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Digit Symbol—Coding

Beneficiary Name:

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Digit Symbol Test Instructions

Materials Needed

Digit Symbol Coding Worksheet Two number 2 pencils without erasers Digit Symbol Scoring Template Stopwatch This instruction sheet

Description

Participant copies symbols that are paired with numbers, using a key that indicates which symbols correspond to which numbers. RA scores the test, using the Digit Symbol Scoring Template, *after* participant has completed the remainder of the CAPI interview. Participant's score is the number of correct symbols he or she draws within the 120-second time limit.

Administration

- 1. Write the participant's name and study ID number on the worksheet in the designated spot.
- 2. Provide participant a flat, smooth surface on which to complete the test, i.e., a clean table top. If the available surface is rough, place the Digit Symbol Coding Worksheet on a clipboard.
- 3. Introduce the task by saying,

I'm going to ask you to copy some symbols.

- 4. Place the Digit Symbol Coding Worksheet in front of the participant and hand him or her a pencil without an eraser.
- 5. Point to the key above the test items, and say:

Look at these boxes. Notice that each has a number in the upper part and a special mark in the lower part. Each number has its own mark.

Point to the "1" and its mark below, then point to "2" and its mark.

6. Point to the Sample Items (seven squares), to the left of the heavy black line, and say:

Now look down here where the squares have numbers in the top part but the squares at the bottom are empty. In each of the empty squares, put the mark that should go there. Like this.

Point to the first Sample Item, then point back to the key to show its corresponding mark, and say:

Here is a 2; the 2 has this mark. So I put it in this empty square, like this.

Write in the symbol. Point to the second Sample Item and say:

Here is a 1; the 1 has this mark (point to the second Sample Item, then to the mark below the 1 in the key), so I put it in this square.

Write in the symbol.

Point to the third Sample Item and say:

This number is a 3; the 3 has this mark (point to the third square and to the mark below the 3 in the key). So I put it in the square (write in the symbol).

After marking the first three Sample Items, say:

Now you fill in the squares up to this heavy line.

If the participant makes an error on any of the Sample Items, *correct the error immediately and review the use of the key*. Continue to provide the participant help with the Sample Items, if needed. Do <u>not</u> proceed with the test until the participant clearly understands the task.

When the participant completes a Sample Item correctly, offer encouragement by saying Yes or Right.

7. When all the Sample Items have been completed, say:

Now you know how to do them. When I tell you to start, you do the rest of them.

Point to the first square to the right of the heavy line and say:

Begin here and fill in as many squares as you can, one after the other without skipping any. Keep working until I tell you to stop. Work as quickly as you can without making any mistakes.

Sweep across the first row with your finger and say:

When you finish this line, go on to this one.

Point to the first square in the second row. Then point to the heavy black line and say:

Go ahead.

BEGIN TIMING.

8. If participant asks what to do if he or she makes a mistake, encourage them to keep working as fast as they can without making mistakes.

If, after completing a row, a participant tries to complete the next row in reverse order, remind the participant to *start at the beginning of the row and not to skip any*.

If the participant skips an item or starts to do only one type (e.g., only the 1's), say **Do them in order. Don't skip any.** Point to the first item omitted and say **Do this one next.**

Provide no other type of assistance except to remind the participant to continue until instructed to stop.

- 9. At the end of 120 seconds, say **STOP**.
- 10. After the baseline interview has been completed, use the Digit Symbol Scoring Template to score the worksheet. Place the template over the worksheet so that the numbered rows of the template cover the corresponding worksheet boxes. A response is scored as correct if it is clearly identifiable as the symbol on the template, even if the symbol is drawn imperfectly or if it is a correction of an initially incorrect symbol. Each correctly drawn symbol earns one point. Maximum score is 133 points.
- 11. Write the score on the bottom of the worksheet in the designated spot.
- 12. Enter the score in the Management Information System.
- 13. File the worksheet in the participant's casefile.

COMPOSITE INTERNATIONAL DIAGNOSTIC INTERVIEW (CIDI)

Thank you for agreeing to participate in this interview for the Supported Employment Demonstration, a research study by the Social Security Administration (SSA). I work for Westat, the research company that SSA has contracted to carry out this study.

The Supported Employment Demonstration seeks to find out if providing high quality employment services and behavioral health services helps people who were recently denied Social Security disability benefits find good jobs they want and function better overall in their daily lives. SSA also wants to know which services and treatments work best and what they cost.

This interview will last approximately 40 minutes and will ask questions about your mental and emotional health. Afterwards you will receive \$45 as a thank you for your time.

Your participation is voluntary. You can decide not to participate in this interview or stop participating without penalty. If you are appealing your denial or reapplying for SSA benefits, you can still participate in this interview and your participation will not affect your appeal or reapplication.

During this interview, you may experience anxiety, fatigue or frustration. If this happens, you can take a break, skip any section, or stop the interview. If you become particularly upset, I may offer to refer you to crisis management services that you can use if you wish.

Do you have any questions? [ANSWER ALL QUESTIONS] OK let's begin.

*SC19. (READ SLOWLY) This interview asks about your physical and emotional well-being and about areas of your life that could affect your physical and emotional well-being. It is important for us to get accurate information. In order to do this, you will need to think carefully before answering the following questions.

Are you willing to do this?

INTERVIEWER: PROBE NEGATIVE RESPONSES BY ASKING IF THERE IS A BETTER TIME TO COME BACK FOR THE INTERVIEW. REPEAT *SC19 AS NECESSARY. R MUST ANSWER AFFIRMATIVELY TO CONTINUE WITH THE INTERVIEW. TERMINATE IF R DOES NOT ANSWER AFFIRMATIVELY.

YES	1
NO	5
DON'T KNOW	8
REFUSED	9

MHQ: What is the main reason that you applied for Social Security Disability benefits?

INTERVIEWER: If respondent indicates any of the following, begin with that corresponding module once screener Is completed.

Otherwise, go in order below. Stop CIDI and move onto Baseline interview once first positive diagnosis is triggered

Depression

Generalized anxiety disorder

Panic disorder Social phobia

Agoraphobia

Neurasthenia [somatoform dx]

PTSD

OCD

Psychosis

Mania

Eating disorder

Explosive disorder

Personality screen then disorder

Specific phobia

INTERVIEWER: READ FOLLOWING QUESTIONS SLOWLY	YES (1)	NO (5)	DK (8)	RF (9)
*SC20. Have you ever in your life had an <u>attack of fear or panic</u> when all of a sudden you felt very frightened, anxious, or uneasy?	1 GO TO *SC20.1	5	8	9
*SC20a. Have you ever had an attack when all of a sudden • you became very uncomfortable, • you either became short of breath, dizzy, nauseous, or your heart pounded, • or you thought that you might lose control, die, or go crazy?	1	5	8	9
*SC20.1 Have you ever in your life had attacks of anger when all of a sudden you lost control and broke or smashed something worth more than a few dollars?	1	5	8	9
*SC20.2. Have you ever had attacks of anger when all of a sudden you lost control and hit or tried to hurt someone?	1 GO TO *SC21	5	8	9
*SC20.3 Have you ever had attacks of anger when all of a sudden you lost control and <u>threatened</u> to hit or hurt someone?	1	5	8	9
*SC21. Have you ever in your life had a period of time lasting several days or longer when most of the day you felt sad, empty or depressed?	1	5	8	9
*SC22. Have you ever had a period of time lasting several days or longer when most of the day you were very <u>discouraged</u> about how things were going in your life?	1	5	8	9
*SC23. Have you ever had a period of time lasting several days or longer when you <u>lost interest</u> in most things you usually enjoy like work, hobbies, and personal relationships?	1	5	8	9
*SC24. Some people have periods of time lasting four days or longer when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are unusual for them, such as driving too fast or spending too much money. Have you ever had a period like this lasting several days or longer?	1	5	8	9
*SC25. Have you ever had a period of time lasting four days or longer when most of the time you were very <u>irritable</u> , <u>grumpy</u> , or in a <u>bad mo</u> od?	1	5 GO TO *SC26	8 GO TO *SC26	9 GO TO *SC26
*SC25a. Have you ever had a period of time lasting four days or longer when most of the time you were so irritable that you either started arguments, shouted at people, or hit people?	1	5	8	9
*SC26. Did you ever have a time in your life when you were a "worrier" – that is, when you worried a lot more about things than other people with the same problems as you?	1 GO TO *SC27	5	8	9
*SC26a. Did you ever have a time in your life when you were much more <u>nervous or anxious</u> than most other people with the same problems as you?	1 GO TO *SC27	5	8	9
*SC26b. Did you ever have a period lasting one month or longer when you were anxious and worried most days?	1	5	8	9

			OUESTIONS	

*SC27. (RB, PG 1) The next questions are about things that make some people afraid even though they know there is no real danger. Looking at page 1 in your booklet, was there ever a time in your life when you had a strong fear of any of the following things?

		YES	NO	DK	RF
		(1)	(5)	(8)	(9)
*SC27a.	First, bugs, snakes, dogs, or any other animals?	1	5	8	9
	(KEY PHRASE: animals)	1	3	O .	
*SC27b.	Second, still water, like in a swimming pool or a lake, or				
	weather events, like <u>storms</u> , <u>th</u> under, or <u>lightning</u> ?	1	5	8	9
	(KEY PHRASE: water)				
*SC27c.	Third, going to the <u>dentist</u> or <u>doctor</u> , getting a <u>shot</u> or				
	<u>injection</u> , seeing <u>blood</u> or <u>injury</u> , or being in a hospital or	1	5	8	9
	doctor's office?	1	3	0	9
	(KEY PHRASE: blood, injury, or medical settings)				
*SC27d.	Fourth, <u>closed spaces</u> , like <u>caves</u> , <u>tunnels</u> , <u>closets</u> , or				
	<u>e</u> levators?	1	5	8	9
	(KEY PHRASE: closed spaces)				
*SC27e.	Fifth, <u>high places</u> like <u>ro</u> ofs, <u>b</u> alconies, <u>b</u> ridges, or				
	staircases?	1	5	8	9
	(KEY PHRASE: high places)				
*SC27f.	Sixth, <u>flying</u> or <u>airplanes</u> ?	1	5	8	9
	(KEY PHRASE: flying)	1	3	8	9

staircases?	1	5	8	9
(KEY PHRASE: high places)				
*SC27f. Sixth, flying or airplanes?	1	=	8	9
(KEY PHRASE: flying)	1	5	0	9
*SC27.1 INTERVIEWER CHECKPOINT (SEE *SC27 SERIES):				
AT LEAST ONE RESPONSE CODED '1'1				
ALL OTHERS5 GO	TO *SC29			
*SC27.2.You feared (KEY PHRASE OF ENDORSED ITEMS IN *SC2'	7a-*SC27f SE	RIES). Was th	ere ever a time	in your
life when you became very upset or nervous whenever you were				
	`			,
YES1				
NO5				
DON'T KNOW8				
REFUSED9				
*SC27.3. Did you ever stay away from (this situation/these situations) wh	enever you cou	ld because of y	our fear?	
YES1				
NO5				
DON'T KNOW8				
REFUSED9				
1000 ID 111				
*SC27.4 Do you think your fear was ever much stronger than it should ha	ve been?			
VEQ. 1				
YES1				
NO5				
DON'T KNOW8				
REFUSED9				

*SC28. INTERVIEWER CHECKPOINT (SEE *SC27.2, *SC27.3, *SC	C 27.4):			
(*SC27.2 EQUALS '1' OR *SC27.3 EQUALS '1') AND *SC2				
INTERVIEWER: READ FOLLOWING QUESTIONS SLOWLY.	YES (1)	NO (5)	DK (8)	RF (9)
*SC29. (RB, PG 2) Looking at page 2 in your booklet, was there ever a time in your life when you felt very afraid or really, really shy with people, like meeting new people, going to parties, going on a date, or using a public bathroom?	1 GO TO *SC29.1	5	8	9
*SC29a. Was there ever a time in your life when you felt very afraid or uncomfortable when you had to do something in front of a group of people, like giving a speech or speaking in class?	1	5 GO TO *SC30	8 GO TO *SC30	9 GO TO *SC30
*SC29.1. Was there ever a time in your life when you became very upsomer in a social situation/ ALL OTHERS: when you had to do s				henever you
YES				
*SC29.2. Did you ever stay away from (IF *SC29 EQUALS '1': social s something in front of a group) whenever you could because of y YES		OTHERS: sit	uations where y	you had to d
NO				
*SC29.3. Do you think your fear was ever much stronger than it should have	ave been?			
YES				
REFUSED9				
*SC29.4. INTERVIEWER CHECKPOINT (SEE * SC29.1, *SC29.2, *S (* SC29.1 EQUALS '1' OR * SC29.2 EQUALS '1') AND * SC 2		.'1' 1		
ALL OTHERS				
*SC30. (RB, PG 2) Looking at the bottom of page 2 in your booklet, wa either being in <u>crowds</u> , going to <u>public places</u> , traveling <u>by yours</u>				afraid of
YES	*SC31 *SC31			

GO TO *SC31

REFUSED.....9

*SC30.	1. Was there ever a time in your places, or traveling?	life when you became very upset or n	ervous v	whenever you were in crowds, public
	YES			
	DON'T KNOWREFUSED			
*SC30.	2. Did you ever stay away from	these situations whenever you could b	ecause o	of your fear?
	YES	1		
	NO			
	DON'T KNOWREFUSED			
*SC30	3. Do you think your fear was e	ver much stronger than it should have	been?	
	YES	1		
	NO			
	DON'T KNOW REFUSED			
*SC36.	INTERVIEWER CHECKPOI	NT: (SEE *SC20, *SC20a, *SC21, * *SC26, *SC26a, *SC26b, *SC		
	FOLLOW SKIP FOR FIRST	ENDORSED ITEM.		
	*SC21 EQUALS '1'		1	GO TO *D1, NEXT SECTION
	*SC22 EQUALS '1'		2	GO TO *D2
	*SC23 EQUALS '1'		3	GO TO *D9
	*SC24 EQUALS '1'		4	GO TO *M1
	*SC25a EQUALS '1'		5	GO TO *M5
	*SC20 EQUALS '1'		6	GO TO *PD1 INTRO 1
	*SC20a EQUALS '1'		7	GO TO *PD1 INTRO 2
	*SC28 EQUALS '1'		8	GO TO *SP1
	*SC29.4 EQUALS '1'		9	GO TO *SO1
	*SC30.4 EQUALS '1'		10	GO TO *AG1
	*SC26 EQUALS '1'		11	GO TO *G1 INTRO 1
	*SC26a EQUALS '1'		12	GO TO *G1 INTRO 2
	*SC26b EQUALS '1'		13	GO TO *G1 INTRO 3
	ALL OTHERS		14	GO TO *IED1

DEPRESSION (D)

	cioned having periods that lasted several days or longer when you felt sad, empty, aring episodes of this sort, did you ever feel discouraged about how things were
YES1	
NO5	GO TO *D1b
DON'T KNOW8	GO TO *D1b
REFUSED9	GO TO *D1b
*D1a. During the episodes of be hobbies, and other things	ring sad, empty, or depressed, did you ever lose interest in most things like work, you usually enjoy?
YES	GO TO *D4 GO TO *D4
*D1b. During the episodes of being hobbies, and other things	ing sad, empty, or depressed, did you ever lose interest in most things like work, you usually enjoy?
YES1	CO TO *D5
NO 5	
DON'T KNOW 8	
REFUSED9	
	tioned having periods that lasted several days or longer when you felt discouraged your life. During episodes of this sort, did you ever lose interest in most things like you usually enjoy?

*D3. INTERVIEWER INSTRUCTION:

REFUSED......9

USE KEY PHRASE "SAD, DISCOURAGED, OR UNINTERESTED" THROUGHOUT THE SECTION ${\bf GO~TO~*D12}$

*D4. INTERVIEWER INSTRUCTION:

USE KEY PHRASE "SAD OR DISCOURAGED" THROUGHOUT THE SECTION $\mathbf{GO}~\mathbf{TO}~\mathbf{*D12}$

GO TO *D8

*D5.	INTERVIEWER INSTRUCTION:
	USE KEY PHRASE "SAD OR UNINTERESTED" THROUGHOUT THE SECTION GO TO *D12
*D6.	INTERVIEWER INSTRUCTION:
	USE KEY PHRASE "SAD" THROUGHOUT THE SECTION GO TO *D12
*D7.	INTERVIEWER INSTRUCTION:
	USE KEY PHRASE "DISCOURAGED OR UNINTERESTED" THROUGHOUT THE SECTION GO TO *D12
*D8.	INTERVIEWER INSTRUCTION:
	USE KEY PHRASE "DISCOURAGED" THROUGHOUT THE SECTION GO TO *D12
	Earlier in the interview, you mentioned having periods that lasted several days or longer when you lost interest in most things like work, hobbies, and other things you usually enjoy. Did you ever have a period of this sort that lasted most of the day nearly every day for two weeks or longer? YES
	*D9a. What is the longest period of days you ever had when you lost interest in most things you usually enjoy?
	INTERVIEWER: "LESS THAN ONE DAY" CODE 0
	NUMBER
	CIRCLE UNIT OF TIME: DAYS1 WEEKS2 MONTHS3 YEARS 4
	PROBE DK: Was it three days or longer?
	DON'T KNOW998 REFUSED999
	USE THE KEY PHRASE "UNINTERESTED" THROUGHOUT THE SECTION GO TO *D10
*D10.	INTERVIEWER CHECKPOINT: (SEE *D9a)
	DURATION OF 3 DAYS OR LONGER

*D11. INTERVIEWER INSTRUCTION: USE KEY PHRASE "UNINTERESTED" THROUGHOUT THE SECTION ${\bf GO\ TO\ *D16}$

*D12. l	Did you ever have a period of being (sad nearly every day, for two weeks or lor	/or/discouraged/or/uninterested in things) that lasted most of the day,						
	YES	GO TO *D16						
	DON'T KNOW							
	*D12a. How long was the longest per (sad/or/discouraged/or/uninter INTERVIEWER: "LESS TH							
	DAYS							
	DON'T KNOW 998 REFUSED99	99						
*D13.]	INTERVIEWER CHECKPOINT: (SEE	*D12a)						
	DURATION OF 3 DAYS OR LONG ALL OTHERS							
*D14.	Did you ever have a year or more in your life when you had several different episodes of being (sad/or/discouraged/or/uninterested) each of which lasted several days or longer?							
	YES1							
	NO5 DON'T KNOW8	GO TO *D87.1 GO TO *D87.1						
	REFUSED 9	GO TO *D87.1						
	*D14a. Did you ever have a year or mo	re in your life when just about every month you had an episode of this sort?						
	YES1							
	NO5	GO TO *D87.1						
	DON'T KNOW8 REFUSED9	GO TO *D87.1 GO TO *D87.1						
*D15.	most severe and frequent. During those	onger when (this problem/these problems) with your mood (was/were) times, did your feelings of (sadness/or/discouragement/or/lack of interest) and 3 hours, between 3 and 5 hours, or more than 5 hours?						
	LESS THAN 1 HOUR	1 GO TO D87.1						
	BETWEEN 1 AND 3 HOURS							
	BETWEEN 3 AND 5 HOURS							
	MORE THAN 5 HOURS DON'T KNOW							
	REFUSED							
INTER	VIEWER: ASK ABOUT PERIODS LA	ASTING "SEVERAL DAYS OR LONGER" FOR THE REMAINDER OF						

GO TO *D17

THE SECTION.

*D16. 7	Think of times lasting two weeks or longer when (this problem/these problems) with your mood (was/were) most <u>severe and frequent</u> . During those times, did your feelings of (sadness/or/discouragement/or/lack of interest) usually last less than 1 hour, between 1 and 3 hours, between 3 and 5 hours, or more than 5 hours?
	LESS THAN 1 HOUR
	OF THE SECTION.
*D17.	How severe was your emotional distress during those times mild, moderate, severe, or very severe?
	MILD
*D18.	How often, during those times, 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
*D19.	How often, during those times, 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
*D20.	INTERVIEWER CHECKPOINT: (SEE *D17, *D18, *D19)
	*D17 EQUALS '1' <u>AND</u> *D18 EQUALS '4' <u>AND</u> *D19 EQUAL '4'1 GO TO *D87.1 ALL OTHERS

*D21.	same tir	with episodes of being (sad/or/discouraged/or/uninterested) often have other problems at the me. These include things like changes in sleep, appetite, energy, the o concentrate and remember, feelings of low self-worth, and other problems. Did you ever have any of oblems during one of your episodes of being (sad/or/discouraged/or/uninterested)?
	NO DON'T	
*D22.	days/two	SLOWLY) Please think of an episode of being (sad/or/discouraged/or/uninterested) lasting (several o weeks) or longer when you also had the <u>largest number</u> of these other problems at the same time. Is there icular episode of this sort that stands out in your mind as the worst one you ever had?
		1
	DON'T	
	*D22a.	How old were you when that worst episode started?
		YEARS OLD DON'T KNOW998 REFUSED999
	*D22b.	How long did that worst episode last? NUMBER GO TO *D23
		CIRCLE UNIT OF TIME: DAYS1 WEEKS2 MONTHS3 YEARS4
		DON'T KNOW
	*D22c.	Then think of the last time you had a bad episode [of being (sad/or/discouraged/or/uninterested)] like this. How old were you when that last episode occurred?
		YEARS OLD
		DON'T KNOW998 REFUSED999
	*D22d.	How long did that episode last?
		NUMBER
		CIRCLE UNIT OF TIME: DAYS1 WEEKS2 MONTHS
		DON'T KNOW98 REFUSED99

*D23. Was there something going on in your life shortly before that episode started that caused it to occur?

DON'T	
*D23a.	(RB, PG 3) (IF NEC: [Look at page 3 in your booklet.] Briefly, what was going on that caused the episode to occur?)
	CIRCLE ALL MENTIONS.
STRESS	
	OVERWORK1
	TENSION2
	DEATH OF LOVED ONE
	MARITAL SEPARATION/DIVORCE4 JOB LOSS
	STRESS6
	OTHER STRESSFUL EXPERIENCE (SPECIFY BELOW)7
PHYSIC	AL ILLNESS/INJURY/CONDITION
TITISIC	EXHAUSTION
	MENSTRUAL CYCLE11
	PREGNANCY/POSTPARTUM12
	HEART DISEASE13
	THYROID DISEASE
	CANCER
	OVERWEIGHT16 OTHER PHYSICAL ILLNESS OR INJURY
	(SPECIFY BELOW)17
OTHER	
OTTILK	OTHER (SPECIFY BELOW)82
	DON'T KNOW98
	REFUSED99
SPECIF	Y

*D24.	(RB, PG 4. FOR EACH ITEM ENDORSED, ASK R TO MARK IT IN booklet. In answering the next questions, think about the period of (severa that episode when your (sadness/and/discouragement/and/loss of interest) severe and frequent. During that period, which of the following problems every day:	al days/tv and othe	wo weeks) er problem	or longer of	during st
		YES (1)	NO (5)	DK (8)	RF (9)
*D24a.	Did you feel sad, empty, or depressed most of the day nearly every day during that period of (several days/ two weeks) or longer?	1	5	8	9
			GO TO *D24c	GO TO *D24c	GO TO *D24c
*D24b.	Did you feel so sad that nothing could cheer you up nearly every day?	1	5	8	9
*D24c.	During that period of (several days/ two weeks) or longer, did you feel discouraged about how things were going in your life most of the day	1	5	8	9
	nearly every day?		GO TO *D24e	GO TO *D24e	GO TO *D24e
*D24d.	Did you feel hopeless about the future nearly every day?	1	5	8	9
*D24e.	During that period of (several days/ two weeks) or longer, did you lose interest in almost all things like work and hobbies and things you like to do for fun?	1	5	8	9
*D24f.	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

25.	INTERVIEWER CHECKPOINT: (SEE *D24a-*D24f)		
	ONE OR MORE RESPONSES CODED '1'	1	
	ALL OTHERS	2	CO TO *D87 1

*D26. (RB, PG 4-5. FOR EACH ITEM ENDORSED, ASK R TO MARK IT IN THE RB.)	YES (1)	NO (5)	DK (8)	RF (9)
*D26a. Did you have a much smaller appetite than usual nearly every day during that period of (several days/ two weeks)?	1	5	8	9
	GO TO *D26e			
*D26b. Did you have a much <u>larger</u> appetite than usual nearly every day?	1	5	8	9
*D26c. Did you gain weight without trying to during that period of (several days/ two weeks)?	1	5	8	9
IF R REPORTS BEING PREGNANT OR GROWING, CODE "7" AND GO TO *D26g		GO TO *D26e	GO TO *D26e	GO TO *D26e
*D26d. How much did you gain?				
NUMBER GO TO *26g				
CIRCLE UNIT OF MASS: POUNDS1 GO TO *26g KILOS2 GO TO *26g			998	999
* D26e. Did you <u>lose</u> weight without trying to?	1	5	8	9
IF R REPORTS BEING ON A DIET OR PHYSICALLY ILL, CODE "NO" AND GO TO * D26g		GO TO	GO TO	GO TO
		*D26g	*D26g	*D26g
*D26f. How much did you lose?				
NUMBER			998	999
CIRCLE UNIT OF MASS: POUNDS1 KILOS2				
*D26g. Did you have a lot more trouble than usual either falling asleep, staying asleep, or waking too early nearly every night during that period of (several days/ two weeks)?	1	5	8	9
	GO TO *D26i			
*D26h. Did you sleep a lot more than usual nearly every night during that period of (several days/ two weeks)?	1	5	8	9
	GO TO *D26j			
*D26i. Did you sleep much less than usual and still not feel tired or sleepy?	1	5	8	9

	YES (1)	NO (5)	DK (8)	RF (9)
*D26j. Did you feel tired or low in energy nearly every day during the period of (several days/ two weeks) even when you had not be working very hard?	een 1	5	8	9
	GO TO *D261			
*D26k. Did you have a lot <u>more</u> energy than usual nearly every day do that period of (several days/ two weeks)?	uring 1	5	8	9
*D261. Did you talk or move more slowly than is normal for you near every day?	rly 1	5	8	9
		GO TO *D26n	GO TO *D26n	GO TO *D26n
*D26m. Did anyone else notice that you were talking or moving slowl	y? 1	5	8	9
	GO TO *D26p	GO TO *D26p	GO TO *D26p	GO TO *D26p
*D26n. Were you so restless or jittery nearly every day that you paced and down or couldn't sit still?	d up	5	8	9
		GO TO *D26p	GO TO *D26p	GO TO *D26p
*D26o. Did anyone else notice that you were restless?	1	5	8	9
*D26p. Did your thoughts come much more slowly than usual or seen mixed up nearly every day during that period of (several days, weeks)?		5	8	9
	GO TO *D26r			
*D26q. Did your thoughts seem to jump from one thing to another or through your head so fast you couldn't keep track of them?	race 1	5	8	9
*D26r. Did you have a lot more trouble concentrating than is normal you nearly every day?	for 1	5	8	9
*D26s. Were you unable to make up your mind about things you orden have no trouble deciding about?	inarily 1	5	8	9
*D26t. Did you lose your self-confidence?	1	5	8	9
*D26u. Did you feel that you were not as good as other people nearly eday?	every 1	5	8	9
		GO TO *D26w	GO TO *D26w	GO TO *D26w
*D26v. Did you feel totally worthless nearly every day?	1	5	8	9

	YES (1)	NO (5)	DK (8)	RF (9)
*D26w. Did you have feelings of extreme guilt nearly every day?	1 GO TO *D26x	5	8	9
*D26w.1. Did you feel a lot more guilty than you should have nearly every day?	1	5	8	9
*D26x. Did you feel irritable, grouchy, or in a bad mood nearly every day?	1	5	8	9
*D26y. Did you feel nervous or anxious most days?	1	5	8	9
*D26z. During that time, did you have any sudden attacks of intense fear or panic?	1	5	8	9
*D26aa. Did you often think a lot about death, either your own, someone else's, or death in general?	1	5	8	9
*D26bb. During that period, did you ever think that it would be better if you were dead?	1	5	8	9
*D26cc. Did you think about committing suicide?	1	5	8	9
		GO TO *D26ff	GO TO *D26ff	GO TO *D26ff
*D26dd. Did you make a suicide plan?	1	5	8	9
*D26ee. Did you make a suicide attempt?	1	5	8	9
*D26ff. Did you feel that you could not cope with your everyday responsibilities?	1	5	8	9
*D26gg. Did you feel like you wanted to be alone rather than spend time with friends or relatives?	1	5	8	9
*D26hh. Did you feel less talkative than usual?	1	5	8	9
*D26ii. Were you often in tears?	1	5	8	9

*D27. INTERVIEWER CHECKPOINT: (SEE *D24 - *D26ii)

PROGRAMMER: IF AT LEAST ONE '1' RESPONSE IN *D24a- *D24d, INCREMENT COUNT BY ONE. IF AT LEAST ONE '1' RESPONSE IN *D24e- *D24f, INCREMENT COUNT BY ONE. INCREMENT COUNT BY ONE FOR EACH '1' RESPONSE IN *D26a - *D26ii.

COUNT EQUALS TWO OR MORE	
ALL OTHERS2	GO TO *D87.1

*D28.	(sadness/or/discouragement/or/lack of interest) and these other problems interfere with either your life, or your personal relationships during that episode—not at all, a little, some, a lot, or extremely			
		Γ ALL LE		GO TO *D29 GO TO *D29
		MELY		
		KNOW		
	REFUS	ED	9	GO TO *D29
	*D28a.			were you unable to carry out your daily activities because of your /lack of interest) – often, sometimes, rarely, or never?
		OFTEN	1	
		SOMETIMES	2	
		RARELY	3	
		NEVER		
		DON'T KNOW		
		REFUSED	9	
			nany dif	then you no longer have the problems for two weeks in a row. With this ferent episodes did you ever have in your entire life?
		DON'T KNOWREFUSED		
	*D29a.	use of medication, drug [IF * D24a EQUALS '1	gs, or ald l': sadne	s occur as a result of physical causes such as physical illness or injury or the cohol. Do you think your [IF D29= '1': episode/or/IF D29>1: episodes] of ess/ or/ IF *D24c EQUALS: discouragement/ or/ IF *D24e EQUALS '1': as the result of such physical causes?
		YES	1	
		NO		GO TO *D29d
		DON'T KNOW		GO TO *D29d
		REFUSED		GO TO *D29d
	*D29b.	Do you think your [IF I causes?	D29= '1	': episode was/or/IF D29>1: episodes were] <u>always</u> the result of physical
		YES	1	
		NO		GO TO *D29d
		DON'T KNOW		GO TO *D29d
		REFUSED		GO TO *D29d
	*D29c.	Briefly, what do you th	ink the j	physical cause was?

	*D29d. INTERVIEWER CHECKPOINT (SEE *D29)
	* D29 EQUALS "1"
*D37d.	Episodes of feeling (sad/or/discouraged/or/uninterested) sometimes occur "out of the blue", other times they occur after the death of someone close to you, and other times they occur in response to some stressful experience. What about (your/the very first time you had an) episode of this sort – did it start out of the blue, after the death of someone close to you, or did it start in response to some stressful experience that occurred to you?
	OUT OF THE BLUE
*D37e.	INTERVIEWER CHECKPOINT: (SEE *D29)
	* D29 EQUALS "1 - 3"
*D37f.	As we just mentioned, episodes of feeling (sad/or/discouraged/or/uninterested) sometimes occur "out of the blue" and other times they occur in response to some stressful experience and sometimes after the death of someone close to you. Including your first episode, about how many of your lifetime episodes started out of the blue, about how many episodes started in response to some stressful experience, and about how many episodes started after the death of someone close to you?
	*D37f.1NUMBER OUT OF THE BLUE DON'T
	KNOW 998 REFUSED999
	*D37f.2NUMBER IN RESPONSE TO STRESS DON'T
	KNOW 998 REFUSED999
	*D37f.3NUMBER AFTER THE DEATH OF SOMEONE CLOSE TO YOU DON'T
	KNOW 998 REFUSED999
*D37g.	INTERVIEWER CHECKPOINT: (SEE *D29)
	* D29 EQUALS "1"

	YES1 GO TO *D38a
	NO5 DON'T KNOW8
	REFUSED9
*D38.1.	INTERVIEWER CHECKPOINT: (SEE *D29)
	*D29 LIFETIME EPISODES EQUALS "1-3"
	*D38a. How recently – in the past month, two to six months ago, or more than six months ago?
	PAST MONTH1
	2-6 MONTHS AGO2 MORE THAN 6 MONTHS AGO3
	DON'T KNOW8
	REFUSED9
	*D38a.1. When I use the word "episode" in the next questions, I mean a time lasting (several days/two weeks) or longer when nearly every day you were (sad/or/discouraged/or/uninterested) and also had some of the other problems. The episode ends when you no longer have the problems for two weeks in a row. With this definition in mind, how many different episodes did you have in the past 12 months?
	NUMBER
	DON'T KNOW998 REFUSED999
	*D38a.2. INTERVIEWER CHECKPOINT: (SEE *D38a.1)
	*D38a.1 EQUALS '1'
	*D38a.3. In what month did that episode start?
	MONTH YEAR
	DON'T KNOW998 REFUSED999
	*D38a.5. INTERVIEWER CHECKPOINT: (SEE * D38a)

*D38a.6. Ha	s this episode <u>ended</u> or is it still going on?
ENI	DED1
	LL GOING ON5
	N'T KNOW8
	USED9
	GO TO D38b
*D38a.7. Ho	ow long did the first of these (NUMBER FROM *D38a.1) episodes last?
	NUMBER
CII	RCLE UNIT OF TIME: DAYS 1 WEEKS 2 MONTHS 3 YEARS 4
DO	N'T KNOW998
	FUSED999
*D38a.8. II	NTERVIEWER CHECKPOINT: (SEE *D38a)
D38	Ba EQUALS '1'1
AL	L OTHERS
*D38a.9. Ha	s the most <u>recent</u> episode ended or is it still going on?
I	ENDED1
	STILL GOING ON5
	OON'T KNOW8
I	REFUSED9
*D38b. Abo	out how many days out of the last 365 were you in an episode?
	DAYS
	N'T KNOW 998 FUSED 999
D38b.1. INT	TERVIEWER CHECKPOINT: (SEE *D29)
*D2	9 EQUALS '1'1 GO TO *D62.2
	9 EQUALS '2' or '3' 2 GO TO *D54
AL	L OTHERS 3 GO TO *D39
*D62.1. INTERVIEW	VER CHECKPOINT: (SEE *D38)
* D38 EQU <i>A</i>	LS '1'1
ALL OTHE	RS2 GO TO *D72

R CAN READ1	
ALL OTHERS2	GO TO *D64

*D62.3. (RB, PG 6-8) For the next questions I need you to think about the period of (several days/two weeks) or more during the <u>past 12 months</u> when your (sadness/or/discouragement/or/lack of interest) was most <u>severe and frequent</u>. Please read each of the fourteen sets of statements on page 6-8 in your booklet and circle the one response for each of the fourteen that best describes how you were during those (several days/two weeks). As you finish each set, please tell me the number of the statement you have circled.

GO TO *D64a

*D64. (RB, PG 6-8) For the next questions I need you to think about the period of (several days/two weeks) or more during the <u>past 12 months</u> when your (sadness/or/discouragement/or/lack of interest) was most <u>severe and frequent</u>. I'm going to read fourteen series of statements. Please pick the one statement in each series that comes closest to your experience during that worst (several days/two weeks).

*D64a. Here's the first series, which deals with problems falling asleep:

One: You never took longer than 30 minutes to fall asleep.

Two: You took at least 30 minutes to fall asleep, less than half the time.

Three: You took at least 30 minutes to fall asleep, more than half the time.

Four: You took more than 60 minutes to fall asleep, more than half the time.

(IF NEC: Which of these four statements was most true of you during your worst (several days/two weeks) of being (sad/or/discouraged/or/uninterested) in the past 12 months?)

	NUMBER
DON'T KNOW	998
REFUSED	999

*D64b. Here's the next series, which deals with waking up at night:

One: You did not wake up at night.

Two: You had a restless, light sleep with few brief awakenings each night. Three: You woke up at least once a night, but you got back to sleep easily.

Four: You woke up more than once a night and stayed awake for 20 minutes or more, more than half the time.

(IF NEC: Which of these four statements was most true of you during your worst (several days/two weeks) of being (sad/or/discouraged/or/uninterested) in the past 12 months?)

	NUMBER
	DON'T KNOW
*D64c.	Here's the next series, which deals with waking up too early in the morning:
	One: Most of the time, you woke up no more than 30 minutes before you needed to get up. Two: More than half the time, you woke up more than 30 minutes before you needed to get up. Three: You almost always woke up at least one hour or so before you needed to, but you went back to sleep eventually. Four: You woke up at least one hour before you needed to and couldn't get back to sleep.
	(IF NEC: Which of these four statements was most true of you during your worst (several days/two weeks) of being (sad/or/discouraged/or/uninterested) in the past 12 months?)
	NUMBER
	DON'T KNOW
*D64d.	Here's the next series, which deals with the amount of sleep you got each night:
	One: You slept no longer than 7-8 hours/night, without napping during the day. Two: You slept no longer than 10 hours in a 24-hour period including naps. Three: You slept no longer than 12 hours in a 24-hour period including naps. Four: You slept longer than 12 hours in a 24-hour period including naps.
	(IF NEC: Which of these four statements was most true of you during your worst (several days/two weeks) of being (sad/or/discouraged/or/uninterested) in the past 12 months?)
	NUMBER
	DON'T KNOW
*D64e.	Here's the next series, which deals with feeling sad:
	One: You did not feel sad. Two: You felt sad less than half the time. Three: You felt sad more than half the time. Four: You felt sad nearly all the time.
	(IF NEC: Which of these four statements was most true of you during your worst (several days/two weeks) of being (sad/or/discouraged/or/uninterested) in the past 12 months?)
	NUMBER
	DON'T KNOW

*D64f. Here's the next series, which deals with your ability to concentrate and make decisions:

	One: Two:	There was no change in your usual capacity to concentrate or make decisions. You occasionally felt indecisive or found that your attention wandered.
		Most of the time, you struggled to focus your attention or to make decisions.
		You couldn't concentrate well enough to read or you couldn't make even minor decisions.
	rour.	Tou couldn't concentrate wen chough to read of you couldn't make even minor decisions.
		C: Which of these four statements was most true of you during your worst (several days/two weeks) of sad/or/discouraged/or/uninterested) in the past 12 months?)
		NUMBER
	DON'T	「KNOW998
		SED
	ILLI OL	,
*D64g.	Here's	the next series, which deals with feeling down on yourself:
	One:	You saw yourself as equally worthwhile and deserving as other people.
		You were more self-blaming than usual.
		You largely believed that you caused problems for others.
	Four:	You thought almost constantly about major and minor defects in yourself.
		C: Which of these four statements was most true of you during your worst (several days/two weeks) of sad/or/discouraged/or/uninterested) in the past 12 months?)
		NUMBER
	DON'T	「KNOW998
		SED
	1010	
kDC41-	Hana'a	
D04II.	nere s	the next series, which deals with your interest in daily activities:
		There was no change from usual in how interested you were in other people or activities.
		You noticed that you were less interested in people or activities.
		You found you had interest in only one or two of your formerly pursued activities.
	Four:	You had virtually no interest in formerly pursued activities.
	(IF NE	C: Which of these four statements was most true of you during your worst (several days/two weeks) of
		sad/or/discouraged/or/uninterested) in the past 12 months?)
	oems (sad of discouraged of difficerested) in the past 12 months.)
		NUMBER
	DON'T	「KNOW998
		SED 999

*D64i. Here's the next series, which deals with your energy:

One: There was no change in your usual level of activity.

