

**RECORD ITEMS MARKED "t" ON THE
TIMELINE.**

TIME STARTED: ____:____:____

(USE 24 HR CLOCK)DM

A1 **RECORD SEX AS OBSERVED.**

DM1

MALE 1

FEMALE 2

A2 How tall are you?

DM2_FT ____ DM2_IN ____
FT IN

A3 How much do you weigh?

DM3 ____ LBS

A. What is the most you have ever weighed (when
you were not pregnant)?

DM3A ____ LBS

B. How old were you when you first weighed (#
LBS. IN A) (when you were not pregnant)?

DM3B ____ AGE

A4 How old are you now?

DM4 ____ AGE

A5 What is your birth year?

DM5_YR

YEAR

A6 Were you adopted?

DM6

NO 1

YES 5

A7 Are you a twin or other multiple?

DM7

NO 1

YES 5

HAND R CARD A1.

A8 A. This card has the names of some racial groups.
To which group do you belong?

DM8A CODE: ____

IF OTHER, SPECIFY: _____

HAND R CARD A2.III

- B. This card is a list of origins and descents. What is the origin or descent of your grandparents? Let's start with your mother's mother.

DMI_1

DMII_1

MATERNAL GRANDMOTHER__ __ __

DMI_2

DMII_2

MATERNAL GRANDFATHER__ __ __

DMI_3

DMII_3

PATERNAL GRANDMOTHER__ __ __

DMI_4

DMII_4

PATERNAL GRANDFATHER __ __ __

__

**IF KNOWN, RECORD THE GRANDPARENT'S FATHER IN COL. I
AND THE GRANDPARENT'S MOTHER IN COL. II.**

- C. What is your religious preference?
IF NONE, SKIP TO A9.

RECORD: _____

DM8C CODE: __ __

1. Does your religion have rules forbidding the use of any alcohol?

DM8C1

NO 1

YES 5

- D. In the past twelve months, how many times did you attend religious services?

DM8D __ __ __ TIMES

- A9 Are you presently married or are you widowed, separated, divorced, or have you never been married?

DM9

**CODE RELIGIOUS ANNULMENT AS
DIVORCED. CODE LEGAL ANNULMENT
AS NEVER MARRIED.**

MARRIED 1

WIDOWED . . . (CODE YR) . 2

DM9_YR__ __ __ __ YEAR *t*

SEPARATED 3

DIVORCED 4

NEVER MARRIED 5

A10 Have you ever lived with someone (else) for at least a year as though you were married? **DO NOT COUNT INDIVIDUALS R HAS MARRIED.**

DM10

NO 1
YES 5

**BOX A10 IF R NEVER MARRIED (A9=5),
SKIP TO BOX A12.**

A11 How many times have you been legally married?

DM11

TIMES

YEARS OF ALL MARRIAGES

DM11_1 ____ YR *t*
DM11_2 ____ YR *t*
DM11_3 ____ YR *t*
DM11_4 ____ YR *t*

ASPFGN

A12 (So you've never been/How many times have you been) divorced? **IF NEVER, CODE 00.**

DM12

____ TIMES

YEARS OF ALL DIVORCES

DM12_1 ____ YR *t*
DM12_2 ____ YR *t*
DM12_3 ____ YR *t*
DM12_4 ____ YR *t*

**BOX A12 IF R NEVER MARRIED (A9=5) AND
NEVER COHABITATED (A10=1), SKIP
TO A14. OTHERS CONTINUE.**

ASPFGN

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?

DM13

NO. (SKIP TO A14) . . . 1

YES 5

ASPFGN

A. How many times did you separate? **COUNT ALL MARRIAGE AND LIVE-IN SITUATIONS.**

DM13A

___ ___ TIMES

B. How old were you the last time you separated?

DMAR13

AGE REC: ___/___

REC: 1 2 3 4 5

BOX A14 IF R IS MALE, SKIP TO A14C.

A14 How many times have you been pregnant?
IF NEVER, SKIP TO A15.

DM14 ____ TIMES

A. Are you currently pregnant?

DM14A

NO 1

YES 5

B. How many stillbirths and miscarriages have you had?

DM14B ____ NUMBER

C. How many children have you had, not counting any who are yours by adoption, who are stepchildren, or who were stillborn? **RECORD SEX AND DOB.**

DM14C ____ CHILDREN

DATE OF BIRTH				DATE OF BIRTH			
<u>SEX</u>	<u>MO</u>	<u>YEAR</u>		<u>SEX</u>	<u>MO</u>	<u>YEAR</u>	
DM14SEX1		DM14_YR1		DM14SEX5		DM14_YR5	
M	F	____/____	_____ t	M	F	____/____	_____ t
DM14SEX2		DM14_YR2		DM14SEX6		DM14_YR6	
M	F	____/____	_____ t	M	F	____/____	_____ t
DM14SEX3		DM14_YR3		DM14SEX7		DM14_YR7	
M	F	____/____	_____ t	M	F	____/____	_____ t
DM14SEX4		DM14_YR4		DM14SEX8		DM14_YR8	
M	F	____/____	_____ t	M	F	____/____	_____ t

A15 What is the highest grade in school you completed?
CODE ACTUAL GRADE (00-17).

DM15 ____ GRADE

TECHNICAL SCHOOL OR 1 YR COLLEGE . . 13
2 YRS COLLEGE 14
3 YRS COLLEGE 15
4 YRS COLLEGE: B.A., B.S. 16
GRADUATE: M.A., M.S., J.D., 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?

DM15A

NO 1

B. Did you pass a high school equivalency test
(GED)?

YES. . . . (SKIP TO C) 5

DM15B

C. Did you graduate from the last school you
attended?

NO 1

YES 5

DM15C

D. When did you graduate from ...

NO 1

YES 5

DM15D_1

HIGH SCH: ____ YR *t*

DM15D_2

GED: ____ YR *t*

DM15D_3

COLLEGE: ____ YR *t*

DM15D_4

E. Are you currently in school, in a program leading to a
degree?

GRAD: ____ YR *t*

DM15D_5

OTHER: ____ YR *t*

DM15E

NO 1

YES 5

A16 Now I want to ask you about work for pay. In the
past 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 MONTH, CODE
01.**

DM16 ____ MONTHS

A17 Are you employed now?

DM17

A. Do you work full-time?

NO (SKIP TO B) 1
YES 5

B. What is your current household gross income?

DM17A

NO 1
YES 5

HAND R CARD A3.

DM17B

\$0-\$192/week	\$0-\$833/month	CODE: ____ ____
\$193-\$384/week	\$834-\$1,666/month	
\$385-\$576/week	\$1,667-\$2,499/month . . .	
\$577-\$769/week	\$2,500-\$3,333/month . . .	
\$770-\$961/week	\$3,334-\$4,166/month . . .	\$0-\$9,999/year 01
\$962-\$1,442/week.	\$4,167-\$6,249/month . . .	\$10,000-\$19,999/year 02
\$1,443-\$1,923/week	\$6,250-\$8,333/month . . .	\$20,000-\$29,999/year 03
\$1,924-\$2,884/week	\$8,334-\$12,499/month . .	\$30,000-\$39,999/year 04
\$2,885 or more/week	\$12,500 or more/month	\$40,000-\$49,999/year 05
		\$50,000-\$74,999/year 06
		\$75,000-\$99,999/year 07
		\$100,000-\$149,999/year 08
		\$150,000 or more/year 09

A18 Have you ever been on active duty in the military?
**NATIONAL GUARD AND RESERVES ARE
NOT CONSIDERED ACTIVE DUTY UNLESS
OFFICIALLY ACTIVATED.**

DM18

NO. . . (SKIP TO B1, p. 5) . . . 1
YES 5

A. What kind of discharge did you have?
**OTHER THAN HONORABLE
INCLUDES WITHOUT HONOR AND
UNDESIRABLE.**

DM18A_1

STILL IN THE MILITARY. . . . 0
HONORABLE 1
GENERAL 2
MEDICAL 3
OTHER THAN HONORABLE. . . 4
DISHONORABLE 6

DM18B_1

CODE: ____ ____ ____

B. What's the highest rank you achieved?

1. RANK: _____

DM18B_2

CODE: ____

2. BRANCH OF MILITARY:

B1 Now I have some questions about your physical health and medical history. First, at the present time, would you say your health is excellent, very good, good, fair, or poor?

MH1

EXCELLENT 1
 VERY GOOD 2
 GOOD 3
 FAIR 4
 POOR 5

B2 Has your health always been (ANSWER IN B1), or has it been better or worse?

MH2

A. Please explain: _____

NO, WORSE 1
 NO, BETTER 2
 YES, SAME . . (SKIP TO B3) 5
 BOTH BETTER & WORSE 6

B3 Has a doctor ever told you that you have (had):

	<u>N</u>	<u>Y</u>	<u>YEAR</u>	<u>DIAGNOSED</u>
1. High blood pressure?	1	5	MH3_1	____MH3YR1
2. Migraine headaches?	1	5	MH3_2	____MH3YR2
3. A brain injury or concussion?	1	5	MH3_3	____MH3YR3
4. Been unconscious for longer than 5 min?	1	5	MH3_4	____MH3YR4
5. Epilepsy or have had a seizure?	1	5	MH3_5	____MH3YR5
6. Meningitis or encephalitis?	1	5	MH3_6	____MH3YR6
7. A stroke?	1	5	MH3_7	____MH3YR7
8. Heart disease?	1	5	MH3_8	____MH3YR8
9. Liver disease?	1	5	MH3_9	____MH3YR9
10. Thyroid disease?	1	5	MH3_10	____
11. Asthma?				____MH3YR10
12. Diabetes?	1	5	MH3_11	____
13. Cancer? SPECIFY: _____				____MH3YR11
14. HIV/AIDS?	1	5	MH3_12	____
15. A sexually transmitted disease?				____MH3YR12
16. Any other illness(es)? _____	1	5	MH3_13	____
17. Other? _____				____MH3YR13
	1	5	MH3_14	____
				____MH3YR14
	1	5	MH3_15	____
				____MH3YR15
	1	5	MH3_16	____
				____MH3YR16
	1	5	MH3_17	____
				____MH3YR17

B4 A. How many times have you been in a hospital overnight (including surgery and pregnancy), excluding psychiatric or substance abuse treatment? MH4 ____ TIMES

Please tell me about your hospital stays, starting with the most recent one.

<u>YEAR</u>	<u>LENGTH OF STAY (DAYS)</u>	<u>REASON FOR HOSPITALIZATION</u>	<u>HOSPITAL/FACILITY CITY/STATE</u>	<u>ADM. PHYSICIAN & SPECIALTY</u>
MH4YR1	MH4LN1			
MH4YR2	MH4LN2			
MH4YR3	MH3LN3			
MH4YR4	MH3LN4			

B4 B. How many times have you had surgery when you did not have to stay in a hospital overnight (that is, outpatient surgery)? MH4B ____ TIMES

C. How many times have you been examined or treated in the emergency room because of an accident or injury? MH4C ____ TIMES

B5 In the last 6 months, how many visits have you made to a doctor, clinic, or emergency room for your physical health? **DO NOT COUNT CHIROPRACTORS.** MH5 ____ VISITS

B6 A. Have you ever taken any prescription medications for two weeks or longer . . . (READ 1-7)
IF YES, ASK: What did you take? **DO NOT COUNT OTC.**

	<u>NO</u>	<u>YES</u>	<u>MEDICATIONS</u>	<u>CODE #1</u>	<u>CODE #2</u>	<u>CODE #3</u>
--	-----------	------------	--------------------	----------------	----------------	----------------

MH6A1

MH6A1CD1 MH6A1CD2 MH6A1CD3

1. To make you feel less nervous? . 1 5 _____

MH6A2

MH6A2CD1 MH6A2CD2 MH6A2CD3

2. To help you sleep? 1 5 _____

MH6A3

MH6A3CD1 MH6A3CD2 MH6A2CD3

3. To feel less depressed? 1 5 _____

MH6A4

MH6A4CD1 MH6A4CD2 MH6A4CD3

4. For headaches? 1 5 _____

MH6A5

MH6A5CD1 MH6A5CD2 MH6A5CD3

5. To have more energy? 1 5 _____

MH6A6

MH6A6CD1 MH6A6CD2 MH6A6CD3

6. For birth control? 1 5 _____

MH6A7

MH6A7CD1 MH6A7CD2 MH6A6CD3

7. Containing steroids? 1 5 _____

IF ALL ARE CODED 1, SKIP TO B6B.8.

FOR EVERY 5 CODED IN B6A.1-7, ASK B6B.1-7, AND ASK B6B.8.

B. In the last 30 days, have you taken any prescription medications for two weeks or longer .

..

IF YES, ASK: What did you take? **DO NOT COUNT OTC.**

	<u>NO</u>	<u>YES</u>	<u>MEDICATIONS</u>	<u>CODE #1</u>	<u>CODE #2</u>	<u>CODE #3</u>
			MH6B1	MH6B1CD1	MH6B1CD2	MH6B1CD3
1. To make you feel less nervous? .	1	5	_____	_____	_____	_____
			MH6B2	MH6B2CD1	MH6B2CD2	MH6B2CD3
2. To help you sleep?	1	5	_____	_____	_____	_____
			MH6B3	MH6B3CD1	MH6B3CD2	MH6B2CD3
3. To feel less depressed?	1	5	_____	_____	_____	_____
			MH6B4	MH6B4CD1	MH6B4CD2	MH6B4CD3
4. For headaches?	1	5	_____	_____	_____	_____
			MH6B5	MH6B5CD1	MH6B5CD2	MH6B5CD3
5. To have more energy?	1	5	_____	_____	_____	_____
			MH6B6	MH6B6CD1	MH6B6CD2	MH6B6CD3
6. For birth control?	1	5	_____	_____	_____	_____
			MH6B7	MH6B7CD1	MH6B7CD2	MH6B7CD3
7. Containing steroids?	1	5	_____	_____	_____	_____
			MH6B8	MH6B8CD1	MH6B8CD2	MH6B8CD3
8. For anything else? .(SPECIFY) .	1	5	_____	_____	_____	_____
				MH6B8CD4		MH6B8CD5
IF YES, SPECIFY REASON(S): _____				B6B.8: <u>CODE #4</u>	_____	<u>CODE #5</u> _____

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

MH7

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?

MH8

NO. . . . (SKIP TO B9) 1

YES 5

A. Did you speak to a ...?

	<u>NO</u>	<u>YES</u>	
1. Psychiatrist			
2. Psychologist			
3. Social worker	1	5	MH8A1
4. Counselor	1	5	MH8A2
5. Other medical doctor	1	5	MH8A3
6. Nurse practitioner	1	5	MH8A4
7. Clergy	1	5	MH8A5
8. Other:_____	1	5	MH8A6
	1	5	MH8A7
	1	5	MH8A8

B9 How many times have you been an inpatient in a psychiatric hospital or ward or in a chemical dependency program where you stayed overnight?

MH9 ____ TIMES

IF NEVER, SKIP TO B10.

A. When was the first time you were treated as an inpatient?

MH9A_MO MH9A_YR
____ / ____ t
MO YEAR

REASON FOR TREATMENT CODES:

1 = Psychiatric (non-alcohol or drug)
2 = Alc/Drug Treatment
3 = Combined Psychiatric & A/D Txmt

Please tell me about your inpatient stays, starting with the most recent one:

<u>YEAR</u>	<u>NUMBER OF VISITS</u>	<u>REASON FOR TREATMENT</u>	<u>REASON CODE</u>	<u>HOSPITAL/FACILITY CITY/STATE</u>	<u>ADM. PHYSICIAN & SPECIALTY</u>
MH9YR1	MH9LN1		MH9CD1		
____ t	_____	_____	1 2 3	_____	
MH9YR2	MH9LN2		MH9CD2		
____ t	_____	_____	1 2 3	_____	
MH9YR3	MH9LN3		MH9CD3		
____ t	_____	_____	1 2 3	_____	
MH9YR4	MH9LN4		MH9CD4		
____ t	_____	_____	1 2 3	_____	

B10 Have you ever received outpatient treatment for psychiatric, emotional, or chemical dependency problems? This includes any visits to a psychiatrist, psychologist, therapist, or counselor.

MH10
NO . . . (SKIP TO BOX B11) . 1
YES 5

<p>CODES FOR NUMBER OF VISITS:</p> <p>1= 1-10 visits 2= 11-20 visits 3= more than 20 visits</p>	<p>REASON FOR TREATMENT CODES:</p> <p>1= Psychiatric (non-alcohol or drug) 2= Alc/Drug Treatment 3= Combined Psychiatric & A/D Txmt</p>
--	--

Please tell me about your outpatient treatment, starting with the most recent one:

<u>YEAR</u>	<u>NUMBER OF VISITS</u>	<u>REASON FOR TREATMENT</u>	<u>REASON CODE</u>	<u>HOSPITAL/FACILITY CITY/STATE</u>	<u>ADM. PHYSICIAN & SPECIALTY</u>
MH10YR1 -----	MH10NV1 1 2 3		MH10CD1 1 2 3		
MH10YR2 -----	MH10NV2 1 2 3		MH10CD2 1 2 3		
MH10YR3 -----	MH10NV3 1 2 3		MH10CD3 1 2 3		
MH10YR4 -----	MH10NV4 1 2 3		MH10CD4 1 2 3		

BOX B11	<p>A. IS R CURRENTLY IN TREATMENT?</p> <p style="margin-left: 40px;">B. DOES R VOLUNTEER MORE THAN 4 SEPARATE OUTPATIENT TREATMENT PROGRAMS?</p>	<p>NO 1 YES 5</p> <p>NO 1 YES 5</p>
----------------	--	---

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

SOM4B1	C1	Have you ever had <u>a lot</u> of problems with body pains such as:	<u>NO</u>	<u>YES</u>
		1. Headaches?	SM1_1 1	5
		2. Abdominal or belly pain (other than during menstruation)?	SM1_2 1	5
		3. Back or neck pain?	SM1_3 1	5
		4. Pain in your joints?	SM1_4 1	5
		5. Pain in your arms or legs other than in the joints?	SM1_5 1	5
		6. Chest pains?	SM1_6 1	5
		7. Pain in or around your genitals or rectum?	SM1_7 1	5
		8. Painful sexual intercourse?	SM1_8 1	5
		9. Pain during urination?	SM1_9 1	5
		10. WOMEN ONLY: Painful menstrual periods?	SM1_10 1	5
		11. Pain anywhere else?	SM1_11 1	5

BOX C1 IF FOUR OR MORE CODED 5, CONTINUE. OTHERS SKIP TO D1, p. 17.

FOR EACH SYMPTOM CODED 5, PROBE:

		WHOM SAW	WHAT TOLD	CODE
SOM4B1	C2	1. Headaches_____	_____SM2_1	CODE: 2 3 4 5
SOM3RB2 SOM4B1		2. Abdominal pain _____	_____SM2_2	CODE: 2 3 4 5
		A. IF CODED 5, ASK: Did this occur only during a panic attack? SM2_2A		NO 1 YES 5
SOM3RB8 SOM4B1		3. Back/neck pain_____	_____SM2_3	CODE: 2 3 4 5
SOM3RB9 SOM4B1		4. Pain in joints_____	_____SM2_4	CODE: 2 3 4 5
SOM3RB7 SOM4B1		5. Arm/leg pain_____	_____SM2_5	CODE: 2 3 4 5
SOM3RB14 SOM4B1		6. Chest pains _____	_____SM2_6	CODE: 2 3 4 5
		A. IF CODED 5, ASK: Did this occur only during a panic attack? SM2_6A		NO 1 YES 5
SOM3RB28 SOM4B1		7. Genital/rectum pain_____	_____SM2_7	CODE: 2 3 4 5

- | | | | |
|--------------------|------------------------------------|-------------|---------------|
| SOM3RB30
SOM4B1 | 8. Painful intercourse_____ | _____SM2_8 | CODE: 2 3 4 5 |
| SOM3RB10
SOM4B1 | 9. Painful urination_____ | _____SM2_9 | CODE: 2 3 4 5 |
| SOM3RB32
SOM4B1 | 10. Painful menstrual periods_____ | _____SM2_10 | CODE: 2 3 4 5 |
| SOM3RB11
SOM4B1 | 11. Other pain _____ | _____SM2_11 | CODE: 2 3 4 5 |

BOX C2	IF FOUR OR MORE CODED 3, 4, OR 5 IN C2.1-11, CONTINUE. OTHERS SKIP TO D1, p. 17.
---------------	---

- C3 How old were you the (first/last) time you had any of the problems like **(MENTION ALL SX CODED 3, 4, OR 5 IN C2.1-11)?**
- SM_AO3 AGE ONS: __/____
SM_O3 ONS: 1 2 3 4
5
- SM_AR3 AGE REC: __/____
SM_R3 REC: 1 2 3 4 5

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

- | | | |
|-------------------|--|-----------------|
| SOM3RB1
SOM4B2 | 1. Vomiting or regurgitation of food (other than when pregnant)? | CODE: 1 2 3 4 5 |
|-------------------|--|-----------------|

SM4_1

WHOM SAW: _____ WHAT TOLD: _____

- | | | |
|-------------------|---|-----------------|
| SOM3RB3
SOM4B2 | 2. Nausea (other than motion sickness)? | CODE: 1 2 3 4 5 |
|-------------------|---|-----------------|

SM4_2

WHOM SAW: _____ WHAT TOLD: _____

IF CODED 5, ASK:

- A. Did this occur only during a panic attack?

SM4_2A
NO 1
YES 5

- | | | |
|-------------------|--|-----------------|
| SOM3RB4
SOM4B2 | 3. Excessive gas or bloating of your stomach or abdomen? | CODE: 1 2 3 4 5 |
|-------------------|--|-----------------|

SM4_3

WHOM SAW: _____ WHAT TOLD: _____

IF CODED 5, ASK:

- A. Did this occur only during a panic attack?

SM4_3A
NO 1
YES 5

- | | | |
|-------------------|------------------------------|-----------------|
| SOM3RB5
SOM4B2 | 4. Loose bowels or diarrhea? | CODE: 1 2 3 4 5 |
|-------------------|------------------------------|-----------------|

SM4_4

WHOM SAW: _____ WHAT TOLD: _____

5. 3 or more different foods making you sick?

CODE: 1 2 3 4 5

SM4_5

WHOM SAW: _____ WHAT TOLD: _____

**BOX C4 IF ANY CODED 3, 4, OR 5 IN C4.1-5,
CONTINUE.
OTHERS SKIP TO D1, p.17.**

C5 How old were you the first/last time you had any of the
problems like (MENTION ALL SX CODED 3, 4, OR 5 IN
C4.1-5)?

SM_AO5 AGE ONS: __/___

SM_O5 ONS: 1 2 3 4 5

SM_AR5 AGE REC: __/___

SM_R5 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

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 OR INJURY

5 = YES, PSYCHIATRICALY RELEVANT

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

SOM3RB22
SOM4B4

1. Temporary blindness in one or both eyes lasting several seconds or more?

CODE: 1 2 3 4 5

SM6_1

WHOM SAW: _____ WHAT TOLD: _____

SOM3RB20
SOM4B4

2. Double vision?

CODE: 1 2 3 4 5

SM6_2

WHOM SAW: _____ WHAT TOLD: _____

SOM3RB19
SOM4B4

3. Completely losing your hearing for a few seconds or longer?

CODE: 1 2 3 4 5

SM6_3

WHOM SAW: _____ WHAT TOLD: _____

SOM3RB26
SOM4B4

4. Being paralyzed, when you couldn't move a part of your body for at least a few minutes?

CODE: 1 2 3 4 5

SM6_4

WHOM SAW: _____ WHAT TOLD: _____

SOM3RB26
SOM4B4

5. Periods of weakness, when you could not lift or move things you normally could lift or move?

CODE: 1 2 3 4 5

SM6_5

WHOM SAW: _____ WHAT TOLD: _____

SOM3RB25
SOM4B4

6. Trouble walking or keeping your balance?

CODE: 1 2 3 4 5

SM6_6

WHOM SAW: _____ WHAT TOLD: _____

SOM4B4

7. Clumsiness, when you would often drop things or knock things over?

CODE: 1 2 3 4 5

SM6_7

WHOM SAW: _____ WHAT TOLD: _____

SOM4B4

8. 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

SM6_8

WHOM SAW: _____ WHAT TOLD: _____

IF CODED 5 ASK:

SM6_8A

- A. Did this occur only during a panic attack?

NO 1
YES 5

9. Losing feeling anywhere else for a significant period of time?

CODE: 1	2	3	4	5
---------	---	---	---	---

SM6_9

WHOM SAW: _____ WHAT TOLD: _____

IF CODED 5 ASK:

SM6_9A

- A. Did this occur only during a panic attack?

NO 1

YES 5

C6 (continued)

SM6_10

SOM3RB27
SOM4B4

10. 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: _____

SOM3RB17
SOM4B4

11. 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

SM6_11

WHOM SAW: _____ WHAT TOLD: _____

IF CODED 5 ASK:

SM6_11A

- A. Did this occur only during a panic attack?

NO 1

YES 5

SOM3RB24
SOM4B4

12. Having a seizure or convulsion where you were unconscious and your body jerked, after the age of 12?

CODE: 1 2 3 4 5

SM6_12

WHOM SAW: _____ WHAT TOLD: _____

SOM3RB23
SOM4B4

13. Being unconscious?
- SPECIFY:**
- _____

SM6_13

CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

IF CODED 2-5, CODE SILENTLY:

SM6_13A

- A. WAS BEING
-
- UNCONSCIOUS
- ONLY**
-
- DUE TO FAINTING?

NO 1

YES 5

SOM3RB16
SOM4B4

14. Amnesia for a period of several hours or days where you couldn't remember afterwards anything that happened?

CODE: 1 2 3 4 5

SM6_14

WHOM SAW: _____ WHAT TOLD: _____

SOM3RB18
SOM4B4

15. Losing your voice for 30 minutes or more and only being able to whisper?

CODE: 1 2 3 4 5

SM6_15

WHOM SAW: _____ WHAT TOLD: _____

**BOX C6 IF ANY CODED 3, 4, OR 5 IN C6.1-15,
CONTINUE.
OTHERS SKIP TO D1, p. 17.**

- C7 How old were you the (first/last) time you had any of the problems like (
- MENTION ALL SX CODED 3, 4, OR 5 IN C6.1-15**
-)?

SM_AO7 AGE ONS: _/___

SM_O7 ONS: 1 2 3 4 5

SM_AR7 AGE REC: _/___

SM_R7 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**

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 OR 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:

SM8_1A

- A. Did this occur only during a panic attack?

NO 1

YES 5

SOM3RB21

2. Blurred vision, when not due to needing or 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

SM8_3

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

SM8_4

WHOM SAW: _____ WHAT TOLD: _____

IF CODED 5 ASK:

SM8_4A

- A. Did this occur only during a panic attack?

NO 1

YES 5

SOM3RB15

5. Dizziness?

CODE: 1 2 3 4 5

SM8_5

WHOM SAW: _____ WHAT TOLD: _____

IF CODED 5 ASK:

SM8_5A

- A. Did this occur only during a panic attack?

NO 1

YES 5

SOM3RA
SOM4A

6. Feeling sickly for most of your life?

CODE: 1 2 3 4 5

SM8_6

WHOM SAW: _____ WHAT TOLD: _____

HYSTFGN

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 the hospital)?

CODE: 1 2 3 4 5

SM8_7

WHOM SAW:_____ WHAT TOLD:_____

HYSTFGN

8. A period of time lasting 2 weeks or longer when you felt tired or had no energy?

CODE: 1 2 3 4 5

SM8_8

WHOM SAW:_____ WHAT TOLD:_____

HYSTFGN

9. Any kind of fears or phobias, like fears of heights, insects, closed spaces, or anything else?

CODE: 1 2 3 4 5

SM8_9

WHOM SAW:_____ WHAT TOLD:_____

C8 (continued)

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

HYSTFGN 10. Feeling that you are a nervous person? CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

HYSTFGN 11. Losing a lot of weight, say 10 lbs. or more, without trying to? CODE: 1 2 3 4 5

SM8_11

WHOM SAW: _____ WHAT TOLD: _____

HYSTFGN 12. Having a sudden gain or loss of weight (15 lbs. in 2 weeks or less)? CODE: 1 2 3 4 5

SM8_12

WHOM SAW: _____ WHAT TOLD: _____

HYSTFGN 13. Having a lot of trouble with constipation? CODE: 1 2 3 4 5

SM8_13

WHOM SAW: _____ WHAT TOLD: _____

DYS3R 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

SM8_14

WHOM SAW: _____ WHAT TOLD: _____

DYS3R
HYSTFGN 15. Having a period of time when you felt that life was hopeless? CODE: 1 2 3 4 5

SM8_15

WHOM SAW: _____ WHAT TOLD: _____

SOM3RB29
SOM4B3
HYSTFGN
SOMRDC 16. Feeling that your sex life was not very important? CODE: 1 2 3 4 5

SM8_16

WHOM SAW: _____ WHAT TOLD: _____

SOM4B3
HYSTFGN
SOMRDC 17. Having a period of several months when sex was not pleasurable? CODE: 1 2 3 4 5

WHOM SAW: _____ WHAT TOLD: _____

SOM4B3
SOM3RB31
HYSTFGN

18. **IF R IS MALE, READ A. IF FEMALE, READ B.**

CODE: 1 2 3 4 5

[A] **IF MALE:** Having sexual difficulties, like a time
when you were unable to achieve an erection or
couldn't ejaculate?

SM8_18

[B] **IF FEMALE:** Having sexual difficulties, like a time
when you were unable to achieve sufficient
lubrication?

WHOM SAW: _____ WHAT TOLD: _____

HYSTFGN
SOM4B3

19. A time in your life when you were unable to reach orgasm?

CODE: 1 2 3 4 5

SM8_19

WHOM SAW: _____ WHAT TOLD: _____

BOX C8 IF R IS MALE, SKIP TO BOX C9.

C8 (continued)

Have you ever been bothered a lot by any general problems such as:SOM3RB34
SOM4B3

20. Excessive menstrual bleeding?

CODE: 1 2 3 4 5

**MENOPAUSE COUNTS AS A PHYSICAL
CONDITION.**

SM8_20

WHOM SAW: _____ WHAT TOLD: _____

HYSTFGN
SOMRDC21. 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
SOM4B3

22. Having irregular menstrual periods?

CODE: 1 2 3 4 5

**EXERCISE AND MENOPAUSE COUNT AS
PHYSICAL CONDITIONS.**

SM8_22

WHOM SAW: _____ WHAT TOLD: _____

SOM3RB35
SOM4B323. Vomiting all throughout a pregnancy or being hospitalized
for vomiting during pregnancy?

CODE: 1 2 3 4 5

SM8_23

WHOM SAW: _____ WHAT TOLD: _____

**BOX C9 IF ANY CODED 3, 4, OR 5 IN C8.1-23,
CONTINUE.
OTHERS SKIP TO D1, p. 17.**C9 How old were you the (first/last) time you had any of the
problems like (MENTION ALL SX CODED 3, 4, OR 5 IN
C8.1-23)?

SM_AO9 AGE ONS: / ____

SM_O9 ONS: 1 2 3 4 5

SM_AR9 AGE REC: / ____

SM_R9 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**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 OR INJURY
5 = YES, PSYCHIATRICALY RELEVANT

Now I'm going to ask you some questions about using tobacco.

- (3) D1 A. Have you ever tried any form of tobacco? NO 1
YES (SKIP TO C) 5
TB1A
- B. So, you never have experimented with any form of tobacco (including cigarettes) even one time? NEVER. . . . (SKIP TO E1, p. 23) . 1
YES, HAS USED 5
TB1B
- C. Have you ever:
- | | NO | YES |
|---|---------|-----|
| 1. smoked a cigarette? | TB1C1 1 | 5 |
| 2. smoked a cigar? | TB1C2 1 | 5 |
| 3. smoked a pipe? | TB1C3 1 | 5 |
| 4. used chewing tobacco or snuff? | TB1C4 1 | 5 |
- D. How old were you the (first/last) time you used any form of tobacco? TB_AO1 AGE ONS: ____/____
TB_O1 ONS: 1 2 3 4 5
TB_AR1 AGE REC: ____/____
TB_R1 REC: 1 2 3 4 5

(4) D2 OMITTED

IF NEVER SMOKED CIGARETTES (D1C.1=1), CODE D3 "NO" SILENTLY.

TB3

- (5) D3 Over your lifetime, have you smoked a total of 100 cigarettes? NO . . (SKIP TO E1, p. 23) 1
YES 5

BEGIN SCORING ASTERISKED ITEMS ON TALLY SHEET D.

- (1 & 6) D4 A. When you were smoking regularly, how many days per week did you usually smoke cigarettes? TB4A ____ DAYS
IF NOT AS OFTEN AS ONCE A WEEK, CODE 0.
- ND45(=20) B. How many cigarettes did you usually smoke in a day? TB4B ____ CIGS *
IF 20 OR MORE CIGS 2+ DAYS PER WEEK, MARK TALLY SHEET D.
- C. For about how long did you smoke this many cigarettes at that rate? TB4UNIT ____ UNITS
CODE UNITS:
DAYS 1
WEEKS 2
MONTHS 3
YEARS 4

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

TB_AO4 AGE ONS: ____/____
TB_O4 ONS: 1 2 3 4 5

TB_AR4 AGE REC: ____/____
TB_R4 REC: 1 2 3 4 5

Think about the period lasting a month or more when you were smoking the most.

- (7) D5 During this period when you were smoking the most, about how many minutes after you woke up did you smoke your first cigarette? **IF DK, ASK A. OTHERS SKIP TO D6.** TB5 ____ MINUTES

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
TB5A

-
- (8) D6 During the period when you were smoking the most, did you usually smoke more frequently during the first hours after waking than during the rest of the day? NO 1
YES 5
TB6

-
- (9) D7 During the period when you were smoking the most, did you usually find it difficult to keep from smoking in places where it was forbidden; for example, on airplanes, in movie theaters, in "no smoking" sections of restaurants or office buildings, or perhaps in situations where someone asked you not to? NO 1
YES 5
TB7

-
- D8 During the period when you were smoking the most, which cigarette would you have hated most to give up: the first one in the morning, after eating, while watching television, or some other one? FIRST ONE IN MORNING 5.
ANY OTHERS 1
TB8

-
- (10) D9 During the period when you were smoking the most, were there times you smoked even when you were so ill that you had to be in bed most of the day? NO 1
YES 5
TB9

Now I'd like you to think about your cigarette smoking throughout your life as I ask you more questions about experiences people sometimes have when they smoke cigarettes. (Since you don't smoke now, I'd like to ask you about the times when you used to smoke cigarettes.)

- (11) D10 Did you ever chain smoke; that is, where you smoked several cigarettes, one right after another? NO. (SKIP TO D11) . . 1
YES 5
TB10

A. For how many hours in a row did you smoke like that? TB10A ____ HOURS
CODE LESS THAN 1 HOUR = 00.

BOX D10 IF LESS THAN 3 HOURS, SKIP TO D11.

ND45

- B. What is the longest period of time you have chain smoked every day or nearly every day?
IF 7 OR MORE DAYS, MARK TALLY SHEET D.

TB10B _____ UNITS

CODE UNITS:

DAYS 1
 WEEKS 2 *
 MONTHS 3 *
 YEARS 4 *

(12)
ND46

- D11 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?

NO 1
 YES 5*

TB11

(13)
ND43

- D12 Have you often smoked 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*

TB12

ND43

- A. Have you often found that you've run out of cigarettes sooner than you intended?

NO 1
 YES 5*

TB12A

(14)
ASP3RC7
ASP4A5

- D13 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 D14) 1
 YES 5

TB13

- A. Did this happen a total of 3 or more times?

NO .. (SKIP TO D14) 1
 YES 5

TB13A

- B. Did this ever happen 3 or more times in any 12-month period?

NO 1
 YES 5

TB13B

(15)
ND44

- D14 Have you often wanted to quit or cut down on smoking?

NO 1
 YES .. (SPECIFY) 5*

TB14

SPECIFY (DO NOT COUNT PREGNANCY): _____

- A. Have you ever tried to quit smoking?

NO .. (SKIP TO D15) 1
 YES 5

TB14A

- B. How many times did you try to quit?

TB14B _____ TIMES

- C. Were you always able to stop or cut down when you tried to?

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

TB14C

	1. Was this for at least 1 month?	NO 1
		YES . (SKIP TO D15) 5
		TB14C1
ND44	D. Have you 3 or more times found that you were unable to stop or cut down on smoking (for at least 1 month)?	NO 1
		YES 5*
		TB14D

- (16) D15 Since you began smoking regularly, what is the longest period of time you have gone without using any form of tobacco for any reason, like when you had an illness, or lost interest in tobacco, or intentionally quit? **IF NEVER, CODE 000 DAYS. IF LESS THAN ONE DAY, CODE 001 DAY.**

TB15UNIT ____ UNITS
CODE UNITS:
DAYS 1
WEEKS 2
MONTHS 3
YEARS 4

**BOX D15 IF D15 = 000 DAYS, SKIP TO D17.
OTHERS CONTINUE.**

- (23) A. Have you ever attended a class or group for people trying to quit or reduce their use of tobacco?
- B. Have you ever tried nicotine gum or a nicotine patch (to quit or reduce your use of tobacco)?
- C. Have you ever tried nicotine-free cigarettes (to quit or reduce your use of tobacco)?
- D. Have you tried any other form of treatment or medicine to quit or reduce your use of tobacco?

NO 1
YES 5

TB15A

NO 1
YES 5

TB15B

NO 1
YES 5

TB15C

NO 1
YES .. (SPECIFY) 5

TB15D

SPECIFY: _____

**IF ANY 5 IS CODED IN D15A-D, CONTINUE.
OTHERS SKIP TO D16.**

- E. How old were you the (first/last) time you tried any of these methods to quit or cut down?

TB_AO15 AGE ONS: ____/____
TB_P15 ONS: 1 2 3 4 5

TB_AR15 AGE REC: ____/____
TB_R15 REC: 2 3 4 5

(17) D16 I'm going to ask you about some problems that you might have had when you stopped smoking or smoked less tobacco than usual. Think about the time when you had the most problems when you went without cigarettes or had less than usual. **CODE IN COLUMN I.**

I-SX
II-CLSTR
III-24HRS

During that time:

(SX)	(CLSTR)	(24 HRS)
COL. I	COL. II	COL.
III <u>NO</u> <u>YES</u>	<u>NO</u> <u>YES</u>	<u>NO</u>
<u>YES</u>		

1.	Were you irritable, angry, or frustrated?	1	5	1	5	1
		5				
2.	Were you nervous or anxious?	TB16_1		TB16A1_1		
		TB16B_1				
3.	Were you restless?	1	5	1	5	1
		5				
4.	Did you have trouble concentrating?	TB16_2		TB16A1_2		
		TB16B_2				
5.	Did your heart slow down?	1	5	1	5	1
		5				
6.	Did you feel down or depressed?	TB16_3		TB16A1_3		
		TB16B_3				
7.	Did you have such a strong desire for cigarettes that you couldn't think of anything else?	1	5	1	5	1
		5				
8.	Did your appetite increase or did you gain weight?	TB16_4		TB16A1_4		
		TB16B_4				
9.	Did you have trouble sleeping?	1	5	1	5	1
		5				
		TB16_5		TB16A1_5		
		TB16B_5				
		1	5	1	5	1
		5				
		TB16_6		TB16A1_6		
		TB16B_6				
		1	5	1	5	1
		5				
		TB16_7		TB16A1_7		
		TB16B_7				
		1	5	1	5	1
		5				
		TB16_8		TB16A1_8		
		TB16B_8				
		1	5	1	5	1
		5				
		TB16_9		TB16A1_9		

BOX D16 HOW MANY 5'S CODED IN COLUMN I?

NONE (SKIP TO D17) 1
 1-3 (SKIP TO B) 2
 4 OR MORE 3

ND42A

- A. Did at least four of these (SX CODED 5 IN COL. I) occur together in the first 24 hours after you stopped or cut down?

NO. (SKIP TO B) . . . 1
 YES 5*

TB16A

1. Which ones? **CODE IN COLUMN II.**
 2. How old were you the (first/last) time?

TB_AO16 AGE ONS: ____/____
 TB_O16 ONS: 1 2 3 4 5

TB_AR16 AGE REC: ____/____
 TB_R16 R
 E
 C:

1 2 3 4 5

FOR EACH 5 CODED IN D16.1-7 IN COL. I, ASK B.

- B. Did (SX) last for at least 24 hours?
CODE IN COL. III. ONLY COUNT SYMPTOMS THAT LAST FOR MOST WAKING HOURS.

- C. Did the problems you had after quitting or cutting down on smoking often interfere with your work, school, or household responsibilities?

NO 1
 YES 5

TB16C

ND42B

- D. Did you start smoking again or use other sources of nicotine to avoid having the problems that quitting might cause?

NO 1
 YES 5*

TB16D

(18)

- D17 Has smoking ever made you nervous or jittery or caused you any other emotional or mental problem?

NO . . (SKIP TO D18) 1
 YES 5

TB17

- A. Did feeling nervous, jittery, or having other emotional or mental problems from smoking interfere with your functioning?

NO . . (SKIP TO D18) 1
 YES . . (SPECIFY) 5

TB17A

SPECIFY: _____

ND47

- B. Did you continue to smoke after you knew it caused you problems like these?

