ATTACHMENT 3

ALCOHOL USE DISORDERS AND ASSOCIATED DISABILITIES INTERVIEW SCHEDULE-V (AUDADIS-V) AND FLASHCARD BOOKLET

OMB #: 0925-xxxx
Expiration Date:

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Section 1 - BACKGROUND INFORMATION

Statement A **These first few questions are about your background.**

1a.	**How old are you as of today?**	_____ Age
CHECK ITEM 1.0	Does AGE = D OR R?	1 ☐ Yes 2 ☐ No - *SKIP to 1c*
1b.	*Interviewer: Enter best guess as to respondent's age.*	_____ Age
c.	**What is your date of birth? Please give me the month, day and year.** Example: 01-20-1983 12-01-1963	☐☐ ☐☐ ☐☐☐☐ Month Day Year
d.	*Ask if not apparent. If D or R record from observation.* **What is your sex?**	1 ☐ Male 2 ☐ Female
e.	**Are you of Hispanic or Latino origin?**	1 ☐ Yes 2 ☐ No
f.	*(SHOW FLASHCARD 1)* **On Card 1 is a list of racial categories. Please select 1 or more categories to describe your race.** *Mark (X) all that apply.*	1 ☐ American Indian or Alaska Native 2 ☐ Asian 3 ☐ Black or African American 4 ☐ Native Hawaiian or Other Pacific Islander 5 ☐ White
2a.	*(SHOW FLASHCARD 2)* **Which country on the card best describes the heritage or ancestry you identify with the most even though you may have been born in the United States? Please just tell me the number on the card.** *(Don't accept U.S. as response.)*	☐☐☐ Code
b.	**Were you born in the United States?**	1 ☐ Yes - *SKIP to 2e* 2 ☐ No
c.	*(SHOW FLASHCARD 2)* **In what country were you born?**	☐☐☐ Code
d.	**How many years have you lived in the United States?** *(Code 1 if less than 1 year.)*	_____ Year(s)
e.	*(SHOW FLASHCARD 2)* **In what country was your mother born? Please just tell me the number on the card.**	☐☐☐ Code
f.	*(SHOW FLASHCARD 2)* **In what country was your father born?**	☐☐☐ Code
3.	*(SHOW FLASHCARD 2)* **In what country was your mother's mother born?**	☐☐☐ Code
4.	*(SHOW FLASHCARD 2)* **In what country was your mother's father born?**	☐☐☐ Code
5.	*(SHOW FLASHCARD 2)* **In what country was your father's mother born?**	☐☐☐ Code
6.	*(SHOW FLASHCARD 2)* **In what country was your father's father born?**	☐☐☐ Code
7a.	**Did you live with at least 1 of your biological or birth parents at any time while you were growing up, that is BEFORE you were 18 years old?**	1 ☐ Yes 2 ☐ No - *SKIP to 7c*
b.	**Did your biological father ever live in your household while you were growing up, regardless of whether he and your mother were married or not?**	1 ☐ Yes - *SKIP to 8a* 2 ☐ No - *SKIP to 8d*

Section 1 - BACKGROUND INFORMATION (Continued)

7c. **When you were growing up, BEFORE the age of 18, were you raised by adoptive parents, by relatives, by foster parents or in an institution like an orphanage?**

Mark (X) all that apply.

1 ☐ Adoptive parents
2 ☐ Relatives
3 ☐ Foster parents
4 ☐ Institution
5 ☐ Other

CHECK ITEM 1.1 Is 1 marked in 7c**?**

1 ☐ Yes
2 ☐ No - *SKIP to 9a*

8a. **Did your (biological/adoptive) parents get divorced or permanently stop living together BEFORE you were 18?**

1 ☐ Yes
2 ☐ No - *SKIP to 8d*

b. **How old were you when they first stopped living together?**

_____ Age

c. **Which of your (biological/adoptive) parents did you live with most of the time after they stopped living together?**

1 ☐ Mother
2 ☐ Father
3 ☐ Both equally
4 ☐ Neither parent

d. **Did you ever live with a stepparent BEFORE the age of 18, including any who may have subsequently adopted you?**

1 ☐ Yes
2 ☐ No - *SKIP to 8h*

e. **How old were you when that stepparent started living with you?**

(Code earliest age if more than one stepparent.)

_____ Age

f. **Did your stepparent die before you were 18?**

1 ☐ Yes
2 ☐ No - *SKIP to 8h*

g. **How old were you when that happened?**

(Code age at first death if more than one stepparent died.)

_____ Age

h. **Did either of your (biological/adoptive) parents die before you were 18?**

1 ☐ Yes
2 ☐ No - *SKIP to 9a*

i. **How old were you when that happened?**

(Code age at first death if more than one biological/adoptive parent died.)

_____ Age

(SHOW FLASHCARD 3)

9a. **What is your current marital status?**

1 ☐ Married
2 ☐ Living with someone as if married
3 ☐ Widowed
4 ☐ Divorced
5 ☐ Separated
6 ☐ Never married - *SKIP to 11a*

b. **How many times have you been married in your life (including your current marriage)? Do not count times when you were living with someone as if married.**

_____ Number
☐ None - *SKIP to 11a*

CHECK ITEM 1.2 Does number marked in 9a equal 1 and 9b equal 1?

(Is respondent currently married?)

1 ☐ Yes - *SKIP to 10d*
2 ☐ No

10a. **How old were you when you got married (for the first time)?**

_____ Age

CHECK ITEM 1.3 Does number marked in 9b equal 1 and 9a equal 3 or 4 or 5?

1 ☐ Yes - *SKIP to 10c*
2 ☐ No

10b. **How did this marriage end - were you widowed, separated or divorced from your first spouse?**

1 ☐ Widowed
2 ☐ Separated
3 ☐ Divorced
4 ☐ Other

c. **How old were you when (your (first/former) spouse died)/(you stopped living with your (first/former) spouse)?**

_____ Age

CHECK ITEM 1.4 Does number marked in 9a equal 1?

1 ☐ Yes
2 ☐ No - *SKIP to 11a*

10d. **How old were you when you and your (CURRENT) spouse got married?**

_____ Age

Section 1 – BACKGROUND INFORMATION (Continued)

11a. **How many live-born children have you EVER had, including those who are not now living? Please include any adopted, foster or stepchildren who EVER lived with you.** *(Do not include stillbirths or miscarriages.)*

_____ Number

0 ☐ None – *SKIP to 12a*

b. **How old were you when your (FIRST) child was born or when your (FIRST) step, adopted, or foster child began to live with you?**

(Report earliest age if experienced more than one of these events.)

_____ Age

c. **How old were you when your (LAST) child was born or when your (LAST) adopted, foster or stepchild came to live with you?**

(Report latest age if experienced more than one of these events.)

_____ Age

(SHOW FLASHCARD 4)

12a. **Which of these statements describe your present situation?**

Mark (X) all that apply.

1 ☐ Working full time, that is, 35 hours or more per week
2 ☐ Working part time, that is, less than 35 hours per week
3 ☐ Have a job or business, but not at work because of temporary illness or injury
4 ☐ Have a job or business, but on paid vacation
5 ☐ Have a job or business, but absent from work without pay
6 ☐ Unemployed or laid off and looking for work
7 ☐ Unemployed or laid off and not looking for work
8 ☐ Unemployed and permanently disabled
9 ☐ Retired
10 ☐ In school, full time
11 ☐ In school, part time
12 ☐ Currently on summer break/holiday from school
13 ☐ Full-time homemaker
14 ☐ Something else

CHECK ITEM 1.4A Is 6, 7, or 8 marked in 12a?

1 ☐ Yes
2 ☐ No - *SKIP to 13*

12b. **For how long have you been unemployed?**

_____ Weeks(s)
OR
_____ Months(s)
OR
_____ Years(s)

CHECK ITEM 1.4B Is 10, 11, or 12 marked in 12a?

1 ☐ Yes – *SKIP to 14a*.
2 ☐ No

13. **Are you currently or were you in the past year a full- or part-time student?** *(If necessary, ask: Was that full-time or part-time?)*

1 ☐ Yes, full-time student
2 ☐ Yes, part-time student
3 ☐ No

(SHOW FLASHCARD 5)

14a. **What is the highest grade or year of school that you completed?**

(MARK ONE AND ONLY ONE)

1 ☐ No formal schooling – *SKIP to 15a*
2 ☐ Completed grade K, 1 or 2
3 ☐ Completed grade 3 or 4
4 ☐ Completed grade 5 or 6
5 ☐ Completed grade 7
6 ☐ Completed grade 8
7 ☐ Completed grade 9, 10 or 11
8 ☐ Completed high school
9 ☐ Graduate equivalency degree (GED)
10 ☐ Some college (no degree)
11 ☐ Completed associate or other technical 2 year degree
12 ☐ Completed college (Bachelor's degree)
13 ☐ Some graduate or professional studies (completed Bachelor's degree but not graduate degree)
14 ☐ Completed Master's degree or equivalent or higher graduate degree

b. **How old were you at that time?**

_____ Age

15a. **Have you ever served on ACTIVE DUTY in the U.S. Armed Forces, Military Reserves, or National Guard?**

(Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.)

1 ☐ Yes, now on active duty
2 ☐ Yes, on active duty in past, but not now
3 ☐ No, training for Reserves or National Guard only – *SKIP to Check Item 1.5*
4 ☐ No, never served in the military – *SKIP to Check Item 1.5*

Section 1 – BACKGROUND INFORMATION (Continued)

15b. *(SHOW FLASHCARD 6)*

When did you serve on ACTIVE DUTY in the U.S. Armed Forces?

(Check all that apply even if for part of the period.)

1 ☐ September 2011- Present
2 ☐ September 2009 – August 2011
3 ☐ September 2004 – August 2009
4 ☐ September 2001 – August 2004
5 ☐ August 1990 to August 2001 (including Persian Gulf War)
6 ☐ September 1980 to July 1990
7 ☐ May 1975 to August 1980
8 ☐ Vietnam era (August 1964-April 1975)
9 ☐ March 1961 to July 1964
10 ☐ February 1955 to February 1961
11 ☐ Korean War (July 1950-January 1955)
12 ☐ January 1947 to June 1950
13 ☐ World War II (December 1941-December 1946)
14 ☐ November 1941 or earlier

c. **In total, how long were you in ACTIVE DUTY military service?**

_____ Months
or
_____ Years

CHECK ITEM 1.5 Is "1", "2", "3", "4", "5" checked in 12a?

1 ☐ Yes – *SKIP to 16d*
2 ☐ No

16a. **In the last 12 months, did you work at any time at a JOB OR BUSINESS, either full-time or part-time, even for only a few days? Include unpaid work in a family business or farm.**

1 ☐ Yes – *SKIP to 16d*
2 ☐ No

b. **Have you ever worked for pay, or have you ever been an unpaid worker in a family business or farm?**

1 ☐ Yes
2 ☐ No – *SKIP to18a*

c. **How old were you when you last worked for pay or when you were an unpaid worker in a family business or farm, either full- time or part-time?**

_____ Age

d. **How old were you when you started your FIRST full-time job, that is, when you worked at least 30 hours per week for pay or without pay including in a family business or farm?**

_____ Age
OR
0 ☐ Never worked 30 hours/week

17a. *(SHOW FLASHCARD 7)*

In what kind of business or industry (is your present job/was your most recent job)?

☐☐ Kind of business/industry

b. *(SHOW FLASHCARD 8)*

What kind of work (do/did) you do on this job?

☐☐ Kind of work

(SHOW FLASHCARD 9)

c. **Which of the following best describes where you (work/ worked)?**

1 ☐ A private for-profit company, business, or individual
2 ☐ A private not-for-profit, tax exempt, or charitable organization
3 ☐ Federal government (exclude Armed Forces)
4 ☐ State government
5 ☐ Local government
6 ☐ Armed Forces
7 ☐ Unpaid in family business or farm
8 ☐ Self-employed in own business, professional practice, or farm

(SHOW FLASHCARD 10)

18a. **During the last 12 months, what was your TOTAL PERSONAL income? Please report income from all jobs BEFORE taxes and other deductions and net income after business expenses. Include any tips, bonuses, overtime pay and commissions, as well as any income from pensions, dividends, interest, Social Security, alimony, child support, financial aid, support from persons living elsewhere, worker's compensation or any public assistance or welfare payments and any other money income received by you from ANY OTHER source shown on this card.**

(Round amount to nearest dollar.)

$_____

Section 1 – BACKGROUND INFORMATION (Continued)

CHECK ITEM 1.6 Is 18a D OR R?

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 1.7*

(SHOW FLASHCARD 11)

18b. Please tell me which category on this card best represents your TOTAL PERSONAL income in the last 12 months.

0 ☐ $0 (no personal income)
1 ☐ $1 to $4,999
2 ☐ $5,000 to $7,999
3 ☐ $8,000 to $9,999
4 ☐ $10,000 to $12,999
5 ☐ $13,000 to $14,999
6 ☐ $15,000 to $19,999
7 ☐ $20,000 to $24,999
8 ☐ $25,000 to $29,999
9 ☐ $30,000 to $34,999
10 ☐ $35,000 to $39,999
11 ☐ $40,000 to $49,999
12 ☐ $50,000 to $59,999
13 ☐ $60,000 to $69,999
14 ☐ $70,000 to $79,999
15 ☐ $80,000 to $89,999
16 ☐ $90,000 to $99,999
17 ☐ $100,000 or more

CHECK ITEM 1.7 *(Refer to Screener.)*

The number of persons related to respondent in this household is?

1 ☐ None - *SKIP to Check Item 1.9*
2 ☐ One or more

(SHOW FLASHCARD 12)

19a. During the last 12 months, what was YOUR TOTAL COMBINED FAMILY income received from jobs, businesses, and ALL OTHER SOURCES WE JUST TALKED ABOUT? Include ONLY related family members living in this household including yourself and report income before taxes and other deductions or net income after business expenses for self-employed family members. Include any tips, bonuses, overtime pay or commissions.

(Round amount to nearest dollar.)

$_____

CHECK ITEM 1.8 Is 19a D OR R?

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 1.9*

(SHOW FLASHCARD 13)

19b. Please tell me which category on this card best represents YOUR TOTAL COMBINED FAMILY income in the last 12 months.

1 ☐ Less than $5,000
2 ☐ $5,000 to $7,999
3 ☐ $8,000 to $9,999
4 ☐ $10,000 to $12,999
5 ☐ $13,000 to $14,999
6 ☐ $15,000 to $19,999
7 ☐ $20,000 to $24,999
8 ☐ $25,000 to $29,999
9 ☐ $30,000 to $34,999
10 ☐ $35,000 to $39,999
11 ☐ $40,000 to $49,999
12 ☐ $50,000 to $59,999
13 ☐ $60,000 to $69,999
14 ☐ $70,000 to $79,999
15 ☐ $80,000 to $89,999
16 ☐ $90,000 to $99,999
17 ☐ $100,000 to $109,999
18 ☐ $110,000 to $119,999
19 ☐ $120,000 to $149,999
20 ☐ $150,000 to $199,999
21 ☐ $200,000 or more

Section 1 – BACKGROUND INFORMATION (Continued)

CHECK ITEM 1.9	*(Refer to Screener.)* The number of persons unrelated to respondent in this household is?	1 ☐ None - *SKIP to 21a* 2 ☐ One or more
20a.	*(SHOW FLASHCARD 14)* **During the last 12 months, what was YOUR TOTAL COMBINED HOUSEHOLD income received from jobs, business and ALL OTHER SOURCES mentioned earlier? Include income from all RELATED and UNRELATED household members including yourself before taxes and other deductions or report net income after business expenses for self-employed household members.** *(Round amount to nearest dollar.)*	$_____
CHECK ITEM 1.10A	Is 20a D OR R?	1 ☐ Yes 2 ☐ No - *SKIP to 21a*
b.	*(SHOW FLASHCARD 15)* **Please tell me which category on this card best represents YOUR TOTAL COMBINED HOUSEHOLD income in the last 12 months.**	1 ☐ Less than $5,000 2 ☐ $5,000 to $7,999 3 ☐ $8,000 to $9,999 4 ☐ $10,000 to $12,999 5 ☐ $13,000 to $14,999 6 ☐ $15,000 to $19,999 7 ☐ $20,000 to $24,999 8 ☐ $25,000 to $29,999 9 ☐ $30,000 to $34,999 10 ☐ $35,000 to $39,999 11 ☐ $40,000 to $49,999 12 ☐ $50,000 to $59,999 13 ☐ $60,000 to $69,999 14 ☐ $70,000 to $79,999 15 ☐ $80,000 to $89,999 16 ☐ $90,000 to $99,999 17 ☐ $100,000 to $109,999 18 ☐ $110,000 to $119,999 19 ☐ $120,000 to $149,999 20 ☐ $150,000 to $199,999 21 ☐ $200,000 or more
21a.	**Before you were 18 years old, was there ever a time when your family received money from government assistance programs like welfare, food stamps, general assistance, Aid to Families with Dependent Children, or Temporary Assistance for Needy Families?**	1 ☐ Yes 2 ☐ No - *SKIP to 22a*
b.	**About how many years altogether between the time you were born and the time you turned 18 did your family receive money from a government assistance program?**	_____ Years
22a.	**Please tell me if YOU received any income during the last 12 months from any of the following sources:** **Did you PERSONALLY receive Social Security?**	1 ☐ Yes 2 ☐ No
b.	**Did you PERSONALLY receive Supplemental Security Income (SSI)?**	1 ☐ Yes 2 ☐ No
c.	**Did YOU receive Traditional Aid to Families with Dependent Children (TAFDC) or Employment Services Program (ESP) or Emergency Assistance Program (EAP)? Include all cash assistance from any state or local public assistance or welfare office. Do not include food stamps, SSI or energy assistance programs.**	1 ☐ Yes 2 ☐ No
d.	**Did YOU receive WIC Benefits from the Women, Infants and Children Nutritional Program?**	1 ☐ Yes 2 ☐ No
23a.	**Did YOU receive food stamps during the last 12 months?**	1 ☐ Yes 2 ☐ No - *SKIP to 24a*
b.	**About how much did YOU receive in food stamps during the last 12 months?**	$_____

Section 1 – BACKGROUND INFORMATION (Continued)

24a.	**At ANY time during the last 12 months were YOU covered by…** **Medicare?**	1 ☐ Yes 2 ☐ No - *SKIP to 24c*
b.	**Were you covered by Part A, hospital ONLY; Part B, medical ONLY; or by BOTH Part A and Part B?**	1 ☐ Part A, Hospital ONLY 2 ☐ Part B, Medical ONLY 3 ☐ BOTH Part A and Part B
c.	**A Medi-Gap insurance policy?**	1 ☐ Yes 2 ☐ No
d.	**Medicaid or (local name)?**	1 ☐ Yes 2 ☐ No
e.	**TRICARE, CHAMPUS, CHAMPVA, the VA, or other military health care?**	1 ☐ Yes 2 ☐ No
f.	**A private health insurance plan obtained through a current or former employer or union?**	1 ☐ Yes 2 ☐ No
g.	**A private health insurance plan purchased DIRECTLY by you or a relative?**	1 ☐ Yes 2 ☐ No
h.	**A private health insurance plan through state or local government or community program?**	1 ☐ Yes 2 ☐ No
i.	**Any OTHER government or state-sponsored health insurance plan or program?**	1 ☐ Yes 2 ☐ No
j.	**Long-term care insurance?**	1 ☐ Yes 2 ☐ No
k.	**A single service plan for dental or vision?**	1 ☐ Yes 2 ☐ No
l.	**A single service plan for prescriptions ONLY?**	1 ☐ Yes 2 ☐ No
m.	**Any OTHER health insurance plan?**	1 ☐ Yes 2 ☐ No
25.	**In general, would you say your health is excellent, very good, good, fair or poor?**	1 ☐ Excellent 2 ☐ Very good 3 ☐ Good 4 ☐ Fair 5 ☐ Poor
CHECK ITEM 1.10B	Is "yes" checked for 12a(8)?	1 ☐ Yes - *SKIP to 26b* 2 ☐ No
26a.	**During the last 12 months, did you have a serious PERMANENT physical disability? Do not include serious TEMPORARY physical disabilities.**	1 ☐ Yes 2 ☐ No - *SKIP to 26e*
b.	**(Earlier you mentioned that you were currently unemployed and permanently disabled.) How long have you had this PERMANENT physical disability?**	_____ Day(s) OR _____ Week(s) OR _____ Month(s) OR _____ Year(s)
c.	**During the last 12 months, how many days, weeks or months have you been totally unable to work or carry out your day to day activities because of your PERMANENT disability?**	0 ☐ None OR _____ Day(s) OR _____ Week(s) OR _____ Month(s)

Section 1 – BACKGROUND INFORMATION (Continued)

26d. **During the last 12 months, how many days, weeks or months were you able to work and carry out your day to day activities, but had to cut down on what you did or not get as much done as usual because of your PERMANENT disability?**

0 ☐ None
OR
_____ Day(s)
OR
_____ Week(s)
OR
_____ Month(s)

e. **(Not counting your permanent disability,) During the last 12 months, did you have a serious TEMPORARY physical disability?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 1.11*

f. **How long have you had this temporary disability?**

_____ Day(s)
OR
_____ Week(s)
OR
_____ Month(s)

g. **During the last 12 months, how many days, weeks or months have you been totally unable to work or carry out your day to day activities because of your TEMPORARY disability?**

0 ☐ None
OR
_____ Day(s)
OR
_____ Week(s)
OR
_____ Month(s)

h. **During the last 12 months, how many days, weeks or months were you able to work and carry out your day to day activities, but had to cut down on what you did or not get as much done as usual because of your TEMPORARY disability?**

0 ☐ None
OR
_____ Day(s)
OR
_____ Week(s)
OR
_____ Month(s)

CHECK ITEM 1.11 Is "1" marked in 26a OR 26e or is "Yes" marked for 12(8)?

1 ☐ Yes
2 ☐ No - *SKIP to 30a*

(SHOW FLASHCARD 16)

27a. Now I'd like to know about how often you have experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your disability.		**b.** About how often did this happen BEFORE 12 months ago?
(1) During the last 12 months, about how often did you experience discrimination in your ability to obtain health care or health insurance coverage because of your disability?	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
(2) During the last 12 months, about how often did you experience discrimination in how you were treated when you got care because of your disability?	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
(3) During the last 12 months, about how often did you experience discrimination in access to public facilities, like bathrooms, restaurants, elevators or public transportation because of your disability?	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
(4) During the last 12 months, about how often did you experience discrimination because of your disability in ANY other situation, like obtaining a job or on the job, getting admitted to a school or training program, in the courts or by the police, obtaining housing or in public, like on the street, in stores or in restaurants?	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often

CHECK ITEM 1.12 Are all the items (1) – (4) in 27a AND 27b marked "1" OR "Never" OR D OR R?

1 ☐ Yes - *SKIP to 30a*
2 ☐ No

28. **When you are treated unfairly because of your physical disability, do you usually accept it as a fact of life or do you try to do something about it?**

1 ☐ Accept it
2 ☐ Try to do something about it

29. **When you are treated unfairly because of your physical disability, do you usually talk to other people about it or do you keep it to yourself?**

1 ☐ Talk to other people
2 ☐ Keep it to yourself

Section 1 – BACKGROUND INFORMATION (Continued)

(SHOW FLASHCARD 17)

30a. **The following questions are about activities you might do during a typical day. Please tell me if your health now limits you in these activities and if so, how much:**

Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.

1 ☐ Yes, limited a lot
2 ☐ Yes, limited a little
3 ☐ No, not limited at all

b. **Climbing several flights of stairs.**

1 ☐ Yes, limited a lot
2 ☐ Yes, limited a little
3 ☐ No, not limited at all

(SHOW FLASHCARD 18)

31a. **The next few questions are about how you feel and how things have been with you during the past 4 weeks. During the past 4 weeks, tell me how much of the time you have had any of the following problems with your work or other regular daily activities as the result of your physical health:**

How much of the time have you accomplished less than you would like?

1 ☐ None of the time
2 ☐ A little of the time
3 ☐ Some of the time
4 ☐ Most of the time
5 ☐ All of the time

b. **How much of the time have you been limited in the kind of work or other activities you could do?**

1 ☐ None of the time
2 ☐ A little of the time
3 ☐ Some of the time
4 ☐ Most of the time
5 ☐ All of the time

(SHOW FLASHCARD 18)

32a. **During the past 4 weeks, tell me how much of the time you have had any of the following problems with your work or other regular daily activities as the result of any emotional problems, such as feeling depressed or anxious:**

How much of the time have you accomplished less than you would like?

1 ☐ None of the time
2 ☐ A little of the time
3 ☐ Some of the time
4 ☐ Most of the time
5 ☐ All of the time

b. **How much of the time have you not done work or other activities as carefully as usual?**

1 ☐ None of the time
2 ☐ A little of the time
3 ☐ Some of the time
4 ☐ Most of the time
5 ☐ All of the time

(SHOW FLASHCARD 18)

33a. **For each of the following questions, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks…**

Have you felt calm and peaceful?

1 ☐ None of the time
2 ☐ A little of the time
3 ☐ Some of the time
4 ☐ Most of the time
5 ☐ All of the time

b. **Did you have a lot of energy?**

1 ☐ None of the time
2 ☐ A little of the time
3 ☐ Some of the time
4 ☐ Most of the time
5 ☐ All of the time

c. **Have you felt downhearted and depressed?**

1 ☐ None of the time
2 ☐ A little of the time
3 ☐ Some of the time
4 ☐ Most of the time
5 ☐ All of the time

Section 1 – BACKGROUND INFORMATION (Continued)

(SHOW FLASHCARD 18) **34. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends, relatives, and so forth?**	1 ☐ None of the time 2 ☐ A little of the time 3 ☐ Some of the time 4 ☐ Most of the time 5 ☐ All of the time
(SHOW FLASHCARD 19) **35. During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework?**	1 ☐ Not at all 2 ☐ A little bit 3 ☐ Moderately 4 ☐ Quite a bit 5 ☐ Extremely
36a. Please tell me if you have had any of the following experiences in the last 12 months. **During the last 12 months. . .** **Did you move or have anyone new come to live with you?**	1 ☐ Yes 2 ☐ No
b. Were you fired or laid off from a job?	1 ☐ Yes 2 ☐ No
c. Were you unemployed and looking for a job for more than a month?	1 ☐ Yes 2 ☐ No
d. Have you had trouble with your boss or a coworker?	1 ☐ Yes 2 ☐ No
e. Did you change jobs, job responsibilities or work hours?	1 ☐ Yes 2 ☐ No
f. Did you get separated or divorced or break off a steady relationship?	1 ☐ Yes 2 ☐ No
g. Have you had serious problems with a neighbor, friend or relative?	1 ☐ Yes 2 ☐ No
h. Have you experienced a major financial crisis, declared bankruptcy or more than once been unable to pay your bills on time?	1 ☐ Yes 2 ☐ No
i. Did you have serious trouble with the police or the law?	1 ☐ Yes 2 ☐ No
j. Was something stolen from you, including things that you carry like a wallet, or something inside or outside your home?	1 ☐ Yes 2 ☐ No
k. Has anyone intentionally damaged or destroyed property owned by you or someone else in your house?	1 ☐ Yes 2 ☐ No
l. Did any of your family members or close friends die?	1 ☐ Yes 2 ☐ No
m. Were any of your family members or close friends physically assaulted, attacked or mugged?	1 ☐ Yes 2 ☐ No
n. Did any of your family members or close friends have serious trouble with the police or the law?	1 ☐ Yes 2 ☐ No
37a. Do you currently attend religious services at a church, synagogue, mosque or other place of worship?	1 ☐ Yes 2 ☐ No - *SKIP to 37d*
(SHOW FLASHCARD 20) **b. How often do you attend these services?**	1 ☐ Once a year 2 ☐ A few times a year 3 ☐ 1 to 3 times a month 4 ☐ Once a week 5 ☐ Twice a week or more
c. How many members of your religious group do you talk to socially at least once every 2 weeks, not counting brief visits during services?	_____ Number

Section 1 – BACKGROUND INFORMATION (Continued)

37d. **In general, how important are religious or spiritual beliefs in your daily life – very important, somewhat important, not very important, or not important at all?**

1 ☐ Very important
2 ☐ Somewhat important
3 ☐ Not very important
4 ☐ Not important at all

38. *(SHOW FLASHCARD 21)*
Which category on the card best describes your religion? Please tell me the number on the card.

☐☐ Code

41a. **And now, please tell me your height and weight as these are important factors for this survey.**

Height
☐ Feet
☐☐ Inches

b.

Weight
☐☐☐ Pounds

42a. **When you were growing up, that is, BEFORE you were 13 years old, were you overweight (not counting when you were pregnant)?**

1 ☐ Yes
2 ☐ No

b. **In your ENTIRE LIFE, what is the most you EVER weighed?**

Weight
☐☐☐ Pounds

c. **How old were you when you FIRST reached that weight?**

_____ Age

CHECK ITEM 1.14 Does height in 41a and weight in 41b OR does height in 41a and weight in 42b yield BMI ≥ 25 or is 42a = 1?

1 ☐ Yes
2 ☐ No - *SKIP to 45a*

(SHOW FLASHCARD 22)

43a. **Now I'd like to know about how often you have experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your weight.**

		b. **About how often did this happen BEFORE 12 months ago?**
(1) **During the last 12 months, about how often did you experience discrimination in your ability to obtain health care or health insurance coverage because of your weight?**	0 ☐ Not overweight in last 12 months – *SKIP col. a items* 1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often	0 ☐ Not overweight BEFORE 12 months ago – *SKIP col. b items* 1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
(2) **During the last 12 months, about how often did you experience discrimination in how you were treated when you got care because of your weight?**	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
(3) **During the last 12 months, about how often did you experience discrimination because of your weight in public settings, like on the street, in restaurants or stores, or on public transportation like buses or airplanes?**	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
(4) **During the last 12 months, about how often did you experience discrimination because of your weight in obtaining a job or on the job, or getting admitted to a school or training program?**	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
(5) **During the last 12 months, about how often did you experience discrimination because of your weight in ANY other situation, like in the courts or by the police or when obtaining housing?**	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often

CHECK ITEM 1.15 Are all the items (1) – (5) in 43a AND 43b marked "0", OR blank OR "1" OR D OR R?

1 ☐ Yes - *SKIP to 45a*
2 ☐ No

44a. **When you are treated unfairly because of your weight, do you usually accept it as a fact of life or do you try to do something about it?**

1 ☐ Accept it
2 ☐ Try to do something about it

Section 1 – BACKGROUND INFORMATION (Continued)

44b. **When you are treated unfairly because of your weight, do you usually talk to other people about it or do you keep it to yourself?**

1 ☐ Talk to other people
2 ☐ Keep it to yourself

(SHOW FLASHCARD 23)

45a. **The next questions are about physical activities that you may do in your leisure time or as part of your work or during the course of your daily activities.**

How often in the last 12 months did you USUALLY do VIGOROUS activities that caused you to sweat HEAVILY or caused LARGE increases in your breathing or heart rate?

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 to 2 times in the last year
11 ☐ Never in the last year – *SKIP to 46a*

b. **About how long did you USUALLY do these VIGOROUS activities each time?**

_____ Minutes
OR
_____ Hours

(SHOW FLASHCARD 23)

46a. **About how often in the last 12 months did you USUALLY do LIGHT or MODERATE activities that caused only LIGHT sweating or a SLIGHT TO MODERATE increase in your breathing or heart rate?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 to 2 times in the last year
11 ☐ Never in the last year – *SKIP to Section 2A*

b. **About how long did you USUALLY do these LIGHT or MODERATE activities each time?**

_____ Minutes
OR
_____ Hours
} *Go to Section 2A*

Section 2A – ALCOHOL CONSUMPTION

Statement B **The next questions are about drinking alcohol. This includes coolers; beer; wine; champagne; liquor such as whiskey, rum, gin, vodka, bourbon, tequila, scotch, brandy, cognac, cordials, or liqueurs; and also any other type of alcohol.**

1. **In your entire life, have you had at least 1 drink of any kind of alcohol, not counting small tastes or sips?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 2.1 and mark as lifetime abstainer*
2. **During the last 12 months, that is, since** *(month one year ago)* **did you have a total of at least 12 drinks of any kind of alcohol?**	1 ☐ Yes - *SKIP to Check Item 2.1 and mark as current drinker* 2 ☐ No
3. **During the last 12 months, did you have at least 1 drink of any kind of alcohol?**	1 ☐ Yes - *Go to Check Item 2.1 and mark as current drinker* 2 ☐ No - *Go to Check Item 2.1 and mark as former drinker*
CHECK ITEM 2.1 *Mark (X) one and ONLY one.*	1 ☐ Current drinker - *Go to 4a* 2 ☐ Former drinker - *SKIP to 11* 3 ☐ Lifetime abstainer - *SKIP to Section 2D*
(SHOW FLASHCARD 24) **4a.** **During the last 12 months, about how often did you drink any kind of alcoholic beverage?**	1 ☐ Every day 2 ☐ Nearly every day 3 ☐ 3 to 4 times a week 4 ☐ 2 times a week 5 ☐ Once a week 6 ☐ 2 to 3 times a month 7 ☐ Once a month 8 ☐ 7 to 11 times in the last year 9 ☐ 3 to 6 times in the last year 10 ☐ 1 or 2 times in the last year
b. **How many drinks did you USUALLY have on days when you drank during the last 12 months?**	_____ Number
c. **During the last 12 months, what was the LARGEST number of drinks that you drank in a single day?**	_____ Number – *Skip to 4e* *(If D or R, ask 4d)*
d. *(SHOW FLASHCARD 25)* **APPROXIMATELY what was the largest number of drinks that you drank in a single day?**	1 ☐ 1-2 drinks 2 ☐ 3-4 drinks 3 ☐ 5-7 drinks 4 ☐ 8-11 drinks 5 ☐ 12-23 drinks 6 ☐ 24+ drinks
(SHOW FLASHCARD 24) **e.** **About how often during the last 12 months did you drink** *(number of drinks reported in 4c/this largest number of drinks)* **in a single day?**	1 ☐ Every day 2 ☐ Nearly every day 3 ☐ 3 to 4 times a week 4 ☐ 2 times a week 5 ☐ Once a week 6 ☐ 2 to 3 times a month 7 ☐ Once a month 8 ☐ 7 to 11 times in the last year 9 ☐ 3 to 6 times in the last year 10 ☐ 1 or 2 times in the last year
CHECK ITEM 2.2 *(Refer to 1c, Section 1.)* Is the respondent a female (any age) or a male 65 years of age or older?	1 ☐ Yes 2 ☐ No – *SKIP to 4h*
(SHOW FLASHCARD 23) **4f.** **During the last 12 months, about how often did you drink FOUR OR MORE drinks in a single day?**	1 ☐ Every day 2 ☐ Nearly every day 3 ☐ 3 to 4 times a week 4 ☐ 2 times a week 5 ☐ Once a week 6 ☐ 2 to 3 times a month 7 ☐ Once a month 8 ☐ 7 to 11 times in the last year 9 ☐ 3 to 6 times in the last year 10 ☐ 1 or 2 times in the last year 11 ☐ Never in the last year *(SKIP to Statement C)*

Section 2A – ALCOHOL CONSUMPTION (Continued)

(SHOW FLASHCARD 23)

4g. **And during the last 12 months, about how often did you drink FOUR OR MORE drinks in a period of TWO HOURS OR LESS?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year
11 ☐ Never in the last year

(SHOW FLASHCARD 23)

h. **During the last 12 months, about how often did you drink FIVE OR MORE drinks in a single day?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year
11 ☐ Never in the last year - *SKIP to Statement C*

(SHOW FLASHCARD 23)

i. **And during the last 12 months, about how often did you drink FIVE OR MORE drinks in a period of TWO HOURS OR LESS?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year
11 ☐ Never in the last year

(SHOW FLASHCARD 23)

j. **During the last 12 months, about how often did you drink EIGHT OR MORE drinks in a single day?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year
11 ☐ Never in the last year - *SKIP to Statement C*

(SHOW FLASHCARD 23)

k. **And during the last 12 months, about how often did you drink TWELVE OR MORE drinks in a single day?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year
11 ☐ Never in the last year

Statement C **The next few questions are about drinking coolers. By coolers, I mean wine-based, malt-based, and liquor-based coolers, hard lemonade, hard iced tea, hard cider, alcoholic energy drinks, and any prepackaged cocktails with the alcohol and mixer already combined in the container. Do not include mixed drinks you mix yourself or get in a restaurant or bar.**

5a. **During the last 12 months, did you drink any prepackaged alcoholic coolers?**

1 ☐ Yes
2 ☐ No - *SKIP to Statement D*

Section 2A – ALCOHOL CONSUMPTION (Continued)

(SHOW FLASHCARD 24)

5b. **During the last 12 months, about how often did you drink any coolers?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year

(SHOW FLASHCARD 26, 26A-26C)

c. **What was the size of the TYPICAL bottle, can or glass of cooler that you USUALLY drank during the last 12 months?**

1 ☐ 8-ounce (small) bottle or can
2 ☐ 12-ounce (regular) bottle or can
3 ☐ 16-ounce (large) bottle or can
4 ☐ 2-ounce can or bottle
5 ☐ 3-ounce glass
6 ☐ 4-ounce glass
7 ☐ 5-ounce glass
8 ☐ 6-ounce glass
9 ☐ 7-ounce glass
10 ☐ 8-ounce glass
11 ☐ 9-ounce glass
12 ☐ 12-ounce glass
13 ☐ 15-ounce glass
14 ☐ 18-ounce glass
15 ☐ Other – *Specify*

☐☐ _____
Code Size and type of container

---

d. **How many** *(units reported in 5c)* **of cooler did you USUALLY drink on days when you drank coolers?**

_____ Number

---

e. **During the last 12 months, what was the LARGEST number of** *(units reported in 5c)* **of cooler that you drank in a single day?**

_____ Number

(SHOW FLASHCARD 24)

f. **About how often during the last 12 months did you drink** *(largest number and units reported in 5c and 5e)* **of cooler in a single day?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year

(SHOW FLASHCARD 23)

g. **About how often during the last 12 months did you drink FIVE OR MORE** *(units reported in 5c)* **of cooler in a single day?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year
11 ☐ Never in the last year

---

h. **During the last 12 months, did you USUALLY drink wine, malt, or liquor-based coolers, hard lemonade, hard iced tea, hard cider, alcoholic energy drinks, or prepackaged cocktails based on a liquor such as vodka, gin or tequila?**

Mark (X) one and ONLY one.

1 ☐ Wine, malt or liquor-based coolers
2 ☐ Hard lemonade
3 ☐ Hard iced tea
4 ☐ Hard cider
5 ☐ Alcoholic energy drinks
6 ☐ Prepackaged cocktails

Section 2A – ALCOHOL CONSUMPTION (Continued)

5i. **During the last 12 months, did you USUALLY drink coolers in your own home, in the homes of friends or relatives or in public places such as bars, restaurants or sports arenas?**

Mark (X) one and ONLY one.

1 ☐ In own home
2 ☐ In homes of friends or relatives
3 ☐ In public places

j **During the last 12 months, what brand of cooler, hard lemonade, hard iced tea, hard cider, alcoholic energy drink, or prepackaged cocktail did you drink the most often?**

_____ Brand – *Specify*

Statement D **Now I'd like to ask you about drinking beer, including light beer, ice beer and malt liquor.**

6a. **During the last 12 months, did you drink any beer or malt liquor? Do not count nonalcoholic beers.**

1 ☐ Yes
2 ☐ No – *SKIP to Statement E*

(SHOW FLASHCARD 24)

b. **During the last 12 months, about how often did you drink any beer or malt liquor?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year

(SHOW FLASHCARD 27)

c. **What was the size of the TYPICAL can, bottle, or glass of beer or malt liquor that you USUALLY drank during the last 12 months?**

1 ☐ 7 or 8-ounce (pony size) can, bottle or glass
2 ☐ 10-ounce (small) can, bottle or glass
3 ☐ 12-ounce (regular size) can, bottle or glass
4 ☐ 16-ounce (large) can, bottle or glass
5 ☐ 22 to 25-ounce (extra large) can, bottle or glass
6 ☐ 40 to 45-ounce (jumbo) can or bottle
7 ☐ Mug
8 ☐ Pint
9 ☐ Pitcher
10 ☐ Other – *Specify*

☐☐ _____
Code Size and type of container

d. **How many** *(units reported in 6c)* **of beer or malt liquor did you USUALLY drink on days when you drank beer?**

_____ Number

e. **During the last 12 months, what was the LARGEST number of** *(units reported in 6c)* **of beer or malt liquor that you drank in a single day?**

_____ Number

(SHOW FLASHCARD 24)

f. **About how often during the last 12 months did you drink** *(largest number and units reported in 6c and 6e)* **of beer or malt liquor in a single day?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year

(SHOW FLASHCARD 23)

g. **About how often during the last 12 months did you drink FIVE OR MORE** *(units reported in 6c)* **of beer or malt liquor in a single day?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year
11 ☐ Never in the last year

Section 2A – ALCOHOL CONSUMPTION (Continued)

6h. **During the last 12 months, did you USUALLY drink regular beer, malt liquor, light, extra light, reduced calorie or low-carb beer, or ice beer?**

Mark (X) one and ONLY one.

1 ☐ Regular beer
2 ☐ Malt liquor
3 ☐ Light, extra light, reduced calorie, low-carb beer
4 ☐ Ice beer

i. **During the last 12 months, did you USUALLY drink beer or malt liquor in your own home, in the homes of friends or relatives or in public places such as bars, restaurants or sports arenas?**

Mark (X) one and ONLY one.

1 ☐ In own home
2 ☐ In homes of friends or relatives
3 ☐ In public places

j. **During the last 12 months, what brand of beer or malt liquor did you drink the most often?**

_____ Brand - *Specify*

Statement E **Now I'd like to ask you about drinking wine, including champagne, sparkling wine, fortified wines such as sherry, port and sake, and low-alcohol fruit-flavored wines.**

7a. **During the last 12 months, did you drink any type of wine? Do not count any wine coolers you may have told me about earlier.**

1 ☐ Yes
2 ☐ No - *SKIP to Statement F*

(SHOW FLASHCARD 24)

b. **During the last 12 months, about how often did you drink any type of wine?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year

(SHOW FLASHCARD 28, 28A-28C)

c. **What was the size of the TYPICAL glass or bottle of wine that you USUALLY drank during the last 12 months? Please do not include the amount of any soda or ice that may have been added.**

1 ☐ 3-ounce glass
2 ☐ 4-ounce glass
3 ☐ 5-ounce glass
4 ☐ 6-ounce glass
5 ☐ 7-ounce glass
6 ☐ 8-ounce glass
7 ☐ 9-ounce glass
8 ☐ 12-ounce glass
9 ☐ 15-ounce glass
10 ☐ 18-ounce glass
11 ☐ 187 ml. individual serving bottle (usually sold in 4-packs)
12 ☐ 375 ml. bottle (half bottle of wine) or ½ carafe
13 ☐ 750 ml. bottle (regular size wine bottle) or full carafe
14 ☐ Other – *Specify*

☐☐ Code _____ Size and type of container

d. **How many** *(units reported in 7c)* **of wine did you USUALLY drink on days when you drank wine?**

_____ Number

e. **During the last 12 months, what was the LARGEST number of** *(units reported in 7c)* **of wine that you drank in a single day?**

_____ Number

(SHOW FLASHCARD 24)

f. **About how often during the last 12 months did you drink** *(largest number and units reported in 7c and 7e)* **of wine in a single day?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year

Section 2A – ALCOHOL CONSUMPTION (Continued)

(SHOW FLASHCARD 23)

7g. **About how often during the last 12 months did you drink FIVE OR MORE** *(units reported in 7c)* **of wine in a single day?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year
11 ☐ Never in the last year

h. **During the last 12 months, did you USUALLY drink wine in your own home, in the homes of friends or relatives or in public places such as bars, restaurants or sports arenas?**

Mark (X) one and ONLY one.

1 ☐ In own home
2 ☐ In homes of friends or relatives
3 ☐ In public places

i. **During the last 12 months, did you USUALLY drink regular wine, champagne or sparkling wine, fortified wine such as sherry, port or sake, or low-alcohol fruit-flavored wine?**

Mark (X) one and ONLY one.

1 ☐ Regular wine
2 ☐ Champagne or sparkling wine
3 ☐ Fortified wine (including sherry, port, sake)
4 ☐ Low-alcohol fruit-flavored wine

j . **During the last 12 months, what brand of wine, champagne, sparkling wine, fortified wine, or low-alcohol fruit-flavored wine did you drink the most often?**

_____ Brand - *Specify*

k. **Thinking about all the wine, sparkling wine, champagne, and fortified wine you drank in the last 12 months, how much of this was RED wine? Would you say all, most, some, a little, or none of it?**

1 ☐ All
2 ☐ Most
3 ☐ Some
4 ☐ A little
5 ☐ None of it

Statement F **The next questions are about drinking liquor, such as whiskey, rum, gin, vodka, bourbon, tequila, scotch, brandy, cognac, cordials or liqueurs.**

8a. **During the last 12 months, did you drink any liquor, including mixed drinks and liqueurs? Do not count any liquor-based coolers or prepackaged cocktails that you may have told me about earlier.**

1 ☐ Yes
2 ☐ No - *SKIP to 9*

(SHOW FLASHCARD 24)

b. **During the last 12 months, about how often did you drink any liquor?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year

(SHOW FLASHCARD 29, 29A-29C)

c. **How much liquor did you USUALLY have in a drink? Please do not include the amount of any soda, water, ice, cola, or juice that may have been added to your drink.**

1 ☐ 1 shot or ounce
2 ☐ 1 jigger
3 ☐ Mini-bottle (type sold on airplanes)
4 ☐ 1½ shots or ounces
5 ☐ 2 shots or ounces (double)
6 ☐ 2 jiggers
7 ☐ 3 shots or ounces (triple)
8 ☐ 3 jiggers
9 ☐ 4 shots or ounces
10 ☐ 4 jiggers
11 ☐ ½ pint
12 ☐ Pint
13 ☐ Quart
14 ☐ Fifth
15 ☐ ½ gallon
16 ☐ Other – *Specify*

☐☐ Code _____ Size and type of container

Section 2A - ALCOHOL CONSUMPTION (Continued)

8d. **How many** *(drinks of this size/units reported in 8c)* **of liquor did you USUALLY drink on days when you drank liquor?**

_____ Number

e. **During the last 12 months, what was the LARGEST number of** *(drinks of this size/units reported in 8c)* **of liquor that you drank in a single day?**

_____ Number

(SHOW FLASHCARD 24)

f. **About how often during the last 12 months did you drink** *(largest number and units reported in 8c and 8e)* **of liquor in a single day?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year

(SHOW FLASHCARD 23)

g. **About how often during the last 12 months did you drink FIVE OR MORE** *(units reported in 8c)* **of liquor in a single day?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year
11 ☐ Never in the last year

h. **During the last 12 months, did you USUALLY drink 80-proof liquor including brandy and cognac, 100-proof liquor, greater than 100-proof liquor, or cordials or liqueurs?**

Mark (X) one and ONLY one.

1 ☐ 80-proof liquor, including brandy and cognac
2 ☐ 100-proof liquor
3 ☐ Greater than 100-proof liquor
4 ☐ Cordials or liqueurs

i. **During the last 12 months, did you USUALLY drink liquor in your own home, in the homes of friends or relatives or in public places such as bars, restaurants or sports arenas?**

Mark (X) one and ONLY one.

1 ☐ In own home
2 ☐ In homes of friends or relatives
3 ☐ In public places

j. **During the last 12 months, what brand of liquor or liqueur did you drink the most often?**

_____ Brand – *Specify*

(SHOW FLASHCARD 23)

9. **During the last 12 months, about how often did you drink enough alcohol of any kind to feel intoxicated or drunk, that is, when your speech was slurred, you felt unsteady on your feet, or you had blurred vision?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year
11 ☐ Never in the last year

10. **You just told me how much and how often you drank in the last 12 months. For how many years have you been drinking about this amount with this frequency?**
Round up to nearest whole year.

_____ Year(s)

11. **How long has it been since you last had a drink of any kind of alcohol?**

_____ Hour(s) ago
OR
_____ Day(s) ago
OR
_____ Week(s) ago
OR
_____ Month(s) ago
OR
_____ Year(s) ago

Section 2A - ALCOHOL CONSUMPTION (Continued)

12a. **About how old were you when you first started drinking, not counting small tastes or sips of alcohol?**	_____ Age
CHECK ITEM 2.2A Is age reported in 12a within a year of respondent's current age or D or R?	1 ☐ Yes 2 ☐ No - *SKIP to 12c*
12b. **Was that in the last 12 months?**	1 ☐ Yes 2 ☐ No
c. **About how old were you when you first drank enough alcohol to feel intoxicated or drunk, that is, when your speech was slurred, you felt unsteady on your feet or you had blurred vision?**	_____ Age 0 ☐ Never drank enough to feel intoxicated
13. **Has there ever been a period of at least one year when you drank more heavily than in the past 12 months?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 2.4*
CHECK ITEM 2.3 Is "1" marked in 2? Did respondent drink 12+ drinks in last year?	1 ☐ Yes - *SKIP to 15* 2 ☐ No
14. **Has there been any one year period during your life when you had a total of at least 12 drinks of any kind of alcohol?**	1 ☐ Yes 2 ☐ No
15. **Now I would like you to think about the period in your life when you drank the most. About how old were you when that period began?**	_____ Age
16. **About how many years did that period last?**	_____ Year(s)
(SHOW FLASHCARD 30) **17a.** **During that period when you drank the most, about how often did you drink?**	1 ☐ Every day 2 ☐ Nearly every day 3 ☐ 3 to 4 times a week 4 ☐ 2 times a week 5 ☐ Once a week 6 ☐ 2 to 3 times a month 7 ☐ Once a month 8 ☐ 7 to 11 times a year 9 ☐ 3 to 6 times a year 10 ☐ 1 or 2 times a year
b. **Counting all types of alcohol combined, how many drinks did you USUALLY have on days when you drank during that period?**	_____ Number
c. **During that period when you drank the most, what was the LARGEST number of drinks that you drank in a single day?**	_____ Number – *Skip to 17e* *(If D or R, ask 17d)*
d. *(SHOW FLASHCARD 25)* **APPROXIMATELY what was the largest number of drinks that you drank in a single day?**	1 ☐ 1 to 2 drinks 2 ☐ 3 to 4 drinks 3 ☐ 5 to 7 drinks 4 ☐ 8 to 11 drinks 5 ☐ 12 to 23 drinks 6 ☐ 24 or more drinks
(SHOW FLASHCARD 30) **e.** **About how often during that period did you drink** *(number of drinks reported in 17c/this largest number of drinks)* **in a single day?**	1 ☐ Every day 2 ☐ Nearly every day 3 ☐ 3 to 4 times a week 4 ☐ 2 times a week 5 ☐ Once a week 6 ☐ 2 to 3 times a month 7 ☐ Once a month 8 ☐ 7 to 11 times a year 9 ☐ 3 to 6 times a year 10 ☐ 1 or 2 times a year

Section 2A – ALCOHOL CONSUMPTION (Continued)

(SHOW FLASHCARD 31)

17f. **During that period when you drank the most, about how often did you drink FIVE OR MORE drinks in a single day?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times a year
9 ☐ 3 to 6 times a year
10 ☐ 1 or 2 times a year
11 ☐ Never – *SKIP to 19*

(SHOW FLASHCARD 31)

g. **During that period, about how often did you drink EIGHT OR MORE drinks in a single day?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times a year
9 ☐ 3 to 6 times a year
10 ☐ 1 or 2 times a year
11 ☐ Never – *Skip to 19*

(SHOW FLASHCARD 31)

h. **During that period, about how often did you drink TWELVE OR MORE drinks in a single day?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times a year
9 ☐ 3 to 6 times a year
10 ☐ 1 or 2 times a year
11 ☐ Never

19. **During that period when you drank the most, what was the MAIN type of alcohol you drank: coolers, beer, wine or liquor?**

Mark (X) one and ONLY one.

1 ☐ Coolers
2 ☐ Beer
3 ☐ Wine
4 ☐ Liquor

CHECK ITEM 2.4 Is age in 12a=17 or younger?

1 ☐ Yes
2 ☐ No – *SKIP to Check Item 2.4A*

20a. **Now I'd like you to think back to the time when you were drinking before you reached the age of 18. Before you were 18, what was the LARGEST number of drinks that you drank in a single day?**

_____ Number – *SKIP to 20c*
(If D or R, ask 20b)

(SHOW FLASHCARD 25)

b. **APPROXIMATELY what was the LARGEST number of drinks that you drank in a single day before you were 18?**

1 ☐ 1-2 drinks
2 ☐ 3-4 drinks
3 ☐ 5-7 drinks
4 ☐ 8-11 drinks
5 ☐ 12-23 drinks
6 ☐ 24+ drinks

(SHOW FLASHCARD 31)

c. **During that time when you were drinking before you reached the age of 18, about how often did you drink FIVE OR MORE drinks in a single day?**

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times a year
9 ☐ 3 to 6 times a year
10 ☐ 1 or 2 times a year
11 ☐ Never

Section 2A – ALCOHOL CONSUMPTION (Continued)		
CHECK ITEM 2.4A	(*Refer to Q2, 4a, 4c, 4d, 4h, 14, 17a, 17c, 17d, 17f.*) Did respondent ever drink at least 12 drinks in any year or 5+ drinks in a single day in any year?	1 ☐ Yes 2 ☐ No – *SKIP to Section 2D*
CHECK ITEM 2.4B	(*Refer to Check Item 2.1.*) Is respondent a former drinker?	1 ☐ Yes – G*o to Section 2B and ask/fill columns a, c and d only* 2 ☐ No
CHECK ITEM 2.4C	Is 12a = current age or is 12b = 1 (did respondent start drinking in the past year)?	1 ☐ Yes –G*o to Section 2B and ask/fill columns a and b* 2 ☐ No –G*o to Section 2B and ask/fill columns a-d*

Section 2B - ALCOHOL EXPERIENCES

1a. Now I'm going to ask you about some experiences you may have had with your drinking. As I read each experience, please tell me if this has ever happened to you.