Two: You got tired more easily than usual.

Three: You had to make a big effort to start or finish your usual daily activities (for example, shopping,

homework, cooking, or going to work).

Four: You really couldn't carry out most of your usual daily activities because you just didn't have the energy.

(IF NEC: Which of these four statements was most true of you during your worst (several days/two weeks) of being (sad/or/discouraged/or/uninterested) in the past 12 months?)

N	IUMBER
DON'T KNOW	998
REFUSED	999

*D64j. Here's the next series, which deals with a change in your appetite:

One: There was no change in your usual appetite.

Two: You ate somewhat less often or lesser amounts of food than usual.

Three: You ate much less than usual and only with personal effort.

Four: You rarely ate within a 24-hr period, and only with extreme personal effort or when others persuaded you

to eat.

Five: You felt a need to eat more frequently than usual.

Six: You regularly ate more often and/or greater amounts of food than usual

Seven: You felt driven to overeat both at mealtime and between meals.

(IF NEC: Which of these seven statements was most true of you during your worst (several days/two weeks) of being (sad/or/discouraged/or/uninterested) in the past 12 months?)

	NUMBER
DON'T KNOW	998
REFLISED	990

*D64k. Here's the next series, which deals with changes in your weight:

One: You did not have a change in your weight. Two: You felt as if you had a slight weight loss.

Three: You lost 2 pounds or more. Four: You lost 5 pounds or more.

Five: You felt as if you had a slight weight gain.

Six: You gained 2 pounds or more. Seven: You gained 5 pounds or more.

(IF NEC: Which of these seven statements was most true of you during your worst (several days/two weeks) of being (sad/or/discouraged/or/uninterested) in the past 12 months?)

NUMBE	R
DON'T KNOW	998
REFUSED	999

NUMBER

*D641.	Here's th	ne next series, which deals with thoughts of death or suicide:
	One: Two: Three: Four:	You did not think of suicide or death. You felt that life was empty or wondered if it was worth living. You thought of suicide or death several times a week for several minutes. You thought of suicide or death several times a day in some detail, or you made specific plans for suicide or actually tried to take your own life.
		C: Which of these four statements was most true of you during your worst (several days/two weeks) of ad/or/discouraged/or/uninterested) in the past 12 months?)
		NUMBER
		KNOW
*D64m.	Here's	s the next series, which deals with feeling slowed down:
	One:	You thought, spoke, and moved at your usual rate of
	speed. Two: Three: Four:	You found that your thinking was slowed down or your voice sounded dull or flat. It took you several seconds to respond to most questions, and you're sure your thinking was slowed. You were often unable to respond to questions without extreme effort.
		C: Which of these four statements was most true of you during your worst (several days/two weeks) of ad/or/discouraged/or/uninterested) in the past 12 months?)
		NUMBER
		KNOW
*D64n.	Here's	the last series, which deals with feeling restless:
	One: Two: Three: Four:	You did not feel restless. You were often fidgety, wringing your hands, or needing to shift how you were sitting. You had impulses to move about and were quite restless. At times, you were unable to stay seated and needed to pace around.
		C: Which of these four statements was most true of you during your worst (several days/two weeks) of sad/or/discouraged/or/uninterested) in the past 12 months?)

In	No terference		Mild			Moderat	e		Severe		Very Severe Interference
	0	1	2	3	4	5	6	7	8	9	10
966.	(sadness/booklet,	or/discou where 0 r ur (sadne	ragement neans <u>no</u>	/or/lack of interfered	of interest nce and 1	t) was mo 0 means	ost severe very <u>seve</u>	e. Using tere interfe	erence, wh	scale on the state of the state	en your on page 9 of your ber describes how owing activities duri
	(IF NEC			our (sadn	ess/or/dis	scouragei	ment/or/la	ack of int	erest) inte	rfere w	ith (ACTIVITY)
	(IF NEC	: You can	n use any	number l	between (0 and 10	to answer	r.)			
]	NUMB	ER (0-10)
	*D66a.		ome mana g, and wo)?				partment))			
								DON	'T KNOW	V	97 98 99
	*D66b.	Your ab	oility to wo	ork?							
								DON	'T KNOW	V	97 98 99
	*D66c.		ility to fo			close					
								DON	'T KNOW	V	97 98 99
	*D66d.	Your so	cial life?								
								DON	'T KNOW	V	97 98 99
D67.	INTERV	TEWER (СНЕСКР	OINT: (S	SEE * D 6	6a - *D66	6d)				
			S EQUAI					1	നേ '	ΓΟ *D7	72

*D68.		now many days out of 365 in the past 12 months were you totally unable to work or carry out your normal es because of your (sadness/or/discouragement/or/lack of interest)?
	(IF NEC	C: You can use any number between 0 and 365 to answer.)
		NUMBER OF DAYS
		KNOW 998 ED 999
*D72.	(sadness	a <u>ever</u> in your life talk to a medical doctor or other professional about your s/or/discouragement/or/ lack of interest)? (By professional we mean psychologists, counselors, spiritual s, herbalists, acupuncturists, and other healing professionals.)
	YES	1
	DON'T	
	*D72a.	How old were you the <u>first time</u> [you talked to a professional about your (sadness/or/discouragement/or/lack of interest)]?
		YEARS OLD
		DON'T KNOW998 REFUSED999
*D84.	Did you	ever get treatment for your (sadness/or/discouragement/or/lack of interest) that you considered <u>helpful</u> tive?
	YES	1
	NO	5 GO TO *D84c
		KNOW
	REFUS	ED
	*D84a.	How old were you the $\underline{\text{first time [you got } \underline{\text{helpful treatment for your (sadness/or/ discouragement/or/lack of interest)]?}}$
		YEARS OLD
		DON'T KNOW998
		REFUSED999
	*D84b.	How many professionals did you <u>ever talk</u> to about your (sadness/or/discouragement/or/lack of interest), up to and including the first time you got helpful treatment?
		NUMBER OF PROFESSIONALS GO TO *D86
		DON'T KNOW98 GO TO *D86 REFUSED99 GO TO *D86
	*D84c.	How many professionals did you <u>ever_talk</u> to about your (sadness/or/discouragement/or/lack of interest)?
		NUMBER OF PROFESSIONALS
		DON'T KNOW98 REFLISED 99

6464 Supported Employment Demonstration Attachment K. CIDI 05-03-17

D86.	Did you receive professional treatment for your (sadness/or/discouragement/or/lack of interest) at any time in the past 12 months?
	YES
D87. V	Vere you ever hospitalized overnight for your (sadness/or/discouragement/or/lack of interest)?
	YES
	*D87a. How old were you the first time [you were hospitalized overnight because of your (sadness/or/discouragement/or/lack of interest)]?
	YEARS OLD
	DON'T KNOW998 REFUSED999
	REI USED
D87.1	How many of your close relatives – including your biological parents, brothers, sisters, and children – ever had episodes of being (sad/or/discouraged/or/uninterested in things) that either caused them a lot of distress or that interfered with their lives?
D87.1	How many of your close relatives – including your biological parents, brothers, sisters, and children – ever had episodes of being (sad/or/discouraged/or/uninterested in things) that either caused them a lot of distress or that
D87.1	How many of your close relatives – including your biological parents, brothers, sisters, and children – ever had episodes of being (sad/or/discouraged/or/uninterested in things) that either caused them a lot of distress or that interfered with their lives?
D87.1	How many of your close relatives – including your biological parents, brothers, sisters, and children – ever had episodes of being (sad/or/discouraged/or/uninterested in things) that either caused them a lot of distress or that interfered with their lives?
	How many of your close relatives – including your biological parents, brothers, sisters, and children – ever had episodes of being (sad/or/discouraged/or/uninterested in things) that either caused them a lot of distress or that interfered with their lives? NUMBER DON'T KNOW
	How many of your close relatives – including your biological parents, brothers, sisters, and children – ever had episodes of being (sad/or/discouraged/or/uninterested in things) that either caused them a lot of distress or that interfered with their lives?
	How many of your close relatives – including your biological parents, brothers, sisters, and children – ever had episodes of being (sad/or/discouraged/or/uninterested in things) that either caused them a lot of distress or that interfered with their lives? NUMBER DON'T KNOW
	How many of your close relatives – including your biological parents, brothers, sisters, and children – ever had episodes of being (sad/or/discouraged/or/uninterested in things) that either caused them a lot of distress or that interfered with their lives? NUMBER DON'T KNOW
	How many of your close relatives – including your biological parents, brothers, sisters, and children – ever had episodes of being (sad/or/discouraged/or/uninterested in things) that either caused them a lot of distress or that interfered with their lives?
	How many of your close relatives – including your biological parents, brothers, sisters, and children – ever had episodes of being (sad/or/discouraged/or/uninterested in things) that either caused them a lot of distress or that interfered with their lives?
	How many of your close relatives – including your biological parents, brothers, sisters, and children – ever had episodes of being (sad/or/discouraged/or/uninterested in things) that either caused them a lot of distress or that interfered with their lives?

GENERALIZED ANXIETY DISORDER SECTION (G)

*G1 INTRO 1. (RB, PG 18-19)

Earlier you mentioned having a time in your life when you were "a worrier". The next questions are about that time. Looking at pages 18-19 in your booklet, what sorts of things were you worried or nervous or anxious about during that time?

*G1 INTRO 2. (RB, PG 18-19)

Earlier you mentioned having a time in your life when you were much more nervous or anxious than most other people. The next questions are about that time. Looking at pages 18-19 in your booklet, what sorts of things were you nervous or anxious about during that time?

*G1 INTRO 3. (RB, PG 18-19)

Earlier you mentioned having a period lasting one month or longer when you were anxious or worried most days. The next questions are about that time. Looking at pages 18-19 in your booklet, what sorts of things were you anxious or worried about during that time?

PROBE FOR UP TO THREE EXAMPLES: Anything else [that made you (worried or anxious/nervous or anxious/anxious or worried)]?

CIRCLE ALL MENTIONS.

DIFFUSE WORRIES

NOTHING IN PARTICULAR	2
PERSONAL PROBLEMS	
FINANCES	
SUCCESS AT SCHOOL OR WORK	4
SOCIAL LIFE	5
LOVE LIFE	
RELATIONSHIPS AT SCHOOL OR WORK	7
RELATIONSHIPS WITH FAMILY	
PHYSICAL APPEARANCE	9
PHYSICAL HEALTH	10
MENTAL HEALTH	11
SUBSTANCE USE	12
OTHER PERSONAL PROBLEMS (SPECIFY)	13
PHOBIC AND OBSESSIVE-COMPULSIVE SITUATIONS	
SOCIAL PHOBIAS (E.G., MEETING PEOPLE AFTER MOVING TO A NEW TOWN)	
AGORAPHOBIA (E.G., LEAVING HOME ALONE AFTER A DIVORCE)	
SPECIFIC PHOBIAS (E.G., FEARS OF BUGS, HEIGHTS, OR CLOSED SPACES)	
OBSESSIONS (E.G., WORRY ABOUT GERMS)	17
COMPULSIONS (E.G., REPETITIVE HANDWASHING).	18
NETWORK PROBLEMS	
BEING AWAY FROM HOME OR APART FROM LOVED ONES	
THE HEALTH OR WELFARE OF LOVED ONES - FIRST MENTION	
THE HEALTH OR WELFARE OF LOVED ONES - SECOND MENTION	
THE HEALTH OR WELFARE OF LOVED ONES - THIRD MENTION	
OTHER NETWORK PROBLEMS (SPECIFY)	23
SOCIETAL PROBLEMS	
CRIME / VIOLENCE	
THE ECONOMY	
THE ENVIRONMENT (E.G., GLOBAL WARMING, POLLUTION)	
MORAL DECLINE OF SOCIETY (E.G., COMMERCIALISM, DECLINE OF THE FAMILY)	
WAR / REVOLUTION	
OTHER SOCIETAL PROBLEMS (SPECIFY)	29
OTHER PROBLEMS (SPECIFY)	
FIRST (SPECIFY)	30
THOT (DIECH I)	50
SECOND (SPECIFY)	31

6464 Supported Employment Demonstration Attachment K. CIDI 05-0	03-17
THIRD (SPECIFY)	32

*G3. Do you think your (worry or anxiety/nervousness or anxiety/anxiety or worry) was <u>ever_excessive</u> or unreaso lot stronger than it should have been?				
	YES1			
	NO5			
	DON'T KNOW8 REFUSED9			
*G4.	How often did you find it difficult to control your (worry or anxiety/nerves or anxiety/anxiety or worry) often, sometimes, rarely, or never?			
	OFTEN			
	*G4a. How often were you so nervous or worried that you could not think about anything else, no matter how hard you tried often, sometimes, rarely, or never?			
	OFTEN			
	RARELY			
	DON'T KNOW8			
	REFUSED9			
*G5.	What is the longest period of months or years in a row you ever had when you were (worried or anxious/nervous or anxious/anxious or worried) most days? IF VOL "WHOLE LIFE" OR "AS LONG AS I CAN REMEMBER," CODE 995 YEARS GO TO *G6			
	DON'T KNOW OR REFUSED – GO TO *G5.1			
	NUMBER			
	*G5.TUnit.			
	CIRCLE UNIT OF TIME: DAYS1 WEEKS2 MONTHS3 YEARS4 GO TO *G6			
	*G5.1. Did you ever have a time lasting 6 months or longer? YES			
	*G5.2. Did you ever have a time lasting 1 month or longer?			
	YES1			
	NO5 DON'T KNOW 8			
	REFUSED9			

*G6. INTERVIEWER CHECKPOINT: (SEE *G5, *G5.1, *G5.2)

(G5 EQUALS 1-5 MONTHS) OR (G5.2 EQUALS '1')	2 GO TO *G7
(G5 EQUALS 6 MONTHS OR LONGER OR '995') OR (G	5.1 EQUALS '1')3 GO TO *G8
ALL OTHERS	1 GO TO *IED1, NEXT SECTION

- *G7. INTERVIEWER INSTRUCTION: ASK ABOUT "PERIODS LASTING ONE MONTH OR LONGER" FOR THE REMAINDER OF THE SECTION $\,$ GO $\,$ TO $\,$ *G9
- *G8. INTERVIEWER INSTRUCTION: ASK ABOUT "PERIODS LASTING SIX MONTHS OR LONGER" FOR THE REMAINDER OF THE SECTION GO TO *G9

*G9.	Think of your worst period lasting (one month / six months) or longer when you were (worried or anxious/nervous or anxious/anxious or worried): During that episode, 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.	YES (1)	NO (5)	DK (8)	RF (9)
*G10a. Did your heart often pound or race?	1	5	8	9
*G10b. Did you often sweat?	1	5	8	9
*G10c. Did you often tremble or shake?	1	5	8	9
*G10d. Did you often have a dry mouth?	1	5	8	9
*G10e. Were you sad or depressed most of the time?	1	5	8	9

*G11. INTERVIEWER CHECKPOINT: (SEE*G9, *G10)

ZERO RESPONSES CODED '1' IN *G9 AND *G10 SERIES	
ZERO RESPONSES CODED '1' IN *G10 SERIES	2 GO TO *G12
FOUR OR MORE RESPONSES CODED '1' IN *G9 AND *G10 SERIES	S3 GO TO *G15
ALL OTHERS	4 GO TO *G13

*G12. INTERVIEWER CHECKPOINT: (SEE *G9a-g)

*G13. INTERVIEWER QUERY: TOTAL NUMBER RESPONSES				
CODED '1' IN *G9 SERIES IS				
CODED '1' IN *G10 SERIES IS	YES (1)	NO (5)	DK (8)	RF (9)
GO TO *G15 AS SOON AS FIVE RESPONSES CODED '1' IN *G9, G10, G13 SERIES				
*G13a. Did you often feel dizzy or lightheaded?	1	5	8	9
*G13b. Were you often short of breath?	1	5	8	9
*G13c. Did you often feel like you were choking?	1	5	8	9
*G13d. Did you often have pain or discomfort in your chest?	1	5	8	9
*G13e. Did you often have pain or discomfort in your stomach?	1 GO TO *G13g	5	8	9
*G13f. Did you often have nausea?	1	5	8	9
*G13g. Did you often feel that you were unreal?	1 GO TO *G13i.	5	8	9
*G13h. Did you often feel that things around you were unreal?	1	5	8	9
*G13i. Were you often afraid that you might lose control or go crazy?	1 GO TO *G13k	5	8	9
*G13j. Were you often afraid that you might pass out?	1	5	8	9
*G13k. Were you often afraid that you might die?	1	5	8	9
*G131. Did you often have hot flushes or chills?	1	5	8	9
*G13m. Did you often have numbness or tingling sensations?	1	5	8	9
*G13n. Did you often feel like you had a lump in your throat?	1	5	8	9
*G13o. Were you easily startled?	1	5	8	9

*G14.	INTERVIEWER CHECKPOINT: (SEE *G9, *G10, *G13)
	TWO OR MORE RESPONSES CODED '1' IN *G9 SERIES
*G15.	How much emotional distress did you ever experience because of your (worry or anxiety/nervousness or anxiety/anxiety or worry) – no distress, mild distress, moderate distress, severe distress, or very severe distress?
	NO
*G17.	How much did your (worry or anxiety/nervousness or anxiety/anxiety or worry) 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
	*G17a. How often were you unable to carry out your daily activities because of your (worry or anxiety/nervousness or anxiety/anxiety or worry) often, sometimes, rarely, or never?
	OFTEN
*G17.1	. INTERVIEWER CHECKPOINT: (SEE *G15, *G17)
	*G15 EQUALS '3', '4', OR '5' <u>OR</u> *G17 EQUALS '3', '4', OR '5'

	*G18a.	(Worry and anxiety/Nervousness and anxiety/Anxiety and worry) sometimes occur as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think your (worry or anxiety/nervousness or anxiety/anxiety or worry) ever occurred as the result of such physical causes?
		YES 1
		NO
		DON'T KNOW 8 GO TO *G26
		REFUSED
	*G18b.	Do you think your (worry and anxiety/nervousness and anxiety/anxiety and worry) were <u>always</u> the result of physical causes?
		YES
		NO5
		DON'T KNOW8
		REFUSED9
	*G18c.	Briefly, what do you think the physical cause was?
*G26.	worried had som YES NO DON'T	f the very first time in your life you had an episode lasting (one month / six months) or longer when (you were or anxious most days/you were anxious or worried most days) and also the other problems we just reviewed. Can you remember your exact age? 1 5 GO TO *G26b KNOW
	*G26a.	(IF NEC: How old were you?)
		AGE GO TO *G26c
		DONET KNOW 000
		DON'T KNOW998 REFUSED999
		KEFUSED999
	*G26b.	About how old were you?
		IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER,"
		PROBE: Was it before you first started school?
		IF NOT YES, PROBE: Was it before you were a teenager?
		YEARS OLD
		BEFORE STARTED SCHOOL4
		BEFORE TEENAGER12
		NOT BEFORE TEENAGER13
		WHOLE LIFE OR DON'T KNOW998
		REFUSED

*G26c. Was that episode brought on by some stressful experience? Or did it happen out of the blue?

BROUGHT ON BY STRESS	1
OUT OF THE BLUE	2
DON'T REMEMBER	3
DON'T KNOW	8
REFUSED	9

	or longe	er, in the past 1	2 months?	
	VEC		1	
				GO TO *G27c
		KNOW		GO TO *G27c
		ED		GO TO *G27c
	*G27a.	How recently	y – in the pas	t month, two to six months ago, or more than six months ago?
				1
				2
				HS3
				8
		REFUSED.		9
*G27a.1	day you just revi	were (worrie iewed). The e	d or anxious/ episode ends erent episode	the next questions, I mean a time lasting one month or longer when nearly every /nervous or anxious/anxious or worried) and also had some of the other problems we when you no longer have these feelings for a full month. With this definition in es did you have in the past 12 months?
	-		DLK	
	DON'T	KNOW		998
	REFUS	ED		999
	* G27 a ALL (.1 EQUALS	1'	: (SEE *G27a.1)
	MONT	/ ΓΗ YEAR	-	
		T KNOW SED		
*G27a.4	4. How lo	ong did that ep	isode last (II	F *G27a EQUALS '1': so far)?
		NUM	IBER	
	CIRCI	LE UNIT OF	ТІМЕ:	DAYS 1 WEEKS 2 MONTHS 3 YEARS4
	DON"	T KNOW		998
	REFU	SED		999
*G27a.5	5. INTER	VIEWER CH	IECKPOINT	(SEE *G27a):
	*G27a	EOUALS '1	,	1
				2 GO TO *G28

*G27. Did you have an episode of being (worried or anxious/nervous or anxious/anxious or worried), lasting at least one month

*G27a.6	6. Has thi	s episode <u>ended</u> or is it still going on?
	ENDEI	D
		GOING ON2
	DON'T	KNOW8
	REFUS	SED9
		GO TO *G28
*G27a.7	7. How los	ng did the first of these (NUMBER FROM *G27a.1) episodes last?
		NUMBER
	CIRCL	E UNIT OF TIME: DAYS 1 WEEKS 2 MONTHS 3 YEARS4
		SED
*G27a.8	3. INTER	VIEWER CHECKPOINT (SEE *G27a):
		EQUALS '1'
*G27a.9	9. Has the	most recent episode ended or is it still going on?
	ENDEI	D1
		GOING ON2
		KNOW8
	REFUS	SED9
	*G27b.	How many months in the past 12 months were you in an episode of this sort?
		MONTHS
		DON'T KNOW98
		REFUSED99
		GO TO *G28
	*G27c.	How old were you the last time you had one of these episodes?
		YEARS OLD
		DON'T KNOW998 REFUSED999
		KEI USED
*G28.		ny episodes of (worry or anxiety/nervousness or anxiety/anxiety or worry) lasting one month or longer have you in your life?
		NUMBER
		KNOW998
	KEFUSE	ED999

*G29.	INTERVIEWER CHECKPOINT: (SEE *G28)									
	*G28 EQUALS '1'1									
	ALL OTHERS									
*G30.	How long did that episode last?									
	IF STILL GOING ON: How long did it last so far?									
	NUMBER GO TO *G35									
	CIRCLE UNIT OF TIME: DAYS1 WEEKS2 MONTHS3 YEARS4									
	DON'T KNOW									
*G31.	How long did the longest of these episodes last?									
	NUMBER									
	CIRCLE UNIT OF TIME: DAYS1 WEEKS2 MONTHS 3 YEARS4									
	DON'T KNOW									
*G31.1.	How many of these episodes were brought on by some stressful experience?									
	NUMBER									
	DON'T KNOW998									
	REFUSED999									
*G32.	How many different years in your life did you have at least one episode?									
	YEARS									
	DON'T KNOW998 REFUSED999									
*G33.	INTERVIEWER CHECKPOINT: (SEE *G32)									
	*G32 EQUALS '1'									
*G34.	What is the longest continuous number of years in a row in which you had at least one episode per year?									
	YEARS									
	DON'T KNOW998 REFUSED999									

*G35. INTERVIEWER CHECKPOINT: (SEE *G27)

*G27 EQUALS '1'......1 ALL OTHERS....... 2 GO TO *G44

*G36. For the next questions, think of the period lasting a month or longer in the past 12 months when your (worry or anxiety/nervousness or anxiety/anxiety or worry) was most severe and frequent. During that period, how often did you have each of the following feelings?

	(IF NEC: often, sometimes, occasionally, or never?)							
	OFTEN (1)	SOME (2)	OCCASION (3)	NEVER (4)	DK (8)	RF (9)		
*G36a. How often did you feel tense and wound up – often, sometimes, occasionally, or never?	1	2	3	4	8	9		
*G36b. How often during that period did you get a sort of frightened feeling like butterflies in the stomach?	1	2	3	4	8	9		
*G36c. How often did you feel restless as if you had to be on the move?	1	2	3	4	8	9		
*G36d. How often did you get sudden feelings of panic?	1	2	3	4	8	9		
*G36e. How often did you have worrying thoughts go through your mind?	1	2	3	4	8	9		
*G36f. How often could you sit at ease and feel relaxed?	1	2	3	4	8	9		
*G36g. How often did you get a frightened feeling as if something awful was about to happen?	1	2	3	4 GO TO *G38	8 GO TO *G38	9 GO TO *G38		

*G37. Did this frightened feeling worry you badly, not badly, or not at all?

BADLY	1
NOT BADLY	2
NOT AT ALL	3
DON'T KNOW	8
REFUSED	9

No Interference			Mild			Moderate			Severe		Very Severe Interference
	0	1	2	3	4	5	6	7	8	9	10
*G38.	(RB, PG 9 anxiety or and 10 me anxiety/ an	Think worry) ans very	about the was most so severe in worry) in	month or severe. U terference terfered v	longer in sing the second seco	in the past e 0 to 10 se number de h of the fo	12 where cale on pescribes lollowing	n your (wage 9 of now much activities	vorry or an your book h your (wo s during th	xiety/ n det, whe orry or a at time?	ervousness or anxiety/ ere 0 means <u>no</u> interference anxiety/ nervousness or
	(ACTIVIT				or allxi	iety/ nei vo	Justiess C	n anxiety	anxiety (or worry) interiere with
	(IF NEC:	You can	n use any i	number be	etween (0 and 10 to	o answer	.)			
									N	IUMBE	CR (0-10)
	*G38a.		ome mana ng, and tak				rtment)?				
								DON		<i></i>	
	*G38b.	Your a	bility to w	ork?							
								DON	'T KNOW	<i></i>	
	*G38c.		bility to fo nships wit			<u>close</u>					
								DON	S NOT AF 'T KNOW JSED	<i></i>	98
	*G38d.	Your so	ocial life?								
								DON		<i></i>	
*G39.	INTERVI ALL RES ALL OTH	PONSE	S EQUAL	'0' OR '	97'	1	3d) GO TO *	*G44			

**G40.	activities because of your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)?									
	(IF NEC: You can use any number between 0 and 365 to answer.)									
	NUMBER OF DAYS									
	DON'T KNOW998 REFUSED999									
*G44.	Did you <u>ever</u> in your life talk to a medical doctor or other professional about your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)? (By professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)									
	YES									
	*G44a. How old were you the <u>first time</u> [you talked to a professional about your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)]?									
	YEARS OLD									
	DON'T KNOW998 REFUSED999									
G56.	Did you ever get treatment for your (worry or anxiety/ nervousness or anxiety/ anxiety or worry) that you considered helpful or effective ?									
	YES									
	*G56a. How old were you the <u>first time [you got helpful</u> treatment for your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)]?									
	YEARS OLD									
	DON'T KNOW998 REFUSED999									
	*G56b. How many professionals did you <u>ever</u> talk to about your (worry or anxiety/ nervousness or anxiety/ anxiety or worry), up to and including the first time you got helpful treatment?									
	NUMBER OF PROFESSIONALS GO TO *G58									
	DON'T KNOW98 GO TO *G58 REFUSED99 GO TO *G58									

6464 Supported Employment Demonstration Attachment K. CIDI 05-03-17

*G56c.	How many professionals did you <u>ever</u> talk to about your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)?
	NUMBER OF PROFESSIONALS
	DON'T KNOW
	ceive professional treatment for your (worry or anxiety/ nervousness or anxiety/ anxiety or worry) e in the past 12 months?
NO DON'T KI	5 NOW8 09
*G59. Were you ev	ver hospitalized overnight for your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)?
NO DON'T KN	
	How old were you the first time [you were hospitalized overnight because of your (worry or nxiety/ nervousness or anxiety/ anxiety or worry)]?
_	YEARS OLD
	OON'T KNOW998 REFUSED999
	of your close relatives – including your biological parents, brothers and sisters, and children – were ous or anxious people?
	NUMBER
	NOW998 0999
* SC20 EQUALS '1'	GO TO *PD1 INTRO 1
* SC20a EQUALS '1'	
* SC29.4 EQUALS '1	,
*SC30.4 EQUALS '1	'
[IF NONE OF THE	ABOVE, GO TO *N1]
PANIC DISORDER	(PD)

*PD1. INTRO 1

Earlier you mentioned having attacks of fear or panic when all of a sudden you felt very frightened, anxious, or uneasy. Think of a bad attack like that. During that attack, which of the following problems did you have?

*PD1. INTRO 2

Earlier you mentioned having attacks when all of a sudden you had several problems like being short of breath, your heart pounding or feeling dizzy, and being afraid you would die or go crazy. Think of a bad attack like that. During that attack, which of the following problems did you have?

SKIP TO	*PD2 AFTER SIX "YES" RESPONSES	YES (1)	NO (5)	DK (8)	RF (9)
*PD1a.	Did your heart pound or race? (KEY PHRASE: heart racing)	1	5	8	9
*PD1b.	Were you short of breath? (KEY PHRASE: being short of breath)	1	5	8	9
*PD1c. (KEY PHI	Did you have nausea or discomfort in your stomach? RASE: having nausea)	1	5	8	9
*PD1d.	Did you feel dizzy or faint? (KEY PHRASE: feeling dizzy)	1	5	8	9
*PD1e.	Did you sweat? (KEY PHRASE: sweating)	1	5	8	9
*PD1f.	Did you tremble or shake? (KEY PHRASE: trembling)	1	5	8	9
*PD1g.	Did you have a dry mouth? (KEY PHRASE: having a dry mouth)	1	5	8	9
*PD1h.	Did you feel like you were choking? (KEY PHRASE: choking)	1	5	8	9
*PD1i. (KEY PHI	Did you have pain or discomfort in your chest? RASE: having discomfort in your chest)	1	5	8	9
*PD1j. crazy? (Kl	Were you afraid that you might lose control of yourself or go EY PHRASE: fearing that you might lose control of yourself)	1	5	8	9
_	Did you feel that you were "not really there", like you were a movie of yourself? RASE: feeling unreal)	1 GO TO *PD1m	5	8	9
*PD11. (KEY PHI	Did you feel that things around you were unreal or like a dream? RASE: feeling that things around you were unreal)	1	5	8	9
*PD1m. (KEY PHI	Were you afraid that you might pass out? RASE: fearing that you might pass out)	1	5	8	9
*PD1n. (KEY PHI	Were you afraid that you might die? RASE: fearing that you might die)	1	5	8	9
*PD1o. flushes)	Did you have hot flushes or chills? (KEY PHRASE: having hot	1	5	8	9
*PD1p. (KEY PHI	Did you have numbness or tingling sensations? RASE: having numbness)	1	5	8	9

*PD2. INTERVIEWER CHECKPOINT: (SE	EE *PD1 SERIES)
ZERO TO THREE RESPONSES CODED '1' ALL OTHERS	
	like (PARENTHETICAL PHRASE OF FIRST THREE YES and reach their peak within ten minutes after the attacks began?
(IF NEC: Did they begin within ten minutes after (IF VOL) SOMETIMES3	
NO	GO TO *PD66 GO TO *PD66 GO TO *PD66
*PD4. About how many of these sudden attack	cks have you had in your entire lifetime?
NUMBER OF ATTACKS	S
IF R REPORTS MORE THAN 900IF R REPORTS "MORE THAN I CAN REMEN	MBER" 995
DON'T KNOW	
*PD5. INTERVIEWER CHECKPOINT: (SE	EE * PD4)
*PD4 EQUALS '1'	1 GO TO *PD9
*PD6. When did the attack occur – in the pas than twelve months ago?	st month, two to six months ago, seven to twelve months ago, or more
PAST MONTH	D8 SEVEN TO TWELVE
DON'T KNOWREFUSED	

*PD7. Can you remember your <u>exact</u> age when the attack occurred?
YES 1
NO5 GO TO *PD7b
DON'T KNOW 8 GO TO *PD7b
REFUSED
0010127
*PD7a. (IF NEC: How old were you?)
YEARS OLD GO TO *PD8
DON'T KNOW998
REFUSED999
*PD7b. About how old were you?
IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER,"
PROBE: Was it before you first started school?
IF NOT YES, PROBE: Was it before you were a teenager?
YEARS OLD
BEFORE STARTED SCHOOL4
BEFORE TEENAGER 12
NOT BEFORE TEENAGER
WHOLE LIFE OR DON'T KNOW998
REFUSED999
*PD8. Attacks of this sort can occur in three different situations. The first are when the attacks occur
unexpectedly "out of the blue." The second are when a person has an unreasonably strong fear. For example, some
people have a terrible fear of bugs or of heights or of being in a crowd. The third are when a person is in real danger, like a car accident or a bank robbery.
Which of these three describes your attack – did it occur unexpectedly "out of the blue," in a situation that you
strongly fear, or in a situation of real danger?
on ong-y rom, or m a stranton or rom unigor.
IF R THOUGHT THERE WAS REAL DANGER EVEN THOUGH IT TURNED OUT NOT TO BE DANGEROUS,
CODE "REAL DANGER."
OUT OF THE BLUE1
STRONG FEAR2
REAL DANGER3
DON'T KNOW8
REFUSED9
GO TO *PD66

*PD9. Can you remember your <u>ex</u>	act age the very first time you ha	d one of these attacks?
YES	1	
NO5	GO TO *PD9b	
DON'T KNOW8	GO TO *PD9b	
REFUSED9	GO TO *PD9b	
*PD9a. (IF NEC: How	old were you?)	
YEA	RS OLD GO TO *PD10	
DON'T KNOW	998	
REFUSED		
*PD9b. About how old were you?		
IF "ALL MY LIFE" OR "AS LON PROBE: Was it before you first st		
IF NOT YES, PROBE: Was it be	ore you were a teenager?	
YEA	ARS OLD	
BEFORE STARTED SCHOOL		4
BEFORE TEENAGER		12
NOT BEFORE TEENAGER		13
WHOLE LIFE OR DON'T KNOW	·	998
REFUSED		999
*PD10. Did you have one of these	attacks at any time in the past 12	months?
YES	1	
NO5	GO TO *PD10d	
DON'T KNOW 8	GO TO *PD10d	
REFUSED9	GO TO *PD11	
*PD10a. How recently – in the p	ast month, between two and si	x months ago, or more than six months ago?
PAST MONTH		1
BETWEEN TWO AND SIX MON		
MORE THAN SIX MONTHS AG		
DON'T KNOW		
REFUSED		9
*PD10b. How many weeks in the p	past 12 months did you have at lea	ast one attack?
1	NUMBER	
DON'T KNOW	98	
REFUSED		

*PD10c. And how many attacks in all	did you have in the past 12 months?	
NU	MBER GO TO *PD11	
DON'T KNOW98 REFUSED99	GO TO *PD11 GO TO *PD11	
*PD10d. How old were yo	ou the <u>last</u> time you had one of these	attacks?
YEAR	RS OLD	
DON'T KNOWREFUSED		
*PD11. What is the largest number of a	attacks you ever had in any single yea	ar of your life?
NUMBER OF A	TTACKS	
DON'T KNOW 998 REFUSED	. 999	
*PD12. About how many separate years	s in your life did you have at least or	ue attack?
YEARS		
DON'T KNOWREFUSED		

*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 GO TO *PD14	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 GO TO *PD14	5	8	9
*PD13c. A month or more when you changed your everyday activities because of the attacks?	1 GO TO *PD14	5	8	9
PD13d. A month or more when you avoided certain situations because of fear about having another attack?	1 GO TO *PD14	5	8	9

*PD14. INTER	VIEWER CHECKPOINT: (SEE *PD13a-d)
	E RESPONSE CODED '1'
	d were you the <u>first</u> time you had a month when you either often worried, changed your everyday ided certain situations because of the attacks?
	YEARS OLD
DON'T KNOW REFUSED	998
*PD16. Did	I you have a month of worry or change in activity like that in the past 12 months?
NO	
*PD16a. ago?	How recently – in the past month, between two and six months ago, or more than six months
	PAST MONTH
*PD16b. How m	nany months of worry or change in activity did you have in the past 12 months?
	NUMBER OF MONTHS
	98 99
	the time in the past 12 months when your worry about having another attack was most frequen ou worry nearly all the time, most of the time, often, sometimes, or only rarely?
MOST OF THE OFTENSOMETIMES	THE TIME
DON'T KNOW.	

