

National Mental Health Study Field Test,
Supporting Statement
Attachment A-1 – Adult and Adolescent
Questionnaire Specifications

NATIONAL MENTAL HEALTH STUDY (NMHS): ADULT INSTRUMENT DRAFT SPECIFICATIONS

Please see Appendix A for a summary of the content of each National Mental Health Study (NMHS) Questionnaire module and a high-level overview of changes made to the module when compared to the source documents originally provided to RTI.

Substance Abuse and Mental Health Services Administration
Center for Behavioral Health Statistics and Quality
Rockville, Maryland

National Institute of Mental Health
Rockville, Maryland

NATIONAL MENTAL HEALTH STUDY (NMHS): ADULT INSTRUMENT DRAFT SPECIFICATIONS

Contract No. HHSS283201300001C
RTI Project No. 0213985.301.002.001

RTI Authors:

Christine Carr
Rachel A. Caspar
Elizabeth Dean
Mark Edlund
Gretchen McHenry
Brenna Muldavin
Ashley Richards
Leyla Stambaugh

RTI Project Director:

Suzanne Triplett

SAMHSA Project Officer:

Peter Tice

NIMH Project Officer:

Lisa Colpe

For questions about this report, please e-mail Peter.Tice@samhsa.hhs.gov.

Prepared for Substance Abuse and Mental Health Services Administration,
Rockville, Maryland, and National Institute of Mental Health, Rockville,
Maryland

Prepared by RTI International, Research Triangle Park, North Carolina

February 27, 2017

Recommended Citation: Center for Behavioral Health Statistics and Quality. (2016). *National Mental Health Study (NMHS): Adult Instrument Draft Specifications* (unpublished internal documentation). Substance Abuse and Mental Health Services Administration; National Institute of Mental Health, Rockville, MD.

Acknowledgments

This report was prepared for the Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, and the National Institute of Mental Health by RTI International (a registered trademark and a trade name of Research Triangle Institute). Contributors to this report at RTI include Kathy Batts, Debbie Bond, Claudia Clark, Laura James, and Heather Ringeisen.

Table of Contents

Section	Page
1. Core Demographics	1
2. Military Service	10
3. Beginning ACASI.....	14
4. ACASI Tutorial.....	16
5. Your Health.....	19
6. CIDI Screener	28
7. Depression.....	31
8. Mania	38
9. Anxiety and Worry (GAD).....	42
10. Social Anxiety.....	49
11. Agoraphobia.....	53
12. Panic Disorder.....	56
13. Eating Disorders.....	62
14. Intermittent Explosive Disorder.....	68
15. Suicidality	74
16a. Unusual Experiences.....	78
17. Treatment of Emotional Problems	92
18. Pharmacoepidemiology.....	106
19a. Trait Fear.....	120
19b. Disinhibition	122
19c. Personality.....	124
20. BPD Screen.....	127
22. Prison	129
23. Homelessness.....	131
24. Head Injuries.....	133
25. Stressful Experiences (Post-Traumatic Stress Disorder)	136
26. Family Medical History (ACE)	147
27. Tobacco, Alcohol, Drugs, and Treatment.....	154
28. Relationships and Social Networks	170
29. Childhood Demographics	178

30.	Childhood Experiences	182
31.	Employment.....	186
32.	Household Roster.....	190
33.	Proxy Information.....	200
34.	Income.....	211
35.	Health Insurance	223
36.	Verification	226
37.	Showcards.....	228
	Appendix A.....	228

1. Core Demographics

BEGIN TIME STAMP

NOTE: QUESTIONS DESIGNED TO DETERMINE AGE OF THE RESPONDENT WILL BE INTERVIEWER ADMINISTERED.

QD_REMINDFI HAVE YOU READ THE "INTRO TO CAI" IN YOUR **SHOWCARD BOOKLET** ALOUD TO THE RESPONDENT?

- 1 YES
- 2 NO

QD_INTROCAI [IF QD_REMINDFI = 2] YOU **MUST** READ THE "INTRO TO CAI" IN YOUR **SHOWCARD BOOKLET** ALOUD TO THE RESPONDENT BEFORE YOU CONTINUE WITH THE INTERVIEW! DO SO NOW. WHEN YOU ARE FINISHED, PRESS "1" TO CONTINUE.

QD_AGE1 What is your date of birth?

ENTER MM-DD-YYYY

DOB: ___ [RANGE: 01-12] ___ [RANGE: 01-31] ___ [RANGE: 1900-2015]

DK/REF

DEFINE CALCAGE: CALCAGE = AGE CALCULATED BY "SUBTRACTING" DATE OF BIRTH FROM DATE OF INTERVIEW.

QD_CONFDOB [IF QD_AGE1 NE DK OR REF] I have entered your date of birth as [QD_AGE1]. Is this correct?

- 1 YES
 - 2 NO
- DK/REF

HARD ERROR: [IF QD_CONFDOB = 2] PRESS [ENTER] TO GO BACK AND CORRECT THE RESPONDENT'S DATE OF BIRTH. [NOTE: DO NOT DEFINE CALCAGE UNTIL QD_CONFDOB = YES]

QD_CONFIRM [IF QD_AGE1 NE DK/REF AND QD_CONFDOB NE DK/REF] That would make you [CALCAGE] years old. Is this correct?

- 1 YES
 - 2 NO
- DK/REF

HARD ERROR: [IF QD_CONFIRM = 2] PRESS [ENTER] TO GO BACK AND CORRECT THE RESPONDENT'S DATE OF BIRTH.

QD_UNDER13[IF QD_CONFIRM = 1 OR DK/REF AND CALCAGE < 13] Since you are [CALCAGE] years old, we cannot interview you for this study. Thank you for your cooperation.

PRESS [ENTER] TO CONTINUE. [NOTE: PROGRAM SHOULD ROUTE TO FIEXIT.]

QD_DKREFAGE [IF (CALCAGE IS 13 OR OLDER AND QD_CONFIRM = DK/REF) OR QD_AGE1 = DK/REF OR QD_CONFDOB = DK/REF] I need your correct age so I can ask you the right questions. What is your correct age?

_____ AGE [RANGE: 1-110]
DK/REF

IF QD_DKREFAGE NOT (BLANK OR DK/REF), THEN CALCAGE =
QD_DKREFAGE

QD_UNDER13B [IF QD_DKREFAGE < 13] Since you are [CALCAGE] years old, we cannot interview you for this study. Thank you for your cooperation.

PRESS [ENTER] TO CONTINUE. [NOTE: PROGRAM SHOULD ROUTE TO FIEXIT.]

QD_LASTCHANCE[IF QD_DKREFAGE = DK/REF] Since I am not certain what your age is, I cannot interview you for this study. Thank you for your cooperation.

PRESS [ENTER] TO CONTINUE. [NOTE: PROGRAM SHOULD ROUTE TO FIEXIT.]

QD_FIPE1 INTERVIEWER: WERE 2 PERSONS SELECTED FOR AN INTERVIEW AT THIS SDU?

- 1 YES
- 2 NO

QD_FIPE2 [IF QD_FIPE1 = 1 AND CURNTAGE = 18 OR OLDER] INTERVIEWER: WAS A 12 - 17 YEAR OLD CHILD SELECTED FOR AN INTERVIEW AT THIS SDU?

- 1 YES
- 2 NO

QD_FIPE3 [IF QD_FIPE2 = 1] INTERVIEWER: IS **THIS** RESPONDENT THE PARENT OR LEGAL GUARDIAN OF THE 12 - 17 YEAR OLD CHILD WHO WAS SELECTED FOR AN INTERVIEW? (VERIFY THIS WITH THE RESPONDENT IF YOU ARE UNSURE.)

- 1 YES
- 2 NO

DEFINE CURNTAGE: IF CALCAGE > 12 AND QD_CONFIRM = 1, CURNTAGE = CALCAGE

IF CALCAGE > 12 AND QD_CONFIRM = DK/REF AND QD_DKREFAGE > 12, CURNTAGE = QD_DKREFAGE

IF QD_AGE1 = DK/REF AND QD_DKREFAGE > 12, CURNTAGE = QD_DKREFAGE ELSE RESPONDENT IS INELIGIBLE; ROUTE TO FIEXIT

QD_FIPE4 INTERVIEWER: IN WHAT STATE IS THIS SAMPLE DWELLING UNIT (SDU) LOCATED?

- | | | | |
|----|--|----|----------------|
| 1 | ALABAMA | 27 | MONTANA |
| 2 | ALASKA | 28 | NEBRASKA |
| 3 | ARIZONA | 29 | NEVADA |
| 4 | ARKANSAS | 30 | NEW HAMPSHIRE |
| 5 | CALIFORNIA | 31 | NEW JERSEY |
| 6 | COLORADO | 32 | NEW MEXICO |
| 7 | CONNECTICUT | 33 | NEW YORK |
| 8 | DELAWARE | 34 | NORTH CAROLINA |
| 9 | THE DISTRICT OF
COLUMBIA (WASHINGTON, DC) | 35 | NORTH DAKOTA |
| 10 | FLORIDA | 36 | OHIO |
| 11 | GEORGIA | 37 | OKLAHOMA |
| 12 | HAWAII | 38 | OREGON |
| 13 | IDAHO | 39 | PENNSYLVANIA |
| 14 | ILLINOIS | 40 | RHODE ISLAND |
| 15 | INDIANA | 41 | SOUTH CAROLINA |
| 16 | IOWA | 42 | SOUTH DAKOTA |
| 17 | KANSAS | 43 | TENNESSEE |
| 18 | KENTUCKY | 44 | TEXAS |
| 19 | LOUISIANA | 45 | UTAH |
| 20 | MAINE | 46 | VERMONT |
| 21 | MARYLAND | 47 | VIRGINIA |
| 22 | MASSACHUSETTS | 48 | WASHINGTON |
| 23 | MICHIGAN | 49 | WEST VIRGINIA |
| 24 | MINNESOTA | 50 | WISCONSIN |
| 25 | MISSISSIPPI | 51 | WYOMING |
| 26 | MISSOURI | | |

QD_FIPE5 INTERVIEWER: THE STATE YOU ENTERED IS [QD_FIPE4 STATE NAME **FILL**]. IS THIS CORRECT?

- 1 YES
- 2 NO

HARD ERROR: [IF QD_FIPE5 = 2] PRESS [ENTER] TO GO BACK AND CORRECT THE STATE WHERE YOU ARE CONDUCTING THIS INTERVIEW.

QD01 INTERVIEWER: RECORD RESPONDENT'S SEX:

- 5 MALE
- 9 FEMALE

QD01a INTERVIEWER: YOU HAVE ENTERED THAT THE RESPONDENT IS [FILL QD01]. IS THIS CORRECT?

- 1 YES
- 2 NO

HARD ERROR: [IF QD01a = 2] PRESS [ENTER] TO GO BACK AND CORRECT THE RESPONDENT'S SEX.

QD03 The first few questions are for statistical purposes only, to help us analyze the results of the study.

Are you of Hispanic, Latino, or Spanish origin or descent?

- 1 YES
- 2 NO
- DK/REF

QD05 HAND R SHOWCARD 1.

Which of these groups describes you? Just give me the number or numbers from the card.

TO SELECT MORE THAN ONE CATEGORY, PRESS THE SPACE BAR BETWEEN EACH CATEGORY YOU SELECT.

RESPONDENTS WHO REPORT THEIR RACE AS NATIVE AMERICAN SHOULD BE INCLUDED IN RESPONSE CATEGORY 1.

- 1 AMERICAN INDIAN OR ALASKA NATIVE
- 2 ASIAN

- 3 BLACK OR AFRICAN AMERICAN
- 4 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- 5 WHITE

DK/REF

QD07 [IF CURNTAGE = 15 OR OLDER] Are you now married, widowed, divorced, separated, or have you never married?

- 1 MARRIED
- 2 WIDOWED
- 3 DIVORCED
- 4 SEPARATED
- 5 HAVE NEVER MARRIED

DK/REF

INTERVIEWER NOTE:

If the respondent is divorced but currently remarried, code as married.

By “divorce” we mean a legal cancellation or annulment of a marriage.

By “separated” we mean legally or informally separating due to marital discord.

QD11 HAND R SHOWCARD 2.

What is the highest grade or year of school you have **completed**? Just give me the number from the card.

INCLUDE ANY JUNIOR OR COMMUNITY COLLEGE ATTENDANCE; DO NOT INCLUDE ATTENDANCE AT TECHNICAL SCHOOLS SUCH AS TRAINING TO BECOME A MECHANIC OR BEAUTICIAN.

- 0 NO SCHOOLING COMPLETED
- 1 1ST GRADE COMPLETED
- 2 2ND GRADE COMPLETED
- 3 3RD GRADE COMPLETED
- 4 4TH GRADE COMPLETED
- 5 5TH GRADE COMPLETED
- 6 6TH GRADE COMPLETED
- 7 7TH GRADE COMPLETED
- 8 8TH GRADE COMPLETED
- 9 9TH GRADE COMPLETED
- 10 10TH GRADE COMPLETED
- 11 11TH GRADE COMPLETED
- 12 REGULAR HIGH SCHOOL DIPLOMA

- 13 12TH GRADE, NO DIPLOMA
 - 14 GED CERTIFICATE OF HIGH SCHOOL COMPLETION
 - 15 SOME COLLEGE CREDIT, BUT NO DEGREE
 - 16 ASSOCIATE'S DEGREE (FOR EXAMPLE, AA, AS)
 - 17 BACHELOR'S DEGREE (FOR EXAMPLE, BA, BS)
 - 18 MASTER'S DEGREE (FOR EXAMPLE, MA, MS, MENG, M. ED, MSW, MBA)
 - 19 DOCTORATE DEGREE (FOR EXAMPLE, PHD, EDD)
 - 20 PROFESSIONAL DEGREE BEYOND A BACHELOR'S DEGREE (FOR EXAMPLE, MD, DDS, DVM, LLB, JD)
- DK/REF

QD14 About how tall are you, without shoes?

INTERVIEWER: RECORD FEET ON THIS SCREEN. THEN PRESS ENTER TO RECORD INCHES ON THE NEXT SCREEN.

_____ FEET [RANGE: 2–8]
DK/REF

QD15 [IF QD14 NE DK/RF]

INTERVIEWER: RECORD INCHES ON THIS SCREEN.

_____ INCHES [RANGE: 0–11]
DK/REF

QD21 About how much do you weigh?

_____ POUNDS [RANGE: 40–850]
DK/REF

QD23 Were you born in the United States?

- 1 YES
 - 2 NO
- DK/REF

QD_DE4_a [IF QD23 = 2] How old were you when you first came to live in the United States?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

QD24 [IF QD23 = 2] In what country were you born?

- 1 ARMENIA

- 2 AUSTRIA
 - 3 AZERBAIJAN
 - 4 CAMBODIA
 - 5 CANADA
 - 6 CHINA
 - 7 CUBA
 - 8 DOMINICAN REPUBLIC
 - 9 ESTONIA
 - 10 EL SALVADOR
 - 11 GEORGIA
 - 12 GERMANY
 - 13 GUATAMALA
 - 14 HUNGARY
 - 15 INDIA
 - 16 IRELAND
 - 17 ITALY
 - 18 KOREA
 - 19 KYRGYZSTAN
 - 20 LATVIA
 - 21 MEXICO
 - 22 PHILIPPINES
 - 23 POLAND
 - 24 RUSSIA
 - 25 SOVIET UNION
 - 26 TAJIKISTAN
 - 27 TURKMENISTAN
 - 28 UKRAINE
 - 29 UZBEKISTAN
 - 30 UNITED KINGDOM
 - 31 VIETNAM
 - 32 OTHER COUNTRY
- DK/REF

QD24a [IF QD24 = 29] INTERVIEWER: RECORD RESPONDENT'S COUNTRY OF BIRTH

COUNTRY OF BIRTH: _____ [ALLOW 80 CHARACTERS]
DK/REF

QD25 [IF QD24 NE BLANK OR DK/REF] And what city were you born in?

NON-U.S. CITY OF BIRTH: _____ [ALLOW 80 CHARACTERS]
DK/REF

QD26 [IF QD23 = 1] In what state were you born?

- | | | | |
|----|--|----|----------------|
| 1 | ALABAMA | 27 | MONTANA |
| 2 | ALASKA | 28 | NEBRASKA |
| 3 | ARIZONA | 29 | NEVADA |
| 4 | ARKANSAS | 30 | NEW HAMPSHIRE |
| 5 | CALIFORNIA | 31 | NEW JERSEY |
| 6 | COLORADO | 32 | NEW MEXICO |
| 7 | CONNECTICUT | 33 | NEW YORK |
| 8 | DELAWARE | 34 | NORTH CAROLINA |
| 9 | THE DISTRICT OF
COLUMBIA (WASHINGTON, DC) | 35 | NORTH DAKOTA |
| 10 | FLORIDA | 36 | OHIO |
| 11 | GEORGIA | 37 | OKLAHOMA |
| 12 | HAWAII | 38 | OREGON |
| 13 | IDAHO | 39 | PENNSYLVANIA |
| 14 | ILLINOIS | 40 | RHODE ISLAND |
| 15 | INDIANA | 41 | SOUTH CAROLINA |
| 16 | IOWA | 42 | SOUTH DAKOTA |
| 17 | KANSAS | 43 | TENNESSEE |
| 18 | KENTUCKY | 44 | TEXAS |
| 19 | LOUISIANA | 45 | UTAH |
| 20 | MAINE | 46 | VERMONT |
| 21 | MARYLAND | 47 | VIRGINIA |
| 22 | MASSACHUSETTS | 48 | WASHINGTON |
| 23 | MICHIGAN | 49 | WEST VIRGINIA |
| 24 | MINNESOTA | 50 | WISCONSIN |
| 25 | MISSISSIPPI | 51 | WYOMING |
| 26 | MISSOURI | | |
- DK/REF

QD27 [IF QD26 NE BLANK OR DK/REF] In what city in [QD26] were you born?

CITY OF BIRTH: _____ [ALLOW 80 CHARACTERS]
DK/REF

QD_DE7 Did you speak a language other than English at home when you were growing up?

- 1 YES
2 NO
DK/REF

QD55 How well do you speak English: very well, well, not well, or not at all?

- 1 VERY WELL
2 WELL
3 NOT WELL

4 NOT AT ALL
DK/REF

END TIME STAMP

2. Military Service

BEGIN TIME STAMP

MS1 [IF CURNTAGE = 17 OR OLDER] Have you ever been in the United States Armed Forces?

- 1 YES
- 2 NO
- DK/REF

MS2 [IF MS1 = 1 OR DK/REF] Are you **currently** on **active** duty in the United States Armed Forces, are you in a Reserve component, or are you now separated or retired from the military?

- 1 ON ACTIVE DUTY IN THE ARMED FORCES
- 2 IN A RESERVE COMPONENT
- 3 NOW SEPARATED OR RETIRED FROM THE MILITARY
- DK/REF

MS3 [IF MS2 = 1] Are you a member of a Reserve component **currently** serving full time in an **active** duty status?

- 1 YES
- 2 NO
- DK/REF

MS4 [IF MS2 = 2] Are you **currently** serving full time in a Reserve component? Full-time service does not include annual training for the Reserves or National Guard.

- 1 YES
- 2 NO
- DK/REF

MS5 [IF MS2 = 1] I need to verify what I just entered into the computer. You said you are **currently** on **active** duty in the armed forces. Is this correct?

- 1 YES
- 2 NO
- DK/REF

HARD ERROR: [IF MS5 = 2 OR DK/REF] INTERVIEWER: PRESS [ENTER] TO GO BACK AND CORRECT THE RESPONDENT'S CURRENT MILITARY STATUS.

MILTERM2 [IF MS5 = 1] People who are **currently** on **active** duty in the armed forces are not eligible to be interviewed in this study. Thank you for your willingness to take part in this study.

PRESS [ENTER] TO CONTINUE. [NOTE: PROGRAM SHOULD ROUTE TO FIEXIT.]

MS6 [IF MS1 = 1 or DK/REF] Have you ever served on **active** duty in the United States Armed Forces or Reserve components? **Active** duty does not include training for the Reserves or National Guard, but **does** include activation, for example, for a national emergency or military conflict.

- 1 YES
- 2 NO
- DK/REF

MS8 [IF MS6 = 1] How many years or months of **active** duty service did you complete?

LENGTH OF SERVICE _____ [RANGE 0–65]
DK/REF

MS8_UNIT SELECT UNIT:

- 1 YEARS
- 2 MONTHS
- DK/REF

MS9 [IF MS2 = 2 OR 3] How many years or months of Reserve or guard service have you completed?

LENGTH OF SERVICE _____ [RANGE 0–65]
DK/REF

MS9_UNIT SELECT UNIT:

- 1 YEARS
- 2 MONTHS
- DK/REF

MS10 [IF MS2 = 3] What was your rank at the time you separated from the service? Was it enlisted, noncommissioned officer, warrant officer, or commissioned officer?

[IF MS2 = 2] What is your current rank? Is it enlisted, noncommissioned officer, warrant officer, or commissioned officer?

- 1 ENLISTED

- 2 NONCOMMISSIONED OFFICER
- 3 WARRANT OFFICER
- 4 COMMISSIONED OFFICER
- DK/REF

MS16 [IF MS6 = 1] HAND R SHOWCARD 3. When did you serve on **active** duty in the United States Armed Forces or Reserve components? Just give me the number or numbers from the card.

TO SELECT MORE THAN ONE CATEGORY, PRESS THE SPACE BAR BETWEEN EACH CATEGORY YOU SELECT.

- 1 SEPTEMBER 2001 OR LATER
- 2 AUGUST 1990 TO AUGUST 2001 (INCLUDING PERSIAN GULF WAR)
- 3 MAY 1975 TO JULY 1990
- 4 MARCH 1961 TO APRIL 1975 (VIETNAM ERA)
- 5 FEBRUARY 1955 TO FEBRUARY 1961
- 6 JULY 1950 TO JANUARY 1955 (KOREAN WAR)
- 7 JANUARY 1947 TO JUNE 1950
- 8 DECEMBER 1941 TO DECEMBER 1946 (WORLD WAR II)
- 9 NOVEMBER 1941 OR EARLIER

MS12 [IF MS6 = 1] How many times have you been deployed?

_____ TIMES [RANGE: 0–50]
DK/REF

MS13 [IF MS6 = 1] How many combat or war zone tours have you served?

_____ TOURS [RANGE: 0–50]
DK/REF

MS14 [IF MS12 > 0 AND MS16 = 2] Did you deploy in support of the 1990 to 1991 Gulf War -- that is, as a part of Desert Shield or Desert Storm?

- 1 YES
- 2 NO
- DK/REF

MS15 [IF MS12 > 0 AND MS16 = 1 OR 2] Did you deploy in support of Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn?

- 1 YES
- 2 NO
- DK/REF

END TIME STAMP

3. Beginning ACASI

BEGIN TIME STAMP

IntroAcasi1 You will do an important part of this interview on your own, using the computer and headphones.

Before you start, we'll go through a short practice session so you can learn how to use this computer and our interview program. Let me quickly point out the keys you will use. The computerized practice session that follows will go through what each key does in greater detail.

MOVE COMPUTER SO RESPONDENT CAN SEE THE KEYBOARD AND POINT OUT THE FOLLOWING:

[POINT TO THE ROW OF FUNCTION KEYS] First, these are the function keys. The function keys and what they do are labeled for you.

[POINT TO F3] If you don't know the answer to a question, press F3.

[POINT TO F4] If you don't want to answer a question, press F4.

PRESS [ENTER] TO CONTINUE.

IntroAcasi3 These next items will help you enter your answers into the computer.

[POINT TO THE ROW OF NUMBER KEYS] These are the number keys.

[POINT TO THE ENTER KEY] The Enter key is here,
[POINT TO THE SPACE BAR] the space bar is here,
[POINT TO THE BACKSPACE KEY] and the Backspace key is here.

[POINT TO THE BOTTOM OF THE SCREEN] The answers that you enter will show up here at the bottom of the screen.

PRESS [ENTER] TO CONTINUE.

IntroAcasi4 There are a couple of computer features that you will **not** use.

[POINT TO ON/OFF SWITCH] This button up here turns the machine on and off. Please do not press it! It will turn the machine off, and we'll lose the interview.

[POINT TO TOUCHPAD] Also, please do not touch this pad. This might disrupt the interview.

PRESS [ENTER] TO CONTINUE.

IntroAcasi2 These headphones will allow you to listen while the computer voice reads the interview questions.

HAND HEADPHONES TO RESPONDENT.

You can adjust the volume here [DEMONSTRATE VOLUME ADJUSTMENT ON THE HEADPHONE CORD].

Please put on your headphones. When you are ready, let me know.

MOVE COMPUTER SO RESPONDENT CAN USE IT.

ONCE RESPONDENT HAS HEADPHONES ON, PRESS "1" AND [ENTER] SO R CAN BEGIN PRACTICE SESSION.

HeadPhone This screen will play while you adjust the volume in your headphones. When you have adjusted the volume to a level that is comfortable to you, press the large [ENTER] key on the right side of the keyboard to continue with the practice session. The [ENTER] key is the one with the ↵ symbol on it.

4. ACASI Tutorial

BEGIN TIME STAMP

INTRO1 Welcome to RTI's self-interviewing system, which lets you control the interview and answer in complete privacy.

First, you will learn how to use the system and complete some practice questions. You will learn how to enter answers and how to back up if you make a mistake and want to change an answer.

Press the large [ENTER] key to move to the next screen.

INTRO2 In this system you can read the questions on the computer screen and hear them read through the headphones. If you would like to just see the questions on the screen, you can turn down the volume.

Press [ENTER] to continue.

GOTDOG You answer questions by putting in the number that is shown next to your answer. To answer a question, you first press the correct number and then press [ENTER].

Practice Question #1: Do you have a dog?

- 1 Yes
- 2 No
- DK/REF

EYECOLOR Other questions will have more answers to choose from, and you will pick your answer from a list.

Practice Question #2: What color are your eyes? Put in the number that best fits you and press [ENTER].

- 1 Blue
- 2 Brown
- 3 Gray
- 4 Green
- DK/REF

ALLAPPLY Some questions will let you choose more than one answer. For these questions, you will use the space bar to separate the answers you type in. Practice this now.

Practice Question #3: What kinds of music do you listen to?

To select more than one kind of music from the list, press the space bar between each

number you type. When you have finished, press [ENTER] to go to the next question.

- 1 Classical
- 2 Country
- 3 Hip Hop
- 4 Jazz
- DK/REF

NUMBER Other questions will ask you to type in a number instead of choosing a number from a list.

Practice Question #4: In the past 30 days, on how many days did you eat breakfast? Type in the number of days you ate breakfast and press [ENTER].

_____ [RANGE: 0–30]

DK/REF

GRID In some cases there will be more than one question to answer on a screen. For these questions you will enter your answers one at a time in the order the questions are shown on the screen.

Practice Question #5: Which kinds of fruit have you eaten in the past 30 days...

	Yes	No
GRID1 apples?	1	2
GRID2 bananas?	1	2

DK/REF

BACKUP If you want to change or see your answer to a previous question, you can back up using the [F9] key. Each time you press the [F9] key, the computer will go back one question.

You can tell the computer to repeat a question by pressing [F10]. Try this now.

When you are finished, press [ENTER] to continue.

rangeerr For some questions, the computer can only accept certain answers. For example, in the question below, the only numbers the computer will accept are 1 for YES or 2 for NO.

If you try to enter some other number, an instruction box will appear. To correct your answer, you must press [ENTER] to make the box disappear. You can then answer the question again.

Try this with the question below. Type a 3 as your answer. Press [ENTER] to remove the instruction box, then type in a valid answer.

Practice Question #6: Do you have a cat?

1 Yes

2 No

DK/REF

ANYQUES If you have any questions, please ask your interviewer now. If not, press [ENTER] to begin. Please answer all of the questions to the best of your abilities.

END TIME STAMP

5. Your Health

BEGIN TIME STAMP

B1 In general, would you say your health is:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- DK/REF

B2 The following questions are about activities you might do during a typical day. How much, if at all, does your health now limit you in these activities?

	Yes, Limited a Lot	Yes, Limited a Little	No, Not Limited at All
B2a Vigorous activities , such as running, lifting heavy objects, or participating in strenuous sports	1	2	3
B2b Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
B2c Climbing several flights of stairs	1	2	3
B2d Walking several blocks	1	2	3

DK/REF

B3 During the **past 30 days**, how often have you had any of the following problems with your work or other regular activities **as a result of your physical health**?

	All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
B3a Accomplished less than you would like	1	2	3	4	5
B3b Were limited in the kind of work or other activities you could do	1	2	3	4	5
B3c Had difficulty performing work or other activities -- for example, it took extra effort	1	2	3	4	5

DK/REF

B4 During the **past 30 days**, how often have you had any of the following problems with your work or other regular activities **as a result of any problems with emotions, nerves, or mental health** -- such as feeling depressed or anxious?

	All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
B4a Accomplished less than you would like	1	2	3	4	5
B4b Were limited in the kind of work or other activities you could do	1	2	3	4	5
B4c Didn't do work or other activities as carefully as usual	1	2	3	4	5

DK/REF

B5 During the **past 30 days**, how much of the time have problems with your **physical health or emotional problems** interfered with your social activities -- like visiting with friends or relatives?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

DK/REF

B8a Are you deaf or do you have serious difficulty hearing?

- 1 Yes
- 2 No

DK/REF

B8b Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- 1 Yes
- 2 No

DK/REF

B8c Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- 1 Yes
- 2 No

DK/REF

B8d Do you have serious difficulty walking or climbing stairs?

- 1 Yes
- 2 No
- DK/REF

B8e Do you have difficulty dressing or bathing?

- 1 Yes
- 2 No
- DK/REF

B8f Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctors' office or shopping?

- 1 Yes
- 2 No
- DK/REF

B9 Did a health professional ever tell you that you had any type of cancer?

- 1 Yes
- 2 No
- DK/REF

B9a [IF B9 = 1] Which type?

	Yes	No
B9a1 Non-melanoma skin cancer	1	2
B9a2 Breast cancer	1	2
B9a3 Lung cancer	1	2
B9a4 Prostate cancer	1	2
B9a5 Some other type of cancer	1	2

DK/REF

DEFINE B9A_COUNT (PERFORM EACH TIME MOVE FROM B9A)

B9A_COUNT = 0

IF B9A1 = 1, ADD 1 TO B9A_COUNT.

IF B9A2 = 1, ADD 1 TO B9A_COUNT.

IF B9A3 = 1, ADD 1 TO B9A_COUNT.

IF B9A4 = 1, ADD 1 TO B9A_COUNT.

IF B9A5 = 1, ADD 1 TO B9A_COUNT.

DEFINE B9B_FILL

IF B9A_COUNT > 1, THEN B9B_FILL = “any type of”

IF B9A_COUNT = (1 OR 0), THEN B9B_FILL = “”

B9b [IF B9 = 1] How old were you when you were first diagnosed with [B9B_FILL] cancer?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE B9C_FILL

IF B9A_COUNT > 1, THEN B9C_FILL = “Are all of your cancers currently cured, are they all in remission, or is at least one still ongoing?”

IF B9A_COUNT = (1 OR 0), THEN B9C_FILL = “Is your cancer currently cured, in remission, or still ongoing?”

B9c [IF B9 = 1] [B9C_FILL]

- 1 Cured
 - 2 In remission
 - 3 Still ongoing
- DK/REF

B10 Did a health professional ever say you had any of the following conditions?

		Yes	No
B10a	Arthritis or rheumatism	1	2
B10b	Asthma	1	2
B10c	Any other serious lung disease -- for example, COPD, emphysema, tuberculosis	1	2
B10d	Diabetes or high blood sugar	1	2
B10e	Epilepsy or seizures	1	2
B10f	HIV infection	1	2
B10g	High blood pressure	1	2
B10h	Heart attack or stroke	1	2
B10i	Any other heart disease	1	2
B10j	An ulcer in your stomach or intestine	1	2
B10k	Any other seriously impairing or life-threatening physical illness	1	2

DK/REF

B12 Do you currently have any of the following health problems?

		Yes	No
B12a	Frequent or very painful back or neck pain	1	2
B12b	Frequent or very painful headaches	1	2

		Yes	No
B12c	Some other frequent or very painful condition that has been going on for at least 6 months	1	2

DK/REF

B13 Have you ever in your life been told by a professional, or have you personally believed, that you had any of the following problems?

		Yes	No
B13a	Attention-deficit hyperactivity disorder, also known as ADHD	1	2
B13b	Depression	1	2
B13c	Panic attacks, also known as anxiety attacks	1	2
B13d	Phobias, that is, extreme fears of particular situations	1	2
B13e	Post-traumatic stress disorder, also known as PTSD	1	2
B13f	Obsessive-compulsive disorder	1	2
B13g	Generalized anxiety disorder, that is, being very nervous, worried, or anxious	1	2
B13h	Manic depression, also known as bipolar disorder	1	2
B13i	Problems with anger control	1	2
B13j	Schizophrenia or other psychotic disorder	1	2
B13l	Any other serious emotional problem	1	2
B13m	Problems with alcohol use	1	2
B13n	Problems with drug use	1	2

DK/REF

B14 How often in the **past 30 days** did you have each of the following?

	All or Almost All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
B14a Memory problems	1	2	3	4	5
B14c Difficulty concentrating or your mind going blank	1	2	3	4	5
B14d Sleep problems, such as getting to sleep, staying asleep, waking too early, or sleeping too much	1	2	3	4	5
B14e Feeling tired out, low in energy, or easily fatigued	1	2	3	4	5
B14f Feeling emotionally much higher, happier, or excitable than usual	1	2	3	4	5

	All or Almost All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
B14g Being much more hyper or wound up than usual	1	2	3	4	5
B14h Having thoughts race through your mind so fast you could hardly keep track of them	1	2	3	4	5

DK/REF

B15 How often in the **past 30 days** did you have each of the following?

	All or Almost All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
B15a Pain in your back, neck, arms, legs, or joints—such as your knees or hips	1	2	3	4	5
B15b Headaches	1	2	3	4	5
B15c Pain in any other part of the body	1	2	3	4	5
B15d Muscle tension	1	2	3	4	5
B15e Dizziness	1	2	3	4	5

DK/REF

B16 How often in the **past 30 days** did you experience each of the following?

	All or Almost All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
B16a Feeling irritated, annoyed, or grouchy	1	2	3	4	5
B16c Feeling that your anger was out of control	1	2	3	4	5
B16d Talking or moving more slowly than usual	1	2	3	4	5
B16e Feeling calm or peaceful	1	2	3	4	5
B16f Feeling restless, tense, wound up, or on edge	1	2	3	4	5
B16g Poor appetite or overeating	1	2	3	4	5

DK/REF

B17 [IF B14d = 1, 2, 3, OR 4] You mentioned sleep problems. About how many nights out of 7 in a typical week do you have problems either getting to sleep, staying asleep, waking too early, or feeling tired even after a full night's sleep?

If less than 1 night a week, enter "0."

_____ NUMBER OF NIGHTS A WEEK [RANGE: 0-7]

DK/REF

B18 [IF B17 = 3, 4, 5, 6, OR 7 OR DK OR REF] How much do your sleep problems interfere with your daytime functioning?

- 1 Extremely
- 2 A lot
- 3 Some
- 4 A little
- 5 Not at all

DK/REF

B22A [IF B4a NE 5 OR B4b NE 5 OR B4c NE 5] The next questions are about how much your emotions, nerves, or mental health have caused you to have **difficulties in daily activities**. In answering, think of the **one month** in the past 12 months when your emotions, nerves, or mental health interfered **most** with your daily activities.

During that one month when your emotions, nerves, or mental health interfered **most** with your daily activities, how much difficulty did you have....

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Extreme Difficulty or Cannot Do
B22Aa remembering to do things you needed to do?	1	2	3	4	5
B22Ab concentrating on doing something important when other things were going on around you?	1	2	3	4	5
B22Ac going out of the house and getting around on your own?	1	2	3	4	5

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Extreme Difficulty or Cannot Do
B22Ad dealing with people you did not know well?	1	2	3	4	5
B22Ae participating in social activities, like visiting friends or going to parties?	1	2	3	4	5
B22Af taking care of household responsibilities?	1	2	3	4	5
B22Ag taking care of your daily responsibilities at work or school?	1	2	3	4	5
B22Ah getting your daily work done as quickly as needed?	1	2	3	4	5

DK/REF

B22_WEEK [IF B22Aa = 2–5 OR B22Ab = 2–5 OR B22Ac = 2–5 OR B22Ad = 2–5 OR B22Ae = 2–5 OR B22Af = 2–5 OR B22Ag = 2–5 OR B22Ah = 2–5] During the past 12 months, about how many weeks did you have any of these difficulties because of your emotions, nerves, or mental health? If you can’t remember the exact number, just give your best estimate.

_____ NUMBER OF WEEKS [RANGE: 1–52]

DK/REF

DEFINE B22_DAYS_FILL

IF B22_WEEK = 1, THEN FILL, “that [B22_WEEK] week”

IF B22_WEEK = 2–52, THEN FILL, “those [B22_WEEK] weeks”

B22_DAYS [IF B22_WEEK = 1–52] During [B22_DAYS_FILL], did you have these kinds of difficulties every day, most days, or only 1 or 2 days a week?

- 1 Every day
- 2 Most days
- 3 Only 1 or 2 days a week

DK/REF

B22_IMPDIS [IF B22Aa = 2–5 OR B22Ab = 2–5 OR B22Ac = 2–5 OR B22Ad = 2–5 OR B22Ae = 2–5 OR B22Af = 2–5 OR B22Ag = 2–5 OR B22Ah = 2–5] About how many

days out of the past 365 were you **totally unable** to work or carry out your normal activities because of your emotions, nerves, or mental health?

You can use any number between 0 and 365 to answer.

_____ NUMBER OF DAYS [RANGE: 0–365]
DK/REF

B22B In the **past 12 months**, how many times have you...

	Number of Times If None, Enter “0”	
B22Ba been hospitalized overnight for a physical health problem ?	_____	[RANGE: 0–365]
B22Bb been treated in an emergency department or ER ?	_____	[RANGE: 0–365]
B22Bc seen a health care professional as an outpatient for a physical health problem ?	_____	[RANGE: 0–365]
B22Be been hospitalized or in a rehab center overnight for alcohol or drug problems ?	_____	[RANGE: 0–365]

DK/REF

END TIME STAMP

6. CIDI Screener

		Yes	No
HM1	<p>The next question is about episodes you might have ever had lasting several days or longer when you were full of energy, more active than usual, and your mood was better than usual.</p> <ul style="list-style-type: none"> • During these episodes, people often talk a lot faster, feel more outgoing, or feel more self-confident than usual. • Their thoughts often go very quickly and they may have trouble sitting still. • They often are much happier, hyper, or excitable than usual. • They are sometimes more irritable or quick to take offense than usual. • They sometimes do things during these episodes that are inappropriate or that they would normally be too embarrassed to do. <p>With this definition in mind, have you ever in your life had an episode of this sort lasting several days or longer?</p> <p>Do not count episodes caused by drinking or using drugs.</p>	1	2
HM2	[IF HM1 = 1] During one of these episodes, did other people ever notice or comment that you were much more active or energetic than usual?	1	2

DK/REF

SP1 Was there ever a time in your life -- either as a child or adult -- when you felt very afraid, anxious, or **extremely** shy in any of the following social situations?

	Yes	No
SP1a Meeting new people	1	2
SP1b Going to a party or social gathering	1	2
SP1c Going on a date	1	2
SP1d Using a bathroom when away from home	1	2
SP1e Any other social situation where something embarrassing might happen	1	2

DK/REF

DEFINE SP1_YCOUNT (PERFORM EACH TIME MOVES FROM SP1E TO SP2)

SET SP1_YCOUNT = 0

IF SP1A = 1, ADD 1 TO SP1_YCOUNT

IF SP1B = 1, ADD 1 TO SP1_YCOUNT

IF SP1C = 1, ADD 1 TO SP1_YCOUNT

IF SP1D = 1, ADD 1 TO SP1_YCOUNT

IF SP1E = 1, ADD 1 TO SP1_YCOUNT

SP2 Was there ever a time in your life when you felt very afraid, anxious, or uncomfortable in any of the following performance situations?

	Yes	No
SP2a Talking to people in authority	1	2
SP2b Talking to people you did not know	1	2
SP2c Speaking up in a meeting or class	1	2
SP2d Giving a speech, acting, or performing in front of an audience	1	2
SP2e Any other performance situation where you might be the center of attention	1	2

DK/REF

DEFINE SP2_YCOUNT (PERFORM EACH TIME MOVES FROM SP2E TO SP3)

SET SP2_YCOUNT = 0

IF SP2A = 1, ADD 1 TO SP2_YCOUNT

IF SP2B = 1, ADD 1 TO SP2_YCOUNT

IF SP2C = 1, ADD 1 TO SP2_YCOUNT

IF SP2D = 1, ADD 1 TO SP2_YCOUNT

IF SP2E = 1, ADD 1 TO SP2_YCOUNT

		Yes	No
SC5	Have you ever in your life felt so frightened of going out of the house alone, being in a crowd, standing in lines, going over bridges, or travelling by bus, train, or car that it got in the way of you having a normal life?	1	2
SC3	The next question is about panic attacks , sometimes called anxiety attacks . These are sudden, strong feelings of fear or anxiety that are usually accompanied by physical reactions like a racing heart, shortness of breath, feeling faint, or feeling sick to your stomach. With this definition in mind, have you ever in your life had panic attacks?	1	2

DK/REF

		Yes	No
SC6	Have you ever had a time in your life when you had a great deal of concern about or strongly feared being too fat or overweight?	1	2
SC6a	[IF SC6 = 1] Have you ever had this strong worry or fear at a time when you actually weighed less than most other people?	1	2
SC7	The next question is about “eating binges,” where a person eats a large amount of food during a short period, like 2 hours. By “a large amount,” we 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, have you ever had a time in your life when you went on eating binges at least once a week for 3 months or longer?	1	2

DK/REF

		Yes	No
SC8	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	2
SC8a	[IF SC8 NE 1] Have you ever in your life had attacks of anger when all of a sudden you lost control and hit or tried to hurt someone?	1	2
SC8b	[IF SC8 NE 1 AND SC8a NE 1] Have you ever in your life had attacks of anger when all of a sudden you lost control and threatened to hit or hurt someone?	1	2

DK/REF

		Yes	No
SC9	Have you ever in your life felt so afraid of some other specific thing like heights, bugs, animals, thunder, or blood that you either refused to go near a situation that would expose you to this feared thing or you became extremely anxious whenever you were exposed to that thing?	1	2
SC10	Have you ever in your life had repeated unpleasant thoughts, images, or urges you couldn't get out of your head that got in the way of you having a normal life, such as the idea that things were dirty no matter how much you washed?	1	2
SC11	Have you ever in your life had such a strong urge to do something over and over that it got in the way of you having a normal life, like spending a great deal of time washing, cleaning, straightening, or saving strange things (such as nail clippings or old newspapers)?	1	2

DK/REF

END TIME STAMP

7. Depression

BEGIN TIME STAMP

SECTION DE: DEPRESSION

DEFINE DE1FILL

IF R REPORTED “DEPRESSION” IN B13b (B13b = 1), THEN DE1FILL = “Earlier you reported having a history of depression. The next questions are about recent feelings of that sort.”

ELSE DE1FILL = “The next questions are about recent feelings of depression and low mood.”

DE1 [DE1FILL] How often in the **past 30 days** did you...

	All or Almost All the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
DE1a feel sad or depressed?	1	2	3	4	5
DE1b feel empty or hopeless?	1	2	3	4	5
DE1c feel discouraged about how things were going in your life?	1	2	3	4	5
DE1d take little or no interest or pleasure in things?	1	2	3	4	5
DE1e feel down on yourself, no good, or worthless?	1	2	3	4	5

DK/REF

DEFINE DE1_COUNT

SET DE1_COUNT = 0

IF (DE1a = (1 OR 2)) OR (DE1b = (1 OR 2)) OR (DE1c = (1 OR 2)), ADD 1 TO DE1_COUNT

IF DE1d = (1 OR 2), ADD 1 TO DE1_COUNT

DEFINE PHOLDER1

IF DE_COUNT ≥ 1 THEN PHOLDER1 = 1

ELSE PHOLDER1 = 3

DE2 [IF DE1_COUNT ≥ 1] How often in the **past 30 days** did you...

	All or Almost All the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
DE2a have trouble concentrating or making day-to-day decisions because of your low mood?	1	2	3	4	5
DE2b think a lot about death, either your own, someone else's, or death in general?	1	2	3	4	5
DE2c fear that something awful might happen?	1	2	3	4	5
DE2d feel that you might lose control?	1	2	3	4	5
DE2e have psychological distress because of your depression or low mood?	1	2	3	4	5
DE2f have depression or low mood that interfered with your work or personal life?	1	2	3	4	5

DK/REF

DEFINE DE3_COUNT

SET DE3_COUNT = 0

IF DE1a = (1 OR 2), ADD 1 TO DE3_COUNT

IF DE1b = (1 OR 2), ADD 1 TO DE3_COUNT

IF DE1c = (1 OR 2), ADD 1 TO DE3_COUNT

IF DE1d = (1 OR 2), ADD 1 TO DE3_COUNT

IF DE1e = (1 OR 2), ADD 1 TO DE3_COUNT

IF DE2a = (1 OR 2), ADD 1 TO DE3_COUNT

IF DE2b = (1 OR 2), ADD 1 TO DE3_COUNT

IF B14d = (1 or 2), ADD 1 TO DE3_COUNT

IF B14e = (1 or 2), ADD 1 TO DE3_COUNT

IF (B16d = (1 or 2)) OR (B16g = (1 or 2)), ADD 1 TO DE3_COUNT

IF B16f = (1 or 2), ADD 1 TO DE3_COUNT

DEFINE DE3_COUNTA

SET DE3_COUNTA = 0

IF DE2e = (1 OR 2 OR 3), ADD 1 TO DE3_COUNTA

IF DE2f = (1 OR 2 OR 3), ADD 1 TO DE3_COUNTA

DEFINE PHOLDER2

IF DE3_COUNT ≥ 5 OR DE3_COUNTA ≥ 1 THEN PHOLDER2 = 1

ELSE PHOLDER2 = 3

DE3 [IF DE3_COUNT < 5 OR DE3_COUNTA < 1] Think of a time lasting 2 weeks or longer in your life when you had the largest number of problems with depression, low mood, and related problems, such as feeling empty, helpless, down on yourself, like life is not worth living, or losing interest in things you used to enjoy. How often during those 2 weeks did you...

	All or Almost All the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
DE3a feel sad or depressed?	1	2	3	4	5
DE3b feel empty or hopeless?	1	2	3	4	5
DE3c feel discouraged about how things were going in your life?	1	2	3	4	5
DE3d take little or no interest or pleasure in things?	1	2	3	4	5

DK/REF

DEFINE DE3_COUNTB

SET DE3_COUNTB = 0

IF (DE3a = (1 OR 2)) OR (DE3b = (1 OR 2)) OR (DE3c = (1 OR 2)), ADD 1 TO DE3_COUNTB

IF DE3d = (1 OR 2), ADD 1 TO DE3_COUNTB

DE4_1 [IF DE3_COUNTB ≥ 1] How often during those 2 weeks did you...

	All or Almost All the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
DE4a feel down on yourself, no good, or worthless?	1	2	3	4	5
DE4b have trouble concentrating or making day-to-day decisions?	1	2	3	4	5
DE4c think a lot about death, either your own, someone else's, or death in general?	1	2	3	4	5
DE4d have sleep problems, such as getting to sleep, staying asleep, waking too early, or sleeping too much?	1	2	3	4	5
DE4e feel tired out, low in energy, or easily fatigued?	1	2	3	4	5
DE4f talk or move more slowly than usual?	1	2	3	4	5

DK/REF

DE4f_1 [IF DE4f = 1 OR 2] Did other people notice or comment that you were talking or moving more slowly?

- 1 Yes
- 2 No
- DK/REF

DE4_2 [IF DE3_COUNTB ≥ 1] How often during those 2 weeks did you...

	All or Almost All the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
DE4g have a poor appetite or overeat?	1	2	3	4	5
DE4h have psychological distress because of your depression or low mood?	1	2	3	4	5
DE4i feel restless, tense, wound up, or on edge?	1	2	3	4	5

DK/REF

DE4i_1 [IF DE4i = 1 OR 2] Did other people notice or comment that you were restless or wound up?

- 1 Yes
- 2 No
- DK/REF

DE4j [IF DE3_COUNTB ≥ 1] How often during that 2 weeks did depression or low mood interfere with your work or personal life?

- 1 All or almost all the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- DK/REF

DE4k [IF DE4H=(1 OR 2 OR 3 OR 4)] How severe was your psychological distress during those 2 weeks?

- 1 Mild
- 2 Moderate
- 3 Severe
- 4 Very severe
- DK/REF

DE4i [IF DE4j =(1 OR 2 OR 3 OR 4)] How much did your low mood and related problems interfere with your work or personal life during those two weeks?

- 1 A little
 - 2 Some
 - 3 A lot
 - 4 Extremely
- DK/REF

DEFINE DE4_COUNT

SET DE4_COUNT = 0

IF DE3a = (1 OR 2), ADD 1 TO DE4_COUNT
IF DE3b = (1 OR 2), ADD 1 TO DE4_COUNT
IF DE3c = (1 OR 2), ADD 1 TO DE4_COUNT
IF DE3d = (1 OR 2), ADD 1 TO DE4_COUNT
IF DE4a = (1 OR 2), ADD 1 TO DE4_COUNT
IF DE4b = (1 OR 2), ADD 1 TO DE4_COUNT
IF DE4c = (1 OR 2), ADD 1 TO DE4_COUNT
IF DE4d = (1 OR 2), ADD 1 TO DE4_COUNT
IF DE4e = (1 OR 2), ADD 1 TO DE4_COUNT
IF (DE4f_1 = 1) OR (DE4i_1 = 1), ADD 1 TO DE4_COUNT
IF DE4g = (1 OR 2), ADD 1 TO DE4_COUNT

DEFINE DE4_COUNTA

SET DE4_COUNTA = 0

IF DE4h = (1 OR 2 OR 3), ADD 1 TO DE4_COUNTA
IF DE4j = (1 OR 2 OR 3), ADD 1 TO DE4_COUNTA

DEFINE DE5_ASK

IF (DE3_COUNT ≥ 5 AND DE3_COUNTA ≥ 1) OR (DE4_COUNT ≥ 5 AND DE4_COUNTA ≥ 1)],
THEN SET DE5_ASK=1.
ELSE, SET DE5_ASK=0.

DE5 [IF DE5_ASK=1] About how old were you the **very first time** you had an episode lasting 2 weeks or longer when most of the time you had depression or low mood plus some of the other problems you were just asked about? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DE6 [IF DE5 = (CURNTAGE – 1)] Did that episode start in the past 12 months or more than 12 months ago?

- 1 IN THE PAST 12 MONTHS
 - 2 MORE THAN 12 MONTHS AGO
- DK/REF

DE7 [IF DE5_ASK=1 AND DE5 NE CURNTAGE AND NE (CURNTAGE-1)] During about how many years in your life did you have at least one episode like this lasting 2 weeks or longer? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

DE8 [IF DE5 = (CURNTAGE – 1) OR DE7 NE 0] The next question asks about the **longest** episode you ever had. What would be the easiest way for you to tell us how long that episode lasted?

- 1 Total number of weeks the episode lasted
 - 2 Total number of months the episode lasted
 - 3 Total number of years the episode lasted
- DK/REF

DE8W [IF DE8 = (1 OR DK OR REF)] How many **weeks** was the longest episode you ever had?

_____ NUMBER OF WEEKS [RANGE: 1-104]
DK/REF

DE8M [IF DE8 = 2] How many **months** was the longest episode you ever had?

_____ NUMBER OF MONTHS [RANGE: 1-48]
DK/REF

DE8Y [IF DE8 = 3] How many **years** was the longest episode you ever had?

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

DE9 [IF DE5_ASK=1] How much did these episodes ever interfere with your work or personal life?

- 1 Extremely
 - 2 A lot
 - 3 Some
 - 4 A little
 - 5 Not at all
- DK/REF

DE10 [IF (DE5_ASK=1] During about how many months in the **past 12 months** did you have an episode like this lasting 2 weeks or longer? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF MONTHS [RANGE: 0–12]
DK/REF

DE11 [IF (DE10 NE OR LESS THAN 1) OR (DE5 NE CURNTAGE) OR (DE5 NE (CURNTAGE – 1)))] About how old were you the **most recent time** you had an episode like this lasting 2 weeks or longer? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

END TIME STAMP

8. Mania

BEGIN TIME STAMP

DEFINE HM3_FILL

IF B13H=1 THEN HM3_FILL = “Earlier, you reported that you’ve had a problem with manic depression, also known as bipolar disorder. Manic depression, or bipolar disorder, involves episodes lasting several days or longer when a person is full of energy, more active than usual, and the person’s mood is better than usual”

IF HM1 = 1 THEN HM3_FILL = “Earlier, you reported having had an episode lasting several days or longer when you were full of energy, more active than usual, and your mood was better than usual.”

HM3 [IF HM1 = 1] [HM3_FILL] Think of a typical intense episode of this sort. How often during that episode did you have each of the following experiences?

	All or Almost All the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
HM3a You were happier or more excitable than usual	1	2	3	4	5
HM3b You were much more irritable or quick to take offense than usual	1	2	3	4	5
HM3c You were much more full of energy, hyper, or wound up than usual	1	2	3	4	5
HM3d You became much more active than usual at school, work, or home	1	2	3	4	5

DK/REF

DEFINE HM3_COUNT (PERFORM EACH TIME MOVES AWAY FROM HM3)

SET HM3_COUNT = 0

IF [HM3A = (1 OR 2 OR 3) OR HM3B = (1 OR 2 OR 3)], ADD 1 TO HM3_COUNT

IF [HM3C = (1 OR 2 OR 3) OR HM3D = (1 OR 2 OR 3)], ADD 1 TO HM3_COUNT

HM4 [IF HM3_COUNT =2] During that episode how often did you...

	All or Almost All the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
HM4a find that your thoughts raced through your mind so fast you could hardly keep track of them?	1	2	3	4	5
HM4b sleep much less than usual and still not get tired or sleepy?	1	2	3	4	5
HM4c talk so much that other people couldn't get their say?	1	2	3	4	5
HM4d feel extremely self-confident or optimistic or believe you could do things you really couldn't do?	1	2	3	4	5
HM4e make bad decisions related to your feeling happy or overly optimistic that could have caused problems for you?	1	2	3	4	5
HM4f find it hard to keep your mind on what you were doing?	1	2	3	4	5
HM4g do reckless things like spend too much money, drive or bike too fast, or do things that are unsafe?	1	2	3	4	5

DK/REF

HM4h [IF HM3_COUNT ≥ 1] How often did this episode interfere with your school, work, or personal life?

- 1 All or almost all the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

DK/REF

DEFINE HM4_COUNT (PERFORM EACH TIME MOVES AWAY FROM HM4)

SET HM4_COUNT = 0

IF HM3D = (1 OR 2 OR 3), ADD 1 TO HM4_COUNT

IF HM4A = (1 OR 2 OR 3), ADD 1 TO HM4_COUNT

IF HM4B = (1 OR 2 OR 3), ADD 1 TO HM4_COUNT

IF HM4C = (1 OR 2 OR 3), ADD 1 TO HM4_COUNT

IF HM4D = (1 OR 2 OR 3), ADD 1 TO HM4_COUNT

IF HM4E = (1 OR 2 OR 3) OR HM4G = (1 OR 2 OR 3), ADD 1 TO HM4_COUNT

IF HM4F = (1 OR 2 OR 3), ADD 1 TO HM4_COUNT

DEFINE HM5_ASK

IF (HM4_COUNT \geq 3) AND (HM4H = 1 OR 2 OR 3), SET HM5_ASK=1,
ELSE SET HM5_ASK=0.

HM5 [IF HM5_ASK = 1] About how old were you the **very first time** you had an episode like that lasting several days or longer? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

HM5a [IF ((CURNTAGE – HM5) = 1) AND (HM5 NE DK OR REF) AND (CURNTAGE NE DK OR REF)] Did it start in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
- 2 More than 12 months ago
- DK/REF

HM6 [IF ((CURNTAGE – HM5) NE 1) OR (HM5=DK OR REF) OR (CURNTAGE=DK OR REF)] During about how many years in your life did you have an episode like that lasting several days or longer? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

HM7 [IF (HM4_COUNT \geq 3) AND (H4MH = 1 OR 2 OR 3)] How long was the longest episode you ever had?

- 1 3 days or less
- 2 4–6 days
- 3 1–2 weeks
- 4 3–4 weeks
- 5 More than 4 weeks
- DK/REF

HM8 [IF (HM4_COUNT \geq 3) AND (HM4H = 1 OR 2 OR 3)] How much did these episodes ever interfere with your school, work, or personal life?

- 1 Extremely
- 2 A lot
- 3 Some
- 4 A little
- 5 Not at all
- DK/REF

HM8a [IF (HM4_COUNT ≥ 3) AND (HM4H = 1 OR 2 OR 3)] Were you ever hospitalized as a result of having an episode?

- 1 Yes
- 2 No
- DK/REF

HM9 [IF (HM4_COUNT ≥ 3) AND (HM4H = 1 OR 2 OR 3)] During about how many months in the **past 12 months** did you have one of these episodes? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF MONTHS [RANGE: 0–12]
DK/REF

HM10 [IF HM9 ≥ 1] Did you have one of these episodes at any time in the past 30 days?

- 1 Yes
- 2 No
- DK/REF

HM11 [IF HM9 = 0 OR DK OR REF] About how old were you the **most recent time** you had one of these episodes for several days or longer? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

END TIME STAMP

9. Anxiety and Worry (GAD)

BEGIN TIME STAMP

DEFINE AW1_FILL

IF B13g = 1 (R REPORTED “ANXIETY DISORDER” IN B13), THEN AW1_FILL = “Earlier, you reported having a history of anxiety. The next questions are about recent feelings of that sort.”

ELSE AW1_FILL = “The next questions are about recent feelings of anxiety and worry.”

AW1 [AW1_FILL] How often in the **past 30 days** did you...

	All or Almost All the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
AW1a feel anxious or nervous about a number of activities?	1	2	3	4	5
AW1b worry about a number of different events or activities?	1	2	3	4	5
AW1c feel more anxious or worried than other people in your same situation?	1	2	3	4	5
AW1d worry about things that most other people wouldn't worry about?	1	2	3	4	5
AW1e have trouble stopping yourself from being anxious or worried?	1	2	3	4	5

DK/REF

DEFINE AW1AB_COUNT (PERFORM EACH TIME MOVES AWAY FROM AW1)

SET AW1AB_COUNT = 0

IF AW1A = (1 OR 2 OR 3), ADD 1 TO AW1AB_COUNT

IF AW1B = (1 OR 2 OR 3), ADD 1 TO AW1AB_COUNT

DEFINE AW1CD_COUNT (PERFORM EACH TIME MOVES AWAY FROM AW1)

SET AW1CD_COUNT = 0

IF AW1C = (1 OR 2 OR 3 -), ADD 1 TO AW1CD_COUNT

IF AW1D = (1 OR 2 OR 3 -), ADD 1 TO AW1CD_COUNT

DEFINE AW1E_COUNT (PERFORM EACH TIME MOVES AWAY FROM AW1)

SET AW1E_COUNT = 0

IF AW1E = (1 OR 2 OR 3), ADD 1 TO AW1E_COUNT

DEFINE AW2_ASK (PERFORM EACH TIME MOVES AWAY FROM AW1)

IF [(AW1AB_COUNT ≥ 1) AND (AW1CD_COUNT ≥ 1) AND (AW1E_COUNT ≥ 1), AW2_ASK = 1
 ELSE, SET AW2_ASK = 0

AW2 [IF AW2_ASK = 1] How often in the **past 30 days** did you...

	All or Almost All the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
AW2a feel restless, keyed up, or on edge?	1	2	3	4	5
AW2b feel tired out, low in energy, or easily fatigued?	1	2	3	4	5
AW2c have difficulty concentrating or your mind going blank because of your nerves or worry?	1	2	3	4	5
AW2d feel irritated, annoyed, or grouchy?	1	2	3	4	5
AW2e have muscle aches or tension caused by anxiety or worry?	1	2	3	4	5
AW2f have difficulty falling or staying asleep or have restless, unsatisfying sleep because of your anxiety or worry?	1	2	3	4	5
AW2g have psychological distress because of your anxiety or worry?	1	2	3	4	5
AW2h How often during those 30 days did your anxiety and worry interfere with your work or personal life?	1	2	3	4	5

DK/REF

DEFINE AW2ABCDEF_COUNT (PERFORM EACH TIME MOVES AWAY FROM AW2)

SET AW2ABCDEF_COUNT = 0

IF AW2A = (1 OR 2 OR 3), ADD 1 TO AW2ABCDEF_COUNT

IF AW2B = (1 OR 2 OR 3), ADD 1 TO AW2ABCDEF_COUNT

IF AW2C = (1 OR 2 OR 3), ADD 1 TO AW2ABCDEF_COUNT

IF AW2D = (1 OR 2 OR 3), ADD 1 TO AW2ABCDEF_COUNT

IF AW2E = (1 OR 2 OR 3), ADD 1 TO AW2ABCDEF_COUNT

IF AW2F = (1 OR 2 OR 3), ADD 1 TO AW2ABCDEF_COUNT

DEFINE AW2GH_COUNT (PERFORM EACH TIME MOVES AWAY FROM AW2)

SET AW2GH_COUNT = 0

IF AW2G = (1 OR 2 OR 3), ADD 1 TO AW2GH_COUNT

IF AW2H = (1 OR 2 OR 3), ADD 1 TO AW2GH_COUNT

DEFINE AW3AW4_SKIP (PERFORM EACH TIME MOVE FROM AW2)

SET AW3AW4_SKIP = 0

IF AW2ABCDEF_COUNT ≥ 3 AND AW2GH_COUNT ≥ 1], SET AW3AW4_SKIP = 1
[PROGRAMMER: PLEASE PROGRAM THIS SKIP VARIABLE AND WRITE IT TO THE DATASET EVEN THOUGH IT'S NOT CURRENTLY USED DOWNSTREAM.]

AW3 Think of a 6-month period in your life when you had the largest number of problems with anxiety, nerves, or worry. How often during those 6 months did you...

	All or Almost All the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
AW3a feel anxious or nervous about a number of activities?	1	2	3	4	5
AW3b worry about a number of different events or activities?	1	2	3	4	5
AW3c feel more anxious or worried than other people in your same situation?	1	2	3	4	5
AW3d worry about things that most other people wouldn't worry about?	1	2	3	4	5
AW3e have trouble stopping yourself from being anxious or worried?	1	2	3	4	5

DK/REF

DEFINE AW3AB_COUNT (PERFORM EACH TIME MOVES AWAY FROM AW3)

SET AW3AB_COUNT = 0

IF AW3A = (1 OR 2 OR 3), ADD 1 TO AW3AB_COUNT

IF AW3B = (1 OR 2 OR 3), ADD 1 TO AW3AB_COUNT

DEFINE AW3CD_COUNT (PERFORM EACH TIME MOVES AWAY FROM AW3)

SET AW3CD_COUNT = 0

IF AW3C = (1 OR 2 OR 3), ADD 1 TO AW3CD_COUNT

IF AW3D = (1 OR 2 OR 3), ADD 1 TO AW3CD_COUNT

DEFINE AW3E_COUNT (PERFORM EACH TIME MOVES AWAY FROM AW3)

SET AW3E_COUNT = 0

IF AW3E = (1 OR 2 OR 3), ADD 1 TO AW3E_COUNT

AW4 [IF (AW3AB_COUNT ≥ 1) AND (AW3CD_COUNT ≥ 1) AND AW3E_COUNT ≥ 1]
How often during those 6 months did you...

	All or Almost All the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
AW4a feel restless, keyed up, or on edge?	1	2	3	4	5
AW4b feel tired out, low in energy, or easily fatigued?	1	2	3	4	5
AW4c have difficulty concentrating or your mind going blank because of your nerves or worry?	1	2	3	4	5
AW4d feel irritated, annoyed, or grouchy?	1	2	3	4	5
AW4e have muscle aches or tension caused by anxiety or worry?	1	2	3	4	5
AW4f have difficulty falling or staying asleep or have restless, unsatisfying sleep because of your anxiety or worry?	1	2	3	4	5
AW4g have psychological distress because of your anxiety or worry?	1	2	3	4	5
AW4h How often during those 6 months did your anxiety and worry interfere with your work or personal life?	1	2	3	4	5

DK/REF

AW4i [IF AW4g = (1 OR 2 OR 3 OR 4)] How severe was your psychological distress during those 6 months?

- 1 Mild
- 2 Moderate
- 3 Severe
- 4 Very severe

DK/REF

AW4j [IF AW4h = (1 OR 2 OR 3 OR 4)] How much did your anxiety and worry interfere with your work or personal life during those 6 months?

- 1 Extremely
- 2 A lot
- 3 Some
- 4 A little

DK/REF

DEFINE AW4ABCDEF_COUNT (PERFORM EACH TIME MOVES AWAY FROM AW4)

SET AW4ABCDEF_COUNT = 0

IF AW4A = (1 OR 2 OR 3), ADD 1 TO AW4ABCDEF_COUNT

IF AW4B = (1 OR 2 OR 3), ADD 1 TO AW4ABCDEF_COUNT

IF AW4C = (1 OR 2 OR 3), ADD 1 TO AW4ABCDEF_COUNT

IF AW4D = (1 OR 2 OR 3), ADD 1 TO AW4ABCDEF_COUNT

IF AW4E = (1 OR 2 OR 3), ADD 1 TO AW4ABCDEF_COUNT

IF AW4F = (1 OR 2 OR 3), ADD 1 TO AW4ABCDEF_COUNT

DEFINE AW4GH_COUNT (PERFORM EACH TIME MOVES AWAY FROM AW4)

SET AW4GH_COUNT = 0

IF AW4G = (1 OR 2 OR 3), ADD 1 TO AW4GH_COUNT

IF AW4H = (1 OR 2 OR 3), ADD 1 TO AW4GH_COUNT

DEFINE AW5_ASK (PERFORM EACH TIME MOVES AWAY FROM AW3AW4_SKIP OR AW4)

IF (AW4ABCDEF_COUNT \geq 3) AND (AW4GH_COUNT \geq 1), SET AW5_ASK = 1

ELSE SET AW5_ASK = 0

AW5 [IF AW5_ASK = 1] About how old were you the **very first time** you had an episode lasting 6 months or longer when you felt anxious, nervous, or worried and also had some of the other problems you just reviewed? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]

DK/REF

DEFINE AW6_ASK (PERFORM EACH TIME MOVES AWAY FROM AW5)

SET AW6_ASK = 0

IF (AW5 NE DK/REF) AND (AW5 = (CURNTAGE-1), SET AW6_ASK = 1

AW6 [IF AW6_ASK = 1] Did that episode start in the past 12 months or more than 12 months ago?

1 In the past 12 months

2 More than 12 months ago

DK/REF

AW7 [IF AW5_ASK = 1 AND (AW6_ASK = 0 AND (AW5 NE CURNTAGE)) OR (AW6 NE 1)] During about how many years in your life did you have an episode like this lasting **one** month or longer? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]

DK/REF

AW8_UNIT [IF AW5_ASK = 1] How long was the longest episode you ever had? Please indicate whether you'd like to report in months or years.

- 1 Months
- 2 Years
- DK/REF

AW8_MTHS [IF AW8_UNIT = (1 OR DK OR REF) AND (AW4ABCDEF_COUNT ≥ 3) AND (AW4GH_COUNT ≥ 1)] How many months long was the longest episode you ever had?

_____ MONTHS [RANGE: 1-12]
DK/REF

AW8_YRS [IF AW8_UNIT = 2 AND (AW4ABCDEF_COUNT ≥ 3) AND (AW4GH_COUNT ≥ 1)] How many years long was the longest episode you ever had?

_____ YEARS [RANGE: 1-CURNTAGE]
DK/REF

DEFINE AW9_FILL

IF (AW1A = (1 OR 2 OR 3) OR AW3A = (1 OR 2 OR 3)) AND (AW1B = (1 OR 2 OR 3) OR AW3B = (1 OR 2 OR 3)), THEN AW9_FILL = "anxious or worried"

IF (AW1A = (1 OR 2 OR 3) OR AW3A = (1 OR 2 OR 3)) AND (AW1B NE (1 OR 2 OR 3) AND (AW3B NE (1 OR 2 OR 3))), THEN AW9_FILL = "anxious"

IF (AW1A NE (1 OR 2 OR 3) AND (AW3A NE (1 OR 2 OR 3)) AND (AW1B = (1 OR 2 OR 3) OR AW3B = (1 OR 2 OR 3))), THEN AW9_FILL = "worried"

AW9 [IF AW5_ASK = 1] During those episodes, about how many days **in a typical week** did you feel [AW9_FILL] at least a little of the time?

- 1 Nearly every day
- 2 4-5 days a week
- 3 2-3 days a week
- 4 1 day a week
- 5 Less than 1 day a week
- DK/REF

AW10 [IF AW5_ASK = 1] How much did these episodes ever interfere with your work or personal life?

- 1 Extremely
- 2 A lot
- 3 Some

4 A little
5 Not at all
DK/REF

AW11 [IF AW5_ASK = 1] During about how many months in the **past 12 months** did you have an episode like this? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF MONTHS [RANGE: 0–12]
DK/REF

AW12 [IF AW11 = 0 OR AW11 = DK/REF OR ((AW5 ≤ (CURNTAGE-1) AND (AW5 NE DK OR REF)))] About how old were you the **most recent time** you had an episode like this? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

END TIME STAMP

10. Social Anxiety

BEGIN TIME STAMP

DEFINE SP3_FILL

IF SP1_YCOUNT > 0 AND SP2_YCOUNT = 0, THEN SP3_FILL = social
IF SP1_YCOUNT = 0 AND SP2_YCOUNT > 0, THEN SP3_FILL = performance
IF SP1_YCOUNT > 0 AND SP2_YCOUNT > 0, THEN SP3_FILL = social and performance

DEFINE SP3_FILL2

IF SP1_YCOUNT > 0 AND SP2_YCOUNT = 0, THEN SP3_FILL2 = or **extremely** shy
IF SP1_YCOUNT = 0 AND SP2_YCOUNT > 0, THEN SP3_FILL2 = or uncomfortable
IF SP1_YCOUNT > 0 AND SP2_YCOUNT > 0, THEN SP3_FILL2 = uncomfortable, or **extremely** shy

DEFINE SP3_FILL3

IF SP1a = 1 OR SP1b = 1 OR SP1c = 1 OR SP1d = 1, THEN SP3_FILL4 = Another
ELSE, SP3_FILL4 = A

DEFINE SP3_FILL4

IF SP2a = 1 OR SP2b = 1 OR SP2c = 1 OR SP2d = 1, THEN SP3_FILL4 = Another
ELSE, SP3_FILL4 = A

SP3 [IF (SP1_YCOUNT ≥ 1 OR SP2_YCOUNT) ≥ 1] Earlier, you mentioned that you have had a time in your life when you felt very afraid, anxious, [SP3_FILL2] in the following [SP3_FILL] situations:

- [IF SP1a = 1] Meeting new people
- [IF SP1b = 1] Going to a party or social gathering
- [IF SP1c = 1] Going on a date
- [IF SP1d = 1] Using a bathroom when away from home
- [IF SP1e = 1] [SP3_FILL3] social situation where something embarrassing might happen
- [IF SP2a = 1] Talking to people in authority
- [IF SP2b = 1] Talking to people you did not know
- [IF SP2c = 1] Speaking up in a meeting or class
- [IF SP2d = 1] Giving a speech, acting, or performing in front of an audience
- [IF SP2e = 1] [SP3_FILL4] performance situation where you might be the center of attention

Think of the time in your life when you had the most intense reactions to [SP3_FILL] situations. How fearful, upset, or anxious would you get when you were in these situations?

- 1 Extremely
- 2 Very
- 3 Somewhat

4 Only a little
DK/REF

SP4 [IF SP3 = 1 OR 2 OR DK OR REF] Which of the following things were you afraid might happen in these situations?

	Yes	No
SP4a That you might have a panic attack	1	2
SP4b That you might do something else embarrassing	1	2
SP4c That you might do or say something to offend others	1	2
SP4d That people might talk about you or think negative things of you	1	2
SP4e That you might be in real physical danger of getting attacked	1	2

DK/REF

DEFINE SP4_YCOUNT (PERFORM EACH TIME MOVES FROM SP4D TO SP5)

SET SP4_YCOUNT = 0

IF SP4A = 1, ADD 1 TO SP4_YCOUNT

IF SP4B = 1, ADD 1 TO SP4_YCOUNT

IF SP4C = 1, ADD 1 TO SP4_YCOUNT

IF SP4D = 1, ADD 1 TO SP4_YCOUNT

IF SP4E = 1, ADD 1 TO SP4_YCOUNT

SP5 [IF SP4_YCOUNT > 0] Again thinking of the time in your life when you had the most intense reactions to [SP3_FILL] situations, how often would you get very upset when you were in these situations?

- 1 Almost always
- 2 Most of the time
- 3 Only some of the time

DK/REF

SP5a [IF SP4_YCOUNT > 0] How often were you much more afraid than most other people would have been in the same situation?

- 1 Almost always
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

DK/REF

SP6 [IF SP5 = 1 OR 2 OR DK OR REF] During that time in your life, how often did you try to avoid [SP3_FILL] situations?

- 1 Whenever you could
- 2 Most of the time
- 3 Only some of the time
- 4 Never
- DK/REF

SP7 [IF SP5 = 1 OR 2 OR DK OR REF] How much did your fears or avoidance of these situations ever interfere with your work, school, or personal life?

- 1 Extremely
- 2 A lot
- 3 Some
- 4 A little
- 5 Not at all
- DK/REF

DEFINE SP8_FILL

IF SP1_YCOUNT > 0 AND SP2_YCOUNT = 0, THEN SP8_FILL = extremely shy in social

IF SP1_YCOUNT = 0 AND SP2_YCOUNT > 0, THEN SP8_FILL = very uncomfortable in performance

IF SP1_YCOUNT > 0 AND SP2_YCOUNT > 0, THEN SP8_FILL = extremely shy or very uncomfortable in social or performance

SP8 [IF SP5 = 1 OR 2 OR DK OR REF] About how old were you when you first started being [SP8_FILL] situations?

Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE SP8_YRAGEDIFF

IF SP8 NE DK/REF, THEN SP8_YRAGEDIFF = (CURNTAGE) – SP8

IF SP8 = DK/REF, THEN SP8_YRAGEDIFF = DK/REF

SP9 [IF SP8_YRAGEDIFF = 1] Did it start in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
- 2 More than 12 months ago
- DK/REF

SP10 [IF SP8_YRAGEDIFF >1 OR SP8 = DK/REF] During about how many years in your life did you have these reactions?

Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

SP 10B [IF SP10 = 1]

During about how many months in that year would you have gotten very upset if you were in a situation where you might be unable to escape or get help? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF MONTHS [RANGE: 1–12]
DK/REF

DEFINE SP11_FILL

IF SP1_YCOUNT > 0 AND SP2_YCOUNT = 0 THEN SP11_FILL = social

IF SP1_YCOUNT = 0 AND SP2_YCOUNT > 0 THEN SP11_FILL = performance

IF SP1_YCOUNT > 0 AND SP2_YCOUNT > 0 THEN SP11_FILL = social or performance

SP11 [IF SP5 = 1 OR 2 OR DK OR REF] About how many months in the **past 12 months** would you have had these reactions if you were put in a [SP11_FILL] situation?

Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF MONTHS [RANGE: 0–12]
DK/REF

SP12 [IF SP11 > 0 AND SP11 < 12] How **recently** would you have had these reactions -- in the past 30 days or more than 30 days ago?

- 1 In the past 30 days
 - 2 More than 30 days ago
- DK/REF

SP13 [(IF SP11 = 0 OR DK/REF) AND ((SP8_YRAGEDIFF > 1 YEAR) OR (SP8 = DK/REF))]
About how old were you the **most recent time** you would have had these reactions?

Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

END TIME STAMP

11. Agoraphobia

BEGIN TIME STAMP

AG1 [IF SC5 = 1] Earlier, you reported that you felt so frightened of going out of the house alone, being in a crowd, standing in lines, going over bridges, or travelling by bus, train, or car that it got in the way of you having a normal life.

People sometimes fear situations in which escape might be difficult or help might not be available if they need it. Have you ever had a fear of this sort related to any of the following situations?

	Yes	No
AG1a Standing in line or being in a crowd	1	2
AG1b Being outside of your home alone	1	2
AG1c Being in enclosed public spaces like a mall or movie theater	1	2
AG1d Being in open spaces like a park, on a bridge, or in a parking lot	1	2
AG1e Riding in a car, bus, airplane, or train	1	2

DK/REF

DEFINE AGPHOBIA

IF AT LEAST 2 ITEMS IN AG1a – AG1e = 1 THEN AGPHOBIA = 1
ELSE AGPHOBIA = 2

AG2 [IF AGPHOBIA = 1] What did you fear most about these situations?

	Yes	No
AG2a That you might be trapped and unable to escape	1	2
AG2b That you might have a panic attack and not be able to get help or escape	1	2
AG2c That you might need to go to the bathroom and end up wetting your pants	1	2
AG2d That you might have a health problem and be unable to get help	1	2
AG2e Something else	1	2

DK/REF

AG3 [IF AGPHOBIA = 1] Think of the time in your life when this fear of being unable to escape or get help was most severe. How fearful, upset, or anxious would you get when you were in that phobia situation?

- 1 Extremely
- 2 Very
- 3 Somewhat
- 4 Only a little

DK/REF

AG4 [IF AG3 = 1 OR 2] How **often** would you get very upset when you were in a situation where you might be unable to escape or get help?

- 1 Almost always
- 2 Most of the time
- 3 Only some of the time
- DK/REF

AG5 [IF AG4 = 1] How often were you much more afraid than most other people would have been in the same situation?

- 1 Almost always
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- DK/REF

AG6 [IF AG4 = 1] During the time in your life when this fear was most severe, how often did you try to avoid these kinds of situations?

- 1 Whenever you could
- 2 Most of the time
- 3 Only some of the time
- DK/REF

AG7 [IF AG4 = 1] How much did this fear of being unable to escape or get help ever interfere with your work, school, or personal life?

- 1 Extremely
- 2 A lot
- 3 Some
- 4 A little
- 5 Not at all
- DK/REF

AG8 [IF AG4 = 1] About how old were you when this fear started? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

AG9 [IF AG8 = CURNTAGE – 1] Did it start in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
- 2 More than 12 months ago

DK/REF

AG10 [IF AG4 = 1 AND AG8 NE CURNTAGE AND AG8 NE CURNTAGE – 1] During about how many years in your life did you have this fear? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

AG10b [IF AG10 = 1] About how many months in that year would you have gotten very upset if you were in a situation where you might be unable to escape or get help? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF MONTHS [RANGE: 1–12]
DK/REF

AG11 [IF AG4 = 1] About how many months in the **past 12 months** would you have gotten very upset if you were in a situation where you might be unable to escape or get help? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF MONTHS [RANGE: 0–12]
DK/REF

AG12 [IF AG11 = 1–11 OR AG11 = DK OR REF] How **recently** would you have had that reaction?

1 In the past 30 days
2 More than 30 days ago
DK/REF

AG13 [IF (CURNTAGE – AG8 > 1) AND (AG11 = 0 OR (AG11 = DK OR REF AND AG12 = 2))] About how old were you the **most recent time** that you would have become **very** upset if you were in that kind of situation? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

END TIME STAMP

12. Panic Disorder

BEGIN TIME STAMP

L2 [IF SC3 = 1] The next question is about panic attacks, also sometimes called anxiety attacks. Panic attacks sometimes happen “out of the blue” or for no apparent reason and other times they occur in situations where a person has a strong fear, such as a fear of snakes or of heights, or is in real danger, such as in a car accident.

Earlier, you reported having at least one panic or anxiety attack. When have your attacks occurred?

- 1 All of your attacks occurred “out of the blue”
 - 2 Some of your attacks occurred “out of the blue” and others in situations where you had a strong fear or were in real danger
 - 3 All of your attacks occurred in situations where you had a strong fear or were in real danger
- DK/REF

L2_DK [IF L2 = DK] What is your best guess of when your attacks occurred?

- 1 All of your attacks occurred “out of the blue”
 - 2 Some of your attacks occurred “out of the blue” and others in situations where you had a strong fear or were in real danger
 - 3 All of your attacks occurred in situations where you had a strong fear or were in real danger
- DK/REF

L2_REF [IF L2 = REF] The answers that people give us about their panic or anxiety attacks are important to this study’s success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: When have your attacks occurred?

- 1 All of your attacks occurred “out of the blue”
 - 2 Some of your attacks occurred “out of the blue” and others in situations where you had a strong fear or were in real danger
 - 3 All of your attacks occurred in situations where you had a strong fear or were in real danger
- DK/REF

DEFINE L3_FILL

IF L2 = 2 OR L2_DK = 2 OR L2_REF = 2 THEN L3_FILL = that happened out of the blue
ELSE L2_FILL IS BLANK.

L3 [IF (L2 = 1 OR L2 = 2) OR (L2_DK = 1 OR L2_DK = 2) OR (L2_REF = 1 OR L2_REF = 2)]
How many of your attacks [L3_FILL] occurred when you were under the influence of alcohol
or drugs?

- 1 All
 - 2 Most
 - 3 Some
 - 4 None
- DK/REF

L3_DK [IF L3 = DK] What is your best guess of how many of your attacks [L3_FILL]
occurred when you were under the influence of alcohol or drugs?

- 1 All
 - 2 Most
 - 3 Some
 - 4 None
- DK/REF

L3_REF [IF L3 = REF] The answers that people give us about their panic or anxiety attacks are
important to this study's success. We know that this information is personal, but
remember your answers will be kept confidential.

Please think again about answering this question: How many of your attacks
[L3_FILL] occurred when you were under the influence of alcohol or drugs?

- 1 All
 - 2 Most
 - 3 Some
 - 4 None
- DK/REF

L4 [IF ((L2 = 1 OR L2 = 2) OR (L2_DK = 1 OR L2_DK = 2) OR (L2_REF = 1 OR L2_REF = 2))
AND ((L3 = 2 OR 3 OR 4) OR (L3_DK = 2 OR 3 OR 4) OR (L3_REF = 2 OR 3 OR 4))] How
many of your attacks [L3_FILL] started when you were asleep and woke you up from your
sleep?

- 1 All
 - 2 Most
 - 3 Some
 - 4 None
- DK/REF

L4_DK [IF L4 = DK] What is your best guess of how many of your attacks [L3_FILL] started when you were asleep and woke you up from your sleep?
 1 All
 2 Most
 3 Some
 4 None
 DK/REF

L4_REF [IF L4 = REF] The answers that people give us about their panic or anxiety attacks are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: How many of your attacks [L3_FILL] started when you were asleep and woke you up from your sleep?

1 All
 2 Most
 3 Some
 4 None
 DK/REF

DEFINE L5_ASK

IF ((L2 = 1 OR L2 = 2) OR (L2_DK = 1 OR L2_DK = 2) OR (L2_REF = 1 OR L2_REF = 2)) AND ((L3 = 2 OR 3 OR 4) OR (L3_DK = 2 OR 3 OR 4) OR (L3_REF = 2 OR 3 OR 4)) AND (L4 = 1 OR 2 OR 3 OR 4) OR (L4_DK = 1 OR 2 OR 3 OR 4) OR (L4_REF = 1 OR 2 OR 3 OR 4)), SET L5_ASK=1
 ELSE, SET L5_ASK=0.

L5 [IF L5_ASK=1] What is your best estimate of the total number of panic attacks [L3_FILL] you have ever had in your life? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF ATTACKS [RANGE: 0-9,999]
 DK/REF

DEFINE L6_FILL

IF L5 = 1 THEN L6_FILL = that attack, did you
 IF L5 NE 1 THEN L6_FILL = those attacks, did you usually

L6 [IF L5 > 0] When you had [L6_FILL] have reactions like...

	Yes	No
L6a a pounding or racing heart?	1	2
L6b sweating?	1	2

	Yes	No
L6c trembling or shaking?	1	2
L6d shortness of breath?	1	2
L6e feelings of choking?	1	2
L6f chest pain or discomfort?	1	2
L6g feeling like you might throw up?	1	2
L6h feeling dizzy or faint?	1	2
L6i chills or heat sensations?	1	2
L6j numbness or tingling?	1	2
L6k fear of losing control or going crazy?	1	2
L6l fear of dying?	1	2
L6m feeling like things around you were unreal or like a dream?	1	2
L6n feeling like you were “not really there,” like you were watching a movie of yourself?	1	2

DK/REF

DEFINE L6_COUNT

SET L6_COUNT = 0

IF L6a = 1, ADD 1 TO L6_COUNT
IF L6b = 1, ADD 1 TO L6_COUNT
IF L6c = 1, ADD 1 TO L6_COUNT
IF L6d = 1, ADD 1 TO L6_COUNT
IF L6e = 1, ADD 1 TO L6_COUNT
IF L6f = 1, ADD 1 TO L6_COUNT
IF L6g = 1, ADD 1 TO L6_COUNT
IF L6h = 1, ADD 1 TO L6_COUNT
IF L6i = 1, ADD 1 TO L6_COUNT
IF L6j = 1, ADD 1 TO L6_COUNT
IF L6k = 1, ADD 1 TO L6_COUNT
IF L6l = 1, ADD 1 TO L6_COUNT
IF L6m = 1, ADD 1 TO L6_COUNT
IF L6n = 1, ADD 1 TO L6_COUNT

DEFINE L7_FILL

IF L5 = 1 THEN L7_FILL = this attack
IF L5 NE 1 THEN L7_FILL = one of these attacks

L7 [IF L6_COUNT ≥ 4] After having [L7_FILL], have you ever had a time lasting one month or longer when...

	Yes	No
L7a you often worried that you might have another attack or that something terrible might happen because of the attacks, like an accident, heart attack, or losing control?	1	2
L7b you changed your everyday activities because of fear about having another attack?	1	2

DK/REF

DEFINE L8_FILL

IF L5 = 1 THEN L8_FILL = when you had that panic or anxiety attack

IF L5 NE 1 THEN L8_FILL = the very first time you had a panic or anxiety attack

DEFINE BLUE_FILL

IF L2 = 2 OR L2_DK = 2 OR L2_REF = 2 THEN BLUE_FILL = that happened out of the blue

ELSE BLUE_FILL IS BLANK

L8 [IF L6_COUNT ≥ 4 AND (IF L5 > 0 OR L5 = DK/REF)] About how old were you [L8_FILL] [BLUE_FILL]? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]

DK/REF

DEFINE L9_CKPT:

IF CURNTAGE – L8 = 1, L9_CKPT = 1

IF CURNTAGE = L8, L9_CKPT = 2

IF CURNTAGE – L8 > 1, L9_CKPT = 3

L9 [IF L9_CKPT = 1] Was that in the past 12 months or more than 12 months ago?

1 In the past 12 months

2 More than 12 months ago

DK/REF

L10 [IF L9_CKPT = 2 OR (L5 = 1 & L9 = 1)] Was it in the past 30 days or more than 30 days ago?

1 In the past 30 days

2 More than 30 days ago

DK/REF

L11 [IF (IF L6_COUNT ≥ 4) AND ((L9_CKPT = 3 AND L5 NE 1) OR (L9_CKPT = 3 AND L5 > 2))] About how many years in your life did you have at least one panic attack [BLUE_FILL]? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]

DK/REF

L12 [IF L6_COUNT ≥ 4 AND L5 > 1 AND L9_CKPT < 3] About how many months in the **past 12 months** did you have at least one panic attack [BLUE_FILL]?

_____ NUMBER OF MONTHS [RANGE: 0–12]
DK/REF

L13 [IF L12 = 0] About how old were you the **most recent time** you had an attack of that sort? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

L14 [IF L12 NE 0 OR L12 = DK/REF] About how many days out of **the past 30 days** did you have a panic attack?

_____ NUMBER OF DAYS [RANGE: 0–30]
DK/REF

END TIME STAMP

13. Eating Disorders

BEGIN TIME STAMP

EA2 [IF SC6 = 1 AND SC6a = 1] The next questions are about your body, including your height and weight.

What was the lowest body weight you ever purposefully had after the age of 12?

_____ WEIGHT (POUNDS)
DK/REF

EA3FT [IFSC6 = 1 AND SC6a = 1] How tall were you at that time? First, please type in the number of **feet**, then press [ENTER].

_____ FEET [RANGE: 2–8]
DK/REF

EA3IN [IFSC6 = 1 AND SC6a = 1] Please type in the number of **inches** and then press [ENTER].

_____ INCH(ES) [RANGE: 0–11]
DK/REF

DEFINE MINWGTFE

IF QD01 = 9 AND EA3FT < 4 AND EA2 < 111, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT = 4 AND EA3IN ≤ 10 AND EA2 < 111, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT = 4 AND EA3IN = 11 AND EA2 < 114, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT = 5 AND EA3IN = 0 AND EA2 < 116, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT = 5 AND EA3IN = 1 AND EA2 < 119, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT = 5 AND EA3IN = 2 AND EA2 < 122, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT = 5 AND EA3IN = 3 AND EA2 < 125, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT = 5 AND EA3IN = 4 AND EA2 < 128, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT = 5 AND EA3IN = 5 AND EA2 < 132, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT = 5 AND EA3IN = 6 AND EA2 < 135, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT = 5 AND EA3IN = 7 AND EA2 < 139, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT = 5 AND EA3IN = 8 AND EA2 < 142, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT = 5 AND EA3IN = 9 AND EA2 < 145, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT = 5 AND EA3IN = 10 AND EA2 < 147, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT = 5 AND EA3IN = 11 AND EA2 < 150, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT ≥ 6 AND EA2 < 152, THEN MINWGTFE = 1
ALL ELSE, MINWGTFE = 2

DEFINE MINWGTFMA

IF QD01 = 5 AND EA3FT < 5 AND EA2 < 128, THEN MINWGTFE = 1
IF QD01 = 5 AND EA3FT = 5 AND EA3IN ≤ 2 AND EA2 < 128, THEN MINWGTFE = 1
IF QD01 = 5 AND EA3FT = 5 AND EA3IN = 3 AND EA2 < 130, THEN MINWGTFMA = 1

IF QD01 = 5 AND EA3FT = 5 AND EA3IN = 4 AND EA2 < 133, THEN MINWGTMA = 1
 IF QD01 = 5 AND EA3FT = 5 AND EA3IN = 5 AND EA2 < 136, THEN MINWGTMA = 1
 IF QD01 = 5 AND EA3FT = 5 AND EA3IN = 6 AND EA2 < 139, THEN MINWGTMA = 1
 IF QD01 = 5 AND EA3FT = 5 AND EA3IN = 7 AND EA2 < 143, THEN MINWGTMA = 1
 IF QD01 = 5 AND EA3FT = 5 AND EA3IN = 8 AND EA2 < 146, THEN MINWGTMA = 1
 IF QD01 = 5 AND EA3FT = 5 AND EA3IN = 9 AND EA2 < 150, THEN MINWGTMA = 1
 IF QD01 = 5 AND EA3FT = 5 AND EA3IN = 10 AND EA2 < 153, THEN MINWGTMA = 1
 IF QD01 = 5 AND EA3FT = 5 AND EA3IN = 11 AND EA2 < 156, THEN MINWGTMA = 1
 IF QD01 = 5 AND EA3FT = 6 AND EA3IN = 0 AND EA2 < 160, THEN MINWGTMA = 1
 IF QD01 = 5 AND EA3FT = 6 AND EA3IN = 1 AND EA2 < 163, THEN MINWGTMA = 1
 IF QD01 = 5 AND EA3FT = 6 AND EA3IN = 2 AND EA2 < 167, THEN MINWGTMA = 1
 IF QD01 = 5 AND EA3FT = 6 AND EA3IN = 3 AND EA2 < 172, THEN MINWGTMA = 1
 IF QD01 = 5 AND EA3FT = 6 AND EA3IN ≥ 4 AND EA2 < 176, THEN MINWGTMA = 1
 IF QD01 = 5 AND EA3FT > 6 AND EA2 < 176, THEN MINWGTMA = 1
 ALL ELSE, MINWGTMA = 2

EA6 [IF MINWGTFE OR MINWGTMA = 1] At the time you weighed [EA2] pounds were you very afraid that you might gain weight?

- 1 Yes
- 2 No
- DK/REF

EA7 [IF EA6 = 1] Did you do things to keep your weight low, such as dieting or exercising?

- 1 Yes
- 2 No
- DK/REF

	Yes	No
EA10 [IF EA7 = 1] Did you feel like you were heavier than you should have been or heavier than you wanted to be?	1	2
EA10b [IF EA7 = 1] Did you think that some parts of your body were too fat?	1	2
EA10c [IF EA7 = 1] Did you feel like your self-esteem or confidence depended on your ability to stay thin or to lose even more weight?	1	2
EA10d [IF EA7 = 1] Did anyone tell you that your low weight was bad for your health?	1	2

DK/REF

EA16b[IF SC7 = 1] Earlier you reported you have had a time in your life when you went on eating binges, where you ate a large amount of food during a short period of time. During times when you ate an unusually large amount of food, did you experience a loss of control or feel like you couldn't stop eating or control how much you were eating?

- 1 Yes
 2 No
 DK/REF

	Yes	No
EA17a [IF SC7 = 1 AND EA16b = 1] During the binges, did you usually eat much more quickly than usual?	1	2
EA17b [IF SC7 = 1 AND EA16b = 1] Did you usually eat until you felt uncomfortably full?	1	2
EA17c [IF SC7 = 1 AND EA16b = 1] Did you usually continue to eat even when you didn't feel hungry?	1	2
EA17d [IF E SC7 = 1 AND EA16b = 1] Did you usually eat alone because you were embarrassed by how much you ate?	1	2
EA17e [IF SC7 = 1 AND EA16b = 1] Did you feel guilty, very upset with yourself, or depressed after you binged?	1	2

DK/REF

DEFINE BINGE

IF SUM (EA17a = 1, EA17b = 1, EA17c = 1, EA17d = 1, EA17e = 1) \geq 3, THEN BINGE = 1
 ALL ELSE, THEN BINGE = 2

	Yes	No
EA17f [IF BINGE = 1] During episodes of binge eating, were you very afraid that you would gain weight?	1	2
EA17g [IF BINGE = 1] Did you feel like your self-esteem and confidence depended on your weight or body shape?	1	2
EA17h [IF BINGE = 1] Did you worry about the long-term effects of bingeing on your health, on your weight, or on your body shape?	1	2
EA17i [IF BINGE = 1] Did you often get upset both during and after the binges that your eating was out of your control?	1	2

DK/REF

EA23 [IF SC7 = 1 AND EA16b = 1] Have you ever done any of the following things regularly or after binges in order to control your weight?

	Yes	No
EA23a Did you fast by not eating at all or only taking liquids for 8 hours or longer?	1	2
EA23b [IF SC7 = 1 AND EA16b = 1] Did you take water pills, diuretics, or weight control medicines?	1	2
EA23c [IF SC7 = 1 AND EA16b = 1] Did you make yourself vomit?	1	2
EA23d [IF SC7 = 1 AND EA16b = 1] Did you take laxatives or enemas?	1	2
EA23e [IF SC7 = 1 AND EA16b = 1] Did you exercise excessively ?	1	2
EA23f [IF SC7 = 1 AND EA16b = 1] Did you chew and then spit out your food?	1	2

DK/REF

BULIMIA KEY PHRASES

IF EA23a = 1: “fasted”

IF EA23b = 1: “took water pills, diuretics or weight control medicines”

IF EA23c = 1: “made yourself vomit”

IF EA23d = 1: “took laxatives or enemas”

IF EA23e = 1: “exercised excessively”

IF EA23f = 1: “chewed and then spit out your food”

DEFINE EA25FIL1

IF ONE YES IN EA23 SERIES, THEN EA25FIL1 = BULIMIA KEY PHRASE

IF TWO YESES IN EA23 SERIES, THEN EA25FIL1 = FIRST BULIMA KEY PHRASE, “and”, THEN SECOND BULIMA KEY PHRASE

IF THREE OR MORE YESES IN EA23 SERIES, THEN EA25FIL1 = BULLETED LIST OF BULIMA KEY PHRASES

DEFINE EA25FIL2

IF ONE YES IN EA23 SERIES, THEN EA25FIL2 = “this”

IF TWO YESES IN EA23 SERIES, THEN EA25FIL2 = “either of these things”

IF THREE OR MORE YESES IN EA23 SERIES, THEN EA25FIL2 = “any of these things”

EA25_BUL [IF (EA23a OR EA23b OR EA23c OR EA23d OR EA23e OR EA23f) = 1] You [EA25FILL1]. Have you ever had episodes of binge eating and done [EA25FIL2] at least **once a week for 3 months or longer?**

1 Yes

2 No

DK/REF

EA25_BIN [IF BINGE=1 AND EA25_BUL=(2 OR DK OR REF OR MISSING)] Have you ever had episodes of binge eating at least **once a week for 3 months or longer?**

1 Yes

2 No

DK/REF

ED3 [IF (EA25_BUL = 1) OR (EA25_BIN = 1)] How old were you the very first time you had you had an episode of eating like this for 3 months or longer? Your best estimate is fine if you cannot remember your exact number.

_____ YEARS OLD [RANGE: 0–CURNTAGE]

DK/REF

ED3a [IF ED3 = (CURNTAGE – 1)] Did it start in the past 12 months or more than 12 months ago?

1 In the past 12 months

2 More than 12 months ago
DK/REF

ED4 [IF ED3 < (CURNTAGE-1) OR ED3 = DK/REF] During about how many years in your life did you have episodes of eating like that lasting 3 months or longer? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1-CURNTAGE]
DK/REF

ED5 [IF (EA25_BUL = 1) OR (EA25_BIN = 1)] How long was the longest episode you ever had? Your best estimate is fine if you cannot remember the exact number.

1 3–4 months
2 5–6 months
3 7–8 months
4 9–10 months
5 11–12 months
6 13–24 months
7 25 or more months
DK/REF

ED6 [IF (EA25_BUL = 1) OR (EA25_BIN = 1)] How much did these episodes ever interfere with your school, work, or personal life?

1 Extremely
2 A lot
3 Some
4 A little
5 Not at all
DK/REF

ED7 [IF ((EA25_BUL = 1) OR (EA25_BIN = 1)) AND ED4 NE 1] In the past 12 months, how many of these episodes, lasting 3 months or longer, did you have? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF EPISODES [RANGE: 0–4]
DK/REF

ED8 [IF ED7 NE 0 OR DK OR REF AND ED3 NE CURNTAGE] About how old were you the **most recent time** you had one of these episodes for 3 months or longer? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

END TIME STAMP

14. Intermittent Explosive Disorder

BEGIN TIME STAMP

K1 [IF SC8 = 1 OR SC8a = 1 OR SC8b = 1] Next, we'll ask about anger attacks. About how many times **in your entire life** did you have an anger attack when all of a sudden you lost control and either yelled a lot about things, had heated arguments, or threatened people? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF ATTACKS [RANGE: 0–9,900]
DK/REF

DEFINE K2_FILL

IF K1 = 1 THEN K2_FILL = when you had that anger attack

IF K1 > 1 THEN K2_FILL = the very first time you had one of these anger attacks

K2 [IF K1 ≥ 1 AND (K1 NE (DK OR REF))] About how old were you [K2_FILL]? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

K3 [IF (K2 = CURNTAGE – 1)] Was that in the past 12 months or more than 12 months ago?

1 In the past 12 months
2 More than 12 months ago
DK/REF

K4 [(K1 = 1 AND (K2 = CURNTAGE OR K3 = 1))] Was it in the past 30 days or more than 30 days ago?

1 In the past 30 days
2 More than 30 days ago
DK/REF

K5 [K1 ≥ 20] Have you ever in your life had **3 or more months** in a row when you had at least two anger attacks **each week**?

1 Yes
2 No
DK/REF

K6 [IF (K5 = 1) AND (K2 NE CURNTAGE – 1) AND (K2 NE CURNTAGE))] About how old were you the **very first time** you had 3 months in a row when you had two or more anger attacks each week? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

K7 [IF K5 = 1 AND (K6 = CURNTAGE – 1) OR ((K2 = CURNTAGE – 1) AND (K3 NE 1))] Did that time start in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

K8 [IF K5=1 AND (K2 NE CURNTAGE) AND ((K2 = CURNTAGE-1) AND (K3 NE 1)) AND (K6 NE CURNTAGE) AND (K7 = 2)] During about how many years in your life did you have 3 months in a row when you had two or more anger attacks each week? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

K9 [IF K5 = 1] During about how many months in the **past 12 months** did you have two or more anger attacks each week? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF MONTHS [RANGE: 0–12]
DK/REF

K10 [K5 = 1 AND (K9 = 0 OR DK OR REF) AND (CURNTAGE – K6 NE 1) AND (K6 NE CURNTAGE)] About how old were you the **most recent time** you had two or more anger attacks each week for a **month or longer**? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

K11 [IF (K1 > 1 AND (K1 NE DK OR REF)) OR (K1 = 1 AND (K2 = CURNTAGE OR K2 = CURNTAGE – 1)) AND ((K3 = 1) AND (K4 = MISSING) AND (K9 = 1-12))] About how many days in the **past 30 days** did you have an anger attack? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF DAYS [RANGE: 0–30]
DK/REF

K12 [IF SC8 = 1 OR SC8a = 1 OR SC8b = 1] The next question is about a different kind of anger attack: one when all of a sudden you lose control and either physically hurt someone, injure an animal, or break something worth more than a few dollars. About how many times **in your entire life** did you have an anger attack like that? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF ATTACKS [RANGE: 0–9,990]
DK/REF

DEFINE K13_FILL

IF K12 = 1 THEN K13_FILL = when you had that anger attack

IF K12 > 1 THEN K13_FILL = the very first time you had one of these anger attacks

K13 [K12 ≥ 1 AND (K12 NE (DK OR REF))] About how old were you [K13_FILL]? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

K14 [IF K13 = CURNTAGE – 1] Was that in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

K15 [(K12 = 1 AND (K13 = CURNTAGE OR K14 = 1))] Was it in the past 30 days or more than 30 days ago?

- 1 In the past 30 days
 - 2 More than 30 days ago
- DK/REF

K16 [K12 ≥ 3 AND (K12 NE DK OR REF)] Have you **ever in your life** had three or more anger attacks of this sort in a single year?

- 1 Yes
 - 2 No
- DK/REF

K17 [IF (K16 = 1) AND ((K13 NE CURNTAGE-1) AND (K13 NE CURNTAGE)] About how old were you the **very first time** you had three or more anger attacks of that sort in a single year? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

K18 [IF K16 = 1 AND ((CURNTAGE – K17 = 1) OR (K14 NE 1))] Did that time start in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
- 2 More than 12 months ago

DK/REF

K19 [IF K16 = 1 AND (K13 NE CURNTAGE) AND (K14 NE 1) AND (K17 NE CURNTAGE) AND (K18 = MISSING)] About how many years in your life did you have three or more anger attacks of that sort in a single year? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

K20 [IF (K12 > 2 AND (K12 NE DK OR REF)) OR (K12 = 1 AND (K13 = CURNTAGE OR (K13 = CURTAGE – 1 AND (K14 NE 2 OR DK OR REF))))] During about how many months in the **past 12 months** did you have an anger attack of that sort? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF MONTHS [RANGE: 0–12]
DK/REF

K21 [(K12 > 2 AND (K12 NE DK OR REF)) AND (K20 = 0 OR DK OR REF) AND (K13 NE CURNTAGE-1) AND (K13 NE CURNTAGE) AND (K17 NE CURNTAGE-1) AND (K17 NE CURNTAGE)] About how old were you the **most recent time** you had an anger attack of that sort? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

K22 [IF (K12 > 1 OR (K12 = 1 AND (K13 = CURNTAGE OR K13 = CURTAGE-1) AND (K14 NE 2 OR DK OR REF)) AND (K15 = MISSING)) AND K20 ≥ 1] About how many days out of the **past 30** did you have an anger attack of that sort?

