

SEMI STRUCTURED ASSESSMENT FOR THE GENETICS OF ALCOHOLISM

(SSAGA)

The SSAGA is an instrument designed to assess physical, psychological and social manifestations of alcoholism and related disorders. It is a semi-structured interview which capitalizes on prior research in psychiatric epidemiology. As such, it relies heavily on items previously validated by other research interviews, including DIS, CIDI, HELPER, SAM, SADS, and SCID.

The members of the COGA Assessment Committee are indebted to the many researchers who developed the interviews upon which, in part, the SSAGA is based.

SSAGA

RESPONDENT'S I.D.: _____
(1) (2) (3) (4) (5) (6) (7) (8)

SITE I.D.: _____
()
CONNECTICUT 1 NEW YORK 4
INDIANA 2 ST. LOUIS 5
IOWA 3 SAN DIEGO 6

INTERVIEWER'S I.D.: _____
(-)

DATE OF INTERVIEW: _____/_____/_____
(-)(-)(-)
MO DAY YR

TIME STARTED: _____:_____
(-)(-) (USE 24 HOUR CLOCK)

DATE EDITED: _____/_____/_____
(-)(-)(-)
MO DAY YR

DATE ENTERED: _____/_____/_____
(-)(-)(-)

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A1 RECORD SEX AS OBSERVED. MALE.....1
FEMALE.....2

A2 How tall are you? FT IN

A3 How much do you weigh? ___ ___ ___ LBS.
A. What is the most you have ever weighed? ___ ___ ___ LBS.
B. How old were you when you first weighed (# LBS. IN A)? ___ ___ AGE

A4 How old are you now? ___ ___ AGE

A5 What is your birth date? ___/___/___
MO DAY YR

A6 Were you adopted? NO.....1
YES.....5

A7 Are you a twin or other multiple? NO.....1
YES.....5

(SHOW CARD A1)

A8A. This card has the names of some racial groups. To which group do you belong? ___/___
(CODE)

IF OTHER, SPECIFY: _____

(SHOW CARD A2)

A8B. What is the origin or descent of your grandparents? (MATERNAL) GRANDMOTHER ___/___ ___/___
(MATERNAL) GRANDFATHER ___/___ ___/___
(PATERNAL) GRANDMOTHER ___/___ ___/___
(PATERNAL) GRANDFATHER ___/___ ___/___
(RECORD MALES IN COL. I AND FEMALES IN COL. II)

A8C. What is your religious preference? ___/___
RECORD: _____ (CODE)

IF ANY, ASK D. OTHERS SKIP TO A9.

A8D. In the past twelve months how many times did you attend religious services? ___ ___ ___ NUMBER
(RECORD NUMBER OF TIMES PER YEAR)

A9 Are you presently married or are you widowed, separated, divorced, or have you never been married? MARRIED.....1
WIDOWED....(CODE YR).....2
YR ___/___
SEPARATED.....3
DIVORCED.....4
NEVER MARRIED.....5

IF EVER MARRIED, SKIP TO A11. |

A10 Have you ever lived with someone for at least a year as though you were married? NO...(SKIP TO A14)....1
YES..(SKIP TO A13)....5

A11 How many times have you been legally married? _____ # TIMES
YEAR OF ALL MARRIAGES YR ___/___
YR ___/___
YR ___/___
YR ___/___

FGNASP A12 (So you've never been/How many times have you been) divorced? IF NEVER, ENTER 00. _____ # TIMES
YEAR OF ALL DIVORCES YR ___/___
YR ___/___
YR ___/___
YR ___/___

IF NEVER MARRIED/NEVER COHABBED, SKIP TO A14. |

FGNASP A13 (Other than when you separated just before a divorce,) have you and your partner(s) ever separated for 3 days or longer because of not getting along? NO...(SKIP TO A14)..1
YES.....5

FGNASP A. How many times did you separate? _____ # TIMES
COUNTING ALL MARRIAGES/LIVE IN SITUATIONS.

REC: When was the last time you separated? AGE REC: ___/___
REC: 1 2 3 4 5

IF MALE SKIP TO A14C. |

A14 How many times have you been pregnant? ___/___ NUMBER
IF NEVER, SKIP TO D.

A. Are you currently pregnant? NO.....1
 YES.....5

B. How many stillbirths and miscarriages have you had? ___/___ NUMBER

C. How many children have you had, not counting any who are yours by adoption, who are stepchildren, or who were stillborn? ___/___ # CHILDREN
IF ANY, ASK GENDER AND DATE OF BIRTH.

SEX				DATE OF BIRTH		SEX				DATE OF BIRTH	
M	F	___/___	___/___	MO	YR	M	F	___/___	___/___	MO	YR
M	F	___/___	___/___			M	F	___/___	___/___		
M	F	___/___	___/___			M	F	___/___	___/___		
M	F	___/___	___/___			M	F	___/___	___/___		
M	F	___/___	___/___			M	F	___/___	___/___		

D. Have you ever acted as a parent? NO.....1
 YES.....5

A15 What is the highest grade in school you completed? **CODE ACTUAL GRADE (00-17)** GRADE: ___/___

- 1 YR OF COLLEGE OR TECHNICAL SCHOOL.. = 13
- 2 YRS COLLEGE..... = 14
- 3 YRS COLLEGE..... = 15
- 4 YRS COLLEGE: B.A., B.S..... = 16
- POST GRAD: MASTER'S, M.D., PH.D..... = 17

IF A15 IS 12 OR LESS, ASK A. OTHERS SKIP TO C.

A. Do you have a high school diploma? NO.....(ASK B).....1
 YES.....(ASK C).....5

B. Did you pass a high school equivalency test (GED)? NO.....1
 YES.....5

C. Did you graduate from the last school you attended? NO.....1
 YES.....5

D. When did you graduate from... HIGH SCHOOL: YR ___/___
 GED: YR ___/___
 COLLEGE: YR ___/___
 GRAD SCHOOL: YR ___/___
 OTHER SCHOOL: YR ___/___

E. Are you currently in school, in a program leading to a degree? NO.....1
 YES.....5

A16 Now I want to ask you about work for pay. In the last twelve months, how many months have you been employed? **COUNT SELF-EMPLOYMENT OR SALARIED. IF NONE, CODE 00 AND SKIP TO A17B. IF LESS THAN 1 MO CODE 01.** __ __ # MOS

A17 Are you employed now? NO....(SKIP TO B).....1
 YES...(ASK A).....5

A. Do you work full-time? NO.....1
 YES.....5

B. What is your current household gross income? __ CODE

(SHOW CARD A3)

\$19-\$192/week	\$83-\$833/month	\$1,000-\$9,999/year	01
\$193-\$384/week	\$834/\$1,666/month	\$10,000-\$19,999/year	02
\$385-\$576/week	\$1,667-\$2,499/month	\$20,000-\$29,999/year	03
\$577-\$769/week	\$2,500-\$3,333/month	\$30,000-\$39,999/year	04
\$770-\$961/week	\$3,334-\$4,166/month	\$40,000-\$49,999/year	05
\$962-\$1,442/week	\$4,167-\$6,249/month	\$50,000-\$74,999/year	06
\$1,443-\$1,923/week	\$6,250-\$8,333/month	\$75,000-\$99,999/year	07
\$1,924-\$2,884/week	\$8,334-\$12,499/month	\$100,000-\$149,999/year	08
\$2,885 or more/week	\$12,500 or more/month	\$150,000 or more/year	09

A18 Have you ever been on active duty in the military or a commissioned officer? NO.(SKIP TO B1, P.5)...1
 YES...(ASK A).....5

A. What kind of discharge did you have? STILL IN THE MILITARY..0
 HONORABLE.....1
 GENERAL.....2
 MEDICAL.....3
 WITHOUT HONOR.....4
 UNDESIRABLE.....5
 DISHONORABLE.....6

B. What's the highest rank you achieved?

1. RANK: _____ CODE __ __ __

2. RECORD BRANCH OF MILITARY: _____ CODE __

B1 Now I have some questions about your physical health and medical history. EXCELLENT.....1
 First, at the present time, would you say VERY GOOD.....2
 your health is excellent, very good, good, GOOD.....3
 fair or poor? FAIR.....4
 POOR.....5

B2 Has your health always been (ANSWER IN NO....(ASK A).....1
 B1), or has it been better/worse? YES.....5

A. Please explain _____

B3 Have you ever had:

	NO	YES	Year found out	MD told:
1. High cholesterol?.....	1	5	___/___	1 5
2. Abnormal blood pressure?.....	1	5	___/___	1 5
3. Migraine headaches?.....	1	5	___/___	1 5
4. Head injury?.....	1	5	___/___	1 5
5. Concussion?.....	1	5	___/___	1 5
6. Epilepsy or seizure?.....	1	5	___/___	1 5
7. Unconscious for >5 min?.....	1	5	___/___	1 5
8. Meningitis?.....	1	5	___/___	1 5
9. Encephalitis?.....	1	5	___/___	1 5
10. Stroke?.....	1	5	___/___	1 5
11. Hardening of the arteries?.....	1	5	___/___	1 5
12. Heart disease?.....	1	5	___/___	1 5
13. Liver disease?.....	1	5	___/___	1 5
14. Thyroid disease?.....	1	5	___/___	1 5
15. Asthma?.....	1	5	___/___	1 5
16. Any other illness?.....	1	5	___/___	1 5
What illness? _____				

B4 A. How many times have you been in a hospital overnight (including surgery and pregnancy), excluding psychiatric or substance abuse treatment? ___/___ # TIMES

BEGIN WITH MOST RECENT.

<u>Year</u>	<u>Length of Stay (Days)</u>	<u>Problem</u>	<u>Hospital/Facility Address</u>	<u>Adm. Physician & Specialty</u>
___/___	_____	_____	_____	_____
___/___	_____	_____	_____	_____
___/___	_____	_____	_____	_____
___/___	_____	_____	_____	_____

- B4 B. How many times have you had surgery where you didn't have to stay in a hospital overnight (e.g. outpatient surgery)? ___/___ # TIMES
- C. How many times have you been examined or treated in the Emergency Room because of an accident or injury? ___/___ # TIMES

B5 In the last 6 months, how many visits have you made to a doctor or clinic or ER for your physical health? ___/___ # VISITS

- A. In the last 6 months have you visited a dentist? NO.....1
YES.....5

B6A. Have you ever taken any medications:

(INTERVIEWER: IF YES ASK: What did you take?)

	<u>NO</u>	<u>YES</u>	<u>MEDICATION</u>	<u>CODE</u>
1. To make you feel less nervous?...	1	5	_____	__ __ __
2. To help you sleep?.....	1	5	_____	__ __ __
3. To feel less depressed?.....	1	5	_____	__ __ __
4. For headaches (other than over the counter).....	1	5	_____	__ __ __
5. To have more energy?.....	1	5	_____	__ __ __
6. Birth control pills?.....	1	5	_____	__ __ __
7. Steroids?.....	1	5	_____	__ __ __

IF ALL NO, SKIP TO B6B.8.

FOR EVERY 5 CODED ABOVE ASK:

B6B. In the last 30 days, have you taken any medications:

(INTERVIEWER: IF YES ASK: What did you take?)

	<u>NO</u>	<u>YES</u>	<u>MEDICATION</u>	<u>CODE</u>
1. To make you feel less nervous?...	1	5	_____	__ __ __
2. To help you sleep?.....	1	5	_____	__ __ __
3. To feel less depressed?.....	1	5	_____	__ __ __
4. For headaches (other than over the counter).....	1	5	_____	__ __ __
5. To have more energy?.....	1	5	_____	__ __ __
6. Birth control pills?.....	1	5	_____	__ __ __
7. Steroids?.....	1	5	_____	__ __ __
8. Other: _____... 1	5	_____	__ __ __	

B7 Have you ever had any emotional problems
or periods that stand out as particularly
troubling or upsetting during your life?

NO....(SKIP TO B8).....1
YES.....5

IF YES: Would you tell me about this?

B8 Have you ever spoken to a professional about any emotional problems you might have had? NO.....1
YES.....5

IF YES, ASK: Whom did you speak to?
(CODE ALL RESPONSES)

	<u>NO</u>	<u>YES</u>
1. Psychiatrist	1	5
2. Psychologist	1	5
3. Social worker	1	5
4. Counselor	1	5
5. Medical doctor	1	5
6. Clergy	1	5
7. Other _____	1	5

B9 A. How many times have you been a patient in a psychiatric hospital or ward, or in a chemical dependency unit? ___/___ #TIMES

BEGIN WITH THE MOST RECENT.

<u>Year</u>	<u>Length of Stay (Days)</u>	<u>Problem</u>	<u>Hospital/Facility Address</u>	<u>Adm. Physician & Specialty</u>
___/___	_____	_____	_____	_____
___/___	_____	_____	_____	_____
___/___	_____	_____	_____	_____
___/___	_____	_____	_____	_____

ASK B ONLY FOR CURRENT HOSPITALIZATION.

B. Why did you choose to be hospitalized at (Facility)?

Now I am going to ask you a few more questions about your health.

C1 Have you ever had a lot of problems with body pains such as:

	<u>NO</u>	<u>YES</u>
1. Headaches?.....	1	5
2. Abdominal or belly pain (other than during menstruation)?...	1	5
3. Back pain?.....	1	5
4. Pain in your joints?.....	1	5
5. Pain in your arms or legs other than in the joints?.....	1	5
6. Chest pains?.....	1	5
7. Pain in or around your genitals or rectum?.....	1	5
8. Painful sexual intercourse?.....	1	5
9. Pain during urination?.....	1	5
10. WOMEN ONLY: Painful menstrual periods?.....	1	5
11. Pain anywhere else?.....	1	5

 * IF FOUR OR MORE CODED 5, CONTINUE. OTHERS SKIP TO D1, P.16. *

FOR EACH SYMPTOM CODED 5, PROBE:

C2	WHOM SAW	WHAT TOLD	CODE
	1. Headaches _____	_____	CODE: 1 2 3 4 5
SOM3RB2	2. Abdominal pain _____	_____	CODE: 1 2 3 4 5
	IF CODED 5 ASK:		
	A. Did this occur only during a panic attack?		NO.....1 YES.....5
SOM3RB8	3. Back pain _____	_____	CODE: 1 2 3 4 5
SOM3RB9	4. Pain in joints _____	_____	CODE: 1 2 3 4 5
SOM3RB7	5. Arm/leg pain _____	_____	CODE: 1 2 3 4 5
SOM3RB14	6. Chest pains _____	_____	CODE: 1 2 3 4 5
	IF CODED 5 ASK:		
	A. Did this occur only during a panic attack?		NO.....1 YES.....5
SOM3RB28	7. Genital/rectum pain _____	_____	CODE: 1 2 3 4 5
SOM3RB30	8. Painful intercourse _____	_____	CODE: 1 2 3 4 5
SOM3RB10	9. Painful urination _____	_____	CODE: 1 2 3 4 5
SOM3RB32	10. Painful menstrual periods _____	_____	CODE: 1 2 3 4 5
SOM3RB11	11. Other pain _____	_____	CODE: 1 2 3 4 5

 * IF FOUR OR MORE CODED 3, 4, OR 5, CONTINUE. *
 * OTHERS SKIP TO D1, P.16. *

C3 How old were you the first/last time you had any of the problems like (MENTION ALL ITEMS CODED 3, 4, OR 5 IN C2)?

AGE ONS: ___/___
ONS: 1 2 3 4 5
AGE REC: ___/___
REC: 1 2 3 4 5

C4 Have you ever been bothered a lot by any problems such as:

SOM3RB1 1. Vomiting or regurgitation of food (other than when pregnant)? CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

SOM3RB3 2. Nausea (other than motion sickness)? CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

IF CODED 5 ASK:

A. Did this occur only during a panic attack? NO.....1
YES.....5

SOM3RB4 3. Excessive gas or bloating of your stomach or abdomen? CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

IF CODED 5 ASK:

A. Did this occur only during a panic attack? NO.....1
YES.....5

SOM3RB5 4. Loose bowels or diarrhea? CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

SOM3RB6 5. 3 or more foods making you sick? CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

* IF ANY CODED 3, 4 OR 5, CONTINUE. OTHERS SKIP TO D1, P.16. *

C5 How old were you the first/last time you had any of the problems like (MENTION ALL ITEMS CODED 3, 4, OR 5 IN C4)?

AGE ONS: ___/___
ONS: 1 2 3 4 5
AGE REC: ___/___
REC: 1 2 3 4 5

ONS/REC:
1 = WITHIN LAST 2 WKS
2 = 2 WKS TO < 1 MO
3 = 1 MO TO < 6 MO
4 = 6 MO TO < 1 YR
5 = 1 YR OR LONGER

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

C6 Have you ever been bothered a lot by any problems such as:

SOM3RB22 1. Temporary blindness in one or both eyes lasting several seconds or more? CODE: 1 2 3 4 5
WHOM SAW: _____ WHAT TOLD: _____

SOM3RB20 2. Double vision? CODE: 1 2 3 4 5
WHOM SAW: _____ WHAT TOLD: _____

SOM3RB19 3. Completely losing your hearing for a few seconds or longer? CODE: 1 2 3 4 5
WHOM SAW: _____ WHAT TOLD: _____

SOM3RB26 4. Being paralyzed, where you couldn't move a part of your body for at least a few minutes? CODE: 1 2 3 4 5
WHOM SAW: _____ WHAT TOLD: _____

SOM3RB26 5. Periods of weakness where you could not lift or move things you normally could lift or move? CODE: 1 2 3 4 5
WHOM SAW: _____ WHAT TOLD: _____

SOM3RB25 6. Trouble walking or keeping your balance? CODE: 1 2 3 4 5
WHOM SAW: _____ WHAT TOLD: _____

7. Losing feeling in an arm or leg (not just having it fall asleep after being in one position for too long)? CODE: 1 2 3 4 5
WHOM SAW: _____ WHAT TOLD: _____

IF CODED 5 ASK:

A. Did this occur only during a panic attack? NO.....1
YES.....5

8. Losing feeling anywhere else for a significant period of time? CODE: 1 2 3 4 5
WHOM SAW: _____ WHAT TOLD: _____

IF CODED 5 ASK:

A. Did this occur only during a panic attack? NO.....1
YES.....5

SOM3RB27 9. Being unable to urinate or having difficulty urinating for 24 hours or longer or having to be catheterized (other than after childbirth/surgery)? CODE: 1 2 3 4 5
WHOM SAW: _____ WHAT TOLD: _____

C6 (Cont.)

- SOM3RB17 10. Having a lump in your throat that made it difficult to swallow (other than when you felt like crying)? CODE: 1 2 3 4 5
- WHOM SAW: _____ WHAT TOLD: _____
- IF CODED 5 ASK:**
 A. Did this occur only during a panic attack? NO.....1
 YES.....5
- SOM3RB24 11. Having a seizure or convulsion where you were unconscious and your body jerked, after the age of 12? CODE: 1 2 3 4 5
- WHOM SAW: _____ WHAT TOLD: _____
- SOM3RB23 12. Being unconscious? CODE: 1 2 3 4 5
- WHOM SAW: _____ WHAT TOLD: _____
- SOM3RB16 13. Amnesia for a period of several hours or days where you couldn't remember afterwards anything that happened? CODE: 1 2 3 4 5
- WHOM SAW: _____ WHAT TOLD: _____
- SOM3RB18 14. Losing your voice for 30 minutes or more and only being able to whisper? CODE: 1 2 3 4 5
- WHOM SAW: _____ WHAT TOLD: _____

 * IF ANY CODED 3, 4 OR 5, CONTINUE. OTHERS SKIP TO D1, P.16. *

C7 How old were you the first/last time you had any of the problems like (MENTION ALL ITEMS CODED 3, 4, OR 5 IN C6)?

AGE ONS: ___/___
 ONS: 1 2 3 4 5
 AGE REC: ___/___
 REC: 1 2 3 4 5

ONS/REC:	
1	= WITHIN LAST 2 WKS
2	= 2 WKS TO < 1 MO
3	= 1 MO TO < 6 MO
4	= 6 MO TO < 1 YR
5	= 1 YR OR LONGER

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

C8 Have you ever been bothered a lot by any general problems such as:

- SOM3RB12 1. Shortness of breath when you hadn't exerted yourself? CODE: 1 2 3 4 5
WHOM SAW: _____ WHAT TOLD: _____
IF CODED 5 ASK:
A. Did this occur only during a panic attack? NO.....1
YES.....5
- SOM3RB21 2. Blurred vision, when not due to needing/changing glasses? CODE: 1 2 3 4 5
WHOM SAW: _____ WHAT TOLD: _____
- SOM3RB23 3. Fainting spells where you felt weak, dizzy, and passed out? CODE: 1 2 3 4 5
WHOM SAW: _____ WHAT TOLD: _____
- SOM3RB13 4. Your heart beating so hard you could feel it pounding in your chest? CODE: 1 2 3 4 5
WHOM SAW: _____ WHAT TOLD: _____
IF CODED 5 ASK:
A. Did this occur only during a panic attack? NO.....1
YES.....5
- SOM3RB15 5. Dizziness? CODE: 1 2 3 4 5
WHOM SAW: _____ WHAT TOLD: _____
IF CODED 5 ASK:
A. Did this occur only during a panic attack? NO.....1
YES.....5
- SOM3RA 6. Feeling sickly for most of your life? CODE: 1 2 3 4 5
WHOM SAW: _____ WHAT TOLD: _____
- FGNHYST 7. Giving up your regular activities (work, school, etc.) for at least several weeks because you did not feel well enough to carry on (other than when in hospital)? CODE: 1 2 3 4 5
WHOM SAW: _____ WHAT TOLD: _____
- FGNHYST 8. A period of time, say 2 weeks or longer, when you felt tired or had no energy? CODE: 1 2 3 4 5
WHOM SAW: _____ WHAT TOLD: _____

- FGNHYST 9. Any kind of fears or phobias, like fears of heights, insects, closed spaces, or anything else? CODE: 1 2 3 4 5
WHOM SAW: _____ WHAT TOLD: _____
- FGNHYST 10. Feeling that you are a nervous person? CODE: 1 2 3 4 5
WHOM SAW: _____ WHAT TOLD: _____
- FGNHYST 11. Losing a lot of weight, say 10 lbs. or more, without trying to? CODE: 1 2 3 4 5
WHOM SAW: _____ WHAT TOLD: _____
- FGNHYST 12. Having a sudden gain or loss of weight (15 lbs. in 2 weeks or less)? CODE: 1 2 3 4 5
WHOM SAW: _____ WHAT TOLD: _____
- FGNHYST 13. Having a lot of trouble with constipation? CODE: 1 2 3 4 5
WHOM SAW: _____ WHAT TOLD: _____
- DSMDYS 14. Being troubled by a period of lots of crying spells or crying easily since you became an adult? CODE: 1 2 3 4 5
WHOM SAW: _____ WHAT TOLD: _____
- DSMDYS 15. Having a period of time when you felt that life was hopeless? CODE: 1 2 3 4 5
FGNHYST
WHOM SAW: _____ WHAT TOLD: _____
- FGN 16. Feeling that your sex life was not very important? CODE: 1 2 3 4 5
RDC
SOM3RB31
DSM
WHOM SAW: _____ WHAT TOLD: _____
- FGNHYST 17. Having a period of several months where sex was not pleasurable? CODE: 1 2 3 4 5
RDCSOMAT
WHOM SAW: _____ WHAT TOLD: _____
- SOM3RB31 18. Having sexual difficulties (2 months or more when you were unable to achieve an erection)? CODE: 1 2 3 4 5
FGNHYST
WHOM SAW: _____ WHAT TOLD: _____

C8 (Cont.)

FGNHYST 19. A time in your life when you were unable to reach orgasm? CODE: 1 2 3 4 5
WHOM SAW: _____ WHAT TOLD: _____

INTERVIEWER: MEN SKIP TO SHADED BOX AFTER C23.