*PD16d. And how severe was the worry d unable to carry out important tasks?	uring this time mild, moderate, severe, or so severe that you were
MILD	1
MODERATE	
SEVERE	
SO SEVERE	
DON'T KNOW	8
REFUSED	
GO TO *PD17	
*PD16e. About how old were you the <u>last</u> attack?	time you had a month like this when you worried about having anothe
YEARS OI	.D
DON'T KNOW	008
REFUSED	
terrible fear of bugs or of heights or of being accident or a bank robbery.	
*PD17a. About how many attac	cks in your lifetime occurred unexpectedly "out of the blue?"
NUMBI	ER OF ATTACKS
IE D DEDODTE MODE THAN 000	000
IF R REPORTS MORE THAN 900	
IF R REPORTS "MORE THAN I CAN REDON'T KNOW	
REFUSED	
*PD18. About how many attacks in your lift where you had an unreasonably strong fear of NUMBER OF AT	
IE D DEDODTS MODE THAN 000	000
IF R REPORTS MORE THAN 1 CAN BE	
IF R REPORTS "MORE THAN I CAN RE	
DON'T KNOW	
REFUSED	

*PD19. About how many attacks in your lifetime occurred in situations where you were in real danger? IF R THOUGHT THERE WAS REAL DANGER EVEN THOUGH IT TURNED OUT NOT TO BE DANGEROUS CODE "REAL DANGER." NUMBER OF ATTACKS REFUSED999 *PD20. INTERVIEWER CHECKPOINT: (SEE *PD17) *PD17 EQUALS '1'1 GO TO *PD66 ALL OTHERS.....2 *PD20a.INTERVIEWER CHECKPOINT: (SEE *PD18 - *PD19) GO TO *PD22 ALL OTHERS.....2 *PD21. How old were you (when you had the attack/the first time you had an attack) "out of the blue" for no obvious reason? IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school? IF NOT YES, PROBE: Was it before you were a teenager? YEARS OLD BEFORE STARTED SCHOOL4 NOT BEFORE TEENAGER13 WHOLE LIFE OR DON'T KNOW 998 REFUSED999 *PD22. How much did (this/these) unexpected "out of the blue" attack(s) or worry about having another attack 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 GO TO *PD23 A LITTLE2 GO TO *PD23 SOME......3 A LOT4 EXTREMELY.....5 DON'T KNOW8 GO TO *PD23 REFUSED.....9

because of this/these unexpected "out of the blue" attacks(s) or worry about having another attack – often,
sometimes, not very often, or never?
OFTEN1
SOMETIMES 2
NOT VERY OFTEN
NEVER4
DON'T KNOW8
REFUSED9
*PD23. INTERVIEWER CHECKPOINT: (SEE *PD17a)
*PD17A EQUALS '1'
ALL OTHERS
*PD24. Did this unexpected "out of the blue" attack occur while you were asleep?
*PD25a. Attacks of this sort sometimes occur as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think any of your attacks <u>ever</u> occurred as the result of such physical causes?
YES1
NO5 GO TO *PD33 DON'T
KNOW
GO TO *PD33
*PD25b. Do you think <u>all</u> of your attacks were the result of physical causes?
YES1
NO 5 GO TO *PD33 DON'T
KNOW
GO TO *PD33

*PD22a. How often during that time were you unable to carry out your daily activities or to take care of yourself

*PD25c. Briefly, what were the physical causes?	
*PD33. INTERVIEWER CHECKPOINT: (SEE	*PD20a)
* PD20a EQUALS '1'	GO TO *PD35
*PD34. INTERVIEWER CHECKPOINT: (SE	E * PD10)
* PD10 EQUALS '1'	GO TO *PD40 GO TO *PD39
*PD35. INTERVIEWER CHECKPOINT: (SE	E * PD10)
* PD10 EQUALS '1'	GO TO *PD39
*PD36. How many unexpected "out of the blue"	attacks did you have in the past 12 months?
NUMBER OF ATTACK	S
DON'T KNOW 998 REFUSED99	9
*PD37. INTERVIEWER CHECKPOINT: (SE	E * PD36)
* PD36 EQUALS "0"1	
* PD36 EQUALS "1"2	GO TO *PD38
ALL OTHERS3	GO TO *PD37b
*PD37a. How old were you the last time you had	I an unexpected "out of the blue" attack?
YEARS O	LD GO TO *PD39
DON'T KNOW98 REFUSED99	GO TO *PD39 GO TO *PD39
*PD37b. About how many weeks in the past 12 r	months did you have at least one of these attacks?
NUMBER	

DON'T KNOW	98
REFUSED	
*PD38. How recently did you have six months ago, or more than six mo	an unexpected "out of the blue" attack – in the past month, between two and onths ago?
-	•
PAST MONTHBETWEEN TWO AND SIX MONT	
MORE THAN SIX MONTHS	
DON'T KNOW	
REFUSED	9
	GO TO *PD40
*PD39. INTERVIEWER CHECKF	POINT: (SEE *PD16)
*PD16 EQUALS '1'	
ALL OTHERS	2 GO TO *PD50
doing? NONE MILD MODERATE SEVERE SO SEVERE DON'T KNOW REFUSED	2
include being out of breath after phy feeling out of control after using alco	sical exercise, feeling speeded up after drinking coffee or caffeinated beverages, phol or drugs, and feeling tingly while watching a scary motion picture or hs, did you ever get upset by any physical sensations that reminded you of your
YES	1
NO5	GO TO *PD44
DON'T KNOW8	GO TO *PD44
REFUSED9	GO TO *PD44
	mfort with any physical sensations like these in the past 12 months – mild, u became very worried that these sensations might cause you to have another
MILD	1
MODERATE	
SEVERE	3
SO SEVERE	4

DON'T KNOW REFUSED											
*PD42. How often of months – all the time,							use 1	these pl	nysical s	sensations	s in the past 12
ALL THE TIME MOST OF THE TIMI SOMETIMES RARELY NEVER DON'T KNOW REFUSED	E	45	2	GO TO	O *PD4 O *PD4 O *PD4 O *PD4	4 4					
*PD43. How much d relationships over the									your so	cial life, o	or your personal
NOT AT ALLSOMEA LOT			2 4 5								
No Interference	Mile	d	М	oderate			Se	vere		Very Interi	Severe ference
0	1	2	3	4	5	6		7	8	9	10
*PD44. (RB, PG 9) 7 (was/were) most sever means very severe into with each of the follow	re. Usin erferenc	g the 0 to e, what n	10 scale umber des	on page 9 scribes ho	of you	bookle	et, w	here 0	means <u>n</u>	<u>o</u> interfer	ence and 10
(IF NEC: How much You can use any num					VITY) d	luring t	hat t	time?)	(IF NEC	2:	
NUMBER (0-10)											
*PD44a. shopping, and taking DOES NOT APPLY. DON'T KNOW REFUSED	care of the	ne (house		nt)?						98	
*PD44b. Your ability	ty to woi	·k?									
DOES NOT APPLY. DON'T KNOW REFUSED										98	
*PD44c.	Your ab	ility to fo	orm and m	aintain <u>c</u> l	<u>lose</u>						

relationships with other people?		DOES NOT APPLY	
		DON'T KNOW	
		KEI USED	
*PD44d. Your social life?			
DOES NOT APPLY			97
DON'T KNOW			98
REFUSED			99
*PD45. INTERVIEWER CHECKI	POINT: (SEE * PD 4		
ALL RESPONSES EQUAL '0' OR ALL OTHERS			GO TO *PD50
*PD46. About how many days out			
normal activities because of your at			bie to work of early out your
·		•	
(IF NEC: You can use any number l	between 0 and 365	to answer)	
NUMBER (OF DAYS		
DON'T KNOW			
*PD50. Did you <u>ever</u> in your life ta we mean psychologists, counselors,			
YES	1		
NO5	GO	TO *PD65.1	
DON'T KNOW	8 GO	TO *PD65.1	
REFUSED	9 GO	TO *PD65.1	
*PD50a. How old were you the first	time (you talked to	a professional about your attacl	ks)?
	YEARS OLD		
DON'T KNOW			
KEFUSED	999	'	
*PD62. Did you ever get treatment	for your attacks tha	at you considered helpful or eff	fective?
YES	•	- <u></u> -	
NO5	1 GO TO *PI)62c	
DON'T KNOW 8	GO TO *PI		
REFUSED9	GO TO *PI		
*PD62a. How old were	e you the <u>first time</u> ((you got helpful treatment for y	your attacks)?
	YEARS OLD		
	998		

REFUSED	999	1	
*PD62b. How many profession helpful treatment?	als did you <u>ever</u> t	alk to about your attacks, ı	up to and including the first time you got
	NUMBER	OF PROFESSIONALS	GO TO *PD64
DON'T KNOW98 REFUSED99		GO TO *PD64 GO TO *PD64	
*PD62c. How many professional	ls did you <u>ever</u> tal	lk to about your attacks?	
	NUMBER	OF PROFESSIONALS	
DON'T KNOWREFUSED			
*PD64. Did you receive professi	onal treatment for	r your attacks at any time i	n the past 12 months?
YES	5		
REFUSED	9		
*PD65. Were you ever hospitaliz	zed overnight for	your attacks?	
YES NO DON'T KNOW	.5	GO TO *PD65.1 GO TO *PD65.1	
REFUSED		GO TO *PD65.1	
*PD65a. How old were you the f	irst time (you wer	e hospitalized overnight be	cause of your attacks)?
	YEARS OLD		
DON'T KNOWREFUSED			
*PD65.1. How many of your clos attacks of this sort?	se relatives – inclu	nding your biological paren	nts, brothers and sisters, and children – ever had
NUMBI	ER		
DON'T KNOWREFUSED			
*PD66. INTERVIEWER CHEC FOR FIRST ENDORSED ITEM.		SC26, *SC26a, *SC26b, *	*SC28, *SC29.4, *SC30.4): FOLLOW SKIP
*SC29.4 EQUALS '1'		GO TO *S	01
*SC30.4 EQUALS '1'		GO TO *A	G1
[IF NONE OF THE ABOVE, G	O TO *N1]		

6464 Supported Employment Demonstration Attachment K. CIDI 05-03-17

SOCIAL PHOBIA SECTION (SO)

INTERVIEWER INSTRUCTION: AFTER EACH "YES" RESPONSE, ASK R TO CHECK OFF CORRESPONDING SITUATION IN BOOKLET.

*SO1. (RB, PG 15) Earlier you mentioned having a time in your life when you felt very shy, afraid, or uncomfortable with other people or in social situations. Looking at page 15 in your booklet, was there ever a time in your life when you felt shy, afraid, or uncomfortable in the following situations?

			l			
		YES	NO (5)	N/A	DK	RF
*CO1a	Masting navy magnle?	(1)	(5)	(7)	(8)	(9)
*501a.	Meeting new people?	1	5	7	8	9
*SO1b.	Talking to people in authority?	1	5	7	8	9
*SO1c.	Speaking up in a meeting or class?	1	5	7	8	9
	(KEY PHRASE: speaking up at a meeting)					
*SO1d.	Going to parties or other social gatherings?	1	5	7	8	9
*SO1e.	(KEY PHRASE: going to parties) Acting, performing, or giving a talk in front of an audience?					
Sole.	(KEY PHRASE: performing in front of an audience)	1	5	7	8	9
*SO1f.	Taking an important exam or interviewing for a job, even					
	though you were well prepared?	1	5	7	8	9
	(KEY PHRASE: taking an important exam)					
*SO1g.	Working while someone watches?	1	5	7	8	9
*SO1h.	Entering a room when others are already present?	1	5	7	8	9
*SO1i.	Talking with people you don't know very well?	1	5	7	8	9
*SO1j.	Expressing disagreement to people you didn't know very well?	1	5	7	8	9
#GO 11	(KEY PHRASE: disagreeing with people)					
*SOIk.	Writing or eating or drinking while someone watches?	1	5	7	8	9
*SO11.	Urinating in a public bathroom or using a bathroom away from home? (KEY PHRASE: using a public bathroom)	1	5	7	8	9
*SO1m.	Being in a dating situation?	1	5	7	8	9
1001	(KEY PHRASE: dating)					
*SO1n.	Any <u>other</u> social or performance situation where you could be the center of attention or where something <u>embarrassing</u> might happen?	1	5	7	8	9

*SO2. INTERVIEWER CHECKPOINT: (SEE ***SO1a - *S01n** SERIES)

ZERO RESPONSES CODED '1'1	GO TO *SO40
ONE - THREE RESPONSES CODED '1'2	GO TO *SO3 INTRO1
FOUR OR MORE RESPONSES CODED '1'	GO TO *SO3 INTRO2

*SO3. I	NTRO1		*SO3. INTRO2				
You had	d a fear of	(KEY PHRASE OF ALL "YES"	You had a fear of a number of social or performance situations				
		*SO1 SERIES). Can you remember your	on the list. Can you remember your exact age the very first				
		first time you had a fear of (this/ any of	time you had a fear of any of these situations?				
these) si	ituation(s)	?					
		1	YES1				
		5 GO TO *SO3b	NO 5 GO TO *SO3b				
		KNOW8 GO TO *SO3b	DON'T KNOW 8 GO TO *SO3b				
	REFUSE	ED9 GO TO *SO3b	REFUSED9 GO TO *SO3b				
	4.0.0						
	*SO3a.	(IF NEC: How old were you?)					
		YEARS OLD GO TO *SO	06				
		DON'T KNOW998					
		REFUSED999					
	*SO3b.	About how old were you?					
		IF "ALL MY LIFE" OR "AS LONG AS	I CAN REMEMBER "				
		PROBE: Was it before you first started so					
		TROBE. Was it before you first started so					
		IF NOT YES, PROBE: Was it before yo	u were a teenager?				
		YEARS OLD					
		BEFORE STARTED SCHOOL					
		BEFORE TEENAGER					
		NOT BEFORE TEENAGER					
		DON'T KNOW					
		REFUSED	999				
*SO6.	INTERV	TEWER CHECKPOINT: (SEE *SC29.2)					
		EQUALS '1' 1					
	ALL OT	HERS 2 GO TO *SO8					
	*SO6a.	Earlier in the interview you mentioned havi	ing times when you avoided social or performance situations				
		because of your fear. How old were you w	•				
		IF "ALL MY LIFE" OR "AS LONG AS	I CAN REMEMBER "				
		PROBE: Was it before you first started so					
		sull a serve you mot suited be					
		IF NOT YES, PROBE: Was it before you	ı were a teenager?				
		YEARS OLD					
		BEFORE STARTED SCHOOL	4				
		BEFORE TEENAGER					
		NOT BEFORE TEENAGER					
		DON'T KNOW					
		REFUSED	999				

*SO8.	Think of the time in your life when your fear (and avoidance) was most severe. When you were faced with (this situation/ these situations), or thought you would have to be, did you ever have any of the following experiences?									
	GO TO *SO9 AFTER ONE "YES" IN *SO8a-*SO8c	YES (1)	NO (5)	DK (8)	RF (9)					
	*SO8a. Did you ever blush or shake?	1	5	8	9					
	*SO8b. Did you ever fear that you might lose control of your bowels or bladder?	1	5	8	9					
	*SO8c. Did you ever fear that you might vomit?	1	5	8	9					

*SO9. (RB, PG 14) When you were faced with (IF *SO2 EQUALS '2': KEY PHRASE/ ALL OTHERS: these situations), did you ever have two or more of the reactions on Page 14?

READ LIST BELOW STARTING WITH SO9a ONLY IF R PREFERS TO HAVE QUESTIONS READ

GO TO *SO10

GO TO	SO10 AFTER TWO "YES" RESPONSES	YES (1)	NO (5)	DK (8)	RF (9)
*SO9a.	Did your heart ever pound or race?	1	5	8	9
*SO9b.	Did you sweat?	1	5	8	9
*SO9c.	Did you tremble?	1	5	8	9
*SO9d.	Did you feel sick to your stomach?	1	5	8	9
*SO9e.	Did you have a dry mouth?	1	5	8	9
*SO9f.	Did you have chills or hot flushes?	1	5	8	9
*SO9g.	Did you feel numbness or have tingling sensations?	1	5	8	9
*SO9h.	Did you have trouble breathing normally?	1	5	8	9
*SO9i.	Did you feel like you were choking?	1	5	8	9
*SO9j.	Did you have pain or discomfort in your chest?	1	5	8	9
*SO9k.	Did you feel dizzy or faint?	1	5	8	9
*SO91.	Were you afraid that you might die?	1	5	8	9
*SO9m.	Did you ever fear that you might lose control, go crazy, or pass out?	1	5	8	9
*SO9n.	Did you feel like you were distant from the situation, "not really there", or like you were watching yourself in a movie?	1	5	8	9
		GO TO *SO10			
*SO9o.	Did you feel that things around you were unreal or like a dream?	1	5	8	9

*SO10.	When you were in (IF *SO2 EQUALS '2': this situation/ ALL OTHERS: these situations), were you ever afraid that you might have a panic attack?										
	YES1										
	NO										
	DON'T KNOW										
	REFUSED9 GO TO *SO11										
	*SO10a. Did you ever have a panic attack in (this situation / one of these situations)?										
	YES1										
	NO5										
	DON'T KNOW8										
	REFUSED9										
*SO11.	Were you afraid that you might be trapped or unable to escape?										
	NEG 1										
	YES										
	DON'T KNOW8										
	REFUSED9										
*SO12.	When you were in (IF *SO2 EQUALS '2': this situation/ ALL OTHERS: these situations) were you afraid you might do something embarrassing or humiliating ?										
	YES1 GO TO *SO15										
	NO5										
	DON'T KNOW8										
	REFUSED9										
	*SO12a. Were you afraid that you might embarrass other people?										
	YES1 GO TO *SO15										
	NO5										
	DON'T KNOW8										
	REFUSED9										
*SO13.	Were you afraid that people might <u>look</u> at you, <u>talk</u> about you, or think negative things about you?										
	YES1 GO TO *SO15										
	NO5										
	DON'T KNOW8										
	REFUSED9										

*SO14. Were you afraid that you might be the focus of attention?

YES	1 GO TO *SO15
NO	5
DON'T	KNOW8
REFUS	ED9
*SO14a	. What was it you feared <u>most</u> about (IF *SO2 EQUALS '2': KEY PHRASE/ ALL OTHERS: these situations)?
	REAL DANGER (SPECIFY BELOW) 1 OTHER (SPECIFY BELOW) 5 DON'T KNOW 8 REFUSED 9
*SO15. Was you	r fear related to embarrassment about having a physical or mental health problem or disability?
YES	1
	5 GO TO *SO16
	KNOW8 GO TO *SO16
	ED9 GO TO *SO16
KEI OSI	John Market Control of the Solid
*SO15a.	Briefly, what was the health problem?
	INTERVIEWER: CIRCLE ALL THAT APPLY
	MENTAL HEALTH PROBLEM1
	ALCOHOL OR DRUG PROBLEM2
	SPEECH, VISION, OR HEARING PROBLEM3
	MOVEMENT OR COORDINATION PROBLEM4
	FACIAL / BODY DISFIGUREMENT OR
	WEIGHT / BODY IMAGE PROBLEM5
	BAD ODOR OR SWEATING
	PREGNANCY
	OTHER PHYSICAL HEALTH PROBLEM8
	DON'T KNOW9
	REFUSED
	KLI OSES
	sch did your fear (or avoidance) <u>ever</u> interfere with either your work, your social life, or your personal ships – not at all, a little, some, a lot, or extremely?
NOT A	Γ ALL1 GO TO *SO17
	LE
	3
	4
	MELY5
	KNOW8
REFUS	ED9 GO TO *SO17

	SO16.1. How often during that time were you unable to carry out your daily activities or to take care of yourself because of your fear (or avoidance) – often, sometimes, not very often, never?
	OFTEN
*SO17.	Was there ever a time in your life when you felt very emotionally upset, worried, or disappointed with yourself because of your fear (or avoidance) of (IF *SO2 EQUALS '2': this situation/ ALL OTHERS: this situation/ these situations)?
	YES
*SO18.	When was the last time you either strongly feared or avoided (IF *SO2 EQUALS '2': this situation/ any of these situations) – within the past month, between two and six months ago, between seven and twelve months ago, or more than twelve months ago?
	WITHIN PAST MONTH
	*SO18a. How old were you the <u>last time</u> [you either strongly feared or avoided (IF *SO2 EQUALS '2': this situation/ALL OTHERS: any of these situations)]?
	YEARS OLD
	DON'T KNOW
*SO19.	What if you were faced with (IF *SO2 EQUALS '2': this situation/ ALL OTHERS: one of these situations) today: How strong would your fear be – not at all, mild, moderate, severe, or very severe?
	(IF VOLUNTEERED "IT DEPENDS ON WHICH SITUATION," PROBE: What if you were faced with the situation that scares you <u>most</u> : How strong would your fear be – not at all, mild, moderate, severe, or very severe?)
	NOT AT ALL 1 GO TO *SO25 MILD 2 GO TO *SO25 MODERATE 3 SEVERE 4 VERY SEVERE 5 DON'T KNOW 8 REFUSED 9

*SO20.	During the past 12 months, how often did you avoid (IF *SO2 EQUALS '2' : KEY PHRASE/ ALL OTHERS : any of these situations) all the time, most of the time, sometimes, rarely, or never?											
	(IF VOL "IT DEPENDS ON WHICH THING," PROBE: How about for the thing that you avoided <u>most</u> : Did you avoid it all the time, most of the time, sometimes, rarely, or never?)											
	MOST O SOMETI RARELY NEVER . DON'T K	F THE T. MES Y KNOW	IME			2 3 4 5 8						
	No Interfere	nce	Mild		j	Moderat	e		Severe		Very Severe Interference	
	0	1	2	3	4	5	6	7	8	9	10	
*S021.	situations means ve- situations	was mos ry <u>severe</u> interfere How mu	t severe. U	Using the se, what re of the for fear (or a	0 to 10 s number d ollowing	cale on pa lescribes h activities e) interfer	nge 9 of y now much during th e with (A	our book n your fea at time?	let, where (ar (or avoid	0 mean ance) o	social or performance as no interference and 10 of social or performance	
			·					N	UMBER (()-10)		
	*SO21a.		ome manag ng care of t				oing,	_		_		
								DO	DES NOT . DN'T KNC EFUSED)W	98	
	*SO21b.	Your ab	oility to wo	rk?								
								DO	DES NOT . DN'T KNO EFUSED)W	98	
	*SO21c.		oility to for her people'		aintain <u>cl</u>	ose relation	onships	_		<u>—</u> ,		
								DO	DES NOT . DN'T KNO EFUSED)W	98	
	*SO21d.	Your so	ocial life?					_		_		
								DO	DES NOT . DN'T KNO EFUSED)W	98	

6464 Supported Employment Demonstration Attachment K. CIDI 05-03-17

	*SO36c.	How many professionals did you ever talk to about your fear?							
		NUMBER OF PROFESSIONALS DON'T KNOW98 REFUSED99							
*SO38.	Did you r	eceive professional treatment for your fear at any time in the past 12 months?							
	NO DON'T K								
*SO39.	Were you	ever hospitalized overnight for your fear?							
	NO DON'T K REFUSE								
	50374.	YEARS OLD							
		DON'T KNOW998 REFUSED999							
*SO39.1		ny of your close relatives – including your biological parents, brothers and sisters, and children – a strong fear of social or performance situations?							
		NUMBER KNOW							
	INTERV SED ITEN	IEWER CHECKPOINT (SEE *SC26, *SC26a, *SC26b, *SC30.4): FOLLOW SKIP FOR FIRST Л.							
		1'GO TO *AG1							

AGORAPHOBIA SECTION (AG)

INTERVIEWER INSTRUCTION: AFTER EACH "YES" RESPONSE, ASK R TO CHECK CORRESPONDING SITUATION IN BOOKLET.

*AG1. (RB, PG 16) Earlier you mentioned having a strong fear of things like crowds, public places, and traveling away from home. The next questions are about which-of these things you feared. Looking at page 16 in your booklet, did you ever strongly fear any of the following situations:

		YES (1)	NO (5)	N/A (7)	DK (8)	RF (9)
*AG1a.	Being home alone?			Ì	, ,	1 1
		1	5	7	8	9
* 4 0 11	(KEY PHRASE: being home alone)					
*AG1b.	Being in crowds?	1	5	7	8	9
	(KEY PHRASE: being in crowds)	1	3	,	0	9
*AG1c.	Traveling away from home?					
		1	5	7	8	9
	(KEY PHRASE: traveling away from home)					
*AG1d.	Traveling alone or being alone away from home?					
	(VEV DUD ACE, to all and local)	1	5	7	8	9
11. 4. 67.4	(KEY PHRASE: traveling alone)					
*AG1e.	Using public transportation?	1	_	7	8	0
	(KEY PHRASE: using public transportation)	1	5	/	0	9
*AG1f.	Driving a car?					
11011	2111119 11 01111	1	5	7	8	9
	(KEY PHRASE: driving a car)					
*AG1g.	Standing in a line in a public place?					
		1	5	7	8	9
* A C 11	(KEY PHRASE: standing in a line)					
*AG1h.	Being in a department store, shopping mall, or supermarket?					
	(KEY PHRASE: being in stores or malls)	1	5	7	8	9
	(REF FIRE ISE, being in stores of mans)					
*AG1i.	Being in a movie theater, auditorium, lecture hall, or					
	church?					
		1	5	7	8	9
	(KEY PHRASE: being in large auditoriums)					
*AG1j.	Being in a restaurant or any other public place?					
AOIJ.	being in a restaurant of any other public place?					
	(KEY PHRASE: being in restaurants)	1	5	7	8	9
*AG1k.	Being in a wide, open field or street?					
	(TEVEN) (TEVEN)	1	5	7	8	9
	(KEY PHRASE: being in open places)				-	
L		l]		

^{*}AG2. INTERVIEWER CHECKPOINT: (SEE *AG1a - *AG1k SERIES)

ZERO - ONE RESPONSES CODED '1'1	GO TO *AG39
TWO - THREE RESPONSES CODED '1'2	GO TO *AG3 INTRO 1

*AG3. INTRO 1	*AG3. INTRO 2
You had a fear of (KEY PHRASE OF ALL "YES"	You had a fear of a number of the situations on the list. Can
RESPONSES IN *AG1 SERIES). Can you remember your	you remember your exact age the very first time you had a fear
exact age the very first time you had a fear of one of these	of one of these situations?
situations?	
YES1	YES1
NO 5 GO TO *AG3b DON'T	NO 5 GO TO *AG3b DON'T
KNOW 8 GO TO *AG3b REFUSED	KNOW 8 GO TO *AG3b REFUSED
9 GO TO *AG3b	9 GO TO *AG3b

*AG3a. (IF	F NEC: How old were you?)	
	YEARS OLD	GO TO *AG4
*AG3b. About how old	were you?	
IF "ALL MY LIFE" OR PROBE: Was it before y	"AS LONG AS I CAN REI ou first started school?	MEMBER,"
IF NOT YES, PROBE: V	Was it before you were a tee	enager?
	YEARS OLD	
BEFORE STARTED SCI	HOOL	4
BEFORE TEENAGER		12
	ER	
DON'T KNOW		998

	YES (1)	NO (5)	DK (8)	RF (9)
AG4a. Fear of being alone or of being separated from your loved ones?	1	5	8	9
AG4b. Fear that there was some real danger, like that you might be robbed or assaulted?	1	5	8	9
AG4c. Fear that you might get sick to your stomach or have diarrhea?	1	5	8	9
AG4d. Fear that you might have a panic attack?	1	5	8	9
AG4e. Fear that you might have a heart attack or some other emergency?	1	5	8	9
AG4f. Fear that you might become physically ill and be unable to get help?	1	5	8	9
AG4g. Fear that it might be difficult or embarrassing to escape?	1	5	8	9
AG4h. Fear that some other terrible thing might happen?	1	5	8	9
AG4i. Fear that help might not be available if you needed it?	1	5	8	9

*AG6. INTERVIEWER CHECKPOINT: (SEE *SC30.2)
*SC30.2 EQUALS '1'
*AG6a. Earlier in the interview, you mentioned having times when you avoid these situations because of your fears. How old were you when you first avoided these situations?
IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school?
IF NOT YES, PROBE: Was it before you were a teenager?
YEARS OLD
BEFORE STARTED SCHOOL4
BEFORE TEENAGER
NOT BEFORE TEENAGER13
DON'T KNOW998
REFUSED999

*AG8. Was there a particular <u>incident</u> or <u>event</u> that caused your fear of these situations to start the very first time?

YES	1				
	5 GO TO *AG9				
DON'T KNO	W8 GO TO *AG9				
	9 GO TO *AG9				
* AG8a. Did	you have a panic attack as a result of that incident or event?				
YES	1				
NOO/	5				
DON'T KNO	W8				
REFUSED	9				
*AG9. Thir	ak of the time in your life when your fear (and avoidance) was most severe and				
	nen you were faced with these situations, or thought you would have to be, did			1	1
	e any of the following experiences?				
you ever nav	of the following experiences.	YES (1)	NO (5)	DK (8)	RF (9)
*AG9a.	Did your heart ever pound or race?	,	(-)	(-)	()
AG9a.	Did your neart ever pound of face?	1	5	8	9
*AG9b.	Did you ever sweat?	1	3	0	7
AG90.	Did you ever sweat:	1	5	8	9
*AG9c.	Did you tremble or shake?	1	3	0	
11070.	Dia jou demote of shake.	1	5	8	9
*AG9d.	Did you have a dry mouth?				

*AG10. INTERVIEWER INSTRUCTION: (SEE *AG9a-d	*AG10.	. INTERVIEWER	INSTRUCTION:	(SEE *AG9a-d)
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ZERO RESPONSES CODED '1'	1	GO TO *AG12a
ONE RESPONSE CODED '1'	2	GO TO *AG11
ALL OTHERS	3	GO TO *AG12a

GO TO *AG12a				
GO TO *AG12a AFTER ONE "YES" RESPONSE	YES (1)	NO (5)	DK (8)	RF (9)
*AG11a. Did you have trouble breathing normally?	1	5	8	9
*AG11b. Did you feel like you were choking?	1	5	8	9
*AG11c. Did you have pain or discomfort in your chest?	1	5	8	9
*AG11d. Did you feel sick to your stomach?	1	5	8	9
*AG11e. Did you feel dizzy or faint?	1	5	8	9
*AG11f. Did you ever fear that you might lose control, go crazy, or pass out?	1	5	8	9
*AG11g. Were you afraid that you might die?	1	5	8	9
*AG11h. Did you have chills or hot flashes?	1	5	8	9
*AG11i. Did you feel numbness or have tingling sensations?	1	5	8	9
*AG11j. Did you feel like you were "not really there", like you were watching a movie of yourself?	1	5	8	9
*AG11k. Did you feel that things around you were not real or like a dream?	1	5	8	9
2a. Fearful reactions of this kind sometimes occur as a result of physi				
medication, drugs, or alcohol. Do you think any of your fearful reacted as the result of such physical causes?	tions (or yo	ur avoidanc	e of fearful	situation
2b. Do you think <u>all_of</u> your fearful reactions (or avoidance of fearf	ul situation	s) were the	result of ph	vsical ca

*AG12c. Briefly, what were	the physical causes?		
*AG13. Now we want to as leave your home for an entire		avoidance) may have impacted you	ur life. Were you ever unable to
*AG13a. What is the longes	t period of days, weeks, month	or years you were unable to leave	your home?
	NUMBER		
CIRCLE UNIT OF TIME:	DAYS1	WEEKS2 MONTHS	.3 YEARS 4
DON'T KNOW			
*AG14. Some people are ur friend. Was this ever true for		lless they have someone they know	with them, like a family member
YES	1		
NO	8		
3	r fear (or avoidance) of these s at all, a little, some, a lot, or ex	tuations <u>ever</u> interfere with either y remely?	our work, your social life, or your
NOT AT ALL		GO TO *AG16	
A LITTLE	2	GO TO *AG16	
A LOT			
REFUSED		GO TO *AG16	
	g that time were you unable to hese situations – often, someting	carry out your daily activities or to the nes, not very often, never?	take care of yourself because of
	1		
	2		
	3		
	8		
	C		

6464 Supported Employment Demonstration Attachment K. CIDI 05-03-17

*AG16. Was there ever a time in your life when you felt very of your fear (or avoidance)?	y emotionally upset, worried, or disappointed with yourself because
YES	
*AG17. Did you either strongly <u>fear</u> or <u>avoid</u> any of these sit	uations at any time in the past 12 months?
YES1	
NO5	GO TO *AG17b
DON'T KNOW8	GO TO *AG17b
REFUSED9	GO TO *AG18
*AG17a. How recently in the past month, between two and	d six months ago, or more than six months ago?
PAST MONTH	1
2-6 MONTHS AGO	
MORE THAN 6 MONTHS AGO	
DON'T KNOW	
REFUSED	
GOT	O *AG18
*AG17b. How old were you the <u>last</u> time (you either strong)	ly feared or avoided one of these situations)?
YEARS OLD	
DON'T KNOW 998 REFUSED999	
severe, or very severe?	today: How strong would your fear be – not at all, mild, moderate, E: What if you were faced with the situation that scares you most:
	•
NOT AT ALL1	GO TO *AG24
MILD	GO TO *AG24
MODERATE	
SEVERE	
VERY SEVERE	
DON'T KNOW8	
REFUSED9	

*AG19. During the pararely, or never?	ıst 12 n	nonths, how	v often di	id you av	void these fe	eared sit	tuations -	- all the tir	ne, most	of the time, sometimes
(IF VOL "IT DEPEN						out for	the situa	tion that yo	u avoide	ed <u>most</u> : Did you avoi
it all the time, most of	the tim	e, sometim	es, rarely	, or neve	er?)					
ALL THE TIME MOST OF THE TIME SOMETIMES	Ξ				2					
RARELY										
NEVER										
DON'T KNOW										
REFUSED										
No									,	Very Severe
Interference		Mild			Moderate			Severe]	Interference
0	1	2	3	4	5	6	7	8	9	10
*AG20. (RB, PG 9) T to 10 scale on page 9 or describes how much you	of your our fea	booklet, wh r (or avoida	nere 0 me ince) inte	eans <u>no</u> i erfered w	nterference with each of	and 10 the follo	means very	ery <u>severe</u> i tivities duri	nterferer ng that ti	nce, what number ime?
(IF NEC: How much of You can use any number of the Nec (IF NEC) and the Nec (IF NEC) are the Nec (IF NEC).					with (ACI	TVITY)) during t	hat time?)	(IF NEC); :
NUMBER (0-10)										
*AG20a. Your home shopping, and taking c							_			
snopping, and taking c	ure or t	iie (iiouse)	upur mici	10).		Г	OFS NO	T APPLY		97
								NOW		
)		
						-				
*AG20b. Your ability	y to wo	rk?					_			
DOES NOT APPLY										97
DON'T KNOW										
REFUSED										
*AG20c. Your ability	to for	m and mair	ntain clos	e						
relationships with othe							_		_	
•						DOI	ES NOT	APPLY		97
						DO	N'T KNO	OW		98
						REF	USED			99
*AG20d. Your social	life?									
							_			
DOES NOT APPLY										
DON'T KNOW					•••••					98
REFUSED					•••••					99
*AG21. INTERVIE					G20a - *AC	G20d)				
ALL RESPONSES EGALL OTHERS						O TO :	*AG24			

*AG22. About how many days in the past 12 months were you <u>totally unable</u> to work or carry out your normal activities because of your fear (or avoidance)?
(IF NEC: You may use any number between 0 and 365 to answer.)
NUMBER OF DAYS
DON'T KNOW
*AG24. Did you <u>ever</u> in your life talk to a medical doctor or other professional about your fear (or avoidance) of these situations? (By other professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)
YES
REFUSED9 GO TO *AG38.1
*AG24a. How old were you the <u>first time</u> (you talked to a professional about your fear)?
YEARS OLD
DON'T KNOW
*AG35. Did you ever get treatment for your fear that you considered <u>helpful</u> or <u>effective</u> ?
YES1
NO
*AG35a. How old were you the <u>first time</u> (you got <u>helpful</u> treatment for your fear)?
YEARS OLD
DON'T KNOW
*AG35b.How many professionals did you <u>ever talk</u> to about your fear, up to and including the first time you got helpful treatment?
NUMBER OF PROFESSIONALS GO TO *AG37
DON'T KNOW
*AG35c. How many professionals did you ever talk to about your fear?
NUMBER OF PROFESSIONALS
DON'T KNOW

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*AG37. Did you receive professional treat	tment for your fear at any time in the past 12 months?
YES1	
NO5	
DON'T KNOW8	
REFUSED9	
*AG38. Were you ever hospitalized ov	rernight for your fear?
YES	1
NO5	GO TO *AG38.1
DON'T KNOW8	GO TO *AG38.1
REFUSED9	GO TO *AG38.1
•	(you were hospitalized overnight because of your fear)? YEARS OLD
	_TEARS OLD
DON'T KNOWREFUSED	
*AG38.1 How many of your close relative had a strong fear of being home alone, beir	es including your biological parents, brothers and sisters, and children ever ng in crowds, or being away from home?
NUMBER	
DON'T KNOWREFUSED	

NEURASTHENIA SECTION (N)

*N1. (tired, weak, or exhausted ei	ever in your life have a period lasting several months or longer when you became very her while performing minor everyday <u>physical</u> tasks like working, shopping, housekeeping ming everyday <u>mental</u> tasks like reading, writing, and doing paperwork?					
	YES						
	NO5						
	DON'T KNOW						
	REFUSED						
*N2.	What would happen when you tried to rest or relax — would you fully regain your energy and strength? Or would you still feel tired or weak?						
	FULLY REGAIN						
	STILL FEEL TIRED/WEA	K2					
	DON'T KNOW	8					
	REFUSED	9					
*N3.	During the months or years days, about half the days, or	when this problem was most severe, how often did you get tired — nearly every day, most less than half the days?					
	NEARLY EVERY DAY MOST DAYS						
		S3 GO TO *FD1, NEXT SECTION					
		DAYS 4 GO TO *FD1, NEXT SECTION					
	DON'T KNOW						
	REFUSED						
*N4.	How much did your tirednes at all, a little, some, a lot, or	s ever interfere with either your work, your social life, or your personal relationships – not extremely?					
	NOT AT ALL						
	A LITTLE	2 GO TO *FD1, NEXT SECTION					
	SOME	3					
	A LOT	4					
	EXTREMELY						
	DON'T KNOW						
	REFUSED	9 GO TO *FD1, NEXT SECTION					
	*N4a. How often were yo	u too tired to carry out your daily activities – often, sometimes, rarely, or never?					
		1					
		2					
		3					
		4					
		8					
	REFUSED	9					

*N5.	Still thinking of the months or years when this problem with frequent tiredness was most severe, did you also have any of the following problems during that time:	YES (1)	NO (5)	DK (8)	RF (9)
	*N5a. Did you have frequent headaches? (KEY PHRASE: headaches)	1	5	8	9
	*N5b. Did you often oversleep or wake feeling unrefreshed? (KEY PHRASE: sleep problems)	1	5	8	9
	*N5c. Did you have frequent muscle aches or pains? (KEY PHRASE: aches and pains)	1	5	8	9
	*N5d. Did you often feel dizzy? (KEY PHRASE: dizziness)	1	5	8	9
	*N5e. Were you often unable to relax? (KEY PHRASE: inability to relax)	1	5	8	9
	*N5f. Were you often impatient or irritable? (KEY PHRASE: irritability)	1	5	8	9
	*N5g. Were you often sad or depressed? (KEY PHRASE: sad or depressed)	1	5	8	9
	*N5h. Were you often nervous or worried? (KEY PHRASE: nervous or worried)	1	5	8	9

*N6.	INTERVIEWER CHECKPOINT: (SEE *N5a – *N5f SERIES)	
	AT LEAST ONE 'YES' RESPONSE IN *N5a – *N5f SERIES	GO TO *FD1, NEXT SECTION

*N7.

Did yo	ever talk to a medical doctor about your frequent tiredness and other related problems?
NO DON'T	
*N7a.	Experiences of this sort sometimes occur as a result of physical causes such as illness or injury or the use of medication, drugs, or alcohol. Do you think your frequent tiredness ever occurred as the result of such physical causes? YES
*N7b.	Do you think your frequent tiredness was <u>always</u> the result of physical causes? YES
*N7c.	What do you think the cause was?

GO TO *N15

*N8. What did the doctor say was the cause?

IF VOL "MORE THAN ONE DOCTOR," PROBE: What were all the causes the different doctors told you? CIRCLE ALL THAT APPLY.

