

REVISED COMPOSITE INTERNATIONAL DIAGNOSTIC INTERVIEW

MANIA (M)

Directions: Please review the PMH Factsheet for the Subject's case to determine the opening sequence for the module.

M1. CHECKPOINT

1. **M2 = The Respondent endorses Either "2" or "3" IN THE SCREENING SURVEY GO TO M2**
2. **ALL OTHERS GO TO M3**

M2. Opening Statement: In your previous interview you mentioned having times in your life **lasting several days or longer when you felt much more excited and full of energy than usual, your mind went very fast, you talked a lot, and you sometimes did things unusual for you.**

GO TO M4

M3. Opening Statement: The next question is about times lasting several days or longer when you might have felt much more excited and full of energy than usual. (READ SLOWLY) People who have episodes like this often have changes in their thinking and behavior at the same time, like becoming very irritable, their minds going too fast, being more talkative, needing very little sleep, being very restless, going on buying sprees, and behaving in ways they would normally think are inappropriate. Did you ever have times lasting several days or longer when you had changes like this?

1. **YES: IF YES, GO TO M4**
5. **NO : GO TO NEXT DIAGNOSTIC MODULE.**

M4. For the next questions, please think of times lasting several days or longer when you had the most persistent and intense changes of this sort.

M4a. During those times, did you ever become so irritable or grouchy that you started arguments, shouted at people, or hit people?	YES (1)	NO (5)	DK (8)	RF (9)
M4b. Did you become so restless or fidgety that you paced up and down or couldn't stand still?	1	5	8	9
M4c. Were you more interested in sex than usual, or did you want to have sexual encounters with people you wouldn't ordinarily be interested in?	1	5	8	9
M4d. Did you become overly friendly or outgoing with people?	1	5	8	9
M4e. Did you do anything else that wasn't usual for you - - like talking about things you would normally keep private, or acting in ways that you'd usually find embarrassing?	1	5	8	9
M4f. Did you try to do things that were impossible to do, like taking on large amounts of work?	1	5	8	9
M4g. Did you talk a lot more than usual or feel a need to keep talking all the time?	1	5	8	9
M4h. Did you constantly keep changing your plans or activities?	1	5	8	9
M4i. Did you find it hard to keep your mind on what you were doing?	1	5	8	9
M4j. Did your thoughts seem to jump from one thing to another or race through your head so fast you couldn't keep track of them?	1	5	8	9

	YES (1)	NO (5)	DK (8)	RF (9)
M4k. Did you sleep far less than usual and still not get tired or sleepy?	1	5	8	9
M4l. Did you get involved in foolish investments or schemes for making money?	1	5	8	9
M4m. Did you spend so much more money than usual that it caused you to have financial trouble?	1	5	8	9
M4n. Did you do reckless things like driving too fast, staying out all night, or having casual or unsafe sex?	1	5	8	9
M4o. Did you have a greatly exaggerated sense of self-confidence or believe you could do things you really couldn't do?	1	5	8	9
M4p. Did you have the idea that you were actually someone <u>else</u> , or that you had a special connection with a famous person that you really <u>didn't</u> have?	1	5	8	9

M5. INTERVIEWER CHECK POINT: (SEE **M4 SERIES**)

THREE OR MORE RESPONSES CODED 'YES IN M4 SERIES..... 1

ALL OTHERS.....2 **GO TO NEXT**

DIAGNOSTIC MODULE

M6.How many days, weeks, or months was the longest time you ever had an episode when you experienced the changes we just reviewed?

_____ NUMBER
CIRCLE UNIT OF TIME: HOURS 1..... DAYS.....2 WEEKS 3 MONTHS 4
..... YEARS...5
DON'T KNOW.....998
REFUSED.....999

M7 CHECKPOINT

- 1. M6 IS LESS THAN 3 DAYS GO TO NEXT SECTION
- 2. ALL OTHERS GO TO M8

M8.How much did these changes ever interfere with either your work, your social life, or your personal relationships– not at all, a little, some, a lot, or extremely?

NOT AT ALL.....1
A LITTLE.....2
SOME.....3
A LOT.....4
EXTREMELY.....5
DON'T KNOW.....8
REFUSED.....9

M9.How often were the changes you experienced in these episodes so severe that you could not carry out your daily activities -- often, sometimes, rarely, or never?

OFTEN.....1
SOMETIMES.....2
RARELY.....3
NEVER.....4
DON'T KNOW.....8
REFUSED.....9

M10. How severe was your emotional distress during those times -- mild, moderate, severe, or very severe?

- MILD.....1
- MODERATE.....2
- SEVERE.....3
- VERY SEVERE.....4
- DON'T KNOW.....8
- REFUSED.....9

M11. Did other people ever say anything or worry about the way you were acting?

- YES.....1
- NO.....5
- DON'T KNOW.....8
- REFUSED.....9

M12. Did you ever see a medical doctor or other professional about these changes?

- YES.....1
- NO 5 **GO TO NEXT SECTION**
- DON'T KNOW 8 **GO TO NEXT SECTION**
- REFUSED 9 **GO TO NEXT SECTION**

M13. Were you ever hospitalized overnight because of these changes?

