/DRUG ONLY 3
 YES 5
 CD11A

B. How old were you the (first/last) time you behaved this way? CD11B_1 AGE ONS: ___
 CD11B_2 ONS: 1 2 3 4 5
 CD11B_3 AGE REC: ___
 CD11B_4 REC: 1 2 3 4 5

BOX I11:
 IF NO 3'S OR 5'S CODED IN I3A-11A, SKIP TO I13A.
 OTHERS, CONTINUE.

CD4B	I12. When you were doing things like (NAME POSITIVES IN I3A-I11A), did any of the following things happen?	<u>NO</u>	<u>YES</u>
	A. Did your grades go down?	CD12A 1	5
	B. Did your teachers get angry with you a lot?	CD12B 1	5
	C. Did your teachers often tell you that you had a bad attitude?	CD12C 1	5
	D. Did you feel very sad?	CD12D 1	5
	E. Did you lose friends?	CD12E 1	5
	F. Did your parents get really angry with you a lot?	CD12F 1	5
	G. Were you grounded or not allowed to do something you really wanted to do?	CD12G 1	5
	H. Were you sent to live somewhere else?	CD12H 1	5
	I. Were you sent to a counselor? (IF YES, SPECIFY)	CD12I 1	5
	SPECIFY REASON: _____		

	J. Were you sent to juvenile court? (IF YES, SPECIFY)	CD12J 1	5
	SPECIFY: _____		

	K. Anything else? (IF YES, SPECIFY)	CD12K 1	5
	SPECIFY: _____		

CDICD-F91.1	I13A. Do you spend more time by yourself than most people your age?	NO . . (SKIP TO I14A) . 1	YES 5
		CD13A	
	B. Is this because you are shy?	NO 1	YES . . (SKIP TO I14A) . 5
		CD13B	
	C. Is it because other kids won't hang out with you, because you have often lied, started fights, stolen things from them, or always tried to get your own way?	NO . . (SKIP TO I14A) . 1	ALC/DRUG ONLY 3
		YES 5	
		CD13C	
	D. How old were you the (first/last) time you spent most of your time alone, because other kids didn't want to be with you?	CD13D_1 AGE ONS: _____	CD13D_2 ONS: 1 2 3 4 5
		CD13D_3 AGE REC: _____	CD13D_4 REC: 1 2 3 4 5

(E3) I14A. Have you ever stolen anything from home or from a friend, like clothes, or money from a purse or wallet? **COUNT ONLY IF \$3 OR MORE.**

NO 1
 ALC/DRUG ONLY .(SPECIFY) 3
 YES(SPECIFY) 5
 CD14A

SPECIFY: _____

B. Have you ever stolen anything else? For example, did you ever take something from somebody at school or shoplift from a store? **NO CONFRONTATION**

NO 1
 ALC/DRUG ONLY .(SPECIFY) 3
 YES(SPECIFY) 5
 CD14B

(EXAMPLE: LIPSTICKS, MAGAZINES, CLOTHES, TOYS, JEWELRY, CDs. DID YOU EVER SWIPE SOMETHING FROM SOMEBODY'S LOCKER OR DESK?)

SPECIFY: _____

IF NO TO I14A-B, SKIP TO I14D.
OTHERS, CONTINUE

CD3RA1
 CD4A12
 CDICDGI-17

C. How many times have you stolen things in your lifetime? **IF DK, ASK C1.** CD14C _____ TIMES*
 * MARK TALLY IF: MORE THAN ONCE

1. **IF DK,** Was it

1 TIME 1
 2 TIMES 2*
 3-5 TIMES 3*
 6-10 TIMES 4*
 11+ TIMES 5*
 CD14C1

D. Have you ever used a credit card without permission or signed someone else's name on a check? **IF DK, ASK E1.**

NO .(SKIP TO BOX I14E) 1
 ALC/DRUG ONLY .(SPECIFY) 3
 YES(SPECIFY) 5
 CD14D

SPECIFY: _____

CD3RA1
 CD4A12
 CDICDGI-17

E. How many times have you done something like use a credit card without permission or sign someone else's name on a check? **IF DK, ASK E1.** CD14E _____ TIMES*
 * MARK TALLY IF: MORE THAN ONCE
 OR I14C + I14E = 2 OR MORE

1. **IF DK,** Was it

1 TIME 1
 2 TIMES 2*
 3-5 TIMES 3*
 6-10 TIMES 4*
 11+ TIMES 5*
 CD14E1

BOX I14E:
IF I14A, I14B, AND I14D ARE ALL CODED 1; SKIP TO I15A.
OTHERS, CONTINUE.

F. How old were you the first time you (NAME POSITIVES IN I14A-D)? CD14F_1 AGE ONS: _____
 CD14F_2 ONS: 1 2 3 4 5

G. How old were you the last time you did anything like that? CD14G_1 AGE REC: _____
 CD14G_2 REC: 1 2 3 4 5

(E15)
CD3RA12
CD4A6
CDICDG1-20

I15A. Have you ever threatened other kids until they gave you something, like their lunch money? Have you ever mugged someone (held them up with a gun or knife) or snatched their purse?

NO . .(SKIP TO I16A) . 1
ALC/DRUG ONLY .(SPECIFY) 3
YES(SPECIFY) 5*
CD15A

SPECIFY: _____

B. How many times have you done something like that? **IF DK, ASK B1.**

CD15B ___ TIMES

1. **IF DK,** Was it . . .

1 TIME 1
2 TIMES 2
3-5 TIMES 3
6-10 TIMES 4
11+ TIMES 5

CD15B1

C. How old were you when you (first/last) did something like that?

CD15C_1 AGE ONS: _____
CD15C_2 ONS: 1 2 3 4 5

CD15C_3 AGE REC: _____
CD15C_4 REC: 1 2 3 4 5

(E9)
CD3RA6
CD4A10
CDICDG1-23

I16A. Have you ever broken into somebody else's house, building, or car?

NO . .(SKIP TO I17A) . 1
ALC/DRUG ONLY .(SPECIFY) 3
YES(SPECIFY) 5*
CD16A

SPECIFY WHAT HAPPENED: _____

B. How many times have you done something like that? **IF DK, ASK B1.**

CD16B ___ TIMES

1. **IF DK,** Was it . . .

1 TIME 1
2 TIMES 2
3-5 TIMES 3
6-10 TIMES 4
11+ TIMES 5

CD16B1

C. How old were you the (first/last) time you broke into somebody else's house, building, or car?

CD16C_1 AGE ONS: _____
CD16C_2 ONS: 1 2 3 4 5

CD16C_3 AGE REC: _____
CD16C_4 REC: 1 2 3 4 5

(E6) I17A. Have you ever set a fire on purpose that NO . . (SKIP TO I18A) . . 1
 CD3RA4 you weren't supposed to set? ALC/DRUG ONLY 3
 YES 5
 CD17A

CD4A8 B. Have you ever set a fire because you wanted NO 1
 CDICDG1-16 to damage property? YES . . . (SPECIFY) . . 5*
 CD17B

SPECIFY WHAT HAPPENED AND HOW IT HAPPENED:

C. How many times have you set a fire on purpose? **IF DK, ASK C1.** CD17C _____ TIMES

1. **IF DK, Was it** 1 TIME 1
 2 TIMES 2
 3-5 TIMES 3
 6-10 TIMES 4
 11+ TIMES 5
 CD17C1

D. How old were you the (first/last) time you set a fire on purpose?
 CD17D_1 AGE ONS: _____
 CD17D_2 ONS: 1 2 3 4 5

CD17D_3 AGE REC: _____
 CD17D_4 REC: 1 2 3 4 5

(E10) I18A. Have you ever wrecked or destroyed someone NO . (SKIP TO I19A) . . 1
 CD3RA7 else's property on purpose? ALC/DRUG ONLY 3
 CD4A9 **For example:** YES 5*
 CDICDG1-15 CD18A

- breaking windows in a school or other building
- destroying computer files
- spray painting graffiti
- throwing rocks at cars
- throwing eggs at cars
- breaking toys
- tearing clothes

B. What happened? _____

C. How many times have you wrecked someone else's property on purpose? **IF DK, ASK C1.** CD18C _____ TIMES

1. **IF DK, Was it** 1 TIME 1
 2 TIMES 2
 3-5 TIMES 3
 6-10 TIMES 4
 11+ TIMES 5
 CD18C1

D. How old were you the (first/last) time you wrecked someone else's property on purpose?
 CD18D_1 AGE ONS: _____
 CD18D_2 ONS: 1 2 3 4 5

CD18D_3 AGE REC: _____
 CD18D_4 REC: 1 2 3 4 5

(E11)
CD3RA8
CD4A5
CDICDG1-14

I19A. Have you ever hurt or killed an animal on purpose, like a dog, cat, bird, gerbil, or a larger animal like a horse or cow?
DO NOT COUNT HUNTING OR INSECT KILLING.

NO . . (SKIP TO I20A) . 1
ALC/DRUG ONLY . (SPECIFY) 3
YES (SPECIFY) 5*

CD19A

SPECIFY: _____

B. How many times have you done that?
IF DK, ASK B1.

CD19B ___ TIMES

1. **IF DK**, Was it . . .

1 TIME 1
2 TIMES 2
3-5 TIMES 3
6-10 TIMES 4
11+ TIMES 5

CD19B1

C. How old were you the (first/last) time it happened?

CD19C_1 AGE ONS: _____
CD19C_2 ONS: 1 2 3 4 5

CD19C_3 AGE REC: _____
CD19C_4 REC: 1 2 3 4 5

CD4A1
CDICDG1-22

I20A. Have you often been a bully, hurting or being mean to other people on purpose?

NO 1
ALC/DRUG ONLY (SKIP TO C) 3
YES (SKIP TO C) 5*

CD20A

B. Have people often complained that you were a bully?

NO . (SKIP TO BOX I21) 1
ALC/DRUG ONLY 3
YES 5*

CD20B

C. How old were you the (first/last) time this happened?

CD20C_1 AGE ONS: _____
CD20C_2 ONS: 1 2 3 4 5

CD20C_3 AGE REC: _____
CD20C_4 REC: 1 2 3 4 5

BOX I21: IF NO SIBS, SKIP TO I21F.

I21A. Have you ever been in fights with your brother(s)/sister(s), not just screaming or arguing, but fights where you hit each other?

NO . . (SKIP TO F) . . . 1
 ALC/DRUG ONLY 3
 YES 5
 CD21A

CD3RA11 B. How many times have you started fights like that? **IF DK, ASK B1**

CD21B TIMES
IF 00, SKIP TO F

1. **IF DK**, Was it

NEVER . . (SKIP TO F) . . . 0
 1 TIME 1
 2 TIMES 2
 3-5 TIMES 3
 6-10 TIMES 4
 11+ TIMES 5
 CD21B1

C. Why do you get into fights with your brother(s)/sister(s)?

SPECIFY: _____

CD3RA11 CD4A2 D. In a fight that you started, have you ever physically hurt your brother(s)/sister(s) on purpose?

NO 1
 YES . . (SPECIFY) . . . 5*
 CD21D

SPECIFY INJURY: _____

E. How old were you the (first/last) time you started a fight with your brother(s)/sister(s)?

CD21E_1 AGE ONS:
 CD21E_2 ONS: 1 2 3 4 5

CD21E_3 AGE REC:
 CD21E_4 REC: 1 2 3 4 5

(E13) F. Have you ever been in fights with other people, where you hit each other?

NO . . (SKIP TO I22A) . . . 1
 ALC/DRUG ONLY 3
 YES 5
 CD21F

CD3RA11 CD4A2 CDICDG1-10 G. How many times have you started these fights? **IF DK, ASK G1.**

CD21G TIMES: *
IF 00, SKIP TO I22A
*** MARK TALLY IF 3 OR MORE TIMES**

1. **IF DK**, Was it

NEVER . (SKIP TO I22A) . . . 0
 1 TIME 1
 2 TIMES 2
 3-5 TIMES 3*
 6-10 TIMES 4*
 11+ TIMES 5*
 CD21G1

H. How old were you the (first/last) time you started a fight with someone other than your brother(s)/sister(s)?

CD21H_1 AGE ONS:
 CD21H_2 ONS: 1 2 3 4 5

CD21H_3 AGE REC:
 CD21H_4 REC: 1 2 3 4 5

(E14)
CD4A3
CDICDG1-11

I22A. Have you ever used weapons like sticks, rocks, or sharp objects when you've been fighting or trying to hurt someone? (Did you ever use a knife or a gun?)
SPECIFY: _____

NO . . (SKIP TO I23A) . 1
ALC/DRUG ONLY . (SPECIFY) 3
YES (SPECIFY) 5*
CD22A

CD3RA10

B. How many times have you used things besides your hands in a fight or to hurt someone?
IF DK, ASK B1.

CD22B _____ TIMES

1. **IF DK,** Was it

1 TIME 1
2 TIMES 2
3-5 TIMES 3
6-10 TIMES 4
11+ TIMES 5

CD22B1

C. How old were you the (first/last) time you used (OBJECT) or anything else?

CD22C_1 AGE ONS: _____
CD22C_2 ONS: 1 2 3 4 5

CD22C_3 AGE REC: _____
CD22C_4 REC: 1 2 3 4 5

(E16)
CD3RA13
CD4A4
CDICDG1-13

I23A. Have you done anything on purpose to physically hurt another person without using a weapon?

NO . . (SKIP TO I24) . 1
YES 5
CD23A

EXAMPLE: TWISTING THEIR ARM BEHIND THEIR BACK SO IT REALLY HURT, HOLDING THEIR HEAD UNDER WATER FOR A LONG TIME, BURNING SOMEBODY, SLAMMING THEM AGAINST A WALL, OR ANYTHING ELSE LIKE THAT?

1. Did this happen only during a fight?

NO 1
ALC/DRG ONLY (SKIP TO I24) 3
YES (SKIP TO I24) 5

CD23A1

B. What did you do?

C. How many times have you hurt another person on purpose (when you were not fighting)?
IF DK, ASK C1.

CD23C _____ TIMES*

1. **IF DK,** Was it

1 TIME 1*
2 TIMES 2*
3-5 TIMES 3*
6-10 TIMES 4*
11+ TIMES 5*

CD23C1

D. How old were you the (first/last) time you hurt someone on purpose?

CD23D_1 AGE ONS: _____
CD23D_2 ONS: 1 2 3 4 5

CD23D_3 AGE REC: _____
CD23D_4 REC: 1 2 3 4 5

(E12)
CD3RA9
CD4A7
CDICDG1-21

I24. Have you ever made someone do sexual things with you?
RECORD ONLY IF VOLUNTEERED:

NO . . (SKIP TO I25A) . 1
ALC/DRUG ONLY 3
YES (RECORD ONLY IF VOLUNTEERED) . . 5*

CD24

(E17) I25A. Have you ever been in trouble with the police? NO . . . (SKIP TO C) . . . 1
 ALC/DRUG ONLY 3
 YES 5
 CD25A CD25B___ __ TIMES

B. How many times have you been in trouble with the police? IF DK, ASK B1.

1. IF DK, Was it 1 TIME 1
 2 TIMES 2
 3-5 TIMES 3
 6-10 TIMES 4
 11+ TIMES 5
 CD25B1

RECORD ALL EPISODES ALONG WITH RESULTS & AGES

<u>INCIDENT</u>	<u>RESULT</u>	<u>AGE</u>
_____	_____	CD25B2_1
_____	_____	CD25B2_2
_____	_____	CD25B2_3
_____	_____	CD25B2_4

C. Have you ever had to go to juvenile court because of something you did? NO . . (SKIP TO E) . . . 1
 ALC/DRUG ONLY 3
 YES 5
 CD25C CD25D___ __ TIMES

D. How many times have you had to go to juvenile court? IF DK, ASK D1.

1. IF DK, Was it 1 TIME 1
 2 TIMES 2
 3-5 TIMES 3
 6-10 TIMES 4
 11+ TIMES 5
 CD25D1

DO NOT COUNT MULTIPLE APPEARANCES FOR THE SAME INCIDENT.
RECORD ALL EPISODES ALONG WITH AGES.

<u>REASON</u>	<u>AGE</u>
_____	CD25D2_1
_____	CD25D2_2
_____	CD25D2_3
_____	CD25D2_4

- E. Have you ever spent time in juvenile detention or in jail?
- F. How many times have you (been in juvenile detention/served time in jail)?
IF DK, ASK F1.
 - 1. **IF DK,** Was it . . .

NO . (SKIP TO BOX I26) 1
 ALC/DRUG ONLY 3
 YES 5

CD25E

CD25F ___ TIMES

1 TIME 1
 2 TIMES 2
 3-5 TIMES 3
 6-10 TIMES 4
 11+ TIMES 5

CD25F1

RECORD ALL EPISODES ALONG WITH AGES.

REASON

AGE

CD25F2_1

CD25F2_2

BOX I26:
IF 3 OR MORE MARKS ON TALLY I, CONTINUE.
OTHERS; SKIP TO I28A.

CD3R
CD4A
CDICD

I26. You told me that you (LIST SX ON TALLY I).
 Did 3 or more of these ever happen in the
 same 6-month period? **IF YES, ASK:** Which
 ones?
CIRCLE SX THAT CLUSTER.

NO . (SKIP TO I28A) . . 1
 YES 5
 CD26

A. How old were you the first/last time?

CD26A_1 AGE ONS: ___ t
 CD26A_2 ONS: 1 2 3 4 5

CD26A_3 AGE REC: ___ t
 CD26A_4 REC: 1 2 3 4 5

BOX I27:
IF R HAD 1+ BOX MARKED ON ALCOHOL, MARIJUANA, OR DRUG TALLY SHEET A, CONTINUE.
OTHERS, SKIP TO I28A.

I27. We talked about doing things that could have gotten you in trouble. You
 said that (NAME SYMPTOM(S)) first happened at (AGE).

IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A,
HAND TALLY(IES) TO R AND ASK A.
OTHERS, SKIP TO B.

CLUSTERING
AT ONSET

A. Around the time these things first started,
 were you having experiences from 3 or more
 boxes found on this (ALC/MJ/DRUG) sheet?

NO 1
 YES .(SKIP TO I28A) . . 5
 CD27A

HEAVY USE
WHEN NOT
CLUSTERING

B. Around the time these things first started,
 were you (drinking heavily/using DRUGS) daily
 or almost daily?

NO 1
 YES 5
 CD27B

Now I'm going to ask you some questions about sexual behavior.

I28A. Have you ever had sexual intercourse with
 someone?

NO . (SKIP TO J1, P.93) . 1
 YES 5
 CD28A

B. How old were you when you had sexual
 intercourse for the first time?

___ CD28B ___ AGE

C. During your life, how many different people
 have you had sexual intercourse with?

CD28C ___ NUMBER

Now I'd like to ask some questions about your feelings.

BEGIN SCORING *'S ON TALLY SHEET FOR SECTION J.

J1. Are you the kind of person who feels sad, unhappy or depressed a lot of the time? NO 1
YES 5
DP1

FOR EACH SX, ASK A AND CODE IN COL. A.

**BEFORE CODING YES IN COL. A.; ASK PROBE,
"Is this a lot different from the way you usually feel?"**

IF YES TO A, ASK B AND CODE IN COL. B.
IF YES TO B, ASK C AND CODE IN COL. C.

- (J2) A. During the past two weeks . . .
- (J3) B. Have you been feeling that way for at least four days in a week?
- (J3) C. Did you feel that way most of the day; for example, in the morning and evening, or most of the afternoon and evening?

		<u>COL. A</u>		<u>COL. B</u>		<u>COL. C</u>	
		<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
DEP3RA1 DEP4A1 DEPICDB1	1. Have you been feeling <u>very</u> sad, unhappy or depressed?	DP1A_1		DP1B_1		DP1B_1	
		1	5	1	5	1	5*
DEP3RA1 DEP4A1	2. Have you often felt like crying? . . .	DP1A_2		DP1B_2		DP1B_2	
		1	5	1	5	1	5*
DEP3RA1 DEP4A1 DEPICDB2	3. Have you felt that nothing seemed fun anymore?	DP1A_3		DP1B_3		DP1B_3	
		1	5	1	5	1	5*
DEP3RA2 DEP4A2 DEPICDB2	4. Have you not wanted to do things you usually like?	DP1A_4		DP1B_4		DP1B_4	
		1	5	1	5	1	5*
DEP3RA1 DEP4A1	5. Have you felt irritable or angry? . . .	DP1A_5		DP1B_5		DP1B_5	
		1	5	1	5	1	5*

**IF NO 5'S IN COL. C, SKIP TO J7.
OTHERS, CONTINUE.**

DEP3RA6 DEP4A6 DEPICDB3	6. Have you felt more tired?	DP1A_6		DP1B_6		DP1B_6	
		1	5	1	5	1	5*

J2A. How old were you when these feelings of (NAME 5*'S IN J1, COL. C) began? DP2A_1 AGE ONS: ___ ___
___ ___ / ___ ___
MONTH YEAR
DP2A_2 DP2A_3

DEP3RA
DEP4A B. How long have you been feeling (sad, irritable, tired, or not interested in things)? DP2B_1 ___ ___ UNITS
CODE UNITS:
DAYS 1
WEEKS 2
MONTHS 3
YEARS 4
DP2B_2

(J5) J3. Has there been anything going on in your life that has been making you feel bad or has been making you have these problems we've been talking about? NO . . . (SKIP TO BOX J4) . . . 1
 YES . . . (CODE BELOW) . . . 5
 DP3_1
CODE ALL: NO YES
 PARENTAL CONFLICT . . . 1 5
 DP3_2
 PARENT/CHILD PROBLEMS . . . 1 5
 DP3_3
 PEER PROBLEMS 1 5
 DP3_4
 ROMANTIC PEER PROBLEMS . . . 1 5
 DP3_5
 MOVING 1 5
 DP3_6
 ILLNESS/DEATH (OTHER'S) . . . 1 5
 DP3_7
 ILLNESS (SELF) 1 5
 DP3_8
 DP3_8A CODE: ____ ____ ____
 OTHER . . (SPECIFY) . . . 1 5
 DP3_9

SPECIFY OTHER: _____

**BOX J4:
 IF NEVER USED ALCOHOL, SKIP TO BOX J5.**

J4A. Were you drinking alcohol during the 6 weeks before you began to feel (NAME MOOD)? NO . . (SKIP TO BOX J5) . . 1
 YES 5
 DP4A

B. How many days a week did you usually drink? DP4B ____ DAYS
IF 2 OR FEWER, SKIP TO E.

C. How many drinks would you usually have in one day? DP4C ____ DRINKS

D. **CODE SILENTLY:** NO 1
DOES USUAL DRINKING = 3(+) DRINKS ON 3(+) DAYS/WEEK? YES . (SKIP TO J19A, P.100 AND CODE CURRENT EPISODE . 5
 DP4D

E. During the 6 weeks before you began to feel (NAME MOOD), what was the largest number of drinks you had in one day? DP4E ____ DRINKS
IF 2 OR FEWER, SKIP TO BOX J5.

F. How many days a week did you usually have at least 3 drinks? DP4F ____ DAYS

G. **CODE SILENTLY:** NO 1
DOES MAXIMUM DRINKING = 3(+) DRINKS FOR 2(+) DAYS/WEEK? YES . (SKIP TO J19A, P.100 AND CODE CURRENT EPISODE . 5
 DP4G

DEP3RB1
 DEP4D
 AHUICD-10

DEP3RB1
 DEP4D
 AHUICD-10

**BOX J5:
IF NEVER USED MJ OR DRUGS, SKIP TO J6A.**

SHOW R CARD J-1.

COC AMP OP HAL BAR MJ OTH

DEP3RB1
DEP4D
DHUICD-10

J5A.	During the 6 weeks before you began to feel (NAME MOOD), did you use any of these drugs or take any prescription drugs more than you were supposed to?	NO	1	1	1	1	1	1	1
		YES	5	5	5	5	5	5	5
			DP5A_1-DP5A_7						

**IF NO TO ALL IN J5A, SKIP TO J6A.
OTHERS, CONTINUE ONLY FOR DRUGS CODED 5 IN J5A.**

B.	Did you use any of these drugs every day or almost every day?	NO	1	1	1	1	1	1	1
		YES	5	5	5	5	5	5	5
			DP5B_1-DP5B_7						

IF NO TO ALL IN J5B, SKIP TO J6A.

C.	How many days a week did you usually use (DRUG)?	DAYS:	___	___	___	___	___	___	___
			DP5C_1-DP5C_7						
D.	How many times a day did you usually use (DRUG)?	TIMES:	___	___	___	___	___	___	___
			DP5D_1-DP5AD_7						
E.	During the 6 weeks before you began to feel (NAME MOOD), what was the largest number of times you used (DRUG) in one day?	TIMES:	___	___	___	___	___	___	___
			DP5E_1-DP5E_7						
F.	During that 6 weeks, how many times did you use (DRUG)?	TIMES:	___	___	___	___	___	___	___
	LARGEST NUMBER OF TIMES PER DAY		DP5F_1-DP5F_7						

SKIP TO J19A, P.100 AND CODE CURRENT EPISODE.

DEP3RB1
DEP4D

J6A.	Did your feelings of (NAME MOOD) begin within 6 weeks of starting a new medicine or changing the amount of a medicine you were already taking?	NO . (SKIP TO J19A, P.100 AND CODE CURRENT EPISODE .	1
		YES	5
			DP6A

B.	What medicine did you take?		DP6B_1 CODE:	___	___	___
	_____		DP6B_2 CODE:	___	___	___

SKIP TO J19A, P.100 AND CODE CURRENT EPISODE.

(J6) J7. Has there been any other time in your life when you felt sad, unhappy, or depressed? NO .(SKIP TO BOX J34, P.105) 1
 YES 5
 DP7

FOR EACH SX, ASK A AND CODE IN COL. A.

BEFORE CODING YES IN COL. A.; ASK PROBE,
 "Is/Was this a lot different from the way you usually feel?"

IF YES TO A, ASK B AND CODE IN COL. B.
 IF YES TO B, ASK C AND CODE IN COL. C.

A. During the worst time . . .

(J7) B. Did you feel that way for at least four days in a week?

(J7) C. Did you feel that way most of the day; for example, in the morning and evening, or most of the afternoon and evening?

		<u>COL. A.</u>		<u>COL. B.</u>		<u>COL. C.</u>	
		<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
DEP3RA1 DEP4A1 DEPICDB1	1. Did you feel <u>very</u> sad, unhappy or depressed?	1	5	1	5	1	5*
DEP3RA1 DEP4A1	2. Did you often feel like crying?	1	5	1	5	1	5*
DEP3RA2 DEP4A2 DEPICDB2	3. Did you feel that nothing seemed fun anymore?	1	5	1	5	1	5*
DEP3RA2 DEP4A2 DEPICDB2	4. Did you not want to do things you usually liked?	1	5	1	5	1	5*
DEP3RA1 DEP4A1	5. Did you feel irritable or angry? . . .	1	5	1	5	1	5*

IF NO 5'S IN COL. C; SKIP TO BOX J34, P.105.
 OTHERS, CONTINUE.

DEP3RA6 DEP4A6 DEPICDB3	6. Did you feel more tired?	1	5	1	5	1	5*
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J8. How old were you when this really bad period of feeling (NAME 5*'S IN J7, COL. C) began? DP8_1 AGE ONS: ___ ___
 ___ ___ / ___ ___
 MONTH YEAR
 DP8_2 DP8_3

DEP3RA DEP4A J9. How long did it last? DP9_1 ___ ___ UNITS

CODE UNITS:
 DAYS 1
 WEEKS 2
 MONTHS 3
 YEARS 4
 DP9_2

(J11) J10. Was there anything going on in your life that made you feel bad or was making you have these problems we've been talking about?