SOM3RB34 20. Excessive menstrual bleeding? CODE: 1 2 3 4 5
WHOM SAW: _____ WHAT TOLD: _____

FGNHYST RDCSOMAT 21. Missing two periods in a row (other than when pregnant, nursing, or when entering menopause)? CODE: 1 2 3 4 5
WHOM SAW: _____ WHAT TOLD: _____

SOM3RB33 22. Having irregular menstrual periods? CODE: 1 2 3 4 5
WHOM SAW: _____ WHAT TOLD: _____

SOM3RB35 23. Vomiting all throughout a pregnancy or being hospitalized for vomiting during pregnancy? CODE: 1 2 3 4 5
WHOM SAW: _____ WHAT TOLD: _____

* IF ANY CODED 3, 4 OR 5, CONTINUE. OTHERS SKIP TO D1, P.16. *

C9 How old were you the first/last time you had any of the problems like (MENTION ALL ITEMS CODED 3, 4, OR 5 IN C8)? AGE ONS: ___/___
ONS: 1 2 3 4 5
AGE REC: ___/___
REC: 1 2 3 4 5

ONS/REC:
1 = WITHIN LAST 2 WKS
2 = 2 WKS TO < 1 MO
3 = 1 MO TO < 6 MO
4 = 6 MO TO < 1 YR
5 = 1 YR OR LONGER

PROBING PATTERN:
1 = NO, NEVER
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4 = YES, ALWAYS DUE TO PHYSICAL ILLNESS/INJURY
5 = YES, PSYCHIATRICALY RELEVANT

D1 A. Now I'm going to ask you some questions about using tobacco. Have you ever (**READ CHOICES**) daily for a month or more? **CODE IN COLUMN A.**

	A		B	C
	<u>NO</u>	<u>YES</u>	<u>HOW LONG (MONTHS)</u>	<u>NUMBER/DAY</u>
1) smoked cigarettes	1	5	___ ___ ___	___ ___ ___
2) smoked cigars	1	5	___ ___ ___	___ ___ ___
3) smoked a pipe	1	5	___ ___ ___	___ ___ ___
4) used snuff/chewed tobacco	1	5	___ ___ ___	___ ___ ___

 * IF COLUMN A ALL CODED 1, SKIP TO E1, P.17. *
 * IF ANY CODED 5, CONTINUE. *

FOR EACH 5 IN COLUMN A, ASK B AND C:

B. For how long (months) did you smoke/use tobacco? **CODE IN COLUMN B.**

C. How many (cigarettes/cigars/pipefuls/pinches) did you (smoke/use) on average per day? **CODE IN COLUMN C.**

D. How old were you the first/last time you used tobacco daily?

AGE ONS: ___/___
 ONS: 1 2 3 4 5
 AGE REC: ___/___
 REC: 1 2 3 4 5

CHECK D1A: FOR EACH 5 ASK:

D2 Have you ever tried to quit (smoking/using) (cigarettes/cigars/pipes/snuff/chewing tobacco)?

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
	<u>Cigarettes</u>	<u>Cigars</u>	<u>Pipesmoking</u>	<u>Snuff/Chew</u>
NO	1	1	1	1
YES	5	5	5	5

 * FOR EACH YES ASK A AND B. IF ALL NO, SKIP TO E1, P.17. *

A. How many times did you try to quit? TIMES ___/___ ___/___ ___/___ ___/___

B. What was your longest period of abstinence? ___ MONTHS ___ MONTHS ___ MONTHS ___ MONTHS

IF B LESS THAN 1 MONTH, CODE 000.

IF ANY 5'S IN D1.A, CODE D3.A YES SILENTLY.

- D3. A. (Even though you have not smoked daily,) have you ever tried any forms of tobacco? NO 1
 YES (SKIP TO C) 5
- B. So, you never experimented even one time with any form of tobacco, including cigarettes? NO, NEVER . . . (SKIP TO E1, P.17) 1
 YES, HAVE 5
- C. Have you ever:
 FOR 5'S CODED IN D1.A 1-4, CODE D3.C 1-4 YES SILENTLY.
 ASK OTHERS AS NEEDED.
- | | <u>NO</u> | <u>YES</u> |
|--------------------------------------|-----------|------------|
| 1. smoked a cigarette? | 1 | 5 |
| 2. smoked a cigars? | 1 | 5 |
| 3. smoked a pipe? | 1 | 5 |
| 4. used chewing tobacco/snuff? | 1 | 5 |
- D. How old were you the first time you used any form of tobacco? _____ / _____
 AGE ONS

- D4. The first few times you (smoked/used tobacco), did you:
- | | <u>NO</u> | <u>YES</u> |
|------------------------------------------------------|-----------|------------|
| 1. cough? | 1 | 5 |
| 2. feel dizzy or light-headed? | 1 | 5 |
| 3. get a headache? | 1 | 5 |
| 4. feel your heart racing? | 1 | 5 |
| 5. feel nauseated, like vomiting? | 1 | 5 |
| 6. enjoy the experience? | 1 | 5 |
| 7. experience anything else? (IF YES, SPECIFY) | 1 | 5 |
- SPECIFY: _____ Code: positive 1
 negative 5

- D5. Over your lifetime, have you (smoked 100 cigarettes or used 30 cigars/pipes/pinches of snuff or tobacco)? NO . . . (SKIP TO E1, P. 17) 1
 YES 5

FOR ANY 5 CODED IN D1.A, CODE D6.A-C SILENTLY.

D6. FOR EACH 5 CODED IN D3.B, ASK:

- A. When you were (smoking/using) regularly, how often would you(smoke cigarettes/cigars/pipes/use snuff or
Frequency Codes
 1 = Daily

chewing tobacco)? Everyday, 5 or 6 days a week, 2 = 5-6 days/wk
 3 or 4 days a week, once ortwice a week, less often, 3 = 3-4 days/wk
 or did you never use it regularly? 4 = 1-2 days/wk
 CODE FREQ. IN COL. A BELOW. IF COL. A 5 = Less often
 CODED 5 OR 6, GO TO NEXT FORM OF TOBACCO. 6 = Never used regularly

B. When you were using tobacco (FREQUENCY IN A),
 how many (cigarettes/cigars/pipefuls/pinches) did
 you usually (smoke/use) in a day? CODE IN COL. B BELOW.

C. For how long did you (smoke/use tobacco) about (NUMBER IN COL. B AND
 FREQUENCY IN COL. A) per day? CODE DURATION IN COL. C BELOW.

	A						B		C		
	FREQUENCY						NO. PER DAY		DURATION		
	1	2	3	4	5	6	___/___	___/___	WK	MO	YR
a. cigarettes	1	2	3	4	5	6	___/___	___/___	1	2	3
b. cigars	1	2	3	4	5	6	___/___	___/___	1	2	3
c. pipes	1	2	3	4	5	6	___/___	___/___	1	2	3
d. snuff/chewing tobacco	1	2	3	4	5	6	___/___	___/___	1	2	3

BOX D.7 IN D7-D23 REFER TO ONLY THOSE FORMS OF TOBACCO CODED 1-4 IN D6A.

Think about the period lasting a month or more when you were
 (smoking/using tobacco) the most.

D7. During this period when you were (smoking/using tobacco)
 the most, about how many minutes after you woke up did you
 (smoke/use) your first (cigarette/cigar/pipe/pinch)? ___/___/___ MINUTES
 IF DK, ASK A.

- A. IF DK: Was it usually (READ OPTIONS)?
- WITHIN 5 MINUTES 1
 - WITHIN 6-30 MINUTES 2
 - WITHIN 31-60 MINUTES 3
 - MORE THAN ONE HOUR 4

D8. During the period when you were (smoking/using tobacco)
 the most, did you usually (smoke/use tobacco) more
 frequently during the first hours after waking than
 during the rest of the day? NO 1
 YES 5

D9.	During the period when you were (smoking/using tobacco) the most, did you usually find it difficult to keep from (smoking/using) in places where it was forbidden; for example, on airplanes, in movie theaters, or in "no smoking" sections of restaurants or office buildings, or perhaps in situations where someone asked you not to?	NO 1 YES 5
-----	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------

D10.	During the period when you were (smoking/using tobacco) the most, were there times you (smoked/used tobacco) even when you were so ill that you had to be in bed most of the day?	NO 1 YES 5
------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------

USE THE SMOKING TALLY SHEET FOR SX'S CODED 5*

Now I'd like to ask you some questions about experiences people sometimes have with (smoking/using tobacco). (Since you don't smoke now, I'd like you to answer for when you used to smoke.)

ND45	D11. Did you ever a chain smoke cigarettes, cigars, or pipes; that is where you smoked one right after another?	NO 1 YES 5*
------	-----------------------------------------------------------------------------------------------------------------	----------------------------

ND45 ND3R3	A. Has (smoking/using tobacco) ever taken up a lot of your time?	NO 1 YES 5*
---------------	------------------------------------------------------------------	----------------------------

ND46 ND3R5	D12. Have you often given up or spent much less time in activities important to you such as work, sports, going to movies or seeing friends or relatives because you would not be able to (smoke/use tobacco)?	NO 1 YES 5*
---------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------

ND43 ND3R1	D13. Have you often (smoked/used tobacco) a lot more than you intended or for more days in a row than you intended? For example, smoking half a pack or more when trying to limit yourself to only 1 or 2 cigarettes?	NO 1 YES 5*
---------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------

ND43 ND3R1	A. Have you often found that you've run out of cigarettes sooner than you intended?	NO 1 YES 5*
---------------	-------------------------------------------------------------------------------------	----------------------------

D14.	Have you smoked in situations where it was dangerous to smoke; for example, smoking in bed, when getting gasoline, or when using paint thinners or cleaning fluids?	NO (SKIP TO D15) 1 YES 5
------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------

ND3R4 A. Have you done that 3 or more times? NO 1
YES 5

NA42 B. Have you smoked in a situation where it was NO 1
dangerous more than once in any 12-month period? YES 5

ND44 D15. Have you thought a lot about wanting to quit or cut down on NO 1
ND3R2 (smoking/using tobacco)? YES (SPECIFY) 5*

SPECIFY (DON'T COUNT PREGNANCY): _____

CHECK RESPONSE TO D2 BEFORE ASKING A.

A. (Have you ever/So you have) tried to quit NO (SKIP TO D16) 1
or cut down on (smoking/using tobacco)? YES 5

ND3R2 B. Were you always able to stop or cut down NO (SKIP TO C) 5
when you wanted to? YES 1

1. Was this for at least 1 month? NO 1
YES ... (SKIP TO D16) 5

ND44 C. Have you more than once found you were unable NO, ONLY ONCE 1
to stop or cut down on (smoking/using tobacco) YES, MORE THAN ONCE 5*
(for at least 1 month)?

D16. Since you began using tobacco regularly, what is the _____/_____ DAY WK MO YR
longest period of time you have gone without using any DURATION 1 2 3 4
form of tobacco for any reason (like having a health
problem or just losing interest in it or intentionally
quitting)?

IF NEVER, CODE 00 DAYS AND SKIP TO D18 ON PAGE D-6.

D17. I'm going to ask you about some problems that you might have had after you stopped or cut down on tobacco. Think about the time when you had the most problems after you stopped or cut down. CODE IN COLUMN I.

During that time,	<u>COLUMN I</u>		<u>COLUMN II</u>	
	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
1. Were you irritable, angry or frustrated?	1	5+	1	5
2. Were you nervous or anxious?	1	5+	1	5
3. Were you restless?	1	5+	1	5
4. Did you have trouble concentrating?	1	5+	1	5
5. Did your heart slow down?	1	5+	1	5
6. Did you feel down or depressed?	1	5+	1	5
7. Did your appetite increase or did you gain weight?	1	5+		
8. Did you have trouble sleeping?	1	5+		
9. Did you have such a strong desire for a (cigarette/cigar/pipe/chew) that you couldn't think of anything else?	1	5	1	5

BOX D-17: WERE 4 OR MORE ITEMS	NO . . . (SKIP TO BOX D17.B)	1
CODED 5+ IN D17.1-8?	YES	5

ND42A A. Did at least four of these (SX CODED 5+) occur together in the first 24 hours after you stopped or cut down? NO 1 YES 5*

BOX D-17B: HOW MANY 5'S WERE	NONE (ASK D)	1
CODED IN D17.1-9?	1-3	2
	4 OR MORE	3

ND3RB

FOR EACH 5 CODED IN D17.1-6 AND D17.9 IN COL. I, ASK B.

B. Did (SX) last for at least 24 hours? CODE IN COL. II.

C. Did any of the problems you had after quitting or cutting down on tobacco often interfere with your work, school or household responsibilities? NO 1 YES 5

ND42B D. Did you keep using tobacco or go back to it to avoid ND3R9 having problems that quitting might cause? NO 1 YES 5*

D18. Has (smoking/using tobacco) ever made you nervous or jittery or caused you any other emotional or mental problems? NO (SKIP TO D19) 1
 YES 5

A. Did feeling nervous, jittery, or having other emotional or mental problems from (smoking/using tobacco) interfere with your functioning? NO (SKIP TO D19) 1
 YES (SPECIFY) 5

SPECIFY: _____

ND47 B. Did you continue to (smoke/use tobacco) after you knew it caused you problems like these? NO 1
 ND3R6 YES 5*

D19. Has (smoking/using tobacco) caused you any health problems such as problems with your heart or blood pressure, lung trouble, a cough that wouldn't go away, or any other health problem? NO (SKIP TO D20) 1
 YES 5

ND47 A. Did you continue to use tobacco after you knew it caused you (this/these) health problem(s)? NO 1
 ND3R6 YES 5*

ND47 D20. Have you continued to (smoke/use tobacco) when you had a (other) serious illness that you knew was made worse by your (smoking/tobacco use), for example: asthma, bronchitis, etc.? NO 1
 ND3R6 YES (SPECIFY) 5*

SPECIFY ILLNESS: _____

CODE: _ _ _

ND41A D21. A. After you had been (smoking/using tobacco) regularly for some time, did you need to increase your daily use to feel comfortable? NO 1
 YES (SKIP TO C) 5*

ND41A B. After you had been (smoking/using tobacco) regularly, did you come to need many more (cigarettes/cigars/pipes/chews) each day? NO (SKIP TO D) 1
 YES 5*

ND3R7 C. Was this 50% more, so if you used to smoke 10 cigarettes, you would increase to 15, or you'd go from 20 to 30 cigarettes? NO 1
 YES . . (SKIP TO BOX D-22) 5

ND41B D. After you had been (smoking/using tobacco) for some time, did you find tobacco had less effect on you than before? NO 1
 ND3R7 YES 5*

BOX D-22: CHECK TALLY SHEET. IF 3 OR MORE GROUPS CHECKED, SHOW R TALLY SHEET AND ASK D22. OTHERS SKIP TO D23.

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

- ND4 D22. Did you ever have 3 or more of these experiences within the same 12-month period? (NOTE: MUST BE FROM 3 DIFFERENT GROUPS) NO . . . (SKIP TO D23) 1
 YES 5
- A. How old were you the first time you had 3 or more of these experiences within a 12-month period? AGE ONS: ____/____
 ONS 1 2 3 4 5
- B. Have you had 3 or more of these experiences in the past 12 months? NO 1
 YES . . . (SKIP TO D23) 5
- C. How old were you when the last 12 month period like that ended? AGE REC: ____/____

- D23. Have you ever attended a class or group for people trying to quit or reduce use of tobacco? NO 1
 YES 5
- A. Have you ever tried nicotine gum or a nicotine patch? NO 1
 YES 5
- B. Have you tried nicotine-free cigarettes? NO 1
 YES 5
- C. Have you tried any other form of treatment or medicine to quit or reduce your use of tobacco? NO 1
 YES (SPECIFY) 5

SPECIFY: _____

TOBACCO TALLY FOR SECTION D

DSM-IV

___ -- D11	Chain smoked	
___ -- D11.A	Using tobacco took up a lot of time	GROUP 1: ___
<hr/>		
___ -- D12	Gave up/greatly reduced important activities because could not use tobacco	GROUP 2: ___
<hr/>		
___ -- D13	Often smoked/used tobacco more than intended	
___ -- D13.A	Ran out of cigarettes sooner than intended	GROUP 3: ___
<hr/>		
___ -- D15	Thought a lot about stopping/cutting down	
___ -- D15.C	More than once unable to stop/cut down	GROUP 4: ___
<hr/>		
___ -- D17.A	Experienced 4 or more symptoms in 24 hours after quitting or cutting down	
___ -- D17.D	Used tobacco to avoid withdrawal symptoms	GROUP 5: ___
<hr/>		
___ -- D18.B	Continued to use knowing tobacco caused emotional problems	
___ -- D19.A	Continued to use knowing tobacco caused health problems	
___ -- D20	Continued to use tobacco despite serious illness	GROUP 6: ___
<hr/>		
___ -- D21.A	Needed to increase use	
___ -- D21.B	Needed more tobacco each day	
___ -- D21.D	Found tobacco had less effect	GROUP 7: ___
<hr/>		

| SCORE SECTION AND TALLY SHEET E. |

E1 Now I would like to ask you some questions about your use of alcoholic beverages, like beer, wine, wine coolers, champagne, or hard liquor like vodka, gin, or whiskey. Have you ever had a drink of alcohol? NO.....1
YES....(SKIP TO E2).....5

A. So you have never had even one drink of alcohol? NEVER.(SKIP TO F1, P.33)..1
YES, HAD A DRINK.....5

E2 Let's begin with the last week. Did you have any drink containing alcohol in the last week? NO.....(SKIP TO C).....1
YES.....5

A. We would like to know the number of alcoholic drinks you've had each day in the last week, and how long it took you to drink them.

Today is _____. Let's begin with yesterday.

How many drinks of (beer, wine, liquor) did you have on (NAME DAY OF WEEK)?

B. How long did it take you to drink that? (IN MINUTES)
CODE IN COL II BELOW.

RECORD ALL SPECIFIC DRINK NAMES.

	Beer/Lite Beer		Wine		Liquor		Other (Specify)	
	I	II	I	II	I	II	I	II
	Amnt	Min	Amnt	Min	Amnt	Min	Amnt	Min
M	___	___	___	___	___	___	___	___
Tu	___	___	___	___	___	___	___	___
W	___	___	___	___	___	___	___	___
Th	___	___	___	___	___	___	___	___
F	___	___	___	___	___	___	___	___
Sa	___	___	___	___	___	___	___	___
Su	___	___	___	___	___	___	___	___

IF E2 CODED 5, CODE "1" IN C WITHOUT ASKING.

C. When was the last time you had a drink?

AGE REC: ___/___
REC: 1 2 3 4 5

AICDHMC E3 Would you say that your (drinking/not drinking) in the past week was typical of your drinking habits within the past 6 months? NO, IT WAS NOT TYPICAL. ... (ASK A).....1 YES, IT WAS TYPICAL.... ... (GO TO E4).....5

A. We would like to know the number of drinks containing alcohol you would have in a typical drinking week and how long it would take to drink them. On a typical (Monday, Tuesday...) how many drinks of (beer, wine, liquor...) would you have?

B. How long would it take you to drink that? (IN MINUTES) CODE IN COL II BELOW.

	Beer/Lite Beer		Wine		Liquor		Other (Specify)	
	I	II	I	II	I	II	I	II
	# Dr	Min	# Dr	Min	# Dr	Min	# Dr	Min
M	_____	_____	_____	_____	_____	_____	_____	_____
Tu	_____	_____	_____	_____	_____	_____	_____	_____
W	_____	_____	_____	_____	_____	_____	_____	_____
Th	_____	_____	_____	_____	_____	_____	_____	_____
F	_____	_____	_____	_____	_____	_____	_____	_____
Sa	_____	_____	_____	_____	_____	_____	_____	_____
Su	_____	_____	_____	_____	_____	_____	_____	_____

E4 At what age did you begin to drink regularly-- that is, drinking at least once a month for 6 months or more? _____ RECORD AGE
IF NEVER, RECORD 00.

A. How old were you the first time you got drunk, that is, your speech was slurred or you were unsteady on your feet? _____ RECORD AGE

IF NEVER, RECORD 00 AND SKIP TO E5.

IF DK, ASK:

B. Was it before you were 15 years old? NO.....1 YES.....5

IF AGE IN A IS LESS THAN 15 OR B=YES, ASK C. NO.....1
 C. Did you get drunk more than once before you were 15? YES.....5

E5 What is the largest number of drinks you have ever had in a 24-hour period? _____ DRINKS

IF 3 DRINKS OR FEWER, SKIP TO E7.

AICDHMC	E6	Was there ever a time when you drank almost every day for a week or more?	NO....(SKIP TO E).....1 YES.....5
	A.	Think about those periods when you drank almost every day for at least a week. What was the largest number of drinks you would drink almost <u>every day</u> for at least 1 week?	_____ DRINKS
	B.	So almost every day during this period you drank at least (# FROM A) drinks?	NO...(RE-ASK A).....1 YES.....5
	C.	How long did this period last?	___ __ WEEKS
	D.	When you were drinking this amount were you able to function normally?	NO.....1 YES.....5
AICDHMC	E.	Did you ever have a period of a month or more when you had at least one drink each week?	NO.....1 YES.....5

E7	While drinking, has one or two drinks of alcohol ever caused you to: (CODE IN COL.A)	<u>COL A</u> <u>NO YES</u>	<u>COL B</u> <u>NO YES</u>
A.	1. flush or blush -- that is, your face and hands felt hot and your face turned red?.....	1 5	1 5
	2. break out into hives?.....	1 5	1 5
	3. feel very sleepy?.....	1 5	1 5
	4. have nausea?.....	1 5	1 5
	5. have headaches, or head pounding or throbbing?.....	1 5	1 5
	6. have heart palpitations, where your heart beat so hard you could feel it?...	1 5	1 5
	FOR EACH 5 IN COL. A ASK B. OTHERS SKIP TO INT. BOX.	1 5	1 5
B.	Did (SX) ever keep you from drinking alcohol? CODE IN COL. B.		

 * CHECK E5. IF NEVER MORE THAN 3 DRINKS, SKIP TO F1, P.33. *
 * CHECK E4-E4A. IF BOTH CODED 00, SKIP TO F1, P.33. *

E8. **IF E4 CODED 00, DO NOT READ PARENTHESES.**
 (Since (AGE OF REGULAR DRINKING IN E4)), ___ MONTHS
 what is the longest period you have gone
 without drinking?

IF LESS THAN 3 MONTHS, SKIP TO E9. OTHERS CONTINUE.

A. How many times have you gone without
 drinking for 3 months or more? ___ NUMBER

B. Can you tell me when these periods
 occurred?

**IF MORE THAN 4 IN E8A, ASK ABOUT
 THE 4 LONGEST PERIODS.**

Period 1 ___/___ TO ___/___
MO YR MO YR

Period 2 ___/___ TO ___/___
MO YR MO YR

Period 3 ___/___ TO ___/___
MO YR MO YR

Period 4 ___/___ TO ___/___
MO YR MO YR

AD3RA2 E9 Have you 3 or more times wanted to stop or NO...(SKIP TO B).....1
 AD3RB cut down on drinking? YES.....5

A. How old were you the first time? AGE ONS: ___/___
ONS: 1 2 3 4 5

B. Have you ever tried to stop or cut down NO...(SKIP TO E10)....1
 on drinking? YES.....5

AD3RA2 C. Were you always able to stop or cut down NO.....5
 FGNALCB1 when you wanted to? YES...(SKIP TO E10)....1
 AICDD2

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

AICDD3 E10 Did you ever need a drink just after you had NO.....(ASK A).....1
 FGNALCB3 gotten up (that is, before breakfast)? YES...(ASK B).....5

A. Did you ever take a drink just after you NO...(SKIP TO E11)....1
 had gotten up? YES.....5

B. How old were you the first time? AGE ONS: ___/___
ONS: 1 2 3 4 5

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

AICDD1	E11	In situations where you couldn't drink, did you ever have such a strong desire for it that you couldn't think of anything else?	NO...(SKIP TO E12)....1 YES.....5
	A.	How old were you the first time?	AGE ONS: ___/___ ONS: 1 2 3 4 5
<hr/>			
FGNALCA4	E12	Have you ever gone on binges or benders when you kept drinking for 2 days or more without sobering up, except for sleeping?	NO....(SKIP TO E13)...1 YES.....5
	A.	Did you neglect some of your usual responsibilities then?	NO.....1 YES.....5
AD3RA4	B.	How many binges like that have you had?	___ NUMBER
	IF DK ASK:		
	C.	Did you go on binges 3 or more times?	NO.....1 YES.....5
	D.	How old were you the first time?	AGE ONS: ___/___ ONS: 1 2 3 4 5
<hr/>			
AICDD2 FGNALCB1	E13	Have you ever started drinking at times you <u>promised</u> yourself that you wouldn't, or have you ever drunk more than you intended to?	NO....(ASK A).....1 YES...(ASK B).....5
AICDD2	A.	Have you ever continued drinking for more days in a row than you intended to?	NO....(SKIP TO E14)...1 YES.....5
	B.	How old were you the first time?	AGE ONS: ___/___ ONS: 1 2 3 4 5
AD3RA1 AD3RB	C.	Did this happen 3 or more times?	NO.....1 YES.....5
<hr/>			
AICDD2	E14	Have you ever started drinking and become drunk when you didn't want to?	NO..(SKIP TO E15)....1 YES.....5
	A.	How old were you the first time?	AGE ONS: ___/___ ONS: 1 2 3 4 5
AD3RA1 AD3RB	B.	Did this happen 3 or more times?	NO.....1 YES.....5
<hr/>			
AD3RA3	E15	Has there ever been a period of several days or more when you spent so much time drinking or recovering from the effects of alcohol that you had little time for anything else?	NO...(SKIP TO E16)....1 YES.....5
AD3RB	A.	Did this period last for a month or more?	NO.....1 YES.....5
	B.	How old were you the first time?	AGE ONS: ___/___ ONS: 1 2 3 4 5
<hr/>			

AICDD6 E16 Did your drinking ever become so regular that you would not change when or how much you drank no matter what you were doing or where you were? NO...(SKIP TO E17)....1
 YES.....5

A. How old were you when your drinking first became that regular? AGE ONS: ___/___
 ONS: 1 2 3 4 5

INTERVIEWER: IF IN DOUBT ASK R. ABOUT MOST SEVERE EXAMPLE BEFORE CODING 5.

FOR EACH CODED 5, ASK "Did this happen 3 or more times?" AND CODE IN COLUMN II.

