



Parental Mental Health Screen

CONTACT INFORMATION

STUDY ID CODE: _____

FIRST NAME: _____

LAST NAME: _____

PRIMARY TEL. #: _____

When is the best time for an interviewer to call?

1. Week day mornings?
2. Week day afternoons?
3. Weekday evenings?
4. Weekend mornings?
5. Weekend afternoons?
6. Weekend evenings?

ALTERNATE TEL. #: _____

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INTRODUCTION AND CONFIRMATION OF CONSENT

Hello Ms. (name). My name is (first name). I am calling from the National Children's Study to interview you for the Parental Mental Health research you signed up for recently.

Before we can start, I need to re-confirm that you agree to participate in this interview.

Do you agree to participate?

NO – Can you please tell me why you are deciding not participate? *End Survey*

YES

Thank you for being a part of this research. The questions I will be asking are about your own health and experiences. Some of the questions might seem quite personal. However, all of your answers will be kept confidential and used only for this research.

The only exception is if study staff thinks you may harm yourself or others. Then we are required to alert the proper authority, to prevent the possibility of harm.

This interview will take approximately 10 minutes to complete. Please remember that you may refuse to answer any question or quit the interview at any time. However, if you respond to all of the questions, you will receive a monetary incentive of \$25 as a token of appreciation for participating.

Interviewer note - respondents may choose to skip some questions if the content (for example, probing about traumatic experiences) is causing them significant distress.

I would like to begin with two questions that have to do with requirements for the study.

PS000 How old are you?

1. IF PS000 <18 AND PS003 = 5 (FEMALE) **END SURVEY**
2. ALL OTHERS **CONTINUE**

This study is about your health, and if or how often you may feel sad, angry or worried and about substance use. The interview will also ask questions regarding your age, sex, where you live, education level, income and if you are pregnant, how your pregnancy is going.

[If the respondent is a female]

How do you describe your pregnancy status?

Post-Partum ₁ 1st Trimester ₂ 2nd Trimester ₃ 3rd Trimester ₄

[If the respondent is a male]

How do you describe your partner's pregnancy status?

Post-Partum ₁ 1st Trimester ₂ 2nd Trimester ₃ 3rd Trimester ₄

End Survey if:

Not pregnant and not planning to conceive a child

Gave birth to a child more than 4 weeks ago
Refused

PS001: Is the respondent:

1. **Male**
2. **Female**
3. **Unknown**

1. **What is your race? (One or more categories may be selected)**

INTERVIEWER INSTRUCTION:

- **SELECT ALL THAT APPLY.**
- **PROBE: Anything else?**

- a. **WHITE → Go to Question PS007**
- b. **BLACK OR AFRICAN AMERICAN → Go to Question PS007**
- c. **AMERICAN INDIAN OR ALASKA NATIVE → Go to Question PS007**
- d. **ASIAN INDIAN → Go to Question PS007**
- e. **CHINESE → Go to Question PS007**
- f. **FILIPINO → Go to Question PS007**
- g. **JAPANESE → Go to Question PS007**
- h. **KOREAN → Go to Question PS007**
- i. **VIETNAMESE → Go to Question PS007**
- j. **OTHER ASIAN → Go to Question PS007**
- k. **NATIVE HAWAIIAN → Go to Question PS007**
- l. **GUAMANIAN OR CHAMORRO → Go to Question PS007**
- m. **SAMOAN → Go to Question PS007**
- n. **OTHER PACIFIC ISLANDER → Go to Question PS007**
- o. **REFUSED → Go to Question PS007**
- p. **DON'T KNOW → Go to Question 4**

2. **Are you Hispanic, Latino/a, or Spanish origin? (One or more categories may be selected)**

- a. **No, not of Hispanic, Latino/a, or Spanish origin**
- b. **Yes, Mexican, Mexican American, Chicano/a**
- c. **Yes, Puerto Rican**
- d. **Yes, Cuban**
- e. **Yes, Another Hispanic, Latino/a or Spanish origin**
- f. **REFUSED**
- g. **DON'T KNOW**

3. **What is the primary language spoken in your home?**

- ENGLISH**
- SPANISH**
- ARABIC**
- CHINESE**
- FRENCH**
- FRENCH CREOLE**
- GERMAN**
- ITALIAN**
- KOREAN**
- POLISH**
- RUSSIAN**
- TAGALOG**

- VIETNAMESE
- URDU
- PUNJABI
- BENGALI
- FARSI
- JAPANESE
- MANDARIN
- PORTUGUESE
- TAIWANESE
- TURKISH
- OTHER → (SPECIFY): _____
- REFUSED
- DON'T KNOW

PREGNANCY SCREENER

PROGRAMMER: INSERT CURRENT DATE

PS007. Congratulations! Now I would like to ask you some questions about your current pregnancy.

When did the doctor say is your "due date"?

PS007a. MONTH: |__|__|
M M

98. DON'T KNOW ----- > GO TO

PS011

99. REFUSED ----- > GO TO PS011

PS007b. DAY: |__|__|
D D

98. DON'T KNOW

99. REFUSED

PS007c. YEAR: |__|__||__|__|
Y Y Y Y

98. DON'T KNOW

99. REFUSED

CKPT.PS008

1. IF PS007a & c (MONTH AND YEAR OF DUE DATE) IS MORE THAN 10 MONTHS AFTER CURRENT DATE, DISPLAY: **“YOU HAVE TOLD ME A DATE THAT IS MORE THAN 10 MONTHS FROM TODAY. COULD YOU CONFIRM THE DUE DATE?”**

____/____/____

2. IF PS007a & c (MONTH AND YEAR OF DUE DATE) IS MORE THAN 1 MONTH BEFORE CURRENT DATE, DISPLAY: **“YOU HAVE TOLD ME A DATE THAT OCCURRED MORE THAN A MONTH BEFORE TODAY. COULD YOU CONFIRM THE DUE DATE?”**

____/____/____

PS011. In the 12 months before you became pregnant, did you [or your partner] use Depo Provera or birth control pills?

(IF NEC: Depo Provera is a contraceptive birth control drug that is administered by shots every 3 months.)

- 1. YES
- 5. NO ----- > GO TO PS013
- 98. DON'T KNOW----- > GO TO PS013
- 99. REFUSED----- > GO TO PS013

PS011a. IF YES, ASK: What month and year did you [or your partner] last receive a Depo Provera shot or take birth control pills? _____/_____

- 98. DON'T KNOW
- 99. REFUSED

PS013. In the past 12 months did you or your partner use any other method of birth control?

- 1. YES
- 5. NO ----- > GO TO DE010
- 98. DON'T KNOW----- > GO TO DE010
- 99. REFUSED----- > GO TO DE010

PS013a. What method did you use? _____

- 98. DON'T KNOW
- 99. REFUSED

PS013b. What month and year did you last use this method? ____/_____

- 98. DON'T KNOW
- 99. REFUSED

PARENT HEALTH

(TIME_STAMP_PH_ST) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP.

PH001. Now I am going to ask about your health. How often in the past 30 days have you had each of the following health problems – all or almost all of the time, most of the time, some of the time, a little of the time, or none of the time?

INTERVIEWER INSTRUCTION:

- IF NECESSARY, REPEAT “all or almost all, most, some, a little, or none of the time?” FOR ITEMS **FAINT_SPELL** THROUGH **RESTLESS**.

PH020/(FAINT_SPELL). Dizziness or fainting spells?

ALL OR ALMOST ALL OF THE TIME.....	1
MOST OF THE TIME.....	2
SOME OF THE TIME.....	3
A LITTLE OF THE TIME.....	4
NONE OF THE TIME.....	5
REFUSED.....	-1
DON'T KNOW.....	-2

PH030/(INDIGESTION). Nausea, gas, or indigestion?

ALL OR ALMOST ALL OF THE TIME.....	1
MOST OF THE TIME.....	2
SOME OF THE TIME.....	3
A LITTLE OF THE TIME.....	4
NONE OF THE TIME.....	5
REFUSED.....	-1
DON'T KNOW.....	-2

PH050/(MIND_BLANK). Difficulty concentrating or your mind going blank?

ALL OR ALMOST ALL OF THE TIME.....	1
MOST OF THE TIME.....	2
SOME OF THE TIME.....	3
A LITTLE OF THE TIME.....	4
NONE OF THE TIME.....	5
REFUSED.....	-1
DON'T KNOW.....	-2

PH060/(IRRITATE). How often in the past 30 days were you irritable?