- YES.....1
- NO.....5
- DON'T KNOW.....8
- REFUSED.....9

12/21/2012

GENERALIZED ANXIETY DISORDER SECTION (G)

Directions: Please review the PMH Factsheet for the Subject's case to determine the opening sequence for the module.

G1. CHECKPOINT: INTERVIEWER CHECK WITH EARLIER INTERVIEW

1. **G1a = 1-2 OR G1b = 1-2 OR G10a = 1-2 OR G10b = 1-2 GO TO G2**
2. **ALL OTHERS GO TO G3**

G2. Opening Statement: In your previous interview you mentioned having times in your life when you felt nervous, anxious, or worried most of the time.

GO TO G4

G3. Opening Statement: The next set of questions is about feeling nervous, anxious, or worried. Did you ever in your life have times lasting several months or longer

YES

NO

a. When you felt nervous or anxious most of the time?	1. GO TO G4	5
b. When you felt worried about things most of the time?	1. GO TO G4	5

IF "NO" TO BOTH GO TO NEXT **DIAGNOSTIC MODULE**

G4. For the next questions, please think of times lasting several months or more when these feelings were most persistent and intense. During those times, was your (anxiety/or/worry) ever a lot stronger than it should have been?

- YES.....1
- NO.....5
- DON'T KNOW.....8
- REFUSED.....9

G5. How often did you find it difficult to control your (anxiety/or/worry) during those times -- often, sometimes, rarely, or never?

- OFTEN.....1
- SOMETIMES.....2
- RARELY.....3
- NEVER.....4
- DON'T KNOW.....8
- REFUSED.....9

G6. How often during those times were you so (anxious/or/worried) that you couldn't think of anything else no matter how hard you tried -- often, sometimes, rarely, or never?

- OFTEN.....1
- SOMETIMES.....2
- RARELY.....3
- NEVER.....4
- DON'T KNOW.....8
- REFUSED.....9

G7. What is the longest period of months or years in a row you ever had when you were (anxious/or/worried) most days?

IF VOL "WHOLE LIFE" OR "AS LONG AS I CAN REMEMBER," **CODE 995 YEARS**

PROBE DK: Did you ever have a period that lasted 6 months or longer? (IF NOT) Did you ever have a period that lasted 1 month or longer?

_____NUMBER

CIRCLE UNIT OF TIME: DAYS...1 WEEKS...2 MONTHS...3 YEARS...4

G8. INTERVIEWER CHECKPOINT: (SEE G7)

G7 IS LESS THAN 3 MONTHS.....1 **GO TO NEXT DIAGNOSTIC**
ALL OTHERS.....2 **MODULE GO TO G9**

G9. Think of times lasting several months or longer when your (anxiety/or/worry) was worst. During those times, did you often have any of the following associated problems:	YES (1)	NO (5)	DK (8)	RF (9)
G9a. Did you often feel restless, keyed up, or on edge?	1	5	8	9
G9b. Did you often get tired easily?	1	5	8	9
G9c. Were you often more irritable than usual?	1	5	8	9
G9d. Did you often have difficulty concentrating or keeping your mind on what you were doing?	1	5	8	9
G9e. Did you often have tense, sore, or aching muscles?	1	5	8	9
G9f. Did you often have trouble falling or staying asleep?	1	5	8	9

G10. INTERVIEWER CHECKPOINT: (SEE*G9)

0-1 YES RESPONSES1 **GO TO NEXT DIAGNOSTIC MODULE NUMBER**
2 OR MORE YES RESPONSES.....2 GO TO G11

G11. How much during those times did your (anxiety/or/worry) interfere with either your work, your social life, or your personal relationships– not at all, a little, some, a lot, or extremely?

NOT AT ALL.....1
A LITTLE.....2
SOME.....3
A LOT.....4
EXTREMELY.....5
DON'T KNOW.....8
REFUSED.....9

G12. How severe was your emotional distress during those times -- mild, moderate, severe, or very severe?

- MILD.....1
 - MODERATE.....2
 - SEVERE.....3
 - VERY SEVERE.....4
 - DON'T KNOW.....8
 - REFUSED.....9
-

G13. How often during those times was your (anxiety/or/worry) so severe that you could not carry out your daily activities -- often, sometimes, rarely, or never?

- OFTEN.....1
 - SOMETIMES.....2
 - RARELY.....3
 - NEVER.....4
 - DON'T KNOW.....8
 - REFUSED.....9
-

12/13/12 Revised.

DEPRESSION (D) (LIFETIME VERSION)

Directions: Please review the PMH Factsheet for the Subject's case to determine the opening sequence for the module.

D0. Checkpoint

1. **R ENDORSED AT LEAST ONE OF THE FOLLOWING: D1a = 1-2, D1b = 1-2, D1c = 1-2, D8a = 1-2, D8c = 1-2, D8d = 1- 2 GO TO D1**
2. **ALL OTHERS GO TO D2:** Opening Statement: The next set of questions are about feelings of sadness or depression.

