

ATTACHMENT 4

**PSYCHIATRIC RESEARCH INTERVIEW FOR SUBSTANCE AND
MENTAL DISORDERS (PRISM)**

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Expiration Date:

Public reporting burden for this collection of information is estimated to average 60 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0926-xxxx).

PRISM – NESARC SECTION 1 – OVERVIEW

Statement A.1: I would like to begin by asking you some questions about your background.

ASK IF NOT KNOWN:

1. What is your gender?

Sex

1. MALE
2. FEMALE

2. How old are you?

Age

_____ AGE

ASK IF NOT KNOWN:

3a. Are you of Hispanic or Latino origin?

Ethnicity

1. NO
3. YES

3b. Which categorie(s) best describe your race? You may select more than one category.

Ethnicity

- code 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

4a. What is your current legal marital status? (Have you ever been married?)

Current marital status

1. NEVER MARRIED
2. MARRIED - **SKIP TO Q.5a**
3. DIVORCED
4. SEPARATED
5. WIDOWED

4b. Are you living with someone as if you were married?

Common-law partner

1. NO
3. YES

ASK IF NOT KNOWN:

5a. Have you ever been divorced?

Ever divorced

1. NO - **SKIP TO Q.6a**
3. YES

5b. How many times have you been divorced?

Number of times divorced

_____ NUMBER OF TIMES DIVORCED

ASK IF NOT KNOWN:

6a. Have you ever been widowed?

Ever widowed

1. NO - **SKIP TO Q.7**
3. YES

6b. How many times have you been widowed?

Number of times widowed

_____ NUMBER OF TIMES WIDOWED

7. Have you had any children? How about adopted or foster children?

Ever had children

- stepchildren who have not been adopted = "1"
- legally-arranged adoptions or foster care arrangements = "3"

1. NO - **SKIP TO Q.9**
3. YES

8. How many children have you had altogether (including adopted or foster children)?

Number of children

- do not count stepchildren who have not been adopted

_____ NUMBER OF CHILDREN

9. Did you ever have primary responsibility for a child who was not your own?

Primary caretaker of other's child

- children covered in previous question = "1"
- stepchildren who have not been adopted = "3"
- must have primary responsibility for at least 1 month

1. NO
3. YES

IF YES:

Did you take care of him or her for at least a month?

10. How far did you get in school? (Did you finish? Did you get a diploma/degree?)

Highest level of education

- correspondence school = "1"
- training program lasting one year or less = "8"

1. NO FORMAL SCHOOLING
2. SOME GRAMMAR SCHOOL (LESS THAN 8TH GRADE)
3. COMPLETED GRAMMAR SCHOOL
4. SOME HIGH SCHOOL
5. COMPLETED HIGH SCHOOL
6. HIGH SCHOOL EQUIVALENCY (GED)
7. SOME COLLEGE (NO DEGREE)
8. SOME TECHNICAL PROGRAM (NO CERTIFICATE)
9. COMPLETED ASSOCIATE OR OTHER TECHNICAL 2-YEAR DEGREE
10. COMPLETED COLLEGE (BACHELOR'S DEGREE)

PRISM – NESARC SECTION 1 – OVERVIEW

<p>11a. Did you ever start a school or training program you didn't finish (not including work in progress)?</p>	<p>Educational program interrupted</p> <ul style="list-style-type: none"> - did not finish high school but has High School Equivalency (GED) = "1" 	<p>11. SOME GRADUATE/PROFESSIONAL STUDIES (BACHELOR'S, BUT NO POST- BACHELOR'S DEGREE) 12. COMPLETED GRADUATE/PROFESSIONAL DEGREE (MASTER'S DEGREE OR HIGHER)</p> <p>1. NO - SKIP TO Q.12 3. YES</p>
<p>11b. Was that because of alcohol or drug use, or because of a mental or emotional problem you were having?</p>	<p>Educational program interrupted</p>	<p>1. NO 3. YES</p>
<p>12. Have you ever served in the armed forces?</p>	<p>Ever served on active duty in the armed services</p> <ul style="list-style-type: none"> - reserves only = "1" - merchant marines = "1" 	<p>1. NO - SKIP TO Q.14a 3. YES</p>
<p>13. Are you still serving in the armed forces?</p>	<p>Current active duty in the armed forces</p>	<p>1. NO 3. YES</p>
<p>14a. Have you ever been in jail or prison overnight or longer? IF NO: What about juvenile detention or reform school?</p>	<p>Incarceration</p> <ul style="list-style-type: none"> - jail, prison, held at police station overnight or longer = "3" 	<p>1. NO - SKIP TO Q.16a 2. JUVENILE DETENTION OR REFORM SCHOOL ONLY 3. YES</p>
<p>14b. Why were you in (jail/prison/juvenile detention/reform school)?</p>	<p>Incarceration</p>	<p>SPECIFY REASON(S) _____</p>
<p>15a. What was the longest time you spent in (jail/prison/juvenile detention/reform school)?</p>	<p>Duration of longest incarceration</p> <ul style="list-style-type: none"> - code "years" if more than 12 months 	<p>1. DAYS 2. WEEKS 3. MONTHS 4. YEARS</p>
<p>15b. -----></p>	<p>Duration of longest incarceration</p> <ul style="list-style-type: none"> - indicate the number of (days/weeks/months/years) 	<p>_____</p>
<p>16a. Who do you live with?</p>	<p>All occupants of the household</p> <ul style="list-style-type: none"> - code all that apply 	<p>1. LIVES ALONE 2. SPOUSE 3. CHILD OR CHILDREN 4. PARENT(S) 5. SIBLING(S) 6. BOY/GIRLFRIEND (OPPOSITE-SEX PARTNER) 7. SAME-SEX PARTNER 8. OTHER FRIEND 9. NON-FRIEND ROOMMATE(S) 10. HIRED HOUSEHOLD HELP 11. LODGER(S) 12. AUNT(S) OR UNCLE(S) 13. IN-LAW(S) 14. GRANDPARENT(S) 15. OTHER BLOOD RELATIVE(S) 16. OTHER 17. HOMELESS</p>
<p>16b. -----></p>	<p>All occupants of the household</p> <ul style="list-style-type: none"> - specify the 'other' person that lives with the respondent 	<p>_____</p>
<p>17a. Are you currently working?</p>	<p>Current employment status</p> <ul style="list-style-type: none"> - code status as of the date of the interview - if hospitalized, code status just prior to admission 	<p>1. NO - SKIP TO Q.17d 3. YES</p>

PRISM – NESARC SECTION 1 – OVERVIEW

17b. Do you work full-time, that is, 35 hours or more a week?

Current employment status

- code status as of the date of the interview
- if currently hospitalized, code status just prior to admission
- code all that apply

1. EMPLOYED FULL-TIME, 35+ HOURS
2. EMPLOYED PART-TIME, <35 HOURS
3. EMPLOYED, BUT ABSENT DUE TO ILLNESS
4. EMPLOYED, BUT TEMPORARILY SUSPENDED

17c. What do you do?

Current employment status

- specify the respondent's current employment

SKIP TO Q.17e

17d. Are you on disability or retired?

Current employment status

- "permanently disabled": includes being supported by Social Security Disability (SSD), Supplemental Security Income (SSI), or other governmental support
- if illegal activities only, code as "Unemployed or Laid Off, No Disability"
- if not on disability or retired, code as "Unemployed or Laid Off, No Disability"

1. UNEMPLOYED OR LAID OFF, NO DISABILITY
2. UNEMPLOYED, TEMPORARILY DISABLED
3. UNEMPLOYED, PERMANENTLY DISABLED
4. RETIRED

17e. Are you in school now?

Current education status

IF YES:

Is that full-time or part-time?

1. NOT IN SCHOOL
2. IN SCHOOL, FULL-TIME
3. IN SCHOOL, PART-TIME

17f. Are you a full time homemaker?

Current homemaker status

1. NO
3. YES

18a. What was the longest time you worked at any one job?

Longest time working at any one job

- code "years" if more than 12 months
- if never employed code "0 days"

1. DAYS
2. WEEKS
3. MONTHS
4. YEARS

18b. ----->

Longest time working at any one job

- indicate the number of (days/weeks/months/years)

Statement A.2. Now I'm going to ask you some questions about treatment you might have had.

<p>19a. Did you ever have a serious medical problem or injury?</p>	<p>Serious medical problem or injury</p> <ul style="list-style-type: none"> - HIV+ = "3" - suicide attempt requiring medical treatment = "3" 	<p>1. NO - SKIP TO Q.22a 3. YES</p>
<p>19b. -----></p>	<p>Serious medical problem or injury</p> <ul style="list-style-type: none"> - specify the serious medical problem or injury 	<p>SPECIFY PROBLEM(S) _____</p>
<p>19c. Your previous answer indicated: (illness/injury). Did you or anyone else think that this medical problem or injury was related to alcohol or drugs, or to a mental or emotional problem? Code all that apply.</p>	<p>Serious medical problem or injury related to substances or psychiatric problem</p>	<p>1. NOT RELATED TO ALCOHOL, DRUGS, OR PSYCHIATRIC PROBLEMS 2. ALCOHOL-RELATED 3. DRUG-RELATED 4. PSYCHIATRIC-RELATED</p>
<p>20. Were you ever in the hospital overnight or longer for a medical problem?</p>	<p>Ever had medical hospitalization</p>	<p>1. NO - SKIP TO Q.22a 3. YES</p>
<p>21a. What was the longest time you were in the hospital for medical treatment?</p>	<p>Duration of longest medical hospitalization</p> <ul style="list-style-type: none"> - code "years" if more than 12 months 	<p>1. DAYS 2. WEEKS 3. MONTHS 4. YEARS</p>
<p>21b. -----></p>	<p>Duration of longest medical hospitalization</p> <ul style="list-style-type: none"> - indicate the number of (days/weeks/months/years) 	<p>_____</p>
<p>22a. Did you ever talk to a psychiatrist, psychologist, social worker, or other professional because of alcohol use, drug use, or because of problems with your emotions, nerves, or mental health?</p>	<p>Ever treated for psychiatric or substance problems</p>	<p>1. NO - SKIP TO Q.24a 3. YES</p>
<p>22b. What was this for?</p>	<p>Treatment for psychiatric or substance problems</p> <ul style="list-style-type: none"> - code "dual diagnosis" only if respondent experienced both psychiatric and substance use problems at the same time 	<p>1. PSYCHIATRIC 2. SUBSTANCE - SKIP TO Q.23c1</p>
<p>23a1. Were you ever hospitalized overnight or longer to receive help for problems with your emotions, nerves, or mental health?</p>	<p>Hospitalization for psychiatric problems</p>	<p>1. NO - SKIP TO Q. 23b2 (note: Q.23b1 is imputed by the program as "yes.") 3. YES</p>
<p>23a2. When were you first hospitalized overnight or longer to receive help for problems with your emotions, nerves, or mental health?</p>	<p>First hospitalization for psychiatric problems</p>	<p>1. DAYS AGO 2. WEEKS AGO 3. MONTHS AGO 4. AGE</p>
<p>23a3. -----></p>	<p>First hospitalization for psychiatric problems</p> <ul style="list-style-type: none"> - indicate the number of (days/weeks/months) ago - if more than 12 months ago, indicate respondent's age 	<p>_____</p>
<p>23a4. When was the most recent time you were hospitalized overnight or longer to receive help for problems with your emotions, nerves, or mental health?</p>	<p>Most recent hospitalization for psychiatric problems</p>	<p>1. DAYS AGO 2. WEEKS AGO 3. MONTHS AGO 4. AGE</p>
<p>23a5. -----></p>	<p>Most recent hospitalization for psychiatric problems</p> <ul style="list-style-type: none"> - indicate the number of (days/weeks/months) ago - if more than 12 months ago, indicate respondent's age 	<p>_____</p>

PRISM – NESARC SECTION 1 – OVERVIEW

23b1. Did you ever receive help for problems with your emotions, nerves, or mental health outside of a hospital, for example in a clinic, doctor's office, or day program?

Outpatient treatment for psychiatric problems

- 1. NO - **SKIP TO Q.23c1**
- 3. YES

- outpatient guidelines: social service agency, detoxification clinic, rehabilitation program, emergency room (if not hospitalized overnight), halfway house, therapeutic community, crisis center, employee assistance program = "3"

23b2. When did you first receive help for problems with your emotions, nerves, or mental health outside of a hospital?

First outpatient treatment for psychiatric problems

- 1. DAYS AGO
- 2. WEEKS AGO
- 3. MONTHS AGO
- 4. AGE

23b3. ----->

First outpatient treatment for psychiatric problems

- indicate the number of (days/weeks/months) ago
- if more than 12 months ago, indicate respondent's age

23b4. When was the most recent time you received help for problems with your emotions, nerves, or mental health outside of a hospital?

Most recent outpatient treatment for psychiatric problems

- 1. DAYS AGO
- 2. WEEKS AGO
- 3. MONTHS AGO
- 4. AGE

23b5. ----->

Most recent outpatient treatment for psychiatric problems

- indicate the number of (days/weeks/months) ago
- if more than 12 months ago, indicate respondent's age

23c1. Were you ever hospitalized overnight or longer to receive help for your alcohol or drug use?

Ever hospitalized for substance problems

- 1. NO - **SKIP TO Q.23d2** (note: Q.23d1 is imputed by the program as "yes.")
- 3. YES

23c2. When were you first hospitalized overnight or longer to receive help for your alcohol or drug use?

First hospitalization for substance problems

- 1. DAYS AGO
- 2. WEEKS AGO
- 3. MONTHS AGO
- 4. AGE

23c3. ----->

First hospitalization for substance problems

- indicate the number of (days/weeks/months) ago
- if more than 12 months ago, indicate respondent's age

23c4. When was the most recent time you were hospitalized overnight or longer to receive help for your alcohol or drug use?

Most recent hospitalization for substance problems

- 1. DAYS AGO
- 2. WEEKS AGO
- 3. MONTHS AGO
- 4. AGE

23c5. ----->

Most recent hospitalization for substance problems

- indicate the number of (days/weeks/months) ago
- if more than 12 months ago, indicate respondent's age

23d1. Did you ever receive help for your alcohol or drug use outside of a hospital, for example in a clinic, doctor's office, or day program?

Out-patient treatment for substance problems

- 1. NO - **SKIP TO Q.24a**
- 3. YES

- outpatient guidelines: social service agency, detoxification clinic, rehabilitation program, emergency room (if not hospitalized overnight), halfway house, therapeutic community, crisis center, employee assistance program = "3"

23d2. When did you first receive help for your

First out-patient treatment for substance

- 1. DAYS AGO

PRISM – NESARC SECTION 1 – OVERVIEW

alcohol or drug use outside of a hospital?

problems

2. WEEKS AGO
3. MONTHS AGO
4. AGE

23d3. ----->

First out-patient treatment for substance problems

- indicate the number of (days/weeks/months) ago
- if more than 12 months ago, indicate respondent's age

23d4. When was the most recent time you received help for your alcohol or drug use outside of a hospital?

Most recent out-patient treatment for substance problems

1. DAYS AGO
2. WEEKS AGO
3. MONTHS AGO
4. AGE

23d5. ----->

Most recent out-patient treatment for substance problems

- indicate the number of (days/weeks/months) ago
- if more than 12 months ago, indicate respondent's age

24a. Did a doctor ever give you medication to help you stop drinking or using drugs, or for a mental or emotional problem?

Psychotropic medication prescribed

1. NO - **SKIP TO Q.25a**
2. YES – SUBSTANCE USE
3. YES – MENTAL/EMOTIONAL PROBLEMS

IF YES:

What was the medication for?

24b. In your lifetime, how many different medications have you been prescribed to help you stop drinking or using drugs, or for a mental or emotional problem (up to 5)?

Number of psychotropic medication prescribed

_____ MEDICATIONS

- if more than 5 medications, code those taken the longest

24c. What medication(s) did you take?

Psychotropic medication prescribed

25a. Did you ever attend meetings of any 12-step groups because of your own drinking or drug use, for instance Alcoholics Anonymous, Narcotics Anonymous, or Cocaine Anonymous?

Attendance of 12-step group(s)

1. NO - **SKIP TO STATEMENT 2A.1**
3. YES

- went only for reason other than own alcohol or drug use = "1"
- meetings attended in in-patient settings = "3"

25b. Did you go for your alcohol use, your drug use, or both?

Reason for 12-step group(s) attendance

1. ATTENDED FOR ALCOHOL USE ONLY
2. ATTENDED FOR DRUG USE ONLY
3. ATTENDED FOR BOTH ALCOHOL AND DRUG USE

25c. ----->

Type of 12-step group(s)

PRISM - NESARC SECTION 2A - ALCOHOL SCREENING

Statement 2A.1: Now I'd like to ask you some questions 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.

- | | | |
|---|--|--|
| <p>1a. In your entire life, have you had at least 1 drink of any kind of alcohol, not counting small tastes or sips?</p> | <p>Alcohol screening – ever</p> | <p>1. NO - SKIP TO SECTION 3A
3. YES</p> |
| <p>1b. Did that happen in the last 12 months?</p> | <p>Alcohol screening – last 12 months</p> | <p>1. NO - CODE Q.1d “YES,” SKIP TO Q.1e
3. YES</p> |
| <p>1c. Did you drink at least 12 drinks in the last 12 months?</p> | <p>Alcohol 12 times in a single year - last 12 months</p> | <p>1. NO
3. YES</p> |
| <p>1d. Did you drink in any year in the past, before (month/year)?</p> | <p>Alcohol screening – prior to the last 12 months</p> | <p>1. NO – SKIP TO Q.2a
3. YES</p> |
| <p>1e. Did you drink at least 12 drinks in any year in the past, before (month/year)?</p> | <p>Alcohol 12 times in a single year – prior to the last 12 months</p> | <p>1. NO

3. YES</p> |
| <p>2a. Did you ever have 5 or more drinks of beer, wine, or liquor (in any combination) in a single day?</p> | <p>Risk drinking - ever</p> | <p>1. NO - SKIP TO SECTION 2B
3. YES</p> |
| <p>2b. Did that happen in the last 12 months?</p> | <p>Risk drinking - last 12 months</p> | <p>1. NO – CODE Q.2d “YES,” SKIP TO Q.2e
3. YES</p> |
| <p>2c. During the last 12 months, about how often did you drink 5 or more drinks in a single day?</p> | <p>Frequency of heavy use – last 12 months</p> | <p>1 <input type="checkbox"/> Every day
2 <input type="checkbox"/> Nearly every day
3 <input type="checkbox"/> 3 to 4 times a week
4 <input type="checkbox"/> 2 times a week
5 <input type="checkbox"/> Once a week
6 <input type="checkbox"/> 2 to 3 times a month
7 <input type="checkbox"/> Once a month
8 <input type="checkbox"/> 7 to 11 times in the last year
9 <input type="checkbox"/> 3 to 6 times in the last year
10 <input type="checkbox"/> 1 or 2 times in the last year</p> |
| <p>2d. Did you drink 5 or more drinks in a single day in any year in the past, before (month/year)?</p> | <p>Risk drinking - prior to the last 12 months</p> | <p>1. NO – SKIP TO SECTION 2B
3. YES</p> |
| <p>2e. Think about the time in the past when you were drinking the most. At that time, about how often did you drink 5 or more drinks in a single day?</p> | <p>Frequency of heavy use – during worst period prior to the last 12 months</p> | <p>1 <input type="checkbox"/> Every day
2 <input type="checkbox"/> Nearly every day
3 <input type="checkbox"/> 3 to 4 times a week
4 <input type="checkbox"/> 2 times a week
5 <input type="checkbox"/> Once a week
6 <input type="checkbox"/> 2 to 3 times a month
7 <input type="checkbox"/> Once a month
8 <input type="checkbox"/> 7 to 11 times a year
9 <input type="checkbox"/> 3 to 6 times a year
10 <input type="checkbox"/> 1 or 2 times a year</p> |

CHECK ITEM 2B.1	DID SUBJECT PASS SCREENING FOR ALCOHOL? (IS Q.1c, Q.1e, OR Q.2a in SECTION 2a CODED "YES"?)	<input type="checkbox"/> NO - SKIP TO SECTION 3A <input type="checkbox"/> YES
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BOX 1		
1a. Did you ever find that after a while, you needed more alcohol to get the same effect or the same amount of alcohol had much less effect than it used to?	Markedly increased amounts of alcohol to achieve desired effects - must represent <u>clear</u> and sustained decrease in effects - may or may not lead to increase in amount used - probe thoroughly if subject denies tolerance when using alcohol at levels known to cause tolerance - maintenance of previously acquired tolerance = "3"	1. NO – SKIP TO Q.1d 3.YES
1b. Did that happen in the last 12 months?	Markedly increased amounts of alcohol to achieve desired effects – last 12 months	1. NO – CODE Q.1c "YES", SKIP TO Q.1d 3.YES
1c. Did that happen in the past, before (month/year)?	Markedly increased amounts of alcohol to achieve desired effects – prior to the last 12 months	1. NO 3.YES
1d. Did you ever 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?	Drank an equivalent of a fifth of liquor	1. NO - SKIP TO BOX 2 3.YES
1e. Did that happen in the last 12 months?	Drank an equivalent of a fifth of liquor – last 12 months	1. NO – CODE Q.1f "YES", SKIP TO BOX 2 3.YES
1f. Did that happen in the past, before (month/year)?	Drank an equivalent of a fifth of liquor – prior to the last 12 months	1. NO 3.YES

BOX 2		
2a. Did you more than once want to stop or cut down on using alcohol?	Persistent desire to cut down or control alcohol use - if not constant, an ongoing desire accompanied by distress = "3"	1. NO - SKIP TO Q.2d 3.YES
2b. Did that happen in the last 12 months?	Persistent desire to cut down or control alcohol use – last 12 months	1. NO - CODE Q.2c "YES", SKIP TO Q.2d 3.YES
2c. Did that happen in the past, before (month/year)?	Persistent desire to cut down or control alcohol use – prior to the last 12 months	1. NO 3.YES
2d. Did you more than once: ...try to give up or cut down on your drinking and were unable, ...make rules for yourself about your drinking and were unable to keep them?	Unsuccessful efforts to cut down or control alcohol use - enforced abstinence (e.g., hospitalization, jail) = "1" - decrease due to limited availability <u>only</u> = "1" - unsuccessful attempts to restrict alcohol use to certain times of day or "after work" = "3" - cut back considerably but increased again within one year = "3"	1. NO – SKIP TO BOX 3 3.YES
2e. Did that happen in the last 12 months?	Unsuccessful efforts to cut down or control alcohol use – last 12 months	1. NO – CODE Q.2f "YES", SKIP TO BOX 3 3.YES
2f. Did that happen in the past, before (month/year)?	Unsuccessful efforts to cut down or control	1. NO

alcohol use – prior to the last 12 months	3.YES
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BOX 3		
3a. Did you ever have a period when you drank more than you meant to, or for longer than you planned?	Alcohol taken in larger amounts or over a longer period than intended - reasons for intent are irrelevant in scoring	1. NO - SKIP TO BOX 4 3.YES
3b. Did that happen in the last 12 months?	Alcohol often taken in larger amounts or over a longer period than intended - last 12 months	1. NO - CODE Q.3c "YES", SKIP TO BOX 4 3.YES
3c. Did that happen in the past, before (month/year)?	Alcohol often taken in larger amounts or over a longer period than intended - prior to the last 12 months	1. NO 3.YES

BOX 4		
The next few questions are about bad aftereffects that people may have when alcohol was wearing off. This includes the morning after drinking or in the first few days after stopping or cutting down. When alcohol was wearing off, did you EVER...		
4a. have a lot of trouble sleeping?	Alcohol withdrawal - trouble sleeping - if also has symptom unrelated to alcohol use, must be worse to code "3"	1. NO 3.YES
4b. find that your hands were shaking?	Alcohol withdrawal – shaking - if also has symptom unrelated to alcohol use, must be worse to code "3"	1. NO 3.YES
4c. feel anxious or nervous?	Alcohol withdrawal – anxious, or nervous - if also has symptom unrelated to alcohol use, must be worse to code "3"	1. NO 3.YES
4d. have nausea or vomiting?	Alcohol withdrawal - nausea or vomiting - if also has symptom unrelated to alcohol use, must be worse to code "3"	1. NO 3.YES
4e. feel restless, or that you couldn't sit still?	Alcohol withdrawal – restlessness - if also has symptom unrelated to alcohol use, must be worse to code "3"	1. NO 3.YES
4f. feel your heart pounding too hard or had sweats?	Alcohol withdrawal - heart pounding or sweats - if also has symptom unrelated to alcohol use, must be worse to code "3"	1. NO 3.YES
4g. see, feel or hear things that weren't really there?	Alcohol withdrawal – hallucinations - if also has symptom unrelated to alcohol use, must be worse to code "3"	1. NO 3.YES
4h. have seizures?	Alcohol withdrawal - seizures - if also has symptom unrelated to alcohol use, must be worse to code "3"	1. NO 3.YES
4i. feel irritable?	Alcohol withdrawal - irritability - if also has symptom unrelated to alcohol use, must be worse to code "3"	1. NO 3.YES

CHECK ITEM 2B.2A	ANY WITHDRAWAL SYMPTOMS (EXCLUDING IRRITABILITY)? (ARE ANY QUESTIONS 4A – 4H CODED "YES"?)	<input type="checkbox"/> NO - SKIP TO Q.4r <input type="checkbox"/> YES
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CHECK ITEM 2B.2B	TWO OR MORE WITHDRAWAL SYMPTOMS (EXCLUDING IRRITABILITY)? (ARE 2 OR MORE QUESTIONS 4A – 4H CODED “YES”?)	<input type="checkbox"/> NO - SKIP TO Q.4m <input type="checkbox"/> YES
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BOX 4 (Continued)

4j. Did you ever have two or more of these aftereffects at around the same time?	Two or more co-occurring withdrawal symptoms	1. NO – SKIP TO Q.4m 3.YES
4k. Did you have two or more of these aftereffects at around the same time in the last 12 months?	Two or more co-occurring withdrawal symptoms – last 12 months	1. NO – CODE Q.4l "YES", SKIP TO Q.4m 3.YES
4l. Did you have two or more of these aftereffects at around the same time in any year in the past, before (month/year)?	Two or more co-occurring withdrawal symptoms – prior to the last 12 months	1. NO 3.YES

CHECK ITEM 2B.2C	TWO OR MORE WITHDRAWAL SYMPTOMS IN THE LAST 12 MONTHS <u>AND</u> PRIOR TO THE LAST 12 MONTHS? (ARE Q.4k <u>AND</u> Q.4l CODED “YES”?)	<input type="checkbox"/> NO <input type="checkbox"/> YES - SKIP TO Q.4o
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4m. Did you have any of these aftereffects in the last 12 months?	Any withdrawal symptoms – last 12 months	1. NO 3.YES
4n. Did you have any of these aftereffects in the past, before (month/year)?	Any withdrawal symptoms – prior to the last 12 months	1. NO 3.YES
4o. Did you ever drink more or use a closely-related drug to feel better when you were experiencing the bad aftereffects of alcohol? What did you use?	Same or closely-related substance taken to relieve withdrawal symptoms - closely-related substances: sedatives	1. NO – SKIP TO Q.4r 3.YES
4p. Did that happen in the last 12 months?	Same or closely-related substance taken to relieve withdrawal symptoms – last 12 months	1. NO - CODE Q.4q "YES", SKIP TO Q.4r 3.YES
4q. Did that happen in the past, before (month/year)?	Same or closely-related substance taken to relieve withdrawal symptoms – prior to last 12 months	1. NO 3.YES
4r. Did you ever drink more or use a closely-related drug to <u>avoid</u> experiencing the bad aftereffects of alcohol? What did you use?	Same or closely-related substance taken to avoid withdrawal symptoms - closely-related substances: sedatives	1. NO – SKIP TO BOX 5 3.YES
4s. Did that happen in the last 12 months?	Same or closely-related substance taken to avoid withdrawal symptoms – last 12 months	1. NO - CODE Q.4t "YES", SKIP TO BOX 5 3.YES
4t. Did that happen in the past, before (month/year)?	Same or closely-related substance taken to avoid withdrawal symptoms – prior to last 12 months	1. NO 3.YES

BOX 5

5a. Did you ever have a period when you spent a lot of time getting, using, or feeling sick from alcohol?	A great deal of time spent getting, using, or recovering from alcohol	1. NO – SKIP TO BOX 6 3.YES
5b. Did that happen in the last 12 months?	A great deal of time spent getting, using, or recovering from alcohol – last 12 months	1. NO - CODE Q.5c "YES", SKIP TO BOX 6 3.YES

PRISM – NESARC SECTION 2B – ALCOHOL DEPENDENCE/ABUSE

5c. Did that happen in the past, before (month/year)?	A great deal of time spent getting, using, or recovering from alcohol – prior to the last 12 months	1. NO 3.YES
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BOX 6

6a. Did you ever give up or cut down on any kinds of activities because of your drinking? For example, ...giving up time with friends or relatives, ...giving up working or going to school, ...giving up participating in sports or hobbies that were important to you, or giving up any other activities that were important to you?	Important activities given up as a result of alcohol use - must be <u>self-initiated</u> reduction - change must be clear, significant and ongoing - change to time spent mainly with alcohol-using friends = "3" - reduction continues although change occurred in past = "3" - reduction in homemaking or childcare activities = "3"	1. NO – SKIP TO BOX 7 3.YES
6b. Did that happen in the last 12 months?	Important activities given up as a result of alcohol use – last 12 months	1. NO – CODE Q.6c "YES", SKIP TO BOX 7 3.YES
6c. Did that happen in the past, before (month/year)?	Important activities given up as a result of alcohol use – prior to the last 12 months	1. NO 3.YES

BOX 7

7a. Did you EVER continue to drink even though you often had emotional or physical problems related to your alcohol use? For example, depression, suspiciousness, nervousness or anxiety, or a physical illness or medical condition?	Persistent or recurrent psychological or physical problem related to alcohol - if depressed, paranoid, or anxious when not using alcohol, must be worse when using - not aware that alcohol caused or exacerbated problem = "1"	1. NO – SKIP TO Q.8a 2. DEPRESSION 3. SUSPICIOUSNESS, NERVOUSNESS, ANXIETY 4. PHYSICAL ILLNESS OR MEDICAL CONDITION
7b. Did that happen in the last 12 months?	Continued use despite persistent or recurrent psychological or physical problem related to alcohol – last 12 months	1. NO – CODE Q.7c "YES", SKIP TO Q.8a 3.YES
7c. Did that happen in the past, before (month/year)?	Continued use despite persistent or recurrent psychological or physical problem related to alcohol – prior to the last 12 months	1. NO 3.YES
8a. Did you EVER 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?	Continued use despite blackouts	1. NO – SKIP TO BOX 8 3.YES
8b. Did that happen in the last 12 months?	Continued use despite blackouts – last 12 months	1. NO – CODE Q.8c "YES", SKIP TO BOX 8 3.YES
8c. Did that happen in the past, before (month/year)?	Continued use despite blackouts – prior to the last 12 months	1. NO 3.YES

BOX 8

9a. Did you ever want a drink so badly that you couldn't think of anything else?	Alcohol craving	1. NO - SKIP TO Q.9d 3.YES
9b. Did that happen in the last 12 months?	Alcohol craving – last 12 months	1. NO - CODE Q.9c "YES", SKIP TO Q.9d 3.YES
9c. Did that happen in the past, before (month/year)?	Alcohol craving – prior to the last 12 months	1. NO 3.YES
9d. Did you ever feel a very strong desire or urge to drink?	Alcohol craving	1. NO - SKIP TO BOX 9 3.YES

9e. Did that happen in the last 12 months?	Alcohol craving – last 12 months	1. NO - CODE Q.9f "YES", SKIP TO BOX 9 3.YES
9f. Did that happen in the past, before (month/year)?	Alcohol craving – prior to the last 12 mo	1. NO 3.YES

BOX 9

10a. Did you ever have a period when your alcohol use often interfered with taking care of your home or family – like not doing chores or housework, or having problems watching over your kids?	Recurrent alcohol use resulting in failure to fulfill obligations	1. NO – SKIP TO Q.10d 3.YES
10b. Did that happen in the last 12 months?	Recurrent alcohol use resulting in failure to fulfill obligations – last 12 months	1. NO - CODE Q.10c "YES", SKIP TO Q.10d 3.YES
10c. Did that happen in the past, before (month/year)?	Recurrent alcohol use resulting in failure to fulfill obligations –prior to the past 12 months	1. NO 3.YES
10d. Did you ever have a period when you were having job or school troubles because of your alcohol use – like being late or absent or having trouble getting work or school work done?	Recurrent alcohol use resulting in failure to fulfill obligations	1. NO – SKIP TO BOX 10 3.YES
10e. Did that happen in the last 12 months?	Recurrent alcohol use resulting in failure to fulfill obligations – last 12 months	1. NO - CODE Q.10f "YES", SKIP TO BOX 10 3.YES
10f. Did that happen in the past, before (month/year)?	Recurrent alcohol use resulting in failure to fulfill obligations –prior to the past 12 months	1. NO 3.YES

BOX 10

11a. Did you more than once do anything that could have been dangerous after drinking? For example: drive a car, motorcycle, boat, or other vehicle, swim, or use heavy machinery or power equipment?	Recurrent alcohol use when physically hazardous - must feel effects (e.g., "relaxed", "high" etc.) - must remember actual occasions of dangerous driving unless they occurred during blackouts	1. NO – SKIP TO BOX 11 3.YES
11b. Did that happen in the last 12 months?	Recurrent alcohol use when physically hazardous – last 12 months	1. NO - CODE Q.11c "YES", SKIP TO BOX 11 3.YES
11c. Did that happen in the past, before (month/year)?	Recurrent alcohol use when physically hazardous – prior to the last 12 months	1. NO 3.YES

BOX 11

12a. Did you EVER continue to drink even though you had problems dealing with others because of your drinking? For example, ...problems getting along with people, ...finding that people stayed away from you, ...getting into physical fights, or other problems with people?	Continued drinking despite recurrent social problems - arguments about drinking while intoxicated or at other times = '3'	1. NO – SKIP TO BOX 12 3.YES
12b. Did that happen in the last 12 months?	Continued drinking despite recurrent social problems – last 12 months	1. NO - CODE Q.12c "YES", SKIP TO BOX 12 3.YES
12c. Did that happen in the past, before (month/year)?	Continued drinking despite recurrent social problems – prior to the last 12 months	1. NO 3.YES

**CHECK ITEM
2B.3**

ALCOHOL USE DISORDER EVER?

NO – SKIP TO SECTION 3A

(ARE 2 OR MORE BOXES 1-11 CODED "3" IN THE "LAST 12 MONTHS"
OR "PRIOR TO THE LAST 12 MONTHS"?)

YES

CHECK ITEM 2B.4	ALCOHOL USE DISORDER PRIOR TO THE LAST 12 MONTHS? (ARE 2 OR MORE BOXES 1-11 CODED "3" "PRIOR TO THE LAST 12 MONTHS"?)	<input type="checkbox"/> NO – SKIP TO Q.13d <input type="checkbox"/> YES
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13a. Before last (month/year), 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?

Alcohol use disorder symptoms co-occurring prior to the last 12 months

- 1. NO
- 3. YES – **SKIP TO Q.13d**

13b. Before last (month/year), was there EVER a period when SOME of these experiences were happening around the same time MOST DAYS FOR AT LEAST A MONTH?

Alcohol use disorder symptoms co-occurring prior to the last 12 months

- 1. NO
- 3. YES – **SKIP TO Q.13d**

13c. Before last (month/year), was there EVER a period when SOME of these experiences happened within the same 1-year period?

Alcohol use disorder symptoms co-occurring prior to the last 12 months

- 1. NO
- 3. YES – **SKIP TO Q.13d**

CHECK ITEM 2B.5	ALCOHOL USE DISORDER IN THE PAST 12 MONTHS? (ARE 2 OR MORE BOXES 1-11 CODED "3" IN THE "LAST 12 MONTHS"?)	<input type="checkbox"/> NO - SKIP TO SECTION 3A <input type="checkbox"/> YES
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13d. When did some of these experiences related to your alcohol use begin to happen around the same time?

Initial onset of alcohol use disorder in lifetime

- 1. MONTHS AGO
- 2. AGE

- code 'AGE' if more than 12 months ago

13e. ----->

Initial onset of alcohol use disorder in lifetime

- indicate the number of months ago
- if more than 12 months ago, indicate age

13f. 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 of separate alcohol use disorder episodes

CHECK ITEM 2B.6	DID RESPONDENT HAVE MORE THAN ONE ALCOHOL USE DISORDER EPISODE? (IS Q.13f "2" OR MORE?)	<input type="checkbox"/> NO – SKIP TO Q.13i <input type="checkbox"/> YES
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13g. When was the most recent time you began to have some of these experiences around the same time?

Onset of most recent alcohol use disorder episode

- 1. MONTHS AGO
- 2. AGE

- code 'AGE' if more than 12 months ago
- code recurrence of 3 or more co-occurring symptoms within 1 year

13h. ----->

Onset of most recent alcohol use disorder

- indicate the number of months ago
- if more than 12 months ago, indicate age

CHECK ITEM 2B.7	ALCOHOL USE DISORDER IN THE PAST 12 MONTHS? (IS CHECK ITEM 2B.5 CODED 'YES'?)	<input type="checkbox"/> NO <input type="checkbox"/> YES – SKIP TO SECTION 3A
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13i. 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.

Offset of only/most recent alcohol use disorder

Statement 3A.1: Now I'd like to ask you some questions about smoking cigarettes.

- | | | |
|---|--|--|
| 1. Have you EVER smoked at least 100 cigarettes? | Nicotine screening – 100 cigarettes | 1. NO - SKIP TO SECTION 3B
3. YES |
| 2a1. When was the MOST RECENT time you smoked? | Nicotine screening – most recent
- code "age" if more than 12 months ago | 1. HOURS AGO |
| 2a2. -----> | Nicotine screening – most recent
- indicate the number of (hours/days/weeks/months) _____
- indicate age if more than 12 months ago | |
| 2b. About how often did you USUALLY smoke cigarettes (in the past year/in the year right before you stopped?) | Nicotine screening – usual frequency | 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 |
| 2c. On the days that you smoked, (in the past year/in the year right before you stopped) about how many cigarettes did you USUALLY smoke? | Nicotine screening- usual amount
- ½ pack = 10 cigarettes
- 1 pack = 20 cigarettes
- 1 ½ pack = 30 cigarettes
- 2 packs = 40 cigarettes | _____ NUMBER OF CIGARETTES |
| 2d1. For how long (have you smoked/did you smoke) that number of cigarettes at that frequency? | Nicotine screening - usual duration
- code "years" if more than 12 months | 4. YEARS |
| 2d2. -----> | Nicotine screening – usual duration
- indicate the number of (days/weeks/months/years) _____ | |
| 2e. Did you ever smoke every day? | Nicotine screening – daily smoking | 1. NO – SKIP TO Q. 3a1
3. YES |
| 2f. About how old were you when you FIRST started smoking every day? | Nicotine screening – daily smoking onset | _____ AGE |
| 2g. Thinking back over the entire period when you were smoking everyday, about how many cigarettes did you USUALLY smoke in a single day? | Nicotine screening – daily smoking amount
- a standard pack of cigarettes contains 20 cigarettes
- indicate the number of cigarettes | _____ NUMBER OF CIGARETTES |
| 2h1. For how long did you smoke this amount every day? | Nicotine screening – daily smoking duration
- code "years" if more than 12 months | 4. YEARS |
| 2h2. -----> | Nicotine screening – daily smoking duration
- indicate the number of (days/weeks/months/years) _____ | |

BOX 1		
3a1. Did you more than once WANT to stop or cut down on smoking?	Persistent desire to cut down or control nicotine use - if not constant, an ongoing desire accompanied by distress = "3"	1. NO – SKIP TO Q. 3b1 3. YES
3a2. Did that happen in the last 12 months?	Persistent desire to cut down or control nicotine use – last 12 months	1. NO – CODE Q. 3a3 "YES", SKIP TO Q. 3b1 3. YES
3a3. Did that happen in the past, before (month/year)?	Persistent desire to cut down or control nicotine use – prior to the last 12 months	1. NO 3. YES
3b1. Did you more than once: ...try to give up or cut down on smoking and were unable, or ...make rules for yourself about smoking and were unable to keep them?	Unsuccessful efforts to cut down or control nicotine use - enforced abstinence (e.g., hospitalization, jail) = "1" - decrease due to limited availability <u>only</u> = "1" - unsuccessful attempts to restrict nicotine use to certain times of day or "after work" = "3" - cut back considerably but increased again within one year = "3"	1. NO - SKIP TO BOX 2 3. YES
3b2. Did that happen in the last 12 months?	Unsuccessful efforts to cut down or control nicotine use – last 12 months	1. NO – CODE Q. 3b3 "YES", SKIP TO BOX 2 3. YES
3b3. Did that happen in the past, before (month/year)?	Unsuccessful efforts to cut down or control nicotine use – prior to the last 12 months	1. NO 3. YES

BOX 2		
4a1. Did you ever give up or cut down on any kinds of activities because of you would not be able to smoke? For example, ...giving up time with friends or relatives, ...giving up working or going to school, ...giving up participating in sports or hobbies that were important to you, or ...giving up any other activities that were important to you?	Important activities given up as a result of nicotine use - must be <u>self-initiated</u> reduction - change must be clear, significant and ongoing - change to time spent mainly with nicotine using friends = "3" - reduction continues although change occurred in past = "3" - reduction in homemaking or childcare activities = "3"	1. NO – SKIP TO BOX 3 3. YES
4a2. Did that happen in the last 12 months?	Important activities given up as a result of nicotine use – last 12 months	1. NO - CODE Q. 4a3 "YES", SKIP TO BOX 3 3. YES
4a3. Did that happen in the past, before (month/year)?	Important activities given up as a result of nicotine use – prior to the last 12 months	1. NO 3. YES

BOX 3		
5a1. Did you EVER continue to smoke even though you had emotional or physical problems related to smoking? For example, feeling nervous or anxious, problems with your heart or blood pressure, lung trouble, asthma, bronchitis, coughing or another medical condition? IF YES: What kind of emotional or physical problems related to smoking did you have?	Persistent or recurrent psychological or physical problem related to smoking - if depressed, paranoid, or anxious when not using nicotine, must be worse when using - if paranoid about nicotine use, must be excessive - not aware that nicotine caused/ exacerbated problem = "1" - persistent medical problem that could be exacerbated by use = "3"	1. NO – SKIP TO BOX 4 2. DEPRESSION 3. SUSPICIOUSNESS, NERVOUSNESS, ANXIETY 4. PHYSICAL ILLNESS OR MEDICAL CONDITION
5a2. Did that happen in the last 12 months?	Continued use despite persistent or recurrent psychological or physical problem related to smoking – last 12 months	1. NO - CODE Q. 5a3 "YES", SKIP TO BOX 4 3. YES
5a3. Did that happen in the past, before (month/year)?	Continued use despite persistent or recurrent psychological or physical problem related to	1. NO 3. YES

smoking – prior to the last 12 months

BOX 4		
6a1. Did you ever chain smoke, that is, smoke several cigarettes one after the other?	Chain smoking	1. NO – SKIP TO BOX 5 3 YES
6a2. For how long would you chain smoke?	Chain smoking – duration	1. MINUTES 2. HOURS
6a3. ----->	Chain smoking – duration - indicate the number of (minutes/hours)	_____
6a4. How many cigarettes would you chain smoke?	Chain smoking – quantity - a standard pack of cigarettes contains 20 cigarettes - indicate the number of cigarettes	_____
6a5. Did you chain smoke in the last 12 months?	Chain smoking – last 12 months	1. NO – CODE Q. 6a6 "YES", SKIP TO BOX 5 3 YES
6a6. Did you chain smoke in the past, before (month/year)?	Chain smoking – prior to the last 12 months	1. NO 3 YES

BOX 5		
Many people experience bad aftereffects 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...		
<input type="checkbox"/> 7b1. feel down or depressed?	Nicotine withdrawal - depressed - if also has symptom unrelated to nicotine use, must be worse to code "3"	1. NO 3.YES
<input type="checkbox"/> 7b2. have trouble sleeping?	Nicotine withdrawal – trouble sleeping - if also has symptom unrelated to nicotine use, must be worse to code "3"	1. NO 3.YES
<input type="checkbox"/> 7b3. have trouble concentrating?	Nicotine withdrawal – trouble concentrating - if also has symptom unrelated to nicotine use, must be worse to code "3"	1. NO 3.YES
<input type="checkbox"/> 7b4. gain weight, or have an increased appetite?	Nicotine withdrawal – weight gain/increased appetite - if also has symptom unrelated to nicotine use, must be worse to code "3"	1. NO 3.YES
<input type="checkbox"/> 7b5. feel irritable or frustrated?	Nicotine withdrawal – irritability - if also has symptom unrelated to nicotine use, must be worse to code "3"	1. NO 3.YES
<input type="checkbox"/> 7b6. feel nervous or anxious?	Nicotine withdrawal – anxious or nervous - if also has symptom unrelated to nicotine use, must be worse to code "3"	1. NO 3.YES
<input type="checkbox"/> 7b7. feel your heart slow down?	Nicotine withdrawal – heart slow down - if also has symptom unrelated to nicotine use, must be worse to code "3"	1. NO 3.YES
<input type="checkbox"/> 7b8. feel restless, or that you couldn't sit still?	Nicotine withdrawal – restless - if also has symptom unrelated to nicotine use, must be worse to code "3"	1. NO 3.YES

CHECK ITEM	DID RESPONDENT REPORT 1 OR MORE NICOTINE WITHDRAWAL SYMPTOMS? <input type="checkbox"/> NO – SKIP TO Q. 7d4
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PRISM - NESARC - SECTION 3A - NICOTINE SCREENING, DEPENDENCE/ABUSE

3A.1		(IS 1 OR MORE Q. 7b1-7b8 CODED "3"?)	<input type="checkbox"/> YES
CHECK ITEM 3A.2	DID RESPONDENT REPORT 4 OR MORE NICOTINE WITHDRAWAL SYMPTOMS? (ARE 4 OR MORE Q. 7b1-7b8 CODED "3"?)		<input type="checkbox"/> NO – SKIP TO Q. 7c4 <input type="checkbox"/> YES
7c1. Did at least four of these bad aftereffects happen in the first 24 hours after you stopped or cut down on smoking?	Withdrawal symptoms co-occurring - must experience symptom cluster within 24 hours following stopping or cutting down		1. NO – SKIP TO Q. 7c4 3. YES
7c2. Did you have 4 or more of these aftereffects around the same time in the last 12 months?	Withdrawal symptoms co-occurring - last 12 months		1. NO – CODE Q. 7c3 "YES", SKIP TO Q. 7c4 3. YES
7c3. Did you have 4 or more of these aftereffects around the same time in the past, before (month/year)?	Withdrawal symptoms co-occurring – prior to the last 12 months		1. NO 3. YES
CHECK ITEM 3A.3	FOUR OR MORE WITHDRAWAL SYMPTOMS IN THE LAST 12 MONTHS AND PRIOR TO THE LAST 12 MONTHS? (ARE Q.7c2 AND Q.7c3 CODED "YES"?)		<input type="checkbox"/> NO <input type="checkbox"/> YES - SKIP TO Q.7d1
7c4. Did you have any of these aftereffects in the last 12 months?	Any withdrawal symptom – last 12 months		1. NO – CODE Q. 7c5 "YES", SKIP TO Q. 7d1 3. YES
7c5. Did you have any of these aftereffects in the past, before (month/year)?	Any withdrawal symptom – prior to the last 12 months		1. NO 3. YES
7d1. Did you ever smoke or use other sources of nicotine, like nicotine gum or a patch, to <u>relieve</u> bad aftereffects of smoking?	Same or closely-related substance taken to relieve withdrawal symptoms		1. NO – SKIP TO Q. 7d4 3. YES
7d2. Did that happen in the last 12 months?	Same or closely-related substance taken to relieve withdrawal symptoms – last 12 months		1. NO – CODE Q. 7d3 "YES", SKIP TO Q.7d4 3. YES
7d3. Did that happen in the past, before (month/year)?	Same or closely-related substance taken to relieve withdrawal symptoms – prior to the last 12 months		1. NO 3. YES
7d4. Did you ever smoke or use other sources of nicotine, like nicotine gum or a patch, to <u>avoid</u> bad aftereffects of smoking?	Same or closely-related substance taken to avoid withdrawal symptoms		1. NO – SKIP TO BOX 6 3. YES
7d5. Did that happen in the last 12 months?	Same or closely-related substance taken to relieve or avoid withdrawal symptoms – last 12 months		1. NO – CODE Q. 7d6 "YES", SKIP TO BOX 6 3. YES
7d6. Did that happen in the past, before (month/year)?	Same or closely-related substance taken to relieve or avoid withdrawal symptoms – prior to the last 12 months		1. NO 3. YES

BOX 6		
<p>8a1. Did you ever find that after a while, you needed to smoke more to get the same effect or the same amount of cigarettes had much less effect than it used to?</p>	<p>Markedly increased amounts of nicotine to achieve desired effects</p> <ul style="list-style-type: none"> - must represent <u>clear</u> and sustained decrease in effects - may or may not lead to increase in amount used - probe for development of tolerance more after regular nicotine use began <u>and</u> after periods of abstinence - probe thoroughly if respondent denies tolerance when smoking at levels that are generally considered heavy - maintenance of previously acquired tolerance = "3" 	<p>1. NO – SKIP TO BOX 7 3.YES</p>
<p>8a2. Did that happen in the last 12 months?</p>	<p>Markedly increased amounts of nicotine to achieve desired effects – last 12 months</p>	<p>1. NO – CODE Q. 8a3 "YES", SKIP TO BOX 7 3.YES</p>
<p>8a3. Did that happen in the past, before (month/year)?</p>	<p>Markedly increased amounts of nicotine to achieve desired effects – prior to the last 12 months</p>	<p>1. NO 3.YES</p>

BOX 7		
<p>9a1. Did you ever have a period when you ended up smoking more than you meant to, or for longer than you planned?</p> <p>For example, ...did you end up smoking 10 cigarettes or more when you tried to limit yourself to only 1 or 2?</p>	<p>Nicotine often taken in larger amounts or over a longer period than intended</p> <ul style="list-style-type: none"> - must be 3 or more hours longer than intended (e.g., several hours later into the evening) - reasons for intent are irrelevant in scoring 	<p>1. NO – SKIP TO BOX 8 3.YES</p>
<p>9a2. Did that happen in the last 12 months?</p>	<p>Nicotine often taken in larger amounts or over a longer period than intended – last 12 months</p>	<p>1. NO - CODE Q. 9a3 "YES", SKIP TO BOX 8 3.YES</p>
<p>9a3. Did that happen in the past, before (month/year)?</p>	<p>Nicotine often taken in larger amounts or over a longer period than intended – prior to the last 12 months</p>	<p>1. NO 3.YES</p>

BOX 8		
<p>10a. Did you ever want to smoke so badly that you couldn't think of anything else?</p>	<p>Nicotine craving</p>	<p>1. NO - SKIP TO Q.10d 3.YES</p>
<p>10b. Did that happen in the last 12 months?</p>	<p>Nicotine craving – last 12 months</p>	<p>1. NO - CODE Q.10c "YES", SKIP TO Q.10d 3.YES</p>
<p>10c. Did that happen in the past, before (month/year)?</p>	<p>Nicotine craving – prior to the last 12 months</p>	<p>1. NO 3.YES</p>
<p>10d. Did you ever feel a very strong desire or urge to smoke?</p>	<p>Nicotine craving</p>	<p>1. NO - SKIP TO BOX 9 3.YES</p>
<p>10e. Did that happen in the last 12 months?</p>	<p>Nicotine craving – last 12 months</p>	<p>1. NO - CODE Q.10f "YES", SKIP TO BOX 9 3.YES</p>
<p>10f. Did that happen in the past, before (month/year)?</p>	<p>Nicotine craving – prior to the last 12 months</p>	<p>1. NO 3.YES</p>

BOX 9		

PRISM - NESARC - SECTION 3A - NICOTINE SCREENING, DEPENDENCE/ABUSE

11a1. Did you more than once smoke cigarettes 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?	Recurrent nicotine use when physically hazardous	1. NO – SKIP TO BOX 10 3. YES
11a2. What did you do?	Recurrent nicotine use when physically hazardous - check all that apply	1. SMOKING IN BED 2. SMOKING WHEN USING COMBUSTIBLE MATERIALS LIKE PAINT THINNER 3. SMOKING IN ANY OTHER DANGEROUS SITUATION
11a3. Did that happen in the last 12 months?	Recurrent nicotine use when physically hazardous – last 12 months	1. NO – CODE Q. 11a4 "YES", SKIP TO BOX 10 3.YES
11a4. Did that happen in the past, before (month/year)?	Recurrent nicotine use when physically hazardous – prior to the last 12 months	1. NO 3.YES

BOX 10

12a1. Did you EVER continue to smoke even though you had problems dealing with others related to smoking cigarettes? For example, ... problems getting along with people, ...finding that people stayed away from you, ...getting into physical fights, or other problems with people?	Nicotine use despite recurrent social problems - need not be aware of nicotine's contribution to problem - 1+ month between problem and change in use = "3"	1. NO – SKIP TO BOX 11 3.YES
12a2. Did that happen in the last 12 months?	Continued nicotine use despite recurrent social problems – last 12 months	1. NO – CODE Q. 12a3 "YES", SKIP TO BOX 11 3.YES
12a3. Did that happen in the past, before (month/year)?	Continued nicotine use despite recurrent social problems – prior to the last 12 months	1. NO 3.YES

BOX 11

13a1. Did you ever have problems getting your work done because you had to leave to smoke?	Nicotine use resulting in failure to fulfill obligations	1. NO – SKIP TO BOX 12 3.YES
13a2. Did that happen in the last 12 months?	Recurrent nicotine use resulting in failure to fulfill obligations – last 12 months	1. NO – CODE Q. 13a3 "YES", SKIP TO BOX 12 3.YES
13a3. Did that happen in the past, before (month/year)?	Recurrent nicotine use resulting in failure to fulfill obligations – prior to the last 12 months	1. NO 3.YES

CHECK ITEM 3A.4	NICOTINE USE DISORDER EVER? (ARE 2 OR MORE BOXES 1-11 CODED '3' IN THE "LAST 12 MONTHS" COLUMN OR THE "PRIOR TO THE LAST 12 MONTHS" COLUMN?)	<input type="checkbox"/> NO SKIP TO SECTION 3B <input type="checkbox"/> YES
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CHECK ITEM 3A.5	NICOTINE USE DISORDER PRIOR TO THE LAST 12 MONTHS? (ARE 2 OR MORE BOXES 1-11 CODED '3' PRIOR TO LAST 12 MONTHS?)	<input type="checkbox"/> NO – SKIP TO Q.15a1 <input type="checkbox"/> YES
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14a1. You mentioned some experiences with smoking 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 (<i>Month one year ago</i>), was there EVER a period when SOME of these experiences were happening around the same time most days FOR AT LEAST A MONTH?	Nicotine use disorder symptoms co-occurring prior to the last 12 months	1. NO 3. YES – SKIP TO Q.15a1
14a2. Before last (<i>Month one year ago</i>), 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?	Nicotine use disorder symptoms co-occurring prior to the last 12 months	1. NO 3.YES – SKIP TO Q.15a1

14a3. Was there EVER a time before last (*Month one year ago*), when these experiences with smoking happened around the same time? By "around the same time" I mean three of these experiences happening within a one year period.