In your entire life, did you EVER... *(PAUSE)*
(Repeat phrase frequently)

		1a	b. Did this happen in the last 12 months?
(1)	**Find that your usual number of drinks had much less effect on you than it once did?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(2)	**Find that you had to drink much more than you once did to get the effect you wanted?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(3)	**Drink as much as a fifth of liquor in one day, that would be about 20 drinks, or 3 bottles of wine, or as much as 3 six-packs of beer in a single day?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(4)	**Increase your drinking because the amount you used to drink didn't give you the same effect anymore?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(5)	**More than once WANT to stop or cut down on your drinking?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(6)	**More than once TRY to stop or cut down on your drinking but found you couldn't do it?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(7)	**Have a period when you ended up drinking more than you meant to?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(8)	**Have a period when you kept on drinking for longer than you had intended to**?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(9)	**The next few questions are about the bad aftereffects of drinking that people may have when the effects of alcohol are wearing off. This includes the morning after drinking or in the first few days after stopping or cutting down. Did you EVER...**		
	Have trouble falling asleep or staying asleep (when the effects of alcohol were wearing off)?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(10)	**Find yourself shaking or your hands trembling?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(11)	**Feel anxious or nervous?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(12)	**Feel sick to your stomach or vomit (when the effects of alcohol were wearing off)?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(13)	**Feel more restless than is usual for you?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(14)	**Find yourself sweating or your heart beating fast?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(15)	**See, feel, or hear things that weren't really there (when the effects of alcohol were wearing off)?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(16)	**Have fits or seizures?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*

Section 2B - ALCOHOL EXPERIENCES (Continued)

c. **Did this happen before 12 months ago, that is before last** *(Month one year ago)***?**	d.	
1 ☐ Yes - *Mark Box B1* 2 ☐ No - *Go to next experience*	**B1** 1☐ **Had to drink much more to get an effect or drank the equivalent of a fifth of liquor**	
1 ☐ Yes - *Mark Box B1* 2 ☐ No - *Go to next experience*		
1 ☐ Yes - *Mark Box B1* 2 ☐ No - *Go to next experience*		
1 ☐ Yes - *Mark Box B1* 2 ☐ No - *Go to next experience*		
1 ☐ Yes - *Mark Box B2* 2 ☐ No - *Go to next experience*	**B2** 1☐ **Wanted or tried to stop or cut down on your drinking**	
1 ☐ Yes - *Mark Box B2* 2 ☐ No - *Go to next experience*		
1 ☐ Yes - *Mark Box B3* 2 ☐ No - *Go to next experience*	**B3** 1☐ **Drank more or longer than you meant to**	
1 ☐ Yes - *Mark Box B3* 2 ☐ No - *Go to next experience*		
1 ☐ Yes 2 ☐ No } *Go to next experience*		
1 ☐ Yes 2 ☐ No } *Go to next experience*		
1 ☐ Yes 2 ☐ No } *Go to next experience*		
1 ☐ Yes 2 ☐ No } *Go to next experience*		
1 ☐ Yes 2 ☐ No } *Go to next experience*		
1 ☐ Yes 2 ☐ No } *Go to next experience*		
1 ☐ Yes 2 ☐ No } *Go to next experience*		
1 ☐ Yes 2 ☐ No } *Go to next experience*		

Section 2B - ALCOHOL EXPERIENCES (Continued)

CHECK ITEM 2.11 Are at least 2 items marked "Yes" in column b, item 9-16

1 ☐ Yes
2 ☐ No – *SKIP to Check Item 2.12*

(17) **You just mentioned that you had SOME bad aftereffects when stopping or cutting down on drinking in the last 12 months. Did at least 2 of these experiences happen around the same time DURING the last 12 months?**

1 ☐ Yes
2 ☐ No

CHECK ITEM 2.12 Are at least 2 items marked "Yes" in column c, item 9-16)?

1 ☐ Yes
2 ☐ No – *SKIP to (19)*

(18) **You (also/just) mentioned that you had SOME bad aftereffects when stopping or cutting down on drinking before 12 months ago. Did at least 2 of these experiences happen around the same time BEFORE 12 months ago?**

1a. In your entire life, did you EVER... *(PAUSE)* *(Repeat phrase frequently)*		**b. Did this happen in the last 12 months?**
(19) Take a drink or use any drug or medicine, other than aspirin, Advil or Tylenol, to GET OVER any of the bad aftereffects of drinking?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(20) Take a drink or use any drug or medicine, other than aspirin, Advil or Tylenol, to KEEP FROM having any of these bad aftereffects of drinking?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(21) Have a period when you spent a lot of time drinking?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(22) Have a period when you spent a lot of time being sick or getting over the bad aftereffects of drinking?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(23) Give up or cut down on activities that were important to you in order to drink - like work, school, or associating with friends or relatives?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(24) Give up or cut down on activities that you were interested in or that gave you pleasure in order to drink?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(25) Continue to drink even though you knew it was making you feel depressed, uninterested in things, or suspicious or distrustful of other people?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(26) Continue to drink even though you knew it was causing you a health problem or making a health problem worse?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(27) Continue to drink even though you had experienced a prior blackout, that is, awakened the next day not being able to remember some of the things you did while drinking or after drinking?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(28) Feel a very strong urge or desire to drink?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(29) Want a drink so badly that you couldn't think of anything else?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*

Section 2B - ALCOHOL EXPERIENCES (Continued)

1 ☐ Yes – Mark Box B4-1 2 ☐ No	**B4-1** 1☐ **Had bad aftereffects after stopping or cutting down on drinking**	
c. Did this happen before 12 months ago, that is before last *(Month one year ago)***?**	**d.**	
1 ☐ Yes - *Mark Box B4-2* 2 ☐ No - *Go to next experience*	**B4-2** 1☐ **Took a drink, medicine or drug to get over or avoid the bad aftereffects of drinking**	
1 ☐ Yes - *Mark Box B4-2* 2 ☐ No - *Go to next experience*		
1 ☐ Yes - *Mark Box B5* 2 ☐ No - *Go to next experience*	**B5** 1☐ **Spent a lot of time drinking or getting over being sick from drinking**	
1 ☐ Yes - *Mark Box B5* 2 ☐ No - *Go to next experience*		
1 ☐ Yes - *Mark Box B6* 2 ☐ No - *Go to next experience*	**B6** 1☐ **Gave up or cut down on activities that were important to you in order to drink**	
1 ☐ Yes - *Mark Box B6* 2 ☐ No - *Go to next experience*		
1 ☐ Yes - *Mark Box B7* 2 ☐ No - *Go to next experience*	**B7** 1☐ **Drank even though it affected your mood or health**	
1 ☐ Yes - *Mark Box B7* 2 ☐ No - *Go to next experience*		
1 ☐ Yes - *Mark Box B7* 2 ☐ No - *Go to next experience*		
1 ☐ Yes - *Mark Box B8* 2 ☐ No - *Go to next experience*	**B8** 1☐ **Had a strong desire or urge to drink**	
1 ☐ Yes - *Mark Box B8* 2 ☐ No - *Go to next experience*		

Section 2B - ALCOHOL EXPERIENCES (Continued)

1a. **In your entire life, did you EVER...** *(PAUSE)* *(Repeat phrase frequently)*		**b.** **Did this happen in the last 12 months?**
(30) **Have a period when your drinking or being sick from drinking often interfered with taking care of your home or family?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(31) **Have job or school troubles because of your drinking or being sick from drinking – like missing too much work, not doing your work well, being demoted or losing a job, or being suspended, expelled or dropping out of school?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(32) **Continue to drink even though it was causing you problems at school or at work?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(33) **More than once drive a car or other vehicle WHILE you were drinking?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(34) **Drive a car, motorcycle, truck, boat or other vehicle and have an accident WHILE you were under the influence of alcohol?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(35) **More than once drive a car, motorcycle, truck boat, or other vehicle AFTER having too much to drink?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(36) **Get into situations while drinking or after drinking that increased your chances of getting hurt – like swimming, using machinery, or walking in a dangerous area or around heavy traffic?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(37) **Have arguments or problems with your spouse or partner or family or friends because of your drinking?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(38) **Continue to drink even though it was causing you trouble with your family or friends?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(39) **Get into physical fights while drinking or right after drinking?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*
(40) **More than once get arrested, held at a police station, or have any other legal problems because of your drinking?**	1 ☐ Yes → 2 ☐ No - *Go to Check Item 2.14*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column c*

Section 2B - ALCOHOL EXPERIENCES (Continued)

c. Did this happen before 12 months ago, that is before last *(Month one year ago)*?	d.
1 ☐ Yes - *Mark Box B9* 2 ☐ No - *Go to next experience*	**B9** 1☐ **Were drunk or hung over when you were supposed to be doing something important**
1 ☐ Yes - *Mark Box B9* 2 ☐ No - *Go to next experience*	
1 ☐ Yes - *Mark Box B9* 2 ☐ No - *Go to next experience*	
1 ☐ Yes - *Mark Box B10* 2 ☐ No - *Go to next experience*	**B10** 1☐ **Were in a situation while drinking or after drinking where you could have been hurt**
1 ☐ Yes - *Mark Box B10* 2 ☐ No - *Go to next experience*	
1 ☐ Yes - *Mark Box B10* 2 ☐ No - *Go to next experience*	
1 ☐ Yes - *Mark Box B10* 2 ☐ No - *Go to next experience*	
1 ☐ Yes - *Mark Box B11* 2 ☐ No - *Go to next experience*	**B11** 1☐ **Drank even though it affected your relationships with other people**
1 ☐ Yes - *Mark Box B11* 2 ☐ No - *Go to next experience*	
1 ☐ Yes - *Mark Box B11* 2 ☐ No - *Go to next experience*	
1 ☐ Yes - *Mark Box B12* 2 ☐ No - *Go to Check Item 2.14*	**B12** 1☐ **Got arrested or had legal problems as the result of your drinking**

Section 2B – ALCOHOL EXPERIENCES (Continued)

CHECK ITEM 2.14 Are there **AT LEAST 2 BOXES** marked "Yes" for Boxes **1-3, (4-1 or 4-2), 5-12** in 1, column d?

1 ☐ Yes
2 ☐ No – *SKIP to 3a1*

2a. **You mentioned that before 12 months ago, you...** *(Read **ALL** summary statements marked in Boxes **B1, B2, B3, B4-1, B4-2, B5-B12** in 1, column d).*

Before last *(Month one year ago)***, was there EVER a period when SOME of these experiences were happening around the same time ON AND OFF FOR A FEW MONTHS OR LONGER?**

1 ☐ Yes - *SKIP to 2d*
2 ☐ No

b. **Before last** *(Month one year ago)***, was there EVER a period when SOME of these experiences were happening around the same time MOST DAYS FOR AT LEAST A MONTH?**

1 ☐ Yes - *SKIP to 2d*
2 ☐ No

c. **Before last** *(Month one year ago)***, was there EVER a period when SOME of these experiences happened within the same 1-year period?**

1 ☐ Yes
2 ☐ No - *SKIP to 3a1*

d. **About how old were you the FIRST time SOME of these experiences BEGAN to happen around the same time?**

_____ Age

e. **In your ENTIRE LIFE, how many separate periods like this did you have when SOME of these experiences were happening around the same time?**

By separate periods, I mean times that were separated by at least 1 year when you EITHER STOPPED drinking entirely *(PAUSE)* **OR you didn't have any of the experiences you mentioned with alcohol at all.**

_____ Number

CHECK ITEM 2.15 Is number entered in 2e, 2 or more or unknown?

1 ☐ Yes
2 ☐ No - *SKIP to 2h*

2f. **What was the LONGEST period you had when SOME of these experiences were happening around the same time?**

_____ Month(s)
OR
_____ Year(s)

g. **How old were you the MOST RECENT time SOME of these experiences BEGAN to happen around the same time?**

_____ Age - *SKIP to Check Item 2.16*

h. **How long did this period last when SOME of these experiences were happening around the same time?**

_____ Month(s)
OR
_____ Year(s)

CHECK ITEM 2.16 Is at least 1 item marked in 1b, items (1) – (16) or (19) - (40)?

1 ☐ Yes - *SKIP to 3a1*
2 ☐ No

2i. **About how old were you when you FINALLY STOPPED having ANY of these experiences with alcohol? By finally stopped, I mean they never started happening again.**

_____ Age

3a. In your ENTIRE LIFE, did you EVER ... ***(PAUSE)*** ***(Repeat phrase frequently)***		**b. Did this happen in the last 12 months?**	**c. Did this happen before 12 months ago, that is, before last (***Month one year ago***)?**
(1) Ride in a car or other vehicle WHILE the driver was drinking?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(2) Ride in a car as a passenger while YOU were drinking?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No

Section 2B - ALCOHOL EXPERIENCES (Continued)

3a. **In your ENTIRE LIFE, did you EVER ...** *(PAUSE)* *(Repeat phrase frequently)*		**b.** **Did this happen in the last 12 months?**	**c.** **Did this happen before 12 months ago, that is, before last (***Month one year ago***)?**
(3) **Drive a car, motorcycle, truck or other vehicle and injure yourself or someone else in an accident while you were under the influence of alcohol?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(4) **Accidentally injure yourself or someone else in any way other than motor vehicle accidents, like a bad fall or bad cut, while you were under the influence of alcohol?**	1 ☐ Yes → 2 ☐ No - *Go to Section 2C*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No } *Go to Section 2C*

Section 2C - TREATMENT UTILIZATION

1. **Have you ever gone anywhere or seen anyone for a reason that was related in any way to your drinking - a physician, counselor, Alcoholics Anonymous, or any other community agency or professional?**

1 ☐ Yes
2 ☐ No - *SKIP to 4a*

2a. **I am going to read you a list of community agencies and professionals. For each one, please tell me if you have ever gone there for any reason related to your drinking.**

In your entire life, did you EVER go to (a/an) ...
(Repeat phrase frequently)

b. **Did you go there during the last 12 months ONLY, before the last 12 months ONLY or during both time periods?**

		2a.	b.
(1)	**Alcoholics Anonymous, Narcotics or Cocaine Anonymous meeting, or any 12-step meeting?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(2)	**Family services or other social service agency?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(3)	**Alcohol or drug detoxification ward or clinic?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(4)	**Inpatient ward of a psychiatric or general hospital or community mental health program?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(5)	**Outpatient clinic, including outreach programs and day or partial patient programs?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(6)	**Alcohol or drug rehabilitation program?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(7)	**Emergency room for any reason related to your drinking?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(8)	**Halfway house, including therapeutic communities?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(9)	**Crisis center for any reason related to your drinking?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(10)	**Employee assistance program (EAP)?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(11)	**Clergyman, priest, rabbi or any other religious counselor for any reason related to your drinking?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(12)	**Private physician, psychiatrist, psychologist, social worker, or any other professional?**	1 ☐ Yes → 2 ☐ No - *Go to Next Agency*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods
(13)	**Any other agency or professional?**	1 ☐ Yes → 2 ☐ No - *Go to 3a*	1 ☐ Last 12 months only 2 ☐ Before the last 12 months only 3 ☐ Both time periods

Section 2C - TREATMENT UTILIZATION (Continued)

3a.	**How old were you the FIRST time you went anywhere or saw anyone for help with your drinking?**	_____ Age
b.	**How old were you the MOST RECENT time you went anywhere or saw anyone for help with your drinking?**	_____ Age OR 0 ☐ Happened only once
4a.	**Was there ever a time when you thought you should see a doctor, counselor, or other health professional or seek any other help for your drinking, but you didn't go?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 2D*
b.	**Did this happen during the last 12 months?**	1 ☐ Yes 2 ☐ No - *SKIP to 4d*
c.	**Did this happen before 12 months ago, that is, before last** *(Month one year ago)***?**	1 ☐ Yes 2 ☐ No
d.	*(SHOW FLASHCARD 32)* **What were your reasons for not getting help?** *(Check all that apply.)*	1 ☐ Wanted to go, but health insurance didn't cover 2 ☐ Didn't think anyone could help 3 ☐ Didn't know any place to go for help 4 ☐ Couldn't afford to pay the bill 5 ☐ Didn't have any way to get there 6 ☐ Didn't have time 7 ☐ Thought the problem would get better by itself 8 ☐ Was too embarrassed to discuss it with anyone 9 ☐ Was afraid of what my boss, friends, family, or others would think 10 ☐ Thought it was something I should be strong enough to handle alone 11 ☐ Was afraid they would put me into the hospital 12 ☐ Was afraid of the treatment they would give me 13 ☐ Hated answering personal questions 14 ☐ The hours were inconvenient 15 ☐ A member of my family objected 16 ☐ My family thought I should go but I didn't think it was necessary 17 ☐ Can't speak English very well 18 ☐ Was afraid I would lose my job 19 ☐ Couldn't arrange for child care 20 ☐ Had to wait too long to get into a program 21 ☐ Wanted to keep drinking or got drunk 22 ☐ Didn't think drinking problem was serious enough 23 ☐ Didn't want to go 24 ☐ Stopped drinking on my own 25 ☐ Friends or family helped me stop drinking 26 ☐ Tried getting help before and it didn't work 27 ☐ Was afraid my children would be taken away 28 ☐ My religious beliefs don't allow me to go for treatment 29 ☐ Other reason

Section 2D - FAMILY HISTORY

Statement G

Now I would like to ask you some questions about whether any of your relatives, regardless of whether or not they are now living, have EVER been alcoholics or problem drinkers. By alcoholic or problem drinker, I mean a person who has physical or emotional problems because of drinking *(PAUSE)***; problems with a spouse, family, or friends because of drinking** *(PAUSE)***; problems at work or school because of drinking** *(PAUSE)***; problems with the police because of drinking - like drunk driving** *(PAUSE)* **or a person who seems to spend a lot of time drinking or being hung over.** *(Repeat definition as needed.)*

1. **Has your blood or natural father been an alcoholic or problem drinker at ANY time in his life?**

1 ☐ Yes
2 ☐ No

2. **Has your blood or natural mother been an alcoholic or problem drinker at ANY time in her life?**

1 ☐ Yes
2 ☐ No

3a. **How many full brothers have you had who lived to be at least 10 years old, including those who are still living? By full brothers, I mean brothers who have the same natural mother AND the same natural father as you do.**

_____ Number

0 ☐ None – *SKIP to 4a*

CHECK ITEM 2.17 Is number marked in 3a equal to 1?

1 ☐ Yes
2 ☐ No - *SKIP to 3c*

3b. **Was your full brother an alcoholic or problem drinker at ANY time in his life?**

1 ☐ Yes
2 ☐ No
} *SKIP to 4a*

c. **How many of your full brothers are now, or were in the past, alcoholics or problem drinkers?**

_____ Number

4a. **How many full sisters have you had who lived to be at least 10 years old, including those who are still living? By full sisters, I mean sisters who have the same natural mother AND the same natural father as you do.**

_____ Number

0 ☐ None - *SKIP to 5a*

CHECK ITEM 2.18 Is number marked in 4a equal to 1?

1 ☐ Yes
2 ☐ No- *SKIP to 4c*

4b. **Was your full sister an alcoholic or problem drinker at ANY time in her life?**

1 ☐ Yes
2 ☐ No
} *SKIP to 5a*

c. **How many of your full sisters are now, or were in the past, alcoholics or problem drinkers?**

_____ Number

5a. **How many natural sons have you had who lived to be at least 10 years old, including those who are still living? By natural son, I mean those you (biologically fathered/gave birth to.)**

_____ Number

0 ☐ None - *SKIP to 6a*

CHECK ITEM 2.19 Is number marked in 5a equal to 1?

1 ☐ Yes
2 ☐ No - *SKIP to 5c*

5b. **Was your natural son an alcoholic or problem drinker at ANY time in his life?**

1 ☐ Yes
2 ☐ No
} *SKIP to 6a*

c. **How many of your natural sons are now, or were in the past, alcoholics or problem drinkers?**

_____ Number

6a. **How many natural daughters have you had who lived to be at least 10 years old, including those who are still living? By natural daughters, I mean those you (biologically fathered/gave birth to).**

_____ Number

0 ☐ None - *SKIP to 7a*

CHECK ITEM 2.20 Is number marked in 6a equal to 1?

1 ☐ Yes
2 ☐ No – *SKIP to 6c*

6b. **Was your natural daughter an alcoholic or problem drinker at ANY time in her life?**

1 ☐ Yes
2 ☐ No
} *SKIP to 7a*

c. **How many of your natural daughters are now, or were in the past, alcoholics or problem drinkers?**

_____ Number

Section 2D - FAMILY HISTORY (Continued)

7a. **How many full brothers did your natural father have who lived to be at least 10 years old, including those who are still living? By full brothers, I mean those who had the SAME TWO natural or blood parents as your father.**	_____ Number 0 ☐ None - *SKIP to 8a*
CHECK ITEM 2.21 Is number marked in 7a equal to 1?	1 ☐ Yes 2 ☐ No – *SKIP to 7c*
7b. **Was your natural father's full brother an alcoholic or problem drinker at ANY time in his life?**	1 ☐ Yes 2 ☐ No } *SKIP to 8a*
c. **How many of your natural father's full brothers are now, or were in the past, alcoholics or problem drinkers?**	_____ Number
8a. **How many full sisters did your natural father have who lived to be at least 10 years old, including those who are still living? By full sisters, I mean those who had the SAME TWO natural or blood parents as your father.**	_____ Number 0 ☐ None - *SKIP to 9a*
CHECK ITEM 2.22 Is number marked in 8a equal to 1?	1 ☐ Yes 2 ☐ No – *SKIP to 8c*
8b. **Was your natural father's full sister an alcoholic or problem drinker at ANY time in her life?**	1 ☐ Yes 2 ☐ No } *SKIP to 9a*
c. **How many of your natural father's full sisters are now, or were in the past, alcoholics or problem drinkers?**	_____ Number
9a. **How many full brothers did your natural mother have who lived to be at least 10 years old, including those who are still living? By full brothers, I mean those who had the SAME TWO natural or blood parents as your mother.**	_____ Number 0 ☐ None - *SKIP to 10a*
CHECK ITEM 2.23 Is number marked in 9a equal to 1?	1 ☐ Yes 2 ☐ No - *SKIP to 9c*
9b. **Was your natural mother's full brother an alcoholic or problem drinker at ANY time in his life?**	1 ☐ Yes 2 ☐ No } *SKIP to 10a*
c. **How many of your natural mother's full brothers are now, or were in the past, alcoholics or problem drinkers?**	_____ Number
10a. **How many full sisters did your natural mother have who lived to be at least 10 years old, including those who are still living? By full sisters, I mean those who had the SAME TWO natural or blood parents as your mother.**	_____ Number 0 ☐ None - *SKIP to 11*
CHECK ITEM 2.24 Is number marked in 10a equal to 1?	1 ☐ Yes 2 ☐ No - *SKIP to 10c*
10b. **Was your natural mother's full sister an alcoholic or problem drinker at ANY time in her life?**	1 ☐ Yes 2 ☐ No } *SKIP to 10a*
c. **How many of your natural mother's full sisters are now, or were in the past, alcoholics or problem drinkers?**	_____ Number
11. **Was your natural grandfather on your father's side an alcoholic or problem drinker at ANY time in his life? By natural grandfather on your father's side, I mean your father's natural or blood father.**	1 ☐ Yes 2 ☐ No
12. **Was your natural grandmother on your father's side an alcoholic or problem drinker at ANY time in her life? By natural grandmother on your father's side, I mean your father's natural or blood mother.**	1 ☐ Yes 2 ☐ No

Section 2D - FAMILY HISTORY (Continued)

13a. **Was your natural grandfather on your mother's side an alcoholic or problem drinker at ANY time in his life? By natural grandfather on your mother's side, I mean your mother's natural or blood father.**	1 ☐ Yes 2 ☐ No
b. **Was your natural grandmother on your mother's side an alcoholic or problem drinker at ANY time in her life? By natural grandmother on your mother's side, I mean your mother's natural or blood mother.**	1 ☐ Yes 2 ☐ No
CHECK ITEM 2.24A *Refer to 7c, Section 1.* Was respondent raised by adoptive parents? (Section1, 7c=1)	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 2.25A*
14a. **Was your adoptive father an alcoholic or problem drinker at ANY time in his life?**	1 ☐ Yes 2 ☐ No
b. **Was your adoptive mother an alcoholic or problem drinker at ANY time in her life?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 2.25A *Refer to 9a and 9b, Section 1.* Is respondent never married? (Section 1, 9a=6 or 9b=0)	1 ☐ Yes - *SKIP to 18* 2 ☐ No
15. **Were you EVER married to an alcoholic or problem drinker?**	1 ☐ Yes 2 ☐ No - *SKIP to 18*
CHECK ITEM 2.25B *Refer to 9a, Section 1.* Is respondent currently married or separated? (n1q9a = 1 or n1q9a = 5)	1 ☐ Yes 2 ☐ No – SKIP to *18*
16. **Is that your current spouse?**	1 ☐ Yes 2 ☐ No - *SKIP to 18*
17. **Would you say that person is an alcoholic or problem drinker at this time?**	1 ☐ Yes 2 ☐ No } *SKIP to 18*
18. **Did you EVER live as if married with someone who was an alcoholic or problem drinker?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 2E*
CHECK ITEM 2.26 *Refer to 9a, Section 1.* Is respondent currently living with someone as if married? (Code 2)	1 ☐ Yes 2 ☐ No - *SKIP to Section 2E*
19. **Is that the person you live with now?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 2E*
20. **Would you say that person is an alcoholic or problem drinker at this time?**	1 ☐ Yes 2 ☐ No } *Go to Section 2E*

Section 2E - Background Information II

Statement H **Now I'd like to ask you some other questions about your background.**

CHECK ITEM 2.27 *(Refer to 1e, Section 1.)* Is respondent Hispanic?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 2.29*

(SHOW FLASHCARD 33)

1a. **You mentioned earlier that you are of Hispanic or Latino origin. I'd like to ask you some questions about your heritage or ancestry.**

As I read each question, please tell me what category on the card best describes your answer.

How often do you speak English?	1 ☐ Almost never 2 ☐ Sometimes 3 ☐ Often 4 ☐ Almost always
b. **How often do you speak English with your friends?**	1 ☐ Almost never 2 ☐ Sometimes 3 ☐ Often 4 ☐ Almost always
c. **How often do you think in English?**	1 ☐ Almost never 2 ☐ Sometimes 3 ☐ Often 4 ☐ Almost always
d. **How often do you speak in Spanish?**	1 ☐ Almost never 2 ☐ Sometimes 3 ☐ Often 4 ☐ Almost always
e. **How often do you speak in Spanish with your friends?**	1 ☐ Almost never 2 ☐ Sometimes 3 ☐ Often 4 ☐ Almost always
f. **How often do you think in Spanish?**	1 ☐ Almost never 2 ☐ Sometimes 3 ☐ Often 4 ☐ Almost always
g. **How often do you watch television programs in English?**	1 ☐ Almost never 2 ☐ Sometimes 3 ☐ Often 4 ☐ Almost always
h. **How often do you listen to radio programs in English?**	1 ☐ Almost never 2 ☐ Sometimes 3 ☐ Often 4 ☐ Almost always
i. **How often do you listen to music in English?**	1 ☐ Almost never 2 ☐ Sometimes 3 ☐ Often 4 ☐ Almost always
j. **How often do you watch television programs in Spanish?**	1 ☐ Almost never 2 ☐ Sometimes 3 ☐ Often 4 ☐ Almost always
k. **How often do you listen to radio programs in Spanish?**	1 ☐ Almost never 2 ☐ Sometimes 3 ☐ Often 4 ☐ Almost always
l. **How often do you listen to music in Spanish?**	1 ☐ Almost never 2 ☐ Sometimes 3 ☐ Often 4 ☐ Almost always

Section 2E - Background Information II (Continued)

(SHOW FLASHCARD 34)

1m. How well do you speak English?

1 ☐ Very poorly
2 ☐ Poorly
3 ☐ Well
4 ☐ Very well

n. How well do you read in English?

1 ☐ Very poorly
2 ☐ Poorly
3 ☐ Well
4 ☐ Very well

o. How well do you understand television programs in English?

1 ☐ Very poorly
2 ☐ Poorly
3 ☐ Well
4 ☐ Very well

p. How well do you understand radio programs in English?

1 ☐ Very poorly
2 ☐ Poorly
3 ☐ Well
4 ☐ Very well

q. How well do you write in English?

1 ☐ Very poorly
2 ☐ Poorly
3 ☐ Well
4 ☐ Very well

r. How well do you understand music in English?

1 ☐ Very poorly
2 ☐ Poorly
3 ☐ Well
4 ☐ Very well

s. How well do you speak Spanish?

1 ☐ Very poorly
2 ☐ Poorly
3 ☐ Well
4 ☐ Very well

t. How well do you read in Spanish?

1 ☐ Very poorly
2 ☐ Poorly
3 ☐ Well
4 ☐ Very well

u. How well do you understand television programs in Spanish?

1 ☐ Very poorly
2 ☐ Poorly
3 ☐ Well
4 ☐ Very well

v. How well do you understand radio programs in Spanish?

1 ☐ Very poorly
2 ☐ Poorly
3 ☐ Well
4 ☐ Very well

w. How well do you write in Spanish?

1 ☐ Very poorly
2 ☐ Poorly
3 ☐ Well
4 ☐ Very well

x. How well do you understand music in Spanish?

1 ☐ Very poorly
2 ☐ Poorly
3 ☐ Well
4 ☐ Very well

(SHOW FLASHCARD 35)

2a. Looking at the card, please tell me what category best describes your level of agreement with each of the following statements.

You have a strong sense of yourself as a person of Hispanic or Latino origin.

1 ☐ Strongly agree
2 ☐ Agree
3 ☐ Somewhat agree
4 ☐ Somewhat disagree
5 ☐ Disagree
6 ☐ Strongly disagree

Section 2E - Background Information II (Continued)

(SHOW FLASHCARD 35)

2b. You identify with other Hispanics or Latinos.

1 ☐ Strongly agree
2 ☐ Agree
3 ☐ Somewhat agree
4 ☐ Somewhat disagree
5 ☐ Disagree
6 ☐ Strongly disagree

c. Most of your close friends are of Hispanic or Latino origin.

1 ☐ Strongly agree
2 ☐ Agree
3 ☐ Somewhat agree
4 ☐ Somewhat disagree
5 ☐ Disagree
6 ☐ Strongly disagree

d. Your Hispanic or Latino heritage is important in your life.

1 ☐ Strongly agree
2 ☐ Agree
3 ☐ Somewhat agree
4 ☐ Somewhat disagree
5 ☐ Disagree
6 ☐ Strongly disagree

e. You are more comfortable in social situations where other Hispanics or Latinos are present.

1 ☐ Strongly agree
2 ☐ Agree
3 ☐ Somewhat agree
4 ☐ Somewhat disagree
5 ☐ Disagree
6 ☐ Strongly disagree

f. You are proud of your Hispanic or Latino heritage.

1 ☐ Strongly agree
2 ☐ Agree
3 ☐ Somewhat agree
4 ☐ Somewhat disagree
5 ☐ Disagree
6 ☐ Strongly disagree

g. Your Hispanic or Latino background plays a big part in how you interact with others.

1 ☐ Strongly agree
2 ☐ Agree
3 ☐ Somewhat agree
4 ☐ Somewhat disagree
5 ☐ Disagree
6 ☐ Strongly disagree

h. Your values, attitudes and behaviors are shared by people of Hispanic or Latino origin.

1 ☐ Strongly agree
2 ☐ Agree
3 ☐ Somewhat agree
4 ☐ Somewhat disagree
5 ☐ Disagree
6 ☐ Strongly disagree

3a. *(SHOW FLASHCARD 36)*

Now I'd like to know about how often you have experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because you are Hispanic or Latino.

		b. About how often did this happen BEFORE 12 months ago?
(1) During the last 12 months, about how often did you experience discrimination in your ability to obtain health care or health insurance coverage because you are Hispanic or Latino?	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
(2) During the last 12 months, about how often did you experience discrimination in how you were treated when you got care because you are Hispanic or Latino?	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often

Section 2E - Background Information II (Continued)

(SHOW FLASHCARD 36)

3a. **Now I'd like to know about how often you have experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because you are Hispanic or Latino.**

			b. About how often did this happen BEFORE 12 months ago?
(3)	**During the last 12 months, about how often did you experience discrimination in public, like on the street, in stores, or in restaurants, because you are Hispanic or Latino?**	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
(4)	**During the last 12 months, about how often did you experience discrimination because you are Hispanic or Latino in ANY other situation, like obtaining a job or on the job, getting admitted to a school or training program, in the courts or by the police, or obtaining housing?**	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
(5)	**During the last 12 months, about how often were you called a racist name because you are Hispanic or Latino?**	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
(6)	**During the last 12 months, about how often were you made fun of, picked on, pushed, shoved, hit or threatened with harm because you are Hispanic or Latino?**	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often

CHECK ITEM 2.28 Are all items (1) - (6) in 3a AND 3b marked "1" OR "Never" OR D OR R?

1 ☐ Yes - *SKIP to 13a*
2 ☐ No

3c. **When you are treated unfairly because you are Hispanic or Latino, do you usually accept it as a fact of life, or do you try to do something about it?**

1 ☐ Accept it
2 ☐ Try to do something about it

d. **When you are treated unfairly because you are Hispanic or Latino, do you usually talk to other people about it, or do you keep it to yourself?**

1 ☐ Talk to other people
2 ☐ Keep it to yourself
} *SKIP to 13a*

CHECK ITEM 2.29 (*Refer to 1f, Section 1.*) Is respondent Asian or Pacific Islander?

1 ☐ Yes
2 ☐ No - *SKIP to 6a*

4a. **You mentioned earlier that you are of Asian or Pacific Islander origin. By Asian origin or heritage, I mean Chinese, Japanese, Indian, Filipino, Korean, Vietnamese and other Asian background and by Pacific Islander, I mean native Hawaiian, Samoan, Guamanian or other Pacific Islander. Now I'd like to ask you some questions about your Asian or Pacific Islander origin or heritage.**

Do you currently speak an Asian language or did you speak an Asian language when you were growing up or do your parents, caregivers, family or other people around you speak an Asian language now or when you were growing up?

1 ☐ Yes
2 ☐ No - *SKIP to 9a*

b. **Which language is that?**

_____
Specify

Section 2E – Background Information II (Continued)

(SHOW FLASHCARD 33)

5a. As I read each question, please tell me which of the categories on the card best describes your answer.

How often do you speak English?

1 ☐ Almost never
2 ☐ Sometimes
3 ☐ Often
4 ☐ Almost always

b. How often do you speak English with your friends?

1 ☐ Almost never
2 ☐ Sometimes
3 ☐ Often
4 ☐ Almost always

c. How often do you think in English?

1 ☐ Almost never
2 ☐ Sometimes
3 ☐ Often
4 ☐ Almost always

d. How often do you speak in (language in 4b)?

1 ☐ Almost never
2 ☐ Sometimes
3 ☐ Often
4 ☐ Almost always

e. How often do you speak in (language in 4b) with your friends?

1 ☐ Almost never
2 ☐ Sometimes
3 ☐ Often
4 ☐ Almost always

f. How often do you think in (language in 4b)?

1 ☐ Almost never
2 ☐ Sometimes
3 ☐ Often
4 ☐ Almost always

g. How often do you watch television programs in English?

1 ☐ Almost never
2 ☐ Sometimes
3 ☐ Often
4 ☐ Almost always

h. How often do you listen to radio programs in English?

1 ☐ Almost never
2 ☐ Sometimes
3 ☐ Often
4 ☐ Almost always

i. How often do you listen to music in English?

1 ☐ Almost never
2 ☐ Sometimes
3 ☐ Often
4 ☐ Almost always

j. How often do you watch television programs in (language in 4b)?

1 ☐ Almost never
2 ☐ Sometimes
3 ☐ Often
4 ☐ Almost always

k. How often do you listen to radio programs in (language in 4b)?

1 ☐ Almost never
2 ☐ Sometimes
3 ☐ Often
4 ☐ Almost always

l. How often do you listen to music in (language in 4b)?

1 ☐ Almost never
2 ☐ Sometimes
3 ☐ Often
4 ☐ Almost always

(SHOW FLASHCARD 34)

m. How well do you speak English?

1 ☐ Very poorly
2 ☐ Poorly
3 ☐ Well
4 ☐ Very well

n. How well do you read in English?

1 ☐ Very poorly
2 ☐ Poorly
3 ☐ Well
4 ☐ Very well

Section 2E – Background Information II (Continued)

(SHOW FLASHCARD 33) **5o. How well do you understand television programs in English?**	1 ☐ Very poorly 2 ☐ Poorly 3 ☐ Well 4 ☐ Very well
p. How well do you understand radio programs in English?	1 ☐ Very poorly 2 ☐ Poorly 3 ☐ Well 4 ☐ Very well
q. How well do you write in English?	1 ☐ Very poorly 2 ☐ Poorly 3 ☐ Well 4 ☐ Very well
r. How well do you understand music in English?	1 ☐ Very poorly 2 ☐ Poorly 3 ☐ Well 4 ☐ Very well
s. How well do you speak (language in 4b)?	1 ☐ Very poorly 2 ☐ Poorly 3 ☐ Well 4 ☐ Very well
t. How well do you read in (language in 4b)?	1 ☐ Very poorly 2 ☐ Poorly 3 ☐ Well 4 ☐ Very well
u How well do you understand television programs in (language in 4b)?	1 ☐ Very poorly 2 ☐ Poorly 3 ☐ Well 4 ☐ Very well
v. How well do you understand radio programs in (language in 4b)?	1 ☐ Very poorly 2 ☐ Poorly 3 ☐ Well 4 ☐ Very well
w. How well do you write in (language in 4b)?	1 ☐ Very poorly 2 ☐ Poorly 3 ☐ Well 4 ☐ Very well
x. How well do you understand music in (language in 4b)?	1 ☐ Very poorly 2 ☐ Poorly 3 ☐ Well 4 ☐ Very well } *SKIP to 9a*
6a. Do you or did you or your parents, caregivers, family or other people around you speak a non-English language associated with your origin or heritage, either now or when you were growing up? *(Do not count English as spoken by those from England, Australia, Ireland, etc.)*	1 ☐ Yes 2 ☐ No - *SKIP to 9a*
b. Which language is that?	_____ Specify
(SHOW FLASHCARD 33) **7a. As I read each question, please tell me which of the categories on the card best describes your answer.** **How often do you speak English?**	1 ☐ Almost never 2 ☐ Sometimes 3 ☐ Often 4 ☐ Almost always
b. How often do you speak English with your friends?	1 ☐ Almost never 2 ☐ Sometimes 3 ☐ Often 4 ☐ Almost always

Section 2E – Background Information II (Continued)

(SHOW FLASHCARD 33) **7c. How often do you think in English?**	1 ☐ Almost never 2 ☐ Sometimes 3 ☐ Often 4 ☐ Almost always
d. How often do you speak in (language in 6b)?	1 ☐ Almost never 2 ☐ Sometimes 3 ☐ Often 4 ☐ Almost always
e. How often do you speak in (language in 6b) with your friends?	1 ☐ Almost never 2 ☐ Sometimes 3 ☐ Often 4 ☐ Almost always
f. How often do you think in (language in 6b)?	1 ☐ Almost never 2 ☐ Sometimes 3 ☐ Often 4 ☐ Almost always
g. How often do you watch television programs in English?	1 ☐ Almost never 2 ☐ Sometimes 3 ☐ Often 4 ☐ Almost always
h. How often do you listen to radio programs in English?	1 ☐ Almost never 2 ☐ Sometimes 3 ☐ Often 4 ☐ Almost always
i. How often do you listen to music in English?	1 ☐ Almost never 2 ☐ Sometimes 3 ☐ Often 4 ☐ Almost always
j. How often do you watch television programs in (language in 6b)?	1 ☐ Almost never 2 ☐ Sometimes 3 ☐ Often 4 ☐ Almost always
k. How often do you listen to radio programs in (language in 6b)?	1 ☐ Almost never 2 ☐ Sometimes 3 ☐ Often 4 ☐ Almost always
l. How often do you listen to music in (language in 6b)?	1 ☐ Almost never 2 ☐ Sometimes 3 ☐ Often 4 ☐ Almost always
(SHOW FLASHCARD 34) **m. How well do you speak English?**	1 ☐ Very poorly 2 ☐ Poorly 3 ☐ Well 4 ☐ Very well
n. How well do you read in English?	1 ☐ Very poorly 2 ☐ Poorly 3 ☐ Well 4 ☐ Very well
o. How well do you understand television programs in English?	1 ☐ Very poorly 2 ☐ Poorly 3 ☐ Well 4 ☐ Very well
p. How well do you understand radio programs in English?	1 ☐ Very poorly 2 ☐ Poorly 3 ☐ Well 4 ☐ Very well

Section 2E - Background Information II (Continued)

(SHOW FLASHCARD 34) **7q. How well do you write in English?**	1 ☐ Very poorly 2 ☐ Poorly 3 ☐ Well 4 ☐ Very well
r. How well do you understand music in English?	1 ☐ Very poorly 2 ☐ Poorly 3 ☐ Well 4 ☐ Very well
s. How well do you speak (language in 6b)?	1 ☐ Very poorly 2 ☐ Poorly 3 ☐ Well 4 ☐ Very well
t. How well do you read in (language in 6b)?	1 ☐ Very poorly 2 ☐ Poorly 3 ☐ Well 4 ☐ Very well
u. How well do you understand television programs in (language in 6b)?	1 ☐ Very poorly 2 ☐ Poorly 3 ☐ Well 4 ☐ Very well
v. How well do you understand radio programs in (language in 6b)?	1 ☐ Very poorly 2 ☐ Poorly 3 ☐ Well 4 ☐ Very well
w. How well do you write in (language in 6b)?	1 ☐ Very poorly 2 ☐ Poorly 3 ☐ Well 4 ☐ Very well
x. How well do you understand music in (language in 6b)?	1 ☐ Very poorly 2 ☐ Poorly 3 ☐ Well 4 ☐ Very well
(SHOW FLASHCARD 35) **9a. Looking at the card, please tell me what category best describes your level of agreement with each of the following statements.** **You have a strong sense of yourself as a member of your race/ethnic group.**	1 ☐ Strongly agree 2 ☐ Agree 3 ☐ Somewhat agree 4 ☐ Somewhat disagree 5 ☐ Disagree 6 ☐ Strongly disagree
b. You identify with other people from your race/ethnic group.	1 ☐ Strongly agree 2 ☐ Agree 3 ☐ Somewhat agree 4 ☐ Somewhat disagree 5 ☐ Disagree 6 ☐ Strongly disagree
c. Most of your close friends are from your race/ethnic group.	1 ☐ Strongly agree 2 ☐ Agree 3 ☐ Somewhat agree 4 ☐ Somewhat disagree 5 ☐ Disagree 6 ☐ Strongly disagree
d. Your race/ethnic heritage is important in your life.	1 ☐ Strongly agree 2 ☐ Agree 3 ☐ Somewhat agree 4 ☐ Somewhat disagree 5 ☐ Disagree 6 ☐ Strongly disagree

Section 2E - Background Information II (Continued)

(SHOW FLASHCARD 35)

9e. **You are more comfortable in social situations where others are present from your racial/ethnic group.**

1 ☐ Strongly agree
2 ☐ Agree
3 ☐ Somewhat agree
4 ☐ Somewhat disagree
5 ☐ Disagree
6 ☐ Strongly disagree

f. **You are proud of your race/ethnic heritage.**

1 ☐ Strongly agree
2 ☐ Agree
3 ☐ Somewhat agree
4 ☐ Somewhat disagree
5 ☐ Disagree
6 ☐ Strongly disagree

g. **Your race/ethnic background plays a big part in how you interact with others.**

1 ☐ Strongly agree
2 ☐ Agree
3 ☐ Somewhat agree
4 ☐ Somewhat disagree
5 ☐ Disagree
6 ☐ Strongly disagree

h. **Your values, attitudes and behaviors are shared by most members of your race/ethnic group.**

1 ☐ Strongly agree
2 ☐ Agree
3 ☐ Somewhat agree
4 ☐ Somewhat disagree
5 ☐ Disagree
6 ☐ Strongly disagree

(SHOW FLASHCARD 36)

10a. **Now I'd like to know about how often you have experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race or ethnicity.**
(Repeat phrase frequently)

b. **About how often did this happen BEFORE 12 months ago?**

(1) **During the last 12 months, about how often did you experience discrimination in your ability to obtain health care or health insurance coverage because of your race or ethnicity?**

1 ☐ Never
2 ☐ Almost never
3 ☐ Sometimes
4 ☐ Fairly often
5 ☐ Very often

1 ☐ Never
2 ☐ Almost never
3 ☐ Sometimes
4 ☐ Fairly often
5 ☐ Very often

(2) **During the last 12 months, about how often did you experience discrimination in how you were treated when you got care because of your race or ethnicity?**

1 ☐ Never
2 ☐ Almost never
3 ☐ Sometimes
4 ☐ Fairly often
5 ☐ Very often

1 ☐ Never
2 ☐ Almost never
3 ☐ Sometimes
4 ☐ Fairly often
5 ☐ Very often

(3) **During the last 12 months, about how often did you experience discrimination in public, like on the street, in stores, or in restaurants, because of your race or ethnicity?**

1 ☐ Never
2 ☐ Almost never
3 ☐ Sometimes
4 ☐ Fairly often
5 ☐ Very often

1 ☐ Never
2 ☐ Almost never
3 ☐ Sometimes
4 ☐ Fairly often
5 ☐ Very often

(4) **During the last 12 months, about how often did you experience discrimination because of your race or ethnicity in ANY other situation, like obtaining a job or on the job, getting admitted to a school or training program, in the courts or by the police, or obtaining housing?**

1 ☐ Never
2 ☐ Almost never
3 ☐ Sometimes
4 ☐ Fairly often
5 ☐ Very often

1 ☐ Never
2 ☐ Almost never
3 ☐ Sometimes
4 ☐ Fairly often
5 ☐ Very often

(5) **During the last 12 months, about how often were you called a racist name because of your race or ethnicity?**

1 ☐ Never
2 ☐ Almost never
3 ☐ Sometimes
4 ☐ Fairly often
5 ☐ Very often

1 ☐ Never
2 ☐ Almost never
3 ☐ Sometimes
4 ☐ Fairly often
5 ☐ Very often

Section 2E – Background Information II (Continued)

(SHOW FLASHCARD 36)

10a. About how often you have experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race/ethnicity.

b. About how often did this happen BEFORE 12 months ago?

		10a.	10b.
(6)	**During the last 12 months, about how often were you made fun of, picked on, pushed, shoved, hit or threatened with harm because of your race or ethnicity?**	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often

CHECK ITEM 2.30 Are all items (1) - (6) in 10a AND 10b marked "1" OR "Never" OR D OR R?

1 ☐ Yes - *SKIP to 13a*
2 ☐ No

11. When you are treated unfairly because of your race or ethnicity, do you usually accept it as a fact of life, or do you try to do something about it?

1 ☐ Accept it
2 ☐ Try to do something about it

12. When you are treated unfairly because of your race or ethnicity, do you usually talk to other people about it, or do you keep it to yourself?

1 ☐ Talk to other people
2 ☐ Keep it to yourself

(SHOW FLASHCARD 36)

13a. Now I'd like to ask you about sex discrimination that some people experience because they are male or female.

I'd like to know about how often you have experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because you are (male/female).

b. About how often did this happen BEFORE 12 months ago?