NO 1
 YES 5*

TB17B

(19)	D18	Has smoking caused you any health problem such as a problem with your heart or blood pressure, lung trouble, a cough that wouldn't go away, or any other health problem?	NO . . (SKIP TO D19) 1 YES(SPECIFY) 5 TB18
		SPECIFY: _____	TB18CD CODE: ____ _
ND47	A.	Did you continue to smoke after you knew it caused you (this/these) health problem(s)?	NO 1 YES 5* TB18A
(20) ND47	D19	Have you continued to smoke when you had another serious illness that you knew was made worse by smoking, for example: asthma or bronchitis?	NO 1 YES . . (SPECIFY) 5* TB19
		SPECIFY: _____	TB19CD CODE: ____ _
(21)	D20	A. After you had been smoking regularly for some time, did you need to increase your daily use to feel comfortable?	NO 1 YES . . (SKIP TO C) 5 TB20A
	B.	After you had been smoking regularly, did you come to need more cigarettes each day?	NO . . . (SKIP TO D) 1 YES 5 TB20B
ND41A	C.	Was this 50% more? So, if you used to smoke 10 cigarettes a day, you would increase to 15 a day, or go from 20 to 30?	NO 1 YES . . (SKIP TO BOX D21) . . 5* TB20C
ND41B	D.	After you had been smoking for some time, did you find that cigarettes had less effect on you than before?	NO 1 YES 5* TB20D

BOX D21 IF 3 OR MORE BOXES MARKED ON TALLY D, CONTINUE. OTHERS SKIP TO E1, p. 23.

HAND R TOBACCO TALLY SHEET.

(22)	D21	I'd like to review the experiences you've told me you had with smoking cigarettes. You've said that: (READ SX MARKED ON TALLY SHEET D).	
ND4		Did you ever have experiences from 3 or more boxes in any 12-month period? IF YES: Which ones? CIRCLE THE SYMPTOMS THAT CLUSTER. MUST BE FROM 3 DIFFERENT BOXES.	NO. . . . (SKIP TO E1, p. 23) . 1 YES 5 TB21
	A.	How old were you the (first/last) time?	TB_AO21 AGE ONS: ____/____ TB-AR21 AGE REC: ____/____

(2) E3 Did you have any drink containing alcohol in the last week? AL3
NO. . (SKIP TO BOX E3) 1
YES 5

A. We would like to know the number of alcoholic drinks you've had each day in the last week. Today is _____. Let's begin with yesterday.

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

**REFER TO CARD E1 FOR THE DEFINITION OF A STANDARD DRINK.
IF OTHER, RECORD SPECIFIC DRINK NAME.**

	<u>BEER</u>	<u>WINE</u>	<u>LIQUOR</u>	<u>OTHER</u> (SPECIFY DRINK)
M _____	AL3A_1	AL3A_8	AL3A_15	AL3A_22
Tu _____	AL3A_2	AL3A_9	AL3A_16	AL3A_23
W _____	AL3A_3	AL3A_10	AL3A_17	AL3A_24
Th _____	AL3A_4	AL3A_11	AL3A_18	AL3A_25
F _____	AL3A_5	AL3A_12	AL3A_19	AL3A_26
Sa _____	AL3A_6	AL3A_13	AL3A_20	AL3A_27
Su _____	AL3A_7	AL3A_14	AL3A_21	AL3A_28

B. Did you have anything to drink today? AL3B
NO 1
YES 5

BOX E3 IF R DRANK THIS WEEK (E3=5), CODE E3C SILENTLY. OTHERS CONTINUE.

C. When was the last time you had a drink containing alcohol? AL3C_MO
AL3C_YR _____ t
____ / ____
MO YEAR

IF DK DATE, ASK:

ALC_AR3 AGE REC: / ____ t
ALC_R3 REC: 2 3 4 5

- (3) E4 A. Think about your use of alcohol over the past 6 months. How many weeks in the past 6 months have been weeks in which you drank alcohol? **AL4A** ____ WEEKS

**IF
EVERY
WEEK,**

CODE 26. IF 00, SKIP TO E5.

- B. We would like to know the number of drinks containing alcohol you would have each day in a typical week when you drank any alcohol. On a typical (Monday, Tuesday...) in the past 6 months, how many drinks of (beer, wine, liquor...) would you have?

**REFER TO CARD E1 FOR THE DEFINITION OF A STANDARD DRINK.
IF OTHER, RECORD SPECIFIC DRINK NAME.**

	<u>BEER</u>	<u>WINE</u>	<u>LIQUOR</u>	<u>OTHER</u>	<u>(SPECIFY DRINK)</u>
M	_____ AL4B_1	_____ AL4B_8	_____ AL4B_15	_____ AL4B_22	_____
Tu	_____ AL4B_2	_____ AL4B_9	_____ AL4B_16	_____ AL4B_23	_____
W	_____ AL4B_3	_____ AL4B_10	_____ AL4B_17	_____ AL4B_24	_____
Th	_____ AL4B_4	_____ AL4B_11	_____ AL4B_18	_____ AL4B_25	_____
F	_____ AL4B_5	_____ AL4B_12	_____ AL4B_19	_____ AL4B_26	_____
Sa	_____ AL4B_6	_____ AL4B_13	_____ AL4B_20	_____ AL4B_27	_____
Su	_____ AL4B_7	_____ AL4B_14	_____ AL4B_21	_____ AL4B_28	_____

- C. I'd like you to think about the week in the last 6 months when you drank the most. How many days did you drink during that week? **AL4C** ____ DAYS

**IF R VOLUNTEERS THAT NO WEEK
STANDS OUT AS THE HEAVIEST (I.E.,
TYPICAL= HEAVIEST), CODE 0 AND SKIP
TO E5.**

- D. How many drinks did you have on a typical day during that week? **AL4D** ____ DRINKS

- E. During what month did a week like that (last) occur?

____ / ____
MO YEAR

AL4E_MO
AL4E_YR

(4)	E5	At what age did you begin to drink regularly; that is, drinking at least once a month for 6 months or more? IF NEVER, CODE 00.	AL5	AGE: ____ t
	A.	How old were you the first time you got drunk, that is, your speech was slurred or you were unsteady on your feet? IF DK, ASK A1. IF NEVER, CODE 00 AND SKIP TO BOX E5. IF DRUNK BEFORE AGE 15, SKIP TO B. OTHERS SKIP TO BOX E5.	AL5A	AGE: ____
	1.	Was it before you were 15 years old?	AL5A1	NO . . (SKIP TO BOX E5) 1 YES 5
	B.	Did you get drunk more than once before you were 15 years old?	AL5B	NO 1 YES 5
<div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> BOX E5 IF D3=5, CONTINUE. OTHERS SKIP TO E6. </div>				
	C.	When <u>drinking</u> , did you almost always <u>smoke</u> cigarettes at the same time? COUNT TOBACCO ONLY.	AL5C	NO 1 YES 5
(5)	E6	In your lifetime, what is the largest number of drinks you have <u>ever</u> had in a 24-hour period (including all types of alcohol)?	AL6	____ DRINKS
	A.	In the past 6 months, what is the largest number of drinks you've drunk in a 24-hour period?	AL6A	____ DRINKS
<div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> BOX E7 IF E6=3 DRINKS OR FEWER (LIFETIME), SKIP TO F1, p. 46. IF E5 AND E5A BOTH CODED 00, SKIP TO F1, p. 46. OTHERS CONTINUE. </div>				
(6)	E8	Was there ever a time when you drank almost every day for a week or more? By "almost every day" I mean at least 4 days out of 7.	AL8	NO . . . (SKIP TO E9) . . 1 YES 5
	A.	Think about those periods of time when you drank almost every day for at least a week (again, at least 4 out of 7 days). What was the <u>largest</u> number of drinks that you would drink <u>almost every day</u> for at least 1 week? ALMOST EVERY DAY = 4 OUT OF 7.	AL8A	____ DRINKS

B. So, almost every day during this period you drank at least (# FROM A) drinks?

AL8B
NO . . . (RE-ASK A) . . . 1
YES 5

C. How old were you when this period began?

ALC_AO8 AGE ONS: /____
ALC_O8 ONS2 3 4 5

D. How long did this period last?

AL8D ____ ____ ____ WEEKS

**BEGIN SCORING ALCOHOL TALLY SHEETS A, B,
&C.**

(20) E9 (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? **SHOW R CARD E2.**

AL9
NO. . . . (SKIP TO E) . . . 1
YES 5

A1. When you first started drinking regularly, how many drinks did it take you to get an effect? **AL9A1** ____ DRINKS

A2. After you had been drinking for some years, how many drinks did you usually need to get an effect?
CODE THE TYPICAL UPPER BOUND OF TOLERANCE. DO NOT COUNT AN ISOLATED EXPERIENCE.

AL9A2 ____ DRINKS

B. How old were you the (first/last) time you needed (# IN A2) drinks to get an effect?

ALB_AO9 AGE ONS: / ____
ALB_O9 ONS: 1 2 3 4 5
ALB_AR9 AGE REC: / ____
ALB_R9 REC: 1 2 3 4 5

C. WAS THE INCREASE IN A2 TO 5 DRINKS (WOMEN)/ 6 DRINKS (MEN) OR MORE?

AL9C NO . . . (SKIP TO E) 1
YES 5

D. WAS INCREASE 50% OR MORE? CHECK CARD E2.

AL9D NO 1
YES . . (SKIP TO E10) . . 5 A,B,C

E. Did you ever find you could drink a lot more before you got drunk?

AL9E
NO. . . . (SKIP TO E10) . . 1
YES 5

F1. When you first started drinking regularly, how many drinks did it take you to get drunk? **AL9F1** ____ DRINKS

F2. After you had been drinking for some years, how many drinks did it take you to get drunk?
CODE THE TYPICAL UPPER BOUND OF TOLERANCE. DO NOT COUNT AN ISOLATED EXPERIENCE.

AL9F2 ____ DRINKS

G. How old were you the (first/last) time you needed (# IN F2) drinks to get drunk?

ALG_AO9 AGE ONS: / ____
ALG_O9 ONS: 1 2 3 4 5
ALG_AR9 AGE REC: / ____
ALG_R9 REC: 1 2 3 4 5

AD3RA7
AD41A
ADICD4

AD3RA7
AD41B
ADICD4

**H. WAS THE INCREASE IN F2 TO
5 DRINKS (WOMEN)/ 6 DRINKS (MEN)
OR MORE?**

AL9H NO. . (SKIP TO E10) **1**
YES **5**

**I. WAS INCREASE 50% OR MORE?
CHECK CARD E2.**

AL9I NO **1**
YES **5** A,B,C

(9) AD3RA2/B AD44 ADICD2	E10	Have you 3 or more times wanted to stop or cut down on drinking? DO NOT COUNT DIETING OR PREGNANCY.	AL10 NO . . . (SKIP TO B) . . . 1 A,B,C YES 5
		A. How old were you the (first/last) time?	ALA_AO10 AGE ONS: / ____ ALA_O10 ONS: 1 2 3 4 5 ALA_AR10 AGE REC: / ____ ALA_R10 REC: 1 2 3 4 5
		B. Have you ever <u>tried</u> to stop or cut down on drinking? COUNT ANY REASON.	AL10B NO . . . (SKIP TO E11) . 1 YES 5
AD3RA2 ALCFGNB1		C. Were you <u>always</u> able to stop or cut down when you tried to?	AL10C A NO, UNABLE 1 YES . . (SKIP TO E11) . . 5
AD44 ADICD2		D. How many times were you unable to stop or cut down? IF 3 OR MORE, MARK TALLY SHEETS B AND C AND SKIP TO E. IF DK, ASK D1. OTHERS SKIP TO E.	AL10D ____ ____ TIMES B,C
AD44 ADICD2		1. Was it 3 or more times?	AL10D1 NO 1 B,C YES 5
		E. How old were you the (first/last) time?	ALE_AO10 AGE ONS: / ____ ALE_O10 ONS: 1 2 3 4 5 ALE_AR10 AGE REC: / ____ ALE_R10 REC: 1 2 3 4 5
(21) ALCFGNB2	E11	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 <u>to control</u> your drinking? SPECIFY: _____	NO . . (SKIP TO E12). . . . 1 YES . . (SPECIFY) 5 AL11
		A. How old were you the first time?	ALA_AO11 AGE ONS: / ____ ALA_O11 ONS: 1 2 3 4 5
(13) ALCFGNB1	E12	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? For example, when you decided to drink 2 drinks and ended up drinking 4 or more?	NO 1 YES . . (SKIP TO B) . . . 5 AL12
		A. Have you ever continued drinking for more days in a row than you intended?	AL12A NO . . (SKIP TO E13) . . . 1 YES 5

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

ALB_AO12 AGE ONS: / ____

ALB_O12 ONS: 1 2 3 4 5

ALB_AR12 AGE REC: / ____

ALB_R12 REC: 1 2 3 4 5

AD3RA1/B
AD43
ADICD2

C. Did this happen 3 or more times?

AL12C

NO 1 A,B,C

YES 5

(14)	E13	Have you ever started drinking and become drunk when you didn't want to?	AL13 NO . . (SKIP TO E14) . . . 1 YES 5
	A.	How old were you the (first/last) time?	ALA_AO13 AGE ONS: / ____ ALA_O13 ONS: 1 2 3 4 5 ALA_AR13 AGE REC: / ____ ALA_R13 REC: 1 2 3 4 5
AD3RA1/B AD43 ADICD2	B.	Did this happen 3 or more times?	NO 1 YES 5 A,B,C AL13B

(22)	E14	Have you ever given up or greatly reduced important activities while drinking -- like sports, work, or associating with friends or relatives?	NO . . (SKIP TO E15) . . 1 YES . . (SPECIFY) . . . 5 AL14
		SPECIFY: _____ _____	
	A.	How old were you the (first/last) time?	ALA_AO14 AGE ONS: / ____ ALA_O14 ONS: 1 2 3 4 5 ALA_AR14 AGE REC: / ____ ALA_R14 REC: 1 2 3 4 5
AD3RA5/B AD46 ADICD5	B.	Did this happen 3 or more times or for a month or more?	NO 1 YES 5 A,B,C AL14B

(15)	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 AL15
AD3RA3 AD45 ADICD5	A.	Did this period last for a month or more or did you have 3 or more periods like that?	NO . . . (SKIP TO E16) . 1 YES 5 A,B,C AL15A
	B.	How old were you the (first/last) time?	ALB_AO15 AGE ONS: / ____ ALB_O15 ONS: 1 2 3 4 5 ALB_AR15 AGE REC: / ____ ALB_R15 REC: 1 2 3 4 5

(12)	E16	Have you ever gone on binges or benders when you kept on drinking for 2 days or more without sobering up, except for sleeping?	NO. . . (SKIP TO E17) . . 1 YES 5 AL16
	A.	Did you neglect some of your usual responsibilities then?	NO. . . (SKIP TO E17) . . 1 YES 5 AL16A
AD3RA4/B ADICD5 ALCFGNA4	B.	How many binges like that have you had? IF 3 OR MORE, MARK TALLY SHEETS A AND C AND SKIP TO C. IF DK, ASK B1. OTHERS SKIP TO C.	AL16B ____ ____ TIMES A,C
AD3RA4/B ADICD5 ALCFGNA4	1.	Did you go on binges 3 or more times?	NO 1 YES 5 A,C AL16B1
	C.	How old were you the (first/last) time (you binged and neglected your responsibilities)?	ALC_AO16 AGE ONS: / ____ ALC_O16 ONS: 1 2 3 4 5 ALC_AR16 AGE REC: / ____ ALC_R16 REC: 1 2 3 4 5
AA4A1		IF FEWER THAN 3 BINGES, CODE "NO" SILENTLY.	
	D.	Did this happen 3 or more times in any 12-month period?	NO 1 YES 5 AL16D
(31) ALCFGNA3	E17	Have you ever had blackouts, that is when you did not pass out while drinking, but you drank enough so that the next day you could not remember things you had said or done?	NO. . . (SKIP TO E18) . . 1 YES 5 AL17
	A.	How old were you the (first/last) time?	ALA_AO17 AGE ONS: / ____ ALA_O17 ONS: 1 2 3 4 5 ALA_AR17 AGE REC: / ____ ALA_R17 REC: 1 2 3 4 5
	B.	How many blackouts have you had from drinking? IF DK, ASK B1. OTHERS SKIP TO E18.	AL17B ____ ____ TIMES AL17B1
	1.	Did you have 3 or more blackouts?	NO 1 YES 5
(10)	E18	Did you ever need a drink just after you had gotten up (that is, before breakfast)?	AL18 NO 1 YES 5

A. Did you ever take a drink just after you had gotten up?

NO 1
YES 5

AL18A

IF E18 AND E18A ARE BOTH CODED 1, SKIP TO E19.

OTHERS CONTINUE.

B. How old were you the (first/last) time you took (needed) a drink just after you had gotten up?

ALB_AO18 AGE ONS:/____

ALB_O18 ONS:1 2 3 4 5

ALB_AR18 AGE REC:/____

ALB_R18 REC:1 2 3 4 5

C. Did this happen 3 or more times?

NO 1
YES 5

AL18C

(11) ADICD1	E19	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 E20) . . 1 YES 5 C AL19
	A.	How old were you the (first/last) time?	ALA_AO19 AGE ONS: / ____ ALA_O19 ONS: 1 2 3 4 5 ALA_AR19 AGE REC: / ____ ALA_R19 REC: 1 2 3 4 5

(19) ALCFGNB4	E20	Did you ever drink unusual things such as rubbing alcohol, mouthwash, vanilla extract, cough syrup, or any other non-beverage alcohol?	NO . . . (SKIP TO E21) . 1 YES 5 AL20
	A.	How old were you the first time?	AGE ONS: ____ / ____ ONS: 1 2 3 4 5 AL20A

(36) AD3RA4/B AA3RA2 AA4A2	E21	Have you used alcohol 3 or more times while taking medications or drugs you knew were dangerous to mix with alcohol? PROBE FOR AMOUNTS OF ALC/DRUGS AND REASON THOUGHT DANGEROUS.	NO . . . (SKIP TO E22) . . 1 YES. . . (SPECIFY) . . . 5 A AL21
		SPECIFY: _____ _____	
	A.	What medication(s) or drug(s)? _____ _____	AL21CD1 CODE: ____ AL21CD2 CODE: ____
	B.	How old were you the (first/last) time you mixed alcohol and drugs when you knew it was dangerous?	ALB_AO21 AGE ONS: / ____ ALB_O21 ONS: 1 2 3 4 5 ALB_AR21 AGE REC: / ____ ALB_R21 REC: 1 2 3 4 5
AA4A2	C.	Did this happen 3 or more times in any 12-month period?	NO 1 YES 5 AL21C
ADICD6	D.	Did you have any harmful effects from mixing alcohol and (DRUG)?	NO 1 YES. . . . (SPECIFY) . . . 5 C AL21D
		SPECIFY: _____ _____	

(30)	E22	When you were drunk, did you ever drive a car, motorcycle or boat; use a knife, power equipment or gun; cross against traffic; climb or swim; or put yourself in any other situation where you might have gotten hurt?	NO... (SKIP TO E23) ... 1 YES 5 AL22
		A. How old were you the (first/last) time?	ALA_AO22 AGE ONS: / ____ ALA_O22 ONS: 1 2 3 4 5 ALA_AR22 AGE REC: / ____ ALA_R22 REC: 1 2 3 4 5
AD3RA4/B AA3RA2/B ASP3RC7 ASP4A5		B. How many times has this happened? IF 3 OR MORE, MARK TALLY A AND SKIP TO C. IF FEWER THAN 3, SKIP TO E23. IF DK, ASK B1.	AL21B ____ ____ TIMES A
AD3RA4/B AA3RA2/B ASP3RC7 ASP4A5		1. Did this happen 3 or more times?	NO... (SKIP TO E23) ... 1 YES 5 A AL22B1
AA4A2		C. Did this happen 3 or more times in any 12-month period?	NO 1 YES 5 AL22C
(27) ALCFGNC2	E23	Have you ever been arrested for drunk driving?	NO... (SKIP TO E24) ... 1 YES 5 AL23
		A. How old were you the (first/last) time?	ALA_AO23 AGE ONS: / ____ ALA_O23 ONS: 1 2 3 4 5 ALA_AR23 AGE REC: / ____ ALA_R23 REC: 1 2 3 4 5
AD3RA4/B AA3RA2/B ASP3RC7 ASP4A5		B. How many times has this happened? IF 3 OR MORE, MARK TALLY A AND SKIP TO C. IF FEWER THAN 3, SKIP TO E24. IF DK, ASK B1.	AL23B ____ ____ TIMES A
AD3RA4/B AA3RA2/B ASP3RC7 ASP4A5		1. Did this happen 3 or more times?	NO... (SKIP TO E24) ... 1 YES 5 A AL23B1
AA4A3		C. Did this happen 3 or more times in any 12-month period?	NO 1 YES 5 AL23C

(27) ALCFGNC2	E24	Has your drinking and driving ever resulted in your damaging your car or having an accident? COUNT ALL ACCIDENTS, EVEN IF NOT REPORTED TO THE POLICE.	NO. . . . (SKIP TO E25) . 1 YES 5 AL24
ASP3RC7	A.	How old were you the (first/last) time?	ALA_AO24 AGE ONS: / ____ ALA_O24 ONS: 1 2 3 4 5 ALA_AR24 AGE REC: / ____ ALA_R24 REC: 1 2 3 4 5
AD3RA4/B AA3RA2/B	B.	How many times has this happened? IF 3 OR MORE, MARK TALLY A AND SKIP TO C. IF FEWER THAN 3, SKIP TO E25. IF DK, ASK B1.	AL24B ____ TIMES A
AD3RA4/B AA3RA2/B	1.	Did this happen 3 or more times?	NO. . . . (SKIP TO E25) . . 1 YES 5 A AL24B1
AA4A2	C.	Did this happen 3 or more times in any 12-month period?	NO 1 YES 5 AL24C

(23) AD3RA4/B	E25	Has your drinking or being drunk or hung over <u>often</u> interfered with your work, school, household, or child care responsibilities? SPECIFY: _____ _____	NO. . . . (SKIP TO E26) . 1 YES. . . . (SPECIFY) . . . 5 A AL25
	A.	How old were you the (first/last) time?	ALA_AO25 AGE ONS: / ____ ALA_O25 ONS: 1 2 3 4 5 ALA_AR25 AGE REC: / ____ ALA_R25 REC: 1 2 3 4 5
AA4A1	B.	Did this happen 3 or more times in any 12-month period?	NO 1 YES 5 AL25B

**FOR EACH 5 CODED IN E26A.1-8, GET AGE ONSET
AND ASK, "Did this happen 3 or more times?" CODE IN
COL II.**

			COL I NO	YES	AGE ONS	COL I NO	
(17) ALCFGND2 ALCFGND4 AD3RA6 AA3RA1/B	E26A	1. Did your drinking ever result in objections from or problems with your family, friends, doctors, clergy, or people at work or school?	<u>YES</u>	<u>AL26A1</u>	<u>ALAO26_1</u>		
			1	5	___/___	1	5
			A				
ALCFGND3 AD3RA6		2. Have you ever lost friends on account of your drinking?	<u>AL26A2</u>	<u>ALAO26_2</u>	<u>AL26B2</u>		
			1	5	___/___	1	5
			A				
ALCFGNC3 AD3RA6 AA3RA1/B		3. Did your drinking ever cause you to have problems at work or school?	<u>AL26A3</u>	<u>ALAO26_3</u>	<u>AL26B3</u>		
			1	5	___/___	1	5
			A				
		4. Did you ever get into arguments when you had been drinking?	<u>AL26A4</u>	<u>ALAO26_4</u>	<u>AL26B4</u>		
			1	5	___/___	1	5
ALCFGNC4		5. Did you ever hit things or throw something when you had been drinking?	<u>AL26A5</u>	<u>ALAO26_5</u>	<u>AL26B5</u>		
			1	5	___/___	1	5
ALCFGNC4		6. Did you ever hit a significant other or anyone in your family when you had been drinking?	<u>AL26A6</u>	<u>ALAO26_6</u>	<u>AL26B6</u>		
			1	5	___/___	1	5
ALCFGNC4		7. Did you ever hit anyone else when you had been drinking without getting into a fight?	<u>AL26A7</u>	<u>ALAO26_7</u>	<u>AL26B7</u>		
			1	5	___/___	1	5
ALCFGNC4		8. Did you ever get into physical fights while drinking?	<u>AL26A8</u>	<u>ALAO26_8</u>	<u>AL26B7</u>		
			1	5	___/___	1	5

**IF ANY 5 IS CODED IN COL. I, CONTINUE.
OTHERS SKIP TO E27.**

	B.	How old were the last time any of these happened (REVIEW SX CODED 5 IN COL. I)?	<u>ALB_AR26</u>	AGE REC: /___	
			<u>ALB_R26</u>	REC:1 2 3 4 5	
			<u>AL26C</u>		
AA4A4	C.	Did any of these experiences happen 3 or more separate times in any 12-month period?	NO	1	
			YES	5	

(24)	E27	Did your drinking cause serious or repeated problems in any marriage or love relationship?	<u>AL27</u>		
			NO. . . . (SKIP TO E28) .	1	
			YES	5	
	A.	How old were you the (first/last) time?	<u>ALA_AO27</u>	AGE ONS: /___	
			<u>ALA_O27</u>	ONS:1 2 3 4 5	
			<u>ALA_AR27</u>	AGE REC: /___	
			<u>ALA_R27</u>	REC:1 2 3 4 5	

AA4A4

B. Did this happen 3 or more times in any 12-month period?

NO 1

YES 5

AL27B

AD3RA6

C. Did you continue to drink knowing it caused these problems?

NO 1

YES 5 A

AL27C

(28) ALCFGNC1	E28	Have you ever been arrested or detained by the police even for a few hours because of drunk behavior (other than for drunk driving)?	NO(SKIP TO E29) . 1 YES 5 AL28
	A.	How old were you the (first/last) time?	ALA_AO28 AGE ONS:/____ ALA_O28 ONS:1 2 3 4 5 ALA_AR28 AGE REC:/____ ALA_R28 REC:1 2 3 4 5
AD3RA6	B.	How many times has this happened? IF 3 OR MORE, MARK TALLY A AND SKIP TO C. IF FEWER THAN 3, SKIP TO E29. IF DK, ASK B1.	AL28B ____ TIMES A
AD3RA6	1.	Did this happen 3 or more times?	NO. . . (SKIP TO E29) . . 1 YES 5 A AL28B1
AA4A3	C.	Did this happen 3 or more times in any 12-month period?	NO 1 YES 5 AL28C
(29)	E29	Have you ever accidentally injured yourself when you were drinking; that is, had a bad fall or cut yourself badly, been hurt in a traffic accident, or anything like that?	NO. . . (SKIP TO E31) . . 1 YES 5 AL29
	A.	How old were you the (first/last) time?	ALA_AO29 AGE ONS:/____ ALA_O29 ONS:1 2 3 4 5 ALA_AR29 AGE REC:/____ ALA_R29 REC:1 2 3 4 5
AD3RA4/B ADICD6 AA3RA2	B.	How many times has this happened? IF 3 OR MORE, MARK TALLY A AND C, AND SKIP TO C. IF FEWER THAN 3, SKIP TO E31. IF DK, ASK B1.	AL29B ____ TIMES A,C
AD3RA4/B ADICD6 AA3RA2	1.	Did this happen 3 or more times?	NO. . . (SKIP TO E31) . . 1 YES 5 A,C AL29B1
AA4A2	C.	Did this happen 3 or more times in any 12-month period?	NO 1 YES 5 AL29C
(16)	E30	OMITTED.	

(35)
ALCFGNA2

E31 There are several health problems that can result from long stretches of drinking.
Did drinking ever cause you to have.. .

NO YES

1. liver disease or yellow jaundice? 1 5 AL31_1
2. stomach disease or make you vomit blood? 1 5 AL31_2
3. pancreatitis? 1 5 AL31_3
4. damage to your heart (cardiomyopathy)? 1 5 AL31_4
5. your feet tingle or feel numb for many hours? 1 5 AL31_5
6. memory problems even when you weren't drinking (so, not counting blackouts)? 1 5 AL31_6
7. any other physical health problems? **IF YES, SPECIFY.** 1 5 AL31_7

SPECIFY:_____

IF ALL CODED 1, SKIP TO E32. OTHERS CONTINUE.

- A. How old were you when you first found out that drinking had given you any of these health problems? ALA_AO31 AGE ONS:/____
ALA_O31 ONS:1 2 3 4 5

AD3RA6
AD47
ADICD6
AA3RA1

- B. Did you continue to drink knowing that drinking caused you to have health problems? NO 1
YES 5 A,B,C
AL31B

(36)
AD3RA6
AD47
ADICD6
AA3RA1

E32 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 E33) . 1
YES 5 A,B,C
AL32

- A. What illness or condition?_____ AL32CD1 CODE: __ __ __
_____ AL32CD2 CODE: __ __

- B. How old were you the (first/last) time? ALB_AO32 AGE ONS:/____
ALB_O32 ONS:1 2 3 4 5
ALB_AR32 AGE REC:/____
ALB_R32 REC:1 2 3 4 5

- C. Did drinking make your illness or condition worse? NO 1
YES 5
AL32C

(37)	E33	Has drinking ever caused you emotional or psychological problems like:	<u>NO</u>	<u>YES</u>
		1. feeling depressed or uninterested in things for more than AL33_1 24 hours to the point that it interfered with your functioning?	1	5
		2. feeling jumpy or easily startled or nervous for more than 24 hours 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 AL33_4 24 hours to the point that it interfered with your relationships?	1	5
		AL33_5 5. hearing, seeing, or smelling things that weren't really there?	1	5
		IF ALL ARE CODED 1, SKIP TO E34. OTHERS CONTINUE.		
AD3RA6 AD47 ADICD6 AA3RA1		A. Did you continue to drink after you knew it caused you any of these problems?	NO. . . . (SKIP TO E34) . 1 YES 5	A,B,C
			AL33A	
		B. How old were you the (first/last) time?	ALB_AO33 AGE ONS:/____ ALB_O33 ONS:1 2 3 4 5 ALB_AR33 AGE REC:/____ ALB_R33 REC:1 2 3 4 5	
(25) ALCFGND1	E34	Did you ever think that you were an excessive drinker or think that you drank too much for your own good?	NO. . . . (SKIP TO E35) . . 1 YES 5	
			AL34	
		A. How old were you the first time you thought that?	ALA_AO34 AGE ONS:/____ ALA_O34 ONS:1 2 3 4 5	
(26) ALCFGND5	E35	Have you ever felt guilty about drinking?	NO. . (SKIP TO BOX E36) 1 YES 5	
			AL35	
		A. How old were you the first time?	ALA_AO35 AGE ONS:/____ ALA_O35 ONS:1 2 3 4 5	
(18)	E36	OMITTED.		

**BOX E36 CHECK TALLY A, B, AND C. IF NO
MARKS, SKIP TO F1, p. 46. OTHERS
CONTINUE.**

E37 People who cut down, stop, or go without drinking after drinking steadily for some time may not feel well. These feelings are more intense and can last longer than the usual hangover.

When you stopped, cut down or went without drinking, did you ever experience any of the following problems for most of the day for 2 days or longer? **REPEAT STEM OFTEN.**

CODE IN COL. I. (NO=1, YES=5)

	I	II (DSM3R)	III (DSM4)	IV (ICD)
II-AD3R III-AD4 IV-AICD				
1. Did you have the shakes (hands trembling)?	1 5 AL37_1	1 5 AL37_A1	1 5 AL37_B2	1 5
2. Were you unable to sleep?	AL37_B1 1 5	1 5	1 5	1 5
3. Did you feel anxious?	AL37_2 AL37_C2	AL37_A2	AL37_B2	
4. Did you feel depressed or irritable?	1 5 AL37_3	1 5 AL37_A3	1 5 AL37_B3	
5. Did your heart beat fast or did you sweat?	1 5 AL37_4	1 5 AL37_A4		
6. Did you have nausea or vomiting?	1 5 AL37_5 AL37_C5	1 5 AL37_A5	1 5 AL37_B5	1 5
7. Did you feel physically weak?				
8. Did you have headaches?	1 5 AL37_6 AL37_C6	1 5 AL37_A6	1 5 AL37_B6	1 5
9. Did you see or hear things that weren't there?	1 5 AL37_7 AL37_C7	1 5 AL37_A7	1 5 AL37_B7	1 5
10. Were you fidgety or restless?	1 5 AL37_8 AL37_C8	1 5 AL37_A8		1 5
	1 5 AL37_9 AL37_C9	1 5 AL37_A9	1 5 AL37_B9	1 5
	1 5 AL37_10 AL37_C10		1 5 AL37_B10	1 5

BOX E37 IF NO 5'S CODED IN COLUMN I, SKIP TO E38. IF R HAD SHAKES (E37.1= 5), ASK A. IF NO SHAKES (E37.1=1), SKIP TO B.

A.

How old were you the (first/last) time you had the shakes (hands trembling)?

ALA_AO37

AGE ONS:/

ALA_O37

ONS:1 2 3 4 5

ALA_AR37

AGE REC:/

ALA_R37

REC:1 2 3 4 5

AD3RB

B.

What was the longest time that (this/any of these) problem(s) lasted?

AL37B

_____ DAYS

IF ONLY ONE SX IS CODED 5 IN E37.1-10, SKIP TO H. OTHERS CONTINUE.

C.

Was there ever a time when two or more of these problems occurred together?

NO. . . . (SKIP TO F) . . . 1

YES 5

AL37C

AD3RA8
AD42A
ADICD3

D.

Which ones? CODE IN COL. II, III, IV. (NO=1, YES=5)

IF SHAKES IN COL. II AND 1+ SX IN COL. II, MARK TALLY A.

IF 2+ SX IN COL. III, MARK TALLY B.

IF 3+ SX IN COL IV, MARK TALLY C.

A

B

C

E.

How old were you the (first/last) time these problems occurred together?

ALE_AO37

AGE ONS:/

ALE_O37

ONS:1 2 3 4 5

ALE_AR37

AGE REC:/

ALE_R37

REC:1 2 3 4 5

AD3RB

- F. How many times did you have problems like these (occur together)? **IF DK, ASK F1. OTHERS SKIP TO G.**

AL37F ____ TIMES

AD3RB

1. Did this occur 3 or more times?

NO 1

YES 5

AL37F1

**IF NO 5'S IN COL. III, SKIP TO H.
OTHERS CONTINUE.**

- G. You said you (**REVIEW ALL 5'S CODED IN COL. III**). Did (this/these) problem(s) interfere with your functioning at work, school, or home?

NO 1

YES 5

AL37G

- H. Have you ever taken a drink to keep from having any of these problems (or to make them go away) (**REVIEW ALL 5'S CODED IN COL. I**)?

NO. (SKIP TO J) .. 1

YES 5

AL37H

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

ALH_AO37 AGE ONS: / ____

ALH_O37 ONS: 1 2 3 4 5

ALH_AR37 AGE REC: / ____

ALH_R37 REC: 1 2 3 4 5

AD3RA9/B
AD42B
ADICD3

- I. Did this happen 3 or more times?

NO 1

YES 5 A,B,C

AL37I

- J. Did you ever take any medication or drug to avoid any of these problems (or to make them go away)?
DO NOT COUNT ASPIRIN, TYLENOL, ETC. DO COUNT MEDS GIVEN IN TREATMENT.

NO 1

YES. (SPECIFY) ... 5

AL37J

SPECIFY: _____

AL37CD1 CODE: ____

AL37CD2 CODE: ____

—

—

—

(33) AD3RA8 AD42A ADICD3 ALCFGNAI	E38	When you stopped, cut down, or went without drinking, did you ever have fits, seizures, or convulsions, where you lost consciousness, fell to the floor, and had difficulty remembering what happened?	NO. . . . (SKIP TO E39) . 1 YES 5 A,B,C AL38
	A.	How old were you the (first/last) time this happened?	ALA_AO38 AGE ONS:/____ ALA_O38 ONS: 1 2 3 4 5 ALA_AR38 AGE REC:/____ ALA_R38 REC: 1 2 3 4 5
AD3RB	B.	How many times did this happen? IF DK, ASK B1. OTHERS SKIP TO C.	AL38B ____ TIMES
	1.	Did this occur 3 or more times?	NO 1 YES 5 AL38B1
AD3RA9/B AD42B ADICD3	C.	On 3 or more different occasions have you taken a drink to keep from having fits, seizures, or convulsions or to make them go away?	NO. . . . (SKIP TO D) . . 1 YES 5 A,B,C AL38C
	1.	How old were you the (first/last) time this happened?	ALC_AO38 AGE ONS:/____ ALC_O38 ONS:1 2 3 4 5 ALC_AR38 AGE REC:/____ ALC_R38 REC:1 2 3 4 5
	D.	Did you ever take any medication or drug to avoid having fits, seizures, or convulsions (that occurred because you went without drinking) or to make them go away? DO NOT COUNT ASPIRIN, TYLENOL, ETC. <u>DO</u> COUNT MEDS GIVEN IN TREATMENT.	NO 1 YES .. (SPECIFY) 5 AL38D
		SPECIFY: _____	AL38CD1 CODE: ____
		_____	AL38CD2 CODE: ____

(34) AD3RA8 AD42A ADICD3 ALCFGNA1	E39	When you stopped, cut down, or went without drinking, did you ever have the DT's, that is, where you were very confused, extremely shaky, felt very frightened or nervous, or saw things that weren't really there?	NO. . . . (SKIP TO E40) . 1 YES 5 A,B,C AL39
	A.	How old were you the (first/last) time this happened?	ALA_AO39 AGE ONS: / ____ ALA_O39 ONS: 1 2 3 4 5 ALA_AR39 AGE REC: / ____ ALA_R39 REC: 1 2 3 4 5
AD3RB	B.	How many times did this happen? IF DK, ASK B1. OTHERS SKIP TO C.	AL39B ____ TIMES
	1.	Did this occur 3 or more times?	NO 1 YES 5 AL39B1
AD3RA9/B AD42B ADICD3	C.	On 3 or more different occasions have you taken a drink to keep from having the DT's or to make them go away?	NO. (SKIP TO D) . . 1 YES 5 A,B,C AL39C
	1.	How old were you the (first/last) time this happened?	ALC_AO39 AGE ONS: / ____ ALC_O39 ONS: 1 2 3 4 5 ALC_AR39 AGE REC: / ____ ALC_R39 REC: 1 2 3 4 5
	D.	Did you ever take any medication or drug to avoid the DT's or to make them go away? DO NOT COUNT ASPIRIN, TYLENOL, ETC. DO COUNT MEDS GIVEN IN TREATMENT.	NO 1 YES. . . (SPECIFY) . . . 5 AL39D
		SPECIFY: _____	AL39CD1 CODE: ____
		_____	AL39CD2 CODE: ____
		_____	_____

BOX E40 IF 3 OR MORE BOXES MARKED ON TALLY SHEET A, CONTINUE. OTHERS SKIP TO BOX E41.

HAND R ALCOHOL TALLY A.

(40)
AD3RB

- E40 A. I have checked on this sheet the experiences with alcohol that you told me about. The experiences are grouped into boxes. You told me (**REVIEW SX**). I'd like you to tell me whether there has ever been a period lasting a month or longer when you had experiences from 3 or more boxes occurring together? **IF YES:** Please tell me the box and number for each experience. **CIRCLE SYMPTOMS THAT CLUSTER. MUST BE FROM 3 DIFFERENT BOXES. DO NOT COUNT SYMPTOMS THAT OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**
- B. Was there ever a period lasting a month or longer when you had experiences from 2 boxes occurring together? **IF YES:** Please tell me the box and number for each experience. **CIRCLE SYMPTOMS THAT CLUSTER. MUST BE FROM 2 DIFFERENT BOXES. DO NOT COUNT SYMPTOMS THAT OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**
- C. How old were you the (first/last) time you had experiences from 3(2) boxes occur within a period lasting a month or more?

NO 1
YES. . . . (SKIP TO C) . . 5
[AL40A](#)

NO. (SKIP TO BOX E41) . 1
YES 5
[AL40B](#)

[ALC_AO40](#) AGE ONS: / ____ t
[ALC_O40](#) ONS: 1 2 3 4 5
[ALC_AR40](#) AGE REC: / ____ t
[ALC_R40](#) REC: 1 2 3 4 5

BOX E41 IF 3 OR MORE BOXES MARKED ON TALLY SHEET B, CONTINUE. OTHERS SKIP TO BOX E42.

HAND R ALCOHOL TALLY B.

- E41 A. I have checked the experiences with alcohol that you told me about. The experiences are grouped into boxes different from the one I just showed you. You told me **(REVIEW SX)**. I'd like you to tell me whether there has ever been a 12-month period in which you had experiences from 3 or more boxes? **IF YES:** Please tell me the box and number for each experience that occurred during the same 12-month period, even if the problems did not last the full 12 months. **CIRCLE SYMPTOMS THAT CLUSTER. MUST BE FROM 3 DIFFERENT BOXES. DO NOT COUNT SYMPTOMS THAT OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**

NO. (SKIP TO BOX E42) . 1

YES 5

AL41A

- B. How old were you the (first/last) time you had experiences from 3 or more boxes occur within a 12-month period?

ALB_AO41 AGE ONS/____

ALB_AR41 AGE REC/____

BOX E42 IF 3 OR MORE BOXES MARKED ON TALLY SHEET C, CONTINUE. OTHERS SKIP TO BOX E43.

HAND R ALCOHOL TALLY C.

- E42 A. This is (another) list of experiences grouped into boxes that are different from the ones you have already seen. You told me **(REVIEW SX)**. I'd like you to tell me whether there has ever been a period lasting a month or longer when you had experiences from 3 boxes occurring together? **IF YES:** Which ones? **CIRCLE SX THAT CLUSTER. MUST BE FROM 3 DIFFERENT BOXES. DO NOT COUNT SYMPTOMS THAT OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**

NO 1

YES. . . . (SKIP TO C) . . 5

AL42A

B. Have experiences from 3 boxes ever occurred together repeatedly within a 12-month period?
IF YES: Which ones? **CIRCLE SX THAT CLUSTER. MUST BE FROM 3 DIFFERENT BOXES. DO NOT COUNT SYMPTOMS THAT OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**

NO. (SKIP TO BOX E43) . 1
YES 5
[AL42B](#)

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

[ALC_AO42](#) AGE ONS: / ____

[ALC_AR42](#) AGE REC: / ____

BOX E43 IF 2+ BOXES MARKED ON TALLY SHEET A, CONTINUE. OTHERS SKIP TO E44.