Nicotine use disorder symptoms co-occurring prior to the last 12 months

1. NO
3. YES – **SKIP TO Q.15a1**

CHECK ITEM 3A.6	NICOTINE USE DISORDER IN THE PAST 12 MONTHS?	<input type="checkbox"/> NO - SKIP TO SECTION 3B
	(ARE 2 OR MORE BOXES 1-11 CODED "3" IN THE "LAST 12 MONTHS" COLUMN?)	<input type="checkbox"/> YES

15a1. When did some of these experiences related to smoking begin to happen around the same time?

Initial onset of nicotine use disorder in lifetime

1. MONTHS AGO
2. AGE

- code onset of 3 or more co-occurring symptoms within 1 year
- code "AGE" if more than 12 months ago

15a2. ----->

Initial onset of nicotine use disorder in lifetime

- indicate the number of months ago
- if more than 12 months ago, indicate age

15a3. 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 of separate nicotine use disorder episodes

CHECK ITEM 3A.7	DID RESPONDENT HAVE MORE THAN ONE PERIOD OF NICOTINE USE DISORDER? (IS Q.15a3 2 OR MORE?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 3A.8
		<input type="checkbox"/> YES

15a4. When was the most recent time some of these experiences began to happen around the same time?

Onset of most recent nicotine use disorder

1. MONTHS AGO
2. AGE

- code recurrence of 3 or more co-occurring symptoms within 1 year

15a5. ----->

Onset of most recent nicotine use disorder

- indicate the number of months ago
- if more than 12 months ago, indicate age

CHECK ITEM 3A.8	NICOTINE USE DISORDER IN THE PAST 12 MONTHS? (IS CHECK ITEM 3A.6 CODED 'YES'?)	<input type="checkbox"/> NO
		<input type="checkbox"/> YES – SKIP TO SECTION 3B

15a6. 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.

Offset of only/most recent nicotine use disorder

PRISM - NESARC SECTION 3B - DRUG SCREENING

Statement 3B.1: 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. I'll be asking you about the last 12 months and about the past, before (month/year).

- | | | |
|--|--|--|
| <p>1a. Did you ever use SEDATIVES or TRANQUILIZERS on your own? For example...barbs, downers, Ambien, Lunesta, Phenobarbital, pentobarbital, Halcion, Tuinal, Nembutal, Seconal, Librium, Valium, Xanax, benzodiadepines, tranks, Ativan.</p> | <p>Sedative and tranquilizer screening – ever</p> | <p>1. NO – SKIP TO Q.1b
3. YES</p> |
| <p>2a. Did you use SEDATIVES or TRANQUILIZERS in the last 12 months?</p> | <p>Sedative and tranquilizer screening – last 12 months</p> | <p>1. NO – CODE Q.4a “YES,” SKIP TO Q.5a
3. YES</p> |
| <p>3a. During the last 12 months, about how often did you use SEDATIVES OR TRANQUILIZERS?</p> | <p>Frequency of sedative and tranquilizer use – last 12 months</p> | <p>1 <input type="checkbox"/> Every day
2 <input type="checkbox"/> Nearly every day
3 <input type="checkbox"/> 3 to 4 times a week
4 <input type="checkbox"/> 2 times a week
5 <input type="checkbox"/> Once a week
6 <input type="checkbox"/> 2 to 3 times a month
7 <input type="checkbox"/> Once a month
8 <input type="checkbox"/> 7 to 11 times in the last year
9 <input type="checkbox"/> 3 to 6 times in the last year
10 <input type="checkbox"/> 1 or 2 times in the last year</p> |
| <p>4a. Did you use SEDATIVES or TRANQUILIZERS in any year in the past, before (month/year)?</p> | <p>Sedative and tranquilizer screening – prior to the last 12 months</p> | <p>1. NO – SKIP TO Q.1b
3. YES</p> |
| <p>5a. Think about the time in the past when you were using SEDATIVES OR TRANQUILIZERS the most. At that time about how often did you use (it/them)?</p> | <p>Frequency of sedative and tranquilizer use – prior to the last 12 months</p> | <p>1 <input type="checkbox"/> Every day
2 <input type="checkbox"/> Nearly every day
3 <input type="checkbox"/> 3 to 4 times a week
4 <input type="checkbox"/> 2 times a week
5 <input type="checkbox"/> Once a week
6 <input type="checkbox"/> 2 to 3 times a month
7 <input type="checkbox"/> Once a month
8 <input type="checkbox"/> 7 to 11 times a year
9 <input type="checkbox"/> 3 to 6 times a year
10 <input type="checkbox"/> 1 or 2 times a year</p> |
| <p>1b. Did you ever use PAINKILLERS? For example...methadone, codeine, Demerol, Vicodin, Oxycontin, opium, oxy, Percocet, Diaudid, Percodan, morphine.</p> | <p>Painkiller screening – ever</p> | <p>1. NO – SKIP TO Q.1c
3. YES</p> |
| <p>2b. Did you use PAINKILLERS in the last 12 months?</p> | <p>Painkiller screening – last 12 months</p> | <p>1. NO – CODE Q.4b "YES", SKIP TO Q.5b
3. YES</p> |
| <p>3b. During the last 12 months, about how often did you use PAINKILLERS?</p> | <p>Frequency of painkiller use – last 12 months</p> | <p>1 <input type="checkbox"/> Every day
2 <input type="checkbox"/> Nearly every day
3 <input type="checkbox"/> 3 to 4 times a week
4 <input type="checkbox"/> 2 times a week
5 <input type="checkbox"/> Once a week
6 <input type="checkbox"/> 2 to 3 times a month
7 <input type="checkbox"/> Once a month
8 <input type="checkbox"/> 7 to 11 times in the last year
9 <input type="checkbox"/> 3 to 6 times in the last year
10 <input type="checkbox"/> 1 or 2 times in the last year</p> |
| <p>4b. Did you use PAINKILLERS in any year in the past, before (month/year)?</p> | <p>Painkiller screening – prior to the last 12 months</p> | <p>1. NO – SKIP TO Q.1c
3. YES</p> |
| <p>5b. Think about the time in the past when you were using PAINKILLERS the most. At that time about how often did you use (it/them)?</p> | <p>Frequency of painkiller use – prior to the last 12 months</p> | <p>1 <input type="checkbox"/> Every day
2 <input type="checkbox"/> Nearly every day
3 <input type="checkbox"/> 3 to 4 times a week
4 <input type="checkbox"/> 2 times a week
5 <input type="checkbox"/> Once a week
6 <input type="checkbox"/> 2 to 3 times a month
7 <input type="checkbox"/> Once a month
8 <input type="checkbox"/> 7 to 11 times a year</p> |

PRISM - NESARC SECTION 3B - DRUG SCREENING

- 9 3 to 6 times a year
- 10 1 or 2 times a year

1c. Did you ever use MARIJUANA? For example...THC, weed, pot, dope, hashish, Mary Jane, joint, blunt.

Marijuana screening – ever

- 1. NO – **SKIP TO Q.1d**
- 3. YES

2c. Did you use MARIJUANA in the last 12 months?

Marijuana screening – last 12 months

- 1. NO – **CODE Q.4c "YES", SKIP TO Q.5c**
- 3. YES

3c. During the last 12 months, about how often did you use MARIJUANA?

Frequency of marijuana – last 12 months

- 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

4c. Did you use MARIJUANA in any year in the past, before (month/year)?

Marijuana screening – prior to the last 12 months

- 1. NO – **SKIP TO Q.1d**
- 3. YES

5c. Think about the time in the past when you were using MARIJUANA the most. At that time about how often did you use (it/them)?

Frequency of marijuana use – prior to the last 12 months

- 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

1d. Did you ever use COCAINE or CRACK? For example...blow, rock, and snow.

Cocaine and crack screening – ever

- 1. NO – **SKIP TO Q.1e**
- 3. YES

2d. Did you use COCAINE or CRACK in the last 12 months?

Cocaine and crack screening – last 12 months

- 1. NO – **CODE Q.4d "YES", SKIP TO Q.5d**
- 3. YES

3d. During the last 12 months, about how often did you use COCAINE OR CRACK?

Frequency of cocaine and crack use – last 12 months

- 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

4d. Did you use COCAINE or CRACK in any year in the past, before (month/year)?

Cocaine and crack screening – prior to the last 12 months

- 1. NO – **SKIP TO Q.1e**
- 3. YES

5d. Think about the time in the past when you were using COCAINE or CRACK the most. At that time about how often did you use (it/them)?

Frequency of cocaine and crack use – prior to the last 12 months

- 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

1e. Did you ever use STIMULANTS? For example...Adderall, Concerta, Cylert, speed, amphetamine, methamphetamine, uppers, bennies, dexies, pep pills, Ritalin, Dexedrine,

Stimulant screening – ever

- 1. NO – **SKIP TO Q.1f**
- 3. YES

PRISM - NESARC SECTION 3B - DRUG SCREENING

crystal, crank.

2e. Did you use STIMULANTS in the last 12 months?

Stimulant screening – last 12 months

1. NO – **CODE Q.4e "YES", SKIP TO Q.5e**
3. YES

3e. During the last 12 months, about how often did you use STIMULANTS?

Frequency of stimulants use – last 12 months

- 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

4e. Did you use STIMULANTS in any year in the past, before (month/year)?

Stimulant screening – prior to the last 12 months

1. NO – **SKIP TO Q.1f**
3. YES

5e. Think about the time in the past when you were using STIMULANTS the most. At that time about how often did you use (it/them)?

Frequency of stimulants use – prior to the last 12 months

- 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

1f. Did you ever use CLUB DRUGS? For example...MDMA, ecstasy, GHB, Rohypnol, ketamine, Special K, XTC, roofies.

Club drug screening – ever

1. NO – **SKIP TO Q.1g**
3. YES

2f. Did you use CLUB DRUGS in the last 12 months?

Club drug screening – last 12 months

1. NO – **CODE Q.4f "YES", SKIP TO Q.5f**
3. YES

3f. During the last 12 months, about how often did you use CLUB DRUGS?

Frequency of club drug use – last 12 months

- 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

4f. Did you use CLUB DRUGS in any year in the past, before (month/year)?

Club drug screening – prior to the last 12 months

1. NO – **SKIP TO Q.1g**
3. YES

5f. Think about the time in the past when you were using CLUB DRUGS the most. At that time about how often did you use (it/them)?

Frequency of club drug use – prior to the last 12 months

- 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

1g. Did you ever use HALLUCINOGENS? For example...LSD, acid, PCP, mescaline, peyote, psilocybin, mushrooms, angel dust, cactus.

Hallucinogen screening – ever

1. NO – **SKIP TO Q.1h**
3. YES

2g. Did you use HALLUCINOGENS in the last 12 months?

Hallucinogen screening – last 12 months

1. NO – **CODE Q.4g "YES", SKIP TO Q.5g**
3. YES

3g. During the last 12 months, about how often did you use HALLUCINOGENS?

Frequency of hallucinogen use – last 12 months

- 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

4g. Did you use HALLUCINOGENS in any year in the past, before (month/year)?

Hallucinogen screening – prior to the last 12 months

- 1. NO – **SKIP TO Q.1h**
- 3. YES

5g. Think about the time in the past when you were using HALLUCINOGENS the most. At that time about how often did you use (it/them)?

Frequency of hallucinogen use – prior to the last 12 months

- 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

1h. Did you ever use INHALANTS or SOLVENTS? For example...nitrous oxide, lighter fluid, gasoline, cleaning fluid, glue, poppers, whippets.

Inhalant and solvent screening – ever

- 1. NO – **SKIP TO Q.1i**
- 3. YES

2h. Did you use INHALANTS or SOLVENTS in the last 12 months?

Inhalant and solvent screening – last 12 months

- 1. NO – **CODE Q.4h "YES", SKIP TO Q.5h**
- 3. YES

3h. During the last 12 months, about how often did you use INHALANTS or SOLVENTS?

Frequency of inhalant or solvent use – last 12 months

- 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

4h. Did you use INHALANTS or SOLVENTS in any year in the past, before (month/year)?

Inhalant and solvent screening – prior to the last 12 months

- 1. NO – **SKIP TO Q.1i**
- 3. YES

5h. Think about the time in the past when you were using INHALANTS or SOLVENTS the most. At that time about how often did you use (it/them)?

Frequency of inhalant or solvent use – prior to the last 12 months

- 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

1i. Did you ever use HEROIN? For example...smack, black tar, poppy.

Heroin screening – ever

- 1. NO – **SKIP TO Q.1j**
- 3. YES

2i. Did you use HEROIN in the last 12 months?

Heroin screening – last 12 months

- 1. NO – **CODE Q.4i "YES", SKIP TO Q.5i**
- 3. YES

3i. During the last 12 months, about how often did you use HEROIN?

Frequency of heroin use – last 12 months

- 1 Every day
- 2 Nearly every day
- 3 3 to 4 times a week
- 4 2 times a week
- 5 Once a week

PRISM - NESARC SECTION 3B - DRUG SCREENING

- 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

4i. Did you use HEROIN in any year in the past, before (month/year)?

Heroin screening – prior to the last 12 months

- 1. NO – **SKIP TO Q.1j**
- 3. YES

5i. Think about the time in the past when you were using HEROIN the most. At that time about how often did you use (it/them)?

Frequency of heroin use – prior to the last 12 months

- 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

1j. Did you ever use any OTHER MEDICINES, DRUGS, or SUBSTANCES? For example...steroids, Elavil, Thorazine, Haldol.

Other drug screening – ever

- 1. NO – **SKIP SECTION 3B.1**
- 3. YES

2j. Did you use OTHER MEDICINES, DRUGS, or SUBSTANCES in the last 12 months?

Other drug screening – last 12 months

- 1. NO – **CODE Q.4j "YES", SKIP TO Q.5j**
- 3. YES

3j. During the last 12 months, about how often did you use OTHER MEDICINES, DRUGS, or SUBSTANCES?

Frequency of other drug use – last 12 months

- 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

4j. Did you use OTHER MEDICINES, DRUGS, or SUBSTANCES in any year in the past, before (month/year)?

Other drug screening – prior to the last 12 months

- 1. NO – **SKIP TO SECTION 3C**
- 3. YES

5j. Think about the time in the past when you were using OTHER MEDICINES, DRUGS, or SUBSTANCES the most. At that time about how often did you use (it/them)?

Frequency of other drug use – prior to the last 12 months

- 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

Statement 3C.1: Now I'm going to ask you about some experiences that people have reported in connection with their use of the 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.

CHECK ITEM 3C.1	DID SUBJECT PASS SCREENING FOR ANY DRUG? (IS Q.1a, Q.1b, Q.1c, Q.1d, Q.1e, Q.1f, Q.1g, Q.1h, Q.1i, OR Q.1j IN SECTION 3B CODED "YES"?)	<input type="checkbox"/> NO - SKIP TO SECTION 4A <input type="checkbox"/> YES
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BOX 1

ASK FOR EACH DRUG THAT PASSED SCREENING:

1a1-j1. Did you ever find that after a while, you needed more (DRUG) to get the same effect or the same amount of (DRUG) had much less effect than it used to?

Markedly increased amounts of drug to achieve desired effects

- must represent clear and sustained decrease in effects
- may or may not lead to increase in amount used
- probe for development of tolerance more after regular drug use began and after periods of abstinence
- probe thoroughly if subject denies tolerance when using drug at levels known to cause tolerance
- maintenance of previously acquired tolerance = "3"

1. NO – **SKIP TO BOX 2**
3.YES

1a2-j2. Did that happen in the last 12 months?

Markedly increased amounts of drug to achieve desired effects – last 12 months and prior to the last 12 months

1. NO
3.YES

1a3-j3. Did that happen in the past, before (month/year)?

	LAST 12 MONTHS		PRIOR TO LAST 12 MONTHS	
	1	3	1	3
SEDATIVES/ TRANQUILIZERS	1	3	1	3
PAINKILLERS	1	3	1	3
MARIJUANA	1	3	1	3
COCAINE/CRACK	1	3	1	3
STIMULANTS	1	3	1	3
CLUB DRUGS	1	3	1	3
HALLUCINOGENS	1	3	1	3
INHALANTS/ SOLVENTS	1	3	1	3
HEROIN	1	3	1	3
OTHER	1	3	1	3

BOX 2

2a1-e1, 2i1. Did you EVER have any of the following bad aftereffects when the effects of (DRUG) were wearing off? This includes the morning after using it or in the first few days after stopping or cutting down on it. For example, did you EVER. . .

SEDATIVES/ TRANQUILIZERS	STIMULANTS/ COCAINE	PAINKILLERS/HEROIN
<p>INTERVIEWER: Read the withdrawal symptoms listed below, one at a time, and check all that apply. If respondent did not have any symptoms, code "no withdrawal symptoms." <i>(NOTE: Two or more symptoms (not including irritability) must be endorsed to count towards withdrawal criterion.)</i></p> <p><input type="checkbox"/> 1. have nausea or vomiting?</p> <p><input type="checkbox"/> 2. have seizures?</p> <p><input type="checkbox"/> 3. feel your heart pounding too hard or had sweats?</p> <p><input type="checkbox"/> 4. feel anxious or nervous?</p> <p><input type="checkbox"/> 5. feel irritable?</p> <p><input type="checkbox"/> 6. have a lot of trouble sleeping?</p> <p><input type="checkbox"/> 7. find that your hands were shaking?</p> <p><input type="checkbox"/> 8. feel restless, or that you couldn't sit still?</p> <p><input type="checkbox"/> 9. see, feel or hear things that weren't really there?</p> <p><input type="checkbox"/> 10. No withdrawal symptoms</p>	<p>INTERVIEWER: Read the withdrawal symptoms listed below, one at a time, and check all that apply. If respondent did not have any symptoms, code "no withdrawal symptoms." <i>(NOTE: Dysphoria and two or more symptoms (not including irritability) must be endorsed to count towards withdrawal criterion.)</i></p> <p>STI COC</p> <p><input type="checkbox"/> <input type="checkbox"/> 1. feel depressed or anxious?</p> <p><input type="checkbox"/> <input type="checkbox"/> 2. have an increased appetite?</p> <p><input type="checkbox"/> <input type="checkbox"/> 3. have trouble sleeping, or sleep more than usual?</p> <p><input type="checkbox"/> <input type="checkbox"/> 4. feel restless or like you couldn't sit still or move more slowly than usual?</p> <p><input type="checkbox"/> <input type="checkbox"/> 5. feel irritable?</p> <p><input type="checkbox"/> <input type="checkbox"/> 6. have vivid, unpleasant dreams?</p> <p><input type="checkbox"/> <input type="checkbox"/> 7. feel tired or washed out?</p> <p><input type="checkbox"/> <input type="checkbox"/> 8. No withdrawal symptoms</p>	<p>INTERVIEWER: Read the withdrawal symptoms listed below, one at a time, and check all that apply. If respondent did not have any symptoms, code "no withdrawal symptoms." <i>(NOTE: Three or more symptoms (not including irritability) must be endorsed to count towards withdrawal criterion.)</i></p> <p>OPI HER</p> <p><input type="checkbox"/> <input type="checkbox"/> 1. have nausea or vomiting?</p> <p><input type="checkbox"/> <input type="checkbox"/> 2. have goose bumps, sweating, or enlarged pupils?</p> <p><input type="checkbox"/> <input type="checkbox"/> 3. have muscle aches?</p> <p><input type="checkbox"/> <input type="checkbox"/> 4. have diarrhea?</p> <p><input type="checkbox"/> <input type="checkbox"/> 5. feel irritable?</p> <p><input type="checkbox"/> <input type="checkbox"/> 6. yawn a lot?</p> <p><input type="checkbox"/> <input type="checkbox"/> 7. have a fever?</p> <p><input type="checkbox"/> <input type="checkbox"/> 8. have watery eyes or runny nose?</p> <p><input type="checkbox"/> <input type="checkbox"/> 9. have trouble sleeping?</p> <p><input type="checkbox"/> <input type="checkbox"/> 10. feel depressed or anxious?</p> <p><input type="checkbox"/> <input type="checkbox"/> 11. No withdrawal symptoms</p>

MARIJUANA

INTERVIEWER:
Read the withdrawal symptoms listed below, one at a time, and check all that apply. If respondent did not have any symptoms, code "no withdrawal symptoms."
(NOTE: Four or more symptoms (not including irritability) must be endorsed to count towards withdrawal criterion.)

1. feel angry or aggressive?

2. lose weight, or have decreased appetite?

3. feel irritable or frustrated?

4. feel nervous or anxious?

5. feel restless, or that you couldn't sit still?

6. have trouble sleeping, have strange dreams, or sleep more than usual?

7. have chills?

8. feel down or depressed?

9. have stomach pain?

10. find that your hands were shaking?

11. have sweats?

12. have muscle aches?

13. have runny eyes?

14. yawn a lot?

15. feel weak?

16. No withdrawal symptoms

**CHECK ITEM
3C.2A**

ANY WITHDRAWAL SYMPTOMS (EXCLUDING IRRITABILITY)?

NO - SKIP TO 2a7-e7, 2i7

YES

CHECK ITEM	CHARACTERISTIC WITHDRAWAL SYNDROME MET FOR	<input type="checkbox"/> NO - SKIP TO Q.2a5-e5, 2i5
3C.2B	ANY SUBSTANCE (EXCLUDING IRRITABILITY)?	<input type="checkbox"/> YES

BOX 2 (continued)			
ASK FOR EVERY DRUG THAT MET WITHDRAWAL SYNDROME:			
2a2-e2, 2i2. Did you ever have these (WITHDRAWAL SYMPTOMS) at around the same time?	Co-occurring withdrawal symptoms - ever	1. NO – SKIP TO Q.2a5-e5, 2i5 3. YES	
2a3-e1, 2i3. Did you have these aftereffects at around the same time in the last 12 months?	Co-occurring withdrawal symptoms - last 12 months and prior to the last 12 months	1. NO 3. YES	
2a4-e4, 2i4. Did you have these aftereffects at around the same time in any year in the past, before (month/year)?			
		LAST 12 MONTHS	PRIOR TO LAST 12 MONTHS
		1 3	1 3
	SEDATIVES/ TRANQUILIZERS	1 3	1 3
	PAINKILLERS	1 3	1 3
	MARIJUANA	1 3	1 3
	COCAINE/CRACK	1 3	1 3
	STIMULANTS	1 3	1 3
	HEROIN	1 3	1 3

CHECK ITEM	CHARACTERISTIC WITHDRAWAL SYNDROME IN THE LAST 12 MONTHS	<input type="checkbox"/> NO
3C.2C	<u>AND</u> PRIOR TO THE LAST 12 MONTHS?	
	(ARE 2a3-e3, 2i3 <u>AND</u> 2a4-e4, 2i4 CODED "YES"?)	<input type="checkbox"/> YES- SKIP TO Q.2a7-ge, 2i7

2a5-e5, 2i5. Did you have any of these aftereffects in the last 12 months?	Any withdrawal symptoms – last 12 months and prior to the last 12 months	1. NO 3. YES	
2a6-e6, 2i6. Did you have any of these aftereffects in any year in the past, before (month/year)?			
		LAST 12 MONTHS	PRIOR TO LAST 12 MONTHS
		1 3	1 3
	SEDATIVES/ TRANQUILIZERS	1 3	1 3
	PAINKILLERS	1 3	1 3
	MARIJUANA	1 3	1 3
	COCAINE/CRACK	1 3	1 3
	STIMULANTS	1 3	1 3
	HEROIN	1 3	1 3
2a7-e7, 2i7. Did you ever use more (DRUG) or use a closely-related drug to feel better when you were experiencing the bad aftereffects of (DRUG)?	Same or closely-related substance taken to relieve withdrawal symptoms	1. NO – SKIP TO Q.2a10-e10, 2i10 3. YES	
IF YES: What did you use?	- closely-related drugs: alcohol and sedatives; cannabis; cocaine and stimulants; heroin, methadone and other opiates		
2a8-e8, 2i8. Did that happen in the last 12 months?	Same or closely-related drug taken to relieve withdrawal symptoms – last 12 months and prior to the last 12 months	1. NO 3. YES	
2a9-e9, 2i9. Did that happen in the past, before (month/year)?			
		LAST 12 MONTHS	PRIOR TO LAST 12 MONTHS
		1 3	1 3
	SEDATIVES/ TRANQUILIZERS	1 3	1 3
	PAINKILLERS	1 3	1 3
	MARIJUANA	1 3	1 3
	COCAINE/CRACK	1 3	1 3
	STIMULANTS	1 3	1 3
	HEROIN	1 3	1 3

PRISM – NESARC SECTION 3C – DRUG USE DISORDER

2a10-e10, 2i10. Did you ever use more (DRUG) or use a closely-related drug to avoid the bad aftereffects of (DRUG)?

IF YES:
What did you use?

Same or closely-related substance taken to avoid withdrawal symptoms

- closely-related drugs: alcohol and sedatives; cannabis; cocaine and stimulants; heroin, methadone and other opiates

1. NO – **SKIP TO BOX 3**
3. YES

2a11-e11, 2i11. Did that happen in the last 12 months?

2a12-e12, 2i12. Did that happen in the past, before (month/year)?

Same or closely-related drug taken to avoid withdrawal symptoms – last 12 months and prior to the last 12 months

1. NO
3. YES

	LAST 12 MONTHS		PRIOR TO LAST 12 MONTHS	
SEDATIVES/ TRANQUILIZERS	1	3	1	3
PAINKILLERS	1	3	1	3
MARIJUANA	1	3	1	3
COCAINE/CRACK	1	3	1	3
STIMULANTS	1	3	1	3
HEROIN	1	3	1	3

BOX 3

3a1-j1. Did you more than once WANT to stop or cut down on using (DRUG)?

Persistent desire to cut down or control drug use

- if not constant, an ongoing desire accompanied by distress = "3"

1. NO - **SKIP TO Q.3a4-j4**
3. YES

3a2-j2. Did that happen in the last 12 months?

3a3-j3. Did that happen in the past, before (month/year)?

Persistent desire to cut down or control drug use – last 12 months and prior to the last 12 months

1. NO
3. YES

	LAST 12 MONTHS		PRIOR TO LAST 12 MONTHS	
SEDATIVES/ TRANQUILIZERS	1	3	1	3
PAINKILLERS	1	3	1	3
MARIJUANA	1	3	1	3
COCAINE/CRACK	1	3	1	3
STIMULANTS	1	3	1	3
CLUB DRUGS	1	3	1	3
HALLUCINOGENS	1	3	1	3
INHALANTS/ SOLVENTS	1	3	1	3
HEROIN	1	3	1	3
OTHER	1	3	1	3

3a4-j4. Did you more than once: ...TRY to give up or cut down on your (DRUG) use and were unable, ...make rules for yourself about your (DRUG) use and were unable to keep them?

Unsuccessful efforts to cut down or control drug use

- enforced abstinence (e.g., hospitalization, jail) = "1"
- decrease due to limited availability only = "1"
- unsuccessful attempts to restrict drug use to certain times of day or "after work" = "3"
- cut back considerably but increased again within one year = "3"

1. NO – **SKIP TO BOX 4**
3. YES

3a5-j5. Did that happen in the last 12 months?

3a6-j6. Did that happen in the past, before (month/year)?

Unsuccessful efforts to cut down or control drug use – last 12 months and prior to the last 12 months

1. NO
3. YES

	LAST 12 MONTHS		PRIOR TO LAST 12 MONTHS	
SEDATIVES/ TRANQUILIZERS	1	3	1	3

PRISM – NESARC SECTION 3C – DRUG USE DISORDER

	PAINKILLERS	1	3	1	3
	MARIJUANA	1	3	1	3
	COCAINE/CRACK	1	3	1	3
	STIMULANTS	1	3	1	3
	CLUB DRUGS	1	3	1	3
	HALLUCINOGENS	1	3	1	3
	INHALANTS/ SOLVENTS	1	3	1	3
	HEROIN	1	3	1	3
	OTHER	1	3	1	3

BOX 4

<p>4a1-j1. Did you ever often used more (DRUG) than you meant to, or for longer than you planned?</p>	<p>Drug taken in larger amounts or over a longer period than intended</p> <p>- reasons for intent are irrelevant in scoring</p>	<p>1. NO - SKIP TO BOX 5 3. YES</p>
<p>4a2-j2. Did that happen in the last 12 months?</p>	<p>Drug often taken in larger amounts or over a longer period than intended – last 12 months and prior to the last 12 months</p>	<p>1. NO 3. YES</p>
<p>4a3-j3. Did that happen in the past, before (month/year)?</p>		

	LAST 12 MONTHS		PRIOR TO LAST 12 MONTHS	
SEDATIVES/ TRANQUILIZERS	1	3	1	3
PAINKILLERS	1	3	1	3
MARIJUANA	1	3	1	3
COCAINE/CRACK	1	3	1	3
STIMULANTS	1	3	1	3
CLUB DRUGS	1	3	1	3
HALLUCINOGENS	1	3	1	3
INHALANTS/ SOLVENTS	1	3	1	3
HEROIN	1	3	1	3
OTHER	1	3	1	3

BOX 5

<p>5a1-j1. Did you ever have a period when you spent a lot of time getting, using, or feeling sick from</p>	<p>A great deal of time spent getting, using, or recovering from drug</p>	<p>1. NO – SKIP TO BOX 6 3. YES</p>
--	--	--

(DRUG)?

5a2-j2. Did that happen in the last 12 months?

A great deal of time spent getting, using, or recovering from drug – last 12 months and prior to the past 12 months

1. NO
3. YES

5a3-j3. Did that happen in the past, before (month/year)?

	LAST 12 MONTHS		PRIOR TO LAST 12 MONTHS	
SEDATIVES/ TRANQUILIZERS	1	3	1	3
PAINKILLERS	1	3	1	3
MARIJUANA	1	3	1	3
COCAINE/CRACK	1	3	1	3
STIMULANTS	1	3	1	3
CLUB DRUGS	1	3	1	3
HALLUCINOGENS	1	3	1	3
INHALANTS/ SOLVENTS	1	3	1	3
HEROIN	1	3	1	3
OTHER	1	3	1	3

BOX 6

6a1-j1. Did you ever give up or cut down on any kinds of activities that were important to you because of your (DRUG) use?

Important activities given up as a result of drug use

1. NO – SKIP TO BOX 7
3. YES

For example,
... giving up time with friends or relatives,
... giving up working or going to school,
... giving up participating in sports or hobbies that were important to you, or giving up any other activities that were important to you?

- must be self-initiated reduction
- change must be clear, significant and ongoing
- change to time spent mainly with drug-using friends = "3"
- reduction continues although change occurred in past = "3"
- reduction in homemaking or childcare activities = "3"

6a2-j2. Did that happen in the last 12 months?

Important activities given up as a result of drug use – last 12 months and prior to the past 12 months

1. NO
3. YES

6a3-j3. Did that happen in the past, before (month/year)?

	LAST 12 MONTHS		PRIOR TO LAST 12 MONTHS	
SEDATIVES/ TRANQUILIZERS	1	3	1	3
PAINKILLERS	1	3	1	3
MARIJUANA	1	3	1	3
COCAINE/CRACK	1	3	1	3
STIMULANTS	1	3	1	3
CLUB DRUGS	1	3	1	3
HALLUCINOGENS	1	3	1	3
INHALANTS/ SOLVENTS	1	3	1	3
HEROIN	1	3	1	3
OTHER	1	3	1	3

BOX 7

7a1-j1. Did you EVER continue to use (DRUG) even though you knew you had emotional or physical problems related to your (DRUG) use?

For example: depression, suspiciousness, nervousness or anxiety, or a physical illness or medical condition?

IF YES:

What kind of emotional or physical problems related to (DRUG) use did you have?

7a2-j2. Did that happen in the last 12 months?

7a3-j3. Did that happen in the past, before (month/year)?

Persistent or recurrent psychological or physical problem related to drug use

- if depressed, paranoid, or anxious when not using drugs, must be worse when using
- if paranoid about drug use, must be excessive
- not aware that drug caused/ exacerbated problem = "1"
- persistent medical problem that could be exacerbated by use = "4"

Continued use despite persistent or recurrent psychological or physical problem related to drug use – last 12 months and prior to the past 12 months

- 5. NO – **SKIP TO BOX 8**
- 6. DEPRESSION
- 7. SUSPICIOUSNESS, NERVOUSNESS, ANXIETY
- 8. PHYSICAL ILLNESS OR MEDICAL CONDITION

- 1. NO
- 3. YES

	LAST 12 MONTHS		PRIOR TO LAST 12 MONTHS	
SEDATIVES/ TRANQUILIZERS	1	3	1	3
PAINKILLERS	1	3	1	3
MARIJUANA	1	3	1	3
COCAINE/CRACK	1	3	1	3
STIMULANTS	1	3	1	3
CLUB DRUGS	1	3	1	3
HALLUCINOGENS	1	3	1	3
INHALANTS/ SOLVENTS	1	3	1	3
HEROIN	1	3	1	3
OTHER	1	3	1	3

BOX 8

8a1-j1. Did you ever want to use (DRUG) so badly that you couldn't think of anything else?

8a2-j2. Did that happen in the last 12 months?

8a3-j3. Did that happen in the past, before (month/year)?

Drug craving

Drug craving – last 12 months and prior to the last 12 months

- 1. NO – **SKIP TO Q.8a4-j4**
- 3. YES

- 1. NO
- 3. YES

	LAST 12 MONTHS		PRIOR TO LAST 12 MONTHS	
SEDATIVES/ TRANQUILIZERS	1	3	1	3
PAINKILLERS	1	3	1	3
MARIJUANA	1	3	1	3
COCAINE/CRACK	1	3	1	3
STIMULANTS	1	3	1	3
CLUB DRUGS	1	3	1	3
HALLUCINOGENS	1	3	1	3
INHALANTS/ SOLVENTS	1	3	1	3
HEROIN	1	3	1	3
OTHER	1	3	1	3

8a4-j4. Did you ever feel a very strong desire or urge to use (DRUG)?

8a5-j5. Did that happen in the last 12 months?

8a6-j6. Did that happen in the past, before (month/year)?

Drug craving

Drug craving – last 12 months and prior to the last 12 months

- 1. NO – **SKIP TO BOX 9**
- 3. YES

- 1. NO
- 3. YES

	LAST 12 MONTHS		PRIOR TO LAST 12 MONTHS	
SEDATIVES/	1	3	1	3

PRISM – NESARC SECTION 3C – DRUG USE DISORDER

	TRANQUILIZERS				
	PAINKILLERS	1	3	1	3
	MARIJUANA	1	3	1	3
	COCAINE/CRACK	1	3	1	3
	STIMULANTS	1	3	1	3
	CLUB DRUGS	1	3	1	3
	HALLUCINOGENS	1	3	1	3
	INHALANTS/ SOLVENTS	1	3	1	3
	HEROIN	1	3	1	3
	OTHER	1	3	1	3

BOX 9

9a1-j1. Did you EVER continue to use (DRUGS) even though you had problems dealing with others related to using (DRUGS)?

Continued drug use despite recurrent social problems

1. NO – **SKIP TO BOX 10**
3. YES

For example,
...problems getting along with people,
...finding that people stayed away from you,
...getting into physical fights, or other problems with people?

9a2-j2. Did that happen in the last 12 months?

Continued drug use despite recurrent social problems – last 12 months and prior to the past 12 months

1. NO
3. YES

9a3-j3. Did that happen in the past, before (month/year)?

	LAST 12 MONTHS		PRIOR TO LAST 12 MONTHS	
SEDATIVES/ TRANQUILIZERS	1	3	1	3
PAINKILLERS	1	3	1	3
MARIJUANA	1	3	1	3
COCAINE/CRACK	1	3	1	3
STIMULANTS	1	3	1	3
CLUB DRUGS	1	3	1	3
HALLUCINOGENS	1	3	1	3
INHALANTS/ SOLVENTS	1	3	1	3
HEROIN	1	3	1	3
OTHER	1	3	1	3

BOX 10

10a1-j1. Did you ever have a period when your (DRUG) use often interfered with taking care of your home or family – like not doing chores or housework, or having problems watching over your kids?

Recurrent drug use resulting in failure to fulfill obligations

1. NO – **SKIP TO Q.10a-j4**
3. YES

10a2-j2. Did that happen in the last 12 months?

Recurrent drug use resulting in failure to fulfill obligations – last 12 months and prior to the last 12 months

1. NO
3. YES

10a3-j3. Did that happen in the past, before (month/year)?

	LAST 12 MONTHS		PRIOR TO LAST 12 MONTHS	
SEDATIVES/ TRANQUILIZERS	1	3	1	3
PAINKILLERS	1	3	1	3
MARIJUANA	1	3	1	3
COCAINE/CRACK	1	3	1	3
STIMULANTS	1	3	1	3
CLUB DRUGS	1	3	1	3
HALLUCINOGENS	1	3	1	3
INHALANTS/ SOLVENTS	1	3	1	3
HEROIN	1	3	1	3

PRISM – NESARC SECTION 3C – DRUG USE DISORDER

		OTHER	1	3	1 3	
10a4-j4. Did you ever have job or school troubles because of your (DRUG) use – like being late or absent or having trouble getting work or school work done?	Recurrent drug use resulting in failure to fulfill obligations	1. NO – SKIP TO BOX 11 3. YES				
10a5-j5. Did that happen in the last 12 months?	Recurrent drug use resulting in failure to fulfill obligations – last 12 months and prior to the last 12 months	1. NO 3. YES				
10a6-j6. Did that happen in the past, before (month/year)?			LAST 12 MONTHS		PRIOR TO LAST 12 MONTHS	
		SEDATIVES/ TRANQUILIZERS	1	3	1	3
		PAINKILLERS	1	3	1	3
		MARIJUANA	1	3	1	3
		COCAINE/CRACK	1	3	1	3
		STIMULANTS	1	3	1	3
		CLUB DRUGS	1	3	1	3
		HALLUCINOGENS	1	3	1	3
		INHALANTS/ SOLVENTS	1	3	1	3
		HEROIN	1	3	1	3
		OTHER	1	3	1	3

BOX 11						
11a1-j1. Did you more than once do anything that could have been dangerous after using (DRUG)?	Recurrent drug use when physically hazardous					1. NO – SKIP TO CHECK ITEM 3C.3 3. YES
For example: drive a car, motorcycle, boat, or other vehicle, swim, or use heavy machinery or power equipment?	- must be feeling effects (e.g., "relaxed", "high", etc.) - must remember actual occasions of dangerous driving unless they occurred during blackouts					
11a2-j2. Did that happen in the last 12 months?	Recurrent drug use when physically hazardous – last 12 months and prior to the past 12 months	1. NO 3. YES				
11a3-j3. Did that happen in the past, before (month/year)?			LAST 12 MONTHS		PRIOR TO LAST 12 MONTHS	
		SEDATIVES/ TRANQUILIZERS	1	3	1	3
		PAINKILLERS	1	3	1	3
		MARIJUANA	1	3	1	3
		COCAINE/CRACK	1	3	1	3
		STIMULANTS	1	3	1	3
		CLUB DRUGS	1	3	1	3
		HALLUCINOGENS	1	3	1	3
		INHALANTS/ SOLVENTS	1	3	1	3
		HEROIN	1	3	1	3
		OTHER	1	3	1	3

CHECK ITEM 3C.3	ANY DRUG USE DISORDER EVER? (ARE 2 OR MORE BOXES 1-11 CODED "3" IN THE "LAST 12 MONTHS" COLUMN OR THE "PRIOR TO THE LAST 12 MONTHS" COLUMN?)	<input type="checkbox"/> NO - SKIP TO SECTION 4 <input type="checkbox"/> YES
------------------------	---	--

CHECK ITEM 3C.4	ANY DRUG USE DISORDER PRIOR TO THE PAST 12 MONTHS? (ARE 2 OR MORE BOXES 1-11 CODED "3" IN THE "PRIOR TO THE LAST 12 MONTHS" COLUMN?)	<input type="checkbox"/> NO - SKIP TO Q.12a2-j2 <input type="checkbox"/> YES
------------------------	---	--

12a1-j1. You told me that, prior to the last 12 months, you had (DEPENDENCE SYMPTOMS). Before last (month/year), was there EVER a period when SOME of these experiences were happening around the same time most days for at least a month, on and off for a few months or longer, or within the same 1-year period?

Drug use disorder symptoms co-occurring prior to the last 12 months

- 1. NO
- 3. YES – **SKIP TO Q.12a2-j2**

CHECK ITEM 3C.5

ANY DRUG USE DISORDER IN THE PAST 12 MONTHS?
(ARE 2 OR MORE BOXES 1-11 CODED "3" IN THE "LAST 12 MONTHS" COLUMN?)

- NO - **SKIP TO SECTION 4**
- YES

12a2-j2. When did you first begin to have some of these experiences related to your (DRUG) use around the same time?

Initial onset of drug use disorder in lifetime

- 3. MONTHS AGO
- 4. AGE

- code 'AGE' if more than 12 months ago

12a3-j3. ----->

Initial onset of drug use disorder in lifetime

- indicate the number of months ago
- if more than 12 months ago, indicate age

CHECK ITEM 3C.6

WAS DRUG USE DISORDER ONLY IN THE PAST 12 MONTHS?
(ARE 2 OR MORE BOXES 1-11 CODED "3" IN THE "LAST 12 MONTHS" COLUMN AND (NOT IN "PRIOR TO LAST 12 MONTHS" COLUMN OR IS 12a1-j1 MARKED "NO")

- NO
- YES – **IMPUTE 12a4-j4 as "1" AND SKIP TO SECTION 4**

12a4-j4. In your ENTIRE LIFE how many separate periods like this did you have when any of these experiences related to your (DRUG) use were happening? By separate periods, I mean times that were separated by at least 1 year when you EITHER STOPPED using (DRUG) entirely OR you didn't have any of the experiences you just mentioned with (DRUG)?

Number of separate drug use disorder episodes

CHECK ITEM 3C.7

DID RESPONDENT HAVE MORE THAN ONE EPISODE OF DRUG USE DISORDER?
(IS Q.12a4-j4 2 OR MORE?)

- NO – **SKIP TO CHECK ITEM 3C.8**
- YES

12a5-j5. When was the most recent time you began to have some of these experiences around the same time?

Onset of most recent drug use disorder

- 1. MONTHS AGO
- 2. AGE

- code recurrence of 2 or more co-occurring symptoms within 1 year

12a6-j6. ----->

Onset of most recent drug use disorder

- indicate the (number of / the respondent's) (months/age)

CHECK ITEM 3C.8

ANY DRUG USE DISORDER IN THE PAST 12 MONTHS?
(IS CHECK ITEM 3C.5 CODED 'YES'?)

- NO
- YES - **SKIP TO SECTION 4**

12a7-j7. About how old were you when you FINALLY STOPPED having ANY of these experiences you just mentioned with (DRUG)? By finally stopped, I mean they never started happening again.

Offset of only/most recent drug use disorder

PRISM – NESARC SECTION 4 – WORST DEPRESSION

Statement 4.1: Now I'd like to ask some questions about moods you may have had.

1a. Have you ever felt sad, blue, depressed, or down most of the day, nearly every day, for at least 2 weeks?

Persistent depressed mood for 2 weeks

- 1. NO
- 3. YES

- must occur 10+ of 14 days
- must persist almost all day without relief
- code regardless of external circumstances or level of impairment
- report must confirm sad quality of mood
- frustrated, agitated, or irritable without sad mood = "1"

IF YES:
Can you describe that feeling?
Was that a definite change from your usual self?
Did anything make you feel better?
(For how long would you feel better?)

1b. Has there ever been a time when other people commented that you seemed sad, blue, depressed, or down more than usual?

Persistent depressed mood for 2 weeks – observed by others

- 1. NO
- 3. YES

2a. Have you ever felt uninterested in things or unable to enjoy things most of the day, nearly every day, for at least 2 weeks?

Markedly diminished interest or pleasure in most activities for 2 weeks

- 1. NO
- 3. YES

- must occur 10+ of 14 days
- must persist almost all day without relief
- primarily due to fatigue or low energy = "1"
- interested in/enjoys 2 or more major activities as much as usual = "1"
- participated in activities only when pushed or forced self = "3"
- lost interest, but still enjoys activities when pushed = "1"
- changed from being interested in/enjoying complex activities to very simple activities = "3"
- only interested in substance use = "3"
- interesting/enjoyable activities unavailable due to living situation = "1"

IF YES:
What did you lose interest in or stop enjoying?
Was that a definite change from usual?
Was there anything you were still interested in or enjoyed as much as usual?

2b. Has there ever been a time when other people commented that you seemed uninterested in things or unable to enjoy things more than usual?

Markedly diminished interest or pleasure from most activities for 2 weeks – observed by others

- 1. NO
- 3. YES

CHECK ITEM 4.1

DID RESPONDENT REPORT 2 WEEKS OF DEPRESSED MOOD, DIMINISHED INTEREST, OR DIMINISHED PLEASURE (SUBJECTIVE OR OBSERVED BY OTHERS)?
(IS Q.1a OR Q.1b OR Q.2a OR Q.2b CODED "3"?)

- NO – SKIP TO SECTION 5
- YES

3a. When did you feel the most (depressed/uninterested in things or unable to enjoy things) for at least 2 weeks? When did that time start?

Onset of worst or only potential depression

- 1. WEEKS AGO
- 2. MONTHS AGO
- 3. AGE

- onset = time when marked change in mood occurred and persisted without remission
- code "age" if more than 12 months ago

3b. ----->

Onset of worst or only potential depression

- indicate the number of weeks/months ago
- if more than 12 months ago, indicate age

Statement 4.2: Now I'm going to ask you a few questions about your worst period of (depression/lack of interest/pleasure). I'm interested in whether, during that time in your life, you had any of the following experiences nearly every day, for at least 2 weeks.