		13a.	13b.
(1)	**During the last 12 months, about how often did you experience discrimination in your ability to obtain health care or health insurance coverage because you are (male/female)?**	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
(2)	**During the last 12 months, about how often did you experience discrimination in how you were treated when you got care because you are (male/female)?**	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
(3)	**During the last 12 months, about how often did you experience discrimination in obtaining a job or on the job because you are (male/female)?**	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
(4)	**During the last 12 months, about how often did you experience discrimination in public, like on the street, in stores, or in restaurants, because you are (male/female)?**	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
(5)	**During the last 12 months, about how often did you experience discrimination because you are (male/female) in ANY other situation, like getting admitted to a school or training program, in the courts or by the police, or obtaining housing?**	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
(6)	**During the last 12 months about how often were you called a sexist name because you are (male/female)?**	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often

Section 2E – Background Information II (Continued)

CHECK ITEM 2.31	Are all items (1) - (6) in 13a AND 13b marked "1" OR "Never" OR D OR R?	1 ☐ Yes - *SKIP to 16a* 2 ☐ No
14.	**When you are treated unfairly because you are (male/female), do you usually accept it as a fact of life, or do you try to do something about it?**	1 ☐ Accept it 2 ☐ Try to do something about it
15.	**When you are treated unfairly because you are (male/female), do you usually talk to other people about it, or do you keep it to yourself?**	1 ☐ Talk to other people 2 ☐ Keep it to yourself
	(SHOW FLASHCARD 36)	
16a.	**In the last 12 months, how often have you…** *(Repeat phrase frequently)*	
	Felt that you were not able to control the important things in your life?	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
b.	**Felt confident about your ability to handle your personal problems?**	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
c.	**Felt things were going your way?**	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
d.	**Felt difficulties were piling up so high that you could not overcome them?**	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
17a.	**Do you have any grown children, that is, children 18 years of age or older?**	1 ☐ Yes 2 ☐ No - *SKIP to 18a*
b.	**How many of your grown children do you see or talk to on the phone or internet at least once every 2 weeks?** *(If more than 15 enter 15.)*	_____ Number
18a.	**Are any of your parents or other people who raised you still living?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 2.31A*
b.	**Do you see or talk on the phone or internet to any of your parents or other people who raised you at least once every 2 weeks?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 2.31A	Does 9a = 1 OR 2 in Section 1?	1 ☐ Yes 2 ☐ No - *SKIP to 20a*
19a.	**Are any of your (spouse's/partner's) parents or any other people who raised your (spouse/partner) still living?**	1 ☐ Yes 2 ☐ No - *SKIP to 20a*
b.	**Do you see or talk on the phone or internet to them at least once every 2 weeks?**	1 ☐ Yes 2 ☐ No
20a.	**How many of your other relatives, not counting spouses, partners, children, parents, or parents-in-law, do you feel close to?**	0 ☐ None - *SKIP to 21a* OR _____ Number
b.	**How many of these relatives do you see or talk to on the phone or internet at least once every 2 weeks?**	_____ Number
21a.	**How many close friends do you have?**	0 ☐ None - *SKIP to 22a* OR _____ Number
b.	**How many of these friends do you see or talk to on the phone or internet at least once every 2 weeks?**	_____ Number

Section 2E - Background Information II (Continued)

22a. Do you attend any classes, that is at school, a university, technical training or adult education classes, on a regular basis?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 2.32*
b. How many fellow students or teachers do you talk to socially at least once every 2 weeks, not counting brief encounters at school?	_____ Number
CHECK ITEM 2.32 *(Refer to 12, Section 1.)* Is respondent currently employed either part-time or full-time? (12 = 1-5)?	1 ☐ Yes 2 ☐ No - *SKIP to 24*
23. How many people do you work with that you talk to socially at least once every 2 weeks, not counting brief encounters at work?	_____ Number
24. How many of your neighbors do you visit or talk to at least once every 2 weeks, not counting brief encounters?	_____ Number
25a. Are you currently involved in regular volunteer work or community service?	1 ☐ Yes 2 ☐ No - *SKIP to 26a*
b. How many people involved in this volunteer work or community service do you talk to socially at least once every 2 weeks, not counting brief encounters at your volunteer work?	_____ Number
26a. Not counting religious groups or volunteer groups you may have already told me about, do you belong to any other groups, such as social clubs, recreational groups, trade unions, commercial groups, professional organizations, or groups concerned with children like the PTA or Boy Scouts?	1 ☐ Yes 2 ☐ No - *SKIP to 27a*
b. How many of these groups do you belong to?	_____ Number
c. (Thinking about ALL of these other groups together), about how many members of (this group/these other groups) do you talk to socially at least once every 2 weeks, not counting brief encounters at these group meetings?	_____ Number
(SHOW FLASHCARD 37) **27a. Now I'm going to read you a few statements and I would like to know how well they describe you.** **Look at the categories on the card and tell me how true or how false these statements are about you.** **If I wanted to go on a trip for a day, like to the country, city, mountains or beach, I would have a hard time finding someone to go with me.**	1 ☐ Definitely false 2 ☐ Probably false 3 ☐ Probably true 4 ☐ Definitely true
b. I feel that there is no one I can share my most private worries and fears with.	1 ☐ Definitely false 2 ☐ Probably false 3 ☐ Probably true 4 ☐ Definitely true
c. If I were sick, I know I would find someone to help me with my daily chores.	1 ☐ Definitely false 2 ☐ Probably false 3 ☐ Probably true 4 ☐ Definitely true
d. There is someone I can turn to for advice about handling problems with my family.	1 ☐ Definitely false 2 ☐ Probably false 3 ☐ Probably true 4 ☐ Definitely true
e. If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me.	1 ☐ Definitely false 2 ☐ Probably false 3 ☐ Probably true 4 ☐ Definitely true

Section 2E - Background Information II (Continued)

	(SHOW FLASHCARD 37)	
27f.	**When I need suggestions on how to deal with a personal problem, I know someone I can turn to.**	1 ☐ Definitely false 2 ☐ Probably false 3 ☐ Probably true 4 ☐ Definitely true
g.	**I don't often get invited to do things with others.**	1 ☐ Definitely false 2 ☐ Probably false 3 ☐ Probably true 4 ☐ Definitely true
h.	**If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment, like taking care of my plants, garden or pets, getting the mail or watching the house in general.**	1 ☐ Definitely false 2 ☐ Probably false 3 ☐ Probably true 4 ☐ Definitely true
i.	**If I wanted to have lunch with someone, I could easily find someone to join me.**	1 ☐ Definitely false 2 ☐ Probably false 3 ☐ Probably true 4 ☐ Definitely true
j.	**If I were stranded 10 miles from home, someone I know would come and get me.**	1 ☐ Definitely false 2 ☐ Probably false 3 ☐ Probably true 4 ☐ Definitely true
k.	**If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it.**	1 ☐ Definitely false 2 ☐ Probably false 3 ☐ Probably true 4 ☐ Definitely true
l.	**If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me.**	1 ☐ Definitely false 2 ☐ Probably false 3 ☐ Probably true 4 ☐ Definitely true
m.	**I am able to adapt to change.**	1 ☐ Definitely false 2 ☐ Probably false 3 ☐ Probably true 4 ☐ Definitely true
n.	**I can deal with whatever comes.**	1 ☐ Definitely false 2 ☐ Probably false 3 ☐ Probably true 4 ☐ Definitely true
o.	**I try to see the humorous side of problems.**	1 ☐ Definitely false 2 ☐ Probably false 3 ☐ Probably true 4 ☐ Definitely true
p.	**Coping with stress can strengthen me.**	1 ☐ Definitely false 2 ☐ Probably false 3 ☐ Probably true 4 ☐ Definitely true
q.	**I tend to bounce back after illness or hardship.**	1 ☐ Definitely false 2 ☐ Probably false 3 ☐ Probably true 4 ☐ Definitely true
r.	**I can achieve goals despite obstacles.**	1 ☐ Definitely false 2 ☐ Probably false 3 ☐ Probably true 4 ☐ Definitely true
s.	**I can stay focused under pressure.**	1 ☐ Definitely false 2 ☐ Probably false 3 ☐ Probably true 4 ☐ Definitely true

Section 2E - Background Information II (Continued)

	(SHOW FLASHCARD 37)	
27t.	**I am not easily discouraged by failure.**	1 ☐ Definitely false 2 ☐ Probably false 3 ☐ Probably true 4 ☐ Definitely true
u.	**I think of myself as a strong person.**	1 ☐ Definitely false 2 ☐ Probably false 3 ☐ Probably true 4 ☐ Definitely true
v.	**I can handle unpleasant feelings.**	1 ☐ Definitely false 2 ☐ Probably false 3 ☐ Probably true 4 ☐ Definitely true
	(SHOW FLASHCARD 38)	
28a.	**Which category on the card best describes your answer to the following questions?** **I am always courteous even to people who are disagreeable.**	1 ☐ Definitely false 2 ☐ Mostly false 3 ☐ Don't know 4 ☐ Mostly true 5 ☐ Definitely true
b.	**I sometimes feel resentful when I don't get my way.**	1 ☐ Definitely false 2 ☐ Mostly false 3 ☐ Don't know 4 ☐ Mostly true 5 ☐ Definitely true
c.	**No matter whom I am talking to, I'm always a good listener.**	1 ☐ Definitely false 2 ☐ Mostly false 3 ☐ Don't know 4 ☐ Mostly true 5 ☐ Definitely true
29a.	**Now a few questions about your current neighborhood.** **Do you know most of the people in your neighborhood?**	1 ☐ Yes 2 ☐ No
b.	**Do you usually feel safe in your neighborhood?**	1 ☐ Yes 2 ☐ No
c.	**Do people in your neighborhood look out for each other?**	1 ☐ Yes 2 ☐ No
d.	**Are you happy about living in your neighborhood?**	1 ☐ Yes 2 ☐ No
e.	**Do you live in a close-knit neighborhood?**	1 ☐ Yes 2 ☐ No
f.	**Can people in your neighborhood be trusted?**	1 ☐ Yes 2 ☐ No
g.	**Do people in your neighborhood get along with each other?**	1 ☐ Yes 2 ☐ No
h.	**Do people in your neighborhood share the same values?**	1 ☐ Yes 2 ☐ No
i.	**How long have you lived in your neighborhood?**	_____ Months or _____ Years
j.	**Would you be happy if you could move to another neighborhood?**	1 ☐ Yes 2 ☐ No } *Go to Section 3A*

Section 3A - TOBACCO USE

Statement I **Now I'd like to ask you about your experiences with tobacco.**

1a. **In your ENTIRE LIFE, have you ever. . .** **Smoked at least 100 cigarettes? Include smoking tobacco in a water pipe.**	1 ☐ Yes 2 ☐ No
b. **Smoked at least 50 cigars?**	1 ☐ Yes 2 ☐ No
c. **Smoked a pipe at least 50 times?**	1 ☐ Yes 2 ☐ No
d. **Used snuff, such as Skoal, Skoal Bandit or Copenhagen at least 20 times?**	1 ☐ Yes 2 ☐ No
e. **Used chewing tobacco, such as Redman, Levi Garrett or Beechnut at least 20 times?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 3.1 Is at least 1 tobacco category marked in 1a - e?	1 ☐ Yes 2 ☐ No - *SKIP to Section 3B*

For each tobacco category reported in 1, MARK EACH TOBACCO CATEGORY CODE BOX and ask 2 through 7 for each tobacco category marked.	1 ☐ Cigarettes	2 ☐ Cigars	3 ☐ Pipe	4 ☐ Snuff	5 ☐ Chewing Tobacco
2a. **About how old were you when you smoked your first FULL (cigarette/ cigar/ bowl of tobacco)?/About how old were you when you first used (snuff/chewing tobacco?)**	____ Age	____ Age	____ Age	____ Age	____ Age
b. **During the last 12 months, that is, since last** *(Month one year ago)*, **did you smoke at least one (cigarette/cigar/bowl of tobacco)/use (snuff/ chewing tobacco)?**	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No
3a. **When was the MOST RECENT time you (smoked a/used)** *(Name of tobacco category)***?**	____ Hour(s) ago OR ____ Day(s) ago OR ____ Week(s) ago OR ____ Month(s) ago OR ____ Year(s) ago	____ Hour(s) ago OR ____ Day(s) ago OR ____ Week(s) ago OR ____ Month(s) ago OR ____ Year(s) ago	____ Hour(s) ago OR ____ Day(s) ago OR ____ Week(s) ago OR ____ Month(s) ago OR ____ Year(s) ago	____ Hour(s) ago OR ____ Day(s) ago OR ____ Week(s) ago OR ____ Month(s) ago OR ____ Year(s) ago	____ Hour(s) ago OR ____ Day(s) ago OR ____ Week(s) ago OR ____ Month(s) ago OR ____ Year(s) ago
CHECK ITEM 3.2 Did respondent (smoke/use) (tobacco product) in the last year? *Refer to 2a or 2b, if necessary.*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No

Section 3A - TOBACCO USE (Continued)

	1 ☐ Cigarettes	2 ☐ Cigars	3 ☐ Pipe	4 ☐ Snuff	5 ☐ Chewing Tobacco
3b. *(SHOW FLASHCARD 39)* **About how often did you USUALLY (smoke/use)** *(Name of tobacco category)* **(in the past year/in the year right before you stopped)?**	1 ☐ Every day - ***SKIP to 5*** 2 ☐ 5 to 6 days a week 3 ☐ 3 to 4 days a week 4 ☐ 1 to 2 days a week 5 ☐ 2 to 3 days a month 6 ☐ Once a month or less	1 ☐ Every day - ***SKIP to 5*** 2 ☐ 5 to 6 days a week 3 ☐ 3 to 4 days a week 4 ☐ 1 to 2 days a week 5 ☐ 2 to 3 days a month 6 ☐ Once a month or less	1 ☐ Every day - ***SKIP to 5*** 2 ☐ 5 to 6 days a week 3 ☐ 3 to 4 days a week 4 ☐ 1 to 2 days a week 5 ☐ 2 to 3 days a month 6 ☐ Once a month or less	1 ☐ Every day - ***SKIP to 5*** 2 ☐ 5 to 6 days a week 3 ☐ 3 to 4 days a week 4 ☐ 1 to 2 days a week 5 ☐ 2 to 3 days a month 6 ☐ Once a month or less	1 ☐ Every day - ***SKIP to 5*** 2 ☐ 5 to 6 days a week 3 ☐ 3 to 4 days a week 4 ☐ 1 to 2 days a week 5 ☐ 2 to 3 days a month 6 ☐ Once a month or less
c. (On the days that you smoked (in the past year/ in the year right before you stopped), about how many (cigarettes/cigars/ bowls of tobacco) did you USUALLY smoke?)/ (On the days that you used (snuff/chewing tobacco) (in the past year/in the year right before you stopped) about how many (pinches, dips or rubs/plugs, wads or chews) did you use?)	____ Number	____ Number	____ Number	____ Number	____ Number
d. For how long (have/did) you (smoke(d)/use(d)) this amount?	____ Day(s) OR ____ Week(s) OR ____ Month(s) OR ____ Year(s)	____ Day(s) OR ____ Week(s) OR ____ Month(s) OR ____ Year(s)	____ Day(s) OR ____ Week(s) OR ____ Month(s) OR ____ Year(s)	____ Day(s) OR ____ Week(s) OR ____ Month(s) OR ____ Year(s)	____ Day(s) OR ____ Week(s) OR ____ Month(s) OR ____ Year(s)
4. Did you ever (smoke/use) *(Name of tobacco category)* **every day?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 3.31*	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 3.32*	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 3.33*	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 3.34*	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 3.3a*
5. About how old were you when you FIRST started (smoking/using) *(Name of tobacco category)* **every day?**	____ Age	____ Age	____ Age	____ Age	____ Age
6. Thinking back over the entire period when you were (smoking/using snuff/ chewing tobacco) every day, about how many (cigarettes/cigars/ bowls of tobacco/pinches, dips or rubs/plugs, wads or chews) did you USUALLY (smoke/use) in a single day?	____ Number	____ Number	____ Number	____ Number	____ Number
7. For how long (have/did) you (smoke(d)/use(d)) this amount every day?	____ Day(s) OR ____ Week(s) OR ____ Month(s) OR ____ Year(s)	____ Day(s) OR ____ Week(s) OR ____ Month(s) OR ____ Year(s)	____ Day(s) OR ____ Week(s) OR ____ Month(s) OR ____ Year(s)	____ Day(s) OR ____ Week(s) OR ____ Month(s) OR ____ Year(s)	____ Day(s) OR ____ Week(s) OR ____ Month(s) OR ____ Year(s)

Section 3A - TOBACCO USE (Continued)

CHECK ITEM 3.3	Is another tobacco category marked?	1 ☐ Yes - *Fill 2-7 in designated column for next tobacco category* 2 ☐ No - *Go to Check Item 3.32*	1 ☐ Yes - *Fill 2-7 in designated column for next tobacco category* 2 ☐ No - *Go to Check Item 3.33*	1 ☐ Yes - *Fill 2-7 in designated column for next tobacco category* 2 ☐ No - *Go to Check Item 3.34*	1 ☐ Yes - *Fill 2-7 in designated column for next tobacco category* 2 ☐ No - *Go to Check Item 3.3A*	
CHECK ITEM 3.3A	Is at least 1 column in Check Item 3.2 marked "Yes"?	1 ☐ Yes - *Ask 8a, b and c as appropriate* 2 ☐ No - *Ask 8a, only*				

8a. **The next few questions are about experiences that many people have had with using tobacco, including cigarettes, cigars, a pipe, snuff or chewing tobacco. As I read each experience, please tell me if it has EVER happened to you as a result of using ANY of these types of tobacco.** **In your ENTIRE LIFE, did you EVER ...** *(PAUSE)* *(Repeat phrase frequently)*		**b. Did this happen in the last 12 months?**	**c. Did this happen before 12 months ago, that is before last** *(Month one year ago)***?**
(1) **More than once WANT to stop or cut down on your tobacco use?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(2) **More than once TRY to stop or cut down on your tobacco use but found you couldn't do it?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(3) **Give up or cut down on activities that you were interested in or that gave you pleasure because tobacco use was not permitted at the activity?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(4) **Give up or cut down on activities that were important to you - like associating with friends or relatives or attending social activities because tobacco use was not permitted at the activity?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(5) **Continue to use tobacco even though you knew it was causing you a health problem or making a health problem worse?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(6) **Find yourself (chain smoking/using one pinch or plug of snuff or chewing tobacco right after another)?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(7) **Many people experience the bad aftereffects of tobacco use on occasions when they stop or cut down on their tobacco use.** **Within a day after stopping or cutting down on your tobacco use, did you EVER...**			
Feel depressed?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(8) **Have difficulty falling asleep or staying asleep?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No

Section 3A - TOBACCO USE (Continued)

(9) **Have difficulty concentrating?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(10) **Eat more than usual or gain weight (within a day after cutting down on your tobacco use)?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(11) **Become easily irritated, angry or frustrated?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(12) **Feel anxious or nervous?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(13) **Feel your heart beating more slowly than usual (within a day after cutting down on your tobacco use)?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(14) **Feel more restless than usual?**	1 ☐ Yes → 2 ☐ No - *SKIP to Check Item 3.4*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
CHECK ITEM 3.4 Are at least 4 items marked "Yes" in column b, items 7-14?	1 ☐ Yes 2 ☐ No – *SKIP to Check Item 3.5*		
(15) **You just mentioned that you had SOME bad aftereffects after stopping or cutting down on your tobacco use in the last 12 months. Did at least 4 of these experiences happen around the same time DURING the last 12 months?**		1 ☐ Yes 2 ☐ No	
CHECK ITEM 3.5 Are at least 4 items marked "Yes" in column c, items 7-14?	1 ☐ Yes 2 ☐ No – *SKIP to (17)*		
(16) **You (also/just) mentioned that you had SOME bad aftereffects after stopping or cutting down on your tobacco use BEFORE 12 months ago. Did at least 4 of these experiences happen around the same time BEFORE 12 months ago?**			1 ☐ Yes 2 ☐ No
(17) **Use tobacco or other sources of nicotine like nicotine gum or a patch to relieve or avoid any of these bad aftereffects after you stopped or cut down on your tobacco use?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(18) **Wake up in the middle of the night to use tobacco?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(19) **Often use tobacco just after getting up or shortly after getting up in the morning?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No

Section 3A - TOBACCO USE (Continued)

8a. In your ENTIRE LIFE, did you EVER ... *(PAUSE)* *(Repeat phrase frequently)*		b. Did this happen in the last 12 months?	c. Did this happen before 12 months ago, that is before last *(Month one year ago)*?
(20) **Find yourself using tobacco JUST AFTER being in a situation where tobacco use was not permitted - like after being on a plane, at a meeting, or shopping at the mall?**	1 ☐ Yes 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(21) **Find that you had to use much more tobacco than you once did to get the effect you wanted?**	1 ☐ Yes 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(22) **Increase your tobacco use because the amount you used to use didn't give you the same effect anymore?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(23) **Have a period when you often used tobacco more or longer than you intended to?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(24) **Continue to use tobacco even though you knew it made you nervous, jittery, anxious or depressed?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(25) **More than once use tobacco in a situation that could have been dangerous, like smoking in bed or when using combustible materials like paint thinner, or in any other dangerous situation?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(26) **Have arguments or problems with your spouse or partner or family or friends because of your tobacco use?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(27) **Continue to use tobacco even if it was causing you problems with your family or friends?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(28) **Have job or school problems as a result of your tobacco use, like problems getting your work done, not doing your job well, being demoted or losing a job or being suspended, expelled or dropping out of school?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(29) **Continue to use tobacco even though it was causing you problems at school or work?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No

Section 3A - TOBACCO USE (Continued)

8a. In your ENTIRE LIFE, did you EVER ... *(PAUSE)* *(Repeat phrase frequently)*		**b.** Did this happen in the last 12 months?	**c.** Did this happen before 12 months ago, that is before last *(Month one year ago)*?
(30) **Have a period when your tobacco use often interfered with taking care of your home or family?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(31) **Get into serious trouble because of your tobacco use in a place where it was prohibited, like on an airplane, in an airport or any other place?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(32) **More than once use tobacco in prohibited places even though you had gotten into serious trouble for doing that before?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(33) **Have a period when you spent a lot of time using tobacco?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(34) **Have a period of time when you spent a lot of time making sure you had enough tobacco available?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(35) **Have a very strong desire or urge to use tobacco?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(36) **Want to use tobacco so badly that you couldn't think of anything else?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(37) **Use tobacco within 30 minutes of waking up?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(38) **Use tobacco MORE FREQUENTLY during the first hours after waking up than during the rest of the day?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(39) **Find that your first use of tobacco after waking up gave you more satisfaction than using tobacco at any other time?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(40) **Find it difficult to keep from using tobacco in places where it is prohibited?**	1 ☐ Yes → 2 ☐ No - *Go to Check Item 3.6*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No

CHECK ITEM 3.6	Is more than 1 item marked in 1(a) - (e)?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 3.8*
CHECK ITEM 3.7	Are at least 2 Boxes in Box 1-3,(Check Item 3.4 or Box 5), Box 6-13 marked "Yes" in 8, column b?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 3.8*
9. **What type or types of tobacco were you using when you had SOME of these experiences with tobacco you mentioned in the last 12 months?** *Mark (X) all that apply.*		1 ☐ Cigarettes 2 ☐ Cigars 3 ☐ Pipe 4 ☐ Snuff 5 ☐ Chewing tobacco

Section 3A - TOBACCO USE (Continued)

CHECK ITEM 3.8	Are at least 2 Boxes in Box 1-3,(Check Item 3.5 or Box 5), Box 6-13 marked "Yes" in 8, column c?	1 ☐ Yes 2 ☐ No - *SKIP to Section 3B*
10a.	**You just mentioned some experiences with using tobacco that happened in the past, that is, before 12 months ago. Now I'd like to know if SOME of the experiences you mentioned happened around the same time in the past.** **Before last** *(Month one year ago)***, was there EVER a period when SOME of these experiences were happening around the same time most days FOR AT LEAST A MONTH?**	1 ☐ Yes - *SKIP to 10d* 2 ☐ No
b.	**Before last** *(Month one year ago)***, was there EVER a period when SOME of these experiences were happening around the same time ON AND OFF FOR A FEW MONTHS OR LONGER?**	1 ☐ Yes - *SKIP to 10d* 2 ☐ No
c.	**Before last** *(Month one year ago)***, was there EVER a time when SOME of these experiences happened within the same 1-year period?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 3B*
d.	**About how old were you the FIRST time SOME of these experiences BEGAN to happen around the same time?**	_____ Age
e.	**In your entire LIFE, how many separate periods like this did you have when some of these experiences were happening around the same time?** **By separate periods, I mean times that were separated by at least 1 year when you STOPPED using tobacco entirely OR you didn't have any of the experiences you mentioned with tobacco at all?**	_____ Number
CHECK ITEM 3.9A	Is number entered in 10e, 2 or more or unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 10h*
10f.	**What was the LONGEST period you had when SOME of these experiences were happening around the same time?**	_____ Month(s) OR _____ Year(s)
g.	**How old were you the MOST RECENT time when SOME of these experiences BEGAN to happen around the same time?**	_____ Age - *SKIP to Check Item 3.9B*
h.	**How long did this period last?**	_____ Month(s) OR _____ Year(s)
CHECK ITEM 3.9B	Is at least 1 item marked in 8, column b?	1 ☐ Yes - *SKIP to Check Item 3.9C* 2 ☐ No
10i.	**About how old were you when you FINALLY STOPPED having ANY of these experiences with tobacco? By finally stopped, I mean they never started happening again.**	_____ Age
CHECK ITEM 3.9C	Is more than 1 item marked in 1a-e?	1 ☐ Yes 2 ☐ No - *SKIP to Section 3B*
11.	**What type or types of tobacco were you using when you had SOME of the experiences you mentioned with tobacco BEFORE 12 months ago?** *Mark (X) all that apply.*	1 ☐ Cigarettes 2 ☐ Cigars 3 ☐ Pipe 4 ☐ Snuff 5 ☐ Chewing tobacco *Go to Section 3B*

Section 3B - MEDICINE USE

Statement J

Now I'd like to ask you about your experiences with medicines and other kinds of drugs that you may have used ON YOUR OWN - that is, either WITHOUT a doctor's prescription *(PAUSE)*; in GREATER amounts, MORE OFTEN, or LONGER than prescribed *(PAUSE)*; or for a reason other than a doctor said you should use them. People use these medicines and drugs ON THEIR OWN to feel more alert, to relax or quiet their nerves, to feel better, to enjoy themselves, or to get high or just to see how they would work.

(SHOW FLASHCARD 40)

1a. Have you EVER used any of these medicines or drugs?

Read list. (If "YES" to any drug category, ask: **Which ones?***)*

Record specific drug(s) used.

1 ☐ **Sedatives or tranquilizers, for example…barbs, downers, Ambien, Lunesta, phenobarbital, pentobarbital, Halcion, Tuinal, Nembutal, Seconal, Librium, Valium, Xanax, benzodiazepines, tranks, Ativan.**

_____

2 ☐ **Painkillers, for example…methadone, codeine, Demerol, Vicodin, Oxycontin, opium, oxy, Percocet, Dilaudid, Percodan, morphine.**

_____

3 ☐ **Marijuana, including THC, for example…weed, pot, dope, hashish, Mary Jane, joint, blunt.**

_____

4 ☐ **Cocaine or crack, for example…blow, rock, snow.**

_____

5 ☐ **Stimulants, for example…Adderall, Concerta, Cylert, Provigil, Ritalin or Dexedrine, speed, amphetamine, methamphetamine, uppers, bennies, pep pills, crystal, crank.**

_____

6 ☐ **Club drugs, for example…MDMA, ecstasy, GHB, Rohypnol, ketamine, Special K, XTC, roofies.**

_____

7 ☐ **Hallucinogens, for example…LSD, acid, PCP, mescaline, peyote, psilocybin, mushrooms, angel dust, cactus.**

_____

8 ☐ **Inhalants or solvents, for example…nitrous oxide, lighter fluid, gasoline, cleaning fluid, glue, poppers, whippets.**

_____

9 ☐ **Heroin, for example…smack, black tar, poppy.**

_____

10 ☐ **Any OTHER medicines, or drugs, or substances, for example…steroids, Elavil, Thorazine, or Haldol.**

(SELECT MOST FREQUENTLY USED OTHER DRUG) - *Specify* ↓

_____

CHECK ITEM 3.10 Is at least one category marked in 1a?

1 ☐ Yes - *Classify as ever (drug) user*
2 ☐ No - *Classify as non (drug) user and SKIP to Section 3E*

Section 3B - MEDICINE USE (Continued)

CHECK ITEM 3.11 For every drug category marked in 1a, mark the corresponding category below and ask 2a - g for each marked drug category.	**2a. How old were you when you FIRST used** *(Name of drug category)***?**	**b. Did you use** *(Name of drug category)* **in the last 12 months only, before the last 12 months only, or during both time periods?**	**c. During the last 12 months, about how often did you use** *(Name of drug category)***?** *(SHOW FLASHCARD 41)*
1 ☐ **Sedatives or Tranquilizers**	_____ Age	1 ☐ Last 12 months only → 2 ☐ Prior to last 12 months only - *SKIP to column d* 3 ☐ Both time periods →	☐☐ Code
2 ☐ **Painkillers**	_____ Age	1 ☐ Last 12 months only → 2 ☐ Prior to last 12 months only - *SKIP to column d* 3 ☐ Both time periods →	☐☐ Code
3 ☐ **Marijuana**	_____ Age	1 ☐ Last 12 months only → 2 ☐ Prior to last 12 months only - *SKIP to column d* 3 ☐ Both time periods →	☐☐ Code
4 ☐ **Cocaine or Crack**	_____ Age	1 ☐ Last 12 months only → 2 ☐ Prior to last 12 months only - *SKIP to column d* 3 ☐ Both time periods →	☐☐ Code
5 ☐ **Stimulants**	_____ Age	1 ☐ Last 12 months only → 2 ☐ Prior to last 12 months only - *SKIP to column d* 3 ☐ Both time periods →	☐☐ Code
6 ☐ **Club drugs**	_____ Age	1 ☐ Last 12 months only → 2 ☐ Prior to last 12 months only - *SKIP to column d* 3 ☐ Both time periods →	☐☐ Code
7 ☐ **Hallucinogens**	_____ Age	1 ☐ Last 12 months only → 2 ☐ Prior to last 12 months only - *SKIP to column d* 3 ☐ Both time periods →	☐☐ Code
8 ☐ **Inhalants/Solvents**	_____ Age	1 ☐ Last 12 months only → 2 ☐ Prior to last 12 months only - *SKIP to column d* 3 ☐ Both time periods →	☐☐ Code
9 ☐ **Heroin**	_____ Age	1 ☐ Last 12 months only → 2 ☐ Prior to last 12 months only - *SKIP to column d* 3 ☐ Both time periods →	☐☐ Code
10 ☐ **OTHER** *Specify* ↓ _____	_____ Age	1 ☐ Last 12 months only → 2 ☐ Prior to last 12 months only - *SKIP to column d* 3 ☐ Both time periods →	☐☐ Code

Section 3B - MEDICINE (Continued)			
d. When was the most recent time you used *(Name of drug category)***?**	**e. Think about the time when you were using** *(Name of drug category)* **the MOST. At that time about how often did you use (it/them)?** *(SHOW FLASHCARD 42)*	**f. About how old were you when you FIRST BEGAN using** *(Name of drug category)* **that frequently?**	**g. About how long did that period last when you were using** *(Name of drug category)* **that frequently?**
____ Day(s) ago *OR* ____ Week(s) ago *OR* ____ Month(s) ago *OR* ____ Year(s) ago	☐☐ Code	______ Age	____ Week(s) OR ____ Month(s) OR ____ Year(s) *SKIP to next marked drug category*
____ Day(s) ago *OR* ____ Week(s) ago *OR* ____ Month(s) ago *OR* ____ Year(s) ago	☐☐ Code	______ Age	____ Week(s) OR ____ Month(s) OR ____ Year(s) *SKIP to next marked drug category*
____ Day(s) ago *OR* ____ Week(s) ago *OR* ____ Month(s) ago *OR* ____ Year(s) ago	☐☐ Code	______ Age	____ Week(s) OR ____ Month(s) OR ____ Year(s) *SKIP to next marked drug category*
____ Day(s) ago *OR* ____ Week(s) ago *OR* ____ Month(s) ago *OR* ____ Year(s) ago	☐☐ Code	______ Age	____ Week(s) OR ____ Month(s) OR ____ Year(s) *SKIP to next marked drug category*
____ Day(s) ago *OR* ____ Week(s) ago *OR* ____ Month(s) ago *OR* ____ Year(s) ago	☐☐ Code	______ Age	____ Week(s) OR ____ Month(s) OR ____ Year(s) *SKIP to next marked drug category*
____ Day(s) ago *OR* ____ Week(s) ago *OR* ____ Month(s) ago *OR* ____ Year(s) ago	☐☐ Code	______ Age	____ Week(s) OR ____ Month(s) OR ____ Year(s) *SKIP to next marked drug category*
____ Day(s) ago *OR* ____ Week(s) ago *OR* ____ Month(s) ago *OR* ____ Year(s) ago	☐☐ Code	______ Age	____ Week(s) OR ____ Month(s) OR ____ Year(s) *SKIP to next marked drug category*
____ Day(s) ago *OR* ____ Week(s) ago *OR* ____ Month(s) ago *OR* ____ Year(s) ago	☐☐ Code	______ Age	____ Week(s) OR ____ Month(s) OR ____ Year(s) *SKIP to next marked drug category*
____ Day(s) ago *OR* ____ Week(s) ago *OR* ____ Month(s) ago *OR* ____ Year(s) ago	☐☐ Code	______ Age	____ Week(s) OR ____ Month(s) OR ____ Year(s) *SKIP to next marked drug category*
____ Day(s) ago *OR* ____ Week(s) ago *OR* ____ Month(s) ago *OR* ____ Year(s) ago	☐☐ Code	______ Age	____ Week(s) OR ____ Month(s) OR ____ Year(s) *Go to Check Item 3.12*

Section 3B - MEDICINE USE (Continued)

CHECK ITEM 3.12	What is the time period marked in 2b for marijuana? When did respondent use marijuana ?	1 ☐ Last 12 months only 2 ☐ Before last 12 months only - *SKIP to 4* 3 ☐ Both time periods 4 ☐ Never - *SKIP to Check Item 3.13*
3.	**Now I would like to know a little more about your use of marijuana.** **On the days that you used marijuana in the last 12 months, about how many joints did you usually smoke in a single day?**	_____ Number
4.	**At the time you were using marijuana the MOST, about how many joints did you usually smoke in a single day?**	_____ Number
CHECK ITEM 3.13	What is the time period marked in 2b for cocaine or crack? When did respondent use cocaine or crack?	1 ☐ Last 12 months only 2 ☐ Before last 12 months only - *SKIP to 6* 3 ☐ Both time periods 4 ☐ Never – *SKIP to Check Item 3.13A*
5.	**On the days that you used cocaine or crack in the last 12 months, about how many grams, lines or rocks did you usually use in a single day?**	_____ Gram(s) OR _____ Line(s) OR _____ Rock(s)
6.	**At the time when you were using cocaine or crack the MOST, about how many grams, lines or rocks did you usually use in a single day?**	_____ Gram(s) OR _____ Line(s) OR _____ Rock(s)
7a.	**In which of the following ways have you used cocaine or crack?** *Read each response category.* *Mark (X) all that apply.*	1 ☐ IV, through the veins? 2 ☐ Injection under the skin? 3 ☐ Smoking, freebasing? 4 ☐ Snorting, sniffing, breathing? 5 ☐ By mouth, drinking? 6 ☐ Other method?
CHECK ITEM 3.13A	Is respondent only a marijuana user?	1 ☐ Yes - *SKIP to Section 3C* 2 ☐ No
CHECK ITEM 3.13B	Did respondent use stimulants in the last 12 months?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 3.13C*
7b.	**In the last 12 months, did you use Adderall, Concerta, Cylert, Provigil, Ritalin, Dexedrine or any other prescription stimulant ON YOUR OWN?**	1 ☐ Yes 2 ☐ No
7c.	**In the last 12 months, did you use a stimulant other than a prescription stimulant?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 3.13C	Did respondent use stimulants before 12 months ago?	1 ☐ Yes 2 ☐ No - *SKIP to 8*
7d.	**Did you use Adderall, Concerta, Cylert, Provigil, Ritalin, Dexedrine or any other prescription stimulant ON YOUR OWN before 12 months ago?**	1 ☐ Yes 2 ☐ No
7e.	**Did you use a stimulant other than a prescription stimulant before 12 months ago?**	1 ☐ Yes 2 ☐ No
8.	**Have you EVER taken ANY medicines or drugs ON YOUR OWN by injection with a needle?**	1 ☐ Yes 2 ☐ No – *SKIP to Section 3C*
9.	**Did you take ANY medicines or drugs ON YOUR OWN by injection with a needle in the last 12 months?**	1 ☐ Yes 2 ☐ No– *SKIP to 12*

Section 3B - MEDICINE USE (Continued)

(SHOW FLASHCARD 41) **10. About how many times in the last 12 months, did you inject a medicine or drug with a needle?**	1 ☐ Every day 2 ☐ Nearly every day 3 ☐ 3 to 4 times a week 4 ☐ 1 to 2 times a week 5 ☐ 2 to 3 times a month 6 ☐ Once a month 7 ☐ 7 to 11 times in the last year 8 ☐ 3 to 6 times in the last year 9 ☐ 2 times in the last year 10 ☐ Once in the last year
11. Did you take ANY medicines or drugs ON YOUR OWN by injection with a needle BEFORE 12 months ago?	1 ☐ Yes 2 ☐ No – *SKIP to 14*
(SHOW FLASHCARD 42) **12. Think about a time when you were taking a medicine or drug by injection with a needle the MOST. At that time about how often did you inject a medicine or drug?**	1 ☐ Every day 2 ☐ Nearly every day 3 ☐ 3 to 4 times a week 4 ☐ 1 to 2 times a week 5 ☐ 2 to 3 times a month 6 ☐ Once a month 7 ☐ 7 to 11 times a year 8 ☐ 3 to 6 times a year 9 ☐ 2 times a year 10 ☐ Once a year
13. About how long did that period last when you were taking a medicine or drug by injection the MOST? *(If less than 1 week, code 1 week)*	____ Week(s) OR ____ Month(s) OR ____ Year(s)
14. About how old were you when you first injected any medicine or drug?	_____ Age
15. I would like to ask you a few questions about needle sharing. By needle sharing, I mean using someone else's needles, syringes, or other injection equipment, like filters, spoons, cookers or washers, or letting someone else use yours. **In the last 12 months did you take ANY medicines or drugs using a needle or other injection equipment that you knew or suspected had been used by someone else, or did you let someone else use yours?**	1 ☐ Yes 2 ☐ No
16. Did this happen BEFORE 12 months ago?	1 ☐ Yes 2 ☐ No
CHECK ITEM 3.14 Is 15 or 16 marked "Yes"?	1 ☐ Yes 2 ☐ No – *SKIP to Section 3C*
17. About how many people shared a needle or other injection equipment the last time you shared?	1 ☐ 1 2 ☐ 2 3 ☐ 3 4 ☐ 4 5 ☐ 5 or more } *Go to Section 3C*

Section 3C - MEDICINE EXPERIENCES

1a. **Now I'm going to ask you about some experiences that people have reported in connection with their use of medicines or drugs ON THEIR OWN that we just talked about. As I read each experience, please tell me if this has ever happened to you.**

In your entire life, did you EVER ... *(PAUSE)*
(Repeat phrase frequently)

		b. Did this happen in the last 12 months?
(1) **Find that your usual amount of a medicine or drug had much less effect on you than it once did?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(2) **Find that you had to use much more of a medicine or drug to get the effect you wanted?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(3) **The next few questions are about the bad aftereffects that people may have when the effects of a medicine or drug are wearing off. This includes the morning after using it or in the first few days after stopping or cutting down on it. Did you EVER. . .** **Sleep more than usual (when the effects of a medicine or drug were wearing off)?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(4) **Feel weak or tired?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(5) **Feel depressed?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(6) **Find your heart beating fast (when the effects of a medicine or drug were wearing off)?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(7) **Have nausea or vomiting?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(8) **Yawn a lot?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(9) **Have runny eyes or a runny nose (when the effects of a medicine or drug were wearing off)?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(10) **Eat more than usual or gain weight?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*

Section 3C - MEDICINE EXPERIENCES (Continued)

c. **During the last 12 months, which medicines or drugs did this happen with?** *(SHOW FLASHCARD 40)*	**d.** **Did this happen before 12 months ago, that is before last** *(Month one year ago)***?**	**e.** **Which medicines or drugs did this happen with before 12 months ago?** *(SHOW FLASHCARD 40)*
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**

Section 3C - MEDICINE EXPERIENCES (Continued)

1a. Did you EVER ... *(PAUSE)* *(Repeat phrase frequently)*		**b. Did this happen in the last 12 months?**
(11) Feel anxious or nervous?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(12) Have muscle aches or cramps (when the effects of a medicine or drug were wearing off)?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(13) Have a fever?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(14) Become so restless you fidgeted, paced or couldn't sit still?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(15) Move or talk much more slowly than usual (when the effects of a medicine or drug were wearing off)?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(16) Find your pupils dilating or your hair standing up?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(17) Have unpleasant dreams that often seemed real?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(18) See, feel or hear things that weren't really there (when the effects of a medicine or drug were wearing off)?	1 ☐ Yes → 2 ☐ No - *Go to next experience,*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(19) Feel shaky or have shaky or trembling hands?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(20) Have trouble falling asleep or staying asleep?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*

Section 3C - MEDICINE EXPERIENCES (Continued)

c. **During the last 12 months, which medicines or drugs did this happen with?** *(SHOW FLASHCARD 40)*	**d.** **Did this happen before 12 months ago, that is before last** *(Month one year ago)***?**	**e.** **Which medicines or drugs did this happen with before 12 months ago?** *(SHOW FLASHCARD 40)*
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**

Section 3C - MEDICINE EXPERIENCES (Continued)

1a. Did you EVER ... *(Repeat phrase frequently)*		**b. Did this happen in the last 12 months?**
(21) Have fits or seizures (when the effects of a medicine or drug were wearing off)?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(22) Become more irritable than usual?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(23) Eat less than usual or lose weight?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(24) Feel angry, combative or aggressive (when the effects of a medicine or drug were wearing off)?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(25) Have a headache?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(26) Find yourself sweating?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(27) Have chills (when the effects of a medicine or drug were wearing off)?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(28) Have stomach pain?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
1a. In your entire life, did you EVER ... *(Repeat phrase frequently)* **(29) Take more of the same or a similar medicine or drug to get over or avoid any of these bad aftereffects?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*

Section 3C - MEDICINE EXPERIENCES (Continued)

c. **During the last 12 months, which medicines or drugs did this happen with?** *(SHOW FLASHCARD 40)*	**d.** **Did this happen before 12 months ago, that is before last** *(Month one year ago)***?**	**e.** **Which medicines or drugs did this happen with before 12 months ago?** *(SHOW FLASHCARD 40)*
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**

Section 3C - MEDICINE EXPERIENCES (Continued)

1a. In your entire life, did you EVER ... *(PAUSE)* *(Repeat phrase frequently)*		**b.** Did this happen in the last 12 months?
(30) **More than once WANT to stop or cut down on using any of these medicines or drugs?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(31) **More than once TRY to stop or cut down on using any of these medicines or drugs but found you couldn't do it?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(32) **Often use a medicine or drug in larger amounts or for a much longer period than you meant to?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(33) **Have a period when you spent a lot of time using a medicine or drug or getting over its bad aftereffects?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(34) **Have a period when you spent a lot of time making sure you always had enough of a medicine or drug available?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(35) **Give up or cut down on activities that were important to you in order to use a medicine or drug – like work, school, or associating with friends or relatives?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(36) **Give up or cut down on activities that you were interested in or that gave you pleasure in order to use a medicine or drug?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(37) **Continue to use a medicine or drug even though you knew it was making you feel depressed, uninterested in things, or suspicious or distrustful of other people?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(38) **Continue to use a medicine or drug even though you knew it was causing you a health problem or making a health problem worse?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(39) **Feel a very strong urge or desire to use a medicine or drug?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(40) **Want a medicine or drug so badly that you couldn't think of anything else?**	1 ☐ Yes → 2 ☐ No – *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*

Section 3C - MEDICINE EXPERIENCES (Continued)

c. During the last 12 months, which medicines or drugs did this happen with? *(SHOW FLASHCARD 40)*	**d. Did this happen before 12 months ago, that is before last** *(Month one year ago)***?**	**e. Which medicines or drugs did this happen with before 12 months ago?** *(SHOW FLASHCARD 40)*
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SET** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**

Section 3C - MEDICINE EXPERIENCES (Continued)

1a. In your entire life, did you EVER ... *(PAUSE)* *(Repeat phrase frequently)*		b. Did this happen in the last 12 months?
(41) Have arguments with your spouse or partner or family or friends as a result of your medicine or drug use?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(42) Continue to use a medicine or drug even though it was causing you trouble with your family or friends?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(43) Get into physical fights while under the influence of a medicine or drug?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(44) Have job or school troubles as a result of your medicine or drug use - like missing too much work, not doing your work well, being demoted or losing a job, or being suspended, expelled or dropping out of school?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(45) Continue to use a medicine or drug even though it was causing you problems at school or work?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(46) Have a period when your medicine or drug use or your being sick from your medicine or drug use often interfered with taking care of your home or family?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(47) More than once drive a car, motorcycle, truck, boat, or other vehicle when you were under the influence of a medicine or drug?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(48) Find yourself under the influence of a medicine or drug or feeling its aftereffects in situations that increased your chances of getting hurt - like swimming, using machinery, or walking in a dangerous area or around heavy traffic?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(49) More than once get arrested, held at a police station or have any other legal problems because of your medicine or drug use?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(50) Use any medicine or drug to make you more alert or to enhance your mental performance, skills or abilities at work or in school?	1 ☐ Yes → 2 ☐ No - *Go to Check Item 3.21*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*

Section 3C - MEDICINE EXPERIENCES (Continued)

c. **During the last 12 months, which medicines or drugs did this happen with?** *(SHOW FLASHCARD 40)*	**d.** **Did this happen before 12 months ago, that is before last** *(Month one year ago)***?**	**e.** **Which medicines or drugs did this happen with before 12 months ago?** *(SHOW FLASHCARD 40)*
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to Check Item 3.21*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**

Section 3C - MEDICINE EXPERIENCES (Continued)

CHECK ITEM 3.21 Are at least 2 boxes in Box 1, (2 or 3), 4-13 marked "Yes" in 1a, column e? 1 ☐ Yes 2 ☐ No - *SKIP to Check Item 3.24* — *Mark corresponding category below and ask 2 a-g for each marked category.*	**2a.** You just mentioned some experiences you had with *(Name of drug category)* in the past, that is, before 12 months ago. Before last *(Month one year ago)* was there ever a period when SOME of these experiences with *(Name of drug category)* were happening around the same time most days for at least a month *(PAUSE)*, on and off for a few months or longer *(PAUSE)* or within the same 1-year period?	**b.** About how old were you the FIRST time SOME of these experiences with *(Name of drug category)* BEGAN to happen around the same time?	**c.** In your ENTIRE LIFE how many separate periods like this did you have when some of these experiences with *(Name of drug category)* were happening around the same time? By separate periods, I mean times separated by at least a year when you EITHER STOPPED using *(Name of drug category)* entirely *(PAUSE)* OR you didn't have any of the experiences you just mentioned with *(Name of drug category)*?
1 ☐ **Sedatives or Tranquilizers**	1 ☐ Yes → 2 ☐ No- *SKIP to next drug category*	_____ Age	_____ Number
2 ☐ **Painkillers**	1 ☐ Yes → 2 ☐ No - *SKIP to next drug category*	_____ Age	_____ Number
3 ☐ **Marijuana**	1 ☐ Yes → 2 ☐ No - *SKIP to next drug category*	_____ Age	_____ Number
4 ☐ **Cocaine or Crack**	1 ☐ Yes → 2 ☐ No - *SKIP to next drug category*	_____ Age	_____ Number
5 ☐ **Stimulants**	1 ☐ Yes → 2 ☐ No - *SKIP to next drug category*	_____ Age	_____ Number
6 ☐ **Club drugs**	1 ☐ Yes → 2 ☐ No - *SKIP to next drug category*	_____ Age	_____ Number
7 ☐ **Hallucinogens**	1 ☐ Yes → 2 ☐ No - *SKIP to next drug category*	_____ Age	_____ Number
8 ☐ **Inhalants/Solvents**	1 ☐ Yes → 2 ☐ No - *SKIP to next drug category*	_____ Age	_____ Number
9 ☐ **Heroin**	1 ☐ Yes → 2 ☐ No - *SKIP to next drug category*	_____ Age	_____ Number
10 ☐ **Other**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 3.24*	_____ Age	_____ Number

Section 3C - MEDICINE EXPERIENCES (Continued)

CHECK ITEM 3.22 Is number in 2c, 2 or more or unknown?	**d.** In your ENTIRE LIFE what was the LONGEST period you had when SOME of these experiences with *(Name of drug category)* were happening around the same time?	**e.** About how old were you the MOST RECENT time when some of these experiences BEGAN to happen around the same time?	**f.** How long did this period last when some of these experiences with *(Name of drug category)* were happening around the same time?	CHECK ITEM 3.23 Is at least 1 item marked in 1, column c, items (1)-(49)?	**g.** About how old were you when you FINALLY STOPPED having ANY of these problems with *(Name of drug category)*? By finally stopped, I mean they never started happening again.
1 ☐ Yes → 2 ☐ No - *SKIP to 2f*	______ Month(s) OR ______ Year(s)	______ Age - *Go to Check Item 3.23*	______ Month(s) OR ______ Year(s)	1 ☐ Yes - *Go to next drug category* 2 ☐ No →	____ Age - *SKIP to next drug category*
1 ☐ Yes → 2 ☐ No - *SKIP to 2f*	______ Month(s) OR ______ Year(s)	______ Age - *Go to Check Item 3.23*	______ Month(s) OR ______ Year(s)	1 ☐ Yes - *Go to next drug category* 2 ☐ No →	____ Age - *SKIP to next drug category*
1 ☐ Yes → 2 ☐ No - *SKIP to 2f*	______ Month(s) OR ______ Year(s)	______ Age - *Go to Check Item 3.23*	______ Month(s) OR ______ Year(s)	1 ☐ Yes - *Go to next drug category* 2 ☐ No →	____ Age - *SKIP to next drug category*
1 ☐ Yes → 2 ☐ No - *SKIP to 2f*	______ Month(s) OR ______ Year(s)	______ Age - *Go to Check Item 3.23*	______ Month(s) OR ______ Year(s)	1 ☐ Yes - *Go to next drug category* 2 ☐ No →	____ Age - *SKIP to next drug category*
1 ☐ Yes → 2 ☐ No - *SKIP to 2f*	______ Month(s) OR ______ Year(s)	______ Age - *Go to Check Item 3.23*	______ Month(s) OR ______ Year(s)	1 ☐ Yes - *Go to next drug category* 2 ☐ No →	____ Age - *SKIP to next drug category*
1 ☐ Yes → 2 ☐ No - *SKIP to 2f*	______ Month(s) OR ______ Year(s)	______ Age - *Go to Check Item 3.23*	______ Month(s) OR ______ Year(s)	1 ☐ Yes - *Go to next drug category* 2 ☐ No →	____ Age - *SKIP to next drug category*
1 ☐ Yes → 2 ☐ No - *SKIP to 2f*	______ Month(s) OR ______ Year(s)	______ Age - *Go to Check Item 3.23*	______ Month(s) OR ______ Year(s)	1 ☐ Yes - *Go to next drug category* 2 ☐ No →	____ Age - *SKIP to next drug category*
1 ☐ Yes → 2 ☐ No - *SKIP to 2f*	______ Month(s) OR ______ Year(s)	______ Age - *Go to Check Item 3.23*	______ Month(s) OR ______ Year(s)	1 ☐ Yes - *Go to next drug category* 2 ☐ No →	____ Age - *SKIP to next drug category*
1 ☐ Yes → 2 ☐ No - *SKIP to 2f*	______ Month(s) OR ______ Year(s)	______ Age - *Go to Check Item 3.23*	______ Month(s) OR ______ Year(s)	1 ☐ Yes - *Go to next drug category* 2 ☐ No →	____ Age - *SKIP to next drug category*
1 ☐ Yes → 2 ☐ No - *SKIP to 2f*	______ Month(s) OR ______ Year(s)	______ Age – *Go to Check Item 3.23*	______ Month(s) OR ______ Year(s)	1 ☐ Yes – *Skip to Check Item 3.24* 2 ☐ No →	____ Age - *Go to Check Item 3.24*

Section 3C - MEDICINE EXPERIENCES (Continued)

CHECK ITEM 3.24 **Are at least 2 Boxes, Box 1, (2 or 3), 4-13, marked in 1a, Column c for Sedatives/Tranquilizers?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 3.25*

3. **You just mentioned SOME experiences you had with sedatives or tranquilizers in the last 12 months.**

(a) When you had SOME of these experiences with sedatives or tranquilizers in the last 12 months, were you using them without a prescription?

1 ☐ Yes
2 ☐ No

(b) During the last 12 months when you had some of these experiences with sedatives or tranquilizers, were you using them in LARGER AMOUNTS, MORE FREQUENTLY or LONGER than prescribed or for a reason other than prescribed by a doctor?

1 ☐ Yes
2 ☐ No

CHECK ITEM 3.25 **Are at least 2 Boxes, Box 1, (2 or 3), 4-13, marked in 1a, column e for sedatives/tranquilizers.**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 3.26*

4. **You just mentioned SOME experiences you had with sedatives or tranquilizers around the same time BEFORE 12 months ago, that is, BEFORE (month one year ago).**

(a) During ANY of these times when you had SOME of these experiences with sedatives or tranquilizers BEFORE 12 months ago, were you using them without a prescription?

1 ☐ Yes
2 ☐ No - *SKIP to 4c*

(b) Did ALL of these times BEFORE 12 months ago ONLY happen when you were using sedatives or tranquilizers without a prescription?

1 ☐ Yes -*SKIP to Check Item 3.26*
2 ☐ No

(c) During ANY of these times when you had SOME of those experiences with sedatives or tranquilizers BEFORE 12 months ago, were you using them in GREATER AMOUNTS, MORE FREQUENTLY, or LONGER than prescribed or for a reason other than prescribed by a doctor?

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 3.26*

5. **Did ALL of those times BEFORE 12 months ago ONLY happen when you were using sedatives or tranquilizers in LARGER AMOUNTS, MORE FREQUENTLY, or LONGER than prescribed or for a reason other than prescribed by a doctor?**

1 ☐ Yes
2 ☐ No

CHECK ITEM 3.26 **Are at least 2 Boxes, Box 1, (2 or 3), 4-13 marked in 1a, Column c for painkillers?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 3.27*

6. **You just mentioned SOME experiences you had with painkillers in the last 12 months.**

(a) When you had SOME of these experiences with painkillers in the last 12 months, were you using them without a prescription?

1 ☐ Yes
2 ☐ No

(b) During the last 12 months when you had some of these experiences with painkillers, were you using them in LARGER AMOUNTS, MORE FREQUENTLY or LONGER than prescribed or for a reason other than prescribed by a doctor?

1 ☐ Yes
2 ☐ No

CHECK ITEM 3.27 **Are at least 2 Boxes, Box 1, (2 or 3), 4-13, marked in 1a, column e for painkillers?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 3.28*

7. **You just mentioned SOME experiences you had with painkillers around the same time BEFORE 12 months ago, that is, BEFORE (month one year ago).**

(a) During ANY of these times when you had SOME of these experiences with painkillers BEFORE 12 months ago, were you using them without a prescription?

1 ☐ Yes
2 ☐ No - *SKIP to 7c*

Section 3C - MEDICINE EXPERIENCES (Continued)

7. **(b) Did ALL of these times BEFORE 12 months ago ONLY happen when you were using painkillers without a prescription?**

1 ☐ Yes - *SKIP to Check Item 3.28*
2 ☐ No

(c) During ANY of these times when you had SOME of those experiences with painkillers BEFORE 12 months ago, were you using them in GREATER AMOUNTS, MORE FREQUENTLY, or LONGER than prescribed or for a reason other than prescribed by a doctor?

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 3.28*

8. **Did ALL of those times BEFORE 12 months ago ONLY happen when you were using painkillers in LARGER AMOUNTS, MORE FREQUENTLY, or LONGER than prescribed or for a reason other than prescribed by doctor?**

1 ☐ Yes
2 ☐ No

CHECK ITEM 3.28 **Are at least 2 Boxes, Box 1, (2 or 3), 4-13, marked in 1a, Column c for stimulants?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 3.29*

9. **You just mentioned SOME experiences you had with stimulants in the last 12 months.**

(a) When you had SOME of these experiences with stimulants in the last 12 months, were you using them without a prescription?

1 ☐ Yes
2 ☐ No

(b) During the last 12 months when you had some of these experiences with stimulants, were you using them in LARGER AMOUNTS, MORE FREQUENTLY or LONGER than prescribed or for a reason other than prescribed by a doctor?

1 ☐ Yes
2 ☐ No

CHECK ITEM 3.29 **Are at least 2 Boxes, Box 1, (2 or 3), 4-13, marked in 1a, column e for stimulants?**

1 ☐ Yes
2 ☐ No - *SKIP to Section 3D*

10. **You just mentioned SOME experiences you had with stimulants around the same time BEFORE 12 months ago, that is, BEFORE (month one year ago).**

(a) During ANY of these times when you had SOME of these experiences with stimulants BEFORE 12 months ago, were you using them without a prescription?

1 ☐ Yes
2 ☐ No - *SKIP to 10c*

(b) Did ALL of these times BEFORE 12 months ago ONLY happen when you were using stimulants without a prescription?

1 ☐ Yes - *SKIP to Section 3D*
2 ☐ No

(c) During ANY of these times when you had SOME of those experiences with stimulants BEFORE 12 months ago, were you using them in GREATER AMOUNTS, MORE FREQUENTLY, or LONGER than prescribed or for a reason other than prescribed by a doctor?

1 ☐ Yes
2 ☐ No - *SKIP to Section 3D*

11. **Did ALL of those times BEFORE 12 months ago ONLY happen when you were using stimulants in LARGER AMOUNTS, MORE FREQUENTLY, or LONGER than prescribed or for a reason other than prescribed by a doctor?**

1 ☐ Yes
2 ☐ No } *Go to Section 3D*

Section 3D – TREATMENT UTILIZATION

1. **Have you ever gone anywhere or seen anyone for a reason that was related in any way to your use of medicines or drugs - a physician, counselor, Narcotics Anonymous, or any other community agency or professional?**

1 ☐ Yes
2 ☐ No - *SKIP to 4a*

2a. **I am going to read you a list of community agencies and professionals. For each one, please tell me if you have ever gone there for any reason related to your medicine or drug use.**

In your entire life, did you EVER go to a/an ...*(Repeat phrase frequently)*

			b. Did you go there in the last 12 months?
(1)	**Narcotics or Cocaine Anonymous, Alcoholics Anonymous or any 12-Step meeting?**	1 ☐ Yes → 2 ☐ No - *Go to next agency*	1 ☐ Yes → 2 ☐ No – *Skip to column d*
(2)	**Family services or another social service agency?**	1 ☐ Yes → 2 ☐ No - *Go to next agency*	1 ☐ Yes → 2 ☐ No – *Skip to column d*
(3)	**Drug or alcohol detoxification ward or clinic?**	1 ☐ Yes → 2 ☐ No - *Go to next agency*	1 ☐ Yes → 2 ☐ No – *Skip to column d*
(4)	**Inpatient ward of a psychiatric or general hospital or community mental health program?**	1 ☐ Yes → 2 ☐ No - *Go to next agency*	1 ☐ Yes → 2 ☐ No – *Skip to column d*
(5)	**Outpatient clinic, including outreach programs and day or partial patient programs?**	1 ☐ Yes → 2 ☐ No - *Go to next agency*	1 ☐ Yes → 2 ☐ No – *Skip to column d*
(6)	**Drug or alcohol rehabilitation program?**	1 ☐ Yes 2 ☐ No - *Go to next agency*	1 ☐ Yes 2 ☐ No – *Skip to column d*
(7)	**Methadone Maintenance Program?**	1 ☐ Yes 2 ☐ No - *Go to next agency*	1 ☐ Yes 2 ☐ No – *Skip to column d*
(8)	**Emergency room for any reason related to your drug use?**	1 ☐ Yes 2 ☐ No - *Go to next agency*	1 ☐ Yes 2 ☐ No – *Skip to column d*
(9)	**Halfway house, including therapeutic communities?**	1 ☐ Yes 2 ☐ No - *Go to next agency*	1 ☐ Yes 2 ☐ No – *Skip to column d*

Section 3D – TREATMENT UTILIZATION (Continued)

c. For which medicines or drugs did you go there in the last 12 months? *(SHOW FLASHCARD 40)*	d. Did you go there before 12 months ago, that is before last *(Month one year ago)*?	e. For which medicines or drugs did you go there before 12 months ago? *(SHOW FLASHCARD 40)*
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next agency*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next agency*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next agency*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next agency*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next agency*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next agency*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next agency*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next agency*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next agency*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**

Section 3D – TREATMENT UTILIZATION (Continued)

2a. In your entire life, did you EVER go to a/an ...*(Repeat phrase frequently)*			**b.** Did you go there in the last 12 months?
(10)	**Crisis center for any reason related to your drug use?**	1 ☐ Yes → 2 ☐ No - *Go to next agency*	1 ☐ Yes → 2 ☐ No – *Skip to column d*
(11)	**Employee Assistance Program (EAP)?**	1 ☐ Yes → 2 ☐ No - *Go to next agency*	1 ☐ Yes → 2 ☐ No – *Skip to column d*
(12)	**Clergyman, priest, rabbi or any other religious counselor for any reason related to your drug use?**	1 ☐ Yes → 2 ☐ No - *Go to next agency*	1 ☐ Yes → 2 ☐ No – *Skip to column d*
(13)	**Private physician, psychiatrist, psychologist, social worker or any other professional?**	1 ☐ Yes → 2 ☐ No - *Go to next agency*	1 ☐ Yes → 2 ☐ No – *Skip to column d*
(14)	**Any other agency or professional?**	1 ☐ Yes → 2 ☐ No - *Go to 3a*	1 ☐ Yes → 2 ☐ No – *Skip to column d*

Section 3D – TREATMENT UTILIZATION (Continued)		
c. For which medicines or drugs did you go there in the last 12 months? *(SHOW FLASHCARD 40)*	**d. Did you go there before 12 months ago, that is before last** *(Month one year ago)***?**	**e. For which medicines or drugs did you go there before 12 months ago?** *(SHOW FLASHCARD 40)*
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next agency*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next agency*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next agency*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next agency*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to 3a*	1 ☐ **SED** 2 ☐ **PAN** 3 ☐ **MAR** 4 ☐ **COC** 5 ☐ **STIM** 6 ☐ **CLB** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**

Section 3D - TREATMENT UTILIZATION (Continued)

3a. **How old were you the FIRST time you went anywhere for help or saw anyone for a reason that was related to your medicine or drug use?**

_____ Age

b. **How old were you the MOST RECENT time you went anywhere for help or saw anyone for a reason that was related to your medicine or drug use?**

_____ Age
OR
0 ☐ Happened only once

4a. **Was there ever a time when you thought you should see a doctor, counselor, or other health professional or seek any other help for your drug use, but you didn't go?**

1 ☐ Yes
2 ☐ No - *SKIP to Section 3E*

b. **Did this happen during the last 12 months?**

1 ☐ Yes
2 ☐ No - *SKIP to 4d*

c. **Did this happen before 12 months ago, that is, before last** (Month one year ago)**?**

1 ☐ Yes
2 ☐ No

(SHOW FLASHCARD 43)

d. **What were your reasons for not getting help?**

(Check all that apply.)