(8) E43 (Since (AGE OF REGULAR DRINKING IN E5)), **AL43** _____ MONTHS
what is the longest period of time you have gone without drinking?

IF LESS THAN 3 MONTHS, SKIP TO E44.

A. How many times have you gone without drinking for 3 months or longer? **AL43A** _____ TIMES

B. Can you tell me when these periods occurred?

IF MORE THAN 4 ABSTINENT PERIODS, RECORD THE 4 LONGEST.

PERIOD 1: FROM ____/____/____ TO ____/____/____
t

MO YEAR MO YEAR
AL43OFM1 AL43OFY1 AL43ONM1 AL43ONY1

PERIOD 2: FROM ____/____/____ TO ____/____/____
t

MO YEAR MO YEAR
AL43OFM2 AL43OFY2 AL43ONM2 AL43ONY2

PERIOD 3: FROM ____/____/____ TO ____/____/____
t

MO YEAR MO YEAR
AL43OFM3 AL43OFY3 AL43ONM3
AL43ONY3

PERIOD 4: FROM ____/____/____ TO ____/____/____
t

MO YEAR MO YEAR
AL43OFM4 AL43OFY4 AL43ONM4 AL43ONY4

(38) E44 Have you ever brought up any problem you might have had with drinking with any professional? NO. . . .(SKIP TO E45) . . 1
YES 5
AL44

A. Did you talk with: **NO YES**

1. a psychiatrist? **AL44A_1** 1 5
2. another medical doctor? **AL44A_2** 1 5
3. a psychologist? **AL44A_3** 1 5
4. another mental health professional? **AL44A_4** 1 5
5. a member of the clergy? **AL44A_5** 1 5
6. another professional? (IF YES, SPECIFY) **AL44A_6** 1 5

SPECIFY: _____

B. How old were you the (first/last) time you brought
up any problem you had with drinking?

ALB_AO44 AGE ONS: / ____

ALB_O44 ONS: 1 2 3 4 5

ALB_AR44 AGE REC: / ____

ALB_R44 REC: 1 2 3 4 5

C. With whom did you speak first?

AL44C

CODE: ____

RECORD CODE (1-6)

REFER TO B9 BEFORE ASKING

Have you ever been treated for a drinking problem?

NO (SKIP TO D) . . 1

YES 5

AL45

A. Were you treated:

NO YES1. at AA or another self-help group? **AL45A_1** 1 52. at an outpatient alcohol program? **AL45A_2** 1 53. at an outpatient program for something other than
alcohol? **AL45A_3** 1 54. at an inpatient alcohol program? **AL45A_4** 1 55. when you were an inpatient for medical complications
due to alcohol? **AL45A_5** 1 56. at any other place or program? . (IF YES, SPECIFY) **AL45A_6** 1 5**SPECIFY:** _____B. How old were you the (first/last) time you were
treated?**ALB_AO45** AGE ONS: / ____**ALB_O45** ONS: 1 2 3 4 5**ALB_AR45** AGE REC: / ____**ALB_R45** REC: 1 2 3 4 5C. Where were you first treated? **RECORD CODE**
(1-6) AND THEN SKIP TO F1, p. 46.**AL45C**

CODE: ____

D. Did you ever attend a self-help group (like AA) for
your drinking?

NO. . (SKIP TO F1, p. 46) 1

YES 5

AL45D1. How old were you the (first/last) time you
attended a self-help group for your drinking?**ALD_AO45** AGE ONS: / ____**ALD_O45** ONS: 1 2 3 4 5**ALD_AR45** AGE REC: / ____**ALD_R45** REC: 1 2 3 4 5

(1) F1 Have you ever used marijuana or hashish? NO . . . (SKIP TO G1, p. 56) . 1
YES 5
MJ1

A. How many times? MJ1A ____ TIMES

**IF FEWER THAN 21 TIMES, CODE B "NO"
SILENTLY. OTHERS CONTINUE.**

B. Did you ever use marijuana at least 21 times in a
single year? NO 1
YES 5
MJ1B

(2) F2 How old were you the first time you used marijuana? MJ_AO2 AGE ONS: __/__ t
MJ_O2 ONS: 1 2 3 4 5

**IF AGE ONS 15 OR LATER, SKIP TO B.
OTHERS CONTINUE.**

A. Did you use marijuana more than once before you
were 15? NO 1
YES 5
MJ2A

B. How old were you the last time you used
marijuana? MJB_AR2 AGE REC: __/__ t
MJB_R2 REC: 1 2 3 4 5

**IF REC CODE=5, SKIP TO D.
OTHERS CONTINUE.**

C. How many times did you use marijuana in the last
12 months? MJ2C ____ TIMES
**IF DK, ASK C1. IF MORE THAN 20
TIMES, SKIP TO F3. OTHERS SKIP TO
D.**

1. Did you use marijuana at least 21 times during
the past 12 months? NO 1
YES . . (SKIP TO F3) 5
MJ2C1

D. Did you ever use marijuana at least once a week
for a month or more? NO 1
YES 5
MJ2D

**BOX F2 IF F1B IS CODED 1, SKIP TO G1, p.
56.**

OTHERS CONTINUE.

(3)
DRFGNC

F3 What was the longest period of time you used marijuana almost every day?

MJ3UNIT _____ UNITS

CODE UNITS:

DAYS 1
WEEKS 2
MONTHS 3
YEARS 4

**IF NEVER, CODE 0000 DAYS AND SKIP TO B.
IF LESS THAN 2 WEEKS, SKIP TO B.
OTHERS CONTINUE.**

A. How old were you the (first/last) time you used marijuana almost every day for at least two weeks?

MJA_AO3 AGE ONS: ____/____ *t*

MJA_O2 ONS: 1 2 3 4 5

MJA_AR3 AGE REC: ____/____ *t*

MJA_R3 REC: 1 2 3 4 5

B. Please think about the period when you were using marijuana the most. During that period, how many days per month did you use marijuana?

MJ3B _____ DAYS

C. During that period of heaviest use, how much marijuana did you use on an average day?

MJ3CUNITS _____ UNITS

CODE UNITS:

HITS 2
JOINTS/CIGS 3
PIPEFULS 4

D. How old were you when that period started?

MJ3D AGE: ____ *t*

E. How long did that period last?

MJ3E _____ MONTHS

(4)
DRFGNC

F4 Have you ever stayed high from marijuana for a whole day or more?

NO .. (SKIP TO F5) 1

YES 5

MJ4

A. How old were you the (first/last) time you stayed high from marijuana for a whole day or more?

MJA_AO4 AGE ONS: ____/____

MJA_O4 ONS: 1 2 3 4 5

MJA_AR4 AGE REC: ____/____

MJA_R4 REC: 1 2 3 4 5

**BEGIN SCORING MARIJUANA TALLY SHEETS
A,B,C.**

(5)
DD3RA3/B
DD45
DDICD5

F5 Has there ever been a period of a month or more when a great deal of your time was spent using marijuana, getting marijuana, or getting over its effects?

NO 1

YES 5 A,B,C

MJ5

(6)	F6	Because of your marijuana use, did you ever experience any of the following: CODE IN COLUMN I.	COL. I <u>NO</u> <u>YES</u>	COL. II <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?	MJ6_1	MJ6A_1	
			1 5	1 5	A,B,C
		2. Having trouble concentrating or having such trouble thinking clearly for more than 24 hours that it interfered with your functioning?	MJ6_2	MJ6A_1	
			1 5	1 5	A,B,C
		3. Feeling paranoid or suspicious of people for more than 24 hours to the point that it interfered with your relationships?	MJ6_3	MJ6A_3	
			1 5	1 5	A,B,C
		4. Decreased contact with friends or family? . . .	MJ6_4	MJ6A_4	A
			1 5	1 5	
		5. Hearing, seeing, or smelling things that weren't really there?	MJ6_5	MJ6A_5	
			1 5	1 5	A,B,C

FOR EACH 5 CODED IN COL.I, ASK F6A.

DD3RA6/B
DD47
DDICD6
DA3RA1/B

A. Did you continue to use marijuana after you knew it caused this? **CODE IN COLUMN II.**

**IF F6.4 IS CODED 1, SKIP TO F7.
OTHERS CONTINUE.**

DA4A4

B. Did you have decreased contact with friends or family 3 or more times in any 12-month period?

NO 1
YES 5
[MJ6B](#)

(7)
DD3RA2
DD44
DDICD2

F7 Have you often wanted to stop or cut down on marijuana?

NO 1
YES 5 A,B,C
[MJ7](#)

DD3RA2

A. Have you ever tried to stop or cut down on marijuana but found you couldn't? **IF NEVER TRIED TO STOP/CUT DOWN, CODE NO.**

NO, COULD STOP 1
YES, COULD NOT STOP 5 A
[MJ7A](#)

**IF NO, COULD STOP (OR NEVER TRIED),
SKIP TO F8. OTHERS CONTINUE.**

DD44
DDICD2

B. Were you unable to stop or cut down 3 or more times?

NO 1
YES 5 B,C
[MJ7B](#)

(8) DD3RA1/B DD43 DDICD2	F8	Have you <u>often</u> used marijuana more frequently or in larger amounts than you intended to?	NO 1 YES 5	A,B,C
MJ8				
(9) DD3RA7 DD41 DDICD4	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 YES 5	A,B,C
MJ9				
(10)	F10	When you stopped, cut down, or went without marijuana, did you ever experience any of these following problems <u>for most of the day for 2 days or longer</u> ? Did you..... CODE IN COLUMN I.	COL. I NO YES	COL. II NO YES
		1. feel nervous, tense, restless or irritable?	1 5	1 5
				MJ10D_1
				MJ10_1
		2. have trouble sleeping?	1 5	1 5
				MJ10D_2
				MJ10_2
		3. tremble or twitch?	1 5	1 5
				MJ10D_3
				MJ10D_4
				MJ10_3
		4. sweat or have a fever?	1 5	1 5
				MJ10D_5
				MJ10_4
		5. have nausea or vomiting?	1 5	1 5
				MJ10D_6
				MJ10D_7
				MJ10_5
		6. have diarrhea or stomach aches?	1 5	1 5
				MJ10D_5
				MJ10_6
		7. have a marked increase or decrease in appetite, that is, have a significant change from your <u>normal</u> level? . .	1 5	1 5
				MJ10_7
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> BOX F10A IF NO 5'S CODED IN F10.1-7, SKIP TO F11. OTHERS CONTINUE. </div>				

- | | | | |
|--|--|---|--------------|
| <div>DD3RA9/B</div> <div>DD42B</div> <div>DDICD3</div> | <p>A. Have you ever used marijuana to keep from having any of these problems (or to make them go away)?</p> <p>B. Did this happen 3 or more times?</p> | <p>NO. . . (SKIP TO BOX F10B) . 1</p> <p>YES 5</p> <p style="text-align: right;">MJ10A</p> <p>NO 1</p> <p>YES 5</p> <p style="text-align: right;">MJ10B</p> | <p>A,B,C</p> |
|--|--|---|--------------|

BOX F10B IF ONLY ONE 5 CODED IN

COL. I,

SKIP TO F11. OTHERS CONTINUE.

- | | | | |
|--|---|--|--------------|
| <div>DD3RA8</div> <div>DD42A</div> <div>DDICD3</div> <div>DRFGNA</div> | <p>C. Did these problems ever occur together?</p> | <p>NO.(SKIP TO G) 1</p> <p>YES 5</p> <p style="text-align: right;">MJ10C</p> | <p>A,B,C</p> |
| | <p>D. Which ones? CODE IN COL. II</p> | | |
| <div>DD3RB</div> <div>DA3RA</div> | <p>E. How many times did you have problems like that (when they occurred together)?</p> | <p>MJ10E ____ ____ TIMES</p> | |
| <div>DD3RB</div> | <p>F. What was the longest time these problems occurred together?</p> | <p>MJ10F ____ ____ DAYS</p> | |
| | <p>G. Did these problems interfere with your functioning at work, school, or home?</p> | <p>NO 1</p> <p>YES 5</p> <p style="text-align: right;">MJ10G</p> | |

(11) ASP3RC7 ASP4A5	F11	Have you ever been under the effects of marijuana when 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 MJ11
DD3RA4/B DA3RA2/B	A.	Have you been in situations like this 3 or more times?	NO. . . . (SKIP TO B) 1 YES 5 A MJ11A
DA4A2	1.	Did this happen 3 or more times in any 12-month period?	NO 1 YES 5 MJ11A1
	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 MJ11B
DD3RA6/B DDICD6 DA3RA1/B	C.	Did this happen 3 or more times?	NO. . . (SKIP TO F12) 1 YES 5 A,C MJ11C
DA4A2	1.	Did this happen 3 or more times in any 12-month period?	NO 1 YES 5 MJ11C1
(12)	F12	Did your marijuana use ever cause you to have problems with your friends or family?	NO . . (SKIP TO F13) 1 YES 5 MJ12
DA4A4	A.	Did this happen 3 or more times in any 12-month period?	NO 1 YES 5 MJ12A
DD3RA6 DA3RA1	B.	Did you continue to use marijuana after you realized it was causing these problems?	NO 1 YES 5 A MJ12B
	F13	Have you ever been arrested or had any other trouble with the police because of your marijuana use? SPECIFY: _____ _____	NO (SKIP TO F14) 1 YES.(SPECIFY) 5 MJ13
DD3RA6	A.	Did this happen 3 or more times?	NO (SKIP TO F14) 1 YES. 5 A MJ13A
DA4A3	1.	Did this happen 3 or more times in any 12-month period?	NO 1 YES 5 MJ13A1

(14) DD3RA4/B	F14	Has your being high on marijuana or experiencing its after-effects <u>often</u> interfered with your work, school, household, or child care responsibilities?	NO. . . . (SKIP TO F16) 1 YES 5 A MJ14
DA4A1		A. Did this happen 3 or more times in any 12-month period?	NO 1 YES 5 MJ14A
(16)	F15	OMITTED.	
(15) DDICD1	F16	In situations where you couldn't use marijuana, did you ever have such a strong desire for it that you couldn't think of anything else?	NO. . . . (SKIP TO F17) 1 YES 5 C MJ16
		A. How old were you the (first/last) time?	MJA_AO16 AGE ONS: ____/____ MJA_O16 ONS: 1 2 3 4 5 MJA_AR16 AGE REC: ____/____ MJA_R16 REC: 1 2 3 4 5
(13)	F17	Have you given up or greatly reduced important activities like sports, work, or associating with friends or relatives while using marijuana?	NO. . . . (SKIP TO F18) 1 YES 5 MJ17
DD3RA5/B DD46 DDICD5		A. Has this happened 3 or more times, or did it last a month or longer?	NO 1 YES 5 A,B,C MJ17A
(17)	F18	Have you ever used marijuana together with one or more other drugs, including alcohol?	NO. . . . (SKIP TO BOX F19) . . 1 ALCOHOL ONLY 3 YES . . . (SPECIFY) 5
		IF YES: Which ones?	
		1. _____	MJ18CD1 CODE: ____ ____ ____
		2. _____	MJ18CD2 CODE: ____ ____ ____
		3. _____	MJ18CD3 CODE: ____ ____ ____
		4. _____	MJ18CD4 CODE: ____ ____ ____

BOX F19 IF ONE OR MORE BOXES MARKED ON TALLY SHEET A, CONTINUE. OTHERS SKIP TO BOX F20.

(19) **HAND R MARIJUANA TALLY A.**

F19 I have checked on this sheet the experiences with marijuana that you have told me about. You told me (**REVIEW SX**). When was the (first/last) time that you had any of these experiences?

MJ_AO19 AGE ONS:___/___

MJ_O19 ONS: 1 2 3 4 5

MJ_AR19 AGE REC:___/___

MJ_R19 REC: 1 2 3 4 5

BOX F19A IF 3 OR MORE BOXES MARKED ON TALLY A, CONTINUE. OTHERS SKIP TO BOX F20. NOTE: DO NOT COUNT SYMPTOMS THAT OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.

DD3RB

A. Thinking about these experiences with marijuana, was there ever a period lasting a month or longer when you had experiences from 3 or more different boxes occurring together? **IF YES:** Please tell me the box and number of those experiences. **CIRCLE SYMPTOMS THAT CLUSTER. NOTE: MUST BE 3 FROM DIFFERENT BOXES.**

NO 1

YES.(SKIP TO C) 5

MJ19A

B. Was there ever a period lasting a month or longer when you had experiences from 2 boxes occurring together? **IF YES:** Which ones? **CIRCLE SX. MUST BE FROM 2 DIFFERENT BOXES.**

NO.(SKIP TO BOX F20) . . 1

YES 5

MJ19B

C. How old were you the (first/last) time you had experiences from 3(2) boxes occur within a period of a month or more?

MJC_AO19 AGE ONS:___/___ t

MJC_O19 ONS:1 2 3 4 5

MJC_AR19 AGE REC:___/___ t

MJC_R19 REC:1 2 3 4 5

**BOX F20 IF 3 OR MORE BOXES MARKED ON
TALLY SHEET B, CONTINUE.
OTHERS SKIP TO BOX F21.**

DD4

HAND R MARIJUANA TALLY B.

- F20 A. Please review this list of experiences which are grouped into boxes that are different from the last one I showed you. You told me **(REVIEW SX)**. Was there ever a 12-month period in which you had experiences from 3 or more of these boxes? **IF YES:** Please tell me the box and number for each experience that occurred during the same 12-month period even if the problem didn't last the full 12 months.
CIRCLE SYMPTOMS THAT CLUSTER. MUST BE FROM 3 DIFFERENT BOXES. DO NOT COUNT SYMPTOMS THAT OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.
- B. How old were you the (first/last) time you had experiences from 3 or more boxes within a 12-month period?

NO . . . (SKIP TO BOX F21) . . 1
YES 5
MJ20

MJB_AO20 AGE ONS:___/___

MJB_AR20 AGE REC:___/___

**BOX F21 IF 3 OR MORE BOXES MARKED ON
TALLY SHEET C, CONTINUE.
OTHERS SKIP TO BOX F22.**

(20)

HAND R MARIJUANA TALLY C.

- F21 A. Please review these experiences which are grouped into boxes that are different from the other lists I showed you. You told me **(REVIEW SX)**. Was there ever a period lasting a month or longer when you had experiences from 3 or more different boxes occurring together? **IF YES:** Which ones?
CIRCLE SYMPTOMS THAT CLUSTER. MUST BE 3 FROM DIFFERENT BOXES. DO NOT COUNT SYMPTOMS THAT OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.

NO 1
YES. . . . (SKIP TO C) 5
MJ21A

B. Have 3 or more experiences from different boxes occurred together repeatedly within a 12-month period even if the problem didn't last for the full 12 months? **IF YES:** Which ones?
CIRCLE SYMPTOMS THAT CLUSTER.
DO NOT COUNT SYMPTOMS THAT OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.

NO. . . (SKIP TO BOX F22) . . 1
YES 5
MJ21B

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

MJC_AO21 AGE ONS:___/___

MJC_AR21 AGE REC:___/___

**BOX F22 IF 2+ BOXES MARKED ON TALLY A,
CONTINUE. OTHERS SKIP TO F23.**

(22) F22 Since the age of (ONS), has there ever been a NO ... (SKIP TO F23) 1
period of time lasting 3 months or longer when you YES 5
did not use marijuana at all? MJ22

A. When did that/these occur? FROM ____/____/____ TO ____/____/____ t
IF R HAD MORE THAN 4 MO YEAR MO YEAR
ABSTINENT PERIODS, MJ22OFM1 MJ22OFY1 MJ22ONM1 t
RECORD THE 4 MJ22ONY1
LONGEST. FROM ____/____/____ TO ____/____/____ t
MO YEAR MO YEAR
MJ22OFM2 MJ22OFY2 MJ22ONM2 t
MJ22ONY2
FROM ____/____/____ TO ____/____/____ t
MO YEAR MO YEAR
MJ22OFM3 MJ22OFY3 MJ22ONM3
MJ22ONY3
FROM ____/____/____ TO ____/____/____
MO YEAR MO YEAR
MJ22OFM4 MJ22OFY4 MJ22ONM4
MJ22ONY4

(18) F23 Did you ever bring up any problems you might have NO .. (SKIP TO F24) 1
had with marijuana with any professional? YES 5
MJ23

A. To whom did you speak first? MJ23A CODE: ____
1. A psychiatrist
2. Another medical doctor
3. A psychologist
4. Another mental health professional
5. A member of the clergy
6. Other: **SPECIFY:** _____

B. How old were you the (first/last) time you brought up problems with marijuana with a professional? MJB_AO23 AGE ONS: ____/____
MJB_O23 ONS: 1 2 3 4 5
MJB_AR23 AGE REC: ____/____
MJB_R23 REC: 1 2 3 4 5

REFER TO B9 BEFORE ASKING

F24

Have you ever been treated for a problem with marijuana?

NO (SKIP TO D) . . . 1

YES 5

MJ24

A. Were you ever treated at:

NOYES

1. NA or another self-help group?

1

5

MJ24A_1

2. outpatient drug program?

1

5

MJ24A_2

3. outpatient, other?

1

5

MJ24A_3

.

1

5

MJ24A_4

4. inpatient drug program?

1

5

MJ24A_5

5. inpatient for medical complications due to marijuana use?

1

5

MJ24A_6

.

6. other? **(IF YES, SPECIFY)****SPECIFY:**

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

MJB_AO24 AGE ONS: ____/____**MJB_O24** ONS: 1 2 3 4 5**MJB_AR24** AGE REC: ____/____**MJB_R24** REC: 1 2 3 4 5C. Where were you first treated? **RECORD CODE (1-6) AND THEN SKIP TO G1, p. 56.****MJ24C**

CODE: ____

D. Did you ever attend a self-help group (like NA) for your marijuana use?

NO. . . (SKIP TO G1, p. 56) . . . 1

YES 5

MJ24D

1. How old were you the (first/last) time you attended a self-help group for your marijuana use?

MJD_AO24 AGE ONS: ____/____**MJD_O24** ONS: 1 2 3 4 5**MJD_AR24** AGE REC: ____/____**MJD_R24** REC: 1 2 3 4 5

HAND R CARD G.		1	2	3	4	5	6	7	8	9
G1	Have you ever used any of these drugs to feel good or high, or to feel more active or alert? Or did you use any prescription drugs when they were not prescribed, or more than prescribed?	<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>
		NO	1	1	1	1	1	1	1	1
		YES	5	5	5	5	5	5	5	5
		DR1 1 -- DR1 9								

BOX G1 IF ALL NO, SKIP TO H1, p. 68. OTHERS CONTINUE FOR EACH DRUG CODED 5.

A.	How many times in your life have you used (DRUG)?	TIMES	___	___	___	___	___	___	___	___
			DR1A_1 -- DR1A_9							
1.	IF DK, ASK: Would you say	NO	1	1	1	1	1	1	1	1
11	or more times?	YES	5	5	5	5	5	5	5	5
			DR1A1_1 -- DR1A1_9							
B.	How old were you the (first/last) time you used (DRUG)?	AGE ONS	___	___	___	___	___	___	___	___ t
			DR1BAO_1 -- DR1BAO_9							
	FOR EACH AGE ONS BEFORE 15, ASK C. OTHERS SKIP TO D.	ONS__	___	___	___	___	___	___	___	___
			DR1B_O_1 -- DR1B_O_9							
		AGE REC	___	___	___	___	___	___	___	___ t
			DR1BAR_1 -- DR1BAR_9							
C.	Did you use (DRUG) more than once before you were 15?	REC__	___	___	___	___	___	___	___	___
			DR1B_R_1 -- DR1B_R_9							
		1	2	3	4	5	6	7	8	9
		<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>PCP</i>	<i>HAL</i>	<i>SOL</i>	<i>COMB</i>	<i>OTH</i>
		NO	1	1	1	1	1	1	1	1
		YES	5	5	5	5	5	5	5	5
			DR1C_1 -- DR1C_9							

IF NEVER USED COCAINE, SKIP TO F.

D.	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							
			DR1D							
E.	Did you ever use alcohol to make yourself feel better when coming down from the effects of cocaine?	NO	1							
		YES	5							
			DR1E							
F.	Have you ever injected any of these drugs? IF YES: Which ones?	NO	1	1	1	1	1	1	1	1
		YES	5	5	5	5	5	5	5	5

IF NO, SKIP TO H.

1. How many times? TIMES _____

2. How old were you the (first/last) time? AGE ONS _____

DR1F_1 – DR1F_9
DR1F1_1 – DR1F1_9

ONS _____

DR1FAO_1 – DR1FAO_9

AGE REC _____

G. Have you ever shared a needle? DR1F_O_1 – DR1F_O_9

REC _____

DR1FAR_1 – DR1FAR_9

DR1F_R_1 – DR1F_R_9

NO. (SKIP TO H) 1

DR1G YES 5

1. How many times? DR1G1 _____ TIMES

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

DRG_AO1 AGE ONS: ____/____

DRG_O1 ONS: 1 2 3 4 5

DRG_AR1 AGE REC: ____/____

DRG_R1 REC: 1 2 3 4 5

H. Of all the drugs you have used, which one was your favorite (including marijuana)? DR1HCD _____ (CODE)

DO NOT COUNT ALCOHOL.

~~IF R USED ONLY 1 DRUG, SKIP TO BOX G2. OTHERS CONTINUE.~~

I. Have you ever used 2 or more drugs together (other than with marijuana and/or alcohol)? NO 1

YES (SPECIFY) 5

DR1I

1a. _____ b. DR1ICD1A DR1ICD1B

CODE: _____ CODE: _____

2a. _____ b. DR1ICD2A DR1ICD2B

CODE: _____ CODE: _____

BOX G2

CHECK G1A. IF NO DRUG USED 11 OR MORE TIMES, SKIP TO H1, p. 68.

IF USED COCAINE, STIMULANTS, SEDATIVES, AND/OR OPIATES 11 OR MORE TIMES, CONTINUE. IF USED OTHER DRUGS 11 OR MORE TIMES, CONTINUE WITH ONE USED MOST AND CODE IN COL. 5.

IF "OTHER" COLUMN USED, RECORD: _____ CODE: _____

ASK ONE COLUMN AT A TIME.

COC STIM SED OP OTH

G2 What is the longest period you used (DRUG) almost every day? **IF NEVER ALMOST EVERY DAY, CODE 0 DAYS. IF USED DAILY FOR 1 MONTH OR LONGER, CODE G2A "YES" SILENTLY.**

DAYS ___ ___ ___ ___ ___

DR2_DY_1 – DR2_DY_5

WEEKS ___ ___ ___ ___ ___

DR2_WK_1 – DR2_WK_5

MONTHS ___ ___ ___ ___ ___

DR2_MO_1 – DR2_MO_5

YEARS ___ ___ ___ ___ ___

DR2_YR_1 – DR2_YR_5

A. Did you ever use (DRUG) at least once a week for one month or more?

NO 1 1 1 1 1

YES 5 5 5 5 5

DR2A_1 – DR2A_5

B. Think about the time when you were using (DRUG) the most. During that period, how many days per month did you use (DRUG)?

DAYS ___ ___ ___ ___ ___

PER MO

DR2B_1 – DR2B_5

1. How long did that period last?

MONTHS ___ ___ ___ ___ ___

DR2B1_1 – DR2B1_5

2. During that period of heaviest use, how many times did you use (DRUG) on an average day?

TIMES ___ ___ ___ ___ ___

PER DAY

DR2B2_1 – DR2B2_5

3. How old were you when that period started?

AGE ONS ___ ___ ___ ___ ___ t

DR2AO_1 – DR2AO5

COC 1STIM SEB OP4T3H

(3)
FGNDRC

G3 Have you ever stayed high from (DRUG) for a whole day or more?

NO 1 1 1 1 1

YES 5 5 5 5 5

DR3_1 – DR3_5

A. **IF YES:** Did this happen 3 or more times?

NO 1 1 1 1 1

YES 5 5 5 5 5

DR3A_1 – DR3A_5

(4)

G4 OMITTED

BEGIN SCORING DRUG TALLY SHEETS A, B, & C

(5) DDICD1	G5	Have you ever had such a strong desire for (DRUG) that it was hard to think of anything else?	NO	1	1	1	1	1
			YES	5	5	5	5	5 C
			DR5_1 – DR5_5					
			AGE ONS:	—	—	—	—	—
			DR5AO_1 – DR4AO5					
			ONS:	—	—	—	—	—
			DR5_O_1 – DR5_O_5					
			AGE REC:	—	—	—	—	—
			DR5AR_1 – DR5AR_5					
			REC:	—	—	—	—	—
			DR5_R_1 – DR5_R_5					
(6) DD3RA3/B DD45 DDICD5 FGNDRC	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
			YES	5	5	5	5	5 A,B,C
			DR6_1 – DR6_5					
(7) DD3RA2 DD44 DDICD2	G7	Have you <u>often</u> wanted to stop or cut down on (DRUG)?	NO	1	1	1	1	1
			YES	5	5	5	5	5 A,B,C
			DR7_1 – DR7_5					
DD3RA2	A.	Have you ever tried to stop or cut down on (DRUG) but found that you couldn't?	NO	1	1	1	1	1
			YES	5	5	5	5	5 A
			DR7A_1 – DR7A_5					
		IF NO (COULD STOP), SKIP TO G8. OTHERS CONTINUE.						
DD44 DDICD2	B.	Were you unable to stop or cut down 3 or more times?	DR7B_1 – DR7B_5					
			NO	1	1	1	1	1
			YES	5	5	5	5	5 B,C
(8) DD3RA7 DD41 DDICD4	G8	Did you ever need larger amounts of (DRUG) to get on an effect or find that you could no longer get high the amount you used to use?	NO	1	1	1	1	1
			YES	5	5	5	5	5 A,B,C
			DR8_1 – DR8_5					

			1	2	3	4	5	
			<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>	
(9)	G9	Have you ever given up or greatly reduced important activities while using (DRUG), like sports, work, or associating with friends or relatives? SPECIFY: _____	NO YES	1 5	1 5	1 5	1 5	1 5
			DR9_1 – DR9_5					
DD3RA5/B DD46 DDICD5	A.	IF YES: Did this happen 3 or more times or for a month or more?	NO YES	1 5	1 5	1 5	1 5	1 5 A,B,C
			DR9A_1 – DR9A_5					
(10) DD3RA1 DD43 DDICD2	G10	Have you often used (DRUG) more days or in larger amounts than you intended to?	NO YES	1 5	1 5	1 5	1 5	1 5 A,B,C
			DR10_1 – DR10_5					
(11)	G11	People who stop, cut down, or go without drugs after using drugs steadily for some time may not feel well. These feelings are more intense and can last longer than the usual hangover. When you stopped, cut down, or went without (DRUG), did you ever experience any of the following problems <u>for most of the day for 2 days or longer?</u> (NO=1, YES=5) ASK G11A-F ONE COLUMN AT A TIME. REPEAT STEM OFTEN.	1	2	3	4	5	
			<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>	
A. 1. Did you feel depressed?			DR11_1_1 -- DR11_1_5	—	—	—	—	
2. Did you feel restless?			DR11_2_1 -- DR11_2_3, DR11_2_5	—	—	—	—	
3. Did you feel tired, sleepy, or weak?			DR11_3_1--DR11_3_3, DR11_3_5	—	—	—	—	
4. Did you have trouble sleeping?			DR11_4_1 -- DR11_4_5	—	—	—	—	
5. Did you sleep too much?			DR11_5_1, DR11_5_2, DR11_5_5	—	—	—	—	
6. Did you have a strong desire or craving for (DRUG)?			DR11_6_1, DR11_6_2, DR11_6_4, DR11_6_5	—	—	—	—	
7. Did you feel slowed down, like you could hardly move?			DR11_7_1-- DR11_7_2, DR11_7_5	—	—	—	—	
8. Did you have an increase in appetite? .			DR11_8_1-- DR11_8_2, DR11_8_5	—	—	—	—	
9. Did you have nightmares?			DR11_9_1-- DR11_9_2, DR11_9_5	—	—	—	—	
10. Did you have diarrhea?			DR1110_4--DR1110_5	—	—	—	—	
11. Did you have stomach aches or stomach cramps?			DR1111_4--DR1111_5	—	—	—	—	
12. Did your eyes run?			DR1112_4--DR1112_5	—	—	—	—	
13. Did your nose run?			DR1113_4--DR1113_5	—	—	—	—	
14. Did you have muscle pains?			DR1114_4--DR1114_5	—	—	—	—	
15. Did you yawn?			DR1115_4--DR1115_5	—	—	—	—	
16. Were your pupils dilated or were your eyes sensitive to light?			DR1116_4--DR1116_5	—	—	—	—	
17. Did you have gooseflesh, goose bumps, or did you get the chills? . .			DR1117_4--DR1117_5	—	—	—	—	
18. Did your heart race?			DR1118_3, DR1118_4, DR1118_5	—	—	—	—	
19. Did you sweat?			DR1119_3, DR1119_4, DR1119_5	—	—	—	—	
20. Did you have a fever?			DR1120_3, DR1120_4, DR1120_5	—	—	—	—	
21. Did you have nausea, or did you vomit?			DR1121_3, DR1121_4, DR1121_5	—	—	—	—	
22. Did you have headaches?			DR1122_3, DR1122_5	—	—	—	—	
23. Did you feel nervous, tense, or irritable?			DR1123_3, DR1123_5	—	—	—	—	
24. Did your hands shake?			DR1124_3, DR1124_5	—	—	—	—	
25. Did you tremble or twitch?			DR1125_3, DR1125_5	—	—	—	—	

26. Did you experience dizziness? [DR1126_3, DR1126_5](#)__ __
27. Did you have seizures? [DR1127_3, DR1127_5](#)__ __
28. Did you see, hear, or feel things that weren't really there? . . [DR1128_3, DR1128_5](#)__ __
29. Did you think that people were plotting to harm you (PARANOID)? [DR1129_3, DR1129_5](#)__ __

CONTINUE ASKING ONE COLUMN AT A TIME.

FOR EACH DRUG COLUMN:

IF ALL CODED 1, GO TO NEXT DRUG COLUMN.

IF ONLY ONE CODED 5, SKIP TO E.

IF TWO OR MORE 5'S CODED, CONTINUE.

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

DD3RA8
DD42A
DDICD3

- B. Was there ever a time when 2 or more of these problems occurred together because of stopping, cutting down on, or going without (DRUG)?
REVIEW SX AS NEEDED. IF NO, SKIP TO C.

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

DR11B_1 – DR11B_5

1. **IF YES:** Did these problems occur together for 2 days or longer? **IF NO, SKIP TO C.**

NO	1	1	1	1	1
YES	5	5		5	5

5

DR11B1_1 – DR11B1_5

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

AGE ONS _ _ _ _ _

DR11BAO1 – DR11BAO5

ONS _ _ _ _ _

DR11BO_1 – DR11BO_5

AGE REC _ _ _ _ _

DR11BAR1 – DR11BAR5

REC _ _ _ _ _

DR11BR_1 – DR11BR_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

DR11C_1 – DR11C_5

- D. Did these problems interfere with your functioning at work, school, or home?

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

- E. Have you ever used (DRUG) to keep from having any of these problems (or to make them go away)?
IF NO, SKIP TO NEXT DRUG. IF NO DRUG, SKIP TO G12.

DR11D_1 – DR11D_5

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

DR11E_1 – DR11E_5

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

AGE ONS _ _ _ _ _

DR11EAO1 – DR11EAO5

ONS _ _ _ _ _

DR11EO_1 – DR11EO_5

AGE REC _ _ _ _ _

DR11EAR1 – DR11EAR5

REC _ _ _ _ _

DR11ER_1 – DR11ER_5

2. Did you do that 3 or more times?

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

DR11E2_1 – DR11E2_5

DD3RB

DD3RA9/B
DD42B
DDICD3

			1	2	3	4	5	
			<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>	
(12B-D)	G12	Did using (DRUG) cause you to have any other problems like:	NO	1	1	1	1	1
		A. an overdose?	YES	5	5	5	5	5
			DR12A_1 – DR12A_5					
			NO	1	1	1	1	1
		1. IF YES: Did you require medical treatment afterwards?	YES	5	5	5	5	5
			DR12A1_1 – DR12A1_5					
			NO	1	1	1	1	1
		2. IF YES: Did this happen 3 or more times? (overdose that required medical treatment)	YES	5	5	5	5	5 A,B,C
			DR12A2_1 – DR12A2_5					
DD3RA6/B DD47 DDICD6 DA3RA1/B		B. hepatitis?	NO	1	1	1	1	1
			YES	5	5	5	5	5
			DR12B_1 – DR12B_5					
			NO	1	1	1	1	1
		1. IF YES: Did you continue to use (DRUG) knowing it caused hepatitis?	YES	5	5	5	5	5 A,B,C
			DR12B1_1 – DR12B1_5					
		C. other serious health problems? SPECIFY:	NO	1	1	1	1	1
			YES	5	5	5	5	5
			DR12C_1 – DR12C_5					
DD3RA6 DD47 DDICD6 DA3RA1								
		1. IF YES: Did you continue to use (DRUG) knowing it caused health problems?	NO	1	1	1	1	1
			YES	5	5	5	5	5 A,B,C
			DR12C1_1– DR12C1_5					
(13A-C)	G13	A. Were there ever objections from or problems with your family, friends, doctor, clergy, boss or people at work or school because of your (DRUG) use?	NO	1	1	1	1	1
			YES	5	5	5	5	5
			DR13A_1 – DR13A_5					
		B. Did you ever get into any physical fights while using (DRUG)?	NO	1	1	1	1	1
			YES	5	5	5	5	5
			DR13B_1 – DR13B_5					
DA4A4	C.	Did (this/either of these experiences) happen 3 or more times in any 12-month period?	NO	1	1	1	1	1
			YES	5	5	5	5	5
			DR13C_1 – DR13C_5					
			NO	1	1	1	1	1
		D. Did you continue to use (DRUG) after you realized it was causing you any problem?	YES	5	5	5	5	5 A
			DR13D_1 – DR13D_5					

BOX G13 IF A AND B ARE BOTH CODED 1, SKIP TO G14. OTHERS CONTINUE.

(13D)	G14	Did you ever have trouble with the police because of (DRUG)? IF NO, SKIP TO G15.	NO	1	1	1	1	1
			YES	5	5	5	5	5
				DR14_1 – DR14_5				
DA4A3	A.	IF YES: Did this happen 3 or more times in any 12-month period?	NO	1	1	1	1	1
			YES	5	5	5	5	5
				DR14A_1 – DR14A_5				
DD3RA6	B.	Did you continue to use (DRUG) after you realized it was causing you trouble with the police?	NO	1	1	1	1	1
DA3RA1			YES	5	5	5	5	5 A
				DR14B_1 – DR14B_5				
<hr/>								
<hr/>								
				1	2	3	4	5
				<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>
	G15	Have you accidentally injured yourself when you were using (DRUG); that is had a bad fall, cut or burned yourself badly, got hurt in a traffic accident, or anything like that? IF NO, SKIP TO G16.	NO	1	1	1	1	1
(12A)			YES	5	5	5	5	5
				DR15_1 – DR15_5				
	A.	IF YES: Did this happen 3 or more times?	NO	1	1	1	1	1
DD3RA4/B			YES	5	5	5	5	5 A,C
DDICD6				DR15A_1 – DR15A_5				
DA3RA2/B	B.	IF YES: Did this happen 3 or more times in any 12-month period?	NO	1	1	1	1	1
DA4A2			YES	5	5	5	5	5
				DR15B_1 – DR15B_5				
<hr/>								
(14)	G16	Has your being high on (DRUG) or experiencing its after-effects <u>often</u> interfered with your work, school, household, or child care responsibilities? IF NO, SKIP TO G17.	NO	1	1	1	1	1
DD3RA4/B			YES	5	5	5	5	5 A
				DR16_1 – DR16_5				
		IF YES,						
		SPECIFY: _____						
		_____	NO	1	1	1	1	1
		_____	YES	5	5	5	5	5
				DR17A_1 – DR17A_5				
DA4A1	A.	IF YES: Did this happen 3 or more times in any 12-month period?						

(16) DD3RA4/B DA3RA2/B ASP3RC7 ASP4A5	G17	Have there been 3 or more times when you have been under the influence of (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? IF NO, SKIP TO G18.	NO	1	1	1	1	1	
			YES	5	5	5	5	5	A
			DR17_1 – DR17_5						
DA4A2	A.	IF YES: Did this happen 3 or more times in any 12-month period?	NO	1	1	1	1	1	
			YES	5	5	5	5	5	
			DR17A_1 – DR17A_5						

(15)

G18

Has your use of (DRUG) ever caused you emotional or psychological problems like:

1

2

3

4

5

COC

STIM

SED

OP

OTH

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

YES

5

5

5

5

5

DR18_1_1 – DR18_1_5

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

YES

5

5

5

5

5

DR18_2_1 – DR18_2_5

3.

Having trouble concentrating or thinking clearly for more than 24 hours to the point that it interfered with your functioning?

NO

1

1

1

1

1

YES

5

5

5

5

5

DR18_3_1 – DR18_3_5

4.

Hearing, seeing, or smelling things that weren't really there?

NO

1

1

1

1

1

YES

5

5

5

5

5

DR18_4_1 – DR18_4_5

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

YES

5

5

5

5

5

DR18_5_1 – DR18_5_5

IF ALL ARE CODED 1, SKIP TO G19.

OTHERS CONTINUE.

A.

Did you continue to use (DRUG) after you knew it caused any of these problems? REVIEW SX AS NEEDED.

NO

1

1

1

1

1

YES

5

5

5

5

5 A,B,C

DR18A_1 – DR18A_5

DD3RA6

DD47

DDICD6

DA3RA1

DSMIIIR

BOX G19 IF ANY MARKS ON TALLY A, CONTINUE. OTHERS SKIP TO BOX G20.