ALL OR ALMOST ALL OF THE TIME.....	1
MOST OF THE TIME.....	2
SOME OF THE TIME.....	3
A LITTLE OF THE TIME.....	4
NONE OF THE TIME.....	5
REFUSED.....	-1
DON'T KNOW.....	-2

PH070/(SLEEP_PROBLEM). Have problems getting to sleep, staying asleep, waking too early, or sleeping too much?

- ALL OR ALMOST ALL OF THE TIME.....1
- MOST OF THE TIME.....2
- SOME OF THE TIME.....3
- A LITTLE OF THE TIME.....4
- NONE OF THE TIME.....5
- REFUSED.....-1
- DON'T KNOW.....-2

PH080/(LOW_ENERGY). Feel tired out or low in energy?

- ALL OR ALMOST ALL OF THE TIME.....1
- MOST OF THE TIME.....2
- SOME OF THE TIME.....3
- A LITTLE OF THE TIME.....4
- NONE OF THE TIME.....5
- REFUSED.....-1
- DON'T KNOW.....-2

PH110/(RESTLESS). Feel restless, fidgety, keyed up, or on edge?

- ALL OR ALMOST ALL OF THE TIME.....1
- MOST OF THE TIME.....2
- SOME OF THE TIME.....3
- A LITTLE OF THE TIME.....4
- NONE OF THE TIME.....5
- REFUSED.....-1
- DON'T KNOW.....-2

(TIME_STAMP_PH_ET) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP.

MEDICATION USE

INTERVIEWER INTRUCTION:

SAY **MED0012** AND ASK **MED010**.

MED001. Sometimes people take medications to help with feelings of sadness or worry, as well as migraines or other medical problems. Some common ones are called: Prozac (fluoxetine), Luvox (fluvoxamine), Paxil (paroxetine), Lexapro (escitalopram), Zoloft (sertraline), Wellbutrin (bupropion), Xanax (alprazolam), Seroquel (quetiapine), and Abilify (aripiprazole), but there are many others.

MED010. Did you ever take a medication listed on the sheet we mailed to you for any reason?

- YES.....1
- NO.....2
- REFUSED.....-1
- DON'T KNOW.....-2

INTERVIEWER INSTRUCTIONS:

IF YES TO **MED010**, CONTINUE WITH **MED020-MED060**
IF NO TO **MED010**, SKIP TO NEXT SECTION

MED020. What medication did you take? [refer to list sent with consent forms]

[INTERVIEWEE PROVIDES NAMES OF MEDICATION(S)]

REFUSED.....-1
DON'T KNOW.....-2

INTERVIEWER INSTRUCTIONS:

ASK **MED030-MED060** FOR EACH MEDICATION PROVIDED IN **MED020**.
IF YES TO **MED010** AND **MED020** = -2, ASK **MED030-MED060** ONCE, AND SAY "the medication you took" IN PLACE OF [MEDICATION NAME]. IF POSSIBLE, DETERMINE GENERAL CLASS OF MEDICATION.

MED030. When did you start taking [MEDICATION NAME]?

Before current pregnancy.....1
First trimester of current pregnancy.....2
Second trimester of current pregnancy.....3
Third trimester of current pregnancy.....4
REFUSED.....-1
DON'T KNOW.....-2

MED040. Are you still taking [MEDICATION NAME]?

YES.....1
NO.....2
REFUSED.....-1
DON'T KNOW.....-2

INTERVIEWER INSTRUCTIONS:

IF **MED040**=2, ASK **MED050-MED060**.

MED050. When did you stop taking [MEDICATION NAME]?

Before current pregnancy.....1
First trimester of current pregnancy.....2
Second trimester of current pregnancy.....3
Third trimester of current pregnancy.....4
REFUSED.....-1
DON'T KNOW.....-2

MED060. Why did you stop taking [MEDICATION NAME]?

Because of pregnancy.....1
Other.....2
REFUSED.....-1
DON'T KNOW.....-2

DEPRESSION

(TIME_STAMP_DEP_ST) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP.

DEP001. The next questions are about feelings of sadness or depression in the past 30 days.

DEP010/(SAD_DEPRESSED). How often in the past 30 days did you feel sad or depressed – all or almost all the time, most of the time, some of the time, a little of the time, or none of the time?

INTERVIEWER INSTRUCTION:

- IF NECESSARY, REPEAT “all or almost all, most, some, a little, or none of the time?” FOR ITEMS **DISCOURAGED THROUGH THINK_DEATH.**

ALL OR ALMOST ALL OF THE TIME.....	1
MOST OF THE TIME.....	2
SOME OF THE TIME.....	3
A LITTLE OF THE TIME.....	4
NONE OF THE TIME.....	5
REFUSED.....	-1
DON'T KNOW.....	-2

DEP030/(DISCOURAGED). (How often did you) feel discouraged about how things were going in your life?

INTERVIEWER INSTRUCTION:

- REPEAT “How often did you” AS NEEDED FOR **DISCOURAGED THROUGH THINK_DEATH.**

ALL OR ALMOST ALL OF THE TIME.....	1
MOST OF THE TIME.....	2
SOME OF THE TIME.....	3
A LITTLE OF THE TIME.....	4
NONE OF THE TIME.....	5
REFUSED.....	-1
DON'T KNOW.....	-2

DEP040/(NO_PLEASURE). (How often did you) take little or no interest or pleasure in things?

ALL OR ALMOST ALL OF THE TIME.....	1
MOST OF THE TIME.....	2
SOME OF THE TIME.....	3
A LITTLE OF THE TIME.....	4
NONE OF THE TIME.....	5
REFUSED.....	-1
DON'T KNOW.....	-2

DEP050/(WORTHLESS). (How often did you) feel down on yourself, no good, or worthless?

ALL OR ALMOST ALL OF THE TIME.....	1
MOST OF THE TIME.....	2
SOME OF THE TIME.....	3
A LITTLE OF THE TIME.....	4

NONE OF THE TIME.....5
 REFUSED.....-1
 DON'T KNOW.....-2

DEP100/(THINK_DEATH). (How often did you) think about death -- either your own, someone else's, or death in general?

ALL OR ALMOST ALL OF THE TIME.....1
 MOST OF THE TIME.....2
 SOME OF THE TIME.....3
 A LITTLE OF THE TIME.....4
 NONE OF THE TIME.....5
 REFUSED.....-1
 DON'T KNOW.....-2

CHECKPOINT #1

PROGRAMMER INSTRUCTION:

- IF **DEP010** (SAD_DEPRESSED), **DEP030** (DISCOURAGED), OR **DEP040** (**NO_PLEASURE**) = 1 OR 2, AND IF AT LEAST THREE RESPONSES = 1 OR 2 IN **SAD_DEPRESSED, DISCOURAGED, NO_PLEASURE, WORTHLESS, THINK_DEATH, SLEEP_PROBLEM, LOW_ENERGY, RESTLESS, GO TO THIRTY_DAY_INTERFERE.**
 - o OTHERWISE, GO TO **TWO_WEEK_SAD** (DEP140).

DEP120/(THIRTY_DAY_INTERFERE). How often in the past 30 days did the problems you just reported interfere with your work or personal life – all or almost all the time, most of the time, some of the time, a little of the time, or none of the time?

ALL OR ALMOST ALL OF THE TIME.....1
 MOST OF THE TIME.....2
 SOME OF THE TIME.....3
 A LITTLE OF THE TIME.....4
 NONE OF THE TIME.....5
 REFUSED.....-1
 DON'T KNOW.....-2

CHECKPOINT #2

PROGRAMMER INSTRUCTION:

- o IF **DEP120** (**THIRTY_DAY_INTERFERE** = 1 OR 2 OR 3) GO TO **DEP360** (AGEPROBLEM FIRST)
- OTHERWISE, GO TO **DEP140** (**TWO_WEEK_SAD**).

DEP140/(TWO_WEEK_SAD). Has there ever been a time in the past when you had these types of problems for two weeks or longer?

YES.....1
 NO2 GO TO TIME STAMP
 REFUSED.....-1 GO TO NEXT SECTION
 DON'T KNOW.....-2 GO TO NEXT SECTION

DEP150. Think of that time in your life when you had the most problems of this sort.

DEP160/(SAD DEPRESSED PROBLEM). How often during that month did you feel sad or depressed – all or almost all the time, most of the time, some of the time, a little of the time, or none of the time?