		COL I		AGE	COL II	
		NO	YES	ONS	NO	YES
FGNALCD2 E17 FGNALCD4	1. Were there ever objections about your drinking from family, friends, doctor or clergyman?.....	1	5	___/___	1	5
AD3RA6 AA3RA1 AD3RB AA3RB	2. Did your drinking ever cause you to have problems with your family or friends?.....	1	5	___/___	1	5
AD3RA6 FGNALCD3	.	1	5	___/___	1	5
FGNALCC3 AD3RA6 AD3RB AA3RA1 AA3RB	3. Have you ever lost friends on account of your drinking?.....	1	5	___/___	1	5
FGNALCC4	4. Did your drinking ever cause you to have problems at work or school?.....	1	5	___/___	1	5
FGNALCC4	.	1	5	___/___	1	5
FGNALCC4	5. Did you ever get into arguments when you had been drinking?.....	1	5	___/___	1	5
FGNALCC4	6. Did you ever hit things or throw something when you had been drinking?.....	1	5	___/___	1	5
FGNALCC4	.	1	5	___/___	1	5
FGNALCC4	7. Did you ever hit anyone in your family when you had been drinking?.	1	5	___/___	1	5
	8. Did you ever hit anyone else when you had been drinking without getting into a fight?.....					
	9. Did you ever get into physical fights while drinking?.....					

E18 Have you ever...

NO YES

- 1. hidden alcohol from others so that you wouldn't run out in case you needed a drink?..... 1 5
- 2. bought liquor at several different places so no one would know how much you purchased?..... 1 5
- 3. tried to get someone to buy liquor for you because you were ashamed to buy it yourself?..... 1 5
- 4. hidden alcohol from others so that they wouldn't know if you were drinking or how much you were drinking?..... 1 5
- 5. hidden empty liquor bottles and got rid of them secretly?.....

IF ANY 5 IN E18 1-5 ASK A. OTHERS SKIP TO E19. 1 5

A. Would you only do these because your family or friends were against drinking in general?.....

IF A CODED 5, SKIP TO E19. OTHERS ASK B.

B. Would you only do these because you were drinking under the legal drinking age?..... 1 5

FGNALCB4 E19 Did you ever drink unusual things such as rubbing alcohol, mouthwash, vanilla extract, cough syrup, or any other non-beverage alcohol? NO...(SKIP TO E20)....1 YES.....5

A. How old were you the first time? AGE ONS: ___/___ ONS: 1 2 3 4 5

HAND CARD E1.

AICDD5	E20	After you started drinking regularly did you ever become tolerant to alcohol, that is, you drank a great deal more in order to get an effect, or found you could no longer get high on the amount you used to drink?	NO...(ASK B).....1 YES.....5
AD3RA7	A.	Would you say the increase was 50% or more?	NO.....1 YES...(SKIP TO D).....5
AICDD5	B.	Did you ever find you could drink a lot more before you would get drunk?	NO...(SKIP TO E21)....1 YES.....5
AD3RA7	C.	Would you say the increase was 50% or more?	NO.....1 YES.....5
	D.	How old were you the first time?	AGE ONS: ___/___ ONS: 1 2 3 4 5
<hr/>			
FGNALCB2	E21	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 E22)....1 YES.....5
	A.	How old were you the first time?	AGE ONS: ___/___ ONS: 1 2 3 4 5
<hr/>			
AD3RA5 AICDD7	E22	Have you ever given up or greatly reduced important activities while drinking -- like sports, work, or associating with friends or relatives?	NO...(SKIP TO E23)....1 YES.....5
	A.	How old were you the first time?	AGE ONS: ___/___ ONS: 1 2 3 4 5
AD3RB	B.	Did this happen 3 or more times or for a month or more?	NO.....1 YES.....5
<hr/>			
AD3RA4 AD3RB	E23	Has your drinking or being drunk or hung over <u>often</u> interfered with your working or taking care of school or household responsibilities?	NO....(SKIP TO E24)...1 YES.....5
	A.	How old were you the first time?	AGE ONS: ___/___ ONS: 1 2 3 4 5
<hr/>			
	E24	Did your drinking cause serious or repeated problems in any marriage/love relationship?	NO....(SKIP TO E25)...1 YES.....5
	A.	How old were you the first time?	AGE ONS: ___/___ ONS: 1 2 3 4 5
AD3RA6	B.	Did you continue to drink knowing it caused these problems?	NO.....1 YES.....5
<hr/>			

FGNALCD1	E25	Did you ever think that you were an excessive drinker?	NO...(SKIP TO E26)....1 YES.....5
	A.	How old were you the first time?	AGE ONS: ___/___ ONS: 1 2 3 4 5
<hr/>			
FGNALCD5	E26	Have you ever felt guilty about drinking?	NO...(SKIP TO E27)....1 YES.....5
	A.	How old were you the first time?	AGE ONS: ___/___ ONS: 1 2 3 4 5
<hr/>			
FGNALCC2	E27	Have you ever been arrested for drunk driving?	NO....(ASK A).....1 YES...(SKIP TO B).....5
FGNALCC2	A.	Has your drinking and driving ever resulted in your damaging your car or having an accident?	NO....(SKIP TO E28)....1 YES.....5
ASP3RC7	B.	How old were you the first time?	AGE ONS: ___/___ ONS: 1 2 3 4 5
AD3RA4 AD3RB AA3RA2 AA3RB	C.	How many times has this happened?	___ NUMBER
		IF DK ASK:	
	D.	Did this happen 3 or more times?	NO.....1 YES.....5
<hr/>			
FGNALCC2	E28	Have you ever been arrested or detained by the police even for a few hours, because of drunk behavior (other than drunk driving)?	NO....(SKIP TO E29)....1 YES.....5
	A.	How old were you the first time?	AGE ONS: ___/___ ONS: 1 2 3 4 5
	B.	How many times has this happened?	___ NUMBER
		IF DK ASK:	
	C.	Did this happen 3 or more times?	NO.....1 YES.....5
<hr/>			

AICDHMA E29 Have you accidentally injured yourself when NO...(SKIP TO E30)....1
AICDHMB you were drinking, that is, had a bad fall YES.....5
or cut yourself badly, been hurt in a
traffic accident, or anything like that?

A. How old were you the first/last time? AGE ONS: ___/___
ONS: 1 2 3 4 5
AGE REC: ___/___
REC: 1 2 3 4 5

AD3RA4 B. How many times has this happened? ___ NUMBER
AD3RB
AA3RA2
AA3RB
AICDD8

IF DK ASK:

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

E30 When you were (very) drunk did you ever NO...(SKIP TO E31)....1
drive a car, motorcycle or boat, use a YES.....5
knife, power equipment or gun, cross against
traffic, climb or swim, or put yourself in
any other situation where you might have
gotten hurt?

A. How old were you the first time? AGE ONS: ___/___
ONS: 1 2 3 4 5

AD3RA4 B. How many times has this happened? ___ NUMBER
AD3RB
AA3RA2
AA3RB

IF DK ASK:

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

FGNALCA3 E31 Have you ever had blackouts when you didn't NO...(SKIP TO E32)...1
pass out while drinking, that is, you drank YES.....5
enough so that the next day you couldn't
remember things you had said or done?

A. How old were you the first time? AGE ONS: ___/___
ONS: 1 2 3 4 5

B. How many blackouts have you had from ___ NUMBER
drinking?

IF DK ASK:

C. Did you have 3 or more blackouts? NO.....1
YES.....5

AD3RA8
AICDD4
FGNALCA1

E32 People who cut down, stop or go without drinking after drinking steadily for some time may not feel well. These feelings are more intense than the usual hangover. When you stopped, cut down or went without drinking, did you ever experience any of the following problems?

	COL I		COL II	
	NO	YES	NO	YES
1. Did you have the shakes (hands trembling)?.....	1	5	1	5
2. Were you unable to sleep?.....	1	5	1	5
3. Did you feel anxious or depressed?.....	1	5	1	5
4. Did you sweat?.....	1	5	1	5
5. Did your heart beat fast?.....	1	5	1	5
6. Did you have nausea/vomiting?.....	1	5	1	5
7. Did you feel physically weak?.....	1	5	1	5
8. Did you have headaches?.....	1	5	1	5
9. Did you hear or see things that weren't there?.	1	5	1	5

IF NO 5'S CODED IN E32 1-9, SKIP TO E33. OTHERS CONTINUE.

IF E32.1 CODED 5 ASK A. OTHERS SKIP TO B.

A. How old were you the first time you had the shakes (hands trembling)? AGE ONS: ___/___
ONS: 1 2 3 4 5

AD3RB

B. What was the longest time that this/any of these problem(s) lasted? ___ ___ DAYS
IF ONLY ONE 5, SKIP TO F. OTHERS CONTINUE.

C. Was there ever a time when two or more of these problems occurred together? NO..(SKIP TO H)..1
YES.....5

D. Which ones? (CODE ABOVE UNDER COL II)

E. How old were you the first time these problems occurred together? AGE ONS: ___/___
ONS: 1 2 3 4 5

AD3RB

F. How many times did you have problems like these (this)? ___ NUMBER

IF DK ASK:

G. Did this occur 3 or more times? NO.....1
YES.....5

AD3RA9
AICDD3
AD3RB

H. On 3 or more different occasions have you taken a drink to keep from having any of these problems (or to make them go away)? NO.....1
YES.....5

I. Did you ever take any medication/drug to avoid any of these problems (or to make them go away)? NO.....1
YES..(SPECIFY)...5
DO NOT COUNT ASPIRIN, TYLENOL, ETC.

SPECIFY: _____ CODE ___ ___

FGNALCA AICDD4	E33	When you stopped, cut down, or went without drinking, did you have fits, seizures, or convulsions, where you lost consciousness, fell to the floor, and had difficulty remembering what happened?	NO.(SKIP TO E34).1 YES.....5
	A.	How old were you the first time this happened?	AGE ONS: ___/___ ONS: 1 2 3 4 5
	B.	How many times did this happen?	___ __ NUMBER
		IF DK ASK:	
	C.	Did this occur 3 or more times?	NO.....1 YES.....5
AICDD3	D.	On 3 or more different occasions have you taken a drink to keep from having these symptoms or to make them go away?	NO.....1 YES.....5
	E.	Did you ever take any medication/drug to avoid these symptoms or to make them go away?	NO.....1 YES..(SPECIFY)...5
		SPECIFY: _____	CODE ___ __ _
		_____	___ __ _
FGNALCA AD3RA8 AICDD4	E34	Did you have the DT's, where you were very confused, extremely shaky, felt very frightened or nervous, or saw things that weren't really there when you stopped, cut down or went without drinking?	NO.(SKIP TO E35).1 YES.....5
	A.	How old were you the first time this happened?	AGE ONS: ___/___ ONS: 1 2 3 4 5
AD3RB	B.	How many times did this happen?	___ __ NUMBER
		IF DK ASK:	
	C.	Did this occur 3 or more times?	NO.....1 YES.....5
AD3RA9 AICDD3 AD3RB	D.	On 3 or more different occasions have you taken a drink to keep from having these symptoms or to make them go away?	NO.....1 YES.....5
	E.	Did you ever take any medication/drug to avoid these symptoms or to make them go away?	NO.....1 YES..(SPECIFY)...5
		SPECIFY: _____	CODE ___ __ _
		_____	___ __ _

AICDHMA
AICDHMB
FGNALCA2

E35 There are several other health problems that
can result from long stretches of drinking.
Did drinking ever:

	<u>NO</u>	<u>YES</u>
1. cause you to have liver disease or yellow jaundice?.....	1	5
2. give you stomach disease or make you vomit blood?.....	1	5
3. give you pancreatitis?.....	1	5
4. damage your heart (cardiomyopathy)?.....	1	5
5. cause your feet to tingle or feel numb for many hours?.....	1	5
6. give you memory problems even when you weren't drinking (not blackouts)?.....	1	5
7. other problem? Specify _____	1	5

IF ALL CODED 1, SKIP TO E36.

A. How old were you when you first found out drinking had given you any of these health problems? AGE ONS: ___/___
ONS: 1 2 3 4 5

AD3RA6
AICDD8
AA3RA1

B. Did you continue to drink knowing that drinking caused you to have health problems? NO.....1
YES.....5

AD3RA6
AA3RA1
AICDD8

E36 Have you ever continued to drink when you knew you had any (other) serious physical illness or condition that might be made worse by drinking? NO....(SKIP TO C)....1
YES.....5

A. What illness?

CODE ___ ___ ___
___ ___ ___

B. How old were you the first time? AGE ONS: ___/___
ONS: 1 2 3 4 5

AD3RA4
AA3RA2

C. Have you used alcohol 3 or more times while taking medication or drugs you knew were dangerous to mix with alcohol? NO....(SKIP TO E37)...1
YES...(ASK D).....5

D. What medication/drugs?

CODE ___ ___ ___

E. How old were you the first time? AGE ONS: ___/___
ONS: 1 2 3 4 5

AICDHMA	E37	Has drinking ever caused you emotional		
AICDHMB		or psychological problems like:	<u>NO</u>	<u>YES</u>
		1. Feeling depressed or uninterested in things for more than 24 hours to the point that it interfered with your functioning?.....	1	5
		2. Feeling jumpy or easily startled or nervous to the point that it interfered with your functioning?.....	1	5
		3. Having such trouble thinking clearly for more than 24 hours that it interfered with your functioning?.....	1	5
		4. Feeling paranoid or suspicious of people for more than 24 hours to the point that it interfered with your relationships?.....	1	5
		5. Hearing, seeing, or smelling things that weren't really there?.....	1	5
		IF ALL CODED 1, SKIP TO E38. OTHERS CONTINUE.		
AD3RA6		A. Did you continue to drink after you knew it caused you any of these problems?	NO...(SKIP TO E38)....1	
AA3RA1			YES.....5	
AICDD8		B. How old were you the first time?	AGE ONS: ___/___	
			ONS: 1 2 3 4 5	

E38	Have you ever brought up any problem you might have had with drinking with any professional?	NO..(SKIP TO E39)...1	
		YES.....5	
	IF YES, ASK:		
	A. Did you talk with:	<u>NO</u>	<u>YES</u>
	1. A psychiatrist?.....	1	5
	2. Another medical doctor?.....	1	5
	3. A psychologist?.....	1	5
	4. Another mental health professional?.....	1	5
	5. A clergyman?.....	1	5
	6. Anyone else? Specify _____.....	1	5
	B. How old were you the first time you brought up any problem you had with drinking?	AGE ONS: ___/___	
		ONS: 1 2 3 4 5	
	C. With whom did you speak first?	CODE ___	
	RECORD CODE (1-6).		

REFER TO B9 BEFORE ASKING.

E39 Have you ever been treated for a drinking problem? NO..(SKIP TO E40)...1
YES.....5

IF YES, ASK:

A. Were you treated at: **NO YES**

1. AA or other self help..... 1 5
 2. Outpatient alcohol program..... 1 5
 3. Outpatient, other..... 1 5
 4. Inpatient alcohol program..... 1 5
 5. Inpatient for medical complications..... 1 5
 6. Other, specify _____..... 1 5

B. How old were you the first time you were treated? **AGE ONS: ___/___**
ONS: 1 2 3 4 5

C. Where were you treated first? **CODE ___**
RECORD CODE (1-6).

 * CHECK DSM-III-R TALLY SHEET E FOR ANY CHECK IN GROUPS 1-9, *
 * IF ONE OR MORE ASK E40. OTHERS SKIP TO BOX ON P.32. *

E40 Please review these experiences. When was the most recent time you had this experience/any of these experiences? **AGE REC: ___/___**
REC: 1 2 3 4 5

 * CHECK DSM-III-R TALLY SHEET E FOR NUMBER OF GROUPS *
 * CHECKED IN GROUPS 1-9. IF 3 OR MORE, ASK A. *
 * IF ONLY 2 CHECKED, ASK B. OTHERS SKIP TO BOX ON *
 * P.32. NOTE: DO NOT COUNT SYMPTOMS WHICH OCCURRED *
 * AS A RESULT OF AN ISOLATED INCIDENT. DO NOT COUNT *
 * SYMPTOMS WHICH ARE SO SPREAD OUT OVER TIME THAT *
 * THEY DO NOT REPRESENT CLUSTERING. *

AD3RB A. Was there ever a period lasting a month or longer when you had 3 or more of these experiences occurring together? **NO.....1**
YES...(SKIP TO C).....5
 NOTE: MUST BE 3 FROM DIFFERENT GROUPS.

B. Was there ever a period lasting a month or longer when you had 2 or more of these experiences occurring together? **NO....(SKIP TO E41)....1**
YES.....5
 FROM 2 DIFFERENT GROUPS.

C. How old were you the first/last time you had 3(2) or more of these experiences (FROM DIFFERENT GROUPS) occur within a period lasting a month or more? **AGE ONS: ___/___**
ONS: 1 2 3 4 5
AGE REC: ___/___
REC: 1 2 3 4 5

 * CHECK ICD-10 TALLY SHEET E FOR ANY CHECK IN GROUPS 1-8, *
 * IF ONE OR MORE ASK E41. OTHERS SKIP TO E42. *

E41 Please review these experiences. When was the most recent time you had this/any of these experiences? AGE REC: ___/___
 REC: 1 2 3 4 5

 * CHECK ICD-10 TALLY SHEET E FOR NUMBER OF GROUPS *
 * CHECKED IN GROUPS 1-8. IF 3 OR MORE, ASK A. *
 * OTHERS SKIP TO E42. NOTE: DO NOT COUNT SYMPTOMS *
 * WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT. *
 * DO NOT COUNT SYMPTOMS WHICH ARE SO SPREAD OUT OVER *
 * TIME THAT THEY DO NOT REPRESENT CLUSTERING. *

AICDD A. Was there ever a period lasting a month or longer when you had 3 or more of these experiences occurring together? NO...(SKIP TO C).....1
 YES.....5
 NOTE: MUST BE 3 FROM DIFFERENT GROUPS.

B. How old were you the first/last time you had 3 or more of these experiences (FROM 3 DIFFERENT GROUPS) occur within a period lasting a month or more? AGE ONS: ___/___
 ONS: 1 2 3 4 5
 AGE REC: ___/___
 REC: 1 2 3 4 5

AICDD C. Did 3 or more of these occur at some time during the last 12 months? NO.....1
 YES.....5

E42 ARE THERE 2 OR MORE 5'S CODED IN OS. E9-E37? NO.....1
 YES.....5

SCORE SECTION AND TALLY SHEET F.

F1 Have you ever used marijuana or hashish? NO..(SKIP TO G1, P.38)...1
 YES....(ASK A).....5

A. How many times? _____ TIMES

IF LESS THAN 21 TIMES CODE B 1 WITHOUT ASKING. IF MORE THAN 20 OR DK, ASK:

B. Did you use it at least 21 times in a single year? NO.....1
 YES.....5

F2 How old were you the first time you used marijuana? AGE ONS: ___/___
 ONS: 1 2 3 4 5

IF AGE ONS BEFORE 15, ASK A.

DSMASP A. Did you use marijuana more than once before you were 15? NO.....1
 YES.....5

B. How old were you the last time you used marijuana? AGE REC: ___/___
 REC: 1 2 3 4 5

IF REC CODE=1-4, ASK C. OTHERS SKIP TO D.

DICDHMC C. Did you use marijuana at least 21 times during the past twelve months? NO.....1
 YES...(SKIP TO F3).....5

DICDHMC D. Did you use marijuana at least once a week for a month or more? NO.....1
 YES.....5

 * CHECK F1B. IF CODED 1 SKIP TO G1, P.38. *

FGNDRC F3 What was the longest period that you used marijuana almost every day? DAYS ___ ___ ___ ___
 WEEKS ___ ___ ___ ___
 MONTHS ___ ___ ___
 YEARS ___ ___

IF NEVER CODE 0000 DAYS AND SKIP TO F4. IF USED LESS THAN 2 WEEKS, SKIP TO B.

A. How old were you the first time you used marijuana almost every day for at least two weeks? AGE ONS: ___/___
 ONS: 1 2 3 4 5

B. When you were using marijuana almost every day were you able to function normally? NO.....1
 YES.....5

FGNDRC F4 Have you ever stayed high from marijuana for a whole day or more? NO..(SKIP TO F5).....1
 YES.....5

A. How old were you the first time you stayed high from marijuana for a whole day or more? AGE ONS: ___/___
 ONS: 1 2 3 4 5

DD3RA3	F5	Has there ever been a period of a month or	NO.....1
DD3RB		more when a great deal of your time was	YES.....5
		spent using marijuana, getting marijuana,	
		or getting over its effects?	

	F6	Because of your marijuana use, did you ever experience any of the following:		
			<u>NO</u>	<u>YES</u>
DICDHMA		1. Feeling depressed or uninterested in things for more than 24 hours to the point that it interfered with your functioning?.....	1	5
DICDHMB				
DICDHMA		2. Having trouble concentrating or having such trouble thinking clearly for more than 24 hours that it interfered with your functioning?.....	1	5
DICDHMB				
DICDHMA		3. Feeling paranoid/suspicious of people for more than 24 hours to the point that it interfered with your relationships?.....	1	5
DICDHMB				
		4. Decreased contact with friends or family?.....	1	5
DICDHMA		5. Hearing, seeing or smelling things that weren't really there?.....	1	5
DICAHMB				
		IF ANY 5 IN 1-5, ASK A:		
DD3RA6		A. Did you continue to use marijuana after you knew it caused these problems?.....	1	5
DICDD8				
DA3RA1				
DD3RB				
DA3RB				

DD3RA2	F7	Have you often wanted to cut down on marijuana?	NO.....1
			YES.....5
DICDD2		A. Have you tried to stop or cut down on marijuana but found you couldn't?	NO, COULD STOP.....1
DD3RA2			YES, COULD NOT STOP....5

DD3RA1	F8	Have you often used marijuana more frequently or in larger amounts than you intended to, not just to get "higher," but because you lost awareness/control?	NO.....1
DD3RB			YES.....5
DICDD2			

DD3RA7	F9	Did you ever need larger amounts of marijuana to get an effect, or did you ever find that you could no longer get high on the amount you used to use?	NO.....1
DICDD5			YES.....5

		COL I		COL II	
		NO	YES	NO	YES
DD3RA8 DICDD4 FGNDRA	F10	Did stopping or cutting down on marijuana ever cause you... (CODE IN COL. I)			
		1	5	1	5
		1	5	1	5
		1	5	1	5
		1	5	1	5
		1	5	1	5
		1	5	1	5
		1	5	1	5
DD3RA9 DICDD3 DD3RB	A.	On 3 or more different occasions have you used marijuana to keep from having any of these problems (or to make them go away)?		NO.....1	YES.....5
		IF 2 OR MORE 5'S, ASK B. IF ONLY ONE 5 ASK D.			
	B.	Did these problems ever occur together?		NO.....1	YES.....5
	C.	Which ones? (CODE IN COL II)			
DD3RB DA3RA	D.	How many times did you have problems like that?		___ NUMBER	
	F11	Have you ever been under the effects of marijuana where it increased your chances of getting hurt, for instance, when driving a car or boat, using knives, machinery or guns, crossing against traffic, climbing or swimming?		NO...(SKIP TO B).....1	YES.....5
DD3RA4 DA3RA2 DA3RB	A.	Have you been in situations like that three or more times?		NO.....1	YES.....5
DICDHMA DICDHMB	B.	Did marijuana ever cause you to have any accidental injuries like a bad fall, cutting or burning yourself, or being hurt in a traffic accident?		NO...(SKIP TO F12)....1	YES.....5
DD3RA6 DICDD8 DA3RA1 DD3RB DA3RB	C.	Did this happen 3 or more times?		NO.....1	YES.....5
	F12	Did your marijuana use ever cause you to have problems with your friends or family?		NO...(SKIP TO F13)....1	YES.....5
DD3RA6 DA3RA1	A.	Did you continue to use marijuana after you realized it was causing problems?		NO.....1	YES.....5
DD3RA5 DICDD7 DD3RB	F13	Have you given up or greatly reduced important activities like sports, work, or associating with friends or relatives 3 or more times (or for a month or more) while using marijuana?		NO.....1	YES.....5

DD3RA4 F14 Has your being high on marijuana or NO.....1
 DD3RB suffering its after effects often YES.....5
 interfered with your working or taking care
 of school or household responsibilities?

DICDD1 F15 In situations where you couldn't use NO.....1
 marijuana, did you ever have such a strong YES.....5
 desire for it that you couldn't think of
 anything else?

DICDD6 F16 Did your marijuana use ever become so NO.....1
 regular that you would not change when or YES.....5
 how much you used no matter what you were
 doing or where you were?

F17 Have you ever used marijuana together with NO.....1
 one or more other drugs? ALCOHOL ONLY.....3
 A. SPECIFY: YES..(SPECIFY).....5
 1. _____ CODE ___ ___
 2. _____

F18 Did you bring up any problems you had with NO.....1
 marijuana with any professional? YES...(ASK A).....5
 A. To whom did you speak first? CODE ___
 1. A psychiatrist
 2. Another medical doctor
 3. A psychologist
 4. Another mental health professional
 5. A clergyman
 6. Other: Specify _____

 * CHECK DSM-III-R TALLY SHEET F FOR ANY CHECK IN GROUPS 1-9, *
 * IF ONE OR MORE ASK F19. OTHERS SKIP TO BOX BEFORE F20. *

F19 Please review these experiences. When was AGE REC: ___/___
 the most recent time you had this/any of REC: 1 2 3 4 5
 these experiences?