1
2 3 4 5

COC STIM SED OP OTH

(19) G19 **HAND R DRUG TALLY A.**
Please review these experiences that you told me about. (**REVIEW SX.**) When was the (first/last) time you had any of these experiences?

AGE ONS: — — — — —

DR19AO_1 – DR19AO_5

ONS: — — — — —

DR19_O_1 – DR19_O_5

AGE REC: — — — — —

DR19AR_1 – DR19AR_5

REC: — — — — —

DR19_R_1 – DR19_R_5

BOX G19A IF 3 OR MORE BOXES MARKED ON TALLY A, CONTINUE. OTHERS SKIP TO BOX G20.

DD3RB

A. Was there ever a period lasting a month or longer when you had experiences from 3 or more boxes occurring together? **IF YES:** Please tell me the box and number for all the experiences that occurred together. **CIRCLE SYMPTOMS THAT CLUSTER. MUST BE 3 FROM DIFFERENT BOXES. DO NOT COUNT SYMPTOMS THAT OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**

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

DR19A_1 – DR19A_5

IF YES, CIRCLE SX THAT CLUSTER AND SKIP TO C.

IF NO, ASK B.

B. Was there ever a period lasting a month or longer when you had experiences from 2 boxes occurring together? **IF YES:** Please tell me the box and number for all the experiences that occurred together. **CIRCLE SYMPTOMS THAT CLUSTER. MUST BE FROM 2 DIFFERENT BOXES. DO NOT COUNT SYMPTOMS THAT OCCURRED AS A RESULT OF AN ISOLATED INCIDENT.**

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

DR18B_1 – DR18B_5

IF YES, CIRCLE SX THAT CLUSTER AND ASK C.

IF NO, SKIP TO BOX G20.

C. How old were you the (first/last) time
you had experiences from 3(2) boxes
occur within a period lasting a month or
longer?

AGE ONS: __ __ __ __ __ *t*

DR19CA01 – DR19CA05

ONS: __ __ __ __ __ *t*

DR19CO_1 – DR19CO_5

AGE REC: __ __ __ __ __ *t*

DR19CAR1 – DR19CAR5

REC: __ __ __ __ __ *t*

DR19CR_1 – DR19CR_5

**BOX G20 IF 3 OR MORE BOXES MARKED ON TALLY B,
CONTINUE. OTHERS SKIP TO BOX G21.**

DD4

G20

HAND R DRUG TALLY B.

A. Was there ever a 12-month period in which you had experiences from 3 or more boxes? **IF YES:** Please tell me the box and number for all the experiences that occurred during the same 12-month period even if it didn't last the full 12 months. **CIRCLE SX THAT CLUSTER. MUST BE FROM 3 DIFFERENT BOXES. DO NOT COUNT SX RESULTING FROM AN ISOLATED INCIDENT.**

B. How old were you the (first/last) time you had experiences from 3 or more boxes occur together within a period lasting 12 months or longer?

	1	2	3	4	5
	<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>
NO	1	1	1	1	1
YES	5	5	5	5	5

DR20_1 – DR20_5
IF YES, CIRCLE SX THAT CLUSTER AND ASK B.
IF NO, SKIP TO BOX G21.

AGE ONS: _ _ _ _ _

DR20AO_1 – DR20AO_5

ONS: _ _ _ _ _

DR20_O_1 – DR20_O_5

AGE REC: _ _ _ _ _

DR20AR_1 – DR20AR_5

REC: _ _ _ _ _

DR20_R_1 – DR20_R_5

**BOX G21 IF 3 OR MORE BOXES MARKED ON TALLY C,
CONTINUE. OTHERS SKIP TO BOX G22.**

(20)
DDICD

G21

HAND R DRUG TALLY C.

A. Was there ever a period lasting a month or longer when you had experiences from 3 or more boxes occurring together? **IF YES:** Please tell me the box and number for all the experiences that occurred together. **CIRCLE SX THAT CLUSTER. MUST BE FROM 3 DIFFERENT BOXES. DO NOT COUNT SX RESULTING FROM AN ISOLATED INCIDENT.**

	1	2	3	4	5
	<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>
NO	1	1	1	1	1
YES	5	5	5	5	5

DR21A_1 – DR21A_5
IF YES, CIRCLE SX THAT CLUSTER AND SKIP TO C.
IF NO, ASK B.

B. Have experiences from 3 or more boxes occurred together repeatedly within any 12-month period?
IF YES: Please tell me the box and number for each experience. **CIRCLE SX THAT CLUSTER. MUST BE FROM 2 DIFFERENT BOXES.**

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

DR21B_1 – DR21B_5
IF YES, CIRCLE SX THAT CLUSTER AND ASK C.
IF NO, SKIP TO BOX G22.

DDICD

C. How old were you the (first/last) time you had experiences from 3 or more boxes occur together within a period lasting (1 month/12 months) or longer?

AGE ONS: __ __ __ __ __
DR21AO_1 – DR21AO_5
 ONS: __ __ __ __ __
DR21_O_1 – DR21_O_5
 AGE REC: __ __ __ __ __
DR21AR_1 – DR21AR_5
 REC: __ __ __ __ __
DR21_R_1 – DR21_R-5

BOX G22 IF 2 OR MORE BOXES MARKED ON TALLY A,

(22) G22 Since the age of (ONS), has there ever been a period of time lasting 3 months or longer when you did not use (DRUG) at all? **FOR EACH YES, ASK A.**

	1	2	3	4	5
	<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>
NO	1	1	1	1	1
YES	5	5	5	5	5

DR22_1 – DR22_5

A. When did (that/these) occur?

<u>MO</u>	<u>YEAR</u>	<u>MO</u>	<u>YEAR</u>	<u>MO</u>	<u>YEAR</u>	<u>MO</u>	<u>YEAR</u>
-----------	-------------	-----------	-------------	-----------	-------------	-----------	-------------

DR22N1M1/DR22N1Y1 DR22F1Y1/DR22F1Y1 DR22N1M2/DR22N1Y2 DR22F1M2/DR22F1Y2

COC/____ TO ____/____; ____/____ TO ____/____ *t*
 ____/____ TO ____/____; ____/____ TO ____/____ *t*

DR22N1M3/DR22N1Y3 DR22F1M3/DR22F1Y3 DR22N1M4/DR22N1Y4 DR22F1M4/DR22F1Y4

DR22N2M1/DR22N2Y1 DR22F2Y1/DR22F2Y1 DR22N2M2/DR22N2Y2 DR22F2M2/DR22F2Y2

STIM/____ TO ____/____; ____/____ TO ____/____ *t*
 ____/____ TO ____/____; ____/____ TO ____/____ *t*

DR22N2M3/DR22N2Y3 DR22F2M3/DR22F2Y3 DR22N2M4/DR22N2Y4 DR22F2M4/DR22F2Y4

DR22N3M1/DR22N3Y1 DR22F3Y1/DR22F3Y1 DR22N3M2/DR22N3Y2 DR22F3M2/DR22F3Y2

SED/____ TO ____/____; ____/____ TO ____/____ *t*
 ____/____ TO ____/____; ____/____ TO ____/____ *t*

DR22N3M3/DR22N3Y3 DR22F3M3/DR22F3Y3 DR22N3M4/DR22N3Y4 DR22F3M4/DR22F3Y4

DR22N4M1/DR22N4Y1 DR22F4Y1/DR22F4Y1 DR22N4M2/DR22N4Y2 DR22F4M2/DR22F4Y2
OP/____ TO ____/____; ____/____ TO ____/____ *t*
 ____/____ TO ____/____; ____/____ TO ____/____ *t*
 DR22N4M3/DR22N4Y3 DR22F4M3/DR22F4Y3 DR22N4M4/DR22N4Y4 DR22F4M4/DR22F4Y4

DR22N5M1/DR22N5Y1 DR22F5Y1/DR22F5Y1 DR22N5M2/DR22N5Y2 DR22F5M2/DR22F5Y2
OTH/____ TO ____/____; ____/____ TO ____/____ *t*
 ____/____ TO ____/____; ____/____ TO ____/____ *t*
 DR22N5M1/DR22N5Y1 DR22F5Y1/DR22F5Y1 DR22N5M2/DR22N5Y2 DR22F5M2/DR22F5Y2

(17) G23 Have you ever brought up any problem you might have had with drugs with any professional? NO . . . (SKIP TO G24) 1
YES 5

DR23

A. Did you speak with:

	NO	YES
1. A psychiatrist?	DR23A_1 1	5
2. Another medical doctor?	DR23A_2 1	5
3. A psychologist?	DR23A_3 1	5
4. Another mental health professional?	DR23A_4 1	5
5. A member of the clergy?	DR23A_5 1	5
6. Anyone else? SPECIFY: _____	DR23A_6 1	5

**IF ALL ARE CODED 1, SKIP TO G24.
OTHERS CONTINUE.**

B. How old were you the (first/last) time you brought up any problem you had with drugs? DR_AO23 AGE ONS: ____/____
DR_O23 ONS: 1 2 3 4 5

DR_AR23 AGE REC: ____/____
DR_R23 REC: 1 2 3 4 5

C. With whom did you speak first?
RECORD CODE (1-6). DR23C CODE: ____

(18) G24 Have you ever been treated for a problem with drugs? NO (SKIP TO D) 1
YES 5

DR24

A. Were you treated:

	NO	YES
1. at NA or another self-help group?	DR24A_1 1	5
2. at an outpatient drug-free program?	DR24A_2 1	5
3. at an outpatient program for something other than drugs?	DR24A_3 1	5
4. at an inpatient drug-free program?	DR24A_4 1	5
5. when inpatient for medical complications due to drug use?	DR24A_5 1	5
6. at any other place or program? IF YES, SPECIFY.	DR24A_6 1	5

SPECIFY: _____

B. How old were you the (first/last) time you were treated for a drug problem? DRB_AO24 AGE ONS: ____/____
DRB_O24 ONS: 1 2 3 4 5

DRB_AR24 AGE REC: ____/____
DRB_R24 REC: 1 2 3 4 5

C. Where were you treated first? DR24C CODE: ____
RECORD CODE (1-6) AND THEN SKIP TO H1, p. 68.

D. Did you ever attend a self-help group (like NA) (like NA) because you had a problem with drugs? NO. . . (SKIP TO H1, p. 68) . . . 1
YES 5

DR24D

1. How old were you the (first/last) time you attended a self-help group for drug DRD_AO24 AGE ONS: ____/____
DRD_O24 ONS: 1 2 3 4 5

DRD_AR24 AGE REC: ____/____

ANR3RA ANR4A	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 ED1												
ANR3RC ANR4C	H2	Did you ever feel fat, even though your family or friends were very concerned that you had become much too thin?	NO 1 YES 5 ED2												
	A.	Was there a period of time when people thought you were thin, but you were very dissatisfied with yourself because you were not thin enough?	NO 1 YES 5 ED2A												
<div style="border: 1px solid black; padding: 5px; text-align: center;"> BOX H2 IF H2 AND H2A ARE BOTH NO, SKIP TO H9. OTHERS CONTINUE. </div>															
ANR3A ANR4A	H3	After <u>purposely</u> losing weight, what is the lowest weight you ever dropped to? IF DK, ASK: A. Did friends say you were too thin or skeleton-like?	ED3 ____ ____ LBS NO 1 YES 5 ED3A												
ANR3RA ANR4A	H4	How tall were you at that time?	ED4_FT ____ ED4_IN ____ ____ FT IN												
	H5	How old were you?	ED5 AGE ____ ____												
<div style="border: 1px solid black; padding: 10px;"> <table> <tr> <td rowspan="5">BOX H5</td> <td rowspan="3">A. ESTIMATE R'S FRAME SIZE. USE MEDIUM FRAME SIZE IF NOT SURE.</td> <td>SMALL 2</td> </tr> <tr> <td>MEDIUM 3</td> </tr> <tr> <td>LARGE 4</td> </tr> <tr> <td colspan="2">ED5B0XA</td> </tr> <tr> <td rowspan="2">B. CONSULT TABLE. IS WEIGHT IN H3 LESS THAN TABLE ENTRY?</td> <td>NO . . . (SKIP TO H9) 1</td> </tr> <tr> <td>YES 5</td> </tr> <tr> <td colspan="2">ED5BOXB</td> </tr> </table> </div>				BOX H5	A. ESTIMATE R'S FRAME SIZE. USE MEDIUM FRAME SIZE IF NOT SURE.	SMALL 2	MEDIUM 3	LARGE 4	ED5B0XA		B. CONSULT TABLE. IS WEIGHT IN H3 LESS THAN TABLE ENTRY?	NO . . . (SKIP TO H9) 1	YES 5	ED5BOXB	
BOX H5	A. ESTIMATE R'S FRAME SIZE. USE MEDIUM FRAME SIZE IF NOT SURE.	SMALL 2													
		MEDIUM 3													
		LARGE 4													
	ED5B0XA														
	B. CONSULT TABLE. IS WEIGHT IN H3 LESS THAN TABLE ENTRY?	NO . . . (SKIP TO H9) 1													
YES 5															
ED5BOXB															

*FOR WOMEN: Subtract one pound for each year R's age was under 25.

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	139

ANR3RB ANR4B H6 At that time, were you intensely afraid of gaining weight or becoming fat? NO 1
YES 5
ED6

ANR4C A. At that time (when you lost the most weight on purpose), did you, yourself, think that you were so thin that your health was in danger? NO 1
YES 5
ED6A

BOX H7 IF R IS MALE, SKIP TO H8.

ANR3RD ANR4D H7 While you were losing weight did your period stop for 3 or more cycles in a row (when you were not pregnant or taking hormones, like estrogen)? NO 1
YES 5
ED7

H8 Was there a medical disorder that caused your weight loss? NO 1
IF R VOLUNTEERS ANOREXIA, CODE NO. YES ... (SPECIFY) 5

SPECIFY: _____

ANR3RC ANR4C BUL3RE BUL4D	H9	Were you ever <u>greatly</u> concerned about eating too much, looking too fat, or gaining too much weight?	NO 1 YES 5
	A.	Have you ever been treated for an eating disorder?	NO .....(SKIP TO H10) 1 YES (SPECIFY) 5
		SPECIFY: When was that?_____	ED9
		Where?_____	ED9A
			_____/_____ MO YEAR ED9A_MO ED9A_YR
BUL3RA BUL4A1	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 II, p. 71) 1 ALC/DRUG ONLY 3 YES, CLEAN 5 BOTH A/D & CLEAN 6
		SPECIFY: _____	ED10
BUL3RD BUL4D	H11	Did you go on eating binges an average of twice a week for at least 3 months?	NO .. (SKIP TO II, p. 71) 1 YES 5
			ED11
BUL3RB BUL4A2	H12	During these binges, were you afraid you could not stop eating or that your eating was out of control?	NO 1 YES 5
			ED12

BUL4RC BUL4B	H13	Did you do anything to prevent weight gain from your 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.	taking enemas?	1		5
	7.	anything else? IF YES: SPECIFY	1		5

SPECIFY: _____

**BOX H13 IF H13.1-7 ALL CODED 1, SKIP TO I1,
p. 71.
OTHERS CONTINUE.**

H14	How old were you the (first/last) time you went on eating binges and tried to prevent weight gain from the binges?	AGE ONS:							
		ONS:	1	2	3	4	5		
		AGE REC:							
		REC:	1	2	3	4	5		

**BOX H15 IF BOX H5B = 1 (WT. EQUAL OR
MORE
THAN TABLE ENTRY), SKIP TO I1, p. 71.
OTHERS CONTINUE.**

BUL4E	H16	Did you <u>only</u> have eating binges during those periods we talked about when (people thought you were too thin/you had lost a lot of weight on purpose)?	NO	1
			YES	5

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

DEPRDCA I1 Have you ever had a period of time lasting 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
DP1

I2 Have you ever had a period of time lasting at least one week when you lost interest or enjoyment in almost everything, even things you usually liked to do? NO.....1
YES.....5
DP2

BOX I2

**IF I1 AND I2 BOTH CODED 1, SKIP TO J1, p.90.
OTHERS CONTINUE.**

I3 During the past 30 days, have you been feeling depressed, uninterested in things, or unable to enjoy almost everything most of the day, nearly everyday, for at least one week? NO.....(SKIP TO I4).....1
YES.....5
DP3

A. For how long have you felt this way? _____ WEEKS
DP3A

BOX I3

SKIP TO I5

I4 Please tell me about the time in your life that stands out as the most severe period of feeling depressed, uninterested in things or irritable most of the day, nearly everyday. When did it begin? _____ / _____
MO YEAR
DP4_MO DP4_YR

DESCRIPTION: _____

A. So you were _____ years old? AGE: _____

DP4A

B. How long did that episode last? _____ WEEKS

DP4B

BOX I4

DP4BOXB

A. DOES A CURRENT EPISODE EXIST (I3=5)? NO...(SKIP TO I5)...1
YES.....5

B. IS THE EPISODE IN I4 THE CURRENT EPISODE? NO.....1
YES.....5

C. IS THIS EPISODE CLEAN (BOX I13A=5) NO.....1
YES.....5

Sometimes people have episodes of depression that follow the death of a loved one, heavy drinking or drug use, a change in medication, or a serious illness (or childbirth).

	CURRENT EPISODE (PAST MONTH)	MOST SEVER EPISODE
<p>(31) I5 During the 6 weeks before <u>this</u> episode of feeling (depressed/uninterested/irritable) began, how many days a week did you <u>typically</u> drink alcohol?</p> <p>A. On the days you drank, how many drinks would you <u>typically</u> have?</p> <p>CODE SILENTLY:</p> <p>B. TYPICALLY 3+ (WOMAN) OR 5+ (MAN) DRINKS FOR 4+ DAYS/WEEK?</p> <p>C. During the 6 weeks before this episode began, what was the <u>largest</u> number of drinks you had in one day?</p> <p>D. Did you drink at least 5 drinks 2 or more times a week during the 6 weeks before this episode began?</p> <p>E. MOST SEVERE ONLY: Did you have <u>another</u> episode of feeling (depresses/uninterested/irritable) for at least one week that <u>did not follow</u> a time when you had been drinking daily or almost daily (or heavily)?</p> <p>F. When did this episode begin?</p> <p>1. How old were you?</p>	<p>DAYS: _____ DPA_5</p> <p>IF 0 OR 1, SKIP TO I6. OTHERS CONTINUE.</p> <p>DRINKS: _____ DPA5A</p> <p>NO.....1 YES...(SKIP TO I6).....5 DPA5B</p> <p>DRINKS: _____ DPA5C</p> <p>IF 4 OR FEWER, SKIP TO I6.</p> <p>NO.....1 YES.....5 DPA5D</p> <p>SKIP TO I6.</p>	<p>DAYS: _____ DPB_5</p> <p>IF 0 OR 1, SKIP TO I6. OTHERS CONTINUE.</p> <p>DRINKS: _____ DPB5A</p> <p>NO.....1 YES...(SKIP TO E).....5 DPB5B</p> <p>DRINKS: _____ DPB5C</p> <p>IF 4 OR FEWER, SKIP TO I6.</p> <p>NO.....(SKIP TO I6).....1 YES.....5 DPB5D</p> <p>NO.....(SKIP TO I11).....1 YES.....5 DPB5E</p> <p>____ / ____ MO YEAR DPB5F_MO/DPB5F_YR</p> <p>AGE: _____ DPB5F1</p>

REMIND R WHICH EPISODE AS NEEDED	CURRENT EPISODE (PAST MONTH)	MOST SEVER EPISODE
<p>IF NEVER USED MJ OR DRUGS (F1=1 AND G1=1), SKIP TO I7. HAND R CARD I.</p> <p>(30) DEP3RB1 DEP4D</p> <p>I6 During the 6 weeks before this episode of feeling (depressed/uninterested/irritable) began, did you use any of these street drugs or abuse any prescription drugs? IF YES: Which ones? CIRCLE ON CARD I. CODE THE THREE MOST USED.</p> <p>A. Did you take any of these drugs for a high or intoxication <u>daily or almost daily</u>? IF YES: Which ones?</p> <p>B. During that time, on average, how many days per week did you take (DRUG) daily or almost daily?</p> <p>C. What is the <u>average</u> number of times you used (DRUG) on those days you used?</p> <p>D. During the 6 weeks before this episode began, what was the <u>largest</u> number of times you used (DRUG) in one day?</p> <p>E. On how many days during that 6-week period did you use (DRUG) that much (# IN D) in a day?</p> <p>F. MOST SEVERE ONLY: Did you have another episode of feeling (depressed/uninterested/irritable) for at least one week when it was not after a time when you had been drinking or using drugs daily or almost daily?</p> <p>G. When did this episode begin?</p> <p>1. How old were you?</p>	<p>NO.....(SKIP TO I7).....1 YES.....(SPECIFY).....5 DPA6</p> <p>1. _____ DPA6_1 _____ 2. _____ DPA6_2 _____ 3. _____ DPA6_3 _____</p> <p>NO.....(SKIP TO I7).....1 YES.....(SPECIFY).....5* DPA6A</p> <p>CIRCLE DRUG: 1 2 3</p> <p>DRUG 1:DPA6B_1 __ DAYS DRUG 2:DPA6B_2 __ DAYS DRUG 3:DPA6B_3 __ DAYS</p> <p>DRUG 1: DPA6C_1__ AVG DRUG 2: DPA6C_2__ AVG DRUG 3: DPA6C_3__ AVG</p> <p>DRUG 1:DPA6D_1 __ MAX DRUG 2:DPA6D_2 __ MAX DRUG 3: DPA6D_3__ MAX</p> <p>DRUG 1:DPA6E_1 __ DAYS DRUG 2: DPA6E_2__ DAYS DRUG 3: DPA6E_3__ DAYS</p> <p>SKIP TO I7.</p>	<p>NO.....(SKIP TO I7).....1 YES.....(SPECIFY).....5 DPB6</p> <p>1. _____ DPB6_1 _____ 2. _____ DPB6_2 _____ 3. _____ DPB6_3 _____</p> <p>NO.....(SKIP TO I7).....1 YES.....(SPECIFY).....5 DPB6A</p> <p>CIRCLE DRUG: 1 2 3</p> <p>DRUG 1:DPB6B_1 __ DAYS DRUG 2:DPB6B_2 __ DAYS DRUG 3:DPB6B_3 __ DAYS</p> <p>DRUG 1: DPB6C_1__ AVG DRUG 2: DPB6C_2__ AVG DRUG 3: DPB6C_3__ AVG</p> <p>DRUG 1:DPB6D_1 __ MAX DRUG 2:DPB6D_2 __ MAX DRUG 3:DPB6D_3 __ MAX</p> <p>DRUG 1: DPB6E_1 __ DAYS DRUG 2: DPB6E_2 __ DAYS DRUG 3: DPB6E_3 __ DAYS</p> <p>IF I6A=1, SKIP TO I7. OTHERS CONTINUE</p> <p>NO.....(SKIP TO I11).....1 YES.....5 DPB6F</p> <p>____ / ____ MO YEAR DPB6G_MO/DPB6G_YR DPB6G1 AGE: ____</p>

REMIND R WHICH EPISODE AS NEEDED	CURRENT EPISODE (PAST MONTH)	MOST SEVER EPISODE
<div> <div>(29)</div> <div>DEP3RB1</div> <div>DEP4D</div> </div> <div> <div>I7</div> <div> <p>Did <u>this</u> episode of feeling (depressed/uninterested/irritable) begin within 6 weeks of starting or changing the dose of prescription medication, such as tranquilizers, pills for high blood pressure, heart medicines, or steroids?</p> <p>A. MOST SEVERE ONLY: Did you have <u>another</u> episode of feeling (depressed/uninterested/irritable) for at least one week that was <u>not</u> after a time when you had a change in prescription medicines and was <u>not</u> after a time when you had been drinking or using drugs daily or almost daily?</p> <p>B. When did this episode begin?</p> <p>1. How old were you?</p> </div> </div>	<div> <div>NO.....(SKIP TO I8).....1</div> <div>YES.....(SPECIFY).....5</div> <div>DPA7</div> <div>1. _____ _ _ _ _</div> <div>2. _____ _ _ _ _</div> <div>SKIP TO I8.</div> </div>	<div> <div>NO.....(SKIP TO I8).....1</div> <div>YES.....(SPECIFY).....5</div> <div>DPB7</div> <div>1. _____ _ _ _ _</div> <div>2. _____ _ _ _ _</div> <div>NO.....(SKIP TO I11).....1*</div> <div>YES.....5</div> <div>DPB7A</div> <div> <div>____ / ____</div> <div>MO YEAR</div> <div>DPB7B_MO/DPB7B_YR</div> <div>AGE: ____</div> <div>DPB7B1</div> </div> </div>

REMIND R WHICH EPISODE AS NEEDED	CURRENT EPISODE (PAST MONTH)	MOST SEVER EPISODE
(28) DEP3RB2 DEP4E		
I8 A. Did <u>this</u> episode of feeling (depressed/uninterested/ irritable) begin within 6 months of learning about the death of someone close to you?	NO.....(SKIP TO I9).....1 YES.....(SPECIFY).....5 <div style="text-align: right;">DPA8A</div> RELATIONSHIP: _____ DATE OF DEATH: ____ / ____ <div style="display: flex; justify-content: space-around;"> MO YEAR </div> <div style="text-align: center;">DPA8A_MO/DPA8A_YR</div>	NO.....(SKIP TO I9).....1 YES.....(SPECIFY).....5 <div style="text-align: right;">DPB8A</div> RELATIONSHIP: _____ DATE OF DEATH: ____ / ____ <div style="display: flex; justify-content: space-around;"> MO YEAR </div> <div style="text-align: center;">DPB8A_MO/DPB8A_YR</div>
B. MOST SEVER ONLY: Did you have <u>another</u> episode of feeling (depressed/ uninterested/irritable) for at least one week that <u>did not</u> <u>follow</u> the death of someone close to you, was not after a time when you had a change in prescription medicines, and was not after a time when you had been drinking or using drugs daily or almost daily?		NO.....(SKIP TO I11).....1* YES.....5 <div style="text-align: right;">DPB8B</div>
C. When did this episode begin?		____ / ____ <div style="display: flex; justify-content: space-around;"> MO YEAR </div> <div style="text-align: center;">DPB8C_MO/DPB8C_YR</div>
1. How old were you?		AGE: ____ <div style="text-align: right;">DPB8C1</div>

REMIND R WHICH EPISODE AS NEEDED	CURRENT EPISODE (PAST MONTH)	MOST SEVER EPISODE
<p>(26) DEP3RB1 DEP4D</p> <p>I9 Did <u>this</u> episode of feeling (depressed/uninterested/ irritable) begin within the 6 weeks that followed an episode of a serious physical illness, like thyroid disease, a stroke, multiple sclerosis, a brain tumor, or AIDS?</p> <p>A. MOST SEVERE ONLY: Did you have <u>another</u> episode of feeling (depressed/uninterested/irritable) for at least one week that was <u>not</u> after a time when you had a serious physical illness, was not after the death of someone close to you, was not after a change in medication, and not after a time when you had been drinking or using drugs daily or almost daily?</p> <p>B. When did this episode begin?</p> <p>1. How old were you?</p>	<p>NO...(SKIP TO BOX I10)..1 YES.....(SPECIFY).....5</p> <p style="text-align: right;">DPA8A</p> <p>CODE: ____</p> <p style="text-align: right;">DPA9_CD</p> <p>SKIP TO BOX I10.</p>	<p>NO...(SKIP TO BOX I10)..1 YES.....(SPECIFY).....5</p> <p style="text-align: right;">DPB8A</p> <p>CODE: ____</p> <p style="text-align: right;">DPA9_CD</p> <p>NO.....(SKIP TO I11).....1* YES.....5</p> <p style="text-align: right;">DPB9A</p> <p style="text-align: right;">____ / ____ MO YEAR DPB9B_MO/DPB9B_YR</p> <p>AGE: ____</p> <p style="text-align: right;">DPB9B1</p>

BOX I10 IF R IS MALE OR HAS NEVER BEEN PREGNANT, SKIP TO I12. OTHERS CONTINUE.

REMIND R WHICH EPISODE AS NEEDED	CURRENT EPISODE (PAST MONTH)	MOST SEVER EPISODE
(27) I10 Did this episode of feeling (depressed/uninterested/ irritable) begin around the time of a childbirth, miscarriage, or abortion?	NO.....(SKIP TO I12).....1 YES .....5 DPA10	NO.....(SKIP TO I12).....1 YES .....5 DPB10
A. Did it begin between the 2 weeks before to 6 weeks after the (birth/miscarriage/ abortion)?	NO.....1 YES .....5* DPA10A	NO.....1 YES .....5 DPB10A
B. MOST SEVERE ONLY: Did you have <u>another</u> episode of feeling (depressed/ uninterested/irritable) for at least one week that was <u>not</u> around the time of childbirth, miscarriage, or abortion; was <u>not</u> after a time when you had a serious physical illness; was <u>not</u> after the death of someone close to you; was <u>not</u> after a change in medication; and was <u>not</u> after a time when you had been drinking or using drugs daily or almost daily?	SKIP TO I12.	NO.....(SKIP TO I11).....1* YES.....5 DPB10B
C. When did this episode begin?		<div> <div> <div>— / —</div> <div>MO YEAR</div> </div> <div>DPB10CMO/DPB10CYR</div> </div>
1. How old were you?		<div>AGE: —</div> <div>DPB10C1</div> <div>SKIP TO I12.</div>

I11 IF NO CLEAN EPISODE EXISTS, CONTINUE THE SECTION ASKING ABOUT THE MOST SEVERE EPISODE CODED IN I4. REMIND R WHICH EPISODE TO FOCUS ON AS FREQUENTLY AS NEEDED.

I'd like to (return to/focus on) the most severe episode of feeling (depressed/uninterested/ irritable) when you were ____ years old (**CHECK I4A**).

During this current episode...		
During this most severe episode when you were ___ years old...	CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE

BEGNE SCORING + ITEMS ON TALLY SHEET 1.

(3B/4C) DEP3RA1 DEP4A1 DEPICDB1 FGNA	I12 Were you feeling depressed, sad, or blue most of the day, nearly every day, for at least 2 weeks during this episode?	NO.....1 YES.....5+ DPA12	NO.....1 YES.....5+ DPB12
(3C/4D) DEP3RA2 DEP4A2 DEPICDB2	A. Had you lost interest or enjoyment in most things most of the day, nearly every day, for at least 2 weeks during this episode?	NO.....1 YES.....5+ DPA12A IF EPISODE BEGAN BEFORE AGE 18, CONTINUE. OTHERS SKIP TO BOX I13.	NO.....1 YES.....5+ DPB12A IF EPISODE BEGAN BEFORE AGE 18, CONTINUE. OTHERS SKIP TO BOX I13.
DEP3RA1 DEP4A1	B. Did you feel irritable most of the day, nearly every day, for at least 2 weeks during this episode?	NO.....1 YES.....5+ DPA12B	NO.....1 YES.....5+ DPB12B

BOX I13	A. IS EPISODE CLEAN? (DIRTY=ANY * IN I5-I10)	NO, DIRTY.....1 YES, CLEAN.....5	NO, DIRTY.....1 YES, CLEAN.....5
	B. DOES R ENDORSE LOW MOOD, LOSS OF INTEREST, OR IRRITABILITY? (I12, I12A, OR I12B CODED 5)	NO, DENIES.....1 YES, ENDORSES.....5	NO, DENIES.....1 YES, ENDORSES.....5
	C. IS MOST SEVERE EPISODE ALSO CURRENT?		NO.....1 YES.....(SKIP TO I34)...5 N/A.....9

Now I would like to ask you about other experiences you many have had during this episode of feeling (depressed/uninterested/irritable).

During this current episode... During this most severe episode when you were__ years old...	CURRENT EPISODE (PAST MONTH)	MOST SEVER EPISODE
(5) I14 A. Did you have a change in DEP3RA3 appetite (that was not due DEP4A3 to pregnancy, a physical DEPICDC7 condition, or dieting)? RDCB1	NO.....(SKIP TO B).....1 YES .....5+ DPA14A	NO.....(SKIP TO B).....1 YES .....5+ DPB14A
FGNB1 1. Increase or decrease?	INCREASE.....2 DECREASE.....3 BOTH.....4 DPA14A1	INCREASE.....2 DECREASE.....3 BOTH.....4 DPB14A1
DEP3RA3 B. Did you gain or lose weight DEP4A3 when you were not trying DEPICDC7 to (that was not due to RDCB1 pregnancy, a physical condition, or dieting)?	NO.....(SKIP TO I15).....1 YES .....5+ DPA14B	NO.....(SKIP TO I15).....1 YES .....5+ DPB14B
FGNB1 1. Gained or lost weight?	GAINED.....2 LOST.....3 BOTH.....4 DPA14B1	GAINED.....2 LOST.....3 BOTH.....4 DPB14B1
DEP3RA3 C. What was your weight DEP4A3 before the (gain/loss)? IF RDCB1 BOTH, CODE THE MORE SIGNIFICANT CHANGE.	____ _ LBS DPA14B1	____ _ LBS DPB14C
DEP3RA3 D. What was your weight after DEP4A3 the (gain/loss)? RDCB1	____ _ LBS DPA14D	____ _ LBS DPB14D
DEP3RA3 E. Over what period of time DEP4A3 did you (gain/lose) this RDCB1 amount of weight?	____ _ WEEKS DPA14E	____ _ WEEKS DPB14E

During this current episode... During this most severe episode when you were ___ years old...			CURRENT EPISODE (PAST MONTH)	MOST SEVERE EPISODE
(6) DEPICDD6 RDCB2 FGNB2	I15	Did you have more trouble sleeping than usual?	NO.....(SKIP TO F).....1 YES .....5 DPA15	NO.....(SKIP TO F).....1 YES .....5 DPB15
	A.	Were you unable to fall asleep?	NO.....(SKIP TO C).....1 YES .....5 DPA15A	NO.....(SKIP TO C).....1 YES .....5 DPB15A
DEP3RA4 DEP4A4	B.	Was this for at least one hour?	NO.....1 YES .....5+ DPA15B	NO.....1 YES .....5+ DPB15B
DEP3RA4 DEP4A4	C.	Did you wake up in the middle of the night and have trouble going back to sleep?	NO.....1 YES .....5+ DPA15C	NO.....1 YES .....5+ DPB15C
	D.	Did you wake up too early in the morning?	NO.....(SKIP TO F).....1 YES .....5 DPA15D	NO.....(SKIP TO F).....1 YES .....5 DPB15D
DEP3RA4 DEP4A4	E.	Was this at least one hour earlier than usual?	NO.....1 YES .....5+ DPA15E	NO.....1 YES .....5+ DPB15E
DEP3RA4 DEP4A4 DEPICDD6 RDCB2 FGNB2	F.	Did you sleep much more than usual?	NO.....1 YES .....5+ DPA15F	NO.....1 YES .....5+ DPB15F
(7) DEP3RA3 DEP4A5 DEPICDC3 RDCB4 FGNB4	I16	Were you so fidgety or restless that other people could have noticed?	NO.....1 YES .....5+ DPA16	NO.....1 YES .....5+ DPB16
(8) DEP3RA5 DEP4A5 DEPICDC5 RDCB4 FGNB4	I17	Were you moving or speaking so slowly that other people could have noticed?	NO.....1 YES .....5+ DPA17	NO.....1 YES .....5+ DPB17
(9) DEP3RA2 DEP4A2 FGNB5 RDCB5	I18	Were you much less interested in things or less able to enjoy sex or other pleasurable activities?	NO.....1 YES .....5+ DPA18	NO.....1 YES .....5+ DPB18
(10) DEP3RA6 DEP4A6 DEPICDB3 RDCB3 FGNB3	I19	Were you feeling a loss of energy or were you more tired than usual?	NO.....1 YES .....5+ DPA19	NO.....1 YES .....5+ DPB19
(11) DEP3RA7 DEP4A7 DEPICDC2 RDCB6 FGNB6	I20	Were you feeling excessively guilty or that you were a bad person?	NO.....1 YES .....5+ DPA20	NO.....1 YES .....5+ DPB20

During this current episode... During this most severe episode when you were ___ years old...		CURRENT EPISODE (PAST MONTH)	MOST SEVER EPISODE
(12) DEP3RA7 DEP4A7 DEPICDC1 RDCB6 FGNB6	I21 Were you feeling that you were a failure or worthless?	NO.....1 YES.....5+ DPA21	NO.....1 YES.....5+ DPB21
(13) DEP3RA8 DEP4A8 DEPICDC4 RDCB7 FGNB7	I22 Were you having more difficulty than usual thinking, concentrating, or making decisions?	NO.....1 YES.....5+ DPA22	NO.....1 YES.....5+ DPB22
(14) DEP3RA9 DEP4A9 DEPICDC3 RDCB8 FGNB8	I23 Did you have thoughts of dying, or taking your life, or wishing you were dead? DO NOT COUNT THINKING ABOUT THE DEATH OF A RECENTLY DECEASED OR DYING LOVED ONE.	NO.....1 YES.....5+ DPA23	NO.....1 YES.....5+ DPB23
DEP3RA9 DEP4A9 DEPICDC3	A. Did you make a plan for committing suicide?	NO.....1 YES.....5+ DPA23A	NO.....1 YES.....5+ DPB23A
DEP3RA9 DEP4A9 DEPICDC3	B. Did you try to kill yourself?	NO.....1 YES.....5+ DPA23B	NO.....1 YES.....5+ DPB23B

BOX I24 COUNT THE BOXES MARKED ON TALLY SHEET I	# OF BOXES ____	# OF BOXES ____
	<u>IF FEWER THAN 4 BOXES:</u> GO BACK TO I4 AND ASK ABOUT THE MOST SEVERE EPISODE. <u>IF ONLY 4 BOXES:</u> SKIP TO I26. <u>IF 5 OR MORE BOXES:</u> CONTINUE TO BOX I25.	<u>IF FEWER THAN 4 BOXES:</u> CHECK # OF BOXES IN CURRENT EPISODE. IF ALSO FEWER THAN 4 IN CURRENT, SKIP TO I34. IF 4 OR MORE IN CURRENT, RECONCILE WITH SUBJECT AND RECODE BOX I13 AS NECESSARY. <u>IF ONLY 4 BOXES:</u> SKIP TO I26. <u>IF 5 OR MORE BOXES:</u> CONTINUE TO BOX I25.