D1. Opening Statement: In your previous interview you mentioned having times in your life when you felt either sad, depressed, discouraged, or lost interest in the things that normally interested you.

GO TO D2

D2. Did you ever in your life have times lasting two weeks or longer ...

	<u>YES</u>	<u>NO</u>
a. when you felt sad or depressed most of the time?	1 GO TO D3	5. NO
b. when you were discouraged about how things were going in your life?	1 GO TO D3	5. NO
c. when you took little or no interest in the things that normally interested you?	1 GO TO D3	5. NO

IF "NO" TO ALL THREE D2a-c, GO TO NEXT DIAGNOSTIC MODULE

D3. Think of a time lasting two weeks or longer in your life when these feelings of being sad or discouraged or losing interest in things were most severe and frequent. If no one time comes to mind, then think of the most recent time you had two weeks like this. During those two weeks, did you have each of the following experiences?

	YES (1)	NO (5)	DK (8)	RF (9)
D3a. Did you feel sad, empty, or depressed most of the day nearly every day during those two weeks?	1	5 G O TO	8 GO TO D3c	9 G O TO
D3b. Did you feel discouraged about how things were going in your life?	1	5 G O TO	8 GO TO D3d	9 G O TO
D3c. Did you lose interest in almost all things like work and hobbies and things you like to do for fun?	1	5	8	9
D3d. Did you lose the ability to take pleasure in having good things happen to you, like winning something or being praised or complimented?	1	5	8	9

D4. INTERVIEWER CHECKPOINT: (SEE **D3a-D3d**)

ONE OR MORE RESPONSES CODED 'YES.....1
 ALL OTHERS..... 2 **GO TO NEXT
 DIAGNOSTIC MODULE**

D5.	YES (1)	NO (5)	DK (8)	RF (9)
D5a. Did you have a much smaller appetite than usual nearly every day during those two weeks)?	1	5	8	9
	GO TO D5e			
D5b. Did you have a much <u>larger</u> appetite than usual nearly every day?	1	5	8	9
D5c. Did you gain weight without trying to? IF R REPORTS BEING PREGNANT OR GROWING, CODE "7" AND GO TO *D5g	1	5	8	9
		GO TO D5e	G O TO	GO TO D5e
D5d. How much did you gain? _____ NUMBER OF POUNDS GO TO 5g			998	999
D5e. Did you <u>lose</u> weight without trying to? IF R REPORTS BEING ON A DIET OR PHYSICALLY ILL, CODE "NO" AND GO TO *D26g	1	5	8	9
		GO TO D5g	G O TO	GO TO D5g
D5f. How much did you lose? _____ NUMBER CIRCLE UNIT OF MASS: POUNDS....1 KILOS.....2			998	999

	YES	NO	DK	RF
D5g. Did you feel tired or low in energy nearly every day?	(1)	(5)	(8)	(9)
D5h. Did you have a lot <u>more</u> energy than usual nearly every day?	1	5	8	9
D5i. Did you talk or move more slowly than is normal?	1	5 GO TO D5k	8 GO TO D5k	9 GO TO D5k
D5j. Did anyone else notice that you were talking or moving slowly?	1 GO TO D5m	5 GO TO D5m	8 GO TO D5m	9 GO TO D5m
D5k. Were you so restless or jittery nearly every day that you paced up and down or couldn't sit still?	1	5 GO TO D5m	8 GO TO D5m	9 GO TO D5m
D5l. Did anyone else notice that you were restless?	1	5	8	9
D5m. Did your thoughts come much more slowly than usual or seem mixed up nearly every day?	1 GO TO D5n	5	8	9
D5n. Did you have a lot more trouble concentrating than is normal for you nearly every day?	1	5	8	9
D5o.Were you unable to make up your mind about things you ordinarily have no trouble deciding about?	1	5	8	9
D5p. Did you lose your self-confidence?	1	5	8	9
D5q. Did you feel that you were not as good as other people nearly every day?	1	5	8	9

		GO TO D5s	GO TO D5s	GO TO D5s
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	YES (1)	NO (5)	DK (8)	RF (9)
D5r. Did you feel totally worthless nearly every day?	1	5	8	9
D5s. Did you have feelings of extreme guilt nearly every day?	1 GO To D	5	8	9
D5t. Did you feel a lot more guilty than you should have nearly every day?	1	5	8	9
D5u. Did you often think a lot about death, either your own, someone else's, or death in general during those two weeks?	1	5	8	9
D5v. Did the thought occur to you that it would be better if you were dead?	1	5	8	9
D5w. Did you think about committing suicide?	1	5 GO TO D6	8 G O TO D6	9 GO TO D6

D6. INTERVIEWER CHECKPOINT: (SEE D3 - D5)

- 1. AT LEAST 4 ITEMS CODED YES IN THE D3-5SERIES GO TO D7**
- 2. ALL OTHERS..... GO TO NEXT**

DIAGNOSTIC MODULE

D7. You mentioned having quite a few problems during those two weeks. How much did these problems interfere with either your work, your social life, or your personal relationships during that time— not at all, a little, some, a lot, or extremely?