1 ☐ Wanted to go, but health insurance didn't cover
2 ☐ Didn't think anyone could help
3 ☐ Didn't know any place to go for help
4 ☐ Couldn't afford to pay the bill
5 ☐ Didn't have any way to get there
6 ☐ Didn't have time
7 ☐ Thought the problem would get better by itself
8 ☐ Was too embarrassed to discuss it with anyone
9 ☐ Was afraid of what my boss, friends, family, or others would think
10 ☐ Thought it was something I should be strong enough to handle alone
11 ☐ Was afraid they would put me into the hospital
12 ☐ Was afraid of the treatment they would give me
13 ☐ Hated answering personal questions
14 ☐ The hours were inconvenient
15 ☐ A member of my family objected
16 ☐ My family thought I should go but I didn't think it was necessary
17 ☐ Can't speak English very well
18 ☐ Was afraid I would lose my job
19 ☐ Couldn't arrange for child care
20 ☐ Had to wait too long to get into a program
21 ☐ Wanted to keep using medicines or drugs
22 ☐ Didn't think medicine or drug problem was serious enough
23 ☐ Didn't want to go
24 ☐ Stopped using medicines or drugs on my own
25 ☐ Friends or family helped me stop using medicines or drugs
26 ☐ Tried getting help before and it didn't work
27 ☐ Was afraid my children would be taken away
28 ☐ My religious beliefs don't allow me to go for treatment
29 ☐ Other reason

Go to Section 3E

Section 3E - FAMILY HISTORY - II

Statement K

Now I would like to ask you some further questions about whether your relatives, regardless of whether or not they are now living, have EVER had problems with drugs. By having problems with drugs I mean a person who has physical or emotional problems because of drug use *(PAUSE)***; problems with a spouse, family or friends because of drug use** *(PAUSE)***; problems at work or school because of drug use** *(PAUSE)***; problems with the police because of drug use - like driving under the influence** *(PAUSE)* **or a person who seems to spend a lot of time using drugs or getting over their bad aftereffects.** *(Repeat definition frequently.)*

1.	**In your judgment, has your blood or natural father had problems with drugs at ANY time in his life?**	1 ☐ Yes 2 ☐ No
2.	**Has your blood or natural mother had problems with drugs at ANY time in her life?**	1 ☐ Yes 2 ☐ No
3.	**(Did your full brother have/How many of your full brothers had) problems with drugs at ANY time in (his life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
4.	**(Did your full sister have/How many of your full sisters had) problems with drugs at ANY time in (her life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
5.	**(Did your natural son have/How many of your natural sons had) problems with drugs at ANY time in (his life/ their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
6.	**(Did your natural daughter have/How many of your natural daughters had) problems with drugs at ANY time in (her life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
7.	**(Did your natural father's full brother have/How many of your natural father's full brothers had) problems with drugs at ANY time in (his life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
8.	**(Did your natural father's full sister have/How many of your natural father's full sisters had) problems with drugs at ANY time in (her life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
9.	**(Did your natural mother's full brother have/How many of your natural mother's full brothers had) problems with drugs at ANY time in (his life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
10.	**(Did your natural mother's full sister have/How many of your natural mother's full sisters had) problems with drugs at ANY time in (her life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
11.	**Did your natural grandfather on your father's side have problems with drugs at ANY time in his life?**	1 ☐ Yes 2 ☐ No
12.	**Did your natural grandmother on your father's side have problems with drugs at ANY time in her life?**	1 ☐ Yes 2 ☐ No
13.	**Did your natural grandfather on your mother's side have problems with drugs at ANY time in his life?**	1 ☐ Yes 2 ☐ No
14.	**Did your natural grandmother on your mother's side have problems with drugs at ANY time in her life?**	1 ☐ Yes 2 ☐ No } *Go to Section 4A*

Section 4A - LOW MOOD I

Statement L **Now I'd like to ask you some questions about moods and related experiences that many people have had.**

1a.	**In your ENTIRE LIFE, have you ever had a time when you felt sad, blue, depressed, or down nearly every day for at least 2 weeks?**	1 ☐ Yes 2 ☐ No
b.	**In your ENTIRE LIFE, have you ever had a time when other people noticed that you were so sad, blue, depressed, or down that you weren't your normal self or that they were concerned about you nearly every day for at least 2 weeks?**	1 ☐ Yes 2 ☐ No
c.	**In your ENTIRE LIFE, have you ever had a time when you didn't care about the things that you usually cared about, or when you didn't enjoy the things you usually enjoyed nearly every day for at least 2 weeks?**	1 ☐ Yes 2 ☐ No
d.	**In your ENTIRE LIFE, have you ever had a time when other people noticed that you no longer cared about things or enjoyed things nearly every day for at least 2 weeks?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 4.1	Is at least 1 item marked "Yes" in 1a-1d?	1 ☐ Yes 2 ☐ No - *SKIP to Section 4B*

3a.	**The next few questions are about experiences many people have had when they felt sad, blue, depressed, or down or didn't care about things or enjoy things. During that time in your life when (your mood was at its lowest/you enjoyed or cared the least about things), please tell me if you ALSO had ANY of the following experiences NEARLY EVERY DAY for at least 2 weeks.** *(Repeat entire phrase frequently)*		**b.**
	Did you feel sad, blue, depressed or down?	1 ☐ Yes - *Mark Box 1* 2 ☐ No - *Go to next experience*	**Box** 1 ☐
b.	**Did you find that you didn't care about things that you usually cared about or you didn't enjoy the things you usually enjoyed?**	1 ☐ Yes - *Mark Box 2* 2 ☐ No - *Go to next experience*	**Box** 2 ☐
c.	**Did you lose at least 2 pounds a week for several weeks or at least 10 pounds altogether within a month, other than when you were physically ill or dieting?**	1 ☐ Yes - *Mark Box 3* 2 ☐ No - *Go to next experience*	**Box** 3 ☐
d.	**Did you lose your appetite?**	1 ☐ Yes - *Mark Box 3* 2 ☐ No - *Go to next experience*	
e.	**Did you gain at least 2 pounds a week for several weeks or at least 10 pounds altogether within a month other than when you were growing (or pregnant)?**	1 ☐ Yes - *Mark Box 3* 2 ☐ No - *Go to next experience*	
f.	**Did you find that you wanted to eat a lot more than usual for no special reason, nearly every day for at least 2 weeks?**	1 ☐ Yes - *Mark Box 3* 2 ☐ No - *Go to next experience*	
g.	**Did you have trouble falling asleep?**	1 ☐ Yes - *Mark Box 4* 2 ☐ No - *Go to next experience*	**Box** 4 ☐
h.	**Did you wake up too early nearly every day for at least 2 weeks?**	1 ☐ Yes - *Mark Box 4* 2 ☐ No - *Go to next experience*	
i.	**Did you sleep more than usual nearly every day for at least 2 weeks?**	1 ☐ Yes - *Mark Box 4* 2 ☐ No - *Go to next experience*	
j.	**Did you feel tired or get tired easily most days for at least 2 weeks, even though you weren't doing more than usual?**	1 ☐ Yes - *Mark Box 5* 2 ☐ No - *Go to next experience*	**Box** 5 ☐
k.	**Did you feel so tired that even small things took a lot of effort?**	1 ☐ Yes - *Mark Box 5* 2 ☐ No - *Go to next experience*	

Section 4A - LOW MOOD I (Continued)

3l.	**During that time in your life when (your mood was at its lowest/you enjoyed or cared the least about things), . . .** *(Repeat entire phrase frequently)*		**b.**
	Did you move or talk SO MUCH more slowly than usual that other people noticed most days for at least 2 weeks?	1 ☐ Yes - *Mark Box 6* 2 ☐ No - *Go to next experience*	**Box** 6 ☐
m.	**Did you become so restless that you fidgeted or paced most of the time?**	1 ☐ Yes - *Mark Box 6* 2 ☐ No - *Go to next experience*	
n.	**Did other people notice that you were so restless that you fidgeted or paced most of the time?**	1 ☐ Yes - *Mark Box 6* 2 ☐ No - *Go to next experience*	
o.	**Did you become so restless that you felt uncomfortable?**	1 ☐ Yes - *Mark Box 6* 2 ☐ No - *Go to next experience*	
p.	**Did other people notice that you were so restless that you seemed uncomfortable?**	1 ☐ Yes - *Mark Box 6* 2 ☐ No - *Go to next experience*	
q.	**Did you feel worthless nearly every day for at least 2 weeks?**	1 ☐ Yes - *Mark Box 7* 2 ☐ No - *Go to next experience*	**Box** 7 ☐
r.	**Did you feel guilty about things you normally wouldn't feel guilty about nearly every day for at least 2 weeks?**	1 ☐ Yes - *Mark Box 7* 2 ☐ No - *Go to next experience*	
s.	**Did you feel useless or good for nothing nearly every day for at least 2 weeks?**	1 ☐ Yes - *Mark Box 7* 2 ☐ No - *Go to next experience*	
t.	**Did you have trouble concentrating or keeping your mind on things most days for at least 2 weeks?**	1 ☐ Yes - *Mark Box 8* 2 ☐ No - *Go to next experience*	**Box** 8 ☐
u.	**Did other people notice that you were having trouble concentrating or keeping your mind on things?**	1 ☐ Yes - *Mark Box 8* 2 ☐ No - *Go to next experience*	
v.	**Did you find it harder than usual to make decisions most of the time for at least 2 weeks?**	1 ☐ Yes - *Mark Box 8* 2 ☐ No - *Go to next experience*	
w.	**Did other people notice that you found it harder than usual to make decisions?**	1 ☐ Yes - *Mark Box 8* 2 ☐ No - *Go to next experience*	
x.	**Did you attempt suicide or try to kill yourself?**	1 ☐ Yes - *Mark Box 9* 2 ☐ No - *Go to next experience*	**Box** 9 ☐
y.	**Did you think about committing suicide or killing yourself?**	1 ☐ Yes - *Mark Box 9* 2 ☐ No - *Go to next experience*	
z.	**Did you feel like you wanted to die?**	1 ☐ Yes - *Mark Box 9* 2 ☐ No - *Go to next experience*	
aa.	**Did you think a lot about your own death?**	1 ☐ Yes - *Mark Box 9* 2 ☐ No - *Go to Check Item 4.3*	

Section 4A - LOW MOOD I (Continued)

CHECK ITEM 4.3	Is Box 1 or 2 marked "Yes" and is the sum of boxes 1-9 equal to 5 or more?	1 ☐ Yes – *SKIP to 5a* 2 ☐ No
CHECK ITEM 4.3A	Is Box 1 or 2 marked "Yes" and is the sum of boxes 1-9 equal to 3 or 4?	1 ☐ Yes 2 ☐ No – *SKIP Section 4B*
4a.	**Now I'd like to know about some OTHER experiences that may have happened nearly every day when your mood was at its lowest or you enjoyed or cared the least about things.** **During ANY of those times, did you …** **Worry a lot about things even though you knew it was unreasonable?**	1 ☐ Yes 2 ☐ No
b.	**Spend a lot of time worrying about unpleasant things?**	1 ☐ Yes 2 ☐ No
c.	**Have trouble relaxing for at least 2 weeks?**	1 ☐ Yes 2 ☐ No
d.	**Fear something awful might happen?**	1 ☐ Yes 2 ☐ No
e.	**Find it difficult to sit still or find yourself fidgeting or pacing?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 4.3B	Are at least 2 items marked "Yes" in 4a-4e?	1 ☐ Yes 2 ☐ No – *SKIP to Section 4B*
5a.	**Now I'd like to ask you about some other things that might have happened to you during that time when (your mood was at its lowest/you enjoyed or cared the least about things) for at least 2 weeks and you had some of the other experiences you mentioned at the same time.** **During that time...** **Were you very upset by your low mood or any of these OTHER experiences?**	1 ☐ Yes 2 ☐ No
b.	**Did you have arguments or friction with friends, family, people at work or anyone else?**	1 ☐ Yes 2 ☐ No
c.	**Were you very troubled because of the way you felt at that time, or did you often wish you could get better?**	1 ☐ Yes 2 ☐ No
d.	**Did you have any trouble doing things you were supposed to do - like working, doing your schoolwork, or taking care of your home or family?**	1 ☐ Yes 2 ☐ No
e.	**Did you spend more time than usual by yourself, because you didn't want to be around people as much as usual?**	1 ☐ Yes 2 ☐ No
f.	**Did you find you couldn't do the things you usually did or wanted to do?**	1 ☐ Yes 2 ☐ No
g.	**Did you find you did a lot less or were less active than usual?**	1 ☐ Yes 2 ☐ No
h.	**Did you depend a lot more on people to take care of everyday things for you or to give you a lot of attention or comfort?**	1 ☐ Yes 2 ☐ No

Section 4A - LOW MOOD I (Continued)

6a. **About how old were you the FIRST time you BEGAN to (feel sad, blue, depressed or down/not care about things or enjoy things) for at least 2 weeks and when you also had some of the other experiences you mentioned?**

Refer to other experiences marked "Yes" in 3a – 5h, if necessary.

_____ Age

CHECK ITEM 4.4 Is respondent's age in 6a within 1 year of his/her present age or is present age or 6a unknown?

1 ☐ Yes
2 ☐ No - *SKIP to 7*

6b. **Did this FIRST time BEGIN to happen during the last 12 months?**

1 ☐ Yes
2 ☐ No

7. **In your ENTIRE LIFE, how many SEPARATE times lasting at least 2 weeks were there when you (felt sad, blue, depressed, or down/didn't care about things or enjoy things) and when you also had some of the other experiences you mentioned? By separate times, I mean times separated by at least 2 months when your mood was much improved or back to normal and you DIDN'T have ANY of the other experiences you mentioned.**

_____ Number

CHECK ITEM 4.5 Is number entered in 7, 2 or more or unknown?

1 ☐ Yes
2 ☐ No - *SKIP to 9e*

8a. **How old were you the MOST RECENT time you BEGAN to (feel sad, blue, depressed or down/not care about things or enjoy things) for at least 2 weeks and when you also had some of these other experiences?**

_____ Age

CHECK ITEM 4.6A Is respondent's age in 8a within 1 year of his/her present age or is present age or 8a unknown?

1 ☐ Yes
2 ☐ No - *SKIP to 9a*

8b. **Did this MOST RECENT time BEGIN to happen during the last 12 months?**

1 ☐ Yes
2 ☐ No

9a. **How long did this MOST RECENT time last when you (felt sad, blue, depressed or down/didn't care about things or enjoy things)?**

(Must be at least 2 weeks.)

_____ Week(s)
OR
_____ Month(s)
OR
_____ Year(s)

b. **Since this MOST RECENT time BEGAN, have there been at least 2 months when your mood was much improved or back to normal AND when you DIDN'T have ANY of the OTHER experiences you mentioned?**

1 ☐ Yes
2 ☐ No – *SKIP to 9d*

CHECK ITEM 4.6B Is "Yes" marked in 8b?

1 ☐ Yes - *SKIP to 9d*
2 ☐ No

9c. **Did this MOST RECENT time when your mood was much improved BEGIN to happen in the last 12 months?**

1 ☐ Yes
2 ☐ No

d. **In your ENTIRE LIFE, what was the LONGEST time you had when you (felt sad, blue, depressed, or down/didn't care about things or enjoy things)?**

(Must be at least 2 weeks.)

_____ Week(s)
OR
_____ Month(s)
OR
_____ Year(s)

} *SKIP to Check Item 4.8A*

Section 4A - LOW MOOD I (Continued)

9e.	**How long did that time last when you (felt sad, blue, depressed or down/didn't care about things or enjoy things)?** *(Must be at least 2 weeks.)*	_____ Week(s) OR _____ Month(s) OR _____ Year(s)
f.	**Since that time BEGAN, have there been at least 2 months when your mood was much improved or back to normal AND you DIDN'T have ANY of the OTHER experiences you mentioned?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.8*
CHECK ITEM 4.7	Is "Yes" marked in 6b?	1 ☐ Yes - *SKIP to Check Item 4.8* 2 ☐ No
9g.	**Did this time when your mood was much improved or back to normal BEGIN to happen in the last 12 months?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 4.8	Is number marked in 9e, 2 months or more or is Follow-up probe 9ep coded "Yes"?	1 ☐ Yes - *SKIP to Check Item 4.10* 2 ☐ No
10a.	**Did that time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) BEGIN to happen just after someone close to you died?**	1 ☐ Yes 2 ☐ No } *SKIP to Check Item 4.10*
CHECK ITEM 4.8A	Is number in 9d, less than 2 months or is Follow-up probe 9dp coded "No"?	1 ☐ Yes - *SKIP to Check Item 4.9A* 2 ☐ No
10b.	**Did ALL of those times when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) last for at least 2 months?**	1 ☐ Yes - *SKIP to Check Item 4.10* 2 ☐ No
CHECK ITEM 4.9A	Is 6b marked "Yes" or 8b marked "Yes"?	1 ☐ Yes 2 ☐ No - *SKIP to 10d*
10c.	**Think about the times in the last 12 months when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) for LESS than 2 months. Did ALL of those times BEGIN to happen just after someone close to you died?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 4.9B	Is 6b marked "Yes"?	1 ☐ Yes - *SKIP to Check Item 4.10* 2 ☐ No
10d.	**Think about the times BEFORE 12 months ago when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) for LESS than 2 months. Did ALL of those times BEGIN to happen just after someone close to you died?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 4.10	*Refer to Check Item 2.1, Section 2A.* Is the respondent a lifetime abstainer of alcohol?	1 ☐ Yes - *SKIP to 13* 2 ☐ No
11.	**Did (that time/ANY of those times) when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) BEGIN to happen DURING or within 1 month AFTER drinking heavily or a lot more than usual?**	1 ☐ Yes 2 ☐ No
12.	**Did (that time/ANY of those times) when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of drinking?**	1 ☐ Yes 2 ☐ No

Section 4A - LOW MOOD I (Continued)

13. Did (that time/ANY of those times) when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) BEGIN to happen DURING or within 1 month AFTER using a medicine or drug?	1 ☐ Yes 2 ☐ No
14. Did (that time/ANY of those times) when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of a medicine or drug?	1 ☐ Yes 2 ☐ No
CHECK ITEM 4.11 Is at least 1 item marked "Yes" in 11, 12, 13 OR 14?	1 ☐ Yes 2 ☐ No - *SKIP to 16a*
CHECK ITEM 4.12 Is Check Item 4.5 marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.13A*
15a. During that time, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?	1 ☐ Yes 2 ☐ No - *SKIP to 16a*
b. Did you CONTINUE (to feel sad, blue, depressed or down/not to care about things or enjoy things) for at least 1 month AFTER you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?	1 ☐ Yes 2 ☐ No } *SKIP to 16a*
CHECK ITEM 4.13A Is 6b marked "Yes" or 8b marked "Yes"?	1 ☐ Yes 2 ☐ No - *SKIP to 15g*
15c. Did ALL of the times when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) in the last 12 months ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.13B*
d. During ANY of those times in the last 12 months when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) after (drinking heavily/using any medicine or drugs), did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.13B*
e. During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?	1 ☐ Yes 2 ☐ No
f. Did you CONTINUE (to feel sad, blue, depressed or down/not to care about things or enjoy things) for at least 1 month AFTER ANY of those times in the last 12 months when you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?	1 ☐ Yes 2 ☐ No
CHECK ITEM 4.13B Is 6b marked "Yes"?	1 ☐ Yes - *SKIP to 16a* 2 ☐ No
15g. Did ALL of the times when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) BEFORE 12 months ago ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?	1 ☐ Yes 2 ☐ No - *SKIP to 16a*

Section 4A - LOW MOOD I (Continued)

15h. **During ANY of those times BEFORE 12 months ago when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) after (drinking heavily/using any medicines or drugs), did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 16a*
i. **During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
j. **Did you CONTINUE (to feel sad, blue, depressed or down/not to care about things or enjoy things) for at least 1 month AFTER ANY of those times BEFORE 12 months ago when you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
16a. **Did you EVER talk to any health professional like a psychiatrist, other medical doctor, psychologist, social worker or any other kind of counselor or therapist to help improve your mood?**	1 ☐ Yes 2 ☐ No
b. **Did you EVER go to a self-help or support group, use a hotline or visit an internet chat room for help to improve your mood?**	1 ☐ Yes 2 ☐ No
17a. **Were you EVER a patient in any kind of hospital overnight or longer because you (felt sad, blue, depressed or down/didn't care about things or enjoy things)?**	1 ☐ Yes 2 ☐ No
b. **Did you EVER go to an emergency room for help during any time when you (felt sad, blue, depressed or down/ didn't care about things or enjoy things)?**	1 ☐ Yes 2 ☐ No
18. **Did a doctor EVER prescribe any medicines or drugs to improve your mood?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 4.14 Is at least 1 item marked "Yes" in 16a-18? Did respondent ever seek help for their low mood?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.16*
19. **About how old were you the FIRST time you went anywhere or talked to anyone to get help for (feeling sad, blue, depressed or down/not caring about things or enjoying things)?**	_____ Age
CHECK ITEM 4.15 Is age in 19 equal to respondent's current age?	1 ☐ Yes - *SKIP to Check Item 4.16* 2 ☐ No
20. **Did you go anywhere or talk to anyone in the last 12 months?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.16*
CHECK ITEM 4.15A Is age in 19 at least 2 years less than respondent's current age?	1 ☐ Yes - *SKIP to Check Item 4.16* 2 ☐ No
21. **Did you go anywhere or talk to anyone before 12 months ago, that is, BEFORE last (Month one year ago)?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 4.16 Is Check Item 4.5 marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.17*
22a. **Did that time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to 23a1*

Section 4A - LOW MOOD I (Continued)

22b. **Did a doctor or other health professional tell you that this time was related to your physical illness or medical condition?**

1 ☐ Yes
2 ☐ No } *SKIP to 23a1*

CHECK ITEM 4.17 Is 6b marked "Yes" or 8b marked "Yes"?

1 ☐ Yes
2 ☐ No - *SKIP to 22e*

c. **Did ALL of those times when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) in the last 12 months ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 4.18*

d. **Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?**

1 ☐ Yes
2 ☐ No

CHECK ITEM 4.18 Is 6b marked "Yes"?

1 ☐ Yes - *SKIP to 23a1*
2 ☐ No

e. **Did ALL of those times BEFORE 12 months ago when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?**

1 ☐ Yes
2 ☐ No - *SKIP to 23a1*

f. **Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?**

1 ☐ Yes
2 ☐ No

CHECK ITEM 4.18A Is Check Item 4.3 marked "Yes"?

1 ☐ Yes
2 ☐ No - *SKIP to Section 4B*

23a. **Now I'd like to know about some other experiences that may have happened during (that time/ANY of those times) when you (felt sad, blue, depressed or down/didn't care about things or enjoy things).**

During (that time/ANY of these times), please tell me if you had ANY of the following experiences nearly every day.

Did you…

(Repeat phrase frequently.)

		b. Did this happen during ANY of those times when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN in the last 12 months?	**c. Did this happen during ANY of those times that BEGAN BEFORE 12 months ago?**
(1) **Feel extremely excited or elated?**	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes 2 ☐ No
(2) **Feel very irritable or easily annoyed?**	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes 2 ☐ No
(3) **Feel extremely revved up or energetic?**	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes 2 ☐ No
(4) **Need much less sleep than usual?**	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes 2 ☐ No
(5) **Feel rested after getting much less sleep than usual?**	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes 2 ☐ No
(6) **Find you were more talkative than usual?**	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes 2 ☐ No
(7) **Feel pressure to keep talking?**	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes 2 ☐ No

Section 4A - LOW MOOD I (Continued)

23a. During (that time/ANY of those times), did you… *(Repeat phrase frequently.)*		b. Did this happen during ANY of those times when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN in the last 12 months?	c. Did this happen during ANY of those times that BEGAN BEFORE 12 months ago?
(8)	**Talk so fast that people had trouble understanding you or couldn't get a word in edgewise?**	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes 2 ☐ No
(9)	**Find your thoughts racing so fast that you couldn't keep track of them?**	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes 2 ☐ No
(10)	**Find your thoughts racing so fast that it was hard to follow your own thoughts?**	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes 2 ☐ No
(11)	**Become more active than usual at work, at home, or in pursuing other interests?**	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes 2 ☐ No
(12)	**Become more sexually active than usual?**	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes 2 ☐ No
(13)	**Have sex with people you normally wouldn't be interested in?**	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes 2 ☐ No
(14)	**Do anything unusual that could have gotten you into trouble - like buying things you couldn't afford or didn't need, making foolish decisions about money, or driving recklessly?**	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes 2 ☐ No
(15)	**Do anything that you later regretted - like spending time with people you normally wouldn't be interested in?**	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes 2 ☐ No
(16)	**Feel that you were an unusually important person or that you had special gifts, powers, or abilities to do things that most other people couldn't do?**	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes 2 ☐ No
(17)	**Have trouble concentrating because little things going on around you got you easily off track?**	1 ☐ Yes → 2 ☐ No - *Go to Check Item 4.18B*	1 ☐ Yes → 2 ☐ No - *Go to Check Item 4.18B*	1 ☐ Yes 2 ☐ No

CHECK ITEM 4.18B	Is "Yes" marked in Check Item 4.5?	1 ☐ Yes 2 ☐ No – *Skip to Section 4B*
CHECK ITEM 4.19	Are at least 3 Boxes marked "Yes" in 23 column b?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.20*
25.	**Did SOME of these experiences we just talked about happen nearly every day during ANY of those times in the last 12 months when you (felt sad, blue, depressed or down/didn't care about things or enjoy things)?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.20*
26.	**Did SOME of these experiences happen nearly every day during ALL of those times in the last 12 months when you (felt sad, blue, depressed or down/didn't care about things or enjoy things)?**	1 ☐ Yes 2 ☐ No

Section 4A - LOW MOOD I (Continued)

CHECK ITEM 4.20	Are at least 3 Boxes marked "Yes" in 23, column c?	1 ☐ Yes 2 ☐ No - *SKIP to Section 4B*
27.	**Did SOME of these experiences we just talked about happen nearly every day during ANY of those times BEFORE 12 months ago when you (felt sad, blue, depressed or down/didn't care about things or enjoy things)?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 4B*
28.	**Did SOME of these experiences happen nearly every day during ALL of those times BEFORE 12 months ago when you (felt sad, blue, depressed or down/didn't care about things or enjoy things)?**	1 ☐ Yes 2 ☐ No } *Go to Section 4B*

Section 4B - LOW MOOD II

1.	**Some people have reported that they have low moods that last for 2 years or longer.** **Have you EVER had a time that lasted for at least 2 years when more days then not you were in a low mood?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 4C*

	3a. During that time when your mood was at its lowest, did you OFTEN. . . *(Repeat entire phrase frequently)*		**b.**
	Lose your appetite?	1 ☐ Yes - *Mark Box 1* 2 ☐ No - *Go to next experience*	**Box** 1 ☐
b.	**Find you wanted to eat a lot more than usual for no special reason?**	1 ☐ Yes - *Mark Box 1* 2 ☐ No - *Go to next experience*	
c.	**Have trouble falling asleep, staying asleep or waking up too early?**	1 ☐ Yes - *Mark Box 2* 2 ☐ No - *Go to next experience*	**Box** 2 ☐
d.	**Sleep more than usual?**	1 ☐ Yes - *Mark Box 2* 2 ☐ No - *Go to next experience*	
e.	**Feel tired or feel you didn't have much energy?**	1 ☐ Yes - *Mark Box 3* 2 ☐ No - *Go to next experience*	**Box** 3 ☐
f.	**Have trouble concentrating or keeping your mind on things?**	1 ☐ Yes - *Mark Box 4* 2 ☐ No - *Go to next experience*	**Box** 4 ☐
g.	**Find it harder than usual to make everyday decisions?**	1 ☐ Yes - *Mark Box 4* 2 ☐ No - *Go to next experience*	
h.	**Feel that you weren't as good as other people?**	1 ☐ Yes - *Mark Box 5* 2 ☐ No - *Go to next experience*	**Box** 5 ☐
i.	**Feel down on yourself?**	1 ☐ Yes - *Mark Box 5* 2 ☐ No - *Go to next experience*	
j.	**Feel that you were inadequate or a failure?**	1 ☐ Yes - *Mark Box 5* 2 ☐ No - *Go to next experience*	
k.	**Feel like life would never work out the way you wanted?**	1 ☐ Yes - *Mark Box 5* 2 ☐ No - *Go to next experience*	
l.	**Feel that things were bad and would never get better?**	1 ☐ Yes - *Mark Box 6* 2 ☐ No - *Go to next experience*	**Box** 6 ☐
m.	**Feel hopeless?**	1 ☐ Yes - *Mark Box 6* 2 ☐ No - *Go to next experience*	

CHECK ITEM 4.23	Are at least 2 boxes marked Boxes 1-6, column b?	1 ☐ Yes 2 ☐ No - *Go to Section 4C*

Section 4B - LOW MOOD II (Continued)

4a.	**Now I'd like to ask you about some other things that might have happened to you during that time when your mood was at its lowest for at least 2 years and you had some of the other experiences you mentioned around the same time.** **During those years, did you. . .** *(Repeat phrase frequently)* **Feel very upset by your low mood or any of those other experiences?**	1 ☐ Yes 2 ☐ No
b.	**Wish you could get better?**	1 ☐ Yes 2 ☐ No
c.	**Have arguments or friction with family, friends, people at work or anyone else?**	1 ☐ Yes 2 ☐ No
d.	**Have difficulty doing the things you were supposed to do - like working, doing your schoolwork or taking care of your home or family?**	1 ☐ Yes 2 ☐ No
e.	**Dwell on the past or brood about the past?**	1 ☐ Yes 2 ☐ No
f.	**Find that you did a lot less than usual or were less active?**	1 ☐ Yes 2 ☐ No
g.	**Spend more time by yourself because you didn't want to be around people?**	1 ☐ Yes 2 ☐ No
h.	**Ask people for help so much that it caused problems getting along with them?**	1 ☐ Yes 2 ☐ No
5.	**About how old were you the FIRST time you BEGAN to have a low mood that lasted for at least 2 years and you also had SOME of the other experiences you mentioned?** *Refer to other experiences marked "Yes" in 3a – 4h, if necessary.*	_____ Age
6.	**In your ENTIRE LIFE, how many SEPARATE times lasting at least 2 years were there when your mood was low and you often had SOME of the other experiences you mentioned?** **By separate times, I mean times separated by at least 2 months when your mood was much improved or back to normal AND you didn't have ANY of the OTHER experiences you mentioned.**	_____ Number
CHECK ITEM 4.24A	Is number entered in 6, 2 or more or unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 8b*
7a.	**How old were you the MOST RECENT time you BEGAN to have a low mood that lasted for at least 2 years and you often had SOME of the other experiences you mentioned?**	_____ Age
b.	**For how many years did this MOST RECENT time last?** *(Must be at least 2 years.)*	_____ Years
c.	**Since this MOST RECENT time BEGAN, has there been a time lasting at least 2 months when your mood was much improved or back to normal AND you DIDN'T have ANY of those OTHER experiences?**	1 ☐ Yes 2 ☐ No - *SKIP to 8a*
d.	**Did this MOST RECENT time when your mood was much improved BEGIN to happen in the last 12 months?**	1 ☐ Yes 2 ☐ No

Section 4B - LOW MOOD II (Continued)

8a.	**In your ENTIRE LIFE, what was the LONGEST period you had when your mood was low and you had some of those other experiences?** *(Must be at least 2 years.)*	_____ Years - *SKIP to Check Item 4.25*
b.	**For how many years did that time last when your mood was low and you had some of the other experiences you mentioned?** *(Must be at least 2 years.)*	_____ Years
c.	**Since that time BEGAN, has there been a time lasting at least 2 months when your mood was much improved or back to normal AND you DIDN'T have ANY of those OTHER experiences?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.25*
d.	**Did this time when your mood was much improved BEGIN to happen in the last 12 months?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 4.25	*Refer to Check Item 2.1, Section 2A.* Is respondent a lifetime abstainer of alcohol?	1 ☐ Yes - *SKIP to 11* 2 ☐ No
9.	**Did (that time/ANY of those times) when your mood was low for at least 2 years BEGIN to happen DURING or within 1 month AFTER drinking heavily or a lot more than usual?**	1 ☐ Yes 2 ☐ No
10.	**Did (that time/ANY of those times) when your mood was low for at least 2 years BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of drinking?**	1 ☐ Yes 2 ☐ No
11.	**Did (that time/ANY of those times) when your mood was low for at least 2 years BEGIN to happen DURING or within 1 month AFTER using a medicine or drug?**	1 ☐ Yes 2 ☐ No
12.	**Did (that time/ANY of those times) when your mood was low for at least 2 years BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of a medicine or drug?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 4.26	Is at least 1 item marked "Yes" in 9, 10, 11 OR 12?	1 ☐ Yes 2 ☐ No - *SKIP to 14a*
CHECK ITEM 4.27	Is number in 6, 2 or more or unknown?	1 ☐ Yes - *SKIP to 13c* 2 ☐ No
13a.	**During that time, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 14a*
b.	**Did you CONTINUE to have a low mood for at least 1 month AFTER you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No } *SKIP to 14a*
c.	**Did the MOST RECENT time when your mood was low for at least 2 years BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.28*
d.	**During that MOST RECENT time, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.28*
e.	**Did you CONTINUE to have a low mood for at least 1 month AFTER you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No

Section 4B - LOW MOOD II (Continued)

CHECK ITEM 4.28	Is number entered in 6, 3 or more or D or R?	1 ☐ Yes - *SKIP to 13i* 2 ☐ No
13f.	**Did the earlier time when your mood was low for at least 2 years BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/ experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to 14a*
g.	**During that earlier time, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 14a*
h.	**Did you CONTINUE to have a low mood for at least 1 month AFTER the earlier time when you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No } *SKIP to 14a*
i.	**Did ALL of the earlier times when your mood was low for at least 2 years ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to 14a*
j.	**During ANY of those earlier times when your mood was low for at least 2 years after (drinking heavily/using any medicines or drugs), did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 14a*
k.	**During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
l.	**Did you CONTINUE to have a low mood for at least 1 month AFTER ANY of those earlier times when you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
14a.	**DURING (that time/ANY of those times) when your mood was low for at least 2 years, did you EVER talk to any health professional like a psychiatrist, other medical doctor, psychologist, social worker or any other kind of counselor or therapist to help improve your mood?**	1 ☐ Yes 2 ☐ No
b.	**DURING (that time/ANY of those times) when your mood was low for at least 2 years, did you EVER go to a self-help or support group, use a hotline or visit an internet chat room for help to improve your mood?**	1 ☐ Yes 2 ☐ No
15a.	**DURING (that time/ANY of those times) when your mood was low for at least 2 years, were you EVER a patient in a hospital for at least 1 night because of your low mood?**	1 ☐ Yes 2 ☐ No
b.	**Did you EVER go to an emergency room for help during (that time/ANY of those times) when you felt low?**	1 ☐ Yes 2 ☐ No
16.	**DURING (that time/ANY of those times) when your mood was low for at least 2 years, did a doctor EVER prescribe any medicines or drugs to improve your mood or to make you feel better?**	1 ☐ Yes 2 ☐ No

Section 4B - LOW MOOD II (Continued)

CHECK ITEM 4.29	Is at least 1 item marked "Yes" in 14a - 16? Did respondent ever seek help for their persistent low mood?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.31*
17.	**About how old were you the FIRST time you went anywhere or talked to anyone to get help for your low mood that lasted for at least 2 years?**	_____ Age
CHECK ITEM 4.30	Is age in 17 equal to respondent's current age?	1 ☐ Yes - *SKIP to Check Item 4.31* 2 ☐ No
18.	**Did you go anywhere or talk to anyone in the last 12 months?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.31*
CHECK ITEM 4.30A	Is age in 17 at least 2 years less than respondent's current age?	1 ☐ Yes - *SKIP to Check Item 4.31* 2 ☐ No
19.	**Did you go anywhere or talk to anyone before the last 12 months, that is, BEFORE last** *(Month one year ago)***?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 4.31	Is number in 6, 2 or more or unknown?	1 ☐ Yes - *SKIP to 20c* 2 ☐ No
20a.	**Did that time when your mood was low for at least 2 years BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No – *SKIP to Section 4C*
b.	**Did a doctor or other health professional tell you that this time was related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No } *SKIP to Section 4C*
c.	**Did the MOST RECENT time when your mood was low for at least 2 years BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 4.32*
d.	**Did a doctor or other health professional tell you that this MOST RECENT time was related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 4.32	Is number entered in 6, 3 or more or D or R?	1 ☐ Yes - *SKIP to 20g* 2 ☐ No
20e.	**Did the EARLIER time when your mood was low for at least 2 years BEGIN to happen DURING a time you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 4C*
f.	**Did a doctor or other health professional tell you this EARLIER time was related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No } *SKIP to Section 4C*
g.	**Did ALL of those EARLIER times when your mood was low for at least 2 years ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 4C*
h.	**Did a doctor or other health professional tell you that ALL of the EARLIER times like this were related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No } *Goto Section 4C*

Section 4C - FAMILY HISTORY - III

Now I would like to ask about whether any of your relatives, regardless of whether or not they are now living, have ever been depressed for a period of AT LEAST 2 WEEKS.

(SHOW FLASHCARD 44)

Statement M

By depressed I mean they felt down, sad, blue or didn't care about things and also ate or slept too little or too much, moved more slowly than usual, were tired or agitated, had trouble concentrating, making decisions or doing things, or felt worthless or thought about suicide.

(REFER TO FLASHCARD FREQUENTLY.)

1.	**Was your blood or natural father depressed at ANY time in his life?**	1 ☐ Yes 2 ☐ No
2.	**Was your blood or natural mother depressed at ANY time in her life?**	1 ☐ Yes 2 ☐ No
3.	**(Was your full brother/How many of your full brothers were) depressed at ANY time in (his life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
4.	**(Was your full sister/How many of your full sisters were) depressed at ANY time in (her life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
5.	**(Was your natural son/How many of your natural sons were) depressed at ANY time in (his life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
6.	**(Was your natural daughter/How many of your natural daughters were) depressed at ANY time in (her life/ their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
7.	**(Was your natural father's full brother/How many of your natural father's full brothers were) depressed at ANY time in (his life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
8.	**(Was your natural father's full sister/How many of your natural father's full sisters were) depressed at ANY time in (her life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
9.	**(Was your natural mother's full brother/How many of your natural mother's full brothers were) depressed at ANY time in (his life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
10.	**(Was your natural mother's full sister/How many of your natural mother's full sisters were) depressed at ANY time in (her life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
11.	**Was your natural grandfather on your father's side depressed at ANY time in his life?**	1 ☐ Yes 2 ☐ No
12.	**Was your natural grandmother on your father's side depressed at ANY time in her life?**	1 ☐ Yes 2 ☐ No
13.	**Was your natural grandfather on your mother's side depressed at ANY time in his life?**	1 ☐ Yes 2 ☐ No
14.	**Was your natural grandmother on your mother's side depressed at ANY time in her life?**	1 ☐ Yes 2 ☐ No *Go to Section 5*

Section 5 - HIGH MOOD

Statement N **Now I'd like to ask you about OTHER moods and related experiences you may have had.**

1a.	**In your ENTIRE LIFE, have you EVER had a time lasting at least 1 week when you felt so extremely excited or elated that other people thought you weren't your normal self or were concerned about you?**	1 ☐ Yes 2 ☐ No
b.	**In your ENTIRE LIFE, have you EVER had a time lasting a least 1 week when you were so irritable or easily annoyed that you acted really angry and often started fights or arguments?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 5.1	Is at least 1 item marked "Yes" in 1a or 1b?	1 ☐ Yes 2 ☐ No – *Skip to 3a*
2.	**During ANY of these times lasting at least 1 week when you were extremely (excited or elated/irritable or easily annoyed), were you ALSO so revved up or energetic that other people thought you weren't your normal self or were concerned about you?**	1 ☐ Yes – *Skip to 6a* 2 ☐ No
3a.	**In your ENTIRE LIFE, have you EVER had a time lasting LESS than 1 week when you felt so extremely excited or elated that other people thought you weren't your normal self or were concerned about you?**	1 ☐ Yes 2 ☐ No
b.	**In your ENTIRE LIFE, have you EVER had a time lasting LESS than 1 week when you were so irritable or easily annoyed that you acted really angry and often started fights or arguments?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 5.2	Is at least 1 item marked "Yes" in 3a or 3b?	1 ☐ Yes 2 ☐ No – *SKIP to Section 6*
4.	**During ANY of these times lasting LESS than 1 week when you were extremely (excited or elated/irritable or easily annoyed), were you ALSO so revved up or energetic that other people thought you weren't your normal self or were concerned about you?**	1 ☐ Yes 2 ☐ No – *Skip to Section 6*
5a.	**Just AFTER ANY of those times lasting LESS than 1 week when you felt extremely (excited or elated or irritable/ easily annoyed) AND also extremely revved up or energetic, were you hospitalized for these mood changes?**	1 ☐ Yes – *SKIP to 6a* 2 ☐ No
b.	**Did ANY of those times lasting LESS than 1 week when you felt extremely (excited or elated or irritable/ easily annoyed) AND also extremely revved up or energetic last for at least 4 days?**	1 ☐ Yes 2 ☐ No – *SKIP to Section 6*

6a.	**The next few questions are about experiences many people have had when they felt extremely excited, elated, irritable or easily annoyed AND also revved up or energetic.** **During that time when (you were the MOST excited or elated/you felt the MOST irritable or easily annoyed/you were the MOST excited or elated OR you felt the MOST irritable or easily annoyed) AND you also felt extremely revved up or energetic, did you . . .** *(Repeat entire phrase frequently)*		**b.**
	Feel extremely excited or elated?	1 ☐ Yes - *Mark Box 1* 2 ☐ No - *Go to next experience*	**Box** 1 ☐

Section 5 - HIGH MOOD (Continued)

6b.	**Feel extremely revved up or energetic?**	1 ☐ Yes - *Mark Box 2* 2 ☐ No - *Go to next experience*	**Box** 2 ☐
c.	**Feel very irritable or easily annoyed?**	1 ☐ Yes - *Mark Box 3* 2 ☐ No - *Go to next experience*	**Box** 3 ☐
d.	**Need much less sleep than usual?**	1 ☐ Yes - *Mark Box 4* 2 ☐ No - *Go to next experience*	**Box** 4 ☐
e.	**Feel rested after getting less sleep than usual?**	1 ☐ Yes - *Mark Box 4* 2 ☐ No - *Go to next experience*	
f.	**Find you were more talkative than usual?**	1 ☐ Yes - *Mark Box 5* 2 ☐ No - *Go to next experience*	**Box** 5 ☐
g.	**Feel a pressure to keep talking?**	1 ☐ Yes - *Mark Box 5* 2 ☐ No - *Go to next experience*	
h.	**Talk so fast that people had trouble understanding you or couldn't get a word in edgewise?**	1 ☐ Yes - *Mark Box 5* 2 ☐ No - *Go to next experience*	
i.	**Have trouble concentrating because little things going on around you easily got you off track?**	1 ☐ Yes - *Mark Box 6* 2 ☐ No - *Go to next experience*	**Box** 6 ☐
j.	**Find your thoughts racing so fast that you couldn't keep track of them?**	1 ☐ Yes - *Mark Box 7* 2 ☐ No - *Go to next experience*	**Box** 7 ☐
k.	**Find your thoughts racing so fast that it was hard to follow your own thoughts?**	1 ☐ Yes - *Mark Box 7* 2 ☐ No - *Go to next experience*	
l.	**Feel so restless that you fidgeted, paced, or couldn't sit still?**	1 ☐ Yes - *Mark Box 8* 2 ☐ No - *Go to next experience*	**Box** 8 ☐
m.	**Become more active than usual at work, school, at home, or in pursuing other interests?**	1 ☐ Yes - *Mark Box 8* 2 ☐ No - *Go to next experience*	
n.	**Become more sexually active than usual?**	1 ☐ Yes - *Mark Box 8* 2 ☐ No - *Go to next experience*	
o.	**Have sex with people you normally wouldn't be interested in?**	1 ☐ Yes - *Mark Box 8* 2 ☐ No - *Go to next experience*	
p.	**Become so physically restless that it made you uncomfortable?**	1 ☐ Yes - *Mark Box 8* 2 ☐ No - *Go to next experience*	
q.	**Do anything unusual that could have gotten you into trouble - like buying things you couldn't afford or didn't need, making foolish decisions about money, or driving recklessly?**	1 ☐ Yes - *Mark Box 9* 2 ☐ No - *Go to next experience*	**Box** 9 ☐
r.	**Do anything that you later regretted - like spending time with people you normally wouldn't be interested in?**	1 ☐ Yes - *Mark Box 9* 2 ☐ No - *Go to next experience*	
s.	**Feel that you were an unusually important person or that you had special gifts, powers, or abilities to do things that most other people couldn't do?**	1 ☐ Yes - *Mark Box 10* 2 ☐ No - *Go to Check Item 5.3*	**Box** 10 ☐

Section 5 - HIGH MOOD (Continued)

CHECK ITEM 5.3	Is Box 1 marked "No" and is Box 3 marked "Yes"?	1 ☐ Yes – *Go to Check Item 5.3A* 2 ☐ No - *Go to Check Item 5.3B*
CHECK ITEM 5.3A	Are at least 4 Boxes 4-10 marked "Yes"?	1 ☐ Yes – *SKIP to 7a* 2 ☐ No - *SKIP to Section 6*
CHECK ITEM 5.3B	Are at least 3 Boxes 4-10 marked "Yes"?	1 ☐ Yes 2 ☐ No - *SKIP to Section 6*
7a.	**Now I'd like to ask you about some things that might have happened to you during that time when (you were the MOST excited or elated/you felt the MOST irritable or easily annoyed) and you ALSO felt extremely revved up or energetic for (at least 1 week/4-6 days) and when you had some of the other experiences you mentioned.** **During that time. . .** **Were you very upset by feeling extremely (excited or elated /irritable or easily annoyed) and extremely revved up or energetic or by any of those OTHER experiences?**	1 ☐ Yes 2 ☐ No
b.	**Did you have any serious problems getting along with other people - like arguing with your friends, family, people at work or anyone else?**	1 ☐ Yes 2 ☐ No
c.	**Did you have any serious problems doing things you were supposed to do - like working, doing your schoolwork, or taking care of your home or family?**	1 ☐ Yes 2 ☐ No
d.	**Did you have trouble getting things done?**	1 ☐ Yes 2 ☐ No
e.	**Did you have any legal trouble - like being arrested, held at the police station or put in jail?**	1 ☐ Yes 2 ☐ No
8a.	**About how old were you the FIRST time you BEGAN to feel extremely (excited or elated /irritable or easily annoyed) AND also extremely revved up or energetic for (at least 1 week/less than 1 week) and when you also had some of the other experiences you mentioned?** *Refer to other experiences marked "Yes" in 6a – 7e, if necessary.*	_____ Age
CHECK ITEM 5.4	Is respondent's age in 8a within 1 year of his/her present age or is present age or 8a unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 9*
8b.	**Did this FIRST time BEGIN to happen during the last 12 months?**	1 ☐ Yes 2 ☐ No
9.	**In your ENTIRE LIFE, how many SEPARATE times lasting (at least 1 week/4-6 days) were there when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic and when you also had some of the other experiences you mentioned?** **By separate times, I mean times separated by at least 2 months when your mood was back to normal, AND you DIDN'T have ANY of the OTHER experiences you mentioned.**	_____ Number
CHECK ITEM 5.5	Is number in 9, 2 or more or unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 11e*
10a.	**How old were you the MOST RECENT time you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic and when you also had some of those other experiences?**	_____ Age
CHECK ITEM 5.6A	Is respondent's age in 10a within 1 year of his/her present age or is present age or 10a unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 11a*
10b.	**Did this MOST RECENT time BEGIN to happen during the last 12 months?**	1 ☐ Yes 2 ☐ No

Section 5 - HIGH MOOD (Continued)

11a. **How long did this MOST RECENT time last when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic?**	_____ Day(s) OR _____ Week(s) OR _____ Month(s) OR _____ Year(s)
b. **Since this MOST RECENT time BEGAN, have there been at least 2 months when your mood was back to normal AND you DIDN'T have ANY of the OTHER experiences you mentioned?**	1 ☐ Yes 2 ☐ No - *SKIP to 11d*
CHECK ITEM 5.6B Is 10b marked "Yes"?	1 ☐ Yes - *SKIP to 11d* 2 ☐ No
11c. **Did this MOST RECENT time when your mood was back to normal BEGIN to happen in the last 12 months?**	1 ☐ Yes 2 ☐ No
d. **In your ENTIRE LIFE, what was the LONGEST time you had when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic?**	_____ Days(s) OR _____ Week(s) OR _____ Month(s) OR _____ Year(s) } *SKIP to Check Item 5.7*
e. **How long did that time last when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic?**	_____ Days(s) OR _____ Week(s) OR _____ Month(s) OR _____ Year(s)
f. **Since that time BEGAN, have there been at least 2 months when your mood was back to normal AND you DIDN'T have ANY of the OTHER experiences that you mentioned?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 5.7*
CHECK ITEM 5.6C Is 8b marked "Yes"?	1 ☐ Yes - *SKIP to Check Item 5.7* 2 ☐ No
11g. **Did this time when your mood was back to normal BEGIN to happen in the last 12 months?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 5.7 *Refer to Check Item 2.1, Section 2A.* Is respondent a lifetime abstainer of alcohol?	1 ☐ Yes - *SKIP to 14* 2 ☐ No
12. **Did (that time/ANY of those times) when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic BEGIN to happen DURING or within 1 month AFTER drinking heavily or a lot more than usual?**	1 ☐ Yes 2 ☐ No
13. **Did (that time/ANY of those times) when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of drinking?**	1 ☐ Yes 2 ☐ No
14. **Did (that time/ANY of those times) when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic BEGIN to happen DURING or within 1 month AFTER using a medicine or drug?**	1 ☐ Yes 2 ☐ No
15. **Did (that time/ANY of those times) when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of a medicine or drug?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 5.8 Is at least 1 item marked "Yes" in 12, 13, 14 OR 15?	1 ☐ Yes 2 ☐ No - *SKIP to 17a*
CHECK ITEM 5.9 Is Check Item 5.5 marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 5.10A*
16a. **During that time, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 17a*

Section 5 - HIGH MOOD (Continued)

16b.	**Did you CONTINUE to feel extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic for at least 1 month AFTER you STOPPED (drinking heavily/using medicines and drugs/ experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No } *SKIP to 17a*
CHECK ITEM 5.10A	Is 8b marked "Yes" or 10b marked "Yes"?	1 ☐ Yes 2 ☐ No - *SKIP to 16g*
16c.	**Did ALL of the times when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic in the last 12 months ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 5.10B*
d.	**During ANY of those times in the last 12 months when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic after (drinking heavily/using any medicines or drugs), did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 5.10B*
e.	**During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
f.	**Did you CONTINUE to feel extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic for at least 1 month AFTER ANY of those times in the last 12 months when you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 5.10B	Is 8b marked "Yes"?	1 ☐ Yes - *SKIP to 17a* 2 ☐ No
16g.	**Did ALL of the times when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic BEFORE 12 months ago ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/ experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to 17a*
h.	**During ANY of those times BEFORE 12 months ago when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic after (drinking heavily/using any medicines or drugs), did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 17a*
i.	**During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No

Section 5 - HIGH MOOD (Continued)

16j.	**Did you CONTINUE to feel extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic for at least 1 month AFTER ANY of those times BEFORE 12 months ago when you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
17a.	**Did you EVER talk to any health professional like a psychiatrist, other medical doctor, psychologist, social worker or any other kind of counselor or therapist to calm down or feel better when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic?**	1 ☐ Yes 2 ☐ No
b.	**Did you EVER go to a self-help or support group, use a hotline or visit an internet chat room for help to feel better when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic?**	1 ☐ Yes 2 ☐ No
18a.	**Were you EVER a patient in any kind of hospital overnight or longer because you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic?**	1 ☐ Yes 2 ☐ No
b.	**Did you EVER go to an emergency room for help at any time when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic?**	1 ☐ Yes 2 ☐ No
19.	**Did a doctor EVER prescribe any medicines or drugs to help you calm down or feel better?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 5.11	Is at least 1 item marked "Yes" in 17a - 19?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 5.13*
20.	**About how old were you the FIRST time you went anywhere or talked to anyone to get help for feeling extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic?**	_____ Age
CHECK ITEM 5.12	Is age in 20 equal to respondent's present age?	1 ☐ Yes - *SKIP to Check Item 5.13* 2 ☐ No
21.	**Did you go anywhere or talk to anyone in the last 12 months?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 5.13*
CHECK ITEM 5.12A	Is age in 20 at least 2 years less than respondent's present age?	1 ☐ Yes - *SKIP to Check Item 5.13* 2 ☐ No
22.	**Did you go anywhere or talk to anyone before 12 months ago, that is, BEFORE last** *(Month one year ago)***?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 5.13	Is Check Item 5.5 marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 5.14*
23a.	**Did that time when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to 24a1*
b.	**Did a doctor or other health professional tell you that this time was related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No } *SKIP to 24a1*
CHECK ITEM 5.14	Is 8b marked "Yes" or 10b marked "Yes"?	1 ☐ Yes 2 ☐ No - *SKIP to 23e*

Section 5 - HIGH MOOD (Continued)

23c. **Did ALL of those times when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic in the last 12 months ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 5.15*

d. **Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?**

1 ☐ Yes
2 ☐ No

CHECK ITEM 5.15 Is 8b marked "Yes"?