		CURRENT EPISODE (PAST MONTH)	MOST SEVER EPISODE
BOX I25 IF R DENIES LOW MOOD, LOSS OF INTEREST, AND IRRITABILITY (BOX I13B=1), SKIP TO I25B. OTHERS CONTINUE.			
HAND R TALLY I.			
(16) ENDORES MOOD	I25 A. You told me you experienced the following (REVIEW HEADINGS OF BOXES ENDORSED) . Did you feel (depressed/uninterested/irritable) <u>and</u> have experiences from 4 or more other groups of problems nearly every day, for at least 2 weeks?	NO.....(SKIP TO I26).....1 YES .....5 DPA25A IF YES: Which ones? CIRCLE MOOD AND SX THAT CLUSTER. NOTE: BOX A OR BOX B MUST BE INCLUDED. SKIP TO D.	NO.....(SKIP TO I26).....1 YES .....5 DPB25A IF YES: Which ones? CIRCLE MOOD AND SX THAT CLUSTER. NOTE: BOX A OR BOX B MUST BE INCLUDED. SKIP TO D.
DENISE MOOD	B. You told me that during this episode you experienced (REVIEW HEADINGS OF BOXES ENDORSED) . During this episode, did you have experiences from 4 or more of these groups of problems nearly every day, for at least two weeks?	NO.....(SKIP TO I26).....1 YES .....5 DPA25B IF YES: Which ones? CIRCLE SX THAT CLUSTER.	NO.....(SKIP TO I26).....1 YES .....5 DPB25B IF YES: Which ones? CIRCLE SX THAT CLUSTER.
	C. During this period, did you also feel depressed or uninterested, (or irritable) in most things most of the day, nearly every day for at least 2 weeks?	NO.....(SKIP TO I26).....1 YES .....5 DPA25C	NO.....(SKIP TO I26).....1 YES .....5 DPB25C
	D. When did this episode begin (when you had these experiences nearly every day)?	____ / ____ t MO YEAR DPA25_MO/DPA25_YR	____ / ____ t MO YEAR DPB25_MO/DPB25_YR
DEP3RA DEP4A DEPICDA RDCC FGNC	E. For how long did you feel (depressed/uninterested/irritable) and have experiences from at least 4 other groups of problems nearly every day?	____ WEEKS DPA25E	____ WEEKS DPB25E

		CURRENT EPISODE (PAST MONTH)	MOST SEVER EPISODE												
(17) DEP4E	I26 During this episode, did you see or hear things that other people could not see or hear, that is, did you have hallucinations?	<table border="1"> <tr> <td>CODE</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table> <p style="text-align: right;">DPA26</p> <p>SPECIFY: _____</p> <p>WHOM SAW: _____</p> <p>WHAT TOLD: _____</p>	CODE	1	2	3	4	5	<table border="1"> <tr> <td>CODE</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table> <p style="text-align: right;">DPB26</p> <p>SPECIFY: _____</p> <p>WHOM SAW: _____</p> <p>WHAT TOLD: _____</p>	CODE	1	2	3	4	5
CODE	1	2	3	4	5										
CODE	1	2	3	4	5										
	A. During this episode, did you have beliefs or ideas that you later found out were <u>not</u> true?	<table border="1"> <tr> <td>CODE</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table> <p style="text-align: right;">DPA26A</p> <p>SPECIFY: _____</p> <p>WHOM SAW: _____</p> <p>WHAT TOLD: _____</p>	CODE	1	2	3	4	5	<table border="1"> <tr> <td>CODE</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table> <p style="text-align: right;">DPB26A</p> <p>SPECIFY: _____</p> <p>WHOM SAW: _____</p> <p>WHAT TOLD: _____</p>	CODE	1	2	3	4	5
CODE	1	2	3	4	5										
CODE	1	2	3	4	5										
		IF ANY 5 IN I26 OR I26A CONTINUE. OTHERS SKIP TO I27.													
	B. Did these (beliefs/ideas/hallucinations) occur before your (depressed mood/loss of interest/irritability)?	NO.....(SKIP TO D).....1 YES5 <p style="text-align: right;">DPA26B</p>	NO.....(SKIP TO D).....1 YES5 <p style="text-align: right;">DPB26B</p>												
	C. How long before your (depressed mood/loss of interest/irritability) began did you have these (beliefs/ideas/hallucinations)?	_____ DAYS <p style="text-align: right;">DPA26C</p>	_____ DAYS <p style="text-align: right;">DPB26B</p>												
	D. Did you keep having these (beliefs/ideas/hallucinations) after your mood came back to normal?	NO...(SKIP TO BOX I26).....1 YES.....5 EPISODE ONGOING.....6 <p style="text-align: right;">DPA26D</p> <p style="text-align: center;">IF ONGOING, SKIP TO BOX I26.</p>	NO...(SKIP TO BOX I26).....1 YES.....5 EPISODE ONGOING.....6 <p style="text-align: right;">DPB26D</p> <p style="text-align: center;">IF ONGOING, SKIP TO BOX I26.</p>												
DEP3RC RDCD4	E. How long did they last after your mood came back to normal?	_____ DAYS <p style="text-align: right;">DPA26E</p>	_____ DAYS <p style="text-align: right;">DPB26E</p>												

BOX I26	DID EXAMPLES IN I26 AND I26A HAVE CONTENT THAT WAS ENTIRELY CONSISTANT WITH THEMES OF PERSONAL INADEQUACY, GUILT, POVERTY, PUNISHMENT, ILLNESS, OR CATASTROPHE?	NO.....1 YES.....5	NO.....1 YES.....5
----------------	--	-----------------------	-----------------------

		CURRENT EPISODE (PAST MONTH)	MOST SEVER EPISODE
(19)	I27 During this episode, were you seen by a doctor, or other professional?	NO.....(SKIP TO I31).....1 YES.....(SPECIFY).....5 DPA27	NO.....(SKIP TO I31).....1 YES.....(SPECIFY).....5 DPB27
(20)	I28 During this episode, were you prescribed medicine for depression (or were you already taking medicine for depression)?	NO.....1 YES.....(SPECIFY).....5 DPA28 1. _____ 2. _____	NO.....1 YES.....(SPECIFY).....5 DPB28 1. _____ 2. _____
(21)	I29 During this episode, did you receive ECT (shock treatments)?	NO.....1 YES.....5 DPA29	NO.....1 YES.....5 DPB29
(22) RDCC	I30 During this episode, were you hospitalized for depression? A. For how long?	NO.....(SKIP TO I31).....1 YES.....5 DPA30 _____ DAYS DPA30A	NO.....(SKIP TO I31).....1 YES.....5 DPB30 _____ DAYS DPB30A
(23)	I31 During this episode, were you (working/going to school) full time? A. What was your major responsibility during this episode?	NO.....1 YES....(SKIP TO I32).....1 DPA31 PART-TIME JOB.....1 HOME.....2 PART-TIME SCHOOL.3 OTHER_____4 DPA31A	NO.....1 YES....(SKIP TO I32).....1 DPA31 PART-TIME JOB.....1 HOME.....2 PART-TIME SCHOOL.3 OTHER_____4 DPA31A

(24) DEP4C	I32	Did you have trouble functioning in this role?	NO.....(SKIP TO D).....1 YES.....5 DPA32	NO.....(SKIP TO D).....1 YES.....5 DPB32
	A.	Did something happen as a result of poor functioning?	NO.....1 YES.....(SPECIFY).....5 DPA32A _____ _____	NO.....1 YES.....(SPECIFY).....5 DPB32A _____ _____
RDCE	B.	Did anyone notice you had trouble functioning? (If no one was around, could someone have noticed this?)	NO.....1 YES.....5 DPA32B	NO.....1 YES.....5 DPB32B
DEP4C RDCE	C.	Were you completely unable to function in this role for at least 2 days in a row?	NO.....1 YES.....5 DPA32C	NO.....1 YES.....5 DPB32C
	D.	Was your functioning in any other area of your life affected? (MINOR ROLE DYSFUNCTION)	NO.....1 YES.....(SPECIFY).....5 DPA32D _____ _____	NO.....1 YES.....(SPECIFY).....5 DPB32D _____ _____

(25) BOX I33		RATE FUNCTIONING:		
<u>INCAPACITATED</u> -- (I32C=5) COMPLETELY UNABLE TO FUNCTION IN PRINCIPAL ROLE FOR 2+ DAYS, OR (I30=2+) HOSPITALIZED 2+ DAYS, OR (I29=5) ECT, OR (I26 OR I26A=5) PSYCHOTIC SYMPTOMS.			INCAPACITATED.....5 IMPAIRED.....4 NEITHER.....1	INCAPACITATED.....5 IMPAIRED.....4 NEITHER.....1
<u>IMPAIRED</u> -- (I32B=5 AND I32C=1) A DECREASE, NOTICEABLE TO OTHERS, IN QUALITY OF THE MOST IMPORTANT ROLE PERFORMANCE. THIS USUALLY REQUIRES A DECREASE IN THE AMOUNT OF PERFORMANCE.			GO BACK TO I4 AND ASK ABOUT MOST SEVERE EPISODE.	

(32) I34 Have you had at least one other severe episode when you were
CLEAN (depressed/uninterested in things/irritable) for at least one week
that did not follow the death of a loved one, did not follow daily
or (almost daily) use of alcohol or drugs, did not follow a
serious physical illness, and did not follow a change in
prescription medicines (**IF FEMALE:** and was not around the
time of childbirth, miscarriage, or abortion)? **IF MORE THAN
ONE ADDITIONAL CLEAN EPISODE, HAVE R PICK
THE MOST SEVER ONE.**

NO.....(SKIP TO I35).....1
YES.....5
DP34

A. How old were you then?

AGE: _____

DP34A

B. During this episode:

COUNT ONLY IF MORE THAN USUAL:

		<u>NO</u>	<u>YES</u>
1. Were you depressed (IF AGE IN A<18: or irritable)?.....	DP34B1	1	5
2. Did you lose interest in pleasurable activities?.....	DP34B2	1	5
3. Did you have an increase or decrease in your appetite or weight?..	DP34B3	1	5
4. Did you have any sleep difficulty or did you sleep too much?.....	DP34B4	1	5
5. Were you either more restless or more slowed down than usual?..	DP34B5	1	5
6. Did you have a loss of energy or were you more tired than usual?..	DP34B6	1	5
7. Did you feel excessively guilty or bad about yourself?.....	DP34B7	1	5
8. Did you have difficulty thinking or concentrating?.....	DP34B8	1	5
9. Did you have thoughts of dying or committing suicide, or did you make a suicide plan, or did you attempt suicide?.....	DP34B9	1	5

**IF FIVE OR MORE CODED 5 IN B.1-9 (INCLUDING B.1 AND/OR B.2), CONTINUE.
OTHERS SKIP TO E.**

C. For how long were at least 5 of these problems present
nearly every day, including feeling (depressed/uninterested
in things/irritable)? **IF LESS THAN 2 WEEKS, SKIP
TO E.**

_____ WEEKS

DP34C

D. When did this episode begin (when you had these
experiences together nearly every day)?

____ / ____
MO YEAR

DP34D_MO/DP34D_YR

E. Did you have trouble managing your work, school, or
household responsibilities?

NO.....1

YES.....(SPECIFY).....5

SPECIFY: _____

DP34E

F. Did you seek help, receive any treatment (such as
medications or ECT), or were you hospitalized during this
episode?

NO.....(SKIP TO I35).....1

YES.....(SPECIFY).....5

DP34F

SPECIFY:

1. Received professional help

DP34F1

NO YES

1 5

2. Medications

DP34F2

1 5

DP34FCD1

CODE: _____

DP34FCD2

CODE: _____

3. ECT (shock treatment)

DP34F3

1 5

4. Hospitalized

DP34F4

1 5

(32) DIRT
I35 Have you had at least one other sever episode when you were (depressed/uninterested in things/irritable) for at least one week that may have followed the death of a loved one, daily or (almost daily) use of alcohol or drugs, a serious physical illness, or a change in prescription medicines (**IF FEMALE:** or was around the time of childbirth, miscarriage, or abortion)? **IF MORE THAN ONE ADDITIONAL DIRT EPISODE, HAVE R PICK THE MOST SEVER ONE.**

NO.....(SKIP TO I35).....1
YES.....5
DP35

A. How old were you then?

AGE: ____
DP35A

B. During this episode:

COUNT ONLY IF MORE THAN USUAL:

		<u>NO</u>	<u>YES</u>
1. Were you depressed (IF AGE IN A<18: or irritable)?.....	DP35B1	1	5
2. Did you lose interest in pleasurable activities?.....	DP35B2	1	5
3. Did you have an increase or decrease in your appetite or weight?..	DP35B3	1	5
4. Did you have any sleep difficulty or did you sleep too much?.....	DP35B4	1	5
5. Were you either more restless or more slowed down than usual?...	DP35B5	1	5
6. Did you have a loss of energy or were you more tired than usual?.	DP35B6	1	5
7. Did you feel excessively guilty or bad about yourself?.....	DP35B7	1	5
8. Did you have difficulty thinking or concentrating?.....	DP35B8	1	5
9. Did you have thoughts of dying or committing suicide, or did you make a suicide plan, or did you attempt suicide?.....	DP35B9	1	5

IF FIVE OR MORE CODED 5 IN B.1-9 (INCLUDING B.1 AND/OR B.2), CONTINUE. OTHERS SKIP TO E.

C. For how long were at least 5 of these problems present nearly every day, including feeling (depressed/uninterested in things/irritable)? **IF LESS THAN 2 WEEKS, SKIP TO E.**

____ WEEKS
DP35C

D. When did this episode begin (when you had these experiences together nearly every day)?

____ / ____
MO YEAR
DP35D_MO/DP35D_YR

E. Did you have trouble managing your work, school, or household responsibilities?

NO.....1
YES.....(SPECIFY).....5
DP35E

SPECIFY: _____

F. Did you seek help, receive any treatment (such as medications or ECT), or were you hospitalized during this episode?

NO.....(SKIP TO I35).....1
YES.....(SPECIFY).....5
DP35F

SPECIFY:

		<u>NO</u>	<u>YES</u>	
1. Received professional help	DP35F1	1	5	
2. Medications	DP35F2	1	5	
		DP35FCD1		CODE: ____
		DP35FCD2		CODE: ____
3. ECT (shock treatment)	DP35F3	1	5	
4. Hospitalized	DP35F4	1	5	

(32F/33F) I36 How many episodes of depression lasting a week or longer (such as the one(s) we have been talking about) have you had over your lifetime, including the one(s) we already talked about? _____ NUMBER
DP36

(34) A. How old were you the (first/last) time you had an episode of depression lasting a week or longer? AGE ONS: ____/____
DP_AO36
RECORD ALL EPISODES ON TIMELINE. ONS: 1 2 3 4 5
DP_O36
AGE REC: ____/____
DP_AR36
REC: 1 2 3 4 5
DP_R36

**IF ANY 5 CODED IN I28, I29, I34F.2/3, OR I35F.2/3,
CODE 137 "YES" SILENTLY:**

(35) I37 Were you ever treated for depression with medication or ECT (shock treatment)? NO..(SKIP TO BOX I38).....1
YES.....5
DP37
A. Did you ever feel high or were you overactive following treatment for depression with medication or ECT? NO.....1
YES.....5
DP37A

com.

**BOX I38 IF R HAD 1+ BOX MARKED ON ALC, MJ,
OR DRUG TALLY SHEET A, CONTINUE.
OTHERS SKIP TO J1, p.90.**

I38 FOR EACH EPISODE OF DEPRESSION, ASK A.

- A. You said you had an episode of feeling (depressed/sad/down/blue/irritable) that started at (AGE).

CLUSTERING
PER EPISODE

1. Around the time this episode of feeling (depressed/sad/down/blue/irritable) began, were you having experiences from 3 or more boxes found on this (ALC/MJ/DRUG) sheet?

IF NO, CONTINUE TO 2.

IF YES, RECORD ON TIMELINE AND RETURN TO I38A FOR NEXT EPISODE OF DEPRESSION. IF NO OTHER EPISODES, SKIP TO I38B.

HEAVY USE
PER EPISODE
WHEN NOT
CLUSTERING

2. Around the time this episode of feeling (depressed/sad/down/blue/irritable) began, were you (drinking heavily, using DRUGS) daily or almost daily?

IF NO, RETURN TO I38A FOR NEXT EPISODE OF DEPRESSION. IF NO OTHERS, SKIP TO I38B.

IF YES, RECORD ON TIMELINE AND RETURN TO I38A FOR NEXT EPISODE OF DEPRESSION. IF NO OTHERS, SKIP TO I38B.

- B. So, according to the information on this timeline,

CLUSTERING
FOR ALL
EPISODES

1. ... your episodes of feeling (depressed/sad/down/blue/irritable) (NEVER/SOMETIMES/ALWAYS) started around a time when you were experiencing some problems with alcohol, marijuana, or drugs?

NEVER.....1
SOMETIMES3
ALWAYS (SKIP TO J1.P.90)5
DP38B1

HEAVY USE
FOR THE
EPISODES
WHEN NOT
CLUSTERING

2. ... your episodes (that did not start when you were having problems with alcohol or drugs) (NEVER/SOMETIME/ALWAYS) started around a time when you were drinking heavily or using drugs daily (or almost daily)?

NEVER.....1
SOMETIMES3
ALWAYS5
DP38B2

We have just 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
DYS4A

J1 Have you ever had a period of time lasting 2 years or more when you felt sad, down, or blue most of the day, more days than not?

NO . . (SKIP TO K1, p. 94) 1
YES 5

DY1

A. How old were you when this period (began/ended)?

DY_AO1 AGE ONS: __/__

DY_O1 ONS: 1 2 3 4 5

DY_AR1 AGE REC: __/__

DY_R1 REC: 1 2 3 4 5

DYS3RD
DYS4D

J2 Did you have a severe episode of depression (like the ones we just discussed) either during the first 2 years of this period or in the 6 months just before this period began?

NO. . . (SKIP TO J3) . . . 1
YES 5

DY2

A. Did you have another period of 2 years or longer when you were sad, down, or blue, most of the day, more days than not, when you did not have a severe episode of depression during the first 2 years or in the 6 months before this period began?

NO . . (SKIP TO K1, p. 94) . 1
YES 5

DY2A

B. How old were you when this period (began/ended)?

DY_AO2 AGE ONS: __/__

DY_O2 ONS: 1 2 3 4 5

DY_AR2 AGE REC: __/__

DY_R2 REC: 1 2 3 4 5

J3 For most of the time during this period of feeling (sad/down/blue), about how many days a week did you drink alcohol?
IF TYPICALLY DID NOT DRINK DURING THIS EPISODE, CODE 0 AND SKIP TO J4.

DY3 DAYS: __

A. During this period of time, what was the largest number of drinks you had in one day?

DY3A DRINKS: __ __

B. Throughout most of this period, on the days you drank, how many drinks would you typically have?

DY3B DRINKS: __ __

CODE SILENTLY:

C. 3+ DRINKS (WOMAN) OR 5+ DRINKS (MAN) DAILY OR ALMOST DAILY?

NO. . . . (SKIP TO J4) . . . 1
YES 5*

DY3C

D. Did you have another period of 2 years or longer when you felt sad, down, or blue most of the day, more days than not, when you were not drinking daily or almost daily? **CONFIRM NO SEVERE DEPRESSION IN FIRST 2 YEARS OR 6 MONTHS PRIOR TO START.**

NO. . (SKIP TO BOX J7A) . 1
YES 5

DY3D

E. How old were you when this period (began/ended)?

DY_AO3 AGE ONS:___/___

DY_O3 ONS:1 2 3 4 5

DY_AR3 AGE REC:___/___

DY_R3 REC: 1 2 3 4 5

IF NEVER USED MARIJUANA OR DRUGS (F1=1 AND G1=1), SKIP TO J5. OTHERS CONTINUE.

J4 For most of the time during this period, were you taking any of the following drugs for a high or intoxication daily or almost daily (**HAND R CARD I**)?

NO . (SKIP TO J5) 1

YES. . . . (SPECIFY) 5*

DY4

1: _____

DY4CODE1 CODE: _ _ _

2: _____

DY4CODE2 CODE: _ _ _

3: _____

DY4CODE3 CODE: _ _ _

A. During that time, on average, how many days per week did you take (DRUG)?

DY4A_1 DRUG 1: _ DAYS

DY4A_2 DRUG 2: _ DAYS

DY4A_3 DRUG 3: _ DAYS

B. What is the average number of times you used (DRUG) on those days you were using?

DY4B_1 DRUG 1: _ TIMES

DY4B_2 DRUG 2: _ TIMES

DY4B_3 DRUG 3: _ TIMES

C. Did you have another period of 2 years or longer when you felt sad, down, or blue most of the day, more days than not, when it did not follow a time when you were drinking or using drugs daily or almost daily?

NO . (SKIP TO BOX J7A) . 1

YES 5

DY4C

CONFIRM NO SEVERE DEPRESSION IN FIRST 2 YEARS OR 6 MONTHS PRIOR TO START.

D. How old were you when this period (began/ended)?

DY_AO4 AGE ONS:___/___

DY_O4 ONS: 1 2 3 4 5

DY_AR4 AGE REC:___/___

DY_R4 REC: 1 2 3 4 5

DYS3RG
DYS4G

J5 Did this period of feeling (sad/down/blue) begin within the 6 weeks after a serious physical illness, like thyroid disease, a stroke, multiple sclerosis, a brain tumor, or AIDS?

NO. . . . (SKIP TO J6) . . . 1
YES . . (SPECIFY) 5*
DY5

SPECIFY: _____

DY5CODE CODE: _ _ _

A. Did you have another period of 2 years or longer when you felt sad, down, or blue most of the day, more days than not, was not after a time when you had a serious physical illness, and did not follow a time when you were drinking or using drugs daily or almost daily?

NO. .(SKIP TO BOX J7A) . 1
YES 5
DY5A

**CONFIRM NO SEVERE DEPRESSION IN
FIRST 2 YEARS OR 6 MONTHS PRIOR TO
START.**

B. How old were you when this period (began/ended)?

DY_A05 AGE ONS: _/_/_
DY_O5 ONS: 1 2 3 4 5
DY_AR5 AGE REC: _/_/_
DY_R5 REC: 1 2 3 4 5

J6 For most of the time during this period of feeling (sad/down/blue), were you using prescription medications, such as tranquilizers, pills for high blood pressure, heart medicines, or steroids?

NO. .(SKIP TO BOX J7A) 1
YES. . . . (SPECIFY) 5 *
DY6

SPECIFY:

1. _____
2. _____

DY6CODE1 CODE: _ _ _
DY6CODE2 CODE: _ _ _

A. Did you have another period of 2 years or longer when you felt sad, down, or blue most of the day, more days than not, when it was not after a time when you had a change in prescription medicines, was not after a time when you had a serious physical illness, and did not follow a time when you were drinking or using drugs daily or almost daily ? **CONFIRM NO SEVERE DEPRESSION IN FIRST 2 YEARS OR 6 MONTHS PRIOR TO START.**

NO. . (SKIP TO BOX J7A) 1
YES 5
DY6A

B. How old were you when this period (began/ended)?

DY_AO6 AGE ONS: _/_/_
DY_O6 ONS: 1 2 3 4 5
DY_AR6 AGE REC: _/_/_
DY_R6 REC: 1 2 3 4 5

BOX J7A IF THE LAST CODED EPISODE IS DIRTY (= 5 *), ASK ABOUT EPISODE IN J2B. IF NO EPISODE IS IN J2B, ASK ABOUT J1A.

IF THE LAST CODED EPISODE IS CLEAN, ASK ABOUT THIS LAST CODED EPISODE.

J7 During that period from age ____ to age ____, did you more days than not:

DYS3RB1
DYS4B1

DYS3RB2
DYS4B2

DYS3RB3
DYS4B3

DYS3RB4
DYS4B4

DYS3RB5
DYS4B5

DYS3RB6
DYS4B6

		<u>NO</u>	<u>YES</u>
A. overeat or have a poor appetite?	DY7A	1	5
B. have trouble sleeping, or did you sleep too much?	DY7B	1	5
C. feel tired easily?	DY7C	1	5
D. feel inadequate or worthless?	DY7D	1	5
E. find it hard to concentrate or make decisions?	DY7E	1	5
F. feel hopeless?	DY7F	1	5

BOX J7B

**IF FEWER THAN TWO 5's ARE
CODED IN J7A-F, SKIP TO K1, p. 94.
OTHERS CONTINUE TO J8.**

DYS3RC DYS4C	J8	During that period of feeling (sad/down/blue) from age____ to age ____, did you 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, down, or blue? IF NO, RECORD EPISODE ON TIMELINE.	NO 1 t YES. (SKIP TO K1, p. 94) . 5 DY8
-----------------	----	--	--

DYS4H	J9	During that period of feeling (sad/down/blue), did you have trouble managing your work, school, or household responsibilities, or was any other area of your life affected? SPECIFY: _____	NO 1 YES . . (SPECIFY) 5 DY9
-------	----	--	---

**BOX J10 IF R HAD 1+ BOX MARKED ON ALC, MJ,
OR DRUG TALLY SHEET A, CONTINUE.
OTHERS SKIP TO K1, p. 94.**

J10 FOR EACH EPISODE OF DYSTHYMIA, ASK A.

A. You said you had a long period of time when you felt
(depressed/sad/down/blue) that started at (AGE).

**IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY
SHEET A, HAND TALLY(IES) TO R AND ASK 1.
OTHERS SKIP TO 2.**

CLUSTERIN
G
PER
EPISODE

1. Around the time this long episode of feeling (depressed/
sad/down/blue) began, were you having experiences
from 3 or more boxes on this (ALC / MJ / DRUG)
sheet?

IF NO, CONTINUE TO 2.

**IF YES, RECORD ON TIMELINE AND
RETURN**

**TO J10A FOR NEXT EPISODE. IF NO
OTHER EPISODES, SKIP TO J10B.**

HEAVY USE
PER
EPISODE
WHEN NOT
CLUSTERIN
G

2. Around the time this long episode of feeling (depressed/
sad/down/blue) began, were you (drinking heavily/using
DRUGS) daily or almost daily?

**IF NO, RETURN TO J10A FOR NEXT
EPISODE.**

IF NO OTHERS, SKIP TO J10B.

**IF YES, RECORD ON TIMELINE AND
RETURN**

**TO J10A FOR NEXT EPISODE. IF NO
OTHERS, SKIP TO J10B.**

B. So, according to the information on this timeline,

CLUSTERIN
G FOR ALL
EPISODES

1. . . . your long episodes of feeling
(depressed/sad/down/ blue) (NEVER / SOMETIMES
/ ALWAYS) started around a time when you were
experiencing some problems with alcohol, marijuana, or
drugs?

NEVER 1
SOMETIMES 3
ALWAYS . (SKIP TO K1, p.94). 5
[DY10B1](#)

HEAVY USE
FOR THE
EPISODES
WHEN NOT
CLUSTERIN
G

2. . . . your episodes (that did not start when you were
having problems with alcohol or drugs) (NEVER /
SOMETIMES / ALWAYS) started around a time
when you were drinking heavily or using drugs daily (or
almost daily)?

NEVER 1
SOMETIMES 3
ALWAYS 5
[DY10B2](#)

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

(1)
MAN3RA1
MAN4A
MANICDA
MANFGNA
MANRDCA

K1 A. Have you ever had a period of time lasting 2 days or longer when you felt extremely hyper, elated (unrealistically happy), or manic most of the time, clearly different from your normal self? **DO NOT COUNT RECOVERY FROM DEPRESSION BACK TO NORMAL MOOD.**

NO 1
ALC/DRUGS ONLY .. 3
YES 5
MN1A

MAN3RA2
MAN4A
MANICDA
MANFGNA
MANRDCA

B. Did you ever have a period of time lasting 2 days or longer (other than when you were depressed/withdrawing from drugs) when you felt unusually irritable most of the time, clearly different from your normal self, so that you would shout at people or start fights or arguments?

NO 1
ALC/DRUGS ONLY .. 3
YES 5
MN1B

BOX K1C DOES R ENDORSE MOOD? (A OR B CODED 5) DENIES MOOD (READ a) 1
ENDORSES MOOD .. (READ b) . 5

D. [a] Did you ever have a period of time lasting 2 days or longer, when you were not under the influence of alcohol or drugs, when you were...(READ 1-7)
AFTER THE FIRST YES, ASK: During this period were you also:

[b] You said you had a period of time of feeling (hyper, elated, irritable). I'm going to ask you about several other problems you might have had during this period. During this period were you also.... (READ 1-7).

	<u>NO</u>	<u>YES</u>
1. much more active than usual?	MN1D_1 1	5
2. much more talkative than usual?	MN1D_2 1	5
3. talking unusually fast or were your thoughts racing?	MN1D_3 1	5
4. feeling very special, gifted with special powers?	MN1D_4 1	5
5. <u>needing</u> much less sleep than usual?	MN1D_5 1	5
6. more easily distracted than usual?	MN1D_6 1	5
7. doing reckless or foolish things (spending sprees, reckless driving, affairs)?	MN1D_7 1	5

DO NOT COUNT RECOVERY FROM DEPRESSION BACK TO NORMAL MOOD. CODE SX ONLY IF MORE THAN USUAL AND ONLY IF LASTED FOR 2 OR MORE DAYS.

BOX K1E IF 2 OR MORE 5'S ARE CODED IN K1D.1-7, CONTINUE TO BOX K1F. OTHERS SKIP TO K36, p.106.

BOX K1F IF R ENDORSES MOOD (BOX K1C=5), SKIP TO K3. OTHERS CONTINUE.

(12)
MAN3RA1
MAN4A
MANICDA
MANFGNA
MANRDCA

G. You told me you experienced the following problems (**LIST
SX IN K1D.1-7**). At the time you were having these
problems, were you also feeling extremely good, elated,
hyper, manic, irritable, or angry, clearly different from your
normal self?

NO. (SKIP TO K36, p.106) . 1
YES 5
MN1G

(2) K2 OMITTED

(3) K3 Think about your most severe episode of feeling extremely hyper,
elated, or irritable that lasted 2 days or longer.

A. When did it begin?

____ / ____

MO YEAR
MN3A_MO MN3A_YR

B. So you were ____ years old?

AGE: ____

C. How long did that episode last?

MN3C ____ DAYS

K4 Before I ask more questions about this episode of feeling (hyper/elated/irritable), I need to
know more about some other experiences you might have had at about the same time.

MOST SEVERE EPISODE

K5

During the 2 weeks before this episode of feeling (hyper/elated/ irritable) began, how many days a week did you typically drink alcohol?

- A. On the days you drank, how many drinks would you typically have?

CODE SILENTLY:

- B. TYPICALLY 3+ (WOMAN) OR 5+ (MAN) DRINKS FOR 4+ DAYS/WEEK?

- C. During the 2 weeks before this episode began, what was the largest number of drinks you had in one day?

- D. Did you drink at least 5 drinks 2 or more times a week during the 2 weeks before this episode?

- E. Did you have another episode of feeling (hyper/elated/ irritable) for 2 days or longer that was not after a time when you had been drinking daily or almost daily?

- F. When did this episode begin?

1. How old were you?

MN5 DAYS: ____

**IF 0 OR 1, SKIP TO K6.
OTHERS CONTINUE.**

MN5A DRINKS: ____

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

MN5B
MN5C DRINKS: ____

**IF 4 OR FEWER,
SKIP TO K6.**

NO. . . (SKIP TO K6) ... 1
YES 5

MN5D
NO. . . (SKIP TO K11) . . 1*
YES 5
MN5E

____ / ____

____ MO YEAR

MN5F_MO MN5F_YR
MN5F1 AGE: ____

REMIND R WHICH EPISODE AS NEEDED.	MOST SEVERE EPISODE
-----------------------------------	------------------------

IF NEVER USED MJ OR DRUGS (F1=1 AND G1=1), SKIP TO K7.

OTHERS CONTINUE.

MAN3RF
MAN4E
MANICDD
MANRDCA

HAND R CARD K.

K6 During the 2 weeks before this episode of feeling (hyper/elated/ irritable) began, did you use any of these street drugs or abuse any prescription drugs? **IF YES:** Which ones? **CIRCLE DRUGS USED ON CARD K. CODE THE THREE USED MOST.**

DRUG 1: _____

DRUG 2: _____

DRUG 3: _____

- A. During the 2 weeks before this episode of feeling (hyper/elated/ irritable) began, were you taking any of the following drugs for a high or intoxication daily or almost daily? **IF YES:** Which ones? **CIRCLE DRUGS.**
- B. During that time, on average, how many days per week did you take (DRUGS)?
- C. What is the average number of times you used (DRUGS) on those days you were using?
- D. During the 2 weeks before this episode began, what was the largest number of times you used (DRUG) in one day?
- E. On how many days during that 2-week period did you use (DRUG) that much in a day?

F. Did you have another episode of feeling (hyper/elated/ irritable) for 2 days or longer that was not after a time when you had been drinking or using drugs daily or almost daily?

G. When did this episode begin?

1. How old were you?

NO. . . . (SKIP TO K7) . 1
YES. . . . (SPECIFY) . . 5
MN6

MN6_1 CODE: _ _ _

MN6_2 CODE: _ _ _

MN6_3 CODE _ _ _

NO. . . . (SKIP TO D) . . 1
YES. . . . (SPECIFY) . . 5*
MN6A

CIRCLE DRUG: 1 2
3
MN6A_1 MN6A_2 MN6A_3

MN6B_1 DRUG 1: DAYS
MN6B_2 DRUG 2: DAYS
MN6B_3 DRUG 3: DAYS

MN6C_1 DRUG 1: _ AVG
MN6C_2 DRUG 2: _ AVG
MN6C_3 DRUG 3: _ AVG

MN6D_1 DRUG 1: MAX
MN6D_2 DRUG 2: MAX
MN6D_3 DRUG 3: MAX

MN6E_1 DRUG 1: DAYS
MN6E_2 DRUG 2: DAYS
MN6E_3 DRUG 3: DAYS

BOX K6
IF K6A=1,
SKIP TO K7.
OTHERS CONTINUE.

NO. . . (SKIP TO K11) . 1*
YES 5
MN6F

____ / ____

MO YEAR

REMIND R WHICH EPISODE AS NEEDED.			MOST SEVERE EPISODE
MAN3RF MAN4E MANICDD MANRDCA	K7	<p>Did this episode of feeling (hyper/elated/irritable) begin within 2 weeks of starting or changing the dose of prescription medications such as decongestants, steroids, or antidepressants?</p> <p>SPECIFY: 1. _____</p> <p>2. _____</p> <p>A. Did you have <u>another</u> episode of feeling (hyper/ elated/ irritable) for 2 days or longer that did <u>not</u> follow change in prescription medication, did <u>not</u> follow a serious physical illness, and was <u>not</u> after the daily or almost daily use of alcohol or drugs?</p> <p>B. When did this episode begin?</p> <p>1. How old were you?</p>	<p>NO. . . . (SKIP TO K8) . . 1</p> <p>YES. . . (SPECIFY) . . . 5</p> <p>MN7</p> <p>MN7_1 CODE: _ _ _ _</p> <p>MN7_2 CODE: _ _ _ _</p> <p>NO. . . (SKIP TO K11) . . 1*</p> <p>YES 5</p> <p>MN7A</p> <p>____ / ____</p> <p>____ MO YEAR</p> <p>MN7B_MO</p> <p>MN7B_YR</p> <p>MN7B1 AGE: _ _ _ _</p>
MAN3RF MAN4E MANICDD MANRDCA	K8	<p>Did this episode of feeling (hyper/elated/irritable) begin within the 2 weeks that followed an episode of a serious physical illness like multiple sclerosis, AIDS, hyperthyroidism, lupus, Cushings, or encephalitis?</p> <p>SPECIFY: _____</p> <p>A. Did you have <u>another</u> episode of feeling (hyper/ elated/ irritable) for 2 days or longer that did <u>not</u> follow a serious physical illness and was <u>not</u> after the daily or almost daily use of alcohol or drugs?</p> <p>B. When did this episode begin?</p> <p>1. How old were you?</p>	<p>NO. . . . (SKIP TO K9) . . 1</p> <p>YES. . . . (SPECIFY). . . 5</p> <p>MN8</p> <p>MN8_CD CODE: _ _ _</p> <p>NO. . . (SKIP TO K11) . . 1*</p> <p>YES 5</p> <p>MN8A</p> <p>____ / ____</p> <p>____ MO YEAR</p> <p>MN8B_MO MN8B_YR</p> <p>MN8B1 AGE: _ _ _ _</p>
MAN3RF MAN4E MANICDD MANRDCA	K9	<p>Did this episode of feeling (hyper/elated/irritable) begin shortly after receiving ECT (shock therapy) or bright light therapy?</p> <p>A. Did you have <u>another</u> episode of feeling (hyper/ elated/ irritable) for 2 days or longer that did <u>not</u> follow shock or bright light therapy, did <u>not</u> follow change in prescription medication, did <u>not</u> follow a serious physical illness, and was <u>not</u> after the daily or almost daily use of alcohol or drugs?</p>	<p>NO. (SKIP TO BOX K11) 1</p> <p>YES 5</p> <p>MN9</p> <p>NO. . . (SKIP TO K10) . . 1*</p> <p>YES 5</p> <p>MN9A</p>

B. When did this episode begin?

____ / ____

MO YEAR

1. How old were you?

MN9B_MO MN9B_YR
MN9B1 AGE: ____

REMIND R WHICH EPISODE AS NEEDED.		MOST SEVERE EPISODE
<p>K10 IF NO CLEAN EPISODE EXISTS, CONTINUE THE SECTION ASKING ABOUT THE MOST SEVERE DIRTY EPISODE CODED IN K3. REMIND R WHICH EPISODE TO FOCUS ON AS FREQUENTLY AS NEEDED.</p> <p>I'd like to (return to/focus on) the most severe episode of feeling (hyper/elated/irritable) when you were ____ years old. CHECK K3B.</p>		
BOX K11 A. IS EPISODE CLEAN? (DIRTY = ANY * ITEM)		NO, DIRTY 1 YES, CLEAN 5
<p>Now I would like to ask you about other experiences you may have had during this episode of feeling (hyper/elated/irritable). During this most severe episode when you were ____ years old . . .</p>		MOST SEVERE EPISODE
(4) MAN3RB6 MAN4B6 MANICDB1 MANFGNB1 MANRDCB1	<p>K12 Were you much more active than usual, either socially, at work, at home, sexually, or were you physically restless?</p> <p>SPECIFY: _____</p> <p>_____</p>	NO 1 YES . . . (SPECIFY) . . . 5 MN12
(5) MAN3RB3 MAN4B3 MANICDB2 MANFGNB2 MANRDCB2	<p>K13 Were you much more talkative than usual, or did you feel pressure to keep talking?</p>	NO 1 YES 5 MN13
(6) MAN3RB4 MAN4B4 MANICDB3 MANFGNB3 MANRDCB3	<p>K14 Did your thoughts race, or did you talk so fast that it was difficult for people to follow what you were saying (more than usual)?</p>	NO 1 YES 5 MN14
(7) MAN3RB1 MAN4B1 MANICDB6 MANFGNB4 MANRDCB4	<p>K15 Did you feel you were a very important person, or that you had special powers, plans, talents, or abilities?</p> <p>SPECIFY: _____</p> <p>_____</p>	NO 1 YES. . . (SPECIFY) . . . 5 MN15
(8) MAN3RB2 MAN4B2 MANICDB5 MANFGNB5 MANRDCB5	<p>K16 Did you <u>need</u> much less sleep than usual for several days in a row?</p> <p>A. How many hours of sleep did you get per night during this episode?</p> <p>B. How many hours do you <u>usually</u> get per night?</p>	NO . . . (SKIP TO K17) . . 1 YES 5 MN16 MN16A ____ HOURS MN16B ____ HOURS

(9)
MAN3RB5
MAN4B5
MANICDB7
MANFGNB6
MANRDCB6

K17 Did your attention keep jumping from one thing to another
much more than is usual for you?

NO 1
YES 5
MN17

During this most severe episode, when you were __ years old . . .		MOST SEVERE EPISODE
(10) MAN3RB7 MAN4B7 MANICDB8 MANRDCB7	K18 Did you do anything that could have gotten you into trouble -- like spending sprees, foolish business investments, reckless driving, or sexual indiscretions? SPECIFY: _____ _____	NO 1 YES . . . (SPECIFY) . . . 5 MN18
MANICDB9	A. Did your interest in sex become so much stronger than usual that you wanted to have sex a lot more frequently or with people you ordinarily would not be interested in?	NO 1 YES 5 MN18A
MANICDB9	B. Did you talk about sexual activities, or did you approach people in a sexual manner that you ordinarily would not have? Or were you sexually indiscreet in any other way?	NO 1 YES 5 MN18B
BOX K19 COUNT THE BOXES CODED 5 IN K12-18. <u>IF 0 OR 1 BOX(ES) CODED 5, SKIP TO K30.</u> <u>IF 2 OR MORE BOXES CODED 5, RECORD EPISODE ON TIMELINE AND CONTINUE.</u>		BOXES CODED 5: _____
K19 You told me that while you were feeling (hyper/elated/irritable), you also experienced (LIST SX CODED 5). When did you start experiencing these together? (DATE CLUSTERING OF MOOD AND SX TOGETHER) A. For how long did you experience these together?		____/_____ ^t MO YEAR MN19_MO MN19_YR MN19A ____ DAYS
(13) MANRDCC1	K20 During this episode, were you so excited that it was almost impossible to hold a conversation with you? SPECIFY: _____ _____	NO 1 YES . . . (SPECIFY) . . . 5 MN20
MAN3RC MAN4D MANICDB MANRDCB8	A. Would you say your behavior was provocative, obnoxious, or manipulative enough to cause problems for your family, friends, or your co-workers? SPECIFY: _____ _____	NO 1 YES . . . (SPECIFY) . . . 5 MN20A

		MOST SEVERE EPISODE
(14) MAN3RD MAN4D MANICDC MANFGNC	<p>K21 During this episode did you see or hear things that other people could not see or hear, that is, did you have hallucinations?</p> <p>SPECIFY: _____</p> <p>WHOM SAW: _____</p> <p>WHAT TOLD: _____</p>	<div>CODE: 1 2 3 4 5</div> <p>MN21</p>
MAN3RD MAN4D MANICDC MANFGNC	<p>A. During this episode, did you have beliefs or ideas that you later found out were not true?</p> <p>SPECIFY: _____</p> <p>WHOM SAW: _____</p> <p>WHAT TOLD: _____</p>	<div>CODE: 1 2 3 4</div> <p>MN21A</p>
<div> BOX K21 IF ANY 5 IN K21 OR K21A, CONTINUE. OTHERS SKIP TO K23. </div>		
MAN3RD MANRDCE	<p>B. Did these (beliefs/ideas/hallucinations) occur before you felt (hyper/elated/irritable)?</p> <p>C. How long before you felt (hyper/elated/irritable) did you have these (beliefs/ideas/hallucinations)?</p> <p>D. Did these (beliefs/ideas/hallucinations) persist after your mood came back to normal?</p>	<p>NO . . (SKIP TO D) . . . 1</p> <p>YES 5</p> <p>MN21B</p> <p>MN21C ___ __ __ DAYS</p>
MAN3RD MANRDCE	<p>E. How long did they last after your mood came back to normal?</p>	<p>NO. . (SKIP TO BOX K22) 1</p> <p>YES 5</p> <p>EPISODE ONGOING . 6</p> <p>MN21D</p> <p>IF ONGOING, SKIP TO BOX K22.</p> <p>MN21E ___ __ __ DAYS</p>
<div> BOX K22 DID EXAMPLES IN K21 OR K21A HAVE CONTENT CONSISTENT WITH THEMES OF INFLATED WORTH, POWER, KNOWLEDGE, IDENTITY, OR WITH A SPECIAL RELATIONSHIP TO A DEITY OR FAMOUS PERSON? </div>		<p>NO 1</p> <p>YES 5</p>

During this most severe episode when you were ____ years old . . .		MOST SEVERE EPISODE
(15)	K23 Were you seen by a doctor or other professional? SPECIFY: _____	NO . (SKIP TO K27) . . 1 YES . . (SPECIFY) . . . 5 MN23
(16) MANRDCD	K24 Did you receive medication? SPECIFY: 1. _____ 2. _____	NO 1 YES . . (SPECIFY) . . . 5 MN24 MN24_1 CODE: __ __ __ MN24_2 CODE: __ __ __
(17) MANRDCD	K25 Did you receive ECT (shock treatments)?	NO 1 YES 5 MN25
(18) MAN4A/D MANICDA	K26 Were you hospitalized during this episode for these experiences? A. For how long?	NO . (SKIP TO K27) . . 1 YES 5 MN26 MN26A __ __ __ DAYS
(19)	K27 During this episode, were you (working/going to school) full-time? A. What was your major responsibility at that time?	NO 1 YES (SKIP TO K28) . . 5 MN27 PART-TIME JOB 1 HOME 2 PART-TIME SCHOOL 3 OTHER. . (SPECIFY) . . 4 _____ — MN27A

During this most severe episode when you were ____ years old . . .		MOST SEVERE EPISODE
(20)	<p>K28 Was your functioning in this role affected?</p> <p>NO . . (SKIP TO D) . . . 1 YES 5 MN28</p> <p>A. Did something happen as a result of this change in functioning?</p> <p>NO 1 YES . . (SPECIFY) 5 MN28A</p> <p>SPECIFY: _____</p> <p>_____</p> <p>MAN3RC MAN4D MANICDB MANRDCC2</p> <p>B. Did anyone notice that your functioning was affected? (If no one was around, could someone have noticed this?)</p> <p>NO 1 YES 5 MN28B</p> <p>(21) MAN3RC MAN4D</p> <p>C. Were you completely unable to function in this role for at least 2 days in a row?</p> <p>NO 1 YES 5 MN28C</p> <p>D. Was your functioning in any other area of your life affected, or did you get into trouble in any way?</p> <p>NO 1 YES . . (SPECIFY) 5 MN28D</p> <p>SPECIFY: _____</p> <p>_____</p>	
(22)	<p>BOX K29 RATE FUNCTIONING</p> <p><u>INCAPACITATED</u> -- (K28C=5) COMPLETELY UNABLE TO FUNCTION IN PRINCIPAL ROLE FOR 2+ DAYS , OR (K26A=2+) HOSPITALIZED 2+ DAYS , OR (K25=5) ECT, OR (K21 OR K21A=5) DELUSIONS OR HALLUCINATIONS PRESENT, OR (K20=5) INABILITY TO CARRY ON A CONVERSATION.</p> <p><u>IMPAIRED</u> -- (K28B=5 AND K28C=1) A DECREASE, NOTICEABLE TO OTHERS, IN QUALITY OF THE MOST IMPORTANT ROLE PERFORMANCE. THIS USUALLY REQUIRES A DECREASE IN THE AMOUNT OF PERFORMANCE.</p> <p><u>IMPROVED</u> -- (CHECK EXAMPLE IN K28A) IMPROVEMENT IN FUNCTION.</p>	<p>INCAPACITATED . . 5 IMPAIRED 4 IMPROVED 3 NEITHER 1</p>

K30 Did you have at least one other episode of 2 days or longer when you felt extremely hyper, elated, or irritable, which was clearly different from your normal self, when it did not follow daily (or almost daily) use of alcohol or drugs, did not follow a serious physical illness, did not follow a change in medicine, and did not follow light therapy or shock therapy?