 * CHECK DSM-III-R TALLY SHEET F FOR NUMBER OF GROUPS *
 * CHECKED IN GROUPS 1-9. IF 3 OR MORE, ASK A. *
 * IF ONLY 2 CHECKED, ASK B. OTHERS SKIP TO BOX BEFORE *
 * F20. NOTE: DO NOT COUNT SYMPTOMS WHICH OCCURRED *
 * AS A RESULT OF AN ISOLATED INCIDENT. DO NOT COUNT *
 * SYMPTOMS WHICH ARE SO SPREAD OUT OVER TIME THAT *
 * THEY DO NOT REPRESENT CLUSTERING. *

DD3RB A. Was there ever a period lasting a month NO.....1
 or longer when you had 3 or more of these YES...(SKIP TO C).....5
 experiences occurring together?
 NOTE: MUST BE 3 FROM DIFFERENT GROUPS.

F19 B. Was there ever a period lasting a month or longer when you had 2 or more of these experiences occurring together? FROM 2 DIFFERENT GROUPS. NO...(SKIP TO F20)...1 YES.....5

C. How old were you the first/last time you had 3(2) or more of these experiences (FROM DIFFERENT GROUPS) occur within a period of lasting a month or more? AGE ONS: ___/___ ONS: 1 2 3 4 5 AGE REC: ___/___ REC: 1 2 3 4 5

 * CHECK ICD-10 TALLY SHEET F FOR ANY CHECK IN GROUPS 1-8, *
 * IF ONE OR MORE, ASK F20. OTHERS SKIP TO F21. *

F20 Please review these experiences. When was the most recent time you had this/any of these experiences? AGE REC: ___/___ REC: 1 2 3 4 5

 * CHECK ICD-10 TALLY SHEET F FOR NUMBER OF GROUPS *
 * CHECKED IN GROUPS 1-8. IF 3 OR MORE, ASK A. *
 * OTHERS SKIP TO F21. NOTE: DO NOT COUNT SYMPTOMS *
 * WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT. *
 * DO NOT COUNT SYMPTOMS WHICH ARE SO SPREAD OUT OVER *
 * TIME THAT THEY DO NOT REPRESENT CLUSTERING. *

DICDD A. Was there ever a period lasting a month or longer when you had 3 or more of these experiences occurring together? NOTE: MUST BE 3 FROM DIFFERENT GROUPS. NO...(SKIP TO C)...1 YES.....5

B. How old were you the first/last time you had 3 or more of these experiences (FROM 3 DIFFERENT GROUPS) occur within a period lasting a month or more? AGE ONS: ___/___ ONS: 1 2 3 4 5 AGE REC: ___/___ REC: 1 2 3 4 5

DICDD C. Did 3 or more of these occur at some time during the last 12 months? NO.....1 YES.....5

F21 ARE THERE 2 OR MORE 5'S CODED IN Q.F5-F16? NO.....1 YES.....5

ASK F22 ONLY IF 3 OR MORE 5'S CODED IN DIFFERENT GROUPS IN TALLY SHEET F FOR DSM-III-R SYMPTOMS.

F22 Were there periods of at least 3 months between the ages of ___ and ___ (CHECK F2 FOR ONS/REC) when you didn't use marijuana at all? NO..(SKIP TO G1, P.38).1 YES.....5

A. When did these occur? ___/___ ___/___ TO ___/___ ___/___
 ___/___ ___/___ TO ___/___ ___/___
 ___/___ ___/___ TO ___/___ ___/___
 ___/___ ___/___ TO ___/___ ___/___

| SCORE SECTION AND TALLY SHEET G. |

G1	HAND CARD G1.		1	2	3	4	5	6	7	8	9
	Have you ever used any of these drugs to feel good or high, or to feel more active or alert?		<u>COC</u>	<u>STIM</u>	<u>SED</u>	<u>OP</u>	<u>PCP</u>	<u>HAL</u>	<u>SOL</u>	<u>COMB</u>	<u>OTH</u>
	Did you use any prescription drugs when they were not prescribed, or more than prescribed?	NO	1	1	1	1	1	1	1	1	1
		YES	5	5	5	5	5	5	5	5	5

 * IF ALL NO, SKIP TO H1, P.47, OTHERS ASK A FOR EACH DRUG CODED 5.*

A.1. How many times in your life have you used (DRUG)? # OF TIMES — — — — — — — — —

IF DK ASK:

2. Would you say 11 or more times?	NO	1	1	1	1	1	1	1	1	1
	YES	5	5	5	5	5	5	5	5	5

FOR EACH DRUG USED ASK THE FOLLOWING QUESTIONS:

B. How old were you the first/last time you used (DRUG)?	AGE ONS	—	—	—	—	—	—	—	—	—
	ONS	—	—	—	—	—	—	—	—	—
	AGE REC	—	—	—	—	—	—	—	—	—
	REC	—	—	—	—	—	—	—	—	—

IF AGE ONS BEFORE 15, ASK C:

C. Did you use (DRUG) more than once before you were 15?	NO	1	1	1	1	1	1	1	1	1
	YES	5	5	5	5	5	5	5	5	5

D. IF EVER USED COCAINE CONTINUE. OTHERS SKIP TO F.

When you first started using cocaine, did you find that you got higher or stayed high longer than other people who would use the same amount of cocaine?	NO	1
	YES	5

E. Did you ever use alcohol to make yourself feel better when coming down from the effects of cocaine?	NO	1
	YES	5

F. Have you ever injected any of these drugs? Which ones?	NO	1	1	1	1	1	1	1	1	1
	YES	5	5	5	5	5	5	5	5	5

IF ANY 5 IN F, ASK G. OTHERS SKIP TO H.

G. Have you ever shared a needle?	NO	1
	YES	5

G1 H. Of all the drugs you have used, _____ (CODE)
 which one was your favorite?

**IF ONLY 1 DRUG USED, GO TO
 INTERVIEWER BOX.**

I. Have you ever used 2 or more drugs together (other than marijuana)? NO.....1
 YES...(SPECIFY).....5

SPECIFY:

1. _____ CODE ___ ___ ___
 2. _____

 * CHECK G1A. CONTINUE WITH COCAINE, STIMULANTS, SEDATIVES, *
 * OPIATES IF USED 11 OR MORE TIMES, IF OTHER DRUGS USED 11 OR *
 * MORE TIMES, CONTINUE WITH ONE USED MOST AND CODE IN COL. 5. *
 * IF NO DRUG USED 11 OR MORE TIMES, SKIP TO H1, P.47. *

IF OTHER, RECORD: _____ CODE ___ ___ ___

1 2 3 4 5
COC STIM SED OP OTH

FGNDRC G2 What is the longest period you used DAYS
 DICDHMC (DRUG) almost every day? WEEKS
 MONTHS
 YEARS
**IF NEVER ALMOST EVERYDAY, CODE 0 IN
 DAYS AND SKIP TO B.**

A. When you were using (DRUG) almost NO 1 1 1 1 1
 every day were you able to YES 5 5 5 5 5
 function normally?

DICDHMC B. Did you ever use (DRUG) at least NO 1 1 1 1 1
 once a week for one month or more? YES 5 5 5 5 5

G3 Have you ever stayed high from (DRUG) NO 1 1 1 1 1
 for a whole day or more? YES 5 5 5 5 5

IF YES:

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

DICDD6 G4 Did your use of (DRUG) ever become so NO 1 1 1 1 1
 regular that you would use it no YES 5 5 5 5 5
 matter what you were doing or where
 you were?

DICDD1 G5 Have you ever had such a strong desire NO 1 1 1 1 1
 for (DRUG) that it was hard to think YES 5 5 5 5 5
 of anything else?

				<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
				<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>
DICDHMC	G6	Was there ever a period of a month or more when a great deal of your time was spent using (DRUG), getting (DRUG), or getting over its effects?	NO	1	1	1	1	1
FGNDRC			YES	5	5	5	5	5
DD3RA3								
DD3RB								
DICDD2	G7	Have you often wanted to cut down on (DRUG), or have you tried to stop or cut down on (DRUG) but found you couldn't?	NO	1	1	1	1	1
DD3RA2			YES	5	5	5	5	5
DD3RA7	G8	Did you ever need larger amounts of (DRUG) to get an effect, or found that you could no longer get high on the amount you used to use?	NO	1	1	1	1	1
DICDD5			YES	5	5	5	5	5
DD3RA5	G9	Have you ever given up or greatly reduced important activities while using (DRUG), like sports, work, or associating with friends or relatives?	NO	1	1	1	1	1
DICDD7			YES	5	5	5	5	5
DD3RB		IF YES: A. Did this happen 3 or more times, or for a month or more?	NO	1	1	1	1	1
			YES	5	5	5	5	5
DD3RA1	G10	Have you often used (DRUG) more days or in larger amounts than you intended to?	NO	1	1	1	1	1
DICDD2			YES	5	5	5	5	5
FGNDRA	G11	When you stopped, cut down, or went without (DRUG), did you ever experience the following problems?						
DICDD4		A. 1. Feeling depressed?	NO	1	1	1	1	1
			YES	5	5	5	5	5
		2. Feeling restless?	NO	1	1	1	1	1
			YES	5	5	5	5	5
		3. Feeling nervous, tense, or irritable?	NO	1	1	1	1	1
			YES	5	5	5	5	5
		4. Feeling tired, sleepy, weak?	NO	1	1	1	1	1
			YES	5	5	5	5	5
		5. Having trouble sleeping?	NO	1	1	1	1	1
			YES	5	5	5	5	5
		6. Having an increase or decrease in appetite?	NO	1	1	1	1	1
			YES	5	5	5	5	5

			<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	
			<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>	
G11	A.	7. Trembling or twitching?	NO		1	1	1	
		YES		5	5	5		
		8. Sweating or having a fever?	NO		1	1	1	
		YES		5	5	5		
		9. Having nausea, or vomiting?	NO		1	1	1	
		YES		5	5	5		
		10. Having diarrhea or stomach aches?	NO		1	1	1	
		YES		5	5	5		
		11. Having your eyes or nose run?	NO			1	1	
		YES				5	5	
		12. Having muscle pains?	NO			1	1	
		YES				5	5	
		13. Yawning?	NO			1	1	
		YES				5	5	
		14. Having seizures?	NO		1		1	
		YES			5		5	
		15. Have your heart racing?	NO		1		1	
		YES			5		5	
16. Dizziness?	NO		1					
YES			5					
17. Were your pupils dilated or were your eyes extremely sensitive to light?	NO				1			
YES					5			
18. Did you have gooseflesh or goose bumps?	NO				1			
YES					5			
CHECK EACH DRUG COLUMN FOR SYMPTOMS. IF ALL CODED 1 GO TO NEXT DRUG. IF 2 OR MORE 5'S CODED IN 1-18 ASK B. IF ONLY ONE SKIP TO C.								
DD3RA8	B.	Was there ever a time when two or more of these problems occurred together because of stopping, cutting down on, or going without (DRUG)? (REVIEW SX AS NEEDED).	NO	1	1	1	1	1
		YES		5	5	5	5	5
	C.	Did you have any of these problems 3 or more times?	NO	1	1	1	1	1
		YES		5	5	5	5	5
DD3RA9	D.	On 3 or more different occasions have you used (DRUG) to keep from having any of these problems (or to make them go away)?	NO	1	1	1	1	1
DD3RB DICDD3			YES		5	5	5	5

G12	Did using (DRUG) cause you to have any other problems like:					
DICDHMA	A. accidental injuries like having a bad fall,	NO	1	1	1	1
DICDHMB	cutting or burning yourself, or being hurt	YES	5	5	5	5
	in a traffic accident? (IF YES, ASK 1:)					
DD3RA4	1. Did this happen 3 or more times?	NO	1	1	1	1
DA3RA2		YES	5	5	5	5
DD3RB						
DA3RB						
DICDD8						
DICDHMA	B. an overdose?	NO	1	1	1	1
DICDHMB		YES	5	5	5	5
	IF YES:					
DD3RA6	1. Did this happen 3 or more times?	NO	1	1	1	1
DA3RA1		YES	5	5	5	5
DD3RB						
DA3RB						
DICDD8						
DICDHMA	C. hepatitis?	NO	1	1	1	1
DD3RB		YES	5	5	5	5
DA3RB	IF YES:					
DICDHMB	1. Did you continue to use (DRUG) knowing	NO	1	1	1	1
DD3RA6	it caused hepatitis?	YES	5	5	5	5
DA3RA1						
DICDHMA	D. other serious health problems? Specify:	NO	1	1	1	1
DICDHMB		YES	5	5	5	5
DD3RA6	_____					
DA3RA1						
	IF YES:					
	1. Did you continue to use (DRUG) knowing	NO	1	1	1	1
	it caused health problems?	YES	5	5	5	5

ASK A, B, C, D, E, ONE DRUG AT A TIME. IF IN DOUBT ASK R. FOR MOST SEVERE EPISODE BEFORE CODING 5. THEN GO TO NEXT DRUG.

G13	Did you ever experience any of the following because of your (DRUG) use?					
	A. Objections from family, friends,	NO	1	1	1	1
	doctor, clergyman, or problems with	YES	5	5	5	5
	your boss or people at work or school?					
	B. Problems with your family or friends?	NO	1	1	1	1
		YES	5	5	5	5
	C. Physical fights while using (DRUG)?	NO	1	1	1	1
		YES	5	5	5	5
	D. Trouble with the police because of (DRUG)?	NO	1	1	1	1
		YES	5	5	5	5
	IF ALL CODED 1, SKIP TO G14. IF ANY CODED 5, CONTINUE.					
DD3RA6	E. Did you continue to use (DRUG) after you	NO	1	1	1	1
DD3RA1	realized it was causing you any problem?	YES	5	5	5	5

			1	2	3	4	5	
			<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>	
DD3RA4	G14	Has your being high on (DRUG) or suffering its after-effects <u>often</u> interfered with your working or taking care of school or household responsibilities?	NO	1	1	1	1	1
DD3RB			YES	5	5	5	5	5

	G15	Has your use of (DRUG) ever caused you emotional or psychological problems like:						
DICDHMA		1. Feeling depressed or uninterested in things for more than 24 hours to the point that it interfered with your functioning?	NO	1	1	1	1	1
DICDHMB			YES	5	5	5	5	5
DICDHMA		2. Feeling paranoid or suspicious of people for more than 24 hours to the point that it interfered with your relationships?	NO	1	1	1	1	1
DICDHMB			YES	5	5	5	5	5
DICDHMA		3. Having such trouble thinking clearly for more than 24 hours to the point that it interfered with your functioning?	NO	1	1	1	1	1
DICDHMB			YES	5	5	5	5	5
DICDHMA		4. Hearing, seeing, or smelling things that weren't really there?	NO	1	1	1	1	1
DICDHMB			YES	5	5	5	5	5
DICDHMA		5. Feeling jumpy or easily startled or nervous for more than 24 hours to the point that it interfered with your functioning?	NO	1	1	1	1	1
DICDHMB			YES	5	5	5	5	5

IF ALL CODED 1, SKIP TO G16.
IF ANY CODED 5, CONTINUE.
REVIEW SX AS NEEDED FOR EACH DRUG.

DD3RA6		A. Did you continue to use (DRUG) after you knew it caused any of these problems?	NO	1	1	1	1	1
DICDD8			YES	5	5	5	5	5
DA3RA1								

DD3RA4	G16	Have there been 3 or more times when you have been high on (DRUG) in a situation where it increased your chances of getting hurt--for instance, when driving a car or boat, using knives, machinery, or guns, crossing against traffic, climbing or swimming?	NO	1	1	1	1	1
DA3RA2			YES	5	5	5	5	5
DD3RB								
DA3RB								

INTERVIEWER: HAVE ANY 5'S BEEN CODED IN G4-G16?	NO....(SKIP TO H1, P.47)...1
	YES.....5

G17 Have you ever brought up any (other) drug problem you had with any professional? NO...(SKIP TO G18).....1
 YES.....5

A. Did you speak with: NO YES

1. A psychiatrist?.....	1	5
2. Another medical doctor?.....	1	5
3. A psychologist?.....	1	5
4. Another mental health professional?..	1	5
5. A clergyman?.....	1	5
6. Anyone else? Specify _____..	1	5

IF ALL CODED 1 SKIP TO G18. OTHERS ASK:

B. How old were you the first time you brought up any problem you had with drugs? AGE ONS: ___/___

C. With whom did you speak first? CODE ___
RECORD CODE (1-6).

G18 Have you ever been treated for a drug problem? NO.(SKIP TO G19)..1
 YES.....5

A. Were you treated in: NO YES

1. NA or other self help.....	1	5
2. Outpatient drug free program.....	1	5
3. Outpatient, other.....	1	5
4. Inpatient drug free program.....	1	5
5. Inpatient for medical complications..	1	5
6. Other, specify:_____..	1	5

IF ALL CODED 1 SKIP TO G19. OTHERS ASK:

B. How old were you the first time you were treated for a drug problem? AGE ONS: ___/___

C. Where were you treated first? CODE ___
RECORD CODE (1-6).

 * CHECK DSM-III-R TALLY SHEET G FOR ANY CHECK IN GROUPS 1-9, *
 * IF ONE OR MORE, ASK F19. OTHERS SKIP TO BOX BEFORE G20. *

			<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
			<u>COC</u>	<u>STIM</u>	<u>SED</u>	<u>OP</u>	<u>OTH</u>

G19 Please review these experiences. When was AGE REC ___ ___ ___ ___ ___
 the most recent time you had this/any of REC ___ ___ ___ ___ ___
 these experiences?

 * CHECK DSM-III-R TALLY SHEET G FOR NUMBER OF GROUPS *
 * CHECKED IN GROUPS 1-9. IF 3 OR MORE, ASK A. *
 * IF ONLY 2 CHECKED, ASK B. OTHERS SKIP TO BOX BEFORE *
 * G20. NOTE: DO NOT COUNT SYMPTOMS WHICH OCCURRED *
 * AS A RESULT OF AN ISOLATED INCIDENT. DO NOT COUNT *
 * SYMPTOMS WHICH ARE SO SPREAD OUT OVER TIME THAT *
 * THEY DO NOT REPRESENT CLUSTERING. *

			1	2	3	4	5	
			<u>COC</u>	<u>STIM</u>	<u>SED</u>	<u>OP</u>	<u>OTH</u>	
DD3RB	G19	A. Was there ever a period of lasting a month or longer when you had 3 or more of these experiences occurring together? NOTE: MUST BE 3 FROM DIFFERENT GROUPS. FOR EACH CODED 5 IN A, SKIP TO C. OTHERS CONTINUE.	NO	1	1	1	1	1
		YES	5	5	5	5	5	
		B. Was there ever a period lasting a month or longer when you had 2 or more of these experiences occurring together? FROM 2 DIFFERENT GROUPS. IF NO, SKIP TO G20.	NO	1	1	1	1	1
			YES	5	5	5	5	5
		C. How old were you the first/last time you had 3(2) or more of these experiences (FROM DIFFERENT GROUPS) occur within a period lasting a month or more?	AGE ONS	—	—	—	—	—
			ONS	—	—	—	—	—
			AGE REC	—	—	—	—	—
			REC	—	—	—	—	—

* CHECK ICD-10 TALLY SHEET G FOR ANY CHECK IN GROUPS 1-8, *
* IF ONE OR MORE, ASK G20. OTHERS SKIP TO G21. *

G20	Please review these experiences. When was the most recent time you had this/any of these experiences?	AGE REC	—	—	—	—	—
		REC	—	—	—	—	—

* CHECK ICD-10 TALLY SHEET G FOR NUMBER OF GROUPS *
* CHECKED IN GROUPS 1-8. IF 3 OR MORE, ASK A. *
* OTHERS SKIP TO G21. NOTE: DO NOT COUNT SYMPTOMS *
* WHICH OCCURRED AS A RESULT OF AN ISOLATED INCIDENT. *
* DO NOT COUNT SYMPTOMS WHICH ARE SO SPREAD OUT OVER *
* TIME THAT THEY DO NOT REPRESENT CLUSTERING. *

DICDD	A.	Was there ever a period lasting a month or longer when you had 3 or more of these experiences occurring together? NOTE: MUST BE 3 FROM DIFFERENT GROUPS. FOR EACH CODED 5 IN A, ASK B:	NO	1	1	1	1	1
			YES	5	5	5	5	5
	B.	How old were you the first/last time you had 3 or more of these experiences (FROM 3 DIFFERENT GROUPS) occur within a period lasting a month or more?	AGE ONS	—	—	—	—	—
ONS			—	—	—	—	—	
AGE REC			—	—	—	—	—	
REC			—	—	—	—	—	
DICDD	C.	Did 3 or more of these occur at some time during the last 12 months?	NO	1	1	1	1	1
			YES	5	5	5	5	5

G21 ARE THERE 2 OR MORE 5'S CODED IN G4-G16 FOR ALL DRUGS COMBINED? NO.....1
 YES.....5

1 2 3 4 5
COC STIM SED OP OTH

| REFER TO G1B FOR ONS/REC OF DRUG USE. |

G22 A. Were there periods of at least 3 months between the ages of ___ and ___ when you didn't use (DRUG) at all? NO 1 1 1 1 1
 YES 5 5 5 5 5

FOR EACH YES, COMPLETE B (MONTH AND YEAR).

B. When did these occur?

COCAINE ___/___ TO ___/___; ___/___ TO ___/___
 ___/___ TO ___/___; ___/___ TO ___/___

STIMULANTS ___/___ TO ___/___; ___/___ TO ___/___
 ___/___ TO ___/___; ___/___ TO ___/___

SEDATIVES ___/___ TO ___/___; ___/___ TO ___/___
 ___/___ TO ___/___; ___/___ TO ___/___

OPIATES ___/___ TO ___/___; ___/___ TO ___/___
 ___/___ TO ___/___; ___/___ TO ___/___

OTHER ___/___ TO ___/___; ___/___ TO ___/___
 _____ ___/___ TO ___/___; ___/___ TO ___/___

ANRX3RA H1 Did you ever lose a lot of weight on purpose, or, while you were growing up, did you keep your weight down on purpose? NO....(SKIP TO H9).....1
YES.....5

ANRX3RC H2 Did you ever feel fat, even though your family or friends were very concerned that you had become much too thin? NO....(SKIP TO H9).....1
YES.....5

ANRX3RA H3 After purposely losing a lot of weight, what is the lowest weight you ever dropped to? _____ POUNDS

IF DK AND H2 CODED 5, ASK:

A. Did friends say you were too thin or skeleton-like? NO.....1
YES.....5

ANRX3RA H4 How tall were you at that time? _____ FT _____ IN

H5 How old were you? _____ AGE

INTERVIEWER: CONSULT TABLE OF WEIGHTS. ESTIMATE R'S FRAME SIZE. USE MEDIUM FRAME SIZE IF NOT SURE. IF WEIGHT IN H3 IS EQUAL TO OR LESS THAN THE TABLE ENTRY FOR HEIGHT, GENDER AND WEIGHT, CONTINUE. OTHERS SKIP TO H9.

SMALL...2
MEDIUM...3
LARGE...4

H5A. WILL R CONTINUE WITH H6? NO.....1
YES.....5

**WEIGHT CRITERION FOR ANOREXIA
(LOSS OF 15% OF EXPECTED WEIGHT)**

MEN	Small Frame	Medium Frame	Large Frame	*WOMEN	Small Frame	Medium Frame	Large Frame
5'2"	99	105	113	4'10"	80	86	95
5'3"	101	108	116	4'11"	83	88	97
5'4"	104	111	119	5'0"	85	91	100
5'5"	107	113	122	5'1"	87	94	102
5'6"	109	116	125	5'2"	91	96	104
5'7"	112	119	129	5'3"	93	99	108
5'8"	116	124	133	5'4"	95	102	110
5'9"	119	127	136	5'5"	97	104	113
5'10"	124	130	139	5'6"	101	109	117
5'11"	127	134	144	5'7"	104	112	120
6'0"	130	138	148	5'8"	108	116	124
6'1"	134	142	152	5'9"	111	119	127
6'2"	137	145	156	5'10"	114	122	131

6'3"	141	150	160	5'11"	118	126	135
6'4"	144	154	164	6'0"	121	129	138

* For women between 18 and 25 years,
subtract one pound for each year under 25.

ANRX3RB H6 Were you intensely afraid of gaining weight or becoming fat? NO.....1
YES.....5

MALES SKIP TO H8.