INTERVIEWER INSTRUCTION:

- IF NECESSARY, REPEAT “all or almost all, most, some, a little, or none of the time?” FOR ITEMS **DISCOURAGED_PROBLEM** THROUGH **THINK_DEATH_PROBLEM**.

ALL OR ALMOST ALL OF THE TIME.....1
MOST OF THE TIME.....2
SOME OF THE TIME.....3
A LITTLE OF THE TIME.....4
NONE OF THE TIME.....5 (**DISCOURAGED_PROBLEM**)
REFUSED.....-1
DON'T KNOW.....-2

DEP180/(DISCOURAGED_PROBLEM). (How often did you) feel discouraged about how things were going in your life?

ALL OR ALMOST ALL OF THE TIME.....1
MOST OF THE TIME.....2
SOME OF THE TIME.....3
A LITTLE OF THE TIME.....4
NONE OF THE TIME.....5
REFUSED.....-1
DON'T KNOW.....-2

DEP190/(NO PLEASURE PROBLEM). (How often did you) take little or no interest or pleasure in things?

INTERVIEWER INSTRUCTION:

- REPEAT “How often did you” AS NEEDED FOR **NO_PLEASURE_PROBLEM** THROUGH **THINK_DEATH_PROBLEM**.

ALL OR ALMOST ALL OF THE TIME.....1
MOST OF THE TIME.....2
SOME OF THE TIME.....3
A LITTLE OF THE TIME.....4
NONE OF THE TIME.....5
REFUSED.....-1
DON'T KNOW.....-2

CHECKPOINT #3

PROGRAMMER INSTRUCTION:

- IF DEP 160 (**SAD DEPRESSED PROBLEM**), DEP 180 (**DISCOURAGED_PROBLEM**), OR DEP 190 (**NO_PLEASURE_PROBLEM**) = 1 OR 2, GO TO DEP 200 (**WORTHLESS PROBLEM**).
 - o OTHERWISE, GO TO **DEP TIME STAMP**

DEP200/(WORTHLESS PROBLEM). (How often did you) feel down on yourself, no good, or worthless?

ALL OR ALMOST ALL OF THE TIME.....	1
MOST OF THE TIME.....	2
SOME OF THE TIME.....	3
A LITTLE OF THE TIME.....	4
NONE OF THE TIME.....	5
REFUSED.....	-1
DON'T KNOW.....	-2

DEP320/(THINK DEATH PROBLEM). (How often did you) think about death -- either your own, someone else's, or death in general?

ALL OR ALMOST ALL OF THE TIME.....	1
MOST OF THE TIME.....	2
SOME OF THE TIME.....	3
A LITTLE OF THE TIME.....	4
NONE OF THE TIME.....	5
REFUSED.....	-1
DON'T KNOW.....	-2

CHECKPOINT #4

PROGRAMMER INSTRUCTION:

- IF DEP160 (**SAD DEPRESSED PROBLEM**), DEP180 (**DISCOURAGED PROBLEM**), OR DEP190 (**NO PLEASURE PROBLEM**) = 1 OR 2, AND
 - o IF AT LEAST THREE RESPONSES = 1 OR 2 IN **SAD DEPRESSED PROBLEM, DISCOURAGED PROBLEM, NO PLEASURE PROBLEM, WORTHLESS PROBLEM, HOPELESS OFTEN PROBLEM, TROUBLE DECISIONS PROBLEM, TROUBLE CONCENTRATE PROBLEM, EVERYTHING EFFORT PROBLEM, TROUBLE SLEEP PROBLEM, TALK SLOW PROBLEM, RESTLESS PROBLEM, LOW ENERGY PROBLEM, FATIGUE PROBLEM, POOR APPETITE PROBLEM, OVEREAT PROBLEM, OR THINK DEATH PROBLEM**, GO TO DEP340 **PROBLEMS INTERFERE**.

DEP340/(PROBLEMS INTERFERE). How often during that month did the problems you just reported interfere with your work or personal life – all or almost all the time, most of the time, some of the time, a little of the time, or none of the time?

ALL OR ALMOST ALL THE TIME.....	1
MOST OF THE TIME.....	2
SOME OF THE TIME.....	3
A LITTLE OF THE TIME.....	4
NONE OF THE TIME.....	5
REFUSED.....	-1
DON'T KNOW.....	-2

DEP360/(AGE PROBLEMS FIRST). About how old were you the very first time you had a month when you had problems like these?

INTERVIEWER INSTRUCTION:

- IF PARTICIPANT IS UNSURE, PROBE “What’s your best estimate of how old you were?”

|_|_|
YEARS OLD

REFUSED.....-1
DON'T KNOW.....-2

DEP370/(PROBLEMS_YEARS). About how many different years in your life did you have problems like these that lasted one month or longer?

INTERVIEWER INSTRUCTION:

- IF PARTICIPANT IS UNSURE, PROBE “What’s your best estimate?”

|_|_|
NUMBER OF YEARS

REFUSED.....-1
DON'T KNOW.....-2

DEP380/(PROBLEMS_MONTHS). About how many months out of 12 in the past year did you have problems like these?

|_|_|
NUMBER OF MONTHS

REFUSED.....-1
DON'T KNOW.....-2

(TIME_STAMP_DEP_ET) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP.

GENERALIZED ANXIETY DISORDER

(TIME_STAMP_GAD_ST) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP.

GAD001. The next questions are about feeling nervous, anxious, or worried in the past 30 days.

GAD010/(NERVOUS_30_DAY). How often in the past 30 days did you feel nervous or anxious – all or almost all the time, most of the time, some of the time, a little of the time, or none of the time?

INTERVIEWER INSTRUCTION:

- IF NECESSARY, REPEAT “almost all, most, some, a little, or none of the time?” FOR ITEMS **WORRY_30_DAY** THROUGH **TROUBLE_NERVES**.

ALL OR ALMOST ALL OF THE TIME.....	1
MOST OF THE TIME.....	2
SOME OF THE TIME.....	3
A LITTLE OF THE TIME.....	4
NONE OF THE TIME.....	5
REFUSED.....	-1
DON'T KNOW.....	-2

GAD020/(WORRY_30_DAY). How often did you worry about things?

ALL OR ALMOST ALL OF THE TIME.....	1
MOST OF THE TIME.....	2
SOME OF THE TIME.....	3
A LITTLE OF THE TIME.....	4
NONE OF THE TIME.....	5
REFUSED.....	-1
DON'T KNOW.....	-2

GAD030/(MORE_NERVOUS). How often were you more nervous or anxious than other people in your same situation?

ALL OR ALMOST ALL OF THE TIME.....	1
MOST OF THE TIME.....	2
SOME OF THE TIME.....	3
A LITTLE OF THE TIME.....	4
NONE OF THE TIME.....	5
REFUSED.....	-1
DON'T KNOW.....	-2

GAD040/(WORRY_MORE). (How often did you) worry about things that most other people wouldn't worry about?

INTERVIEWER INSTRUCTION:

- REPEAT “How often did you” AS NEEDED FOR **WORRY_MORE** THROUGH **TROUBLE_NERVES**.

ALL OR ALMOST ALL OF THE TIME.....	1
MOST OF THE TIME.....	2
SOME OF THE TIME.....	3

A LITTLE OF THE TIME.....	4
NONE OF THE TIME.....	5
REFUSED.....	-1
DON'T KNOW.....	-2

GAD050/(TROUBLE_NERVES). (How often did you) have trouble controlling your nerves, anxiety or worry?

ALL OR ALMOST ALL OF THE TIME.....	1
MOST OF THE TIME.....	2
SOME OF THE TIME.....	3
A LITTLE OF THE TIME.....	4
NONE OF THE TIME.....	5
REFUSED.....	-1
DON'T KNOW.....	-2

PROGRAMMER INSTRUCTION:

- IF (GAD010 OR GAD020 = 1 OR 2) AND (GAD030 OR GAD040 = 1 OR 2 OR 3) GO TO GAD060.
- OTHERWISE, GO TO GAD1 40.

GAD060/(NUMBER_WORRY). How many things did you worry or feel anxious or nervous about in the past 30 days – one specific thing, two things, several things, or a lot of different things?

INTERVIEWER INSTRUCTION:

- SELECT "EVERYTHING/THINGS IN GENERAL," IF VOLUNTEERED BY PARTICIPANT.