_____ NUMBER OF DAYS [RANGE: 0–30]
DK/REF

K23 [IF (K1 = 20 OR MORE) OR (K12 = 3 OR MORE)] When you have anger attacks, do you usually...

	Yes	No
K23a get a lot more angry than most people would in the same situation?	1	2
K23b feel very sorry or bad about it afterward?	1	2

DK/REF

K24 [IF K23a AND K23b NE BLANK] How much did your anger attacks ever get you into trouble or interfere with your work or personal life?

- 1 Extremely
- 2 A lot

- 3 Some
 - 4 A little
 - 5 Not at all
- DK/REF

K25 [IF K23a AND K23b NE BLANK] How many of your anger attacks occurred when you had been drinking, using drugs, or taking medications that caused you to be impulsive, or when you were having other mental health problems?

- 1 All
 - 2 Most
 - 3 Some
 - 4 None
- DK/REF

K26 [(K1 GTE 150 AND K5 = 1) OR (K12 GTE 150 AND K16 = 1)] Have you ever in your life had a **full year or longer** when you had 3 or more anger attacks just about every week in which you either yelled a lot, had heated arguments, threatened people, broke things, or physically hurt a person or animal?

- 1 Yes
 - 2 No
- DK/REF

K27 [IF K26 = 1] Think of the one year in your life when these anger attacks were more persistent. During that year, how often were you irritable or angry in the time between the anger attacks?

- 1 All or almost all the time
 - 2 Most of the time
 - 3 Some of the time
 - 4 A little of the time
- None of the time
- DK/REF

K28 [IF K27 = 1 OR 2] During the years you had these persistent anger attacks along with persistent irritability or anger, where did your anger attacks occur?

	Yes	No
K28a. At home	1	2
K28b At work or school	1	2
K28c With peers	1	2
K28d In the community	1	2

DK/REF

K29 [IF AT LEAST 2 ITEMS IN K28a–K28d = 1] About how old were you the **very first time** you had a year of these persistent anger attacks along with persistent irritability or anger? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

K30 [IF K29 NE BLANK OR R’S CURRENT AGE] About how many years of that sort did you have in your life? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

K31 [IF K29 NE BLANK OR R’S CURRENT AGE] About how old were you the **most recent time** you had a year of that sort? If you are currently having a year of that sort, enter your current age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

END TIME STAMP

15. Suicidality

BEGIN TIME STAMP

SD15 The next few questions are about thoughts of hurting yourself. At the end of this interview, you will receive a hotline number you can call if you ever feel you need to talk to someone about mental health issues.

Have you **ever** seriously thought about killing yourself?

- 1 Yes
- 2 No
- DK/REF

SD15a [IF SD15 = 1] How old were you the **first** time this happened?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

SD16 [IF SD15 = 1] Have you seriously thought about killing yourself at any time in the past 12 months?

- 1 Yes
- 2 No
- DK/REF

SD16a [IF SD16 = 2 OR DK OR REF] How old were you the **last** time this experience happened to you?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

SD17 [IF SD15 = 1] Have you ever made a **plan** for killing yourself?

- 1 Yes
- 2 No
- DK/REF

SD17a [IF SD17 = 1] How old were you the **first** time this happened?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

SD18 [IF SD17 = 1] Did you make a plan for killing yourself at any time in the past 12 months?

- 1 Yes

2 No
DK/REF

SD18a [IF SD18 = 2 OR DK OR REF] How old were you the **last** time this experience happened to you?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

SD19 [IF SD15 = 1] Have you ever tried to kill yourself?

1 Yes
2 No
DK/REF

SD19a [IF SD19 = 1] How many times have you tried to kill yourself in your lifetime?

_____ NUMBER OF TIMES [RANGE: 1-500]
DK/REF

SD21 [IF SD19a NE 1] How old were you the **first time**?

_____ YEARS OLD [RANGE: 1 – CURNTAGE]
DK/REF

SD22 [IF SD19a NE 1] Which of the three statements below best describes your situation when you tried to kill yourself the **first** time?

1 You made a serious attempt to kill yourself and it was only luck that you did not succeed.
2 You tried to kill yourself but knew that the method was not foolproof.
3 Your attempt was a cry for help, that is, you did not intend to die.
DK/REF

SD23 [IF SD19 = 1] Have you attempted suicide in the past 12 months?

1 Yes
2 No
DK/REF

DEFINE ATTEMPT_FILL

IF SD19a = 1 THEN ATTEMPT_FILL = when

IF SD19a NE 1 THEN ATTEMPT_FILL = the last time

SD23a [IF SD23 = 2 OR DK OR REF] How old were you [ATTEMPT_FILL] you tried to kill yourself?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

SD24 [IF SD23 = 1] Did it result in an injury or poisoning?

- 1 Yes
- 2 No
- DK/REF

SD25 [IF SD24 = 1] Did it require medical attention?

- 1 Yes
- 2 No
- DK/REF

SD26 [IF SD25 = 1] Did it require overnight hospitalization?

- 1 Yes
- 2 No
- DK/REF

SD27 [IF SD19 = 1] Which of the three statements below best describes your situation when you tried to kill yourself the **last** time?

- 1 You made a serious attempt to kill yourself and it was only luck that you did not succeed.
- 2 You tried to kill yourself but knew that the method was not foolproof.
- 3 Your attempt was a cry for help, that is, you did not intend to die.
- DK/REF

DEFINE ATTEMPT_FILL2

IF SD19a = 1 THEN ATTEMPT_FILL = when

IF SD19a NE 1 THEN ATTEMPT_FILL = the last time

SD29 [IF SD23 = 1] Which method did you use [ATTEMPT_FILL2] you tried to kill yourself?

- 1 Gun
- 2 Razor, knife, or other sharp instrument
- 3 Overdose of prescription medications
- 4 Overdose of over-the-counter medications
- 5 Overdose of other drugs, for example, heroin, crack, or alcohol
- 6 Poison, for example, carbon monoxide or rat poison
- 7 Hanging, strangulation, or suffocation

- 8 Drowning
- 9 Jumping from high places
- 10 Motor vehicle crash
- 11 Other
- DK/REF

SD29OTH [IF SD29 = 11] Please provide the method you used [ATTEMPT_FILL2] you tried to kill yourself.

_____ [ALLOW 60 CHARACTERS]
DK/REF

SD30 Have you ever done something to hurt yourself on purpose, but **without** wanting to die, such as cutting yourself, hitting yourself, or burning yourself?

- 1 Yes
- 2 No
- DK/REF

SD30a [IF SD30 = 1] How old were you the **first** time this happened?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

SD31 [IF SD30 = 1 AND SD30a NE CURNTAGE] Have you done something to hurt yourself on purpose, but **without** wanting to die, at any time in the past 12 months?

- 1 Yes
- 2 No
- DK/REF

SD31a [IF SD31 = 2 OR DK OR REF] How old were you the **last** time you hurt yourself on purpose, but **without** wanting to die?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

END TIME STAMP

16a. Unusual Experiences

BEGIN TIME STAMP

PE1 The next questions are about unusual experiences, like seeing visions or hearing voices. As you answer these questions, please **do not** include times you had these experiences when you were feverish, dreaming, half asleep, or under the influence of alcohol or drugs. With these exclusions in mind, have you ever in your life had any of the following experiences?

	Yes	No
PE1a Have you ever seen a vision, that is, something other people who were there could not see? We don't mean having good eyesight, but rather seeing things that other people said were not there, like seeing a face, or people, or strange objects.	1	2
PE1b Have you ever heard voices that other people could not hear? We 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.	1	2
PE1c Have you ever believed that some mysterious force was inserting strange thoughts -- that were definitely not your own thoughts -- directly into your head by means of x-rays or laser beams or other methods?	1	2
PE1d Have you ever believed that your thoughts were being stolen out of your mind by some strange force?	1	2
PE1e Have you ever thought your mind was being taken over by strange forces with laser beams or other methods that were making you do things you did not choose to do?	1	2
PE1f Have you ever thought 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, such as through the radio or television?	1	2
PE1g Have you ever believed there was a plot going on to harm you or have people follow you that your family and friends did not believe was true?	1	2

DK/REF

PE2 [IF PE1a = 1] How old were you the very first time you saw a vision? Remember to report only times you were **not** having a fever, **not** dreaming, **not** half asleep, and **not** under the influence of alcohol or drugs. Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

PE2a [IF (CURNTAGE – PE2 = 1)] When was the very first time you saw a vision?

1 In the past 12 months

2 More than 12 months ago
DK/REF

PE3 [IF PE1a = 1] About how many different times in your life did you see a vision? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF TIMES [RANGE: 1–500]
DK/REF

PE4 [IF PE1a = 1 AND (PE2 NE CURNTAGE) AND (PE2a NE 1) AND PE3 NE 1] About how many different years in your life did you see a vision at least one time? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

DEFINE PE4a_FILL

IF PE3 = 1 THEN PE4a_FILL = “this vision last?”

ELSE PE4a_FILL = “these visions usually last?”

PE4a [IF PE1a = 1] How long did [PE4a_FILL] If it varied, answer for the average duration.

- 1 Less than 1 minute
- 2 At least 1 minute but less than 5 minutes
- 3 At least 5 minutes but less than 30 minutes
- 4 At least 30 minutes but less than 60 minutes
- 5 60 minutes or longer

DK/REF

PE5 [IF PE1a = 1 AND PE2a NE 1] Did you see a vision at any time in the past 12 months?

- 1 Yes
- 2 No

DK/REF

PE6 [IF PE1a = 1 AND PE5 NE 1] About how old were you the **most recent time** you saw a vision? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE PE6a_FILL

IF PE3=1 THEN PE6a_FILL = “this experience”

ELSE PE6a_FILL = “these experiences”

DEFINE PE6b_FILL

IF PE3=1 THEN PE6b_FILL = "it was"

ELSE PE6b_FILL = "they were"

PE6a [IF PE1a = 1 AND PE5 NE 1] When you were having [PE6a_FILL], how convinced were you that [PE6b_FILL] real rather than your mind playing tricks on you?

1 You strongly believed [PE6b_FILL] real

2 You were unsure if [PE6b_FILL] real

3 You did not believe [PE6b_FILL] real

DK/REF

DEFINE PE6b2_FILL

IF PE3=1 THEN PE6b2_FILL = "was this experience"

ELSE PE6b2_FILL = "were these experiences"

PE6b [IF PE1a = 1 AND PE5 NE 1] How distressing [PE6b2_FILL] to you?

1 Not at all distressing

2 A little

3 Some

4 A lot

5 Extremely distressing

DK/REF

PE7 [IF PE1b = 1] How old were you the very first time you heard voices that other people could not hear? Remember to report only times you were **not** having a fever, **not** dreaming, **not** half asleep, and **not** under the influence of alcohol or drugs. Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]

DK/REF

PE7a [IF (CURNTAGE – PE7 = 1)] When was the very first time you heard voices that other people could not hear?

1 In the past 12 months

2 More than 12 months ago

DK/REF

PE8 [IF PE1b = 1] About how many different times in your life did you hear voices? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF TIMES [RANGE: 1–500]

DK/REF

PE9 [IF PE1b = 1 AND (PE7 NE CURNTAGE) AND (PE7a NE 1) AND PE8 NE 1] About how many different years in your life did you hear voices at least one time? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

DEFINE PE9a_FILL

IF PE8 = 1 THEN PE9a_FILL = “this vision last”
ELSE PE9a_FILL = “these visions usually last”

PE9a [IF PE1b = 1] How long did [PE9a_FILL]? If it varied, answer for the most common duration.

- 1 Less than 1 minute
 - 2 At least 1 minute but less than 5 minutes
 - 3 At least 5 minutes but less than 30 minutes
 - 4 At least 30 minutes but less than 60 minutes
 - 5 60 minutes or longer
- DK/REF

PE10 [IF PE1b = 1 AND PE7a NE 1] Did you hear voices at any time in the past 12 months?

- 1 Yes
 - 2 No
- DK/REF

PE11 [IF PE1b = 1 AND PE10 NE 1] About how old were you the **most recent time** you heard voices? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE PE11a_FILL

IF PE8 = 1 THEN PE11a_FILL = “this experience”
ELSE PE11a_FILL = “these experiences”

DEFINE PE11a2_FILL

IF PE8 = 1 THEN PE11a2_FILL = “it was”
ELSE PE11a2_FILL = “they were”

PE11a [IF PE1b = 1 AND PE10 NE 1] When you were having [PE11a_FILL], how convinced were you that [PE11a2_FILL] real rather than your mind playing tricks on you?

- 1 You strongly believed [PE11a2_FILL] real
- 2 You were unsure if [PE11a2_FILL] real
- 3 You did not believe [PE11a2_FILL] real

DK/REF

DEFINE PE11b_FILL

IF PE8 = 1 THEN PE11b_FILL = “was this experience”

ELSE PE11b_FILL = “were these experiences”

PE11b [IF PE1b = 1 AND PE10 NE 1] How distressing [PE11b_FILL] to you?

- 1 Not at all distressing
 - 2 A little
 - 3 Some
 - 4 A lot
 - 5 Extremely distressing
- DK/REF

PE12 [IF PE1c = 1] How old were you the very first time you thought some mysterious force was inserting strange thoughts into your head? Remember to report only times when you were **not** having a fever, **not** dreaming, **not** half asleep, and **not** under the influence of alcohol or drugs. Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

PE12a [IF (CURNTAGE – PE12 = 1)] When was the very first time you thought some mysterious force was inserting strange thoughts into your head?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

PE13 [IF PE1c = 1] About how many different times in your life did you think this kind of thought insertion was happening to you? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF TIMES [RANGE: 1–500]
DK/REF

PE14 [IF PE1c = 1 AND (PE12 NE CURNTAGE) AND (PE12a NE 1) AND PE13 NE 1] About how many different years in your life did you at least some of the time think you were experiencing thought insertion? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

PE15 [IF PE1c = 1 AND PE12a NE 1] Did you think you were experiencing thought insertion at any time in the past 12 months?

- 1 Yes
- 2 No
- DK/REF

PE16 [IF PE1c = 1 AND PE15 NE 1] About how old were you the **most recent time** you thought it was happening? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

PE16a [IF PE1c = 1] When you were experiencing thought insertion, how convinced were you that it was real rather than your mind playing tricks on you?

- 1 You strongly believed it was real
- 2 You were unsure if it was real
- 3 You did not believe it was real
- DK/REF

DEFINE PE16b_FILL

IF PE13 = 1 THEN PE16b_FILL = “was this experience”
ELSE PE16b_FILL = “were these experiences”

PE16b [IF PE1c = 1] How distressing [PE16b_FILL] to you?

- 1 Not at all distressing
- 2 A little
- 3 Some
- 4 A lot
- 5 Extremely distressing
- DK/REF

PE17 [IF PE1d = 1] How old were you the very first time you believed that thoughts were being stolen out of your mind? Remember to report only times you were **not** having a fever, **not** dreaming, **not** half asleep, and **not** under the influence of alcohol or drugs. Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

PE17a [IF (CURNTAGE – PE17 = 1)] When was the very first time you believed that thoughts were being stolen out of your mind?

- 1 In the past 12 months

2 More than 12 months ago
DK/REF

PE18 [IF PE1d = 1] About how many different times in your life did you think thoughts were being stolen out of your mind? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF TIMES [RANGE: 1–500]
DK/REF

PE19 [IF PE1d = 1 AND (PE17 NE CURNTAGE) AND (PE17a NE 1) AND PE18 NE 1] About how many different years in your life did you at least one time think this was happening? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

PE20 [IF PE1d = 1 AND PE17a NE 1] Did you think thoughts were being stolen out of your mind at any time in the past 12 months?

1 Yes
2 No
DK/REF

PE21 [IF PE1d = 1 AND PE20 NE 1] About how old were you the **most recent time** you thought this was happening? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

PE21a [IF PE1d = 1] When you were experiencing thoughts being stolen out of your mind, how convinced were you that it was real rather than your mind playing tricks on you?

1 You strongly believed it was real
2 You were unsure if it was real
3 You did not believe it was real
DK/REF

DEFINE PE21b_FILL

IF PE18 = 1 THEN PE21b_FILL = “was this experience”
ELSE PE21b_FILL = “were these experiences”

PE21b [IF PE1d = 1] How distressing [PE21b_FILL] to you?

1 Not at all distressing
2 A little
3 Some

- 4 A lot
 - 5 Extremely distressing
- DK/REF

PE22 [IF PE1e = 1] How old were you the very first time you thought your mind was being taken over by strange forces making you do things you did not choose to do? Remember to report only times you were **not** having a fever, **not** dreaming, **not** half asleep, and **not** under the influence of alcohol or drugs. Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

PE22a [IF (CURNTAGE – PE22 = 1)] When was the very first time you thought your mind was being taken over by strange forces making you do things you did not choose to do?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

PE23 [IF PE1e = 1] About how many different times in your life did you think you were experiencing this mind control? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF TIMES [RANGE: 1–500]
DK/REF

PE24 [IF PE1e = 1 AND (PE22 NE CURNTAGE) AND (PE22a NE 1) AND PE23 NE 1] About how many different years in your life did you at least one time think you were experiencing mind control? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

PE25 [IF PE1e = 1 AND PE22a NE 1] Did you think you were experiencing mind control at any time in the past 12 months?

- 1 Yes
 - 2 No
- DK/REF

PE26 [IF PE1e = 1 AND PE25 NE 1] About how old were you the **most recent time** you experienced mind control? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

PE26a [IF PE1e = 1] When you were experiencing mind control, how convinced were you that it was real rather than your mind playing tricks on you?

- 1 You strongly believed it was real
 - 2 You were unsure if it was real
 - 3 You did not believe it was real
- DK/REF

DEFINE PE26b_FILL

IF PE23 = 1 THEN PE26b_FILL = "was this experience"
ELSE PE26b_FILL = "were these experiences"

PE26b [IF PE1e = 1] How distressing [PE26b_FILL] to you?

- 1 Not at all distressing
 - 2 A little
 - 3 Some
 - 4 A lot
 - 5 Extremely distressing
- DK/REF

PE27 [IF PE1f = 1] How old were you the very first time you thought a strange force was trying to send you special signs or signals that no one else could understand? Remember to report only times you were **not** having a fever, **not** dreaming, **not** half asleep, and **not** under the influence of alcohol or drugs. Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 1–CURNTAGE]
DK/REF

PE27a [IF (CURNTAGE – PE27 = 1)] When was the very first time you thought a strange force was trying to send you special signs or signals that no one else could understand?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

PE28 [IF PE1f = 1] About how many different times in your life did you think you were getting these kinds of special communications? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF TIMES [RANGE: 1–500]
DK/REF

PE29 [IF PE1f = 1 AND (PE27 NE CURNTAGE) AND (PE27a NE 1) AND PE28 NE 1] About how many different years in your life did you at least one time think you were getting these

kinds of special communications? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

PE30 [IF PE1f = 1 AND PE27a NE 1] Did you think you were getting these kinds of special communications at any time in the past 12 months?

- 1 Yes
- 2 No
- DK/REF

PE31 [IF PE1f = 1 AND PE30 NE 1] About how old were you the **most recent time** you thought this was happening? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

PE31a [IF PE1f = 1] When you thought you were getting these kinds of special communications, how convinced were you that it was real rather than your mind playing tricks on you?

- 1 You strongly believed it was real
- 2 You were unsure if it was real
- 3 You did not believe it was real
- DK/REF

DEFINE PE31b_FILL

IF PE28 = 1 THEN PE31b_FILL = “was this experience”
ELSE PE31b_FILL = “were these experiences”

PE31b [IF PE1f = 1] How distressing [PE31b_FILL] to you?

- 1 Not at all distressing
- 2 A little
- 3 Some
- 4 A lot
- 5 Extremely distressing
- DK/REF

PE32 [IF PE1g = 1] How old were you the very first time you thought there was a plot going on to harm you or have people follow you? Remember to report only times you were **not** having a fever, **not** dreaming, **not** half asleep, and **not** under the influence of alcohol or drugs. Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]

DK/REF

PE32a [IF (CURNTAGE – PE32 = 1)] When was the very first time you thought there was a plot going on to harm you or have people follow you?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

PE33 [IF PE1g = 1] About how many different times in your life did you think you were the victim of a plot? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF TIMES [RANGE: 1–500]
DK/REF

PE34 [IF PE1g = 1 AND (PE32 NE CURNTAGE) AND (PE32a NE 1) AND PE33 NE 1] About how many different years in your life did you think you were the victim of a plot? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

PE35 [IF PE1g = 1 AND PE32a NE 1] Did you think you were the victim of a plot at any time in the past 12 months?

- 1 Yes
 - 2 No
- DK/REF

PE36 [IF PE1g = 1 AND PE35 NE 1] About how old were you the **most recent time** you thought you were the victim of a plot? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

PE36a [IF PE1g = 1] When you were experiencing being a victim of a plot, how convinced were you that it was real rather than your mind playing tricks on you?

- 1 You strongly believed it was real
 - 2 You were unsure if it was real
 - 3 You did not believe it was real
- DK/REF

DEFINE PE36b_FILL

IF PE33 = 1 THEN PE36b_FILL = “was this experience”

ELSE PE26b_FILL = “were these experiences”

PE36b [IF PE1g = 1] How distressing [PE36b_FILL] to you?

- 1 Not at all distressing
 - 2 A little
 - 3 Some
 - 4 A lot
 - 5 Extremely distressing
- DK/REF

DEFINE PE37_FILL

IF PE1a = 1 PE37_FILL = visions
IF PE1b = 1 PE37_FILL = voices
IF PE1c = 1 PE37_FILL = thought insertion
IF PE1d = 1 PE37_FILL = stolen thoughts
IF PE1e = 1 PE37_FILL = mind control
IF PE1f = 1 PE37_FILL = special communications
IF PE1g = 1 PE37_FILL = plots

PE37 [IF AT LEAST 1 YES RESPONSE IN PE1a-g] Have you ever talked to a doctor or mental health professional for help in dealing with these experiences with [PE37_FILL]?

- 1 Yes
 - 2 No
- DK/REF

DEFINE PE38_FILL

IF ONLY 1 YES IN PE1a-g SERIES PE38_FILL = this experience
ELSE PE38_FILL = these experiences

PE38 [IF AT LEAST 1 YES RESPONSE IN PE1a-g AND PE37=1] What did the doctor say was causing [PE38_FILL]?

To select more than one answer, press the space bar between each number you type.

- 1 Schizophrenia or psychosis
 - 2 Manic depression or bipolar disorder
 - 3 Some other mental health problem
 - 4 A physical illness or injury
 - 5 Medication
 - 6 Alcohol or drugs
 - 7 Something else
- DK/REF

PE38OT [IF PE38 = 7] What did the doctor say was causing [PE38_FILL]?

_____ [ALLOW 300 CHARACTERS]
 DK/REF

PE39 [IF PE38 NE 1] Were you ever prescribed any medications for these problems?

- 1 Yes
- 2 No
- DK/REF

PE40 [IF PE39=1] Were you ever prescribed any of the following medications for these problems?

		Yes	No
PE40a	Abilify or Aripiprazole	1	2
PE40b	Saphris or Asenapine	1	2
PE40c	Thorazine or Chlorpromazine	1	2
PE40d	Clozaril or Clozapine	1	2
PE40e	Fluanxol or Flupenthixol	1	2
PE40f	Haldol or Haloperidol	1	2
PE40g	Fanapt or Iloperidone	1	2
PE40h	Loxitane, Loxapac, or Loxapine	1	2
PE40i	Latuda or Lurasidone	1	2
PE40j	Zyprexa or Olanzapine	1	2
PE40k	Invega or Paliperidone	1	2
PE40l	Trilafon, Etrafon, or Perphenazine	1	2
PE40m	Prolixin, Prolixin decanoate, Permitil, Modecate, Fluphenazine, or Fluphenazine decanoate	1	2
PE40n	Seroquel or Quetiapine	1	2
PE40o	Risperdal or Risperidone	1	2
PE40p	Stelazine or Trifluoperazine	1	2
PE40q	Geodon or Ziprasidone	1	2

DK/REF

DEFINE PE40_FILL

IF ONLY ONE ITEM IN PE1a - g = 1 THEN PE40_FILL = “this experience”
 ELSE PE40_FILL = “these experiences ever”

PE41 [IF AT LEAST 1 YES RESPONSE IN PE1a-g] How much did [PE40_FILL] interfere with your work or personal life?

- 1 Not at all
- 2 A little bit
- 3 Moderately
- 4 Quite a bit
- 5 Extremely
- DK/REF

END TIME STAMP

17. Treatment of Emotional Problems

BEGIN TIME STAMP

TR1 The next questions are about treatments you might have received for problems with your emotions, nerves, or mental health. Have you ever in your life stayed overnight or longer in a hospital to receive treatment for problems with your emotions, nerves, or mental health?

- 1 Yes
- 2 No
- DK/REF

TR2 [IF TR1 = 1] How many times were you hospitalized for problems with your emotions, nerves, or mental health? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF TIMES [RANGE: 1–90]
DK/REF

DEFINE TR3_FILL

IF TR2 = 1, THEN TR3_FILL = “when that happened”

ELSE, TR3_FILL = “the first time you were hospitalized for problems with your emotions, nerves, or mental health”

TR3 [IF TR1 = 1] How old were you [TR3_FILL]?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE TR4_FILL

IF TR2 = 1, THEN TR4_FILL = “that”

ELSE, TR4_FILL = “your first hospitalization”

TR4 [IF TR3 = (CURNTAGE – 1)] Did [TR4_FILL] start in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
- 2 More than 12 months ago
- DK/REF

TR5 [IF TR3 = CURNTAGE OR TR3 = (CURNTAGE – 1)] How many nights **in the past 12 months** were you in a hospital for problems with your emotions, nerves, or mental health? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF NIGHTS [RANGE: 0–365]
DK/REF

DEFINE B22Bd

SET B22Bd=TR5.

TR6 [IF TR1 = 1 AND (TR5 = DK, REF, OR MISSING)] About how old were you the **most recent time** you were in a hospital overnight for problems with your emotions, nerves, or mental health? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [0–CURNTAGE]
 DK/REF

DEFINE TR7_FILL

IF TR1 = 1 AND TR2 = 1, THEN TR7_FILL = “Not counting your hospitalization, did”
 IF TR1 = 1 AND TR2 NE 1, THEN TR7_FILL = “Not counting your hospitalizations, did”
 ELSE, TR7_FILL = “Did”

TR7 [TR7_FILL] you ever in your life receive counseling or medication from any of the following sources for problems with your emotions, nerves, or mental health?

	Yes	No
TR7a A mental health professional? A “mental health professional” includes a psychiatrist, psychologist, mental health counselor or social worker, and marriage and family counselor. These professionals can be seen in one-on-one sessions, group sessions, telephone sessions, or computerized texting sessions.	1	2
TR7b A general medical doctor, nurse, or other general medical care provider?	1	2
TR7c A minister, priest, rabbi, or other spiritual advisor?	1	2
TR7d A Certified Peer Counselor? A “Certified Peer Counselor” is a person who has experienced mental health issues firsthand and has been trained to help facilitate mental health recovery in others.	1	2
TR7e A self-help or support group? A “self-help or support group” is a group for people with emotional, family, or substance problems that is run by the people themselves without a mental health professional running the group.	1	2
TR7f A computerized or internet-based mental health treatment program? A “computerized or internet-based mental health treatment program” is a special type of self-help program where you work through exercises that give you practice in strategies that can help you improve your mental health. Sometimes these programs are accompanied by telephone calls or texting sessions with mental health professionals. When this is the case, we want you to report both receiving counseling from a mental health professional and participating in a computerized or internet-based program.	1	2

DK/REF

TR8 [IF TR7a = 1] You reported receiving counseling or medication from a **mental health professional**. Which did you receive: counseling, medication, or both?

- 1 Only Counseling
- 2 Only Medication
- 3 Counseling and Medication

DK/REF

DEFINE TR8HLPTYP

IF TR8= 1, THEN, TR8HLPTYP = “counseling”

IF TR8 = 2, THEN TR8HLPTYP = “medication”

IF TR8=3, THEN TR8HLPTYP = “counseling and medication”

IF TR8 = DK/REF, THEN TR8HLPTYP = “counseling or medication”

TR9 [IF TR7a = 1] About how old were you the **very first time** you received [TR8HLPTYP] from a mental health professional? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]

DK/REF

TR10 [IF TR9 = CURNTAGE – 1] Did you start this [TR8HLPTYP] in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
- 2 More than 12 months ago

DK/REF

TR11 [IF TR7A = 1 AND ((TR9 < (CURNTAGE – 1) OR (TR9 = DK OR REF))] During about how many years of your life did you receive any treatment from a mental health professional? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]

DK/REF

DEFINE HOSPFILL

IF TR1 = 1, THEN HOSPFILL = “Not counting any hospitalizations, about”

IF TR1 NE 1, THEN HOSPFILL = “About”

TR12 [IF TR7A = 1 AND (TR11 NE 1)] [HOSPFILL] how many treatment sessions with a mental health professional did you have **in the past 12 months**, counting face-to-face visits, phone calls, and texting sessions? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF TREATMENT SESSIONS [RANGE: 0–365]
DK/REF

TR13 [IF (TR12 ≥ 1) AND (TR12 NE DK OR REF)] What kind of treatment did you get?

	Yes	No
TR13a Face-to-face	1	2
TR13b Phone call	1	2
TR13c Texting	1	2
TR13d Video calling or messaging	1	2

DK/REF

TR14 [IF TR7A = 1 AND (TR11 NE 1) AND (TR9 NE CURNTAGE) AND (TR12 = DK, REF, OR MISSING)] [HOSPFILL] how old were you the **most recent time** you received treatment from a mental health professional? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0– CURNTAGE]
DK/REF

DEFINE TR15_FILL

IF TR7A = 1, THEN TR15_FILL = “also”
ELSE, TR15_FILL = “”

TR15 [IF TR7B = 1] You [TR15_FILL] reported receiving counseling or medication for problems with your emotions, nerves, or mental health from a **general medical doctor, nurse, or other general medical care provider**. Which did you receive: counseling, medication, or both?

- 1 Only Counseling
- 2 Only Medication
- 3 Counseling and Medication

DK/REF

DEFINE TR15HLPTYP

IF TR15 = 1, THEN, TR15HLPTYP = “counseling”
IF TR15 = 2, THEN TR15HLPTYP = “medication”
IF TR15 = 3, THEN TR15HLPTYP = “counseling and medication”
IF TR15 = DK/REF, THEN TR15HLPTYP = “counseling or medication”

TR16 [IF TR7B = 1] About how old were you the **very first time** you received [TR15HLPTYP] for mental health problems from a general medical care provider? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

TR17 [IF TR16 = CURNTAGE – 1] Did you start this treatment in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

TR18 [IF TR7B = 1 AND ((TR16 < (CURNTAGE – 1) OR (TR16 = DK OR REF))] During about how many years of your life did you receive this kind of treatment from a general medical care provider? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

TR19 [IF TR7B = 1 AND (TR18 NE 1) AND TR18 NE MISSING] About how many treatment sessions of this sort did you have with a general medical professional in the **past 12 months**? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF TREATMENT SESSIONS [RANGE: 0–365]
DK/REF

TR20 [IF TR7B = 1 AND (TR18 NE 1) AND (TR16 NE CURNTAGE) AND (TR19 = DK OR REF, OR MISSING)] About how old were you the **most recent time** you received this kind of treatment from a general medical professional? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE TR21_FILL

IF TR7A = 1 or TR7B = 1, THEN TR21_FILL = “also”
ELSE, TR21_FILL = “”

TR21 [IF TR7C = 1] You [TR21_FILL] reported receiving counseling for problems with your emotions, nerves, or mental health from a **minister, priest, rabbi, or other spiritual advisor**. About how old were you the very first time you received this kind of counseling? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

TR22 [IF TR21 = CURNTAGE – 1] Did you start this counseling in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

TR23 [IF TR7C = 1 AND ((TR21 < (CURNTAGE – 1) OR (TR21 = DK OR REF))] During about how many years of your life did you receive this kind of counseling from a spiritual advisor? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

TR24 [IF TR7C = 1 and (TR23 NE 1)] About how many of these counseling sessions with a spiritual advisor did you have in the **past 12 months**? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF SESSIONS [RANGE: 0–365]
DK/REF

TR25 [IF TR7C = 1 AND (TR23 NE 1) AND (TR21 NE CURNTAGE) AND (TR24 = DK, REF, OR MISSING)] About how old were you the **most recent time** you had one of these sessions with a spiritual advisor? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE TR26_FILL

IF TR7A = 1 OR TR7B = 1 OR TR7C = 1, THEN TR26_FILL = “also”
ELSE, TR26_FILL = “”

TR26 [IF TR7D = 1] You [TR26_FILL] reported receiving counseling for problems with your emotions, nerves, or mental health from a **Certified Peer Counselor**. About how old were you the very first time you received this kind of counseling? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

TR27 [IF TR26 = CURNTAGE – 1] Did you start this counseling in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

TR28 [IF TR7D = 1 AND ((TR26 < (CURNTAGE – 1) OR (TR26 = DK OR REF))] During about how many years of your life did you receive this kind of counseling from a Certified Peer Counselor? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

TR29 [IF TR7D = 1 AND (TR28 NE (1 OR MISSING))] About how many of these counseling sessions with a Certified Peer Counselor did you have **in the past 12 months**? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF SESSIONS [RANGE: 0–365]
DK/REF

TR30 [IF TR7D = 1 AND (TR28 NE (1 OR MISSING)) AND (TR26 NE CURNTAGE) AND (TR29 = DK OR REF OR MISSING)] About how old were you the **most recent time** you had one of these sessions with a Certified Peer Counselor? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE TR31_FILL

IF TR7A = 1 OR TR7B = 1 OR TR7C = 1 OR TR7D = 1, THEN TR31_FILL = “also”
ELSE, TR31_FILL = “”

TR31 [IF TR7E = 1] You [TR31_FILL] reported going to a **self-help or support group** for problems with your emotions, nerves, or mental health. About how old were you the very first time you went to this kind of group? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

TR32 [IF TR31 = CURNTAGE – 1] Did you start going in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

TR33 [IF TR7E = 1 AND ((TR31 < (CURNTAGE – 1) OR (TR31 = DK OR REF))] During about how many years of your life did you go to a group of this sort? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]

DK/REF

TR34 [IF TR7E = 1 AND (TR33 NE (1 OR MISSING))] About how many meetings did you go to in the **past 12 months**? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF MEETINGS [RANGE: 0–365]
DK/REF

TR35 [IF TR7E = 1 AND (TR33 NE (1 OR MISSING)) AND (TR31 NE CURNTAGE) AND (TR34 = DK OR REF OR MISSING)] About how old were you the **most recent time** you went to a self-help group meeting of this sort? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE TR36_FILL

IF TR7A = 1 OR TR7B = 1 OR TR7C = 1 OR TR7D = 1 OR TR7E = 1, THEN TR36_FILL = “also”
ELSE, TR36_FILL = “”

TR36 [IF TR7F = 1] You [TR36_FILL] reported trying a **computerized or internet-based mental health treatment program**. About how old were you the **very first time** you tried such a program? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

TR37 [IF TR36 = CURNTAGE – 1] Did you start it in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

TR38 [IF TR7f = 1 AND ((TR36 < (CURNTAGE – 1) OR (TR36 = DK OR REF))] During about how many years of your life did you use a computerized or internet-based mental health treatment program? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

TR39 [IF TR7f = 1 AND (TR38 NE (1 OR MISSING))] During about how many days did you spend time online with this program in the **past 12 months**? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF DAYS [RANGE: 0–365]

DK/REF

TR40 [IF TR39 ≥ 1] Do you still spend any time working on the computerized treatment program? Or have you stopped?

- 1 Still working on the program
- 2 Stopped
- DK/REF

TR41 [IF TR39 = 0 OR TR40 = 2] How important was each of the following reasons for why you stopped?

	Very Important	Somewhat Important	Not Very Important	Not at All Important
TR41a You got better and no longer need the program	1	2	3	4
TR41b The program was not helping	1	2	3	4
TR41c The program took too much time	1	2	3	4

DK/REF

TR42 [TR7F = 1 AND (TR38 NE (1 OR MISSING)) AND (TR36 NE CURNTAGE) AND (TR39 = DK OR REF OR MISSING)] About how old were you the **most recent time** you spent time online with a computerized or internet-based mental health treatment program? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]

DK/REF

DEFINE TR43_ASK (PERFORM EACH TIME MOVE TO TR43)

IF TR12 ≥ 1 AND (TR12 NE DK OR REF) AND (TR19 = DK, REF, OR MISSING) AND (TR24 = DK, REF, OR MISSING) AND (TR29 = DK, REF, OR MISSING) AND (TR34 = DK, REF, OR MISSING); SET TR43_ASK = 1
ELSE, SET TR43_ASK = 0

DEFINE TR44_ASK (PERFORM EACH TIME MOVE TO TR44)

IF TR19 ≥ 1 AND (TR19 NE DK OR REF) AND (TR12 = DK, REF, OR MISSING) AND (TR24 = DK, REF, OR MISSING) AND (TR29 = DK, REF, OR MISSING) AND (TR34 = DK, REF, OR MISSING); SET TR44_ASK = 1
ELSE, SET TR44_ASK = 0

DEFINE TR45_ASK (PERFORM EACH TIME MOVE TO TR45)

IF TR24 ≥ 1 AND (TR24 NE DK OR REF) AND (TR12 = DK, REF, OR MISSING) AND (TR19 = DK, REF, OR MISSING) AND (TR29 = DK, REF, OR MISSING) AND (TR34 = DK, REF, OR MISSING); SET TR45_ASK = 1
ELSE, SET TR45_ASK = 0

DEFINE TR46_ASK (PERFORM EACH TIME MOVE TO TR46)

IF TR29 ≥ 1 AND (TR29 NE DK OR REF) AND (TR12 = DK, REF, OR MISSING) AND (TR19 = DK, REF, OR MISSING) AND (TR24 = DK, REF, OR MISSING) AND (TR34 = DK, REF, OR MISSING); SET TR46_ASK = 1
ELSE, SET TR46_ASK = 0

DEFINE TR47_ASK (PERFORM EACH TIME MOVE TO TR47)

IF TR34 ≥ 1 AND (TR34 NE DK OR REF) AND (TR12 = DK, REF, OR MISSING) AND (TR19 = DK, REF, OR MISSING) AND (TR24 = DK, REF, OR MISSING) AND (TR29 = DK, REF, OR MISSING); SET TR47_ASK = 1
ELSE, SET TR47_ASK = 0

DEFINE TR48_ASK (PERFORM EACH TIME MOVE TO TR48)

IF ((TR12 ≥ 1 AND (TR12 NE DK OR REF)) OR (TR19 ≥ 1 AND (TR19 NE DK OR REF))) AND ((TR24 ≥ 1 AND (TR24 NE DK OR REF)) OR (TR29 ≥ 1 AND (TR29 NE DK OR REF))) AND (TR34 = DK OR REF OR MISSING); THEN SET TR48_ASK = 1
ELSE, SET TR48_ASK = 0

DEFINE TR49_ASK (PERFORM EACH TIME MOVE TO TR49)

IF ((TR12 ≥ 1 AND (TR12 NE DK OR REF)) OR (TR19 ≥ 1 AND (TR19 NE DK OR REF))) AND ((TR24 = DK OR REF OR MISSING) AND (TR29 = DK OR REF OR MISSING)) AND (TR34 ≥ 1 AND (TR34 NE DK OR REF)); THEN SET TR49_ASK = 1
ELSE, SET TR49_ASK = 0

DEFINE TR50_ASK (PERFORM EACH TIME MOVE TO TR50)

IF ((TR12 = DK OR REF OR MISSING) AND (TR19 = DK OR REF OR MISSING)) AND ((TR24 ≥ 1 AND (TR24 NE DK OR REF)) OR (TR29 ≥ 1 AND (TR = 29 NE DK OR REF))) AND (TR34 ≥ 1 AND (TR34 NE DK OR REF)); THEN SET TR50_ASK = 1
ELSE, SET TR50_ASK = 0

DEFINE TR51_ASK (PERFORM EACH TIME MOVE TO TR51)

IF ((TR12 ≥ 1 AND (TR12 NE DK OR REF)) OR (TR19 ≥ 1 AND (TR19 NE DK OR REF))) AND ((TR24 ≥ 1 AND (TR24 NE DK OR REF)) OR (TR29 ≥ 1 AND (TR29 NE DK OR REF))) AND (TR34 ≥ 1 AND (TR34 NE DK OR REF)); THEN SET TR51_ASK = 1
ELSE, SET TR51_ASK = 0

TR43 [IF TR43_ASK = 1] Are you still receiving [TR8HLPTYP] from a mental health professional? Or have you stopped receiving [TR8HLPTYP]?

- 1 Still receiving [TR8HLPTY]
 - 2 Stopped receiving [TR8HLPTYP]
- DK/REF

TR44 [IF TR44_ASK = 1] Are you still in treatment for these problems with a general medical professional? Or have you stopped receiving treatment?

- 1 Still in treatment
 - 2 Stopped
- DK/REF

TR45 [IF TR45_ASK = 1] Are you still receiving counseling for these problems from a spiritual advisor? Or have you stopped receiving counseling?

- 1 Still in counseling
 - 2 Stopped counseling
- DK/REF

TR46 [IF TR46_ASK = 1] Are you still receiving counseling from a Certified Peer Counselor? Or have you stopped receiving counseling?

- 1 Still in counseling
 - 2 Stopped counseling
- DK/REF

TR47 [IF TR47_ASK = 1] Are you still attending self-help group meetings? Or have you stopped?

- 1 Still attending
 - 2 Stopped attending
- DK/REF

TR48 [IF TR48_ASK = 1] Are you still either in treatment or receiving counseling for your mental health problems? Or have you stopped both treatment and counseling?

- 1 Still either in treatment or counseling
 - 2 Stopped both treatment and counseling
- DK/REF

TR49 [IF TR49_ASK = 1] Are you still either in treatment or in the self-help group? Or have you stopped both treatment and the self-help group?

- 1 Still either in treatment or the self-help group
 - 2 Stopped both treatment and the self-help group
- DK/REF

TR50 [IF TR50_ASK = 1] Are you still either in counseling or the self-help group? Or have you stopped both counseling and the self-help group?

- 1 Still either in counseling or the self-help group
 - 2 Stopped both counseling and the self-help group
- DK/REF

TR51 [IF TR51_ASK = 1] Are you still either in treatment, counseling, or the self-help group? Or have you stopped all of them?

- 1 Still either in treatment, counseling, or the self-help group
- 2 Stopped all of them
- DK/REF

DEFINE TR52_ASK (PERFORM EACH TIME MOVE TO TR52)

IF TR43 = 2 OR TR44 = 2 OR TR45 = 2 OR TR46 = 2 OR TR47 = 2 OR TR48 = 2 OR TR49 = 2 OR TR50 = 2 or TR51 = 2, THEN SET TR52_ASK = 1
ELSE, SET TR52_ASK = 0

DEFINE TR52_FILL1 (PERFORM EACH TIME MOVE TO TR52)

IF ((TR12 ≥ 1 AND (TR12 NE DK OR REF)) OR (TR19 ≥ 1 AND (TR19 NE DK OR REF))) OR ((TR24 ≥ 1 AND (TR24 NE DK OR REF)) OR (TR29 ≥ 1 AND (TR29 NE DK OR REF))), THEN TR52_FILL1 = “treatment”,
ELSE, TR52_FILL1 = “”

DEFINE TR52_FILL3 (PERFORM EACH TIME MOVE TO TR52)

IF (TR34 ≥ 1 AND (TR34 NE DK OR REF)), THEN TR52_FILL3 = “the self-help group”,
ELSE, TR52_FILL3 = “”

DEFINE TR52_FILL2 (PERFORM EACH TIME MOVE TO TR52)

IF TR52_FILL1 = “treatment” AND TR52_FILL3 = “the self-help group”, THEN TR52_FILL2 = “and ”,
ELSE, TR52_FILL2 = “”

TR52 [IF TR52_ASK = 1] How important was each of the following reasons for why you stopped [TR52_FILL1][TR52_FILL2][TR52_FILL3]?

	Very Important	Somewhat Important	Not Very Important	Not at All Important
TR52a You got better and no longer needed help	1	2	3	4
TR52b It was not helping; you were not getting better	1	2	3	4
TR52c Financial reasons	1	2	3	4
TR52d Inconvenience -- for example, problems with time, transportation, or scheduling	1	2	3	4
TR52e Embarrassment or concern about what people would think if they knew you were in treatment	1	2	3	4

TR52f You preferred to handle the problem on your own or with the help of family and friends	1	2	3	4
---	---	---	---	---

DK/REF

TR52g [IF TR52_ASK = 1] Was there some other important reason why you stopped [TR52_FILL1][TR52_FILL2][TR52_FILL3]?

- 1 Yes
- 2 No
- DK/REF

TR52G_OTH [IF TR52G = 1] Please briefly describe the other reason why you stopped.

OTHER IMPORTANT REASON:

_____ [RANGE: 1-100 CHARACTERS]

DK/REF

DEFINE TR53_ASK (PERFORM EACH TIME MOVE TO TR53)

IF (TR12 = DK, REF, OR MISSING) AND (TR19 = DK, REF, OR MISSING) AND (TR24 = DK, REF, OR MISSING) AND (TR29 = DK, REF, OR MISSING) AND (TR34 = DK, REF, OR MISSING); SET TR53_ASK = 1
ELSE, SET TR53_ASK = 0

TR53 [TR53_ASK = 1] Was there ever a time in the past 12 months when you felt that you might need professional help with your emotions, nerves, or mental health?

- 1 Yes
- 2 No
- DK/REF

TR54 [TR53 = 1] How important was each of the following reasons for why you did not get treatment?

	Very Important	Somewhat Important	Not Very Important	Not at All Important
TR54a The problem got better and you no longer needed help	1	2	3	4
TR54b You didn't know where to go	1	2	3	4
TR54c You couldn't find a place that would see you when you needed help	1	2	3	4
TR54d Financial reasons	1	2	3	4

	Very Important	Somewhat Important	Not Very Important	Not at All Important
TR54e Inconvenience -- for example, problems with time, transportation, or scheduling	1	2	3	4
TR54f Embarrassment or concern about what people would think if they knew you were in treatment	1	2	3	4
TR54g You preferred to handle the problem on your own or with the help of family and friends	1	2	3	4

DK/REF

TR54h [TR53 = 1] Was there some other important reason why you did not get treatment?

- 1 Yes
- 2 No
- DK/REF

TR54H_OTH [IF TR54H = 1] Please briefly describe the other important reason why you did not get treatment.

_____ OTHER IMPORTANT
 REASON [RANGE: 1-100 CHARACTERS]
 DK/REF

END TIME STAMP

18. Pharmacoepidemiology

BEGIN TIME STAMP

PH3 The next questions are about your use of medicines. **In the past 12 months**, did you take any of the following types of prescription medications under the supervision of a doctor, for your emotions or nerves or mental health?

	Yes	No
PH3a Sleeping pills or other sedatives, such as Ambien or Sonata?	1	2
PH3b Antidepressant medications, such as Prozac or Zoloft?	1	2
PH3c Tranquilizers, such as Xanax or Ativan?	1	2
PH3d Amphetamines or other stimulants, such as Ritalin or dextroamphetamine?	1	2
PH3e Antipsychotic medications, such as Haldol or Risperdal?	1	2

DK/REF

DEFINE PH_12MOMEDL

IF (PH3a OR PH3b OR PH3c OR PH3d OR PH3e) = 1 OR DK, THEN **PH_12MOMEDL**= 1 ALL ELSE, **PH_12MOMEDL**= 2

PH4 [IF PH_12MOMEDL= 2] Did you take any **other** type of prescription medicine in the past 12 months for problems with your emotions, nerves, mental health, energy, concentration, sleep, or ability to cope with stress? Include medicines even if you took them only once.

1 Yes
2 No
DK/REF

DEFINE PH5INTRO_FILL1

IF **PH_12MOMEDL** = 1, THEN PH5INTRO_FILL1=“in the past 12 months for any of the following problems: problems with your emotions, nerves, mental health, energy, concentration, sleep, or ability to cope with stress”

ELSE PH5INTRO_FILL1=“for any of those problems in the past 12 months”

DEFINE PH5INTRO_FILL2

IF **PH_12MOMEDL** = 1, THEN PH5INTRO_FILL2=“the problems listed above”

ELSE PH5INTRO_FILL2=“any of those problems”

PH5INTRO [IF **PH_12MOMEDL** = 1 OR PH4 = 1] Ask your interviewer to show you SHOWCARD 4.

On this card, each medicine has its own ID number. For each medicine that you took:

Type the ID number and then press enter.

Include medicines even if you took them only once. You can look at your prescription bottles if necessary.

If a prescription medicine is not included on Showcard 4, please enter “990”.

Once you are finished, leave the next field blank and press enter.

	Medicine ID
A prescription medicine you took in the past 12 months for problems with your emotions, nerves, mental health, energy, concentration, sleep, or ability to cope with stress:	
Another prescription medicine you took for any of those problems in the past 12 months?	
Another?	
Another?	
Another?	
Another?	
Another?	
Another prescription medicine you took in the past 12 months for problems with your emotions, nerves, mental health, energy, concentration, sleep, or ability to cope with stress?	
Another?	
Another?	
Another?	
Another?	
Another prescription medicine you took for any of those problems in the past 12 months?	
Another?	
Another?	
Another?	
Another?	
Another?	

[RANGE 1 – 175, 990]

DK/REF

PROGRAMMERS: ALLOW UP TO 20 ID NUMBERS BUT HIDE LINES IN THE GRID UNTIL THE IMMEDIATELY PREVIOUS LINE HAS BEEN FILLED WITH A VALID ANSWER (IN RANGE).

IF THE RESPONDENT ANSWERS DK/REF, EXIT OUT OF THE QUESTION GRID, BUT SAVE ANY ANSWERS ALREADY ENTERED INTO THE GRID.

DEFINE MEDFILL1 THROUGH MEDFILL20

- FOR EACH CODE ENTERED, CREATE A FILL USING THE CORRESPONDING MEDICINE NAME, AS SHOWN IN SHOWCARD 4.
- FOR CODE 990, USE “a medicine that isn’t on Showcard 4”
- IF FEWER THAN 20 CODES ENTERED, CONSIDER THE UNUSED FILLS AS MISSING.

PH5_CKPT [IF SOME PH5INTRO1 FIELDS ARE IN RANGE (1-175 OR 990)] The computer recorded that in the past 12 months you used the following prescription medications, for problems with your emotions, nerves, mental health, energy, concentration, sleep, or ability to cope with stress:

[PROGRAMMER: VERTICALLY LIST MEDFILL1 THROUGH MEDFILL20, WITH ONE LINE FOR EACH NON-MISSING MEDFILL.]

Is this list correct?

1 Yes

2 No

DK/REF

HARD ERROR: [IF CKPT = 2] PRESS [ENTER] TO GO BACK TO PH5INTRO, SO THAT THE RESPONDENT MAY CORRECT THE MEDICINE SELECTED.

SHOWCARD 4 (NOT TO BE INCLUDED IN PROGRAM)

ID#	Medicine	ID#	Medicine	ID#	Medicine
1	Abilify	66	fluvoxamine		
2	Abilify Maintena	67	Focalin		
		68	Forfivo XL	120	Phenelzine
3	Adderal	69	gabapentin		
4	Adderal XR	70	Gabitril		
5	alprazolam	71	Geodon	121	prazosin
		72	guanfacine	122	pregabalin
6	Ambien			123	Pristiq
		73	Haldol	124	ProCentra
7	amitriptyline	74	Haldol decanoate		
8	amphetamine	75	haloperidol		
9	Anafranil	76	haloperidol decanoate	125	Prolixin
				126	Prolixin decanoate
		77	Hetlioz	127	propranolol
10	aripiprazole				
		78	iloperidone		
11	armodafinil			128	Provigil
12	Artane	79	Inderal	129	Prozac
13	asenapine				
		80	Intuniv		
		81	Invega	130	quetiapine
14	Ativan	82	Invega Sustenna	131	Quillivant XR
15	atomoxetine	83	isocarboxazid	132	ramelteon
				133	Remeron
16	Belsomra				
				134	Restoril
17	benztropine				
18	Brintellix	84	Klonopin	135	Risperdal
19	Budeprion SR			136	Risperdal Consta
20	Budeprion XL	85	Lamictal		
		86	lamotrigine	137	risperidone
		87	Latuda		
				138	Ritalin
21	bupropion	88	levomilnacipran		
		89	Lexapro	139	Rozerem

ID#	Medicine	ID#	Medicine	ID#	Medicine
		90	Librium	140	Saphris
22	BuSpar				
23	bupirone	91	lisdexamfetamine		
		92	Lithium		
		93	Lithobid		
		94	lorazepam	141	Seroquel
24	carbamazepine				
25	Carbatrol			142	sertraline
26	Catapres				
27	Celexa			143	Silenor
		95	Lunesta		
		96	lurasidone		
28	chlordiazepozide	97	Luvox	144	Sonata
29	chlorpromazine				
		98	Lyrica		
30	citalopram			145	Strattera
		99	Marplan		
31	clomipramine	100	melatonin		
32	clonazepam				
33	clonidine			146	suvorexant
		101	Metadate		
34	clozapine			147	tasimelteon
35	Clozaril			148	Tegretol
36	Cogentin			149	temazepam
		102	methamphetamine	150	Tenex
37	Concerta	103	Methylin		
38	Cymbalta				
		104	methylphenidate	151	Thorazine
39	Cytomel				
40	Daytrana			152	Topamax
41	Depakene			153	topiramate
42	Depakote				
		105	Minipress		
43	Depakote sprinkles	106	mirtrazapine		
		107	modafinil	154	tranylcypromine
44	Desoxyn			155	trazodone
45	desvenlafaxine				
46	Desyrel				
47	Dexedrine	108	Nardil	156	trihexyphenidyl

ID#	Medicine	ID#	Medicine	ID#	Medicine
48	dexmethylphenidate			157	triiodothyronine (T3)
49	dextroamphetamine			158	Trileptal
50	dextroamphetamine/ amphetamine				
		109	Neurontin		
51	diazepam			159	Valium
				160	valproic acid
				161	venlafaxine
52	divalproex				
53	doxepin			162	Viibryd
				163	vilazodone
54	duloxetine				
55	Effexor				
		110	nortriptyline	164	vortioxetine
56	Elavil	111	Nuvigil	165	Vyvanse
				166	Wellbutrin
		112	olanzapine		
57	escitalopram				
58	Eskalith			167	Xanax
59	eszopiclone			168	zaleplon
60	Evekeo			169	Zenzedi
61	Fanapt	113	oxcarbazepine	170	ziprasidone
		114	paliperidone	171	Zoloft
62	Fetzima	115	paliperidone palmitate (extended release injectable)	172	zolpidem
		116	Pamelor		
63	fluoxetine	117	Parnate	173	Zolpimist
		118	paroxetine		
64	fluphenazine				
65	fluphenazine decanoate	119	Paxil	174	Zyprexa
				175	Zyprexa Relprevv

PH5_OT1 [IF PH5_CKPT=1 AND (LESS THAN 20 CODES ENTERED AT PH5INTRO) AND (NONE OF THE CODES ENTERED AT PH5INTRO INCLUDE 990)] In the **past 12 months** have you used any **other** prescription medicine for problems with your emotions, nerves, mental health, energy, concentration, sleep, or ability to cope with stress?

- 1 Yes
- 2 No
- DK/REF

DEFINE PH5_OT1A_FILL

IF PH5INTRO INCLUDES 990, THEN PH5_OT1A_FILL= “You indicated that you used a prescription medicine in the past 12 months that doesn’t appear on Showcard 4.”

PH5_OT1A [IF PH5_OT1 = 1 OR (PH5INTRO INCLUDES 990)] [PH5_OT1A_FILL] Please type in the name of **one** prescription medicine you have used that doesn’t appear on Showcard 4.

Please remember that we are only interested in prescription medicines that you have taken for problems with your emotions, nerves, mental health, energy, concentration, sleep, or ability to cope with stress.

If you’re not sure how to spell the name of the medicine, just make your best guess.

When you have finished, press the [ENTER] key to go to the next question.

PROGRAMMER: ALLOW 50 CHARACTERS
DK/REF

PROGRAMMER:

- IF (PH5_OT1A NE MISSING OR DK OR REF) AND (PH5INTRO INCLUDES 990), THEN USE PH5_OT1A TEXT TO REPLACE THE FILL TEXT FOR THE FIRST 990 ENTERED.
- IF (PH5_OT1A NE MISSING OR DK OR REF) AND (PH5INTRO DID NOT INCLUDE 990), THEN USE PH5_OT1A TEXT TO POPULATE A PREVIOUSLY MISSING MEDFILL.

PH5_OT2 [IF PH5_OT1A NE (MISSING OR DK OR REF) AND (LESS THAN 19 CODES ENTERED AT PH5INTRO)] In the past 12 months have you used **any other**

prescription medicine, other than those you've already reported, for problems with your emotions, nerves, mental health, energy, concentration, sleep, or ability to cope with stress?

- 1 Yes
- 2 No
- DK/REF

PH5_OT2A [IF PH5_OT2=1] Please type in the name of **one more prescription medicine** you have used in the past 12 months for problems with your emotions, nerves, mental health, energy, concentration, sleep, or ability to cope with stress.

Only type in the name of a medicine if you haven't already reported it in an earlier question.

When you have finished, press the [ENTER] key to go to the next question.

PROGRAMMER: ALLOW 50 CHARACTERS
DK/REF

PROGRAMMER:

- IF (PH5_OT2A NE MISSING OR DK OR REF) AND (PH5INTRO INCLUDED AT LEAST TWO 990 CODES), THEN USE PH5_OT2A TEXT TO REPLACE THE FILL TEXT FOR THE SECOND 990 ENTERED.
- IF (PH5_OT2A NE MISSING OR DK OR REF) AND (PH5INTRO DID NOT INCLUDE AT LEAST TWO 990 CODES), THEN USE PH5_OT2A TEXT TO POPULATE A PREVIOUSLY MISSING MEDFILL.

PH5_OT3 [PH5_OT2A NE (MISSING OR DK OR REF) AND (LESS THAN 18 CODES ENTERED AT PH5INTRO)] In the past 12 months have you used **any other** prescription medicine, other than those you've already reported, for problems with your emotions, nerves, mental health, energy, concentration, sleep, or ability to cope with stress?

- 1 Yes
- 2 No
- DK/REF

PH5_OT3A [IF PH5_OT3=1] Please type in the name of **one more prescription medicine** you have used in the past 12 months for problems with your emotions, nerves, mental health, energy, concentration, sleep, or ability to cope with stress.

Only type in the name of a medicine if you haven't already reported it in an earlier question.

When you have finished, press the [ENTER] key to go to the next question.

PROGRAMMER: ALLOW 50 CHARACTERS
DK/REF

PROGRAMMER:

- IF (PH5_OT3A NE MISSING OR DK OR REF) AND (PH5INTRO INCLUDED AT LEAST THREE 990 CODES), THEN USE PH5_OT3A TEXT TO REPLACE THE FILL TEXT FOR THE THIRD 990 ENTERED.
- IF (PH5_OT3A NE MISSING OR DK OR REF) AND (PH5INTRO DID NOT INCLUDE AT LEAST THREE 990 CODES), THEN USE PH5_OT3A TEXT TO POPULATE ANOTHER MEDFILL.

PH5_OT4 [PH5_OT3A NE (MISSING OR DK OR REF) AND (LESS THAN 17 CODES ENTERED AT PH5INTRO)] In the past 12 months have you used **any other** prescription medicine, other than those you've already reported, for problems with your emotions, nerves, mental health, energy, concentration, sleep, or ability to cope with stress?

1 Yes
2 No
DK/REF

PH5_OT4A [IF PH5_OT4=1] Please type in the name of **one more prescription medicine** you have used in the past 12 months for problems with your emotions, nerves, mental health, energy, concentration, sleep, or ability to cope with stress.

Only type in the name of a medicine if you haven't already reported it in an earlier question.

When you have finished, press the [ENTER] key to go to the next question.

PROGRAMMER: ALLOW 50 CHARACTERS
DK/REF

PROGRAMMER:

- IF (PH5_OT4A NE MISSING OR DK OR REF) AND (PH5INTRO INCLUDED AT LEAST FOUR 990 CODES), THEN USE PH5_OT4A TEXT TO REPLACE THE FILL TEXT FOR THE FOURTH 990 ENTERED.
- IF (PH5_OT4A NE MISSING OR DK OR REF) AND (PH5INTRO DID NOT INCLUDE AT LEAST FOUR 990 CODES), THEN USE PH5_OT4A TEXT TO POPULATE ANOTHER MEDFILL.

PH5_OT5 [PH5_OT4A NE (MISSING OR DK OR REF) AND (LESS THAN 16 CODES ENTERED AT PH5INTRO)] In the past 12 months have you used **any other** prescription medicine, other than those you've already reported, for problems with your emotions, nerves, mental health, energy, concentration, sleep, or ability to cope with stress?

1 Yes
2 No
DK/REF

PH5_OT5A [IF PH5_OT5=1] Please type in the name of **one more prescription medicine** you have used in the past 12 months for problems with your emotions, nerves, mental health, energy, concentration, sleep, or ability to cope with stress.

Only type in the name of a medicine if you haven't already reported it in an earlier question.

When you have finished, press the [ENTER] key to go to the next question.

PROGRAMMER: ALLOW 50 CHARACTERS
DK/REF

PROGRAMMER:

- IF (PH5_OT5A NE MISSING OR DK OR REF) AND (PH5INTRO INCLUDED AT LEAST FIVE 990 CODES), THEN USE PH5_OT5A TEXT TO REPLACE THE FILL TEXT FOR THE FIFTH 990 ENTERED.
- IF (PH5_OT5A NE MISSING OR DK OR REF) AND (PH5INTRO DID NOT INCLUDE AT LEAST FIVE 990 CODES), THEN USE PH5_OT5A TEXT TO POPULATE ANOTHER MEDFILL.

DEFINE PH_COUNT

SET PH_COUNT= (THE TOTAL NUMBER OF NONMISSING MEDFILL VARIABLES)

DEFINE PH6INTRO_FILL

IF PH_COUNT=1, THEN PH6INTRO_FILL= “the prescription medicine”

IF PH_COUNT>1 AND PH_COUNT<5, THEN PH6INTRO_FILL= “each of the prescription medicines”

IF PH_COUNT>1 AND PH_COUNT>5, THEN PH6INTRO_FILL= “some of the prescription medicines”

PH6INTRO. [IF PH_COUNT = OR >1] Next, we’ll ask a couple of questions about [PH6INTRO_FILL] that you reported taking.

NOTE TO PROGRAMMERS:

- LOOP THROUGH PH6a THROUGH PH12a FOR EACH MEDICINE PROVIDED IN PH5INTRO1, PH5INTRO2, PH5_OT1A, PH5_OT2A, OR PH5_OT3A, UP TO A TOTAL OF 5. IF MORE THAN 5 MEDICINES ARE PROVIDED, RANDOMLY SELECT 5 TO LOOP THROUGH.
- BELOW, ‘MEDFILLX’ IS USED TO REPRESENT THE MEDFILL RELEVANT TO THE CURRENT ITERATION OF THE LOOP. FOR EXAMPLE, IF YOU ARE PASSING THROUGH THE LOOP FOR THE FIRST TIME, THE ACTUAL MEDFILL REFERENCE WOULD BE MEDFILL1.

PH6a [IF (MEDFILLX NE MISSING)]

About how many days out of the past 30 did you take [MEDFILLX]?

_____ DAYS [RANGE: 0–30]
DK/REF

PH7a [IF MEDFILLX NE MISSING] About how many days out of the past 365 did you take [MEDFILLX]?

_____ DAYS [RANGE: 0–365]
DK/REF

NOTE TO PROGRAMMERS: AFTER COMPLETING THE PH6a THROUGH PH7a LOOP, LOOP THROUGH PH15 THROUGH PH23 UP TO THREE TIMES. IF ONE TO THREE MEDICINES INDICATED IN PH5INTRO1, PH5INTRO2, PH5_OT1A, PH5_OT2A, OR PH5_OT3A, ASK PH15–PH23 SERIES FOR EACH. IF FOUR OR MORE MEDICINES INDICATED, RANDOMLY SAMPLE THREE MEDICINES FROM AMONG THE MEDICINES PREVIOUSLY SELECTED FOR THE PH6a THROUGH PH7a LOOP AND ASK PH15–PH23 SERIES FOR EACH.

DEFINE PH15INTRO_FILL

IF PH_COUNT>3, FILL= “some of”
ELSE, FILL= “each of”

PH15INTRO. [PH_COUNT>1] Now, we’ll ask a few more questions about [PH15INTRO_FILL] the medicines that you reported taking.

DEFINE PH15_FILL

IF PH_COUNT>1 AND THIS IS THE FIRST ITERATION OF THE LOOP, FILL: “First, let’s talk about [MEDFILLX].”
IF PH_COUNT>1 AND THIS IS NOT THE FIRST ITERATION OF THE LOOP, FILL: “Now, let’s talk about [MEDFILLX].”
IF PH_COUNT=1 FILL=“”

PH15 [IF MEDFILLX NE MISSING] [PH15_FILL]

Overall, how effective was [MEDFILLX] in doing the things you expected it to?

- 1 Very effective
 - 2 Somewhat effective
 - 3 Not very effective
 - 4 Not at all effective
- DK/REF

PH16 [IF MEDFILLX NE MISSING] Did you take [MEDFILLX] under the supervision of a health professional? Or did you take it on your own, that is **without** a doctor’s prescription or in any way a doctor did **not** direct you to use it??

- 1 With supervision
 - 2 On your own without supervision
- DK/REF

PH17 [IF MEDFILLX NE MISSING] Who prescribed the [MEDFILLX] -- a psychiatrist, a general or family doctor, some other medical doctor, or some other health professional?

- 1 Psychiatrist
 - 2 General or family doctor
 - 3 Some other doctor
 - 4 Some other health professional
 - 5 No one prescribed the medication
- DK/REF

PH18 [IF MEDFILLX NE MISSING] People do not always take their medicine as they are supposed to. Think of a typical month when you took [MEDFILLX] in the past 12

months. How many days out of 30 did you typically either **forget** to take it or take **less** of it than you were supposed to take?

If you were not supposed to take the [MEDFILLX] regularly or did not take it for a full month, enter "996."

_____ NUMBER OF DAYS [RANGE: 0–30, 996]
DK/REF

PH19 [IF MEDFILLX NE MISSING] Are you still taking [MEDFILLX]?

- 1 Yes
 - 2 No
- DK/REF

PH20 [IF PH19 = 2 AND PH16 = 1] Did the health professional who supervised your use tell you to stop taking [MEDFILLX]?

- 1 Yes
 - 2 No
- DK/REF

PH21 [IF PH20 = 2] Did the health professional agree with your decision to stop?

- 1 Yes
 - 2 No
- DK/REF

PH22 [IF PH20 = 2] Did you stop taking [MEDFILLX] because you felt so much better that you no longer needed it? Or did you stop for some other reason?

- 1 Felt better
 - 2 Other reason
- DK/REF

PH23 [IF PH22 = 2] Which of these are reasons why you stopped taking [MEDFILLX]?

Select all that apply from the categories shown below. To select more than one answer from the list, press the space bar between each number you type. When you have finished, press the [ENTER] key to go to the next question.

- 1 The medicine was not helping
- 2 You thought the problem would get better without more medicine
- 3 You couldn't afford to pay for the medicine
- 4 You were too embarrassed to continue taking the medicine
- 5 You wanted to solve the problem without medications
- 6 The medicine caused side effects that made you stop

- 7 You were afraid that you would get dependent on the medication
 - 8 Someone in your personal life pressured you to stop
 - 9 Any other reason for stopping
- DK/REF

END TIME STAMP

19a. Trait Fear

BEGIN TIME STAMP

PROGRAMMER: RANDOMIZE RESPONDENT TO RECEIVE EITHER MODULE 19a4 (TRAIT FEAR) OR MODULE 19b (DISINHIBITION) **OR** MODULE 19c (PERSONALITY).

TF_INTRO The next section contains statements that different people might use to describe themselves. Each statement is followed by four choices: True, Somewhat True, Somewhat False, and False. For each statement, select the choice that describes you best. There are no right or wrong answers.

		True	Somewhat True	Somewhat False	False
TF1	You tend to be unsure of yourself in tough situations.	1	2	3	4
TF2	You like doing physically dangerous things.	1	2	3	4
TF3	You're always willing to rush in where others fear to tread.	1	2	3	4
TF4	You are afraid of a lot of things.	1	2	3	4
TF5	You find it frightening to be in a strange new place on your own.	1	2	3	4
TF6	You have a great deal of courage.	1	2	3	4
TF7	You stay calm, cool, and collected in scary situations.	1	2	3	4
TF8	You don't like walking into new situations, even when there's nothing to fear.	1	2	3	4
TF9	You are very easily frightened.	1	2	3	4
TF10	You gladly do things you've never done before, even if they might be dangerous.	1	2	3	4
TF11	You sometimes shy away from crowds of people.	1	2	3	4
TF12	You are fearless.	1	2	3	4
TF13	Major tasks or challenges can seem overwhelming to you.	1	2	3	4
TF14	You're afraid of far fewer things than most people.	1	2	3	4
TF15	It does not disturb you when you have to do something novel and unfamiliar.	1	2	3	4

		True	Somewhat True	Somewhat False	False
TF16	You stay away from physical danger as much as you can.	1	2	3	4
TF17	You are never as afraid as most other people.	1	2	3	4
TF18	It bothers you to be in new situations where things are uncertain.	1	2	3	4
TF19	In challenging situations, you love to be in the “driver’s seat.”	1	2	3	4
TF20	You enjoy doing new things that other people are afraid to do.	1	2	3	4

DK/REF

END TIME STAMP

19b. Disinhibition

BEGIN TIME STAMP

PROGRAMMER: RANDOMIZE RESPONDENT TO RECEIVE EITHER MODULE 19a (TRAIT FEAR) **OR** MODULE 19b (DISINHIBITION) **OR** MODULE 19c (PERSONALITY).

DIS1 The following section contains statements that different people might use to describe themselves. Each statement is followed by four choices: True, Somewhat True, Somewhat False, and False. For each statement, select the choice that describes you best. There are no right or wrong answers.

		True	Somewhat True	Somewhat False	False
DIS1a	You often act on immediate needs.	1	2	3	4
DIS1b	You've often missed things you promised to attend.	1	2	3	4
DIS1c	Your impulsive decisions have caused problems with loved ones.	1	2	3	4
DIS1d	You have missed work without bothering to call in.	1	2	3	4
DIS1e.	You jump into things without thinking.	1	2	3	4
DIS1f	You've gotten in trouble because you missed too much school.	1	2	3	4
DIS1g	You have good control over yourself.	1	2	3	4
DIS1h	You have taken money from someone's purse or wallet without asking.	1	2	3	4
DIS1i	People often abuse your trust.	1	2	3	4
DIS1j	You keep appointments you make.	1	2	3	4
DIS1k	You often get bored quickly and lose interest.	1	2	3	4
DIS1l	You have conned people to get money from them.	1	2	3	4
DIS1m	You get in trouble for not considering the consequences of your actions.	1	2	3	4
DIS1n	You have taken items from a store without paying for them.	1	2	3	4
DIS1o	You have a hard time waiting patiently for things you want.	1	2	3	4
DIS1p	You have lost a friend because of irresponsible things you've done.	1	2	3	4
DIS1q	Others have told you they are concerned about your lack of self-control.	1	2	3	4
DIS1r	You have robbed someone.	1	2	3	4

		True	Somewhat True	Somewhat False	False
DIS1s	You have had problems at work because you were irresponsible.	1	2	3	4
DIS1t	You have stolen something out of a vehicle.	1	2	3	4

DK/REF

END TIME STAMP

19c. Personality

BEGIN TIME STAMP

PROGRAMMER: RANDOMIZE RESPONDENT TO RECEIVE EITHER MODULE 19a (TRAIT FEAR) **OR** MODULE 19b (DISINHIBITION) **OR** MODULE 19c (PERSONALITY).

PERINTRO This is a list of things different people might say about themselves. We are interested in how you would describe yourself. Please select the response that best describes you.

	Very False or Often False	Sometimes or Somewhat False	Sometimes or Somewhat True	Very True or Often True
PER1 People would describe you as reckless.	0	1	2	3
PER2 You feel like you act totally on impulse.	0	1	2	3
PER3 Even though you know better, you can't stop making rash decisions.	0	1	2	3
PER4 You often feel like nothing you do really matters.	0	1	2	3
PER5 Others see you as irresponsible.	0	1	2	3
PER6 You're not good at planning ahead.	0	1	2	3
PER7 Your thoughts often don't make sense to others.	0	1	2	3
PER8 You worry about almost everything.	0	1	2	3
PER9 You get emotional easily, often for very little reason.	0	1	2	3
PER10 You fear being alone in life more than anything else.	0	1	2	3
PER11 You get stuck on one way of doing things, even when it's clear it won't work.	0	1	2	3

	Very False or Often False	Sometimes or Somewhat False	Sometimes or Somewhat True	Very True or Often True
PER12 You have seen things that weren't really there.	0	1	2	3
PER13 You steer clear of romantic relationships.	0	1	2	3
PER14 You're not interested in making friends.	0	1	2	3
PER15 You get irritated easily by all sorts of things.	0	1	2	3
PER16 You don't like to get too close to people.	0	1	2	3
PER17 It's no big deal if you hurt other people's feelings.	0	1	2	3
PER18 You rarely get enthusiastic about anything.	0	1	2	3
PER19 You crave attention.	0	1	2	3
PER20 You often have to deal with people who are less important than you are.	0	1	2	3
PER21 You often have thoughts that make sense to you but that other people say are strange.	0	1	2	3
PER22 You use people to get what you want.	0	1	2	3
PER23 You often "zone out" and then suddenly come to and realize that a lot of time has passed.	0	1	2	3
PER24 Things around you often feel unreal or more real than usual.	0	1	2	3

	Very False or Often False	Sometimes or Somewhat False	Sometimes or Somewhat True	Very True or Often True
PER25 It is easy for you to take advantage of others.	0	1	2	3

DK/REF

END TIME STAMP

20. BPD Screen

BEGIN TIME STAMP

BPD The next items are about your emotions and behaviors.

		Yes	No
BPD1	Have any of your closest relationships been troubled by a lot of arguments or repeated breakups?	1	2
BPD2a	Have you deliberately hurt yourself physically? For example, have you ever punched yourself, cut yourself, or burned yourself?	1	2
BPD2b	[IF SD19 NE 1] Have you ever attempted suicide?	1	2
BPD3	Have you had at least two problems with doing things suddenly or unexpectedly without giving thought to what might happen? For example, have you had problems with eating binges, spending sprees, drinking too much, or verbal outbursts?	1	2
BPD4	Have you been extremely moody?	1	2
BPD5a	Have you felt very angry a lot of the time?	1	2
BPD5b	Have you often acted in an angry or sarcastic manner?	1	2
BPD6	Have you often been distrustful of other people?	1	2
BPD7	Have you frequently felt unreal or as if things around you were unreal?	1	2
BPD8	Have you often felt empty inside?	1	2
BPD9	Have you often felt that you had no idea of who you are or that you have no identity?	1	2
BPD10	Have you made desperate efforts to avoid feeling abandoned or being abandoned? For example, have you repeatedly called someone to reassure yourself that he or she still cared, begged them not to leave you, or clung to them physically?	1	2

DK/REF

BPD_COUNT

SET BPD_COUNT=0

IF BPD1=1, THEN ADD 1 TO BPD_COUNT.

IF BPD2A=1 OR BPD2B =1, THEN ADD 1 TO BPD_COUNT.

IF BPD3=1, THEN ADD 1 TO BPD_COUNT.

IF BPD4=1, THEN ADD 1 TO BPD_COUNT.

IF BPD5A=1 OR BPD5B =1, THEN ADD 1 TO BPD_COUNT.

IF BPD6=1, THEN ADD 1 TO BPD_COUNT.

IF BPD7=1, THEN ADD 1 TO BPD_COUNT.

IF BPD8=1, THEN ADD 1 TO BPD_COUNT.
IF BPD9=1, THEN ADD 1 TO BPD_COUNT.
IF BPD10=1, THEN ADD 1 TO BPD_COUNT.

DEFINE BPD_P

IF BPD_COUNT>=7, THEN SET BPD_P=1.
ELSE SET BPD_P=0.

END TIME STAMP

22. Prison

BEGIN TIME STAMP

PR1 Next, we'll ask about encounters with the police or the court system. Not counting minor traffic violations, have you **ever** been arrested and booked for breaking a law?

- 1 Yes
- 2 No
- DK/REF

PR2 [IF PR1 = 1] Not counting minor traffic violations, how many times **during the past 12 months** have you been arrested and booked for breaking a law?

_____ NUMBER OF TIMES [RANGE: 0–99]
DK/REF

PR3 [IF PR1 = 1] Since the age of 18, were you **ever** in a jail, prison, or correctional facility?

- 1 Yes
- 2 No
- DK/REF

PR4 [IF PR3 = 1] Now think about all the time you have spent in a jail, prison, or correctional facility since you turned 18. What would be the easiest way for you to give your answer?

- 1 Total number of days
- 2 Total number of weeks
- 3 Total number of months
- 4 Total number of years
- DK/REF

DEFINE PR4a_FILL

IF PR4 = 1 OR DK OR REF, THEN PR4a_FILL = total number of days

IF PR4 = 2 THEN PR4a_FILL = total number of weeks

IF PR4 = 3 THEN PR4a_FILL = total number of months

IF PR4 = 4 THEN PR4a_FILL = total number of years

PR4a [IF PR3 = 1] What is the [PR4a_FILL] you were in a jail, prison, or correctional facility since you turned 18?

_____ DURATION [RANGE: 0–999]
DK/REF

PR5 [IF PR3 = 1] Were you in a jail, prison, or correctional facility at any time during the **past 12 months**?

- 1 Yes
- 2 No
- DK/REF

PR6 [IF PR5 = 1] How long altogether were you in one of these facilities during the **past 12 months**?

- 1 A week or less
- 2 More than a week but less than 1 month
- 3 At least 1 month but less than 3 months
- 4 At least 3 months but less than 6 months
- 5 At least 6 months but less than 9 months
- 6 More than 9 months
- DK/REF

PR7 [IF PR1 = 1] Were you on probation at any time during the **past 12 months**?

- 1 Yes
- 2 No
- DK/REF

PR8 [IF PR1 = 1] Were you on parole, supervised release, or other conditional release from prison at any time during the **past 12 months**?

- 1 Yes
- 2 No
- DK/REF

END TIME STAMP

23. Homelessness

BEGIN TIME STAMP

HOM1 Now we would like to know about whether you have ever been homeless. Have you ever had a time in your life when you considered yourself homeless?

- 1 Yes
- 2 No
- DK/REF

HOM2[IF HOM1 = 1] Were you homeless in the last 5 years?

- 1 Yes
- 2 No
- DK/REF

HOM2a [IF HOM2 = 1] Were you homeless in the past 12 months?

- 1 Yes
- 2 No
- DK/REF

HOM345 [IF HOM2a = 1] While you were homeless, did you ever sleep in...

		Yes	No
HOM3	a shelter for homeless people or in another temporary residence because you did not have a place to stay?	1	2
HOM4	a park, in an abandoned building, in the street, or in a train or bus station?	1	2
HOM5	a friend's or relative's home because you were homeless?	1	2

DK/REF

HOM6 [IF HOM1 = 1] Altogether, how much of your life have you been homeless -- would you say less than a week, more than a week but less than a month, more than a month but less than a year, or more than a year?

- 1 Less than a week
- 2 More than a week but less than a month
- 3 More than a month but less than a year
- 4 More than a year
- DK/REF

HOM7 [IF HOM2a = 1] Altogether, how much of the past 12 months have you been homeless?

- 1 Less than a week
 - 2 At least a week but less than 1 month
 - 3 At least 1 month but less than 3 months
 - 4 At least 3 months but less than 6 months
 - 5 At least 6 months but less than 9 months
 - 6 9 months or more
- DK/REF

END TIME STAMP

24. Head Injuries

BEGIN TIME STAMP

HINJ1 The next questions are about head or neck injuries that you had **at any time in your life**.

How many times in your life, including childhood and adulthood, did you have a head or neck injury that...

	Number of Times [RANGE: 0 – 100]
HINJ1b knocked you out, that is, you lost consciousness even if only for a short time?	
HINJ1c didn't knock you out, but caused you to be dazed or confused or to "see stars"?	
HINJ1d caused you to have a lapse in memory of events, before, during, or after the injury?	

DK/REF

HINJ2 [IF HINJ1d ≥ 1] How many times in your life did you have a head or neck injury that caused memory loss lasting...

	Number of Times [RANGE: 0 – 100]
HINJ2a less than 30 minutes?	
HINJ2b between 30 minutes and 24 hours?	
HINJ2c more than 24 hours?	

DK/REF

END TIME STAMP

Eligibility for Part 2 Modules

Part 2 modules will be asked of all respondents who met CRS disorder threshold criteria for any disorder plus a randomly chosen 25% of those who do not meet CRS threshold criteria for any disorder. The random selection will take place once for each non-threshold respondent, not separately for each Part 2 module. That is, a respondent is either administered all Part 2 modules or receive none of the Part 2 modules.

DEFINE THRS_HLD_PART2

IF ANY OF THE FOLLOWING ARE TRUE, THEN SET THRS_HLD_PART2=1

Variable Values	Disorder	Plain Language Description
DE5_ASK=1	Depression	Within the Depression module, the respondent's answers to the worst-2-weeks symptoms qualified the respondent to be asked age of onset and other follow-up questions (DE5 onward).
HM5_ASK=1	Mania	Within Mania, answers qualified the respondent to be asked age of onset and other follow-up questions (HM5 onward).
AW5_ASK = 1	Generalized Anxiety	Within the Anxiety and Worry module, the respondent's answers qualified him/her to be asked age of onset and other follow-up questions about anxiety episodes (AW5 onward).
IF (SP5 = 1 OR 2 OR DK OR REF)	Social Anxiety	Within Social Anxiety, the respondent's answers qualified him/her to be asked age of onset and other follow-up questions (SP6 onward).
AG4=1	Agoraphobia	Within the Agoraphobia module the respondent's answers qualified him/her to be asked age of onset and other follow-up questions in the Agoraphobia module (AG5 onward).
L5_ASK=1	Panic Disorder	Within the Panic Disorder module, the respondent's answers qualified him or her to be asked age of onset and other follow-up questions about the respondent's attacks (L5 onward).

Variable Values	Disorder	Plain Language Description
EA25=1	Eating Disorders	Within Eating Disorders, answers qualified the respondent to be asked age of onset for eating binges and other follow-up questions (ED3 onward).
(K1 ≥ 1 AND (K1 NE (DK OR REF))) OR (K12 ≥ 1 AND (K12 NE (DK OR REF)))	Intermittent Explosive Disorder	Within Intermittent Explosive Disorder, answers qualified the respondent to be asked age of onset and other follow-up questions, for one or both kinds of anger attack (nonviolent or violent).
SD15=1	Suicidality	Within Suicidality, answer qualified the respondent to be asked age of first occurrence regarding suicidality and other follow-up questions (SD15a-SD29, as applicable)
BPD_P=1	BPD Screen	Within the BPD Screen module, the respondent gave 7 or more “yes” answers to current equivalents of the items that were in the original 10-point McLean Instrument for BPD.

ELSE, SET THRSHLD_PART2=0.

DEFINE RAND25

RANDOMLY SET RAND25=1 WITH 25% PROBABILITY,
ELSE SET RAND25=0.

DEFINE PART2_SHOW

SET PART2_SHOW=0,
IF THRSHLD_PART2=1, RESET PART2_SHOW=1.
IF THRSHLD_PART2=0 AND RAND25=1, THEN PART2_SHOW=1.

25. Stressful Experiences (Post-Traumatic Stress Disorder)

BEGIN TIME STAMP

ONLY SHOW THIS MODULE IF PART2_SHOW=1

P1 The next questions are about highly stressful experiences that might have happened to you at **any time in your life**. Have you ever had any of the following experiences?

	Yes	No
P1a You were threatened or attacked with a knife, gun, baseball bat, bomb, or other weapon	1	2
P1b You were beaten up or physically assaulted	1	2
P1c You were sexually assaulted or raped	1	2
P1d You had combat experience in a war zone or region of terror	1	2
P1e You were kidnapped or held hostage	1	2
P1f You had a life-threatening illness or injury	1	2
P1g You were in a serious motor vehicle accident	1	2
P1h You had some other serious accident at home, work, or during recreational activity	1	2
P1i You were in a life-threatening natural disaster, like a hurricane or earthquake	1	2
P1j You were in a life-threatening manmade disaster, like a fire, explosion, or toxic chemical exposure	1	2
P1k You had some other experience that put you at serious risk of injury or death	1	2
P1l You witnessed a serious assault, murder, or suicide	1	2
P1m You witnessed a serious accidental injury or death	1	2
P1n You witnessed any other highly stressful situation where people were in pain, suffering, dying, or dead	1	2
P1o You caused someone else to have serious suffering, injury, or death	1	2
P1p A close friend or relative experienced sudden violent death	1	2
P1q A close friend or relative experienced accidental death	1	2
P1r A close friend or relative had any other experience that put them at serious risk of injury or death	1	2

DK/REF

DEFINE P2_FILL

IF P1a = 1 AND P1b NE 1 THEN P2_FILL = threatened or attacked with a weapon

IF P1a NE 1 and P1b = 1 THEN P2_FILL = beaten up

IF P1a = 1 AND P1b = 1 THEN P2_FILL = threatened or attacked with a weapon or beaten up

P2 [IF P1a = 1 OR P1b = 1] How many times in your life were you [P2_FILL]?

_____ NUMBER OF TIMES [RANGE: 0-9,999]

DK/REF

DEFINE P3_FILL

IF P2 = 1 THEN P3_FILL = when
ELSE P3_FILL = the first time

P3 [IF P2 NE 0 OR BLANK] How old were you [P3_FILL] you were [P2_FILL]?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

P4 [IF P1c = 1] How many times in your life were you sexually assaulted or raped?

_____ NUMBER OF TIMES [RANGE: 0–100]
DK/REF

DEFINE P5_FILL

IF P4 = 1 THEN P5_FILL = when
ELSE P5_FILL = the first time

P5 [IF P4 NE 0 OR BLANK] How old were you [P5_FILL] you were sexually assaulted or raped?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

P6 [IF P1d = 1] How old were you when you first had combat experience?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

P7a [IF P1d = 1] Now think about the amount of time you were in a combat zone or region of terror. Would it be easiest for you to provide this time in the number of months or the number of years?

1 Number of months
2 Number of years
DK/REF

DEFINE P7_FILL

IF P7a = 1 OR DK/REF THEN P7_FILL = months
IF P7a = 2 THEN P7_FILL = years

P7b [IF P1d = 1] How many [P7_FILL] were you in a combat zone or region of terror?

_____ [P7_FILL] [RANGE: 0–999]
DK/REF

P8 [IF P1e = 1] How old were you when you were first kidnapped?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

P9a [IF P1e = 1] Now think about the amount of time you were in captivity. Would it be easiest for you to provide this time in the number of days, months, or years?

- 1 Number of days
 - 2 Number of months
 - 3 Number of years
- DK/REF

DEFINE P9_FILL

IF P9a = 1 OR DK/REF THEN P9_FILL = days

IF P9a = 2 THEN P9_FILL = months

IF P9a = 3 THEN P9_FILL = years

P9b [IF P1e = 1] How many [P9_FILL] were you in captivity?

_____ [P9_FILL] [RANGE: 0–999]
DK/REF

P10 [IF P1f = 1] How many times in your life have you had a life-threatening illness or injury?

_____ NUMBER OF TIMES [RANGE: 0–9,999]
DK/REF

DEFINE P11_FILL

IF P10 = 1 THEN P11_FILL = when

ELSE P11_FILL = the first time

P11 [IF P10 NE 0 OR BLANK] How old were you [P11_FILL] you had a life-threatening illness or injury?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE P12_FILL

IF P1g = 1 OR P1h = 1 THEN P12_FILL = serious accident

IF P1i = 1 OR P1j = 1 THEN P12_FILL = life-threatening natural or manmade disaster

IF (P1g = 1 OR P1h = 1) AND (P1i = 1 OR P1j = 1) THEN P12_FILL = serious accident or life-threatening natural or manmade disaster

P12 [IF P1g = 1 OR P1h = 1 OR P1i = 1 OR P1j = 1] How many times in your life have you been in a [P12_FILL]?

_____ NUMBER OF TIMES [RANGE: 0–9,999]
DK/REF

DEFINE P13_FILL

IF P12 = 1 THEN P13_FILL = when
ELSE P13_FILL = the first time

P13 [IF P12 NE 0 OR BLANK] How old were you [P13_FILL] you were in a [P12_FILL]?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE P14_FILL

IF P1a = 1 OR P1b = 1 OR P1c = 1 OR P1d = 1 OR P1e = 1 OR P1f = 1 OR P1g = 1 OR P1h = 1 OR
P1i = 1 OR P1j = 1 THEN P14_FILL = any other
ELSE P14_FILL = an

P14 [IF P1k = 1] How many times in your life have you had [P14_FILL] experience that put you at serious risk of injury or death?

_____ NUMBER OF TIMES [RANGE: 0–9,999]
DK/REF

DEFINE P15_FILL

IF P14 = 1 THEN P15_FILL = when
ELSE P15_FILL = the first time

P15 [IF P14 NE 0 OR BLANK] How old were you [P15_FILL] you had [P14_FILL] experience that put you at serious risk of injury or death?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

P16 [IF P11 = 1 OR P1m = 1 OR P1n = 1] How many times in your life have you witnessed a serious assault, injury, death, or other highly stressful experience?

_____ NUMBER OF TIMES [RANGE: 0–9,999]
DK/REF

DEFINE P17_FILL

IF P16 = 1 THEN P17_FILL = when
ELSE P17_FILL = the first time

P17 [IF P16 NE 0 OR BLANK] How old were you [P17_FILL] you witnessed a serious assault, injury, death, or other highly stressful experience?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

P18 [IF P1o = 1] How many times in your life have you done something that caused serious injury, death, or suffering to someone else?

_____ NUMBER OF TIMES [RANGE: 0–9,999]
DK/REF

DEFINE P19_FILL

IF P18 = 1 THEN P19_FILL = when
ELSE P19_FILL = the first time

P19 [IF P18 NE 0 OR BLANK] How old were you [P19_FILL] you did something that caused serious injury, death, or suffering to someone else?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE P20_FILL

IF P1p = 1 AND P1q NE 1 AND P1r NE 1 THEN P20_FILL = a sudden violent death
IF P1p NE 1 AND P1q = 1 AND P1r NE 1 THEN P20_FILL = an accidental death
IF P1p NE 1 AND P1q NE 1 AND P1r = 1 THEN P20_FILL = an experience that put them at serious risk of injury or death
IF P1p = 1 AND P1q = 1 AND P1r NE 1 THEN P20_FILL = a sudden violent death or an accidental death
IF P1p = 1 AND P1q NE 1 AND P1r = 1 THEN P20_FILL = a sudden violent death or any other experience that put them at serious risk of injury or death
IF P1p NE 1 AND P1q = 1 AND P1r = 1 THEN P20_FILL = an accidental death or any other experience that put them at serious risk of injury or death
IF P1p = 1 AND P1q = 1 AND P1r = 1 THEN P20_FILL = a sudden violent death, an accidental death, or any other experience that put them at serious risk of injury or death

P20 [IF P1p = 1 OR P1q = 1 OR P1r = 1] How many times in your life has one of your close friends or relatives experienced [P20_FILL]?

_____ NUMBER OF TIMES [RANGE: 0–9,999]
DK/REF

DEFINE P21_FILL

IF P20 = 1 THEN P21_FILL = when
ELSE P21_FILL = the first time

P21 [IF P20 NE 0 OR BLANK] How old were you [P21_FILL] one of your close friends or relatives experienced [P20_FILL]?

____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

P22 [IF P1a=1 OR P1b=1 OR P1c=1 OR P1d=1 OR P1e=1 OR P1f=1 OR P1g=1 OR P1h=1 OR P1i=1 OR P1j=1 OR P1k=1 OR P1l=1 OR P1m=1 OR P1n=1 OR P1o=1 OR P1p=1 OR P1q=1 OR P1r=1] Highly stressful experiences can cause upsetting reactions that often last for months or even years after the experiences occur. In the **past 30 days**, how much were you bothered by...

	Extremely	Quite a Bit	Moderately	A Little Bit	Not at All
P22a repeated, disturbing, and unwanted memories of a highly stressful experience?	1	2	3	4	5
P22b strong physical reactions when something reminded you of a highly stressful experience, for example, heart pounding, trouble breathing, or sweating?	1	2	3	4	5
P22c avoiding memories, thoughts, or feelings related to a highly stressful experience?	1	2	3	4	5
P22d avoiding external reminders of a highly stressful experience, for example, people, places, conversations, activities, objects, or situations?	1	2	3	4	5
P22e difficulty concentrating?	1	2	3	4	5
P22f feeling jumpy or easily startled?	1	2	3	4	5
P22g serious psychological distress because of your reactions to a highly stressful experience?	1	2	3	4	5
P22h interference with your work or personal life because of your reactions to a highly stressful experience?	1	2	3	4	5

DK/REF

P23 [IF P1a=1 OR P1b=1 OR P1c=1 OR P1d=1 OR P1e=1 OR P1f=1 OR P1g=1 OR P1h=1 OR P1i=1 OR P1j=1 OR P1k=1 OR P1l=1 OR P1m=1 OR P1n=1 OR P1o=1 OR P1p=1 OR P1q=1 OR P1r=1] Think of a month in your life when you had the **largest number** of

reactions like these to a highly stressful experience. During that month, how much were you bothered by...

	Extremely	Quite a Bit	Moderately	A Little Bit	Not at All
P23a repeated, disturbing, and unwanted memories of a stressful experience?	1	2	3	4	5
P23b having strong physical reactions when something reminded you of a stressful experience, like heart pounding, trouble breathing, or sweating?	1	2	3	4	5
P23c avoiding memories, thoughts, or feelings related to a highly stressful experience?	1	2	3	4	5
P23d avoiding external reminders of a stressful experience, like people, places, or activities that reminded you of an experience?	1	2	3	4	5
P23e having difficulty concentrating?	1	2	3	4	5
P23f feeling jumpy or easily startled?	1	2	3	4	5

DK/REF

DEFINE P24LOGIC

IF 2 OR MORE IN THE P23 SERIES = 1, 2, OR 3 THEN P24LOGIC = 1

ELSE P24LOGIC = 0

P24 [IF P24LOGIC = 1] Still thinking about that same month in your life when you had the **largest number** of reactions to a highly stressful experience, how much were you bothered by...

	Extremely	Quite a Bit	Moderately	A Little Bit	Not at All
P24a repeated, disturbing dreams of a stressful experience?	1	2	3	4	5
P24b suddenly feeling or acting as if a stressful experience were happening again, like you were actually back there reliving it?	1	2	3	4	5

	Extremely	Quite a Bit	Moderately	A Little Bit	Not at All
P24c feeling very upset when something reminded you of a stressful experience?	1	2	3	4	5
P24d trouble falling or staying asleep?	1	2	3	4	5
P24e feeling irritable, having angry outbursts, or acting aggressively?	1	2	3	4	5
P24f taking too many risks or doing things that could cause you harm?	1	2	3	4	5
P24g being “super-alert” or watchful or on guard?	1	2	3	4	5
P24h having amnesia or trouble remembering important parts of a stressful experience?	1	2	3	4	5
P24i blaming yourself or someone else for a stressful experience or what happened after it?	1	2	3	4	5
P24j having strong negative beliefs about yourself, other people, or the world, like thoughts that you are bad, that no one can be trusted, or that the world is completely dangerous?	1	2	3	4	5
P24k having strong negative feelings such as fear, horror, anger, guilt, or shame?	1	2	3	4	5
P24l losing interest in activities that you used to enjoy?	1	2	3	4	5
P24m feeling distant or cut off from other people?	1	2	3	4	5
P24n having trouble experiencing positive feelings, like being unable to have loving feelings for people close to you, or feeling emotionally numb?	1	2	3	4	5

DK/REF

DEFINE P25LOGIC

IF ALL OF THE FOLLOWING CONDITIONS ARE MET:

- P23a < 4 OR P23b < 4 OR P24a < 4 OR P24b < 4 OR P24c < 4
- P23c < 4 OR P23d < 4

- 2 OR MORE OF P24h-P24n < 4
- 2 OR MORE OF P23e, P23f, P24d, P24e, P24f, P24g < 4

THEN P25LOGIC = 1

ELSE P25LOGIC = 0

P24o [IF P25LOGIC = 1] You mentioned being bothered by a number of reactions. How much psychological distress did these reactions cause?

- 1 None
 - 2 Mild
 - 3 Moderate
 - 4 Severe
 - 5 Very severe
- DK/REF

P25 [IF P25LOGIC = 1] About how old were you the **very first time** you had a month or longer when you had reactions like these to a highly stressful experience? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE P26 LOGIC

IF CURNTAGE – P25 = 1 THEN P26LOGIC = 0

IF CURNTAGE = P25 THEN P26LOGIC = 0

ELSE P26LOGIC = 1

P26 [IF (P25LOGIC = 1) AND (P26LOGIC = 1)] About how many years in your life have you had at least one month when you had reactions like these? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

P27 [IF P25LOGIC = 1] During about how many months in the **past 12 months** have you had reactions like these? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF MONTHS [RANGE: 0–12]
DK/REF

P28 [IF P27 < 1 OR P27 = DK/REF] About how old were you the **most recent time** you had a month of that sort? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

P29 [IF P25LOGIC = 1] How much did these reactions ever interfere with your work or personal life?

- 1 Extremely
- 2 A lot
- 3 Some
- 4 A little
- 5 Not at all
- DK/REF

P30 Have you had any of the following stressful life events in the **past 12 months**?

	Yes	No
P30_1 Serious illness or injury	1	2
P30_2 Separation, divorce, or other serious romantic breakup	1	2
P30_3 Breakup or falling out with a close friend or relative	1	2
P30_4 Betrayal by someone close to you	1	2
P30_5 Job loss	1	2
P30_6 Any other major financial crisis	1	2
P30_7 A break-in or burglary of your home, car, or workplace	1	2
P30_8 You were the victim of a mugging or armed robbery	1	2
P30_9 [IF P1b NE 2] You were physically assaulted	1	2
P30_10 [IF P1c NE 2] You were sexually assaulted or raped	1	2
P30_11 You got into serious trouble with the police (e.g., arrested)	1	2
P30_12 You got into serious legal trouble (e.g., an audit, a lawsuit)	1	2
P30_13 Someone very close to you died	1	2
P30_14 Someone very close to you had a life-threatening illness or injury	1	2
P30_15 Someone very close to you had some other serious life crisis	1	2
P30_16 Something else	1	2

DK/REF

P30a [IF P30_16 = 1] Please type in a brief description of any other stressful life events you have had in the **past 12 months**.

_____ [ALLOW 50 CHARACTERS]

P31 On a 0-to-10 scale where 0 means “No Stress” and 10 means “Very Severe Stress,” how much stress do you currently have in each of the following areas of your life?

	No Stress 0	Mild			Moderate			Severe			Very Severe Stress 10
		1	2	3	4	5	6	7	8	9	10
P31a Your financial situation	0	1	2	3	4	5	6	7	8	9	10
P31b Your career	0	1	2	3	4	5	6	7	8	9	10
P31c Your health	0	1	2	3	4	5	6	7	8	9	10
P31d Your love life	0	1	2	3	4	5	6	7	8	9	10
P31e Your relationships with close family and friends	0	1	2	3	4	5	6	7	8	9	10
P31f The health of your loved ones	0	1	2	3	4	5	6	7	8	9	10
P31g Other problems experienced by your loved ones	0	1	2	3	4	5	6	7	8	9	10
P31h Problems getting along with people at work and in your community	0	1	2	3	4	5	6	7	8	9	10
P31i Your life overall	0	1	2	3	4	5	6	7	8	9	10

DK/REF

P32 People differ a lot in how they handle stress. How would you rate your ability to handle stress in each of the following ways?

	Excellent	Very Good	Good	Fair	Poor
P32a Your ability to keep calm and think of the right thing to do in a crisis	1	2	3	4	5
P32b Your ability to manage stress	1	2	3	4	5
P32c Your ability to try new approaches if old ones don't work	1	2	3	4	5
P32d Your ability to get along with people when you have to	1	2	3	4	5
P32e Your ability to keep your sense of humor in tense situations	1	2	3	4	5

DK/REF

END TIME STAMP

26. Family Medical History (ACE)

BEGIN TIME STAMP

ONLY SHOW THIS MODULE IF PART2_SHOW=1

FMIN These next questions are about your biological mother. Are you able to answer questions about your biological mother?

- 1 Yes
- 2 No
- DK/REF

FM2a [IF FMIN = 1] Is your biological mother still living?

- 1 Yes
- 2 No
- DK/REF

FM2b [IF FM2a = 2] How old was your mother at the time of her death?

_____ YEARS OLD [RANGE: 0–100]
DK/REF

FM2 [IF FM2a = 1 OR DK OR REF] What is your biological mother's current age?

_____ YEARS OLD [RANGE: 0–100]
DK/REF

FM3 [IF FMIN = 1] What was the last grade or year of school your biological mother completed?

- 0 No schooling completed
- 1 1st grade completed
- 2 2nd grade completed
- 3 3rd grade completed
- 4 4th grade completed
- 5 5th grade completed
- 6 6th grade completed
- 7 7th grade completed
- 8 8th grade completed
- 9 9th grade completed
- 10 10th grade completed
- 11 11th grade completed

- 12 Regular high school diploma
 - 13 12th grade, no diploma
 - 14 GED certificate of high school completion
 - 15 Some college credit, but no degree
 - 16 Associate's degree, for example, AA or AS
 - 17 Bachelor's degree, for example, BA or BS
 - 18 Master's degree, for example, MA, MS, MENG, M. ED, MSW, or MBA
 - 19 Doctorate degree, for example, PHD or EDD
 - 20 Professional degree beyond a bachelor's degree, for example, MD, DDS, DVM, LLB, or JD
- DK/REF

DEFINE FM4_FILL

IF FM2a = 1 OR DK OR REF, THEN FM4_FILL = "currently has or has ever had"

IF FM2a = 2, THEN FM4_FILL = "ever had"

FM4 [IF FMIN = 1] Please indicate whether your biological mother [FM4_FILL] any of the following conditions.

		Yes	No
FM4a	Autism spectrum disorder, including Asperger's	1	2
FM4b	Bipolar disorder, also known as manic depression	1	2
FM4c	An anxiety disorder such as phobia, panic disorder, generalized anxiety disorder, post-traumatic stress disorder, or any other anxiety disorder	1	2
FM4d	Depression	1	2
FM4e	Schizophrenia	1	2

DK/REF

FMIN2 These next questions are about your biological father. Are you able to answer questions about your biological father?

1 Yes

2 No

DK/REF

FM5a [IF FMIN2 = 1] Is your biological father still living?

1 Yes

2 No

DK/REF

FM5b [IF FM5a = 2] How old was your father at the time of his death?

_____ YEARS OLD [RANGE: 0–100]

DK/REF

FM6 [IF FM5a = 1 OR DK OR REF] What is your biological father’s current age?

_____ YEARS OLD [RANGE 1–100]
DK/REF

FM7 [IF FMIN2 = 1] What was the last grade or year of school your biological father completed?

- 0 No schooling completed
- 1 1st grade completed
- 2 2nd grade completed
- 3 3rd grade completed
- 4 4th grade completed
- 5 5th grade completed
- 6 6th grade completed
- 7 7th grade completed
- 8 8th grade completed
- 9 9th grade completed
- 10 10th grade completed
- 11 11th grade completed
- 12 Regular high school diploma
- 13 12th grade, no diploma
- 14 GED certificate of high school completion
- 15 Some college credit, but no degree
- 16 Associate’s degree, for example, AA or AS
- 17 Bachelor’s degree, for example, BA or BS
- 18 Master’s degree, for example, MA, MS, MENG, M. ED, MSW or MBA
- 19 Doctorate degree, for example, PHD or EDD
- 20 Professional degree beyond a bachelor’s degree, for example, MD, DDS, DVM, LLB or JD

DK/REF

DEFINE FM8_FILL

IF FM5a = 1 OR DK OR REF, THEN FM8_FILL = “currently has or has ever had”

IF FM5a = 2, THEN FM8_FILL = “ever had”

FM8 [IF FMIN2 = 1] Please indicate whether your biological father [FM8_FILL] any of the following conditions.