ANRX3RD H7 While you were losing weight did your period stop for 3 cycles or more (when you were not pregnant)? NO.....1
YES.....5

H8 Was there a medical disorder that caused your weight loss? NO.....1
YES.....5
Specify _____

ANRX3RC H9 Were you ever greatly concerned about eating too much, looking too fat, or gaining too much weight? NO.....1
BUL3RE YES.....5

BUL3RA H10 Has there ever been a time in your life when you went on eating binges -- eating a large amount of food in a short period of time (usually less than 2 hours)? NO.(SKIP TO I1, P.49)..1
ALC/DRUG ONLY.....3
YES.....5

BUL3RD H11 Did you go on eating binges as often as twice a week for at least 3 months? NO.(SKIP TO I1, P.49)..1
YES.....5

BUL3RB H12 During these binges were you afraid you could not stop eating, or that your eating was out of control? NO.....1
YES.....5

BUL3RC H13 Did you do anything to prevent weight gain from binge eating such as:

	<u>NO</u>	<u>YES</u>
1. making yourself vomit?.....	1	5
2. taking laxatives or diuretics?.....	1	5
3. dieting strictly?.....	1	5
4. fasting?.....	1	5
5. exercising vigorously?.....	1	5
6. anything else?.....	1	5

Specify: _____

H14 How old were you when you first went on an eating binge? AGE ONS: ___/___

Now I'm going to ask you some questions about your mood.

RDCI I1 Have you ever had a period of at least one week when you were bothered most of the day nearly every day by feeling depressed, sad, blue, or irritable? NO.....1
YES.....5

I2 Have you ever had a period of at least one week when you lost interest or enjoyment in almost everything, even things you usually liked to do? NO.....1
YES.....5

* IF I1 AND I2 BOTH CODED 1, SKIP *
* TO J1, P.59. OTHERS CONTINUE. *

I3 Have you been feeling depressed, uninterested in things or unable to enjoy almost everything for at least one week during the past 30 days? NO...(SKIP TO I4).....1
YES.....5

DEP3RA1 A. For how long have you felt this way? ___ ___ WEEKS
DEP3RA2 B. Have you been feeling depressed, sad or blue nearly every day? NO.....1
YES..(SKIP TO I4).....5
C. Have you lost interest or enjoyment in most things nearly every day? NO.....1
YES.....5

I4 Think about your most severe period of feeling depressed, uninterested in things or unable to enjoy most things. When did it begin? ___/___ ___/___
MO YR

A. So you were ___ years old? AGE ONS: ___/___

DEP3RA1 B. How long did that period last? ___ ___ WEEKS
DEP3RA2

C. Were you feeling depressed, sad, or blue nearly every day during this period? NO.....1
YES...(SKIP TO BOX)....5

D. Had you lost interest or enjoyment in most things nearly every day during this period? NO.....1
YES.....5

CHECK TALLY SHEETS E, F, AND G. IF 3 OR MORE CHECKS FOR DSM-III-R SYMPTOMS, CONTINUE. OTHERS SKIP TO I4K.

E. During this most severe period were you using street drugs or drinking more than usual? NO...(SKIP TO K).....1
YES.....5

F. Did you have another period of feeling depressed, uninterested in things or unable to enjoy most things when you were not drinking more than usual or using street drugs? NO...(SKIP TO K).....1
YES.....5

- I4 G. Think about your most severe period like this of feeling depressed, uninterested in things or unable to enjoy most things. AGE ONS: ___/___
How old were you when this period began?
- H. How long did this period last? ___ ___ WEEKS
- I. Were you feeling depressed, sad, or blue nearly every day during this period? NO.....1
YES.....5
- J. Had you lost interest or enjoyment in most things nearly every day during this period? NO.....1
YES.....5

**I4 K. IS MOST SEVERE EPISODE CLEAN? NO.....1
YES.....5**

**L. IS CURRENT EPISODE ALSO MOST SEVERE? NO.....1
YES.....5**

IF DEPRESSIVE EPISODE PRESENT IN LAST 30 DAYS, COMPLETE CURRENT EPISODE FIRST. THEN ASK ABOUT MOST SEVERE "CLEAN" EPISODE. IF NO "CLEAN" EPISODE, ASK ABOUT MOST SEVERE. IF CURRENT EPISODE IS ALSO MOST SEVERE (AND CLEAN), CODE IN MOST SEVERE COLUMN.

			CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
During this current episode... During your most severe episode when you were (CHECK AGE IN I4A/I4G) years old... And you were not drinking heavily/ more than usual or taking drugs at that time?				
DEP3RA3	I5	A. Did you have a change in appetite?	NO...(SKIP TO B).....1 YES...(SPECIFY).....5	NO...(SKIP TO B).....1 YES...(SPECIFY).....5
	1.		INCREASE.....2 DECREASE.....3 BOTH.....4	INCREASE.....2 DECREASE.....3 BOTH.....4
DEP3RA3		B. Did you gain or lose weight when you were not trying to?	NO...(SKIP TO I6).....1 YES...(SPECIFY).....5	NO...(SKIP TO I6).....1 YES...(SPECIFY).....5
	1.		GAINED.....2 LOST.....3	GAINED.....2 LOST.....3
DEP3RA3		C. What was your weight before the (gain/loss)?	___ ___ LBS	___ ___ LBS
DEP3RA3		D. What was your weight after the (gain/loss)?	___ ___ LBS	___ ___ LBS
DEP3RA3		E. Over what period of time did you (gain/lose) this amount of weight?	___ ___ WEEKS	___ ___ WEEKS

			CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
During this current episode... During your most severe episode when you were (CHECK AGE IN I4A/I4G) years old... And you were not drinking heavily/ more than usual or taking drugs at that time?				
DEP3RA4	I6	Did you have more trouble sleeping than usual?	NO..(SKIP TO I6.6)...1 YES.....5	NO..(SKIP TO I6.6)...1 YES.....5
	1.	Were you unable to fall asleep?	NO..(SKIP TO I6.3)...1 YES.....5	NO..(SKIP TO I6.3)...1 YES.....5
	2.	Was this for at least one hour?	NO.....1 YES.....5	NO.....1 YES.....5
	3.	Were you waking up in the middle of the night and not able to go back to sleep?	NO.....1 YES.....5	NO.....1 YES.....5
	4.	Were you waking up too early in the morning?	NO..(SKIP TO I6.6)...1 YES.....5	NO..(SKIP TO I6.6)...1 YES.....5
	5.	Was this at least one hour earlier than usual?	NO.....1 YES.....5	NO.....1 YES.....5
DEP3RA4	6.	Were you sleeping much more than usual?	NO.....1 YES.....5	NO.....1 YES.....5
RDCDEPB4 FGNB4 DEP3RA5	I7	Were you so fidgety or restless that you were moving around a lot more than usual so that other people could have noticed?	NO.....1 YES.....5	NO.....1 YES.....5
DEP3RA5	I8	Were you moving or speaking so slowly that other people could have noticed?	NO.....1 YES.....5	NO.....1 YES.....5
RDCDEP5 DEP3RA2 FGNDEPB5	I9	Were you much less interested in things or less able to enjoy pleasurable activities including sex?	NO.....1 YES.....5	NO.....1 YES.....5

		CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
During this current episode... During your most severe episode when you were (CHECK AGE IN I4A/I4E) years old... And you were not drinking heavily/ more than usual or taking drugs at that time?			
RDCDEPB3 I10 FGNB3 DEP3RA6	Were you feeling a loss of energy, or more tired than usual?	NO.....1 YES.....5	NO.....1 YES.....5
RDCDEPB6 I11 FGNB6 DEP3RA7	Were you feeling ex- cessively guilty or that you were a bad person?	NO.....1 YES.....5	NO.....1 YES.....5
DEP3RA7 I12	Were you feeling that you were a failure or worthless?	NO.....1 YES.....5	NO.....1 YES.....5
RDCDEP7 I13 FGNB7 DEP3RA8	Were you having more difficulty than usual thinking, concentrating, or making decisions?	NO.....1 YES.....5	NO.....1 YES.....5
DEP3RA9 I14	Were you frequently thinking about death, or taking your life, or wishing you were dead?	NO.....1 YES.....5	NO.....1 YES.....5
	A. Did you try to harm yourself?	NO.....1 YES.....5	NO.....1 YES.....5
I15	INTERVIEWER: <div style="border: 1px solid black; padding: 5px; width: fit-content;"> DIAGNOSIS IS BASED ON NUMBER AND CLUSTERING OF SYMPTOMS IN MOST SEVERE EPISODE. </div>	CHECK BOXES IN I5-I14. # OF BOXES _____ IF FEWER THAN 3 BOXES CODED 5 IN I5-I14, GO BACK TO I5, COLUMN II AND ASK THE MOST SEVERE EPISODE. IF <u>ONLY 3</u> BOXES CODED 5, SKIP TO I17. IF 4 OR MORE BOXES CODED 5, CONTINUE.	CHECK BOXES IN I5-I14, # OF BOXES _____ IF FEWER THAN 3 BOXES CODED 5 IN I5-I14, CHECK # OF BOXES IN CURRENT EPISODE. IF LESS THAN 3 IN CURRENT SKIP TO J1, P. 59. IF 3 OR MORE, RECONCILE WITH SUBJECT AND RECODE MOST SEVERE AS NECESSARY. IF <u>ONLY 3</u> BOXES CODED 5, SKIP TO I17. IF 4 OR MORE BOXES CODED 5, CONTINUE.

CURRENT EPISODE
(PAST MONTH)

MOST SEVERE
EPISODE

	CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
<p>CHECK I3.B &.C/I4.C &.D (OR I & J). IF BOTH I3.B &.C/I4.C &.D (OR I & J) CODED 1, ASK I16.B. OTHERS CONTINUE.</p> <p>I16 A. You told me you (felt depressed/didn't enjoy things) nearly every day, and had some symptoms like (LIST SX CODED 5 IN I5-I14). For how long were at least four of these problems present <u>nearly every day</u> during the time you were (feeling depressed/not enjoying things)?</p> <p>B. You told me that during this episode you had the following problems (LIST SX CODED 5 IN I5-I14). Did you ever have a period during this episode, when four (or more) of these problems were present nearly every day?</p> <p>C. How long did this period last?</p> <p>D. During this ____ (# FROM C) week period, did you also feel depressed or were you uninterested in most things nearly every day?</p>	<p>____ WEEKS</p> <p>SKIP TO I17.</p> <p>NO...(SKIP TO I17)...1 YES.....5</p> <p>____ WEEKS</p> <p>NO.....1 YES.....5</p>	<p>____ WEEKS</p> <p>SKIP TO I17.</p> <p>NO...(SKIP TO I17)...1 YES.....5</p> <p>____ WEEKS</p> <p>NO.....1 YES.....5</p>
<p>I17 During this episode did you have beliefs or ideas that you later found out were not true (that were not due to using alcohol/drugs)?</p> <p>A. Did you see or hear things that other people could not see or hear, that is, have hallucinations?</p>	<p>NO...(SKIP TO A)....1 YES...(SPECIFY)....5</p> <p>_____ _____</p> <p>NO.....1 YES..(SPECIFY).....5</p> <p>_____ _____</p>	<p>NO...(SKIP TO A)....1 YES...(SPECIFY)....5</p> <p>_____ _____</p> <p>NO.....1 YES..(SPECIFY).....5</p> <p>_____ _____</p>

IF ANY 5 IN I17 OR I17A ASK B. |
OTHERS SKIP TO I19. |

		CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
DEP3RC	I17 B. Did these (beliefs/ideas or hallucinations) occur before your depressed mood?	NO...(SKIP TO D)....1 YES.....5 __ __ __ DAYS	NO...(SKIP TO D)....1 YES.....5 __ __ __ DAYS
	C. How long before your depressed mood began did you have these (beliefs/ideas or hallucinations)?		
	D. Did these (beliefs/ideas or hallucinations) persist after your mood came back to normal?	NO...(SKIP TO I18)...1 YES.....5 EPISODE ONGOING.....6 IF ONGOING SKIP TO I18	NO...(SKIP TO I18)...1 YES.....5 EPISODE ONGOING.....6 IF ONGOING SKIP TO I18
	E. How long did they last after your mood came back to normal?	__ __ __ DAYS	__ __ __ DAYS

I18	DID EXAMPLES IN I17 AND I17A HAVE CONTENT THAT WAS ENTIRELY CONSISTENT WITH THEMES OF PERSONAL INADEQUACY, GUILT, POVERTY, PUNISHMENT, ILLNESS, OR CATASTROPHE.	NO.....1 YES.....5	NO.....1 YES.....5
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I19	During this episode, did you seek help from a doctor, or other professional?	NO...(SKIP TO I23)...1 YES...(SPECIFY).....5 _____	NO...(SKIP TO I23)...1 YES...(SPECIFY).....5 _____
I20	During this episode, were you prescribed medicine for depression?	NO.....1 YES...(SPECIFY).....5 _____	NO.....1 YES...(SPECIFY).....5 _____
I21	During this episode, did you receive ECT (Shock treatments)?	NO.....1 YES.....5	NO.....1 YES.....5
I22	During this episode, were you hospitalized for depression?	NO.....1 YES.....5	NO.....1 YES.....5
	A. For how long?	__ __ __ DAYS	__ __ __ DAYS

	CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
I23 Was your major responsibility during this episode job, home, school, or something else?	JOB.....1 HOME.....2 SCHOOL.....3 OTHER:.....4	JOB.....1 HOME.....2 SCHOOL.....3 OTHER:.....4
I24 Was your functioning in this role affected?	NO...(SKIP TO D)....1 YES.....5	NO...(SKIP TO D)....1 YES.....5
A. Did something happen as a result of poor functioning?	NO.....1 YES...(SPECIFY)....5 _____ _____	NO.....1 YES...(SPECIFY)....5 _____ _____
B. Did anyone notice this? (If no one was around, could someone have noticed this)?	NO.....1 YES.....5	NO.....1 YES.....5
C. Were you completely unable to function in this role for at least 2 days?	NO.....1 YES.....5	NO.....1 YES.....5
D. Was your functioning in any other area of your life affected? (MINOR ROLE DYSFUNCTION)	NO.....1 YES...(SPECIFY)....5 _____ _____	NO.....1 YES...(SPECIFY)....5 _____ _____

I25

<p>INCAPACITATION -- COMPLETELY UNABLE TO FUNCTION IN PRINCIPAL ROLE FOR 2 DAYS OR MORE (I24C=5), OR HOSPITALIZED 2 DAYS OR MORE (I22A=2 OR MORE), OR ECT (I21=5), OR PSYCHOTIC SYMPTOMS (I17 OR I17A=5).</p> <p>IMPAIRMENT -- A DECREASE, NOTICEABLE TO OTHERS, IN QUALITY OF THE MOST IMPORTANT ROLE PERFORMANCE. THIS USUALLY REQUIRES A DECREASE IN THE AMOUNT OF PERFORMANCE. (I24C=1, AND I24B=5).</p>	<p>INCAPACITATED.....5 IMPAIRED.....4 NEITHER.....1</p>	<p>INCAPACITATED.....5 IMPAIRED.....4 NEITHER.....1</p>
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DSM3RB1 I26 Did this episode occur during or shortly after a serious physical illness?	NO.....1 YES...(SPECIFY)....5 _____ _____	NO.....1 YES...(SPECIFY)....5 _____ _____
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		CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
<p>IF MALE OR NEVER PREGNANT, SKIP TO I28.</p>			
DSM3RB1	<p>I27 Did this episode occur around the time of child birth?</p> <p>A. Date of childbirth:</p>	<p>NO...(SKIP TO I28)...1 YES.....5</p> <p>___/___ ___/___ ___/___ MO DAY YR</p>	<p>NO...(SKIP TO I28)...1 YES.....5</p> <p>___/___ ___/___ ___/___ MO DAY YR</p>
DSM3RB2	<p>I28 Did this episode follow the death of someone close to you? (ASK WHO THIS WAS AND WHEN S/HE DIED)</p>	<p>NO.....1 YES...(SPECIFY).....5</p> <p>_____ RELATIONSHIP ___/___ ___/___ MO YR</p>	<p>NO.....1 YES...(SPECIFY).....5</p> <p>_____ RELATIONSHIP ___/___ ___/___ MO YR</p>
DSM3RB1	<p>I29 Did this episode begin following the use of prescription medicines such as tranquilizers, heart medicines, or steroids?</p>	<p>NO.....1 YES...(SPECIFY).....5</p> <p>1. _____ 2. _____</p>	<p>NO.....1 YES...(SPECIFY).....5</p> <p>1. _____ 2. _____</p>
DSM3RB1	<p>I30 Did this episode follow the use of any street drugs?</p>	<p>NO.....1 YES...(SPECIFY).....5</p> <p>1. _____ 2. _____</p>	<p>NO.....1 YES...(SPECIFY).....5</p> <p>1. _____ 2. _____</p>
DSM3RB1	<p>I31 Did this episode follow increased or excessive use of alcohol?</p> <p>A. How many days per week did you drink?</p> <p>B. How many drinks per day did you drink?</p>	<p>NO.....1 YES.....5</p> <p>_____ DAYS</p> <p>_____ DRINKS</p>	<p>NO....(SKIP TO I32)..1 YES.....5</p> <p>_____ DAYS</p> <p>_____ DRINKS</p>
		<p>GO BACK TO I5 AND ASK ABOUT MOST SEVERE EPISODE.</p>	

CLEAN I32 Did you have at least one other episode when you were depressed for at least one week that was not preceded by a medical illness, use of medication, drugs, alcohol, or the loss of a loved one? NO...(SKIP TO I33)...1
YES.....5

A. When did this episode occur? / /
MO YR

B. During this time when you were depressed, did you also have:

CHECK ALL THAT APPLY. INSURE THAT THIS IS MORE THAN USUAL:

- 1. An appetite or weight change
- 2. Any sleep difficulty
- 3. Any increase or decrease in activity
- 4. Any tiredness or loss of energy
- 5. Any loss of interest in pleasurable activities
- 6. A loss of self esteem or feelings of guilt
- 7. Decreased concentration
- 8. Thoughts of death or suicide

IF FOUR OR MORE PRESENT ASK:

C. For how long were at least four of these problems present nearly every day during the time you were feeling depressed? WEEKS

D. Was there a difference in the way you managed your work, school, or household responsibilities? NO.....1
YES...(SPECIFY).....5

E. Did you seek help, receive any treatment (e.g. meds, ECT) or were you hospitalized during this episode? NO.....1
YES...(SPECIFY).....5

F. How many episodes of depression lasting a week or more like this (CLEAN) have you had? NUMBER

DIRTY I33 Did you have at least one other severe episode when you were depressed for at least one week that was preceded by a medical illness, or loss of a loved one, or that occurred at a time when you were using medication, drugs or alcohol? NO...(SKIP TO I34)...1
YES.....5

A. When did this episode occur? ___/___ ___/___
MO YR

B. During this episode did you have:
CHECK ALL THAT APPLY. INSURE THAT THIS IS MORE THAN USUAL:

1. ___ An appetite or weight change
2. ___ Any sleep difficulty
3. ___ Any increase or decrease in activity
4. ___ Any tiredness or loss of energy
5. ___ Any loss of interest in pleasurable activities
6. ___ A loss of self esteem or feelings of guilt
7. ___ Decreased concentration
8. ___ Thoughts of death or suicide

IF FOUR OR MORE PRESENT ASK:

C. For how long were at least four of these problems present nearly every day during the time you were feeling depressed? ___ __ WEEKS

D. Was there a difference in the way you managed your work, school, or household responsibilities? NO.....1
YES...(SPECIFY).....5

E. Did you seek help, receive any treatment (e.g. meds, ECT) or were you hospitalized during this episode? NO.....1
YES...(SPECIFY).....5

F. How many episodes like this lasting a week or more have you had that were preceded by a medical illness, or loss of a loved one, or that occurred at a time when you were taking medication, drugs or alcohol? ___ __ NUMBER

I34 How old were you the first/last time you had an episode of depression lasting a week or more? AGE ONS: ___/___
ONS: 1 2 3 4 5
AGE REC: ___/___
REC: 1 2 3 4 5

CHECK I20, and I21. IF EITHER CODED 5, CODE I35 YES SILENTLY. OTHERS ASK:

I35 Were you ever treated for depression with medication or ECT? NO...(SKIP TO J1).....1
YES.....5

A. Did you ever feel high or were you overactive following treatment for depression? NO.....1
YES.....5

INTERVIEWER: CHECK I15. IF 3 OR MORE BOXES SCORED IN EITHER COLUMN,
READ THE FOLLOWING INTRODUCTION. OTHERS GO DIRECTLY TO J1.

Earlier we talked about episodes of depression that were severe. Some people have less severe periods of depression that go on for years at a time.

DYS3RA	J1	Have you ever had a period of two years or more when you felt sad, down, or blue most of the day, more days than not?	NO..(SKIP TO K1, P.61).1 YES.....5
	A.	How old were you when this period began?	AGE ONS: ___/___ ONS: 1 2 3 4 5
	B.	How old were you when this period ended?	AGE REC: ___/___ REC: 1 2 3 4 5

DYS3RD	J2	Did you have a severe episode of depression either during the first two years of this period or in the 6 months just before this 2 year period began?	NO....(SKIP TO J3).....1 YES.....5
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DYS3RA	A.	Did you have another 2 year period when you were sad, down, or blue most of the days more days than not?	NO..(SKIP TO K1, P.61).1 YES.....5
	B.	How old were you when this period began?	AGE ONS: ___/___ ONS: 1 2 3 4 5
	C.	How old were you when this period ended?	AGE REC: ___/___ REC: 1 2 3 4 5

DYS3RG	J3	Just before and during this episode, was there a change in your use of street drugs, alcohol or prescription medications, or did you have a serious physical illness?	NO...(SKIP TO J4).....1 YES..(SPECIFY).....5
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CODE ___ ___ ___

DYS3RA DYS3RG	A.	Did you have another 2 year period when you were sad, down, or blue most of the day more days than not when you had <u>not</u> changed your use of street drugs, alcohol, or prescription medications, or when you did not have a serious physical illness?	NO...(SKIP TO J4).....1 YES.....5
	B.	How old were you when this period began?	AGE ONS: ___/___ ONS: 1 2 3 4 5
	C.	How old were you when this period ended?	AGE REC: ___/___ REC: 1 2 3 4 5

		<u>NO</u>	<u>YES</u>
J4	During that time did you:		
DYS3RB1	A. overeat or have a poor appetite?	1	5
DYS3RB2	B. have trouble sleeping or sleep too much?	1	5
DYS3RB3	C. feel tired easily?	1	5
DYS3RB4	D. feel inadequate or worthless?	1	5
DYS3RB5	E. find it hard to concentrate or make decisions?	1	5
DYS3RB6	F. feel hopeless?	1	5

 * IF FEWER THAN 2 CODED 5 IN J4 A-F, *
 * SKIP TO K1, P.61. OTHERS CONTINUE. *

DYS23RC	J5	During that period, did you ever have more than 2 months in a row when your mood was back to normal -- that is, 2 months when you were <u>not</u> sad, blue, or down?	NO.....5
			YES.....1

Now I'm going to ask you about some other questions about your mood.

FGNMANA K1A Did you ever have a period when you felt NO.....1
 RDCMANA extremely hyper, high or manic most of the ALC/DRUGS ONLY.....3
 MAN3RA1 time, clearly different from your normal YES..(SKIP TO K1C)...5
 self?

FGNMANA K1B Did you ever have a period (other than when NO.....1
 RDCMANA you were depressed/withdrawing from drugs) ALC/DRUGS ONLY.....3
 MAN3RA2 when you felt unusually irritable most of YES.....5
 the time, clearly different from your
 normal self, so that you would shout at
 people or start fights or arguments?

K1C **IF YES (5) TO ANY OF THE ABOVE, ASK:**

Did this last persistently throughout the NO.....1
 day or intermittently for two days or more? YES.....5

**K1D DOES R DENY MOOD (K1A AND K1B BOTH CODED 1 or 3)? NO.....1
 YES.....5**

K1E Did you ever have a period when you were
 not drinking/using drugs when you were:
 (During this period were you:) NO YES

- | | | |
|-----------------------------------------------------------------------------------------|---|---|
| 1. much more active? | 1 | 5 |
| 2. much more talkative? | 1 | 5 |
| 3. talking fast/thoughts raced? | 1 | 5 |
| 4. feeling very special, gifted with
special powers? | 1 | 5 |
| 5. <u>needing</u> less sleep? | 1 | 5 |
| 6. easily distracted? | 1 | 5 |
| 7. doing reckless or foolish things
(spending sprees, reckless driving,
affairs)? | 1 | 5 |

IF YES TO ANY IN K1E 1-7, ASK 8.

8. Did this last for more than a few NO..(SKIP TO K31)...1
 hours? YES.....5

<p>IF 2 OR MORE 5'S 1-7 IN K1E CONTINUE. OTHERS SKIP TO K31, P.69.</p>

RDCMAND
MAN3RA

READ OPTIONAL PHRASE IF K1D CODED 5.
K2 Have you been feeling extremely good, high, or irritable during the past 30 days?
[Have you had problems like the one(s) you mentioned (REVIEW SX IN K1E) during the past 30 days?]

NO...(SKIP TO K3)....1
YES.....5

A. How long have you felt this way? _____ DAYS

B. Were you using street drugs or drinking more than usual just before this began?
NO.....1
YES...(SPECIFY).....5

READ OPTIONAL PHRASE IF K1D CODED 5.