SPECIFY OTHER: _____

NO . . (SKIP TO BOX J11) . . . 1
 YES . . . (CODE BELOW) . . . 5
 DP10_1

CODE ALL: NO YES
 PARENTAL CONFLICT . . . 1 5
 DP10_2
 PARENT/CHILD PROBLEMS . . . 1 5
 DP10_3
 PEER PROBLEMS 1 5
 DP10_4
 ROMANTIC PEER PROBLEMS . . . 1 5
 DP10_5
 MOVING 1 5
 DP10_6
 ILLNESS/DEATH (OTHER'S) . . . 1 5
 DP10_7
 ILLNESS (SELF) 1 5
 DP10_8

DP10_8A CODE: _____
 OTHER . . (SPECIFY) . . . 1 5
 DP10_9

**BOX J11:
 IF NEVER USED ALCOHOL, SKIP TO BOX J12.**

(J10) J11A. Were you drinking alcohol during the 6 weeks before this time you began to feel (NAME MOOD)?

NO (SKIP TO BOX J12) 1
 YES 5
 DP11A

B. How many days a week did you drink? DP11B ___ DAYS
 IF 2 OR FEWER, SKIP TO E.

C. How many drinks would you usually have in one day? DP11C ___ DRINKS

D. **CODE SILENTLY:**
 DOES USUAL DRINKING = 3(+) DRINKS ON 3(+) DAYS PER WEEK?

NO 1
 YES . . . (SKIP TO J14A) . . . 5
 DP11D

E. During the 6 weeks before you began to feel (NAME MOOD), what was the largest number of drinks you had in one day? DP11E ___ DRINKS
 IF 2 OR FEWER, SKIP TO BOX J12.

F. How many days a week did you have at least 3 drinks? DP11F ___ DAYS

G. **CODE SILENTLY:**
 DOES MAXIMUM DRINKING = 3(+) DRINKS FOR 2(+) DAYS PER WEEK?

NO 1
 YES . . . (SKIP TO J14A) . . . 5
 DP11G

DEP3RB1
 DEP4D
 AHUICD-10

DEP3RB1
 DEP4D
 AHUICD-10

BOX J12:
IF NEVER USED MJ OR DRUGS, SKIP TO J13A.

SHOW R CARD J-1.

COC AMP OP HAL BAR MJ OTH

(J10) DEP3RB1 DEP4D DHUICD-10	J12A. During the 6 weeks before you began to feel (NAME MOOD), did you use any of these drugs or take any prescription drugs more than you were supposed to?	NO YES DP12A_1-DP12A_7	1 5	1 5	1 5	1 5	1 5	1 5	1 5
--	--	------------------------------	--------	--------	--------	--------	--------	--------	--------

IF NO TO ALL IN J12A, SKIP TO J13A.
OTHERS, CONTINUE ONLY FOR DRUGS CODED 5 IN J12A.

B. Did you use any of these drugs every day or almost every day?	NO YES DP12B_1-DP12B_7	1 5	1 5	1 5	1 5	1 5	1 5	1 5
--	------------------------------	--------	--------	--------	--------	--------	--------	--------

IF NO TO ALL IN J12B, SKIP TO J13A.

C. How many days a week did you usually use (DRUG)?	DAYS: _____ DP12C_1-DP12C_7	_____	_____	_____	_____	_____	_____	_____
D. How many times a day did you usually use (DRUG)?	TIMES: _____ DP12D_1-DP12D_7	_____	_____	_____	_____	_____	_____	_____
E. During the 6 weeks before you began to feel (NAME MOOD), what was the <u>largest</u> number of times you used (DRUG) in one day?	TIMES: _____ DP12E_1-DP12E_7	_____	_____	_____	_____	_____	_____	_____
F. During that 6 weeks, how many days did you use (DRUG) that much (# in E)?	DAYS: _____ DP12F_1-DP12F_7	_____	_____	_____	_____	_____	_____	_____

SKIP TO J14A.

DEP3RB1 DEP4D	J13A. Did your feeling of (NAME MOOD) begin within 6 weeks of starting a new medicine or changing the amount of a medicine you were already taking?	NO . (SKIP TO J19A, P.100 AND CODE PAST EPISODE) . . . 1 YES 5 DP13A
------------------	---	--

B. What medicine did you take?	_____	DP13B_1 CODE: _____
	_____	DP13B_2 CODE: _____

IF MEDICINE IS NOT ON CARD J-2;
SKIP TO J19A, P.100 AND CODE THIS PAST EPISODE.

(J12) J14A. Have you ever had another really bad time that lasted more than one day when you were feeling (NAME SX IN J7A.1-6), and had not been (drinking, using drugs, or taking medicine)?

DEP3RA1 NO .(SKIP TO J19A, P.100 AND CODE EPISODE REPORTED IN J7) 1
DEP3RA2 YES 5
DEP3RB1 DP14A
DEP4A
DEP4A1
DEP4A2

1. Was it as long as four days?

NO .(SKIP TO J19A, P.100 AND CODE EPISODE REPORTED IN J7) 1
YES 5
DP14A_1

2. Did this bad time last most of the day? For example, in the morning and afternoon or in the afternoon and evening?

NO .(SKIP TO J19A, P.100 AND CODE EPISODE REPORTED IN J7) 1
YES 5
DP14A_2

DEP3RA1 B. Were you feeling sad, unhappy, depressed, or irritable?
DEP4A2

NO 1
YES 5
DP14B

DEP3RA2 C. Did you stop wanting to do the things you liked or stop having fun doing things you liked?
DEP4A2

NO 1
YES 5
DP14C

DEP3RA6 D. Did you feel more tired?
DEP4A6
DEPICDB3

NO 1
YES 5
DP14D

(J13) J15. How old were you when this time began? DP15_1 AGE ONS: ___ ___

___ ___ / ___ ___

MONTH YEAR
DP15_2 DP15_3

(J14) J16. How long did it last? DP16_1 ___ ___ UNITS
DEP3RA
DEP4A

CODE UNITS:
DAYS 1
WEEKS 2
MONTHS 3
YEARS 4
DP16_2

(J15) J17. Was there anything going on in your life that made you feel bad or was making you have these problems we've been talking about?

NO . . . (SKIP TO BOX) . . . 1
YES . . . (CODE BELOW) . . . 5
DP17_1

CODE ALL: NO YES
PARENTAL CONFLICT . . . 1 5
DP17_2
PARENT/CHILD PROBLEMS . . . 1 5
DP17_3
PEER PROBLEMS 1 5
DP17_4
ROMANTIC PEER PROBLEMS . . . 1 5
DP17_5
MOVING 1 5
DP17_6
ILLNESS/DEATH (OTHER'S) . . . 1 5
DP17-7
ILLNESS (SELF) 1 5
DP17_8

DP17_8A CODE: ___ ___

OTHER . . (SPECIFY) . . . 1 5
DP17_9

CODE THIS EPISODE IN MOST SEVERE PAST EPISODE COLUMN.

During the past two weeks ... During your worst period when you were (CHECK AGE IN J8/J15) years old ...	CURRENT EPISODE	MOST SEVERE PAST EPISODE
J18. OMITTED		
DEP3RA3 DEP4A3 DEPICD7 J19A. Did you eat a lot less than usual?	NO 1 YES .(SKIP TO J20A) 5* DP19A_1	NO 1 YES.(SKIP TO J20A) 5* DP19A_2
DEP3RA3 DEP4A3 DEPICD7 1. Did you feel a lot less hungry, but ate anyway because someone made you?	NO 1 YES 5* DP19A1_1	NO 1 YES 5* DP19A1_2
DEP3RA3 DEP4A3 DEPICD7 J20A. Did you eat a lot more than usual?	NO 1 YES.(SKIP TO J21A) 5* DP20A_1	NO 1 YES.(SKIP TO J21A) 5* DP20A_2
DEP3RA3 DEP4A3 DEPICD7 1. Did you feel a lot more hungry than usual, but couldn't eat more because someone wouldn't let you?	NO 1 YES 5* DP20A1_1	NO 1 YES 5* DP20A1_2
DEP3RA4 DEP4A4 DEPICD6 J21A. Did you have <u>a lot more trouble</u> than usual falling asleep at night?	NO 1 YES 5* DP21A_1	NO 1 YES 5* DP21A_2
DEP3RA4 DEP4A4 DEPICD6 B. Did you wake up in the middle of the night and have a hard time getting back to sleep?	NO 1 YES 5* DP21B_1	NO 1 YES 5* DP21B_2
DEP3RA4 DEP4A4 DEPICD6 C. Did you wake up <u>very early</u> in the morning and couldn't get back to sleep?	NO 1 YES 5* DP21C_1	NO 1 YES 5* DP21C_2
DEP3RA4 DEP4A4 DEPICD6 D. Did you sleep a lot <u>more</u> than usual? For example, did you sleep during the day or go to bed early at night?	NO 1 YES 5* DP21D_1	NO 1 YES 5* DP21D_2

During the past two weeks ... During your worst period when you were (CHECK AGE IN J8/J15) years old ...		CURRENT EPISODE	MOST SEVERE PAST EPISODE
DEP3RA5 DEP4A5 DEPICDC5	J22. Did you have a lot more trouble than usual keeping still, so that even other people could have noticed it?	NO 1 YES 5* DP22_1	NO 1 YES 5* DP22_2
(PROBE: DID YOU HAVE TO GET UP AND WALK AROUND DURING DINNER OR WHEN YOU WERE WATCHING TV? WAS IT HARD TO SIT STILL IN SCHOOL?)			
DEP3RA5 DEP4A5 DEPICDC5	J23. Did you feel slowed down, so slowed down that other people could have noticed it?	NO 1 YES 5* DP23_1	NO 1 YES 5* DP23_2
(PROBE: DID IT TAKE YOU LONGER TO MOVE AROUND? WERE YOU WALKING OR TALKING MORE SLOWLY? DID IT SEEM TO YOU THAT YOU WERE THINKING MORE SLOWLY?)			
(J25) DEP3RA7 DEP4A7 DEPICDC1	J24. Did you feel like everything you did was wrong or that you just weren't any good?	NO 1 YES 5* DP24_1	NO 1 YES 5* DP24_2
(J26) DEP3RA7 DEP4A7 DEPICDC2	J25. Did you feel that everything was your fault or did you feel guilty about a lot of things?	NO 1 YES 5* DP25_1	NO 1 YES 5* DP25_2
(PROBE: DID YOU FEEL THAT FAMILY PROBLEMS WERE YOUR FAULT? DID YOU FEEL GUILTY ABOUT PROBLEMS AT SCHOOL OR WITH FRIENDS?)			
DEP3RA7 DEP4A7 DEPICDC1	A. Did you feel like nothing would ever work out for you?	NO 1 YES 5* DP25A_1	NO 1 YES 5* DP25A_2
(J27) DEP3RA8 DEP4A8 DEPICDC4	J26A. Did you have more trouble than usual keeping your mind on what you were supposed to be doing, or did you have trouble paying attention to what you were doing?	NO 1 YES 5* DP26A_1	NO 1 YES 5* DP26A_2
DEP3RA8 DEP4A8 DEPICDC4	B. Did other people say that you were having trouble keeping your mind on things?	NO 1 YES 5* DP26B_1	NO 1 YES 5* DP26B_2
(J28) DEP3RA8 DEP4A8 DEPICDC4	J27A. Did you have <u>a lot</u> more trouble than usual making up your mind about things?	NO 1 YES 5* DP27A_1	NO 1 YES 5* DP27A_2
DEP3RA8 DEP4A8 DEPICDC4	B. Did other people say that you were having trouble making up your mind?	NO 1 YES 5* DP27B_1	NO 1 YES 5* DP27B_2

During the past two weeks ... During your worst period when you were (CHECK AGE IN J8/J15) years old ...	CURRENT EPISODE	MOST SEVERE PAST EPISODE
<p>(J29) DEP3RA9 DEP4A9 DEPICDC3</p> <p>J28A. Were there times when things seemed so bad that you wished you were dead?</p> <p>DEP3RA9 DEP4A9 DEPICDC3</p> <p>B. Did you think a lot about being dead or dying?</p> <p>DEP3RA9 DEP4A9 DEPICDC3</p> <p>C. Did you make a plan about how you might kill yourself?</p> <p>DEP3RA9 DEP4A9 DEPICDC3</p> <p>D. Did you try to kill yourself?</p>	<p>NO 1 YES 5* DP28A_1</p> <p>NO 1 YES 5* DP28B_1</p> <p>NO 1 YES 5* DP28C_1</p> <p>NO 1 YES 5* DP28D_1</p>	<p>NO 1 YES 5* DP28A_2</p> <p>NO 1 YES 5* DP28B_2</p> <p>NO 1 YES 5* DP28C_2</p> <p>NO 1 YES 5* DP28D_2</p>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>FOR ANY 5 IN A-D, ASK E. OTHERS, SKIP TO J29.</p> </div>	<p>NO 1 YES . . (SPECIFY) . 5 DP28E_1</p> <p>SPECIFY FEELINGS: _____ _____ _____</p>	<p>NO 1 YES . . (SPECIFY) . 5 DP28E_2</p> <p>SPECIFY FEELINGS: _____ _____ _____</p>
<p>J29. INTERVIEWER BOX:</p>	<p>IF 3 OR FEWER BOXES ON TALLY, SKIP TO J33A. IF 4 OR MORE, CONTINUE.</p>	<p>IF 3 OR FEWER BOXES ON TALLY, SKIP TO J33A. IF 4 OR MORE, CONTINUE.</p>
<p>SHOW R TALLY J</p> <p>J30A. You've told me that you felt (sad, uninterested, or irritable, etc.). Were you also having problems with (appetite, sleeping, concentrating, etc.) at that time?</p> <p>1. Did most of these problems happen most of the day, nearly every day?</p> <p>DEP3RA DEP4A DEPICDG1</p> <p>B. Did it last 2 weeks or more?</p> <p>C. When did it begin?</p> <p>D. How long did it last?</p>	<p>NO. (SKIP TO J31A) 1 YES 5 DP30A_1</p> <p>NO 1 YES 5 DP30A1_1</p> <p>NO. (SKIP TO J31A) 1 YES 5 DP30B_1</p> <p>__ __ / __ __ __ t MONTH YEAR DP30C1_1 DP30C2_1</p> <p>DP30D_1__ __ WEEKS</p>	<p>NO. (SKIP TO J31A) 1 YES 5 DP30A_2</p> <p>NO 1 YES 5 DP30A1_2</p> <p>NO. (SKIP TO J31A) 1 YES 5 DP30B_2</p> <p>__ __ / __ __ __ t MONTH YEAR DP30C1_2 DP30C2_2</p> <p>DP30D_2__ __ WEEKS</p>

During the past two weeks... During your worst period when you were (CHECK AGE IN J8/J15) years old...	CURRENT EPISODE	MOST SEVERE PAST EPISODE																														
J31A. Did you feel like this <u>only</u> because someone close to you died? 1. Did the feelings begin within 6 months after (PERSON's) death? 2. When did (PERSON) die?	NO . (SKIP TO B) . 1 YES. (CODE BELOW) . 5 DP31A_1 DEATH OF FAMILY MEMBER.(SPECIFY) . 2 DEATH OF FRIEND . . 3 OTHER . (SPECIFY) . 5 SPECIFY: _____ DP31AA_1 NO . .(SKIP TO B) . 1 YES 5 DP31A1_1 ____ / ____ MONTH YEAR DP31A2A1 DP31A2B1	NO. .(SKIP TO B) . 1 YES .(CODE BELOW) . 5 DP31A_2 DEATH OF FAMILY MEMBER .(SPECIFY) 2 DEATH OF FRIEND . . 3 OTHER . (SPECIFY) . 5 SPECIFY: _____ DP31AA_2 NO. .(SKIP TO B) . 1 YES 5 DP31A1_2 ____ / ____ MONTH YEAR DP31A2A2 DP31A2B2																														
DEP3RB2 DEP4E B. Did you feel like this <u>only</u> while you were very sick?	NO 1 YES . .(SPECIFY) . 5 DP31B_1 SPECIFY: _____ CODE: ____ ____ ____ DP31B1_1	NO 1 YES . .(SPECIFY) . 5 DP31B_2 SPECIFY: _____ CODE: ____ ____ ____ DP31B1_2																														
DEP3RB1 DEP4D C. Did you feel like this <u>only</u> while you were taking medicine?	NO 1 YES . .(SPECIFY) . 5 DP31C_1 SPECIFY: _____ DP31C1_1 CODE: ____ ____ ____ DP31C2_1 CODE: ____ ____ ____ DP31C3_1 CODE: ____ ____ ____	NO 1 YES . .(SPECIFY) . 5 DP31C_1 SPECIFY: _____ DP31C1_2 CODE: ____ ____ ____ DP31C2_2 CODE: ____ ____ ____ DP31C3_2 CODE: ____ ____ ____																														
(J33) DEP4C J32. Did having these feelings change things for you at/with ... COUNT NEGATIVE EFFECTS ONLY.	<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>NO</u></td> <td style="text-align: center;"><u>YES</u></td> </tr> <tr> <td>SCHOOL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> </tr> <tr> <td>HOME</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> </tr> <tr> <td>FRIENDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> </tr> <tr> <td>OTHER (SPECIFY) 1</td> <td style="text-align: center;">5</td> <td></td> </tr> </table> DP32_1_1 SPECIFY: _____ <div style="border: 1px solid black; padding: 5px; text-align: center;"> IF ALL NO, SKIP TO J33A. FOR ANY 5's, ASK A. </div>		<u>NO</u>	<u>YES</u>	SCHOOL	1	5	HOME	1	5	FRIENDS	1	5	OTHER (SPECIFY) 1	5		<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>NO</u></td> <td style="text-align: center;"><u>YES</u></td> </tr> <tr> <td>SCHOOL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> </tr> <tr> <td>HOME</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> </tr> <tr> <td>FRIENDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> </tr> <tr> <td>OTHER (SPECIFY) 1</td> <td style="text-align: center;">5</td> <td></td> </tr> </table> DP32_1_2 SPECIFY: _____ <div style="border: 1px solid black; padding: 5px; text-align: center;"> IF ALL NO, SKIP TO J33A. FOR ANY 5's, ASK A. </div>		<u>NO</u>	<u>YES</u>	SCHOOL	1	5	HOME	1	5	FRIENDS	1	5	OTHER (SPECIFY) 1	5	
	<u>NO</u>	<u>YES</u>																														
SCHOOL	1	5																														
HOME	1	5																														
FRIENDS	1	5																														
OTHER (SPECIFY) 1	5																															
	<u>NO</u>	<u>YES</u>																														
SCHOOL	1	5																														
HOME	1	5																														
FRIENDS	1	5																														
OTHER (SPECIFY) 1	5																															

A. How much did things change with _____? (1) A little, (2) somewhat, or (3) a lot?	SCHOOL DP32A1_1 1 2 3	SCHOOL DP32A1_2 1 2 3
	HOME . DP32A2_1 1 2 3	HOME DP32A2_2 1 2 3
	FRIENDS DP32A3_1 1 2 3	FRIENDS DP32A3_2 1 2 3
	OTHER . DP32A4_1 1 2 3	OTHER . DP32A4_2 1 2 3

During the past two weeks... During your worst period when you were (CHECK AGE IN J8/J15) years old...	CURRENT EPISODE	MOST SEVERE PAST EPISODE
(J34) J33A. Did your parents ever take you to a doctor or any other professional because of the way you were feeling?	NO. .(SKIP TO E) . 1 YES 5 DP33A_1 AS AN OUTPATIENT	NO. .(SKIP TO E) . 1 YES 5 DP33A_2 AS AN OUTPATIENT
B. Did you see:		
1. a psychiatrist or a psychologist?	NO 1 YES 5 DP33B1_1	NO 1 YES 5 DP33B1_2
2. another medical doctor?	NO 1 YES 5 DP33B2_1	NO 1 YES 5 DP33B2_2
3. a school counselor or social worker?	NO 1 YES 5 DP33B3_1	NO 1 YES 5 DP33B3_2
4. someone like a minister, priest, or rabbi?	NO 1 YES 5 DP33B4_1	NO 1 YES 5 DP33B4_2
5. another professional?	NO 1 YES. . (SPECIFY) . 5 DP33B5_1	NO 1 YES. . (SPECIFY) . 5 DP33B5_2
C. How many times did you see (PERSON(S) CHILD SAW) for help?	SPECIFY: _____	SPECIFY: _____
D. Did you get any medicine?	DP33C_1 ___ ___ TIMES	DP33C_2 ___ ___ TIMES
	NO 1 YES. . (SPECIFY) . 5 DP33D_1	NO 1 YES. . (SPECIFY) . 5 DP33D_2
	SPECIFY: _____	SPECIFY: _____
	DP33D1_1 CODE:___ ___	DP33D1_2 CODE:___ ___
	DP33D2_1 CODE:___ ___	DP33D2_2 CODE:___ ___
E. Did you have to go into the hospital?	DP33D3_1 CODE:___ ___	DP33D3_2 CODE:___ ___
	NO.(SKIP TO BOX J33) 1 YES . .(SPECIFY) . 5	NO. (SKIP TO J34A) 1 YES . . (SPECIFY) . 5
F. How long did you stay in the hospital?	DP33E_1 SPECIFY: _____ DP33F_1 ___ ___ DAYS	DP33E_2 SPECIFY: _____ DP33F_2 ___ ___ DAYS

G. Did they give you any
medicine or pills while
you were in the hospital?

NO 1
YES. . (SPECIFY) . 5

NO 1
YES. . (SPECIFY) . 5

DP33G_1

DP33G_2

SPECIFY: _____

SPECIFY: _____

DP33G1_1 CODE: __ __ __

DP33G1_2 CODE: __ __ __

DP33G2_1 CODE: __ __ __

DP33G2_2 CODE: __ __ __

**BOX J33: GO BACK TO
J7 AND ASK ABOUT
MOST SEVERE PAST
EPISODE.**

**BOX J34:
 IF NO CURRENT OR PAST EPISODE; SKIP TO BOX K1, P.107.
 OTHERS, CONTINUE.**

- J34A. Have you had any other really bad periods of feeling sad, depressed or irritable for at least 2 weeks? NO (SKIP TO BOX J35) 1
 YES 5
 DP34A
- B. How many times like that have you had in your lifetime? DP34B ___ ___ TIMES
- C. How old were you the (first/last) time? DP34C_1 AGE ONS:___ ___
 RECORD ALL EPISODES ON TIMELINE. DP34C_2 ONS:1 2 3 4 5
- DP34C_3 AGE REC:___ ___
 DP34C_4 REC:1 2 3 4 5
- D. How many different times have you been in the hospital for feeling that way? DP34D ___ ___ TIMES
- E. How many different times have you been treated for these feelings without staying in a hospital? DP34E ___ ___ TIMES
-

BOX J35:
IF R HAD 1+ BOX MARKED ON ALCOHOL, MARIJUANA, OR DRUG TALLY SHEET A, CONTINUE.
OTHERS, SKIP TO BOX K1, P.107.

J35. FOR EACH EPISODE OF DEPRESSION, ASK A.

A. You said you had an episode of feeling (depressed/sad/down/irritable) that started at (AGE).

IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A, HAND TALLY(IES) TO R AND ASK 1. OTHERS, SKIP TO 2.

CLUSTERING PER EPISODE

1. Around the time this episode of feeling (depressed/sad/down/irritable) began, were you having experiences from 3 or more boxes on this (ALC/MJ/DRUG) sheet?

IF NO, CONTINUE TO 2.
IF YES, RECORD ON TIMELINE AND RETURN TO J35A FOR NEXT EPISODE OF DEPRESSION.
IF NO OTHER EPISODES, SKIP TO J35B.

HEAVY USE FOR THE EPISODES WHEN NOT CLUSTERING

2. Around the time this episode of feeling (depressed/sad/down/irritable) began, were you (drinking heavily/using DRUGS) daily or almost daily?

IF NO, RETURN TO J35A FOR NEXT EPISODE OF DEPRESSION.
IF YES, RECORD ON TIMELINE AND RETURN TO J35A FOR NEXT EPISODE OF DEPRESSION.
IF NO OTHER EPISODE, SKIP TO J35B.

B. So, according to the information on this timeline,

CLUSTERING FOR ALL EPISODES

1. ...your episodes of feeling (depressed/sad/down/irritable) (NEVER/SOMETIMES/ALWAYS) started around a time when you were experiencing some problems with alcohol, marijuana, or drugs?	NEVER 1 SOMETIMES 3 ALWAYS (SKIP TO BOX K1, P.107) 5 DP35B1
--	---

HEAVY USE FOR THE EPISODES WHEN NOT CLUSTERING

2. ...your episodes (that did <u>not</u> start when you were having problems with alcohol or drugs) (NEVER/SOMETIMES/ALWAYS) started around a time when you were drinking heavily or using drugs daily (or almost daily)?	NEVER 1 SOMETIMES 3 ALWAYS 5 DP35B2
---	---

Now I'd like to ask some questions about your feelings.

BEGIN SCORING *'S ON TALLY SHEET FOR SECTION J.

J1.	Are you the kind of person who feels sad, unhappy or depressed a lot of the time?	NO	1
		YES	5
		DP1	

FOR EACH SX, ASK A AND CODE IN COL. A.

**BEFORE CODING YES IN COL. A.; ASK PROBE,
"Is this a lot different from the way you usually feel?"**

IF YES TO A, ASK B AND CODE IN COL. B.
IF YES TO B, ASK C AND CODE IN COL. C.

- (J2) A. During the past two weeks . . .
- (J3) B. Have you been feeling that way for at least four days in a week?
- (J3) C. Did you feel that way most of the day; for example, in the morning and evening, or most of the afternoon and evening?

		<u>COL. A</u>		<u>COL. B</u>		<u>COL. C</u>	
		<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
DEP3RA1 DEP4A1 DEPICDB1	1. Have you been feeling <u>very</u> sad, unhappy or depressed?	DP1A_1		DP1B_1		DP1B_1	
		1	5	1	5	1	5*
DEP3RA1 DEP4A1	2. Have you often felt like crying? . . .	DP1A_2		DP1B_2		DP1B_2	
		1	5	1	5	1	5*
DEP3RA1 DEP4A1 DEPICDB2	3. Have you felt that nothing seemed fun anymore?	DP1A_3		DP1B_3		DP1B_3	
		1	5	1	5	1	5*
DEP3RA2 DEP4A2 DEPICDB2	4. Have you not wanted to do things you usually like?	DP1A_4		DP1B_4		DP1B_4	
		1	5	1	5	1	5*
DEP3RA1 DEP4A1	5. Have you felt irritable or angry? . . .	DP1A_5		DP1B_5		DP1B_5	
		1	5	1	5	1	5*

**IF NO 5'S IN COL. C, SKIP TO J7.
OTHERS, CONTINUE.**

DEP3RA6 DEP4A6 DEPICDB3	6. Have you felt more tired?	DP1A_6		DP1B_6		DP1B_6	
		1	5	1	5	1	5*

J2A. How old were you when these feelings of
(NAME 5*'S IN J1, COL. C) began? DP2A_1 AGE ONS: ___ ___

___ ___ / ___ ___

MONTH YEAR

DP2A_2 DP2A_3

DEP3RA
DEP4A B. How long have you been feeling (sad, irritable,
tired, or not interested in things)? DP2B_1 ___ ___ UNITS

CODE UNITS:

DAYS 1

WEEKS 2

MONTHS 3

YEARS 4

DP2B_2

(J5) J3. Has there been anything going on in your life that has been making you feel bad or has been making you have these problems we've been talking about? NO . . . (SKIP TO BOX J4) . . . 1
 YES . . . (CODE BELOW) . . . 5
 DP3_1
CODE ALL: NO YES
 PARENTAL CONFLICT . . . 1 5
 DP3_2
 PARENT/CHILD PROBLEMS . . . 1 5
 DP3_3
 PEER PROBLEMS 1 5
 DP3_4
 ROMANTIC PEER PROBLEMS . . . 1 5
 DP3_5
 MOVING 1 5
 DP3_6
 ILLNESS/DEATH (OTHER'S) . . . 1 5
 DP3_7
 ILLNESS (SELF) 1 5
 DP3_8
 DP3_8A CODE: ____ ____ ____
 OTHER . . (SPECIFY) . . . 1 5
 DP3_9

SPECIFY OTHER: _____

**BOX J4:
 IF NEVER USED ALCOHOL, SKIP TO BOX J5.**

J4A. Were you drinking alcohol during the 6 weeks before you began to feel (NAME MOOD)? NO . . (SKIP TO BOX J5) . . 1
 YES 5
 DP4A

B. How many days a week did you usually drink? DP4B ____ DAYS
IF 2 OR FEWER, SKIP TO E.

C. How many drinks would you usually have in one day? DP4C ____ DRINKS

DEP3RB1
 DEP4D
 AHUICD-10 D. **CODE SILENTLY:**
DOES USUAL DRINKING = 3(+) DRINKS ON 3(+) DAYS/WEEK? NO 1
 YES . (SKIP TO J19A, P.100 AND CODE CURRENT EPISODE . 5
 DP4D

E. During the 6 weeks before you began to feel (NAME MOOD), what was the largest number of drinks you had in one day? DP4E ____ DRINKS
IF 2 OR FEWER, SKIP TO BOX J5.