		Yes	No
FM8a	Autism spectrum disorder, including Asperger’s	1	2
FM8b	Bipolar disorder, also known as manic depression	1	2
FM8c	An anxiety disorder such as phobia, panic disorder, generalized anxiety disorder, post-traumatic stress disorder, or any other anxiety disorder	1	2

		Yes	No
FM8d	Depression	1	2
FM8e	Schizophrenia	1	2

DK/REF

FM9 The next questions are about any siblings you may have. For these questions, please think about siblings who are alive as well as those who are no longer living.

Do you have, or have you ever had, any siblings?

1 Yes

2 No

DK/REF

FM9a [IF FM9 = 1] How many of your siblings are **full** siblings?

A **full** sibling is a brother or sister who has the same biological mother **and** biological father as you.

_____ [RANGE: 0 – 25]
DK/REF

FM9b [IF FM9 = 1] How many of your siblings are **half** siblings?

A **half** sibling is a brother or sister with whom you share one biological parent.

_____ [RANGE: 0 – 25]
DK/REF

DEFINE FULLSIB

IF FM9a > 0 THEN FULLSIB = FM9a
ELSE FULLSIB = BLANK

DEFINE HALFSIB

IF FM9b > 0 THEN HALFSIB = FM9b
ELSE HALFSIB = BLANK

FM10 [IF FULLSIB NE BLANK AND HALFSIB NE BLANK] Please indicate whether any of your full or half siblings currently have or have ever had any of the following conditions.

[IF FULLSIB = 1 AND HALFSIB = BLANK] Please indicate whether your full sibling currently has or has ever had any of the following conditions.

[IF FULLSIB > 1 AND HALFSIB = BLANK] Please indicate whether any of your full siblings currently have or have ever had any of the following conditions.

[IF FULLSIB = BLANK and HALFSIB = 1] Please indicate whether your half sibling currently has or has ever had any of the following conditions.

[IF FULLSIB = BLANK and HALFSIB > 1] Please indicate whether any of your half siblings currently have or have ever had any of the following conditions.

	Yes	No
FM10a Autism spectrum disorder, including Asperger's	1	2
FM10b Bipolar disorder, also known as manic depression	1	2
FM10c An anxiety disorder such as phobia, panic disorder, generalized anxiety disorder, post-traumatic stress disorder, or any other anxiety disorder	1	2
FM10d Depression	1	2
FM10e Schizophrenia	1	2

DK/REF

FM11 [IF (FULLSIB ≥ 1 AND HALFSIB ≥ 1) AND FM10a = 1] You reported having a sibling with autism spectrum disorder. Is it a full sibling, half sibling, or both that currently has or has ever had autism spectrum disorder?

1 [IF FULLSIB = 1, FILL: "Full sibling"] [IF FULLSIB > 1, FILL: "Full sibling or siblings"]

2 [IF HALFSIB = 1, FILL: "Half sibling"] [IF HALFSIB > 1, FILL: "Half sibling or siblings"]

3 Both full and half siblings

DK/REF

FM12 [IF (FULLSIB ≥ 1 AND HALFSIB ≥ 1) AND FM10b = 1] You reported having a sibling with bipolar disorder, also known as manic depression. Is it a full sibling, half sibling, or both that currently has or has ever had bipolar disorder?

1 [IF FULLSIB = 1, FILL: "Full sibling"] [IF FULLSIB > 1, FILL: "Full sibling or siblings"]

2 [IF HALFSIB = 1, FILL: "Half sibling"] [IF HALFSIB > 1, FILL: "Half sibling or siblings"]

3 Both full and half siblings

DK/REF

FM13 [IF (FULLSIB ≥ 1 AND HALFSIB ≥ 1) AND FM10c = 1] You reported having a sibling with an anxiety disorder, such as phobia, panic disorder, generalized anxiety disorder, or post-traumatic stress disorder.

Is it a full sibling, half sibling, or both that currently has or has ever had an anxiety disorder?

- 1 [IF FULLSIB = 1, FILL: "Full sibling"] [IF FULLSIB > 1, FILL: "Full sibling or siblings"]
 - 2 [IF HALFSIB = 1, FILL: "Half sibling"] [IF HALFSIB > 1, FILL: "Half sibling or siblings"]
 - 3 Both full and half siblings
- DK/REF

FM14 [IF (FULLSIB ≥ 1 AND HALFSIB ≥ 1) AND FM10d = 1] You reported having a sibling with depression.

Is it a full sibling, half sibling, or both that currently has or has ever had depression?

- 1 [IF FULLSIB = 1, FILL: "Full sibling"] [IF FULLSIB > 1, FILL: "Full sibling or siblings"]
 - 2 [IF HALFSIB = 1, FILL: "Half sibling"] [IF HALFSIB > 1, FILL: "Half sibling or siblings"]
 - 3 Both full and half siblings
- DK/REF

FM15 [IF (FULLSIB ≥ 1 AND HALFSIB ≥ 1) AND FM10e = 1] You reported having a sibling with schizophrenia.

Is it a full sibling, half sibling, or both that currently has or has ever had schizophrenia?

- 1 [IF FULLSIB = 1, FILL: "Full sibling"] [IF FULLSIB > 1, FILL: "Full sibling or siblings"]
 - 2 [IF HALFSIB = 1, FILL: "Half sibling"] [IF HALFSIB > 1, FILL: "Half sibling or siblings"]
 - 3 Both full and half siblings
- DK/REF

FM16 Next we would like to ask your opinion about how likely you think various events might be. For each question, we'd like for you to give a number from 0 to 100, where "0" means you think there is absolutely no chance, and "100" means that you think the event is absolutely sure to happen. You can choose any number from 0 to 100. The larger the number, the **more likely** you think it is that the event will happen. The smaller the number, the **less likely** you think it is that the event will happen.

[IF CURNTAGE < 75] On the scale from 0 to 100, what is the percent chance that you will live to the age of 75 or older?

_____ [RANGE: 0–100]

DK/REF

FM17 [IF B13b = 2 AND (DE3_COUNT < 5 AND DE3_COUNTA < 1) AND (DE4_COUNT < 5 AND DE4_COUNTA < 1)] On the scale from 0 to 100, what is the percent chance that you will become seriously depressed in your lifetime?

_____ [RANGE: 0–100]

DK/REF

FM18 On a different topic, there have been a lot of national and world events and changes over the past 90 or so years— -- say, from about 1930 right up until today. Please use the keyboard to type one or two such events or changes that seem to you to have been especially important. When you are finished, press [ENTER] to continue.

_____ [LIMIT TO 150 CHARACTERS]

DK/REF

END TIME STAMP

27. Tobacco, Alcohol, Drugs, and Treatment

BEGIN TIME STAMP

ONLY SHOW THIS MODULE IF PART2_SHOW=1

TAD1 The next questions are about your use of tobacco, alcohol, and drugs.. Have you ever in your life used any of the following substances, even if it was only one time?

	Yes	No
TAD1a A cigarette, cigar, pipe, snuff, or smokeless tobacco?		
TAD1c A drink of alcohol, such as beer, wine, wine cooler, shot of liquor, or mixed drink?		
TAD1f Marijuana or hashish?		
TAD1g Any other kind of illegal drug, such as cocaine, ecstasy, speed, LSD, or poppers?		
TAD1h A prescription stimulant, such as Adderall, amphetamines, or diet pills, on your own, that is without a doctor’s prescription or in any way a doctor did not direct you to use it?		
TAD1i A prescription tranquilizer or muscle relaxer, such as Ativan, Valium, or sedatives, such as Ambien, on your own?		
TAD1j A prescription pain reliever, such as Codeine or OxyContin, on your own?		

DK/REF

TAD2 [IF TAD1a = 1] About how old were you the **very first time** you smoked a cigarette, cigar, or pipe, or used snuff, or smokeless tobacco?

_____ [RANGE: 0–CURNTAGE]

DK/REF

TAD3 [IF TAD1a = 1] In the past 12 months, how often did you use any tobacco product, such as a cigarette, cigar, pipe, snuff, or smokeless tobacco?

- 1 4-7 days a week
- 2 2-3 days a week
- 3 2-4 days a month
- 4 Monthly or less
- 5 Haven’t Used in Past 12 Months

DK/REF

TAD4 [IF TAD3 NE 5] On the days you used tobacco products in the **past 12 months**, about how many cigarettes, cigars, pipes, dips, or chews did you usually have per day?

_____ NUMBER PER DAY [RANGE: 1–70]
DK/REF

TAD5 [IF TAD1a = 1] Have you ever used tobacco products at least once a week for a full 12 months?

- 1 Yes
 - 2 No
- DK/REF

TAD6 [IF TAD5 = 1] About how old were you the **very first time** you used tobacco products at least once a week for a full 12 months?

_____ [RANGE: 0–CURNTAGE]
DK/REF

TAD7 [IF TAD1c = 1] About how old were you when you had your first drink of alcohol, such as beer, wine, a wine cooler, a shot of liquor, or a mixed drink?

_____ [RANGE: 0–CURNTAGE]
DK/REF

TAD8 [IF TAD1c = 1] In the past 12 months, how often did you have at least 1 drink of alcohol?

- 1 4-7 days a week
 - 2 2-3 days a week
 - 3 2-4 days a month
 - 4 Monthly or less
 - 5 Never
- DK/RE

TAD9 [IF TAD8 NE 5] On the days you used alcohol in the **past 12 months**, about how many drinks did you usually have **per day**?

_____ NUMBER OF DRINKS PER DAY [RANGE: 1–50]
DK/REF

TAD10 [IF TAD1c = 1] Have you ever drunk alcohol at least once a month for a full year?

- 1 Yes
 - 2 No
- DK/REF

TAD11 [IF TAD10 = 1] About how old were you the **very first time** you drank alcohol at least once a month for a full year?

_____ [RANGE: 0–CURNTAGE]
DK/REF

TAD12 [IF TAD1c = 1] Have you ever had [IF QD01 = 5 FILL: five; IF QD01 = 9 FILL: four] or more drinks of alcohol on the same day?

- 1 Yes
- 2 No
- DK/REF

TAD13 [IF TAD12 = 1] About how old were you the **very first time** you had [IF QD01 = 5 FILL: five; IF QD01 = 9 FILL: four] or more drinks of alcohol on the same day?

_____ [RANGE: 0–CURNTAGE]
DK/REF

TAD14 [IF TAD1f = 1] About how old were you the **very first time** you used marijuana or hashish?

_____ [RANGE: 0–CURNTAGE]
DK/REF

TAD15 [IF TAD1f = 1] In the past 12 months, how often did you use marijuana or hashish....

- 1 4-7 days a week
- 2 2-3 days a week
- 3 2-4 days a month
- 4 Monthly or less
- 5 Never
- DK/REF

TAD16 [IF TAD1g = 1] About how old were you the **very first time** you used any other kind of illegal drug, such as cocaine, ecstasy, speed, LSD, or poppers?

_____ [RANGE: 0–CURNTAGE]
DK/REF

TAD17 [IF TAD1g = 1] In the past 12 months, how often did you use any other kind of illegal drug?

- 1 4-7 days a week
- 2 2-3 days a week
- 3 2-4 days a month
- 4 Monthly or less

5 Never
DK/REF

TAD18 [IF TAD1h = 1] About how old were you the **very first time** you used a prescription stimulant, such as Adderall, amphetamines, or diet pills, on your own, that is **without** a doctor's prescription or in any way a doctor did **not** direct you to use it?

_____ [RANGE: 0–CURNTAGE]
DK/REF

TAD19 [IF TAD1h = 1] In the past 12 months, how often did you use a prescription stimulant on your own?

- 1 4-7 days a week
 - 2 2-3 days a week
 - 3 2-4 days a month
 - 4 Monthly or less
 - 5 Never
- DK/REF

TAD20 [IF TAD1i = 1] About how old were you the **very first time** you used a prescription tranquilizer or muscle relaxer, such as Ativan, Valium, or sedatives, such as Ambien, on your own?

_____ [RANGE: 0–CURNTAGE]
DK/REF

TAD21 [IF TAD1i = 1] In the past 12 months, how often did you use a prescription tranquilizer, muscle relaxer or sedative on your own?

- 1 4-7 days a week
 - 2 2-3 days a week
 - 3 2-4 days a month
 - 4 Monthly or less
 - 5 Never
- DK/REF

TAD22 [IF TAD1j = 1] About how old were you the **very first time** you used a prescription pain reliever, such as Codeine or OxyContin, on your own?

_____ [RANGE: 0–CURNTAGE]
DK/REF

TAD23 [IF TAD1j = 1] In the past 12 months, how often did you use a prescription pain reliever on your own?

- 1 4-7 days a week
 - 2 2-3 days a week
 - 3 2-4 days a month
 - 4 Monthly or less
 - 5 Never
- DK/REF

TAD24 [IF TAD1c = 1] Think of the time in your life when you used the most alcohol. During that time, how often did you drink?

- 1 4-7 days a week
 - 2 2-3 days a week
 - 3 2-4 days a month
 - 4 Monthly or less
- DK/REF

TAD25 [IF TAD1c = 1] On the days you used alcohol during that time in your life, about how many drinks did you usually have per day?

_____ NUMBER OF DRINKS PER DAY [RANGE: 1-50]
DK/REF

TAD26 [IF (TAD8 = 1) OR (TAD8 = 2 AND TAD9 ≥ 2) OR (TAD8 = 3 AND TAD9 ≥ 3) OR (TAD8 = 4 AND TAD9 ≥ 5) OR (TAD12 = 1) OR (TAD24 = 1) OR (TAD24 = 2 AND TAD25 ≥ 2) OR (TAD24 = 3 AND TAD25 ≥ 3) OR (TAD24 = 4 AND TAD25 ≥ 5)] In answering the next questions, think of the one year in your life when your use of alcohol interfered most with your life. During that year, how often did you have each of the following problems?

	4-7 Days a Week	2-3 Days a Week	2-4 Days a Month	Monthly or Less	Never
TAD26a Your drinking or being hung over interfered with your responsibilities at school, home, or work?	1	2	3	4	5
TAD26b You continued drinking even when it caused problems with your family, friends, neighbors, or co-workers?	1	2	3	4	5
TAD26c You were under the influence in hazardous situations, like when driving or operating a machine?	1	2	3	4	5

	4-7 Days a Week	2-3 Days a Week	2-4 Days a Month	Monthly or Less	Never
TAD26d You either drank more or spent more time drinking than you intended when you started?	1	2	3	4	5
TAD26e You greatly reduced important activities with family, friends, or at work because of your drinking?	1	2	3	4	5

DK/REF

DEFINE TAD26_COUNT

SET TAD26_COUNT = 0

IF TAD26a = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD26_COUNT

IF TAD26b = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD26_COUNT

IF TAD26c = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD26_COUNT

IF TAD26d = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD26_COUNT

IF TAD26e = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD26_COUNT

DEFINE TAD27RAND = random number between 0.00–1.00

TAD27 [IF TAD26_COUNT ≥ 1 OR (TAD26_COUNT = 0 AND TAD27RAND ≤ 0.10)] Still thinking about the one year in your life when your use of alcohol interfered most with your life, how often during that year did you have each of these other problems?

	4-7 Days a Week	2-3 Days a Week	2-4 Days a Month	Monthly or Less	Never
TAD27a You tried to cut down or control your drinking but were unable to do so?	1	2	3	4	5
TAD27b You spent a great deal of time drinking or recovering from drinking?	1	2	3	4	5
TAD27c You had such a strong desire or craving to drink that you couldn't think of anything else?	1	2	3	4	5
TAD27d You continued to drink even when it caused physical or emotional health problems?	1	2	3	4	5

	4-7 Days a Week	2-3 Days a Week	2-4 Days a Month	Monthly or Less	Never
TAD27e You developed alcohol tolerance, that is, either the same amount no longer had the same effect or you needed to drink a lot more to get the same effect?	1	2	3	4	5
TAD27f You experienced withdrawal symptoms like fatigue, headaches, diarrhea, the shakes, or emotional problems when you tried to cut down your drinking?	1	2	3	4	5
TAD27g You continued to drink in order to avoid having withdrawal symptoms?	1	2	3	4	5

DK/REF

DEFINE TAD28_COUNT

SET TAD28_COUNT = 0

IF TAD26a = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD28_COUNT
 IF TAD26b = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD28_COUNT
 IF TAD26c = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD28_COUNT
 IF TAD26d = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD28_COUNT
 IF TAD26e = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD28_COUNT
 IF TAD27a = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD28_COUNT
 IF TAD27b = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD28_COUNT
 IF TAD27c = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD28_COUNT
 IF TAD27d = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD28_COUNT
 IF TAD27e = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD28_COUNT
 IF TAD27f = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD28_COUNT
 IF TAD27g = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD28_COUNT

DEFINE TAD28_FILL

IF TAD28_COUNT = 2 THEN TAD28_FILL = “these problems”
ELSE TAD28_FILL = “at least two of these problems”

TAD28 [IF TAD28_COUNT ≥ 2] You reported [TAD28_COUNT] problems associated with your alcohol use. About how old were you the **very first time** you had [TAD28_FILL] in the same year? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
 DK/REF

TAD29 [IF TAD28 = (CURNTAGE – 1)] Did that start in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

TAD30 [IF (TAD28_COUNT ≥ 2) AND TAD28 NE CURNTAGE AND NE (CURNTAGE – 1)] About how many years in your life did you have [TAD28_FILL] in the same year? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–(CURNTAGE – 2)]
DK/REF

TAD31 [IF TAD28_COUNT ≥ 2] During about how many months in the **past 12 months** did you have these problems? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF MONTHS [RANGE: 0–12]
DK/REF

TAD32 [(TAD28_COUNT ≥ 2) AND TAD31 NE 1–12] About how old were you the **most recent time** you had [TAD28_FILL] in the same year? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE TAD33A_FILL

IF TAD1f OR TAD1g OR TAD1h OR TAD1i OR TAD1j = 1 THEN TAD33A_FILL = “also”
ELSE TAD33A_FILL = “”

DEFINE TAD33B_FILL

IF TAD1f = 1, TAD33B_FILL: “marijuana or hashish (and/,)”
IF TAD1g = 1, TAD33B_FILL: “other illegal drugs (and/,)”
IF TAD1h = 1, TAD33B_FILL: “prescription stimulants (and/,)”
IF TAD1i = 1, TAD33B_FILL: “prescription tranquilizers (and/,)”
IF TAD1j = 1, TAD33B_FILL: “prescription pain relievers”

DEFINE TAD33C_FILL

IF TAD1f = 1 AND TAD1g-TAD1j = 2 OR DK OR REF, TAD33C_FILL: “marijuana or hashish”
IF TAD1h = 1 AND TAD1f AND TAD1g AND TAD1i AND TAD1j = 2 OR DK OR REF,
TAD33C_FILL: “prescription stimulant”
IF TAD1i = 1 AND TAD1f AND TAD1g AND TAD1h AND TAD1j = 2 OR DK OR REF,
TAD33C_FILL: “prescription tranquilizer”
IF TAD1j = 1 AND TAD1f AND TAD1g AND TAD1h AND TAD1i = 2 OR DK OR REF,
TAD33C_FILL: “prescription pain reliever”

ELSE TAD33C_FILL: drug

TAD33 [IF TAD1f OR TAD1g OR TAD1h OR TAD1i OR TAD1j = 1] You [TAD33A_FILL] reported using [TAD33B_FILL]. In answering the next questions, think of the one year in your life when your [TAD33C_FILL] use interfered most with your life. During that year, how often did you have each of the following problems?

	4-7 Days a Week	2-3 Days a Week	2-4 Days a Month	Monthly or Less	Never
TAD33a Your [TAD33C_FILL] use or being under the influence interfered with your responsibilities at school, home, or work?	1	2	3	4	5
TAD33b You continued to use even when it caused problems with your family, friends, neighbors, or co-workers?	1	2	3	4	5
TAD33c You were under the influence in hazardous situations, like when driving or operating a machine?	1	2	3	4	5
TAD33d You either used more or spent more time using than you intended when you started?	1	2	3	4	5
TAD33e You greatly reduced important activities with family, friends, or at work because of your use?	1	2	3	4	5

DK/REF

DEFINE TAD33_COUNT

SET TAD33_COUNT = 0

IF TAD33a = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD33_COUNT

IF TAD33b = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD33_COUNT

IF TAD33c = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD33_COUNT

IF TAD33d = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD33_COUNT

IF TAD33e = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD33_COUNT

DEFINE TAD34RAND = random number between 0.00–1.00

TAD34 [IF TAD33_COUNT ≥ 1 OR (TAD33_COUNT = 0 AND TAD34RAND ≤ 0.10)] Still thinking about the one year in your life when your [TAD33C_FILL] use interfered most with your life, how often during that year did you have each of these other problems?

	4-7 Days a Week	2-3 Days a Week	2-4 Days a Month	Monthly or Less	Never
TAD34a You tried to cut down or control your use but were unable to do so?	1	2	3	4	5
TAD34b You spent a great deal of time using or recovering from use?	1	2	3	4	5
TAD34c You had such a strong desire or craving to use that you couldn't think of anything else?	1	2	3	4	5
TAD34d You continued to use even when it caused physical or emotional health problems?	1	2	3	4	5
TAD34e You experienced [TAD33C_FILL] tolerance, that is, either the same amount no longer had the same effect or you needed to use a lot more to get the same effect?	1	2	3	4	5
TAD34f You experienced withdrawal symptoms like trouble sleeping, emotional problems, restlessness, sweating or nausea when you tried to cut down your use?	1	2	3	4	5
TAD34g You continued to use in order to avoid having withdrawal symptoms?	1	2	3	4	5

DK/REF

DEFINE TAD35_COUNT

SET TAD35_COUNT = 0

IF TAD33a = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD35_COUNT
IF TAD33b = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD35_COUNT
IF TAD33c = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD35_COUNT
IF TAD33d = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD35_COUNT
IF TAD33e = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD35_COUNT
IF TAD34a = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD35_COUNT
IF TAD34b = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD35_COUNT
IF TAD34c = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD35_COUNT
IF TAD34d = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD35_COUNT
IF TAD34e = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD35_COUNT
IF TAD34f = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD35_COUNT
IF TAD34g = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD35_COUNT

DEFINE TAD35_FILL

IF TAD35_COUNT = 2 THEN TAD35_FILL = “these problems”

IF TAD35_COUNT > 2 THEN TAD35_FILL = “at least two of these problems”

TAD35 [IF TAD35_COUNT ≥ 2] You reported [TAD35_COUNT] problems associated with your drug use. About how old were you the **very first time** you had [TAD35_FILL] in the same year? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

TAD36 [IF TAD35 = (CURNTAGE – 1)] Did that episode start in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

TAD37 [IF (TAD35_COUNT ≥ 2) AND TAD35 NE CURNTAGE AND (TAD35 NE (CURNTAGE – 1))] About how many years in your life did you have [TAD35_FILL] in the same year? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–(CURNTAGE – 2)]
DK/REF

TAD38 [IF TAD35_COUNT ≥ 2] During about how many **months** out of the **past 12** did you have these problems? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF MONTHS [RANGE: 0–12]
DK/REF

TAD39 [IF (TAD35_COUNT ≥ 2) AND TAD38 NE (1–12)] About how old were you the **most recent time** you had these problems because of your drug use? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE TAD40_FILL

IF TAD28_COUNT ≥ 2 AND TAD35_COUNT ≥ 2 THEN TAD40_FILL = “alcohol or drug use”

IF TAD28_COUNT ≥ 2 AND TAD35_COUNT < 2 THEN TAD40_FILL = “alcohol use”

IF TAD28_COUNT < 2 AND TAD35_COUNT ≥ 2 THEN TAD40_FILL = “drug use”

TAD40 [IF ((TAD28_COUNT ≥ 2) OR (TAD35_COUNT ≥ 2)) The next questions are about treatment.

Have you ever in your life stayed overnight or longer in a substance abuse treatment center or hospital to receive treatment for problems with [TAD40_FILL]?

- 1 Yes
- 2 No
- DK/REF

TAD41 [IF TAD40 = 1] How many times were you hospitalized for problems with [TAD40_FILL]? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF TIMES [RANGE: 1–100]
DK/REF

DEFINE TAD42_FILL

IF TAD41 = 1 THEN TAD42_FILL = “when that happened?”

ELSE TAD42_FILL = “the first time you were hospitalized for those problems?”

TAD42 [IF TAD40=1] How old were you [TAD42_FILL]?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE TAD43_FILL

IF TAD41 = 1 THEN TAD43_FILL = “that”

ELSE TAD43_FILL = “your first hospitalization”

TAD43 [IF TAD42 = (CURNTAGE – 1)] Did [TAD43_FILL] start in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
- 2 More than 12 months ago
- DK/REF

TAD44 [IF TAD40 =1] How many nights in the past 12 months were you in a hospital for problems with [TAD40_FILL]? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF NIGHTS IN A HOSPITAL [RANGE: 0–365]
DK/REF

TAD45 [IF TAD44 < 1 OR TAD42 NE CURNTAGE] About how old were you the **most recent time** you were in a hospital overnight for problems with [TAD40_FILL]? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 1–(CURNTAGE – 1)]
DK/REF

DEFINE TAD46_FILL

IF TAD40 = 1 AND TAD41 = 1 TAD46_FILL: “Not counting the time when you were hospitalized, have”

IF TAD40 = 1 AND TAD41 NE 1 TAD46_FILL: “Not counting times when you were hospitalized, have”

ELSE TAD46_FILL: “Have”

TAD46 [IF (TAD28_COUNT ≥ 2) OR (TAD35_COUNT ≥ 2)] People can receive treatment for problems with [TAD40_FILL] by attending a self-help group, participating in a 12-step program, receiving professional counseling, or taking medication.

[TAD46_FILL] you ever in your life received any of these kinds of treatment for problems with [TAD40_FILL]?

- 1 Yes
- 2 No
- DK/REF

TAD47 [IF TAD46 = 1] About how old were you the very first time you received this-treatment?

Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

TAD48 [IF TAD47 = (CURNTAGE-1)] Did you start that treatment in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
- 2 More than 12 months ago
- DK/REF

TAD49 [IF TAD46 = 1 AND (TAD47 NE CURNTAGE) AND (TAD48 NE1)] During about how many years in your life did you receive treatment for problems with [TAD40_FILL] at least once? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 0–CURNTAGE]
DK/REF

DEFINE TAD50_FILL

IF TAD40 = 1 AND TAD41 = 1, TAD50_FILL: “Not counting time when you were hospitalized, about”

IF TAD40 = 1 AND TAD41 NE 1, TAD50_FILL: “Not counting times when you were hospitalized, about”

ELSE TAD50_FILL: “About”

TAD50 [IF TAD46 = 1 AND ((TAD47 NE CURNTAGE) OR IF ((TAD49 NE 1) AND (TAD47 NE (CURNTAGE – 2 OR MORE)) AND ((TAD31 NE (1–12)) OR (TAD38 NE (1–12)))))]
 A person can have a treatment session with a professional counselor by visiting face-to-face, talking over the telephone, or by exchanging text messages. A person can also have a treatment session by attending a self-help group or by participating in a 12-step program.

[TAD50_FILL] how many treatment sessions, for problems with [TAD40_FILL], did you have in the past 12 months?

Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF TREATMENT SESSIONS [RANGE: 1–1000]
 DK/REF

TAD51 [TAD49 < 1] About how old were you the **most recent time** you received treatment? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
 DK/REF

TAD52 [IF TAD50 ≥ 1] Are you still in treatment? Or have you stopped treatment?

- 1 Still in treatment
 - 2 Stopped treatment
- DK/REF

TAD53 [IF TAD52 = 2] How important was each of the following reasons for why you stopped treatment?

	Very Important	Somewhat Important	Not Very Important	Not at All Important
TAD53a You got better and no longer needed help	1	2	3	4
TAD53b It was not helping; you were not getting better	1	2	3	4
TAD53c Financial reasons	1	2	3	4
TAD53d Inconvenience, such as problems with time, transportation, or scheduling	1	2	3	4
TAD53e Embarrassment or concern about what people would think if they knew you were in treatment	1	2	3	4

	Very Important	Somewhat Important	Not Very Important	Not at All Important
TAD53f You preferred to handle the problem on your own or with the help of family and friends	1	2	3	4
TAD53g Some other important reason	1	2	3	4

DK/REF

TAD53OT [IF TAD53g = 1 OR 2] What was the other important reason you stopped treatment?

_____ [ALLOW 200 CHARACTERS]

DK/REF

TAD54 [IF TAD40 = (2 OR DK OR REF) OR TAD46 = (2 OR DK OR REF) OR TAD48 = (2 OR DK OR REF)] Was there ever a time in the past 12 months when you felt that you might need treatment for your [TAD40_FILL]?

1 Yes

2 No

DK/REF

TAD55 [IF TAD54 = 1] How important was each of the following reasons for why you did not get treatment?

	Very Important	Somewhat Important	Not Very Important	Not at All Important
TAD55a The problem got better and you no longer needed help	1	2	3	4
TAD55b You didn't know where to go	1	2	3	4
TAD55c You couldn't find a place that would see you when you needed help	1	2	3	4
TAD55d Financial reasons	1	2	3	4
TAD55e Inconvenience, such as problems with time, transportation, or scheduling	1	2	3	4
TAD55f Embarrassment or concern about what people would think if they knew you were in treatment	1	2	3	4
TAD55g You preferred to handle the problem on your own or with the help of family and friends	1	2	3	4
TAD55h Some other important reason	1	2	3	4

DK/REF

TAD55OT [IF TAD55h = 1 OR 2] What was the other important reason you did not get treatment?

_____ [ALLOW 200 CHARACTERS]

DK/REF

END TIME STAMP

28. Relationships and Social Networks

BEGIN TIME STAMP

ONLY SHOW THIS MODULE IF PART2_SHOW=1

U1A The next questions are about how you describe yourself.

Which of the following best represents how you think of yourself?

- 1 Lesbian or gay
 - 2 Straight, that is, not lesbian or gay
 - 3 Bisexual
 - 4 Something else
- DK/REF

U1B What sex were you assigned at birth, on your original birth certificate?

- 1 Male
 - 2 Female
- DK/REF

U1C How do you describe yourself?

- 1 Male
 - 2 Female
 - 3 Transgender
 - 4 Do not identify as female, male, or transgender
- DK/REF

U4x [IF QD07 = 1 OR 2 OR 3 OR 4] Earlier, you mentioned that you are now [FILL QD07]. How old were you when you **first** got married?

_____ YEARS OLD [RANGE: 10 - CURNTAGE]
DK/REF

U4y [IF QD07 = 1] How long have you been married?

_____ YEARS [RANGE: 0-90]
DK/REF

U9 [IF QD07 NE 1] Next, we'll ask about your relationships with other people.

Are you currently living with someone in a marriage-like relationship?

- 1 Yes
- 2 No
- DK/REF

U10 [IF U9 = 2] Which of the following **best** describes your current dating situation?

- 1 Engaged to be married
- 2 Cohabiting or living together
- 3 Steadily dating one person, but not engaged
- 4 Dating one or more people, but not in one steady relationship
- 5 Not currently dating
- DK/REF

DEFINE U11_FILL

IF QD07 = 1, THEN U11_FILL = spouse

IF U10 = 1, THEN U11_FILL = fiancé

ELSE U11_FILL = partner

U11 [IF (QD07 = 1) OR (U9 = 1) OR (U10 = 1 OR 2)] What is the sex of your [U11_FILL]?

- 1 Male
- 2 Female
- 3 Transgender
- DK/REF

U12 [IF QD07 NE 1 AND U10 = 1 OR 2] How many years have you been in a steady relationship with your [U11_FILL]? If less than one year, enter "0".

_____ YEARS [RANGE: 0–CURNTAGE]
DK/REF

DEFINE U13_FILL

IF QD07 = 1, THEN U13_FILL = Counting your spouse, how

ELSE U13_FILL = How

U13 [U13_FILL] many people have you had sexual intercourse with in the past 12 months?

_____ NUMBER OF PEOPLE [RANGE: 0–300]
DK/REF

U14A [IF QD07 = 1 OR U9 = 1 OR U10 = 1 OR 2] Please think about your [U11_FILL] when answering the next questions.

	A Lot	Some	A Little	Not at All
U14A1 How much does your [U11_FILL] really care about you?	1	2	3	4
U14A2 How much does your [U11_FILL] understand the way you feel about things?	1	2	3	4
U14A3 How much can you rely on your [U11_FILL] for help if you have a serious problem?	1	2	3	4
U14A4 How much can you open up to your [U11_FILL] if you need to talk about your worries?	1	2	3	4

DK/REF

U14B [IF QD07 = 1 OR U9 = 1 OR U10 = 1 OR 2] Please think about your [U11_FILL] when answering the next questions.

	Often	Sometimes	Rarely	Never
U14B1 How often does your [U11_FILL] make too many demands on you?	1	2	3	4
U14B2 How often does your [U11_FILL] criticize you?	1	2	3	4
U14B3 How often does your [U11_FILL] let you down when you are counting on them?	1	2	3	4
U14B4 How often does your [U11_FILL] get on your nerves?	1	2	3	4

DK/REF

U15 How many biological children have you had?

If you have no biological children, please enter 0.

_____ NUMBER OF CHILDREN [RANGE: 0–25]

DK/REF

DEFINE U16_FILL

IF U15 = 2, THEN U16_FILL = older

IF U15 > 2, THEN U16_FILL = oldest

ELSE, U16_FILL = BLANK

U16 [IF U15 > 0] How old is your [U16_FILL] biological child? If your child is less than 1 year old, enter “0”.

_____ YEARS OLD [RANGE: 0–80]

DK/REF

DEFINE U17_FILL

IF U15 = 2, THEN U17_FILL = younger
IF U15 > 2, THEN U17_FILL = youngest
ELSE, U17_FILL = BLANK

U17 [IF U15 > 1] How old is your [U17_FILL] biological child? If your child is less than 1 year old, enter "0".

_____ YEARS OLD [RANGE: 0-80]
DK/REF

U18 How many step-children or adoptive children do you have? If none, enter "0".

_____ NUMBER OF CHILDREN [RANGE: 0-25]
DK/REF

DEFINE U19_FILL

IF U18 = 2, THEN U19_FILL = older
IF U18 > 2, THEN U19_FILL = oldest
ELSE, U19_FILL = BLANK

U19 [IF U18 > 0] How old is your [U19_FILL] step or adoptive child? If your child is less than 1 year old, enter "0".

_____ YEARS OLD [RANGE: 0-80]
DK/REF

DEFINE U20_FILL

IF U18 = 2, THEN U20_FILL = younger
IF U18 > 2, THEN U20_FILL = youngest
ELSE, U20_FILL = BLANK

U20 [IF U18 > 1] How old is your [U20_FILL] step or adoptive child? If your child is less than 1 year old, enter "0".

_____ YEARS OLD [RANGE: 0-80]
DK/REF

DEFINE U21_FILL

IF QD07 = 1, THEN U21_FILL = is your spouse
IF U9 = 1, THEN U21_FILL = is your partner
IF U10 = 1, THEN U21_FILL = is your fiancé
IF U10 = 2, THEN U21_FILL = is your partner
ELSE, THEN U21_FILL = are any of your sexual partners

U21 [IF U1B = 1 AND U13 > 0] As far as you know, [U21_FILL] currently pregnant?

- 1 Yes
- 2 No
- DK/REF

U22 [IF U1B = 2 AND U13 > 0 AND CURNTAGE < 55] As far as you know, are you currently pregnant?

- 1 Yes
- 2 No
- DK/REF

SN1 The next few questions are about your social life.

How often do you talk on the phone, chat online, or get together with friends or relatives?

- 1 Most every day
- 2 A few times a week
- 3 A few times a month
- 4 Once a month
- 5 Less than once a month
- 6 Never
- DK/REF

SN2 [IF SN1 = 1 OR 2 OR 3 OR 4] How many friends and relatives do you talk to on the phone, chat with online, or get together with **at least once a month**?

_____ NUMBER OF FRIENDS AND RELATIVES [RANGE: 1–95]
DK/REF

SN2a How often do you attend meetings of religious, fraternal, social, or recreation groups you belong to?

- 1 Several times a week
- 2 1–2 times a week
- 3 Several times a month
- 4 1–2 times a month
- 5 Less than once a month
- 6 Never
- DK/REF

SN2r This next question is about the role that religious beliefs may play in your life. Please indicate whether you strongly disagree, disagree, agree, or strongly agree.

Your religious beliefs are a very important part of your life.

- 1 Strongly Disagree

- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- DK/REF

SN3 How much could you rely on people in your personal life for support and comfort if you had a serious personal problem?

- 1 A lot
- 2 Some
- 3 A little
- 4 Not at all
- DK/REF

SN4 [IF SN3 = 1 OR 2] How many people could you rely on in this way?

_____ NUMBER OF PEOPLE [RANGE: 1-95]
DK/REF

SN6 How often do the people in your personal life make too many demands on you?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK/REF

SN7 How often do the people in your personal life argue with you or say things that make you feel bad about yourself?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK/REF

SN8 How well do the following statements describe you?

	Exactly Like Me	A Lot Like Me	Somewhat Like Me	A Little Like Me	Not at All Like Me
SN8a The people in my personal life would be happier without me	1	2	3	4	5

	Exactly Like Me	A Lot Like Me	Somewhat Like Me	A Little Like Me	Not at All Like Me
SN8b I am a burden to the people in my personal life	1	2	3	4	5
SN8c I feel like I belong	1	2	3	4	5
SN8d The people in my personal life need me and would be much worse off if I was not around	1	2	3	4	5

DK/REF

SN10 The next questions are about using the internet for social networking and playing games with other people.

	Yes	No
SN10a Do you use the internet for playing games with other people?	1	2
SN10b Do you use the internet for social networking with other people?	1	2

DK/REF

SN11 [IF SN10a = 1] How often do you play online games with other people? Include any type of online game you play with other people, such as website games, console games, and mobile apps.

- 1 Less than once a day
- 2 Once a day
- 3 Several times a day
- 4 Many times a day
- 5 Constantly

DK/REF

SN12 [IF SN10b = 1] How often do you use social networking apps or sites like Facebook, Snapchat, Instagram, and Twitter?

- 1 Less than once a day
- 2 Once a day
- 3 Several times a day
- 4 Many times a day
- 6 Constantly

DK/REF

SN14 [IF SN10a = 1 OR IF SN10b = 1] How many **new** friends, if any, have you made online?

- 1 None
 - 2 One
 - 3 2–5
 - 4 More than 5
- DK/REF

SN15 [IF SN10a = 1 OR IF SN10b = 1] When you use social networking apps or play games with others online, do you ever . . .

	Yes, a Lot	Yes, a Little	No
SN15a feel more relaxed and happy?	1	2	3
SN15b feel more angry and frustrated?	1	2	3

DK/REF

END TIME STAMP

29. Childhood Demographics

BEGIN TIME STAMP

ONLY SHOW THIS MODULE IF PART2_SHOW=1

Q_DE2 Now we have some questions about your childhood.

Press [ENTER] to continue.

Q_DE20_11 Were you raised mostly in a large city, suburbs of a large city, a small city, a town or village, or in a rural area?

- 1 Large city
 - 2 Suburbs of a large city
 - 3 Small city
 - 4 Town or village
 - 5 Rural area
- DK/REF

Q_DE20_12 How many times while you were growing up did you move to a totally new neighborhood or town?

_____ TIMES [RANGE: 0-50]
DK/REF

Q_DE20_5 [IF ADQ11 > 0] The following questions are about specific educational experiences during different periods of your life. How many different schools did you attend up to the end of high school?

_____ SCHOOLS [RANGE: 1-36]
DK/REF

Q15b [IF QD11 > 0] How well did you do in math compared to other children in your class?

- 1 Much better
 - 2 Better
 - 3 About the same
 - 4 Worse
 - 5 Much worse
 - 6 Did not have other children in your class
- DK/REF

Q15c [IF QD11 > 0] How well did you do in reading and writing, like spelling and grammar, compared to other children in your class?

- 1 Much better
 - 2 Better
 - 3 About the same
 - 4 Worse
 - 5 Much worse
 - 6 Did not have other children in your class
- DK/REF

Q16 [IF QD11 > 0] **In elementary school**, did any teachers, principals, or school psychologists tell you or your parents that you had a problem with learning any of the following usual school subjects?

	Yes	No
Q16a Reading	1	2
Q16b Writing	1	2
Q16c Mathematics or arithmetic	1	2
Q16d Speaking or language	1	2

DK/REF

```

DEFINE Q16_COUNT
  SET Q16_COUNT=0
  IF Q16a=1, ADD 1 TO Q16_COUNT
  IF Q16b=1, ADD 1 TO Q16_COUNT
  IF Q16c=1, ADD 1 TO Q16_COUNT
  IF Q16d=1, ADD 1 TO Q16_COUNT

```

```

DEFINE Q16_FILL
  IF Q16_COUNT=1, THEN SET Q16_FILL="this learning problem"
  IF Q16_COUNT>1, THEN SET Q16_FILL="these learning problems"

```

Q17 [IF Q16a OR Q16b OR Q16c OR Q16d = 1] Because of [Q16_FILL], did you receive any of the following at any time?

	Yes	No
Q17a Special education testing to help understand the problem	1	2
Q17b Special or different classes provided by the school, because of the problem	1	2
Q17c Individual tutoring or counseling arranged by the school	1	2
Q17d Private tutoring arranged at home	1	2
Q17e A request to see a medical doctor or psychologist about this problem	1	2
Q17f A request to change to a different school	1	2

DK/REF

Q17g [IF Q17f = 1] Did you actually change schools because of [Q16_FILL]?

- 1 Yes
- 2 No
- DK/REF

Q18 [IF QD11 ≥ 8] When you were in middle school, junior high, or high school, were you or your parents ever told by a professional that you had any of the following problems?

	Yes	No
Q18a Mental or emotional problems	1	2
Q18b Dyslexia	1	2
Q18c Attention Deficit Hyperactivity Disorder, also called ADHD	1	2
Q18d Another learning disorder	1	2

DK/REF

Q18e [IF Q18d = 1] What other learning disorder were you or your parents told by a professional that you had?

_____ LEARNING DISORDER [LIMIT TO 150 CHARACTERS]

DK/REF

Q19 [IF QD11 ≥ 8] The next questions are about things you may have done in high school. By high school, we mean public or private high school and homeschooling for grades 9 through 12. Did you take special courses or classes in high school to better prepare you for college?

- 1 Yes
- 2 No
- 3 I did not attend high school
- DK/REF

Q20 [IF QD11 ≥ 8 AND Q19 NE 3] Did you take courses or classes in high school that were intended to prepare you for a job after high school? This is also called vocational training.

- 1 Yes
- 2 No
- DK/REF

Q21 [IF QD11 ≥ 8 AND Q19 NE 3] Did your high school ever monitor your attendance more often than most students' because they felt you were absent more than usual?

- 1 Yes
- 2 No
- DK/REF

Q25 [IF QD11 ≥ 8 AND Q19 NE 3] Approximately how many school clubs or organizations were you involved with during high school?

- 1 0
 - 2 1–5
 - 3 6–9
 - 4 10–19
 - 5 20 or more
- DK/REF

Q26 [IF QD11 ≥ 8 AND Q19 NE 3] **During middle school, junior high, or high school**, did you regularly participate in any kind of organized sport, such as basketball, swimming, tennis, gymnastics, or snow sports?

- 1 Yes
 - 2 No
- DK/REF

Q26a [IF Q26 = 1] In how many of your middle school, junior high or high school years did you participate in some kind of organized sport?

_____ YEARS [RANGE: 1–8]
DK/REF

Q29 **In the past year**, how often have you taken part in activities that are **vigorous or moderately energetic**, such as running, working out, swimming, walking, dancing, or tennis?

- 1 Every day
 - 2 More than once a week
 - 3 Once a week
 - 4 One to three times a month
 - 5 Hardly ever or never
- DK/REF

END TIME STAMP

30. Childhood Experiences

[ONLY SHOW THIS MODULE IF PART2_SHOW=1.]

BEGIN TIME STAMP

X1 Next, we'll ask about some experiences you may have had growing up. Which of the following experiences did you have **before age 18?**

	Yes	No
X1a Did your mother or father die before you were 18?	1	2
X1b Did your parents separate or divorce before you were 18?	1	2
X1c Did either parent attempt or commit suicide?	1	2
X1d Was either parent in prison or jail for 6 months or longer?	1	2
X1e Did either parent, or person who raised you, have a mental illness?	1	2
X1f Did either parent, or person who raised you, have an alcohol or drug problem?	1	2
X1g Were you sent to a juvenile detention center?	1	2

DK/REF

X2 How many **years out of the first 17** of your life did you live...

NUMBER OF YEARS

X2a with your biological mother? _____ [RANGE: 0–17]

X2b with your biological father? _____ [RANGE: 0–17]

X2c in a foster home? _____ [RANGE: 0–17]

DK/REF

X3 How often did you do each of the following things **before age 18?**

	Very Often	Often	Sometimes	Rarely	Never
X3a [IF CURNTAGE > 30] Bully or threaten other kids	1	2	3	4	5
X3b Start fights	1	2	3	4	5
X3c Run away from home and stay away overnight	1	2	3	4	5
X3d Lie or “con” other people	1	2	3	4	5
X3e Set fires	1	2	3	4	5
X3f Stay out very late, long after you were supposed to be home	1	2	3	4	5
X3g Skip school	1	2	3	4	5

DK/REF

X4 How often did you do each of the following things **before age 18?**

	Very Often	Often	Sometimes	Rarely	Never
X4a Argue or “talk back” to adults	1	2	3	4	5

	Very Often	Often	Sometimes	Rarely	Never
X4b Disobey rules at home, school, or work	1	2	3	4	5
X4c Refuse to follow directions from adults like your parents, teacher, or boss	1	2	3	4	5
X4d Blame others for your mistakes or bad behavior	1	2	3	4	5
X4e Do mean things to “pay people back” for things they did that you didn’t like	1	2	3	4	5

DK/REF

X5 How often did you have each of the following experiences **before age 18?**

	Very Often	Often	Sometimes	Rarely	Never
X5a Your family was on welfare	1	2	3	4	5
X5b You were homeless	1	2	3	4	5
X5c You had to do chores too hard or dangerous for someone your age	1	2	3	4	5
X5d You didn’t have anyone who would take care of you or protect you	1	2	3	4	5
X5e Nobody ensured you had adequate food or clothing or medical care	1	2	3	4	5
X5f Someone touched you or made you touch them in a sexual way against your will	1	2	3	4	5
X5g You were sexually abused at home	1	2	3	4	5
X5h [IF CURNTAGE > 30] You were beaten up or terrorized by bullies at school or in the neighborhood	1	2	3	4	5

DK/REF

X6 How often did you have each of the following experiences **before age 18?**

	Very Often	Often	Sometimes	Rarely	Never
X6a Someone in your family hit you so hard that it left bruises or marks	1	2	3	4	5
X6b You were physically abused at home	1	2	3	4	5

	Very Often	Often	Sometimes	Rarely	Never
X6c You felt that someone in your family hated you	1	2	3	4	5
X6d You were emotionally abused at home	1	2	3	4	5
X6e People in your family said hurtful or insulting things to you	1	2	3	4	5
X6f Someone in your family made you feel important	1	2	3	4	5
X6g You felt loved and cared for	1	2	3	4	5
X6h Your family was a source of strength and support	1	2	3	4	5

DK/REF

X7 [IF CURNTAGE = 18–30] The next questions ask about bullying. Bullying is when one or more people tease, threaten, spread rumors about, hit, shove, or hurt another person over and over again. It is **not** bullying when two people of about the same strength or power argue or fight or tease each other in a friendly way.

With that definition in mind, have you **ever in your life** been bullied?

1 Yes

2 No

DK/REF

X8 [IF X7 = 1] During the **past 12 months**, have you been bullied?

1 Yes

2 No

DK/REF

X9 [IF CURNTAGE = 18–30] Have you **ever in your life** bullied someone?

1 Yes

2 No

DK/REF

X10 [IF X9 = 1] During the **past 12 months**, have you bullied someone?

1 Yes

2 No

DK/REF

X11 [IF CURNTAGE = 18–30] Electronic bullying is when someone bullies you through texting, instant messaging, e-mail, chat rooms, or websites. Have you **ever in your life** been electronically bullied?

- 1 Yes
- 2 No
- DK/REF

X12 [IF X11 = 1] During the **past 12 months**, have you been electronically bullied?

- 1 Yes
- 2 No
- DK/REF

X13 [IF CURTAGE = 18–30] Have you **ever in your life** bullied someone electronically?

- 1 Yes
- 2 No
- DK/REF

X14 [IF X13 = 1] During the **past 12 months**, have you bullied someone electronically?

- 1 Yes
- 2 No
- DK/REF

END TIME STAMP

31. Employment

BEGIN TIME STAMP

E1 The next few questions are about employment status. Which of the following were you doing last week?

- 1 Working for pay at a job or business
 - 2 With a job or business but not at work, such as on vacation or leave
 - 3 Looking for work
 - 4 Working, but not for pay, at a family-owned job or business
 - 5 Not working at a job or business and not looking for work
- DK/REF

DEFINE E2_FILL

IF E1 = 2, THEN E2_FILL = work last week

IF E1 = 5, THEN E2_FILL = have a job or business last week

E2 [IF E1 = 2 OR 5] What is the main reason you did not [E2_FILL]?

- 1 Taking care of house or family
 - 2 Going to school
 - 3 Retired
 - 4 On a planned vacation from work
 - 5 On family or maternity leave
 - 6 Temporarily unable to work for health reasons
 - 7 Have job/contract and off-season
 - 8 On layoff
 - 9 Disabled
 - 10 Other
- DK/REF

DEFINE E3_FILL

IF E1 = 1 OR 4, THEN E3_FILL = did you work **last week** at **all** jobs or businesses

IF E2 = 4 OR 5 OR 6 OR 7, THEN E3_FILL = do you **usually** work at **all** jobs or businesses

DEFINE E3_ASK

IF (E1 = 1 OR 4) OR (E2 = 4 OR 5 OR 6 OR 7), then E3_ASK=1,

ELSE E3_ASK=0.

E3 [IF E3_ASK=1] How many hours [E3_FILL]?

_____ NUMBER OF HOURS [RANGE: 1-168]

DK/REF

E3_SFTCK [IF E3 = 95 – 168] [FILL: E3] is an unusually high number. Is it correct that you worked [E3] hours **last week**?

- 1 Yes
 - 2 No
- DK/REF

E3_2 [IF E3_SFTCK = 2 OR DK] How many hours [E3_FILL]?

_____ NUMBER OF HOURS [RANGE: 1 – 168]
DK/REF

E4 [IF E3 = 1 – 34 OR DK OR REF] Do you **usually** work 35 hours or more per week in total at **all** jobs or businesses?

- 1 Yes
 - 2 No
- DK/REF

E5 Did you work for pay at any time in [4 DIGIT LAST FULL CALENDAR YEAR]?

- 1 Yes
 - 2 No
- DK/REF

DEFINE E_EMPTY

IF (E1 = 1 OR 2 OR 4) AND (E2=4 OR 5 OR 6 OR 7), THEN E_EMPTY=1,
ELSE E_EMPTY=0.

QD37 [IF E_EMPTY=1] During the past 12 months, was there ever a time when you did **not** have at least one job or business?

- 1 Yes
 - 2 No
- DK/REF

QD38 [IF QD37 = 1] In how many weeks during the past 12 months did you **not** have at least one job or business?

_____ NUMBER OF WEEKS WITHOUT A JOB OR BUSINESS [RANGE: 0–52]
DK/REF

IF QD38 = 0, HARD ERROR TEXT SHOULD READ: If less than 1 week, enter 1.

QD39a [IF E3_ASK=0 AND (E5 = 2 OR DK OR REF)] In what year did you last work at a job or business? If you have never worked for pay, enter 9991.

PROGRAMMER: ADD “YYYY” NEXT TO THE ENTRY FIELD IN THE TOOL BAR.

_____ YEAR LAST WORKED
DK/REF

PROGRAMMER: DO NOT ALLOW BLANKS IN QD39a.

[IF QD39a > SYSTEM YEAR] **HARD ERROR:** The year that the computer recorded is [YEAR FROM QD39a]. Press [ENTER] to close this box and then enter the correct year.

[IF QD39a < (SYSTEM YEAR – CURRENT AGE)] **HARD ERROR:** The year the computer recorded is earlier than your birth date. Press [ENTER] to close this box and then double-check the year.

QD39b [IF QD39a = SYSTEM YEAR OR (SYSTEM YEAR – 1)] In what month in [YEAR FROM QD39a] did you last work at a job or business?

1 January
2 February
3 March
4 April
5 May
6 June
7 July
8 August
9 September
10 October
11 November
12 December
DK/REF

QD40 [IF E_EMPTY=1] During the past 30 days, that is, from [DATEFILL] up to and including today, how many **whole** days of work did you miss because you were sick or injured? Please do not include days you missed because you stayed home with a sick child or other family member.

_____ NUMBER OF DAYS [RANGE: 0–30]
DK/REF

QD41 [IF E_EMPTY=1] During the past 30 days, that is, from [DATEFILL] up to and including today, how many **whole** days of work did you miss because you just didn’t want to be there?

Please do not include days you missed because of a planned vacation or days that you stayed home with a sick child or other family member.

_____ NUMBER OF DAYS [RANGE: 0–30]
DK/REF

PENTER1 Thank you for your help with this part of the interview. When you leave this screen, the responses you entered into the computer will be locked and can no longer be seen by you, the interviewer, or anyone else who uses this computer. When you are ready, please press 1 and [ENTER] to complete this part of the interview and lock your responses.

[ONCE 1 IS ENTERED FOR PENTER1, NO ONE CAN RE-ENTER THE ACASI PORTION OF THE INTERVIEW.]

ENDAUDIO Your responses have been locked. Please tell your interviewer that you are finished.

INTERVIEWER: ENTER THE 3-LETTER CODE TO MOVE TO THE NEXT SECTION.

END TIME STAMP

32. Household Roster

BEGIN TIME STAMP

HR_INTRODM2 For the next questions, I will read the question out loud, you can tell me your answer, and I will enter it into the computer.

PRESS [ENTER] TO CONTINUE.

HR1 Altogether, how many people live here now, **including yourself**? Please include anyone who (has lived/will live) here for most of (**January, February, and March/April, May, and June/July, August, and September/October, November, and December**).

NUMBER IN HOUSEHOLD: _____ [RANGE: 1–25]
DK/REF

INTERVIEWER: If you are interviewing in a transient shelter, enter “1”. If you are interviewing in a group quarters unit that was listed by room, enter the number of people living in the room.

IF HR1 = 1 OR DK/REF, SKIP TO FIRST QUESTION FOLLOWING HH ROSTER, OTHERWISE CONTINUE.

DEFINE GRID WITH ROWS EQUAL TO HR1. EACH COLUMN OF THE GRID IS A QUESTION AS SPEC’D BELOW.

PERAGEYR [IF HR1 = 2–25] Now I need some additional information about each person who lives here. Let’s start with the oldest. How old was he or she on his or her **last** birthday? (WORDING FOR ADDITIONAL CYCLES: How old was the next oldest person on his or her last birthday?)

INTERVIEWER: FOR CHILDREN LESS THAN 24 MONTHS (2 YEARS), ENTER “1”. YOU WILL BE PROMPTED FOR THE AGE IN MONTHS ON THE NEXT SCREEN.

AGE IN WHOLE YEARS: _____ [RANGE: 1–110]
DK/REF

CHAGEMON [IF PERAGEYR = 1] ENTER THE AGE **IN WHOLE MONTHS** FOR THIS HOUSEHOLD MEMBER. FOR BABIES UNDER 1 MONTH OLD, ENTER 1.

AGE IN MONTHS: _____ [RANGE: 1–23]
DK/REF

CHMONSEX [IF CHAGEMON = 1–23] Is the [**CHAGEMON FILL**]-month-old child a male or a female?

- 5 MALE
- 9 FEMALE
- DK/REF

CHYRSEX [IF CHAGEMON = DK/REF] Is this child a male or female?

- 5 MALE
- 9 FEMALE
- DK/REF

PERYRSEX [IF PERAGEYR = 2–110] Is the [**PERAGEYR FILL**]-year-old person male or female?

- 5 MALE
- 9 FEMALE
- DK/REF

PERSEX [IF PERAGEYR = DK/REF] Is this person a male or a female?

- 5 MALE
- 9 FEMALE
- DK/REF

MRELATON [IF CHMONSEX OR CHYRSEX OR PERYRSEX OR PERSEX = 5]

[IF QD01 = 5] IF IT IS CLEAR THAT RESPONDENT IS TALKING ABOUT HIMSELF: ASK “Is that you?” IF YES, ENTER “1” for “SELF”.

IF RESPONDENT IS NOT TALKING ABOUT SELF HAND R SHOWCARD 5. Please look at this card, and tell me which category best describes his relationship to you.

- 1 SELF
- 2 HUSBAND
- 3 SON (INCLUDES STEP, FOSTER, ADOPTIVE)
- 4 SON-IN-LAW
- 5 BROTHER (INCLUDES HALF, STEP, FOSTER, ADOPTIVE)
- 6 BROTHER-IN-LAW
- 7 FATHER (INCLUDES STEP, FOSTER, ADOPTIVE)
- 8 FATHER-IN-LAW
- 9 UNCLE
- 10 NEPHEW
- 11 GRANDFATHER

- 12 GRANDSON
- 13 COUSIN
- 14 EX-HUSBAND
- 15 UNMARRIED PARTNER
- 16 HOUSEMATE OR ROOMMATE
- 17 TENANT, BOARDER, OR EXCHANGE STUDENT
- 18 OTHER RELATIVE
- 19 OTHER NONRELATIVE
- DK/REF

[R SEX] IF MRELATON = 1 AND QD01 = 9, DISPLAY ERROR BOX THAT SAYS:
 INTERVIEWER: YOU HAVE RECORDED THAT THE RESPONDENT IS MALE. EARLIER,
 YOU RECORDED THE RESPONDENT’S SEX AS FEMALE. CONFIRM THE RESPONDENT’S
 SEX, AND CORRECT THE ANSWER THAT WAS ENTERED INCORRECTLY.

CREATE ERROR BOX SO IT ALLOWS R TO GO TO EITHER ANSWER TO FIX IT.

[R AGE] IF MRELATON = 1 AND PERAGEYR DOES NOT EQUAL CURNTAGE, DISPLAY
 ERROR BOX THAT SAYS: INTERVIEWER: YOU HAVE RECORDED THAT THE
 RESPONDENT IS [FILL PERAGEYR]. EARLIER, THE RESPONDENT’S AGE WAS ENTERED
 AS [FILL CURNTAGE]. PLEASE CONFIRM THE RESPONDENT’S AGE. IF YOU NEED TO
 CORRECT THE AGE OR RELATIONSHIP GIVEN IN THE ROSTER, HIGHLIGHT THAT
 QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWER YOU ENTERED IN THE
 ROSTER IS CORRECT, HIGHLIGHT “SUPPRESS” AND PRESS [ENTER].

[NOTE: FI SHOULD ONLY BE ALLOWED TO CHANGE PERAGEYR AND MRELATON.]

SUPPMAGE [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
 INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY
 YOU HAVE CHOSEN TO SUPPRESS THIS ERROR.

ALLOW 200 CHARACTERS.

[GRANDPARENT YOUNGER THAN R] IF MRELATON = 11 AND PERAGEYR DOES NOT
 EQUAL DK OR REF AND IS = OR < CURNTAGE, DISPLAY ERROR BOX THAT SAYS:
 INTERVIEWER: YOU HAVE RECORDED THAT THE RESPONDENT’S GRANDFATHER IS
 THE SAME AGE AS OR YOUNGER THAN THE RESPONDENT. PLEASE VERIFY THIS WITH
 THE RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT
 QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS,
 HIGHLIGHT “SUPPRESS” AND PRESS [ENTER].

SUPPGDAD [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
 INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY
 THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

[GRANDCHILD OLDER THAN R] IF MRELATON = 12 AND PERAGEYR DOES NOT EQUAL DK OR REF AND IS = OR > CURNTAGE, DISPLAY ERROR BOX THAT SAYS: INTERVIEWER: YOU HAVE RECORDED THAT THE RESPONDENT'S GRANDSON IS THE SAME AGE AS OR OLDER THAN THE RESPONDENT. PLEASE VERIFY THIS WITH THE RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS, HIGHLIGHT "SUPPRESS" AND PRESS [ENTER].

SUPPGSON [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

[SPOUSE/PARTNER < 16] IF MRELATON = 2 OR 15 OR 14 AND PERAGEYR = OR < 16, DISPLAY ERROR BOX THAT SAYS: INTERVIEWER: YOU HAVE RECORDED THAT THE RESPONDENT'S SPOUSE, EX-SPOUSE OR PARTNER IS 16 YEARS OLD OR YOUNGER. PLEASE VERIFY THIS WITH THE RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS, HIGHLIGHT "SUPPRESS" AND PRESS [ENTER].

SUPPHUS [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

[IN-LAW < 16] IF MRELATON = 8 OR 4 AND PERAGEYR = OR < 16, DISPLAY ERROR BOX THAT SAYS: INTERVIEWER: YOU HAVE RECORDED THAT THE RESPONDENT'S [MRELATON] IS 16 YEARS OLD OR YOUNGER. PLEASE VERIFY THIS WITH THE RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS, HIGHLIGHT "SUPPRESS" AND PRESS [ENTER].

SUPPMIL [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

[SON IN-LAW OLDER THAN R] IF MRELATON = 4 AND PERAGEYR DOES NOT EQUAL DK OR REF AND IS = OR > CURNTAGE, DISPLAY ERROR BOX THAT SAYS: INTERVIEWER: YOU HAVE RECORDED THAT THE RESPONDENT'S SON-IN-LAW IS THE SAME AGE AS OR OLDER THAN THE RESPONDENT. PLEASE VERIFY THIS WITH THE RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT QUESTION

NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS, HIGHLIGHT “SUPPRESS” AND PRESS [ENTER].

SUPPSIL [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

[FATHER IN-LAW YOUNGER THAN R] IF MRELATON = 8 AND PERAGEYR DOES NOT EQUAL DK OR REF AND IS = OR < CURNTAGE, DISPLAY ERROR BOX THAT SAYS:
INTERVIEWER: YOU HAVE RECORDED THAT THE RESPONDENT’S FATHER-IN-LAW IS THE SAME AGE AS OR YOUNGER THAN THE RESPONDENT. PLEASE VERIFY THIS WITH THE RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS, HIGHLIGHT “SUPPRESS” AND PRESS [ENTER].

SUPPPIL [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

BTWNTYPE [IF QD_AGE1 = AGE OF THIS HOUSEHOLD MEMBER AND MRELATON=5] Is he your identical twin, fraternal twin, or neither?

- 1 IDENTICAL TWIN
 - 2 FRATERNAL TWIN
 - 3 NEITHER
- DK/REF

FRELATON [IF CHMONSEX OR CHYRSEX OR PERYRSEX OR PERSEX = 9] IF QD01 = 9] IF IT IS CLEAR THAT RESPONDENT IS TALKING ABOUT HERSELF: ASK “Is that you?” IF YES, ENTER “1” for “SELF”.

IF RESPONDENT IS NOT TALKING ABOUT SELF: HAND R SHOWCARD 6. Please look at this card and tell me which category best describes her relationship to you.

- 1 SELF
- 2 WIFE
- 3 DAUGHTER (INCLUDES STEP, FOSTER, ADOPTIVE)
- 4 DAUGHTER-IN-LAW
- 5 SISTER (INCLUDES HALF, STEP, FOSTER, ADOPTIVE)
- 6 SISTER-IN-LAW
- 7 MOTHER (INCLUDES STEP, FOSTER, ADOPTIVE)

- 8 MOTHER-IN-LAW
- 9 AUNT
- 10 NIECE
- 11 GRANDMOTHER
- 12 GRANDDAUGHTER
- 13 COUSIN
- 14 EX-WIFE
- 15 UNMARRIED PARTNER
- 16 HOUSEMATE OR ROOMMATE
- 17 TENANT, BOARDER, OR EXCHANGE STUDENT
- 18 OTHER RELATIVE
- 19 OTHER NONRELATIVE
- DK/REF

[R SEX] IF FRELATON = 1 AND QD01 = 5, DISPLAY ERROR BOX THAT SAYS:
 INTERVIEWER: YOU HAVE RECORDED THAT THE RESPONDENT IS FEMALE. EARLIER,
 YOU RECORDED THE RESPONDENT'S SEX AS MALE. CONFIRM THE RESPONDENT'S
 SEX, AND CORRECT THE ANSWER THAT WAS ENTERED INCORRECTLY.

CREATE ERROR BOX SO IT ALLOWS R TO GO TO EITHER ANSWER TO FIX IT.

[R AGE] IF FRELATON = 1 AND PERAGEYR DOES NOT EQUAL CURNTAGE, DISPLAY
 ERROR BOX THAT SAYS: INTERVIEWER: YOU HAVE RECORDED THAT THE
 RESPONDENT IS [FILL PERAGEYR]. EARLIER, THE RESPONDENT'S AGE WAS ENTERED
 AS [FILL CURNTAGE]. PLEASE CONFIRM THE RESPONDENT'S AGE. IF YOU NEED TO
 CORRECT THE AGE OR RELATIONSHIP GIVEN IN THE ROSTER, HIGHLIGHT THAT
 QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWER YOU ENTERED IN THE
 ROSTER IS CORRECT, HIGHLIGHT "SUPPRESS" AND PRESS [ENTER].

[NOTE: FI SHOULD ONLY BE ALLOWED TO CHANGE PERAGEYR AND FRELATON.]

SUPPAGE [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
 INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY
 YOU HAVE CHOSEN TO SUPPRESS THIS ERROR.

ALLOW 200 CHARACTERS.

[GRANDPARENT YOUNGER THAN R] IF FRELATON = 11 AND PERAGEYR DOES NOT
 EQUAL DK OR REF AND IS = OR < CURNTAGE, DISPLAY ERROR BOX THAT SAYS:
 INTERVIEWER: YOU HAVE RECORDED THAT THE RESPONDENT'S GRANDMOTHER IS
 THE SAME AGE AS OR YOUNGER THAN THE RESPONDENT. PLEASE VERIFY THIS WITH
 THE RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT
 QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS,
 HIGHLIGHT "SUPPRESS" AND PRESS [ENTER].

SUPPGMOM [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY
THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

[GRANDCHILD OLDER THAN R] IF FRELATON = 12 AND PERAGEYR DOES NOT EQUAL
DK OR REF AND IS = OR > CURNTAGE, DISPLAY ERROR BOX THAT SAYS:
INTERVIEWER: YOU HAVE RECORDED THAT THE RESPONDENT'S GRANDDAUGHTER
IS THE SAME AGE AS OR OLDER THAN THE RESPONDENT. PLEASE VERIFY THIS WITH
THE RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT
QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS,
HIGHLIGHT "SUPPRESS" AND PRESS [ENTER].

SUPPGDAU [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY
THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

[SPOUSE/PARTNER < 16] IF FRELATON = 2 OR 15 OR 14 AND PERAGEYR = OR < 16,
DISPLAY ERROR BOX THAT SAYS: INTERVIEWER: YOU HAVE RECORDED THAT THE
RESPONDENT'S SPOUSE, EX-SPOUSE, OR PARTNER IS 16 YEARS OLD OR YOUNGER.
PLEASE VERIFY THIS WITH THE RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY,
HIGHLIGHT THAT QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE
CORRECT AS IS, HIGHLIGHT "SUPPRESS" AND PRESS [ENTER].

SUPPWIF [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY
THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

[IN-LAW < 16] IF FRELATON = 8 OR 4 AND PERAGEYR = OR < 16, DISPLAY ERROR BOX
THAT SAYS: INTERVIEWER: YOU HAVE RECORDED THAT THE RESPONDENT'S
[FRELATON] IS 16 YEARS OLD OR YOUNGER. PLEASE VERIFY THIS WITH THE
RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT QUESTION
NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS, HIGHLIGHT
"SUPPRESS" AND PRESS [ENTER].

SUPPFIL [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY
THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

[DAUGHTER IN-LAW OLDER THAN R] IF FRELATON = 4 AND PERAGEYR DOES NOT EQUAL DK OR REF AND IS = OR > CURNTAGE, DISPLAY ERROR BOX THAT SAYS: INTERVIEWER: YOU HAVE RECORDED THAT THE RESPONDENT'S DAUGHTER-IN-LAW IS THE SAME AGE AS OR OLDER THAN THE RESPONDENT. PLEASE VERIFY THIS WITH THE RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS, HIGHLIGHT "SUPPRESS" AND PRESS [ENTER].

SUPPDIL [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

[MOTHER IN-LAW YOUNGER THAN R] IF FRELATON = 8 AND PERAGEYR DOES NOT EQUAL DK OR REF AND IS = OR < CURNTAGE, DISPLAY ERROR BOX THAT SAYS: INTERVIEWER: YOU HAVE RECORDED THAT THE RESPONDENT'S MOTHER-IN-LAW IS THE SAME AGE AS OR YOUNGER THAN THE RESPONDENT. PLEASE VERIFY THIS WITH THE RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS, HIGHLIGHT "SUPPRESS" AND PRESS [ENTER].

SUPPGIL [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

FTWNTYPE [IF QD_AGE1 = AGE OF THIS HOUSEHOLD MEMBER AND FRELATON=5] Is she your identical twin, fraternal twin, or neither?

- 1 IDENTICAL TWIN
 - 2 FRATERNAL TWIN
 - 3 NEITHER
- DK/REF

MBRSELCT [IF QD_FIPE1 = 1 AND MRELATON NE 1 AND FRELATON NE 1 AND PERAGEYR = (12 OR OLDER OR DK/REF) AND MBRSELCT NE 1 FOR A PREVIOUS ROSTER MEMBER] WAS THIS HOUSEHOLD MEMBER ALSO SELECTED TO BE INTERVIEWED? (IF YOU ARE UNSURE, ATTEMPT TO VERIFY WITH THIS RESPONDENT.)

- 1 YES
 - 2 NO
- DK/REF

RETURN TO PERAGEYR AND CYCLE THROUGH THE QUESTIONS FOR THE NEXT HOUSEHOLD MEMBER. CONTINUE CYCLES UNTIL THE NUMBER OF CYCLES = THE NUMBER REPORTED IN HR1.

[OTHER HH MEMBER SELECTED FOR INTERVIEW] IF QD_FIPE1 = 1 AND MBRSELCT = 2 FOR ALL HOUSEHOLD MEMBERS, DISPLAY ERROR BOX: INTERVIEWER: EARLIER, YOU RECORDED THAT TWO PEOPLE WERE SELECTED AT THIS HOUSEHOLD. THE HOUSEHOLD ROSTER DOES NOT SHOW ANYONE LISTED AS THE SECOND RESPONDENT. PLEASE VERIFY THE NUMBER OF PEOPLE SELECTED AT THIS HOUSEHOLD, AND FIX THE APPROPRIATE ANSWER. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS, HIGHLIGHT "SUPPRESS" AND PRESS [ENTER].

PROGRAMMER: ONLY ALLOW EDITING OF MBRSELCT.

SUPPHHME [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY YOU HAVE CHOSEN TO SUPPRESS THIS ERROR.

ALLOW 200 CHARACTERS.

[MORE THAN 1 SELF] NOTE TO PROGRAMMERS: ONCE MRELATON OR FRELATON = 1, PLEASE IMPLEMENT A HARD ERROR TO OCCUR IF THE FI ATTEMPTS TO ENTER A "1" FOR EITHER OF THESE VARIABLES FOR SUBSEQUENT HOUSEHOLD MEMBERS. THE MESSAGE BOX SHOULD READ: INTERVIEWER: YOU HAVE ALREADY RECORDED "SELF" AS THE RELATIONSHIP FOR ANOTHER MEMBER OF THIS HOUSEHOLD. "SELF" CAN ONLY BE CODED FOR **ONE** MEMBER OF THIS HOUSEHOLD. REVIEW YOUR ENTRIES, AND CORRECT THE APPROPRIATE RELATIONSHIPS AS NECESSARY.

[MORE THAN 1 SPOUSE/PARTNER] NOTE TO PROGRAMMERS: ONCE MRELATON OR FRELATON = 2 OR 15, PLEASE IMPLEMENT A HARD ERROR TO OCCUR IF THE FI ATTEMPTS TO ENTER A "2" OR "15" FOR EITHER OF THESE VARIABLES FOR SUBSEQUENT HOUSEHOLD MEMBERS. THE MESSAGE BOX SHOULD READ: INTERVIEWER: YOU HAVE RECORDED THAT THIS IS THE RESPONDENT'S [WIFE/HUSBAND/UNMARRIED PARTNER]. EARLIER, YOU ENTERED THAT THE RESPONDENT ALREADY HAS [A/AN] [WIFE/HUSBAND/UNMARRIED PARTNER]. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS, HIGHLIGHT "SUPPRESS" AND PRESS [ENTER].

SUPPMULT [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

[16-YEAR-OLD R MARRIED/COHABITATING] IF CURNTAGE = OR < 16, AND ANY FRELATON OR MRELATON = 2 OR 14 OR 15, DISPLAY ERROR BOX: INTERVIEWER: YOU HAVE ENTERED THAT THE [CURNTAGE]-YEAR-OLD RESPONDENT HAS BEEN MARRIED OR COHABITATING. PLEASE VERIFY THIS WITH THE RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS, HIGHLIGHT “SUPPRESS” AND PRESS [ENTER].

SUPPRMC [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

[16-YEAR-OLD R HAS IN-LAW] IF CURNTAGE = OR < 16, AND ANY FRELATON OR MRELATON = 8 OR 4, DISPLAY ERROR BOX: INTERVIEWER: YOU HAVE ENTERED THAT THE [CURNTAGE]-YEAR-OLD RESPONDENT HAS AN IN-LAW. PLEASE VERIFY THIS WITH THE RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS, HIGHLIGHT “SUPPRESS” AND PRESS [ENTER].

SUPPRINL [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

[GRANDPARENT/GRANDCHILD AND R LESS THAN 30 YEARS APART] IF FRELATON OR MRELATON = (12 OR 11) AND PERAGEYR NE DK/REF AND IS 0–29 YEARS > OR < CURNTAGE, DISPLAY ERROR BOX THAT SAYS: INTERVIEWER: YOU HAVE RECORDED THAT THE RESPONDENT’S [GRANDPARENT/GRANDCHILD] IS LESS THAN 30 YEARS [OLDER/YOUNGER] THAN THE RESPONDENT. PLEASE VERIFY THIS WITH THE RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS, HIGHLIGHT “SUPPRESS” AND PRESS [ENTER].

SUPPGR30 [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

END TIME STAMP

33. Proxy Information

BEGIN TIME STAMP

PROXYINT The next questions are about your health insurance coverage and the kinds and amounts of income that you [IF FAMILY MEMBERS IN ROSTER THEN FILL “and your family”] receive. This information will help in planning health care services and finding ways to lower costs of care.

PRESS “1” AND [ENTER] TO CONTINUE.

FAMILY IF HR1 = 1, SKIP TO HI_1

IF MRELATON = 16 OR MRELATON = 17 OR MRELATON = 19 OR FRELATON = 16 OR FRELATON = 17 OR FRELATON = 19 FOR ALL PERSONS IN HOUSEHOLD, SKIP TO HI_1.

DEFINE FAMILY RELATIONSHIP FILLS

IF EXACTLY 1 IN ROSTER = (MRELATON = 2), FILL = “husband”

IF MORE THAN 1 IN ROSTER = (MRELATON = 2), FILL = “husbands”

IF EXACTLY 1 IN ROSTER = (MRELATON = 3), FILL = “son”

IF MORE THAN 1 IN ROSTER = (MRELATON = 3 AND), FILL = “sons”

IF EXACTLY 1 IN ROSTER = (MRELATON = 4), FILL = “son-in-law”

IF MORE THAN 1 IN ROSTER = (MRELATON = 4), FILL = “sons-in-law”

IF EXACTLY 1 IN ROSTER = (MRELATON = 5), FILL = “brother”

IF MORE THAN 1 IN ROSTER = (MRELATON = 5), FILL = “brothers”

IF EXACTLY 1 IN ROSTER = (MRELATON = 6), FILL = “brother-in-law”

IF MORE THAN 1 IN ROSTER = (MRELATON = 6), FILL = “brothers-in-law”

IF EXACTLY 1 IN ROSTER = (MRELATON = 7), FILL = “father”

IF MORE THAN 1 IN ROSTER = (MRELATON = 7), FILL = “fathers”

IF EXACTLY 1 IN ROSTER = (MRELATON = 8), FILL = “father-in-law”

IF MORE THAN 1 IN ROSTER = (MRELATON = 8), FILL = “fathers-in-law”

IF EXACTLY 1 IN ROSTER = (MRELATON = 9), FILL = “uncle”

IF MORE THAN 1 IN ROSTER = (MRELATON = 9), FILL = “uncles”

IF EXACTLY 1 IN ROSTER = (MRELATON = 10), FILL = “nephew”

IF MORE THAN 1 IN ROSTER = (MRELATON = 10), FILL = “nephews”

IF EXACTLY 1 IN ROSTER = (MRELATON = 11), FILL = “grandfather”
IF MORE THAN 1 IN ROSTER = (MRELATON = 11), FILL = “grandfathers”

IF EXACTLY 1 IN ROSTER = (MRELATON = 12), FILL = “grandson”
IF MORE THAN 1 IN ROSTER = (MRELATON = 12), FILL = “grandsons”

IF EXACTLY 1 IN ROSTER = (MRELATON = 13), FILL = “male cousin”
IF MORE THAN 1 IN ROSTER = (MRELATON = 13), FILL = “male cousins”

IF EXACTLY 1 IN ROSTER = (MRELATON = 14), FILL = “ex-husband”
IF MORE THAN 1 IN ROSTER = (MRELATON = 14), FILL = “ex-husbands”

IF EXACTLY 1 IN ROSTER = (MRELATON = 15 OR FRELATON = 15), FILL = “partner”
IF MORE THAN 1 IN ROSTER = (MRELATON = 15 OR FRELATON = 15), FILL = “partners”

IF EXACTLY 1 IN ROSTER = (MRELATON = 18), FILL = “other male relative”
IF MORE THAN 1 IN ROSTER = (MRELATON = 18), FILL = “other male relatives”

IF EXACTLY 1 IN ROSTER = (FRELATON = 2), FILL = “wife”
IF MORE THAN 1 IN ROSTER = (FRELATON = 2), FILL = “wives”

IF EXACTLY 1 IN ROSTER = (FRELATON = 3), FILL = “daughter”
IF MORE THAN 1 IN ROSTER = (FRELATON = 3), FILL = “daughters”

IF EXACTLY 1 IN ROSTER = (FRELATON = 4), FILL = “daughter-in-law”
IF MORE THAN 1 IN ROSTER = (FRELATON = 4), FILL = “daughters-in-law”

IF EXACTLY 1 IN ROSTER = (FRELATON = 5), FILL = “sister”
IF MORE THAN 1 IN ROSTER = (FRELATON = 5), FILL = “sisters”

IF EXACTLY 1 IN ROSTER = (FRELATON = 6), FILL = “sister-in-law”
IF MORE THAN 1 IN ROSTER = (FRELATON = 6), FILL = “sisters-in-law”

IF EXACTLY 1 IN ROSTER = (FRELATON = 7), FILL = “mother”
IF MORE THAN 1 IN ROSTER = (FRELATON = 7), FILL = “mothers”

IF EXACTLY 1 IN ROSTER = (FRELATON = 8), FILL = “mother-in-law”
IF MORE THAN 1 IN ROSTER = (FRELATON = 8), FILL = “mothers-in-law”

IF EXACTLY 1 IN ROSTER = (FRELATON = 9), FILL = “aunt”
IF MORE THAN 1 IN ROSTER = (FRELATON = 9), FILL = “aunts”

IF EXACTLY 1 IN ROSTER = (FRELATON = 10), FILL = “niece”
IF MORE THAN 1 IN ROSTER = (FRELATON = 10), FILL = “nieces”

IF EXACTLY 1 IN ROSTER = (FRELATON = 11), FILL = “grandmother”

IF MORE THAN 1 IN ROSTER = (FRELATON = 11), FILL = “grandmothers”

IF EXACTLY 1 IN ROSTER = (FRELATON = 12), FILL = “granddaughter”

IF MORE THAN 1 IN ROSTER = (FRELATON = 12), FILL = “granddaughters”

IF EXACTLY 1 IN ROSTER = (FRELATON = 13), FILL = “female cousin”

IF MORE THAN 1 IN ROSTER = (FRELATON = 13), FILL = “female cousins”

IF EXACTLY 1 IN ROSTER = (FRELATON = 14), FILL = “ex-wife”

IF MORE THAN 1 IN ROSTER = (FRELATON = 14), FILL = “ex-wives”

IF EXACTLY 1 IN ROSTER = (FRELATON = 18), FILL = “other female relative”

IF MORE THAN 1 IN ROSTER = (FRELATON = 18), FILL = “other female relatives”

[NOTE TO PROGRAMMERS: FAMILY RELATIONSHIP FILLS should be taken from the roster. They should appear in lowercase and be separated by commas. In QP01, INTROINC, and INTROFI1, the last FAMILY RELATIONSHIP FILL should be preceded by the word “and”. In all other situations, the last FAMILY RELATIONSHIP FILL should be preceded by the word “or”. For example, if a respondent has a father and a husband listed in the roster, INTROINC should read, “These next questions are about the kinds and amounts of income received by your family living here, including you, your father, and your husband.”]

HR2 [IF HR1 > 1 AND RESPONDENT IS ONLY FAMILY MEMBER 18 OR OLDER AND ALL PERAGEYR NE DK/REF, SKIP TO HI_1]

[IF ROSTER HAS MORE THAN 1 ADULT FAMILY MEMBER LISTED AND ALL PERAGEYR NE DK/REF] {FILL ONLY ADULT FAMILY MEMBERS (PERAGEYR > 17) IN THIS QUESTION} I have listed as adult family members who live here: your [FAMILY RELATIONSHIP FILLS]. Do you think one of these people would be better able to give me the correct information about your health insurance coverage and the kinds of income you and your family receive?

[IF ROSTER HAS ONLY 1 ADULT FAMILY MEMBER LISTED] {FILL ONLY ADULT FAMILY MEMBERS (PERAGEYR > 17) IN THIS QUESTION} Do you think your [FAMILY RELATIONSHIP FILL] would be better able to give me the correct information about your health insurance coverage and the kinds of income you and your family receive?

[IF ROSTER HAS NO FAMILY MEMBER OTHER THAN THE RESPONDENT LISTED AS 18 OR OLDER, BUT THERE IS AT LEAST 1 DK OR REF ENTERED FOR ANY PERAGEYR OR THERE IS MORE THAN 1 ADULT LISTED AND AT LEAST 1 DK/REF ENTERED FOR ANY PERAGEYR] Is there anyone else who lives here who is 18 or older who would be better able to give me the correct information about your health insurance coverage and the kinds of income you and your family receive?

- 1 YES
 - 2 NO [ACTIVATE PROXYFILL AS “YOU/YOUR” FOR REMAINING QUESTIONS]
- DK/REF [ACTIVATE PROXYFILL AS “YOU/YOUR” FOR REMAINING QUESTIONS]

HR3 [IF HR2 = 1 AND MORE THAN 1 ADULT FAMILY MEMBER IN ROSTER] (Who is the person you think can help us get the correct information for these questions?) ENTER RELATIONSHIP OF PERSON WHO CAN BETTER ANSWER THESE QUESTIONS.

[IF HR2 = 1 AND ONLY 1 ADULT FAMILY MEMBER IN ROSTER]
INTERVIEWER: ENTER “1”.

[FILL 1–9 WITH AGES AND RELATIONSHIPS FROM THE FIRST NINE ADULT FAMILY MEMBERS OF THE HOUSEHOLD ROSTER, I.E., “father”. FILL UNUSED LINES WITH “DO NOT USE”, AND MAKE THEM INVALID. IF PERAGEYR = DK/REF AND MRELATON = 7, 8, OR 11 OR FRELATON = 7, 8, OR 11, DISPLAY MRELATON/FRELATON IN HR3]

- 1 [ROSTER FILL]
 - 2 [ROSTER FILL]
 - 3 [ROSTER FILL]
 - 4 [ROSTER FILL]
 - 5 [ROSTER FILL]
 - 6 [ROSTER FILL]
 - 7 [ROSTER FILL]
 - 8 [ROSTER FILL]
 - 9 [ROSTER FILL]
 - 10 OTHER ADULT RELATIVE
- DK/REF

HR4 [IF HR2 = 1] (Is your [HR3 FILL] available right now?)

- 1 YES
 - 2 NO [ACTIVATE PROXYFILL AS “YOU/YOUR” FOR REMAINING QUESTIONS]
- DK/REF [ACTIVATE PROXYFILL AS “YOU/YOUR” FOR REMAINING QUESTIONS]

HR5 [IF HR4 = 1] (Would you ask your [HR3 FILL] to join us to help with these last questions about health insurance and income?)

- 1 YES
- 2 NO [ACTIVATE PROXYFILL AS “YOU/YOUR” FOR REMAINING QUESTIONS]

DK/REF [ACTIVATE PROXYFILL AS “YOU/YOUR” FOR REMAINING QUESTIONS]

HASJOIN [IF HR5 = 1] HAS THE PERSON’S [HR3 FILL] JOINED R?

- 1 YES [ACTIVATE PROXYFILL AS “SAMPLE MEMBER/SAMPLE MEMBER’S” FOR REMAINING QUESTIONS]
- 2 NO [ACTIVATE PROXYFILL AS “YOU/YOUR” FOR REMAINING QUESTIONS]

IF HASJOIN = 1, GO TOPROXY.

IF HASJOIN NE 1, GO TO DEFINE SAMPLE MEMBER.

HR6 [IF (HR4 = 2 OR DK/REF OR HR5 = 2 OR DK/REF OR HASJOIN = 2) AND ADULTFAMRELCOUNT > 1] Is there any other adult family member available who might be able to answer these questions?

- 1 YES
 - 2 NO
- DK/REF

IF HR6 = YES THEN RETURN TO HR3.

PROGRAMMER NOTE: IF HR2 = 2 OR DK/REF OR HR3 = 2 OR DR/REF OR HR4 = 2 OR DK/REF OR HR5 = 2 OR DK/REF OR HASJOIN = 2 OR HRP4 = 2 OR DK/REF, THEN ACTIVATE PROXYFILL AS “YOU/YOUR” FOR REMAINING QUESTIONS.

DEFINE SAMPLE MEMBER

IF HR1 = 1 OR (MRELATON = 16 OR MRELATON = 17 OR MRELATON = 19 OR FRELATON = 16 OR FRELATON = 17 OR FRELATON = 19 FOR ALL PERSONS IN HOUSEHOLD) OR HASJOIN = 2, SAMPLEMEMBER = “you”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “husband” (MRELATON = 2) OR “wife” (FRELATON = 2), SAMPLE MEMBER = “your **husband**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “son” (MRELATON = 3) OR “daughter” (FRELATON = 3), SAMPLE MEMBER = “your **father**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “son-in-law” (MRELATON = 4) OR “daughter-in-law” (FRELATON = 4), SAMPLE MEMBER = “your **father-in-law**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “brother” (MRELATON = 5) OR “sister” (FRELATON = 5), SAMPLE MEMBER = “your **brother**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “brother-in-law” (MRELATON = 6) OR “sister-in-law” (FRELATON = 6), SAMPLE MEMBER = “your **brother-in-law**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “father” (MRELATON = 7) OR “mother” (FRELATON = 7), SAMPLE MEMBER = “your **son**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “father-in-law” (MRELATON = 8) OR “mother-in-law” (FRELATON = 8), SAMPLE MEMBER = “your **son-in-law**”
IF QD01 = 5 AND SELECTED FILL IN HR3 = “uncle” (MRELATON = 9) OR “aunt” (FRELATON = 9), SAMPLE MEMBER = “your **nephew**”
IF QD01 = 5 AND SELECTED FILL IN HR3 = “nephew” (MRELATON = 10) OR “niece” (FRELATON = 10), SAMPLE MEMBER = “your **uncle**”
IF QD01 = 5 AND SELECTED FILL IN HR3 = “grandfather” (MRELATON = 11) OR “grandmother” (FRELATON = 11), SAMPLE MEMBER = “your **grandson**”
IF QD01 = 5 AND SELECTED FILL IN HR3 = “grandson” (MRELATON = 12) OR “granddaughter” (FRELATON = 12), SAMPLE MEMBER = “your **grandfather**”
IF QD01 = 5 AND SELECTED FILL IN HR3 = “cousin” (FRELATON = 13 or MRELATON = 13), SAMPLE MEMBER = “your **cousin**”
IF QD01 = 5 AND SELECTED FILL IN HR3 = “ex-husband” (MRELATON = 14) OR “ex-wife” (FRELATON = 14), SAMPLE MEMBER = “your **ex-husband**”
IF QD01 = 5 AND SELECTED FILL IN HR3 = “partner” (MRELATON = 15 OR FRELATON = 15), SAMPLE MEMBER = “your **partner**”
IF QD01 = 5 AND SELECTED FILL IN HR3 = “other male relative” (MRELATON = 18) OR “other female relative” (FRELATON = 18), SAMPLE MEMBER = “your **relative**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “husband” (MRELATON = 2) OR “wife” (FRELATON = 2), SAMPLE MEMBER = “your **husband**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “son” (MRELATON = 3) OR “daughter” (FRELATON = 3), SAMPLE MEMBER = “your **mother**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “son-in-law” (MRELATON = 4) OR “daughter-in-law” (FRELATON = 4), SAMPLE MEMBER = “your **mother-in-law**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “brother” (MRELATON = 5) OR “sister” (FRELATON = 5), SAMPLE MEMBER = “your **sister**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “brother-in-law” (MRELATON = 6) OR “sister-in-law” (FRELATON = 6), SAMPLE MEMBER = “your **sister-in-law**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “father” (MRELATON = 7) OR “mother” (FRELATON = 7), SAMPLE MEMBER = “your **daughter**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “father-in-law” (MRELATON = 8) OR “mother-in-law” (FRELATON = 8), SAMPLE MEMBER = “your **daughter-in-law**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “uncle” (MRELATON = 9) OR “aunt” (FRELATON = 9), SAMPLE MEMBER = “your **niece**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “nephew” (MRELATON = 10) OR “niece” (FRELATON = 10), SAMPLE MEMBER = “your **aunt**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “grandfather” (MRELATON = 11) OR “grandmother” (FRELATON = 11), SAMPLE MEMBER = “your **granddaughter**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “grandson” (MRELATON = 12) OR “granddaughter” (FRELATON = 12), SAMPLE MEMBER = “your **grandmother**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “cousin” (MRELATON = 13 or FRELATON = 13), SAMPLE MEMBER = “your **cousin**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “ex-husband” (MRELATON = 14) OR “ex-wife” (FRELATON = 14), SAMPLE MEMBER = “your **ex-wife**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “partner” (MRELATON = 15 OR FRELATON = 15), SAMPLE MEMBER = “your **partner**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “other male relative” (MRELATON = 18) OR “other female relative” (FRELATON = 18), SAMPLE MEMBER = “your **relative**”

DEFINE SAMPLE MEMBER POSS

IF HR1 = 1 OR (MRELATON = 16 OR MRELATON = 17 OR MRELATON = 19 OR FRELATON = 16 OR FRELATON = 17 OR FRELATON = 19 FOR ALL PERSONS IN HOUSEHOLD) OR HASJOIN = 2, SAMPLE MEMBER POSS = “your”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “husband” (MRELATON = 2) OR “wife” (FRELATON = 2), SAMPLE MEMBER POSS = “your **husband’s**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “son” (MRELATON = 3) OR “daughter” (FRELATON = 3), SAMPLE MEMBER POSS = “your **father’s**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “son-in-law” (MRELATON = 4) OR “daughter-in-law” (FRELATON = 4), SAMPLE MEMBER POSS = “your **father-in-law’s**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “brother” (MRELATON = 5) OR “sister” (FRELATON = 5), SAMPLE MEMBER POSS = “your **brother’s**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “brother-in-law” (MRELATON = 6) OR “sister-in-law” (FRELATON = 6), SAMPLE MEMBER POSS = “your **brother-in-law’s**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “father” (MRELATON = 7) OR “mother” (FRELATON = 7), SAMPLE MEMBER POSS = “your **son’s**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “father-in-law” (MRELATON = 8) OR “mother-in-law” (FRELATON = 8), SAMPLE MEMBER POSS = “your **son-in-law’s**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “uncle” (MRELATON = 9) OR “aunt” (FRELATON = 9), SAMPLE MEMBER POSS = “your **nephew’s**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “nephew” (MRELATON = 10) OR “niece” (FRELATON = 10), SAMPLE MEMBER POSS = “your **uncle’s**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “grandfather” (MRELATON = 11) OR “grandmother” (FRELATON = 11), SAMPLE MEMBER POSS = “your **grandson’s**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “grandson” (MRELATON = 12) OR “granddaughter” (FRELATON = 12), SAMPLE MEMBER POSS = “your **grandfather’s**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “cousin” (FRELATON = 13 or MRELATON = 13), SAMPLE MEMBER = “your **cousin’s**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “ex-husband” (MRELATON = 14) OR “ex-wife” (FRELATON = 14), SAMPLE MEMBER = “your **ex-husband’s**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “partner” (MRELATON = 15 OR FRELATON = 15), SAMPLE MEMBER POSS = “your **partner’s**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “other male relative” (MRELATON = 18) OR “other female relative” (FRELATON = 18), SAMPLE MEMBER POSS = “your **relative’s**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “husband” (MRELATON = 2) OR “wife” (FRELATON = 2), SAMPLE MEMBER POSS = “your **wife’s**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “son” (MRELATON = 3) OR “daughter” (FRELATON = 3), SAMPLE MEMBER POSS = “your **mother’s**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “son-in-law” (MRELATON = 4) OR “daughter-in-law” (FRELATON = 4), SAMPLE MEMBER POSS = “your **mother-in-law’s**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “brother” (MRELATON = 5) OR “sister” (FRELATON = 5), SAMPLE MEMBER POSS = “your **sister’s**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “brother-in-law” (MRELATON = 6) OR “sister-in-law” (FRELATON = 6), SAMPLE MEMBER POSS = “your **sister-in-law’s**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “father” (MRELATON = 7) OR “mother” (FRELATON = 7), SAMPLE MEMBER POSS = “your **daughter’s**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “father-in-law” (MRELATON = 8) OR “mother-in-law” (FRELATON = 8), SAMPLE MEMBER POSS = “your **daughter-in-law’s**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “uncle” (MRELATON = 9) OR “aunt” (FRELATON = 9), SAMPLE MEMBER POSS = “your **niece’s**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “nephew” (MRELATON = 10) OR “niece” (FRELATON = 10), SAMPLE MEMBER POSS = “your **aunt**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “grandfather” (MRELATON = 11) OR “grandmother” (FRELATON = 11), SAMPLE MEMBER POSS = “your **granddaughter’s**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “grandson” (MRELATON = 12) OR “granddaughter” (FRELATON = 12), SAMPLE MEMBER POSS = “your **grandmother’s**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “cousin” (MRELATON = 13 or FRELATON = 13), SAMPLE MEMBER = “your **cousin**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “ex-husband” (MRELATON = 14) OR “ex-wife” (FRELATON = 14), SAMPLE MEMBER = “your **ex-wife’s**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “partner” (MRELATON = 15 OR FRELATON = 15), SAMPLE MEMBER POSS = “your **partner’s**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “other male relative” (MRELATON = 18) OR “other female relative” (FRELATON = 18), SAMPLE MEMBER POSS = “your **relative’s**”

DEFINE SAMPLE MEMBER A

IF HR1 = 1 OR (MRELATON = 16 OR MRELATON = 17 OR MRELATON = 19 OR FRELATON = 16 OR FRELATON = 17 OR FRELATON = 19 FOR ALL PERSONS IN HOUSEHOLD) OR HASJOIN = 2, SAMPLE MEMBER A = “Are you”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “husband” (MRELATON = 2) OR “wife” (FRELATON = 2), SAMPLE MEMBER A = “Is your **husband**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “son” (MRELATON = 3) OR “daughter” (FRELATON = 3), SAMPLE MEMBER A = “Is your **father**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “son-in-law” (MRELATON = 4) OR “daughter-in-law” (FRELATON = 4), SAMPLE MEMBER A = “Is your **father-in-law**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “brother” (MRELATON = 5) OR “sister” (FRELATON = 5), SAMPLE MEMBER A = “Is your **brother**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “brother-in-law” (MRELATON = 6) OR “sister-in-law” (FRELATON = 6), SAMPLE MEMBER A = “Is your **brother-in-law**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “father” (MRELATON = 7) OR “mother” (FRELATON = 7), SAMPLE MEMBER A = “Is your **son**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “father-in-law” (MRELATON = 8) OR “mother-in-law” (FRELATON = 8), SAMPLE MEMBER A = “Is your **son-in-law**”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “uncle” (MRELATON = 9) OR “niece” (FRELATON = 9), SAMPLE MEMBER A = “Is your **nephew**”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “nephew” (MRELATON = 10) OR “niece” (FRELATON = 10), SAMPLE MEMBER A = “Is your **uncle**”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “grandfather” (MRELATON = 11) OR “grandmother” (FRELATON = 11), SAMPLE MEMBER A = “Is your **grandson**”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “grandson” (MRELATON = 12) OR “granddaughter” (FRELATON = 12), SAMPLE MEMBER A = “Is your **grandfather**”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “cousin” (FRELATON = 13 or MRELATON = 13), SAMPLE MEMBER = “Is your **cousin**”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “ex-husband” (MRELATON = 14) OR “ex-wife” (FRELATON = 14), SAMPLE MEMBER = “Is your **ex-husband**”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “partner” (MRELATON = 15 OR FRELATON = 15), SAMPLE MEMBER A = “Is your **partner**”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “other male relative” (MRELATON = 18) OR “other female relative” (FRELATON = 18), SAMPLE MEMBER A = “Is your **relative**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “husband” (MRELATON = 2) OR “wife” (FRELATON = 2), SAMPLE MEMBER A = “Is your **wife**”
 IF QD01 = 9 AND SELECTED FILL IN HR3 = “son” (MRELATON = 3) OR “daughter” (FRELATON = 3), SAMPLE MEMBER A = “Is your **mother**”
 IF QD01 = 9 AND SELECTED FILL IN HR3 = “son-in-law” (MRELATON = 4) OR “daughter-in-law” (FRELATON = 4), SAMPLE MEMBER A = “Is your **mother-in-law**”
 IF QD01 = 9 AND SELECTED FILL IN HR3 = “brother” (MRELATON = 5) OR “sister” (FRELATON = 5), SAMPLE MEMBER A = “Is your **sister**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “brother-in-law” (MRELATON = 6) OR “sister-in-law” (FRELATON = 6), SAMPLE MEMBER A = “Is your **sister-in-law**”
 IF QD01 = 9 AND SELECTED FILL IN HR3 = “father” (MRELATON = 7) OR “mother” (FRELATON = 7), SAMPLE MEMBER A = “Is your **daughter**”
 IF QD01 = 9 AND SELECTED FILL IN HR3 = “father-in-law” (MRELATON = 8) OR “mother-in-law” (FRELATON = 8), SAMPLE MEMBER A = “Is your **daughter-in-law**”
 IF QD01 = 9 AND SELECTED FILL IN HR3 = “uncle” (MRELATON = 9) OR “aunt” (FRELATON = 9), SAMPLE MEMBER A = “Is your **niece**”
 IF QD01 = 9 AND SELECTED FILL IN HR3 = “nephew” (MRELATON = 10) OR “niece” (FRELATON = 10), SAMPLE MEMBER A = “Is your **aunt**”
 IF QD01 = 9 AND SELECTED FILL IN HR3 = “grandfather” (MRELATON = 11) OR “grandmother” (FRELATON = 11), SAMPLE MEMBER A = “Is your **granddaughter**”
 IF QD01 = 9 AND SELECTED FILL IN HR3 = “grandson” (MRELATON = 12) OR “granddaughter” (FRELATON = 12), SAMPLE MEMBER A = “Is your **grandmother**”
 IF QD01 = 9 AND SELECTED FILL IN HR3 = “cousin” (MRELATON = 13 or FRELATON = 13), SAMPLE MEMBER = “Is your **cousin**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “ex-husband” (MRELATON = 14) OR “ex-wife” (FRELATON = 14), SAMPLE MEMBER = “Is your **ex-wife**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “partner” (MRELATON = 15 OR FRELATON = 15), SAMPLE MEMBER A = “Is your **partner**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “other male relative” (MRELATON = 18) OR “other female relative” (FRELATON = 18), SAMPLE MEMBER A = “Is your **relative**”

DEFINE SAMPLE MEMBER B

IF HR1 = 1 OR (MRELATON = 16 OR MRELATON = 17 OR MRELATON = 19 OR FRELATON = 16 OR FRELATON = 17 OR FRELATON = 19 FOR ALL PERSONS IN HOUSEHOLD) OR HASJOIN = 2, SAMPLE MEMBER B = “you are”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “husband” (MRELATON = 2) OR “wife” (FRELATON = 2), SAMPLE MEMBER B = “your **husband** is”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “son” (MRELATON = 3) OR “daughter” (FRELATON = 3), SAMPLE MEMBER B = “your **father** is”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “son-in-law” (MRELATON = 4) OR “daughter-in-law” (FRELATON = 4), SAMPLE MEMBER B = “your **father-in-law** is”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “brother” (MRELATON = 5) OR “sister” (FRELATON = 5), SAMPLE MEMBER B = “your **brother** is”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “brother-in-law” (MRELATON = 6) OR “sister-in-law” (FRELATON = 6), SAMPLE MEMBER B = “your **brother-in-law** is”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “father” (MRELATON = 7) OR “mother” (FRELATON = 7), SAMPLE MEMBER B = “your **son** is”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “father-in-law” (MRELATON = 8) OR “mother-in-law” (FRELATON = 8), SAMPLE MEMBER B = “your **son-in-law** is”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “uncle” (MRELATON = 9) OR “aunt” (FRELATON = 9), SAMPLE MEMBER B = “your **nephew** is”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “nephew” (MRELATON = 10) OR “niece” (FRELATON = 10), SAMPLE MEMBER B = “your **uncle** is”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “grandfather” (MRELATON = 11) OR “grandmother” (FRELATON = 11), SAMPLE MEMBER B = “your **grandson** is”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “grandson” (MRELATON = 12) OR “granddaughter” (FRELATON = 12), SAMPLE MEMBER B = “your **grandfather** is”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “cousin” (FRELATON = 13 or MRELATON = 13), SAMPLE MEMBER = “your **cousin** is”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “ex-husband” (MRELATON = 14) OR “ex-wife” (FRELATON = 14), SAMPLE MEMBER = “your **ex-husband** is”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “partner” (MRELATON = 15 OR FRELATON = 15), SAMPLE MEMBER B = “your **partner** is”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “other male relative” (MRELATON = 18) OR “other female relative” (FRELATON = 18), SAMPLE MEMBER B = “your **relative** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “husband” (MRELATON = 2) OR “wife” (FRELATON = 2), SAMPLE MEMBER B = “your **wife** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “son” (MRELATON = 3) OR “daughter” (FRELATON = 3), SAMPLE MEMBER B = “your **mother** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “son-in-law” (MRELATON = 4) OR “daughter-in-law” (FRELATON = 4), SAMPLE MEMBER B = “your **mother-in-law** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “brother” (MRELATON = 5) OR “sister” (FRELATON = 5), SAMPLE MEMBER B = “your **sister** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “brother-in-law” (MRELATON = 6) OR “sister-in-law” (FRELATON = 6), SAMPLE MEMBER B = “your **sister-in-law** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “father” (MRELATON = 7) OR “mother” (FRELATON = 7), SAMPLE MEMBER B = “your **daughter** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “father-in-law” (MRELATON = 8) OR “mother-in-law” (FRELATON = 8), SAMPLE MEMBER B = “your **daughter-in-law** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “uncle” (MRELATON = 9) OR “aunt” (FRELATON = 9), SAMPLE MEMBER B = “your **niece** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “nephew” (MRELATON = 10) OR “niece” (FRELATON = 10), SAMPLE MEMBER B = “your **aunt** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “grandfather” (MRELATON = 11) OR “grandmother” (FRELATON = 11), SAMPLE MEMBER B = “your **granddaughter** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “grandson” (MRELATON = 12) OR “granddaughter” (FRELATON = 12), SAMPLE MEMBER B = “your **grandmother** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “cousin” (MRELATON = 13 or FRELATON = 13), SAMPLE MEMBER = “your **cousin** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “ex-husband” (MRELATON = 14) OR “ex-wife” (FRELATON = 14), SAMPLE MEMBER = “your **ex-wife** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “partner” (MRELATON = 15 OR FRELATON = 15), SAMPLE MEMBER B = “your **partner** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “other male relative” (MRELATON = 18) OR “other female relative” (FRELATON = 18), SAMPLE MEMBER B = “your **relative** is”

END TIME STAMP

34. Income

BEGIN TIME STAMP

INC1 [IF NO FAMILY MEMBERS IN ROSTER] These next questions are about the kinds and amounts of income that you receive.