NO .. (SKIP TO K31) 1
YES 5
MN30

A. How old were you then?

MN30A

AGE: ____

B. During this episode, were you... (READ 1-7)
AFTER THE FIRST YES, ASK: And at that time, were you also:

**COUNT ONLY IF SX IS MORE THAN USUAL
AND ONLY IF LASTED FOR 2 OR MORE
DAYS:**

NO YES

1. More active than usual? MN30B_1 1 5
2. More talkative than usual? MN30B_2 1 5
3. Having racing thoughts or talking too fast? MN30B_3 1 5
4. Feeling you were an especially important person? MN30B_4 1 5
5. Needing less sleep than usual? MN30B_5 1 5
6. Easily distracted? MN30B_6 1 5
7. Going on spending sprees or having sexual indiscretions? MN30B_7 1 5

IF 2 OR MORE ARE CODED 5, CONTINUE. OTHERS SKIP TO E.

C. When did this episode begin?

____ / ____ t
MO YEAR

MN30C_MO MN30C_YR

D. How long did this episode last?

MN30D DAYS

E. Did you have trouble managing your work, school, or household responsibilities?

NO 1
YES .. (SPECIFY) 5
MN30E

SPECIFY: _____

- F. Did you seek help, receive any treatment (such as medications or ECT), or were you hospitalized during this episode? NO 1
YES .. (SPECIFY) 5
MN30F
- SPECIFY:**
- | | NO | YES | |
|-----------------------------------|-----|-----|----------------------|
| 1. Sought professional help | 1 | 5 | MN30F1 |
| 2. Medications: _____
_____ | 1 | 5 | MN30F2 |
| ..... |  |  | MN30FCD1 CODE: _ _ _ |
| 3. ECT (Shock treatment) | | | MN30FCD2 CODE: _ _ _ |
| 4. Hospitalized | ___ | | |
| | 1 | 5 | MN30F3 |
| | 1 | 5 | MN30F4 |

- (27) K31 How old were you the (first/last) time you had an episode like this? MN_AO31 AGE ONS:___/___ t
MN_O31 ONS: 1 2 3 4 5
MN_AR31 AGE REC:___/___ t
MN_R31 REC: 1 2 3 4 5

- (28) K32 How many episodes have you had over your lifetime, including the one(s) we have already talked about? MN32 _ _ _ NUMBER

RECORD ALL EPISODES ON TIMELINE.

- (29) MAN4C K33 **MIXED AFFECTIVE STATES:** During any of these episodes of feeling (hyper/elated/irritable), did you also experience:

- | | NO | YES |
|--|----------|-----|
| 1. Depressed mood? | MN33_1 1 | 5 |
| 2. Loss of interest or pleasure? | MN33_2 1 | 5 |

**BOX K33 IF K33.1 AND K33.2 BOTH CODED 1, SKIP TO K34.
OTHERS CONTINUE.**

3. Sleep difficulty? MN33_3 1 5
4. A change in activity level? (PSYCHOMOTOR) MN33_4 1 5
5. Fatigue or loss of energy? MN33_5 1 5
6. A change in appetite or weight? MN33_6 1 5
7. Low self-esteem or guilt? MN33_7 1 5
8. Decreased concentration? MN33_8 1 5
9. Thoughts of dying or suicide? MN33_9 1 5

**IF FEWER THAN FIVE ARE CODED 5, SKIP TO K34.
OTHERS CONTINUE.**

- A. How many episodes like this have you had (when you were both manic and depressed some of the time during the episode)? MN33A ____ NUMBER

(30)	K34 Have you ever switched back and forth quickly between feeling (hyper/elated/irritable) and feeling depressed?	NO (SKIP TO BOX K35) . 1 YES 5 MN34
	A. Did that happen every few hours, every few days, or every few weeks? IF MORE THAN ONE, CODE THE MOST RAPID CYCLE.	HOURS 2 DAYS 3 WEEKS 4 MN34A
	B. Did you ever have 4 or more episodes like this within a 12-month period?	NO 1 YES 5 MN34B

BOX K35

**IF R HAD 1+ BOX MARKED
ON ALC, MJ, OR DRUG
TALLY SHEET A, CONTINUE.**

OTHERS SKIP TO L1, p. 107.

K35 FOR EACH EPISODE OF MANIA, ASK A.

- A. You told me about a time when you felt
(unrealistically happy/elated/hyper/irritable) that
started at (AGE).

**IF 3R CLUSTERING ON ALC/MJ/DRUG
TALLY SHEET A, HAND TALLY(IES) TO R
AND ASK 1. OTHERS SKIP TO 2.**

CLUSTERING
PER EPISODE

1. Around the time this episode of feeling
(unrealistically happy/elated/hyper/irritable)
began, were you having experiences from 3 or
more boxes on this (ALC / MJ / DRUG)
sheet?

IF NO, CONTINUE TO 2.

**IF YES, RECORD ON TIMELINE AND
RETURN TO K35A FOR NEXT
EPISODE. IF NO OTHER
EPISODES, SKIP TO K35B.**

HEAVY USE
PER EPISODE
WHEN NOT
CLUSTERING

2. Around the time this episode of feeling
(unrealistically happy/elated/hyper/irritable)
began, were you (drinking heavily/using
DRUGS) daily or almost daily?

**IF NO, RETURN TO K35A FOR NEXT
EPISODE. IF NO OTHER
EPISODES, SKIP TO K35B.**

**IF YES, RECORD ON TIMELINE AND
RETURN TO K35A FOR NEXT
EPISODE. IF NO OTHER
EPISODES, SKIP TO K35B.**

B. So, according to the information on this timeline,

CLUSTERING
FOR ALL
EPISODES

1. . . . your episodes of feeling (unrealistically happy/elated/ hyper/irritable) (NEVER / SOMETIMES / ALWAYS) started around a time when you were experiencing some problems with alcohol, marijuana, or drugs?

NEVER 1
SOMETIMES 3
ALWAYS . (SKIP TO L1, p.107). 5
[MN35B1](#)

HEAVY USE
FOR THE
EPISODES
WHEN NOT
CLUSTERING

2. . . . your episodes (that did not start when you were having problems with alcohol or drugs) (NEVER / SOMETIMES / ALWAYS) started around a time when you were drinking heavily or using drugs daily (or almost daily)?

NEVER 1
SOMETIMES 3
ALWAYS 5
[MN35B2](#)

BOX K36 SKIP TO L1, p. 107.

- (31) K36 I have already asked you about episodes of extremely elated moods when you were clearly different from your normal self. Now I'd like to ask if you have ever had episodes lasting at least 2 days when you felt unusually cheerful, energetic, hyper, or irritable?
- NO. . . (SKIP TO L1, p. 107) . . 1
ALC/DRUG ONLY 3
YES 5
[MN36](#)

DO NOT COUNT BRIEF EPISODES LASTING FEWER THAN 2 DAYS THAT CLEARLY FOLLOWED PERSONAL SUCCESSES, MARRIAGES, ENGAGEMENTS, OR RECOVERY FROM DEPRESSION TO NORMAL MOOD.

SPECIFY: _____

**IF K36 IS CODED 5, CONTINUE.
OTHERS SKIP TO L1, p. 107.**

A. During this period were you: NO YES

1. much more active than usual? MN36A_1 1 5
2. much more talkative than usual? MN36A_2 1 5
3. experiencing racing thoughts? MN36A_3 1 5
4. feeling you were a very important person or had special powers, or talents? MN36A_4 1 5
5. needing less sleep than usual? MN36A_5 1 5
6. much more distractible than usual, when your attention kept jumping from one thing to another? . . MN36A_6 1 5
7. doing anything that could have gotten you into trouble, like spending sprees, or sexual indiscretions? MN36A_7 1 5
8. very friendly with people you normally would not be friendly with? MN36A_8 1 5

IF ALL ARE CODED 1, SKIP TO L1, p. 107. OTHERS CONTINUE.

B. How long did this period last, when these MN36B __ __ __ DAYS
experiences occurred together with your unusually
(cheerful / energetic / hyper / irritable) mood?

(32) K37 How many episodes like this have you had? MN37 __ __ NUMBER

(33) K38 How old were you the (first/last) time? MN_AO38 AGE ONS: __/ __
MN_O38 ONS: 1 2 3 4 5
MN_AR38 AGE REC: __/ __
MN_R38 REC: 1 2 3 4 5

BEFORE CODING L1-L12, ASK FOR EXAMPLES.

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

(1)
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. . . . (SKIP TO L2) . . 1

YES 5

PS1

A. What did you hear?

EXAMPLES: _____

B. For how long did you hear these things? _ _ _

CODE UNIT:

DAYS 1

WEEKS . . 2

MONTHS 3

YEARS . . 4

PS1BUNIT

PS1BDUR

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

C. How many times did you hear it?

PS1C _ _ NUMBER

IF HEARD VOICE(S), CONTINUE.

OTHERS SKIP TO G.

PS1D

D. Did it comment on what you were doing or thinking?

NO 1

YES 5

E. How many voices did you hear?

PS1E _ _ NUMBER

IF ONLY 1 VOICE, CODE "NO" SILENTLY.

PS1F

F. Were they talking to each other?

NO 1

YES 5

PS1G

G. **BEGIN PROBING.**

WHOM SAW: _____

CODE: 2 3 4 5

WHAT TOLD: _____

(2)
Visual hallucinations

L2 Did you ever see things that other people could not see or have visions when you were completely awake?

CODE: 1 2 3 4 5

PS2

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

EXAMPLES: _____

WHOM SAW: _____

WHAT TOLD: _____

**BOX L2 IF NO 5'S CODED IN L1G AND L2,
SKIP TO L5.**

(3)
Tactile
hallucinations

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

CODE: 1 2 3 4 5

PS3

EXAMPLES: _____

WHOM SAW: _____

WHAT TOLD: _____

(4)
Olfactory
hallucinations

L4 What about smelling things that other people could not smell?

CODE: 1 2 3 4 5

PS4

EXAMPLES: _____

WHOM SAW: _____

WHAT TOLD: _____

(5)

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

PS5

EXAMPLES: _____

WHOM SAW: _____

WHAT TOLD: _____

(8)
Somatic delusions:
Content involves
change or
disturbance in body
functioning.

L6 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

PS6

EXAMPLES: _____

WHOM SAW: _____

WHAT TOLD: _____

(10)
Other delusions:
Guilt, jealousy,
nihilism, poverty.

L7 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

PS7

EXAMPLES: _____

WHOM SAW: _____

WHAT TOLD: _____

(12)
Thought
broadcasting: The
delusion that one's
thoughts are audible
to others.

L8 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

PS8

EXAMPLES: _____

WHOM SAW: _____

WHAT TOLD: _____

(11)
Delusions of being
controlled: outside
force controlling own
feelings, impulses,
thoughts.

L9 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

PS9

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

PS9A

EXAMPLES: _____

WHOM SAW: _____

WHAT TOLD: _____

Thought withdrawal.

B. What about thoughts taken out of your head?

CODE: 1 2 3 4 5

PS9B

EXAMPLES: _____

WHOM SAW: _____

WHAT TOLD: _____

**BOX L9 IF NO 5'S IN L5-L9, SKIP TO BOX L13.
OTHERS CONTINUE.**

(6)
Delusions of
reference: personal
significance is falsely
attributed to objects
or events in the
environment

L10 Did it ever seem that people were talking about you or
taking special notice of you?

CODE: 1 2 3 4 5

PS10

EXAMPLES: _____

WHOM SAW: _____

WHAT TOLD: _____

(7)
Grandiose delusions:
Content involves
exaggerated power,
knowledge or
importance.

L11 Did you ever feel that you were especially important in
some way, or that you had powers to do things that
other people could not do?

CODE: 1 2 3 4 5

PS11

EXAMPLES: _____

WHOM SAW: _____

WHAT TOLD: _____

(9)
Persecutory
delusions:
individual or his/her
group is being
attacked, harassed,
cheated, persecuted,
or conspired against.

L12 Did you ever feel that people were going out of the
way to give you a hard time or trying to hurt you?

CODE: 1 2 3 4 5

PS12

EXAMPLES: _____

WHOM SAW: _____

WHAT TOLD: _____

**BOX L13 IF ANY 5 CODED IN L1G-L12,
CONTINUE.
OTHERS SKIP TO M1, p. 113.**

(13A)
Systematized
delusions: A single
delusion with
multiple elaborations
or a group of
delusions related to a
single theme.
Bizarre delusions:
Involving a
phenomenon that R's
subculture would
regard as totally
implausible.

L13 What is your understanding of why you (CONTENT
IN L1-L12)?

RECORD: _____

EDITOR/CLINICIAN
CODE:

Systematized delusions . . 1
Bizarre delusions 2
Other 3

PS13

- (14) L14 Did (EXPERIENCES CODED 5 IN L1-L12) last for 6 months or longer? NO 1
YES 5
PS14
- A. Did (this experience/any of these experiences) cause you to miss work or school, or affect your ability to function at home? NO 1
YES. (SPECIFY) ... 5
PS14A

SPECIFY: _____

BOX L14 IF L14=1 AND L14A=1, SKIP TO M1, p. 113. OTHERS CONTINUE.

- (15) L15 How old were you the (first/last) time you had any of these experiences? PS_AO15 AGE ONS: __/___ t
PS_O15 ONS: 1 2 3 4 5
PS_AR15 AGE REC: __/___ t
PS_R15 REC: 1 2 3 4 5

BOX L16 CHECK I1, I2 (p. 71) AND K1A, K1B (p. 94). IF ANY ARE CODED 5, CONTINUE. OTHERS SKIP TO BOX L17.

- (16) L16 Were the episodes of feeling (depressed/elated/irritable) ever present at the same time you were having (beliefs/ experiences) such as (SX CODED 5 IN L1-L12)? NO 1
YES 5
PS16

(17)	BOX L17	RESPONDENT'S PRESENT STATE:	NO	YES
	A.	CATATONIC BEHAVIOR? PS17A	1	5
	B.	FLAT AFFECT? PS17B	1	5
	C.	GROSSLY INAPPROPRIATE AFFECT? . PS17C	1	5
	D.	INCOHERENCE? PS17D	1	5
	E.	MARKED LOOSENING OF ASSOCIATION? PS17E	1	5
	F.	EMOTIONAL TURMOIL? PS17F	1	5

**BOX L18 IF R HAD 1+ BOX MARKED ON ALC,
MJ, OR DRUG TALLY SHEET A,
CONTINUE.
OTHERS SKIP TO M1, p. 113.**

L18 FOR EACH EPISODE, ASK A.

- A. You told me about a time when (NAME SX/your mind was playing tricks on you) when you were (AGE).

**IF 3R CLUSTERING ON ALC/MJ/DRUG
TALLY SHEET A, HAND TALLY(IES) TO
R AND ASK 1. OTHERS SKIP TO 2.**

CLUSTERING
PER EPISODE

1. Around this time when (NAME SX/your mind was playing tricks on you), were you also having experiences from 3 or more boxes found on this (ALC / MJ / DRUG) sheet?

IF NO, CONTINUE TO 2.

**IF YES, RECORD ON TIMELINE
AND**

**RETURN TO L18A FOR NEXT
EPISODE OF PSYCHOSIS. IF NO
OTHER EPISODES, SKIP TO L18B.**

HEAVY USE
PER EPISODE
WHEN NOT
CLUSTERING

2. Around this time when (NAME SX/your mind was playing tricks on you), were you (drinking heavily / using DRUGS) daily or almost daily?

**IF NO, RETURN TO L18A FOR NEXT
EPISODE. IF NONE, SKIP TO L18B.**

**IF YES, RECORD ON TIMELINE AND
RETURN TO L18A FOR NEXT
EPISODE. IF NONE, SKIP TO
L18B.**

B. So, according to the information on this timeline,

CLUSTERING
FOR ALL
EPISODES

- | | | |
|----|---|--|
| 1. | ... the time(s) when (NAME SX/your mind was playing tricks on you) (NEVER / SOMETIMES / ALWAYS) started around a time when you were experiencing some problems with alcohol, marijuana, or drugs? | NEVER 1
SOMETIMES 3
ALWAYS .(SKIP TO M1,p.113).5 |
| | | PS18B1 |

HEAVY USE FOR
THE EPISODES
WHEN NOT
CLUSTERING

- | | | |
|----|--|--|
| 2. | ... the time(s) when (NAME SX/your mind was playing tricks on you) (that did <u>not</u> start when you were having problems with alcohol or drugs) (NEVER / SOMETIMES / ALWAYS) started around a time when you were drinking heavily or using drugs daily (or almost daily)? | NEVER 1
SOMETIMES 3
ALWAYS 5 |
| | | PS18B2 |
-

BEGIN SCORING TALLY SHEET FOR SECTION M.

FOR ANY AGE ONS THAT R SAYS "DK", ASK: Do you think it was before your 13th birthday or was it later than that?

A/D PROBE: Did this ever happen when you were under the influence of alcohol (or drugs)?
[IF YES:] Did this only happen when you were under the influence of alcohol (or drugs)?

UNDER 13 RECORD -1
13-14 RECORD -2
15-17 RECORD -3
18 OR OLDER RECORD -4

ONLY ALC/DRUGS = 3
NEVER ALC/DRUGS = 5
BOTH = 6

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

M1 Except for your senior year in high school, did you ever play hooky from school for an entire day? NO .. (SKIP TO M2) ... 1
 YES 5
AS1

A. Did this ever happen twice in 1 year? NO(SKIP TO M2) .. 1
 YES 5
AS1A

ASP3RB1
 CD3RA5
 CD4A15
 CDICD18
 FGNASPA

B. How old were you the first time you played hooky twice in one year? **MARK TALLY IF AGE ONSET BEFORE 13.** **AS_AO1** AGE ONS: ____/____ A

M2 Were you ever suspended or expelled from school? NO .. (SKIP TO M3) ... 1
 YES 5
AS2

FGNASPA

A. How old were you the first time? **AS_AO2** AGE ONS: ____/____

FGNASPB

M3 Did you ever run away from home overnight? NO .. (SKIP TO M4) ... 1
 YES 5
AS3

A. Why did you run away?

CODE SILENTLY:
 AVOID PHYSICAL ABUSE.... 2
 AVOID SEXUAL ABUSE 3
 OTHER 4
AS3A

ASP3RB2
 CD3RA2
 CD4A14
 CDICD19

B. Did you run away overnight more than once? NO. (SKIP TO C) .. 1
 YES 5 A
AS3B

1. How old were you the (first/last) time you ran away from home overnight? **ASB_AO3** AGE ONS: /____
ASB_AR3 AGE REC: /____
CODE AGES AND THEN SKIP TO M4.

ASP3RB2
CD3RA2

C. After you ran away, did you return home?

NO. (SKIP TO 2) . . 1 A
YES 5

AS3C

CD4A14
CDICD19

1. When you ran away, how long did you stay away from home? **CHECK TALLY IF AWAY FOR 7 OR MORE DAYS.**

AS3C1 _ _ _ DAYS A

2. How old were you?

ASC_AO3 AGE ONS: / _ _

CD4A13 CDICD12	M4	Did you ever stay out late at night without permission, either for 2 or more hours after the curfew your parents set or all night without permission?	NO . . . (SKIP TO M5) . . . 1 YES 5 AS4
	A.	Did this happen 3 or more times?	NO.(SKIP TO M5) . 1 YES 5 AS4A
	B.	How old were you the first time? MARK TALLY IF AGE ONS LESS THAN 13.	AS_AO4 AGE ONS:___/___ A
CD4A13 CDICD12	M5	Did you ever sneak out of the house at night after your parents thought you had gone to bed?	NO.(SKIP TO M6) . 1 YES 5 AS5
	A.	Did this happen 3 or more times?	NO.(SKIP TO M6) . 1 YES 5 AS5A
	B.	How old were you the first time? MARK TALLY IF AGE ONS LESS THAN 13.	AS_AO5 AGE ONS: ___/___ A
(7) CD3RA11 CD4A2	M6	Did you 3 or more times start physical fights <u>with</u> your brothers or sisters?	NO . . . (SKIP TO B) . . . 1 ALC/DRUGS ONLY . . . 3 YES, CLEAN 5 A,B BOTH A/D & CLEAN . 6 A,B AS6
ASP3RB3 FGNASPF	A.	At what age did you (first/last) start fights with siblings?	
	A1.	UNRELATED TO ALC/DRUGS.	ASA1_AO6 AGE ONS: /___
	A2.	IN CONTEXT OF ALC/DRUGS.	ASA2_AO6 AGE ONS A/D:/_
	A3.	RECENCY.	ASA_AR6 AGE REC: _/___
CD3RA11 CD4A2 CDICD10	B.	Did you 3 or more times start physical fights with persons <u>other than</u> your brothers and sisters?	NO . . . (SKIP TO D) . . . 1 ALC/DRUGS ONLY . . . 3 YES, CLEAN 5 A,B BOTH A/D & CLEAN . 6 A,B AS6B
ASP3RB3 FGNASPF	C.	At what age did you (first/last) start fights with persons other than siblings?	
	C1.	UNRELATED TO ALC/DRUGS.	ASC1_AO6 AGE ONS: /___ ASC2_AO6 AGE ONS A/D:/_
	C2.	IN CONTEXT OF ALC/DRUGS.	ASC_AR6 AGE REC: _/___
	C3.	RECENCY.	

ASP3RC3
ASP4A4
FGNASPF
DSICDB4

D. (Even though you didn't start fights,) since your 15th birthday, have you been in 3 or more physical fights (other than in combat or as part of your job)?
DO NOT COUNT FIGHTS WITH SIBLINGS UNLESS SOMEONE WAS HURT.

NO (SKIP TO M7) . . 1
ALC/DRUGS ONLY . . . 3
YES, CLEAN 5 B
BOTH A/D & CLEAN . . . 6 B
AS6D

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

E1. UNRELATED TO

ASE1_AO6 AGE ONS:___/___

ALC/DRUGS.

ASE2_AO6 AGE ONS A/D:___

E2. IN CONTEXT OF

ASE_AR6 AGE REC:___/___

ALC/DRUGS.

E3. RECENCY.

(12)
CDICD3

M7 When you were younger did you often challenge your parents, teachers, or other adults by refusing to do things they asked you to do, just because you didn't want to? For example, refusing to do things like chores or running errands, refusing to participate in class, or not behaving well?

NO . . (SKIP TO M8) . . . 1
YES 5
AS7

A. How old were you the first time?

AS_AO7 AGE ONS:___/___

(13)
CDICD1
FGNASPF

M8 As a child, when things did not go your way, did you often throw temper tantrums, that is, you would throw things or lie on the ground and scream?

NO . . (SKIP TO M9) . . . 1
YES 5
AS8

A. How old were you the first time?

AS_AO8 AGE ONS:___/___

(14)
CD4A1
CDICD22

M9 Did people complain that you were often a bully, deliberately hurting, threatening, or being mean to other children?

NO . . (SKIP TO M10) . . 1
YES 5 A,B
AS9

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

AS_AO9 AGE ONS:___/___

AS_AR9 AGE REC:___/___

(15)
CD3RA8
CD4A5
CDICD14

M10 Did you ever hurt or injure a pet or any other animal on purpose?
SPECIFY:

NO . . (SKIP TO M11) . . 1
YES (SPECIFY) . . . 5 A,B
AS10

A. How many times?

AS10A _____ TIMES

ASP3RB6

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

AS_AO10 AGE ONS:___/___

AS_AR10 AGE REC:___/___

(4) CD3RA3	M11 Throughout your life have you told <u>a lot</u> of lies?	NO 1 ALC/DRUGS ONLY ... 3 YES, CLEAN 5 A BOTH A/D & CLEAN .. 6 A AS11
---------------	--	---

CD3RA3 CD4A11 CDICD9	A. Did you <u>often</u> lie to get your own way, or to get out of trouble?	NO 1 ALC/DRUGS ONLY ... 3 YES, CLEAN 5 A BOTH A/D & CLEAN ... 6 A AS11A
----------------------------	--	---

	B. Have you ever used an alias or a false name? EXCLUDE MINORS USING FALSE ID TO BUY ALCOHOL OR ENTER A BAR.	NO (SKIP TO BOX M11) . 1 ALC/DRUGS ONLY ... 3 YES, CLEAN 5 BOTH A/D & CLEAN 6 AS11B
--	--	--

CD3RA3 CD4A11 CDICD9	B1. Did you ever do this to take advantage of a person or a situation?	NO 1 YES 5 A AS11B1
----------------------------	--	---

<p>BOX M11 IF M11, M11A, AND M11B.1 ARE ALL CODED 1, SKIP TO M12. OTHERS CONTINUE.</p>

ASP3RB10 ASP3RC6 ASP4A2	C. How old were you when you (first/last) (told a lot of lies / used an alias to take advantage of someone)?	
	C1. UNRELATED TO	AS1_AO11 AGE ONS: __/ __
	ALC/DRUGS.	AS2_AO11 AGE ONS A/D: __/ __
	C2. IN CONTEXT OF	AS_AR11 AGE REC: __/ __
	ALC/DRUGS.	
	C3. RECENCY.	

CDICD5 DSICDB6	M12 When something went wrong that was your fault, did you <u>usually</u> try to get out of it by blaming others?	NO .. (SKIP TO M13) .. 1 ALC/DRUGS ONLY ... 3 YES, CLEAN 5 BOTH A/D & CLEAN .. 6 AS12
-------------------	---	---

	A. How old were you the (first/last) time?	
	A1. UNRELATED TO ALC/DRUGS.	AS1_AO12 AGE ONS: __/ __
	A2. IN CONTEXT OF ALC/DRUGS.	AS2_AO12 AGE ONS A/D: __/ __
	A3. RECENCY.	AS_AR12 AGE REC: __/ __

CD3RA3 CD4A11 CDICD9	M13 Did you <u>often</u> cheat on schoolwork, on exams, in games or anything like that?	NO 1 YES 5 A AS13
----------------------------	---	---

CD3RA3
CD4A11
CDICD9

- A. Have you often cheated on things as an adult?
Examples include cheating at work or on taxes.

NO 1
ALC/DRUGS ONLY ... 3
YES, CLEAN 5 A
BOTH A/D & CLEAN .. 6 A
[AS13A](#)

**IF M13 AND M13A ARE BOTH CODED 1, SKIP TO
M14. OTHERS CONTINUE.**

ASP3RB10
ASP3RC6
ASP4A2

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

- B1. UNRELATED TO
ALC/DRUGS.
B2. IN CONTEXT OF
ALC/DRUGS.
B3. RECENCY.

[AS1_AO13](#) AGE ONS: _/_/_
[AS2_AO13](#) AGE ONS A/D: _/_/_
[AS_AR13](#) AGE REC: _/_/_

(5) CD3RA1 CD4A12 CDICD17 DSICDB2	M14 Did you <u>more than once</u> steal money or things from your family, friends, or relatives? COUNT ONLY IF MORE THAN A FEW DOLLARS.	NO . . . (SKIP TO B) . . . 1 ALC/DRUGS ONLY . . . 3 YES, CLEAN 5 A,B BOTH A/D & CLEAN . 6 A,B AS14
ASP3RB11	A. How old were you the (first/last) time? A1. UNRELATED TO ALC/DRUGS. A2. IN CONTEXT OF ALC/DRUGS. A3. RECENCY.	ASA1AO14 AGE ONS: /____ ASA2AO14 AGE ONS A/D: /____ ASA_AR14 AGE REC: /____
CD3RA1 CD4A12 CDICD17 DSICDB2	B. Did you <u>more than once</u> steal or shoplift from stores or from other people? (NO CONFRONTATION)	NO . . . (SKIP TO D) . . . 1 ALC/DRUGS ONLY . . . 3 YES, CLEAN 5 A,B BOTH A/D & CLEAN . 6 A,B AS14B
ASP3RB11	C. How old were you the (first/last) time? C1. UNRELATED TO ALC/DRUGS. C2. IN CONTEXT OF ALC/DRUGS. C3. RECENCY.	ASC1AO14 AGE ONS: /____ ASC2AO14 AGE ONS A/D: /____ ASC_AR14 AGE REC: /____
CD3RA1 CD4A12 CDICD17 DSICDB2	D. Did you <u>more than once</u> forge anyone's signature on a check or credit card without permission?	NO (SKIP TO BOX M14) . 1 ALC/DRUGS ONLY . . . 3 YES, CLEAN 5 A,B BOTH A/D & CLEAN . 6 A,B AS14D
ASP3RB11	E. How old were you the (first/last) time? E1. UNRELATED TO ALC/DRUGS. E2. IN CONTEXT OF ALC/DRUGS. E3. RECENCY.	ASE1AO14 AGE ONS: /____ ASE2AO14 AGE ONS A/D: /____ ASE_AR14 AGE REC: /____
<div> BOX M14 IF M14, M14B, AND M14D ARE ALL CODED 1, SKIP TO M15. OTHERS CONTINUE. </div>		
ASP3RC2 ASP4A1	F. Since your 15th birthday, have you stolen things (or forged a signature without permission) 3 or more times?	NO 1 YES 5 AS14F

(18) CD3RA6 CD4A10 CDICD23 DSICDB2	M15 Did you ever break into someone else's home, car, or building (<u>not</u> because you were locked out)?	NO .. (SKIP TO M16) .. 1 ALC/DRUGS ONLY ... 3 YES, CLEAN 5 A,B BOTH A/D & CLEAN . 6 A,B AS15
--	--	---

- | | |
|--|----------------------------------|
| A. How old were you the (first/last) time? | |
| A1. UNRELATED TO ALC/DRUGS. | AS1_AO15 AGE ONS: / ____ |
| A2. IN CONTEXT OF ALC/DRUGS. | AS2_AO15 AGE ONS A/D: / _ |
| A3. RECENCY. | AS_AR15 AGE REC: / ____ |

ASP3RC2 ASP4A1	B. Has this happened 3 or more times since you were 15?	NO 1 YES 5 AS15B
-------------------	---	---

(19) CD3RA12 CD4A6 CDICD20 DSICDB2	M16 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 M17) .. 1 ALC/DRUGS ONLY ... 3 YES, CLEAN 5 A,B BOTH A/D & CLEAN . 6 A,B AS16
--	---	---

- | | | |
|----------|--|----------------------------------|
| ASP3RB12 | A. How old were you the (first/last) time? | |
| | A1. UNRELATED TO ALC/DRUGS. | AS1_AO16 AGE ONS: / ____ |
| | A2. IN CONTEXT OF ALC/DRUGS. | AS2_AO16 AGE ONS A/D: / _ |
| | A3. RECENCY. | AS_AR16 AGE REC: / ____ |

ASP3RC2 ASP4A1	B. Has this happened 3 or more times since you were 15?	NO 1 YES 5 AS16B
-------------------	---	---

(16) CD3RA4 DSICDB2	M17 Did you ever deliberately set fires you were not supposed to?	NO .. (SKIP TO M18) .. 1 ALC/DRUGS ONLY ... 3 YES, CLEAN 5 BOTH A/D & CLEAN 6 AS17
---------------------------	---	--

CD4A8
CDICD16

A. Did you do this with the intention to damage
property?

NO 1
YES 5 A,B

ASP3RB9
ASP3RC2
ASP4A1
DSICDB2

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

AS17A

B1.

UNRELATED TO

AS1_AO17 AGE ONS: /__

ALC/DRUGS.

AS2_AO17 AGE ONS A/D: /_

B2.

IN CONTEXT OF

AS_AR17 AGE REC: /__

ALC/DRUGS.

ASP3RC2

B3.

RECENCY.

NO 1
YES 5

AS17C

C. Has this happened 3 or more times since you were
15?

(6) CD3RA7 CD4A9 CDICD15 DSICDB2	M18 Have you ever damaged someone's property on purpose (other than by fire setting)? SPECIFY: _____	NO .. (SKIP TO M19) .. 1 ALC/DRUGS ONLY ... 3 YES, CLEAN 5 A,B BOTH A/D & CLEAN . 6 A,B AS18
--	---	---

ASP3RB8	A. How old were you the (first/last) time? A1. UNRELATED TO ALC/DRUGS. A2. IN CONTEXT OF ALC/DRUGS. A3. RECENCY.	AS1_AO18 AGE ONS: _/_ AS2_AO18 AGE ONS A/D: _/_ AS_AR18 AGE REC: _/_
	IF AGE ONS IS LESS THAN 15, ASK B. OTHERS SKIP TO D.	

B. Did you more than once damage someone's property before you turned 15?	NO 1 YES 5 AS18B
C. Since your 15th birthday, have you damaged someone else's property on purpose?	NO .. (SKIP TO M19) .. 1 YES 5 AS18C

ASP3RC2 ASP4A1	D. Have you done this 3 or more times since your 15th birthday?	NO 1 YES 5 AS18D
-------------------	---	---

(9) CD3RA13 CD4A4 CDICD13	M19 (Outside of fighting) have you ever physically injured anyone on purpose? SPECIFY: _____	NO .. (SKIP TO M20) .. 1 ALC/DRUG ONLY 3 YES, CLEAN 5 A,B BOTH A/D & CLEAN . 6 A,B AS19
------------------------------------	--	---

ASP3RB7 ASP3RC3 ASP4A4 FGNASPF DSICDB4	A. How old were you the (first/last) time? A1. UNRELATED TO ALC/DRUGS. A2. IN CONTEXT OF ALC/DRUGS. A3. RECENCY.	AS1_AO19 AGE ONS: _/_ AS2_AO19 AGE ONS A/D: _/_ AS_AR19 AGE REC: _/_
--	---	---

(8) CD3RA10 CD4A3 CDICD11 DSICDB4 FGNASPF	M20 Did you ever use a weapon like a stick, gun, or a knife to injure someone (other than in combat or as part of your job)?	NO .. (SKIP TO M21) .. 1 ALC/DRUG ONLY 3 YES, CLEAN 5 A,B BOTH A/D & CLEAN . 6 A,B AS20
--	--	---

ASP3RB4
ASP3RC3
ASP4A4

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

A1. UNRELATED TO ALC/DRUGS.

AS1_AO20 AGE ONS:___/___

A2. IN CONTEXT OF ALC/DRUGS.

AS2_AO20AGE ONS A/D:___/___

A3. RECENCY.

AS_AR20 AGE REC:___/___

(26)
CD3RA9
CD4A7
CDICD21
DSICDB4

M21 Have you ever forced anyone into any sexual activity?

NO (SKIP TO BOX M22) . 1
ALC/DRUG ONLY 3
YES, CLEAN 5 A,B
BOTH A/D & CLEAN . 6 A,B
AS21

ASP3RB5
ASP3RC3
ASP4A4

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

A1. UNRELATED TO ALC/DRUGS.

AS1_AO21 AGE ONS:___/___

A2. IN CONTEXT OF ALC/DRUGS.

AS2_AO21 AGE ONS A/D:___/___

A3. RECENCY.

AS_AR21 AGE REC:___/___

**BOX M22 IF 3 OR MORE MARKS IN PART A OF
TALLY M, CONTINUE. OTHERS SKIP
TO M23.**

(20)
CD3R
CD4A
CDICD

M22 You mentioned that you (**LIST SX IN PART A OF
TALLY M**). Did 3 or more of these ever happen
within a 6-month period? **IF YES:** Which ones?
CIRCLE SX THAT CLUSTER.

NO. . . . (SKIP TO M23) . . 1
YES 5
AS22

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

AS_AO22 AGE ONS:___/___

AS_AR22 AGE REC:___/___

AS_R22 REC: 1 2 3 4 5

			<u>N</u> <u>Q</u>	ALC/ DRUGS <u>ONLY</u>	YES <u>CLEA</u> <u>N</u>	BOTH A/D & <u>CLEA</u> <u>N</u>
(21)	M23	Since your 15th birthday, have you ever....				
ASP3RC2 ASP4A1 DSICDB2		1. Deliberately written bad checks? AS23_1	1	3	5	6
ASP3RC2 ASP4A1 DSICDB2		2. Received, sold, or bought stolen goods (fenced), sold drugs, or "run numbers" (illegally gambled)? AS23_2	1	3	5	6
ASP3RC2 ASP4A1 DSICDB2 FGNASPG		3. Been paid for having sex with someone? AS23_3	1	3	5	6
		a. IF YES (3, 5, OR 6): Were you paid with drugs?		NO 1 YES 5 AS23_3A		
ASP3RC2 ASP4A1 DSICDB2 FGNASPG		4. Found customers for male or female prostitutes or "call girls"? AS23_4	1	3	5	6

**IF ALL CODED 1, CONTINUE.
OTHERS SKIP TO B.**

ASP3RC2 ASP4A1	A.	Since your 15th birthday, have you ever done <u>anything else</u> that you could have been arrested for, even if you weren't (other than using drugs or underage drinking)?		NO . . (SKIP TO M24) . . 1 ALC/DRUGS ONLY . . . 3 YES, CLEAN 5 BOTH A/D & CLEAN . 6 AS23A
		SPECIFY: _____ _____		
	B.	Did this happen 3 or more times?		NO 1 YES 5 AS23B
	C.	How old were you the (first/last) time?		
		C1. UNRELATED TO ALC/DRUGS.		AS1_AO23 AGE ONS:___/___
		C2. IN CONTEXT OF ALC/DRUGS.		AS2_AO23 AGE ONS A/D:___/___
		C3. RECENCY.		AS_AR23 AGE_REC:___

(33)
ASP3RC4
ASP4A6
DSICDB2

M24 Since your 15th birthday, have you often failed to pay debts that you owed? Have you often had things you bought taken back, or often failed to take care of other financial responsibilities? (Examples: defaulting on credit card charges, loans from family or friends, car or house loans.)

NO . . (SKIP TO M25) . . 1
ALC/DRUG ONLY 3
YES, CLEAN 5
BOTH A/D & CLEAN 6
AS24

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

A1. UNRELATED TO ALC/DRUGS.

AS1_AO24 AGE ONS:___/___

A2. IN CONTEXT OF ALC/DRUGS.

AS2_AO24 AGE ONS A/D:___/___

A3. RECENCY.

AS_AR24 AGE REC:___/___

Now I have a few questions about being responsible for a child.

AS25

M25 Before I ask, let me check, have you ever been responsible for a child for one year or longer?

NO. . . . (SKIP TO M26) 1
YES 5

(34)
ASP3RC4
ASP4A6
DSICDB2

A. Have you often not provided financial support for your family when you were supposed to?

AS25A

	<u>N</u> <u>O</u>	ALC/ DRUGS <u>ONLY</u>	YES <u>CLEA</u> <u>N</u>	BOTH A/D & <u>CLEA</u> <u>N</u>
		3		
1			5 B	6 B

ASP3RC8E
ASP4A5
DSICDB2

B. Have you often left young children under 6 at home alone while you were out shopping or doing anything else?

AS25B

1	3	5 B	6 B
---	---	-----	-----

ASP3RC8D
ASP4A6
DSICDB2

C. Has a neighbor fed or taken care of a child of yours because no one was taking care of the child at home?

AS25C

1	3	5 B	6 B
---	---	-----	-----

ASP3RC8A
ASP3RC8B
ASP3RC8C
ASP4A6
DSICDB2

D. Has a nurse, social worker or teacher said that your child wasn't getting enough to eat, wasn't being kept clean, or wasn't getting needed medical attention?

AS25D

1	3	5 B	6 B
---	---	-----	-----

ASP3RC8F
ASP4A3
DSICDB2

E. Have you 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?

AS25E

1	3	5 B	6 B
---	---	-----	-----

**IF ALL CODED 1, SKIP TO M26.
OTHERS CONTINUE.**

F. How old were you the (first/last) time this happened?

F1. UNRELATED TO ALC/DRUGS.

AS1_AO25 AGE ONS:___/___

F2. IN CONTEXT TO ALC/DRUGS.

AS2_AO25 AGE ONS A/D:___/___

F3. RECENCY.