ONE THING.....	1
TWO THINGS.....	2
SEVERAL THINGS.....	3
A LOT OF DIFFERENT THINGS.....	4
EVERYTHING/THINGS IN GENERAL.....	5
REFUSED.....	-1
DON'T KNOW.....	-2

GAD070/(INTERFERE_30_DAYS). How often in the past 30 days did problems with your nerves, anxiety, or worries interfere with your work or personal life – all or almost all the time, most of the time, some of the time, a little of the time, or none of the time?

ALL OR ALMOST ALL OF THE TIME.....	1
MOST OF THE TIME.....	2
SOME OF THE TIME.....	3
A LITTLE OF THE TIME.....	4
NONE OF THE TIME.....	5
REFUSED.....	-1
DON'T KNOW.....	-2

PROGRAMMER INSTRUCTION:

- IF (GAD010 = 1 OR 2 OR GAD020 = 1 OR 2) AND (GAD030 = 1-3 OR GAD040 = 1-3) AND (GAD070 = 1-3) GO TO **AGE_FIRST_NERVE.**

- OTHERWISE, GO TO **WORRY_ANXIOUS_ONE_MONTH**.

GAD140/(WORRY_ANXIOUS_ONE_MONTH). Did you ever in your life have a time lasting one month or longer when you were more nervous, anxious, or worried than in the past 30 days?

YES.....1 GO TO GAD150
 NO2 GO TO TIME STAMP
 REFUSED.....-1 GO TO TIME STAMP
 DON'T KNOW.....-2 GO TO TIMER STAMP

GAD150. Think of the one month in your life you had the most problems associated with being nervous, anxious, or worried.

GAD160/(NERVOUS_ONE_MONTH). How often during that month did you feel nervous or anxious – all or almost all the time, most of the time, some of the time, a little of the time, or none of the time?

INTERVIEWER INSTRUCTION:

- IF NECESSARY, REPEAT “almost all, most, some, a little, or none of the time?” FOR ITEMS **WORRY_ONE_MONTH** THROUGH **TROUBLE_NERVES_MONTH**.

ALL OR ALMOST ALL OF THE TIME.....1
 MOST OF THE TIME.....2
 SOME OF THE TIME.....3
 A LITTLE OF THE TIME.....4
 NONE OF THE TIME.....5
 REFUSED.....-1
 DON'T KNOW.....-2

GAD170/(WORRY_ONE_MONTH). How often did you worry about things?

ALL OR ALMOST ALL OF THE TIME.....1
 MOST OF THE TIME.....2
 SOME OF THE TIME.....3
 A LITTLE OF THE TIME.....4
 NONE OF THE TIME.....5
 REFUSED.....-1
 DON'T KNOW.....-2

GAD180/(ANXIOUS_ONE_MONTH). How often were you more nervous or anxious than other people in your same situation?

ALL OR ALMOST ALL OF THE TIME.....1
 MOST OF THE TIME.....2
 SOME OF THE TIME.....3
 A LITTLE OF THE TIME.....4
 NONE OF THE TIME.....5
 REFUSED.....-1
 DON'T KNOW.....-2

GAD190/(WORRY_UNCOMMON_ONE_MONTH). (How often did you) worry about things that most other people wouldn't worry about?

- ALL OR ALMOST ALL OF THE TIME.....1
- MOST OF THE TIME.....2
- SOME OF THE TIME.....3
- A LITTLE OF THE TIME.....4
- NONE OF THE TIME.....5
- REFUSED.....-1
- DON'T KNOW.....-2

GAD200/(TROUBLE_NERVES_MONTH). (How often did you) have trouble controlling your nerves, anxiety, or worry?

- ALL OR ALMOST ALL OF THE TIME.....1
- MOST OF THE TIME.....2
- SOME OF THE TIME.....3
- A LITTLE OF THE TIME.....4
- NONE OF THE TIME.....5
- REFUSED.....-1
- DON'T KNOW.....-2

PROGRAMMER INSTRUCTION:

- IF **NERVOUS_ONE_MONTH** OR **WORRY_ONE_MONTH** = 1 OR 2, AND IF **ANXIOUS_ONE_MONTH** OR **WORRY_UNCOMMON_ONE_MONTH** = 1, 2, OR 3 GO TO GAD270
- ALL OTHERS GO TO **_STAMP_GAD_ET.**

GAD270/(INTERFERE_DURING_MONTH). How often during that month did problems with your nerves, anxiety, or worries interfere with your work or personal life – all or almost all the time, most of the time, some of the time, a little of the time, or none of the time?

- ALL OR ALMOST ALL OF THE TIME.....1
- MOST OF THE TIME.....2
- SOME OF THE TIME.....3
- A LITTLE OF THE TIME.....4
- NONE OF THE TIME.....5
- REFUSED.....-1
- DON'T KNOW.....-2

GAD340/(AGE_FIRST_NERVE). About how old were you the very first time you had a month or longer when you had problems with nerves, anxiety, or worries?

INTERVIEWER INSTRUCTION:

- IF PARTICIPANT IS UNSURE, PROBE "What's your best estimate?"

YEARS OLD

- REFUSED.....-1

DON'T KNOW.....-2

GAD350/(NUMBER_YEARS_NERVE). About how many different years in your life did you have problems with nerves, anxiety, or worries that lasted one month or longer?

INTERVIEWER INSTRUCTION:

- IF PARTICIPANT IS UNSURE, PROBE "What's your best estimate?"

|_|_|
NUMBER OF YEARS

REFUSED.....-1

DON'T KNOW.....-2

GAD360/(NUM_MONTHS_WORRY_YEAR). About how many months out of 12 in the past year did you have problems with nerves, anxiety, or worries?

|_|_|
NUMBER OF MONTHS

REFUSED.....-1

DON'T KNOW.....-2

GAD370/(ANXIETY_LONG_EPISODE). About how long in months was the longest episode like this you ever had in your life?

|_|_|
NUMBER OF MONTHS

REFUSED.....-1

DON'T KNOW.....-2

(TIME_STAMP_GAD_ET) PROGRAMMER INSTRUCTION:
INSERT DATE/TIME STAMP.

PTSD

(TIME_STAMP_PTD_ST) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP.

PTD001. The next questions are about very stressful or traumatic experiences that might have happened in your life. Did you ever in your life have any of the following traumatic experiences?

PTD010/(THREATEN_ACCIDENT). Did you ever have a life-threatening accident or illness?

YES.....1
NO2
REFUSED.....-1
DON'T KNOW.....-2

PTD020/(BEATEN_SPOUSE). Were you ever beaten up by a spouse or partner?

YES.....1
NO2
REFUSED.....-1
DON'T KNOW.....-2

PTD030/(BEATEN_SOMEONE_ELSE). Were you ever beaten up by someone else?

YES.....1
NO2
REFUSED.....-1
DON'T KNOW.....-2

PTD040/(MUGGED). Were you ever mugged, held up or threatened with a weapon?

YES.....1
NO2
REFUSED.....-1
DON'T KNOW.....-2

PTD050/(RAPED_SPOUSE). Were you ever raped or sexually assaulted by a spouse or partner?

INTERVIEWER INSTRUCTION:

- IF NECESSARY, SAY “Sexually assaulted’ means that someone touched the sexual parts of your body or forced you to touch the sexual parts of their body - against your will or without your consent.”

YES.....1
NO2
REFUSED.....-1
DON'T KNOW.....-2

PTD060/(RAPED_SOMEONE_ELSE). Were you ever raped or sexually assaulted by someone else?

INTERVIEWER INSTRUCTION:

- IF NECESSARY, SAY “Sexually assaulted’ means that someone touched the sexual parts of your body or forced you to touch the sexual parts of their body - against your will or without your consent.”

YES.....1
NO2
REFUSED.....-1
DON'T KNOW.....-2

PTD070/(RISK_DEATH). Did you ever have any other traumatic event that put you at risk of death or serious injury?

YES.....1
NO2
REFUSED.....-1
DON'T KNOW.....-2

PTD080/(JOB_TRAUMA). Some people have jobs that expose them to a lot of traumatic events like police officers, military people or emergency room workers. Did you ever have a job that repeatedly exposed you to traumatic experiences?

YES.....1
NO2
REFUSED.....-1
DON'T KNOW.....-2

PTD090/(SEE_SOMEONE_INJURED). Did you ever see anyone being badly injured or killed?

YES.....1
NO2
REFUSED.....-1
DON'T KNOW.....-2

PTD100/(DIE_UNEXPECTED). Did someone very close to you ever die unexpectedly; for example, were they killed in an accident, murdered or committed suicide?