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] These next questions are about the kinds and amounts of income received by you and your [FAMILY RELATIONSHIP FILL].

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN = 1] These next questions are about the kinds and amounts of income received by [SAMPLE MEMBER] and you.

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] These next questions are about the kinds and amounts of income received by your family living here, including you, your [FAMILY RELATIONSHIP FILLS].

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN = 1] These next questions are about the kinds and amounts of income received by [SAMPLE MEMBER] and [IF QD01 = 5 FILL his, QD01 = 9 FILL her] family living here, including you, [IF QD01 = 5 FILL his, QD01 = 9 FILL her] [FAMILY RELATIONSHIP FILLS]. [PROGRAMMER NOTE: THE PROXY SHOULD NOT APPEAR IN [FAMILY RELATIONSHIP FILLS]. ALSO, USE “other” AS A MODIFIER TO THE FAMILY RELATIONSHIP FILL WHEN THE RELATIONSHIP TYPE IS EQUAL TO PROXY RELATIONSHIP TYPE AND ONE OF THESE RELATIONSHIP TYPES IS STILL IN THE LIST. PLEASE PRECEDE EACH RELATIONSHIP WITH “HIS/HER”.]

[IF HASJOIN NE 1] These questions refer to the calendar year [CURRENT YEAR – 1] rather than to the past 12 months that were referred to in some earlier questions. The calendar year [CURRENT YEAR – 1] would be from January 1st, [CURRENT YEAR – 1], through December 31st, [CURRENT YEAR – 1].

INC2 Social Security or Railroad Retirement payments are paid by the U.S. Government to persons who are retired, severely disabled, or are dependents or survivors of workers.

[IF NO FAMILY MEMBERS IN ROSTER] In [CURRENT YEAR – 1], did you receive Social Security or Railroad Retirement payments?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] In [CURRENT YEAR – 1], did you or your [FAMILY RELATIONSHIP FILL] receive Social Security or Railroad Retirement payments?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN = 1] In [CURRENT YEAR – 1], did [SAMPLE MEMBER] or you receive Social Security or Railroad Retirement payments?

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER] In [CURRENT YEAR – 1], did [SAMPLE MEMBER] or any of these same family members receive Social Security or Railroad Retirement payments?

- 1 YES
- 2 NO
- DK/REF

INC3

Supplemental Security Income or SSI is a program administered by a government agency that makes assistance payments to people with low income who are aged, blind, or disabled. This is not the same as Social Security.

[IF NO FAMILY MEMBERS IN ROSTER] In [CURRENT YEAR – 1], did you receive Supplemental Security Income or SSI?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] In [CURRENT YEAR – 1], did you or your [FAMILY RELATIONSHIP FILL] receive Supplemental Security Income or SSI?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN = 1] In [CURRENT YEAR – 1], did [SAMPLE MEMBER] or you receive Supplemental Security Income or SSI?

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER] In [CURRENT YEAR – 1], did [SAMPLE MEMBER] or any of these same family members receive Supplemental Security Income or SSI?

- 1 YES
- 2 NO
- DK/REF

INC3a

The Supplemental Nutrition Assistance Program, or SNAP, formerly known as food stamps, provides assistance for buying food. A special card is issued which can be used to buy food in grocery stores. SNAP does not include WIC or free or reduced school lunches.

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1 [IF NO FAMILY MEMBERS IN ROSTER] In [CURRENT YEAR – 1], did you receive SNAP benefits?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] In [CURRENT YEAR – 1], did you or your [FAMILY RELATIONSHIP FILL] receive SNAP benefits?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN = 1] In [CURRENT YEAR – 1], did [SAMPLE MEMBER] or you receive SNAP benefits?

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER] In [CURRENT YEAR – 1], did [SAMPLE MEMBER] or any of these same family members receive SNAP benefits?

- 1 YES
- 2 NO
- DK/REF

DEFINE CONDITION_FILL

IF QD_FIPE4 = 1 THEN CONDITION_FILL = the Family Assistance Program (FAP)
IF QD_FIPE4 = 2 THEN CONDITION_FILL = the Alaska Temporary Assistance Program (ATAP)
IF QD_FIPE4 = 3 THEN CONDITION_FILL = Cash Assistance (CA)
IF QD_FIPE4 = 4 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
IF QD_FIPE4 = 5 THEN CONDITION_FILL = California Work Opportunity and Responsibility to Kids (CalWorks)
IF QD_FIPE4 = 6 THEN CONDITION_FILL = Colorado Works
IF QD_FIPE4 = 7 THEN CONDITION_FILL = Temporary Family Assistance (TFA)
IF QD_FIPE4 = 8 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
IF QD_FIPE4 = 9 THEN CONDITION_FILL = Temporary Cash Assistance for Needy Families (TANF)
IF QD_FIPE4 = 10 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF) Maintenance of Effort (MOE)
IF QD_FIPE4 = 11 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
IF QD_FIPE4 = 12 THEN CONDITION_FILL = Temporary Assistance to Needy Families (TANF) or Temporary Assistance to Other Needy Families (TAONF)
IF QD_FIPE4 = 13 THEN CONDITION_FILL = Temporary Assistance for Families in Idaho (TAFI)
IF QD_FIPE4 = 14 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
IF QD_FIPE4 = 15 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
IF QD_FIPE4 = 16 THEN CONDITION_FILL = the Family Investment Program (FIP)
IF QD_FIPE4 = 17 THEN CONDITION_FILL = Cash Assistance
IF QD_FIPE4 = 18 THEN CONDITION_FILL = the Kentucky Transitional Assistance Program (KTAP)
IF QD_FIPE4 = 19 THEN CONDITION_FILL = The Family Independence Temporary Assistance Program (FITAP)
IF QD_FIPE4 = 20 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF) or Additional Support for People in Retraining and Employment (ASPIRE)
IF QD_FIPE4 = 21 THEN CONDITION_FILL = The Family Investment Program (FIP) or Temporary Cash Assistance (TCA)
IF QD_FIPE4 = 22 THEN CONDITION_FILL = Transitional Aid to Families with Dependent Children (TAFDC)
IF QD_FIPE4 = 23 THEN CONDITION_FILL = the Family Independence Program (FIP)
IF QD_FIPE4 = 24 THEN CONDITION_FILL = the Minnesota Family Investment Program (MFIP)

IF QD_FIPE4 = 25 THEN CONDITION_FILL = Temporary Assistance to Needy Families (TANF)
 IF QD_FIPE4 = 26 THEN CONDITION_FILL = Temporary Assistance
 IF QD_FIPE4 = 27 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
 IF QD_FIPE4 = 28 THEN CONDITION_FILL = Aid to Dependent Children (ADC)
 IF QD_FIPE4 = 29 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
 IF QD_FIPE4 = 30 THEN CONDITION_FILL = Financial Assistance to Needy Families
 IF QD_FIPE4 = 31 THEN CONDITION_FILL = Work First New Jersey (WFNJ)
 IF QD_FIPE4 = 32 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF),
 or NMWorks
 IF QD_FIPE4 = 33 THEN CONDITION_FILL = Family Assistance (FA)
 IF QD_FIPE4 = 34 THEN CONDITION_FILL = Work First
 IF QD_FIPE4 = 35 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
 or Job Opportunities and Basic Skills (JOBS)
 IF QD_FIPE4 = 36 THEN CONDITION_FILL = Ohio Works First (OWF) or Temporary Assistance
 for Needy Families (TANF)
 IF QD_FIPE4 = 37 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
 IF QD_FIPE4 = 38 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
 IF QD_FIPE4 = 39 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF),
 Cash Assistance, or Moving to Independence
 IF QD_FIPE4 = 40 THEN CONDITION_FILL = Rhode Island Works (RI Works)
 IF QD_FIPE4 = 41 THEN CONDITION_FILL = Family Independence (FI)
 IF QD_FIPE4 = 42 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
 IF QD_FIPE4 = 43 THEN CONDITION_FILL = Families First
 IF QD_FIPE4 = 44 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
 IF QD_FIPE4 = 45 THEN CONDITION_FILL = the Family Employment Program (FEP)
 IF QD_FIPE4 = 46 THEN CONDITION_FILL = Reach Up
 IF QD_FIPE4 = 47 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
 IF QD_FIPE4 = 48 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
 or WorkFirst
 IF QD_FIPE4 = 49 THEN CONDITION_FILL = West Virginia Works (WV Works)
 IF QD_FIPE4 = 50 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
 IF QD_FIPE4 = 51 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
 ELSE CONDITION_FILL = BLANK

INC4 [IF NO FAMILY MEMBERS IN ROSTER] At any time during [CURRENT YEAR – 1], even for one month, did you receive any cash assistance from a state or [IF QD_FIPE4 = 2, THEN “borough”] [IF QD_FIPE4 = 19 THEN “parish”] [IF QD_FIPE4 NE 2 OR 19 THEN “county”] welfare program such as [CONDITION_FILL]?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] At any time during [CURRENT YEAR – 1], even for one month, did you or your [FAMILY RELATIONSHIP_FILL] receive any cash assistance from a state or [IF QD_FIPE4 = 2 THEN “borough”] [IF QD_FIPE4 = 19 THEN “parish”] [IF QD_FIPE4 NE 2 OR 19 THEN “county”] welfare program such as [CONDITION_FILL]?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN = 1] At any time during [CURRENT YEAR – 1], even for one month, did [SAMPLE MEMBER] or you receive any cash assistance from a state or [IF QD_FIPE4 = 2 THEN “borough”] [IF QD_FIPE4 = 19 THEN “parish”] [IF QD_FIPE4 NE 2 OR 19 THEN “county”] welfare program such as [CONDITION_FILL]?

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER] At any time during [CURRENT YEAR – 1], even for one month, did [SAMPLE MEMBER] or any of these same family members receive any cash assistance from a state or [IF QD_FIPE4 = 2 THEN “borough”] [IF QD_FIPE4 = 19 THEN “parish”] [IF QD_FIPE4 NE 2 OR 19 THEN “county”] welfare program such as [CONDITION_FILL]?

- 1 YES
- 2 NO
- DK/REF

INC5

[IF NO FAMILY MEMBERS IN ROSTER] In [CURRENT YEAR – 1], because of low income, did you receive any **other** kind of non-monetary welfare or public assistance, such as help with getting a job, placement in education or job training programs, or help with transportation, child care, or housing?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] In [CURRENT YEAR – 1], because of low income, did you or your [FAMILY RELATIONSHIP FILL] receive any **other** kind of non-monetary welfare or public assistance, such as help with getting a job, placement in education or job training programs, or help with transportation, child care, or housing?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN = 1] In [CURRENT YEAR – 1], because of low income, did [SAMPLE MEMBER] or you receive any **other** kind of non-monetary welfare or public assistance, such as help with getting a job, placement in education or job training programs, or help with transportation, child care, or housing?

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER] In [CURRENT YEAR – 1], because of low income, did [SAMPLE MEMBER] or any of these same family members receive any **other** kind of non-monetary welfare or public assistance, such as help with getting a job, placement in education or job training programs, or help with transportation, child care, or housing?

- 1 YES
- 2 NO
- DK/REF

INC6

[IF (INC4 = 1 OR INC5 = 1) AND INC3a = 2]

[IF NO FAMILY MEMBERS IN ROSTER] For how many months in [CURRENT YEAR – 1] did you receive **any** type of welfare or public assistance?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] For how many months in [CURRENT YEAR – 1] did you or your [FAMILY RELATIONSHIP FILL] receive **any** type of welfare or public assistance?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN = 1] For how many months in [CURRENT YEAR – 1] did [SAMPLE MEMBER] or you receive **any** type of welfare or public assistance?

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER] For how many months in [CURRENT YEAR – 1] did [SAMPLE MEMBER] or any **other** family member living here receive **any** type of welfare or public assistance?

[ALL] Please include:

- Cash assistance from a state or [IF QD_FIPE4 = 2 THEN “borough”] [IF QD_FIPE4 = 19 THEN “parish”] [IF QD_FIPE4 NE 2 OR 19 THEN “county”] welfare program such as [CONDITION_FILL]
- Any **other** kind of non-monetary welfare or public assistance

_____ NUMBER OF MONTHS RECEIVED ASSISTANCE [RANGE: 1–12]
DK/REF

INC7

[IF (INC4 = 1 OR INC5 = 1) AND INC3a = (1, DK, OR REF)]

[IF NO FAMILY MEMBERS IN ROSTER] For how many months in [CURRENT YEAR – 1] did you receive **any** type of welfare or public assistance, **not** including SNAP benefits?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] For how many months in [CURRENT YEAR – 1] did you or your [FAMILY RELATIONSHIP FILL] receive **any** type of welfare or public assistance, **not** including SNAP benefits?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN = 1] For how many months in [CURRENT YEAR – 1] did [SAMPLE MEMBER] or you receive **any** type of welfare or public assistance, **not** including SNAP benefits?

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER] For how many months in [CURRENT YEAR – 1] did [SAMPLE MEMBER] or any **other** family member living here receive **any** type of welfare or public assistance, **not** including SNAP benefits?

[ALL] Please include:

- Cash assistance from a state or [IF QD_FIPE4 = 2 THEN “borough”] [IF QD_FIPE4 = 19 THEN “parish”] [IF QD_FIPE4 NE 2 OR 19 THEN “county”] welfare program such as [CONDITION_FILL]
- Any **other** kind of non-monetary welfare or public assistance

_____ NUMBER OF MONTHS RECEIVED ASSISTANCE [RANGE: 1–12]
DK/REF

INC7A **HAND R SHOWCARD 7** Here is a list of some other sources of income. When you answer the next questions, please consider these income sources as well as those asked about in earlier questions.

Income earned at a job or business

- Retirement, disability, or survivor pension
- Unemployment or worker's compensation
- Veteran's administration payments
- Child support
- Alimony
- Interest income
- Dividends from stocks or mutual funds
- Income from rental properties, royalties, estates or trusts

INC8 [IF NO FAMILY MEMBERS IN ROSTER] **Before taxes and other deductions**, was your **total personal income from all sources** during [CURRENT YEAR – 1] more or less than 20,000 dollars?

[IF AT LEAST ONE FAMILY MEMBER IN ROSTER] Now we are going to ask about [SAMPLE MEMBER POSS] own **personal income**. **Before taxes and other deductions**, was [SAMPLE MEMBER POSS] **total personal income from all sources** during [CURRENT YEAR – 1] more or less than 20,000 dollars?

- 1 \$20,000 OR MORE
- 2 LESS THAN \$20,000
- DK/REF

INC8A [IF INC8 = DK OR REF] Income data are important in analyzing the health information we collect. For example, the information helps us to learn whether persons in one income group use certain types of medical care services or have conditions more or less often than those in another group.

Before taxes and other deductions, was [SAMPLE MEMBER POSS] **total personal income from all sources** during [CURRENT YEAR – 1] more or less than 20,000 dollars?

- 1 \$20,000 OR MORE
- 2 LESS THAN \$20,000
- DK/REF

INC9

[IF INC8 = 2 OR IF INC8A = 2] **HAND R SHOWCARD 8** Of these income groups, which category best represents [SAMPLE MEMBER POSS] **total personal** income during [CURRENT YEAR – 1]?

(Income data are important in analyzing the health information we collect. For example, the information helps us to learn whether people in one income group use certain types of medical care services or have conditions more or less often than those in another group.)

- 1 LESS THAN \$1,000
 - 2 \$1,000–\$1,999
 - 3 \$2,000–\$2,999
 - 4 \$3,000–\$3,999
 - 5 \$4,000–\$4,999
 - 6 \$5,000–\$5,999
 - 7 \$6,000–\$6,999
 - 8 \$7,000–\$7,999
 - 9 \$8,000–\$8,999
 - 10 \$9,000–\$9,999
 - 11 \$10,000–\$10,999
 - 12 \$11,000–\$11,999
 - 13 \$12,000–\$12,999
 - 14 \$13,000–\$13,999
 - 15 \$14,000–\$14,999
 - 16 \$15,000–\$15,999
 - 17 \$16,000–\$16,999
 - 18 \$17,000–\$17,999
 - 19 \$18,000–\$18,999
 - 20 \$19,000–\$19,999
- DK/REF

INC9A

[IF INC9 = DK OR REF] Income data are important in analyzing the health information we collect. For example, the information helps us to learn whether persons in one income group use certain types of medical care services or have conditions more or less often than those in another group.

Of these income groups, which category best represents [SAMPLE MEMBER POSS] **total personal** income during [CURRENT YEAR – 1]?

- 1 LESS THAN \$1,000
- 2 \$1,000–\$1,999
- 3 \$2,000–\$2,999
- 4 \$3,000–\$3,999
- 5 \$4,000–\$4,999

- 6 \$5,000–\$5,999
- 7 \$6,000–\$6,999
- 8 \$7,000–\$7,999
- 9 \$8,000–\$8,999
- 10 \$9,000–\$9,999
- 11 \$10,000–\$10,999
- 12 \$11,000–\$11,999
- 13 \$12,000–\$12,999
- 14 \$13,000–\$13,999
- 15 \$14,000–\$14,999
- 16 \$15,000–\$15,999
- 17 \$16,000–\$16,999
- 18 \$17,000–\$17,999
- 19 \$18,000–\$18,999
- 20 \$19,000–\$19,999
- DK/REF

INC10 [IF INC8 = 1 OR IF INC8A = 1] **HAND R SHOWCARD 9** Of these income groups, which category best represents [SAMPLE MEMBER POSS] **total personal** income during [CURRENT YEAR – 1]?

(Income data are important in analyzing the health information we collect. For example, the information helps us to learn whether people in one income group use certain types of medical care services or have conditions more or less often than those in another group.)

- 21 \$20,000–\$24,999
- 22 \$25,000–\$29,999
- 23 \$30,000–\$34,999
- 24 \$35,000–\$39,999
- 25 \$40,000–\$44,999
- 26 \$45,000–\$49,999
- 27 \$50,000–\$74,999
- 28 \$75,000–\$99,999
- 29 \$100,000–\$149,999
- 30 \$150,000 OR MORE
- DK/REF

INC10A [IF INC10 = DK OR REF] Income data are important in analyzing the health information we collect. For example, the information helps us to learn whether persons in one income group use certain types of medical care services or have conditions more or less often than those in another group.)

Of these income groups, which category best represents [SAMPLE MEMBER POSS] **total personal** income during [CURRENT YEAR – 1]?

- 21 \$20,000–\$24,999
 - 22 \$25,000–\$29,999
 - 23 \$30,000–\$34,999
 - 24 \$35,000–\$39,999
 - 25 \$40,000–\$44,999
 - 26 \$45,000–\$49,999
 - 27 \$50,000–\$74,999
 - 28 \$75,000–\$99,999
 - 29 \$100,000–\$149,999
 - 30 \$150,000 OR MORE
- DK/REF

INC11 [IF MORE THAN ONE FAMILY MEMBER IN ROSTER AND IF INC10 NE 30 OR INC10A NE 30]

Next, we would like to know about the **total family** income from all sources **during [CURRENT YEAR – 1]** before taxes and other deductions.

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] We would like you to combine everyone’s income -- that is, yours and that of your [FAMILY RELATIONSHIP FILL].

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN = 1] We would like you to combine everyone’s income -- that is, [SAMPLE MEMBER POSS] and yours.

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] We would like you to combine everyone’s income -- that is, yours and that of your [FAMILY RELATIONSHIP FILLS].

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN = 1] We would like you to combine everyone’s income -- that is, yours, [SAMPLE MEMBER POSS] and that of [IF QD01 = 5 FILL his, QD01 = 9 FILL her] [FAMILY RELATIONSHIP FILLS] living here. [PROGRAMMER NOTE: THE PROXY SHOULD NOT APPEAR IN [FAMILY RELATIONSHIP FILLS]. ALSO, USE “other” AS A MODIFIER TO THE FAMILY RELATIONSHIP FILL WHEN THE RELATIONSHIP TYPE IS EQUAL TO PROXY RELATIONSHIP TYPE AND ONE OF THESE RELATIONSHIP TYPES IS STILL IN THE LIST.]

Please include all of the sources of income that we just talked about.

INC12 [IF MORE THAN ONE FAMILY MEMBER IN ROSTER AND (INC8 NE 1 OR INC8A NE 1)] **Before taxes and other deductions**, was the **total combined family** income during [CURRENT YEAR – 1] more or less than 20,000 dollars?

- 1 \$20,000 OR MORE
- 2 LESS THAN \$20,000

DK/REF

INC13 [IF INC12 = 2] **HAND R SHOWCARD 8**

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your **total combined family** income during [CURRENT YEAR – 1] -- that is, yours and that of your [FAMILY RELATIONSHIP FILL].

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN = 1] Of these income groups, which category best represents your **total combined family** income during [CURRENT YEAR – 1] -- that is, your [SAMPLE MEMBER POSS] and yours.

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your **total combined family** income during [CURRENT YEAR – 1] -- that is, yours and that of your [RELATIONSHIP FILLS].

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN = 1] Of these income groups, which category best represents your **total combined family** income during [CURRENT YEAR – 1] -- that is, yours, [SAMPLE MEMBER POSS], and that of [IF QD01 = 5 FILL his, QD01 = 9 FILL her] [FAMILY RELATIONSHIP FILLS] living here? [PROGRAMMER NOTE: THE PROXY SHOULD NOT APPEAR IN [FAMILY RELATIONSHIP FILLS]. ALSO, USE “other” AS A MODIFIER TO THE FAMILY RELATIONSHIP FILL WHEN THE RELATIONSHIP TYPE IS EQUAL TO PROXY RELATIONSHIP TYPE AND ONE OF THESE RELATIONSHIP TYPES IS STILL IN THE LIST.]

- 1 LESS THAN \$1,000
- 2 \$1,000–\$1,999
- 3 \$2,000–\$2,999
- 4 \$3,000–\$3,999
- 5 \$4,000–\$4,999
- 6 \$5,000–\$5,999
- 7 \$6,000–\$6,999
- 8 \$7,000–\$7,999
- 9 \$8,000–\$8,999
- 10 \$9,000–\$9,999
- 11 \$10,000–\$10,999
- 12 \$11,000–\$11,999
- 13 \$12,000–\$12,999
- 14 \$13,000–\$13,999
- 15 \$14,000–\$14,999
- 16 \$15,000–\$15,999
- 17 \$16,000–\$16,999
- 18 \$17,000–\$17,999

- 19 \$18,000–\$18,999
- 20 \$19,000–\$19,999
- DK/REF

INC14 [IF (INC12 = 1 OR INC8 = 1 OR INC8A = 1) AND INC10 NE 30 OR INC10A NE 30]
HAND R SHOWCARD 9

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your **total combined family** income during [CURRENT YEAR – 1] -- that is, yours and that of your [FAMILY RELATIONSHIP FILL]?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN = 1] Of these income groups, which category best represents your **total combined family** income during [CURRENT YEAR – 1] -- that is, [SAMPLE MEMBER POSS] and yours?

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your **total combined family** income during [CURRENT YEAR – 1] -- that is, yours and that of your [FAMILY RELATIONSHIP FILLS]?

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN = 1] Of these income groups, which category best represents your **total combined family** income during [CURRENT YEAR – 1] -- that is, yours, [SAMPLE MEMBER POSS], and that of [IF QD01 = 5 FILL his, QD01 = 9 FILL her] [FAMILY RELATIONSHIP FILLS] living here? [PROGRAMMER NOTE: THE PROXY SHOULD NOT APPEAR IN [FAMILY RELATIONSHIP FILLS]. ALSO, USE “other” AS A MODIFIER TO THE FAMILY RELATIONSHIP FILL WHEN THE RELATIONSHIP TYPE IS EQUAL TO PROXY RELATIONSHIP TYPE AND ONE OF THESE RELATIONSHIP TYPES IS STILL IN THE LIST.]

- 19 \$20,000–\$24,999
- 20 \$25,000–\$29,999
- 21 \$30,000–\$34,999
- 22 \$35,000–\$39,999
- 23 \$40,000–\$44,999
- 24 \$45,000–\$49,999
- 25 \$50,000–\$74,999
- 26 \$75,000–\$99,999
- 27 \$100,000–\$149,999
- 28 \$150,000 OR MORE
- DK/REF

END TIME STAMP

35. Health Insurance

BEGIN TIME STAMP

TOPROXY [IF HASJOIN = 1] WHEN [HR3 FILL] HAS JOINED YOU:

The next questions are about [SAMPLE MEMBER POSS] health insurance coverage.

PRESS [ENTER] TO CONTINUE.

DEFINE HI_FILL

IF HASJOIN NE 1, THEN HI_FILL = The next questions are about health insurance.

ELSE HI_FILL = “?”

HI_1 [HI_FILL] Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide Medical care or help pay medical bills.

[SAMPLE MEMBER A] covered by any kind of health insurance or some other kind of health care plan?

1 YES

2 NO

DK/REF

DEFINE HI_2FILL

IF HASJOIN = 1, THEN HI_2FILL = does [SAMPLE MEMBER]

ELSE HI_2FILL = do you

HI_2 [IF HI_1 = 1 OR DK OR REF] What kind of health insurance or health care coverage [HI_2FILL] have? **Include** those that pay for only one type of service, such as nursing home care, accidents, or dental care. **Exclude** private plans that only provide extra cash while hospitalized.

TO SELECT MORE THAN ONE CATEGORY, PRESS THE SPACE BAR BETWEEN EACH CATEGORY YOU SELECT.

1 Private health insurance

2 Medicare

3 Medi-Gap

4 Medicaid

5 SCHIP, also known as CHIP or Children's Health Insurance Program

6 Military health care, such as TRICARE, VA, or CHAMP-VA

7 Indian Health Service

8 State-sponsored health plan

- 9 Other government program
 - 10 Single service plan, such as dental, vision, or prescriptions
 - 11 No coverage of any type
- DK/REF

DEFINE HI_3FILL

IF HASJOIN = 1, THEN HI_3FILL = [SAMPLE MEMBER]
 ELSE HI_3FILL = you

HI_3 [IF HI_1 = 2 OR HI_2 = 11] About how long has it been since [HI_3FILL] last had health care coverage?

- 1 6 months or less
 - 2 More than 6 months, but less than 1 year
 - 3 1 year
 - 4 More than 1 year, but less than 3 years
 - 5 3 years or more
 - 6 Never had coverage
- DK/REF

DEFINE WEREWAS

IF HR1 = 1 OR HASJOIN = BLANK OR 2 THEN WEREWAS = “were you”
 ELSE WEREWAS = “was SAMPLE MEMBER”

HI14 [HI_3 = (1 OR 2 OR DK OR REF)] During the past 12 months, that is from [DATE FILL] through today, about how many months [FILL WEREWAS] **without any** kind of health insurance or coverage?

_____ NUMBER OF MONTHS [RANGE: 0–12]
 DK/REF

GPS1 Finally, we are also interested in collecting GPS coordinates from this location. This information will only be used for data quality and verification purposes. Do I have your permission to collect this information?

- 1 YES
 - 2 NO
- DK/REF

[NOTE TO FI: IF CONSENT IS GIVEN, RECORD GPS ON TABLET ONCE YOU ARE OUTSIDE OF THE HOME]

GPS2

[IF GPS1 = 2 OR DK OR REF] GPS coordinates will provide the latitude and longitude of this address or location on a map. A researcher will use this information only to verify that I conducted this interview at the correct address. Your name and interview responses will be stored separately from the coordinates. May I collect the GPS coordinates?

1 YES

2 NO

DK/REF

[NOTE TO FI: IF CONSENT IS GIVEN, RECORD GPS ON TABLET ONCE YOU ARE OUTSIDE OF THE HOME]

END TIME STAMP

36. Verification

BEGIN TIME STAMP

CASEID OPEN QC FORM ON TABLET. ENTER CASEID TO OPEN NEW QC FORM.

ENTER THE CASE ID FOR THIS INTERVIEW IN THE CAI. BE SURE TO INCLUDE A OR B AT THE END OF THE CASE ID.

TOALLR3I It is important that I do my job correctly; therefore, my supervisors will be checking on my work. Would you help me by giving me your phone number? I will enter it into this tablet.

This information is kept separate from the responses that were entered so they will still be completely private.

PRESS [ENTER] TO CONTINUE.

PHONE May I please have your phone number?

ENTER 10 DIGIT PHONE NUMBER INTO TABLET AND PRESS ENTER. IF R REFUSES, MARK "REFUSED" ON TABLET AND PRESS ENTER.

ADDRESS May I please confirm your current address?

CONFIRM PREFILLED ADDRESS FROM TABLET.

INCENT01 HAND RESPONDENT **\$40** CASH.

MARK THE APPROPRIATE "CASH ACCEPTANCE" BOX ON THE INTERVIEW INCENTIVE RECEIPT.

SIGN AND DATE INTERVIEW INCENTIVE RECEIPT AND GIVE TOP COPY TO RESPONDENT.

I have signed this form to indicate that I have given you **\$40** for this interview. At the bottom of this form, we have included national hotline numbers that you can call if you ever feel you need to talk to someone about mental health or drug use issues.

IF NOT DONE EARLIER, GIVE ADULT RESPONDENT OR PARENT/GUARDIAN OF YOUTH THE Q&A BROCHURE AND SAY:

For more details on the National Mental Health Study, this brochure includes answers to common questions, website addresses, and other information.

PRESS [ENTER] TO CONTINUE.

THANKR2 Thank you for your time.

[ALL CASES] BE SURE YOU HAVE YOUR SHOWCARD BOOKLET, YUBIKEY,
AND INCENTIVE RECEIPT COPIES.

[ALL CASES] PRESS [ENTER] TO CONTINUE.

FIEXIT END OF INTERVIEW REACHED.

PRESS 1 TO EXIT.

END TIME STAMP

37. Showcards

SHOWCARD 1

- 1 AMERICAN INDIAN OR ALASKA NATIVE
- 2 ASIAN
- 3 BLACK OR AFRICAN AMERICAN
- 4 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- 5 WHITE

SHOWCARD 2

- 0 NO SCHOOLING COMPLETED
- 1 1ST GRADE COMPLETED
- 2 2ND GRADE COMPLETED
- 3 3RD GRADE COMPLETED
- 4 4TH GRADE COMPLETED
- 5 5TH GRADE COMPLETED
- 6 6TH GRADE COMPLETED
- 7 7TH GRADE COMPLETED
- 8 8TH GRADE COMPLETED
- 9 9TH GRADE COMPLETED
- 10 10TH GRADE COMPLETED
- 11 11TH GRADE COMPLETED

- 12 REGULAR HIGH SCHOOL DIPLOMA
- 13 12TH GRADE, NO DIPLOMA
- 14 GED CERTIFICATE OF HIGH SCHOOL COMPLETION

- 15 SOME COLLEGE CREDIT, BUT NO DEGREE
- 16 ASSOCIATE'S DEGREE (FOR EXAMPLE, AA, AS)
- 17 BACHELOR'S DEGREE (FOR EXAMPLE, BA, BS)

- 18 MASTER'S DEGREE (FOR EXAMPLE, MA, MS, MENG, M. ED, MSW, MBA)
- 19 DOCTORATE DEGREE (FOR EXAMPLE, PHD, EDD)
- 20 PROFESSIONAL DEGREE BEYOND A BACHELOR'S DEGREE (FOR EXAMPLE, MD, DDS, DVM, LLB, JD)

SHOWCARD 3

- 1 SEPTEMBER 2001 OR LATER
- 2 AUGUST 1990 TO AUGUST 2001 (INCLUDING PERSIAN GULF WAR)
- 3 MAY 1975 TO JULY 1990
- 4 MARCH 1961 TO APRIL 1975 (VIETNAM ERA)
- 5 FEBRUARY 1955 TO FEBRUARY 1961
- 6 JULY 1950 TO JANUARY 1955 (KOREAN WAR)
- 7 JANUARY 1947 TO JUNE 1950
- 8 DECEMBER 1941 TO DECEMBER 1946 (WORLD WAR II)
- 9 NOVEMBER 1941 OR EARLIER

SHOWCARD 4

1 -- ABILIFY	30 -- CITALOPRAM	59 -- ESZOPICLONE
2 -- ABILIFY MAINTENA	31 -- CLOMIPRAMINE	60 -- EVEKEO
3 -- ADDERAL	32 -- CLONAZEPAM	61 -- FANAPT
4 -- ADDERAL XR	33 -- CLONIDINE	62 -- FETZIMA
5 -- ALPRAZOLAM	34 -- CLOZAPINE	63 -- FLUOXETINE
6 -- AMBIEN	35 -- CLOZARIL	64 -- FLUPHENAZINE
7 -- AMITRIPTYLINE	36 -- COGENTIN	65 -- FLUPHENAZINE DECANOATE
8 -- AMPHETAMINE	37 -- CONCERTA	66 -- FLUVOXAMINE
9 -- ANAFRANIL	38 -- CYMBALTA	67 -- FOCALIN
10 -- ARIPIPRAZOLE	39 -- CYTOMEL	68 -- FORFIVO XL
11 -- ARMODAFINIL	40 -- DAYTRANA	69 -- GABAPENTIN
12 -- ARTANE	41 -- DEPAKENE	70 -- GABITRIL
13 -- ASENAPINE	42 -- DEPAKOTE	71 -- GEODON
14 -- ATIVAN	43 -- DEPAKOTE SPRINKLES	72 -- GUANFACINE
15 -- ATOMOXETINE	44 -- DESOXYN	73 -- HALDOL
16 -- BELSOMRA	45 -- DESVENLAFAXINE	74 -- HALDOL DECANOATE
17 -- BENZTROPINE	46 -- DESYREL	75 -- HALOPERIDOL
18 -- BRINTELLIX	47 -- DEXEDRINE	76 -- HALOPERIDOL DECANOATE
19 -- BUDEPRION SR	48 -- DEXMETHYLPHENIDATE	77 -- HETLIOZ
20 -- BUDEPRION XL	49 -- DEXTROAMPHETAMINE	78 -- ILOPERIDONE
21 -- BUPROPION	50 -- DEXTROAMPHETAMINE/ AMPHETAMINE	79 -- INDERAL
22 -- BUSPAR	51 -- DIAZEPAM	80 -- INTUNIV
23 -- BUSPIRONE	52 -- DIVALPROEX	81 -- INVEGA
24 -- CARBAMAZEPINE	53 -- DOXEPIN	82 -- INVEGA SUSTENNA
25 -- CARBATROL	54 -- DULOXETINE	83 -- ISOCARBOXAZID
26 -- CATAPRES	55 -- EFFEXOR	84 -- KLONOPIN
27 -- CELEXA	56 -- ELAVIL	85 -- LAMICTAL
28 -- CHLORDIAZEPOZIDE	57 -- ESCITALOPRAM	86 -- LAMOTRIGINE
29 -- CHLORPROMAZINE	58 -- ESKALITH	87 -- LATUDA

88 -- LEVOMILNACIPRAN	117 -- PARNATE	146 -- SUVOREXANT
89 -- LEXAPRO	118 -- PAROXETINE	147 -- TASIMELTEON
90 -- LIBRIUM	119 -- PAXIL	148 -- TEGRETOL
91 -- LISDEXAMFETAMINE	120 -- PHENELZINE	149 -- TEMAZEPAM.
92 -- LITHIUM	121 -- PRAZOSIN	150 -- TENEX
93 -- LITHOBID	122 -- PREGABALIN	151 -- THORAZINE
94 -- LORAZEPAM	123 -- PRISTIQ	152 -- TOPAMAX
95 -- LUNESTA	124 -- PROCENTRA	153 -- TOPIRAMATE
96 -- LURASIDONE	125 -- PROLIXIN	154 -- TRANLYCYPROMINE
97 -- LUVOX	126 -- PROLIXIN DECANOATE	155 -- TRAZODONE
98 -- LYRICA	127 -- PROPRANOLOL	156 -- TRIHEXYPHENIDYL
99 -- MARPLAN	128 -- PROVIGIL	157 -- TRIIODOTHYRONINE (T3)
100 -- MELATONIN	129 -- PROZAC	158 -- TRILEPTAL
101 -- METADATE	130 -- QUETIAPINE	159 -- VALIUM
102 -- METHAMPHETAMINE	131 -- QUILLIVANT XR	160 -- VALPROIC ACID
103 -- METHYLIN	132 -- RAMELTEON	161 -- VENLAFAXINE
104 -- METHYLPHENIDATE	133 -- REMERON	162 -- VIIBRYD
105 -- MINIPRESS	134 -- RESTORIL	163 -- VILAZODONE
106 -- MIRTRAZAPINE	135 -- RISPERDAL	164 -- VORTIOXETINE
107 -- MODAFINIL	136 -- RISPERDAL CONSTA	165 -- VYVANSE
108 -- NARDIL	137 -- RISPERIDONE	166 -- WELLBUTRIN
109 -- NEURONTIN	138 -- RITALIN	167 -- XANAX
110 -- NORTRIPTYLINE	139 -- ROZEREM	168 -- ZALEPLON
111 -- NUVIGIL	140 -- SAPHRIS	169 -- ZENZEDI
112 -- OLANZAPINE	141 -- SEROQUEL	170 -- ZIPRASIDONE
113 -- OXCARBAZEPINE	142 -- SERTRALINE	171 -- ZOLOFT
114 -- PALIPERIDONE	143 -- SILENOR	172 -- ZOLPIDEM
115 -- PALIPERIDONE PALMITATE (EXTENDED RELEASE INJECTABLE)	144 -- SONATA	173 -- ZOLPIMIST
116 -- PAMELOR	145 -- STRATTERA	174 -- ZYPREXA
		175 -- ZYPREXA RELPREVV

SHOWCARD 5

- 1 SELF
- 2 HUSBAND
- 3 SON (INCLUDES STEP, FOSTER, ADOPTIVE)
- 4 SON-IN-LAW
- 5 BROTHER (INCLUDES HALF, STEP, FOSTER, ADOPTIVE)
- 6 BROTHER-IN-LAW
- 7 FATHER (INCLUDES STEP, FOSTER, ADOPTIVE)
- 8 FATHER-IN-LAW
- 9 UNCLE
- 10 NEPHEW
- 11 GRANDFATHER
- 12 GRANDSON
- 13 COUSIN
- 14 EX-HUSBAND
- 15 UNMARRIED PARTNER
- 16 HOUSEMATE OR ROOMMATE
- 17 TENANT, BOARDER, OR EXCHANGE STUDENT
- 18 OTHER RELATIVE
- 19 OTHER NON-RELATIVE

SHOWCARD 6

- 1 SELF
- 2 WIFE
- 3 DAUGHTER (INCLUDES STEP, FOSTER, ADOPTIVE)
- 4 DAUGHTER-IN-LAW
- 5 SISTER (INCLUDES HALF, STEP, FOSTER, ADOPTIVE)
- 6 SISTER-IN-LAW
- 7 MOTHER (INCLUDES STEP, FOSTER, ADOPTIVE)
- 8 MOTHER-IN-LAW
- 9 AUNT
- 10 NIECE
- 11 GRANDMOTHER
- 12 GRANDDAUGHTER
- 13 COUSIN
- 14 EX-WIFE
- 15 UNMARRIED PARTNER
- 16 HOUSEMATE OR ROOMMATE
- 17 TENANT, BOARDER, OR EXCHANGE STUDENT
- 18 OTHER RELATIVE
- 19 OTHER NON-RELATIVE

SHOWCARD 7

INCOME EARNED AT A JOB OR BUSINESS

RETIREMENT, DISABILITY, OR SURVIVOR PENSION

UNEMPLOYMENT OR WORKER'S COMPENSATION

VETERAN'S ADMINISTRATION PAYMENTS

CHILD SUPPORT

ALIMONY

INTEREST INCOME

DIVIDENDS FROM STOCKS OR MUTUAL FUNDS

INCOME FROM RENTAL PROPERTIES, ROYALTIES,
ESTATES OR TRUSTS

SHOWCARD 8

- 1 LESS THAN \$1,000
- 2 \$1,000 - \$1,999
- 3 \$2,000 - \$2,999
- 4 \$3,000 - \$3,999
- 5 \$4,000 - \$4,999
- 6 \$5,000 - \$5,999
- 7 \$6,000 - \$6,999
- 8 \$7,000 - \$7,999
- 9 \$8,000 - \$8,999
- 10 \$9,000 - \$9,999
- 11 \$10,000 - \$10,999
- 12 \$11,000 - \$11,999
- 13 \$12,000 - \$12,999
- 14 \$13,000 - \$13,999
- 15 \$14,000 - \$14,999
- 16 \$15,000 - \$15,999
- 17 \$16,000 - \$16,999
- 18 \$17,000 - \$17,999
- 19 \$18,000 - \$18,999
- 20 \$19,000 - \$19,999

SHOWCARD 9

21	\$20,000 - \$24,999
22	\$25,000 - \$29,999
23	\$30,000 - \$34,999
24	\$35,000 - \$39,999
25	\$40,000 - \$44,999
26	\$45,000 - \$49,999
27	\$50,000 - \$74,999
28	\$75,000 - \$99,999
29	\$100,000 - \$149,999
30	\$150,000 OR MORE

Appendix A

Summary of Module Content

Introduction

This document briefly summarizes the content of each National Mental Health Study (NMHS) Adult Instrument module, provides a high-level overview of the changes made to the module when compared with the source material provided from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Institute of Mental Health (NIMH), and includes some topics the reader may wish to consider in reviewing the instrument.

Changes

All modules were revised as follows.

- Inclusion Logic. Checkpoint (CKPT) and “GO TO” logic instructions were translated to question-by-question inclusion logic. This logic, which appears at the beginning of a question, indicates which respondents should be asked each question. If no inclusion logic appears in the specifications, the question will be asked of all adult respondents.
- Logic-Processing Variables. Where logic is complicated, it has been divided into smaller units, each with its own variable name. Programmers and instrument testers will use these variables to help ensure the instrument functions as intended. However, respondents will not see the processing variables or their associated logic.
- ACASI Adaptations. Most modules will be administered via audio computer-assisted self-interviewing (ACASI). Where needed, items were revised to enable the automated system to appropriately read text aloud.
 - Removed parentheses and instead used other methods for setting text apart.
 - Removed italicization.
 - Removed underlining used to indicate text that should be emphasized and replaced with bolding.
 - Converted abbreviations to full words.
 - Integrated most showcard booklet references into on-screen text.
 - Revised language that suggested the question was being read to the respondent by an interviewer (e.g., “Now I’d like to ask you about...” to “These next questions are about...”).
- Ranges. Wherever a question asks for an open-ended numerical answer, a specified range is documented within which the respondents’ answers must fall in order to be considered valid by the system. When a respondent enters a response outside the allowable range, the system will generate a message alerting the respondent that the response must be revised. Such range limits help to improve data quality by alerting respondents to what are typically either keying errors or errors caused by the respondent misunderstanding what information is being requested.
- Yes/No Grids. Most check-all-that-apply questions were converted to grids of Yes/No questions. The Yes/No format ensures that respondents consider each individual item rather than skimming the list and, perhaps, only attending to one or two items. This approach should be more effective in the ACASI environment where an interviewer is not able to prompt a respondent to consider all items in the list.
- Don’t Know and Refuse Responses.

- For each question, there is an explicit indication that a “don’t know” (DK) or refuse (REF) is an option. Respondents will access these answer choices by using function keys that have been labeled specifically for this purpose.
- Inclusion logic is provided where needed to clarify what should happen after a respondent enters a “don’t know” answer or refuses a question.
- Fills. Separate variables have been defined to create the text fills needed to tailor questions based on a respondent’s answers to previous questions.
- Renumbering. All items have been renumbered, in some cases several times, for logical flow throughout the specifications. Renumbering will not be listed specifically in the module-by-module summaries.
- Module order. Modules were reordered several times during drafting. These changes are not marked because the source documents were not specifically ordered when received by RTI.

Because the changes noted above were made throughout the Adult Instrument, these categories of changes are not repeated in the module-specific overviews that follow.

Key to Header Information Used in the Remaining Sections of this Document

The header for each section of this document contains the following information about the module.

- Module Name
 - There has been some renaming of CIDI modules as Dr. Kessler has worked to create the CIDI 4.0 versions. The names included in this document are our best understanding of how modules are now being referenced.
- Mode
 - CAPI = computer-assisted personal interviewing.
 - Interviewers administer CAPI modules.
 - ACASI = audio computer-assisted self-interviewing.
 - Respondents read questions on their own or listen to the computer read the questions to them through headphones.
 - Interviewers remain nearby in order to provide showcards as requested by the respondent and to answer any questions the respondent raises.
- Coverage
 - Part 1:
 - All respondents will be administered at least one question from each module assigned to Part 1.
 - Part ½:
 - All respondents will be randomly assigned to receive one or the other of the paired modules assigned to Part ½.
 - Screened +:
 - Only respondents who screen positive for the disorder that is the subject of the module will receive a “Screened +” module.
 - Part 2:

- All respondents who screen positive to one or more of the disorder modules in the CIDI Screener will receive “Part 2” modules.
- In addition, 25% of respondents who screen negative to **all** disorder modules will also receive “Part 2” modules.

1. Core Demographics | CAPI—Part 1

• Overview

- Collects basic demographic information including age, race, ethnicity, marital status, and educational attainment.
- Includes routing to ensure respondents who are younger than 13 are not interviewed at all and that respondents younger than 18 are not interviewed using the adult instrument.
- Also asks for height, weight, country/state of origin, other languages spoken, and how well the respondent speaks English.

• Changes from Original

- Changed age-related inclusion logic from 12 to 13.
- Removed ADQ04, ADQ04OTHR, AQD05ASIA, AQD05OTHA, and AQD05OTHR, which asked about more specific ethnic and racial groups.
- Simplified responses in QD05 to include only five categories instead of nine.
- Removed QD08, which asked how many times a respondent had been married.
- Removed ADQ12, which asked about overall health; this was moved to “Your Health” (B1).
- Made decision to exclude reporting in metric because so few NSDUH respondents interviewed in English opt to respond in these units (In the 2015 NSDUH, 1.75% of respondents interviewed in English provided height in meters and 1.42% provided weight in kilograms). The following items were removed: ADQ13, ADQ16, ADQ17, ADQ18, and ADQ22.
- Added required HHS language item, QD55, which asks respondents how well they speak English.
- Added questions from the Childhood Demographics modules that relate to age of entry to the United States and other languages spoken in the home as they seemed to fit more naturally with other items already included in the Core Demographics module. The specific items added are QDDE4_a, and QDDE7. Similar items that were included in this module in earlier drafts have been removed. These items are DE5_1, DE5_2, and DE8.

2. **Military Service** | CAPI—Part 1

- **Overview**

- If the respondent says that he or she has ever been in the United States Armed Forces, the respondent is asked more questions about military service.
 - Duration, timing, and kind of service
 - Rank
- Active duty military personnel are excluded from participation in NMHS.

- **Changes from Original**

- Removed AMS7, which asked for the military branch or branches for which the respondent served.
- AMS10:
 - Clarified question text FROM: “Highest rank at separation or current rank (Select One)” TO: “What was your rank at the time you separated from the service? Was it enlisted, non-commissioned officer, warrant officer, or officer?” (if “NOW SEPARATED OR RETIRED FROM THE MILITARY”) or the following “What is your current rank? Is it enlisted, non-commissioned officer, warrant officer, or officer?” (if “IN A RESERVE COMPONENT”).
 - Added response category “warrant officer”.
- Removed AMS11/AMS11_OTHER, which asked where the respondent was stationed.
- Removed AMS17, which asked about active duty in a military combat zone or an area where you drew imminent danger pay or hostile fire pay.

3. **Beginning ACASI** | CAPI—Part 1

- **Overview**

- The interviewer introduces the respondent to audio computer-assisted self-interviewing (ACASI).

- **Changes from Original**

- No high-level changes made.

4. **ACASI Tutorial** | ACASI—Part 1

- **Overview**

- The respondent follows instructions and completes practice questions, using ACASI.

- **Changes from Original**

- Removed PLAYINFO, which showed respondents how to answer a question type not included in the NMHS.

5. Your Health | ACASI—Part 1

• Overview

- Asks a variety of physical and mental health questions.
 - general health
 - impairment
 - cancer history
 - health condition history
 - symptoms in past 30 days
 - sleep problems
 - organization and concentration problems
 - difficulties with daily activities during worst month in past 12 months
 - basic categories of treatment in the past 12 months
- HHS impairment questions are included in this module, labeled as B8a–f.

• Changes from Original

- Removed B6 and B7, which asked about height and weight.
- Removed B8, which asked if respondent has a severe vision or hearing problem, severe paralysis or spinal cord injury, or any other serious long-term physical impairment or disability.
- Added B8a: Are you deaf or do you have serious difficulty hearing?
- Added B8b: Are you blind or do you have serious difficulty seeing, even when wearing glasses?
- Added B8c: Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
- Added B8d: Do you have serious difficulty walking or climbing stairs?
- Added B8e: Do you have difficulty dressing or bathing?
- Added B8f: Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctors' office or shopping?
- Removed B11a, B11b, B11c, B11d, B11e, B11f, B11g, B11h, B11i, B11j, and B11k, which asked about age of first diagnosis
- B13—Changed from “check all that apply” format to a series of “Yes/No” questions.
- Removed B13k: Did you ever in your life have any of the following problems? Any other type of psychotic disorder?
- Removed B16b, which asked about how often in the past 30 days respondents felt so angry that they thought they might explode.
- Removed B19a–i, B20, and B21, which asked about problems with organization and concentration.
- B22Bd—Revised question text by adding “nerves”: “In the **past 12 months**, how many times have you been hospitalized overnight for problems with emotions, nerves, or mental health?”

- Removed B23: What kinds of health coverage or insurance do you have?
- B17, B18, and B19 were already deleted in the source document as we received it from NIMH.

6. CIDI Screener | ACASI—Part 1

- **Overview**

- Includes questions designed to screen respondents into later modules for several disorders.
 - Mania
 - Panic
 - Social Anxiety
 - Agoraphobia
 - Eating Disorders
 - Intermittent Explosive Disorder (IED)
 - Specific Phobia
 - Obsessive Compulsive Disorder (OCD)

- **Changes from Original**

- Lisa Colpe’s deletion in source document: SC2a Have you ever had a period lasting several days or longer when most of the time you were so irritable that you either started arguments, shouted at people, or hit people?
- Lisa Colpe’s deletion in source document: Removed screens for depression and Generalized Anxiety Disorder (GAD).

*SC2. Have you ever in your life had a period lasting several days or longer when most of the day you felt <u>sad, empty, or depressed</u> ?
*SC2a. Have you ever had a period lasting several days or longer when most of the day you were very <u>discouraged</u> about how things were going in your life?
*SC3. Have you ever had a period lasting several days or longer when you <u>lost interest</u> in most things you usually enjoy like work, hobbies, and personal relationships?
*SC6. Did you ever have a time in your life when you were a “ <u>worrier</u> ” – that is, when you worried a lot more about things than other people with the same problems as you?
*SC6a. 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?
*SC6b. Did you ever have a period lasting one month or longer when you were anxious and worried most days? (GAD)

- Per Lisa Colpe, added inclusion logic so only those who respond “yes” to SC6 receive SC6a.
- Per Lisa Colpe, skip logic changed at SC4 FROM: if “yes” skip to SC8 TO: if “yes” skip to SC5.
- Per Lisa Colpe, skip logic removed at SC2 that indicated respondents who answer “no” should skip to SC6.

- Per Lisa Colpe, respondents who endorse one IED screener item skip over the next ones. Specifically, those who answer “yes” to SC8 should be skipped past SC8a and SC8b. If a respondent endorses SC8a, the program will skip past SC8b.

7. **Depression** | ACASI—Part 1

• **Overview**

- Asks about depression symptoms in the past 30 days.
- Asks about depression symptoms in the worst period in life that lasted 2 weeks or longer.
- If the respondent has experienced one or more of the initial set of worst-2-weeks symptoms at least “most of the time,” asks follow-up questions about that 2-week period.
 - frequency experienced other symptoms
 - degree of impairment
- If enough of the worst-2-weeks symptoms were experienced “some of the time” or more frequently, follow-up questions are asked:
 - age first time had depression episode
 - whether first episode started in past 12 months
 - years in life had an episode
 - duration of longest episode
 - how much episodes interfered with life
 - number of months in past 12 months that had an episode
 - age at time of most recent episode

• **Changes from Original**

- Added the following questions.
 - DE4d: Have sleep problems, such as getting to sleep, staying asleep, waking too early, or sleeping too much?
 - DE4e: Feel tired out, low in energy, or easily fatigued?
 - DE4f: Talk or move more slowly than usual?
 - DE4f_1: Did other people notice or comment that you were talking or moving more slowly?
 - DE4g: Have a poor appetite or overeat?
 - DE4i: Feel restless, tense, wound up, or on edge?
 - DE4h: Did other people notice or comment that you were restless or wound up?
- Edited logic throughout the module for DSM5 compliance.

8. **Mania** | ACASI—Screened +

• **Overview**

- Only administers the first question to respondents who have not already screened positive for mania elsewhere in the instrument.
- If screened positive on the first question or already screened positive for mania elsewhere in the instrument, follow-up questions are asked:
 - whether other people ever noticed or commented on high mood
 - for each of several symptoms, frequency during a typical intense episode
 - ♦ If key symptoms from a typical intense episode were frequent enough, asks follow-up questions:
 - for each of several additional symptoms, frequency during a typical intense episode
 - how often the episode interfered with life
- If screened positive when considering the full set of key symptoms from a typical intense episode, asks more follow-up questions:
 - age first time had episode
 - whether first episode started in past 12 months
 - years in life had an episode
 - duration of longest episode
 - how much episodes interfered with life
 - whether ever hospitalized as a result of an episode
 - number of months in past 12 months that had an episode
 - whether had episode in the past 30 days
 - age at time of most recent episode

• **Changes from Original**

- Edited logic throughout the module for DSM5 compliance.

9. Anxiety and Worry (GAD) | ACASI—Part 1

• Overview

- Asks all respondents frequency of experiencing a first set of symptoms in the past 30 days.
 - If experienced a sufficient number of the first set of symptoms frequently, then asks frequency of experiencing a second set of symptoms in the past 30 days.
- If 30-day symptoms were not frequent, asks for frequency of symptoms in the most intense 6-month period in life.
- If had several symptoms frequently either in the past 30 days or in the most intense 6-month period in life, asks follow-up questions:
 - age first time had an anxiety or worry episode
 - whether started in past 12 months
 - number of years in life had episode
 - duration of longest episode
 - number of days in a typical week during the episodes when anxious or worried at least a little of the time
 - how much episodes ever interfered with life
 - number of months in past 12 months had an episode
 - age had most recent episode

• Changes from Original

- AW1a and AW3a—Added “about a number of activities” to “feel anxious or nervous about a number of activities?”
- Revised text in AW1b and AW3b from “things” to “events or activities”: “worry about a number of different events or activities?”
- Revised text in AW1e and AW3e from “have trouble controlling your anxiety or worry” to “have trouble stopping yourself from being anxious or worried?”
- Made the following changes to the AW2 series:
 - Removed “have trouble relaxing?”
 - Revised “have difficulty concentrating because of your nerves or worry” TO: “have difficulty concentrating or your mind going blank because of your nerves or worry?”
 - Added “feel tired out, low in energy, or easily fatigued?”
 - Added “feel irritated, annoyed, or grouchy?”
 - Added “have difficulty falling or staying asleep or have restless, unsatisfying sleep because of your anxiety or worry?”
 - Added “have psychological distress because of your anxiety or worry?”

- Revised time period from 30 days to 6 months. FROM: “How often in the past 30 days did anxiety or worry interfere with your work or personal life?” TO: How often during those 6 months did your anxiety and worry interfere with your work or personal life?
- AW3, AW4, AW5—Changed reference period from 1 month to 6 months.
- Made the following changes to the AW4 series.
 - Removed “have trouble relaxing or feeling restless, fidgety, keyed up, or on edge?”
 - Removed “get easily irritated?”
 - Revised “have difficulty concentrating or your mind going blank” TO: “have difficulty concentrating or your mind going blank because of your nerves or worry?”
 - Revised “have sleep problems (getting to sleep, staying asleep, waking too early, sleeping too much)?” TO: “have difficulty falling or staying asleep or have restless, unsatisfying sleep because of your anxiety or worry?”
 - Revised “experience serious psychological distress because of your anxiety or worry?” TO: “have psychological distress because of your anxiety or worry?”
 - Added “feel restless, keyed up, or on edge?”
 - Added “feel irritated, annoyed, or grouchy?”
- Revised text in AW5 from “About how old were you the very first time you had an episode lasting one month or longer when you felt anxious, or worried and also had other problems like trouble relaxing, trouble concentrating, low energy, or irritability?” to “About how old were you the very first time you had an episode lasting 6 months or longer when you felt anxious, nervous, or worried and also had some of the other problems you just reviewed?”
- Edited AW8_UNIT to remove “weeks” as a possible response option and deleted AW8_WKS, which allowed respondents to report how many weeks their longest episode was.
- Added AW9: During those episodes, about how many days **in a typical week** did you feel [AW9_FILL] at least a little of the time?
- Edited logic throughout the module for DSM5 compliance.

10. Social Anxiety | ACASI—Screened +

• Overview

- Module administered to respondents who endorse either SC4 or SC4a in the CIDI Screener module.
 - For each of five social situations, asks if there was ever a time in the respondent's life when he or she was very afraid, anxious, or extremely shy in that situation.
 - For each of five performance situations, asks if there was ever a time in the respondent's life when he or she was very afraid, anxious, or extremely uncomfortable in that situation.
 - If the respondent reports problems in three or more situations, asks about the intensity of reactions when at their worst.
 - If intensity was high, asks whether respondent had each of five fears.
 - If had at least one of the five listed fears, asks how often got very upset.
 - If had at least one of the five listed fears and got very upset in problematic situations, asks follow-up questions about the period in life with the most intense reactions:
 - how often tried to avoid the situations
 - how much fears or avoidance interfered with life
 - age when first had reactions
 - whether reactions started in past 12 months
 - years in life had reactions
 - number of months in past 12 months that would have had reactions
 - whether would have had reactions in the past 30 days
 - age most recent time would have had reactions
- ### • Changes from Original
- Removed SP4a: Which of the following things were you afraid might happen in these situations? That you might have a panic attack?
 - Edited SP4c to ask about doing or saying something to offend others rather than asking about being trapped and unable to escape.
 - Added SP10B to ask respondents who reported only one year of social anxiety problems the number of months they would have gotten very upset if they were in a situation where they might be unable to escape or get help.
 - Edited logic throughout the module for DSM5 compliance.

11. Agoraphobia | ACASI—Screened +

• Overview

- Module administered to respondents who endorse SC5 in the CIDI Screener module.
- For each of five situations, asks if there was ever a time in the respondent’s life when he or she feared escape might be difficult or help might not be available when in the situation.
- If reported fear in at least two situations, asks follow-up questions:
 - what was feared most in the situations
 - how upset the respondent got during time in life when symptoms were most severe
- If would get very or extremely upset, asks how often would get very upset when in situations where might be unable to escape or get help.
- If almost always got very upset when in situations where might be unable to escape or get help, asks follow-up questions.
 - Regarding the time when fear was most severe...
 - ♦ how soon after entered situation the respondent would usually get very upset
 - ♦ how often would try to avoid situations
 - ♦ how much interfered with life
 - ♦ age when fear started
 - ♦ whether started in past 12 months
 - ♦ years in life had the fear
 - ♦ number of months in past 12 months that would have gotten very upset if were in one of the situations
 - ♦ whether would have had the reaction in the past 30 days
 - ♦ age most recent time would have become upset

• Changes from Original

- Introduction statement added to AG1.
- AG1 and AG2 revised from “check all that apply” to “Yes/No” format.
- Added AG10b to ask respondents who reported only one year of getting very upset in situations where they might not be able to escape or get help, the number of months they would have gotten very upset if they were in a situation where they might be unable to escape or get help.
- Edited logic throughout module for DSM5 compliance.

12. Panic Disorder | ACASI—Screened +

- **Overview**

- Only administers the first question to respondents who have not already screened positive for panic disorder elsewhere in the instrument.
- If screened positive on the first question or already screened positive for panic disorder elsewhere in the instrument, asks whether attacks occurred “out of the blue” versus when the respondent had a strong fear or was in real danger.
- If at least some of the attacks occurred “out of the blue”, follow-up questions are asked:
 - proportion of “out of the blue” attacks that occurred when under the influence of alcohol or drugs
 - proportion of “out of the blue” attacks that occurred when asleep
 - total number of “out of the blue” attacks in lifetime
 - whether had each of 14 symptoms
 - If at least some of the 14 listed symptoms reported, asks more follow-up questions.
 - ♦ whether had a month or longer when worried due to symptoms
 - ♦ whether respondent had a month or longer when he or she changed everyday activities due to symptoms
 - ♦ age at first “out of the blue” attack
 - ♦ If previous answers left uncertainty, asks one or more of the following as well:
 - whether respondent’s first attack was in past 12 months
 - whether had first attack in the past 30 days
 - years in life had at least one attack
 - number of months in past 12 months that had an attack
 - age at time of most recent attack
 - number of days out of the past 30 days that had an attack

- **Changes from Original**

- Edited logic throughout the module for DSM5 compliance.

13. Eating Disorders | ACASI—Screened +

• Overview

- If reported in CIDI Screener that there was ever a time in life when had a great deal of concern about or strongly feared being too fat or overweight but weighed less than other people (SC6 and SC6a both answered “yes”), asks several follow-up questions:
 - lowest body weight had on purpose after age of 12
 - height when at lowest weight
 - whether respondent feared he or she would gain weight, when at lowest weight
 - ♦ if feared would gain weight, asks whether did things to keep weight low
 - ♦ if did things to keep weight low, asks whether:
 - felt too heavy
 - thought some parts of body were too fat
 - felt self-esteem or confidence dependent on staying thin or losing more weight
 - anyone told respondent that their low weight was bad for own health
 - If reported in CIDI Screener that ever have had a time in life when went on eating binges at least once a week for 3 three months or longer (SC7), asks several follow-up questions:
 - whether felt loss of control during time when binged
 - If felt loss of control during time when binged, asks follow-up questions.
 - ♦ whether respondent experienced each of five symptoms.
 - If experienced three of the five symptoms, asks about four other symptoms.
 - ♦ whether did each of six actions in order to control weight
 - If took one or more of the weight control actions, asks if ever did it/them at least once a week for 3 three months or longer.
 - If did weight control action(s) for 3 three months or longer, asks follow-up questions about the long episode(s).
 - age first time had an episode
 - whether episode started in the past 12 months
 - number of years in life had such episodes
 - duration of the longest episode ever had
 - how much the episodes interfered with life
 - number of episodes in the past 12 months
 - age at time of most recent episode
- #### • Changes from Original
- Removed EA1 and EA1a. These questions are included in the CIDI Screener module.
 - Removed EA16a question but kept introductory text. This question is included in the CIDI Screener module.

- Revised text in EA17e from “Around the time you were binge eating, were you very afraid that you would gain weight? To “During episodes of binge eating, were you very afraid that you would gain weight?”
- Edited EA25 to EA25_BUL to ask only about binge and purging behaviors.
- Added EA25_BIN to ask about episodes of binge eating without purging behaviors.
- Revised text in ED7 from “About how many months out of 12 **in the past year** did you have one of these episodes for 3 months or longer?” to “In the past 12 months, how many of these episodes, lasting 3 months or longer, did you have?”
- Edited logic throughout the module for DSM5 compliance.

14. Intermittent Explosive Disorder | ACASI—Screened +

• Overview

- If reported in CIDI Screener that there was ever a time when had attacks of anger (SC8 or SC8a or SC8b = yes), asks a series of follow-up items.
- Asks number of anger attacks had in lifetime.
- If had one or more anger attacks in lifetime, asks follow-up questions:
 - age when had first attack
 - whether first attack was in the past 12 months
 - whether first attack was in the past 30 days
 - If had 20 or more anger attacks, asks if had anger attack clusters lasting 3 months long or longer.
 - If had 3-month-long anger attack cluster(s), asks follow-up questions about those clusters:
 - ♦ age when first 3-month-long cluster began
 - ♦ whether first 3-month-long clusters occurred in past 12 months
 - ♦ years in life had 3-month-long clusters
 - ♦ number of months in the past 12 months had two or more attacks each week
 - ♦ age when had most recent anger attack cluster that was 1-month-long or longer
 - If previous answers indicate could have had one or more attacks in the past 30 days and, if when asked how many 1-month-long attack clusters in the past 12 months, said 1–12, then asks number of days in the past 30 days had an anger attack of any kind.
- Asks number of violent anger attacks in lifetime.
- If had one or more violent anger attack(s) in lifetime, asks follow-up questions:
 - age when had first violent attack
 - whether first violent attack was in the past 12 months
 - If had only one violent attack and answer not already clear, asks whether the one violent attack happened in the past 30 days.
 - If had three or more violent attacks in lifetime, asks whether had a cluster of three or more violent attacks in one year.
 - If had violent anger attack cluster(s), asks follow-up questions.
 - ♦ age when first cluster began
 - ♦ whether clusters occurred in past 12 months
 - ♦ years in life had clustered attacks
 - number of months in the past 12 months had a violent attack
 - age at time of most recent violent anger attack
 - number of days in past 30 days had a violent anger attack

- **Changes from Original**

- Added “anger” to question text for the following questions: K6, K8, K9, K11, K16, K17, and K19.
- Added logic from CIDI screener to K12.
- Removed K23c: Do the attacks either get you into trouble or interfere with your work or personal life?
- Revised text in K25 from “How many of your anger attacks occurred when you had been drinking, using drugs, taking medications that caused you to be impulsive, or when you were in the midst of a depressive or manic episode?” to “How many of your anger attacks occurred when you had been drinking, using drugs, taking medications that caused you to be impulsive, or when you were having other mental health problems?”
- Revised text in K26 from “Did you ever in your life have a **full year or longer** when you had 3 or more anger attacks just about every week?” to “Did you ever in your life have a **full year or longer** when your anger attacks were more persistent, that is you had three or more anger attacks just about every week?”
- Edited logic throughout the module for DSM5 compliance.

15. Suicidality | ACASI—Part 1

• Overview

- Asks if the respondent ever seriously thought about killing himself or herself. If the respondent answers yes, asks several questions about suicidality:
 - age first time seriously thought about killing self
 - occurrence in the past 12 months
 - age last time
 - whether made plan
 - ♦ age first time
 - ♦ occurrence in the past 12 months
 - ♦ age last time
 - if ever tried to kill self, asks:
 - ♦ number of attempts
 - ♦ age first time (if more than once)
 - ♦ description of intent first time (if more than once)
 - ♦ occurrence in the past 12 months
 - ♦ age at (last) time
 - ♦ injuries or poisoning
 - ♦ medical attention required
 - ♦ overnight hospitalization required
 - ♦ description of intent (last) time
 - ♦ method
- Asks whether ever hurt self on purpose without wanting to die. If so, asks follow-up questions:
 - age first time
 - occurrence in the past 12 months
 - age last time

• Changes from Original

- Added text to SD15 to explain to respondents that they will receive a hotline number at the end of the interview if they feel they need to talk to someone about mental health issues.
- Removed the following questions: SD2, SD2a, SD3, SD3a, SD4, SD4a, SD5, SD5a, SD6, SD6a, SD8, SD9, SD10, SD10a, SD11, SD12, SD13, SD14, and SD14.2
- Changed terminology in remaining questions FROM: “committing suicide” TO: “killing yourself”
- Statements in SD22 and SD27 changed from “I”, “myself”, and “my” to “you”, “yourself”, and “your”.
- Added SD30: “Have you ever done something to hurt yourself on purpose, but **without** wanting to die, such as cutting yourself, hitting yourself, or burning yourself?”

- Added SD30a: “How old were you the **first** time this happened?”
- Added SD31: “Have you done something to hurt yourself on purpose, but **without** wanting to die at any time in the past 12 months?”
- Added SD31a: “How old were you the **last** time this experience happened to you?”

16. Unusual Experiences | ACASI—Part 1

- **Overview**

- For each of seven psychotic experiences, asks whether the respondent ever had that experience.
- Asks follow-up questions about each psychotic experience reported:
 - age of first experience
 - lifetime count of experiences
 - years in life had experiences at least one time
 - duration of the experience(s)—where applicable
 - whether had the experience in the past 12 months
 - age most recent time had the experience
 - level of belief about reality of experience(s)
 - how distressing experiences were/experience was
- If one or more types of psychotic experience reported, asks about help in dealing with the experiences:
 - ever talked to doctor or mental health professional
 - cause, per doctor or mental health professional
 - whether medication was taken for experiences and, if so, which medication
 - interference with life

- **Changes from Original**

- Name of module was changed from Psychotic Experiences to Unusual Experiences.
- Revised text in PE23 from “a victim of this mind control” to “experiencing this mind control”. “About how many different times in your life did you think you were experiencing this mind control? Your best estimate is fine if you cannot remember the exact number.”
- Added a Yes/No question asking if any medications were prescribed for these problems.
- PE40: Mark Edlund reviewed and revised the drug list as follows: listed brand names first in each category and added several medications (Saphris or Asenapine; Fanapt or Iloperidone; Latuda or Lurasidone; Invega or Paliperidone; Prolixin decanoate, Fluphenazine decanoate).

17. Psychosis | ACASI—Part ½

- **Overview**

- Module removed.

18. Treatment of Emotional Problems | ACASI—Part 1

• Overview

- Asks whether respondent stayed overnight or longer in a hospital due to emotion, nerves, or mental health. If yes, follow-up questions are asked:
 - number of times hospitalized
 - age (first) time
 - started in past 12 months or not
 - number of nights in the past 12 months
 - age most recent time
- For each of six sources, asks if ever received counseling or medication:
 - mental health professional
 - general medical care provider
 - spiritual advisor
 - certified peer counselor
 - self-help or support group
 - computerized or internet-based mental health treatment program
- For each source reported, asks follow-up questions:
 - type of help received, if unclear given source
 - age (first) time
 - whether started in past 12 months
 - years in life received help from that source
 - help in past 12 months
 - kind of sessions in past 12 months, if from mental health professional
 - age most recent time
 - whether help is still being received (categories collapsed)
 - ♦ if not, why stopped
- If did not receive professional help in the past 12 months, asks whether there was ever a time in past 12 months when respondent felt such help was needed.
 - ♦ if yes, then asks why professional help was not obtained

• Changes from Original

- Revised TR8 and TR15 so that respondents can report receiving only counseling, only medication, or both.
- Revised wording from “outpatient treatment” to “treatment”. “About how many treatment sessions with a mental health professional did you have **in the past 12 months**, counting face-to-face visits, phone calls, and texting sessions, but...?”
- Added TR13d.

- Revised text in TR50 from “Are you still either in counseling or the self-help group? Or have you stopped both treatment and the self-help group?” to “Are you still either in counseling or the self-help group? Or have you stopped both counseling and the self-help group?”

19. Pharmacoepidemiology | ACASI—Part 1

• Overview

- Asks total number of different kinds of prescription and nonprescription medications taken in past 7 days.
- Asks if over the past 12 months any of the following prescription medications taken for emotions, substance use, energy, concentration, sleep, or ability to cope with stress: sleeping pills/sedatives, anti-depressants, tranquilizers, amphetamines/stimulants, antipsychotics.
 - If none of the above, asks if any type of prescription medication was taken for emotions, substance use, energy, concentration, sleep, or ability to cope with stress over the past 12 months.
 - If any of the above reported, asks which medications were taken in the past 12 months.
- For up to 20 medications reported, asks the following:
 - Number of days taken in past 30 days and past 12 months and best estimate of first date taken in past 12 months
- For up to three medications reported, asks the following.
 - Problem medication was taken for and effectiveness of medication
 - If medication was taken with health professional's supervision or without, and who prescribed the medication
 - Number of days in the past 30 forgot to take or took less than instructed
 - If still taking the medication
 - ♦ If no longer taking, asks if health professional instructed respondent to stop taking
 - ♦ If health professional did not instruct to stop taking the medication, asks if the health professional agreed with decision to stop
 - ♦ If medication was stopped because felt better
 - ♦ Other reason for stopping the medication
 - ♦ If side effects were the reason for stopping, asks about the nature of the side effects

• Changes from Original

- Removed APH1, APH1DK, APH2, and APHDK, which asked about any prescription or nonprescription medication use in the past seven days.
- Added introduction statement to APH3.
- APH5INTRO—Revised question text to allow a respondent to more easily report multiple medications using a grid format.
- Removed APHINTRO2 because this question was included in the revised APH5INTRO.
- Added APH5_OT4, APH5_OT4a, APH5_OT5, and APH5_OT5A to measure use of any other prescription medication.

- Removed APH8ayr, APH8mo, APH8aday, APH9ayr, APH9amo, and APH9aday, which measured first use and recency of use of a prescription medication.
- Removed APH10a, APH11a, and APH12a, which measured how and in what quantity a respondent took a prescription medication.
- Removed APH13 and APH14, which measured reasons for taking a prescription medication.
- Revised APH16 to better specify prescription drug misuse.
- Revised AH21 from “Did the professional agree with your decision to stop?” to “Did the health professional agree with your decision to stop?”
- Removed APH24, APH25, and APH26, which measured reason for discontinuing use of a prescription drug and any side effects that could have led to discontinuing use.
- Revised ID numbers for drugs.
- Mark Edlund reviewed and revised the drug list to reflect recent additions to these classes of medication and to remove drugs that are no longer prescribed.
- Removed PENTER1 and ENDAUDIO because this module is no longer the end of the adult ACASI portion.

20. **Trait Fear** | ACASI—Part ½

- **Overview**

- Asks 20 questions related to trait fear.
- Respondents will be randomly assigned to receive either the Trait Fear and Disinhibition modules or the Personality module.

- **Changes from Original**

- Removed instruction for respondent to work quickly and not spend too much time on any one statement from TF_INTRO.

21. Disinhibition | ACASI—Part ½

- **Overview**

- Asks 20 questions related to disinhibition.
- Respondents will be randomly assigned to receive either the Trait Fear and Disinhibition modules or the Personality module.

- **Changes from Original**

- Removed instruction for respondent to choose the answer that best describes them from DIS1.

22. Personality | ACASI—Part ½

- **Overview**

- Asks 26 personality questions.
- Respondents will be randomly assigned to receive either the Personality module or the Trait Fear and Disinhibition modules.

- **Changes from Original**

- Revised text in PERINTRO from “This is a list of things different people might say about themselves. We are interested in how you would describe yourself. There are no right or wrong answers. So you can describe yourself as honestly as possible, we will keep your responses confidential. We’d like you to take your time and read each statement carefully, selecting the response that best describes you.” to “This is a list of things different people might say about themselves. We are interested in how you would describe yourself. Please select the response that best describes you.”
- Statements changed from “me” to “you”; “I” to “you”; “I’m” to “You’re”; “My” to “Your”.

23. BPD Screen | ACASI—Part 1

- **Overview**
 - Asks a single grid of 12 Yes/No questions of all respondents.
- **Changes from Original**
 - BPD—Added introduction statement.
 - ABPD2—Removed “How about made a suicide attempt?” and added the following separate question: “Have you ever attempted suicide?”
 - ABPD5—Removed “How about often acted in an angry or sarcastic manner?” and added the following separate question: “Have you often acted in an angry or sarcastic manner?”

24. Firearms Access | ACASI—Part 1

- **Overview**
 - Module removed.

25. **Prison** | ACASI—Part1

- **Overview**

- Begins by asking respondents if they have ever been arrested. Those who have continue; those who have not skip to the next module.
- Asks respondents if they were ever in a jail, prison, or correctional facility since the age of 18. Those who indicate yes are then asked for the total time they have spent in a jail, prison, or correctional facility since the age of 18, as well as the amount of time during the past 12 months.
- Asks about being on probation, parole, supervised release, or other conditional release during the past 12 months.

- **Changes from Original**

- Revised text in APR4 from “How long altogether were you in one of these facilities since the age of 18?” to “Now think about all the time you have spent in a jail, prison, or correctional facility since you turned 18. What would be the easiest way for you to give your answer?”
- Added APR4a: What is the [total number of weeks/months/years] you were in a jail, prison, or correctional facility since you turned 18?
- APR6—Revised response categories to make them mutually exclusive.

26. Homelessness | ACASI—Part 1

- **Overview**

- Begins by asking respondents if they have ever been homeless. Those who have continue; those who have not skip to the next module.
- Asks respondents when they were homeless, where they slept while homeless, and how much of their life they have been homeless.

- **Changes from Original**

- Added AHOM2a: Were you homeless in the past 12 months?
- Added AHOM7: Altogether, how much of the past 12 months have you been homeless?

27. Head Injuries | ACASI—Part 1

- **Overview**

- Asks number of lifetime head or neck injuries that:
 - perforated eardrum
 - resulted in lost consciousness
 - caused “seeing stars” or other confusion
 - caused memory lapse
- If memory lapse reported, asks number of times a head or neck injury caused memory loss lasting less than 30 minutes, between 30 minutes and 24 hours, and more than 24 hours.

- **Changes from Original**

- Revised text in AHINJ1 from “The next questions are about head, neck, or blast injuries that you had at any time in your life. How many times in your life, (including childhood and adulthood), did you have a head, neck, or blast injury that...” to “The next questions are about head or neck injuries that you had **at any time in your life**. How many times in your life, including childhood and adulthood, did you have a head or neck injury that...”
- Removed HINJ1a, which asked about head injuries that perforated or burst the respondent’s eardrum.
- Revised text in AHINJ2 from “How many times in your life did you have a head, or blast injury that caused memory loss lasting...” to “How many times in your life did you have a head or neck injury that caused memory loss lasting...”

28. Stressful Experiences (Post-Traumatic Stress Disorder) | ACASI—Screen +

• Overview

- Asks whether respondent ever had each of 18 stressful experiences.
- For each stressful experience ever experienced, asks follow-up questions.
 - number of times or months/years had the experience
 - age (first) time
- Asks how much bothered by each of eight symptoms in the past 30 days.
- Asks how much bothered by each of eight symptoms in the worst month in life.
 - If at least moderately bothered by two or more symptoms, asks how much bothered by each of an additional set of 15 symptoms.
 - If bothered enough by key sets of symptoms, asks follow-up questions.
 - ♦ age first time had symptoms
 - ♦ years in life had at least a month with symptoms
 - ♦ number of months had symptoms
 - ♦ age most recent time had symptoms
 - ♦ how much episodes interfered with life
- Asks whether respondent had each of 16 stressful life events in the past 12 months.
- Asks about level of current stress in each of nine areas of life.
- Respondent asked to rate ability to handle stress in each of five ways.

• Changes from Original

- P12—Revised FILL to match P1i and P1j wording: FROM: “natural or manmade disaster” TO: “life-threatening natural or manmade disaster”
- P22e—Added “because of a highly stressful experience” to “Difficulty concentrating because of a highly stressful experience?”
- P22f—Added “because of a highly stressful experience” to “Feeling jumpy or easily startled because of a highly stressful experience?”
- Per Lisa Colpe, removed: “P24p Interference with your work or personal life because of your reactions?” because P29 is essentially the same (How much did these reactions ever interfere with your work or personal life?).
- P30—Changed from “check all that apply” format to a series of “Yes/No” questions.
- Edited logic throughout the module for DSM5 compliance.

29. Family Medical History (ACE) | ACASI—Part 2

• Overview

- Asks questions about biological mother and father, including:
 - if still living
 - current age or age at time of death
 - education
 - has or had Autism spectrum disorder, bipolar disorder, an anxiety disorder, depression, or schizophrenia
- Asks about siblings, alive and living, followed by total number of siblings, total number of full siblings, number of older full siblings, total number of half siblings, and number of older half siblings.
 - If any siblings are reported, asks if any of them has or had Autism spectrum disorder, bipolar disorder, an anxiety disorder, depression, or schizophrenia.
 - If any of the above disorders are reported, asks if full siblings, half siblings, or both had each disorder (Autism, bipolar, anxiety, depression, schizophrenia).
 - Asks about likelihood on scale of 0–100 percent chance of events happening to respondent: living to age 75 or older and becoming seriously depressed in lifetime.

• Changes from Original

- A list of approximately 27 disorders/conditions was trimmed down to 5, in an effort to minimize the length of the module.
- Depression was added to the list of conditions.
- Three items from the Childhood Demographics module—Q900, Q901, and Q902—were moved to the end of the module because they seemed out of place in the Childhood Demographics module.
- Removed AFM9a, which asked how many siblings a respondent has.
- Added a new FM9a, which asks how many of a respondent’s siblings are full siblings and includes a definition of full sibling.
- Added FM9b, which asks how many of a respondent’s siblings are half siblings and includes a definition of half sibling.
- Revised FM10 to include introductory fills for all possible combinations of full and half siblings.
- Revised FM10a from “Autistic disorder, (including Asperger’s and autistic spectrum disorder)?” to “Autism spectrum disorder, including Asperger’s?”
- Added FM11–FM15 to ask if it is a full sibling, a half sibling, or both full and half siblings that have each condition reported in FM10.
- Removed AFM9b, AFM9bb, AFM9bCC, AFM9b1, AFM9b2, AFM9c, AFM9cCC, AFM9cCC2, AFM9c1, AFM9c2, and earlier versions of AFM10-15 as they were no longer needed because of the restructuring of the full and half sibling questions.
- Questions added about whether biological mother, biological father, as well as siblings are alive as well as their age at death.

30. Tobacco, Alcohol, and Drugs | ACASI—Part 2

- **Overview**

- Asks about age of first use (if ever) of alcohol, tobacco, marijuana, and various prescription and nonprescription drugs.
 - If ever used, asks for frequency of use in the past 12 months.
 - Also asks for number of uses per day for tobacco products and number of drinks per day for alcohol.
- Respondents reporting a higher quantity/frequency of alcohol use are asked for more information about their alcohol use, including any resulting problems.
- Respondents reporting drug use are asked for more information about their use, including any resulting problems.
- Asks about hospitalizations resulting from drug or alcohol use.
- Asks about treatment for problematic drug or alcohol use.

- **Changes from Original**

- Revised TAD1 to ask if a respondent has ever used the substances listed in the TAD1 grid, rather than asking age of first use. This changes the response options from an open-ended age measurement to yes/no.
- Removed TAD1b, TAD1d, and TAD1e, which asked about frequency of use of tobacco or alcohol and binge drinking.
- Removed “Quaaludes” from TAD1i text, per Mark Edlund’s recommendation.
- Added TAD2 and TAD3, which asks about age of first and frequency of use of tobacco.
- Removed previous TAD2 and TAD3 grids, which asked about frequency of use of several substances.
- Added TAD5 and TAD6, which ask about frequency of use of tobacco in the past 12 months and age of first use of tobacco at least once a week for a full 12 months.
- Added TAD7 and TAD8, which ask about age of first use and frequency of use of alcohol.
- Added TAD10, TAD11, TAD12, and TAD13, which ask about frequency of use of alcohol in the past 12 months, age of first use of alcohol at least once a month for a full year, and binge drinking.
- Added TAD14 and TAD15, which ask about age of first use and frequency of use of marijuana or hashish.
- Added TAD16 and TAD17, which ask about age of first use and frequency of use of other illegal drugs.
- Added TAD18, TAD19, TAD20, TAD21, TAD22, and TAD23, which ask about age of first use and frequency of use of prescription stimulants, tranquilizers, and pain relievers.

31. Relationships and Social Networks | ACASI—Part 2

• Overview

- Asks about sexual orientation, sex on the respondent’s birth certificate, and gender identity.
- Asks about relationship status/marital status.
 - If ever married, asks about marital history including number of marriages, age at time of first marriage, and if applicable, duration of marriage and how the marriage ended.
 - If married or in a steady relationship, asks questions about the quality of the relationship (e.g., how much your partner cares about you, how much your partner understands you, etc.).
- Asks for number and ages of biological children, as well as adoptive or step-children.
- Asks if respondent or his or her partner is currently pregnant.
- Asks about respondent’s social life including time spent with friends, attending meetings or recreational groups, and role of religion or spiritual beliefs in the respondent’s life.
- Asks about number of people the respondent can rely on for comfort or support as well as whether the respondent believes he or she is a burden to others.
- Asks about use of internet for social networking and playing games and whether these activities are relaxing or frustrating.

• Changes from Original

- Added introduction statement to U1A.
- Removed U1: Do you consider yourself to be: Heterosexual or straight; Gay/lesbian/homosexual; Bisexual; Transgender: Transgender, Male-to-Female (MTF); Transgender, Female-to-Male (FTM); Transgender, do not identify as male or female.
- Removed U4, U4a, U5, U6, U7, and U8, which asked detailed questions about marriage.
- Added U4x and U4y, which ask about age at first marriage and length of current marriage.
- Added an introduction statement to U9.
- Removed U13.1 and U14.
- U22—Added skip logic so women over 55 are not asked about being pregnant.
- Removed SN2_2a, SN2_2b, SN2_3, and SN2_4, which asked about religion. Added a single religion item, SN2r, instead.
- Removed SN5, which asked the number of people the respondent would feel comfortable confiding a serious personal problem in.
- Removed SN9a, SN9b, and SN9c, which asked how a respondent felt getting close to other people.

- Added questions on use of social media: SN10a, SN10b, SN11, SN12, SN14, SN15a, and SN15b. Removed SN13, which also asked about social media.

32. Childhood Demographics | ACASI—Part 2

- **Overview**

- Asks primarily about the respondent’s experience in school, including learning disorders, mental or emotional problems, school engagement, participation in sports and other extracurricular activities, and exercise.

- **Changes from Original**

- Removed question about birthdate (DE2), country born in (DE4), how old when came to US (DE4a), number of parents born in US (DE5_1), number of grandparents born in the US (DE5_2), speak language other than English growing up (DE7), speak English growing up (DE8), number of full brothers and sisters (DE9.1), is sibling/how many siblings older than you (DE9.7, DE9.4), number of step/half/adopted siblings (DE9.5), is step/half/adopted sibling/ how many older than you (DE9.7, DE9.8), did you attend all girls/boys school (DE20.2), how many years attend all girls/boys school (DE20.2a), in what grades attend all girls/boys school (DE20.4), did school system have middle school or junior high (DE20.7), which grads in middle school or junior high (DE20.8), one of younger, older, or average in terms of age in school (DE20.8a), religion growing up (DE20.9), weather (CFA2T), chance of living to age of 75 or more (Q900), chance of becoming seriously depressed (Q901), important events (Q902), highest grade of school completed (DE20). As noted earlier, DE4a, DE5_1, DE5_2, DE7, and DE8 were relocated to the Core Demographics module.
- Removed Q15a, which asked about books in the home.
- Revised text in Q18b from “Dyslexia (a problem stating words correctly or in order when reading)” to “Dyslexia”.
- Added following text to Q19: “The next questions are about things you may have done in high school. By high school, we mean public or private high school and homeschooling for grades 9 through 12.”
- Removed Q22, Q23, Q23a, Q23b, and Q24, which asked about community service, foreign language study, and extracurricular activities.
- Removed Q26, Q26b1, Q26b2, Q26b3, Q26b4, and Q26c, which asked about injuries sustained in school sports.
- Removed Q27, Q27a, Q27b, Q27c, Q28, Q28a, Q28b, and Q28c, which asked about the frequency of moderate and vigorous physical activities. Added Q29 as a single measure of frequency of moderate and vigorous physical activity.

33. Childhood Experiences | ACASI—Part 2

- **Overview**

- All respondents are asked about their experiences before the age of 18, including
 - major life events involving the respondent’s parents, such as death, divorce, suicide, incarceration, and problems with drugs/alcohol or mental illness.
 - frequency of troublesome behaviors, such as bullying, fighting, lying, skipping school, arguing with adults, and disobeying rules.
 - frequency of homelessness, sexual abuse, physical abuse, emotional abuse, etc.
- Respondents between the ages of 18 and 30 are asked if they have ever been bullied and if they themselves have bullied someone. If yes, they are asked if it happened during the past 12 months. The same questions are asked about electronic bullying.

- **Changes from Original**

- Added X7–X14, which ask about bullying.

34. **Employment** | ACASI—Part 1

- **Overview**

- Asks if respondent worked at a job or business last week.
 - If respondent did not work last week, asks if respondent had a job.
 - Hours worked at job or business last week and whether usually works 35 hours or more per week.
 - If did not work last week, asks reason.
 - If did not have a job, asks main reason for this and if respondent was making specific efforts to find work.
- Asks if respondent worked at a job or business in past 12 months.
- Asks if respondent was self-employed in past 12 months.
 - If worked at a job or business, asks number of employers in past 12 months (including self if self-employed).
 - Was there ever a time in the past 12 months without a job or business.
 - ♦ If so, how many weeks without job or business.
 - If did not have a job, year and month last worked at a job or business.
 - Number of days in the past 30 missed due to personal illness or injury and number of days in the past 30 missed because “just didn’t want to be there”.
- ACASI closeout/end of audio (will be moved once final ACASI module is determined).

- **Changes from Original**

- Removed QD26–QD36 and replaced with simplified employment questions in E1–E5.
- Added PENTER1 and ENDAUDIO because this is the last ACASI module in the adult instrument.

35. **Household Roster** | CAPI—Part 1

- **Overview**
 - Asks about total number of people living in household.
 - For each person reported, asks age on last birthday, gender, and relationship to respondent.
- **Changes from Original**
 - No high-level changes.

36. Proxy Information | CAPI—Part 1

- **Overview**
 - Determines whether proxy (adult household member or person present) would be better able to answer questions about income and insurance.
- **Changes from Original**
 - No high-level changes.

37. **Income** | CAPI—Part 1

- **Overview**

- Asks if any of the following were received last year.
 - Social Security or Railroad Retirement
 - Supplemental Security Income
 - Supplemental Nutrition Assistance Program
 - Cash assistance
 - Other non-monetary assistance
- If any received, asks number of months received last year.
- Asks if income from other sources including a job or business.
- Total personal income and total family income last year.

- **Changes from Original**

- No high-level changes.

38. Health Insurance | CAPI—Part 1

- **Overview**

- Asks if received Medicare, Medicaid, state CHIP, military health insurance (e.g., TRICARE or CHAMPUS/CHAMPVA), or private health insurance.
- If covered by private health insurance, was this obtained through work.
- Covered by any health insurance.
- Any time in past 12 months without health insurance, and how many months if so.
- Length of time since last covered.

- **Changes from Original**

- Removed QHI01–QHI13 and replaced with simplified health insurance questions in HI_1–HI_3.
- Removed QHI15, which asked how long the respondent had gone without health care.
- Removed QH117, which asked for the main reason why the respondent stopped being covered by health insurance.
- Removed QH118, which asked the reasons why the respondent has never had health insurance.
- Added two questions, GPS1 and GPS2, to ask for permission to collect GPS data on the household.

39. Verification | CAPI—Part 1

- **Overview**

- Covers the closeout of the interview. Information is collected to assist RTI International in verifying a portion of each interviewer’s work.
- The interviewer is instructed to provide the incentive payment, sign the incentive receipt form, provide a copy of the receipt form to the respondent, and thank him or her for participating in the study.

- **Changes from Original**

- The incentive amount was revised to \$40.
- The Quality Control Form is now an electronic form on the tablet. Added instructions to the interviewer on how to access and complete this form.

NATIONAL MENTAL HEALTH STUDY (NMHS): ADOLESCENT INSTRUMENT DRAFT SPECIFICATIONS

Please see Appendix A for a summary of the content of each National Mental Health Study (NMHS) Questionnaire module and a high-level overview of changes made to the module when compared to the source documents originally provided to RTI.

Substance Abuse and Mental Health Services Administration
Center for Behavioral Health Statistics and Quality
Rockville, Maryland

National Institute of Mental Health
Rockville, Maryland

NATIONAL MENTAL HEALTH STUDY (NMHS): ADOLESCENT INSTRUMENT DRAFT SPECIFICATIONS

Contract No. HHSS283201300001C
RTI Project No. 0213985.301.002.001

RTI Authors:

Christine Carr
Rachel A. Caspar
Elizabeth Dean
Mark Edlund
Gretchen McHenry
Brenna Muldavin
Ashley Richards
Leyla Stambaugh

RTI Project Director:

Suzanne Triplett

SAMHSA Project Officer:

Peter Tice

NIMH Project Officer:

Lisa Colpe

For questions about this report, please e-mail Peter.Tice@samhsa.hhs.gov.

Prepared for Substance Abuse and Mental Health Services Administration,
Rockville, Maryland, and National Institute of Mental Health, Rockville,
Maryland

Prepared by RTI International, Research Triangle Park, North Carolina

February 27, 2017

Recommended Citation: Center for Behavioral Health Statistics and Quality. (2016). *National Mental Health Study (NMHS): Adolescent Instrument Draft Specifications* (unpublished internal documentation). Substance Abuse and Mental Health Services Administration; National Institute of Mental Health, Rockville, MD.

Acknowledgments

This report was prepared for the Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, and the National Institute of Mental Health by RTI International (a registered trademark and a trade name of Research Triangle Institute). Contributors to this report at RTI include Kathy Batts, Debbie Bond, Claudia Clark, and Heather Ringeisen.

Table of Contents

Section	Page
1. Core Demographics	1
2. Beginning ACASI.....	9
3. Tutorial.....	11
4. Your Health.....	14
5. Columbia Impairment Scale	21
6. CIDI Screener	23
7. Depression.....	26
8. Mania	33
9. Anxiety and Worry (GAD).....	37
10. Social Anxiety.....	44
11. Agoraphobia.....	48
12. Panic Disorder.....	51
13. Eating Disorders.....	57
14. Suicidality	62
15a. Unusual Experiences.....	66
16. Treatment of Emotional Problems	79
17a. Trait Fear.....	96
17b. Disinhibition	98
17c. Personality.....	100
17d. Affective Reactivity Index.....	102
18. BPD Screen.....	103
19. Attention and Concentration (ADHD).....	105
20. Oppositional-Defiant Disorder.....	110
21. Conduct Disorder	113
22. Separation Anxiety Disorder.....	117
23. Juvenile Justice and Detention.....	121
24. Homelessness	124
25. Head Injuries	126
26. Stressful Experiences (Post-Traumatic Stress Disorder)	130
27. Family Medical History (ACE)	139

28.	Tobacco, Alcohol, Drugs, and Treatment	145
29.	Relationships and Social Networks	160
30.	Childhood Demographics	166
31.	Childhood Experiences	169
32.	Employment.....	173
33.	Household Roster.....	176
34.	Proxy Information.....	186
35.	Pharmacoepidemiology.....	203
36.	Income.....	218
37.	Health Insurance	230
38.	Verification	233
39.	Showcards.....	235
Appendix A.....		Error! Bookmark not defined. 45

1. Core Demographics

BEGIN TIME STAMP

NOTE: QUESTIONS DESIGNED TO DETERMINE AGE OF THE RESPONDENT WILL BE INTERVIEWER ADMINISTERED.

QD_REMINDFI HAVE YOU READ THE “INTRO TO CAI” IN YOUR **SHOWCARD BOOKLET** ALOUD TO THE RESPONDENT?

- 1 YES
- 2 NO

QD_INTROCAI [IF QD_REMINDFI = 2] YOU **MUST** READ THE “INTRO TO CAI” IN YOUR **SHOWCARD BOOKLET** ALOUD TO THE RESPONDENT BEFORE YOU CONTINUE WITH THE INTERVIEW! DO SO NOW. WHEN YOU ARE FINISHED, PRESS “1” TO CONTINUE.

QD_AGE1 What is your date of birth?

ENTER MM-DD-YYYY

DOB: ___ [RANGE: 01–12] ___ [RANGE: 01–31] ___ [RANGE: 1900–2015]

DK/REF

DEFINE CALCAGE: CALCAGE = AGE CALCULATED BY "SUBTRACTING" DATE OF BIRTH FROM DATE OF INTERVIEW.

QD_CONFDOB [IF QD_AGE1 NE DK OR REF] I have entered your date of birth as [QD_AGE1]. Is this correct?

- 1 YES
 - 2 NO
- DK/REF

HARD ERROR: [IF QD_CONFDOB = 2] PRESS [ENTER] TO GO BACK AND CORRECT THE RESPONDENT’S DATE OF BIRTH. [NOTE: DO NOT DEFINE CALCAGE UNTIL QD_CONFDOB = YES]

QD_CONFIRM [IF QD_AGE1 NE DK/REF AND QD_CONFDOB NE DK/REF] That would make you [CALCAGE] years old. Is this correct?

- 1 YES
 - 2 NO
- DK/REF

HARD ERROR: [IF QD_CONFIRM = 2] PRESS [ENTER] TO GO BACK AND CORRECT THE RESPONDENT’S DATE OF BIRTH.

QD_UNDER13 [IF QD_CONFIRM = 1 OR DK/REF AND CALCAGE < 13] Since you are [CALCAGE] years old, we cannot interview you for this study. Thank you for your cooperation.

PRESS [ENTER] TO CONTINUE. [NOTE: PROGRAM SHOULD ROUTE TO FIEXIT.]

QD_DKREFAGE [IF (CALCAGE IS 13 OR OLDER AND CONFIRM = DK/REF) OR QD_AGE1 = DK/REF OR QD_CONFDOB = DK/REF] I need your correct age so I can ask you the right questions. What is your correct age?

_____ AGE [RANGE: 1-110]
DK/REF

IF QD_DKREFAGE NOT (BLANK OR DK/REF), THEN CALCAGE =
QD_DKREFAGE

QD_UNDER13B [IF QD_DKREFAGE < 13] Since you are [CALCAGE] years old, we cannot interview you for this study. Thank you for your cooperation.

PRESS [ENTER] TO CONTINUE. [NOTE: PROGRAM SHOULD ROUTE TO FIEXIT.]

QD_LASTCHANCE [IF QD_DKREFAGE = DK/REF] Since I am not certain what your age is, I cannot interview you for this study. Thank you for your cooperation.

PRESS [ENTER] TO CONTINUE. [NOTE: PROGRAM SHOULD ROUTE TO FIEXIT.]

DEFINE CURNTAGE: IF CALCAGE > 12 AND QD_CONFIRM = 1, CURNTAGE = CALCAGE

IF CALCAGE > 12 AND QD_CONFIRM = DK/REF AND QD_DKREFAGE > 12, CURNTAGE = QD_DKREFAGE

IF QD_AGE1 = DK/REF AND QD_DKREFAGE > 12, CURNTAGE = QD_DKREFAGE ELSE RESPONDENT IS INELIGIBLE; ROUTE TO FIEXIT

QD_FIPE4 INTERVIEWER: IN WHAT STATE IS THIS SAMPLE DWELLING UNIT (SDU) LOCATED?

- | | | | |
|---|-------------|----|---------------|
| 1 | ALABAMA | 27 | MONTANA |
| 2 | ALASKA | 28 | NEBRASKA |
| 3 | ARIZONA | 29 | NEVADA |
| 4 | ARKANSAS | 30 | NEW HAMPSHIRE |
| 5 | CALIFORNIA | 31 | NEW JERSEY |
| 6 | COLORADO | 32 | NEW MEXICO |
| 7 | CONNECTICUT | 33 | NEW YORK |

8	DELAWARE	34	NORTH CAROLINA
9	THE DISTRICT OF COLUMBIA (WASHINGTON, DC)	35	NORTH DAKOTA
10	FLORIDA	36	OHIO
11	GEORGIA	37	OKLAHOMA
12	HAWAII	38	OREGON
13	IDAHO	39	PENNSYLVANIA
14	ILLINOIS	40	RHODE ISLAND
15	INDIANA	41	SOUTH CAROLINA
16	IOWA	42	SOUTH DAKOTA
17	KANSAS	43	TENNESSEE
18	KENTUCKY	44	TEXAS
19	LOUISIANA	45	UTAH
20	MAINE	46	VERMONT
21	MARYLAND	47	VIRGINIA
22	MASSACHUSETTS	48	WASHINGTON
23	MICHIGAN	49	WEST VIRGINIA
24	MINNESOTA	50	WISCONSIN
25	MISSISSIPPI	51	WYOMING
26	MISSOURI		

QD_FIPE5 INTERVIEWER: THE STATE YOU ENTERED IS [QD_FIPE4 STATE NAME **FILL**]. IS THIS CORRECT?

- 1 YES
- 2 NO

HARD ERROR: [IF QD_FIPE5 = 2] PRESS [ENTER] TO GO BACK AND CORRECT THE STATE WHERE YOU ARE CONDUCTING THIS INTERVIEW.

QD01 INTERVIEWER: RECORD RESPONDENT'S SEX:

- 5 MALE
- 9 FEMALE

QD01a INTERVIEWER: YOU HAVE ENTERED THAT THE RESPONDENT IS [**FILL QD01**]. IS THIS CORRECT?

- 1 YES
- 2 NO

HARD ERROR: [IF QD01a = 2] PRESS [ENTER] TO GO BACK AND CORRECT THE RESPONDENT'S SEX.

QD03 The first few questions are for statistical purposes only, to help us analyze the results of the study.

Are you of Hispanic, Latino, or Spanish origin or descent?

- 1 YES
- 2 NO
- DK/REF

QD05 HAND R SHOWCARD 1.

Which of these groups describes you? Just give me the number or numbers from the card.

TO SELECT MORE THAN ONE CATEGORY, PRESS THE SPACE BAR BETWEEN EACH CATEGORY YOU SELECT.

RESPONDENTS WHO REPORT THEIR RACE AS NATIVE AMERICAN SHOULD BE INCLUDED IN RESPONSE CATEGORY 1.

- 1 AMERICAN INDIAN OR ALASKA NATIVE
- 2 ASIAN
- 3 BLACK OR AFRICAN AMERICAN
- 4 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- 5 WHITE
- DK/REF

QD07 [IF CURNTAGE = 15 OR OLDER] Are you now married, widowed, divorced, separated, or have you never married?

- 1 MARRIED
- 2 WIDOWED
- 3 DIVORCED
- 4 SEPARATED
- 5 HAVE NEVER MARRIED
- DK/REF

INTERVIEWER NOTE:

If the respondent is divorced but currently remarried, code as married.

By “divorce” we mean a legal cancellation or annulment of a marriage.

By “separated” we mean legally or informally separating due to marital discord.

QD11 HAND R SHOWCARD 2.

What is the highest grade or year of school you have **completed**? Just give me the number from the card.

INCLUDE ANY JUNIOR OR COMMUNITY COLLEGE ATTENDANCE; DO NOT INCLUDE ATTENDANCE AT TECHNICAL SCHOOLS SUCH AS TRAINING TO BECOME A MECHANIC OR BEAUTICIAN.

- 0 NO SCHOOLING COMPLETED
 - 1 1ST GRADE COMPLETED
 - 2 2ND GRADE COMPLETED
 - 3 3RD GRADE COMPLETED
 - 4 4TH GRADE COMPLETED
 - 5 5TH GRADE COMPLETED
 - 6 6TH GRADE COMPLETED
 - 7 7TH GRADE COMPLETED
 - 8 8TH GRADE COMPLETED
 - 9 9TH GRADE COMPLETED
 - 10 10TH GRADE COMPLETED
 - 11 11TH GRADE COMPLETED
 - 12 REGULAR HIGH SCHOOL DIPLOMA
 - 13 12TH GRADE, NO DIPLOMA
 - 14 GED CERTIFICATE OF HIGH SCHOOL COMPLETION
 - 15 SOME COLLEGE CREDIT, BUT NO DEGREE
 - 16 ASSOCIATE'S DEGREE (FOR EXAMPLE, AA, AS)
 - 17 BACHELOR'S DEGREE (FOR EXAMPLE, BA, BS)
 - 18 MASTER'S DEGREE (FOR EXAMPLE, MA, MS, MENG, M. ED, MSW, MBA)
 - 19 DOCTORATE DEGREE (FOR EXAMPLE, PHD, EDD)
 - 20 PROFESSIONAL DEGREE BEYOND A BACHELOR'S DEGREE (FOR EXAMPLE, MD, DDS, DVM, LLB, JD)
- DK/REF

QD14 About how tall are you, without shoes?