- NOT AT ALL.....1
- A LITTLE.....2

SOME.....	3
A LOT.....	4
EXTREMELY.....	5
DON'T KNOW.....	8
REFUSED.....	9

D8.How severe was your emotional distress during those two weeks -- mild, moderate, severe, or very severe?

MILD.....	1
MODERATE.....	2
SEVERE.....	3
VERY SEVERE.....	4
DON'T KNOW.....	8
REFUSED.....	9

D9.How often during those two weeks was your emotional distress so severe that nothing could cheer you up -- often, sometimes, rarely, or never?

OFTEN.....	1
SOMETIMES.....	2
RARELY.....	3
NEVER.....	4
DON'T KNOW.....	8
REFUSED.....	9

D10.How often during those two weeks was your emotional distress so severe that you could not carry out your daily activities -- often, sometimes, rarely, or never?

OFTEN.....	1
SOMETIMES.....	2
RARELY.....	3
NEVER.....	4
DON'T KNOW.....	8
REFUSED.....	9

D11. CHECKPOINT

1. AT LEAST ONE **BOLD-ITALICIZED** RESPONSE IN THE D7-10 SERIES GO TO D12
2. ALL OTHERS GO TO NEXT SECTION

D12. How many weeks or months was the longest episode you ever had in your life when you felt sad or discouraged or lost interest in things and had some of the other problems you just told me about?

_____NUMBER OF WEEKS/MONTHS (CIRCLE ONE)

GO TO NEXT DIAGNOSTIC MODULE

PANIC DISORDER (PD)

Directions: Please review the PMH Factsheet for the Subject's case to determine the opening sequence for the module.

PD1. CHECKPOINT

1. P1 WAS SCORED IN THE RANGE 3-997 IN THE SCREENING INTERVIEW
GO TO PD2
 2. ALL OTHERS GO TO PD3
-

PD2. Opening Statement: In your previous interview you mentioned sometimes having anxiety attacks that sometimes happened out of the blue and you suddenly felt very frightened or panicky.

GO TO PD5

PD3. Opening Statement: The next set of questions is about attacks of anxiety, fear or panic. Did you ever in your life have attacks of fear or panic when all of a sudden you felt very frightened, anxious, or uneasy?

1. YES GO TO PD5
5. NO CONTINUE WITH PD4?

PD4. Did you ever have attacks when all of a sudden you had felt short of breath, your heart pounded, you felt dizzy, and you feared that you might die or go crazy.

1. YES GO TO PD5
5. NO GO TO NEXT **DIAGNOSTIC MODULE**

PD5. For the next questions, think of bad attacks like that. During those attacks, which of the following problems did you have?				
	YES (1)	NO (5)	DK (8)	RF (9)
PD5a. Did your heart pound or race?	1	5	8	9
PD5b. Were you short of breath?	1	5	8	9
PD5c. Did you have nausea or discomfort in your stomach?	1	5	8	9
PD5d. Did you feel dizzy or faint?	1	5	8	9
PD5e. Did you sweat?	1	5	8	9
PD5f. Did you tremble or shake?	1	5	8	9
PD5g. Did you feel like you were choking?	1	5	8	9
PD5h. Did you have pain or discomfort in your chest?	1	5	8	9
PD5i. Were you afraid that you might lose control of yourself or go crazy?	1	5	8	9
PD5j. Did you feel that you were “not really there”, like you were watching a movie of yourself?	1 G O TO	5	8	9
PD5k. Did you feel that things around you were unreal or like a dream?	1	5	8	9
	1	5	8	9
PD5l. Were you afraid that you might die?	1	5	8	9
PD1m. Did you have hot flushes or chills?	1	5	8	9
PD5n. Did you have numbness or tingling sensations?	1	5	8	9

PD6. INTERVIEWER CHECKPOINT: (SEE **PD5** SERIES)

0-3 RESPONSES CODED 'YES'1 **GO TO NEXT**
DIAGNOSTIC MODULE SECTION
4 OR MORE CODED YES.....2

PD7. How soon did the problems you mentioned usually reach their peak after the attacks began – within a minute, in 1-to-5 minutes, 5-to-10 minutes, or more than 10 minutes?

WITHIN 1 MINUTE
1-5 MINUTES
5-10 MINUTES
MORE THAN 10 MINUTES

PD8. About how many of these sudden attacks did you have in your entire lifetime?

_____ NUMBER OF ATTACKS

IF R REPORTS MORE THAN 900
900 IF R REPORTS "MORE THAN I CAN
REMEMBER".....995 DON'T
KNOW.....998
REFUSED.....999

PD9. INTERVIEWER CHECKPOINT: (SEE **PD8**)

1-2 LIFETIME ATTACKS '1 **GO TO NEXT DIAGNOSTIC**
MODULE
ALL OTHERS
.....2

PD10. Sometimes these kinds of attacks occur unexpectedly “out of the blue.” Other times they occur in situations where something happens that is scary -- like seeing a snake or being locked up in a small space or being in the thunderstorm. We’d like to know how many of your attacks ever occurred in each of these situations. First, how many ever occurred unexpectedly “out of the blue?”