YES.....1
NO2
REFUSED.....-1
DON'T KNOW.....-2

PTD110/(SOMEONE_CLOSE_TRAUMA). Did someone very close to you ever have an extremely traumatic experience involving violence, serious injury, or risk of death?

YES.....1
NO2

REFUSED.....-1
 DON'T KNOW.....-2

PROGRAMMER INSTRUCTION:

- IF **THREATEN_ACCIDENT, BEATEN_SPOUSE, BEATEN_SOMEONE_ELSE, MUGGED, RAPED_SPOUSE, RAPED_SOMEONE_ELSE, RISK_DEATH, JOB_TRAUMA, SEE_SOMEONE_INJURED, DIE_UNEXPECTED, OR SOMEONE_CLOSE_TRAUMA** = 1, GO TO **PTD120**.
- OTHERWISE, GO TO **TIME_STAMP_PTD_ET**.

PTD120. Traumatic experiences such as the ones we just reviewed can cause emotional problems like nightmares, very upsetting thoughts, anxiety, and depression. Think of the one month in your life when you had the most severe problems like these caused by the traumatic experience(s) you mentioned. If no one month comes to mind, think of the most recent month you had emotional problems caused by the traumatic experience(s) you mentioned.

INTERVIEWER INSTRUCTION:

- FOR ITEMS **BOTHERED_DISTURB** THROUGH **RECKLESS HARM**, USE "experience" OR "experiences" BASED ON THE NUMBER OF ITEMS THE RESPONDENT RESPONDED "YES" TO FOR ITEMS **THREATEN_ACCIDENT** THROUGH **SOMEONE_CLOSE_TRAUMA**.

PTD130/(BOTHERED_DISTURB). How often were you bothered by repeated disturbing memories, thoughts, or images of your traumatic experience(s) – never, once a week, 2 to 4 times a week, or 5 or more times a week?

INTERVIEWER INSTRUCTION:

- IF NECESSARY, REPEAT "never, once a week or less, 2 to 4 times a week, 5 or more times a week?" FOR ITEMS **PHYSICAL_REACTION_BOTHER** THROUGH **EASILY_STARTLED**.

NEVER.....1
 ONCE A WEEK OR LESS.....2
 2-4 TIMES A WEEK.....3
 5 OR MORE TIMES A WEEK.....4
 REFUSED.....-1
 DON'T KNOW.....-2

PTD170/(PHYSICAL_REACTION_BOTHER). (How often during that month were you bothered by) having physical reactions, like heart pounding, trouble breathing, or sweating when something reminded you of your experience(s)?

- NEVER.....1
- ONCE A WEEK OR LESS.....2
- 2-4 TIMES A WEEK.....3
- 5 OR MORE TIMES A WEEK.....4
- REFUSED.....-1
- DON'T KNOW.....-2

PTD180/(AVOID_FEELINGS). How often during that month did you avoid thinking about or talking about your experience(s) or avoid feelings related to (it/them)?

- NEVER.....1
- ONCE A WEEK OR LESS.....2
- 2-4 TIMES A WEEK.....3
- 5 OR MORE TIMES A WEEK.....4
- REFUSED.....-1
- DON'T KNOW.....-2

PTD190/(AVOID_REMINDERS). How often during that month did you avoid being reminded of your experience(s) by staying away from certain people, places, or activities?

- NEVER.....1
- ONCE A WEEK OR LESS.....2
- 2-4 TIMES A WEEK.....3
- 5 OR MORE TIMES A WEEK.....4
- REFUSED.....-1
- DON'T KNOW.....-2

PTD230/(EMOTIONALLY_NUMB). Feeling emotionally numb or unable to have warm feelings for other people?

- NEVER.....1
- ONCE A WEEK OR LESS.....2
- 2-4 TIMES A WEEK.....3
- 5 OR MORE TIMES A WEEK.....4
- REFUSED.....-1
- DON'T KNOW.....-2

PTD270/(CONCENTRATE_PTSD). (How often during that month were you bothered by) having difficulty concentrating?

- NEVER.....1
- ONCE A WEEK OR LESS.....2
- 2-4 TIMES A WEEK.....3
- 5 OR MORE TIMES A WEEK.....4
- REFUSED.....-1
- DON'T KNOW.....-2

PTD290/(EASILY_STARTLED). Feeling jumpy or easily startled?

- NEVER.....1
- ONCE A WEEK OR LESS.....2
- 2-4 TIMES A WEEK.....3
- 5 OR MORE TIMES A WEEK.....4
- REFUSED.....-1
- DON'T KNOW.....-2

PROGRAMMER INSTRUCTION:

- IF AT LEAST ONE RESPONSE = 2, 3, OR 4 IN **BOTHERED_DISTURB**, OR **PHYSICAL_REACTION_BOTHERED**, AND
 - IF AT LEAST ONE RESPONSE = 2, 3, OR 4 IN **AVOID_FEELINGS**, **AVOID_REMINDERS**, OR **EMOTIONALLY_NUMB**, AND
 - IF AT LEAST TWO RESPONSES = 2, 3, OR 4 IN **CONCENTRATE_PTSD**, OR **EASILY_STARTLED**, GO TO **TRAUMA_INTERFERE_RECENT**.
- OTHERWISE, GO TO **TIME_STAMP_PTD_ET**.

PTD340/(TRAUMA_INTERFERE_RECENT). How often did the reactions to your traumatic experience(s) interfere with your work or personal life – all or almost all the time, most of the time, some of the time, a little of the time, or none of the time?

- ALL OR ALMOST ALL THE TIME.....1
- MOST OF THE TIME.....2
- SOME OF THE TIME.....3
- A LITTLE OF THE TIME.....4
- NONE OF THE TIME.....5
- REFUSED.....-1
- DON'T KNOW.....-2

PTD350/(TRAUMA_DISTRESS_RECENT). How much psychological distress did these reactions cause you - none, a little, some, a lot, or extreme?

- NONE.....1
- A LITTLE.....2

SOME.....3
 A LOT.....4
 EXTREME.....5
 REFUSED.....-1
 DON'T KNOW.....-2

PTD360/(AGE_FIRST_EPISODE). When I use the word “episode” in the next questions, I mean a time lasting one month or longer when you were bothered by some of the problems we just reviewed. The episode ends when you no longer have the problems for one month or longer.

With this definition in mind, how old were you the very first time in your life you had an episode lasting one month or longer when you were bothered by problems caused by your traumatic experience(s)?

INTERVIEWER INSTRUCTION:

- IF PARTICIPANT IS UNSURE, PROBE “What’s your best estimate of how old you were?”

|_|_|
 YEARS OLD

REFUSED.....-1
 DON'T KNOW.....-2

PTD370/(NUM_EPISODE_MONTH). About how many episodes lasting one month or longer with these problems have you had in your life?

INTERVIEWER INSTRUCTION:

- IF THE RESPONDENT REPORTS HAVING ONGOING PROBLEMS FOR MONTHS WITHOUT INTERRUPTION, ENTER “1”.

|_|_|
 NUMBER

REFUSED.....-1
 DON'T KNOW.....-2

PTD380/(EPISODE_DURATION_NUM/EPISODE_DURATION_UNIT). {How long did this episode last?/What is the longest episode you ever had?}

INTERVIEWER INSTRUCTION:

- IF EPISODE IS ONGOING, PROBE “How long has it been going on so far?”
- IF NECESSARY, SAY “How many weeks, months, or years (did it last/has it been going on)?”

|_|_|_|
 NUMBER

DAYS.....1
 WEEKS.....2

MONTHS.....3
 YEARS.....4
 REFUSED.....-1
 DON'T KNOW.....-2

PROGRAMMER INSTRUCTION:

- IF **NUM_EPISODE_MONTH** = 1, DISPLAY “How long did this episode last?”
- OTHERWISE, DISPLAY “What is the longest episode you ever had?”
- IF **NUM_EPISODE_MONTH** = 1, GO TO **EPISODE_30_DAYS**.
- OTHERWISE, GO TO **DIFF_YEARS_MONTH**.

PTD390/(DIFF_YEARS_MONTH). About how many different years in your life did you have an episode lasting one month or longer when you had problems of this sort caused by your traumatic experience(s)?

INTERVIEWER INSTRUCTION:

- IF PARTICIPANT IS UNSURE, PROBE “What’s your best estimate?”

 NUMBER OF YEARS

REFUSED.....-1
 DON'T KNOW.....-2

PTD400/(EPISODE_30_DAYS). Did you have an episode in the past 30 days?