PSYCHOLOGICAL PROBLEMS	
PANIC	1
ANXIETY	2
DEPRESSION	3
NERVES/EMOTIONS/MENTAL HEALTH	.4
OTHER PSYCHOLOGICAL (SPECIFY BELOW)	5
STRESS	
OVERWORK	10
TENSION	
OTHER STRESSFUL EXPERIENCE (SPECIFY BELOW)	
PHYSICAL ILLNESS/INJURY/CONDITION	
CHRONIC FATIGUE SYNDROME	20
EXHAUSTION	21
HYPERVENTILATION	22
HYPOCHONDRIASIS	23
MENSTRUAL CYCLE	
PREGNANCY/POSTPARTUM	
HEART DISEASE	_
HIGH BLOOD PRESSURE	
OVERWEIGHT	
OTHER PHYSICAL ILLNESS (SPECIFY BELOW)	
MEDICATION/DRUGS/ALCOHOL	
MEDICATION (SPECIFY BELOW)	30
DRUGS (SPECIFY BELOW)	
ALCOHOL	
ALCOHOL	32
OTHER	
NO DEFINITIVE DIAGNOSIS	.81
OTHER (SPECIFY BELOW)	.82
DON'T KNOW	88
REFUSED	.99
SPECIFY:	

*N9.	INTERVIEWER CHECKPOINT: (SEE *N8) FOLLOW SKIP FOR FIRST ENDORSED ITEM						
	ONE OR MORE RESPONSES ARE CIRCLED IN 1-12 SERIES						
	(PSYCHOLOGICAL/STRESS)						
	ONE OR MORE RESPONSES ARE CIRCLED IN 30-32 SERIES						
	(MED/DRUGS/ALC)						
	(PHYSICAL ILLNESS)						
	ALL OTHERS						
*N10.	Was your frequent tiredness <u>always</u> the result of taking medication, drugs, or alcohol?						
	YES 1 GO TO *N15						
	NO5						
	DON'T KNOW8						
	REFUSED9						
*N11.	INTERVIEWER CHECKPOINT: (SEE *N8)						
	ONE OR MORE RESPONSES ARE CIRCLED IN 20-29 SERIES						
	(PHYSICAL ILLNESS)						
	ALL OTHERS						
*N12.	When the tiredness was not due to taking medication, drugs, or alcohol, was it <u>always</u> the result of a physical illness, or injury [such as (MENTIONS IN *N8)]?						
	YES1						
	NO5						
	DON'T KNOW8						
	REFUSED9						
	GO TO *N15						
*N13.	Did they find anything abnormal when they examined you or took tests or x-rays?						
	YES1						
	NO						
	EXAMINATION PERFORMED 6 GO TO *N15 DON'T						
	KNOW						
	REFUSED						
*N14.	Was your frequent tiredness <u>always</u> the result of a physical illness or injury [such as (MENTIONS IN *N8)]?						
	YES 1						
	NO5						
	DON'T KNOW8						
	REFUSED9						

*N15.	problems?					
	PSYCHO DON'T H	DLOGICAL FACTORS IMPORTANT				
*N16.		remember your <u>exact</u> age the <u>very first</u> time in your life you had a period lasting several months or longer u were easily tired and had any of the other related problems that we just reviewed?				
	NO DON'T					
	*N16a.	(IF NEC: How old were you?)				
		YEARS OLD GO TO *N17				
		DON'T KNOW998 REFUSED999				
	*N16b.	About how old were you (the first time you had a period of this sort)?				
		YEARS OLD				
		DON'T KNOW 998 REFUSED 999				

*N17. Did you have a period of a month or longer when you had these problems in the past 12 months?

D		5 GO TO *N17c
D	ON'T	KNOW8 GO TO *N17c
R	REFUSE	ED9 GO TO *N17c
*N	N17a.	How recently – in the past month, two to six months ago, or more than six months ago?
		PAST MONTH1
		2-6 MONTHS AGO2
		MORE THAN 6 MONTHS AGO3
		DON'T KNOW8
		REFUSED9
*1	N17b.	How many months in the past 12 months did you have frequent tiredness and any of the other problems we reviewed?
		MONTHS GO TO *N18
		DON'T KNOW98 GO TO *N18
		REFUSED
*N	N17c.	How old were you the last time you had frequent tiredness and any of the other problems we reviewed?
		YEARS OLD
		DON'T KNOW 998
		DON'T KNOW
. Н	low mai	
—— . H	low mai	REFUSED999
		REFUSED
 D	OON'T I	REFUSED
 D	OON'T I	REFUSED
D R	OON'T l	REFUSED
D'RI	OON'T I	REFUSED
D R R R R R R R R R R R R R R R R R R R	OON'T I	REFUSED
D R R R R R R R R R R R R R R R R R R R	OON'T I	REFUSED
D'RI	OON'T I REFUSE NTERV DNE EPALL OT	REFUSED
D'RI	OON'T I REFUSE NTERV DNE EPALL OT	REFUSED
D'RI	OON'T I REFUSE NTERV DNE EPALL OT	REFUSED
DO RI	OON'T I REFUSE NTERV ONE EP ALL OT	REFUSED
. IN O. A	DON'T INTERVENTER ONE EPALL OT	REFUSED

*N21.	How many months or years did the <u>longest</u> of these episodes last?						
	NUMBER						
	CIRCLE UNIT OF TIME: MONTHS YEARS2						
	DON'T KNOW998 REFUSED999						
*N22.	How many different years in your life did you have at least one episode?						
	YEARS						
	DON'T KNOW998						
	REFUSED999						
*N25.	INTERVIEWER QUERY: (SEE *N17)						
	R HAD AN EPISODE IN THE PAST 12 MONTHS						

No Interference			Mild		Moderate			Severe		Very Severe Interference	
	0	1	2	3	4	5	6	7	8	9	10
6.	severe. Us	ing a 0 tee, what	to 10 scal number o	e on page lescribes	e 9 of you how muc	r booklet	, where () means <u>n</u>	<u>o interfer</u>	ence and	problems were most 10 means very sever red with each of the
	(IF NEC: How much did your tiredness and related problems interfere with (ACTIVITY) during that time?) (IF NEC: You can use any number between 0 and 10 to answer.)										
									I	NUMBE	R (0-10)
	*N26a.				, like clear e of the (h		artment)'	?			
								DON'	T KNOV	PPLY V	98
	*N26b.	Your al	bility to v	vork?							
								DON'	T KNOV	PPLY V	98
	*N26c.		bility to f nships wi		maintain g people?	<u>close</u>					
								DON'	T KNOV	PPLY V	98
	*N26d.	Your so	ocial life?	•							
										PPLY	

*N27. INTERVIEWER CHECKPOINT: (SEE *N26a - *N26d)

ALL FOUR RESPONSES TO *N26a - *N26d SERIES EQUAL '0' OR '97' ______ 1 GO TO *N30 ALL OTHERS ______ 2

REFUSED......99

*N28.	About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of your tiredness?						
	(IF NEC: You can use any number between 0 and 365 to answer.)						
	NUMBER OF DAYS						
	DON'T KNOW						
*N30.	INTERVIEWER CHECKPOINT: (SEE *N7)						
	"YES" RESPONSE IN *N7						
*N31.	How old were you the <u>first</u> time you ever talked to a medical doctor or other professional about your tiredness? (By other professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)						
	YEARS OLD GO TO *N33 (GO TO *N44) ** (15h)						
	DON'T KNOW						
*N32.	Did you <u>ever</u> in your life talk to a professional about your tiredness? (By professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)						
	YES 1 NO 5 GO TO *FD1, NEXT SECTION DON'T KNOW 8 GO TO *FD1, NEXT SECTION REFUSED 9 GO TO *FD1, NEXT SECTION						
	*N32a. How old were you the <u>first time</u> (you talked to a professional about your tiredness)?						
	YEARS OLD						
	DON'T KNOW998 REFUSED999						

*N44.	Did you ever get treatment for your tiredness that you considered <u>helpful</u> or <u>effective</u> ?								
	NO DON'T	ES							
	*N44a.	How old were you the <u>first time</u> (you got <u>helpful</u> treatment for your tiredness)?							
		YEARS OLD							
		DON'T KNOW998 REFUSED999							
	*N44b.	How many professionals did you <u>ever talk</u> to about your tiredness, up to and including the first time you got helpful treatment?							
		NUMBER OF PROFESSIONALS GO TO *N46							
		DON'T KNOW							
	*N44c.	How many professionals did you ever talk to about your tiredness?							
		NUMBER OF PROFESSIONALS							
		DON'T KNOW98 REFUSED99							
*N46.	Did you	receive professional treatment for your tiredness at any time in the past 12 months?							
	NO DON'T								
*N47.	7. Were you ever hospitalized overnight for your tiredness?								
	NO DON'T								
	*N47a.	How old were you the first time (you were hospitalized overnight because of your tiredness)?							
		YEARS OLD							
		DON'T KNOW998 REFUSED999							
		GO TO *OCD, NEXT SECTION							

END OF SECTION

OBSESSIVE-COMPULSIVE DISORDER SECTION

O1.	Some people have repeated unpleasant thoughts, images, or impulses that they can't get out of their heads. For example, some people have the idea that their hands are dirty no matter how much they wash them. Did you ever have a time in your life when you were bothered by any of the following:				
		YES (1)	NO (5)	DK (8)	RF (9)
O1a.	A recurrent, persistent concern about dirt, germs, or contamination? (KEY PHRASE: concerns about germs or contamination)	1	5	8	9
O1b.	A recurrent, persistent concern about harming someone, or being responsible for things going wrong? (KEY PHRASE: concerns about causing harm)	1	5	8	9
O1c.	A recurrent, persistent concern about having things symmetrical, lined up, or ordered in exactly the right way, or a recurrent urge to count or touch things? (KEY PHRASE: concerns about symmetry and order)	1	5	8	9
O1d.	A recurrent, persistent concern about having to save or keep things, even if they have little monetary or sentimental value? (KEY PHRASE: concerns about saving things)	1	5	8	9
Ole.	Any another disturbing thought that kept entering your mind, such as concerns about doing something terrible or morally wrong, sexual thoughts that you found disturbing and unpleasant, or some other repeated, upsetting thought, image, or impulse? (KEY PHRASE: [and some other] recurrent, disturbing thoughts)	1	5	8	9

ONE OR MORE RESPONSES CODED '1'1 LL OTHERS

O3. You mentioned (KEY PHRASES OF ALL 'YES' RESPONSES IN **O1a - O1e**). I will use the phrase "unpleasant thoughts" to refer to these thoughts, images, and impulses. The next questions focus only on these thoughts, not on anything you might have done when the thoughts came to mind.

Sometimes unpleasant thoughts of this sort are related to day-to-day problems in areas like finances, work, personal relationships, or planning for the future. How often did your unpleasant thoughts focus on day-to-day problems – all the time, most of the time, sometimes, rarely, or never?

ALL	1
MOST	2
SOME	3
RARELY	4
NEVER	5

INTERVIEWER CHECKPOINT: (SEE O1a - O1e)

O2.

GO TO O4

6464 Supported Employment Demonstration Attachment K. CIDI 05-03-17

DON'T KNOW 8 REFUSED 9

	Osa.	time, most of the time, sometimes, rarely, or never?						
		ALL1						
		MOST2						
		SOME3						
		RARELY4						
		NEVER5						
		DON'T KNOW8						
		REFUSED9						
O4.	Please	give me a brief example of your unpleasant thoughts (that did <u>not</u> focus on day-to-day problems):						
	(PROE	BE FOR UP TO 3 EXAMPLES: Any other examples of unpleasant thoughts?)						
	_							
	-							
O5.	How much did these unpleasant thoughts ever upset you or cause you emotional distress – extremely, a lot, some, a little, or not at all?							
	EVED	EMELV 1						
		EMELY1						
		······2						
		73						
		ΓLE4						
		AT ALL5						
		T KNOW8						
	REFU	SED9						
O6.		g the time in your life when you had these unpleasant thoughts, how often did any of them seem ive or unreasonable to you – all the time, most of the time, sometimes, rarely, or never?						
	ALI.	1 GO TO O8						
		2 GO TO O8						
		3 GO TO O8						
		LY4 GO TO 08						
		R5						
		Γ KNOW						
	KEFU	SED9						
	O6a.	Did you ever pay more attention to these unpleasant thoughts than they deserved?						
		YES						
		DON'T KNOW8						
		REFUSED9						

O7.	INTERVIEWER	CHECKPOINT:	(SEE Q5):

O5 CODED '1', '2' OR '3'	
ALL OTHERS2	GO TO O21

O8.	OFTEN (1)	SOMETIMES (2)	RARELY (3)	NEVER (4)	DK (8)	RF (9)
O8a. How often did you try to resist the unpleasant thoughts or push them out of your mind?	1 GO TO 09	2 GO TO 09	3	4	8	9
O8b. How often did you try to ignore these unpleasant thoughts or think about other things?	1 GO TO 09	2 GO TO 09	3	4	8	9
O8c. Some people react to unpleasant thoughts by thinking or doing something over and over. For example, a person who worries about leaving the door unlocked might check the lock again and again. Or a person who has a terrible thought might pray, count, or repeat words in his mind over and over. How often did you react to your unpleasant thoughts by thinking or doing something over and over?	1	2	3	4	8	9

Ω 9	INTERVIEWER	CHECKPOINT:	(SEE O8a -	- O8c)

ONE OR MORE RESPONSES CODED '1', '2' OR '3'1	
ALL OTHERS2	GO TO 021

O10. How often were these thoughts so strong that you could not get them out of your mind 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

O11. How much did these thoughts 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

6464 Supported Employment Demonstration Attachment K. CIDI 05-03-17
REFUSED9

Did you have any of these unpleasant thoughts in the <u>past 12 months</u>?

O12.

DON'	5 GO TO 012c
	T KNOW8 GO TO O12c
REFUS	SED9 GO TO O12c
O12a.	How recently – in the past month, two to six months ago, or more than six months ago?
	PAST MONTH 1
	2-6 MONTHS AGO2
	MORE THAN 6 MONTHS AGO3
	DON'T KNOW8
	REFUSED9
O12b.	About how many weeks altogether in the past 12 months did you have any of these unpleasant thoughts?
	WEEKS GO TO O13
	DON'T KNOW998 GO TO O13
	REFUSED999 GO TO O13
O12c.	How old were you the last time you had any of these unpleasant thoughts?
	YEARS OLD GO TO O14
	DON'T KNOW998 GO TO 014
	REFUSED999 GO TO O14
	YES
	YES
though	YES

O14.	Was there <u>ever</u> a time in your life lasting <u>two weeks or longer</u> when you had any of these unpleasant thoughts <u>most day</u> s?			
		YES		
	O14a.	How old were you the last time you had any of these unpleasant thoughts <u>most days</u> for <u>two weeks or longer</u> ?		
		YEARS OLD		
		DON'T KNOW998 REFUSED999		
O15.	INTER	VIEWER CHECKPOINT (SEE O12):		
		ODED '1'		
O16.	12 mor	questions ask about your experiences with these unpleasant thoughts in the past 12 months. In the past nths, on average, how much of your time was occupied by these thoughts – less than 1 hour a day, nours a day, more than 3 hours and up to 8 hours a day, or more than 8 hours a day?		
		THAN 1 HOUR 1		
	MORE	HOURS2 THAN 3, UP TO 8 HOURS3		
	MORE	THAN 8 HOURS4 KNOW8		
		SED9		
O17.		ast 12 months, how much did these unpleasant thoughts interfere with your work, your social life, or sonal relationships – not at all, a little, somewhat, a lot, extremely?		
		T ALL1		
		TLE2 3		
		EMELY5		
		EMELY8		
	REFUS	SED9		
O18.		past 12 months, how much did these unpleasant thoughts upset you or make you anxious – not at all, somewhat, a lot, extremely?		
		T ALL		
		TLE2 3		
	A LOT	EMELY5		
	DON'T	T KNOW8		
	REFUS	SED9		

O19.	In the past 12 months, how much of an effort did you make to resist these unpleasant thoughts or to turn your attention away from them as they entered your mind – none, a little, some, a lot, or an extreme effort?						
	NONE						
O20.	How much control did you have over these unpleasant thoughts in the past control, moderate control, much control, or complete control?	12 mon	ths – no	control	l, little		
	NONE						
O21.	Some people feel driven to do certain behaviors over and over, either physical example, some people check the stove in their home again and again, many times they see that the stove is turned off. Did you ever have a time in y carried out any of the following behaviors:	nes a da	y, no ma	atter hov			
	, , , , , , , , , , , , , , , , , , ,	YES (1)	NO (5)	DK (8)	RF (9)		
O21a.	Repeatedly washing, cleaning, or decontaminating? (KEY PHRASE: washing or cleaning)	1	5	8	9		
O21b.	Repeatedly checking things like locks or stoves, or repeatedly making sure that no harm or injury was done to yourself or someone else? (KEY PHRASE: checking things)	1	5	8	9		
O21c.	Repeatedly straightening, lining up, arranging, counting, or touching things, or doing things in an exactly defined order? (KEY PHRASE: ordering or touching things)	1	5	8	9		
O21d.	Always having to save things, to the point where you could not throw away things that you no longer needed or cared about? (KEY PHRASE: saving things)	1	5	8	9		
O21e.	Any other repetitive behaviors that you felt driven to do, such as going over and over a moral argument in your mind, or praying over and over for forgiveness, or some other physical or mental act you felt you had to do repeatedly? (KEY PHRASE: [and some other] behaviors you did over and over)	1	5	8	9		
O22.	INTERVIEWER CHECKPOINT (SEE O21a – O21e):						
	ONE OR MORE RESPONSES CODED '1' 1 ALL OTHERS 2	GO TO (024				

O23.	INTERVIEWER	CHECKPOINT	(SEE O	07
U23.	INTERVIEWER	CHECKPOINT	(SEE O	ソ)

O9 CODED '1'1	GO TO 043
ALL OTHERS2	GO TO 074

O24. You mentioned (KEY PHRASES OF ALL 'YES' RESPONSES IN **O21a – O21e**). I will use the phrase "repeated behaviors" to refer to these repeated physical or mental acts. The next questions focus just on these repeated behaviors, not the thoughts I asked about earlier.

During the time in your life when you were doing these repeated behaviors, how often did any of them seem excessive or unreasonable to you – all the time, most of the time, sometimes, rarely, or never?

ALL	1	GO TO O26
MOST	2	GO TO O26
SOME	3	GO TO O26
RARELY	4	GO TO 026
NEVER	5	
DON'T KNOW	8	
REFUSED	9	

O24a. Did you ever think these behaviors were useless or unnecessary, or that you overdid them?

YES1	GO TO O26
NO5	
DON'T KNOW8	
REFUSED9	

O25. INTERVIEWER CHECKPOINT (SEE **09**):

O9 CODED '1'1	GO TO 043
ALL OTHERS2	GO TO 074

O26.		OFTEN (1)	SOMETIMES (2)	RARELY (3)	NEVER (4)	DK (8)	RF (9)
O26a.	How often did doing these repeated behaviors make you feel less anxious or upset?	1 GO TO O27	GO TO 027	3	4	8	9
O26b.	How often did doing these repeated behaviors keep you from becoming anxious or upset?	1 GO TO O27	GO TO 027	3	4	8	9
O26c.	How often did you ever feel that something bad might happen if you did not do these repeated behaviors?	1	2	3	4	8	9

α	INTERVIEWER	CHECK DOINT.	$(CEE \Omega)$	Ω
V 12.1.		CHECKPUINT	COEE UZOA -	· ()200)

ONE OR MORE RESPONSES CODED '1', '2' OR '3'1	
ALL OTHERS2	GO TO *O29

O28.	How often did you try to resist doing these repeated behaviors – often, sometimes, rarely, or never? OFTEN			
	O28a.	How often were the urges to carry out these behaviors ever so strong that you could not resist them 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		
	O28b.	Some people not only feel some relief when they do these behaviors, but also find them pleasurable or enjoyable. How often did you find these repeated behaviors pleasurable – often, sometimes, rarely, or never?		
		OFTEN 1 SOMETIMES 2 RARELY 3 NEVER 4 DON'T KNOW 8 REFUSED 9		
O29. I	NTERVII	EWER CHECKPOINT: (SEE O27 , O28a)		
	O28a C	DDED '1'		
O30.	INTER	VIEWER CHECKPOINT (SEE O9):		
		DED '1'		
O31.	EXTRE A LOT SOME A LITT NOT A DON'T	uch did these repeated behaviors ever upset you or cause you emotional distress – extremely, a lot, little, or not at all? EMELY		

O32.	How much did these repeated behaviors 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				
	DON'T KNOW				
O33.	Did you carry out any of these repeated behaviors in the <u>past 12 months</u> ?				
	YES1				
	NO DON'T	5 GO TO O33c FKNOW8 GO TO O33c			
	REFUS	SED9 GO TO O33c			
	O33a.	How recently – in the past month, two to six months ago, or more than six months ago?			
		PAST MONTH1			
		2-6 MONTHS AGO2			
		MORE THAN 6 MONTHS AGO3			
		DON'T KNOW8			
		REFUSED9			
	O33b.	About how many weeks altogether in the past 12 months did you carry out any of these repeated behaviors?			
		WEEKS GO TO O34			
		DON'T KNOW998 GO TO O34 REFUSED999 GO TO O34			
	O33c.	How old were you the last time you carried out any of these repeated behaviors?			
		YEARS OLD GO TO O35			
		DON'T KNOW998 GO TO 035 REFUSED999 GO TO 035			
O34.		past 12 months, was there a time lasting two weeks or longer when you carried out any of these d behaviors most days?			
		YES			
	024-	REFUSED			
	O34a.	How recently – in the past month, two to six months ago, or more than six months ago?			
		PAST MONTH1			
		2-6 MONTHS AGO			
		MORE THAN 6 MONTHS AGO3			
		DON'T KNOW8			
		REFUSED9			

	0340.	behaviors most days?		
		WEEKS GO TO O36		
		DON'T KNOW		
O35.		ere <u>ever</u> a time in your life lasting <u>two weeks or longer</u> when you carried out any of these repeated ors <u>most days</u> ?		
		YES		
	O35a.	How old were you the last time you carried out any of these repeated behaviors <u>most days</u> for two weeks or longer?		
		YEARS OLD		
		DON'T KNOW998 REFUSED999		
O36.	INTER	VIEWER CHECKPOINT (SEE O33):		
		DDED '1'		
O37.	past 12	at questions ask about your experiences with these repeated behaviors in the past 12 months. In the months, on average, how much time did you spend performing these behaviors – less than 1 hour a o 3 hours a day, more than 3 hours and up to 8 hours a day, or more than 8 hours a day?		
	1 TO 3 MORE MORE DON'T	THAN 1 HOUR		
O38.		past 12 months, how much did these repeated behaviors interfere with your work, your social life, or extremely?		
	A LITT SOME A LOT EXTRE DON'T	T ALL		

O39.	In the past 12 months, how anxious would you have felt if you were prevented from performing these repeated behaviors – not at all, mildly, moderately, severely, or extremely?
	NOT AT ALL
O40.	In the past 12 months, how much of an effort did you make to resist doing these repeated behaviors – none, a little, some, a lot, or an extreme effort?
	NONE
O41.	How much control did you have over these repeated behaviors in the past 12 months – no control, little control, moderate control, much control, or complete control?
	NONE
O42.	In the past 12 months, how much did these repeated behaviors upset or bother you – 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
O43.	INTERVIEWER CHECKPOINT: (SEE O12 , O33)
	O12 CODED '1' 1 O33 CODED '1' 2 ALL OTHERS 3 GO TO 053
O44.	INTERVIEWER CHECKPOINT (SEE 09):
	O9 CODED '1'

O45.	INTERV	EWER (СНЕСКРО	INT: (SI	EE O 29)						
			OR '2'						O O47 O O48		
O46.			INSTRUC' N. DO NO					BEH	IAVIORS" F	OR T	THE REMAINDER
				•	GO TO (O49 INTI	RO1				
O47.			INSTRUC OR THE R					ASAN	T THOUGI	HTS	OR REPEATED
					GO TO (O49 INTI	RO2				
O48.			NSTRUCT THE SEC						IOUGHTS" l RS.	FOR 7	ГНЕ
			GO TO ()49 INT	TRO3						
O49 II	NTRO1			O49 1	NTRO2				O49 INTR	03	
Think about the month or longer in the past 12 months when your repeated behaviors were most severe.			repeat unple earlie longe these	The next questions ask about these repeated behaviors and the unpleasant thoughts you mentioned earlier. Think about the month or longer in the past 12 months when these thoughts or behaviors were most severe.			ned r en	The next questions ask about the unpleasant thoughts you mentioned earlier. Think about the month or longer in the past 12 months when your unpleasant thoughts were mos severe.			
In	No nterference		Mild	1	Ŋ	Moderate			Severe		Very Severe Interference
	0	1	2	3	4	5	6	7	8	9	10
O49.	very seve	<u>re</u> interfe	erence, wha	at numbe	er describ	es how n	nuch thes	e (unp	leasant thoug	hts/ u	ace and 10 means impleasant thoughts s during that time?
			uch did the e with (AC					t thou	ghts or repeat	ed be	haviors/ repeated
	(IF NEC:	You can	n use any n	umber b	etween (and 10 t	o answer	.)			
									N	UME	BER (0-10)
	O49a.		ome mana				artment)?				
									DES NOT AP DN'T KNOW		

	6464 Supported	Employmer	nt Demonsti	ration Attac	chment K.	CIDI 05	-03-1	7
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REFUSED......99

	O49b.	Your ability to wo	ork?		
				DOES NOT APPLY DON'T KNOW	
				REFUSED	
	O49c.	Your ability to for relationships with	rm and maintain <u>close</u> h other people?		
				DOES NOT APPLY DON'T KNOW REFUSED	98
	O49d.	Your social life?			
				DOES NOT APPLY DON'T KNOWREFUSED	98
				OR '97' 1 GO	О ТО О52
O51.	normal a			were you <u>totally unable</u> to work or ca unpleasant thoughts or repeated beh	
	_		umber between 0 and 365 to	answer.)	
		NUMBER OF I	DAYS		
		KNOW99 ED99			
O52. T	repeated result of think you	behaviors/ repeated physical causes such	behaviors) since they first be as physical illness or injury hts/ unpleasant thoughts or r	hese (unpleasant thoughts/ unpleas began. Experiences of this sort some y or the use of medication, drugs, or repeated behaviors/ repeated behavior	times occur as a alcohol. Do you
	NO DON'T I		GO TO O58a GO TO O59 GO TO O59 GO TO O59		

O53.	INTERVIEWER CHECKPO	INT (SEE O9):	
	09 CODED '1'	1	
			ГО О55
O54.	INTERVIEWER CHECKPO	INT: (SEE O29)	
	O29 CODED '1' OR '2'	1 GO	ГО О56
			го 057
O55.	INTERVIEWER INSTRUCTOR THE SECTION. DO NOT		HAVIORS" FOR THE REMAINDER
	GO ТО (058 INTRO1	
O56.		TIONS: REFER TO "UNPLEASAI EMAINDER OF THE SECTION.	NT THOUGHTS OR REPEATED
	GO TO G	058 INTRO2	
O57.	REMAINDER OF THE SEC	TIONS: REFER TO " UNPLEASANT T TION. DO NOT REFER TO BEHAVIO D58 INTRO3	
	NTRO1	O58 INTRO2	O58 INTRO3
	ext questions ask about your ences with these repeated	The next questions ask about your	The next questions ask about your
	iors since they first began.	experiences with these repeated behaviors, and the unpleasant	experiences with the unpleasant thoughts you mentioned earlier,
	into since the first organi	thoughts you mentioned earlier, since they first began.	since these thoughts first began.
O58.	use of medication, drugs, or a		s such as physical illness or injury or the houghts/ unpleasant thoughts or repeated al causes?
	O58a. Do you think they wer	e <u>always</u> the result of physical causes?	
	YES		

What were these physical causes?

O58b.

	CHECK	X ALL MENTIONS
	DHVSI	CAL ILLNESS/INJURY
	1111510	EXHAUSTION1
		MENSTRUAL CYCLE2
		PREGNANCY/POSTPARTUM3
		HEART DISEASE4
		THYROID DISEASE5
		CANCER
		OVERWEIGHT7
		INFECTION [FOR EXAMPLE: THROAT INFECTION]8
		OTHER PHYSICAL ILLNESS OR INJURY (SPECIFY)9
	MEDIC	ATION/DRUGS/ALCOHOL
		MEDICATION (SPECIFY BELOW)10
		DRUGS (SPECIFY BELOW)11
		ALCOHOL12
	OTHER	
		NO DEFINITIVE DIAGNOSIS81
		OTHER (SPECIFY BELOW)82
		DON'T KNOW
		REFUSED99
	SPECIF	YY
	Si Len	
O59.		y have experiences like these when they are sad or depressed. Did the (unpleasant thoughts/ hts or repeated behaviors/ repeated behaviors) usually occur during times when you were sad
	YES	1
	NO	
	DON'T KNOW.	
	REFUSED	
	KEPOSED	
		ever have these (unpleasant thoughts/ unpleasant thoughts or repeated behaviors/ repeated rs) when you were <u>not</u> sad or depressed?
	VFS	1
		5
		KNOW8
		ED9
	KLI US.	

000.	thoughts or repeated behaviors/ the repeated behaviors). Can you remember your exact age?							
	DON'T	GKNOW						
	O60a.	(IF NEC: How old were you?)						
		YEARS OLD GO TO O61						
		DON'T KNOW						
	O60b.	About how old were you (the first time you had an experience of this sort)?						
		IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school?						
		IF NOT YES, PROBE: Was it before you were a teenager?						
		YEARS OLD						
		BEFORE STARTED SCHOOL						
O61 .	How m	any different years in your life did you have these experiences?						
001.	110W III							
		YEARS						
		EKNOW998 SED999						
O62.	INTER	VIEWER CHECKPOINT: (SEE O13, O14)						
		DDED '1'						
		DDED '1'						
O63.	INTER	VIEWER CHECKPOINT: (SEE 034, 035)						
		DDED '1'1						
		DDED '1'						

	(unpleasant thoughts/ unpleasant thoughts or repeated behaviors/ repeated behaviors). Can you remember your exact age?								
	NO DON'T		GO TO O64b GO TO O64b GO TO O64b						
	O64a.	(IF NEC: How old were you?)							
		YEARS	S OLD GO TO	0 065					
		DON'T KNOW REFUSED		TO O65 TO O65					
	O64b.	About how old were	About how old were you (the first time you had two weeks of this sort)?						
		IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school?							
		IF NOT YES, PROBE: Was it before you were a teenager?							
		YEARS	YEARS OLD						
		BEFORE TEENS BEFORE 20s WHOLE LIFE OR	D SCHOOL DON'T KNOW	12 19 998					
O65 .		nany different years in nces most days?	your life did you have	ve a time lasting two weeks or longer when you	ou had these				
		YEARS							
	DON'T KNOW998 REFUSED999								
O66.	Think of the time in your life when these (unpleasant thoughts/ unpleasant thoughts and repeated behaviors/ repeated behaviors) were most frequent. About how many minutes or hours each day did you spend (with these unpleasant thoughts on your mind/ either with these unpleasant thoughts on your mind, or carrying out repeated behaviors/ carrying out these repeated behaviors)?								
	PROBE	PROBE FINAL DK: Was it more than 60 minutes a day?							
		NUMBER							
	CIRCL	E UNIT OF TIME:	MINUTES1	HOURS2					
		KNOW SED	98 99						

O64. Now think of the very first time in your life you had two weeks or longer when most days you experienced

O67.	INTERVIEWER CHECKPOINT: (SEE 045 , 054)								
	O45 C0	ODED '1'1							
	O54 C0	DDED '1'							
	ALLO	THERS							
O68.	Were you bothered mainly by unpleasant thoughts, mainly by repeated behaviors, or about equally by both the thoughts and behaviors?								
		GHTS1							
		VIORS2							
		L							
		SED9							
O69.	Did you <u>ever</u> in your life talk to a medical doctor or other professional about these (unpleasant thoughts/unpleasant thoughts or repeated behaviors/ repeated behaviors)? (By other professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals).								
		1							
		5 GO TO 074 CKNOW8 GO TO 074							
		SED9 GO TO 074							
O70.	How old were you the <u>first</u> time (you talked to a medical doctor or other professional about these [unpleasant thoughts/ unpleasant thoughts or repeated behaviors/ repeated behaviors])?								
	YEARS OLD								
		EKNOW							
O71.	Did you ever get treatment for these (unpleasant thoughts/ unpleasant thoughts or repeated behaviors/ repeated behaviors) that you considered helpful or effective ?								
		1							
		SED							
	O71a. How old were you the <u>first time</u> (you got <u>helpful</u> treatment for these [unpleasant thunpleasant thoughts or repeated behaviors/repeated behaviors])?								
		YEARS OLD							
		DON'T KNOW998							
		REFUSED999							
	O71b.	How many professionals did you <u>ever_talk</u> to about these (unpleasant thoughts/ unpleasant thoughts or repeated behaviors/ repeated behaviors), up to and including the first time you got helpful treatment?							
		NUMBER OF PROFESSIONALS GO TO O72							
		DON'T KNOW 98 GO TO O72							

6464 Supported Employment Demonstration A	Attachment K. CIDI 05-03-17
REFUSED99	GO TO 072

	O71c. How many professionals did you <u>ever_talk</u> to about these (unpleasant thoughts/unpleasant thoughts or repeated behaviors/ repeated behaviors)?							
		NUMBER OF PROFESSIONALS						
		DON'T KNOW98 REFUSED99						
O72.		u receive professional treatment for these (unpleasant thoughts/ unpleasant thoughts or repeated ors/ repeated behaviors) at any time in the past 12 months?						
	NO DON'T							
O73.		you ever hospitalized overnight for these (unpleasant thoughts/ unpleasant thoughts or repeated ors/ repeated behaviors)?						
	NO DON'T							
	O73a.	How old were you the first time (you were hospitalized overnight because of these [unpleasant thoughts unpleasant thoughts or repeated behaviors/ repeated behaviors])?						
		YEARS OLD						
		DON'T KNOW998 REFUSED999						
	O73b. How many separate times were you ever hospitalized for these (unpleasant thoughts/ unpleasant thoughts or repeated behaviors/ repeated behaviors)?							
		NUMBER OF TIMES DON'T						
		KNOW998 REFUSED999						
O74.	INTER	VIEWER CHECKPOINT: (SEE RESPONDENT'S ID NUMBER) RANDOM 30% OF						
		ONDENTS						

END OF SECTION

PSYCHOSIS SCREEN (PS)

*PS1.	The next questions are about unusual things, like seeing visions or hearing voices. W	e believe	e that these	things ma	av be
151.	quite common, but we don't know for sure because previous research has not done a please take your time and think carefully before answering.				
	r	YES	NO	DK	RF
		(1)	(5)	(8)	(9)
*PS1a.	The first thing is seeing a vision that is, seeing something that other people who were there could not see. Did you ever see a vision that other people could not see?	1	5 GO	8 GO	9 GO
	(KEY PHRASE: saw a vision)		TO *PS1b	TO *PS1b	TO *PS1b
*PS1a.1	. Did this every happen when you were <u>not</u> dreaming, not half-asleep, and not		5	8	9
	under the influence of alcohol or drugs?	1	GO	GO	GO
		1	TO *PS1b	TO *PS1b	TO *PS1b
*PS1a.2.	About how many times in your life did this ever happen (when you saw a vision whe half-asleep, and not under the influence of alcohol or drugs)?	en you w	ere not dr	eaming, n	
	nan-asicep, and not under the influence of alcohol of drugs):				
	TIMES				
	DON'T KNOW998				
	REFUSED				
*DC1 - 2	Could you give me a brief example of a time when this happened?				
*P31a.5.	Could you give me a orier example of a time when this happened?				
*PS1a.4.	What do you think caused this to happen?				
*PS1b.	The second thing is hearing voices that other people could not hear. I don't mean having good hearing, but rather hearing things that other people said did not exist, like strange voices coming from inside your head talking to you or about you, or voices coming out of the air when there was no one around. Did you ever hear voices in this way? (KEY PHRASE: heard voices)	1	5 GO TO *PS1c	8 GO TO *PS1c	9 GO TO *PS1c
*PS1b.1	. Did this every happen when you were <u>not</u> dreaming, not half-asleep, and not under the influence of alcohol or drugs?	1	5 GO TO	8 GO TO *DS1.	9 GO TO

		YES (1)	NO (5)	DK (8)	RF (9)
*PS1b.2.	About how many times in your life did this ever happen (when you heard voices whalf-asleep, and not under the influence of alcohol or drugs)?			. ,	
	TIMES				
	DON'T KNOW				
*PS1b.3.	Could you give me a brief example of a time when this happened?				
*PS1b.4.	What do you think caused this to happen?				
	The third thing is really two. One is believing that some mysterious force was inserting many different strange thoughts that were definitely not your own thoughts directly into your head by means of x-rays or laser beams or other methods. The other is believing that your own thoughts were being stolen out of your mind by some strange force. Did you ever have either of these mind control experiences?	1	5 GO TO *PS1d	8 GO TO *PS1d	9 GO TO *PS1d
	(KEY PHRASE: experienced mind control)				
	Did this every happen when you were <u>not</u> dreaming, not half-asleep, and not under the influence of alcohol or drugs?	1	5 GO TO *PS1d	8 GO TO *PS1d	9 GO TO *PS1d
*PS1c.2.	About how many times in your life did this ever happen (when you experienced mindreaming, not half-asleep, and not under the influence of alcohol or drugs)?	d contro	ol when yo	u were no	t
	TIMES				
	DON'T KNOW				

	YES (1)	NO (5)	DK (8)	RF (9)
PS1c.3. Could you give me a brief example of a time when this happened?	, ,	()	(-)	()
*PS1c.4. What do you think caused this to happen?				
*PS1d. The fourth unusual thing is feeling that your mind was being taken over by				
strange forces with laser beams or other methods that were making you do things		5	8	9
you did not choose to do. Did you ever have a time when you felt that your mind was being taken over by strange forces?	1	GO TO	GO TO	GO TO
was being taken over by strange forces.		*PS1e	*PS1e	*PS1e
(KEY PHRASE: felt that your mind was being taken over by strange forces)				
*PS1d.1. Did this every happen when you were <u>not</u> dreaming, not half-asleep, and not		5	8	9
under the influence of alcohol or drugs?	1	GO	GO	GO
		TO *PS1e	TO *PS1e	TO *PS1e
*PS1d.2. About how many times in your life did this ever happen (when you felt that your r	nind was			
strange forces when you were not dreaming, not half-asleep, and not under the inf				
TIMES				
DON'T KNOW998				
REFUSED999				
*PS1d.3. Could you give me a brief example of a time when this happened?				

	YES	NO (5)	DK	RF
*PS1d.4. What do you think caused this to happen?	(1)	(5)	(8)	(9)
*PS1e. The fifth thing is believing that some strange force was trying to communicate directly with you by sending special signs or signals that you could understand but that no one else could understand. Sometimes this happens by special signs coming through the radio or television. Did you ever experience these kinds of attempts at communication from strange forces?	1	5 GO TO *PS1f	8 GO TO *PS1f	9 GO TO *PS1f
(KEY PHRASE: experienced attempts at communication from strange forces)			0	
*PS1e.1. Did this every happen when you were <u>not</u> dreaming, not half-asleep, and not under the influence of alcohol or drugs?	1	5 GO TO *PS1f	8 GO TO *PS1f	9 GO TO *PS1f
*PS1e.2. About how many times in your life did this ever happen (when you experienced atte strange forces when you were not dreaming, not half-asleep, and not under the influ				1
	.01100 01 0		ar a ₅ 5).	
TIMES				
DON'T KNOW998 REFUSED999				
*PS1e.3. Could you give me a brief example of a time when this happened?				
*PS1e.4. What do you think caused this to happen?				