_____ NUMBER OF ATTACKS

IF R REPORTS MORE THAN 900.....	900	
IF R REPORTS “MORE THAN I CAN REMEMBER”		995
DON’T KNOW.....	998	
REFUSED.....	999	

PD11. And how many occurred in a situation where something happened that was scary?

_____ NUMBER OF ATTACKS

IF R REPORTS MORE THAN 900.....	900	
IF R REPORTS “MORE THAN I CAN REMEMBER”		995
DON’T KNOW.....	998	
REFUSED.....	999	

PD12. CHECKPOINT SEE PD10

1. 0-2 ATTACKS REPORTED IN P10 GO TO NEXT **DIAGNOSTIC MODULE.** 5.
ALL OTHERS GO TO PD13

PD13. After having one of these attacks, did you ever have any of the following experiences:	YES (1)	NO (5)	DK (8)	RF (9)
PD13a. A month or more when you often worried that you might have another attack?	1	5	8	9
PD13b. A month or more when you worried that something terrible might happen because of the attacks, like having a car accident, having a heart attack, or losing control?	1	5	8	9
PD13c. A month or more when you changed your everyday activities because of the attacks?	1	5	8	9
PD13d. A month or more when you avoided certain situations because of fear about having another attack?	1	5	8	9

END OF SECTION

12/21/2012

POST-TRAUMATIC STRESS DISORDER (PT)

Directions: Please review the PMH Factsheet for the Subject's case to determine the opening sequence for the module.

PT CHECKPOINT

PT0. AT LEAST ONE RESPONSE IN THE SCREEN WAS ENDORSED.

Opening Statement:

In your previous interview you mentioned that you experience some very stressful life events. GO TO PT1.

ALL OTHERS: Opening Statement: In this next part of the interview, I am going to ask you about very stressful events that might have happened in your life. First,

	YES (1)	NO (5)	DK (8)	RF (9)
PT1. Did you ever participate in <u>combat</u> , either as a member of a military, or as a member of an organized <u>non-military</u> group? (KP: being in military combat)	1	5	8	9
PT2. Did you ever serve as a <u>peacekeeper</u> or <u>relief worker</u> in a <u>war zone</u> or in a place where there was ongoing <u>terror</u> of people because of political, ethnic, religious or other conflicts? (KP: being a relief worker in a war zone)	1	5	8	9
PT3. Were you ever an unarmed civilian in a place where there was a war, revolution, military coup or invasion? (KP: being a civilian in a war zone)	1	5	8	9
PT4. Did you ever live as a civilian in a place where there was ongoing terror of civilians for political, ethnic, religious or other reasons? (KP: being a civilian in a region of terror)	1	5	8	9
PT5. Were you ever a refugee – that is, did you ever flee from your home to a foreign country or place to escape danger or persecution? (KP: being a refugee)	1	5	8	9
PT6. Were you ever kidnapped or held captive? (KP: being kidnapped)	1	5	8	9
PT7. Were you ever exposed to a toxic chemical or substance that could cause you serious harm? (KP: Being exposed to toxic chemicals/substances)	1	5	8	9
PT8. Were you ever involved in a life-threatening automobile accident? (KP: in a life-threatening car accident)	1	5	8	9
PT9. Did you ever have any other life- threatening accident, including on your job? (KP: had (a/another) kind of life-threatening accident)	1	5	8	9

	YES (1)	NO (5)	DK (8)	RF (9)
PT10. Were you ever involved in a major natural disaster, like a devastating flood, hurricane, or earthquake? (KP: were in a natural disaster)	1	5	8	9
PT11. Were you ever in a man-made disaster, like a fire started by a cigarette, or a bomb explosion? (KP: were in a man-made disaster)	1	5	8	9
PT12. Did you ever have a life-threatening illness? (KP: had a life-threatening illness)	1	5	8	9
PT13. As a child, were you ever badly beaten up by your <u>parents</u> or the people who raised you? (KP: were badly beaten as a child)	1	5	8	9
PT14. Were you ever badly beaten up by a spouse or romantic partner? (KP: were badly beaten by a romantic partner)	1	5	8	9
PT15. Were you ever badly beaten up by anyone <u>else</u> ? (KP: were badly beaten (by someone else))	1	5	8	9
PT16. Were you ever mugged, held up, or threatened with a weapon? (KP: were mugged)	1	5	8	9
PT17. The next two questions are about sexual assault. The first is about rape. We define this as someone either having sexual intercourse with you or penetrating your body with a finger or object when you did not want them to, either by threatening you or using force, or when you were so young that you didn't know what was happening. Did this ever happen to you? (KP: were sexually assaulted)	1	5	8	9
PT18. Other than rape, were you ever sexually assaulted where someone touched you inappropriately, or when you did not want them to? (KP: were sexually assaulted)	1	5	8	9
PT19. Has someone ever stalked you – that is, followed you or kept track of your activities in a way that made you feel you were in serious danger? (KP: were stalked)	1	5	8	9