F. How many days a week did you usually have at least 3 drinks? DP4F ____ DAYS

DEP3RB1
 DEP4D
 AHUICD-10 G. **CODE SILENTLY:**
DOES MAXIMUM DRINKING = 3(+) DRINKS FOR 2(+) DAYS/WEEK? NO 1
 YES . (SKIP TO J19A, P.100 AND CODE CURRENT EPISODE . 5
 DP4G

**BOX J5:
IF NEVER USED MJ OR DRUGS, SKIP TO J6A.**

SHOW R CARD J-1.

COC AMP OP HAL BAR MJ OTH

DEP3RB1
DEP4D
DHUICD-10

J5A.	During the 6 weeks before you began to feel (NAME MOOD), did you use any of these drugs or take any prescription drugs more than you were supposed to?	NO	1	1	1	1	1	1	1
		YES	5	5	5	5	5	5	5
			DP5A_1-DP5A_7						

**IF NO TO ALL IN J5A, SKIP TO J6A.
OTHERS, CONTINUE ONLY FOR DRUGS CODED 5 IN J5A.**

B.	Did you use any of these drugs every day or almost every day?	NO	1	1	1	1	1	1	1
		YES	5	5	5	5	5	5	5
			DP5B_1-DP5B_7						

IF NO TO ALL IN J5B, SKIP TO J6A.

C.	How many days a week did you usually use (DRUG)?	DAYS:	___	___	___	___	___	___	___
			DP5C_1-DP5C_7						
D.	How many times a day did you usually use (DRUG)?	TIMES:	___	___	___	___	___	___	___
			DP5D_1-DP5AD_7						
E.	During the 6 weeks before you began to feel (NAME MOOD), what was the largest number of times you used (DRUG) in one day?	TIMES:	___	___	___	___	___	___	___
			DP5E_1-DP5E_7						
F.	During that 6 weeks, how many times did you use (DRUG)? LARGEST NUMBER OF TIMES PER DAY	TIMES:	___	___	___	___	___	___	___
			DP5F_1-DP5F_7						

SKIP TO J19A, P.100 AND CODE CURRENT EPISODE.

DEP3RB1
DEP4D

J6A.	Did your feelings of (NAME MOOD) begin within 6 weeks of starting a new medicine or changing the amount of a medicine you were already taking?	NO . (SKIP TO J19A, P.100 AND CODE CURRENT EPISODE .	1
		YES	5
			DP6A

B.	What medicine did you take?		DP6B_1 CODE:	___	___	___
	_____		DP6B_2 CODE:	___	___	___

SKIP TO J19A, P.100 AND CODE CURRENT EPISODE.

(J6) J7. Has there been any other time in your life when you felt sad, unhappy, or depressed? NO .(SKIP TO BOX J34, P.105) 1
 YES 5
 DP7

FOR EACH SX, ASK A AND CODE IN COL. A.

BEFORE CODING YES IN COL. A.; ASK PROBE,
 "Is/Was this a lot different from the way you usually feel?"

IF YES TO A, ASK B AND CODE IN COL. B.

IF YES TO B, ASK C AND CODE IN COL. C.

A. During the worst time . . .

(J7) B. Did you feel that way for at least four days in a week?

(J7) C. Did you feel that way most of the day; for example, in the morning and evening, or most of the afternoon and evening?

		<u>COL. A.</u>		<u>COL. B.</u>		<u>COL. C.</u>	
		<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
DEP3RA1 DEP4A1 DEPICDB1	1. Did you feel <u>very</u> sad, unhappy or depressed?	1	5	1	5	1	5*
DEP3RA1 DEP4A1	2. Did you often feel like crying?	1	5	1	5	1	5*
DEP3RA2 DEP4A2 DEPICDB2	3. Did you feel that nothing seemed fun anymore?	1	5	1	5	1	5*
DEP3RA2 DEP4A2 DEPICDB2	4. Did you not want to do things you usually liked?	1	5	1	5	1	5*
DEP3RA1 DEP4A1	5. Did you feel irritable or angry?	1	5	1	5	1	5*

IF NO 5'S IN COL. C; SKIP TO BOX J34, P.105.
 OTHERS, CONTINUE.

DEP3RA6 DEP4A6 DEPICDB3	6. Did you feel more tired?	1	5	1	5	1	5*
-------------------------------	---------------------------------------	---	---	---	---	---	----

J8. How old were you when this really bad period of feeling (NAME 5*'S IN J7, COL. C) began? DP8_1 AGE ONS: ___ ___
 ___ ___ / ___ ___
 MONTH YEAR
 DP8_2 DP8_3

DEP3RA DEP4A J9. How long did it last? DP9_1 ___ ___ UNITS

CODE UNITS:
 DAYS 1
 WEEKS 2
 MONTHS 3
 YEARS 4
 DP9_2

(J11) J10. Was there anything going on in your life that made you feel bad or was making you have these problems we've been talking about?

SPECIFY OTHER: _____

NO . . (SKIP TO BOX J11) . . . 1
 YES . . . (CODE BELOW) . . . 5
 DP10_1

CODE ALL: NO YES
 PARENTAL CONFLICT . . . 1 5
 DP10_2
 PARENT/CHILD PROBLEMS . . . 1 5
 DP10_3
 PEER PROBLEMS 1 5
 DP10_4
 ROMANTIC PEER PROBLEMS . . . 1 5
 DP10_5
 MOVING 1 5
 DP10_6
 ILLNESS/DEATH (OTHER'S) . . . 1 5
 DP10_7
 ILLNESS (SELF) 1 5
 DP10_8

DP10_8A CODE: _____
 OTHER . . (SPECIFY) . . . 1 5
 DP10_9

**BOX J11:
 IF NEVER USED ALCOHOL, SKIP TO BOX J12.**

(J10) J11A. Were you drinking alcohol during the 6 weeks before this time you began to feel (NAME MOOD)?

NO (SKIP TO BOX J12) 1
 YES 5
 DP11A

B. How many days a week did you drink? DP11B ___ DAYS
 IF 2 OR FEWER, SKIP TO E.

C. How many drinks would you usually have in one day? DP11C ___ DRINKS

D. **CODE SILENTLY:**
 DOES USUAL DRINKING = 3(+) DRINKS ON 3(+) DAYS PER WEEK?

NO 1
 YES . . . (SKIP TO J14A) . . . 5
 DP11D

E. During the 6 weeks before you began to feel (NAME MOOD), what was the largest number of drinks you had in one day? DP11E ___ DRINKS
 IF 2 OR FEWER, SKIP TO BOX J12.

F. How many days a week did you have at least 3 drinks? DP11F ___ DAYS

G. **CODE SILENTLY:**
 DOES MAXIMUM DRINKING = 3(+) DRINKS FOR 2(+) DAYS PER WEEK?

NO 1
 YES . . . (SKIP TO J14A) . . . 5
 DP11G

DEP3RB1
 DEP4D
 AHUICD-10

DEP3RB1
 DEP4D
 AHUICD-10

**BOX J12:
IF NEVER USED MJ OR DRUGS, SKIP TO J13A.**

SHOW R CARD J-1.

COC AMP OP HAL BAR MJ OTH

(J10) DEP3RB1 DEP4D DHUICD-10	J12A. During the 6 weeks before you began to feel (NAME MOOD), did you use any of these drugs or take any prescription drugs more than you were supposed to?	NO YES DP12A_1-DP12A_7	1 5	1 5	1 5	1 5	1 5	1 5	1 5
--	--	------------------------------	--------	--------	--------	--------	--------	--------	--------

**IF NO TO ALL IN J12A, SKIP TO J13A.
OTHERS, CONTINUE ONLY FOR DRUGS CODED 5 IN J12A.**

B. Did you use any of these drugs every day or almost every day?	NO YES DP12B_1-DP12B_7	1 5	1 5	1 5	1 5	1 5	1 5	1 5
--	------------------------------	--------	--------	--------	--------	--------	--------	--------

IF NO TO ALL IN J12B, SKIP TO J13A.

C. How many days a week did you usually use (DRUG)?	DAYS: _____ DP12C_1-DP12C_7	_____	_____	_____	_____	_____	_____	_____
D. How many times a day did you usually use (DRUG)?	TIMES: _____ DP12D_1-DP12D_7	_____	_____	_____	_____	_____	_____	_____
E. During the 6 weeks before you began to feel (NAME MOOD), what was the <u>largest</u> number of times you used (DRUG) in one day?	TIMES: _____ DP12E_1-DP12E_7	_____	_____	_____	_____	_____	_____	_____
F. During that 6 weeks, how many days did you use (DRUG) that much (# in E)?	DAYS: _____ DP12F_1-DP12F_7	_____	_____	_____	_____	_____	_____	_____

SKIP TO J14A.

DEP3RB1 DEP4D	J13A. Did your feeling of (NAME MOOD) begin within 6 weeks of starting a new medicine or changing the amount of a medicine you were already taking?	NO . (SKIP TO J19A, P.100 AND CODE PAST EPISODE) . . . 1 YES 5 DP13A
------------------	---	--

B. What medicine did you take?	DP13B_1 CODE: _____
_____	DP13B_2 CODE: _____

**IF MEDICINE IS NOT ON CARD J-2;
SKIP TO J19A, P.100 AND CODE THIS PAST EPISODE.**

(J12) J14A. Have you ever had another really bad time that lasted more than one day when you were feeling (NAME SX IN J7A.1-6), and had not been (drinking, using drugs, or taking medicine)?

DEP3RA1 NO .(SKIP TO J19A, P.100 AND CODE EPISODE REPORTED IN J7) 1
 DEP3RA2 YES 5
 DEP3RB1 DP14A
 DEP4A
 DEP4A1
 DEP4A2

1. Was it as long as four days?

NO .(SKIP TO J19A, P.100 AND CODE EPISODE REPORTED IN J7) 1
 YES 5
 DP14A_1

2. Did this bad time last most of the day? For example, in the morning and afternoon or in the afternoon and evening?

NO .(SKIP TO J19A, P.100 AND CODE EPISODE REPORTED IN J7) 1
 YES 5
 DP14A_2

DEP3RA1 B. Were you feeling sad, unhappy, depressed, or irritable?
 DEP4A2

NO 1
 YES 5
 DP14B

DEP3RA2 C. Did you stop wanting to do the things you liked or stop having fun doing things you liked?
 DEP4A2

NO 1
 YES 5
 DP14C

DEP3RA6 D. Did you feel more tired?
 DEP4A6
 DEPICDB3

NO 1
 YES 5
 DP14D

(J13) J15. How old were you when this time began? DP15_1 AGE ONS: ___ ___

___ ___ / ___ ___

MONTH YEAR
 DP15_2 DP15_3

(J14) J16. How long did it last? DP16_1 ___ ___ UNITS
 DEP3RA
 DEP4A

CODE UNITS:
 DAYS 1
 WEEKS 2
 MONTHS 3
 YEARS 4
 DP16_2

(J15) J17. Was there anything going on in your life that made you feel bad or was making you have these problems we've been talking about?

NO . . . (SKIP TO BOX) . . . 1
 YES . . . (CODE BELOW) . . . 5
 DP17_1

CODE ALL: NO YES
 PARENTAL CONFLICT . . . 1 5
 DP17_2
 PARENT/CHILD PROBLEMS . . . 1 5
 DP17_3
 PEER PROBLEMS 1 5
 DP17_4
 ROMANTIC PEER PROBLEMS . . . 1 5
 DP17_5
 MOVING 1 5
 DP17_6
 ILLNESS/DEATH (OTHER'S) . . . 1 5
 DP17-7
 ILLNESS (SELF) 1 5
 DP17_8

DP17_8A CODE: ___ ___ ___

OTHER . . (SPECIFY) . . . 1 5
 DP17_9

CODE THIS EPISODE IN MOST SEVERE PAST EPISODE COLUMN.

During the past two weeks ... During your worst period when you were (CHECK AGE IN J8/J15) years old ...	CURRENT EPISODE	MOST SEVERE PAST EPISODE
J18. OMITTED		
DEP3RA3 DEP4A3 DEPICDC7 J19A. Did you eat a lot less than usual?	NO 1 YES .(SKIP TO J20A) 5* DP19A_1	NO 1 YES.(SKIP TO J20A) 5* DP19A_2
DEP3RA3 DEP4A3 DEPICDC7 1. Did you feel a lot less hungry, but ate anyway because someone made you?	NO 1 YES 5* DP19A1_1	NO 1 YES 5* DP19A1_2
DEP3RA3 DEP4A3 DEPICDC7 J20A. Did you eat a lot more than usual?	NO 1 YES.(SKIP TO J21A) 5* DP20A_1	NO 1 YES.(SKIP TO J21A) 5* DP20A_2
DEP3RA3 DEP4A3 DEPICDC7 1. Did you feel a lot more hungry than usual, but couldn't eat more because someone wouldn't let you?	NO 1 YES 5* DP20A1_1	NO 1 YES 5* DP20A1_2
DEP3RA4 DEP4A4 DEPICDC6 J21A. Did you have <u>a lot more trouble</u> than usual falling asleep at night?	NO 1 YES 5* DP21A_1	NO 1 YES 5* DP21A_2
DEP3RA4 DEP4A4 DEPICDC6 B. Did you wake up in the middle of the night and have a hard time getting back to sleep?	NO 1 YES 5* DP21B_1	NO 1 YES 5* DP21B_2
DEP3RA4 DEP4A4 DEPICDC6 C. Did you wake up <u>very early</u> in the morning and couldn't get back to sleep?	NO 1 YES 5* DP21C_1	NO 1 YES 5* DP21C_2
DEP3RA4 DEP4A4 DEPICDC6 D. Did you sleep a lot <u>more</u> than usual? For example, did you sleep during the day or go to bed early at night?	NO 1 YES 5* DP21D_1	NO 1 YES 5* DP21D_2

During the past two weeks ... During your worst period when you were (CHECK AGE IN J8/J15) years old ...		CURRENT EPISODE	MOST SEVERE PAST EPISODE
DEP3RA5 DEP4A5 DEPICDC5	J22. Did you have a lot more trouble than usual keeping still, so that even other people could have noticed it?	NO 1 YES 5* DP22_1	NO 1 YES 5* DP22_2
(PROBE: DID YOU HAVE TO GET UP AND WALK AROUND DURING DINNER OR WHEN YOU WERE WATCHING TV? WAS IT HARD TO SIT STILL IN SCHOOL?)			
DEP3RA5 DEP4A5 DEPICDC5	J23. Did you feel slowed down, so slowed down that other people could have noticed it?	NO 1 YES 5* DP23_1	NO 1 YES 5* DP23_2
(PROBE: DID IT TAKE YOU LONGER TO MOVE AROUND? WERE YOU WALKING OR TALKING MORE SLOWLY? DID IT SEEM TO YOU THAT YOU WERE THINKING MORE SLOWLY?)			
(J25) DEP3RA7 DEP4A7 DEPICDC1	J24. Did you feel like everything you did was wrong or that you just weren't any good?	NO 1 YES 5* DP24_1	NO 1 YES 5* DP24_2
(J26) DEP3RA7 DEP4A7 DEPICDC2	J25. Did you feel that everything was your fault or did you feel guilty about a lot of things?	NO 1 YES 5* DP25_1	NO 1 YES 5* DP25_2
(PROBE: DID YOU FEEL THAT FAMILY PROBLEMS WERE YOUR FAULT? DID YOU FEEL GUILTY ABOUT PROBLEMS AT SCHOOL OR WITH FRIENDS?)			
DEP3RA7 DEP4A7 DEPICDC1	A. Did you feel like nothing would ever work out for you?	NO 1 YES 5* DP25A_1	NO 1 YES 5* DP25A_2
(J27) DEP3RA8 DEP4A8 DEPICDC4	J26A. Did you have more trouble than usual keeping your mind on what you were supposed to be doing, or did you have trouble paying attention to what you were doing?	NO 1 YES 5* DP26A_1	NO 1 YES 5* DP26A_2
DEP3RA8 DEP4A8 DEPICDC4	B. Did other people say that you were having trouble keeping your mind on things?	NO 1 YES 5* DP26B_1	NO 1 YES 5* DP26B_2
(J28) DEP3RA8 DEP4A8 DEPICDC4	J27A. Did you have <u>a lot</u> more trouble than usual making up your mind about things?	NO 1 YES 5* DP27A_1	NO 1 YES 5* DP27A_2
DEP3RA8 DEP4A8 DEPICDC4	B. Did other people say that you were having trouble making up your mind?	NO 1 YES 5* DP27B_1	NO 1 YES 5* DP27B_2

During the past two weeks ... During your worst period when you were (CHECK AGE IN J8/J15) years old ...	CURRENT EPISODE	MOST SEVERE PAST EPISODE
<p>(J29) DEP3RA9 DEP4A9 DEPICDC3</p> <p>J28A. Were there times when things seemed so bad that you wished you were dead?</p> <p>DEP3RA9 DEP4A9 DEPICDC3</p> <p>B. Did you think a lot about being dead or dying?</p> <p>DEP3RA9 DEP4A9 DEPICDC3</p> <p>C. Did you make a plan about how you might kill yourself?</p> <p>DEP3RA9 DEP4A9 DEPICDC3</p> <p>D. Did you try to kill yourself?</p>	<p>NO 1 YES 5* DP28A_1</p> <p>NO 1 YES 5* DP28B_1</p> <p>NO 1 YES 5* DP28C_1</p> <p>NO 1 YES 5* DP28D_1</p>	<p>NO 1 YES 5* DP28A_2</p> <p>NO 1 YES 5* DP28B_2</p> <p>NO 1 YES 5* DP28C_2</p> <p>NO 1 YES 5* DP28D_2</p>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>FOR ANY 5 IN A-D, ASK E. OTHERS, SKIP TO J29.</p> </div>		
<p>E. Do you feel that way now?</p>	<p>NO 1 YES . . (SPECIFY) . 5 DP28E_1 SPECIFY FEELINGS: _____ _____ _____</p>	<p>NO 1 YES . . (SPECIFY) . 5 DP28E_2 SPECIFY FEELINGS: _____ _____ _____</p>
<p>J29. INTERVIEWER BOX:</p>	<p>IF 3 OR FEWER BOXES ON TALLY, SKIP TO J33A. IF 4 OR MORE, CONTINUE.</p>	<p>IF 3 OR FEWER BOXES ON TALLY, SKIP TO J33A. IF 4 OR MORE, CONTINUE.</p>
<p>SHOW R TALLY J</p>		
<p>J30A. You've told me that you felt (sad, uninterested, or irritable, etc.). Were you also having problems with (appetite, sleeping, concentrating, etc.) at that time?</p> <p>1. Did most of these problems happen most of the day, nearly every day?</p> <p>DEP3RA DEP4A DEPICDG1</p> <p>B. Did it last 2 weeks or more?</p> <p>C. When did it begin?</p> <p>D. How long did it last?</p>	<p>NO. (SKIP TO J31A) 1 YES 5 DP30A_1</p> <p>NO 1 YES 5 DP30A1_1</p> <p>NO. (SKIP TO J31A) 1 YES 5 DP30B_1</p> <p>__ __ / __ __ __ t MONTH YEAR DP30C1_1 DP30C2_1</p> <p>DP30D_1__ __ WEEKS</p>	<p>NO. (SKIP TO J31A) 1 YES 5 DP30A_2</p> <p>NO 1 YES 5 DP30A1_2</p> <p>NO. (SKIP TO J31A) 1 YES 5 DP30B_2</p> <p>__ __ / __ __ __ t MONTH YEAR DP30C1_2 DP30C2_2</p> <p>DP30D_2__ __ WEEKS</p>

During the past two weeks... During your worst period when you were (CHECK AGE IN J8/J15) years old...	CURRENT EPISODE	MOST SEVERE PAST EPISODE																														
J31A. Did you feel like this <u>only</u> because someone close to you died?	NO . (SKIP TO B) . 1 YES. (CODE BELOW) . 5 DP31A_1 DEATH OF FAMILY MEMBER.(SPECIFY) . 2 DEATH OF FRIEND . . 3 OTHER . (SPECIFY) . 5 SPECIFY: _____ DP31AA_1	NO. .(SKIP TO B) . 1 YES .(CODE BELOW) . 5 DP31A_2 DEATH OF FAMILY MEMBER .(SPECIFY) 2 DEATH OF FRIEND . . 3 OTHER . (SPECIFY) . 5 SPECIFY: _____ DP31AA_2																														
1. Did the feelings begin within 6 months after (PERSON's) death? DEP3RB2 DEP4E	NO . .(SKIP TO B) . 1 YES 5 DP31A1_1	NO. .(SKIP TO B) . 1 YES 5 DP31A1_2																														
2. When did (PERSON) die? DEP3RB1 DEP4D	____ / ____ MONTH YEAR DP31A2A1 DP31A2B1	____ / ____ MONTH YEAR DP31A2A2 DP31A2B2																														
B. Did you feel like this <u>only</u> while you were very sick?	NO 1 YES . .(SPECIFY) . 5 DP31B_1 SPECIFY: _____ _____ CODE: ____ ____ ____ DP31B1_1	NO 1 YES . .(SPECIFY) . 5 DP31B_2 SPECIFY: _____ _____ CODE: ____ ____ ____ DP31B1_2																														
C. Did you feel like this <u>only</u> while you were taking medicine? DEP3RB1 DEP4D	NO 1 YES . .(SPECIFY) . 5 DP31C_1 SPECIFY: _____ _____ DP31C1_1 CODE: ____ ____ ____ DP31C2_1 CODE: ____ ____ ____ DP31C3_1 CODE: ____ ____ ____	NO 1 YES . .(SPECIFY) . 5 DP31C_1 SPECIFY: _____ _____ DP31C1_2 CODE: ____ ____ ____ DP31C2_2 CODE: ____ ____ ____ DP31C3_2 CODE: ____ ____ ____																														
(J33) DEP4C J32. Did having these feelings change things for you at/with ... COUNT NEGATIVE EFFECTS ONLY.	<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>NO</u></td> <td style="text-align: center;"><u>YES</u></td> </tr> <tr> <td>SCHOOL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> </tr> <tr> <td>HOME</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> </tr> <tr> <td>FRIENDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> </tr> <tr> <td>OTHER (SPECIFY) 1</td> <td style="text-align: center;">5</td> <td></td> </tr> </table> DP32_1_1 SPECIFY: _____ <div style="border: 1px solid black; padding: 5px; text-align: center;"> IF ALL NO, SKIP TO J33A. FOR ANY 5's, ASK A. </div>		<u>NO</u>	<u>YES</u>	SCHOOL	1	5	HOME	1	5	FRIENDS	1	5	OTHER (SPECIFY) 1	5		<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>NO</u></td> <td style="text-align: center;"><u>YES</u></td> </tr> <tr> <td>SCHOOL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> </tr> <tr> <td>HOME</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> </tr> <tr> <td>FRIENDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> </tr> <tr> <td>OTHER (SPECIFY) 1</td> <td style="text-align: center;">5</td> <td></td> </tr> </table> DP32_1_2 SPECIFY: _____ <div style="border: 1px solid black; padding: 5px; text-align: center;"> IF ALL NO, SKIP TO J33A. FOR ANY 5's, ASK A. </div>		<u>NO</u>	<u>YES</u>	SCHOOL	1	5	HOME	1	5	FRIENDS	1	5	OTHER (SPECIFY) 1	5	
	<u>NO</u>	<u>YES</u>																														
SCHOOL	1	5																														
HOME	1	5																														
FRIENDS	1	5																														
OTHER (SPECIFY) 1	5																															
	<u>NO</u>	<u>YES</u>																														
SCHOOL	1	5																														
HOME	1	5																														
FRIENDS	1	5																														
OTHER (SPECIFY) 1	5																															

A. How much did things change with _____? (1) A little, (2) somewhat, or (3) a lot?	SCHOOL DP32A1_1 1 2 3	SCHOOL DP32A1_2 1 2 3
	HOME . DP32A2_1 1 2 3	HOME DP32A2_2 1 2 3
	FRIENDS DP32A3_1 1 2 3	FRIENDS DP32A3_2 1 2 3
	OTHER . DP32A4_1 1 2 3	OTHER . DP32A4_2 1 2 3

During the past two weeks... During your worst period when you were (CHECK AGE IN J8/J15) years old...	CURRENT EPISODE	MOST SEVERE PAST EPISODE
(J34) J33A. Did your parents ever take you to a doctor or any other professional because of the way you were feeling?	NO. .(SKIP TO E) . 1 YES 5 DP33A_1 AS AN OUTPATIENT	NO. .(SKIP TO E) . 1 YES 5 DP33A_2 AS AN OUTPATIENT
B. Did you see:		
1. a psychiatrist or a psychologist?	NO 1 YES 5 DP33B1_1	NO 1 YES 5 DP33B1_2
2. another medical doctor?	NO 1 YES 5 DP33B2_1	NO 1 YES 5 DP33B2_2
3. a school counselor or social worker?	NO 1 YES 5 DP33B3_1	NO 1 YES 5 DP33B3_2
4. someone like a minister, priest, or rabbi?	NO 1 YES 5 DP33B4_1	NO 1 YES 5 DP33B4_2
5. another professional?	NO 1 YES. . (SPECIFY) . 5 DP33B5_1	NO 1 YES. . (SPECIFY) . 5 DP33B5_2
C. How many times did you see (PERSON(S) CHILD SAW) for help?	SPECIFY: _____ DP33C_1 _____ TIMES	SPECIFY: _____ DP33C_2 _____TIMES
D. Did you get any medicine?		
	NO 1 YES. . (SPECIFY) . 5 DP33D_1 SPECIFY: _____ DP33D1_1 CODE:___ ___ ___	NO 1 YES. . (SPECIFY) . 5 DP33D_2 SPECIFY: _____ DP33D1_2 CODE:___ ___ ___
	DP33D2_1 CODE:___ ___ ___	DP33D2_2 CODE:___ ___ ___
E. Did you have to go into the hospital?	DP33D3_1 CODE:___ ___ ___	DP33D3_2 CODE:___ ___ ___
	NO.(SKIP TO BOX J33) 1 YES . .(SPECIFY) . 5 DP33E_1	NO. (SKIP TO J34A) 1 YES . . (SPECIFY) . 5 DP33E_2
F. How long did you stay in the hospital?	SPECIFY: _____ DP33F_1___ ___ ___ DAYS	SPECIFY: _____ DP33F_2 ___ ___ ___ DAYS

G. Did they give you any
medicine or pills while
you were in the hospital?

NO 1
YES. . (SPECIFY) . 5

NO 1
YES. . (SPECIFY) . 5

DP33G_1

DP33G_2

SPECIFY: _____

SPECIFY: _____

DP33G1_1 CODE: __ __ __

DP33G1_2 CODE: __ __ __

DP33G2_1 CODE: __ __ __

DP33G2_2 CODE: __ __ __

**BOX J33: GO BACK TO
J7 AND ASK ABOUT
MOST SEVERE PAST
EPISODE.**

**BOX J34:
 IF NO CURRENT OR PAST EPISODE; SKIP TO BOX K1, P.107.
 OTHERS, CONTINUE.**

- J34A. Have you had any other really bad periods of feeling sad, depressed or irritable for at least 2 weeks? NO (SKIP TO BOX J35) 1
 YES 5
 DP34A
- B. How many times like that have you had in your lifetime? DP34B ___ ___ TIMES
- C. How old were you the (first/last) time? DP34C_1 AGE ONS:___ ___
RECORD ALL EPISODES ON TIMELINE. DP34C_2 ONS:1 2 3 4 5
- DP34C_3 AGE REC:___ ___
 DP34C_4 REC:1 2 3 4 5
- D. How many different times have you been in the hospital for feeling that way? DP34D ___ ___ TIMES
- E. How many different times have you been treated for these feelings without staying in a hospital? DP34E ___ ___ TIMES
-

BOX J35:
IF R HAD 1+ BOX MARKED ON ALCOHOL, MARIJUANA, OR DRUG TALLY SHEET A, CONTINUE.
OTHERS, SKIP TO BOX K1, P.107.