AS_AR25 AGE REC:___/___

(27)
ASP3RC3
ASP4A4
DSICDB4
FGNASPE

M26 Have you ever been accused of child abuse or been the subject of a complaint on the child abuse hotline?

NO .. (SKIP TO M27) .. 1
ALC/DRUG ONLY 3
YES, CLEAN 5
BOTH A/D & CLEAN ... 6

AS26

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

A1. UNRELATED TO ALC/DRUGS.

AS1_AO25 AGE ONS:___/___

A2. IN CONTEXT OF ALC/DRUGS.

AS2_AO25 AGE ONS A/D:___/___

A3. RECENCY.

AS_AR25 AGE REC:___/___

(28) ASP3RC3 ASP4A4 DSICDB4 FGNASPF	M27	Since you were 15, have you <u>often</u> hit, physically attacked, or thrown things at anyone (including your wife/husband/partner/children)?	NO .. (SKIP TO M28) .. 1 ALC/DRUG ONLY 3 YES, CLEAN 5 B BOTH A/D & CLEAN ... 6 B AS27
		A. How old were you the (first/last) time? A1. UNRELATED TO ALC/DRUGS. A2. IN CONTEXT OF ALC/DRUGS. A3. RECENCY.	AS1_AO27 AGE ONS:___/___ AS2_AO27 AGE ONS A/D:___/___ AS_AR27 AGE REC:___/___
(10) ASP3RC7 ASP4A5	M28	Have you ever had a traffic ticket for a moving violation (things like speeding, running a red light, or causing an accident)?	NO .. (SKIP TO M29) .. 1 ALC/DRUG ONLY 3 YES, CLEAN 5 BOTH A/D & CLEAN . 6 AS28
FGNASPC DSICDB2		A. How many tickets have you received in your life? IF DK, ASK A1. OTHERS SKIP TO B.	AS28A _____ TICKETS
FGNASPC DSICDB2		A1. Was it at least 4?	NO 1 YES 5 AS28A1
		B. How old were you the (first/last) time? B1. UNRELATED TO ALC/DRUGS. B2. IN CONTEXT OF ALC/DRUGS. B3. RECENCY.	AS1_AO28 AGE ONS:___/___ AS2_AO28 AGE ONS A/D:___/___ AS_AR28 AGE REC:___/___
(11) ASP3RC2 ASP4A1 DSICDB2	M29	Have you ever been arrested for anything other than moving violations? IF YES, SPECIFY. DO NOT COUNT DRUNK & DISORDERLY CONDUCT OR PUBLIC INTOXICATION. REASON(S):_____	NO .. (SKIP TO M30) .. 1 ALC/DRUG ONLY 3 YES, CLEAN 5 BOTH A/D & CLEAN 6 AS29
		A. How old were you the (first/last) time you were arrested? A1. UNRELATED TO ALC/DRUGS. A2. IN CONTEXT OF ALC/DRUGS. A3. RECENCY.	AS1_AO29 AGE ONS:___/___ AS2_AO29 AGE ONS A/D:___/___ AS_AR29 AGE REC:___/___
FGNASPC		B. How many times have you been arrested (other than for moving violations)?	AS29B _____ TIMES
FGNASPC		C. Have you ever been convicted of a felony? SPECIFY: _____	NO 1 YES..... (SPECIFY) 5 AS29C

		D. Have you ever spent time in jail for something other than <u>using</u> drugs or alcohol? SPECIFY: _____	NO .. (SKIP TO M30) .. 1 YES..... (SPECIFY) 5 AS29D
DSICDB5		E. Since you got out of jail have you ever been arrested for things other than <u>using</u> drugs or alcohol? SPECIFY: _____	NO 1 YES..... (SPECIFY) ... 5 AS29E
(29) ASP3RC1C ASP4A3 DSICDB2 FGNASPD	M30	Since you were 15, have you quit 3 or more jobs before having another job lined up? IF 5 OR 6, SKIP TO M31. OTHERS CONTINUE.	NO 1 ALC/DRUG ONLY 3 YES, CLEAN 5 BOTH A/D & CLEAN 6 AS30
ASP3RC1C ASP4A3 DSICDB2 FGNASPD		A. Since you were 15, have you dropped out of 3 or more academic programs? INCLUDE GED AND TECHNICAL TRAINING PROGRAMS.	NO 1 ALC/DRUG ONLY 3 YES, CLEAN 5 BOTH A/D & CLEAN 6 AS30A
(30) ASP3RC1B ASP4A6 DSICDB2	M31	On <u>any</u> job you have had since you were 15, have you frequently been late or absent? A. What were some reasons?_____ _____ B. How old were you the (first/last) time? B1. UNRELATED TO ALC/DRUGS. B2. IN CONTEXT OF ALC/DRUGS. B3. RECENCY. C. Were you reprimanded 3 or more times or ever fired because you were frequently late or absent?	NO. (SKIP TO M32) . 1 ALC/DRUG ONLY 3 YES, CLEAN 5 BOTH A/D & CLEAN . 6 AS31 AS1_AO31 AGE ONS: / ____ AS2_AO31 AGE ONS A/D: _____ AS_AR31 AGE REC: ____ / ____ NO 1 YES 5 AS31C
(31)	M32	In the last 5 years, have you been without a job for 6 months or more? A. Was this when you were in school, laid off, sick, on strike, a full-time homemaker, retired, or in jail? B. Were you having problems with alcohol or drugs at that time?	NO .. (SKIP TO M33) .. 1 YES 5 AS32 NO, ANOTHER REASON . 1 YES. ... (SKIP TO M33) 5 AS32A NO 1 YES 5 AS32B

(32)
ASP3RC5
ASP4A3
DSICDB2
FGNASPH

M33 Since your 15th birthday, have you ever traveled around without any arrangements or had no regular place to live for a month or more? **DO NOT COUNT VACATIONS.**

NO . . (SKIP TO M34) . . 1
YES 5
[AS33](#)

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

[AS_AO33](#) AGE ONS:___/___

[AS_AR33](#) AGE REC:___/___

B. Were you having problems with alcohol or drugs at that time?

NO 1
YES 5
[AS33B](#)

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

(22)
DSICDB3

M34 Since you were 18, have you ever had a close personal friendship or love relationship that lasted continuously for more than 1 year?

NO 1
YES 5
N/A . . . (CURRENTLY 18) . . . 9
[AS34](#)

(23) M35 How old were you when you first had sexual intercourse (voluntarily)? AS_AO35 AGE ONS:___/___

BOX M35 IF NEVER, CODE 00 AND SKIP TO M38.

FGNASPG A. How many sexual partners have you had in your life? _____ NUMBER
AS35A

**IF 1, SKIP TO M37. IF 2-9, SKIP TO M36.
OTHERS CONTINUE.**

FGNASPG B. Have you ever had sex with 10 different people within a single year?
NO 1
YES 5
AS35B

(24) M36 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 M37) .. 1
ALC/DRUG ONLY 3
YES, CLEAN 5
BOTH, A/D & CLEAN 6
AS36

(25) A. Did this happen 3 or more times?
DSICDB3 NO 1
FGNASPE YES 5
AS36A

ASP3RC9 B. Have you ever been faithful to 1 person for more than 1 year (that is, when you did not have any other sexual relationships)? **IF NEVER HAD A 1-YEAR RELATIONSHIP, CODE 9.**
DSICDB3 NO, NEVER FAITHFUL 1 B
YES, WAS FAITHFUL . 5
N/A 9
AS36B

ASP3RC7 M37 Have you more than once had unprotected sex (without a condom) with someone you believed could give you a disease, or when you had a disease that could be spread that way?
ASP4A5 NO 1
ALC/DRUG ONLY 3
YES, CLEAN 5
BOTH A/D & CLEAN . 6
AS37

ASP3RC7 M38 Have you often taken chances where you or someone else might get physically hurt? For example, playing with fireworks or guns in a reckless manner?
ASP4A5 NO 1
ALC/DRUG ONLY 3
YES, CLEAN 5
BOTH A/D & CLEAN . 6
AS38

SPECIFY:_____

ASP3RC7 A. Have you often taken chances when driving--like racing a train to a crossing, or drag racing?
ASP4A5 NO 1
ALC/DRUG ONLY 3
YES, CLEAN 5
BOTH A/D & CLEAN ... 6
AS38A

SPECIFY:_____

BOX M38 IF M38 AND M38A ARE BOTH CODED 1, SKIP TO M39. OTHERS CONTINUE.

- B. How old were you the (first/last) time?
- B1. UNRELATED TO ALC/DRUGS. [AS1_AO38](#) AGE ONS:___/___
- B2. IN CONTEXT OF ALC/DRUGS. [AS2_AO38](#) AGE ONS A/D:___/___
- B3. RECENCY. [AS_AR38](#) AGE REC:___/___

(17) M39 Was there ever a time when you really enjoyed conning people to the point that you would often go out of your way to put something over on them? NO .. (SKIP TO M40) .. 1
ALC/DRUG ONLY 3
YES, CLEAN 5
BOTH A/D & CLEAN 6
[AS39](#)

- A. How old were you the (first/last) time?
- A1. UNRELATED TO ALC/DRUGS. [AS1_AO39](#) AGE ONS:___/___
- A2. IN CONTEXT OF ALC/DRUGS. [AS2_AO39](#) AGE ONS A/D:___/___
- A3. RECENCY. [AS_AR39](#) AGE REC:___/___

ASP3RC6 B. Did this happen 3 or more times since your 15th birthday? NO 1
ASP4A2 YES 5
[AS39B](#)

(35) M40 Have you often ignored the feelings of others in order to do what you wanted? NO 1
ASP3RC10 ALC/DRUG ONLY 3
ASP4A7 YES, CLEAN 5
DSICDB1 BOTH A/D & CLEAN ... 6
[AS40](#)

(35) M41 Have you often felt irritable, angry, or resentful (that is, you frequently lost your temper, or it was easy to annoy you or make you mad)? NO 1
ASP3RC3 ALC/DRUG ONLY 3
CDICD6/7 YES, CLEAN 5
DSICDB6 BOTH A/D & CLEAN ... 6
[AS41](#)

(37) M42 Have you often felt that others were to blame for your troubles or your mistakes? NO 1
CDICD5 ALC/DRUG ONLY 3
DSICDB6 YES, CLEAN 5
BOTH A/D & CLEAN 6
[AS42](#)

BOX M43 REVIEW PART B OF TALLY SHEET

M.

IF 2 OR MORE ITEMS MARKED,

CONTINUE. OTHERS SKIP TO N1, p.

127.

(38)	M43	Now I'd like to review some of these behaviors that you told me about. You said that since the age of 15 you (LIST SX IN PART B) . How old were you the last time you were in any of these situations?	AS_AR43 AGE REC:___/___ AS_R43 REC: 1 2 3 4 5
DSICDB5 ASP3RC10 ASP4A7	A.	When you were involved in any of the situations checked on this list, did you more often than not feel bad or guilty afterwards?	NO 1 YES . . (SKIP TO N1, p. 127) . . 5 AS43A
DSICDB6	B.	Was that because you felt the person(s) (or animals) involved deserved it more times than not?	NO 1 YES 5 AS43B

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
SU1

A. Did those thoughts persist for at least 7 days in a row? NO 1
YES 5
SU1A

B. Did you have a plan?
(Did you actually consider a way to take your life?) NO . . . (SKIP TO D) 1
YES 5
SU1B

C. What were you going to do?
SPECIFY: _____

D. How old were you when you (first/last) had these thoughts? SU_AO1 AGE ONS: ____/____
SI_AR1 AGE REC: ____/____

N2 Have you ever tried to kill yourself? NO (SKIP TO N12) . . . 1
YES 5
SU2

A. How many times? SU2A ____ TIMES

B. How old were the (first/last) time? SU_AO2 AGE ONS: ____/____
SU_O2 ONS: 2 3 4 5
SU_AR2 AGE REC: ____/____
SU_R2 REC: 2 3 4 5

N3 How did you try to kill yourself? **IF MORE THAN 1,
ASK ABOUT THE MOST SERIOUS ATTEMPT.**

RECORD METHOD: _____

N4 How old were you then? SU4 AGE: ____

N5 Did you require medical treatment after you tried to kill yourself? NO 1
YES. (SPECIFY) 5
SPECIFY: _____
SU5

N6 Were you admitted to a hospital after the attempt (for medical reasons)? NO 1
YES. (SPECIFY) 5
SPECIFY: _____
SU6

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

SU7

A.	Afterwards, were you sorry that you didn't die?	NO	.....	1
		YES	.....	5

SU7A

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

SU8

N9	Did you try to kill yourself:		<u>NO</u>	<u>YES</u>
1.	While feeling depressed?	SU9_1	1	5
2.	While feeling extremely good or high?	SU9_2	1	5
3.	After you had been drinking?	SU9_3	1	5
4.	After using drugs?	SU9_4	1	5
5.	While having strange thoughts or experiences, or while seeing visions? .	SU9_5	1	5
6.	Other: IF YES, SPECIFY:	SU9_6	1	5

N10A	CODE SILENTLY: TYPE OF METHOD INTENDED (SEE N3).	SU10A	CODE: _____
------	--	-------	-------------

1. Fire gun.
2. Crash car.
3. Carbon monoxide poisoning.
4. Cut wrists or stab self.
5. Take pills.
6. Jump from height.
7. Jump in front of train/car/vehicle.
8. Strangulation, choking, suffocation, hanging, drowning.
9. Other or combination.

N10B	CODE SILENTLY: DEGREE OF COMPLETION.	SU10B	CODE: _____
------	--------------------------------------	-------	-------------

1. Contemplated only.
2. Put self in vicinity (e.g., brought gun/pills into room, walked into train station).
3. Stopped short of completing act (held gun/pills, stood on edge of platform, sat in car).
4. Attempted act (jumped, pulled trigger, swallowed pills).

- N11 CODE SILENTLY: INTENT.**
- 1. Unclear (no information or not sure)**
 - 2. Denies intent**
 - 3. Reports minimal intent**
 - 4. Reports significant intent with some ambivalence**
 - 5. Very severe/extreme intent to die**

SU11 CODE: ____

N12 (Other than when you tried to take your own life,) did you ever hurt yourself on purpose, for example, by cutting or burning yourself?

NO. . . (SKIP TO O1, p. 129) . . 1

YES 5

SU12

A. How many times?

SU12A ____ TIMES

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

SU_AO12 AGE ONS: ____/____

SU_O12 ONS1 2 3 4 5

SU_AR12 AGE REC: ____/____

SU_R12 REC1 2 3 4 5

HAND R CARD O.

PTS3RA
PTS4A1

- O1 Please look at this list. Have you ever experienced or witnessed something that is so horrible that it would be distressing or upsetting to almost anyone? Examples are included on this list: military combat; an assault, rape, or kidnapping; seeing someone seriously injured or killed; a flood, earthquake, large fire, or other disaster; an airplane crash or serious car accident; a shooting or bombing; or any situation where you feared there was a serious threat to your life or to the life of another person? **IF YES, RECORD EVENT AND CODE.**

NO. . . (SKIP TO P1, p. 134) . 1
YES 5
PT1

EVENT 1. _____ **PT1_1** CODE: ____ ____

EVENT 2. _____ **PT1_2** CODE: ____ ____

EVENT 3. _____ **PT1_3** CODE: ____ ____

**IF ONLY ONE EVENT, SKIP TO B.
OTHERS CONTINUE.**

- A. Which event was the most disturbing to you? **PT1A** EVENT: 1 2 3
**CIRCLE EVENT NUMBER AND REFER TO
THIS EVENT THROUGHOUT SECTION.**

PTS4A2

- B. When this most disturbing event occurred, did you feel intense fear, helplessness, or horror?

NO 1
YES 5
PT1B

- C. When did this (EVENT) occur?

____ / ____
MO YEAR

1. How old were you then?

PT1C_MO PT1C_YR
PT1C1 AGE: ____ ____

- D. Was there ever a period of time lasting one month or longer when you had strong feelings or thoughts about (EVENT), which made you anxious or upset?

NO . . (SKIP TO P1, p. 134) . 1
YES 5
PT1D

1. When did this start?

____ / ____ *t*

MO YEAR

PT1D_MO PT1D_YR

2. So, that was when you were ____ years old?

PT1D2 AGE: ____

I am going to ask you some questions about that period when you were (AGE IN O1D.2), when you were having the most, or most intense, feelings or experiences about (EVENT) . . .

PTS3RB1 PTS4B1	O2	Did memories, visions, thoughts, or feelings about (EVENT) <u>often</u> keep coming to your mind, even though you didn't want them to?	NO 1 YES (SPECIFY) 5 PT2
-------------------	----	--	---

IF YES: Can you give me some examples?

PTS3RB2 PTS4B2	O3	Did you have unpleasant dreams again and again about (EVENT)?	NO 1 YES 5 PT3
-------------------	----	---	---

Still focusing on the period that started (DATE IN O1D.1). . .
(that is, the period of a month or longer when you were having the most, or most intense, feelings or experiences about (EVENT))

PTS3RB3 PTS4B3	O4	Did you ever suddenly act or feel as if (EVENT) was happening again? This may include flashbacks or hallucinations, even if they occur when you are just waking up.	NO 1 YES (SPECIFY) 5 PT4
-------------------	----	---	---

IF YES: Can you give me some examples?

PTS3RB4 PTS4B4	O5	Did you feel very upset when you were reminded of (EVENT)? For example, on the anniversary of (EVENT).	NO 1 YES 5 PT5
-------------------	----	--	---

PTS3RD6 PTS4B5	O6	Did things that reminded you of (EVENT) make you sweat, tense up, breathe hard, tremble, or respond in some other physical way?	NO 1 YES 5 PT6
-------------------	----	---	---

BOX O7 IF O2-O6 ALL CODED 1, SKIP TO P1, p. 134. OTHERS CONTINUE.
--

During that period of a month or longer when you were having the most, or most intense, feelings or experiences about (EVENT),
(REMIND R OF DATE IN O1D.1) . . .

PTS3RC1 PTS4C1	O8	Did you ever try to avoid thinking or having feelings about (EVENT) and find that you couldn't?	NO 1 YES 5
-------------------	----	---	-----------------------------------

PT8

PTS3RC2 PTS4C2	O9	Did you avoid activities, places, or people that reminded you of (EVENT)?	NO 1 YES (SPECIFY) . . . 5
-------------------	----	---	---

PT9

IF YES: Can you give me some examples?

PTS3RC3 PTS4C3	O10	Did you find that you sometimes could <u>not</u> remember important things about (EVENT)?	NO 1 YES 5
-------------------	-----	---	-----------------------------------

PT10

PTS3RC4 PTS4C4	O11	During that period of time, did you lose interest in some things or stop doing some things that had been important to you before (EVENT) happened?	NO 1 YES 5
-------------------	-----	--	-----------------------------------

PT11

PTS3RC5 PTS4C5	O12	During that period of time, did you feel more cut off, distant, or separated from people than before (EVENT) happened?	NO 1 YES (SPECIFY) . . . 5
-------------------	-----	--	---

PT12

IF YES: Can you give me some examples?

PTS3RC6 PTS4C6	O13	Were there times when you believed you had lost your ability to experience emotions that you had before (EVENT) happened? For example, did you feel you couldn't have loving feelings or anything like that?	NO 1 YES 5
-------------------	-----	--	-----------------------------------

PT13

PTS3RC7 PTS4C7	O14	Were there times when you felt that there was no point in planning for the future--that you might not have a rewarding career; a happy family; or a long, good life?	NO 1 YES 5
-------------------	-----	--	-----------------------------------

PT14

BOX O15 REVIEW O8-O14. IF 3 OR MORE CODED 5, CONTINUE. OTHERS, SKIP TO P1, p. 134.

During that period of a month or longer when you were having the most, or most intense, feelings or experiences about (EVENT),
(REMIND R OF DATE IN O1D.1) . . .

PTS3RD1 PTS4D1	O16	Did you have more trouble falling asleep or staying asleep than before (EVENT)?	NO 1 YES 5
			PT16

PTS3RD2 PTS4D2	O17	Did you find that you got irritated or lost your temper more easily than before (EVENT)?	NO 1 YES 5
			PT17

PTS3RD3 PTS4D3	O18	Were there times when you had more trouble concentrating than before (EVENT)?	NO 1 YES 5
			PT18

PTS3RD5 PTS4D5	O19	Were there times when unexpected noise, movement, or touch startled you more than before (EVENT)?	NO 1 YES 5
			PT19

PTS3RD4 PTS4D4	O20	Were you more watchful or extremely aware of things around you? For example, were you more aware of certain sounds, smells, or sights?	NO 1 YES 5
			PT20

<p>BOX O21 REVIEW O16-O20. IF 2 OR MORE CODED 5, CONTINUE. OTHERS, SKIP TO P1, p. 134.</p>

PTS3RE PTS4E	O22	You have told me about things such as reliving the event through dreams, memories, or feelings; avoiding things that reminded you of the event; and problems with sleep, mood, or thinking. Did these experiences last longer than one month?	NO . (SKIP TO P1, p.134). . . . 1 . . ALC/DRUG ONLY 3 YES, CLEAN 5 BOTH A/D & CLEAN . . 6
			PT22

A.	What is the longest amount of time that these experiences lasted?	PT22A MONTHS: ____ _
----	---	----------------------

B.	How soon after (EVENT) did you begin to experience these things?	PT22UNIT ____ _ UNITS <i>t</i>
		CODE UNITS:
		DAYS 1
		WEEKS 2
		MONTHS 3
		YEARS 4

C.	How old were you the last time you had a period of time like this?	PT_AR22 AGE REC: ____/____ <i>t</i>
		PT_R22 REC:1 2 3 4 5

PTS4F	D.	Did these experiences interfere with your work, school, household activities, or how you got along with other people?	NO 1 YES. . . (SPECIFY) 5
			PT22D
SPECIFY: _____			

O23	Did you ever talk to a doctor or other professional about the problems you had after the (EVENT)?	NO 1 YES.... (SPECIFY) 5 PT23
	SPECIFY: _____	

BOX O24 IF R HAD 1+ BOX MARKED ON ALC, MJ, OR DRUG TALLY SHEET A, CONTINUE. OTHERS SKIP TO P1, p. 134.

O24 We talked about the time when you had very intense feelings after you experienced (EVENT). I recorded that this troubling period of time started at (AGE).

IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A, HAND TALLY(IES) TO R AND ASK A. OTHERS SKIP TO B.

CLUSTERING
AT ONSET

A.	Around the time you first had these very intense feelings, were you having experiences from 3 or more boxes found on this (ALC / MJ / DRUG) sheet?	NO 1 YES (SKIP TO P1, p. 134) ... 5 PT24A
----	--	---

HEAVY USE
WHEN NOT
CLUSTERING

B.	Around the time you first had these very intense feelings, were you (drinking heavily/using DRUGS) daily or almost daily?	NO 1 YES 5 PT24B
----	---	---

Now I would like to ask you about long periods of feeling worried or anxious.

P1 Have you ever been anxious, worried, nervous, or "on edge" more days than not for at least 6 months? For example, worrying about possible harm to a loved one who was not in danger, or worrying about finances for no good reason?

NO. . . (SKIP TO Q1, p.138) . . . 1
YES 5
GA1

A. Please describe the different things you worried about.

EXAMPLES:

1. _____
2. _____
3. _____
4. _____
5. _____

CIRCLE THE NUMBER IF THE WORRY IS NOT ABOUT OWN EMOTIONAL PROBLEMS, ALC/DRUG PROBLEMS, HEALTH/APPEARANCE, OR REALISTIC FINANCIAL/FAMILY PROBLEMS.

GAD3RB/C
GAD4D

GAD3RB
GAD3RC

B. ARE THERE 2 OR MORE WORRIES CIRCLED?

NO . . (SKIP TO Q1, p. 138) . . 1
YES 5
GA1B

GAD3RF
GAD4F

C. BEGIN PROBING.

CODE: 2 3 4 5

GA1C

WHOM SAW: _____

WHAT TOLD: _____

IF CODED 2, SKIP TO Q1, p.138.

GAD3RA
GAD4A

D. Did people around you, such as family and friends, tell you that you worried far too much about these problems?

NO 1
YES. . . . (SKIP TO E) 5
GA1D

GAD3RA
GAD4A

1. Have you ever thought that you worried far too much about these problems?

NO. . . (SKIP TO Q1, p. 138) . . . 1
YES 5
GA1D1

GAD4B

E. Did you find it difficult to control your worrying for a
period lasting 6 months or longer?

NO. . . (SKIP TO Q1, p. 138) . . . 1
YES 5

[GA1E](#)

P2 During that 6-month (or longer) period when you were anxious and worried about a number of things, did you also experience for more days than not...		<u>NO</u>	<u>YES</u>
GAD3RD1	1. Trembling, twitching, or feeling shaky? GA2_1	1	5
GAD3RD2 GAD4C5	2. Sore, aching, or tender muscles? GA2_2	1	5
GAD3RD3 GAD4C1	3. Restlessness? GA2_3	1	5
GAD4C2 GAD3RD4	4. Feeling easily tired or fatigued? GA2_4	1	5
GAD3RD5	5. Shortness of breath or feeling like you were smothering? GA2_5	1	5
GAD3RD6	6. Heart palpitations or a racing heart? GA2_6	1	5
GAD3RD7	7. Sweating? Or cold, clammy hands? GA2_7	1	5
GAD3RD8	8. Dry mouth? GA2_8	1	5
GAD3RD9	9. Dizziness or lightheadedness? GA2_9	1	5
GAD3RD10	10. Nausea, diarrhea, or stomach problems? . . . GA2_10	1	5
GAD3RD11	11. Flushes, hot flashes, or chills? GA2_11	1	5
GAD3RD12	12. Frequent urination? GA2_12	1	5
GAD3RD13	13. Trouble swallowing, or feeling a "lump" in your throat? GA2_13	1	5
GAD3RD14 GAD4C1	14. Feeling "keyed up" or "on edge"? GA2_14	1	5
GAD3RD15	15. Being easily startled? GA2_15	1	5
GAD3RD16 GAD4C3	16. Difficulty concentrating or having your mind go blank? GA2_16	1	5
GAD3RD17 GAD4C6	17. Difficulty falling asleep or staying asleep, or having restless, unsatisfying sleep so that when you woke up you did not feel rested? GA2_17	1	5
GAD3RD18 GAD4C4	18. Irritability? GA2_18	1	5
IF 3 OR MORE ARE CODED 5, CONTINUE. OTHERS SKIP TO Q1, p. 138.			

GAD3RE GAD4F	P3	During that 6-month (or longer) period, were you drinking caffeinated drinks like coffee, tea, or caffeinated soft drinks daily or almost daily?	NO. (SKIP TO C) 1 YES 5 GA3
	A.	How many caffeinated drinks did you typically have each day?	GA3A ____ DRINKS GA3A1
	1.	Which did you drink most often: coffee, tea, or caffeinated soft drinks?	COFFEE 1 TEA 2 SOFT DRINKS 3
	B.	Did your anxiousness, worry, or feeling "on edge" usually occur soon after you drank caffeinated beverages (like coffee, tea, or soft drinks)?	NO 1 YES 5 GA3B
GAD3RE GAD4F	C.	During that period, were you drinking heavily or using drugs, or had you recently cut down?	NO 1 YES 5 GA3C
GAD4E	P4	Did feeling anxious or worried for 6 months or longer cause you to have difficulty getting along with your friends or family, or to have problems at work or school?	NO 1 YES . . . (SPECIFY) 5 GA4
		SPECIFY: _____ _____	
	P5	During that 6-month (or longer) period, did you begin to drink or use drugs, or did you increase the amount of alcohol or drugs you were taking to help you feel less anxious or worried?	NO. (SKIP TO P6) 1 YES. (SPECIFY) 5 GA5
		SPECIFY:	
		1. _____	GA5_1 CODE: ____/____
		2. _____	GA5_2 CODE: ____/____
	A.	Did (drinking/using drugs) help?	NO 1 YES 5 GA5A
	P6	How old were you the (first/last) time you were anxious or worried about 2 or more problems for 6 months or longer and had some other problems like (SEVERAL SX ENDORSED IN P2) at the same time?	GA_AO6 AGE ONS: ____/____ t GA_O6 ONS: 2 3 4 5 GA_AR6 AGE REC: ____/____ t GA_R6 REC: 2 3 4 5

**BOX P7 IF I25E, I34C, OR I35C = 2+ WEEKS, ASK P7.
OTHERS SKIP TO BOX P8.**

P7 You said earlier that you had periods of feeling depressed or had lost interest in things. Did these periods of feeling anxious and worried fall within a time when you were also depressed or had lost interest?

NO 1
YES 5
GA7

**BOX P8 IF R HAD 1+ BOX MARKED ON ALC, MJ, OR DRUG TALLY SHEET A, CONTINUE.
OTHERS SKIP TO Q1, p. 138.**

P8 We talked about the long period of time when you felt anxious or worried, which started at (AGE).

**IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A, HAND TALLY(IES) TO R AND ASK A.
OTHERS SKIP TO B.**

CLUSTERING
AT ONSET

A. Around the time you first felt anxious or worried, were you having experiences from 3 or more boxes found on this (ALC / MJ / DRUG) sheet?

NO 1
YES .. (SKIP TO Q1, p. 138) 5
GA8A

HEAVY USE
WHEN NOT
CLUSTERING

B. Around the time you first felt anxious or worried, were you (drinking heavily / using DRUGS) daily or almost daily?

NO 1
YES 5
GA8B

(1)
OCD3RA1
OCD4A1/2

Q1 Have you ever had thoughts, images, or impulses that bothered you a lot and kept coming back? Ideas that are senseless -- like thinking your hands are dirty no matter how often you wash them or thinking of hurting someone you love when you're not even mad at them. Other examples are the repeated urge to curse in church or feeling sure many times that you have run over someone with your car.

Please describe these to me:

EXAMPLES: _____

NO. . . (SKIP TO Q9) 1
YES 5

OC1

A. **CODE SILENTLY:** ARE EXAMPLES IN Q1 ONLY ABOUT OWN EMOTIONAL PROBLEMS, ALC/ DRUG PROBLEMS, HEALTH/APPEARANCE, OR REALISTIC FINANCIAL/FAMILY PROBLEMS?

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

OC1A

B. Were the kinds of thoughts, images, or impulses that bothered you only about (your emotional problems / problems you had with alcohol or drugs / other problems you had with your health or appearance / realistic money or family problems) ?

NO 1
YES . . . (SKIP TO Q9) 5

OC1B

C. What other kinds of thoughts or ideas bothered you?

EXAMPLE: _____

D. **BEGIN PROBING**

WHOM SAW: _____

WHAT TOLD: _____

CODE: 2 3 4 5

OC1D

IF CODED 2, SKIP TO Q9. OTHERS CONTINUE.

OCD3RA2
OCD4A3

Q2 Did you try to block these thoughts by doing something or thinking about something else?

NO. . . (SKIP TO Q9) 1
YES 5

OC2

OCD3RA3
OCD4A4

Q3 Were these your own thoughts or were they put in your head by someone else?

SOMEONE ELSE 1
OWN THOUGHTS 5

OC3

IF CODED 1, SKIP TO Q9. OTHERS CONTINUE.

OCD4B	Q4	Did you think that these (thoughts/images/impulses) were unreasonable or excessive?	NO. . . .(SKIP TO Q9) 1 YES 5
			OC4

**BOX Q5 IF I25A=5 OR I25C=5, CONTINUE.
OTHERS SKIP TO Q6.**

OCD3RA4 OCD4D	Q5	Did these thoughts <u>only</u> occur when you were feeling sad, blue, or depressed, like the times we talked about earlier?	NO 1 YES 5
			OC5

OCD3RA4 OCD4E	Q6	Did these thoughts <u>only</u> occur when you were using alcohol or drugs or had recently cut down?	NO 1 YES 5
			OC6

(4) OCD3RB OCD4C	Q7	Did these thoughts really upset you or interfere with your normal routine? SPECIFY: _____	NO 1 YES. . . .(SPECIFY) 5
			OC7

(5) OCD3RB OCD4C	A.	Did you find yourself having these thoughts or impulses for at least an hour a day?	NO 1 YES 5
			OC7A

**BOX Q7 IF Q7 AND Q7A ARE BOTH CODED 1,
SKIP TO Q9.**

Q8	When was the (first/last) time you experienced these thoughts to the point that they interfered with your normal routine or caused you to feel really upset?	OC_AO8 AGE ONS: ____/____ t OC_O8 ONS1 2 3 4 5 OC_AR8 AGE REC: ____/____ t OC_R8 REC:1 2 3 4 5
----	--	---

(3)
OCD3RA1
OCD4A1

Q9 Have you ever found that you had to do or think certain things over and over? For example, washing your hands so often your skin became sore or checking things like doors many times because you thought you hadn't locked them? What about performing behaviors in a set pattern? For example, putting on your clothes in a certain order, counting repeatedly, saying words to yourself over and over, or other rituals like that?

NO. (SKIP TO R1, p.142) . . 1
YES. . . (SPECIFY) 5
OC9

SPECIFY: _____

OCD3RA2
OCD4A2

A. Did you do those things to keep something bad from happening?

NO 1
YES. . . (SPECIFY) 5
OC9A

SPECIFY: _____

B. BEGIN PROBING.

CODE: 2 3 4 5

WHOM SAW: _____

OC9B

WHAT TOLD: _____

**IF CODED 2, SKIP TO R1,
p.142. OTHERS CONTINUE.**

OCD3RA2
OCD4A2

Q10 If you tried to stop doing (BEHAVIOR), did you become anxious or very nervous?

NO 1
YES. . . (SPECIFY) 5
OC10

SPECIFY: _____

(Q3C)
OCD3RA3
OCD4B

Q11 Did you think that these activities were unreasonable or excessive?

NO 1
YES 5
OC11

**BOX Q12 IF BOX H5B = 5 OR H11 = 5,
CONTINUE.
OTHERS SKIP TO BOX Q13.**

OCD4D

Q12 Were these activities always related to feelings about your body size or weight?
SPECIFY: _____

NO 1
YES. . . (SPECIFY) 5
OC12

**BOX Q13 IF I25A = 5 OR I25C = 5, CONTINUE.
OTHERS SKIP TO Q14.**

OCD4D	Q13	Did you perform these behaviors <u>only</u> when you were feeling sad, blue, or depressed, like the times we talked about earlier?	NO 1 YES 5 OC13
OCD4E	Q14	Did these behaviors <u>only</u> occur when you were using alcohol or drugs or had recently cut down?	NO 1 YES 5 OC14
(Q4) OCD3RB OCD4C	Q15	Did those activities really upset you or interfere with your normal routine?	NO 1 YES. . . .(SPECIFY) 5 OC15
		SPECIFY: _____ _____	
(Q5) OCD3RB OCD4C	A.	Did you find yourself performing these behaviors at least an hour at a time each day?	NO 1 YES 5 OC15A

**BOX Q15 IF Q15 AND Q15A ARE BOTH
CODED 1, SKIP TO R1, p.142.
OTHERS CONTINUE.**

Q16	When was the (first/last) time you performed these activities to the point that they caused you to feel really upset, interfered with your normal routine, or took up a lot of your time?	OC_AO16 AGE ONS: / ____ t OC_O16 ONS: 1 2 3 4 5 OC_AR16 AGE REC: ____ / ____ t OC_R16 REC: 1 2 3 4 5
-----	---	---

**BOX Q17 IF R HAD 1+ BOX MARKED ON ALC,
MJ, OR DRUG TALLY SHEET A,
CONTINUE.
OTHERS SKIP TO R1, p. 142.**

Q17 You told me about the (thoughts/behaviors) that occurred over and over, which first started at (AGE).

**IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY
SHEET A, HAND TALLY(IES) TO R AND ASK A
OTHERS SKIP TO B.**

CLUSTERING AT ONSET	A.	Around the time you first had repeated (thoughts/behaviors), were you having experiences from 3 or more boxes found on this (ALC / MJ / DRUG) sheet?	NO 1 YES . . . (SKIP TO R1, p.142) 5 OC17A
------------------------	----	--	--

HEAVY USE
WHEN NOT
CLUSTERING

B. Around the time you first had repeated (thoughts/
behaviors), were you (drinking heavily/using DRUGS)
daily or almost daily?

NO 1
YES 5

OC17B

(P7)
SP3RA
SP4A

R1 Some people have a strong and persistent fear of doing certain things in front of people like speaking, eating, or writing because they think they might embarrass themselves. These fears are stronger than the feelings that most people have.

Have you ever had a strong and persistent fear of:

NO YES

SP1_1

1. starting or keeping up conversations or talking to people you don't know well? 1 5
2. speaking to your teachers, boss or other people in authority? SP1_2 1 5
3. speaking in public or answering questions in a meeting or a class? . . . SP1_3 1 5
4. eating or drinking in public? SP1_4 1 5
5. writing while someone watches? SP1_5 1 5
6. using public restrooms? (inability to perform, not fear of germs) SP1_6 1 5

IF R1.1-6 ARE ALL NO, CODE 1 AND SKIP TO S1, p. 145. OTHERS, BEGIN PROBING.

CODE: 1 2 3 4 5

SPECIFY: _____

SP1CODE

IF CODED 1 OR 2, SKIP TO S1, p. 145.

WHOM SAW: _____

WHAT TOLD: _____

SP3RB
SP4G/H

IF PHYSICAL DISABILITY/CONDITION MADE THE ACT DIFFICULT, CODE 4. IF R FEARED REVEALING A PSYCHIATRIC DISORDER OR IF SX WERE DUE TO A PSYCHIATRIC DISORDER, CODE 5.

R1A. EDITOR'S CODE:
CAN SX BE EXPLAINED BY OTHER DISORDER?
NO 1
YES 5

(P8)
SP3RC
SP4B

R2 Did being in (this/these) situation(s) almost always make you extremely nervous right away (when you were not using alcohol or drugs)?

NO . . (SKIP TO S1, p. 145) . . 1
YES 5
SP2

(P10)
SP3RD
SP4D

A. Did you almost always avoid that situation?

NO 1
YES. . . (SKIP TO R3) . . . 5
SP2A

(P10A)
SP4D

B. When you had to be in that situation, did you almost always feel extremely nervous or panicky?

NO . . (SKIP TO S1, p. 145) . . 1
YES 5
SP2B

(P12)	R3	Did you ever think that your fear was excessive or	NO . . (SKIP TO S1, p. 145) . . 1
SP3RF		unreasonable?	YES 5
SP4C			SP3

(P11) SP3RE SP4E	R4	Did this fear or avoiding the situation ever interfere with your job, school, social functioning, or normal routine?	NO 1 YES. . . (SPECIFY) 5 SP4
------------------------	----	--	---

SPECIFY: _____

SP3RE SP4E	A.	Have you been <u>very</u> upset with yourself for having any of these fears?	NO 1 YES 5 SP4A
---------------	----	--	-----------------------------------

BOX R5 IF R4 AND R4A ARE BOTH CODED 1, SKIP TO S1, p. 145. OTHERS CONTINUE.

R6	About how long did your fear (interfere with your functioning/make you upset with yourself)?	SP6 MONTHS: ____ ____ ____
----	--	----------------------------

R7	How old were you the (first/last) time (this fear/any of these fears) (interfered with your functioning/made you upset with yourself)?	SP_AO7 AGE ONS: ____/____ t SP_O7 QNS2 3 4 5 SP_AR7 AGE REC: ____/____ t SP_R7 REC:1 2 3 4 5
----	--	---

R8	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 (this fear/these fears)?	NO. . . (SKIP TO BOX R9) . . 1 YES. . . (SPECIFY) 5 SP8
----	---	---

SPECIFY:

1.	SP8_1 CODE: ____ ____ ____
_____	SP8_2 CODE: ____ ____ ____

—

2.

—

A.	Did (taking medicine/drinking alcohol/using drugs) help?	NO 1 YES 5 SP8A
----	--	-----------------------------------

BOX R9 IF R1.4 = 5 AND EITHER H5B OR H11 = 5, CONTINUE. OTHERS SKIP TO S1, p. 145.

(P14)
SP3RB
SP4H

R10 Did any of these fears occur because you were afraid
people would notice you had an eating problem?

NO 1
YES 5
SP10

**BOX R11 IF R HAD 1+ BOX MARKED ON ALC,
MJ, OR DRUG TALLY SHEET A,
CONTINUE.
OTHERS SKIP TO S1, p. 145.**

R11 You told me about feeling very concerned about
(SITUATIONS) in public and that first started at
(AGE).

**IF 3R CLUSTERING ON ALC/MJ/DRUG
TALLY SHEET A, HAND TALLY(IES) TO R
AND ASK 1. OTHERS SKIP TO 2.**

CLUSTERING
AT ONSET

A. Around the time you first felt concerned about
(SITUATIONS), were you having experiences
from 3 or more boxes found on this (ALC / MJ /
DRUG) sheet?

NO 1
YES . . (SKIP TO S1, p. 145) . . 5
[SP11A](#)

HEAVY USE
WHEN NOT
CLUSTERING

B. Around the time you first felt concerned about
(SITUATIONS), were you (drinking heavily /
using DRUGS) daily or almost daily?

NO 1
YES 5
[SP11B](#)

AGP3RA AGP4A	S1	Some people have a fear of being in certain places or situations where they feel it would be difficult to leave easily. They are worried that they could not escape or get help if they suddenly became panicky. Some situations like this include being alone away from home; being in a crowd; being in a place where there was a long distance between exits, like in a tunnel or on a bridge; travelling in a bus, car, or train; or being in an elevator. Have you ever had a period of time when you had a fear like that (that you might become panicky and wouldn't be able to leave easily if that happened)?	NO . . (SKIP TO T1, p.148) . . 1 YES 5 AG1
-----------------	----	--	---

AGP3RA	S2	Did you feel this way about:	NO YES
		1. going outside of the house alone?	AG2_1 1 5
		2. being in a crowd or standing in a line?	AG2_2 1 5
		3. being on a bridge or in a tunnel?	AG2_3 1 5
		4. travelling in a bus, train, or car?	AG2_4 1 5
		5. being in an elevator?	AG2_5 1 5

**IF ALL ARE CODED 1, CONTINUE.
OTHERS SKIP TO B.**

A.	What situation did you have in mind when you said some situations made you unreasonably afraid?	NONE. . (SKIP TO T1, p. 148) . 1 ANY 5 AG2A
----	---	--

EXAMPLE: _____

AGP4A	B.	Did more than one situation make you feel this way?	AG2B NO 1 YES 5
-------	----	---	--

AGP4C	C.	BEGIN PROBING. SPECIFY FEAR AND RECORD EXAMPLES.	CODE: 2 3 4
-------	----	---	--------------------

What was it about (SITUATIONS) that was frightening to you?