		YES	NO (5)	DK	RF
*PS1f. S	both did you are believe that the second side of the second secon	(1)	(5)	(8)	(9) 9
	ixth, did you ever believe that there was an unjust plot going on to harm you or			_	
i(have people follow you that your family and friends did not believe was true?	1	GO	GO TO	GO
(1	VEV DLD A CE, believed there was a mlet to home you)		TO		TO
	XEY PHRASE: believed there was a plot to harm you)		*PS2	*PS2	* PS2
	Did this every happen when you were <u>not</u> dreaming, not half-asleep, and not		5	-	
	under the influence of alcohol or drugs?	1	GO	GO	GO
			TO	TO	TO
150105			*PS2	*PS2	*PS2
*PS1f.2.	About how many times in your life did this ever happen (when you believed there were not dreaming, not half-asleep, and not under the influence of alcohol or drug TIMES		ot to narm	you when	you
	DOME IN ON				
	DON'T KNOW998				
	REFUSED999				
*PS1f.3. 0	Could you give me a brief example of a time when this happened?				
*PS1f.4. \	What do you think caused this to happen?				
*PS2. INT	ERVIEWER CHECKPOINT: (SEE *PS1a.1, *PS1b.1, *PS1c.1, *PS1d.1, *PS1	e.1, *PS1	f.1)		
	E OR MORE RESPONSES CODED '1' IN *PS1a.1, *PS1b.1, *PS1c.1 , 1d.1, *PS1e.1, *PS1f.1	1			
	OTHERS		GO TO	NEXT S	ECTION
*PS3.	Let me review. You (KEY PHRASE FOR ALL YES MENTIONS IN *PS1a very first time (this/either of these things/any of these things) happened to you?	- *PS1f).	How old	were you	the
	YEARS OLD				
	DON'T KNOW998 REFUSED999				

*PS4.	(Has/Have) (this/either of these things/any of these things) happened to you at any time in the past 12 months?
	YES
*PS5.	About how many different days did (this/either of these things/any of these things) happen to you in the past 12 months?
	NUMBER OF TIMES
	DON'T KNOW998 REFUSED999
*PS6.	About how many different times have you had (this/either of these things/any of these things) happen to you in your entire life?
	NUMBER OF TIMES
	DON'T KNOW998 REFUSED999
*PS7.	Did you ever talk to a doctor or mental health professional for help in dealing with (this/these) experience(s)?
	YES1
	NO
	REFUSED9 GO TO *GM1, NEXT SECTION
*PS8.	What did the doctor say was causing (this/these) experience(s)?
	INTERVIEWER: CIRCLE ALL MENTIONS
	SCHIZOPHRENIA/PSYCHOSIS1
	MANIC-DEPRESSION/MANIA2
	EMOTIONS/NERVES/MENTAL HEALTH3 PHYSICAL ILLNESS/ INJURY4
	MEDICATION/DRUGS/ALCOHOL5
	OTHER (SPECIFY)6
	DON'T KNOW8 REFUSED9

*M3a. How old were you when that episode occurred?

REFUSED.....9

GO TO *M54

*M6.

	1 5 CO TO *M60
	5 GO TO *M6c KNOW8 GO TO *M6c
	ED9 GO TO *M6c
KEI'US	ED9 GO TO WOL
*Мба.	How old were you when that episode occurred?
	YEARS OLD
	DON'T KNOW998
	REFUSED999
*M6b.	How long did that episode last?
	NUMBER GO TO *M7
	CIRCLE UNIT OF TIME: HOURS 1 DAYS 2 WEEKS 3 MONTHS 4 YEARS 5
	DON'T KNOW
	INTERVIEWER INSTRUCTION: USE THE PHRASE "IRRITABLE OR GROUCHY" THROUGHOUTHIS SECTION
*M6c.	Then think of the <u>most recent</u> time you had an episode like this. How old were you when that most recent episode occurred?
	YEARS OLD
	DON'T KNOW998
	REFUSED999
*M6d.	How long did that episode last?
	NUMBER
	CIRCLE UNIT OF TIME: HOURS1 DAYS2 WEEKS3 MONTHS4 YEARS5
	DON'T KNOW
	INTERVIEWER INSTRUCTION: USE THE PHRASE "IRRITABLE OR GROUCHY" THROUGHOUT THIS SECTION

*M7.	During that episode, which of the following changes did you experience:	YES (1)	NO (5)	DK (8)	RF (9)
*M7a.	Did you become so restless or fidgety that you paced up and down or couldn't stand still? (KEY PHRASE: being restless)	1	5	8	9
*M7b.	Were you a lot more interested in sex than usual, or did you want to have sexual encounters with people you wouldn't ordinarily be interested in? (KEY PHRASE: having a lot more interest in sex than usual)	1	5	8	9
*M7c.	Did you become overly friendly or outgoing with people? (KEY PHRASE: being overly friendly or outgoing)	1	5	8	9
*M7d.	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? (KEY PHRASE: behaving inappropriately)	1	5	8	9
*M7e.	Did you try to do things that were impossible to do, like taking on large amounts of work? (KEY PHRASE: trying to accomplish unrealistic goals)	1	5	8	9
*M7f.	Did you talk a lot more than usual or feel a need to keep talking all the time? (KEY PHRASE: talking a lot more than usual)	1	5	8	9
*M7g.	Did you constantly keep changing your plans or activities? (KEY PHRASE: constantly changing plans)	1	5	8	9
*M7h.	Did you find it hard to keep your mind on what you were doing? (KEY PHRASE: hard to keep your mind on things)	1	5	8	9
*M7i.	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? (KEY PHRASE: thoughts racing)	1	5	8	9
*M7j.	Did you sleep far less than usual and still not get tired or sleepy? (KEY PHRASE: sleeping far less than usual)	1	5	8	9
*M7k.	Did you get involved in foolish investments or schemes for making money? (KEY PHRASE: getting involved in foolish schemes)	1	5	8	9

	YES (1)	NO (5)	DK (8)	RF (9)
*M7l. Did you spend so much more money than usual that it caused you to financial trouble? (KEY PHRASE: getting into financial trouble)	have 1	5	8	9
*M7m. Did you do reckless things like driving too fast, staying out all nighaving casual or unsafe sex? (KEY PHRASE: doing risky things)	ht, or	5	8	9
*M7n. Did you have a greatly exaggerated sense of self-confidence or beli you could do things you really couldn't do? (KEY PHRASE: having too much self-confidence)	ieve 1	5	8	9
*M7o. Did you have the idea that you were actually someone <u>else</u> , or that had a special connection with a famous person that you really <u>didn</u> have? (KEY PHRASE: believing you were someone else or somehow connected to a famous person)		5	8	9

*M8. INTERVIEWER CHECK POINT: (SEE *M7a-o)

*M9.	Let me review. You had episodes when you were very (excited and full of energy/irritable or grouchy) and also be some problems like (KEY PHRASE OF 3 "YES" RESPONSES IN *M7 SERIES). How much did these episode ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lo extremely?										
	NOT AT	Γ ALL1 GO TO M10a									
	A LITTLE2 GO TO M10a										
		3									
		4									
		MELY5									
		KNOW									
	KEPOSI	3D9 GO TO WITO									
	*M9a.	How often during these episodes were you unable to carry out your normal daily activities – often, sometimes, rarely, or never?									
		OFTEN1									
		SOMETIMES2									
		RARELY3									
		NEVER4									
		DON'T KNOW 8									
		REFUSED9									
	*M9b.	Did other people say anything or worry about the way you were acting?									
		YES1									
		NO5									
		DON'T KNOW8									
		REFUSED9									
	*M10a.	Episodes of this sort sometimes occur as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think your episodes <u>ever_occurred</u> as the result of such physical causes?									
		YES1									
		NO 5 GO TO *M18									
		DON'T KNOW 8 GO TO *M18									
		REFUSED9 GO TO *M18									
	*M10b.	Do you think <u>all</u> of your episodes were the result of physical causes?									
		YES1									
		NO 5 GO TO *M18									
		DON'T KNOW 8 GO TO *M18									
		REFUSED9 GO TO *M18									
	*M10c.	Briefly, what were the physical causes?									

remember	r your <u>exact</u> age?				
VES		1			
			GO TO *N	// 18h	
	KNOW		GO TO *M		
	ED		GO TO *M		
KLI OSI	LD		do lo m	1100	
*M18a.	(IF NEC: How old w	ere you?)			
	YEARS	SOLD	GO TO	*M18c	
	DON'T KNOW				
*M18b.	About how old were	you the fir	rst time you h	and an episode of this sort?	
	IF "ALL MY LIFE" PROBE: Was it before				
	IF NOT YES, PROB	E: Was it	before you w	vere a teenager?	
	YEARS	OLD			
	BEFORE STARTE	D SCHO	OI.	4	
	BEFORE TEENAG				
	NOT BEFORE TEL				
	WHOLE LIFE OR				
	REFUSED				
*M18c. Was that e	episode brought on by s	some stres	ssful experien	ce? Or did it happen out of the	e blue?
BROUGHT ON B	Y STRESS			1	
OUT OF THE BLU	UE			2	
DON'T REMEMB	BER			5	
DON'T KNOW				998	
REFUSED				999	
*M18d. <u>About</u> hov	w long did that episode	go on?			
	NUMB	ER			
CIRCLE UNIT OF	TIME:	I	HOURS 1	DAYS2 WEEKS3	MONTHS 4 YEARS5
DON'T KNOW			98		
* M19. Did you h	ave one of these episo	des at an	y time in the p	past 12 months?	
YES	1				
NO		GO T	O *M19d		
DON'T KNOW			O *M19d		
REFUSED			O *M19d		

*M18. Think of the <u>very first</u> time in your life you had an episode lasting <u>four days</u> or longer when you became very (excited and full of energy/irritable or grouchy) and also had some of the behavior changes you just reported. Can you

6464 Supported Employment Demonstration Attachment K. CIDI 05-03-17 *M19a. How recently – in the past month, two to six months ago, or more than six months ago? PAST MONTH DON'T KNOW 8 REFUSED......9 *M19b. How many episodes did you have in the past 12 months? NUMBER DON'T KNOW 998 REFUSED......999 *M19c. How many weeks in the past 12 months were you in (this episode/one of these episodes) NUMBER GO TO *M20 DON'T KNOW998 GO TO *M20 REFUSED 999 GO TO *M20 *M19d. How old were you the last time you had one of these episodes? YEARS OLD DON'T KNOW998 REFUSED......999 *M20. How many episodes lasting a <u>full week or longer</u> have you ever had in your life? **NUMBER** DON'T KNOW 998 REFUSED......999 *M21. How many episodes lasting less than one week have you ever had in your life? **NUMBER** 998 DON'T KNOW REFUSED......999

*M22.	How long was the <u>longest</u> episode you ever had?
	NUMBER
CIRCL	LE UNIT OF TIME: HOURS 1 DAYS 2 WEEKS 3 MONTHS 4 YEARS 5
	Γ KNOW998 SED999
*M23.	How many different years in your life did you have at least one episode?
	YEARS
	DON'T KNOW998 REFUSED999
*M26.	INTERVIEWER CHECKPOINT: (SEE *M19)
	*M19 EQUALS '1'

No Interference	Mild		N	Ioderate	:		Severe		Very S Interfe	
0	1	2	3	4	5	6	7	8	9	10

*M27. (RB, PG 9) Think about the month or longer in the past 12 when your episode(s) of being very (excited and full of energy/ irritable or grouchy) (was/were) most severe. Using the 0 to 10 scale on page 9 of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much your episode(s) of being very (excited and full of energy/ irritable or grouchy) interfered with each of the following activities during that time?

(IF NEC: How much did your episode(s) of being very (excited and full of energy/ irritable or grouchy) interfere with (ACTIVITY) during that time?)

(IF NEC: You can use any number between 0 and 10 to answer.)

NUMBER (0-10)

DON'T KNOW	PPLY	
*M27b.	Your ability to work?	DOES NOT APPLY
*M27c. relationships wi	Your ability to form and maintain <u>close</u> ith other people?	DOES NOT APPLY
*M27d.	Your social life?	DOES NOT APPLY 97 DON'T KNOW 98 REFUSED 99

*M29. About how many days out of 365 in the past 12 months were you <u>totally unable</u> to work or carry out your normal activities because of your episode(s) of being very (excited and full of energy/ irritable or grouchy)?
(IF NEC: You can use any number between 0 and 365 to answer.)
NUMBER OF DAYS
DON'T KNOW
*M29.1. INTERVIEWER CHECKPOINT
R CAN READ
*M29.2. (RB, PG 10-13) For the next questions I need you to think about the episode of four days or more during the <u>past 12 months</u> when you were in the <u>most severe</u> episode of being very (excited and full of energy/ irritable or grouchy). Please read each of the eleven sets of statements on pages 10-13 in your booklet and circle the one response for each of the eleven that best describes your experience during the worst four days. As you finish each set, please tell me the number of the statement you have circled.
GO TO *M30a
*M30. (RB, PG 10-13) For the next questions I need you to think about the episode during the <u>past 12 months</u> when you were in the <u>most severe</u> episode of being very (excited and full of energy/irritable or grouchy). I'm going to read eleven series of statements. Please pick the one statement in each series that comes closest to your experience during that worst four days.
*M30a. Here's the first series, which deals with your mood during those four days:
One: Your mood was no more high than usual in terms of things like being happy, self-confident, or optimistic Two: Your mood was a little more high than usual. Three: Your mood was quite a bit more high than usual, but never over the edge or inappropriate. Four: Your mood was over the edge in terms of things like being unrealistically self-confident or optimistic or very happy even when bad things were happening. Five: You were uncontrollably high in terms of things like laughing out loud without cause or singing loudly in public places.
(IF NEC: Which of these five statements was most true of you during your worst episode of being very (excited and full of energy/irritable or grouchy) in the past 12 months?)
NUMBER
DON'T KNOW 998 REFUSED999

DON'T KNOW

998

REFUSED999

*M30b. Here's the next series, which deals with physical arousal:
One: You had no increase in physical arousal in terms of things like energy or restlessness or difficulty sitting still Two: You had some increase in arousal, but not enough for most people to notice. Three: You had a big enough increase in arousal for most people to notice, with things like increases in hand gestures, loudness, or being a lot more animated than usual. Four: You were so highly aroused that you felt agitated or restless or hyper, but not enough to be out of control. Five: You were uncontrollably agitated or restless or hyper.
(IF NEC: Which of these five statements was most true of you during your worst episode of being very (excited and full of energy/irritable or grouchy) in the past 12 months?)
NUMBER
DON'T KNOW 998 REFUSED999
*M30c. Here's the next series, which deals with sexual interest:
One: You had no increase in sexual interest. Two: You had a mild increase in sexual interest. Three: You had a strong increase in sexual thoughts without talking about it or doing anything. Four: You talked a lot more about sex than usual without doing anything about it. Five: You inappropriately propositioned people or touched people sexually or engaged in other sexual behaviors you wouldn't normally do. (IF NEC: Which of these five statements was most true of you during your worst episode of being very (excited and full of energy/irritable or grouchy) in the past 12 months?)
NUMBER
DON'T KNOW 998 REFUSED999
*M30d. Here's the next series, which deals with how much sleep you got:
One: You experienced no decrease in sleep. Two: You slept less than normal by up to one hour. Three: You slept less than normal by more than one hour. Four: You slept less than usual and didn't feel the need for more sleep. Five: You didn't feel the need for any sleep at all.
(IF NEC: Which of these five statements was most true of you during your worst episode of being very (excited and full of energy/irritable or grouchy) in the past 12 months?)
NUMBER

_NUMBER

998

REFUSED999

DON'T KNOW

*M30e. Here's the next series, which deals with how irritable you were:
One: You experienced no increase in irritability, in terms of things like feeling grumpy or acting annoyed or angry. Two: You experienced some increase in irritability, but not enough for most people to notice. Three: You experienced a big enough increase in irritability for most people to notice, with things like sometimes being short or snappy with people or having occasional outbursts of anger. Four: You were very irritable most of the time.
Five: You were so hostile or uncooperative that it was impossible for people to be around you.
(IF NEC: Which of these five statements was most true of you during your worst episode of being very (excited and full of energy/irritable or grouchy) in the past 12 months?)
NUMBER
DON'T KNOW 998 REFUSED999
*M30f. Here's the next series, which deals with how talkative you were:
One: You experienced no increase in talkativeness. Two: You wanted to be more talkative, but didn't actually talk a lot more than usual. Three: At times you talked a lot more than usual or a lot more than the situation required. Four: You often talked a lot more than the situation required or talked so much that it was hard for other people to interrupt you. Five: You talked nonstop or so much that no one could interrupt you even when they tried.
(IF NEC: Which of these five statements was most true of you during your worst episode of being very (excited and full of energy/irritable or grouchy) in the past 12 months?)
NUMBER
DON'T KNOW 998 REFUSED999
*M30g. Here's the next series, which deals with racing thoughts or disorganized thinking:
One: Your thoughts did not come more quickly or seem more confused or escape you more than usual. Two: Your thoughts came somewhat more quickly than usual, or seemed a bit more confused than usual, or you lost your train of thought somewhat more than usual. Three: Your thoughts raced through your mind, or you easily lost your train of thought, or your mind kept jumping from one topic to another. Four: Your thoughts jumped around so much that people had a hard time following you or you couldn't keep yourself on track in a conversation. Five: Your thoughts were going so fast or you were so confused that it was impossible for anyone to follow you or for you to make yourself understood.
(IF NEC: Which of these five statements was most true of you during your worst episode of being very (excited and full of energy/irritable or grouchy) in the past 12 months?)

*M30h. Here's the next series, which deals with thinking about impractical or unrealistic things:

Four: You had	You thought a lot about ght a lot about really stra a lot of grandiose ideas a don't really exist, or idea	about anything different than usual new interests or new plans that were not very practical or realistic. In the interests or new plans that were not very practical or realistic. In the inge unrealistic things like hyper-religious ideas or totally unrealistic plans. In the interest of things you can't really do, or paranoid ideas about plots or is about you being at the center of things that really don't have much to do with you used that you were having delusions or hearing voices or seeing things.
	of these five statements ver grouchy) in the past 12	was most true of you during your worst episode of being very (excited and full of months?)
	NUMBER	
*M30i. Here's	the next series, which de	eals with disruptive or aggressive behavior:
	You were often loud or etimes threatened people reatened or shouted at pe	aptive or aggressive in your behavior than usual. sarcastic with people, but never threatened or got physical. or made hostile demands, but never got physical. Four: eople, but without getting physical. d someone or destroyed property.
	of these five statements ver grouchy) in the past 12	was most true of you during your worst episode of being very (excited and full of months?)
	NUMBER	
DON'T KNOW REFUSED	998	999
*M30j. Here's th	ne next series, which deal	s with your appearance:
due to being very	u. a big change in dressing a overdressed. an extreme change in dreal mess.	s always. In in neatness of dressing or grooming, but not so much that most people would get and grooming, either due to looking like a mess in terms of clothes and grooming or essing or grooming, like being only partly clothed or wearing wild make-up or in-groomed or disorganized in clothing or wore bizarre clothes.
	of these five statements ver grouchy) in the past 12	was most true of you during your worst episode of being very (excited and full of months?)
	NUMBER	
DON'T KNOW REFUSED	998	999

considered <u>helpful</u> or <u>effective</u>	<u>:</u> ?		
YES		1	
NO		GO TO *M45c	
DON'T KNOW		GO TO *M45c	
REFUSED		GO TO *M45c	
KEPUSED	7	GO 10 W143C	
*M45a. How old were you the	e <u>first time [</u> yo	u got <u>helpful</u> treatment for you	r episode(s) of being very (excited and full
of energy/ irritable or grouchy)]?		
	YEARS	OLD	
DON'T KNOW		998	
REFUSED			
*M45b. How many profession grouchy), up to and including) of being very (excited and full of energy/ irritable or
ground, up to and morating	•	ER OF PROFESSIONALS	GO TO *M47
	NUMBE	ER OF PROFESSIONALS	GO 10 *M4/
DON'T KNOW98		GO TO *M47	
REFUSED99		GO TO *M47	
grouchy)?	NUMB	BER OF PROFESSIONALS) of being very (excited and full of energy/ irritable or
*M47. Did you receive profe grouchy) at any time in the past YESNO	st 12 months?	1 5 8	g very (excited and full of energy/ irritable or
*M48. Were you ever hospita grouchy)?	lized overnight	t for your episode(s) of being v	ery (excited and full of energy/irritable or
YES		1	
NO	5	GO TO *M48.1	
DON'T KNOW		GO TO *M48.1	
REFUSED		GO TO *M48.1	
*M48a. How old were you the (excited and full of energy/ irr			pecause of your episode(s) of being very
	YEARS	SOLD	
DON'T KNOW		998	

*M45. Did you ever get treatment for your episode(s) of being very (excited and full of energy/ irritable or grouchy) that you

	How many of your close relatives – including your biological parents, brothers and sisters, and children – ever had of being very (excited and full of energy/ irritable or grouchy)? NUMBER DON'T
KNOW REFUSE	998 D999
	EATING DISORDERS (EA)
*EA1.	This part of the interview is about problems you might have had either with eating or with your weight. Was there ever a time in your life when you had a great deal of concern about or strongly feared being too fat or overweight?
	YES
	*EA1a. Did you ever have this strong worry or fear at a time when you really weighed less than most other people? YES
*EA2.1	INTERVIEWER CHECKPOINT: UNIT OF MEASUREMENT FOR WEIGHT IMPERIAL/US
*EA2.	What was the lowest body weight you ever purposefully had after the age of twelve? BODY WEIGHT (POUNDS or KILOGRAMS) DON'T KNOW
*EA3.1	. INTERVIEWER CHECKPOINT: UNIT OF MEASUREMENT FOR HEIGHT IMPERIAL/US

REFUSED999

6464 Supported Employment Demonstration Attachment K. CIDI 05-03-17

*EA4. INTERVIEWER CHECKPOINT: (SEE *EA2, *EA3 AND MINIMUM WEIGHT TABLE, BELOW)

WEIGHT RECORDED IN *EA2 IS LESS THAN MINIMUM WEIGHT IN TABLE FOR		
HEIGHT RECORDED IN *EA3	1	
ALL OTHERS	2	GO TO *EA16

MINIMUM WEIGHTS FOR WOMEN						
Height (feet) Weight (lbs) 4'10" or less 111 4'11" 114 5'0" 116 5'1" 119 5'2" 122 5'3" 125 5'4" 128 5'5" 132 5'6" 135 5'7" 139 5'8" 142 5'9" 145 5'10" 147 5'11" 150 6'0" or more 152	Height (meters) Weight (kg) 1.47 or less 50 1.50 52 1.52 53 1.55 54 1.57 55 1.60 57 1.62 58 1.65 60 1.68 61 1.70 63 1.73 64 1.75 66 1.78 67 1.8 68 1.83 or more 69					

MINIMUM WEIGHTS FOR MEN						
Height (feet) 5'2" or less 5'3" 5'4" 5'5" 5'6" 5'7" 5'8" 5'9" 5'10"	128 130 133 136 139 143 146 150 153	Height (meters) Weight (kg) 1.57 or less 58 1.60 59 1.62 60 1.65 62 1.68 63 1.70 65 1.73 66 1.75 68 1.78 69 1.80 71				
5'11"	160 163 167 172	1.80 71 1.83 73 1.85 74 1.88 76 1.90 78 1.93 or more 80				

*EA6. At the time you weighed (WEIGHT REPORTED IN *EA2) were you very afraid that you might gain weight?

YES	1	
NO	5	GO TO *EA16
DON'T KNOW	8	GO TO *EA16
PEELISED	O	CO TO *FA16

*EA7. Did you do things to keep your weight low, such as dieting or exercising?

	DON'T KNOW8 (GO TO	(GO TO *EA16) ** (GO TO *EA16) ** (GO TO *EA16) **			(17b)		
*EA8.	INTERVIEWER CHECKPOINT: (R'S GENDER)						
	R IS MALE	*EA10					
*EA9.	Around the time you weighed (WEIGHT REPORTED you stopped having your menstrual periods?	D IN *EA2)	did you e	ver have three mo	onths or more in	n a row when	
	DON'T KNOW8 (GO TO) *EA16) *) *EA16) *) *EA16) *	*			(17c)	
			YES (1)	NO (5)	DK (8)	RF (9)	
*EA10.	Did you feel like you were heavier than you should he been or heavier than you wanted to be?	ave	1	5	8	9	
*EA10b.	(KEY PHRASE: feeling you were too heavy) Did you think that some parts of your body were too fa (KEY PHRASE: thinking that parts of your body were too fat)		1	5	8	9	
*EA10c.	Did you feel like your self-esteem or confidence depended on your ability to stay thin or to lose even more weight?	dod	1	5	8	9	
*EA10d.	(KEY PHRASE: feeling like your self-esteem depend on being thin)Did anyone tell you that your low weight was bad for your health?						
	(KEY PHRASE: hearing from others that your low weight was bad for your health)		1	5	8	9	
*EA11.	. INTERVIEWER CHECKPOINT: (SEE *EA10 SER	RIES-(*EA1	0, *EA10	b, *EA10c, *EA1	10d) **)	(176	
	AT LEAST ONE "YES" RESPONSE IN *EA 10 SE *EA10d) ALL OTHERS				1 2	GO TO *EA16	

*EA12.	Think of the <u>very first</u> time in your life you weighed around (WEIGHT REPORTED IN *EA2) and you had problems like (KEY PHRASES FROM "YES" RESPONSES IN *EA10 SERIES). Can you remember your <u>exact</u> age?								
	YES1								
	NO								
	DON'T KNOW								
	REFUSED9 GO TO *EA12b								
	*EA12a. (IF NEC: How old were you?)								
	YEARS OLD GO TO *EA13								
	DON'T KNOW998 REFUSED999								
	*EA12b. About how old were you the first time?								
	IF DK, PROBE: Was it before your twenties?								
	YEARS OLD								
	BEFORE TWENTIES19								
	DON'T KNOW998								
	REFUSED999								
*EA13.	About how many different years in your life did you weigh around (WEIGHT REPORTED IN *EA2) and have problems like the ones we just reviewed?								
	YEARS								
	DON'T KNOW								
*EA14.	INTERVIEWER CHECKPOINT: (SEE *EA13)								
	*EA13 IS CODED 1 YEAR OR LESS								
*EA15.	How recently did you weigh around (WEIGHT REPORTED IN *EA2) and have problems like the ones we just reviewed – in the past month, two to six months ago, seven to twelve months ago, or more than twelve months ago?								
	PAST MONTH 1 GO TO *EA16								
	2-6 MONTHS AGO 2 GO TO *EA16								
	7-12 MONTHS AGO 3 GO TO *EA16								
	MORE THAN 12 MONTHS AGO4								
	DON'T KNOW								
	*EA15a. How old were you the last time?								
	YEARS OLD								
	DON'T KNOW998 REFUSED999								

*EA16. The next question is about "eating binges" where a person eats a large amount of food during a short period like two hours. By "a large amount" I mean eating so much food that it would be like eating two or more entire meals in one sitting, or eating so much of one particular food -- like candy or ice cream -- that it would make most people feel sick. With that definition in mind, did you ever have a time in your life when you went on eating binges (READ SLOWLY) at least twice a week for several months or longer?

YES1		
NO5	GO TO *EA 23 (GO TO *EA 30) *	(17f)
DON'T KNOW 8	GO TO *EA 23 (GO TO *EA30) *	
REFUSED9	GO TO *EA 23 (GO TO *EA30) *	

		YES (1)	NO (5)	DK (8)	RF (9)
*EA17.	During the binges did you usually eat much more quickly than usual?	1	5	8	9
*EA17a.	Did you usually eat until you felt uncomfortably full?	1	5	8	9
*EA17b.	Did you usually continue to eat even when you didn't feel hungry?	1	5	8	9
*EA17c.	Did you usually eat alone because you were embarrassed by how much you ate?	1	5	8	9
*EA17d.	Did you feel guilty, very upset with yourself, or depressed after you binged?	1	5	8	9
*EA17e.	Around the time you were binge eating, were you very afraid that you would gain weight?	1	5	8	9
*EA17f.	Did you feel like your self-esteem and confidence depended on your weight or body shape?	1	5	8	9
*EA17g.	Did you worry about the long term effects of binging on your health, on your weight, or on your body shape?	1	5	8	9
*EA17h.	Did you often get upset <u>both</u> during and after the binges that your eating was out of your control?	1	5	8	9

*EA18. INTERVIEWER CHECKPOINT: (SEE *EA17 SERIES)

AT LEAST ONE "YES" RESPONSE IN *EA17 SERIES 1	
ALL OTHERS2	GO TO *EA23

	months of	longer?						
	YES	1						
		5 GO TO *EA19b						
	DON'T K	NOW8 GO TO *EA19b						
	REFUSE	O9 GO TO *EA19b						
	*EA19a.	(IF NEC: How old were you?)						
		YEARS OLD GO TO *EA20						
		DON'T KNOW998 REFUSED999						
	*EA19b.	About how old were you the first time?						
		IF DK, PROBE: Was it before your twenties?						
		YEARS OLD						
		BEFORE TWENTIES						
		DON'T KNOW998						
		REFUSED999						
*EA20.		w many different years in your life did you go through periods when you binged at least two times a week for this or longer? YEARS						
		NOW998 D999						
*EA21.	INTERVI	EWER CHECKPOINT: (SEE *EA20)						
		CODED 1 YEAR OR LESS						
*EA22.		atly did you binge at least two times a week – in the past month, two to six months ago, seven to twelve months are than twelve months ago?						
	PAST MO	ONTH 1 GO TO *EA23a						
	2-6 MON	ГНS AGO2 GO TO *EA23 а						
	7-12 MONTHS AGO							
	MORE THAN 12 MONTHS AGO4							
		NOW8						
	REFUSE)9						
	*EA22a.	How old were you the last time?						
		YEARS OLD GO TO *EA23a						
		DON'T KNOW998 GO TO *EA23a REFUSED999 GO TO *EA23a						

*EA19. Can you remember your <u>exact</u> age the very <u>first</u> time in your life you began binging at least two times a week for three

	YES (1)	NO (5)	DK (8)	RF (9)
*EA23. Did you ever do any of the following things regularly in order to control your weight: Did you fast by not eating at all or only taking liquids for 8 hours or longer?	1 GO TO *EA23b	5 GO TO *EA23b	8 GO TO *EA23b	9 GO TO *EA23b
*EA23a. Did you ever do any of the following things regularly after binging in order to control your weight: Did you fast by not eating at all or only taking liquids for 8 hours or longer?	1	5	8	9
(KEY PHRASE: fasted or took only a liquid diet) *EA23b. Did you take water pills, diuretics, or weight control				
medicines? (KEY PHRASE: took weight loss medicine or pills)	1	5	8	9
*EA23c. Did you make yourself vomit? (KEY PHRASE: vomited)	1	5	8	9
*EA23d. Did you take laxatives or enemas? (KEY PHRASE: took laxatives or enemas)	1	5	8	9
*EA23e. Did you exercise <u>excessively</u> ? (KEY PHRASE: exercised excessively)	1	5	8	9
*EA23f. Did you chew and then spit out your food? (KEY PHRASE: spit out your food)	1	5	8	9

*F	A 24	INTERVIEWER	CHECK POINT:	(SEE *F A 23	CEDIEC
ΥН,	A 24	INTERVIEWER	CHECKPOINT	(SEE TEALS)	24 K 1421

AT LEAST ONE "YES' RESPONSE IN *EA23 SERIES	
ALL OTHERS2	GO TO *EA30

*EA25. You (KEY PHRASES FROM "YES" RESPONSES IN *EA23 SERIES). Did you ever do (this/ either of these things/ any of these things) at least two times a week for three months or longer?

YES1	
NO5	GO TO *EA30
DON'T KNOW8	GO TO *EA30
REFUSED9	GO TO *EA30

*EA26.	Can you remember your <u>exact</u> age the <u>very first</u> time you used (this/ any of these) weight control (strategy/ strategies) at least two times a week for three months?							
	YES	1						
		5 GO TO *EA26b						
		NOW8 GO TO *EA26b						
	REFUSEI	D9 GO TO *EA26b						
	*EA26a.	(IF NEC: How old were you?)						
		YEARS OLD GO TO *EA27						
		DON'T KNOW998 REFUSED999						
	*EA26b	. About how old were you the first time?						
		IF DK, PROBE: Was it before your twenties?						
		YEARS OLD						
		BEFORE TWENTIES19						
		DON'T KNOW998						
		REFUSED999						
	DON'T I	YEARS KNOW998 D999						
*EA28.	INTERV	IEWER CHECKPOINT: (SEE *EA27)						
		S CODED 1 YEAR OR LESS						
*EA29.	How recently did you use (this strategy/these strategies) this often – in the past month, two to six months ago, seven to twelve months ago, or more than twelve months ago?							
	PAST M	ONTH 1 GO TO *EA30						
		TTHS AGO2 GO TO *EA30						
		NTHS AGO 3 GO TO *EA30						
		HAN 12 MONTHS AGO4						
		XNOW8 D9						
	KEFOSE	D						
	*EA29a.	How old were you the last time?						
		YEARS OLD						
		DON'T KNOW998						
		REFUSED999						

*EA30.	INTERVIEWER CHECKPOINT: (SEE *EA11, *EA18, *EA24)	
	RESPONSE CODED "1," IN AT LEAST ONE OF THE FOLLOWING: *EA11, *EA18 OR *EA241 ALL OTHERS	GO TO *PR1, NEXT SECTION
*EA31.	INTERVIEWER CHECKPOINT: (SEE *EA15, *EA22, *EA29)	
	RESPONSE CODED "1," "2," OR "3" IN AT LEAST ONE OF THE FOLLOWING: *EA15, *EA22 OR *EA29	GO TO *EA35

In	No terference		Mild		Moderate				Severe		Very Severe Interference
	0	1	2	3	4	5	6	7	8	9	10
EA32.	severe. Us	sing a 0 e, what	to 10 sca number of	le on pag describes	ge 9 of you	ur bookle	et, where	0 means <u>r</u>	<u>no </u> interfer	ence ar	r eating or weight were most and 10 means very severe fered with each of the
	(IF NEC: I	How mu	ıch did pı	oblems v	with your	eating or	weight in	nterfere w	ith (ACT	IVITY)	during that time?)
	(IF NEC: Y	You car	use any	number l	between 0	and 10 t	o answer	.)			
									N	IUMBI	ER (0-10)
	*EA32a.				, like clear re of the (l		artment)?	,			
								DON'	T KNOW	<i></i>	97 98 99
	*EA32b.	Your a	bility to v	work?							
								DON'	T KNOW	<i></i>	97 98 99
	*EA32c.		bility to f		maintain people?	close					
								DON'	T KNOW	<i>7</i>	97 98 99
	*EA32d.	Your s	ocial life	?							
								DON'	T KNOW	<i>7</i>	97 98 99
EA33.	INTERVIE	EWER (СНЕСКР	OINT: (SEE * EA	32 SERI	(ES)				
	ALL FOU									GO ТО	*EA35
EA34.	About how activities b							ou <u>totally</u>	unable to	work o	r carry out your normal
	(IF NEC: Y	(IF NEC: You can use any number between 0 and 365 to answer.)									
		_ NUN	MBER OF	DAYS							
	DON'T KI										

VEC	1
	KNOW
	ED
*EA35	a. How old were you the <u>first time</u> (you talked to a professional about problems with your eating or weight)?
	YEARS OLD
	DON'T KNOW998
	REFUSED999
*EA37	Did you ever get treatment for problems with your eating or weight that you considered <u>helpful</u> or <u>effective</u> ?
	YES1
	NO
	REFUSED
	*EA37a. How old were you the <u>first time</u> (you got <u>helpful</u> treatment for problems with your eating or weight)
	YEARS OLD
	DON'T KNOW998 REFUSED999
	*EA37b.How many professionals did you ever talk to about problems with your eating or weight, up to and including the first time you got helpful treatment?
	NUMBER OF PROFESSIONALS GO TO *EA38
	DON'T KNOW998 GO TO *EA38 REFUSED999 GO TO *EA38
	*EA37c.How many professionals did you ever talk to about problems with your eating or weight?
	NUMBER OF PROFESSIONALS
	DON'T KNOW998
	REFUSED999
*EA38 months	Did you receive professional treatment for problems with your eating or weight at any time in the past 12?
	YES1
	NO5

END OF SECTION

INTERMITTENT EXPLOSIVE DISORDER (IED)

*IED1. INTERVIEWER CHECKPOINT: (SEE *SC20.1, *SC2	0.2, *SC20.3)
*SC20.1 IS CHECKED1	GO TO *IED2
*SC20.2 IS CHECKED2	GO TO *IED3 INTRO 4
*SC20.3 IS CHECKED3	GO TO *IED3 INTRO 5
ALLOTHERS4	GO TO NEXT SECTION
*IED2. INTERVIEWER CHECKPOINT: (SEE *SC20.2, *SC2 *SC20.2 IS CHECKED	0.3) GO TO *IED3 INTRO 1 GO TO *IED3 INTRO 2 GO TO *IED3 INTRO 3

*IED3 INTRO 1. Earlier in the interview you mentioned having attacks of anger when all of a sudden you lost control and either broke or smashed something of value or you hit or hurt someone. The next few questions are about those attacks. Approximately how many times in your life have you had an attack of this sort, (READ SLOWLY) when you lost control and either

broke something, hurt

someone, or threatened

to hurt someone?

*IED3 INTRO 2. Earlier in the interview you mentioned having attacks of anger when all of a sudden you lost control and either broke or smashed something of value or you threatened to hit or hurt someone. The next few questions are about those attacks. Approximately how many times in your life have you had an attack of this sort, (READ SLOWLY) when you lost control and either broke something or threatened to hurt someone?

*IED3 INTRO 3.

Earlier in the interview you mentioned having attacks of anger when all of a sudden you lost control and broke or smashed something of value. The next few questions are about those attacks. Approximately how many times in your life have you had an attack of this sort. (READ SLOWLY) when you lost control and either broke or smashed something?

*IED3 INTRO 4.

Earlier in the interview you mentioned having attacks of anger when all of a sudden you lost control and hit or hurt someone. The next few questions are about those attacks. Approximately how many times in your life have you had an attack of this sort, (READ SLOWLY) when you lost control and either hurt someone or threatened to hurt someone?

*IED3 INTRO 5.

Earlier in the interview you mentioned having attacks of anger when all of a sudden you lost control and threatened to hit or hurt someone. The next few questions are about those attacks. Approximately how many times in your life have you had an attack of this sort. (READ SLOWLY) when you lost control and threatened to hurt someone?

CODE RESPONSES GREATER THAN 9997 AS 9997

_____ ATTACKS

*IED4. INTERVIEWER CHECKPOINT: (SEE *IED3)

6464	Supported	Employment	Demonstration	Attachment K	CIDI 05-03-17

*IED3 CODED '0'-'2' _____ 1 GO TO NEXT SECTION ALL OTHERS _____ 2

*IED5. As you look back on it now, did these anger attacks sometimes occur without a good reason?

	YES
	*IED5a. Did the attacks sometimes occur in situations where most people would not have had an anger attack?
	YES
	*IED5b. During those attacks, did you sometimes get a lot more angry than most people would have been in the same situation.
	YES
*IED6.	Did you have times before these attacks when you felt such a strong impulse to let loose or blow-up that you couldn't resist it no matter how hard you tried?
	YES
*IED7.	How often was your anger <u>out of control</u> during your typical attacks all of the time, most of the time, sometimes, rarely, or never?
	ALL OF THE TIME 1 MOST OF THE TIME 2 SOMETIMES 3 RARELY 4 NEVER 5 DON'T KNOW 8 REFUSED 9
*IED8.	INTERVIEWER CHECKPOINT: (SEE *IED6, *IED7)
	*IED6 CODED '1'
*IED8.1	. INTERVIEWER CHECKPOINT: (SEE *IED3)
*IED8 2	*IED3 EQUALS '3' – '9997'
1110.2	CARD (SIDE TWO). THEN GO TO *IED 9.

