

**Example 1 (Survey questions MH1 - MH6)**

All of the time

Most of the time

Some of the time

A little of the time

None of the time

---

**Example 2 (Survey questions AUD10 and AUD11)**

- Sweating or feeling that your heart was beating fast
- Having your hands tremble
- Having trouble sleeping
- Vomiting or feeling nauseous
- Seeing, hearing, or feeling things that weren't really there
- Feeling like you couldn't sit still
- Feeling anxious
- Having seizures or fits