INTERVIEWER: RECORD FEET ON THIS SCREEN. THEN PRESS ENTER TO RECORD INCHES ON THE NEXT SCREEN.

_____ FEET [RANGE: 2–8]
DK/REF

QD15 [IF QD14 NE DK/RF]

INTERVIEWER: RECORD INCHES ON THIS SCREEN.

_____ INCHES [RANGE: 0–11]
DK/REF

QD21 About how much do you weigh?

_____ POUNDS [RANGE: 40–850]
DK/REF

QD23 Were you born in the United States?

- 1 YES
- 2 NO
- DK/REF

QD_DE4_a [IF QD23 = 2] How old were you when you first came to live in the United States?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

QD24 [IF QD23 = 2] In what country were you born?

- 1 ARMENIA
- 2 AUSTRIA
- 3 AZERBAIJAN
- 4 CAMBODIA
- 5 CANADA
- 6 CHINA
- 7 CUBA
- 8 DOMINICAN REPUBLIC
- 9 ESTONIA
- 10 EL SALVADOR
- 11 GEORGIA
- 12 GERMANY
- 13 GUATAMALA
- 14 HUNGARY
- 15 INDIA
- 16 IRELAND
- 17 ITALY
- 18 KOREA
- 19 KYRGYZSTAN
- 20 LATVIA
- 21 MEXICO
- 22 PHILIPPINES
- 23 POLAND
- 24 RUSSIA
- 25 SOVIET UNION
- 26 TAJIKISTAN
- 27 TURKMENISTAN
- 28 UKRAINE
- 29 UZBEKISTAN
- 30 UNITED KINGDOM
- 31 VIETNAM
- 32 OTHER COUNTRY
- DK/REF

QD24a [IF QD24 = 29] INTERVIEWER: RECORD RESPONDENT'S COUNTRY OF BIRTH

COUNTRY OF BIRTH: _____ [ALLOW 80 CHARACTERS]
DK/REF

QD25 [IF QD24 NE BLANK OR DK/REF] And what city were you born in?

NON-U.S. CITY OF BIRTH: _____ [ALLOW 80 CHARACTERS]
DK/REF

QD26 [IF QD23 = 1] In what state were you born?

- | | | | |
|----|--|----|----------------|
| 1 | ALABAMA | 27 | MONTANA |
| 2 | ALASKA | 28 | NEBRASKA |
| 3 | ARIZONA | 29 | NEVADA |
| 4 | ARKANSAS | 30 | NEW HAMPSHIRE |
| 5 | CALIFORNIA | 31 | NEW JERSEY |
| 6 | COLORADO | 32 | NEW MEXICO |
| 7 | CONNECTICUT | 33 | NEW YORK |
| 8 | DELAWARE | 34 | NORTH CAROLINA |
| 9 | THE DISTRICT OF
COLUMBIA (WASHINGTON, DC) | 35 | NORTH DAKOTA |
| 10 | FLORIDA | 36 | OHIO |
| 11 | GEORGIA | 37 | OKLAHOMA |
| 12 | HAWAII | 38 | OREGON |
| 13 | IDAHO | 39 | PENNSYLVANIA |
| 14 | ILLINOIS | 40 | RHODE ISLAND |
| 15 | INDIANA | 41 | SOUTH CAROLINA |
| 16 | IOWA | 42 | SOUTH DAKOTA |
| 17 | KANSAS | 43 | TENNESSEE |
| 18 | KENTUCKY | 44 | TEXAS |
| 19 | LOUISIANA | 45 | UTAH |
| 20 | MAINE | 46 | VERMONT |
| 21 | MARYLAND | 47 | VIRGINIA |
| 22 | MASSACHUSETTS | 48 | WASHINGTON |
| 23 | MICHIGAN | 49 | WEST VIRGINIA |
| 24 | MINNESOTA | 50 | WISCONSIN |
| 25 | MISSISSIPPI | 51 | WYOMING |
| 26 | MISSOURI | | |
- DK/REF

QD27 [IF QD26 NE BLANK OR DK/REF] In what city in [QD26] were you born?

CITY OF BIRTH: _____ [ALLOW 80 CHARACTERS]
DK/REF

QD_DE7 Did you speak a language other than English at home when you were growing up?

- 1 YES
- 2 NO
- DK/REF

QD55 How well do you speak English: very well, well, not well, or not at all?

- 1 VERY WELL
- 2 WELL
- 3 NOT WELL
- 4 NOT AT ALL
- DK/REF

END TIME STAMP

2. Beginning ACASI

BEGIN TIME STAMP

IntroAcasi1 You will do an important part of this interview on your own, using the computer and headphones.

Before you start, we'll go through a short practice session so you can learn how to use this computer and our interview program. Let me quickly point out the keys you will use. The computerized practice session that follows will go through what each key does in greater detail.

MOVE COMPUTER SO RESPONDENT CAN SEE THE KEYBOARD AND POINT OUT THE FOLLOWING:

[POINT TO THE ROW OF FUNCTION KEYS] First, these are the function keys. The function keys and what they do are labeled for you.

[POINT TO F3] If you don't know the answer to a question, press F3.

[POINT TO F4] If you don't want to answer a question, press F4.

PRESS [ENTER] TO CONTINUE.

IntroAcasi3 These next items will help you enter your answers into the computer.

[POINT TO THE ROW OF NUMBER KEYS] These are the number keys.

[POINT TO THE ENTER KEY] The Enter key is here,

[POINT TO THE SPACE BAR] the space bar is here,

[POINT TO THE BACKSPACE KEY] and the Backspace key is here.

[POINT TO THE BOTTOM OF THE SCREEN] The answers that you enter will show up here at the bottom of the screen.

PRESS [ENTER] TO CONTINUE.

IntroAcasi4 There are a couple of computer features that you will **not** use.

[POINT TO ON/OFF SWITCH] This button up here turns the machine on and off. Please do not press it! It will turn the machine off, and we'll lose the interview.

[POINT TO TOUCHPAD] Also, please do not touch this pad. This might disrupt the interview.

PRESS [ENTER] TO CONTINUE.

IntroAcasi2 These headphones will allow you to listen while the computer voice reads the interview questions.

HAND HEADPHONES TO RESPONDENT.

You can adjust the volume here [DEMONSTRATE VOLUME ADJUSTMENT ON THE HEADPHONE CORD].

Please put on your headphones. When you are ready, let me know.

MOVE COMPUTER SO RESPONDENT CAN USE IT.

ONCE RESPONDENT HAS HEADPHONES ON, PRESS "1" AND [ENTER] SO R CAN BEGIN PRACTICE SESSION.

HeadPhone This screen will play while you adjust the volume in your headphones. When you have adjusted the volume to a level that is comfortable to you, press the large [ENTER] key on the right side of the keyboard to continue with the practice session. The [ENTER] key is the one with the ↵ symbol on it.

3. Tutorial

BEGIN TIME STAMP

INTRO1 Welcome to RTI's self-interviewing system, which lets you control the interview and answer in complete privacy.

First, you will learn how to use the system and complete some practice questions. You will learn how to enter answers and how to back up if you make a mistake and want to change an answer.

Press the large [ENTER] key to move to the next screen.

INTRO2 In this system you can read the questions on the computer screen and hear them read through the headphones. If you would like to just see the questions on the screen, you can turn down the volume.

Press [ENTER] to continue.

GOTDOG You answer questions by putting in the number that is shown next to your answer.

To answer a question, you first press the correct number and then press [ENTER].

Practice Question #1: Do you have a dog?

- 1 Yes
- 2 No
- DK/REF

EYECOLOR Other questions will have more answers to choose from, and you will pick your answer from a list.

Practice Question #2: What color are your eyes? Put in the number that best fits you and press [ENTER].

- 1 Blue
- 2 Brown
- 3 Gray
- 4 Green
- DK/REF

ALLAPPLY Some questions will let you choose more than one answer. For these questions, you will use the space bar to separate the answers you type in. Practice this now.

Practice Question #3: What kinds of music do you listen to?

To select more than one kind of music from the list, press the space bar between each

number you type. When you have finished, press [ENTER] to go to the next question.

- 1 Classical
- 2 Country
- 3 Hip Hop
- 4 Jazz

DK/REF

NUMBER Other questions will ask you to type in a number instead of choosing a number from a list.

Practice Question #4: In the past 30 days, on how many days did you eat breakfast? Type in the number of days you ate breakfast and press [ENTER].

_____ [RANGE: 0–30]

DK/REF

GRID In some cases there will be more than one question to answer on a screen. For these questions you will enter your answers one at a time in the order the questions are shown on the screen.

Practice Question #5: Which kinds of fruit have you eaten in the past 30 days...

	Yes	No
GRID1 apples?	1	2
GRID2 bananas?	1	2

DK/REF

BACKUP If you want to change or see your answer to a previous question, you can back up using the [F9] key. Each time you press the [F9] key, the computer will go back one question.

You can tell the computer to repeat a question by pressing [F10]. Try this now.

When you are finished, press [ENTER] to continue.

rangeerr For some questions, the computer can only accept certain answers. For example, in the question below, the only numbers the computer will accept are 1 for YES or 2 for NO.

If you try to enter some other number, an instruction box will appear. To correct your answer, you must press [ENTER] to make the box disappear. You can then answer the question again.

Try this with the question below. Type a 3 as your answer. Press [ENTER] to remove

the instruction box, then type in a valid answer.

Practice Question #6: Do you have a cat?

1 Yes

2 No

DK/REF

ANYQUES If you have any questions, please ask your interviewer now. If not, press [ENTER] to begin. Please answer all of the questions to the best of your abilities.

END TIME STAMP

4. Your Health

BEGIN TIME STAMP

B1 In general, would you say your health is:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- DK/REF

B2 The following questions are about activities you might do during a typical day. How much, if at all, does your health now limit you in these activities?

	Yes, Limited a Lot	Yes, Limited a Little	No, Not Limited at All
B2a Vigorous activities , such as running, lifting heavy objects, or participating in strenuous sports	1	2	3
B2b Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
B2c Climbing several flights of stairs	1	2	3
B2d Walking several blocks	1	2	3

DK/REF

B3 During the **past 30 days**, how often have you had any of the following problems with your work or other regular activities **as a result of your physical health**?

	All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
B3a Accomplished less than you would like	1	2	3	4	5
B3b Were limited in the kind of work or other activities you could do	1	2	3	4	5
B3c Had difficulty performing work or other activities -- for example, it took extra effort	1	2	3	4	5

DK/REF

B5 During the **past 30 days**, how much of the time have problems with your **physical health or emotional and behavioral problems** interfered with your social activities -- like visiting with friends or relatives?

- 1 All of the time

- 2 Most of the time
 - 3 Some of the time
 - 4 A little of the time
 - 5 None of the time
- DK/REF

B8a Are you deaf or do you have serious difficulty hearing?

- 1 Yes
 - 2 No
- DK/REF

B8b Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- 1 Yes
 - 2 No
- DK/REF

B8c Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- 1 Yes
 - 2 No
- DK/REF

B8d Do you have serious difficulty walking or climbing stairs?

- 1 Yes
 - 2 No
- DK/REF

B8e Do you have difficulty dressing or bathing?

- 1 Yes
 - 2 No
- DK/REF

B8f Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctors' office or shopping?

- 1 Yes
 - 2 No
- DK/REF

B10 Did a health professional ever say you had any of the following conditions?

		Yes	No
B10ay	Allergies, including food, drug, insect, or other types, such as eczema	1	2
B10by	Arthritis	1	2
B10cy	Asthma	1	2
B10dy	Blood disorders, such as Sickle Cell Disease, Thalassemia, Anemia, or Hemophilia	1	2
B10ey	Cerebral Palsy	1	2
B10fy	Cystic Fibrosis	1	2
B10gy	Diabetes	1	2
B10hy	Epilepsy or seizure disorder	1	2
B10iy	Heart condition	1	2
B10jy	Tourette Syndrome	1	2
B10ky	Ear infections	1	2
B10ly	Speech or language difficulties	1	2
B10my	Any other seriously impairing or life-threatening physical health condition	1	2

DK/REF

B12 Do you currently have any of the following health problems?

		Yes	No
B12a	Frequent or very painful back or neck pain	1	2
B12b	Frequent or very painful headaches	1	2
B12c	Some other frequent or very painful condition that has been going on for at least 6 months	1	2

DK/REF

B13 Have you **ever in your life** been told by a professional, or have you personally believed, that you had any of the following problems?

		Yes	No
B13a	Attention-deficit hyperactivity disorder, also known as ADHD	1	2
B13b	Depression	1	2
B13c	Panic attacks, also known as anxiety attacks	1	2
B13d	Phobias, that is, extreme fears of particular situations	1	2
B13e	Post-traumatic stress disorder, also known as PTSD	1	2
B13f	Obsessive-compulsive disorder	1	2
B13g	Generalized anxiety disorder, that is, being very nervous, worried, or anxious	1	2
B13h	Manic depression, also known as bipolar disorder	1	2
B13i	Problems with anger control	1	2
B13j	Schizophrenia or other psychotic disorder	1	2

		Yes	No
B13l	Any other serious emotional problem	1	2
B13m	Problems with alcohol use	1	2
B13n	Problems with drug use	1	2

DK/REF

B14 How often in the **past 30 days** did you have each of the following?

	All or Almost All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time	
B14a	Memory problems	1	2	3	4	5
B14c	Difficulty concentrating or your mind going blank	1	2	3	4	5
B14d	Sleep problems, such as getting to sleep, staying asleep, waking too early, or sleeping too much	1	2	3	4	5
B14e	Feeling tired out, low in energy, or easily fatigued	1	2	3	4	5
B14f	Feeling emotionally much happier or excitable than usual	1	2	3	4	5
B14g	Being much more hyper or wound up than usual	1	2	3	4	5
B14h	Having thoughts race through your mind so fast you could hardly keep track of them	1	2	3	4	5

DK/REF

B15 How often in the **past 30 days** did you have each of the following?

	All or Almost All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time	
B15a	Pain in your back, neck, arms, legs, or joints -- such as your knees or hips	1	2	3	4	5
B15b	Headaches	1	2	3	4	5
B15c	Pain in any other part of the body	1	2	3	4	5
B15d	Muscle tension	1	2	3	4	5
B15e	Dizziness	1	2	3	4	5

DK/REF

B16 How often in the **past 30 days** did you experience each of the following?

	All or Almost All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
B16a Feeling irritated, annoyed, or grouchy	1	2	3	4	5
B16c Feeling that your anger was out of control	1	2	3	4	5
B16d Talking or moving more slowly than usual	1	2	3	4	5
B16e Feeling calm or peaceful	1	2	3	4	5
B16f Feeling restless, tense, wound up, or on edge	1	2	3	4	5
B16g Poor appetite or overeating	1	2	3	4	5

DK/REF

B17a About how many days out of the **past 30** were you **totally unable** to go to school, work, or carry out your other usual activities because of problems with your physical or behavioral health?

_____ NUMBER OF DAYS [RANGE: 0–30]

DK/REF

DEFINE B17B_FILL

IF B17A > 0 AND (B17a NE DK OR REF), THEN B17a_FILL = “Other than the [B17a] days when you were totally unable to go to school, work, or carry out your other usual activities because of problems with your physical or behavioral health, about”

ELSE B17a_FILL = “About”

B17b [B17b_FILL] how many days out of the **past 30** were you able to go to school or work, but had to cut down on either the quantity or quality of your work because of problems with your physical or behavioral health?

_____ NUMBER OF DAYS [RANGE: 0–30]

DK/REF

B17c [IF B14d ≤ 4] You mentioned sleep problems. About how many nights a week do you...

	Every or Nearly Every Night	3–4 Nights a Week	1–2 Nights a Week	Less than 1 Night a Week	Never
B17Ca take more than 30 minutes to fall asleep at night?	1	2	3	4	5

		Every or Nearly Every Night	3-4 Nights a Week	1-2 Nights a Week	Less than 1 Night a Week	Never
B17Cb	wake up three or more times during a single night -- either with or without provocation?	1	2	3	4	5
B17Cc	wake up at night and take more than 30 minutes to get back to sleep?	1	2	3	4	5
B17Cd	wake up more than 30 minutes too early in the morning?	1	2	3	4	5
B17Ce	feel tired or unrested in the morning, even after a full night's sleep?	1	2	3	4	5
B17Cf	sleep longer than you need to or have trouble getting up after sleeping all night?	1	2	3	4	5

DK/REF

DEFINE B17C_COUNT (PERFORM EACH TIME MOVE AWAY FROM B17C)

SET B17C_COUNT = 0

IF B17CA = 1 OR 2, ADD 1 TO B17C_COUNT

IF B17CB = 1 OR 2, ADD 1 TO B17C_COUNT

IF B17CC = 1 OR 2, ADD 1 TO B17C_COUNT

IF B17CD = 1 OR 2, ADD 1 TO B17C_COUNT

IF B17CE = 1 OR 2, ADD 1 TO B17C_COUNT

IF B17CF = 1 OR 2, ADD 1 TO B17C_COUNT

B18 [IF B17C_COUNT ≥ 1] How much do your sleep problems interfere with your daytime functioning?

1 Extremely

2 A lot

3 Some

4 A little

5 Not at all

DK/REF

B22B In the **past 12 months**, how many times have you...

	Number of Times If None, Enter "0"	
B22Ba been hospitalized overnight for a physical health problem?	_____	[RANGE: 0-365]

	Number of Times If None, Enter "0"	
B22Bb been treated in an emergency department or ER?	_____	[RANGE: 0–365]
B22Bc seen a health care professional as an outpatient for a physical health problem?	_____	[RANGE: 0–365]
B22Be been hospitalized or in a rehab center overnight for alcohol or drug problems?	_____	[RANGE: 0–365]

DK/REF

END TIME STAMP

5. Columbia Impairment Scale

BEGIN TIME STAMP

CISa The following questions ask about areas of behavior for you to rate on a scale from 0 – No Problem for you to 4 – Very Bad Problem for you. Rate each item by choosing the number that best describes your behavior at the present time. Since your behavior will change over time, only take into consideration how you feel your **recent behavior, within the past week or two**, has been.

In general, how much of a problem do you think you have with...

		No Problem	Minor Problem	Some Problem	Bad Problem	Very Bad Problem
CIS1	getting into trouble?	0	1	2	3	4
CIS2	getting along with your mother or mother figure?	0	1	2	3	4
CIS3	getting along with your father or father figure?	0	1	2	3	4
CIS4	feeling unhappy or sad?	0	1	2	3	4
CIS5	your behavior at school or at your job?	0	1	2	3	4
CIS6	having fun?	0	1	2	3	4
CIS7	getting along with adults other than your mother or father?	0	1	2	3	4

DK/REF

CISc How much of a problem do you have with...

		No Problem	Minor Problem	Some Problem	Bad Problem	Very Bad Problem
CIS8	feeling nervous or afraid?	0	1	2	3	4
CIS10	getting along with other kids your age?	0	1	2	3	4
CIS11	getting involved in activities like sports or hobbies?	0	1	2	3	4
CIS12	your school work or doing your job?	0	1	2	3	4
CIS13	your behavior at home?	0	1	2	3	4

DK/REF

CIS9 How much of a problem do you have with getting along with your brothers or sisters?

- 0 No problem
- 1 Minor problem

- 2 Some problem
 - 3 Bad problem
 - 4 Very bad problem
 - 5 I do not have any brothers or sisters
- DK/REF

END TIME STAMP

6. CIDI Screener

BEGIN TIME STAMP

		Yes	No
HM1	<p>The next question is about episodes you when you were full of energy, more active or talkative than usual or your mood was better than usual.</p> <ul style="list-style-type: none"> • During these episodes, people are more active than usual, talk a lot faster, and often feel more outgoing or self-confident than usual. • Their thoughts often go very quickly and they may have trouble sitting still. • They are often much happier, hyper, or excitable than usual. • They are sometimes more irritable or quick to take offense than usual. • They sometimes do things during these episodes that are unusual for them such as spending too much money or engaging in risky behavior or other behavior that could cause problems in their lives. <p>With this definition in mind, did you ever in your life have an episode of this sort lasting more than a few days or longer?</p> <p>Do not count episodes caused by drinking or using drugs.</p>	1	2
HM2	[IF HM1 = 1] During one of these episodes, did other people notice or comment that you were much more active or energetic than usual?	1	2

DK/REF

SP1 Was there ever a time in your life when you felt very afraid, anxious, or **really, really** shy in any of the following social situations?

	Yes	No
SP1a Meeting new people, including adults and people who are about your age	1	2
SP1b Going to a party or social gathering	1	2
SP1c Going on a date	1	2
SP1d Using a bathroom when away from home	1	2
SP1e Any other social situation where something embarrassing might happen	1	2

DK/REF

DEFINE SP1_YCOUNT (PERFORM EACH TIME MOVES FROM SP1E TO SP2)

SET SP1_YCOUNT = 0

IF SP1A = 1, ADD 1 TO SP1_YCOUNT
 IF SP1B = 1, ADD 1 TO SP1_YCOUNT
 IF SP1C = 1, ADD 1 TO SP1_YCOUNT
 IF SP1D = 1, ADD 1 TO SP1_YCOUNT
 IF SP1E = 1, ADD 1 TO SP1_YCOUNT

SP2 Was there ever a time in your life when you felt very afraid, anxious, or uncomfortable in any of the following performance situations?

	Yes	No
SP2a Talking to people in authority or in leadership roles	1	2
SP2b Talking to people you did not know	1	2
SP2c Speaking up in a meeting or class	1	2
SP2d Giving a speech, acting, or performing in front of an audience	1	2
SP2e Any other performance situation where you might be the center of attention	1	2

DK/REF

DEFINE SP2_YCOUNT (PERFORM EACH TIME MOVES FROM SP2E TO SP3)

SET SP2_YCOUNT = 0

IF SP2A = 1, ADD 1 TO SP2_YCOUNT

IF SP2B = 1, ADD 1 TO SP2_YCOUNT

IF SP2C = 1, ADD 1 TO SP2_YCOUNT

IF SP2D = 1, ADD 1 TO SP2_YCOUNT

IF SP2E = 1, ADD 1 TO SP2_YCOUNT

		Yes	No
SC5	Have you ever in your life felt so frightened of going out of the house alone, being in a crowd, standing in lines, going over bridges, or travelling by bus, train, or car that it got in the way of you having a normal life?	1	2
SC3	The next question is about panic attacks , sometimes called anxiety attacks . These are sudden, strong feelings of fear or anxiety that are usually accompanied by physical reactions like a racing heart, shortness of breath, feeling faint, or feeling sick to your stomach. With this definition in mind, have you ever in your life had panic attacks?	1	2

DK/REF

		Yes	No
SC6	Have you ever had a time in your life when you had a great deal of concern about or strongly feared being too fat or overweight?	1	2
SC6a	[IF SC6 = 1] Have you ever had this strong worry or fear at a time when you actually weighed less than most other people?	1	2
SC7	The next question is about “eating binges,” where a person eats a large amount of food during a short period, like 2 hours. By “a large amount,” we 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, have you ever had a time in your life when you went on eating binges at least once a week for 3 months or longer?	1	2

DK/REF

		Yes	No
SC9	Have you ever in your life felt so afraid of some other specific thing like heights, bugs, animals, thunder, or blood that you either refused to go near a situation that would expose you to this feared thing or you became extremely anxious whenever you were exposed to that thing?	1	2
SC12	Some people get very upset when they are separated from someone important in their life or someone who takes care of them. Examples include worrying a lot that their loved ones might leave them, worrying that some other terrible things might happen to separate them from their loved ones, and being very anxious when they are away from their loved one. Did you ever have a time in your life when you had a lot of anxiety about separation from someone important in your life or someone who takes care of you?	1	2

DK/REF

		Yes	No
SC13	The next question is about concentration problems that usually start before the age of twelve. These problems include not being able to keep your mind on what you were doing, losing interest very quickly in games or work, trouble finishing what you started without being distracted, and not listening when people spoke to you. Was there ever a period lasting six months or longer when you had a lot more trouble with problems of this sort than most people your age?	1	2
SC13a	Some people are very restless and fidgety and so impatient that they often interrupt people and have trouble waiting their turn. Did you ever have a time before the age of twelve lasting six months or longer when you were like that?	1	2
SC14	Did you ever have a period lasting six months or longer when you often did things that got you in trouble with adults such as losing your temper, arguing or talking back to adults, or refusing to do what your teachers or parents asked you?	1	2
SC15	Many people go through periods when they do things adults don't want them to do, like lying, stealing, or breaking rules. Did you ever go through a period during your childhood or teenage years when you did any of these things?	1	2
SC15a	Did you ever go through a period where you either broke into cars, set fires, or destroyed property on purpose?	1	2
SC15b	Did you ever run away from home, repeatedly play hooky from school, or often stay out much later at night than you were supposed to?	1	2

DK/REF

END TIME STAMP

7. Depression

BEGIN TIME STAMP

DEFINE DE1FILL

IF R REPORTED “DEPRESSION” IN B13b (B13b = 1), THEN DE1FILL = “Earlier you reported having a history of depression. The next questions are about recent feelings of that sort.”

ELSE DE1FILL = “The next questions are about recent feelings of depression and low mood.”

DE1 [DE1FILL] How often in the **past 30 days** did you...

	All or Almost All the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
DE1a feel sad or depressed?	1	2	3	4	5
DE1b feel empty or hopeless?	1	2	3	4	5
DE1c feel discouraged about how things were going in your life?	1	2	3	4	5
DE1d take little or no interest or become bored with almost everything like school, work, hobbies, and things you like to do for fun?	1	2	3	4	5
DE1d2 feel irritable, grouchy, or in a bad mood?	1	2	3	4	5
DE1e feel down on yourself, no good, or worthless?	1	2	3	4	5

DK/REF

DEFINE DE1_COUNT

SET DE1_COUNT = 0

IF (DE1a = (1 OR 2)) OR (DE1b = (1 OR 2)) OR (DE1c = (1 OR 2)) OR (DE1d2 = 1 OR 2), ADD 1 TO DE1_COUNT

IF DE1d = (1 OR 2), ADD 1 TO DE1_COUNT

DEFINE PHOLDER1

IF DE_COUNT ≥ 1 THEN PHOLDER1 = 1

ELSE PHOLDER1 = 3

DE2 [IF DE1_COUNT ≥ 1] How often in the **past 30 days** did you...

	All or Almost All the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
DE2a1 have trouble concentrating?	1	2	3	4	5
DE2a2 have trouble making day-to-day decisions?					
DE2b think a lot about death, either your own, someone else's, or death in general?	1	2	3	4	5
DE2e have psychological distress because of your depression or low mood?	1	2	3	4	5
DE2f have depression or low mood that interfered with your school, work or personal life?	1	2	3	4	5

DK/REF

DEFINE DE3_COUNT

SET DE3_COUNT = 0

IF DE1a = (1 OR 2), ADD 1 TO DE3_COUNT
 IF DE1b = (1 OR 2), ADD 1 TO DE3_COUNT
 IF DE1c = (1 OR 2), ADD 1 TO DE3_COUNT
 IF DE1d = (1 OR 2), ADD 1 TO DE3_COUNT
 IF DE1d2 = (1 OR 2), ADD 1 TO DE3_COUNT
 IF DE1e = (1 OR 2), ADD 1 TO DE3_COUNT
 IF DE2a1 = (1 OR 2), ADD 1 TO DE3_COUNT
 IF DE2a2 = (1 OR 2), ADD 1 TO DE3_COUNT
 IF DE2b = (1 OR 2), ADD 1 TO DE3_COUNT
 IF B14d = (1 OR 2), ADD 1 TO DE3_COUNT
 IF B14e = (1 OR 2), ADD 1 TO DE3_COUNT
 IF (B16d = (1 OR 2)) OR (B16g = (1 OR 2)), ADD 1 TO DE3_COUNT
 IF B16f = (1 OR 2), ADD 1 TO DE3_COUNT

DEFINE DE3_COUNTA

SET DE3_COUNTA = 0

IF DE2e = (1 OR 2 OR 3), ADD 1 TO DE3_COUNTA
 IF DE2f = (1 OR 2 OR 3), ADD 1 TO DE3_COUNTA

DEFINE PHOLDER2

IF DE3_COUNT ≥ 5 OR DE3_COUNTA ≥ 1 THEN PHOLDER2 = 1
 ELSE PHOLDER2 = 3

DE3 [IF DE3_COUNT < 5 OR DE3_COUNTA < 1] Think of a time lasting 2 weeks or longer in your life when you had the largest number of problems with depression, low mood, and related problems, such as feeling empty, helpless, down on yourself, like life is not worth

living, or losing interest in things you used to enjoy. How often during those 2 weeks did you...

	All or Almost All the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
DE3a feel sad or depressed?	1	2	3	4	5
DE3b feel empty or hopeless?	1	2	3	4	5
DE3c feel discouraged about how things were going in your life?	1	2	3	4	5
DE3d take little or no interest or become bored with things you usually like to do for fun?	1	2	3	4	5
DE3e feel irritable, grouchy, or in a bad mood?	1	2	3	4	

DK/REF

DEFINE DE3_COUNTB

SET DE3_COUNTB = 0

IF (DE3a = (1 OR 2)) OR (DE3b = (1 OR 2)) OR (DE3c = (1 OR 2)) OR (DE3e = (1 OR 2)), ADD 1 TO DE3_COUNTB

IF DE3d = (1 OR 2), ADD 1 TO DE3_COUNTB

DE4_1 [IF DE3_COUNTB ≥ 1] How often during those 2 weeks did you...

	All or Almost All the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
DE4a feel down on yourself, no good, or worthless?	1	2	3	4	5
DE4b1 have trouble concentrating?	1	2	3	4	5
DE4b2 have trouble making day-to-day decisions?	1	2	3	4	5
DE4c think a lot about death, either your own, someone else's, or death in general?	1	2	3	4	5
DE4d1 have trouble getting to sleep, staying asleep, or waking too early?	1	2	3	4	5
DE4d2 [IF DE4d1 = 4 or 5] sleep a lot longer than you needed or intended?	1	2	3	4	5
DE4e feel tired out, low in energy, or easily fatigued?	1	2	3	4	5
DE4f talk or move more slowly than usual?	1	2	3	4	5

DK/REF

DE4f_1 [IF DE4f = 1 OR 2] Did other people notice or comment that you were talking or moving more slowly?

- 1 Yes
- 2 No
- DK/REF

DE4_2 [IF DE3_COUNTB ≥ 1] How often during those 2 weeks did you...

	All or Almost All the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
DE4g1 have a poor appetite?	1	2	3	4	5
DE4g2 [IF DE4g1 = 4 or 5] eat more than usual or have an increased appetite?	1	2	3	4	5
DE4h have psychological distress because of your depression or low mood?	1	2	3	4	5
DE4i feel restless, tense, wound up, or on edge?	1	2	3	4	5

DK/REF

DE4i_1 [IF DE4i = 1 OR 2] Did other people notice or comment that you were restless or wound up?

- 1 Yes
- 2 No
- DK/REF

DE4j [IF DE3_COUNTB ≥ 1] How often during that 2 weeks did depression or low mood interfere with your school, work or personal life?

- 1 All or almost all the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- DK/REF

DE4k [IF DE4H=(1 OR 2 OR 3 OR 4)] How severe was your psychological distress during those 2 weeks?

- 1 Mild
- 2 Moderate
- 3 Severe
- 4 Very severe
- DK/REF

DE4l [IF DE4j =(1 OR 2 OR 3 OR 4)] How much did your low mood and related problems interfere with your school, work or personal life during those two weeks?

- 1 A little
- 2 Some
- 3 A lot
- 4 Extremely
- DK/REF

DEFINE DE4_COUNT

SET DE4_COUNT = 0

IF DE3a = (1 OR 2), ADD 1 TO DE4_COUNT
 IF DE3b = (1 OR 2), ADD 1 TO DE4_COUNT
 IF DE3c = (1 OR 2), ADD 1 TO DE4_COUNT
 IF DE3d = (1 OR 2), ADD 1 TO DE4_COUNT
 IF DE3e = (1 OR 2), ADD 1 TO DE4_COUNT
 IF DE4a = (1 OR 2), ADD 1 TO DE4_COUNT
 IF DE4b1 = (1 OR 2), ADD 1 TO DE4_COUNT
 IF DE4b2 = (1 OR 2), ADD 1 TO DE4_COUNT
 IF DE4c = (1 OR 2), ADD 1 TO DE4_COUNT
 IF DE4d1 = (1 OR 2), ADD 1 TO DE4_COUNT
 IF DE4d2 = (1 OR 2), ADD 1 TO DE4_COUNT
 IF DE4e = (1 OR 2), ADD 1 TO DE4_COUNT
 IF (DE4f_1 = 1) OR (DE4i_1 = 1), ADD 1 TO DE4_COUNT
 IF DE4g1 = (1 OR 2), ADD 1 TO DE4_COUNT
 IF DE4g2 = (1 OR 2), ADD 1 TO DE4_COUNT

DEFINE DE4_COUNTA

SET DE4_COUNTA = 0

IF DE4h = (1 OR 2 OR 3), ADD 1 TO DE4_COUNTA
 IF DE4j = (1 OR 2 OR 3), ADD 1 TO DE4_COUNTA

DEFINE DE5_ASK

IF (DE3_COUNT ≥ 5 AND DE3_COUNTA ≥ 1) OR (DE4_COUNT ≥ 5 AND DE4_COUNTA ≥ 1)],
 THEN SET DE5_ASK=1.
 ELSE, SET DE5_ASK=0.

DE5 [IF DE5_ASK=1] About how old were you the **very first time** you had an episode lasting 2 weeks or longer when most of the time you had depression or low mood plus some of the other problems you were just asked about? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
 DK/REF

DE6 [IF DE5 = (CURNTAGE – 1)] Did that episode start in the past 12 months or more than 12 months ago?

- 1 IN THE PAST 12 MONTHS
 - 2 MORE THAN 12 MONTHS AGO
- DK/REF

DE7 [IF DE5_ASK=1 AND DE5 NE CURNTAGE AND NE (CURNTAGE-1)] During about how many years in your life did you have at least one episode like this lasting 2 weeks or longer? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

DE8 [IF DE5 = (CURNTAGE – 1) OR DE7 NE 0] The next question asks about the **longest** episode you ever had. What would be the easiest way for you to tell us how long that episode lasted?

- 1 Total number of weeks the episode lasted
 - 2 Total number of months the episode lasted
 - 3 Total number of years the episode lasted
- DK/REF

DE8W [IF DE8 = (1 OR DK OR REF)] How many **weeks** was the longest episode you ever had?

_____ NUMBER OF WEEKS [RANGE: 1-104]
DK/REF

DE8M [IF DE8 = 2] How many **months** was the longest episode you ever had?

_____ NUMBER OF MONTHS [RANGE: 1-48]
DK/REF

DE8Y [IF DE8 = 3] How many **years** was the longest episode you ever had?

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

DE9 [IF DE5_ASK=1] How much did these episodes ever interfere with your work or personal life?

- 1 Extremely
 - 2 A lot
 - 3 Some
 - 4 A little
 - 5 Not at all
- DK/REF

DE10 [IF (DE5_ASK=1] During about how many months in the **past 12 months** did you have an episode like this lasting 2 weeks or longer? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF MONTHS [RANGE: 0–12]
DK/REF

DE11 [IF (DE10 NE OR LESS THAN 1) OR (DE5 NE CURNTAGE) OR (DE5 NE (CURNTAGE – 1)))] About how old were you the **most recent time** you had an episode like this lasting 2 weeks or longer? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

END TIME STAMP

8. Mania

BEGIN TIME STAMP

DEFINE HM3_FILL

IF B13h = 1 THEN HM3_FILL = “Earlier, you reported that you’ve had a problem with manic depression, also known as bipolar disorder. Manic depression, or bipolar disorder, involves episodes lasting several days or longer when a person is full of energy, more active than usual, and the person’s mood is better than usual”

IF HM1 = 1 THEN HM3_FILL = “Earlier, you reported having had an episode lasting several days or longer when you were full of energy, more active than usual, and your mood was better than usual.”

HM3 [IF HM1 = 1] [HM3_FILL] Think of a typical intense episode of this sort. How often during that episode did you have each of the following experiences?

	All or Almost All the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
HM3a You were happier or more excitable than usual	1	2	3	4	5
HM3b You were much more irritable or quick to take offense than usual	1	2	3	4	5
HM3c You were much more full of energy, hyper, or wound up than usual	1	2	3	4	5
HM3d You became much more active than usual at school, work, or home	1	2	3	4	5

DK/REF

DEFINE HM3_COUNT (PERFORM EACH TIME MOVES AWAY FROM HM3)

SET HM3_COUNT = 0

IF [HM3A = (1 OR 2 OR 3) OR HM3B = (1 OR 2 OR 3)], ADD 1 TO HM3_COUNT

IF [HM3C = (1 OR 2 OR 3) OR HM3D = (1 OR 2 OR 3)], ADD 1 TO HM3_COUNT

HM4 [IF HM3_COUNT = 2] During that episode how often did you...

	All or Almost All the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
HM4a find that your thoughts raced through your mind so fast you could hardly keep track of them?	1	2	3	4	5
HM4b sleep much less than usual and still not get tired or sleepy?	1	2	3	4	5
HM4c talk so much that other people couldn't get their say?	1	2	3	4	5
HM4d feel extremely self-confident or optimistic or believe you could do things you really couldn't do?	1	2	3	4	5
HM4e make bad decisions related to your feeling happy or overly optimistic that could have caused problems for you?	1	2	3	4	5
HM4f find it hard to keep your mind on what you were doing?	1	2	3	4	5
HM4g do reckless things like spend too much money, drive or bike too fast, or do things that are unsafe?	1	2	3	4	5

DK/REF

HM4h [IF HM3_COUNT ≥ 1] How often did this episode interfere with your school, work, or personal life?

- 1 All or almost all the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

DK/REF

DEFINE HM4_COUNT (PERFORM EACH TIME MOVES AWAY FROM HM4)

SET HM4_COUNT = 0

IF HM3D = (1 OR 2 OR 3), ADD 1 TO HM4_COUNT

IF HM4A = (1 OR 2 OR 3), ADD 1 TO HM4_COUNT

IF HM4B = (1 OR 2 OR 3), ADD 1 TO HM4_COUNT

IF HM4C = (1 OR 2 OR 3), ADD 1 TO HM4_COUNT

IF HM4D = (1 OR 2 OR 3), ADD 1 TO HM4_COUNT

IF HM4E = (1 OR 2 OR 3) OR HM4G = (1 OR 2 OR 3), ADD 1 TO HM4_COUNT

IF HM4F = (1 OR 2 OR 3), ADD 1 TO HM4_COUNT

DEFINE HM5_ASK

IF (HM4_COUNT ≥ 3) AND (HM4H = 1 OR 2 OR 3), SET HM5_ASK=1,
ELSE SET HM5_ASK=0.

HM5 [IF HM5_ASK = 1] About how old were you the **very first time** you had an episode like that lasting several days or longer? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

HM5a [IF ((CURNTAGE – HM5) = 1) AND (HM5 NE DK OR REF) AND (CURNTAGE NE DK OR REF)] Did it start in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

HM6 [IF ((CURNTAGE – HM5) NE 1) OR (HM5=DK OR REF) OR (CURNTAGE=DK OR REF)] During about how many years in your life did you have an episode like that lasting several days or longer? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

HM7 [IF (HM4_COUNT ≥ 3) AND (H4MH = 1 OR 2 OR 3)] How long was the longest episode you ever had?

- 1 3 days or less
 - 2 4–6 days
 - 3 1–2 weeks
 - 4 3–4 weeks
 - 5 More than 4 weeks
- DK/REF

HM8 [IF (HM4_COUNT ≥ 3) AND (HM4H = 1 OR 2 OR 3)] How much did these episodes ever interfere with your school, work, or personal life?

- 1 Extremely
 - 2 A lot
 - 3 Some
 - 4 A little
 - 5 Not at all
- DK/REF

HM8a [IF (HM4_COUNT ≥ 3) AND (HM4H = 1 OR 2 OR 3)] Were you ever hospitalized as a result of having an episode?

- 1 Yes

2 No
DK/REF

HM9 [IF (HM4_COUNT ≥ 3) AND (HM4H = 1 OR 2 OR 3)] During about how many months in the **past 12 months** did you have one of these episodes? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF MONTHS [RANGE: 0–12]
DK/REF

HM10 [IF HM9 ≥ 1] Did you have one of these episodes at any time in the past 30 days?

1 Yes
2 No
DK/REF

HM11 [IF HM9 = 0 OR DK OR REF] About how old were you the **most recent time** you had one of these episodes for several days or longer? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

END TIME STAMP

9. Anxiety and Worry (GAD)

BEGIN TIME STAMP

DEFINE AW1_FILL

IF B13g = 1 (R REPORTED “ANXIETY DISORDER” IN B13), THEN AW1_FILL = “Earlier, you reported having a history of anxiety. The next questions are about recent feelings of that sort.”
 ELSE AW1_FILL = “The next questions are about recent feelings of anxiety and worry.”

AW1 [AW1_FILL] How often in the **past 30 days** did you...

	All or Almost All the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
AW1a feel anxious or nervous about a number of activities?	1	2	3	4	5
AW1b worry about a number of different events or activities?	1	2	3	4	5
AW1c feel more anxious or worried than other people in your same situation?	1	2	3	4	5
AW1d worry about things that most other people wouldn't worry about?	1	2	3	4	5
AW1e have trouble stopping yourself from being anxious or worried?	1	2	3	4	5

DK/REF

DEFINE AW1AB_COUNT (PERFORM EACH TIME MOVES AWAY FROM AW1)

SET AW1AB_COUNT = 0

IF AW1A = (1 OR 2 OR 3), ADD 1 TO AW1AB_COUNT

IF AW1B = (1 OR 2 OR 3), ADD 1 TO AW1AB_COUNT

DEFINE AW1CD_COUNT (PERFORM EACH TIME MOVES AWAY FROM AW1)

SET AW1CD_COUNT = 0

IF AW1C = (1 OR 2 OR 3), ADD 1 TO AW1CD_COUNT

IF AW1D = (1 OR 2 OR 3), ADD 1 TO AW1CD_COUNT

DEFINE AW1E_COUNT (PERFORM EACH TIME MOVES AWAY FROM AW1)

SET AW1E_COUNT = 0

IF AW1E = (1 OR 2 OR 3), ADD 1 TO AW1E_COUNT

DEFINE AW2_ASK (PERFORM EACH TIME MOVES AWAY FROM AW1)

IF [(AW1AB_COUNT ≥ 1) AND (AW1CD_COUNT ≥ 1) AND (AW1E_COUNT ≥ 1)], AW2_ASK = 1

ELSE, SET AW2_ASK = 0

AW2 [IF AW2_ASK = 1] How often in the **past 30 days** did you...

	All or Almost All the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
AW2a feel restless, keyed up, or on edge?	1	2	3	4	5
AW2b feel tired out, low in energy, or easily fatigued?	1	2	3	4	5
AW2c have trouble concentrating or keeping your mind on what you were doing?	1	2	3	4	5
AW2d feel irritated, annoyed, or grouchy?	1	2	3	4	5
AW2e have muscle aches or tension caused by anxiety or worry?	1	2	3	4	5
AW2f have difficulty falling or staying asleep or have restless, unsatisfying sleep because of your anxiety or worry?	1	2	3	4	5
AW2g have psychological distress because of your anxiety or worry?	1	2	3	4	5
AW2h have anxiety and worry that interfered with your school, work, or personal life?	1	2	3	4	5

DK/REF

DEFINE AW2ABCDEF_COUNT (PERFORM EACH TIME MOVES AWAY FROM AW2)

SET AW2ABCDEF_COUNT = 0

IF AW2A = (1 OR 2 OR 3), ADD 1 TO AW2ABCDEF_COUNT

IF AW2B = (1 OR 2 OR 3), ADD 1 TO AW2ABCDEF_COUNT

IF AW2C = (1 OR 2 OR 3), ADD 1 TO AW2ABCDEF_COUNT

IF AW2D = (1 OR 2 OR 3), ADD 1 TO AW2ABCDEF_COUNT

IF AW2E = (1 OR 2 OR 3), ADD 1 TO AW2ABCDEF_COUNT

IF AW2F = (1 OR 2 OR 3), ADD 1 TO AW2ABCDEF_COUNT

DEFINE AW2GH_COUNT (PERFORM EACH TIME MOVES AWAY FROM AW2)

SET AW2GH_COUNT = 0

IF AW2G = (1 OR 2 OR 3), ADD 1 TO AW2GH_COUNT

IF AW2H = (1 OR 2 OR 3), ADD 1 TO AW2GH_COUNT

DEFINE AW3AW4_SKIP (PERFORM EACH TIME MOVE FROM AW2)

SET AW3AW4_SKIP = 0

IF AW2ABCDEF_COUNT ≥ 1 AND AW2GH_COUNT ≥ 1], SET AW3AW4_SKIP = 1

[PROGRAMMER: PLEASE PROGRAM THIS SKIP VARIABLE AND WRITE IT TO THE DATASET EVEN THOUGH IT'S NOT CURRENTLY USED DOWNSTREAM.]

AW3 Think of a 6-month period in your life when you had the largest number of problems with anxiety, nerves, or worry. How often during those 6 months did you...

	All or Almost All the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
AW3a feel anxious or nervous about a number of activities?	1	2	3	4	5
AW3b worry about a number of different events or activities?	1	2	3	4	5
AW3c feel more anxious or worried than other people in your same situation?	1	2	3	4	5
AW3d worry about things that most other people wouldn't worry about?	1	2	3	4	5
AW3e have trouble stopping yourself from being anxious or worried?	1	2	3	4	5

DK/REF

DEFINE AW3AB_COUNT (PERFORM EACH TIME MOVES AWAY FROM AW3)

SET AW3AB_COUNT = 0

IF AW3A = (1 OR 2 OR 3), ADD 1 TO AW3AB_COUNT

IF AW3B = (1 OR 2 OR 3), ADD 1 TO AW3AB_COUNT

DEFINE AW3CD_COUNT (PERFORM EACH TIME MOVES AWAY FROM AW3)

SET AW3CD_COUNT = 0

IF AW3C = (1 OR 2 OR 3), ADD 1 TO AW3CD_COUNT

IF AW3D = (1 OR 2 OR 3), ADD 1 TO AW3CD_COUNT

DEFINE AW3E_COUNT (PERFORM EACH TIME MOVES AWAY FROM AW3)

SET AW3E_COUNT = 0

IF AW3E = (1 OR 2 OR 3), ADD 1 TO AW3E_COUNT

AW4 [IF (AW3AB_COUNT ≥ 1) AND (AW3CD_COUNT ≥ 1) AND AW3E_COUNT ≥ 1]

How often during those 6 months did you...

	All or Almost All the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
AW4a feel restless, keyed up, or on edge?	1	2	3	4	5
AW4b feel tired out, low in energy, or easily fatigued?	1	2	3	4	5

	All or Almost All the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
AW4c have trouble with concentrating or keeping your mind on what you were doing?	1	2	3	4	5
AW4d feel irritated, annoyed, or grouchy?	1	2	3	4	5
AW4e have muscle aches or tension caused by anxiety or worry?	1	2	3	4	5
AW4f have difficulty falling or staying asleep or have restless, unsatisfying sleep because of your anxiety or worry?	1	2	3	4	5
AW4g have psychological distress because of your anxiety or worry?	1	2	3	4	5
AW4h have anxiety and worry that interfered with your school, work, or personal life?	1	2	3	4	5

DK/REF

AW4i [IF AW4g = (1 OR 2 OR 3 OR 4)] How severe was your psychological distress during those 6 months?

- 1 Mild
- 2 Moderate
- 3 Severe
- 4 Very severe

DK/REF

AW4j [IF AW4h = (1 OR 2 OR 3 OR 4)] How much did your anxiety and worry interfere with your work or personal life during those 6 months?

- 1 Extremely
- 2 A lot
- 3 Some
- 4 A little

DK/REF

DEFINE AW4ABCDEF_COUNT (PERFORM EACH TIME MOVES AWAY FROM AW4)

SET AW4ABCDEF_COUNT = 0

IF AW4A = (1 OR 2 OR 3), ADD 1 TO AW4ABCDEF_COUNT

IF AW4B = (1 OR 2 OR 3), ADD 1 TO AW4ABCDEF_COUNT

IF AW4C = (1 OR 2 OR 3), ADD 1 TO AW4ABCDEF_COUNT

IF AW4D = (1 OR 2 OR 3), ADD 1 TO AW4ABCDEF_COUNT

IF AW4E = (1 OR 2 OR 3), ADD 1 TO AW4ABCDEF_COUNT

IF AW4F = (1 OR 2 OR 3), ADD 1 TO AW4ABCDEF_COUNT

DEFINE AW4GH_COUNT (PERFORM EACH TIME MOVES AWAY FROM AW4)

Version 4 – February 2017 (Post IRB Approval)

SET AW4GH_COUNT = 0

IF AW4G = (1 OR 2 OR 3), ADD 1 TO AW4GH_COUNT

IF AW4H = (1 OR 2 OR 3), ADD 1 TO AW4GH_COUNT

DEFINE AW5_ASK (PERFORM EACH TIME MOVES AWAY FROM AW3AW4_SKIP OR AW4)

IF (AW4ABCDEF_COUNT ≥ 1) AND (AW4GH_COUNT ≥ 1), SET AW5_ASK = 1

ELSE SET AW5_ASK = 0

AW5 [IF AW5_ASK = 1] About how old were you the **very first time** you had an episode lasting 6 months or longer when you felt anxious, nervous, or worried and also had some of the other problems you just reviewed? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE AW6_ASK (PERFORM EACH TIME MOVES AWAY FROM AW5)

SET AW6_ASK = 0

IF (AW5 NE DK/REF) AND (AW5 = CURNTAGE-1), SET AW6_ASK = 1

AW6 [IF AW6_ASK = 1] Did that episode start in the past 12 months or more than 12 months ago?

1 In the past 12 months
2 More than 12 months ago
DK/REF

AW7 [IF AW5_ASK = 1 AND ((AW6_ASK = 0 AND (AW5 NE CURNTAGE)) OR AW6 NE 1)] During about how many years in your life did you have an episode like this lasting **one** month or longer? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1– CURNTAGE]
DK/REF

AW8_UNIT [IF AW5_ASK = 1] How long was the longest episode you ever had? Please indicate whether you'd like to report in months or years.

1 Months
2 Years
DK/REF

AW8_MTHS [IF AW8_UNIT = (1 OR DK OR REF) AND (AW4ABCDEF_COUNT ≥ 3) AND (AW4GH_COUNT ≥ 1)] How many months long was the longest episode you ever had?

_____ MONTHS [RANGE: 1–12]
DK/REF

AW8_YRS [IF AW8_UNIT = 2 AND (AW4ABCDEF_COUNT ≥ 3) AND (AW4GH_COUNT ≥ 1)]
How many years long was the longest episode you ever had?

_____ YEARS [RANGE: 1–CURNTAGE]
DK/REF

DEFINE AW9_FILL

IF (AW1A = (1 OR 2 OR 3) OR AW3A = (1 OR 2 OR 3)) AND (AW1B = (1 OR 2 OR 3) OR AW3B = (1 OR 2 OR 3)), THEN AW9_FILL = “anxious or worried”

IF (AW1A = (1 OR 2 OR 3) OR AW3A = (1 OR 2 OR 3)) AND (AW1B NE (1 OR 2 OR 3) AND (AW3B NE (1 OR 2 OR 3))), THEN AW9_FILL = “anxious”

IF (AW1A NE (1 OR 2 OR 3) AND (AW3A NE (1 OR 2 OR 3)) AND (AW1B = (1 OR 2 OR 3) OR AW3B = (1 OR 2 OR 3))), THEN AW9_FILL = “worried”

AW9 [IF AW5_ASK = 1] During those episodes, about how many days **in a typical week** did you feel [AW9_FILL] at least a little of the time?

- 1 Nearly every day
 - 2 4–5 days a week
 - 3 2–3 days a week
 - 4 1 day a week
 - 5 Less than 1 day a week
- DK/REF

AW10 [IF AW5_ASK = 1] How much did these episodes ever interfere with your school, work, or personal life?

- 1 Extremely
 - 2 A lot
 - 3 Some
 - 4 A little
 - 5 Not at all
- DK/REF

AW11 [IF AW5_ASK = 1] During about how many months in the **past 12 months** did you have an episode like this? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF MONTHS [RANGE: 0–12]
DK/REF

AW12 [IF AW11 = 0 OR AW11 = DK/REF OR ((AW5 ≤ (CURNTAGE-1) AND (AW5 NE DK OR REF)))] About how old were you the **most recent time** you had an episode like this? Your best estimate is fine if you cannot remember your exact age.

____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

END TIME STAMP

10. Social Anxiety

BEGIN TIME STAMP

DEFINE SP3_FILL

IF SP1_YCOUNT > 0 AND SP2_YCOUNT = 0, THEN SP3_FILL = social
IF SP1_YCOUNT = 0 AND SP2_YCOUNT > 0, THEN SP3_FILL = performance
IF SP1_YCOUNT > 0 AND SP2_YCOUNT > 0, THEN SP3_FILL = social and performance

DEFINE SP3_FILL2

IF SP1_YCOUNT > 0 AND SP2_YCOUNT = 0, THEN SP3_FILL2 = or **really, really** shy
IF SP1_YCOUNT = 0 AND SP2_YCOUNT > 0, THEN SP3_FILL2 = or uncomfortable
IF SP1_YCOUNT > 0 AND SP2_YCOUNT > 0, THEN SP3_FILL2 = uncomfortable, or **really, really** shy

DEFINE SP3_FILL3

IF SP1a = 1 OR SP1b = 1 OR SP1c = 1 OR SP1d = 1, THEN SP3_FILL4 = Another
ELSE, SP3_FILL4 = A

DEFINE SP3_FILL4

IF SP2a = 1 OR SP2b = 1 OR SP2c = 1 OR SP2d = 1, THEN SP3_FILL4 = Another
ELSE, SP3_FILL4 = A

SP3 [IF (SP1_YCOUNT ≥ 1 OR SP2_YCOUNT) ≥ 1] Earlier, you mentioned that you have had a time in your life when you felt very afraid, anxious, [SP3_FILL2] in the following [SP3_FILL] situations:

- [IF SP1a = 1] Meeting new people, including adults and people who are about your age
- [IF SP1b = 1] Going to a party or social gathering
- [IF SP1c = 1] Going on a date
- [IF SP1d = 1] Using a bathroom when away from home
- [IF SP1e = 1] [SP3_FILL3] social situation where something embarrassing might happen
- [IF SP2a = 1] Talking to people in authority or in leadership roles
- [IF SP2b = 1] Talking to people you did not know
- [IF SP2c = 1] Speaking up in a meeting or class
- [IF SP2d = 1] Giving a speech, acting, or performing in front of an audience
- [IF SP2e = 1] [SP3_FILL4] performance situation where you might be the center of attention

Think of the time in your life when you had the most intense reactions to [SP3_FILL] situations. How fearful, upset, or anxious would you get when you were in these situations?

- 1 Extremely
 - 2 Very
 - 3 Somewhat
 - 4 Only a little
- DK/REF

SP4 [IF SP3 = 1 OR 2 OR DK OR REF] Which of the following things were you afraid might happen in these situations?

	Yes	No
SP4a That you might have a panic attack	1	2
SP4b That you might do something else embarrassing	1	2
SP4c That you might do or say something to offend others	1	2
SP4d That people might talk about you or think negative things of you	1	2
SP4e That you might be in real physical danger of getting attacked	1	2

DK/REF

DEFINE SP4_YCOUNT (PERFORM EACH TIME MOVES FROM SP4D TO SP5)

SET SP4_YCOUNT = 0

IF SP4A = 1, ADD 1 TO SP4_YCOUNT

IF SP4B = 1, ADD 1 TO SP4_YCOUNT

IF SP4C = 1, ADD 1 TO SP4_YCOUNT

IF SP4D = 1, ADD 1 TO SP4_YCOUNT

IF SP4E = 1, ADD 1 TO SP4_YCOUNT

SP5 [IF SP4_YCOUNT > 0] Again thinking of the time in your life when you had the most intense reactions to [SP3_FILL] situations, how often would you get very upset when you were in these situations?

- 1 Almost always
- 2 Most of the time
- 3 Only some of the time

DK/REF

SP5a [IF SP4_YCOUNT > 0] How often were you much more afraid than most other people would have been in the same situation?

- 1 Almost always
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

DK/REF

SP6 [IF SP5 = 1 OR 2 OR DK OR REF] During that time in your life, how often did you try to avoid [SP3_FILL] situations?

- 1 Whenever you could
- 2 Most of the time
- 3 Only some of the time
- 4 Never

DK/REF

SP7 [IF SP5 = 1 OR 2 OR DK OR REF] How much did your fears or avoidance of these situations ever interfere with your work, school, or personal life?

- 1 Extremely
 - 2 A lot
 - 3 Some
 - 4 A little
 - 5 Not at all
- DK/REF

DEFINE SP8_FILL

IF SP1_YCOUNT > 0 AND SP2_YCOUNT = 0, THEN SP8_FILL = **really, really** shy in social

IF SP1_YCOUNT = 0 AND SP2_YCOUNT > 0, THEN SP8_FILL = very uncomfortable in performance

IF SP1_YCOUNT > 0 AND SP2_YCOUNT > 0, THEN SP8_FILL = **really, really** shy or very uncomfortable in social or performance

SP8 [IF SP5 = 1 OR 2 OR DK OR REF] About how old were you when you first started being [SP8_FILL] situations? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE SP8_YRAGEDIFF

IF SP8 NE DK/REF, THEN SP8_YRAGEDIFF = (CURNTAGE) – SP8

IF SP8 = DK/REF, THEN SP8_YRAGEDIFF = DK/REF

SP9 [IF SP8_YRAGEDIFF = 1] Did it start in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

SP10 [IF SP8_YRAGEDIFF >1 OR SP8 = DK/REF] During about how many years in your life did you have these reactions? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

SP10B [IF SP10 = 1] During about how many months in that year would you have gotten very upset if you were in a situation where you might be unable to escape or get help? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF MONTHS [RANGE: 1–12]
DK/REF

DEFINE SP11_FILL

IF SP1_YCOUNT > 0 AND SP2_YCOUNT = 0 THEN SP11_FILL = social

IF SP1_YCOUNT = 0 AND SP2_YCOUNT > 0 THEN SP11_FILL = performance

IF SP1_YCOUNT > 0 AND SP2_YCOUNT > 0 THEN SP11_FILL = social or performance

SP11 [IF SP5 = 1 OR 2 OR DK OR REF] About how many months in the **past 12 months** would you have had these reactions if you were put in a [SP11_FILL] situation? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF MONTHS [RANGE: 0–12]
DK/REF

SP12 [IF SP11 > 0 AND SP11 < 12] How **recently** would you have had these reactions -- in the past 30 days or more than 30 days ago?

1 In the past 30 days
2 More than 30 days ago
DK/REF

SP13 [(IF SP11 = 0 OR DK/REF) AND ((SP8_YRAGEDIFF > 1 YEAR) OR (SP8 = DK/REF))]
About how old were you the **most recent time** you would have had these reactions? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

END TIME STAMP

11. Agoraphobia

BEGIN TIME STAMP

AG1 [IF SC5 = 1] Earlier, you reported that you felt so frightened of going out of the house alone, being in a crowd, standing in lines, going over bridges, or travelling by bus, train, or car that it got in the way of you having a normal life.

People sometimes fear situations in which escape might be difficult or help might not be available if they need it. Have you ever had a fear of this sort related to any of the following situations?

	Yes	No
AG1a Standing in line or being in a crowd	1	2
AG1b Being outside of your home alone	1	2
AG1c Being in enclosed public spaces like a mall or movie theater	1	2
AG1d Being in open spaces like a park, on a bridge, or in a parking lot	1	2
AG1e Riding in a car, bus, airplane, or train	1	2

DK/REF

DEFINE AGPHOBIA

IF AT LEAST 2 ITEMS IN AG1a – AG1e = 1 THEN AGPHOBIA = 1

ELSE AGPHOBIA = 2

AG2 [IF AGPHOBIA = 1] What did you fear most about these situations?

	Yes	No
AG2a That you might be trapped and unable to escape	1	2
AG2b That you might have a panic attack and not be able to get help or escape	1	2
AG2c That you might need to go to the bathroom and end up wetting your pants	1	2
AG2d That you might have a health problem and be unable to get help	1	2
AG2e Something else	1	2

DK/REF

AG3 [IF AGPHOBIA = 1] Think of the time in your life when this fear of being unable to escape or get help was most severe. How fearful, upset, or anxious would you get when you were in that phobia situation?

- 1 Extremely
- 2 Very
- 3 Somewhat
- 4 Only a little

DK/REF

AG4 [IF AG3 = 1 OR 2] How **often** would you get very upset when you were in a situation where you might be unable to escape or get help?

- 1 Almost always
 - 2 Most of the time
 - 3 Only some of the time
- DK/REF

AG5 [IF AG4 = 1] How often were you much more afraid than most other people would have been in the same situation?

- 1 Almost always
 - 2 Most of the time
 - 3 Some of the time
 - 4 A little of the time
 - 5 None of the time
- DK/REF

AG6 [IF AG4 = 1] During the time in your life when this fear was most severe, how often did you try to avoid these kinds of situations?

- 1 Whenever you could
 - 2 Most of the time
 - 3 Only some of the time
- DK/REF

AG7 [IF AG4 = 1] How much did this fear of being unable to escape or get help ever interfere with your school, work, daily activities, or social or personal life?

- 1 Extremely
 - 2 A lot
 - 3 Some
 - 4 A little
 - 5 Not at all
- DK/REF

AG8 [IF AG4 = 1] About how old were you when this fear started? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

AG9 [IF AG8 = CURNTAGE – 1] Did it start in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

AG10 [IF AG4 = 1 AND AG8 NE CURNTAGE AND AG8 NE CURNTAGE – 1] During about how many years in your life did you have this fear? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

AG10b [IF AG10 = 1] About how many months in that year would you have gotten very upset if you were in a situation where you might be unable to escape or get help? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF MONTHS [RANGE: 1–12]
DK/REF

AG11 [IF AG4 = 1] About how many months in the **past 12 months** would you have gotten very upset if you were in a situation where you might be unable to escape or get help? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF MONTHS [RANGE: 0–12]
DK/REF

AG12 [IF AG11 = 1–11 OR AG11 = DK OR REF] How **recently** would you have had that reaction?

1 In the past 30 days
2 More than 30 days ago
DK/REF

AG13 [IF (CURNTAGE – AG8 > 1) AND (AG11 = 0 OR (AG11 = DK OR REF AND AG12 = 2))] About how old were you the **most recent time** that you would have become **very** upset if you were in that kind of situation? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

END TIME STAMP

12. Panic Disorder

BEGIN TIME STAMP

L2 [IF SC3 = 1] The next question is about panic attacks, also sometimes called anxiety attacks. Panic attacks sometimes happen “out of the blue” or for no apparent reason and other times they occur in situations where a person has a strong fear, such as a fear of snakes or of heights, or is in real danger, such as in a car accident.

Earlier, you reported having at least one panic or anxiety attack. When have your attacks occurred?

- 1 All of your attacks occurred “out of the blue”
- 2 Some of your attacks occurred “out of the blue” and others in situations where you had a strong fear or were in real danger
- 3 All of your attacks occurred in situations where you had a strong fear or were in real danger

DK/REF

L2_DK [IF L2 = DK] What is your best guess of when your attacks occurred?

- 1 All of your attacks occurred “out of the blue”
- 2 Some of your attacks occurred “out of the blue” and others in situations where you had a strong fear or were in real danger
- 3 All of your attacks occurred in situations where you had a strong fear or were in real danger

DK/REF

L2_REF [IF L2 = REF] The answers that people give us about their panic or anxiety attacks are important to this study’s success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: When have your attacks occurred?

- 1 All of your attacks occurred “out of the blue”
- 2 Some of your attacks occurred “out of the blue” and others in situations where you had a strong fear or were in real danger
- 3 All of your attacks occurred in situations where you had a strong fear or were in real danger

DK/REF

DEFINE L3_FILL

IF L2 = 2 OR L2_DK = 2 OR L2_REF = 2 THEN L3_FILL = that happened “out of the blue”
ELSE L2_FILL IS BLANK.

L3 [IF (L2 = 1 OR L2 = 2) OR (L2_DK = 1 OR L2_DK = 2) OR (L2_REF = 1 OR L2_REF = 2)]
How many of your attacks [L3_FILL] occurred when you were under the influence of alcohol or drugs?

- 1 All
 - 2 Most
 - 3 Some
 - 4 None
- DK/REF

L3_DK [IF L3 = DK] What is your best guess of how many of your attacks [L3_FILL] occurred when you were under the influence of alcohol or drugs?

- 1 All
 - 2 Most
 - 3 Some
 - 4 None
- DK/REF

L3_REF [IF L3 = REF] The answers that people give us about their panic or anxiety attacks are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: How many of your attacks [L3_FILL] occurred when you were under the influence of alcohol or drugs?

- 1 All
 - 2 Most
 - 3 Some
 - 4 None
- DK/REF

L4 [IF ((L2 = 1 OR L2 = 2) OR (L2_DK = 1 OR L2_DK = 2) OR (L2_REF = 1 OR L2_REF = 2))AND ((L3 = 2 OR 3 OR 4) OR (L3_DK = 2 OR 3 OR 4) OR (L3_REF = 2 OR 3 OR 4))]
How many of your attacks [L3_FILL] started when you were asleep and woke you up from your sleep?

- 1 All
 - 2 Most
 - 3 Some
 - 4 None
- DK/REF

L4_DK [IF L4 = DK] What is your best guess of how many of your attacks [L3_FILL] started when you were asleep and woke you up from your sleep?

- 1 All
- 2 Most
- 3 Some
- 4 None

DK/REF

L4_REF [IF L4 = REF] The answers that people give us about their panic or anxiety attacks are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: How many of your attacks [L3_FILL] started when you were asleep and woke you up from your sleep?

- 1 All
 - 2 Most
 - 3 Some
 - 4 None
- DK/REF

DEFINE L5_ASK

IF ((L2 = 1 OR L2 = 2) OR (L2_DK = 1 OR L2_DK = 2) OR (L2_REF = 1 OR L2_REF = 2)) AND ((L3 = 2 OR 3 OR 4) OR (L3_DK = 2 OR 3 OR 4) OR (L3_REF = 2 OR 3 OR 4)) AND (L4 = 1 OR 2 OR 3 OR 4) OR (L4_DK = 1 OR 2 OR 3 OR 4) OR (L4_REF = 1 OR 2 OR 3 OR 4)), SET L5_ASK=1
ELSE, SET L5_ASK=0.

L5 [IF L5_ASK = 1] What is your best estimate of the total number of panic attacks [L3_FILL] you have ever had in your life? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF ATTACKS [RANGE: 0–9,999]
DK/REF

DEFINE L6_FILL

IF L5 = 1 THEN L6_FILL = that attack, did you
IF L5 NE 1 THEN L6_FILL = those attacks, did you usually

L6 [IF L5 > 0] When you had [L6_FILL] have reactions like...

	Yes	No
L6a a pounding or racing heart?	1	2
L6b sweating?	1	2
L6c trembling or shaking?	1	2
L6d shortness of breath?	1	2
L6e feelings of choking?	1	2
L6f chest pain or discomfort?	1	2
L6g feeling like you might throw up?	1	2
L6h feeling dizzy or faint?	1	2
L6i chills or heat sensations?	1	2

	Yes	No
L6j numbness or tingling?	1	2
L6k fear of losing control or going crazy?	1	2
L6l fear of dying?	1	2
L6m feeling like things around you were unreal or like a dream?	1	2
L6n feeling like you were “not really there,” like you were watching a movie of yourself?	1	2

DK/REF

DEFINE L6_COUNT

SET L6_COUNT = 0

IF L6a = 1, ADD 1 TO L6_COUNT
 IF L6b = 1, ADD 1 TO L6_COUNT
 IF L6c = 1, ADD 1 TO L6_COUNT
 IF L6d = 1, ADD 1 TO L6_COUNT
 IF L6e = 1, ADD 1 TO L6_COUNT
 IF L6f = 1, ADD 1 TO L6_COUNT
 IF L6g = 1, ADD 1 TO L6_COUNT
 IF L6h = 1, ADD 1 TO L6_COUNT
 IF L6i = 1, ADD 1 TO L6_COUNT
 IF L6j = 1, ADD 1 TO L6_COUNT
 IF L6k = 1, ADD 1 TO L6_COUNT
 IF L6l = 1, ADD 1 TO L6_COUNT
 IF L6m = 1, ADD 1 TO L6_COUNT
 IF L6n = 1, ADD 1 TO L6_COUNT

DEFINE L7_FILL

IF L5 = 1 THEN L7_FILL = this attack
 IF L5 NE 1 THEN L7_FILL = one of these attacks

L7 [IF L6_COUNT ≥ 4] After having [L7_FILL], have you ever had a time lasting one month or longer when...

	Yes	No
L7a you often worried that you might have another attack or that something terrible might happen because of the attacks, like an accident, heart attack, or losing control?	1	2
L7b you changed your everyday activities because of fear about having another attack?	1	2

DK/REF

DEFINE L8_FILL

IF L5 = 1 THEN L8_FILL = when you had that panic or anxiety attack
 IF L5 NE 1 THEN L8_FILL = the very first time you had a panic or anxiety attack

DEFINE BLUE_FILL

IF L2 = 2 OR L2_DK = 2 OR L2_REF = 2 THEN BLUE_FILL = that happened “out of the blue”

ELSE BLUE_FILL IS BLANK

L8 [IF L6_COUNT \geq 4 AND (IF L5 > 0 OR L5 = DK/REF)] About how old were you [L8_FILL] [BLUE_FILL]? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE L9_CKPT:

IF CURNTAGE – L8 = 1, L9_CKPT = 1

IF CURNTAGE = L8, L9_CKPT = 2

IF CURNTAGE – L8 > 1, L9_CKPT = 3

L9 [IF L9_CKPT = 1] Was that in the past 12 months or more than 12 months ago?

1 In the past 12 months
2 More than 12 months ago
DK/REF

L10 [IF L9_CKPT = 2 OR (L5 = 1 & L9 = 1)] Was it in the past 30 days or more than 30 days ago?

1 In the past 30 days
2 More than 30 days ago
DK/REF

L11 [IF IF L6_COUNT \geq 4 AND ((L9_CKPT = 3 AND L5 NE 1) OR (L9_CKPT = 3 AND L5 > 2))] About how many years in your life did you have at least one panic attack [BLUE_FILL]? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

L12 [IF L6_COUNT \geq 4 AND L5 > 1 AND L9_CKPT < 3] About how many months in the **past 12 months** did you have at least one panic attack [BLUE_FILL]?

_____ NUMBER OF MONTHS [RANGE: 0–12]
DK/REF

L13 [IF L12 = 0] About how old were you the **most recent time** you had an attack of that sort? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

L14 [IF L12 NE 0 OR L12 = DK/REF] About how many days out of **the past 30 days** did you have a panic attack?

_____ NUMBER OF DAYS [RANGE: 0–30]

DK/REF

END TIME STAMP

13. Eating Disorders

BEGIN TIME STAMP

EA2 [IF SC6 = 1 AND SC6a = 1] The next questions are about your body, including your height and weight.

What was the lowest body weight you ever purposefully had after the age of 12?

_____ WEIGHT (POUNDS)
DK/REF

EA3FT [IFSC6 = 1 AND SC6a = 1] How tall were you at that time? First, please type in the number of **feet**, then press [ENTER].

_____ FEET [RANGE: 2–8]
DK/REF

EA3IN [IFSC6 = 1 AND SC6a = 1] Please type in the number of **inches** and then press [ENTER].

_____ INCH(ES) [RANGE: 0–11]
DK/REF

DEFINE MINWGTFE

IF QD01 = 9 AND EA3FT < 4 AND EA2 < 111, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT = 4 AND EA3IN ≤ 10 AND EA2 < 111, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT = 4 AND EA3IN = 11 AND EA2 < 114, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT = 5 AND EA3IN = 0 AND EA2 < 116, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT = 5 AND EA3IN = 1 AND EA2 < 119, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT = 5 AND EA3IN = 2 AND EA2 < 122, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT = 5 AND EA3IN = 3 AND EA2 < 125, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT = 5 AND EA3IN = 4 AND EA2 < 128, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT = 5 AND EA3IN = 5 AND EA2 < 132, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT = 5 AND EA3IN = 6 AND EA2 < 135, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT = 5 AND EA3IN = 7 AND EA2 < 139, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT = 5 AND EA3IN = 8 AND EA2 < 142, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT = 5 AND EA3IN = 9 AND EA2 < 145, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT = 5 AND EA3IN = 10 AND EA2 < 147, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT = 5 AND EA3IN = 11 AND EA2 < 150, THEN MINWGTFE = 1
IF QD01 = 9 AND EA3FT ≥ 6 AND EA2 < 152, THEN MINWGTFE = 1
ALL ELSE, MINWGTFE = 2

DEFINE MINWGTMMA

IF QD01 = 5 AND EA3FT < 5 AND EA2 < 128, THEN MINWGTFE = 1
IF QD01 = 5 AND EA3FT = 5 AND EA3IN ≤ 2 AND EA2 < 128, THEN MINWGTFE = 1
IF QD01 = 5 AND EA3FT = 5 AND EA3IN = 3 AND EA2 < 130, THEN MINWGTMMA = 1
IF QD01 = 5 AND EA3FT = 5 AND EA3IN = 4 AND EA2 < 133, THEN MINWGTMMA = 1
IF QD01 = 5 AND EA3FT = 5 AND EA3IN = 5 AND EA2 < 136, THEN MINWGTMMA = 1

IF QD01 = 5 AND EA3FT = 5 AND EA3IN = 6 AND EA2 < 139, THEN MINWGTMA = 1
 IF QD01 = 5 AND EA3FT = 5 AND EA3IN = 7 AND EA2 < 143, THEN MINWGTMA = 1
 IF QD01 = 5 AND EA3FT = 5 AND EA3IN = 8 AND EA2 < 146, THEN MINWGTMA = 1
 IF QD01 = 5 AND EA3FT = 5 AND EA3IN = 9 AND EA2 < 150, THEN MINWGTMA = 1
 IF QD01 = 5 AND EA3FT = 5 AND EA3IN = 10 AND EA2 < 153, THEN MINWGTMA = 1
 IF QD01 = 5 AND EA3FT = 5 AND EA3IN = 11 AND EA2 < 156, THEN MINWGTMA = 1
 IF QD01 = 5 AND EA3FT = 6 AND EA3IN = 0 AND EA2 < 160, THEN MINWGTMA = 1
 IF QD01 = 5 AND EA3FT = 6 AND EA3IN = 1 AND EA2 < 163, THEN MINWGTMA = 1
 IF QD01 = 5 AND EA3FT = 6 AND EA3IN = 2 AND EA2 < 167, THEN MINWGTMA = 1
 IF QD01 = 5 AND EA3FT = 6 AND EA3IN = 3 AND EA2 < 172, THEN MINWGTMA = 1
 IF QD01 = 5 AND EA3FT = 6 AND EA3IN ≥ 4 AND EA2 < 176, THEN MINWGTMA = 1
 IF QD01 = 5 AND EA3FT > 6 AND EA2 < 176, THEN MINWGTMA = 1
 ALL ELSE, MINWGTMA = 2

EA6 [IF MINWGTFE OR MINWGTMA = 1] At the time you weighed [EA2] pounds were you very afraid that you might gain weight?

- 1 Yes
- 2 No
- DK/REF

EA7 [IF EA6 = 1] Did you do things to keep your weight low, such as dieting or exercising?

- 1 Yes
- 2 No
- DK/REF

	Yes	No
EA10 [IF EA7 = 1] Did you feel like you were heavier than you should have been or heavier than you wanted to be?	1	2
EA10b [IF EA7 = 1] Did you think that some parts of your body were too fat?	1	2
EA10c [IF EA7 = 1] Did you feel like your self-esteem or confidence depended on your ability to stay thin or to lose even more weight?	1	2
EA10d [IF EA7 = 1] Did anyone tell you that your low weight was bad for your health?	1	2

DK/REF

EA16b [IF SC7 = 1] Earlier you reported that you have had a time in your life when you went on eating binges, where you ate a large amount of food during a short period of time. During times when you ate an unusually large amount of food, did you experience a loss of control or feel like you couldn't stop eating or control how much you were eating?

- 1 Yes
- 2 No
- DK/REF

	Yes	No
EA17a [IF SC7 = 1 AND EA16b = 1] During the binges, did you usually eat much more quickly than usual?	1	2
EA17b [IF SC7 = 1 AND EA16b = 1] Did you usually eat until you felt uncomfortably full?	1	2
EA17c [IF SC7 = 1 AND EA16b = 1] Did you usually continue to eat even when you didn't feel hungry?	1	2
EA17d [IF E SC7 = 1 AND EA16b = 1] Did you usually eat alone because you were embarrassed by how much you ate?	1	2
EA17e [IF SC7 = 1 AND EA16b = 1] Did you feel guilty, very upset with yourself, or depressed after you binged?	1	2

DK/REF

DEFINE BINGE

IF SUM (EA17a = 1, EA17b = 1, EA17c = 1, EA17d = 1, EA17e = 1) \geq 3, THEN BINGE = 1
 ALL ELSE, THEN BINGE = 2

	Yes	No
EA17f [IF BINGE = 1] During episodes of binge eating, were you very afraid that you would gain weight?	1	2
EA17g [IF BINGE = 1] Did you feel like your self-esteem and confidence depended on your weight or body shape?	1	2
EA17h [IF BINGE = 1] Did you worry about the long-term effects of bingeing on your health, on your weight, or on your body shape?	1	2
EA17i [IF BINGE = 1] Did you often get upset both during and after the binges that your eating was out of your control?	1	2

DK/REF

EA23 [IF SC7 = 1 AND EA16b = 1] Have you ever done any of the following things regularly or after binges in order to control your weight?

	Yes	No
EA23a Did you fast by not eating at all or only taking liquids for 8 hours or longer?	1	2
EA23b [IF SC7 = 1 AND EA16b = 1] Did you take water pills, diuretics, or weight control medicines?	1	2
EA23c [IF SC7 = 1 AND EA16b = 1] Did you make yourself vomit?	1	2
EA23d [IF SC7 = 1 AND EA16b = 1] Did you take laxatives or enemas?	1	2
EA23e [IF SC7 = 1 AND EA16b = 1] Did you exercise excessively ?	1	2
EA23f [IF SC7 = 1 AND EA16b = 1] Did you chew and then spit out your food?	1	2

DK/REF

BULIMIA KEY PHRASES

IF EA23a = 1: "fasted"

IF EA23b = 1: "took water pills, diuretics or weight control medicines"

IF EA23c = 1: "made yourself vomit"

IF EA23d = 1: "took laxatives or enemas"

IF EA23e = 1: "exercised excessively"

IF EA23f = 1: “chewed and then spit out your food”

DEFINE EA25FIL1

IF ONE YES IN EA23 SERIES, THEN EA25FIL1 = BULIMIA KEY PHRASE

IF TWO YESES IN EA23 SERIES, THEN EA25FIL1 = FIRST BULIMA KEY PHRASE, “and”, THEN SECOND BULIMA KEY PHRASE

IF THREE OR MORE YESES IN EA23 SERIES, THEN EA25FIL1 = BULLETED LIST OF BULIMA KEY PHRASES

DEFINE EA25FIL2

IF ONE YES IN EA23 SERIES, THEN EA25FIL2 = “this”

IF TWO YESES IN EA23 SERIES, THEN EA25FIL2 = “either of these things”

IF THREE OR MORE YESES IN EA23 SERIES, THEN EA25FIL2 = “any of these things”

EA25_BUL [IF (EA23 OR EA23a OR EA23b OR EA23c OR EA23d OR EA23e OR EA23f) = 1] You [EA25FILL]. Have you ever done [EA25FIL2] at least **once a week for 3 months or longer?**

1 Yes

2 No

DK/REF

EA25_BIN [IF BINGE=1 AND EA25_BUL=(2 OR DK OR REF OR MISSING)] Have you ever had episodes of binge eating at least **once a week for 3 months or longer?**

1 Yes

2 No

DK/REF

ED3 [IF (EA25_BUL = 1) OR (EA25_BIN = 1)] How old were you the very first time you had you had an episode of eating like this for 3 months or longer? Your best estimate is fine if you cannot remember your exact number.

_____ YEARS OLD [RANGE: 0–CURNTAGE]

DK/REF

ED3a [IF ED3 = (CURNTAGE – 1)] Did it start in the past 12 months or more than 12 months ago?

1 In the past 12 months

2 More than 12 months ago

DK/REF

ED4 [IF ED3 < (CURNTAGE-1) OR ED3 = DK/REF] During about how many years in your life did you have episodes of eating like that lasting 3 months or longer? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1-CURNTAGE]

DK/REF

ED5 [IF (EA25_BUL = 1) OR (EA25_BIN = 1)] How long was the longest episode you ever had? Your best estimate is fine if you cannot remember the exact number.

- 1 3–4 months
- 2 5–6 months
- 3 7–8 months
- 4 9–10 months
- 5 11–12 months
- 6 13–24 months
- 7 25 or more months

DK/REF

ED6 [IF (EA25_BUL = 1) OR (EA25_BIN = 1)] How much did these episodes ever interfere with your school, work, or personal life?

- 1 Extremely
- 2 A lot
- 3 Some
- 4 A little
- 5 Not at all

DK/REF

ED7 [IF ((EA25_BUL = 1) OR (EA25_BIN = 1)) AND ED4 NE 1] In the past 12 months, how many of these episodes, lasting 3 months or longer, did you have? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF EPISODES [RANGE: 0–4]
DK/REF

ED8 [IF ED7 NE 0 OR DK OR REF AND ED3 NE CURNTAGE] About how old were you the **most recent time** you had one of these episodes for 3 months or longer? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

END TIME STAMP

14. Suicidality

BEGIN TIME STAMP

SD15 The next few questions are about thoughts of hurting yourself. At the end of this interview, you will receive a hotline number you can call if you ever feel you need to talk to someone about mental health issues.

Have you **ever** seriously thought about killing yourself?

- 1 Yes
- 2 No
- DK/REF

SD15a [IF SD15 = 1] How old were you the **first** time this happened?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

SD16 [IF SD15 = 1] Have you seriously thought about killing yourself at any time in the past 12 months?

- 1 Yes
- 2 No
- DK/REF

SD16a [IF SD16 = 2 OR DK OR REF] How old were you the **last** time this experience happened to you?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

SD17 [IF SD15 = 1] Have you ever made a **plan** for killing yourself?

- 1 Yes
- 2 No
- DK/REF

SD17a [IF SD17 = 1] How old were you the **first** time this happened?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

SD18 [IF SD17 = 1] Did you make a plan for killing yourself at any time in the past 12 months?

- 1 Yes
- 2 No

DK/REF

SD18a [IF SD18 = 2 OR DK OR REF] How old were you the **last** time this experience happened to you?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

SD19 [IF SD15 = 1] Have you ever tried to kill yourself?

1 Yes
2 No
DK/REF

SD19a [IF SD19 = 1] How many times have you tried to kill yourself in your lifetime?

_____ NUMBER OF TIMES [RANGE: 1-500]
DK/REF

SD21 [IF SD19a NE 1] How old were you the **first time**?

_____ YEARS OLD [RANGE: 0- CURNTAGE]
DK/REF

SD22 [IF SD19a NE 1] Which of the three statements below best describes your situation when you tried to kill yourself the **first time**?

1 You made a serious attempt to kill yourself and it was only luck that you did not succeed.
2 You tried to kill yourself but knew that the method was not foolproof.
3 Your attempt was a cry for help, that is, you did not intend to die.
DK/REF

SD23 [IF SD19 = 1] Have you attempted suicide in the past 12 months?

1 Yes
2 No
DK/REF

DEFINE ATTEMPT_FILL

IF SD19a = 1 THEN ATTEMPT_FILL = when

IF SD19a NE 1 THEN ATTEMPT_FILL = the last time

SD23a [IF SD23 = 2 OR DK OR REF] How old were you [ATTEMPT_FILL] you tried to kill yourself?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

SD24 [IF SD23 = 1] Did it result in an injury or poisoning?

- 1 Yes
 - 2 No
- DK/REF

SD25 [IF SD24 = 1] Did it require medical attention?

- 1 Yes
 - 2 No
- DK/REF

SD26 [IF SD25 = 1] Did it require overnight hospitalization?

- 1 Yes
 - 2 No
- DK/REF

SD27 [IF SD19 = 1] Which of the three statements below best describes your situation when you tried to kill yourself the **last** time?

- 1 You made a serious attempt to kill yourself and it was only luck that you did not succeed.
 - 2 You tried to kill yourself but knew that the method was not foolproof.
 - 3 Your attempt was a cry for help, that is, you did not intend to die.
- DK/REF

DEFINE ATTEMPT_FILL2

IF SD19a = 1 THEN ATTEMPT_FILL = when

IF SD19a NE 1 THEN ATTEMPT_FILL = the last time

SD29 [IF SD23 = 1] Which method did you use [ATTEMPT_FILL2] you tried to kill yourself?

- 1 Gun
 - 2 Razor, knife, or other sharp instrument
 - 3 Overdose of prescription medications
 - 4 Overdose of over-the-counter medications
 - 5 Overdose of other drugs, for example, heroin, crack, or alcohol
 - 6 Poison, for example, carbon monoxide or rat poison
 - 7 Hanging, strangulation, or suffocation
 - 8 Drowning
 - 9 Jumping from high places
 - 10 Motor vehicle crash
 - 11 Other
- DK/REF

SD29OTH [IF SD29 = 11] Please provide the method you used [ATTEMPT_FILL2] you tried to kill yourself.

_____ [ALLOW 60 CHARACTERS]
DK/REF

SD30 Have you ever done something to hurt yourself on purpose, but **without** wanting to die, such as cutting yourself, hitting yourself, or burning yourself?

1 Yes
2 No
DK/REF

SD30a [IF SD30 = 1] How old were you the **first** time this happened?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

SD31 [IF SD30 = 1 AND SD30a NE CURNTAGE] Have you done something to hurt yourself on purpose, but **without** wanting to die, at any time in the past 12 months?

1 Yes
2 No
DK/REF

SD31a [IF SD31 = 2 OR DK OR REF] How old were you the **last** time you hurt yourself on purpose, but **without** wanting to die?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

END TIME STAMP

15a. Unusual Experiences

BEGIN TIME STAMP

PE1 The next questions are about unusual experiences, like seeing visions or hearing voices. As you answer these questions, please **do not** include times you had these experiences when you were feverish, dreaming, half asleep, or under the influence of alcohol or drugs. With these exclusions in mind, have you ever in your life had any of the following experiences?

	Yes	No
PE1a Have you ever seen a vision, that is, something other people who were there could not see? We don't mean having good eyesight, but rather seeing things that other people said were not there, like seeing a face, or people, or strange objects.	1	2
PE1b Have you ever heard voices that other people could not hear? We 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.	1	2
PE1c Have you ever believed that some mysterious force was inserting strange thoughts--that were definitely not your own thoughts -- directly into your head by means of x-rays or laser beams or other methods?	1	2
PE1d Have you ever believed that your thoughts were being stolen out of your mind by some strange force?	1	2
PE1e Have you ever thought your mind was being taken over by strange forces with laser beams or other methods that were making you do things you did not choose to do?	1	2
PE1f Have you ever thought 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, such as through the radio or television?	1	2
PE1g Have you ever believed there was a plot going on to harm you or have people follow you that your family and friends did not believe was true?	1	2

DK/REF

PE2 [IF PE1a = 1] How old were you the very first time you saw a vision? Remember to report only times you were **not** having a fever, **not** dreaming, **not** half asleep, and **not** under the influence of alcohol or drugs. Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]

DK/REF

PE2a [IF (CURNTAGE – PE2 = 1)] When was the very first time you saw a vision?

- 1 In the past 12 months
- 2 More than 12 months ago

DK/REF

PE3 [IF PE1a = 1] About how many different times in your life did you see a vision? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF TIMES [RANGE: 1–500]
DK/REF

PE4 [IF PE1a = 1 AND (PE2 NE CURNTAGE) AND (PE2a NE 1) AND PE3 NE 1] About how many different years in your life did you see a vision at least one time? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

DEFINE PE4a_FILL

IF PE3 = 1 THEN PE4a_FILL = “this vision last?”
ELSE PE4a_FILL = “these visions usually last?”

PE4a [IF PE1a = 1] How long did [PE4a_FILL] If it varied, answer for the average duration.

- 1 Less than 1 minute
 - 2 At least 1 minute but less than 5 minutes
 - 3 At least 5 minutes but less than 30 minutes
 - 4 At least 30 minutes but less than 60 minutes
 - 5 60 minutes or longer
- DK/REF

PE5 [IF PE1a = 1 AND PE2a NE 1] Did you see a vision at any time in the past 12 months?

- 1 Yes
 - 2 No
- DK/REF

PE6 [IF PE1a = 1 AND PE5 NE 1] About how old were you the **most recent time** you saw a vision? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE PE6a_FILL

IF PE3=1 THEN PE6a_FILL = “this experience”
ELSE PE6a_FILL = “these experiences”

DEFINE PE6b_FILL

IF PE3=1 THEN PE6b_FILL = “it was”
ELSE PE6b_FILL = “they were”

PE6a [IF PE1a = 1 AND PE5 NE 1] When you were having [PE6a_FILL], how convinced were you that [PE6b_FILL] real rather than your mind playing tricks on you?

- 1 You strongly believed [PE6b_FILL] real
 - 2 You were unsure if [PE6b_FILL] real
 - 3 You did not believe [PE6b_FILL] real
- DK/REF

DEFINE PE6b2_FILL

IF PE3=1 THEN PE6b2_FILL = “was this experience”
ELSE PE6b2_FILL = “were these experiences”

PE6b [IF PE1a = 1 AND PE5 NE 1] How distressing [PE6b2_FILL] to you?

- 1 Not at all distressing
 - 2 A little
 - 3 Some
 - 4 A lot
 - 5 Extremely distressing
- DK/REF

PE7 [IF PE1b = 1] How old were you the very first time you heard voices that other people could not hear? Remember to report only times you were **not** having a fever, **not** dreaming, **not** half asleep, and **not** under the influence of alcohol or drugs. Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

PE7a [IF (CURNTAGE – PE7 = 1)] When was the very first time you heard voices that other people could not hear?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

PE8 [IF PE1b = 1] About how many different times in your life did you hear voices? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF TIMES [RANGE: 1–500]
DK/REF

PE9 [IF PE1b = 1 AND (PE7 NE CURNTAGE) AND (PE7a NE 1) AND PE8 NE 1] About how many different years in your life did you hear voices at least one time? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

DEFINE PE9a_FILL

IF PE8 = 1 THEN PE9a_FILL = "this vision last"

ELSE PE9a_FILL = "these visions usually last"

PE9a [IF PE1b = 1] How long did [PE9a_FILL]? If it varied, answer for the most common duration.

- 1 Less than 1 minute
- 2 At least 1 minute but less than 5 minutes
- 3 At least 5 minutes but less than 30 minutes
- 4 At least 30 minutes but less than 60 minutes
- 5 60 minutes or longer

DK/REF

PE10 [IF PE1b = 1 AND PE7a NE 1] Did you hear voices at any time in the past 12 months?

- 1 Yes
- 2 No

DK/REF

PE11 [IF PE1b = 1 AND PE10 NE 1] About how old were you the **most recent time** you heard voices? Your best estimate is fine if you cannot remember your exact age.

____ YEARS OLD [RANGE: 0–CURNTAGE]

DK/REF

DEFINE PE11a_FILL

IF PE8 = 1 THEN PE11a_FILL = "this experience"

ELSE PE11a_FILL = "these experiences"

DEFINE PE11a2_FILL

IF PE8 = 1 THEN PE11a2_FILL = "it was"

ELSE PE11a2_FILL = "they were"

PE11a [IF PE1b = 1 AND PE10 NE 1] When you were having [PE11a_FILL], how convinced were you that [PE11a2_FILL] real rather than your mind playing tricks on you?

- 1 You strongly believed [PE11a2_FILL] real
- 2 You were unsure if [PE11a2_FILL] real
- 3 You did not believe [PE11a2_FILL] real

DK/REF

DEFINE PE11b_FILL

IF PE8 = 1 THEN PE11b_FILL = "was this experience"

ELSE PE11b_FILL = "were these experiences"

PE11b [IF PE1b = 1 AND PE10 NE 1] How distressing [PE11b_FILL] to you?

- 1 Not at all distressing
 - 2 A little
 - 3 Some
 - 4 A lot
 - 5 Extremely distressing
- DK/REF

PE12 [IF PE1c = 1] How old were you the very first time you thought some mysterious force was inserting strange thoughts into your head? Remember to report only times when you were **not** having a fever, **not** dreaming, **not** half asleep, and **not** under the influence of alcohol or drugs. Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

PE12a [IF (CURNTAGE – PE12 = 1)] When was the very first time you thought some mysterious force was inserting strange thoughts into your head?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

PE13 [IF PE1c = 1] About how many different times in your life did you think this kind of thought insertion was happening to you? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF TIMES [RANGE: 1–500]
DK/REF

PE14 [IF PE1c = 1 AND (PE12 NE CURNTAGE) AND (PE12a NE 1) AND PE13 NE 1] About how many different years in your life did you at least some of the time think you were experiencing thought insertion? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

PE15 [IF PE1c = 1 AND PE12a NE 1] Did you think you were experiencing thought insertion at any time in the past 12 months?

- 1 Yes
 - 2 No
- DK/REF

PE16 [IF PE1c = 1 AND PE15 NE 1] About how old were you the **most recent time** you thought it was happening? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]

DK/REF

PE16a [IF PE1c = 1] When you were experiencing thought insertion, how convinced were you that it was real rather than your mind playing tricks on you?

- 1 You strongly believed it was real
 - 2 You were unsure if it was real
 - 3 You did not believe it was real
- DK/REF

DEFINE PE16b_FILL

IF PE13 = 1 THEN PE16b_FILL = “was this experience”
ELSE PE16b_FILL = “were these experiences”

PE16b [IF PE1c = 1] How distressing [PE16b_FILL] to you?

- 1 Not at all distressing
 - 2 A little
 - 3 Some
 - 4 A lot
 - 5 Extremely distressing
- DK/REF

PE17 [IF PE1d = 1] How old were you the very first time you believed that thoughts were being stolen out of your mind? Remember to report only times you were **not** having a fever, **not** dreaming, **not** half asleep, and **not** under the influence of alcohol or drugs. Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

PE17a [IF (CURNTAGE – PE17 = 1)] When was the very first time you believed that thoughts were being stolen out of your mind?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

PE18 [IF PE1d = 1] About how many different times in your life did you think thoughts were being stolen out of your mind? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF TIMES [RANGE: 1–500]
DK/REF

PE19 [IF PE1d = 1 AND (PE17 NE CURNTAGE) AND (PE17a NE 1) AND PE18 NE 1] About how many different years in your life did you at least one time think this was happening? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

PE20 [IF PE1d = 1 AND PE17a NE 1] Did you think thoughts were being stolen out of your mind at any time in the past 12 months?

- 1 Yes
 - 2 No
- DK/REF

PE21 [IF PE1d = 1 AND PE20 NE 1] About how old were you the **most recent time** you thought this was happening? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

PE21a [IF PE1d = 1] When you were experiencing thoughts being stolen out of your mind, how convinced were you that it was real rather than your mind playing tricks on you?

- 1 You strongly believed it was real
 - 2 You were unsure if it was real
 - 3 You did not believe it was real
- DK/REF

DEFINE PE21b_FILL

IF PE18 = 1 THEN PE21b_FILL = “was this experience”
ELSE PE21b_FILL = “were these experiences”

PE21b [IF PE1d = 1] How distressing [PE21b_FILL] to you?

- 1 Not at all distressing
 - 2 A little
 - 3 Some
 - 4 A lot
 - 5 Extremely distressing
- DK/REF

PE22 [IF PE1e = 1] How old were you the very first time you thought your mind was being taken over by strange forces making you do things you did not choose to do? Remember to report only times you were **not** having a fever, **not** dreaming, **not** half asleep, and **not** under the influence of alcohol or drugs. Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

PE22a [IF (CURNTAGE – PE22 = 1)] When was the very first time you thought your mind was being taken over by strange forces making you do things you did not choose to do?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

PE23 [IF PE1e = 1] About how many different times in your life did you think you were experiencing this mind control? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF TIMES [RANGE: 1–500]
DK/REF

PE24 [IF PE1e = 1 AND (PE22 NE CURNTAGE) AND (PE22a NE 1) AND PE23 NE 1] About how many different years in your life did you at least one time think you were experiencing mind control? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

PE25 [IF PE1e = 1 AND PE22a NE 1] Did you think you were experiencing mind control at any time in the past 12 months?

- 1 Yes
 - 2 No
- DK/REF

PE26 [IF PE1e = 1 AND PE25 NE 1] About how old were you the **most recent time** you experienced mind control? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

PE26a [IF PE1e = 1] When you were experiencing mind control, how convinced were you that it was real rather than your mind playing tricks on you?

- 1 You strongly believed it was real
 - 2 You were unsure if it was real
 - 3 You did not believe it was real
- DK/REF

DEFINE PE26b_FILL

IF PE23 = 1 THEN PE26b_FILL = “was this experience”
ELSE PE26b_FILL = “were these experiences”

PE26b [IF PE1e = 1] How distressing [PE26b_FILL] to you?

- 1 Not at all distressing
- 2 A little
- 3 Some

- 4 A lot
 - 5 Extremely distressing
- DK/REF

PE27 [IF PE1f = 1] How old were you the very first time you thought a strange force was trying to send you special signs or signals that no one else could understand? Remember to report only times you were **not** having a fever, **not** dreaming, **not** half asleep, and **not** under the influence of alcohol or drugs. Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

PE27a [IF (CURNTAGE – PE27 = 1)] When was the very first time you thought a strange force was trying to send you special signs or signals that no one else could understand?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

PE28 [IF PE1f = 1] About how many different times in your life did you think you were getting these kinds of special communications? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF TIMES [RANGE: 1–500]
DK/REF

PE29 [IF PE1f = 1 AND (PE27 NE CURNTAGE) AND (PE27a NE 1) AND PE28 NE 1] About how many different years in your life did you at least one time think you were getting these kinds of special communications? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

PE30 [IF PE1f = 1 AND PE27a NE 1] Did you think you were getting these kinds of special communications at any time in the past 12 months?

- 1 Yes
 - 2 No
- DK/REF

PE31 [IF PE1f = 1 AND PE30 NE 1] About how old were you the **most recent time** you thought this was happening? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

PE31a [IF PE1f=1] When you thought you were getting these kinds of special communications, how convinced were you that it was real rather than your mind playing tricks on you?

- 1 You strongly believed it was real
 - 2 You were unsure if it was real
 - 3 You did not believe it was real
- DK/REF

DEFINE PE31b_FILL

IF PE28 = 1 THEN PE31b_FILL = "was this experience"
ELSE PE31b_FILL = "were these experiences"

PE31b [IF PE1f=1] How distressing [PE31b_FILL] to you?

- 1 Not at all distressing
 - 2 A little
 - 3 Some
 - 4 A lot
 - 5 Extremely distressing
- DK/REF

PE32 [IF PE1g = 1] How old were you the very first time you thought there was a plot going on to harm you or have people follow you? Remember to report only times you were **not** having a fever, **not** dreaming, **not** half asleep, and **not** under the influence of alcohol or drugs. Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

PE32a [IF (CURNTAGE – PE32 = 1)] When was the very first time you thought there was a plot going on to harm you or have people follow you?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

PE33 [IF PE1g = 1] About how many different times in your life did you think you were the victim of a plot? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF TIMES [RANGE: 1–500]
DK/REF

PE34 [IF PE1g = 1 AND (PE32 NE CURNTAGE) AND (PE32a NE 1) AND PE33 NE 1] About how many different years in your life did you think you were the victim of a plot? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

PE35 [IF PE1g = 1 AND PE32a NE 1] Did you think you were the victim of a plot at any time in the past 12 months?

- 1 Yes
- 2 No
- DK/REF

PE36 [IF PE1g = 1 AND PE35 NE 1] About how old were you the **most recent time** you thought you were the victim of a plot? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

PE36a [IF PE1g = 1] When you were experiencing being a victim of a plot, how convinced were you that it was real rather than your mind playing tricks on you?

- 1 You strongly believed it was real
- 2 You were unsure if it was real
- 3 You did not believe it was real
- DK/REF

DEFINE PE36b_FILL

IF PE33 = 1 THEN PE36b_FILL = “was this experience”
ELSE PE26b_FILL = “were these experiences”

PE36b [IF PE1g = 1] How distressing [PE36b_FILL] to you?

- 1 Not at all distressing
- 2 A little
- 3 Some
- 4 A lot
- 5 Extremely distressing
- DK/REF

DEFINE PE37_FILL

IF PE1a = 1 PE37_FILL = visions
IF PE1b = 1 PE37_FILL = voices
IF PE1c = 1 PE37_FILL = thought insertion
IF PE1d = 1 PE37_FILL = stolen thoughts
IF PE1e = 1 PE37_FILL = mind control
IF PE1f = 1 PE37_FILL = special communications
IF PE1g = 1 PE37_FILL = plots

PE37 [IF AT LEAST 1 YES RESPONSE IN PE1a-g] Have you ever talked to a doctor or mental health professional for help in dealing with these experiences with [PE37_FILL]?

- 1 Yes
- 2 No
- DK/REF

DEFINE PE38_FILL

IF ONLY 1 YES IN PE1a-g SERIES PE38_FILL = this experience
 ELSE PE38_FILL = these experiences

PE38 [IF AT LEAST 1 YES RESPONSE IN PE1a-g AND PE37=1] What did the doctor say was causing [PE38_FILL]?

To select more than one answer, press the space bar between each number you type.

- 1 Schizophrenia or psychosis
- 2 Manic depression or bipolar disorder
- 3 Some other mental health problem
- 4 A physical illness or injury
- 5 Medication
- 6 Alcohol or drugs
- 7 Something else
- DK/REF

PE38OT [IF PE38 = 7] What did the doctor say was causing [PE38_FILL]?

_____ [ALLOW 300 CHARACTERS]
 DK/REF

PE39 [IF PE38 NE 1] Were you ever prescribed any medications for these problems?

- 1 Yes
- 2 No
- DK/REF

PE40 [IF PE39=1] Were you ever prescribed any of the following medications for these problems?

	Yes	No
PE40a Abilify or Aripiprazole	1	2
PE40b Saphris or Asenapine	1	2
PE40c Thorazine or Chlorpromazine	1	2
PE40d Clozaril or Clozapine	1	2
PE40e Fluanxol or Flupenthixol	1	2
PE40f Haldol or Haloperidol	1	2
PE40g Fanapt or Iloperidone	1	2
PE40h Loxitane, Loxapac, or Loxapine	1	2
PE40i Latuda or Lurasidone	1	2
PE40j Zyprexa or Olanzapine	1	2
PE40k Invega or Paliperidone	1	2

		Yes	No
PE40l	Trilafon, Etrafon, or Perphenazine	1	2
PE40m	Prolixin, Prolixin decanoate, Permitil, Modecate, Fluphenazine, or Fluphenazine decanoate	1	2
PE40n	Seroquel or Quetiapine	1	2
PE40o	Risperdal or Risperidone	1	2
PE40p	Stelazine or Trifluoperazine	1	2
PE40q	Geodon or Ziprasidone	1	2

DK/REF

DEFINE PE40_FILL

IF ONLY ONE ITEM IN PE1a - g = 1 THEN PE40_FILL = “this experience”

ELSE PE40_FILL = “these experiences ever”

PE41 [IF AT LEAST 1 YES RESPONSE IN PE1a-g] How much did [PE40_FILL] interfere with your work, school, or personal life?