J35. FOR EACH EPISODE OF DEPRESSION, ASK A.

A. You said you had an episode of feeling (depressed/sad/down/irritable) that started at (AGE).

IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A, HAND TALLY(IES) TO R AND ASK 1. OTHERS, SKIP TO 2.

CLUSTERING PER EPISODE

1. Around the time this episode of feeling (depressed/sad/down/irritable) began, were you having experiences from 3 or more boxes on this (ALC/MJ/DRUG) sheet?

IF NO, CONTINUE TO 2.
IF YES, RECORD ON TIMELINE AND RETURN TO J35A FOR NEXT EPISODE OF DEPRESSION.
IF NO OTHER EPISODES, SKIP TO J35B.

HEAVY USE FOR THE EPISODES WHEN NOT CLUSTERING

2. Around the time this episode of feeling (depressed/sad/down/irritable) began, were you (drinking heavily/using DRUGS) daily or almost daily?

IF NO, RETURN TO J35A FOR NEXT EPISODE OF DEPRESSION.
IF YES, RECORD ON TIMELINE AND RETURN TO J35A FOR NEXT EPISODE OF DEPRESSION.
IF NO OTHER EPISODE, SKIP TO J35B.

B. So, according to the information on this timeline,

CLUSTERING FOR ALL EPISODES

1. ...your episodes of feeling (depressed/sad/down/irritable) (NEVER/SOMETIMES/ALWAYS) started around a time when you were experiencing some problems with alcohol, marijuana, or drugs?	NEVER 1 SOMETIMES 3 ALWAYS (SKIP TO BOX K1, P.107) 5 DP35B1
--	---

HEAVY USE FOR THE EPISODES WHEN NOT CLUSTERING

2. ...your episodes (that did <u>not</u> start when you were having problems with alcohol or drugs) (NEVER/SOMETIMES/ALWAYS) started around a time when you were drinking heavily or using drugs daily (or almost daily)?	NEVER 1 SOMETIMES 3 ALWAYS 5 DP35B2
---	---

BOX K1:
IF NO 5*'S IN J1, COL. C OR J7, COL. C
OR
IF J2B, J9, OR J16 IS 1 YEAR OR LONGER,
SKIP TO L1, P.111.

In the last section, I asked if you had ever had a couple of weeks or so when you felt very sad, unhappy or depressed. Now I'm going to ask you if you have ever had sad or down feelings that lasted for a year or longer.

Some of the questions may sound like ones you have already answered, but they are a little different.

DYS3RA DYS4A	K1. Have you ever felt sad or unhappy, for as long as a year?	NO 1 YES . . . (SPECIFY) . 5 DY1
	SPECIFY: _____ _____	

DYS3RA DYS4A	K2. Has there ever been a year or longer when nothing you did seemed fun -- even things you used to enjoy doing like being with friends or going to the movies?	NO 1 YES . . . (SPECIFY) . 5 DY2
	SPECIFY: _____ _____	

DYS3RA DYS4A	K3. Have you ever felt irritable nearly every day for a year or more?	NO 1 YES 5 DY3
-----------------	---	--

IF NO 5'S IN K1-K3; SKIP TO L1, P.111.
OTHERS, CONTINUE.

DYS3RB2 DYS4B2	K4. When you were (NAME MOOD), for that long time, did you . . .	NO YES DY4A 1 5 DY4B 1 5 DY4C 1 5 DY4D 1 5
	A. have problems falling asleep? B. wake up in the middle of the night? C. wake up a lot earlier than usual? D. sleep a lot more than usual?	

DYS3RB1 DYS4B1	K5A. When you were (NAME MOOD), did you have long periods of time when you didn't seem very hungry?	NO 1 YES 5 DY5A
-------------------	---	---

DYS3RB1 DYS4B1	B. When you were (NAME MOOD), did you have long periods of time when you felt hungry all the time?	NO 1 YES 5 DY5B
-------------------	--	---

DYS3RB3 DYS4B3	K6. When you were (NAME MOOD), did you feel tired most of the time?	NO 1 YES 5 DY6
-------------------	---	--

DYS3RB4 DYS4B4	K7. When you were (NAME MOOD) did you feel very bad about yourself, that you were, not as good as other people, not as smart, good-looking, or well-liked as others?	NO 1 YES 5 DY7
-------------------	--	--

DYS3RB6
DYS4B6 K8. When you were (NAME MOOD), did you feel NO 1
that everything was going wrong or that YES 5
nothing would ever work out? **DY8**

DYS3RB5
DYS4B5 K9A. When you were (NAME MOOD), did you have NO 1
trouble keeping your mind on things or YES 5
trouble making up your mind about things? **DY9A**

(**PROBE:** FOR EXAMPLE, WHAT TO WEAR, WHAT TO DO, WHETHER TO WATCH TV OR NOT, THINGS LIKE THAT?)

B. Did your thoughts seem to come more slowly? NO 1
YES 5
DY9B

**IF NO 5'S IN K4A-K9B; SKIP TO L1, P.111.
OTHERS, CONTINUE.**

DYS3RG
DYS4G K10A. Did you have these feelings you've told me NO 1
about only when you were drinking or taking YES (SPECIFY &
drugs or medicine? SKIP TO K11A) 5

SPECIFY DRUG/MED: _____ **DY10A**
_____ **DY10A_1** CODE: ___ ___ ___
_____ **DY10A_2** CODE: ___ ___ ___

DYS3RG
DYS4G B. Did you have these feelings you've told me NO 1
about only when you were sick? YES . . . (SPECIFY) . 5

DY10B
DY10B_1 CODE: ___ ___ ___

K11A. How old were you when this period of feeling **DY11A_1**AGE ONS:___ ___
(NAME POSITIVES IN K1A-K9B) began? **DY11A_2**ONS:1 2 3 4 5

B. How old were you when this period of time ended? **DY11B_1**AGE REC:___ ___
DY11B_2REC:1 2 3 4 5

C. **DID DYSTHYMIC MOOD AND OTHER NO . (SKIP TO L1, P. 111) 1**
SYMPTOMS LAST AT LEAST A YEAR? YES 5
SP11C

K12A. Was there ever a time during that long period of feeling (NAME POSITIVES IN K1A-K9B) when you felt a lot better? NO . . .(SKIP TO K13A) 1
 YES 5
 DY12A

(PROBE: DID YOU THINK THE DOWN FEELINGS HAD GONE AWAY OR WERE NEARLY GONE?)

DYS3RC
 DYS4C

B. For how long did you feel better? LESS THAN 2 WEEKS . . . 1
 1 MONTH 2
 2 MONTHS 3
 MORE THAN 2 MONTHS . . 4
 DY12B

IF K12B CODED 1, 2, OR 3;
 RECORD DYSTHYMIC EPISODE ON TIMELINE AND SKIP TO K13A.
 OTHERS, CONTINUE.

C. Did you ever have another time when you felt (NAME MOOD) that lasted at least a year? NO (SKIP TO L1, P.111) 1
 YES 5
 DY12C

D. How old were you when that time (began/ended)?
 DY12D_1 AGE ONS: ____ t
 DY12D_2 ONS: 1 2 3 4 5
 DY12D_3 AGE REC: ____ t
 DY12D_4 REC: 1 2 3 4 5

CONTINUE WITH SECTION, ASKING ABOUT THIS EPISODE.

FOR EACH 5 IN COL. I, ASK
 "Did it happen (1) a little, (2) somewhat, or (3) or a lot?"
 AND CODE IN COL. II.

DYS4H

K13A. When you were feeling sad and down for this long time, did any of these things happen? (CODE IN COLUMN I)	COL. I	COL. II
	NO	YES
1. Did you get into arguments with your parents? . . .	1 5	1 2 3
	DY13A_1	DY13B_1
2. Did your parents get angry with you?	1 5	1 2 3
3. Were your parents or others always asking you what was wrong?	DY13A_2 1 5	DY13B_2 1 2 3
	DY13A_3	DY13B_3
4. Did you get into arguments with your friends? . . .	1 5	1 2 3
	DY13A_4	DY13B_4
5. Did you feel that the kids didn't like you? . . .	1 5	1 2 3
	DY13A_5	DY13B_5
6. Did your grades go down in school?	1 5	1 2 3
	DY13A_6	DY13B_6
7. Was it hard for you to get your work done? . . .	1 5	1 2 3
	DY13A_7	DY13B_7

BOX K14:
IF R HAD 1+ BOX MARKED ON ALCOHOL, MARIJUANA, OR DRUG TALLY SHEET A; CONTINUE.
OTHERS, SKIP TO L1, P.111.

K14. We talked about a long period of feeling sad, down, or blue.
 You said that first happened at (AGE).

**IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A,
 HAND TALLY(IES) TO R AND ASK A.
 OTHERS, SKIP TO B.**

CLUSTERING AT ONSET	A. Around the time this long period first started, were you having experiences from 3 or more boxes found on this (ALC/MJ/DRUG) sheet?	NO 1 YES (SKIP TO L1, P.111) 5 DY14A
HEAVY USE WHEN NOT CLUSTERING	B. Around the time this long period first started, were you (drinking heavily/using DRUGS) daily or almost daily?	NO 1 YES 5 DY14B

**STANDARD PROBE: FOR EVERY YES, ASK:
 "Was that a lot different from the way you usually are?"**

L1. Has there ever been a time when you felt absolutely on top of the world? Maybe you wanted to spend a lot more time than usual with your friends. You had much more energy than usual and didn't need to sleep very much. You made all kinds of fantastic plans and felt great about yourself.

NO (SKIP TO M1A, P.119) 1
 YES . . . (SPECIFY) . . . 5
 MN1

SPECIFY: _____

MAN3RA
 MAN4A

L2A. During that time, did you feel really happy and excited about everything? What I mean is, everything in your life seemed just great for no reason at all?

NO . . . (SKIP TO L3A) . 1
 YES . . . (SPECIFY) . . . 5
 MN2A

SPECIFY: _____

B. How long did that happy feeling last? MN2B ___ DAYS
IF 4 OR MORE, SKIP TO L3B.

MAN3RA
 MAN4A

L3A. Has there been any other time when you had really happy and energetic feelings for 4 days or more?

NO (SKIP TO M1A, P.119) 1
 YES . . . (SPECIFY) . . . 5
 MN3A

SPECIFY: _____

B. Think about the most recent time you felt that way for 4 days or more.

1. How old were you then? MN3B_1 ___ AGE

2. When did it begin? ___ / ___
 MONTH YEAR
 MN3B_2A MN3B_2B

3. How long did it last? MN3B_3 ___ DAYS

MAN3RA
 MAN4A

L4A. When you were up and happy, were there times when you felt unusually irritable or on edge with your parents and friends?

NO 1
 YES . . . (SPECIFY) . . . 5
 MN4A

SPECIFY: _____

IF NEVER USED ALCOHOL, SKIP TO L6A.

- L5A. Were you drinking during the 2 weeks before the (happy/energetic/irritable) feelings started? NO . (SKIP TO L6A) 1
YES 5
MN5A
- B. How many days a week did you drink? MN5B _____ DAYS
IF 2 OR FEWER, SKIP TO D.
- C. How many drinks in a day would you usually have? MN5C _____ DRINKS
IF 3 OR MORE, SKIP TO L7.
- D. During the 2 weeks before these feelings began, what was the largest number of drinks you had in one day? MN5D _____ DRINKS
IF 2 OR FEWER, SKIP TO L6A.
- E. How many days a week did you usually have at least 3 drinks? MN5E _____ DAYS
IF 2 OR MORE, SKIP TO L7.

MAN3RF
MAN4E
AHUICD-10

- L6A. During the 2 weeks before this episode of feeling (really happy/energetic/very irritable) began, were you using any drugs or taking any prescription medicines more than you should? NO . (SKIP TO E) . 1
YES . (SPECIFY) . . 5
MN6A
- SPECIFY: _____ MN6A_1 CODE: _____
_____ MN6A_2 CODE: _____
_____ MN6A_3 CODE: _____

IF DRUG OR MEDICINE IS NOT ON CARD L, SKIP TO E.

- B. Were you using (DRUG/MED) every day or almost every day? NO . (SKIP TO E) . 1
YES 5
MN6B
- C. During that time, on average, how many days per week did you take (DRUG/MED)? MN6C _____ DAYS
- D. What is the average number of times you took (DRUG/MED) on those days you were taking (DRUG/MED)? MN6D _____ TIMES

MAN3RF
MAN4E
DHUICD-10

SKIP TO L7.

- E. During the 2 weeks before this episode began, did you start taking any new medicine or change the amount of medicine you were already taking? NO . (SKIP TO L8A) 1
YES 5
MN6E
- F. What medicine did you take? (SPECIFY) MN6F_1 CODE: _____
_____ MN6F_2 CODE: _____

IF MEDICINE IS NOT ON CARD L, SKIP TO L8A.

- L7. Has there been any other time in your life when you were not using alcohol, drugs, or medicines and felt unusually happy or energetic and didn't need much sleep? NO . (SKIP TO L8A, ASKING ABOUT EPISODE IDENTIFIED IN L3B) 1
YES 5
MN7
- A. During that time did you feel really happy and excited about everything? Everything in your life seemed just great for no reason at all? NO . . (SKIP TO C) . . 1
YES 5
MN7A
- B. How long did that happy feeling last? MN7B ___ ___ DAYS

IF 4 OR MORE DAYS, SKIP TO L8A, ASKING ABOUT THIS EPISODE

- C. During that time, did you feel that all kinds of good things were going to happen to you; that life was just wonderful, and nothing bad could ever happen to you? NO . . (SKIP TO E) . . 1
YES 5
MN7C
- D. How long did that feeling last? MN7D ___ ___ DAYS

IF 4 OR MORE DAYS, SKIP TO L8A, ASKING ABOUT THIS EPISODE.

- E. During that time, did you feel very irritable or on edge with your parents and friends? NO . (SKIP TO L8A, ASKING ABOUT EPISODE IDENTIFIED IN L3B) 1
YES 5
MN7E
- F. How long did that irritable feeling last? MN7F ___ ___ DAYS

**IF 4 DAYS OR MORE; CONTINUE, ASKING ABOUT THIS EPISODE.
IF 3 DAYS OR FEWER; CONTINUE, ASKING ABOUT EPISODE IDENTIFIED IN L3B.**

MAN3RB2
MAN4B2

- L8A. When you were feeling (NAME MOOD), were there nights when you didn't need very much sleep? NO . . (SKIP TO L9A) . 1
YES 5
MN8A
- B. Did you have 2 or more nights when you slept very little, but still had lots of energy? NO 1
YES 5
MN8B

MAN3RB1 L9A. When you were feeling (NAME MOOD), did you think NO 1
 MAN4B1 you were a really great person, that you were YES (SPECIFY) . 5
 really fantastic at everything, and could do MN9A
 anything you wanted?

SPECIFY: _____

MAN3RB1 B. When you were feeling (NAME MOOD), did you think NO 1
 MAN4B1 that you were a lot smarter, better, funnier, or YES (SPECIFY) . 5
 more attractive than other people your age? MN9B

SPECIFY: _____

MAN3RB1 C. Did you think you could do very unusual or more NO 1
 MAN4B1 important things than other people your age? YES (SPECIFY) . 5
 MN9C

SPECIFY: _____

MAN3RB6 L10A. When you were feeling (NAME MOOD), did you take NO 1
 MAN4B6 on a lot of extra activities or start seeing your YES (SPECIFY) . 5
 friends a lot more than usual? MN10A

SPECIFY: _____

MAN3RB6 B. Did you call up your friends a lot more than NO 1
 MAN4B6 usual or spend a lot more time on the phone? YES 5
 MN10B

MAN3RB6 L11. When you were (NAME MOOD), did you have a lot NO 1
 MAN4B6 more trouble than usual keeping still? For YES 5
 example, were you restless, in and out of your MN11
 seat, or pacing up and down?

MAN3RB3 L12. When you were (NAME MOOD), did you talk a lot NO 1
 MAN4B3 faster than usual? YES 5
 MN12

(**PROBE:** DO YOU REMEMBER JUST TALKING ON AND ON? DID THE WORDS JUST
 COME OUT WITHOUT YOU HAVING TO THINK ABOUT WHAT TO SAY NEXT?)

MAN3RB4 L13. When you were (NAME MOOD), did you feel your thoughts coming too fast? NO 1
 MAN4B4 YES (SPECIFY) . 5
 MN13

(**PROBE:** WOULD YOU BE TALKING ABOUT ONE THING, AND SUDDENLY THINK ABOUT SOMETHING ELSE AND START TALKING ABOUT THAT? DID YOUR THOUGHTS COME SO FAST THAT YOU WOULD BECOME CONFUSED?)

SPECIFY: _____

MAN3RB5 L14. During the time when you were (NAME MOOD), was it hard for you to keep your mind on one thing at a time? Were you always distracted by every little thing? NO 1
 MAN4B5 YES (SPECIFY) . 5
 MN14

(**PROBE:** WERE THERE SO MANY THINGS YOU WANTED TO DO THAT YOU KEPT SHIFTING FROM ONE THING TO ANOTHER?)

SPECIFY: _____

MAN3RB7 L15A. When you were (NAME MOOD), like we've been talking about, did you do things that you usually wouldn't do? For example, did you give many of your things away or spend too much money? NO 1
 MAN4B7 YES (SPECIFY) . 5
 MN15A

SPECIFY: _____

MAN3RB7 B. When you were feeling (NAME MOOD), did you get involved with people that you normally wouldn't get involved with? NO 1
 MAN4B7 YES 5
 MN15B

MAN3RB7 C. Did you engage in sexual activities that you normally wouldn't have? NO 1
 MAN4B7 YES 5
 MN15C

HYPOMAN-D L16A. During this time when you (NAME BEHAVIORS AND MOOD), did anyone notice that you were acting differently than usual? NO 1
 YES (SPECIFY) . 5
 MN16A

SPECIFY: _____

B. Did your parents worry about you? NO 1
 YES 5
 MN16B

**IF NO 5'S IN L8A-L16B; SKIP TO M1A, P.119.
 OTHERS, RECORD EPISODE ON TIMELINE AND CONTINUE.**

L17A. Did your parents take you to a doctor or a counselor because of the way you were feeling? NO . .(SKIP TO L18A) . 1
 YES 5
 MN17A

B. Did you see: NO YES

1. a psychiatrist or psychologist?	MN17B_1	1	5
2. another medical doctor?	MN17B_2	1	5
3. a school counselor or social worker?	MN17B_3	1	5
4. someone like a minister, priest, or rabbi?	MN17B_4	1	5
5. another professional?. .(SPECIFY)	MN17B_5	1	5

SPECIFY: _____

C. How many times did you see (PERSON(S)) for help? MN17C__ __ __ TIMES

D. Did (PERSON CHILD SAW) give you any medicine? NO 1
 YES . . (SPECIFY) . . . 5
 MN17D

SPECIFY: _____ MN17D_1 CODE: __ __ __
 _____ MN17D_2 CODE: __ __ __

E. What did the (PERSON CHILD SAW) say?

MAN3RC
MAN4A/D

F. Did you have to go into the hospital? NO . .(SKIP TO L18A) . 1
 YES . . .(SPECIFY) . . . 5
 MN17F

SPECIFY: _____

G. How long did you stay in the hospital? __ __ __ DAYS

H. Did they give you any medicine while you were in the hospital? NO 1
 YES . . (SPECIFY) . . . 5
 MN17H

SPECIFY: _____ MN17H_1 CODE: __ __ __
 _____ MN17H_2 CODE: __ __ __

MAN4A L18A. How long did (NAME MOOD AND BEHAVIORS) last? 3 DAYS OR FEWER
 (SKIP TO M1A, P.119) 1
 4 DAYS 2
 1 WEEK 3
 2 WEEKS 4
 3 WEEKS 5
 1 MONTH 6
 LONGER THAN 1 MONTH . 7
MN18A
 B. How many times have you felt like this; when things like (NAME POSITIVES) happened together for most of the week? That is, 4 days or more? 1 TIME 1
 2 TIMES 2
 3-4 TIMES 3
 5-9 TIMES 4
 10+ TIMES 5
MN18B

RECORD ALL EPISODES ON TIMELINE.

L19A. How old were you the first time you had any of these feelings like (NAME POSITIVES)? **MN19A_1** AGE ONS: __ _t
MN19A_2 ONS1 2 3 4 5
 B. How old were you the last time you felt that way? **MN19B_1** AGE REC: __ _t
MN19B_2 REC1 2 3 4 5

FOR EACH 5 IN COL. I, ASK
 "Did it happen (1) a little, (2) somewhat, (3) or a lot?
AND CODE IN COL. II.

MAN3RC L20A. When you were feeling like (NAME MOOD AND BEHAVIOR) did any of the following things happen?
 MAN4D (CODE IN COL. I)

	<u>COL. I</u>		<u>COL. II</u>		
	NO	YES			
1. Did your parents get angry with you?	1	5	1	2	3
	MN20A_1		MN20B_1		
2. Did you get into arguments with your parents?	1	5	1	2	3
	MN20A_2		MN20B_2		
3. Did your parents get upset and worried about you?	1	5	1	2	3
	MN20A_3		MN20B_3		
4. Did you get into trouble at school, and the teacher spoke to your parents about you? . .	1	5	1	2	3
	MN20A_4		MN20B_4		
5. Were you unable to get your homework or schoolwork done?	1	5	1	2	3
	MN20A_5		MN20B_5		
6. Did your friends think something was wrong with you?	1	5	1	2	3
	MN20A_6		MN20B_6		
7. Did you get into arguments with your friends?	1	5	1	2	3
	MN20A_7		MN20B_7		
8. Did you say or do things that you were really embarrassed about later?	1	5	1	2	3
	MN20A_8		MN20B_8		

BOX L21:
IF R HAD 1+ BOX MARKED ON ALCOHOL, MARIJUANA, OR DRUG TALLY SHEET A, CONTINUE.
OTHERS, SKIP TO M1A, P.119.

L21. FOR EACH EPISODE OF MANIA, ASK A.

- A. You said you had an episode of feeling (happy/excited/energetic/irritable) that started at (AGE).

IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A, HAND TALLY(IES) TO R AND ASK 1. OTHERS, SKIP TO 2.

CLUSTERING PER EPISODE

- 1. Around the time this episode of feeling (happy/excited/energetic/irritable) began, were you having experiences from 3 or more boxes on this (ALC/MJ/DRUG) sheet?

IF NO, CONTINUE TO 2.
IF YES, RECORD ON TIMELINE AND RETURN TO L21A FOR NEXT EPISODE OF MANIA.
IF NO OTHER EPISODES, SKIP TO L21B.

HEAVY USE FOR THE EPISODES WHEN NOT CLUSTERING

- 2. Around the time this episode of feeling (happy/excited/energetic/irritable) began, were you (drinking heavily/using DRUGS) daily or almost daily?

IF NO, RETURN TO L21A FOR NEXT EPISODE OF MANIA.
IF YES, RECORD ON TIMELINE AND RETURN TO L21A FOR NEXT EPISODE OF MANIA.
IF NO OTHER EPISODE, SKIP TO L21B.

B. So, according to the information on this timeline,

CLUSTERING FOR ALL EPISODES

- 1. ...your episodes of feeling (happy/excited/energetic/irritable) (NEVER/SOMETIMES/ALWAYS) started around a time when you were experiencing some problems with alcohol, marijuana, or drugs?

NEVER	1
SOMETIMES	3
ALWAYS (SKIP TO M1A, P.119)	5
MN21B1	

HEAVY USE FOR THE EPISODES WHEN NOT CLUSTERING

- 2. ...your episodes (that did not start when you were having problems with alcohol or drugs) (NEVER/SOMETIMES/ALWAYS) started around a time when you were drinking heavily or using drugs daily (or almost daily)?

NEVER	1
SOMETIMES	3
ALWAYS	5
MN21B2	

Some people worry a lot about being away from their families or away from home. I'm going to ask you some questions about times when you're away from home or away from members of your family. This may have happened when you were younger, so think about those times also.

(K1) M1A. Have there been a lot of times when you NO . . (SKIP TO M2A) . 1
 SADD3RA1 really worried that something bad might YES . . .(SPECIFY) . . 5
 SADD4A2 happen to one of your parents or another SA1A
 SADDICDA1 family member -- like they might get hurt
 or die? Perhaps you worried that they
 might never come back?

(PROBE: MAYBE YOU DIDN'T KNOW EXACTLY WHAT MIGHT HAPPEN, BUT YOU WERE AFRAID IT WOULD BE SOMETHING TERRIBLE.)

SPECIFY INCIDENT: _____

PERSON: _____

B. Did you ever try to stay home from school NO 1
 or some other place because you were ALC/DRUG ONLY 3
 worried about (PERSON)? YES 5
 SA1B

(K2) M2A. Have there been a lot of times when you NO . . (SKIP TO BOX) . 1
 SADD3RA2 really worried that something bad might YES . . .(SPECIFY) . . 5
 SADD4A3 happen to you - like getting kidnapped, SA2A
 SADDICDA2 killed, or lost, so that you couldn't see
 your parents or other family members again?

SPECIFY INCIDENT: _____

PERSON: _____

B. Did you ever try to stay home from school NO 1
 or some other place because you were ALC/DRUG ONLY 3
 worried about (PERSON)? YES 5
 SA2B

IF M1B OR M2B IS CODED 3 OR 5, SKIP TO M3C.
 OTHERS, CONTINUE.

(K3)
SADD3RA3
SADD4A4
SADDICDA3

M3A. Have you ever tried to stay home from school a lot because of being afraid to leave (PERSON/SOMEONE YOU ARE CLOSE TO)?

NO 1
YES . . . (SPECIFY) . . 5
SA3A

SPECIFY: _____

B. Have there been many times when you really didn't want to go other places without (PERSON/SOMEONE YOU ARE CLOSE TO) because you were worried that something bad might happen?

NO 1
ALC/DRUG ONLY (SPECIFY) 3
YES (SPECIFY) 5
SA3B

SPECIFY: _____

IF NO TO M3A AND M3B; SKIP TO N1, P. 124.
OTHERS, CONTINUE

C. How long did (POSITIVES IN M1B-M3B) last?
IF DK, ASK C1.

SA3C ____ WEEKS

IF M3C = 00 or 01; SKIP TO N1, P.124.

1. IF DK, Did it last . . .

1 WEEK OR LESS (SKIP TO N1, P.124) 1
2 WEEKS 2
3 WEEKS 3
4 WEEKS 4
SA3C1

CONTINUE WITH SECTION:
ASKING ONLY ABOUT PERSON(S)
CODED 3 OR 5 IN M1B, M2B, M3A, OR M3B.