TED9.	you had been drinking or using drugs?
	YES 1
	NO
	DON'T KNOW8 GO TO *IED10
	REFUSED9 GO TO *IED10
	*IED9a. Did you ever have anger attacks when you had <u>not</u> been drinking or using drugs?
	YES1
	NO
	DON'T KNOW8 GO TO NEXT SECTION REFUSED9 GO TO NEXT SECTION
	O. Anger attacks can sometimes be caused by physical illnesses such as epilepsy or head injury or by the use of ions. Were your anger attacks ever caused by physical illness or the use of medications?
	YES 1
	NO
	DON'T KNOW
	REFUSED
	*IED10a. What was the cause?
	ILD Tou. What was the eduse.
	*IED10b. Did you ever have anger attacks that were not caused by physical causes such as (CAUSE DESCRIBED IN *IED10a) or by the use of alcohol or drugs? YES
*IED11	.Some people only have anger attacks when they are sad or depressed. Did your anger attacks usually occur during periods of time when you were sad or depressed?
	YES 1
	NO
	DON'T KNOW
	KEI CSED
	*IED11a. Did you ever have anger attacks at times you were <u>not</u> sad or depressed?
	YES 1
	NO
	DON'T KNOW

*IED12. INTERVIEWER CHECKPOINT: (SEE REF	ERENCE CARD, SCREENING SECTION)
*SC 20.1 IS CHECKED1	
*SC 20.2 IS CHECKED2	GO TO *IED15
ALL OTHERS3	GO TO *IED16
*IED13. Think about all the things you ever damaged of repair cost or replacement value of all these thin	or broke during your anger attacks. What is the approximate combined ngs?
CODE RESPONSES GREATER THAN \$9,9	97 AS \$9,997
\$	
DON'T KNOW	
*IED15. About how many times during your anger atta attention?	acks did you ever hurt someone badly enough that they needed medical
CODE RESPONSES GREATER THAN 997	AS 997
TIMES	
DON'T KNOW	
*IED16.How much did your anger attacks ever interfere not at all, a little, some, a lot, or extremely?	e with either your work, your social life, or your personal relationships
NOT AT ALL1	GO TO *IED17
ALITTLE2	GO TO *IED17
SOME3	
A LOT	
DON'T KNOW8	
REFUSED9	GO TO *IED17
*IED16a. How often were you unable to carry rarely, or never?	y out your daily activities because of your attacks often, sometimes,
OFTEN	1
SOMETIMES	
RARELY	
NEVER	
DON'T KNOW REFUSED	

*IED17. How often did you feel guilty or embarrassed or regretful in the days or weeks after your attacks all of the time, most of the time, sometimes, rarely, or never?
ALL OF THE TIME
*IED18. Think of the <u>very first</u> time in your life you had an anger attack. Can you remember your exact age when that attack occurred?
YES
*IED18a. (IF NEC: How old were you)?
YEARS OLD GO TO *IED19
DON'T KNOW
*IED18b. About how old were you?
YEARS OLD
IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE:
*IED18b1. Was it before you first started school? IF NO, PROBE: Was it before you were a teenager?
BEFORE STARTED SCHOOL
*IED19.During about how many different years in your life did you have at least one attack?
YEARS
DON'T KNOW
CODE RESPONSES GREATER THAN 997 AS 997
ATTACKS
DON'T KNOW 998 REFUSED999

*IED21. W	what is the largest number of anger attacks you ever had di	iring a <u>single year</u> ?
C	CODE RESPONSES GREATER THAN 997 AS 997	
_	ATTACKS	
	OON'T KNOW 998 EFUSED999	
	Now recently did you have an anger attack in the past more than twelve months ago?	onth, two to six months ago, seven to twelve months ago, or
2- 7- M D	AST MONTH	GO TO *IED23 GO TO *IED23 GO TO *IED23
*]	IED22a. How old were you the last time (you had an attace) YEARS OLD GO TO *IE	
	DON'T KNOW	O *IED29
* IED23 .H	low many weeks out of 52 in the past twelve months did y	ou have at least one attack?
_	WEEKS	
	OON'T KNOW998 EFUSED999	
*IED24. A	and how many attacks in total did you have during the past	twelve months?
C	CODE RESPONSES GREATER THAN 997 AS 997	
	ATTACKS	
	OON'T KNOW 998 EFUSED999	

*IED25. In answering the next few questions, think about the week during the past twelve months when you (had the attack/had the most violent attack). During that one week, how many times did you do each of the following things:

	NUMBER OF TIMES	DON'T KNOW (998)	REFUSED (999)
*IED25a. slam a door, kick a chair, or throw clothes in anger?	TIMES	998	999
*IED25b. break something in anger?	TIMES	998	999
*IED25c. break several things in anger?	TIMES	998	999
*IED25d. purposefully set a fire or destroy someone else's property?	TIMES	998	999
*IED25e. purposefully injure or torture an animal?	TIMES	998	999
*IED25f. threaten someone?	TIMES	998	999
*IED25g. hurt someone so badly that they needed medical attention?	TIMES	998	999
*IED25h. hurt someone badly, but not enough to need medical attention?	TIMES	998	999

No Interference		Mild			Moderate				Severe		Very Severe Interference	
	0	1	2	3	4	5	6	7	8	9	10	
*IED26.	severe inte	erferer		ımber de	scribes l						ce and 10 means <u>very</u> ach of the following	
	[IF NEC:	How	much did y	our ange	r attacks	interfere v	with (AC	TIVITY) during th	at period	1?]	
	(IF NEC:	You	an use any	number	between	0 and 10 t	to answer	:.)				
]	NUMBE	CR (0-10)	
	*IED26a.		home man					nd				
	*IED26b.	Your	ability to v	vork?				DO	ES NOT A N'T KNOV FUSED	<i>W</i>	98	
		Your	ability to f	form and		ı <u>close</u>		DO	ES NOT A N'T KNOV FUSED	V	98	
	*IED264		ionships w		people?			DO	ES NOT A N'T KNOV FUSED	V	98	
	TED20d.	1001	social life					DO	ES NOT A N'T KNOV FUSED	V	98	
*IED27.	. INTERVI	EWEI	R CHECKI	POINT: ((SEE *II	E D26a - *]	IED26d)					
			ES CODE									
*IED28.			y days out o			12 months	s were yo	ou <u>totall</u> y	<u>y unable t</u> o	work or	carry out your normal	
	(IF NEC:	You c	an use any	number l	oetween	0 and 365	to answe	r.)				
		NU	MBER OF	FDAYS								

* IED29 . Did you <u>ever in your life talk to a medical doctor or other professional about your anger attacks? (By professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)</u>
YES1
NO
DON'T KNOW8 GO TO *IED33.1
REFUSED 9 GO TO *IED33.1
*IED29a. How old were you the <u>first time</u> [you talked to a professional about your anger attacks]?
YEARS OLD
DON'T KNOW998
REFUSED
*IED30. Did you ever get treatment for your anger attacks that you considered <u>helpful</u> or <u>effective</u> ?
YES 1
NO 5 GO TO *IED30c
DON'T KNOW8 GO TO *IED30c
REFUSED9 GO TO *IED30c
*IED30a. How old were you the <u>first time [you got helpful treatment for your anger attacks]?</u> _ YEARS OLD
DON'T KNOW
*IED30b. How many professionals did you ever_talk to about your anger attacks, up to and including the first time you got helpful treatment?
NUMBER OF PROFESSIONALS GO TO *IED32
DON'T KNOW
*IED30c. How many professionals did you ever talk to about your anger attacks?
NUMBER OF PROFESSIONALS
DON'T KNOW 998 REFUSED 999

	YES1	
	NO5	
	DON'T KNOW8	
	REFUSED9	
IED33.	Were you ever hospitalized overni	ght for your anger attacks?
	YES	.1
	NO	
	DON'T KNOW	
	REFUSED	9 GO TO *IED33.1
	YEAR: DON'T KNOWREFUSED	. 998 . 999 e relatives including your biological parents, brothers and sisters, and children
	-	
	NUMB	E
	R DON'T KNOW	. 998 . 999

Now, I am going to read a series of statements that people use to describe themselves. Answer true or false for each statement. The best answer is usually the one that comes to your mind first, so don't take too much time *P1. thinking before you answer. Here's the first statement.

	(IF NEC: Would you say this is true or false for you?)	TRUE (1)	FALSE (5)	DK (8)	RF (9)
*P1.	I show my feelings for everyone to see. Would you say this is true or false for you?	1	5	8	9
*P2.	I get into very intense relationships that don't last.	1	5	8	9
*P3.	I often feel "empty" inside.	1	5	8	9
*P4.	I'm very moody.	1	5	8	9

6464 Supported Employment Demonstration Attachment K. CIDI 05-03-17

*P5.	Giving in to some of my urges gets me into trouble.	1	5	8	9
*P6.	I have tantrums or angry outbursts.	1	5	8	9
*P7.	When I'm under stress, things around me don't seem real.	1	5	8	9
*P8.	I go to extremes to try to keep people from leaving me.	1	5	8	9
*P9.	I can't decide what kind of person I want to be.	1	5	8	9
*P10.	I've never been arrested.	1	5	8	9
*P11.	At times I've done things that could get a person arrested.	1	5	8	9
*P12.	I usually feel bad when I hurt or upset someone.	1	5	8	9
*P13.	At times I've refused to hold a job, even when I was expected to.	1	5	8	9
*P14.	I will lie or con someone if it serves my purpose.	1	5	8	9
*P15.	I lose my temper and get into physical fights.	1	5	8	9
*P16.	I take chances and do reckless things.	1	5	8	9
*P17.	It's hard for me to stay out of trouble.	1	5	8	9

	(IF NEC: Would you say this statement is true or false for you?)	TRUE (1)	FALSE (5)	DK (8)	RF (9)
*P18.	At times I fail to meet my financial obligations.	1	5	8	9
*P19.	At times I've intentionally damaged things that weren't mine.	1	5	8	9
*P20.	I will give false information about myself if it will help me get a job or impress someone.	1	5	8	9

6464 Supported Employment Demonstration Attachment K. CIDI 05-03-17

*P21.	I argue or fight when people try to stop me from doing what I want.	1	5	8	9
*P22.	My feelings are like the weather, they're always changing.	1	5	8	9
*P23.	Sometimes I get so angry I break or smash things.	1	5	8	9
*P24.	I let others make my big decisions for me.	1	5	8	9
*P25.	I usually feel uncomfortable or helpless when I'm alone.	1	5	8	9
*P26.	I often seek advice or reassurance about everyday decisions.	1	5	8	9
*P27.	I keep to myself even when there are other people around.	1	5	8	9
*P28.	People think I'm too strict about rules and regulations.	1	5	8	9
*P29.	People think I'm too stiff or formal.	1	5	8	9
*P30.	I feel awkward or out of place in social situations.	1	5	8	9
*P31.	People often make fun of me behind my back.	1	5	8	9
*P32.	I prefer activities that I can do by myself.	1	5	8	9
*P33.	I've held grudges against people for years.	1	5	8	9
*P34.	I'm convinced there's a conspiracy behind many things in the world.	1	5	8	9

PERSONALITY

*PEA1. Now I am going to read a series of statements that people use to describe themselves. Answer "true" or "false" for each statement. The best answer is usually the one that comes to your mind first, so don't take too much time thinking before you answer. Here's the first statement.

(IF NEC: Would you say this is true or false for you?)	TRU E (1)	FALSE (5)	DK (8)	RF (9)
*PEA40. I never met a person that I didn't like.	1	5	8	9
*PEA41. I have always told the truth.	1	5	8	9
*PEA42. I always win at games.	1	5	8	9
*PEA43. I have never been bored.	1	5	8	9
*PEA44. I never get lost, even in unfamiliar places.	1	5	8	9
*PEA45. I never get annoyed when people cut ahead of me in line.	1	5	8	9
*PEA46. My table manners at home are as good as when I eat out in a restaurant.	1	5	8	9
*PEA47. I have never lost anything.	1	5	8	9
*PEA48. No matter how hot or cold it gets, I am always quite comfortable.	1	5	8	9
*PEA49. It doesn't bother me if someone takes advantage of me.	1	5	8	9
*PEA50. I show my feelings for everyone to see.	1	5	8	9
*PEA51. I get into very intense relationships that don't last.	1	5	8	9
*PEA52. I often feel "empty" inside.	1	5	8	9
*PEA53. I'm very moody.	1	5	8	9
*PEA54. Giving in to some of my urges gets me into trouble.	1	5	8	9
*PEA55. I have tantrums or angry outbursts.	1	5	8	9
*PEA56. When I'm under stress, things around me don't seem real.	1	5	8	9
*PEA57. I go to extremes to try to keep people from leaving me.	1	5	8	9

(IF NEC: Would you say this statement is true or false for you?)	TRUE (1)	FALSE (5)	DK (8)	RF (9)
*PEA58. I can't decide what kind of person I want to be.	1	5	8	9
*PEA59. I've never been arrested.	1	5 GO TO *PEA 61	8	9
*PEA60. At times I've done things that could get a person arrested.	1	5	8	9
*PEA61. I usually feel bad when I hurt or upset someone.	1	5	8	9
*PEA62. At times I've refused to hold a job, even when I was expected to.	1	5	8	9
*PEA63. I will lie or con someone if it serves my purpose.	1	5	8	9
*PEA64. I lose my temper and get into physical fights.	1	5	8	9
*PEA65. I take chances and do reckless things.	1	5	8	9
*PEA66. It's hard for me to stay out of trouble.	1	5	8	9
*PEA67. At times I fail to meet my financial obligations.	1	5	8	9
*PEA68. At times I've intentionally damaged things that weren't mine.	1	5	8	9
*PEA69. I will give false information about myself if it will help me get a job or impress someone.	1	5	8	9
*PEA70. I argue or fight when people try to stop me from doing what I want.	1	5	8	9
*PEA71. My feelings are like the weather, they're always changing.	1	5	8	9
*PEA72. Sometimes I get so angry I break or smash things.	1	5	8	9
*PEA73. I let others make my big decisions for me.	1	5	8	9
*PEA74. I usually feel uncomfortable or helpless when I'm alone.	1	5	8	9
*PEA75. I often seek advice or reassurance about everyday decisions.	1	5	8	9

(IF NEC: Would you say this statement is true or false for you?)	TRUE (1)	FALSE (5)	DK (8)	RF (9)
*PEA76. I keep to myself even when there are other people around.	1	5	8	9
*PEA77. People think I'm too strict about rules and regulations.	1	5	8	9
*PEA78. People think I'm too stiff or formal.	1	5	8	9
*PEA79. I feel awkward or out of place in social situations.	1	5	8	9
*PEA80. People often make fun of me behind my back.	1	5	8	9
*PEA81. I prefer activities that I can do by myself.	1	5	8	9
*PEA82. I've held grudges against people for years.	1	5	8	9
*PEA83. I'm convinced there's a conspiracy behind many things in the world.	1	5	8	9

SPECIFIC PHOBIA (SP)

*SP1. INTERVIEWER: (SEE *SC27a-f) CIRCLE # IF GROUP WAS ENDORSED				
Group 1: ANIMALS	1			
Group 2: STILL WATER OR WEATHER EVENTS	2			
Group 3: BLOOD, INJURIES, OR MEDICAL EXPERIENCES	3			
Group 4: CLOSED SPACES	4			
Group 5: HIGH PLACES	5			
Group 6: FLYING	6			

6464 Supported Employment Demonstration Attachment K. CIDI 05-03-17 *SP1a. INTERVIEWER CHECKPOINT: (SEE *SC27a-*SC27f) EXACTLY ONE CATEGORY CODED '1' IN *SC27a-*SC27f......1 MORE THAN ONE CATEGORY CODED '1' IN *SC27a-*SC27f......2 *SP2. INTERVIEWER CHECKPOINT: (SEE *SP1) GO TO FIRST CIRCLED GROUP ON GRID *SP1 AND FOLLOW SKIP GROUP 1 GO TO *SP31 GROUP 2 2 GO TO *SP5 GROUP 3 3 GO TO *SP7 GROUP 4......4 GO TO *SP9 GROUP 5 5 GO TO *SP11

GO TO *SP13

GROUP 6...... 6

GROUP 1	
[KEY PHRASE = ANIMALS	S]
*SP3. Earlier you mentioned being a lot more afraid than most people of bugs, snakes or other animals. How old were you the very first time you had a fear of some type of animal? IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school? IF NOT YES, PROBE: Was it before you were a teenager?	YEARS OLD BEFORE STARTED SCHOOL4 BEFORE TEENAGER
*SP3.1. INTERVIEWER CHECKPOINT: (SEE * SP1a , * SC27.2 , * SC27.3)	
*SP1a EQUALS '2' AND *SC27.2 EQUALS '1'1 *SP1a EQUALS '2' AND *SC27.3 EQUALS '1'2 GO TO *SP3b *SC27.3 EQUALS '1'	
*SP3a. Was there ever a time when you almost always became very <u>upset</u> or <u>anxious</u> whenever you were faced with (ANIMAL/the type of animal that scared you most)?	YES
*SP3a.1 INTERVIEWER CHECKPOINT: (SEE *SC27.3)	
*SC27.3 EQUALS '1'	
*SP3b. Did you ever <u>avoid</u> situations where you might have even a small chance of seeing (ANIMAL/this type of animal) whenever you could because of your fear?	YES
*SP3c. How old were you when you first avoided situations where you might see (ANIMAL/animals)?	YEARS OLD
IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school? IF NOT YES, PROBE: Was it before you were a teenager?	BEFORE STARTED SCHOOL
	REFUSED999

*SP4. INTERVIEWER CHECKPOINT: (SEE *SP1)

GO TO NEXT CIRCLED GROUP ON GRID *SP1, PAGE 69 AND FOLLOW SKIP GROUP 2

GO TO *SP5
GO TO *SP7
GO TO *SP9
GO TO *SP11
GO TO *SP13
GO TO *SP14

GROUP 2	
[KEY PHRASE = STORMS OR STILL]	WATER]
*SP5. (Earlier you/ You also) mentioned being a lot more afraid than most people of either being in storms or in still water. How old were you the very first time you had this fear? IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school? IF NOT YES, PROBE: Was it before you were a teenager?	YEARS OLD BEFORE STARTED SCHOOL 4 BEFORE TEENAGER
*SP5.1. INTERVIEWER CHECKPOINT: (SEE *SP1a, *SC27.2, *SC27.3)	
*SP1a EQUALS '2' AND *SC27.2 EQUALS '1'	
*SP5a. Was there ever a time when you almost always became very <u>upset</u> or <u>anxious</u> whenever you were faced with the situation like this that scared you most?	YES
*SP5a.1 INTERVIEWER CHECKPOINT: (SEE *SC27.3)	
*SC27.3 EQUALS '1'	
*SP5b. Did you ever <u>avoid</u> situations where you could be in a storm or still water whenever you could because of your fear?	YES
*SP5c. How old were you when you first started avoiding these situations?	YEARS OLD
IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school?	BEFORE STARTED SCHOOL4 BEFORE TEENAGER 12
IF NOT YES, PROBE: Was it before you were a teenager?	NOT BEFORE TEENAGER13 DON'T KNOW998 REFUSED999

*SP6. INTERVIEWER CHECKPOINT: (SEE *SP1) GO TO NEXT CIRCLED GROUP ON GRID *SP1, PAGE 69 AND FOLLOW SKIP				
GROUP 3	3	GO TO *SP7		
GROUP 4	4	GO TO *SP9		
GROUP 5	5	GO TO *SP11		
GROUP 6	6	GO TO *SP13		
ALL OTHE	RS 7	GO TO *SP14		

GROUP 3	
[KEY PHRASE = BLOOD, INJURIES, OR MEDIC	CAL EXPERIENCES]
*SP7. (Earlier you/ You also) mentioned being a lot more afraid than most people of going to a doctor or a dentist or a hospital, getting a shot or injection, or seeing blood or injury. How old were you the very first time you had this fear?	YEARS OLD BEFORE STARTED SCHOOL4
IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school? IF NOT YES, PROBE: Was it before you were a teenager?	BEFORE TEENAGER12 NOT BEFORE TEENAGER13 DON'T KNOW998
Trof 125,11052. Was it before you were a techager.	REFUSED999
*SP7.1. INTERVIEWER CHECKPOINT: (SEE *SP1a, *SC27.2, *SC27.3) *SP1a EQUALS '2' AND *SC27.2 EQUALS '1' 1 *SP1a EQUALS '2' AND *SC27.3 EQUALS '1' 2 GO TO *SP7b *SC27.3 EQUALS '1'	
*SP7a. Was there ever a time when you almost always became very <u>upset</u> or <u>anxious</u> whenever you were faced with the thing in this group that scared you most?	YES
*SP7a.1 INTERVIEWER CHECKPOINT: (SEE *SC27.3) *SC27.3 EQUALS '1'	
*SP7b. Did you ever <u>avoid</u> any of these things whenever you could because of your fear?	YES
*SP7c. How old were you when you first avoided any of these situations?	YEARS OLD
IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school?	BEFORE STARTED SCHOOL4
IF NOT YES, PROBE: Was it before you were a teenager?	BEFORE TEENAGER12 NOT BEFORE TEENAGER13 DON'T KNOW998 REFUSED999

*SP7f.	How often did you faint when you saw blood – all of the time, most of the time, sometimes, rarely, or never?
	ALL OF THE TIME1
	MOST OF THE TIME2
	SOMETIMES3
	RARELY4
	NEVER5
	DON'T KNOW8
	REFUSED9

*SP8. INTERVIEWER CHECKPOINT: (SEE *SP1)

GO TO NEXT CIRCLED GROUP ON GRID *SP1, PAGE 69 AND FOLLOW SKIP GROUP 4

4	GO TO *SP9
GROUP 5 5	GO TO *SP11
GROUP 6 6	GO TO *SP13
ALL OTHERS 7	GO TO *SP14

GROUP 4	
[KEY PHRASE = CLOSED SPAC	ES]
*SP9. (Earlier you/ You also) mentioned being a lot more afraid than most people of closed spaces, like caves, tunnels, closets, or elevators. How old were you the very first time you had this fear?	YEARS OLD BEFORE STARTED SCHOOL4
IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school?	BEFORE TEENAGER12 NOT BEFORE TEENAGER13
IF NOT YES, PROBE: Was it before you were a teenager?	DON'T KNOW998 REFUSED999
*SP9.1. INTERVIEWER CHECKPOINT: (SEE *SP1a, *SC27.2, *SC27.3)	
*SP1a EQUALS '2' AND *SC27.2 EQUALS '1'	
*SP9a. Was there ever a time when you almost always became very <u>upset</u> or <u>anxious</u> whenever you were faced with closed spaces? (IF VOL: "IT DEPENDS WHICH CLOSED SPACE," PROBE:	YES
What if you were faced with the closed space that you feared most – in that case, did you almost always become very upset or anxious?)	REFUSED9
*SP9a.1 INTERVIEWER CHECKPOINT: (SEE *SC27.3)	
*SC27.3 EQUALS '1' 1 ALL OTHERS ALL OTHERS 2 GO TO *SP9d	
*SP9b. Did you ever <u>avoid</u> any of these closed spaces whenever you could because of your fear?	YES
*SP9c. How old were you when you first avoided closed spaces?	YEARS OLD
IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school?	BEFORE STARTED SCHOOL4
IF NOT YES, PROBE: Was it before you were a teenager?	BEFORE TEENAGER12 NOT BEFORE TEENAGER 13
	DON'T KNOW998 REFUSED999
*SP9d. INTERVIEWER CHECKPOINT: (SEE *SP9.1, *SP9a, *SP9b)	
*SP9.1 EQUALS '2' OR *SP9.1 EQUALS '3'	

		YES (1)		DK (8)	RF (9)
*SP9f.	That you might be trapped and unable to escape?	1	5	8	9
*SP9g.	That you might have a panic attack and be unable to get help?	1	5	8	9
*SP9h.	That you might become physically ill and be unable to get help?	1	5	8	9
*SP9i.	That you might not be able to breathe?	1	5	8	9
	ST ONE RESPONSE CODED '1'1 GO TO *SP10 HERS				
	What was it, then, that you feared most about closed spaces? NOW				

SP10.	INTERVIEWER	CHECKDOINT.	(CEE *CD1)
SPIU.	INTERVIEWER	CHECKPOINT:	(2EE *2LD

GO TO NEXT CIRCLED GROUP ON GRID *SP1, PAGE 69 AND FOLLOW SKIP GROUP 5

5	GO TO *SP11
GROUP 6 6	GO TO *SP13
ALL OTHERS 7	GO TO *SP14

GROUP 5 [KEY PHRASE = HIGH PLACE	CESI
*SP11. (Earlier you/ You also) mentioned being a lot more afraid than most people of high places. How old were you the very first time you had this fear? IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school? IF NOT YES, PROBE: Was it before you were a teenager?	YEARS OLD BEFORE STARTED SCHOOL
*SP11.1. INTERVIEWER CHECKPOINT: (SEE *SP1a, *SC27.2, *SC27.3) *SP1a EQUALS '2' AND *SC27.2 EQUALS '1' 1 *SP1a EQUALS '2' AND *SC27.3 EQUALS '1' 2 GO TO *SP11b *SC27.3 EQUALS '1' 3 GO TO *SP11c ALL OTHERS	
*SP11a. Was there ever a time when you almost always became very <u>upset</u> or <u>anxious</u> whenever you were faced with being in a high place? (IF VOL: "IT DEPENDS WHICH HIGH PLACE," PROBE: What if you were faced with the high place that you feared <u>most</u> – in <u>that</u> case, did you almost always become very <u>upset</u> or <u>anxious</u> ?)	YES
*SP11a.1 INTERVIEWER CHECKPOINT: (SEE *SC27.3) *SC27.3 EQUALS '1'	
fear?	YES
*SP11c. How old were you when you first avoided high places? IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school? IF NOT YES, PROBE: Was it before you were a teenager?	YEARS OLD BEFORE STARTED SCHOOL
*SP11d. INTERVIEWER CHECKPOINT: (SEE *SP11.1, *SP11a, *SP11b) *SP11.1 EQUALS '2' OR *SP11.1 EQUALS '3'	

Which of the following things did you strongly fear about high places:	YES (1)	- 10	DK (8)	RF (9)
(IF NEC: Were you afraid)			(0)	
*SP11f. That you might get dizzy and fall?	1	5	8	9
*SP11g. That you might jump?	1	5	8	9
*SP11h. That you might have a panic attack and be unable to get help?	1	5	8	9
*SP11i. That you might become physically ill and be unable to get help?	1	5	8	9
*SP11j. INTERVIEWER CHECKPOINT: (SEE*SP11f -*SP11i SERIES)				
AT LEAST ONE RESPONSE CODED '1'1 GO TO *SP12 ALL OTHERS5				
*SP11k. What was it, then, that you feared most about high places?				
DON'T KNOW8 REFUSED9				

SP12.	INTERVIEWER CHE	CKPOINT: (SEE *SP1)
GO TO 1	NEXT CIRCLED GROU	P ON GRID *SP1 , PAGE 69 AND FOLLOW SKIP GROUP (
	6	GO TO *SP13
ALL OT	HERS 7	GO TO *SP14

GROUP 6 [KEY PHRASE = FLYING	GI
*SP13. (Earlier you/ You also) mentioned being a lot more afraid than most people of flying or airplanes. How old were you the very first time you had this fear? IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school? IF NOT YES, PROBE: Was it before you were a teenager?	YEARS OLD BEFORE STARTED SCHOOL
*SP13.1. INTERVIEWER CHECKPOINT: (SEE *SP1a, *SC27.2, *SC27.3) *SP1a EQUALS '2' AND *SC27.2 EQUALS '1'	
*SP13a. Was there ever a time when you almost always became very <u>upset</u> or <u>anxious</u> whenever you were faced with flying?	YES
*SP13a.1 INTERVIEWER CHECKPOINT: (SEE *SC27.3) *SC27.3 EQUALS '1'	YES
*SP13c. How old were you when you first avoided flying? IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER," PROBE: Was it before you first started school? IF NOT YES, PROBE: Was it before you were a teenager?	YEARS OLD BEFORE STARTED SCHOOL
*SP13d. INTERVIEWER CHECKPOINT: (SEE *SP13.1, *SP13a, *SP13b) *SP13.1 EQUALS '2' OR *SP13.1 EQUALS '3'	

Which of the following things did you strongly fear about flying: (IF NEC: Were you afraid of)	YES (1)	NO (5)	DK (8)	RF (9)
*SP13f. Being high in the air?	1	5	8	9
*SP13g. Being in a closed space?	1	5	8	9
*SP13h. That you might have a panic attack and be unable to get help?	1	5	8	9
*SP13i. That you might become physically ill and be unable to get help?	1	5	8	9
*SP13j. That the plane might crash?	1	5	8	9
*SP13k. INTERVIEWER QUERY: DID R ANSWER "YES" TO AT LEAST <u>C</u> * SP13j SERIES?	<u>ONE</u> QUE	STION II	N THE *	SP13f-
YES				
DON'T KNOW8 REFUSED9				
*SP14. INTERVIEWER CHECKPOINT: (SEE *SP1a, *SP3a, *SP3b, *SP5 SP9b, *SP11a, *SP11b, *SP13a, *SP13b)	5a, *SP5b	, *SP7a,	*SP7b, *	*SP9a,
SP1a EQUALS '1' OR *SP3a EQUALS '1' OR *SP3b EQUALS '1' OR *SP	5a EQUA	LS '1' OI	R	
SP5b EQUALS '1' OR *SP7a EQUALS '1' OR *SP7b EQUALS '1' OR *SP9	9a EQUAI	LS '1' OF	8	
SP9b EQUALS '1' OR *SP11a EQUALS '1' OR *SP11b EQUALS '1' OR				
SP13a EQUALS '1' *SP13b EQUALS '1'				
LL OTHERS		2	(GO TO ;

	**SP1 GRID OF ALL CIRCLED GROUPS IN *SP1). How erfere with either your work, your social life, or your personal y?
NOT AT ALL	GO TO *SP17 GO TO *SP17
EXTREMELY 5 DON'T KNOW 8 REFUSED 9	GO TO *SP17
	to carry out your daily activities or to take care of yourself SP1 GRID OF ALL CIRCLED GROUPS IN *SP1) – often,
OFTEN	.2 .3 .4 .8
*SP17. Was there ever a time in your life when you fel yourself because of your fear or avoidance of these thing	
YES	

*SP18. (RB, PG 14) Think of the time in your life when the fear was most severe. When you were faced with these things or thought you would have to be, did you ever have two or more of the problems on Page 14?

READ LIST BELOW STARTING WITH SP18a ONLY IF R PREFERS TO HAVE QUESTIONS READ YES

	1
NO	5
DON'T KNOW	8
REFUSED	9

GO TO *SP19

GO TO *SP19 AFTER TWO "YES" RESPONSES	YES (1)	NO (5)	DK (8)	RF (9)
*SP18a. Did your heart ever pound or race?	1	5	8	9
*SP18b. Did you sweat?	1	5	8	9
*SP18c. Did you tremble?	1	5	8	9
*SP18d. Did you feel sick to your stomach?	1	5	8	9
*SP18e. Did you have a dry mouth?	1	5	8	9
*SP18f. Did you have chills or hot flushes?	1	5	8	9
*SP18g. Did you feel numbness or have tingling sensations?	1	5	8	9
*SP18h. Did you have trouble breathing normally?	1	5	8	9
*SP18i. Did you feel like you were choking?	1	5	8	9
*SP18j. Did you have pain or discomfort in your chest?	1	5	8	9
*SP18k. Did you feel dizzy or faint?	1	5	8	9
*SP18l. Were you afraid that you might die?	1	5	8	9
*SP18m. Did you ever fear that you might lose control, go crazy, or pass out?	1	5	8	9
*SP18n. Did you feel like you were "not really there", like you were watching a movie of yourself?	1	5	8	9
	GO TO *SP19			
*SP18o. Did you feel that things around you were unreal or like a dream?	1	5	8	9

between two and six months ago, between seven and twelve months ago, or more than twelve months ago?
WITHIN PAST MONTH 1 GO TO *SP21
2 AND 6 MONTHS AGO
7 AND 12 MONTHS AGO
MORE THAN 12 MONTHS AGO4
DON'T KNOW8
REFUSED9
*SP20. How old were you the <u>last</u> time (you either strongly feared or avoided any of these things)?
YEARS OLD
DON'T KNOW 998
DON'T KNOW 998 REFUSED999
KEFUSED999
*SP21. What if you were faced with one of these things today: How strong would your fear be – not at all, mild,
moderate, severe, or very severe?
(IF VOL "IT DEPENDS ON WHICH THING," PROBE: What if you were faced with the thing that scares you most:
How strong would your fear be - not at all, mild, moderate, severe, or very severe?)
Trow strong would your rear or not at an, mild, moderate, severe, or very severe.)
NOT AT ALL
MILD2 GO TO *SP27
MODERATE3
SEVERE4
VERY SEVERE5
DON'T KNOW8
REFUSED9
*SD22 During the rest 12 months how often did you avoid these found things—all the time most of the time
*SP22. During the past 12 months, how often did you avoid these feared things all the time, most of the time, sometimes, rarely, or never?
MENOL (IT DEDENING ON HANGH TAND ON THE ANALYSIS OF THE ANALYS
(IF VOL "IT DEPENDS ON WHICH THING," PROBE: How about for the thing that you avoided most: Did you
avoid it all the time, most of the time, sometimes, rarely, or never?)
ALL THE TIME 1
MOST OF THE TIME2
SOMETIMES3
RARELY4
NEVER5
DON'T KNOW8
REFUSED9

*SP19. When was the last time you either strongly <u>feared</u> or <u>avoided</u> any of these things - within the past one month,

No Interference		Mild	Mild			Moderate Severe		Moderate Seven			Severe	
0	1	2	3	4	5	6	7	8	9	10		
*SP23. (RB, PG 9) Think about to 10 scale on page 9 of your bod describes how much your fear (c	oklet, w	here 0 me	eans <u>no</u> i	nterferenc	e and 10) means ve	ry severe	interfere	ence, w			
[IF NEC: How much did the featuse any number between 0 and 1			interfere	with (AC	TIVITY	() during th	nat time?	[IF NEC	C: You	can		
								NUMBE	R (0-10))		
*SP23a. Your home management to line over of the (house) or			, shoppi	ng,								
and taking care of the (house/ ap	artmen	it) :					D	OES NOT ON'T KN EFUSED.	IOW	98		
*SP23b. Your ability to work?												
							D	OES NOT ON'T KN EFUSED.	IOW	98		
*SP23c. Your ability to form a other people?	nd mai	ntain <u>clos</u> e	e relation	nships with	h							
					DC	DES NOT A DN'T KNO FUSED	W			98		
*SP23d. Your social life												
							D	OES NOT ON'T KN EFUSED.	IOW	98		
*SP24. INTERVIEWER CH	IECKP	OINT: (S	EE *SP	23a - *SP	223d)							
ALL RESPONSES EQUAL '0 ALL OTHERS					GO TO	*SP27						
*SP25. About how many days activities because of your fear (e past 12	2 months v	vere you	ı <u>totally ur</u>	nable to v	vork or ca	arry out	your normal		
(IF NEC: You can use any num	ber bet	ween 0 aı	nd 365 to	o answer)								
NUMB	ER OF	DAYS										
DON'T KNOW												

professional we mea professionals.)	an psychologists, counselors, s	piritual advisors, herbalists,	acupuncturists, and other healing
YES		1	
NO	5	GO TO *SP41.1	
DON'T KNOW	8	GO TO *SP41.1	
	9	GO TO *SP41.1	
*SP27a. How old v	were you the <u>first time</u> (you talk	xed to a professional about yo	our fear)?
	YEARS OLD		
*SP38. Did you ev	ver get treatment for your fear t	hat you considered helpful o	or <u>effective</u> ?
YES			
NO		GO TO *SP38c	
DON'T KNOW		GO TO *SP38c	
REFUSED		GO TO *SP38c	
*SP38a.	How old were you the first t	ime (you got <u>helpful</u> treatme	ent for your fear)?
	YEARS O	LD	
DON'T KNOW	998		
		999	
*SP38b. you got helpful trea	• •	ıls did you <u>ever t</u> alk to about	your fear, up to and including the first time
	NUMBER	OF PROFESSIONALS	GO TO *SP40
	98 GO TO *SI		
*SP38c.	How many professionals d	id you <u>ever</u> talk to about you	ır fear?
	NUMBER	OF PROFESSIONALS	
DON'T KNOW		08	
KLI USED	•••••		

*SP27. Did you ever in your life talk to a medical doctor or other professional about your fear (or avoidance)? (By other

*SP40. Did you receive professional treatment for your fear at any time in the past 12 months? YES 1 NO......5 DON'T KNOW 8 REFUSED9 *SP41. Were you ever hospitalized overnight for your fear? NO......5 GO TO *SP41.1 DON'T KNOW......8 GO TO *SP41.1 REFUSED.....9 GO TO *SP41.1 *SP41a. How old were you the first time (you were hospitalized overnight because of your fear)? YEARS OLD REFUSED 999 *SP41.1. How many of your close relatives – including your biological parents, brothers and sisters, and children – ever had a strong fear of something like animals or closed spaces or heights or blood? NUMBER DON'T KNOW.......998 REFUSED 999 *SP42. INTERVIEWER CHECKPOINT (SEE *SC26, *SC26a, *SC26b, *SC29.4, *SC30.4): FOLLOW SKIP FOR FIRST ENDORSED ITEM. GO TO *SO1, NEXT SECTION GO TO *AG1 GO TO *G1 INTRO 1 GO TO *G1 INTRO 2 GO TO *G1 INTRO 3 ALL OTHERS.....6 GO TO *IED1