1 ☐ Yes - *SKIP to 24a1*
2 ☐ No

23e. **Did ALL of those times BEFORE 12 months ago when you felt extremely (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?**

1 ☐ Yes
2 ☐ No - *SKIP to 24a1*

f. **Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?**

1 ☐ Yes
2 ☐ No

24a. **Now I'd like to know about some other experiences that may have happened during (that time/ANY of those times) when you felt (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic.**

During (that time/ANY of those times), please tell me if you had ANY of the following experiences nearly every day.

Did you…

(Repeat phrase frequently.)

	a.	**b. Did this happen during ANY of those times when you felt (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic that BEGAN in the last 12 months?**	**c. Did this happen during ANY of those times that BEGAN BEFORE 12 months ago?**
(1) **Feel sad, blue, depressed or down nearly every day?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(2) **Not care about things or enjoy things you usually cared about or enjoyed?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(3) **Feel tired nearly all the time or get tired easily, even though you weren't doing more than usual?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(4) **Feel so tired nearly all the time that even small things took a lot of effort?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(5) **Move or talk MUCH more slowly than usual?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No

Section 5 - HIGH MOOD (Continued)

24a. During (that time/ANY of those times), did you … *(Repeat phrase frequently.)*		**b. Did this happen during ANY of those times when you felt (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic that BEGAN in the last 12 months?**	**c. Did this happen during ANY of those times that BEGAN BEFORE 12 months ago?**
(6) **Feel worthless nearly every day?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(7) **Feel guilty about things you normally wouldn't feel guilty about?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(8) **Feel useless or good for nothing?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(9) **Attempt suicide?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(10) **Think about committing suicide?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(11) **Feel like you wanted to die?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(12) **Think a lot about your own death?**	1 ☐ Yes → 2 ☐ No - *Go to Check Item 5.15A*	1 ☐ Yes → 2 ☐ No - *Go to Check Item 5.15A*	1 ☐ Yes 2 ☐ No

CHECK ITEM 5.15A	Is "Yes" marked in Check Item 5.5?	1 ☐ Yes 2 ☐ No - *SKIP to 29a1*
CHECK ITEM 5.16	Are at least 3 Boxes marked "Yes" in 24 column b?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 5.17*
26a. **Did SOME of these experiences we just talked about happen nearly every day DURING ANY period in the last 12 months when you felt (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic?**		1 ☐ Yes 2 ☐ No - *SKIP to Check Item 5.17*
26b. **Did SOME of these experiences happen nearly every day DURING ALL of those periods in the last 12 months when you felt (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic?**		1 ☐ Yes 2 ☐ No
CHECK ITEM 5.17	Are at least 3 Boxes marked "Yes" in 24 column c?	1 ☐ Yes 2 ☐ No - *SKIP to 29a1*
27. **Did SOME of the experiences we just talked about happen nearly every day DURING ANY period BEFORE12 months ago when you felt (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic?**		1 ☐ Yes 2 ☐ No - *SKIP to 29a1*
28. **Did SOME of these experiences happen nearly every day DURING ALL of those periods BEFORE12 months ago when you felt (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic?**		1 ☐ Yes 2 ☐ No

Section 5 - HIGH MOOD (Continued)

29a. Now I'd like to know about some other experiences that may have happened during (that time/ANY of these times) when you felt (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic. During (that time/ANY of those times), please tell me if you had ANY of the following experiences nearly every day. Did you… *(Repeat phrase frequently.)*		**b. Did this happen during ANY of those times when you felt (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic that BEGAN in the last 12 months?**	**c. Did this happen during ANY of those times that BEGAN BEFORE 12 months ago?**
(1)	**Worry a lot about things even though you knew it was unreasonable?**	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(2)	**Feel uneasy?**	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(3)	**Feel extremely nervous?**	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(4)	**Feel like something terrible might happen?**	1 ☐ Yes → 2 ☐ No - *Go to next Experience*	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No
(5)	**Find it difficult to sit still or find yourself fidgeting or pacing?**	1 ☐ Yes → 2 ☐ No - *Go to Check Item 5.17A*	1 ☐ Yes → 2 ☐ No - *Go to Check Item 5.17A*	1 ☐ Yes 2 ☐ No

CHECK ITEM 5.17A	Is "Yes" marked in Check Item 5.5?	1 ☐ Yes 2 ☐ No - *SKIP to Section 6*
CHECK ITEM 5.18	Are at least 2 items marked "Yes" in 29 column b?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 5.19*
31a.	**Did SOME of these experiences we just talked about happen nearly every day DURING ANY period in the last 12 months when you felt (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 5.19*
31b.	**Did SOME of these experiences happen nearly every day DURING ALL of those periods in the last 12 months when you felt (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 5.19	Are at least 2 items marked "Yes" in 29 column c?	1 ☐ Yes 2 ☐ No - *SKIP to Section 6*
32.	**Did SOME of the experiences we just talked about happen nearly every day DURING ANY period BEFORE 12 months ago when you felt (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 6*
33.	**Did SOME of these experiences happen nearly every day DURING ALL of those periods BEFORE 12 months ago when you felt (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic?**	1 ☐ Yes 2 ☐ No } *Go to Section 6*

Section 6 – ANXIETY

Statement O **Now I'd like to ask you about feelings of nervousness that you might have experienced at some time in your life.**

1.	**Have you EVER had a panic attack, when ALL OF A SUDDEN you felt extremely frightened or uncomfortable, overwhelmed or nervous, almost as if you were in great danger, but really weren't?**	1 ☐ Yes 2 ☐ No
2.	**Were you EVER very surprised by a panic attack that happened totally out-of-the-blue, for no real reason, or in a situation where you didn't expect to be frightened or nervous?**	1 ☐ Yes 2 ☐ No
3.	**Did you EVER think you were having a heart attack, but the doctor said it was just nerves or you were having a panic attack?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 6.1	Is at least 1 item marked "Yes" in 1 - 3?	1 ☐ Yes 2 ☐ No - *SKIP to 29*
4.	**Did you have at least 2 panic attacks that happened out-of-the-blue, for no real reason?**	1 ☐ Yes 2 ☐ No – *SKIP to 29*
6a.	**Now I'd like you to think about the time when you were having your worst panic attacks that happened OUT-OF-THE-BLUE. By worst panic attacks, I mean the ones that made you the most frightened, uncomfortable, nervous, or overwhelmed.** **During your worst panic attacks did you . . .** *(Repeat phrase frequently)* **Have trouble catching your breath, feel short of breath, or feel like you were smothering?**	1 ☐ Yes 2 ☐ No
b.	**Feel your heart racing, pounding or skipping?**	1 ☐ Yes 2 ☐ No
c.	**Tremble or shake?**	1 ☐ Yes 2 ☐ No
d.	**Perspire or sweat?**	1 ☐ Yes 2 ☐ No
e.	**Feel as if you were choking?**	1 ☐ Yes 2 ☐ No
f.	**Feel dizzy, lightheaded, unsteady or as if you might faint?**	1 ☐ Yes 2 ☐ No
g.	**Feel that things around you seemed unreal?**	1 ☐ Yes 2 ☐ No
h.	**Feel that you were detached from the things around you?**	1 ☐ Yes 2 ☐ No
i.	**Have tingling or numbness in any part of your body?**	1 ☐ Yes 2 ☐ No
j.	**Have chills or feel hot?**	1 ☐ Yes 2 ☐ No
k.	**Feel nauseous, have an upset stomach, or feel you might vomit or have diarrhea?**	1 ☐ Yes 2 ☐ No
l.	**Have pain or pressure in your chest?**	1 ☐ Yes 2 ☐ No
m.	**Feel like you might go crazy or lose control?**	1 ☐ Yes 2 ☐ No
n.	**Feel like you might die?**	1 ☐ Yes 2 ☐ No

Section 6 - ANXIETY (Continued)

CHECK ITEM 6.2	Is at least 1 item marked "Yes" in 6a – n?	1 ☐ Yes 2 ☐ No – *SKIP to 29*
CHECK ITEM 6.3	Are at least 4 items marked "Yes" in 6a – 6n?	1 ☐ Yes 2 ☐ No - *SKIP to 29*
7.	**During the time you were having your worst panic attacks, did at least 4 of the experiences you mentioned begin suddenly and become very intense within minutes?**	1 ☐ Yes 2 ☐ No
8a.	**During that worst time, did you have at least two separate panic attacks when at least 4 of these experiences became very intense within minutes after they started?**	1 ☐ Yes 2 ☐ No
8b.	**After your worst panic attacks did you worry for at least 1 month that you might have another one?**	1 ☐ Yes 2 ☐ No
9.	**After having your worst panic attacks, did you worry a lot for at least 1 month about what might happen if you DID have another panic attack, like losing control, having a heart attack or going crazy, or having some of the other experiences related to having a panic attack?**	1 ☐ Yes 2 ☐ No
10.	**Did you make any major changes in your everyday life, usual activities, or future plans for at least 1 month after you had your worst panic attacks, like changing your behavior to avoid or reduce the likelihood you would have another attack?**	1 ☐ Yes 2 ☐ No
11a.	**Now I'd like to ask you about some other things that may have happened to you after you had your worst panic attacks.** **After those worst panic attacks. . .** **Were you very upset by your panic attacks or by any of these other experiences?**	1 ☐ Yes 2 ☐ No
b.	**Did you have any serious problems getting along with other people - like arguing with them or avoiding them more than usual?**	1 ☐ Yes 2 ☐ No
c.	**Did you have any serious problems doing things you were supposed to do - like working, doing your schoolwork, or taking care of your home or family?**	1 ☐ Yes 2 ☐ No
d.	**Did you restrict your usual activities in any way because of your panic attacks?**	1 ☐ Yes 2 ☐ No
e.	**Was there anything you were unable to do because of your panic attacks?**	1 ☐ Yes 2 ☐ No
12a.	**About how old were you the FIRST time you BEGAN to have panic attacks along with some of the other experiences you told me about?** *Refer to experiences marked "Yes" in 6(a) - (n) and 7 - 11e, if necessary.*	_____ Age
CHECK ITEM 6.4	Is respondent's age in 12a within 1 year of his/her present age or is present age or 12a unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 12c*
12b.	**Did this FIRST time when you were having panic attacks BEGIN to happen during the last 12 months?**	1 ☐ Yes 2 ☐ No
c.	**After your first attacks, did you worry a lot about having another one for at least 1 month** *(PAUSE)* **or make a change in your everyday life or future plans as the result of having a panic attack?**	1 ☐ Yes 2 ☐ No
13.	**In your ENTIRE LIFE, about how many SEPARATE times were there when you were having panic attacks along with some of those other experiences you mentioned?** **By separate times, I mean times separated by at least 2 months when you DIDN'T have any panic attacks.**	_____ Number

Section 6 - ANXIETY (Continued)

CHECK ITEM 6.5	Is number in 13, 2 or more or unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 15e*
14a.	**How old were you the MOST RECENT time you BEGAN to have panic attacks along with some of the other experiences you mentioned?**	_____ Age
CHECK ITEM 6.6A	Is respondent's age in 14a within 1 year of his/her present age or is present age or 14a unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 14c*
14b.	**Did this MOST RECENT time BEGIN to happen during the last 12 months?**	1 ☐ Yes 2 ☐ No
c.	**After these MOST RECENT attacks, did you worry about having another one for at least 1 month *(PAUSE)* or make a change in your everyday life or plans as the result of having the attacks?**	1 ☐ Yes 2 ☐ No
15a.	**How long did this MOST RECENT time last when you were experiencing panic attacks, that is from the time the most recent period began to the time the attacks completely stopped for at least 2 months?**	_____ Day(s) OR _____ Week(s) OR _____ Month(s) OR _____ Year(s)
b.	**Since this MOST RECENT time when your panic attacks BEGAN, have there been at least 2 months when you DIDN'T have ANY panic attacks?**	1 ☐ Yes 2 ☐ No - *SKIP to 15d*
CHECK ITEM 6.6B	Is 14b marked "Yes"?	1 ☐ Yes - *SKIP to 15d* 2 ☐ No
15c.	**Did this MOST RECENT time you DIDN'T have ANY panic attacks for at least 2 months BEGIN to happen in the last 12 months?**	1 ☐ Yes 2 ☐ No
d.	**In your ENTIRE LIFE, what was the LONGEST period you had when you were having panic attacks, that is, from the time that period began to the time the attacks stopped completely for at least 2 months?**	_____ Day(s) OR _____ Week(s) OR _____ Month(s) OR _____ Year(s) } *SKIP to Check Item 6.7*
e.	**How long did that time last when you were having panic attacks, that is, from the time the first panic attack happened to the time the attacks stopped completely for at least 2 months?**	_____ Day(s) OR _____ Week(s) OR _____ Month(s) OR _____ Year(s)
f.	**Since that time when your panic attacks BEGAN, have there been at least 2 months when you DIDN'T have ANY panic attacks?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 6.7*
CHECK ITEM 6.6C	Is 12b marked "Yes"?	1 ☐ Yes - *SKIP to Check Item 6.7* 2 ☐ No
15g.	**Did that time when you DIDN'T have ANY panic attacks for at least 2 months BEGIN to happen in the last 12 months?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 6.7	*Refer to Check Item 2.1, Section 2A.* Is respondent a lifetime abstainer of alcohol?	1 ☐ Yes - *SKIP to 18* 2 ☐ No
16.	**Did (that time/ANY of those times) when you were having panic attacks BEGIN to happen DURING or within 1 month AFTER drinking heavily or a lot more than usual?**	1 ☐ Yes 2 ☐ No
17.	**Did (that time/ANY of those times) when you were having panic attacks BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of drinking?**	1 ☐ Yes 2 ☐ No

Section 6 - ANXIETY (Continued)

18.	**Did (that time/ANY of those times) when you were having panic attacks BEGIN to happen DURING or within 1 month AFTER using a medicine or drug?**	1 ☐ Yes 2 ☐ No
19.	**Did (that time/ANY of those times) when you were having panic attacks BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of a medicine or drug?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 6.8	Is at least 1 item marked "Yes" in 16, 17, 18 OR 19?	1 ☐ Yes 2 ☐ No - *SKIP to 21a*
CHECK ITEM 6.9	Is Check Item 6.5 marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 6.10*
20a.	**During that time did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 21a*
b.	**Did you CONTINUE to have panic attacks for at least 1 month AFTER you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No } *SKIP to 21a*
CHECK ITEM 6.10	Is 12b marked "Yes" or 14b marked "Yes"?	1 ☐ Yes 2 ☐ No - *SKIP to 20g*
20c.	**Did ALL of the times when you were having panic attacks in the last 12 months ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 6.10A*
d.	**During ANY of those times in the last 12 months when you were having panic attacks after (drinking heavily/ using any medicines or drugs), did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 6.10A*
e.	**During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
f.	**Did you CONTINUE to have panic attacks for at least 1 month AFTER ANY of those times in the last 12 months when you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 6.10A	Is 12b marked "Yes"?	1 ☐ Yes - *SKIP to 21a* 2 ☐ No
20g.	**Did ALL of the times when you were having panic attacks BEFORE 12 months ago ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/ medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to 21a*
h.	**During ANY of those times BEFORE 12 months ago when you were having panic attacks after (drinking heavily/using any medicines or drugs), did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 21a*
i.	**During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
j.	**Did you CONTINUE to have panic attacks for at least 1 month AFTER ANY of those times BEFORE 12 months ago when you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
21a.	**Did you EVER talk to any health professional like a psychiatrist, other medical doctor, psychologist, social worker or any other kind of counselor or therapist to get help for panic attacks?**	1 ☐ Yes 2 ☐ No

Section 6 - ANXIETY (Continued)

21b. **Did you EVER go to a self-help or support group, use a hotline, or visit an internet chat room to get help for panic attacks?**	1 ☐ Yes 2 ☐ No
22. **Did you EVER go to an emergency room to get help for your panic attacks?**	1 ☐ Yes 2 ☐ No
23. **Were you EVER a patient in any kind of hospital overnight or longer because of your panic attacks?**	1 ☐ Yes 2 ☐ No
24. **Did a doctor EVER prescribe any medicines or drugs for your panic attacks?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 6.11 Is at least 1 item marked "Yes" in 21a - 24? Did respondent ever seek help for their panic attacks?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 6.13*
25. **How old were you the FIRST time you went anywhere or talked to anyone to get help for panic attacks?**	_____ Age
CHECK ITEM 6.12 Is age in 25 equal to respondent's current age?	1 ☐ Yes - *SKIP to Check Item 6.13* 2 ☐ No
26. **Did you go anywhere or talk to anyone in the last 12 months?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 6.13*
CHECK ITEM 6.12A Is age in 25 at least 2 years less than respondent's current age?	1 ☐ Yes - *SKIP to Check Item 6.13* 2 ☐ No
27. **Did you go anywhere or talk to anyone before 12 months ago, that is, BEFORE last (Month one year ago)?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 6.13 Is Check Item 6.5 marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 6.14*
28a. **Did your panic attacks BEGIN to happen DURING a time when you where physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to 29*
b. **Did a doctor or other health professional tell you that these panic attacks were related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No } *SKIP to 29*
CHECK ITEM 6.14 Is 12b marked "Yes" or 14b marked "Yes"?	1 ☐ Yes 2 ☐ No - *SKIP to 28e*
c. **Did ALL of those panic attacks that you had in the last 12 months ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 6.15*
d. **Did a doctor or other health professional tell you that ALL of the panic attacks you had like this were related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 6.15 Is 12b marked "Yes"?	1 ☐ Yes - *SKIP to 29* 2 ☐ No
e. **Did ALL of those panic attacks you had BEFORE 12 months ago ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to 29*
f. **Did a doctor or other health professional tell you that ALL of the panic attacks you had like this were related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No
29. **Now I'd like to ask you about other times you may have had panic attacks that did NOT happen out-of-the-blue. That is, did you EVER have a panic attack that you EXPECTED in a specific situation or around certain objects that usually made you feel very frightened, uncomfortable, overwhelmed or nervous?**	1 ☐ Yes 2 ☐ No – *SKIP to Section 6a*

Section 6 - ANXIETY (Continued)

CHECK ITEM 6.16	Is Item 7 marked "Yes"?	1 ☐ Yes - *SKIP to Section 6a* 2 ☐ No
30a.	**Now I'd like you to think about the time when you were having your WORST panic attacks that were ENTIRELY EXPECTED. By worst panic attacks, I mean the ones that made you the most frightened, uncomfortable, nervous, or overwhelmed and that happened when you were in specific situations or around certain objects.** **During your worst EXPECTED panic attacks did you . . .** *(Repeat phrase frequently)* **Have trouble catching your breath, feel short of breath, or feel like you were smothering?**	1 ☐ Yes 2 ☐ No
b.	**Feel your heart racing, pounding or skipping?**	1 ☐ Yes 2 ☐ No
c.	**Tremble or shake?**	1 ☐ Yes 2 ☐ No
d.	**Perspire or sweat?**	1 ☐ Yes 2 ☐ No
e.	**Feel as if you were choking?**	1 ☐ Yes 2 ☐ No
f.	**Feel dizzy, lightheaded, unsteady or as if you might faint?**	1 ☐ Yes 2 ☐ No
g.	**Feel that things around you seemed unreal?**	1 ☐ Yes 2 ☐ No
h.	**Feel that you were detached from the things around you?**	1 ☐ Yes 2 ☐ No
i.	**Have tingling or numbness in any part of your body?**	1 ☐ Yes 2 ☐ No
j.	**Have chills or feel hot?**	1 ☐ Yes 2 ☐ No
k.	**Feel nauseous, have an upset stomach, or feel you might vomit or have diarrhea?**	1 ☐ Yes 2 ☐ No
l.	**Have pain or pressure in your chest?**	1 ☐ Yes 2 ☐ No
m.	**Feel like you might go crazy or lose control?**	1 ☐ Yes 2 ☐ No
n.	**Feel like you might die?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 6.17	Is at least 1 item marked "Yes" in 30a - n?	1 ☐ Yes 2 ☐ No - *SKIP to Section 6A*
CHECK ITEM 6.18	Are at least 4 items marked "Yes" in 30a - n?	1 ☐ Yes 2 ☐ No - *SKIP to Section 6A*
31.	**During the time you were having your worst EXPECTED panic attacks, did at least 4 of the experiences you just mentioned begin suddenly and become very intense within minutes?**	1 ☐ Yes 2 ☐ No } *Go to Section 6A*

Section 6a - SPECIFIC ANXIETY

Statement P **Now I'd like to ask you about some specific situations which may have made you nervous at some time in your life.**

1a.	**Some people have such a strong fear of SPECIFIC SITUATIONS that they become extremely anxious or frightened in such situations or they try to avoid them.** **Were you EVER very anxious or frightened in any of the following SITUATIONS?** *(Repeat phrase frequently)* **Being in stores?**	1 ☐ Yes 2 ☐ No
b.	**Being at a movie or in another kind of theater?**	1 ☐ Yes 2 ☐ No
c.	**Being outside your home alone?**	1 ☐ Yes 2 ☐ No
d.	**Being around crowds?**	1 ☐ Yes 2 ☐ No
e.	**Standing in lines?**	1 ☐ Yes 2 ☐ No
f.	**Being in wide open places, like a field, parking lot, or mall?**	1 ☐ Yes 2 ☐ No
g.	**Traveling on a train?**	1 ☐ Yes 2 ☐ No
h.	**Traveling on a bus?**	1 ☐ Yes 2 ☐ No
i.	**Traveling on a ship?**	1 ☐ Yes 2 ☐ No
j.	**Traveling on a plane?**	1 ☐ Yes 2 ☐ No
k.	**Being in any other place or situation because you might feel extremely anxious or frightened?**	1 ☐ Yes Specify _____ 2 ☐ No
CHECK ITEM 6.20	Are at least 2 items marked "Yes" in 1a - k?	1 ☐ Yes 2 ☐ No - *SKIP to Section 7*
2a.	**When you found yourself in any of these situations, did you ALWAYS become very anxious or frightened?**	1 ☐ Yes 2 ☐ No
2b.	**When you were in any of these situations because you had to be there, were you very anxious or frightened the whole time?**	1 ☐ Yes 2 ☐ No
3.	**When you had to be in any of these situations, did you need to bring someone along with you because you were so anxious or frightened?**	1 ☐ Yes 2 ☐ No
4a.	**Did you EVER avoid any of these situations because of your anxiety or strong fear of them?**	1 ☐ Yes 2 ☐ No
b.	**Did you EVER feel that your fear, anxiety or avoidance of any of these situations was out of proportion in relation to the actual danger of the situation?**	1 ☐ Yes 2 ☐ No
c.	**Did you EVER feel that your fear, anxiety or avoidance of any of these situations was excessive or unrealistic, that is, in excess of the actual danger of the situation?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 6.20A	Is "Yes" marked in Item 7 or Item 31, Section 6?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 6.20B*
5a.	**When you were in any of these situations, did you EVER have a panic attack?**	1 ☐ Yes – *SKIP to 5c* 2 ☐ No – *SKIP to 5b*

Section 6a - SPECIFIC ANXIETY (Continued)

CHECK ITEM 6.20B	Is "Yes" marked in Check Item 6.2 or Check Item 6.17, Section 6?	1 ☐ Yes 2 ☐ No - *SKIP to 5c*
5b.	**When you were in any of these situations, did you EVER experience ANY of the symptoms of a panic attack?**	1 ☐ Yes 2 ☐ No
c.	**Were you EVER very anxious or frightened of any of these situations because you were afraid of losing control or having a panic attack or panic symptoms?**	1 ☐ Yes 2 ☐ No
d.	**Were you EVER very anxious or frightened of any of these situations because you might not be able to find help if you lost control or had a panic attack or panic symptoms?**	1 ☐ Yes 2 ☐ No
6a.	**Were you EVER very anxious or frightened of any of these situations because you might not be able to get away if you lost control or had a panic attack or panic symptoms?**	1 ☐ Yes 2 ☐ No
b.	**Did you EVER avoid any of these situations because you were afraid of losing control or having a panic attack or panic symptoms?**	1 ☐ Yes 2 ☐ No
7a.	**Did your fear, anxiety or avoidance of these situations EVER . . .** *(Repeat phrase frequently)* **Make you feel very upset?**	1 ☐ Yes 2 ☐ No
b.	**Interfere with your relationships with other people - like arguing with them or avoiding them?**	1 ☐ Yes 2 ☐ No
c.	**Make you avoid seeing or talking with people because you didn't want to be around them as much as usual?**	1 ☐ Yes 2 ☐ No
d.	**Interfere with doing things you were supposed to do - like working, doing your schoolwork, or taking care of your home or family?**	1 ☐ Yes 2 ☐ No
e.	**Restrict your usual activities in any way or keep you from doing something you wanted to do?**	1 ☐ Yes 2 ☐ No
f.	**Make you depend on others to take care of your everyday responsibilities or to give you lots of attention or comfort?**	1 ☐ Yes 2 ☐ No
8a.	**About how old were you the FIRST time you BEGAN to experience a strong fear, anxiety or avoidance of any of these situations?**	_____ Age
CHECK ITEM 6.21	Is respondent's age in 8a within 1 year of his/her present age or is present age or age in 8a unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 8c*
8b.	**Did this FIRST time BEGIN to happen during the last 12 months?**	1 ☐ Yes 2 ☐ No
c.	**In your ENTIRE LIFE, how many SEPARATE times were there when you had a strong fear, anxiety or avoidance of any of these situations?** **By separate times, I mean times separated by at least 2 months when you WEREN'T afraid or anxious of any of these situations and you DIDN'T try to avoid them.** *If respondent says "All my life" or "There was never a time when I didn't fear or avoid situation", code 1.*	_____ Number
CHECK ITEM 6.22	Is number entered in 8c, 2 or more or unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 11a*
9a.	**How old were you the MOST RECENT time you BEGAN to experience a strong fear, anxiety or avoidance of any of these situations?**	_____ Age

Section 6a - SPECIFIC ANXIETY (Continued)

CHECK ITEM 6.23	Is respondent's age in 9a within 1 year of his/her present age or is present age or age in 9a unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 10a*
9b.	**Did this MOST RECENT time when you were very anxious or frightened of any of these situations or you avoided them BEGIN to happen during the last 12 months?**	1 ☐ Yes 2 ☐ No
10a.	**How long did this MOST RECENT time last when you were very anxious or frightened of any of these situations or tried to avoid them?**	_____ Week(s) OR _____ Month(s) OR _____ Year(s)
b.	**Since the MOST RECENT time BEGAN, have there been at least 2 months when you WEREN'T anxious or frightened of any of these situations and you DIDN'T try to avoid them?**	1 ☐ Yes 2 ☐ No - *SKIP to 10d*
CHECK ITEM 6.24	Is 9b marked "Yes"?	1 ☐ Yes - *SKIP to 10d* 2 ☐ No
10c.	**Did this MOST RECENT time when you WEREN'T anxious or frightened of any of these situations and you DIDN'T try to avoid them BEGIN to happen during the last 12 months?**	1 ☐ Yes 2 ☐ No
d.	**In your ENTIRE LIFE, what was the LONGEST period you had when you were anxious or frightened of any of these situations or you tried to avoid them?**	_____ Week(s) OR _____ Month(s) OR _____ Year(s) } *SKIP to Check Item 6.26*
11a.	**How long did that period last when you were anxious or frightened of any of these situations or you tried to avoid them?**	_____ Week(s) OR _____ Month(s) OR _____ Year(s)
b.	**Since that time BEGAN, have there been at least 2 months when you WEREN'T anxious or frightened of any of these situations and you DIDN'T try to avoid them?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 6.26*
CHECK ITEM 6.25	Is 8b marked "Yes"?	1 ☐ Yes - *SKIP to Check Item 6.26* 2 ☐ No
11c.	**Did that time when you WEREN'T anxious or frightened of any of these situations and you DIDN'T try to avoid them BEGIN to happen during the last 12 months?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 6.26	*Refer to Check Item 2.1, Section 2A.* Is respondent a lifetime abstainer of alcohol?	1 ☐ Yes - *SKIP to 14* 2 ☐ No
12.	**Did (that time/ANY of those times) when you had a strong fear, anxiety or avoidance of these situations BEGIN to happen DURING or within 1 month AFTER drinking heavily or a lot more than usual?**	1 ☐ Yes 2 ☐ No
13.	**Did (that time/ANY of those times) when you had a strong fear, anxiety or avoidance of these situations BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of drinking?**	1 ☐ Yes 2 ☐ No
14.	**Did (that time/ANY of those times) when you had a strong fear, anxiety or avoidance of these situations BEGIN to happen DURING or within 1 month AFTER using a medicine or drug?**	1 ☐ Yes 2 ☐ No
15.	**Did (that time/ANY of those times) when you had a strong fear, anxiety or avoidance of these situations BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of a medicine or drug?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 6.27	Is at least 1 item marked "Yes" in 12, 13, 14 OR 15?	1 ☐ Yes 2 ☐ No - *SKIP to 17a*
CHECK ITEM 6.28	Is Check Item 6.22 marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 6.29*

Section 6a - SPECIFIC ANXIETY (Continued)

16a.	**During that time, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 17a*
b.	**Did you CONTINUE to have a strong fear or avoidance of any of these situations for at least 1 month AFTER you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No } *SKIP to 17a*
CHECK ITEM 6.29	Is 8b marked "Yes" or 9b marked "Yes"?	1 ☐ Yes 2 ☐ No - *SKIP to 16g*
16c.	**Did ALL of the times when you had a strong fear, anxiety or avoidance of these situations in the last 12 months ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 6.30*
d.	**During ANY of those times in the last 12 months when you had a strong fear, anxiety or avoidance of these situations after (drinking heavily/using any medicines or drugs), did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 6.30*
e.	**During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
f.	**Did you CONTINUE to have a strong fear, anxiety or avoidance of any of these situations for at least 1 month AFTER ANY of those times in the last 12 months when you STOPPED (drinking heavily/using medicines and drugs/ experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 6.30	Is 8b marked "Yes"?	1 ☐ Yes - *SKIP to 17a* 2 ☐ No
16g.	**Did ALL of the times when you had a strong fear, anxiety or avoidance of these situations BEFORE 12 months ago ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to 17a*
h.	**During ANY of those times BEFORE 12 months ago when you had a strong fear, anxiety or avoidance of these situations after (drinking heavily/using any medicines or drugs) did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 17a*
i.	**During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
j.	**Did you CONTINUE to have a strong fear, anxiety or avoidance of any of these situations for at least 1 month AFTER ANY of those times BEFORE 12 months ago when you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
17a.	**Did you EVER talk to any health professional like a psychiatrist, other medical doctor, psychologist, social worker or any other kind of counselor or therapist to get help for your fear, anxiety or avoidance of any of these situations?**	1 ☐ Yes 2 ☐ No
b.	**Did you EVER go to a self-help or support group, use a hotline, or visit an internet chat room to get help for your fear, anxiety or avoidance of any of these situations?**	1 ☐ Yes 2 ☐ No
18a.	**Did you EVER go to an emergency room to get help for your fear, anxiety or avoidance of any of these situations?**	1 ☐ Yes 2 ☐ No

Section 6a - SPECIFIC ANXIETY (Continued)

18b. **Were you EVER a patient in any kind of hospital overnight or longer because of your fear, anxiety or avoidance of any of these situations?**	1 ☐ Yes 2 ☐ No
19. **Did a doctor EVER prescribe any medicines or drugs for your fear, anxiety or avoidance of any of these situations?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 6.31 Is at least 1 item marked "Yes" in 17a - 19? Did respondent ever seek help for his/her fear or avoidance of a situation?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 6.33*
20. **About how old were you the FIRST time you went anywhere or talked to anyone to get help for your fear, anxiety or avoidance of any of these situations?**	_____ Age
CHECK ITEM 6.32 Is age in 20 equal to respondent's current age?	1 ☐ Yes - *SKIP to Check Item 6.33* 2 ☐ No
21. **Did you go anywhere or talk to anyone in the last 12 months?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 6.33*
CHECK ITEM 6.32A Is age in 20 at least 2 years less than respondent's current age?	1 ☐ Yes- *SKIP to Check Item 6.33* 2 ☐ No
22. **Did you go anywhere or talk to anyone before 12 months ago, that is, BEFORE last (Month one year ago)?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 6.33 Is Check Item 6.22 marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 6.34*
23a. **Did your fear, anxiety or avoidance of these situations BEGIN to happen during a time when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 7*
b. **Did a doctor or other health professional tell you that your fear or anxiety of these situations was related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No } *SKIP to Section 7*
CHECK ITEM 6.34 Is 8b marked "Yes" or 9b marked "Yes"?	1 ☐ Yes 2 ☐ No - *SKIP to 24c*
24a. **Did ALL of those times when you were frightened, anxious or avoided these situations in the last 12 months ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No – *Check Item 6.35*
b. **Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 6.35 Is 8b marked "Yes"?	1 ☐ Yes - *SKIP to Section 7* 2 ☐ No
24c. **Did ALL of those times when you were frightened, anxious or avoided these situations BEFORE 12 months ago ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 7*
d. **Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No } *Go to Section 7*

Section 7 - SOCIAL SITUATIONS

Statement Q **The next few questions are about SOCIAL SITUATIONS which may have made you frightened or anxious at some time in your life.**

1a.	**Some people have such a strong fear of social situations, like doing things in front of other people, interacting with people or being the center of attention, that they become very frightened or anxious or they try to avoid them.** **Have you EVER had a strong fear, anxiety or avoidance of . . .** *(Repeat phrase frequently)* **Speaking or talking in front of other people?**	1 ☐ Yes 2 ☐ No
b.	**Having conversations with people you don't know well?**	1 ☐ Yes 2 ☐ No
c.	**Going to parties or other social gatherings?**	1 ☐ Yes 2 ☐ No
d.	**Eating or drinking in public?**	1 ☐ Yes 2 ☐ No
e.	**Writing while someone else was watching?**	1 ☐ Yes 2 ☐ No
f.	**Dating?**	1 ☐ Yes 2 ☐ No
g.	**Being in a small group situation?**	1 ☐ Yes 2 ☐ No
h.	**Taking part or speaking in a class?**	1 ☐ Yes 2 ☐ No
i.	**Being interviewed?**	1 ☐ Yes 2 ☐ No
j.	**Taking part in or speaking at a meeting?**	1 ☐ Yes 2 ☐ No
k.	**Performing in front of other people?**	1 ☐ Yes 2 ☐ No
l.	**Taking an important exam?**	1 ☐ Yes 2 ☐ No
m.	**Speaking to an authority figure - like a teacher or a boss?**	1 ☐ Yes 2 ☐ No
n.	**Meeting new people?**	1 ☐ Yes 2 ☐ No
o.	**Talking to people at social gatherings?**	1 ☐ Yes 2 ☐ No
p.	**Have you EVER had a strong fear, anxiety or avoidance of any other SOCIAL situation?**	1 ☐ Yes Specify _____ 2 ☐ No
CHECK ITEM 7.0	Is any item 1a – p marked yes?	1 ☐ Yes 2 ☐ No - *SKIP to Section 8*
2.	**Did you have a STRONG FEAR, anxiety or avoidance of any social situation because you were afraid of being embarrassed or humiliated by what you might say or do around other people?**	1 ☐ Yes 2 ☐ No
3.	**Did you have a STRONG FEAR, anxiety or avoidance of any social situation because you were afraid you would become speechless, have nothing to say or you might show how anxious you were?**	1 ☐ Yes 2 ☐ No

Section 7 - SOCIAL SITUATIONS (Continued)

4. **Did you have a STRONG FEAR, anxiety or avoidance of any social situation because you were afraid of being rejected by other people because of what you might say or do?**	1 ☐ Yes 2 ☐ No
5. **Did you have a STRONG FEAR, anxiety or avoidance of any social situation because you were afraid you might offend people by what you might say or do?**	1 ☐ Yes 2 ☐ No
6. **When you found yourself in any of these social situations, were you ALWAYS very anxious or frightened?**	1 ☐ Yes 2 ☐ No
7. **When you were in any of these social situations because you had to be there, were you very frightened or anxious the whole time?**	1 ☐ Yes 2 ☐ No
8. **Did you EVER avoid any of these social situations because of your anxiety or strong fear of them?**	1 ☐ Yes 2 ☐ No
9. **Did you EVER feel that your fear, anxiety or avoidance of any of these social situations was out of proportion in relation to the actual danger of the social situation?**	1 ☐ Yes 2 ☐ No
10. **Did you EVER feel that your fear, anxiety or avoidance of any of these social situations was excessive or unrealistic, that is, in excess of the actual danger of the social situation?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 7.1 Is "Yes" marked in Item 7 OR Item 31, Section 6?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 7.1B*
11. **When you were in any of these social situations that made you frightened and anxious, did you EVER have a panic attack?**	1 ☐ Yes – *SKIP to 13* 2 ☐ No – *SKIP to 12*
CHECK ITEM 7.1B Is "Yes" marked in Check Item 6.2 or Check Item 6.17, Section 6?	1 ☐ Yes 2 ☐ No - *SKIP to 13*
12. **When you were in any of these social situations, did you EVER experience some of the symptoms of a panic attack?**	1 ☐ Yes 2 ☐ No
13. **Were you EVER very anxious or frightened of any of these social situations because you were afraid of having a panic attack or panic symptoms?**	1 ☐ Yes 2 ☐ No
14. **Did you EVER avoid any of these social situations because you were afraid of having a panic attack or panic symptoms?**	1 ☐ Yes 2 ☐ No
15a. **Did your fear, anxiety or avoidance of any of these social situations EVER . . .** ***(Repeat phrase frequently)*** **Make you feel very upset?**	1 ☐ Yes 2 ☐ No
b. **Interfere with your relationships with other people - like arguing with them or avoiding them?**	1 ☐ Yes 2 ☐ No
c. **Interfere with doing things you were supposed to do - like working, doing your schoolwork, or taking care of your home or family?**	1 ☐ Yes 2 ☐ No
d. **Restrict your usual activities in any way?**	1 ☐ Yes 2 ☐ No
e. **Keep you from doing something you wanted to do?**	1 ☐ Yes 2 ☐ No
16. **About how old were you the FIRST time you BEGAN to experience a strong fear, anxiety or avoidance of any social situation?**	_____ Age
CHECK ITEM 7.2A Is respondent's age in 16 within 1 year of his/her present age or is present or age in 16 unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 17b*

Section 7 - SOCIAL SITUATIONS (Continued)

17a. **Did this FIRST time BEGIN to happen during the last 12 months?**

1 ☐ Yes
2 ☐ No

b. **In your ENTIRE LIFE how many SEPARATE times were there when you had a strong fear, anxiety or avoidance of any social situation?**

By separate times, I mean times separated by at least 2 months when you WEREN'T anxious or afraid of social situations and you DIDN'T try to avoid them.

If respondent says "All my life" or "There was never a time when I didn't fear or avoid situation", code 1.

_____ Number

CHECK ITEM 7.2B Is number entered in 17b, 2 or more or unknown?

1 ☐ Yes
2 ☐ No - *SKIP to 20a*

18a. **How old were you the MOST RECENT time you BEGAN to experience a strong fear, anxiety or avoidance of any social situation?**

_____ Age

CHECK ITEM 7.3A Is respondent's age in 18a within 1 year of his/her present age or is present age or 18a unknown?

1 ☐ Yes
2 ☐ No - *SKIP to 19a*

18b. **Did this MOST RECENT time when you were afraid or anxious or avoided any social situation BEGIN to happen during the last 12 months?**

1 ☐ Yes
2 ☐ No

19a. **How long did this MOST RECENT time last when you were afraid, anxious or avoided any social situation?**

_____ Week(s)
OR
_____ Month(s)
OR
_____ Year(s)

b. **Since this MOST RECENT time BEGAN, have there been at least 2 months when you WEREN'T anxious or afraid of any social situation and you DIDN'T try to avoid them?**

1 ☐ Yes
2 ☐ No - *SKIP to 19d*

CHECK ITEM 7.3B Is 18b marked "Yes"?

1 ☐ Yes - *SKIP to 19d*
2 ☐ No

19c. **Did this MOST RECENT time when you WEREN'T anxious or afraid of any social situation and DIDN'T try to avoid them BEGIN to happen in the last 12 months?**

1 ☐ Yes
2 ☐ No

d. **In your ENTIRE LIFE, what was the LONGEST period you had when you were afraid, anxious or avoided any social situation?**

_____ Week(s)
OR
_____ Month(s)
OR
_____ Year(s)

} *SKIP to Check Item 7.4*

20a. **How long did that period last when you were afraid, anxious or avoided any social situation?**

_____ Week(s)
OR
_____ Month(s)
OR
_____ Year(s)

b. **Since that time BEGAN, have there been at least 2 months when you WEREN'T anxious or afraid of any social situation and you DIDN'T try to avoid them?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 7.4*

CHECK ITEM 7.3C Is 17a marked "Yes"?

1 ☐ Yes - *SKIP to Check item 7.4*
2 ☐ No

20c. **Did that time when you WEREN'T anxious or afraid of social situations and DIDN'T try to avoid them BEGIN to happen in the last 12 months?**

1 ☐ Yes
2 ☐ No

CHECK ITEM 7.4 *Refer to Check Item 2.1, Section 2A.*

Is the respondent a lifetime abstainer of alcohol?

1 ☐ Yes - *SKIP to 23*
2 ☐ No

Section 7 - SOCIAL SITUATIONS (Continued)

21. **Did (that time/ANY of those times) when you had a strong fear, anxiety or avoidance of social situations BEGIN to happen DURING or within 1 month AFTER drinking heavily or a lot more than usual?**	1 ☐ Yes 2 ☐ No
22. **Did (that time/ANY of those times) when you had a strong fear, anxiety or avoidance of social situations BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of drinking?**	1 ☐ Yes 2 ☐ No
23. **Did (that time/ANY of those times) when you had a strong fear, anxiety or avoidance of social situations BEGIN to happen DURING or within 1 month AFTER using a medicine or drug?**	1 ☐ Yes 2 ☐ No
24. **Did (that time/ANY of those times) when you had a strong fear, anxiety or avoidance of social situations BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of a medicine or drug?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 7.5 Is at least 1 item marked "Yes" in 21, 22, 23 or 24?	1 ☐ Yes 2 ☐ No - *SKIP to 26a*
CHECK ITEM 7.6A Is Check Item 7.2B marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 7.6B*
25a. **During that time, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 26a*
b. **Did you CONTINUE to have a strong fear, anxiety or avoidance of any social situation for at least 1 month AFTER you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No } *SKIP to 26a*
CHECK ITEM 7.6B Is 17a marked "Yes" or 18b marked "Yes"?	1 ☐ Yes 2 ☐ No - *SKIP to 25g*
25c. **Did ALL of the times when you had a strong fear, anxiety or avoidance of social situations in the last 12 months ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/ experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 7.6C*
d. **During ANY of those times in the last 12 months when you had a strong fear, anxiety or avoidance of social situations after (drinking heavily/using any medicines or drugs), did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 7.6C*
e. **During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
f. **Did you CONTINUE to have a strong fear, anxiety or avoidance of any social situation for at least 1 month AFTER ANY of those times in the last 12 months when you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 7.6C Is 17a marked "Yes"?	1 ☐ Yes - *SKIP to 26a* 2 ☐ No
25g. **Did ALL of the times when you had a strong fear, anxiety or avoidance of social situations BEFORE 12 months ago ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to 26a*

Section 7 - SOCIAL SITUATIONS (Continued)

25h.	**During ANY of those times BEFORE 12 months ago when you had a strong fear, anxiety or avoidance of social situations after (drinking heavily/using any medicines or drugs), did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP 26a*
i.	**During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
j.	**Did you CONTINUE to have a strong fear, anxiety or avoidance of any social situation for at least 1 month AFTER ANY of those times BEFORE 12 months ago when you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
26a.	**Did you EVER talk to any health professional like a psychiatrist, other medical doctor, psychologist, social worker or any other kind of counselor or therapist to get help for your fear, anxiety or avoidance of social situations?**	1 ☐ Yes 2 ☐ No
b.	**Did you EVER go to a self-help or support group, use a hotline or visit an internet chat room to get help for your fear, anxiety or avoidance of social situations?**	1 ☐ Yes 2 ☐ No
27.	**Did you EVER go to an emergency room to get help for your fear, anxiety or avoidance of social situations?**	1 ☐ Yes 2 ☐ No
28.	**Were you EVER a patient in any kind of hospital overnight or longer because of your fear, anxiety or avoidance of any social situation?**	1 ☐ Yes 2 ☐ No
29.	**Did a doctor EVER prescribe any medicines or drugs for your fear, anxiety or avoidance of social situations?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 7.7	Is at least 1 item marked "Yes" in 26a - 29? Did respondent ever seek help for fear of social situations?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 7.9*
30.	**About how old were you the FIRST time you went anywhere or saw anyone to get help for your fear, anxiety or avoidance of social situations?**	_____ Age
CHECK ITEM 7.8	Is age in 30 equal to respondent's current age?	1 ☐ Yes - *SKIP to Check Item 7.9* 2 ☐ No
31.	**Did you go anywhere or talk to anyone in the last 12 months?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 7.9*
CHECK ITEM 7.8A	Is age in 30 at least 2 years less than respondent's current age?	1 ☐ Yes - *SKIP to Check Item 7.9* 2 ☐ No
32.	**Did you go anywhere or talk to anyone before 12 months ago, that is, BEFORE last (Month one year ago)?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 7.9	Check Item 7.2B marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 7.10*
33a.	**Did your fear, anxiety or avoidance of social situations BEGIN to happen during a time when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 8*
b.	**Did a doctor or other health professional tell you that your fear, anxiety or avoidance of social situations was related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No } *SKIP to Section 8*
CHECK ITEM 7.10	Is 17a marked "Yes" or 18b marked "Yes"?	1 ☐ Yes 2 ☐ No - *SKIP to 33e*

Section 7 - SOCIAL SITUATIONS (Continued)

33c.	**Did ALL of those times when you were afraid, anxious or avoided social situations in the last 12 months ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 7.11*
d.	**Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 7.11	Is 17a marked "Yes"?	1 ☐ Yes - *SKIP to Section 8* 2 ☐ No
e.	**Did ALL of those times when you were afraid, anxious or avoided social situations BEFORE 12 months ago ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 8*
f.	**Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No } *Go to Section 8*

Section 8 - SPECIFIC SITUATIONS

Statement R **The next few questions are about objects or OTHER situations which may have made you frightened or anxious at some time in your life. Please don't include other situations we have already talked about.**

1a.	**Some people have such a strong fear of SPECIFIC SITUATIONS or OBJECTS that they become very frightened or anxious in such situations or near such objects, or they try to avoid them.** **Have you EVER had a strong fear or avoidance of . . .** *(Repeat phrase frequently)* **Insects, snakes, birds or other animals?**	1 ☐ Yes 2 ☐ No
b.	**Heights - like tall buildings, bridges or mountains?**	1 ☐ Yes 2 ☐ No
c.	**Being in storms?**	1 ☐ Yes 2 ☐ No
d.	**Being in or on the water - like swimming or boating?**	1 ☐ Yes 2 ☐ No
e.	**Flying in airplanes?**	1 ☐ Yes 2 ☐ No
f.	**Seeing someone injured?**	1 ☐ Yes 2 ☐ No
g.	**Being in closed spaces - like a cave, tunnel or elevator?**	1 ☐ Yes 2 ☐ No
h.	**Seeing blood?**	1 ☐ Yes 2 ☐ No
i.	**Getting a shot or injection?**	1 ☐ Yes 2 ☐ No
j.	**Going to the dentist?**	1 ☐ Yes 2 ☐ No
k.	**Visiting or being in a hospital?**	1 ☐ Yes 2 ☐ No
l.	**Thunder or lightning?**	1 ☐ Yes 2 ☐ No
m.	**Invasive medical procedures?**	1 ☐ Yes 2 ☐ No
n.	**Driving a car?**	1 ☐ Yes 2 ☐ No
o.	**Choking or vomiting?**	1 ☐ Yes 2 ☐ No
p.	**Have you EVER had a strong fear, anxiety or avoidance of any other SPECIFIC object or situation? Do not include any situations we have already talked about.**	1 ☐ Yes Specify _____ 2 ☐ No
CHECK ITEM 8.0	Is at least 1 item marked "Yes" in 1a - p?	1 ☐ Yes 2 ☐ No - *SKIP to Section 9*
2.	**When you found yourself near any of these objects or in any of these situations, did you ALWAYS become very anxious or frightened?**	1 ☐ Yes 2 ☐ No
3.	**When you were near any of these objects or in any of these situations because you had to be, were you very anxious or frightened the whole time?**	1 ☐ Yes 2 ☐ No
4.	**Did you EVER avoid any of these objects or situations because of your anxiety or strong fear of them?**	1 ☐ Yes 2 ☐ No
5.	**Did you EVER feel that your fear, anxiety or avoidance of any of these objects or situations was out of proportion in relation to the actual danger of the object or situation?**	1 ☐ Yes 2 ☐ No

Section 8 - SPECIFIC SITUATIONS (Continued)

6. **Did you EVER feel that your fear, anxiety or avoidance of any of these objects or situations was excessive or unrealistic, that is, in excess of actual danger of the object or situation?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 8.1 Is "Yes" marked in Item 7 or Item 31, Section 6?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 8.1A*
7. **When you were near any of these objects or in any of the situations that made you frightened or anxious, did you EVER have a panic attack?**	1 ☐ Yes – *SKIP to 9* 2 ☐ No – *SKIP to 8*
CHECK ITEM 8.1A Is "Yes" marked in Check Item 6.2 or Check Item 6.17, Section 6?	1 ☐ Yes 2 ☐ No - *SKIP to 9*
8. **When you were near any of these objects or in any of these situations, did you EVER experience some of the symptoms of a panic attack?**	1 ☐ Yes 2 ☐ No
9. **Were you EVER very anxious or frightened of any of these objects or situations because you were afraid of having a panic attack or panic symptoms?**	1 ☐ Yes 2 ☐ No
10. **Did you EVER avoid any of these objects or situations because you were afraid of having a panic attack or panic symptoms?**	1 ☐ Yes 2 ☐ No
13a. **Did your fear, anxiety or avoidance of these objects or situations EVER . . .** *(Repeat phrase frequently)* **Make you feel very upset?**	1 ☐ Yes 2 ☐ No
b. **Interfere with your relationships with other people - like arguing with them or avoiding them?**	1 ☐ Yes 2 ☐ No
c. **Interfere with doing things you were supposed to do - like working, doing your schoolwork, or taking care of your home or family?**	1 ☐ Yes 2 ☐ No
d. **Restrict your usual activities in any way?**	1 ☐ Yes 2 ☐ No
e. **Keep you from doing something you wanted to do?**	1 ☐ Yes 2 ☐ No
14a. **About how old were you the FIRST time you BEGAN to experience a strong fear, anxiety or avoidance of any of these objects or situations?**	_____ Age
CHECK ITEM 8.2 Is respondent's age in 14a within 1 year of his/her present age or is present age or age in 14a unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 14c*
14b. **Did this FIRST time BEGIN to happen during the last 12 months?**	1 ☐ Yes 2 ☐ No
c. **In your ENTIRE LIFE, how many SEPARATE times were there when you had a strong fear, anxiety or avoidance of any of these objects or situations?** **By separate times, I mean times separated by at least 2 months when you WEREN'T afraid of any of these objects or situations and you DIDN'T try to avoid them.** *If respondent says "All my life" or "There was never a time when I didn't fear or avoid object or situation", code 1.*	_____ Number
CHECK ITEM 8.2A Is number entered in 14c, 2 or more or unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 17a*
15a. **How old were you the MOST RECENT time you BEGAN to experience a strong fear, anxiety or avoidance of any of these objects or situations?**	_____ Age
CHECK ITEM 8.3A Is respondent's age in 15a within 1 year of his/her present age or is present age or age in 15a unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 16a*

Section 8 - SPECIFIC SITUATIONS (Continued)

15b. **Did this MOST RECENT time when you were afraid or anxious or avoided any of these objects or situations BEGIN to happen during the last 12 months?**

1 ☐ Yes
2 ☐ No

16a. **How long did this MOST RECENT time last when you were afraid, anxious or avoided any of these objects or situations?**

_____ Week(s)
OR
_____ Month(s)
OR
_____ Year(s)

b. **Since the MOST RECENT time BEGAN, have there been at least 2 months when you WEREN'T anxious or afraid of any of these objects or situations and you DIDN'T try to avoid them?**

1 ☐ Yes
2 ☐ No - *SKIP to 16d*

CHECK ITEM 8.3B Is 15b marked "Yes"?

1 ☐ Yes - *SKIP to 16d*
2 ☐ No

16c. **Did this MOST RECENT time when you WEREN'T anxious or afraid of any of these objects or situations and you DIDN'T try to avoid them BEGIN to happen during the last 12 months?**

1 ☐ Yes
2 ☐ No

d. **In your ENTIRE LIFE, what was the LONGEST period you had when you were afraid, anxious or avoided any of these objects or situations?**

_____ Week(s)
OR
_____ Month(s)
OR
_____ Year(s)

} *SKIP to Check Item 8.4*

17a. **How long did that period last when you were afraid, anxious or avoided any of these objects or situations?**

_____ Week(s)
OR
_____ Month(s)
OR
_____ Year(s)

b. **Since that time BEGAN, have there been at least 2 months when you WEREN'T anxious or afraid of any of these objects or situations and you DIDN'T try to avoid them?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 8.4*

CHECK ITEM 8.3C Is 14b marked "Yes"?

1 ☐ Yes - *SKIP to Check Item 8.4*
2 ☐ No

17c. **Did that time when you WEREN'T anxious or afraid of any of these objects or situations and you DIDN'T try to avoid them BEGIN to happen during the last 12 months?**

1 ☐ Yes
2 ☐ No

CHECK ITEM 8.4 *Refer to Check Item 2.1, Section 2A.*
Is respondent a lifetime abstainer of alcohol?

1 ☐ Yes - *SKIP to 20*
2 ☐ No

18. **Did (that time/ANY of those times) when you had a strong fear, anxiety or avoidance of these objects or situations BEGIN to happen DURING or within 1 month AFTER drinking heavily or a lot more than usual?**

1 ☐ Yes
2 ☐ No

19. **Did (that time/ANY of those times) when you had a strong fear, anxiety or avoidance of these objects or situations BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of drinking?**

1 ☐ Yes
2 ☐ No

20. **Did (that time/ANY of those times) when you had a strong fear, anxiety or avoidance of these objects or situations BEGIN to happen DURING or within 1 month AFTER using a medicine or drug?**

1 ☐ Yes
2 ☐ No

21. **Did (that time/ANY of those times) when you had a strong fear, anxiety or avoidance of these objects or situations BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of a medicine or drug?**

1 ☐ Yes
2 ☐ No

CHECK ITEM 8.5 Is at least 1 item marked "Yes" in 18, 19, 20 OR 21?