BOX 1

4. During this time when you were feeling the worst did you feel sad, blue, depressed, or down most of the day, nearly every day, for at least 2 weeks?

IF YES:

Can you describe that feeling?
Was that a definite change from your usual self?

Did anything make you feel better?
(For how long would you feel better?)

IF NO:

Have others commented that you seemed sad, blue, depressed, or down more than usual?

Persistent depressed mood for 2 weeks – worst episode

- must occur 10+ of 14 days
- must persist almost all day without relief
- code regardless of external circumstances or level of impairment
- report must confirm sad quality of mood
- frustrated, agitated, or irritable without sad mood = "1"
- depressed characteristics are observed by others = "3"

- 1. NO
- 3. YES

BOX 2

5. During this time when you were feeling the worst did you feel uninterested in things most of the day, nearly every day, for at least 2 weeks?

IF YES:

What did you lose interest in?
Was that a definite change from usual?
Was there anything you were still interested in as much as usual?

IF NO:

Have others commented that you seemed uninterested in things more than usual?

Markedly diminished interest in most activities for 2 weeks – worst episode

- must occur 10+ of 14 days
- must persist almost all day without relief
- primarily due to fatigue or low energy = "1"
- interested in 2 or more major activities as much as usual = "1"
- participated in activities only when pushed or forced self = "3"
- changed from being interested in complex activities to very simple activities = "3"
- only interested in substance use = "3"
- interesting activities unavailable due to living situation = "1"
- lack of interest is observed by others = "3"

- 1. NO
- 3. YES

6. During this time when you were feeling the worst did you feel unable to enjoy things most of the day, nearly every day, for at least 2 weeks?

IF YES:

What were you unable to enjoy?
Was that a definite change from usual?
Was there anything you still enjoyed as much as usual?

IF NO:

Have others commented that you seemed unable to enjoy things more than usual?

Markedly diminished pleasure from most activities for 2 weeks

- must occur 10+ of 14 days
- must persist almost all day without relief
- enjoyable activities unavailable due to living situation = "1"
- enjoys 2 or more major activities as much as usual = "1"
- lost interest, but still enjoys activities when pushed = "1"
- changed from enjoying complex activities to very simple activities = "3"
- lack of enjoyment is observed by others = "3"

- 1. NO
- 3. YES

BOX 3

7a. During the time when you were feeling the worst, did you lose any weight without dieting?

Significant weight loss when not dieting

- 1. NO – **SKIP TO Q.8**
- 3. YES

- must be more than 5% of body weight in 1 month (see chart)

<u>Original Weight</u>	<u>Amount Lost</u>
110 lbs.	at least 5.5 lbs.
120 lbs	at least 6.0 lbs.
130 lbs	at least 6.5 lbs.
140 lbs	at least 7.0 lbs.
150 lbs	at least 7.5 lbs.
160 lbs	at least 8.0 lbs.
170 lbs	at least 8.5 lbs.
180 lbs	at least 9.0 lbs.
190 lbs	at least 9.5 lbs.
200 lbs	at least 10.0 lbs

- lost half the listed amount in a 2-week period = "3"

7b. How much weight did you lose? How many pounds?

Significant weight loss when not dieting

-----POUNDS

7c. What was your weight before you became (depressed/ uninterested in things or unable to enjoy things)?

Significant weight loss when not dieting

-----POUNDS

7d. How long did it take to lose those pounds?

Significant weight loss when not dieting

- 1. DAYS
- 2. WEEKS
- 3. MONTHS
- 4. YEARS

7e. ----->

Significant weight loss when not dieting

- indicate the number of days/weeks/months/years

CHECK ITEM
4.2

WAS THERE SIGNIFICANT WEIGHT LOSS ASSOCIATED WITH DEPRESSED MOOD
(DID RESPONDENT LOSE 5% OF BODY WEIGHT IN 1 MONTH)?

NO

YES – **SKIP TO BOX 4**

8. During the time when you were feeling the worst, did you lose your appetite compared to usual?

Decrease in appetite

- 1. NO
- 3. YES – **SKIP TO BOX 4**

IF YES:

Was that a definite change from before you felt (depressed/ uninterested in things or unable to enjoy things)?

Was your appetite poor most of the day, nearly every day for at least 2 weeks?

- must occur 10+ of 14 days for at least 2 weeks
- must persist without relief most of the day
- decreased appetite due to external circumstances = "1"
- appetite was clearly decreased but ate usual amount = "3"

9a. During the time when you were feeling the worst, did you gain any weight (without trying to)?

Significant weight gain when not trying

- 1. NO - **SKIP TO Q.10**
- 3. YES

9b. How much weight did you gain? How many pounds?

Significant weight gain when not dieting

-----POUNDS

9c. What was your weight before you became (depressed/ uninterested in things or unable to enjoy things)?

Significant weight gain when not dieting

-----POUNDS

9d. How long did it take to gain those pounds?

Significant weight gain when not dieting

- 1. DAYS
- 2. WEEKS
- 3. MONTHS
- 4. YEARS

9e. ----->

Significant weight gain when not dieting

- indicate the number of days/weeks/months/years

PRISM – NESARC SECTION 4 – WORST DEPRESSION

CHECK ITEM 4.3	DID RESPONDENT REPORT SIGNIFICANT WEIGHT GAIN ASSOCIATED WITH DEPRESSED MOOD (DID RESPONDENT GAIN 5% OF BODY WEIGHT IN 1 MONTH)?	<input type="checkbox"/> NO <input type="checkbox"/> YES – SKIP TO BOX 4
10. During the time when you were feeling the worst, did you find you wanted to eat a lot more than usual, nearly every day for at least 2 weeks? IF YES: Can you describe that to me? Was that a definite change from before you felt (depressed/ uninterested in things or unable to enjoy things)? Did you have a bigger appetite most of the day, nearly every day for at least 2 weeks?	Increase in appetite - must occur 10+ of 14 days for at least 2 weeks - must persist without relief most of the day - increased appetite resulted from external circumstances = "1" - appetite was clearly increased but ate usual amount = "3"	1. NO 3. YES

BOX 4		
11a. During the time when you were feeling the worst, did you have trouble sleeping, nearly every day? IF YES: Can you describe that to me? Was that a definite change from before you felt (depressed/ uninterested in things or unable to enjoy things)?	Insomnia - must occur 10+ of 14 days for at least 2 weeks - must have 25% decrease in sleep - <u>examples:</u> 7-8 hours to 5-6 hours, 6 hours to 4 ½ hours - slept but had terrible dreams or remained exhausted = "1" - wakes up for a few minutes and falls back to sleep = "1" - loss of sleep due to noise, hallucinations or delusions = "1" - sleeps during the day to make up for decrease in usual hours = "3"	1. NO – SKIP TO Q.12a 3. YES
11b. How many hours of sleep were you actually getting?	Insomnia	-----HOURS
11c. How many hours of sleep did you get before you felt (depressed/ uninterested in things or unable to enjoy things)?	Insomnia	-----HOURS
11d. Did you have trouble sleeping nearly every day for at least 2 weeks?	Insomnia	1. NO 3. YES

CHECK ITEM 4.4A	DID RESPONDENT REPORT INSOMNIA ASSOCIATED WITH DEPRESSED MOOD? (WAS THERE A 25% DECREASE IN SLEEP AND IS Q.11d CODED "3"?)	<input type="checkbox"/> NO <input type="checkbox"/> YES – SKIP TO BOX 5
ASK IF NOT KNOWN: 12a. During the time when you were feeling the worst, did you sleep more than usual? IF YES: Can you describe that to me? Was that a definite change from before you felt (depressed/ uninterested in things or unable to enjoy things)?	Hypersomnia - must occur 10+ of 14 days for at least 2 weeks - must have 25% estimated increase in sleep - <u>examples:</u> 7-8 hours to 9-10 hours, 6 hours to 7 ½ hours - increased sleep due to external circumstances = "1" - stayed in bed all day but did not sleep = "1" - code 25% increase even if making up for insomnia = "3" - slept more but had terrible dreams or remained exhausted = "3"	1. NO – SKIP TO BOX 5 3. YES
12b. How many hours of sleep were you actually getting?	Hypersomnia	-----HOURS
12c. How many hours of sleep did you get before you felt (depressed/ uninterested in things or unable to enjoy things)?	Hypersomnia	-----HOURS
12d. Did you sleep more than usual nearly every day for at least 2 weeks?	Hypersomnia	1. NO 3. YES

BOX 5

13. During the time when you were feeling the worst, were you tired out all the time, so that even small things required a lot of effort?

IF YES:

Was that a definite change from before you felt (depressed/ uninterested in things or unable to enjoy things)?

Did you actually have less energy than usual or were you just uninterested in things?

Did you feel tired most of the day, nearly every day for at least 2 weeks?

Fatigue or loss of energy

- must occur 10+ of 14 days for at least 2 weeks
- must persist without relief most of the day
- must be physically tired, having low energy
- not tired, just not interested = "1"
- need not result in decrease in activities
- tired due to unusual externally imposed work = "1"
- tired due to loss of sleep from depression-related insomnia = "3"

1. NO
3. YES

BOX 6

14a. During the time when you were feeling the worst, did you move or talk much more slowly than is normal for you, most days for at least 2 weeks?

IF YES:

Can you describe that to me?

Did you appear to be in slow motion?

Were you actually moving or talking much less, or much more slowly than before you felt (depressed/ uninterested in things or unable to enjoy things)?

Did it happen no matter what situation you were in?

Did that happen most of the day, nearly every day for at least 2 weeks?

Psychomotor retardation

- must occur 10+ of 14 days for at least 2 weeks
- must persist without relief most of the day
- must be severe and observable
- examples: long pauses before answering questions, slow shuffle
- spoke less because felt worthless = "1"

1. NO – **SKIP TO Q.15a**
3. YES

14b. Did others ever comment that you seemed to move or talk much more slowly than usual or would they have noticed if they were around?

Psychomotor retardation –observed by others

1. NO
3. YES – **SKIP TO BOX 7**

15a. During the time when you were feeling the worst, were you so fidgety or restless that you couldn't sit still, nearly every day for at least 2 weeks?

IF YES:

Can you describe that to me?

Were you actually moving more or faster than before you felt (depressed/ uninterested in things or unable to enjoy things)?

If others were around, would they have noticed?

Did that happen most of the day, nearly every day for at least 2 weeks?

Psychomotor agitation

- must occur 10+ of 14 days for at least 2 weeks
- must persist without relief most of the day
- must be severe and observable
- examples: pacing, wringing hands, scratching skin
- one particular fidget or tick (leg, eye, cheek) = "1"
- kept busy to distract self but movement normal speed = "1"
- can't stay at a task without getting up and down repeatedly = "3"

1. NO – **SKIP TO BOX 7**
3. YES

15b. Did others ever comment that you seemed more fidgety or restless than usual or would they have noticed if they were around?

Psychomotor agitation – observed by others

1. NO
3. YES

BOX 7

16. During the time when you were feeling the worst, did you feel useless, good for

Feelings of worthlessness

1. NO
3. YES – **SKIP TO BOX 8**

PRISM – NESARC SECTION 4 – WORST DEPRESSION

nothing, or worthless, nearly every day for at least 2 weeks?

IF YES:

Can you tell me more about that?
Was that a definite change from before you felt (depressed/ uninterested in things or unable to enjoy things)?

Was there anything you still felt was good about yourself?

Did you feel (useless/good for nothing/worthless) most of the day, nearly every day for at least 2 weeks?

- must occur 10+ of 14 days for at least 2 weeks
- must persist without relief most of the day
- must be marked devaluation of character, personality, accomplishments
- may be delusional

17. During the time when you were feeling the worst, did you feel guilty about things you had done or not done, nearly every day for at least 2 weeks?

Feelings of excessive or inappropriate guilt

- 1. NO
- 3. YES

- must occur 10+ of 14 days for at least 2 weeks
- must persist without relief most of the day
- must be greater than circumstances call for
- must be convinced of responsibility
- may be delusional

IF YES:

What did you feel guilty about?
Was that a definite change from before you felt (depressed/ uninterested in things or unable to enjoy things)?

Did you feel guilty most of the day, nearly every day for at least 2 weeks?

BOX 8

18. During the time when you were feeling the worst, did you have unusual trouble thinking, concentrating, or keeping your mind on things, most days for at least 2 weeks?

Diminished ability to think or concentrate

- 1. NO
- 3. YES – **SKIP TO BOX 9**

IF YES:

Can you give me some examples?
Was this because you weren't interested?
Was that a definite change from before you felt (depressed/ uninterested in things or unable to enjoy things)?

Did you have (trouble concentrating) most of the day, nearly every day for at least 2 weeks?

IF NO:

Did others comment that you seemed to be having trouble concentrating more than usual?

- must occur 10+ of 14 days for at least 2 weeks
- must persist without relief most of the day
- could concentrate, just not interested = "1"
- distracted by hallucinations or mood-incongruent delusions = "1"
- memory difficulties and significant absentmindedness = "3"
- "blankness" or preoccupation with depressive thoughts = "3"
- change in concentration from complex to simple things = "3"
- obsessive thoughts that worsened with onset of depression = "3"
- diminished ability to think or concentrate observed by others = "3"

19. During the time when you were feeling the worst, did you find it harder than usual to make everyday decisions, for instance, what to wear, what to eat, what to watch on TV, most days for at least 2 weeks?

Indecisiveness

- 1. NO
- 3. YES

IF YES:

Can you give me an example?
Were you really unable to decide or did you just not care?
Did it take longer than usual to make a decision?
Was that a definite change from before you felt (depressed/ uninterested in things or unable to enjoy things)?

Did you have difficulty making decisions most of the day, nearly every day for at least 2 weeks?

IF NO:

Did others comment that you seemed more indecisive than usual?

- must occur 10+ of 14 days for at least 2 weeks
- must persist without relief most of the day
- could make decisions, just not interested = "1"
- must concern small everyday decisions, not major life decisions
- requires excessive reassurance from others = "3"
- indecisiveness observed by others = "3"

BOX 9

<p>20. During the time when you were feeling the worst, did you do anything to hurt or kill yourself? Did you do anything on purpose you knew could have killed you?</p> <p>IF YES: What did you do? Did you think you would die as a result?</p>	<p>Suicide attempt</p> <ul style="list-style-type: none"> - must have believed that act was lethal - impulsive attempt = "3" 	<p>1. NO 3. YES – SKIP TO CHECK ITEM 4.5</p>
<p>21. During the time when you were feeling the worst, did you <u>start</u> to do something in order to kill yourself, even if you changed your mind and stopped, or if someone else stopped you?</p> <p>IF YES: What did you do?</p>	<p>Suicide gesture</p> <ul style="list-style-type: none"> - <u>examples</u>: takes a few pills and then stops, puts gun to head but does not use it, walks out onto ledge and then returns to safety - self mutilation for tension relief = "1" - preparation for attempt (e.g., accumulating pills, giving away possessions) = "1" - initiates attempt but changes mind and stops = "3" - apparent suicide gesture even if respondent claims intent was only attention-seeking = "3" 	<p>1. NO 3. YES – SKIP TO CHECK ITEM 4.5</p>
<p>22. During the time when you were feeling the worst, did you think of any specific plan for committing suicide?</p> <p>IF YES: What did you think of doing?</p>	<p>Specific suicide plan</p> <ul style="list-style-type: none"> - must think of actual method of suicide - need not be recurrent <u>or</u> feasible - intent to carry out plan is not required - even fleeting thoughts about method of suicide = "3" 	<p>1. NO 3. YES – SKIP TO CHECK ITEM 4.5</p>
<p>23. During the time when you were feeling the worst, did you have any thoughts about suicide or killing yourself?</p> <p>IF YES: What did you think of? How often did you have that thought?</p>	<p>Recurrent suicidal ideation</p> <ul style="list-style-type: none"> - must occur at least 3 times in a week (not necessarily all day) - may be ambivalent - can have suicidal ideation without having suicidal plan 	<p>1. NO 3. YES – SKIP TO CHECK ITEM 4.5</p>
<p>ASK IF NOT KNOWN:</p> <p>24. During the time when you were feeling the worst, did you find yourself thinking about your own death, someone else's, or death in general?</p> <p>IF YES: Were these thoughts a change from before you felt (depressed/ uninterested in things or unable to enjoy things)? How often were you thinking about these things?</p>	<p>Recurrent thoughts of death</p> <ul style="list-style-type: none"> - must have spent some time thinking about death at least 3 times in a week (not necessarily all day) - normal fear of death = "1" - had recurrent thoughts that he/she would be better off dead unless following death of a loved one = "3" - thoughts of death attributed to health problem or HIV status that occur without a change in health status = "3" 	<p>1. NO 3. YES</p>

<p>CHECK ITEM 4.5A</p>	<p>DOES WORST EPISODE MEET SYMPTOM CRITERIA FOR MAJOR DEPRESSION: 5 OR MORE SYMPTOMS?</p> <p>(ARE BOXES 1 OR 2 CODED '3' AND ARE 5 OR MORE BOXES 1-9 CODED '3'?)</p>	<p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES – SKIP TO Q.26a</p>
<p>CHECK ITEM 4.5B</p>	<p>DOES WORST EPISODE MEET DEPRESSION SYMPTOM CRITERIA FOR MIXED ANXIETY DEPRESSION: 3 OR 4 SYMPTOMS?</p> <p>(ARE BOXES 1 OR 2 CODED '3' AND ARE 3 OR 4 BOXES 1-9 CODED '3'?)</p>	<p><input type="checkbox"/> NO – SKIP TO SECTION 5</p> <p><input type="checkbox"/> YES</p>

Statement 4.3 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.

Did you have ANY of the following experiences?

Did you...

25a. ...worry a lot about things even though **Irrational worry during episode of depressive symptoms** 1. NO

PRISM – NESARC SECTION 4 – WORST DEPRESSION

you knew it was unreasonable? 3. YES

25b. ...spend a lot of time worrying about unpleasant things? **Preoccupation with unpleasant worries during episode of depressive symptoms** 1. NO
3. YES

25c. ...have trouble relaxing? **Trouble relaxing during episode of depressive symptoms** 1. NO
3. YES

25d. ...fear that something awful may happen? **Fear that something awful may happen during episode of depressive symptoms** 1. NO
3. YES

25e. ...find it difficult to sit still or find yourself fidgeting or pacing? **Motor tension during episode of depressive symptoms** 1. NO
3. YES

CHECK ITEM 4.6	ANXIETY SYMPTOMS DURING DEPRESSIVE SYMPTOMS? (ARE 2 OR MORE Q's 25a-25e CODED "3"?)	<input type="checkbox"/> NO - SKIP TO SECTION 5 <input type="checkbox"/> YES
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26a. During the time when you were feeling the worst, did you avoid seeing or talking to people because you didn't want to be around them as much as usual? **Impairment - social** 1. NO
2. A LITTLE
3. A MODERATE AMOUNT
4. A LOT
- behavior must be persistent and clearly related to depressed mood or other depressive symptoms

IF YES:
Were these problems happening a little, a moderate amount, or a lot?

26b. During the time when you were feeling the worst, did you depend on others to take care of your everyday responsibilities or to give you a lot of attention or comfort? **Impairment - dependence on others** 1. NO
2. A LITTLE
3. A MODERATE AMOUNT
4. A LOT
- behavior must be persistent and clearly related to depressed mood or other depressive symptoms

IF YES:
Did they get upset because of this?
Were these problems happening a little, a moderate amount, or a lot?

26c. During the time when you were feeling the worst, did you get into more arguments than usual? **Impairment - interpersonal conflict** 1. NO
2. A LITTLE
3. A MODERATE AMOUNT
4. A LOT
- behavior must be persistent and clearly related to depressed mood or other depressive symptoms

IF YES:
Were these problems happening a little, a moderate amount, or a lot?

26d. During the time when you were feeling the worst, did you have more trouble with work, school, or household tasks? **Impairment - failure to fulfill usual responsibilities** 1. NO
2. A LITTLE
3. A MODERATE AMOUNT
4. A LOT
- behavior must be persistent and clearly related to depressed mood or other depressive symptoms

IF YES:
Did anyone say anything about this?
Were these problems happening a little, a moderate amount, or a lot?

CHECK ITEM 4.7	DID RESPONDENT REPORT IMPAIRMENT? (ARE ANY Q.'s 26a-26d CODED "2," "3," OR "4"?)	<input type="checkbox"/> NO <input type="checkbox"/> YES– SKIP TO Q.27
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26e. During the time when you were feeling the worst, did you find you couldn't do any other things you usually did or wanted to do? **Impairment - other** 1. NO
2. A LITTLE
3. A MODERATE AMOUNT
4. A LOT

IF YES:

PRISM – NESARC SECTION 4 – WORST DEPRESSION

Were these problems happening a little, a moderate amount, or a lot?

ASK IF NOT KNOWN:

27. During the time when you were feeling the worst, were you very upset by the experiences you just told me about?

IF YES:

Did you think of getting help? (Did you feel upset about these difficulties the whole time or just once in a while?)

28a. When was the very first time in your life that you began to feel (depressed/uninterested in things or unable to enjoy things)?

28b. ----->

29. 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.

Depressed mood/symptoms caused clinically significant distress

- 1. NO
- 3. YES

- must be persistent and pronounced distress
- distress can concern impact of depression on one's family or career
- resigned to depressive symptoms = "1"
- sought treatment (voluntarily) or sought other help for depressive symptoms = "3"
- had strong persistent desire for relief of depressive symptoms, but did not actually seek help = "3"

Onset of initial episode of depression/depressive symptoms in lifetime

- 1. WEEKS AGO
- 2. MONTHS AGO
- 3. AGE

- code "age" if more than 12 months ago

Onset of initial episode of depression/depressive symptoms in lifetime

- indicate the number of weeks/months ago
- if more than 12 months ago, indicate age

Number of separate episodes of depression/depressive symptoms

CHECK ITEM 4.8

DID RESPONDENT HAVE MORE THAN ONE EPISODE OF DEPRESSION/DEPRESSIVE SYMPTOMS? (IS Q.29 2 OR MORE?)

- NO – SKIP TO Q.30e
- YES

30a. When was the most recent time that you began to feel (depressed/ uninterested in things or unable to enjoy things)?

Onset of most recent episode of major depression/depressive symptoms

- 1. WEEKS AGO
- 2. MONTHS AGO
- 3. AGE

- code "age" if more than 12 months ago
- episodes are separate if interrupted by 2 months of improved mood with depressive symptom relief

30b. ----->

Onset of most recent episode of major depression/depressive symptoms

- indicate the number of weeks/months ago
- if more than 12 months ago, indicate age

30c. In your ENTIRE LIFE, what was the LONGEST time that you've had when you (felt sad, blue, depressed, or down/didn't care about things or enjoy things)?

Duration of longest episode of major depression/depressive symptoms

- 1. WEEKS
- 2. MONTHS
- 3. YEARS

30d. ----->

Duration of longest episode of major depression/depressive symptoms

- indicate the number of weeks/months/years

CHECK ITEM 4.9

DID RESPONDENT HAVE MORE THAN ONE EPISODE OF DEPRESSION/DEPRESSIVE SYMPTOMS? (IS Q.29 2 OR MORE?)

- NO
- YES – SKIP TO Q.31

30e. How long did that time last when you (felt sad, blue, depressed or down/didn't

Duration of only episode of major depression/depressive symptoms

- 1. WEEKS
- 2. MONTHS

PRISM – NESARC SECTION 4 – WORST DEPRESSION

care about things or enjoy things)?

3. YEARS

30f. ----->

Duration of only episode of major depression/depressive symptoms

- indicate the number of weeks/months/years

31. Since the (time/most recent time) you (felt sad, blue, depressed or down/didn't care about things or enjoy things) 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?

Remission from only/most recent episode of major depression/depressive symptoms

1. NO – SKIP TO CHECK ITEM 4.10
3. YES

32a. When was the last time you (felt sad, blue, depressed or down/didn't care about things or enjoy things)?

Offset of only/most recent episode of major depression/ depressive symptoms

1. MONTHS AGO
2. AGE

- code "age" if more than 12 months ago

32b. ----->

Offset of only/most recent episode of major depression/ depressive symptoms

- indicate the number of months ago
- if more than 12 months ago, indicate age

CHECK ITEM 4.10	DID RESPONDENT HAVE MORE THAN ONE EPISODE OF DEPRESSION/DEPRESSIVE SYMPTOMS? (IS Q.29 2 OR MORE?)	<input type="checkbox"/> NO <input type="checkbox"/> YES – SKIP TO CHECK ITEM 4.12
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CHECK ITEM 4.11	DID ONLY EPISODE OF DEPRESSION/DEPRESSIVE SYMPTOMS LAST AT LEAST 2 MONTHS? (IS Q.30e CODED '3' OR IS Q.30e CODED '2' AND Q.30f ≥ 2 OR IS Q.30e CODED '1' AND Q.30f ≥ 8)	<input type="checkbox"/> NO <input type="checkbox"/> YES – SKIP TO CHECK ITEM 4.15
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33. 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?

Bereavement co-occurring with only depression/depressive symptoms

1. NO – SKIP TO CHECK ITEM 4.15
3. YES – SKIP TO CHECK ITEM 4.15

CHECK ITEM 4.12	DID LONGEST EPISODE OF DEPRESSION/DEPRESSIVE SYMPTOMS LAST AT LEAST 2 MONTHS? (IS Q.30c CODED '3' OR IS Q.30c CODED '2' AND Q.30d ≥ 2 OR IS Q.30c CODED '1' AND Q.30d ≥ 8)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 4.13 <input type="checkbox"/> YES
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34. Did ALL of the times you (felt sad, blue, depressed or down/didn't care about things or enjoy things) last for at least 2 months?

Duration of ALL episodes of major depression/depressive symptoms

1. NO
3. YES – SKIP TO CHECK ITEM 4.15

CHECK ITEM 4.13	DID MAJOR DEPRESSION/DEPRESSIVE SYMPTOMS BEGIN IN THE LAST 12 MONTHS? (IS Q.28a OR Q.30a CODED '1' OR '2'?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 4.14 <input type="checkbox"/> YES
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35a. Did ANY of the times in the last 12 months that you (felt sad, blue, depressed or down/didn't care about things or enjoy things) for LESS than 2 months BEGIN to happen just after someone close to you died?

Bereavement co-occurring with any episode of depression/depressive symptoms – last 12 months

1. NO – SKIP TO CHECK ITEM 4.14
3. YES

35b. Did ALL of those times ONLY BEGIN to happen just after someone close to you died?

Bereavement co-occurring with all episodes of depression/depressive symptoms – last 12 months

1. NO
3. YES

CHECK ITEM 4.14	DID MAJOR DEPRESSION/DEPRESSIVE SYMPTOMS BEGIN PRIOR TO THE LAST 12 MONTHS?	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 4.15
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PRISM – NESARC SECTION 4 – WORST DEPRESSION

(IS Q.28a CODED "3"?)	<input type="checkbox"/> YES
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36a. Did ANY of the times prior to the last 12 months that you (felt sad, blue, depressed or down/didn't care about things or enjoy things) for LESS than 2 months BEGIN to happen just after someone close to you died?

Bereavement co-occurring with any episodes of depression/ depressive symptoms – prior to the past 12 months

1. NO – **SKIP TO CHECK ITEM 4.15**
3. YES

36b. Did ALL of those times ONLY BEGIN to happen just after someone close to you died?

Bereavement co-occurring with all episode of depression/ depressive symptoms - prior to the past 12 months

1. NO
3. YES

CHECK ITEM 4.15	IS RESPONDENT A LIFETIME ABSTAINER FROM ALCOHOL? (IS Q.1a IN SECTION 2A CODED "1"?)	<input type="checkbox"/> NO <input type="checkbox"/> YES - SKIP TO Q.37c
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37a. 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?

Only/any episode following alcohol use

1. NO
3. YES

- chronic alcohol intoxication: drank 5 or more drinks, 4+ days a week for a month
- binge use: intoxicated 3+ days straight
- most days of the month: at least 5 drinks a day, at least half of the days of the month
- drank only small amounts of alcohol (less than 5 drinks) daily = "1"

By a lot, I mean: drinking 5 or more drinks at least 4 days a week for a month, drinking three days straight or drinking most days of the month.

37b. 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?

Only/any episode during bad aftereffects of alcohol use

1. NO
3. YES

37c. 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 a lot?

Only/any episode following drug or medication use

1. NO
3. YES

- chronic drug intoxication: intoxicated 4+ days a week for a month
- binge use: intoxicated 3+ days straight
- most days of the month: intoxicated at least half of the days of the month

By a lot, I mean: at least 4 days a week for a month, three days straight or most days of the month.

37d. 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?

Only/any episode during bad aftereffects of drug or medication use

1. NO
3. YES

CHECK ITEM 4.16	DID ONLY/ANY EPISODE OCCUR DURING OR AFTER ALCOHOL/DRUG/MEDICATION USE? (ARE ANY Q.'s 37a-37d CODED '3'?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 4.23 <input type="checkbox"/> YES
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CHECK ITEM 4.17	DID RESPONDENT HAVE MORE THAN ONE EPISODE OF MAJOR DEPRESSION/DEPRESSIVE SYMPTOMS? (IS Q.29 '2' OR MORE?)	<input type="checkbox"/> NO <input type="checkbox"/> YES – SKIP TO CHECK ITEM 4.19
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CHECK ITEM 4.18	DID RESPONDENT'S LONGEST EPISODE LAST AT LEAST 1 MONTH? (IS Q.30e CODED '2' OR '3' OR IS Q.30e CODED '1' AND Q.30f '4' OR MORE?)	<input type="checkbox"/> NO – SKIP TO Q.41a <input type="checkbox"/> YES
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38a. During that time, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/ experiencing the bad aftereffects of medicines or drugs) for at least 1 month? **Stopped substance use for 1 month during only episode** 1. NO – SKIP TO Q.41a
3. YES

38b. 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 any medicines or drugs/experiencing the bad aftereffects of drinking/ experiencing the bad aftereffects of medicines or drugs)? **Only episode persisted after cessation of substance use** 1. NO – SKIP TO Q.41a
3. YES - SKIP TO Q.41a

CHECK ITEM 4.19 DID MAJOR DEPRESSION/DEPRESSIVE SYMPTOMS BEGIN IN THE LAST 12 MONTHS? NO – SKIP TO CHECK ITEM 4.21
(IS Q.28a OR Q.30a CODED '1' OR '2') YES

39a. 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/ experiencing the bad aftereffects of medicines or drugs)? **All episodes related to substance use – last 12 months** 1. NO – SKIP TO CHECK ITEM 4.21
3. YES

CHECK ITEM 4.20 DID RESPONDENT'S LONGEST EPISODE LAST AT LEAST 1 MONTH? NO – SKIP TO CHECK ITEM 4.21
(IS Q.30c CODED '2' OR '3' OR IS Q.30c CODED '1' AND Q.30d '4' OR MORE?) YES

39b. 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 a medicine or drug), did you STOP (drinking heavily/using any medicines or drugs/ experiencing the bad aftereffects of drinking/ experiencing the bad aftereffects of medicines or drugs) for at least 1 month? **Stopped substance use for 1 month during any episode – last 12 months** 1. NO – SKIP TO CHECK ITEM 4.21
3. YES

39c. During ALL of those times, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/ experiencing the bad aftereffects of medicines or drugs) for at least 1 month? **Stopped substance use for 1 month during all episodes – last 12 months** 1. NO
3. YES

39d. 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 any medicines or drugs/experiencing the bad aftereffects of drinking/ experiencing the bad aftereffects of medicines or drugs)? **Any episode persisted after cessation of substance use – last 12 months** 1. NO
3. YES

CHECK ITEM 4.21 DID MAJOR DEPRESSION/DEPRESSIVE SYMPTOMS BEGIN PRIOR TO THE LAST 12 MONTHS? NO – SKIP TO CHECK ITEM 4.24
(IS Q.28a CODED '3'?) YES

PRISM – NESARC SECTION 4 – WORST DEPRESSION

40a. 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/experiencing the bad aftereffects of medicines or drugs)?

All episodes related to substance use – prior to the last 12 months

- 1. NO – SKIP TO CHECK ITEM 4.24
- 3. YES

CHECK ITEM 4.22

DID RESPONDENT'S LONGEST EPISODE LAST AT LEAST 1 MONTH?
(IS Q.30c CODED '2' OR '3' OR IS Q.30c CODED '1' AND Q.30d '4' OR MORE?)

- NO – SKIP TO CHECK ITEM 4.24
- YES

40b. 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 a medicine or drug) did you STOP (drinking heavily/ using any medicines or drugs/ experiencing the bad aftereffects of drinking/experiencing the bad aftereffects of medicines or drugs) for at least 1 month?

Stopped substance use for 1 month during any episode – prior to the last 12 months

- 1. NO – SKIP TO CHECK ITEM 4.24
- 3. YES

40c. During ALL of those times, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/experiencing the bad aftereffects of medicines or drugs) for at least 1 month?

Stopped substance use for 1 month during all episodes – prior to the last 12 months

- 1. NO
- 3. YES

40d. 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 any medicines or drugs/experiencing the bad aftereffects of drinking/experiencing the bad aftereffects of medicines or drugs)?

Any episode persisted after cessation of substance use – prior to the last 12 months

- 1. NO – SKIP TO CHECK ITEM 4.24
- 3. YES – SKIP TO CHECK ITEM 4.24

CHECK ITEM 4.23

DID RESPONDENT HAVE MORE THAN ONE EPISODE OF MAJOR DEPRESSION/DEPRESSIVE SYMPTOMS?
(IS Q.29 '2' OR MORE?)

- NO
- YES – SKIP TO CHECK ITEM 4.24

41a. 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?

Only episode related to illness

- 1. NO – SKIP TO CHECK ITEM 4.26
- 3. YES

41b. Did a doctor or other health professional tell you that this time was related to your physical illness or medical condition?

Doctor said only episode related to illness

- 1. NO – SKIP TO CHECK ITEM 4.26
- 3. YES – SKIP TO CHECK ITEM 4.26

CHECK ITEM 4.24

DID MAJOR DEPRESSION/DEPRESSIVE SYMPTOMS BEGIN IN THE LAST 12 MONTHS?
(IS Q.28a OR Q.30a CODED '1' OR '2')

- NO – SKIP TO CHECK ITEM 4.25
- YES

42a. 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

All episodes related to illness – last 12 months

- 1. NO – SKIP TO CHECK ITEM 4.25
- 3. YES

PRISM – NESARC SECTION 4 – WORST DEPRESSION

getting over being physically ill?

42b. 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? **Doctor said all episodes related to illness – last 12 months** 1. NO
3. YES

CHECK ITEM 4.25 DID MAJOR DEPRESSION/DEPRESSIVE SYMPTOMS BEGIN PRIOR TO THE LAST 12 MONTHS? NO – **SKIP TO CHECK ITEM 4.26**
(IS Q.28a CODED “3”?) YES

43a. 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? **All episodes related to illness – prior to the last 12 months** 1. NO – **SKIP TO CHECK ITEM 4.26**
3. YES

43b. 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? **Doctor said all episodes related to illness – prior to the last 12 months** 1. NO
3. YES

CHECK ITEM 4.26 DID RESPONDENT MEET SYMPTOM CRITERIA FOR MAJOR DEPRESSION? NO – **SKIP TO SECTION 5**
(IS CHECK ITEM 4.5A MARKED YES?) YES

Statement 4.4: 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 those times), did you have ANY of the following experiences? Did you...

44a1. ...feel extremely excited, elated, revved up or energetic? **Elevated or expansive mood during episode of depression** 1. NO – **SKIP TO Q.44b1**
3. YES

44a2. Did this happen during ANY time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN in the last 12 months? **Elevated or expansive mood during episode of depression – last 12 months** 1. NO – **CODE Q.44a3 '3' AND SKIP TO Q.44b1**
3. YES

44a3. Did this happen during ANY time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN BEFORE 12 months ago? **Elevated or expansive mood during episode of depression – prior to the last 12 months** 1. NO
3. YES

44b1. ...feel very irritable or easily annoyed? **(Manic or hypomanic symptoms) during episode of depression** 1. NO – **SKIP TO Q.44c1**
3. YES

44b2. Did this happen during ANY time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN in the last 12 months? **(Manic or hypomanic symptoms) during episode of depression – last 12 months** 1. NO – **CODE Q.44b3 '3' AND SKIP TO Q.44c1**
3. YES

44b3. Did this happen during ANY time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN BEFORE 12 months ago? **(Manic or hypomanic symptoms) during episode of depression – prior to the last 12 months** 1. NO
3. YES

44c1. ...need much less sleep than usual? **Decreased need for sleep during episode of depression** 1. NO – **SKIP TO Q.44d1**
3. YES

44c2. Did this happen during ANY time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN in the last 12 months? **Decreased need for sleep during episode of depression – last 12 months** 1. NO – **CODE Q.44c3 '3' AND SKIP TO Q.44d1**
3. YES

PRISM – NESARC SECTION 4 – WORST DEPRESSION

<p>44c3. Did this happen during ANY time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN BEFORE 12 months ago?</p>	<p>Decreased need for sleep during episode of depression – prior to the last 12 months</p>	<p>1. NO 3. YES</p>
<p>44d1. ...feel rested after getting less sleep than usual?</p>	<p>Decreased need for sleep during episode of depression</p>	<p>1. NO – SKIP TO Q.44e1 3. YES</p>
<p>44d2. Did this happen during ANY time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN in the last 12 months?</p>	<p>Decreased need for sleep during episode of depression – last 12 months</p>	<p>1. NO – CODE Q.44d3 '3' AND SKIP TO Q.44e1 3. YES</p>
<p>44d3. Did this happen during ANY time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN BEFORE 12 months ago?</p>	<p>Decreased need for sleep during episode of depression – prior to the last 12 months</p>	<p>1. NO 3. YES</p>
<p>44e1. ...find you were more talkative than usual?</p>	<p>More talkative than usual or pressure to keep talking during episode of depression</p>	<p>1. NO – SKIP TO Q.44f1 3. YES</p>
<p>44e2. Did this happen during ANY time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN in the last 12 months?</p>	<p>More talkative than usual or pressure to keep talking during episode of depression – last 12 months</p>	<p>1. NO – CODE Q.44e3 '3' AND SKIP TO Q.44f1 3. YES</p>
<p>44e3. Did this happen during ANY time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN BEFORE 12 months ago?</p>	<p>More talkative than usual or pressure to keep talking during episode of depression – prior to the last 12 months</p>	<p>1. NO 3. YES</p>
<p>44f1. ...feel pressure to keep talking?</p>	<p>More talkative than usual or pressure to keep talking during episode of depression</p>	<p>1. NO – SKIP TO Q.44g1 3. YES</p>
<p>44f2. Did this happen during ANY time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN in the last 12 months?</p>	<p>More talkative than usual or pressure to keep talking during episode of depression – last 12 months</p>	<p>1. NO – CODE Q.44f3 '3' AND SKIP TO Q.44g1 3. YES</p>
<p>44f3. Did this happen during ANY time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN BEFORE 12 months ago?</p>	<p>More talkative than usual or pressure to keep talking during episode of depression – prior to the last 12 months</p>	<p>1. NO 3. YES</p>
<p>44g1. ...talk so fast that people had trouble understanding you or couldn't get a word in edgewise?</p>	<p>More talkative than usual or pressure to keep talking during episode of depression</p>	<p>1. NO – SKIP TO Q.44h1 3. YES</p>
<p>44g2. Did this happen during ANY time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN in the last 12 months?</p>	<p>More talkative than usual or pressure to keep talking during episode of depression – last 12 months</p>	<p>1. NO – CODE Q.44g3 '3' AND SKIP TO Q.44h1 3. YES</p>
<p>44g3. Did this happen during ANY time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN BEFORE 12 months ago?</p>	<p>More talkative than usual or pressure to keep talking during episode of depression – prior to the last 12 months</p>	<p>1. NO 3. YES</p>
<p>44h1. ...have trouble concentrating because little things going on around you easily got you off track?</p>	<p>Flight of ideas or subjective experience that thoughts are racing during episode of depression</p>	<p>1. NO – SKIP TO Q.44i1 3. YES</p>
<p>44h2. Did this happen during ANY time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN in the last 12 months?</p>	<p>Flight of ideas or subjective experience that thoughts are racing during episode of depression – last 12 months</p>	<p>1. NO – CODE Q.44h3 '3' AND SKIP TO Q.44i1 3. YES</p>
<p>44h3. Did this happen during ANY time when you (felt sad, blue, depressed or</p>	<p>Flight of ideas or subjective experience that thoughts are racing during episode of depression – prior to the last 12 months</p>	<p>1. NO 3. YES</p>

PRISM – NESARC SECTION 4 – WORST DEPRESSION

down/didn't care about things or enjoy things) that BEGAN BEFORE 12 months ago?

44i1. ...find your thoughts racing so fast that you couldn't keep track of them?

Flight of ideas or subjective experience that thoughts are racing during episode of depression

1. NO – SKIP TO Q.44j1
3. YES

44i2. Did this happen during ANY time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN in the last 12 months?

Flight of ideas or subjective experience that thoughts are racing during episode of depression – last 12 months

1. NO – CODE Q.44i3 '3' AND SKIP TO Q.44j1
3. YES

44i3. Did this happen during ANY time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN BEFORE 12 months ago?

Flight of ideas or subjective experience that thoughts are racing during episode of depression – prior to the last 12 months

1. NO
3. YES

44j1. ...find your thoughts racing so fast that it was hard to follow your own thoughts?

Flight of ideas or subjective experience that thoughts are racing during episode of depression

1. NO – SKIP TO Q.44k1
3. YES

44j2. Did this happen during ANY time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN in the last 12 months?

Flight of ideas or subjective experience that thoughts are racing during episode of depression – last 12 months

1. NO – CODE Q.44j3 '3' AND SKIP TO Q.44k1
3. YES

44j3. Did this happen during ANY time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN BEFORE 12 months ago?

Flight of ideas or subjective experience that thoughts are racing during episode of depression – prior to the last 12 months

1. NO
3. YES

44k1. ...become more active than usual, at work, at home, or in pursuing other interests?

Increase in energy or goal directed activity (either socially, at work or school, or sexually) during episode of depression

1. NO – SKIP TO Q.44l1
3. YES

44k2. Did this happen during ANY time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN in the last 12 months?

Increase in energy or goal directed activity (either socially, at work or school, or sexually) during episode of depression – last 12 months

1. NO – CODE Q.44k3 '3' AND SKIP TO Q.44l1
3. YES

44k3. Did this happen during ANY time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN BEFORE 12 months ago?

Increase in energy or goal directed activity (either socially, at work or school, or sexually) during episode of depression – prior to the last 12 months

1. NO
3. YES

44l1. ...become more sexually active than usual or have sex with people you normally wouldn't be interested in?

Increase in energy or goal directed activity (either socially, at work or school, or sexually) during episode of depression

1. NO – SKIP TO Q.44m1
3. YES

44l2. Did this happen during ANY time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN in the last 12 months?

Increase in energy or goal directed activity (either socially, at work or school, or sexually) during episode of depression – last 12 months

1. NO – CODE Q.44l3 '3' AND SKIP TO Q.44m1
3. YES

44l3. Did this happen during ANY time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN BEFORE 12 months ago?

Increase in energy or goal directed activity (either socially, at work or school, or sexually) during episode of depression – prior to the last 12 months

1. NO
3. YES

44m1. ...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?

Increased or excessive involvement in activities that have a high potential for painful consequences during episode of depression

1. NO – SKIP TO Q.44n1
3. YES

44m2. Did this happen during ANY time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN in the last 12 months?

Increased or excessive involvement in activities that have a high potential for painful consequences during episode of depression – last 12 months

1. NO – CODE Q.44m3 '3' AND SKIP TO Q.44n1
3. YES

44m3. Did this happen during ANY time

Increased or excessive involvement in activities that have a high

1. NO

PRISM – NESARC SECTION 4 – WORST DEPRESSION

when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN BEFORE 12 months ago?

potential for painful consequences during episode of depression – prior to the last 12 months 3. YES

44n1. ...do anything that you later regretted - like spending time with people you normally wouldn't be interested in?

Increased or excessive involvement in activities that have a high potential for painful consequences during episode of depression 1. NO – SKIP TO Q.44o1
3. YES

44n2. Did this happen during ANY time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN in the last 12 months?

Increased or excessive involvement in activities that have a high potential for painful consequences during episode of depression – last 12 months 1. NO – CODE Q.44n3 '3' AND SKIP TO Q.44o1
3. YES

44n3. Did this happen during ANY time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN BEFORE 12 months ago?

Increased or excessive involvement in activities that have a high potential for painful consequences during episode of depression – prior to the last 12 months 1. NO
3. YES

44o1. ...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?

Inflated self-esteem or grandiosity during episode of depression 1. NO – SKIP TO CHECK ITEM 4.27
3. YES

44o2. Did this happen during ANY time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN in the last 12 months?

Inflated self-esteem or grandiosity during episode of depression – last 12 months 1. NO – CODE Q.44o3 '3' AND SKIP TO CHECK ITEM 4.27
3. YES

44o3. Did this happen during ANY time when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) that BEGAN BEFORE 12 months ago?

Inflated self-esteem or grandiosity during episode of depression – prior to the last 12 months 1. NO
3. YES

CHECK ITEM 4.27

MANIC SYMPTOMS DURING DEPRESSION IN THE PAST 12 MONTHS? NO - SKIP TO CHECK ITEM 4.28
(ARE 3 OR MORE Q's 44a-44o CODED "3" IN THE "LAST 12 MONTHS"?) YES

45a. Did SOME of these experiences we just talked about EVER happen nearly every day DURING ANY period when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) in the last 12 months?

Manic symptoms co-occur nearly every day with any major depressive episode– last 12 months 1. NO - SKIP TO CHECK ITEM 4.28
3. YES

45b. Did SOME of these experiences happen nearly every day DURING ALL of those periods when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) in the last 12 months

Manic symptoms co-occur nearly every day with all major depressive episodes – last 12 months 1. NO
3. YES

CHECK ITEM 4.28

MANIC SYMPTOMS DURING DEPRESSION PRIOR TO THE LAST 12 MONTHS? NO - SKIP TO SECTION 5
(ARE 3 OR MORE Q's 44a-44o CODED "3" "PRIOR TO THE LAST 12 MONTHS"?) YES

46a. Did SOME of the experiences we just talked about EVER happen nearly every day DURING ANY period when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) BEFORE 12 months ago?

Manic symptoms co-occur nearly every day with any major depressive episode – prior to the last 12 months 1. NO - SKIP TO SECTION 5
3. YES

46b. Did SOME of these experiences happen nearly every day DURING ALL of those periods when you (felt sad, blue, depressed or down/didn't care about things or enjoy things) BEFORE 12 months ago?

Manic symptoms co-occur nearly every day with all major depressive episodes – prior to the last 12 months 1. NO
3. YES

PRISM - NESARC SECTION 5 - LOW MOOD

Statement 5.1: Sometimes people have milder low moods than the kind I just asked about.

1. Was there ever a time in your life lasting at least 2 years, when more days than not you were in a low mood?

Low mood lasting 2 or more years

- low mood can be described as depressed, down, unhappy, sad

1. NO - **SKIP TO SECTION 6**
3. YES

ASK IF NOT KNOWN:

Can you describe how you were feeling?
How long did your low mood last?

Statement 5.2: I'll be asking you now about experiences that can go along with being in a low mood. Think about a time that lasted at least 2 years when your mood was at its lowest. During that time, did you often...

2a1. ...lose your appetite?

Poor appetite

- symptom must co-occur with low mood
- symptom must represent a change from usual behavior

1. NO
3. YES

IF YES:

Was that different than when you felt okay?

2a2....find that you overate?

Overeating

- symptom must co-occur with low mood
- symptom must represent a change from usual behavior

1. NO
3. YES

IF YES:

Was that different than when you felt okay?

2b1. ...have trouble falling asleep?

Insomnia

- symptom must co-occur with low mood
- symptom must represent a change from usual behavior

1. NO
3. YES

IF YES:

Was that different than when you felt okay?

2b2. ...wake up too early?

Insomnia

- symptom must co-occur with low mood
- symptom must represent a change from usual behavior

1. NO
3. YES

IF YES:

Was that different than when you felt okay?

2b3. ...wake up frequently during the night?

Insomnia

- symptom must co-occur with low mood
- symptom must represent a change from usual behavior

1. NO
3. YES

IF YES:

Was that different than when you felt okay?

2b4. ...sleep more than usual?

Hypersomnia

- symptom must co-occur with low mood
- symptom must represent a change from usual behavior

1. NO
3. YES

IF YES:

Was that different than when you felt okay?

2c. ...feel tired out, or feel you didn't have much energy?

Low energy or fatigue

- symptom must co-occur with low mood
- symptom must represent a change from usual behavior

1. NO
3. YES

IF YES:

Was that different than when you felt okay?

2d1 ...have trouble thinking, concentrating, or keeping your mind on things?

Poor concentration

- symptom must co-occur with low mood
- symptom must represent a change from usual behavior

1. NO
3. YES

IF YES:

Was that different than when you felt okay?

2d2. ... have difficulty making everyday decisions?

Difficulty making decisions

- symptom must co-occur with low mood
- symptom must represent a change from usual behavior
- difficulty in deciding what to wear, what to eat, what to buy at the store = "3"

1. NO
3. YES

IF YES:

Was that different than when you felt okay?

2e1. ...feel you weren't as good as other people?

Low self-esteem

- symptom must co-occur with low mood
- symptom must represent a change from usual self

1. NO
3. YES

IF YES:

Was that different than when you felt okay?

2e2. ...feel down on yourself?

Low self-esteem

- symptom must co-occur with low mood
- symptom must represent a change from usual self

1. NO
3. YES

IF YES:

Was that different than when you felt okay?

2e3. ...feel that you were inadequate, or a failure?

Low self-esteem

- symptom must co-occur with low mood

1. NO
3. YES

PRISM - NESARC SECTION 5 - LOW MOOD

IF YES:
Was that different than when you felt okay?

- symptom must represent a change from usual self

2f1. ...feel that things were bad and would never get better?

Feelings of hopelessness

1. NO
3. YES

- symptom must co-occur with low mood
- symptom must represent a change from usual self

IF YES:
Was that different than when you felt okay?

2f2. ...feel hopeless?

Feelings of hopelessness

1. NO
3. YES

- symptom must co-occur with low mood
- symptom must represent a change from usual self

IF YES:
Was that different than when you felt okay?

2f3. ...feel like life would never work out the way you wanted?