- 1 Not at all
- 2 A little bit
- 3 Moderately
- 4 Quite a bit
- 5 Extremely

DK/REF

END TIME STAMP

16. Treatment of Emotional Problems

BEGIN TIME STAMP

TR1 The next questions are about treatments you might have received for problems with your emotions, behavior, or mental health.

Have you ever in your life stayed overnight or longer in a hospital or other facility to receive treatment for problems with your emotions, behavior, or mental health?

By “other facilities” we mean places like treatment centers, group homes or foster homes, juvenile justice facilities, and emergency shelters.

- 1 Yes
- 2 No
- DK/REF

TR1A [If TR1=1] In which of these places did you ever stay overnight to receive treatment for problems with your emotions, behavior, or mental health?

	Yes	No
TR1Aa Emergency room	1	2
TR1Ab Psychiatric hospital	1	2
TR1Ac General medical hospital	1	2
TR1Ad Residential treatment center or group home	1	2
TR1Ae Foster home or therapeutic foster care	1	2
TR1Af Detention center, prison, or jail	1	2
TR1Ag Some other type of facility	1	2

DK/REF

TR1A_OTH [If TR1Ah = 1] Please describe the other type of facility where you stayed overnight to receive treatment for problems with your emotions, behavior, or mental health.

_____ DESCRIPTION [RANGE: 1–50 CHARACTERS]
 DK/REF

DEFINE TR1A_COUNT (PERFORM EACH TIME LEAVE TR1A)
 SET TR1A_COUNT = 0

IF TR1Aa = 1, ADD 1 TO TR1A_COUNT
 IF TR1Ab = 1, ADD 1 TO TR1A_COUNT
 IF TR1Ac = 1, ADD 1 TO TR1A_COUNT
 IF TR1Ad = 1, ADD 1 TO TR1A_COUNT
 IF TR1Ae = 1, ADD 1 TO TR1A_COUNT
 IF TR1Af = 1, ADD 1 TO TR1A_COUNT
 IF TR1Ag = 1, ADD 1 TO TR1A_COUNT

DEFINE TR1AA_FILL

IF TR1AA = 1, THEN TR1Aa_FILL = “an emergency room”

DEFINE TR1AB_FILL

IF TR1AB = 1, THEN TR1Ab_FILL = “a psychiatric hospital”

DEFINE TR1AC_FILL

IF TR1AC = 1, THEN TR1Ac_FILL = “a general medical hospital”

DEFINE TR1AD_FILL

IF TR1AD = 1 =1, THEN TR1Ad_FILL = “a residential treatment center or group home”

DEFINE TR1AE_FILL

IF TR1AE = 1, THEN TR1Ae_FILL = “a foster home or therapeutic foster care”

DEFINE TR1AF_FILL

IF TR1AF = 1, THEN TR1Af_FILL = “a detention center, prison, or jail”

DEFINE TR1AG_FILL

IF TR1AG = 1, THEN TR1Ag_FILL = “the facility you described earlier -- {TR1a_OTH} --”

PROGRAMMER NOTE:

- FOR EACH FACILITY REPORTED IN TR1A, ASK ALL PERTINENT QUESTIONS IN THE TR2-TR6 SERIES BEFORE ASKING THAT SAME SERIES ABOUT ANY OTHER FACILITY REPORTED.
- THE “X” USED IN VARIABLE NAMES IN TR2-TR6 IS ONLY A PLACEHOLDER FOR THE LETTERS A-H, WHICH SHOULD BE USED WHEN PERTINENT.
- ANSWERS FOR EACH FACILITY SHOULD BE STORED IN SEPARATE VARIABLES LABELLED WITH THE LETTER OF THE FACILITY ABOUT WHICH WE ASKED.
- FOR EXAMPLE, WHEN TR1AA = 1, ASK ABOUT THE FACILITY FROM TR1AA (HOSPITAL) AND SAVE ANSWERS INTO TR2A, TR3A, TR3A_2, TR3A_3, TR3A_4, TR6A, ETC.

TR2X [IF TR1AX = 1] How many times were you admitted to stay overnight in [TR1AX_FILL] to receive treatment for problems with your emotions, behavior, or mental health?

Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF TIMES [RANGE: 1–90]
DK/REF

DEFINE TR2_GT1 (PERFORM EACH TIME MOVES AWAY FROM ANY IN THE TR2X SERIES)

SET TR2_GT1 = 0

IF (TR2A + TR2B + TR2C + TR2D + TR2E + TR2F + TR2G) ≥ 1, THEN TR2_GT1 = 1

DEFINE TR3X_FILL

IF TR2X = 1, THEN TR3X_FILL = “when that happened”

ELSE, TR3X_FILL = “the first time you stayed overnight in a [TR1AX_FILL] to receive treatment for problems with your emotions, behavior, or mental health”

TR3X [IF TR1AX = 1] How old were you [TR3X_FILL]?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

TR3X_2 [IF TR1AX = 1 AND (TR2X > 1 OR (TR3X ≥ CURNTAGE-1))] During the past 12 months, did you stay overnight in [TR1AX_FILL] to receive treatment for problems with your emotions, behavior, or mental health?

- 1 Yes
- 2 No
- DK/REF

TR3X_3 [IF TR3X_2 = 1] Next, we are going to ask how long you stayed in [TR1AX_FILL] to receive treatment for these kinds of problems during the past 12 months. Would you prefer to answer in days, weeks, or months?

- 1 Days
- 2 Weeks
- 3 Months
- DK/REF

TR3X_3_DY [IF TR3X_3 = 1] During the past 12 months, how many days did you stay in [TR1AX_FILL] to receive treatment for these kinds of problems?

_____ NUMBER OF DAYS [RANGE: 1–365]
DK/REF

TR3X_3_WK [IF TR3X_3 = 2] During the past 12 months, how many weeks did you stay in [TR1AX_FILL] to receive treatment for these kinds of problems?

_____ NUMBER OF WEEKS [RANGE: 1–52]
DK/REF

TR3X_3_MN [IF TR3X_3 = 3] During the past 12 months, how many months did you stay in [TR1AX_FILL] to receive treatment for these kinds of problems?

_____ NUMBER OF MONTHS [RANGE: 1–12]
DK/REF

TR3X_4 [TR1AX = 1] Next, we're going to ask how much time you stayed in [TR1AX_FILL] to receive treatment for these kinds of problems, in your entire life. Would you prefer to answer in days, weeks, or months?

- 1 Days
 - 2 Weeks
 - 3 Months
- DK/REF

TR3X_4_DY [IF TR3X_4 = 1] In your entire life, how many days did you stay in [TR1AX_FILL] to receive treatment for these kinds of problems?

_____ NUMBER OF DAYS [RANGE: 1-365]
DK/REF

TR3X_4_WK [IF TR3X_4 = 2] In your entire life, how many weeks did you stay in [TR1AX_FILL] to receive treatment for these kinds of problems?

_____ NUMBER OF WEEKS [RANGE: 1-52]
DK/REF

TR3X_4_MN [IF TR3X_4 = 3] In your entire life, how many months did you stay in [TR1AX_FILL] to receive treatment for these kinds of problems?

_____ NUMBER OF MONTHS [RANGE: 1-12]
DK/REF

DEFINE TR4X_FILL

IF TR2X = 1, THEN TR4X_FILL = "that"

ELSE, TR4X_FILL = "your first overnight stay in [TR1AX_FILL]"

TR4X [IF TR3X = (CURNTAGE - 1)] Did [TR4X_FILL] start in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

TR6X [IF TR1AX = 1 AND (TR2X>1) AND (TR2X NE (DK OR REF)) AND (TR3X_2 = DK, REF, OR MISSING)] About how old were you the **most recent time** you were in [TR1AX_FILL] overnight to receive treatment for problems with your emotions, behavior, or mental health? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [0-CURNTAGE]
DK/REF

TRTST1 Have you ever in your life received special testing or an evaluation for problems with your emotions, behavior, or mental health?

- 1 Yes
- 2 No
- DK/REF

TRTST2 [IF TRTST1 = 1] About how old were you **the very first time** you received special testing or an evaluation for problems with your emotions, behavior, or mental health? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

TRTST3 [IF TRTST2 = CURNTAGE – 1] Did you start this testing in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
- 2 More than 12 months ago
- DK/REF

DEFINE TR7_FILL2

IF TR1Aa = 1 AND TR1A_COUNT = 1, THEN TR7_FILL2 = “an emergency room”
 IF TR1Ab = 1 AND TR1A_COUNT = 1, THEN TR7_FILL2 = “a psychiatric hospital”
 IF TR1Ac = 1 AND TR1A_COUNT = 1, THEN TR7_FILL2 = “a general medical hospital”
 IF TR1Ad = 1 AND TR1A_COUNT = 1, THEN TR7_FILL2 = “a residential treatment center or group home”
 IF TR1Ae = 1 AND TR1A_COUNT = 1, THEN TR7_FILL2 = “a foster home or therapeutic foster home”
 IF TR1Af = 1 AND TR1A_COUNT = 1, THEN TR7_FILL2 = “a detention center, prison, or jail”

 IF TR1Ag = 1 AND TR1A_COUNT = 1, THEN TR7_FILL2 = “the facility you described earlier -- {TR1a_OTH} --”
 ELSE, TR7_FILL2 = “any of the facilities you mentioned earlier,”

DEFINE TR7_FILL

IF TR1 = 1 AND TR1A_COUNT = 1 AND TR2_GT1 = 0, THEN TR7_FILL = “Not counting the time when you stayed overnight at [TR7_FILL2], did”
 IF TR1 = 1 AND (TR1A_COUNT > 1 OR TR2_GT1 = 1) THEN TR7_FILL = “Not counting times when you stayed overnight at [TR7_FILL2], did”
 ELSE, TR7_FILL = “Did”

TR7 [TR7_FILL] you ever in your life receive counseling or medication from any of the following sources for problems with your emotions, behavior, or mental health?

	Yes	No
TR7a A mental health professional? A “mental health professional” includes a psychiatrist, psychologist, mental health counselor or social worker, and marriage and family counselor. These professionals can be seen in one-on-one sessions, group sessions, telephone sessions, or computerized texting sessions.	1	2
TR7b A general medical doctor, pediatrician, nurse, or other general medical care provider?	1	2
TR7c A minister, priest, rabbi, or other spiritual advisor?	1	2
TR7d A Certified Peer Counselor? A “Certified Peer Counselor” is a person who has experienced mental health issues firsthand and has been trained to help facilitate mental health recovery in others.	1	2
TR7e A self-help or support group? A “self-help or support group” is a group for people with emotional, family, or substance problems that is run by the people themselves without a mental health professional running the group.	1	2
TR7f A computerized or internet-based mental health treatment program? A “computerized or internet-based mental health treatment program” is a special type of self-help program where you work through exercises that give you practice in strategies that can help you improve your mental health. Sometimes these programs are accompanied by telephone calls or texting sessions with mental health professionals. When this is the case, we want you to report both receiving counseling from a mental health professional and participating in a computerized or internet-based program.	1	2

DK/REF

TR8 [IF TR7a = 1] You reported receiving counseling or medication from a **mental health professional**. Which did you receive: counseling, medication, or both?

- 1 Only Counseling
- 2 Only Medication
- 3 Counseling and Medication

DK/REF

DEFINE TR8HLPTYP

IF TR8= 1, THEN TR8HLPTYP = “counseling”

IF TR8 = 2, THEN TR8HLPTYP = “medication”

IF TR8=3, THEN TR8HLPTYP = “counseling and medication”

IF TR8 = DK/REF, THEN TR8HLPTYP = “counseling or medication”

TR9 [IF TR7a = 1] About how old were you the **very first time** you received [TR8HLPTYP] from a mental health professional? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]

DK/REF

TR10 [IF TR9 = CURNTAGE – 1] Did you start this [TR8HLPTYP] in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
- 2 More than 12 months ago
- DK/REF

TR11 [IF TR7A = 1 AND ((TR9 < (CURNTAGE – 1) OR (TR9 = DK OR REF)))] During about how many years of your life did you receive any treatment from a mental health professional? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

DEFINE HOSPFILL

IF TR1 = 1, THEN HOSPFILL = “Not counting any hospitalizations, about”
IF TR1 NE 1, THEN HOSPFILL = “About”

TR12 [IF TR7A = 1 AND (TR11 NE 1)] [HOSPFILL] how many treatment sessions with a mental health professional did you have **in the past 12 months**, counting face-to-face visits, phone calls, and texting sessions? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF TREATMENT SESSIONS [RANGE: 0–365]
DK/REF

TR13 [IF (TR12 ≥ 1) AND (TR12 NE DK OR REF)] What kind of treatment did you get?

	Yes	No
TR13a Face-to-face	1	2
TR13b Phone call	1	2
TR13c Texting	1	2
TR13d Video calling or messaging	1	2

DK/REF

TR14 [IF TR7A = 1 AND (TR11 NE 1) AND (TR9 NE CURNTAGE) AND (TR12 = DK, REF, OR MISSING)] [HOSPFILL] how old were you the **most recent time** you received treatment from a mental health professional? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0– CURNTAGE]
DK/REF

DEFINE TR15_FILL

IF TR7A = 1, THEN TR15_FILL = “also”
ELSE, TR15_FILL = “”

TR15 [IF TR7B = 1] You [TR15_FILL] reported receiving counseling or medication for problems with your emotions, behavior, or mental health from a **general medical doctor, nurse, or other general medical care provider**. Which did you receive: counseling, medication, or both?

- 1 Only Counseling
 - 2 Only Medication
 - 3 Counseling and Medication
- DK/REF

DEFINE TR15HLPTYP

IF TR15 = 1, THEN, TR15HLPTYP = “counseling”

IF TR15 = 2, THEN TR15HLPTYP = “medication”

IF TR15 = 3, THEN TR15HLPTYP = “counseling and medication”

IF TR15 = DK/REF, THEN TR15HLPTYP = “counseling or medication”

TR16 [IF TR7B = 1] About how old were you the **very first time** you received [TR15HLPTYP] for mental health problems from a general medical care provider? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

TR17 [IF TR16 = CURNTAGE – 1] Did you start this treatment in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

TR18 [IF TR7B = 1 AND ((TR16 < (CURNTAGE – 1) OR (TR16 = DK OR REF))] During about how many years of your life did you receive this kind of treatment from a general medical care provider? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

TR19 [IF TR7B = 1 AND (TR18 NE 1) AND TR18 NE MISSING] About how many treatment sessions of this sort did you have with a general medical professional in the **past 12 months**? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF TREATMENT SESSIONS [RANGE: 0–365]
DK/REF

TR20 [IF TR7B = 1 AND (TR18 NE 1) AND (TR16 NE CURNTAGE) AND (TR19 = DK OR REF, OR MISSING)] About how old were you the **most recent time** you received this kind of treatment from a general medical professional? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE TR21_FILL

IF TR7A = 1 or TR7B = 1, THEN TR21_FILL = “also”
ELSE, TR21_FILL = “”

TR21 [IF TR7C = 1] You [TR21_FILL] reported receiving counseling for problems with your emotions, behavior, or mental health from a minister, priest, rabbi, or other spiritual advisor. About how old were you the very first time you received this kind of counseling? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

TR22 [IF TR21 = CURNTAGE – 1] Did you start this counseling in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

TR23 [IF TR7C = 1 AND ((TR21 < (CURNTAGE – 1) OR (TR21 = DK OR REF))] During about how many years of your life did you receive this kind of counseling from a spiritual advisor? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

TR24 [IF TR7C = 1 and (TR23 NE 1)] About how many of these counseling sessions with a spiritual advisor did you have in the **past 12 months**? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF SESSIONS [RANGE: 0–365]
DK/REF

TR25 [IF TR7C = 1 AND (TR23 NE 1) AND (TR21 NE CURNTAGE) AND (TR24 = DK, REF, OR MISSING)] About how old were you the **most recent time** you had one of these sessions with a spiritual advisor? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE TR26_FILL

IF TR7A = 1 OR TR7B = 1 OR TR7C = 1, THEN TR26_FILL = “also”
ELSE, TR26_FILL = “”

TR26 [IF TR7D = 1] You [TR26_FILL] reported receiving counseling for problems with your emotions, behavior, or mental health from a Certified Peer Counselor. About how old were you the very first time you received this kind of counseling? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

TR27 [IF TR26 = CURNTAGE – 1] Did you start this counseling in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

TR28 [IF TR7D = 1 AND ((TR26 < (CURNTAGE – 1) OR (TR26 = DK OR REF)))] During about how many years of your life did you receive this kind of counseling from a Certified Peer Counselor? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

TR29 [IF TR7D = 1 AND (TR28 NE (1 OR MISSING))] About how many of these counseling sessions with a Certified Peer Counselor did you have **in the past 12 months**? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF SESSIONS [RANGE: 0–365]
DK/REF

TR30 [IF TR7D = 1 AND (TR28 NE (1 OR MISSING)) AND (TR26 NE CURNTAGE) AND (TR29 = DK OR REF OR MISSING)] About how old were you the **most recent time** you had one of these sessions with a Certified Peer Counselor? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE TR31_FILL

IF TR7A = 1 OR TR7B = 1 OR TR7C = 1 OR TR7D = 1, THEN TR31_FILL = “also”
ELSE, TR31_FILL = “”

TR31 [IF TR7E = 1] You [TR31_FILL] reported going to a self-help or support group for problems with your emotions, behavior, or mental health. About how old were you the very first time you went to this kind of group? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

TR32 [IF TR31 = CUNRTAGE – 1] Did you start going in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

TR33 [IF TR7E = 1 AND ((TR31 < (CURNTAGE – 1) OR (TR31 = DK OR REF))] During about how many years of your life did you go to a group of this sort? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

TR34 [IF TR7E = 1 AND (TR33 NE (1 OR MISSING))] About how many meetings did you go to in the **past 12 months**? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF MEETINGS [RANGE: 0–365]
DK/REF

TR35 [IF TR7E = 1 AND (TR33 NE (1 OR MISSING)) AND (TR31 NE CURNTAGE) AND (TR34 = DK OR REF OR MISSING)] About how old were you the **most recent time** you went to a self-help group meeting of this sort? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE TR36_FILL

IF TR7A = 1 OR TR7B = 1 OR TR7C = 1 OR TR7D = 1 OR TR7E = 1, THEN TR36_FILL = “also”
ELSE, TR36_FILL = “”

TR36 [IF TR7F = 1] You [TR36_FILL] reported trying a computerized or internet-based mental health treatment program. About how old were you the **very first time** you tried such a program? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

TR37 [IF TR36 = CURNTAGE – 1] Did you start it in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

TR38 [IF TR7F = 1 AND ((TR36 < (CURNTAGE – 1) OR (TR36 = DK OR REF))] During about how many years of your life did you use a computerized or internet-based mental health treatment program? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

TR39 [IF TR7F = 1 AND (TR38 NE (1 OR MISSING))] During about how many days did you spend time online with this program in the **past 12 months**? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF DAYS [RANGE: 0–365]
DK/REF

TR40 [IF TR39 ≥ 1] Do you still spend any time working on the computerized treatment program? Or have you stopped?

1 Still working on the program

2 Stopped

DK/REF

TR41 [IF TR39=0 OR TR40 = 2] How important was each of the following reasons for why you stopped?

	Very Important	Somewhat Important	Not Very Important	Not at All Important
TR41a You got better and no longer need the program	1	2	3	4
TR41b The program was not helping	1	2	3	4
TR41c The program took too much time	1	2	3	4

DK/REF

TR42 [TR7F = 1 AND (TR38 NE (1 OR MISSING)) AND (TR36 NE CURNTAGE) AND (TR39 = DK OR REF OR MISSING)] About how old were you the **most recent time** you spent time online with a computerized or internet-based mental health treatment program? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE TR43_ASK (PERFORM EACH TIME MOVE TO TR43)

IF TR12 ≥ 1 AND (TR12 NE DK OR REF) AND (TR19 = DK, REF, OR MISSING) AND (TR24 = DK, REF, OR MISSING) AND (TR29 = DK, REF, OR MISSING) AND (TR34 = DK, REF, OR MISSING); SET TR43_ASK = 1
ELSE, SET TR43_ASK = 0

DEFINE TR44_ASK (PERFORM EACH TIME MOVE TO TR44)

IF TR19 ≥ 1 AND (TR19 NE DK OR REF) AND (TR12 = DK, REF, OR MISSING) AND (TR24 = DK, REF, OR MISSING) AND (TR29 = DK, REF, OR MISSING) AND (TR34 = DK, REF, OR MISSING); SET TR44_ASK = 1
ELSE, SET TR44_ASK = 0

DEFINE TR45_ASK (PERFORM EACH TIME MOVE TO TR45)

IF TR24 ≥ 1 AND (TR24 NE DK OR REF) AND (TR12 = DK, REF, OR MISSING) AND (TR19 = DK, REF, OR MISSING) AND (TR29 = DK, REF, OR MISSING) AND (TR34 = DK, REF, OR MISSING); SET TR45_ASK = 1
ELSE, SET TR45_ASK = 0

DEFINE TR46_ASK (PERFORM EACH TIME MOVE TO TR46)

IF TR29 ≥ 1 AND (TR29 NE DK OR REF) AND (TR12 = DK, REF, OR MISSING) AND (TR19 = DK, REF, OR MISSING) AND (TR24 = DK, REF, OR MISSING) AND (TR34 = DK, REF, OR MISSING); SET TR46_ASK = 1
ELSE, SET TR46_ASK = 0

DEFINE TR47_ASK (PERFORM EACH TIME MOVE TO TR47)

IF TR34 ≥ 1 AND (TR34 NE DK OR REF) AND (TR12 = DK, REF, OR MISSING) AND (TR19 = DK, REF, OR MISSING) AND (TR24 = DK, REF, OR MISSING) AND (TR29 = DK, REF, OR MISSING); SET TR47_ASK = 1
ELSE, SET TR47_ASK = 0

DEFINE TR48_ASK (PERFORM EACH TIME MOVE TO TR48)

IF ((TR12 ≥ 1 AND (TR12 NE DK OR REF)) OR (TR19 ≥ 1 AND (TR19 NE DK OR REF))) AND ((TR24 ≥ 1 AND (TR24 NE DK OR REF)) OR (TR29 ≥ 1 AND (TR29 NE DK OR REF))) AND (TR34 = DK OR REF OR MISSING); THEN SET TR48_ASK = 1
ELSE, SET TR48_ASK = 0

DEFINE TR49_ASK (PERFORM EACH TIME MOVE TO TR49)

IF ((TR12 ≥ 1 AND (TR12 NE DK OR REF)) OR (TR19 ≥ 1 AND (TR19 NE DK OR REF))) AND ((TR24 = DK OR REF OR MISSING) AND (TR29 = DK OR REF OR MISSING)) AND (TR34 ≥ 1 AND (TR34 NE DK OR REF)); THEN SET TR49_ASK = 1
ELSE, SET TR49_ASK = 0

DEFINE TR50_ASK (PERFORM EACH TIME MOVE TO TR50)

IF ((TR12 = DK OR REF OR MISSING) AND (TR19 = DK OR REF OR MISSING)) AND ((TR24 ≥ 1 AND (TR24 NE DK OR REF)) OR (TR29 ≥ 1 AND (TR = 29 NE DK OR REF))) AND (TR34 ≥ 1 AND (TR34 NE DK OR REF)); THEN SET TR50_ASK = 1
ELSE, SET TR50_ASK = 0

DEFINE TR51_ASK (PERFORM EACH TIME MOVE TO TR51)

IF ((TR12 ≥ 1 AND (TR12 NE DK OR REF)) OR (TR19 ≥ 1 AND (TR19 NE DK OR REF))) AND ((TR24 ≥ 1 AND (TR24 NE DK OR REF)) OR (TR29 ≥ 1 AND (TR29 NE DK OR REF))) AND (TR34 ≥ 1 AND (TR34 NE DK OR REF)); THEN SET TR51_ASK = 1
ELSE, SET TR51_ASK = 0

- TR43** [IF TR43_ASK = 1] Are you still receiving [TR8HLPTY] from a mental health professional? Or have you stopped receiving [TR8HLPTY]?
- 1 Still receiving [TR8HLPTY]
 - 2 Stopped receiving [TR8HLPTY]
- DK/REF
- TR44** [IF TR44_ASK = 1] Are you still in treatment for these problems with a general medical profession? Or have you stopped receiving treatment?
- 1 Still in treatment
 - 2 Stopped
- DK/REF
- TR45** [IF TR45_ASK = 1] Are you still receiving counseling for these problems from a spiritual advisor? Or have you stopped receiving counseling?
- 1 Still in counseling
 - 2 Stopped counseling
- DK/REF
- TR46** [IF TR46_ASK = 1] Are you still receiving counseling from a Certified Peer Counselor? Or have you stopped receiving counseling?
- 1 Still in counseling
 - 2 Stopped counseling
- DK/REF
- TR47** [IF TR47_ASK = 1] Are you still attending self-help group meetings? Or have you stopped?
- 1 Still attending
 - 2 Stopped attending
- DK/REF
- TR48** [IF TR48_ASK = 1] Are you still either in treatment or receiving counseling for your mental health problems? Or have you stopped both treatment and counseling?
- 1 Still either in treatment or counseling
 - 2 Stopped both treatment and counseling
- DK/REF
- TR49** [IF TR49_ASK = 1] Are you still either in treatment or in the self-help group? Or have you stopped both treatment and the self-help group?
- 1 Still either in treatment or the self-help group
 - 2 Stopped both treatment and the self-help group
- DK/REF

TR50 [IF TR50_ASK = 1] Are you still either in counseling or the self-help group? Or have you stopped both counseling and the self-help group?

- 1 Still either in counseling or the self-help group
- 2 Stopped both counseling and the self-help group
- DK/REF

TR51 [IF TR51_ASK = 1] Are you still either in treatment, counseling, or the self-help group? Or have you stopped all of them?

- 1 Still either in treatment, counseling, or the self-help group
- 2 Stopped all of them
- DK/REF

DEFINE TR52_ASK (PERFORM EACH TIME MOVE TO TR52)

IF TR43 = 2 OR TR44 = 2 OR TR45 = 2 OR TR46 = 2 OR TR47 = 2 OR TR48 = 2 OR TR49 = 2 OR TR50 = 2 or TR51 = 2, THEN SET TR52_ASK = 1
 ELSE, SET TR52_ASK = 0

DEFINE TR52_FILL1 (PERFORM EACH TIME MOVE TO TR52)

IF ((TR12 ≥ 1 AND (TR12 NE DK OR REF)) OR (TR19 ≥ 1 AND (TR19 NE DK OR REF))) OR ((TR24 ≥ 1 AND (TR24 NE DK OR REF)) OR (TR29 ≥ 1 AND (TR29 NE DK OR REF))), THEN TR52_FILL1 = "treatment",
 ELSE, TR52_FILL1 = ""

DEFINE TR52_FILL3 (PERFORM EACH TIME MOVE TO TR52)

IF (TR34 ≥ 1 AND (TR34 NE DK OR REF)), THEN TR52_FILL3 = "the self-help group",
 ELSE, TR52_FILL3 = ""

DEFINE TR52_FILL2 (PERFORM EACH TIME MOVE TO TR52)

IF TR52_FILL1 = "treatment" AND TR52_FILL3 = "the self-help group", THEN TR52_FILL2 = "and",
 ELSE, TR52_FILL2 = ""

TR52 [IF TR52_ASK = 1] How important was each of the following reasons for why you stopped [TR52_FILL1][TR52_FILL2][TR52_FILL3]?

	Very Important	Somewhat Important	Not Very Important	Not at All Important
TR52a You got better and no longer needed help	1	2	3	4
TR52b It was not helping; you were not getting better	1	2	3	4
TR52c Financial reasons	1	2	3	4
TR52d Inconvenience — for example, problems with time, transportation, or scheduling	1	2	3	4

TR52e Embarrassment or concern about what people would think if they knew you were in treatment	1	2	3	4
TR52f You preferred to handle the problem on your own or with the help of family and friends	1	2	3	4

DK/REF

TR52g [IF TR52_ASK = 1] Was there some other important reason why you stopped [TR52_FILL1][TR52_FILL2][TR52_FILL3]?

1 Yes

2 No

DK/REF

TR52G_OTH [IF TR52G = 1] Please briefly describe the other reason why you stopped.

OTHER IMPORTANT REASON:

_____ [RANGE: 1–100

CHARACTERS]

DK/REF

TR52H Did you ever in your life receive any of the following special school services?

	Yes	No
TR52Ha Placement in a special school for students with emotional or behavioral problems?	1	2
TR52H b Placement in a special classroom in a regular school for students with emotional or behavioral problems?	1	2
TR52Hc Special testing in school for emotional or behavioral problems?	1	2
TR52Hd Other counseling or therapy in school for emotional or behavioral problems?	1	2

DK/REF

DEFINE TR53_ASK (PERFORM EACH TIME MOVE TO TR53)

IF (TR12 = DK, REF, OR MISSING) AND (TR19 = DK, REF, OR MISSING) AND (TR24 = DK, REF, OR MISSING) AND (TR29 = DK, REF, OR MISSING) AND (TR34 = DK, REF, OR MISSING); SET TR53_ASK = 1

ELSE, SET TR53_ASK = 0

TR53 [TR53_ASK = 1] Was there ever a time in the past 12 months when you felt that you might need professional help with your emotions, behavior, or mental health?

1 Yes

2 No

DK/REF

END TIME STAMP

17a. Trait Fear

BEGIN TIME STAMP

PROGRAMMER: RANDOMIZE RESPONDENT TO RECEIVE EITHER MODULE 16a (TRAIT FEAR) OR MODULE 16b (DISINHIBITION) OR MODULE 16c (PERSONALITY) OR MODULE 16d (Affective Reactive Index).

TF_INTRO The next section contains statements that different people might use to describe themselves. Each statement is followed by four choices: True, Somewhat True, Somewhat False, and False. For each statement, select the choice that describes you best. There are no right or wrong answers.

		True	Somewhat True	Somewhat False	False
TF1	You tend to be unsure of yourself in tough situations.	1	2	3	4
TF2	You like doing physically dangerous things.	1	2	3	4
TF3	You're always willing to rush in where others fear to tread.	1	2	3	4
TF4	You are afraid of a lot of things.	1	2	3	4
TF5	You find it frightening to be in a strange new place on your own.	1	2	3	4
TF6	You have a great deal of courage.	1	2	3	4
TF7	You stay calm, cool, and collected in scary situations.	1	2	3	4
TF8	You don't like walking into new situations, even when there's nothing to fear.	1	2	3	4
TF9	You are very easily frightened.	1	2	3	4
TF10	You gladly do things you've never done before, even if they might be dangerous.	1	2	3	4
TF11	You sometimes shy away from crowds of people.	1	2	3	4
TF12	You are fearless.	1	2	3	4
TF13	Major tasks or challenges can seem overwhelming to you.	1	2	3	4
TF14	You're afraid of far fewer things than most people.	1	2	3	4
TF15	It does not disturb you when you have to do something novel and unfamiliar.	1	2	3	4
TF16	You stay away from physical danger as much as you can.	1	2	3	4
TF17	You are never as afraid as most other people.	1	2	3	4

		True	Somewhat True	Somewhat False	False
TF18	It bothers you to be in new situations where things are uncertain.	1	2	3	4
TF19	In challenging situations, you love to be in the “driver’s seat.”	1	2	3	4
TF20	You enjoy doing new things that other people are afraid to do.	1	2	3	4

DK/REF

END TIME STAMP

17b. Disinhibition

BEGIN TIME STAMP

PROGRAMMER: RANDOMIZE RESPONDENT TO RECEIVE EITHER MODULE 16a (TRAIT FEAR) **OR** MODULE 16b (DISINHIBITION) **OR** MODULE 16c (PERSONALITY) **OR** MODULE 16d (Affective Reactive Index).

DIS1 The following section contains statements that different people might use to describe themselves. Each statement is followed by four choices: True, Somewhat True, Somewhat False, and False. For each statement, select the choice that describes you best. There are no right or wrong answers.

		True	Somewhat True	Somewhat False	False
DIS1a	You often act on immediate needs.	1	2	3	4
DIS1b	You've often missed things you promised to attend.	1	2	3	4
DIS1c	Your impulsive decisions have caused problems with loved ones.	1	2	3	4
DIS1d	You have missed work without bothering to call in.	1	2	3	4
DIS1e	You jump into things without thinking.	1	2	3	4
DIS1f	You've gotten in trouble because you missed too much school.	1	2	3	4
DIS1g	You have good control over yourself.	1	2	3	4
DIS1h	You have taken money from someone's purse or wallet without asking.	1	2	3	4
DIS1i	People often abuse your trust.	1	2	3	4
DIS1j	You keep appointments you make.	1	2	3	4
DIS1k	You often get bored quickly and lose interest.	1	2	3	4
DIS1l	You have conned people to get money from them.	1	2	3	4
DIS1m	You get in trouble for not considering the consequences of your actions.	1	2	3	4
DIS1n	You have taken items from a store without paying for them.	1	2	3	4

		True	Somewhat True	Somewhat False	False
DIS1o	You have a hard time waiting patiently for things you want.	1	2	3	4
DIS1p	You have lost a friend because of irresponsible things you've done.	1	2	3	4
DIS1q	Others have told you they are concerned about your lack of self-control.	1	2	3	4
DIS1r	You have robbed someone.	1	2	3	4
DIS1s	You have had problems at work because you were irresponsible.	1	2	3	4
DIS1t	You have stolen something out of a vehicle.	1	2	3	4

DK/REF

END TIME STAMP

17c. Personality

BEGIN TIME STAMP

PROGRAMMER: RANDOMIZE RESPONDENT TO RECEIVE EITHER MODULE 16a (TRAIT FEAR) **OR** MODULE 16b (DISINHIBITION) **OR** MODULE 16c (PERSONALITY) **OR** MODULE 16d (Affective Reactive Index).

PERINTRO This is a list of things different people might say about themselves. We are interested in how you would describe yourself. Please select the response that best describes you.

	Very False or Often False	Sometimes or Somewhat False	Sometimes or Somewhat True	Very True or Often True
PER1 People would describe you as reckless.	0	1	2	3
PER2 You feel like you act totally on impulse.	0	1	2	3
PER3 Even though you know better, you can't stop making rash decisions.	0	1	2	3
PER4 You often feel like nothing you do really matters.	0	1	2	3
PER5 Others see you as irresponsible.	0	1	2	3
PER6 You're not good at planning ahead.	0	1	2	3
PER7 Your thoughts often don't make sense to others.	0	1	2	3
PER8 You worry about almost everything.	0	1	2	3
PER9 You get emotional easily, often for very little reason.	0	1	2	3
PER10 You fear being alone in life more than anything else.	0	1	2	3
PER11 You get stuck on one way of doing things, even when it's clear it won't work.	0	1	2	3
PER12 You have seen things that weren't really there.	0	1	2	3
PER13 You steer clear of romantic relationships.	0	1	2	3
PER14 You're not interested in making friends.	0	1	2	3

	Very False or Often False	Sometimes or Somewhat False	Sometimes or Somewhat True	Very True or Often True
PER15 You get irritated easily by all sorts of things.	0	1	2	3
PER16 You don't like to get too close to people.	0	1	2	3
PER17 It's no big deal if you hurt other people's feelings.	0	1	2	3
PER18 You rarely get enthusiastic about anything.	0	1	2	3
PER19 You crave attention.	0	1	2	3
PER20 You often have to deal with people who are less important than you are.	0	1	2	3
PER21 You often have thoughts that make sense to you but that other people say are strange.	0	1	2	3
PER22 You use people to get what you want.	0	1	2	3
PER23 You often "zone out" and then suddenly come to and realize that a lot of time has passed.	0	1	2	3
PER24 Things around you often feel unreal or more real than usual.	0	1	2	3
PER25 It is easy for you to take advantage of others.	0	1	2	3

DK/REF

END TIME STAMP

17d. Affective Reactivity Index

BEGIN TIME STAMP

PROGRAMMER: RANDOMIZE RESPONDENT TO RECEIVE EITHER MODULE 16a (TRAIT FEAR) **OR** MODULE 16b (DISINHIBITION) **OR** MODULE 16c (PERSONALITY) **OR** MODULE 16d (Affective Reactive Index).

INTRO The questions below ask about feeling irritated or easily annoyed or feeling angry or losing your temper. These questions are about how often you have been bothered by the feelings listed below **during the past 7 days.**

In **the last seven days** and compared to others of the same age, how well does each of the following statements describe your behavior or feelings?

		Not True	Somewhat True	Certainly True
AR1	Am easily annoyed by others.	0	1	2
AR2	Often lose my temper.	0	1	2
AR3	Stay angry for a long time.	0	1	2
AR4	Am angry most of the time.	0	1	2
AR5	Get angry frequently.	0	1	2
AR6	Lose temper easily.	0	1	2
AR7	Overall irritability causes me problems.	0	1	2

DK/REF

END TIME STAMP

18. BPD Screen

BEGIN TIME STAMP

BPD The next items are about your emotions and behaviors.

		Yes	No
BPD1	Have any of your closest relationships been troubled by a lot of arguments or repeated breakups?	1	2
BPD2a	Have you deliberately hurt yourself physically? For example, have you ever punched yourself, cut yourself, or burned yourself?	1	2
BPD2b	[IF SD19 NE 1] Have you ever attempted suicide?	1	2
BPD3	Have you had at least two problems with doing things suddenly or unexpectedly without giving thought to what might happen? For example, have you had problems with eating binges, spending sprees, drinking too much, or verbal outbursts?	1	2
BPD4	Have you been extremely moody?	1	2
BPD5a	Have you felt very angry a lot of the time?	1	2
BPD5b	Have you often acted in an angry or sarcastic manner?	1	2
BPD6	Have you often been distrustful of other people?	1	2
BPD7	Have you frequently felt unreal or as if things around you were unreal?	1	2
BPD8	Have you often felt empty inside?	1	2
BPD9	Have you often felt that you had no idea of who you are or that you have no identity?	1	2
BPD10	Have you made desperate efforts to avoid feeling abandoned or being abandoned? For example, have you repeatedly called someone to reassure yourself that he or she still cared, begged them not to leave you, or clung to them physically?	1	2

DK/REF

BPD_COUNT

SET BPD_COUNT=0

IF BPD1=1, THEN ADD 1 TO BPD_COUNT.

IF BPD2A=1 OR BPD2B =1, THEN ADD 1 TO BPD_COUNT.

IF BPD3=1, THEN ADD 1 TO BPD_COUNT.

IF BPD4=1, THEN ADD 1 TO BPD_COUNT.

IF BPD5A=1 OR BPD5B =1, THEN ADD 1 TO BPD_COUNT.

IF BPD6=1, THEN ADD 1 TO BPD_COUNT.

IF BPD7=1, THEN ADD 1 TO BPD_COUNT.

IF BPD8=1, THEN ADD 1 TO BPD_COUNT.

IF BPD9=1, THEN ADD 1 TO BPD_COUNT.

IF BPD10=1, THEN ADD 1 TO BPD_COUNT.

DEFINE BPD_P

IF BPD_COUNT >= 7, THEN SET BPD_P = 1.

ELSE SET BPD_P = 0.

END TIME STAMP

19. Attention and Concentration (ADHD)

BEGIN TIME STAMP

C1 [IF SC13 = 1] Earlier in the interview you mentioned having a time lasting **6 months or longer** when you had a lot more trouble than most people with **concentration** or **attention**. The next questions are about that time.

How often did you have the following problems during that 6 month period?

		Very Often	Often	Sometimes	Rarely	Never
C1a	Problems keeping your mind on what you were doing if things were going on nearby	1	2	3	4	5
C1b	People saying that you did not seem to be listening or that you were “daydreaming” when they spoke to you	1	2	3	4	5
C1c	Problems finishing chores, work, or homework even when you meant to get them done	1	2	3	4	5
C1d	Quickly losing interest in games you were playing or in work you were doing at home or at school	1	2	3	4	5
C1e	Making careless mistakes on your homework or assignments	1	2	3	4	5

DK/REF

DEFINE C1_FIRSTCOUNT

SET C1_FIRSTCOUNT = 0

IF C1A = (1 OR 2 OR 3), ADD 1 TO C1_FIRSTCOUNT

IF C1B = (1 OR 2 OR 3), ADD 1 TO C1_FIRSTCOUNT

IF C1C = (1 OR 2 OR 3), ADD 1 TO C1_FIRSTCOUNT

IF C1D = (1 OR 2 OR 3), ADD 1 TO C1_FIRSTCOUNT

IF C1E = (1 OR 2 OR 3), ADD 1 TO C1_FIRSTCOUNT

C1.1 How often did you have the following problems during that 6 month period?

		Very Often	Often	Sometimes	Rarely	Never
C1f	Avoiding or delaying getting started on things that required a lot of thought	1	2	3	4	5
C1g	Problems remembering what you were supposed to be doing or had planned to do	1	2	3	4	5

		Very Often	Often	Sometimes	Rarely	Never
C1h	Problems getting things in order when you had to do a project that required organization	1	2	3	4	5
C1i	Problems losing things like homework or personal belongings	1	2	3	4	5

DK/REF

DEFINE C1_SECONDCOUNT

SET C1_SECONDCOUNT = 0

IF C1F = (1 OR 2 OR 3), ADD 1 TO C1_SECONDCOUNT

IF C1G = (1 OR 2 OR 3), ADD 1 TO C1_SECONDCOUNT

IF C1H = (1 OR 2 OR 3), ADD 1 TO C1_SECONDCOUNT

IF C1I = (1 OR 2 OR 3), ADD 1 TO C1_SECONDCOUNT

DEFINE C1_ALLCOUNT

C1_ALLCOUNT = 0

C1_ALLCOUNT = C1_FIRSTCOUNT + C1_SECONDCOUNT

C2 [C1_ALLCOUNT ≥ 6] How often did these concentration and attention problems ever cause you problems...

		Very Often	Often	Sometimes	Rarely	Never
C2a	at school?	1	2	3	4	5
C2b	at home?	1	2	3	4	5
C2c	at work?	1	2	3	4	5
C2d	in your personal relationships or social life?	1	2	3	4	5

DK/REF

C2_5 [IF C1_ALLCOUNT ≥ 6] About how old were you the very first time you had problems with attention or concentration? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]

DK/REF

C2_6 [IF C1_ALLCOUNT ≥ 6] About how many years in your life have you had problems with attention or concentration? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]

DK/REF

C2_7 [IF C1_ALLCOUNT ≥ 6 AND C2_5 < 12] About how many months **in the past 12 months** did you have problems with attention or concentration? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF MONTHS [RANGE: 0–12]
DK/REF

C2_8 [C2_6 ≥ 1] Did you have these problems at any time in the past 30 days?

- 1 Yes
- 2 No
- DK/REF

C2_9 [C2_7 = 0 or C2_7 = DK/REF] About how old were you the **most recent time** you had problems with attention or concentration? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

C3 [IF SC13A = 1] Earlier in the interview you mentioned having a time lasting 6 months or longer when you had a lot more trouble than most people with being very **restless, fidgety, or impatient**. How often did you have the following problems during that 6 month period?

		Very Often	Often	Sometimes	Rarely	Never
C3a	Feeling overly active and compelled to move or do things, like you were driven by a motor	1	2	3	4	5
C3b	Fidgeting or squirming with your hands or feet when you had to sit down for a long time	1	2	3	4	5
C3c	Trouble stopping yourself from doing things like getting out of your seat at school or at dinnertime	1	2	3	4	5
C3d	Blurting out answers to other people's questions before they finish	1	2	3	4	5
C3e	Difficulty doing quiet activities	1	2	3	4	5

DK/REF

DEFINE C3_FIRSTCOUNT

SET C3_FIRSTCOUNT = 0

IF C3A = (1 OR 2 OR 3), ADD 1 TO C3_FIRSTCOUNT

IF C3B = (1 OR 2 OR 3), ADD 1 TO C3_FIRSTCOUNT

IF C3C = (1 OR 2 OR 3), ADD 1 TO C3_FIRSTCOUNT

IF C3D = (1 OR 2 OR 3), ADD 1 TO C3_FIRSTCOUNT

IF C3E = (1 OR 2 OR 3), ADD 1 TO C3_FIRSTCOUNT

C3.1 How often did you have the following problems during that 6 month period?

		Very Often	Often	Sometimes	Rarely	Never
C3f	Difficulty waiting to take your turn	1	2	3	4	5
C3g	Being very active even when you were not supposed to be — for example, climbing on things or running around — even after being asked to keep still	1	2	3	4	5
C3h	Interrupting people or joining other people’s conversations without being asked to do so	1	2	3	4	5
C3i	Talking a lot more than other people your age	1	2	3	4	5

DK/REF

DEFINE C3_SECONDCOUNT

SET C3_SECONDCOUNT = 0

IF C3f = (1 OR 2 OR 3), ADD 1 TO C3_SECONDCOUNT

IF C3g = (1 OR 2 OR 3), ADD 1 TO C3_SECONDCOUNT

IF C3h = (1 OR 2 OR 3), ADD 1 TO C3_SECONDCOUNT

IF C3i = (1 OR 2 OR 3), ADD 1 TO C3_SECONDCOUNT

DEFINE C3_ALLCOUNT

C3_ALLCOUNT = 0

C3_ALLCOUNT = C3_FIRSTCOUNT + C3_SECONDCOUNT

C4 [IF C3_ALLCOUNT ≥ 6] How often did your feelings of restlessness or impatience ever cause you problems...

		Very Often	Often	Sometimes	Rarely	Never
C4a	at school or work?	1	2	3	4	5
C4b	at home?	1	2	3	4	5
C4d	in your personal relationships or social life?	1	2	3	4	5

DK/REF

C5 [IF C3_ALLCOUNT ≥ 6] About how old were you the very first time you had problems with restlessness or impatience? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]

DK/REF

C6 [IF C3_ALLCOUNT \geq 6] About how many years in your life have you had problems with restlessness or impatience? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1– CURNTAGE]
DK/REF

C7 [IF C3_ALLCOUNT \geq 6 AND C5 < 12] About how many months **in the past 12 months** did you have problems with restlessness or impatience? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF MONTHS [RANGE: 0–12]
DK/REF

C8 [C6 \geq 1] Did you have these problems at any time in the past 30 days?

1 Yes
2 No
DK/REF

C9 [C = 7 or C7 = DK/REF] About how old were you the **most recent time** you had problems with restlessness or impatience? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0– CURNTAGE]
DK/REF

END TIMESTAMP

20. Oppositional-Defiant Disorder

BEGIN TIME STAMP

D1 [SC14 = 1] Earlier in the interview you mentioned having a time **lasting six months or longer** when you often did things that got you in trouble with adults. The next questions are about that time.

How often during that time did you...

	Very Often	Often	Sometimes	Rarely	Never
D1a lose your temper?	1	2	3	4	5
D1b argue with or “talk back” to adults?	1	2	3	4	5
D1c disobey rules at home, school, or work?	1	2	3	4	5
D1d get angry?	1	2	3	4	5
D1e refuse to follow directions from adults like your parents, teachers, or boss?	1	2	3	4	5
D1f annoy people on purpose by doing or saying things just to bother them?	1	2	3	4	5
D1g feel you were being taken advantage of or treated unfairly?	1	2	3	4	5
D1h easily get mad at the way people treated you?	1	2	3	4	5
D1i blame others for your mistakes or bad behavior?	1	2	3	4	5
D1j do mean things to “pay people back” for things they did that you didn’t like?	1	2	3	4	5

DK/REF

DEFINE D1_FILL

IF D1a = 1 OR 2 OR 3, THEN FILL “lost your temper”

IF D1b = 1 OR 2 OR 3, THEN FILL “argued or “talked back” to adults”

IF D1c OR D1e = 1 OR 2 OR 3, THEN FILL “disobeyed rules at home, school, or work”

IF D1d or D1g = 1 OR 2 OR 3, THEN FILL “were often angry or resentful”

IF D1f = 1 OR 2 OR 3, THEN FILL “annoyed people on purpose by doing or saying things just to bother them”

IF D1h = 1 OR 2 OR 3, THEN FILL “easily got mad at the way people treated you”

IF D1i = 1 OR 2 OR 3, THEN FILL “blamed others for your mistakes or bad behavior”

IF D1j = 1 OR 2 OR 3, THEN FILL “did mean things to “pay people back” for things they did that you didn’t like”

DEFINE D1_COUNT

SET D1_COUNT = 0

IF D1a = (1 OR 2 OR 3), ADD 1 TO D1_COUNT

IF D1b = (1 OR 2 OR 3), ADD 1 TO D1_COUNT

IF D1c = (1 OR 2 OR 3), ADD 1 TO D1_COUNT
IF D1d = (1 OR 2 OR 3), ADD 1 TO D1_COUNT
IF D1e = (1 OR 2 OR 3), ADD 1 TO D1_COUNT
IF D1f = (1 OR 2 OR 3), ADD 1 TO D1_COUNT
IF D1g = (1 OR 2 OR 3), ADD 1 TO D1_COUNT
IF D1h = (1 OR 2 OR 3), ADD 1 TO D1_COUNT
IF D1i = (1 OR 2 OR 3), ADD 1 TO D1_COUNT
IF D1j = (1 OR 2 OR 3), ADD 1 TO D1_COUNT

D2 [[IF D1_COUNT ≥ 4] You reported that you had a six month period of time or longer when you...

[D1 FILL AS BULLETED LIST]

About how old were you the very first time when you had six months or longer of feeling or acting like this? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

D3 [IF D2 NE BLANK] How much did these behaviors cause problems with your school, work, or relationships with family or friends?

- 1 Extremely
 - 2 A lot
 - 3 Some
 - 4 A little
 - 5 Not at all
- DK/REF

D4 [IF D2 NE BLANK] About how many months **in the past 12 months** did you feel or act like this? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF MONTHS [RANGE: 0–12]
DK/REF

D5 [IF D4 NE 0] Did you feel or act like this in the past 30 days?

- 1 Yes
 - 2 No
- DK/REF

D6 [IF D4 = 0 OR DK OR REF] About how old were you the **most recent time** you felt or acted like this? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

END TIMESTAMP

21. Conduct Disorder

BEGIN TIMESTAMP

CD1 [IF SC15, 15a, or 15b = 1] You mentioned earlier that you had a time in your life when you did things adults don't want young people to do. The next questions are about that time in your life. How often did you do the following things?

	Very Often	Often	Sometimes	Rarely	Never
CD1a Bully or threaten other kids.	1	2	3	4	5
CD1b Get into fights.	1	2	3	4	5
CD1c Hurt or threaten someone with a weapon like a bat, brick, broken bottle, knife, or gun.	1	2	3	4	5
CD1d Deliberately cause someone physical pain and suffering.	1	2	3	4	5
CD1e Hurt animals on purpose.	1	2	3	4	5
CD1f Rob, mug, or forcibly take something from someone by threatening him or her.	1	2	3	4	5
CD1g Force someone to have sex with you, to get undressed, or to touch you sexually.	1	2	3	4	5

DK/REF

DEFINE CD1_COUNT

SET CD1_COUNT = 0

IF CD1A = (1 OR 2 OR 3), ADD 1 TO CD1_COUNT

IF CD1B = (1 OR 2 OR 3), ADD 1 TO CD1_COUNT

IF CD1C = (1 OR 2 OR 3), ADD 1 TO CD1_COUNT

IF CD1D = (1 OR 2 OR 3), ADD 1 TO CD1_COUNT

IF CD1E = (1 OR 2 OR 3 OR 4), ADD 1 TO CD1_COUNT

IF CD1F = (1 OR 2 OR 3 OR 4), ADD 1 TO CD1_COUNT

\

IF CD1G = (1 OR 2 OR 3 OR 4), ADD 1 TO CD1_COUNT

CD1_1 [IF CD1_COUNT < 3] During that time in your life, how often did you do each of the following things?

	Very Often	Often	Sometimes	Rarely	Never
CD1_1a Set fires.	1	2	3	4	5
CD1_1b Deliberately destroy things that weren't yours.	1	2	3	4	5
CD1_1c Break into houses, other buildings, or cars.	1	2	3	4	5

	Very Often	Often	Sometimes	Rarely	Never
CD1_1d Lie to get what you wanted from someone or to avoid doing something.	1	2	3	4	5
CD1_1e Steal or shoplift things or forge a signature.	1	2	3	4	5
CD1_1f Run away from home and stay away overnight.	1	2	3	4	5
CD1_1g Stay out very late, long after you were supposed to be home.	1	2	3	4	5
CD1_1h Skip school.	1	2	3	4	5

DK/REF

CD1_1ga [IF CD1_1g = 1 OR 2 OR 3] How old were you the first time you stayed out very late, long after you were supposed to be home?

_____ YEARS OLD [RANGE: 0 – CURNTAGE]
DK/REF

CD1_1ha [IF CD1_1h = 1 OR 2 OR 3] How old were you the first time you skipped school?

_____ YEARS OLD [RANGE: 0 – CURNTAGE]
DK/REF

DEFINE CD1_1COUNT

SET CD1_1COUNT = 0

IF CD1_1A = (1 OR 2 OR 3), ADD 1 TO CD1_1COUNT
 IF CD1_1B = (1 OR 2 OR 3), ADD 1 TO CD1_1COUNT
 IF CD1_1C = (1 OR 2 OR 3), ADD 1 TO CD1_1COUNT
 IF CD1_1D = (1 OR 2 OR 3), ADD 1 TO CD1_1COUNT
 IF CD1_1E = (1 OR 2 OR 3 OR 4), ADD 1 TO CD1_1COUNT
 IF CD1_1F = (1 OR 2 OR 3), ADD 1 TO CD1_1COUNT
 IF CD1_1Ga < 13 ADD 1 TO CD1_1COUNT
 IF CD1_1Ha < 13, ADD 1 TO CD1_1COUNT

DEFINE CD2_FILL_LIST

PROGRAMMER: SHOW APPLICABLE FILLS IN A BULLETED LIST

- IF CD1a = (1 OR 2 OR 3), THEN INCLUDE: “bullied or threatened other kids”
- IF CD1b = (1 OR 2 OR 3), THEN INCLUDE: “got into fights”
- IF CD1c = (1 OR 2 OR 3), THEN INCLUDE: “hurt or threatened someone with a weapon like a bat, brick, broken bottle, knife, or gun”

- IF CD1d = (1 OR 2 OR 3), THEN INCLUDE: “deliberately caused someone physical pain and suffering”
- IF CD1e = (1 OR 2 OR 3 OR 4), THEN INCLUDE: “hurt animals on purpose”
- IF CD1f = (1 OR 2 OR 3 OR 4), THEN INCLUDE: “robbed, mugged, or forcibly took something from someone by threatening him or her”
- IF CD1g = (1 OR 2 OR 3 OR 4), THEN INCLUDE: “forced someone to have sex with you, to get undressed, or to touch you sexually”
- IF CD1_1a = (1 OR 2 OR 3), THEN INCLUDE: “set fires”
- IF CD1_1b = (1 OR 2 OR 3), THEN INCLUDE: “deliberately destroyed things that weren’t yours”
- IF CD1_1c = (1 OR 2 OR 3), THEN INCLUDE: “broke into houses, other buildings, or cars”
- IF CD1_1d = (1 OR 2 OR 3), THEN INCLUDE: “lied to get what you wanted from someone or to avoid doing something”
- IF CD1_1e = (1 OR 2 OR 3 OR 4), THEN INCLUDE: “stole or shoplifted things or forged a signature”
- IF CD1_1f = (1 OR 2 OR 3 OR 4), THEN INCLUDE: “ran away from home and stayed away overnight”
- IF CD1_1g = (1 OR 2 OR 3), THEN INCLUDE: “stayed out very late, long after you were supposed to be home”
- IF CD1_1h = (1 OR 2 OR 3 OR 4), THEN INCLUDE: “skipped school”

CD2 [IF (CD1_COUNT ≥ 3) OR (CD1_1COUNT ≥ 3)] You reported that you...

[CD2_FILL_LIST]

About how old were you the very first time you did any of these things? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

CD3 [IF (CD1_COUNT ≥ 3) OR (CD1_1COUNT ≥ 3)] How much did these behaviors cause problems with your school, work, or your relationships with family or friends?

- 1 Extremely
 - 2 A lot
 - 3 Some
 - 4 A little
 - 5 Not at all
- DK/REF

CD4 [IF (CD1_COUNT ≥ 3) OR (CD1_1COUNT ≥ 3)] About how many months **in the past 12 months** did you do these behaviors? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF MONTHS [RANGE: 0–12]
DK/REF

CD4_1 [IF CD4 \geq 1] Did you do any of these behaviors in the past 6 months?

1 Yes

2 No

DK/REF

CD5 [IF CD4 = 0] About how old were you the **most recent time** you did behaviors like these that got you in trouble with adults? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]

DK/REF

END TIMESTAMP

22. Separation Anxiety Disorder

BEGIN TIME STAMP

SA1 [If SC12 = 1] Earlier you reported you had a time in your life when you had a lot of anxiety about separation from someone important in your life or someone who takes care of you.

Press [ENTER] to continue.

SA2 [If SC12 = 1] Think of a month in your life when you had the most intense anxiety about separation. How often during that month did you...

	All or Almost All the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
SA2a stay home or not go out in order to stay close to this person?	1	2	3	4	5
SA2b refuse to go places without this person because doing so upset you so much?	1	2	3	4	5
SA2c plead with this person to stay home or to take you with them if they had to go out even for a short time?	1	2	3	4	5
SA2d have trouble sleeping unless this person was nearby?	1	2	3	4	5
SA2e have nightmares about this person being harmed or about being separated from you?	1	2	3	4	5
SA2f feel sick to your stomach or get headaches when this person went away?	1	2	3	4	5

DK/REF

DEFINE SA2_COUNT

SET SA2_COUNT = 0

IF SA2A = (1 OR 2 OR 3), ADD 1 TO SA2_COUNT

IF SA2B = (1 OR 2 OR 3), ADD 1 TO SA2_COUNT

IF SA2C = (1 OR 2 OR 3), ADD 1 TO SA2_COUNT

IF SA2D = (1 OR 2 OR 3), ADD 1 TO SA2_COUNT

IF SA2E = (1 OR 2 OR 3), ADD 1 TO SA2_COUNT

	All or Almost All the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
SA2g [IF SA2_COUNT < 3] get very sad, worried, or upset when you had to be apart from this person?	1	2	3	4	5
SA2h [IF SA2_COUNT < 3] fear that this person might be seriously injured in an accident or that some other terrible thing might have happened to them?	1	2	3	4	5
SA2i [IF SA2_COUNT < 3] worry that this person might leave you?	1	2	3	4	5
SA2j [IF SA2_COUNT < 3] worry that something bad might happen to you like getting lost or kidnapped that might separate you from this person?	1	2	3	4	5
SA2k [IF SA2_COUNT < 3] worry that something might happen to prevent you from seeing them ever again, like having an accident or becoming ill?	1	2	3	4	5

DK/REF

SA2l. [If SC12 = 1] How severe was your distress about separation during that month?

- 1 Mild
- 2 Moderate
- 3 Severe
- 4 Very severe

DK/REF

DEFINE SA_ALL

SET SA_ALL = 0

IF SA2a = (1 OR 2 OR 3), ADD 1 TO SA_ALL
IF SA2b OR SA2g = (1 OR 2 OR 3), ADD 1 TO SA_ALL
IF SA2c = (1 OR 2 OR 3), ADD 1 TO SA_ALL
IF SA2d = (1 OR 2 OR 3), ADD 1 TO SA_ALL
IF SA2e = (1 OR 2 OR 3), ADD 1 TO SA_ALL
IF SA2f = (1 OR 2 OR 3), ADD 1 TO SA_ALL
IF SA2h OR SA2i = (1 OR 2 OR 3), ADD 1 TO SA_ALL

IF SA2j or SA2k = (1 OR 2 OR 3), ADD 1 TO SA_ALL

SA3 [IF SA_ALL \geq 3] How much did this anxiety about separation ever interfere with your school, work, or personal life?

- 1 Extremely
 - 2 A lot
 - 3 Some
 - 4 A little
 - 5 Not at all
- DK/REF

SA4 [IF SA_ALL \geq 3] About how old were you the **very first time** you started having this kind of anxiety? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

SA5 [IF SA4 = (CURNTAGE – 1)] Did your anxiety about separation start in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

SA6 [IF SA4 NE CURNTAGE OR (CURNTAGE – 1)] About how many years in your life did you have problems with anxiety about separation? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]
DK/REF

SA7 [IF SA_ALL \geq 3] How many months in the **past 12 months** did you have problems with separation anxiety? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF MONTHS [RANGE: 0–12]
DK/REF

SA8 [IF SA7 = 1–11] How **recently** did you have that anxiety — in the past 30 days or more than 30-days ago?

- 1 In the past 30 days
 - 2 More than 30 days ago
- DK/REF

SA9 [IF SA7 = 0 OR DK OR REF AND SA4 \geq CURNTAGE - 2] About how old were you the **most recent time** you had problems with anxiety about separation? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0-CURNTAGE]
DK/REF

END TIMESTAMP

23. Juvenile Justice and Detention

BEGIN TIME STAMP

JJ01 Next, we'll ask about encounters with the police or the court system.

Not counting minor traffic violations, have you **ever** been arrested and booked for breaking a law?

- 1 Yes
- 2 No
- DK/REF

JJ02 [IF JJ01 = 1] Not counting minor traffic violations, how many times have you been arrested and booked for breaking a law?

_____ TIMES [RANGE: 1–100]
DK/REF

JJ03 [IF JJ01 = 1] Not counting minor traffic violations, how many times **during the past 12 months** have you been arrested and booked for breaking a law?

_____ TIMES [RANGE: 1–100]
DK/REF

JJ04 [IF JJ01 = 1] Have you ever been arrested for a property crime, such as theft or burglary?

- 1 Yes
- 2 No
- DK/REF

JJ05 [IF JJ01 = 1] Have you ever been arrested for a violent crime, such as assault or armed robbery?

- 1 Yes
- 2 No
- DK/REF

JJ06 [IF JJ01 = 1] Have you ever been arrested for an age-based crime, such as skipping school, using tobacco or alcohol, breaking curfew, or running away?

- 1 Yes
- 2 No
- DK/REF

JJ07 [IF JJ01 = 1] How old were you the first time you were arrested?

_____ YEARS OLD [RANGE: 0–CURNTAGE]

DK/REF

JJ08 [IF JJ01 = 1] Have you ever been in jail, a detention center, or any other juvenile justice or adult criminal justice facility?

- 1 Yes
 - 2 No
- DK/REF

JJ09a [IF JJ08 = 1] This question asks about the amount of time you spent in jail, a detention center, or any other juvenile justice or adult criminal justice facility. What would be the easiest way for you to give your answer?

- 1 Total number of days
 - 2 Total number of weeks
 - 3 Total number of months
 - 4 Total number of years
- DK/REF

DEFINE JJ09a_FILL

IF JJ09a = 1 OR DK OR REF THEN JJ09a_FILL = total number of days

IF JJ09a = 2 THEN JJ09a_FILL = total number of weeks

IF JJ09a = 3 THEN JJ09a_FILL = total number of months

IF JJ09a = 4 THEN JJ09a_FILL = total number of years

JJ09 [IF JJ08 = 1] What is the [JJ09a_FILL] you were you in jail, a detention center, or any other juvenile justice or adult criminal justice facility?

_____ DURATION NUMBER [RANGE: 0–1000]
DK/REF

JJ10 [IF JJ08 = 1] How old were you the first time you were sent to jail, a detention center, or any other juvenile justice or adult criminal justice facility?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

JJ11 [IF JJ08 = 1] Have you been in jail, a detention center, or any other juvenile justice or adult criminal justice facility **during the past 12 months?**

- 1 Yes
 - 2 No
- DK/REF

JJ12 [IF JJ11 = 1] How long altogether were you in jail, a detention center, or any other juvenile justice or adult criminal justice facility during the **past 12 months?**

- 1 A week or less
 - 2 More than a week but less than 1 month
 - 3 At least 1 month but less than 3 months
 - 4 At least 3 months but less than 6 months
 - 5 At least 6 months but less than 9 months
 - 6 More than 9 months
- DK/REF

JJ13 [IF JJ01 = 1] Were you on probation at any time during the past 12 months?

- 1 Yes
 - 2 No
- DK/REF

JJ14 [IF JJ01 = 1] Sometimes when people commit a crime that could cause them to go to jail or prison, they are instead sentenced to a program that keeps them out of jail or prison. These programs include:

- Group homes
- Mental health treatment programs
- Substance abuse treatment programs
- Home confinement or house arrest
- Career training programs
- Mentoring programs

During the **past 12 months**, were you **required** to participate in a program like the examples listed above as an alternative to going to jail or prison?

- 1 Yes
 - 2 No
- DK/REF

JJ15 [IF JJ01 = 1] Were you on parole, supervised release, or other conditional release from prison at any time during the past 12 months?

- 1 Yes
 - 2 No
- DK/REF

END TIME STAMP

24. Homelessness

BEGIN TIME STAMP

HOM1 Now we would like to know about whether you have ever been homeless. Have you ever had a time in your life when you considered yourself homeless?

- 1 Yes
- 2 No
- DK/REF

HOM2[IF HOM1 = 1] Were you homeless in the last 5 years?

- 1 Yes
- 2 No
- DK/REF

HOM2a [IF HOM2 = 1] Were you homeless in the past 12 months?

- 1 Yes
- 2 No
- DK/REF

HOM345 [IF HOM2a= 1] While you were homeless, did you ever sleep in...

		Yes	No
HOM3	a shelter for homeless people or in another temporary residence because you did not have a place to stay?	1	2
HOM4	a park, in an abandoned building, in the street, or in a train or bus station?	1	2
HOM5	a friend's or relative's home because you were homeless?	1	2

DK/REF

HOM6 [IF HOM1 = 1] Altogether, how much of your life have you been homeless—would you say less than a week, more than a week but less than a month, more than a month but less than a year, or more than a year?

- 1 Less than a week
- 2 More than a week but less than a month
- 3 More than a month but less than a year
- 4 More than a year
- DK/REF

HOM7 [IF HOM2a = 1] Altogether, how much of the past 12 months have you been homeless?

- 1 Less than a week
- 2 At least a week but less than 1 month

- 3 At least 1 month but less than 3 months
 - 4 At least 3 months but less than 6 months
 - 5 At least 6 months but less than 9 months
 - 6 9 months or more
- DK/REF

END TIME STAMP

25. Head Injuries

BEGIN TIME STAMP

HINJ1 The next questions are about head or neck injuries that you had **at any time in your life**.

How many times in your life did you have a head or neck injury that...

	Number of Times [RANGE: 0 – 100]
HINJ1b knocked you out, that is, you lost consciousness even if only for a short time?	
HINJ1c didn't knock you out, but caused you to be dazed or confused or to "see stars"?	
HINJ1d caused you to have a lapse in memory of events, before, during, or after the injury?	

DK/REF

HINJ2 [IF HINJ1d ≥ 1] How many times in your life did you have a head or neck injury that caused memory loss lasting...

	Number of Times [RANGE: 0 – 100]
HINJ2a less than 30 minutes?	
HINJ2b between 30 minutes and 24 hours?	
HINJ2c more than 24 hours?	

DK/REF

END TIME STAMP

Eligibility for Part 2 Modules

Part 2 modules will be asked of all respondents who met CRS disorder threshold criteria for any disorder plus a randomly chosen 25% of those who do not meet CRS threshold criteria for any disorder. The random selection will take place once for each non-threshold respondent, not separately for each Part 2 module. That is, a respondent is either administered all Part 2 modules or receive none of the Part 2 modules.

DEFINE THRS_HLD_PART2

IF ANY OF THE FOLLOWING ARE TRUE, THEN SET THRS_HLD_PART2=1

Variable Values	Disorder	Plain Language Description
DE5_ASK=1	Depression	Within the Depression module, the respondent's answers to the worst-2-weeks symptoms qualified the respondent to be asked age of onset and other follow-up questions (DE5 onward).
HM5_ASK=1	Mania	Within Mania, answers qualified the respondent to be asked age of onset and other follow-up questions (HM5 onward).
AW5_ASK = 1	Generalized Anxiety	Within the Anxiety and Worry module, the respondent's answers qualified him/her to be asked age of onset and other follow-up questions about anxiety episodes (AW5 onward).
IF (SP5 = 1 OR 2 OR DK OR REF)	Social Anxiety	Within Social Anxiety, the respondent's answers qualified him/her to be asked age of onset and other follow-up questions (SP6 onward).
AG4=1	Agoraphobia	Within the Agoraphobia module the respondent's answers qualified him/her to be asked age of onset and other follow-up questions in the Agoraphobia module (AG5 onward).
L5_ASK=1	Panic Disorder	Within the Panic Disorder module, the respondent's answers qualified him or her to be asked age of onset and other follow-up questions about the respondent's attacks (L5 onward).

Variable Values	Disorder	Plain Language Description
EA25=1	Eating Disorders	Within Eating Disorders, answers qualified the respondent to be asked age of onset for eating binges and other follow-up questions (ED3 onward).
SD15=1	Suicidality	Within Suicidality, answer qualified the respondent to be asked age of first occurrence regarding suicidality and other follow-up questions (SD15a-SD29, as applicable)
BPD_P=1	BPD Screen	Within the BPD Screen module, the respondent gave 7 or more “yes” answers to current equivalents of the items that were in the original 10-point McLean Instrument for BPD.
(C1_ALLCOUNT ≥ 6) OR (C3_ALLCOUNT ≥ 6)	Attention Deficit Disorder (ADHD)	Within Attention and Concentration, answer qualified the respondent to be asked age of first occurrence regarding either attention or concentration (C2a) or restlessness or impatience (C5) and subsequent follow-up questions, as applicable)
FOUR OR MORE D1 SERIES = 1 OR 2 OR 3	Oppositional Defiant Disorder	Within the Oppositional Defiant Disorder module, the respondent’s answers qualified him or her to be asked age of onset and other follow-up questions about the respondent’s attacks (D2 onward).
(CD1_COUNT ≥ 3) OR (CD1_1COUNT ≥ 3)	Conduct Disorder	Within the Conduct Disorder module, the respondent’s answers qualified him or her to be asked age of onset and other follow-up questions about the respondent’s attacks (CD2 onward).
SA_ALL ≥ 3	Separation Anxiety	Within the Separation Anxiety module, the respondent’s answers qualified him or her to be asked age of onset and other follow-up questions about the respondent’s attacks (SA4 onward).

ELSE, SET THRSHLD_PART2=0.

DEFINE RAND25

RANDOMLY SET RAND25=1 WITH 25% PROBABILITY,
ELSE SET RAND25=0.

DEFINE PART2_SHOW

SET PART2_SHOW=0,
IF THRSHLD_PART2=1, RESET PART2_SHOW=1.
IF THRSHLD_PART2=0 AND RAND25=1, THEN PART2_SHOW=1.

26. Stressful Experiences (Post-Traumatic Stress Disorder)

BEGIN TIME STAMP

ONLY SHOW THIS MODULE IF PART2_SHOW=1.

P1 The next questions are about highly stressful experiences that might have happened to you at **any time in your life**. Have you ever had any of the following experiences?

	Yes	No
P1a You were threatened or attacked with a knife, gun, baseball bat, bomb, or other weapon	1	2
P1b You were beaten up or physically assaulted	1	2
P1c You were sexually assaulted or raped	1	2
P1e You were kidnapped or held hostage	1	2
P1f You had a life-threatening illness or injury	1	2
P1g You were in a serious motor vehicle accident	1	2
P1h You had some other serious accident at home, school, work, or during recreational activity	1	2
P1i You were in a life-threatening natural disaster, like a hurricane or earthquake	1	2
P1j You were in a life-threatening manmade disaster, like a fire, explosion, or toxic chemical exposure	1	2
P1k You had some other experience that put you at serious risk of injury or death	1	2
P1l You witnessed a serious assault, murder, or suicide	1	2
P1m You witnessed a serious accidental injury or death	1	2
P1n You witnessed any other highly stressful situation where people were in pain, suffering, dying, or dead	1	2
P1o You caused someone else to have serious suffering, injury, or death	1	2
P1p A close friend or relative experienced sudden violent death	1	2
P1q A close friend or relative experienced accidental death	1	2
P1r A close friend or relative had any other experience that put them at serious risk of injury or death	1	2

DK/REF

DEFINE P2_FILL

IF P1a = 1 AND P1b NE 1 THEN P2_FILL = threatened or attacked with a weapon

IF P1a NE 1 and P1b = 1 THEN P2_FILL = beaten up

IF P1a = 1 AND P1b = 1 THEN P2_FILL = threatened or attacked with a weapon or beaten up

P2 [IF P1a = 1 OR P1b = 1] How many times in your life were you [P2_FILL]?

_____ NUMBER OF TIMES [RANGE: 0-9,999]

DK/REF

DEFINE P3_FILL

IF P2 = 1 THEN P3_FILL = when

ELSE P3_FILL = the first time

P3 [IF P2 NE 0 OR BLANK] How old were you [P3_FILL] you were [P2_FILL]?

_____ YEARS OLD [RANGE: 0–CURNTAGE]

DK/REF

P4 [IF P1c = 1] How many times in your life were you sexually assaulted or raped?

_____ NUMBER OF TIMES [RANGE: 0–100]

DK/REF

DEFINE P5_FILL

IF P4 = 1 THEN P5_FILL = when

ELSE P5_FILL = the first time

P5 [IF P4 NE 0 OR BLANK] How old were you [P5_FILL] you were sexually assaulted or raped?

_____ YEARS OLD [RANGE: 0–CURNTAGE]

DK/REF

P8 [IF P1e = 1] How old were you when you were first kidnapped?

_____ YEARS OLD [RANGE: 0–CURNTAGE]

DK/REF

P9a [IF P1e = 1] Now think about the amount of time you were in captivity. Would it be easiest for you to provide this time in the number of days, months, or years?

1 Number of days

2 Number of months

3 Number of years

DK/REF

DEFINE P9_FILL

IF P9a = 1 OR DK/REF THEN P9_FILL = days

IF P9a = 2 THEN P9_FILL = months

IF P9a = 3 THEN P9_FILL = years

P9b [IF P1e = 1] How many [P9_FILL] were you in captivity?

_____ [P9_FILL] [RANGE: 0–999]

DK/REF

P10 [IF P1f = 1] How many times in your life have you had a life-threatening illness or injury?

_____ NUMBER OF TIMES [RANGE: 0–9,999]
DK/REF

DEFINE P11_FILL

IF P10 = 1 THEN P11_FILL = when
ELSE P11_FILL = the first time

P11 [IF P10 NE 0 OR BLANK] How old were you [P11_FILL] you had a life-threatening illness or injury?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE P12_FILL

IF P1g = 1 OR P1h = 1 THEN P12_FILL = serious accident
IF P1i = 1 OR P1j = 1 THEN P12_FILL = life-threatening natural or manmade disaster
IF (P1g = 1 OR P1h = 1) AND (P1i = 1 OR P1j = 1) THEN P12_FILL = serious accident or life-threatening natural or manmade disaster

P12 [IF P1g = 1 OR P1h = 1 OR P1i = 1 OR P1j = 1] How many times in your life have you been in a [P12_FILL]?

_____ NUMBER OF TIMES [RANGE: 0–9,999]
DK/REF

DEFINE P13_FILL

IF P12 = 1 THEN P13_FILL = when
ELSE P13_FILL = the first time

P13 [IF P12 NE 0 OR BLANK] How old were you [P13_FILL] you were in a [P12_FILL]?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE P14_FILL

IF P1a = 1 OR P1b = 1 OR P1c = 1 OR P1d = 1 OR P1e = 1 OR P1f = 1 OR P1g = 1 OR P1h = 1 OR P1i = 1 OR P1j = 1 THEN P14_FILL = any other
ELSE P14_FILL = an

P14 [IF P1k = 1] How many times in your life have you had [P14_FILL] experience that put you at serious risk of injury or death?

_____ NUMBER OF TIMES [RANGE: 0–9,999]
DK/REF

DEFINE P15_FILL

IF P14 = 1 THEN P15_FILL = when
ELSE P15_FILL = the first time

P15 [IF P14 NE 0 OR BLANK] How old were you [P15_FILL] you had [P14_FILL] experience that put you at serious risk of injury or death?

____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

P16 [IF P11 = 1 OR P1m = 1 OR P1n = 1] How many times in your life have you witnessed a serious assault, injury, death, or other highly stressful experience?

____ NUMBER OF TIMES [RANGE: 0–9,999]
DK/REF

DEFINE P17_FILL

IF P16 = 1 THEN P17_FILL = when
ELSE P17_FILL = the first time

P17 [IF P16 NE 0 OR BLANK] How old were you [P17_FILL] you witnessed a serious assault, injury, death, or other highly stressful experience?

____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

P18 [IF P1o = 1] How many times in your life have you done something that caused serious injury, death, or suffering to someone else?

____ NUMBER OF TIMES [RANGE: 0–9,999]
DK/REF

DEFINE P19_FILL

IF P18 = 1 THEN P19_FILL = when
ELSE P19_FILL = the first time

P19 [IF P18 NE 0 OR BLANK] How old were you [P19_FILL] you did something that caused serious injury, death, or suffering to someone else?

____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE P20_FILL

IF P1p = 1 AND P1q NE 1 AND P1r NE 1 THEN P20_FILL = a sudden violent death
IF P1p NE 1 AND P1q = 1 AND P1r NE 1 THEN P20_FILL = an accidental death
IF P1p NE 1 AND P1q NE 1 AND P1r = 1 THEN P20_FILL = an experience that put them at serious risk of injury or death
IF P1p = 1 AND P1q = 1 AND P1r NE 1 THEN P20_FILL = a sudden violent death or an accidental death
IF P1p = 1 AND P1q NE 1 AND P1r = 1 THEN P20_FILL = a sudden violent death or any other experience that put them at serious risk of injury or death

IF P1p NE 1 AND Pq1 = 1 AND P1r = 1 THEN P20_FILL = an accidental death or any other experience that put them at serious risk of injury or death

IF P1p = 1 AND P1q = 1 AND P1r = 1 THEN P20_FILL = a sudden violent death, an accidental death, or any other experience that put them at serious risk of injury or death

P20 [IF P1p = 1 OR P1q = 1 OR P1r = 1] How many times in your life has one of your close friends or relatives experienced [P20_FILL]?

_____ NUMBER OF TIMES [RANGE: 0–9,999]
DK/REF

DEFINE P21_FILL

IF P20 = 1 THEN P21_FILL = when
ELSE P21_FILL = the first time

P21 [IF P20 NE 0 OR BLANK] How old were you [P21_FILL] one of your close friends or relatives experienced [P20_FILL]?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

P22 [IF P1a=1 OR P1b=1 OR P1c=1 OR P1d=1 OR P1e=1 OR P1f=1 OR P1g=1 OR P1h=1 OR P1i=1 OR P1j=1 OR P1k=1 OR P1l=1 OR P1m=1 OR P1n=1 OR P1o=1 OR P1p=1 OR P1q=1 OR P1r=1] Highly stressful experiences can cause upsetting reactions that often last for months or even years after the experiences occur. In the **past 30 days**, how much were you bothered by...

	Extremely	Quite a Bit	Moderately	A Little Bit	Not at All
P22a repeated, disturbing, and unwanted memories of a highly stressful experience?	1	2	3	4	5
P22b strong physical reactions when something reminded you of a highly stressful experience, for example, heart pounding, trouble breathing, or sweating?	1	2	3	4	5
P22c avoiding memories, thoughts, or feelings related to a highly stressful experience?	1	2	3	4	5
P22d avoiding external reminders of a highly stressful experience, for example, people, places, conversations, activities, objects, or situations?	1	2	3	4	5
P22e difficulty concentrating?	1	2	3	4	5
P22f feeling jumpy or easily startled?	1	2	3	4	5

	Extremely	Quite a Bit	Moderately	A Little Bit	Not at All
P22g serious psychological distress because of your reactions to a highly stressful experience?	1	2	3	4	5
P22h interference with your work or personal life because of your reactions to a highly stressful experience?	1	2	3	4	5

DK/REF

P23 [IF P1a=1 OR P1b=1 OR P1c=1 OR P1d=1 OR P1e=1 OR P1f=1 OR P1g=1 OR P1h=1 OR P1i=1 OR P1j=1 OR P1k=1 OR P1l=1 OR P1m=1 OR P1n=1 OR P1o=1 OR P1p=1 OR P1q=1 OR P1r=1] Think of a month in your life when you had the **largest number** of reactions like these to a highly stressful experience. During that month, how much were you bothered by...

	Extremely	Quite a Bit	Moderately	A Little Bit	Not at All
P23a repeated, disturbing, and unwanted memories of a stressful experience?	1	2	3	4	5
P23b having strong physical reactions when something reminded you of a stressful experience, like heart pounding, trouble breathing, or sweating?	1	2	3	4	5
P23c avoiding memories, thoughts, or feelings related to a highly stressful experience?	1	2	3	4	5
P23d avoiding external reminders of a stressful experience, like people, places, or activities that reminded you of an experience?	1	2	3	4	5
P23e having difficulty concentrating?	1	2	3	4	5
P23f feeling jumpy or easily startled?	1	2	3	4	5

DK/REF

DEFINE P24LOGIC

IF 2 OR MORE IN THE P23 SERIES = 1, 2, OR 3 THEN P24LOGIC = 1
ELSE P24LOGIC = 0

P24 [IF P24LOGIC = 1] Still thinking about that same month in your life when you had the **largest number** of reactions to a highly stressful experience, how much were you bothered by...

	Extremely	Quite a Bit	Moderately	A Little Bit	Not at All
P24a repeated, disturbing dreams of a stressful experience?	1	2	3	4	5
P24b suddenly feeling or acting as if a stressful experience were happening again, like you were actually back there reliving it?	1	2	3	4	5
P24c feeling very upset when something reminded you of a stressful experience?	1	2	3	4	5
P24d trouble falling or staying asleep?	1	2	3	4	5
P24e feeling irritable, having angry outbursts, or acting aggressively?	1	2	3	4	5
P24f taking too many risks or doing things that could cause you harm?	1	2	3	4	5
P24g being “super-alert” or watchful or on guard?	1	2	3	4	5
P24h having amnesia or trouble remembering important parts of a stressful experience?	1	2	3	4	5
P24i blaming yourself or someone else for a stressful experience or what happened after it?	1	2	3	4	5
P24j having strong negative beliefs about yourself, other people, or the world, like thoughts that you are bad, that no one can be trusted, or that the world is completely dangerous?	1	2	3	4	5
P24k having strong negative feelings such as fear, horror, anger, guilt, or shame?	1	2	3	4	5
P24l losing interest in activities that you used to enjoy?	1	2	3	4	5
P24m feeling distant or cut off from other people?	1	2	3	4	5

	Extremely	Quite a Bit	Moderately	A Little Bit	Not at All
P24n having trouble experiencing positive feelings, like being unable to have loving feelings for people close to you, or feeling emotionally numb?	1	2	3	4	5

DK/REF

DEFINE P25LOGIC

IF ALL OF THE FOLLOWING CONDITIONS ARE MET:

- P23a < 4 OR P23b < 4 OR P24a < 4 OR P24b < 4 OR P24c < 4
- P23c < 4 OR P23d < 4
- 2 OR MORE OF P24h-P24n < 4
- 2 OR MORE OF P23e, P23f, P24d, P24e, P24f, P24g < 4

THEN P25LOGIC = 1

ELSE P25LOGIC = 0

P24o [IF P25LOGIC = 1] You mentioned being bothered by a number of reactions. How much psychological distress did these reactions cause?

- 1 None
- 2 Mild
- 3 Moderate
- 4 Severe
- 5 Very severe

DK/REF

P25 [IF P25LOGIC = 1] About how old were you the **very first time** you had a month or longer when you had reactions like these to a highly stressful experience? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]

DK/REF

DEFINE P26 LOGIC

IF CURNTAGE – P25 = 1 THEN P26LOGIC = 0

IF CURNTAGE = P25 THEN P26LOGIC = 0

ELSE P26LOGIC = 1

P26 [IF (P25LOGIC = 1) AND (P26LOGIC = 1)] About how many years in your life have you had at least one month when you had reactions like these? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–CURNTAGE]

DK/REF

P27 [IF P25LOGIC = 1] During about how many months in the **past 12 months** have you had reactions like these? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF MONTHS [RANGE: 0–12]
DK/REF

P28 [IF P27 < 1 OR P27 = DK/REF] About how old were you the **most recent time** you had a month of that sort? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

P29 [IF P25LOGIC = 1] How much did these reactions ever interfere with your school, work, or personal life?

- 6 Extremely
- 7 A lot
- 8 Some
- 9 A little
- 10 Not at all
- DK/REF

END TIME STAMP

27. Family Medical History (ACE)

BEGIN TIME STAMP

ONLY SHOW THIS MODULE IF PART2_SHOW=1.

FMIN These next questions are about your biological mother. Are you able to answer questions about your biological mother?

- 1 Yes
- 2 No
- DK/REF

FM2a [IF FMIN = 1] Is your biological mother still living?

- 1 Yes
- 2 No
- DK/REF

FM2b [IF FM2a = 2] How old was your mother at the time of her death?

_____ YEARS OLD [RANGE: 0–100]
DK/REF

FM2 [IF FM2a = 1 OR DK OR REF] What is your biological mother's current age?

_____ YEARS OLD [RANGE: 0–100]
DK/REF

FM3 [IF FMIN = 1] What was the last grade or year of school your biological mother completed?

- 0 No schooling completed
- 1 1st grade completed
- 2 2nd grade completed
- 3 3rd grade completed
- 4 4th grade completed
- 5 5th grade completed
- 6 6th grade completed
- 7 7th grade completed
- 8 8th grade completed
- 9 9th grade completed
- 10 10th grade completed
- 11 11th grade completed
- 12 Regular high school diploma
- 13 12th grade, no diploma
- 14 GED certificate of high school completion
- 15 Some college credit, but no degree

- 16 Associate's degree, for example, AA or AS
 - 17 Bachelor's degree, for example, BA or BS
 - 18 Master's degree, for example, MA, MS, MENG, M. ED, MSW, or MBA
 - 19 Doctorate degree, for example, PHD or EDD
 - 20 Professional degree beyond a bachelor's degree, for example, MD, DDS, DVM, LLB, or JD
- DK/REF

DEFINE FM4_FILL

IF FM2a = 1 OR DK OR REF, THEN FM4_FILL = "currently has or has ever had"

IF FM2a = 2, THEN FM4_FILL = "ever had"

FM4 [IF FMIN = 1] Please indicate whether your biological mother [FM4_FILL] any of the following conditions.

		Yes	No
FM4a	Autism spectrum disorder, including Asperger's	1	2
FM4b	Bipolar disorder, also known as manic depression	1	2
FM4c	An anxiety disorder such as phobia, panic disorder, generalized anxiety disorder, post-traumatic stress disorder, or any other anxiety disorder	1	2
FM4d	Depression	1	2
FM4e	Schizophrenia	1	2

DK/REF

FMIN2 These next questions are about your biological father. Are you able to answer questions about your biological father?

1 Yes

2 No

DK/REF

FM5a [IF FMIN2 = 1] Is your biological father still living?

1 Yes

2 No

DK/REF

FM5b [IF FM5a = 2] How old was your father at the time of his death?

_____ YEARS OLD [RANGE: 0–100]

DK/REF

FM6 [IF FM5a = 1 OR DK OR REF] What is your biological father's current age?

_____ YEARS OLD [RANGE 1–100]

DK/REF

FM7 [IF FMIN2 = 1] What was the last grade or year of school your biological father completed?

- 0 No schooling completed
 - 1 1st grade completed
 - 2 2nd grade completed
 - 3 3rd grade completed
 - 4 4th grade completed
 - 5 5th grade completed
 - 6 6th grade completed
 - 7 7th grade completed
 - 8 8th grade completed
 - 9 9th grade completed
 - 10 10th grade completed
 - 11 11th grade completed
 - 12 Regular high school diploma
 - 13 12th grade, no diploma
 - 14 GED certificate of high school completion
 - 15 Some college credit, but no degree
 - 16 Associate's degree, for example, AA or AS
 - 17 Bachelor's degree, for example, BA or BS
 - 18 Master's degree, for example, MA, MS, MENG, M. ED, MSW or MBA
 - 19 Doctorate degree, for example, PHD or EDD
 - 20 Professional degree beyond a bachelor's degree, for example, MD, DDS, DVM, LLB or JD
- DK/REF

DEFINE FM8_FILL

IF FM5a = 1 OR DK OR REF, THEN FM8_FILL = "currently has or has ever had"

IF FM5a = 2, THEN FM8_FILL = "ever had"

FM8 [IF FMIN2 = 1] Please indicate whether your biological father [FM8_FILL] any of the following conditions.

		Yes	No
FM8a	Autism spectrum disorder, including Asperger's	1	2
FM8b	Bipolar disorder, also known as manic depression	1	2
FM8c	An anxiety disorder such as phobia, panic disorder, generalized anxiety disorder, post-traumatic stress disorder, or any other anxiety disorder	1	2
FM8d	Depression	1	2
FM8e	Schizophrenia	1	2

DK/REF

FM9 The next questions are about any siblings you may have. For these questions, please think about siblings who are alive as well as those who are no longer living.

Do you have, or have you ever had, any siblings?

- 1 Yes
- 2 No
- DK/REF

FM9a [IF FM9 = 1] How many of your siblings are **full** siblings?

A **full** sibling is a brother or sister who has the same biological mother **and** biological father as you.

_____ [RANGE: 0 – 25]
DK/REF

FM9b [IF FM9 = 1] How many of your siblings are **half** siblings?

A **half** sibling is a brother or sister with whom you share one biological parent.

_____ [RANGE: 0 – 25]
DK/REF

DEFINE FULLSIB

IF FM9a NE DK OR REF THEN FULLSIB = FM9a
ELSE FULLSIB = BLANK

DEFINE HALFSIB

IF FM9b NE DK OR REF THEN HALFSIB = FM9b
ELSE HALFSIB = BLANK

FM10 [IF FULLSIB NE BLANK AND HALFSIB NE BLANK] Please indicate whether any of your full or half siblings currently have or have ever had any of the following conditions.

[IF FULLSIB = 1 AND HALFSIB = BLANK] Please indicate whether your full sibling currently has or has ever had any of the following conditions.

[IF FULLSIB > 1 AND HALFSIB = BLANK] Please indicate whether any of your full siblings currently have or have ever had any of the following conditions.

[IF FULLSIB = BLANK and HALFSIB = 1] Please indicate whether your half sibling currently has or has ever had any of the following conditions.

[IF FULLSIB = BLANK and HALFSIB > 1] Please indicate whether any of your half siblings currently have or have ever had any of the following conditions.

	Yes	No
FM10a Autism spectrum disorder, including Asperger’s	1	2
FM10b Bipolar disorder, also known as manic depression	1	2

	Yes	No
FM10c An anxiety disorder such as phobia, panic disorder, generalized anxiety disorder, post-traumatic stress disorder, or any other anxiety disorder	1	2
FM10d Depression	1	2
FM10e Schizophrenia	1	2

DK/REF

FM11 [IF (FULLSIB \geq 1 AND HALFSIB \geq 1) AND FM10a = 1] You reported having a sibling with autism spectrum disorder.

Is it a full sibling, half sibling, or both that currently has or has ever had autism spectrum disorder?

1 [IF FULLSIB = 1, FILL: "Full sibling"] [IF FULLSIB > 1, FILL: "Full sibling or siblings"]

2 [IF HALFSIB = 1, FILL: "Half sibling"] [IF HALFSIB > 1, FILL: "Half sibling or siblings"]

3 Both full and half siblings

DK/REF

FM12 [IF (FULLSIB \geq 1 AND HALFSIB \geq 1) AND FM10b = 1] You reported having a sibling with bipolar disorder, also known as manic depression.

Is it a full sibling, half sibling, or both that currently has or has ever had bipolar disorder?

1 [IF FULLSIB = 1, FILL: "Full sibling"] [IF FULLSIB > 1, FILL: "Full sibling or siblings"]

2 [IF HALFSIB = 1, FILL: "Half sibling"] [IF HALFSIB > 1, FILL: "Half sibling or siblings"]

3 Both full and half siblings

DK/REF

FM13 [IF (FULLSIB \geq 1 AND HALFSIB \geq 1) AND FM10c = 1] You reported having a sibling with an anxiety disorder, such as phobia, panic disorder, generalized anxiety disorder, or post-traumatic stress disorder.

Is it a full sibling, half sibling, or both that currently has or has ever had an anxiety disorder?

1 [IF FULLSIB = 1, FILL: "Full sibling"] [IF FULLSIB > 1, FILL: "Full sibling or siblings"]

2 [IF HALFSIB = 1, FILL: "Half sibling"] [IF HALFSIB > 1, FILL: "Half sibling or siblings"]

3 Both full and half siblings

DK/REF

FM14 [IF (FULLSIB \geq 1 AND HALFSIB \geq 1) AND FM10d = 1] You reported having a sibling with depression.

Is it a full sibling, half sibling, or both that currently has or has ever had depression?

1 [IF FULLSIB = 1, FILL: "Full sibling"] [IF FULLSIB > 1, FILL: "Full sibling or siblings"]

2 [IF HALFSIB = 1, FILL: "Half sibling"] [IF HALFSIB > 1, FILL: "Half sibling or siblings"]

3 Both full and half siblings

DK/REF

FM15 [IF (FULLSIB \geq 1 AND HALFSIB \geq 1) AND FM10e = 1] You reported having a sibling with schizophrenia. Is it a full sibling, half sibling, or both that currently has or has ever had schizophrenia?

1 [IF FULLSIB = 1, FILL: "Full sibling"] [IF FULLSIB > 1, FILL: "Full sibling or siblings"]

2 [IF HALFSIB = 1, FILL: "Half sibling"] [IF HALFSIB > 1, FILL: "Half sibling or siblings"]

3 Both full and half siblings

DK/REF

END TIME STAMP

28. Tobacco, Alcohol, Drugs, and Treatment

BEGIN TIME STAMP

ONLY SHOW THIS MODULE IF PART2_SHOW=1.

TAD1 The next questions are about your use of tobacco, alcohol, and drugs.. Have you ever in your life used any of the following substances, even if it was only one time?

	Yes	No
TAD1a A cigarette, cigar, pipe, snuff, or smokeless tobacco?		
TAD1c A drink of alcohol, such as beer, wine, wine cooler, shot of liquor, or mixed drink?		
TAD1f Marijuana or hashish?		
TAD1g Any other kind of illegal drug, such as cocaine, ecstasy, speed, LSD, or poppers?		
TAD1h A prescription stimulant, such as Adderall, amphetamines, or diet pills, on your own, that is without a doctor's prescription or in any way a doctor did not direct you to use it?		
TAD1i A prescription tranquilizer or muscle relaxer, such as Ativan, Valium, or sedatives, such as Ambien, on your own?		
TAD1j A prescription pain reliever, such as Codeine or OxyContin, on your own?		

DK/REF

TAD2 [IF TAD1a = 1] About how old were you the **very first time** you smoked a cigarette, cigar, or pipe, or used snuff, or smokeless tobacco?

_____ [RANGE: 0–CURNTAGE]
DK/REF

TAD3 [IF TAD1a = 1] In the past 12 months, how often did you use any tobacco product, such as a cigarette, cigar, pipe, snuff, or smokeless tobacco?

- 1 4-7 days a week
 - 2 2-3 days a week
 - 3 2-4 days a month
 - 4 Monthly or less
 - 5 Haven't Used in Past 12 Months
- DK/REF

TAD4 [IF TAD3 NE 5] On the days you used tobacco products in the **past 12 months**, about how many cigarettes, cigars, pipes, dips, or chews did you usually have per day?

_____ NUMBER PER DAY [RANGE: 1–70]
DK/REF

TAD5 [IF TAD1a = 1] Have you ever used tobacco products at least once a week for a full 12 months?

- 1 Yes
 - 2 No
- DK/REF

TAD6 [IF TAD5 = 1] About how old were you the **very first time** you used tobacco products at least once a week for a full 12 months?

_____ [RANGE: 0–CURNTAGE]
DK/REF

TAD7 [IF TAD1c = 1] About how old were you when you had your first drink of alcohol, such as beer, wine, a wine cooler, a shot of liquor, or a mixed drink?

_____ [RANGE: 0–CURNTAGE]
DK/REF

TAD8 [IF TAD1c = 1] In the past 12 months, how often did you have at least 1 drink of alcohol?

- 1 4-7 days a week
 - 2 2-3 days a week
 - 3 2-4 days a month
 - 4 Monthly or less
 - 5 Never
- DK/RE

TAD9 [IF TAD8 NE 5] On the days you used alcohol in the **past 12 months**, about how many drinks did you usually have **per day**?

_____ NUMBER OF DRINKS PER DAY [RANGE: 1–50]
DK/REF

TAD10 [IF TAD1c = 1] Have you ever drank alcohol at least once a month for a full year?

- 1 Yes
 - 2 No
- DK/REF

TAD11 [IF TAD10 = 1] About how old were you the **very first time** you drank alcohol at least once a month for a full year?

_____ [RANGE: 0–CURNTAGE]

DK/REF

TAD12 [IF TAD1c = 1] Have you ever had [IF QD01 = 5 FILL: five; IF QD01 = 9 FILL: four] or more drinks of alcohol on the same day?

- 1 Yes
- 2 No
- DK/REF

TAD13 [IF TAD12 = 1] About how old were you the **very first time** you had [IF QD01 = 5 FILL: five; IF QD01 = 9 FILL: four] or more drinks of alcohol on the same day?

_____ [RANGE: 0–CURNTAGE]
DK/REF

TAD14 [IF TAD1f = 1] About how old were you the **very first time** you used marijuana or hashish?

_____ [RANGE: 0–CURNTAGE]
DK/REF

TAD15 [IF TAD1f = 1] In the past 12 months, how often did you use marijuana or hashish....

- 1 4-7 days a week
- 2 2-3 days a week
- 3 2-4 days a month
- 4 Monthly or less
- 5 Never
- DK/REF

TAD16 [IF TAD1g = 1] About how old were you the **very first time** you used any other kind of illegal drug, such as cocaine, ecstasy, speed, LSD, or poppers?

_____ [RANGE: 0–CURNTAGE]
DK/REF

TAD17 [IF TAD1g = 1] In the past 12 months, how often did you use any other kind of illegal drug?

- 1 4-7 days a week
- 2 2-3 days a week
- 3 2-4 days a month
- 4 Monthly or less
- 5 Never
- DK/REF

TAD18 [IF TAD1h = 1] About how old were you the **very first time** you used a prescription stimulant, such as Adderall, amphetamines, or diet pills, on your own, that is **without** a doctor's prescription or in any way a doctor did **not** direct you to use it?

_____ [RANGE: 0–CURNTAGE]
DK/REF

TAD19 [IF TAD1h = 1] In the past 12 months, how often did you use a prescription stimulant on your own?

- 1 4-7 days a week
- 2 2-3 days a week
- 3 2-4 days a month
- 4 Monthly or less
- 5 Never

DK/REF

TAD20 [IF TAD1i = 1] About how old were you the **very first time** you used a prescription tranquilizer or muscle relaxer, such as Ativan, Valium, or sedatives, such as Ambien, on your own?

_____ [RANGE: 0–CURNTAGE]
DK/REF

TAD21 [IF TAD1i = 1] In the past 12 months, how often did you use a prescription tranquilizer, muscle relaxer or sedative on your own?

- 1 4-7 days a week
- 2 2-3 days a week
- 3 2-4 days a month
- 4 Monthly or less
- 5 Never

DK/REF

TAD22 [IF TAD1j = 1] About how old were you the **very first time** you used a prescription pain reliever, such as Codeine or OxyContin, on your own?

_____ [RANGE: 0–CURNTAGE]
DK/REF

TAD23 [IF TAD1j = 1] In the past 12 months, how often did you use a prescription pain reliever on your own?

- 1 4-7 days a week
- 2 2-3 days a week
- 3 2-4 days a month
- 4 Monthly or less
- 5 Never

DK/REF

TAD24 [IF TAD1c = 1] Think of the time in your life when you used the most alcohol. During that time, how often did you drink?

- 1 4–7 days a week
 - 2 2–3 days a week
 - 3 2–4 days a month
 - 4 Monthly or less
- DK/REF

TAD25 [IF TAD1c = 1] On the days you used alcohol during that time in your life, about how many drinks did you usually have per day?

_____ NUMBER OF DRINKS PER DAY [RANGE: 1–50]
DK/REF

TAD26 [IF (TAD8 = 1) OR (TAD8 = 2 AND TAD9 ≥ 2) OR (TAD8 = 3 AND TAD9 ≥ 3) OR (TAD8 = 4 AND TAD9 ≥ 5) OR (TAD12 = 1) OR (TAD24 = 1) OR (TAD24 = 2 AND TAD25 ≥ 2) OR (TAD24 = 3 AND TAD25 ≥ 3) OR (TAD24 = 4 AND TAD25 ≥ 5)] In answering the next questions, think of the one year in your life when your use of alcohol interfered most with your life. During that year, how often did you have each of the following problems?

	4-7 Days a Week	2-3 Days a Week	2-4 Days a Month	Monthly or Less	Never
TAD26a Your drinking or being hung over interfered with your responsibilities at school, home, or work?	1	2	3	4	5
TAD26b You continued drinking even when it caused problems with your family, friends, neighbors, or co-workers?	1	2	3	4	5
TAD26c You were under the influence in hazardous situations, like when driving or operating a machine?	1	2	3	4	5
TAD26d You either drank more or spent more time drinking than you intended when you started?	1	2	3	4	5
TAD26e You greatly reduced important activities with family, friends, or at work because of your drinking?	1	2	3	4	5

DK/REF

DEFINE TAD26_COUNT

SET TAD26_COUNT = 0

IF TAD26a = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD26_COUNT

Version 4 – February 2017 (Post IRB Approval)

IF TAD26b = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD26_COUNT
 IF TAD26c = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD26_COUNT
 IF TAD26d = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD26_COUNT
 IF TAD26e = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD26_COUNT

DEFINE TAD27RAND = random number between 0.00–1.00

TAD27 [IF TAD26_COUNT ≥ 1 OR (TAD26_COUNT = 0 AND TAD27RAND ≤ 0.10)] Still thinking about the one year in your life when your use of alcohol interfered most with your life, how often during that year did you have each of these other problems?

	4-7 Days a Week	2-3 Days a Week	2-4 Days a Month	Monthly or Less	Never
TAD27a You tried to cut down or control your drinking but were unable to do so?	1	2	3	4	5
TAD27b You spent a great deal of time drinking or recovering from drinking?	1	2	3	4	5
TAD27c You had such a strong desire or craving to drink that you couldn't think of anything else?	1	2	3	4	5
TAD27d You continued to drink even when it caused physical or emotional health problems?	1	2	3	4	5
TAD27e You developed alcohol tolerance, that is, either the same amount no longer had the same effect or you needed to drink a lot more to get the same effect?	1	2	3	4	5
TAD27f You experienced withdrawal symptoms like fatigue, headaches, diarrhea, the shakes, or emotional problems when you tried to cut down your drinking?	1	2	3	4	5
TAD27g You continued to drink in order to avoid having withdrawal symptoms?	1	2	3	4	5

DK/REF

DEFINE TAD28_COUNT

SET TAD28_COUNT = 0

IF TAD26a = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD28_COUNT
 IF TAD26b = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD28_COUNT
 IF TAD26c = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD28_COUNT

IF TAD26d = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD28_COUNT
IF TAD26e = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD28_COUNT
IF TAD27a = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD28_COUNT
IF TAD27b = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD28_COUNT
IF TAD27c = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD28_COUNT
IF TAD27d = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD28_COUNT
IF TAD27e = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD28_COUNT
IF TAD27f = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD28_COUNT
IF TAD27g = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD28_COUNT

DEFINE TAD28_FILL

IF TAD28_COUNT = 2 THEN TAD28_FILL = “these problems”

ELSE TAD28_FILL = “at least two of these problems”

TAD28 [IF TAD28_COUNT ≥ 2] You reported [TAD28_COUNT] problems associated with your alcohol use. About how old were you the **very first time** you had [TAD28_FILL] in the same year? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]

DK/REF

TAD29 [IF TAD28 = (CURNTAGE – 1)] Did that start in the past 12 months or more than 12 months ago?