1 ☐ Yes
2 ☐ No - *SKIP to 23a*

CHECK ITEM 8.6A Is Check Item 8.2A marked "No"?

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 8.6B*

22a. **During that time, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**

1 ☐ Yes
2 ☐ No - *SKIP to 23a*

Section 8 - SPECIFIC SITUATIONS (Continued)

22b.	**Did you CONTINUE to have a strong fear, anxiety or avoidance of any of these objects or situations for at least 1 month AFTER you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No } *SKIP to 23a*
CHECK ITEM 8.6B	Is 14b marked "Yes" or 15b marked "Yes"?	1 ☐ Yes 2 ☐ No - *SKIP to 22g*
22c.	**Did ALL of the times when you had a strong fear, anxiety or avoidance of these objects or situations in the last 12 months ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 8.6C*
d.	**During ANY of those times in the last 12 months when you had a strong fear, anxiety or avoidance of these objects or situations after (drinking heavily/using any medicines or drugs), did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 8.6C*
e.	**During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
f.	**Did you CONTINUE to have a strong fear, anxiety or avoidance of any of these objects or situations for at least 1 month AFTER ANY of those times in the last 12 months when you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 8.6C	Is 14b marked "Yes"?	1 ☐ Yes - *SKIP to 23a* 2 ☐ No
22g.	**Did ALL of the times when you had a strong fear, anxiety or avoidance of these objects or situations BEFORE 12 months ago ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/ experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to 23a*
h.	**During ANY of those times BEFORE 12 months ago when you had a strong fear, anxiety or avoidance of these objects or situations after (drinking heavily/using any medicines or drugs) did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 23a*
i.	**During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
j.	**Did you CONTINUE to have a strong fear, anxiety or avoidance of any of these objects or situations for at least 1 month AFTER ANY of those times BEFORE 12 months ago when you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
23a.	**Did you EVER talk to any health professional like a psychiatrist, other medical doctor, psychologist, social worker or any other kind of counselor or therapist to get help for your fear, anxiety or avoidance of any of these objects or situations?**	1 ☐ Yes 2 ☐ No
b.	**Did you EVER go to a self-help or support group, use a hotline, or visit an internet chat room for help for your fear, anxiety or avoidance of any of these objects or situations?**	1 ☐ Yes 2 ☐ No
24a.	**Did you EVER go to an emergency room to get help for your fear, anxiety or avoidance of any of these objects or situations?**	1 ☐ Yes 2 ☐ No
b.	**Were you EVER a patient in any kind of hospital overnight or longer because of your fear, anxiety or avoidance of any of these objects or situations?**	1 ☐ Yes 2 ☐ No
25.	**Did a doctor EVER prescribe any medicines or drugs for your fear, anxiety or avoidance of any of these objects or situations?**	1 ☐ Yes 2 ☐ No

Section 8 - SPECIFIC SITUATIONS (Continued)

CHECK ITEM 8.7 Is at least 1 item marked "Yes" in 23a - 25?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 8.9*
26. About how old were you the FIRST time you went anywhere or talked to anyone to get help for your fear, anxiety or avoidance of any of these objects or situations?	_____ Age
CHECK ITEM 8.8 Is age in 26 equal to respondent's current age?	1 ☐ Yes - *SKIP to Check Item 8.9* 2 ☐ No
27. Did you go anywhere or talk to anyone in the last 12 months?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 8.9*
CHECK ITEM 8.8A Is age in 26 at least 2 years less than respondent's current age?	1 ☐ Yes- *SKIP to Check Item 8.9* 2 ☐ No
28. Did you go anywhere or talk to anyone before 12 months ago, that is, BEFORE last (Month one year ago)?	1 ☐ Yes 2 ☐ No
CHECK ITEM 8.9 Is Check Item 8.2A marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 8.10*
29a. Did your fear, anxiety or avoidance of these objects or situations BEGIN to happen during a time when you were physically ill or getting over being physically ill?	1 ☐ Yes 2 ☐ No - *SKIP to Section 9*
b. Did a doctor or other health professional tell you that your fear, anxiety or avoidance of these objects or situations was related to your physical illness or medical condition?	1 ☐ Yes 2 ☐ No } *SKIP to Section 9*
CHECK ITEM 8.10 Is 14b marked "Yes" or 15b marked "Yes?	1 ☐ Yes 2 ☐ No - *SKIP to 30c*
30a. Did ALL of those times when you were afraid, anxious or avoided these objects or situations in the last 12 months ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 8.11*
b. Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?	1 ☐ Yes 2 ☐ No
CHECK ITEM 8.11 Is 14b marked "Yes"?	1 ☐ Yes - *SKIP to Section 9* 2 ☐ No
c. Did ALL of those times when you feared or avoided these objects or situations BEFORE 12 months ago ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?	1 ☐ Yes 2 ☐ No - *SKIP to Section 9*
d. Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?	1 ☐ Yes 2 ☐ No } *Go to Section 9*

Section 9 - GENERAL ANXIETY

Statement S **Now I'd like to ask you about times in your life when you may have been extremely worried or anxious.**

1a. **Have you EVER had a time lasting at least 3 months when you felt extremely worried or anxious about many different things?**	1 ☐ Yes - *SKIP to 2a* 2 ☐ No
b. **Have you EVER had a time lasting at least 3 months when most of the time you felt extremely worried or anxious about many different things, like your family, school or work, finances or health?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 10*
2a. **Now I'd like you to think of a time in your life when you were the most worried or anxious for at least 3 months.** **During that worst period, did you OFTEN . . .** *(Repeat entire phrase frequently)* **Get tired easily?**	1 ☐ Yes 2 ☐ No
b. **Have tense, aching muscles?**	1 ☐ Yes 2 ☐ No
c. **Become so restless that you fidgeted, paced, or couldn't sit still?**	1 ☐ Yes 2 ☐ No
d. **Feel keyed up or on edge?**	1 ☐ Yes 2 ☐ No
e. **Have trouble concentrating or keeping your mind on things?**	1 ☐ Yes 2 ☐ No
f. **Feel irritable or easily annoyed?**	1 ☐ Yes 2 ☐ No
g. **Have trouble falling asleep or staying asleep?**	1 ☐ Yes 2 ☐ No
h. **Have such restless sleep that you woke up tired?**	1 ☐ Yes 2 ☐ No
i. **Have times when you forgot what you were talking about or your mind went blank?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 9.3 Is at least 1 item marked "Yes" in 2b, 2c or 2d?	1 ☐ Yes 2 ☐ No - *SKIP to Section 10*
3a. **During your worst period of feeling worried or anxious for at least 3 months, did you EVER . . .** **Put off doing things or making decisions because of your worry or anxiety?**	1 ☐ Yes 2 ☐ No
b. **Often seek reassurance from others because of your worry or anxiety?**	1 ☐ Yes 2 ☐ No
c. **Avoid events or activities that could have possible negative consequences?**	1 ☐ Yes 2 ☐ No
d. **Find it difficult to stop being worried or anxious?**	1 ☐ Yes 2 ☐ No
e. **Think that your worrying was excessive?**	1 ☐ Yes 2 ☐ No
f. **Spend a lot of time and effort preparing for events or activities that could have possible negative consequences?**	1 ☐ Yes 2 ☐ No
g. **Worry about what other people might do or what would happen to them?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 9.3A Is "Yes" marked in Item 7 or Item 31, Section 6?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 9.3B*
4a. **During any of the times that you were very worried or anxious for at least 3 months, did you EVER have a panic attack?**	1 ☐ Yes – *SKIP to 5a* 2 ☐ No – *SKIP to 4b*

Section 9 - GENERAL ANXIETY (Continued)

CHECK ITEM 9.3B Is "Yes" marked in Check Item 6.2 or Check Item 6.17, Section 6?	1 ☐ Yes 2 ☐ No - *SKIP to 5a*
4b. **During any of those times when you were very worried or anxious for at least 3 months, did you EVER experience some of the symptoms of a panic attack?**	1 ☐ Yes 2 ☐ No
5a. **Now I'd like to ask you about some things that might have happened to you during your worst period when you felt worried or anxious most of the time for at least 3 months and had some of the other experiences you just mentioned at the same time.** **During that worst period, did you. ..** *(Repeat phrase frequently)* **Feel very upset?**	1 ☐ Yes 2 ☐ No
b. **Have arguments or friction with family, friends, people at work or anyone else?**	1 ☐ Yes 2 ☐ No
c. **Have difficulty doing things you were supposed to do - like working, doing your schoolwork, or taking care of your home or family?**	1 ☐ Yes 2 ☐ No
d. **Restrict your usual activities in any way?**	1 ☐ Yes 2 ☐ No
e. **Find that you were unable to do something you wanted to do?**	1 ☐ Yes 2 ☐ No
f. **Depend on others to take care of your everyday responsibilities?**	1 ☐ Yes 2 ☐ No
g. **Depend on others to give you a lot of assurance and comfort?**	1 ☐ Yes 2 ☐ No
h. **Avoid seeing or talking to people because you didn't want to be around them as much as usual?**	1 ☐ Yes 2 ☐ No
6a. **About how old were you the FIRST time you BEGAN to feel worried or anxious for at least 3 months and also had some of the other experiences you mentioned?**	_____ Age
CHECK ITEM 9.4 Is respondent's age in 6a within 1 year of his/her present age or is present age or age in 6a unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 7*
6b. **Did this FIRST time BEGIN to happen during the last 12 months?**	1 ☐ Yes 2 ☐ No
7. **In your ENTIRE LIFE, how many SEPARATE times lasting at least 3 months were there when you felt worried or anxious and had some of the other experiences you mentioned?** **By separate times, I mean times separated by at least 2 months when you DIDN'T feel nervous or worried AND you DIDN'T have ANY of these OTHER experiences.**	_____ Number
CHECK ITEM 9.5 Is number entered in 7, 2 or more or unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 9e*
8a. **How old were you the MOST RECENT time you BEGAN to feel worried or anxious most of the time for at least 3 months and also had some of those other experiences?**	_____ Age
CHECK ITEM 9.6 Is respondent's age in 8a within 1 year of his/her present age or is present age or age in 8a unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 9a*
8b. **Did this MOST RECENT time when you felt worried or anxious BEGIN to happen in the last 12 months?**	1 ☐ Yes 2 ☐ No
9a. **How long did this MOST RECENT period last when you felt worried or anxious?** *(Must be at least 3 months.)*	_____ Month(s) OR _____ Year(s)
b. **Since this MOST RECENT time BEGAN, have there been at least 2 months when you DIDN'T feel worried or anxious AND DIDN'T have any of the OTHER experiences you mentioned?**	1 ☐ Yes 2 ☐ No - *SKIP to 9d*

Section 9 - GENERAL ANXIETY (Continued)

CHECK ITEM 9.6A	Is 8b marked "Yes"?	1 ☐ Yes - *SKIP to 9d* 2 ☐ No
9c.	**Did this MOST RECENT time when you DIDN'T feel worried or anxious BEGIN to happen during the last 12 months?**	1 ☐ Yes 2 ☐ No
d.	**In your ENTIRE LIFE, what was the LONGEST period you had when you felt worried or anxious most of the time?** *(Must be at least 3 months.)*	_____ Months OR _____ Year(s) } *SKIP to Check Item 9.7*
e.	**How long did that period last when you felt worried or anxious most of the time?** *(Must be at least 3 months.)*	_____ Month(s) OR _____ Year(s)
f.	**Since that time BEGAN, have there been at least 2 months when you DIDN'T feel worried or anxious AND DIDN'T have any of the OTHER experiences you mentioned?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 9.7*
CHECK ITEM 9.6B	Is 6b marked "Yes"?	1 ☐ Yes - *SKIP to Check Item 9.7* 2 ☐ No
9g.	**Did that time when you DIDN'T feel worried or anxious BEGIN to happen during the last 12 months?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 9.7	*Refer to Check Item 2.1, Section 2A.* Is respondent a lifetime abstainer of alcohol?	1 ☐ Yes - *SKIP to 12* 2 ☐ No
10.	**Did (that time/ANY of those times) when you were worried or anxious for at least 3 months BEGIN to happen DURING or within 1 month AFTER drinking heavily or a lot more than usual?**	1 ☐ Yes 2 ☐ No
11.	**Did (that time/ANY of those times) when you were worried or anxious for at least 3 months BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of drinking?**	1 ☐ Yes 2 ☐ No
12.	**Did (that time/ANY of those times) when you were worried or anxious for at least 3 months BEGIN to happen DURING or within 1 month AFTER using a medicine or drug?**	1 ☐ Yes 2 ☐ No
13.	**Did (that time/ANY of those times) when you were worried or anxious for at least 3 months BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of a medicine or drug?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 9.8	Is at least 1 item marked "Yes" in 10, 11, 12 OR 13?	1 ☐ Yes 2 ☐ No - *SKIP to 15a*
CHECK ITEM 9.9	Is Check Item 9.5 marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 9.10*
14a.	**During that time, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 15a*
b.	**Did you CONTINUE to feel worried or anxious for at least 1 month AFTER you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No } *SKIP to 15a*
CHECK ITEM 9.10	Is 6b marked "Yes" or 8b marked "Yes"?	1 ☐ Yes 2 ☐ No - *SKIP to 14g*
14c.	**Did ALL of those times in the last 12 months when you were worried or anxious for at least 3 months ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 9.10A*

Section 9 - GENERAL ANXIETY (Continued)

14d.	**During ANY of those times in the last 12 months when you were worried or anxious for at least 3 months after (drinking heavily/using any medicines or drugs), did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 9.10A*
e.	**During ALL or those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
f.	**Did you CONTINUE to feel worried or anxious for at least 1 month AFTER ANY of those times in the last 12 months when you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 9.10A	Is 6b marked "Yes"?	1 ☐ Yes - *SKIP to 15a* 2 ☐ No
14g.	**Did ALL of those times BEFORE 12 months ago when you were worried or anxious for at least 3 months ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/ experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to 15a*
h.	**During ANY of those times BEFORE 12 months ago when you were worried or anxious for at least 3 months after (drinking heavily/using any medicines or drugs), did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 15a*
i.	**During ALL or those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
j.	**Did you CONTINUE to feel worried or anxious for at least 1 month AFTER ANY of those times BEFORE 12 months ago when you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
15a.	**Did you EVER talk to any health professional like a psychiatrist, other medical doctor, psychologist, social worker or any other kind of counselor or therapist because you were feeling worried or anxious?**	1 ☐ Yes 2 ☐ No
b.	**Did you EVER go to a self-help or support group, use a hotline, or visit an internet chat room because you were feeling worried or anxious?**	1 ☐ Yes 2 ☐ No
16a.	**Did you EVER go to an emergency room to get help for feeling worried or anxious?**	1 ☐ Yes 2 ☐ No
b.	**Were you EVER a patient in any kind of hospital overnight or longer because you were feeling worried or anxious?**	1 ☐ Yes 2 ☐ No
17.	**Did a doctor EVER prescribe any medicines or drugs for your worry or anxiety?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 9.11	Is at least 1 item marked "Yes" in 15a - 17? Did respondent ever seek help for feeling worried or anxious for at least 3 months?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 9.13*
18.	**About how old were you the FIRST time you went anywhere or talked to anyone to get help for feeling worried or anxious?**	_____ Age
CHECK ITEM 9.12	Is age in 18 equal to respondent's current age?	1 ☐ Yes - *SKIP to Check Item 9.13* 2 ☐ No

Section 9 - GENERAL ANXIETY (Continued)

19.	**Did you go anywhere or talk to anyone in the last 12 months?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 9.13*
CHECK ITEM 9.12A	Is age in 18 at least 2 years less than respondent's current age?	1 ☐ Yes - *SKIP to Check Item 9.13* 2 ☐ No
20.	**Did you go anywhere or talk to anyone before 12 months ago, that is, BEFORE last (Month one year ago)?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 9.13	Is Check Item 9.5 marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 9.14*
21a.	**Did that time when you were worried or anxious for at least 3 months BEGIN to happen DURING a time when you where physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 10*
b.	**Did a doctor or other health professional tell you that this time was related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No } *SKIP to Section 10*
CHECK ITEM 9.14	Is 6b marked "Yes" or 8b marked "Yes"?	1 ☐ Yes 2 ☐ No - *SKIP to 21e*
21c.	**Did ALL of those times when you were worried or anxious in the last 12 months ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 9.15*
d.	**Did a doctor or other health professional tell you that ALL of the times like this were related to you physical illness or medical condition?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 9.15	Is 6b marked "Yes"?	1 ☐ Yes - *SKIP to Section 10* 2 ☐ No
21e.	**Did ALL of those times BEFORE 12 months ago when you were worried or anxious ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 10*
f.	**Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No } *Go to Section 10*

Section 10 - USUAL FEELINGS AND ACTIONS

Statement T

The questions I'm going to ask you now are about how you have felt or acted MOST of the time since early adulthood regardless of the situation or whom you were with. Do NOT include times when you weren't yourself or when you acted differently than usual because you were depressed or hyper, anxious or nervous or drinking heavily, using medicines or drugs or experiencing their bad aftereffects, or times when you were physically ill.

1a. Since early adulthood. . . (*Repeat phrase frequently*)		**b. Did this ever trouble you or cause problems at work or school, or with your family or other people?**
(1) Have you usually gotten attached to people very quickly?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(2) Have your relationships with people you really care about had lots of extreme ups and downs?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(3) Have you often started out thinking that someone was a great person only to be disappointed when they didn't live up to your expectations?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(4) Have you often become very sad, anxious or angry over little things?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(5) Have other people often wondered why you get so upset so easily?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(6) Have you had a lot of sudden mood changes?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(7) When you have gotten close to someone, have you needed them to reassure you that they would never leave you?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(8) Have you put a lot of time and effort into doing things to keep someone from leaving you?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(9) Have you often become frantic when you thought that someone you really cared about was going to leave you?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(10) Have you gone to extremes to keep people from leaving you?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(11) Have you often had temper outbursts or gotten so angry that you lose control?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(12) Have you hit people or thrown things when you got angry?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(13) Have even little things made you angry or have you had difficulty controlling your anger?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(14) Have there been lots of sudden changes in your personal goals, career plans, religious beliefs, or other important aspects of your life?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(15) Have you been so different with different people or in different situations that you sometimes don't know who you really are?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(16) Has your sense of who you are often changed depending on the situation or whom you are with?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(17) Have you all of a sudden changed your sense of who you are and where you are headed?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(18) Have you often felt like your life had no purpose or meaning?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(19) Have you often felt empty inside?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No

Section 10 - USUAL FEELINGS AND ACTIONS (Continued)

1a. Since early adulthood. . . (*Repeat phrase frequently)*		**b. Did this ever trouble you or cause problems at work or school, or with your family or other people?**
(20) When you've been under a lot of stress, have you often felt that you weren't real?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(21) When you've been under a lot of stress, have you often felt like you were outside your body?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(22) When you've been under a lot of stress, have you felt suspicious or distrustful of other people?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(23) Have you ever cut, burned, or scratched yourself on purpose?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(24) Have you tried to hurt or kill yourself, or threatened to do so?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(25) Have you gotten into sexual relationships quickly or without thinking about the consequences?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(26) Have there been periods of your life when you often spent too much money while shopping or gambling?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(27) Have you had periods in your life when you drank a lot more or used a lot more drugs than you meant to?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(28) Have you had periods in your life when you often took too many risks when driving?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(29) Have you often done things impulsively?	1 ☐ Yes → 2 ☐ No – *SKIP to Check Item 10.1*	1 ☐ Yes 2 ☐ No } *Go to Check Item 10.1*
CHECK ITEM 10.1 Are at least 2 items marked "Yes" in 1a(1) – (29)?		1 ☐ Yes 2 ☐ No- Skip to Statement U
(30) About how old were you when SOME of these experiences BEGAN to happen around the same time?	_____ Age	
(31) About how old were you the MOST RECENT time you had ANY of these experiences?	_____ Age	

Statement U **Now I'd like to ask about some other experiences that describe how you felt or acted MOST of the time since early adulthood regardless of the situation or whom you were with.**

Since early adulthood . . .

(*Repeat phrase frequently)*

(32) Have you often had the feeling that things that have no special meaning to most people are really meant to give you a message?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(33) Have you felt suspicious of people, even if you have known them for awhile?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(34) When you are around people, have you often had the feeling that you are being watched or stared at?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(35) Have you ever felt that you could make things happen just by making a wish or thinking about them?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(36) Have you had personal experiences with the supernatural?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(37) Have you believed that you have a "sixth sense" that allows you to know and predict things that others can't?	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No

Section 10 - USUAL FEELINGS AND ACTIONS (Continued)

1a. **Since early adulthood. . .** (*Repeat phrase frequently)*		**b.** **Did this ever trouble you or cause problems at work or school, or with your family or other people?**
(38) **Have you had the sense that some force is around you, even though you cannot see anyone?**	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(39) **Have you often seen auras or energy fields around people?**	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(40) **Have you often thought that objects or shadows are really people or animals, or that noises are actually people's voices?**	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(41) **Have people thought you are odd, eccentric or strange?**	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(42) **Have people thought you act strangely?**	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(43) **Have there been very few people that you're really close to outside of your immediate family?**	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(44) **Have you often felt nervous when you are with other people even if you have known them for awhile?**	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(45) **Has it been unusual for you to show emotion?**	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(46) **Have you had trouble expressing your emotions and feelings?**	1 ☐ Yes → 2 ☐ No - *SKIP to next experience*	1 ☐ Yes 2 ☐ No
(47) **Have people thought you have strange ideas?**	1 ☐ Yes → 2 ☐ No - *SKIP to Check Item 10.2*	1 ☐ Yes 2 ☐ No
CHECK ITEM 10.2 Are at least 2 items marked "Yes" in 1a(32) – (47)?		1 ☐ Yes 2 ☐ No- *Skip to Section 12*

(48) **About how old were you when SOME of these experiences BEGAN to happen around the same time?**	_____ Age
(49) **About how old were you the MOST RECENT time you had ANY of these experiences?**	_____ Age – *Go to Section 12*

Section 12 - Traumatic Experiences

Statement X **Now I'd like to ask you about experiences that people sometimes have following an extremely stressful or traumatic event, that is, an event that caused or threatened death, serious injury, or sexual violation.**

1a. *(SHOW FLASHCARD 45)*

First, I would like to ask you about stressful events that have happened to many people. Please look at Card 45, Box A at the top of the card. In your ENTIRE life, have any of the stressful or traumatic events in Box A EVER happened to YOU PERSONALLY?

1 ☐ Yes
2 ☐ No

b. **Now look at Box B at the bottom of the Card. In your entire life, have you EVER PERSONALLY WITNESSED any of the traumatic or stressful events in Box B happening to a friend, relative or ANY OTHER person?**

1 ☐ Yes
2 ☐ No

c. **In your entire life, have you EVER been REPEATEDLY EXPOSED, for example, at work to the details of any of the traumatic or stressful events in Box B? Please do not include events that you saw in pictures, on television or at the movies or in video games.**

1 ☐ Yes
2 ☐ No

d. **Did you EVER personally experience, witness, or become exposed to the details of any other kind of traumatic or stressful event that could have caused or threatened death, serious injury, or sexual violation?**

1 ☐ Yes
2 ☐ No

2a. **In your entire life, did you EVER LEARN OR HEAR that any of the events listed on Card 45, Box B happened to a relative or close friend? Include ONLY those events that you LEARNED or HEARD about that happened to a relative or close friend that were especially violent or accidental.**

1 ☐ Yes
2 ☐ No

b. **Did you EVER LEARN or HEAR that any other kind of traumatic or stressful life events like this happened to a relative or close friend?**

1 ☐ Yes
2 ☐ No

CHECK ITEM 12.1 Is any item marked "Yes" in 1a-2b?

1 ☐ Yes
2 ☐ No – *Skip to Section 13*

(SHOW FLASHCARD 45)

3. **You just mentioned some traumatic or stressful event(s) that HAPPENED to you, that you witnessed or learned about, or that happened to a close relative or friend or another person.**

In your entire life, which of these stressful events did you experience? Please just tell me the number to the left of the event on the card.

If more than 4 events, mark the 4 most severe events.

☐☐ Code 1
☐☐ Code 2
☐☐ Code 3
☐☐ Code 4

CHECK ITEM 12.2 Is the number of events marked in 3, 2 or more?

1 ☐ Yes
2 ☐ No – *SKIP to 5a*

4. **Which of these experiences would you single out as the MOST stressful and upsetting to you? Please just tell me the number to the left of the event on the card.**
(Mark one and only one.)

☐☐ Code

5a. **Many people have reported having several reactions AFTER experiencing a traumatic or stressful event.**

AFTER (that/that worst) event happened, did you keep remembering the event even though you didn't want to?

1 ☐ Yes
2 ☐ No

b. **Did you have distressing memories of the event?**

1 ☐ Yes
2 ☐ No

c. **Did you have distressing dreams about the event?**

1 ☐ Yes
2 ☐ No

d. **Did you feel that you were reliving (that/that worst) event or that it was happening all over again?**

1 ☐ Yes
2 ☐ No

Section 12 - Traumatic Experiences (Continued)

5e. **AFTER (that/that worst) event happened, did you find yourself acting as if the event was happening again, for example, reacting to sights or sounds like the ones you heard when it happened?**	1 ☐ Yes 2 ☐ No
f. **Did you get very upset when you were reminded of (that/that worst) event? This could happen when someone reminded you of the event OR you were in a situation that reminded you of it, OR it could happen around the same time of year it happened.**	1 ☐ Yes 2 ☐ No
g. **Did you have any physical reactions when something reminded you of (that/that worst) event, like breaking out in a sweat, breathing fast, or feeling your heart pounding? Again, this could happen when someone reminded you of the event OR in a situation that reminded you of it, OR around the same time of year it happened.**	1 ☐ Yes 2 ☐ No
h. **Did you get so upset when you were reminded of the event that for a moment you didn't know where you were or what you were doing?**	1 ☐ Yes 2 ☐ No
i. **Did you avoid thinking about or feeling anything about (that/that worst) event?**	1 ☐ Yes 2 ☐ No
j. **Did you avoid conversations or seeing people that had anything to do with the event or reminded you of the event?**	1 ☐ Yes 2 ☐ No
k. **Did you avoid going places, doing things or objects or situations that might bring back memories of (that/that worst) event?**	1 ☐ Yes 2 ☐ No
l. **AFTER (that/that worst) event happened, did you find that you couldn't remember some important part of the event?**	1 ☐ Yes 2 ☐ No
m. **Did you feel you really couldn't expect the future to turn out the way you expected it to, in terms of your job, family or length of time you would live?**	1 ☐ Yes 2 ☐ No
n. **Did you feel that the world was a completely dangerous place?**	1 ☐ Yes 2 ☐ No
o. **Did you feel that no one could ever be trusted?**	1 ☐ Yes 2 ☐ No
p. **Did you feel that your nerves were completely shot?**	1 ☐ Yes 2 ☐ No
q. **Did you feel you were to blame for the event or what happened after the event?**	1 ☐ Yes 2 ☐ No
r. **Did you feel that others were to blame for the event or what happened as the result of the event?**	1 ☐ Yes 2 ☐ No
s. **Did you often feel more frightened than usual?**	1 ☐ Yes 2 ☐ No
t. **Did you often feel more angry than usual?**	1 ☐ Yes 2 ☐ No
u. **Did you often feel more guilty or ashamed than usual?**	1 ☐ Yes 2 ☐ No
v. **Did you often feel more horrified than usual?**	1 ☐ Yes 2 ☐ No
w. **Did you find that you were much less interested in activities you usually enjoyed or that you participated much less than usual in such activities?**	1 ☐ Yes 2 ☐ No

Section 12 - Traumatic Experiences (Continued)

5x.	**AFTER (that/that worst) event happened, did you feel emotionally distant from other people, or cut off from others?**	1 ☐ Yes 2 ☐ No
y.	**Did you feel that you couldn't be positive about yourself?**	1 ☐ Yes 2 ☐ No
z.	**Did you feel as though you couldn't feel positive or loving towards other people like you used to?**	1 ☐ Yes 2 ☐ No
aa.	**Did you find yourself getting angry, irritable or combative with others more often than usual?**	1 ☐ Yes 2 ☐ No
bb.	**Did you find that you were more reckless, like speeding, drinking too much, using drugs or doing anything else in which you or someone else could be hurt?**	1 ☐ Yes 2 ☐ No
cc.	**Did you find yourself being more watchful or alert even though it probably wasn't necessary?**	1 ☐ Yes 2 ☐ No
dd.	**Did you find that you were unusually jumpy or easily startled by sudden noises?**	1 ☐ Yes 2 ☐ No
ee.	**Did you find that you were having difficulty concentrating or keeping your mind on things?**	1 ☐ Yes 2 ☐ No
ff.	**Did you have trouble falling asleep, staying asleep, or was your sleep so restless, you often woke up tired?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 12.3	Is at least 1 item marked "Yes" in 5a-h AND at least 1 item marked "Yes" in 5i-k AND is Box D positive AND is Box E positive?	1 ☐ Yes 2 ☐ No - *SKIP to Section 13*
6a.	**How long after (that/that worst) event happened did you BEGIN to experience SOME of these reactions?** *(If less than 1 week, enter 1 week.)*	_____ Week(s) OR _____ Month(s) OR _____ Year(s)
b.	**About how old were you when SOME of these reactions FIRST BEGAN to happen around the same time?**	_____ Age
c.	**Did SOME of these reactions you just mentioned happen around the same time for at least 1 month?**	1 ☐ Yes 2 ☐ No
8a.	**Now I'd like to ask you about some other things that might have happened to you after (that/that worst) event when you also had some of the other reactions you mentioned at the same time.** **During that time, were you very upset by any of these reactions?**	1 ☐ Yes 2 ☐ No
b.	**Did any of these reactions distress you a lot?**	1 ☐ Yes 2 ☐ No
c.	**Did any of these reactions interfere with your daily life?**	1 ☐ Yes 2 ☐ No
d.	**Did any of these reactions make it harder for you to take care of your everyday responsibilities?**	1 ☐ Yes 2 ☐ No

Section 12 - Traumatic Experiences (Continued)

8e. **Did any of these reactions cause you problems in your relationships or social life?**	1 ☐ Yes 2 ☐ No
f. **Did any of these reactions cause you problems at work or school?**	1 ☐ Yes 2 ☐ No
9. **About how old were you the FIRST time (that/ANY of these) stressful event(s) caused you to have SOME of these reactions we talked about for at least 1 month?**	_____ Age
CHECK ITEM 12.4 Is respondent's age in 9 within 1 year of his/her present age or is present age or age in 9 unknown?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 12.5*
10. **Did this FIRST time BEGIN to happen in the last 12 months?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 12.5 Is "Yes" marked in Check Item 12.2?	1 ☐ Yes 2 ☐ No - *SKIP to 13a*
(SHOW FLASHCARD 45) **11.** **What was the stressful event that caused you to have SOME of those reactions for the FIRST time? Please just tell me the number to the left of the event on the card.** *(If more than 1, code the most stressful.)*	☐☐ Code
12. **How long after this event happened did you FIRST BEGIN to have some of those reactions?** *(If less than 1 week, enter 1 week.)*	_____ Week(s) OR _____ Month(s) OR _____ Year(s)
13a. **Since that time BEGAN, have all of those reactions gone away completely?**	1 ☐ Yes 2 ☐ No - *SKIP to 14*
CHECK ITEM 12.6 Is "Yes" marked in 10?	1 ☐ Yes - *SKIP to 14* 2 ☐ No
13b. **Did that time when ALL of these reactions went away completely BEGIN to happen in the LAST 12 months?**	1 ☐ Yes 2 ☐ No
14. **Now I have some questions about different periods when you were experiencing reactions to a stressful or traumatic event. If more than two months passed between reactions, this counts as the beginning of a separate period. Reactions LESS than two months apart are part of the SAME period. How many SEPARATE periods have you had when you were experiencing some of these reactions to a stressful or traumatic event?**	_____ Number
CHECK ITEM 12.7 Is number in 14, "2" or more or D or R?	1 ☐ Yes - *SKIP to 16* 2 ☐ No
15. **How long did this time last when you were having some of these reactions because of experiencing this stressful event?**	_____ Month(s) OR _____ Year(s) } *SKIP to Check Item 12.10A*
16. **How old were you the MOST RECENT time a stressful event caused you to have some of those reactions you mentioned for at least 1 month?**	_____ Age
CHECK ITEM 12.8 Is respondent's age in 16 within 1 year of his/her present age or is present age or age in 16 unknown?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 12.9*
17. **Did this MOST RECENT time BEGIN to happen in the last 12 months?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 12.9 Is "1" marked in Check Item 12.2?	1 ☐ Yes 2 ☐ No - *SKIP to 20*

Section 12 - Traumatic Experiences (Continued)

(SHOW FLASHCARD 45)

18. **What was the stressful event that caused you to have SOME of those reactions MOST RECENTLY? Please just tell me the number to the left of the event on the card.**

(If more than 1, code the most stressful.)

☐☐ Code

19. **How long AFTER this event happened did you BEGIN to have some of these reactions?**

(If less than 1 week, enter 1 week.)

_____ Week(s)
OR
_____ Month(s)
OR
_____ Year(s)

20. **Since that MOST RECENT time BEGAN, have ALL of those reactions gone away completely?**

1 ☐ Yes
2 ☐ No - *SKIP to 22a*

CHECK ITEM 12.10 Is "Yes" marked in 17?

1 ☐ Yes - *SKIP to 22a*
2 ☐ No

21. **Did that MOST RECENT time when ALL of those reactions went away completely BEGIN to happen in the last 12 months?**

1 ☐ Yes
2 ☐ No

22a. **How long did this MOST RECENT period last when you had SOME of these reactions because of experiencing a stressful event?**

(If less than 1 month, enter 1 month.)

_____ Month(s)
OR
_____ Year(s)

b. **In your ENTIRE LIFE, what is the LONGEST period you've had SOME of these reactions because of experiencing a stressful event?**

(If less than 1 month, enter 1 month.)

_____ Month(s)
OR
_____ Year(s)

CHECK ITEM 12.10A Is "Yes" marked in Item 7 or Item 31, Section 6?

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 12.10B*

22c. **During (that time /ANY of those times) when you were having SOME of these reactions, did you EVER have a panic attack?**

1 ☐ Yes – *SKIP to 23a*
2 ☐ No – *SKIP to 22d*

CHECK ITEM 12.10B Is "Yes" marked in Check Item 6.2 or Check Item 6.17, Section 6?

1 ☐ Yes
2 ☐ No - *SKIP to 23a*

22d. **During (that time /ANY of those times) did you EVER have some symptoms related to a panic attack?**

1 ☐ Yes
2 ☐ No

23a. **Did you EVER talk to any health professional like a psychiatrist, other medical doctor, psychologist, social worker or any other kind of counselor or therapist to help get over those reactions you experienced as a result of a stressful event?**

1 ☐ Yes
2 ☐ No

b. **Did you EVER go to a self-help or support group, use a hotline, or visit an internet chat room to help get over those reactions you experienced as a result of a stressful event?**

1 ☐ Yes
2 ☐ No

24. **Were you EVER a patient in a hospital for at least 1 night because of those reactions?**

1 ☐ Yes
2 ☐ No

25. **Did you EVER go to an emergency room for help when you were having those reactions?**

1 ☐ Yes
2 ☐ No

26. **Did a doctor EVER prescribe any medicines or drugs to help you get over those reactions?**

1 ☐ Yes
2 ☐ No

CHECK ITEM 12.11 Is at least 1 item marked "Yes" in 23a - 26?

Did respondent seek help for their reactions?

1 ☐ Yes
2 ☐ No - *SKIP Section 13*

27. **About how old were you the FIRST time you went anywhere or talked to anyone to get help for your reactions?**

_____ Age

CHECK ITEM 12.12 Is age in 27 equal to respondent's current age?

1 ☐ Yes - *SKIP to Section 13*
2 ☐ No

Section 12 - Traumatic Experiences (Continued)

28. Did you go anywhere or talk to anyone to get help for your reactions in the last 12 months?	1 ☐ Yes 2 ☐ No - *SKIP to Section 13*
CHECK ITEM 12.12A Is age in 27 at least 2 years less than respondent's current age?	1 ☐ Yes - *SKIP to Section 13* 2 ☐ No
29. Did you go anywhere or talk to anyone to get help for your reactions BEFORE 12 months ago, that is, BEFORE (month on year ago)?	1 ☐ Yes 1 ☐ No } *Go to Section 13*

Section 13 - BACKGROUND INFORMATION - III

Statement Y **Now I would like to ask you a few questions about your childhood and background.**

1a. *(SHOW FLASHCARD 46)*

The next few questions are about how your parents or caregivers treated you while you were growing up, that is, BEFORE you were 18 years old. By parents or caregivers, I mean your mother, father, stepmother, stepfather, adoptive mother or father, foster parent or other adult living in your home.

BEFORE you were 18 years old…

(Repeat phrase frequently)

How often were you made to do chores that were too difficult or dangerous for someone your age?	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
b. How often were you left alone or unsupervised when you were too young to be alone, that is, before you were 10 years old?	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
c. How often did you go without things you needed like clothes, shoes or school supplies because a parent or other adult living in your home spent the money on themselves?	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
d. How often did a parent or other adult living in your home make you go hungry or not prepare regular meals?	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
e. How often did a parent or other adult living in your home ignore or fail to get you medical treatment when you were sick or hurt?	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
f. How often did a parent or other adult living in your home swear at you, insult you or say hurtful things?	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
g. How often did a parent or other adult living in your home threaten to hit you or throw something at you, but didn't do it?	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
h. How often did a parent or other adult living in your home act in ANY other way that made you afraid that you would be physically hurt or injured?	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
i. How often did a parent or other adult living in your home push, grab, shove, slap or hit you?	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often

Section 13 - BACKGROUND INFORMATION - III (Continued)

(*SHOW FLASHCARD 46)*

1j. **How often did a parent or other adult living in your home hit you so hard that you had marks or bruises or were injured?**

1 ☐ Never
2 ☐ Almost never
3 ☐ Sometimes
4 ☐ Fairly often
5 ☐ Very often

How often did your father, stepfather, foster or adoptive father or mother's boyfriend do ANY of these things to your mother, stepmother, father's girlfriend, or your foster or adoptive mother?

k. **Push, grab, slap or throw something at her?**

1 ☐ Never
2 ☐ Almost never
3 ☐ Sometimes
4 ☐ Fairly often
5 ☐ Very often

l. **Kick, bite, hit her with a fist, or hit her with something hard?**

1 ☐ Never
2 ☐ Almost never
3 ☐ Sometimes
4 ☐ Fairly often
5 ☐ Very often

m. **Repeatedly hit her for at least a few minutes?**

1 ☐ Never
2 ☐ Almost never
3 ☐ Sometimes
4 ☐ Fairly often
5 ☐ Very often

n. **Threaten her with a knife or gun or use a knife or gun to hurt her?**

1 ☐ Never
2 ☐ Almost never
3 ☐ Sometimes
4 ☐ Fairly often
5 ☐ Very often

(*SHOW FLASHCARD 46)*

2a. **Now I'd like to know if you had any of the following sexual experiences with an adult or any other person BEFORE you were 18 years old. By adult or other person I mean a parent, stepparent, foster parent, adoptive parent, a relative, friend, family friend, teacher or stranger.**

BEFORE you were 18 years old…
(Repeat phrase frequently)

How often did an adult or other person touch or fondle you in a sexual way when you didn't want them to or when you were too young to know what was happening?

1 ☐ Never
2 ☐ Almost never
3 ☐ Sometimes
4 ☐ Fairly often
5 ☐ Very often

b. **How often did an adult or other person have you touch their body in a sexual way when you didn't want to or you were too young to know what was happening?**

1 ☐ Never
2 ☐ Almost never
3 ☐ Sometimes
4 ☐ Fairly often
5 ☐ Very often

c. **How often did an adult or other person attempt to have sexual intercourse with you when you didn't want them to or you were too young to know what was happening?**

1 ☐ Never
2 ☐ Almost never
3 ☐ Sometimes
4 ☐ Fairly often
5 ☐ Very often

d. **How often did an adult or other person actually have sexual intercourse with you when you didn't want them to or you were too young to know what was happening?**

1 ☐ Never
2 ☐ Almost never
3 ☐ Sometimes
4 ☐ Fairly often
5 ☐ Very often

Section 13 - BACKGROUND INFORMATION - III (Continued)

3a. (*SHOW FLASHCARD 47)*

Now I'd like to know how true each of the following statements was when you were growing up, that is, BEFORE you were 18 years old.

I felt there was someone in my family who wanted me to be a success.

1 ☐ Never true
2 ☐ Rarely true
3 ☐ Sometimes true
4 ☐ Often true
5 ☐ Very often true

b. **There was someone in my family who helped me feel that I was important or special.**

1 ☐ Never true
2 ☐ Rarely true
3 ☐ Sometimes true
4 ☐ Often true
5 ☐ Very often true

c. **My family was a source of strength and support.**

1 ☐ Never true
2 ☐ Rarely true
3 ☐ Sometimes true
4 ☐ Often true
5 ☐ Very often true

d. **I felt that I was part of a close-knit family.**

1 ☐ Never true
2 ☐ Rarely true
3 ☐ Sometimes true
4 ☐ Often true
5 ☐ Very often true

e. **Someone in my family believed in me.**

1 ☐ Never true
2 ☐ Rarely true
3 ☐ Sometimes true
4 ☐ Often true
5 ☐ Very often true

4a. **BEFORE you were 18 years old, was a parent or other adult living in your home a problem drinker or alcoholic?**

(By alcoholic or problem drinker, I mean a person who had physical or emotional problems because of drinking; problems with a spouse, family, or friends because of drinking; problems at work or school because of drinking; problems with the police because of drinking – like drunk driving; or a person who seemed to spend a lot of time drinking or being hung over.)

1 ☐ Yes
2 ☐ No

b. **BEFORE you were 18 years old, did a parent or other adult living in your home have some similar problems with drugs?**

1 ☐ Yes
2 ☐ No

5. **BEFORE you were 18 years old, did a parent or other adult living in your home go to jail or prison?**

1 ☐ Yes
2 ☐ No

6. **BEFORE you were 18 years old, was a parent or other adult living in your home treated or hospitalized for a mental illness?**

1 ☐ Yes
2 ☐ No

7. **BEFORE you were 18 years old, did a parent or other adult living in your home attempt suicide?**

1 ☐ Yes
2 ☐ No

8. **BEFORE you were 18 years old, did a parent or other adult living in your home actually commit suicide?**

1 ☐ Yes
2 ☐ No
} *Go to Section 14*

Section 14 - MEDICAL CONDITIONS AND PRACTICES

Statement Z **Now I'd like to ask some questions about your health and health practices.**

1.	**(Not counting hospitalization for delivery of a healthy live born infant,) How many separate times did you stay in a hospital overnight or longer in the last 12 months?**	0 ☐ No times - *SKIP to 3* OR _____ Number of times
2.	**(Again not counting hospitalization for delivery of a healthy live born infant,) How many days altogether did you spend in the hospital in the last 12 months?**	_____ Number of days
3.	**In the last 12 months, how many times did you receive medical care or treatment in a hospital emergency room?**	0 ☐ No times OR _____ Number of times
4.	**In the last 12 months, how many injuries have you had that caused you to seek medical help or to cut down your usual activities for more than half a day?**	0 ☐ No injuries OR _____ Number of injuries
5.	**And now some questions about your health and sexual practices.** *(SHOW FLASHCARD 49)* **People are different in their sexual attraction to other people. Which category on the card best describes your feelings?**	1 ☐ Only attracted to females 2 ☐ Mostly attracted to females 3 ☐ Equally attracted to females and males 4 ☐ Mostly attracted to males 5 ☐ Only attracted to males
6.	**In your entire life, have you had sex with only males, only females, both males and females, or have you never had sex? ~~By sex, I mean vaginal or anal sex, but NOT oral sex.~~**	1 ☐ Only males 2 ☐ Only females 3 ☐ Both males and females 4 ☐ Never had sex
7.	*(SHOW FLASHCARD 50)* **Which of the categories on the card best describes you?**	1 ☐ Heterosexual (straight) 2 ☐ Gay or lesbian 3 ☐ Bisexual 3 ☐ Not sure
CHECK ITEM 14.1	Is "4" marked in 6? Has respondent never had sex?	1 ☐ Yes - *SKIP to Check Item 14.4* 2 ☐ No
8a.	**Have you had sex in the last 12 months?**	1 ☐ Yes 2 ☐ No – *SKIP to 11*
b.	**During the last 12 months, did you have sex with only males, only females, or both males and females?**	1 ☐ Only males 2 ☐ Only females 3 ☐ Both males and females
c.	**During the last 12 months, did you have sex with someone who you knew or suspected was an injection drug user?**	1 ☐ Yes 2 ☐ No
d.	*(SHOW FLASHCARD 51)* **When you had sex in the last 12 months, about how often did you use a condom?**	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
CHECK ITEM 14.2	Is respondent a Female AND is 1 or 3 marked in 8b?	1 ☐ Yes 2 ☐ No - *SKIP to 11*
8e.	**During the last 12 months, did you have sex with a male partner who you knew or suspected had sex with other male partners?**	1 ☐ Yes 2 ☐ No
11.	**How old were you when you first had sex?**	_____ Age

Section 14 - MEDICAL CONDITIONS AND PRACTICES (Continued)

CHECK ITEM 14.4

If sex = 1, Is Q5 coded as 2,3,4,5,D,R OR Q6 coded as 1,3,D,R OR Q7 coded as 2,3, D,R?	If sex = 2, Is Q5 coded as 1,2,3,4,D,R, OR Q6 coded as 2,3,D,R, OR Q7 coded as 2,3, D,R?	1 ☐ Yes 2 ☐ No - *SKIP to 15a*

(SHOW FLASHCARD 51)

12a. Now I'd like to know about how often you have experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because you were assumed to be gay, lesbian or bisexual.		**b. About how often did this happen BEFORE 12 months ago?**
(1) During the last 12 months, about how often did you experience discrimination in your ability to obtain health care or health insurance coverage because you were assumed to be gay, lesbian or bisexual?	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
(2) During the last 12 months, how often did you experience discrimination in how you were treated when you got care because you were assumed to be gay, lesbian or bisexual?	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
(3) During the last 12 months, how often did you experience discrimination in public, like on the street, in stores or in restaurants, because you were assumed to be gay, lesbian or bisexual?	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
(4) During the last 12 months, about how often did you experience discrimination because you were assumed to be gay, lesbian or bisexual in ANY other situation, like obtaining a job or on the job, getting admitted to a school or training program, in the courts or by the police?	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
(5) During the last 12 months, about how often were you called names because you were assumed to be gay, lesbian or bisexual?	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often
(6) During the last 12 months, about how often were you made fun of, picked on, pushed, shoved, hit, or threatened with harm because you were assumed to be gay, lesbian or bisexual?	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often	1 ☐ Never 2 ☐ Almost never 3 ☐ Sometimes 4 ☐ Fairly often 5 ☐ Very often

CHECK ITEM 14.5 Are all items (1) - (6) in 12a AND 12b marked "1" OR "Never" OR D OR R?

1 ☐ Yes - *SKIP to 15a*
2 ☐ No

13. When you are treated unfairly because you were assumed to be gay, lesbian or bisexual, do you USUALLY accept it as a fact of life, or do you try to do something about it?

1 ☐ Accept it
2 ☐ Try to do something about it

14. When you are treated unfairly because you were assumed to be gay, lesbian or bisexual, do you USUALLY talk to other people about it, or do you keep it to yourself?

1 ☐ Talk to other people
2 ☐ Keep it to yourself

15a. Have you EVER been tested for HIV, the virus that causes AIDS, or tested for AIDS?

1 ☐ Yes
2 ☐ No – *SKIP to 16a*

b. Did you EVER test positive for HIV or AIDS?

1 ☐ Yes
2 ☐ No

Section 14 - MEDICAL CONDITIONS AND PRACTICES (Continued)

16a. And now a few questions about your health. **During the last 12 months, did you have. . .** *(Repeat phrase frequently)*		**b. Did a doctor or other health professional tell you that you had** *(Name of condition)***?**
(1) **Cirrhosis of the liver?**	1 ☐ Yes ⟶ 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No
(2) **Any other form of liver disease?**	1 ☐ Yes ⟶ 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No
(3) **Hardening of the arteries or arteriosclerosis?**	1 ☐ Yes ⟶ 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No
(4) **Diabetes or sugar diabetes?**	1 ☐ Yes ⟶ 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No
(5) **High blood pressure or hypertension?**	1 ☐ Yes ⟶ 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No
(6) **High cholesterol?**	1 ☐ Yes ⟶ 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No
(7) **High triglycerides?**	1 ☐ Yes ⟶ 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No
(8) **Chest pain or angina?**	1 ☐ Yes ⟶ 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No
(9) **Rapid heart beat or tachycardia?**	1 ☐ Yes ⟶ 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No
(10) **A heart attack or myocardial infarction?**	1 ☐ Yes ⟶ 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No
(11) **Any other form of heart condition or heart disease?**	1 ☐ Yes ⟶ 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No
(12) **A stomach ulcer?**	1 ☐ Yes ⟶ 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No
(13) **Any sexually transmitted diseases or venereal diseases like gonarea, sifalis, clamidia or herpeez?**	1 ☐ Yes ⟶ 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No
(14) **Epilepsy or seizure disorder?**	1 ☐ Yes ⟶ 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No
(15) **Arthritis?**	1 ☐ Yes ⟶ 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No
(16) **A stroke?**	1 ☐ Yes ⟶ 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No
(17) **Problems falling asleep or staying asleep?**	1 ☐ Yes ⟶ 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No
(18) **Liver cancer?**	1 ☐ Yes ⟶ 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No
(19) **Breast cancer?**	1 ☐ Yes ⟶ 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No

Section 14 - MEDICAL CONDITIONS AND PRACTICES (Continued)

	16a. During the last 12 months, did you have. . . *(Repeat phrase frequently)*		**b. Did a doctor or other health professional tell you that you had** *(Name of condition)***?**
(20)	**Cancer of the mouth, tongue, throat or esophagus?**	1 ☐ Yes → 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No
(21)	**Any other cancer?**	1 ☐ Yes → 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No
(22)	**Anemia?**	1 ☐ Yes → 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No
(23)	**Fibromyalgia?**	1 ☐ Yes → 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No
(24)	**Reflex sympathetic dystrophy (RSD) or Complex Regional Pain Syndrome (CRPS)?**	1 ☐ Yes → 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No
(25)	**Any other nerve problem in your legs, arms or back?**	1 ☐ Yes → 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No
(26)	**Bowel problems, like inflammatory bowel disease (IBD) or irritable bowel syndrome (IBS)?**	1 ☐ Yes → 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No
(27)	**Osteoporosis?**	1 ☐ Yes → 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No
(28)	**Lung problems like chronic bronchitis, emphysema, pneumonia, or influenza?**	1 ☐ Yes → 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No
(29)	**Pancreatitis?**	1 ☐ Yes → 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No
(30)	**Tuberculosis?**	1 ☐ Yes → 2 ☐ No - *SKIP to next condition*	1 ☐ Yes 2 ☐ No
(31)	**A serious or traumatic brain injury?**	1 ☐ Yes → 2 ☐ No - *SKIP to 17a*	1 ☐ Yes 2 ☐ No

16c. In the past 30 days, about how many hours did you sleep during a typical day?

_____ Number of hours

17a. During the last 12 months, have you provided personal care or help with daily activities to another person because of a health condition or limitation? If you provided this assistance to more than one person, please answer the questions for the person you assisted the MOST.
(Do not include care for others that is related to your job.)

1 ☐ Yes
2 ☐ No - *SKIP to 18a*

b. Was the person to whom you provided care living in your home, in another home or in a health care institution?

1 ☐ Own home
2 ☐ Another home
3 ☐ Health care institution

(SHOW FLASHCARD 52)

☐☐ Code

c. What is this person's relationship to you?

(SHOW FLASHCARD 24)

d. During the last 12 months, about how often did you provide care or assistance to this person?

1 ☐ Every day
2 ☐ Nearly every day
3 ☐ 3 to 4 times a week
4 ☐ 2 times a week
5 ☐ Once a week
6 ☐ 2 to 3 times a month
7 ☐ Once a month
8 ☐ 7 to 11 times in the last year
9 ☐ 3 to 6 times in the last year
10 ☐ 1 or 2 times in the last year

Section 14 - MEDICAL CONDITIONS AND PRACTICES (Continued)

17e. **About how long have you been providing care or assistance to this person?**	_____ Weeks or _____ Months or _____ Years
18a. **In your ENTIRE life did you EVER attempt suicide?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 14.6*
b. **How old were you the FIRST time that happened?**	_____ Age
c. **How old were you the MOST RECENT time that happened?**	_____ Age 0 ☐ Only happened once - *SKIP to Check Item 14.6*
d. **How many times have you attempted suicide?**	☐☐ Times
CHECK ITEM 14.6 Is respondent a female aged 18 - 55?	1 ☐ Yes 2 ☐ No - *SKIP to 20a*
19a. **Are you pregnant at this time?**	1 ☐ Yes - *SKIP to 19c* 2 ☐ No
b. **Were you pregnant at any time during the last year?**	1 ☐ Yes 2 ☐ No - *SKIP to 20a*
c. **(Did you experience/Have you experienced) any complications with this most recent pregnancy (or during delivery)?**	1 ☐ Yes 2 ☐ No
(SHOW FLASHCARD 53) **20a.** **Please look at the categories on the card and let me know how much each of the following statements describes you…** **When doing several things in a row, I mix up the sequence.**	1 ☐ Not at all 2 ☐ A little 3 ☐ Somewhat 4 ☐ A lot 5 ☐ Very much
b. **I try to plan for the future.**	1 ☐ Not at all 2 ☐ A little 3 ☐ Somewhat 4 ☐ A lot 5 ☐ Very much
c. **I have trouble doing two things at once, multi-tasking.**	1 ☐ Not at all 2 ☐ A little 3 ☐ Somewhat 4 ☐ A lot 5 ☐ Very much
d. **I'm an organized person.**	1 ☐ Not at all 2 ☐ A little 3 ☐ Somewhat 4 ☐ A lot 5 ☐ Very much
e. **I save money on a regular basis.**	1 ☐ Not at all 2 ☐ A little 3 ☐ Somewhat 4 ☐ A lot 5 ☐ Very much
f. **I only have to make a mistake once in order to learn from it.**	1 ☐ Not at all 2 ☐ A little 3 ☐ Somewhat 4 ☐ A lot 5 ☐ Very much

Section 14 - MEDICAL CONDITIONS AND PRACTICES (Continued)

(SHOW FLASHCARD 53)

20g. I sometimes lose track of what I'm doing.