Feelings of hopelessness

1. NO
3. YES

- symptom must co-occur with low mood
- symptom must represent a change from usual self

IF YES:
Was that different than when you felt okay?

**CHECK ITEM
5.1A**

DID RESPONDENT HAVE 2 OR MORE DYSTHYMIC SYMPTOMS
CO-OCCURRING WITH LOW MOOD?

NO - **SKIP TO SECTION 6**

(ARE AT LEAST 2 OF Q.'S 2a-2f CODED "3"?)

YES

IF NOT KNOWN:
3. Did you experience (SYMPTOMS CODED IN Q.'S 2a-2f) for at least 2 years?

Low mood and symptoms lasting at least 2 years

1. NO
3. YES

Statement 5.3: 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...

4a. ...have trouble getting along or dealing with people?

Impairment - social

1. NO
2. A LITTLE
3. A MODERATE AMOUNT
4. A LOT

- impairment must represent a change from usual behavior

IF YES:
Were the problems happening a little, a moderate amount, or a lot?

4b. ...have trouble completing your work, school, household tasks or doing them as well as you used to?

Impairment- Failure to fulfill usual responsibilities

1. NO
2. A LITTLE
3. A MODERATE AMOUNT
4. A LOT

- impairment must represent a change from usual behavior

IF YES:
Were the problems happening a little, a moderate amount, or a lot?

4c. ...have trouble fulfilling other responsibilities?

Impairment - Failure to fulfill other responsibilities

1. NO
2. A LITTLE
3. A MODERATE AMOUNT
4. A LOT

- impairment must represent a change from usual behavior

IF YES:
Were the problems happening a little, a moderate amount, or a lot?

**CHECK ITEM
5.1B**

DID RESPONDENT REPORT IMPAIRMENT?

NO

(ARE ANY Q.'s 4a-4c CODED "2," "3," OR "4"?)

YES- **SKIP TO Q.5**

4d. ...find you couldn't do any other things you usually did or wanted to do?

Impairment - other

1. NO
2. A LITTLE
3. A MODERATE AMOUNT
4. A LOT

IF YES:
Were the problems happening a little, a moderate amount, or a lot?

5. Were you very troubled by (SYMPTOMS CODED IN Q.'S 2a-2f)?

Low mood/symptoms caused clinically significant distress

1. NO
3. YES

- distress can concern impact of low mood on one's family or career
- resigned to low mood/ symptoms = "1"
- sought treatment (voluntarily) or sought other help for low mood symptoms = "3"

IF NO:
Did you often wish you could feel better?
Did you often think of getting help in order to feel better?

PRISM - NESARC SECTION 5 - LOW MOOD

(Did you actually go for help?)

- had strong persistent desire for relief of symptoms, but did not actually seek help = "3"

6a. How old were you the first time a period of mild low mood lasting at least 2 years began?

Onset of initial episode of dysthymia in lifetime _____ AGE

6b. How old were you the worst time you began to have a period of mild low mood lasting at least 2 years?

Onset of worst episode of dysthymia _____ AGE

6c. 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 of separate episodes _____

CHECK ITEM 5.2

DID RESPONDENT HAVE MORE THAN ONE EPISODE OF DYSTHYMIA?
(IS Q.6c "2" OR MORE?)

- NO - **SKIP TO Q.8a**
 YES

7. How old were you the most recent time you began to have a period of mild low mood lasting at least 2 years?

Onset of most recent episode of low mood lasting at least 2 years _____ AGE

8a. Since this (time/ 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?

Remission from only/most recent episode of low mood
1. NO - **SKIP TO Q.8d**
3. YES

8b. When was the last time you had these experiences?

Offset of episode of low mood
1. MONTHS AGO
2. AGE-

8c. ----->

Offset of episode of low mood
- indicate the number of months ago
- if more than 12 months ago, indicate age
- SKIP TO CHECK ITEM 5.3

8d. In your ENTIRE LIFE, what was the LONGEST period you had when your mood was low and you often had some of those other experiences?

Duration of longest episode of low mood lasting at least 2 years _____ YEARS

CHECK ITEM 5.3

IS RESPONDENT A LIFETIME ABSTAINER FROM ALCOHOL?
(IS Q.1a IN SECTION 2A CODED "1"?)

- NO
 YES - **SKIP TO Q.9c**

9a. 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 you were drinking heavily or a lot more than usual?

Only/any episode following alcohol use
1. NO
3. YES

By a lot, I mean: drinking 5 or more drinks at least 4 days a week for a month, drinking three days straight or drinking most days of the month.

- chronic alcohol intoxication: drank 5 or more drinks, 4+ days a week for a month
- binge use: intoxicated 3+ days straight
- most days of the month: at least 5 drinks a day, at least half of the days of the month
- drank only small amounts of alcohol (less than 5 drinks) daily = "1"

9b. 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?

Only/any episode during bad aftereffects of alcohol use
1. NO
3. YES

9c. 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

Only/any episode following drug or medication use
1. NO
3. YES

- chronic drug intoxication: intoxicated 4+ days a week for a

PRISM - NESARC SECTION 5 - LOW MOOD

a medicine or drug a lot?

- month
- binge use: intoxicated 3+ days straight
- most days of the month: intoxicated at least half of the days of the month

By a lot, I mean: at least 4 days a week for a month, three days straight or most days of the month.

9d. 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?

Only/any episode during bad aftereffects of drug or medication use

- 1. NO
- 3. YES

CHECK ITEM 5.4	DID ONLY/ANY EPISODE OCCUR DURING OR AFTER ALCOHOL/DRUG/MEDICATION USE? (ARE ANY Q.'s 9a-9d CODED '3'?)	<input type="checkbox"/> NO - SKIP TO CHECK ITEM 5.7 <input type="checkbox"/> YES
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CHECK ITEM 5.5	DID RESPONDENT HAVE MORE THAN ONE EPISODE OF DYSTHYMIA? (IS Q.6c '2' OR MORE?)	<input type="checkbox"/> NO <input type="checkbox"/> YES - SKIP TO Q.11a
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10a. 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?

Stopped substance use for 1 month during only episode

- 1. NO - **SKIP TO Q.14a**
- 3. YES

10b. 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)?

Only episode persisted after cessation of substance use

- 1. NO - **SKIP TO Q.14a**
- 3. YES - **SKIP TO Q.14a**

11a. 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)?

Most recent episode related to substance use

- 1. NO - **SKIP TO CHECK ITEM 5.6**
- 3. YES

11b. 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?

Stopped substance use for 1 month during most recent episode

- 1. NO - **SKIP TO CHECK ITEM 5.6**
- 3. YES

11c. 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)?

Most recent episode persisted after cessation of substance use

- 1. NO
- 3. YES

CHECK ITEM 5.6	DID RESPONDENT HAVE MORE THAN TWO EPISODES OF DYSTHYMIA? (IS Q.6c '3' OR MORE?)	<input type="checkbox"/> NO <input type="checkbox"/> YES - SKIP TO Q.13a
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12a. 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)?

Earlier episode related to substance use

- 1. NO - **SKIP TO CHECK ITEM 5.7**
- 3. YES

12b. 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?

Stopped substance use for 1 month during earlier episode

- 1. NO - **SKIP TO CHECK ITEM 5.7**
- 3. YES

12c. Did you CONTINUE to have a low mood for at least 1 month AFTER the earlier time when you STOPPED (drinking heavily/using medicines

Earlier episode persisted after cessation of substance use

- 1. NO - **SKIP TO CHECK ITEM 5.7**
- 3. YES - **SKIP TO CHECK ITEM 5.7**

and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?

13a. Did ALL of the earlier times 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)?

All earlier episodes related to substance use

1. NO - **SKIP TO CHECK ITEM 5.7**
3. YES

13b. 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?

Stopped substance use for 1 month during any earlier episode

1. NO - **SKIP TO CHECK ITEM 5.7**
3. YES

13c. During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs) for at least 1 month?

Stopped substance use for 1 month during all earlier episodes

1. NO
3. YES

13d. 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)?

Any earlier episode persisted after cessation of substance use

1. NO
3. YES

CHECK ITEM 5.7

DID RESPONDENT HAVE MORE THAN ONE EPISODE OF DYSTHYMIA?
(IS Q.6c '2' OR MORE?)

NO
 YES - **SKIP TO Q.15a**

14a. 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?

Only episode related to illness

1. NO - **SKIP TO SECTION 6**
3. YES

14b. Did a doctor or other health professional tell you that this time was related to your physical illness or medical condition?

Doctor said only episode related to illness

1. NO - **SKIP TO SECTION 6**
3. YES - **SKIP TO SECTION 6**

15a. 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?

Most recent episode related to illness

1. NO - **SKIP TO CHECK ITEM 5.8**
3. YES

15b. Did a doctor or other health professional tell you that this MOST RECENT time was related to your physical illness or medical condition?

Doctor said most recent episode related to illness

1. NO
3. YES

CHECK ITEM 5.8

DID RESPONDENT HAVE MORE THAN TWO EPISODES OF DYSTHYMIA?
(IS Q.6c '3' OR MORE?)

NO
 YES - **SKIP TO Q.17a**

16a. 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?

Earlier episode related to illness

1. NO - **SKIP TO SECTION 6**
3. YES

16b. Did a doctor or other health professional tell you this EARLIER time was related to your physical illness or medical condition?

Doctor said earlier episode related to illness

1. NO - **SKIP TO SECTION 6**
3. YES - **SKIP TO SECTION 6**

17a. 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?

All earlier episodes related to illness

1. NO - **SKIP TO SECTION 6**
3. YES

17b. 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?

Doctor said all earlier episodes related to illness

1. NO
3. YES

PRISM – NESARC SECTION 6 – HIGH MOOD

Statement 6.1: Now I'd like to ask you about some different moods and experiences you might have had.

1a. Was there ever a period of time when you felt so excited or elated that other people thought you were not your normal self or were concerned about you?

A distinct period of abnormally and persistently elevated or expansive mood

1. NO - **SKIP TO Q.2a**
3. YES

- elevated mood must be clearly excessive
- mood fluctuates from manic to normal throughout the day = "1"

IF YES:

How did you feel during that time?
Was that more than just a good mood?
Was that a definite change from your usual self?
Did you act very differently or get into any trouble during that time?
How much of the day did you feel that way?

1b. How long would that last?

Duration of elevated or expansive mood

1. DAYS
2. WEEKS
3. MONTHS

1c.----->

Duration of elevated or expansive mood

- indicate the number of days/weeks/months

IF Q.1b IS LESS THAN 1 WEEK:

1d. Were you ever hospitalized for your mood change?

Elevated or expansive mood lasting less than 1 week and requiring hospitalization

1. NO
3. YES

2a. Was there ever a period of time when you were so irritable or easily annoyed that you acted really angry and often started fights or arguments?

A distinct period of abnormally and persistently irritable mood and behavior

1. NO - **SKIP TO CHECK ITEM 6.1**
3. YES

- must be acted out (e.g. fights, verbal abuse)
- irritability associated with depressed mood or premenstrual syndrome = "1"

IF YES:

Did you get into any trouble?
Was this unusual for you?

2b. How long would that last?

Duration of irritable mood and behavior

1. DAYS
2. WEEKS
3. MONTHS

2c.----->

Duration of irritable mood and behavior

- indicate the number of days/weeks/months

IF Q.2b IS LESS THAN 1 WEEK:

2d. Were you ever hospitalized for your mood change?

Irritable mood and behavior lasting less than 1 week and requiring hospitalization

1. NO
3. YES

CHECK ITEM 6.1	DID RESPONDENT EVER HAVE ELEVATED, EXPANSIVE OR IRRITABLE MOOD FOR AT LEAST 1 WEEK OR WAS HOSPITALIZED?	<input type="checkbox"/> NO
	(IS Q.1b OR Q.2b CODED 1 WEEK OR MORE OR IS Q.1d OR Q.2d CODED "3"?)	<input type="checkbox"/> YES - SKIP TO Q.3

CHECK ITEM 6.2	DID RESPONDENT HAVE ELEVATED, EXPANSIVE OR IRRITABLE MOOD FOR 4 OR MORE DAYS?	<input type="checkbox"/> NO - SKIP TO SECTION 7
	(IS Q.1b OR Q.2b CODED 4+ DAYS?)	<input type="checkbox"/> YES

3. During the period when you were feeling (excited or elated/irritable or easily annoyed), were you so revved up or energetic that other people thought you weren't your normal self or were concerned about you?

Abnormally and persistently increased activity or energy

- 1. NO – SKIP TO SECTION 7
- 3. YES

4a. When did the time that you felt the most (excited or elated/irritable or easily annoyed) and also extremely revved up or energetic begin?

Age/time of worst period of elated/irritable mood and increased energy

- 1. DAYS AGO
- 2. WEEKS AGO
- 3. MONTHS AGO
- 4. AGE

- code "age" if the period began more than 12 months ago
- code period when hospitalized, if applicable
- if all periods equally "severe", code best remembered or most recent period

4b. ----->

Age/time of worst period of elated/irritable mood and increased energy

- indicate the number of days/weeks/months ago
- if more than 12 months ago, indicate age

ASK IF NOT KNOWN:

4c. Were you elated during this time or irritable or both?

Worst period of elated/irritable mood and increased energy

- 1. ELATED-
- 2. IRRITABLE
- 3. BOTH

During that time that you felt the most (excited or elated/irritable or easily annoyed) and also extremely revved up or energetic at (AGE IN Q.4b) ...

5a. ... did you feel so excited or elated that other people thought you were not your normal self or were concerned about you?

A distinct period of abnormally and persistently elevated or expansive mood

- 1. NO
- 3. YES

- elevated mood must be clearly excessive
- mood fluctuates from manic to normal throughout the day = "1"

IF YES:

How did you feel during that time?
Was that more than just a good mood?
Was that a definite change from your usual self?
Did you act very differently or get into any trouble during that time?
How much of the day did you feel that way?

5b. ... did you feel so irritable or easily annoyed that you acted really angry and often started fights or arguments?

A distinct period of abnormally and persistently irritable mood and behavior

- 1. NO
- 3. YES

- must be acted out (e.g. fights, verbal abuse)
- irritability associated with depressed mood or premenstrual syndrome = "1"

IF YES:

Did you get into any trouble?
Was this unusual for you?

5c. ...did you feel extremely revved up or energetic?

A distinct period of abnormally and persistently increased activity or energy

- 1. NO
- 3. YES

5d....did you need less sleep than usual?

Decreased need for sleep

- 1. NO
- 3. YES

- must feel energetic after very little (e.g., 3 or 4 hours) sleep
- must represent a clear change from usual level

IF YES:

How much less?
Did you feel rested after sleeping that little?
Was that a definite change for you?

5e. ...were you more talkative than usual? Did people have trouble understanding you, or getting a word in edgewise? Did you feel a pressure to keep talking?

More talkative than usual or pressure to keep talking

- 1. NO
- 3. YES

- must represent a clear change from usual level
- must be rapid or excessive speech, hard to interrupt
- must be noticeable by others

IF YES TO ANY:

Was this a definite change for you?
Did anyone comment about this change?

5f....did you have trouble concentrating because any little thing going on around you could get you off track?

Distractibility

- 1. NO
- 3. YES

- must represent a clear change from usual level
- responds to irrelevant environmental stimuli = "3"
- must be observable
- preoccupation with thoughts or voices = "1"

IF YES:

What would distract you?
Could you concentrate if you tried?
Was this a definite change for you?

5g....were your thoughts racing or rushing

Flight of ideas or racing thoughts

- 1. NO

PRISM – NESARC SECTION 6 – HIGH MOOD

through your head? Or did one thought spark another so fast that it was hard to follow your own thoughts?

IF YES:

Can you describe that to me?
Did your thoughts come unusually fast or was it just hard to stop thinking about something that bothered you?
Was this a definite change for you?

- must represent a clear change from usual level
- rapid flow of ideas with abrupt changes from topic to topic = "3"
- obsessive, ruminative thoughts or preoccupations = "1"
- loose associations without rapid flow of ideas = "1"

3. YES

5h1...were you so physically restless that you had a lot of trouble sitting still?

IF YES:

Was that a definite change for you?
Did anyone ever comment on this change in you? What did they say?

Psychomotor agitation

- must represent a clear change from usual level
- must be due to excess energy rather than depressive agitation
- examples: pacing, inability to sit still

1. NO
3. YES

5h2...were you a lot more active at work, with friends, around the house or pursuing other interests? Were you much more sexually active than usual?

IF YES:

What were you doing?
Was that a definite change for you?
Did anyone comment about how much you were doing? What did they say?

Increase in goal-directed activity: work, school, or social

- must represent a clear change from usual level
- activities must be sought or initiated by respondent
- examples: working or studying excessively, hobbies, community or political involvement, sex, socializing, cleaning, cooking
- no increase but potentially harmful = "1"

1. NO
3. YES

5i...did you do anything that could have caused trouble for you or your family? - For example, did you...

...buy things you didn't need?

...lose a lot of money on bad business investments?

...spend time with people you normally wouldn't associate with?

...become involved sexually with people you wouldn't normally?

...do other things that you later regretted?

IF YES TO ANY ACTIVITY:

Was this a very unusual thing for you to do?

5j...did you feel especially good about yourself? Were you more confident than usual or did you feel that you had any special powers or abilities that other people don't have?

Excessive involvement in activities with a high potential for painful consequences not recognized

- must represent a clear change from usual level
- must be clearly uncharacteristic of respondent
- "YES" to any activity = "3"
- antisocial behavior apart from elevated or irritable mood = "1"
- activities that have little potential for painful consequences = "1"

1. NO
3. YES

Inflated self-esteem or grandiosity

- must represent a clear change from usual level
- ranges from excessive self-confidence to grandiose delusions = "3"

1. NO
3. YES

IF YES TO ANY:

Can you tell me more about that?
Was that a definite change for you?
What did other people think?
What do you think now, looking back on that time?

CHECK ITEM 6.3A

DID RESPONDENT REPORT AT LEAST 3 MANIC/HYPOMANIC SYMPTOMS? NO - SKIP TO SECTION 7
(ARE 3 OR MORE Q.'s 5d-5j CODED "3"?) YES

CHECK ITEM 6.3B

WAS RESPONDENT EVER HOSPITALIZED FOR MANIC SYMPTOMS? NO - SKIP TO CHECK ITEM 6.4
(IS Q.1d OR Q.2d CODED "3"?) YES

ASK IF NOT KNOWN:

6. Were you hospitalized overnight or longer at the time of your worst period of feeling (excited or elated/irritable or easily annoyed) and also extremely revved up or energetic?

Hospitalization to prevent harm to self or others due to mood disturbance – worst/only episode

- hospitalization must have been for manic symptoms

1. NO
3. YES

IF YES:

Why were you in the hospital?

CHECK ITEM 6.4	IS MANIC/HYPOMANIC PERIOD CHARACTERIZED BY <u>IRRITABLE MOOD ONLY</u> ? (IS Q.4c CODED "2"?)	<input type="checkbox"/> NO – SKIP TO Q.7a <input type="checkbox"/> YES
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CHECK ITEM 6.5	DID RESPONDENT REPORT <u>AT LEAST 4</u> MANIC/HYPOMANIC SYMPTOMS? (ARE 4 OR MORE Q.'s 5c-5i CODED "3"?)	<input type="checkbox"/> NO - SKIP TO SECTION 7 <input type="checkbox"/> YES
--------------------------	--	--

During that time that you felt the most (excited or elated/irritable or easily annoyed) and also extremely revved up or energetic...
(REPEAT FREQUENTLY)

7a. ...did you have serious problems in your relationships or social life?

IF YES:
Were the problems happening a little, a moderate amount, or a lot?

Marked impairment in usual social activities or relationships with others

- interference can include irritable, aggressive, overbearing or intrusive behavior, sexual indiscretions, promiscuity, and (potential) financial losses due to impulsive, grandiose, or reckless behavior

1. NO
2. A LITTLE
3. A MODERATE
4. A LOT

7b. ...did you have serious problems with work, school, or other responsibilities?

IF YES:
Were the problems happening a little, a moderate amount, or a lot?

Marked impairment in usual occupational or academic functioning

- interference can include job-task refusal or poor performance, problems on the job due to absences, poor judgment, or creating a disturbance

1. NO
2. A LITTLE
3. A MODERATE
4. A LOT

7c. ...did you have any legal troubles, like being arrested, held at the police station or put in jail?

IF YES:
Were the problems happening a little, a moderate amount, or a lot?

Marked Impairment - significant legal problems due to mood disturbance

- disposition of legal problems is irrelevant
- behavior or illegal activities must be more severe than usual
- if intoxicated, must be clearly uncharacteristic of usual intoxicated behavior

1. NO
2. A LITTLE
3. A MODERATE
4. A LOT

CHECK ITEM 6.6	DID RESPONDENT REPORT IMPAIRMENT? (ARE ANY Q.'s 7a, 7b, OR 7c CODED "3"?)	<input type="checkbox"/> NO <input type="checkbox"/> YES – SKIP TO Q.8
--------------------------	--	--

7d....did you have trouble getting things done, or find you couldn't do any other things you usually did or wanted to do?

IF YES:
Were the problems happening a little, a moderate amount, or a lot?

Marked Impairment - other

1. NO
2. A LITTLE
3. A MODERATE
4. A LOT

8. Did you often feel very upset about feeling (excited or elated/irritable or easily annoyed) and also extremely revved up or energetic or about any of those other experiences?

IF NO:
Did you ever think about getting some help for the problem?

Marked distress about mood disturbance

- refers to feelings about the mood disturbance and their consequences when not feeling manic/hypomanic
- considering or seeking help for mood disturbance = "3"

1. NO
3. YES

9a. When was the first time in your life that you began to feel (excited or elated/irritable or easily annoyed) and also extremely revved up or energetic, and when you had some of the other experiences you mentioned?

Initial onset of mania/hypomania

- code "age" if more than 12 months ago

1. DAYS AGO
2. WEEKS AGO
3. MONTHS AGO
4. AGE

9b. ----->

Initial onset of mania/hypomania

- indicate the number of days/weeks/months ago
- if more than 12 months ago, indicate age

9c. In your ENTIRE LIFE, how many SEPARATE times lasting at least (1 week/4 days) were there when you felt extremely (excited or elated/irritable or easily annoyed) and also extremely revved up or energetic, and when you had some of the other

Number of separate manic/hypomanic episodes

PRISM – NESARC SECTION 6 – HIGH MOOD

experiences you mentioned? By separate times, I mean times separated by at least 2 months when your mood was back to normal.

9d. How long did your (worst/only) period of feeling (excited or elated/irritable or easily annoyed) and also extremely revved up or energetic last?

Duration of worst/only manic/hypomanic episode

- 1. DAYS
- 2. WEEKS
- 3. MONTHS
- 4. YEARS

- code "YEARS" if more than 12 months

9e.----->

Duration of worst/only manic/hypomanic episode

- indicate the number of days/weeks/months
- if more than 12 months, indicate the number of years

CHECK ITEM 6.7

DID RESPONDENT HAVE MORE THAN ONE EPISODE OF MANIA/HYPOMANIA? NO – SKIP TO Q.10e
(IS Q.9c "2" OR MORE?) YES

10a. When was the most recent time that you began to feel (excited or elated/irritable or easily annoyed) and also extremely revved up or energetic, and when you had some of the experiences we've been talking about?

Onset of most recent manic/hypomanic episode

- 1. DAYS AGO
- 2. WEEKS AGO
- 3. MONTHS AGO
- 4. AGE

- code "age" if more than 12 months ago

10b.----->

Onset of most recent manic/hypomanic episode

- indicate the number of days/weeks/months ago
- if more than 12 months ago, indicate age

10c. In your ENTIRE LIFE, what was the LONGEST time that you've had when you felt (excited or elated/irritable or easily annoyed) and also extremely revved up or energetic?

Duration of longest manic/hypomanic episode

- 1. DAYS
- 2. WEEKS
- 3. MONTHS
- 4. YEARS

- code "YEARS" if more than 12 months

10d.----->

Duration of longest manic/hypomanic episode

- indicate the number of days/weeks/months ago
- if more than 12 months ago, indicate age

10e. Since that (time/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?

Remission from only/most recent manic/hypomanic episode

- 1. NO – SKIP TO CHECK ITEM 6.8
- 3. YES

10f. When was the last time you began to feel (excited or elated/irritable or easily annoyed) and also extremely revved up or energetic?

Offset of most recent or only manic/hypomanic episode

- 1. MONTHS AGO
- 2. AGE

- code "age" if more than 12 months ago

10g.----->

Offset of most recent or only manic/hypomanic episode

- indicate the number of months ago
- if more than 12 months ago, indicate age

CHECK ITEM 6.8

IS RESPONDENT A LIFETIME ABSTAINER FROM ALCOHOL? NO
(IS Q.1a IN SECTION 2A CODED "1"?) YES - SKIP TO Q.11c

11a. 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 you were drinking heavily or a lot more than usual?

Only/any episode following alcohol use

- 1. NO
- 3. YES

- chronic alcohol intoxication: drank 5 or more drinks, 4+ days a week for a month
- binge use: intoxicated 3+ days straight
- most days of the month: at least 5 drinks a day, at least half of the days of the month
- drank only small amounts of alcohol (less than 5 drinks) daily = "1"

By a lot, I mean: drinking 5 or more drinks at least 4 days a week for a month, three days straight or most days of the month.

PRISM – NESARC SECTION 6 – HIGH MOOD

11b. 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?

Only/any episode during bad aftereffects of alcohol use

1. NO
3. YES

11c. 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 a lot?

Only/any episode following drug or medication use

1. NO
3. YES

- chronic drug intoxication: intoxicated 4+ days a week for a month
- binge use: intoxicated 3+ days straight
- most days of the month: intoxicated at least half of the days of the month

By a lot, I mean: at least 4 days a week for a month, three days straight or most days of the month.

11d. 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?

Only/any episode during bad aftereffects of drug or medication use

1. NO
3. YES

CHECK ITEM 6.9	DID ONLY/ANY EPISODE OCCUR DURING OR AFTER ALCOHOL/DRUG/MEDICATION USE? (ARE ANY Q.'s 11a-11d CODED '3'?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 6.16 <input type="checkbox"/> YES
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CHECK ITEM 6.10	DID RESPONDENT HAVE MORE THAN ONE EPISODE OF MANIA/HYPOMANIA? (IS Q.9c "2" OR MORE?)	<input type="checkbox"/> NO <input type="checkbox"/> YES – SKIP TO CHECK ITEM 6.12
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CHECK ITEM 6.11	DID RESPONDENT'S EPISODE LAST AT LEAST 1 MONTH? (IS Q.9d CODED '3' OR '4'?)	<input type="checkbox"/> NO – SKIP TO Q.15a <input type="checkbox"/> YES
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12a. 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?

Stopped substance use for 1 month during only episode

1. NO – **SKIP TO Q.15a**
3. YES

12b. 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)?

Only episode persisted after cessation of substance use

1. NO – **SKIP TO Q.15a**
3. YES - **SKIP TO Q.15a**

CHECK ITEM 6.12	DID MANIA OR HYPOMANIA BEGIN IN THE LAST 12 MONTHS? (IS Q.9a OR Q.10a CODED '1', '2', OR '3'?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 6.14 <input type="checkbox"/> YES
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13a. 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)?

All episodes related to substance use – last 12 months

1. NO - **SKIP TO CHECK ITEM 6.14**
3. YES

CHECK ITEM 6.13	DID RESPONDENT'S LONGEST EPISODE LAST AT LEAST 1 MONTH? (IS Q.10c CODED '3' OR '4?')	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 6.14 <input type="checkbox"/> YES
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13b. 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?

Stopped substance use for 1 month during any episode – last 12 months

1. NO – **SKIP TO CHECK ITEM 6.14**
3. YES

13c. During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?

Stopped substance use for 1 month during all episodes – last 12 months

1. NO
3. YES

13d. 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)?

Any episode persisted after cessation of substance use – last 12 months

1. NO
3. YES

CHECK ITEM 6.14	DID MANIA OR HYPOMANIA BEGIN PRIOR TO THE LAST 12 MONTHS? (IS Q.9a CODED '4?')	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 6.17 <input type="checkbox"/> YES
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14a. 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)?

All episodes related to substance use – prior to the last 12 months

1. NO – **SKIP TO CHECK ITEM 6.17**
3. YES

CHECK ITEM 6.15	DID RESPONDENT'S LONGEST EPISODE LAST AT LEAST 1 MONTH? (IS Q.10c CODED '3' OR '4?')	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 6.17 <input type="checkbox"/> YES
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14b. 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?

Stopped substance use for 1 month during any episode – prior to the last 12 months

1. NO – **SKIP TO CHECK ITEM 6.17**
3. YES

14c. During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?

Stopped substance use for 1 month during all episodes – prior to the last 12 months

1. NO
3. YES

14d. 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)?

Any episode persisted after cessation of substance use – prior to the last 12 months

1. NO – **SKIP TO CHECK ITEM 6.17**
3. YES – **SKIP TO CHECK ITEM 6.17**

CHECK ITEM 6.16	DID RESPONDENT HAVE MORE THAN ONE EPISODE OF MANIA/HYPOMANIA? (IS Q.9c "2" OR MORE?)	<input type="checkbox"/> NO <input type="checkbox"/> YES – SKIP TO CHECK ITEM 6.17
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15a. 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 ill? **Only episode related to illness** 1. NO – SKIP TO Statement 6.2
3. YES

15b. Did a doctor or other health professional tell you that this time was related to your physical illness or medical condition? **Doctor said only episode related to illness** 1. NO – SKIP TO Statement 6.2
3. YES - SKIP TO Statement 6.2

CHECK ITEM 6.17	DID MANIA OR HYPOMANIA BEGIN IN THE LAST 12 MONTHS? (IS Q.9a OR Q.10a CODED '1', '2', OR '3?')	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 6.18 <input type="checkbox"/> YES
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16a. 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 times when you were physically ill or getting over being physically ill? **All episodes related to illness – last 12 months** 1. NO – SKIP TO CHECK ITEM 6.18
3. YES

16b. 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? **Doctor said all episodes related to illness – last 12 months** 1. NO
3. YES

CHECK ITEM 6.18	DID MANIA OR HYPOMANIA BEGIN PRIOR TO THE LAST 12 MONTHS? (IS Q.9a CODED '4?')	<input type="checkbox"/> NO – SKIP TO Statement 6.2 <input type="checkbox"/> YES
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17a. Did ALL of the 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? **All episodes related to illness – prior to the last 12 months** 1. NO – SKIP TO Statement 6.2
3. YES

17b. 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? **Doctor said all episodes related to illness – prior to the last 12 months** 1. NO
3. YES

Statement 6.2: Now I'd like to know about some other experiences that may have happened during ANY of those times when you felt (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic.

During ANY of those times, did you have ANY of the following experiences? Did you...

18a1. ...feel sad, blue, depressed or down? **Prominent dysphoria or depressed mood during manic/hypomanic episode** 1. NO – SKIP TO Q.18b1
3. YES

18a2. 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? **Prominent dysphoria or depressed mood during manic/hypomanic episode – last 12 months** 1. NO – CODE Q.18a3 '3' AND SKIP TO Q.18b1
3. YES

18a3. Did this happen during ANY of those times that BEGAN BEFORE 12 months ago? **Prominent dysphoria or depressed mood during manic/hypomanic episode – prior to the last 12 months** 1. NO
3. YES

18b1. ...not care about things or enjoy things you usually cared about or enjoyed? **Diminished interest or pleasure in all, or almost all, activities during manic/hypomanic episode** 1. NO – SKIP TO Q.18c1
3. YES

18b2. 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? **Diminished interest or pleasure in all, or almost all, activities during manic/hypomanic episode – last 12 months** 1. NO – CODE Q.18b3 '3' AND SKIP TO Q.18c1
3. YES

18b3. Did this happen during ANY of those times that BEGAN BEFORE 12 months ago? **Diminished interest or pleasure in all, or almost all, activities during manic/hypomanic episode – prior to the last 12 months** 1. NO
3. YES

18c1. ...feel tired nearly all the time or get tired easily, even though you weren't doing more **Fatigue or loss of energy during manic/hypomanic episode** 1. NO – SKIP TO Q.18d1
3. YES

than usual?

18c2. 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?	Fatigue or loss of energy during manic/hypomanic episode – last 12 months	1. NO – CODE Q.18c3 '3' AND SKIP TO Q.18d1 3. YES
18c3. Did this happen during ANY of those times that BEGAN BEFORE 12 months ago?	Fatigue or loss of energy during manic/hypomanic episode – prior to the last 12 months	1. NO 3. YES
18d1. ...feel so tired nearly all the time so that even small things took a lot of effort?	Fatigue or loss of energy during manic/hypomanic episode – last 12 months	1. NO – SKIP TO Q.18e1 3. YES
18d2. 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?	Fatigue or loss of energy during manic/hypomanic episode – last 12 months	1. NO – CODE Q.18d3 '3' AND SKIP TO Q.18e1 3. YES
18d3. Did this happen during ANY of those times that BEGAN BEFORE 12 months ago?	Fatigue or loss of energy during manic/hypomanic episode – prior to the last 12 months	1. NO 3. YES
18e1. ...move or talk MUCH more slowly than usual?	Psychomotor retardation during manic/hypomanic episode – last 12 months	1. NO – SKIP TO Q.18f1 3. YES
18e2. 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?	Psychomotor retardation during manic/hypomanic episode – prior to the last 12 months	1. NO – CODE Q.18e3 '3' AND SKIP TO Q.18f1 3. YES
18e3. Did this happen during ANY of those times that BEGAN BEFORE 12 months ago?	Psychomotor retardation during manic/hypomanic episode – prior to the last 12 months	1. NO 3. YES
18f1. ...feel worthless nearly every day?	Feelings of worthlessness during manic/hypomanic episode – last 12 months	1. NO – SKIP TO Q.18g1 3. YES
18f2. 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?	Feelings of worthlessness during manic/hypomanic episode – prior to the last 12 months	1. NO – CODE Q.18f3 '3' AND SKIP TO Q.18g1 3. YES
18f3. Did this happen during ANY of those times that BEGAN BEFORE 12 months ago?	Feelings of worthlessness during manic/hypomanic episode – last 12 months	1. NO 3. YES
18g1. ...feel guilty about things you normally wouldn't feel guilty about?	Excessive or inappropriate guilt during manic/hypomanic episode – last 12 months	1. NO – SKIP TO Q.18h1 3. YES
18g2. 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?	Excessive or inappropriate guilt during manic/hypomanic episode – prior to the last 12 months	1. NO – CODE Q.18g3 '3' AND SKIP TO Q.18h1 3. YES
18g3. Did this happen during ANY of those times that BEGAN BEFORE 12 months ago?	Excessive or inappropriate guilt during manic/hypomanic episode – last 12 months	1. NO 3. YES
18h1. ...feel useless or good for nothing?	Feelings of worthlessness during manic/hypomanic episode – last 12 months	1. NO – SKIP TO Q.18i1 3. YES
18h2. 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?	Feelings of worthlessness during manic/hypomanic episode – prior to the last 12 months	1. NO – CODE Q.18h3 '3' AND SKIP TO Q.18j1 3. YES
18h3. Did this happen during ANY of those times that BEGAN BEFORE 12 months ago?	Feelings of worthlessness during manic/hypomanic episode – last 12 months	1. NO 3. YES
18i1. ...attempt suicide?	Suicide attempt during manic/hypomanic episode – last 12 months	1. NO – SKIP TO Q.18j1 3. YES
18i2. 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?	Suicide attempt during manic/hypomanic episode – prior to the last 12 months	1. NO – CODE Q.18i3 '3' AND SKIP TO Q.18j1 3. YES
18i3. Did this happen during ANY of those times that BEGAN BEFORE 12 months ago?	Suicide attempt during manic/hypomanic episode – last 12 months	1. NO

PRISM – NESARC SECTION 6 – HIGH MOOD

times that BEGAN BEFORE 12 months ago?	the last 12 months	3. YES
18j1think about committing suicide?	Suicidal ideation during manic/hypomanic episode	1. NO – SKIP TO Q.18k1 3. YES
18j2 . 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?	Suicidal ideation during manic/hypomanic episode – last 12 months	1. NO – CODE Q.18j3 '3' AND SKIP TO Q.18k1 3. YES
18j3 . Did this happen during ANY of those times that BEGAN BEFORE 12 months ago?	Suicidal ideation during manic/hypomanic episode – prior to the last 12 months	1. NO 3. YES
18k1feel like you wanted to die?	Suicidal ideation during manic/hypomanic episode	1. NO – SKIP TO Q.18l1 3. YES
18k2 . 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?	Suicidal ideation during manic/hypomanic episode – last 12 months	1. NO – CODE Q.18k3 '3' AND SKIP TO Q.18l1 3. YES
18k3 . Did this happen during ANY of those times that BEGAN BEFORE 12 months ago?	Suicidal ideation during manic/hypomanic episode – prior to the last 12 months	1. NO 3. YES
18l1think a lot about your own death?	Recurrent thoughts of death during manic/hypomanic episode	1. NO – SKIP TO Q.18m1 3. YES
18l2 . 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?	Recurrent thoughts of death during manic/hypomanic episode – last 12 months	1. NO – CODE Q.18l3 '3' AND SKIP TO Q.18m1 3. YES
18l3 . Did this happen during ANY of those times that BEGAN BEFORE 12 months ago?	Recurrent thoughts of death during manic/hypomanic episode – prior to the last 12 months	1. NO 3. YES
18m1feel very anxious?	Feelings of anxiety during manic/hypomanic episode	1. NO – SKIP TO CHECK ITEM 6.19 3. YES
18m2 . 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?	Feelings of anxiety during manic/hypomanic episode – last 12 months	1. NO – CODE Q.18m3 '3' AND SKIP TO CHECK ITEM 6.19 3. YES
18m3 . Did this happen during ANY of those times that BEGAN BEFORE 12 months ago?	Feelings of anxiety during manic/hypomanic episode – prior to the last 12 months	1. NO 3. YES

CHECK ITEM 6.19	DEPRESSIVE SYMPTOMS DURING MANIC/HYPOMANIC EPISODE IN THE PAST 12 MONTHS? (ARE 3 OR MORE Q's 18a-18l CODED "3" IN THE "LAST 12 MONTHS"?)	<input type="checkbox"/> NO - SKIP TO CHECK ITEM 6.20 <input type="checkbox"/> YES
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19a . Did SOME of these experiences we just talked about EVER happen nearly every day DURING ANY period when you felt (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic in the last 12 months?	Depressive symptoms co-occur nearly every day with <u>any</u> manic/hypomanic episode – last 12 months	1. NO - SKIP TO CHECK ITEM 6.20 3. YES
19b . Did SOME of these experiences happen nearly every day DURING ALL of those periods when you felt (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic in the last 12 months?	Depressive symptoms co-occur nearly every day with <u>all</u> manic/hypomanic episodes – last 12 months	1. NO 3. YES

CHECK ITEM 6.20	DEPRESSIVE SYMPTOMS DURING MANIC/HYPOMANIC EPISODE PRIOR TO THE LAST 12 MONTHS? (ARE 3 OR MORE Q's 18a-18l CODED "3" "PRIOR TO LAST 12 MONTHS"?)	<input type="checkbox"/> NO - SKIP TO SECTION 7 <input type="checkbox"/> YES
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PRISM – NESARC SECTION 6 – HIGH MOOD

20a. Did SOME of the experiences we just talked about EVER happen nearly every day DURING ANY period when you felt (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic BEFORE 12 months ago?

Depressive symptoms co-occur nearly every day with any manic/hypomanic episode – prior to last 12 months

1. NO - SKIP TO SECTION 7
3. YES

20b. Did SOME of these experiences happen nearly every day DURING ALL of those periods when you felt (excited or elated/irritable or easily annoyed) AND also extremely revved up or energetic BEFORE 12 months ago?

Depressive symptoms co-occur nearly every day with all manic/hypomanic episodes – prior to last 12 months

1. NO
3. YES

Statement 7.1: Now I'm going to ask you about other times when you might have been nervous or anxious.

1a1. 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?

Ever had panic attack or intense physical anxiety unrelated to realistic danger

1. NO
3. YES

- must have sudden onset
- must involve acute physical discomfort
- usually lasts minutes
- includes intense fear or feeling of impending doom
- if related to situation, probe for first unrelated attack

IF YES:

Can you tell me more about that?
Did you have physical symptoms during the attacks, like sweating, heart pounding, or difficulty breathing?

1a2. 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?

Unexpected panic attack or intense physical anxiety

1. NO
3. YES

- must have sudden onset
- must involve acute physical discomfort
- usually lasts minutes
- includes intense fear or feeling of impending doom
- if related to situation, probe for first unrelated attack

IF YES:

Can you tell me more about that?
Did you have physical symptoms during the attacks, like sweating, heart pounding, or difficulty breathing?

IF IN RESPONSE TO SITUATION:

Did you ever have a panic attack in a situation that didn't make you frightened or anxious?
How suddenly did you feel frightened or anxious?
How long did these feelings last?

1b. During any of these times, 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?

Ever had panic attack or intense physical anxiety unrelated to realistic danger

1. NO
3. YES

- must have sudden onset
- must involve acute physical discomfort
- usually lasts minutes
- includes intense fear or feeling of impending doom
- if related to situation, probe for first unrelated attack

IF YES:

Can you tell me more about that?
Did you have physical symptoms during the attack, like sweating, heart pounding, or difficulty breathing?

IF IN RESPONSE TO SITUATION:

Did you ever have (attacks) in situations that didn't make you frightened or anxious?
How suddenly did you feel frightened or anxious?
How long did these feelings last?

CHECK ITEM 7.1	EVER HAD PANIC ATTACK OR INTENSE PHYSICAL ANXIETY? (IS AT LEAST 1 Q. 1a1 – 1b CODED "3"?)	<input type="checkbox"/> NO - SKIP TO Q.16 <input type="checkbox"/> YES
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1c. Did you have at least 2 panic attacks that happened out-of-the-blue, for no real reason?

Ever had at least 2 panic attacks

1. NO - **SKIP TO Q.16**
3. YES

Statement 7.2: 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.

2a. When was the worst panic attack?

Recency of worst unexpected panic attack

1. DAYS AGO
2. WEEKS AGO
3. MONTHS AGO
4. AGE

- must have been completely unexpected
- if respondent cannot choose "worst" attack, code most recent

2b. ----->

Recency of worst unexpected panic attack

- indicate the number of days/weeks/months ago
- indicate age if more than 12 months ago

During your worst panic attacks...

PRISM - NESARC SECTION 7 – PANIC

3a. ... were you short of breath or did you feel as if you were being smothered?	Sensations of shortness of breath	1. NO 3. YES
3b. ... did your heart race, pound, or skip a beat?	Palpitations, pounding heart, or accelerated heart rate	1. NO 3. YES
3c. ... did you actually shake or tremble?	Trembling or shaking	1. NO 3. YES
	- "feeling shaky" when not observable = "1"	
3d. ... did you perspire or sweat?	Sweating	1. NO 3. YES
3e. ... did you feel as if you were choking?	Feeling of choking	1. NO 3. YES
3f1. ... did you feel lightheaded or as if you might faint?	Feeling lightheaded or faint	1. NO 3. YES
3f2. ... did you feel dizzy or unsteady?	Feeling dizzy or unsteady	1. NO 3. YES
3g1. ...did things around you seem unreal?	Derealization	1. NO 3. YES
3g2. ... did you feel detached from things around you or detached from part of your body?	Depersonalization	1. NO 3. YES
3h. ... did you have tingling or numbness in parts of your body?	Numbness or tingling sensations	1. NO 3. YES
3i. ... have chills or feel hot?	Hot flashes or chills	1. NO 3. YES
3j. ... did you feel nauseated, or have an upset stomach, or have the feeling that you were going to have diarrhea?	Nausea or abdominal stress	1. NO 3. YES
3k. ... did you have chest pain or pressure?	Chest pain or discomfort	1. NO 3. YES
3l. ... were you afraid you were going crazy or that you might lose control?	Fear of going crazy or doing something uncontrolled	1. NO 3. YES
	- <u>examples:</u> involuntarily pressing car accelerator, screaming, pushing people down while trying to escape	
	- fear of being unable to function = "1"	
	- fear of behaving recklessly, acting impulsively = "3"	
3m. During the worst attack, were you afraid that you might die?	Fear of dying	1. NO 3. YES

CHECK ITEM 7.2	DID THE WORST/MOST RECENT PANIC ATTACK HAVE AT LEAST 1 SYMPTOM? (IS AT LEAST 1 QUESTION FROM Q. 3a - 3m CODED "3"?)	<input type="checkbox"/> NO - SKIP TO Q.16 <input type="checkbox"/> YES
--------------------------	--	---

CHECK ITEM 7.3	DID THE WORST/MOST RECENT PANIC ATTACK HAVE AT LEAST 4 SYMPTOMS? (ARE AT LEAST 4 QUESTIONS FROM Q. 3a - 3m CODED "3"?)	<input type="checkbox"/> NO - SKIP TO Q.16 <input type="checkbox"/> YES
--------------------------	---	---

4a1. 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?	Symptoms co-occurred and reached full intensity within minutes	1. NO 3. YES
4a2. Have you had at least 2 attacks where these experiences became very intense within minutes of when they started?	Respondent had at least 2 full panic attacks	1. NO 3. YES
	- at least 4 symptoms must reach intensity within 10 minutes	
	- must have sudden intensity in <u>at least 2</u> attacks	

PRISM - NESARC SECTION 7 – PANIC

CHECK ITEM 7.4	DID RESPONDENT REPORT RECURRENT <u>FULL</u> PANIC ATTACKS? (IS Q.4a2 CODED "3"?)	<input type="checkbox"/> NO <input type="checkbox"/> YES
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5a. After your worst panic attacks, did you ever worry for at least a month about having another one?

Persistent concern about having more attacks

1. NO
3. YES

- always in the back of respondent's mind = "3"
- fear of "heart attack" = "3"
- worries about mental illness, physical injury, incapacitation, or other negative implication or consequence = "3"
- must persist for at least 1 month

5b. Did you worry a lot for at least 1 month about what might happen if you DID have another panic attack?

Worry about the implications or consequences of the attack

1. NO
3. YES

- always in the back of respondent's mind = "3"
- fear of "heart attack" = "3"
- worries about mental illness, physical injury, incapacitation, or other negative implication or consequence = "3"
- must persist for at least 1 month

For example, did you worry about losing control, having a heart attack or going crazy, or having some of the other experiences related to having a panic attack?

6. Did you make any changes in your everyday behavior or your plans for the future after you had one of these attacks?

Significant change in behavior related to panic attack

1. NO
3. YES

- change(s) must be observable for at least 1 month
- change must occur soon after an attack but need not be attributed to the attack by the respondent
- examples: avoidance of exercise or unfamiliar situations, avoidance of activities or situations where attack occurred, demands for special treatment or reassurance, pursuit of extensive diagnostic tests

For example, did you change your behavior to avoid or reduce the likelihood you would have another attack?

CHECK ITEM 7.5	DID RESPONDENT REPORT AT LEAST 1 MONTH OF PERSISTENT WORRY <u>OR</u> SIGNIFICANT BEHAVIOR CHANGE? (IS Q.5 <u>OR</u> Q.6 CODED "3"?)	<input type="checkbox"/> NO <input type="checkbox"/> YES
--------------------------	--	---

7a. When was the first time you BEGAN to have panic attacks along with some of the other experiences you told me about?

Initial onset of panic disorder

1. MONTHS AGO
2. AGE

- code 'AGE' if more than 12 months ago

7b. ----->

Initial onset of panic disorder

- indicate the number of months ago
- if more than 12 months ago, indicate age

7c. 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 of separate episodes

CHECK ITEM 7.6	DID RESPONDENT HAVE MORE THAN ONE EPISODE? (IS Q.7c CODED "2" OR MORE?)	<input type="checkbox"/> NO – SKIP TO Q.8e <input type="checkbox"/> YES
--------------------------	--	--

8a. When was the most recent time you BEGAN to have panic attacks along with some of the other experiences you told me about?

Onset of most recent episode

1. MONTHS AGO
2. AGE

- code "AGE" if more than 12 months ago
- must last at least 1 month

8b. ----->

Onset of most recent episode

- indicate the number of months ago
- if more than 12 months ago, indicate age

8c. In your ENTIRE LIFE, what was the LONGEST period you had when you were having panic attacks, that is, from the time the first attack happened to the time the

Duration of longest episode

1. DAYS
2. WEEKS
3. MONTHS
4. YEARS

- code "YEARS" if more than 12 months

PRISM - NESARC SECTION 7 – PANIC

attacks stopped completely for at least 2 months?

8d. -----> **Duration of longest episode** _____
 - indicate the number of (days/weeks/months/years)

CHECK ITEM 7.7	DID RESPONDENT HAVE MORE THAN ONE EPISODE? (IS Q.7c CODED "2" OR MORE?)	<input type="checkbox"/> NO <input type="checkbox"/> YES – SKIP TO Q.8g
--------------------------	--	--

8e. 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?
Duration of only episode
 - code "YEARS" if more than 12 months

1. DAYS
 2. WEEKS
 3. MONTHS
 4. YEARS

8f. -----> **Duration of only episode** _____
 - indicate the number of (days/weeks/months/years)

8g. Since this (time/most recent time) when your panic attacks BEGAN, have there been at least 2 months when you DIDN'T have ANY panic attacks?
Remission from only/most recent episode

1. NO – SKIP TO CHECK ITEM 7.8
 3. YES

8h. When was the last time you had these experiences?
Offset of most recent or only episode

1. MONTHS AGO
 2. AGE

8i. -----> **Offset of most recent or only episode** _____
 - indicate the number of months ago
 - if more than 12 months ago, indicate age

CHECK ITEM 7.8	IS RESPONDENT A LIFETIME ABSTAINER FROM ALCOHOL? (IS Q.1a IN SECTION 2A CODED "1")	<input type="checkbox"/> NO <input type="checkbox"/> YES - SKIP TO Q.9c
--------------------------	---	--

9a. 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?
Only/any episode following alcohol use

1. NO
 3. YES

By a lot, I mean: drinking 5 or more drinks at least 4 days a week for a month, drinking three days straight or drinking most days of the month.

- chronic alcohol intoxication: drank 5 or more drinks, 4+ days a week for a month
 - binge use: intoxicated 3+ days straight
 - most days of the month: at least 5 drinks a day, at least half of the days of the month
 - drank only small amounts of alcohol (less than 5 drinks) daily = "1"

9b. 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?
Only/any episode during bad aftereffects of alcohol use

1. NO
 3. YES

9c. 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?
Only/any episode following drug or medication use

1. NO
 3. YES

By a lot, I mean: at least 4 days a week for a month, three days straight or most days of the month.