Now I want you to think about the time(s) when you worried about (PERSON(S) in M1B-M3B). I want to know if any of the things I'm going to ask you about also happened around the same time.

(K4)
SADD3RA4
SADD4A6
SADDICDA4a

M4A. During the time you were worried about (PERSON(S) in M1B-M3B), were there of needed someone like a parent or grandparent, brother or sister to stay close you could get to sleep?

ALC/DRUG ONLY 3
YES 5
SA4A

B. Would you often get up to make sure (PERSON IN M1B-M3B) was there or get into bed with him/her?

NO 1
ALC/DRUG ONLY 3
YES 5
SA4B

SADDICDA4b

(K5)
SADD3RA4
SADD4A6
SADDICDA4c

M5A. During that time, would you say "no" if someone asked you to sleep over at 1
SPECIFY REASON: _____

ALC/DRUG ONLY (SPECIFY) 3
YES (SPECIFY) 5
SA5A

B. Were there times when you had to sleep over at someone else's house, but you to, because you were worried about being away from (PERSON(S) IN M1B-M3B)?

NO 3
 YES 5

SA5B

(K6)
 SADD3RA5
 SADD4A5
 SADDICDA5

M6A. Were there a lot of times when you were afraid to be in the house alone, and someone all of the time?

ALC/DRUG ONLY 3
 YES 5

B. Would you follow around or hang onto (PERSON(S) IN M1B-M3B) so you wouldn't SPECIFY: _____

NO 1
 ALC/DRUG ONLY (SPECIFY) 3
 YES (SPECIFY) 5

SA6B

(PROBE: NOT JUST WHEN SOMETHING LIKE A THUNDERSTORM SCARED YOU, BUT JUST BE

(K7)
 SADD3RA9
 SADD4A1
 SADDICDA8

M7. Were there times when you went to camp or to visit someone - like your grand and you became so upset and worried that you went (SPECIFY) _____

ALC/DRUG ONLY (SPECIFY) 3
 YES (SPECIFY) 5

SPECIFY: _____

SA7

R'S REACTION: _____

(K8)
 SADD3RA9
 SADDICDA8

M8A. Were there many times when you needed to call home because you were worried M1B-M3B), or you were worried that something would happen to you? 3

ALC/DRUG ONLY 3
 YES 5

SA8A

B. If (PERSON(S) IN M1B-M3B) went somewhere without you, would you need to call you were worried that something bad might have happened?

NO 1
 ALC/DRUG ONLY 3
 YES 5

SA8B

(K9)
 SADD3RA6
 SADD4A7
 SADDICDA6

M9. During that time, did you often have bad dreams about being away from (PERSON or other people you love?

ALC/DRUG ONLY 3
 YES 5

SA9

(K10)
 SADD3RA6
 SADD4A8
 SADDICDA7

M10. During the time when you were worried about (PERSON(S) IN M1B-M3B), were there times when you got really bad headaches or stomachaches or threw up when you or someplace else?

ALC/DRUG ONLY 3
 YES 5

SA10

(K11)
 SADD3RA8
 SADD4A1
 SADDICDA8

M11A. When you have had to leave (PERSON(S) IN M1B-M3B), did you often cry and beg you were afraid something terrible might happen?

ALC/DRUG ONLY 3
 YES 5

SA11A

B. When (PERSON(S) IN M1B-M3B) had to leave, did you cry and beg him/her to stay afraid something terrible might happen?

NO 1
 ALC/DRUG ONLY 3
 YES 5

SA11B

IF NO 5'S CODED IN M1B-M11B, SKIP TO BOX M13.
OTHERS, CONTINUE.

(K12)
SADD3RC
SADD4C
SADDICDC

M12A. How old were you when you started having feelings like SA12A_1 (NAME 5'S IN M1B-M11B)
SA12A_2 ONS: 1 2 3 4 5
B. How old were you the last time you had any of those feelings?
SA12B_1 AGE REC: ____ t
C. How long did the longest period of (NAME 5'S IN M1B-M11B) last? **IF DK, ASK**
SA12B_2 REC: last? 2 **IF DK, ASK**

SADD3RB
SADD4B
SADDICDE

1. **IF DK**, Did it last ...

SA12C ____ WEEKS

(K13)

- 1 WEEK OR LESS . . . 1
 - 2 WEEKS 2
 - 3 WEEKS 3
 - 4 WEEKS OR MORE 4
- SA12C1

BOX M13:
IF NO 3'S IN M1B-M11B, SKIP TO M14A.
OTHERS, CONTINUE.

SADD3RC
SADD4C
SADDICDC

M13A. How old were you when you started having feelings like SA13A_1 (NAME 3'S IN M1B-M11B)
SA13A_2 ONS: 1 2 3 4 5
(**PROBE**: DO YOU REMEMBER WHAT GRADE YOU WERE IN?)

B. How old were you the last time you had any of those feelings?

SA13B_1 AGE REC: ____ t

C. How long did (NAME 3'S IN M1B-M11B) last? **IF DK, ASK**
SA13B_2 REC: 1 2 3 4 5

SADD3RB
SADD4D
SADDICDE

1. **IF DK**, Did it last ...

SA13C ____ WEEKS

- 1 WEEK OR LESS . . . 1
 - 2 WEEKS 2
 - 3 WEEKS 3
 - 4 WEEKS OR MORE 4
- SA13C1

FOR EACH 3 OR 5 IN COL. I, ASK
"Did it happen (1) a little, (2) somewhat, or (3) a lot?"
AND CODE IN COL II.

M14A. When you were worried and upset about being away from (PERSON), did any the
IN COL. I) COL. I COL. II
NO A/D YES

SADD4D

1.	Was it hard for you to get along with family?	SA14A_1A	SA14A_1B
		1 3 5	1 2 3
2.	Was it hard for you to get your schoolwork done?	SA14A_2A	SA14A_2B
		1 3 5	1 2 3
3.	Was it hard for you to get along with teachers at school?	SA14A_3A	SA14A_3B
		1 3 5	1 2 3
		SA14A_4A	SA14A_4B
4.	Did you miss any school?	1 3 5	1 2 3
5.	Was it hard for you to have fun with your friends?	SA14A_5A	SA14A_5B
		1 3 5	1 2 3

BOX M15:
IF R HAD 1+ BOX MARKED ON ALCOHOL, MARIJUANA, OR DRUG TALLY SHEET A, CONTINUE. OTHERS, SKIP TO N1, P.124.

M15. We talked about feeling afraid of being away from (PERSON/HOME).
 You said that first happened at (AGE).

**IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A,
 HAND TALLY(IES) TO R AND ASK A.
 OTHERS, SKIP TO B.**

CLUSTERING
AT ONSET

- A. Around the time these feelings first started, were you having experiences first found on this (ALC/MJ/DRUG) sheet?
 YES (SKIP TO N1, P.124) 5
 SA15A
- B. Around the time these feelings first started, were you (drinking heavily/using almost daily?

HEAVY USE
WHEN NOT
CLUSTERING

NO 1
 YES 5
 SA15B

I'm going to ask you some questions about things you might worry about.

(L1) N1. Have you ever been the kind of person who worries a lot? 1
 YES 5
 OV1

(L2) N2A. Have you ever worried a lot about things before they happened like starting a party, going to see the doctor, taking a test, or participating in a sport? (SPECIFY) 3*
 YES 5*
 OV2A

(PROBE: DID YOU THINK ABOUT WHAT WAS GOING TO HAPPEN AND WORRY THAT IT WAS
 PROBE FOR MORE THAN ONE EXAMPLE:

OD3RA1
 GAD4A
 GADICDA B. Did you worry about these things over and over so that it really upset you?
 ALC/DRUG ONLY (SPECIFY) 3*
 SPECIFY HOW IT UPSET R: _____ YES . . (SPECIFY) . . 5*

 OV2B

(L3) N3A. Have you ever really worried a lot about little things like (SKIP TO BOX N3) if you did in example, did you ever say something to someone else that made them really angry? (SPECIFY) 5*
 YES 5*
 OV3A

SPECIFY EXAMPLE: _____

OD3RA2
 GAD4A
 GADICDA B. Did you worry about these things a lot, so that it really upset you? 1
 ALC/DRUG ONLY (SPECIFY) 3*
 SPECIFY HOW IT UPSET R: _____ YES . . (SPECIFY) . . 5*

 OV3B

**BOX N3:
 IF NO 3*'S OR 5*'S, SKIP TO NN1A, P.129.
 OTHERS, CONTINUE.**

(L4) N4A. Have you ever worried a lot that your parents or teachers would be unhappy with you? 3*
 ALC/DRUG ONLY 3*
 GAD4A B. Have you ever worried a lot about how well you would do in things like sports or making friends, things like that? 5*
 GADICDA YES 5*
 NO 1
 SPECIFY EXAMPLE: _____ ALC/DRUG ONLY (SPECIFY) 3*
 _____ YES . . (SPECIFY) . . 5*
 OV4A
 OV4B

(L5) N5. Have you ever gotten sick from worrying? For example, did you worry so much that your stomach started to hurt? 3*
 OD3RA4 ALC/DRUG ONLY 3*
 YES 5*
 OV5

(L6)	N6A.	Have you ever worried about how you looked, what you wore, or how to act around your friends?	NO 1 YES 5 OV6A
OD3RA5	B.	Everyone feels that way a little bit. Did you feel that way <u>a lot</u> , so that it really made you upset with yourself?	NO 1 ALC/DRUG ONLY 3* YES 5* OV6B
(L7)	N7A.	Have there been times when you were always asking someone in your family, a friend to check that your schoolwork was done for you?	ALC/DRUG ONLY 3 YES 5 OV7A
	B.	Have there been <u>a lot of times</u> when you asked your family or friends if they were good at doing things you like to do, like sports, games, or other activities?	NO 1 ALC/DRUG ONLY 3 YES 5 OV7B
	C.	Have there been a lot of times when you asked your parents or someone else if your friends really liked you?	NO 1 ALC/DRUG ONLY 3 YES 5 OV7C
	D.	Have there been many times when you would ask your friends or someone else if your teacher or other adults were angry with you?	NO 1 ALC/DRUG ONLY 3 YES 5 OV7D
OD3RA6 GAD4A GADICDA	E.	ARE 2 OR MORE 5'S CODED IN N7A-D?	NO 1 YES 5* OV7E
	F.	ARE 2 OR MORE 3'S CODED IN N7A-D?	NO 1 YES 5* OV7F
(L8) OD3RA7	N8.	Have you ever been <u>so</u> worried that it was hard for you to just have fun and watch TV?	ALC/DRUG ONLY 3* YES 5* OV8
GAD4B GADICDB	N9.	Have you worried so much that you couldn't make the worry go away?	ALC/DRUG ONLY 3* YES 5* OV9
GAD4C1 GADICDC1	N10.	When you worried about (NAME WORRIES), was it hard for you to relax and sit around?	ALC/DRUG ONLY 3* YES 5* OV10
GAD4C2 GADICDC2	N11.	Did worrying like that make you tired?	NO 1 ALC/DRUG ONLY 3* YES 5* OV11

GAD4C3
GAD1CDC3

N12A. When you've gotten really worried, have you had trouble keeping your mind on schoolwork or homework?
 NO 3*
 ALC/DRUG ONLY 3*
 YES 5*

B. When you've been worried, have you had trouble remembering things you were told?
 NO 1
 ALC/DRUG ONLY 3*
 YES 5*

OV12A
OV12B

GAD4C4
GAD1CDC4

N13. When you've been really worried, have you felt nervous, irritable, or angry?
 NO 1
 ALC/DRUG ONLY 3*
 YES 5*

OV13

GAD4C5
GAD1CDC5

N14. When you've been really worried, have your muscles felt tight?
 NO 1
 ALC/DRUG ONLY 3*
 YES 5*

OV14

GAD4C6
GAD1CDC6

N15A. When you've worried a lot, have you had a hard time falling asleep at night?
 NO 1
 ALC/DRUG ONLY 3*
 YES 5*

B. When you've worried a lot, have you often woken up at night or earlier than morning?
 NO 1
 ALC/DRUG ONLY 3*
 YES 5*

C. Would you wake up tired in the morning?
 NO 1
 ALC/DRUG ONLY 3*
 YES 5*

OV15A
OV15B
OV15C

**IF NO 5*'S IN N2B-N15C, SKIP TO BOX N18.
 OTHERS, CONTINUE.**

(L9)
GAD1CDE

N16A. How old were you when you first started (NAME ~~OF~~ OV16A IN AGE-ONS)? t
 OV16A_2 ONS: 1 2 3 4 5

B. How old were you the last time you had any of these worries?
 OV16B_1 AGE REC: t
 OV16B_2 REC: 1 2 3 4 5

(L10)
OD3RA

N17A. Did most of these things happen around the same time. (for example, in the summer?)
 YES 5

B. Did these things last for 6 months or longer?
 NO 1
 YES 5

OV17A
OV17B

OD3RA
GAD4A

**BOX N18:
 IF NO 3*'S IN N2B-N15C, SKIP TO N20A.
 OTHERS, CONTINUE.**

GAD4F
GAD1CDG

N18A. How old were you when you first started (NAME ~~OF~~ OV18A IN AGE-ONS)? t
 OV18A_2 ONS: 1 2 3 4 5

B. How old were you the last time you had any of these worries?
 OV18B_1 AGE REC: t
 OV18B_2 REC: 1 2 3 4 5

OD3RA

N19A. Did most of these things happen around the same time. (for example, in the
 YES 5
 B. Did these things last for 6 months or longer? OV19A

OD3RA
GAD4A

NO 1
 YES 5
 OV19B

N20A. Did your parents ever take you to a doctor or any other professional because
 worries like the ones we've been talking about? YES 5
 OV20A

B. Did you see:

		NO	YES
1. a psychiatrist or psychologist?	OV20B_1	1	5
2. another medical doctor?	OV20B_2	1	5
3. a school counselor or social worker?	OV20B_3	1	5
4. someone like a minister, priest, or rabbi?	OV20B_4	1	5
5. another professional? (IF YES, SPECIFY)	OV20B_5	1	5

SPECIFY: _____

C. Did the (PERSON) give you any medicine for your worrying? 1
 YES . . (SPECIFY) 5

SPECIFY: _____ OV20C
 _____ OV20C_1 CODE: ____ ____ ____
 _____ OV20C_2 CODE: ____ ____ ____

D. What did the (PERSON) say?

FOR EACH 3 OR 5 IN COL. I, ASK
 "Did it happen (1) a little, (2) somewhat, or (3) a lot?"
AND CODE IN COL. II.

N21A. When you were (NAME 3*'S AND 5*'S IN N2B-N15C), did any the following things
 (CODE IN COL. I)

GAD4E
GADICDF

		COL. I			COL. II		
		NO	A/D	YES			
1. Was it hard for you to get along with your parents?	OV21A_1A	1	3	5	OV21A_1B		
2. Was it hard for you to get along with your teachers?	OV21A_2A	1	3	5	OV21A_2B		
	OV21A_3A				OV21A_3B		
3. Was it hard to do your homework?		1	3	5	1 2 3		
4. Was it hard for you to get along with your friends?	OV21A_4A	1	3	5	OV21A_4B		
	OV21A_5A				OV21A_5B		
5. Was it hard for you to be happy?		1	3	5	1 2 3		

BOX N22:
IF R HAD 1+ BOX MARKED ON ALCOHOL, MARIJUANA, OR DRUG TALLY SHEET A, CONTINUE.
OTHERS, SKIP TO NN1A, P. 129.

N22 We talked about feeling worried.
 You said that first happened at (AGE).

**IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A,
 HAND TALLY(IES) TO R AND ASK A.
 OTHERS, SKIP TO B.**

CLUSTERING AT ONSET	<p>Around the time the worrying first started, were you having experiences from : found on this (ALC/MJ/DRUG) sheet? YES (SKIP TO NN1A, P.129) 5 OV22A</p> <p>Around the time the worrying first started, were you (drinking heavily/ using almost daily?</p>	<p>NO 1 YES 5 OV22B</p>
HEAVY USE WHEN NOT CLUSTERING		

PAN3RA
PAN4A
PANICDA/B

NN1A. Sometimes people suddenly feel scared, even when most other people wouldn't be scared. Have you ever suddenly felt very upset and afraid and didn't know why?

1	2	3	4	5
---	---	---	---	---

PN1A

SPECIFY: _____

DRUG/MED CODE: ___ ___ ___
PN1A_1
ILLNESS CODE: ___ ___ ___
PN1A_2

(PROBE: THIS WOULD HAVE HAPPENED AT A TIME WHEN YOU USUALLY WOULDN'T BE AFRAID. FOR EXAMPLE, YOU WEREN'T TAKING A TEST, OR SPEAKING IN FRONT OF THE CLASS, OR DOING SOMETHING ELSE THAT WOULD MAKE YOU NERVOUS.)

IF NN1A = 1, SKIP TO 01, P.133.
= 2, 4, OR 5; SKIP TO NN2A.
= 3, CONTINUE.

B. Did you feel like this while you were USING 1
taking (DRUG/MED), or after you stopped STOPPED/CUT DOWN. 2
or cut down on using (DRUG/MED), or both? BOTH 3
PN1B

PAN3RC
PAN4A1
PANICDB

NN2A. I'm going to ask you about some things that can happen when a person suddenly feels very scared and upset for no real reason.

When you (NAME EXAMPLE IN NN1A), did you also ...

		<u>NO</u>	<u>YES</u>
1. feel your heart beating hard?	PN2A_1	1	5
2. start sweating?	PN2A_2	1	5
3. feel your body shaking?	PN2A_3	1	5
4. have trouble breathing, like a pillow was covering your face?	PN2A_4	1	5
5. feel like you were choking?	PN2A_5	1	5
6. feel pain in your chest?	PN2A_6	1	5
7. feel sick to your stomach or feel pain in your stomach?	PN2A_7	1	5
8. feel dizzy, faint, or like you might fall down?	PN2A_8	1	5
9. feel like you were not real, or like you were outside of your body looking at yourself, or like you were in a dream?	PN2A_9	1	5
10. feel like you might go crazy or lose control of yourself?	PN2A_10	1	5
11. feel a strange tickling or tingling in your fingers or toes, like they had gone to sleep?	PN2A_11	1	5
12. feel cold?	PN2A_12	1	5
13. feel hot?	PN2A_13	1	5
14. have a dry mouth?	PN2A_14	1	5
15. think you were going to die?	PN2A_15	1	5

IF 3 OR FEWER 5'S IN NN2A.1-15, SKIP TO 01, P. 133. OTHERS, CONTINUE.

PAN3RD
PAN4A1
PANICDB2/3

NN3. When you got very scared and upset, did (NAME 5'S IN NN2A) happen all of a sudden and get worse very quickly?

NO 1
YES 5
PN3

PAN4A1 NN4A. How many times have you been scared and upset and had (NAME 5'S IN NN2A)? **IF DK, ASK A1.** PN4A ____ TIMES

**IF 2 TIMES OR FEWER, SKIP TO NN5.
IF 3 OR MORE TIMES, SKIP TO B.**

1. **IF DK**, Was it at least ...

1-2 TIMES .(SKIP TO NN5)	1
3-5 TIMES	2
6-9 TIMES	3
10-20 TIMES	4
MORE THAN 20 TIMES	5

PN4A_1

PAN3RB B. Have you ever had . . .

1. 3 attacks within a three-week period?

NO	1
YES	5

PN4B_1

PANICDF41.00 2. 4 attacks within a four-week period?

NO	1
YES	5

PN4B_2

NN5. How old were you the (first/last) time you suddenly felt very scared and (NAME 5'S IN NN2A)?

PN5_1AGE ONS: __ __ t	
PN5_2ONS: 1 2 3 4 5	
PN5_3AGE REC: __ __ t	
PN5_4REC: 1 2 3 4 5	

NN6A. After one of those times when you were suddenly very scared and upset, did you worry that it might happen again?

NO .(SKIP TO NN7A)	1
YES	5

PN6A

B. Did you worry about that a lot?

NO .(SKIP TO NN7A)	1
YES	5

PN6B

PAN3RB PAN4A2(a) C. Did you worry like that for ...

1 WEEK OR LESS? . .	1
2-3 WEEKS?	2
4 WEEKS OR MORE? . .	5

PN6C

NN7A. After one of those times when you felt really scared and upset, did you worry that your heart might stop, you might die, you were going crazy, or that something terrible might happen to you?

NO .(SKIP TO NN8)	1
YES	5

PN7A

1. What did you worry about?

B. Did you worry about that a lot?

NO .(SKIP TO NN8)	1
YES	5

PN7B

PAN4A2(b) C. Did you worry like that for ...

1 WEEK OR LESS? . .	1
2-3 WEEKS?	2
4 WEEKS OR MORE? . .	5

PN7C

NN8. Sometimes people act differently, because they are worried that they are going to become scared in front of other people. Because of this, they might miss more school, stop going places, or stop doing things with their friends.

A. Have you ever behaved differently because you were worried that you might become scared in front of other people? NO (SKIP TO BOX NN8) 1 YES 5 PN8A

B. How did you act differently? _____

PAN4A2(c)

C. How long did you (NAME BEHAVIOR)? 1 WEEK OR LESS? . . 1 2-3 WEEKS? 2 4 WEEKS OR MORE? . 5 PN8C

**BOX NN8:
IF NO 5'S IN NN6C, NN7C, AND NN8C; SKIP TO O1, P.133
OTHERS, CONTINUE.**

NN9A. Did your parents ever take you to a doctor or other professional because you were having problems like the ones we've been talking about? NO (SKIP TO NN10A) 1 YES 5 PN9A

B. Did s/he see: NO YES
1. a psychiatrist or psychologist? PN9B_1 1 5
2. another medical doctor PN9B_2 1 5
3. a school counselor or social worker? PN9B_3 1 5
4. someone like a minister, priest, or rabbi? PN9B_4 1 5
5. another professional? (SPECIFY) PN9B_5 1 5

SPECIFY: _____

C. Did the (PERSON CHILD SAW) give you any medicine? NO 1 YES . . (SPECIFY) . 5 PN9C

SPECIFY: _____ PN9C_1 CODE: _ _ _
_____ PN9C_2 CODE: _ _ _

D. What did (PERSON CHILD SAW) say? _____

FOR EACH 3 OR 5 IN COL. I, ASK
 "Did that happen (1) a little, (2) somewhat, or (3) a lot?"
AND CODE IN COL. II.

NN10A. When you suddenly became scared and upset, did any the following things happen? (CODE IN COL. I)	<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>COL. I</u></td> <td style="border-left: 1px solid black; text-align: center;"><u>COL. II</u></td> </tr> <tr> <td></td> <td style="text-align: center;">NO A/D YES</td> <td style="border-left: 1px solid black;"></td> </tr> </table>		<u>COL. I</u>	<u>COL. II</u>		NO A/D YES	
	<u>COL. I</u>	<u>COL. II</u>					
	NO A/D YES						
1. Was it hard for you to get along with your parents?	<table border="0"> <tr> <td style="text-align: left;">PN10A_1A</td> <td style="border-left: 1px solid black; text-align: left;">PN10A_1B</td> </tr> <tr> <td style="text-align: center;">1 3 5</td> <td style="border-left: 1px solid black; text-align: center;">1 2 3</td> </tr> </table>	PN10A_1A	PN10A_1B	1 3 5	1 2 3		
PN10A_1A	PN10A_1B						
1 3 5	1 2 3						
2. Was it hard for you to get along with you teachers?	<table border="0"> <tr> <td style="text-align: left;">PN10A_2A</td> <td style="border-left: 1px solid black; text-align: left;">PN10A_2B</td> </tr> <tr> <td style="text-align: center;">1 3 5</td> <td style="border-left: 1px solid black; text-align: center;">1 2 3</td> </tr> <tr> <td style="text-align: left;">PN10A_3A</td> <td style="border-left: 1px solid black; text-align: left;">PN10A_3B</td> </tr> </table>	PN10A_2A	PN10A_2B	1 3 5	1 2 3	PN10A_3A	PN10A_3B
PN10A_2A	PN10A_2B						
1 3 5	1 2 3						
PN10A_3A	PN10A_3B						
3. Was it hard to do your schoolwork?	<table border="0"> <tr> <td style="text-align: center;">1 3 5</td> <td style="border-left: 1px solid black; text-align: center;">1 2 3</td> </tr> </table>	1 3 5	1 2 3				
1 3 5	1 2 3						
4. Was it hard for you to get along with your friends?	<table border="0"> <tr> <td style="text-align: left;">PN10A_4A</td> <td style="border-left: 1px solid black; text-align: left;">PN10A_4B</td> </tr> <tr> <td style="text-align: center;">1 3 5</td> <td style="border-left: 1px solid black; text-align: center;">1 2 3</td> </tr> </table>	PN10A_4A	PN10A_4B	1 3 5	1 2 3		
PN10A_4A	PN10A_4B						
1 3 5	1 2 3						

BOX NN11:
 IF R HAD 1+ BOX MARKED ON ALCOHOL, MARIJUANA, OR DRUG TALLY SHEET A, CONTINUE.
 OTHERS, SKIP TO O1, P. 133.

NN11. We talked about sudden attacks of feeling
 panicky, frightened, or nervous.
 You said that first happened at (AGE).

**IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A,
 HAND TALLY(IES) TO R AND ASK A.
 OTHERS, SKIP TO B.**

CLUSTERING AT ONSET	A. Around the time the attacks first started, were you having experiences from 3 or more boxes found on this (ALC/MJ/DRUG) sheet?	NO 1 YES .(SKIP TO O1, P.133) 5 PN11A
HEAVY USE WHEN NOT CLUSTERING	B. Around the time the attacks first started, were you (drinking heavily/ using DRUGS) daily or almost daily?	NO 1 YES 5 PN11B

01. Was there a time when you felt very anxious in most situations where you had to be with people you didn't know? NO 1
 YES 5
 SP1

SP3RA
 SP4A
 SPICDA1

02. Some people become anxious in certain situations, because they think that they might become embarrassed, or that others may think they are weak, crazy, stupid or anxious. Have there been situations such as meeting people, or talking in front of a group, that caused you to feel very anxious or afraid, because you thought people would be watching you, or that you might become embarrassed? NO .(SKIP TO P1A, P.137) 1
 ALC/DRUG ONLY 3
 YES 5
 SP2

03A. Have you ever had a strong, unreasonable fear of. . .(CODE IN COL. I) **FOR ANY YES, USE STANDARD PROBE:**

"Was it because you were afraid that you would do something embarrassing?"

	COL. I		ALMOST ALWAYS COL. II		USUALLY UNREASONABLE COL. III	
	NO	YES	NO	YES	NO	YES
1. starting or continuing conversations with people your own age? . . .	1	5	1	5	1	5
	SP3A_1		SP3B_1		SP3C_1	
2. going to parties?	1	5	1	5	1	5
	SP3A_2		SP3B_2		SP3C_2	
3. dating?	1	5	1	5	1	5
4. speaking to a teacher, boss or others in authority?	1	5	1	5	1	5
	SP3A_4		SP3B_4		SP3C_4	
5. eating or drinking in public? .	1	5	1	5	1	5
	SP3A_5		SP3B_5		SP3C_5	
6. using public toilets?	1	5	1	5	1	5
	SP3A_6		SP3B_6		SP3C_6	
7. talking to a group of strangers?	1	5	1	5	1	5
	SP3A_7		SP3B_7		SP3C_7	
8. writing while someone watches?	1	5	1	5	1	5
	SP3A_8		SP3B_8		SP3C_8	
9. calling someone on the telephone?	1	5	1	5	1	5
	SP3A_9		SP3B_9		SP3C_9	
10. taking a test or exam?	1	5	1	5	1	5
11. asking for directions or asking for help in a store?	1	5	1	5	1	5
	SP3A_11		SP3B_11		SP3C_11	
12. performing in front of others?	1	5	1	5	1	5
	SP3A_12		SP3B_12		SP3C_12	
13. anything else (SPECIFY)?	1	5	1	5	1	5
	SP3A_13		SP3B_13		SP3C_13	

SPECIFY: _____

FOR EACH 5 IN COL. I, ASK B AND CODE IN COL. II. IF NO 5'S IN COL. I; SKIP TO P1A, P.137.