1 ☐ Not at all
2 ☐ A little
3 ☐ Somewhat
4 ☐ A lot
5 ☐ Very much

h. I think about the consequences of an action before I do it.

1 ☐ Not at all
2 ☐ A little
3 ☐ Somewhat
4 ☐ A lot
5 ☐ Very much

i. I have trouble summing up information in order to make a decision with it.

1 ☐ Not at all
2 ☐ A little
3 ☐ Somewhat
4 ☐ A lot
5 ☐ Very much

j. I start things, but then lose interest and do something else.

1 ☐ Not at all
2 ☐ A little
3 ☐ Somewhat
4 ☐ A lot
5 ☐ Very much

k. I use strategies to remember things.

1 ☐ Not at all
2 ☐ A little
3 ☐ Somewhat
4 ☐ A lot
5 ☐ Very much

l. I monitor myself so that I can catch any mistakes.

1 ☐ Not at all
2 ☐ A little
3 ☐ Somewhat
4 ☐ A lot
5 ☐ Very much

(SHOW FLASHCARD 54)

21a. Please look at the categories on the card and let me know how OFTEN each of the following has been a problem…

I have trouble concentrating on tasks.

1 ☐ Never
2 ☐ Sometimes
3 ☐ Often

b. I need to be reminded to begin a task.

1 ☐ Never
2 ☐ Sometimes
3 ☐ Often

c. I have trouble with tasks that have more than one step.

1 ☐ Never
2 ☐ Sometimes
3 ☐ Often

d. I forget what I'm doing in the middle of things.

1 ☐ Never
2 ☐ Sometimes
3 ☐ Often

e. I have trouble accepting different ways to solve problems with work, friends or tasks.

1 ☐ Never
2 ☐ Sometimes
3 ☐ Often

f. I have trouble staying on the same topic when talking.

1 ☐ Never
2 ☐ Sometimes
3 ☐ Often

g. I have trouble thinking of a way to solve a problem when I get stuck.

1 ☐ Never
2 ☐ Sometimes
3 ☐ Often

h. I have a short attention span.

1 ☐ Never
2 ☐ Sometimes
3 ☐ Often

Section 14 - MEDICAL CONDITIONS AND PRACTICES (Continued)

(SHOW FLASHCARD 54) **21i. I am bothered by having to deal with changes.**	1 ☐ Never 2 ☐ Sometimes 3 ☐ Often
j. I forget instructions easily.	1 ☐ Never 2 ☐ Sometimes 3 ☐ Often
k. I have trouble remembering things, even for a few minutes, like telephone numbers or directions.	1 ☐ Never 2 ☐ Sometimes 3 ☐ Often
l. I get disturbed by unexpected changes in my daily routine.	1 ☐ Never 2 ☐ Sometimes 3 ☐ Often
m. After having a problem, I don't get over it easily.	1 ☐ Never 2 ☐ Sometimes 3 ☐ Often
n. I have trouble doing more than one thing at a time.	1 ☐ Never 2 ☐ Sometimes 3 ☐ Often } *Go to Section 15*

Section 15 – REPEATED THOUGHTS AND BEHAVIOR

Statement AA **Now I'm going to ask you about some repeated thoughts, urges, images or behaviors that some people have.**

1.	**In your ENTIRE LIFE, have you EVER been bothered by persistent and unwanted thoughts, urges or images that kept coming back, even though you tried to block them out?**	1 ☐ Yes 2 ☐ No – *SKIP to 5*
2.	**Were you EVER extremely distressed by these persistent and unwanted thoughts, urges or images?**	1 ☐ Yes 2 ☐ No
3.	**Did you EVER try to ignore these thoughts, urges or images?**	1 ☐ Yes 2 ☐ No
4.	**Did you EVER try to block out these thoughts, urges or images by thinking about something else or doing something else to get your mind off it?**	1 ☐ Yes 2 ☐ No
5.	**In your ENTIRE life, did you EVER repeat anything like washing your hands or checking the door locks over and over, even though you didn't want to?**	1 ☐ Yes 2 ☐ No
6.	**In your ENTIRE life, did you EVER do anything like repeating words to yourself, praying or counting over and over, even though you didn't want to?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 15.1	Is 5 or 6 marked "Yes"?	1 ☐ Yes 2 ☐ No – *SKIP to Check Item 15.2*
7.	**Did you EVER repeat things over and over like this according to certain rules that had to be followed exactly the same each time?**	1 ☐ Yes 2 ☐ No
8.	**Did you EVER repeat things over and over like this to stop or keep away unwanted thoughts, urges or images?**	1 ☐ Yes 2 ☐ No
9.	**Did you EVER repeat things over and over like this as a way to reduce or eliminate your anxiety or distress, or to keep something bad from happening?**	1 ☐ Yes 2 ☐ No
10.	**Did you EVER think that these repetitive thoughts or behaviors were excessive or unrealistic or didn't accomplish what you wanted them to?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 15.2	Is [item 1 marked "Yes" and (item 3 or 4) marked "Yes"] OR is [(item 5 or 6) marked "Yes" and (item 7 or 8) marked "Yes" and (item 9 or 10) marked "Yes"]?	1 ☐ Yes 2 ☐ No – *SKIP to Section 15A*
10a.	**Were there times in your life when you sometimes spent at least 1 hour a day (having persistent thoughts, urges or images/repeating things over and over)?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 15.3	Is "Yes" marked in Item 7 or Item 31, Section 6?	1 ☐ Yes 2 ☐ No – *SKIP to Check Item 15.3A*
11.	**During ANY of these times when you (had persistent thoughts, urges or images/repeated things over and over), did you EVER have a panic attack?**	1 ☐ Yes – *SKIP to 13a* 2 ☐ No – *SKIP to 12*
CHECK ITEM 15.3A	Is "Yes" marked in Check Item 6.2 or Check Item 6.17, Section 6?	1 ☐ Yes 2 ☐ No – *SKIP to 13a*
12.	**During ANY of these times when you (had persistent thoughts, urges or images/repeated things over and over), did you EVER experience SOME of the symptoms of a panic attack?**	1 ☐ Yes 2 ☐ No
13a.	**Now I'd like to ask you about some other things that might have happened to you during ANY of these times when you (had persistent thoughts, urges or images/repeated things over and over).** **During that time, were you very upset by (having persistent thoughts, urges or images/repeating things over and over)?**	1 ☐ Yes 2 ☐ No
b.	**Did you have arguments or friction with friends, family, people at work or anyone else?**	1 ☐ Yes 2 ☐ No
c.	**Were you very troubled because of the way you felt at that time or did you often wish you could get better?**	1 ☐ Yes 2 ☐ No

Section 15 – REPEATED THOUGHTS AND BEHAVIOR (Continued)

13d.	**Did you have any trouble doing things you were supposed to do – like working, doing your schoolwork, or taking care of your home or family?**	1 ☐ Yes 2 ☐ No
e	**Did you spend more time than usual by yourself, because you didn't want to be around people as much as usual?**	1 ☐ Yes 2 ☐ No
f.	**Did you find that you couldn't do the things you usually did or wanted to do?**	1 ☐ Yes 2 ☐ No
g.	**During that time, did you find you did a lot less than usual or were less active?**	1 ☐ Yes 2 ☐ No
h.	**Did you depend a lot more on people to take care of everyday things for you or to give you a lot of reassurance or attention?**	1 ☐ Yes 2 ☐ No

14a.	**About how old were you the FIRST time you BEGAN to (have persistent thoughts, urges or images/repeat things over and over)?**	_____ Age
CHECK ITEM 15.4	Is respondent's age in 14a within 1 year of his/her present age or is present age or age in 14a unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 14c*
14b.	**Did this FIRST time BEGIN to happen during the last 12 months?**	1 ☐ Yes 2 ☐ No
c.	**During this FIRST time, did you spend at least 1 hour a day for most days (having persistent thoughts, urges or images/repeating things over and over)?**	1 ☐ Yes 2 ☐ No
15.	**In you ENTIRE LIFE, how many SEPARATE times were there when you (had persistent thoughts, urges or images/repeated things over and over)? By separate times, I mean times separated by at least 2 months when you DIDN'T (have ANY persistent thoughts, urges or images/repeat things over and over).**	_____ Number
CHECK ITEM 15.5	Is number entered in 15, 2 or more or unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 17g*
16a.	**How old were you the MOST RECENT time you BEGAN to (have persistent thoughts, urges or images/repeat things over and over)?**	_____ Age
CHECK ITEM 15.6	Is respondent's age in 16a within 1 year of his/her present age or is present age or age in 16a unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 17a*
16b.	**Did this MOST RECENT time BEGIN to happen during the last 12 months?**	1 ☐ Yes 2 ☐ No
17a.	**How long did this MOST RECENT time last when you (had persistent thoughts, urges or images/repeated things over and over)?**	_____ Week(s) OR _____ Month(s) OR _____ Year(s)
b.	**During this MOST RECENT time, did you spend at least 1 hour a day for most days (having persistent thoughts, urges or images/repeating things over and over)?**	1 ☐ Yes 2 ☐ No
c.	**Since this MOST RECENT time BEGAN, have there been at least 2 months when you DIDN'T (have ANY persistent thoughts, urges or images/repeat things over and over)?**	1 ☐ Yes 2 ☐ No – *SKIP to 17e*
CHECK ITEM 15.7	Is "Yes" marked in 16b?	1 ☐ Yes - *SKIP to 17e* 2 ☐ No
17d.	**Did this MOST RECENT time when you DIDN'T (have ANY persistent thoughts, urges or images/repeat things over and over) BEGIN to happen in the last 12 months?**	1 ☐ Yes 2 ☐ No
e.	**In your ENTIRE LIFE, what was the LONGEST time when you (had persistent thoughts, urges or images/repeated things over and over)?**	_____ Week(s) OR _____ Month(s) OR _____ Year(s)

Section 15 – REPEATED THOUGHTS AND BEHAVIOR (Continued)

17f.	**During this LONGEST time, did you spend at least 1 hour a day for most days (having persistent thoughts, urges or images/repeating things over and over)?**	1 ☐ Yes 2 ☐ No } *SKIP to Check Item 15.9*
g.	**How long did that time last when you (had persistent thoughts, urges or images/repeated things over and over)?**	_____ Week(s) OR _____ Month(s) OR _____ Year(s)
h.	**During this time, did you spend at least 1 hour a day for most days (having persistent thoughts, urges or images/repeating things over and over)?**	1 ☐ Yes 2 ☐ No
i.	**Since that time BEGAN, have there been at least 2 months when you DIDN'T (have ANY persistent thoughts, urges or images/repeat things over and over)?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 15.9*
CHECK ITEM 15.8	Is "Yes" marked in 14b?	1 ☐ Yes - *SKIP to Check Item 15.9* 2 ☐ No
17j.	**Did this time when you DIDN'T (have ANY persistent thoughts, urges or images/repeat things over and over) BEGIN to happen in the last 12 months?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 15.9	*Refer to Check Item 2.1, Section 2A.* Is the respondent a lifetime abstainer of alcohol?	1 ☐ Yes - *SKIP to 20* 2 ☐ No
18.	**Did (that time/ANY of those times) when you (had ANY persistent thoughts, urges or images/repeated things over and over) BEGIN to happen DURING or within 1 month AFTER drinking heavily or a lot more than usual?**	1 ☐ Yes 2 ☐ No
19.	**Did (that time/ANY of those times) when you (had ANY persistent thoughts, urges or images/repeated things over and over) BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of drinking?**	1 ☐ Yes 2 ☐ No
20.	**Did (that time/ANY of those times) when you (had ANY persistent thoughts, urges or images/repeated things over and over) BEGIN to happen DURING or within 1 month AFTER using a medicine or drug?**	1 ☐ Yes 2 ☐ No
21.	**Did (that time/ANY of those times) when you (had ANY persistent thoughts, urges or images/repeated things over and over) BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of a medicine or drug?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 15.10	Is at least 1 item marked "Yes" in 18, 19, 20, OR 21?	1 ☐ Yes 2 ☐ No - *SKIP to 23a*
CHECK ITEM 15.11	Is Check Item 15.5 marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 15.12*
22a.	**During that time, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 23a*
b.	**Did you CONTINUE to (have persistent thoughts, urges or images/repeat things over and over) for at least 1 month AFTER you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No } *SKIP to 23a*
CHECK ITEM 15.12	Is 14b marked "Yes" or 16b marked "Yes"?	1 ☐ Yes 2 ☐ No - *SKIP to 22g*
22c.	**Did ALL of the times when you (had persistent thoughts, urges or images/repeated things over and over) in the last 12 months ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/ medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 15.13*

Section 15 – REPEATED THOUGHTS AND BEHAVIOR (Continued)

22d.	**During ANY of those times in the last 12 months when you (had persistent thoughts, urges or images/repeated things over and over) after (drinking heavily/using any medicines or drugs), did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 15.13*
e.	**During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
f.	**Did you CONTINUE to (have persistent thoughts, urges or images/repeat things over and over) for at least 1 month AFTER ANY of those times in the last 12 months when you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 15.13	Is 14b marked "Yes"?	1 ☐ Yes - *SKIP to 23a* 2 ☐ No
22g.	**Did ALL of the times when you (had persistent thoughts, urges or images/repeated things over and over) BEFORE 12 months ago ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/ experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to 23a*
h.	**During ANY of those times BEFORE 12 months ago when you (had persistent thoughts, urges or images/repeated things over and over) after (drinking heavily/using any medicines or drugs) did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 23a*
i.	**During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
j.	**Did you CONTINUE to (have persistent thoughts, urges or images/repeat things over and over) for at least 1 month AFTER ANY of those times BEFORE 12 months ago when you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
23a.	**Did you EVER talk to any health professional like a psychiatrist, other medical doctor, psychologist, social worker or any other kind of counselor or therapist to help you stop (having persistent thoughts, urges or images/repeating things over and over)?**	1 ☐ Yes 2 ☐ No
b.	**Did you EVER go to a self-help or support group, use a hotline, or visit an internet chat room to help you stop (having persistent thoughts, urges or images/repeating things over and over)?**	1 ☐ Yes 2 ☐ No
24a.	**Were you a patient in a hospital for at least one night because of (having persistent thoughts, urges or images/repeating things over and over)?**	1 ☐ Yes 2 ☐ No
24b.	**Did you EVER go to an emergency room for help during any time when you were (having persistent thoughts, urges or images/repeating things over and over)?**	1 ☐ Yes 2 ☐ No
25.	**Did a doctor EVER prescribe any medicines or drugs to help you stop (having persistent thoughts, urges or images/repeating things over and over)?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 15.14	Is at least 1 item marked "Yes" in 23a-25?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 15.17*
26.	**About how old were you the FIRST time you went anywhere or saw anyone to get help for (having persistent thoughts, urges or images/repeating things over and over)?**	_____ Age

Section 15 – REPEATED THOUGHTS AND BEHAVIOR (Continued)

CHECK ITEM 15.15	Is age in 26 equal to respondent's current age?	1 ☐ Yes - *SKIP to Check Item 15.17* 2 ☐ No
27.	**Did you go anywhere or talk to anyone in the last 12 months?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 15.17*
CHECK ITEM 15.16	Is age in 26 at least 2 years less than respondent's current age?	1 ☐ Yes - *SKIP to Check Item 15.17* 2 ☐ No
28.	**Did you go anywhere or talk to anyone BEFORE 12 months ago, that is, BEFORE last (Month one year ago)?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 15.17	Is Check Item 15.5 marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 15.18*
29a.	**Did that time when you (had persistent thoughts, urges or images/repeated things over and over) BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No – *SKIP to Section 15A*
b.	**Did a doctor or other health professional tell you that this time was related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No } *SKIP to Section 15A*
CHECK ITEM 15.18	Is 14b marked "Yes" or 16b marked "Yes"?	1 ☐ Yes 2 ☐ No - *SKIP to 29e*
29c.	**Did ALL of those times when you (had persistent thoughts, urges or images/repeated things over and over) in the last 12 months ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No – *SKIP to Check Item 15.19*
d.	**Did a doctor or other health professional tell you that ALL the times like this were related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 15.19	Is 14b marked "Yes"?	1 ☐ Yes - *SKIP to Section 15A* 2 ☐ No
29e.	**Did ALL of those times BEFORE 12 months ago when you (had persistent thoughts, urges or images/repeated things over and over) ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No – *SKIP to Section 15A*
f.	**Did a doctor or other health professional tell you that ALL the times like this were related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No } *Go to Section 15A*

Section 15A - FAMILY HISTORY - V

Now I would like to ask about whether any of your relatives, regardless of whether or not they are now living, have EVER had a period of feeling anxious or nervous.

(SHOW FLASHCARD 55)

Statement BB

By anxious or nervous I mean times when they were tense, nervous or anxious for at least three months (PAUSE), had panic attacks (PAUSE), were very frightened of objects or situations or avoided them (PAUSE), repeated things over and over (PAUSE), or had bad reactions to a traumatic or stressful event.

(REFER TO FLASHCARD FREQUENTLY.)

1.	**Was your blood or natural father anxious, nervous or frightened at ANY time in his life?**	1 ☐ Yes 2 ☐ No
2.	**Was your blood or natural mother anxious, nervous or frightened at ANY time in her life?**	1 ☐ Yes 2 ☐ No
3.	**(Was your full brother/How many of your full brothers were) anxious, nervous or frightened at ANY time in (his life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
4.	**(Was your full sister/How many of your full sisters were) anxious, nervous or frightened at ANY time in (her life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
5.	**(Was your natural son/How many of your natural sons were) anxious, nervous or frightened at ANY time in (his life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
6.	**(Was your natural daughter/How many of your natural daughters were) anxious, nervous or frightened at ANY time in (her life/ their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
7.	**(Was your natural father's full brother/How many of your natural father's full brothers were) anxious, nervous or frightened at ANY time in (his life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
8.	**(Was your natural father's full sister/How many of your natural father's full sisters were) anxious, nervous or frightened at ANY time in (her life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
9.	**(Was your natural mother's full brother/How many of your natural mother's full brothers were) anxious, nervous or frightened at ANY time in (his life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
10.	**(Was your natural mother's full sister/How many of your natural mother's full sisters were) anxious, nervous or frightened at ANY time in (her life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
11.	**Was your natural grandfather on your father's side anxious, nervous or frightened at ANY time in his life?**	1 ☐ Yes 2 ☐ No
12.	**Was your natural grandmother on your father's side anxious, nervous or frightened at ANY time in her life?**	1 ☐ Yes 2 ☐ No
13.	**Was your natural grandfather on your mother's side anxious, nervous or frightened at ANY time in his life?**	1 ☐ Yes 2 ☐ No
14.	**Was your natural grandmother on your mother's side anxious, nervous or frightened at ANY time in her life?**	1 ☐ Yes 2 ☐ No *Go to Section 16*

Section 16 - UNUSUAL EXPERIENCES

Statement CC **Now I'd like to ask you about some UNUSUAL experiences that people sometimes have. As I read each experience, please tell me if it has EVER happened to you.**

1a. In your ENTIRE LIFE did you EVER…*(Repeat phrase frequently).*		**b. Did this happen in the last 12 months?**	**c. Did this happen before 12 months ago, that is before last** *(Month one year ago)***?**
(1) Think that people were following you or spying on you? *(Do NOT include being followed by a detective in a divorce or criminal case.)*	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(2) Think that you were being secretly tested or experimented on?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(3) Think that anyone was going out of their way to give you a hard time or harm you?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(4) Think that someone was in love with you even though he/she denied it?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(5) Think that someone was unfaithful to you even though no one else would believe it?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(6) Think that parts of your body had changed or stopped working?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(7) Think that something peculiar was inside your body or that parts of your body were missing?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(8) Think that you had a disease even though your doctor said you didn't?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(9) Receive messages from the television, internet or radio, or newspaper that were meant only for you? *(Do NOT include message that seems particularly relevant or timely to respondent.)*	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(10) Find special meanings in street signs, or the way in which furniture or other things were arranged around you?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(11) Find hidden meanings in the way people acted around you or in other things that were going on around you?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(12) Often notice people talking about you or paying particular attention to you?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(13) Think that you were exceptionally important in some way? *(Do NOT include if respondent is particularly talented at something.)*	1 ☐ Yes → 2 ☐ No – *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(14) Think that you had extraordinary knowledge, talents or powers?	1 ☐ Yes → 2 ☐ No – *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(15) Think that you were God or some other religious person – like Michael the Archangel, Muhammad or an apostle?	1 ☐ Yes → 2 ☐ No – *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No

Section 16 - UNUSUAL EXPERIENCES – (Continued)

1a. In your ENTIRE LIFE did you EVER…*(Repeat phrase frequently).*		b. Did this happen in the last 12 months?	c. Did this happen before 12 months ago, that is before last *(Month one year ago)*?
(16) **Think you had a special mission in life?**	1 ☐ Yes → 2 ☐ No – *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(17) **Think that the world was about to come to an end or that you were going to die soon?**	1 ☐ Yes → 2 ☐ No – *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(18) **Think that you did something terrible that you should be punished for?**	1 ☐ Yes → 2 ☐ No – *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(19) **Think that you would end up with no money or no way to support yourself?**	1 ☐ Yes → 2 ☐ No – *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(20) **Think that there was something terribly wrong with you?**	1 ☐ Yes → 2 ☐ No – *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(21) **Think that your thoughts, feelings or actions were being completely controlled by a force or power outside yourself?** *(Do NOT include persuasion and coercion of others or having a domineering husband/wife/ partner.)*	1 ☐ Yes → 2 ☐ No – *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(22) **Think that you were being controlled in some unusual way by another person?**	1 ☐ Yes → 2 ☐ No – *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(23) **Think that your thoughts could be heard out loud, as if they were being broadcast on a radio?**	1 ☐ Yes → 2 ☐ No – *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(24) **Feel convinced that strange thoughts or thoughts that were not your own were being put directly into your mind?**	1 ☐ Yes → 2 ☐ No – *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(25) **Have any other ideas that people couldn't understand or thought were strange, unusual or impossible?**	1 ☐ Yes → 2 ☐ No – *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(26) **Have visions or see things that other people couldn't see?** *(Do NOT include exceptionally good vision.)*	1 ☐ Yes → 2 ☐ No – *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(27) **Hear things that other people couldn't hear, such as noises or the voices of people whispering or talking?** *(Do NOT include exceptionally good hearing.)*	1 ☐ Yes → 2 ☐ No – *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(28) **Smell specific or peculiar odors that no one else could smell?** *(Do NOT include exceptionally good sense of smell.)*	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(29) **Have a definite or strange taste in your mouth for no ordinary reason?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(30) **Have strange or UNUSUAL sensations on your body or under your skin?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No

Section 16 – UNUSUAL EXPERIENCES – (Continued)

1a. In your ENTIRE LIFE did you EVER…*(Repeat phrase frequently).*		b. Did this happen in the last 12 months?	c. Did this happen before 12 months ago, that is before last *(Month one year ago)*?
(31) **Feel something was touching you when nothing was really there?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(32) **Hear voices talking to each other?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(33) **Hear voices talking about what you were doing or thinking?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(34) **Have a time when people had a very hard time making out what you were saying or what you meant?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(35) **Have people comment on your way of speaking or the words you used?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(36) **Make up your own words?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(37) **Have a time when you didn't react to things going on around you?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(38) **Have a time when you didn't move for a long time?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(39) **Have a time when you didn't talk for a long time?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(40) **Have a time when you didn't show interest in anything?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(41) **Have a time when you didn't have feelings or had very few feelings?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c*	1 ☐ Yes 2 ☐ No
(42) **Have a time when you didn't have conversations with people?**	1 ☐ Yes → 2 ☐ No - *Go to Check Item 16.1*	1 ☐ Yes → 2 ☐ No – *Mark "Yes" in column c and go to Check Item 16.1*	1 ☐ Yes 2 ☐ No

CHECK ITEM 16.1	Are at least 2 Boxes 1-5 marked "Yes" and at least 1 Box 1-3 marked "Yes"?	1 ☐ Yes 2 ☐ No – *SKIP to Section 11A*
2a.	**Did you EVER have a time when SOME of these UNUSUAL experiences were happening for at least 1 month?**	1 ☐ Yes 2 ☐ No
b.	**Were you EVER hospitalized or did you EVER take any medications to stop having these UNUSUAL experiences just after they began to happen?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 16.2	Is 2a or 2b marked "Yes"?	1 ☐ Yes 2 ☐ No - *SKIP to Section 11A*

Section 16 – UNUSUAL EXPERIENCES – (Continued)

3a.	**Some people have reported some OTHER experiences that can happen BEFORE or AFTER periods when they are having UNUSUAL experiences.** **Please tell me if you EVER had ANY of the following OTHER experiences BEFORE or AFTER you had the UNUSUAL experiences we just talked about. Did you…** *(Repeat phrase frequently)* **Find it hard to follow through on any task?**	1 ☐ Yes 2 ☐ No
b.	**Keep to yourself more than usual?**	1 ☐ Yes 2 ☐ No
c.	**Not care about the way you looked?**	1 ☐ Yes 2 ☐ No
d.	**Not care if you got things done?**	1 ☐ Yes 2 ☐ No
e.	**Stop having conversations with people?**	1 ☐ Yes 2 ☐ No
f.	**Often get very angry all of a sudden?**	1 ☐ Yes 2 ☐ No
g.	**Have times when it seemed as if you had no feelings at all?**	1 ☐ Yes 2 ☐ No
h.	**Do things that other people thought were strange?**	1 ☐ Yes 2 ☐ No
i.	**Believe things that other people thought were strange, unusual or impossible?**	1 ☐ Yes 2 ☐ No
j.	**Did you EVER have a period when SOME of the UNUSUAL experiences you mentioned earlier and SOME of these OTHER experiences were happening for at least 6 months?**	1 ☐ Yes 2 ☐ No
4a.	**At the time you were having SOME of these UNUSUAL experiences or OTHER experiences we just talked about, were you also…** *(Repeat phrase frequently)* **Very upset?**	1 ☐ Yes 2 ☐ No
b.	**Having problems with people?**	1 ☐ Yes 2 ☐ No
c.	**Having problems at work or school?**	1 ☐ Yes 2 ☐ No
d.	**Having problems getting a job?**	1 ☐ Yes 2 ☐ No
e.	**Having problems taking care of your everyday responsibilities?**	1 ☐ Yes 2 ☐ No
f.	**Having problems taking care of yourself?**	1 ☐ Yes 2 ☐ No
g.	**Having problems keeping your clothes clean and neat?**	1 ☐ Yes 2 ☐ No
5a.	**About how old were you the FIRST TIME you BEGAN to have some of these UNUSUAL or OTHER experiences?**	_____ Age
CHECK ITEM 16.3A	Is respondent's age in 5a within 1 year of his/her present age or is present age or 5a unknown?	1 ☐ Yes 2 ☐ No – *SKIP to 5c.*
5b.	**Did this FIRST time BEGIN to happen during the last 12 months?**	1 ☐ Yes 2 ☐ No

Section 16 – UNUSUAL EXPERIENCES (Continued)

5c. **In your ENTIRE LIFE, how many SEPARATE times were there lasting at least 6 months when you had SOME of these UNUSUAL experiences, including the time when you had the OTHER experiences you mentioned?**

By separate times, I mean times separated by at least 2 months when you didn't have ANY of these UNUSUAL or OTHER experiences.

_____ Number

CHECK ITEM 16.3B Is number entered in 5c, 2 or more or unknown?

1 ☐ Yes
2 ☐ No – *SKIP to 8a.*

6a. **How old were you the MOST RECENT time you BEGAN to have some of these UNUSUAL or OTHER experiences?**

_____ Age

CHECK ITEM 16.4 Is respondent's age in 6a within 1 year of his/her present age or is present age or 6a unknown?

1 ☐ Yes
2 ☐ No - *SKIP to 7a*

6b. **Did this MOST RECENT time when you had these UNUSUAL or OTHER experiences BEGIN to happen during the last 12 months?**

1 ☐ Yes
2 ☐ No

7a. **How long did this MOST RECENT time last when you had these UNUSUAL or OTHER experiences, that is, from the time you began to have any of these experiences to the time you felt back to normal and didn't have ANY of these experiences?**

(Must be at least 1 month)

_____ Month(s)
OR
_____ Year(s)

b. **Since this MOST RECENT time BEGAN, have there been at least 2 months when you DIDN'T have any of these UNUSUAL or OTHER experiences?**

1 ☐ Yes
2 ☐ No - *SKIP to 7d*

CHECK ITEM16.5 Is 6b marked "Yes"?

1 ☐ Yes - *SKIP to 7d*
2 ☐ No

7c. **Did this MOST RECENT time when you DIDN'T have ANY of these UNUSUAL or OTHER experiences BEGIN to happen during the last 12 months?**

1 ☐ Yes
2 ☐ No

d. **In your ENTIRE LIFE, what was the LONGEST period you had when you had ANY of these UNUSUAL or OTHER experiences, that is, from the time you BEGAN to have ANY of these UNUSUAL or OTHER experiences to the time you felt back to normal and DIDN'T have ANY UNUSUAL or OTHER experiences?**

(Must be at least 1 month)

_____ Month(s)
OR
_____ Year(s)

} *SKIP to Check Item16.7*

8a. **How long did that period last when you had these UNUSUAL or OTHER experiences, that is, from the time you BEGAN to have any of these UNUSUAL or OTHER experiences to the time you felt back to normal and DIDN'T have ANY UNUSUAL or OTHER experiences?**

(Must be at least 1 month)

_____ Month(s)
OR
_____ Year(s)

b. **Since that time BEGAN, have there been at least 2 months when you DIDN'T have ANY of these UNUSUAL or OTHER experiences?**

1 ☐ Yes
2 ☐ No - *SKIP to Check Item 16.7*

CHECK ITEM 16.6 Is 5b marked "Yes"?

1 ☐ Yes - *SKIP to Check Item16.7*
2 ☐ No

8c. **Did that time when you DIDN'T have ANY of these UNUSUAL experiences BEGIN to happen during the last 12 months?**

1 ☐ Yes
2 ☐ No

CHECK ITEM 16.7 *Refer to Check Item 2.1, Section 2A.*

Is respondent a lifetime abstainer of alcohol?

1 ☐ Yes - *SKIP to 11*
2 ☐ No

9. **Did (that time/ANY of those times) when you had these UNUSUAL or OTHER experiences BEGIN to happen DURING or within 1 month AFTER drinking heavily or a lot more than usual?**

1 ☐ Yes
2 ☐ No

10. **Did (that time/ANY of those times) when you had these UNUSUAL or OTHER experiences BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of drinking?**

1 ☐ Yes
2 ☐ No

Section 16 – UNUSUAL EXPERIENCES (Continued)

11. **Did (that time/ANY of those times) when you had these UNUSUAL or OTHER experiences BEGIN to happen DURING or within 1 month AFTER using a medicine or drug?**	1 ☐ Yes 2 ☐ No
12. **Did (that time/ANY of those times) when you had these UNUSUAL or OTHER experiences BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of a medicine or drug?**	1 ☐ Yes 2 ☐ No
CHECK ITEM16.8 Is at least 1 item marked "Yes" in 9-12***?***	1 ☐ Yes 2 ☐ No - *SKIP to 14a*
CHECK ITEM 16.9 Is Check Item 16.3B marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 16.10*
13a. **During that time, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 14a*
b. **Did you CONTINUE to have these UNUSUAL or OTHER experiences for at least 1 month AFTER you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No } *SKIP to 14a*
CHECK ITEM 16.10 Is 5b marked "Yes" or 6b marked "Yes"?	1 ☐ Yes 2 ☐ No - *SKIP to 13g*
13c. **Did ALL of the times in the last 12 months when you had these UNUSUAL or OTHER experiences ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 16.11*
d. **During ANY of those times in the last 12 months when you had these UNUSUAL or OTHER experiences after (drinking heavily/using any medicines or drugs), did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 16.11*
e. **During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
f. **Did you CONTINUE to have these UNUSUAL or OTHER experiences for at least 1 month AFTER ANY of those times in the last 12 months when you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 16.11 Is 5b marked "Yes"?	1 ☐ Yes - *SKIP to 14a* 2 ☐ No
13g. **Did ALL of the times BEFORE 12 months ago when you had these UNUSUAL or OTHER experiences ONLY BEGIN to happen during or within 1 month after (drinking heavily/using any medicines or drugs/ experiencing the bad aftereffects of drinking/medicines or drugs)?**	1 ☐ Yes 2 ☐ No - *SKIP to 14a*
h. **During ANY of those times BEFORE 12 months ago when you had these UNUSUAL or OTHER experiences after (drinking heavily/using any medicines or drugs), did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?**	1 ☐ Yes 2 ☐ No - *SKIP to 14a*

Section 16 – UNUSUAL EXPERIENCES (Continued)

13i.	**During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
j.	**Did you CONTINUE to have these UNUSUAL or OTHER experiences for at least 1 month AFTER ANY of those times BEFORE 12 months ago when you STOPPED (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?**	1 ☐ Yes 2 ☐ No
14a.	**Did you EVER talk to any health professional like a psychiatrist, other medical doctor, psychologist, social worker or any other kind of counselor or therapist for help because of these UNUSUAL or OTHER experiences?**	1 ☐ Yes 2 ☐ No
b.	**Did you EVER go to a self-help or support group, use a hotline, or visit an internet chat room for help because of these UNUSUAL or OTHER experiences?**	1 ☐ Yes 2 ☐ No
15.	**Did you EVER go to an emergency room because of these UNUSUAL or OTHER experiences?**	1 ☐ Yes 2 ☐ No
16.	**Were you EVER a patient in any kind of hospital overnight or longer because of these UNUSUAL or OTHER experiences?**	1 ☐ Yes 2 ☐ No
17.	**Did a doctor EVER prescribe any medicines or drugs for you because of these UNUSUAL or OTHER experiences?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 16.12	Is at least 1 item marked "Yes" in 14a-17?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 16.15*
18.	**About how old were you the FIRST time you went anywhere or talked to anyone for help with these UNUSUAL or OTHER experiences?**	_____ Age
CHECK ITEM 16.13	Is age in 18 equal to respondent's current age?	1 ☐ Yes – *SKIP to Check Item 16.15* 2 ☐ No
19.	**Did you go anywhere or talk to anyone during the last 12 months?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 16.15*
CHECK ITEM 16.14	Is age in 18 at least 2 years less than respondent's current age?	1 ☐ Yes – *SKIP to Check Item 16.15* 2 ☐ No
20.	**Did you go anywhere or talk to anyone before 12 months ago, that is, BEFORE last** ***(Month one year ago)*****?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 16.15	Is Check Item 16.3b marked "No"?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 16.16*
21a.	**Did your UNUSUAL or OTHER experiences BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 16.18*
b.	**Did a doctor or other health professional tell you that your UNUSUAL or OTHER experiences were related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No } *SKIP to Check Item 16.18*
CHECK ITEM 16.16	Is 5b marked "Yes" or 6b marked "Yes"?	1 ☐ Yes 2 ☐ No - *SKIP to 22c*
22a.	**Did ALL of those times when you had these UNUSUAL or OTHER experiences in the last 12 months ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 16.17*

Section 16 – UNUSUAL EXPERIENCES (Continued)

22b. **Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 16.17 Is 5b marked "Yes"?	1 ☐ Yes - *SKIP to Check Item 16.18* 2 ☐ No
22c. **Did ALL of those times when you had these UNUSUAL or OTHER experiences BEFORE 12 months ago ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 16.18*
d. **Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 16.18 Is "Yes" marked in Check Item 4.3 or Check Item 4.3A, Section 4A?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 16.21*
CHECK ITEM 16.18A Is "No" marked in Check Item 16.3B?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 16.19*
22e. **During that time when these UNUSUAL or OTHER experiences were happening, did you EVER have a period when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) for at least 2 weeks?**	1 ☐ Yes 2 ☐ No – *SKIP to Check Item 16.21*
f. **During that time, did you (feel sad, blue, depressed or down/not care about things or enjoy things) for at least half of the time when those UNUSUAL or OTHER experiences were happening?**	1 ☐ Yes 2 ☐ No } – *SKIP to Check Item 16.21*
CHECK ITEM 16.19 Is 5b marked "Yes" or 6b marked "Yes"?	1 ☐ Yes 2 ☐ No - *SKIP to 26*
23. **During ANY of those times that BEGAN in the last 12 months when these UNUSUAL or OTHER experiences were happening, did you EVER have a period when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) for at least 2 weeks?**	1 ☐ Yes 2 ☐ No – *SKIP to Check Item 16.20*
24. **During ANY of those times that BEGAN in the last 12 months, did you (feel sad, blue, depressed or down/not care about things or enjoy things) for at least half of the time when those UNUSUAL or OTHER experiences were happening?**	1 ☐ Yes 2 ☐ No – *SKIP to Check Item 16.20*
25. **During ALL of those times that BEGAN in the last 12 months when some of these UNUSUAL or OTHER experiences were happening, did you ALWAYS have a period like this when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) for at least half of the time?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 16.20 Is 5b marked "Yes"?	1 ☐ Yes - *SKIP to Check Item 16.21* 2 ☐ No
26. **During ANY of those times that BEGAN BEFORE 12 months ago when these UNUSUAL or OTHER experiences were happening, did you EVER have a period when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) for at least 2 weeks?**	1 ☐ Yes 2 ☐ No – *SKIP to Check Item 16.21*
27. **During ANY of those times that BEGAN BEFORE 12 months ago, did you (feel sad, blue, depressed or down/not care about things or enjoy things) for at least half of the time when those UNUSUAL or OTHER experiences were happening?**	1 ☐ Yes 2 ☐ No – *SKIP to Check Item 16.21*

Section 16 – UNUSUAL EXPERIENCES (Continued)

28. **During ALL of those times that BEGAN BEFORE 12 months ago when these UNUSUAL or OTHER experiences were happening, did you ALWAYS have a period like this when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) for at least half of the time?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 16.21 Is "Yes" marked in Check Item 5.3A or Check Item 5.3B, Section 5?	1 ☐ Yes 2 ☐ No - *SKIP to Section 11A*
CHECK ITEM 16.21A Is "No" marked in Check Item 16.3B?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 16.22*
29a. **During that time when these UNUSUAL or OTHER experiences were happening, did you EVER have a period when you when you felt (excited, elated, revved up, or energetic/irritable or easily annoyed) for some of the time?**	1 ☐ Yes 2 ☐ No – *SKIP to Section 11A*
b. **During that time, did you feel (excited, elated, revved up or energetic/irritable or easily annoyed) for at least half of the time when those UNUSUAL or OTHER experiences were happening?**	1 ☐ Yes 2 ☐ No } *– SKIP to Section 11A*
CHECK ITEM 16.22 Is 5b marked "Yes" or 6b marked "Yes"?	1 ☐ Yes 2 ☐ No - *SKIP to 33*
30. **During ANY of those times that BEGAN in the last 12 months when these UNUSUAL or OTHER experiences were happening, did you EVER have a period when you felt (excited, elated, revved up, or energetic/irritable or easily annoyed) for some of the time?**	1 ☐ Yes 2 ☐ No – *SKIP to Check Item 16.23*
31. **During ANY of those times that BEGAN in the last 12 months, did you feel (excited, elated, revved up or energetic/irritable or easily annoyed) for at least half of the time when those UNUSUAL or OTHER experiences were happening?**	1 ☐ Yes 2 ☐ No – *SKIP to Check Item 16.23*
32. **During ALL of those times that BEGAN in the last 12 months when these UNUSUAL or OTHER experiences were happening, did you ALWAYS have a period like this when you felt (excited, elated, revved up or energetic/irritable or easily annoyed) for at least half of the time?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 16.23 Is 5b marked "Yes"?	1 ☐ Yes - *SKIP to Section 11A* 2 ☐ No
33. **During ANY of those times that BEGAN BEFORE 12 months ago when these UNUSUAL or OTHER experiences were happening, did you ALSO have a period when you felt (excited, elated, revved up or energetic/irritable or easily annoyed) for some of the time?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 11A*
34. **During ANY of those times that BEGAN BEFORE 12 months ago, did you feel (excited, elated, revved up or energetic/irritable or easily annoyed) for at least half of the time when those UNUSUAL or OTHER experiences were happening?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 11A*
35. **During ALL of those times that BEGAN BEFORE 12 months ago when these UNUSUAL or OTHER experiences were happening, did you ALWAYS have a period like this when you felt (excited, elated, revved up or energetic/irritable or easily annoyed) for at least half of the time?**	1 ☐ Yes 2 ☐ No } *Go to Section 11A*

Section 11A - BEHAVIOR

Statement V **Now I'd like to ask you some questions about experiences you may have had. As I read each experience, please tell me if it has ever happened.**

1a. In your ENTIRE life, did you. . . *(Repeat entire phrase frequently)*		**b. Did this happen BEFORE you were 15?**	**c. Has this happened SINCE you were 15?**
(1) Often cut class, not go to class or go to school and then leave without permission?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	Ask Before 13 1 ☐ Yes 2 ☐ No	Ask Since 13 1 ☐ Yes } *Go to next* 2 ☐ No } *experience*
(2) Stay out late at night even though your parents or caregivers told you to stay home?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	Ask Before 13 1 ☐ Yes 2 ☐ No	Ask Since 13 1 ☐ Yes } *Go to next* 2 ☐ No } *experience*
(3) Often bully or push people around or try to make them afraid of you?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes } *Go to next* 2 ☐ No } *experience*
(4) Run away from home overnight at least twice when you were living at home, or run away and stay away for a longer time?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes } *Go to next* 2 ☐ No } *experience*
(5) Have a time when you were absent from work or school a lot, other than the times you were sick or taking care of someone else who was sick or on military duty?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes } *Go to next* 2 ☐ No } *experience*
(6) More than once quit a job without knowing where you would find another one?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes } *Go to next* 2 ☐ No } *experience*
(7) Make spur of the moment decisions, like quitting school, moving or changing jobs?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes } *Go to next* 2 ☐ No } *experience*
(8) Travel around from place to place for a month or more without making any plans ahead of time or knowing how long you would be gone or where you were going to work?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes } *Go to next* 2 ☐ No } *experience*
(9) Have a time that lasted at least 1 month when you had no regular place to live – like living on the street or in a car?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes } *Go to next* 2 ☐ No } *experience*
(10) Have a time that lasted at least 1 month when you lived with friends, acquaintances or relatives because you didn't really have your own place to live?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes } *Go to next* 2 ☐ No } *experience*
(11) Have a time in your life when you lied a lot to get what you wanted or avoid something you didn't want to do, not counting any times you lied to keep from being hurt?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes } *Go to next* 2 ☐ No } *experience*

Section 11A - BEHAVIOR (Continued)

1a. In your ENTIRE life, did you. . . *(Repeat entire phrase frequently)*		**b.** Did this happen BEFORE you were 15?	**c.** Has this happened SINCE you were 15?
(12) **Use a false or made-up name or alias?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(13) **Scam or con someone for money, to avoid responsibility or just for fun?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(14) **Do things that could have easily hurt you or someone else - like speeding or driving or using heavy machinery while drunk or high?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(15) **Have unprotected sex?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(16) **Have your driver's license or learner's permit suspended or revoked for moving violations?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(17) **Destroy or damage someone else's property - like their car, home, or other personal belongings?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(18) **Start a fire on purpose to destroy someone else's property or just to see it burn?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(19) **Fail to pay off your debts - like moving to avoid paying rent, not making payments on a loan, mortgage, or credit card, or failing to make alimony or child support payments?**	1 ☐ Yes 2 ☐ No } *Go to next experience*		
(20) **Steal money or anything of value from someone or someplace when no one was around?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(21) **Forge a check or any other document?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(22) **Break into someone else's house, building or car?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(23) **Shoplift?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(24) **Steal something from someone directly, like mugging them, threatening them with a weapon or snatching their purse or wallet?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*

Section 11A - BEHAVIOR (Continued)

1a. In your ENTIRE life, did you. . . *(Repeat entire phrase frequently)*		**b.** Did this happen BEFORE you were 15?	**c.** Has this happened SINCE you were 15?
(25) **Make money illegally - like selling stolen property or selling drugs?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(26) **Use someone else's credit card without their permission?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(27) **Steal using an online method or scam or over the telephone?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(28) **Do anything that you could have been arrested for, regardless of whether or not you were caught or arrested?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(29) **Force anyone to engage in any sexual activity with you against their will?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(30) **Get into a lot of fights that you started?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(31) **Physically hurt another person in any other way on purpose?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(32) **Harass, threaten or blackmail someone?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(33) **Get into a fight that came to swapping blows with someone like a husband, wife, girlfriend or boyfriend?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(34) **Use a weapon like a stick, knife, or gun in a fight?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(35) **Hit someone so hard that you injured them or they had to see a doctor?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(36) **Hurt or be cruel to an animal or pet on purpose?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to next experience*
(37) **Have a time when you weren't working and other people thought you should have been?**	1 ☐ Yes → 2 ☐ No - *Go to Check Item 11.0*	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No } *Go to Check Item 11.0*

CHECK ITEM 11.0	Are at least 3 items marked "Yes" in 1, column a?	1 ☐ Yes 2 ☐ No - *SKIP to 14a*
1d.	**About how old were you the FIRST time ANY of these experiences BEGAN to happen?**	_____ Age
CHECK ITEM 11.1	Are at least 3 items marked "Yes" in 1, column b? Did respondent demonstrate at least 3 behaviors BEFORE age 15?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 11.2*

Section 11A - BEHAVIOR (Continued)

2.	**You just mentioned SOME experiences you had BEFORE you were 15 years old.** **Did any of these experiences you had BEFORE you were 15 years old cause any problems with your family or friends, at school or with the law?**	1 ☐ Yes 2 ☐ No
3a.	**Did ANY of these experiences you mentioned happen BEFORE you were 10 years old?**	1 ☐ Yes 2 ☐ No
b.	**Did at least 3 of these experiences you had BEFORE you were 15 years old happen around the same time or within a 1-year period?**	1 ☐ Yes 2 ☐ No
c.	**Did you EVER talk to any kind of counselor, therapist, doctor, psychologist or any person like that about these experiences you had BEFORE you were 15 years old?**	1 ☐ Yes 2 ☐ No
d.	**Did you EVER regret ANY of those experiences that happened BEFORE you were 15 or wish they had never happened?**	1 ☐ Yes 2 ☐ No
e.	**Did you feel you had a right to do ANY of these things?**	1 ☐ Yes 2 ☐ No
f.	**Did you feel that other people deserved what they got?**	1 ☐ Yes 2 ☐ No
g.	**BEFORE age 15, were you interested or concerned about how well you were doing at school, work or in other activities?**	1 ☐ Yes 2 ☐ No
h.	**BEFORE age 15, did you show very little emotion or feelings to others?**	1 ☐ Yes 2 ☐ No
i.	**BEFORE age 15, would you say that you cared about how other people felt?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 11.1A	*Refer to Check Item 2.1, Section 2A.* Is the respondent a lifetime abstainer of alcohol?	1 ☐ Yes - *SKIP to 5a* 2 ☐ No
CHECK ITEM 11.1B	*Refer to Q12a, Section 2A.* Is the respondent's age at first drink less than 15?	1 ☐ Yes 2 ☐ No- *SKIP to 5a*
4a.	**Now I'd like you to think about ALL of the experiences you just mentioned that happened BEFORE you were 15 years old.** **Did ANY of these experiences you had BEFORE you were 15 happen WHILE you were drinking heavily, or AFTER you had been drinking heavily?**	1 ☐ Yes 2 ☐ No - *SKIP to 5a*
b.	**Did ALL of these experiences ONLY happen WHILE you were drinking heavily, or AFTER you had been drinking heavily?**	1 ☐ Yes 2 ☐ No
5a.	**(Did/Now I'd like you to think about ALL of the experiences you just mentioned that happened BEFORE you were 15 years old. Did) ANY of these experiences you had BEFORE you were 15 happen WHILE you were using or AFTER you had used any medicines or drugs?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 11.1C*
b.	**Did ALL of these experiences ONLY happen WHILE you were using or AFTER you had used any medicines or drugs?**	1 ☐ Yes 2 ☐ No

Section 11A - BEHAVIOR (Continued)

CHECK ITEM 11.1C	Is "Yes" marked in Check Item 5.3A or Check Item 5.3B, Section 5? Did respondent ever have a period of high mood?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 11.1D*
5c.	**Did ANY of these experiences you had BEFORE you were 15 happen during a period when you felt extremely excited, elated, revved up or energetic or extremely irritable or easily annoyed?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 11.1D*
d.	**Did ALL of those experiences ONLY happen during periods when you felt extremely excited, elated, revved up or energetic or extremely irritable or easily annoyed?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 11.1D	Is "Yes" marked in Check Item 16.1, Section 16?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 11.2*
5e.	**Did ANY of these experiences you had BEFORE you were 15 happen during a period when you were having SOME of the unusual experiences you mentioned?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 11.2*
f.	**Did ALL of these experiences ONLY happen during times when you were having SOME of those unusual experiences?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 11.2	Are at least 3 items marked "Yes" in 1, column c, or "Yes" in 1(19), column a? Did respondent demonstrate at least 3 behaviors SINCE age 15?	1 ☐ Yes 2 ☐ No - *SKIP to 12*
CHECK ITEM 11.2A	*Refer to Check Item 2.1, Section 2A.* Is the respondent a lifetime abstainer of alcohol?	1 ☐ Yes - *SKIP to 7a* 2 ☐ No
6a.	**You mentioned some experiences you had SINCE you were 15 years old.** **Did ANY of these experiences you had SINCE you were 15 happen WHILE you were drinking heavily, or AFTER you had been drinking heavily?**	1 ☐ Yes 2 ☐ No - *SKIP to 7a*
b.	**Did ALL of these experiences ONLY happen WHILE you were drinking heavily, or AFTER you had been drinking heavily?**	1 ☐ Yes 2 ☐ No
7a.	**(Did/You mentioned some experiences you had SINCE you were 15 years old. Did) ANY of these experiences you had SINCE you were 15 happen WHILE you were using or AFTER you had used any medicines or drugs?**	1 ☐ Yes 2 ☐ No – *SKIP to 7c*
b.	**Did ALL of these experiences ONLY happen WHILE you were using or AFTER you had used any medicine or drugs?**	1 ☐ Yes 2 ☐ No
c.	**Did you EVER talk to any kind of counselor, therapist, doctor, psychologist or any person like that about these experiences you had SINCE you were 15 years old?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 11.2B	Is "Yes" marked in Check Item 5.3A or Check Item 5.3B, Section 5? Did respondent ever have a period of high mood?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 11.2c*
7d.	**Did ANY of the experiences you had SINCE you were 15 happen during a time when you felt extremely excited, elated, revved up or energetic or extremely irritable or easily annoyed?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 11.2c*
e.	**Did ALL of those experiences ONLY happen during periods when you felt extremely excited, elated, revved up or energetic or extremely irritable or easily annoyed?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 11.2C	Is "Yes" marked in Check Item 16.1, Section 16?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 11.3*

Section 11A - BEHAVIOR (Continued)

7f.	**Did ANY of those experiences you had SINCE you were 15 happen during a period when you were having SOME of the unusual experiences you mentioned?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 11.3*
g.	**Did ALL of those experiences ONLY happen during times when you were having SOME of these unusual experiences?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 11.3	Is at least 1 item marked "Yes" in 1(3), (13), (14), (17) - (35), column c, or "Yes" marked in 1(19), column a? Has respondent ever destroyed or stolen property or mistreated or harmed another person?	1 ☐ Yes 2 ☐ No - *SKIP to 9*
8a.	**You mentioned some experiences that you've had in your life when you (destroyed property/stole something/ mistreated or harmed another person).** **Have you regretted ANY of these experiences or wished they had never happened?**	1 ☐ Yes 2 ☐ No
b.	**Did you feel you had a right to do ANY of these things?**	1 ☐ Yes 2 ☐ No
c.	**Did you feel that other people deserved what they got?**	1 ☐ Yes 2 ☐ No
9.	**SINCE age 15, were you interested or concerned about how well you were doing at school, work or in other activities?**	1 ☐ Yes 2 ☐ No
10.	**SINCE age 15, did you show very little emotion or feelings to others?**	1 ☐ Yes 2 ☐ No
11.	**SINCE age 15, would you say that you cared about how other people felt?**	1 ☐ Yes 2 ☐ No
12.	**Was there EVER a time when you NO LONGER had ANY of the experiences you just mentioned, that is, a time when NONE of the experiences EVER happened again?**	1 ☐ Yes 2 ☐ No – *Go to 14a*
13.	**About how old were you when that happened?**	_____Age
14a.	**BEFORE you were 18, were you ever in jail, prison, or a juvenile detention center?**	1 ☐ Yes 2 ☐ No - *SKIP to 15a*
b.	**About how long altogether were you in jail or a juvenile detention center before you were 18?**	_____ Day(s) OR _____ Week(s) OR _____ Month(s) OR _____ Year(s)
15a.	**SINCE you were 18, were you ever in jail, prison, or a correctional facility?**	1 ☐ Yes 2 ☐ No - *SKIP to Section 11B*
b.	**About how long altogether were you in jail or a correctional facility since you were 18?**	_____ Day(s) OR _____ Week(s) OR _____ Month(s) OR _____ Year(s) *Go to Section 11B*

Section 11B - FAMILY HISTORY - IV

Now I would like to ask you about whether any of your relatives, regardless of whether or not they are now living, have ever had behavior problems.

(SHOW FLASHCARD 56)

Statement W

By behavior problems I mean being cruel to people or animals, fighting or destroying property, trouble keeping a job or paying bills, being impulsive, reckless or not planning ahead, lying or conning people or getting arrested. These people also do not seem to care if they hurt others and often have problems at an early age such as truancy, staying out all night or running away.