- chronic drug intoxication: intoxicated 4+ days a week for a month
 - binge use: intoxicated 3+ days straight
 - most days of the month: intoxicated at least half of the days of the month

9d. 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?
Only/any episode during bad aftereffects of drug or medication use

1. NO
 3. YES

CHECK ITEM 7.9	DID ONLY/ANY EPISODE TAKE PLACE DURING OR AFTER ALCOHOL/DRUG/MEDICATION USE?	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 7.16
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PRISM - NESARC SECTION 7 – PANIC

(ARE ANY Q.'s 9a-9d CODED '3'?)

YES

**CHECK ITEM
7.10**

DID RESPONDENT HAVE MORE THAN ONE EPISODE?

NO

(IS Q.7c CODED "2" OR MORE?)

YES – SKIP TO CHECK ITEM 7.12

**CHECK ITEM
7.11**

DID RESPONDENT'S EPISODE OF PANIC ATTACKS LAST AT LEAST 1 MONTH?

NO – SKIP TO Q.13a

(IS Q.8c CODED '3' OR '4'?)

YES

10a. 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?

Stopped substance use for 1 month during only episode

1. NO – SKIP TO Q.13a
3. YES

10b. 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)?

Only episode persisted after cessation of substance use

1. NO – SKIP TO Q.13a
3. YES – SKIP TO Q.13a

**CHECK ITEM
7.12**

DID PANIC ATTACKS BEGIN IN THE LAST 12 MONTHS?

NO – SKIP TO CHECK ITEM 7.14

(IS Q.7a OR Q.8a CODED "1"?)

YES

11a. 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)?

All episodes related to substance use – last 12 months

1. NO – SKIP TO CHECK ITEM 7.14
3. YES

**CHECK ITEM
7.13**

DID RESPONDENT'S LONGEST EPISODE OF PANIC ATTACKS LAST AT LEAST 1 MONTH?

NO – SKIP TO CHECK ITEM 7.14

(IS Q.8e CODED '3' OR '4'?)

YES

11b. 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?

Stopped substance use for 1 month during any episode – last 12 months

1. NO – SKIP TO CHECK ITEM 7.14
3. YES

11c. During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?

Stopped substance use for 1 month during all episodes – last 12 months

1. NO
3. YES

11d. 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)?

Any episode persisted after cessation of substance use – last 12 months

1. NO
3. YES

**CHECK ITEM
7.14**

DID PANIC ATTACKS BEGIN PRIOR TO THE LAST 12 MONTHS?

NO – SKIP TO CHECK ITEM 7.17

(IS Q.7a '2'?)

YES

12a. 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

All episodes related to substance use – prior to the last 12 months

1. NO – SKIP TO CHECK ITEM 7.17
3. YES

PRISM - NESARC SECTION 7 – PANIC

any medicines or drugs/experiencing the bad aftereffects of drinking/ medicines or drugs)?

CHECK ITEM 7.15	DID RESPONDENT'S LONGEST EPISODE OF PANIC ATTACKS LAST AT LEAST 1 MONTH? (IS Q.8e CODED '3' OR '4?')	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 7.17 <input type="checkbox"/> YES
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12b. 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?

Stopped substance use for 1 month during any episode – prior to the last 12 months

1. NO – **SKIP TO CHECK ITEM 7.17**
3. YES

12c. During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?

Stopped substance use for 1 month during all episodes – prior to the last 12 months

1. NO
3. YES

12d. 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)?

Any episode persisted after cessation of substance use – prior to the last 12 months

1. NO
3. YES

CHECK ITEM 7.16	DID RESPONDENT HAVE MORE THAN ONE EPISODE? (IS Q.7c 2 OR MORE?)	<input type="checkbox"/> NO <input type="checkbox"/> YES – SKIP TO CHECK ITEM 7.17
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13a. Did your panic attacks BEGIN to happen DURING a time when you were physically ill or getting over being physically ill?

Only episode related to illness

1. NO – **SKIP TO Q.16**
3. YES

13b. Did a doctor or other health professional tell you that these panic attacks were related to your physical illness or medical condition?

Doctor said only episode related to illness

1. NO – **SKIP TO Q.16**
3. YES – **SKIP TO Q.16**

CHECK ITEM 7.17	DID PANIC ATTACKS BEGIN IN THE LAST 12 MONTHS? (IS Q.7a OR Q.8a "1"?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 7.18 <input type="checkbox"/> YES
------------------------	--	--

14a. 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?

All episodes related to illness – last 12 months

1. NO – **SKIP TO CHECK ITEM 7.18**
3. YES

14b. 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?

Doctor said all episodes related to illness – last 12 months

1. NO
3. YES

CHECK ITEM 7.18	DID PANIC ATTACKS BEGIN PRIOR TO THE LAST 12 MONTHS? (IS Q.7a '2'?)	<input type="checkbox"/> NO – SKIP TO Q.16 <input type="checkbox"/> YES
------------------------	--	---

15a. 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 ill?

All episodes related to illness – prior to the last 12 months

1. NO – **SKIP TO Q.16**
3. YES

15b. Did a doctor or other health professional tell you that ALL of the panic attacks you had like this were related to

Doctor said all episodes related to illness – prior to the last 12 months

1. NO
3. YES

your physical illness or medical condition?

16. 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?

Ever have an expected panic attack

- 1. NO– **SKIP TO SECTION 8**
- 3. YES

CHECK ITEM 7.19	HAS RESPONDENT HAD BOTH EXPECTED AND UNEXPECTED PANIC ATTACKS? (IS Q.4a1 CODED '3'?)	<input type="checkbox"/> NO <input type="checkbox"/> YES – SKIP TO SECTION 8
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Statement 7.3: 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. . .

17a. ... were you short of breath or did you feel as if you were being smothered?

Sensations of shortness of breath

- 1. NO
- 3. YES

17b. ... did your heart race, pound, or skip a beat?

Palpitations, pounding heart, or accelerated heart rate

- 1. NO
- 3. YES

17c. ... did you actually shake or tremble?

Trembling or shaking

- 1. NO
- 3. YES

- "feeling shaky" when not observable = "1"

17d. ... did you perspire or sweat?

Sweating

- 1. NO
- 3. YES

17e. ... did you feel as if you were choking?

Feeling of choking

- 1. NO
- 3. YES

17f1. ... did you feel lightheaded or as if you might faint?

Feeling lightheaded or faint

- 1. NO
- 3. YES

17f2. ... did you feel dizzy or unsteady?

Feeling dizzy or unsteady

- 1. NO
- 3. YES

17g1. ...did things around you seem unreal?

Derealization

- 1. NO
- 3. YES

17g2. ... did you feel detached from things around you or detached from part of your body?

Depersonalization

- 1. NO
- 3. YES

17h. ... did you have tingling or numbness in parts of your body?

Numbness or tingling sensations

- 1. NO
- 3. YES

17i. ... have chills or feel hot?

Hot flashes or chills

- 1. NO
- 3. YES

17j. ... did you feel nauseated, or have an upset stomach, or have the feeling that you were going to have diarrhea?

Nausea or abdominal stress

- 1. NO
- 3. YES

17k. ... did you have chest pain or pressure?

Chest pain or discomfort

- 1. NO
- 3. YES

17l. ... were you afraid you were going crazy or that you might lose control?

Fear of going crazy or doing something uncontrolled

- 1. NO
- 3. YES

- examples: involuntarily pressing car accelerator, screaming, pushing people down while trying to escape
 - fear of being unable to function = "1"
 - fear of behaving recklessly, acting impulsively = "3"

17m. During the worst attack, were you afraid that you might die?

Fear of dying

- 1. NO
- 3. YES

CHECK ITEM 7.20	DID THE WORST/MOST RECENT EXPECTED PANIC ATTACK HAVE AT LEAST 1 SYMPTOM? (IS AT LEAST 1 QUESTION FROM Q. 17a - 17m CODED "3"?)	<input type="checkbox"/> NO - SKIP TO SECTION 8 <input type="checkbox"/> YES
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**CHECK ITEM
7.21**

DID THE WORST/MOST RECENT EXPECTED PANIC ATTACK
HAVE AT LEAST 4 SYMPTOMS?

NO - **SKIP TO SECTION 8**

(ARE AT LEAST 4 QUESTIONS FROM Q. 17a - 17m CODED "3"?)

YES

18. During the time you were having your worst EXPECTED panic attacks, did at least 4 of the experiences you mentioned begin suddenly and become very intense within minutes?

Symptoms co-occurred and reached full intensity within minutes

- 1. NO
- 3. YES

PRISM - NESARC SECTION 8 – ANXIETY SITUATIONS

Statement 8.1: Now I am going to ask you about feelings of fear or anxiety that you might have experienced at some time in your life.

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 about...

1a. shopping in a big store or supermarket?	Potential agoraphobia - calms down after first few minutes = "1" - general fear or anxiety unrelated to specific situation = "1"	1. NO 3. YES
1b. being at a movie or other theater?	Potential agoraphobia - calms down after first few minutes = "1" - general fear or anxiety unrelated to specific situation = "1"	1. NO 3. YES
1c. being away from home by yourself?	Potential agoraphobia - calms down after first few minutes = "1" - general fear or anxiety unrelated to specific situation = "1"	1. NO 3. YES
1d. being around crowds?	Potential agoraphobia - calms down after first few minutes = "1" - general fear or anxiety unrelated to specific situation = "1"	1. NO 3. YES
1e. standing in line?	Potential agoraphobia - calms down after first few minutes = "1" - general fear or anxiety unrelated to specific situation = "1"	1. NO 3. YES
1f. being in wide open places, like a field, parking lot, or mall?	Potential agoraphobia - calms down after first few minutes = "1" - general fear or anxiety unrelated to specific situation = "1"	1. NO 3. YES
1g. traveling in a train?	Potential agoraphobia - calms down after first few minutes = "1" - general fear or anxiety unrelated to specific situation = "1"	1. NO 3. YES
1h. traveling on a bus?	Potential agoraphobia - calms down after first few minutes = "1" - general fear or anxiety unrelated to specific situation = "1"	1. NO 3. YES
1i. traveling on a ship?	Potential agoraphobia - calms down after first few minutes = "1" - general fear or anxiety unrelated to specific situation = "1"	1. NO 3. YES
1j. traveling on a plane?	Potential agoraphobia - calms down after first few minutes = "1" - general fear or anxiety unrelated to specific situation = "1"	1. NO 3. YES
1k1. being in any other place or situation because you might feel extremely anxious or frightened?	Potential agoraphobia - calms down after first few minutes = "1" - general fear or anxiety unrelated to specific situation = "1"	1. NO – SKIP TO CHECK ITEM 8.1 3. YES
1k2. ----->	Potential agoraphobia - indicate the place or situation which elicits fear of having a panic attack - example: "leaving the house"	_____

PRISM - NESARC SECTION 8 – ANXIETY SITUATIONS

CHECK ITEM 8.1	DID RESPONDENT REPORT POTENTIAL AGORAPHOBIA? (ARE 2 OR MORE Q.'s 1a – 1k1 CODED "YES"?)	<input type="checkbox"/> NO – SKIP TO SECTION 9 <input type="checkbox"/> YES
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- | | | |
|---|---|-----------------|
| 2a. When you found yourself in any of these situations, did you ALWAYS become very anxious or frightened? | Always anxious or frightened about having a panic attack in agoraphobic situation | 1. NO
3. YES |
| 2b. When you were in these situations were you very frightened or anxious the <u>whole</u> time? | Endured despite marked distress on all occasions

- must experience intense anxiety or distress <u>continuously</u>
- calms down after first few minutes = "1"
- intense physical anxiety symptoms but no conscious fear = "3" | 1. NO
3. YES |
| 3. Did you ever find that you needed to take someone with you if you were going to be in these situations because you were so anxious or frightened when you were in them? | Companion needed in agoraphobic situation

- unable to go without companion = "3" | 1. NO
3. YES |
| ASK IF NOT KNOWN:
4a. Did you EVER avoid any of these situations because of your anxiety or strong fear of them? | Avoidance of agoraphobic situation

- changing activities or modes of transportation = "3"
- avoidance even if causes no impairment or distress = "3" | 1. NO
3. YES |
| IF YES:
Did you avoid (the situation) sometimes or always? | | |
| 4b. 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? | Excessive fear or anxiety | 1. NO
3. YES |
| 4c. Did you EVER feel that your fear, anxiety or avoidance of any of these situations was excessive, that is, in excess of the actual danger of the situation? | Excessive fear or anxiety | 1. NO
3. YES |

CHECK ITEM 8.2	DID RESPONDENT HAVE EXPECTED OR UNEXPECTED PANIC ATTACK? (IS Q.4a1 OR Q.18 IN SECTION 7 CODED '3?')	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 8.3A <input type="checkbox"/> YES
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- | | | |
|--|---|--|
| 5a. When you were in any of these situations, did you EVER have a panic attack? | Panic attack in identified situation | 1. NO – SKIP TO Q.5b
3. YES– SKIP TO Q.5c |
|--|---|--|

CHECK ITEM 8.3A	DID RESPONDENT HAVE SYMPTOMS OF EXPECTED OR UNEXPECTED PANIC ATTACK? (IS CHECK ITEM 7.3 OR CHECK ITEM 7.21 IN SECTION 7 CODED YES?)	<input type="checkbox"/> NO – SKIP TO Q.7a <input type="checkbox"/> YES
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- | | | |
|---|---|---------------------------------------|
| 5b. When you were in any of these situations, did you ever experience ANY of the symptoms of a panic attack? | Symptoms of panic attack in identified situation | 1. NO - SKIP TO Q.7a
3. YES |
|---|---|---------------------------------------|

PRISM - NESARC SECTION 8 – ANXIETY SITUATIONS

5c. When you were in these situations, were you very frightened of or anxious about any of these situations because you were afraid of losing control or having a panic attack or panic symptoms?

Marked and persistent fear of panic attacks

- 1. NO
- 3. YES

- must be fear of or anxiety about panicking or losing control, not of situation itself
- calms down after first few minutes = "1"
- fear of or anxiety about specific phobia stimulus or social phobia situation = "1"
- general fear or anxiety unrelated to specific situation = "1"
- persistent fear of or anxiety about panicking even if respondent never actually experienced panic attack = "3"

5d. 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?

Fear where help is unavailable

- 1. NO
- 3. YES

6a. Were you EVER very frightened or anxious 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?

Fear where escape is difficult

- 1. NO
- 3. YES

6b. Did you EVER avoid any of these situations because you were afraid of losing control or having a panic attack or panic symptoms?

Avoidance due to fear of panic attacks

- 1. NO
- 3. YES

7a. During this time when you felt the most frightened or anxious did you have more arguments with others than usual?

Impairment: interpersonal conflict

- 1. NO
- 2. A LITTLE
- 3. A MODERATE AMOUNT
- 4. A LOT

- behavior must be persistent and clearly related to fear/anxiety or other symptoms of agoraphobia

IF YES:

Were the problems happening a little, a moderate amount, or a lot?

7b. During this time when you felt the most frightened or anxious did you avoid seeing or talking to people because you didn't want to be around them as much as usual?

Impairment: social withdrawal

- 1. NO
- 2. A LITTLE
- 3. A MODERATE AMOUNT
- 4. A LOT

- behavior must be persistent and clearly related to fear/anxiety or other symptoms of agoraphobia

IF YES:

Were the problems happening a little, a moderate amount, or a lot?

7c. During this time when you felt the most nervous or anxious did you depend on others to take care of your everyday responsibilities or to give you a lot of attention or comfort?

Impairment: demands for attention, dependency

- 1. NO
- 2. A LITTLE
- 3. A MODERATE AMOUNT
- 4. A LOT

- behavior must be persistent and clearly related to fear/anxiety or other symptoms of agoraphobia

IF YES:

Were the problems happening a little, a moderate amount, or a lot?

7d. During this time when you felt the most frightened or anxious did you have more trouble with work, school, or household tasks?

Impairment: failure to fulfill usual responsibilities

- 1. NO
- 2. A LITTLE
- 3. A MODERATE AMOUNT
- 4. A LOT

- behavior must be persistent and clearly related to fear/anxiety or other symptoms of agoraphobia

IF YES:

Were the problems happening a little, a moderate amount, or a lot?

**CHECK ITEM
8.3B**

DID RESPONDENT REPORT IMPAIRMENT?
(ARE ANY Q.'s 7a-7d CODED "2," "3," OR "4"?)

- NO
- YES– SKIP TO Q.8

PRISM - NESARC SECTION 8 – ANXIETY SITUATIONS

7e. During this time when you felt the most frightened or anxious did you find you couldn't do any other things you usually did or wanted to do?

Impairment - other

- 1. NO
- 2. A LITTLE
- 3. A MODERATE AMOUNT
- 4. A LOT

IF YES:

Were these problems happening a little, moderate amount, or a lot?

8. Did you feel very upset about this fear or anxiety and the (SYMPTOMS)?

Clinically significant distress caused by anxiety, fear, or physical symptoms

- 1. NO
- 3. YES

IF NO:

Did you ever seek help or think about seeking help for this problem?

- wanted or sought help with fear or anxiety and/or symptoms = "3"

9a. How old were you when you first began to have a fear of or anxiety about panicking or losing control of yourself in a specific situation?

Initial onset of agoraphobia

- 1. WEEKS AGO
- 2. MONTHS AGO
- 3. AGE

- code "AGE" if more than 12 months ago

9b. ----->

Initial onset of agoraphobia

- indicate the number of weeks or months ago
- indicate age if more than 12 months ago

9c. 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 frightened of or anxious about any of these situations and you DIDN'T try to avoid them.

Number of separate episodes

- "All my life," indicate "1" episode

CHECK ITEM 8.4

DID RESPONDENT HAVE MORE THAN ONE EPISODE?
(IS Q.9c 2 OR MORE?)

- NO – SKIP TO Q.10e
- YES

10a. When was the most recent time that you began to experience a strong fear, anxiety, or avoidance of these situations?

Onset of most recent episode

- 1. WEEKS AGO
- 2. MONTHS AGO
- 3. AGE

- code "AGE" if more than 12 months ago

10b. ----->

Onset of most recent episode

- indicate the number of weeks or months ago
- if more than 12 months ago, indicate age

10c. In your ENTIRE LIFE, what was the LONGEST period you had when you were frightened of or anxious about any of these situations or you tried to avoid them?

Duration of longest episode

- 1. DAYS
- 2. WEEKS
- 3. MONTHS
- 4. YEARS

- code "YEARS" if more than 12 months

10d. ----->

Duration of longest episode

- indicate the number of (days/weeks/months/years)

CHECK ITEM 8.5

DID RESPONDENT HAVE MORE THAN ONE EPISODE?
(IS Q.9c 2 OR MORE?)

- NO
- YES - SKIP TO Q.10g

10e. How long did that period last when you were frightened of or anxious about any of these situations or you tried to avoid them?

Duration of only episode

- 1. DAYS
- 2. WEEKS
- 3. MONTHS
- 4. YEARS

- code "YEARS" if more than 12 months

10f. ----->

Duration of only episode

- indicate the number of (days/weeks/months/years)

PRISM - NESARC SECTION 8 – ANXIETY SITUATIONS

10g. Since this (time/most recent time) BEGAN, have there been at least 2 months when you WEREN'T frightened of or anxious about any of these situations and you DIDN'T try to avoid them?

Remission from only/most recent episode

- 1. NO - **SKIP CHECK ITEM 8.6**
- 3. YES

ASK IF NOT KNOWN:

10h. When was the last time you had these experiences?

Offset of most recent or only episode

- 1. MONTHS AGO
- 2. AGE

- code "AGE" if more than 12 months ago

10i. ----->

Offset of most recent or only episode

- indicate the number of months ago
- if more than 12 months ago, indicate age

CHECK ITEM 8.6

IS RESPONDENT A LIFETIME ABSTAINER FROM ALCOHOL?
(IS Q.1a IN SECTION 2A CODED "1"?)

- NO
- YES - **SKIP TO Q.11c**

11a. 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 you were drinking heavily or a lot more than usual?

Only/any episode following alcohol use

- 1. NO
- 3. YES

- chronic alcohol intoxication: drank 5 or more drinks, 4+ days a week for a month
- binge use: intoxicated 3+ days straight
- most days of the month: at least 5 drinks a day, at least half of the days of the month
- drank only small amounts of alcohol (less than 5 drinks) daily = "1"

By a lot, I mean: drinking 5 or more drinks at least 4 days a week for a month, drinking three days straight or drinking most days of the month.

11b. 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?

Only/any episode during bad aftereffects of alcohol use

- 1. NO
- 3. YES

11c. 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 a lot?

Only/any episode following drug or medication use

- 1. NO
- 3. YES

- chronic drug intoxication: intoxicated 4+ days a week for a month
- binge use: intoxicated 3+ days straight
- most days of the month: intoxicated at least half of the days of the month

By a lot, I mean: at least 4 days a week for a month, three days straight or most days of the month.

11d. 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?

Only/any episode during bad aftereffects of drug or medication use

- 1. NO
- 3. YES

CHECK ITEM 8.7

DID ONLY/ANY EPISODE TAKE PLACE DURING OR AFTER ALCOHOL/DRUG/MEDICATION USE?
(ARE ANY Q.'s 11a-11d CODED '3'?)

- NO – **SKIP TO CHECK ITEM 8.14**
- YES

CHECK ITEM 8.8

DID RESPONDENT HAVE MORE THAN ONE EPISODE?
(IS IN Q.9c 2 OR MORE?)

- NO
- YES – **SKIP TO CHECK ITEM 8.10**

CHECK ITEM 8.9

DID RESPONDENT'S EPISODE LAST AT LEAST 1 MONTH?
(IS Q.10d CODED '2' OR '3'?)

- NO – **SKIP TO Q.15a**
- YES

PRISM - NESARC SECTION 8 – ANXIETY SITUATIONS

12a. 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?

Stopped substance use for 1 month during only episode

- 1. NO – SKIP TO Q.15a
- 3. YES

12b. Did you CONTINUE to have a strong fear, anxiety, 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)?

Only episode persisted after cessation of substance use

- 1. NO – SKIP TO Q.15a
- 3. YES – SKIP TO Q.15a

CHECK ITEM 8.10

DID AGORAPHOBIA BEGIN IN THE LAST 12 MONTHS?

NO – SKIP TO CHECK ITEM 8.12

(IS Q.9a OR Q.10a CODED '1' OR '2'?)

YES

13a. 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)?

All episodes related to substance use – last 12 months

- 1. NO – SKIP TO CHECK ITEM 8.12
- 3. YES

CHECK ITEM 8.11

DID RESPONDENT'S LONGEST EPISODE LAST AT LEAST 1 MONTH?

NO – SKIP TO CHECK ITEM 8.12

(IS Q.10c CODED '2' OR '3'?)

YES

13b. 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?

Stopped substance use for 1 month during any episode – last 12 months

- 1. NO – SKIP TO CHECK ITEM 8.12
- 3. YES

13c. During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?

Stopped substance use for 1 month during all episodes – last 12 months

- 1. NO
- 3. YES

13d. 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)?

Any episode persisted after cessation of substance use – last 12 months

- 1. NO
- 3. YES

CHECK ITEM 8.12

DID AGORAPHOBIA BEGIN PRIOR TO THE LAST 12 MONTHS?

NO – SKIP TO CHECK ITEM 8.15

(IS Q.9a CODED '3'?)

YES

14a. 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)?

All episodes related to substance use – prior to the last 12 months

- 1. NO – SKIP TO CHECK ITEM 8.15
- 3. YES

CHECK ITEM 8.13

DID RESPONDENT'S LONGEST EPISODE LAST AT LEAST 1 MONTH?

NO – SKIP TO CHECK ITEM 8.15

(IS Q.10c CODED '2' OR '3'?)

YES

PRISM - NESARC SECTION 8 – ANXIETY SITUATIONS

14b. 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?

Stopped substance use for 1 month during any episode – prior to the last 12 months

- 1. NO – **SKIP TO CHECK ITEM 8.15**
- 3. YES

14c. During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?

Stopped substance use for 1 month during all episodes – prior to the last 12 months

- 1. NO
- 3. YES

14d. 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)?

Any episode persisted after cessation of substance use – prior to the last 12 months

- 1. NO
- 3. YES

CHECK ITEM 8.14

DID RESPONDENT HAVE MORE THAN ONE EPISODE?
(IS IN Q.9c 2 OR MORE?)

- NO
- YES – **SKIP TO CHECK ITEM 8.15**

15a. 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?

Only episode related to illness

- 1. NO – **SKIP TO SECTION 9**
- 3. YES

15b. Did a doctor or other health professional tell you that your fear, anxiety, or avoidance of these situations was related to your physical illness or medical condition?

Doctor said only episode related to illness

- 1. NO – **SKIP TO SECTION 9**
- 3. YES – **SKIP TO SECTION 9**

CHECK ITEM 8.15

DID AGORAPHOBIA BEGIN IN THE LAST 12 MONTHS?
(IS Q.9a OR Q.10a CODED '1' OR '2'?)

- NO – **SKIP TO CHECK ITEM 8.16**
- YES

16a. Did ALL of those times when you were frightened, anxious, or avoidant of these situations in the last 12 months ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?

All episodes related to illness – last 12 months

- 1. NO – **SKIP TO CHECK ITEM 8.16**
- 3. YES

16b. 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?

Doctor said all episodes related to illness – last 12 months

- 1. NO
- 3. YES

CHECK ITEM 8.16

DID AGORAPHOBIA BEGIN PRIOR TO THE LAST 12 MONTHS?
(IS Q.9a CODED '3'?)

- NO – **SKIP TO SECTION 9**
- YES

17a. Did ALL of those times when you were frightened, anxious, or avoidant of these situations BEFORE 12 months ago ONLY BEGIN to happen DURING times when you were physically ill or getting over being ill?

All episodes related to illness – prior to the last 12 months

- 1. NO – **SKIP TO SECTION 9**
- 3. YES

17b. 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?

Doctor said all episode related to illness – prior to the last 12 months

- 1. NO
- 3. YES

PRISM – NESARC SECTION 9 - SOCIAL ANXIETIES

Statement 9.1: The next few questions are about social situations which may have made you very frightened or anxious at some time in your life. You may have avoided these situations because they made you so frightened or anxious.

Some people have such a strong fear of SOCIAL situations (e.g., doing things in front of other people, interacting with people or being the center of attention) that they become very frightened or anxious or try to avoid them.

Have you EVER had a strong fear, anxiety or avoidance of ...

- | | | |
|--|--|-----------------|
| 1a. speaking or talking in front of other people? | Potential social phobia

- calms down after first few minutes = "1"
- due to depression or paranoia = "1"
- fears of embarrassment due to ritualistic behaviors, or physical appearance or condition = "1" | 1. NO
3. YES |
| 1b. having conversations with people you don't know well? | Potential social phobia

- calms down after first few minutes = "1"
- due to depression or paranoia = "1"
- fears of contamination, or of embarrassment due to ritualistic behaviors, or physical appearance or condition = "1" | 1. NO
3. YES |
| 1c. going to parties or other social gatherings? | Potential social phobia

- calms down after first few minutes = "1"
- due to depression or paranoia = "1"
- fears of contamination, or of embarrassment due to ritualistic behaviors, or physical appearance or condition = "1" | 1. NO
3. YES |
| 1d. eating or drinking in public? | Potential social phobia

- calms down after first few minutes = "1"
- due to depression or paranoia = "1"
- fears of contamination, or of embarrassment due to ritualistic behaviors, or physical appearance or condition = "1" | 1. NO
3. YES |
| 1e. writing while someone else is watching? | Potential social phobia

- calms down after first few minutes = "1"
- due to depression or paranoia = "1"
- fears of contamination, or of embarrassment due to ritualistic behaviors, or physical appearance or condition = "1" | 1. NO
3. YES |
| 1f. dating? | Potential social phobia

- calms down after first few minutes = "1"
- due to depression or paranoia = "1"
- fears of contamination, or of embarrassment due to ritualistic behaviors, or physical appearance or condition = "1" | 1. NO
3. YES |
| 1g. being in a small group situation? | Potential social phobia

- calms down after first few minutes = "1"
- due to depression or paranoia = "1"
- fears of contamination, or of embarrassment due to ritualistic behaviors, or physical appearance or condition = "1" | 1. NO
3. YES |
| 1h. taking part in or speaking in class? | Potential social phobia

- calms down after first few minutes = "1" | 1. NO
3. YES |

PRISM – NESARC SECTION 9 - SOCIAL ANXIETIES

	<ul style="list-style-type: none"> - due to depression or paranoia = "1" - fears of contamination, or of embarrassment due to ritualistic behaviors, or physical appearance or condition = "1" 	
1i. being interviewed?	<p>Potential social phobia</p> <ul style="list-style-type: none"> - calms down after first few minutes = "1" - due to depression or paranoia = "1" - fears of contamination, or of embarrassment due to ritualistic behaviors, or physical appearance or condition = "1" 	<p>1. NO 3. YES</p>
1j. taking part in or speaking at a meeting?	<p>Potential social phobia</p> <ul style="list-style-type: none"> - calms down after first few minutes = "1" - due to depression or paranoia = "1" - fears of contamination, or of embarrassment due to ritualistic behaviors, or physical appearance or condition = "1" 	<p>1. NO 3. YES</p>
1k. performing in front of other people?	<p>Potential social phobia</p> <ul style="list-style-type: none"> - calms down after first few minutes = "1" - due to depression or paranoia = "1" - fears of contamination, or of embarrassment due to ritualistic behaviors, or physical appearance or condition = "1" 	<p>1. NO 3. YES</p>
1l. taking an important exam	<p>Potential social phobia</p> <ul style="list-style-type: none"> - calms down after first few minutes = "1" - due to depression or paranoia = "1" - fears of contamination, or of embarrassment due to ritualistic behaviors, or physical appearance or condition = "1" 	<p>1. NO 3. YES</p>
1m. speaking to an authority figure, like a teacher or a boss?	<p>Potential social phobia</p> <ul style="list-style-type: none"> - calms down after first few minutes = "1" - due to depression or paranoia = "1" - fears of contamination, or of embarrassment due to ritualistic behaviors, or physical appearance or condition = "1" 	<p>1. NO 3. YES</p>
1n. meeting new people?	<p>Potential social phobia</p> <ul style="list-style-type: none"> - calms down after first few minutes = "1" - due to depression or paranoia = "1" - fears of contamination, or of embarrassment due to ritualistic behaviors, or physical appearance or condition = "1" 	<p>1. NO 3. YES</p>
1o. talking to people at social gatherings?	<p>Potential social phobia</p> <ul style="list-style-type: none"> - calms down after first few minutes = "1" - due to depression or paranoia = "1" - fears of contamination, or of embarrassment due to ritualistic behaviors, or physical appearance or condition = "1" 	<p>1. NO 3. YES</p>
1p1. any other social activity?	<p>Potential social phobia</p> <ul style="list-style-type: none"> - calms down after first few minutes = "1" - due to depression or paranoia = "1" - fears of contamination, or of embarrassment due to ritualistic behaviors, or physical appearance or condition = "1" 	<p>1. NO - SKIP TO CHECK ITEM 9.1 3. YES</p>
1p2 ----->	<p>Potential social phobia</p>	<p>_____</p>

- specify other type of social fear

CHECK ITEM 9.1	DID RESPONDENT REPORT A STRONG FEAR OF OR ANXIETY ABOUT ANY SOCIAL SITUATION? (ARE ANY Q.'s 1a-1p CODED "YES"?)	<input type="checkbox"/> NO – SKIP TO SECTION 10 <input type="checkbox"/> YES
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1q. When you had to be in any of these social situations, did you have physical experiences like shaking, sweating, heart pounding, or stomach pains?

Marked and persistent fear of social or performance situation(s) in which respondent is exposed to unfamiliar people or possible scrutiny by others

1. NO
3. YES

- calms down after first few minutes = "1"
- due to depression, paranoia, or fear of having a panic attack = "1"
- fears of contamination, of separation, of embarrassment due to ritualistic behaviors, or of physical appearance or condition = "1"

2a. 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?

Fear of possible scrutiny by others

1. NO
3. YES

2b. 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?

Fear of showing anxiety symptoms

1. NO
3. YES

2c. Did you have a STRONG FEAR, anxiety or avoidance of any social situations because you were afraid of being rejected by other people because of what you might say or do?

Fear of rejection

1. NO
3. YES

2d. 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?

Fear of offending others

1. NO
3. YES

3. Were you always very frightened or anxious when you found yourself in any of these social situations?

Exposure to the feared situation or activity almost always provokes immediate, intense anxiety

1. NO
3. YES

IF NO, AND AVOIDS ACTIVITY:

When you used to be in these social situations, were you always very frightened or anxious when you found yourself in the situation?

- avoidance must be in response to fear or anxiety
- as a child, the anxiety may have been expressed by crying, tantrums, freezing, or withdrawing from social situations with unfamiliar people
- intense physical anxiety symptoms with or without conscious fear = "3"

4. When you had to be in any of these social situations, were you very frightened or anxious the whole time?

Social situation or activity is endured with intense anxiety or distress on all occasions when it is not avoided (after onset of phobic fear)

1. NO
3. YES

- must experience intense anxiety or distress continuously
- calms down after first few minutes = "1"
- intense physical anxiety symptoms but no conscious fear or anxiety = "3"

ASK IF NOT KNOWN:

5. Was there ever a time when you avoided any of these social situations because you were so frightened or anxious?

Avoidance of social situation/activity

1. NO
3. YES

- no longer exposed to situation but would avoid again if exposed = "3"

- avoidance even if causes no impairment or distress = "3"

6a. Did you EVER feel that your strong fear, anxiety or avoidance was out of proportion in relation to the actual danger of the situation or activity?

Recognition that fear of embarrassment or humiliation in specified situation or activity is out of proportion

1. NO
3. YES

- recognition must occur during course of disturbance
- subjective opinion, not only others' opinions
- delusional reason for fear = "1"
- recognition that fear or anxiety is excessive considering reality of situation = "3"

6b. Did you EVER feel that your strong fear, anxiety or avoidance was excessive, that is, in excess of the actual danger of the situation or activity?

Recognition that fear of embarrassment or humiliation in specified situation or activity is excessive

1. NO
3. YES

- recognition must occur during course of disturbance
- subjective opinion, not only others' opinions
- delusional reason for fear = "1"
- recognition that fear or anxiety is excessive considering reality of situation = "3"

CHECK ITEM 9.2	DID RESPONDENT HAVE AN EXPECTED OR UNEXPECTED PANIC ATTACK? (IS Q.4a1 OR Q.18 IN SECTION 7 CODED YES?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 9.3A <input type="checkbox"/> YES
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7a. When you were in any of these social situations that made you frightened and anxious, did you EVER have a panic attack?

Panic attack in feared situation

1. NO – **SKIP TO Q.7b**
3. YES – **SKIP TO Q.7c**

CHECK ITEM 9.3A	DID RESPONDENT HAVE SYMPTOMS OF AN EXPECTED OR UNEXPECTED PANIC ATTACK? (IS CHECK ITEM 7.2 OR CHECK ITEM 7.20 IN SECTION 7 CODED 'YES'?)	<input type="checkbox"/> NO – SKIP TO Q.8a <input type="checkbox"/> YES
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7b. When you were in any of these social situations, did you EVER experience some of the symptoms of a panic attack?

Symptoms of panic attack in feared situation

1. NO – **SKIP TO Q.8a**
3. YES

7c. 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?

Fear of panic attacks in feared situation

1. NO
3. YES

7d. Did you EVER avoid any of these social situations because you were afraid of having a panic attack or panic symptoms?

Avoidance of feared situation due to fear of panic attacks

1. NO
3. YES

8a. Did your fear or anxiety ever cause any problems in your relationships or social life?

Interferes significantly with social activities or relationships

1. NO
2. A LITTLE
3. A MODERATE
4. A LOT

IF YES:
Were the problems happening a little, a moderate amount, or a lot?

- interference must be due to fear of or anxiety about social activity or situation
- interference can include social isolation, frequent arguments, or loss of friends

8b. Did your fear or anxiety ever interfere with your normal daily activities or make it harder for you to take care of your everyday responsibilities?

Interferes significantly with normal routine

1. NO
2. A LITTLE
3. A MODERATE
4. A LOT

IF YES:
Were the problems happening a little, a moderate amount, or a lot?

- interference must be due to fear of or anxiety about social activity or situation
- interference can include task refusal or poor performance

8c. Did your fear or anxiety ever cause any problems for you at work or school?

IF YES:
Were the problems happening a little, a moderate amount, or a lot?

Interferes significantly with occupational or academic functioning

- must be due to fear of or anxiety about social activity or situation
- interference can include job-task refusal or poor performance

1. NO
2. A LITTLE
3. A MODERATE
4. A LOT

CHECK ITEM 9.3B

DID RESPONDENT REPORT IMPAIRMENT?
(ARE ANY Q.'s 8a-8c CODED "2," "3," OR "4"?)

- NO
 YES – **SKIP TO Q.9**

8d. Did your fear and anxiety ever prevent you from doing any other things you usually did or wanted to do?

IF YES:
Were these problems happening a little, moderate amount, or a lot?

Impairment - other

1. NO
2. A LITTLE
3. A MODERATE
4. A LOT

9. Did you often feel very upset about having this fear or anxiety?

IF NO:
Did you ever think about getting some help for the problem?

Marked distress about having social fear or anxiety

- refers to feelings about the fear or anxiety and their consequences when away from feared situation/activity
- considering or seeking help for fear/avoidance = "3"

1. NO
3. YES

10a. When did you first begin to experience a strong fear, anxiety, or avoidance of any of these social situations?

10b. ----->

10c. 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 frightened of or anxious about social situations and you DIDN'T try to avoid them.

Initial onset of social phobia

- code "AGE" if more than 12 months ago

1. WEEKS AGO
2. MONTHS AGO
3. AGE

Initial onset of social phobia

- indicate number of weeks or months ago
- indicate age, if more than 12 months ago

Number of separate episodes of social phobia

- "All my life," indicate 1 episode

CHECK ITEM 9.4

DID RESPONDENT HAVE MORE THAN ONE EPISODE OF SOCIAL PHOBIA?
(IS Q.10e 2 OR MORE?)

- NO – **SKIP TO Q.11e**
 YES

11a. When was the most recent time that you began to have problems because of a fear, anxiety, or avoidance of embarrassing or humiliating yourself in a specific situation?

11b. ----->

11c. In your ENTIRE LIFE, what was the LONGEST period you had when you were frightened, anxious, or avoidant of any social situation?

11d. ----->

Onset of most recent episode of social phobia

- code "age" if more than 12 months ago

1. WEEKS AGO
2. MONTHS AGO
3. AGE

Onset of most recent episode of social phobia

- indicate the number of weeks or months ago
- if more than 12 months ago, indicate age

Duration of longest episode of social phobia

1. DAYS
2. WEEKS
3. MONTHS
4. YEARS

Duration of longest episode of social phobia

- indicate the number of

(days/weeks/months/years)

CHECK ITEM 9.5	DID RESPONDENT HAVE MORE THAN ONE EPISODE OF SOCIAL PHOBIA? (IS Q.10e 2 OR MORE?)	<input type="checkbox"/> NO <input type="checkbox"/> YES – SKIP TO Q.11g
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11e. How long did that period last when you were frightened, anxious, or avoidant of any social situation?

Duration of only episode of social phobia

1. DAYS
2. WEEKS
3. MONTHS
4. YEARS

11f. ----->

Duration of only episode of social phobia

- indicate the number of (days/weeks/months/years)

11g. Since this (time/most recent time) BEGAN, have there been at least 2 months when you WEREN'T frightened, anxious, or avoidant of any social situation and you DIDN'T try to avoid them?

Remission from only/most recent episode of social phobia

1. NO – **SKIP TO CHECK ITEM 9.6**
3. YES

11h. When was the last time you had ANY of these experiences?

Offset of most recent/only episode of social phobia

1. MONTHS AGO
2. AGE

- code "AGE" if more than 12 months ago

11i. ----->

Offset of most recent/only episode of social phobia

- indicate number of months ago
- if more than 12 months ago, indicate age

CHECK ITEM 9.6	IS RESPONDENT A LIFETIME ABSTAINER FROM ALCOHOL? (IS Q.1a IN SECTION 2A CODED "1"?)	<input type="checkbox"/> NO <input type="checkbox"/> YES - SKIP TO Q.12c
--------------------------	--	--

12a. 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 you were drinking heavily or a lot more than usual?

Only/any episode following alcohol use

1. NO
3. YES

By a lot, I mean: drinking 5 or more drinks at least 4 days a week for a month, drinking three days straight or drinking most days of the month.

- chronic alcohol intoxication: drank 5 or more drinks, 4+ days a week for a month
- binge use: intoxicated 3+ days straight
- most days of the month: at least 5 drinks a day, at least half of the days of the month
- drank only small amounts of alcohol (less than 5 drinks) daily = "1"

12b. 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?

Only/any episode during bad aftereffects of alcohol use

1. NO
3. YES

12c. 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 a lot?

Only/any episode following drug or medication use

1. NO
3. YES

By a lot, I mean: at least 4 days a week for a month, three days straight or most days of the month.

- chronic drug intoxication: intoxicated 4+ days a week for a month
- binge use: intoxicated 3+ days straight
- most days of the month: intoxicated at least half of the days of the month

12d. 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?

Only/any episode during bad aftereffects of drug or medication use

1. NO
3. YES

CHECK ITEM 9.7	DID ONLY/ANY EPISODE TAKE PLACE DURING OR AFTER ALCOHOL/DRUG/MEDICATION USE? (ARE ANY Q.'s 12a-12d CODED '3'?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 9.14 <input type="checkbox"/> YES
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CHECK ITEM 9.8	DID RESPONDENT HAVE MORE THAN ONE EPISODE OF SOCIAL PHOBIA? (IS Q.10e 2 OR MORE?)	<input type="checkbox"/> NO <input type="checkbox"/> YES – SKIP TO CHECK ITEM 9.10
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CHECK ITEM 9.9	DID RESPONDENT'S EPISODE OF SOCIAL PHOBIA LAST AT LEAST 1 MONTH? (IS Q.11d CODED '2' OR '3'?)	<input type="checkbox"/> NO – SKIP TO Q.16a <input type="checkbox"/> YES
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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?

Stopped substance use for 1 month during only episode

1. NO – SKIP TO Q.16a
3. YES

13b. 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)?

Only episode persisted after cessation of substance use

1. NO – SKIP TO Q.16a
3. YES – SKIP TO Q.16a

CHECK ITEM 9.10	DID SPECIFIC PHOBIA BEGIN IN THE LAST 12 MONTHS? (IS Q.10a OR Q.11a CODED '1' OR '2'?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 9.12 <input type="checkbox"/> YES
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14a. Did ALL of those 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)?

All episodes related to substance use – last 12 months

1. NO – SKIP TO CHECK ITEM 9.12
3. YES

CHECK ITEM 9.11	DID RESPONDENT'S LONGEST EPISODE OF SOCIAL PHOBIA LAST AT LEAST 1 MONTH? (IS Q.11c CODED '2' OR '3'?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 9.12 <input type="checkbox"/> YES
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14b. 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?

Stopped substance use for 1 month during any episode – last 12 months

1. NO – SKIP TO CHECK ITEM 9.12
3. YES

14c. During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?

Stopped substance use for 1 month during all episodes – last 12 months

1. NO
3. YES

14d. Did you CONTINUE to have a strong fear, anxiety, or avoidance of any of these social 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)?

Any episode persisted after cessation of substance use – last 12 months

1. NO
3. YES

CHECK ITEM 9.12	DID SOCIAL PHOBIA BEGIN PRIOR TO THE LAST 12 MONTHS? (IS Q.10a CODED '3'?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 9.15 <input type="checkbox"/> YES
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<p>15a. Did ALL of those 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)?</p>	<p>All episodes related to substance use – prior to the last 12 months</p>	<p>1. NO – SKIP TO CHECK ITEM 9.15 3. YES</p>
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CHECK ITEM 9.13	DID RESPONDENT'S LONGEST EPISODE OF SOCIAL PHOBIA LAST AT LEAST 1 MONTH? (IS Q.11c CODED '2' OR '3'?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 9.15 <input type="checkbox"/> YES
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<p>15b. 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?</p>	<p>Stopped substance use for 1 month during any episode – prior to the last 12 months</p>	<p>1. NO – SKIP TO CHECK ITEM 9.15 3. YES</p>
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<p>15c. During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?</p>	<p>Stopped substance use for 1 month during all episodes – prior to the last 12 months</p>	<p>1. NO 3. YES</p>
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<p>15d. Did you CONTINUE to have a strong fear, anxiety, or avoidance of any of these social 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)?</p>	<p>Any episode persisted after cessation of substance use – prior to the last 12 months</p>	<p>1. NO 3. YES</p>
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CHECK ITEM 9.14	DID RESPONDENT HAVE MORE THAN ONE EPISODE OF SOCIAL PHOBIA? (IS IN Q.10e 2 OR MORE?)	<input type="checkbox"/> NO <input type="checkbox"/> YES – SKIP TO CHECK ITEM 9.15
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<p>16a. Did your fear of or anxiety about social situations BEGIN to happen during a time when you were physically ill or getting over being physically ill?</p>	<p>Only episode related to illness</p>	<p>1. NO – SKIP TO SECTION 10 3. YES</p>
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<p>16b. Did a doctor or other health professional tell you that your fear of or anxiety about social situations was related to your physical illness or medical condition?</p>	<p>Doctor said only episode related to illness</p>	<p>1. NO – SKIP TO SECTION 10 3. YES – SKIP TO SECTION 10</p>
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CHECK ITEM 9.15	DID SPECIFIC PHOBIA BEGIN IN THE LAST 12 MONTHS? (IS Q.10a OR Q.11a CODED '1' OR '2'?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 9.16 <input type="checkbox"/> YES
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<p>17a. Did ALL of those times when you were frightened, anxious, or avoidant of social situations in the last 12 months ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?</p>	<p>All episodes related to illness – last 12 months</p>	<p>1. NO – SKIP TO CHECK ITEM 9.16 3. YES</p>
--	--	--

<p>17b. 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?</p>	<p>Doctor said all episodes related to illness – last 12 months</p>	<p>1. NO 3. YES</p>
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CHECK ITEM 9.16	DID SOCIAL PHOBIA BEGIN PRIOR TO THE LAST 12 MONTHS? (IS Q.10a CODED '3?')	<input type="checkbox"/> NO – SKIP TO SECTION 10 <input type="checkbox"/> YES
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18a. Did ALL of those times when you were frightened, anxious, or avoidant of social situations BEFORE 12 months ago ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?

All episodes related to illness – prior to the last 12 months

- 1. NO – **SKIP TO SECTION 10**
- 3. YES

18b. 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?

Doctor said all episodes related to illness – prior to the last 12 months

- 1. NO
- 3. YES

PRISM - NESARC SECTION 10 - SPECIFIC ANXIETIES

Statement 10.1: 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 do not include any situations that we have already talked about.

Some people have such a strong fear of SPECIFIC SITUATIONS or OBJECTS that they become very frightened or anxious when they are in those situations or near those objects, or they try to avoid them.

Have you EVER had a strong fear of or anxiety about...

- | | | |
|--|----------------------------------|--|
| 1a. insects, snakes, birds or other animals? | Potential specific phobia | 1. NO
3. YES |
| 1b. heights, like tall buildings, bridges or mountains? | Potential specific phobia | 1. NO
3. YES |
| 1c. being in storms? | Potential specific phobia | 1. NO
3. YES |
| 1d. being in or on the water, like swimming or boating? | Potential specific phobia | 1. NO
3. YES |
| 1e. flying in airplanes? | Potential specific phobia | 1. NO
3. YES |
| 1f. seeing someone injured? | Potential specific phobia | 1. NO
3. YES |
| 1g. being in closed spaces, like a cave, tunnel or elevator? | Potential specific phobia | 1. NO
3. YES |
| 1h. seeing blood? | Potential specific phobia | 1. NO
3. YES |
| 1i. getting shots or injections? | Potential specific phobia | 1. NO
3. YES |
| 1j. going to the dentist? | Potential specific phobia | 1. NO
3. YES |
| 1k. visiting or being in a hospital? | Potential specific phobia | 1. NO
3. YES |
| 1l. thunder or lightning? | Potential specific phobia | 1. NO
3. YES |
| 1m. Invasive medical procedures? | Potential specific phobia | 1. NO
3. YES |
| 1n. Driving a car? | Potential specific phobia | 1. NO
3. YES |
| 1o. Choking or vomiting? | Potential specific phobia | 1. NO
3. YES |
| 1p1. Has there ever been anything else that you were always <u>very</u> frightened of or anxious about? Do not include any situations we have already talked about. | Potential specific phobia | 1. NO – SKIP TO CHECK ITEM 10.1
3. YES |

1p2. -----> **Potential specific phobia**

- indicate the specific feared object or situation _____
 - for example: "crossing bridges"

CHECK ITEM 10.1	DID RESPONDENT REPORT POTENTIAL SPECIFIC PHOBIA? (ARE 1 OR MORE Q.'s 1a – 1p CODED "YES"?)	<input type="checkbox"/> NO – SKIP TO SECTION 11 <input type="checkbox"/> YES
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PRISM - NESARC SECTION 10 - SPECIFIC ANXIETIES

2. When you were around any of these objects or situations, did you have physical experiences like shaking, sweating, heart-pounding, or stomach pains?

Potential specific phobia

1. NO
3. YES

- anxiety is almost always accompanied by somatic symptoms (e.g., shortness of breath, heart palpitations, sweating, etc.)
- calms down after first few minutes = "1"
- paranoia or fear of contamination = "1"

3. Were you always very frightened or anxious when you found yourself around any of these objects or situations?

Exposure almost always provokes immediate and intense anxiety

1. NO
3. YES

- if avoided, the object/situation must have provoked intense fear or anxiety prior to onset of avoidance
- intense physical anxiety symptoms but no conscious fear = "3"
- always gets frightened or anxious upon exposure, OR avoids as a result of fear or anxiety = "3"

IF NO AND AVOIDS EXPOSURE:

Before you started avoiding any of these objects or situations, were you always very frightened or anxious when you found yourself near any of these objects or situations?

4. When you had to be around any of these objects or situations, were you very frightened or anxious the whole time?

Situation endured with intense anxiety or distress on all occasions not avoided

1. NO
3. YES

- must experience intense anxiety or distress continuously
- calms down after first few minutes = "1"
- intense physical anxiety symptoms but no conscious fear = "3"

5. Was there ever a time when you avoided any of these objects or situations because you were so frightened or anxious?

Avoidance of phobic object

1. NO
3. YES

- avoidance not due to fear = "1"
- avoidance even if causes no impairment or distress = "3"

6a. Did you EVER feel that your strong fear, anxiety or avoidance was out of proportion in relation to the actual danger of the object or situation?