SP4GEN

B. Was there a period of time when you almost always felt scared or very anxious when (NAME 5'S IN COL. I, ONE AT A TIME)?

FOR EACH 5 IN COL. II, ASK C AND CODE IN COL. III. IF NO 5'S IN COL. II; SKIP TO P1A, P.137.

SP3RF
SP4C
SPICD-C

C. Do you feel that your fear of (NAME 5'S IN COL. II, ONE AT A TIME) was usually unreasonable?

IF NO 5'S CODED IN COL. III; SKIP TO P1A, P.137. OTHERS, CONTINUE.

SPICD-B

04A. When you felt scared or very anxious about (NAME 5'S IN O3A.1-13, COL. III), did you have any of these other experiences?

Did you:		NO	YES
1.	feel your heart pounding?	SP4A_1 1	5
2.	start sweating?	SP4A_2 1	5
3.	start shaking?	SP4A_3 1	5
4.	have trouble breathing or feel like a pillow was covering your face?	SP4A_4 1	5
5.	feel like you were choking?	SP4A_5 1	5
6.	feel pain in your chest?	SP4A_6 1	5
7.	feel sick to your stomach or feel pain in your stomach?	SP4A_7 1	5
8.	feel dizzy, faint, or like you might fall down?	SP4A_8 1	5
9.	feel like you were not real, or like you were outside of your body looking at yourself, or like you were in a dream?	SP4A_9 1	5
10.	think that you might go crazy or lose control of yourself?	SP4A_10 1	5
11.	feel strange tickling in your fingers or toes like they had gone to sleep?	SP4A_11 1	5
12.	feel cold?	SP4A_12 1	5
13.	feel your face getting hot or red?	SP4A_13 1	5
14.	have a dry mouth?	SP4A_14 1	5
15.	think you were going to die?	SP4A_15 1	5
16.	suddenly <u>have</u> to use the bathroom or <u>think</u> you might have to?	SP4A_16 1	5
17.	have a fear that you were going to throw up?	SP4A_17 1	5

IF NO 5'S IN O4A.1-17, SKIP TO O5. OTHERS, CONTINUE.

SPICD-D

B.	Did you experience (NAME 5'S IN O4A.1-17) only when (NAME 5'S IN O3A.1-13, COL. III)?	NO 1
		YES 5
		SP4B

SP3RD
SP4D
SPICD-A2

05.	Have you often tried to avoid (this situation/ any of these situations) because of your fear?	NO 1
		YES . (SPECIFY) . 5
		SP5
	SPECIFY: _____	

SP3RC
SP4B

06.	Did you usually get nervous or panicky right away when you (NAME 5'S IN O3A.1-13, COL. III)?	NO 1
		YES 5
		SP6

SP3RE SP4E SPICD-C	07.	Did it bother you a lot that you were so afraid of (NAME 5'S IN O3A.1-13, COL. III)?	NO 1 YES 5 SP7
SP3RE SP4E	A.	Did your feeling anxious or avoiding (NAME 5'S IN O3A.1-13, COL. III) cause you difficulties at home or with your family?	NO 1 YES 5 SP7A
SP3RE SP4E	B.	Did your feeling anxious or avoiding (NAME 5'S IN O3A.1-13, COL. III) make it difficult for you to do things such as leave the house, go shopping, go to the movies, belong to clubs, or do other things that other people your age like to do? SPECIFY: _____ _____	NO 1 YES .(SPECIFY) 5 SP7B
SP3RE SP4E	C.	Did your feeling anxious or avoiding (NAME 5'S IN O3A.1-13, COL. III) ever cause you difficulties getting along with friends or difficulties making new friends?	NO 1 YES 5 SP7C
SP3RE SP4E	D.	Did your feeling anxious or avoiding (NAME 5'S IN O3A.1-13, COL. III) ever cause you difficulties at school? SPECIFY: _____ _____	NO 1 YES .(SPECIFY) 5 SP7D

08.	How old were you the (first/last) time you felt very anxious or scared when (NAME 5'S IN O3A.1-13, COL. III)?	SP8_1 AGE ONS: __ __ t SP8_2 ONS: 1 2 3 4 5 SP8_3 AGE REC: __ __ t SP8_4 REC: 1 2 3 4 5
-----	---	--

SP4F	09.	Did you ever have (this fear/these fears) for 6 months or more?	NO 1 YES 5 SP9
------	-----	---	--

SP4G SPICD-E	010.	Do you have a physical illness, or were you taking any medication or drugs before you started to worry about (NAME 5'S IN O3A.1-13, COL. III)? SPECIFY ILLNESS: _____ _____ SPECIFY DRUG/MED: _____ _____	NO 1 ILLNESS .(SPECIFY) 2 DRUG/MED (SPECIFY) 3 SP10 SP10_1 CODE: __ __ __ SP10_2 CODE: __ __ __ SP10_3 CODE: __ __ __ SP10_4 CODE: __ __ __
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**BOX 011:
 IF R HAD 1+ BOX MARKED ON ALCOHOL, MARIJUANA, OR DRUG TALLY SHEET A, CONTINUE.
 OTHERS, SKIP TO P1A, P. 137.**

011. We talked about when you were worried about (situations) in public.
 You said that first happened at (AGE).

**IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A,
 HAND TALLY(IES) TO R AND ASK A.
 OTHERS, SKIP TO B.**

CLUSTERING AT ONSET	A. Around the time you first worried about (situations) in public, were you having experiences from 3 or more boxes found on this (ALC/MJ/DRUG) sheet?	NO 1 YES (SKIP TO P1A, P.137) 5 SP11A
HEAVY USE WHEN NOT CLUSTERING	B. Around the time you first worried about (situations) in public, were you (drinking heavily/ using DRUGS) daily or almost daily?	NO 1 YES 5 SP11B

Now I would like to ask you some (more) questions about times when you might have been feeli

(M1) P1A. Have you ever thought a lot about death or dying? NO . (SKIP TO P2A) 1
 YES 5

B. Can you tell me what was going on? SU1A

C. Did you have these thoughts every day or almost every day? NO . (SKIP TO P2A) 1
 ALC/DRUG ONLY . . . 3

D. How old were you when you (first/last) had these thoughts? YES 5

IF P1A/B RELATES TO SELF, CODE E SILENTLY.

SU1C
 SU1D_1 AGE ONS: ___ __t
 SU1D_2 ONS: 1 2 3 4 5

SU1D_3 AGE REC: ___ __t
 SU1D_4 REC: 1 2 3 4 5

E. Have you ever thought about killing yourself?

NO 1
 YES 5
 SU1E

(M2) P2A. Have you ever made a plan about how you might kill yourself? NO . (SKIP TO P3A) 1
 ALC/DRUG ONLY . . . 3

B. How many times have you made a plan like that? YES 5

C. How old were you when you (first/last) made a plan like that? SU2A
 SU2B _____ TIMES

SU2C_1 AGE ONS: ___ __t
 SU2C_2 ONS: 1 2 3 4 5

D. Can you tell me about (a/the) plan?

SU2C_3 AGE REC: ___ __t
 SU2C_4 REC: 1 2 3 4 5

(M3) P3A. Have you ever tried to kill yourself? NO 1
 ALC/DRUG ONLY 3
 YES 5
 SU3A

IF NO TO P1C, P2A, AND P3A; SKIP TO P7A.
 IF NO TO P3A AND YES TO P1C OR P2A, SKIP TO P6A.
 IF YES TO P3A, CONTINUE.

B. How many times? SU3B _____ TIMES

C. How old were you the (first/last) time? SU3C_1 AGE ONS: _____t
 SU3C_2 ONS: 1 2 3 4 5

IF MORE THAN ONE ATTEMPT,
 ASK ABOUT THE MOST SERIOUS ATTEMPT.

SU3C_3 AGE REC: _____t
 SU3C_4 REC: 1 2 3 4 5

D. Could you tell me what happened (during your most serious try)?

E. Did you see a doctor for medical treatment? NO 1
 YES . . (SPECIFY) 5
 SPECIFY: _____

SU3E

F. How old were you then? SU3F _____ AGE

G. Were you sorry that you didn't die? NO 1
 YES 5
 SU3G

CODE FOR MOST SEVERE ATTEMPT.

P4A.	CODE SILENTLY: <u>TYPE OF METHOD INTENDED</u>	SU4A CODE: ____
	1. Fire gun.	
	2. Crash car.	
	3. Carbon monoxide poisoning.	
	4. Cut wrists, or stab self.	
	5. Take pills.	
	6. Jump from height.	
	7. Jump in front of train/car.	
	8. Strangulation, choking, suffocation, hanging.	
	9. Other or combination.	
B.	CODE SILENTLY: <u>DEGREE OF COMPLETION</u>	SU4B CODE: _____
	1. Contemplated only.	
	2. Put self in vicinity (e.g., brought gun/pills into room, walked into train station).	
	3. Stopped short of completing act (held gun/pills, stood on edge of platform, sat in car.)	
	4. Attempted act (jumped, pulled trigger, swallowed pills).	
P5	CODE SILENTLY: <u>INTENT</u>	SU4C CODE: _____
(M5)	1. Unclear (no information or not sure).	
	2. Denies intent.	
	3. Reports minimal intent.	
	4. Reports significant intent with some ambivalence.	
	5. Very severe/extreme intent to die.	

(M6) P6A. Did you see a doctor or a counselor because you had thoughts or made plans/tried to kill yourself or hurt yourself on purpose? NO (SKIP TO Q1, P.141) YES 5
 B. What did the (doctor/counselor) do or say? SU6A

P7A. (Other than when you were trying to kill yourself or hurt yourself on purpose) (SKIP TO BOX P8) tried to kill yourself or hurt yourself on purpose? NO (SKIP TO Q1, P.141) YES . . (SPECIFY) . 5
 SU7A

SPECIFY: _____

B. How many times have you done something like this?
 C. How old were you the (first/last) time? SU7B _____ TIMES

SU7C_1 AGE ONS: _____ t
 SU7C_2 ONS: 1 2 3 4 5
 SU7C_3 AGE REC: _____ t
 SU7C_4 REC: 1 2 3 4 5

**BOX P8:
 IF YES TO P1C, P2A, OR P3A; CONTINUE.
 OTHERS, SKIP TO Q1, P.141.**

**IF R HAD 1+ BOX MARKED ON ALCOHOL, MARIJUANA, OR DRUG TALLY SHEET A; CONTINUE.
 OTHERS, SKIP TO Q1, P.141.**

P8 We talked about having thoughts about (death/trying to kill yourself/hurting yourself on purpose). You said that first happened at (AGE).

**IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A,
 HAND TALLY(IES) TO R AND ASK A.
 OTHERS, SKIP TO B.**

CLUSTERING AT ONSET A. Around the time this first started, were you having experiences from 31 or more days in the last 12 months? NO (SKIP TO Q1, P.141) YES (SKIP TO Q1, P.141) 5
 SU8A
 B. Around the time this first started, were you drinking heavily/using DRUGS) daily? NO 1
 HEAVY USE WHEN NOT CLUSTERING YES 5
 SU8B

(N1) OCD3RA01 OCD4A01/2 OCDICDB2	Q1. Have you ever had strange thoughts, ideas, or images that upset you and wouldn't go away even though you tried not to think about them?	NO 1 ALC/DRUG ONLY (SPECIFY) 3* YES (SPECIFY) 5* OB1
---	---	---

DON'T COUNT REAL WORRIES LIKE MOM BEING SICK OR OTHERS BEING MEAN TO HIM/HER.

SPECIFY: _____

(N2)	Q2A. Have you ever worried a lot about having germs or dirt on your hands or on other parts of your body?	NO .(SKIP TO Q3A) . 1 YES 5 OB2A
------	---	--

OCD3RA01 OCD4A01/2 OCDICDB2	B. I don't mean a time when you were playing and got your clothes dirty. I mean did you really just worry about germs and dirt a <u>lot</u> , you tried not to, but the thought just stayed in your head?	NO 1 ALC/DRUG ONLY . . . 3* YES 5* OB2B
-----------------------------------	---	--

(N3)	Q3A. Have you worried a <u>lot</u> that you might get really sick? For example, did you think you might catch some really bad illness or disease?	NO .(SKIP TO Q4A) . 1 YES 5 OB3A
------	---	--

B.	Did you keep on thinking about getting sick, even though you tried to stop thinking about it?	NO .(SKIP TO Q4A) . 1 YES 5 OB3B
----	---	--

OCD3RA01 OCD4A01 OCDICDB2	C. Did these thoughts really upset you?	NO 1 ALC/DRUG ONLY . . . 3* YES 5* OB3C
---------------------------------	---	--

(N4)
OCD3RA01
OCD4A01/2
OCDICDB2

Q4A. Sometimes people have thoughts about hurting someone, like killing someone in their family, stabbing someone with a knife, pushing someone down the stairs, or poking someone's eyes out.

Have you had thoughts about doing something bad, like hurting someone you really liked? NO .(SKIP TO Q5A) . 1
YES . (SPECIFY) . . 5
OB4A

SPECIFY: _____

1. Were you angry with that person when you were having these thoughts? NO .(SKIP TO Q4B) . 1
YES 5
OB4A_1

2. Has there been another time when you thought about doing something to hurt someone you liked when you weren't angry with that person? NO .(SKIP TO Q5A) . 1
YES . (SPECIFY) . . 5
OB4A_2

SPECIFY: _____

OCD3RA01
OCD4A01/3
OCDICDB2/3

B. Sometimes people think like that, but the thoughts go away quickly. Have you thought about things like that a lot? Have you tried to stop thinking about it, but couldn't make the thoughts go away? NO 1
ALC/DRUG ONLY . . . 3*
YES 5*
OB4B

(N5)

Q5A. Have you worried that you might do something you shouldn't, like screaming out curse words in front of the teacher, or yelling out loud in church or in the library? NO .(SKIP TO Q6A) . 1
YES 5
OB5A

B. Did you think these thoughts over and over? NO .(SKIP TO Q6A) . 1
YES 5
OB5B

OCD3RA01
OCD4A01
OCDICDB2

C. Did these thoughts really upset you? NO 1
ALC/DRUG ONLY . . . 3*
YES 5*
OB5C

Q6A. Have you had any other strange thoughts, ideas, or images over and over? NO (SKIP TO BOX Q6) 1
YES . . (SPECIFY) . 5
OB6A

SPECIFY: _____

OCD3RA01
OCD4A01
OCDICDB

B. Did these thoughts really upset you? NO 1
ALC/DRUG ONLY . . . 3*
YES 5*
OB6B

**BOX Q6:
IF NO 3*'S OR 5*'S IN Q1-Q6B; SKIP TO R1A.1, P.146.
OTHERS, CONTINUE**

(N6) OCD3RA02 OCD4A03 OCDICDB3	Q7. Have you tried to stop thinking about (NAME 3*'s AND 5*'S IN Q1-Q6B) by doing something else, but it usually didn't work?	NO 1 ALC/DRUG ONLY . . . 3* YES 5* OB7
---	---	---

(N7) OCD3RA03 OCD4A04 OCDICDB1	Q8A. These thoughts that you've been telling me about, were they your own thoughts? What I mean is, were they coming from your own mind, or was it more like somebody put them inside your head?	SOMEONE PUT THEM IN YOUR HEAD 1 OWN THOUGHTS . . . 5* OB8A
---	--	---

B. Could you tell me a little bit more about that?

SPECIFY: _____

(N8) OCD3RB OCD4C OCDICDC	Q9A. Did these thoughts, ideas, or images take up a lot of your time?	NO 1 YES 5* OB9A
	B. How much time (do/did) you spend each day thinking about (NAME 3*'S AND 5*'S IN Q1-Q6B)?	AN HOUR OR LESS . . 1 MORE THAN AN HOUR 5* OB9B

**IF NO 5*'S IN Q1-Q9B, SKIP TO BOX Q13.
OTHERS, CONTINUE.**

(N9)	Q10A. How old were the first time you started having these thoughts like (NAME 5*'S IN Q1-Q6B)?	OB10A_1 AGE ONS: __ __t OB10A_2 ONS:1 2 3 4 5
	B. How old were the last time you were worried like that?	OB10B_1 AGE REC: __ __t OB10B_2 REC:1 2 3 4 5

OCDICDA	Q11. Did you have these thoughts almost every day for at least 2 weeks?	NO 1 YES 5 OB11
---------	---	---

OCD4E	Q12. Were you sick at the time you were having these thoughts?	NO 1 YES . (SPECIFY) . . 5 OB12
	SPECIFY ILLNESS: _____ _____	OB12_1 CODE: __ __ __ OB12_2 CODE: __ __ __

**BOX Q13:
IF NO 3*'S IN Q1-Q7, SKIP TO Q14A.
OTHERS, CONTINUE.**

Q13A.	How old were you the first time you started having thoughts like (NAME 3*'S IN Q1-Q6B)?	OB13A_1 AGE ONS: __ __t OB13A_2 ONS:1 2 3 4 5
B.	How old were you the last time you were worried like that?	OB13B_1 AGE REC: __ __t OB13B_2 REC:1 2 3 4 5

FOR EACH 3 OR 5 IN COL. I, ASK
 "Did that happen (1) a little, (2) somewhat, or (3) a lot?"
AND CODE IN COL. II.

OCD3RB
OCD4C
OCDICDC

Q14A. Did any the following things happen because you had these thoughts over and over? (CODE IN COL. I)	<table border="0"> <tr> <th colspan="3"><u>COL. I</u></th> <th colspan="3"><u>COL. II</u></th> </tr> <tr> <th><u>NO</u></th> <th><u>A/D</u></th> <th><u>YES</u></th> <th></th> <th></th> <th></th> </tr> </table>	<u>COL. I</u>			<u>COL. II</u>			<u>NO</u>	<u>A/D</u>	<u>YES</u>			
<u>COL. I</u>			<u>COL. II</u>										
<u>NO</u>	<u>A/D</u>	<u>YES</u>											
1. Did your parents get upset with you for having these thoughts?	OB14A_1A 1 3 5	OB14A_1B 1 2 3											
2. Did you try to keep from telling your parents about these thoughts?	OB14A_2A 1 3 5	OB14A_2B 1 2 3											
3. Was it hard to be with your friends because of these thoughts?	OB14A_3A 1 3 5	OB14A_3B 1 2 3											
4. Did thinking about these things make you very upset or unhappy?	OB14A_4A 1 3 5	OB14A_4B 1 2 3											
5. Was it hard for you to do your schoolwork or homework because of these thoughts?	OB14A_5A 1 3 5	OB14A_5B 1 2 3											
6. Did the teacher tell your parents you weren't doing your schoolwork?	OB14A_6A 1 3 5	OB14A_6B 1 2 3											

Q15A. Did your parents ever take you to a doctor or other professional because you were having problems like the ones we've been talking about?
 NO (SKIP TO BOX Q16) 1
 YES 5
 OB15A

B. Did you see:

	<table border="0"> <tr> <th><u>NO</u></th> <th><u>YES</u></th> </tr> </table>	<u>NO</u>	<u>YES</u>
<u>NO</u>	<u>YES</u>		
1. a psychiatrist or psychologist?	OB15B_1 1 5		
2. another medical doctor?	OB15B_2 1 5		
3. a school counselor or social worker?	OB15B_3 1 5		
4. someone like a minister, priest, or rabbi?	OB15B_4 1 5		
5. another professional? (SPECIFY)	OB15B_5 1 5		

SPECIFY: _____

C. Did the (PERSON CHILD SAW) give you any medicine?
 NO 1
 YES . . (SPECIFY) . 5
 OB15C

SPECIFY: _____
 OB15C_1 CODE: __ __ __

 OB15C_2 CODE: __ __ __

D. What did (PERSON CHILD SAW) say?

SPECIFY: _____

BOX Q16:
IF R HAD 1+ BOX MARKED ON ALCOHOL, MARIJUANA, OR DRUG TALLY SHEET A, CONTINUE.
OTHERS, SKIP TO R1A.1, P. 146.

Q16. We talked about thoughts that happened over and over.
 You said that first happened at (AGE).

**IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A,
 HAND TALLY(IES) TO R AND ASK A.
 OTHERS, SKIP TO B.**

CLUSTERING AT ONSET	A. Around the time you first had thoughts over and over, were you having experiences from 3 or more boxes found on this (ALC/MJ/DRUG) sheet?	NO 1 YES(SKIP TO R1A.1, P.146) 5 OB16A
HEAVY USE WHEN NOT CLUSTERING	B. Around the time you first had thoughts over and over, were you (drinking heavily/using DRUGS) daily or almost daily?	NO 1 YES 5 OB16B

(01) Some people have things that they feel they have to do over and over again. Tell me if you have ever done any of these things over and over.

OCD3RAC1
OCD4AC1
OCDICDB2

R1A1. Was there ever a time when you washed your hands over and over because you were afraid they were dirty or had germs on them? NO 1
YES . (SPECIFY) . 5
CP1A_1

SPECIFY HOW MANY TIMES A DAY AND GIVE AN EXAMPLE:

2. Was there ever a period of time when you took showers over and over because you were worried about dirt or germs? NO 1
YES . (SPECIFY) . 5
CP1A_2

SPECIFY HOW MANY TIMES A DAY AND GIVE AN EXAMPLE:

3. Was there ever a period of time when you went back to check on something over and over? For example, you checked to see if you left the water running or if the door was locked? NO 1
YES . (SPECIFY) . 5
CP1A_3

SPECIFY HOW MANY TIMES A DAY AND GIVE AN EXAMPLE:

4. Was there ever a period of time when you felt like you had to say prayers over and over? NO 1
YES . (SPECIFY) . 5
CP1A_4

SPECIFY HOW MANY TIMES A DAY AND GIVE AN EXAMPLE:

5. Was there ever a period of time when you felt like you had to do anything else over and over? NO 1
YES . (SPECIFY) . 5
CP1A_5

SPECIFY HOW MANY TIMES A DAY AND GIVE AN EXAMPLE:

**IF NO 5'S IN R1A.1-5, SKIP TO R2A.1.
OTHERS, CONTINUE.**

OCD3RB
OCD4C

B. Did it really upset you or make you angry if you couldn't (NAME POSITIVES)? NO 1
ALC/DRUG ONLY . . 3*
YES 5*
CP1B

(02) Some people need to do things in a special order or they get upset.

OCD3RAC1
OCD4AC1

R2A1. Did you ever feel like you <u>had</u> to put your clothes on in the same order, or do your schoolwork in the same order, or eat food in the same order, or anything like that?	NO	1
	YES . .(SPECIFY) .	5
	CP2A_1	

SPECIFY: _____

2. Did you ever feel like you <u>had</u> to do something in a special way, like touch the doorknob three times before opening the door?	NO	1
	YES . .(SPECIFY) .	5
	CP2A_2	

SPECIFY: _____

3. Did you ever feel like you <u>needed</u> to keep things in a special order? For example, did you always have to line up all the books on the shelf with the tallest one on one end and the shortest at the other? Or did you have to put all the blue things in one place and all the red things in another?	NO	1
	YES . .(SPECIFY) .	5
	CP2A_3	

SPECIFY: _____

**IF NO 5'S IN R2A.1-3, SKIP TO R3A.
OTHERS, CONTINUE.**

OCD3RB
OCD3RAC2
OCD4AC2

B. Did it <u>really</u> upset you or make you angry if you couldn't do things in your special order?	NO	1
	ALC/DRUG	3*
	YES	5*
	CP2B	

OCD3RAC1
OCD4AC1

R3A. Did you ever feel like you had to count things when you saw them? For example, all the square tiles on a floor or ceiling?	NO (SKIP TO BOX R3B)	1
	YES . .(SPECIFY) .	5
	CP3A	

SPECIFY: _____

OCD3RB
OCD3RAC2
OCD4AC2

B. Did it <u>really</u> upset you or make you angry if you couldn't count things?	NO	1
	ALC/DRUG ONLY . . .	3*
	YES	5*
	CP3B	

**BOX R3B:
IF NO 3*'S OR 5*'S IN R1A-R3B; SKIP TO S1, P.151.
OTHERS, CONTINUE.**

OCD3RB	R4A.	Did you (NAME 3*'S AND 5*'S IN R1A-R3B) a lot more than you really needed to?	NO	1
			ALC/DRUG ONLY . . .	3*
			YES	5*
			CP4A	
	B.	Have your parents or other people said that you (NAME 3*'S AND 5*'S IN R1A-R3B) a lot more than you really needed to?	NO	1
			ALC/DRUG ONLY . . .	3*
			YES	5*
			CP4B	
	C.	When you (NAME 3*'S AND 5*'S IN R1A-R3B), did you feel that it kept bad things from happening?	NO	1
			ALC/DRUG ONLY . . .	3*
			YES	5*
			CP4C	

OCDICDA	R5.	Did you (NAME 3*'S AND 5*'S IN R1A-R3B) almost every day for at least 2 weeks?	NO	1
			YES	5
			CP5	

OCD4E	R6.	Did you have any kind of physical illness at the time you were doing these things?	NO	1
			YES . . (SPECIFY) . .	5
			CP6	
		SPECIFY: _____	CP6_1 CODE: ____	____
		_____	CP6_2 CODE: ____	____

IF NO 5*'S IN R1A-R3B, SKIP TO BOX R9. OTHERS, CONTINUE.

(O6A) OCD3RB OCD4C OCDICDC	R7A.	Is (NAME 5*'S IN R1A-R3B) a problem for you? For example, does it take up a lot of your time?	NO	1
			YES	5
			CP7A	
OCD3RB OCD4C OCDICDC	B.	How much time do/did you spend each day (NAME 5*'S IN R1A-R3B)?	AN HOUR OR LESS . .	1
			MORE THAN AN HOUR .	5
			CP7B	

	R8A.	How old were you when you first felt that you had to (NAME 5*'S IN R1A-R3B)?	CP8A_1 AGE ONS: ____	____t
			CP8A_2 ONS: 1 2 3 4 5	
	B.	How old were you the last time you had to (NAME 5*'S IN R1A-R3B)?	CP8B_1 AGE REC: ____	____t
			CP8B_2 REC: 1 2 3 4 5	

**BOX R9:
IF NO 3*'S IN R1B-R3B, SKIP TO R11A. OTHERS, CONTINUE.**

OCD3RB OCD4C OCDICDC	R9A.	Is (NAME 3*S IN R1B-R3B) a problem for you? For example, does it take up a lot of your time?	NO	1
			YES	5
			CP9A	
OCD3RB OCD4C OCDICDC	B.	How much time do you spend each day (NAME 3*S IN R1B-R3B)?	AN HOUR OR LESS . .	1
			MORE THAN AN HOUR	5
			CP9B	

	R10A.	How old were you when you first felt that you had to (NAME 3*'S IN R1B-R3B)?	CP10A_1 AGE ONS: ____	____t
			CP10A_2 ONS: 1 2 3 4 5	
	B.	How old were you the last time you had to (NAME 3*'S IN R1B-R3B)?	CP10B_1 AGE REC: ____	____t
			CP10B_2 REC: 1 2 3 4 5	

FOR EACH 3 OR 5 CODED IN COL. I, ASK
 "Did that happen (1) a little, (2) somewhat (2); or (3) a lot?"
AND CODE IN COL. II.