K3 Think about your most severe period of feeling extremely good, high, or irritable.
[Think about your most severe period of having problems like (REVIEW SX IN K1E)]

When did it begin? _____/_____/_____
MO YR

A. So you were _____ years old? AGE ONS: ____/____

B. How long did that period last? _____ DAYS

C. Were you drinking more than usual (APPROXIMATELY 50% INCREASE IN DRINKING) or using street drugs just before this began?
NO....(SKIP TO K3H)....1
YES...(SPECIFY).....5

D. Was there another episode like this that did not follow the use of street drugs or excessive drinking?
NO...(SKIP TO K3H).....1
YES.....5

E. When did this episode occur? _____/_____/_____
MO YR

F. So you were _____ years old? AGE ONS: ____/____

G. How long did it last? _____ DAYS

K3 H. IS MOST SEVERE EPISODE CLEAN?

NO.....1

YES.....5

I. IS CURRENT EPISODE ALSO MOST SEVERE?

NO.....1

YES.....5

IF MANIC EPISODE PRESENT IN LAST 30 DAYS, COMPLETE CURRENT EPISODE FIRST. THEN ASK ABOUT MOST SEVERE "CLEAN" EPISODE. IF NO "CLEAN" EPISODE, ASK ABOUT MOST SEVERE. IF CURRENT EPISODE IS ALSO MOST SEVERE (AND CLEAN), CODE IN MOST SEVERE COLUMN.

			CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
During this current episode... During your most severe episode when you were (CHECK AGE IN K3A OR K3F) years old... And you were not drinking more than usual or taking drugs at the time?				
MAN3RB6	K4	Were you more active than usual either socially, at work, at home, sexually, or were you physically restless?	NO.....1 YES...(SPECIFY).....5	NO.....1 YES...(SPECIFY).....5
FGNMANB1				
RDCMANB1				
MAN3RB3	K5	Were you more talkative than usual or did you feel pressure to keep talking?	NO.....1 YES.....5	NO.....1 YES.....5
FGNMANB2				
RDCMANB2				
MAN3RB4	K6	Did your thoughts race or did you talk so fast that it was difficult for people to follow what you were saying?	NO.....1 YES.....5	NO.....1 YES.....5
FGNMANB3				
RDCMANB3				
MAN3RB1	K7	Did you feel you were a very important person, or that you had special powers, plans, talents, or abilities?	NO.....1 YES.....5	NO.....1 YES.....5
FGNMANB4				
RDCMANB4				
MAN3RB2	K8	Did you need less sleep than usual?	NO...(SKIP TO K9)....1 YES.....5	NO...(SKIP TO K9)....1 YES.....5
FGNMANB5				
RDCMANB5				
	A.	How many hours of sleep did you get per night?	___ HOURS	___ HOURS
	B.	How many hours do you usually get per night?	___ HOURS	___ HOURS

		CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
During this current episode... During your most severe episode when you were (CHECK AGE IN K3A OR K3F) years old... And you were not drinking more than usual or taking drugs at the time?			
MAN3RB5	K9 Did your attention keep jumping from one thing to another?	NO.....1 YES.....5	NO.....1 YES.....5
FGNMANB6 RDCMANB6			
MAN3RB7 RDCMANB7 DSMMANB7	K10 Did you do anything that could have gotten you into trouble--like spending sprees, foolish business investments, reckless driving or sexual indiscretions?	NO.....1 YES...(SPECIFY).....5 _____ _____	NO.....1 YES...(SPECIFY).....5 _____ _____
K11 INTERVIEWER:		CHECK BOXES IN K4-K10. # OF BOXES _____ IF 1 OR FEWER BOXES CODED 5 IN K4-K10, GO BACK TO K4, COLUMN II AND ASK THE MOST SEVERE EPISODE. IF 2 OR MORE BOXES CODED 5, CONTINUE.	CHECK BOXES IN K4-K10, # OF BOXES _____ IF 2 OR MORE BOXES CODED 5 IN K4-K10, CONTINUE. IF "CURRENT" EPISODE HAS MORE SYMPTOMS THAN "MOST SEVERE", RECONCILE. OTHERS SKIP TO K31, P.69.
MAN3RA1	CHECK BOX K1D. IF YES ASK: K12 You told me you experienced the following problems over ___ days (REFER TO K2, K3, P.62: LIST SX CODED IN K4-K10). At the time you were having these problems, were you also feeling extremely good, high, hyper, manic, or irritable or angry?	NO.....1 YES.....5 <div style="border: 1px solid red; padding: 5px; color: red; text-align: center;"> IF CODED 1, GO BACK TO K4 AND ASK MOST SEVERE EPISODE. </div>	NO...(SKIP TO K31)...1 YES.....5
RDCMANC1 MAN3RD	K13 Were you so excited that it was almost impossible to hold a conversation with you? A. Would you say your behavior was provocative, obnoxious, or manipulative enough to cause problems for your family, friends or co-workers?	NO.....1 YES.....5 NO.....1 YES...(SPECIFY).....5 _____ _____	NO.....1 YES.....5 NO.....1 YES...(SPECIFY).....5 _____ _____

		CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
During this current episode... During your most severe episode when you were (CHECK AGE IN K3A OR K3F) years old... And you were not drinking more than usual or taking drugs at the time?			
MAN3RD	K14 Did you have beliefs or ideas that you later found out were not true?	NO....(SKIP TO A)....1 YES...(SPECIFY).....5	NO....(SKIP TO A)....1 YES...(SPECIFY).....5
	A. Did you see or hear things other people could not see or hear, that is, have hallucinations?	NO.....1 YES...(SPECIFY).....5	NO.....1 YES...(SPECIFY).....5
	B. Did these (beliefs/ ideas or hallucina- tions) occur before your manic mood?	NO...(SKIP TO D)....1 YES.....5	NO...(SKIP TO D)....1 YES.....5
MAN3RD	C. How long before your manic mood began did you have these (beliefs/ideas or hallucinations)?	__ __ __ DAYS	__ __ __ DAYS
	D. Did these (beliefs/ ideas or hallucina- tions) persist after your mood came back to normal?	NO...(SKIP TO K14F)..1 YES.....5 EPISODE ONGOING.....6 IF ONGOING SKIP TO K14F.	NO...(SKIP TO K14F)..1 YES.....5 EPISODE ONGOING.....6 IF ONGOING SKIP TO K14F.
MAN3RD	E. How long did they last after your mood came back to normal?	__ __ __ DAYS	__ __ __ DAYS
K14F	DID EXAMPLES IN K14 OR K14A HAVE CONTENT CONSIS- TENT WITH THEMES OF INFLA- TED WORTH, POWER, KNOW- LEDGE, IDENTITY, OR WITH A SPECIAL RELATIONSHIP TO A DEITY OR FAMOUS PERSON?	NO.....1 YES.....5	NO.....1 YES.....5

IF ANY 5 IN K14 OR K14A ASK B.
OTHERS SKIP TO K15.

		CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
During this current episode... During your most severe episode when you were (CHECK AGE IN K3A OR K3F) years old... And you were not drinking more than usual or taking drugs at the time?			
K15	Did you seek help from someone like a doctor, or other professional?	NO...(SKIP TO K19)...1 YES...(SPECIFY).....5 _____	NO...(SKIP TO K19)...1 YES...(SPECIFY).....5 _____
K16	Did you receive medication?	NO.....1 YES...(SPECIFY).....5 1. _____ 2. _____	NO.....1 YES...(SPECIFY).....5 1. _____ 2. _____
K17	Did you receive ECT?	NO.....1 YES.....5	NO.....1 YES.....5
MAN3RC	K18 Were you hospitalized for mania? A. For how long?	NO.....1 YES.....5 _____ DAYS	NO.....1 YES.....5 _____ DAYS
K19	Was your major responsibility at that time job, home, school or something else?	JOB.....1 HOME.....2 SCHOOL.....3 OTHER...(SPECIFY)...4 _____ _____	JOB.....1 HOME.....2 SCHOOL.....3 OTHER...(SPECIFY)...4 _____ _____
K20	Was your functioning in this role affected?	NO...(SKIP TO K21)...1 YES..(ASK K20A).....5	NO...(SKIP TO K21)...1 YES..(ASK K20A).....5
MAN3RC	A. Did something happen as a result of this change in functioning?	NO.....1 YES...(SPECIFY).....5 _____ _____	NO.....1 YES...(SPECIFY).....5 _____ _____
MAN3RC	B. Were you completely unable to function in this role for at least 2 days?	NO.....1 YES.....5	NO.....1 YES.....5
MAN3RC	K21 Was your functioning in any other area of your life affected, or did you get into trouble in any way?	NO.....1 YES...(SPECIFY).....5 _____ _____	NO.....1 YES...(SPECIFY).....5 _____ _____

K22

<p>INCAPACITATION -- COMPLETELY UNABLE TO FUNCTION IN PRINCIPAL ROLE FOR AT LEAST 2 DAYS, OR HOSPITALIZED 2 DAYS OR MORE, OR ECT (K17=5), OR DELUSIONS, OR HALLUCINATIONS PRESENT (K14 OR K14A=5), OR INABILITY TO CARRY ON A CONVERSATION (K13=5).</p> <p>IMPAIRMENT -- A DECREASE, IN QUALITY OF ROLE (K20B=1 AND K20A=5), OR SOUGHT HELP (K15=5).</p> <p>IMPROVEMENT -- IMPROVEMENT IN FUNCTION, CHECK EXAMPLE IN K20A.</p>	<p>INCAPACITATION.....5 IMPAIRMENT.....4 IMPROVEMENT.....3 NONE.....1</p>	<p>INCAPACITATION.....5 IMPAIRMENT.....4 IMPROVEMENT.....3 NONE.....1</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------

MAN3RF	K23	Did this episode occur during or shortly after a serious physical illness?	NO.....1 YES...(SPECIFY).....5	NO.....1 YES...(SPECIFY).....5
			1. _____	1. _____
			2. _____	2. _____

MAN3RF	K24	Did this episode begin soon after you started using decongestants, steroids, or some other medications?	NO.....1 YES...(SPECIFY).....5	NO.....1 YES...(SPECIFY).....5
			1. _____	1. _____
			2. _____	2. _____

MAN3RF	K25	Were you using cocaine or other street drugs or were you drinking more than usual just before this episode began?	NO.....1 YES...(SPECIFY).....5	NO.....1 YES...(SPECIFY).....5
			1. _____	1. _____
			2. _____	2. _____

GO BACK TO K4 AND ASK ABOUT MOST SEVERE EPISODE.

CLEAN K26 Did you have at least one other episode when you felt extremely high or manic, clearly different from your normal self when it was not preceded by a medical illness, use of medication, drugs, or alcohol? NO...(SKIP TO K27)...1
YES.....5

A. When did this episode occur? _/_/ _/_/
MO YR

B. During this episode, did you have any of the following problems?

CHECK ALL THAT APPLY. INSURE THAT THIS IS MORE THAN USUAL:

1. ___ Being more active than usual
2. ___ Being more talkative than usual
3. ___ Having your thoughts race or talking too fast
4. ___ Feeling you were an especially important person
5. ___ Needing less sleep than usual
6. ___ Being easily distracted
7. ___ Having spending sprees or sexual indiscretions

C. Was there a difference in the way you managed your work, school, or household responsibilities? NO.....1
YES...(SPECIFY).....5

D. Did you seek help, receive any treatment (e.g. meds, ECT) or were you hospitalized during this episode? NO.....1
YES...(SPECIFY).....5

K27 How old were you the first/last time you had an episode like this? AGE ONS: _/_/_
ONS: 1 2 3 4 5
AGE REC: _/_/_
REC: 1 2 3 4 5

K28 How many episodes have you had? ___ NUMBER

K29 **MIXED AFFECTIVE STATES:** Have you ever felt hyper or energetic when your mood was bad or depressed? NO...(SKIP TO K30).....1
YES.....5

A. How many separate episodes like this have you had? ___ NUMBER

K30 Have you ever switched back and forth quickly between feeling high and feeling depressed? NO..(SKIP TO L1, P.70)..1
 YES.....5

CIRCLE

A. Did that happen every few hours, every few days, or every few weeks? HOURS...2
 DAYS...3
 WEEKS...4

B. Did you ever have 4 or more episodes within a 12 month period? NO.....1
 YES.....5

IF K28 MORE THAN 000, SKIP TO L1, P.70. OTHERS CONTINUE.

K31 I have already asked you about periods of extremely high moods clearly different from your normal self. Now I'd like to ask if you have ever had periods lasting even a day or two when you felt unusually cheerful, energetic, hyper, or irritable? NO.(SKIP TO L1, P.70)..1
 ALC/DRUGS ONLY.....3
 YES..(ASK EXAMPLE).....5

EXAMPLE: _____

IF K31 CODED 3, SKIP TO L1, P.70.

DO NOT INCLUDE PERIODS FOLLOWING PERSONAL SUCCESSES, MARRIAGES, ENGAGEMENTS, REBOUNDS FROM DEPRESSION TO NORMAL MOOD.

IF YES: During this period were you:	<u>NO</u>	<u>YES</u>
1. much more active than usual?	1	5
2. much more talkative than usual?	1	5
3. experiencing racing thoughts?	1	5
4. feeling you were a very important person or had special powers, or talents?	1	5
5. <u>needing</u> less sleep than usual?	1	5
6. distractible because your attention kept jumping from one thing to another?	1	5
7. doing anything that could have gotten you into trouble, like buying things, sexual indiscretions?	1	5

K32 How many spells like this have you had? _____ NUMBER

K33 How old were you when you had the first/last such spell? AGE ONS: ___/___
 ONS: 1 2 3 4 5
 AGE REC: ___/___
 REC: 1 2 3 4 5

BEFORE CODING QS. L1-L12, ASK FOR EXAMPLES.

Now I'm going to ask you about very unusual experiences that some people have.

Auditory hallucinations, when fully awake, word heard inside or outside the head. L1

Did you ever hear things that other people couldn't hear, such as noises, or the voices of people whispering or talking when you were completely awake? NO.....1 YES.....5

A. What did you hear?

EXAMPLES:

More than 2 words heard more than twice - w/no relation to expression or elation.

B. How often did you hear it? _____ NUMBER

C. Did it comment on what you were doing or thinking? NO.....1 YES.....5

D. How many voices did you hear? _____ NUMBER

E. Were they talking to each other? No/Yes

CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

L2 Did you ever have visions or see things that other people couldn't see when you were completely awake?

CODE: 1 2 3 4 5

NOTE: DISTINGUISH FROM AN ILLUSION, I.E., A MISPERCEPTION OF A REAL EXTERNAL STIMULUS.

EXAMPLES:

WHOM SAW: _____ WHAT TOLD: _____

IF NO 5'S CODED IN L1 AND L2, SKIP TO L5.

L3 What about strange sensations in your body or on your skin?

CODE: 1 2 3 4 5

EXAMPLES:

WHOM SAW: _____ WHAT TOLD: _____

L4 What about smelling things that other people couldn't smell?

CODE: 1 2 3 4 5

EXAMPLES:

WHOM SAW: _____ WHAT TOLD: _____

L5 Did you ever receive special messages from the TV, radio, or newspaper, or from the way things were arranged around you?

CODE: 1 2 3 4 5

EXAMPLES:

WHOM SAW: _____ WHAT TOLD: _____

Delusions of reference: Personal significance is falsely attributed to objects or events in the environment.

L6 Did it ever seem that people were talking about you or taking special notice of you?

CODE: 1 2 3 4 5

EXAMPLES:

WHOM SAW: _____ WHAT TOLD: _____

Grandiose delusions: Content involves exaggerated power, knowledge or importance.

L7 Did you ever feel that you were especially important in some way, or that you had powers to do things that other people couldn't do?

CODE: 1 2 3 4 5

EXAMPLES:

WHOM SAW: _____ WHAT TOLD: _____

Somatic delusions: Content involves change or disturbance in body functioning.

L8 Did you ever feel that parts of your body had changed or stopped working? (What did your doctor say?)

CODE: 1 2 3 4 5

EXAMPLES:

WHOM SAW: _____ WHAT TOLD: _____

Persecutory delusions: individual or his/her group is being attacked, harassed, cheated, persecuted, or conspired against.

L9 What about anyone going out of the way to give you a hard time, or trying to hurt you?

CODE: 1 2 3 4 5

EXAMPLES:

WHOM SAW: _____ WHAT TOLD: _____

Other delusions: Guilt, jealousy, nihilism, poverty.

L10

Did you ever feel that you had committed a crime or done something terrible for which you should be punished?

CODE: 1 2 3 4 5

EXAMPLES:

WHOM SAW: _____ WHAT TOLD: _____

| IF NO 5'S IN L5-L10, SKIP TO L13. |

Delusions of being controlled: outside force controlling feelings, impulses, thoughts.

L11

Did you ever feel that someone or something outside yourself was controlling your thoughts or actions against your will?

CODE: 1 2 3 4 5

EXAMPLES:

WHOM SAW: _____ WHAT TOLD: _____

Thought insertion.

A. Did you ever feel that certain thoughts that were not your own were put into your head?

CODE: 1 2 3 4 5

EXAMPLES:

WHOM SAW: _____ WHAT TOLD: _____

Thought withdrawal.

B. What about taken out of your head?

CODE: 1 2 3 4 5

EXAMPLES:

WHOM SAW: _____ WHAT TOLD: _____

Thought broadcast-ing: The delusion that one's thoughts are audible to others.

L12

Did you ever feel as if your thoughts were being broadcast out loud so that other people could actually hear what you were thinking?

CODE: 1 2 3 4 5

EXAMPLES:

WHOM SAW: _____ WHAT TOLD: _____

| IF ANY 5'S IN L1-L12, ASK L13. |
 | OTHERS SKIP TO M1, P. 74 |

Systema-tized delusions: A single delusion with multiple elaborations or a group of delusions related to a single event theme.

L13 You told me you experienced (REVIEW 5'S CODED IN L1-L12). Are all of these thoughts related to each other in some way? NO.....1
 YES..(ASK EXAMPLES)...5

EXAMPLES:

A. What is your understanding of why you (CONTENT IN L1-L12)?

EXAMPLES:

Bizarre delusions: Involving a phenomenon that R's subculture would regard as totally implausible.

| IF NO 5'S CODED IN L1-L13, SKIP TO M1, P.74. |
 | OTHERS CONTINUE. |

L14 Was there ever a time when (LIST EXPERIENCES CODED 3, 4, OR 5 IN Q. L1-L12) lasted 6 months or longer? NO.....1
 YES.....5

A. Did this/any of these experience(s) cause you to miss work or school, or affect your ability to function at home? NO.....1
 YES.....5

L15 How old were you the first/last time you had any of these experiences? AGE ONS: ___/___
 ONS: 1 2 3 4 5
 AGE REC: ___/___
 REC: 1 2 3 4 5

| CHECK I1, I2 (P.49) AND K1A, K1B (P.61). |
 | IF ANY CODED 5, ASK L16. OTHERS SKIP TO L17. |

L16 Were the episodes of feeling (depressed/high/irritable) ever present at the same time you were having these beliefs/experiences? NO.....1
 YES.....5

- A. CATATONIC BEHAVIOR 1 5
- B. FLAT AFFECT 1 5
- C. GROSSLY INAPPROPRIATE AFFECT 1 5
- D. INCOHERENCE 1 5
- E. MARKED LOOSENING OF ASSOCIATION 1 5
- F. EMOTIONAL TURMOIL 1 5

SCORE SECTION AND TALLY SHEET M.
FOR ANY AGE ONS THAT R SAYS DK ASK:
Do you think it was before your 15th birthday or was it later than that?

UNDER 15.....RECORD -2
15-17.....RECORD -3
18 OR OLDER...RECORD -4

Now I'd like to ask you some questions about when you were younger.

M1	Did you ever play hooky from school for an entire day at least twice in 1 year?	NO....(SKIP TO M2).....1 YES.....5
FGNASPA	A. Was that only in your last year in school or before that?	LAST YEAR ONLY.....1 MORE THAN THAT.....5
ASP3RB1 ICDCNA11 FGNASPA	B. How old were you when you first played hooky?	AGE ONS: ___/___*

M2	Were you ever suspended or expelled from school?	NO....(SKIP TO M3).....1 YES.....5
FGNASPA	A. How old were you when you were first suspended/expelled?	AGE ONS: ___/___*

M3	Did you ever run away from home overnight?	NO...(SKIP TO M4)... ..1 YES.....5
	A. Why did you run away? _____	CODE SILENTLY: TO AVOID PHYSICAL ABUSE..2 TO AVOID SEXUAL ABUSE...3 OTHER.....4
	B. Did this happen more than once?	NO.....1 YES....(SKIP TO D).....5
	C. After you ran away, did you return home?	NO.....5 YES.....1
ASP3RB2 FGNASPB ICDCNA12	D. How old were you when you first ran away from home overnight?	AGE ONS: ___/___*

M4	Throughout your life have you told a lot of lies or have you ever used a false name or alias?	NO.....(SKIP TO M5).....1 ALC/DRUGS ONLY.....3 YES, CLEAN.....5 BOTH A/D + CLEAN.....6
	A. Why did you tell a lot of lies or use an alias?	
	<hr/>	
	B. How old were you when you first told a lot of lies or used an alias?	
ASP3RB10 FGNASPI ASP3RC6 ICDCNA1	B1. UNRELATED TO ALC/DRUGS B2. IN CONTEXT OF ALC/DRUGS	AGE ONS: ___/___ * AGE ONS A/D: ___/___
ASP3RC6	C. How old were you the last time?	AGE REC: ___/___ REC: 1 2 3 4 5
<hr/>		
M5	Did you more than once steal money or things from your home or family?	NO.....(SKIP TO B).....1 YES.....5
ASP3RB11 ICDDSA2 ICDCNA9 CND3RA1	A. How old were you the first/last time?	AGE ONS: ___/___ * AGE REC: ___/___
	B. Did you more than once steal or shoplift from stores or from other people (without their knowing it)? (NON CONFRONTATIONAL)	NO.....(SKIP TO D).....1 YES.....5
ASP3RB11 ICDDSA2 CND3RA1 ICDCNA10	C. How old were you the first/last time?	AGE ONS: ___/___ * AGE REC: ___/___
	D. Did you more than once forge anyone's signature on a check or credit card?	NO.(SKIP TO INSTRUCTION).1 YES.....5
ASP3RB11 ICDDSA2 CND3RA1	E. How old were you the first/last time?	AGE ONS: ___/___ * AGE REC: ___/___
	IF M5, M5B AND M5D ARE ALL CODED 1, SKIP TO M6. OTHERS ASK F.	
ASP3RC2 ICDDSA2	F. Since your 15th birthday, have you stolen things (or forged a signature) 3 or more times?	NO.....1 YES.....5

M6	Have you ever damaged someone's property on purpose?	NO....(SKIP TO M7).....1 ALC/DRUGS ONLY.....3 YES, CLEAN.....5 BOTH A/D + CLEAN.....6
ASP3RB8	A. How old were you when you first did this? A1. UNRELATED TO ALC/DRUGS A2. IN CONTEXT OF ALC/DRUGS	AGE ONS: ___/___* AGE ONS A/D: ___/___
	IF A IS LESS THAN 15 ASK B. OTHERS SKIP TO D.	
ICDCNA7	B. Did you more than once damage someone's property before you turned 15?	NO.....1 YES.....5
ASP3RC2 ICDDSA2	C. Since your 15th birthday, have you damaged someone else's property on purpose?	NO....(SKIP TO M7).....1 YES.....5
	D. Have you done this 3 or more times since your 15th birthday?	NO.....1 YES.....5
<hr/>		
ASP3RB3	M7 Did you <u>start</u> physical fights with persons <u>other than</u> your brothers or sisters 3 or more times?	NO....(ASK B).....1 ALC/DRUGS ONLY.....3 YES, CLEAN.....5 BOTH A/D + CLEAN.....6
ASP3RC3 FGNASPF ICDCNA2	A. At what age did you first start fights? A1. UNRELATED TO ALC/DRUGS A2. IN CONTEXT OF ALC/DRUGS	AGE ONS: ___/___* AGE ONS A/D: ___/___
ASP3RC3 ICDDSA4	B. (Even though you didn't start fights,) Since your 15th birthday, did you get into physical fights (other than in combat or as part of your job)? B1. UNRELATED TO ALC/DRUGS B2. IN CONTEXT OF ALC/DRUGS	NO....(SKIP TO M8)....1 ALC/DRUGS ONLY.....3 YES, CLEAN.....5 BOTH A/D + CLEAN.....6 AGE ONS: ___/___ AGE ONS A/D: ___/___
	C. Did this happen 3 or more times since your 15th birthday?	NO.....1 YES.....5
<hr/>		
FGNASPF ASP3RB4	M8 Did you more than once use a weapon like a stick, gun or a knife in a fight (other than in combat or as part of your job)?	NO....(SKIP TO M9)....1 ALC/DRUGS ONLY.....3 YES, CLEAN.....5 BOTH A/D + CLEAN.....6
ASP3RC3	A. How old were you the first time you used a weapon like that? A1. UNRELATED TO ALC/DRUGS A2. IN CONTEXT OF ALC/DRUGS	AGE ONS: ___/___* AGE ONS A/D: ___/___
	B. How old were you the last time you used a weapon like that?	AGE REC: ___/___ REC: 1 2 3 4 5