YES.....1
 NO2 **SKIP TO END**
 REFUSED.....-1
 DON'T KNOW.....-2

PTD410. The next questions are about the past 30 days.

PTD420/(DISTURB_30_DAYS). In the past 30 days how often were you bothered by repeated, disturbing memories, thoughts or images of your traumatic experience(s) – never, once a week, 2 to 4 times a week, or 5 or more times a week?

NEVER.....1
 ONCE A WEEK OR LESS.....2
 2-4 TIMES A WEEK.....3
 5 OR MORE TIMES A WEEK.....4
 REFUSED.....-1
 DON'T KNOW.....-2

(TIME_STAMP_PTD_ET) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP.

PANIC DISORDER

(TIME_STAMP_PD_ST) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP.

PD001. The next questions are about attacks of anxiety, fear or panic.

PD010/(ANXIETY_ATTACK). Did you ever in your life have an attack of anxiety when all of a sudden you felt very frightened or panicky?

- YES.....1
- NO2 **(TIME_STAMP_PD_ET)**
- REFUSED.....-1
- DON'T KNOW.....-2

PD020/(ATTACK_3_TYPES). Attacks of this sort can occur in three different situations. The first is when the attacks occur unexpectedly "out of the blue." The second is when they occur in situations where a person has an unreasonably strong fear - like fear of spiders, lightning or heights. The third is when a person is in real danger - like a car accident or a bank robbery.

About how many attacks did you ever have in your life that occurred unexpectedly "out of the blue"?

INTERVIEWER INSTRUCTION:

- IF PARTICIPANT IS UNSURE, PROBE "What's your best estimate?"

NUMBER

- REFUSED.....-1
- DON'T KNOW.....-2

PROGRAMMER INSTRUCTION:

- CODE RESPONSES GREATER THAN 997 AS '997'.

PD030/(ATTACK_PHOBIA). About how many attacks did you ever have that occurred in a situation where you had a strong fear of something, like spiders, lightening, or heights?

INTERVIEWER INSTRUCTION:

- IF PARTICIPANT IS UNSURE, PROBE "What's your best estimate?"

NUMBER

- REFUSED.....-1
- DON'T KNOW.....-2

CHECKPOINT #1

PROGRAMMER INSTRUCTION:

- CODE RESPONSES GREATER THAN 997 AS '997'.
- IF **ATTACK_PHOBIA** = 2 OR MORE, GO TO **PD040**.
- OTHERWISE, IF **ATTACK_PHOBIA** < 2 OR **ATTACK_3_TYPES** = 0, GO TO **TIME_STAMP_PD_ET**.

PD040. Please think of typical bad attacks that happened out of the blue. During attacks of this sort, did you have any physical reactions like your heart pounding or racing, or feeling short of breath, or feeling dizzy, or feeling like you were going to throw up?

- YES.....1
- NO2 GO TO TIME STAMP
- REFUSED.....-1 GO TO TIME STAMP
- DON'T KNOW.....-2 GO TO TIME STAMP

PD120/(TIME_REACH_SEVERITY). During your attacks, how long did it usually take for the problems we just reviewed to reach their highest level of severity after the attacks began – right away, within 5 minutes, between 6 and 10 minutes, between 11 and 20 minutes, or more than 20 minutes?

- RIGHT AWAY.....1
- WITHIN 5 MINUTES.....2
- BETWEEN 6 AND 10 MINUTES.....3
- BETWEEN 11 AND 20 MINUTES.....4
- MORE THAN 20 MINUTES.....5
- REFUSED.....-1
- DON'T KNOW.....-2

PD130/(WORRY_MONTH_ATTACK). Did you ever have a month or longer after one of these attacks when you worried a lot about having another one or worried that the attacks might make you crazy or give you a heart attack?

- YES.....1 **(ATTACK_INTERFERE)**
- NO2
- REFUSED.....-1
- DON'T KNOW.....-2

PD140/(CHANGE_BEHAVIOR_ATTACK). Did you ever make a big change in your behavior or lifestyle because of worry about the attacks?

- YES.....1
- NO2
- REFUSED.....-1
- DON'T KNOW.....-2

PD150/(ATTACK_INTERFERE). How often did these attacks ever interfere with your work or personal life – all or almost all the time, most of the time, some of the time, a little of the time, or none of the time?

- ALL OR ALMOST ALL THE TIME.....1

MOST OF THE TIME.....2
 SOME OF THE TIME.....3
 A LITTLE OF THE TIME.....4
 NONE OF THE TIME.....5
 REFUSED.....-1
 DON'T KNOW.....-2

PD160/(AGE_FIRST_ATTACK). How old were you the very first time in your life you had a sudden attack of fear that occurred out of the blue?

INTERVIEWER INSTRUCTION:

- IF PARTICIPANT IS UNSURE, PROBE “What’s your best estimate of how old you were?”

 YEARS OLD

REFUSED.....-1
 DON'T KNOW.....-2

PD170/(DIFF_YEARS_ATTACK). About how many different years in your life did you have an attack like this?

INTERVIEWER INSTRUCTION:

- IF PARTICIPANT IS UNSURE, PROBE “What’s your best estimate?”

 NUMBER OF YEARS

REFUSED.....-1
 DON'T KNOW.....-2

PD180/(ATTACK_PAST_30_DAY). Did you have an attack like this in the past 30 days?

YES.....1
 NO2
 REFUSED.....-1
 DON'T KNOW.....-2

(TIME_STAMP_PD_ET) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP.

MANIA

(TIME_STAMP_MAN_ST) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP.

MAN001/(SWING_ENERGY). Most people experience changes, swings, or “highs” and “lows” in their energy, activity, and mood. Compared to most people, which of the following statements describes your highs and lows?

One – You are pretty stable and even in your energy, activity, and mood.

Two – You have some highs and lows, but these are no more extreme than those of other people.

Three – You sometimes have more extreme highs or lows than most other people.

INTERVIEWER INSTRUCTION:

- IF NECESSARY, SAY “Which statement – one, two or three – best describes you?”

NUMBER

REFUSED.....-1

DON'T KNOW.....-2

MAN010/(EPISODE_HIGH_NUM). Some people have highs that last several days or longer when they feel much more excited and full of energy than usual. Their minds go very fast. They talk a lot. They may be very irritable, impatient, restless or unable to sit still. They sometimes do things that are unusual for them, such as driving too fast, spending too much money, getting into arguments, or hitting someone. About how many times in your life have you had an episode like this lasting several days or longer?

NUMBER OF TIMES

REFUSED.....-1

DON'T KNOW.....-2

CHECKPOINT #1

PROGRAMMER INSTRUCTION:

- CODE RESPONSES GREATER THAN 997 AS '997.'
- IF **EPISODE_HIGH_NUM** = 2 OR MORE, GO TO **MAN020**.
- OTHERWISE, GO TO **TIME_STAMP_MAN_ET**.

MAN020. Please think of one episode when you were very excited, full of energy, or irritable and you had the largest number of changes like these at the same time. During that intense episode how often did you have each of the following experiences?

MAN030/(MOOD_MUCH_HIGHER). How often was your mood much higher than usual – all or almost all the time, most of the time, some of the time, a little of the time, or none of the time

INTERVIEWER INSTRUCTION:

- IF NECESSARY, REPEAT “almost all, most, some, a little, or none of the time?” FOR ITEMS **MUCH_HAPPIER** THROUGH **RISKY_CAUSE_PROB.**

ALL OR ALMOST ALL OF THE TIME.....	1
MOST OF THE TIME.....	2
SOME OF THE TIME.....	3
A LITTLE OF THE TIME.....	4
NONE OF THE TIME.....	5
REFUSED.....	-1
DON'T KNOW.....	-2

MAN040/(MUCH_HAPPIER). (How often were you) much happier than usual?

ALL OR ALMOST ALL OF THE TIME.....	1
MOST OF THE TIME.....	2
SOME OF THE TIME.....	3
A LITTLE OF THE TIME.....	4
NONE OF THE TIME.....	5
REFUSED.....	-1
DON'T KNOW.....	-2

MAN050/(MORE_IRRITABLE). (How often were you) much more irritable than usual?

ALL OR ALMOST ALL OF THE TIME.....	1
MOST OF THE TIME.....	2
SOME OF THE TIME.....	3
A LITTLE OF THE TIME.....	4
NONE OF THE TIME.....	5
REFUSED.....	-1
DON'T KNOW.....	-2

MAN060/(HYPER_NO_CONTROL). How often were you so hyper or wound up that you felt out of control?