	YES (1)	NO (5)	DK (8)	RF (9)
PT20. Did someone very close to you ever die unexpectedly; for example, they were killed in an accident, murdered, committed suicide, or had a fatal heart attack at a young age?	1	5	8	9
PT21. Did you ever have a son or daughter who had a life-threatening illness or injury? (KP: one of your children had a life-threatening illness)	1	5	8	9
PT22. Did anyone very close to you ever have an extremely traumatic experience, like being kidnapped, tortured or raped? (KP: someone close to you experienced a serious trauma)	1	5	8	9
PT22.1. When you were a child, did you ever witness serious physical fights at home, like when your father beat up your mother? (KP: you witnessed serious physical fights as a child)	1	5	8	9
PT23. Did you ever see someone being badly injured or killed, or unexpectedly see a dead body? (KP: you witnesses someone being badly injured or killed)	1	5	8	9
PT24. Did you ever <u>do</u> something that <u>accidentally</u> led to the serious injury or death of another person? (KP: you accidently injured or killed someone)	1	5	8	9
PT25. Did you ever <u>on purpose</u> either seriously injure, torture, or kill another person? (KP: you seriously injured or killed someone)	1	5	8	9
PT26. Did you ever see atrocities or carnage such as mutilated bodies or mass killings? (KP: you saw atrocities)	1	5	8	9
PT27. Did you ever experience any <u>other</u> extremely traumatic or life-threatening event that I haven't asked about yet? (KP: (other) very traumatic experiences)	1	5	8	9
PT28. Sometimes people have experiences they don't want to talk about in interviews. I won't ask you to describe anything like this, but, without telling me <u>what</u> it was, did you ever have a traumatic event that you <u>didn't</u> tell me about because you didn't want to talk about it? (KP: very traumatic experiences)	1	5	8	9

PT29. CHECKPOINT

1. 0 YES RESPONSES IN THE PT1-28 SERIES **GO TO** THE NEXT DIAGNOSTIC MODULE .
2. EXACTLY 1 YES RESPONSES IN THE PT1-28 SERIES **GO TO** PT30 INTRO 1
3. 2-3 YES RESPONSES IN THE PT1-28 SERIES **GO TO** PT30 INTRO 2
4. 4 OR MORE YES RESPONSES IN THE PT1-28 SERIES **GO TO** PT30 INTRO 3

<p>PT30 INTRO 1 Let me review. You experienced (NUMBER) (KEY PHRASE OF EVENT TYPE). After an experience like this, people sometimes have problems like upsetting memories or dreams, feeling emotionally distant or depressed, trouble sleeping or concentrating, and feeling jumpy or easily startled. For the next questions, please think of the one month in your life when you had the largest number of problems like these associated with a traumatic experience. If no one month stands out, think of the most recent month when you had problems like these.</p>	<p>PT30 INTRO 2. Let me review. You had (two/ three) different types of traumatic events: [KEY PHRASES OF ALL EVENT TYPES] (and a private event). After experiences like these, people sometimes have problems like upsetting memories or dreams, feeling emotionally distant or depressed, trouble sleeping or concentrating, and feeling jumpy or easily startled. For the next questions, please think of the one month in your life when you had the largest number of problems like these associated with any of the traumatic experiences that ever happened to you. If no one month stands out, think of the most recent month when you had problems like these.</p>	<p>PT30 INTRO 3. Let me review. You had quite a few different traumatic experiences, like: [KEY PHRASES OF 3 EVENT TYPES] (and a private event). After experiences like these, people sometimes have problems like upsetting memories or dreams, feeling emotionally distant from or depressed, trouble sleeping or concentrating, and feeling jumpy or easily startled. For the next questions, please think of the one month in your life when you had the largest number of problems like these associated with any of the traumatic experiences that ever happened to you. If no one month stands out, think of the most recent month when you had problems like these.</p>
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	YES (1)	NO (5)	DK (8)	RF (9)
PT31. During that month, did you have repeated <u>memories</u> of what happened even when you didn't want to?	1	5	8	9
PT32. During that month, did you have repeated unpleasant <u>dreams</u> about what happened?	1	5	8	9
PT33. Did you have <u>flashbacks</u> – that is, suddenly <u>act</u> or <u>feel</u> as if your trauma was happening all over again?	1	5	8	9
PT34. Did you get very <u>upset</u> when you were reminded of what happened?	1	5	8	9
PT35. When you were <u>reminded</u> of what happened, did you ever have <u>physical</u> reactions like <u>sweating</u> , your heart <u>racing</u> , or feeling shaky?	1	5	8	9

PT36. INTERVIEWER CHECKPOINT: (SEE PT31 - *PT35)