M9	(Outside of fighting) have you ever physically injured anyone on purpose?	NO....(SKIP TO M10)....1 ALC/DRUGS ONLY.....3 YES, CLEAN.....5 BOTH A/D + CLEAN.....6
ASP3RB7 ICDDSA4 ICDCNA5	A. How old were you the first time? A1. UNRELATED TO ALC/DRUGS A2. IN CONTEXT OF ALC/DRUGS	AGE ONS: ___/___* AGE ONS A/D: ___/___
ASP3RC3	B. How old were you the last time?	AGE REC: ___/___ REC: 1 2 3 4 5

ASP3RC7	M10 Have you had any traffic tickets in your life for things like speeding, or running a red light, or causing an accident?	NO....(SKIP TO M11)....1 ALC/DRUGS ONLY.....3 YES, CLEAN.....5 BOTH A/D + CLEAN.....6
FGNASPC ICDDSA2	A. How many tickets have you received?	___ __ NUMBER
	IF DK ASK:	
	1. Was it at least 4?	NO.....1 YES.....5
	B. How old were you the first time? B1. UNRELATED TO ALC/DRUGS B2. IN CONTEXT OF ALC/DRUGS	AGE ONS: ___/___ AGE ONS A/D: ___/___

ASP3RC2	M11 Have you ever been arrested for anything other than traffic violations?	NO.(SKIP TO BOX).....1 ALC/DRUGS ONLY.....3 YES, CLEAN.....5 BOTH A/D + CLEAN.....6
	WHAT WAS THE REASON?_____	
FGNASPC ICDDSA2 FGNASPC	A. How old were you the first/last time you were arrested?	AGE ONS: ___/___* AGE ONS A/D: ___/___ AGE REC: ___/___
	B. How many times have you been arrested?	___ __ TIMES
ICDDSA5	C. Have you ever been convicted of a felony?	NO.....1 YES.....5
	D. Have you ever spent time in jail for something other than using drugs or alcohol?	NO...(SKIP TO BOX)....1 YES.....5
	E. Since you got out of jail have you ever been arrested for things other than drugs or alcohol?	NO.....1 YES.....5

* IF TWO OR MORE AGE ONS IN M1-M11 LESS THAN 18, ASK M12. *
* CHECK E42 (P.32), F21 (P.37), G21 (P.46). IF ANY 5, *
* ASK M12. OTHERS SKIP TO SECTION N1, P.85. *

ICDCNA3	M12	When you were younger did you <u>often</u> challenge your parents, teachers, or other adults by refusing to do things they asked you to do, just because you didn't want to? (things like not doing chores or running errands, not participating in class, or not behaving well at home or at school)	NO...(SKIP TO M13).....1 YES.....5
	A.	How old were you the first time?	AGE ONS: ___/___*
ICDCNA4	M13	Did you often throw temper tantrums as a child?	NO...(SKIP TO M14)....1 YES.....5
	A.	How old were you the first time?	AGE ONS: ___/___*
<hr/>			
ICDCNA15	M14	Were you <u>often</u> a bully, deliberately hurting or being mean to other children?	NO...(SKIP TO M15).....1 YES.....5
	A.	How old were you the first/last time?	AGE ONS: ___/___* AGE REC: ___/___
<hr/>			
	M15	Were you ever mean to animals including pets or did you hurt animals on purpose?	NO....(SKIP TO M16)....1 YES.....5
ASP3RB6 ICDCNA6	A.	How old were you the first/last time?	AGE ONS: ___/___* AGE REC: ___/___
<hr/>			
ASP3RB9	M16	Did you ever deliberately set any fires you were not supposed to?	NO....(SKIP TO M17)....1 YES.....5
ICDCNA8	A.	How old were you the first/last time?	AGE ONS: ___/___* AGE REC: ___/___
ASP3RC2 ICDDSA2	B.	Since your 15th birthday, have you 3 or more times set fires you weren't supposed to?	NO.....1 YES.....5
<hr/>			
	M17	Was there ever a time when you really enjoyed outsmarting people in authority (like parents, your boss, or the police), to the point that you would often go out of your way to put something over on them?	NO....(SKIP TO M18)....1 YES.....5
	A.	How old were you the first/last time?	AGE ONS: ___/___ AGE REC: ___/___
ASP3RC6	B.	Since your 15th birthday, have you 3 or more times put something over on people?	NO.....1 YES.....5
<hr/>			

CND3RA6	M18	Did you ever break into someone's car or house or any place else (not because you were locked out)?	NO....(SKIP TO M19)....1
ASP3RB8			YES.....5
	A.	How old were you the first/last time you did that?	AGE ONS: ___/___*
			AGE REC: ___/___

ASP3RC2	B.	Has this happened 3 or more times since you were 15?	NO.....1
ICDDSA2			YES.....5

ASP3RB12	M19	Have you ever taken money or property from someone else by threatening them or using force, like snatching a purse or robbing them?	NO....(SKIP TO BOX)....1
			YES.....5

ICDCNA13	A.	How old were you the first/last time?	AGE ONS: ___/___*
			AGE REC: ___/___

ASP3RC2	B.	Has this happened three or more times since you were 15?	NO.....1
ICDDSA2			YES.....5

<p>IF TWO AGE ONS* LESS THAN 15 IN M1-M19 ASK M20. OTHERS SKIP TO M21.</p>

ICDCNB	M20	You mentioned that before your 15th birthday you (LIST 5*). Did you continue to do at least two of these things for a period of six months or longer?	NO.....1
CND3RA			YES.....5

**CHECK E4, F1 AND G1.
 IF ANY CODED 5 OR IF AGE IN E4 17 OR YOUNGER,
 READ ().**

(Other than using drugs or under age drinking)

M21 Since your 15th birthday, have you ever done anything that you could have been arrested for even if you weren't, such as:

ASP3RC2	1. Deliberately writing bad checks?	NO.....1 YES.....5
ASP3RC2	2. Receiving, selling or buying stolen goods (fencing), selling drugs, or running numbers?	NO.....1 YES.....5
FGNASPG ASP3RC2	3. Being paid for having sex with someone?	NO...(SKIP TO M21.5)...1 YES.....5
	4. Were you paid with drugs?	NO.....1 YES.....5
ASP3RC2 FGNASPG	5. Finding customers for male or female prostitutes or call girls?	NO.....1 YES.....5
	IF NO 5 CODED IN M21.1-5 ASK A. OTHERS SKIP TO B.	
ASP3RC2	A. Since your 15th birthday, have you ever done anything else that you could have been arrested for, even if you weren't?	NO...(SKIP TO M22)...1 YES.....5
ICDDSA2	B. Have you done these things 3 or more times?	NO.....1 YES.....5

Now I'm going to ask you a few more questions about your relationships and your sexual experiences.

ICDDSA3	M22	Since you were 18, have you ever had a friendship or love relationship that lasted continuously for more than one year?	NO.....5 YES.....1
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M23	How old were you when you first had sexual intercourse?	AGE ONS: ___/___*
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| IF NEVER CODE 00 AND SKIP TO M27. |

FGNGASPG	A.	How many sexual partners have you had in your life? IF 10 OR MORE ASK B. IF ONLY 1 SKIP TO M26.	___ __ NUMBER
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FGNGASPG	B.	Have you ever had sex with as many as 10 different people within a single year?	NO.....1 YES.....5
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M24	Have you ever been unfaithful to any person in a romantic or love relationship, that is, when you had an affair or one-night stand?	NO...(SKIP TO M26)....1 YES.....5
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ASP3RC9	A.	During any relationship did you ever have a period of more than one year when you did not have any other sexual relationships?	NO...(NEVER FAITHFUL)..5 YES..(WAS FAITHFUL)....1
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CHECK A9 AND A10 (P.2). IF NO MARRIAGE/
LIVE-IN RELATIONSHIP, SKIP TO M26.
CHECK M23A. IF 2 OR LESS, SKIP TO M26.

FGNASPE	M25	During (any) marriage (or live-in relationship), did you have sexual relations outside of the relationship with 2 or more different people?	NO.....1 ALC/DRUGS ONLY.....3 YES, CLEAN.....5 BOTH A/D + CLEAN.....6
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M26	Have you ever forced anyone into sexual activity, including intercourse?	NO...(SKIP TO M27)....1 ALC/DRUGS ONLY.....3 YES, CLEAN.....5 BOTH A/D + CLEAN.....6
-----	--------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------

ICDCNA14 ASP3RB5 ASP3RC2	A.	How old were you the first time?	
	A1.	UNRELATED TO ALC/DRUGS	AGE ONS: ___/___*
	A2.	IN CONTEXT OF ALC/DRUGS	AGE ONS A/D: ___/___

ASP3RC3 M27 Since you were 15, have you ever been NO.....1
accused of child abuse, or been the subject ALC/DRUGS ONLY.....3
of a complaint on the child abuse hotline? YES, CLEAN.....5
BOTH A/D + CLEAN.....6

ICDDSA4 M28 Since you were 15, have you often hit, NO.....1
FGNASPE physically attacked, or thrown things at ALC/DRUGS ONLY.....3
ASP3RC3 anyone (including your wife/husband/partner/ YES, CLEAN.....5
children)? BOTH A/D + CLEAN.....6

ICDDSA2 M29 Since you were 15, have you quit 3 or more NO....(ASK A).....1
FGNASPD jobs before having another job lined up? ALC/DRUGS ONLY.....3
ASP3RC1 YES, CLEAN.(SKIP TO M30).5
BOTH A/D + CLEAN.....6

A. Since you were 15, have you enrolled in NO.....1
and dropped out of 3 or more academic ALC/DRUGS ONLY.....3
programs? YES, CLEAN.....5
BOTH A/D + CLEAN.....6

ASP3RC1b M30 On any job you have had since you were 15, | CODE: 1 2 3 4 5
ICDDSA2 have you been late or absent an average of 3
days a month or more?

WHOM SAW: _____ WHAT TOLD: _____

M31 In the last five years, have you been NO....(SKIP TO M32)....1
without a job for 6 months or more? ALC/DRUGS ONLY.....3
YES.....5
BOTH A/D + CLEAN.....6

ASP3RC1a A. Other than when you were in school, or NO.....1
sick, on strike, laid off, a full-time YES.....5
homemaker, retired, (or in jail), were
you ever without a job for 6 months or
more within the past 5 years?

FGNASPH M32 Since your 15th birthday, have you ever NO....(SKIP TO M33)....1
ASP3RC5 traveled around without any arrangements or ALC/DRUGS ONLY.....3
had no regular place to live for a month or YES, CLEAN.....5
more? BOTH A/D + CLEAN.....6
DON'T COUNT VACATIONS.

A. How old were you the first/last time? AGE ONS: ___/___
AGE ONS A/D: ___/___
A1. UNRELATED TO ALC/DRUGS AGE REC: ___/___
A2. IN CONTEXT OF ALC/DRUGS

ASP3RC4 M33 Since your 15th birthday, have you often NO..(SKIP TO INTERVIEWER
ICDDSA2 failed to pay debts that you owed, had INSTRUCTION).....1
things you bought taken back, or failed to YES.....5
take care of other financial
responsibilities? (Examples: credit card
charges, loans from family or friends, car
or house loans.)

A. How old were you the first time? AGE ONS: ___/___
ONS: 1 2 3 4 5

 * IF NEVER ACTED AS PARENT (A14D=1), *
 * SKIP TO M35. OTHERS CONTINUE. *

			<u>NO</u>	<u>ALC/DRUGS ONLY</u>	<u>YES CLEAN</u>	<u>BOTH A/D + CLEAN</u>
M34	Since you were 15, have you:					
ASP3RC4	1. often not provided financial support to your children when you were supposed to?	.1		3	5	6
ASP3RC8e	2. often left young children under 6 at home alone while you were out shopping or doing anything else?.....	.1		3	5	6
ASP3RC8d	3. had a neighbor feed or take care of a child of yours (or one you were looking after) because no one was taking care of or feeding him/her at home?.....	.1		3	5	6
ASP3RC8a ASP3RC8b ASP3RC8c	4. had a nurse, social worker or teacher say that your child (or one you were caring for) wasn't getting enough to eat, wasn't being kept clean or wasn't getting needed medical attention?.....	.1		3	5	6
ASP3RC8f ICDDSA2	5. more than once run out of money for food for your family because you had spent the food money on yourself or on going out?.....	.1		3	5	6
	IF ANY 3, 5, OR 6 CODED IN M34. 1-5 ASK A.					
ASP3RC4	A. How old were you the first time this happened?				AGE ONS: ___/___ AGE ONS A/D: ___/___	
	A1. UNRELATED TO ALC/DRUGS					
	A2. IN CONTEXT OF ALC/DRUGS					
<hr/>						
ICDDSA1	M35 Have you often ignored the feelings of others in order to do what <u>you</u> wanted?					NO.....1 ALC/DRUGS ONLY.....3 YES, CLEAN.....5 BOTH A/D + CLEAN.....6
<hr/>						
ICDDSA7	M36 Have you frequently lost your temper, or has it been easy to annoy you or make you mad?					NO.....1 ALC/DRUGS ONLY.....3 YES, CLEAN.....5 BOTH A/D + CLEAN.....6
ICDDSA7	A. Have you often felt irritable, angry or resentful?					NO.....1 ALC/DRUGS ONLY.....3 YES, CLEAN.....5 BOTH A/D + CLEAN.....6

ICDDSA6	M37	Have you often felt that others were to blame for your troubles?	NO.....1 ALC/DRUGS ONLY.....3 YES, CLEAN.....5 BOTH A/D + CLEAN.....6
		IF M37 CODED 5 OR 6, SKIP TO M38.	
ICDDSA6	A.	Have you often felt that others were to blame for your mistakes?	NO.....1 ALC/DRUGS ONLY.....3 YES, CLEAN.....5 BOTH A/D + CLEAN.....6

* REVIEW TALLY SHEET M. IF ANY ITEM CHECKED, *
* ASK M38. OTHERS SKIP TO SECTION N, P.85. *

ICDDSA5	M38	Please review these items you told me about before. When you were in situations such as these where you harmed or took advantage of others in some way, did you more often than not feel bad or guilty afterwards?	NO.....5 YES...(SKIP TO N1).....1
ASP3RC10 ICDDSA1	A.	Was that because you felt the person(s) involved deserved it more times than not?	NO.....1 YES.....5
	B.	How old were you the last time you were in any of these situations?	AGE REC: ___/___ REC: 1 2 3 4 5

Now I am going to ask you some (further) questions about suicide.

- N1 Have you ever thought about killing yourself? NO....(SKIP TO N2).....1
YES.....5
- A. Did those thoughts persist for at least 7 days in a row? NO.....1
YES.....5
- B. Did you have a plan? NO....(SKIP TO D).....1
(Did you actually consider a way to take your life?) YES.....5

IF YES, ASK:

C. What were you going to do?

RECORD METHOD: _____

D. How old were you when you first had these thoughts? AGE ONS: ___/___

-
- N2 Have you ever tried to kill yourself? NO.(SKIP TO O1, P.87)..1
YES.....5
- A. How many times? _____ TIMES

INTERVIEWER: ASK ABOUT THE MOST SERIOUS ATTEMPT.

N3 How did you try to kill yourself?

RECORD METHOD: _____

N4 How old were you then? _____ AGE

N5 Did you require medical treatment after you tried to kill yourself? NO.....1
YES.....5

N6 Were you admitted to a hospital after the attempt? NO.....1
YES.....5

N7 Did you really want to die? NO.....1
YES.....5

N8 Did you think you would die from what you had done? NO.....1
 YES.....5
 MAYBE.....3

N9 Did you try to kill yourself while you were:

1. Feeling depressed?.....	1	5
2. Feeling extremely good or high?.....	1	5
3. Drinking?.....	1	5
4. Using drugs?.....	1	5
5. Having strange thoughts/experiences/seeing visions?.....	1	5
6. Other: Specify: _____.....	1	5

N10 **INTERVIEWER: CHECK N3, N5, AND N6 AND CODE LETHALITY.** CODE ____

1. Unclear (no information or not sure)
2. No danger (no affects, held pills in hand)
3. Minimal (scratch on wrist)
4. Mild (10 aspirin, mild gastritis)
5. Moderate (10 Seconals, briefly unconscious)
6. Severe (cut throat)
7. Extreme (respiratory arrest or prolonged coma)

N11 **INTERVIEWER: CHECK N7 AND N8 AND CODE INTENT.** CODE ____

1. Unclear (no information or not sure)
2. Denies intent
3. Reports only minimal intent
4. Reports definite intent with some ambivalence
5. Very severe/extreme intent to die

PAN3RA
 PANRDCA
 DSMPANIC
 FGNHYST
 FGNANX
 DSMAGPAN
 PAN3RE
 PANRDCA

01 Have you ever had a spell or attack when all of a sudden you felt frightened, anxious, or panicky in situations when most people would not be afraid or anxious; i.e., when you were not in danger, or were not making a speech, or something like that?

CODE: 1 2 3 4 5

**IF YES:
 ASK FOR AN EXAMPLE BEFORE CODING.**

EXAMPLE: _____

WHOM SAW: _____ WHAT TOLD: _____

 IF NEVER HAD ATTACK (01 CODED 1), SKIP TO P1, P.89.

DSMPANA PAN3RB	02	Have you ever had:	<u>NO</u>	<u>YES</u>
		A. 3 attacks within a three-week period?...	1	5
		B. 4 attacks within a four week period?....	1	5

PAN3RB	03	After having an attack, did you ever have a month or more when you were afraid that you might have another attack?	NO.....	1
			YES.....	5

 IF 02 AND 03 BOTH CODED 1, SKIP TO P1, P.89.

PAN3RC PANRDCB DSMPANIC DSMAGPAN FGNANX PAN3RC1	04	During <u>one</u> of your worst spells or attacks, did you ever have any of the following problems:	<u>NO</u>	<u>YES</u>
		1. Shortness of breath or feeling that you were smothering?..	1	5
PAN3RC3		2. Palpitations or a pounding heart?.....	1	5
PAN3RC2		3. Dizziness, light-headedness, or feeling faint?.....	1	5
PAN3RC11		4. Chest tightness or chest pain?.....	1	5
PAN3RC9		5. Numbness in your fingers/toes?.....	1	5
PAN3RC6		6. Choking sensation?.....	1	5
PAN3RC5		7. Sweating?.....	1	5
PAN3RC4		8. Shaking or trembling?.....	1	5
PAN3RC10		9. Hot flashes/chills?.....	1	5
PAN3RC8		10. Feelings that things were unreal?.....	1	5
PAN3RC12		11. Afraid that you might die?.....	1	5
PAN3RC13		12. Afraid that you might act in a crazy way?.....	1	5
PAN3RC7		13. Nausea or belly pain?.....	1	5

IF 3 OR LESS CODED 5 IN 04.1-13, SKIP TO P1, P.89. OTHERS CONTINUE.

DSMPANB 05 You mentioned you had spells of feeling
 PAN3RC frightened and some problems like (LIST
 5'S IN O4.1-13). How many episodes like _____ NUMBER
 that have you had in your lifetime?

PAN3RD 06 During at least several of your attacks, NO.....1
 did some of these problems such as: (LIST YES.....5
 UP TO 4 SYMPTOMS CODED 5 IN O4) begin
 suddenly, and get worse in the first 10
 minutes of the attack?

FGNPANA 07 How old were you the first/last time you AGE ONS: ____/____
 had one of these sudden spells or attacks ONS: 1 2 3 4 5
 of feeling frightened or anxious when you AGE REC: ____/____
 had 4 or more problems like (ALL ITEMS REC: 1 2 3 4 5
 CODED 5 IN O4.1-13)?

IF DK AND R IS UNDER 40, CODE A WITHOUT ASKING.
 IF DK AND R IS 40 OR MORE, ASK A.

A. Would you say that the first time was NO.....1
 before you were 40? YES.....5

PANRDCC 08 Have you ever been nervous or anxious much NO.....1
 of the time between attacks? YES.....5

PANRDCC 09 Did these attacks ever cause you to have NO.....1
 difficulty in getting along with your YES.....5
 family or to have problems at work or at
 school?

PANRDCC 010 Did you ever take medicine, begin to drink NO.....1
 or use drugs, or increase the amount of YES.....5
 the alcohol or drugs that you were using
 because of these attacks?
 What medications?_____

(PAUSE AT THE END OF EACH SENTENCE.)

AGP3RA P1 Some people have a fear of being in a
 AGPRDCA certain place or situation because it
 DSMAGPH makes them nervous, because they feel they
 FGPNPHOB could not leave easily if they got upset.
 Some places or situations like this might
 include being in a crowd, travelling in
 buses, cars or trains, or crossing a
 bridge. Have you ever had a period of
 time when you had a fear like that? NO....(SKIP TO P 7)....1
 YES.....5

AGP3RA P2 Did you feel this way about: NO YES
 AGRDCA

1. going outside of the house alone?..... 1 5
 2. being in a crowd or standing in a line?..... 1 5
 3. being on a bridge or in a tunnel?..... 1 5
 4. travelling in a bus, train, or car?..... 1 5

**IF ALL CODED 1 IN 1-4, ASK A,
 OTHERS ASK FOR EXAMPLE BEFORE PROBING:**

A. What situation did you have in mind NONE...(SKIP TO P7)....1
 when you said some situations made you
 unreasonably afraid? ANY.....5

EXAMPLE: _____

**B. IF ANY CODED 5 IN P2.1-4 OR IN P2.A,
 START CODING:**

WHOM SAW: _____

CODE: 1 2 3 4 5

AGE ONS: ___/___

WHAT TOLD: _____

AGE REC: ___/___

IF CODED 2, SKIP TO P7. OTHERS CONTINUE.

AGP3RA P3 When you were in (that/those) situations, did you usually: NO YES
 AGP3RA6 1. get sweaty?..... 1 5
 AGP3RA6 2. tremble?..... 1 5
 AGP3RA6 3. have a dry mouth?..... 1 5
 AGP3RA1 4. feel dizzy?..... 1 5
 AGP3RA6 5. feel your heart pound?..... 1 5
 AGP3RA4 6. get nauseated or vomit?..... 1 5
 AGP3RA3 7. feel like you couldn't control your bodily functions?..... 1 5
 AGP3RA5 8. feel tightness or pain in your chest or stomach?..... 1 5
 AGP3RA2 9. feel that you, or things around you, seemed unreal?..... 1 5

AGP3RA
AGPRDCA
DSMAGPH

P4 Did you ever avoid these situation(s) or
limit your travel because of your fear
that you would feel sick or do something
embarrassing?

NO.....1
YES....(ASK EXAMPLE)...5

EXAMPLE: _____

IF R HAD PANIC ATTACKS (O1 CODED 3,
4, OR 5), ASK P5. OTHERS SKIP TO P6.

DSMPANIC
RDCPANIC
PANAG3R

P5 Did (that/those) fear(s) ever occur
because you were afraid you might have a
panic attack?

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

P6 Did you ever take medicine, begin to drink
or use drugs, or increase the amount of
alcohol or drugs that you were using
because of (that/those) fear(s)?

NO...(SKIP TO P7).....1
YES....(ASK A).....5

A. Did (drinking alcohol/using drugs)
help?

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

SOPH3RA
SOPHRDCA
DSMSOCPH
FGNPHOB
SOPHRDCB

P7 Some people have an unreasonable fear of doing things in front of others, like speaking in public, or eating in a restaurant. Being in this situation makes them extremely anxious, uncomfortable or nervous. These feelings are so strong that people avoid those situations. Have there ever been situations which caused you to feel this way?

CODE: 1 2 3 4 5

AGE ONS: ___/___
AGE REC: ___/___

ASK FOR AN EXAMPLE BEFORE CODING.

EXAMPLE: _____

WHOM SAW: _____ WHAT TOLD: _____

* IF P7 CODED 3, 4, OR 5, CONTINUE. OTHERS SKIP TO Q1, P.92. *

SOPH3RC P8 Did this situation almost always make you NO.....1
SOPHRDCA extremely nervous right away? YES.....5

SOPH3RA P9 Did your fear of any of these situations NO.....1
continue for months or even years? YES.....5

SOPH3RD P10 Did you ever avoid any of these situations NO...(ASK A).....1
SOPHRDCA because of your fear? YES.....5

A. When you were in any of these NO.....1
situations, did it almost always make YES.....5
you extremely nervous or panicky?

SOPH3RE P11 Did your fear ever interfere with your NO.....1
SOPHRDCB performance at home, school, work, or YES...(ASK EXAMPLE)....5
other social relationships?

EXAMPLE: _____

SOPH3RF P12 Have you ever felt that any of these fears NO.....1
were unreasonable or excessive? YES.....5

* IF R HAD PANIC ATTACKS (O1 CODED 3,4, OR 5) ASK P13. OTHERS SKIP TO BOX. *

SOPH3RB P13 Did any of these fears ever occur because NO.....1
you were afraid you might have a panic YES.....5
attack?

IF H6 OR H11, P.48 CODED 5, ASK P14. OTHERS SKIP TO Q1, P.92.

P14 Did any of these fears occur because you NO.....1
were afraid people would notice you had an YES.....5
eating problem?

