

MH1 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	
MH2 Has your health always been (ANSWER IN MH1), or has it been better or worse?		MH2 NO, WORSE..... 1 NO, BETTER..... 2 YES, SAME 5 BOTH BETTER & WORSE.....6	
MH3 Has a doctor or other health professional ever told you that you have (had):		YEAR FIRST DIAGNOSED	
		NO	YES
1.	High blood pressure?..... MH3_1	1	5
2.	Migraine headaches?..... MH3_2	1	5
3.	A brain injury or concussion?..... MH3_3	1	5
4.	Been unconscious for longer than 5 min?... MH3_4	1	5
5.	Epilepsy or have had a seizure?..... MH3_5	1	5
6.	Meningitis or encephalitis?..... MH3_6	1	5
7.	A stroke?..... MH3_7	1	5
8.	Heart disease?..... MH3_8	1	5
9.	Liver disease?..... MH3_9	1	5
10.	Thyroid disease?..... MH3_10	1	5
11.	Asthma?..... MH3_11	1	5
12.	Diabetes?..... MH3_12	1	5
13.	Cancer?..... MH3_13	1	5
	SPECIFY: MH3_13SPECIFY _____		
14.	HIV/AIDS?..... MH3_14	1	5
15.	A sexually transmitted disease?..... MH3_15	1	5
16.	Any other illness(es)?..... MH3_16	1	5
	SPECIFY: MH3_16SPECIFY _____		
17.	Another medical condition?..... MH3_17	1	5
	SPECIFY: MH3_17SPECIFY _____		
MH4 A. How many times have you been in a hospital overnight (including surgery and pregnancy), <u>excluding</u> psychiatric or substance abuse treatment?		MH4a	____ TIMES
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
MH5 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 OR		MH5	____ VISITS

ROUTINE PHYSICALS.

MH6 A. Have you ever taken any medications prescribed to you by a doctor for two weeks or longer for the following reasons. . . **(READ 1-7)**

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

	<u>NO</u>	<u>YES</u>	<u>SPECIFY</u> <u>MEDICATIONS</u>	<u>CODE #1-5</u>
1. To make you feel less nervous?1	5		MH6a_1 MH6aSpecify1_1 thru MH6aSpecify5_1_____	MH6aCd1_1 MH6aCd2_1 MH6aCd3_1 1.____ 2.____ 3.____ MH6aCd4_1 MH6aCd5_1 4.____ 5.____
2. To help you sleep?1	5		MH6a_2 MH6aSpecify1_2 thru MH6aSpecify5_2_____	MH6aCd1_2 MH6aCd2_2 MH6aCd3_2 1.____ 2.____ 3.____ MH6aCd4_2 MH6aCd5_2 4.____ 5.____
3. To feel less depressed?1	5		MH6a_3 MH6aSpecify1_3 thru MH6aSpecify5_3_____	MH6aCd1_3 MH6aCd2_3 MH6aCd3_3 1.____ 2.____ 3.____ MH6aCd4_3 MH6aCd5_3 4.____ 5.____
4. For headaches?1	5		MH6a_4 MH6aSpecify1_4 thru MH6aSpecify5_4_____	MH6aCd1_4 MH6aCd2_4 MH6aCd3_4 1.____ 2.____ 3.____ MH6aCd4_4 MH6aCd5_4 4.____ 5.____
5. To have more energy?.....1	5		MH6a_5 MH6aSpecify1_5 thru MH6aSpecify5_5_____	MH6aCd1_5 MH6aCd2_5 MH6aCd3_5 1.____ 2.____ 3.____ MH6aCd4_5 MH6aCd5_5 4.____ 5.____
6. Women Only: For birth control? ..1	5		MH6a_6 MH6aSpecify1_6 thru MH6aSpecify5_6_____	MH6aCd1_6 MH6aCd2_6 MH6aCd3_6 1.____ 2.____ 3.____ MH6aCd4_6 MH6aCd5_6 4.____ 5.____
7. Containing steroids?1	5		MH6a_7 MH6aSpecify1_7 thru MH6aSpecify5_7_____	MH6aCd1_7 MH6aCd2_7 MH6aCd3_7 1.____ 2.____ 3.____ MH6aCd4_7 MH6aCd5_7 4.____ 5.____

IF ALL ARE CODED 1 IN MH6A, SKIP TO MH6B.8.