6464 Supported Employment Demonstration Attachment K. CIDI 05-03-17

${\bf POST\text{-}TRAUMATIC\,STRESS\,DISORDER\,(PT)}$

		YES (1)	NO (5)	DK (8)	RF (9)
*PT1.	(RB, PG 42) In the next part of the interview, we ask about very stressful events that might have happened in your life. (Some of these events are listed on the card.) First, did you ever participate in <u>combat</u> , either as a member of a military, or as a member of an organized <u>non</u> -military group?	1 GO TO *PT29 AND CODE "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?	1 GO TO *PT30 AND CODE "1"	5	8	9
*PT3.	Were you ever an unarmed civilian in a place where there was a war, revolution, military coup or invasion?	1 GO TO *PT31 AND CODE "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?	1 GO TO *PT32 AND CODE "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?	1 GO TO *PT33 AND CODE "1"	5	8	9
*PT6.	Were you ever kidnapped or held captive?	1 GO TO *PT34 AND CODE "1"	5	8	9
*PT7.	Were you ever exposed to a toxic chemical or substance that could cause you serious harm?	1 GO TO *PT35 AND CODE "1"	5	8	9
*PT8.	Were you ever involved in a life-threatening automobile accident?	1 GO TO *PT36 AND CODE "1"	5	8	9
*PT9.	Did you ever have any other life- threatening accident, including on your job?	1 GO TO *PT37 AND CODE "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?	1 GO TO *PT38 AND CODE "1"	5	8	9
*PT11. Were you ever in a man-made disaster, like a fire started by a cigarette, or a bomb explosion?	1 GO TO *PT39 AND CODE "1"	5	8	9
*PT12. Did you ever have a life-threatening illness?	1 GO TO *PT40 AND CODE "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?	1 GO TO *PT41 AND CODE "1"	5	8	9
*PT14. Were you ever badly beaten up by a spouse or romantic partner?	1 GO TO *PT42 AND CODE "1"	5	8	9
*PT15. Were you ever badly beaten up by anyone else?	1 GO TO *PT43 AND CODE "1"	5	8	9
*PT16. Were you ever mugged, held up, or threatened with a weapon?	1 GO TO *PT44 AND CODE "1"	5	8	9
*PT17. The next question is about rape. We define this as an event during which one person has sexual intercourse with or penetrates the body of another person without their consent, or when they were too young to know what was happening. Did you ever experience an event like the one I just described?	1 GO TO *PT45 AND CODE "1"	5	8	9
*PT18. The next question is about sexual assault. We define this as an event during which one person touches another person inappropriately, or without that person's consent. Other than rape, did you ever experience an event like the one I just described?	1 GO TO *PT46 AND CODE "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?	1 GO TO *PT47 AND CODE "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 GO TO *PT48 AND CODE "1"	5	8	9
*PT21. Did you ever have a son or daughter who had a life-threatening illness or injury?	1 GO TO *PT49 AND CODE "1"	5	8	9
*PT22. Did anyone very close to you ever have an extremely traumatic experience, like being kidnapped, tortured or raped?	1 GO TO *PT50 AND CODE "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?	1 GO TO *PT50.1 AND CODE "1"	5	8	9
*PT23. Did you ever see someone being badly injured or killed, or unexpectedly see a dead body?	1 GO TO *PT51 AND CODE "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?	1 GO TO *PT52 AND CODE "1"	5	8	9
*PT25. Did you ever <u>on purpose</u> either seriously injure, torture, or kill another person?	1 GO TO *PT53 AND CODE "1"	5	8	9
*PT26. Did you ever see atrocities or carnage such as mutilated bodies or mass killings?	1 GO TO *PT54 AND CODE "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?	1 GO TO *PT55 AND CODE "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 what.it was, did you ever have a traumatic event that you didn't.tell.me about because you didn't want to talk about it?	1 GO TO *PT57 AND CODE "YES"	5	8	9
) *CC1, ECTION	

			AGE	DURATION
INTERVIEWER: IF EVENT IS ENDORSED, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.		NO (5)	How old were you when you had your <u>first</u> combat experience?	How long did you serve?
*PT29. (KEY PHRASE: combat experience)	CHECK OFF EVENT ON REF. CARD		*PT29a. YEARS DK998 RF999	*PT29b. DAYS1 WEEKS2 MONTHS3 YEARS4 DK98 RF99
INTERVIEWER: IF RESPONDENT VOLUNTEERS INI MULTIPLE OCCURRENCES OF THIS EVENT TYPE, E DURATION FOR THE SECOND OCCURRENCE.			*PT29c. YEARS DK998 RF999	*PT29d. DAYS1 WEEKS2 MONTHS 3 YEARS4 DK98 RF99

			AGE	DURATION
INTERVIEWER: IF EVENT IS ENDORSED, ASK			How old were	How long did
THE FOLLOW-UP QUESTIONS AT RIGHT.	YES	NO	yol the <u>first</u> time	you serve in that
	(1)	(5)	yol did this?	capacity?
*PT30. (KEY PHRASE: relief worker in war zone)			*PT30a.	*PT30b.
[Other than the time (s) you <u>participated</u> in combat,] 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? DK	1 CHECK OFF EVENT ON	5 GO TO *PT31	YEARS DK998 RF999	DAYS1 WEEKS2 MONTHS3 YEARS4 DK98 RF99
(IF NEC: A peacekeeper is a person who works for an international organization, a government, or a military organization to supervise and enforce a truce between hostile groups.)	REF. CARD			
INTERVIEWER: IF RESPONDENT VOLUNTEERS IN MULTIPLE OCCURRENCES OF THIS EVENT TYPE, EDURATION FOR THE <u>SECOND</u> OCCURRENCE.			*PT30c. YEARS	*PT30d.
			DK998 RF999	WEEKS2 MONTHS 3 YEARS4 DK98 RF99

	•			
			AGE	DURATION
INTERVIEWER: IF EVENT IS ENDORSED, ASK	MEG	NO	How old were	How long were
THE FOLLOW-UP QUESTIONS AT RIGHT.	YES (1)	NO (5)	you when you were <u>first</u> in this situation?	you in this situation?
*PT31. (KEY PHRASE: civilian in war zone)			*PT31a.	*PT31b.
(Other than when you served as a relief worker,) Were you ever an unarmed civilian in a place				
where there was a war, revolution, military coup or invasion?	1	5	YEARS	DAYS1 WEEKS2
	CHECK	GO	DK998	MONTHS3
DK8 GO TO *PT32	OFF	TO	RF999	YEARS4
RF9 GO TO *PT32	EVENT ON	*PT32		DK98 RF99
(IF NEC: By this we mean a civilian not directly involved in the armed conflict.)	REF. CARD			KI*99
			*PT31c.	*PT31d.
INTERVIEWER: IF RESPONDENT VOLUNTEERS IN MULTIPLE OCCURRENCES OF THIS EVENT TYPE, EDURATION FOR THE SECOND OCCURRENCE.				
			YEARS	DAYS1
			DK998	WEEKS2 MONTHS3
			RF999	YEARS4
				DK98 RF99
				IXI99

	-			
			AGE	DURATION
INTERVIEWER: IF EVENT IS ENDORSED, ASK			How old were	How long were
THE FOLLOW-UP QUESTIONS AT RIGHT.	YES	NO	you when you	you in this
	(1)	(5)	were first in this	situation?
	(-)	(-)	situation?	
*PT32. (KEY PHRASE: civilian in region of terror)			*PT32a.	*PT32b.
1 132. (KET FTIKASE. Civilian in region of terror)	1	5	1 1 32a.	1 1 3 2 0 .
(04 4 1 1 1 1 1 1 1 1	1	3		
(Other than what you have already told me				
about,) Did you ever live as a civilian in a place	CHECK	GO		
where there was ongoing terror of civilians for	OFF	TO	YEARS	DAYS1
political, ethnic, religious or other reasons?	EVENT	*PT33		WEEKS2
	ON		DK 998	MONTHS3
DK8 GO TO *PT33	REF.		RF999	YEARS4
RF9 GO TO *PT33	CARD			DK98
30 10 1100				RF99
			*PT32c.	*PT32d.
INTERVIEWED. JE DECDONDENT VOI UNTEEDCIN	CODMATIO	NIONI	·F132C.	1132u.
INTERVIEWER: IF RESPONDENT VOLUNTEERS IN				
MULTIPLE OCCURRENCES OF THIS EVENT TYPE, F	ENTER AGE	AND		
DURATION FOR THE <u>SECOND</u> OCCURRENCE.				
			YEARS	DAYS1
				WEEKS 2
			DK998	MONTHS3
			RF999	YEARS 4
				DK98
				RF99

			AGE	DURATION
INTERVIEWER: IF EVENT IS ENDORSED, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.	YES (1)	NO (5)	How old were you when you were <u>first</u> in this situation?	How long were you a refugee?
*PT33. (KEY PHRASE: refugee)			*PT33a.	*PT33b.
Were you ever a refugee – that is, did you ever flee from your own home to a foreign country or place to escape danger or persecution? DK	1 CHECK OFF EVENT ON REF. CARD	5 GO *PT34	YEARS DK998 RF999	DAYS
			*PT33c.	*PT33d.
INTERVIEWER: IF RESPONDENT VOLUNTEERS IN MULTIPLE OCCURRENCES OF THIS EVENT TYPE, E DURATION FOR THE <u>SECOND</u> OCCURRENCE.	DAYS1 WEEKS2 MONTHS3 YEARS4 DK98 RF99			

	<u>-</u>			
			AGE	DURATION
INTERVIEWER: IF EVENT IS ENDORSED, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.	YES (1)	NO (5)	How old were you when you were <u>first</u> in this	How long were you in captivity?
	()	(-)	situation?	
*PT34. (KEY PHRASE: kidnapped)			*PT34a.	*PT34b.
Were you ever kidnapped or held captive?	1	5		
DK8 GO TO *PT35 RF9 GO TO *PT35	CHECK OFF EVENT ON	GO TO *PT35	YEARS DK 998 RF999	DAYS
	REF. CARD		NOTES A	DK98 RF99
INTERVIEWED. IE DECDONDENT VOI UNTEED CIN	CODMATIO	NI ONI	*PT34c.	*PT34d.
INTERVIEWER: IF RESPONDENT VOLUNTEERS INFORMATION ON MULTIPLE OCCURRENCES OF THIS EVENT TYPE, ENTER AGE AND DURATION FOR THE SECOND OCCURRENCE.				
			YEARS	DAYS1
			DK998 RF999	WEEKS 2 MONTHS3 YEARS 4 DK98 RF99

			AGE	#TIMES
INTERVIEWER: IF EVENT IS ENDORSED, ASK			How old were	How many times
THE FOLLOW-UP QUESTIONS AT RIGHT.			you when you	(did that happen
	(1) NO (5)	first found out	in your life)?	
		about (this		
		exposure/ one		
		of these		
			exposures)?	
*PT35. (KEY PHRASE: toxic chemical exposure)			*P35a.	*PT35b.
			-	
Were you ever exposed to a toxic chemical or				
substance that could cause you serious harm?	1	5	YEARS	TIMES
DK8 GO TO *PT36	CHECK	GO	DK 998	DK998
RF9 GO TO *PT36	OFF	TO	RF999	RF 999
	EVENT	*PT36		
	ON			
IF VOL "MAYBE, NOT SURE," CODE DK.	REF.			
	CARD			

			AGE	#TIMES
INTERVIEWER: FOR EACH ENDORSED EVENT,	YES	NO	How old were	How many times
ASK THE FOLLOW-UP QUESTIONS AT RIGHT.	(1)	(5)	you the <u>first</u>	(did that happen
	(1)	(3)	time?	in your life)?
*PT36. (KEY PHRASE: automobile accident)			*PT36a.	*PT36b.
	1	5		
Were you ever involved in a life-threatening				
automobile accident?	CHECK	GO	YEARS	TIMES
	OFF	TO		
DK8 GO TO *PT37	EVENT	*PT37	DK 998	DK998
RF9 GO TO *PT37	ON		RF999	RF999
	REF.			
	CARD			
*PT37. (KEY PHRASE: life-threatening accident)			*PT37a.	*PT37b.
	1	5		
Were you in any other life-threatening accident,				
including on your job?	CHECK	GO	YEARS	TIMES
	OFF	TO		
DK8 GO TO *PT38	EVENT	*PT38	DK 998	DK998
RF9 GO TO *PT38	ON		RF999	RF 999
	REF.			
	CARD			
*PT38. (KEY PHRASE: natural disaster)	1	5	*PT38a.	*PT38b.
	1	3		
Were you ever involved in a major natural	CHECK	GO		
disaster, like a devastating flood, hurricane, or	OFF	TO	YEARS	TIMES
earthquake?	EVENT	*PT39		
	ON	1137	DK 998	DK998
DK8 GO TO *PT39	REF.		RF999	RF999
RF9 GO TO *PT39	CARD			
*PT39. (KEY PHRASE: man-made disaster)			*PT39a.	*PT39b.
[Other than the time(s) you've already told me	1	5		
about,] Were you ever in a man-made disaster,			YEARS	TIMES
like a fire started by a cigarette, or a bomb	CHECK	GO		
explosion?	OFF	TO	DK 998	DK998
	EVENT	*PT40	RF999	RF999
DK8 GO TO *PT40	ON			
RF9 GO TO *PT40	REF.			
	CARD			
INTERVIEWER: DO NOT RECORD TOXIC				
CHEMICAL EXPOSURE.				
*PT40. (KEY PHRASE: life-threatening illness)			*PT40a.	*PT40b.
	1	5		
Did you ever have a life-threatening illness?			****	
	CHECK	GO	YEARS	TIMES
DK8 GO TO *PT41	OFF	ТО		D. V.
RF9 GO TO *PT41	EVENT	*PT41	DK998	DK998
	ON		RF999	RF999
	REF.			
	CARD			

			AGE	# TIMES
INTERVIEWER: FOR EACH ENDORSED EVENT,			How old were	How many
ASK THE FOLLOW-UP QUESTIONS AT RIGHT.			you the <u>first</u>	times (did that
			time?	happen in your
				life)?
				IF "ONGOING"
	YES	NO		FOR A PERIOD
	(1)	(5)		IN R'S LIFE,
				CODE 995.
*PT41. (KEY PHRASE: beaten up as a child by	1	5	*PT41a.	*PT41b.
caregiver)	1	3		
	CHECK	GO		
As a child, were you ever badly beaten up by	OFF	TO		
your <u>parents</u> or the people who raised you?	EVENT	*PT42	YEARS	TIMES
	ON		DK 998	DK998
DK8 GO TO *PT42	REF.		RF998	RF999
RF9 GO TO *PT42	CARD		Kr999	10
*PT42. (KEY PHRASE: beaten up by a spouse or			*PT42a.	*PT42b.
romantic partner)	1	5	1 1 τ 2 α.	11420.
Tomanic partier)				
Were you ever badly beaten up by a spouse or	CHECK	GO		
romantic partner?	OFF	ТО	YEARS	TIMES
1	EVENT	*PT43		
DK8 GO TO *PT43	ON REF.		DK 998	DK998
RF9 GO TO *PT43	CARD		RF999	RF999
	CARD			
*PT43. (KEY PHRASE: beaten by somebody else)	1	5	*PT43a.	*PT43b.
W	1			
Were you ever badly beaten up by anyone	CHECK	GO		
else?	OFF	TO	VEADO	TIMES
DK8 GO TO *PT44	EVENT	*PT44	YEARS	TIMES
RF9 GO TO *PT44	ON		DK998	DK998
KI'9 GO 10 1144	REF.		RF999	RF999
	CARD		Ια	KI
*PT44. (KEY PHRASE: mugged or threatened with a			*PT44a.	*PT44b.
weapon)	1	5	. = 1	
1	OHEOU	CO		
Were you ever mugged, held up, or threatened	CHECK	GO		
with a weapon?	OFF EVENT	TO *PT45	YEARS	TIMES
	ON	"F 145		
DK8 GO TO *PT45	REF.		DK 998	DK998
RF9 GO TO *PT45	CARD		RF999	RF999
	CILILD			

*PT45. (KEY PHRASE: rape)			*PT45a.	*PT45b.
The next question is about rape. We define this				
as an event during which one person has sexual				
intercourse with or penetrates the body of another person without their consent, or when	1	5	YEARS	TIMES
they were too young to know what was happening.	CHECK	GO	DK998	DK998
Did you ever experience an event like the one I just described?	OFF EVENT ON REF. CARD	*PT46	RF999	RF999
DK8 GO TO *PT46 RF9 GO TO *PT46				

			AGE	# TIMES
INTERVIEWER: FOR EACH ENDORSED EVENT, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.			How old were you the <u>first</u>	How many times (did that
ASK THE FOLLOW-OF QUESTIONS AT KIGHT.			time?	happen in your
				life)?
				IF "ONGOING"
	YES (1)	NO (5)		FOR A PERIOD IN R'S LIFE,
	(1)	(3)		CODE 995.
*PT46. (KEY PHRASE: sexual assault)			*PT46a.	*PT46b.
The next question is about sexual assault. We define this as an event during which one person	1	5		
touches another person inappropriately, or	CHECK	GO	YEARS	TIMES
without that person's consent.	OFF	TO	DK998	DV 000
Other than rape, did you ever experience an	EVENT	*PT47	RF999	DK998 RF999
event like the one I just described?	ON REF.		14	14
	CARD			
DK8 GO TO *PT47				
RF9 GO TO *PT47				
*PT47. (KEY PHRASE: stalked)		_	*PT47a.	*PT47b.
II a same and the days that is	1	5		
Has someone ever stalked you – that is, followed you or kept track of your activities in a	CHECK	GO		
way that made you feel you were in serious	OFF	TO	YEARS	TIMES
danger?	EVENT	*PT48	DIV 000	DIV 000
DK8 GO TO *PT48	ON REF.		DK998 RF999	DK998 RF999
RF9 GO TO *PT48	CARD		14	10

			AGE	#TIMES
INTERVIEWER: FOR EACH ENDORSED EVENT,			How old were	How many
ASK THE FOLLOW-UP QUESTIONS AT RIGHT.			you the <u>first</u>	times (has that
			time?	happened in
				your life)?
				IF "ONGOING"
	YES	NO		FOR A PERIOD
	(1)	(5)		IN R'S LIFE,
	(-)	(0)		CODE 995.
*PT48. (KEY PHRASE: unexpected death of a			*PT48a.	*PT48b.
loved one)	1			
,	1	5		
Did someone very close to you ever die	CHECK			
unexpectedly; for example, they were killed	OFF	GO TO	YEARS	TIMES
in an accident, murdered, committed suicide,	EVENT	*PT49		
or had a fatal heart attack at a young age?	ON		DK998	DK998
	REF.		RF999	RF999
DK8 GO TO *PT49	CARD			
RF9 GO TO *PT49	Cillo			
ADTIAO (VEIV DVD I GE 1333)			*DT 40	*PT-401
*PT49. (KEY PHRASE: child's serious illness)			*PT49a.	*PT49b.
(Od and and a last of a malfill a first	1	5		
(Other than the death of your child you just mentioned) Did you ever have a son or	CHECK			
	CHECK	GO TO	YEARS	TIMES
daughter who had a life-threatening illness or injury?	OFF EVENT	*PT50	IEARS	TIMES
nijury:	ON		DK998	DK998
DK8 GO TO *PT50	REF.		RF999	RF999
RF9 GO TO *PT50	CARD		14	14
30 20 2 20 2				
*PT50. (KEY PHRASE: traumatic event to love			*PT50a.	*PT50b.
one)	1	5		
, ,		3		
Did anyone very close to you ever have an	CHECK	GO TO		
extremely traumatic experience, like being	OFF	*PT50.1	YEARS	TIMES
kidnapped, tortured or raped?	EVENT	1 150.1		
DV 0 CO TO *PT*0 1	ON		DK 998	DK998
DK8 GO TO *PT50.1	REF.		RF999	RF999
RF9 GO TO *PT50.1	CARD			
*DT50 1 (VEV DID ACE			*DT50.1-	*DT50 11-
*PT50. 1. (KEY PHRASE: witnessed physical fights at home)			*PT50.1a.	*PT50.1b.
at nome)	1	5		
When you were a child, did you ever		, ,		
witness serious physical fights at home,	CHECK	GOTO	YEARS	TIMES
like when your father beat up your	OFF	*PT51	12.110	
mother?	EVENT		DK998	DK998
	ON		RF999	RF999
DK8 GO TO *PT51	REF.			
RF9 GO TO *PT51	CARD			

*PT51. (KEY PHRASE: witnessed death or dead body or saw someone seriously hurt)	1	5	*PT51a.	*PT51b.
Did you ever see someone being badly injured or killed, or unexpectedly see a dead body? DK	CHECK OFF EVENT ON REF. CARD	GO TO *PT52	YEARS DK 998 RF 999	TIMES DK998 RF999

			AGE	# TIMES
INTERVIEWER: FOR EACH ENDORSED EVENT, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.			How old were you the <u>first</u> time?	How many times (has that happened in your life)?
	YES (1)	NO (5)		IF "ONGOING" FOR A PERIOD IN R'S LIFE, CODE 995.
*PT52. (KEY PHRASE: accidentally caused serious injury or death)	1	5	*PT52a.	*PT52b.
Did you ever do something that accidentally led to the serious injury or death of another person? IF VOL "MAYBE, NOT SURE," CODE NO. DK	CHECK OFF EVENT ON REF. CARD	GO TO *PT53	YEARS DK998 RF999	TIMES DK998 RF999
*PT53. (KEY PHRASE: purposely injured, tortured or killed someone)	1	5	*PT53a.	*PT53b.
(Other than what you already told me about,) Did you ever on purpose either seriously injure, torture, or kill another person? DK	CHECK OFF EVENT ON REF. CARD	GO TO *PT54	YEARS DK 998 RF999	TIMES DK998 RF999
*PT54. (KEY PHRASE: saw atrocities)	1	5	*PT54a.	*PT54b.
Did you ever see atrocities or carnage such as mutilated bodies or mass killings? DK	CHECK OFF EVENT ON REF. CARD	GO TO *PT55	YEARS DK 998 RF 999	TIMES DK998 RF999

	YES	NO
	(1)	(5)
*PT55. Did you ever experience any other	1	5
extremely traumatic or life-threatening	1	
event that I haven't asked about yet?	CHECK	GO ТО
	OFF	*PT57
DK8 GO TO *PT57	EVENT	
RF9 GO TO *PT57	ON	
	REF.	
	CARD	
*PT55a. Briefly, what was the one most traumatic of DON'T KNOW	O *PT57 O *PT57	
RECORD BRIEF DESCRIPTION OF EVENT:		
*PT55b. (IF NEC: Was this a one-time even years?)	rent or was it	ongoing over a period of days, weeks, months, or
ONE-TIME EVENT1 GOONGOING EVENT2 GOON'T KNOW		
*DT55° HENEOUR 11	m (EXIENTE I	N *DT550 / this hours J\01
*PT55c. [IF NEC: How old were you whe (IF NEC: How old were you whe		

		YEARS OLD GO 10 *P156	
		DON'T KNOW998 GO TO *PT56 REFUSED999 GO TO *PT56	
	*PT55d.	(IF NEC: For how long were you in this situation / For how long did this continue)?	
		DURATION NUMBER	
		CIRCLE UNIT OF TIME: DAYS1 WEEKS2 MONTHS3 YEARS4	
		DON'T KNOW98 REFUSED99	
*PT56.	SERIOUS	IEWER QUERY: (SEE * PT55a) DID EVENT IN *PT55a INVOLVE THREAT OF DEATH OR S INJURY TO R OR TO A CLOSE LOVED ONE? PROBE: Did this event involve threat of death or serious injury to you or to a close loved one?)	
	(II NEC,	1 ROBE. Did this event involve threat of death of scrious injury to you of to a close loved one.	
		1	
		5 KNOW8	
	REFUSEI	D9	
*PT57.	anything l me about	es people have experiences they don't want to talk about in interviews. I won't ask you to describe ike this, but, without telling me what it was, did you ever have a traumatic event that you didn't tell because you didn't want to talk about it? CHECK OFF "PRIVATE EVENT" ON REFERENCE	
	NO	CARD, THEN GO TO *PT57a	
		5 GO TO *PT58 KNOW8 GO TO *PT58	
		D9 GO TO *PT58	
	*PT578	How old were you when your most upsetting event like this happened? Or, if it was an ongoing event, how old were you when it started and for how long were you in this situation?	
		If I ask you any further questions about this event, I will refer to it as your "private event."	
		YEARS OLD	
		DURATION NUMBER FOR ONGOING EVENTS	
		CIRCLE UNIT OF TIME:	
		DAYS1 WEEKS2 MONTHS3 YEARS4	
		DON'T KNOW98 REFUSED99	
*PT58.0	. You re	eported the following events: (LIST ALL ENDORSED EVENTS). Is that correct?	
		1 GO TO *PT58 OTHERS MANUALLY CORRECT INCORRECT EVENT(S)	

*PT58. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD)

- STEP 1. ON REFERENCE CARD, WRITE A NUMBER ON THE LINE TO THE RIGHT OF EACH ENDORSED EVENT TYPE. START WITH THE NUMBER ONE (1, 2, 3, 4, ...).
- STEP 2. IN LEFT-HAND COLUMN BELOW, CIRCLE TOTAL NUMBER OF EVENT TYPES REPORTED. THE RIGHT-HAND COLUMN GIVES THE NUMBER THAT CORRESPONDS TO THE NUMBER LABEL YOU'VE WRITTEN BY R'S RANDOMLY ASSIGNED EVENT TYPE.

TOTAL EVENT TYPES REPORTED	RANDOMLY- ASSIGNED EVENT TYPE
0	GO TO *CC1, NEXT SECTION
1	1
2	(random b/w 1-2)
3	(random b/w 1-3)
4	(random b/w 1-4)
5	(random b/w 1-5)
6	(random b/w 1-6)
7	(random b/w 1-7)
8	(random b/w 1-8)
9	(random b/w 1-9)
10	(random b/w 1-10)
11	(random b/w 1-11)
12	(random b/w 1-12)
13	(random b/w 1-13)
14	(random b/w 1-14)
15	(random b/w 1-15)
16	(random b/w 1-16)
17	(random b/w 1-17)
18	(random b/w 1-18)
19	(random b/w 1-19)
20	(random b/w 1-20)
21	(random b/w 1-21)
22	(random b/w 1-22)
23	(random b/w 1-23)
24	(random b/w 1-24)
25	(random b/w 1-25)
26	(random b/w 1-26)
27	(random b/w 1-27)
28	(random b/w 1-28)
29	(random b/w 1-29)

STEP 3. CIRCLE RANDOMLY-ASSIGNED EVENT TYPE IN LEFT COLUMN AND FOLLOW INSTRUCTION AT RIGHT:

RANDOMLY-ASSIGNED EVENT TYPE	
COMBAT EXPERIENCE	GO TO *PT59, ASK ABOUT FIRST OCCURRENCE
RELIEF WORKER IN A WAR ZONE	GO TO *PT59, ASK ABOUT FIRST OCCURRENCE
CIVILIAN IN A WAR ZONE	GO TO *PT59, ASK ABOUT FIRST OCCURRENCE
CIVILIAN IN A REGION OF TERROR	GO TO *PT59, ASK ABOUT FIRST OCCURRENCE
REFUGEE	GO TO *PT59, ASK ABOUT FIRST OCCURRENCE
KIDNAPPED	GO TO *PT59, ASK ABOUT FIRST OCCURRENCE
ALL OTHERS	GO TO STEP 4

STEP 4. REFER TO THE QUESTION WHERE R ORIGINALLY REPORTED THE RANDOM EVENT (REFERENCE CARD SHOWS SOURCE QUESTION). NOTE THE <u>TOTAL NUMBER OF TIMES RANDOM EVENT HAS OCCURRED</u> IN R'S LIFE. IN THE LEFT-HAND COLUMN BELOW, CIRCLE NUMBER THAT NUMBER. THE RIGHT-HAND COLUMN SHOWS WHICH <u>OCCURRENCE</u> OF THE RANDOM EVENT WILL BE PROBED.

TOTAL TIMES	OCCURRENCE TO BE PROBED
1 OR "ONGOING"	ONLY OCCURRENCE OR "ONGOING" OCCURRENCE
2	(random b/w 1-2)
3	(random b/w 1-3)
4 OR MORE	MOST RECENT OCCURRENCE

	PT59a. NOTE OCCURRENCE TO BE PROBED: (SEE *PT58, STEP 4) (E.G., "FIRST TIME," "ONLY TIME," "ONGOING," ETC.)
	OCCURRENCE:
	PT59b. NOTE AGE AT TIME OF RANDOM EVENT: [IF NEC: How old were you (when/ the first time/ the second time/ the third time/ the most recent time) (RANDOM EVENT) (happened/ started)?
	YEARS OLD
	DON'T KNOW998 REFUSED999
	INTERVIEWER: THIS EVENT WILL NOW BE REFERRED TO AS "RANDOM EVENT
0.	INTERVIEWER CHECKPOINT: (SEE *PT58)
	R REPORTED ONLY <u>ONE</u> EVENT TYPE,
	*PT1 THROUGH *PT6 OR *PT29 THROUGH *PT34 1 GO TO *PT118 R REPORTED ONLY ONE EVENT TYPE,
	AND THAT EVENT OCCURRED ONLY ONCE
	ALL OTHERS
1.	INTERVIEWER CHECKPOINT: (SEE *PT58)
	R REPORTED ONLY <u>ONE</u> EVENT TYPE,
	AND THAT EVENT OCCURRED MORE THAN ONCE
	R REPORTED TWO OR THREE DIFFERENT EVENT TYPES2 GO TO *PT62 INTRO 3

*PT62 INTRO 2.

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. Did you have any of these reactions after [(either/any) [EVENT TYPE]/ of these experiences]?

*PT62 INTRO 3.

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. Did you have any of these reactions after any of the traumatic experiences you have gone through?

*PT62 INTRO 4.

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. Did you have any of these reactions after any of the traumatic experiences you have gone through?

YES1	
NO5	GO TO *PT63
DON'T KNOW8	GO TO *PT63
REFUSED 9	GO TO *PT63

*PT62.2 Did you <u>ever in your life talk to a medical doctor or other professional about (this problem/any of these problems)? (By professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)</u>

NO DON'T KNO		GO TO *PT64 GO TO *PT64 GO TO *PT64
*PT62.2a.	How old were you the fire problems)?	rst time [you talked to a professional about (this problem/any of these
		YEARS OLD

REFUSED......999

DON'T KNOW......998

100% GO TO *PT64 AT THE END OF *PT62.2a

6464 Supported Employment Demonstration Attachment K. CIDI 05-03-17 *PT63. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD) USING THE NUMBERING SCHEME FROM REFERENCE CARD. THE RANDOM EVENT IS OF ONE OF THE FOLLOWING RANDOM 10% **GO TO *PT119** USING THE NUMBERING SCHEME FROM REFERENCE CARD. THE RANDOM EVENT IS OF ONE OF THE FOLLOWING RANDOM 90% GO TO *CC1 GO TO *CC1 ALLOTHERS......3 *PT64. Of the [experiences you mentioned to me/ (NUMBER) times (EVENT TYPE)s happened] which one caused you the most problems like upsetting memories or dreams, feeling emotionally distant, trouble sleeping or concentrating, or feeling jumpy or easily startled. That is, which one experience caused the largest number or most severe problems? IF NEC: REVIEW ENDORSED EVENTS. (IF "DON'T KNOW," PROBE: Which of these very upsetting events happened most recently?) DON'T KNOW998 REFUSED999 ____NUMBER OF EVENT RECORD WORST EVENT: PT64a. NOTE AGE AT TIME OF WORST EVENT: [IF NEC: How old were you when that (happened/started)?] YEARS OLD DON'T KNOW998 REFUSED999 PT64b. [IF NEC: Which occurrence was this (-- the first time, the second time...)?] NOTE OCCURRENCE (E.G., "FIRST TIME," "ONLY TIME," "ONGOING," ETC.): OCCURRENCE:

INTERVIEWER: THIS EVENT WILL NOW BE REFERRED TO AS "WORST EVENT."

*PT65. INTERVIEWER CHECKPOINT: (SEE *PT59 AND *PT64)

RANDOM EVENT AND WORST EVENT ARE THE SAME TYPE OF EVENT.....1

6464 Supported Employment Demonstration Attachment K. CIDI 05-03-17	
ALL OTHERS5	GO TO *PT67

*PT66. INTERVIEWER CHECKPOINT: (SEE *PT59a AND *PT64b)

RANDOM EVENT AND WORST EVENT ARE THE SAME	
OCCURRENCE OF THE SAME EVENT1	GO TO *PT122
THIS EVENT WILL NOW BE REFERRED TO AS "RANDOM EVENT."	
ALL OTHERS5	

*PT66.1. (RB, PG 42. FOR EACH EVENT ENDORSED, ASK R TO MARK IT IN THE RB.) INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD, *PT SECTION): PROBE TO FIND WHETHER ANY OTHER REPORTED EVENTS ARE LINKED TO THE RANDOM EVENT. PROBE ONLY FOR <u>PLAUSIBLE</u> COMBINATIONS. IF THERE ARE NO PLAUSIBLE COMBINATIONS OR NO LINKED EVENTS, CODE 29.

SUGGESTED PROBE: You reported [RANDOM EVENT RECORDED IN *PT59] when you were [AGE]. The next question is about that experience. I need to ask whether this was linked in any way to any of the other events you reported. When I say, "linked" I mean whether (RANDOM EVENT) and other events were either part of the same experience or one caused the other. Look at page 20 in your booklet. Considering (all) the events you reported, were any of these linked to (RANDOM EVENT)?

[IF NEC: If you believe that (EVENT) happened in part because (OTHER EVENT) made it <u>much more likely</u> to happen, we will consider those events to be linked.]

INTERVIEWER: CIRCLE ALL THAT APPLY.

COMBAT EXPERIENCE	
RELIEF WORKER IN WAR ZONE	2
CIVILIAN IN WAR ZONE	3
CIVILIAN IN REGION OF TERROR	4
REFUGEE	5
KIDNAPPED	6
TOXIC CHEMICAL EXPOSURE	7
AUTOMOBILE ACCIDENT	
OTHER LIFE THREATENING ACCIDENT	9
NATURAL DISASTER	. 10
MAN-MADE DISASTER	
LIFE-THREATENING ILLNESS	. 12
BEATEN UP BY CAREGIVER	. 13
BEATEN UP BY SPOUSE OR ROMANTIC PARTNER	. 14
BEATEN UP BY SOMEONE ELSE	15
MUGGED OR THREATENED WITH A WEAPON	16
RAPE	17
SEXUAL ASSAULT	18
STALKED	19
UNEXPECTED DEATH OF LOVED ONE	20
CHILD WITH SERIOUS ILLNESS	21
TRAUMATIC EVENT TO LOVED ONE	22
WITNESSED DEATH OR DEAD BODY, OR SAW SOMEONE SERIOUSLY HURT	23
ACCIDENTALLY CAUSED SERIOUS INJURY OR DEATH	24
PURPOSELY INJURED, TORTURED, OR KILLED SOMEONE	25
SAW ATROCITIES	26
SOME OTHER EVENT	27
PRIVATE EVENT	28
NO LINKED EVENTS / NO PLAUSIBLE COMBINATIONS	30

*PT66.2	INTERVIEWER	OUERY:	: IS RANDO	M EVENT	LINKED TO	THE "	WORST EV	/ENT"?

YES	GO TO *PT122
NO5	

INTERV	TEWER: SEE *PT64, THEN PROBE:	YES (1)	NO (5)	DK (8)	RF (9)
*PT67.	[FOR "ONGOING" EVENTS: During the period of time when (WORST EVENT) was happening repeatedly, did you ever feel terrified or very frightened?]				
	[ALL OTHERS: Were you terrified or very frightened at the time (WORST EVENT)?]	1 GO TO *PT68	5	8	9
	*PT67a. Did you feel helpless?				
		1 GO TO	5	8	9
	*PT67b. Did you feel shocked or horrified?	*PT68			
	1 1070. Did you teel shocked of horimed.				
		1 GO TO *PT68	5	8	9
	*PT67c. Did you feel numb?				
		1 (GO TO *PT68) **	5	8	9

	YES (1)	NO (5)	DK (8)	RF (9)
*PT68. (RB, PG 43): (Look at Group 1 on Page 43 in your booklet.) In the weeks, months, or years after (the event/ this experience ended/ WORST EVENT), did you try not to think about (it/ what happened)?	1	5	8	9
(IF YES: Please make a checkmark by reaction 1.) (KEY PHRASE: tried not to think about it)				
*PT69. Did you purposely stay away from places, people or activities that reminded you of (it/ the event/ this experience/ WORST EVENT)? (IF YES: Please make a checkmark by reaction 2.)	1	5	8	9
(KEY PHRASE: stayed away from reminders of it) *PT70. 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.)	1	5	8	9
[KEY PHRASE: were unable to remember part(s) of it]				
*PT71. Did you lose interest in doing things you used to enjoy? (IF YES: Please make a checkmark by reaction 4.) (KEY PHRASE: lost interest in things you used to enjoy)	1	5	8	9
*PT72. Did you feel emotionally distant or cut-off from other people?				
(IF YES: Please make a checkmark by reaction 5.)	1	5	8	9
(KEY PHRASE: felt distant from other people)				
*PT73. Did you have trouble feeling normal feelings like love, happiness, or warmth toward other people? (IF YES: Please make a checkmark by reaction 6.)	1	5	8	9
(KEY PHRASE: had trouble feeling normal feelings)				
*PT74. Did you feel you had no reason to plan for the future because you thought it would be cut short?	1	5	8	9
(IF YES: Please make a checkmark by reaction 7.) (KEY PHRASE: felt you had no reason to plan for the future)				
(== =================================	1	1	1	l .