EXAMPLES: _____

AG2C
IF CODED 2, SKIP TO T1, p. 148. OTHERS CONTINUE.

S2D. EDITOR'S CODE:
CAN SX BE EXPLAINED
BY ANOTHER DISORDER?
NO 1
YES 5
AG2D

WHOM SAW:_____

WHAT TOLD:_____

AGP3RA AGP4B	S3	A. When you were in those situations, did you <u>usually</u> :	NO	YES
		1. get sweaty?	AG3A_1 1	5
		2. tremble?	AG3A_2 1	5
		3. have a dry mouth?	AG3A_3 1	5
		4. feel dizzy?	AG3A_4 1	5
		5. feel your heart pound?	AG3A_5 1	5
		6. get nauseated or vomit?	AG3A_6 1	5
		7. feel like you couldn't control your bodily functions?	AG3A_7 1	5
		8. feel tightness or pain in your chest or stomach?	AG3A_8 1	5
		9. feel that you, or things around you, seemed unreal?	AG3A_9 1	5
AGP4A		B. When you were in situations like (SITUATIONS IN S2), were you afraid that any of these things might happen?	NO YES	1 5
			AG3B	
AGP3RA AGP4B	S4	Did you almost always avoid these situation(s) or stop going places because of your fear that you would feel sick or do something embarrassing?	NO YES (SPECIFY)	1 5
			AG4	
		SPECIFY: _____		

AGP3RA AGP4B		A. Has your fear kept you from going somewhere you wanted to go 3 or more times?	NO YES (SPECIFY)	1 5
			AG4A	
		SPECIFY: _____		

AGP3RA AGP4B		B. When you had to be in one of these situations, did it almost always make you extremely nervous or panicky?	NO YES (SPECIFY)	1 5
			AG4B	
		SPECIFY: _____		

AGP3RA AGP4B		C. When you had to be in one of these situations, did you begin to need someone to be with you?	NO YES (SPECIFY)	1 5
			AG4C	
		SPECIFY: _____		

BOX S4 IF S4, S4A, S4B, AND S4C ARE ALL CODED 1, SKIP TO T1, p. 148. OTHERS CONTINUE.

S5	How old were you the (first/last) time you had this fear and had some other problems like (SX ENDORSED IN S3 AND S4) at the same time?	AG_AO5 AGE ONS: ____/____ <i>t</i> AG_O5 ONS: 1 2 3 4 5 AG_AR5 AGE REC: ____/____ <i>t</i> AG_R5 REC: 1 2 3 4 5
----	--	--

S6	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 this fear?	NO . . . (SKIP TO BOX S7) . . . 1 YES (SPECIFY) 5 <div style="text-align: right;">AG6</div>
----	---	---

SPECIFY:

1. _____	AG6_1 CODE: ____ _
2. _____	AG6_2 CODE: ____ _

A. Did (taking medicine/drinking alcohol/using drugs) help?	NO 1 YES 5 <div style="text-align: right;">AG6A</div>
---	---

BOX S7 IF R HAD 1+ BOX MARKED ON ALC, MJ, OR DRUG TALLY SHEET A, CONTINUE. OTHERS SKIP TO T1, p. 148.

S7	You told me you had a concern about being in a situation where you could not escape if something bad would happen to you. I recorded that this started for you at (AGE).
----	--

IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A, HAND TALLY(IES) TO R AND ASK A. OTHERS SKIP TO B.

CLUSTERING AT ONSET	A. Around the time you first started feeling concerned about not being able to escape if needed, were you having experiences from 3 or more boxes found on this (ALC / MJ / DRUG) sheet?	NO 1 YES (SKIP TO T1, p. 148) . . . 5 <div style="text-align: right;">AG7A</div>
------------------------	--	--

HEAVY USE WHEN NOT CLUSTERING	B. Around the time you first started feeling concerned about not being able to escape if needed, were you (drinking heavily/ using DRUGS) daily or almost daily?	NO 1 YES 5 <div style="text-align: right;">AG7B</div>
-------------------------------------	--	---

(O1)
PAN3RA/E
PAN4A
AGPAN3R
A
AGPAN4A
1

T1 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; that is, during times when you were not in danger, or were not making a speech, or something like that?

CODE: 1 2 3 4 5

**IF CODED 1 OR 2, SKIP
TO U1, p. 152 . OTHERS
CONTINUE.**

PN1

EXAMPLE: _____

WHOM SAW: _____

WHAT TOLD: _____

(O2)
PAN3RB
AGPAN3R
A

T2 Have you ever had...

NO

YES

A. 3 attacks within a three-week period? PN2A 1 5

B. 4 attacks within a four-week period? PN2B 1 5

(O3)
PAN3RB
PAN4A2A
AGPAN3R
A
AGPAN4A
2A

T3 After having an attack, did you ever have a month or more when you worried a lot about having an attack or you were afraid that you might have another attack?

NO 1

YES 5

PN3

	A. Did you think that having attacks like this must mean that you had a serious illness or that you were going crazy?	NO(SKIP TO B) . . . 1 YES 5 PN3A
PAN4A2B AGPAN4A 2B	1. Did you think that for a month or longer?	NO 1 YES 5 PN3A1
	B. Did having an attack like this cause you to stop doing anything that you used to do or stop going places you used to go?	NO. (SKIP TO C) . . . 1 YES 5 PN3B
PAN4A2C AGPAN4A 2C	1. Did you stop doing things or going places for a month or longer?	NO 1 YES 5 PN3B1
	C. After having an attack like this, did you begin to need someone to go with you?	NO. (SKIP TO T4) . . 1 YES 5 PN3C
	1. Did that last for a month or longer?	NO 1 YES 5 PN3C1
PAN4A2C AGPAN4A 2C		

(O4) PAN3RC PAN4A1 AGPAN3R A AGPAN4A 1	T4	During <u>one</u> of your worst attacks, did you have...				
					<u>NO</u>	<u>YES</u>
PAN3RC1 PAN4A1.4		1. Shortness of breath or feeling that you were smothering?	PN4_1	1		5
PAN3RC3 PAN4A1.1		2. Palpitations or a pounding heart?	PN4_2	1		5
PAN3RC2 PAN4A1.8		3. Dizziness, light-headedness, unsteadiness, or feeling faint?	PN4_3	1		5
PAN3RC11 PAN4A1.6		4. Chest tightness or chest pain?	PN4_4	1		5
PAN3RC9 PAN4A1.1 2		5. Numbness or tingling in your face, feet, or fingers?	PN4_5	1		5
PAN3RC6 PAN4A1.5		6. Choking sensation?	PN4_6	1		5
PAN3RC5 PAN4A1.2		7. Sweating?	PN4_7	1		5
PAN3RC4 PAN4A1.3		8. Shaking or trembling?	PN4_8	1		5
PAN3RC10 PAN4A1.1 3		9. Flushing, hot flashes, or chills?	PN4_9	1		5
PAN3RC8 PAN4A1.9		10. A feeling that things were unreal?	PN4_10	1		5
PAN3RC12 PAN4A1.1 1		11. A fear that you might die?	PN4_11	1		5
PAN3RC13 PAN4A1.1 0		12. A fear that you were going crazy or losing control?	PN4_12	1		5
PAN3RC7 PAN4A1.7		13. Nausea or discomfort in your stomach or abdomen?	PN4_13	1		5

BOX T4 IF 4 OR MORE ARE CODED 5 IN T4.1-13, CONTINUE. OTHERS SKIP TO U1, p. 152.

(O5)
PAN3RD
PAN4A1
AGPAN3R
A
AGPAN4A
1

T5 You mentioned you had attacks of feeling frightened and some problems like (SX IN T4.1-13). How many episodes have you had in your lifetime that had 4 or more of these problems?

PN5

___ __ NUMBER

**BOX T5 IF ONLY 1 ATTACK, SKIP TO U1, p. 152.
OTHERS CONTINUE.**

(O6)
PAN3RD
PAN4A1
AGPAN3R
A
AGPAN4A
1

T6 During at least several of your attacks, did some of these problems such as: (UP TO 4 SX CODED IN T4) begin suddenly, and get worse in the first 10 minutes of the attacks?

NO 1

YES 5

PN6

PAN4D	T7	A. IF ANY 5 CODED IN R1.1-6 (SOCPHOB, p. 142), ASK: Did you have attacks like that when you were (SOCPHOB SITUATIONS CODED 5 IN R1.1-6)?	NO 1 YES 5 PN7A
PAN4D		B. IF ANY 5 CODED IN S2.1-5 (AGPHOB, p. 145), ASK: Did you have attacks like that when you were (AGPHOB SITUATIONS CODED 5 IN S2.1-5)?	NO 1 YES 5 PN7B
		C. Did being in any (other) particular situations make it likely that you would have an attack like this?	NO (SKIP TO D) ... 1 YES (SPECIFY) 5 PN7C
		SPECIFY: _____	
		D. Have you had these attacks at times when you had no reason to expect one because you were not in any special situation?	NO 1 YES 5 PN7D
(07)	T8	How old were you the (first/last) time you had one of these sudden attacks of feeling frightened or anxious when you had 4 or more problems like (ALL SX CODED 5 IN T4.1-13)?	PN_AO8 AGE ONS: _/_ t PN_O8 ONS1 2 3 4 5 PN_AR8 AGE REC: _/_ t PN_R8 REC1 2 3 4 5
		IF DK AND R IS UNDER 40, CODE T8A "YES" WITHOUT ASKING. IF DK AND R IS 40 OR OLDER, ASK A. OTHERS SKIP TO T9.	
		A. IF DK: Would you say that the first time was before you were 40?	NO 1 YES 5 PN8A
(08)	T9	Have you ever been nervous or anxious much of the time between attacks?	NO 1 YES 5 PN9
(09)	T10	Did these attacks ever cause you to have difficulty in getting along with your family or to have problems at work or at school?	NO 1 YES (SPECIFY) 5 PN10
		SPECIFY: _____	

T11	Did you ever take medicine, begin to drink or use drugs, or increase the amount of the alcohol or drugs that you were using because of these attacks?	NO . . . (SKIP TO BOX T12) 1
		YES (SPECIFY) 5
		PN11

SPECIFY:

1. _____	PN11_1	CODE: ____
2. _____	PN11_2	CODE: ____

A.	Did (drinking/using drugs) help?	NO 1
		YES 5
		PN11A

BOX T12 IF R HAD 1+ BOX MARKED ON ALC, MJ, OR DRUG TALLY SHEET A, CONTINUE. OTHERS SKIP TO U1, p. 152.

T12 We talked about sudden attacks of feeling panicky, frightened, or nervous. You said that first happened at (AGE).

IF 3R CLUSTERING ON ALC/MJ/DRUG TALLY SHEET A, HAND TALLY(IES) TO R AND ASK A. OTHERS SKIP TO B.

CLUSTERING AT ONSET	A.	Around the time the attacks first started, were you having experiences from 3 or more boxes found on this (ALC / MJ / DRUG) sheet?	NO 1
			YES . . (SKIP TO U1, p. 152) 5
			PN12A
HEAVY USE WHEN NOT CLUSTERING	B.	Around the time the attacks first started, were you (drinking heavily/ using DRUGS) daily or almost daily?	NO 1
			YES 5
			PN12B

SHOW R THE COMPLETED TIMELINE.

U1 At this point, I'd like to review some of the information that you have given me. I have recorded the information on this page. Please let me know if dates or ages need to be changed.

A. REVIEW LIFE EVENTS, CHECKING AGES/YEARS.

BOX U1A	DID R EVER USE ALCOHOL, MARIJUANA, OR DRUGS?	NO . (SKIP TO BOX U1B) . . 1 YES 5
----------------	---	---

**B. REVIEW SUBSTANCES ONE SECTION AT A TIME,
ESPECIALLY PERIODS OF REGULAR USE,
ABSTINENCE, AND CLUSTERING ONSET/ RECENCY.**

BOX U1B	ARE ANY EPISODES RECORDED ON THE BOTTOM HALF OF THE TIMELINE?	NO (SKIP TO U2) 1 YES 5
----------------	--	--

**C. REVIEW PSYCHIATRIC EPISODES ONE SECTION AT A
TIME, CHECKING ONSETS AND OFFSETS. ADD
ADDITIONAL EPISODES TO TIMELINE IF THERE ARE
ANY.**

U2	So, does the timeline look complete and accurate to you? CORRECT TIMELINE AND SECTIONS AS APPROPRIATE.	NO (SPECIFY) 1 YES 5 CM2
----	--	---

IF NO, SPECIFY: _____

Now I'd like to ask you some questions about your childhood, from the ages of 6 to 13. These questions concern your home environment at that time. Nearly all of the questions will cover your home life between the ages of 6 and 13 only. A few questions will cover slightly different ages, which I'll identify when we get to those questions.

SHOW CARD V.

V1 With whom did you live for the major part of the HE1 CODE: ____ ____
time when you were 6 to 13?

IF OTHER, SPECIFY: _____

BOX V1	<u>NO</u>	<u>YES</u>
IS A MOTHER FIGURE PRESENT FOR CODING?	1	5
IS A FATHER FIGURE PRESENT FOR CODING?	1	5
 IF NO TO EITHER, OMIT THE QUESTIONS THAT PERTAIN TO THAT PARENT FIGURE. REMIND R, AS NEEDED, WHO THE MOTHER AND FATHER FIGURES ARE.		

V2 OMITTED.

V3 OMITTED.

V4 What religion were you raised in?

SPECIFY: _____ HE4 CODE: ____ ____

BOX V4 IF NONE, SKIP TO V5.

A. Did you consider yourself a Fundamentalist (DENOMINATION IDENTIFIED IN V4)?	NO 1 YES 5
	HE4A
B. Did your religion have formal rules against alcohol use?	NO 1 YES 5
	HE4B

V5 Think about the home you lived in when you were 6. NO. (SKIP TO V6) 1
Did you move from this home before you were 13? YES 5
(MOVE = CHANGED PRINCIPAL RESIDENCE) HE5

A. How many homes did you live in during this time?	2 HOMES 1 3 HOMES 2 4 OR MORE HOMES 3
	HE5A

B. How many times did you have to change schools because of (this/these) move(s)?	NO, NEVER	1
	YES, ONCE	2
	2 TIMES	3
	3 TIMES	4
	4 OR MORE TIMES	5
	HE5B	

V6	Was the home that you lived in (the longest) from age 6-13 in a large metropolitan area (at least 100,000), a suburb of a large city, a small city, a small town, or out in the country? IF 2 HOMES TIE FOR LONGEST LIVED IN, CODE THE LARGEST.	LARGE CITY (>100,000)	1
		SUBURB OF LARGE CITY	2
		SMALL CITY (25,000-100,000)	3
		SMALL TOWN (<25,000)	4
		RURAL	5
		HE6	

V7 OMITTED.

V8	Compared with the average family in your community when you were 6-13, was your family financially better off, about average, or worse off during most of that time?	BETTER OFF	1
		ABOUT AVERAGE	2
		WORSE OFF	3
		HE8	

V9	When you were 6-13, did you or anyone in your family ever <u>not</u> have enough to eat because the family was poor?	NO	1
		YES	5
		HE9	

V10 OMITTED.

V11	At the time you were 13, what is the highest grade in school your (FATHER FIGURE) had completed? CODE ACTUAL GRADE (00-17)	HE11	GRADE: ____ ____
	TECHNICAL SCHOOL OR 1 YR OF COLLEGE	=13	
	2 YRS OF COLLEGE	=14	
	3 YRS OF COLLEGE	=15	
	4 YRS OF COLLEGE: B.A., B.S.	=16	
	GRADUATE: M.A., M.S., J.D., M.D., Ph.D.	=17	
	A. At the time you were 13, had he graduated from: CODE HIGHEST LEVEL GRADUATED. STOP AFTER THE FIRST YES.		
			NO YES
	IF V11=17, START WITH AND MOVE	GRAD SCHOOL HE11_1	1 5
	DOWN ->	COLLEGE HE11_2	1 5
	IF V11=16----->	JR. COLLEGE HE11_3	1 5
	IF V11=14 OR 15----->	HIGH SCHOOL HE11_4	1 5
	OTHERS----->	GED HE11_5	1 5
		OTHER SCHOOL HE11_6	1 5 .

V12 At the time you were 13, what is the highest grade in school your (MOTHER FIGURE) had completed? HE12 GRADE: ____

CODE ACTUAL GRADE (00-17)

TECHNICAL SCHOOL OR 1 YR OF COLLEGE . . . =13
2 YRS OF COLLEGE =14
3 YRS OF COLLEGE =15
4 YRS OF COLLEGE: B.A., B.S. =16
GRADUATE: M.A., M.S., J.D., M.D., Ph.D. =17

A. At the time you were 13, had she graduated from:

CODE HIGHEST LEVEL GRADUATED. NO YES
STOP AFTER THE FIRST YES.

IF V11=17, START WITH AND MOVE GRAD SCHOOL HE12_1 1 5
DOWN -> COLLEGE HE12_2 1 5
IF V11=16-----> JR. COLLEGE . . HE12_3 1 5
IF V11=14 OR 15-----> HIGH SCHOOL HE12_4 1 5
OTHERS-----> GED HE12_5 1 5
OTHER SCHOOL HE12_6 1 5 .

IF R DID NOT LIVE WITH A MOTHER FIGURE, SKIP TO V14. OTHERS CONTINUE.

V13 When you were 6-13, did your (MOTHER FIGURE) work outside the home (that is, have a job other than a homemaker)? MOTHER
NO 1
YES 5
HE13

V14 When you were 6-13, was your (FATHER FIGURE) ever away from home a lot due to any of the following reasons? **READ OPTIONS:** NO YES

WORK HE14_1 1 5
MILITARY SERVICE HE14_2 1 5
ILLNESS (E.G., HOSPITALIZED) HE14_3 1 5
IMPRISONMENT HE14_4 1 5
MARITAL SEPARATION / DIVORCE / DESERTION 1 5
HE14_5
OTHER (SPECIFY: HE14_6 1 5

V15 When you were 6-13, was your (MOTHER FIGURE) ever away from home a lot due to any of the following reasons? **READ OPTIONS:** NO YES

WORK	HE15_1	1	5
MILITARY SERVICE	HE15_2	1	5
ILLNESS (E.G., HOSPITALIZED)	HE15_3	1	5
IMPRISONMENT	HE15_4	1	5
MARITAL SEPARATION / DIVORCE / DESERTION1	HE15_5	1	5
OTHER (SPECIFY: _____)	HE15_6	1	5

		<u>MOTHER</u>	<u>FATHER</u>
V16	Now I would like you to think about the relationship you had with your (MOTHER FIGURE / FATHER FIGURE) when you were 6-13. <u>Overall</u> , was your relationship with (her/him) excellent, good, fair, or poor?	EXCELLENT 1 GOOD 2 FAIR 3 POOR 4	1 2 3 4
		HEM16 HEF16	
V17	OMITTED.		
V18	OMITTED.		
		<u>MOTHER</u>	<u>FATHER</u>
V19	Did you have a close and confiding relationship with your (MOTHER FIGURE / FATHER FIGURE) when you were 6-13?	NO 1 YES 5	1 5
		HEM19 HEF19	
V20	Did you have a close and confiding relationship with any other adult when you were 6-13? SPECIFY PERSON AND RELATIONSHIP: _____ _____	NO 1 YES (SPECIFY) 5	1 5
		HE20	
V21	OMITTED.		
V22	Did your (PARENT FIGURES) often make you wear clothes that embarrassed you because they were torn or worn out?	NO 1 YES 5	1 5
		HE22	
V23	OMITTED.		
BOX V24	IF R LIVED IN A SINGLE-PARENT FAMILY, SKIP TO V28. OTHERS CONTINUE.		
V24	Overall, how would you rate your (PARENT FIGURES') (marriage/relationship) when you were 6-13 -- excellent, good, fair, or poor?	EXCELLENT 1 GOOD 2 FAIR 3 POOR 4	1 2 3 4
		HE24	

V25	Some parents really enjoy being with each other while others don't. Did your (PARENT FIGURES) usually seem to enjoy each other?	NO 1 YES 5 HE25
V26	Did your (PARENT FIGURES) <u>often</u> argue or fight in front of you?	NO 1 YES 5 HE26
V27	Did either of your (PARENT FIGURES) ever hit the other?	<div> <div>MOTHER</div> <div>FATHER</div> </div> NO.(SKIP TO V28) 1 1 YES 5 5 HEM27 HEF27 A. Did you ever see it happen? NO 1 1 YES 5 5 HEM27A HEF27A
V28	How much conflict and tension was there in your household when you were 6-13 -- a lot, some, a little, or none?	A LOT 1 SOME 2 A LITTLE 3 NONE 4 HE28
V29	People have a variety of personality traits. I'm going to list several traits and I'd like you to tell me if your (MOTHER FIGURE / FATHER FIGURE) was like that.	<div> <div>MOTHER</div> <div>FATHER</div> </div> <div> <div>NO</div> <div>YES</div> <div>NO</div> <div>YES</div> </div> A. Did your (MOTHER FIGURE / FATHER FIGURE) tend to think people were out to harm or take advantage of (her/him)? 1 5 1 5 HEM29A HEF29A B. Did your (MOTHER FIGURE / FATHER FIGURE) think (s/he) was better than other people, that is, was (s/he) a bit snobbish? 1 5 1 5 HEM29B HEF29B C. Did your (MOTHER FIGURE / FATHER FIGURE) think (s/he) was always right, and not let anyone criticize or disagree with (her/him)? 1 5 1 5 HEM29C HEF29C D. Was your (MOTHER FIGURE / FATHER FIGURE) over-sensitive -- always getting (her/his) feelings hurt? 1 5 1 5 HEM29D HEF29D E. Was your (MOTHER FIGURE / FATHER FIGURE) too particular -- everything always had to be perfect? 1 5 1 5 HEM29E HEF29E F. Was your (MOTHER FIGURE / FATHER FIGURE) overly concerned about other people's opinions about the family? 1 5 1 5 HEM29F HEF29F

G.	Did your (MOTHER FIGURE / FATHER FIGURE) have little energy -- everything was just too much effort for (her/him)?	1 5 HEM29G	1 5 HEF29G
H.	Was your (MOTHER FIGURE / FATHER FIGURE) a bit dishonest -- likely to try to cheat or lie to others?	1 5 HEM29H	1 5 HEF29H
I.	Was your (MOTHER FIGURE / FATHER FIGURE) scatter-brained or disorganized?	1 5 HEM29I	1 5 HEF29I

		<u>MOTHER</u>	<u>FATHER</u>
V30	Was there anything about your (MOTHER FIGURE / FATHER FIGURE) that embarrassed you when you were 6-13? SPECIFY: _____	NO 1 YES . (SPECIFY) 5 HEM30	1 5 HEF30

		<u>MOTHER</u>	<u>FATHER</u>
V31	Was there anything about your (MOTHER FIGURE / FATHER FIGURE) that made you especially proud when you were 6-13? SPECIFY: _____	NO 1 YES . (SPECIFY) 5 HEM31	1 5 HEF31

V32 OMITTED.

		<u>MOTHER</u>	<u>FATHER</u>
V33	Some parents are strict with their children. They have lots of rules or don't allow the children to do things that most of their friends can. When you were 6-13, was your (MOTHER FIGURE / FATHER FIGURE) too strict, just about right, or not strict enough?	TOO STRICT . 1 ABOUT RIGHT 2 NOT STRICT ENOUGH . . 3 NOT INVOLVED4 HEM33	1 2 3 4 HEF33

		<u>MOTHER</u>	<u>FATHER</u>
V34	Was your (MOTHER FIGURE / FATHER FIGURE) pretty consistent about the rules or did (s/he) insist you follow a rule one day and forget about it the next?	CONSISTENT . 1 INCONSISTENT 2 NOT INVOLVED3 HEM34	1 2 3 HEF34

		<u>MOTHER</u>	<u>FATHER</u>
V35	Some parents won't allow their children to question their decisions, while others do. When you were 6-13, were you allowed to openly disagree with your (MOTHER FIGURE / FATHER FIGURE)?	NO 1 YES 2 NEVER CONFRONTATION WITH 3 HEM35	1 2 3 HEF35

		<u>MOTHER</u>	<u>FATHER</u>
V36	Was your (MOTHER FIGURE / FATHER FIGURE) generally fair in scolding or punishing? IF NO, SPECIFY AND CODE SILENTLY.	YES 1	1
		NO, TOO LENIENT	2
		NO, TOO HARSH	3
		NO, FAVORED	
		ONE CHILD 4	4
		NO, HARD ON	
		ONE CHILD 5	5
		DID NOT SCOLD	
		OR PUNISH . . 6	6
		HEM36	HEF36

V37 OMITTED.

		<u>MOTHER</u>	<u>FATHER</u>
V38	What was the <u>usual</u> way in which your (MOTHER FIGURE / FATHER FIGURE) punished you?	NON-PHYSICAL:	
		SCOLD, ISOLATE,	
		FINE, REMOVE	
		PRIVILEGES . 1	1
		PHYSICAL, MILD2. 2 . .	2 . .
		PHYSICAL, HARSH	3
		DID NOT PUNISH4	4
		HEM38	HEF38

BOX V39 QUESTIONS V39-V42 AND V45 ARE SITE OPTIONAL. IF YOUR SITE DOES NOT ASK THESE QUESTIONS, SKIP TO V43. OTHERS CONTINUE.

		<u>MOTHER</u>	<u>FATHER</u>
V39	Did your (MOTHER FIGURE / FATHER FIGURE) ever physically punish you so hard that you hurt the next day or had to see a doctor?	NO 1	1
		YES 5	5
		HEM39	HEF39

V40	Were you ever physically injured or hurt as a child by any other adult? Examples of such injuries would include: broken bones, being hit so hard you developed bruises, punishments that included scalding water?	NO. (SKIP TO V41) 1	
		YES 5	
		HE40	
	A. Did this (these) injury(ies) ever need medical attention from a doctor or hospital?	NO 1	
		YES 5	
		HE40A	
	B. Was the person who caused this injury ever a relative (other than PARENT FIGURE)? By relative, I mean grandparents, aunts, uncles, sister, brother, or cousin. Half relatives or step relatives also count.	NO 1	
		YES 5	
		HE40B	

Now I'd like to ask a few questions about early sexual experience.

- V41 Before you were 16 years old, were there any sexual contacts between you and anyone other than a family member who was 5 or more years older than you were? By sexual contact I mean their touching your sexual parts, your touching their sexual parts, or sexual intercourse.
- NO (SKIP TO V42) . . . 1
YES 5
[HE41](#)
- A. Did this happen more than once?
- NO 1
YES, MORE THAN ONCE . . 5
[HE41A](#)
- B. Were you (ever) forced?
- CONSENT ONLY . .(SKIP TO D) 5
EVER FORCED 1
[HE41B](#)
- C. How many persons did this to you? [HE41C](#) # PERPETRATORS: __ __
- D. Before you were 16 years old, how old were you when you first had (forced) sexual contact (with your consent) with someone 5 or more years older than you?
- AGE ONS FORCED: __ __
[HEF_AO41](#)
AGE ONS CONSENSUAL: __ __
[HEC_AO41](#)
- E. Before you were 16 years old, how old were you the last time you had (forced) sexual contact with someone 5 or more years older than you (with your consent)?
- AGE REC FORCED: __ __
[HEF_AR41](#)
AGE REC CONSENSUAL: __ __
[HEC_AR41](#)

-
- V42 Before you were 16 years old, were there any sexual contacts between you and any family members, like a parent or step-parent, grandparent, uncle, aunt, brother, sister, or cousin? (By sexual contact I mean their touching your sexual parts, your touching their sexual parts, or sexual intercourse.)
- NO. (SKIP TO V43) . . . 1
YES 5
[HE42](#)
- A. Was there sexual contact with:
- | | <u>NO</u> | <u>YES</u> |
|---------------------------------------|---------------------------|------------|
| 1. A parent or grandparent? | HE42A_1 1 | 5 |
| 2. Another grownup? | HE42A_2 1 | 5 |
| 3. Another child? | HE42A_3 1 | 5 |
- B. Did this happen more than once?
- NO 1
YES, MORE THAN ONCE . . 5
[HE42B](#)
- C. Were you (ever) forced?
- ALWAYS WITH CONSENT . 5
EVER FORCED 1
[HE42C](#)

D. How old were you when you first had (forced) sexual contact (with your consent) with a family member? **(IF MULTIPLE PERPETRATORS, RECORD AGE OF ONSET OF FIRST.)**

AGE ONS FORCED: __ __
[HEF_AO42](#)
 AGE ONS CONSENSUAL: __ __
[HEC_AO42](#)

E. Before you were 16 years old, how old were you the last time you had (forced) sexual contact (with your consent) with a family member?

AGE REC FORCED: __ __
[HEF_AR42](#)
 AGE REC CONSENSUAL: __ __
[HEC_AR42](#)

V43 Did your (MOTHER FIGURE / FATHER FIGURE) drink any wine, beer or liquor when you were 6-13?

	<u>MOTHER</u>	<u>FATHER</u>
NO . (SKIP TO V44)	1	1
YES	5	5
	HEM43	HEF43

A. Did you think your (MOTHER FIGURE / FATHER FIGURE) drank too much?

NO	1	1
YES	5	5
	HEM43A	HEF43A

V44 When you were a teenager, did you or others think you looked older than your age?

NO	1
YES	5
	HE44

IF R IS FEMALE, ASK:

A. At what age did you have your first menstrual period?

[HE_AO44](#) AGE ONS: __ __

SITE OPTIONAL:

V45 Is there anything that happened in your family when you were 6-13 that we haven't talked about that you think is important? (Any family activities or ways of behaving that you think are important?)

NO	1
YES (SPECIFY)	5
	HE45

RECORD VERBATIM:

W: 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: _____

RECORD 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.**

X: INTERVIEWER OBSERVATIONS

BORDERLINE	= 3
DEFINITE	= 4
DOES NOT APPLY	= 9

TYPE OF INTERVIEW: (Choose 1)

PERSONAL INTERVIEW	1
TELEPHONE INTERVIEW	2
PROXY INTERVIEW	3

IF CODED 5 OR 9, SKIP TO NEXT QUESTION.

A. FACIAL EXPRESSION IS NORMAL? NO.....1
IOA YES.....5
PHONE...9

- | | | | | | |
|----|-----------------------|-------|---|---|---|
| 1. | Sad | IOA_1 | 3 | 4 | 9 |
| 2. | Gloomy | IOA_2 | 3 | 4 | 9 |
| 3. | Hostile | IOA_3 | 3 | 4 | 9 |
| 4. | Worried | IOA_4 | 3 | 4 | 9 |
| 5. | Avoids gaze | IOA_5 | 3 | 4 | 9 |
| 6. | Immobile | IOA_6 | 3 | 4 | 9 |

B. DRESS IS NORMAL? NO.....1
IOB YES.....5
PHONE...9

- | | | | | | |
|----|--|-------|---|---|---|
| 1. | Meticulous | IOB_1 | 3 | 4 | 9 |
| 2. | Clothing, hygiene poor | IOB_2 | 3 | 4 | 9 |
| 3. | Eccentric | IOB_3 | 3 | 4 | 9 |
| 4. | Seductive | IOB_4 | 3 | 4 | 9 |
| 5. | Inadequate for warmth and protection . . . | IOB_5 | 3 | 4 | 9 |

C. MOTOR ACTIVITY IS NORMAL? NO.....1
IOC YES.....5
PHONE...9

- | | | | | | |
|-----|--|--------|---|---|---|
| 1. | Increased amount | IOC_1 | 3 | 4 | 9 |
| 2. | Constantly fiddling, changing position, standing or sitting down | IOC_2 | 3 | 4 | 9 |
| 3. | Agitation | IOC_3 | 3 | 4 | 9 |
| 4. | Tics | IOC_4 | 3 | 4 | 9 |
| 5. | Tremor | IOC_5 | 3 | 4 | 9 |
| 6. | Peculiar posturing | IOC_6 | 3 | 4 | 9 |
| 7. | Unusual gait | IOC_7 | 3 | 4 | 9 |
| 8. | Repetitive acts | IOC_8 | 3 | 4 | 9 |
| 9. | Very slow to move; unusual for age & physical condition . . . | IOC_9 | 3 | 4 | 9 |
| 10. | Rigid posture | IOC_10 | 3 | 4 | 9 |

D. FLOW OF THOUGHT IS NORMAL? NO.....1
IOD YES.....5

- | | | | | | |
|----|---------------------------|-------|---|---|---|
| 1. | Blocking | IOD_1 | 3 | 4 | 9 |
| 2. | Circumstantial | IOD_2 | 3 | 4 | 9 |
| 3. | Tangential | IOD_3 | 3 | 4 | 9 |
| 4. | Perseveration | IOD_4 | 3 | 4 | 9 |
| 5. | Flight of ideas | IOD_5 | 3 | 4 | 9 |
| 6. | Indecisive | IOD_6 | 3 | 4 | 9 |
| 7. | Illogical | IOD_7 | 3 | 4 | 9 |

E. LEVEL OF CONSCIOUSNESS IS NORMAL? NO.....1
IOE YES.....5

- | | | | | | |
|----|-------------------------|-------|---|---|---|
| 1. | Hypervigilant | IOE_1 | 3 | 4 | 9 |
| 2. | Drowsy | IOE_2 | 3 | 4 | 9 |
| 3. | Stupor | IOE_3 | 3 | 4 | 9 |

F. SPEECH IS NORMAL? NO.....1
IOF YES.....5

- | | | | | | |
|-----|---|--------|---|---|---|
| 1. | Excessive amount | IOF_1 | 3 | 4 | 9 |
| 2. | Reduced amount | IOF_2 | 3 | 4 | 9 |
| 3. | Push of speech | IOF_3 | 3 | 4 | 9 |
| 4. | Slowed | IOF_4 | 3 | 4 | 9 |
| 5. | Loud | IOF_5 | 3 | 4 | 9 |
| 6. | Soft | IOF_6 | 3 | 4 | 9 |
| 7. | Mute | IOF_7 | 3 | 4 | 9 |
| 8. | Slurred | IOF_8 | 3 | 4 | 9 |
| 9. | Stuttering | IOF_9 | 3 | 4 | 9 |
| 10. | Neologisms | IOF_10 | 3 | 4 | 9 |
| 11. | Gloomy, voice choking on distressing topic | IOF_11 | 3 | 4 | 9 |
| 12. | Fails to answer, questions need repeating | IOF_12 | 3 | 4 | 9 |
| 13. | Monotonous voice | IOF_13 | 3 | 4 | 9 |

G. INTERVIEW BEHAVIOR IS NORMAL? NO.....1
IOG YES.....5

- | | | | | | |
|-----|---------------------------|--------|---|---|---|
| 1. | Angry outbursts | IOG_1 | 3 | 4 | 9 |
| 2. | Irritable | IOG_2 | 3 | 4 | 9 |
| 3. | Impulsive | IOG_3 | 3 | 4 | 9 |
| 4. | Hostile | IOG_4 | 3 | 4 | 9 |
| 5. | Silly | IOG_5 | 3 | 4 | 9 |
| 6. | Sensitive | IOG_6 | 3 | 4 | 9 |
| 7. | Apathetic | IOG_7 | 3 | 4 | 9 |
| 8. | Withdrawn | IOG_8 | 3 | 4 | 9 |
| 9. | Evasive | IOG_9 | 3 | 4 | 9 |
| 10. | Passive | IOG_10 | 3 | 4 | 9 |
| 11. | Aggressive | IOG_11 | 3 | 4 | 9 |
| 12. | Naive | IOG_12 | 3 | 4 | 9 |
| 13. | Overly dramatic | IOG_13 | 3 | 4 | 9 |
| 14. | Manipulative | IOG_14 | 3 | 4 | 9 |
| 15. | Dependent | IOG_15 | 3 | 4 | 9 |
| 16. | Uncooperative | IOG_16 | 3 | 4 | 9 |
| 17. | Demanding | IOG_17 | 3 | 4 | 9 |
| 18. | Negativistic | IOG_18 | 3 | 4 | 9 |

19. Callous [IOG_19](#) 3 4 9

INTERVIEWER OBSERVATIONS - CONTINUED

H. MOOD AND AFFECT ARE NORMAL? NO.....1 IOH YES.....5

- | | | | | | |
|----|----------------------|-------|---|---|---|
| 1. | Anxious | IOH_1 | 3 | 4 | 9 |
| 2. | Inappropriate affect | IOH_2 | 3 | 4 | 9 |
| 3. | Flat affect | IOH_3 | 3 | 4 | 9 |
| 4. | Elated mood | IOH_4 | 3 | 4 | 9 |
| 5. | Depressed mood | IOH_5 | 3 | 4 | 9 |
| 6. | Labile mood | IOH_6 | 3 | 4 | 9 |

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

- | | | | | | |
|-----|----------------------------|--------|---|---|---|
| 1. | Suicidal thoughts | IOI_1 | 3 | 4 | 9 |
| 2. | Suicidal plans | IOI_2 | 3 | 4 | 9 |
| 3. | Assaultive ideas | IOI_3 | 3 | 4 | 9 |
| 4. | Homicidal thoughts | IOI_4 | 3 | 4 | 9 |
| 5. | Homicidal plans | IOI_5 | 3 | 4 | 9 |
| 6. | Antisocial attitudes | IOI_6 | 3 | 4 | 9 |
| 7. | Suspiciousness | IOI_7 | 3 | 4 | 9 |
| 8. | Poverty of content | IOI_8 | 3 | 4 | 9 |
| 9. | Phobias | IOI_9 | 3 | 4 | 9 |
| 10. | Obsessions | IOI_10 | 3 | 4 | 9 |
| 11. | Compulsions | IOI_11 | 3 | 4 | 9 |
| 12. | Feelings of unreality | IOI_12 | 3 | 4 | 9 |
| 13. | Feels persecuted | IOI_13 | 3 | 4 | 9 |
| 14. | Thoughts of running away | IOI_14 | 3 | 4 | 9 |
| 15. | Somatic complaints | IOI_15 | 3 | 4 | 9 |
| 16. | Ideas of guilt | IOI_16 | 3 | 4 | 9 |
| 17. | Ideas of hopelessness | IOI_17 | 3 | 4 | 9 |
| 18. | Ideas of worthlessness | IOI_18 | 3 | 4 | 9 |
| 19. | Excessive religiosity | IOI_19 | 3 | 4 | 9 |
| 20. | Sexual preoccupation | IOI_20 | 3 | 4 | 9 |
| 21. | Blames others | IOI_21 | 3 | 4 | 9 |
| 22. | Illusions are present | IOI_22 | 3 | 4 | 9 |
| 23. | Auditory hallucination | IOI_23 | 3 | 4 | 9 |
| 24. | Visual hallucination | IOI_24 | 3 | 4 | 9 |
| 25. | Other hallucinations | IOI_25 | 3 | 4 | 9 |
| 26. | Delusion of persecution | IOI_26 | 3 | 4 | 9 |
| 27. | Delusion of grandeur | IOI_27 | 3 | 4 | 9 |
| 28. | Delusion of reference | IOI_28 | 3 | 4 | 9 |
| 29. | Delusion of influence | IOI_29 | 3 | 4 | 9 |
| 30. | Somatic delusion | IOI_30 | 3 | 4 | 9 |
| 31. | Other delusions | IOI_31 | 3 | 4 | 9 |
| 32. | Delusions are systematized | IOI_32 | 3 | 4 | 9 |

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

- | | | | | | |
|----|--------|-------|---|---|---|
| 1. | Time | IOJ_1 | 3 | 4 | 9 |
| 2. | Place | IOJ_2 | 3 | 4 | 9 |
| 3. | Person | IOJ_3 | 3 | 4 | 9 |

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

- | | | | | | |
|----|---------------------------|-------|---|---|---|
| 1. | Clouding of consciousness | IOK_1 | 3 | 4 | 9 |
| 2. | Inability to concentrate | IOK_2 | 3 | 4 | 9 |
| 3. | Amnesia | IOK_3 | 3 | 4 | 9 |
| 4. | Poor recent memory | IOK_4 | 3 | 4 | 9 |
| 5. | Poor remote memory | IOK_5 | 3 | 4 | 9 |
| 6. | Confabulation | IOK_6 | 3 | 4 | 9 |

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

- | | | | | | |
|----|----------------------|-------|---|---|---|
| 1. | Above normal | IOL_1 | 3 | 4 | 9 |
| 2. | Below normal | IOL_2 | 3 | 4 | 9 |
| 3. | Paucity of knowledge | IOL_3 | 3 | 4 | 9 |
| 4. | Vocabulary poor | IOL_4 | 3 | 4 | 9 |

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

- | | | | | | |
|----|---|-------|---|---|---|
| 1. | Poor insight | IOM_1 | 3 | 4 | 9 |
| 2. | Poor judgement | IOM_2 | 3 | 4 | 9 |
| 3. | Unrealistic regarding degree of illness | IOM_3 | 3 | 4 | 9 |
| 4. | Doesn't know why being treated | IOM_4 | 3 | 4 | 9 |
| 5. | Unmotivated for treatment | IOM_5 | 3 | 4 | 9 |

RATE ACCURACY OF CODES THROUGHOUT SSAGA-II:

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**