ZERO "YES" RESPONSES IN PT31- PT35.....1 GO TO NEXT DIAGNOSTIC
ALL OTHERS.....2 MODULE CONTINUE

	YES (1)	NO (5)	DK (8)	RF (9)
PT37. During that month, did you have trouble falling or staying asleep? (KEY PHRASE: had sleep problems)	1	5	8	9
PT38. Were you more <u>irritable</u> or short-tempered than you usually are? (KEY PHRASE: were irritable)	1	5	8	9
PT39. Did you have more trouble <u>concentrating</u> or keeping your mind on what you were doing? (KEY PHRASE: had trouble concentrating)	1	5	8	9
PT40. Were you much more alert or watchful, even when there was no real need to be? (KEY PHRASE: were more alert or watchful)	1	5	8	9
PT41. Were you more <u>jumpy</u> or easily startled by ordinary noises? (KEY PHRASE: were jumpy or easily startled)	1	5	8	9

PT42. INTERVIEWER CHECKPOINT: (SEE *PT37 - *PT41)

ZERO "YES" RESPONSES IN *PT37 – *PT41.....1 **GO TO NEXT MODULE**
ALL OTHERS.....2 **CONTINUE**

	YES (1)	NO (5)	DK (8)	RF (9)
PT43. During that month, did you try not to think about the traumatic experiences that happened to you? (KEY PHRASE: tried not to think about it)	1	5	8	9
PT44. Did you purposely stay away from places, people or activities that reminded you of what had happened? (KEY PHRASE: stayed away from reminders of it)	1	5	8	9
PT45. Were you ever unable to remember some important parts of what happened? IF VOL "UNCONSCIOUS," "KNOCKED OUT," OR "HEAD INJURY," CODE NO. (IF YES: Please make a checkmark by reaction 3.) [KEY PHRASE: were unable to remember part(s) of	1	5	8	9
PT46. Did you lose interest in doing things you used to enjoy? (KEY PHRASE: lost interest in things you used to enjoy)	1	5	8	9

PT47. Did you feel emotionally distant or cut-off from other people? (KEY PHRASE: felt distant from other people)	1	5	8	9
PT48. Did you have trouble feeling normal feelings like love, happiness, or warmth toward other people? (KEY PHRASE: had trouble feeling normal feelings)	1	5	8	9
PT49. Did you feel you had no reason to plan for the future because you thought it would be cut short? (KEY PHRASE: felt you had no reason to plan for the future)	1	5	8	9

PT50. INTERVIEWER CHECKPOINT: (SEE **PT43- PT49**)

ZERO "YES" RESPONSES IN **PT43 – *PT49**.....1 **GO TO NEXT DIAGNOSTIC MODULE**
 ALL OTHERS.....2 **CONTINUE**

PT51. You had quite a few reactions, such as (FIRST KEY PHRASE FOR EACH OF THE 3 SETS OF REACTIONS REPORTED ABOVE). For about how many days, weeks, months, or years did you continue to have any of these reactions?

(IF VOL "IT'S STILL GOING ON," PROBE: How long has it been so far?) (IF DK, PROBE, "Was it at least a month?" IF YES, **CODE 97**)

BELOW.)

_____ DURATION NUMBER

CIRCLE UNIT OF TIME: DAYS ... 1 WEEKS ... 2 MONTHS ... 3 YEARS...4

"AT LEAST A MONTH".....97
 DON'T KNOW.....98
 REFUSED.....99

PT52. INTERVIEWER CHECKPOINT: (SEE ***PT51**)

LESS THAN ONE MONTH (30 DAYS) OF REACTIONS IN ***PT511****GO TO NEXT DIAGNOSTIC MODULE**
 ALL OTHERS2.....**CONTINUE**

PT53. Think of the time when these reactions were most frequent and intense. How often did they occur – less than once a month, one to two times a month, three to five times a month, six to ten times a month, or more than ten times a month?

LESS THAN ONCE A MONTH.....1
 ONE TO TWO TIMES A MONTH.....2
 THREE TO FIVE TIMES A MONTH.....3
 SIX TO TEN TIMES A MONTH.....4
 MORE THAN TEN TIMES A MONTH.....5
 DON'T KNOW.....8

REFUSED.....9

PT54 How much did these reactions ever interfere with either your work, your social life, or your personal relationships during that time– not at all, a little, some, a lot, or extremely?

NOT AT ALL.....1
A LITTLE.....2
SOME.....3
A LOT.....4
EXTREMELY.....5
DON'T KNOW.....8
REFUSED.....9

PT55. How severe was your emotional distress during the time these reactions were most intense -- mild, moderate, severe, or very severe?

MILD.....1
MODERATE.....2
SEVERE.....3
VERY SEVERE.....4
DON'T KNOW.....8
REFUSED.....9

PT56. How often during that time was your emotional distress so severe that nothing could cheer you up -- often, sometimes, rarely, or never?

OFTEN.....1
SOMETIMES.....2
RARELY.....3
NEVER.....4
DON'T KNOW.....8
REFUSED.....9

PT57. How often was your emotional distress so severe that you could not carry out your daily activities -- often, sometimes, rarely, or never?

OFTEN.....1
SOMETIMES.....2
RARELY.....3
NEVER.....4
DON'T KNOW.....8
REFUSED.....9

SUBSTANCE USE (SU)

Directions: Please review the PMH Factsheet for the Subject's case to determine the opening sequence for the module.