*PT75. INTERVIEWER CHECKPOINT: (SEE ***PT68 - *PT74**)

ZERO "YES" RESPONSES IN *PT68 - *PT74	GO TO *PT116.1
ALL OTHERS	GO TO *PT86

	YES (1)	NO (5)	DK (8)	RF (9)
*PT86. (RB, PG 43) (Look at Group 2 on page 43 in your booklet.)	(1)	(6)	(0)	(2)
Did you ever have repeated unwanted <u>memories</u> of (it/ the event/ this experience/ WORST EVENT) – that is, you <u>kept</u> remembering it even when you didn't want to?	1	5	8	9
(IF YES: Please make a checkmark by reaction 8 in the booklet.)				
(KEY PHRASE: had unwanted memories)				
*PT87. Did you ever have repeated unpleasant <u>dreams</u> about (it/ the event/ this experience/ WORST EVENT)?				
(IF YES: Please make a checkmark by reaction 9 in the booklet.)	1	5	8	9
(KEY PHRASE: had unpleasant dreams)				
*PT88. Did you have flashbacks – that is, suddenly act or feel as if (it/the event/ this experience/ WORST EVENT) were happening all over again? (IF YES: Please make a checkmark by reaction 10 in the booklet.)	1	5	8	9
(KEY PHRASE: had flashbacks)				
*PT89. Did you get very <u>upset</u> when you were reminded of (it/ the event/ this experience/ WORST EVENT)? (IF YES: Please make a checkmark by reaction 11 in the booklet.)	1	5	8	9
(KEY PHRASE: got really upset when reminded of it)				
*PT90. When you were <u>reminded</u> of (it/ the event/ this experience/ WORST EVENT), did you ever have <u>physical</u> reactions like <u>sweating</u> , your heart <u>racing</u> , or feeling shaky?	1	5	8	9
(IF YES: Please make a checkmark by reaction 12 in the booklet.)			_	-
(KEY PHRASE: had physical reactions)				

*PT91. INTERVIEWER CHECKPOINT: (SEE ***PT86 - *PT90**)

ZERO "YES" RESPONSES IN * PT86 - *PT90 1	GO TO *PT116.1
ALLOTHERS2	GO TO *PT102

	YES (1)	NO (5)	DK (8)	RF (9)
*PT102. (RB, PG 43) (Look at Group 3 on Page 43 in your booklet.)				
During the time (this event/ this experience/ WORST EVENT) affected you <u>most</u> , did you have trouble falling or staying asleep?	1	5	8	9
(IF YES: Please make a checkmark by reaction 13.)				
(KEY PHRASE: had sleep problems)				
*PT103. Were you more <u>irritable</u> or short-tempered than you usually are?				
(IF YES: Please make a checkmark by reaction 14.)	1	5	8	9
(KEY PHRASE: were irritable)				
*PT104. Did you have more trouble <u>concentrating</u> or keeping your mind on what you were doing?				
(IF YES: Please make a checkmark by reaction 15.)	1	5	8	9
(KEY PHRASE: had trouble concentrating)				
*PT105. Were you much more alert or watchful, even when there was no real need to be?				
(IF YES: Please make a checkmark by reaction 16.)	1	5	8	9
(KEY PHRASE: were more alert or watchful)				
*PT106. Were you more <u>jumpy</u> or easily startled by ordinary noises?				
(IF YES: Please make a checkmark by reaction 17.)	1	5	8	9
(KEY PHRASE: were jumpy or easily startled)				
*PT107.INTERVIEWER CHECKPOINT: (SEE * PT102 - *PT106)				
ZERO "YES" RESPONSES IN *PT102 – *PT106ALL OTHERS			TO *PT11 TO *PT10	
*PT109. You (KEY PHRASES FOR PROBLEMS REPORTED IN *PT *PT106). How soon after (the event/ this experience/ WORST EVI (either/any) of these problems]? CODE "IMMEDIATELY" OR "SAME DAY" AS "0 DAYS"				
ONSET NUMBER				
CIRCLE UNIT OF TIME: DAYS 1 WEEKS 2 M	IONTHS	.3 YEAF	RS4	
DON'T KNOW 98 REFUSED 99				

*PT110.	PT110. You had quite a few reactions, such as (FIRST KEY PHRASE FOR EACH OF THE 3 SETS OF REACTIONS REPORTED IN *PT68 - **PT74, *PT86 - *PT90, *PT102 - *PT106). 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: DAYS1 WEEKS2 MONTHS3 YEARS4			
	"AT LEAST A MONTH"97 DON'T KNOW98 REFUSED99			
*PT111.	. INTERVIEWER CHECKPOINT: (SEE *PT110)			
	LESS THAN ONE MONTH (30 DAYS) OF REACTIONS IN *PT110			
*PT113	• 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			

	GO TO *PT122
	NTERVIEWER: THIS EVENT WILL NOW BE REFERRED TO AS "RANDOM EVENT."
	You reported [EVENT RECORDED IN *PT59] when you were [AGE]. The next questions are about that experience.
*PT118.	NTERVIEWER: SEE *PT59, THEN PROBE
	*PT107= 2
*PT116.2	. INTERVIEWER CHECKPOINT: (SEE *PT107)
*P1'116.]	RANDOM 20% OF RESPONDENTS
	ALL OTHERS2
	NTERVIEWER CHECKPOINT: (SEE *PT114 *PT115) RESPONSES CODED '3 – 5' IN *PT114 OR *PT115
	REFUSED9
	EXTREMELY5 DON'T KNOW8
	A LOT4
	NOT AT ALL
1	low much did these reactions disrupt or interfere with your normal, daily life – not at all, a little, some, a lot, or extremely?
	REFUSED9
	DON'T KNOW8
	SEVERE4 /ERY SEVERE5
	MODERATE3
	MILD2
	NONE1

*PT119. 0. INTERVIEWER CHECKPOINT (SEE *PT59b)
IF *PT59b IS NOT "DON'T KNOW" AND *PT59b IS NOT "REFUSED" AND *PT59b IS NOT EMPTY
*PT119. The next questions are about an event which we select at random – for you it is the (IF NEC: first/second/third/most recent) time you experienced (RANDOM EVENT RECORDED IN *PT59). How old were you at that time?
YEARS OLD
DON'T KNOW
*PT119a. The next questions are about an event which we select at random – for you it is the (IF NEC: first/second/third/most recent) time you experienced (RANDOM EVENT RECORDED IN *PT59). You were (AGE RECORDED IN *PT59b) when that happened. Is that correct?
YES
DON'T KNOW
*PT119a.1. Would you give me your correct age?
YEARS OLD
DON'T KNOW
*PT120.0 INTERVIEWER CHECKPOINT (SEE *PT59)
IF *PT59b IS NOT "DON'T KNOW" AND *PT59b IS NOT "REFUSED" AND *PT59b IS NOT EMPTY
*PT120. The next questions are about a second event, which we select at random – for you it is the (IF NEC: first/second/third/most recent) time you experienced (RANDOM EVENT RECORDED IN *PT59) How old were you at that time?
YEARS OLD GO TO *PT122
DON'T KNOW
*PT120a.The next questions are about an event, which we select at random — for you it is the (IF NEC: first/ second/ third/ most recent) time you experienced (RANDOM EVENT RECORDED IN *PT59). You were (AGE RECORDED IN *PT59b) when that happened. Is that correct?
YES GO TO *PT122

	DON'T KNOW
*PT120	0a.1. Would you give me your correct age?
	YEARS OLD
	DON'T KNOW 998 REFUSED 999
*PT122.	INTERVIEWER INSTRUCTION: CIRCLE THE NUMBER TO THE RIGHT OF R'S RANDOM EVENT TYPE. THEN FOLLOW SKIP INSTRUCTION.
	COMBAT EXPERIENCE 1 GO TO *PT123
	RELIEF WORKER IN WAR ZONE

BEATEN UP BY CAREGIVER 13 **GO TO *PT207** BEATEN UP BY SPOUSE OR ROMANTIC PARTNER 14 GO TO *PT207 BEATEN UP BY SOMEONE ELSE....... 15 GO TO *PT207 MUGGED OR THREATENED WITH A WEAPON...... 16 GO TO *PT207 WITNESSED DEATH/DEAD BODY, ACCIDENTALLY CAUSED SERIOUS INJURY OR DEATH......24 GO TO *PT207

6464 Supported Employment Demonstration Attachment K. CIDI 05-03-17	
SOME OTHER EVENT27	GO TO *PT207

	PRIVATE EVENT
Г123.	RANDOM EVENTS: COMBAT EXPERIENCE
1120.	RELIEF WORK OR PEACEKEEKER
	<u>CIVILIAN IN WAR</u> <u>CIVILIAN IN REGION OF TERROR</u>
	INTERVIEWER: IF NEC, PROBE AS FOLLOWS AND RECORD DETAILED PARAPHRASE:
	(Briefly, where were you and what was the situation?)
	DON'T KNOW8
	REFUSED9
_	
_	
_	
_	
_	
_	
_	
(GO TO *PT125
T124.	RANDOM EVENT: REFUGEE
	INTERVIEWER: IF NEC, PROBE AS FOLLOWS AND RECORD DETAILED PARAPHRASE:
	(Briefly, where were you and what was the situation when you became a refugee?)
	DON'T KNOW8
	REFUSED9

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*PT125. (IF NEC: Did you ever see anyone being killed during that time?)

YES	
NO 5	GO TO *PT126
R VOLUNTEERED "SAW A DEAD BODY"6	
DON'T KNOW 8	GO TO *PT126
REFUSED	GO TO *PT126

*PT125a. [IF NEC: Who (did you see die)?] INTERVIEWER: CIRCLE ALL THAT APPLY.	IF VOL, RECORD # PEOPLE
R'S SPOUSE1	
R'S PARENT (BIOLOGICAL, ADOPTED, STEP)2	
R'S CHILD (BIOLOGICAL, ADOPTED, STEP) 3	
R'S SIBLING (BIOLOGICAL, ADOPTED, STEP)4	
OTHER RELATIVE5	
FRIEND6	
ACQUAINTANCE7	
STRANGER8	
DON'T KNOW98	
REFUSED99	

*PT126. [IF NEC: During that time, did anyone (else) close to you suddenly die unexpectedly?]

*PT126a. (IF NEC: Who?) INTERVIEWER: CIRCLE ALL THAT APPLY.	IF VOL, RECORD # PEOPLE
R'S SPOUSE1	
R'S PARENT (BIOLOGICAL, ADOPTED, STEP)2	
R'S CHILD (BIOLOGICAL, ADOPTED, STEP) 3	
R'S SIBLING (BIOLOGICAL, ADOPTED, STEP)4	
OTHER RELATIVE5	
FRIEND6	
ACQUAINTANCE7	
STRANGER8	
DON'T KNOW98	
REFUSED99	

*PT127.	IF NEC: Were you or was anyone (else) close to you ever seriously harmed or imprisoned during that
	period?]

*PT127a. (IF NEC: Who?) INTERVIEWER: CIRCLE ALL THAT APPLY.	IF VOL, RECORD # PEOPLE
RESPONDENT1	
R'S SPOUSE2	
R'S PARENT (BIOLOGICAL, ADOPTED, STEP)3	
R'S CHILD (BIOLOGICAL, ADOPTED, STEP) 4	
R'S SIBLING (BIOLOGICAL, ADOPTED, STEP)5	
OTHER RELATIVE6	
FRIEND7	
ACQUAINTANCE8	
STRANGER9	
DON'T KNOW98	
REFUSED99	

*PT128. (IF NEC: During that time did you ever suffer greatly from lack of food, water, shelter or medical care?)

 *PT129. [IF NEC: In what country did (RANDOM EVENT) occur?]

INTERVIEWER: CIRCLE COUNTRY OR COUNTRIES IN WHICH RANDOM EVENT OCCURRED.

North and Central America

- 01. BAHAMAS
- 02. CANADA
- 03. COSTA RICA
- 04. CUBA
- 05. DOMINICAN REPUBLIC
- 06. ELSALVADOR
- 07. GUADELOUPE
- 08. GUATEMALA
- 09. HAITI
- 10. HONDURAS
- 11. JAMAICA
- 12. MARTINIQUE
- 13. MEXICO
- 14. NICARAGUA
- 15. PANAMA
- 16. PUERTO RICO
- 17. ST. LUCIA
- 18. ST. VINCENT
- 19. TRINIDAD
- 20. UNITED STATES
- 21. CENTRAL AMERICA/CARIBBEAN NO SPECIFIC COUNTRY
- 22. NORTH/CENTRAL AMERICA, OTHER (SPECIFY:)____

South America

- 23. ARGENTINA
- 24. BOLIVIA
- 25. BRAZIL
- 26. CHILE
- 27. COLOMBIA
- 28. ECUADOR
- 29. PERU
- 30. SURINAME
- 31. VENEZUELA
- 32. SOUTH AMERICA NO SPECIFIC COUNTRY
- 33. SOUTH AMERICA, OTHER (SPECIFY:)

Europe

- 34. CZECH OR SLOVAK REPUBLIC
- 35. ENGLAND
- 36. FRANCE
- 37. GERMANY
- 38. GREECE
- 39. HUNGARY
- 40. IRELAND
- 41. ITALY
- 42. NETHERLANDS
- 43. NORWAY
- 44. POLAND
- 45. PORTUGAL
- 46. RUSSIA OR FORMER SOVIET UNION
- 47. SCOTLAND
- 48. SPAIN

- 50. FORMER YUGOSLAVIA (CROATIA, SLOVENIA, ETC.)
- 51. EASTERN EUROPE NO SPECIFIC COUNTRY
- 52. WESTERN EUROPE NO SPECIFIC COUNTRY
- 53. EUROPE, OTHER (SPECIFY:)

Asia

- 54. CHINA
- 55. INDIA
- 56. JAPAN
- 57. KOREA
- 58. PHILIPPINES
- 59. SINGAPORE
- 60. TAIWAN
- 61. THAILAND
- 62. ASIA NO SPECIFIC COUNTRY
- 63. ASIA, OTHER (SPECIFY:)

Africa

- 64. ALGERIA
- 65. EGYPT
- 66. KENYA
- 67. MOROCCO
- 68. NIGERIA
- 69. SOUTH AFRICA
- 49. SWEDEN

71. ZIMBABWE 72. AFRICA – NO SPECIFIC COUNTRY 73. AFRICA, OTHER (SPECIFY:) Middle East 74. IRAN 75. IRAQ 76. ISRAEL 77. LEBANON 78. PAKISTAN 79. SAUDI ARABIA 80. TURKEY 81. MIDDLE EAST – NO SPECIFIC COUNTRY 82. MIDDLE EAST, OTHER (SPECIFY:)_____ Australia 83. AUSTRALIA 84. NEW ZEALAND Other 85. OTHER COUNTRY (SPECIFY:)_____ 86. NONE 88. DON'T KNOW

70. ZAIRE

89. REFUSED

*PT130	. INTERVIEWER CHECKPOINT:
	RANDOM EVENT IS COMBAT EXPERIENCE 1 ALLOTHERS 5 GO TO *PT207
*PT131.	(IF NEC: What was your affiliation during your combat experience - were you in a <u>military</u> , or were you a <u>non-military resistance</u> fighter, <u>freedom fighter</u> , member of an organized <u>liberation army</u> , or part of a <u>paramilitary group?</u>)
	INTERVIEWER: CIRCLE ALL THAT APPLY.
	MILITARY
	LIBERATION ARMY 4 PARAMILITARY 5 OTHER 6 DON'T KNOW 8
	REFUSED9
	TIMES DON'T KNOW
*PT133.	On how many different occasions did you fire rounds at the enemy?
	OCCASIONS
	DON'T KNOW998 REFUSED999
*PT134	• On how many different occasions did you see someone get hit either by incoming or outgoing rounds?
	OCCASIONS
	DON'T KNOW998 REFUSED999
*PT135.	. How many times were you in danger of being injured or killed for example, how many times were you pinned down, overrun, ambushed, or near-missed?
	TIMES
	DON'T KNOW998 REFUSED999

GO TO *PT207

GO TO *PT207

6464 Supported Employment Demonstration Attachment K. CIDI 05-03-17

DON'T KNOW......998

REFUSED999

*PT146. RANDOM EVENT: AUTO <u>ACCIDENT</u>

Were you driving, a passenger, or a pedestrian?

DRIVER	1
PASSENGER	2
IF VOL: PEDESTRIAN	3
IF VOL: BYSTANDER	4
IF VOL: CYCLIST	5
DON'T KNOW	8
REFUSED	9

*PT147. Whose fault was the accident?

INTERVIEWER: CIRCLE ALL THAT APPLY.

R'S FAULT	1
DRIVER OF R'S VEHICLE	2
OTHER VEHICLE	3
BICYCLIST, PEDESTRIAN, OR BYSTANDER	4
"NO ONE'S FAULT" / WEATHER, ROAD CONDITIONS, ETC	5
DON'T KNOW	8
REFUSED	9

*PT148. Was anyone killed?

*PT148a. (IF NEC: Who?) INTERVIEWER: CIRCLE ALL THAT APPLY.	IF VOL, RECORD # PEOPLE
R'S SPOUSE	
R'S PARENT (BIOLOGICAL, ADOPTED, STEP) 2	
R'S CHILD (BIOLOGICAL, ADOPTED, STEP) 3	
R'S SIBLING (BIOLOGICAL, ADOPTED, STEP)4	
OTHER RELATIVE5	
FRIEND 6	
ACQUAINTANCE7	
STRANGER8	
DON'T KNOW98	
REFUSED99	

*PT149. Were you or was anyone else seriously injured?

YES 1	
NO5	GO TO *PT207
DON'T KNOW 8	GO TO *PT207
REFUSED9	GO TO *PT207

*PT149a. (IF NEC: Who?) INTERVIEWER: CIRCLE ALL THAT APPLY.	IF VOL, RECORD # PEOPLE
RESPONDENT1	
R'S SPOUSE2	
R'S PARENT (BIOLOGICAL, ADOPTED, STEP)3	
R'S CHILD (BIOLOGICAL, ADOPTED, STEP) 4	
R'S SIBLING (BIOLOGICAL, ADOPTED, STEP)5	
OTHER RELATIVE6	
FRIEND7	
ACQUAINTANCE8	
STRANGER9	
DON'T KNOW98	
REFUSED	

GO TO *PT207

*PT155. RANDOM EVENTS: MAJOR NATURAL DISASTER MAN-MADE DISASTER

DON'T KNOW......8
REFUSED9

DON'T KNOW		
REFUSED	9	
E NEC: Did you saa anyona d	ie during (RANDOM EVENT)?]	

GO TO *PT157

GO TO *PT157

*PT156a. (IF NEC: Who?) INTERVIEWER: CIRCLE ALL THAT APPLY.	IF VOL, RECORD # PEOPLE
R'S SPOUSE1	
R'S PARENT (BIOLOGICAL, ADOPTED, STEP) 2	
R'S CHILD (BIOLOGICAL, ADOPTED, STEP) 3	
R'S SIBLING (BIOLOGICAL, ADOPTED, STEP)4	
OTHER RELATIVE5	
FRIEND 6	
ACQUAINTANCE7	
STRANGER8	
DON'T KNOW98	
REFUSED99	

*PT157. [IF NEC: During the (RANDOM EVENT), did anyone (else) close to you die?]

YES 1	
NO5	GO TO *PT158
DON'T KNOW 8	GO TO *PT158
REFUSED9	GO TO *PT158

*PT157a. (IF NEC: Who?) INTERVIEWER: CIRCLE ALL THAT APPLY.	IF VOL, RECORD # PEOPLE
R'S SPOUSE1	
R'S PARENT (BIOLOGICAL, ADOPTED, STEP) 2	
R'S CHILD (BIOLOGICAL, ADOPTED, STEP) 3	
R'S SIBLING (BIOLOGICAL, ADOPTED, STEP)4	
OTHER RELATIVE5	
FRIEND6	
ACQUAINTANCE7	
STRANGER8	
DON'T KNOW98	
REFUSED	

*PT158. [IF NEC: Were you or was anyone (else) close to you seriously injured?]

YES 1	
NO5	GO TO *PT159
DON'T KNOW 8	GO TO *PT159
REFUSED 9	GO TO *PT159

*PT158a. (IF NEC: Who?) INTERVIEWER: CIRCLE ALL THAT APPLY.	IF VOL, RECORD # PEOPLE
RESPONDENT	
R'S SPOUSE	
R'S PARENT (BIOLOGICAL, ADOPTED, STEP) 3	
R'S CHILD (BIOLOGICAL, ADOPTED, STEP) 4	
R'S SIBLING (BIOLOGICAL, ADOPTED, STEP)5	
OTHER RELATIVE	
FRIEND7	
ACQUAINTANCE8	
STRANGER9	
DON'T KNOW98	
REFUSED99	

*PT159.	[IF	NEC:	As	a	result	of	the	(RANDOM	EVENT), wer	e you	forced	to	leave	your	home?]
	NO DOI		NOW		5 8	GO	TO:	*PT160 *PT160 PT160								
	*P	Г159а.	(IF NI	EC: 1	Did yo	u hav	e to le	ave it permane	ently or on	ly tempo	orarily?)				
			TEM DON	IPOI I'T I	RARIL KNOW	Y LE	FT H	OME	2							
*PT160.	INTE	RVIEW	ER C	HEC	CKPOI	NT:										
		_			-			ASTER2		O *PT	207					
*PT161.(EC: Wha				disast	er wa	s it?)								
] []]]	HURR FORN EARTI FIDAI MONS FIRE MISTI	DD. ICANE ADO HQUAK L WAV GOON RAL OF	E E ROTH	IER	WIND			2 4 5 6 7 8								
		T KNOV SED														

GO TO *РТ207

GO TO *PT207

(RB PG 44) RANDOM EVENTS: RAPE SEXUAL ASSAULT (IF NEC: Who did this to you [when you were (AGE) years old]?)												
												CIRCLE ALL THAT APPLY.
SPOUSE OR ROMANTIC PARTNER1												
PARENT/GUARDIAN												
OTHER RELATIVE4												
SOMEONE ELSE R KNEW5												
STRANGER												
DON'T KNOW8												
REFUSED9												
Was it a one-time occurrence, or did it happen repeatedly over a period of days, weeks, months, or even years? ONE-TIME												
REPEATEDLY5												
DON'T KNOW8 GO TO *PT172												
REFUSED9 GO TO *PT172												
*PT171a. (IF NEC: How long did this continue?)												
DURATION NUMBER												
CIRCLE UNIT												
OF TIME: DAYS 1 WEEKS 2 MONTHS 3 YEARS 4												
DON'T KNOW98 REFUSED99												
*PT172. As you look back on it now, <u>realistically</u> is there anything you could have done to prevent this from happening?												
YES1												
NO5												
DON'T KNOW8												
REFUSED9												

*PT173.	RANDOM EVENT: <u>UNEXPECTED DEATH OF LOVED ONE</u>					
	(IF NEC: What was your relationship to this person?)					
	R'S SPOUSE OR ROMANTIC PARTNER 1					
	R'S PARENT					
	R'S CHILD (BIOLOGICAL, ADOPTED, STEP) 3					
	R'S SIBLING4					
	GRANDPARENT5					
	OTHER RELATIVE, BY BLOOD OR MARRIAGE6					
	NOT A FAMILY MEMBER7					
	DON'T KNOW8					
	REFUSED9					
*PT174.	How did (this person/ PERSON) die?					
	HOMICIDE/MURDER 1 GO TO *PT175					
	SUICIDE2					
	ACCIDENT					
	ILLNESS OR HEALTH PROBLEMS4					
	MEDICAL MISHAP 5 GO TO *PT175					
	NATURAL DISASTER6 GO TO *PT175					
	OTHER					
	DON'T KNOW8 GO TO *PT175					
	REFUSED9 GO TO *PT175					
	*PT174a. [IF NEC: Had (he/she) been ill for a period of time before (his/her) death?]					
	YES1					
	NO 5 GO TO *PT175					
	DON'T KNOW8 GO TO *PT175					
	REFUSED9 GO TO *PT175					
	*PT174b. [IF NEC: For about how long had (he/she) been ill?]					
	DURATION NUMBER					
	CIRCLE UNIT					
	OF TIME: DAYS 1 WEEKS 2 MONTHS 3 YEARS 4					
	DOME VIVOW					
	DON'T KNOW98					
	REFUSED99					
*PT175.	How old was (this person/PERSON) at the time of (his/her) death?					
	YEARS OLD					
	DON'T PNOW 000					
	DON'T KNOW998 REFUSED999					
	10.1 (ODD					

*PT176.	Looking back on it now,	is there any way	vou could have t	nrevented this death	from hannening?
111/0.	LOOKING DACK ON IT HOW.	, is there any way	you could have p	prevented this death	i mom nappeming:

YES]
NO	5
DON'T KNOW	8
REFUSED	C

	YES (1)	NO (5)	DK (8)	RF (9)
*PT207. [FOR "ONGOING" EVENTS: During the period of time when (RANDOM EVENT) was happening repeatedly, did you often feel terrified or very frightened?] [ALL OTHERS: Were you terrified or very frightened at the time (RANDOM EVENT)?]	1 GO TO *PT208	5	8	9
*PT207a. Did you feel helpless?	1 GO TO *PT208	5	8	9
*PT207b. Did you feel shocked or horrified?	1 GO TO *PT208	5	8	9
*PT207c. Did you feel numb?	1	5	8	9

	YES (1)	NO (5)	DK (8)	RF (9)
*PT208. (RB, PG 43): (Look at Group 1 on Page 43 in your booklet.)			(=)	
In the <u>weeks</u> , <u>months</u> , or <u>years</u> after (the event/ the event/ this experience ended/ RANDOM EVENT), did you try not to think about (it/ what happened)?	1	5	8	9
(IF YES: Please make a checkmark by reaction 1.)				
(KEY PHRASE: tried not to think about it)				
*PT209. Did you purposely stay away from places, people or activities that reminded you of (it/ the event/ this experience/ RANDOM EVENT)?	1	5	8	9
(IF YES: Please make a checkmark by reaction 2.)				
(KEY PHRASE: stayed away from reminders of it)				
*PT210. Were you ever unable to remember some important parts of what happened?				
IF VOL "UNCONSCIOUS," "KNOCKED OUT," OR "HEAD INJURY," CODE NO.	1	5	8	9
(IF YES: Please make a checkmark by reaction 3.)				
[KEY PHRASE: were unable to remember part(s) of it]				
*PT211. Did you lose interest in doing things you used to enjoy?				
(IF YES: Please make a checkmark by reaction 4.)	1	5	8	9
(KEY PHRASE: lost interest in things you used to enjoy)				
*PT212. Did you feel emotionally distant or cut-off from other				
people?				
(IF YES: Please make a checkmark by reaction 5.)	1	5	8	9
(KEY PHRASE: felt distant from other people)				
*PT213. Did you have trouble feeling normal feelings like love,				
happiness, or warmth toward other people?				
(IF YES: Please make a checkmark by reaction 6.)	1	5	8	9
(KEY PHRASE: had trouble feeling normal feelings)				
*PT214. Did you feel you had no reason to plan for the future because you thought it would be cut short?				
(IF YES: Please make a checkmark by reaction 7.)	1	5	8	9
(KEY PHRASE: felt you had no reason to plan for the future)				

*PT215. INTERVIEWER CHECKPOINT: (SEE ***PT208 - *PT214**)

ZERO 'YES' RESPONSES IN * PT208 - *PT214 1	GO TO *PT222
ALLOTHERS 2	GO TO *PT217

You (KEY PHRASES FOR REACTIONS REPORTED IN *PT208 - *PT214). How soon after (the event/ this experience/ RANDOM EVENT) did you start having [this reaction/ (either/any) of these reactions]?
CODE "IMMEDIATELY" OR "SAME DAY" AS "0 DAYS"
ONSET NUMBER
CIRCLE UNIT OF TIME: DAYS1 WEEKS2 MONTHS3 YEARS4
DON'T KNOW98 REFUSED99
For about how many days, weeks, months, or years did you <u>continue</u> to have [this reaction/ (either/ any) of these (Group 1) 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 KNOW98 REFUSED99
Think of the time when [this reaction was/ these (Group 1) reactions were] most frequent and intense. How often did (it/ 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

	ONE			
MI	LD	2		
MC	ODERATE	3		
SE	VERE	4		
VE	ERY SEVERE	5		
DC	ON'T KNOW	8		
RE	EFUSED	9		

NOT AT ALL	
A LITTLE	2
SOME	
A LOT	
EXTREMELY	
DON'T KNOW	
REFUSED	

	YES (1)	NO (5)	DK (8)	RF (9)
*PT222. (RB, PG 43): (Look at Group 2 on page 43 in your booklet.)	(-)	(4)	(0)	(2)
Did you ever have repeated unwanted <u>memories</u> of (it/ the event/ this experience/ RANDOM EVENT) – that is, you <u>kept</u> remembering it even when you didn't want to?	1	5	8	9
(IF YES: Please make a checkmark by reaction 8 in the booklet.)				
(KEY PHRASE: had unwanted memories)				
*PT223. Did you ever have repeated unpleasant <u>dreams</u> about (it/ the event/ this experience/ RANDOM EVENT)?				
(IF YES: Please make a checkmark by reaction 9 in the booklet.)	1	5	8	9
(KEY PHRASE: had unpleasant dreams)				
*PT224. Did you have <u>flashbacks</u> – that is, suddenly <u>act</u> or <u>feel</u> as if (it/ the event/ this experience/ RANDOM EVENT) were happening all over again? (IF YES: Please make a checkmark by reaction 10 in the booklet.)	1	5	8	9
(KEY PHRASE: had flashbacks)				
*PT225. Did you get very <u>upset</u> when you were reminded of (it/ the event/ this experience/ RANDOM EVENT)? (IF YES: Please make a checkmark by reaction 11 in the booklet.)	1	5	8	9
(KEY PHRASE: got really upset when reminded of it)				
*PT226. When you were reminded of (it/ the event/ this experience/RANDOM EVENT), did you ever have physical reactions like sweating, your heart racing, or feeling shaky? (IF YES: Please make a checkmark by reaction 12 in the	1	5	8	9
booklet.) (KEY PHRASE: had physical reactions)				

ALL OTHERS _____2

T 1220.	experience/RANDOM EVENT) did you start having [this reaction/ (either/any) of these reactions]?
	CODE "IMMEDIATELY" OR "SAME DAY" AS "0 DAYS"
	ONSET NUMBER
	CIRCLE UNIT OF TIME: DAYS 1 WEEKS 2 MONTHS 3 YEARS 4
	DON'T KNOW98 REFUSED99
*PT229.	For about how many days, weeks, months, or years did you <u>continue</u> to have [this reaction/ (either/ any) of these (Group 2) 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 KNOW98 REFUSED99
*PT230.	Think of the time when [this reaction was/ these (Group 2) reactions were] most frequent and intense. How often did (it/ 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
*PT231.	How much distress did (this reaction/ these reactions) cause you — none, mild, moderate, severe, or very severe distress?
	NONE
	MODERATE
	VERY SEVERE 5 DON'T KNOW 8 REFUSED 9

*PT232.	How much did (this reaction/ these reactions) disrupt or interfere with your normal, daily life – not at all, a little,
	some, a lot, or extremely?

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

	YES	NO	DK	RF
	(1)	(5)	(8)	(9)
*PT233. (RB, PG 43) (Look at Group 3 on Page 43 in your booklet.)				
During the time (this event/ this experience/ RANDOM EVENT) affected you <u>most</u> , did you have trouble falling or staying asleep?	1	5	8	9
(IF YES: Please make a checkmark by reaction 13.)				
(KEY PHRASE: had sleep problems)				
*PT234. Were you more <u>irritable</u> or short-tempered than you usually are? (IF YES: Please make a checkmark by reaction 14.)	1	5	8	9
(KEY PHRASE: were irritable)				
*PT235. Did you have more trouble <u>concentrating</u> or keeping your mind on what you were doing?	1	5	8	9
(IF YES: Please make a checkmark by reaction 15.) (KEY PHRASE: had trouble concentrating)		-	-	-
*PT236. Were you much more alert or watchful, even when there was no real need to be?	1	5	8	9
(IF YES: Please make a checkmark by reaction 16.) (KEY PHRASE: were more alert or watchful)	1	3	8	9
*PT237. Were you more jumpy or easily startled by ordinary noises?				
(IF YES: Please make a checkmark by reaction 17.)	1	5	8	9
(KEY PHRASE: were jumpy or easily startled)				

*PT238. INTERVIEWER	CHECKPOINT: (SEE *PT233 -	*PT237)
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ZERO "YES" RESPONSES IN * PT233 - *PT237 1	GO TO *PT244
ALL OTHERS2	

	experience/ RANDOM EVENT) did you <u>start</u> having [this reaction/ (either/any) of these reactions]?			
	CODE "IMMEDIATELY" OR "SAME DAY" AS "0 DAYS"			
	ONSET NUMBER			
	CIRCLE UNIT OF TIME: DAYS 1 WEEKS 2 MONTHS 3 YEARS 4			
	DON'T KNOW			
*PT240.	For about how many days, weeks, months, or years did you <u>continue</u> to have [this reaction/ (any/ either) of these (Group 3) 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: DAYS1 WEEKS2 MONTHS3 YEARS4			
	"AT LEAST A MONTH"97 DON'T KNOW98 REFUSED99			
	Think of the time when [this reaction was/ these (Group 3) reactions were] most frequent and intense. How often did (it/ 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			
	How much distress did (this reaction/ these reactions) cause you - none, mild, moderate, severe, or very severe distress?			
	NONE			

*PT243.	How much did (this reaction/ these reactions) disrupt or interfere with your normal, daily life – 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
*PT244	. INTERVIEWER CHECKPOINT: (SEE *PT215, *PT219, *PT220, *PT221, *PT227, *PT230, *PT231, *PT232, *PT238, *PT241, *PT242, *PT243)
	IF *PT215 EQUALS '2' AND *PT219 EQUALS '2'-'5' AND (*PT220 EQUALS '3'-'5' OR *PT221 EQUALS '3'-'5') AND *PT227 EQUALS '2' AND *PT230 EQUALS '2'-'5' AND (*PT231 EQUALS '3'-'5' OR *PT232 EQUALS '3'-'5') AND *PT238 EQUALS '2' AND *PT241 EQUALS '2'-'5' AND (*PT242 EQUALS '3'-'5' OR *PT243 EQUALS '3'-'5')
*PT246.	Did you <u>ever in your life talk to a medical doctor or other professional about your reactions to (RANDOM EVENT)?</u> (By other professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)
	YES1
	NO5 GO TO *PT259
	DON'T KNOW8 GO TO *PT259
	REFUSED9 GO TO *PT259
	*PT246a. How old were you the <u>first time</u> (you talked to a professional about your reactions)?
	YEARS OLD
	DON'T KNOW998 REFUSED999

*PT256. Did you ever get treatment for your reactions that you considered <u>helpful</u> or <u>effective</u>?

	YES
	*PT256a. How old were you the <u>first time</u> (you got <u>helpful</u> treatment for your reactions)?
	YEARS OLD
	DON'T KNOW 998 REFUSED999
	*PT256b. How many professionals did you <u>ever</u> talk to about your reactions, up to and including the first time you got helpful treatment?
	NUMBER OF PROFESSIONALS GO TO *PT258
	DON'T KNOW98 GO TO *PT258 REFUSED99 GO TO *PT258
	*PT256c. How many professionals did you ever talk to about your reactions?
	NUMBER OF PROFESSIONALS
	DON'T KNOW98 REFUSED99
*PT258.	Were you ever hospitalized overnight for your reactions?
	YES
	DON'T KNOW
*PT259.	INTERVIEWER CHECKPOINT: (SEE *PT107)
	*PT107 EQUALS '2' 1 GO TO *PT261 ALL OTHERS 2
*PT260.	1. INTERVIEWER CHECKPOINT: (SEE *PT215, PT227, PT238)
	*PT215 EQUALS '2' and PT227 EQUALS '2' and PT238 EQUALS '2'
	ALL OTHERS

T261. (RB, PG 43) (Look at all the reactions on PG 43 in your booklet.) The next question is about whether in the past 12 months you had any reactions like these associated with any traumatic event that ever happened to you in your entire life. Did you have <u>any</u> reactions of this sort over the past 12 months?
YES
PT262. When was the last time you had any of these reactions – within the past month, between 2 and 6 months ago, or more than 6 months ago?
PAST MONTH
T263. About how many weeks altogether in the past 12 months did you have any of these reactions? (You can use any number between 0 and 52.)
NUMBER OF WEEKS
DON'T KNOW98 REFUSED99
PT264. INTERVIEWER CHECKPOINT: (SEE *PT263)
ZERO TO THREE WEEKS IN *PT263 1 GO TO *CC1, NEXT SECTION ALL OTHERS2

*PT265. What were the traumatic events that caused these recent reactions?

(PROBE UNTIL NO MORE MENTIONS: Any <u>other traumatic</u> events that caused these reactions during the past 12 months?)

INTERVIEWER: CIRCLE ALL THAT APPLY.

COMBAT EXPERIENCE	1
RELIEF WORKER IN WAR ZONE	2
CIVILIAN IN WAR ZONE	3
CIVILIAN IN REGION OF TERROR	4
REFUGEE	5
KIDNAPPED	6
TOXIC CHEMICAL EXPOSURE	7
AUTOMOBILE ACCIDENT	8
OTHER LIFE THREATENING ACCIDENT	9
NATURAL DISASTER	10
MAN-MADE DISASTER	11
LIFE-THREATENINGILLNESS	12
BEATEN UP BY CAREGIVER	13
BEATEN UP BY SPOUSE OR ROMANTIC PARTNER	14
BEATEN UP BY SOMEONE ELSE	15
MUGGED OR THREATENED WITH A WEAPON	16
RAPE	17
SEXUAL ASSAULT	18
STALKED	19
UNEXPECTED DEATH OF LOVED ONE	20
CHILD WITH SERIOUS ILLNESS	21
WITNESSED PHYSICAL FIGHT AT HOME	29
TRAUMATIC EVENT TO LOVED ONE	22
WITNESSED DEATH OR DEAD BODY, OR SAW SOMEONE SERIOUSLY HUR	T23
ACCIDENTALLY CAUSED SERIOUS INJURY OR DEATH	24
PURPOSELY INJURED, TORTURED, OR KILLED SOMEONE	25
SAW ATROCITIES	26
SOME OTHER EVENT (SPECIFY)	27
DON'T KNOW	98 GO TO *PT269
REFUSED	99 GO TO *PT269

*PT266 INTERMEDIATION CHECK POINTE, (GET *PT365)					
*PT266. INTERVIEWER CHECKPOINT: (SEE * PT265)					
R GAVE ONLY ONE EVENT IN *PT265		O TO *P	T269		
R GAVE <u>MORE THAN ONE</u> EVENT IN * PT265	2				
*PT267. Of these events, was there one that caused you the <u>most</u> upsetting reaction	ıs during	the past	12 month	ns?	
YES1					
NO5 GO TO *PT269					
DON'T KNOW8 GO TO *PT269					
REFUSED9 GO TO *PT269					
*PT268. (IF NEC: Which one?) INTERVIEWER: RECORD NUMBER OF MOST UPSETTING EVENT REPORTED IN *PT265.					
NUMBER					
INTERVIEWER: THIS EVENT WILL NOW BE REFERRED TO	AS "WO	RST 12	-MONT	H EVEN	т."
DON'T KNOW 8					
REFUSED9					
	YES	NO	DK	RF	
	(1)	(5)	(8)	(9)	
*PT269. Please think of the 30-day period in the past 12 months when your reactions to [(WORST 12-MONTH EVENT)/ these events/ these experiences] were most frequent and intense. During that month, did you lose interest in doing things you used to enjoy?	1	5	8	9	
*PT270. Did you feel emotionally distant or cut off from other people during that month?	1	5	8	9	

		(1)	(5)	(8)	(9)
*PT269.	Please think of the 30-day period in the past 12 months when your reactions to [(WORST 12-MONTH EVENT)/ these events/ these experiences] were most frequent and intense. During that month, did you lose interest in doing things you used to enjoy?	1	5	8	9
*PT270.	Did you feel emotionally distant or cut off from other people during that month?	1	5	8	9
*PT271.	Did you have trouble feeling normal feelings like love, happiness, or warmth toward other people?	1	5	8	9
*PT272.	Did you feel you had no reason to plan for the future because you thought it would be cut short?	1	5	8	9
*PT273.	Did you have any trouble falling or staying asleep during that month?	1	5	8	9
*PT274.	Were you more jumpy or more easily startled by ordinary noises?	1	5	8	9
*PT275.	Did you purposely stay away from places, people or activities that reminded you of [(WORST 12-MONTH EVENT)]/ these events]?	1	5	8	9

*PT277. INTERVIEWER CHECKPOINT: (SEE ***PT269-*PT275**)

ZERO "YES" REPONSES IN * PT269-*PT275 1	GO TO *CC1, NEXT SECTION
ALL OTHERS2	

No Interference	Mild			Moderate			Severe			Very Severe Interference
0	1	2	3	4	5	6	7	8	9	10

*PT278.(RB, PG 9) Think about the month or longer in the past 12 when your reactions to (WORST 12-MONTH EVENT/ these events) were most severe. Using a 0 to 10 scale on page 9 of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much your reactions to (WORST 12-MONTH EVENT/ these events) interfered with each of the following activities during that time?

(IF NEC: How much did your reactions interfere with (ACTIVITY) during that time?)

(IF NEC: You can use any number between 0 and 10 to answer.)

		NUMBER (0-10)
*PT278a.	Your home management, like cleaning, shopping, and taking care of the (house/ apartment)?	
		DOES NOT APPLY 97 DON'T KNOW 98 REFUSED 99
*PT278b.	Your ability to work?	
		DOES NOT APPLY 97 DON'T KNOW 98 REFUSED 99
*PT278c.	Your ability to form and maintain <u>close</u> relationships with other people?	
		DOES NOT APPLY 97 DON'T KNOW 98 REFUSED 99
*PT278d.	Your social life?	
		DOES NOT APPLY97 DON'T KNOW98 REFUSED99

, , , , , , , , , , , , , , , , , , ,	tions [to (WORST 12-MONTH EVENT/ these events)]?
(IF NEC: You can use any nur	mber between 0 and 365 to answer.)
NUMBER OF D	AYS
DON'T KNOW998 REFUSED999	
*PT281. Did you receive any profession months prior to this interview?	al treatment for your reactions to (WORST 12-MONTH EVENT/ these events) in the 12
YES	GO TO *CC1, NEXT SECTION

END OF SECTION