ALL OR ALMOST ALL OF THE TIME.....	1
MOST OF THE TIME.....	2
SOME OF THE TIME.....	3
A LITTLE OF THE TIME.....	4
NONE OF THE TIME.....	5
REFUSED.....	-1
DON'T KNOW.....	-2

MAN070/(THOUGHTS_RACE). How often did your thoughts race through your mind so fast you could hardly keep track of them?

ALL OR ALMOST ALL OF THE TIME.....	1
MOST OF THE TIME.....	2
SOME OF THE TIME.....	3
A LITTLE OF THE TIME.....	4
NONE OF THE TIME.....	5

REFUSED.....-1
DON'T KNOW.....-2

MAN080/(HARD_TIME_CONCENTRATE). (How often did you) have a hard time concentrating on what you were doing?

ALL OR ALMOST ALL OF THE TIME.....1
MOST OF THE TIME.....2
SOME OF THE TIME.....3
A LITTLE OF THE TIME.....4
NONE OF THE TIME.....5
REFUSED.....-1
DON'T KNOW.....-2

MAN090/(CANNOT_SIT_STILL). How often during that episode were you so restless or fidgety that you couldn't stay still?

ALL OR ALMOST ALL OF THE TIME.....1
MOST OF THE TIME.....2
SOME OF THE TIME.....3
A LITTLE OF THE TIME.....4
NONE OF THE TIME.....5
REFUSED.....-1
DON'T KNOW.....-2

MAN100/(SLEEP_MUCH_LESS). How often did you sleep much less than usual and still not get tired or sleepy?

ALL OR ALMOST ALL OF THE TIME.....1
MOST OF THE TIME.....2
SOME OF THE TIME.....3
A LITTLE OF THE TIME.....4
NONE OF THE TIME.....5
REFUSED.....-1
DON'T KNOW.....-2

MAN110/(TALK_TOO_MUCH). (How often did you) talk so much that other people couldn't get their say?

ALL OR ALMOST ALL OF THE TIME.....1
MOST OF THE TIME.....2
SOME OF THE TIME.....3
A LITTLE OF THE TIME.....4
NONE OF THE TIME.....5
REFUSED.....-1
DON'T KNOW.....-2

MAN120/(RISKY_CAUSE_PROB). (How often did you) do risky things or make bad decisions that could have caused problems for you?

ALL OR ALMOST ALL OF THE TIME.....1

- MOST OF THE TIME.....2
- SOME OF THE TIME.....3
- A LITTLE OF THE TIME.....4
- NONE OF THE TIME.....5
- REFUSED.....-1
- DON'T KNOW.....-2

CHECKPOINT #2

PROGRAMMER INSTRUCTION:

- IF AT LEAST THREE RESPONSES = 1, 2, OR 3 IN **MOOD MUCH HIGHER, MUCH HAPPIER, MORE IRRITABLE, HYPER NO CONTROL, THOUGHTS RACE, HARD TIME CONCENTRATE, CANNOT SIT STILL, SLEEP MUCH LESS, TALK TOO MUCH, OR RISKY CAUSE PROB,** GO TO **MANIA INTERFERE.**
- OTHERWISE, GO TO **TIME STAMP MAN ET.**

MAN130/(MANIA_INTERFERE). How often did the problems we just reviewed interfere with your work or personal life – all or almost all the time, most of the time, some of the time, a little of the time, or none of the time?

- ALL OR ALMOST ALL OF THE TIME.....1
- MOST OF THE TIME.....2
- SOME OF THE TIME.....3
- A LITTLE OF THE TIME.....4
- NONE OF THE TIME.....5
- REFUSED.....-1
- DON'T KNOW.....-2

MAN140/(AGE_FIRST_MANIA). About how old were you the very first time you had an episode like this that lasted several days or longer?

INTERVIEWER INSTRUCTION:

- IF PARTICIPANT IS UNSURE, PROBE “What’s your best estimate of how old you were?”

YEARS OLD

- REFUSED.....-1
- DON'T KNOW.....-2

MAN150/(DIFF_YEARS_MANIA). About how many different years in your life did you have an episode like this that lasted several days or longer?

NUMBER OF YEARS

- REFUSED.....-1
- DON'T KNOW.....-2

MAN160/(LONGEST_EPI_NUM/LONGEST_EPI_UNIT). How long was the longest episode you ever had?

NUMBER

HOURS.....1
DAYS.....2
WEEKS.....3
MONTHS.....4
YEARS.....5
REFUSED.....-1
DON'T KNOW.....-2

MAN170/(RECENT_MANIC_EPISODE). How recently did you have an episode like this – in the past month, two to six months ago, seven to twelve months ago or more than 12 months ago?

PAST MONTH.....1
2-6 MONTHS AGO.....2
7-12 MONTHS AGO.....3
MORE THAN 12 MONTHS AGO.....4
REFUSED.....-1
DON'T KNOW.....-2

MAN200/(MANIA_HOSPITALIZED). Were you ever hospitalized for one of these episodes?

YES.....1
NO2
REFUSED.....-1
DON'T KNOW.....-2

(TIME_STAMP_MAN_ET) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP.

ALCOHOL AND DRUGS

(TIME_STAMP_AD_ST) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP.

AD001. The next questions I am going to ask are about your use of alcohol and drugs. Think about the times in your life when you used the following substances most often. During those times, how often did you use them?

AD010/(DRANK MOST). At the time in your life you drank most often, how often did you have one or more drinks of beer, wine, or liquor – every day or nearly every day, 3 or 4 days a week, 1 or 2 days a week, less than once a week, or never?

EVERY DAY OR NEARLY EVERY DAY.....	1
3-4 DAYS A WEEK.....	2
1-2 DAYS A WEEK.....	3
LESS THAN ONCE A WEEK	4
NEVER.....	5 (USE_MARIJUANA)
REFUSED.....	-1
DON'T KNOW.....	-2

AD020/(FOUR_MORE). How often did you have 4 or more drinks of alcohol on the same day?

EVERY DAY OR NEARLY EVERY DAY.....	1
3-4 DAYS A WEEK.....	2
1-2 DAYS A WEEK.....	3
LESS THAN ONCE A WEEK	4
NEVER.....	5
REFUSED.....	-1
DON'T KNOW.....	-2

AD030/(USE_MARIJUANA). How often did you use marijuana or hashish?

EVERY DAY OR NEARLY EVERY DAY.....	1
3-4 DAYS A WEEK.....	2
1-2 DAYS A WEEK.....	3
LESS THAN ONCE A WEEK	4
NEVER.....	5
REFUSED.....	-1
DON'T KNOW.....	-2

AD040/(USE_COCAINE). How often did you use cocaine or crack?

EVERY DAY OR NEARLY EVERY DAY.....	1
3-4 DAYS A WEEK.....	2
1-2 DAYS A WEEK.....	3
LESS THAN ONCE A WEEK	4
NEVER.....	5
REFUSED.....	-1
DON'T KNOW.....	-2

AD050/(PRESCRIPTION_PAIN). How often did you use any prescription painkillers, like Vicodin or OxyContin, on your own; that is, without a doctor's prescription, in greater amounts, or longer than prescribed?

- EVERY DAY OR NEARLY EVERY DAY.....1
- 3-4 DAYS A WEEK.....2
- 1-2 DAYS A WEEK.....3
- LESS THAN ONCE A WEEK4
- NEVER.....5
- REFUSED.....-1
- DON'T KNOW.....-2

AD060/(PRESCRIPTION_STIMULANT). How often did you use any prescription stimulants, like Ritalin or Adderall, on your own; that is, without a doctor's prescription, in greater amounts, or longer than prescribed?

- EVERY DAY OR NEARLY EVERY DAY.....1
- 3-4 DAYS A WEEK.....2
- 1-2 DAYS A WEEK.....3
- LESS THAN ONCE A WEEK4
- NEVER.....5
- REFUSED.....-1
- DON'T KNOW.....-2

AD070/(PRESCRIPTION_SEDATIVE). How often did you use any prescription sedatives or tranquilizers, like sleeping pills or Xanax, on your own; that is, without a doctor's prescription, in greater amounts, or longer than prescribed?