SU1 CHECKPOINT

1. IN SCREENING INTERVIEW AD1a =1-3 and/or AD1b = 1-4 BUT NONE OF THE AD1c-AD1h RESPONSES = 1-4 GO TO INSTRUCTION 1 (Alcohol)
2. IN SCREENING INTERVIEW AD1 NE 1-3 or AD1b NE 1-4 BUT AT LEAST ONE AD1c-h = 1-4 GO TO INSTRUCTION 2 (Drugs)
3. IN SCREENING INTERVIEW AD1a = 1-3 and/or AD1b = 1-4 AND AT LEAST ONE AD1c-h = 1-4 GO TO INSTRUCTION 3 (Alcohol and Drugs)
4. ALL OTHERS GO TO NEXT SECTION

INSTRUCTION 1: ASK ONLY ABOUT

“ALCOHOL”

INSTRUCTION 2: ASK ONLY ABOUT “DRUGS”

INSTRUCTION 3: ASK ONLY ABOUT “ALCOHOL OR DRUGS”

SU2. The next questions are about problems you might have had at some time in your life because of using (alcohol/or/drugs).

	YES (1)	NO (5)	DK (8)	RF (9)
SU2a. Was there ever a time in your life when your (drinking /or/drug use) frequently interfered with your work or responsibilities at school, on a job, or at home?	1	5	8	9
SU2b. Was there ever a time in your life when your (drinking /or/drug use) caused arguments or other serious or repeated problems with your family, friends, neighbors, or co-workers?	1	5 GO TO SU2 d	8 GO TO SU2 d	9 GO TO SU2d
SU2c. Did you continue to (drink/or/use drugs) even though it caused problems with these people?	1	5	8	9
SU2d. Were there times in your life when you were often under the influence of (alcohol/or/drugs) in situations where you could get hurt, for example when riding a bicycle, driving, operating a machine, or anything else?	1	5	8	9
SU2e. Were you ever arrested or stopped by the police because of driving under the influence or because of rowdy behavior caused by your (drinking /or/drug use)?	1	5	8	9

	YES (1)	NO (5)	DK (8)	RF (9)
SU3a. Was there ever a time in your life when you often had such a strong desire to (drink/or/use drugs) that you couldn't stop yourself from or found it difficult to think of anything else?	1	5	8	9
SU3b. Did you ever need to (drink/or/use) a larger amount of (alcohol/or/drugs) to get an effect, or did you ever find that you could no longer get the same effect on the amount you used? (KEY PHRASE: you needed larger amounts to get an	1	5	8	9
SU3c. Did you ever have times when you stopped, cut down, or went without (drinking/or/using drugs) and then experienced withdrawal symptoms like fatigue, headaches, diarrhea, the shakes, or emotional problems? (KEY PHRASE: you felt sick well when you stopped using)	1 GO TO SU3 d	5	8	9

SU3c. Did you ever have times when you (took a drink/or/used drugs) to <u>keep</u> from having problems like these? (KEY PHRASE: you continued to use to keep from feeling sick)	1	5	8	9
SU3d. Did you ever have times when you started (drinking/or/using drugs) even though you <u>promised</u> yourself you wouldn't, or when you used a lot more than you intended? (KEY PHRASE: you used when you planned not to)	1 GO TO SU3 g	5	8	9
SU3e. Were there ever times when you used more frequently or for <u>more days in a row</u> than you intended? (KEY PHRASE: you used more frequently than you intended)	1 GO TO SU3 g	5	8	9
SU3f. Did you have times when you started (drinking/or/using drugs) when you <u>didn't want to</u> ? (KEY PHRASE: you used even when you didn't want to)	1	5	8	9
SU3g. Were there times when you tried to stop or cut down on your use and found that you were not able to do so? (KEY PHRASE: you tried to stop but	1	5	8	9
SU3h. Did you ever have periods of several days or more when you spent so much time (drinking/or/using drugs) or recovering from the effects of use that you had little time for anything else? (KEY PHRASE: you spent days doing little more than using or getting over the effects of using)	1	5	8	9
SU3i. Did you ever have a time when you gave up or greatly reduced important activities because of your (drinking /or/drug use)– like sports, work, or seeing friends and family? (KEY PHRASE: you gave up or reduced important activities because of your use)	1	5	8	9
SU3j. Did you ever continue to (drink/or/use drugs) when you knew you had a serious physical or emotional problem that might have been caused by it? (KEY PHRASE: you used even though it caused or worsened physical or emotional problems)	1	5	8	9

SU4. INTERVIEWER CHECKPOINT: See SU3a-SU3j

0-2 RESPONSES CODED 'YES'1 **GO TO NEXT**
DIAGNOSTIC MODULE
3 OR MORE RESPONSES CODED 'YES'2 **GO TO SU5**

SU5. You had quite a few problems like (READ UP TO 5 KEY PHRASES). Did you ever have three or more of these problems in the same 12-month period?

YES.....1
NO.....5
DON'T KNOW.....8
REFUSED.....9