OCD3RB
 OCD4C
 OCDICDC

R11A. Did any the following things happen because you felt you had to do things over and over? (CODE IN COL. I)	<u>COL. I</u> NO A/D YES	<u>COL. II</u>
1. Did your parents get upset or angry with you for doing things over and over?	CP11A_1A 1 3 5	CP11A_1B 1 2 3
2. Did you try to keep your parents from seeing you do things over and over?	CP11A_2A 1 3 5	CP11A_2B 1 2 3
3. Did the other kids tease you or make fun of you?	CP11A_3A 1 3 5	CP11A_3B 1 2 3
4. Did you stay away from other kids because you thought they would tease you or be mean to you?	CP11A_4A 1 3 5	CP11A_4B 1 2 3
5. Was it hard for you to get your schoolwork or homework done, or did your grades go down? .	CP11A_5A 1 3 5	CP11A_5B 1 2 3
6. Did the teacher tell your parents you were having a hard time getting your schoolwork done?	CP11A_6A 1 3 5	CP11A_6B 1 2 3

R12A. Did your parents ever take you to a doctor or other professional because you were having problems like the ones we've been talking about?
 NO (SKIP TO BOX R13) 1
 YES 5
 CP12A

B. Did you see:

	<u>NO</u> <u>YES</u>
1. a psychiatrist or psychologist?	CP12B_1 1 5
2. another medical doctor?	CP12B_2 1 5
3. a school counselor or social worker?	CP12B_3 1 5
4. someone like a minister, priest, or rabbi?	CP12B_4 1 5
5. another professional? (SPECIFY)	CP12B_5 1 5

SPECIFY: _____

C. Did the (PERSON CHILD SAW) give you any medicine?
 NO 1
 YES . . (SPECIFY) . . 5

SPECIFY: _____

 CP12C
 CP12C_1 CODE: ____ ____ ____
 CP12C_2 CODE: ____ ____ ____

D. What did (PERSON CHILD SAW) say?

SPECIFY: _____

BOX R13:
IF R HAD 1+ BOX MARKED ON ALCOHOL, MARIJUANA, OR DRUG TALLY SHEET A, CONTINUE.
OTHERS, SKIP TO S1, P. 151.

R13. We talked about behaviors that happened over and over.
 You said that first happened at (AGE).

IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A,
HAND TALLY(IES) TO R AND ASK A.
OTHERS, SKIP TO B.

CLUSTERING AT ONSET	A. Around the time the behaviors first started happening over and over, were you having experiences from 3 or more boxes found on this (ALC/MJ/DRUG) sheet?	NO 1 YES (SKIP TO S1, P.151) 5 CP13A
HEAVY USE WHEN NOT CLUSTERING	B. Around the time the behaviors first started happening over and over, were you (drinking heavily/using DRUGS) daily or almost daily?	NO 1 YES 5 CP13B

(P1) ANR3RA ANR4A	S1. Have you ever lost a lot of weight on purpose? SPECIFY WHY: _____	NO (SKIP TO T1A, P.152) 1 ALC/DRUG ONLY (SPECIFY) 3 YES (SPECIFY) 5 AN1
(P2) ANR3RC ANR4C	S2. Have you ever felt that you were too fat or that parts of you were too fat, even when people might have said you were too thin?	NO 1 ALC/DRUG ONLY 3 YES 5 AN2
(P4) ANR3RC ANR4C	S3. Have you ever tried to keep your weight down even though other people said you were too thin?	NO 1 ALC/DRUG ONLY 3 YES 5 AN3
(P3) ANR3RA ANR4A	S4A. When you were trying to lose weight, how much did you weigh when you were at your thinnest? B. How old were you when you were at that weight? C. How tall were you then? D. IS WEIGHT IN S4A EQUAL TO OR BELOW AMOUNT ON WEIGHT CHART (CARD S)?	AN4A ___ ___ LBS AN4B ___ AGE AN4C_1 ___ FT AN4C_2 ___ IN NO .(SKIP TO T1A, P.152) 1 YES 5
(P5) ANR3RB ANR4B	S5. When you were thin, did you still worry a lot about being fat or becoming fat?	NO 1 ALC/DRUG ONLY 3 YES 5 AN5
(P6)	S6A. Did your parents take you to a doctor, because they were worried about you losing so much weight? B. What did the doctor say? _____	NO . . (SKIP TO S7) . . 1 ALC/DRUG ONLY 3 YES 5 AN6
(P7)	S7. How old were you the (first/last) time you worried a lot about your weight?	AN7_1 AGE ONS: ___ ___ AN7_2 ONS: 1 2 3 4 5 AN7_3 AGE REC: ___ ___ AN7_4 REC: 1 2 3 4 5
BOYS; SKIP TO T1A, P.152. GIRLS, CONTINUE.		
(P8)	S8. Had you started your menstrual period before you began to try to lose weight?	NO (SKIP TO T1A, P.152) 1 YES 5 AN8
(P9) ANR3RD ANR4D	S9. While you were losing weight, did your periods stop for at least 3 months in a row?	NO 1 YES 5 AN9

(Q1) BUL3RA BUL4A1	T1A.	Have you ever gone on eating binges? What I mean is, you would keep on eating and eating a very large amount of food in a very short period of time (usually less than 2 hours)? (EXCLUDE IF ONLY DURING HOLIDAYS OR SPECIAL OCCASIONS.)	NO .(SKIP TO U1, P.153) . 1 ALC/DRUG ONLY 3 YES 5 BU1A
	B.	How much did you eat? About how long did it take? (PROBE: FOR AMOUNT OF TIME.)	
<hr/> <hr/>			
(Q2) BUL3RA BUL4C	T2A.	Have you ever eaten large amounts of food like that at least twice a week?	NO 1 ALC/DRG ONLY (SKIP TO T3) 3 YES(SKIP TO T3) 5 BU2A
	B.	So you've <u>never</u> eaten a <u>very</u> large amount of food twice in one week?	NEVER EATEN LARGE AMOUNT (SKIP TO U1, P.153) 1 HAS EATEN LARGE AMOUNT . 5 BU2B
(Q3) BUL3RD BUL4C	T3.	Have you eaten large amounts of food twice a week for 3 months or longer?	NO . (SKIP TO U1, P.153) 1 YES 5 BU3
(Q4) BUL3RE BUL4D	T4A.	Have you often worried a lot about how your body looked?	NO 1 ALC/DRUG ONLY 3 YES 5 BU4A
	B.	Have you often worried a lot about how much you weighed?	NO 1 ALC/DRUG ONLY 3 YES 5 BU4B
(Q5) BUL3RC BUL4B	T5.	When you were on eating binges like the ones we described earlier, did you often try to keep your weight down by taking laxatives or making yourself throw up?	NO 1 ALC/DRUG ONLY 3 YES 5 BU5
(Q6) BUL3RC BUL4B	T6.	Did you exercise <u>a lot</u> to help keep your weight down?	NO 1 ALC/DRUG ONLY 3 YES 5 BU6
(Q7) BUL3RB BUL4A2	T7.	When you were on one of those eating binges, did you ever feel like you couldn't stop eating?	NO 1 ALC/DRUG ONLY 3 YES 5 BU7
(Q8)	T8.	How old were you the (first/last) time you had an eating binge?	BU8_1 AGE ONS: ____ ____ BU8_2 ONS: 1 2 3 4 5 BU8_3 AGE REC: ____ ____ BU8_4 REC: 1 2 3 4 5
IS S4D CODED 5?			NO .(SKIP TO U1. P.153) . 1 YES 5
BUL4E	T9.	Did you have eating binges only during the time (you lost a lot of weight/others thought you were too thin)?	NO 1 ALC/DRUG ONLY 3 YES 5 BU9

PROBING PATTERN:

1 = NO, NEVER

2 = YES, BUT DID NOT INTERFERE

3 = YES, ALWAYS DUE TO MED/DRUGS/ALC

4 = YES, ALWAYS DUE TO PHYSICAL ILLNESS/INJURY

5 = YES, PSYCHIATRICALY RELEVANT

(R1)
SOM3RA
SOM4A

U1. Have you been sick a lot of times -- more than most people your age? SM1

1 2 3 4 5

SPECIFY: _____
_____(R2)
SOM3RB3
SOM4A

U2. Have you had to see the doctor a lot or visit the school nurse more often than other people your age? SM2

1 2 3 4 5

(PROBE: HAVE YOU MISSED A LOT OF SCHOOL BECAUSE YOU WERE FEELING SICK?)(R3)
SOM3RB-1
SOM4B2

U3. Have you had times in your life when you've thrown up a lot (much more than usual -- much more than your friends or others your age)? SM3

1 2 3 4 5

(R4)

U4. Have you had a lot of trouble with any of the following problems -- more than most people your age?

SOM3RB-3
SOM4B2

A. Have you felt sick to your stomach a lot of the time? SM4A

1 2 3 4 5

SOM3RB-4
SOM4B2

B. Has your stomach filled up with gas a lot of the time? SM4B

1 2 3 4 5

SOM3RB-5
SOM4B2

C. Have you ever had a lot of problems with diarrhea? SM4C

1 2 3 4 5

SOM3RB-6
SOM4B2

D. Have you ever had a lot of problems with getting sick easily from eating different foods? SM4D

1 2 3 4 5

SOM3RB-2
SOM4B1

E. Have you had a lot of trouble with pains in your stomach? SM4E

1 2 3 4 5

IF NO 5'S IN U4A-E; SKIP TO V1A, P. 157.
OTHERS, CONTINUE.

PROBING PATTERN:
1 = NO, NEVER
2 = YES, BUT DID NOT INTERFERE
3 = YES, ALWAYS DUE TO MED/DRUGS/ALC
4 = YES, ALWAYS DUE TO PHYSICAL ILLNESS/INJURY
5 = YES, PSYCHIATRICALY RELEVANT

(R5) SOM3RB-7 SOM4B1	U5.	Have you ever had a lot of problems with bad pain in your arms or legs? SM5	1 2 3 4 5
SOM3RB-8 SOM4B1	U6A.	Have you ever had a lot of problems with back pain? SM6A	1 2 3 4 5
SOM3RB-10 SOM4B1	B.	Have you ever had a lot of problems with pain when you go to the bathroom (urinate)? SM6B	1 2 3 4 5
SOM4B1	C.	Have you ever had a lot of problems with headaches? SM6C	1 2 3 4 5
SOM3RB-9 SOM4B1	D.	Have you ever had a lot of pain in your joints (ankles, knees, wrist, elbows)? SM6D	1 2 3 4 5
SOM3RB-11 SOM4B1	E.	Have you ever had a lot of problems with any other kind of pain (EXCLUDING HEADACHES)? SM6E	1 2 3 4 5
<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> <p>IF 4 OR MORE 5'S IN U5-U6E, CONTINUE. OTHERS, SKIP TO V1A, P.157.</p> </div>			
(R7) SOM3RB-12	U7.	Have you often had trouble with running out of breath at times when you're <u>not</u> exercising; like when you're just walking or sitting around? SM7	1 2 3 4 5
(R8) SOM3RB-13	U8A.	Have you ever had a lot of trouble with your heart pounding or beating too fast? SM8A	1 2 3 4 5
SOM3RB-14 SOM4B1	B.	Have you ever had problems with chest pain (a tight feeling or pain in the chest)? SM8B	1 2 3 4 5
SOM3RB-15	C.	Have you often felt dizzy or like you were going to faint? SM8C	1 2 3 4 5
(R9) SOM3RB-16 SOM4B4	U9.	Have you ever had problems with <u>amnesia</u> for any amount of time, when you couldn't remember anything that happened to you? SM9	1 2 3 4 5
(R10) SOM3RB-17 SOM4B4	U10.	Have you often had problems swallowing? SM10	1 2 3 4 5

PROBING PATTERN:
 1 = NO, NEVER
 2 = YES, BUT DID NOT INTERFERE
 3 = YES, ALWAYS DUE TO MED/DRUGS/ALC
 4 = YES, ALWAYS DUE TO PHYSICAL ILLNESS/INJURY
 5 = YES, PSYCHIATRICALY RELEVANT

- | | | |
|-----------------------------|--|-----------|
| (R4)
SOM3RB-18
SOM4B4 | U11A. Have you ever found that you suddenly just couldn't speak (lost your voice)? SM11A | 1 2 3 4 5 |
| SOM3RB-19
SOM4B4 | B. Have you ever gone suddenly deaf and not been able to hear anything? SM11B | 1 2 3 4 5 |
| SOM3RB-20
SOM4B4 | C. Have you ever had a lot of problems with double vision? Did you see two of one thing -- like when you cross your eyes? SM11C | 1 2 3 4 5 |
| SOM3RB-21 | D. Have you ever had a lot of problems with your eyes where things looked fuzzy? SM11D | 1 2 3 4 5 |
| SOM3RB-22
SOM4B4 | E. Have you ever suddenly gone blind for no reason? SM11E | 1 2 3 4 5 |
| SOM3RB-23
SOM4B4 | F. Have there been times when you fainted or passed out? SM11F | 1 2 3 4 5 |
| SOM3RB-24
SOM4B4 | G. Has a doctor or nurse ever told you that you have had a seizure? SM11G | 1 2 3 4 5 |
| SOM3RB-25
SOM4B4 | H. Have you ever had a lot of trouble walking? SM11H | 1 2 3 4 5 |
| SOM3RB-26
SOM4B4 | I. Have you ever felt so weak that you couldn't lift or move things that you could ordinarily lift or move? SM11I | 1 2 3 4 5 |
| SOM3RB-27
SOM4B4 | J. Have you had a hard time going to the bathroom where you had a hard time getting your urine (pee) to come out? SM11J | 1 2 3 4 5 |

GIRLS WHO HAVE NOT BEGUN MENSTRUATING (A12A=1) AND BOYS, SKIP TO U13A. OTHERS, CONTINUE.

- | | | |
|------------------------------|--|-----------|
| (R12)
SOM3RB-32
SOM4B1 | U12A. Have you had a lot of problems with menstrual cramps? SM12A | 1 2 3 4 5 |
|------------------------------|--|-----------|

IF CODED 5, CONTINUE. OTHERS, SKIP TO U13A.

- | | | |
|---------------------|--|-----------|
| SOM3RB-33
SOM4B3 | B. Have you had a lot of problems with irregular menstrual periods? SM12B | 1 2 3 4 5 |
| SOM3RB-34
SOM4B3 | C. Have you had heavy bleeding (more than most girls) during your menstrual period? SM12C | 1 2 3 4 5 |

U13A. You've told me that you've had (NAME 4'S AND 5'S IN U1-U12C). Have you ever faked any of those problems to keep from going to school or to keep from doing other things you didn't want to do?

NO (SKIP TO BOX U14) 1
 YES . (SPECIFY) . 5
 SM13A

SPECIFY: _____

SOM4D B. Did you always fake (NAME SX IN U13A)? NO 1
 YES 5
 SM13B

**BOX U14:
 IF NO 4'S IN U1-U12C; SKIP TO BOX U15.
 OTHERS, CONTINUE.**

(R13) U14. How old were you the (first/last) time SM14_1 AGE ONS: __ __
 SOM3RA (NAME 4'S IN U1-U12C) happened? SM14_2 ONS: 1 2 3 4 5
 SM14_3 AGE REC: __ __
 SM14_4 REC: 1 2 3 4 5

**BOX U15:
 IF NO 5'S IN U1-U12C; SKIP TO V1A, P.157.
 OTHERS, CONTINUE.**

(R13) U15. You've told me that (NAME 5'S IN U1-U12C). SM15_1 AGE ONS: __ __
 SOM3RA How old were you the (first/last) time these SM15_2 ONS: 1 2 3 4 5
 problems happened? SM15_3 AGE REC: __ __
 SM15_4 REC: 1 2 3 4 5

PROBING PATTERN:
 1 = NO, NEVER
 2 = YES, BUT DID NOT INTERFERE
 3 = YES, ALWAYS DUE TO MED/DRUGS/ALC
 4 = YES, ALWAYS DUE TO PHYSICAL ILLNESS/INJURY
 5 = YES, PSYCHIATRICALY RELEVANT

(S1) SCZ3RA1b V1A. Have you ever seen things that other people looking at the same spot couldn't see? NO .(SKIP TO V2A) 1
 YES 5
 PS1A
 B. Did you see things when you were falling asleep or waking up? NO (SKIP TO C) . 1
 YES 5
 PS1B
 1. Did you ever see things at any other time, when you were not waking up or falling asleep? NO .(SKIP TO V2A) 1
 YES 5
 PS1B1
 C. Tell me about what you saw. PS1C 1 2 3 4 5

(S2) SCZ3RA1b V2A. Have you more than once heard voices that only you could hear, and the voices sounded like they were coming from outside your head, like the way we are talking now? NO . (SKIP TO V3) 1
 YES 5
 PS2A
 B. Did you hear voices when you were falling asleep or waking up? NO . (SKIP TO C) 1
 YES 5
 PS2B
 1. Did you ever hear voices at any other time, when you were not waking up or falling asleep? NO . (SKIP TO V3) 1
 YES 5
 PS2B1
 C. Tell me a little more about what you heard and what the voices said to you. PS2C 1 2 3 4 5

(S7) SCZ3RA2 V3. While you were watching TV, have you thought that someone on TV was sending a special message to you and nobody else? 1 2 3 4 5
 PS3
 SPECIFY: _____

(S8) SCZ3RA2 V4. Have you ever felt that someone on TV or on the radio was making fun of you or saying bad things about you? PS4 1 2 3 4 5
 SPECIFY: _____

PROBING PATTERN:
 1 = NO, NEVER
 2 = YES, BUT DID NOT INTERFERE
 3 = YES, ALWAYS DUE TO MED/DRUGS/ALC
 4 = YES, ALWAYS DUE TO PHYSICAL ILLNESS/INJURY
 5 = YES, PSYCHIATRICALY RELEVANT

(S9)
SCZ3RA2

V5. Have you ever heard your thoughts spoken out loud?
 (PROBE: LIKE THEY WERE BEING BROADCAST ON THE RADIO?) PS5
 SPECIFY: _____

1	2	3	4	5
---	---	---	---	---

IF NO PROBING BOX IS CODED 3, 4, OR 5 IN V1-V5; SKIP TO W1, P.161.
 OTHERS, CONTINUE.

(S3)
SCZ3RA1b

V6A. Have you more than once heard very strange sounds or noises besides voices that only you could hear? NO .(SKIP TO V7A) 1
 YES 5
 PS6A
 B. Did you hear strange sounds when you were falling asleep or waking up? NO . (SKIP TO C) 1
 YES 5
 PS6B
 1. Did you ever hear strange sounds at any other time when you were not waking up or falling asleep? NO .(SKIP TO V7A) 1
 YES 5
 PS6B1
 C. Tell me about what you heard. PS6C

1	2	3	4	5
---	---	---	---	---

(S4)
SCZ3RA1b

V7A. Have you ever smelled something very strange -- something that other people couldn't smell? NO . (SKIP TO V8) 1
 YES 5
 PS7A
 B. Did you smell something strange when you were falling asleep or waking up? NO . (SKIP TO C) 1
 YES 5
 PS7B
 1. Did you ever smell something strange at any other time when you were not waking up or falling asleep? NO . (SKIP TO V8) 1
 YES 5
 PS7B1
 C. Tell me about what you smelled. PS7C

1	2	3	4	5
---	---	---	---	---

(S5)
SCZ3RA1a

V8. Have you ever felt like strangers were watching what you were doing, like they were spying on you? PS8
 SPECIFY: _____

1	2	3	4	5
---	---	---	---	---

PROBING PATTERN:
 1 = NO, NEVER
 2 = YES, BUT DID NOT INTERFERE
 3 = YES, ALWAYS DUE TO MED/DRUGS/ALC
 4 = YES, ALWAYS DUE TO PHYSICAL ILLNESS/INJURY
 5 = YES, PSYCHIATRICALY RELEVANT

(S6)
SCZ3RA1a

V9. Have there been times when you thought that people were talking about you behind your back?

PS9

1	2	3	4	5
---	---	---	---	---

(PROBE: WERE THEY PLANNING TO HURT YOU IN SOME WAY -- LIKE MAYBE POISON YOU?)

BE SURE THIS IS A PSYCHOTIC SYMPTOM, AND NOT JUST A SITUATION IN WHICH FRIENDS ARE TALKING ABOUT THE CHILD, EVEN IF THE FRIENDS ARE BEING MEAN AND INSENSITIVE.

SPECIFY: _____

(S10)
SCZ3RA2

V10. Have you ever thought that someone was able to control what you were thinking and make you do things you didn't want to do?

PS10

1	2	3	4	5
---	---	---	---	---

SPECIFY: _____

(S11)
SCZ3RA2

V11. Have you ever felt that people could read your mind or hear what you were thinking?

PS11

1	2	3	4	5
---	---	---	---	---

(PROBE: IS THIS ONLY BECAUSE THEY'VE KNOWN YOU FOR A LONG TIME OR KNOW YOU VERY WELL?)

SPECIFY: _____

(S12)
SCZ3RA2

V12. Have you ever been able to actually read someone else's mind?

PS12

1	2	3	4	5
---	---	---	---	---

SPECIFY: _____

BOX V13:
IF NO 3'S OR 4'S IN V1-V12, SKIP TO BOX V14.
OTHERS, CONTINUE.

(S13) V13. You've told me that (NAME 3'S AND 4'S IN V1-V12). PS13_1 AGE ONS:___ ___
 How old were you the (first/last) time things like PS13_2 ONS:1 2 3 4 5
 this happened?
 PS13_3 AGE REC:___ ___
 PS13_4 REC:1 2 3 4 5

BOX V14:
IF ANY PROBING BOX IS CODED 5 IN V1-V12, CONTINUE.
OTHERS; SKIP TO W1, P.161.

(S13) V14. You've told me that (NAME 5'S IN V1-V12). PS14_1 AGE ONS:___ ___
 How old were you the (first/last) time things like PS14_2 ONS:1 2 3 4 5
 this happened?
 PS14_3 AGE REC:___ ___
 PS14_4 REC:1 2 3 4 5

V15A. Did your parents take you to a doctor or a NO .(SKIP TO W1, P.161) 1
 counselor because of (NAME 5'S IN V1-V12). YES 5
 PS15A

B. Did you see:

		<u>NO</u>	<u>YES</u>
1. a psychiatrist or psychologist?	PS15B_1	1	5
2. another medical doctor?	PS15B_2	1	5
3. a school counselor or social worker?	PS15B_3	1	5
4. someone like a minister, priest, or rabbi?	PS15B_4	1	5
5. another professional?. . . .(SPECIFY)	PS15B_5	1	5

SPECIFY: _____

C. Did (PERSON CHILD SAW) give you any medicine? NO 1
 YES . (SPECIFY) . 5
 PS15C

SPECIFY: _____

PS15C_1 CODE:___ ___ ___

PS15C_2 CODE:___ ___ ___

D. What did the (PERSON CHILD SAW) say?

E. Did you have to go into the hospital? NO 1
 YES . (SPECIFY) . 5
 PS15E

SPECIFY: _____

SHOW R THE COMPLETED TIMELINE

W1. I have marked some of the information you have given me on this page. I'm going to go over it with you, and I'd like you to tell me if any of the dates or ages need to be changed.

A. REVIEW AGES/YEARS OF LIFE EVENTS.

BOX W1A:

DID R EVER USE ALCOHOL, MARIJUANA, OR DRUGS?	NO .(SKIP TO BOX W1B)	1
	YES	5

B. REVIEW SUBSTANCES ONE SECTION AT A TIME, ESPECIALLY PERIODS OF REGULAR USE, ABSTINENCE, AND CLUSTERING ONSET/RECENCY.

CO1A

BOX W1B:

ARE ANY EPISODES RECORDED ON THE BOTTOM HALF OF THE TIMELINE?	NO . . (SKIP TO W2) .	1
	YES	5

C. REVIEW PSYCHIATRIC EPISODES ONE SECTION AT A TIME, CHECKING ONSETS AND OFFSETS. ADD ADDITIONAL EPISODES TO TIMELINE IF THERE ARE ANY.

CO1B

W2. So, does the timeline look complete and accurate to you?	NO . . .(SPECIFY) . .	1
	YES	5

CO2

CORRECT TIMELINE AND SECTIONS AS APPROPRIATE.

SPECIFY: _____

		<u>MOTHER</u>	
X1.	Has the child had a relationship with his/her biological parents in the past year?	NO	1
		YES	5
		EF1M	
		<u>FATHER</u>	
		NO	1
		YES	5
		EF1F	
<p>IF THE CHILD HAS NOT HAD A RELATIONSHIP WITH THE BIOLOGICAL PARENT, LEAVE CODING SPACES FOR THAT PARENT IN THE SUBSEQUENT QUESTIONS BLANK. CODE FOR BIOLOGICAL PARENTS <u>ONLY</u> IN "MOTHER" AND "FATHER" SPACES.</p>			
X2.	Does child live with ...	EF2	
		NO STEP-PARENT . . (ASK X3)	1
		STEP-MOTHER(CODE 1 IN X3)	2
		STEP-FATHER(CODE 2 IN X3)	3
		BOTH STEP-MOTHER AND STEP-FATHER (CODE 1 IN X3)	4

X3.	Is there any adult besides your parents whom you see a lot and who is like a parent to you?	NO OTHER	0
		STEP MOTHER	1
		STEP FATHER	2
		FOSTER MOTHER	3
		FOSTER FATHER	4
		GRANDMOTHER	5
		GRANDFATHER	6
		SIBLING (18 OR OLDER)	7
		OTHER RELATIVES (AUNTS, UNCLES, COUSINS, ETC.)	8
		OTHER ADULTS (TEACHERS, CLERGY, FAMILY FRIENDS)	9
		PARENT'S SIGNIFICANT OTHER	10
		EF3	

The person should be someone who frequently spends time with the child, acts in a parental role, and provides ongoing support beyond his/her normal role (such as teachers, or clergy, family, or friends). If child designates more than one close adult and absolutely cannot pick one, Interviewer should pick one for him/her.

**IN THIS PART OF THE INTERVIEW,
PROBE FOR ALL PARENTING FIGURES THAT APPLY.**

Now I'm going to ask you about the kinds of things some families do together. You tell me if your family does any of these things together.

IF CHILD LIVES AWAY FROM BOTH BIOLOGICAL PARENTS SAY:

Since you don't live with (MOTHER/FATHER) now, I'd like you to answer for the last year that you lived with (MOTHER/FATHER).

Y1A. Does your (M/F/O) do helpful or fun things with you like ...	<u>MOTHER</u> NO YES	<u>FATHER</u> NO YES	<u>OTHER</u> NO YES
Schoolwork or projects?	PT1A1_1 1 5	PT1A1_2 1 5	PT1A1_3 1 5
Chores at home?	PT1A2_1 1 5	PT1A2_2 1 5	PT1A2_3 1 5
Fun activities?	PT1A3_1 1 5	PT1A3_2 1 5	PT1A3_3 1 5
Shopping?	PT1A4_1 1 5	PT1A4_2 1 5	PT1A4_3 1 5
Making plans?	PT1A5_1 1 5	PT1A5_2 1 5	PT1A5_3 1 5
Anything else?. . (SPECIFY)	PT1A6_1 1 5	PT1A6_2 1 5	PT1A6_3 1 5
SPECIFY: _____			

B. Would you say that your (MOTHER/FATHER/OTHER) spends time with you ...	PT1B_1	PT1B_2	PT1B_3
		<u>M</u>	<u>F</u> <u>O</u>
		MORE THAN MOST PARENTS?	1 1 1
		SAME AS MOST PARENTS?	2 2 2
		LESS THAN MOST PARENTS?	3 3 3

Y2A. Do you and your (M/F/O) ever talk about the news or what's going on in the world?	<u>MOTHER</u>
	NO 1
	YES 5
	PT2A_1
	<u>FATHER</u>
	NO 1
	YES 5
	PT2A_2
	<u>OTHER</u>
	NO 1
	YES 5
	PT2A_3
B. Do you and your (M/F/O) spend time talking about other things, like movies, your friends, or anything else?	<u>MOTHER</u>
	NO 1
	YES 5
	PT2B_1
	<u>FATHER</u>
	NO 1
	YES 5
	PT2B_2
	<u>OTHER</u>
	NO 1
	YES 5
	PT2B_3

Y3. Family celebrations or holidays like Thanksgiving, birthdays, or graduations are supposed to be a lot of fun, but sometimes they end up with people getting upset. In your family, are holidays ...