Recognition that fear of object or situation is out of proportion or excessive

1. NO
3. YES

- recognition must occur during course of disturbance
- subjective opinion, not only others' opinions
- delusional reason for fear = "1"
- recognition that fear or anxiety is excessive considering reality of situation = "3"

6b. Did you EVER feel that your strong fear, anxiety or avoidance was excessive, that is, in excess of actual danger of the object or situation?

Recognition that fear of object or situation is excessive

1. NO
3. YES

- recognition must occur during course of disturbance
- subjective opinion, not only others' opinion
- delusional reason for fear = "1"
- recognition that fear or anxiety is excessive considering reality of situation = "3"

CHECK ITEM 10.2	DID RESPONDENT HAVE AN EXPECTED OR UNEXPECTED PANIC ATTACK? (IS Q.4a1 OR Q.18 IN SECTION 7 CODED '3?')	G NO – SKIP TO CHECK ITEM 10.3A G YES
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7a. 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?

Panic attack in feared situation

1. NO – **SKIP TO Q.7b**
3. YES – **SKIP TO Q.7c**

CHECK ITEM 10.3A	DID RESPONDENT HAVE SYMPTOMS OF AN EXPECTED OR UNEXPECTED PANIC ATTACK? (IS CHECK ITEM 7.2 or CHECK ITEM 7.20 IN SECTION 7 CODED 'YES?')	G NO – SKIP TO Q.8a G YES
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7b. 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?

Symptoms of panic attack in feared situation

1. NO - **SKIP TO Q.8a**
3. YES

PRISM - NESARC SECTION 10 - SPECIFIC ANXIETIES

7c. 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?

Fear of panic attacks

- 1. NO
- 3. YES

7d. Did you EVER avoid any of these objects or situations because you were afraid of having a panic attack or panic symptoms?

Avoidance due to fear of panic attacks

- 1. NO
- 3. YES

Did your fear or anxiety ever...

Interferes significantly with social life or relationships

- 1. NO
- 2. A LITTLE
- 3. A MODERATE
- 4. A LOT

8a. cause any problems in your relationships or social life?

- problems must be due to fear or anxiety about specific object or situation
- interference in social activities or interpersonal relationships includes social isolation, frequent arguments, or loss of friends

IF YES:
Were the problems happening a little, a moderate amount, or a lot?

8b. interfere with your normal daily activities or make it harder for you to take care of your everyday responsibilities?

Interferes significantly with normal routine

- 1. NO
- 2. A LITTLE
- 3. A MODERATE
- 4. SEVERE

- problems must be due to fear or anxiety about specific object or situation

IF YES:
Were the problems happening a little, a moderate amount, or a lot?

8c. cause any problems for you at work or school?

Interferes significantly with occupational or academic functioning

- 1. NO
- 2. A LITTLE
- 3. A MODERATE
- 4. A LOT

- problems must be due to fear or anxiety about specific object or situation

IF YES:
Were the problems happening a little, a moderate amount, or a lot?

CHECK ITEM 10.3B	DID RESPONDENT REPORT IMPAIRMENT? (ARE ANY Q.'s 8a-8c CODED "2," "3," OR "4"?)	<input type="checkbox"/> NO <input type="checkbox"/> YES- SKIP TO Q.9
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8d. ...did you find you couldn't do any other things you usually did or wanted to do?

Impairment - other

- 1. NO
- 2. A LITTLE
- 3. A MODERATE AMOUNT
- 4. A LOT

IF YES:
Were these problems happening a little, moderate amount, or a lot?

9. Did you often feel very upset about having this fear?

Marked distress about fear or anxiety

- 1. NO
- 3. YES

- refers to feelings about the fear or anxiety and its consequences when away from feared object or situation
- considering or seeking help for fear or anxiety = "3"

IF NO:
Did you ever think about getting some help for the problem?

10a. When did you first begin to experience a strong fear, anxiety, or avoidance of any of these objects or situations?

Initial onset of specific phobia

- 1. WEEKS AGO
- 2. MONTHS AGO
- 3. AGE

- code "AGE" if more than 12 months ago

10b. ----->

Initial onset of specific phobia

- indicate the number of weeks or months ago _____
- if more than 12 months ago, indicate age _____

10c. 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 frightened of or anxious about any of these objects or situations and you DIDN'T try to avoid them.

Number of separate episodes of specific phobia

- "All my life", indicate "1" episode _____

CHECK ITEM 10.4	DID RESPONDENT HAVE MORE THAN ONE EPISODE OF SPECIFIC PHOBIA? (IS Q.10e CODED "2" OR MORE?)	<input type="checkbox"/> NO - SKIP TO Q.11e <input type="checkbox"/> YES
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11a. When was the most recent time that you began to have problems because of a fear, anxiety, or avoidance of a specific object or situation?

Onset of most recent episode of specific phobia

- 1. WEEKS AGO
- 2. MONTHS AGO
- 3. AGE

PRISM - NESARC SECTION 10 - SPECIFIC ANXIETIES

- 11b. ----->
- code "age" if more than 12 months ago
- Onset of most recent episode of specific phobia** _____
- indicate the number of weeks or months ago
 - if more than 12 months ago, indicate age
- 11c. In your ENTIRE LIFE, what was the LONGEST period you had when you were frightened, anxious, or avoidant of any of these objects or situations?
- Duration of longest episode of specific phobia**
- code "years" if more than 12 months
1. DAYS
2. WEEKS
3. MONTHS
4. YEARS
- 11d. ----->
- Duration of longest episode of specific phobia** _____
- indicate the number of (days/weeks/months/years)

CHECK ITEM 10.5	DID RESPONDENT HAVE MORE THAN ONE EPISODE OF SPECIFIC PHOBIA? (IS Q.10 e CODED "2" OR MORE?)	<input type="checkbox"/> NO <input type="checkbox"/> YES – SKIP TO Q.11g
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- 11e. How long did that period last when you were frightened, anxious, or avoidant of any of these objects or situations?
- Duration of only episode of specific phobia**
- code "years" if more than 12 months
1. DAYS
2. WEEKS
3. MONTHS
4. YEARS
- 11f. ----->
- Duration of only episode of specific phobia** _____
- indicate the number of (days/weeks/months/years)
- 11g. Since the (time/most recent time) your fear, anxiety, or avoidance of these objects or situations BEGAN, have there been at least 2 months when you WEREN'T frightened of or anxious about any of these objects or situations and you DIDN'T try to avoid them?
- Remission from only/most recent episode of specific phobia**
1. NO – SKIP TO CHECK ITEM 10.6
3. YES
- 11h. When was the last time you had these experiences?
- Offset of most recent or only episode of specific phobia**
- code "AGE" if more than 12 months ago
1. MONTHS AGO
2. AGE
- 11i. ----->
- Offset of most recent or only episode of specific phobia** _____
- indicate the number of months ago
 - if more than 12 months ago, indicate age

CHECK ITEM 10.6	IS RESPONDENT A LIFETIME ABSTAINER FROM ALCOHOL? (IS Q.1a IN SECTION 2A CODED "1"?)	<input type="checkbox"/> NO <input type="checkbox"/> YES - SKIP TO Q.12c
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- 12a. 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 you were drinking heavily or a lot more than usual?
- By a lot, I mean: drinking 5 or more drinks at least 4 days a week for a month, drinking three days straight or drinking most days of the month.
- Only/any episode following alcohol use**
- chronic alcohol intoxication: drank 5 or more drinks, 4+ days a week for a month
 - binge use: intoxicated 3+ days straight
 - most days of the month: at least 5 drinks a day, at least half of the days of the month
 - drank only small amounts of alcohol (less than 5 drinks) daily = "1"
1. NO
3. YES
- 12b. 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?
- Only/any episode during bad aftereffects of alcohol use**
1. NO
3. YES
- 12c. 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 a lot?
- By a lot, I mean: at least 4 days a week for a month,
- Only/any episode following drug or medication use**
- chronic drug intoxication: intoxicated 4+ days a week for a month
 - binge use: intoxicated 3+ days straight
 - most days of the month: intoxicated at least
1. NO
3. YES

PRISM - NESARC SECTION 10 - SPECIFIC ANXIETIES

three days straight or most days of the month.

half of the days of the month

12d. 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?

Only/any episode during bad aftereffects of drug or medication use

- 1. NO
- 3. YES

CHECK ITEM 10.7

DID ONLY/ANY EPISODE OCCUR DURING OR AFTER ALCOHOL/DRUG/MEDICATION USE?
(ARE ANY Q.'s 12a-12d CODED '3'?)

- NO – SKIP TO CHECK ITEM 10.14
- YES

CHECK ITEM 10.8

DID RESPONDENT HAVE MORE THAN ONE EPISODE OF SPECIFIC PHOBIA?
(IS Q.10e CODED '2' OR MORE?)

- NO
- YES – SKIP TO CHECK ITEM 10.10

CHECK ITEM 10.9

DID RESPONDENT'S EPISODE OF SPECIFIC PHOBIA LAST AT LEAST 1 MONTH?
(IS Q.11d CODED '2' OR '3'?)

- NO – SKIP TO Q.16a
- YES

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?

Stopped substance use for 1 month during only episode

- 1. NO – SKIP TO Q.16a
- 3. YES

13b. 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)?

Only episode persisted after cessation of substance use

- 1. NO – SKIP TO Q.16a
- 3. YES – SKIP TO Q.16a

CHECK ITEM 10.10

DID SPECIFIC PHOBIA BEGIN IN THE LAST 12 MONTHS?
(IS Q.10a OR Q.11a CODED '1' OR '2'?)

- NO – SKIP TO CHECK ITEM 10.12
- YES

14a. Did ALL of those 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)?

All episodes related to substance use – last 12 months

- 1. NO – SKIP TO CHECK ITEM 10.12
- 3. YES

CHECK ITEM 10.11

DID RESPONDENT'S LONGEST EPISODE OF SPECIFIC PHOBIA LAST AT LEAST 1 MONTH?
(IS Q.11c CODED '2' OR '3'?)

- NO – SKIP TO CHECK ITEM 10.12
- YES

14b. 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?

Stopped substance use for 1 month during any episode – last 12 months

- 1. NO – SKIP TO CHECK ITEM 10.12
- 3. YES

14c. During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?

Stopped substance use for 1 month during all episodes – last 12 months

- 1. NO
- 3. YES

14d. 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)?

Any episode persisted after cessation of substance use – last 12 months

- 1. NO
- 3. YES

PRISM - NESARC SECTION 10 - SPECIFIC ANXIETIES

CHECK ITEM 10.12	DID SPECIFIC PHOBIA BEGIN PRIOR TO THE LAST 12 MONTHS? (IS Q.10a CODED '3'?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 10.15 <input type="checkbox"/> YES
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15a. Did ALL of those 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)?	All episodes related to substance use – prior to the last 12 months	1. NO – SKIP TO CHECK ITEM 10.15 3. YES
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CHECK ITEM 10.13	DID RESPONDENT'S LONGEST EPISODE OF SPECIFIC PHOBIA LAST AT LEAST 1 MONTH? (IS Q.11c CODED '2' OR '3'?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 10.15 <input type="checkbox"/> YES
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15b. 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?	Stopped substance use for 1 month during any episode – prior to the last 12 months	1. NO – SKIP TO CHECK ITEM 10.15 3. YES
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15c. During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?	Stopped substance use for 1 month during all episodes – prior to the last 12 months	1. NO 3. YES
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15d. 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)?	Any episode persisted after cessation of substance use – prior to the last 12 months	1. NO 3. YES
---	---	-----------------

CHECK ITEM 10.14	DID RESPONDENT HAVE MORE THAN ONE EPISODE OF SPECIFIC PHOBIA? (IS Q.10e 2 OR MORE?)	<input type="checkbox"/> NO <input type="checkbox"/> YES – SKIP TO CHECK ITEM 10.15
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16a. 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?	Only episode related to illness	1. NO – SKIP TO SECTION 11 3. YES
--	--	---

16b. Did a doctor or other health professional tell you that your fear of these objects or situations was related to your physical illness or medical condition?	Doctor said only episode related to illness	1. NO – SKIP TO SECTION 11 3. YES – SKIP TO SECTION 11
---	--	---

CHECK ITEM 10.15	DID SPECIFIC PHOBIA BEGIN IN THE LAST 12 MONTHS? (IS Q.10a OR Q.11a CODED '1' OR '2'?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 10.16 <input type="checkbox"/> YES
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17a. Did ALL of those times when you were frightened, anxious, or avoidant of 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?	All episodes related to illness – last 12 months	1. NO – SKIP TO CHECK ITEM 10.16 3. YES
---	---	---

17b. 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?	Doctor said all episodes related to illness – last 12 months	1. NO 3. YES
--	---	-----------------

CHECK ITEM 10.16	DID SPECIFIC PHOBIA BEGIN PRIOR TO THE LAST 12 MONTHS (IS Q.10 a CODED '3'?)	<input type="checkbox"/> NO – SKIP TO SECTION 11 <input type="checkbox"/> YES
-------------------------	---	---

18a. Did ALL of those times when you were frightened, anxious, or avoidant of objects or	Any episode related to illness – prior to the	1. NO – SKIP TO SECTION 11 3. YES
---	--	---

PRISM - NESARC SECTION 10 - SPECIFIC ANXIETIES

situations BEFORE 12 months ago ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?

last 12 months

18b. 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?

Doctor said all episodes related to illness – prior to the last 12 months

- 1. NO
- 3. YES

Statement 11.1: I'll be asking you next about other times when you might have been worried or anxious a lot of the time.

1a. In your entire life, was there ever a time lasting at least 3 months when you were very worried or anxious most of the time?

Excessive worry or anxiety about two or more domains

- 1. NO
- 3. YES – **SKIP TO STATEMENT 11.2**

IF YES:

What kinds of things were you worried or anxious about?

- must occur most days for at least 3 months
- if realistic, must be excessive
- worry or anxiety about exposure to phobic stimulus = "1"

1b. In your entire life, was there ever a time lasting at least 3 months when you were very worried or anxious about many different things, like your family, school or work, finances or health?

Excessive worry or anxiety about two or more domains

- 1. NO – **SKIP TO SECTION 12**
- 3. YES

IF YES:

What kinds of things were you worried or anxious about?

- must occur most days for at least 3 months
- if realistic, must be excessive
- worry or anxiety about exposure to phobic stimulus = "1"

Statement 11.2: Now I'm going to ask you about some experiences that can go along with feeling worried or anxious. During your worst period of feeling worried or anxious for 3 months or more...

2a. ...did you often have tense, aching muscles?

Muscle tension

- 1. NO
- 3. YES

2b. ... did you become so restless that you fidgeted, paced, or couldn't sit still?

Feeling restless/on edge

- 1. NO
- 3. YES

2c. ...did you feel keyed up or on edge?

Feeling restless/on edge

- 1. NO
- 3. YES

2d. ...were you easily fatigued?

Easily fatigued

- 1. NO
- 3. YES

2e. ...did you have difficulty concentrating?

Difficulty concentrating

- 1. NO
- 3. YES

2f. ...did your mind often go blank?

Difficulty concentrating

- 1. NO
- 3. YES

2g. ...were you especially irritable?

Irritability

- 1. NO
- 3. YES

2h. ...did you have difficulty falling asleep or staying asleep?

Sleep difficulty

- 1. NO
- 3. YES

2i. ...did you have restless, unsatisfying sleep?

Sleep difficulty

- 1. NO
- 3. YES

CHECK ITEM 11.1	DID RESPONDENT HAVE AT LEAST ONE ANXIETY SYMPTOM? (IS AT LEAST 1 Q. 2a-2i CODED "3"?)	<input type="checkbox"/> NO – SKIP TO SECTION 12 <input type="checkbox"/> YES
------------------------	--	---

3a. During the period when were worried or anxious the most, did you...

Marked procrastination in behavior or decision-making due to worries

- 1. NO
- 3. YES

... put off doing things or making decisions because of your worry or anxiety?

3b. ... avoid events or activities that could have possible negative consequences?

Marked avoidance of situations in which a negative outcome could occur

- 1. NO
- 3. YES

PRISM - NESARC SECTION 10 - SPECIFIC ANXIETIES

6c. During this time when you felt the most worried or anxious did you depend on others to take of your everyday responsibilities or to give you a lot of assurance or comfort?

IF YES:

Were the problems happening a little, a moderate amount, or a lot?

Impairment: demands for attention, dependency

- behavior must be persistent and clearly related to worry/anxiety or other symptoms of generalized anxiety

1. NO
2. A LITTLE
3. A MODERATE AMOUNT
4. A LOT

6d. During this time when you felt the most worried or anxious did you have more trouble with work, school, or household tasks?

IF YES:

Were the problems happening a little, a moderate amount, or a lot?

Impairment: failure to fulfill usual responsibilities

- behavior must be persistent and clearly related to worry/anxiety or other symptoms of generalized anxiety

1. NO
2. A LITTLE
3. A MODERATE AMOUNT
4. A LOT

CHECK ITEM 11.3B	DID RESPONDENT REPORT IMPAIRMENT? (ARE ANY Q.'s 6a-6d CODED "2," "3," OR "4"?)	<input type="checkbox"/> NO <input type="checkbox"/> YES- SKIP TO Q.7
-----------------------------------	---	---

6e. During this time when you felt the most worried or anxious did you find you couldn't do any other things you usually did or wanted to do?

IF YES:

Were these problems happening a little, moderate amount, or a lot?

Impairment - other

1. NO
2. A LITTLE
3. A MODERATE AMOUNT
4. A LOT

7. Did you feel very upset about this worry or anxiety and the (SYMPTOMS)?

IF NO:

Did you ever seek help or think about seeking help for this problem?

Clinically significant distress caused by anxiety, worry, or physical/mental symptoms

- wanted or sought help with worry and/or symptoms = "3"

1. NO
3. YES

8a. How old were you when the worry/anxiety and the (symptoms) first began?

Initial onset of generalized anxiety disorder

- code "age" if more than 12 months ago

1. MONTHS AGO
2. AGE

8b. ----->

Initial onset of generalized anxiety disorder

- indicate the number of months ago
- if more than 12 months ago, indicate age

9. In your ENTIRE LIFE, how many SEPARATE times lasting at least 3 months were there when you felt worried or anxious for most of the time 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 worried or anxious AND you DIDN'T have ANY of these OTHER experiences.

Number of separate, distinct periods of excessive, persistent, and pervasive worry and anxiety

CHECK ITEM 11.4	DID RESPONDENT HAVE MORE THAN ONE EPISODE? (IS Q.9 2 OR MORE?)	<input type="checkbox"/> NO - SKIP TO Q.11a <input type="checkbox"/> YES
----------------------------------	---	--

10a. When was the most recent time you began to feel so worried or anxious and have some of the experiences and problems we talked about, such as (impairment/distress symptoms)?

Onset of most recent episode

- must last at least 3 months
- code "age" if more than 12 months ago

1. MONTHS AGO
2. AGE

10b. ----->

Onset of most recent episode

- indicate the number of months ago
- if more than 12 months ago, indicate age

10c. In your ENTIRE LIFE, what was the LONGEST period you had when you felt worried or anxious most of the time?

Duration of longest episode

- code "years" if more than 12 months

1. MONTHS
2. YEARS

PRISM - NESARC SECTION 10 - SPECIFIC ANXIETIES

10d. ----->

Duration of longest episode

- indicate the number of (months/years) _____

CHECK ITEM 11.5	DID RESPONDENT HAVE MORE THAN ONE EPISODE? (IS Q.9 2 OR MORE?)	<input type="checkbox"/> NO <input type="checkbox"/> YES – SKIP TO Q.11c
----------------------------	---	--

11a. How long did that period last when you felt worried or anxious most of the time?

Duration of only episode

1. MONTHS
2. YEARS

- code "years" if more than 12 months

11b. ----->

Duration of only episode

- indicate the number of (months/years) _____

11c. Since this (time/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?

Remission from only/most recent episode

1. NO - **SKIP TO CHECK ITEM 11.6**
3. YES

11d. When was the last time you had these experiences?

Offset of most recent or only episode

1. MONTHS AGO
2. AGE

- code "age" if more than 12 months ago

11e. ----->

Offset of most recent or only episode

- indicate the number of months ago
- if more than 12 months ago, indicate age _____

CHECK ITEM 11.6	IS RESPONDENT A LIFETIME ABSTAINER FROM ALCOHOL? (IS Q.1a IN SECTION 2A CODED "1"?)	<input type="checkbox"/> NO <input type="checkbox"/> YES - SKIP TO Q.12c
----------------------------	--	--

12a. Did (that time/ANY of those times) when you were worried or anxious BEGIN to happen DURING or within 1 month AFTER you were drinking heavily or a lot more than usual?

Only/any episode following alcohol use

1. NO
3. YES

By a lot, I mean: drinking 5 or more drinks at least 4 days a week for a month, drinking three days straight or drinking most days of the month.

- chronic alcohol intoxication: drank 5 or more drinks, 4+ days a week for a month
- binge use: intoxicated 3+ days straight
- most days of the month: at least 5 drinks a day, at least half of the days of the month
- drank only small amounts of alcohol (less than 5 drinks) daily = "1"

12b. Did (that time/ANY of those times) when you were worried or anxious BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of drinking?

Only/any episode during bad aftereffects of alcohol use

1. NO
3. YES

12c. Did (that time/ANY of those times) when you were worried or anxious BEGIN to happen DURING or within 1 month AFTER using a medicine or drug a lot?

Only/any episode following drug or medication use

1. NO
3. YES

By a lot, I mean: at least 4 days a week for a month, three days straight or most days of the month.

- chronic drug intoxication: intoxicated 4+ days a week for a month
- binge use: intoxicated 3+ days straight
- most days of the month: intoxicated at least half of the days of the month

12d. Did (that time/ANY of those times) when you were worried or anxious BEGIN to happen DURING or within 1 month AFTER experiencing the bad aftereffects of a medicine or drug?

Only/any episode during bad aftereffects of drug or medication use

1. NO
3. YES

CHECK ITEM 11.7	DID ONLY/ANY EPISODE TAKE PLACE DURING OR AFTER ALCOHOL/DRUG/MEDICATION USE? (ARE ANY Q.'s 12a-12d CODED '3'?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 11.11 <input type="checkbox"/> YES
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PRISM - NESARC SECTION 10 - SPECIFIC ANXIETIES

CHECK ITEM 11.8	DID RESPONDENT HAVE MORE THAN ONE EPISODE? (IS Q.9 2 OR MORE?)	<input type="checkbox"/> NO <input type="checkbox"/> YES – SKIP TO CHECK ITEM 11.9
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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?

Stopped substance use for 1 month during only episode

1. NO – **SKIP TO Q.16a**
3. YES

13b. 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)?

Only episode persisted after cessation of substance use

1. NO – **SKIP TO Q.16a**
3. YES – **SKIP TO Q.16a**

CHECK ITEM 11.9	DID GENERALIZED ANXIETY DISORDER BEGIN IN THE LAST 12 MONTHS? (IS Q.8a OR Q.10a CODED '1'?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 11.10 <input type="checkbox"/> YES
----------------------------	--	---

14a. Did ALL of those times in the last 12 months when you were worried or anxious 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)?

All episodes related to substance use – last 12 months

1. NO – **SKIP TO CHECK ITEM 11.10**
3. YES

14b. During ANY of those times in the last 12 months when you were worried or anxious 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?

Stopped substance use for 1 month during any episode– last 12 months

1. NO – **SKIP TO CHECK ITEM 11.10**
3. YES

14c. During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?

Stopped substance use for 1 month during all episodes – last 12 months

1. NO
3. YES

14d. 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)?

Any episode persisted after cessation of substance use – last 12 months

1. NO
3. YES

CHECK ITEM 11.10	DID GENERALIZED ANXIETY DISORDER BEGIN PRIOR TO THE LAST 12 MONTHS? (IS Q.8a CODED "2"?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 11.12 <input type="checkbox"/> YES
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15a. Did ALL of those times BEFORE 12 months ago when you were worried or anxious 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)?

All episodes related to substance use – prior to the last 12 months

1. NO – **SKIP TO CHECK ITEM 11.12**
3. YES

15b. During ANY of those times BEFORE 12 months ago when you were worried or anxious 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?

Stopped substance use for 1 month during any episode– prior to the last 12 months

1. NO – **SKIP TO CHECK ITEM 11.12**
3. YES

15c. During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?

Stopped substance use for 1 month during all episodes – prior to the last 12 months

1. NO
3. YES

15d. 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

Any episode persisted after cessation of substance use – prior to the last 12 months

1. NO
3. YES

PRISM - NESARC SECTION 10 - SPECIFIC ANXIETIES

(drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?

CHECK ITEM 11.11	DID RESPONDENT HAVE MORE THAN ONE EPISODE? (IS Q.9 2 OR MORE?)	<input type="checkbox"/> NO <input type="checkbox"/> YES – SKIP TO CHECK ITEM 11.12
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16a. Did that time when you were worried or anxious for at least 3 months BEGIN to happen DURING a time when you were physically ill or getting over being physically ill? **Only episode related to illness** 1. NO – SKIP TO SECTION 12
3. YES

16b. Did a doctor or other health professional tell you that this time was related to your physical illness or medical condition? **Doctor said only episode related to illness** 1. NO – SKIP TO SECTION 12
3. YES – SKIP TO SECTION 12

CHECK ITEM 11.12	DID GENERALIZED ANXIETY DISORDER BEGIN IN THE LAST 12 MONTHS? (IS Q.8a OR Q.10a CODED '1?')	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 11.13 <input type="checkbox"/> YES
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17a. 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? **All episodes related to illness – last 12 months** 1. NO – SKIP TO CHECK ITEM 11.13
3. YES

17b. 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? **Doctor said all episodes related to illness – last 12 months** 1. NO
3. YES

CHECK ITEM 11.13	DID GENERALIZED ANXIETY DISORDER BEGIN PRIOR TO THE LAST 12 MONTHS? (IS Q.8a CODED "2"?)	<input type="checkbox"/> NO – SKIP TO SECTION 12 <input type="checkbox"/> YES
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18a. Did ALL of those times when you were worried or anxious BEFORE 12 months ago ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill? **All episodes related to illness – prior to the last 12 months** 1. NO – SKIP TO SECTION 12
3. YES

18b. 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? **Doctor said all episodes related to illness – prior to the last 12 months** 1. NO
3. YES

Statement 12.1: The questions I'm going to ask you now are about how you have felt or acted MOST of the time throughout your life 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.

1a1. Since early adulthood, have you usually gotten very attached to people very quickly?

IF YES:

Has that happened with most people you feel close to? Can you give me some examples?

Unstable and intense interpersonal relationships alternating between idealization and devaluation

- must characterize most or all close relationships
- occurs only during discrete periods of major depression, mania or psychotic disorders = "1"

1. NO- **SKIP TO Q.1b1**
3. YES

1a2. Did this ever trouble you or cause problems at work or school, or with your family or other people?

Unstable and intense interpersonal relationships alternating between idealization and devaluation - Impairment

1. NO
3. YES

1b1. Since early adulthood, have your close relationships had a lot of highs and lows?

IF YES:

Has that happened with most people you feel close to? Can you give me some examples?

Unstable and intense interpersonal relationships alternating between idealization and devaluation

- must characterize most or all close relationships
- occurs only during discrete periods of major depression, mania or psychotic disorders = "1"

1. NO- **SKIP TO Q.1c1**
3. YES

1b2. Did this ever trouble you or cause problems at work or school, or with your family or other people?

Unstable and intense interpersonal relationships alternating between idealization and devaluation -Impairment

1. NO
3. YES

1c1. Since early adulthood, have you often started out thinking that someone was a great person only to be disappointed when they did not live up to your expectations?

IF YES:

Has that happened with most people you feel close to? Can you give me some examples?

Unstable and intense interpersonal relationships alternating between idealization and devaluation

- must characterize most or all close relationships
- occurs only during discrete periods of major depression, mania or psychotic disorders = "1"
- repeated shifts between idealization and devaluation = "3"

1. NO- **SKIP TO Q.2a1**
3. YES

1c2. Did this ever trouble you or cause problems at work or school, or with your family or other people?

Unstable and intense interpersonal relationships alternating between idealization and devaluation - Impairment

1. NO
3. YES

2a1. Since early adulthood, have you often become very sad, anxious, or angry over "little" things?

IF YES:

What kinds of things make you upset? How long would these times last?

Affective instability due to marked reactivity of mood

- occurs only during discrete periods of major depression, mania or psychotic disorders = "1"
- frequent, short periods of severe depressed mood, irritability, or anxiety = "3"
- unstable mood caused by relationship problems = "3"

1. NO- **SKIP TO Q.2b1**
3. YES

2a2. Did this ever trouble you or cause problems at work or school, or with your family or other people?

Affective instability due to marked reactivity of mood -Impairment

1. NO
3. YES

2b1. Since early adulthood, have others often wondered why you get upset so easily?

IF YES:

What kinds of things make you upset? How long would these times last?

Affective instability due to marked reactivity of mood

- frequent, short periods of severe depressed mood, irritability, or anxiety = "3"
- unstable mood caused by relationship problems = "3"
- occurs only during discrete periods of major depression, mania or psychotic disorders = "1"

1. NO- **SKIP TO Q.3a1**
3. YES

2b2. Did this ever trouble you or cause problems at work or school, or with your family or other people?

Affective instability due to marked reactivity of mood - Impairment

1. NO
3. YES

3a1. Since early adulthood, when you've gotten close to someone, have you needed them to reassure you that they would never leave you?

IF YES:

Has this happened with most people you've felt close to? Can you give me some examples?

Frantic efforts to avoid real or imagined abandonment

- must characterize most or all close relationships
- examples: repeated phone calls, unexpected visits, refusing to leave
- suicidal or self-mutilating behaviors = "1"
- occurs only during discrete periods of major depression, mania or psychotic disorders = "1"

1. NO- **SKIP TO Q.3b1**
3. YES

3a2. Did this ever trouble you or cause problems at work or school, or with your family or other people?

Frantic efforts to avoid real or imagined abandonment - Impairment

- 1. NO
- 3. YES

3b1. Since early adulthood, would you put in a lot of time and effort doing things to keep someone from leaving you?

Frantic efforts to avoid real or imagined abandonment

- 1. NO- **SKIP TO Q.4a**
- 3. YES

IF YES:

Can you describe that to me?
Has this happened with most people you've felt close to? Can you give me some examples?

- must characterize most or all close relationships
- examples: repeated phone calls, unexpected visits, refusing to leave
- suicidal or self-mutilating behaviors = "1"
- occurs only during discrete periods of major depression, mania or psychotic disorders = "1"

3b2. Did this ever trouble you or cause problems at work or school, or with your family or other people?

Frantic efforts to avoid real or imagined abandonment - Impairment

- 1. NO
- 3. YES

4a. Since early adulthood, have you often lost control of yourself when you were very angry?

Inappropriate, intense anger or difficulty controlling anger

- 1. NO- **SKIP TO Q.5a1**
- 3. YES

IF YES:

What kinds of things would you do?

- occurs only during discrete periods of major depression, mania or psychotic disorders = "1"
- intense anger when caregiver/lover is experienced as rejecting or uncaring = "3"

4b. Did this ever trouble you or cause problems at work or school, or with your family or other people?

Inappropriate, intense anger or difficulty controlling anger - Impairment

- 1. NO
- 3. YES

5a1. Since early adulthood, have you often changed your mind about your goals, your friends, or your lovers?

Identity disturbance with markedly and persistently unstable self-image or sense of self

- 1. NO- **SKIP TO Q.5b1**
- 3. YES

IF YES:

Can you give me some examples?

- fluctuations in self-esteem only = "1"
- occurs only during discrete periods of major depression, mania or psychotic disorders = "1"
- sudden changes in opinions, plans for future, sexual identity, or types of friends = "3"

5a2. Did this ever trouble you or cause problems at work or school, or with your family or other people?

Identity disturbance with markedly and persistently unstable self-image or sense of self - Impairment

- 1. NO
- 3. YES

5b1. Since early adulthood, have you often looked at what others were doing to know how to act in a situation?

Identity disturbance with markedly and persistently unstable self-image or sense of self

- 1. NO- **SKIP TO Q.5c1**
- 3. YES

IF YES:

Can you give me some examples?

- fluctuations in self-esteem only = "1"
- occurs only during discrete periods of major depression, mania or psychotic disorders = "1"

5b2. Did this ever trouble you or cause problems at work or school, or with your family or other people?

Identity disturbance with markedly and persistently unstable self-image or sense of self - Impairment

- 1. NO
- 3. YES

5c1. Since early adulthood, have you sometimes wondered who you really are?

Identity disturbance with markedly and persistently unstable self-image or sense of self

- 1. NO- **SKIP TO Q.6a**
- 3. YES

IF YES:

Can you give me some examples?

- fluctuations in self-esteem only = "1"
- occurs only during discrete periods of major depression, mania or psychotic disorders = "1"

5c2. Did this ever trouble you or cause problems at work or school, or with your family or other people?

Identity disturbance with markedly and persistently unstable self-image or sense of self - Impairment

- 1. NO
- 3. YES

6a. Since early adulthood, have you often felt like your life had no purpose or meaning? (Can you describe that to me?)

Chronic feelings of emptiness

- 1. NO- **SKIP TO Q.7a1**
- 3. YES

- feelings must be profound and intense
- occurs only during discrete periods of major depression, mania or psychotic disorders = "1"

6b. Did this ever trouble you or cause problems at work or school, or with your family or other people?

Chronic feelings of emptiness - Impairment

- 1. NO
- 3. YES

7a1. Since early adulthood, during difficult and stressful times, have you often felt that you weren't real?

Transient dissociative symptoms during periods of extreme stress

- 1. NO- **SKIP TO Q.7a3**
- 3. YES

- must occur in context of severe stress

PRISM – NESARC SECTION 12 – TYPICAL PATTERNS

IF YES:

Can you give me some examples?
How long did that last?

- symptoms usually last minutes to hours
- occurs only during discrete periods of major depression, mania or psychotic disorders = "1"

7a2. Did this ever trouble you or cause problems at work or school, or with your family or other people?

Transient dissociative symptoms during periods of extreme stress - Impairment

- 1. NO
- 3. YES

7a3. Since early adulthood, during difficult and stressful times, have you often felt like you were outside of your body?

Transient dissociative symptoms during periods of extreme stress

- 1. NO- **SKIP TO Q.7b1**
- 3. YES

- must occur in context of severe stress
- symptoms usually last minutes to hours
- occurs only during discrete periods of major depression, mania or psychotic disorders = "1"

7a4. Did this ever trouble you or cause problems at work or school, or with your family or other people?

Transient dissociative symptoms during periods of extreme stress - Impairment

- 1. NO
- 3. YES

7b1. Since early adulthood, during difficult and stressful times, have you often felt suspicious or distrustful in your relationships with others?

Transient paranoid ideation during periods of extreme stress

- 1. NO- **SKIP TO Q.8a1**
- 3. YES

- must occur in context of severe stress, most often regarding real or imagined rejection, abandonment, disappointment, or frustration
- symptoms usually last minutes to hours
- occurs only during discrete periods of major depression, mania or psychotic disorders = "1"

IF YES:

How long did that last?

7b2. Did this ever trouble you or cause problems at work or school, or with your family or other people?

Transient paranoid ideation during periods of extreme stress – Impairment

- 1. NO
- 3. YES

8a1. Since early adulthood, have you ever hurt yourself on purpose without wanting to die?

Recurrent self-mutilation

- 1. NO- **SKIP TO Q.8b1**
- 3. YES

- examples: cutting or slicing arms or legs, cigarette burns

IF YES:

What did you do?
How many times did that happen?

8a2. Did this ever trouble you or cause problems at work or school, or with your family or other people?

Recurrent self-mutilation - Impairment

- 1. NO
- 3. YES

8b1. Since early adulthood, have you ever threatened to kill yourself?

Recurrent suicidal behavior or gestures or threats

- 1. NO- **SKIP TO Q.8c1**
- 3. YES

- behaviors occurring during major depression and mania = "3"

IF YES:

What did you do?
How many times did that happen?

8b2. Did this ever trouble you or cause problems at work or school, or with your family or other people?

Recurrent suicidal behavior or gestures or threats - Impairment

- 1. NO
- 3. YES

8c1. Since early adulthood, have you ever tried to kill yourself?

Recurrent suicidal behavior or gestures or threats

- 1. NO- **SKIP TO Q.9a1**
- 3. YES

- behaviors occurring during major depression and mania = "3"

IF YES:

What did you do?
How many times did that happen?

8c2. Did this ever trouble you or cause problems at work or school, or with your family or other people?

Recurrent suicidal behavior or gestures or threats - Impairment

- 1. NO
- 3. YES

9a1. Since early adulthood, have there been periods in your life when you often had sex with a lot of different people, people who meant very little to you, or had unsafe sex?

Impulsive behavior that is potentially self-damaging in sexual relationships

- 1. NO- **SKIP TO Q.9a3**
- 3. YES

- subject need not be aware of potential for self-damage
- occurs only during discrete periods of major depression, mania or psychotic disorders = "1"

9a2. Did this ever trouble you or cause problems at work or school, or with your family or other people?

Impulsive behavior that is potentially self-damaging in sexual relationships - Impairment

- 1. NO
- 3. YES

9a3. Since early adulthood, have there been periods in your life when you often spent too much money while shopping or gambling?

Impulsive behavior that is potentially self-damaging with spending money

1. NO- **SKIP TO Q.9a5**
3. YES

9a4. Did this ever trouble you or cause problems at work or school, or with your family or other people?

Impulsive behavior that is potentially self-damaging with spending money - Impairment

1. NO
3. YES

9a5. Since early adulthood, have there been periods in your life when you often binged on food?

Impulsive behavior that is potentially self-damaging with binge eating

1. NO- **SKIP TO Q.9a7**
3. YES

- respondent need not be aware of potential for self-damage
- occurs only during discrete periods of major depression, mania or psychotic disorders = "1"

9a6. Did this ever trouble you or cause problems at work or school, or with your family or other people?

Impulsive behavior that is potentially self-damaging with binge eating - Impairment

1. NO
3. YES

9a7. Since early adulthood, have there been periods in your life when you often drank a lot more or used a lot more drugs than you meant to?

Impulsive behavior that is potentially self-damaging with substance abuse

1. NO- **SKIP TO Q.9a9**
3. YES

- respondent need not be aware of potential for self-damage
- occurs only during discrete periods of major depression, mania or psychotic disorders = "1"

9a8. Did this ever trouble you or cause problems at work or school, or with your family or other people?

Impulsive behavior that is potentially self-damaging with substance abuse - Impairment

1. NO
3. YES

9a9. Since early adulthood, have there been periods in your life when you often took many risks while driving?

Impulsive behavior that is potentially self-damaging with reckless driving

1. NO- **SKIP TO Q.9b1**
3. YES

- respondent need not be aware of potential for self-damage
- occurs only during discrete periods of major depression, mania or psychotic disorders = "1"

9a10. Did this ever trouble you or cause problems at work or school, or with your family or other people?

Impulsive behavior that is potentially self-damaging with reckless driving - Impairment

1. NO
3. YES

CHECK ITEM 12.1

DID SUBJECT MEET CRITERIA FOR BORDERLINE PERSONALITY DISORDER SINCE EARLY ADULTHOOD?
(ARE 5 OR MORE Q.'S 1 - 9 CODED "3"?)

NO - **SKIP TO SECTION 13**
 YES

10. How old were you when some of these experiences first began happening at around the same time?

Onset of borderline personality disorder

_____ AGE

- code age when subject first had 5 symptoms

11a. When was the last time you had ANY of these experiences?

Offset of borderline personality disorder symptoms

1. MONTHS AGO
2. AGE

- code offset of any symptom

11b.----->

Offset of borderline personality disorder symptoms

- indicate the number of (days/weeks/months) ago
- if more than 12 months ago, indicate age

PRISM – NESARC SECTION 13 – SCHIZOTYPAL PERSONALITY DISORDER

Statement 13.1: The questions I'm going to ask you now are about how you have felt or acted MOST of the time throughout your life 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.

1. Have you often had the feeling that things that have no special meaning to most people are really meant to give you a message?	Ideas of reference	1. NO - SKIP TO Q.2 3. YES
1a. Did this ever trouble you or cause problems at work or school, or with your family or other people?	Ideas of reference - Impairment	1. NO 3. YES
2. When you are around people, have you often had the feeling that you are being watched or stared at?	Suspicious or paranoid ideation	1. NO - SKIP TO Q.3 3. YES
2a. Did this ever trouble you or cause problems at work or school, or with your family or other people?	Suspicious or paranoid ideation - Impairment	1. NO 3. YES
3. Have you felt suspicious of people, even if you have known them for awhile?	Suspicious or paranoid ideation	1. NO - SKIP TO Q.4 3. YES
3a. Did this ever trouble you or cause problems at work or school, or with your family or other people?	Suspicious or paranoid ideation - Impairment	1. NO 3. YES
4. Have you ever felt that you could make things happen just by making a wish or thinking about them?	Magical thinking	1. NO - SKIP TO Q.5 3. YES
4a. Did this ever trouble you or cause problems at work or school, or with your family or other people?	Magical thinking – Impairment	1. NO 3. YES
5. Have you had personal experiences with the supernatural?	Magical thinking	1. NO - SKIP TO Q.6 3. YES
5a. Did this ever trouble you or cause problems at work or school, or with your family or other people?	Magical thinking – Impairment	1. NO 3. YES
6. Have you believed that you have a "sixth sense" that allows you to know and predict things that others can't?	Magical thinking	1. NO - SKIP TO Q.7 3. YES
6a. Did this ever trouble you or cause problems at work or school, or with your family or other people?	Magical thinking - Impairment	1. NO 3. YES
7. Have you had the sense that some force is around you, even though you cannot see anyone?	Unusual perceptual experiences	1. NO - SKIP TO Q.8 3. YES
7a. Did this ever trouble you or cause problems at work or school, or with your family or other people?	Unusual perceptual experiences – Impairment	1. NO 3. YES
8. Have you often seen auras or energy fields around people?	Unusual perceptual experiences	1. NO - SKIP TO Q.9 3. YES
8a. Did this ever trouble you or cause problems at work or school, or with your family or other people?	Unusual perceptual experiences - Impairment	1. NO 3. YES
9. Have you often thought that objects or shadows are really people or animals, or that noises are actually people's voices?	Unusual perceptual experiences	1. NO - SKIP TO Q.10 3. YES
9a. Did this ever trouble you or cause problems at work or school, or with your family or other people?	Unusual perceptual experiences - Impairment	1. NO 3. YES
10. Have people thought you are odd, eccentric or strange?	Odd behavior or appearance	1. NO - SKIP TO Q.11 3. YES
10a. Did this ever trouble you or cause problems at work or school, or with your family or other people?	Odd behavior or appearance - Impairment	1. NO 3. YES
11. Have people thought you act strangely?	Odd behavior or appearance	1. NO - SKIP TO Q.12 3. YES
11a. Did this ever trouble you or cause problems at work or school, or with your family or other people?	Odd behavior or appearance - Impairment	1. NO 3. YES
12. Have there been very few people that you're really close to outside of your immediate family?	Lack of close friends	1. NO - SKIP TO Q.13 3. YES
12a. Did this ever trouble you or cause problems at work or school, or with your family or other people?	Lack of close friends - Impairment	1. NO 3. YES
13. Have you often felt nervous when you are with	Social anxiety	1. NO - SKIP TO Q.14

PRISM – NESARC SECTION 13 – SCHIZOTYPAL PERSONALITY DISORDER

other people even if you have known them for awhile?

3. YES

13a. Did this ever trouble you or cause problems at work or school, or with your family or other people?

Social anxiety - Impairment

1. NO
3. YES

14. Have you rarely shown emotion?

Inappropriate or constricted affect

1. NO - **SKIP TO Q.15**
3. YES

14a. Did this ever trouble you or cause problems at work or school, or with your family or other people?

Inappropriate or constricted affect - Impairment

1. NO
3. YES

15. Have you had trouble expressing your emotions and feelings?

Inappropriate or constricted affect

1. NO - **SKIP TO Q.16**
3. YES

15a. Did this ever trouble you or cause problems at work or school, or with your family or other people?

Inappropriate or constricted affect - Impairment

1. NO
3. YES

16. Have people thought you have strange ideas?

Odd thinking

1. NO - **SKIP TO CHECK ITEM 13.1**
3. YES

16a. Did this ever trouble you or cause problems at work or school, or with your family or other people?

Odd thinking - Impairment

1. NO
3. YES

CHECK ITEM 13.1

SCHIZOTYPAL PERSONALITY DISORDER?
(ARE 5 OR MORE QUESTIONS 1-16 CODED "3"?)

NO – **SKIP TO SECTION 14**

YES

17. How old were you when some of these experiences first began happening at around the same time?

Initial onset of symptoms of schizotypal personality disorder

18a. When was the last time you had ANY of these experiences?

Offset of symptoms of schizotypal personality disorder

1. MONTHS AGO

18b. ----->

Offset of symptoms of schizotypal personality disorder

- indicate the number of (days/weeks/months) ago
- if more than 12 months ago, indicate age

PRISM – NESARC SECTION 14 – STRESSFUL EVENTS

Statement 14.1: These next questions are about difficult or stressful things that can happen to people, such as when they or others close to them are threatened with death or serious injury. (Pause)

People can experience traumatic or life-threatening events in different ways. For example, you can personally experience it, witness it in person happening to someone else, learn about it happening to a close friend or relative, or you may have been exposed to an event because of your job or profession (e.g., first responders to an earth quake). I'm going to read a list of events. Please tell me if you have experienced any of these events in any of the ways I just described.