(REFER TO FLASHCARD FREQUENTLY)

1.	**In your judgment, did your blood or natural father have some of these behavior problems like this at ANY time in his life?**	1 ☐ Yes 2 ☐ No
2.	**Did your blood or natural mother have some of these behavior problems like this at ANY time in her life?**	1 ☐ Yes 2 ☐ No
3.	**(Did your full brother have/How many of your full brothers had) some of these behavior problems at ANY time in (his life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
4.	**(Did your full sister have/How many of your full sisters had) some of these behavior problems at ANY time in (her life/ their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
5.	**(Did your natural son have/How many of your natural sons had) some of these behavior problems at ANY time in (his life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
6.	**(Did your natural daughter have/How many of your natural daughters had) some of these behavior problems at ANY time in (her life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
7.	**(Did your natural father's full brother have/How many of your natural father's full brothers had) some of these behavior problems at ANY time in (his life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
8.	**(Did your natural father's full sister have/How many of your natural father's full sisters had) some of these behavior problems at ANY time in (her life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
9.	**(Did your natural mother's full brother have/How many of your natural mother's full brothers had) some of these behavior problems at ANY time in (his life/ their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
10.	**(Did your natural mother's full sister have/How many of your natural mother's full sisters had) some of these behavior problems at ANY time in (her life/their lives)?**	1 ☐ Yes 2 ☐ No OR _____ Number 0 ☐ None
11.	**Did your natural grandfather on your father's side have some of these behavior problems at ANY time in his life?**	1 ☐ Yes 2 ☐ No
12.	**Did your natural grandmother on your father's side have some of these behavior problems at ANY time in her life?**	1 ☐ Yes 2 ☐ No
13.	**Did your natural grandfather on your mother's side have some of these behavior problems at ANY time in his life?**	1 ☐ Yes 2 ☐ No
14.	**Did your natural grandmother on your mother's side have some of these behavior problems at ANY time in her life?**	1 ☐ Yes 2 ☐ No *Go to Section 17*

Section 17 – LOW WEIGHT

Statement DD **Now I'd like to ask you a few questions about your eating habits.**

1.	**What has been your LOWEST weight since you reached your current height, not counting times when you were ill?**	Weight ☐☐☐ Pounds
CHECK ITEM 17.1	Is lowest weight in 1 less than 85% of that expected? *(Refer to norms for men and women.)*	1 ☐ Yes 2 ☐ No – *SKIP to Section 18*
3.	**How old were you when your weight first reached** ***(****weight in 1)* **at your current height?**	_____ Age
4.	**When your weight was** *(weight in 1)***, did you restrict the amount of food you ate in order not to gain any weight even though other people thought you should?**	1 ☐ Yes 2 ☐ No
5.	**During that time when your weight was** ***(****weight in 1)***, **were you afraid of gaining weight or getting fat?**	1 ☐ Yes 2 ☐ No
6a.	**When your weight was** ***(****weight in 1),* **…** **Did you think that you looked fat?**	1 ☐ Yes 2 ☐ No
b.	**Did you think your weight or body shape was one of the most important things about you?**	1 ☐ Yes 2 ☐ No
c.	**Did you think that your weight might have been unhealthy?**	1 ☐ Yes 2 ☐ No
d.	**Did you believe other people who thought your weight was unhealthy?**	1 ☐ Yes 2 ☐ No
e.	**Were you constantly weighing yourself or taking measurements of various parts of your body?**	1 ☐ Yes 2 ☐ No
7a.	**Now I'd like to know if you did any of the following things to lose weight BEFORE you weighed** *(weight in 1)* **or to keep from gaining weight AFTER you reached** *(weight in 1).* **During either of those times did you…** **Eat an UNUSUALLY LARGE amount of food within a 2-hour period, not including the holidays; that is, eat much more food than most people would eat during a 2-hour period under similar circumstances?**	1 ☐ Yes 2 ☐ No – *SKIP to 7d*
b.	**Vomit, use enemas, laxatives, diuretics or other medicines AFTER you ate an UNUSUALLY LARGE amount of food?**	1 ☐ Yes 2 ☐ No
c.	**Diet, fast, not use solid foods, or exercise a lot AFTER you ate an UNUSUALLY LARGE amount of food?**	1 ☐ Yes 2 ☐ No
d.	**Vomit, use enemas, laxatives, diuretics or other medicines AFTER you ate a SMALL amount or REGULAR amount of food?**	1 ☐ Yes 2 ☐ No
e.	**Diet, fast, not use solid foods, or exercise a lot AFTER you ate a SMALL amount or REGULAR amount of food?**	1 ☐ Yes 2 ☐ No
f.	**Diet, fast, not use solid foods, or exercise a lot regardless of what or how much you ate?**	1 ☐ Yes 2 ☐ No

Section 17 – LOW WEIGHT (Continued)

CHECK ITEM 17.2 Is at least 1 item marked "Yes" in 7b-7f?	1 ☐ Yes 2 ☐ No – *Go to 8a*
7g. **Did ANY of the things we just talked about when you were losing weight or when you were trying to keep from gaining weight happen repeatedly for at least 3 months?**	1 ☐ Yes 2 ☐ No
8a. **Now, I'd like to ask you about some other things that might have happened to you during that time when you weighed** *(weight in 1)* **and you had some of the other experiences we just talked about.** **During that time did your low weight…** **Make you very upset?**	1 ☐ Yes 2 ☐ No
b. **Interfere with your normal daily activities?**	1 ☐ Yes 2 ☐ No
c. **Cause any serious problems getting along with other people – like arguing with your friends, family, people at work or anyone else?**	1 ☐ Yes 2 ☐ No
d. **Cause any serious problems doing the things you were supposed to do – like working, doing your schoolwork, or taking care of your home or family?**	1 ☐ Yes 2 ☐ No
9. **About how old were you when you FIRST weighed less than** *(85% of expected weight)* **and had SOME of the other experiences you mentioned at the same time?**	_____ Age
CHECK ITEM 17.3 Is respondent's age in 9 within 1 year of his/her present age or is present age unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 11*
10. **Did this FIRST time BEGIN to happen during the last 12 months?**	1 ☐ Yes 2 ☐ No
11. **In your ENTIRE life how many separate times were there when you weighed less than** *(85% of expected weight)* **and had SOME of the other experiences you mentioned at the same time?** **By separate times, I mean times separated by at least 3 months when you weighed at least** *(85% of expected weight)* **and DIDN'T have any of the other experiences you mentioned at the same time?**	_____ Times
CHECK ITEM 17.4 Is number in 11, 2 or more or unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 18*
12. **About how old were you the MOST RECENT time when you weighed less than** *(85% of expected weight)* **and you also had SOME of these other experiences?**	_____ Age
CHECK ITEM 17.5 Is respondent's age in 12 within 1 year of his/her present age or is present age unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 14*
13. **Did this MOST RECENT time BEGIN to happen in the last 12 months?**	1 ☐ Yes 2 ☐ No
14. **How long did this MOST RECENT time last when you weighed less than** *(85% of expected weight)***?**	_____ Week(s) OR _____ Month(s) OR _____ Year(s)
15. **Since this MOST RECENT time BEGAN, was there a time when you weighed at least** *(85% of expected weight)* **and DIDN'T have ANY of the OTHER experiences you mentioned at the same time?**	1 ☐ Yes 2 ☐ No - *SKIP to 17*
CHECK ITEM 17.6 Is 13 marked "Yes"?	1 ☐ Yes - *SKIP to 17* 2 ☐ No

Section 17 – LOW WEIGHT (Continued)

16.	**Did this MOST RECENT time when you weighed at least** *(85% of expected weight)* **BEGIN to happen in the last 12 months?**	1 ☐ Yes 2 ☐ No
17.	**In your ENTIRE LIFE, what was the LONGEST time that you had when you weighed less than** *(85% of expected weight)***?**	_____ Week(s) OR _____ Month(s) OR _____ Year(s) *SKIP to 21a*
18.	**How long did that time last when you weighed less than** *(85% of expected weight)***?**	_____ Week(s) OR _____ Month(s) OR _____ Year(s)
19.	**Since that time BEGAN, was there a time when you weighed at least** *(85% of expected weight)* **and DIDN'T have ANY of the OTHER experiences you mentioned around the same time?**	1 ☐ Yes 2 ☐ No - *SKIP to 21a*
CHECK ITEM 17.7	Is 10 marked "Yes"?	1 ☐ Yes - *SKIP to 21a* 2 ☐ No
20.	**Did this time when you weighed at least** *(85% of expected weight)* **BEGIN to happen in the last 12 months?**	1 ☐ Yes 2 ☐ No
21a.	**Did you EVER talk to any kind of counselor, therapist, doctor, psychologist or any person like that to get help for your low weight?**	1 ☐ Yes 2 ☐ No
21b.	**Did you EVER go to a self-help or support group, use a hotline or visit an internet chat room to get help for your low weight?** *(Do not count chat rooms/support groups that promoted low weight or offered advice on how to lose weight.)*	1 ☐ Yes 2 ☐ No
22.	**Were you EVER a patient in any kind of hospital overnight or longer because of your low weight?**	1 ☐ Yes 2 ☐ No
23.	**Did you EVER go to an emergency room for help at any time for your low weight?**	1 ☐ Yes 2 ☐ No
24.	**Did a doctor EVER prescribe any medicines or drugs to help you with your low weight?**	1 ☐ Yes 2 ☐ No
25.	**Did you EVER go to Overeaters Anonymous or any other 12-step group because of your weight or eating?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 17.8	Is at least 1 item marked "Yes" in 21a-25?	1 ☐ Yes 2 ☐ No - *SKIP to 29*
26.	**About how old were you the FIRST time you went anywhere or talked to anyone to get help for your low weight?**	_____ Age
CHECK ITEM 17.9	Is age in 26 equal to respondent's current age?	1 ☐ Yes - *SKIP to 29* 2 ☐ No
27.	**Did you go anywhere or talk to anyone in the last 12 months?**	1 ☐ Yes 2 ☐ No - *SKIP to 29*
CHECK ITEM 17.10	Is age in 26 at least 2 years less than respondent's current age?	1 ☐ Yes - *SKIP to 29* 2 ☐ No
28.	**Did you go anywhere or talk to anyone before 12 months ago, that is, BEFORE last** *(Month one year ago)***?**	1 ☐ Yes 2 ☐ No
29.	**Did you EVER go to a self-help or support group, use a hotline or visit an internet chat room that ENCOURAGED you to be extremely thin and offered advice on methods for losing weight?**	1 ☐ Yes 2 ☐ No *- Go to Section 18*

Section 18 – EATING AND OVEREATING

Statement EE **Now a few more questions about your eating habits.**

1.	**Have you EVER eaten an UNUSUALLY LARGE AMOUNT of food within any 2-hour period, not including the holidays? That is, eating more food than most people would eat during a 2-hour period under similar circumstances.**	1 ☐ Yes 2 ☐ No - *SKIP to end of interview*
2.	**Was there EVER a time when you ate an UNUSUALLY LARGE AMOUNT of food on average at least once a week for at least 3 months?**	1 ☐ Yes 2 ☐ No - *SKIP to end of interview*
3a.	**During ANY time like this when you ate an UNUSUALLY LARGE AMOUNT of food, did you . . .** *(Repeat phrase often.)* **Feel that you couldn't stop eating or control how much or what you were eating?**	1 ☐ Yes 2 ☐ No - *SKIP to end of interview*
b.	**Feel that your weight or body shape was one of the most important things about you?**	1 ☐ Yes 2 ☐ No
c.	**Find that you ate much more quickly than usual?**	1 ☐ Yes 2 ☐ No
d.	**Find that you ate until you felt uncomfortably full?**	1 ☐ Yes 2 ☐ No
e.	**Eat an UNUSUALLY LARGE AMOUNT of food even though you weren't hungry?**	1 ☐ Yes 2 ☐ No
f.	**Eat alone because you might be embarrassed by how much you were eating?**	1 ☐ Yes 2 ☐ No
g.	**Feel disgusted with yourself, depressed or very guilty about eating so much?**	1 ☐ Yes 2 ☐ No
4a.	**During ANY of those times when you were eating an UNUSUALLY LARGE AMOUNT of food, did you try to keep from gaining weight by vomiting, using enemas, laxatives, diuretics or other medicines, or by fasting, that is having no solid food, or exercising a lot?**	1 ☐ Yes 2 ☐ No – *SKIP to 7a (Do not read parentheticals in 7a-25)*
b.	**During ALL of those times when you were eating an UNUSUALLY LARGE AMOUNT of food, did you ALWAYS try to keep from gaining weight by vomiting, using enemas, laxatives, diuretics or other medicines, or by fasting or exercising a lot?**	1 ☐ Yes 2 ☐ No } *(Read parentheticals in 7a-25)*
5.	**Did you EVER eat an UNUSUALLY LARGE AMOUNT of food within 2-hour periods AND do SOME of the other things we talked about to keep from gaining weight on average at least once a week for at least 3 months?**	1 ☐ Yes 2 ☐ No
6.	**When you were eating an UNUSUALLY LARGE AMOUNT of food AND doing some of the things we talked about to keep from gaining weight around the same time, was your weight or body shape the most important thing about you?**	1 ☐ Yes 2 ☐ No
7a.	**Now I'd like to ask you about some other things that might have happened to you during a time when you were eating an UNUSUALLY LARGE AMOUNT of food (AND doing some of the things we talked about to keep from gaining weight around the same time).** **During ANY of these times, did eating LARGE AMOUNTS of food (AND doing some of the things we talked about to keep from gaining weight) . . .** **Make you very upset?**	1 ☐ Yes 2 ☐ No
b.	**Interfere with your normal daily activities?**	1 ☐ Yes 2 ☐ No

Section 18 – EATING AND OVEREATING (Continued)

7c.	**Cause serious problems getting along with people at work or anyone else?**	1 ☐ Yes 2 ☐ No
d.	**Cause any serious problems doing the things you were supposed to do – like working, doing your schoolwork or taking care of your home or family?**	1 ☐ Yes 2 ☐ No
8a.	**About how old were you the FIRST time you BEGAN to eat LARGE AMOUNTS of food (AND do some things to keep from gaining weight) on average at least once a week for at least 3 months?**	_____ Age
CHECK ITEM 18.1	Is respondent's age in 8a within 1 year of his/her present age or is present age or 8a unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 9*
8b.	**Did this FIRST time BEGIN to happen during the last 12 months?**	1 ☐ Yes 2 ☐ No
9.	**In your ENTIRE LIFE, how many separate times were there when you were eating LARGE AMOUNTS of food (AND doing some things to keep from gaining weight) on average at least once a week for at least 3 months?** **By separate times, I mean times separated by at least 3 months when you WEREN'T eating LARGE AMOUNTS of food (AND DIDN'T do ANY of the things we talked about to keep from gaining weight)?**	_____ Number
CHECK ITEM 18.2	Is number entered in 9, 2 or more or unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 16*
10.	**How old were you the MOST RECENT time you BEGAN to eat LARGE AMOUNTS of food (AND do some things to keep from gaining weight)?**	_____ Age
CHECK ITEM 18.3	Is respondent's age in 10 within 1 year or his/her present age or is present age or 10 unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 12a*
11.	**Did this MOST RECENT time BEGIN to happen during the last 12 months?**	1 ☐ Yes 2 ☐ No
12a.	**How long did this MOST RECENT time last when you ate LARGE AMOUNTS of food (AND did some things to keep from gaining weight)?** *(Must be at least 3 months.)*	_____ Month(s) OR _____ Year(s)
b.	**Since this MOST RECENT time BEGAN, have there been at least 3 months when you DIDN'T eat LARGE AMOUNTS of food (AND DIDN'T do anything to keep from gaining weight)?**	1 ☐ Yes 2 ☐ No - *SKIP to 14*
CHECK ITEM 18.4	Is "Yes" marked in 11?	1 ☐ Yes- *SKIP to 14* 2 ☐ No
13.	**Did this MOST RECENT time when you STOPPED eating LARGE AMOUNTS of food (and doing things to keep from gaining weight) BEGIN to happen in the last 12 months?**	1 ☐ Yes 2 ☐ No
14.	**In your ENTIRE LIFE, what was the LONGEST time you had when you ate LARGE AMOUNTS of food (AND did some things to keep from gaining weight)?** *(Must be at least 3 months.)*	_____ Month(s) OR _____ Year(s)
15.	**During these times, what was the usual number of days per week that you ate LARGE AMOUNTS of food (AND did some things to keep from gaining weight)?**	_____ Number of days per week – *SKIP to 20a*

Section 18 – EATING AND OVEREATING (Continued)

16. **How long did that time last when you ate LARGE AMOUNTS of food (AND did some things to keep from gaining weight)?** *(Must be at least 3 months.)*	_____ Month(s) OR _____ Year(s)
17. **During that time, what was the usual number of days per week that you ate LARGE AMOUNTS of food (AND did some things to keep from gaining weight)?**	_____ Number of days per week
18. **Since that time BEGAN, have there been at least 3 months when you DIDN'T eat LARGE AMOUNTS of food (AND DIDN'T do anything to keep from gaining weight)?**	1 ☐ Yes 2 ☐ No - *SKIP to 20a*
CHECK ITEM 18.5 Is "Yes" marked in 8b?	1 ☐ Yes - *SKIP to 20a* 2 ☐ No
19. **Did this time when you STOPPED eating LARGE AMOUNTS of food (and doing things to keep from gaining weight) BEGIN to happen in the last 12 months?**	1 ☐ Yes 2 ☐ No
20a. **Did you EVER go to any kind of counselor, therapist, doctor, psychologist or any person like that to help you stop eating LARGE AMOUNTS of food (OR doing things to keep from gaining weight)?**	1 ☐ Yes 2 ☐ No
b. **Did you EVER go to a self-help or support group, use a hotline or visit an internet chat room to help you stop eating LARGE AMOUNTS of food (OR doing things to keep from gaining weight)?**	1 ☐ Yes 2 ☐ No
21a. **Were you a patient in any kind of hospital overnight or longer because you were eating LARGE AMOUNTS of food (OR doing things to keep from gaining weight)?**	1 ☐ Yes 2 ☐ No
b. **Did you EVER go to an emergency room to help you stop eating LARGE AMOUNTS of food (OR doing things to keep from gaining weight)?**	1 ☐ Yes 2 ☐ No
22a. **Did a doctor EVER prescribe any medicines or drugs to help you stop eating LARGE AMOUNTS of food (OR doing things to keep from gaining weight)?**	1 ☐ Yes 2 ☐ No
b. **Did you EVER go to Overeaters Anonymous or any other 12-step group to help you stop eating large amounts of food (OR doing things that kept you from gaining weight)?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 18.6 *Is at least 1 item marked "Yes" in 20a-22b?*	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 18.9*
23. **How old were you the FIRST TIME you went anywhere or saw anyone to get help for eating LARGE AMOUNTS of food (OR doing things to keep from gaining weight)?**	_____ Age
CHECK ITEM 18.7 Is age in 23 equal to respondent's current age?	1 ☐ Yes - *SKIP to Check Item 18.9* 2 ☐ No
24. **Did you go anywhere or talk to anyone in the last 12 months?**	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 18.9*
CHECK ITEM 18.8 Is age in 23 at least 2 years less than respondent's current age?	1 ☐ Yes - *SKIP to Check Item 18.9* 2 ☐ No
25. **Did you go anywhere or talk to anyone BEFORE 12 months ago, that is, BEFORE last** *(Month one year ago)***?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 18.9 Is "No" marked in 4b or is 4b unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 47*
26. **Were there EVER ANY OTHER times lasting at least 3 months when you ate LARGE AMOUNTS of food at least once a week WITHOUT doing any of the things you mentioned to keep from gaining weight?**	1 ☐ Yes 2 ☐ No - *SKIP to 47*

Section 18 – EATING AND OVEREATING (Continued)

27a.	**During ANY time when you ate an UNUSUALLY LARGE AMOUNT of food did this…** **Make you very upset?**	1 ☐ Yes 2 ☐ No
b.	**Interfere with your normal daily activities?**	1 ☐ Yes 2 ☐ No
c.	**Cause serious problems getting along with people at work or anyone else?**	1 ☐ Yes 2 ☐ No
d.	**Cause any serious problems doing the things you were supposed to do – like working, doing your schoolwork, or taking care of your home or family?**	1 ☐ Yes 2 ☐ No
28a.	**When you were eating an UNUSUALLY LARGE AMOUNT of food, was your weight or body shape the most important thing about you?**	1 ☐ Yes 2 ☐ No
b.	**About how old were you the FIRST time you BEGAN to eat LARGE AMOUNTS of food on average at least once a week for at least 3 months?**	_____ Age
CHECK ITEM 18.10	Is respondent's age in 28b within 1 year of his/her present age or is present age or 28b unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 30*
29.	**Did this FIRST time BEGIN to happen during the last 12 months?**	1 ☐ Yes 2 ☐ No
30.	**In your ENTIRE LIFE, how many separate times were there when you were eating LARGE AMOUNTS of food on average at least once a week for at least 3 months WITHOUT doing anything to keep from gaining weight?** **By separate times, I mean times separated by at least 3 months when you WEREN'T eating LARGE AMOUNTS of food.**	_____ Number
CHECK ITEM 18.11	Is number entered in 30, 2 or more or unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 37*
31.	**How old were you the MOST RECENT time you BEGAN to eat LARGE AMOUNTS of food?**	_____ Age
CHECK ITEM 18.12	Is respondent's age in 31 within 1 year or his/her present age or is present age or 31 unknown?	1 ☐ Yes 2 ☐ No - *SKIP to 33a*
32.	**Did this MOST RECENT time BEGIN to happen during the last 12 months?**	1 ☐ Yes 2 ☐ No
33a.	**How long did this MOST RECENT time last when you ate LARGE AMOUNTS of food?** *(Must be at least 3 months.)*	_____ Months(s) OR _____ Years(s)
b.	**Since this MOST RECENT time BEGAN, have there been at least 3 months when you DIDN'T eat LARGE AMOUNTS of food?**	1 ☐ Yes 2 ☐ No - *SKIP to 35*
CHECK ITEM 18.13	Is "Yes" marked in 32?	1 ☐ Yes- *SKIP to 35* 2 ☐ No
34.	**Did this MOST RECENT time when you STOPPED eating LARGE AMOUNTS of food BEGIN to happen in the last 12 months?**	1 ☐ Yes 2 ☐ No
35.	**In your ENTIRE LIFE, what was the LONGEST time that you've had when you ate LARGE AMOUNTS of food)?** *(Must be at least 3 months.)*	_____ Months(s) OR _____ Years(s)
36.	**During these times, what was the usual number of days per week that you ate LARGE AMOUNTS of food?**	_____ Number of days per week – *SKIP to 41a*

Section 18 – EATING AND OVEREATING (Continued)

37.	**How long did that time last when you ate LARGE AMOUNTS of food?** *(Must be at least 3 months.)*	_____ Months(s) OR _____ Years(s)
38.	**During that time what was the usual number of days per week that you ate LARGE AMOUNTS of food?**	_____ Number of days per week
39.	**Since that time BEGAN, have there been at least 3 months when you DIDN'T eat LARGE AMOUNTS of food?**	1 ☐ Yes 2 ☐ No - *SKIP to 41a*
CHECK ITEM 18.14	Is "Yes" marked in 29?	1 ☐ Yes - *SKIP to 41a* 2 ☐ No
40.	**Did this time when you STOPPED eating LARGE AMOUNTS of food BEGIN to happen in the last 12 months?**	1 ☐ Yes 2 ☐ No
41a.	**Did you EVER go to any kind of counselor, therapist, doctor, psychologist or any person like that to help you stop eating LARGE AMOUNTS of food?**	1 ☐ Yes 2 ☐ No
b.	**Did you EVER go to a self-help or support group, use a hotline or visit an internet chat room to help you stop eating LARGE AMOUNTS of food?**	1 ☐ Yes 2 ☐ No
42a.	**Were you a patient in a hospital for at least one night because you were eating LARGE AMOUNTS of food?**	1 ☐ Yes 2 ☐ No
b.	**Did you EVER go to an emergency room to help you stop eating LARGE AMOUNTS of food?**	1 ☐ Yes 2 ☐ No
43.	**Did a doctor EVER prescribe any medicines or drugs to help you stop eating LARGE AMOUNTS of food?**	1 ☐ Yes 2 ☐ No
CHECK ITEM 18.15	*Is at least 1 item marked "Yes" in 41a-43?*	1 ☐ Yes 2 ☐ No - *SKIP to 47*
44.	**How old were you the FIRST TIME you went anywhere or saw anyone to get help for eating LARGE AMOUNTS of food?**	_____ Age
CHECK ITEM 18.16	Is age in 44 equal to respondent's current age?	1 ☐ Yes - *SKIP to 47* 2 ☐ No
45.	**Did you go anywhere or talk to anyone in the last 12 months?**	1 ☐ Yes 2 ☐ No - *SKIP to 47*
CHECK ITEM 18.17	Is age in 23 at least 2 years less than respondent's current age?	1 ☐ Yes - *SKIP to 47* 2 ☐ No
46.	**Did you go anywhere or talk to anyone BEFORE 12 months ago, that is, BEFORE last** *(Month one year ago)***?**	1 ☐ Yes 2 ☐ No } *Skip to 47*
47.	**Did you EVER go to a self-help or support group, use a hotline or visit an internet chat room that ENCOURAGED you to be extremely thin and offered advice on methods for losing weight?**	1 ☐ Yes 2 ☐ No } *- GO to end of interview*

NESARC-III

FLASHCARD

BOOKLET

FLASHCARD INDEX

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RACE

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2 Asian

3 Black or African American

4 Native Hawaiian or Other Pacific Islander

5 White

CARD 2

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2. Angola
3. Benin
4. Botswana
5. Burkina Faso
6. Cameroon
7. Cape Verde
8. Central African Republic
9. Chad
10. Congo
11. Comoros
12. Djibouti
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16. Eritrea
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18. Gabon
19. Ghana
20. Guinea
21. Guinea Bissau
22. Kenya
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26. Madagascar
27. Gambia
28. Mali
29. Mauritania
30. Morocco
31. Mozambique
32. Namibia
33. Niger
34. Nigeria
35. Republic of the Congo
36. Reunion
37. Rwanda
38. Senegal
39. Sierra Leone
40. Somalia
41. South Africa
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43. Swaziland
44. Tanzania
45. Togo
46. Tunisia
47. Uganda
48. Western Sahara
49. Zambia
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57. Bhutan
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62. Hong Kong
63. India
64. Indonesia
65. Japan
66. Laos
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71. North Korea
72. Pakistan
73. Philippines
74. Seychelles
75. Singapore
76. South Korea
77. Sri Lanka
78. Taiwan
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80. Vietnam
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83. Australia
84. Cook Island
85. Fiji
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89. Maldives
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94. New Zealand
95. Palau
96. Papua New Guinea
97. Polynesia
98. Samoa Islands
99. Solomon Islands
100. Tonga
101. Tuvalu
102. Vanuatu
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106. Belarus
107. Georgia
108. Kazakhstan
109. Kyrgyzstan
110. Moldova
111. Russia
112. Tajikistan
113. Turkmenistan
114. Ukraine
115. Uzbekistan
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117. Albania
118. Austria
119. Belgium
120. Bosnia and Herzegovina
121. Bulgaria
122. Channel Islands
123. Croatia
124. Cyprus
125. Czech Republic
126. Denmark
127. Estonia
128. England
129. Finland
130. France
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133. Greece
134. Greenland
135. Hungary
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138. Italy
139. Latvia
140. Lithuania
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150. San Marino
151. Serbia
152. Scotland
153. Slovakia
154. Slovenia
155. Spain
156. Sweden
157. Switzerland
158. Turkey
159. Montenegro
160. Malta
161. Isle of Man
162. Andorra
163. Faeroe Island
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MIDDLE EAST

166. Gaza Strip
167. Iran
168. Iraq
169. Israel
170. Jordan
171. Kuwait
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173. Oman
174. Qatar
175. Saudi Arabia
176. Syria
177. United Arab Emirates
178. West Bank
179. Yemen
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186. Belize
187. Canada
188. Cayman Islands
189. Costa Rica
190. Cuba
191. Dominica
192. Dominican Republic
193. El Salvador
194. Grenada
195. Guatemala
196. Haiti
197. Honduras
198. Jamaica
199. Marie Galante
200. Martinique
201. Mexico
202. Montserrat
203. Netherlands Antilles
204. Nicaragua
205. Panama
206. Puerto Rico
207. St. Bartholomew
208. St. Kitts and Nevis
209. St. Lucia
210. St. Martin
211. St. Vincent and the Grenadines
212. The Bahamas
213. Trinidad
214. United States
215. Virgin Islands (British)
216. Virgin Islands (U.S.)
217. ***Unknown/other North/Central American or Caribbean***

SOUTH AMERICA

218. Argentina
219. Bolivia
220. Brazil
221. Chile
222. Colombia
223. Ecuador
224. Falkland Islands
225. Guyana
226. Paraguay
227. Peru
228. Suriname
229. Uruguay
230. Venezuela
231. ***Unknown/other South American***

CARD 3

MARITAL STATUS

1 Married

2 Living with someone as if married
(not currently married or separated from someone)

3 Widowed

4 Divorced

5 Separated

6 Never married

CARD 4

CURRENT SITUATION

1 Working full time, that is, 35 hours or more per week

2 Working part time, that is, less than 35 hours per week

3 Have a job or business, but not at work because of temporary illness or injury

4 Have a job or business, but on paid vacation

5 Have a job or business, but absent from work without pay

6 Unemployed or laid off and looking for work

7 Unemployed or laid off and not looking for work

8 Unemployed and permanently disabled

9 Retired

10 In school, full time

11 In school, part time

12 Currently on summer break/holiday from school

13 Full-time homemaker

14 Something else

CARD 5

EDUCATION

1 No formal schooling

2 Completed grade K, 1, or 2

3 Completed grade 3 or 4

4 Completed grade 5 or 6

5 Completed grade 7

6 Completed grade 8

7 Completed grade 9, 10 or 11 (some high school)

8 Completed high school

9 Graduate equivalency degree (GED)

10 Some college (no degree)

11 Completed Associate or other technical 2 year degree

12 Completed college (Bachelor's degree)

13 Some graduate or professional studies (completed Bachelor's degree but not graduate degree)

14 Completed Master's degree or equivalent or higher graduate degree

CARD 6

SERVICE DATES

1 September 2011 – Present

2 September 2009 – August 2011

3 September 2004 – August 2009

4 September 2001– August 2004

5 August 1990 to August 2001 (including Persian Gulf War)

6 September 1980 to July 1990

7 May 1975 to August 1980

8 Vietnam era (August 1964 – April 1975)

9 March 1961 to July 1964

10 February 1955 to February 1961

11 Korean War (July 1950 – January 1955)

12 January 1947 to June 1950

13 World War II (December 1941 – December 1946)

14 November 1941 or earlier

CARD 7

INDUSTRY

1 **Agriculture** (farming, forestry, veterinary and landscaping services)

2 **Mining** (metal, coal, oil and gas extraction, quarrying)

3 **Construction**

4 **Manufacturing** (food products, tobacco, textiles, chemical products, lumber, metal industries, machinery, motor vehicles)

5 **Transportation, Communications and Other Public Utilities** (railroads, airlines, bus, taxi, trucking, warehouse, postal, telephone, gas, electric, water)

6 **Wholesale Trade** (sales of durable and nondurable goods to retailers)

7 **Retail Trade** (retail stores, restaurants, drug stores, gas stations)

8 **Finance, Insurance and Real Estate** (banks, savings and credit, brokerage, investment, commodities, real estate)

9 **Business and Repair Services** (advertising, computer and other business services, auto renting/leasing)

10 **Personal Services** (hotel, laundry, barber/beauty shop, funeral services, shoe repair, private household service)

11 **Entertainment and Recreation Services** (theaters, video rental, bowling)

12 **Professional and Related Services** (doctors' offices, hospital, schools, libraries, child care services, museums, labor unions, engineering and accounting firms, religious organizations)

13 **Public Administration** (international, national, state and local government)

14 **Armed Services**

CARD 8

OCCUPATION

1	**Executive, Administrative, and Managerial**	• Managers (business, financial, restaurant, hotel) • Public administrators • Administrators
2	**Professional Specialty**	• Teachers • Scientists • Lawyers • Accountants • Computer system analysts • Librarians • Doctors, RN's, PA's • Writers/artists/athletes
3	**Technical and Related Support**	• Health technicians & technologists, LPN's, dental hygienists • Computer programmers & operators • Other technicians/technologists (industrial)
4	**Sales**	• Sales representatives (retail, insurance, real estate) • Sales workers, cashiers • Supervisors of sales workers • Shopkeepers, owners
5	**Administrative Support, including Clerical**	• Computer installation & maintenance workers • Secretaries/typists/receptionists/bank tellers • Financial records processing (bookkeepers, clerks) • Mail distribution
6	**Private Household**	• Maids • Butlers • Housekeepers • Live-in child care workers
7	**Protective Services**	• Police/firefighters • Security guards/crossing guards
8	**Other Service**s	• Food services (cooks, waiters, bartenders) • Health services (dental assistants, nurses' aides) • Cleaning and building services (janitors, etc.) • Personal services (barbers, bellhops, child care workers)
9	**Farming, Forestry and Fishing**	• Farm operators/managers • Agricultural inspectors • Farm workers • Forestry and fishing operations • Gardeners
10	**Precision Production, Craft and Repair**	• Manufacturing supervisors • Mechanics and repairers (cars, machinery, aircraft) • Construction (supervisors, skilled workers) • Precision production (tool and die, machinists, shoe repair, upholsterers, butchers)
11	**Operators, Fabricators and Laborers**	• Machine operators (textile, printing, metal and woodworking) • Fabricators • Assemblers • Inspectors and samplers
12	**Transportation and Material Moving**	• Motor vehicle and other transportation workers (truck/bus/cab drivers, sailors) • Material moving equipment operators (hoist, crane, tractor operators)
13	**Handlers, Equipment Cleaners and Laborers**	• Construction laborers • Freight stock and material handlers (garbage collectors, vehicle washers, dock workers)
14	**Military**	• Army, Navy, Marines, Air Force

CARD 9

TYPE OF EMPLOYER

1 A private for-profit company, business, or individual

2 A private not-for-profit, tax exempt, or charitable organization

3 Federal government (exclude Armed Forces)

4 State government

5 Local government

6 Armed Forces

7 Unpaid in family business or farm

8 Self-employed in own business, professional practice, or farm

CARD 10

YOUR TOTAL PERSONAL INCOME

INCLUDE <u>ALL</u> MONEY INCOME FROM:

- **Jobs and/or self employment**
- **Social Security or Railroad Retirement**
- **SSI**
- **Veteran's (VA) payments**
- **Retirement, disability, and survivor pensions**
- **Interest and dividend income**
- **Worker's compensation**
- **Unemployment payments**
- **Child support and alimony**
- **Financial aid (room and board, living expenses)**
- **Support from persons living elsewhere**

<u>ANY</u> public assistance program:

- **TAFDC, Emergency Services Program or Emergency Assistance Program**
- **WIC**
- **Any other public assistance/welfare payments**

CARD 11

YOUR TOTAL PERSONAL INCOME

0	$0 (no personal income)
1	$1 to $4,999
2	$5,000 to $7,999
3	$8,000 to $9,999
4	$10,000 to $12,999
5	$13,000 to $14,999
6	$15,000 to $19,999
7	$20,000 to $24,999
8	$25,000 to $29,999
9	$30,000 to $34,999
10	$35,000 to $39,999
11	$40,000 to $49,999
12	$50,000 to $59,999
13	$60,000 to $69,999
14	$70,000 to $79,999
15	$80,000 to $89,999
16	$90,000 to $99,999
17	$100,000 or more

CARD 12

YOUR TOTAL COMBINED FAMILY INCOME

INCLUDE <u>ALL</u> MONEY INCOME FROM <u>RELATED FAMILY MEMBERS</u>:

- **Jobs and/or self employment**
- **Social Security or Railroad Retirement**
- **SSI**
- **Veteran's (VA) payments**
- **Retirement, disability, and survivor pensions**
- **Interest and dividend income**
- **Worker's compensation**
- **Unemployment payments**
- **Child support and alimony**
- **Financial aid (room and board, living expenses)**
- **Support from persons living elsewhere**

<u>ANY</u> public assistance program:

- **TAFDC, Emergency Services Program or Emergency Assistance Program**
- **WIC**
- **Any other public assistance/welfare payments**

CARD 13

YOUR TOTAL COMBINED FAMILY INCOME

1	Less than $5,000
2	$5,000 to $7,999
3	$8,000 to $9,999
4	$10,000 to $12,999
5	$13,000 to $14,999
6	$15,000 to $19,999
7	$20,000 to $24,999
8	$25,000 to $29,999
9	$30,000 to $34,999
10	$35,000 to $39,999
11	$40,000 to $49,999
12	$50,000 to $59,999
13	$60,000 to $69,999
14	$70,000 to $79,999
15	$80,000 to $89,999
16	$90,000 to $99,999
17	$100,000 to $109,999
18	$110,000 to $119,999
19	$120,000 to $149,999
20	$150,000 to $199,999
21	$200,000 or more

CARD 14

YOUR TOTAL COMBINED HOUSEHOLD INCOME

INCLUDE ALL MONEY INCOME FROM ALL PERSONS LIVING IN THIS HOUSEHOLD:

- **Jobs and/or self employment**
- **Social Security or Railroad Retirement**
- **SSI**
- **Veteran's (VA) payments**
- **Retirement, disability, and survivor pensions**
- **Interest and dividend income**
- **Worker's compensation**
- **Unemployment payments**
- **Child support and alimony**
- **Financial aid (room and board, living expenses)**
- **Support from persons living elsewhere**

ANY public assistance program:

- **TAFDC, Emergency Services Program or Emergency Assistance Program**
- **WIC**
- **Any other public assistance/welfare payments**

CARD 15

YOUR TOTAL COMBINED HOUSEHOLD INCOME

1	Less than $5,000
2	$5,000 to $7,999
3	$8,000 to $9,999
4	$10,000 to $12,999
5	$13,000 to $14,999
6	$15,000 to $19,999
7	$20,000 to $24,999
8	$25,000 to $29,999
9	$30,000 to $34,999
10	$35,000 to $39,999
11	$40,000 to $49,999
12	$50,000 to $59,999
13	$60,000 to $69,999
14	$70,000 to $79,999
15	$80,000 to $89,999
16	$90,000 to $99,999
17	$100,000 to $109,999
18	$110,000 to $119,999
19	$120,000 to $149,999
20	$150,000 to $199,999
21	$200,000 or more

CARD 16

HOW OFTEN

1 Never

2 Almost never

3 Sometimes

4 Fairly often

5 Very often

CARD 17

ACTIVITIES

1 Yes, limited a lot

2 Yes, limited a little

3 No, not limited at all

CARD 18

HOW MUCH TIME

1 None of the time

2 A little of the time

3 Some of the time

4 Most of the time

5 All of the time

CARD 19

HOW MUCH PAIN

1 Not at all

2 A little bit

3 Moderately

4 Quite a bit

5 Extremely

CARD 20

SERVICE ATTENDANCE

1 Once a year

2 A few times a year

3 1 to 3 times a month

4 Once a week

5 Twice a week or more

CARD 21

RELIGION

1 Apostolic/New Apostolic
2 Assemblies of God
3 Baha'i
4 Baptist
5 Buddhist
6 Catholic
7 Christian
8 Christian Reform
9 Christian Science
10 Church of God
11 Church of the Brethren
12 Church of the Nazarene
13 Churches of Christ
14 Congregational/United Church of Christ
15 Disciples of Christ
16 Druid
17 Eckankar
18 Episcopalian/Anglican
19 Ethical Culture
20 Evangelical/Born Again
21 Foursquare Gospel
22 Full Gospel
23 Fundamentalist
24 Hindu
25 Holiness/Holy
26 Independent Christian Church
27 Jehovah's Witness
28 Jewish
29 Lutheran
30 Mennonite
31 Methodist/Wesleyan
32 Mormon/Latter-Day Saints
33 Muslim
34 Native American
35 New Age
36 Orthodox (Eastern)
37 Pagan
38 Pentecostal/Charismatic
39 Presbyterian
40 Protestant
41 Quaker
42 Rastafarian
43 Reformed/Dutch Reform
44 Salvation Army
45 Santeria
46 Scientologist
47 Seventh-Day Adventist
48 Sikh
49 Spiritualist
50 Taoist
51 Unitarian/Universalist
52 Wiccan

53 Other religion

54 No religious affiliation
55 Agnostic
56 Atheist

CARD 22

HOW OFTEN

1 Never

2 Almost never

3 Sometimes

4 Fairly often

5 Very often

CARD 23

FREQUENCY

1 Every day

2 Nearly every day

3 3 to 4 times a week

4 2 times a week

5 Once a week

6 2 to 3 times a month

7 Once a month

8 7 to 11 times in the last year

9 3 to 6 times in the last year

10 1 to 2 times in the last year

11 Never in the last year

CARD 24

FREQUENCY

1 Every day

2 Nearly every day

3 3 to 4 times a week

4 2 times a week

5 Once a week

6 2 to 3 times a month

7 Once a month

8 7 to 11 times in the last year

9 3 to 6 times in the last year

10 1 or 2 times in the last year

CARD 25

NUMBER OF DRINKS

1 1 to 2 drinks

2 3 to 4 drinks

3 5 to 7 drinks

4 8 to 11 drinks

5 12 to 23 drinks

6 24 or more drinks

CARD 26

SIZE OF COOLER

1 8-ounce (small) bottle or can
2 12-ounce (regular) bottle or can
3 16-ounce (large) bottle or can
4 2-ounce can or bottle
5 3-ounce glass
6 4-ounce glass
7 5-ounce glass
8 6-ounce glass
9 7-ounce glass
10 8-ounce glass
11 9-ounce glass
12 12-ounce glass
13 15-ounce glass
14 18-ounce glass
15 Other

If necessary, see cards 26A-26C for examples of different glass sizes.

CARD 26A

[Insert 13a.pdf]

CARD 26B

[Insert 13b.pdf]

CARD 26C

[Insert 13c&16b.pdf]

CARD 27

SIZE OF BEER

1 7 or 8-ounce (pony size) can, bottle or glass
2 10-ounce (small) can, bottle or glass
3 12-ounce (regular size) can, bottle or glass
4 16-ounce (large) can, bottle or glass
5 22 to 25-ounce (extra large) can, bottle or glass
6 40- to 45- ounce (jumbo) can or bottle
7 Mug
8 Pint
9 Pitcher
10 Other

CARD 28

SIZE OF WINE

1 3-ounce glass
2 4-ounce glass
3 5-ounce glass
4 6-ounce glass
5 7-ounce glass
6 8-ounce glass
7 9-ounce glass
8 12-ounce glass
9 15-ounce glass
10 18-ounce glass

If necessary, see cards 28A-28C for examples of different glass sizes.

11 187 ml. individual serving bottle (usually sold in 4-packs)
12 375 ml. bottle (half bottle of wine) or ½ carafe
13 750 ml. bottle (regular size wine bottle) or full carafe
14 Other

CARD 28A

[Insert 16a.pdf]

CARD 28B

[Insert 13c&16b.pdf]

CARD 28C

[Insert 16c.pdf]

CARD 29

SIZE OF LIQUOR

1 1 shot or ounce
2 1 jigger
3 Mini-bottle (type sold on airplanes)
4 1½ shouts or ounces
5 2 shots or ounces (double)
6 2 jiggers
7 3 shots or ounces (triple)
8 3 jiggers
9 4 shots or ounces
10 4 jiggers
11 ½ pint
12 Pint
13 Quart
14 Fifth
15 ½ gallon
16 Other

If necessary, see cards 29A-29C for examples of different glass sizes.

CARD 29A

[Insert 17b.pdf]

CARD 29B

[Insert 17a.pdf]

CARD 29C

[Insert 17c.pdf]

CARD 30

FREQUENCY OF DRINKING

1 Every day

2 Nearly every day

3 3 to 4 times a week

4 2 times a week

5 Once a week

6 2 to 3 times a month

7 Once a month

8 7 to 11 times a year

9 3 to 6 times a year

10 1 or 2 times a year

CARD 31

FREQUENCY OF DRINKING

1 Every day

2 Nearly every day

3 3 to 4 times a week

4 2 times a week

5 Once a week

6 2 to 3 times a month

7 Once a month

8 7 to 11 times a year

9 3 to 6 times a year

10 1 or 2 times a year

11 Never

CARD 32

REASONS

1 Wanted to go, but health insurance didn't cover
2 Didn't think anyone could help
3 Didn't know any place to go for help
4 Couldn't afford to pay the bill
5 Didn't have any way to get there
6 Didn't have time
7 Thought the problem would get better by itself
8 Was too embarrassed to discuss it with anyone
9 Was afraid of what my boss, friends, family, or others would think
10 Thought it was something I should be strong enough to handle alone
11 Was afraid they would put me into the hospital
12 Was afraid of the treatment they would give me
13 Hated answering personal questions
14 The hours were inconvenient
15 A member of my family objected
16 My family thought I should go, but I didn't think it was necessary
17 Can't speak English very well
18 Was afraid I would lose my job
19 Couldn't arrange for child care
20 Had to wait too long to get into a program
21 Wanted to keep drinking or got drunk
22 Didn't think drinking problem was serious enough
23 Didn't want to go
24 Stopped drinking on my own
25 Friends or family helped me stop drinking
26 Tried getting help before and it didn't work
27 Was afraid my children would be taken away
28 My religious beliefs don't allow me to go for treatment

29 Other reason

CARD 33

FREQUENCY

1 Almost never

2 Sometimes

3 Often

4 Almost always

CARD 34

HOW WELL

1 Very poorly

2 Poorly

3 Well

4 Very well

CARD 35

AGREE - DISAGREE

1 Strongly agree

2 Agree

3 Somewhat agree

4 Somewhat disagree

5 Disagree

6 Strongly disagree

CARD 36

HOW OFTEN

1 Never

2 Almost never

3 Sometimes

4 Fairly often

5 Very often

CARD 37

TRUE - FALSE

1 Definitely false

2 Probably false

3 Probably true

4 Definitely true

CARD 38

TRUE - FALSE

1 Definitely false

2 Mostly false

3 Don’t know

4 Mostly true

5 Definitely true

CARD 39

FREQUENCY OF SMOKING

1 Every day

2 5 to 6 days a week

3 3 to 4 days a week

4 1 to 2 days a week

5 2 to 3 days a month

6 Once a month or less

CARD 40

TYPES OF MEDICINES/DRUGS

1 **Sedatives or tranquilizers**, for example…barbs, downers, Ambien, Lunesta, phenobarbital, pentobarbital, Halcion, Tuinal, Nembutal, Seconal, Librium, Valium, Xanax, benzodiazepines, tranks, Ativan.

2 **Painkillers**, for example…methadone, codeine, Demerol, Vicodin, Oxycontin, opium, oxy, Percocet, Dilaudid, Percodan, morphine

3 **Marijuana, including THC**, for example…weed, pot, dope, hashish, Mary Jane, joint, blunt

4 **Cocaine or crack**, for example…blow, rock, snow

5 **Stimulants**, for example…Adderall, Concerta, Cylert, Provigil, Ritalin or Dexedrine, speed, amphetamine, methamphetamine, uppers, bennies, ~~dexies,~~ pep pills, ~~Ritalin, Dexedrine,~~ crystal, crank

6 **Club drugs**, for example…MDMA, ecstasy, GHB, Rohypnol, ketamine, Special K, XTC, roofies

7 **Hallucinogens**, for example…LSD, acid, PCP, mescaline, peyote, psilocybin, mushrooms, angel dust, cactus

8 **Inhalants or solvents**, for example…nitrous oxide, lighter fluid, gasoline, cleaning fluid, glue, poppers, whippets

9 **Heroin**, for example…smack, black tar, poppy

10 **Any OTHER medicines, or drugs, or substances**, for example…steroids, Elavil, Thorazine, or Haldol

CARD 41

FREQUENCY OF MEDICINE/DRUG USE

1 Every day

2 Nearly every day

3 3 to 4 times a week

4 1 to 2 times a week

5 2 to 3 times a month

6 Once a month

7 7 to 11 times in the last year

8 3 to 6 times in the last year

9 2 times in the last year

10 Once in the last year

CARD 42

FREQUENCY OF MEDICINE/DRUG USE

1 Every day

2 Nearly every day

3 3 to 4 times a week

4 1 to 2 times a week

5 2 to 3 times a month

6 Once a month

7 7 to 11 times a year

8 3 to 6 times a year

9 2 times a year

10 Once a year

CARD 43

REASONS

1 Wanted to go, but health insurance didn't cover
2 Didn't think anyone could help
3 Didn't know any place to go for help
4 Couldn't afford to pay the bill
5 Didn't have any way to get there
6 Didn't have time
7 Thought the problem would get better by itself
8 Was too embarrassed to discuss it with anyone
9 Was afraid of what my boss, friends, family, or others would think
10 Thought it was something I should be strong enough to handle alone
11 Was afraid they would put me into the hospital
12 Was afraid of the treatment they would give me
13 Hated answering personal questions
14 The hours were inconvenient
15 A member of my family objected
16 My family thought I should go, but I didn't think it was necessary
17 Can't speak English very well
18 Was afraid I would lose my job
19 Couldn't arrange for child care
20 Had to wait too long to get into a program
21 Wanted to keep using medicines or drugs
22 Didn't think medicine or drug problem was serious enough
23 Didn't want to go
24 Stopped using medicines or drugs on my own
25 Friends or family helped me stop using medicines or drugs
26 Tried getting help before and it didn't work
27 Was afraid my children would be taken away
28 My religious beliefs don't allow me to go for treatment

29 Other reason

CARD 44

RELATIVES

FOR AT LEAST 2 WEEKS

- Depressed, sad or down
- Lost interest or pleasure in usual activities
- Slept very little or slept too much
- Ate too little or ate too much
- Appeared tired
- Cried a lot
- Seemed to move slowly
- Seemed very restless or agitated
- Had difficulty concentrating
- Had difficulty making decisions
- Felt worthless or guilty
- Talked about suicide or tried to commit suicide

CARD 45
STRESSFUL LIFE EXPERIENCES

Box A
Traumatic Experiences That Happened to YOU

1 Serious or life-threatening injury
2 Serious or life-threatening illness
3 Saw a dead body or body parts
4 Injured in a terrorist attack
5 Natural disaster, like flood, fire, earthquake, hurricane
6 Sexually abused before age 18
7 Sexually assaulted as an adult
8 Physically abused before age 18
9 Beaten up by spouse/romantic partner
10 Beaten up by someone else
11 Kidnapped/held hostage
12 Stalked
13 Mugged, held up, threatened with a weapon or assaulted in any other way
14 Active military combat
15 Peacekeeper/relief worker
16 Civilian in war zone/place of terror
17 Refugee
18 Prisoner of war
19 Juvenile detention or jail

20 Any other traumatic or stressful event that happened to you

Box B
Traumatic Experiences To Others That You Personally Witnessed, Learned About, or Became Exposed to the Details

21 Other person's serious or life-threatening injury
22 Other person's serious or life-threatening illness
23 Other person seeing a dead body or body parts
24 Other person injured in a terrorist attack
25 Other person exposed to natural disaster, like a flood, fire, earthquake, hurricane
26 Other person's sexual abuse as a child under age 18
27 Other person's sexual assault as an adult
28 Other person's physical abuse as a child under age 18
29 Other person beaten up by a spouse/romantic partner
30 Other person beaten up by someone else
31 Other person kidnapped/held hostage
32 Other person stalked
33 Other person mugged/held up, or threatened with a weapon

34 Any other traumatic or stressful event to others that you witnessed, learned about or became exposed to the details

CARD 46

HOW OFTEN

1 Never

2 Almost never

3 Sometimes

4 Fairly often

5 Very often

CARD 47

HOW OFTEN TRUE

1 Never true

2 Rarely true

3 Sometimes true

4 Often true

5 Very often true

CARD 48

FREQUENCY

1 Never

2 Once

3 2 to 3 times

4 4 to 11 times

5 Once a month

6 More than once a month

CARD 49

ATTRACTION

1 Only attracted to females

2 Mostly attracted to females

3 Equally attracted to females and males

4 Mostly attracted to males

5 Only attracted to males

CARD 50

ORIENTATION

1 Heterosexual (straight)

2 Gay or lesbian

3 Bisexual

4 Not sure

CARD 51

FREQUENCY

1 Never

2 Almost never

3 Sometimes

4 Fairly often

5 Very often

CARD 52

RELATIONSHIP TO YOU

(The person I care for is my…)

1 Husband, wife, spouse, partner

2 Parent or step-parent

3 Child, stepchild, foster child, son-in-law or daughter-in-law

4 Brother, sister

5 Other blood relative or in-law

6 Friend

7 Other non-relative

CARD 53

HOW MUCH

1 Not at all

2 A little

3 Somewhat

4 A lot

5 Very much

CARD 54

HOW OFTEN

1 Never

2 Sometimes

3 Often

CARD 55

RELATIVES

- Very worried or anxious for at least 3 months about a lot of things
- Had panic attacks
- Fearful or anxious about objects or situations or tried to avoid them
- Repeating things over and over, like washing their hands, check the door locks, even though they didn’t want to
- Had a very bad reaction to a traumatic or stressful event that happened to them, someone else or that they witnessed

CARD 56

RELATIVES

- Cruel to people or animals
- Started a lot of fights
- Destroyed someone’s property
- Had trouble keeping a job
- Had trouble paying the bills
- Lied to other people or tried to con other people
- Got arrested more than once for a crime like stealing, destroying property, assault, or robbery
- Didn’t care about their own safety or safety of others
- Ditched school or ran away from home when younger
- Didn’t seem to care if they had hurt, mistreated or stolen from other people
- Was impulsive and didn’t plan ahead

CARD 57

SIZE/TYPE OF CONTAINER

(IF EXACT SIZE NOT SHOWN, PLEASE PICK CATEGORY THAT COMES CLOSEST)

1	1 ounce or shot, shot of unspecified size
2	1½ ounces or shots
3	2 ounces or shots; double, 2-ounce can or bottle
4	3 ounces or shots, triple; 3-ounce glass
5	4 ounces or shots, 4-ounce glass
6	5-ounce glass, can or bottle
7	6-ounce glass, can or bottle
8	7-ounce glass, can or bottle
9	8-ounce glass, can or bottle
10	9-ounce glass, can or bottle
11	10-ounce glass, can or bottle
12	12-ounce glass, can or bottle
13	15-ounce glass, can or bottle
14	16-ounce glass, can or bottle
15	18-ounce glass, can or bottle
16	20-ounce glass, can or bottle; schooner
17	22- to 25-ounce can or bottle
18	32-ounce can or bottle
19	40- to 45-ounce bottle
20	64-ounce bottle
21	1 jigger
22	2 jiggers
23	3 jiggers
24	4 jiggers
25	50-milliliter mini bottle (type sold on airlines)
26	187- milliliter bottle (small individual wine bottle usually sold in 4-packs)
27	375-milliliter bottle; half bottle of wine; half carafe; split
28	750-milliliter bottle; regular size wine bottle; full carafe
29	1/2 liter bottle
30	1 liter bottle
31	1.5 liter bottle; magnum
32	1.75 liter bottle
33	3 liter bottle; double magnum
34	5 to 6 liter bottle or box
35	1/2 pint
36	Pint
37	Fifth
38	Quart
39	1/2 gallon
40	Gallon
41	Mug
42	Pitcher
43	Growler
44	Six-pack of pony-size beer bottles
45	Six pack of regular beer bottles
46	Six-pack of large beer bottles/cans
47	Other