FOR EVERY 5 CODED IN MH6A.1-7, ASK MH6B.1-7, AND ASK MH6B.8.

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

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

			SPECIFY			
	NO	YES	MEDICATIONS		CODE #1-5	
			MH6b_1 MH6bSpecify1_1 thru		MH6bCd1_1 MH6bCd2_1 MH6bCd3_1	
1. To make you feel less nervous?	1	5	MH6bSpecify5_1	1. _____	2. _____	3. _____
				MH6bCd4_1	MH6bCd5_1	
				4. _____	5. _____	
			MH6b_2 MH6bSpecify1_2 thru		MH6bCd1_2 MH6bCd2_2 MH6bCd3_2	
2. To help you sleep?	1	5	MH6bSpecify5_2	1. _____	2. _____	3. _____
				MH6bCd4_2	MH6bCd5_2	
				4. _____	5. _____	
			MH6b_3 MH6bSpecify1_3 thru		MH6bCd1_3 MH6bCd2_3 MH6bCd3_3	
3. To feel less depressed?	1	5	MH6bSpecify5_3	1. _____	2. _____	3. _____
				MH6bCd4_3	MH6bCd5_3	
				4. _____	5. _____	
			MH6b_4 MH6bSpecify1_4 thru		MH6bCd1_4 MH6bCd2_4 MH6bCd3_4	
4. For headaches?	1	5	MH6bSpecify5_4	1. _____	2. _____	3. _____
				MH6bCd4_4	MH6bCd5_4	
				4. _____	5. _____	
			MH6b_5 MH6bSpecify1_5 thru		MH6bCd1_5 MH6bCd2_5 MH6bCd3_5	
5. To have more energy?	1	5	MH6bSpecify5_5	1. _____	2. _____	3. _____
				MH6bCd4_5	MH6bCd5_5	
				4. _____	5. _____	
			MH6b_6 MH6bSpecify1_6 thru		MH6bCd1_6 MH6bCd2_6 MH6bCd3_6	
6. Women Only: For birth control? ..	1	5	MH6bSpecify5_6	1. _____	2. _____	3. _____
				MH6bCd4_6	MH6bCd5_6	
				4. _____	5. _____	
			MH6b_7 MH6bSpecify1_7 thru		MH6bCd1_7 MH6bCd2_7 MH6bCd3_7	
7. Containing steroids?	1	5	MH6bSpecify5_7	1. _____	2. _____	3. _____
				MH6bCd4_7	MH6bCd5_7	
				4. _____	5. _____	
			MH6b_8 MH6bSpecify1_8 thru		MH6bCd1_8 MH6bCd2_8 MH6bCd3_8	
8. For anything else?	1	5	MH6bSpecify5_8	1. _____	2. _____	3. _____
				MH6bCd4_8	MH6bCd5_8	
				4. _____	5. _____	

MH7 OMITTED

MH8	Have you ever spoken to a professional about any emotional problems you might have had?	MH8	
		NO. . . . (SKIP TO MH9)	1
		YES	5
A.	Did you speak to a ...?	NO	YES
1.	Psychiatrist	MH8a1	1 5
2.	Psychologist.....	MH8a2	1 5
3.	Social worker.....	MH8a3	1 5
4.	Counselor	MH8a4	1 5
5.	Other medical doctor	MH8a5	1 5
6.	Nurse practitioner	MH8a6	1 5
7.	Member of the clergy	MH8a7	1 5
8.	Another professional.....	MH8a8	1 5
	SPECIFY: MH8a8Specify_____		
MH9	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 MH10.		
A.	How old were you the first time you were treated as an inpatient?	MH9a	___ __ AGE <i>t</i>
B.	How old were you the last time you were treated as an inpatient?	MH9b	___ __ AGE <i>t</i>

MH10	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 TB1C1)	1
		YES	5
A.	Are you currently in treatment?	MH10a	
		NO.....	1
		YES.....	5