READ OPTIONS:

- VERY UPSETTING? . . (SPECIFY) 1
- KIND OF UPSETTING? (SPECIFY) 2
- AVERAGE/BORING? 3
- KIND OF FUN? 4
- VERY FUN? 5

PT3

SPECIFY: _____

Y4A. Does your (M/F/O) give you hugs or kisses to show that s/he cares about you?

- MOTHER**
- NO 1
- YES 5
- PT4A_1

- FATHER**
- NO 1
- YES 5
- PT4A_2

- OTHER**
- NO 1
- YES 5
- PT4A_3

B. Did your (M/F/O) give you hugs or kisses when you were younger?

- MOTHER**
- NO 1
- YES 5
- PT4B_1

- FATHER**
- NO 1
- YES 5
- PT4B_2

- OTHER**
- NO 1
- YES 5
- PT4B_3

C. Does your (M/F/O) show that s/he cares about others in the family by giving them hugs or kisses?

- MOTHER**
- NO 1
- YES 5
- PT4C_1

- FATHER**
- NO 1
- YES 5
- PT4C_2

- OTHER**
- NO 1
- YES 5
- PT4C_3

Y5A.	Do you feel like your (M/F/O) criticizes you or tells you that what you're doing is wrong?								
						<u>MOTHER</u>			
						NO .(SKIP TO Y6A) .	1		
						YES	5		
						PT5A_1			
						<u>FATHER</u>			
						NO .(SKIP TO Y6A) .	1		
						YES	5		
						PT5A_2			
						<u>OTHER</u>			
						NO .(SKIP TO Y6A) .	1		
						YES	5		
						PT5A_3			
B.	Does this happen a little, somewhat, or a lot?	PT5B_1	PT5B_2	PT5B_3					
							<u>M</u>	<u>F</u>	<u>O</u>
					A LITTLE	1	1	1	
					SOMEWHAT	2	2	2	
					A LOT	3	3	3	

Y6A.	Does your (M/F/O) ever upset you by teasing you in a mean way or saying things that hurt your feelings?								
						<u>MOTHER</u>			
						NO .(SKIP TO Y7A) .	1		
						YES	5		
						PT6A_1			
						<u>FATHER</u>			
						NO .(SKIP TO Y7A) .	1		
						YES	5		
						PT6A_2			
						<u>OTHER</u>			
						NO .(SKIP TO Y7A) .	1		
						YES	5		
						PT6A_3			
B.	Does this happen a little, somewhat, or a lot?	PT6B_1	PT6B_2	PT6B_3					
							<u>M</u>	<u>F</u>	<u>O</u>
					A LITTLE	1	1	1	
					SOMEWHAT	2	2	2	
					A LOT	3	3	3	

Y7A.	Does your (M/F/O) ever go out of his/her way to say you did a good job when you do something well? For example, when you get a good grade in school, does s/he tell you something nice about it or give you a reward?								
						<u>MOTHER</u>			
						NO .(SKIP TO Y8A) .	1		
						YES	5		
						PT7A_1			
						<u>FATHER</u>			
						NO .(SKIP TO Y8A) .	1		
						YES	5		
						PT7A_2			
						<u>OTHER</u>			
						NO .(SKIP TO Y8A) .	1		
						YES	5		
						PT7A_3			
B.	Does this happen a little, somewhat, or a lot?	PT7B_1	PT7B_2	PT7B_3					
							<u>M</u>	<u>F</u>	<u>O</u>
					A LITTLE	1	1	1	
					SOMEWHAT	2	2	2	
					A LOT	3	3	3	

Y8A. When you have problems or are worried about something, do you talk to (M/F/O)?

	<u>MOTHER</u>	
NO . .(CONTINUE) .		1
YES . (SKIP TO C) .		5
PT8A_1		

	<u>FATHER</u>	
NO . .(CONTINUE) .		1
YES . (SKIP TO C) .		5
PT8A_2		

	<u>OTHER</u>	
NO . .(CONTINUE) .		1
YES . (SKIP TO C) .		5
PT8A_3		

B. What is the reason that you don't usually talk to your (M/F/O) about your problems? Is it that s/he is not interested, you don't feel comfortable, s/he is not around, some other reason, or for no reason?

	<u>MOTHER</u>	
SPECIFY REASON (M): _____	NO REASON	1
_____	SHE IS NOT INTERESTED . . .	2
_____	YOU DON'T FEEL COMFORTABLE	3
	SHE IS NOT AROUND	4
	OTHER REASON . .(SPECIFY) .	5
	PT8B_1	

	<u>FATHER</u>	
SPECIFY REASON (F): _____	NO REASON	1
_____	HE IS NOT INTERESTED . . .	2
_____	YOU DON'T FEEL COMFORTABLE	3
	HE IS NOT AROUND	4
	OTHER REASON . .(SPECIFY) .	5
	PT8B_2	

	<u>OTHER</u>	
SPECIFY REASON (O): _____	NO REASON	1
_____	S/HE IS NOT INTERESTED . .	2
_____	YOU DON'T FEEL COMFORTABLE	3
	S/HE IS NOT AROUND	4
	OTHER REASON . .(SPECIFY) .	5
	PT8B_3	

SKIP TO Z1A, P. 167.

C. Do you feel that (5'S IN Y8A) usually does a good job of listening to your troubles?

	<u>MOTHER</u>	
NO		1
YES		5
PT8C_1		

	<u>FATHER</u>	
NO		1
YES		5
PT8C_2		

	<u>OTHER</u>	
NO		1
YES		5
PT8C_3		

Parents have many different rules for their children.
 I'm going to name some of the things that parents do, and
 you tell me if any of the things I mention happen in your home.

Z1A.	When you do something that your (MOTHER/FATHER/OTHER) thinks is wrong, does s/he yell or fuss at you ...	DI1A_1	DI1A_2	DI1A_3
			<u>M</u>	<u>F</u> <u>O</u>
	MORE THAN MOST PARENTS? . . .	1	1	1
	SAME AS MOST PARENTS? . . .	2	2	2
	LESS THAN MOST PARENTS? . . .	3	3	3

ADOLESCENTS AGES 15-17, SKIP TO Z2.

B.	When you do something wrong, does your (MOTHER/FATHER/OTHER) spank you ...	DI1B_1	DI1B_2	DI1B_3
			<u>M</u>	<u>F</u> <u>O</u>
	NEVER?	1	1	1
	HARDLY EVER?	2	2	2
	SOMETIMES?	3	3	3
	OFTEN?	4	4	4

Z2.	Sometimes when kids do something wrong, their parents ground them -- that is, not allow them to do something they want to do. Does your (MOTHER/FATHER/OTHER) ground you. . .	DI2_1	DI2_2	DI2_3
			<u>M</u>	<u>F</u> <u>O</u>
	MORE THAN MOST KIDS? . . .	1	1	1
	SAME AS MOST KIDS? . . .	2	2	2
	LESS THAN MOST KIDS? . . .	3	3	3

Z3.	Do you get into trouble with your (MOTHER/FATHER/OTHER) ...	DI3_1	DI3_2	DI3_3
			<u>M</u>	<u>F</u> <u>O</u>
	MORE THAN MOST KIDS? . . .	1	1	1
	SAME AS MOST KIDS? . . .	2	2	2
	LESS THAN MOST KIDS? . . .	3	3	3

Z4A.	In your family, is your (MOTHER/FATHER/OTHER) generally fair in scolding or punishing (you/the kids)?	DI4A_1	DI4A_2	DI4A_3
			<u>M</u>	<u>F</u> <u>O</u>
	YES, FAIR	1	1	1
	NO, TOO EASY	2	2	2
	NO, TOO HARD	3	3	3
	DOES NOT SCOLD OR PUNISH	4	4	4

**IF ONLY ONE CHILD; SKIP TO AA1, P.168.
 OTHERS, CONTINUE.**

B.	Is your (MOTHER/FATHER/OTHER) usually easier or harder on you than on your brother(s)/sister(s)?	DI4B_1	DI4B_2	DI4B_3
			<u>M</u>	<u>F</u> <u>O</u>
	NEITHER	1	1	1
	HARDER ON YOU	2	2	2
	EASIER ON YOU	3	3	3

AA1. Does your (M/F/O) belong to any groups or clubs, like the P.T.A., a church or synagogue, or a sports team?

DO NOT COUNT 12-STEP TYPE TREATMENT GROUPS, INCLUDING AA.

SPECIFY: _____

MOTHER
 NO 1
 YES . (SPECIFY) . . 5
 AD1_1

FATHER
 NO 1
 YES . (SPECIFY) . . 5
 AD1_2

OTHER
 NO 1
 YES . (SPECIFY) . . 5
 AD1_3

AA2. Does your (M/F/O) have some friends s/he sees from time to time?

MOTHER
 NO 1
 YES 5
 AD2_1

FATHER
 NO 1
 YES 5
 AD2_2

OTHER
 NO 1
 YES 5
 AD2_3

AA3. Does your (M/F/O) get together with friends and relatives for celebrations like Thanksgiving, 4th of July, or birthdays?

MOTHER
 NO 1
 YES 5
 AD3_1

FATHER
 NO 1
 YES 5
 AD3_2

OTHER
 NO 1
 YES 5
 AD3_3

AA4A. When you are in an activity like a game, a play, or a concert at school, does your (M/F/O) usually attend?

MOTHER
 NO 1
 YES (SKIP TO AA5) . 5
 AD4_1

FATHER
 NO 1
 YES (SKIP TO AA5) . 5
 AD4_2

OTHER
 NO 1
 YES (SKIP TO AA5) . 5
 AD4_3

B. Why doesn't your (M/F/O) attend?

AD4B_1 AD4B_2 AD4B_3

SPECIFY OTHER: _____

CODE ALL:	M		F		O	
	NO	YES	NO	YES	NO	YES
WORK	1	5	1	5	1	5
CARING FOR SOMEONE	1	5	1	5	1	5
PARENTAL TENSION	1	5	1	5	1	5
LIVES OUT OF TOWN	1	5	1	5	1	5
NOT INTERESTED .	1	5	1	5	1	5
NO REASON	1	5	1	5	1	5
OTHER .(SPECIFY)	1	5	1	5	1	5

AA5. Does your (M/F/O) have any activities that s/he enjoys doing, like crafts, gardening, reading, or sports?

MOTHER

NO 1
 YES . (SPECIFY) . . 5
 AD5_1

SPECIFY OTHER: _____

FATHER

NO 1
 YES . (SPECIFY) . . 5
 AD5_2

OTHER

NO 1
 YES . (SPECIFY) . . 5
 AD5_3

**IF PARENTS OBVIOUSLY HAVE A TROUBLED LIFE, SAY
 "In spite of all their difficulties ..."**

AA6A. Would you say that your (M/F/O) is a pretty happy person?

MOTHER

NO 1
 YES (SKIP TO AA7A) 5
 AD6A_1

FATHER

NO 1
 YES (SKIP TO AA7A) 5
 AD6A_2

OTHER

NO 1
 YES (SKIP TO AA7A) 5
 AD6A_3

B. How much of the time is your (MOTHER/FATHER/OTHER) unhappy (READ OPTIONS)?

	AD6B_1	AD6B_2	AD6B_3
	M	F	O
A LITTLE	1	1	1
SOME	2	2	2
A LOT	3	3	3

AA7A. Now I would like you to think about how you get along with your (MOTHER/FATHER/OTHER). Most of the time, how well do you get along?

	AD7A_1	AD7A_2	AD7A_3
	M	F	O
POOR	1	1	1
FAIR	2	2	2
GOOD	3	3	3
EXCELLENT	4	4	4

B. Do you feel very close to your (M/F/O)?

MOTHER

NO 1
 YES (SKIP TO BOX AA8A) 5
 AD7B_1

FATHER

NO 1
 YES (SKIP TO BOX AA8A) 5
 AD7B_2

OTHER

NO 1
 YES (SKIP TO BOX AA8A) 5
 AD7B_3

C. Why don't you feel very close to your (M/F/O)?

BOX AA8A:
IF 1 OR BOTH BIOLOGICAL PARENTS ARE DECEASED OR
IF PARENTS HAVE HAD NO CONTACT WITH EACH OTHER IN PAST YEAR,
SKIP TO BOX AA8D.

- | | | |
|--|--|------|
| AA8A. Some parents enjoy being with each other, while others don't. Do your parents seem to enjoy being with each other? | NO 1
YES 5 | AD8A |
| B. Now I would like you to think about how well your biological parents get along with each other. Most of the time, how well do they get along? | EXCELLENT? 1
GOOD? 2
FAIR? 3
POOR? 4 | AD8B |
| C. Do your parents argue and fight in front of you? | NEVER? 1
HARDLY EVER? 2
SOMETIMES? 3
OFTEN? 4 | AD8C |
| D. Do your parents fight when you are not around? | NEVER? 1
HARDLY EVER? 2
SOMETIMES? 3
OFTEN? 4 | AD8D |

BOX AA8D:
IF OTHER IS A STEP PARENT OR SIGNIFICANT OTHER AND HAS LIVED
WITH R FOR 1 YEAR OR MORE, CONTINUE.
IF NO OTHER OR OTHER IS NOT A SIGNIFICANT OTHER, SKIP TO AA9.

- | | | |
|---|--|------|
| E. Now I would like you to think about how well your (BIO MOM/DAD) and your (STEP MOM/DAD) get along with each other. Most of the time, how well do they get along? | EXCELLENT? 1
GOOD? 2
FAIR? 3
POOR? 4 | AD8E |
| F. Do your (BIO MOM/DAD) and (STEP MOM/DAD) argue and fight in front of you . . . | NEVER? 1
HARDLY EVER? 2
SOMETIMES? 3
OFTEN? 4 | AD8F |
| G. Do your (BIO MOM/DAD) and your (STEP MOM/DAD) fight when you are not around . . . | NEVER? 1
HARDLY EVER? 2
SOMETIMES? 3
OFTEN? 4 | AD8G |

AA9. Everyone gets irritable and crabby some of the time, but some people seem to be irritable and crabby most of the time. Is your (MOTHER/FATHER/OTHER) . . .	AD9_1	AD9_2	AD9_3	
	<u>M</u>	<u>F</u>	<u>O</u>	
MORE FUSSY AND CRABBY THAN MOST PARENTS? . .	1	1	1	
ABOUT THE SAME AS MOST PARENTS?	2	2	2	
LESS FUSSY AND CRABBY THAN MOST PARENTS? . .	3	3	3	

- BB1A. Does your family let you bring your friends home to spend time with you? NO..... 1
YES.....(SKIP TO BB2A)..... 5
FR1A
- B. What is the reason your family doesn't let your friends come over to visit?
(CODE ALL THAT APPLY)
SPECIFY OTHER: _____

- A/D PROBLEMS AT HOME ... 1
OTHER PROBLEMS AT HOME 2
A/D PROBLEMS W/ FRIENDS 3
OTHER PROBLEMS W/ FRIENDS 4
OTHER.....(SPECIFY)..... 5
FR1B_1-FR1B_5
- BB2A. Do you get to go to your friends' homes to visit? NO..... 1
YES.....(SKIP TO BB3A)..... 5
FR2A
- B. What is the reason you don't get to go to your friends' homes to visit?
(CODE ALL THAT APPLY)
SPECIFY OTHER: _____

- A/D PROBLEMS AT HOME ... 1
OTHER PROBLEMS AT HOME 2
A/D PROBLEMS W/ FRIENDS 3
OTHER PROBLEMS W/ FRIENDS 4
OTHER.....(SPECIFY)..... 5
FR2B_1-FR2B_5
- BB3A. Do you have to let your family or someone else know where you are whenever you go somewhere? NO..... 1
YES 5
FR3A
- B. I you don't let someone know where you are going, are you... IN NO TROUBLE AT ALL..... 1
IN SOME TROUBLE..... 2
IN BIG TROUBLE..... 3
FR3B
- BB4A. Does your family have rules about watching TV; for example, how much you can watch or what you can watch? NO.....(SKIP TO BB5A)..... 1
YES 5
FR4A
- B. What are the rules about?
(CODE ALL THAT APPLY)
SPECIFY _____
OTHER: _____

- AMOUNT OF TIME..... 1
TYPE OF PROGRAM..... 2
WHEN TO WATCH..... 3
NO TV ALLOWED..... 4
OTHER.....(SPECIFY)..... 2
FR4B_1-FR4B_5
- BB5A. How many hours a day do you usually spend watching TV or videos on school days? _____ HOURS SCHOOL DAY
FR5A
- B. How many hours a day do you usually spend watching TV or videos on the weekends? _____ HOURS WEEKEND
FR5B
- C. How many hours a day do you usually spend watching TV or videos during the summer? _____ HOURS SUMMER
FR5C

CC1A. Do you have any difficulty making friends? NO 1
 YES 5
 PE1A
 B. Do you have any difficulty keeping friends? NO 1
 YES 5
 PE1B

CC2. Do you have a best friend, or some best friends? NO 1
 YES 5
 PE2

CC3A. Have you ever had a boy/girl friend? NO . (SKIP TO CC4) . 1
 YES 5
 PE3A

CODE ONLY ROMANTIC RELATIONSHIPS OR WHAT THE CHILDREN CONSIDER ROMANTIC.

B. Have you had more than one in your life? NO 1
 YES 5
 PE3B

CC4. Do you have (boys/girls) for friends? NO 1
 Not like (boy/girl) friends, but just friends? YES 5
 PE4

CC5A. Do your parents know most of your friends? NO 1
 YES 5
 PE5A

B. Do your parents dislike any of your friends? NO (SKIP TO BOX CC6) 1
 YES 5
 PE5B

C. Why do they dislike your friends?

	<u>CODE ALL:</u>	<u>NO</u>	<u>YES</u>
SPECIFY OTHER: _____	NO REASON	1	5
_____	FRIEND GETS YOU IN TROUBLE	1	5
_____	FRIEND BEHAVES BADLY	1	5
	FRIEND'S A/D USE	1	5
	FRIEND'S PARENTS NOT RESPONSIBLE	1	5
	OTHER (SPECIFY)	1	5

BOX CC6:
 IF THERE IS MORE THAN ONE CHILD IN THE FAMILY; CONTINUE WITH DD1, P.173.
 IF ONLY ONE CHILD; RECORD TIME ENDED ON P.173 AND SKIP TO SARAH, P.1.

SHOULD THIS SECTION BE CODED?	NO . . . (RECORD TIME ENDED) . . .	1
	YES	5

DD1. All brother(s) and sister(s) fight some of the time.
 Do you think that you and your brother(s)/sister(s) fight. . .

MORE THAN MOST BROTHER(S)/SISTER(S)? 1
 SAME AS MOST BROTHER(S)/SISTER(S)? 2
 LESS THAN MOST BROTHER(S)/SISTER(S)? 3

SB1

DD2. Even though you sometimes fight with your brother(s)/sister(s),
 would you say that you really like each other . . .

MORE THAN MOST BROTHER(S)/SISTER(S)? 1
 SAME AS MOST BROTHER(S)/SISTER(S)? 2
 LESS THAN MOST BROTHER(S)/SISTER(S)? 3

SB2

DD3A. Do you and your brother(s)/sister(s) do anything together besides watch TV? NO . (SKIP TO DD4) . 1
 YES 5

SB3A

B. What sorts of things do you do together?

FOR EDITOR'S USE ONLY:	
HE =	1
NON-HE =	5
SB3B	

DD4. In your family, do the older children help take care of the younger ones? NO 1
 YES 5

SB4

(**PROBE:** HELPING WITH HOMEWORK, BABYSITTING, PLAYING WITH THEM?)

DD5. Do you ever tell your brother(s)/sister(s) about your problems or worries? NO 1
 YES 5

SB5

DD6. Do you and your brother(s)/sister(s) often talk about what's going on at school, with your friends, or things like that? NO 1
 YES 5

SB6

DD7A. Do you and your brother(s)/sister(s) stick up for each other in arguments with your parents? NO 1
 YES 5

SB7A

B. Do you and your brother(s)/sister(s) stick up for each other in arguments with other kids? NO 1
 YES 5

SB7B

TIME ENDED: _____ : _____
 (USE 24-HOUR CLOCK)

PAN3RA
PAN4A
PANICDA/B

NN1A. Sometimes people suddenly feel scared, even when most other people wouldn't be scared. Have you ever suddenly felt very upset and afraid and didn't know why?

1	2	3	4	5
---	---	---	---	---

PN1A

SPECIFY: _____

DRUG/MED CODE: ___ ___ ___
PN1A_1
ILLNESS CODE: ___ ___ ___
PN1A_2

(PROBE: THIS WOULD HAVE HAPPENED AT A TIME WHEN YOU USUALLY WOULDN'T BE AFRAID. FOR EXAMPLE, YOU WEREN'T TAKING A TEST, OR SPEAKING IN FRONT OF THE CLASS, OR DOING SOMETHING ELSE THAT WOULD MAKE YOU NERVOUS.)

IF NN1A = 1, SKIP TO 01, P.133.
= 2, 4, OR 5; SKIP TO NN2A.
= 3, CONTINUE.

B. Did you feel like this while you were USING 1
taking (DRUG/MED), or after you stopped STOPPED/CUT DOWN. 2
or cut down on using (DRUG/MED), or both? BOTH 3
PN1B

PAN3RC
PAN4A1
PANICDB

NN2A. I'm going to ask you about some things that can happen when a person suddenly feels very scared and upset for no real reason.

When you (NAME EXAMPLE IN NN1A), did you also ...

		<u>NO</u>	<u>YES</u>
1. feel your heart beating hard?	PN2A_1	1	5
2. start sweating?	PN2A_2	1	5
3. feel your body shaking?	PN2A_3	1	5
4. have trouble breathing, like a pillow was covering your face?	PN2A_4	1	5
5. feel like you were choking?	PN2A_5	1	5
6. feel pain in your chest?	PN2A_6	1	5
7. feel sick to your stomach or feel pain in your stomach?	PN2A_7	1	5
8. feel dizzy, faint, or like you might fall down?	PN2A_8	1	5
9. feel like you were not real, or like you were outside of your body looking at yourself, or like you were in a dream?	PN2A_9	1	5
10. feel like you might go crazy or lose control of yourself?	PN2A_10	1	5
11. feel a strange tickling or tingling in your fingers or toes, like they had gone to sleep?	PN2A_11	1	5
12. feel cold?	PN2A_12	1	5
13. feel hot?	PN2A_13	1	5
14. have a dry mouth?	PN2A_14	1	5
15. think you were going to die?	PN2A_15	1	5

IF 3 OR FEWER 5'S IN NN2A.1-15, SKIP TO 01, P. 133. OTHERS, CONTINUE.

PAN3RD
PAN4A1
PANICDB2/3

NN3. When you got very scared and upset, did (NAME 5'S IN NN2A) happen all of a sudden and get worse very quickly?

NO 1
YES 5
PN3

NN8. Sometimes people act differently, because they are worried that they are going to become scared in front of other people. Because of this, they might miss more school, stop going places, or stop doing things with their friends.

A. Have you ever behaved differently because you were worried that you might become scared in front of other people? NO (SKIP TO BOX NN8) 1 YES 5 PN8A

B. How did you act differently? _____

PAN4A2(c)

C. How long did you (NAME BEHAVIOR)? 1 WEEK OR LESS? . . 1 2-3 WEEKS? 2 4 WEEKS OR MORE? . 5 PN8C

**BOX NN8:
IF NO 5'S IN NN6C, NN7C, AND NN8C; SKIP TO O1, P.133
OTHERS, CONTINUE.**

NN9A. Did your parents ever take you to a doctor or other professional because you were having problems like the ones we've been talking about? NO (SKIP TO NN10A) 1 YES 5 PN9A

B. Did s/he see: NO YES
1. a psychiatrist or psychologist? PN9B_1 1 5
2. another medical doctor PN9B_2 1 5
3. a school counselor or social worker? PN9B_3 1 5
4. someone like a minister, priest, or rabbi? PN9B_4 1 5
5. another professional? (SPECIFY) PN9B_5 1 5

SPECIFY: _____

C. Did the (PERSON CHILD SAW) give you any medicine? NO 1 YES . . (SPECIFY) . 5 PN9C

SPECIFY: _____ PN9C_1 CODE: _ _ _
_____ PN9C_2 CODE: _ _ _

D. What did (PERSON CHILD SAW) say? _____

FOR EACH 3 OR 5 IN COL. I, ASK
 "Did that happen (1) a little, (2) somewhat, or (3) a lot?"
AND CODE IN COL. II.

NN10A. When you suddenly became scared and upset, did any the following things happen? (CODE IN COL. I)	<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>COL. I</u></td> <td style="border-left: 1px solid black; text-align: center;"><u>COL. II</u></td> </tr> <tr> <td></td> <td style="text-align: center;">NO A/D YES</td> <td style="border-left: 1px solid black;"></td> </tr> </table>		<u>COL. I</u>	<u>COL. II</u>		NO A/D YES	
	<u>COL. I</u>	<u>COL. II</u>					
	NO A/D YES						
1. Was it hard for you to get along with your parents?	<table border="0"> <tr> <td style="text-align: center;">PN10A_1A</td> <td style="border-left: 1px solid black; text-align: center;">PN10A_1B</td> </tr> <tr> <td style="text-align: center;">1 3 5</td> <td style="border-left: 1px solid black; text-align: center;">1 2 3</td> </tr> </table>	PN10A_1A	PN10A_1B	1 3 5	1 2 3		
PN10A_1A	PN10A_1B						
1 3 5	1 2 3						
2. Was it hard for you to get along with you teachers?	<table border="0"> <tr> <td style="text-align: center;">PN10A_2A</td> <td style="border-left: 1px solid black; text-align: center;">PN10A_2B</td> </tr> <tr> <td style="text-align: center;">1 3 5</td> <td style="border-left: 1px solid black; text-align: center;">1 2 3</td> </tr> <tr> <td style="text-align: center;">PN10A_3A</td> <td style="border-left: 1px solid black; text-align: center;">PN10A_3B</td> </tr> </table>	PN10A_2A	PN10A_2B	1 3 5	1 2 3	PN10A_3A	PN10A_3B
PN10A_2A	PN10A_2B						
1 3 5	1 2 3						
PN10A_3A	PN10A_3B						
3. Was it hard to do your schoolwork?	<table border="0"> <tr> <td style="text-align: center;">1 3 5</td> <td style="border-left: 1px solid black; text-align: center;">1 2 3</td> </tr> </table>	1 3 5	1 2 3				
1 3 5	1 2 3						
4. Was it hard for you to get along with your friends?	<table border="0"> <tr> <td style="text-align: center;">PN10A_4A</td> <td style="border-left: 1px solid black; text-align: center;">PN10A_4B</td> </tr> <tr> <td style="text-align: center;">1 3 5</td> <td style="border-left: 1px solid black; text-align: center;">1 2 3</td> </tr> </table>	PN10A_4A	PN10A_4B	1 3 5	1 2 3		
PN10A_4A	PN10A_4B						
1 3 5	1 2 3						

BOX NN11:
 IF R HAD 1+ BOX MARKED ON ALCOHOL, MARIJUANA, OR DRUG TALLY SHEET A, CONTINUE.
 OTHERS, SKIP TO O1, P. 133.

NN11. We talked about sudden attacks of feeling
 panicky, frightened, or nervous.
 You said that first happened at (AGE).

**IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A,
 HAND TALLY(IES) TO R AND ASK A.
 OTHERS, SKIP TO B.**

CLUSTERING AT ONSET	A. Around the time the attacks first started, were you having experiences from 3 or more boxes found on this (ALC/MJ/DRUG) sheet?	NO 1 YES .(SKIP TO O1, P.133) 5 PN11A
HEAVY USE WHEN NOT CLUSTERING	B. Around the time the attacks first started, were you (drinking heavily/ using DRUGS) daily or almost daily?	NO 1 YES 5 PN11B