1a. In your entire life, have you ever...	Personally experienced traumatic event
...personally experienced a serious or life-threatening injury?	1. NO 3. YES
... personally experienced a serious or life-threatening illness?	1. NO 3. YES
... personally experienced an injury in the 9/11 terrorist attacks?	1. NO 3. YES
... personally experienced an injury in another terrorist attack?	1. NO 3. YES
... personally experienced a natural disaster, like a flood, fire, earthquake, or hurricane?	1. NO 3. YES
... been sexually abused before the age of 18?	1. NO 3. YES
...been sexually assaulted as an adult?	1. NO 3. YES
...been physically or emotionally neglected before the age of 18?	1. NO 3. YES
...been physically abused before the age of 18?	1. NO 3. YES
...been beaten by a spouse or romantic partner?	1. NO 3. YES
...been beaten by someone else?	1. NO 3. YES
...been kidnapped or held hostage?	1. NO 3. YES
...been stalked?	1. NO 3. YES
...been mugged, held up, threatened with a weapon, or assaulted in any other way?	1. NO 3. YES
...been in active military combat?	1. NO 3. YES
...been a peacekeeper or relief worker?	1. NO 3. YES
...been a civilian in a war zone or other place of terror?	1. NO 3. YES
...been a refugee?	1. NO 3. YES
...been a prisoner of war?	1. NO 3. YES
...been in juvenile detention or jail?	1. NO 3. YES
1b. In your entire life, have you ever witnessed in person ...	Witnessed in person a traumatic event

PRISM – NESARC SECTION 14 – STRESSFUL EVENTS

...a serious or life-threatening injury?	1. NO 3. YES
...a serious or life-threatening illness?	1. NO 3. YES
...a dead body or body parts?	1. NO 3. YES
...an injury in the 9/11 terrorist attacks?	1. NO 3. YES
...an injury in another terrorist attack?	1. NO 3. YES
...a natural disaster, like a flood, fire, earthquake, or hurricane?	1. NO 3. YES
...someone being sexually abused before the age of 18?	1. NO 3. YES
...someone being sexually assaulted as an adult?	1. NO 3. YES
...someone being physically or emotionally neglected before the age of 18?	1. NO 3. YES
...someone being physically abused before the age of 18?	1. NO 3. YES
...someone being beaten up by a spouse or romantic partner?	1. NO 3. YES
... someone being beaten up by someone else?	1. NO 3. YES
... someone being kidnapped or held hostage?	1. NO 3. YES
... someone being stalked?	1. NO 3. YES
... someone being mugged, held up, threatened with a weapon, or assaulted in any other way?	1. NO 3. YES
1c. Now I'd like to ask you about times in your life when you may have learned or heard about especially violent or accidental experiences happening to a relative or close friend.	Learned about the traumatic event of a close friend or relative
In your entire life, have you ever learned about ...	- Respondent must find these experiences especially violent or accidental
...a serious or life-threatening injury of a close friend or relative?	1. NO 3. YES
...a serious or life-threatening illness of a close friend or relative?	1. NO 3. YES
...a dead body or body parts seen by a close friend or relative?	1. NO 3. YES
... a close friend or relative being injured in the 9/11 terrorist attacks?	1. NO 3. YES
...a close friend or relative being injured in another terrorist attack?	1. NO 3. YES
... a close friend or relative caught in a natural disaster, like a flood, fire, earthquake, or hurricane?	1. NO 3. YES
... a close friend or relative being sexually abused before the age of 18?	1. NO 3. YES

PRISM – NESARC SECTION 14 – STRESSFUL EVENTS

... a close friend or relative being sexually assaulted as an adult?	1. NO 3. YES
... a close friend or relative being physically or emotionally neglected before the age of 18?	1. NO 3. YES
... a close friend or relative being physically abused before the age of 18?	1. NO 3. YES
... a close friend or relative being beaten up by a spouse or romantic partner?	1. NO 3. YES
... a close friend or relative being beaten up by someone else?	1. NO 3. YES
... a close friend or relative being kidnapped or held hostage?	1. NO 3. YES
... a close friend or relative being stalked?	1. NO 3. YES
... a close friend or relative being mugged, held up, threatened with a weapon, or assaulted in any other way?	1. NO 3. YES
1d. Now I'd like to ask you about times in your life when you may have been repeatedly exposed to the details of a traumatic or stressful event (for example, at work).	Exposed to the details of a traumatic event
In your entire life, have you ever been repeatedly exposed to the details of ...	- experiences do not include events seen in pictures, on television, on the internet, at the movies, or in video games unless there is repeated/ extreme exposure that is work related
...a serious or life-threatening injury?	1. NO 3. YES
...a serious or life-threatening illness?	1. NO 3. YES
...a dead body or body parts?	1. NO 3. YES
...an injury in the 9/11 terrorist attacks?	1. NO 3. YES
...an injury in another terrorist attack?	1. NO 3. YES
...a natural disaster, like a flood, fire, earthquake, or hurricane?	1. NO 3. YES
...someone being sexually abused before the age of 18?	1. NO 3. YES
...someone being sexually assaulted as an adult?	1. NO 3. YES
...someone being physically or emotionally neglected before the age of 18?	1. NO 3. YES
...someone being physically abused before the age of 18?	1. NO 3. YES
...someone being beaten up by a spouse or romantic partner?	1. NO 3. YES
... someone being beaten up by someone else?	1. NO

PRISM – NESARC SECTION 14 – STRESSFUL EVENTS

- ... someone being kidnapped or held hostage? 3. YES
- ... someone being stalked? 1. NO
3. YES
- ... someone being mugged, held up, threatened with a weapon, or assaulted in any other way? 1. NO
3. YES
- 1e1.** Did you ever personally experience, witness in person, learn about, or become exposed to the details of any OTHER type of traumatic or life-threatening event? **Experienced other trauma** 1. NO
3. YES
- 1e2.**-----> SPECIFY OTHER EVENT _____

CHECK ITEM 14.1	DID RESPONDENT EXPERIENCE, WITNESS, LEARN ABOUT, OR BECOME EXPOSED TO ANY TRAUMA? (ARE ANY Qs 1a-1e CODED '3?')	<input type="checkbox"/> NO – SKIP TO SECTION 15 <input type="checkbox"/> YES
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CHECK ITEM 14.2	DID RESPONDENT EXPERIENCE MORE THAN ONE TRAUMA? (IS MORE THAN ONE Q 1a-1e CODED '3?')	<input type="checkbox"/> NO – SKIP TO STATEMENT 14.2 <input type="checkbox"/> YES
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- 2.** Which of these experiences was the most upsetting to you? **Worst trauma**
- SERIOUS INJURY
 - WITNESSED SERIOUS INJURY
 - LEARNED ABOUT SERIOUS INJURY
 - EXPOSED TO DETAILS OF SERIOUS INJURY
 - SERIOUS ILLNESS
 - WITNESSED SERIOUS ILLNESS
 - LEARNED ABOUT SERIOUS ILLNESS
 - EXPOSED TO DETAILS OF SERIOUS ILLNESS
 - SAW DEAD BODY
 - LEARNED ABOUT A DEAD BODY
 - EXPOSED TO DETAILS OF A DEAD BODY
 - INJURED IN 9/11
 - WITNESSED INJURY IN 9/11
 - LEARNED ABOUT INJURY IN 9/11
 - EXPOSED TO DETAILS OF INJURY IN 9/11
 - INJURED IN ANOTHER TERRORIST ATTACK
 - WITNESSED INJURY IN ANOTHER TERRORIST ATTACK
 - LEARNED ABOUT INJURY IN ANOTHER TERRORIST ATTACK
 - EXPOSED TO DETAILS OF INJURY IN ANOTHER TERRORIST ATTACK
 - NATURAL DISASTER
 - WITNESSED SOMEONE IN NATURAL DISASTER
 - LEARNED ABOUT SOMEONE IN NATURAL DISASTER
 - EXPOSED TO DETAILS OF SOMEONE IN NATURAL DISASTER
 - SEXUAL ABUSE BEFORE AGE 18
 - WITNESSED SEXUAL ABUSE BEFORE AGE 18
 - LEARNED ABOUT SEXUAL ABUSE BEFORE AGE 18
 - EXPOSED TO DETAILS OF SEXUAL ABUSE BEFORE AGE 18
 - SEXUALLY ASSAULTED AS ADULT
 - WITNESSED SEXUAL ASSAULT
 - LEARNED ABOUT SEXUAL ASSAULT OF ADULT
 - EXPOSED TO DETAILS OF SEXUAL ASSAULT OF ADULT
 - NEGLECTED BEFORE AGE 18
 - WITNESSED SOMEONE BEING NEGLECTED BEFORE AGE 18
 - LEARNED ABOUT SOMEONE BEING NEGLECTED BEFORE AGE 18

PRISM – NESARC SECTION 14 – STRESSFUL EVENTS

- EXPOSED TO DETAILS OF OTHERS BEING NEGLECTED BEFORE AGE 18
- PHYSICALLY ABUSED BEFORE AGE 18
- WITNESSED PHYSICAL ABUSE BEFORE AGE 18
- LEARNED ABOUT PHYSICAL ABUSE BEFORE AGE 18
- EXPOSED TO DETAILS OF PHYSICAL ABUSE BEFORE AGE 18
- BEATEN UP BY SPOUSE/PARTNER
- WITNESSED SOMEONE BEING BEATEN UP BY SPOUSE/PARTNER
- LEARNED ABOUT SOMEONE BEING BEATEN UP BY SPOUSE/PARTNER
- EXPOSED TO DETAILS OF SOMEONE BEING BEATEN UP BY SPOUSE/PARTNER
- BEATEN UP BY SOMEONE ELSE
- WITNESSED SOMEONE BEING BEATEN UP BY SOMEONE ELSE
- LEARNED ABOUT SOMEONE BEING BEATEN UP BY SOMEONE ELSE
- EXPOSED TO DETAILS OF SOMEONE BEING BEATEN UP BY SOMEONE ELSE
- KIDNAPPED/HELD HOSTAGE
- WITNESSED SOMEONE BEING KIDNAPPED/HELD HOSTAGE
- LEARNED ABOUT SOMEONE BEING KIDNAPPED/HELD HOSTAGE
- EXPOSED TO DETAILS OF SOMEONE BEING KIDNAPPED/HELD HOSTAGE
- STALKED
- WITNESSED SOMEONE BEING STALKED
- LEARNED ABOUT SOMEONE BEING STALKED
- EXPOSED TO DETAILS OF SOMEONE BEING STALKED
- MUGGED/HELD UP/THREATENED WITH WEAPON
- WITNESSED SOMEONE BEING MUGGED/HELD UP/THREATENED WITH WEAPON
- LEARNED ABOUT SOMEONE BEING MUGGED/HELD UP/THREATENED WITH WEAPON
- EXPOSED TO DETAILS OF SOMEONE BEING MUGGED/HELD UP/THREATENED WITH WEAPON
- PEACEKEEPER/RELIEF WORKER
- CIVILIAN I WAR ZONE/PLACE OF TERROR
- REFUGEE
- PRISONER OF WAR
- JUVENILE DETENTION/JAIL
- EXPERIENCED OTHER TRAUMATIC EVENT
- WITNESSED OTHER TRAUMATIC EVENT
- LEARNED ABOUT OTHER TRAUMATIC EVENT
- EXPOSED TO DETAILS OF OTHER TRAUMATIC EVENT

Statement 14.2: Now I would like to ask you a few questions about the ways (trauma/worst trauma) may have affected you.

- | | | |
|--|--|-------------------------|
| <p>3. After (trauma/worst trauma) happened, did you remember it a lot, even though you didn't want to?</p> | <p>Recurrent and intrusive distressing recollections of the event</p> <p>- images, thoughts, or perceptions of the traumatic event = "3"</p> | <p>1. NO
3. YES</p> |
| <p>4. Did you have distressing or bad dreams about it?</p> | <p>Recurrent distressing dreams of event</p> | <p>1. NO
3. YES</p> |
| <p>5a. Did it ever seem like (trauma/worst trauma) was happening all over again?</p> | <p>Feeling as if the traumatic event were recurring</p> <p>- sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes = "3"</p> <p>- sense of recurrence <u>only</u> when waking up or when intoxicated = "1"</p> | <p>1. NO
3. YES</p> |
| <p>5b. Did you ever find yourself acting as if it was happening again, for example, reacting to sounds that are like the ones you heard when it happened?</p> | <p>Acting as if the traumatic event were recurring</p> <p>- sense of reliving the experience, illusions, hallucinations, and</p> | <p>1. NO
3. YES</p> |

PRISM – NESARC SECTION 14 – STRESSFUL EVENTS

dissociative flashback episodes =
 "3"
 - experiences that occur when
 waking up or when intoxicated =
 "3"

6a. Did you ever get very upset whenever anything reminded you of (trauma/worst trauma)? This could have happened when someone reminded you of the event, while you were in a situation that reminded you of it, or around the same time of year that it occurred.

Intense psychological distress at exposure to internal or external cues 1. NO
3. YES

6b. Did you ever 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?

Complete loss of awareness of present surroundings 1. NO
3. YES

7. Did you ever have any physical reactions when something reminded you of (trauma/worst trauma), like breaking out in a sweat, breathing fast, or feeling your heart pounding?

Physiological reactivity on exposure to internal or external cues 1. NO
3. YES

Again, this could have happened when someone reminded you of the event, while you were in a situation that reminded you of it, or around the same time of year that it occurred.

CHECK ITEM 14.5	DID RESPONDENT REEXPERIENCE THE TRAUMA? (ARE ANY Q'S 3-7 CODED "3"?)	<input type="checkbox"/> NO	<input type="checkbox"/> YES
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8. Did you try to stop yourself from thinking or feeling anything about it?

Effort to avoid internal reminders (thoughts, feelings, physical sensations) that arouse recollections of trauma 1. NO
3. YES

9. Did you try to stay away from conversations or people that had anything to do with the event or reminded you of the event?

Effort to avoid external reminders (people, places, conversations, activities, object situations) that arouse recollections of trauma 1. NO
3. YES

10. Did you refrain from going places and doing things that might bring back memories of (trauma/worst trauma)?

Effort to avoid external reminders (people, places, conversations, activities, object situations) that arouse recollections of trauma 1. NO
3. YES

CHECK ITEM 14.6	DID RESPONDENT REPORT AVOIDANCE? (ARE ANY Q'S 8-10 CODED "3"?)	<input type="checkbox"/> NO	<input type="checkbox"/> YES
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11. After (trauma/worst trauma) happened, did you find that you couldn't remember some important part of what happened?

Inability to recall an important aspect of the trauma 1. NO
3. YES

12. After (trauma/worst trauma) happened, did you feel emotionally distant from other people, or cut off from others?

Feeling of detachment or estrangement from others 1. NO
3. YES

IF YES:
Was that different from how you were before (trauma/worst trauma)?

- must be change from feelings of attachment prior to trauma

13. Did you feel as though you couldn't feel positive or loving feelings towards other people like you used to?

Inability to experience positive emotions 1. NO
3. YES

IF YES:
Was that different from how you were before (trauma/worst trauma)?

- must be change from emotional functioning prior to trauma
 - decreased ability to feel intimacy, tenderness, sexuality = "3"

14a. Did you feel that you couldn't be positive about yourself?

Exaggerated negative self evaluation 1. NO
3. YES

14b. Did you feel as if you couldn't really expect the future to turn out the way you had expected it to, in terms of your job, family, or the length of your own life?

Exaggerated negative expectations about one's self, others, or the world 1. NO
3. YES

IF YES:
Was that different from how you were before

- must be change from expectations about future prior to trauma

PRISM – NESARC SECTION 14 – STRESSFUL EVENTS

(trauma/worst trauma)?

- realistic sense of foreshortened future based on fatal medical illness = "1"

- 15a. Did you feel you were to blame for the event or what happened after the event? **Distorted blame - self** 1. NO
3. YES
- 15b. Did you feel that others were to blame for the event or what happened as the result of the event? **Distorted blame - others** 1. NO
3. YES
- 16a. Did you feel more frightened than usual? **Pervasive negative emotional state - fear** 1. NO
3. YES
- 16b. Did you feel more angry than usual? **Pervasive negative emotional state - anger** 1. NO
3. YES
- 16c. Did you feel more guilty or ashamed than usual? **Pervasive negative emotional state - guilt or shame** 1. NO
3. YES
- 16d. Did you feel more horrified than usual? **Pervasive negative emotional state - horror** 1. NO
3. YES
- 17. Did you find you were much less interested in activities you ordinarily enjoyed or that you participated in such activities much less than usual? **Markedly diminished interest or participation in significant activities** 1. NO
3. YES

- must be change from level of interest or activity prior to the trauma

CHECK ITEM 14.7	DID RESPONDENT HAVE NEGATIVE ALTERATIONS IN COGNITIONS AND MOOD? (ARE 3 OR MORE Q's 11-17 CODED "3"?)	<input type="checkbox"/> NO <input type="checkbox"/> YES
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After (trauma/worst trauma)...

- 18. 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? **Reckless behavior** 1. NO
3. YES
- IF YES:**
Was that different from how you were before (trauma/worst trauma)?
- 19. did you find that you were having difficulty concentrating on things? **Problems with concentration** 1. NO
3. YES
- IF YES:**
Was that different from how you were before (trauma/worst trauma)?
- 20. did you have an unusual amount of trouble falling asleep or staying asleep? **Sleep disturbance** 1. NO
3. YES
- IF YES:**
Was that different from how you were before (trauma/worst trauma)?
- sleep medication taken to relieve sleep problems ="3"
- 21. were you unusually irritable, or aggressive with others? **Irritability or aggression** 1. NO
3. YES
- IF YES:**
Was that different from how you were before (trauma/worst trauma)?
- 22. were you watchful or on guard, even when it probably wasn't necessary? **Hypervigilance** 1. NO
3. YES
- 23. were you unusually jumpy or easily startled by sudden noises? **Exaggerated startle response** 1. NO
3. YES

CHECK ITEM 14.8	DID RESPONDENT HAVE PERSISTENT INCREASED AROUSAL? (ARE 3 OR MORE Q.'S 18-23 CODED "3"?)	<input type="checkbox"/> NO <input type="checkbox"/> YES
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PRISM – NESARC SECTION 14 – STRESSFUL EVENTS

CHECK ITEM 14.9	DID RESPONDENT MEET SYMPTOM CRITERIA? (ARE CHECK ITEMS 12.5, 12.6, 12.7 AND 12.8 CODED "YES"?)	<input type="checkbox"/> NO – SKIP TO SECTION 15 <input type="checkbox"/> YES
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- 24a.** How much time passed between (trauma/worst trauma) and when you started to have these reactions? **Time between event and onset of worst or only episode** 1. DAYS
2. WEEKS
3. MONTHS
4. YEARS
- code length of time between traumatic event and onset of worst/only PTSD episode
 - if hours, code 'day'
 - code 'years' if more than 12 months
- 24b.** -----> **Time between event and onset of worst or only episode** _____
- indicate the number of (days/weeks/months/years)
- 24c.** When did SOME of these reactions FIRST BEGAN to happen around the same time? **Onset of first symptom cluster** 1. MONTHS AGO
2. AGE
- code "years" if more than 12 months ago
- 24d.** -----> **Onset of first symptom cluster** _____
- indicate the number of months ago
- 25.** Did some of the reactions to the trauma we've been talking about ever happen around the same time for more than 1 month? **Symptom cluster for more than 1 month** 1. NO – **SKIP TO SECTION 15**
3. YES
- symptom cluster must include re-experiencing the trauma, avoidance, and increased arousal

CHECK ITEM 14.10	DID RESPONDENT HAVE AN EXPECTED OR UNEXPECTED PANIC ATTACK? (IS Q.4a1 OR Q.18 in SECTION 7, CODED YES?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 14.11 <input type="checkbox"/> YES
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- 26a.** During (that time /ANY of those times) when you were having SOME of these reactions, did you EVER have a panic attack? **Panic attack during PTSD symptom cluster** 1. NO - **SKIP TO Q.26b**
3. YES - **SKIP TO Q.27**

CHECK ITEM 14.11	DID RESPONDENT HAVE SYMPTOMS OF AN EXPECTED OR UNEXPECTED PANIC ATTACK? (IS CHECK ITEM 7.2 OR CHECK ITEM 7.20 IN SECTION 7 CODED 'YES'?)	<input type="checkbox"/> NO – SKIP TO Q.27 <input type="checkbox"/> YES
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- 26b.** During (that time /ANY of those times) did you EVER have SOME symptoms related to a panic attack? **Symptoms of panic attack during PTSD symptom cluster** 1. NO
3. YES
- 27.** Did these reactions interfere with your normal daily activities or make it harder for you to take care of your everyday responsibilities? **Interferes significantly with normal routine** 1. NO
2. A LITTLE
3. A MODERATE AMOUNT
4. A LOT
- IF YES:**
Were these problems happening a little, a moderate amount, or a lot?
- 28.** Did these reactions cause any problems for you at work or school? **Interferes significantly with occupational or academic functioning** 1. NO
2. A LITTLE
3. A MODERATE AMOUNT
4. A LOT
- IF YES:**
Were these problems happening a little, a moderate amount, or a lot?
- 29.** Did these reactions cause any problems in your relationships or social life? **Interferes significantly with social life or relationships** 1. NO
2. A LITTLE
3. A MODERATE AMOUNT
4. A LOT
- IF YES:**
Were these problems happening a little, a moderate amount, or a lot?

PRISM – NESARC SECTION 14 – STRESSFUL EVENTS

30. Did anyone ever comment or complain about you having these reactions?

Interferes significantly with social life or relationships

- 1. NO
- 2. A LITTLE
- 3. A MODERATE AMOUNT
- 4. A LOT

IF YES:

Were these problems happening a little, a moderate amount, or a lot?

CHECK ITEM 14.12	DID RESPONDENT REPORT SIGNIFICANT IMPAIRMENT? (ARE ANY OF Q's 27-30 CODED "2", "3" OR "4"?)	<input type="checkbox"/> NO <input type="checkbox"/> YES
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31. Did you often feel very upset about feeling these reactions?

Symptoms caused clinically significant distress

- 1. NO
- 3. YES

IF NO:

Did you think about getting some help for this?

- anxiety reaction when reminded of trauma = "1"
- recurrent low mood or low self-esteem about re-experiencing trauma or avoiding situations = "3"
- thinking about seeking help or seeking help for trauma reactions = "3"

32a. When did you first begin having these reactions to (trauma/worst trauma)?

Onset of worst or only episode of posttraumatic stress disorder

- 1. MONTHS AGO
- 2. AGE

- code "AGE" if more than 12 months ago
- must persist for at least 1 month

32b. ----->

Onset of worst or only episode of posttraumatic stress disorder

- indicate the number of months ago
- if more than 12 months ago, indicate age

32c. 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, these count 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 of separate episodes

CHECK ITEM 14.13	DID RESPONDENT HAVE MORE THAN ONE EPISODE? (IS Q.32c 2 OR MORE?)	<input type="checkbox"/> NO – SKIP TO Q.34a <input type="checkbox"/> YES
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32d. When was the most recent time, lasting at least one month, when you began having these reactions and related problems?

Onset of most recent episode

- 1. MONTHS AGO
- 2. AGE

- code "age" if more than 12 months ago
- must persist for at least 1 month

32e. ----->

Onset of most recent episode

- indicate the number of months ago
- if more than 12 months ago, indicate age

33. Since the (time/most recent time) BEGAN, have there been at least 2 months when you DIDN'T have ANY of the experiences you mentioned?

Remission of posttraumatic stress disorder lasting at least 2 months

- 1. NO – **SKIP TO SECTION 15**
- 3. YES

34a. When was the last time you had these experiences?

Offset of posttraumatic stress disorder

- 1. MONTHS AGO
- 2. AGE

- code "AGE" if more than 12 months ago

34b. ----->

Offset of worst or only episode of posttraumatic stress disorder

- indicate the number of months ago

PRISM – NESARC SECTION 14 – STRESSFUL EVENTS

- if more than 12 months ago,
indicate age

Statement 15.1: Now I am going to ask you about repeated unpleasant thoughts, images, or impulses.

1a. Were you EVER bothered by persistent and unwanted thoughts or urges that kept coming back to you even if you tried to block them out?

IF YES:
Can you give me an example?

Persistent and recurrent obsessions and intrusive obsessions

- must be experienced as unacceptable and disturbing
- rumination about worthlessness/guilt during depressive episodes = "1"
- preoccupation with eating/weight, feared object or situation, or substance abuse = "1"

1. NO- **SKIP TO Q.5a**
3. YES

1b. ----->

Persistent and recurrent obsessions and intrusive obsessions

- specify thought/urges
- examples: hurting own child, being contaminated, unwanted sexual images

2. Were you EVER extremely distressed by these persistent and unwanted thoughts, urges or images?

Thoughts, urges, or images cause marked anxiety or distress

1. NO
3. YES

3. Did you EVER try to ignore these thoughts of (response from Q.1b)?

Respondent tries to ignore, resist, or suppress the obsessive thoughts

1. NO
3. YES

IF YES:
What did you do? Were you able to?

- must attempt to control or resist obsessions because they are distressing and unpleasant
- respondent never tried to resist the thoughts = "1"

4. Did you EVER try to block out these thoughts of (response from Q.1b) by thinking about something else or doing something else to get your mind off it?

Respondent tries to ignore, resist, or suppress the obsessive thoughts

1. NO
3. YES

IF YES:
What did you do? Were you able to?

- must attempt to control or resist obsessions because they are distressing and unpleasant
- respondent never tried to resist the thoughts = "1"

CHECK ITEM 15.1A	DID RESPONDENT EVER HAVE OBSESSIONS? (IS Q.1 AND (Q.3 OR Q.4) CODED "3"?)	<input type="checkbox"/> NO <input type="checkbox"/> YES
-------------------------	--	---

5a. Was there EVER anything like washing your hands or checking the door locks that you had to do over and over again even if you didn't want to?

IF YES:
What did you do?
Did you want to do that, or did you feel that you had to?

Persistent and recurrent compulsions, i.e., repetitive, non-pleasurable behaviors or mental acts that the individual feels driven to perform

- acts must be uncontrollable and/or senseless
- common compulsive behaviors: hand washing, putting things in order, checking whether doors are locked, doing something a specified number of times or in a particular order
- behaviors accounted for by delusions of being controlled = "1"

1. NO
3. YES

5b. ----->

Persistent and recurrent non-pleasurable compulsions

- specify the respondent's compulsion
- for example: wash your hands, count, repeat words, check things, order things

6a. Was there EVER anything like repeating words to yourself, praying or counting that you had to do over and over again even if you didn't want to?

IF YES:
What did you do?
Did you want to do that, or did you feel that you had to?

Persistent and recurrent compulsions, i.e., repetitive, non-pleasurable behaviors or mental acts that the individual feels driven to perform

- acts must be uncontrollable and/or senseless
- common compulsive behaviors: hand washing, putting things in order, checking whether doors are locked, doing something a specified number of times or in a particular order
- behaviors accounted for by delusions of being controlled = "1"

1. NO
3. YES

6b. ----->

Persistent and recurrent non-pleasurable

PRISM - NESARC SECTION 15 – REPEATED THOUGHTS AND BEHAVIORS

compulsions

- specify the respondent's compulsion
for example: wash your hands, count, repeat words, check things, order things

CHECK ITEM 15.1B	DID RESPONDENT HAVE REPETITIVE BEHAVIORS OR OBSESSIONS? (IS Q.5a OR Q.6a CODED "3"?)	<input type="checkbox"/> NO- SKIP TO CHECK ITEM 15.3 <input type="checkbox"/> YES
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7a. Did you (behaviors from Q.5b OR Q.6b) according to any rules?

Acts performed according to rigid or idiosyncratic rules

1. NO
3. YES

- behaviors carried out according to a complex set of rules that make sense only to the respondent = "3"

7b. Did you (behaviors from Q.5b OR Q.6b) to keep away repetitive thoughts, urges, or images?

Acts performed in response to obsession

1. NO
3. YES

- no apparent link between behaviors and anticipated negative events = "3"
- compulsive behaviors carried out to ward off negative events and/or in response to an obsession = "3"

7c. Did you (behaviors from Q.5b OR Q.6b) to reduce or eliminate your anxiety or distress or to keep something bad from happening?

Acts performed in response to obsession

1. NO
3. YES

- no apparent link between behaviors and anticipated negative events = "3"
- compulsive behaviors carried out to ward off negative events and/or in response to an obsession = "3"

7d. Did you or anyone else EVER think that these repetitive thoughts or behaviors were excessive or unrealistic or didn't accomplish what you wanted them to?

Acts are clearly excessive

1. NO
3. YES

CHECK ITEM 15.2	DID RESPONDENT EVER HAVE COMPULSIONS? (IS CHECK ITEM 15.1B CODED 'YES' AND ARE (Q.7a OR Q.7b) AND (Q.7c OR Q.7d) CODED "3"?)	<input type="checkbox"/> NO <input type="checkbox"/> YES
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CHECK ITEM 15.3	DID RESPONDENT EVER HAVE OBSESSIONS <u>OR</u> COMPULSIONS? (IS CHECK ITEM 15.1A <u>OR</u> CHECK ITEM 15.2 CODED "YES"?)	<input type="checkbox"/> NO - SKIP TO SECTION 16 <input type="checkbox"/> YES
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8. Did you devote more than an hour every day to the (thoughts/behaviors)?

Consumes more than 1 hour a day

1. NO
3. YES

CHECK ITEM 15.4	DID RESPONDENT HAVE AN EXPECTED OR UNEXPECTED PANIC ATTACK? (IS Q.4a1 OR Q.18 IN SECTION 7 CODED '3'?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 15.5A <input type="checkbox"/> YES
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9. 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?

Panic attack during obsessions or compulsions

1. NO – **SKIP TO Q.10**
3. YES – **SKIP TO Q.11a**

CHECK ITEM 15.5A	DID RESPONDENT HAVE SYMPTOMS OF AN EXPECTED OR UNEXPECTED PANIC ATTACK? (IS CHECK ITEM 7.2 or CHECK ITEM 7.20 IN SECTION 7 CODED 'YES'?)	<input type="checkbox"/> NO – SKIP TO Q.11a <input type="checkbox"/> YES
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10. 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?

Symptoms of panic attack during obsessions or compulsions

1. NO
3. YES

11a. Did your (thoughts/behaviors) ever

Interferes with normal routine

1. NONE

PRISM - NESARC SECTION 15 – REPEATED THOUGHTS AND BEHAVIORS

interfere with your normal daily activities or make it harder for you to take care of your everyday responsibilities?

- 2. A LITTLE
- 3. A MODERATE AMOUNT
- 4. A LOT

IF YES:

Were the problems happening a little, a moderate amount, or a lot?

11b. Did your (thoughts/behaviors) ever cause any problems for you at work or school?

Interferes with occupational or academic functioning

- 1. NONE
- 2. A LITTLE
- 3. A MODERATE AMOUNT
- 4. A LOT

IF YES:

Were the problems happening a little, a moderate amount, or a lot?

11c. Did your (thoughts/behaviors) ever cause any problems in your relationships or social life?

Interferes with social life or relationships

- 1. NONE
- 2. A LITTLE
- 3. A MODERATE AMOUNT
- 4. A LOT

IF YES:

Were the problems happening a little, a moderate amount, or a lot?

11d. Did anyone ever comment or complain about your (thoughts/behaviors) or the problems it caused?

Interferes with social life or relationships

- 1. NONE
- 2. A LITTLE
- 3. A MODERATE AMOUNT
- 4. A LOT

IF YES:

Were the problems happening a little, a moderate amount, or a lot?

CHECK ITEM 15.5B

DID RESPONDENT REPORT IMPAIRMENT?
(ARE ANY Q.'s 11a-11d CODED "2," "3," OR "4"?)

- NO
- YES– **SKIP TO CHECK ITEM 15.6**

11e. Did your (thoughts/behaviors) ever prevent you from doing any other things you usually did or wanted to do?

Impairment - other

- 1. NO
- 2. A LITTLE
- 3. A MODERATE AMOUNT
- 4. A LOT

IF YES:

Were these problems happening a little, moderate amount, or a lot?

CHECK ITEM 15.6

DID OBSESSIONS OR COMPULSIONS SIGNIFICANTLY INTERFERE WITH FUNCTIONING?
(IS CHECK ITEM 15.5B CODED "YES" OR Q.11e CODED "2," "3," OR "4"?)

- NO
- YES - **SKIP TO CHECK ITEM 15.7**

12. Did you often feel very upset about your (thoughts/behaviors) even when you weren't having them?

Marked distress about obsessions or compulsions

- 1. NO
- 3. YES

- considering or seeking help for symptoms = "3"

IF NO:

Did you ever think about getting some help for the problem?

CHECK ITEM 15.7

DID RESPONDENT EVER MEET CRITERIA FOR OBSESSIVE COMPULSIVE DISORDER?
(IS CHECK ITEM 15.6 CODED "YES" OR IS Q.12 CODED "3" AND IS Q.8 CODED "3"?)

- NO - **SKIP TO SECTION 16**
- YES

13a. How old were you when your (thoughts/behaviors) first began to cause problems for you or make you very upset?

Initial onset of obsessive compulsive disorder

- 1. WEEKS AGO
- 2. MONTHS AGO
- 3. AGE

- code "AGE" if more than 12 months ago

13b. ----->

Initial onset of obsessive compulsive disorder

- indicate the number of weeks/months ago
- if more than 12 months ago, indicate age

13c. In your ENTIRE LIFE, how many

Number of separate episodes

PRISM - NESARC SECTION 15 – REPEATED THOUGHTS AND BEHAVIORS

SEPARATE times were there when you experienced repeated thoughts/behaviors?
 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)?

CHECK ITEM 15.8	DID RESPONDENT HAVE MORE THAN ONE EPISODE? (IS Q.13c 2 OR MORE?)	<input type="checkbox"/> NO – SKIP TO Q.14e <input type="checkbox"/> YES
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14a. When was the most recent time you began to have problems or became very upset because of these repeated thoughts/behaviors?

Onset of most recent episode

- code "AGE" if more than 12 months ago

1. WEEKS AGO
2. MONTHS AGO
3. AGE

14b. ----->

Onset of most recent episode

- indicate the number of weeks/months ago
- if more than 12 months ago, indicate age

14c. In your ENTIRE LIFE, what was the LONGEST period you had repeated thoughts/behaviors that were very upsetting to you or caused problems for you?

Duration of longest episode

1. DAYS
2. WEEKS
3. MONTHS
4. YEARS

14d. ----->

Duration of longest episode

- indicate the number of (days/weeks/months/years)

CHECK ITEM 14.9	DID RESPONDENT HAVE MORE THAN ONE EPISODE? (IS Q.13c 2 OR MORE?)	<input type="checkbox"/> NO <input type="checkbox"/> YES – SKIP TO Q.15
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14e. How long did that period last when you had repeated thoughts or behaviors that were very upsetting to you or caused problems for you?

Duration of only episode

- code "years" if more than 12 months

1. DAYS
2. WEEKS
3. MONTHS
4. YEARS

14f. ----->

Duration of only episode

- indicate the number of (days/weeks/months/years)

ASK IF NOT KNOWN:

15. Since the (time/most recent time) your repeated thoughts/behaviors BEGAN, have there been at least 2 months when you DIDN'T have repeated thoughts/behaviors?

Remission of obsessive compulsive disorder lasting at least 2 months

- must remain symptom-free for at least 2 months

1. NO – **SKIP TO CHECK ITEM 15.10**
3. YES

16a. When was the last time you had these repeated (thoughts/behaviors)?

Offset of most recent or only episode

- code "age" if more than 12 months ago

1. MONTHS AGO
2. AGE

16b. ----->

Offset of most recent or only episode

- indicate the number of months ago
- if more than 12 months ago, indicate age

CHECK ITEM 15.10	IS RESPONDENT A LIFETIME ABSTAINER FROM ALCOHOL? (IS Q.1a IN SECTION 2A CODED "1"?)	<input type="checkbox"/> NO <input type="checkbox"/> YES - SKIP TO Q.17c
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17a. 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?

Only/any episode following alcohol use

- chronic alcohol intoxication: drank 5 or more drinks, 4+ days a week for a month
- binge use: intoxicated 3+ days straight
- most days of the month: at least 5 drinks a day, at least half of the days of the month
- drank only small amounts of alcohol (less than 5 drinks) daily = "1"

1. NO
3. YES

By a lot, I mean: drinking 5 or more drinks at least 4 days a week for a month, drinking

PRISM - NESARC SECTION 15 – REPEATED THOUGHTS AND BEHAVIORS

three days straight or drinking most days of the month.

17b. 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?

Only/any episode during bad aftereffects of alcohol use

1. NO
3. YES

17c. 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?

Only/any episode following drug or medication use

1. NO
3. YES

- chronic drug intoxication: intoxicated 4+ days a week for a month
- binge use: intoxicated 3+ days straight
- most days of the month: intoxicated at least half of the days of the month

By a lot, I mean: at least 4 days a week for a month, three days straight or most days of the month.

17d. 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?

Only/any episode during bad aftereffects of drug or medication use

1. NO
3. YES

CHECK ITEM 15.11	DID ONLY/ANY EPISODE OCCUR DURING OR AFTER ALCOHOL/DRUG/MEDICATION USE? (ARE ANY Q.'s 17a-17d CODED '3'?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 15.18 <input type="checkbox"/> YES
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CHECK ITEM 15.12	DID RESPONDENT HAVE MORE THAN ONE EPISODE? (IS NUMBER ENTERED IN Q.13c 2 OR MORE?)	<input type="checkbox"/> NO <input type="checkbox"/> YES – SKIP TO CHECK ITEM 15.14
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CHECK ITEM 15.13	DID RESPONDENT'S EPISODE OF OBSESSIVE COMPULSIVE DISORDER LAST AT LEAST 1 MONTH? (IS Q.14e CODED '3' OR '4?')	<input type="checkbox"/> NO – SKIP TO Q.21a <input type="checkbox"/> YES
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18a. 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?

Stopped substance use for 1 month during only episode

1. NO – SKIP TO Q.21a
3. YES

18b. Did you CONTINUE to have (repeated thoughts/behaviors) for at least 1 month AFTER you STOPPED (drinking heavily/using medicines and drugs/ experiencing the bad aftereffects of drinking/medicines and drugs)?

Only episode persisted after cessation of substance use

1. NO – SKIP TO Q.21a
3. YES – SKIP TO Q.21a

CHECK ITEM 15.14	DID OBSESSIVE COMPULSIVE DISORDER BEGIN IN THE LAST 12 MONTHS? (IS Q.13a OR Q.14a CODED '1' OR '2'?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 15.16 <input type="checkbox"/> YES
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19a. 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)?

All episodes related to substance use – last 12 months

1. NO – SKIP TO CHECK ITEM 15.16
3. YES

CHECK ITEM 15.15	DID RESPONDENT'S LONGEST EPISODE OF OBSESSIVE COMPULSIVE DISORDER LAST AT LEAST 1 MONTH?	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 15.16
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PRISM - NESARC SECTION 15 – REPEATED THOUGHTS AND BEHAVIORS

(IS Q.14c CODED '3' OR '4?')

YES

19b. 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?

Stopped substance use for 1 month during any episode – last 12 months

1. NO – **SKIP TO CHECK ITEM 15.16**
3. YES

19c. During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?

Stopped substance use for 1 month during all episodes – last 12 months

1. NO
3. YES

19d. 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)?

Any episode persisted after cessation of substance use – last 12 months

1. NO
3. YES

CHECK ITEM 15.16

DID OBSESSIVE COMPULSIVE DISORDER BEGIN PRIOR TO THE LAST 12 MONTHS?

NO – **SKIP TO CHECK ITEM 15.19**

(IS Q.13a CODED '3?')

YES

20a. 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)?

All episodes related to substance use – prior to the last 12 months

1. NO – **SKIP TO CHECK ITEM 15.19**
3. YES

CHECK ITEM 15.17

DID RESPONDENT'S LONGEST EPISODE OF OBSESSIVE COMPULSIVE DISORDER LAST AT LEAST 1 MONTH?

NO – **SKIP TO CHECK ITEM 15.19**

(IS Q.14c CODED '3' OR '4?')

YES

20b. 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?

Stopped substance use for 1 month during any episode – prior to the last 12 months

1. NO – **SKIP TO CHECK ITEM 15.19**
3. YES

20c. During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?

Stopped substance use for 1 month during all episodes – prior to the last 12 months

1. NO
3. YES

20d. 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)?

Any episode persisted after cessation of substance use – prior to the last 12 months

1. NO
3. YES

CHECK ITEM 15.18

DID RESPONDENT HAVE MORE THAN ONE EPISODE?

NO

(IS NUMBER ENTERED IN Q.13c 2 OR MORE?)

YES – **SKIP TO CHECK ITEM 15.19**

21a. Did that time when you (had persistent

Only episode related to illness

1. NO – **SKIP TO SECTION 16**

PRISM - NESARC SECTION 15 – REPEATED THOUGHTS AND BEHAVIORS

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?

3. YES

21b. Did a doctor or other health professional tell you that this time was related to your physical illness or medical condition?

Doctor said only episode related to illness

1. NO – **SKIP TO SECTION 16**
3. YES – **SKIP TO SECTION 16**

CHECK ITEM 15.19

DID OBSESSIVE COMPULSIVE DISORDER BEGIN IN THE LAST 12 MONTHS?
(IS Q.13a OR Q.14a CODED '1' OR '2?')

NO – **SKIP TO CHECK ITEM 15.20**
 YES

22a. 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?

All episodes related to illness – last 12 months

1. NO – **SKIP TO CHECK ITEM 15.20**
3. YES

22b. Did a doctor or other health professional tell you that ALL the times like this were related to your physical illness or medical condition?

Doctor said all episodes related to illness – last 12 months

1. NO
3. YES

CHECK ITEM 15.20

DID OBSESSIVE COMPULSIVE DISORDER BEGIN PRIOR TO THE LAST 12 MONTHS?
(IS Q.13a CODED '3?')

NO – **SKIP TO SECTION 16**
 YES

23a. 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?

All episodes related to illness – prior to the last 12 months

1. NO – **SKIP TO SECTION 16**
3. YES

23b. Did a doctor or other health professional tell you that ALL the times like this were related to your physical illness or medical condition?

Doctor said all episodes related to illness – prior to the last 12 months

1. NO
3. YES

PROBES FOR Q.'S 1-13:

- Could you tell me more about that?
- How long did that last?
- How certain were you about (DELUSION/HALLUCINATION)?
- Could there have been a different explanation?
- Did you ever tell anyone about it?
- What did they say?
- Did you believe them?

Statement 16.1: 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.

Did you ever think...

Persecutory delusions, i.e., delusions that one is being followed, tormented, spied on, ridiculed, attacked, cheated, etc.

- 1. NO
- 3. YES

1a... that people were following you or spying on you?

b... that you were being secretly tested or experimented on?

c... that anyone was going out of their way to give you a hard time or harm you?

- being followed by a detective in a divorce or criminal case = "1"
- ideas considered normal by other members of respondent's subculture = "1"
- persistent but vague ideas = "1"
- ideas lasting less than 1 hour = "1"
- unclear, undecided, insufficient information = "1"
- "YES" to a, b, or c = "3"

Did you ever think...

Delusions of jealousy or erotomania,

- 1. NO
- 3. YES

2a... that someone was in love with you even though (he/she) denied it?

b... that someone was unfaithful to you, even though no one else would believe it?

- erotomania type: delusion that another person, usually of higher status, is in love with individual
- ideas considered normal by other members of respondent's subculture = "1"
- persistent but vague ideas = "1"
- ideas lasting less than 1 hour = "1"
- unclear, undecided, insufficient information = "1"
- "YES" to a or b = "3"

Did you ever think...

Somatic delusions, i.e., delusions that one has some physical defect or general medical condition

- 1. NO
- 3. YES

3a... that parts of your body had changed or stopped working? What did the doctor say?

b... that something peculiar was inside your body or that parts of your body were missing? What did the doctor say?

c... that you had a disease even though the doctor said you didn't?

- ideas considered normal by other members of respondent's subculture = "1"
- persistent but vague ideas = "1"
- ideas lasting less than 1 hour = "1"
- unclear, undecided, insufficient information = "1"
- "YES" to a, b, or c = "3"

Was there ever a time when...

Delusions of reference, i.e., respondent falsely interprets events or objects in surrounding environment as having personal significance

- 1. NO
- 3. YES

4a... you received messages from the TV, radio, or newspaper that were meant only for you?

b... you found special meanings in street signs, or in the way furniture or other things were arranged around you?

c... you found hidden meanings in the way people acted around you or in other things that were going on around you?

d... you often noticed people talking about you or paying particular attention to you?

- message seems particularly relevant or timely to respondent = "1"
- ideas considered normal by other members of respondent's subculture = "1"
- persistent but vague ideas = "1"
- ideas lasting less than 1 hour = "1"
- unclear, undecided, insufficient information = "1"
- "YES" to a, b, c, or d = "3"

PRISM NESARC SECTION 16 - UNUSUAL EXPERIENCES

10. Did you ever hear things that other people couldn't hear, such as noises or the voices of people whispering or talking?

Auditory hallucinations, i.e., auditory perceptions occurring in the absence of relevant external stimuli

1. NO
3. YES

- having exceptionally good hearing = "1"
- perceptions considered normal by other members of respondent's subculture = "1"
- only when waking up or falling asleep = "1"
- vivid, distinct but fleeting = "1"

Did you ever...

Olfactory or gustatory hallucinations, i.e., perceptions of smell or taste occurring in absence of relevant stimuli

1. NO
3. YES

11a. ...smell specific or peculiar odors that no one else could smell?

- unpleasant medication aftertaste = "1"
- hyperacute sense of smell or taste = "1"
- perceptions considered normal by other members of respondent's subculture = "1"
- only when waking up or falling asleep = "1"
- vivid, distinct but fleeting = "1"
- "YES" to a or b = "3"

b. ...have a definite or strange taste in your mouth for no ordinary reason?

Did you ever...

Tactile or somatic hallucinations, i.e., perceptions of tactile or somatic experiences occurring in absence of relevant stimuli

1. NO
3. YES

12a. ...have strange or unusual sensations on your body or under your skin?

- perceptions considered normal by other members of respondent's subculture = "1"
- only when waking up or falling asleep = "1"
- vivid, distinct but fleeting = "1"
- "YES" to a or b = "3"

b. ...feel that something was touching you when nothing was really there?

Did you ever...

Hallucinations characteristic of schizophrenia: complex hallucination

1. NO
3. YES

13a. ...hear voices talking with each other?

- perceptions considered normal by other members of respondent's subculture = "1"
- only when waking up or falling asleep = "1"
- vivid, distinct but fleeting = "1"
- "YES" to a or b = "3"

b. ...hear a voice talking about what you were doing or thinking?

IF YES:
Can you tell me what they say?

CHECK ITEM 16.2	DID RESPONDENT REPORT HALLUCINATIONS? (ARE ANY OF THE FOLLOWING CODED "3": Q.9-Q.13?)	<input type="checkbox"/> NO <input type="checkbox"/> YES
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Did people ever...

Disorganized speech, i.e., illogical, overly detailed, frequently off-track, incoherent, nonsensical speech

1. NO
3. YES

14a. ...have a very hard time making out what you were saying or what you meant?

- item can be coded based on interviewer's observations
- behavior exhibited less than one day = "1"
- occurs only during acute intoxication = "1"
- odd content of speech = "1"
- reports of others' comments which clearly indicate presence of symptom = "3"

b. ...comment on your way of speaking or the words you used?

c. Did you ever make up your own words?

IF YES:
Can you give me an example?
How long did that go on?

Was there ever a time when...

Catatonic behavior

1. NO
3. YES

15a. ...you didn't react to things going on around you?

- item can be coded based on interviewer's observations
- behavior exhibited less than one day = "1"
- occurs only during acute intoxication = "1"
- slowed or limited movement associated with non-psychotic major depressive episode = "1"
- reports of others' comments which clearly indicate presence of symptom = "3"

b. ...you didn't move for a long time?

c. ...you didn't talk for a long time?

PRISM NESARC SECTION 16 - UNUSUAL EXPERIENCES

Was there ever a time when...

Negative symptoms of schizophrenia, i.e., avolition, avlogia, or affective flattening

1. NO
3. YES

16a. ...you didn't show interest in doing anything?

b. ...you didn't have feeling or had very little feelings?

c. ...you didn't have conversations with people?

IF YES:

What happened?

How long did that go on?

- item can be coded based on interviewer's observations
- behavior due to neuroleptic medication = "1"
- behavior due to physical illness = "1"
- occurs only during acute intoxication = "1"
- slowed or limited movement associated with non-psychotic major depressive episode = "1"
- lack of motivation to begin, participate in, or complete goal-directed activity = "3"
- lack of spontaneous speech or speech that is repetitive, stereotyped, vague or very concrete and conveys little information = "3"
- severe reduction in range of emotional expression or absence of emotion = "3"
- reports of others' comments that clearly indicate presence of symptom = "3"

CHECK ITEM 16.3	DID RESPONDENT EVER HAVE SYMPTOMS FROM AT LEAST 2 SYMPTOM CATEGORIES OF SCHIZOPHRENIA INCLUDING AT LEAST ONE OF THE SYMPTOMS: DELUSIONS, HALLUCINATIONS, DISORGANIZED SPEECH?	<input type="checkbox"/> NO - SKIP TO SECTION 17 <input type="checkbox"/> YES
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17. Did you ever have some of those experiences for at least one month?

Active phase lasting at least a month

1. NO
3. YES - **SKIP TO CHECK ITEM 16.4**

(REFER TO PSYCHOTIC SYMPTOMS CODED IN QUESTIONS 1-17)

18. Were you ever hospitalized or did you ever take any medication for the experiences you had at the same time?

Active phase lasting less than one month due to successful treatment-

1. NO
3. YES

(REFER TO PSYCHOTIC SYMPTOMS CODED IN QUESTIONS 1-17)

CHECK ITEM 16.4	DID RESPONDENT EVER HAVE AN ACTIVE PHASE? (IS Q.17 OR Q.18 CODED "3"?)	<input type="checkbox"/> NO - SKIP TO SECTION 17 <input type="checkbox"/> YES
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Did you EVER have ANY of the following OTHER experiences BEFORE or AFTER you had the UNUSUAL experiences we just talked about? Did you...

19a. ...find it hard to follow through on any task?

Prodromal or residual symptoms - ever

1. NO
3. YES

19b. ...keep to yourself more than usual?

Prodromal or residual symptoms - ever

1. NO
3. YES

19c....not care about the way you looked?

Prodromal or residual symptoms - ever

1. NO
3. YES

19d....not care if you got things done?

Prodromal or residual symptoms - ever

1. NO
3. YES

19e....stop having conversations with people?

Prodromal or residual symptoms - ever

1. NO
3. YES

19f....often get very angry all of a sudden?

Prodromal or residual symptoms - ever

1. NO
3. YES

19g....have times when it seemed as if you had no feelings at all?

Prodromal or residual symptoms - ever

1. NO
3. YES

PRISM NESARC SECTION 16 - UNUSUAL EXPERIENCES

<p>19h...do things other people thought were strange or unusual?</p>	<p>Attenuated active phase symptoms during prodromal or residual period - ever</p>	<p>1. NO 3. YES</p>
<p>19i...believe things that other people thought were strange, unusual, or impossible?</p>	<p>Attenuated active phase symptoms during prodromal or residual period - ever</p>	<p>1. NO 3. YES</p>
<p>20. Did these UNUSUAL or OTHER experiences ever last for 6 months or more?</p>	<p>Continuous signs of the disturbance for at least 6 months - ever</p>	<p>1. NO 3. YES</p>
<p>(REFER TO ACTIVE PHASE AND PRODROMAL/RESIDUAL SYMPTOMS)</p>		
<p>At any time when you had these UNUSUAL or OTHER experiences, were you...</p>	<p>Distress</p>	<p>1. NO 3. YES</p>
<p>21a...very upset?</p>		
<p>21b... having problems with people?</p>	<p>Social dysfunction</p>	<p>1. NO 2. A LITTLE 3. A MODERATE AMOUNT 4. A LOT</p>
<p>IF YES: Were these problems happening a little, a moderate amount, or a lot?</p>		
<p>21c. ... having problems at work or school?</p>	<p>Occupational or academic dysfunction</p>	<p>1. NO 2. A LITTLE 3. A MODERATE AMOUNT 4. A LOT</p>
<p>IF YES: Were these problems happening a little, a moderate amount, or a lot?</p>		
<p>21d. ... having problems getting a job?</p>	<p>Occupational dysfunction</p>	<p>1. NO 2. A LITTLE 3. A MODERATE AMOUNT 4. A LOT</p>
<p>IF YES: Were these problems happening a little, a moderate amount, or a lot?</p>		
<p>21e. ... having problems taking care of your everyday responsibilities?</p>	<p>Self-care dysfunction</p>	<p>1. NO 2. A LITTLE 3. A MODERATE AMOUNT 4. A LOT</p>
<p>IF YES: Were these problems happening a little, a moderate amount, or a lot?</p>		
<p>21f. ... having problems taking care of yourself?</p>	<p>Self-care dysfunction</p>	<p>1. NO 2. A LITTLE 3. A MODERATE AMOUNT 4. A LOT</p>
<p>IF YES: Were these problems happening a little, a moderate amount, or a lot?</p>		
<p>21g... having problems keeping your clothes clean and neat?</p>	<p>Self-care dysfunction</p>	<p>1. NO 2. A LITTLE 3. A MODERATE AMOUNT 4. A LOT</p>
<p>IF YES: Were these problems happening a little, a moderate amount, or a lot?</p>		
<p>22a. When did you BEGIN to have some of these UNUSUAL or OTHER experiences?</p>	<p>Initial onset of prodromal or active phase</p> <p>1. MONTHS AGO 2. AGE</p> <ul style="list-style-type: none"> - code "age" if more than 12 months ago - code onset of prodromal symptoms - if no prodromal phase, code onset of active phase - onset of active phase is the time when at least 2 symptoms first occurred for at least 1 month, or less if successfully treated 	

PRISM NESARC SECTION 16 - UNUSUAL EXPERIENCES

22b. -----> **Initial onset of unusual experiences** _____

- indicate the number of months ago
- if more than 12 months ago, indicate age

23. In your ENTIRE LIFE, how many SEPARATE times were there when you had SOME of the UNUSUAL or OTHER experiences and ALSO had some of the other experiences I mentioned for at least 6 months? **Number of episodes of unusual experiences** _____

- episodes must be separated by at least 2 months of remission from symptoms

By separate times, I mean times separated by at least 2 months when you didn't have ANY of these UNUSUAL or OTHER experiences.