1 In the past 12 months

2 More than 12 months ago

DK/REF

TAD30 [IF (TAD28_COUNT ≥ 2) AND TAD28 NE CURNTAGE AND NE (CURNTAGE – 1)] About how many years in your life did you have [TAD28_FILL] in the same year? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–(CURNTAGE – 2)]

DK/REF

TAD31 [IF TAD28_COUNT ≥ 2] During about how many months in the **past 12 months** did you have these problems? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF MONTHS [RANGE: 0–12]

DK/REF

TAD32 [(TAD28_COUNT ≥ 2) AND TAD31 NE 1–12] About how old were you the **most recent time** you had [TAD28_FILL] in the same year? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]

DK/REF

DEFINE TAD33A_FILL

IF TAD1f OR TAD1g OR TAD1h OR TAD1i OR TAD1j = 1 THEN TAD33A_FILL = “also”
 ELSE TAD33A_FILL = “”

DEFINE TAD33B_FILL

IF TAD1f = 1, TAD33B_FILL: “marijuana or hashish (and/,)”
 IF TAD1g = 1, TAD33B_FILL: “other illegal drugs (and/,)”
 IF TAD1h = 1, TAD33B_FILL: “prescription stimulants (and/,)”
 IF TAD1i = 1, TAD33B_FILL: “prescription tranquilizers (and/,)”
 IF TAD1j = 1, TAD33B_FILL: “prescription pain relievers”

DEFINE TAD33C_FILL

IF TAD1f = 1 AND TAD1g-TAD1j = 2 OR DK OR REF, TAD33C_FILL: “marijuana or hashish”
 IF TAD1h = 1 AND TAD1f AND TAD1g AND TAD1i AND TAD1j = 2 OR DK OR REF,
 TAD33C_FILL: “prescription stimulant”
 IF TAD1i = 1 AND TAD1f AND TAD1g AND TAD1h AND TAD1j = 2 OR DK OR REF,
 TAD33C_FILL: “prescription tranquilizer”
 IF TAD1j = 1 AND TAD1f AND TAD1g AND TAD1h AND TAD1i = 2 OR DK OR REF,
 TAD33C_FILL: “prescription pain reliever”
 ELSE TAD33C_FILL: drug

TAD33 [IF TAD1f OR TAD1g OR TAD1h OR TAD1i OR TAD1j = 1] You [TAD33A_FILL] reported using [TAD33B_FILL]. In answering the next questions, think of the one year in your life when your [TAD33C_FILL] use interfered most with your life. During that year, how often did you have each of the following problems?

	4-7 Days a Week	2-3 Days a Week	2-4 Days a Month	Monthly or Less	Never
TAD33a Your [TAD33C_FILL] use or being under the influence interfered with your responsibilities at school, home, or work?	1	2	3	4	5
TAD33b You continued to use even when it caused problems with your family, friends, neighbors, or co-workers?	1	2	3	4	5
TAD33c You were under the influence in hazardous situations, like when driving or operating a machine?	1	2	3	4	5
TAD33d You either used more or spent more time using than you intended when you started?	1	2	3	4	5
TAD33e You greatly reduced important activities with family, friends, or at work because of your use?	1	2	3	4	5

DK/REF

DEFINE TAD33_COUNT

SET TAD33_COUNT = 0

IF TAD33a = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD33_COUNT

IF TAD33b = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD33_COUNT

IF TAD33c = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD33_COUNT

IF TAD33d = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD33_COUNT

IF TAD33e = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD33_COUNT

DEFINE TAD34RAND = random number between 0.00–1.00

TAD34 [IF TAD33_COUNT ≥ 1 OR (TAD33_COUNT = 0 AND TAD34RAND ≤ 0.10)] Still thinking about the one year in your life when your [TAD33C_FILL] use interfered most with your life, how often during that year did you have each of these other problems?

	4-7 Days a Week	2-3 Days a Week	2-4 Days a Month	Monthly or Less	Never
TAD34a You tried to cut down or control your use but were unable to do so?	1	2	3	4	5
TAD34b You spent a great deal of time using or recovering from use?	1	2	3	4	5
TAD34c You had such a strong desire or craving to use that you couldn't think of anything else?	1	2	3	4	5
TAD34d You continued to use even when it caused physical or emotional health problems?	1	2	3	4	5
TAD34e You experienced [TAD33C_FILL] tolerance, that is, either the same amount no longer had the same effect or you needed to use a lot more to get the same effect?	1	2	3	4	5
TAD34f You experienced withdrawal symptoms like trouble sleeping, emotional problems, restlessness, sweating or nausea when you tried to cut down your use?	1	2	3	4	5
TAD34g You continued to use in order to avoid having withdrawal symptoms?	1	2	3	4	5

DK/REF

DEFINE TAD35_COUNT

SET TAD35_COUNT = 0

IF TAD33a = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD35_COUNT

IF TAD33b = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD35_COUNT

IF TAD33c = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD35_COUNT

IF TAD33d = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD35_COUNT

IF TAD33e = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD35_COUNT

IF TAD34a = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD35_COUNT

IF TAD34b = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD35_COUNT

IF TAD34c = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD35_COUNT

IF TAD34d = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD35_COUNT

IF TAD34e = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD35_COUNT

IF TAD34f = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD35_COUNT

IF TAD34g = (1 OR 2 OR 3 OR 4), ADD 1 TO TAD35_COUNT

DEFINE TAD35_FILL

IF TAD35_COUNT = 2 THEN TAD35_FILL = “these problems”

IF TAD35_COUNT > 2 THEN TAD35_FILL = “at least two of these problems”

TAD35 [IF TAD35_COUNT ≥ 2] You reported [TAD35_COUNT] problems associated with your drug use. About how old were you the **very first time** you had [TAD35_FILL] in the same year? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

TAD36 [IF TAD35 = (CURNTAGE – 1)] Did that episode start in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

TAD37 [IF (TAD35_COUNT ≥ 2) AND TAD35 NE CURNTAGE AND (TAD35 NE (CURNTAGE – 1))] **About how many years in your life did you have [TAD35_FILL] in the same year?** Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF YEARS [RANGE: 1–(CURNTAGE – 2)]
DK/REF

TAD38 [IF TAD35_COUNT ≥ 2] During about how many **months** out of the **past 12** did you have these problems? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF MONTHS [RANGE: 0–12]
DK/REF

TAD39 [IF (TAD35_COUNT ≥ 2) AND TAD38 NE (1–12)] About how old were you the **most recent time** you had these problems because of your drug use? Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE TAD40_FILL

IF TAD28_COUNT ≥ 2 AND TAD35_COUNT ≥ 2 THEN TAD40_FILL = “alcohol or drug use”
IF TAD28_COUNT ≥ 2 AND TAD35_COUNT < 2 THEN TAD40_FILL = “alcohol use”
IF TAD28_COUNT < 2 AND TAD35_COUNT ≥ 2 THEN TAD40_FILL = “drug use”

TAD40 [IF ((TAD28_COUNT ≥ 2) OR (TAD35_COUNT ≥ 2)) The next questions are about treatment.

Have you ever in your life stayed overnight or longer in a substance abuse treatment center or hospital to receive treatment for problems with [TAD40_FILL]?

- 1 Yes
 - 2 No
- DK/REF

TAD41 [IF TAD40 = 1] How many times were you hospitalized for problems with [TAD40_FILL]? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF TIMES [RANGE: 1–100]
DK/REF

DEFINE TAD42_FILL

IF TAD41 = 1 THEN TAD42_FILL = “when that happened?”
ELSE TAD42_FILL = “the first time you were hospitalized for those problems?”

TAD42 [IF TAD40=1] How old were you [TAD42_FILL]?

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

DEFINE TAD43_FILL

IF TAD41 = 1 THEN TAD43_FILL = “that”
ELSE TAD43_FILL = “your first hospitalization”

TAD43 [IF TAD42 = (CURNTAGE – 1)] Did [TAD43_FILL] start in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

TAD44 [IF TAD40 =1] How many nights in the past 12 months were you in a hospital for problems with [TAD40_FILL]? Your best estimate is fine if you cannot remember the exact number.

_____ NUMBER OF NIGHTS IN A HOSPITAL [RANGE: 0–365]
DK/REF

TAD45 [IF TAD44 < 1 OR TAD42 NE CURNTAGE] About how old were you the **most recent time** you were in a hospital overnight for problems with [TAD40_FILL]? Your best estimate is fine if you cannot remember the exact age.

_____ YEARS OLD [RANGE: 1–(CURNTAGE – 1)]
DK/REF

DEFINE TAD46_FILL

IF TAD40 = 1 AND TAD41 = 1 TAD46_FILL: “Not counting the time when you were hospitalized, have”

IF TAD40 = 1 AND TAD41 NE 1 TAD46_FILL: “Not counting times when you were hospitalized, have”

ELSE TAD46_FILL: “Have”

TAD46 [IF (TAD28_COUNT ≥ 2) OR (TAD35_COUNT ≥ 2)] People can receive treatment for problems with [TAD40_FILL] by attending a self-help group, participating in a 12-step program, receiving professional counseling, or taking medication.

[TAD46_FILL] you ever in your life received any of these kinds of treatment for problems with [TAD40_FILL]?

- 1 Yes
 - 2 No
- DK/REF

TAD47 [IF TAD46 = 1] About how old were you the very first time you received this-treatment?

Your best estimate is fine if you cannot remember your exact age.

_____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

TAD48 [IF TAD47 = (CURNTAGE-1)] Did you start that treatment in the past 12 months or more than 12 months ago?

- 1 In the past 12 months
 - 2 More than 12 months ago
- DK/REF

TAD49 [IF TAD46 = 1 AND (TAD47 NE CURNTAGE) AND (TAD48 NE1)] During about how many years in your life did you receive treatment for problems with [TAD40_FILL] at least once? Your best estimate is fine if you cannot remember the exact number.

____ NUMBER OF YEARS [RANGE: 0–CURNTAGE]
DK/REF

DEFINE TAD50_FILL

IF TAD40 = 1 AND TAD41 = 1, TAD50_FILL: “Not counting time when you were hospitalized, about”

IF TAD40 = 1 AND TAD41 NE 1, TAD50_FILL: “Not counting times when you were hospitalized, about”

ELSE TAD50_FILL: “About”

TAD50 [IF TAD46 = 1 AND ((TAD47 NE CURNTAGE) OR IF ((TAD49 NE 1) AND (TAD47 NE (CURNTAGE – 2 OR MORE)) AND ((TAD31 NE (1–12)) OR (TAD38 NE (1–12))))]
A person can have a treatment session with a professional counselor by visiting face-to-face, talking over the telephone, or by exchanging text messages. A person can also have a treatment session by attending a self-help group or by participating in a 12-step program.

[TAD50_FILL] how many treatment sessions, for problems with [TAD40_FILL], did you have in the past 12 months?

Your best estimate is fine if you cannot remember the exact number.

____ NUMBER OF TREATMENT SESSIONS [RANGE: 1–1000]
DK/REF

TAD51 [TAD49 < 1] About how old were you the **most recent time** you received treatment? Your best estimate is fine if you cannot remember the exact age.

____ YEARS OLD [RANGE: 0–CURNTAGE]
DK/REF

TAD52 [IF TAD50 ≥ 1] Are you still in treatment? Or have you stopped treatment?

- 1 Still in treatment
 - 2 Stopped treatment
- DK/REF

TAD53 [IF TAD52 = 2] How important was each of the following reasons for why you stopped treatment?

	Very Important	Somewhat Important	Not Very Important	Not at All Important
TAD53a You got better and no longer needed help	1	2	3	4
TAD53b It was not helping; you were not getting better	1	2	3	4

	Very Important	Somewhat Important	Not Very Important	Not at All Important
TAD53c Financial reasons	1	2	3	4
TAD53d Inconvenience, such as problems with time, transportation, or scheduling	1	2	3	4
TAD53e Embarrassment or concern about what people would think if they knew you were in treatment	1	2	3	4
TAD53f You preferred to handle the problem on your own or with the help of family and friends	1	2	3	4
TAD53g Some other important reason	1	2	3	4

DK/REF

TAD53OT [IF TAD53g = 1 OR 2] What was the other important reason you stopped treatment?

_____ [ALLOW 200 CHARACTERS]

DK/REF

TAD54 [IF TAD40 = (2 OR DK OR REF) OR TAD46 = (2 OR DK OR REF) OR TAD48 = (2 OR DK OR REF)] Was there ever a time in the past 12 months when you felt that you might need treatment for your [TAD40_FILL]?

1 Yes

2 No

DK/REF

TAD55 [IF TAD54 = 1] How important was each of the following reasons for why you did not get treatment?

	Very Important	Somewhat Important	Not Very Important	Not at All Important
TAD55a The problem got better and you no longer needed help	1	2	3	4
TAD55b You didn't know where to go	1	2	3	4
TAD55c You couldn't find a place that would see you when you needed help	1	2	3	4
TAD55d Financial reasons	1	2	3	4
TAD55e Inconvenience, such as problems with time, transportation, or scheduling	1	2	3	4

	Very Important	Somewhat Important	Not Very Important	Not at All Important
TAD55f Embarrassment or concern about what people would think if they knew you were in treatment	1	2	3	4
TAD55g You preferred to handle the problem on your own or with the help of family and friends	1	2	3	4
TAD55h Some other important reason	1	2	3	4

DK/REF

TAD55OT [IF TAD55h = 1 OR 2] What was the other important reason you did not get treatment?

_____ [ALLOW 200 CHARACTERS]

DK/REF

END TIME STAMP

29. Relationships and Social Networks

BEGIN TIME STAMP

ONLY SHOW THIS MODULE IF PART2_SHOW=1.

U4x [IF QD07 = 1 OR 2 OR 3 OR 4] Earlier, you mentioned that you are now [FILL QD07]. How old were you when you **first** got married?

_____ YEARS OLD [RANGE: 10–17]
DK/REF

U4y [IF QD07 = 1] How long have you been married?

_____ YEARS [RANGE: 0–10]
DK/REF

U10 [IF QD07 NE 1] Next, we'll ask about your relationships with other people. Which of the following **best** describes your current dating situation?

- 1 Engaged to be married
 - 2 Cohabiting or living together
 - 3 Steadily dating one person, but not engaged
 - 4 Dating one or more people, but not in one steady relationship
 - 5 Not currently dating
- DK/REF

DEFINE U11_FILL

IF QD07 = 1, THEN U11_FILL = spouse

IF U10 = 1, THEN U11_FILL = fiancé

ELSE U11_FILL = partner

U11 [IF QD07 = 1 OR (U10 = 1 OR 2)] What is the sex of your [U11_FILL]?

- 1 Male
 - 2 Female
 - 3 Transgender
- DK/REF

U12 [IF QD07 NE 1 AND U10 = 1 OR 2] How many years have you been in a steady relationship with your [U11_FILL]? If less than one year, enter "0".

_____ YEARS [RANGE: 0–CURNTAGE]
 DK/REF

DEFINE U13_FILL

IF QD07 = 1, THEN U13_FILL = Counting your spouse, how
 ELSE U13_FILL = How

U13 [U13_FILL] many people have you had sexual intercourse with in the past 12 months?

_____ NUMBER OF PEOPLE [RANGE: 0–300]
 DK/REF

U14A [IF QD07 = 1 OR U9 = 1 OR U10 = 1 OR 2] Please think about your [U11_FILL] when answering the next questions.

	A Lot	Some	A Little	Not at All
U14A1 How much does your [U11_FILL] really care about you?	1	2	3	4
U14A2 How much does your [U11_FILL] understand the way you feel about things?	1	2	3	4
U14A3 How much can you rely on your [U11_FILL] for help if you have a serious problem?	1	2	3	4
U14A4 How much can you open up to your [U11_FILL] if you need to talk about your worries?	1	2	3	4

DK/REF

U14B [IF QD07 = 1 OR U9 = 1 OR U10 = 1 OR 2] Please think about your [U11_FILL] when answering the next questions.

	Often	Sometimes	Rarely	Never
U14B1 How often does your [U11_FILL] make too many demands on you?	1	2	3	4
U14B2 How often does your [U11_FILL] criticize you?	1	2	3	4
U14B3 How often does your [U11_FILL] let you down when you are counting on them?	1	2	3	4
U14B4 How often does your [U11_FILL] get on your nerves?	1	2	3	4

DK/REF

U15 How many biological children have you had?

If you have no biological children, please enter 0.

_____ NUMBER OF CHILDREN [RANGE: 0–25]
 DK/REF

DEFINE U16_FILL

IF U15 = 2, THEN U16_FILL = older
IF U15 > 2, THEN U16_FILL = oldest
ELSE, U16_FILL = BLANK

U16 [IF U15 > 0] How old is your [U16_FILL] biological child? If your child is less than 1 year old, enter "0".

_____ YEARS OLD [RANGE: 0–80]
DK/REF

DEFINE U17_FILL

IF U15 = 2, THEN U17_FILL = younger
IF U15 > 2, THEN U17_FILL = youngest
ELSE, U17_FILL = BLANK

U17 [IF U15 > 1] How old is your [U17_FILL] biological child? If your child is less than 1 year old, enter "0".

_____ YEARS OLD [RANGE: 0–80]
DK/REF

DEFINE U21_FILL

IF QD07 = 1, THEN U21_FILL = is your spouse
IF U10 = 1, THEN U21_FILL = is your fiancé
IF U10 = 2, THEN U21_FILL = is your partner
ELSE, THEN U21_FILL = are any of your sexual partners

U21 [IF QD01 = 5 AND U13 > 0] As far as you know, is your [U21_FILL] currently pregnant?

1 Yes
2 No
DK/REF

U22 [IF QD01 = 9 AND U13 > 0 AND CURNTAGE < 55] As far as you know, are you currently pregnant?

1 Yes
2 No
DK/REF

SN1 The next few questions are about your social life.

How often do you talk on the phone, chat online, or get together with friends or relatives?

1 Most every day

- 2 A few times a week
- 3 A few times a month
- 4 Once a month
- 5 Less than once a month
- 6 Never

DK/REF

SN2 [IF SN1 = 1 OR 2 OR 3 OR 4] How many friends and relatives do you talk to on the phone, chat with online, or get together with **at least once a month**?

_____ NUMBER OF FRIENDS AND RELATIVES [RANGE: 1–95]

DK/REF

SN2a How often do you attend meetings of religious, fraternal, social, or recreation groups you belong to?

- 1 Several times a week
- 2 1–2 times a week
- 3 Several times a month
- 4 1–2 times a month
- 5 Less than once a month
- 6 Never

DK/REF

SN2r This next question is about the role that religious beliefs may play in your life. Please indicate whether you strongly disagree, disagree, agree, or strongly agree.

Your religious beliefs are a very important part of your life.

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree

DK/REF

SN3 How much could you rely on people in your personal life for support and comfort if you had a serious personal problem?

- 1 A lot
- 2 Some
- 3 A little
- 4 Not at all

DK/REF

SN4 [IF SN3 = 1 OR 2] How many people could you rely on in this way?

_____ NUMBER OF PEOPLE [RANGE: 1–95]
 DK/REF

SN6 How often do the people in your personal life make too many demands on you?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK/REF

SN7 How often do the people in your personal life argue with you or say things that make you feel bad about yourself?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK/REF

SN8 How well do the following statements describe you?

	Exactly Like Me	A Lot Like Me	Somewhat Like Me	A Little Like Me	Not at All Like Me
SN8a The people in my personal life would be happier without me	1	2	3	4	5
SN8b I am a burden to the people in my personal life	1	2	3	4	5
SN8c I feel like I belong	1	2	3	4	5
SN8d The people in my personal life need me and would be much worse off if I was not around	1	2	3	4	5

DK/REF

SN10 The next questions are about using the internet for social networking and playing games with other people.

	Yes	No
SN10a Do you use the internet for playing games with other people?	1	2

	Yes	No
SN10b Do you use the internet for social networking with other people?	1	2

DK/REF

SN11 [IF SN10a = 1] How often do you play online games with other people? Include any type of online game you play with other people, such as website games, console games, and mobile apps.

- 1 Less than once a day
- 2 Once a day
- 3 Several times a day
- 4 Many times a day
- 5 Constantly

DK/REF

SN12 [IF SN10b = 1] How often do you use social networking apps or sites like Facebook, Snapchat, Instagram, and Twitter?

- 1 Less than once a day
- 2 Once a day
- 3 Several times a day
- 4 Many times a day
- 6 Constantly

DK/REF

SN14 [IF SN10a = 1 OR IF SN10b = 1] How many **new** friends, if any, have you made online?

- 1 None
- 2 One
- 3 2–5
- 4 More than 5

DK/REF

SN15 [IF SN10a = 1 OR IF SN10b = 1] When you use social networking apps or play games with others online, do you ever...

	Yes, a Lot	Yes, a Little	No
SN15a feel more relaxed and happy?	1	2	3
SN15b feel more angry and frustrated?	1	2	3

DK/REF

END TIME STAMP

30. Childhood Demographics

BEGIN TIME STAMP

ONLY SHOW THIS MODULE IF PART2_SHOW=1.

Q_DE2 Now we have some questions about your childhood.

Press [ENTER] to continue.

Q_DE20_12 How many times have you moved to a totally new neighborhood or town?

_____ TIMES [RANGE: 0–50]

DK/REF

Q_DE20_5 The following questions are about specific educational experiences during different periods of your life. How many different schools have you attended?

_____ SCHOOLS [RANGE: 1–36]

DK/REF

Q_DE20 Are you currently enrolled in school?

If you are on a holiday or break from school, such as spring break or summer vacation, but plan to return when the break is over, please answer yes.

1 Yes

2 No

DK/REF

Q_DE20B. [IF Q_DE20=1] As things stand now, how far in school do you think you will get?

1 Less than high school graduation

2 High school graduation or GED only

3 Attend or complete a 2-year school course in a community or vocational school

4 Attend college, but not complete a 4-year degree

5 Graduate from college

6 Obtain a Master's degree or equivalent

7 Obtain a Ph.D., M.D., or other advanced degree

DK/REF

Q15b [IF Q_DE20 NE 2] How well do you do in math compared to other students in your class?

1 Much better

2 Better

3 About the same

4 Worse

- 5 Much worse
- 6 Do not have other students in your class
- DK/REF

Q15c [IF Q_DE20 NE 2] How well do you do in reading and writing, like spelling and grammar, compared to other students in your class?

- 1 Much better
- 2 Better
- 3 About the same
- 4 Worse
- 5 Much worse
- 6 Did not have other children in your class
- DK/REF

Q_DE208.a When you were in grade school, were you usually one of the younger kids in your classroom, one of the older kids, or about average in terms of age?

- 1 Younger
- 2 Older
- 3 Average
- DK/REF

Q16 Have any of your teachers, principals, or school psychologists ever told you or your parents that you had a problem with learning any of the following usual school subjects?

	Yes	No
Q16a Reading	1	2
Q16b Writing	1	2
Q16c Mathematics or arithmetic	1	2
Q16d Speaking or language	1	2

DK/REF

```

DEFINE Q16_COUNT
SET Q16_COUNT=0
IF Q16a=1, ADD 1 TO Q16_COUNT
IF Q16b=1, ADD 1 TO Q16_COUNT
IF Q16c=1, ADD 1 TO Q16_COUNT
IF Q16d=1, ADD 1 TO Q16_COUNT

```

```

DEFINE Q16_FILL
IF Q16_COUNT=1, THEN SET Q16_FILL="this learning problem"
IF Q16_COUNT>1, THEN SET Q16_FILL="these learning problems"

```

Q17 [IF Q16a OR Q16b OR Q16c OR Q16d = 1] Because of [Q16_FILL], did you receive any of the following at any time?

	Yes	No
Q17a Special education testing to help understand the problem	1	2
Q17b Special or different classes provided by the school, because of the problem	1	2
Q17c Individual tutoring or counseling arranged by the school	1	2
Q17d Private tutoring arranged at home	1	2
Q17e A request to see a medical doctor or psychologist about this problem	1	2
Q17f A request to change to a different school	1	2

DK/REF

Q17g [IF Q17f = 1] Did you actually change schools because of [Q16_FILL]?

1 Yes

2 No

DK/REF

Q25 [IF Q_DE20 NE 2] Approximately how many school clubs or organizations are you involved with?

1 0

2 1–5

3 6–9

4 10–19

5 20 or more

DK/REF

Q26 **Since you were in middle school**, have you regularly participated in any kind of organized sport, such as basketball, swimming, tennis, gymnastics, or snow sports?

1 Yes

2 No

DK/REF

Q29 **In the past year**, how often have you taken part in activities that are **vigorous or moderately energetic**, such as running, working out, swimming, walking, dancing, or tennis?

1 Every day

2 More than once a week

3 Once a week

4 One to three times a month

5 Hardly ever or never

DK/REF

END TIME STAMP

31. Childhood Experiences

BEGIN TIME STAMP

ONLY SHOW THIS MODULE IF PART2_SHOW=1.

X1 Next, we'll ask about some experiences you may have had growing up. Which of the following experiences have you had?

	Yes	No
X1b Are your parents separated or divorced?	1	2
X1c Has either of your parents ever attempted or committed suicide?	1	2
X1d Has either parent ever been in prison or jail for 6 months or longer?	1	2
X1e Has either parent, or person who raised you, ever had a mental illness?	1	2
X1f Has either parent, or person who raised you, ever had an alcohol or drug problem?	1	2
X1g Have you ever been sent to a juvenile detention center?	1	2

DK/REF

X2 For how many **years** of your life have you lived...

NUMBER OF YEARS

X2a with your biological mother? _____ [RANGE: 0–17]

X2b with your biological father? _____ [RANGE: 0–17]

X2c in a foster home? _____ [RANGE: 0–17]

DK/REF

X5 How often have you had each of the following experiences?

	Very Often	Often	Sometimes	Rarely	Never
X5a Your family was on welfare	1	2	3	4	5
X5b You were homeless	1	2	3	4	5
X5c You had to do chores too hard or dangerous for someone your age	1	2	3	4	5

DK/REF

X6 How often have you had each of the following experiences?

	Very Often	Often	Sometimes	Rarely	Never
X6f Someone in your family made you feel important	1	2	3	4	5
X6g You felt loved and cared for	1	2	3	4	5
X6h Your family was a source of strength and support	1	2	3	4	5

DK/REF

X7 The next questions ask about bullying. Bullying is when one or more people tease, threaten, spread rumors about, hit, shove, or hurt another person over and over again. It is **not** bullying when two people of about the same strength or power argue or fight or tease each other in a friendly way.

With that definition in mind, have you **ever in your life** been bullied?

- 1 Yes
- 2 No
- DK/REF

X8 [IF X7 = 1] During the **past 12 months**, have you been bullied?

- 1 Yes
- 2 No
- DK/REF

X9 Have you **ever in your life** bullied someone?

- 1 Yes
- 2 No
- DK/REF

X10 [IF X9 = 1] During the **past 12 months**, have you bullied someone?

- 1 Yes
- 2 No
- DK/REF

X11 Electronic bullying is when someone bullies you through texting, instant messaging, e-mail, chat rooms, or websites. Have you **ever in your life** been electronically bullied?

- 1 Yes
- 2 No
- DK/REF

X12 [IF X11 = 1] During the **past 12 months**, have you been electronically bullied?

- 1 Yes
- 2 No
- DK/REF

X13 Have you **ever in your life** bullied someone electronically?

- 1 Yes
- 2 No
- DK/REF

X14 [IF X13 = 1] During the **past 12 months**, have you bullied someone electronically?

- 1 Yes
- 2 No
- DK/REF

ACES1 Next, we are going to ask about grown-ups who take care of you. This means parents, babysitters, adults who live with you, or others who watch you. Before we begin, we want to remind you that your answers will be kept totally private. If there is a particular question that you don't want to answer, that's O.K. But it is important that you be as honest as you can, so that the researchers can get a better idea of the kinds of things that kids your age sometimes face.

Not including spanking on your bottom, at any time in your life, did a **grown-up** in your life hit, beat, kick, or physically hurt you in any way?

- 1 Yes
- 2 No
- DK/REF

ACES2 At any time in your life, did a **grown-up** ever touch your private parts when they shouldn't have or make you touch their private parts?

- 1 Yes
- 2 No
- DK/REF

ACES3 Did a **grown-up** ever force you to have sex, or try to force you to have sex?

- 1 Yes
- 2 No
- DK/REF

ACES4 Now think about **kids your age**, like from school, a boyfriend or girlfriend, or even a brother or sister. At any time in your life, did another child or teen make you do sexual things?

- 1 Yes
- 2 No
- DK/REF

ACES5 At any time in your life, did you get scared or feel really bad because grown-ups in your life called you names, said mean things to you, or said they didn't want you?

- 1 Yes
- 2 No
- DK/REF

ACES6 When someone is neglected, it means that the grown-ups in their life don't take care of them the way they should. They might not get them enough food, take them to the doctor when they are sick, or make sure they have a safe place to stay. At any time in your life, did you get neglected?

- 1 Yes
- 2 No
- DK/REF

ACES7 Has anyone in your household ever gone to prison?

- 1 Yes
- 2 No
- DK/REF

ACES8 At any time in your life, did you **see** a parent get pushed, slapped, hit, punched, or beat up by another parent or their boyfriend or girlfriend?

- 1 Yes
- 2 No
- DK/REF

ACES9 [IF X6g NE 5] Thinking about your life up to now, was there someone in your **family** who made you feel loved?

- 1 Yes
- 2 No
- DK/REF

END TIME STAMP

32. Employment

BEGIN TIME STAMP

E1 [IF CURNTAGE > 14] The next few questions are about employment status. Which of the following were you doing last week?

- 1 Working for pay at a job or business
 - 2 With a job or business but not at work, such as on vacation or leave
 - 3 Looking for work
 - 4 Working, but not for pay, at a family-owned job or business
 - 5 Not working at a job or business and not looking for work
- DK/REF

DEFINE E2_FILL

IF E1 = 2, THEN E2_FILL = work last week

IF E1 = 5, THEN E2_FILL = have a job or business last week

E2 [IF E1 = 2 OR 5] What is the main reason you did not [E2_FILL]?

- 1 Taking care of house or family
 - 2 Going to school
 - 3 Retired
 - 4 On a planned vacation from work
 - 5 On family or maternity leave
 - 6 Temporarily unable to work for health reasons
 - 7 Have job/contract and off-season
 - 8 On layoff
 - 9 Disabled
 - 10 Other
- DK/REF

DEFINE E3_ASK

IF (E1 = 1 OR 4) OR (E2 = 4 OR 5 OR 6 OR 7), then E3_ASK=1,

ELSE E3_ASK=0.

DEFINE E3_FILL

IF E1 = 1 OR 4, THEN E3_FILL = did you work **last week** at **all** jobs or businesses

IF E2 = 4 OR 5 OR 6 OR 7, THEN E3_FILL = do you **usually** work at **all** jobs or businesses

E3 [IF E3_ASK=1] How many hours [E3_FILL]?

_____ NUMBER OF HOURS [RANGE: 1-168]

DK/REF

E3_SFTCK [IF E3 = 95 – 168] [FILL: E3] is an unusually high number. Is it correct that you worked [E3] hours **last week**?

- 1 Yes
- 2 No
- DK/REF

E3_2 [IF E3_SFTCK = 2 OR DK] How many hours [E3_FILL]?

_____ NUMBER OF HOURS [RANGE: 1 – 168]
DK/REF

E4 [IF E3 = 1 – 34 OR DK OR REF] Do you **usually** work 35 hours or more per week in total at **all** jobs or businesses?

- 1 Yes
- 2 No
- DK/REF

E5 [IF CURNTAGE > 14] Did you work for pay at any time in [4 DIGIT LAST FULL CALENDAR YEAR]?

- 1 Yes
- 2 No
- DK/REF

DEFINE E_EMPTY

IF (E1 = 1 OR 2 OR 4) AND (E2=4 OR 5 OR 6 OR 7), THEN E_EMPTY=1,
ELSE E_EMPTY=0.

QD37 [IF E1 = 1 OR 2 OR 4 OR DK OR REF] During the past 12 months, was there ever a time when you did **not** have at least one job or business?

- 1 Yes
- 2 No
- DK/REF

QD40 [IF E_EMPTY = 1] During the past 30 days, that is, from [DATEFILL] up to and including today, how many **whole** days of work did you miss because you were sick or injured? Please do not include days you missed because you stayed home with a sick child or other family member.

_____ NUMBER OF DAYS [RANGE: 0–30]
DK/REF

QD41 [IF E_EMPLY = 1] During the past 30 days, that is, from [DATEFILL] up to and including today, how many **whole** days of work did you miss because you just didn't want to be there? Please do not include days you missed because of a planned vacation or days that you stayed home with a sick child or other family member.

_____ NUMBER OF DAYS [RANGE: 0-30]
DK/REF

PENTER1 Thank you for your help with this part of the interview. When you leave this screen, the responses you entered into the computer will be locked and can no longer be seen by you, the interviewer, or anyone else who uses this computer. When you are ready, please press 1 and [ENTER] to complete this part of the interview and lock your responses.

[ONCE 1 IS ENTERED FOR PENTER1, NO ONE CAN RE-ENTER THE ACASI PORTION OF THE INTERVIEW.]

ENDAUDIO Your responses have been locked. Please tell your interviewer that you are finished.

INTERVIEWER: ENTER THE THREE-LETTER CODE TO MOVE TO THE NEXT SECTION.

END TIME STAMP

33. Household Roster

BEGIN TIME STAMP

HR_INTRODM2 For the next questions, I will read the question out loud, you can tell me your answer, and I will enter it into the computer.

PRESS [ENTER] TO CONTINUE.

HR1 Altogether, how many people live here now, **including yourself**? Please include anyone who (has lived/will live) here for most of (**January, February, and March/April, May, and June/July, August, and September/October, November, and December**).

NUMBER IN HOUSEHOLD: _____ [RANGE: 1–25]
DK/REF

INTERVIEWER: If you are interviewing in a transient shelter, enter “1”. If you are interviewing in a group quarters unit that was listed by room, enter the number of people living in the room.

IF HR1 = 1 OR DK/REF, SKIP TO FIRST QUESTION FOLLOWING HH ROSTER, OTHERWISE CONTINUE.

DEFINE GRID WITH ROWS EQUAL TO HR1. EACH COLUMN OF THE GRID IS A QUESTION AS SPEC'D BELOW.

PERAGEYR [IF HR1 = 2–25] Now I need some additional information about each person who lives here. Let's start with the oldest. How old was he or she on his or her **last** birthday? (WORDING FOR ADDITIONAL CYCLES: How old was the next oldest person on his or her last birthday?)

INTERVIEWER: FOR CHILDREN LESS THAN 24 MONTHS (2 YEARS), ENTER “1”. YOU WILL BE PROMPTED FOR THE AGE IN MONTHS ON THE NEXT SCREEN.

AGE IN WHOLE YEARS: _____ [RANGE: 1–110]
DK/REF

CHAGEMON [IF PERAGEYR = 1] ENTER THE AGE **IN WHOLE MONTHS** FOR THIS HOUSEHOLD MEMBER. FOR BABIES UNDER 1 MONTH OLD, ENTER 1.

AGE IN MONTHS: _____ [RANGE: 1–23]
DK/REF

CHMONSEX [IF CHAGEMON = 1–23] Is the [**CHAGEMON FILL**]-month-old child a male or a female?

5 MALE
9 FEMALE
DK/REF

CHYRSEX [IF CHAGEMON = DK/REF] Is this child a male or female?

5 MALE
9 FEMALE
DK/REF

PERYRSEX [IF PERAGEYR = 2–110] Is the [PERAGEYR FILL]-year-old person male or female?

5 MALE
9 FEMALE
DK/REF

PERSEX [IF PERAGEYR = DK/REF] Is this person a male or a female?

5 MALE
9 FEMALE
DK/REF

MRELATON [IF CHMONSEX OR CHYRSEX OR PERYRSEX OR PERSEX = 5]

[IF QD01 = 5] IF IT IS CLEAR THAT RESPONDENT IS TALKING ABOUT HIMSELF: ASK “Is that you?” IF YES, ENTER “1” for “SELF”.

IF RESPONDENT IS NOT TALKING ABOUT SELF HAND R SHOWCARD 5. Please look at this card, and tell me which category best describes his relationship to you.

- 1 SELF
- 2 HUSBAND
- 3 SON (INCLUDES STEP, FOSTER, ADOPTIVE)
- 4 SON-IN-LAW
- 5 BROTHER (INCLUDES HALF, STEP, FOSTER, ADOPTIVE)
- 6 BROTHER-IN-LAW
- 7 FATHER (INCLUDES STEP, FOSTER, ADOPTIVE)
- 8 FATHER-IN-LAW
- 9 UNCLE
- 10 NEPHEW
- 11 GRANDFATHER
- 12 GRANDSON
- 13 COUSIN
- 14 EX-HUSBAND
- 15 UNMARRIED PARTNER

- 16 HOUSEMATE OR ROOMMATE
- 17 TENANT, BOARDER, OR EXCHANGE STUDENT
- 18 OTHER RELATIVE
- 19 OTHER NONRELATIVE
- DK/REF

[R SEX] IF MRELATON = 1 AND QD01 = 9, DISPLAY ERROR BOX THAT SAYS:
 INTERVIEWER: YOU HAVE RECORDED THAT THE RESPONDENT IS MALE. EARLIER,
 YOU RECORDED THE RESPONDENT’S SEX AS FEMALE. CONFIRM THE RESPONDENT’S
 SEX, AND CORRECT THE ANSWER THAT WAS ENTERED INCORRECTLY.

CREATE ERROR BOX SO IT ALLOWS R TO GO TO EITHER ANSWER TO FIX IT.

[R AGE] IF MRELATON = 1 AND PERAGEYR DOES NOT EQUAL CURNTAGE, DISPLAY
 ERROR BOX THAT SAYS: INTERVIEWER: YOU HAVE RECORDED THAT THE
 RESPONDENT IS [FILL PERAGEYR]. EARLIER, THE RESPONDENT’S AGE WAS ENTERED
 AS [FILL CURNTAGE]. PLEASE CONFIRM THE RESPONDENT’S AGE. IF YOU NEED TO
 CORRECT THE AGE OR RELATIONSHIP GIVEN IN THE ROSTER, HIGHLIGHT THAT
 QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWER YOU ENTERED IN THE
 ROSTER IS CORRECT, HIGHLIGHT “SUPPRESS” AND PRESS [ENTER].

[NOTE: FI SHOULD ONLY BE ALLOWED TO CHANGE PERAGEYR AND MRELATON.]

SUPPMAGE [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
 INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY
 YOU HAVE CHOSEN TO SUPPRESS THIS ERROR.

ALLOW 200 CHARACTERS.

[GRANDPARENT YOUNGER THAN R] IF MRELATON = 11 AND PERAGEYR DOES NOT
 EQUAL DK OR REF AND IS = OR < CURNTAGE, DISPLAY ERROR BOX THAT SAYS:
 INTERVIEWER: YOU HAVE RECORDED THAT THE RESPONDENT’S GRANDFATHER IS
 THE SAME AGE AS OR YOUNGER THAN THE RESPONDENT. PLEASE VERIFY THIS WITH
 THE RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT
 QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS,
 HIGHLIGHT “SUPPRESS” AND PRESS [ENTER].

SUPPGDAD [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
 INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY
 THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

[GRANDCHILD OLDER THAN R] IF MRELATON = 12 AND PERAGEYR DOES NOT
 EQUAL DK OR REF AND IS = OR > CURNTAGE, DISPLAY ERROR BOX THAT SAYS:
 INTERVIEWER: YOU HAVE RECORDED THAT THE RESPONDENT’S GRANDSON IS THE
 SAME AGE AS OR OLDER THAN THE RESPONDENT. PLEASE VERIFY THIS WITH THE
 RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT QUESTION

NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS, HIGHLIGHT “SUPPRESS” AND PRESS [ENTER].

SUPPGSON [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

[SPOUSE/PARTNER < 16] IF MRELATON = 2 OR 15 OR 14 AND PERAGEYR = OR < 16, DISPLAY ERROR BOX THAT SAYS: INTERVIEWER: YOU HAVE RECORDED THAT THE RESPONDENT’S SPOUSE, EX-SPOUSE OR PARTNER IS 16 YEARS OLD OR YOUNGER. PLEASE VERIFY THIS WITH THE RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS, HIGHLIGHT “SUPPRESS” AND PRESS [ENTER].

SUPPHUS [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

[IN-LAW < 16] IF MRELATON = 8 OR 4 AND PERAGEYR = OR < 16, DISPLAY ERROR BOX THAT SAYS: INTERVIEWER: YOU HAVE RECORDED THAT THE RESPONDENT’S [MRELATON] IS 16 YEARS OLD OR YOUNGER. PLEASE VERIFY THIS WITH THE RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS, HIGHLIGHT “SUPPRESS” AND PRESS [ENTER].

SUPPMIL [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

[SON IN-LAW OLDER THAN R] IF MRELATON = 4 AND PERAGEYR DOES NOT EQUAL DK OR REF AND IS = OR > CURNTAGE, DISPLAY ERROR BOX THAT SAYS: INTERVIEWER: YOU HAVE RECORDED THAT THE RESPONDENT’S SON-IN-LAW IS THE SAME AGE AS OR OLDER THAN THE RESPONDENT. PLEASE VERIFY THIS WITH THE RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS, HIGHLIGHT “SUPPRESS” AND PRESS [ENTER].

SUPPSIL [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

[FATHER IN-LAW YOUNGER THAN R] IF MRELATON = 8 AND PERAGEYR DOES NOT EQUAL DK OR REF AND IS = OR < CURNTAGE, DISPLAY ERROR BOX THAT SAYS: INTERVIEWER: YOU HAVE RECORDED THAT THE RESPONDENT'S FATHER-IN-LAW IS THE SAME AGE AS OR YOUNGER THAN THE RESPONDENT. PLEASE VERIFY THIS WITH THE RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS, HIGHLIGHT "SUPPRESS" AND PRESS [ENTER].

SUPPPIL [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

BTWNTYPE [IF QD_AGE1 = AGE OF THIS HOUSEHOLD MEMBER AND MRELATON=5] Is he your identical twin, fraternal twin, or neither?

- 1 IDENTICAL TWIN
- 2 FRATERNAL TWIN
- 3 NEITHER
- DK/REF

FRELATON [IF CHMONSEX OR CHYRSEX OR PERYRSEX OR PERSEX = 9] IF QD01 = 9] IF IT IS CLEAR THAT RESPONDENT IS TALKING ABOUT HERSELF: ASK "Is that you?" IF YES, ENTER "1" for "SELF".

IF RESPONDENT IS NOT TALKING ABOUT SELF: HAND R SHOWCARD 6. Please look at this card and tell me which category best describes her relationship to you.

- 1 SELF
- 2 WIFE
- 3 DAUGHTER (INCLUDES STEP, FOSTER, ADOPTIVE)
- 4 DAUGHTER-IN-LAW
- 5 SISTER (INCLUDES HALF, STEP, FOSTER, ADOPTIVE)
- 6 SISTER-IN-LAW
- 7 MOTHER (INCLUDES STEP, FOSTER, ADOPTIVE)
- 8 MOTHER-IN-LAW
- 9 AUNT
- 10 NIECE
- 11 GRANDMOTHER
- 12 GRANDDAUGHTER
- 13 COUSIN
- 14 EX-WIFE
- 15 UNMARRIED PARTNER
- 16 HOUSEMATE OR ROOMMATE
- 17 TENANT, BOARDER, OR EXCHANGE STUDENT

18 OTHER RELATIVE
19 OTHER NONRELATIVE
DK/REF

[R SEX] IF FRELTON = 1 AND QD01 = 5, DISPLAY ERROR BOX THAT SAYS:
INTERVIEWER: YOU HAVE RECORDED THAT THE RESPONDENT IS FEMALE. EARLIER,
YOU RECORDED THE RESPONDENT'S SEX AS MALE. CONFIRM THE RESPONDENT'S
SEX, AND CORRECT THE ANSWER THAT WAS ENTERED INCORRECTLY.

CREATE ERROR BOX SO IT ALLOWS R TO GO TO EITHER ANSWER TO FIX IT.

[R AGE] IF FRELTON = 1 AND PERAGEYR DOES NOT EQUAL CURNTAGE, DISPLAY
ERROR BOX THAT SAYS: INTERVIEWER: YOU HAVE RECORDED THAT THE
RESPONDENT IS [FILL PERAGEYR]. EARLIER, THE RESPONDENT'S AGE WAS ENTERED
AS [FILL CURNTAGE]. PLEASE CONFIRM THE RESPONDENT'S AGE. IF YOU NEED TO
CORRECT THE AGE OR RELATIONSHIP GIVEN IN THE ROSTER, HIGHLIGHT THAT
QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWER YOU ENTERED IN THE
ROSTER IS CORRECT, HIGHLIGHT "SUPPRESS" AND PRESS [ENTER].

[NOTE: FI SHOULD ONLY BE ALLOWED TO CHANGE PERAGEYR AND FRELTON.]

SUPPAGE [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY
YOU HAVE CHOSEN TO SUPPRESS THIS ERROR.

ALLOW 200 CHARACTERS.

[GRANDPARENT YOUNGER THAN R] IF FRELTON = 11 AND PERAGEYR DOES NOT
EQUAL DK OR REF AND IS = OR < CURNTAGE, DISPLAY ERROR BOX THAT SAYS:
INTERVIEWER: YOU HAVE RECORDED THAT THE RESPONDENT'S GRANDMOTHER IS
THE SAME AGE AS OR YOUNGER THAN THE RESPONDENT. PLEASE VERIFY THIS WITH
THE RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT
QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS,
HIGHLIGHT "SUPPRESS" AND PRESS [ENTER].

SUPPMOM [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY
THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

[GRANDCHILD OLDER THAN R] IF FRELTON = 12 AND PERAGEYR DOES NOT EQUAL
DK OR REF AND IS = OR > CURNTAGE, DISPLAY ERROR BOX THAT SAYS:
INTERVIEWER: YOU HAVE RECORDED THAT THE RESPONDENT'S GRANDDAUGHTER
IS THE SAME AGE AS OR OLDER THAN THE RESPONDENT. PLEASE VERIFY THIS WITH
THE RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT
QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS,
HIGHLIGHT "SUPPRESS" AND PRESS [ENTER].

SUPPGDAU [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY
THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

[SPOUSE/PARTNER < 16] IF FRELTON = 2 OR 15 OR 14 AND PERAGEYR = OR < 16,
DISPLAY ERROR BOX THAT SAYS: INTERVIEWER: YOU HAVE RECORDED THAT THE
RESPONDENT'S SPOUSE, EX-SPOUSE, OR PARTNER IS 16 YEARS OLD OR YOUNGER.
PLEASE VERIFY THIS WITH THE RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY,
HIGHLIGHT THAT QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE
CORRECT AS IS, HIGHLIGHT "SUPPRESS" AND PRESS [ENTER].

SUPPWIF [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY
THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

[IN-LAW < 16] IF FRELTON = 8 OR 4 AND PERAGEYR = OR < 16, DISPLAY ERROR BOX
THAT SAYS: INTERVIEWER: YOU HAVE RECORDED THAT THE RESPONDENT'S
[FRELTON] IS 16 YEARS OLD OR YOUNGER. PLEASE VERIFY THIS WITH THE
RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT QUESTION
NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS, HIGHLIGHT
"SUPPRESS" AND PRESS [ENTER].

SUPPFIL [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY
THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

[DAUGHTER IN-LAW OLDER THAN R] IF FRELTON = 4 AND PERAGEYR DOES NOT
EQUAL DK OR REF AND IS = OR > CURNTAGE, DISPLAY ERROR BOX THAT SAYS:
INTERVIEWER: YOU HAVE RECORDED THAT THE RESPONDENT'S DAUGHTER-IN-LAW
IS THE SAME AGE AS OR OLDER THAN THE RESPONDENT. PLEASE VERIFY THIS WITH
THE RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT
QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS,
HIGHLIGHT "SUPPRESS" AND PRESS [ENTER].

SUPPDIL [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY
THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

[MOTHER IN-LAW YOUNGER THAN R] IF FRELATON = 8 AND PERAGEYR DOES NOT EQUAL DK OR REF AND IS = OR < CURNTAGE, DISPLAY ERROR BOX THAT SAYS: INTERVIEWER: YOU HAVE RECORDED THAT THE RESPONDENT'S MOTHER-IN-LAW IS THE SAME AGE AS OR YOUNGER THAN THE RESPONDENT. PLEASE VERIFY THIS WITH THE RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS, HIGHLIGHT "SUPPRESS" AND PRESS [ENTER].

SUPPGIL [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

FTWNTYPE [IF QD_AGE1 = AGE OF THIS HOUSEHOLD MEMBER AND FRELATON=5] Is she your identical twin, fraternal twin, or neither?

- 1 IDENTICAL TWIN
 - 2 FRATERNAL TWIN
 - 3 NEITHER
- DK/REF

MBRSELCT [IF QD_FIPE1 = 1 AND MRELATON NE 1 AND FRELATON NE 1 AND PERAGEYR = (12 OR OLDER OR DK/REF) AND MBRSELCT NE 1 FOR A PREVIOUS ROSTER MEMBER] WAS THIS HOUSEHOLD MEMBER ALSO SELECTED TO BE INTERVIEWED? (IF YOU ARE UNSURE, ATTEMPT TO VERIFY WITH THIS RESPONDENT.)

- 1 YES
 - 2 NO
- DK/REF

RETURN TO PERAGEYR AND CYCLE THROUGH THE QUESTIONS FOR THE NEXT HOUSEHOLD MEMBER. CONTINUE CYCLES UNTIL THE NUMBER OF CYCLES = THE NUMBER REPORTED IN HR1.

[OTHER HH MEMBER SELECTED FOR INTERVIEW] IF QD_FIPE1 = 1 AND MBRSELCT = 2 FOR ALL HOUSEHOLD MEMBERS, DISPLAY ERROR BOX: INTERVIEWER: EARLIER, YOU RECORDED THAT TWO PEOPLE WERE SELECTED AT THIS HOUSEHOLD. THE HOUSEHOLD ROSTER DOES NOT SHOW ANYONE LISTED AS THE SECOND RESPONDENT. PLEASE VERIFY THE NUMBER OF PEOPLE SELECTED AT THIS HOUSEHOLD, AND FIX THE APPROPRIATE ANSWER. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS, HIGHLIGHT "SUPPRESS" AND PRESS [ENTER].

PROGRAMMER: ONLY ALLOW EDITING OF MBRSELCT.

SUPPHHME [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY YOU HAVE CHOSEN TO SUPPRESS THIS ERROR.

ALLOW 200 CHARACTERS.

[MORE THAN 1 SELF] NOTE TO PROGRAMMERS: ONCE MRELATON OR FRELATON = 1, PLEASE IMPLEMENT A HARD ERROR TO OCCUR IF THE FI ATTEMPTS TO ENTER A "1" FOR EITHER OF THESE VARIABLES FOR SUBSEQUENT HOUSEHOLD MEMBERS. THE MESSAGE BOX SHOULD READ: INTERVIEWER: YOU HAVE ALREADY RECORDED "SELF" AS THE RELATIONSHIP FOR ANOTHER MEMBER OF THIS HOUSEHOLD. "SELF" CAN ONLY BE CODED FOR **ONE** MEMBER OF THIS HOUSEHOLD. REVIEW YOUR ENTRIES, AND CORRECT THE APPROPRIATE RELATIONSHIPS AS NECESSARY.

[MORE THAN 1 SPOUSE/PARTNER] NOTE TO PROGRAMMERS: ONCE MRELATON OR FRELATON = 2 OR 15, PLEASE IMPLEMENT A HARD ERROR TO OCCUR IF THE FI ATTEMPTS TO ENTER A "2" OR "15" FOR EITHER OF THESE VARIABLES FOR SUBSEQUENT HOUSEHOLD MEMBERS. THE MESSAGE BOX SHOULD READ: INTERVIEWER: YOU HAVE RECORDED THAT THIS IS THE RESPONDENT'S [WIFE/HUSBAND/UNMARRIED PARTNER]. EARLIER, YOU ENTERED THAT THE RESPONDENT ALREADY HAS [A/AN] [WIFE/HUSBAND/UNMARRIED PARTNER]. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS, HIGHLIGHT "SUPPRESS" AND PRESS [ENTER].

SUPPMULT [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

[16-YEAR-OLD R MARRIED/COHABITATING] IF CURNTAGE = OR < 16, AND ANY FRELATON OR MRELATON = 2 OR 14 OR 15, DISPLAY ERROR BOX: INTERVIEWER: YOU HAVE ENTERED THAT THE [CURNTAGE]-YEAR-OLD RESPONDENT HAS BEEN MARRIED OR COHABITATING. PLEASE VERIFY THIS WITH THE RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS, HIGHLIGHT "SUPPRESS" AND PRESS [ENTER].

SUPPRMC [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

[16-YEAR-OLD R HAS IN-LAW] IF CURNTAGE = OR < 16, AND ANY FRELATON OR MRELATON = 8 OR 4, DISPLAY ERROR BOX: INTERVIEWER: YOU HAVE ENTERED THAT THE [CURNTAGE]-YEAR-OLD RESPONDENT HAS AN IN-LAW. PLEASE VERIFY THIS WITH THE RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT

QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS, HIGHLIGHT “SUPPRESS” AND PRESS [ENTER].

SUPPRINL [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

[GRANDPARENT/GRANDCHILD AND R LESS THAN 30 YEARS APART] IF FRELATON OR MRELATON = (12 OR 11) AND PERAGEYR NE DK/REF AND IS 0–29 YEARS > OR < CURNTAGE, DISPLAY ERROR BOX THAT SAYS: INTERVIEWER: YOU HAVE RECORDED THAT THE RESPONDENT’S [GRANDPARENT/GRANDCHILD] IS LESS THAN 30 YEARS [OLDER/YOUNGER] THAN THE RESPONDENT. PLEASE VERIFY THIS WITH THE RESPONDENT. IF YOU NEED TO CORRECT AN ENTRY, HIGHLIGHT THAT QUESTION NUMBER AND PRESS [ENTER]. IF THE ANSWERS ARE CORRECT AS IS, HIGHLIGHT “SUPPRESS” AND PRESS [ENTER].

SUPPGR30 [IF FI CHOOSES TO SUPPRESS THE HARD ERROR ABOVE]
INTERVIEWER: PLEASE PROVIDE A BRIEF EXPLANATION FOR WHY THE ANSWERS YOU HAVE ENTERED ARE CORRECT AS IS.

ALLOW 200 CHARACTERS.

END TIME STAMP

34. Proxy Information

BEGIN TIME STAMP

PROXYINT The next questions are about your medications, health insurance coverage, and the kinds and amounts of income that you [IF FAMILY MEMBERS IN ROSTER THEN FILL “and your family”] receive. This information will help in planning health care services and finding ways to lower costs of care.

PRESS “1” AND [ENTER] TO CONTINUE.

FAMILY IF HR1 = 1, SKIP TO HI_1

IF MRELATON = 16 OR MRELATON = 17 OR MRELATON = 19 OR FRELATON = 16 OR FRELATON = 17 OR FRELATON = 19 FOR ALL PERSONS IN HOUSEHOLD, SKIP TO HI_1.

DEFINE FAMILY RELATIONSHIP FILLS

IF EXACTLY 1 IN ROSTER = (MRELATON = 2), FILL = “husband”

IF MORE THAN 1 IN ROSTER = (MRELATON = 2), FILL = “husbands”

IF EXACTLY 1 IN ROSTER = (MRELATON = 3), FILL = “son”

IF MORE THAN 1 IN ROSTER = (MRELATON = 3 AND), FILL = “sons”

IF EXACTLY 1 IN ROSTER = (MRELATON = 4), FILL = “son-in-law”

IF MORE THAN 1 IN ROSTER = (MRELATON = 4), FILL = “sons-in-law”

IF EXACTLY 1 IN ROSTER = (MRELATON = 5), FILL = “brother”

IF MORE THAN 1 IN ROSTER = (MRELATON = 5), FILL = “brothers”

IF EXACTLY 1 IN ROSTER = (MRELATON = 6), FILL = “brother-in-law”

IF MORE THAN 1 IN ROSTER = (MRELATON = 6), FILL = “brothers-in-law”

IF EXACTLY 1 IN ROSTER = (MRELATON = 7), FILL = “father”

IF MORE THAN 1 IN ROSTER = (MRELATON = 7), FILL = “fathers”

IF EXACTLY 1 IN ROSTER = (MRELATON = 8), FILL = “father-in-law”

IF MORE THAN 1 IN ROSTER = (MRELATON = 8), FILL = “fathers-in-law”

IF EXACTLY 1 IN ROSTER = (MRELATON = 9), FILL = “uncle”

IF MORE THAN 1 IN ROSTER = (MRELATON = 9), FILL = “uncles”

IF EXACTLY 1 IN ROSTER = (MRELATON = 10), FILL = “nephew”

IF MORE THAN 1 IN ROSTER = (MRELATON = 10), FILL = “nephews”

IF EXACTLY 1 IN ROSTER = (MRELATON = 11), FILL = “grandfather”

IF MORE THAN 1 IN ROSTER = (MRELATON = 11), FILL = “grandfathers”

IF EXACTLY 1 IN ROSTER = (MRELATON = 12), FILL = “grandson”
IF MORE THAN 1 IN ROSTER = (MRELATON = 12), FILL = “grandsons”

IF EXACTLY 1 IN ROSTER = (MRELATON = 13), FILL = “male cousin”
IF MORE THAN 1 IN ROSTER = (MRELATON = 13), FILL = “male cousins”

IF EXACTLY 1 IN ROSTER = (MRELATON = 14), FILL = “ex-husband”
IF MORE THAN 1 IN ROSTER = (MRELATON = 14), FILL = “ex-husbands”

IF EXACTLY 1 IN ROSTER = (MRELATON = 15 OR FRELATON = 15), FILL = “partner”
IF MORE THAN 1 IN ROSTER = (MRELATON = 15 OR FRELATON = 15), FILL = “partners”

IF EXACTLY 1 IN ROSTER = (MRELATON = 18), FILL = “other male relative”
IF MORE THAN 1 IN ROSTER = (MRELATON = 18), FILL = “other male relatives”

IF EXACTLY 1 IN ROSTER = (FRELATON = 2), FILL = “wife”
IF MORE THAN 1 IN ROSTER = (FRELATON = 2), FILL = “wives”

IF EXACTLY 1 IN ROSTER = (FRELATON = 3), FILL = “daughter”
IF MORE THAN 1 IN ROSTER = (FRELATON = 3), FILL = “daughters”

IF EXACTLY 1 IN ROSTER = (FRELATON = 4), FILL = “daughter-in-law”
IF MORE THAN 1 IN ROSTER = (FRELATON = 4), FILL = “daughters-in-law”

IF EXACTLY 1 IN ROSTER = (FRELATON = 5), FILL = “sister”
IF MORE THAN 1 IN ROSTER = (FRELATON = 5), FILL = “sisters”

IF EXACTLY 1 IN ROSTER = (FRELATON = 6), FILL = “sister-in-law”
IF MORE THAN 1 IN ROSTER = (FRELATON = 6), FILL = “sisters-in-law”

IF EXACTLY 1 IN ROSTER = (FRELATON = 7), FILL = “mother”
IF MORE THAN 1 IN ROSTER = (FRELATON = 7), FILL = “mothers”

IF EXACTLY 1 IN ROSTER = (FRELATON = 8), FILL = “mother-in-law”
IF MORE THAN 1 IN ROSTER = (FRELATON = 8), FILL = “mothers-in-law”

IF EXACTLY 1 IN ROSTER = (FRELATON = 9), FILL = “aunt”
IF MORE THAN 1 IN ROSTER = (FRELATON = 9), FILL = “aunts”

IF EXACTLY 1 IN ROSTER = (FRELATON = 10), FILL = “niece”
IF MORE THAN 1 IN ROSTER = (FRELATON = 10), FILL = “nieces”

IF EXACTLY 1 IN ROSTER = (FRELATON = 11), FILL = “grandmother”
IF MORE THAN 1 IN ROSTER = (FRELATON = 11), FILL = “grandmothers”

IF EXACTLY 1 IN ROSTER = (FRELATON = 12), FILL = “granddaughter”
IF MORE THAN 1 IN ROSTER = (FRELATON = 12), FILL = “granddaughters”

IF EXACTLY 1 IN ROSTER = (FRELATON = 13), FILL = “female cousin”
IF MORE THAN 1 IN ROSTER = (FRELATON = 13), FILL = “female cousins”

IF EXACTLY 1 IN ROSTER = (FRELATON = 14), FILL = “ex-wife”
IF MORE THAN 1 IN ROSTER = (FRELATON = 14), FILL = “ex-wives”

IF EXACTLY 1 IN ROSTER = (FRELATON = 18), FILL = “other female relative”
IF MORE THAN 1 IN ROSTER = (FRELATON = 18), FILL = “other female relatives”

[NOTE TO PROGRAMMERS: FAMILY RELATIONSHIP FILLS should be taken from the roster. They should appear in lowercase and be separated by commas. In QP01, INTROINC, and INTROFI1, the last FAMILY RELATIONSHIP FILL should be preceded by the word “and”. In all other situations, the last FAMILY RELATIONSHIP FILL should be preceded by the word “or”. For example, if a respondent has a father and a husband listed in the roster, INTROINC should read, “These next questions are about the kinds and amounts of income received by your family living here, including you, your father, and your husband.”]

HR2 [IF HR1 > 1 AND RESPONDENT IS ONLY FAMILY MEMBER 18 OR OLDER AND ALL PERAGEYR NE DK/REF, SKIP TO HI_1]

[IF ROSTER HAS MORE THAN 1 ADULT FAMILY MEMBER LISTED AND ALL PERAGEYR NE DK/REF] {FILL ONLY ADULT FAMILY MEMBERS (PERAGEYR > 17) IN THIS QUESTION} I have listed as adult family members who live here: your [FAMILY RELATIONSHIP FILLS]. Do you think one of these people would be better able to give me the correct information about your medications, health insurance coverage and the kinds of income you and your family receive?

[IF ROSTER HAS ONLY 1 ADULT FAMILY MEMBER LISTED] {FILL ONLY ADULT FAMILY MEMBERS (PERAGEYR > 17) IN THIS QUESTION} Do you think your [FAMILY RELATIONSHIP FILL] would be better able to give me the correct information about your medications, health insurance coverage and the kinds of income you and your family receive?

[IF ROSTER HAS NO FAMILY MEMBER OTHER THAN THE RESPONDENT LISTED AS 18 OR OLDER, BUT THERE IS AT LEAST 1 DK OR REF ENTERED FOR ANY PERAGEYR OR THERE IS MORE THAN 1 ADULT LISTED AND AT LEAST 1 DK/REF ENTERED FOR ANY PERAGEYR] Is there anyone else who lives here who is 18 or older who would be better able to give me the correct information about your medications, health insurance coverage and the kinds of income you and your family receive?

- 1 YES
 - 2 NO [ACTIVATE PROXYFILL AS “YOU/YOUR” FOR REMAINING QUESTIONS]
- DK/REF [ACTIVATE PROXYFILL AS “YOU/YOUR” FOR REMAINING QUESTIONS]

HR3 [IF HR2 = 1 AND MORE THAN 1 ADULT FAMILY MEMBER IN ROSTER] (Who is the person you think can help us get the correct information for these questions?) ENTER RELATIONSHIP OF PERSON WHO CAN BETTER ANSWER THESE QUESTIONS.

[IF HR2 = 1 AND ONLY 1 ADULT FAMILY MEMBER IN ROSTER]
INTERVIEWER: ENTER "1".

[FILL 1–9 WITH AGES AND RELATIONSHIPS FROM THE FIRST NINE ADULT FAMILY MEMBERS OF THE HOUSEHOLD ROSTER, I.E., "father". FILL UNUSED LINES WITH "DO NOT USE", AND MAKE THEM INVALID. IF PERAGEYR = DK/REF AND MRELATON = 7, 8, OR 11 OR FRELATON = 7, 8, OR 11, DISPLAY MRELATON/FRELATON IN HR3]

1 [ROSTER FILL]
2 [ROSTER FILL]
3 [ROSTER FILL]
4 [ROSTER FILL]
5 [ROSTER FILL]
6 [ROSTER FILL]
7 [ROSTER FILL]
8 [ROSTER FILL]
9 [ROSTER FILL]
10 OTHER ADULT RELATIVE
DK/REF

HR4 [IF HR2 = 1] (Is your [HR3 FILL] available right now?)

1 YES
2 NO [ACTIVATE PROXYFILL AS "YOU/YOUR" FOR REMAINING QUESTIONS]
DK/REF [ACTIVATE PROXYFILL AS "YOU/YOUR" FOR REMAINING QUESTIONS]

HR5 [IF HR4 = 1] (Would you ask your [HR3 FILL] to join us to help with these last questions about medications, health insurance and income?)

1 YES
2 NO [ACTIVATE PROXYFILL AS "YOU/YOUR" FOR REMAINING QUESTIONS]
DK/REF [ACTIVATE PROXYFILL AS "YOU/YOUR" FOR REMAINING QUESTIONS]

HASJOIN [IF HR5 = 1] HAS THE PERSON'S [HR3 FILL] JOINED R?

1 YES [ACTIVATE PROXYFILL AS "SAMPLE MEMBER/SAMPLE MEMBER'S" FOR REMAINING QUESTIONS]

2 NO [ACTIVATE PROXYFILL AS “YOU/YOUR” FOR REMAINING QUESTIONS]

IF HASJOIN = 1, GO TOPROXY.

IF HASJOIN NE 1, GO TO DEFINE SAMPLE MEMBER.

HR6 [IF (HR4 = 2 OR DK/REF OR HR5 = 2 OR DK/REF OR HASJOIN = 2) AND ADULTFAMRELCOUNT > 1] Is there any other adult family member available who might be able to answer these questions?

1 YES

2 NO

DK/REF

IF HR6 = YES THEN RETURN TO HR3.

PROGRAMMER NOTE: IF HR2 = 2 OR DK/REF OR HR3 = 2 OR DR/REF OR HR4 = 2 OR DK/REF OR HR5 = 2 OR DK/REF OR HASJOIN = 2 OR HRP4 = 2 OR DK/REF, THEN ACTIVATE PROXYFILL AS “YOU/YOUR” FOR REMAINING QUESTIONS.

OVERVIEW OF SAMPLE MEMBER FILLS

Fill Name	Direct Fill	Proxy Fills
SAMPLE MEMBER	you	your _____
SAMPLE MEMBER POSS	your	your _____'s
SAMPLE MEMBER POSSPRO	your	his/her
SAMPLE MEMBER A	Are you	Is your _____
SAMPLE MEMBER B	you are	your _____ is
SAMPLE MEMBER C	have you	has your _____
SAMPLE MEMBER CC	Have you	Has your _____
SAMPLE MEMBER D	you have	your _____ has
SAMPLE MEMBER E	you were	your _____ was
SAMPLE MEMBER E PRO	you were	he/she was

DEFINE SAMPLE MEMBER

IF HR1 = 1 OR (MRELATON = 16 OR MRELATON = 17 OR MRELATON = 19 OR FRELATON = 16 OR FRELATON = 17 OR FRELATON = 19 FOR ALL PERSONS IN HOUSEHOLD) OR HASJOIN = 2, SAMPLEMEMBER = “you”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “husband” (MRELATON = 2) OR “wife” (FRELATON = 2), SAMPLE MEMBER = “your **husband**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “son” (MRELATON = 3) OR “daughter” (FRELATON = 3), SAMPLE MEMBER = “your **father**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “son-in-law” (MRELATON = 4) OR “daughter-in-law” (FRELATON = 4), SAMPLE MEMBER = “your **father-in-law**”
IF QD01 = 5 AND SELECTED FILL IN HR3 = “brother” (MRELATON = 5) OR “sister” (FRELATON = 5), SAMPLE MEMBER = “your **brother**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “brother-in-law” (MRELATON = 6) OR “sister-in-law” (FRELATON = 6), SAMPLE MEMBER = “your **brother-in-law**”
IF QD01 = 5 AND SELECTED FILL IN HR3 = “father” (MRELATON = 7) OR “mother” (FRELATON = 7), SAMPLE MEMBER = “your **son**”
IF QD01 = 5 AND SELECTED FILL IN HR3 = “father-in-law” (MRELATON = 8) OR “mother-in-law” (FRELATON = 8), SAMPLE MEMBER = “your **son-in-law**”
IF QD01 = 5 AND SELECTED FILL IN HR3 = “uncle” (MRELATON = 9) OR “aunt” (FRELATON = 9), SAMPLE MEMBER = “your **nephew**”
IF QD01 = 5 AND SELECTED FILL IN HR3 = “nephew” (MRELATON = 10) OR “niece” (FRELATON = 10), SAMPLE MEMBER = “your **uncle**”
IF QD01 = 5 AND SELECTED FILL IN HR3 = “grandfather” (MRELATON = 11) OR “grandmother” (FRELATON = 11), SAMPLE MEMBER = “your **grandson**”
IF QD01 = 5 AND SELECTED FILL IN HR3 = “grandson” (MRELATON = 12) OR “granddaughter” (FRELATON = 12), SAMPLE MEMBER = “your **grandfather**”
IF QD01 = 5 AND SELECTED FILL IN HR3 = “cousin” (FRELATON = 13 or MRELATON = 13), SAMPLE MEMBER = “your **cousin**”
IF QD01 = 5 AND SELECTED FILL IN HR3 = “ex-husband” (MRELATON = 14) OR “ex-wife” (FRELATON = 14), SAMPLE MEMBER = “your **ex-husband**”
IF QD01 = 5 AND SELECTED FILL IN HR3 = “partner” (MRELATON = 15 OR FRELATON = 15), SAMPLE MEMBER = “your **partner**”
IF QD01 = 5 AND SELECTED FILL IN HR3 = “other male relative” (MRELATON = 18) OR “other female relative” (FRELATON = 18), SAMPLE MEMBER = “your **relative**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “husband” (MRELATON = 2) OR “wife” (FRELATON = 2), SAMPLE MEMBER = “your **husband**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “son” (MRELATON = 3) OR “daughter” (FRELATON = 3), SAMPLE MEMBER = “your **mother**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “son-in-law” (MRELATON = 4) OR “daughter-in-law” (FRELATON = 4), SAMPLE MEMBER = “your **mother-in-law**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “brother” (MRELATON = 5) OR “sister” (FRELATON = 5), SAMPLE MEMBER = “your **sister**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “brother-in-law” (MRELATON = 6) OR “sister-in-law” (FRELATON = 6), SAMPLE MEMBER = “your **sister-in-law**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “father” (MRELATON = 7) OR “mother” (FRELATON = 7), SAMPLE MEMBER = “your **daughter**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “father-in-law” (MRELATON = 8) OR “mother-in-law” (FRELATON = 8), SAMPLE MEMBER = “your **daughter-in-law**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “uncle” (MRELATON = 9) OR “aunt” (FRELATON = 9), SAMPLE MEMBER = “your **niece**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “nephew” (MRELATON = 10) OR “niece” (FRELATON = 10), SAMPLE MEMBER = “your **aunt**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “grandfather” (MRELATON = 11) OR “grandmother” (FRELATON = 11), SAMPLE MEMBER = “your **granddaughter**”
 IF QD01 = 9 AND SELECTED FILL IN HR3 = “grandson” (MRELATON = 12) OR “granddaughter” (FRELATON = 12), SAMPLE MEMBER = “your **grandmother**”
 IF QD01 = 9 AND SELECTED FILL IN HR3 = “cousin” (MRELATON = 13 or FRELATON = 13), SAMPLE MEMBER = “your **cousin**”
 IF QD01 = 9 AND SELECTED FILL IN HR3 = “ex-husband” (MRELATON = 14) OR “ex-wife” (FRELATON = 14), SAMPLE MEMBER = “your **ex-wife**”
 IF QD01 = 9 AND SELECTED FILL IN HR3 = “partner” (MRELATON = 15 OR FRELATON = 15), SAMPLE MEMBER = “your **partner**”
 IF QD01 = 9 AND SELECTED FILL IN HR3 = “other male relative” (MRELATON = 18) OR “other female relative” (FRELATON = 18), SAMPLE MEMBER = “your **relative**”

DEFINE SAMPLE MEMBER POSS

IF HR1 = 1 OR (MRELATON = 16 OR MRELATON = 17 OR MRELATON = 19 OR FRELATON = 16 OR FRELATON = 17 OR FRELATON = 19 FOR ALL PERSONS IN HOUSEHOLD) OR HASJOIN = 2, SAMPLE MEMBER POSS = “your”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “husband” (MRELATON = 2) OR “wife” (FRELATON = 2), SAMPLE MEMBER POSS = “your **husband’s**”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “son” (MRELATON = 3) OR “daughter” (FRELATON = 3), SAMPLE MEMBER POSS = “your **father’s**”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “son-in-law” (MRELATON = 4) OR “daughter-in-law” (FRELATON = 4), SAMPLE MEMBER POSS = “your **father-in-law’s**”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “brother” (MRELATON = 5) OR “sister” (FRELATON = 5), SAMPLE MEMBER POSS = “your **brother’s**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “brother-in-law” (MRELATON = 6) OR “sister-in-law” (FRELATON = 6), SAMPLE MEMBER POSS = “your **brother-in-law’s**”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “father” (MRELATON = 7) OR “mother” (FRELATON = 7), SAMPLE MEMBER POSS = “your **son’s**”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “father-in-law” (MRELATON = 8) OR “mother-in-law” (FRELATON = 8), SAMPLE MEMBER POSS = “your **son-in-law’s**”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “uncle” (MRELATON = 9) OR “aunt” (FRELATON = 9), SAMPLE MEMBER POSS = “your **nephew’s**”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “nephew” (MRELATON = 10) OR “niece” (FRELATON = 10), SAMPLE MEMBER POSS = “your **uncle’s**”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “grandfather” (MRELATON = 11) OR “grandmother” (FRELATON = 11), SAMPLE MEMBER POSS = “your **grandson’s**”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “grandson” (MRELATON = 12) OR “granddaughter” (FRELATON = 12), SAMPLE MEMBER POSS = “your **grandfather’s**”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “cousin” (FRELATON = 13 or MRELATON = 13), SAMPLE MEMBER = “your **cousin’s**”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “ex-husband” (MRELATON = 14) OR “ex-wife” (FRELATON = 14), SAMPLE MEMBER POSS = “your **ex-husband’s**”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “partner” (MRELATON = 15 OR FRELATON = 15), SAMPLE MEMBER POSS = “your **partner’s**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “other male relative” (MRELATON = 18) OR “other female relative” (FRELATON = 18), SAMPLE MEMBER POSS = “your **relative’s**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “husband” (MRELATON = 2) OR “wife” (FRELATON = 2), SAMPLE MEMBER POSS = “your **wife’s**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “son” (MRELATON = 3) OR “daughter” (FRELATON = 3), SAMPLE MEMBER POSS = “your **mother’s**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “son-in-law” (MRELATON = 4) OR “daughter-in-law” (FRELATON = 4), SAMPLE MEMBER POSS = “your **mother-in-law’s**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “brother” (MRELATON = 5) OR “sister” (FRELATON = 5), SAMPLE MEMBER POSS = “your **sister’s**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “brother-in-law” (MRELATON = 6) OR “sister-in-law” (FRELATON = 6), SAMPLE MEMBER POSS = “your **sister-in-law’s**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “father” (MRELATON = 7) OR “mother” (FRELATON = 7), SAMPLE MEMBER POSS = “your **daughter’s**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “father-in-law” (MRELATON = 8) OR “mother-in-law” (FRELATON = 8), SAMPLE MEMBER POSS = “your **daughter-in-law’s**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “uncle” (MRELATON = 9) OR “aunt” (FRELATON = 9), SAMPLE MEMBER POSS = “your **niece’s**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “nephew” (MRELATON = 10) OR “niece” (FRELATON = 10), SAMPLE MEMBER POSS = “your **aunt**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “grandfather” (MRELATON = 11) OR “grandmother” (FRELATON = 11), SAMPLE MEMBER POSS = “your **granddaughter’s**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “grandson” (MRELATON = 12) OR “granddaughter” (FRELATON = 12), SAMPLE MEMBER POSS = “your **grandmother’s**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “cousin” (MRELATON = 13 OR FRELATON = 13), SAMPLE MEMBER POSS = “your **cousin**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “ex-husband” (MRELATON = 14) OR “ex-wife” (FRELATON = 14), SAMPLE MEMBER POSS = “your **ex-wife’s**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “partner” (MRELATON = 15 OR FRELATON = 15), SAMPLE MEMBER POSS = “your **partner’s**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “other male relative” (MRELATON = 18) OR “other female relative” (FRELATON = 18), SAMPLE MEMBER POSS = “your **relative’s**”

DEFINE SAMPLE MEMBER POSSPRO

IF HR1 = 1 OR (MRELATON = 16 OR MRELATON = 17 OR MRELATON = 19 OR FRELATON = 16 OR FRELATON = 17 OR FRELATON = 19 FOR ALL PERSONS IN HOUSEHOLD) OR HASJOIN = 2, SAMPLE MEMBER POSSPRO = “your”

IF QD01 = 5, SAMPLE MEMBER POSSPRO = “his”

IF QD01 = 9, SAMPLE MEMBER POSSPRO = “her”

DEFINE SAMPLE MEMBER A

IF HR1 = 1 OR (MRELATON = 16 OR MRELATON = 17 OR MRELATON = 19 OR FRELATON = 16 OR FRELATON = 17 OR FRELATON = 19 FOR ALL PERSONS IN HOUSEHOLD) OR HASJOIN = 2, SAMPLE MEMBER A = “Are you”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “husband” (MRELATON = 2) OR “wife” (FRELATON = 2), SAMPLE MEMBER A = “Is your **husband**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “son” (MRELATON = 3) OR “daughter” (FRELATON = 3), SAMPLE MEMBER A = “Is your **father**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “son-in-law” (MRELATON = 4) OR “daughter-in-law” (FRELATON = 4), SAMPLE MEMBER A = “Is your **father-in-law**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “brother” (MRELATON = 5) OR “sister” (FRELATON = 5), SAMPLE MEMBER A = “Is your **brother**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “brother-in-law” (MRELATON = 6) OR “sister-in-law” (FRELATON = 6), SAMPLE MEMBER A = “Is your **brother-in-law**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “father” (MRELATON = 7) OR “mother” (FRELATON = 7), SAMPLE MEMBER A = “Is your **son**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “father-in-law” (MRELATON = 8) OR “mother-in-law” (FRELATON = 8), SAMPLE MEMBER A = “Is your **son-in-law**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “uncle” (MRELATON = 9) OR “niece” (FRELATON = 9), SAMPLE MEMBER A = “Is your **nephew**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “nephew” (MRELATON = 10) OR “niece” (FRELATON = 10), SAMPLE MEMBER A = “Is your **uncle**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “grandfather” (MRELATON = 11) OR “grandmother” (FRELATON = 11), SAMPLE MEMBER A = “Is your **grandson**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “grandson” (MRELATON = 12) OR “granddaughter” (FRELATON = 12), SAMPLE MEMBER A = “Is your **grandfather**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “cousin” (FRELATON = 13 or MRELATON = 13), SAMPLE MEMBER = “Is your **cousin**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “ex-husband” (MRELATON = 14) OR “ex-wife” (FRELATON = 14), SAMPLE MEMBER A = “Is your **ex-husband**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “partner” (MRELATON = 15 OR FRELATON = 15), SAMPLE MEMBER A = “Is your **partner**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “other male relative” (MRELATON = 18) OR “other female relative” (FRELATON = 18), SAMPLE MEMBER A = “Is your **relative**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “husband” (MRELATON = 2) OR “wife” (FRELATON = 2), SAMPLE MEMBER A = “Is your **wife**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “son” (MRELATON = 3) OR “daughter” (FRELATON = 3), SAMPLE MEMBER A = “Is your **mother**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “son-in-law” (MRELATON = 4) OR “daughter-in-law” (FRELATON = 4), SAMPLE MEMBER A = “Is your **mother-in-law**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “brother” (MRELATON = 5) OR “sister” (FRELATON = 5), SAMPLE MEMBER A = “Is your **sister**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “brother-in-law” (MRELATON = 6) OR “sister-in-law” (FRELATON = 6), SAMPLE MEMBER A = “Is your **sister-in-law**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “father” (MRELATON = 7) OR “mother” (FRELATON = 7), SAMPLE MEMBER A = “Is your **daughter**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “father-in-law” (MRELATON = 8) OR “mother-in-law” (FRELATON = 8), SAMPLE MEMBER A = “Is your **daughter-in-law**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “uncle” (MRELATON = 9) OR “aunt” (FRELATON = 9), SAMPLE MEMBER A = “Is your **niece**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “nephew” (MRELATON = 10) OR “niece” (FRELATON = 10), SAMPLE MEMBER A = “Is your **aunt**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “grandfather” (MRELATON = 11) OR “grandmother” (FRELATON = 11), SAMPLE MEMBER A = “Is your **granddaughter**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “grandson” (MRELATON = 12) OR “granddaughter” (FRELATON = 12), SAMPLE MEMBER A = “Is your **grandmother**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “cousin” (MRELATON = 13 or FRELATON = 13), SAMPLE MEMBER A = “Is your **cousin**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “ex-husband” (MRELATON = 14) OR “ex-wife” (FRELATON = 14), SAMPLE MEMBER A = “Is your **ex-wife**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “partner” (MRELATON = 15 OR FRELATON = 15), SAMPLE MEMBER A = “Is your **partner**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “other male relative” (MRELATON = 18) OR “other female relative” (FRELATON = 18), SAMPLE MEMBER A = “Is your **relative**”

DEFINE SAMPLE MEMBER B

IF HR1 = 1 OR (MRELATON = 16 OR MRELATON = 17 OR MRELATON = 19 OR FRELATON = 16 OR FRELATON = 17 OR FRELATON = 19 FOR ALL PERSONS IN HOUSEHOLD) OR HASJOIN = 2, SAMPLE MEMBER B = “you are”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “husband” (MRELATON = 2) OR “wife” (FRELATON = 2), SAMPLE MEMBER B = “your **husband** is”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “son” (MRELATON = 3) OR “daughter” (FRELATON = 3), SAMPLE MEMBER B = “your **father** is”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “son-in-law” (MRELATON = 4) OR “daughter-in-law” (FRELATON = 4), SAMPLE MEMBER B = “your **father-in-law** is”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “brother” (MRELATON = 5) OR “sister” (FRELATON = 5), SAMPLE MEMBER B = “your **brother** is”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “brother-in-law” (MRELATON = 6) OR “sister-in-law” (FRELATON = 6), SAMPLE MEMBER B = “your **brother-in-law** is”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “father” (MRELATON = 7) OR “mother” (FRELATON = 7), SAMPLE MEMBER B = “your **son** is”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “father-in-law” (MRELATON = 8) OR “mother-in-law” (FRELATON = 8), SAMPLE MEMBER B = “your **son-in-law** is”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “uncle” (MRELATON = 9) OR “aunt” (FRELATON = 9), SAMPLE MEMBER B = “your **nephew** is”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “nephew” (MRELATON = 10) OR “niece” (FRELATON = 10), SAMPLE MEMBER B = “your **uncle** is”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “grandfather” (MRELATON = 11) OR “grandmother” (FRELATON = 11), SAMPLE MEMBER B = “your **grandson** is”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “grandson” (MRELATON = 12) OR “granddaughter” (FRELATON = 12), SAMPLE MEMBER B = “your **grandfather** is”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “cousin” (FRELATON = 13 or MRELATON = 13),
SAMPLE MEMBER = “your **cousin** is”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “ex-husband” (MRELATON = 14) OR “ex-wife”
(FRELATON = 14), SAMPLE MEMBER B = “your **ex-husband** is”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “partner” (MRELATON = 15 OR FRELATON =
15), SAMPLE MEMBER B = “your **partner** is”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “other male relative” (MRELATON = 18) OR “other
female relative” (FRELATON = 18), SAMPLE MEMBER B = “your **relative** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “husband” (MRELATON = 2) OR “wife”
(FRELATON = 2), SAMPLE MEMBER B = “your **wife** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “son” (MRELATON = 3) OR “daughter”
(FRELATON = 3), SAMPLE MEMBER B = “your **mother** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “son-in-law” (MRELATON = 4) OR “daughter-in-
law” (FRELATON = 4), SAMPLE MEMBER B = “your **mother-in-law** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “brother” (MRELATON = 5) OR “sister”
(FRELATON = 5), SAMPLE MEMBER B = “your **sister** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “brother-in-law” (MRELATON = 6) OR “sister-in-
law” (FRELATON = 6), SAMPLE MEMBER B = “your **sister-in-law** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “father” (MRELATON = 7) OR “mother”
(FRELATON = 7), SAMPLE MEMBER B = “your **daughter** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “father-in-law” (MRELATON = 8) OR “mother-in-
law” (FRELATON = 8), SAMPLE MEMBER B = “your **daughter-in-law** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “uncle” (MRELATON = 9) OR “aunt” (FRELATON
= 9), SAMPLE MEMBER B = “your **niece** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “nephew” (MRELATON = 10) OR “niece”
(FRELATON = 10), SAMPLE MEMBER B = “your **aunt** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “grandfather” (MRELATON = 11) OR
“grandmother” (FRELATON = 11), SAMPLE MEMBER B = “your **granddaughter** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “grandson” (MRELATON = 12) OR
“granddaughter” (FRELATON = 12), SAMPLE MEMBER B = “your **grandmother** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “cousin” (MRELATON = 13 or FRELATON = 13),
SAMPLE MEMBER B = “your **cousin** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “ex-husband” (MRELATON = 14) OR “ex-wife”
(FRELATON = 14), SAMPLE MEMBER B = “your **ex-wife** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “partner” (MRELATON = 15 OR FRELATON =
15), SAMPLE MEMBER B = “your **partner** is”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “other male relative” (MRELATON = 18) OR “other
female relative” (FRELATON = 18), SAMPLE MEMBER B = “your **relative** is”

DEFINE SAMPLE MEMBER C

IF HR1 = 1 OR (MRELATON = 16 OR MRELATON = 17 OR MRELATON = 19 OR FRELATON
= 16 OR FRELATON = 17 OR FRELATON = 19 FOR ALL PERSONS IN HOUSEHOLD) OR
HASJOIN = 2, SAMPLE MEMBER C = “have you”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “husband” (MRELATON = 2) OR “wife”
(FRELATON = 2), SAMPLE MEMBER C = “has your **husband**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “son” (MRELATON = 3) OR “daughter” (FRELATON = 3), SAMPLE MEMBER C = “has your **father**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “son-in-law” (MRELATON = 4) OR “daughter-in-law” (FRELATON = 4), SAMPLE MEMBER C = “has your **father-in-law**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “brother” (MRELATON = 5) OR “sister” (FRELATON = 5), SAMPLE MEMBER C = “has your **brother**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “brother-in-law” (MRELATON = 6) OR “sister-in-law” (FRELATON = 6), SAMPLE MEMBER C = “has your **brother-in-law**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “father” (MRELATON = 7) OR “mother” (FRELATON = 7), SAMPLE MEMBER C = “has your **son**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “father-in-law” (MRELATON = 8) OR “mother-in-law” (FRELATON = 8), SAMPLE MEMBER C = “has your **son-in-law**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “uncle” (MRELATON = 9) OR “niece” (FRELATON = 9), SAMPLE MEMBER C = “has your **nephew**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “nephew” (MRELATON = 10) OR “niece” (FRELATON = 10), SAMPLE MEMBER C = “has your **uncle**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “grandfather” (MRELATON = 11) OR “grandmother” (FRELATON = 11), SAMPLE MEMBER C = “has your **grandson**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “grandson” (MRELATON = 12) OR “granddaughter” (FRELATON = 12), SAMPLE MEMBER C = “has your **grandfather**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “cousin” (FRELATON = 13 or MRELATON = 13), SAMPLE MEMBER C = “has your **cousin**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “ex-husband” (MRELATON = 14) OR “ex-wife” (FRELATON = 14), SAMPLE MEMBER C = “has your **ex-husband**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “partner” (MRELATON = 15 OR FRELATON = 15), SAMPLE MEMBER C = “has your **partner**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “other male relative” (MRELATON = 18) OR “other female relative” (FRELATON = 18), SAMPLE MEMBER C = “has your **relative**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “husband” (MRELATON = 2) OR “wife” (FRELATON = 2), SAMPLE MEMBER C = “has your **wife**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “son” (MRELATON = 3) OR “daughter” (FRELATON = 3), SAMPLE MEMBER C = “has your **mother**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “son-in-law” (MRELATON = 4) OR “daughter-in-law” (FRELATON = 4), SAMPLE MEMBER C = “has your **mother-in-law**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “brother” (MRELATON = 5) OR “sister” (FRELATON = 5), SAMPLE MEMBER C = “has your **sister**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “brother-in-law” (MRELATON = 6) OR “sister-in-law” (FRELATON = 6), SAMPLE MEMBER C = “has your **sister-in-law**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “father” (MRELATON = 7) OR “mother” (FRELATON = 7), SAMPLE MEMBER C = “has your **daughter**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “father-in-law” (MRELATON = 8) OR “mother-in-law” (FRELATON = 8), SAMPLE MEMBER C = “has your **daughter-in-law**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “uncle” (MRELATON = 9) OR “aunt” (FRELATON = 9), SAMPLE MEMBER C = “has your **niece**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “nephew” (MRELATON = 10) OR “niece” (FRELATON = 10), SAMPLE MEMBER C = “has your **aunt**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “grandfather” (MRELATON = 11) OR “grandmother” (FRELATON = 11), SAMPLE MEMBER C = “has your **granddaughter**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “grandson” (MRELATON = 12) OR “granddaughter” (FRELATON = 12), SAMPLE MEMBER C = “has your **grandmother**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “cousin” (MRELATON = 13 or FRELATON = 13), SAMPLE MEMBER C= “has your **cousin**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “ex-husband” (MRELATON = 14) OR “ex-wife” (FRELATON = 14), SAMPLE MEMBER C= “has your **ex-wife**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “partner” (MRELATON = 15 OR FRELATON = 15), SAMPLE MEMBER C = “has your **partner**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “other male relative” (MRELATON = 18) OR “other female relative” (FRELATON = 18), SAMPLE MEMBER C = “has your **relative**”

DEFINE SAMPLE MEMBER CC

IF HR1 = 1 OR (MRELATON = 16 OR MRELATON = 17 OR MRELATON = 19 OR FRELATON = 16 OR FRELATON = 17 OR FRELATON = 19 FOR ALL PERSONS IN HOUSEHOLD) OR HASJOIN = 2, SAMPLE MEMBER CC = “Have you”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “husband” (MRELATON = 2) OR “wife” (FRELATON = 2), SAMPLE MEMBER CC = “Has your **husband**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “son” (MRELATON = 3) OR “daughter” (FRELATON = 3), SAMPLE MEMBER CC = “Has your **father**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “son-in-law” (MRELATON = 4) OR “daughter-in-law” (FRELATON = 4), SAMPLE MEMBER CC = “Has your **father-in-law**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “brother” (MRELATON = 5) OR “sister” (FRELATON = 5), SAMPLE MEMBER CC = “Has your **brother**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “brother-in-law” (MRELATON = 6) OR “sister-in-law” (FRELATON = 6), SAMPLE MEMBER CC = “Has your **brother-in-law**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “father” (MRELATON = 7) OR “mother” (FRELATON = 7), SAMPLE MEMBER CC = “Has your **son**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “father-in-law” (MRELATON = 8) OR “mother-in-law” (FRELATON = 8), SAMPLE MEMBER CC = “Has your **son-in-law**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “uncle” (MRELATON = 9) OR “niece” (FRELATON = 9), SAMPLE MEMBER CC = “Has your **nephew**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “nephew” (MRELATON = 10) OR “niece” (FRELATON = 10), SAMPLE MEMBER CC = “Has your **uncle**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “grandfather” (MRELATON = 11) OR “grandmother” (FRELATON = 11), SAMPLE MEMBER CC = “Has your **grandson**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “grandson” (MRELATON = 12) OR “granddaughter” (FRELATON = 12), SAMPLE MEMBER CC = “Has your **grandfather**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “cousin” (FRELATON = 13 or MRELATON = 13), SAMPLE MEMBER = “Has your **cousin**”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “ex-husband” (MRELATON = 14) OR “ex-wife” (FRELATON = 14), SAMPLE MEMBER CC= “Has your **ex-husband**”
IF QD01 = 5 AND SELECTED FILL IN HR3 = “partner” (MRELATON = 15 OR FRELATON = 15), SAMPLE MEMBER CC = “Has your **partner**”
IF QD01 = 5 AND SELECTED FILL IN HR3 = “other male relative” (MRELATON = 18) OR “other female relative” (FRELATON = 18), SAMPLE MEMBER CC = “Has your **relative**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “husband” (MRELATON = 2) OR “wife” (FRELATON = 2), SAMPLE MEMBER CC = “Has your **wife**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “son” (MRELATON = 3) OR “daughter” (FRELATON = 3), SAMPLE MEMBER CC = “Has your **mother**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “son-in-law” (MRELATON = 4) OR “daughter-in-law” (FRELATON = 4), SAMPLE MEMBER CC = “Has your **mother-in-law**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “brother” (MRELATON = 5) OR “sister” (FRELATON = 5), SAMPLE MEMBER CC = “Has your **sister**”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “brother-in-law” (MRELATON = 6) OR “sister-in-law” (FRELATON = 6), SAMPLE MEMBER CC = “Has your **sister-in-law**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “father” (MRELATON = 7) OR “mother” (FRELATON = 7), SAMPLE MEMBER CC = “Has your **daughter**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “father-in-law” (MRELATON = 8) OR “mother-in-law” (FRELATON = 8), SAMPLE MEMBER CC = “Has your **daughter-in-law**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “uncle” (MRELATON = 9) OR “aunt” (FRELATON = 9), SAMPLE MEMBER CC = “Has your **niece**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “nephew” (MRELATON = 10) OR “niece” (FRELATON = 10), SAMPLE MEMBER CC = “Has your **aunt**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “grandfather” (MRELATON = 11) OR “grandmother” (FRELATON = 11), SAMPLE MEMBER CC = “Has your **granddaughter**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “grandson” (MRELATON = 12) OR “granddaughter” (FRELATON = 12), SAMPLE MEMBER CC = “Has your **grandmother**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “cousin” (MRELATON = 13 or FRELATON = 13), SAMPLE MEMBER CC= “Has your **cousin**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “ex-husband” (MRELATON = 14) OR “ex-wife” (FRELATON = 14), SAMPLE MEMBER CC= “Has your **ex-wife**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “partner” (MRELATON = 15 OR FRELATON = 15), SAMPLE MEMBER CC = “Has your **partner**”
IF QD01 = 9 AND SELECTED FILL IN HR3 = “other male relative” (MRELATON = 18) OR “other female relative” (FRELATON = 18), SAMPLE MEMBER CC = “Has your **relative**”

DEFINE SAMPLE MEMBER D

IF HR1 = 1 OR (MRELATON = 16 OR MRELATON = 17 OR MRELATON = 19 OR FRELATON = 16 OR FRELATON = 17 OR FRELATON = 19 FOR ALL PERSONS IN HOUSEHOLD) OR HASJOIN = 2, SAMPLE MEMBER D = “you have”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “husband” (MRELATON = 2) OR “wife” (FRELATON = 2), SAMPLE MEMBER D = “your **husband** has”
IF QD01 = 5 AND SELECTED FILL IN HR3 = “son” (MRELATON = 3) OR “daughter” (FRELATON = 3), SAMPLE MEMBER D = “your **father** has”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “son-in-law” (MRELATON = 4) OR “daughter-in-law” (FRELATON = 4), SAMPLE MEMBER D = “your **father-in-law** has”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “brother” (MRELATON = 5) OR “sister” (FRELATON = 5), SAMPLE MEMBER D = “your **brother** has”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “brother-in-law” (MRELATON = 6) OR “sister-in-law” (FRELATON = 6), SAMPLE MEMBER D = “your **brother-in-law** has”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “father” (MRELATON = 7) OR “mother” (FRELATON = 7), SAMPLE MEMBER D = “your **son** has”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “father-in-law” (MRELATON = 8) OR “mother-in-law” (FRELATON = 8), SAMPLE MEMBER D = “your **son-in-law** has”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “uncle” (MRELATON = 9) OR “niece” (FRELATON = 9), SAMPLE MEMBER D = “your **nephew** has”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “nephew” (MRELATON = 10) OR “niece” (FRELATON = 10), SAMPLE MEMBER D = “your **uncle** has”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “grandfather” (MRELATON = 11) OR “grandmother” (FRELATON = 11), SAMPLE MEMBER D = “your **grandson** has”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “grandson” (MRELATON = 12) OR “granddaughter” (FRELATON = 12), SAMPLE MEMBER D = “your **grandfather** has”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “cousin” (FRELATON = 13 OR MRELATON = 13), SAMPLE MEMBER = “your **cousin** has”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “ex-husband” (MRELATON = 14) OR “ex-wife” (FRELATON = 14), SAMPLE MEMBER = “your **ex-husband** has”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “partner” (MRELATON = 15 OR FRELATON = 15), SAMPLE MEMBER D = “your **partner** has”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “other male relative” (MRELATON = 18) OR “other female relative” (FRELATON = 18), SAMPLE MEMBER D = “your **relative** has”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “husband” (MRELATON = 2) OR “wife” (FRELATON = 2), SAMPLE MEMBER D = “your **wife** has”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “son” (MRELATON = 3) OR “daughter” (FRELATON = 3), SAMPLE MEMBER D = “your **mother** has”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “son-in-law” (MRELATON = 4) OR “daughter-in-law” (FRELATON = 4), SAMPLE MEMBER D = “your **mother-in-law** has”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “brother” (MRELATON = 5) OR “sister” (FRELATON = 5), SAMPLE MEMBER D = “your **sister** has”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “brother-in-law” (MRELATON = 6) OR “sister-in-law” (FRELATON = 6), SAMPLE MEMBER D = “your **sister-in-law** has”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “father” (MRELATON = 7) OR “mother” (FRELATON = 7), SAMPLE MEMBER D = “your **daughter** has”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “father-in-law” (MRELATON = 8) OR “mother-in-law” (FRELATON = 8), SAMPLE MEMBER D = “your **daughter-in-law** has”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “uncle” (MRELATON = 9) OR “aunt” (FRELATON = 9), SAMPLE MEMBER D = “your **niece** has”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “nephew” (MRELATON = 10) OR “niece” (FRELATON = 10), SAMPLE MEMBER D = “your **aunt** has”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “grandfather” (MRELATON = 11) OR “grandmother” (FRELATON = 11), SAMPLE MEMBER D = “your **granddaughter** has”
 IF QD01 = 9 AND SELECTED FILL IN HR3 = “grandson” (MRELATON = 12) OR “granddaughter” (FRELATON = 12), SAMPLE MEMBER D = “your **grandmother** has”
 IF QD01 = 9 AND SELECTED FILL IN HR3 = “cousin” (MRELATON = 13 or FRELATON = 13), SAMPLE MEMBER = “your **cousin** has”
 IF QD01 = 9 AND SELECTED FILL IN HR3 = “ex-husband” (MRELATON = 14) OR “ex-wife” (FRELATON = 14), SAMPLE MEMBER = “your **ex-wife** has”
 IF QD01 = 9 AND SELECTED FILL IN HR3 = “partner” (MRELATON = 15 OR FRELATON = 15), SAMPLE MEMBER D = “your **partner** has”
 IF QD01 = 9 AND SELECTED FILL IN HR3 = “other male relative” (MRELATON = 18) OR “other female relative” (FRELATON = 18), SAMPLE MEMBER D = “your **relative** has”

DEFINE SAMPLE MEMBER E

IF HR1 = 1 OR (MRELATON = 16 OR MRELATON = 17 OR MRELATON = 19 OR FRELATON = 16 OR FRELATON = 17 OR FRELATON = 19 FOR ALL PERSONS IN HOUSEHOLD) OR HASJOIN = 2, SAMPLE MEMBER E = “you were”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “husband” (MRELATON = 2) OR “wife” (FRELATON = 2), SAMPLE MEMBER E = “your **husband** was”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “son” (MRELATON = 3) OR “daughter” (FRELATON = 3), SAMPLE MEMBER E = “your **father** was”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “son-in-law” (MRELATON = 4) OR “daughter-in-law” (FRELATON = 4), SAMPLE MEMBER E = “your **father-in-law** was”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “brother” (MRELATON = 5) OR “sister” (FRELATON = 5), SAMPLE MEMBER E = “your **brother** was”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “brother-in-law” (MRELATON = 6) OR “sister-in-law” (FRELATON = 6), SAMPLE MEMBER E = “your **brother-in-law** was”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “father” (MRELATON = 7) OR “mother” (FRELATON = 7), SAMPLE MEMBER E = “your **son** was”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “father-in-law” (MRELATON = 8) OR “mother-in-law” (FRELATON = 8), SAMPLE MEMBER E = “your **son-in-law** was”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “uncle” (MRELATON = 9) OR “niece” (FRELATON = 9), SAMPLE MEMBER E = “your **nephew** was”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “nephew” (MRELATON = 10) OR “niece” (FRELATON = 10), SAMPLE MEMBER E = “your **uncle** was”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “grandfather” (MRELATON = 11) OR “grandmother” (FRELATON = 11), SAMPLE MEMBER E = “your **grandson** was”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “grandson” (MRELATON = 12) OR “granddaughter” (FRELATON = 12), SAMPLE MEMBER E = “your **grandfather** was”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “cousin” (FRELATON = 13 or MRELATON = 13), SAMPLE MEMBER = “your **cousin** was”
 IF QD01 = 5 AND SELECTED FILL IN HR3 = “ex-husband” (MRELATON = 14) OR “ex-wife” (FRELATON = 14), SAMPLE MEMBER E = “your **ex-husband** was”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “partner” (MRELATON = 15 OR FRELATON = 15), SAMPLE MEMBER E = “your **partner** was”

IF QD01 = 5 AND SELECTED FILL IN HR3 = “other male relative” (MRELATON = 18) OR “other female relative” (FRELATON = 18), SAMPLE MEMBER E = “your **relative** was”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “husband” (MRELATON = 2) OR “wife” (FRELATON = 2), SAMPLE MEMBER E = “your **wife** was”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “son” (MRELATON = 3) OR “daughter” (FRELATON = 3), SAMPLE MEMBER E = “your **mother** was”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “son-in-law” (MRELATON = 4) OR “daughter-in-law” (FRELATON = 4), SAMPLE MEMBER E = “your **mother-in-law** was”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “brother” (MRELATON = 5) OR “sister” (FRELATON = 5), SAMPLE MEMBER E = “your **sister** was”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “brother-in-law” (MRELATON = 6) OR “sister-in-law” (FRELATON = 6), SAMPLE MEMBER E = “your **sister-in-law** was”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “father” (MRELATON = 7) OR “mother” (FRELATON = 7), SAMPLE MEMBER E = “your **daughter** was”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “father-in-law” (MRELATON = 8) OR “mother-in-law” (FRELATON = 8), SAMPLE MEMBER E = “your **daughter-in-law** was”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “uncle” (MRELATON = 9) OR “aunt” (FRELATON = 9), SAMPLE MEMBER E = “your **niece** was”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “nephew” (MRELATON = 10) OR “niece” (FRELATON = 10), SAMPLE MEMBER E = “your **aunt** was”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “grandfather” (MRELATON = 11) OR “grandmother” (FRELATON = 11), SAMPLE MEMBER E = “your **granddaughter** was”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “grandson” (MRELATON = 12) OR “granddaughter” (FRELATON = 12), SAMPLE MEMBER E = “your **grandmother** was”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “cousin” (MRELATON = 13 or FRELATON = 13), SAMPLE MEMBER E = “your **cousin** was”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “ex-husband” (MRELATON = 14) OR “ex-wife” (FRELATON = 14), SAMPLE MEMBER E = “your **ex-wife** was”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “partner” (MRELATON = 15 OR FRELATON = 15), SAMPLE MEMBER E = “your **partner** was”

IF QD01 = 9 AND SELECTED FILL IN HR3 = “other male relative” (MRELATON = 18) OR “other female relative” (FRELATON = 18), SAMPLE MEMBER E = “your **relative** was”

DEFINE SAMPLE MEMBER E PRO

IF HR1 = 1 OR (MRELATON = 16 OR MRELATON = 17 OR MRELATON = 19 OR FRELATON = 16 OR FRELATON = 17 OR FRELATON = 19 FOR ALL PERSONS IN HOUSEHOLD) OR HASJOIN = 2, SAMPLE MEMBER POSSPRO = “you were”

IF QD01 = 5, SAMPLE MEMBER POSSPRO = “he was”

IF QD01 = 9, SAMPLE MEMBER POSSPRO = “she was”

END TIME STAMP

35. Pharmacoepidemiology

BEGIN TIME STAMP

DEFINE PH_CAPI
 IF CURNTAGE<18, THEN PH_CAPI=1.
 ELSE, PH_CAPI=0.

PH0 The next questions are about [SAMPLE MEMBER POSS] use of medicines.
 [SAMPLE MEMBER CC] **ever** taken any of the following types of prescription medications under the supervision of a doctor, for [SAMPLE MEMBER POSSPRO] emotions or behavior or mental health?

	Yes	No
PH0a Sleeping pills or other sedatives, such as Ambien or Sonata	1	2
PH0b Antidepressant medications, such as Prozac or Zoloft	1	2
PH0c Tranquilizers, such as Xanax or Ativan	1	2
PH0d Amphetamines or other stimulants, such as Ritalin or dextroamphetamine	1	2
PH0e Antipsychotic medications, such as Haldol or Risperdal	1	2

DK/REF

DEFINE PH_EVERMEDL
 IF (PH0a OR PH0b OR PH0c OR PH0d OR PH0e) = 1, THEN PH_EVERMEDL=1
 ELSE, PH_EVERMEDL=0

PH3 [IF PH_EVERMEDL=1] **In the past 12 months**, did [SAMPLE MEMBER] take any of the following types of prescription medications under the supervision of a doctor, for [SAMPLE MEMBER POSSPRO] emotions or behavior or mental health?

	Yes	No
PH3a Sleeping pills or other sedatives, such as Ambien or Sonata	1	2
PH3b Antidepressant medications, such as Prozac or Zoloft	1	2
PH3c Tranquilizers, such as Xanax or Ativan	1	2
PH3d Amphetamines or other stimulants, such as Ritalin or dextroamphetamine	1	2
PH3e Antipsychotic medications, such as Haldol or Risperdal	1	2

DK/REF

DEFINE PH_12MOMED
 IF (PH3a OR PH3b OR PH3c OR PH3d OR PH3e) = 1 OR DK, THEN **PH_12MOMED** = 1
 ALL ELSE, **PH_12MOMED** = 2

PH4 [IF **PH_12MOMED** = 2 AND (PH_EVERMEDL=1)] Did [SAMPLE MEMBER] take any **other** type of prescription medicine in the past 12 months for problems with

[SAMPLE MEMBER POSSPRO] emotions, behavior, mental health, energy, concentration, sleep, or ability to cope with stress? Include medicines even if [SAMPLE MEMBER] took them only once.

1 Yes
2 No
DK/REF

DEFINE PH4a_FILL

IF PH_12MOMED = 2 AND PH4=2, THEN PH4a_FILL= “[SAMPLE MEMBER] last took a prescription medication more than 12 months ago.”

IF PH12MOMED = 1, THEN PH4a_FILL= “”

PH4a [IF (CURNTAGE<18) AND PH_EVERMEDL=1PH] HAND R SHOWCARD 4

On this card, each medicine has its own ID number.

[PH4a_FILL] What was the **first** prescription medication [SAMPLE MEMBER] **ever** took for problems with [SAMPLE MEMBER POSSPRO] emotions, behavior, mental health, energy, concentration, sleep, or ability to cope with stress?

Please tell me the number next to the medicine on the card for the medicine that [SAMPLE MEMBER] took first and I will enter it into the computer.

If [SAMPLE MEMBER] first started taking more than one prescription medication at the same time, tell me the numbers next to all the drugs [SAMPLE MEMBER] started taking at that time.

IF RESPONDENT REPORTS PRESCRIPTION MEDICATIONS NOT INCLUDED ON THE SHOWCARD, ENTER 990.

_____ MEDICINE ID NUMBERS FROM SHOWCARD 4 [RANGE 1–175]
PROGRAMMERS: ALLOW UP TO 20 ID NUMBERS
DK/REF

DEFINE PH5INTRO_FILL

IF PH_12MOMED = 2 AND PH4a IS NONMISSING, PH5INTRO_FILL= “Also include the first medicine we just talked about, if [SAMPLE MEMBER] took it in the past 12 months.”
ELSE, PH5INTRO_FILL= “”

PH5INTRO [IF PH_12MOMED = 1 OR PH4 = 1] HAND R SHOWCARD 4.

Please think about prescription medicines that [SAMPLE MEMBER] took in the past 12 months for problems with [SAMPLE MEMBER POSSPRO] emotions, nerves, mental health, energy, concentration, sleep, or ability to cope with stress.

Please tell me the number next to the medicine on the card for the medicine that [SAMPLE MEMBER] took and I will enter it into the computer.

Include medicines even if [SAMPLE MEMBER] took them only once in the past 12 months. [PH5INTRO_FILL]

You can look at [SAMPLE MEMBER] prescription bottles if necessary.

If a prescription medicine is not included on Showcard 4, please tell me

	Medicine ID
A prescription medicine you took in the past 12 months for problems with your emotions, nerves, mental health, energy, concentration, sleep, or ability to cope with stress:	
Another prescription medicine you took for any of those problems in the past 12 months?	
Another?	
Another?	
Another?	
Another?	
Another?	
Another prescription medicine you took in the past 12 months for problems with your emotions, nerves, mental health, energy, concentration, sleep, or ability to cope with stress?	
Another?	
Another?	
Another?	
Another?	
Another prescription medicine you took for any of those problems in the past 12 months?	
Another?	
Another?	
Another?	
Another?	
Another?	

[RANGE 1 – 175, 990]
DK/REF

PROGRAMMERS: ALLOW UP TO 20 ID NUMBERS BUT HIDE LINES IN THE GRID UNTIL THE IMMEDIATELY PREVIOUS LINE HAS BEEN FILLED WITH A VALID ANSWER (IN RANGE).
IF THE RESPONDENT ANSWERS DK/REF, EXIT OUT OF THE QUESTION GRID, BUT SAVE ANY ANSWERS ALREADY ENTERED INTO THE GRID.

DEFINE MEDFILL1 THROUGH MEDFILL20

- FOR EACH CODE ENTERED, CREATE A FILL USING THE CORRESPONDING MEDICINE NAME, AS SHOWN IN SHOWCARD 4.
- FOR CODE 990, USE “a medicine that isn’t on Showcard 4”
- IF FEWER THAN 20 CODES ENTERED, CONSIDER THE UNUSED FILLS AS MISSING.

PH5_CKPT [IF SOME PH5INTRO1 FIELDS ARE IN RANGE (1-175 OR 990)] The computer recorded that in the past 12 months [SAMPLE MEMBER] used the following prescription medications, for problems with [SAMPLE MEMBER POSSPRO] emotions, nerves, mental health, energy, concentration, sleep, or ability to cope with stress.

[PROGRAMMER: VERTICALLY LIST MEDFILL1 THROUGH MEDFILL20, WITH ONE LINE FOR EACH NON-MISSING MEDFILL.]

Is this list correct?

[IF PH_CAPI=1, FILL: “ONLY READ OPTIONS ALOUD IF NECESSARY”]

- 1 Yes
 - 2 No
- DK/REF

HARD ERROR: [IF CKPT = 2] PRESS [ENTER] TO GO BACK TO PH5INTRO, SO THAT THE RESPONDENT MAY CORRECT THE MEDICINE SELECTED.

SHOWCARD 4 (NOT TO BE INCLUDED IN PROGRAM)

1 -- ABILIFY	30 -- CITALOPRAM	59 -- ESZOPICLONE
2 -- ABILIFY MAINTENA	31 -- CLOMIPRAMINE	60 -- EVEKEO
3 -- ADDERAL	32 -- CLONAZEPAM	61 -- FANAPT
4 -- ADDERAL XR	33 -- CLONIDINE	62 -- FETZIMA
5 -- ALPRAZOLAM	34 -- CLOZAPINE	63 -- FLUOXETINE
6 -- AMBIEN	35 -- CLOZARIL	64 -- FLUPHENAZINE
7 -- AMITRIPTYLINE	36 -- COGENTIN	65 -- FLUPHENAZINE DECANOATE
8 -- AMPHETAMINE	37 -- CONCERTA	66 -- FLUVOXAMINE
9 -- ANAFRANIL	38-- CYMBALTA	67 -- FOCALIN
10 -- ARIPIPRAZOLE	39 -- CYTOMEL	68 -- FORFIVO XL
11 -- ARMODAFINIL	40 -- DAYTRANA	69 -- GABAPENTIN
12 -- ARTANE	41 -- DEPAKENE	70 -- GABITRIL
13 -- ASENAPINE	42 -- DEPAKOTE	71 -- GEODON
14 -- ATIVAN	43 -- DEPAKOTE SPRINKLES	72 -- GUANFACINE
15 -- ATOMOXETINE	44 -- DESOXYN	73 -- HALDOL
16 -- BELSOMRA	45 -- DESVENLAFAXINE	74 -- HALDOL DECANOATE
17 -- BENZTROPINE	46 -- DESYREL	75 -- HALOPERIDOL
18 -- BRINTELLIX	47 -- DEXEDRINE	76 -- HALOPERIDOL DECANOATE
19 -- BUDEPRION SR	48 -- DEXMETHYLPHENIDATE	77 -- HETLIOZ
20 -- BUDEPRION XL	49 -- DEXTROAMPHETAMINE	78 -- ILOPERIDONE
21 -- BUPROPION	50 -- DEXTROAMPHETAMINE/ AMPHETAMINE	79 -- INDERAL
22 -- BUSPAR	51 -- DIAZEPAM	80 -- INTUNIV
23 -- BUSPIRONE	52 -- DIVALPROEX	81 -- INVEGA
24 -- CARBAMAZEPINE	53 -- DOXEPIN	82 -- INVEGA SUSTENNA
25 -- CARBATROL	54 -- DULOXETINE	83 -- ISOCARBOXAZID
26 -- CATAPRES	55 -- EFFEXOR	84 -- KLONOPIN
27 -- CELEXA	56 -- ELAVIL	85 -- LAMICTAL
28 -- CHLORDIAZEPOZIDE	57 -- ESCITALOPRAM	86 -- LAMOTRIGINE
29 -- CHLORPROMAZINE	58 -- ESKALITH	87 -- LATUDA
88 -- LEVOMILNACIPRAN	117 -- PARNATE	146 -- SUVOREXANT
89 -- LEXAPRO	118 -- PAROXETINE	147 -- TASIMELTEON
90 -- LIBRIUM	119 -- PAXIL	148 -- TEGRETOL
91 -- LISDEXAMFETAMINE	120 -- PHENELZINE	149 -- TEMAZEPAM.
92 -- LITHIUM	121 -- PRAZOSIN	150 -- TENEX
93 -- LITHOBID	122 -- PREGABALIN	151 -- THORAZINE
94 -- LORAZEPAM	123 -- PRISTIQ	152 -- TOPAMAX
95 -- LUNESTA	124 -- PROCENTRA	153 -- TOPIRAMATE
96 -- LURASIDONE	125 -- PROLIXIN	154 -- TRANYLCPROMINE
97 -- LUVOX	126 -- PROLIXIN DECANOATE	155 -- TRAZODONE
98 -- LYRICA	127 -- PROPRANOLOL	156 -- TRIHEXYPHENIDYL

99 -- MARPLAN	128 -- PROVIGIL	157 -- TRIIODOTHYRONINE (T3)
100 -- MELATONIN	129 -- PROZAC	158 -- TRILEPTAL
101 -- METADATE	130 -- QUETIAPINE	159 -- VALIUM
102 -- METHAMPHETAMINE	131 -- QUILLIVANT XR	160 -- VALPROIC ACID
103 -- METHYLIN	132 -- RAMELTEON	161 -- VENLAFAXINE
104 -- METHYLPHENIDATE	133 -- REMERON	162 -- VIIBRYD
105 -- MINIPRESS	134 -- RESTORIL	163 -- VILAZODONE
106 -- MIRTRAZAPINE	135 -- RISPERDAL	164 -- VORTIOXETINE
107 -- MODAFINIL	136 -- RISPERDAL CONSTA	165 -- VYVANSE
108 -- NARDIL	137 -- RISPERIDONE	166 -- WELLBUTRIN
109 -- NEURONTIN	138 -- RITALIN	167 -- XANAX
110 -- NORTRIPTYLINE	139 -- ROZEREM	168 -- ZALEPLON
111 -- NUVIGIL	140 -- SAPHRIS	169 -- ZENZEDI
112 -- OLANZAPINE	141 -- SEROQUEL	170 -- ZIPRASIDONE
113 -- OXCARBAZEPINE	142 -- SERTRALINE	171 -- ZOLOFT
114 -- PALIPERIDONE	143 -- SILENOR	172 -- ZOLPIDEM
115 -- PALIPERIDONE PALMITATE (EXTENDED RELEASE INJECTABLE)	144 -- SONATA	173 -- ZOLPIMIST
116 -- PAMELOR	145 -- STRATTERA	174 -- ZYPREXA
		175 -- ZYPREXA RELPREVV

PH5_OT1 [IF PH5_CKPT=1 AND (LESS THAN 20 CODES ENTERED AT PH5INTRO) AND (NONE OF THE CODES ENTERED AT PH5INTRO INCLUDE 990)] In the **past 12 months** [SAMPLE MEMBER C] used any **other** prescription medicine for problems with [SAMPLE MEMBER POSSPRO] emotions, nerves, mental health, energy, concentration, sleep, or ability to cope with stress?

[IF PH_CAPI=1, FILL: "ONLY READ OPTIONS ALOUD IF NECESSARY"]

- 1 Yes
- 2 No
- DK/REF

DEFINE PH5_OT1A_FILL

IF PH5INTRO INCLUDES 990, THEN PH5_OT1A_FILL= "You indicated that [SAMPLE MEMBER] used a prescription medicine in the past 12 months that doesn't appear on Showcard 4."

PH5_OT1A [IF PH5_OT1 = 1 OR (PH5INTRO INCLUDES 990)] [PH5_OT1A_FILL] Please tell me the name of **one** prescription medicine [SAMPLE MEMBER D] used that doesn't appear on Showcard 4.

Please remember that we are only interested in prescription medicines that [SAMPLE MEMBER D] taken for problems with [SAMPLE MEMBER POSSPRO] emotions, nerves, mental health, energy, concentration, sleep, or ability to cope with stress.

If you're not sure how to spell the name of the medicine, just make your best guess.

PROGRAMMER: ALLOW 50 CHARACTERS
DK/REF

PROGRAMMER:

- IF (PH5_OT1A NE MISSING OR DK OR REF) AND (PH5INTRO INCLUDES 990), THEN USE PH5_OT1A TEXT TO REPLACE THE FILL TEXT FOR THE FIRST 990 ENTERED.
- IF (PH5_OT1A NE MISSING OR DK OR REF) AND (PH5INTRO DID NOT INCLUDE 990), THEN USE PH5_OT1A TEXT TO POPULATE A PREVIOUSLY MISSING MEDFILL.

PH5_OT2 [IF PH5_OT1A NE (MISSING OR DK OR REF) AND (LESS THAN 19 CODES ENTERED AT PH5INTRO)] In the past 12 months [SAMPLE MEMBER C] used **any other** prescription medicine, other than those you've already reported, for problems with [SAMPLE MEMBER POSSPRO] emotions, nerves, mental health, energy, concentration, sleep, or ability to cope with stress?

- 1 Yes
- 2 No
- DK/REF

PH5_OT2A [IF PH5_OT2=1] Please tell me the name of **one more prescription medicine** [SAMPLE MEMBER D] used in the past 12 months for problems with [SAMPLE MEMBER POSSPRO] emotions, nerves, mental health, energy, concentration, sleep, or ability to cope with stress.

Only tell me the name of a medicine if you haven't already reported it in an earlier question.

PROGRAMMER: ALLOW 50 CHARACTERS
DK/REF

PROGRAMMER:

- IF (PH5_OT2A NE MISSING OR DK OR REF) AND (APH5INTRO INCLUDED AT LEAST TWO 990 CODES), THEN USE PH5_OT2A TEXT TO REPLACE THE FILL TEXT FOR THE SECOND 990 ENTERED.
- IF (PH5_OT2A NE MISSING OR DK OR REF) AND (PH5INTRO DID NOT INCLUDE AT LEAST TWO 990 CODES), THEN USE PH5_OT2A TEXT TO POPULATE A PREVIOUSLY MISSING MEDFILL.

PH5_OT3 [PH5_OT2A NE (MISSING OR DK OR REF) AND (LESS THAN 18 CODES ENTERED AT PH5INTRO)] In the past 12 months [SAMPLE MEMBER C] used **any other** prescription medicine, other than those you've already reported, for problems with [SAMPLE MEMBER POSSPRO] emotions, nerves, mental health, energy, concentration, sleep, or ability to cope with stress?

- 1 Yes
- 2 No
- DK/REF

PH5_OT3A [IF PH5_OT3=1] Please tell me the name of **one more prescription medicine** [SAMPLE MEMBER D] used in the past 12 months for problems with [SAMPLE MEMBER POSSPRO] emotions, nerves, mental health, energy, concentration, sleep, or ability to cope with stress.

Only tell me the name of a medicine if you haven't already reported it in an earlier question.

PROGRAMMER: ALLOW 50 CHARACTERS
DK/REF

PROGRAMMER:

- IF (PH5_OT3A NE MISSING OR DK OR REF) AND (PH5INTRO INCLUDED AT LEAST THREE 990 CODES), THEN USE PH5_OT3A TEXT TO REPLACE THE FILL TEXT FOR THE THIRD 990 ENTERED.
- IF (PH5_OT3A NE MISSING OR DK OR REF) AND (PH5INTRO DID NOT INCLUDE AT LEAST THREE 990 CODES), THEN USE PH5_OT3A TEXT TO POPULATE A PREVIOUSLY MISSING MEDFILL.

PH5_OT4 [PH5_OT3A NE (MISSING OR DK OR REF) AND (LESS THAN 17 CODES ENTERED AT PH5INTRO)] In the past 12 months [SAMPLE MEMBER C] used **any other** prescription medicine, other than those you've already reported, for problems with [SAMPLE MEMBER POSSPRO] emotions, nerves, mental health, energy, concentration, sleep, or ability to cope with stress?

1 Yes
2 No
DK/REF

PH5_OT4A [IF PH5_OT4=1] Please tell me the name of **one more prescription medicine** [SAMPLE MEMBER D] used in the past 12 months for problems with [SAMPLE MEMBER POSSPRO] emotions, nerves, mental health, energy, concentration, sleep, or ability to cope with stress.

Only tell me the name of a medicine if you haven't already reported it in an earlier question.

PROGRAMMER: ALLOW 50 CHARACTERS
DK/REF

PROGRAMMER:

- IF (PH5_OT4A NE MISSING OR DK OR REF) AND (PH5INTRO INCLUDED AT LEAST FOUR 990 CODES), THEN USE PH5_OT4A TEXT TO REPLACE THE FILL TEXT FOR THE FOURTH 990 ENTERED.
- IF (PH5_OT4A NE MISSING OR DK OR REF) AND (PH5INTRO DID NOT INCLUDE AT LEAST FOUR 990 CODES), THEN USE PH5_OT4A TEXT TO POPULATE ANOTHER MEDFILL.

PH5_OT5 [PH5_OT4A NE (MISSING OR DK OR REF) AND (LESS THAN 16 CODES ENTERED AT PH5INTRO)] In the past 12 months [SAMPLE MEMBER C] used **any other** prescription medicine, other than those you've already reported, for problems with [SAMPLE MEMBER POSSPRO] emotions, nerves, mental health, energy, concentration, sleep, or ability to cope with stress?

1 Yes
 2 No
 DK/REF

PH5_OT5A [IF PH5_OT5=1] Please give me the name of **one more prescription medicine** [SAMPLE MEMBER D] used in the past 12 months for problems with [SAMPLE MEMBER POSSPRO] emotions, nerves, mental health, energy, concentration, sleep, or ability to cope with stress.

Only tell me the name of a medicine if you haven't already reported it in an earlier question.

PROGRAMMER: ALLOW 50 CHARACTERS
 DK/REF

PROGRAMMER:

- IF (PH5_OT5A NE MISSING OR DK OR REF) AND (PH5INTRO INCLUDED AT LEAST FIVE 990 CODES), THEN USE PH5_OT5A TEXT TO REPLACE THE FILL TEXT FOR THE FIFTH 990 ENTERED.
- IF (PH5_OT5A NE MISSING OR DK OR REF) AND (PH5INTRO DID NOT INCLUDE AT LEAST FIVE 990 CODES), THEN USE PH5_OT5A TEXT TO POPULATE ANOTHER MEDFILL.

DEFINE PH_COUNT

SET PH_COUNT= (THE TOTAL NUMBER OF NONMISSING MEDFILL VARIABLES)

DEFINE PH6INTRO_FILL

IF PH_COUNT=1, THEN PH6INTRO_FILL= "the prescription medicine"

IF PH_COUNT>1 AND PH_COUNT<5, THEN PH6INTRO_FILL= “each of the prescription medicines”

IF PH_COUNT>1 AND PH_COUNT>5, THEN PH6INTRO_FILL= “some of the prescription medicines”

PH6INTRO. [IF PH_COUNT >=1] Next, we’ll ask a couple of questions about [PH6INTRO_FILL] that you reported.

NOTE TO PROGRAMMERS:

- LOOP THROUGH PH6a THROUGH PH12a FOR EACH MEDICINE PROVIDED IN PH5INTRO1, PH5INTRO2, PH5_OT1A, PH5_OT2A, OR PH5_OT3A, UP TO A TOTAL OF 5. IF MORE THAN 5 MEDICINES ARE PROVIDED, RANDOMLY SELECT 5 TO LOOP THROUGH.
- BELOW, ‘MEDFILLX’ IS USED TO REPRESENT THE MEDFILL RELEVANT TO THE CURRENT ITERATION OF THE LOOP. FOR EXAMPLE, IF YOU ARE PASSING THROUGH THE LOOP FOR THE FIRST TIME, THE ACTUAL MEDFILL REFERENCE WOULD BE MEDFILL1.

PH6a [IF MEDFILLX NE MISSING] About how many days out of the past 30 did [SAMPLE MEMBER] take [MEDFILLX]?

_____ DAYS [RANGE: 0–30]
DK/REF

PH7a [IF MEDFILLX NE MISSING] About how many days out of the past 365 did [SAMPLE MEMBER] take [MEDFILLX]?

_____ DAYS [RANGE: 0–365]
DK/REF

NOTE TO PROGRAMMERS: AFTER COMPLETING THE PH6a THROUGH PH7a LOOP, LOOP THROUGH PH15 THROUGH PH23 UP TO THREE TIMES. IF ONE TO THREE MEDICINES INDICATED IN PH5INTRO1, PH5INTRO2, PH5_OT1A, PH5_OT2A, OR PH5_OT3A, ASK PH15 –PH23 SERIES FOR EACH. IF FOUR OR MORE MEDICINES INDICATED, RANDOMLY SAMPLE THREE MEDICINES FROM AMONG THE MEDICINES PREVIOUSLY SELECTED FOR THE PH6a THROUGH PH7a LOOP AND ASK PH15 –PH23 SERIES FOR EACH.

DEFINE PH15INTRO_FILL

IF PH_COUNT>3, FILL= “some of”

ELSE, FILL= “each of”

PH15INTRO. [PH_COUNT>1] Now, we'll ask a few more questions about [PH15INTRO_FILL] the medicines that you reported.

DEFINE PH15_FILL

IF PH_COUNT>1 AND THIS IS THE FIRST ITERATION OF THE LOOP, FILL: "First, let's talk about [MEDFILLX]."

IF PH_COUNT>1 AND THIS IS NOT THE FIRST ITERATION OF THE LOOP, FILL: "Now, let's talk about [MEDFILLX]."

IF PH_COUNT=1 FILL=""

PH15 [IF MEDFILLX NE MISSING] [PH15_FILL]

Overall, how effective was [MEDFILLX] in doing the things [SAMPLE MEMBER] expected it to? Was it very effective, somewhat effective, not very effective, or not at all effective?

ONLY READ OPTIONS ALOUD IF NECESSARY

- 1 Very effective
 - 2 Somewhat effective
 - 3 Not very effective
 - 4 Not at all effective
- DK/REF

PH16 [IF MEDFILLX NE MISSING] Did [SAMPLE MEMBER] take [MEDFILLX] under the supervision of a health professional? Or did [SAMPLE MEMBER] take it on [SAMPLE MEMBER POSSPRO] own, that is **without** a doctor's prescription or in any way a doctor did **not** direct you to use it??

ONLY READ OPTIONS ALOUD IF NECESSARY

- 1 With supervision
 - 2 On [SAMPLE MEMBER POSSPRO] own without supervision
- DK/REF

PH17 [IF MEDFILLX NE MISSING] Who prescribed the [MEDFILLX]—a psychiatrist, a general or family doctor, some other medical doctor, some other health professional, or did no one prescribe the medication?

ONLY READ OPTIONS ALOUD IF NECESSARY

- 1 Psychiatrist
- 2 General or family doctor
- 3 Some other doctor
- 4 Some other health professional
- 5 No one prescribed the medication

DK/REF

PH18 [IF MEDFILLX NE MISSING] People do not always take their medicine as they are supposed to. Think of a typical month when [SAMPLE MEMBER] took [MEDFILLX] in the past 12 months. How many days out of 30 did [SAMPLE MEMBER] typically either **forget** to take it or take **less** of it than [SAMPLE MEMBER E PRO] supposed to take?

[IF PH_CAPI=1, FILL: "INTERVIEWER NOTE: If R was not supposed to take the [MEDFILLX] regularly or did not take it for a full month, enter "996.""]

_____ NUMBER OF DAYS [RANGE: 0-30, 996]

DK/REF

PH19 [IF MEDFILLX NE MISSING AND HASJOIN = 2] Are you still taking [MEDFILL2]?

[IF MEDFILLX NE MISSING AND HASJOIN = 1] Is [SAMPLE MEMBER] still taking [MEDFILL2]?

1 Yes

2 No

DK/REF

PH20 [IF PH19 = 2 AND PH16 = 1] Did the health professional who supervised [SAMPLE MEMBER POSS] use tell [SAMPLE MEMBER] to stop taking [MEDFILLX]?

ONLY READ OPTIONS ALOUD IF NECESSARY

1 Yes

2 No

DK/REF

PH21 [IF PH20 = 2] Did the health professional agree with [SAMPLE MEMBER POSS] decision to stop?

ONLY READ OPTIONS ALOUD IF NECESSARY

1 Yes

2 No

DK/REF

PH22 [IF PH20 = 2] Did [SAMPLE MEMBER] stop taking [MEDFILLX] because [SAMPLE MEMBER] felt so much better that [SAMPLE MEMBER] no longer needed it? Or did [SAMPLE MEMBER] stop for some other reason?

ONLY READ OPTIONS ALOUD IF NECESSARY

- 1 Felt better
- 2 Other reason
- DK/REF

PH23

[IF PH22 = 2]

[IF HASJOIN = 1 FILL: **“HAND R SHOWCARD Y2**

Which of the reasons on this card is why [SAMPLE MEMBER] stopped taking [MEDFILL2]?

Tell me the number next to the reason or reasons on the card for why [SAMPLE MEMBER] stopped taking [MEDFILLX] and I will enter it into the computer.]

- 1 The medicine was not helping
- 2 The child or one of his/her parents thought the problem would get better without more medicine
- 3 The child’s family couldn’t afford to pay for the medicine
- 4 The child was too embarrassed to continue taking the medicine
- 5 The child or one of his/her parents wanted to solve the problems without medications
- 6 The medicine caused side effects that made the child stop
- 7 The child was afraid that he/she would get dependent on the medication
- 8 Someone in the child’s personal life pressured him/her to stop
- 9 Any other reason for stopping

[IF HASJOIN = 2 FILL:
“HAND R SHOWCARD Y3

Which of the reasons on this card is why [SAMPLE MEMBER] stopped taking [MEDFILL2]?

Tell me the number next to the reason or reasons on the card for why [SAMPLE MEMBER] stopped taking [MEDFILLX] and I will enter it into the computer.]

- 1 The medicine was not helping
- 2 You or one of your parents thought the problem would get better without more medicine
- 3 Your family couldn’t afford to pay for the medicine
- 4 You were too embarrassed to continue taking the medicine
- 5 You or one of your parents wanted to solve the problem without medications
- 6 The medicine caused side effects that made you stop
- 7 You were afraid that you would get dependent on the medication
- 8 Someone in your personal life pressured you to stop
- 9 Any other reason for stopping
- DK/REF

END TIME STAMP

36. Income

BEGIN TIME STAMP

INC1 [IF NO FAMILY MEMBERS IN ROSTER] These next questions are about the kinds and amounts of income that you receive.

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] These next questions are about the kinds and amounts of income received by you and your [FAMILY RELATIONSHIP FILL].

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN = 1] These next questions are about the kinds and amounts of income received by [SAMPLE MEMBER] and you.

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] These next questions are about the kinds and amounts of income received by your family living here, including you, your [FAMILY RELATIONSHIP FILLS].

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN = 1] These next questions are about the kinds and amounts of income received by [SAMPLE MEMBER] and [IF QD01 = 5 FILL his, QD01 = 9 FILL her] family living here, including you, [IF QD01 = 5 FILL his, QD01 = 9 FILL her] [FAMILY RELATIONSHIP FILLS]. [PROGRAMMER NOTE: THE PROXY SHOULD NOT APPEAR IN [FAMILY RELATIONSHIP FILLS]. ALSO, USE “other” AS A MODIFIER TO THE FAMILY RELATIONSHIP FILL WHEN THE RELATIONSHIP TYPE IS EQUAL TO PROXY RELATIONSHIP TYPE AND ONE OF THESE RELATIONSHIP TYPES IS STILL IN THE LIST. PLEASE PRECEDE EACH RELATIONSHIP WITH “HIS/HER”.]

[IF HASJOIN NE 1] These questions refer to the calendar year [CURRENT YEAR – 1] rather than to the past 12 months that were referred to in some earlier questions. The calendar year [CURRENT YEAR – 1] would be from January 1st, [CURRENT YEAR – 1], through December 31st, [CURRENT YEAR – 1].

INC2 Social Security or Railroad Retirement payments are paid by the U.S. Government to persons who are retired, severely disabled, or are dependents or survivors of workers.

[IF NO FAMILY MEMBERS IN ROSTER] In [CURRENT YEAR – 1], did you receive Social Security or Railroad Retirement payments?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] In [CURRENT YEAR – 1], did you or your [FAMILY RELATIONSHIP FILL] receive Social Security or Railroad Retirement payments?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN = 1] In [CURRENT YEAR – 1], did [SAMPLE MEMBER] or you receive Social Security or Railroad Retirement payments?

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER] In [CURRENT YEAR – 1], did [SAMPLE MEMBER] or any of these same family members receive Social Security or Railroad Retirement payments?

- 1 YES
- 2 NO
- DK/REF

INC3

Supplemental Security Income or SSI is a program administered by a government agency that makes assistance payments to people with low income who are aged, blind, or disabled. This is not the same as Social Security.

[IF NO FAMILY MEMBERS IN ROSTER] In [CURRENT YEAR – 1], did you receive Supplemental Security Income or SSI?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] In [CURRENT YEAR – 1], did you or your [FAMILY RELATIONSHIP FILL] receive Supplemental Security Income or SSI?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN = 1] In [CURRENT YEAR – 1], did [SAMPLE MEMBER] or you receive Supplemental Security Income or SSI?

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER] In [CURRENT YEAR – 1], did [SAMPLE MEMBER] or any of these same family members receive Supplemental Security Income or SSI?

- 1 YES
- 2 NO
- DK/REF

INC3a

The Supplemental Nutrition Assistance Program, or SNAP, formerly known as food stamps, provides assistance for buying food. A special card is issued which can be used to buy food in grocery stores. SNAP does not include WIC or free or reduced school lunches.

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1 [IF NO FAMILY MEMBERS IN ROSTER] In [CURRENT YEAR – 1], did you receive SNAP benefits?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] In [CURRENT YEAR – 1], did you or your [FAMILY RELATIONSHIP FILL] receive SNAP benefits?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN = 1] In [CURRENT YEAR – 1], did [SAMPLE MEMBER] or you receive SNAP benefits?

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER] In [CURRENT YEAR – 1], did [SAMPLE MEMBER] or any of these same family members receive SNAP benefits?

- 1 YES
- 2 NO
- DK/REF

DEFINE CONDITION_FILL

IF QD_FIPE4 = 1 THEN CONDITION_FILL = the Family Assistance Program (FAP)
IF QD_FIPE4 = 2 THEN CONDITION_FILL = the Alaska Temporary Assistance Program (ATAP)
IF QD_FIPE4 = 3 THEN CONDITION_FILL = Cash Assistance (CA)
IF QD_FIPE4 = 4 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
IF QD_FIPE4 = 5 THEN CONDITION_FILL = California Work Opportunity and Responsibility to Kids (CalWorks)
IF QD_FIPE4 = 6 THEN CONDITION_FILL = Colorado Works
IF QD_FIPE4 = 7 THEN CONDITION_FILL = Temporary Family Assistance (TFA)
IF QD_FIPE4 = 8 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
IF QD_FIPE4 = 9 THEN CONDITION_FILL = Temporary Cash Assistance for Needy Families (TANF)
IF QD_FIPE4 = 10 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF) Maintenance of Effort (MOE)
IF QD_FIPE4 = 11 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
IF QD_FIPE4 = 12 THEN CONDITION_FILL = Temporary Assistance to Needy Families (TANF) or Temporary Assistance to Other Needy Families (TAONF)
IF QD_FIPE4 = 13 THEN CONDITION_FILL = Temporary Assistance for Families in Idaho (TAFI)
IF QD_FIPE4 = 14 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
IF QD_FIPE4 = 15 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
IF QD_FIPE4 = 16 THEN CONDITION_FILL = the Family Investment Program (FIP)
IF QD_FIPE4 = 17 THEN CONDITION_FILL = Cash Assistance
IF QD_FIPE4 = 18 THEN CONDITION_FILL = the Kentucky Transitional Assistance Program (KTAP)
IF QD_FIPE4 = 19 THEN CONDITION_FILL = The Family Independence Temporary Assistance Program (FITAP)
IF QD_FIPE4 = 20 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF) or Additional Support for People in Retraining and Employment (ASPIRE)
IF QD_FIPE4 = 21 THEN CONDITION_FILL = The Family Investment Program (FIP) or Temporary Cash Assistance (TCA)
IF QD_FIPE4 = 22 THEN CONDITION_FILL = Transitional Aid to Families with Dependent Children (TAFDC)
IF QD_FIPE4 = 23 THEN CONDITION_FILL = the Family Independence Program (FIP)
IF QD_FIPE4 = 24 THEN CONDITION_FILL = the Minnesota Family Investment Program (MFIP)
IF QD_FIPE4 = 25 THEN CONDITION_FILL = Temporary Assistance to Needy Families (TANF)
IF QD_FIPE4 = 26 THEN CONDITION_FILL = Temporary Assistance
IF QD_FIPE4 = 27 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
IF QD_FIPE4 = 28 THEN CONDITION_FILL = Aid to Dependent Children (ADC)
IF QD_FIPE4 = 29 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
IF QD_FIPE4 = 30 THEN CONDITION_FILL = Financial Assistance to Needy Families

IF QD_FIPE4 = 31 THEN CONDITION_FILL = Work First New Jersey (WFNJ)
 IF QD_FIPE4 = 32 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF),
 or NMWorks
 IF QD_FIPE4 = 33 THEN CONDITION_FILL = Family Assistance (FA)
 IF QD_FIPE4 = 34 THEN CONDITION_FILL = Work First
 IF QD_FIPE4 = 35 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
 or Job Opportunities and Basic Skills (JOBS)
 IF QD_FIPE4 = 36 THEN CONDITION_FILL = Ohio Works First (OWF) or Temporary Assistance
 for Needy Families (TANF)
 IF QD_FIPE4 = 37 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
 IF QD_FIPE4 = 38 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
 IF QD_FIPE4 = 39 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF),
 Cash Assistance, or Moving to Independence
 IF QD_FIPE4 = 40 THEN CONDITION_FILL = Rhode Island Works (RI Works)
 IF QD_FIPE4 = 41 THEN CONDITION_FILL = Family Independence (FI)
 IF QD_FIPE4 = 42 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
 IF QD_FIPE4 = 43 THEN CONDITION_FILL = Families First
 IF QD_FIPE4 = 44 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
 IF QD_FIPE4 = 45 THEN CONDITION_FILL = the Family Employment Program (FEP)
 IF QD_FIPE4 = 46 THEN CONDITION_FILL = Reach Up
 IF QD_FIPE4 = 47 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
 IF QD_FIPE4 = 48 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
 or WorkFirst
 IF QD_FIPE4 = 49 THEN CONDITION_FILL = West Virginia Works (WV Works)
 IF QD_FIPE4 = 50 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
 IF QD_FIPE4 = 51 THEN CONDITION_FILL = Temporary Assistance for Needy Families (TANF)
 ELSE CONDITION_FILL = BLANK

INC4 [IF NO FAMILY MEMBERS IN ROSTER] At any time during [CURRENT YEAR – 1], even for one month, did you receive any cash assistance from a state or [IF QD_FIPE4 = 2, THEN “borough”] [IF QD_FIPE4 = 19 THEN “parish”] [IF QD_FIPE4 NE 2 OR 19 THEN “county”] welfare program such as [CONDITION_FILL]?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] At any time during [CURRENT YEAR – 1], even for one month, did you or your [FAMILY RELATIONSHIP_FILL] receive any cash assistance from a state or [IF QD_FIPE4 = 2 THEN “borough”] [IF QD_FIPE4 = 19 THEN “parish”] [IF QD_FIPE4 NE 2 OR 19 THEN “county”] welfare program such as [CONDITION_FILL]?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN = 1] At any time during [CURRENT YEAR – 1], even for one month, did [SAMPLE MEMBER] or you receive any cash assistance from a state or [IF QD_FIPE4 = 2 THEN “borough”] [IF QD_FIPE4 = 19 THEN “parish”] [IF QD_FIPE4 NE 2 OR 19 THEN “county”] welfare program such as [CONDITION_FILL]?

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER] At any time during [CURRENT YEAR – 1], even for one month, did [SAMPLE MEMBER] or any of

these same family members receive any cash assistance from a state or [IF QD_FIPE4 = 2 THEN “borough”] [IF QD_FIPE4 = 19 THEN “parish”] [IF QD_FIPE4 NE 2 OR 19 THEN “county”] welfare program such as [CONDITION_FILL]?

- 1 YES
- 2 NO
- DK/REF

INC5

[IF NO FAMILY MEMBERS IN ROSTER] In [CURRENT YEAR – 1], because of low income, did you receive any **other** kind of non-monetary welfare or public assistance, such as help with getting a job, placement in education or job training programs, or help with transportation, child care, or housing?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] In [CURRENT YEAR – 1], because of low income, did you or your [FAMILY RELATIONSHIP FILL] receive any **other** kind of non-monetary welfare or public assistance, such as help with getting a job, placement in education or job training programs, or help with transportation, child care, or housing?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN = 1] In [CURRENT YEAR – 1], because of low income, did [SAMPLE MEMBER] or you receive any **other** kind of non-monetary welfare or public assistance, such as help with getting a job, placement in education or job training programs, or help with transportation, child care, or housing?

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER] In [CURRENT YEAR – 1], because of low income, did [SAMPLE MEMBER] or any of these same family members receive any **other** kind of non-monetary welfare or public assistance, such as help with getting a job, placement in education or job training programs, or help with transportation, child care, or housing?

- 1 YES
- 2 NO
- DK/REF

INC6

[IF (INC4 = 1 OR INC5 = 1) AND INC3a = 2]

[IF NO FAMILY MEMBERS IN ROSTER] For how many months in [CURRENT YEAR – 1] did you receive **any** type of welfare or public assistance?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] For how many months in [CURRENT YEAR – 1] did you or your [FAMILY RELATIONSHIP FILL] receive **any** type of welfare or public assistance?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN = 1] For how many months in [CURRENT YEAR – 1] did [SAMPLE MEMBER] or you receive **any** type of welfare or public assistance?

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER] For how many months in [CURRENT YEAR – 1] did [SAMPLE MEMBER] or any **other** family member living here receive **any** type of welfare or public assistance?

[ALL] Please include:

- Cash assistance from a state or [IF QD_FIPE4 = 2 THEN “borough”] [IF QD_FIPE4 = 19 THEN “parish”] [IF QD_FIPE4 NE 2 OR 19 THEN “county”] welfare program such as [CONDITION_FILL]
- Any **other** kind of non-monetary welfare or public assistance

_____ NUMBER OF MONTHS RECEIVED ASSISTANCE [RANGE: 1–12]
DK/REF

INC7

[IF (INC4 = 1 OR INC5 = 1) AND INC3a = (1, DK, OR REF)]

[IF NO FAMILY MEMBERS IN ROSTER] For how many months in [CURRENT YEAR – 1] did you receive **any** type of welfare or public assistance, **not** including SNAP benefits?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] For how many months in [CURRENT YEAR – 1] did you or your [FAMILY RELATIONSHIP FILL] receive **any** type of welfare or public assistance, **not** including SNAP benefits?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN = 1] For how many months in [CURRENT YEAR – 1] did [SAMPLE MEMBER] or you receive **any** type of welfare or public assistance, **not** including SNAP benefits?

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER] For how many months in [CURRENT YEAR – 1] did [SAMPLE MEMBER] or any **other** family member living here receive **any** type of welfare or public assistance, **not** including SNAP benefits?

[ALL] Please include:

- Cash assistance from a state or [IF QD_FIPE4 = 2 THEN “borough”] [IF QD_FIPE4 = 19 THEN “parish”] [IF QD_FIPE4 NE 2 OR 19 THEN “county”] welfare program such as [CONDITION_FILL]
- Any **other** kind of non-monetary welfare or public assistance

_____ NUMBER OF MONTHS RECEIVED ASSISTANCE [RANGE: 1–12]
DK/REF

INC7A

HAND R SHOWCARD 7 Here is a list of some other sources of income. When you answer the next questions, please consider these income sources as well as those asked about in earlier questions.

Income **earned at a job or business**
Retirement, disability, or survivor pension
Unemployment or worker's compensation
Veteran's administration payments

Child support
Alimony
Interest income
Dividends from stocks or mutual funds
Income from rental properties, royalties, estates or trusts

INC8 [IF NO FAMILY MEMBERS IN ROSTER] **Before taxes and other deductions**, was your **total personal income from all sources** during [CURRENT YEAR – 1] more or less than 20,000 dollars?

[IF AT LEAST ONE FAMILY MEMBER IN ROSTER] Now we are going to ask about [SAMPLE MEMBER POSS] own **personal income. Before taxes and other deductions**, was [SAMPLE MEMBER POSS] **total personal income from all sources** during [CURRENT YEAR – 1] more or less than 20,000 dollars?

- 1 \$20,000 OR MORE
- 2 LESS THAN \$20,000
- DK/REF

INC8A [IF INC8 = DK OR REF] Income data are important in analyzing the health information we collect. For example, the information helps us to learn whether persons in one income group use certain types of medical care services or have conditions more or less often than those in another group.

Before taxes and other deductions, was [SAMPLE MEMBER POSS] **total personal income from all sources** during [CURRENT YEAR – 1] more or less than 20,000 dollars?

- 1 \$20,000 OR MORE
- 2 LESS THAN \$20,000
- DK/REF

INC9 [IF INC8 = 2 OR IF INC8A = 2] **HAND R SHOWCARD 8.** Of these income groups, which category best represents [SAMPLE MEMBER POSS] **total personal income** during [CURRENT YEAR – 1]?

(Income data are important in analyzing the health information we collect. For example, the information helps us to learn whether people in one income group use certain types of medical care services or have conditions more or less often than those in another group.)

- 1 LESS THAN \$1,000
- 2 \$1,000–\$1,999
- 3 \$2,000–\$2,999
- 4 \$3,000–\$3,999
- 5 \$4,000–\$4,999
- 6 \$5,000–\$5,999
- 7 \$6,000–\$6,999
- 8 \$7,000–\$7,999

- 9 \$8,000–\$8,999
 - 10 \$9,000–\$9,999
 - 11 \$10,000–\$10,999
 - 12 \$11,000–\$11,999
 - 13 \$12,000–\$12,999
 - 14 \$13,000–\$13,999
 - 15 \$14,000–\$14,999
 - 16 \$15,000–\$15,999
 - 17 \$16,000–\$16,999
 - 18 \$17,000–\$17,999
 - 19 \$18,000–\$18,999
 - 20 \$19,000–\$19,999
- DK/REF

INC9A [IF INC9 = DK OR REF] Income data are important in analyzing the health information we collect. For example, the information helps us to learn whether persons in one income group use certain types of medical care services or have conditions more or less often than those in another group.

Of these income groups, which category best represents [SAMPLE MEMBER POSS] **total personal** income during [CURRENT YEAR – 1]?

- 1 LESS THAN \$1,000
 - 2 \$1,000–\$1,999
 - 3 \$2,000–\$2,999
 - 4 \$3,000–\$3,999
 - 5 \$4,000–\$4,999
 - 6 \$5,000–\$5,999
 - 7 \$6,000–\$6,999
 - 8 \$7,000–\$7,999
 - 9 \$8,000–\$8,999
 - 10 \$9,000–\$9,999
 - 11 \$10,000–\$10,999
 - 12 \$11,000–\$11,999
 - 13 \$12,000–\$12,999
 - 14 \$13,000–\$13,999
 - 15 \$14,000–\$14,999
 - 16 \$15,000–\$15,999
 - 17 \$16,000–\$16,999
 - 18 \$17,000–\$17,999
 - 19 \$18,000–\$18,999
 - 20 \$19,000–\$19,999
- DK/REF

INC10 [IF INC8 = 1 OR IF INC8A = 1] **HAND R SHOWCARD 9** Of these income groups, which category best represents [SAMPLE MEMBER POSS] **total personal** income during [CURRENT YEAR – 1]?

(Income data are important in analyzing the health information we collect. For example, the information helps us to learn whether people in one income group use certain types of medical care services or have conditions more or less often than those in another group.)

- 21 \$20,000–\$24,999
 - 22 \$25,000–\$29,999
 - 23 \$30,000–\$34,999
 - 24 \$35,000–\$39,999
 - 25 \$40,000–\$44,999
 - 26 \$45,000–\$49,999
 - 27 \$50,000–\$74,999
 - 28 \$75,000–\$99,999
 - 29 \$100,000–\$149,999
 - 30 \$150,000 OR MORE
- DK/REF

INC10A [IF INC10 = DK OR REF] Income data are important in analyzing the health information we collect. For example, the information helps us to learn whether persons in one income group use certain types of medical care services or have conditions more or less often than those in another group.)

Of these income groups, which category best represents [SAMPLE MEMBER POSS] **total personal** income during [CURRENT YEAR – 1]?

- 21 \$20,000–\$24,999
 - 22 \$25,000–\$29,999
 - 23 \$30,000–\$34,999
 - 24 \$35,000–\$39,999
 - 25 \$40,000–\$44,999
 - 26 \$45,000–\$49,999
 - 27 \$50,000–\$74,999
 - 28 \$75,000–\$99,999
 - 29 \$100,000–\$149,999
 - 30 \$150,000 OR MORE
- DK/REF

INC11 [IF MORE THAN ONE FAMILY MEMBER IN ROSTER AND IF INC10 NE 30 OR INC10A NE 30]

Next, we would like to know about the **total family** income from all sources **during** [CURRENT YEAR – 1] before taxes and other deductions.

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] We would like you to combine everyone’s income—that is, yours and that of your [FAMILY RELATIONSHIP FILL].

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN = 1] We would like you to combine everyone’s income—that is, [SAMPLE MEMBER POSS] and yours.

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] We would like you to combine everyone’s income—that is, yours and that of your [FAMILY RELATIONSHIP FILLS].

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN = 1] We would like you to combine everyone’s income—that is, yours, [SAMPLE MEMBER POSS] and that of [IF QD01 = 5 FILL his, QD01 = 9 FILL her] [FAMILY RELATIONSHIP FILLS] living here. [PROGRAMMER NOTE: THE PROXY SHOULD NOT APPEAR IN [FAMILY RELATIONSHIP FILLS]. ALSO, USE “other” AS A MODIFIER TO THE FAMILY RELATIONSHIP FILL WHEN THE RELATIONSHIP TYPE IS EQUAL TO PROXY RELATIONSHIP TYPE AND ONE OF THESE RELATIONSHIP TYPES IS STILL IN THE LIST.]

Please include all of the sources of income that we just talked about.

INC12 [IF MORE THAN ONE FAMILY MEMBER IN ROSTER AND (INC8 NE 1 OR INC8A NE 1)] **Before taxes and other deductions**, was the **total combined family** income during [CURRENT YEAR – 1] more or less than 20,000 dollars?

- 1 \$20,000 OR MORE
- 2 LESS THAN \$20,000
- DK/REF

INC13 [IF INC12 = 2] **HAND R SHOWCARD 8**

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your **total combined family** income during [CURRENT YEAR – 1]—that is, yours and that of your [FAMILY RELATIONSHIP FILL].

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN = 1] Of these income groups, which category best represents your **total combined family** income during [CURRENT YEAR – 1]—that is, your [SAMPLE MEMBER POSS] and yours.

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your **total combined family** income during [CURRENT YEAR – 1]—that is, yours and that of your [RELATIONSHIP FILLS].

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN = 1] Of these income groups, which category best represents your **total combined family** income during [CURRENT YEAR – 1]—that is, yours, [SAMPLE MEMBER POSS], and that of [IF QD01 = 5 FILL his, QD01 = 9 FILL her] [FAMILY RELATIONSHIP FILLS] living here? [PROGRAMMER NOTE: THE PROXY SHOULD NOT APPEAR IN [FAMILY RELATIONSHIP FILLS]. ALSO, USE “other” AS A

MODIFIER TO THE FAMILY RELATIONSHIP FILL WHEN THE RELATIONSHIP TYPE IS EQUAL TO PROXY RELATIONSHIP TYPE AND ONE OF THESE RELATIONSHIP TYPES IS STILL IN THE LIST.]

- 1 LESS THAN \$1,000
- 2 \$1,000–\$1,999
- 3 \$2,000–\$2,999
- 4 \$3,000–\$3,999
- 5 \$4,000–\$4,999
- 6 \$5,000–\$5,999
- 7 \$6,000–\$6,999
- 8 \$7,000–\$7,999
- 9 \$8,000–\$8,999
- 10 \$9,000–\$9,999
- 11 \$10,000–\$10,999
- 12 \$11,000–\$11,999
- 13 \$12,000–\$12,999
- 14 \$13,000–\$13,999
- 15 \$14,000–\$14,999
- 16 \$15,000–\$15,999
- 17 \$16,000–\$16,999
- 18 \$17,000–\$17,999
- 19 \$18,000–\$18,999
- 20 \$19,000–\$19,999

DK/REF

INC14

[IF (INC12 = 1 OR INC8 = 1 OR INC8A = 1) AND INC10 NE 30 OR INC10A NE 30]
HAND R SHOWCARD 9

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your **total combined family** income during [CURRENT YEAR – 1]—that is, yours and that of your [FAMILY RELATIONSHIP FILL]?

[IF ONE FAMILY MEMBER IN ROSTER AND HASJOIN = 1] Of these income groups, which category best represents your **total combined family** income during [CURRENT YEAR – 1]—that is, [SAMPLE MEMBER POSS] and yours?

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN NE 1] Of these income groups, which category best represents your **total combined family** income during [CURRENT YEAR – 1]—that is, yours and that of your [FAMILY RELATIONSHIP FILLS]?

[IF AT LEAST TWO FAMILY MEMBERS IN ROSTER AND HASJOIN = 1] Of these income groups, which category best represents your **total combined family** income during [CURRENT YEAR – 1]—that is, yours, [SAMPLE MEMBER POSS], and that of [IF QD01 = 5 FILL his, QD01 = 9 FILL her] [FAMILY RELATIONSHIP FILLS] living here? [PROGRAMMER NOTE: THE PROXY SHOULD NOT

APPEAR IN [FAMILY RELATIONSHIP FILLS]. ALSO, USE “other” AS A MODIFIER TO THE FAMILY RELATIONSHIP FILL WHEN THE RELATIONSHIP TYPE IS EQUAL TO PROXY RELATIONSHIP TYPE AND ONE OF THESE RELATIONSHIP TYPES IS STILL IN THE LIST.]

19	\$20,000–\$24,999
20	\$25,000–\$29,999
21	\$30,000–\$34,999
22	\$35,000–\$39,999
23	\$40,000–\$44,999
24	\$45,000–\$49,999
25	\$50,000–\$74,999
26	\$75,000–\$99,999
27	\$100,000–\$149,999
28	\$150,000 OR MORE

DK/REF

END TIME STAMP

37. Health Insurance

BEGIN TIME STAMP

TOPROXY [IF HASJOIN = 1] WHEN [HR3 FILL] HAS JOINED YOU:

The next questions are about [SAMPLE MEMBER POSS] health insurance coverage.

PRESS [ENTER] TO CONTINUE.

DEFINE H1_FILL

IF HASJOIN NE 1, THEN H1_FILL = The next questions are about health insurance.
ELSE H1_FILL = ""

HI_1 [H1_FILL] Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide Medical care or help pay medical bills.

[SAMPLE MEMBER A] covered by any kind of health insurance or some other kind of health care plan?

- 1 YES
- 2 NO
- DK/REF

DEFINE HI_2FILL

IF HASJOIN = 1, THEN HI_2FILL = does [SAMPLE MEMBER]
ELSE HI_2FILL = do you

HI_2 [IF HI_1 = 1 OR DK OR REF] What kind of health insurance or health care coverage [HI_2FILL] have? **Include** those that pay for only one type of service, such as nursing home care, accidents, or dental care. **Exclude** private plans that only provide extra cash while hospitalized.

TO SELECT MORE THAN ONE CATEGORY, PRESS THE SPANCE BAR BETWEEN EACH CATEGORY YOU SELECT

- 1 Private health insurance
- 2 Medicare
- 3 Medi-Gap
- 4 Medicaid
- 5 SCHIP, also known as CHIP or Children's Health Insurance Program
- 6 Military health care, such as TRICARE, VA, or CHAMP-VA
- 7 Indian Health Service
- 8 State-sponsored health plan

- 9 Other government program
 - 10 Single service plan, such as dental, vision, or prescriptions
 - 11 No coverage of any type
- DK/REF

DEFINE HI_3FILL

IF HASJOIN = 1, THEN HI_3FILL = [SAMPLE MEMBER]
 ELSE HI_3FILL = you

HI_3 [IF HI_1 = 2 OR HI_2 = 11] About how long has it been since [HI_3FILL] last had health care coverage?

- 1 6 months or less
- 2 More than 6 months, but less than 1 year
- 3 1 year
- 4 More than 1 year, but less than 3 years
- 5 3 years or more
- 6 Never had coverage

DK/REF

DEFINE WEREWAS

IF HR1 = 1 OR HASJOIN = BLANK OR 2 THEN WEREWAS = “were you”
 ELSE WEREWAS = “was SAMPLE MEMBER”

HI14 [IF HI_3 = (1 OR 2 OR DK OR REF)] During the past 12 months, that is from [DATE FILL] through today, about how many months [FILL WEREWAS] **without any** kind of health insurance or coverage?

_____ NUMBER OF MONTHS [RANGE: 0–12]
 DK/REF

GPS1 Finally, we are also interested in collecting GPS coordinates from this location. This information will only be used for data quality and verification purposes. Do I have your permission to collect this information?

- 1 YES
 - 2 NO
- DK/REF

[NOTE TO FI: IF CONSENT IS GIVEN, RECORD GPS ON TABLET ONCE YOU ARE OUTSIDE OF THE HOME]

GPS2

[IF GPS1 = 2, DK OR REF] GPS coordinates will provide the latitude and longitude of this address or location on a map. A researcher will use this information only to verify that I conducted this interview at the correct address. Your name and interview responses will be stored separately from the coordinates. May I collect the GPS coordinates?

1 YES

2 NO

DK/REF

[NOTE TO FI: IF CONSENT IS GIVEN, RECORD GPS ON TABLET ONCE YOU ARE OUTSIDE OF THE HOME]

END TIME STAMP

38. Verification

BEGIN TIME STAMP

QCID ENTER THE QC ID FROM THE QUALITY CONTROL FORM FOR THIS INTERVIEW. THE QC ID IS LOCATED IN THE UPPER RIGHTHAND CORNER OF THE QUALITY CONTROL FORM. THE HYPHEN MUST BE INCLUDED.

CASEID ENTER THE CASE ID FOR THIS INTERVIEW. BE SURE TO INCLUDE A OR B AT THE END OF THE CASE ID.

TOALLR3I It is important that I do my job correctly; therefore, my supervisors will be checking on my work. Would you help me by printing your phone number and current address on this form?

[GIVE QUALITY CONTROL FORM AND ENVELOPE TO RESPONDENT (OR PARENT/GUARDIAN OF YOUTH RESPONDENT, IF AVAILABLE)]

Then place it in the postage-paid envelope so that my supervisor can write or call you in several weeks to confirm that I did my job. When you are finished, please seal the envelope and return it to me. As you can see, this is kept separate from the responses that were entered so they will still be completely private.

PRESS [ENTER] TO CONTINUE.

INCENT01 HAND RESPONDENT **\$40** CASH.

MARK THE APPROPRIATE “CASH ACCEPTANCE” BOX ON THE INTERVIEW INCENTIVE RECEIPT.

SIGN AND DATE INTERVIEW INCENTIVE RECEIPT AND GIVE TOP COPY TO RESPONDENT.

I have signed this form to indicate that I have given you **\$40** for this interview. At the bottom of this form, we have included national hotline numbers that you can call if you ever feel you need to talk to someone about mental health or drug use issues.

IF NOT DONE EARLIER, GIVE ADULT RESPONDENT OR PARENT/GUARDIAN OF YOUTH THE Q&A BROCHURE AND SAY:

For more details on the National Mental Health Study, this brochure includes answers to common questions, website addresses, and other information.

PRESS [ENTER] TO CONTINUE.

THANKR2 Thank you for your time.

[ALL CASES] BE SURE YOU HAVE YOUR SHOWCARD BOOKLET, YUBIKEY,
AND INCENTIVE RECEIPT COPIES.

[ALL CASES] PRESS [ENTER] TO CONTINUE.

FIEXIT END OF INTERVIEW REACHED.

PRESS 1 TO EXIT.

END TIME STAMP

39. Showcards

SHOWCARD 1

- 1 AMERICAN INDIAN OR ALASKA NATIVE
- 2 ASIAN
- 3 BLACK OR AFRICAN AMERICAN
- 4 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- 5 WHITE

SHOWCARD 2

- 0 NO SCHOOLING COMPLETED
- 1 1ST GRADE COMPLETED
- 2 2ND GRADE COMPLETED
- 3 3RD GRADE COMPLETED
- 4 4TH GRADE COMPLETED
- 5 5TH GRADE COMPLETED
- 6 6TH GRADE COMPLETED
- 7 7TH GRADE COMPLETED
- 8 8TH GRADE COMPLETED
- 9 9TH GRADE COMPLETED
- 10 10TH GRADE COMPLETED
- 11 11TH GRADE COMPLETED

- 12 REGULAR HIGH SCHOOL DIPLOMA
- 13 12TH GRADE, NO DIPLOMA
- 14 GED CERTIFICATE OF HIGH SCHOOL COMPLETION

- 15 SOME COLLEGE CREDIT, BUT NO DEGREE
- 16 ASSOCIATE'S DEGREE (FOR EXAMPLE, AA, AS)
- 17 BACHELOR'S DEGREE (FOR EXAMPLE, BA, BS)

- 18 MASTER'S DEGREE (FOR EXAMPLE, MA, MS, MENG, M. ED, MSW, MBA)
- 19 DOCTORATE DEGREE (FOR EXAMPLE, PHD, EDD)
- 20 PROFESSIONAL DEGREE BEYOND A BACHELOR'S DEGREE (FOR EXAMPLE, MD, DDS, DVM, LLB, JD)

SHOWCARD 5

- 1 SELF
- 2 HUSBAND
- 3 SON (INCLUDES STEP, FOSTER, ADOPTIVE)
- 4 SON-IN-LAW
- 5 BROTHER (INCLUDES HALF, STEP, FOSTER, ADOPTIVE)
- 6 BROTHER-IN-LAW
- 7 FATHER (INCLUDES STEP, FOSTER, ADOPTIVE)
- 8 FATHER-IN-LAW
- 9 UNCLE
- 10 NEPHEW
- 11 GRANDFATHER
- 12 GRANDSON
- 13 COUSIN
- 14 EX-HUSBAND
- 15 UNMARRIED PARTNER
- 16 HOUSEMATE OR ROOMMATE
- 17 TENANT, BOARDER, OR EXCHANGE STUDENT
- 18 OTHER RELATIVE
- 19 OTHER NON-RELATIVE

SHOWCARD 6

- 1 SELF
- 2 WIFE
- 3 DAUGHTER (INCLUDES STEP, FOSTER, ADOPTIVE)
- 4 DAUGHTER-IN-LAW
- 5 SISTER (INCLUDES HALF, STEP, FOSTER, ADOPTIVE)
- 6 SISTER-IN-LAW
- 7 MOTHER (INCLUDES STEP, FOSTER, ADOPTIVE)
- 8 MOTHER-IN-LAW
- 9 AUNT
- 10 NIECE
- 11 GRANDMOTHER
- 12 GRANDDAUGHTER
- 13 COUSIN
- 14 EX-WIFE
- 15 UNMARRIED PARTNER
- 16 HOUSEMATE OR ROOMMATE
- 17 TENANT, BOARDER, OR EXCHANGE STUDENT
- 18 OTHER RELATIVE
- 19 OTHER NON-RELATIVE

SHOWCARD 4

1 -- ABILIFY	30 -- CITALOPRAM	59 -- ESZOPICLONE
2 -- ABILIFY MAINTENA	31 -- CLOMIPRAMINE	60 -- EVEKEO
3 -- ADDERAL	32 -- CLONAZEPAM	61 -- FANAPT
4 -- ADDERAL XR	33 -- CLONIDINE	62 -- FETZIMA
5 -- ALPRAZOLAM	34 -- CLOZAPINE	63 -- FLUOXETINE
6 -- AMBIEN	35 -- CLOZARIL	64 -- FLUPHENAZINE
7 -- AMITRIPTYLINE	36 -- COGENTIN	65 -- FLUPHENAZINE DECANOATE
8 -- AMPHETAMINE	37 -- CONCERTA	66 -- FLUVOXAMINE
9 -- ANAFRANIL	38-- CYMBALTA	67 -- FOCALIN
10 -- ARIPIPRAZOLE	39 -- CYTOMEL	68 -- FORFIVO XL
11 -- ARMODAFINIL	40 -- DAYTRANA	69 -- GABAPENTIN
12 -- ARTANE	41 -- DEPAKENE	70 -- GABITRIL
13 -- ASENAPINE	42 -- DEPAKOTE	71 -- GEODON
14 -- ATIVAN	43 -- DEPAKOTE SPRINKLES	72 -- GUANFACINE
15 -- ATOMOXETINE	44 -- DESOXYN	73 -- HALDOL
16 -- BELSOMRA	45 -- DESVENLAFAXINE	74 -- HALDOL DECANOATE
17 -- BENZTROPINE	46 -- DESYREL	75 -- HALOPERIDOL
18 -- BRINTELLIX	47 -- DEXEDRINE	76 -- HALOPERIDOL DECANOATE
19 -- BUDEPRION SR	48 -- DEXMETHYLPHENIDATE	77 -- HETLIOZ
20 -- BUDEPRION XL	49 -- DEXTROAMPHETAMINE	78 -- ILOPERIDONE
21 -- BUPROPION	50 -- DEXTROAMPHETAMINE/ AMPHETAMINE	79 -- INDERAL
22 -- BUSPAR	51 -- DIAZEPAM	80 -- INTUNIV
23 -- BUSPIRONE	52 -- DIVALPROEX	81 -- INVEGA
24 -- CARBAMAZEPINE	53 -- DOXEPIN	82 -- INVEGA SUSTENNA
25 -- CARBATROL	54 -- DULOXETINE	83 -- ISOCARBOXAZID
26 -- CATAPRES	55 -- EFFEXOR	84 -- KLONOPIN
27 -- CELEXA	56 -- ELAVIL	85 -- LAMICTAL
28 -- CHLORDIAZEPOZIDE	57 -- ESCITALOPRAM	86 -- LAMOTRIGINE
29 -- CHLORPROMAZINE	58 -- ESKALITH	87 -- LATUDA

88 -- LEVOMILNACIPRAN	117 -- PARNATE	146 -- SUVOREXANT
89 -- LEXAPRO	118 -- PAROXETINE	147 -- TASIMELTEON
90 -- LIBRIUM	119 -- PAXIL	148 -- TEGRETOL
91 -- LISDEXAMFETAMINE	120 -- PHENELZINE	149 -- TEMAZEPAM.
92 -- LITHIUM	121 -- PRAZOSIN	150 -- TENEX
93 -- LITHOBID	122 -- PREGABALIN	151 -- THORAZINE
94 -- LORAZEPAM	123 -- PRISTIQ	152 -- TOPAMAX
95 -- LUNESTA	124 -- PROCENTRA	153 -- TOPIRAMATE
96 -- LURASIDONE	125 -- PROLIXIN	154 -- TRANYLCPROMINE
97 -- LUVOX	126 -- PROLIXIN DECANOATE	155 -- TRAZODONE
98 -- LYRICA	127 -- PROPRANOLOL	156 -- TRIHEXYPHENIDYL
99 -- MARPLAN	128 -- PROVIGIL	157 -- TRIIODOTHYRONINE (T3)
100 -- MELATONIN	129 -- PROZAC	158 -- TRILEPTAL
101 -- METADATE	130 -- QUETIAPINE	159 -- VALIUM
102 -- METHAMPHETAMINE	131 -- QUILLIVANT XR	160 -- VALPROIC ACID
103 -- METHYLIN	132 -- RAMELTEON	161 -- VENLAFAXINE
104 -- METHYLPHENIDATE	133 -- REMERON	162 -- VIIBRYD
105 -- MINIPRESS	134 -- RESTORIL	163 -- VILAZODONE
106 -- MIRTRAZAPINE	135 -- RISPERDAL	164 -- VORTIOXETINE
107 -- MODAFINIL	136 -- RISPERDAL CONSTA	165 -- VYVANSE
108 -- NARDIL	137 -- RISPERIDONE	166 -- WELLBUTRIN
109 -- NEURONTIN	138 -- RITALIN	167 -- XANAX
110 -- NORTRIPTYLINE	139 -- ROZEREM	168 -- ZALEPLON
111 -- NUVIGIL	140 -- SAPHRIS	169 -- ZENZEDI
112 -- OLANZAPINE	141 -- SEROQUEL	170 -- ZIPRASIDONE
113 -- OXCARBAZEPINE	142 -- SERTRALINE	171 -- ZOLOFT
114 -- PALIPERIDONE	143 -- SILENOR	172 -- ZOLPIDEM
115 -- PALIPERIDONE PALMITATE (EXTENDED RELEASE INJECTABLE)	144 -- SONATA	173 -- ZOLPIMIST
116 -- PAMELOR	145 -- STRATTERA	174 -- ZYPREXA
		175 -- ZYPREXA RELPREVV

SHOWCARD Y2

- 1 The medicine was not helping
- 2 The child or one of his/her parents thought the problem would get better without more medicine
- 3 The child's family couldn't afford to pay for the medicine
- 4 The child was too embarrassed to continue taking the medicine
- 5 The child or one of his/her parents wanted to solve the problem without medications
- 6 The medicine caused side effects that made the child stop
- 7 The child was afraid that he/she would get dependent on the medication
- 8 Someone in the child's personal life pressured him/her to stop
- 9 Any other reason for stopping

SHOWCARD Y3

- 1 The medicine was not helping
- 2 You thought the problem would get better without more medicine
- 3 You couldn't afford to pay for the medicine
- 4 You were too embarrassed to continue taking the medicine
- 5 You wanted to solve the problem without medications
- 6 The medicine caused side effects that made you stop
- 7 You were afraid that you would get dependent on the medication
- 8 Someone in your personal life pressured you to stop
- 9 Any other reason for stopping

SHOWCARD 8

- 1 LESS THAN \$1,000
- 2 \$1,000 - \$1,999
- 3 \$2,000 - \$2,999
- 4 \$3,000 - \$3,999
- 5 \$4,000 - \$4,999
- 6 \$5,000 - \$5,999
- 7 \$6,000 - \$6,999
- 8 \$7,000 - \$7,999
- 9 \$8,000 - \$8,999
- 10 \$9,000 - \$9,999
- 11 \$10,000 - \$10,999
- 12 \$11,000 - \$11,999
- 13 \$12,000 - \$12,999
- 14 \$13,000 - \$13,999
- 15 \$14,000 - \$14,999
- 16 \$15,000 - \$15,999
- 17 \$16,000 - \$16,999
- 18 \$17,000 - \$17,999
- 19 \$18,000 - \$18,999
- 20 \$19,000 - \$19,999

SHOWCARD 9

21	\$20,000 - \$24,999
22	\$25,000 - \$29,999
23	\$30,000 - \$34,999
24	\$35,000 - \$39,999
25	\$40,000 - \$44,999
26	\$45,000 - \$49,999
27	\$50,000 - \$74,999
28	\$75,000 - \$99,999
29	\$100,000 - \$149,999
30	\$150,000 OR MORE

Appendix A

Summary of Module Content

Introduction

This document briefly summarizes the content of each National Mental Health Study (NMHS) Adolescent Instrument module, provides a high-level overview of the changes made to the module, and includes some topics the reader may wish to consider in reviewing the instrument. The way changes are identified depends on the type of module:

- Similar to Adult. If the adolescent module has a counterpart in the NMHS adult instrument, this document lists the changes made to the adult module in order to create the adolescent version.
- Unique to Adolescent. If the adolescent module has no counterpart in the NMHS Adult Instrument, this document lists changes made to adolescent source material provided from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Institute of Mental Health (NIMH).

Changes

All modules were revised as follows.

- Inclusion Logic. Checkpoint (CKPT) and “GO TO” logic instructions were translated to question-by-question inclusion logic. This logic, which appears at the beginning of a question, indicates which respondents should be asked each question. If no inclusion logic appears in the specifications, the question will be asked of all adolescent respondents.
- Logic-Processing Variables. Where logic is complicated, it has been divided into smaller units, each with its own variable name. Programmers and instrument testers will use these variables to help ensure the instrument functions as intended. However, respondents will not see the processing variables or their associated logic.
- ACASI Adaptations. Most modules will be administered via audio computer-assisted self-interviewing (ACASI). Where needed, items were revised to enable the automated system to appropriately read text aloud.
 - Removed parentheses and instead used other methods for setting text apart.
 - Removed italicization.
 - Removed underlining used to indicate text that should be emphasized and replaced with bolding.
 - Converted abbreviations to full words.
 - Integrated most showcard booklet references into on-screen text.
 - Revised language that suggested the question was being read to the respondent by an interviewer (e.g., “Now I’d like to ask you about...” to “These next questions are about...”).
- Ranges. Wherever a question asks for an open-ended numerical answer, a specified range is documented within which the respondents’ answers must fall in order to be considered valid by the system. When a respondent enters a response outside the allowable range, the system will generate a message alerting the respondent that the response must be revised. Such range limits help to improve data quality by alerting respondents to what are typically either keying errors or errors caused by the respondent misunderstanding what information is being requested.

- Yes/No Grids. Most check-all-that-apply questions were converted to grids of Yes/No questions. The Yes/No format ensures that respondents consider each individual item rather than skimming the list and, perhaps, only attending to one or two items. This approach should be more effective in the ACASI environment where an interviewer is not able to prompt a respondent to consider all items in the list.
- Don't Know and Refuse Responses.
 - For each question, there is an explicit indication that a “don't know” (DK) or refuse (REF) is an option. Respondents will access these answer choices by using function keys that have been labeled specifically for this purpose.
 - Inclusion logic is provided where needed to clarify what should happen after a respondent enters a “don't know” answer or refuses a question.
- Fills. Separate variables have been defined to create the text fills needed to tailor questions based on a respondent's answers to previous questions.
- Renumbering. All items have been renumbered, in some cases several times, for logical flow throughout the specifications. Renumbering will not be listed specifically in the module-by-module summaries.
- Module order. Modules were reordered several times during drafting. These changes are not marked because the source documents were not specifically ordered when received by RTI.

Because the changes noted above were made throughout the Adolescent Instrument, these categories of changes are not repeated in the module-specific overviews that follow.

Key to Header Information Used in the Remaining Sections of this Document

The header for each section of this document contains the following information about the module.

- **Module Name**
 - There has been some renaming of CIDI modules as Dr. Kessler has worked to create the CIDI 4.0 versions. The names included in this document are our best understanding of how modules are now being referenced.

- Mode
 - CAPI = computer-assisted personal interviewing.
 - Interviewers administer CAPI modules.
 - ACASI = audio computer-assisted self-interviewing.
 - Respondents read questions on their own or listen to the computer read the questions to them through headphones.
 - Interviewers remain nearby in order to provide showcards as requested by the respondent and to answer any questions the respondent raises.
- Coverage
 - Part 1:
 - All respondents will be administered at least one question from each module assigned to Part 1.
 - Part ½:
 - All respondents will be randomly assigned to receive one or the other of the paired modules assigned to Part ½.
 - Screened +:
 - Only respondents who screen positive for the disorder that is the subject of the module will receive a “Screened +” module.
 - Part 2:
 - All respondents who screen positive to one or more of the disorder modules in the CIDI Screener will receive “Part 2” modules.
 - In addition, 25% of respondents who screen negative to **all** disorder modules will also receive “Part 2” modules.

1. **Core Demographics** | CAPI—Part 1

- **Overview**

- Collects basic demographic information including age, race, ethnicity, marital status, and educational attainment.
- Includes routing to ensure respondents who are younger than 13 are not interviewed at all and that respondents younger than 18 are interviewed using the adolescent instrument.
- Also asks for height, weight, country/state of origin, other languages spoken, and how well the respondent speaks English.

- **Changes from Adult**

- No high-level changes made. **Beginning ACASI** | CAPI—Part 1

- **Overview**

- The interviewer introduces the respondent to audio computer-assisted self-interviewing (ACASI).

- **Changes from Adult**

- No high-level changes made.

2. **Tutorial** | ACASI—Part 1

- **Overview**
 - The respondent follows instructions and completes practice questions, using ACASI.
- **Changes from Adult**
 - No high-level changes made.

3. **Your Health** | ACASI—Part 1

- **Overview**

- Asks a variety of physical and mental health questions.
 - general health
 - impairment
 - cancer history
 - health condition history
 - symptoms in past 30 days
 - sleep problems
 - basic categories of treatment in the past 12 months
- HHS impairment questions are included in this module, labeled as B8a–f.

- **Changes from Adult**

- Removed B4, which asked about impairment. These topics are covered for the adolescent in the Columbia Impairment Scale (Module 5).
- Removed B9, B9a1–B9a5, B9b, and B9c, which asked about cancer diagnoses.
- Revised B10 to include health conditions appropriate for adolescents.
- Revised wording in B14.
- Added B17A and B17B, which ask about being totally unable to go to school, work, or carry out other usual activities because of physical or behavioral health.
- Replaced B17 with the B17C series, which asks about sleep problems.
- Removed the B22A series, IMWEEK1, IMDAYS, and LIAD68, which duplicated impairment questions from disorder modules.

4. **Columbia Impairment Scale** | ACASI—Part 1

- **Overview**

- Asks 13 questions designed to assess impairment across four areas of functioning: interpersonal relations, broad psychosocial domains, functioning in job or schoolwork, and use of leisure time.

- **Changes from Original**

- Grids were condensed into fewer screens.
- Item about siblings was removed from the grid and is asked as a stand-alone question.

5. **CIDI Screener** | ACASI—Part 1

- **Overview**

- Includes questions designed to screen respondents into later modules for several disorders.
 - Depression
 - Mania
 - Panic
 - Social Anxiety
 - Agoraphobia
 - Eating Disorders
 - Separation Anxiety
 - Attention and Concentration Problems
 - Oppositional Defiant Disorder

- **Changes from Adult**

- Revised wording of SP1 and SP1a to be age appropriate.
- Deleted SC8, SC8a, and SC8b, which asked about anger.
- Deleted SC10 and SC11, which asked about OCD.
- Added SC12, which asks about separation anxiety.
- Added SC13 and SC13a, which ask about attention and concentration problems.
- Added SC14, SC15, SC15a, and SC15b, which ask about getting in trouble with adults and oppositional behavior.

6. Depression | ACASI—Part 1

• Overview

- Asks about depression symptoms in the past 30 days.
- Asks about depression symptoms in the worst period in life that lasted 2 weeks or longer.
- If the respondent has experienced one or more of the initial set of worst-2-weeks symptoms at least “most of the time,” asks follow-up questions about that 2-week period.
 - frequency experienced other symptoms
 - degree of impairment
- If enough of the worst-2-weeks symptoms were experienced “some of the time” or more frequently, follow-up questions are asked:
 - age first time had depression episode
 - whether first episode started in past 12 months
 - years in life had an episode
 - duration of longest episode
 - how much episodes interfered with life
 - number of months in past 12 months that had an episode
 - age at time of most recent episode

• Changes from Original

- Minor language changes for age appropriateness.
- Removed DE1d and DE1e, which asked about feeling irritable, grouchy, or in a bad mood and feeling down on yourself, no good, or worthless.
- Added DEFINE DE4_COUNTA to count two items in a grid under different conditions than the other items in that grid, which are counted in DEFINE DE_COUNT.
- Edited logic throughout module for DSM5 compliance.

7. **Mania** | ACASI—Screened +

• **Overview**

- Only administers the first question to respondents who have not already screened positive for mania elsewhere in the instrument.
- If screened positive on the first question or already screened positive for mania elsewhere in the instrument, follow-up questions are asked:
 - whether other people ever noticed or commented on high mood
 - for each of several symptoms, frequency during a typical intense episode
 - ♦ If key symptoms from a typical intense episode were frequent enough, asks follow-up questions:
 - for each of several additional symptoms, frequency during a typical intense episode
 - how often the episode interfered with life
- If screened positive when considering the full set of key symptoms from a typical intense episode, asks more follow-up questions:
 - age first time had episode
 - whether first episode started in past 12 months
 - years in life had an episode
 - duration of longest episode
 - how much episodes interfered with life
 - whether ever hospitalized as a result of an episode
 - number of months in past 12 months that had an episode
 - whether had episode in the past 30 days
 - age at time of most recent episode

• **Changes from Adult**

- Minor language changes for age appropriateness.

8. Anxiety and Worry (GAD) | ACASI—Part 1

- **Overview**

- Asks all respondents frequency of experiencing a first set of symptoms in the past 30 days.
 - If experienced a sufficient number of the first set of symptoms frequently, then asks frequency of experiencing a second set of symptoms in the past 30 days.
- If 30-day symptoms were not frequent, asks for frequency of symptoms in the most intense 6-month period in life.
- If had several symptoms frequently either in the past 30 days or in the most intense 6-month period in life, asks follow-up questions.
 - age first time had an anxiety or worry episode
 - whether started in past 12 months
 - number of years in life had episode
 - duration of longest episode
 - number of days in a typical week during the episodes when anxious or worried at least a little of the time
 - how much episodes ever interfered with life
 - number of months in past 12 months had an episode
 - age had most recent episode

- **Changes from Adult**

- Minor language changes for age appropriateness.

9. **Social Anxiety** | ACASI—Screened +

- **Overview**

- Module administered to respondents who endorse either SC4 or SC4a in the CIDI Screener module.
- For each of five social situations, asks if there was ever a time in the respondent's life when he or she was very afraid, anxious, or extremely shy in that situation.
- For each of five performance situations, asks if there was ever a time in the respondent's life when he or she was very afraid, anxious, or extremely uncomfortable in that situation.
- If the respondent reports problems in three or more situations, asks about the intensity of reactions when at their worst.
- If intensity was high, asks whether respondent had each of five fears.
- If had at least one of the five listed fears, asks how often got very upset.
- If had at least one of the five listed fears and got very upset in problematic situations, asks follow-up questions about the period in life with the most intense reactions:
 - how often tried to avoid the situations
 - how much fears or avoidance interfered with life
 - age when first had reactions
 - whether reactions started in past 12 months
 - years in life had reactions
 - number of months in past 12 months that would have had reactions
 - whether would have had reactions in the past 30 days
 - age most recent time would have had reactions

- **Changes from Adult**

- No high-level changes.

10. Agoraphobia | ACASI—Screened +

• Overview

- Module administered to respondents who endorse SC5 in the CIDI Screener module.
- For each of five situations, asks if there was ever a time in the respondent's life when he or she feared escape might be difficult or help might not be available when in the situation.
- If reported fear in at least two situations, asks follow-up questions:
 - what was feared most in the situations
 - how upset the respondent got during time in life when symptoms were most severe
- If would get very or extremely upset, asks how often would get very upset when in situations where might be unable to escape or get help.
- If almost always got very upset when in situations where might be unable to escape or get help, asks follow-up questions.
 - Regarding the time when fear was most severe...
 - ♦ how soon after entered situation the respondent would usually get very upset
 - ♦ how often would try to avoid situations
 - ♦ how much interfered with life
 - ♦ age when fear started
 - ♦ whether started in past 12 months
 - ♦ years in life had the fear
 - ♦ number of months in past 12 months that would have gotten very upset if were in one of the situations
 - ♦ whether would have had the reaction in the past 30 days
 - ♦ age most recent time would have become upset

• Changes from Adult

- Minor language changes for age appropriateness.

11. Panic Disorder | ACASI—Screened +

- **Overview**

- Only administers the first question to respondents who have not already screened positive for panic disorder elsewhere in the instrument.
- If screened positive on the first question or already screened positive for panic disorder elsewhere in the instrument, asks whether attacks occurred “out of the blue” versus when the respondent had a strong fear or was in real danger.
- If at least some of the attacks occurred “out of the blue”, follow-up questions are asked:
 - proportion of “out of the blue” attacks that occurred when under the influence of alcohol or drugs
 - proportion of “out of the blue” attacks that occurred when asleep
 - total number of “out of the blue” attacks in lifetime
 - whether had each of 14 symptoms
 - If at least some of the 14 listed symptoms reported, asks more follow-up questions.
 - ♦ whether had a month or longer when worried due to symptoms
 - ♦ whether respondent had a month or longer when he or she changed everyday activities due to symptoms
 - ♦ age at first “out of the blue” attack
 - ♦ If previous answers left uncertainty, asks one or more of the following as well:
 - whether respondent’s first attack was in past 12 months
 - whether had first attack in the past 30 days
 - years in life had at least one attack
 - number of months in past 12 months that had an attack
 - age at time of most recent attack
 - number of days out of the past 30 days that had an attack

- **Changes from Adult**

- No high-level changes.

12. Eating Disorders | ACASI—Screened +

• Overview

- If reported in CIDI Screener that there was ever a time in life when had a great deal of concern about or strongly feared being too fat or overweight but weighed less than other people (SC6 and SC6a both answered “yes”), asks several follow-up questions:
 - lowest body weight had on purpose after age of 12
 - height when at lowest weight
 - whether respondent feared he or she would gain weight, when at lowest weight
 - ♦ if feared would gain weight, asks whether did things to keep weight low
 - ♦ if did things to keep weight low, asks whether:
 - felt too heavy
 - thought some parts of body were too fat
 - felt self-esteem or confidence dependent on staying thin or losing more weight
 - anyone told respondent that their low weight was bad for own health
- If reported in CIDI Screener that ever have had a time in life when went on eating binges at least once a week for 3 three months or longer (SC7), asks several follow-up questions:
 - whether felt loss of control during time when binged
 - If felt loss of control during time when binged, asks follow-up questions.
 - ♦ whether respondent experienced each of five symptoms.
 - If experienced three of the five symptoms, asks about four other symptoms.
 - ♦ whether did each of six actions in order to control weight
 - If took one or more of the weight control actions, asks if ever did it/them at least once a week for 3 three months or longer.
 - If did weight control action(s) for 3 three months or longer, asks follow-up questions about the long episode(s).
 - age first time had an episode
 - whether episode started in the past 12 months
 - number of years in life had such episodes
 - duration of the longest episode ever had
 - how much the episodes interfered with life
 - number of episodes in the past 12 months
 - age at time of most recent episode

• Changes from Adult

- No high-level changes.

13. Suicidality | ACASI—Part 1

- **Overview**

- Asks if the respondent ever seriously thought about killing himself or herself. If the respondent answers yes, asks several questions about suicidality:
 - age first time seriously thought about killing self
 - occurrence in the past 12 months
 - age last time
 - whether made plan
 - ♦ age first time
 - ♦ occurrence in the past 12 months
 - ♦ age last time
 - if ever tried to kill self, asks:
 - ♦ number of attempts
 - ♦ age first time (if more than once)
 - ♦ description of intent first time (if more than once)
 - ♦ occurrence in the past 12 months
 - ♦ age at (last) time
 - ♦ injuries or poisoning
 - ♦ medical attention required
 - ♦ overnight hospitalization required
 - ♦ description of intent (last) time
 - ♦ method
- Asks whether ever hurt self on purpose without wanting to die. If so, asks follow-up questions:
 - age first time
 - occurrence in the past 12 months
 - age last time

- **Changes from Adult**

- No high-level changes made.

14. Unusual Experiences | ACASI—Part 1

- **Overview**

- For each of seven psychotic experiences, asks whether the respondent ever had that experience.
- Asks follow-up questions about each psychotic experience reported:
 - age of first experience
 - lifetime count of experiences
 - years in life had experiences at least one time
 - duration of the experience(s)—where applicable
 - whether had the experience in the past 12 months
 - age most recent time had the experience
 - level of belief about reality of experience(s)
 - how distressing experiences were/experience was
- If one or more types of psychotic experience reported, asks about help in dealing with the experiences:
 - ever talked to doctor or mental health professional
 - cause, per doctor or mental health professional
 - whether medication was taken for experiences and, if so, which medication
 - interference with life

- **Changes from Adult**

- No high-level changes made.

15. Psychosis | ACASI—Part ½

- **Overview**

- Module removed.

16. Treatment of Emotional Problems | ACASI—Part 1

• Overview

- Asks whether respondent stayed overnight or longer in a hospital or other facility to receive treatment for problems with emotion, nerves, or mental health. If yes, follow-up questions are asked about each facility where the respondent stayed:
 - number of times hospitalized
 - age (first) time
 - started in past 12 months or not
 - number of nights in the past 12 months
 - age most recent time
 - For each of six sources, asks if ever received counseling or medication:
 - mental health professional
 - general medical care provider
 - spiritual advisor
 - Certified Peer Counselor
 - self-help or support group
 - computerized or internet-based mental health treatment program
 - For each source reported, asks follow-up questions:
 - type of help received, if unclear given source
 - age (first) time
 - whether started in past 12 months
 - years in life received help from that source
 - help in past 12 months
 - kind of sessions in past 12 months, if from mental health professional
 - age most recent time
 - whether help is still being received (categories collapsed)
 - ♦ if not, why stopped
 - If did not receive professional help in the past 12 months, asks whether there was ever a time in past 12 months when respondent felt such help was needed.
 - Asks whether received each of three school services.
 - If did not receive professional help in the past 12 months and there was a time when the respondent felt such help was needed, then asks why professional help was not obtained.
- ### • Changes from Adult
- Minor wording changes for age appropriateness.
 - Added TR1A and TR1A_OTH, which ask about types of facilities.
 - Removed items that ask about hospitalization generally and replaced them with questions about each type of facility endorsed in TR1A.

- Removed TR5, which asked about night hospitalized in the past 12 months, to avoid redundancy.
- Added TR52Ha–d, which ask about special school services.
- Removed TR54a–g, TR54h, and TR54_OTH, which asked about reasons for stopping treatment.

17. Trait Fear | ACASI—Part ¼

- **Overview**
 - Asks 20 questions related to trait fear.
 - Respondents will be randomly assigned to receive either the Trait Fear, Disinhibition, Personality, or Affective Reactive Index module.
- **Changes from Adult**
 - No high-level changes made.

18. Disinhibition | ACASI—Part ¼

- **Overview**

- Asks 20 questions related to disinhibition.
- Respondents will be randomly assigned to receive either to receive either the Trait Fear, Disinhibition, Personality, or Affective Reactive Index module.

- **Changes from Adult**

- No high-level changes made.

19. Personality | ACASI—Part ¼

- **Overview**

- Asks 26 personality questions.
- Respondents will be randomly assigned to receive either the Trait Fear, Disinhibition, Personality, or Affective Reactive Index module.

- **Changes from Adult**

- No high-level changes made.

20. **Affective Reactive Index** | ACASI—Part ¼

- **Overview**

- Asks seven questions comparing the respondent's behavior to that of his or her peers.
- Respondents will be randomly assigned to receive either the Trait Fear, Disinhibition, Personality, or Affective Reactive Index module.

- **Changes from Original**

- No high-level changes made.

21. BPD Screen | ACASI—Part 1

- **Overview**
 - Asks a single grid of 12 Yes/No questions of all respondents.
- **Changes from Adult**
 - No high-level changes made.

22. Attention and Concentration | ACASI—Screened +

- **Overview**

- If reported in CIDI Screener that there were concentration problems before the age of 12 that lasted 6 months or longer (SC13 = yes), asks a series of follow-up items:
- Asks how often concentration and attention problems occurred.
- If had six or more attention or concentration symptoms, asks about:
 - Impairment
 - Age of onset
 - Total number of years had problems with concentration or attention
 - How many months in the past 12 had problems with concentration or attention
 - If had problems in the past 30 days
 - If did not have problems in the past 30 days, age at most recent problems
- If reported in CIDI Screener that there were problems being restless and fidgety before the age of 12 that lasted 6 months or longer (SC11a = yes), asks a series of follow-up items.
 - Asks how often feelings of restlessness or impatience occurred.
 - If had six or more inattention symptoms, asks about:
 - ♦ Impairment
 - ♦ Age of onset
 - ♦ Total number of years had problems with restlessness and impatience
 - ♦ How many months in the past 12 had problems with restlessness and impatience
 - ♦ If had problems in the past 30 days
 - ♦ If did not have problems in the past 30 days, age at most recent problems

- **Changes from Original**

- Edited logic throughout module for DSM5 compliance.

23. **Oppositional-Defiant Disorder** | ACASI—Screened +

- **Overview**

- If reported in CIDI Screener that there were problems getting in trouble with adults because of losing your temper, arguing or talking back, or refusing to do what you were told that lasted 6 months or longer (SC12 = yes), asks how often each of several oppositional-defiant behavioral problems occurred.
- If reported high frequency for four or more oppositional-defiant symptoms, asks about:
 - Age of onset
 - Impairment
 - How many months in the past 12 had problems with oppositional-defiant disorder
 - If had problems in the past 30 days
 - If did not have problems in the past 30 days, age at time of most recent problems

- **Changes from Original**

- Edited logic throughout module for DSM5 compliance.

24. **Conduct Disorder** | ACASI—Screened +

- **Overview**

- If reported in CIDI Screener that there were problems getting in trouble with adults because of lying, stealing, breaking rules, breaking into cars, setting fires, destroying property on purpose, running away from home, playing hooky, or staying out late (SC15, SC15a, or SC15b = yes), asks a series of follow-up items:
 - how often certain behavioral problems occurred
 - age of onset
 - If had three or more conduct disorder symptoms, asks about:
 - ♦ Impairment
 - ♦ How many months in the past 12 had problems with conduct disorder
 - ♦ Whether had problems in the past 6 months
 - ♦ If did not have problems in the past 6 months, age at time of most recent problems

- **Changes from Original**

- Edited logic throughout module for DSM5 compliance.

25. Separation Anxiety Disorder | ACASI—Screened +

- **Overview**

- If reported in CIDI Screener that there was anxiety about separation (SC12 = yes), asks a series of follow-up items:
 - Asks how often each of several issues with separation symptoms occurred.
 - If had three or more symptoms, asks about:
 - ♦ Impairment
 - ♦ Age of onset
 - ♦ Whether started in the past 12 months
 - ♦ How many years total separation anxiety occurred
 - ♦ How many months in the past 12 had problems with separation anxiety
 - ♦ Recency of problems
 - ♦ Age at time of most recent problems

- **Changes from Original**

- Minor wording changes for age appropriateness.
- Edited logic throughout module for DSM5 compliance.

26. Juvenile Justice and Detention | ACASI—Part1

- **Overview**

- Begins by asking respondents if they have ever been arrested. Those who have continue; those who have not skip to the next module.
- Asks respondents if they were ever in a jail, detention center, or any other juvenile justice or adult criminal justice facility, as well as the amount of time during in these facilities.
- Asks respondents age the first time they were sent to a justice facility.
- Asks if they were in a facility, and how long in that facility, in the past 12 months.
- Asks about being on probation, parole, supervised release, or other conditional release, or in another kind of special program during the past 12 months.

- **Changes from Original**

- Minor wording changes for age appropriateness.
- Removed AP06–AP09 and AP11, which ask about committing crimes but not getting caught or arrested.
- Added JJ14, which asks about special justice programs.

27. Homelessness | ACASI—Part 1

- **Overview**

- Begins by asking respondents if they have ever been homeless. Those who have continue; those who have not skip to the next module.
- Asks respondents when they were homeless, where they slept while homeless, and how much of their life they have been homeless.

- **Changes from Adult**

- No high-level changes.

28. **Head Injuries** | ACASI—Part 1

- **Overview**

- Asks number of lifetime head or neck injuries that:
 - resulted in lost consciousness
 - caused “seeing stars” or other confusion
 - caused memory lapse
- If memory lapse reported, asks number of times a head or neck injury caused memory loss lasting less than 30 minutes, between 30 minutes and 24 hours, and more than 24 hours.

- **Changes from Adult**

- Minor wording changes for age appropriateness.

29. Stressful Experiences (Post-Traumatic Stress Disorder) | ACASI—Part 2

- **Overview**

- Asks whether respondent ever had each of 18 stressful experiences.
- For each stressful experience ever experienced, asks follow-up questions:
 - number of times or months/years had the experience
 - age (first) time
- Asks how much bothered by each of eight symptoms in the past 30 days.
- Asks how much bothered by each of eight symptoms in the worst month in life.
 - If at least moderately bothered by two or more symptoms, asks how much bothered by each of an additional set of 15 symptoms.
 - If bothered enough by key sets of symptoms, asks follow-up questions:
 - ♦ age first time had symptoms
 - ♦ years in life had at least a month with symptoms
 - ♦ number of months had symptoms
 - ♦ age most recent time had symptoms
 - ♦ how much episodes interfered with life

- **Changes from Adult**

- Minor language changes for age appropriateness.
- Removed P1d, P6, P7a, and P7b, which asked about experience in a war or combat zone.
- Removed P30, P31, and P32, which asked about stressful life experiences.

30. Family Medical History (ACE) | ACASI—Part 2

- **Overview**
 - Asks questions about biological mother and father, including:
 - if still living
 - current age or age at time of death
 - education
 - has or had Autism spectrum disorder, bipolar disorder, an anxiety disorder, depression, or schizophrenia
 - Asks about siblings, alive and living, followed by total number of siblings, total number of full siblings, number of older full siblings, total number of half siblings, and number of older half siblings.
 - If any siblings are reported, asks if any of them has or had Autism spectrum disorder, bipolar disorder, an anxiety disorder, depression, or schizophrenia.
 - If any of the above disorders are reported, asks if full siblings, half siblings, or both had each disorder (Autism, bipolar, anxiety, depression, schizophrenia).
- **Changes from Adult**
 - Removed AFM16–AMF18, which asked about lifetime events.

31. Tobacco, Alcohol, and Drugs | ACASI—Part 2

- **Overview**

- Asks about age of first use (if ever) of alcohol, tobacco, marijuana, and various prescription and non-prescription drugs.
 - If ever used, asks for frequency of use in the past 12 months.
 - Also asks for number of uses per day for tobacco products and number of drinks per day for alcohol.
- Respondents reporting a higher quantity/frequency of alcohol use are asked for more information about their alcohol use, including any resulting problems.
- Respondents reporting drug use are asked for more information about their use, including any resulting problems.
- Asks about hospitalizations resulting from drug or alcohol use.
- Asks about treatment for problematic drug or alcohol use.

- **Changes from Adult**

- No high-level changes.

32. Relationships and Social Networks | ACASI—Part 2

- **Overview**

- Asks about relationship status/marital status.
 - If ever married, asks about marital history including number of marriages, age at time of first marriage, and if applicable, duration of marriage and how the marriage ended.
 - If married or in a steady relationship, asks questions about the quality of the relationship (e.g., how much your partner cares about you, how much your partner understands you, etc.).
- Asks for number and ages of biological children, as well as adoptive or step-children.
- Asks if respondent or his or her partner is currently pregnant.
- Asks about respondent's social life including time spent with friends, attending meetings or recreational groups, and role of religion or spiritual beliefs in the respondent's life.
- Asks about number of people the respondent can rely on for comfort or support as well as whether the respondent believes he or she is a burden to others.
- Asks about use of internet for social networking and playing games and whether these activities are relaxing or frustrating.

- **Changes from Adult**

- Removed U2 and U3, which asked about marital status.
- Removed U1A, U1B, and U1C, which asked sexual orientation and gender identity.
- Removed U9, which asked about living with someone in a marriage like relationship.
- Added introduction text to U10.
- Removed U18, U19, and U20, which asked about step and adoptive children.

33. **Childhood Demographics** | ACASI—Part 2

- **Overview**

- Asks primarily about the respondent’s experience in school, including learning disorders, mental or emotional problems, school engagement, participation in sports and other extracurricular activities, and exercise.

- **Changes from Adult**

- Minor wording changes for age appropriateness.
- Removed DE20_11, which asked about where a respondent was raised.
- Added DE20, which asks about school enrollment.
- Added DE20B, which asks about expected educational attainment.
- Removed Q18–Q22, which asked about mental or emotional problems and disorders and events that happened in high school.
- Removed Q26a, which asked whether participated in an organized sport during middle or high school years.
- Removed Q27–Q28c, which asked about participation in physical activities after the age of 18.

34. Childhood Experiences | ACASI—Part 2

- **Overview**

- All respondents are asked about their experiences, including
 - major life events involving the respondent’s parents, such as divorce, suicide, incarceration, and problems with drugs/alcohol or mental illness.
 - frequency of troublesome behaviors, such as bullying, fighting, lying, skipping school, arguing with adults, and disobeying rules.
 - frequency of homelessness, time on welfare, and familial support.
- Respondents are asked if they have ever been bullied and if they themselves have bullied someone. If yes, they are asked if it happened during the past 12 months. The same questions are asked about electronic bullying.
- Respondents are asked a series of questions about physical abuse, sexual abuse, emotional abuse, and neglect.

- **Changes from Adult**

- Minor wording changes for age appropriateness.
- Removed X3a–X3g, which asked about bullying.
- Removed X4a–X4e, which asked about behavioral problems that are covered in other modules.
- Removed X5d–X5h and X6a–X6e, which asked about experiences that are covered in other modules or by later questions.
- Added ACES1–ACES9 from the CDC ACES, which ask about adults and their behavior in a respondent’s life.

35. **Employment** | ACASI—Part 1

- **Overview**

- Asks if respondent worked at a job or business last week.
 - If respondent did not work last week, asks if respondent had a job.
 - Hours worked at job or business last week and whether usually works 35 hours or more per week.
 - If did not work last week, asks reason.
 - If did not have a job, asks main reason for this and if respondent was making specific efforts to find work.
- Asks if respondent worked at a job or business in past 12 months.
- Asks if respondent was self-employed in past 12 months.
 - If worked at a job or business, asks number of employers in past 12 months (including self if self-employed).
 - Was there ever a time in the past 12 months without a job or business.
 - Number of days in the past 30 missed due to personal illness or injury and number of days in the past 30 missed because “just didn’t want to be there”.
- ACASI closeout/end of audio.

- **Changes from Adult**

- Removed QD38, which asked about total number of weeks without working at a job or business.
- Removed QD39a and QD39b, which asked about the last month and year a respondent worked.

36. Household Roster | CAPI—Part 1

- **Overview**
 - Asks about total number of people living in household.
 - For each person reported, asks age on last birthday, gender, and relationship to respondent.
- **Changes from Adult**
 - No high-level changes.

37. Proxy Information | CAPI—Part 1

- **Overview**
 - Determines whether proxy (adult household member or person present) would be better able to answer questions about income and insurance.
- **Changes from Adult**
 - Added reference to medication, because pharmacoepidemiology questions asked via proxy for adolescents.
 - Added definitions for SAMPLE MEMBER C, SAMPLE MEMBER CC, SAMPLE MEMBER D, SAMPLE MEMBER E, AND SAMPLE MEMBER E PRO, which are needed for correct verb conjugation in the Pharmacoepidemiology module when using a proxy.

38. Pharmacoepidemiology | ACASI—Part 1

- **Overview**

- Asks total number of different kinds of prescription and non-prescription medications taken in past 7 days.
- Asks if over the past 12 months any of the following prescription medications taken for emotions, substance use, energy, concentration, sleep, or ability to cope with stress: sleeping pills/sedatives, anti-depressants, tranquilizers, amphetamines/stimulants, or antipsychotics.
 - If none of the above, asks if any type of prescription medication was taken for emotions, substance use, energy, concentration, sleep, or ability to cope with stress over the past 12 months.
 - If any of the above reported, asks which medications were taken in the past 12 months.
- For up to 20 medications reported, asks the following:
 - Number of days taken in past 30 days and past 12 months and best estimate of first date taken in past 12 months
- For up to three medications reported, asks the following.
 - Problem medication was taken for and effectiveness of medication
 - If medication was taken with health professional’s supervision or without, and who prescribed the medication
 - Number of days in the past 30 forgot to take or took less than instructed
 - If still taking the medication
 - ♦ If no longer taking, asks if health professional instructed respondent to stop taking
 - ♦ If health professional did not instruct to stop taking the medication, asks if the health professional agreed with decision to stop
 - ♦ If medication was stopped because felt better
 - ♦ Other reason for stopping the medication
 - ♦ If side effects were the reason for stopping, asks about the nature of the side effects

- **Changes from Adult**

- Updated language for CAPI administration to a proxy or self-report, which included the use of three showcards not needed in the adult.
- Included showcards when necessary for CAPI administration.
- Added APH0, which asks if a respondent has ever taken a prescription medication for mental health reasons.
- Added APH4a and APH5a, which ask what was the first prescription medication a respondent took for mental health reasons.

39. **Income** | CAPI—Part 1

- **Overview**

- Asks if any of the following were received last year.
 - Social Security or Railroad Retirement
 - Supplemental Security Income
 - Supplemental Nutrition Assistance Program
 - Cash assistance
 - Other non-monetary assistance
- If any received, asks number of months received last year.
- Asks if income from other sources including a job or business.
- Total personal income and total family income last year.

- **Changes from Adult**

- No high-level changes.

40. Health Insurance | CAPI—Part 1

- **Overview**

- Asks if received Medicare, Medicaid, state CHIP, military health insurance (e.g., TRICARE or CHAMPUS/CHAMPVA), or private health insurance.
- Covered by any health insurance.
- Any time in past 12 months without health insurance, and how many months if so.
- Length of time since last covered.

- **Changes from Adult**

- No high-level changes.

41. Verification | CAPI—Part 1

- **Overview**

- Covers the closeout of the interview. Information is collected to assist RTI International in verifying a portion of each interviewer’s work.
- The interviewer is instructed to provide the incentive payment, sign the incentive receipt form, provide a copy of the receipt form to the respondent, and thank him or her for participating in the study.
- The Quality Control Form is now an electronic form on the tablet. Added instructions to the interviewer on how to access and complete this form.

- **Changes from Adult**

No high-level changes.