OCD3R01
OCDRDCA

Q1 Some people have disturbing thoughts that seem to occur on their own. Have you often been bothered by unpleasant and unwanted thoughts that you considered unreasonable and tried to fight against. (An example would be the idea that you would physically hurt or kill someone you love.)

**IF NO, CODE 1, AND SKIP TO Q3.
IF YES, ASK FOR AN EXAMPLE BEFORE CODING.**

EXAMPLE: _____

OCD3RA3
OCD3RA4

**IF EXAMPLE ONLY ABOUT FEELING GUILTY; WEIGHT LOSS;
OR THOUGHT INSERTION; CODE 1, AND SKIP TO Q3.**

CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

A. How long were you bothered by these thoughts? _____ MONTHS

B. How old were you when you (first/last) were bothered by these thoughts? AGE ONS: ___/___
ONS: 1 2 3 4 5
AGE REC: ___/___
REC: 1 2 3 4 5

OCD3RA2

Q2 Did these unreasonable thoughts continue to bother you no matter how hard you tried to get rid of them or ignore them? NO.....1
YES.....5

OCD3RC01
OCD3RC02
OCD3RB
OCDRDCB

Q3 Did you ever need to do something over and over in order to feel less anxious? Examples might be washing your hands, checking door locks, checking the stove, or counting tiles. Another example might be doing things in a certain order and having to start over again if you get the order wrong.

**IF NO, SKIP TO BOX BEFORE Q4.
IF YES, ASK FOR EXAMPLE BEFORE CODING.**

EXAMPLE: _____

CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

A. Did this (these) behaviors occur on 3 or more different occasions? NO.....1
YES.....5

OCD3RC03

B. How old were you when you (first/last) did these? AGE ONS: ___/___
ONS: 1 2 3 4 5
AGE REC: ___/___
REC: 1 2 3 4 5

OCD3RA7

C. Did you ever feel that these behaviors were excessive or unreasonable? NO.....1
YES.....5

* IF Q1 OR Q3 CODED 3, 4, 5, ASK Q4. *
* OTHERS SKIP TO SECTION R. *

OCD3RB	Q4	Did these recurring thoughts/behaviors ever cause you to feel extremely uncomfortable or nervous or interfere a lot with your life or activities?	NO.....1 YES.....5
OCD3RB	Q5	Did these thoughts/behaviors bother you for more than one hour at a time?	NO.....1 YES...(ASK A).....5
	A.	How many hours?	___ ___ HOURS

R: SUBJECT COMMENTS

As you can see, I tried to ask you about a lot of different kinds of emotional problems, physical and medical problems, and habits that people might have. But, of course, everyone is different, and I might have skipped something that has been important to you. Have you had any problems I should have covered but didn't?

RECORD VERBATIM: _____

Do you have any comments about the interview itself?

RECORD VERBATIM: _____

TIME ENDED: ___ ___:___ ___

(USE 24 HOUR CLOCK)

INTERVIEWER:

**AT THIS TIME HAND R TPQ (TCI) AND SSV TO COMPLETE.
WHILE R IS COMPLETING THESE, REVIEW AGE ONS/AGE REC
AND COMPLETE TIMELINE FOR COMORBIDITY SECTIONS.**

S: COMORBIDITY/TIMELINE

COMPLETE TIMELINE AND COMORBIDITY ONLY IF AT LEAST ONE CATEGORY IS ENDORSED IN GROUPS I AND II BELOW. (CHECK ALL THAT APPLY)

GROUP I

ALCOHOL

___ 3+ DSM-III-R SX IN DIFFERENT GROUPS FROM TALLY E.

MARIJUANA

___ 3+ DSM-III-R SX IN DIFFERENT GROUPS FROM TALLY F.

DRUGS

3+ DSM-III-R SX IN DIFFERENT GROUPS FROM TALLY G.

- ___ COCAINE
- ___ STIMULANTS
- ___ SEDATIVES
- ___ OPIATES
- ___ OTHER _____

GROUP II

DEPRESSION

- ___ I25 = 4 OR 5 FOR CURRENT EPISODE
- ___ I25 = 4 OR 5 FOR SEVERE EPISODE
- ___ I32D OR E = 5
- ___ I33D OR E = 5

DYSTHYMIA

- ___ J1 = 5 AND J2 = 1 AND J5 = 5
- ___ J2A = 5 AND J5 = 5

MANIA

- ___ K22 = 3, 4, OR 5 FOR CURRENT EPISODE
- ___ K22 = 3, 4, OR 5 FOR MOST SEVERE EPISODE
- ___ K26C OR D = 5

SCHIZOPHRENIA SCREEN

- ___ L14 = 5

PANIC

- ___ O1 = 5 AND ONS/REC COMPLETED IN O7

AGORAPHOBIA

- ___ P2B = 5

SOCIAL PHOBIA

- ___ P7 = 5

OBSESSIONS

- ___ Q1 = 5

COMPULSIONS

- ___ Q3 = 5

IF AT LEAST ONE CHECK IN EACH GROUP, CONTINUE WITH TIMELINE. COMPLETE TIMELINE ONLY FOR ITEMS CHECKED ABOVE.

RECORD INFORMATION FROM SSAGA
HERE AND ON TIMELINE.

ALCOHOL

E4: ONSET OF REGULAR DRINKING	AGE ONS: ___/___
E8B: ABSTINENT PERIODS (RECORD AGES)	AGE: ___/___ TO ___/___ AGE: ___/___ TO ___/___ AGE: ___/___ TO ___/___ AGE: ___/___ TO ___/___
APPROXIMATE CLUSTERING ONSET (E40 OR INDIVIDUAL INTERVIEW QUESTIONS)	AGE ONS: ___/___ AGE REC: ___/___

MARIJUANA

F2: ONSET AGE OF MARIJUANA USE	AGE ONS: ___/___
F2B: REC AGE OF MARIJUANA USE	AGE REC: ___/___
F22A: ABSTINENT PERIODS (RECORD AGES)	AGE: ___/___ TO ___/___ AGE: ___/___ TO ___/___ AGE: ___/___ TO ___/___ AGE: ___/___ TO ___/___
APPROXIMATE CLUSTERING ONSET	AGE ONS: ___/___
APPROXIMATE CLUSTERING RECENCY (FROM F19B OR FROM ONS AGES OF INDIVIDUAL SX AND F19)	AGE REC: ___/___

DRUGS

G1B: ONSET/RECENCY OF DRUG USE:	
COCAINE	AGE ONS: ___/___ AGE REC: ___/___
STIMULANTS	AGE ONS: ___/___ AGE REC: ___/___
SEDATIVES	AGE ONS: ___/___ AGE REC: ___/___
OPIATES	AGE ONS: ___/___ AGE REC: ___/___
OTHER _____	AGE ONS: ___/___ AGE REC: ___/___

DEPRESSION

I3: ONSET OF CURRENT AGE: ___/___

I4A,B: ONSET/RECENCY OF MOST SEVERE AGE: ___/___ TO ___/___

I4G,H: ONSET/RECENCY OF MOST SEVERE CLEAN AGE: ___/___ TO ___/___

I32A,C: ONSET/RECENCY ADDITIONAL CLEAN AGE: ___/___ TO ___/___

I33A,C: ONSET/RECENCY ADDITIONAL DIRTY AGE: ___/___ TO ___/___

I34: ONSET/RECENCY OF ALL EPISODES AGE: ___/___ TO ___/___

DYSTHYMIA

J1A,B OR J2B,C: ONSET/RECENCY AGE: ___/___ TO ___/___

J3B,C: AGE ONSET/RECENCY OF CLEAN AGE: ___/___ TO ___/___

MANIA

K2A: ONSET OF CURRENT AGE: ___/___

K3: ONSET/RECENCY OF MOST SEVERE AGE: ___/___ TO ___/___

K3F,G: ONSET/RECENCY OF MOST SEVERE CLEAN AGE: ___/___ TO ___/___

K26A: ONSET/RECENCY ADDITIONAL CLEAN AGE: ___/___ TO ___/___

K27: ONSET/RECENCY OF ALL EPISODES AGE: ___/___ TO ___/___

SCHIZOPHRENIA (PSYCHOSIS)

L15: ONSET/RECENCY AGE ONS: ___/___
AGE REC: ___/___

DRUGS

ABSTINENT PERIODS:

COMPUTE AGES FROM G19F

COCAINE

AGE: ___/___ TO ___/___

AGE: ___/___ TO ___/___

AGE: ___/___ TO ___/___

AGE: ___/___ TO ___/___

STIMULANTS

AGE: ___/___ TO ___/___

AGE: ___/___ TO ___/___

AGE: ___/___ TO ___/___

AGE: ___/___ TO ___/___

SEDATIVES

AGE: ___/___ TO ___/___

AGE: ___/___ TO ___/___

AGE: ___/___ TO ___/___

AGE: ___/___ TO ___/___

OPIATES

AGE: ___/___ TO ___/___

AGE: ___/___ TO ___/___

AGE: ___/___ TO ___/___

AGE: ___/___ TO ___/___

OTHER _____

AGE: ___/___ TO ___/___

AGE: ___/___ TO ___/___

AGE: ___/___ TO ___/___

AGE: ___/___ TO ___/___

DRUGS - Cont.

APPROX. CLUSTERING ONSET/APPROX. CLUSTERING RECENCY
(FROM G19 D)

COCAINE: AGE ONS: ___/___
AGE REC: ___/___

STIMULANTS: AGE ONS: ___/___
AGE REC: ___/___

SEDATIVES: AGE ONS: ___/___
AGE REC: ___/___

OPIATES: AGE ONS: ___/___
AGE REC: ___/___

OTHER: AGE ONS: ___/___
AGE REC: ___/___

PANIC

O7: AGE OF ONSET/RECENCY OF PANIC ATTACKS

AGE: ___/___ TO ___/___

AGORAPHOBIA

P2: AGE OF ONSET/RECENCY OF AGORAPHOBIA

AGE: ___/___ TO ___/___

SOCIAL PHOBIA

P7: AGE OF ONSET/RECENCY OF SOCIAL PHOBIA

AGE: ___/___ TO ___/___

OBSESSIVE COMPULSIVE DISORDER

Q1: AGE OF ONSET/RECENCY OF OBSESSIONS

AGE: ___/___ TO ___/___

Q3 AGE OF ONSET/RECENCY OF COMPULSIONS

AGE: ___/___ TO ___/___

| READ INTRODUCTORY PARAGRAPH AND THEN CHECK |
| APPROPRIATE SECTIONS FOR ACCURACY. |

S1 Let's review some of the information you've given me during the interview. I have recorded information on this timeline based on what you've told me.

The questions I'm going to ask you will help me make sure that we have the order of your (substance/alcohol) use and (psychiatric problems) as accurately as we can. As I go over them with you one more time, you may find that some of the dates need to be changed. This is fine, and do not hesitate to let me know. I will go back through the rest of the interview later to make everything consistent.

- A. According to what you told me, you first began drinking alcohol regularly at age _____. Your experiences with alcohol tended to cluster together around age _____ (or age range: i.e. 24-27) (CHECK AGES ON TIMELINE).
- B. You also had periods of abstinence from alcohol at _____ and _____ and _____ and _____ (CHECK AGES ON TIMELINE).

S2 You also told me you had some experiences with (MARIJUANA/DRUGS) (REPEAT FOR EACH DRUG ON TIMELINE).

- A. You began using (DRUG) regularly at age _____ (SSAGA questions F2, G1B), and your experiences with (DRUG) seemed to cluster around age(s) _____ (or age range; i.e. 24-27) (CHECK AGES ON TIMELINE).
- B. Also, since age _____ (age or range of symptom clustering) you were abstinent from (DRUG) (for 3 or more months) at age/ages _____ and _____ and _____ and _____. (CHECK AGE/AGES ON TIMELINE).

THIS PATTERN WOULD BE REPEATED SUCCESSIVELY FOR ALL DRUGS CHECKED ON P.95.

S3 Now, we have also discussed that you have had some emotional problems (REVIEW PATTERN FOR EACH DIAGNOSIS):

- A. Let's review your periods of _____ (DEPRESSION/DYSTHYMIA/MANIA/SCHIZOPHRENIA). I have indicated on the timeline the ages at which these (DEPRESSIONS/DYSTHYMIC PERIODS/MANIC/SCHIZOPHRENIC PERIODS) occurred. (ASK IF CORRECT AND CHECK AGES ON TIMELINE.)

		<u>NO</u>	<u>YES</u>
B. So, these periods always occurred when your experiences with (ALC/DRUG) clustered or shortly (within 6 weeks) after your periods of abstinence began. Is that correct?	DEPRESSION	1	5
	DYSTHYMIA	1	5
	MANIA	1	5
	SCHIZOPHRENIA	1	5
C. So, these periods never occurred at times when your experiences with (ALC/DRUG) clustered or, they occurred when you were abstinent from (ALC/DRUG) for more than 6 weeks? Is that correct?	DEPRESSION	1	5
	DYSTHYMIA	1	5
	MANIA	1	5
	SCHIZOPHRENIA	1	5
D. So, these periods sometimes occurred when your experiences with (ALC/DRUG) clustered and sometimes occurred when your experiences with (ALC/DRUG) did not cluster or when you were abstinent for more than 6 weeks. Is that correct?	DEPRESSION	1	5
	DYSTHYMIA	1	5
	MANIA	1	5
	SCHIZOPHRENIA	1	5

S4 You have also told me you had problems with _____ (PANIC ATTACKS/AGORAPHOBIA/SOCIAL PHOBIA).

A. I have indicated on the timeline the ages at which these (PANIC ATTACKS ETC.) occurred. (ASK IF CORRECT AND CHECK AGES ON TIMELINE.)

B. So, these periods always occurred when your experiences with (ALC/DRUG) clustered or shortly (within 6 weeks) after your periods of abstinence began. Is that correct?	PANIC ATTACKS	<u>NO</u>	<u>YES</u>
	AGORAPHOBIA	1	5
	SOCIAL PHOBIA	1	5

C. So, these periods never occurred at times when your experiences with (ALC/DRUG) clustered or, they occurred when you were abstinent from (ALC/DRUG) for more than 6 weeks? Is that correct?	PANIC ATTACKS	1	5
	AGORAPHOBIA	1	5
	SOCIAL PHOBIA	1	5

D. So, these periods sometimes occurred when your experiences with (ALC/DRUG) clustered and sometimes occurred when your experiences with (ALC/DRUG) did not cluster or when you were abstinent for more than 6 weeks. Is that correct?	PANIC ATTACKS	1	5
	AGORAPHOBIA	1	5
	SOCIAL PHOBIA	1	5

S5 Finally, you have also told me that you have had problems with (OBSESSIONS/COMPULSIONS).

A. I have indicated on the timeline the ages at which these problems lasting 2 or more weeks and interfering with functioning occurred. (ASK IF CORRECT AND CHECK AGES ON TIMELINE.)

B. So, these periods always occurred when your experiences with (ALC/DRUG) clustered or shortly (within 6 weeks) after your periods of abstinence began. Is that correct?	OBSESSIONS	<u>NO</u>	<u>YES</u>
	COMPULSIONS	1	5

C. So, these periods never occurred at times when your experiences with (ALC/DRUG) clustered or, they occurred when you were abstinent from (ALC/DRUG) for more than 6 weeks? Is that correct?	OBSESSIONS	1	5
	COMPULSIONS	1	5

D. So, these periods sometimes occurred when your experiences with (ALC/DRUG) clustered and sometimes occurred when your experiences with (ALC/DRUG) did not cluster or when you were abstinent for more than 6 weeks. Is that correct?	OBSESSIONS	1	5
	COMPULSIONS	1	5

S6 Well, it appears as if we have taken care of recording the information that you have given me regarding repetitive life problems with alcohol, similar problems with drugs other than alcohol, and psychological/emotional problems. Does the timeline appear accurate?

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

INTERVIEWER: PLEASE CODE SUMMARY:

CODE: _____

1. EMOTIONAL/PSYCHIATRIC SYMPTOMS APPEAR TO HAVE OCCURRED ONLY OUTSIDE THE CONTEXT OF SUBSTANCE USE DISORDERS.
2. EMOTIONAL/PSYCHIATRIC SYMPTOMS APPEAR TO HAVE OCCURRED BOTH WITHIN THE CONTEXT OF SUBSTANCE USE DISORDERS AND INDEPENDENT OF SUBSTANCE USE DISORDERS.
3. EMOTIONAL/PSYCHIATRIC SYNDROMES APPEAR TO HAVE OCCURRED ONLY WITHIN THE CONTEXT OF SUBSTANCE USE DISORDERS.

T: INTERVIEWER OBSERVATIONS

CHECK ALL THAT APPLY

BORDERLINE	= 3
DEFINITE	= 4
DOES NOT APPLY	= 9

INTERVIEWER:

TYPE OF INTERVIEW: (Choose 1)

- PERSONAL INTERVIEW = 1
- TELEPHONE INTERVIEW = 2
- PROXY INTERVIEW = 3

RATE FACIAL EXPRESSION AND DRESS FIRST. IF NORMAL (5), GO TO NEXT CATEGORY.

- A. FACIAL EXPRESSION IS NORMAL? NO.....1
YES.....5
- 1. Sad 3 4 9
 - 2. Gloomy 3 4 9
 - 3. Hostile 3 4 9
 - 4. Worried 3 4 9
 - 5. Avoids gaze 3 4 9
 - 6. Immobile 3 4 9
- B. DRESS IS NORMAL? NO.....1
YES.....5
- 1. Meticulous 3 4 9
 - 2. Clothing, hygiene poor 3 4 9
 - 3. Eccentric 3 4 9
 - 4. Seductive 3 4 9
 - 5. Inadequate for warmth and protection 3 4 9
- C. MOTOR ACTIVITY IS NORMAL? NO.....1
YES.....5
- 1. Increased amount 3 4 9
 - 2. Constantly fiddling, changing position, standing or sitting down 3 4 9
 - 3. Agitation 3 4 9
 - 4. Tics 3 4 9
 - 5. Tremor 3 4 9
 - 6. Peculiar posturing 3 4 9
 - 7. Unusual gait 3 4 9
 - 8. Repetitive acts 3 4 9
 - 9. Very slow to move; unusual for age & physical condition 3 4 9
 - 10. Rigid posture 3 4 9
- D. FLOW OF THOUGHT IS NORMAL? NO.....1
YES.....5
- 1. Blocking 3 4 9
 - 2. Circumstantial 3 4 9
 - 3. Tangential 3 4 9
 - 4. Perseveration 3 4 9
 - 5. Flight of ideas 3 4 9
 - 6. Indecisive 3 4 9
 - 7. Illogical 3 4 9

- E. LEVEL OF CONSCIOUSNESS IS NORMAL? NO.....1
YES.....5
- 1. Hypervigilant 3 4 9
 - 2. Drowsy 3 4 9
 - 3. Stupor 3 4 9
- F. SPEECH IS NORMAL? NO.....1
YES.....5
- 1. Excessive amount 3 4 9
 - 2. Reduced amount 3 4 9
 - 3. Push of speech 3 4 9
 - 4. Slowed 3 4 9
 - 5. Loud 3 4 9
 - 6. Soft 3 4 9
 - 7. Mute 3 4 9
 - 8. Slurred 3 4 9
 - 9. Stuttering 3 4 9
 - 10. Neologisms 3 4 9
 - 11. Gloomy, voice choking on distressing topic 3 4 9
 - 12. Fails to answer, questions need repeating 3 4 9
 - 13. Monotonous voice 3 4 9
- G. INTERVIEW BEHAVIOR IS NORMAL? NO.....1
YES.....5
- 1. Angry outbursts 3 4 9
 - 2. Irritable 3 4 9
 - 3. Impulsive 3 4 9
 - 4. Hostile 3 4 9
 - 5. Silly 3 4 9
 - 6. Sensitive 3 4 9
 - 7. Apathetic 3 4 9
 - 8. Withdrawn 3 4 9
 - 9. Evasive 3 4 9
 - 10. Passive 3 4 9
 - 11. Aggressive 3 4 9
 - 12. Naive 3 4 9
 - 13. Overly dramatic 3 4 9
 - 14. Manipulative 3 4 9
 - 15. Dependent 3 4 9
 - 16. Uncooperative 3 4 9
 - 17. Demanding 3 4 9
 - 18. Negativistic 3 4 9
 - 19. Callous 3 4 9

INTERVIEWER OBSERVATIONS - CONT.

H. MOOD AND AFFECT IS NORMAL? NO.....1
 YES.....5

1. Anxious	3	4	9
2. Inappropriate affect	3	4	9
3. Flat affect	3	4	9
4. Elated mood	3	4	9
5. Depressed mood	3	4	9
6. Labile mood	3	4	9

I. CONTENT OF THOUGHT IS NORMAL? NO.....1
 YES.....5

1. Suicidal thoughts	3	4	9
2. Suicidal plans	3	4	9
3. Assaultive ideas	3	4	9
4. Homicidal thoughts	3	4	9
5. Homicidal plans	3	4	9
6. Antisocial attitudes	3	4	9
7. Suspiciousness	3	4	9
8. Poverty of content	3	4	9
9. Phobias	3	4	9
10. Obsessions	3	4	9
11. Compulsions	3	4	9
12. Feelings of unreality	3	4	9
13. Feels persecuted	3	4	9
14. Thoughts of running away	3	4	9
15. Somatic complaints	3	4	9
16. Ideas of guilt	3	4	9
17. Ideas of hopelessness	3	4	9
18. Ideas of worthlessness	3	4	9
19. Excessive religiosity	3	4	9
20. Sexual preoccupation	3	4	9
21. Blames others	3	4	9
22. Illusions are present	3	4	9
23. Auditory hallucination	3	4	9
24. Visual hallucination	3	4	9
25. Other hallucinations	3	4	9
26. Delusion of persecution	3	4	9
27. Delusion of grandeur	3	4	9
28. Delusion of reference	3	4	9
29. Delusion of influence	3	4	9
30. Somatic delusion	3	4	9
31. Other delusions	3	4	9
32. Delusions are systematized	3	4	9

J. ORIENTATION IS NORMAL? NO.....1
 YES.....5

1. Time	3	4	9
2. Place	3	4	9
3. Person	3	4	9

K. MEMORY IS NORMAL? NO.....1
 YES.....5

1. Clouding of consciousness	3	4	9
2. Inability to concentrate	3	4	9
3. Amnesia	3	4	9
4. Poor recent memory	3	4	9
5. Poor remote memory	3	4	9
6. Confabulation	3	4	9

L. INTELLECT IS NORMAL? NO.....1
 YES.....5

1. Above normal	3	4	9
2. Below normal	3	4	9
3. Paucity of knowledge	3	4	9
4. Vocabulary poor	3	4	9

M. INSIGHT AND JUDGEMENT ARE NORMAL? NO.....1
 YES.....5

1. Poor insight	3	4	9
2. Poor judgement	3	4	9
3. Unrealistic regarding degree of illness	3	4	9
4. Doesn't know why being treated	3	4	9
5. Unmotivated for treatment	3	4	9

INTERVIEWER: RATE ACCURACY OF YOUR RATINGS:

NO DIFFICULTY.....	1
SOME PROBLEMS, BUT MOST RATINGS REASONABLY ACCURATE..	2
MAJOR DIFFICULTY IN CONDUCTING EXAM.....	3
IMPOSSIBLE TO RATE WITH ANY CONFIDENCE.....	4

INTERVIEWER NARRATIVE
ABOUT THE RESPONDENT

Global Assessment of Functioning Scale (GAF Scale)

Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations.

Code

- 90 **Absent or minimal symptoms** (e.g., mild anxiety before an exam), **good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns** (e.g., an occasional argument with family members).
- 81
- 80 **If symptoms are present, they are transient and expectable reactions to psychosocial stressors** (e.g., difficulty concentrating after family argument); **no more than slight impairment in social, occupational, or school functioning** (e.g., temporarily falling behind in school work).
- 71
- 70 **Some mild symptoms** (e.g., depressed mood and mild insomnia) **OR some difficulty in social, occupational, or school functioning** (e.g., occasional truancy, or theft within the household), **but generally functioning pretty well, has some meaningful interpersonal relationships.**
- 61
- 60 **Moderate symptoms** (e.g., flat affect and circumstantial speech, occasional panic attacks) **OR moderate difficulty in social, occupational, or school functioning** (e.g., few friends, conflicts with co-workers).
- 51
- 50 **Serious symptoms** (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) **OR any serious impairment in social, occupational, or school functioning** (e.g., no friends, unable to keep a job).
- 41
- 40 **Some impairment in reality testing or communication** (e.g., speech is at times illogical, obscure, or irrelevant) **OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood** (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).
- 31
- 30 **Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment** (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) **OR inability to function in almost all areas** (e.g., stays in bed all day; no job, home, or friends).
- 21
- 20 **Some danger of hurting self or others** (e.g., suicide attempts without clear expectation of death, frequently violent, manic excitement) **OR occasionally fails to maintain minimal personal hygiene** (e.g., smears feces) **OR gross impairment in communication** (e.g., largely incoherent or mute).
- 11
- 10 **Persistent danger of severely hurting self or others** (e.g., recurrent violence) **OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.**
- 1