CHECK ITEM 16.5	DID RESPONDENT HAVE MORE THAN ONE EPISODE OF UNUSUAL EXPERIENCES? <input type="checkbox"/> NO – SKIP TO Q.25 (IS Q.23 '2' OR MORE?)	<input type="checkbox"/> YES
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24a. When was the MOST RECENT time you BEGAN to have some of these UNUSUAL or OTHER experiences? **Onset of most recent episode of unusual experiences** 1. MONTHS AGO
2. AGE

- code "age" if more than 12 months ago

24b. -----> **Onset of most recent episode of unusual experiences** _____

- indicate the number of months ago
- if more than 12 months ago, indicate age

25. Since (the time/ the MOST RECENT time) these UNUSUAL or OTHER experiences BEGAN, have there been at least 2 months when you DIDN'T have any of these UNUSUAL or OTHER experiences? **Remission from only/most recent episode of unusual experiences** 1. NO – SKIP TO CHECK ITEM 16.6
3. YES

26a. When was the last time you had any of these UNUSUAL or OTHER experiences? **Offset of only/most recent episode of unusual experiences** 1. MONTHS AGO
2. AGE

- code "age" if more than 12 months ago

26b. -----> **Offset of only/most recent episode of unusual experiences** _____

- indicate the number of months ago
- if more than 12 months ago, indicate age

CHECK ITEM 16.6	IS RESPONDENT A LIFETIME ABSTAINER FROM ALCOHOL? (IS Q.1a IN SECTION 2A CODED "1"?)	<input type="checkbox"/> NO <input type="checkbox"/> YES - SKIP TO Q.27c
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27a. Did (that time/ANY of those times) when you had these UNUSUAL or OTHER experiences BEGIN to happen DURING or within 1 month AFTER you were drinking heavily or a lot more than usual? **Only/any episode following alcohol use** 1. NO
3. YES

- chronic alcohol intoxication: drank 5 or more drinks, 4+ days a week for a month
- binge use: intoxicated 3+ days straight
- most days of the month: at least 5 drinks a day, at least half of the days of the month
- drank only small amounts of alcohol (less than 5 drinks) daily = "1"

By a lot, I mean: drinking 5 or more drinks at least 4 days a week for a month, drinking three days straight or drinking most days of the month.

27b. 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? **Only/any episode during bad aftereffects of alcohol use** 1. NO
3. YES

PRISM NESARC SECTION 16 - UNUSUAL EXPERIENCES

27c. 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 a lot?

By a lot, I mean: at least 4 days a week for a month, three days straight or most days of the month.

Only/any episode following drug or medication use 1. NO
3. YES

- chronic drug intoxication: intoxicated 4+ days a week for a month
- binge use: intoxicated 3+ days straight
- most days of the month: intoxicated at least half of the days of the month

27d. 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?

Only/any episode during bad aftereffects of drug or medication use 1. NO
3. YES

CHECK ITEM 16.7	DID ONLY/ANY EPISODE OCCUR DURING OR AFTER ALCOHOL/DRUG/MEDICATION USE? (ARE ANY Q.'s 27a-27d CODED '3'?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 16.11 <input type="checkbox"/> YES
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CHECK ITEM 16.8	DID RESPONDENT HAVE MORE THAN ONE EPISODE? (IS Q.23 '2' OR MORE?)	<input type="checkbox"/> NO <input type="checkbox"/> YES – SKIP TO CHECK ITEM 16.9
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28a. 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?

Stopped substance use for 1 month during only episode 1. NO – **SKIP TO Q.31a**
3. YES

28b. 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)?

Only episode persisted after cessation of substance use 1. NO – **SKIP TO Q.31a**
3. YES – **SKIP TO Q.31a**

CHECK ITEM 16.9	DID ACTIVE PHASE OR PRODROMAL SYMPTOMS BEGIN TO HAPPEN IN THE LAST 12 MONTHS? (ARE Q's 22a OR 24a CODED '1'?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 16.10 <input type="checkbox"/> YES
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29a. Did ALL of those times when you had these UNUSUAL or OTHER experiences 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)?

All episodes related to substance use – last 12 months 1. NO – **SKIP TO CHECK ITEM 16.10**
3. YES

29b. 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?

Stopped substance use for 1 month during any episode– last 12 months 1. NO – **SKIP TO CHECK ITEM 16.10**
3. YES

29c. During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?

Stopped substance use for 1 month during all episodes– last 12 months 1. NO
3. YES

PRISM NESARC SECTION 16 - UNUSUAL EXPERIENCES

29d. 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)?

Any episode persisted after cessation of substance use – last 12 months

- 1. NO
- 3. YES

CHECK ITEM 16.10	DID ACTIVE PHASE OR PRODROMAL SYMPTOMS BEGIN TO HAPPEN PRIOR TO THE LAST 12 MONTHS? (IS Q.22a CODED '2'?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 16.11 <input type="checkbox"/> YES
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30a. Did ALL of those times when you had these UNUSUAL or OTHER experiences 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)?

All episodes related to substance use – prior to the last 12 months

- 1. NO – **SKIP TO CHECK ITEM 16.11**
- 3. YES

30b. 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?

Stopped substance use for 1 month during any episode– prior to the last 12 months

- 1. NO – **SKIP TO CHECK ITEM 16.11**
- 3. YES

30c. During ALL of those times, did you STOP (drinking heavily/using medicines and drugs/experiencing the bad aftereffects of drinking/medicines and drugs)?

Stopped substance use for 1 month during all episodes– prior to the last 12 months

- 1. NO
- 3. YES

30d. 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)?

Any episode persisted after cessation of substance use – prior to the last 12 months

- 1. NO
- 3. YES

CHECK ITEM 16.11	DID RESPONDENT HAVE MORE THAN ONE ACTIVE PHASE (IS Q.23 '2' OR MORE?)	<input type="checkbox"/> NO <input type="checkbox"/> YES – SKIP TO CHECK ITEM 16.12
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31a. Did your UNUSUAL or OTHER experiences BEGIN to happen during a time when you were physically ill or getting over being physically ill?

Only episode related to illness

- 1. NO – **SKIP TO CHECK ITEM 16.14**
- 3. YES

31b. Did a doctor or other health professional tell you that your UNUSUAL or OTHER experiences were related to your physical illness or medical condition?

Doctor said only episode related to illness

- 1. NO – **SKIP TO CHECK ITEM 16.14**
- 3. YES – **SKIP TO CHECK ITEM 16.14**

CHECK ITEM 16.12	DID ACTIVE PHASE OR PRODROMAL SYMPTOMS BEGIN TO HAPPEN IN THE LAST 12 MONTHS? (ARE Q's 22a OR 24a CODED '1'?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 16.13 <input type="checkbox"/> YES
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32a. 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?

All episodes related to illness – last 12 months

- 1. NO – **SKIP TO CHECK ITEM 16.13**
- 3. YES

PRISM NESARC SECTION 16 - UNUSUAL EXPERIENCES

32b. 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?

Doctor said all episodes related to illness – last 12 months 1. NO
3. YES

CHECK ITEM 16.13	DID ACTIVE PHASE OR PRODRIMAL SYMPTOMS BEGIN TO HAPPEN PRIOR TO THE LAST 12 MONTHS? (IS Q.22a CODED '2'?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 16.14 <input type="checkbox"/> YES
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33a. Did ALL of those times BEFORE 12 months ago when you had these UNUSUAL or OTHER experiences ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?

All episodes related to illness – prior to the last 12 months 1. NO – **SKIP TO CHECK ITEM 16.14**
3. YES

33b. 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?

Doctor said all episodes related to illness – prior to the last 12 months 1. NO
3. YES

CHECK ITEM 16.14	DID RESPONDENT EVER HAVE A MAJOR DEPRESSIVE EPISODE? (IS CHECK ITEM 4.5 IN SECTION 4 CODED 'YES'?)	<input type="checkbox"/> NO - SKIP TO CHECK ITEM 16.17 <input type="checkbox"/> YES
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CHECK ITEM 16.15	DID ACTIVE PHASE OR PRODRIMAL SYMPTOMS BEGIN TO HAPPEN IN THE LAST 12 MONTHS? (ARE Q's 22a OR 24a CODED '1'?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 16.16 <input type="checkbox"/> YES
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34a. During (that time/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 some of the time?

Depression symptoms during only/any psychotic episode – last 12 months 1. NO – **SKIP TO CHECK ITEM 16.16**
3. YES

34b. During (that time/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) during at least half of the time when those UNUSUAL or OTHER experiences were happening?

Depression symptoms for half the time during only/any psychotic episode – last 12 months 1. NO – **SKIP TO CHECK ITEM 16.16**
3. YES

34c. During (that time/ALL of those times) that BEGAN in the last 12 months, when those UNUSUAL or OTHER experiences were happening, did you ALWAYS have a period like this when you (felt sad, blue, depressed or down/not care about things or enjoy things) for at least half of the time?

Depression symptoms for half the time during ALL psychotic episodes – last 12 months 1. NO
3. YES

CHECK ITEM 16.16	DID ACTIVE PHASE OR PRODRIMAL SYMPTOMS BEGIN TO HAPPEN PRIOR TO THE LAST 12 MONTHS? (IS Q.22a CODED '2'?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 16.17 <input type="checkbox"/> YES
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35a. During (that time/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 some of the time?

Depression symptoms during only/any psychotic episode – prior to past 12 months 1. NO – **SKIP TO CHECK ITEM 16.17**
3. YES

PRISM NESARC SECTION 16 - UNUSUAL EXPERIENCES

35b. During (that time/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) during at least half of the time when those UNUSUAL or OTHER experiences were happening?

Depression symptoms for half the time during only/any psychotic episode – prior to past 12 months

1. NO – SKIP TO CHECK ITEM 16.17
3. YES

35c. During (that time/ALL of those times) that BEGAN BEFORE 12 months ago, when those UNUSUAL or OTHER experiences were happening, did you ALWAYS have a period like this when you (felt sad, blue, depressed or down/not care about things or enjoy things) for at least half of the time?

Depression symptoms for half the time during ALL psychotic episodes – prior to past 12 months

1. NO
3. YES

CHECK ITEM 16.17	DID RESPONDENT EVER HAVE A MANIC EPISODE? (IS CHECK ITEM 6.3A IN SECTION 6 CODED 'YES'?)	<input type="checkbox"/> NO - SKIP TO SECTION 17 <input type="checkbox"/> YES
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CHECK ITEM 16.18	DID ACTIVE PHASE OR PRODROMAL SYMPTOMS BEGIN TO HAPPEN IN THE LAST 12 MONTHS? (ARE Q's 22a OR 24a CODED '1'?)	<input type="checkbox"/> NO – SKIP TO CHECK ITEM 16.19 <input type="checkbox"/> YES
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36a. During (that time/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?

Manic symptoms during only/any psychotic episode – last 12 months

1. NO – SKIP TO CHECK ITEM 16.19
3. YES

36b. During (that time/ANY of those times) that BEGAN in the last 12 months, did you feel (excited, elated, revved up, or energetic/irritable or easily annoyed) during at least half of the time when those UNUSUAL or OTHER experiences were happening?

Manic symptoms for half the time during only/any psychotic episode – last 12 months

1. NO – SKIP TO CHECK ITEM 16.19
3. YES

36c. During (that time/ALL of those times) that BEGAN in the last 12 months, when those 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?

Manic symptoms for half the time during ALL psychotic episodes – last 12 months

1. NO
3. YES

CHECK ITEM 16.19	DID UNUSUAL OR OTHER SYMPTOMS BEGIN TO HAPPEN PRIOR TO THE LAST 12 MONTHS? (IS Q.22a CODED '2'?)	<input type="checkbox"/> NO – SKIP TO SECTION 17 <input type="checkbox"/> YES
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37a. During (that time/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 (excited, elated, revved up, or energetic/irritable or easily annoyed) for some of the time?

Manic symptoms during only/any psychotic episode – prior to the past 12 months

1. NO – SKIP TO SECTION 17
3. YES

PRISM NESARC SECTION 16 - UNUSUAL EXPERIENCES

37b. During (that time/ANY of those times) that BEGAN BEFORE 12 months ago, did you feel (excited, elated, revved up, or energetic/irritable or easily annoyed) during at least half of the time when those UNUSUAL or OTHER experiences were happening?

Manic symptoms for half the time during only/any psychotic episode – prior to the past 12 months

1. NO – **SKIP TO SECTION 17**
3. YES

37c. During (that time/ALL of those times) that BEGAN BEFORE 12 months ago, when those 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?

Manic symptoms for half the time during ALL psychotic episodes – prior to the past 12 months

1. NO
3. YES

PRISM - NESARC VERSION SECTION 17 – BEHAVIORS

Statement 17.1: Now I'd like to ask you some questions about experiences you might have had.

<p>1a. In your entire life, did you EVER <u>often</u> skip school or cut classes?</p>	<p>Repeated truancy or absences from class/school</p>	<p>1. NO - SKIP TO Q.2a 3. YES</p>
<p>IF YES: Why did you stay out of school?</p>	<p>- dropping out permanently, absences to care for someone, or absences due to physical or mental illness = "1"</p>	
<p>1b. Did this happen BEFORE you were 13?</p>	<p>Repeated truancy began before age 13</p>	<p>1. NO 3. YES</p>
<p>1c. Has this happened SINCE you were 13?</p>	<p>Repeated truancy since age 13</p>	<p>1. NO 3. YES</p>
<p>2a. In your entire life, did you EVER stay out at night when your (parent(s)/caregiver) had told you to stay home?</p>	<p>Ever stayed out at night despite parental prohibition</p>	<p>1. NO - SKIP TO Q.3a 3. YES</p>
	<p>- parent(s) didn't care = "1"</p>	
<p>2b. Did this happen BEFORE you were 13?</p>	<p>Ever stayed out at night despite parental prohibition before age 13</p>	<p>1. NO 3. YES</p>
<p>2c. Has this happened SINCE you were 13?</p>	<p>Ever stayed out at night despite parental prohibition since age 13</p>	<p>1. NO 3. YES</p>
<p>3a. In your entire life, did you EVER bully or threaten others or try to make them afraid of you?</p>	<p>Ever bullied, threatened or intimidated others</p>	<p>1. NO - SKIP TO Q.4a 3. YES</p>
<p>3b. Did this happen BEFORE you were 15?</p>	<p>Ever bullied, threatened or intimidated others before age 15</p>	<p>1. NO 3. YES</p>
<p>3c. Has this happened SINCE you were 15?</p>	<p>Ever bullied, threatened or intimidated others since age 15</p>	<p>1. NO 3. YES</p>
<p>4a. In your entire life, did you EVER run away from home overnight at least twice when you were living at home or run away and stay away for a longer time?</p>	<p>Ran away from home overnight or longer - ever</p>	<p>1. NO - SKIP TO Q.5a 3. YES</p>
	<p>- must stay away at least one night - avoiding actual physical abuse = "1" - leaving group home without permission = "3"</p>	
<p>4b. Did you (run away from home more than once/stay away from home for a long time) BEFORE you were 15?</p>	<p>Ran away from home overnight at least twice (or once without returning for a lengthy period) before age 15</p>	<p>1. NO 3. YES</p>
<p>4c. Have you (run away from home more than once/stay away from home for a long time) SINCE you were 15?</p>	<p>Ran away from home overnight at least twice while living in parental home (or once without returning for a lengthy period) since age 15</p>	<p>1. NO 3. YES</p>
<p>5a. In your entire life, did you EVER have a period when you were <u>often</u> absent from work or school?</p>	<p>Consistent irresponsibility</p>	<p>1. NO - SKIP TO Q.6a 3. YES</p>
	<p>- periods of incarceration or institutionalization = "1" - free-lance workers failing to keep commitments = "3" - quitting in order to collect unemployment / welfare = "3"</p>	
<p>IF YES: Why did that happen?</p>		
<p>5b. Did this happen BEFORE you were 15?</p>	<p>Consistent irresponsibility before age 15</p>	<p>1. NO 3. YES</p>
<p>5c. Has this happened SINCE you were 15?</p>	<p>Consistent irresponsibility since age 15</p>	<p>1. NO 3. YES</p>
<p>6a. In your entire life, did you more than once quit a job without notice or without plans for another one?</p>	<p>Impulsivity or failure to plan ahead – more than once</p>	<p>1. NO- SKIP TO Q.7a 3. YES</p>
	<p>- periods of incarceration or institutionalization = "1" - free-lance workers failing to keep commitments = "3" - quitting in order to collect unemployment / welfare = "3"</p>	
<p>IF YES: Why did that happen?</p>		
<p>6b. Did this happen BEFORE you were 15?</p>	<p>Impulsivity or failure to plan ahead before age 15</p>	<p>1. NO 3. YES</p>
<p>6c. Did this happen SINCE you were 15?</p>	<p>Impulsivity or failure to plan ahead since age 15</p>	<p>1. NO 3. YES</p>
<p>7a. In your entire life, have you EVER</p>	<p>Impulsivity or failure to plan ahead</p>	<p>1. NO - SKIP TO Q.8a</p>

PRISM - NESARC VERSION SECTION 17 – BEHAVIORS

<p>12b. Did this happen BEFORE you were 15?</p>	<p>Reckless disregard for safety of self or others including children <u>before age 15</u></p>	<p>1. NO 3. YES</p>
<p>12c. Did this happen SINCE you were 15?</p>	<p>Reckless disregard for safety of self or others including children else <u>since age 15</u></p>	<p>1. NO 3. YES</p>
<p>13a. In your entire life, have you EVER had unprotected sex?</p>	<p>Reckless disregard for the safety of self or others including children</p>	<p>1. NO – SKIP TO Q.14a 3. YES</p>
<p>13b. Did this happen BEFORE you were 15?</p>	<p>Reckless disregard for the safety of self or others including children <u>before age 15</u></p>	<p>1. NO 3. YES</p>
<p>13c. Did this happen SINCE you were 15?</p>	<p>Reckless disregard for the safety of self or others including children <u>since age 15</u></p>	<p>1. NO 3. YES</p>
<p>14a. In your entire life, did you EVER damage or destroy anyone else's property, like a car, their home, or other personal belongings?</p>	<p><u>Deliberately destroyed others' property</u></p> <ul style="list-style-type: none"> - single occurrence, unless clearly of little significance (e.g., broke one plate when angry) = "3" - graffiti = "3" 	<p>1. NO - SKIP TO Q.15a 3. YES</p>
<p>IF YES: What did you do?</p>		
<p>14b. Did this happen BEFORE you were 15?</p>	<p><u>Deliberately destroyed others' property before age 15</u></p>	<p>1. NO 3. YES</p>
<p>14c. Did this happen SINCE you were 15?</p>	<p><u>Deliberately destroyed others' property since age 15</u></p>	<p>1. NO 3. YES</p>
<p>15a. In your entire life, did you EVER purposely set something on fire?</p>	<p><u>Deliberately set fire with the intention of causing serious damage</u></p> <ul style="list-style-type: none"> - respondent did not believe that damage would result = "1" - accidents = "1" 	<p>1. NO - SKIP TO Q.16 3. YES</p>
<p>IF YES: What did you set on fire?</p>		
<p>15b. Did this happen BEFORE you were 15?</p>	<p><u>Deliberately set fire with the intention of causing serious damage before age 15</u></p>	<p>1. NO 3. YES</p>
<p>15c. Did this happen SINCE you were 15?</p>	<p><u>Deliberately set fire with the intention of causing serious damage since age 15</u></p>	<p>1. NO 3. YES</p>
<p>16. In your entire life, have you EVER failed to pay financial obligations such as (child support,) alimony, mortgages, loans, or credit card bills?</p>	<p>Irresponsibility: fails to honor financial obligations</p>	<p>1. NO 3. YES</p>
<p>Were there any other bills or debts you never paid?</p>		
<p>IF YES: Why did that happen?</p>		
<p>17a. In your entire life, did you EVER steal money or anything else from someone when the person was not around?</p>	<p>Stealing items of <u>non-trivial</u> value without confronting a victim</p> <ul style="list-style-type: none"> - breaking and entering = "1" - borrowing if permission would clearly have been granted upon request = "1" - stealing non-trivial amounts of money = "3" 	<p>1. NO - SKIP TO Q.18a 3. YES</p>
<p>17b. Did this happen BEFORE you were 15?</p>	<p>Stealing items of <u>non-trivial</u> value without confronting a victim <u>before age 15</u></p>	<p>1. NO 3. YES</p>
<p>17c. Did this happen SINCE you were 15?</p>	<p>Stealing items of <u>non-trivial</u> value without confronting a victim <u>since age 15</u></p>	<p>1. NO 3. YES</p>
<p>18a. In your entire life, did you EVER forge a check or any other document?</p>	<p>Stealing items of <u>non-trivial</u> value without confronting a victim</p>	<p>1. NO - SKIP TO Q.19a 3. YES</p>
<p>18b. Did this happen BEFORE you were 15?</p>	<p>Stealing items of <u>non-trivial</u> value without confronting a victim <u>before age 15</u></p>	<p>1. NO 3. YES</p>
<p>18c. Did this happen SINCE you were 15?</p>	<p>Stealing items of <u>non-trivial</u> value without confronting a victim <u>since age 15</u></p>	<p>1. NO 3. YES</p>
<p>19a. In your entire life, did you EVER break into someone's house, apartment, building, or car?</p>	<p>Broke into someone's house, building or car</p>	<p>1. NO - SKIP TO Q.20a 3. YES</p>
<p>19b. Did this happen BEFORE you were</p>	<p>Broke into someone's house, building or car <u>before age</u></p>	<p>1. NO</p>

PRISM - NESARC VERSION SECTION 17 – BEHAVIORS

15?	15	3. YES
19c. Did this happen SINCE you were 15?	Broke into someone's house, building or car <u>since age 15</u>	1. NO 3. YES
20a. In your entire life, did you EVER shoplift? IF YES: What did you steal?	Stealing items of <u>non-trivial</u> value without confronting a victim - shoplifting merchandise even if value is small = "3" - stealing non-trivial amounts of money = "3"	1. NO - SKIP TO Q.21a 3. YES
20b. Did this happen BEFORE you were 15?	Stealing items of <u>non-trivial</u> value without confronting a victim <u>before age 15</u>	1. NO 3. YES
20c. Did this happen SINCE you were 15?	Stealing items of <u>non-trivial</u> value without confronting a victim <u>since age 15</u>	1. NO 3. YES
21a. In your entire life, did you EVER steal something from someone directly, for example, by mugging them, threatening them with a weapon, or snatching their purse? IF YES: What did you do?	Stealing <u>with</u> confrontation of a victim	1. NO - SKIP TO Q.22a 3. YES
21b. Did this happen BEFORE you were 15?	Stealing <u>with</u> confrontation of a victim <u>before age 15</u>	1. NO 3. YES
21c. Did this happen SINCE you were 15?	Stealing <u>with</u> confrontation of a victim <u>since age 15</u>	1. NO 3. YES
22a. In your entire life, did you EVER use someone else's credit card without their permission? IF YES: What did you steal?	Stealing items of <u>non-trivial</u> value without confronting a victim - borrowing if permission would clearly have been granted upon request = "1"	1. NO - SKIP TO Q.23a 3. YES
22b. Did this happen BEFORE you were 15?	Stealing items of <u>non-trivial</u> value without confronting a victim <u>before age 15</u>	1. NO 3. YES
22c. Did this happen SINCE you were 15?	Stealing items of <u>non-trivial</u> value without confronting a victim <u>since age 15</u>	1. NO 3. YES
23a. In your entire life, did you EVER steal through an online method or through the telephone? IF YES: What did you steal?	Stealing items of <u>non-trivial</u> value without confronting a victim	1. NO - SKIP TO Q.24a 3. YES
23b. Did this happen BEFORE you were 15?	Stealing items of <u>non-trivial</u> value without confronting a victim <u>before age 15</u>	1. NO 3. YES
23c. Did this happen SINCE you were 15?	Stealing items of <u>non-trivial</u> value without confronting a victim <u>since age 15</u>	1. NO 3. YES
24a. In your entire life, have you EVER done other things you could have been arrested for, such as drug dealing, using illegal drugs or prostitution? IF YES: What did you do?	Performing non-confrontational acts that are grounds for arrest - confrontational acts = "1"	1. NO - SKIP TO Q.25a 3. YES
24b. Did this happen BEFORE you were 15?	Repeatedly performing non-confrontational acts that are grounds for arrest <u>before age 15</u>	1. NO 3. YES
24c. Did this happen SINCE you were 15?	Repeatedly performing non-confrontational acts that are grounds for arrest <u>since age 15</u>	1. NO 3. YES
25a. In your entire life, did you EVER force anyone to engage in any sexual activity with you against their will?	Forced someone into sexual activity - verbal persuasion <u>only</u> = "1" - use of physical force, intimidation, any kind of threat = "3"	1. NO - SKIP TO Q.26a 3. YES
25b. Did this happen BEFORE you were	Forced someone into sexual activity <u>before age 15</u>	1. NO

PRISM - NESARC VERSION SECTION 17 – BEHAVIORS

15?		3. YES
25c. Did this happen SINCE you were 15?	Forced someone into sexual activity <u>since age 15</u>	1. NO 3. YES
26a. In your entire life, did you EVER start a lot of physical fights?	<u>Often initiated physical fights</u> - respondent must be first to react physically, even if verbally provoked	1. NO - SKIP TO Q.28a 3. YES
26b. Did this happen BEFORE you were 15?	<u>Often initiated physical fights before age 15</u>	1. NO 3. YES
26c. Did this happen SINCE you were 15?	<u>Often initiated physical fights since age 15</u>	1. NO 3. YES
27a. In your entire life, did you EVER hurt or injure another person on purpose?	Was physically cruel to other people - accidents = "1" - deliberate action intended to cause injury, pain or suffering = "3" - excessive punishment of children = "3"	1. NO - SKIP TO Q.28a 3. YES
IF YES: What did you do?		
27b. Did this happen BEFORE you were 15?	Was physically cruel to other people <u>before age 15</u>	1. NO 3. YES
27c. Did this happen SINCE you were 15?	Was physically cruel to other people <u>since age 15</u>	1. NO 3. YES
28a. In your entire life, did you EVER get back at someone by hurting them physically?	Was physically cruel to other people - accidents = "1" - deliberate action intended to cause injury, pain or suffering = "3" - excessive punishment of children = "3"	1. NO - SKIP TO Q.29a 3. YES
IF YES: What did you do?		
28b. Did this happen BEFORE you were 15?	Was physically cruel to other people <u>before age 15</u>	1. NO 3. YES
28c. Did this happen SINCE you were 15?	Was physically cruel to other people <u>since age 15</u>	1. NO 3. YES
29a. In your entire life, have you EVER harassed, threatened or blackmailed someone?	Harassed, threatened or blackmailed someone	1. NO - SKIP TO Q.30a 3. YES
29b. Did this happen BEFORE you were 15?	Harassed, threatened or blackmailed someone <u>before age 15</u>	1. NO 3. YES
29c. Did this happen SINCE you were 15?	Harassed, threatened or blackmailed someone <u>since age 15</u>	1. NO 3. YES
30a. In your entire life, have you EVER hit your (wife/husband/partner) or any other family member?	Is <u>irritable and aggressive - ever</u> - self defense or defense of someone else = "1" - excessive aggression towards siblings = "3"	1. NO - SKIP TO Q.31a 3. YES
30b. Did this happen BEFORE you were 15?	Is <u>irritable and aggressive before age 15</u>	1. NO 3. YES
30c. Did this happen SINCE you were 15?	Is <u>irritable and aggressive since age 15</u>	1. NO 3. YES
31a. In your entire life, have you EVER gotten into fights or used a weapon on someone in a fight?	Is <u>irritable and aggressive</u> - self defense or defense of someone else = "1" - physical aggression <u>required</u> for job performance = "1" - excessive aggression towards siblings = "3"	1. NO - SKIP TO Q.32a 3. YES
31b. Did this happen BEFORE you were 15?	Is <u>irritable and aggressive before age 15</u>	1. NO 3. YES
31c. Did this happen SINCE you were 15?	Is <u>irritable and aggressive since age 15</u>	1. NO 3. YES
32a. In your entire life, have you EVER gotten really angry and injured someone, or left a mark on them?	Is <u>irritable and aggressive</u> - self defense or defense of someone else = "1" - physical aggression <u>required</u> for job performance = "1"	1. NO - SKIP TO Q.33a 3. YES

PRISM - NESARC VERSION SECTION 17 – BEHAVIORS

IF YES:

How often did that happen?
What did you do?

- excessive aggression towards siblings = "3"

32b. Did this happen (often) BEFORE you were 15?

Is irritable and aggressive before age 15

1. NO
3. YES

32c. Did this happen (often) SINCE you were 15?

Is irritable and aggressive since age 15

1. NO
3. YES

33a. In your entire life, did you EVER hurt an animal or pet on purpose or "just for fun"?

Was physically cruel to animals

1. NO – **SKIP TO Q.34a**
3. YES

- accidents = "1"
- hunting and "pest" extermination = "1"
- deliberate and/or pleasurable action that could cause injury, pain, or death = "3"

IF YES:

What did you do?

33b. Did this happen BEFORE you were 15?

Was physically cruel to animals before age 15

1. NO
3. YES

33c. Did this happen SINCE you were 15?

Was physically cruel to animals since age 15

1. NO
3. YES

34a. In your entire life, were you EVER not working when other people thought that you should have been?

Consistent irresponsibility

1. NO – **SKIP TO CHECK ITEM 17.1**
3. YES

- periods of incarceration or institutionalization = "1"
- free-lance workers failing to keep commitments = "3"
- quitting in order to collect unemployment / welfare = "3"

IF YES:

Did you look for a job?
Why did that happen?

34b. Did this happen BEFORE you were 15?

Consistent irresponsibility before age 15

1. NO
3. YES

34c. Did this happen SINCE you were 15?

Consistent irresponsibility since age 15

1. NO
3. YES

CHECK ITEM 17.1

DID RESPONDENT HAVE 3 OR MORE SYMPTOMS BEFORE OR SINCE AGE 15?

NO – **SKIP TO SECTION 18**

(ARE AT LEAST 3 Q.'s 1b-34b OR AT LEAST 3 Q.'s 16, 1c-34c MARKED "3"?)

YES

CHECK ITEM 17.2

DID RESPONDENT HAVE 3 OR MORE SYMPTOMS BEFORE AGE 15?

NO - **SKIP TO CHECK ITEM 17.3**

(ARE AT LEAST 3 Q.'s 1b-34b MARKED "3"?)

YES

35. Did any of these experiences before age 15 cause any problems with your family or friends, at school or with the law?

Social, academic, or occupational impairment caused by symptoms before age 15

1. NO
2. MILD
3. MODERATE
4. SEVERE

- impairment must be directly caused by conduct symptoms
- social impairment includes friction with family or friends, and legal problems, such as arrests or encounters with police
- academic impairment includes poor performance and/or evaluation, conflicts with teachers, suspension or expulsion from school, or dropping out

IF YES:

Were the problems happening a little, a moderate amount, or a lot?

36. Did at least three of the experiences before age 15 happen within the same year?

At least 3 symptoms before age 15 occurred within a 12-month period

1. NO
3. YES

37a. Did you EVER regret ANY of those experiences that happened before age 15 or wish they had never happened?

Lack of remorse or being indifferent or rationalizing

1. NO
3. YES

- no longer feels guilty due to religious, self-help or therapy experience = "3"
- regret about antisocial behaviors = "3"
- regrets behavior or feels behavior was "stupid" only because of negative consequences (e.g., imprisonment) = "1"

IF YES:

What did you regret?

37b. Did you feel you had a right to do ANY of these things?

Lack of remorse or being indifferent or rationalizing

1. NO
3. YES

37c. Did you feel that the other people

Lack of remorse or being indifferent or rationalizing

1. NO

PRISM - NESARC VERSION SECTION 17 – BEHAVIORS

deserved what they got? 3. YES

37d. BEFORE age 15, were you interested or concerned about how well you were doing at school, work or in other activities? **Social interest and emotion** 1. NO 3. YES

37e. BEFORE age 15, did you show very little emotion or feelings to others? **Social interest and emotion** 1. NO 3. YES

37f. BEFORE age 15, would you say that you cared about how other people felt? **Social interest and emotion** 1. NO 3. YES

CHECK ITEM 17.3	DID RESPONDENT HAVE 3 OR MORE SYMPTOMS SINCE AGE 15?	<input type="checkbox"/> NO - SKIP TO Q.40
	(ARE AT LEAST 3 Q.'s 16, 1c-34c MARKED "3"?)	<input type="checkbox"/> YES

38. Did any of these experiences since age 15 cause any problems with your family or friends, at school or with the law? **Social, academic, or occupational impairment caused by symptoms since age 15** 1. NO 2. MILD 3. MODERATE 4. SEVERE

- impairment must be directly caused by symptoms
- social impairment includes friction with family or friends, and legal problems, such as arrests or encounters with police
- academic impairment includes poor performance and/or evaluation, conflicts with teachers, suspension or expulsion from school, or dropping out

IF YES:
Were the problems happening a little, a moderate amount, or a lot?

CHECK ITEM 17.4	DID RESPONDENT EVER DESTROY OR STEAL PROPERTY OR MISTREAT OR HARM ANOTHER PERSON?	<input type="checkbox"/> NO – SKIP TO Q.39d
	(ARE ANY OF Q.'s 3c, 11c, 12c, 16, OR 14c-32c MARKED "3"?)	<input type="checkbox"/> YES

39a. You mentioned some experiences that you've had in your life when you (destroyed property/stole something/mistreated or harmed another person). **Lack of remorse or being indifferent or rationalizing** 1. NO 3. YES

- no longer feels guilty due to religious, self-help or therapy experience = "3"
- regret about antisocial behaviors = "3"
- regrets behavior or feels behavior was "stupid" only because of negative consequences (e.g., imprisonment) = "1"

Have you regretted ANY of these experiences or wished they had never happened?

IF YES:
What did you regret?

39b. Did you feel you had a right to do ANY of these things? **Lack of remorse or being indifferent or rationalizing** 1. NO 3. YES

39c. Did you feel that the other people deserved what they got? **Lack of remorse or being indifferent or rationalizing** 1. NO 3. YES

39d. SINCE age 15, were you interested or concerned about how well you were doing at school, work or in other activities? **Social interest and emotion** 1. NO 3. YES

39e. SINCE age 15, did you show very little emotion or feelings to others? **Social interest and emotion** 1. NO 3. YES

39f. SINCE age 15, would you say that you cared about how other people felt? **Social interest and emotion** 1. NO 3. YES

ASK IF NOT KNOWN:
40. How old were you the FIRST time ANY of these experiences BEGAN to happen? **Onset of conduct/antisocial personality disorder symptoms** _____ AGE

- code age of first symptoms

41a. When was the last time you had ANY of these experiences? **Offset of antisocial personality disorder symptoms** 1. MONTHS AGO 2. AGE

- code age if more than 12 months ago

41b. -----> **Offset of antisocial personality disorder symptoms** _____

PRISM - NESARC VERSION SECTION 17 – BEHAVIORS

- indicate the number of (days/weeks/months) ago
- if more than 12 months ago, indicate age

CHECK ITEM 17.5	DID RESPONDENT HAVE 3 OR MORE SYMPTOMS BEFORE AGE 15? (ARE AT LEAST 3 Q.'s 1b-34b MARKED "3"?)	<input type="checkbox"/> NO - SKIP TO CHECK ITEM 17.7 <input type="checkbox"/> YES
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Statement 17.2: Now I'd like you to think about ALL of the experiences you just mentioned that happened BEFORE you were 15 years old.

CHECK ITEM 17.6A	IS RESPONDENT A LIFETIME ABSTAINER FROM ALCOHOL? (IS Q.1a IN SECTION 2A CODED "1"?)	<input type="checkbox"/> NO <input type="checkbox"/> YES - SKIP TO Q.43a
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- | | | |
|---|---|---|
| 42a. Did ANY of these experiences you had BEFORE you were 15 happen WHILE you were drinking heavily, or AFTER you had been drinking heavily? | Any episode related to alcohol– before age 15 | 1. NO – SKIP TO Q.43a
3. YES |
| 42b. Did ALL of these experiences ONLY happen WHILE you were drinking heavily, or AFTER you had been drinking heavily? | All episodes related to alcohol– before age 15 | 1. NO
3. YES |
| 43a. 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? | Any episode related to drugs/medication – before age 15 | 1. NO - SKIP TO CHECK ITEM 17.6B
3. YES |
| 43b. Did ALL of these experiences ONLY happen WHILE you were using or AFTER you had used any medicines or drugs? | All episodes related to drugs/medication – before age 15 | 1. NO
3. YES |

CHECK ITEM 17.6B	DID RESPONDENT EVER HAVE A PERIOD OF HIGH MOOD? (IS CHECK ITEM 6.3A IN SECTION 6 CODED "3"?)	<input type="checkbox"/> NO - SKIP TO CHECK ITEM 17.6C <input type="checkbox"/> YES
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- | | | |
|---|---|---|
| 44a. Did ANY of these experiences you had BEFORE you were 15 happen during a period when you felt extremely excited, elated or hyper or extremely irritable or easily annoyed? | Any episode related to mania– before age 15 | 1. NO - SKIP TO CHECK ITEM 17.6C
3. YES |
| 44b. Did ALL of those experiences ONLY happen during periods when you felt extremely excited, elated or hyper or extremely irritable or easily annoyed? | All episodes related to mania– before age 15 | 1. NO
3. YES |

CHECK ITEM 17.6C	DID RESPONDENT EVER HAVE PSYCHOTIC SYMPTOMS? (IS CHECK ITEM 16.3 IN SECTION 16 CODED "3"?)	<input type="checkbox"/> NO - SKIP TO CHECK ITEM 17.7 <input type="checkbox"/> YES
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- | | | |
|--|--|--|
| 44c. 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? | Any episode related to psychosis – before age 15 | 1. NO - SKIP TO CHECK ITEM 17.7
3. YES |
| 44d. Did ALL of these experiences ONLY happen during times when you were having SOME of those unusual experiences? | All episodes related to psychosis – before age 15 | 1. NO
3. YES |

CHECK ITEM 17.7	DID RESPONDENT HAVE 3 OR MORE SYMPTOMS SINCE AGE 15? (ARE AT LEAST 3 Q.'s 16, 1c-34c MARKED "3"?)	<input type="checkbox"/> NO - SKIP TO SECTION 18 <input type="checkbox"/> YES
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Statement 17.3: You mentioned some experiences you had SINCE you were 15 years old.

PRISM - NESARC VERSION SECTION 17 – BEHAVIORS

CHECK ITEM 17.8A	IS RESPONDENT A LIFETIME ABSTAINER FROM ALCOHOL? (IS Q.1a IN SECTION 2A CODED "1"?)	<input type="checkbox"/> NO <input type="checkbox"/> YES - SKIP TO Q.46a
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45a. Did ANY of these experiences you had SINCE you were 15 happen WHILE you were drinking heavily, or AFTER you had been drinking heavily?	Any episode related to alcohol– since age 15	1. NO – SKIP TO Q.46a 3. YES
45b. Did ALL of these experiences ONLY happen WHILE you were drinking heavily, or AFTER you had been drinking heavily?	All episodes related to alcohol– since age 15	1. NO 3. YES
46a. ANY of these experiences you had SINCE you were 15 happen WHILE you were using or AFTER you had used any medicines or drugs?	Any episode related to drugs/medication – since age 15	1. NO - SKIP TO CHECK ITEM 17.8B 3. YES
46b. Did ALL of these experiences ONLY happen WHILE you were using or AFTER you had used medicine or drugs?	All episodes related to drugs/medication – since age 15	1. NO 3. YES

CHECK ITEM 17.8B	DID RESPONDENT EVER HAVE A PERIOD OF HIGH MOOD? (IS CHECK ITEM 6.3A IN SECTION 6 CODED "3"?)	<input type="checkbox"/> NO - SKIP TO CHECK ITEM 17.8C <input type="checkbox"/> YES
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47a. Did ANY of the experiences you had SINCE you were 15 happen during a time when you felt extremely excited, elated or hyper or extremely irritable or easily annoyed?	Any episode related to mania– since age 15	1. NO - SKIP TO CHECK ITEM 17.8C 3. YES
47b. Did ALL of those experiences ONLY happen during periods when you felt extremely excited, elated or hyper or extremely irritable or easily annoyed?	All episodes related to mania– since age 15	1. NO 3. YES

CHECK ITEM 17.8C	DID RESPONDENT EVER HAVE PSYCHOTIC SYMPTOMS? (IS CHECK ITEM 16.3 IN SECTION 16 CODED "3"?)	<input type="checkbox"/> NO - SKIP TO SECTION 18 <input type="checkbox"/> YES
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47c. 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?	Any episode related to psychosis – since age 15	1. NO - SKIP TO SECTION 18 3. YES
47d. Did ALL of those experiences ONLY happen during times when you were having SOME of those unusual experiences?	All episodes related to psychosis – since age 15	1. NO 3. YES

PRISM – NESARC SECTION 18 – LOW WEIGHT

Statement 18.1: Now I'll be asking you about your eating habits.

1a. How much do you weigh? (Best guess) **Current weight** _____ POUNDS
 - indicate respondent's weight in POUNDS

IF RESPONDENT IS FEMALE, ASK:
1b. Are you currently pregnant? **Pregnant** 1. NO
 3. YES

2. What is the most you've ever weighed as an adult? **Highest adult weight** _____ POUNDS
 - indicate respondent's highest adult weight in POUNDS

3. How tall are you? **Current height** _____ INCHES
 - indicate respondent's height in INCHES

FEET	INCHES	FEET	INCHES
4'10"	58	5'9"	69
4'11"	59	5'10"	70
5'	60	5'11"	71
5'1"	61	6'	72
5'2"	62	6'1"	73
5'3"	63	6'2"	74
5'4"	64	6'3"	75
5'5"	65	6'4"	76
5'6"	66	6'5"	77
5'7"	67	6'6"	78
5'8"	68	6'7"	79

4a. What has been your lowest weight since you reached your current height, not counting times when you were ill? **Lowest adult weight** _____ POUNDS
 - indicate respondent's lowest adult weight in POUNDS

4b. -----> **Lowest weight is 15% below expected weight** 1. NO – **SKIP TO SECTION 19**
 3. YES
 - weight coded in Q.4a is at or below weight indicated for adult height in chart below = "3"

INTERVIEWER INSTRUCTIONS: THESE WEIGHTS REPRESENT 15% BELOW THAN EXPECTED IN Q.4b					
HEIGHT	FEMALES LBS.	MALES LBS.	HEIGHT	FEMALES LBS.	MALES LBS.
4'10"	99	--	5'9"	127	135
4'11"	101	--	5'10"	130	138
5'0"	102	--	5'11"	132	140
5'1"	105	116	6'0"	135	143
5'2"	107	118	6'1"	--	146
5'3"	110	120	6'2"	--	150
5'4"	113	122	6'3"	--	153
5'5"	116	125	6'4"	--	157
5'6"	119	128	6'5"	--	161
5'7"	122	130	6'6"	--	165
5'8"	125	133	6'7"	--	169

5a. When was your weight the lowest at your current height? **Onset of worst potential episode of anorexia** 1. DAYS AGO
 2. WEEKS AGO
 3. MONTHS AGO
 4. AGE
 - code "age" if more than 12 months ago

5b. -----> **Onset of worst potential episode of anorexia** _____
 - indicate the number of days, weeks, or months ago
 - if more than 12 months ago, indicate age

6a. Prior to reaching your lowest weight, did you restrict the amount of food you ate in order to lose weight? **Restriction of energy intake leading to markedly low body weight** 1. NO
 3. YES

6b. When your weight was (lowest weight), did you restrict the amount of food you ate in order not to gain any weight? **Persistent behavior to avoid gaining weight** 1. NO
 3. YES

7. During the time your weight was (lowest weight), were you very afraid of gaining weight or getting fat? **Intense fear of gaining weight or becoming fat** 1. NO
 3. YES

16a. When was the most recent time you weighed less than (15% below expected weight) and also had some of these experiences?

16b. ----->

17. Since that time, have there been at least 2 months when you weighed more than (15% below expected weight) and also did not have any of the experiences you mentioned at the same time?

18a. When was the last time you weighed less than (15% below expected weight) and also had some of these experiences?

18b. ----->

Onset of most recent episode of anorexia

- code "age" if more than 12 months ago
- remind respondent of (ANOREXIA SYMPTOMS)

1. MONTHS AGO

2. AGE

Onset of most recent episode of anorexia

- indicate the number of months ago
- if more than 12 months ago, indicate age

Remission from only/most recent episode of anorexia

- remind respondent of (ANOREXIA SYMPTOMS)

1. NO – **SKIP TO SECTION 19**

3. YES

Offset of only/most recent episode of anorexia

- code "age" if more than 12 months ago
- remind respondent of (ANOREXIA SYMPTOMS)

1. MONTHS AGO

2. AGE

Offset of only/most recent episode of anorexia

- indicate the number of months ago
- if more than 12 months ago, indicate age

1. Have you ever eaten an unusually large amount of food within any 2-hour period (not including holidays)? That is, have you ever eaten more food than most people would eat during a 2-hour period under similar circumstances?

IF YES:

What did you eat at those times?
How much of those things did you eat?

2. Have you ever eaten an unusually large amount of food at least once a week?

IF YES:

Did this last for three months?

During ANY time like this when you ate an unusually large amount of food, did you...

3a. ... feel that you couldn't stop eating or control how much or what you were eating?

3b. ... feel that your weight and body shape was one of the most important things about you?

3c. ...eat much more quickly than usual?

3d. ... often eat until you were uncomfortably full?

3e. ... eat large amounts of food when you didn't feel physically hungry?

3f. ... eat alone because you were embarrassed to have other people see what you ate, or how much you were eating?

3g. ... feel disgusted with yourself, depressed, or very guilty after eating an unusually large amount of food?

3h. ... feel very upset about eating an unusually large amount of food or the fact that you couldn't control it?

4. During ANY period that you were eating an unusually large amount of food did you try to avoid gaining weight by...

...vomiting,
...using enemas,
...taking laxatives, diuretics, or other medicines,
...fasting, that is have no solid food, or
...exercising a lot?

IF YES:

Did this happen at least once a week for at least 3 months?

5. During ALL of those times when you were eating an unusually large amount of food did you ALWAYS try to avoid gaining weight by doing any of these things?

IF YES:

Did this happen at least once a week for at least 3 months?

Recurrent episodes of binge eating

- must eat large amount within first 2 hours even if period of eating extends beyond 2 hours
- eating a lot to gain weight, maintain weight, or increase energy for sports = "1"
- holiday eating = "1"
- amount of food consumed clearly larger than what most people would eat = "3"

1. NO – **SKIP TO SECTION 20**
3. YES

Minimum average of 1 binge-eating episodes a week for 3+ months

- occasional weeks of non-binge eating (i.e., dieting or normal eating) = "3"

1. NO – **SKIP TO SECTION 20**
3. YES

Sense of lack of control over eating during episode

1. NO – **SKIP TO SECTION 20**
3. YES

Binge Eating Disorder - self-evaluation is unduly influenced by body shape and weight

1. NO
3. YES

Binge Eating Disorder – eating much more rapidly than normal

1. NO
3. YES

Binge Eating Disorder – eating until feeling uncomfortably full

1. NO
3. YES

Binge Eating Disorder – eating large amounts of food when not feeling physically hungry

1. NO
3. YES

Binge Eating Disorder – eating alone because of being embarrassed by how much one is eating

1. NO
3. YES

Binge Eating Disorder – feeling disgusted with oneself, depressed, or very guilty after overeating

1. NO
3. YES

Binge Eating Disorder – marked distress regarding binge eating is present

1. NO
3. YES

SOME periods of bingeing involve recurrent inappropriate compensatory behavior in order to prevent weight gain

1. NO – **SKIP TO CHECK ITEM 19.5**
3. YES

- prescribed medications: thyroid hormone, insulin = "1"
- any combination of fasting and exercise continuing for 3 months = "3"
- any combination of purging methods occurring once a week for 3 months = "3"

ALL periods of bingeing involve recurrent inappropriate compensatory behavior in order to prevent weight gain

1. NO
3. YES

19.4	(IS CHECK ITEM 18.1 CODED "YES"?)	<input type="checkbox"/> YES
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13. Before we talked about times when your weight was very low. **Binge-eating episodes lasting at least 3 months other than during periods of anorexia** 1. NO – SKIP TO SECTION 20
3. YES

Was there ever a time lasting at least 3 months when you ate an unusually large amount of food as often as once a week and did not weigh less than (15% below expected weight)?

CHECK ITEM 19.5	DID RESPONDENT EVER MEET CRITERIA FOR BINGE EATING DISORDER? (ARE 3 OR MORE OF Q.'s 3b-3f CODED "YES" AND Q.3g CODED "YES" AND ARE Q.'S 12 AND 13 CODED "YES" OR BLANK?)	<input type="checkbox"/> NO <input type="checkbox"/> YES
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(Programming note: This statement will only appear in cases where respondent met criteria for Bulimia Nervosa AND Binge Eating Disorder.)

Interviewer Statement: You've just told me that you had times when you ate an unusually large amount of food and did things to avoid gaining weight as well as times when you ate an unusually large amount of food and you didn't do things to avoid gaining weight. That is, eating an unusually large amount of food only.

14a. When did you first begin to eat an unusually large amount of food only at least once a week for 3 months or more? **Initial onset of binge eating disorder** 1. MONTHS AGO
2. AGE
- code "age" if more than 12 months ago
- do not include episodes of binge eating that involved purging

14b. -----> **Initial onset of binge eating disorder** _____
- indicate the number of months ago
- if more than 12 months ago, indicate age

15. In your entire life how many separate times were there when you ate an unusually large amount of food (only)? By separate times, I mean times separated by at least 2 months when you weren't eating an unusually large amount of food. **Number of separate episodes of binge eating disorder** _____
- do not include episodes of binge eating that involved purging

CHECK ITEM 19.6	DID RESPONDENT HAVE MORE THAN ONE EPISODE OF BINGE EATING DISORDER? (IS NUMBER ENTERED IN Q.15 "2" OR MORE?)	<input type="checkbox"/> NO – SKIP TO Q.18 <input type="checkbox"/> YES
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16a. When did you begin to eat an unusually large amount of food only at least once a week for at least 3 months this most recent time? **Onset of most recent episode of binge eating disorder** 1. MONTHS AGO
2. AGE
- code "age" if more than 12 months ago
- do not include episodes of binge eating that involved purging

16b. -----> **Onset of most recent episode of binge eating disorder** _____
- indicate the number of months ago
- if more than 12 months ago, indicate age

17. Since this (time/most recent time) began, have there been at least 2 months when you weren't eating an unusually large amount of food (only)? **Remission from only/most recent episode of binge eating disorder** 1. NO – SKIP TO SECTION 20
3. YES

18a. When was the last time you ate an unusually large amount of food (only)? **Offset of most recent or only episode of binge eating disorder** 1. MONTHS AGO
2. AGE
- code "age" if more than 12 months ago
- do not include episodes of binge eating that involved purging

18b. -----> **Offset of most recent or only episode of binge eating disorder** _____
- indicate the number of months ago
- if more than 12 months ago, indicate age