- EVERY DAY OR NEARLY EVERY DAY.....1
- 3-4 DAYS A WEEK.....2
- 1-2 DAYS A WEEK.....3
- LESS THAN ONCE A WEEK4
- NEVER.....5
- REFUSED.....-1
- DON'T KNOW.....-2

AD080/(OTHER_DRUGS). How often did you use any other illegal drug?

- EVERY DAY OR NEARLY EVERY DAY.....1
- 3-4 DAYS A WEEK.....2
- 1-2 DAYS A WEEK.....3
- LESS THAN ONCE A WEEK4
- NEVER.....5
- REFUSED.....-1
- DON'T KNOW.....-2

CHECKPOINT #1

PROGRAMMER INSTRUCTION:

- IF DRANK_MOST OR FOUR_MORE = 1, 2, 3, OR 4, GO TO AD200

- IF **DRANK_MOST**, **FOUR_MORE**, **USE_MARIJUANA**, **USE_COCAINE**, **PRESCRIPTION_PAIN**, **PRESCRIPTION_STIMULANT**, **PRESCRIPTION_SEDATIVE** AND **OTHER_DRUGS** ≠ 1, 2, 3, OR 4, GO TO **TIME_STAMP_AD_ET**.
- OTHERWISE, GO TO **NEXT_SECTION**

AD200. The next questions are about problems you may have had because of your use of {{alcohol}}/{{alcohol or drugs}}/{{drugs}} at any time in your life.

Think of the one month in your life when you had the largest number of problems with your use of {{alcohol}}/{{alcohol or drugs}}/{{drugs}}

CHECKPOINT #2

PROGRAMMER INSTRUCTION:

- IF **DRANK_MOST** OR **FOUR_MORE** = 1, 2, 3, OR 4, AND
 - o IF **USE_MARIJUANA**, **USE_COCAINE**, **PRESCRIPTION_PAIN**, **PRESCRIPTION_STIMULANT**, **PRESCRIPTION_SEDATIVE**, OR **OTHER_DRUGS** = 1, 2, 3, OR 4, DISPLAY “alcohol or drugs.”
 - o IF **USE_MARIJUANA**, **USE_COCAINE**, **PRESCRIPTION_PAIN**, **PRESCRIPTION_STIMULANT**, **PRESCRIPTION_SEDATIVE**, AND **OTHER_DRUGS** ≠ 1, 2, 3, OR 4, DISPLAY “alcohol.”
- OTHERWISE, DISPLAY “drugs.”

AD210/(USE_INTERFERE). How often during that month did your use interfere with your responsibilities at work or at home (all or almost all the time, most of the time, some of the time, a little of the time, or none of the time)?

INTERVIEWER INSTRUCTION:

- IF NECESSARY, REPEAT “almost all, most, some, a little, or none of the time?” FOR ITEMS **USE_ARGUMENTS** THROUGH **WORRY_ABOUT_USE**.

ALL OR ALMOST ALL THE TIME.....	1
MOST OF THE TIME.....	2
SOME OF THE TIME.....	3
A LITTLE OF THE TIME.....	4
NONE OF THE TIME.....	5
REFUSED.....	-1
DON'T KNOW.....	-2

AD220/(USE_ARGUMENTS). How often did your use cause arguments or other serious problems with your family, friends, or neighbors?

ALL OR ALMOST ALL THE TIME.....	1
MOST OF THE TIME.....	2
SOME OF THE TIME.....	3
A LITTLE OF THE TIME.....	4
NONE OF THE TIME.....	5
REFUSED.....	-1
*DON'T KNOW.....	-2

AD230/(UNDER_INFLUENCE). How often were you under the influence in situations where you could get hurt, like when driving?

- ALL OR ALMOST ALL THE TIME.....1
- MOST OF THE TIME.....2
- SOME OF THE TIME.....3
- A LITTLE OF THE TIME.....4
- NONE OF THE TIME.....5
- REFUSED.....-1
- DON'T KNOW.....-2

AD240/(USE_NO_CONTROL). How often do you think your use was out of control?

- ALL OR ALMOST ALL THE TIME.....1
- MOST OF THE TIME.....2
- SOME OF THE TIME.....3
- A LITTLE OF THE TIME.....4
- NONE OF THE TIME.....5
- REFUSED.....-1
- DON'T KNOW.....-2

AD250/(STRONG_URGE_USE). How often did you have a strong desire or urge to use?

- ALL OR ALMOST ALL THE TIME.....1
- MOST OF THE TIME.....2
- SOME OF THE TIME.....3
- A LITTLE OF THE TIME.....4
- NONE OF THE TIME.....5
- REFUSED.....-1
- DON'T KNOW.....-2

AD260/(WORRY_NO_USE). How often did the thought of not being able to use make you anxious or worried?

- ALL OR ALMOST ALL THE TIME.....1
- MOST OF THE TIME.....2
- SOME OF THE TIME.....3
- A LITTLE OF THE TIME.....4
- NONE OF THE TIME.....5
- REFUSED.....-1
- DON'T KNOW.....-2

AD270/(WISH_STOP). How often did you wish you could stop or cut down?

- ALL OR ALMOST ALL THE TIME.....1
- MOST OF THE TIME.....2
- SOME OF THE TIME.....3
- A LITTLE OF THE TIME.....4
- NONE OF THE TIME.....5
- REFUSED.....-1
- DON'T KNOW.....-2

AD280/(WORRY_ABOUT_USE). How often did you worry about your use?

ALL OR ALMOST ALL THE TIME.....1
MOST OF THE TIME.....2
SOME OF THE TIME.....3
A LITTLE OF THE TIME.....4
NONE OF THE TIME.....5
REFUSED.....-1
DON'T KNOW.....-2

AD285/(DIFFICULT_STOP). How difficult did you find it to stop or go without using – not difficult, quite difficult, very difficult, or impossible?

NOT DIFFICULT.....1
QUITE DIFFICULT.....2
VERY DIFFICULT.....3
IMPOSSIBLE.....4
REFUSED.....-1
DON'T KNOW.....-2

CHECKPOINT #3

PROGRAMMER INSTRUCTION:

- IF **USE_INTERFERE, USE_ARGUMENTS, UNDER_INFLUENCE, USE_NO_CONTROL, STRONG_URGE_USE, WORRY_NO_USE, WISH_STOP, AND WORRY_ABOUT_USE = 5**, GO TO **TIME_STAMP_AD_ET**.
- OTHERWISE, GO TO **DRUGS_INTERFERE_12**.

AD290/(DRUGS_INTERFERE_12). How often in the past 12 months did the problems with the use of {{alcohol}}/{{alcohol or drugs}}/{{drugs}} you just mentioned interfere with your work or personal life -- all or almost all the time, most of the time, some of the time, a little of the time, or none of the time?

ALL OR ALMOST ALL THE TIME.....1
MOST OF THE TIME.....2
SOME OF THE TIME.....3
A LITTLE OF THE TIME.....4
NONE OF THE TIME.....5
REFUSED.....-1
DON'T KNOW.....-2

CHECKPOINT #4

PROGRAMMER INSTRUCTION:

- IF **DRANK_MOST OR FOUR_MORE = 1, 2, 3, OR 4**, AND
 - o IF **USE_MARIJUANA, USE_COCAINE, PRESCRIPTION_PAIN, PRESCRIPTION_STIMULANT, PRESCRIPTION_SEDATIVE, OR OTHER_DRUGS = 1, 2, 3, OR 4**, DISPLAY “alcohol or drugs.”
 - o IF **USE_MARIJUANA, USE_COCAINE, PRESCRIPTION_PAIN, PRESCRIPTION_STIMULANT, PRESCRIPTION_SEDATIVE, AND OTHER_DRUGS ≠ 1, 2, 3, OR 4**, DISPLAY “alcohol.”

- OTHERWISE, DISPLAY “drugs.”

AD300/(AGE_FIRST_DRUG_PROB). About how old were you the very first time you had any of the problems we just reviewed?

INTERVIEWER INSTRUCTION:

- IF PARTICIPANT IS UNSURE, PROBE “What’s your best estimate of how old you were?”

YEARS OLD

REFUSED.....-1
DON'T KNOW.....-2

AD310/(NUM_YEARS_DRUG). About how many years in your life have you experienced problems like these?

NUMBER OF YEARS

REFUSED.....-1
DON'T KNOW.....-2

AD320/(NUM_MONTHS_DRUG). About how many months out of 12 in the past year did you have problems like these?

NUMBER OF MONTHS

REFUSED.....-1
DON'T KNOW.....-2

(TIME_STAMP_AD_ET) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP.