

VA Form 10-21087
OMB Number 2900-NEW
Estimated Burden: 45 MIN.



Vietnam-Era Veterans Follow-up Telephone Survey

The American Legion
The Women Vietnam Veterans Memorial Project

Core Section 3: Health Care Access

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C03.01	Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?	HLTHPLN1	1 Yes	If using Health Care Access (HCA) Module go to Module 03, M03.01, else continue		97
			2 No 7 Don't know/Not Sure 9 Refused			
C03.02	Do you have one person you think of as your personal doctor or health care provider?	PERSDOC2	1 Yes, only one 2 More than one 3 No 7 Don't know / Not sure 9 Refused		If No, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider?	98
C03.03	Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	MEDCOST	1 Yes 2 No 7 Don't know / Not sure 9 Refused	If using HCA Module, go to Module 03, M03.03, else continue.		99
C03.04	About how long has it been since you last visited a doctor for a routine checkup?	CHECKUP1	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year	If using HCA Module and C03.01 = 1 go to Module 03 M03.04 or if using HCA Module and C03,01 = 2, 7, or 9 go to Module 03,	Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	100

			but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused	M03.04A, else go to next section.		
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Thinking About Military Service

1. The following statements ask about your attitudes, experiences, and thoughts about your military service, and how these may have changed compared to when you were younger. Please read each item carefully and circle the choice that best applies. When responding to these statements, think about the war(s) in which you served.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a) I think about the war more than I used to.	0	1	2	3	4
b) Everyday things have started reminding me of the war.	0	1	2	3	4
c) As I get older, I get more upset when talking about the war than I used to.	0	1	2	3	4
d) My family and friends tell me that I have recently been speaking more emotionally about the war.	0	1	2	3	4
e) I dream about the war more now than when I was younger.	0	1	2	3	4
f) These days, I become more emotional around certain days or anniversaries that remind me of the war.	0	1	2	3	4
g) Lately, my thoughts about the war bother me more.	0	1	2	3	4
h) I need to talk about the war more now than when I was younger.	0	1	2	3	4
i) These days, I think more about my role in the war.	0	1	2	3	4
j) When I am faced with stressful events, I find myself thinking about the war.	0	1	2	3	4
k) Lately, I think more about friends I lost during the war.	0	1	2	3	4

Agent Orange Exposure

2. Were you exposed to Agent Orange?

Yes No

3. If so, how severe was your level of exposure?

4. Have you experienced any consequences or side effects of exposure?

5. How often do you find yourself searching to make sense of or find meaning in your combat experiences?

Never	Sometimes	Often	Very Often
0	1	2	3

6. Experiences can affect our lives in negative and positive ways. To what extent did your military experience have a negative impact on your life?

Not at all	A little bit	A moderate amount	A great deal
0	1	2	3

7. To what extent did your military experience have a positive impact on your life?

Not at all	A little bit	A moderate amount	A great deal
0	1	2	3

Connor-Davidson Resilience

I have been able to...	Not true at all	Rarely true	Sometimes true	Often true	True nearly all of the time
1. Adapt to change.	0	1	2	3	4
2. Deal with whatever comes my way.	0	1	2	3	4
3. See humorous side of things.	0	1	2	3	4
4. Feel that stress makes me stronger.	0	1	2	3	4
5. Bounce back after illness or injury.	0	1	2	3	4
6. Believe that I can achieve goals despite obstacles.	0	1	2	3	4
7. Stay focused under pressure.	0	1	2	3	4
8. Not be easily discouraged by failure.	0	1	2	3	4
9. Think of myself as a strong person when facing challenges.	0	1	2	3	4
10. Handle unpleasant feelings.	0	1	2	3	4

Core Section 5: Inadequate Sleep

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C05.01	On average, how many hours of sleep do you get in a 24-hour period?	SLEPTIM1	__ Number of hours [01-24] 77 Don't know / Not sure 99 Refused		Do not read: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.	102-103

Core Section 14: Breast and Cervical Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C14.01	The next questions are about breast and cervical cancer. Have you ever had a mammogram?	HADMAM	1 Yes	Skip if male.	A mammogram is an x-ray of each breast to look for breast cancer.	224
			2 No 7 Don't know/ not sure 9 Refused		Go to C14.03	
C14.02	How long has it been since you had your last mammogram?	HOWLONG	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago			225

			7 Don't know / Not sure 9 Refused			
C14.03	Have you ever had a Pap test?	HADPAP2	1 Yes			226
			2 No 7 Don't know / Not sure 9 Refused	Go to C14.05		
C14.04	How long has it been since you had your last Pap test?	LASTPAP2	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago 7 Don't know / Not sure 9 Refused			227

C14.05	An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test?	HPVTEST	1 Yes	Go to C14.07	Human papillomavirus (pap-uh-loh-muh virus)	228
			2 No 7 Don't know / Not sure 9 Refused			
C14.06	How long has it been since you had your last H.P.V. test?	HPLSTTST	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago 7 Don't know / Not sure 9 Refused			229
C14.07	Have you had a hysterectomy?	HADHYST2	1 Yes 2 No 7 Don't know / Not sure 9 Refused	If response to Core Q8.20 = 1 (is pregnant); then go to next section.	Read if necessary: A hysterectomy is an operation to remove the uterus (womb).	230

Core Section 15: Prostate Cancer Screening - for Men Only

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C15.01	Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test?	PCPSAAD3	1 Yes 2 No 7 Don't know/ not sure 9 Refused	If respondent is ≤39 years of age, or C08.01 is coded 2, female, go to next section.	Read if necessary: A prostate-specific antigen test, also called a P.S.A. test, is a blood test used to check men for prostate cancer.	231
C15.02	Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test?	PCPSADI1	1 Yes 2 No 7 Don't know/ not sure 9 Refused			232
C15.03	Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?	PCPSARE1	1 Yes 2 No 7 Don't know / Not sure 9 Refused			233
C15.04	Have you ever had a P.S.A. test?	PSATEST1	1 Yes			234
			2 No 7 Don't know / Not sure 9 Refused	Go to next section		

C15.05	How long has it been since you had your last P.S.A. test?	PSATIME	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			235
C15.06	What was the main reason you had this P.S.A. test – was it ...?	PCPSARS1	Read: 1 Part of a routine exam 2 Because of a prostate problem 3 Because of a family history of prostate cancer 4 Because you were told you had prostate cancer			236

			5 Some other reason Do not read: 7 Don't know / Not sure 9 Refused			
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Core Section 16: Colorectal Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C16.01	A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?	BLDSTOOL	1 Yes	Skip if Section 08.02, AGE, is less than 50		237
			2 No 7 Don't know/ not sure 9 Refused	Go to C16.03		
C16.02	How long has it been since you had your last blood stool test using a home kit?	LSTBLDS3	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			238

C16.03	Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?	HADSIGM3	1 Yes		239
			2 No 7 Don't know / Not sure 9 Refused	Go to next section	
C16.04	For a sigmoidoscopy, a flexible tube is inserted into the rectum to look for problems. A colonoscopy is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your most recent exam a sigmoidoscopy or a colonoscopy?	HADSGCO1	1 Sigmoidoscopy 2 Colonoscopy 7 Don't know / Not sure 9 Refused		240
C16.05	How long has it been since you had your last sigmoidoscopy or colonoscopy?	LASTSIG3	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years		241

			but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 Within the past 10 years (5 years but less than 10 years ago) 6 10 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			
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Module 13: Lung Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M13.01	You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.	LCSFIRST	___ Age in Years (001 – 100) 777 Don't know/Not sure 999 Refused	If C09.01=1 (yes) and C09.02 = 1, 2, or 3 (every day, some days, or not at all) continue, else go to question M13.04.	Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all). If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent.	354-356
	How old were you when you first started to smoke cigarettes regularly?		888 Never smoked cigarettes regularly	Go to M13.04		
M13.02	How old were you when you last smoked cigarettes regularly?	LCSLAST	___ Age in Years (001 – 100) 777 Don't know/Not sure 999 Refused			357-359
M13.03	On average, when you {smoke/smoked} regularly, about how many cigarettes {do/did} you usually smoke each day?	LCSNUMCG	___ Number of cigarettes 777 Don't know/Not sure 999 Refused		Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all). Respondents may answer in packs instead of number of cigarettes. Below is a conversion table: 0.5 pack = 10 cigarettes/ 1.75 pack =	360-362

					35 cigarettes/ 0.75 pack = 15 cigarettes/ 2 packs = 40 cigarettes/ 1 pack = 20 cigarettes/ 2.5 packs= 50 cigarettes/ 1.25 pack = 25 cigarettes/ 3 packs= 60 cigarettes/ 1.5 pack = 30 cigarettes	
M13.04	The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a CT or CAT scan?	LCSCTSCN	Read if necessary: 1 Yes, to check for lung cancer 2 No (did not have a CT scan) 3 Had a CT scan, but for some other reason Do not read: 7 Don't know/not sure 9 Refused			363

Module 14: Cancer Survivorship

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M14.01	You've told us that you have had cancer. I would like to ask you a few more questions about your cancer. How many different types of cancer have you had?	CNCRDIFF	1 Only one 2 Two 3 Three or more 7 Don't know / Not sure 9 Refused	If C06.06 or C06.07 = 1 (Yes) or C15.06 = 4 (Because you were told you had prostate cancer) continue, else go to next module. Go to next module		364
M14.02	At what age were you told that you had cancer?	CNCRAGE	__ Age in Years (97 = 97 and older) 98 Don't know/Not sure 99 Refused		If M14.01= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer? Read if necessary: This question refers to the first time they were told about their first cancer.	365-366
M14.03	What type of cancer was it?	CNCRTP1	Read if respondent needs prompting for cancer type: 01 Breast cancer Female reproductive (Gynecologic) 02 Cervical cancer (cancer of the cervix)	If C06.06 = 1 (Yes) and M14.01 = 1 (Only one): ask Was it Melanoma or other skin cancer? then code 21 if Melanoma or 22 if other skin cancer	If M14.01 = 2 (Two) or 3 (Three or more), ask: With your most recent diagnoses of cancer, what type of cancer was it?	367-368

			<p>03 Endometrial cancer (cancer of the uterus)</p> <p>04 Ovarian cancer (cancer of the ovary)</p> <p>Head/Neck</p> <p>05 Head and neck cancer</p> <p>06 Oral cancer</p> <p>07 Pharyngeal (throat) cancer</p> <p>08 Thyroid</p> <p>09 Larynx</p> <p>Gastrointestinal</p> <p>10 Colon (intestine) cancer</p> <p>11 Esophageal (esophagus)</p> <p>12 Liver cancer</p> <p>13 Pancreatic (pancreas) cancer</p> <p>14 Rectal (rectum) cancer</p> <p>15 Stomach</p> <p>Leukemia/Lymphoma (lymph nodes and bone marrow)</p> <p>16 Hodgkin's Lymphoma (Hodgkin's disease)</p> <p>17 Leukemia (blood) cancer</p> <p>18 Non-Hodgkin's Lymphoma</p> <p>Male reproductive</p> <p>19 Prostate cancer</p>	<p>CATI note: If C16.06 = 4 (Because you were told you had Prostate Cancer) and Q1 = 1 (Only one) then code 19.</p>		
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			20 Testicular cancer Skin 21 Melanoma 22 Other skin cancer Thoracic 23 Heart 24 Lung Urinary cancer 25 Bladder cancer 26 Renal (kidney) cancer Others 27 Bone 28 Brain 29 Neuroblastoma 30 Other Do not read: 77 Don't know / Not sure 99 Refused			
M14.04	Are you currently receiving treatment for cancer?	CSRVRT2	Read if necessary: 1 Yes	Go to next module	Read if necessary: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.	369
			2 No, I've completed treatment			
			3 No, I've refused treatment 4 No, I haven't started treatment 7 Don't know / Not sure 9 Refused	Go to next module		

M14.05	What type of doctor provides the majority of your health care? Is it a....	CSRVDOC1	<p>Read:</p> <p>01 Cancer Surgeon 02 Family Practitioner 03 General Surgeon 04 Gynecologic Oncologist 05 General Practitioner, Internist 06 Plastic Surgeon, Reconstructive Surgeon 07 Medical Oncologist 08 Radiation Oncologist 09 Urologist 10 Other</p> <p>Do not read: 77 Don't know / Not sure 99 Refused</p>		<p>If the respondent requests clarification of this question, say: We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.).</p> <p>Read if necessary: An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis.</p>	370-371
M14.06	Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received?	CSRVSUM	<p>1 Yes 2 No 7 Don't know/ not sure 9 Refused</p>		<p>Read if necessary: By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.</p>	372
M14.07	Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing	CSRVRTRN	<p>1 Yes</p>			373
			<p>2 No 7 Don't know/ not sure 9 Refused</p>	Go to M14.09		

	your treatment for cancer?					
M14.08	Were these instructions written down or printed on paper for you?	CSRVINST	1 Yes 2 No 7 Don't know/ not sure 9 Refused			374
M14.09	With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?	CSRVINSR	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: Health insurance also includes Medicare, Medicaid, or other types of state health programs.	375
M14.10	Were you ever denied health insurance or life insurance coverage because of your cancer?	CSRVDEIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused			376
M14.11	Did you participate in a clinical trial as part of your cancer treatment?	CSRVCLIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused			377
M14.12	Do you currently have physical pain caused by your cancer or cancer treatment?	CSRVPAIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Go to next module		378
M14.13	Would you say your pain is currently under control...?	CSRVCTL1	Read: 1 With medication (or treatment)			379

			2 Without medication (or treatment) 3 Not under control, with medication (or treatment) 4 Not under control, without medication (or treatment) Do not read: 7 Don't know / Not sure 9 Refused			
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A. WHO - ASSIST V3.0

INTERVIEWER ID	<input type="text"/>	COUNTRY	<input type="text"/>	<input type="text"/>	CLINIC	<input type="text"/>
PATIENT ID	<input type="text"/>	DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

INTRODUCTION *(Please read to patient)*

Thank you for agreeing to take part in this brief interview about alcohol, tobacco products and other drugs. I am going to ask you some questions about your experience of using these substances across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills (show drug card).

*Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). For this interview, we will **not** record medications that are used **as prescribed** by your doctor. However, if you have taken such medications for reasons **other** than prescription, or taken them more frequently or at higher doses than prescribed, please let me know. While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential.*

NOTE: BEFORE ASKING QUESTIONS, GIVE ASSIST RESPONSE CARD TO PATIENT

Question 1

(if completing follow-up please cross check the patient's answers with the answers given for Q1 at baseline. Any differences on this question should be queried)

In your life, which of the following substances have you <u>ever used</u> ? <i>(NON-MEDICAL USE ONLY)</i>	No	Yes
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	3
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	3
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	3
d. Cocaine (coke, crack, etc.)	0	3
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	3
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	3
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	3
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	3
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	3
j. Other - specify:	0	3

Probe if all answers are negative:
"Not even when you were in school?"

If "No" to all items, stop interview.

If "Yes" to any of these items, ask Question 2 for each substance ever used.

Question 2

In the <u>past three months</u> , how often have you used the substances you mentioned (<i>FIRST DRUG, SECOND DRUG, ETC</i>)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	2	3	4	6
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	2	3	4	6
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	2	3	4	6
d. Cocaine (coke, crack, etc.)	0	2	3	4	6
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	2	3	4	6
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	2	3	4	6
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	2	3	4	6
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	2	3	4	6
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	2	3	4	6
j. Other - specify:	0	2	3	4	6

If "Never" to all items in Question 2, skip to Question 6.

If any substances in Question 2 were used in the previous three months, continue with Questions 3, 4 & 5 for each substance used.

Question 3

During the <u>past three months</u> , how often have you had a strong desire or urge to use (<i>FIRST DRUG, SECOND DRUG, ETC</i>)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	3	4	5	6
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	3	4	5	6
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	3	4	5	6
d. Cocaine (coke, crack, etc.)	0	3	4	5	6
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	3	4	5	6
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	3	4	5	6
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	3	4	5	6
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	3	4	5	6
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	3	4	5	6
j. Other - specify:	0	3	4	5	6

Question 4

During the <u>past three months</u> , how often has your use of (<i>FIRST DRUG, SECOND DRUG, ETC</i>) led to health, social, legal or financial problems?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	4	5	6	7
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	4	5	6	7
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	4	5	6	7
d. Cocaine (coke, crack, etc.)	0	4	5	6	7
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	4	5	6	7
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	4	5	6	7
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	4	5	6	7
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	4	5	6	7
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	4	5	6	7
j. Other - specify:	0	4	5	6	7

Question 5

During the <u>past three months</u> , how often have you failed to do what was normally expected of you because of your use of (<i>FIRST DRUG, SECOND DRUG, ETC</i>)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products					
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	5	6	7	8
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	5	6	7	8
d. Cocaine (coke, crack, etc.)	0	5	6	7	8
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	5	6	7	8
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	5	6	7	8
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	5	6	7	8
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	5	6	7	8
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	5	6	7	8
j. Other - specify:	0	5	6	7	8

Ask Questions 6 & 7 for all substances ever used (i.e. those endorsed in Question 1)

Question 6

Has a friend or relative or anyone else <u>ever</u> expressed concern about your use of (<i>FIRST DRUG, SECOND DRUG, ETC.</i>)?	No, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	6	3
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	6	3
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	6	3
d. Cocaine (coke, crack, etc.)	0	6	3
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	6	3
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	6	3
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	6	3
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	6	3
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	6	3
j. Other – specify:	0	6	3

Question 7

Have you <u>ever</u> tried and failed to control, cut down or stop using (<i>FIRST DRUG, SECOND DRUG, ETC.</i>)?	No, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	6	3
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	6	3
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	6	3
d. Cocaine (coke, crack, etc.)	0	6	3
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	6	3
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	6	3
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	6	3
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	6	3
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	6	3
j. Other – specify:	0	6	3

Question 8

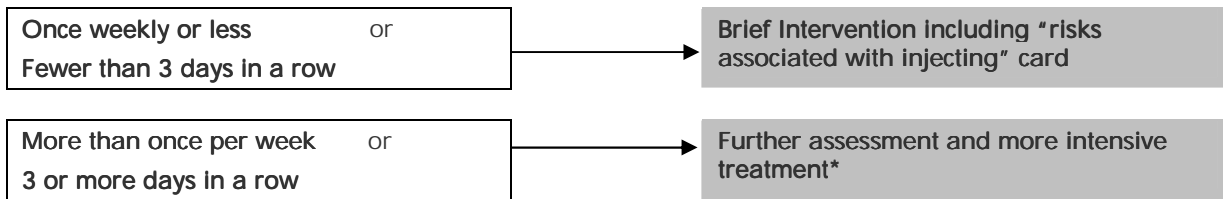
	No, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
Have you <u>ever</u> used any drug by injection? (NON-MEDICAL USE ONLY)	0	2	1

IMPORTANT NOTE:

Patients who have injected drugs in the last 3 months should be asked about their pattern of injecting during this period, to determine their risk levels and the best course of intervention.

PATTERN OF INJECTING

INTERVENTION GUIDELINES



HOW TO CALCULATE A SPECIFIC SUBSTANCE INVOLVEMENT SCORE.

For each substance (labelled a. to j.) add up the scores received for questions 2 through 7 inclusive. Do not include the results from either Q1 or Q8 in this score. For example, a score for cannabis would be calculated as: **Q2c + Q3c + Q4c + Q5c + Q6c + Q7c**

Note that Q5 for tobacco is not coded, and is calculated as: **Q2a + Q3a + Q4a + Q6a + Q7a**

THE TYPE OF INTERVENTION IS DETERMINED BY THE PATIENT'S SPECIFIC SUBSTANCE INVOLVEMENT SCORE

	Record specific substance score	no intervention	receive brief intervention	more intensive treatment *
a. tobacco		0 - 3	4 - 26	27+
b. alcohol		0 - 10	11 - 26	27+
c. cannabis		0 - 3	4 - 26	27+
d. cocaine		0 - 3	4 - 26	27+
e. amphetamine		0 - 3	4 - 26	27+
f. inhalants		0 - 3	4 - 26	27+
g. sedatives		0 - 3	4 - 26	27+
h. hallucinogens		0 - 3	4 - 26	27+
i. opioids		0 - 3	4 - 26	27+
j. other drugs		0 - 3	4 - 26	27+

NOTE: *FURTHER ASSESSMENT AND MORE INTENSIVE TREATMENT may be provided by the health professional(s) within your primary care setting, or, by a specialist drug and alcohol treatment service when available.

B. WHO ASSIST V3.0 RESPONSE CARD FOR PATIENTS

Response Card - substances

a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)
b. Alcoholic beverages (beer, wine, spirits, etc.)
c. Cannabis (marijuana, pot, grass, hash, etc.)
d. Cocaine (coke, crack, etc.)
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)
i. Opioids (heroin, morphine, methadone, codeine, etc.)
j. Other - specify:

Response Card (ASSIST Questions 2 – 5)

Never: not used in the last 3 months

Once or twice: 1 to 2 times in the last 3 months.

Monthly: 1 to 3 times in one month.

Weekly: 1 to 4 times per week.

Daily or almost daily: 5 to 7 days per week.

Response Card (ASSIST Questions 6 to 8)

No, Never

Yes, but not in the past 3 months

Yes, in the past 3 months

ID: _____ Date _____ Time _____

Caller ID/Initials _____

INTERVIEW OF COGNITIVE FUNCTION ~

The survey starts with some general questions, and then I will ask some specific questions that evaluate mental abilities such as attention, memory, language. Some of the questions may seem simple, but these are routine questions used in this sort of interview. Some of the questions may be hard to answer. No one gets every answer correct. Just try your best. I won't be able to give you hints or help you in answering.

- | | |
|---|----------------------------------|
| | <u>Response</u>
(0=No, 1=Yes) |
| A. Do you have a hearing problem?
<i>If Yes: tell them they can ask you to repeat a question if necessary. (except items 5 and 8)*</i> | _____ |
| ___ Yes ___ No | _____ |
| B. How many years of education do you have? | years _____ |
| C. Do you feel alert? | _____ |
| ___ Yes ___ No | _____ |
| D. Have you recently experienced any change in your ability to remember things? | _____ |
| ___ Yes ___ No | _____ |

At this point, it is important that all distractions are removed. If you have the T.V. or radio on please turn them (it) off. Remove any pens and pencils from within your reach and also move any newspapers or calendars from your view. If there is anyone near you, please do not ask them for assistance. Are you ready? (If "No"), Please let me know when you are ready.

Telephone Interview of Cognitive Status – modified (TICS_m)

<u>Instructions</u>	<u>Scoring Criteria</u>	<u>Score</u> (0=incorrect; 1=correct)
1. Please tell me your full name <i>(Do not write their name on form)</i>	1 pt for first name 1 pt for last name	first _____ last _____
2. What is today's date?	1 pt each for month, day, year day of week, and season <i>If incomplete, ask specifics (e.g. what is the month? What season are we in?)</i>	month _____ date _____ year _____ day of the week _____ season _____
3. Please tell me your age and telephone number. <i>(Do not write their phone # on form)</i>	1 pt each for age, phone #	age _____ phone# _____
4. Count backwards from 20 to 1.	2 pts if completely correct on the first try. 1 pt if completely correct on second try. Score 0 for anything else	_____

(Check numbers said correctly)

20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 _____

Before I read you the next question, I want to tell you that after this question, we will not be able to take a break for several questions. Do you want to go on or would you like to take a brief break?

(Do not allow the participant to take a break until after finishing the TICSm Recognition item on page 3)

5. I'm going to read a list of 10 words. Please listen carefully and try to remember them. When I am finished tell me as many words as you can remember, in any order. Ready? The words are: Cabin, pipe, elephant, chest, silk, theatre, watch, whip, pillow, giant. Now tell me all the words you can remember.
- 1 pt for each correct response*
No penalty for repetitions or intrusions
- _____ cabin
_____ pipe
_____ elephant
_____ chest
_____ silk
_____ theatre
_____ watch
_____ whip
_____ pillow
_____ giant
- Intrusions (list) _____
6. One hundred minus seven equals what? And seven from that? Etc...
- Stop at 5 serial subtractions.*
1 pt for each correct subtraction. Do not inform subject of incorrect responses, but allow subtractions to be made from last response.
(e.g. 93-85-78-71-65 would get 3 pts)
- Write response here: $100 - 7 = \underline{\quad}$. minus 7 from that = $\underline{\quad}$ minus 7 = $\underline{\quad}$
minus 7 = $\underline{\quad}$ minus 7 = $\underline{\quad}$.
7. a. What do people usually use to cut paper? *1 pt for scissors or shears only* _____ scissors/
_____ shears
b. How many things are in a dozen? *1 pt for 12* _____ 12
c. What do you call the prickly green plant that lives in the desert? *1 pt for cactus only* _____ cactus
d. What animal does wool come from? *1 pt for sheep or lamb only* _____ sheep/
_____ lamb
8. Repeat the following phrase after me: *1 pt for each complete repetition on the first trial.*
'No ifs ands or buts'
Now repeat this *Repeat phrase only if poorly presented*
'Methodist Episcopal'
9. What's the first and last name of the President of USA right now? *1 pt each for correct* first name _____
last name _____
What's the first and last name of the Vice-President? *1 pt each for correct* first name _____
last name _____
10. With your finger nail, tap 5 times on the part of the phone you speak into. Tell me when you have finished
- 2 pts if 5 taps are heard* _____
1 pt is subject raps more or less than 5 times. _____

SHARP ID # _____

Date _____

11. I am going to give you a word and I want you to give me the opposite. For example, the opposite of hot is cold.
- 1 pt for East.*
1 pt for selfish, greedy, stingy, mean tight, cheap, meager, skimpy etc...

What is the opposite of 'west'? _____
 What is the opposite of 'generous'? _____

12. A few minutes ago, I asked you to repeat a list of ten words. I would like you to recall as many of those ten words as you can. (*Allow approximately one minute.*)

- _____ cabin
- _____ pipe
- _____ elephant
- _____ chest
- _____ silk
- _____ theatre
- _____ watch
- _____ whip
- _____ pillow
- _____ giant

Intrusions (list) _____

TICS_m TOTAL SCORE



TICS_m recognition test supplemental item

Now I will read you a list of words two at a time. Listen to each word carefully. For each pair of words that I read to you, one of the words was on that list of 10 words that I had read to you a few minutes ago, and the other was not. For each pair, please tell me which word was on that previous list (*Check each choice; if the participant declines to make a choice, or if he/she reports that both items in a pair were on the previous list, urge him/her to choose one*).

(*correct items in bold*).

- | | | | |
|----------------------|--------------------|--------------------|-----------------------|
| theatre _____ | opera _____ | pipe _____ | cigar _____ |
| paddle _____ | whip _____ | blanket _____ | pillow _____ |
| abdomin _____ | chest _____ | silk _____ | cotton _____ |
| cabin _____ | house _____ | watch _____ | clock _____ |
| monster _____ | giant _____ | giraffe _____ | elephant _____ |

TICS_m Recognition TOTAL _____

SHARP ID # _____
Date _____

Post interview de-briefing

We have now completed the attention and memory questions. Do you have any questions?

Did these questions cause you any frustration or stress?

Thank you for agreeing to answer these questions. Without the help of people like you, we would be unable to conduct our research. THANK YOU.

INTERVIEWER

Did hearing difficulty affect participant's performance on this test? _____ NO _____ YES

<p>*G1 INTRO 1. (RB, PG [REDACTED]) Earlier you mentioned having a time in your life when you were "a worrier". The next questions are about that time. Looking at pages [REDACTED] in your booklet, what sorts of things were you worried or nervous or anxious about during that time?</p>	<p>*G1 INTRO 2. (RB, PG [REDACTED]) Earlier you mentioned having a time in your life when you were much more nervous or anxious than most other people. The next questions are about that time. Looking at pages [REDACTED] in your booklet, what sorts of things were you nervous or anxious about during that time?</p>	<p>*G1 INTRO 3. (RB, PG [REDACTED]) Earlier you mentioned having a period lasting one month or longer when you were anxious or worried most days. The next questions are about that time. Looking at pages [REDACTED] in your booklet, what sorts of things were you anxious or worried about during that time?</p>
--	---	---

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

DIFFUSE WORRIES

- EVERYTHING 1
- NOTHING IN PARTICULAR 2

PERSONAL PROBLEMS

- FINANCES 3
- SUCCESS AT SCHOOL OR WORK 4
- SOCIAL LIFE 5
- LOVE LIFE 6
- RELATIONSHIPS AT SCHOOL OR WORK 7
- RELATIONSHIPS WITH FAMILY 8
- PHYSICAL APPEARANCE 9
- PHYSICAL HEALTH 10
- MENTAL HEALTH 11
- SUBSTANCE USE 12
- OTHER PERSONAL PROBLEMS (SPECIFY) 13

PHOBIC AND OBSSIVE-COMPULSIVE SITUATIONS

- SOCIAL PHOBIAS (E.G., MEETING PEOPLE AFTER MOVING TO A NEW TOWN) 14
- AGORAPHOBIA (E.G., LEAVING HOME ALONE AFTER A DIVORCE) 15
- SPECIFIC PHOBIAS (E.G., FEARS OF BUGS, HEIGHTS, OR CLOSED SPACES) 16
- OBSESSIONS (E.G., WORRY ABOUT GERMS) 17
- COMPULSIONS (E.G., REPETITIVE HANDWASHING) 18

NETWORK PROBLEMS

- BEING AWAY FROM HOME OR APART FROM LOVED ONES 19
- THE HEALTH OR WELFARE OF LOVED ONES - FIRST MENTION 20
- THE HEALTH OR WELFARE OF LOVED ONES - SECOND MENTION 21
- THE HEALTH OR WELFARE OF LOVED ONES - THIRD MENTION 22
- OTHER NETWORK PROBLEMS (SPECIFY) 23

SOCIETAL PROBLEMS

- CRIME / VIOLENCE 24
- THE ECONOMY 25
- THE ENVIRONMENT (E.G., GLOBAL WARMING, POLLUTION) 26
- MORAL DECLINE OF SOCIETY (E.G., COMMERCIALISM, DECLINE OF THE FAMILY) 27
- WAR / REVOLUTION 28
- OTHER SOCIETAL PROBLEMS (SPECIFY) 29

OTHER PROBLEMS (SPECIFY)

- FIRST (SPECIFY) 30

- SECOND (SPECIFY) 31

- THIRD (SPECIFY) 32

*G3. Do you think your (worry or anxiety/nervousness or anxiety/anxiety or worry) was ever excessive or unreasonable or a lot stronger than it should have been?

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

*G4. How often did you find it difficult to control your (worry or anxiety/nerves or anxiety/anxiety or worry) -- often, sometimes, rarely, or never?

- OFTEN1
- SOMETIMES.....2
- RARELY.....3
- NEVER.....4
- DON'T KNOW.....8
- REFUSED.....9

*G4a. How often were you so nervous or worried that you could not think about anything else, no matter how hard you tried - often, sometimes, rarely, or never?

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

*G5. What is the longest period of months or years in a row you ever had when you were (worried or anxious/nervous or anxious/anxious or worried) most days?

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

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

_____ NUMBER

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

*G6. INTERVIEWER CHECKPOINT: (SEE *G5)

- LESS THAN 1 MONTH1 **GO TO *IED1, NEXT SECTION**
- 1 TO 5 MONTHS.....2 **GO TO *G7**
- ALL OTHERS.....3 **GO TO *G8**

*G7. INTERVIEWER INSTRUCTION: ASK ABOUT "PERIODS LASTING ONE MONTH OR LONGER" FOR THE REMAINDER OF THE SECTION **GO TO *G9**

*G8. INTERVIEWER INSTRUCTION: ASK ABOUT "PERIODS LASTING SIX MONTHS OR LONGER" FOR THE REMAINDER OF THE SECTION **GO TO *G9**

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

*G10.	YES (1)	NO (5)	DK (8)	RF (9)
*G10a. Did your heart often pound or race?	1	5	8	9
*G10b. Did you often sweat?	1	5	8	9
*G10c. Did you often tremble or shake?	1	5	8	9
*G10d. Did you often have a dry mouth?	1	5	8	9
*G10e. Were you sad or depressed most of the time?	1	5	8	9

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

ZERO RESPONSES CODED '1' IN *G9 AND *G10 SERIES.....1 GO TO *IED1, NEXT SECTION
 ZERO RESPONSES CODED '1' IN *G10 SERIES.....2 GO TO *G12
 FOUR OR MORE RESPONSES CODED '1' IN *G9 AND *G10 SERIES.....3 GO TO *G15
 ALL OTHERS.....4 GO TO *G13

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

TWO OR MORE RESPONSES CODED '1' IN *G9 SERIES.....1 GO TO *G15
 ALL OTHERS.....2 GO TO *IED1, NEXT SECTION

*G13. INTERVIEWER QUERY: TOTAL NUMBER RESPONSES CODED '1' IN *G9 SERIES IS _____ CODED '1' IN *G10 SERIES IS _____ GO TO *G15 AS SOON AS FIVE RESPONSES CODED '1' IN *G9, G10, G13 SERIES	YES (1)	NO (5)	DK (8)	RF (9)
*G13a. Did you often feel dizzy or lightheaded?	1	5	8	9
*G13b. Were you often short of breath?	1	5	8	9
*G13c. Did you often feel like you were choking?	1	5	8	9
*G13d. Did you often have pain or discomfort in your chest?	1	5	8	9
*G13e. Did you often have pain or discomfort in your stomach?	1 GO TO *G13g	5	8	9
*G13f. Did you often have nausea?	1	5	8	9
*G13g. Did you often feel that you were unreal?	1 GO TO *G13i.	5	8	9
*G13h. Did you often feel that things around you were unreal?	1	5	8	9
*G13i. Were you often afraid that you might lose control or go crazy?	1 GO TO *G13k	5	8	9
*G13j. Were you often afraid that you might pass out?	1	5	8	9
*G13k. Were you often afraid that you might die?	1	5	8	9
*G13l. Did you often have hot flushes or chills?	1	5	8	9
*G13m. Did you often have numbness or tingling sensations?	1	5	8	9
*G13n. Did you often feel like you had a lump in your throat?	1	5	8	9
*G13o. Were you easily startled?	1	5	8	9

*G14. INTERVIEWER CHECKPOINT: (SEE *G9, *G10, *G13)

TWO OR MORE RESPONSES CODED '1' IN *G9 SERIES.....1
THREE OR MORE RESPONSES CODED '1' IN *G9, 10,13 SERIES.....2
ALL OTHERS.....3 GO TO *IED1, NEXT SECTION

***G15.** How much emotional distress did you ever experience because of your (worry or anxiety/nervousness or anxiety/anxiety or worry) – no distress, mild distress, moderate distress, severe distress, or very severe distress?

- NO.....1
- MILD.....2
- MODERATE.....3
- SEVERE.....4
- VERY SEVERE.....5
- DON'T KNOW.....8
- REFUSED.....9

***G17.** How much did your (worry or anxiety/nervousness or anxiety/anxiety or worry) ever interfere with either your work, your social life, or your personal relationships – not at all, a little, some, a lot, or extremely?

- NOT AT ALL.....1 **GO TO *G17.1**
- A LITTLE.....2 **GO TO *G17.1**
- SOME.....3
- A LOT.....4
- EXTREMELY.....5
- DON'T KNOW.....8
- REFUSED.....9 **GO TO *G17.1**

***G17a.** How often were you unable to carry out your daily activities because of your (worry or anxiety/nervousness or anxiety/anxiety or worry) -- often, sometimes, rarely, or never?

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

***G17.1. INTERVIEWER CHECKPOINT: (SEE *G15, *G17)**

- *G15** EQUALS '3', '4', OR '5' OR ***G17** EQUALS '3', '4', OR '5'1
- ALL OTHERS.....2 **GO TO *IED1, NEXT SECTION**

***G18a.** (Worry and anxiety/Nervousness and anxiety/Anxiety and worry) sometimes occur as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think your (worry or anxiety/nervousness or anxiety/anxiety or worry) ever occurred as the result of such physical causes?

- YES.....1
- NO.....5 **GO TO *G26**
- DON'T KNOW.....8 **GO TO *G26**
- REFUSED.....9 **GO TO *G26**

*G18b. Do you think your (worry and anxiety/nervousness and anxiety/anxiety and worry) were always the result of physical causes?

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

*G18c. Briefly, what do you think the physical cause was?

*G26. Think of the very first time in your life you had an episode lasting (one month / six months) or longer when (you were worried or anxious most days/you were nervous or anxious most days/you were anxious or worried most days) and also had some of the other problems we just reviewed. Can you remember your exact age?

- YES 1
- NO 5 **GO TO *G26b**
- DON'T KNOW 8 **GO TO *G26b**
- REFUSED 9 **GO TO *G26b**

*G26a. (IF NEC: How old were you?)

_____ AGE **GO TO *G26c**

- DON'T KNOW 998
- REFUSED 999

*G26b. About how old were you?

IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER,"
PROBE: Was it before you first started school?

IF NOT YES, PROBE: Was it before you were a teenager?

_____ YEARS OLD

- BEFORE STARTED SCHOOL 4
- BEFORE TEENAGER 12
- NOT BEFORE TEENAGER 13
- WHOLE LIFE OR DON'T KNOW 998
- REFUSED 999

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

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

***G27.** Did you have an episode of being (worried or anxious/nervous or anxious/anxious or worried), lasting at least one month or longer, in the past 12 months?

- YES.....1
- NO.....5 **GO TO *G27c**
- DON'T KNOW.....8 **GO TO *G27c**
- REFUSED.....9 **GO TO *G27c**

***G27a.** How recently – in the past month, two to six months ago, or more than six months ago?

- PAST MONTH.....1
- 2-6 MONTHS AGO.....2
- MORE THAN 6 MONTHS.....3
- DON'T KNOW.....8
- REFUSED.....9

***G27a.1** When I use the word “episode” in the next questions, I mean a time lasting one month or longer when nearly every day you were (worried or anxious/nervous or anxious/anxious or worried) and also had some of the other problems we just reviewed). The episode ends when you no longer have these feelings for a full month. With this definition in mind, how many different episodes did you have in the past 12 months?

_____ NUMBER

- DON'T KNOW..... 998
- REFUSED..... 999

***G27a.2. INTERVIEWER CHECKPOINT: (SEE *G27a.1)**

- *G27a.1** EQUALS '1'.....1 **GO TO *G27a.3**
- ALL OTHERS.....2 **GO TO *G27a.7**

***G27a.3.** In what month did that episode start?

_____/_____
MONTH YEAR

- DON'T KNOW..... 998
- REFUSED..... 999

***G27a.4.** How long did that episode last (IF *G27a EQUALS '1': so far)?

_____ NUMBER

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

- DON'T KNOW..... 998
- REFUSED..... 999

***G27a.5. INTERVIEWER CHECKPOINT (SEE *G27a):**

*G27a EQUALS '1'1
ALL OTHERS.....2 GO TO *G28

*G27a.6. Has this episode ended or is it still going on?

ENDED1
STILL GOING ON.....2
DON'T KNOW8
REFUSED9

GO TO *G28

*G27a.7. How long did the first of these (NUMBER FROM *G27a.1) episodes last?

_____ NUMBER

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

DON'T KNOW 998
REFUSED 999

*G27a.8. INTERVIEWER CHECKPOINT (SEE *G27a):

*G27a EQUALS '1'1
ALL OTHERS.....2 GO TO *G27b

*G27a.9. Has the most recent episode ended or is it still going on?

ENDED1
STILL GOING ON.....2
DON'T KNOW8
REFUSED9

*G27b. How many months in the past 12 months were you in an episode of this sort?

_____ MONTHS

DON'T KNOW98
REFUSED99

GO TO *G28

*G27c. How old were you the last time you had one of these episodes?

_____ YEARS OLD

DON'T KNOW998
REFUSED999

*G28. How many episodes of (worry or anxiety/nervousness or anxiety/anxiety or worry) lasting one month or longer have you ever had in your life?

_____ NUMBER

DON'T KNOW998
REFUSED999

*G29. INTERVIEWER CHECKPOINT: (SEE *G28)

*G28 EQUALS '1' 1
ALL OTHERS..... 2 **GO TO *G31**

*G30. How long did that episode last?

IF STILL GOING ON: How long did it last so far?

_____ NUMBER **GO TO *G35**

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

DON'T KNOW98 **GO TO *G35**
REFUSED99 **GO TO *G35**

*G31. How long did the longest of these episodes last?

_____ NUMBER

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

DON'T KNOW98
REFUSED99

*G31.1. How many of these episodes were brought on by some stressful experience?

_____ NUMBER

DON'T KNOW998
REFUSED999

*G32. How many different years in your life did you have at least one episode?

_____ YEARS

DON'T KNOW998
REFUSED999

*G33. INTERVIEWER CHECKPOINT: (SEE *G32)

*G32 EQUALS '1'1 **GO TO *G35**
ALL OTHERS.....2

*G34. What is the longest continuous number of years in a row in which you had at least one episode per year?

_____ YEARS

DON'T KNOW998
 REFUSED999

***G35. INTERVIEWER CHECKPOINT: (SEE *G27)**

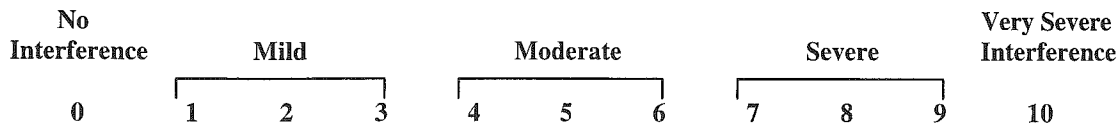
***G27** EQUALS '1'1
 ALL OTHERS.....2 **GO TO *G44**

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

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

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

BADLY1
 NOT BADLY2
 NOT AT ALL.....3
 DON'T KNOW8
 REFUSED9



***G38.** (RB, PG █) Think about the month or longer in the past 12 when your (worry or anxiety/ nervousness or anxiety/ anxiety or worry) was most severe. Using the 0 to 10 scale on page █ of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much your (worry or anxiety/ nervousness or anxiety/ anxiety or worry) interfered with each of the following activities during that time?

(IF NEC: How much did your (worry or anxiety/ nervousness or anxiety/ anxiety or worry) interfere with (ACTIVITY) during that time?)

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

NUMBER (0-10)

*G38a. Your home management, like cleaning, shopping, and taking care of the (house/ apartment)? _____

DOES NOT APPLY97
DON'T KNOW98
REFUSED99

*G38b. Your ability to work? _____

DOES NOT APPLY97
DON'T KNOW98
REFUSED99

*G38c. Your ability to form and maintain close relationships with other people? _____

DOES NOT APPLY97
DON'T KNOW98
REFUSED99

*G38d. Your social life? _____

DOES NOT APPLY97
DON'T KNOW98
REFUSED99

***G39.** INTERVIEWER CHECKPOINT: (SEE *G38a - *G38d)

ALL RESPONSES EQUAL '0' OR '97' 1 **GO TO *G44**
ALL OTHERS 2

***G40.** About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)?

(IF NEC: You can use any number between 0 and 365 to answer.)

_____ NUMBER OF DAYS

DON'T KNOW 998
REFUSED 999

***G44.** Did you ever in your life talk to a medical doctor or other professional about your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)? (By professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

YES.....1
NO.....5 **GO TO *G59.1**
DON'T KNOW8 **GO TO *G59.1**
REFUSED9 **GO TO *G59.1**

***G44a.** How old were you the first time [you talked to a professional about your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)]?

_____ YEARS OLD

DON'T KNOW998
REFUSED.....999

G56. Did you ever get treatment for your (worry or anxiety/ nervousness or anxiety/ anxiety or worry) that you considered helpful or effective?

YES 1
NO 5 **GO TO *G56c**
DON'T KNOW 8 **GO TO *G56c**
REFUSED 9 **GO TO *G56c**

***G56a.** How old were you the first time [you got helpful treatment for your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)]?

_____ YEARS OLD

DON'T KNOW..... 998
REFUSED..... 999

***G56b.** How many professionals did you ever talk to about your (worry or anxiety/ nervousness or anxiety/ anxiety or worry), up to and including the first time you got helpful treatment?

_____ NUMBER OF PROFESSIONALS **GO TO *G58**

DON'T KNOW 98 **GO TO *G58**
REFUSED 99 **GO TO *G58**

***G56c.** How many professionals did you ever talk to about your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)?

_____ NUMBER OF PROFESSIONALS

DON'T KNOW 98
REFUSED 99

*G58. Did you receive professional treatment for your (worry or anxiety/ nervousness or anxiety/ anxiety or worry) at any time in the past 12 months?

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

*G59. Were you ever hospitalized overnight for your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)?

- YES 1
- NO 5 **GO TO *G59.1**
- DON'T KNOW 8 **GO TO *G59.1**
- REFUSED 9 **GO TO *G59.1**

*G59a. How old were you the first time [you were hospitalized overnight because of your (worry or anxiety/ nervousness or anxiety/ anxiety or worry)]?

_____ YEARS OLD

- DON'T KNOW 998
- REFUSED 999

*G59.1. How many of your close relatives – including your biological parents, brothers and sisters, and children – were very nervous or anxious people?

_____ NUMBER

- DON'T KNOW 998
- REFUSED 999

GO TO *IED1, NEXT SECTION

DEPRESSION (D)

***D1.** Earlier in the interview, you mentioned having periods that lasted several days or longer when you felt sad, empty, or depressed most of the day. During episodes of this sort, did you ever feel discouraged about how things were going in your life?

YES..... 1
 NO 5 GO TO *D1b
 DON'T KNOW 8 GO TO *D1b
 REFUSED 9 GO TO *D1b

***D1a.** During the episodes of being sad, empty, or depressed, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?

YES 1 GO TO *D3
 NO 5 GO TO *D4
 DON'T KNOW 8 GO TO *D4
 REFUSED 9 GO TO *D4

***D1b.** During the episodes of being sad, empty, or depressed, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?

YES 1 GO TO *D5
 NO 5 GO TO *D6
 DON'T KNOW 8 GO TO *D6
 REFUSED 9 GO TO *D6

***D2.** Earlier in the interview you mentioned having periods that lasted several days or longer when you felt discouraged about how things were going in your life. During episodes of this sort, did you ever lose interest in most things like work, hobbies, and other things you usually enjoy?

YES..... 1 GO TO *D7
 NO..... 5 GO TO *D8
 DON'T KNOW..... 8 GO TO *D8
 REFUSED..... 9 GO TO *D8

***D3.** INTERVIEWER INSTRUCTION:

USE KEY PHRASE "SAD, DISCOURAGED, OR UNINTERESTED" THROUGHOUT THE SECTION
 GO TO *D12

***D4.** INTERVIEWER INSTRUCTION:

USE KEY PHRASE "SAD OR DISCOURAGED" THROUGHOUT THE SECTION
 GO TO *D12 ;

***D5.** INTERVIEWER CHECKPOINT: USE KEY PHRASE "SAD OR UNINTERESTED" THROUGHOUT THE SECTION
GO TO *D12

***D6.** INTERVIEWER CHECKPOINT:
USE KEY PHRASE "SAD" THROUGHOUT THE SECTION
GO TO *D12

***D7.** INTERVIEWER CHECKPOINT:
USE KEY PHRASE "DISCOURAGED OR UNINTERESTED" THROUGHOUT THE SECTION
GO TO *D12

***D8.** INTERVIEWER CHECKPOINT:
USE KEY PHRASE "DISCOURAGED" THROUGHOUT THE SECTION
GO TO *D12

***D9.** Earlier in the interview, you mentioned having periods that lasted several days or longer when you lost interest in most things like work, hobbies, and other things you usually enjoy. Did you ever have a period of this sort that lasted most of the day nearly every day for two weeks or longer?

- YES..... 1 GO TO *D11
- NO..... 5
- DON'T KNOW..... 8
- REFUSED..... 9

***D9a.** What is the longest period of days you ever had when you lost interest in most things you usually enjoy?

INTERVIEWER: "LESS THAN ONE DAY" CODE '0'

_____ NUMBER

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

PROBE DK: Was it three days or longer?

- DON'T KNOW998
- REFUSED999

USE THE KEY PHRASE "UNINTERESTED" THROUGHOUT THE SECTION GO TO *D10

***D10.** INTERVIEWER CHECKPOINT: (SEE *D9a)

- DURATION OF 3 DAYS OR LONGER.....1 GO TO *D14
- ALL OTHERS.....2 GO TO *D87.1

***D11.** INTERVIEWER INSTRUCTION: USE KEY PHRASE "UNINTERESTED" THROUGHOUT THE SECTION **GO TO *D16**

***D12.** Did you ever have a period of being (sad/or/discouraged/or/uninterested in things) that lasted most of the day, nearly every day, for two weeks or longer?

YES 1 **GO TO *D16**
NO 5
DON'T KNOW 8
REFUSED 9

***D12a.** How long was the longest period of days you ever had when you were (sad/or/discouraged/or/uninterested) most of the day?

INTERVIEWER: "LESS THAN ONE DAY" CODE '0'

_____ DAYS

DON'T KNOW 998
REFUSED 999

***D13.** INTERVIEWER CHECKPOINT: (SEE ***D12a**)

DURATION OF 3 DAYS OR LONGER 1 **GO TO *D14**
ALL OTHERS 2 **GO TO *D87.1**

***D14.** Did you ever have a year or more in your life when you had several different episodes of being (sad/or/discouraged/or/uninterested) each of which lasted several days or longer?

YES 1
NO 5 **GO TO *D87.1**
DON'T KNOW 8 **GO TO *D87.1**
REFUSED 9 **GO TO *D87.1**

***D14a.** Did you ever have a year or more in your life when just about every month you had an episode of this sort?

YES 1
NO 5 **GO TO *D87.1**
DON'T KNOW 8 **GO TO *D87.1**
REFUSED 9 **GO TO *D87.1**

***D15.** Think of times lasting several days or longer when (this problem/these problems) with your mood (was/were) most severe and frequent. During those times, did your feelings of (sadness/or/discouragement/or/lack of interest) usually last less than 1 hour, between 1 and 3 hours, between 3 and 5 hours, or more than 5 hours?

LESS THAN 1 HOUR 1 **GO TO *D87.1**
BETWEEN 1 AND 3 HOURS 2
BETWEEN 3 AND 5 HOURS 3
MORE THAN 5 HOURS 4
DON'T KNOW 8
REFUSED 9

INTERVIEWER: **GO TO *D17** AND ASK ABOUT PERIODS LASTING "SEVERAL DAYS OR LONGER" FOR THE REMAINDER OF THE SECTION.

***D16.** Think of times lasting two weeks or longer when (this problem/these problems) with your mood (was/were) most severe and frequent. During those times, did your feelings of (sadness/or/discouragement/or/lack of interest) usually last less than 1 hour, between 1 and 3 hours, between 3 and 5 hours, or more than 5 hours?

- LESS THAN 1 HOUR1 **GO TO *D87.1**
- BETWEEN 1 AND 3 HOURS.....2
- BETWEEN 3 AND 5 HOURS.....3
- MORE THAN 5 HOURS.....4
- DON'T KNOW8
- REFUSED..... 9

INTERVIEWER: ASK ABOUT PERIODS LASTING "TWO WEEKS OR LONGER" FOR THE REMAINDER OF THE SECTION.

***D17.** How severe was your emotional distress during those times -- mild, moderate, severe, or very severe?

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

***D18.** How often, during those times, was your emotional distress so severe that nothing could cheer you up -- often, sometimes, rarely, or never?

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

***D19.** How often, during those times, was your emotional distress so severe that you could not carry out your daily activities -- often, sometimes, rarely, or never?

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

***D20.** INTERVIEWER CHECKPOINT: (SEE ***D17, *D18, *D19**)

- *D17 CODED '1' AND *D18 CODED '4' AND *D19 CODED '4'**1 **GO TO *D87.1**
- ALL OTHERS.....2

*D21. People with episodes of being (sad/or/discouraged/or/uninterested) often have other problems at the same time. These include things like changes in sleep, appetite, energy, the ability to concentrate and remember, feelings of low self-worth, and other problems. Did you ever have any of these problems during one of your episodes of being (sad/or/discouraged/or/uninterested)?

YES.....1
NO.....5 GO TO *D87.1
DON'T KNOW.....8 GO TO *D87.1
REFUSED.....9 GO TO *D87.1

*D22. (READ SLOWLY) Please think of an episode of being (sad/or/discouraged/or/uninterested) lasting (several days/two weeks) or longer when you also had the largest number of these other problems at the same time. Is there one particular episode of this sort that stands out in your mind as the worst one you ever had?

YES.....1
NO.....5 GO TO *D22c
DON'T KNOW.....8 GO TO *D22c
REFUSED.....9 GO TO *D22c

*D22a. How old were you when that worst episode started?

_____ YEARS OLD

DON'T KNOW.....998
REFUSED.....999

*D22b. How long did that worst episode last?

_____ NUMBER GO TO *D23

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

DON'T KNOW.....98 GO TO *D23
REFUSED.....99 GO TO *D23

*D22c. Then think of the last time you had a bad episode [of being (sad/or/discouraged/or/uninterested)] like this. How old were you when that last episode occurred?

_____ YEARS OLD

DON'T KNOW.....998
REFUSED.....999

*D22d. How long did that episode last?

_____ NUMBER

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

DON'T KNOW.....98
REFUSED.....99

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

- YES 1
- NO 5 **GO TO *D24**
- DON'T KNOW 8 **GO TO *D24**
- REFUSED 9 **GO TO *D24**

***D23a.** (RB, PG) (IF NEC: [Look at page in your booklet.] Briefly, what was going on that caused the episode to occur?)

CIRCLE ALL MENTIONS.

STRESS

- OVERWORK.....1
- TENSION2
- DEATH OF LOVED ONE3
- MARITAL SEPARATION/DIVORCE.....4
- JOB LOSS.....5
- STRESS6
- OTHER STRESSFUL EXPERIENCE (SPECIFY BELOW)....7

PHYSICAL ILLNESS/INJURY/CONDITION

- EXHAUSTION.....10
- MENSTRUAL CYCLE11
- PREGNANCY/POSTPARTUM.....12
- HEART DISEASE.....13
- THYROID DISEASE14
- CANCER15
- OVERWEIGHT16
- OTHER PHYSICAL ILLNESS OR INJURY (SPECIFY BELOW).....17

OTHER

- OTHER (SPECIFY BELOW).....82
- DON'T KNOW98
- REFUSED.....99

SPECIFY

*D24. (RB, PG [] FOR EACH ITEM ENDORSED, ASK R TO MARK IT IN THE RB.) Look at page [] in your booklet. In answering the next questions, think about the period of (several days/two weeks) or longer during that episode when your (sadness/and/discouragement/and/loss of interest) and other problems were most <u>severe and frequent</u> . During that period, which of the following problems did you have <u>most of the day nearly every day</u> :	YES (1)	NO (5)	DK (8)	RF (9)
*D24a. Did you feel sad, empty, or depressed most of the day nearly every day during that period of (several days/ two weeks) or longer?	1	5 GO TO *D24c	8 GO TO *D24c	9 GO TO *D24c
*D24b. Did you feel so sad that nothing could cheer you up nearly every day?	1	5	8	9
*D24c. During that period of (several days/ two weeks) or longer, did you feel discouraged about how things were going in your life most of the day nearly every day?	1	5 GO TO *D24e	8 GO TO *D24e	9 GO TO *D24e
*D24d. Did you feel hopeless about the future nearly every day?	1	5	8	9
*D24e. During that period of (several days/ two weeks) or longer, did you lose interest in almost all things like work and hobbies and things you like to do for fun?	1	5	8	9
*D24f. Did you lose the ability to take pleasure in having good things happen to you, like winning something or being praised or complimented?	1	5	8	9

*D25. INTERVIEWER CHECKPOINT: (SEE *D24a-*D24f)

ONE OR MORE RESPONSES CODED '1' 1
 ALL OTHERS..... 2 GO TO *D87.1

*D26. (RB, PG [REDACTED]. FOR EACH ITEM ENDORSED, ASK R TO MARK IT IN THE RB.)	YES (1)	NO (5)		DK (8)	RF (9)
*D26a. Did you have a much smaller appetite than usual nearly every day during that period of (several days/ two weeks)?	1	5		8	9
	GO TO *D26e				
*D26b. Did you have a much <u>larger</u> appetite than usual nearly every day?	1	5		8	9
*D26c. Did you gain weight without trying to during that period of (several days/ two weeks)?	1	5	7	8	9
IF R REPORTS BEING PREGNANT OR GROWING, CODE '7' AND GO TO *D26g		GO TO *D26e	GO TO *D26g	GO TO *D26e	GO TO *D26e
*D26d. How much did you gain? _____ NUMBER GO TO *D26g CIRCLE UNIT OF MASS: POUNDS 1 GO TO *26g KILOS 2 GO TO *26g				998	999
*D26e. Did you <u>lose</u> weight without trying to? IF R REPORTS BEING ON A DIET OR PHYSICALLY ILL, CODE 'NO' AND GO TO *D26g	1	5		8	9
		GO TO *D26g		GO TO *D26g	GO TO *D26g
*D26f. How much did you lose? _____ NUMBER CIRCLE UNIT OF MASS: POUNDS 1 KILOS 2				998	999
*D26g. Did you have a lot more trouble than usual either falling asleep, staying asleep, or waking too early nearly every night during that period of (several days/ two weeks)?	1	5		8	9
	GO TO *D26i				
*D26h. Did you sleep a lot more than usual nearly every night during that period of (several days/ two weeks)?	1	5		8	9
	GO TO *D26j				
*D26i. Did you sleep much less than usual and still not feel tired or sleepy?	1	5		8	9

	YES (1)	NO (5)	DK (8)	RF (9)
*D26j. Did you feel tired or low in energy nearly every day during that period of (several days/ two weeks) even when you had not been working very hard?	1	5	8	9
	GO TO *D26l			
*D26k. Did you have a lot <u>more</u> energy than usual nearly every day during that period of (several days/ two weeks)?	1	5	8	9
*D26l. Did you talk or move more slowly than is normal for you nearly every day?	1	5	8	9
		GO TO *D26n	GO TO *D26n	GO TO *D26n
*D26m. Did anyone else notice that you were talking or moving slowly?	1	5	8	9
	GO TO *D26p	GO TO *D26p	GO TO *D26p	GO TO *D26p
*D26n. Were you so restless or jittery nearly every day that you paced up and down or couldn't sit still?	1	5	8	9
		GO TO *D26p	GO TO *D26p	GO TO *D26p
*D26o. Did anyone else notice that you were restless?	1	5	8	9
*D26p. Did your thoughts come much more slowly than usual or seem mixed up nearly every day during that period of (several days/ two weeks)?	1	5	8	9
	GO TO *D26r			
*D26q. Did your thoughts seem to jump from one thing to another or race through your head so fast you couldn't keep track of them?	1	5	8	9
*D26r. Did you have a lot more trouble concentrating than is normal for you nearly every day?	1	5	8	9
*D26s. Were you unable to make up your mind about things you ordinarily have no trouble deciding about?	1	5	8	9
*D26t. Did you lose your self-confidence?	1	5	8	9
*D26u. Did you feel that you were not as good as other people nearly every day?	1	5	8	9
		GO TO *D26w	GO TO *D26w	GO TO *D26w
*D26v. Did you feel totally worthless nearly every day?	1	5	8	9

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

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

ZERO OR ONE RESPONSES CODED '1'1 GO TO *D87.1
TWO TO FOUR RESPONSES CODED '1'2 GO TO *D28
FIVE OR MORE RESPONSES CODED '1'3

*D27a. INTERVIEWER INSTRUCTION: CIRCLE LETTER 'A' IN LONG/SHORT GROUP OF REFERENCE CARD (SIDE TWO). GO TO *D28

***D28.** You mentioned having (two of the/a number of the) problems I just asked you about. How much did your (sadness/or/discouragement/or/lack of interest) and these other problems interfere with either your work, your social life, or your personal relationships during that episode— not at all, a little, some, a lot, or extremely?

- NOT AT ALL.....1 **GO TO *D29**
- A LITTLE.....2
- SOME.....3
- A LOT.....4
- EXTREMELY.....5
- DON'T KNOW.....8
- REFUSED.....9

***D28a.** How often during that episode were you unable to carry out your daily activities because of your (sadness/or/discouragement/or/lack of interest) – often, sometimes, rarely, or never?

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

***D29.** When I use the word “episode” in the next questions, I mean a time lasting (several days/two weeks) or longer when nearly every day you were (sad/or/discouraged/or/uninterested) and also had some of the other problems we talked about. The episode ends when you no longer have the problems for two weeks in a row. With this definition in mind, about how many different episodes did you ever have in your entire life?

_____ NUMBER

- DON'T KNOW.....998
- REFUSED.....999

INTERVIEWER INSTRUCTION: ENTER # OF EPISODES ON REFERENCE CARD (SIDE ONE).

***D29a.** Episodes of this sort sometimes occur as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think your (episode/episodes) of (sadness /or /discouragement/ or/lack of interest) ever occurred as the result of such physical causes?

- YES.....1
- NO.....5 **GO TO *D29d**
- DON'T KNOW.....8 **GO TO *D29d**
- REFUSED.....9 **GO TO *D29d**

***D29b.** Do you think your (episode/episodes) (was/were) always the result of physical causes?

- YES.....1
- NO.....5 **GO TO *D29d**
- DON'T KNOW.....8 **GO TO *D29d**
- REFUSED.....9 **GO TO *D29d**

***D29c.** Briefly, what do you think the physical cause was?

***D29d. INTERVIEWER CHECKPOINT (SEE *D29)**

***D29 CODED '1'** 1 **GO TO *D37d**
ALL OTHERS..... 2

***D37.** Think of the very first time in your life you had an episode lasting (several days or longer / two-weeks or longer) when most of the day nearly every day you felt (sad/or/discouraged/or/uninterested) and also had some of the other problems we just reviewed. Can you remember your exact age?

YES 1
NO 5 **GO TO *D37b**
DON'T KNOW 8 **GO TO *D37b**
REFUSED 9 **GO TO *D37b**

***D37a.** (IF NEC: How old were you?)

_____ YEARS OLD **GO TO *D37c**

DON'T KNOW 998
REFUSED 999

***D37b.** About how old were you (the first time you had an episode of this sort)?

IF "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER,"
PROBE: Was it before you first started school?

IF NOT YES, PROBE: Was it before you were a teenager?

_____ YEARS OLD

BEFORE STARTED SCHOOL 4
BEFORE TEENAGER 12
NOT BEFORE TEENAGER 13
DON'T KNOW 998
REFUSED 999

***D37c.** About how long did that first episode go on?

_____ NUMBER

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

DON'T KNOW 98
REFUSED 99

***D37d.** Episodes of feeling (sad/or/discouraged/or/uninterested) sometimes occur "out of the blue" and other times they occur after the death of someone close to you and sometimes they occur in response to some stressful experience. What about (your/the very first time you had an) episode of this sort – did it start out of the blue, after the death of someone close to you, or did it start in response to some stressful experience that occurred to you?

OUT OF THE BLUE 1
DEATH OF SOMEONE CLOSE 2

RESPONSE TO STRESS 3
DON'T KNOW 8
REFUSED 9

***D37e. INTERVIEWER CHECKPOINT: (SEE *D29)**

***D29** CODED '1 - 3' 1 **GO TO *D37g**
ALL OTHERS 2

***D37f.** As we just mentioned, episodes of feeling (sad/or/discouraged/or/uninterested) sometimes occur "out of the blue" and other times they occur in response to some stressful experience and sometimes they occur after the death of someone close to you. Including your first episode, about how many of your lifetime episodes started out of the blue, about how many episodes started in response to some stressful experience that occurred to you, and about how many started after the death of someone close to you?

***D37f.1.** _____ NUMBER OUT OF THE BLUE

DON'T KNOW998
REFUSED999

***D37f.2.** _____ NUMBER IN RESPONSE TO STRESS

DON'T KNOW998
REFUSED999

***D37f.3.** _____ NUMBER AFTER THE DEATH OF SOMEONE CLOSE TO YOU

DON'T KNOW998
REFUSED999

***D37g. INTERVIEWER CHECKPOINT: (SEE *D29)**

***D29** CODED '1' 1 **GO TO *D38**
ALL OTHERS 2

***D37h.** You already told me about your first episode. About how much time went on between (READ SLOWLY) the end of your first episode and the beginning of your second episode?

_____ NUMBER

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

DON'T KNOW98
REFUSED99

***D37i.** About how long did the second episode go on?

_____ NUMBER

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

DON'T KNOW98
REFUSED99

*D37k. Did that second episode start out of the blue, after the death of someone close to you, or did it start in response to some stressful experience that occurred to you?

- OUT OF THE BLUE 1
- DEATH OF SOMEONE CLOSE 2
- RESPONSE TO STRESS 3
- DON'T KNOW 8
- REFUSED 9

*D37l. INTERVIEWER CHECKPOINT: (SEE *D29)

- *D29 CODED '2' 1 **GO TO *D38**
- ALL OTHERS 2

*D37m. About how much time went on between (READ SLOWLY) the end of your second episode and the beginning of your third episode?

_____ NUMBER

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

- DON'T KNOW 98
- REFUSED 99

*D37n. About how long did the third episode go on?

_____ NUMBER

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

- DON'T KNOW 98
- REFUSED 99

*D37p. Did your third episode start out of the blue, after the death of someone close to you, or did it start in response to some stressful experience that occurred to you?

- OUT OF THE BLUE 1
- DEATH OF SOMEONE CLOSE 2
- RESPONSE TO STRESS 3
- DON'T KNOW 8
- REFUSED 9

*D38. Did you have an episode of being (sad/or/discouraged/or/uninterested) lasting (several days or longer/ two weeks or longer) at any time in the past 12 months?

YES.....1 **GO TO *D38a**
 NO.....5
 DON'T KNOW.....8
 REFUSED.....9

***D38.1. INTERVIEWER CHECKPOINT: (SEE *D29)**

***D29** LIFETIME EPISODES CODED '1-3' 1 **GO TO *D72**
 ALL OTHERS.....2 **GO TO *D38c**

***D38a.** How recently were you in an episode of this sort – in the past month, two to six months ago, or more than six months ago?

PAST MONTH..... 1
 2-6 MONTHS AGO.....2
 MORE THAN 6 MONTHS AGO...3
 DON'T KNOW..... 8
 REFUSED.....9

***D38a.1.** Remember that the word “episode” means a time lasting (several days/two weeks) or longer when nearly every day you were (sad/or/discouraged/or/uninterested) and also had some of the other problems. The episode ends when you no longer have the problems for two weeks in a row. With this definition in mind, how many different episodes did you have in the past 12 months?

_____ NUMBER

DON'T KNOW.....998
 REFUSED.....999

***D38a.2. INTERVIEWER CHECKPOINT: (SEE *D38a.1)**

***D38a.1** CODED '1'.....1
 ALL OTHERS.....2 **GO TO *D38a.7**

***D38a.3.** In what month did that episode start?

_____/_____
 MONTH YEAR

DON'T KNOW.....998
 REFUSED.....999

***D38a.5. INTERVIEWER CHECKPOINT: (SEE *D38a)**

***D38a** CODED '1'.....1
 ALL OTHERS.....2 **GO TO *D38b**

***D38a.6.** Has this episode ended or is it still going on?

ENDED.....1 **GO TO *D38b**
 STILL GOING ON.....5 **GO TO *D38b**
 DON'T KNOW..... 8 **GO TO *D38b**
 REFUSED.....9 **GO TO *D38b**

*D38a.7. How long did the first of these (NUMBER FROM *D38a.1) episodes last?

_____ NUMBER

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

DON'T KNOW.....998
REFUSED.....999

*D38a.8. INTERVIEWER CHECKPOINT: (SEE *D38a)

*D38a CODED '1'.....1
ALL OTHERS.....2 GO TO *D38b

*D38a.9. Has the most recent episode ended or is it still going on?

ENDED.....1
STILL GOING ON.....5
DON'T KNOW.....8
REFUSED.....9

*D38b. About how many days out of the last 365 were you in an episode?

_____ DAYS

DON'T KNOW..... 998
REFUSED..... 999

D38b.1. INTERVIEWER CHECKPOINT: (SEE *D29)

*D29 CODED '1-3'.....1 GO TO *D62.2
ALL OTHERS.....2 GO TO *D39

*D38c. How old were you the last time you had one of these episodes?

_____ YEARS OLD

DON'T KNOW..... 998
REFUSED..... 999

*D39. What is the longest episode you ever had when you were (sad/or/discouraged/or/uninterested) and also had some of the other problems we reviewed most of the day nearly every day?

_____ NUMBER

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

DON'T KNOW..... 998
REFUSED..... 999

*D40. INTERVIEWER CHECKPOINT: (SEE *D39)

LONGEST EPISODE WAS LESS THAN 14 DAYS1
ALL OTHERS.....2 GO TO *D54

*D41. Did you ever have at least one full year with episodes lasting several days or more just about every month?

YES 1
NO 5 GO TO *D54
DON'T KNOW 8 GO TO *D54
REFUSED 9 GO TO *D54

*D42. How old were you the first time you had a year of this sort (when you had an episode just about every month)?

_____ YEARS OLD
DON'T KNOW 998
REFUSED 999

*D42.1. How many of these episodes were brought on by some stressful experience - all, most, some, or none?

ALL 1
MOST 2
SOME 3
NONE 4
DON'T KNOW 8
REFUSED 9

*D43. About how many different years in your life did you have an episode [of being (sad/or/discouraged/or/uninterested)] just about every month?

_____ YEARS
DON'T KNOW 998
REFUSED 999

*D44. INTERVIEWER CHECKPOINT: (SEE *D43)

*D43 CODED '1'1 GO TO *D46
ALL OTHERS.....2

*D45. What is the longest continuous number of years in a row in which you had an episode [of being (sad/or/discouraged/or/uninterested)] just about every month?

_____ YEARS
DON'T KNOW 998

..... 999

Did you ever have a full year or longer when you were in an episode most days?

- YES.....1
- NO.....5 GO TO *D54
- DON'T KNOW.....8 GO TO *D54
- REFUSED.....9 GO TO *D54

*D47. And how old were you the first time you had a year of this sort (when you were in an episode most days)?

_____ YEARS OLD

- DON'T KNOW..... 998
- REFUSED..... 999

*D48. About how many different years in your life were you in an episode [of being (sad/or/discouraged/or/uninterested)] most days?

_____ YEARS

- DON'T KNOW..... 998
- REFUSED..... 999

*D49. INTERVIEWER CHECKPOINT: (SEE *D48)

- *D48 CODED '1'.....1 GO TO *D54
- ALL OTHERS.....2

*D50. What is the longest continuous number of years in a row in which you were in an episode most days?

_____ YEARS GO TO *D62.1

- DON'T KNOW..... 998 GO TO *D62.1
- REFUSED..... 999 GO TO *D62.1

*D54. How many different years in your life did you have at least one episode?

_____ YEARS

- DON'T KNOW..... 998
- REFUSED..... 999

*D55. INTERVIEWER CHECKPOINT: (SEE *D54)

- *D54 CODED '1'.....1 GO TO *D62.1
- ALL OTHERS.....2

*D56. What is the longest continuous number of years in a row in which you had at least one episode per year?

_____ YEARS

DON'T KNOW 998
REFUSED 999

*D57. INTERVIEWER CHECKPOINT: (SEE *D39)

*D39 CODED '12' MONTHS OR LONGER1 GO TO *D59
ALL OTHERS.....2

*D58. Did you ever have a period lasting a full year or longer when you were in an episode most days?

YES.....1
NO.....5 GO TO *D62.1
DON'T KNOW.....8 GO TO *D62.1
REFUSED9 GO TO *D62.1

*D59. About how many years in your life were you in an episode most days?

_____ YEARS

DON'T KNOW 998
REFUSED 999

*D59a. And how old were you the first time you had a year of this sort (when you were in an episode most days)?

_____ YEARS OLD

DON'T KNOW 998
REFUSED 999

*D60. INTERVIEWER CHECKPOINT: (SEE *D59)

*D59 CODED '1' 1 GO TO *D62.1
ALL OTHERS..... 2

*D61. What is the longest continuous number of years in a row in which you were in an episode most days?

_____ YEARS

DON'T KNOW 998
REFUSED 999

***D62.1. INTERVIEWER CHECKPOINT: (SEE *D38)**

***D38** CODED '1'.....1
ALL OTHERS.....2 **GO TO *D72**

***D62.2. INTERVIEWER CHECKPOINT**

R CAN READ.....1
ALL OTHERS.....2 **GO TO *D64**

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

GO TO *D64a

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

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

- One: You never took longer than 30 minutes to fall asleep.
- Two: You took at least 30 minutes to fall asleep, less than half the time.
- Three: You took at least 30 minutes to fall asleep, more than half the time.
- Four: You took more than 60 minutes to fall asleep, more than half the time.

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

_____ NUMBER

DON'T KNOW 998
REFUSED 999

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

- One: You did not wake up at night.
- Two: You had a restless, light sleep with few brief awakenings each night.
- Three: You woke up at least once a night, but you got back to sleep easily.
- Four: You woke up more than once a night and stayed awake for 20 minutes or more, more than half the time.

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

_____ NUMBER

DON'T KNOW 998
REFUSED 999

*D64c. Here's the next series, which deals with waking up too early in the morning:

- One: Most of the time, you woke up no more than 30 minutes before you needed to get up.
- Two: More than half the time, you woke up more than 30 minutes before you needed to get up.
- Three: You almost always woke up at least one hour or so before you needed to, but you went back to sleep eventually.
- Four: You woke up at least one hour before you needed to and couldn't get back to sleep.

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

_____ NUMBER

DON'T KNOW 998
REFUSED 999

*D64d. Here's the next series, which deals with the amount of sleep you got each night:

- One: You slept no longer than 7-8 hours/night, without napping during the day.
- Two: You slept no longer than 10 hours in a 24-hour period including naps.
- Three: You slept no longer than 12 hours in a 24-hour period including naps.
- Four: You slept longer than 12 hours in a 24-hour period including naps.

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

_____ NUMBER

DON'T KNOW 998
REFUSED 999

*D64e. Here's the next series, which deals with feeling sad:

- One: You did not feel sad.
- Two: You felt sad less than half the time.
- Three: You felt sad more than half the time.
- Four: You felt sad nearly all the time.

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

_____ NUMBER

DON'T KNOW 998
REFUSED 999

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

- One: There was no change in your usual capacity to concentrate or make decisions.
- Two: You occasionally felt indecisive or found that your attention wandered.
- Three: Most of the time, you struggled to focus your attention or to make decisions.
- Four: You couldn't concentrate well enough to read or you couldn't make even minor decisions.

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

_____ NUMBER

DON'T KNOW 998
REFUSED 999

*D64g. Here's the next series, which deals with feeling down on yourself:

- One: You saw yourself as equally worthwhile and deserving as other people.
- Two: You were more self-blaming than usual.
- Three: You largely believed that you caused problems for others.
- Four: You thought almost constantly about major and minor defects in yourself.

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

_____ NUMBER

DON'T KNOW 998
REFUSED 999

*D64h. Here's the next series, which deals with your interest in daily activities:

- One: There was no change from usual in how interested you were in other people or activities.
- Two: You noticed that you were less interested in people or activities.
- Three: You found you had interest in only one or two of your formerly pursued activities.
- Four: You had virtually no interest in formerly pursued activities.

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

_____ NUMBER

DON'T KNOW 998
REFUSED 999

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

- One: There was no change in your usual level of activity.
- Two: You got tired more easily than usual.
- Three: You had to make a big effort to start or finish your usual daily activities (for example, shopping, homework, cooking, or going to work).
- Four: You really couldn't carry out most of your usual daily activities because you just didn't have the energy.

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

_____ NUMBER

DON'T KNOW 998
REFUSED 999

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

- One: There was no change in your usual appetite.
- Two: You ate somewhat less often or lesser amounts of food than usual.
- Three: You ate much less than usual and only with personal effort.
- Four: You rarely ate within a 24-hr period, and only with extreme personal effort or when others persuaded you to eat.
- Five: You felt a need to eat more frequently than usual.
- Six: You regularly ate more often and/or greater amounts of food than usual
- Seven: You felt driven to overeat both at mealtime and between meals.

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

_____ NUMBER

DON'T KNOW 998
REFUSED 999

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

- One: You did not have a change in your weight.
- Two: You felt as if you had a slight weight loss.
- Three: You lost 2 pounds or more.
- Four: You lost 5 pounds or more.
- Five: You felt as if you had a slight weight gain.
- Six: You gained 2 pounds or more.
- Seven: You gained 5 pounds or more.

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

_____ NUMBER

DON'T KNOW 998
REFUSED 999

*D64l. Here's the next series, which deals with thoughts of death or suicide:

- One: You did not think of suicide or death.
- Two: You felt that life was empty or wondered if it was worth living.
- Three: You thought of suicide or death several times a week for several minutes.
- Four: You thought of suicide or death several times a day in some detail, or you made specific plans for suicide or actually tried to take your own life.

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

_____ NUMBER

DON'T KNOW 998
REFUSED 999

*D64m. Here's the next series, which deals with feeling slowed down:

- One: You thought, spoke, and moved at your usual rate of speed.
- Two: You found that your thinking was slowed down or your voice sounded dull or flat.
- Three: It took you several seconds to respond to most questions, and you're sure your thinking was slowed.
- Four: You were often unable to respond to questions without extreme effort.

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

_____ NUMBER

DON'T KNOW 998
REFUSED 999

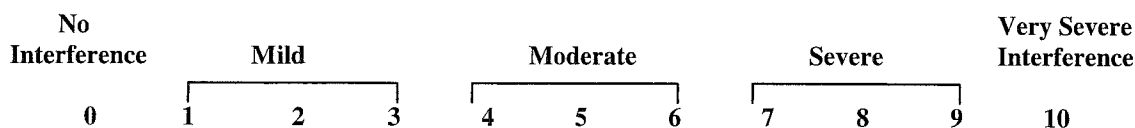
*D64n. Here's the last series, which deals with feeling restless:

- One: You did not feel restless.
- Two: You were often fidgety, wringing your hands, or needing to shift how you were sitting.
- Three: You had impulses to move about and were quite restless.
- Four: At times, you were unable to stay seated and needed to pace around.

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

_____ NUMBER

DON'T KNOW 998
REFUSED 999



*D66. (RB, PG **1**) Think about the period lasting one month or longer in the past 12 months when your (sadness/or/discouragement/or/lack of interest) was most severe. Using the 0 to 10 scale on page **1** of your booklet, where 0 means no interference and 10 means very severe interference, what number describes how much your (sadness/or/discouragement/or/lack of interest) interfered with each of the following activities during that period?

(IF NEC: How much did your (sadness/or/discouragement/or/lack of interest) interfere with (ACTIVITY) during that period?)

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

NUMBER (0-10)

*D66a. Your home management, like cleaning, shopping, and working around the (house/ apartment)

(or yard)? _____

DOES NOT APPLY97
DON'T KNOW.....98
REFUSED.....99

*D66b. Your ability to work? _____

DOES NOT APPLY97
DON'T KNOW.....98
REFUSED.....99

*D66c. Your ability to form and maintain close
relationships with other people? _____

DOES NOT APPLY97
DON'T KNOW.....98
REFUSED.....99

*D66d. Your social life? _____

DOES NOT APPLY97
DON'T KNOW.....98
REFUSED.....99

*D67. INTERVIEWER CHECKPOINT: (SEE *D66a - *D66d)

ALL RESPONSES CODED '0' OR '97'1 **GO TO *D72**
ALL OTHERS.....2

*D68. About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of your (sadness/or/discouragement/or/lack of interest)?

(IF NEC: You can use any number between 0 and 365 to answer.)

_____ NUMBER OF DAYS

DON'T KNOW 998
REFUSED 999

*D72. Did you ever in your life talk to a medical doctor or other professional about your (sadness/or/discouragement/or/ lack of interest)? (By professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

YES.....1
NO.....5 **GO TO *D87.1**
DON'T KNOW8 **GO TO *D87.1**
REFUSED9 **GO TO *D87.1**

*D72a. How old were you the first time [you talked to a professional about your (sadness/or/ discouragement/or/lack of interest)]?

_____ YEARS OLD

DON'T KNOW 998
REFUSED 999

***D84.** Did you ever get treatment for your (sadness/or/discouragement/or/lack of interest) that you considered helpful or effective?

YES1
NO5 **GO TO *D84c**
DON'T KNOW8 **GO TO *D84c**
REFUSED9 **GO TO *D84c**

***D84a.** How old were you the first time [you got helpful treatment for your (sadness/or/ discouragement/or/lack of interest)]?

_____ YEARS OLD

DON'T KNOW998
REFUSED999

***D84b.** How many professionals did you ever talk to about your (sadness/or/discouragement/or/lack of interest), up to and including the first time you got helpful treatment?

_____ NUMBER OF PROFESSIONALS **GO TO *D86**

DON'T KNOW 98 **GO TO *D86**
REFUSED 99 **GO TO *D86**

***D84c.** How many professionals did you ever talk to about your (sadness/or/discouragement/or/lack of interest)?

_____ NUMBER OF PROFESSIONALS

DON'T KNOW98
REFUSED99

***D86.** Did you receive professional treatment for your (sadness/or/discouragement/or/lack of interest) at any time in the past 12 months?

YES 1
NO 5
DON'T KNOW 8
REFUSED 9

***D87.** Were you ever hospitalized overnight for your (sadness/or/discouragement/or/lack of interest)?

YES1
NO5 **GO TO *D87.1**
DON'T KNOW8 **GO TO *D87.1**
REFUSED9 **GO TO *D87.1**

***D87a.** How old were you the first time [you were hospitalized overnight because of your (sadness/or/ discouragement/or/lack of interest)]?

_____ YEARS OLD

DON'T KNOW 998
REFUSED 999

***D87.1.** How many of your close relatives – including your biological parents, brothers, sisters, and children – ever had episodes of being (sad/or/discouraged/or/uninterested) that either caused them a lot of distress or that interfered with their lives?

_____ NUMBER

DON'T KNOW 998
REFUSED 999

***D88.** INTERVIEWER CHECKPOINT (SEE REFERENCE CARD, SCREENER SECTION): FOLLOW SKIP FOR FIRST ENDORSED ITEM.

- *SC24 IS CHECKED 1 GO TO *M1, NEXT SECTION
- *SC25a IS CHECKED 2 GO TO *M5, PAGE 38
- *SC20 IS CHECKED..... 4 GO TO *PD1 INTRO 1, PAGE 54
- *SC20a IS CHECKED..... 5 GO TO *PD1 INTRO 2, PAGE 54
- *SC27 SERIES IS CHECKED 6 GO TO *SP1, PAGE 69
- *SC29 OR *SC29a IS CHECKED 7 GO TO *SO1, PAGE 86
- *SC30 IS CHECKED..... 8 GO TO *AG1, PAGE 96
- *SC26 IS CHECKED..... 9 GO TO *G1 INTRO 1, PAGE 106
- *SC26a IS CHECKED..... 10 GO TO *G1 INTRO 2, PAGE 106
- *SC26b IS CHECKED 11 GO TO *G1 INTRO 3, PAGE 106
- *SC20.1 IS CHECKED..... 12 GO TO *D89
- *SC20.2 IS CHECKED..... 13 GO TO *IED3 INTRO 4, PAGE 121
- *SC20.3 IS CHECKED..... 14 GO TO *IED3 INTRO 5, PAGE 121
- ALL OTHERS..... 15 GO TO *SD1, PAGE 130

***D89.** INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD, SCREENING SECTION)

- *SC20.2 IS CHECKED 1 GO TO *IED3 INTRO 1, PAGE 121
- *SC20.3 IS CHECKED 2 GO TO *IED3 INTRO 2, PAGE 121
- ALL OTHERS..... 3 GO TO *IED3 INTRO 3, PAGE 121

POST-TRAUMATIC STRESS DISORDER (PT)

	YES (1)	NO (5)	DK (8)	RF (9)
*PT1. (RB, PG ■. FOR EACH ITEM ENDORSED, ASK R TO MARK IT IN THE RB.) In the next part of the interview, we ask about very stressful events that might have happened in your life. Look at page ■ in your booklet. First, did you ever participate in <u>combat</u> , either as a member of a military, or as a member of an organized <u>non-military</u> group?	1 GO TO *PT29 AND CODE '1'	5	8	9
*PT2. Did you ever serve as a <u>peacekeeper</u> or <u>relief worker</u> in a <u>war zone</u> or in a place where there was ongoing <u>terror</u> of people because of political, ethnic, religious or other conflicts?	1 GO TO *PT30 AND CODE '1'	5	8	9
*PT3. Were you ever an unarmed civilian in a place where there was a war, revolution, military coup or invasion?	1 GO TO *PT31 AND CODE '1'	5	8	9
*PT4. Did you ever live as a civilian in a place where there was ongoing terror of civilians for political, ethnic, religious or other reasons?	1 GO TO *PT32 AND CODE '1'	5	8	9
*PT5. Were you ever a refugee – that is, did you ever flee from your home to a foreign country or place to escape danger or persecution?	1 GO TO *PT33 AND CODE '1'	5	8	9
*PT6. Were you ever kidnapped or held captive?	1 GO TO *PT34 AND CODE '1'	5	8	9
*PT7. Were you ever exposed to a toxic chemical or substance that could cause you serious harm?	1 GO TO *PT35 AND CODE '1'	5	8	9
*PT8. Were you ever involved in a life-threatening automobile accident?	1 GO TO *PT36 AND CODE '1'	5	8	9
*PT9. Did you ever have any other life- threatening accident, including on your job?	1 GO TO *PT37 AND CODE '1'	5	8	9

YES (1)	NO (5)	DK (8)	RF (9)
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*PT10. Were you ever involved in a major natural disaster, like a devastating flood, hurricane, or earthquake?	1 GO TO *PT38 AND CODE '1'	5	8	9
*PT11. Were you ever in a man-made disaster, like a fire started by a cigarette, or a bomb explosion?	1 GO TO *PT39 AND CODE '1'	5	8	9
*PT12. Did you ever have a life-threatening illness?	1 GO TO *PT40 AND CODE '1'	5	8	9
*PT13. As a child, were you ever badly beaten up by your <u>parents</u> or the people who raised you?	1 GO TO *PT41 AND CODE '1'	5	8	9
*PT14. Were you ever badly beaten up by a spouse or romantic partner?	1 GO TO *PT42 AND CODE '1'	5	8	9
*PT15. Were you ever badly beaten up by anyone <u>else</u> ?	1 GO TO *PT43 AND CODE '1'	5	8	9
*PT16. Were you ever mugged, held up, or threatened with a weapon?	1 GO TO *PT44 AND CODE '1'	5	8	9
*PT17. The next two questions are about sexual assault. The first is about rape. We define this as someone either having sexual intercourse with you or penetrating your body with a finger or object when you did not want them to, either by threatening you or by using force, or when you were so young that you did not know what was happening. Did this ever happen to you?	1 GO TO *PT45 AND CODE '1'	5	8	9
*PT18. Other than rape, were you ever sexually assaulted or molested?	1 GO TO *PT46 AND CODE '1'	5	8	9
*PT19. Has someone ever stalked you – that is, followed you or kept track of your activities in a way that made you feel you were in serious danger?	1 GO TO *PT47 AND CODE '1'	5	8	9

	YES (1)	NO (5)	DK (8)	RF (9)
*PT20. Did someone very close to you ever die unexpectedly; for example, they were killed in an accident, murdered, committed suicide, or had a fatal heart attack at a young age?	1 GO TO *PT48 AND CODE '1'	5	8	9
*PT21. Did you ever have a son or daughter who had a life-threatening illness or injury?	1 GO TO *PT49 AND CODE '1'	5	8	9
*PT22.1. When you were a child, did you ever witness serious physical fights at home, like when your father beat up your mother?	1 GO TO *PT50.1 AND CODE '1'	5	8	9
*PT22. Did anyone very close to you ever have an extremely traumatic experience, like being kidnapped, tortured or raped?	1 GO TO *PT50 AND CODE '1'	5	8	9
*PT23. Did you ever see someone being badly injured or killed, or unexpectedly see a dead body?	1 GO TO *PT51 AND CODE '1'	5	8	9
*PT24. Did you ever <u>do</u> something that <u>accidentally</u> led to the serious injury or death of another person?	1 GO TO *PT52 AND CODE '1'	5	8	9
*PT25. Did you ever <u>on purpose</u> either seriously injure, torture, or kill another person?	1 GO TO *PT53 AND CODE '1'	5	8	9
*PT26. Did you ever see atrocities or carnage such as mutilated bodies or mass killings?	1 GO TO *PT54 AND CODE '1'	5	8	9

*PT26.1.INSERT ADDITIONAL EVENT #1 HERE (OPTIONAL)	1 GO TO *PT54.1 AND CODE '1'	5	8	9
*PT26.2.INSERT ADDITIONAL EVENT #2 HERE (OPTIONAL)	1 GO TO *PT54.2 AND CODE '1'	5	8	9
*PT26.3.INSERT ADDITIONAL EVENT #3 HERE (OPTIONAL)	1 GO TO *PT54.3 AND CODE '1'	5	8	9
*PT26.4.INSERT ADDITIONAL EVENT #4 HERE (OPTIONAL)	1 GO TO *PT54.4 AND CODE '1'	5	8	9
*PT26.5.INSERT ADDITIONAL EVENT #5 HERE (OPTIONAL)	1 GO TO *PT54.5 AND CODE '1'	5	8	9
*PT27. Did you ever experience any <u>other</u> extremely traumatic or life-threatening event that I haven't asked about yet?	1 GO TO *PT55 AND CODE '1'	5	8	9
*PT28. Sometimes people have experiences they don't want to talk about in interviews. I won't ask you to describe anything like this, but, without telling me what it was, did you ever have a traumatic event that you didn't report because you didn't want to talk about it?	1 GO TO *PT57 AND CODE 'YES'	5	8	9
GO TO *PH1, NEXT SECTION				

INTERVIEWER: IF EVENT IS ENDORSED, ASK THE

		AGE	DURATION
YES	NO	How old were	How long did

FOLLOW-UP QUESTIONS AT RIGHT.

	(1)	(5)	you when you had your <u>first</u> combat experience?	you serve?
*PT29. (KEY PHRASE: combat experience)	1		*PT29a. _____ YEARS DK.....998 RF.....999	*PT29b. _____ DAYS 1 WEEKS 2 MONTHS .. 3 YEARS 4 DK 98 RF 99
INTERVIEWER: IF RESPONDENT VOLUNTEERS INFORMATION ON MULTIPLE OCCURRENCES OF THIS EVENT TYPE, ENTER AGE AND DURATION FOR THE <u>SECOND</u> OCCURRENCE.			*PT29c. _____ YEARS DK.....998 RF.....999	*PT29d. _____ DAYS 1 WEEKS 2 MONTHS .. 3 YEARS 4 DK 98 RF..... 99

INTERVIEWER: IF EVENT IS ENDORSED, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.

	YES (1)	NO (5)	AGE	DURATION
*PT30. (KEY PHRASE: relief worker in war zone) [Other than the time (s) you <u>participated</u> in combat,] Did you ever serve as a <u>peacekeeper</u> or <u>relief worker</u> in a <u>war zone</u> or in a place where there was ongoing <u>terror</u> of people because of political, ethnic, religious or other conflicts? DK..... 8 RF..... 9 (IF NEC: A peacekeeper is a person who works for an international organization, a government, or a military organization to supervise and enforce a truce between hostile groups.)	1	5	How old were you the <u>first</u> time you did this? _____ YEARS DK 998 RF 999	How long did you serve in that capacity? _____ DAYS 1 WEEKS..... 2 MONTHS .. 3 YEARS 4 DK 98 RF 99
INTERVIEWER: IF RESPONDENT VOLUNTEERS INFORMATION ON MULTIPLE OCCURRENCES OF THIS EVENT TYPE, ENTER AGE AND DURATION FOR THE <u>SECOND</u> OCCURRENCE.			*PT30c. _____ YEARS DK 998 RF 999	*PT30d. _____ DAYS 1 WEEKS..... 2 MONTHS .. 3 YEARS 4 DK 98 RF 99

		AGE	DURATION		
INTERVIEWER: IF EVENT IS ENDORSED, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.		YES (1)	NO (5)	How old were you when you were <u>first</u> in this situation?	How long were you in this situation?
<p>*PT31. (KEY PHRASE: civilian in war zone)</p> <p>(Other than when you served as a relief worker,) Were you ever an unarmed civilian in a place where there was a war, revolution, military coup or invasion?</p> <p>DK..... 8 RF..... 9</p> <p>(IF NEC: By this we mean a civilian not directly involved in the armed conflict.)</p>		1	5	<p>*PT31a.</p> <p>_____</p> <p>YEARS</p> <p>DK..... 998 RF 999</p>	<p>*PT31b.</p> <p>_____</p> <p>DAYS 1 WEEKS..... 2 MONTHS .. 3 YEARS 4 DK..... 98 RF 99</p>
INTERVIEWER: IF RESPONDENT VOLUNTEERS INFORMATION ON MULTIPLE OCCURRENCES OF THIS EVENT TYPE, ENTER AGE AND DURATION FOR THE <u>SECOND</u> OCCURRENCE.				<p>*PT31c.</p> <p>_____</p> <p>YEARS</p> <p>DK 998 RF 999</p>	<p>*PT31d.</p> <p>_____</p> <p>DAYS 1 WEEKS..... 2 MONTHS .. 3 YEARS 4 DK..... 98 RF 99</p>

		AGE	DURATION		
INTERVIEWER: IF EVENT IS ENDORSED, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.		YES (1)	NO (5)	How old were you when you were <u>first</u> in this situation?	How long were you in this situation?
<p>*PT32. (KEY PHRASE: civilian in region of terror)</p> <p>(Other than what you have already told me about,) Did you ever live as a civilian in a place where there was ongoing terror of civilians for political, ethnic, religious or other reasons?</p> <p>DK..... 8 RF..... 9</p>		1	5	<p>*PT32a.</p> <p>_____</p> <p>YEARS</p> <p>DK 998 RF 999</p>	<p>*PT32b.</p> <p>_____</p> <p>DAYS 1 WEEKS..... 2 MONTHS .. 3 YEARS 4 DK..... 98 RF 99</p>
INTERVIEWER: IF RESPONDENT VOLUNTEERS INFORMATION ON MULTIPLE OCCURRENCES OF THIS EVENT TYPE, ENTER AGE AND DURATION FOR THE <u>SECOND</u> OCCURRENCE.				<p>*PT32c.</p> <p>_____</p> <p>YEARS</p> <p>DK 998 RF 999</p>	<p>*PT32d.</p> <p>_____</p> <p>DAYS 1 WEEKS..... 2 MONTHS .. 3 YEARS 4 DK..... 98 RF 99</p>

		AGE	DURATION		
INTERVIEWER: IF EVENT IS ENDORSED, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.		YES (1)	NO (5)	How old were you when you	How long were you a refugee?

<p>*PT33. (KEY PHRASE: refugee)</p> <p>Were you ever a refugee – that is, did you ever flee from your own home to a foreign country or place to escape danger or persecution?</p> <p>DK..... 8 RF..... 9</p>	<p>1</p> <p>CHECK OFF EVENT ON REF. CARD</p>	<p>5</p>	<p>were <u>first</u> in this situation?</p> <p>*PT33a.</p> <p>_____</p> <p>YEARS</p> <p>DK 998 RF 999</p>	<p>*PT33b.</p> <p>_____</p> <p>DAYS1 WEEKS2 MONTHS...3 YEARS.....4 DK98 RF99</p>
<p>INTERVIEWER: IF RESPONDENT VOLUNTEERS INFORMATION ON MULTIPLE OCCURRENCES OF THIS EVENT TYPE, ENTER AGE AND DURATION FOR THE <u>SECOND</u> OCCURRENCE.</p>			<p>*PT33c.</p> <p>_____</p> <p>YEARS</p> <p>DK 998 RF 999</p>	<p>*PT33d.</p> <p>_____</p> <p>DAYS1 WEEKS2 MONTHS...3 YEARS.....4 DK98 RF99</p>

INTERVIEWER: IF EVENT IS ENDORSED, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.

	YES (1)	NO (5)	AGE How old were you when you were <u>first</u> in this situation?	DURATION How long were you in captivity?
<p>*PT34. (KEY PHRASE: kidnapped)</p> <p>Were you ever kidnapped or held captive?</p> <p>DK..... 8 RF..... 9</p>	<p>1</p> <p>CHECK OFF EVENT ON REF. CARD</p>	<p>5</p>	<p>*PT34a.</p> <p>_____</p> <p>YEARS</p> <p>DK 998 RF 999</p>	<p>*PT34b.</p> <p>_____</p> <p>DAYS1 WEEKS2 MONTHS...3 YEARS.....4 DK98 RF99</p>
<p>INTERVIEWER: IF RESPONDENT VOLUNTEERS INFORMATION ON MULTIPLE OCCURRENCES OF THIS EVENT TYPE, ENTER AGE AND DURATION FOR THE <u>SECOND</u> OCCURRENCE.</p>			<p>*PT34c.</p> <p>_____</p> <p>YEARS</p> <p>DK 998 RF 999</p>	<p>*PT34d.</p> <p>_____</p> <p>DAYS1 WEEKS2 MONTHS...3 YEARS.....4 DK98 RF99</p>

INTERVIEWER: IF EVENT IS ENDORSED, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.

YES (1)	NO (5)	AGE How old were you when you	#TIMES How many times (did that
Empty row for data entry			

			<u>first found out</u> about (this exposure/ one of these exposures)?	happen in your life)?
*PT35. (KEY PHRASE: toxic chemical exposure)			*PT35a.	*PT35b.
Were you ever exposed to a toxic chemical or substance that could cause you serious harm?	1	5	_____ YEARS	_____ TIMES
DK..... 8 RF..... 9	CHECK OFF EVENT ON REF. CARD		DK 998 RF 999	DK 998 RF 999
IF VOL "MAYBE, NOT SURE," CODE DK.				

INTERVIEWER: FOR EACH ENDORSED EVENT, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.			AGE	# TIMES
	YES (1)	NO (5)	How old were you the <u>first</u> time?	How many times (did that happen in your life)?
*PT36. (KEY PHRASE: automobile accident)			*PT36a.	*PT36b.
Were you ever involved in a life-threatening automobile accident?	1	5	_____ YEARS	_____ TIMES
DK..... 8 RF..... 9	CHECK OFF EVENT ON REF. CARD		DK 998 RF 999	DK 998 RF 999
*PT37. (KEY PHRASE: life-threatening accident)			*PT37a.	*PT37b.
Were you in any other life- threatening accident, including on your job?	1	5	_____ YEARS	_____ TIMES
DK..... 8 RF..... 9	CHECK OFF EVENT ON REF. CARD		DK 998 RF 999	DK 998 RF 999

<p>*PT38. (KEY PHRASE: natural disaster)</p> <p>Were you ever involved in a major natural disaster, like a devastating flood, hurricane, or earthquake?</p> <p>DK..... 8 RF..... 9</p>	<p>1</p> <p>CHECK OFF EVENT ON REF. CARD</p>	<p>5</p>	<p>*PT38a.</p> <p>_____</p> <p>YEARS</p> <p>DK..... 998 RF..... 999</p>	<p>*PT38b.</p> <p>_____</p> <p>TIMES</p> <p>DK..... 998 RF..... 999</p>
<p>*PT39. (KEY PHRASE: man-made disaster)</p> <p>[Other than the time(s) you've already told me about,] Were you ever in a man-made disaster, like a fire started by a cigarette, or a bomb explosion?</p> <p>DK..... 8 RF..... 9</p> <p>INTERVIEWER: DO NOT RECORD TOXIC CHEMICAL EXPOSURE.</p>	<p>1</p> <p>CHECK OFF EVENT ON REF. CARD</p>	<p>5</p>	<p>*PT39a.</p> <p>_____</p> <p>YEARS</p> <p>DK..... 998 RF..... 999</p>	<p>*PT39b.</p> <p>_____</p> <p>TIMES</p> <p>DK..... 998 RF..... 999</p>
<p>*PT40. (KEY PHRASE: life-threatening illness)</p> <p>Did you ever have a life-threatening illness?</p> <p>DK..... 8 RF..... 9</p>	<p>1</p> <p>CHECK OFF EVENT ON REF. CARD</p>	<p>5</p>	<p>*PT40a.</p> <p>_____</p> <p>YEARS</p> <p>DK..... 998 RF..... 999</p>	<p>*PT40b.</p> <p>_____</p> <p>TIMES</p> <p>DK..... 998 RF..... 999</p>

INTERVIEWER: FOR EACH ENDORSED EVENT, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.

AGE	# TIMES
How old were you the <u>first</u> time?	How many times (did that happen in your life)?
	IF "ONGOING" FOR A PERIOD IN

YES (1)	NO (5)
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<p>*PT41. (KEY PHRASE: beaten up as a child by caregiver)</p> <p>As a child, were you ever badly beaten up by your <u>parents</u> or the people who raised you?</p> <p>DK..... 8 RF..... 9</p>	<p>1</p> <p>CHECK OFF EVENT ON REF. CARD</p>	<p>5</p>	<p>*PT41a.</p> <p>_____</p> <p>YEARS</p> <p>DK..... 998 RF..... 999</p>	<p>*PT41b.</p> <p>_____</p> <p>TIMES</p> <p>DK..... 998 RF..... 999</p>
<p>*PT42. (KEY PHRASE: beaten up by a spouse or romantic partner)</p> <p>Were you ever badly beaten up by a spouse or romantic partner?</p> <p>DK..... 8 RF..... 9</p>	<p>1</p> <p>CHECK OFF EVENT ON REF. CARD</p>	<p>5</p>	<p>*PT42a.</p> <p>_____</p> <p>YEARS</p> <p>DK..... 998 RF..... 999</p>	<p>*PT42b.</p> <p>_____</p> <p>TIMES</p> <p>DK..... 998 RF..... 999</p>

<p>*PT43. (KEY PHRASE: beaten by somebody else)</p> <p>Were you ever badly beaten up by anyone else?</p> <p>DK..... 8 RF..... 9</p>	<p>1</p> <p>CHECK OFF EVENT ON REF. CARD</p>	<p>5</p>	<p>*PT43a.</p> <p>_____</p> <p>YEARS</p> <p>DK..... 998 RF..... 999</p>	<p>*PT43b.</p> <p>_____</p> <p>TIMES</p> <p>DK..... 998 RF..... 999</p>
<p>*PT44. (KEY PHRASE: mugged or threatened with a weapon)</p> <p>Were you ever mugged, held up, or threatened with a weapon?</p> <p>DK..... 8 RF..... 9</p>	<p>1</p> <p>CHECK OFF EVENT ON REF. CARD</p>	<p>5</p>	<p>*PT44a.</p> <p>_____</p> <p>YEARS</p> <p>DK..... 998 RF..... 999</p>	<p>*PT44b.</p> <p>_____</p> <p>TIMES</p> <p>DK..... 998 RF..... 999</p>
<p>*PT45. (KEY PHRASE: raped)</p> <p>The next two questions are about sexual assault. The first is about rape. We define this as someone either having sexual intercourse with you or penetrating your body with a finger or object when you did not want them to, either by threatening you or by using force, or when you were so young that you did not know what was happening. Did this ever happen to you?</p> <p>DK..... 8 RF..... 9</p>	<p>1</p> <p>CHECK OFF EVENT ON REF. CARD</p>	<p>5</p>	<p>*PT45a.</p> <p>_____</p> <p>YEARS</p> <p>DK..... 998 RF..... 999</p>	<p>*PT45b.</p> <p>_____</p> <p>TIMES</p> <p>DK..... 998 RF..... 999</p>
<p>INTERVIEWER: FOR EACH ENDORSED EVENT, ASK THE FOLLOW-UP QUESTIONS AT RIGHT.</p>			<p>AGE</p> <p>How old were you the <u>first</u> time?</p>	<p># TIMES</p> <p>How many times (did that happen in your life)?</p>
<p>YES (1) NO (5)</p>			<p>IF "ONGOING" FOR A PERIOD IN</p>	
<p>*PT46. (KEY PHRASE: sexually assaulted)</p> <p>Other than rape, were you ever sexually assaulted or molested?</p> <p>DK..... 8 RF..... 9</p>	<p>1</p> <p>CHECK OFF EVENT ON REF. CARD</p>	<p>5</p>	<p>*PT46a.</p> <p>_____</p> <p>YEARS</p> <p>DK..... 998 RF..... 999</p>	<p>*PT46b.</p> <p>_____</p> <p>TIMES</p> <p>DK..... 998 RF..... 999</p>
<p>*PT47. (KEY PHRASE: stalked)</p> <p>Has someone ever stalked you – that is, followed you or kept track of your activities in a way that made you feel you were in serious danger?</p> <p>DK..... 8 RF..... 9</p>	<p>1</p> <p>CHECK OFF EVENT ON REF. CARD</p>	<p>5</p>	<p>*PT47a.</p> <p>_____</p> <p>YEARS</p> <p>DK..... 998 RF..... 999</p>	<p>*PT47b.</p> <p>_____</p> <p>TIMES</p> <p>DK..... 998 RF..... 999</p>

INTERVIEWER: FOR EACH ENDORSED EVENT,
ASK THE FOLLOW-UP QUESTIONS AT RIGHT.

	YES (1)	NO (5)	AGE	# TIMES
			How old were you the <u>first</u> time?	How many times (has that happened in your life)?
				IF "ONGOING" FOR A PERIOD IN
<p>*PT48. (KEY PHRASE: unexpected death of a loved one)</p> <p>Did someone very close to you ever die unexpectedly; for example, they were killed in an accident, murdered, committed suicide, or had a fatal heart attack at a young age?</p> <p>DK..... 8 RF..... 9</p>	1	5	<p>*PT48a.</p> <p>_____</p> <p>YEARS</p> <p>DK..... 998 RF..... 999</p>	<p>*PT48b.</p> <p>_____</p> <p>TIMES</p> <p>DK..... 998 RF..... 999</p>
<p>*PT49. (KEY PHRASE: child's serious illness)</p> <p>(Other than the death of your child you just mentioned) Did you ever have a son or daughter who had a life-threatening illness or injury?</p> <p>DK..... 8 RF..... 9</p>	1	5	<p>*PT49a.</p> <p>_____</p> <p>YEARS</p> <p>DK..... 998 RF..... 999</p>	<p>*PT49b.</p> <p>_____</p> <p>TIMES</p> <p>DK..... 998 RF..... 999</p>
<p>*PT50. (KEY PHRASE: traumatic event to love one)</p> <p>Did anyone very close to you ever have an extremely traumatic experience, like being kidnapped, tortured or raped?</p> <p>DK..... 8 RF..... 9</p>	1	5	<p>*PT50a.</p> <p>_____</p> <p>YEARS</p> <p>DK..... 998 RF..... 999</p>	<p>*PT50b.</p> <p>_____</p> <p>TIMES</p> <p>DK..... 998 RF..... 999</p>
<p>*PT50. 1 (KEY PHRASE: witnessed physical fights at home)</p> <p>When you were a child did you ever witness serious physical fights at home, like when you father beat up your mother?</p> <p>DK..... 8 RF..... 9</p>	1	5	<p>*PT50.1a.</p> <p>_____</p> <p>YEARS</p> <p>DK..... 998 RF..... 999</p>	<p>*PT50.1b.</p> <p>_____</p> <p>TIMES</p> <p>DK..... 998 RF..... 999</p>
<p>*PT51. (KEY PHRASE: witnessed death or dead body or saw someone seriously hurt)</p> <p>Did you ever see someone being badly injured or killed, or unexpectedly see a dead body?</p> <p>DK..... 8 RF..... 9</p>	1	5	<p>*PT51a.</p> <p>_____</p> <p>YEARS</p> <p>DK..... 998 RF..... 999</p>	<p>*PT51b.</p> <p>_____</p> <p>TIMES</p> <p>DK..... 998 RF..... 999</p>

INTERVIEWER: FOR EACH ENDORSED EVENT,
ASK THE FOLLOW-UP QUESTIONS AT RIGHT.

	YES (1)	NO (5)	AGE	# TIMES
			How old were you the <u>first</u> time?	How many times (has that happened in your life)?
			IF "ONGOING" FOR A PERIOD IN	
<p>*PT52. (KEY PHRASE: accidentally caused serious injury or death)</p> <p>Did you ever <u>do</u> something that <u>accidentally</u> led to the serious injury or death of another person?</p> <p>IF VOL "MAYBE, NOT SURE," CODE NO.</p> <p>DK..... 8 RF..... 9</p>	1	5	<p>*PT52a.</p> <p>_____</p> <p>YEARS</p> <p>DK..... 998 RF..... 999</p>	<p>*PT52b.</p> <p>_____</p> <p>TIMES</p> <p>DK..... 998 RF..... 999</p>
<p>*PT53. (KEY PHRASE: purposely injured, tortured or killed someone)</p> <p>(Other than what you already told me about,) Did you ever <u>on purpose</u> either seriously injure, torture, or kill another person?</p> <p>DK..... 8 RF..... 9</p>	1	5	<p>*PT53a.</p> <p>_____</p> <p>YEARS</p> <p>DK..... 998 RF..... 999</p>	<p>*PT53b.</p> <p>_____</p> <p>TIMES</p> <p>DK..... 998 RF..... 999</p>
<p>*PT54. (KEY PHRASE: saw atrocities)</p> <p>Did you ever see atrocities or carnage such as mutilated bodies or mass killings?</p> <p>DK..... 8 RF..... 9</p>	1	5	<p>*PT54a.</p> <p>_____</p> <p>YEARS</p> <p>DK..... 998 RF..... 999</p>	<p>*PT54b.</p> <p>_____</p> <p>TIMES</p> <p>DK..... 998 RF..... 999</p>
<p>*PT54.1. (KEY PHRASE: OPT. #1)</p> <p>Did you ever (OPTIONAL EVENT #1)?</p> <p>DK..... 8 RF..... 9</p>	1	5	<p>*PT54.1a.</p> <p>_____</p> <p>YEARS</p> <p>DK..... 998 RF..... 999</p>	<p>*PT54.1b.</p> <p>_____</p> <p>TIMES</p> <p>DK..... 998 RF..... 999</p>
<p>*PT54.2. (KEY PHRASE: OPT. #2)</p> <p>Did you ever (OPTIONAL EVENT #2)?</p> <p>DK..... 8 RF..... 9</p>	1	5	<p>*PT54.2a.</p> <p>_____</p> <p>YEARS</p> <p>DK..... 998 RF..... 999</p>	<p>*PT54.2b.</p> <p>_____</p> <p>TIMES</p> <p>DK..... 998 RF..... 999</p>

INTERVIEWER: FOR EACH ENDORSED EVENT,
ASK THE FOLLOW-UP QUESTIONS AT RIGHT.

	YES (1)	NO (5)	AGE	# TIMES
			How old were you the <u>first</u> time?	How many times (has that happened in your life)?
			IF "ONGOING" FOR A PERIOD IN	
*PT54.3. (KEY PHRASE: OPT. #3) Did you ever (OPTIONAL EVENT #3)? DK..... 8 RF..... 9	1	5	*PT54.3a. _____ YEARS DK..... 998 RF..... 999	*PT54.3b. _____ TIMES DK..... 998 RF..... 999
*PT54.4. (KEY PHRASE: OPT. #4) Did you ever (OPTIONAL EVENT #2)? DK..... 8 RF..... 9	1	5	*PT54.4a. _____ YEARS DK..... 998 RF..... 999	*PT54.4b. _____ TIMES DK..... 998 RF..... 999
*PT54.5. (KEY PHRASE: OPT. #5) Did you ever (OPTIONAL EVENT #5)? DK..... 8 RF..... 9	1	5	*PT54.5a. _____ YEARS DK..... 998 RF..... 999	*PT54.5b. _____ TIMES DK..... 998 RF..... 999

YES (1)	NO (5)
1	5
CHECK OFF EVENT ON REF. CARD	GO TO *PT57

***PT55.** Did you ever experience any other extremely traumatic or life-threatening event that I haven't asked about yet?

 DK..... 8 GO TO *PT57
 RF..... 9 GO TO *PT57

*PT55a. Briefly, what was the one most traumatic event that you have not reported?

REFUSED9 GO TO *PT57

RECORD BRIEF DESCRIPTION OF EVENT: _____

*PT55b. (IF NEC: Was this a one-time event or was it ongoing over a period of days, weeks, months, or even years?)

ONE-TIME EVENT 1
ONGOING EVENT 2
DON'T KNOW 8
REFUSED 9

*PT55c. [IF NEC: How old were you when (EVENT IN *PT55a / this happened / this started)?]
(IF NEC: How old were you when you first learned about it?)

_____ YEARS OLD

DON'T KNOW 998
REFUSED 999

*PT55c.1. INTERVIEWER CHECKPOINT: (SEE *PT55b)

ONGOING EVENT (*PT55b CODED '2') 1
ALL OTHERS 2 GO TO *PT56

*PT55d. (IF NEC: For how long were you in this situation / For how long did this continue?)

_____ DURATION NUMBER

CIRCLE UNIT
OF TIME: DAYS1 WEEKS... 2 MONTHS ... 3 YEARS ... 4

DON'T KNOW 98
REFUSED 99

*PT56. INTERVIEWER QUERY: (SEE *PT55a)

Did event in *PT55a involve threat of death or serious injury to R or to a close loved one?

(IF NEC, PROBE: Did this event involve threat of death or serious injury to you or to a close loved one?)

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

***PT57.** Sometimes people have experiences they don't want to talk about in interviews. I won't ask you to describe anything like this, but, without telling me what it was, did you ever have a traumatic event that you didn't tell me about because you didn't want to talk about it?

- YES..... 1 **CHECK OFF "PRIVATE EVENT" ON REFERENCE CARD, THEN GO TO *PT57a**
 NO 5 **GO TO *PT58**
 DON'T KNOW..... 8 **GO TO *PT58**
 REFUSED..... 9 **GO TO *PT58**

***PT57a.** How old were you when your most upsetting event like this happened? Or, if it was an ongoing event, how old were you when it started and for how long were you in this situation?

If I ask you any further questions about this event, I will refer to it as your "private event."

_____ YEARS OLD

_____ DURATION NUMBER FOR ONGOING EVENTS

CIRCLE UNIT OF TIME:

DAYS1 WEEKS.....2 MONTHS3 YEARS4

DON'T KNOW..... 98

REFUSED 99

***PT58. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD, POST TRAUMATIC STRESS DISORDER SECTION)**

STEP 1. IN THE SEQUENTIAL NUMBER COLUMN, STARTING WITH ONE, NUMBER SEQUENTIALLY EACH ENDORSED EVENT TYPE (1, 2, 3, 4,...). CIRCLE THE TOTAL NUMBER OF EVENT TYPES REPORTED IN THE LEFT-HAND COLUMN BELOW

STEP 2. IN COLUMNS 0-9 IN THE GRID, FIND THE COLUMN HEADING THAT MATCHES THE LAST DIGIT OF R'S ID. MOVE DOWN THIS COLUMN UNTIL YOU ARE AT THE ROW WITH THE TOTAL NUMBER OF EVENT TYPES CIRCLED. CIRCLE THE NUMBER IN THIS COLUMN.

THIS WILL BE THE ASSIGNED RANDOM EVENT TYPE. CIRCLE THE CORRESPONDING NUMBER IN THE SEQUENTIAL NUMBER COLUMN ON THE **REFERENCE CARD** IN THE ***PT SECTION**.

RANDOMLY ASSIGNED EVENT TYPE										
TOTAL NUMBER OF EVENT TYPES REPORTED	R'S ID NUMBER ENDS IN THE NUMBER									
	0	1	2	3	4	5	6	7	8	9
1	1	1	1	1	1	1	1	1	1	1
2	1	2	1	2	1	2	1	2	1	2
3	1	2	3	1	2	3	1	2	3	1
4	2	3	4	1	2	3	4	1	2	3
5	3	4	5	1	2	3	4	5	1	2
6	3	4	5	6	1	2	3	4	5	6
7	1	2	3	4	5	6	7	1	2	3

8	4	5	6	7	8	1	2	3	4	5
9	6	7	8	9	1	2	3	4	5	6
10	7	8	9	10	1	2	3	4	5	6
11	7	8	9	10	11	1	2	3	4	5
12	6	7	8	9	10	11	12	1	2	3
13	4	5	6	7	8	9	10	11	12	13
14	1	2	3	4	5	6	7	8	9	10
15	11	12	13	14	15	1	2	3	4	5
16	6	7	8	9	10	11	12	13	14	15
17	16	17	1	2	3	4	5	6	7	8
18	9	10	11	12	13	14	15	16	17	18
19	1	2	3	4	5	6	7	8	9	10
20	11	12	13	14	15	16	17	18	19	20
21	1	2	3	4	5	6	7	8	9	10
22	11	12	13	14	15	16	17	18	19	20
23	21	22	23	1	2	3	4	5	6	7
24	8	9	10	11	12	13	14	15	16	17
25	18	19	20	21	22	23	24	25	1	2
26	3	4	5	6	7	8	9	10	11	12
27	13	14	15	16	17	18	19	20	21	22
28	23	24	25	26	27	28	1	2	3	4
29	5	6	7	8	9	10	11	12	13	14
30	15	16	17	18	19	20	21	22	23	24
31	25	26	27	28	29	30	31	1	2	3
32	4	5	6	7	8	9	10	11	12	13
33	14	15	16	17	18	19	20	21	22	23

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

STEP 4. LOOK AT THE ASSIGNED RANDOM EVENT ON THE REFERENCE CARD AND THE NUMBER OF OCCURRENCES. IN THE LEFT-HAND COLUMN BELOW, CIRCLE THE TOTAL TIMES THE RANDOM EVENT OCCURRED.

IN COLUMNS 0-9 IN THE GRID, FIND THE COLUMN HEADING THAT MATCHES THE LAST DIGIT OF R'S ID. MOVE DOWN THIS COLUMN UNTIL YOU ARE AT THE ROW WITH THE TOTAL NUMBER OF OCCURRENCES CIRCLED. CIRCLE THE NUMBER IN THIS COLUMN.

THIS NUMBER INDICATES WHICH OCCURRENCE OF THE RANDOM EVENT WILL BE PROBED. CIRCLE THE CORRESPONDING NUMBER IN THE # TIMES COLUMN ON REFERENCE CARD, *PT SECTION.

OCCURRENCE TO BE PROBED										
TOTAL TIMES	R'S ID NUMBER ENDS IN THE NUMBER									
	0	1	2	3	4	5	6	7	8	9
1 OR "ONGOING"	1	1	1	1	1	1	1	1	1	1
2	1	2	1	2	1	2	1	2	1	2
3	1	2	3	1	2	3	1	2	3	1
4 OR MORE, DK, RF	MOST RECENT OCCURRENCE									

***PT59. INTERVIEWER: RECORD RANDOM EVENT**

PT59a. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD, *PT SECTION)

RECORD SEQUENTIAL NUMBER OF THE RANDOM EVENT FROM RIGHT HAND COLUMN OF REFERENCE CARD

_____ SEQUENTIAL NUMBER

PT59b. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD, *PT SECTION)

RECORD EVENT OCCURANCE NUMBER (SEE *PT58, STEP 4)

- THE EVENT IS IN *PT29 - *PT34 1
- FIRST OCCURRENCE, ONLY OCCURRENCE, OR 'ONGOING' OCCURRENCE..... 2
- SECOND OCCURRENCE..... 3
- THIRD OCCURRENCE 4
- MOST RECENT OCCURRENCE..... 5

PT59c. NOTE AGE AT TIME OF RANDOM EVENT:
 [IF NEC: How old were you (when/ the first time/ the second time/ the third time/ the most recent time)
 (RANDOM EVENT) (happened/ started)?

_____ YEARS OLD

DON'T KNOW998
 REFUSED999

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

***PT60. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD, POST TRAUMATIC STRESS DISORDER)**

ONLY 1 EVENT TYPE 1
 ALL OTHERS 2 GO TO *PT61

***PT60.1. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD, POST TRAUMATIC STRESS DISORDER)**

THE EVENT IS IN *PT29 - *PT34 SERIES 1 GO TO *PT118
 THE EVENT OCCURRED ONLY ONCE 2 GO TO *PT118
 ALL OTHERS 3 GO TO *PT62 INTRO 1

***PT61. INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD, POST TRAUMATIC STRESS DISORDER)**

2 OR 3 DIFFERENT EVENT TYPES 1 GO TO *PT62 INTRO 2
 ALL OTHERS 2 GO TO *PT62 INTRO 3

<p>*PT62 INTRO 1. Let me review. You experienced (NUMBER) (KEY PHRASE OF EVENT TYPE). After an experience like this, people sometimes have problems like upsetting memories or dreams, feeling emotionally distant from other people, trouble sleeping or concentrating, and feeling jumpy or easily startled. Did you have any of these problems after [(either/any) [EVENT TYPE]/ of these experiences]?</p>	<p>*PT62 INTRO 2. Let me review. You had (two/ three) different types of traumatic events: [KEY PHRASES OF ALL EVENT TYPES] (and a private event). After experiences like these, people sometimes have problems like upsetting memories or dreams, feeling emotionally distant from other people, trouble sleeping or concentrating, and feeling jumpy or easily startled. Did you have any of these problems after any of the traumatic experiences you have gone through?</p>	<p>*PT62 INTRO 3. Let me review. You had quite a few different traumatic experiences, like: [KEY PHRASES OF 3 EVENT TYPES] (and a private event). After experiences like these, people sometimes have problems like upsetting memories or dreams, feeling emotionally distant from other people, trouble sleeping or concentrating, and feeling jumpy or easily startled. Did you have any of these problems after any of the traumatic experiences you have gone through?</p>
<p>YES 1 GO TO *PT62.2 NO 5 DON'T KNOW 8 REFUSED 9</p>		

***PT62.1. INTERVIEWER CHECKPOINT: (SEE RESPONDENT'S ID NUMBER)**

R'S ID NUMBER ENDS IN 1 OR 2 1 GO TO *PT119
 ALL OTHERS 2 GO TO *PH1, NEXT SECTION

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

YES.....1
NO.....5 **GO TO *PT64**
DON'T KNOW.....8 **GO TO *PT64**
REFUSED.....9 **GO TO *PT64**

***PT62.2a.** How old were you the first time [you talked to a professional about (this problem/any of these problems)?

_____ YEARS OLD

DON'T KNOW.....998
REFUSED.....999

***PT64.** Of the [experiences you mentioned to me/ (NUMBER) times (EVENT TYPE)s happened] which one caused you the most problems like upsetting memories or dreams, feeling emotionally distant, trouble sleeping or concentrating, or feeling jumpy or easily startled. That is, which one experience caused the largest number or most severe problems?

IF NEC: REVIEW ENDORSED EVENTS.

[(IF "DON'T KNOW," PROBE: Which (EVENT TYPE/of these very upsetting events) happened most recently?]

DON'T KNOW.....998
REFUSED.....999

RECORD WORST EVENT:

***PT64a.** INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD, *PT SECTION)

RECORD EVENT TYPE SEQUENTIAL NUMBER OF THE WORST EVENT

_____ EVENT TYPE NUMBER

***PT64b.** [IF NEC: Which occurrence was this (-- the first time, the second time...)?]

NOTE OCCURRENCE (E.G., "FIRST TIME," "ONLY TIME," "ONGOING," ETC.):

OCCURRENCE: _____

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

***PT64c.** NOTE AGE AT TIME OF WORST EVENT:

[IF NEC: How old were you when that (happened/ started)?]

_____ YEARS OLD

DON'T KNOW.....998
REFUSED.....999

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

RANDOM EVENT AND WORST EVENT ARE THE SAME TYPE OF EVENT 1
ALL OTHERS 5 GO TO *PT66.1

*PT66. INTERVIEWER CHECKPOINT: (SEE *PT59b AND *PT64b)

RANDOM EVENT AND WORST EVENT ARE THE SAME
OCCURRENCE OF THE SAME EVENT 1 GO TO *PT122
THIS EVENT WILL NOW BE REFERRED TO AS "RANDOM EVENT."

ALL OTHERS 5

***PT66.1.** (RB, PG ■ FOR EACH EVENT ENDORSED, ASK R TO MARK IT IN THE RB.) INTERVIEWER CHECKPOINT: (SEE REFERENCE CARD, *PT SECTION): PROBE TO FIND WHETHER ANY OTHER REPORTED EVENTS ARE LINKED TO THE RANDOM EVENT. PROBE ONLY FOR PLAUSIBLE COMBINATIONS. IF THERE ARE NO PLAUSIBLE COMBINATIONS OR NO LINKED EVENTS, CODE '35'.

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

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

INTERVIEWER: CIRCLE ALL THAT APPLY.

- COMBAT EXPERIENCE 1
- RELIEF WORKER IN WAR ZONE..... 2
- CIVILIAN IN WAR ZONE 3
- CIVILIAN IN REGION OF TERROR..... 4
- REFUGEE..... 5
- KIDNAPPED..... 6
- TOXIC CHEMICAL EXPOSURE 7
- AUTOMOBILE ACCIDENT 8
- OTHER LIFE THREATENING ACCIDENT 9
- NATURAL DISASTER 10
- MAN-MADE DISASTER 11
- LIFE-THREATENING ILLNESS 12
- BEATEN UP BY CAREGIVER 13
- BEATEN UP BY SPOUSE OR ROMANTIC PARTNER 14
- BEATEN UP BY SOMEONE ELSE 15
- MUGGED OR THREATENED WITH A WEAPON 16
- RAPED..... 17
- SEXUALLY ASSAULTED 18
- STALKED 19
- UNEXPECTED DEATH OF LOVED ONE..... 20
- CHILD WITH SERIOUS ILLNESS 21
- TRAUMATIC EVENT TO LOVED ONE 22
- WITNESSED DEATH OR DEAD BODY, OR SAW SOMEONE SERIOUSLY HURT 23
- ACCIDENTALLY CAUSED SERIOUS INJURY OR DEATH..... 24
- PURPOSELY INJURED, TORTURED, OR KILLED SOMEONE 25

SAW ATROCITIES	26
OPTIONAL EVENT #1	30
OPTIONAL EVENT #2	31
OPTIONAL EVENT #3	32
OPTIONAL EVENT #4	33
OPTIONAL EVENT #5	34
SOME OTHER EVENT.....	27
PRIVATE EVENT	28
WITNESSED PHYSICAL FIGHTS AT HOME.....	29
NO LINKED EVENTS / NO PLAUSIBLE COMBINATIONS.....	35

***PT66.2 INTERVIEWER QUERY: IS RANDOM EVENT LINKED TO THE "WORST EVENT"?**

YES.....1 **GO TO *PT122**
 NO5

INTERVIEWER: SEE ***PT64**, THEN PROBE:

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

	YES (1)	NO (5)	DK (8)	RF (9)
<p>*PT68. (RB, PG ■, FOR EACH ITEM ENDORSED, ASK R TO MARK IT IN THE RB): (Look at Group 1 on page ■ in your booklet.)</p> <p>In the <u>weeks</u>, <u>months</u>, or <u>years</u> after (the event/ this experience ended/ WORST EVENT), did you try not to think about (it/ what happened)?</p> <p>(KEY PHRASE: tried not to think about it)</p>	1	5	8	9
<p>*PT69. Did you purposely stay away from places, people or activities that reminded you of (it/ the event/ this experience/ WORST EVENT)?</p> <p>(KEY PHRASE: stayed away from reminders of it)</p>	1	5	8	9
<p>*PT70. Were you ever unable to remember some important parts of what happened?</p> <p>IF VOL "UNCONSCIOUS," "KNOCKED OUT," OR "HEAD INJURY," CODE NO.</p> <p>[KEY PHRASE: were unable to remember part(s) of it]</p>	1	5	8	9
<p>*PT71. Did you lose interest in doing things you used to enjoy?</p> <p>(KEY PHRASE: lost interest in things you used to enjoy)</p>	1	5	8	9
<p>*PT72. Did you feel emotionally distant or cut-off from other people?</p> <p>(KEY PHRASE: felt distant from other people)</p>	1	5	8	9
<p>*PT73. Did you have trouble feeling normal feelings like love, happiness, or warmth toward other people?</p> <p>(KEY PHRASE: had trouble feeling normal feelings)</p>	1	5	8	9
<p>*PT74. Did you feel you had no reason to plan for the future because you thought it would be cut short?</p> <p>(KEY PHRASE: felt you had no reason to plan for the future)</p>	1	5	8	9

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

ZERO RESPONSES CODED '1'1 **GO TO *PT116.1**
 ALL OTHERS2 **GO TO *PT86**

	YES (1)	NO (5)	DK (8)	RF (9)
<p>*PT86. (RB, PG ■ FOR EACH ITEM ENDORSED, ASK R TO MARK IT IN THE RB.) (Look at Group 2 on page ■ in your booklet.)</p> <p>Did you ever have repeated unwanted <u>memories</u> of (it/ the event/ this experience/ WORST EVENT) – that is, you <u>kept</u> remembering it even when you didn't want to?</p> <p>(KEY PHRASE: had unwanted memories)</p>	1	5	8	9
<p>*PT87. Did you ever have repeated unpleasant <u>dreams</u> about (it/ the event/ this experience/ WORST EVENT)?</p> <p>(KEY PHRASE: had unpleasant dreams)</p>	1	5	8	9
<p>*PT88. Did you have <u>flashbacks</u> – that is, suddenly <u>act</u> or <u>feel</u> as if (it/ the event/ this experience/ WORST EVENT) were happening all over again?</p> <p>(KEY PHRASE: had flashbacks)</p>	1	5	8	9
<p>*PT89. Did you get very <u>upset</u> when you were reminded of (it/ the event/ this experience/ WORST EVENT)?</p> <p>(KEY PHRASE: got really upset when reminded of it)</p>	1	5	8	9
<p>*PT90. When you were <u>reminded</u> of (it/ the event/ this experience/ WORST EVENT), did you ever have <u>physical</u> problems like <u>sweating</u>, your heart <u>racing</u>, or feeling shaky?</p> <p>(KEY PHRASE: had physical problems)</p>	1	5	8	9

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

ZERO RESPONSES CODED '1'1 GO TO *PT116.1
 ALL OTHERS2 GO TO *PT102

	YES (1)	NO (5)	DK (8)	RF (9)
<p>*PT102. (RB, PG ■. FOR EACH ITEM ENDORSED, ASK R TO MARK IT IN THE RB.) (Look at Group 3 on page ■ in your booklet.)</p> <p>During the time (this event/ this experience/ WORST EVENT) affected you <u>most</u>, did you have trouble falling or staying asleep?</p> <p>(KEY PHRASE: had sleep problems)</p>	1	5	8	9
<p>*PT103. Were you more <u>irritable</u> or short-tempered than you usually are?</p> <p>(KEY PHRASE: were irritable)</p>	1	5	8	9
<p>*PT104. Did you have more trouble <u>concentrating</u> or keeping your mind on what you were doing?</p> <p>(KEY PHRASE: had trouble concentrating)</p>	1	5	8	9
<p>*PT105. Were you much more alert or watchful, even when there was no real need to be?</p> <p>(KEY PHRASE: were more alert or watchful)</p>	1	5	8	9
<p>*PT106. Were you more <u>jumpy</u> or easily startled by ordinary noises?</p> <p>(KEY PHRASE: were jumpy or easily startled)</p>	1	5	8	9

***PT107.** INTERVIEWER CHECKPOINT: (SEE ***PT102 - *PT106**)

ZERO RESPONSES CODED '1'1 **GO TO *PT116.1**
 ALL OTHERS2 **GO TO *PT109**

***PT109.** You (KEY PHRASES FOR PROBLEMS REPORTED IN ***PT68-*PT74, *PT86-*PT90, *PT102 -*PT106**). How soon after (the event/ this experience/ WORST EVENT) did you start having [this problem/ (either/any) of these problems]?
 CODE "IMMEDIATELY" OR "SAME DAY" AS "0 DAYS"

_____ ONSET NUMBER

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

DON'T KNOW..... 98
 REFUSED..... 99

*PT110. For about how many days, weeks, months, or years did you continue to have [this problem/ (either/ any) of these problems]?

(IF VOL "IT'S STILL GOING ON," PROBE: How long has it been so far?)

(IF DK, PROBE, "Was it at least a month?" IF "YES", CODE '97' BELOW.)

_____ DURATION NUMBER

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

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

*PT111. INTERVIEWER CHECKPOINT: (SEE *PT110)

PROBLEMS LESS THAN 30 DAYS..... 1 GO TO *PT116.1
ALL OTHERS 2

*PT113. Think of the time when [this problem was/ these problems were] most frequent and intense. How often did (it/ they) occur – less than once a month, one to two times a month, three to five times a month, six to ten times a month, or more than ten times a month?

LESS THAN ONCE A MONTH..... 1 GO TO *PT116.1
ONE TO TWO TIMES A MONTH 2
THREE TO FIVE TIMES A MONTH 3
SIX TO TEN TIMES A MONTH 4
MORE THAN TEN TIMES A MONTH 5
DON'T KNOW 8
REFUSED 9

*PT114. How much distress did (this problem/ these problems) cause you – none, mild, moderate, severe, or very severe distress?

NONE1
MILD2
MODERATE.....3
SEVERE4
VERY SEVERE5
DON'T KNOW8
REFUSED9

*PT115. How much did (this problem/ these problems) disrupt or interfere with your normal, daily life – not at all, a little, some, a lot, or extremely?

NOT AT ALL.....1
A LITTLE.....2
SOME3
A LOT.....4
EXTREMELY.....5
DON'T KNOW8
REFUSED9

*PT116. INTERVIEWER CHECKPOINT: (SEE *PT114 *PT115)

RESPONSES CODED '3 - 5' IN *PT114 OR *PT115.....1 GO TO *PT120
ALL OTHERS2

*PT116.1. INTERVIEWER CHECKPOINT: (SEE RESPONDENT'S ID NUMBER)

R'S ID NUMBER ENDS IN 1 OR 2.....1 GO TO *PT120
ALL OTHERS2

*PT116.2. INTERVIEWER CHECKPOINT: (SEE *PT107)

*PT107 CODED '2'1 GO TO *PT261
ALL OTHERS2 GO TO *PH1, NEXT SECTION

*PT118. INTERVIEWER: (SEE *PT59)

You reported [EVENT RECORDED IN *PT59] when you were [AGE]. The next questions are about that experience.

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

GO TO *PT122

*PT119. INTERVIEWER: (*PT59)

The next questions are about an event which we select at random — for you it is the (first/ second/ third/ most recent) time you experienced [RANDOM EVENT RECORDED IN *PT59]. [How old were you at that time/ you were (AGE) when that happened? Is that correct]?

_____ YEARS OLD GO TO *PT122

DON'T KNOW 998

REFUSED 999

*PT120. INTERVIEWER: (SEE *PT59)

The next questions are about a second event, which we select at random — for you it is the (first/ second/ third/ most recent) time you experienced [RANDOM EVENT RECORDED IN *PT59]. [How old were you at that time/ you were (AGE) when that happened? Is that correct]?

_____ YEARS OLD

DON'T KNOW 998

REFUSED 999

*PT122. INTERVIEWER INSTRUCTION: CIRCLE THE NUMBER TO THE RIGHT OF R'S RANDOM EVENT TYPE.

THEN FOLLOW SKIP INSTRUCTION.

COMBAT EXPERIENCE	1	GO TO *PT123
RELIEF WORKER IN WAR ZONE	2	GO TO *PT123
CIVILIAN IN WAR ZONE.....	3	GO TO *PT123
CIVILIAN IN REGION OF TERROR	4	GO TO *PT123
REFUGEE	5	GO TO *PT124
KIDNAPPED.....	6	GO TO *PT139
TOXIC CHEMICAL EXPOSURE	7	GO TO *PT162
AUTOMOBILE ACCIDENT	8	GO TO *PT146
OTHER LIFE THREATENING ACCIDENT	9	GO TO *PT150
NATURAL DISASTER.....	10	GO TO *PT155
MAN-MADE DISASTER	11	GO TO *PT155
LIFE-THREATENING ILLNESS.....	12	GO TO *PT165
BEATEN UP BY CAREGIVER	13	GO TO *PT170
BEATEN UP BY SPOUSE OR ROMANTIC PARTNER.....	14	GO TO *PT170
BEATEN UP BY SOMEONE ELSE	15	GO TO *PT170
MUGGED OR THREATENED WITH A WEAPON.....	16	GO TO *PT168
RAPED	17	GO TO *PT170
SEXUALLY ASSAULTED	18	GO TO *PT170
STALKED	19	GO TO *PT188
UNEXPECTED DEATH OF LOVED ONE	20	GO TO *PT173
CHILD WITH SERIOUS ILLNESS	21	GO TO *PT177
TRAUMATIC EVENT TO LOVED ONE	22	GO TO *PT180
WITNESSED DEATH OR DEAD BODY, OR SAW SOMEONE SERIOUSLY HURT	23	GO TO *PT184
ACCIDENTALLY CAUSED SERIOUS INJURY OR DEATH.....	24	GO TO *PT195
PURPOSELY INJURED, TORTURED, OR KILLED SOMEONE	25	GO TO *PT199
SAW ATROCITIES	26	GO TO *PT204
OPTIONAL EVENT #1	30	GO TO *PT206.1
OPTIONAL EVENT #2.....	31	GO TO *PT206.1
OPTIONAL EVENT #3.....	32	GO TO *PT206.1
OPTIONAL EVENT #4.....	33	GO TO *PT206.1
OPTIONAL EVENT #5.....	34	GO TO *PT206.1
SOME OTHER EVENT	27	GO TO *PT206.1
PRIVATE EVENT	28	GO TO *PT206.1
WITNESSED PHYSICAL FIGHTS AT HOME.....	29	GO TO *PT206.1

***PT123. RANDOM EVENTS: COMBAT EXPERIENCE
RELIEF WORK OR PEACEKEEPER
CIVILIAN IN WAR
CIVILIAN IN REGION OF TERROR**

INTERVIEWER: IF NEC, PROBE AS FOLLOWS AND RECORD DETAILED PARAPHRASE:

(Briefly, where were you and what was the situation?)

DON'T KNOW 8
REFUSED 9

GO TO *PT125

***PT124. RANDOM EVENT: REFUGEE**

INTERVIEWER: IF NEC, PROBE AS FOLLOWS AND RECORD DETAILED PARAPHRASE:

(Briefly, where were you and what was the situation when you became a refugee?)

DON'T KNOW 8
REFUSED 9

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

- YES.....1
- NO5 **GO TO *PT126**
- R VOLUNTEERED "SAW A DEAD BODY"6
- DON'T KNOW8 **GO TO *PT126**
- REFUSED9 **GO TO *PT126**

*PT125a. [IF NEC: Who (did you see die)?] INTERVIEWER: CIRCLE ALL THAT APPLY.	IF VOL, RECORD # PEOPLE
R'S SPOUSE..... 1	
R'S PARENT (BIOLOGICAL, ADOPTED, STEP)...2	
R'S CHILD (BIOLOGICAL, ADOPTED, STEP).....3	
R'S SIBLING (BIOLOGICAL, ADOPTED, STEP) ..4	
OTHER RELATIVE5	
FRIEND.....6	
ACQUAINTANCE7	
STRANGER.....8	
DON'T KNOW98	
REFUSED99	

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

- YES..... 1
- NO5 **GO TO *PT127**
- DON'T KNOW8 **GO TO *PT127**
- REFUSED9 **GO TO *PT127**

*PT126a. (IF NEC: Who?) INTERVIEWER: CIRCLE ALL THAT APPLY.	IF VOL, RECORD # PEOPLE
R'S SPOUSE..... 1	
R'S PARENT (BIOLOGICAL, ADOPTED, STEP)...2	
R'S CHILD (BIOLOGICAL, ADOPTED, STEP).....3	
R'S SIBLING (BIOLOGICAL, ADOPTED, STEP) ..4	
OTHER RELATIVE5	
FRIEND.....6	
ACQUAINTANCE7	
STRANGER.....8	
DON'T KNOW98	
REFUSED99	

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

- YES..... 1
- NO.....5 **GO TO *PT128**
- DON'T KNOW..... 8 **GO TO *PT128**
- REFUSED.....9 **GO TO *PT128**

*PT127a. (IF NEC: Who?) INTERVIEWER: CIRCLE ALL THAT APPLY.	IF VOL, RECORD # PEOPLE
RESPONDENT 1	
R'S SPOUSE..... 2	
R'S PARENT (BIOLOGICAL, ADOPTED, STEP)...3	
R'S CHILD (BIOLOGICAL, ADOPTED, STEP).....4	
R'S SIBLING (BIOLOGICAL, ADOPTED, STEP) ..5	
OTHER RELATIVE 6	
FRIEND..... 7	
ACQUAINTANCE 8	
STRANGER 9	
DON'T KNOW98	
REFUSED 99	

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

- YES..... 1
- NO5
- DON'T KNOW..... 8
- REFUSED.....9

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

INTERVIEWER: SEE TABLE ON NEXT PAGE FOR COUNTRY CODES.

INTERVIEWER: CIRCLE COUNTRY OR COUNTRIES THAT APPLY.

_____ COUNTRY CODE(S)

THIS COUNTRY.....223 **GO TO *PT130**

OTHER (SPECIFY:)224 _____

DON'T KNOW998 **GO TO *PT130**

REFUSED999 **GO TO *PT130**

North and Central America

BELIZE
 CANADA
 COSTA RICA
 EL SALVADOR
 GUATEMALA
 HONDURAS
 MEXICO
 NICARAGUA
 PANAMA
 UNITED STATES

South America

ARGENTINA
 BOLIVIA
 BRAZIL
 CHILE
 COLOMBIA
 ECUADOR
 FALKLAND ISLAND
 GUYANA
 PARAGUAY
 PERU
 SURINAME
 URUGUAY
 VENEZUELA

Africa

ALGERIA
 ANGOLA
 BENIN
 BOTSWANA
 BURKINA FASO
 CAMEROON
 CENTRAL AFRICAN REPUBLIC
 CHAD
 CONGO
 COMOROS
 DJIBOUTI
 IVORY COAST
 EGYPT
 EQUATORIAL GUINEA
 ERITREA
 ETHIOPIA
 GABON
 GHANA
 GUINEA
 GUINEA-BISSAU
 KENYA
 LESOTHO
 LIBERIA
 LIBYA
 MADAGASCAR
 GAMBIA
 MALI
 MAURITANIA
 MOROCCO
 MOZAMBIQUE
 NAMIBIA

NIGER
 NIGERIA
 REP. OF THE CONGO
 REUNION
 RWANDA
 SENEGAL
 SIERRA LEONE
 SOMALIA
 SOUTH AFRICA
 SUDAN
 SWAZILAND
 TANZANIA
 TOGO
 TUNISIA
 UGANDA
 WESTERN SAHARA
 ZAMBIA
 ZIMBABWE
 MALAWI
 SAO TOME AND PRINCIPE
 WALLIS AND FUTUNA

Europe

ALBANIA
 AUSTRIA
 BELGIUM
 BOSNIA AND HERZEGOVINA
 BULGARIA
 CROATIA
 CYPRUS
 CZECH REPUBLIC
 DENMARK
 ESTONIA
 ENGLAND
 FINLAND
 FRANCE
 GERMANY
 GIBRALTAR
 GREECE
 GREENLAND
 HUNGARY
 ICELAND
 IRELAND
 ITALY
 LATVIA
 LITHUANIA
 LUXEMBOURG
 MONACO
 MACEDONIA
 NETHERLANDS
 NEW CALEDONIA
 NORWAY
 POLAND
 PORTUGAL
 ROMANIA
 SERBIA
 SCOTLAND
 SLOVAKIA
 SLOVENIA

SPAIN
 SWEDEN
 SWITZERLAND
 TURKEY
 MONTENEGRO
 MALTA
 ISLE OF MAN
 ANDORRA
 FAEROE ISLANDS
 LIECHTENSTEIN

Asia

AFGHANISTAN
 BANGLADESH
 BHUTAN
 BRUNEI
 BURMA/MYANMAR
 CAMBODIA
 CHINA
 FEDERATED STATES OF
 MICRONESIA
 GUAM
 HONG KONG
 INDIA
 INDONESIA
 JAPAN
 LAOS
 MALAYSIA
 MONGOLIA
 NEPAL
 NORTH KOREA
 PAKISTAN
 PHILIPPINES
 SINGAPORE
 SOUTH KOREA
 SRI LANKA
 TAIWAN
 THAILAND
 VIETNAM

Commonwealth of Independent States (RUSSIA)

ARMENIA
 AZERBAIJAN
 BELARUS
 GEORGIA
 KAZAKHSTAN
 KYRGYZSTAN
 MOLDOVA
 RUSSIA
 TAJIKISTAN
 TURKMENISTAN
 UKRAINE
 UZBEKISTAN

Middle East

GAZA STRIP
 IRAN
 IRAQ

ISRAEL
JORDAN
KUWAIT
LEBANON
OMAN
QATAR
SAUDI ARABIA
SYRIA
UNITED ARAB EMIRATES
WEST BANK
YEMEN
BAHRAIN

Islands

ANGUILLA
ANTIGUA AND BARBUDA
ARUBA
BARBADOS
CAYMAN ISLANDS
CUBA
DOMINICA
DOMINICAN REPUBLIC

GRENADA
HAITI
JAMAICA
MARIE GALANTE
MARTINIQUE
MONTSERRAT
NETHERLANDS ANTILLES
PUERTO RICO
ST. BARTHELEMY
ST. KITTS AND NEVIS
ST. LUCIA
ST. MARTIN
ST. VINCENT AND THE
GRENADINES
THE BAHAMAS
TRINIDAD
VIRGIN ISLANDS (BRITISH)
VIRGIN ISLANDS (U.S.)
AMERICAN SOMA ISLANDS
AUSTRALIA
CAPE VERDE
COOK ISLAND

FIJI
FRENCH POLYNESIA
JERSEY
KIRIBATI
MALDIVES
MARSHALL ISLANDS
MAYOTTE
MICRONESIA
NEW CALEDONIA
NEW ZEALAND
PALAU
PAPUA NEW GUINEA
SAMOA ISLANDS
SAN MARINO
SEYCHELLES
SOLOMON ISLANDS
TONGA
TUVALU
VANUATU
223.THIS COUNTRY
224.OTHER (SPECIFY)

*PT130. INTERVIEWER CHECKPOINT:

RANDOM EVENT IS COMBAT EXPERIENCE.....1
ALL OTHERS5 GO TO *PT206.1

*PT131. (IF NEC: What was your affiliation during your combat experience - were you in a military, or were you a non-military resistance fighter, freedom fighter, member of an organized liberation army, or part of a paramilitary group?)

INTERVIEWER: CIRCLE ALL THAT APPLY.

MILITARY1
NON-MILITARY RESISTANCE FIGHTER2
FREEDOM FIGHTER3
LIBERATION ARMY4
PARAMILITARY5
OTHER6
DON'T KNOW8
REFUSED.....9

*PT132. How many times did you go on combat patrol or have other very dangerous duty?

_____ TIMES

DON'T KNOW 998
REFUSED..... 999

*PT133. On how many different occasions did you fire rounds at the enemy?

_____ OCCASIONS

DON'T KNOW 998
REFUSED..... 999

*PT134. On how many different occasions did you see someone get hit either by incoming or outgoing rounds?

_____ OCCASIONS

DON'T KNOW 998
REFUSED..... 999

*PT135. How many times were you in danger of being injured or killed -- for example, how many times were you pinned down, overrun, ambushed, or near-missed?

_____ TIMES

DON'T KNOW 998
REFUSED..... 999

*PT136. How many times were you surrounded by the enemy?

_____ TIMES

DON'T KNOW 998
REFUSED..... 999

*PT137. What percentage of the (men/ people/ personnel) in your unit were killed, wounded or missing in action?

_____ PERCENT

DON'T KNOW 998
REFUSED..... 999

*PT138. How many days, weeks, months, or years altogether were you under enemy fire?

_____ DURATION NUMBER

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

DON'T KNOW 998
REFUSED..... 999

GO TO *PT206.1

***PT139. RANDOM EVENT: KIDNAPPED**

INTERVIEWER: IF NEC, PROBE AS FOLLOWS AND RECORD DETAILED PARAPHRASE:

(Briefly, what happened [when you were kidnapped at (AGE)]?)

DON'T KNOW 8
REFUSED 9

*PT140. (IF NEC: Who did this to you?)

INTERVIEWER: CIRCLE ALL THAT APPLY.

- R'S PARENT (BIOLOGICAL OR ADOPTED) 1
 - R'S STEPPARENT 2
 - OTHER FAMILY MEMBER 3
 - CURRENT OR FORMER SPOUSE OR ROMANTIC PARTNER 4
 - ACQUAINTANCE 5
 - INDIVIDUAL OR GROUP WORKING FOR A GOVERNMENT,
MILITARY, OR PARAMILITARY ORGANIZATION 6
 - TERRORISTS 7
 - OTHER STRANGER 8
 - DON'T KNOW 98
 - REFUSED 99
-

*PT141. (IF NEC: Were you seriously injured?)

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

*PT142. (IF NEC: Were you tortured?)

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

*PT143. (IF NEC: Were you sexually assaulted?)

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

*PT144. (IF NEC: Were you deprived of food, water, or medical care?)

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

*PT145. As you look back on this now, realistically is there anything you could have done to avoid being captured or held captive?

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

GO TO *PT206.1

***PT146. RANDOM EVENT: AUTO ACCIDENT**

Were you driving, a passenger, or a pedestrian?

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

***PT147. Whose fault was the accident?**

INTERVIEWER: CIRCLE ALL THAT APPLY.

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

***PT148. Was anyone killed?**

- YES..... 1
- NO 5 **GO TO *PT149**
- DON'T KNOW 8 **GO TO *PT149**
- REFUSED..... 9 **GO TO *PT149**

*PT148a. (IF NEC: Who?)	IF VOL, RECORD # PEOPLE
INTERVIEWER: CIRCLE ALL THAT APPLY.	
R'S SPOUSE 1	
R'S PARENT (BIOLOGICAL, ADOPTED, STEP)... 2	
R'S CHILD (BIOLOGICAL, ADOPTED, STEP) 3	
R'S SIBLING (BIOLOGICAL, ADOPTED, STEP)... 4	
OTHER RELATIVE 5	
FRIEND 6	
ACQUAINTANCE 7	
STRANGER 8	
DON'T KNOW 98	
REFUSED 99	

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

- YES..... 1
- NO 5 **GO TO *PT206.1**
- DON'T KNOW 8 **GO TO *PT206.1**
- REFUSED..... 9 **GO TO *PT206.1**

*PT149a. (IF NEC: Who?) INTERVIEWER: CIRCLE ALL THAT APPLY.	IF VOL, RECORD # PEOPLE
RESPONDENT 1	
R'S SPOUSE 2	
R'S PARENT (BIOLOGICAL, ADOPTED, STEP)... 3	
R'S CHILD (BIOLOGICAL, ADOPTED, STEP)..... 4	
R'S SIBLING (BIOLOGICAL, ADOPTED, STEP)... 5	
OTHER RELATIVE 6	
FRIEND..... 7	
ACQUAINTANCE 8	
STRANGER 9	
DON'T KNOW 98	
REFUSED 99	

GO TO *PT206.1

*PT150. RANDOM EVENT: OTHER ACCIDENT

INTERVIEWER: IF NEC, PROBE AS FOLLOWS AND RECORD DETAILED PARAPHRASE:

(Briefly, what happened [in the accident at (AGE)]?)

DON'T KNOW 8
REFUSED 9

*PT151. (IF NEC: Whose fault was the accident?)

INTERVIEWER: CIRCLE ALL THAT APPLY.

- R'S FAULT 1
- SOMEONE ELSE'S FAULT 2
- NO ONE'S FAULT 3
- DON'T KNOW 8
- REFUSED 9

*PT152. (IF NEC: Was anyone killed in the accident?)

- YES 1
- NO 5 **GO TO *PT153**
- DON'T KNOW 8 **GO TO *PT153**
- REFUSED 9 **GO TO *PT153**

*PT152a. (IF NEC: Who?) INTERVIEWER: CIRCLE ALL THAT APPLY.	IF VOL, RECORD # PEOPLE
R'S SPOUSE 1	
R'S PARENT (BIOLOGICAL, ADOPTED, STEP)... 2	
R'S CHILD (BIOLOGICAL, ADOPTED, STEP) 3	
R'S SIBLING (BIOLOGICAL, ADOPTED, STEP)... 4	
OTHER RELATIVE 5	
FRIEND 6	
ACQUAINTANCE 7	
STRANGER 8	
DON'T KNOW 98	
REFUSED 99	

*PT153. (IF NEC: Were you or was anyone else seriously injured?)

- YES 1
- NO 5 **GO TO *PT154**
- DON'T KNOW 8 **GO TO *PT154**
- REFUSED 9 **GO TO *PT154**

*PT153a. (IF NEC: Who?) INTERVIEWER: CIRCLE ALL THAT APPLY.	IF VOL, RECORD # PEOPLE
RESPONDENT 1	
R'S SPOUSE 2	
R'S PARENT (BIOLOGICAL, ADOPTED, STEP)... 3	
R'S CHILD (BIOLOGICAL, ADOPTED, STEP) 4	
R'S SIBLING (BIOLOGICAL, ADOPTED, STEP)... 5	
OTHER RELATIVE 6	
FRIEND 7	
ACQUAINTANCE 8	
STRANGER 9	
DON'T KNOW 98	
REFUSED 99	

***PT154.** As you look back on it now, realistically is there anything you could have done to prevent this accident from happening?

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

GO TO *PT206.1

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

INTERVIEWER: IF NEC, PROBE AS FOLLOWS AND RECORD DETAILED PARAPHRASE:

(Briefly, what happened?)

- DON'T KNOW 8
- REFUSED 9

***PT156.** [IF NEC: Did you see anyone die during (RANDOM EVENT)?]

- YES 1
- NO 5 **GO TO *PT157**
- (IF VOL:) "SAW A DEAD BODY" 6
- DON'T KNOW 8 **GO TO *PT157**
- REFUSED 9 **GO TO *PT157**

*PT156a. (IF NEC: Who?) INTERVIEWER: CIRCLE ALL THAT APPLY.	IF VOL, RECORD # PEOPLE
R'S SPOUSE 1	
R'S PARENT (BIOLOGICAL, ADOPTED, STEP)...2	
R'S CHILD (BIOLOGICAL, ADOPTED, STEP) 3	
R'S SIBLING (BIOLOGICAL, ADOPTED, STEP)...4	
OTHER RELATIVE 5	
FRIEND 6	
ACQUAINTANCE 7	
STRANGER 8	
DON'T KNOW 98	
REFUSED 99	

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

- YES 1
- NO 5 **GO TO *PT158**
- DON'T KNOW 8 **GO TO *PT158**
- REFUSED 9 **GO TO *PT158**

*PT157a. (IF NEC: Who?) INTERVIEWER: CIRCLE ALL THAT APPLY.	IF VOL, RECORD # PEOPLE
R'S SPOUSE 1	
R'S PARENT (BIOLOGICAL, ADOPTED, STEP)...2	
R'S CHILD (BIOLOGICAL, ADOPTED, STEP) 3	
R'S SIBLING (BIOLOGICAL, ADOPTED, STEP)...4	
OTHER RELATIVE 5	
FRIEND 6	
ACQUAINTANCE 7	
STRANGER 8	
DON'T KNOW 98	
REFUSED 99	

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

- YES 1
- NO 5 **GO TO *PT159**
- DON'T KNOW 8 **GO TO *PT159**
- REFUSED 9 **GO TO *PT159**

*PT158a. (IF NEC: Who?) INTERVIEWER: CIRCLE ALL THAT APPLY.	IF VOL, RECORD # PEOPLE
RESPONDENT1	
R'S SPOUSE2	
R'S PARENT (BIOLOGICAL, ADOPTED, STEP)...3	
R'S CHILD (BIOLOGICAL, ADOPTED, STEP)4	
R'S SIBLING (BIOLOGICAL, ADOPTED, STEP)...5	
OTHER RELATIVE6	
FRIEND.....7	
ACQUAINTANCE8	
STRANGER9	
DON'T KNOW98	
REFUSED99	

*PT159. [IF NEC: As a result of the (RANDOM EVENT), were you forced to leave your home?]

- YES 1
- NO5 **GO TO *PT160**
- DON'T KNOW8 **GO TO *PT160**
- REFUSED9 **GO TO *PT160**

*PT159a. (IF NEC: Did you have to leave it permanently or only temporarily?)

- PERMANENTLY LEFT HOME 1
- TEMPORARILY LEFT HOME2
- DON'T KNOW8
- REFUSED.....9

*PT160. INTERVIEWER CHECKPOINT:

- RANDOM EVENT IS NATURAL DISASTER1
- ALL OTHERS2 **GO TO *PT206.1**

PT161. (IF NEC: What kind of natural disaster was it?)

CIRCLE ALL THAT APPLY.

- FLOOD..... 1
- HURRICANE2
- TORNADO3
- EARTHQUAKE4
- TIDAL WAVE.....5
- MONSOON6
- FIRE7
- MISTRAL OR OTHER WIND.....8
- LIGHTNING.....9
- OTHER (SPECIFY) 10

DON'T KNOW98
REFUSED99

GO TO *PT206.1

***PT162.**

RANDOM EVENT: **TOXIC EXPOSURE**

INTERVIEWER: IF NEC, PROBE AS FOLLOWS AND RECORD DETAILED PARAPHRASE:

(Briefly, what happened? To what were you exposed?)

DON'T KNOW 8
REFUSED 9

***PT163.** (IF NEC: Were there or are there serious health consequences to you as a result of this exposure?)

YES 1
NO 5 **GO TO *PT206.1**
DON'T KNOW 8 **GO TO *PT206.1**
REFUSED 9 **GO TO *PT206.1**

***PT164.** (IF NEC: Has this exposure shortened your life expectancy?)

YES OR "PROBABLY" 1
"POSSIBLY" OR "MAYBE" 2
NO 5
DON'T KNOW 8
REFUSED 9

GO TO *PT206.1

***PT165. RANDOM EVENT: LIFE THREATENING ILLNESS**

CIRCLE ALL THAT APPLY.

(IF NEC: Briefly, what was the illness?)

- CANCERS (INCLUDING LEUKEMIAS) 1
 - CARDIO-VASCULAR 2
 - AUTO-IMMUNE 3
 - VIRAL ILLNESS 4
 - BACTERIAL ILLNESS 5
 - DIABETES 6
 - CONGENITAL ILLNESS
[INCLUDING CYSTIC FIBROSIS ("CF"), CEREBRAL PALSY ("CP")] 7
 - OTHER (SPECIFY) 8
-
-

- DON'T KNOW 98
 - REFUSED 99
-

***PT166. Are you fully recovered from the illness?**

- YES 1 **GO TO *PT206.1**
 - NO 5
 - DON'T KNOW 8
 - REFUSED 9
-

***PT167. Would you say your current prognosis is good, fair, poor or unknown to you?**

- GOOD 1
- FAIR 2
- POOR 3
- "UNKNOWN" 4
- DON'T KNOW 8
- REFUSED 9

GO TO *PT206.1

***PT168. RANDOM EVENT: MUGGED OR THREATENED WITH A WEAPON**

(IF NEC: Were you or was anyone with you seriously injured?)

- YES 1
- NO 5 **GO TO *PT169**
- DON'T KNOW 8 **GO TO *PT169**
- REFUSED 9 **GO TO *PT169**

*PT168a. (IF NEC: Who?) INTERVIEWER: CIRCLE ALL THAT APPLY.	IF VOL, RECORD # PEOPLE
RESPONDENT 1	
R'S SPOUSE 2	
R'S PARENT (BIOLOGICAL, ADOPTED, STEP)... 3	
R'S CHILD (BIOLOGICAL, ADOPTED, STEP) 4	
R'S SIBLING (BIOLOGICAL, ADOPTED, STEP)... 5	
OTHER RELATIVE 6	
FRIEND..... 7	
ACQUAINTANCE 8	
STRANGER 9	
DON'T KNOW 98	
REFUSED 99	

***PT169.** As you look back on this now, realistically is there anything you could have done to prevent the mugging from happening?

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

GO TO *PT206.1

***PT170. RANDOM EVENTS:** **BEATEN BY SPOUSE OR ROMANTIC PARTNER**
 BEATEN AS CHILD BY CAREGIVER
 BEATEN BY OTHER
 RAPED
 SEXUAL ASSAULTED

(IF NEC: Who did this to you [when you were (AGE) years old]?)

CIRCLE ALL THAT APPLY.

- SPOUSE OR ROMANTIC PARTNER 1
- PARENT/GUARDIAN..... 2
- STEP-RELATIVE..... 3
- OTHER RELATIVE..... 4
- SOMEONE ELSE R KNEW 5
- STRANGER..... 6
- DON'T KNOW 8
- REFUSED 9

***PT171.** Was it a one-time occurrence, or did it happen repeatedly over a period of days, weeks, months, or even years?

- ONE-TIME..... 1 **GO TO *PT172**
- REPEATEDLY..... 5
- DON'T KNOW..... 8 **GO TO *PT172**
- REFUSED 9 **GO TO *PT172**

*PT171a. (IF NEC: How long did this continue?)

_____ DURATION NUMBER

CIRCLE UNIT

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

DON'T KNOW..... 98

REFUSED..... 99

*PT172. As you look back on it now, realistically is there anything you could have done to prevent this from happening?

YES..... 1

NO..... 5

DON'T KNOW..... 8

REFUSED..... 9

GO TO *PT206.1

***PT173. RANDOM EVENT: UNEXPECTED DEATH OF LOVED ONE**

(IF NEC: What was your relationship to this person?)

R'S SPOUSE OR ROMANTIC PARTNER..... 1

R'S PARENT 2

R'S CHILD (BIOLOGICAL, ADOPTED, STEP) 3

R'S SIBLING..... 4

GRANDPARENT 5

OTHER RELATIVE, BY BLOOD OR MARRIAGE 6

NOT A FAMILY MEMBER 7

DON'T KNOW 8

REFUSED 9

*PT174. How did (this person/ PERSON) die?

HOMICIDE/MURDER..... 1 **GO TO *PT175**

SUICIDE 2

ACCIDENT..... 3 **GO TO *PT175**

ILLNESS OR HEALTH PROBLEMS... 4

MEDICAL MISHAP..... 5 **GO TO *PT175**

NATURAL DISASTER..... 6 **GO TO *PT175**

OTHER..... 7 **GO TO *PT175**

DON'T KNOW 8 **GO TO *PT175**

REFUSED 9 **GO TO *PT175**

*PT174a. [IF NEC: Had (he/she) been ill for a period of time before (his/her) death?]

- YES 1
 - NO 5
 - DON'T KNOW 8
 - REFUSED 9
- GO TO *PT175
GO TO *PT175
GO TO *PT175

*PT174b. [IF NEC: For about how long had (he/she) been ill?]

_____ DURATION NUMBER

CIRCLE UNIT

OF TIME: DAYS 1 WEEKS 2 MONTHS 3 YEARS 4

- DON'T KNOW 98
- REFUSED 99

*PT175. How old was (this person/PERSON) at the time of (his/her) death?

_____ YEARS OLD

- DON'T KNOW 998
- REFUSED 999

*PT176. Looking back on it now, is there any way you could have prevented this death from happening?

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

GO TO *PT206.1

*PT177. RANDOM EVENT: **CHILD WITH SERIOUS ILLNESS OR INJURY**

(IF NEC: How old was your child at the time of the injury or the beginning of the illness?)

_____ AGE OF CHILD

- DON'T KNOW 998
- REFUSED 999

*PT178. Was it an injury, a brief illness, or a lengthy illness?

- INJURY 1
- ILLNESS 2
- LENGTHY ILLNESS 3
- DON'T KNOW 8
- REFUSED 9

*PT179. Did your child recover fully from the (illness/ injury)?

- YES, CHILD RECOVERED 1
- NO, CHILD IS STILL AFFECTED..... 2
- FATAL INJURY OR ILLNESS/ CHILD DIED 3
- DON'T KNOW 8
- REFUSED 9

GO TO *PT206.1

*PT180. RANDOM EVENT: **TRAUMATIC EVENT TO A LOVED ONE**

INTERVIEWER: IF NEC, PROBE AS FOLLOWS AND RECORD DETAILED PARAPHRASE:

(Briefly, what happened, and to whom did it happen?)

- DON'T KNOW 8
- REFUSED 9

*PT181. INTERVIEWER INSTRUCTION: CODE TRAUMA TYPE(S) EXPERIENCED BY THE LOVED ONE AT THE TIME OF RANDOM EVENT. CIRCLE ALL THAT APPLY.

- COMBAT EXPERIENCE..... 1
- RELIEF WORKER IN WAR ZONE..... 2
- CIVILIAN IN WAR ZONE 3
- CIVILIAN IN REGION OF TERROR 4
- REFUGEE..... 5
- KIDNAPPED 6
- TOXIC CHEMICAL EXPOSURE 7
- AUTOMOBILE ACCIDENT 8
- OTHER LIFE THREATENING ACCIDENT 9
- NATURAL DISASTER 10
- MAN-MADE DISASTER..... 11
- LIFE-THREATENING ILLNESS 12
- BEATEN UP BY CAREGIVER..... 13
- BEATEN UP BY SPOUSE OR ROMANTIC PARTNER..... 14
- BEATEN UP BY SOMEONE ELSE..... 15
- MUGGED OR THREATENED WITH A WEAPON 16
- RAPED 17
- SEXUALLY ASSAULTED..... 18

STALKED.....19

UNEXPECTED DEATH OF LOVED ONE.....20

CHILD WITH SERIOUS ILLNESS.....21

TRAUMATIC EVENT TO LOVED ONE.....22

WITNESSED DEATH OR DEAD BODY, OR SAW SOMEONE SERIOUSLY HURT...23

ACCIDENTALLY CAUSED SERIOUS INJURY OR DEATH.....24

PURPOSELY INJURED, TORTURED, OR KILLED SOMEONE.....25

SAW ATROCITIES26

OPTIONAL EVENT #130

OPTIONAL EVENT #231

OPTIONAL EVENT #332

OPTIONAL EVENT #433

OPTIONAL EVENT #534

SOME OTHER EVENT (SPECIFY).....27

WITNESSED PHYSICAL FIGHTS AT HOME29

DON'T KNOW.....98

REFUSED.....99

*PT181a. [IF NEC: What (is/ was) your relationship to this loved one?) INTERVIEWER: CIRCLE ALL THAT APPLY.	IF VOL, RECORD # PEOPLE
R'S SPOUSE.....1	
R'S PARENT (BIOLOGICAL, ADOPTED, STEP)...2	
R'S CHILD (BIOLOGICAL, ADOPTED, STEP).....3	
R'S SIBLING (BIOLOGICAL, ADOPTED, STEP)...4	
OTHER RELATIVE5	
FRIEND.....6	
ACQUAINTANCE7	
STRANGER.....8	
DON'T KNOW98	
REFUSED99	

*PT182. (IF NEC: Did you see the trauma happen?)

- YES.....1 **GO TO *PT183**
- NO5
- DON'T KNOW8
- REFUSED.....9

*PT182a. How long after the trauma did you first learn about it?

CODE "IMMEDIATELY" OR "SAME DAY" AS "0 DAYS"

_____ DURATION NUMBER

CIRCLE UNIT OF TIME:

DAYS.....1 WEEKS.....2 MONTHS.....3 YEARS.....4

- DON'T KNOW.....8
- REFUSED.....9

*PT183. [IF NEC: Was (PERSON) seriously injured?]

- YES.....1
- NO5
- DON'T KNOW8
- REFUSED.....9

GO TO *PT206.1

*PT184. **RANDOM EVENT: WITNESSED DEATH OR DEAD BODY, OR
SAW SOMEONE SERIOUSLY INJURED**

INTERVIEWER: IF NEC, PROBE AS FOLLOWS AND RECORD DETAILED PARAPHRASE:

(Briefly, what happened?)

- DON'T KNOW8
- REFUSED9

***PT185. INTERVIEWER QUERY: WHAT WAS THE REASON FOR THE DEATH?**

CIRCLE ALL THAT APPLY.

- NATURAL DISASTER 1
- ACCIDENT 2
- HOMICIDE 3
- SUICIDE 4
- POLICE OR MILITARY ACTION 5
- OTHER 6
- DON'T KNOW 8
- R REFUSED TO SAY 9

***PT186. (IF NEC: Was it someone you knew or a stranger?)**

- SOMEONE KNOWN 1
- STRANGER 2 **GO TO *PT187**
- DON'T KNOW 8 **GO TO *PT187**
- REFUSED 9 **GO TO *PT187**

*PT186a. (IF NEC: Who?) INTERVIEWER: CIRCLE ALL THAT APPLY.	IF VOL, RECORD # PEOPLE
RESPONDENT 1	
R'S SPOUSE 2	
R'S PARENT (BIOLOGICAL, ADOPTED, STEP)... 3	
R'S CHILD (BIOLOGICAL, ADOPTED, STEP)..... 4	
R'S SIBLING (BIOLOGICAL, ADOPTED, STEP)... 5	
OTHER RELATIVE 6	
FRIEND 7	
ACQUAINTANCE 8	
DON'T KNOW 98	
REFUSED 99	

***PT187. (IF NEC: Did you see someone being killed, being hurt, or already dead?)**

- KILLED..... 1
- HURT 2
- ALREADY DEAD 3
- DON'T KNOW 8
- REFUSED 9

GO TO *PT206.1

*PT188.

RANDOM EVENT: STALKED

INTERVIEWER: IF NEC, PROBE AS FOLLOWS AND RECORD DETAILED PARAPHRASE:

(Briefly, what happened?)

- DON'T KNOW 8
- REFUSED 9

*PT189. (IF NEC: Was the stalker someone you knew or a stranger?)

- SOMEONE R KNEW 1
- STRANGER.....2 **GO TO *PT190**
- DON'T KNOW.....8 **GO TO *PT190**
- REFUSED9 **GO TO *PT190**

*PT189a. (IF NEC: Who was it?)

- A FORMER SPOUSE OR ROMANTIC PARTNER 1
- A RELATIVE.....2
- A STEP-RELATIVE.....3
- AN ACQUAINTANCE OR (FORMER) FRIEND 4
- DON'T KNOW 8
- REFUSED 9

*PT190. (IF NEC: Did the stalker threaten you or someone close to you?)

- YES 1
- NO.....5
- DON'T KNOW 8
- REFUSED9

*PT191. (IF NEC: Did the stalker ever break into your home, your car, your workplace, or the home of your friends or family?)

- YES 1
- NO.....5
- DON'T KNOW 8
- REFUSED9

*PT192. (IF NEC: Were you or was someone close to you injured by the stalker?)

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

*PT193. (IF NEC: Were you sexually assaulted by the stalker?)

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

*PT194. As you look back on it now, realistically is there anything you could have done to prevent (this/ the stalking)?

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

GO TO *PT206.1

***PT195.**

RANDOM EVENT: ACCIDENTALLY CAUSED SERIOUS INJURY OR DEATH

INTERVIEWER: IF NEC, PROBE AS FOLLOWS AND RECORD DETAILED PARAPHRASE:

(Briefly, what happened?)

- DON'T KNOW 8
- REFUSED 9

	IF VOL,
--	---------

*PT196. [IF NEC: Who (was the victim/ were the victims)?] INTERVIEWER: CIRCLE ALL THAT APPLY.	RECORD # PEOPLE
R'S SPOUSE..... 1	
R'S PARENT (BIOLOGICAL, ADOPTED, STEP).. 2	
R'S CHILD (BIOLOGICAL, ADOPTED, STEP)..... 3	
R'S SIBLING (BIOLOGICAL, ADOPTED, STEP).. 4	
OTHER RELATIVE..... 5	
FRIEND 6	
ACQUAINTANCE..... 7	
STRANGER..... 8	
DON'T KNOW..... 98	
REFUSED..... 99	

*PT197. [IF NEC: (Was/ Were) (he/ she/ they/ the victim/ the victims) partly responsible?]

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

*PT198. (IF NEC: Were you acting in the line of duty, as a police officer or a soldier, for example?)

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

GO TO *PT206.1

*PT199. RANDOM EVENT: **PURPOSELY INJURED, TORTURED, OR KILLED SOMEONE**

INTERVIEWER: IF NEC, PROBE AS FOLLOWS AND RECORD DETAILED PARAPHRASE:

(Briefly, what happened?)

- DON'T KNOW 8
- REFUSED 9

*PT200. [IF NEC: Who (was the victim/ were the victims)?] INTERVIEWER: CIRCLE ALL THAT APPLY.	IF VOL, RECORD # PEOPLE
R'S SPOUSE..... 1	
R'S PARENT (BIOLOGICAL, ADOPTED, STEP) .. 2	
R'S CHILD (BIOLOGICAL, ADOPTED, STEP)..... 3	
R'S SIBLING (BIOLOGICAL, ADOPTED, STEP) .. 4	
OTHER RELATIVE..... 5	
FRIEND 6	
ACQUAINTANCE 7	
STRANGER..... 8	
DON'T KNOW 98	
REFUSED 99	

*PT201. [IF NEC: (Was/ Were) (he/ she/ they/ the victim/ the victims) partly responsible?]

- YES..... 1
- NO5
- DON'T KNOW8
- REFUSED 9

*PT202. (IF NEC: Were you acting in the line of duty, as a police officer or a soldier, for example?)

- YES..... 1
- NO5
- DON'T KNOW8
- REFUSED9

*PT203. (IF NEC: What were the circumstances?)

INTERVIEWER: CIRCLE ALL THAT APPLY.

- REVENGE AGAINST VICTIM..... 1
- R ACTED IN SELF-DEFENSE, OR R WAS DEFENDING A THIRD PARTY..... 2
- R WAS INTOXICATED OR HIGH..... 3
- FIGHT, OR NOT CLEAR WHOSE FAULT 4
- PRE-MEDITATED ACT 5
- OTHER..... 7
- DON'T KNOW 8
- REFUSED 9

GO TO *PT206.1

*PT204.

RANDOM EVENT: SAW ATROCITIES

INTERVIEWER: IF NEC, PROBE AS FOLLOWS AND RECORD DETAILED PARAPHRASE:

(Briefly, what happened?)

DON'T KNOW 8
REFUSED 9

*PT205. (IF NEC: Did you see the atrocities committed, or did you only see the aftermath?)

SAW ATROCITIES COMMITTED..... 1
ONLY SAW AFTERMATH.....2 **GO TO *PT206**
DON'T KNOW8 **GO TO *PT206**
REFUSED9 **GO TO *PT206**

*PT205a. (IF NEC: What was your role – were you a victim, a potential victim, a safe, by-standing observer, or were you involved in committing these acts?)

VICTIM 1
POTENTIAL VICTIM..... 2
SAFE, BYSTANDING OBSERVER..... 3
INVOLVED IN ACTS 4
DON'T KNOW 8
REFUSED..... 9

*PT206. (IF NEC: Were you acting in the line of duty, as a soldier or a relief worker, for example?)

YES..... 1
NO.....5
DON'T KNOW8
REFUSED9

*PT206.1. INTERVIEWER CHECKPOINT: (SEE *PT62)

*PT62 INTRO1/2/3 CODED '5', '8', OR '9' 1 **GO TO *PH1, NEXT SECTION**
ALL OTHERS 2

*PT206.2. INTERVIEWER CHECKPOINT: (SEE *PT60.1, *PT62.1, *PT66, *PT66.2)

*PT60.1 OR *PT62.1 OR *PT66 OR *PT66.2 CODED '1' 1 GO TO *PT207
 ALL OTHERS 2

*PT206.3 INTERVIEWER CHECKPOINT: (SEE *PT114, *PT115)

*PT114 OR *PT115 CODED '3-5' 1 GO TO *PT207
 ALL OTHERS 3

*PT206.4 INTERVIEWER CHECKPOINT: (SEE RESPONDENT'S ID NUMBER)

R'S ID NUMBER ENDS IN 01 1 GO TO *PT207
 ALL OTHERS..... 2 GO TO *PT259b

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

	YES (1)	NO (5)	DK (8)	RF (9)
*PT208. (RB, PG ■. FOR EACH ITEM ENDORSED, ASK R TO MARK IT IN THE RB.): (Look at Group 1 on page ■ in your booklet.) In the <u>weeks</u> , <u>months</u> , or <u>years</u> after (the event/ the event/ this experience ended/ RANDOM EVENT), did you try not to think about (it/ what happened)?	1	5	8	9

(KEY PHRASE: tried not to think about it)				
*PT209. Did you purposely stay away from places, people or activities that reminded you of (it/ the event/ this experience/ RANDOM EVENT)?	1	5	8	9
(KEY PHRASE: stayed away from reminders of it)				
*PT210. Were you ever unable to remember some important parts of what happened?				
IF VOL "UNCONSCIOUS," "KNOCKED OUT," OR "HEAD INJURY," CODE NO.	1	5	8	9
[KEY PHRASE: were unable to remember part(s) of it]				
*PT211. Did you lose interest in doing things you used to enjoy?	1	5	8	9
(KEY PHRASE: lost interest in things you used to enjoy)				
*PT212. Did you feel emotionally distant or cut-off from other people?	1	5	8	9
(KEY PHRASE: felt distant from other people)				
*PT213. Did you have trouble feeling normal feelings like love, happiness, or warmth toward other people?	1	5	8	9
(KEY PHRASE: had trouble feeling normal feelings)				
*PT214. Did you feel you had no reason to plan for the future because you thought it would be cut short?	1	5	8	9
(KEY PHRASE: felt you had no reason to plan for the future)				

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

ZERO RESPONSES CODED '1' 1 **GO TO *PT222**
 ALL OTHERS 2

*PT217. You (KEY PHRASES FOR PROBLEMS REPORTED IN *PT208 - *PT214). How soon after (the event/ this experience/ RANDOM EVENT) did you start having [this problem/ (either/any) of these problems]?

CODE "IMMEDIATELY" OR "SAME DAY" AS "0 DAYS"

_____ ONSET NUMBER

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

DON'T KNOW 98

REFUSED 99

*PT218. For about how many days, weeks, months, or years did you continue to have [this problem/ (either/ any) of these (Group 1) problems]?

(IF VOL "IT'S STILL GOING ON," PROBE: How long has it been so far?)

(IF DK, PROBE, "Was it at least a month?" IF YES, CODE 97 BELOW.)

_____ DURATION NUMBER

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

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

*PT219. Think of the time when [this problem was/ these (Group 1) problems were] most frequent and intense. How often did (it/ they) occur – less than once a month, one to two times a month, three to five times a month, six to ten times a month, or more than ten times a month?

LESS THAN ONCE A MONTH..... 1 **GO TO *PT222**
ONE TO TWO TIMES A MONTH..... 2
THREE TO FIVE TIMES A MONTH 3
SIX TO TEN TIMES A MONTH..... 4
MORE THAN TEN TIMES A MONTH... 5
DON'T KNOW..... 8
REFUSED..... 9

*PT220. How much distress did (this problem/ these problems) cause you – none, mild, moderate, severe, or very severe distress?

NONE 1
MILD 2
MODERATE..... 3
SEVERE..... 4
VERY SEVERE..... 5
DON'T KNOW 8
REFUSED 9

*PT221. How much did (this problem/ these problems) disrupt or interfere with your normal, daily life – not at all, a little, some, a lot, or extremely?

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

	YES (1)	NO (5)	DK (8)	RF (9)
<p>*PT222. (RB, PG █. FOR EACH ITEM ENDORSED, ASK R TO MARK IT IN THE RB.): (Look at Group 2 on page █ in your booklet.)</p> <p>Did you ever have repeated unwanted <u>memories</u> of (it/ the event/ this experience/ RANDOM EVENT) – that is, you <u>kept</u> remembering it even when you didn't want to?</p> <p>(KEY PHRASE: had unwanted memories)</p>	1	5	8	9
<p>*PT223. Did you ever have repeated unpleasant <u>dreams</u> about (it/ the event/ this experience/ RANDOM EVENT)?</p> <p>(KEY PHRASE: had unpleasant dreams)</p>	1	5	8	9
<p>*PT224. Did you have <u>flashbacks</u> – that is, suddenly <u>act</u> or <u>feel</u> as if (it/ the event/ this experience/ RANDOM EVENT) were happening all over again?</p> <p>(KEY PHRASE: had flashbacks)</p>	1	5	8	9
<p>*PT225. Did you get very <u>upset</u> when you were reminded of (it/ the event/ this experience/ RANDOM EVENT)?</p> <p>(KEY PHRASE: got really upset when reminded of it)</p>	1	5	8	9
<p>*PT226. When you were <u>reminded</u> of (it/ the event/ this experience/ RANDOM EVENT), did you ever have <u>physical</u> problems like <u>sweating</u>, your heart <u>racing</u>, or feeling shaky?</p> <p>(KEY PHRASE: had physical problems)</p>	1	5	8	9

*PT227. INTERVIEWER CHECKPOINT: (SEE *PT222 - *PT226)

ZERO RESPONSES CODED '1' 1 **GO TO *PT233**
 ALL OTHERS 2

*PT228. You (KEY PHRASES FOR PROBLEMS REPORTED IN *PT222 - *PT226). How soon after (the event/ this experience/ RANDOM EVENT) did you start having [this problem/ (either/any) of these problems]?

CODE "IMMEDIATELY" OR "SAME DAY" AS "0 DAYS"

_____ ONSET NUMBER

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

DON'T KNOW 98
 REFUSED 99

*F *PT229. For about how many days, weeks, months, or years did you continue to have [this problem/ (either/ any) of these (Group 2) problems]?

(IF VOL "IT'S STILL GOING ON," PROBE: How long has it been so far?)

(IF DK, PROBE, "Was it at least a month?" IF YES, CODE 97 BELOW.)

_____ DURATION NUMBER

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

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

* *PT230. Think of the time when [this problem was/ these (Group 2) problems were] most frequent and intense. How often did (it/ they) occur – less than once a month, one to two times a month, three to five times a month, six to ten times a month, or more than ten times a month?

01.

LESS THAN ONCE A MONTH 1 **GO TO *PT233**
ONE TO TWO TIMES A MONTH 2
THREE TO FIVE TIMES A MONTH 3
SIX TO TEN TIMES A MONTH 4
MORE THAN TEN TIMES A MONTH 5
DON'T KNOW 8
REFUSED 9

* *PT231. How much distress did (this problem/ these problems) cause you – none, mild, moderate, severe, or very severe distress?

NONE 1
MILD 2
MODERATE 3
SEVERE 4
VERY SEVERE 5
DON'T KNOW 8
REFUSED 9

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

02.

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

	YES (1)	NO (5)	DK (8)	RF (9)
<p>*PT233. (RB, PG ■, FOR EACH ITEM ENDORSED, ASK R TO MARK IT IN THE RB.) (Look at Group 3 on page ■ in your booklet.)</p> <p>During the time (this event/ this experience/ RANDOM EVENT) affected you <u>most</u>, did you have trouble falling or staying asleep?</p> <p>(KEY PHRASE: had sleep problems)</p>	1	5	8	9
<p>*PT234. Were you more <u>irritable</u> or short-tempered than you usually are?</p> <p>(KEY PHRASE: were irritable)</p>	1	5	8	9
<p>*PT235. Did you have more trouble <u>concentrating</u> or keeping your mind on what you were doing?</p> <p>(KEY PHRASE: had trouble concentrating)</p>	1	5	8	9
<p>*PT236. Were you much more alert or watchful, even when there was no real need to be?</p> <p>(KEY PHRASE: were more alert or watchful)</p>	1	5	8	9
<p>*PT237. Were you more <u>jumpy</u> or easily startled by ordinary noises?</p> <p>(KEY PHRASE: were jumpy or easily startled)</p>	1	5	8	9

***PT238. INTERVIEWER CHECKPOINT: (SEE *PT233 - *PT237)**

ZERO RESPONSES CODED '1'1 **GO TO *PT243.1**
 ALL OTHERS2

***PT239.** You (KEY PHRASES FOR PROBLEMS REPORTED IN *PT233 - *PT237). How soon after (the event/ this experience/ RANDOM EVENT) did you start having [this problem/ (either/any) of these problems]?

CODE "IMMEDIATELY" OR "SAME DAY" AS "0 DAYS"

_____ ONSET NUMBER

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

DON'T KNOW 98
 REFUSED 99

*PT240. For about how many days, weeks, months, or years did you continue to have [this problem/ (any/ either) of these (Group 3) problems]?

(IF VOL "IT'S STILL GOING ON," PROBE: How long has it been so far?)

(IF DK, PROBE, "Was it at least a month?" IF YES, CODE 97 BELOW.)

_____ DURATION NUMBER

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

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

*PT241. Think of the time when [this problem was/ these (Group 3) problems were] most frequent and intense. How often did (it/ they) occur – less than once a month, one to two times a month, three to five times a month, six to ten times a month, or more than ten times a month?

LESS THAN ONCE A MONTH..... 1 **GO TO *PT243.1**
ONE TO TWO TIMES A MONTH..... 2
THREE TO FIVE TIMES A MONTH 3
SIX TO TEN TIMES A MONTH..... 4
MORE THAN TEN TIMES A MONTH... 5
DON'T KNOW 8
REFUSED 9

*PT242. How much distress did (this problem/ these problems) cause you – none, mild, moderate, severe, or very severe distress?

NONE 1
MILD 2
MODERATE..... 3
SEVERE 4
VERY SEVERE..... 5
DON'T KNOW 8
REFUSED 9

*PT243. How much did (this problem/ these problems) disrupt or interfere with your normal, daily life – not at all, a little, some, a lot, or extremely?

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

***PT243.1. INTERVIEWER CHECKPOINT: (SEE *PT215, *PT227, *PT238)**

RESPONSES CODED '2' IN *PT215, *PT227 OR *PT238..... 1
ALL OTHERS..... 2 **GO TO *PT259b**

***PT244. INTERVIEWER CHECKPOINT: (SEE *PT62.2)**

RESPONSE CODED '5' IN *PT62.2 1 **GO TO *PT259b**
ALL OTHERS..... 2

***PT246.** Did you ever in your life talk to a medical doctor or other professional about your problems to (RANDOM EVENT)? (By other professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

YES..... 1
NO..... 5 **GO TO *PT261**
DON'T KNOW 8 **GO TO *PT261**
REFUSED 9 **GO TO *PT261**

***PT246a.** How old were you the first time (you talked to a professional about your problems)?

_____ YEARS OLD
DON'T KNOW 998
REFUSED 999

***PT256.** Did you ever get treatment for your problems that you considered helpful or effective?

YES..... 1
NO..... 5 **GO TO *PT256c**
DON'T KNOW 8 **GO TO *PT256c**
REFUSED..... 9 **GO TO *PT256c**

***PT256a.** How old were you the first time (you got helpful treatment for your problems)?

_____ YEARS OLD
DON'T KNOW 998
REFUSED 999

***PT256b.** How many professionals did you ever talk to about your problems, up to and including the first time you got helpful treatment?

_____ NUMBER OF PROFESSIONALS **GO TO *PT258**
DON'T KNOW 98 **GO TO *PT258**
REFUSED 99 **GO TO *PT258**

*PT256c. How many professionals did you ever talk to about your problems?

_____ NUMBER OF PROFESSIONALS

DON'T KNOW 98
REFUSED 99

*PT258. Were you ever hospitalized overnight for your problems?

YES..... 1
NO..... 5 GO TO *PT261
DON'T KNOW 8 GO TO *PT261
REFUSED 9 GO TO *PT261

*PT258a. How old were you the first time (you were hospitalized overnight because of your problems)?

_____ YEARS OLD

DON'T KNOW 998
REFUSED 999

GO TO *PT261

*PT259b. INTERVIEWER CHECKPOINT: (SEE *PT107, *PT215, *PT227, *PT238)

CHECKPOINT *PT107 CODED '2' 1 GO TO *PT261
CHECKPOINT *PT215, *PT227 AND *PT238 ALL CODED '2' 2 GO TO *PT261
ALL OTHERS..... 3 GO TO *PH1,
NEXT SECTION

*PT261. (RB, PG ■. Look at all the problems on page ■ in your booklet.) The next question is about whether in the past 12 months you had any problems like these associated with any traumatic event that ever happened to you in your entire life. Did you have any problems of this sort over the past 12 months?

YES..... 1
NO..... 5 GO TO *PH1, NEXT SECTION
DON'T KNOW..... 8 GO TO *PH1, NEXT SECTION
REFUSED..... 9 GO TO *PH1, NEXT SECTION

*PT262. When was the last time you had any of these problems – within the past month, between 2 and 6 months ago, or more than 6 months ago?

PAST MONTH..... 1
TWO TO SIX MONTHS AGO 2
MORE THAN SIX MONTHS AGO 3
DON'T KNOW..... 8
REFUSED..... 9

*PT263. About how many weeks altogether in the past 12 months did you have any of these problems? (You can use any number between 0 and 52.)

_____ NUMBER OF WEEKS

DON'T KNOW98
REFUSED99

*PT264. INTERVIEWER CHECKPOINT: (SEE *PT263)

*PT263 CODED '0' TO '3' 1 GO TO *PH1, NEXT SECTION
ALL OTHERS 2

*PT265. (RB, PG █. FOR EACH ITEM ENDORSED, ASK R TO MARK IT IN THE RB.) Looking at page █ in your booklet, what were the traumatic events that caused these recent problems?

(PROBE UNTIL NO MORE MENTIONS: Any other traumatic events that caused these problems during the past 12 months?)

INTERVIEWER: CIRCLE ALL THAT APPLY.

COMBAT EXPERIENCE1
RELIEF WORKER IN WAR ZONE2
CIVILIAN IN WAR ZONE3
CIVILIAN IN REGION OF TERROR4
REFUGEE5
KIDNAPPED6
TOXIC CHEMICAL EXPOSURE7
AUTOMOBILE ACCIDENT8
OTHER LIFE THREATENING ACCIDENT9
NATURAL DISASTER10
MAN-MADE DISASTER11
LIFE-THREATENING ILLNESS12
BEATEN UP BY CAREGIVER13
BEATEN UP BY SPOUSE OR ROMANTIC PARTNER14
BEATEN UP BY SOMEONE ELSE15
MUGGED OR THREATENED WITH A WEAPON16
RAPED17
SEXUALLY ASSAULTED18
STALKED19
UNEXPECTED DEATH OF LOVED ONE20
CHILD WITH SERIOUS ILLNESS21
TRAUMATIC EVENT TO LOVED ONE22
WITNESSED DEATH OR DEAD BODY, OR SAW SOMEONE SERIOUSLY HURT23
ACCIDENTALLY CAUSED SERIOUS INJURY OR DEATH24
PURPOSELY INJURED, TORTURED, OR KILLED SOMEONE25
SAW ATROCITIES26
OPTIONAL EVENT #130

OPTIONAL EVENT #2	31
OPTIONAL EVENT #3	32
OPTIONAL EVENT #4	33
OPTIONAL EVENT #5	34
SOME OTHER EVENT (SPECIFY).....	27

WITNESSED PHYSICAL FIGHTS AT HOME	29
DON'T KNOW	98 GO TO *PT269
REFUSED	99 GO TO *PT269

*PT266. INTERVIEWER CHECKPOINT: (SEE *PT265)

<u>ONLY ONE EVENT CODED</u>	1	GO TO *PT269
<u>MORE THAN ONE EVENT CODED</u>	2	

*PT267. Of these events, was there one that caused you the most upsetting problems during the past 12 months?

YES.....	1	
NO	5	GO TO *PT269
DON'T KNOW	8	GO TO *PT269
REFUSED.....	9	GO TO *PT269

*PT268. (IF NEC: Which one?)

INTERVIEWER: RECORD NUMBER OF MOST UPSETTING EVENT REPORTED IN *PT265.

_____ NUMBER

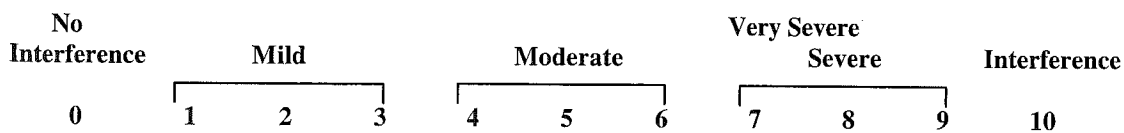
INTERVIEWER: THIS EVENT WILL NOW BE REFERRED TO AS "WORST 12-MONTH EVENT."

DON'T KNOW	8
REFUSED	9

	YES (1)	NO (5)	DK (8)	RF (9)
*PT269. Please think of the 30-day period in the past 12 months when your problems to [(WORST 12-MONTH EVENT)/ these events/ these experiences] were most frequent and intense. During that month, did you lose interest in doing things you used to enjoy?	1	5	8	9
*PT270. Did you feel emotionally distant or cut off from other people during that month?	1	5	8	9
*PT271. Did you have trouble feeling normal feelings like love, happiness, or warmth toward other people?	1	5	8	9
*PT272. Did you feel you had no reason to plan for the future because you thought it would be cut short?	1	5	8	9
*PT273. Did you have any trouble falling or staying asleep during that month?	1	5	8	9
*PT274. Were you more jumpy or more easily startled by ordinary noises?	1	5	8	9
*PT275. Did you purposely stay away from places, people or activities that reminded you of [(WORST 12-MONTH EVENT)]/ these events]?	1	5	8	9
*PT276. What about during the 30 days before this interview – did you purposely stay away from all reminders of [(WORST 12-MONTH EVENT)]/ these events] during the past 30 days?	1	5	8	9

*PT277. INTERVIEWER CHECKPOINT: (SEE *PT269-*PT276)

ZERO REPOSSES CODED '1' 1 GO TO *PH1, NEXT SECTION
 ALL OTHERS 2



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

(IF NEC: How much did your problems interfere with (ACTIVITY) during that period?)
 (IF NEC: You can use any number between 0 and 10 to answer.)

NUMBER (0-10)

*PT278a. Your home management, like cleaning, shopping, and working around the (house/ apartment) (or yard)? _____

DOES NOT APPLY..... 97
DON'T KNOW 98
REFUSED 99

*PT278b. Your ability to work? _____

DOES NOT APPLY..... 97
DON'T KNOW 98
REFUSED 99

*PT278c. Your ability to form and maintain close relationships with other people? _____

DOES NOT APPLY..... 97
DON'T KNOW 98
REFUSED 99

*PT278d. Your social life? _____

DOES NOT APPLY..... 97
DON'T KNOW 98
REFUSED 99

*PT279. INTERVIEWER CHECKPOINT: (SEE *PT278a - *PT278d)

ALL RESPONSES CODED '0' OR '97' 1 **GO TO *PT281**
ALL OTHERS 2

*PT280. About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of your problems [to (WORST 12-MONTH EVENT/ these events)]?

(IF NEC: You can use any number between 0 and 365 to answer.)

_____ NUMBER OF DAYS

DON'T KNOW 998
REFUSED..... 999

*PT281. Did you receive any professional treatment for your problems to (WORST 12-MONTH EVENT/ these events) in the 12 months prior to this interview?

YES 1
NO 5
DON'T KNOW 8
REFUSED 9

GO TO *PH1, NEXT SECTION